

**Report to the Council of Governors meeting to be held on 31 January 2018 at  
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,  
 Bristol, BS1 3NU**

		<b>Agenda Item</b>	7.1b
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31 January 2018
<b>Report Title</b>	Quarterly Complaints Report (Quarter 2)		
<b>Author</b>	Tanya Tofts, Patient Support and Complaints Manager		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse		
<b>Freedom of Information Status</b>	Open		

<b>Governor Responsibility</b> (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"/>

<b>Action/Decision Required</b> (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"/>

<b>Executive Summary</b>
<p><u>Purpose</u> To share information about complaints received during Quarter 2.</p> <p><u>Key issues to note</u></p> <p>In Q2:</p> <ul style="list-style-type: none"> <li>The Trust received 430 complaints</li> <li>The most common causes for complaint related to 'appointments and admissions'; this is a change from Q1 when the most common causes related to 'attitude and communication'</li> <li>10% of complainants (formal resolution) were dissatisfied with the investigation of their concerns</li> </ul> <p>Improvements in Q2:</p> <ul style="list-style-type: none"> <li>There was a 15% decrease in complaints regarding appointments and admissions compared to Q1</li> <li>There was a 20% reduction in the overall number of complaints received by the Bristol Heart Institute compared to Q1</li> </ul> <p>However:</p>

- The trend in complaints about appointment administration issues continued into Q2, with 45 complaints received in the quarter, compared to 46 in Q1.
- Timeliness in investigating complaints remained below target – in Q1, 83% of formal complaints were responded to within the agreed timeframe.
- There is an emerging trend of increased complaints about Bristol Eye Hospital (although the level of complaints remains better than during the year prior to May 2017)
- Complaints about ‘attitude of nursing/midwifery staff’ and ‘clinical care (nursing/midwifery) both rose in Q2

Corporate plans include:

- Completion of a collaborative project with the Patients Association which has led to the development of complaints toolkit which will be made nationally available. This will include guidance about achieving objectivity and obtaining independent views within the context of the complaints resolution process.

**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**

<b>Nominations &amp; Appointments Committee</b>	<b>Quality Focus Group</b>	<b>Governor Strategy Group</b>	<b>Constitution Focus Group</b>	<b>Public Trust Board 31 Jan 2018</b>
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# Complaints Report

**Quarter 2, 2017/2018**

(1 July 2017 to 30 September 2017)

Author: Tanya Tofts, Patient Support and Complaints Manager

## Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>In quarter 2, the Patient Support &amp; Complaints Team acknowledged receipt of 100% of complaints within the agreed standard for timeliness.</li> <li>There was a 15% decrease in complaints regarding appointments and admissions compared to quarter 1.</li> <li>There was a 20% reduction in the overall number of complaints received by the Bristol Heart Institute compared to quarter 1.</li> </ul>	<ul style="list-style-type: none"> <li>To increase divisional focus on ensuring timely complaints responses – in quarter 2, 83% of formal complaints and 65.8% of informal complaints were responded to within the agreed timeframe.</li> <li>To continue to focus on getting the tone and substance of response letters right. Quarter 2 saw a reduction in the number of dissatisfied responses to our complaints investigations (9.9% compared to 18.2% in the previous quarter).</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Work has commenced with the Patients Association to develop a toolkit for complaints investigations; this will be made available nationally and will be launched at a complaints conference hosted by UH Bristol in March 2018.</li> <li>The Trust's new complaints review panel met twice in quarter 2 (in October and November 2017 with the Divisions of Medicine and Diagnostics &amp; Therapies respectively), including lay representation. Feedback from both sessions has been very positive; points of learning have been welcomed and embraced by the divisions.</li> </ul>	<ul style="list-style-type: none"> <li>The trend in complaints about appointment administration issues continued into quarter 2, with 45 complaints received in the quarter, compared to 46 in quarter 1.</li> <li>Although complaints about Bristol Eye Hospital remain lower than they were for much of the year prior to May 2017, there is an emerging pattern of monthly increases in complaints since that time which the division is monitoring closely.</li> <li>Complaints about 'attitude of nursing/midwifery staff' and 'clinical care (nursing/midwifery) both rose in quarter 2.</li> </ul>

## 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.

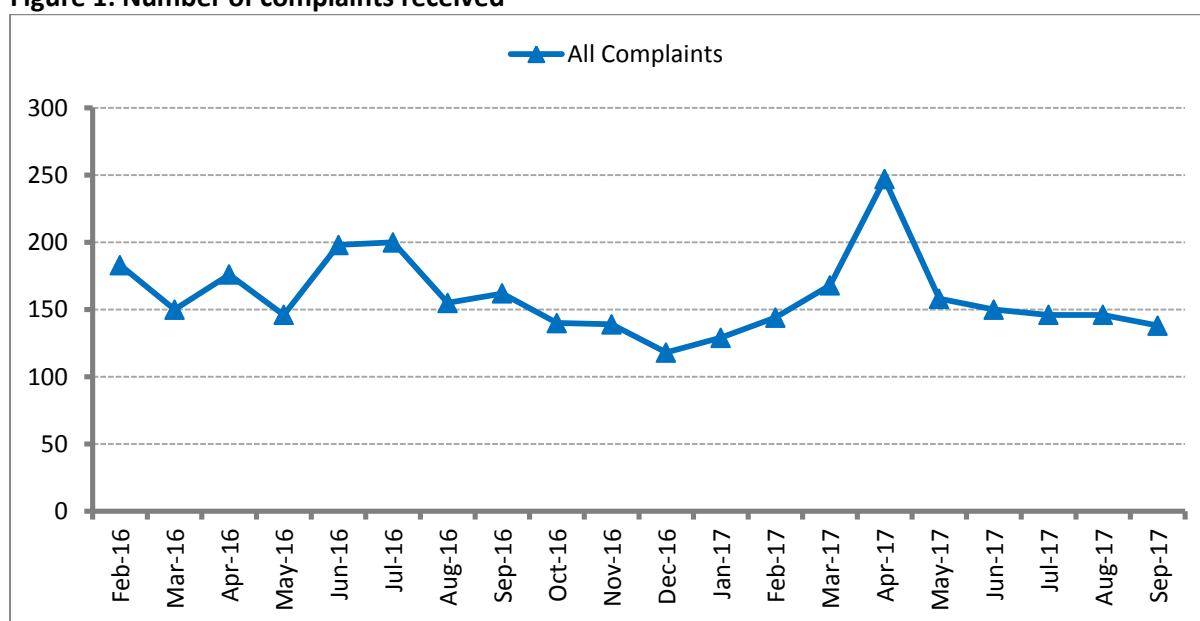
As complaints can be about inpatient stays, Emergency Department (ED) attendances, outpatient appointments, diagnostic tests, or matters indirectly linked to that, such as car parking, toilets, catering, portering, websites, call centres, etc., we now report complaints as a proportion of activity separately for inpatient, outpatient, ED and other. The data for this measure is shown later in this report at section 3.2.1.

### 1.1 Total complaints received

We received 430 complaints in Q2 of 2017/18. The total figure of 430 includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>1</sup>. This figure does not include concerns which may have been raised by patients and dealt with immediately by front line staff. The number of complaints received in Q2 represents a decrease of 22.5% compared to Q1 of 2017/18, the latter of which was particularly high at 555, due to a special cause variation in April 2017 (as reported in Q1). However, the Q2 total of 430 is also a decrease of 16.8% on the corresponding period one year previously.

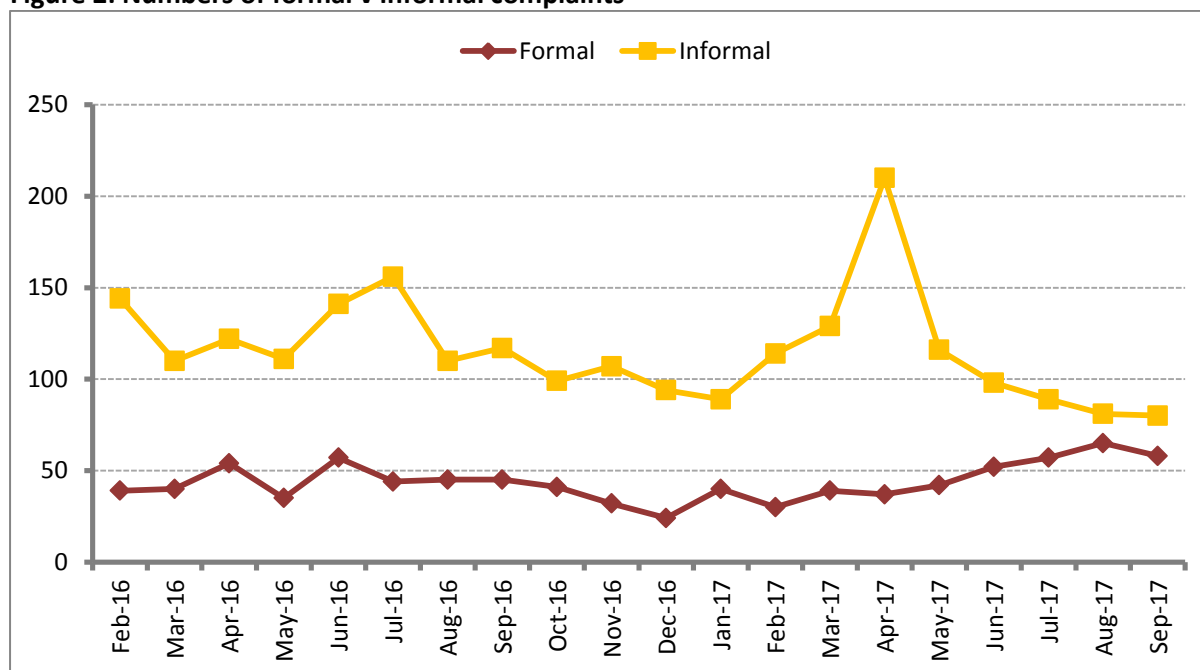
Figure 1 shows the pattern of complaints received in the last 20 months, which is when the Trust commenced recording complaints on the Datix system. Figure 2 shows complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period.

**Figure 1: Number of complaints received**



<sup>1</sup> 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 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.

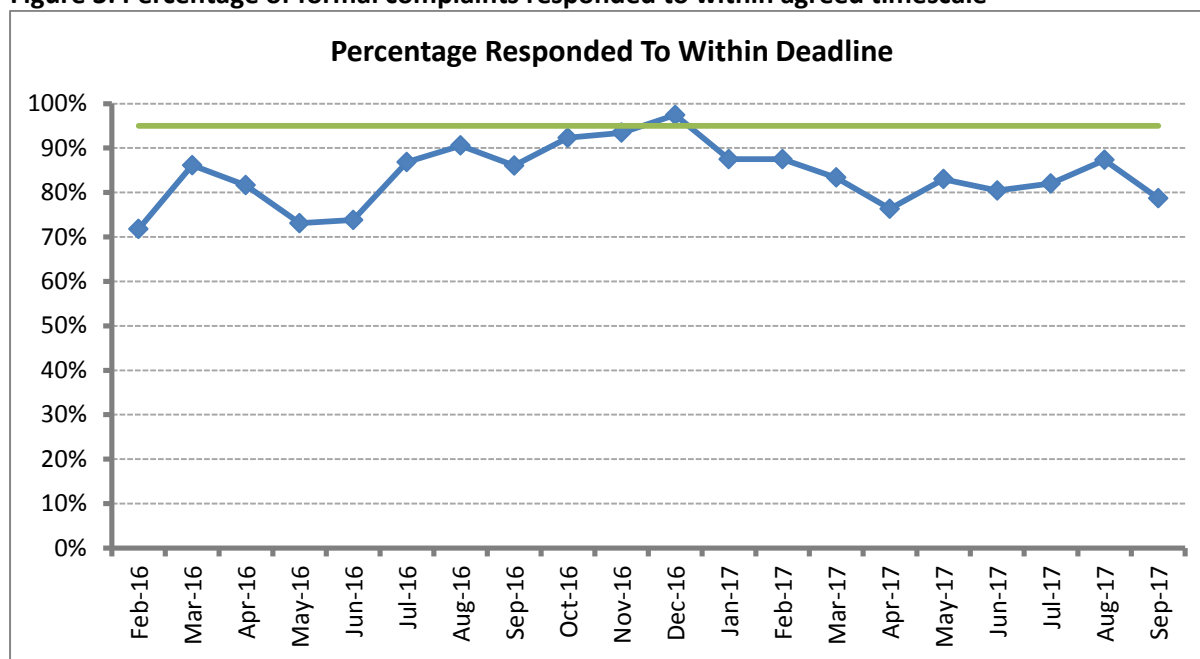
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

### 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 Q2 of 2017/18, 83.0% of responses were posted within the agreed timescale, compared to 80.2% in Q1 2017/18, 86.0% in Q4 of 2016/17 and 88.1% during the same period one year previously. This represents 36 breaches out of 182 formal complaints which received a response during Q2 of 2017/18<sup>2</sup>. Figure 3 shows the Trust’s performance in responding to complaints since February 2016.

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

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



### 1.2.2 Informal Investigations

In Q2 2017/18, the Trust received 250 complaints that were investigated via the informal process. During this period, 237 informal complaints were responded to and 65.8% of these (156 of 237) were resolved within the time agreed with the complainant.

### 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 made mistakes, to put things right if we can, and to learn as an organisation so 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 complaint<sup>3</sup>.

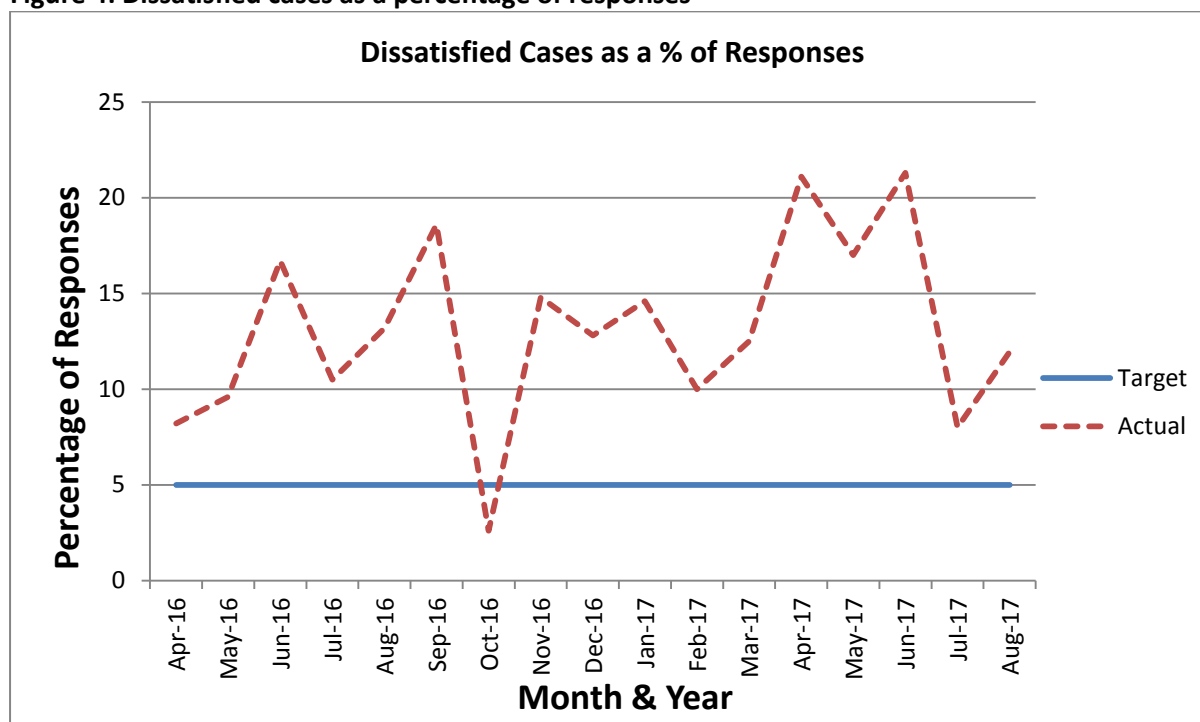
The way in which dissatisfied cases are reported is expressed as a percentage of the responses the Trust has sent out in any given month and our target is for less than 5% of complainants to be dissatisfied. This data is reported two months in arrears in order to capture the majority of cases where complainants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

In Q2, by the cut-off point of mid-November 2017 (the date by which the dissatisfied data for July and August 2017 was finalised), 12 people had contacted us to say they were dissatisfied. This represents 9.9% of the 121 responses sent out during those months. Previously, in Q1, of a total of 132 responses sent out in the quarter, 24 had received a dissatisfied response at the point when monthly data was frozen for board reporting. This represented 18.2% of the responses sent out.

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

Figure 4 shows the percentage of complainants who were dissatisfied with aspects of our complaints response up until July 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;
- 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 Q2 2017/18 compared to Q1. In Q2, complaints in most of the major categories/themes decreased, including appointments and admissions (decreased from 159 complaints to 136). There were only slight increases in complaints about access and information & support.

**Table 1: Complaints by category/theme**

Category/Theme	Number of complaints received in Q2 (2017/18)	Number of complaints received in Q1 (2017/18)
Appointments & Admissions	136 (31.6%) ↓	159 (28.6% of total complaints) ↑
Clinical Care	121 (28.1%) ↓	129 (23.2%) ↑
Attitude & Communication	107 (24.9%) ↓	191 (34.4%) ↑
Information & Support	25 (5.8%) ↓	37 (6.7%) ↓
Facilities & Environment	17 (4%) ↑	16 (2.9%) ↓
Discharge/Transfer/Transport	15 (3.5%) ↓	17 (3.1%) ↑
Documentation	6 (1.4%) =	6 (1.1%) ↑
Access	3 (0.7% of total complaints) ↑	0 (0%) =
<b>Total</b>	<b>430</b>	<b>555</b>

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 almost three quarters of the complaints received in Q2 (310/430).

**Table 2: Complaints by sub-category**

Sub-category	Number of complaints received in Q2 (2017/18)	Q1 (2017/18)	Q4 (2016/17)	Q3 (2016/17)
Cancelled/delayed appointments and operations	68 (9.3% decrease compared to Q1) ↓	75	54	66
Clinical care (Medical/Surgical)	58 (17.1% decrease compared to Q1) ↓	70	70	54
Appointment administration issues	45 (2.2% decrease compared to Q1) ↓	46	35	152
Clinical care (Nursing/Midwifery)	28 (55.6% increase compared to Q1) ↑	18	13	13

Attitude of medical staff	28 (3.4% decrease compared to Q1) ↓	29	27	14
Failure to answer telephones/failure to respond	25 (13.6% increase compared to Q1) ↑	22	22	24
Communication with patient/relative	18 (20% increase compared to Q1) ↑	15	20	25
Attitude of nursing/midwifery staff	16 (433.3% increase compared to Q1) ↑	3	4	5
Discharge arrangements	13 (30% increase compared to Q1) ↑	10	12	13
Lost/misplaced medical records and/or test results	11 =	11	5	9

Complaints about 'discharge arrangements' and 'lost medical notes and test results' have been included for the first time in Q2 as these two sub-categories have replaced 'transport' and 'attitude of administrative staff' in the list of most frequently reported complaints themes.

There were increases in Q2 in respect of complaints received about 'clinical care (nursing/midwifery)' - from 18 in Q1 to 28 in Q2; and in complaints received about 'attitude of nursing/midwifery', from 3 in Q1 to 16 in Q2.

Complaints about 'clinical care (nursing/midwifery)' were received by all bed-holding Divisions: Women & Children – 12; Medicine – 9; Surgery – 5; and Specialised Services – 2.

Complaints about 'attitude of nursing/midwifery' were also received by all bed-holding Divisions: Medicine – 7; Surgery – 4; Women & Children – 3; and Specialised Services – 1.

In Q1, the number of complaints in respect of 'appointment administration issues' was flagged as a potential concern. This pattern was sustained in Q2, with only a 2% decrease compared to Q1.

In Q2, complaints in this sub-category were received by all clinical Divisions, as follows:

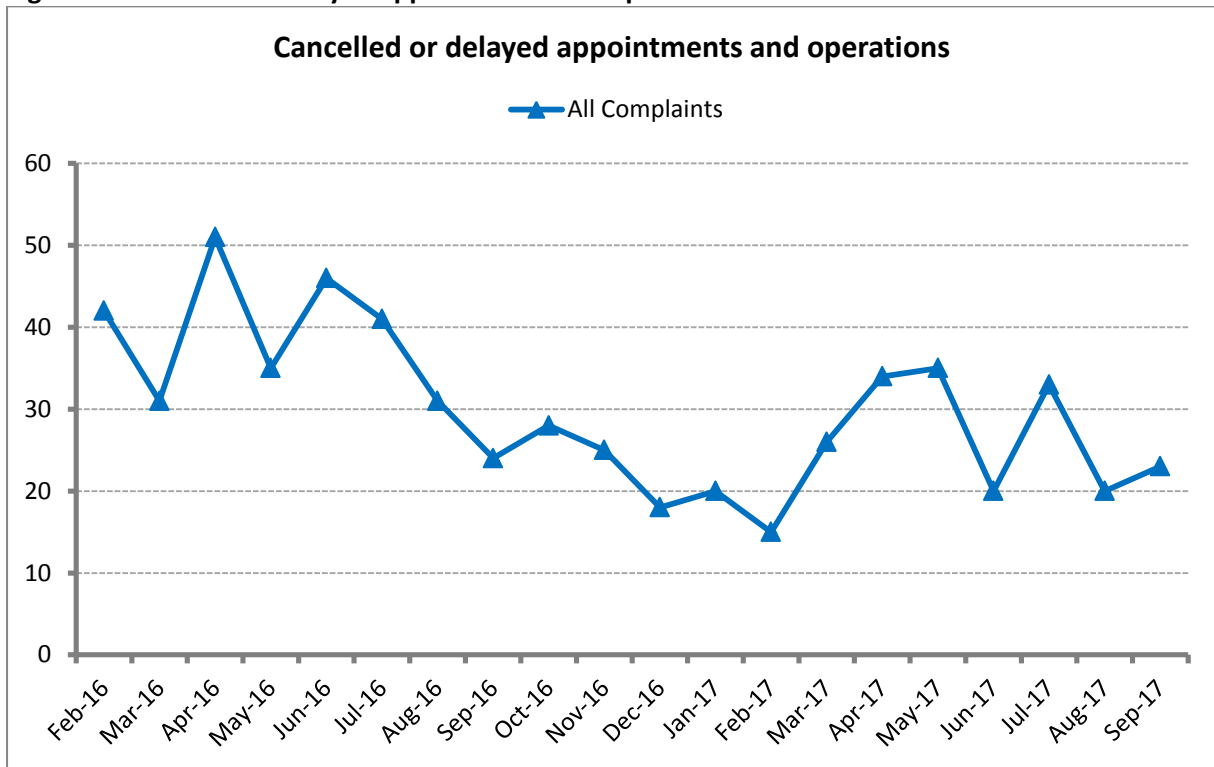
- Surgery – 21
- Medicine – 8
- Specialised Services – 7
- Women & Children – 5
- Diagnostics & Therapies – 4

The complaints in this category were received by:

- Bristol Royal Infirmary – 14
- Bristol Dental Hospital – 12
- Bristol Heart Institute – 7
- Bristol Eye Hospital – 4
- Bristol Royal Hospital for Children – 4
- St Michael's Hospital – 3
- South Bristol Community Hospital – 1

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**

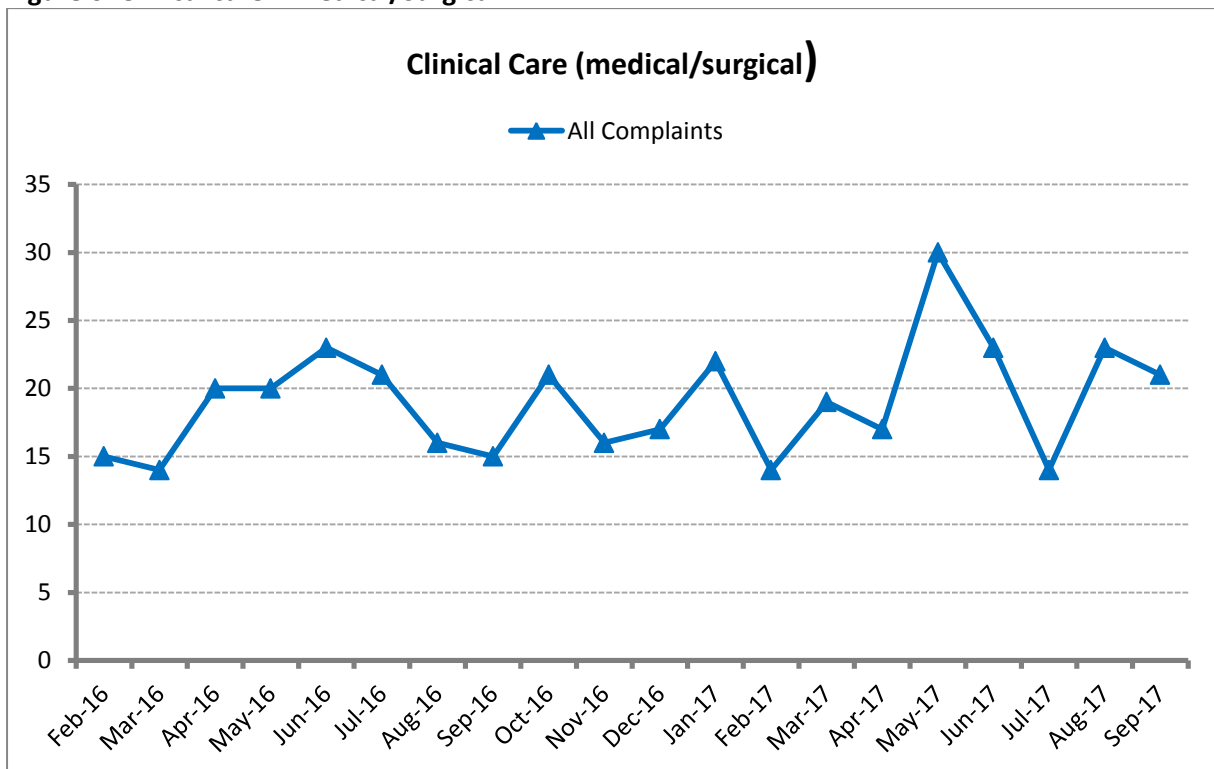
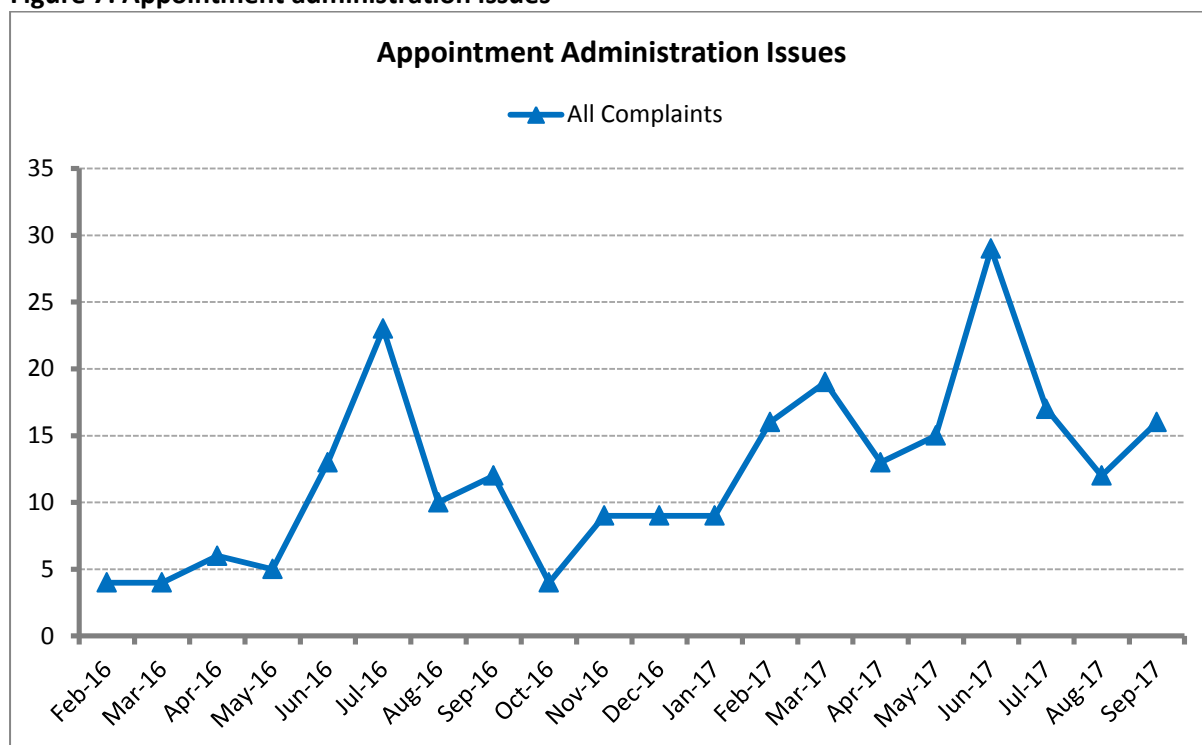


Figure 7: Appointment administration issues



### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 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.

<b>Table 3</b>	<b>Surgery</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women &amp; Children</b>	<b>Diagnostics &amp; Therapies</b>
Total number of complaints received	150 (175) ↓	108 (102) ↑	57 (70) ↓	74 (73) ↑	18 (13) ↑
Number of complaints about appointments and admissions	66 (94) ↓	19 (13) ↑	23 (31) ↓	22 (18) ↑	6 (3) ↑
Number of complaints about staff attitude and communication	29 (30) ↓	34 (27) ↑	13 (9) ↑	16 (19) ↓	7 (1) ↑
Number of complaints about clinical care	35 (36) ↓	36 (42) ↓	15 (19) ↓	31 (26) ↑	4 (5) ↓
Area where the most complaints have been received in Q4	Bristol Dental Hospital – 52 (79) Bristol Eye Hospital – 30 (25) Trauma & Orthopaedics – 11 (8) ENT – 13 (10) Lower GI – 4 (9) Upper GI – 8 (7)	Emergency Department (BRI) – 18 (28) Dermatology – 15 (9) Sleep Unit 7 (9) Ward A300 (AMU) – 5 (9) Ward A400 – 5 Ward A515 – 5 Ward A522 – 5	BHI (all) – 40 (50) BHI Outpatients – 18 (12) BHI Waiting List Office – 11 (8) Ward C708 – 2 (6) Appointments Dept (BHOC) – 3 (10)	Children's ED & Ward 39 (BRHC) – 6 (4) Gynaecology Outpatients (StMH) – 6 (6) Paediatric Orthopaedics – 6 (2) Central Delivery Suite (STMH) – 2 (6)	Radiology – 6 (4) Physiotherapy – 5 (3) Audiology – 2 (2)
Notable deteriorations compared to Q1	None	Dermatology – 15 (9)	BHI Outpatients – 18 (12)	None	Physiotherapy – 5 (3)
Notable improvements compared to Q1	None	Emergency Department – 18 (28)	BHI (all) – 40 (50) Appointments Dept (BHOC) – 3 (10)	Paediatric Orthopaedics – 6 (2)	None

### 3.1.1 Division of Surgery

In Q2, the Division of Surgery experienced a decrease of 14.5% in the total number of complaints received. There was a marked decrease in complaints about appointments and admissions (including cancelled or delayed appointments and operations), with 66 compared to 94 in Q1. Complaints about Bristol Dental Hospital also decreased from 79 in Q1 to 52 in Q2. Complaints about clinical care (nursing) and attitude of nursing staff both increased in Q2, as did complaints in respect of discharge arrangements. Although complaints about Bristol Eye Hospital remain lower than they were for much of the year prior to May 2017, there is an emerging pattern of monthly increases in complaints since that time which the division is monitoring closely.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	3 (2% of total complaints) ↑	0 (0% of total complaints) =
Appointments & Admissions	66 (44%) ↓	94 (53.7%) ↑
Attitude & Communication	29 (19.3%) ↓	30 (17.1%) ↓
Clinical Care	35 (23.3%) ↓	36 (20.6%) ↑
Facilities & Environment	2 (1.3%) ↑	1 (0.6%) ↓
Information & Support	9 (6%) ↓	11 (6.3%) ↓
Discharge/Transfer/ Transport	5 (3.3%) ↑	2 (1.1%) ↑
Documentation	1 = (0.7%)	1 (0.6%) =
<b>Total</b>	<b>150</b>	<b>175</b>

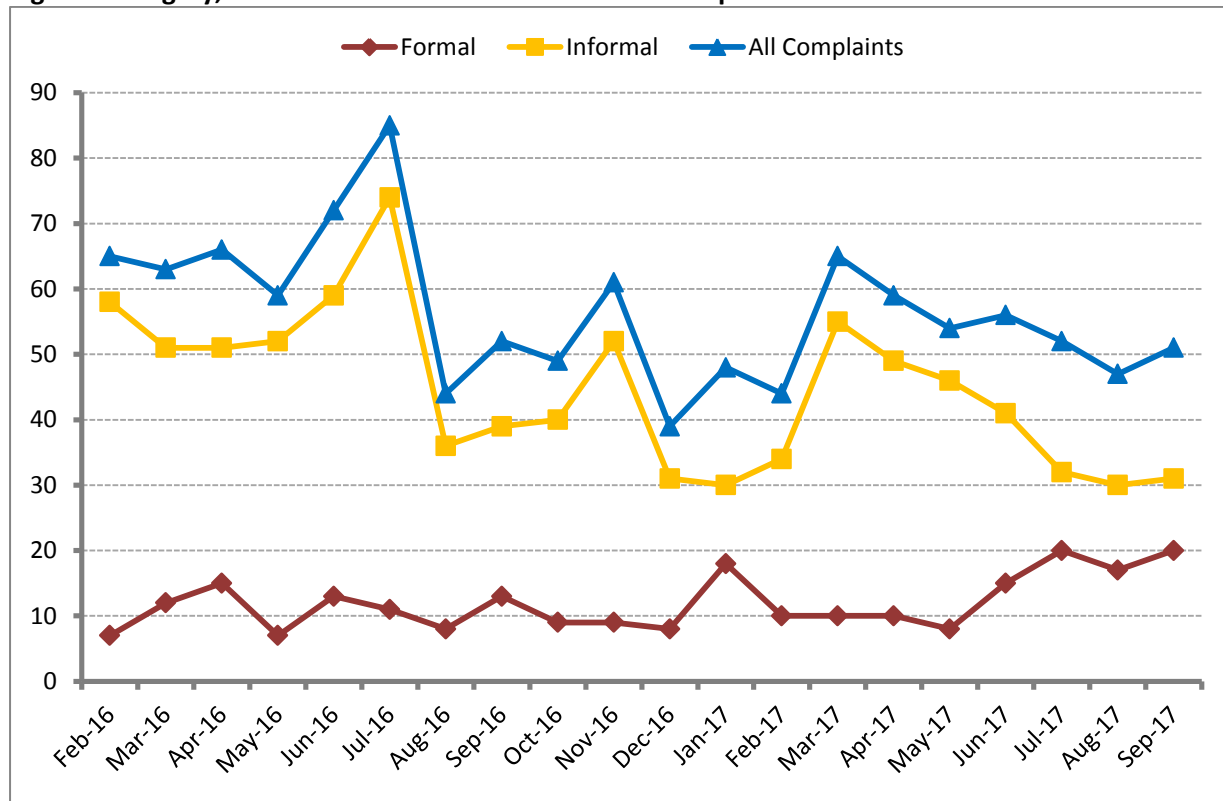
**Table 5: Top sub-categories**

Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	39 ↓	42 ↑
Clinical care (medical/surgical)	21 ↓	22 ↑
Appointment administration issues	22 ↓	33 ↑
Clinical care (nursing)	5 ↑	2 ↑
Attitude of medical staff	8 ↓	9 ↓
Failure to answer telephones/ failure to respond	11 ↑	10 ↑
Communication with patient/relative	3 =	3 ↓
Attitude of nursing staff	4 ↑	0 =
Discharge arrangements	5 ↑	1 ↓
Lost/misplaced medical records and/or test results	3 =	3 ↑

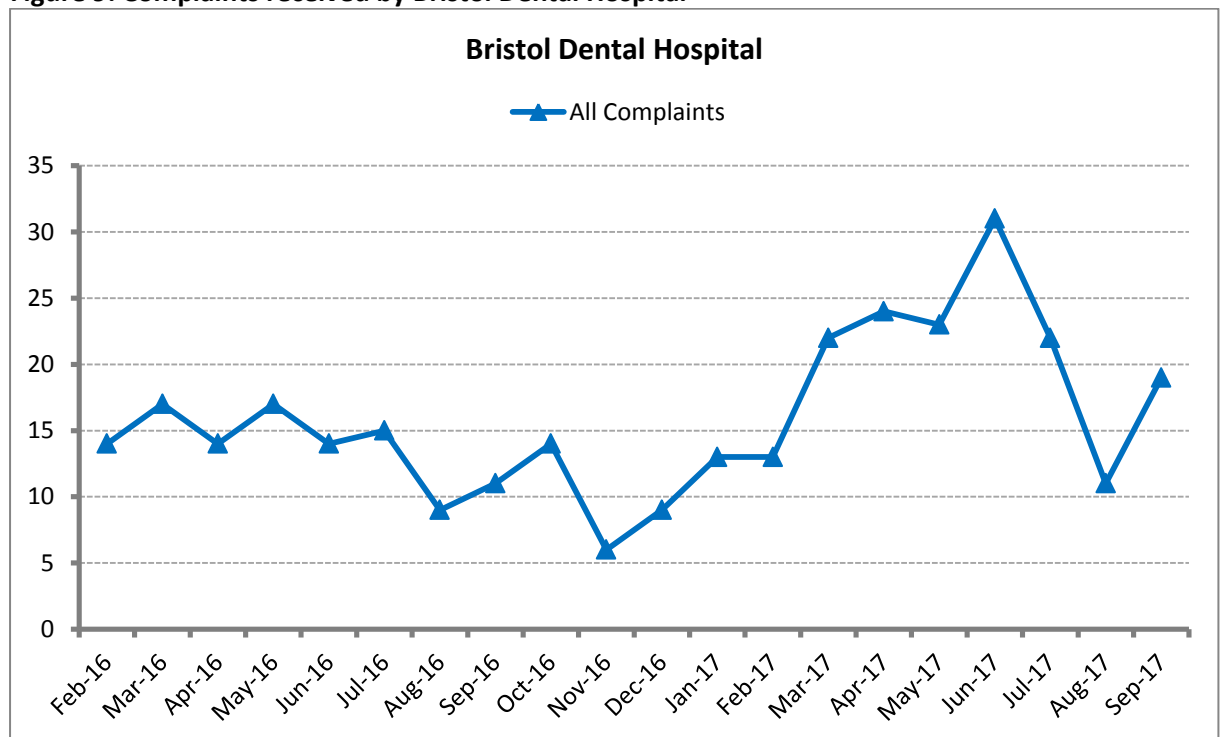
**Table 6: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>In Q1, the Division reported that a significant proportion of complaints about the BDH related to concerns about telephone communications and attitude of administrative staff. The Division was seeking to identify which telephone numbers were the source of the problem and customer training was being arranged for administrative staff.</p> <p>Complaints about the Bristol Dental Hospital (BDH) decreased from 79 in Q1 to 52 in Q2, however this still accounted for a third of all complaints received by the Division in this period. The majority of BDH complaints were about Adult Restorative Dentistry (18), Administration Department (14), Child Dental Health (7) and Oral Surgery (7).</p> <p>Of the 52 complaints received, 19 related to cancelled or delayed appointments or procedures; 12 related to appointment administration issues and 9 were about failure to answer telephones.</p>	<p>We believe that the reduction in complaints in Q2 is, at least in part, due to the positive actions described in the Q1 report. We are continuing to monitor the telephone numbers that are being used by patients so that any delays in responding can be followed up.</p> <p>A complaints triage process has also been put in place, resulting in improvements in the timeliness of responding to informal complaints about BDH.</p> <p>A specific issue has been identified regarding a member of staff not answering their phone/messages. This has been addressed and the performance of the staff member is being managed and monitored.</p>	<p>Answer phones are on reception and in the patient access (outpatient booking) team are closely monitored.</p> <p>Administration teams are being restructured - due to be completed in Q3. Two new operational staff have also been appointed, providing more support for the admin teams.</p> <p>Patient access (outpatient booking team) is being relaunched with a focus on team working and effective cross-cover, with the aim of improving the overall performance.</p> <p>A 'BDH the Voice' competition has been held. The winner of the completion will use their voice to standardise all answerphone messages within the BDH.</p> <p>We are looking at various telephonic solutions to improve the flow of calls throughout the hospital.</p> <p>A consultant-led task and finish group met for the first time in November, focussing on the telephone communication pathway to help resolve patient concerns.</p> <p>The organisational development team is supporting the BDH in designing a bespoke customer service package to improve the performance of the receptionists.</p>
<p>The number of complaints about the Ear Nose and Throat service increased slightly from 10 in Q1 to 13 in Q2. These were all received by ENT Outpatients at St Michael's Hospital and were mainly in respect of cancelled or delayed appointments and appointment administration issues.</p>	<p>No specific patterns or trends have been identified.</p>	<p>Continue to monitor.</p>

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

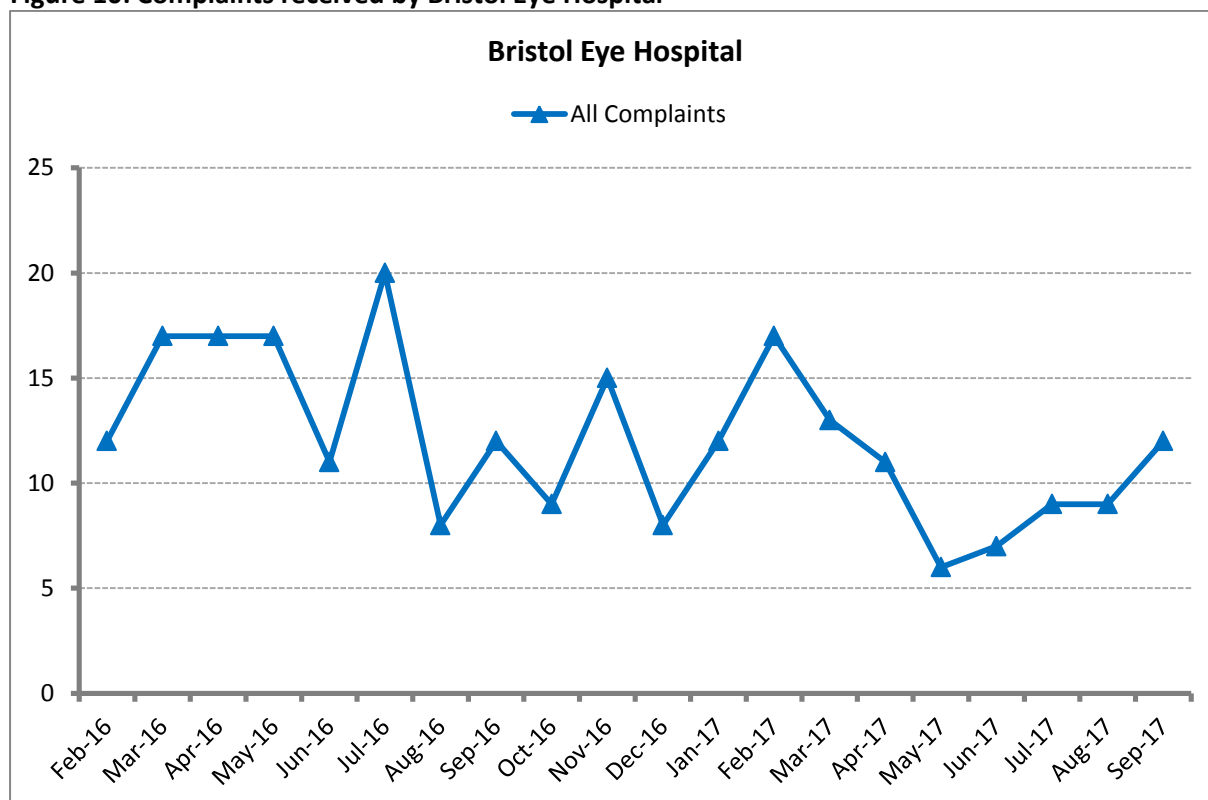


**Figure 9: Complaints received by Bristol Dental Hospital**





**Figure 10: Complaints received by Bristol Eye Hospital**



### 3.1.2 Division of Medicine

In Q2, the Division of Medicine received a similar amount of complaints as in Q1. There were increases in the number of complaints received in respect of appointments and admissions, information and support and discharge/transfer/transport. Complaints in respect of clinical care and facilities and environment both decreased.

**Table 7: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	19 (17.6%) ↑	13 (12.7%) ↓
Attitude & Communication	34 (31.5%) ↑	27 (26.5%) ↑
Clinical Care	36 (33.3%) ↓	42 (41.2%) ↑
Facilities & Environment	2 (1.9%) ↓	4 (3.9%) ↓
Information & Support	7 (6.5%) ↑	4 (3.9%) =
Discharge/Transfer/Transport	9 (8.3%) ↑	8 (7.8%) ↑
Documentation	1 (0.9%) ↓	4 (3.9%) ↑
<b>Total</b>	<b>108</b>	<b>102</b>

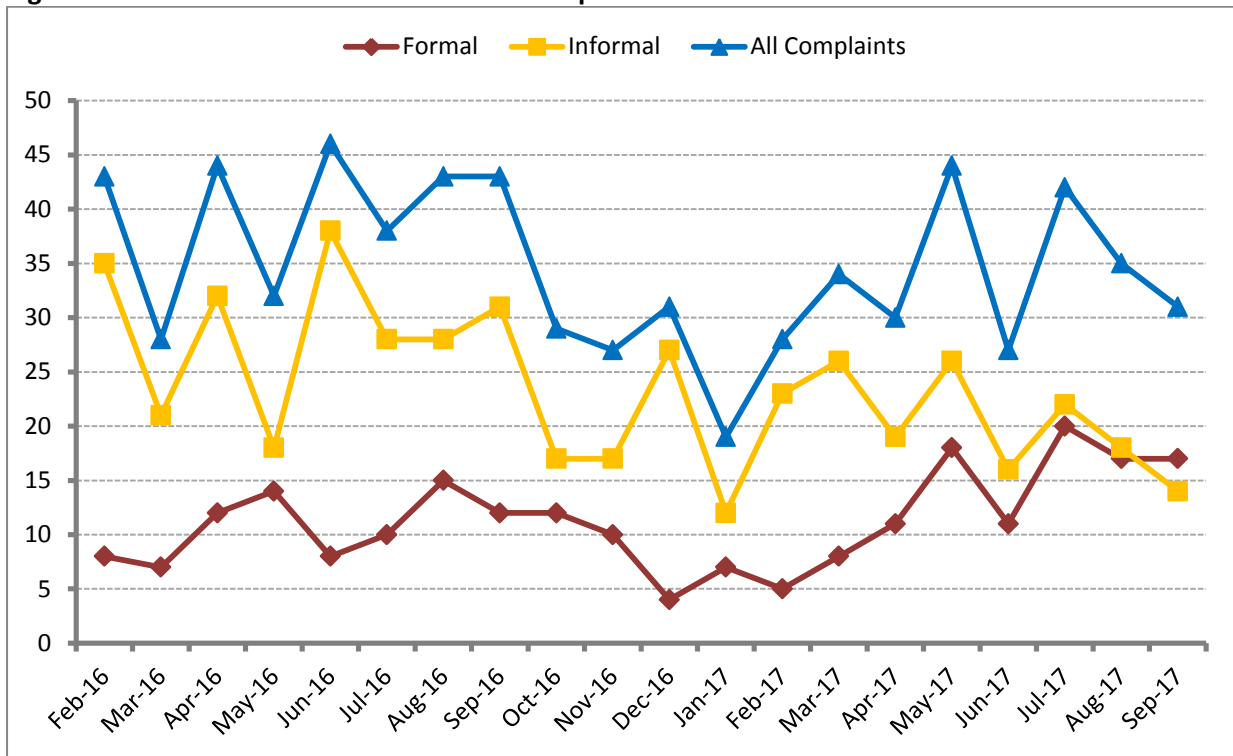
**Table 8: Top sub-categories**

Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	9 ↑	5 ↓
Clinical care (medical/surgical)	19 ↓	26 ↑
Appointment administration issues	8 ↑	6 ↓
Clinical care (nursing)	9 ↑	7 ↑
Attitude of medical staff	12 =	12 ↑
Failure to answer telephones/failure to respond	5 =	5 ↑
Communication with patient/relative	6 ↑	2 ↓
Attitude of nursing staff	7 ↑	2 ↑
Discharge arrangements	8 ↑	3 ↓
Lost/misplaced medical records and/or test results	3 ↓	4 ↑

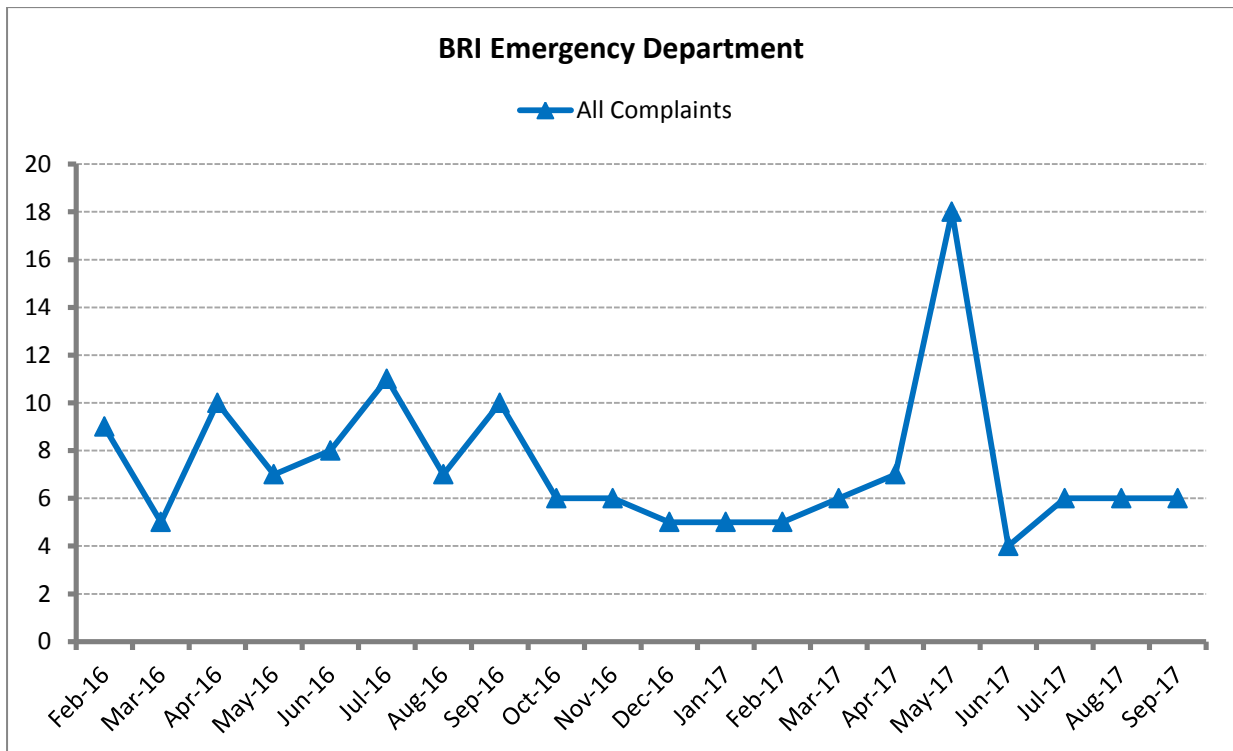
**Table 9: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
The Dermatology service received 15 complaints in Q2, compared to 9 in Q1, with 7 of these being about appointment issues. A further 4 related to attitude and communication.	The Dermatology service now incorporates services at Weston and Taunton. A significant quality focus of the expanded service is therefore on ensuring effective communication.	Complaints relating to communication and access to appointments continue to be closely monitored, with prompt action taken where themes emerge.

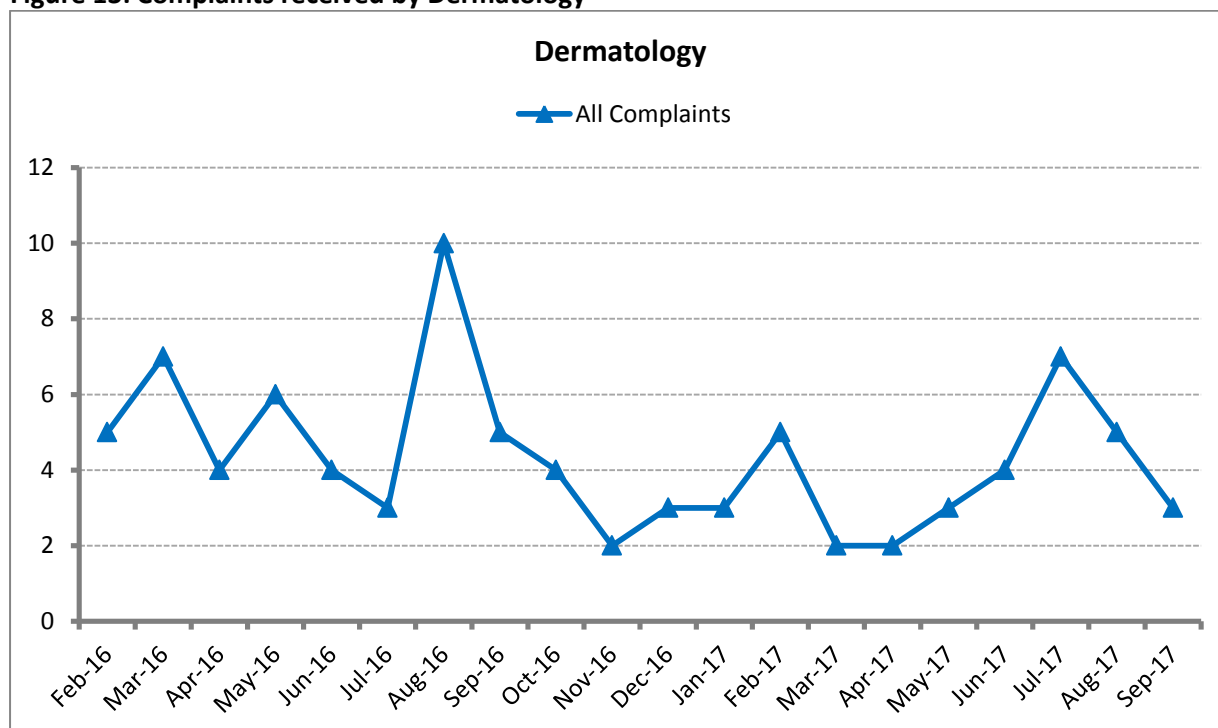
**Figure 11: Medicine – formal and informal complaints received**



**Figure 12: Complaints received by BRI Emergency Department**



**Figure 13: Complaints received by Dermatology**



### 3.1.3 Division of Specialised Services

In Q2, the Division of Specialised Services saw a decrease in the total number of complaints received for the third consecutive quarter. The only category where the division experienced an increase in complaints was in relation to attitude and communication. The number of complaints about clinical care (medical surgical) was half the number received in Q1. Approximately two thirds of complaints received in Q2 were resolved via an informal investigation.

**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	23 (40.4%) ↓	31 (44.3%) ↑
Attitude & Communication	13 (22.8%) ↑	9 (12.9%) ↓
Clinical Care	15 (26.3%) ↓	19 (27.1%) ↓
Facilities & Environment	2 (3.5%) ↓	3 (4.3%) ↑
Information & Support	3 (5.3%) ↓	6 (8.6%) ↓
Discharge/Transfer/Transport	1 (1.8%) ↓	2 (2.9%) ↓
Documentation	0 (0%) =	0 (0%) =
<b>Total</b>	<b>57</b>	<b>70</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	13 ↓	16 ↑
Clinical care (medical/surgical)	5 ↓	10 ↑
Appointment administration issues	7 ↓	11 ↑
Clinical care (nursing)	2 ↑	1 =
Attitude of medical staff	3 =	3 =
Failure to answer telephone/failure to respond	5 =	5 ↓
Communication with patient/relative	3 ↑	1 ↓
Attitude of nursing staff	1 ↑	0 ↓
Discharge arrangements	0 =	0 ↓
Lost/misplaced medical records and/or test results	4 ↑	3 ↑

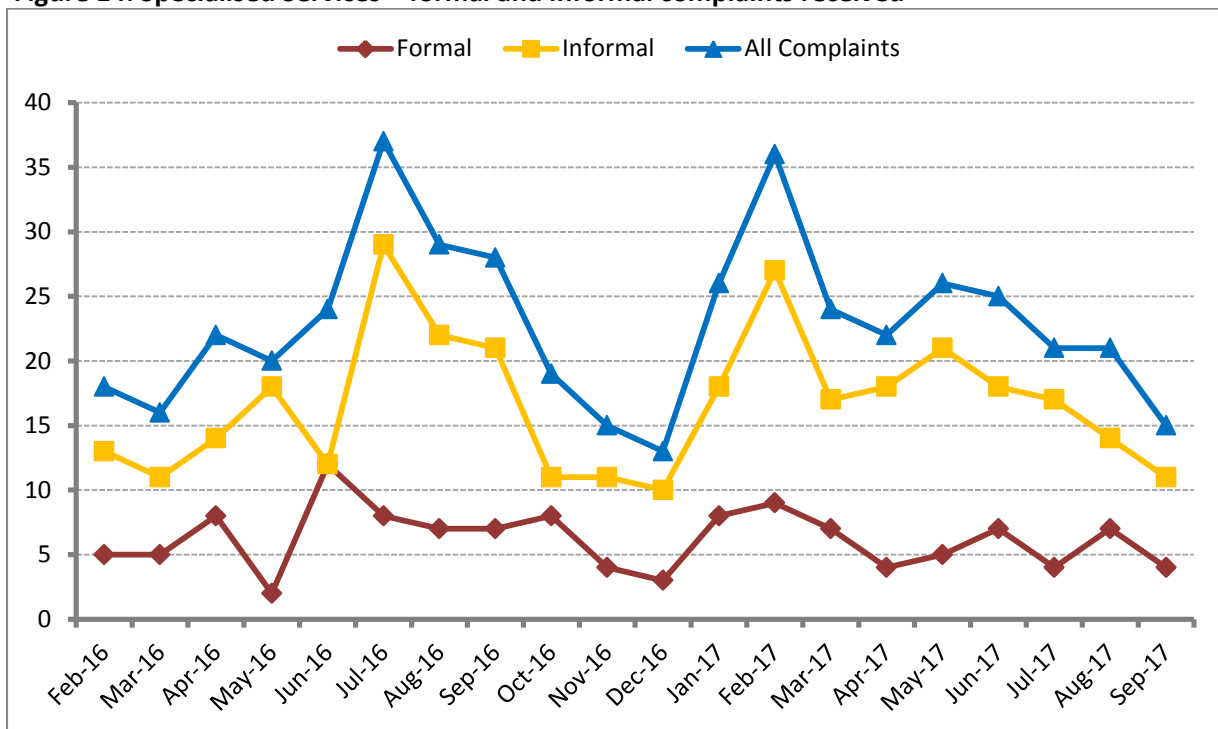
**Table 12: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
Of the 57 complaints received by the Division in Q2, 18 (32%) were for the Bristol Heart Institute Outpatients Department. 8 of these 18 complaints were in respect of clinical care; 6 were about appointments and admissions; and the remaining 4 related to attitude and communication.	Themes arising from complaints about the BHI OP department in Q2 include delays to outpatient follow up appointments, communication of test results and responding to telephone messages left.	<p>To address the backlogs in outpatient follow up clinics the division has appointed additional medical staff, increased the number of clinics available, and reviewed all patients to ensure that all those on the follow up list require face to face follow up and to identify any high risk patients to ensure that they are prioritised.</p> <p>With respect to test results, work has been undertaken to address typing backlogs; the division is now typing clinic letters within 7 days. The Division has also volunteered to undertake a pilot project which will involve typing clinic letters on the day of clinic, which will help further with overall typing times.</p> <p>There was a problem with staff sickness in the outpatient administration team throughout Q2,</p>

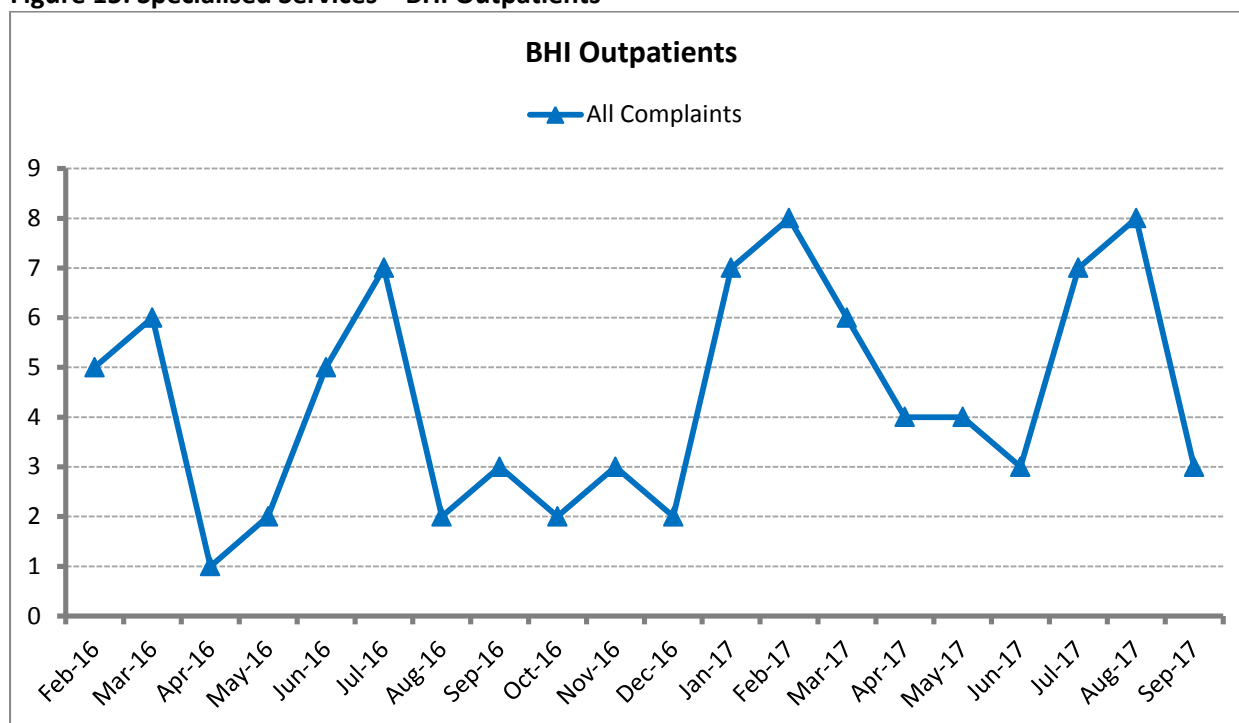
	<p>There were also a number of complaints relating to procedures which are not funded by the NHS.</p>	<p>but this has now resolved.</p> <p>Staff now have daily timetables which include checking and responding to voicemails.</p> <p>Clinicians in the division have been involved in the commission by evaluation process and have communicated the outcomes and information to patients and referring hospitals in order to manage expectations; however patients continue to highlight their concerns through the complaints process.</p>
<p>In Q1, the Division reported that they were working with Healthcare at Home to increase capacity for the delivery of chemotherapy. There were also plans in place to increase capacity in the Day Unit and to work with Diagnostics &amp; Therapies to develop a service covering bank holidays.</p> <p>In Q2, 10 complaints were received by the Chemo Day Unit/Outpatients department, an increase for the third consecutive quarter, although there was a reduction in complaints towards the end of the quarter. Of these 10 complaints, 4 were in respect of attitude and communication and 3 were about clinical care.</p>	<p>Of the 10 complaints received in Q2, 3 were related to delays in chemotherapy appointments.</p> <p>There were no specific patterns in the remaining 7 cases, although they tended to reflect the challenges of delivering difficult and often complex information to patients and relatives and the need for patients to revisit questions at different points in their journey.</p>	<p>In addition to actions outlined in Q1, the unit has also launched a new way of running its service (booking to chair) which has increased the capacity for chemotherapy delivery. The number of patients waiting for chemotherapy has reduced significantly. The team will be working a new shift pattern in the new year which will further support an increase in the numbers of treatments the department can deliver across the working day.</p> <p>One of the complaints raised concerns about the approach of a staff member which has since been addressed through supervision.</p> <p>In respect of the complaints which pertained to delivering difficult and complex information, key components of these complaints will be used in the training delivered to staff both across the division and across the trust. Further to this, Clinical Nurse Specialist teams are increasing their follow up phone calls to facilitate the process of information giving following the provision of diagnosis to improve the opportunity for patients to ask questions or raise queries at an early stage.</p>

<p>In Q2, the Division received 11 complaints about the Bristol Heart Institute Waiting List Office.</p> <p>Of these complaints, 9 were in respect of appointments and admissions and 2 were about attitude and communication.</p>	<p>Whilst the number of cancellations has decreased overall within cardiac services, the appointment and admissions complaints reflect delays to, or cancellation of, cardiac procedures during Q2. 2 complaints were received in relation to delays to responding to telephone messages left.</p>	<p>The division has commenced additional scheduling meetings to ensure scheduling reflects the bed availability within the critical care areas and so that teams can realistically and supportively manage patients' expectations. Further to this, letters have been reviewed to articulate more clearly the expected waiting times for procedures. The number of complaints regarding unanswered telephones is reducing and reflects the recruitment and training of new staff within the team.</p>
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**Figure 14: Specialised Services – formal and informal complaints received**



**Figure 15: Specialised Services – BHI Outpatients**



### 3.1.4 Division of Women’s and Children’s Services

The total number of complaints received by the Division remained similar for the third consecutive quarter, with a decrease in complaints in all categories with the exception of appointments and admissions and clinical care. This is the only division where the majority of complaints received in Q2 were resolved via the formal investigation process (42 formal compared to 32 informal).

**Table 13: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	22 (29.7%) ↑	18 (24.7%) ↑
Attitude & Communication	16 (21.6%) ↓	19 (26.1%) ↓
Clinical Care	31 (41.9%) ↑	26 (35.6%) ↓
Facilities & Environment	0 (0%) ↓	2 (2.7%) ↑
Information & Support	4 (5.4%) ↓	5 (6.8%) ↑
Discharge/Transfer/Transport	0 (0%) ↓	2 (2.7%) ↑
Documentation	1 (1.4%) =	1 (1.4%) =
<b>Total</b>	<b>74</b>	<b>73</b>



**Table 14: Top sub-categories**

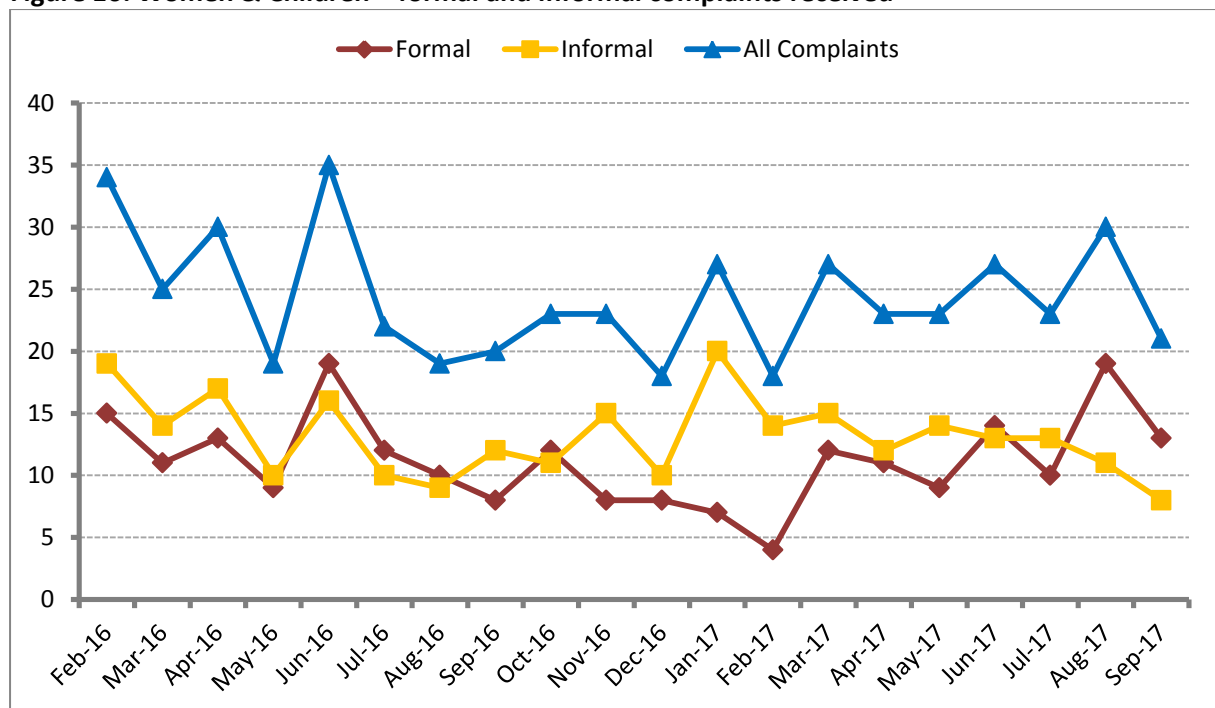
Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	13 ↑	11 ↑
Clinical care (medical/surgical)	12 ↑	11 ↓
Appointment administration issues	5 ↑	4 ↑
Clinical care (nursing/midwifery)	12 ↑	8 =
Attitude of medical staff	4 ↓	5 ↓
Failure to answer telephones /failure to respond	2 =	2 ↑
Communication with patient/relative	4 ↓	8 ↑
Attitude of nursing/midwifery	3 ↑	1 ↓
Discharge arrangements	0 ↓	2 ↑
Lost/misplaced medical records and/or test results	3 ↑	2 ↓

**Table 15: Divisional response to concerns highlighted by Q2 data**

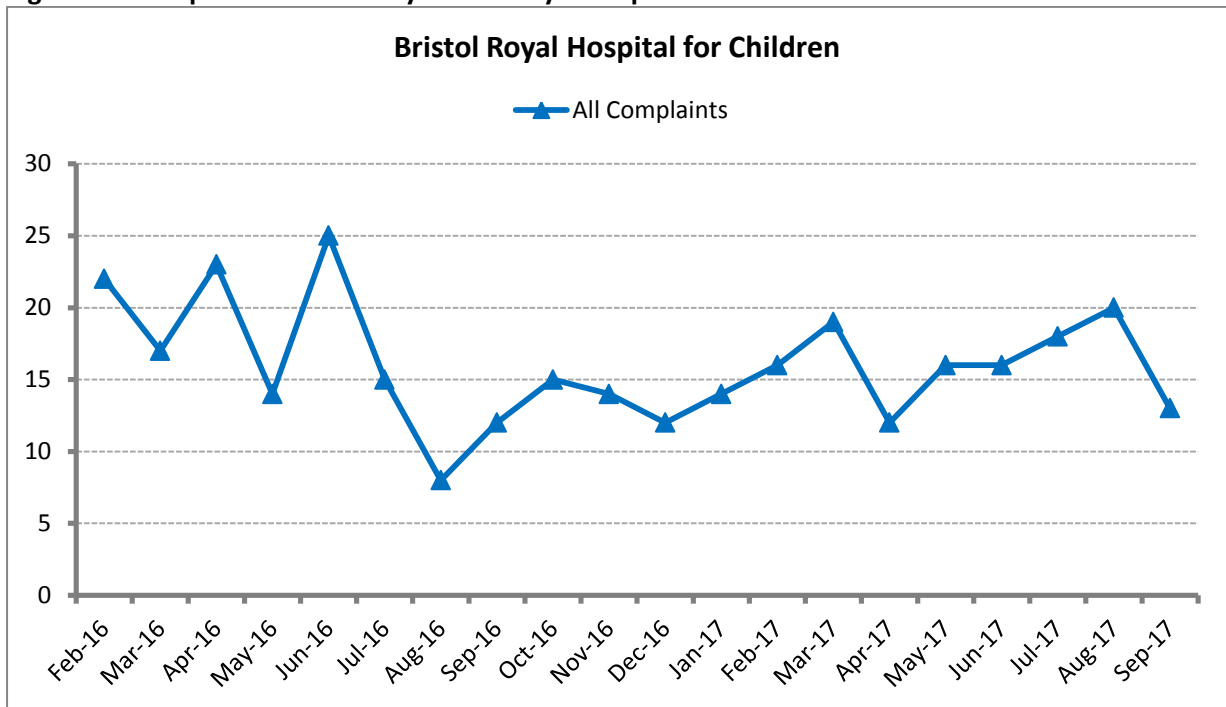
Concern	Explanation	Action
31 (42%) complaints received by the Division in Q2 related to clinical care. Of these, 20 were received by the Bristol Royal Hospital for Children and 11 were received by St Michael's Hospital.	<p><b>St Michael's</b></p> <p>In maternity and gynecology, many of the complaints related to very complex cases. On occasion, patients have not understood what has happened to them; complaints are sometimes arising in situations where what patients really need is further clarification about their care and treatment.</p> <p>One complaint related to a medication error on NICU and one complaint in Midwifery related to a practice issue.</p>	<p><b>St Michael's</b></p> <p>As part of the work of the Local Maternity System (LMS), the role of an "after birth thoughts" service is being considered.</p> <p>The medication error is being reviewed and investigated by the divisional patient safety team.</p> <p>Maternity support workers in the community have been re-trained on testing urine.</p>
Of the 74 complaints received by the Division in Q2, the highest numbers by	<p><b>St Michael's</b></p> <p>In gynaecology, complaints were due to process issues, e.g. waiting</p>	<p><b>St Michael's</b></p> <p>Process issues are being revisited and aligned. Partial booking list is in</p>

<p>department were received in the following areas:</p> <p>6 each for Children’s Emergency Department; Paediatric Orthopaedics; Gynaecology Outpatients; and 5 for NICU.</p> <p>7 for the Bristol Royal Hospital for Children Outpatients Department.</p>	<p>times and lack of follow up. The unit has had a problem with gaps in the junior doctor rota, with consultants having to act down.</p> <p><b>BRHC</b> Complaints received by the outpatient department and emergency department were mostly about waiting times and clinician attitude.</p>	<p>the process of being revalidated.</p> <p>The unit is also to review family involvement at ward rounds.</p> <p><b>BRHC</b> The waiting times concern relates to an ongoing capacity issue which is the subject of a strategic review. Attitude concerns are dealt with through direct feedback from line managers.</p>
<p>A total of 15 breaches of the formal response deadline were recorded for the Division in Q2. This represents more than a third of responses sent out by the Division during that period. 9 were responses from Bristol Royal Hospital for Children; the remaining 6 were from St Michael’s Hospital.</p>	<p><b>BRHC</b> The majority of the breaches were as a result of delays in getting clinician feedback on the complex clinical nature of the complaints.</p>	<p><b>BRHC</b> Response times to complaints are discussed at the quality assurance committee; senior clinicians who are present at this meeting are expected to give feedback to their respective teams regarding the importance of timely responses to complaints and concerns.</p>

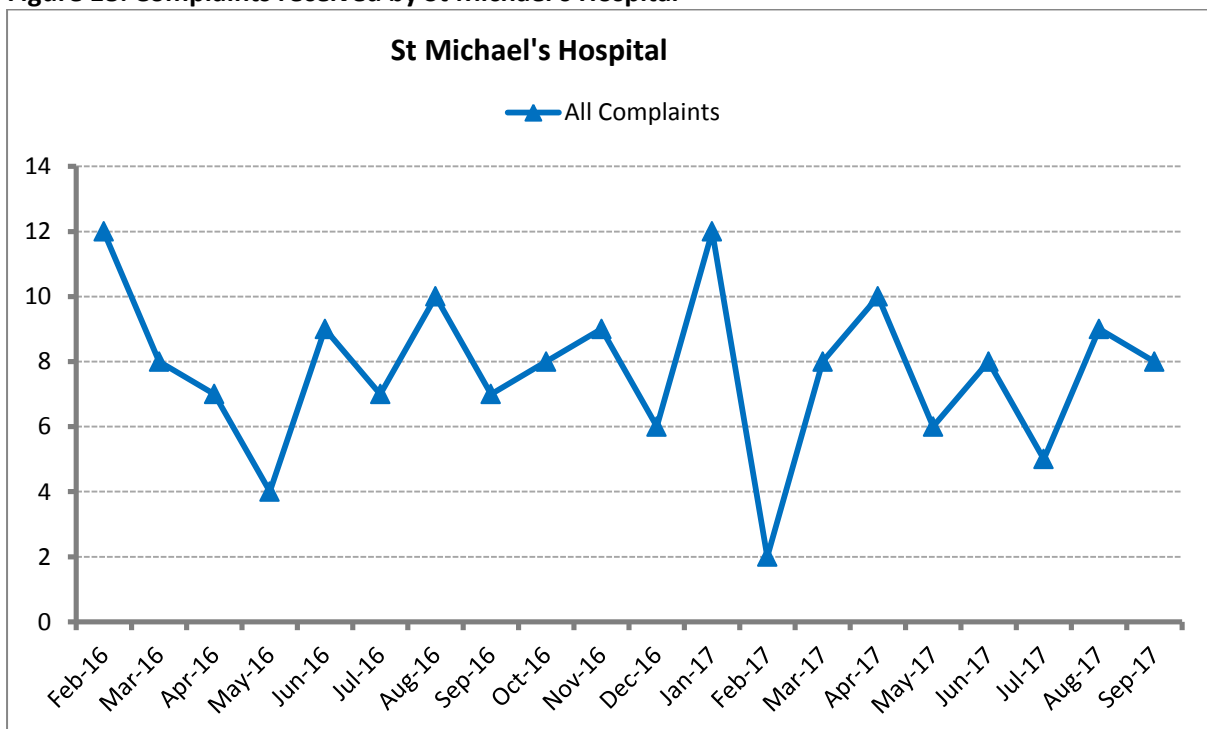
**Figure 16: Women & Children – formal and informal complaints received**



**Figure 17: Complaints received by Bristol Royal Hospital for Children**



**Figure 18: Complaints received by St Michael's Hospital**



### 3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies increased from 13 in Q1 to 18 in Q2, with seven received being about attitude and communication and six about appointments and admissions. The Division continued its trend of resolving the majority of complaints via the informal complaints process.

**Table 16: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	6 (33.3%) ↑	3 (23.1%) ↓
Attitude & Communication	7 (38.9%) ↑	1 (7.7%) ↓
Clinical Care	4 (22.2%) ↓	5 (38.4%) ↑
Facilities & Environment	0 (0%) ↓	2 (15.4%) ↑
Information & Support	0 (0%) ↓	2 (15.4%) ↑
Discharge/Transfer/Transport	0 (0%) =	0 (0%) ↓
Documentation	1 (5.6%) ↑	0 (0%) =
<b>Total</b>	<b>18</b>	<b>13</b>

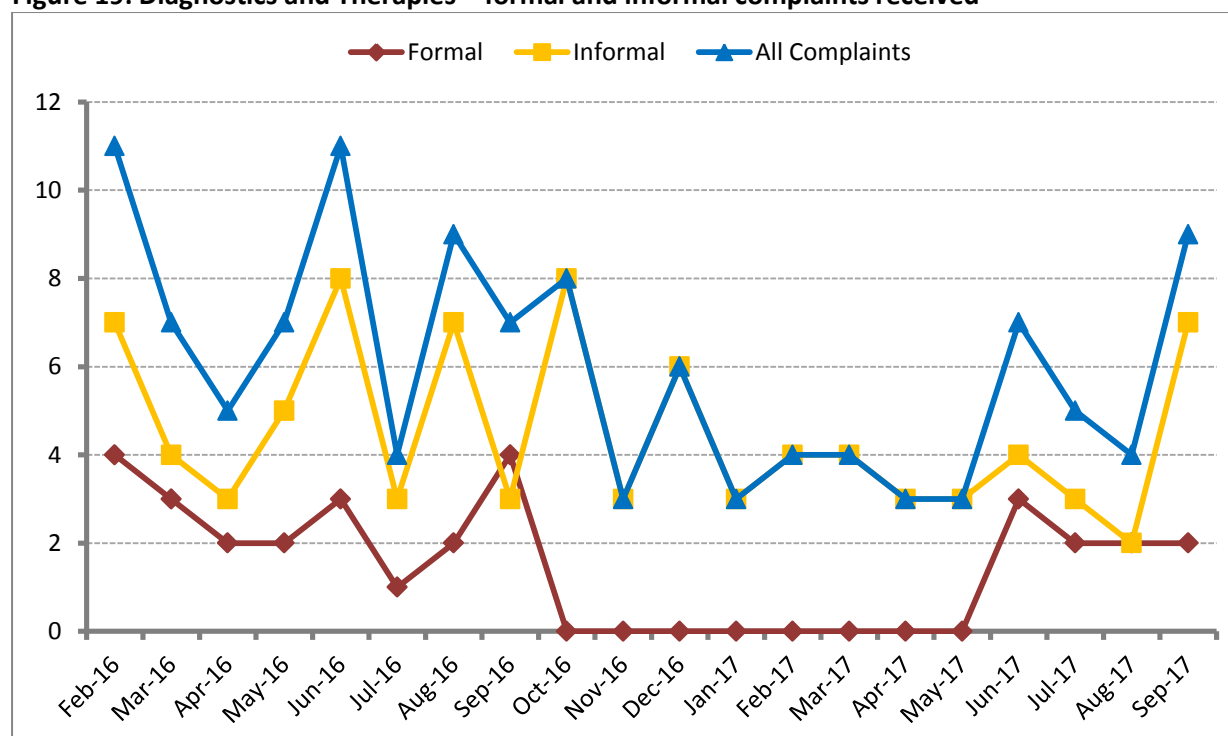
**Table 17: Top sub-categories**

Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	2 ↑	0 ↓
Clinical care (medical/surgical)	1 =	1 ↑
Appointment administration issues	4 ↑	2 =
Clinical care (nursing)	0 =	0 =
Attitude of medical staff	1 ↑	0 ↓
Failure to answer telephones /failure to respond	1 ↑	0 ↓
Communication with patient/relative	1 =	1 ↑
Attitude of nursing/midwifery	1 ↑	0 =
Discharge arrangements	0 =	0 =
Lost/misplaced medical records and/or test results	2 ↑	1 ↑

**Table 18: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
Of the 18 complaints received in Q2, 5 were received by the Physiotherapy service at Bristol Royal Infirmary, compared to 3 in Q1 and 2 in Q4 of 2016/17. 3 of the 5 complaints were in respect of appointment administration issues and 2 were about failure to answer telephones.	High levels of staff sickness and ongoing recruitment during Q2 led to difficulties in making appointments and communicating with the department.	Admin review and project in place to simplify systems and train staff. A new phone system has been implemented, additional bank staff are now in place to answer calls, and the service is also looking to appoint to a permanent position.

**Figure 19: Diagnostics and Therapies – formal and informal complaints received**



### 3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 23 complaints in Q2, compared to 121 in Q1. However there was a spike in Q1 when the Trust received over 100 complaints about security officers being asked to remove union jack badges from their uniforms (this was explained fully in the Q1 report). A comparison with the activity for this Division during a “normal” quarter would be the 32 complaints received in Q4 of 2016/17.

Figure 20: Trust Services – formal and informal complaints received

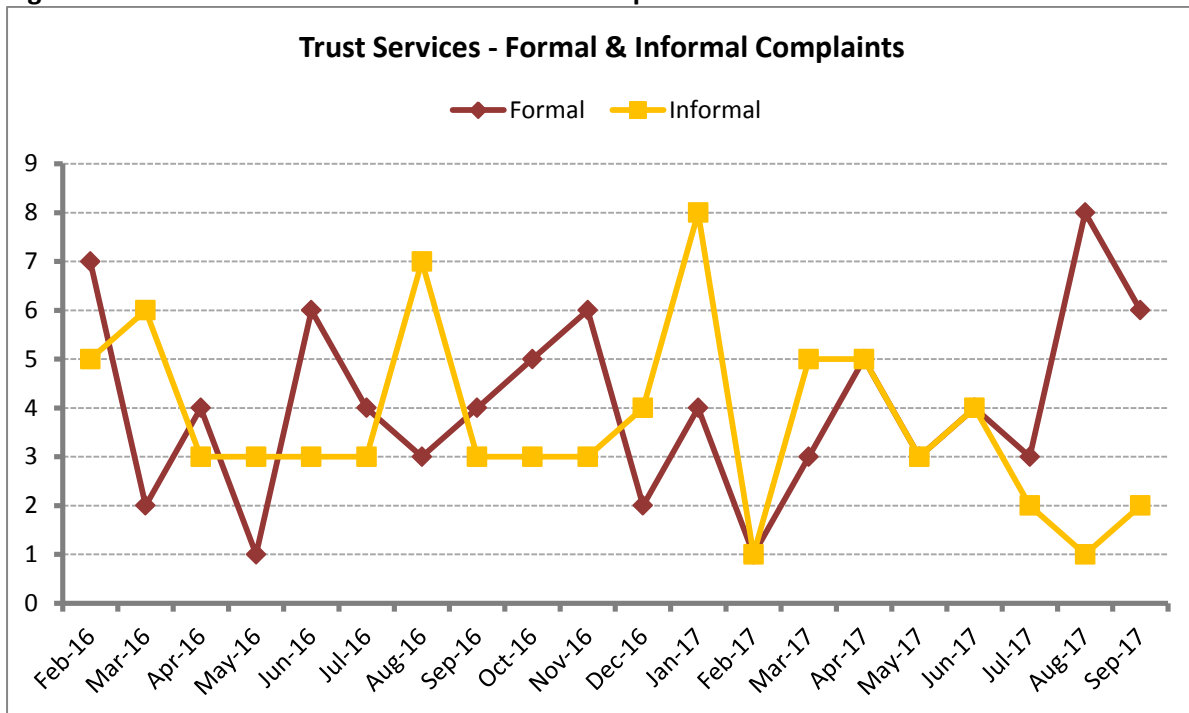


Figure 21: Trust Services – car parking complaints

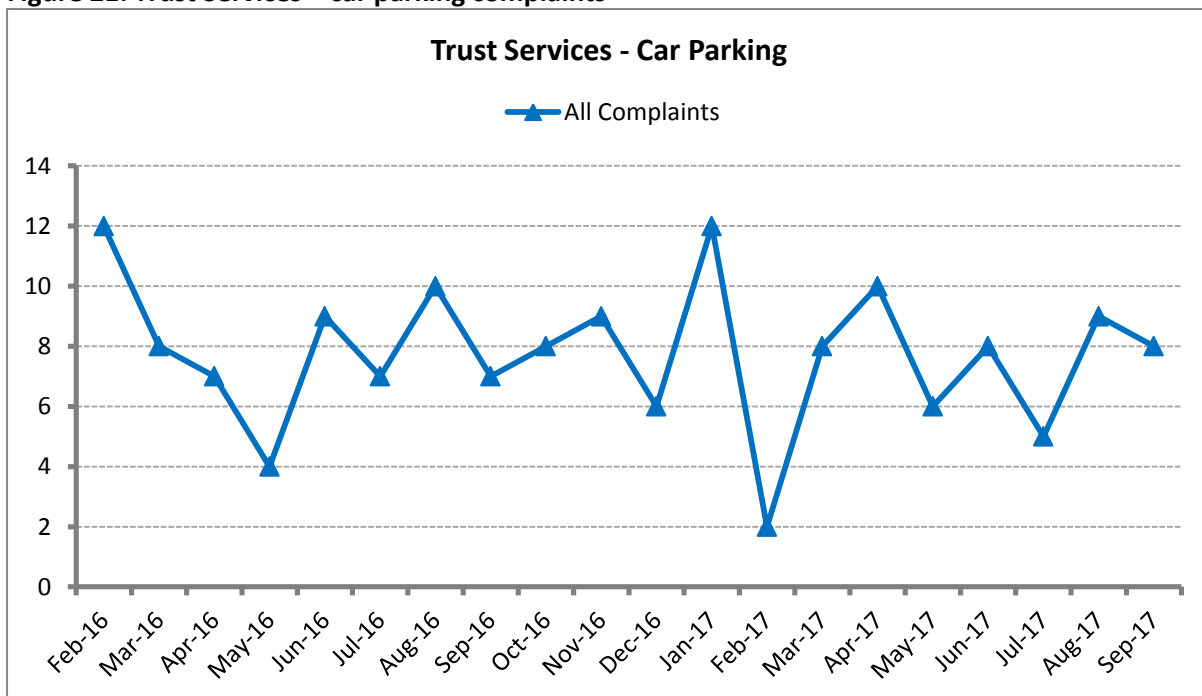
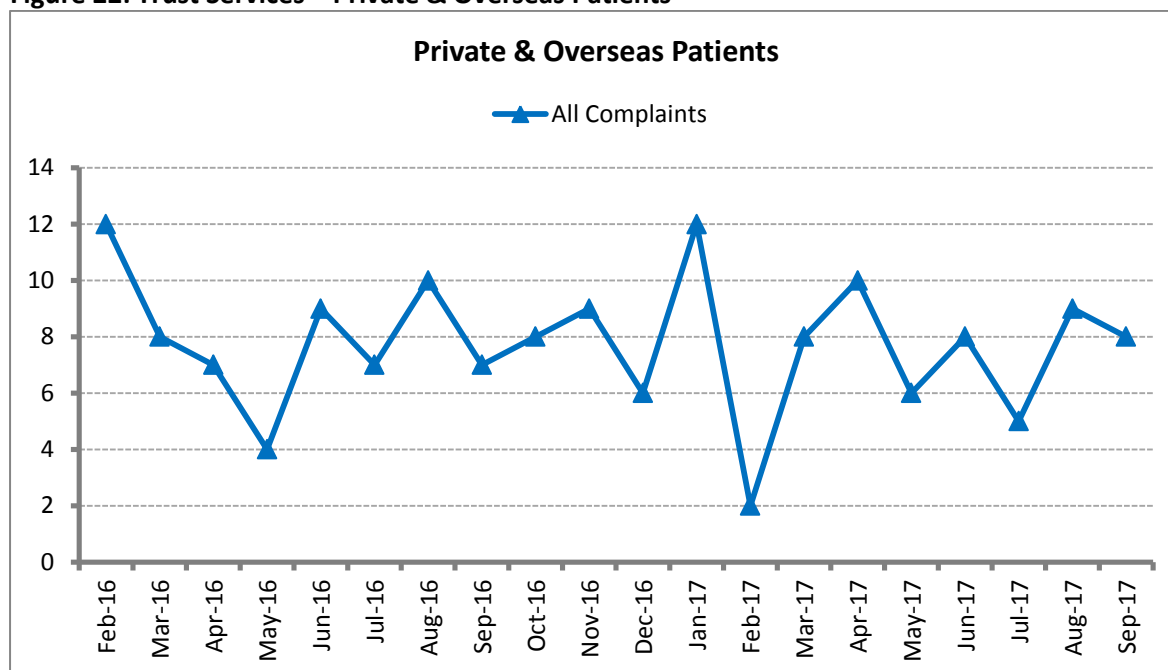


Figure 22: Trust Services – Private & Overseas Patients



### 3.2 Complaints by hospital site

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

Table 19: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q2 2017/18	Number and % of complaints received in Q1 2017/18
Bristol Royal Infirmary	180 ↓	279 (50.3%) ↑
Bristol Dental Hospital	52 ↓	79 (14.2%) ↑
Bristol Royal Hospital for Children	51 ↑	44 (7.9%) ↓
Bristol Heart Institute	40 ↓	50 (9.0%) ↓
St Michael's Hospital	39 ↑	37 (6.7%) ↑
Bristol Eye Hospital	30 ↑	25 (4.5%) ↓
Bristol Haematology & Oncology Centre	20 ↓	21 (3.8%) =
South Bristol Community Hospital	7 =	7 (1.3%) ↑
Community Midwifery Services	1 ↓	3 (0.5%) ↑
Central Health Clinic	3 =	3 (0.5%)
Southmead Hospital (UH Bristol services)	1 ↓	3 (0.5%) ↑
Other Trust	1 ↓	2 (0.4%) ↓
Community Dental Sites	1 =	1 (0.2%) =
Trust Headquarters	1 =	1 (0.2%) ↑
Adult Audiology Service (Community)	1 ↑	0
Estates & Facilities Building	1 ↑	0
Off Trust Premises	1 ↑	0
<b>TOTAL</b>	<b>430</b>	<b>555</b>

### 3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figures 23-27 below show data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q2, 46.5% of complaints received were about outpatient services, 31% related to inpatient care, 6.3% were about emergency patients; and 16.3% fell into the category of 'other' (as explained above).

**Figure 23: All patient activity**

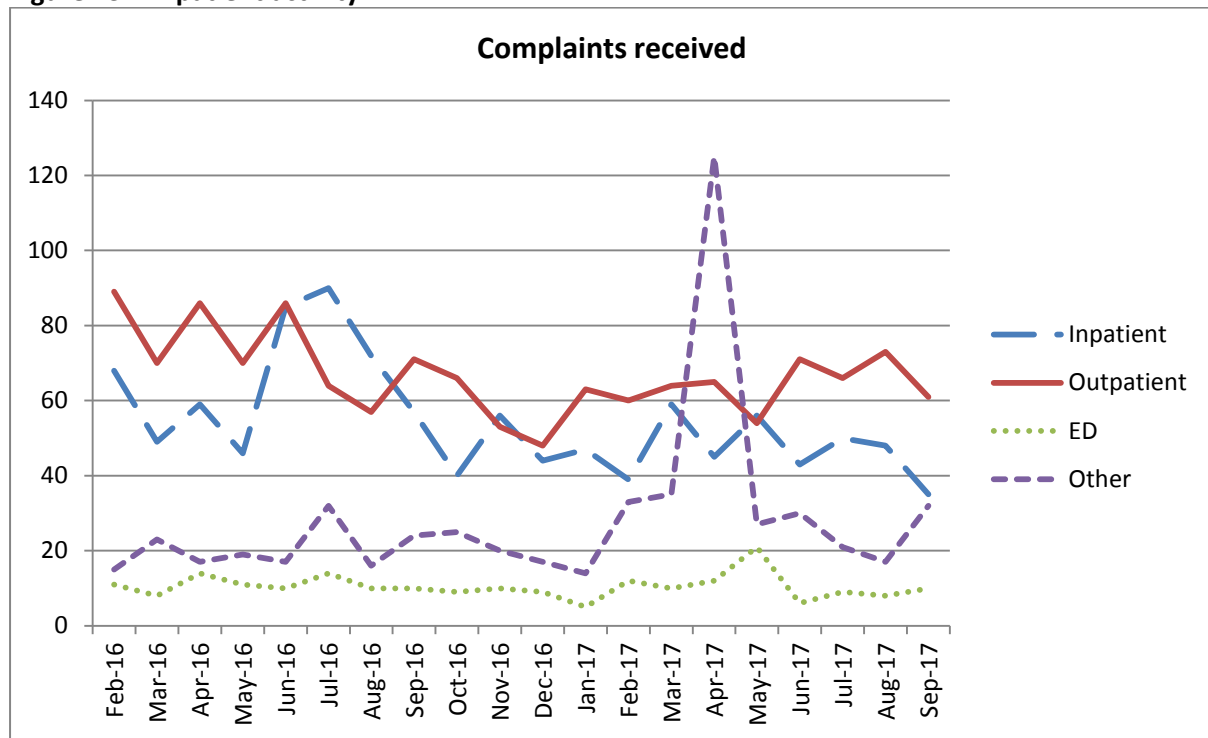




Figure 24: Complaints received from inpatients

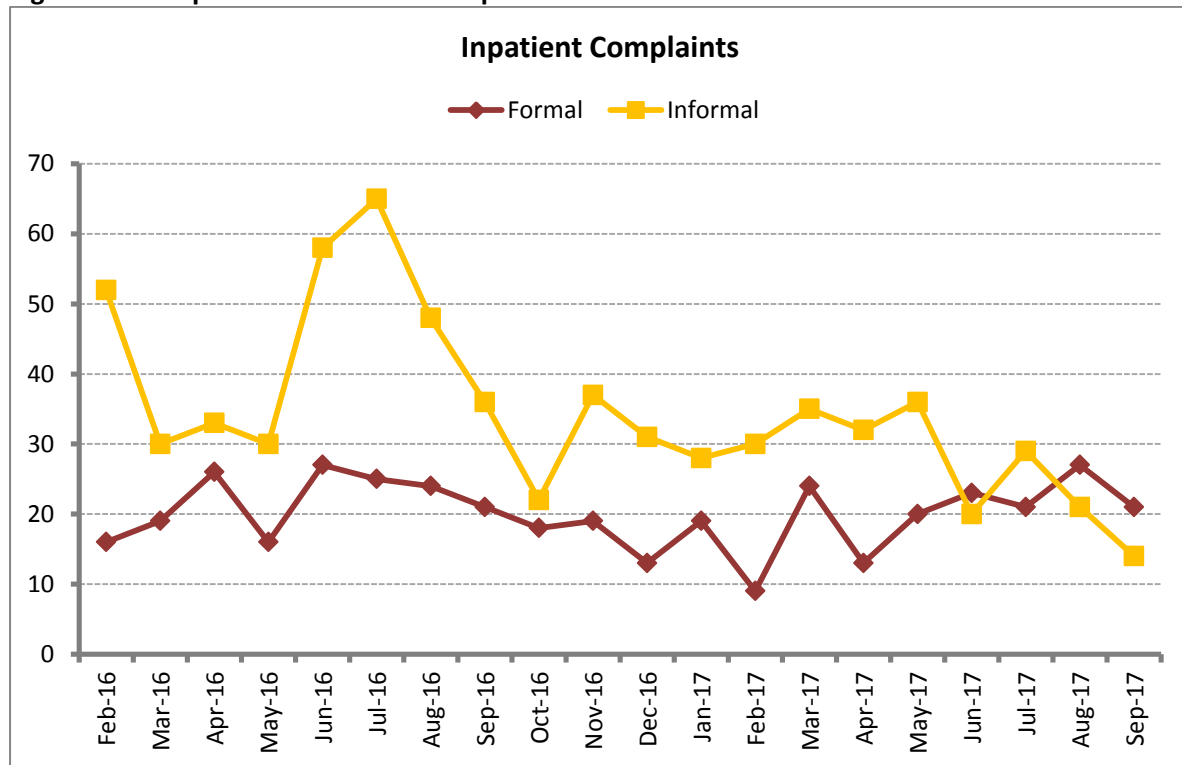


Figure 25: Complaints received from outpatients

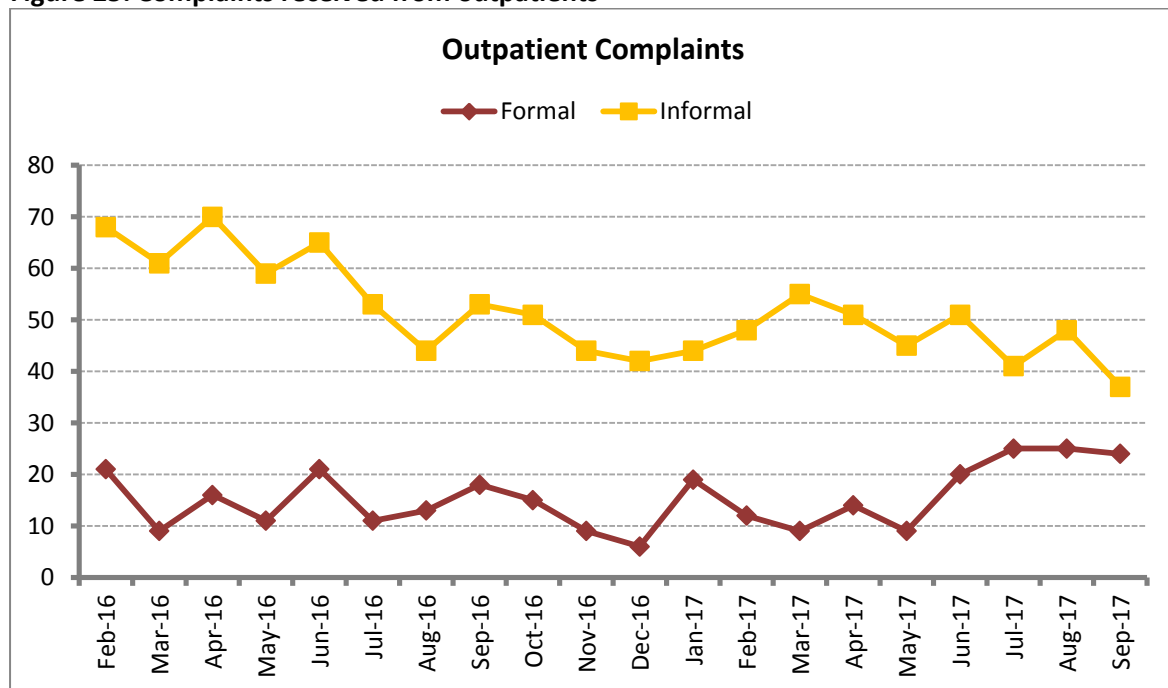


Figure 26: Complaints received from emergency department patients

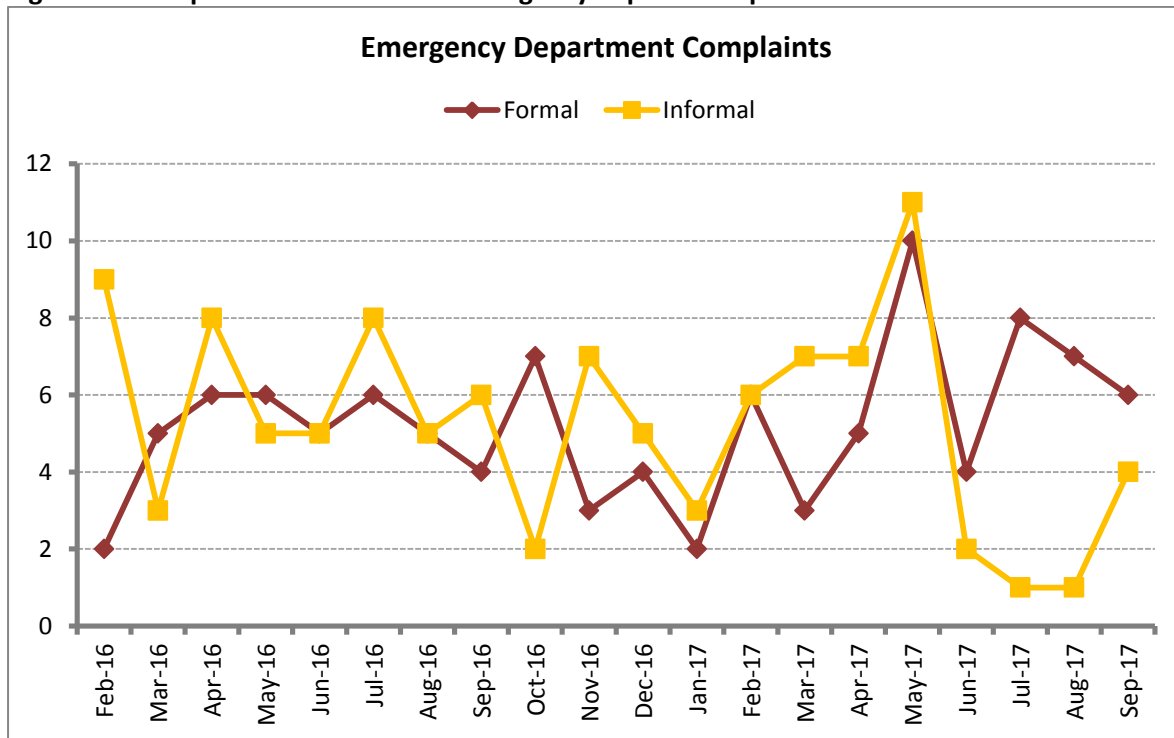
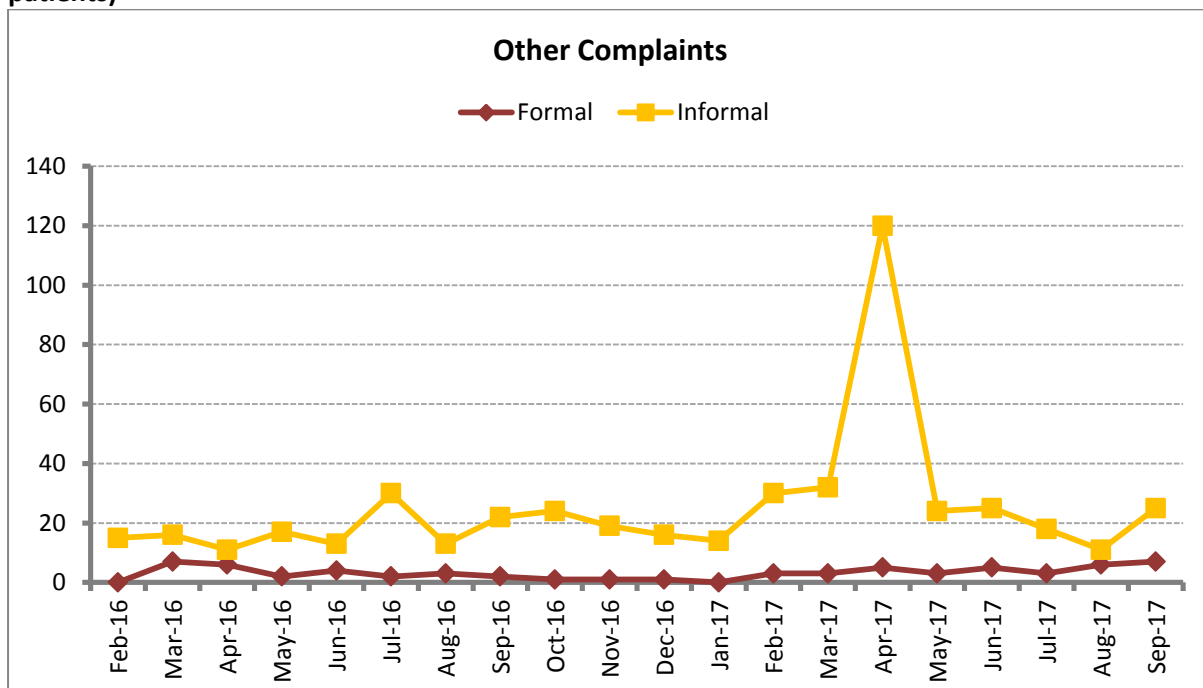


Figure 27: Complaints received from other patients (not inpatient, outpatient or emergency patients)



**Table 20: 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
Jul-17	9	50	66	21	146
Aug-17	8	48	73	17	146
Sep-17	10	35	61	32	138
<b>Grand Total</b>	<b>190</b>	<b>971</b>	<b>1,178</b>	<b>521</b>	<b>2,860</b>

### 3.3 Complaints responded to within agreed timescale

All Divisions, with the exception of Diagnostics and Therapies, reported breaches in Q2, totalling 36, which is an increase on the 26 breaches recorded in Q1. The largest increase in breaches (when compared to Q1) was for the Division of Women & Children. Details of this increase are included in table 13 under section 3.1.4 of this report.

**Table 21: Breakdown of breached deadlines**

Division	Q2 (2017/18)	Q1 (2017/18)	Q4 (2016/17)	Q3 (2016/17)
Surgery	8 (14.3%)	6 (14.6%)	7 (14.3%)	1 (0.7%)
Medicine	5 (11.1%)	6 (22.2%)	4 (15.4%)	0 (0%)
Specialised Services	3 (12%)	6 (24%)	2 (6.4%)	4 (8.9%)
Women & Children	15 (38.5%)	6 (18.2%)	6 (24%)	3 (4.7%)
Diagnostics & Therapies	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Trust Services	5 (45.5%)	2 (50%)	0 (0%)	0 (0%)
<b>All</b>	<b>36 breaches</b>	<b>26 breaches</b>	<b>19 breaches</b>	<b>8 breaches</b>

(So, as an example, there were eight breaches of timescale in the division of Surgery in Q2, which constituted 14.3% of the complaint responses which were sent out by that division in Q2.)

Breaches of timescale were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team; delays during the sign-off process itself; and/or responses being returned for amendment following Executive review. Table 22 shows a breakdown of where the delays occurred in Q2.

**Table 22: Reason for delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services
Division	5	4	3	14	0	5
Patient Support & Complaints Team	1	1	0	1	0	0
Executives/sign-off	2	0	0	0	0	0
<b>All</b>	<b>8</b>	<b>5</b>	<b>3</b>	<b>15</b>	<b>0</b>	<b>5</b>

### 3.4 Outcome of formal complaints

In Q2 we responded to 182 formal complaints<sup>4</sup>. Tables 23 and 24 below show a breakdown, by Division, of how many cases were upheld, partly upheld or not upheld in Q2 of 2017/18 and Q1 of 2017/18.

**Table 23: Outcome of formal complaints – Q2 2017/18**

	Upheld	Partly Upheld	Not Upheld
Surgery	15 (26.8%)	26 (46.4%)	15 (26.8%)
Medicine	13 (28.9%)	25 (55.6%)	7 (15.5%)
Specialised Services	6 (24%)	17 (68%)	2 (8%)
Women & Children	9 (23.1%)	25 (64.1%)	5 (12.8%)
Diagnostics & Therapies	2 (33.3%)	2 (33.3%)	2 (33.3%)
Trust Services	2 (18.2%)	7 (63.6%)	2 (18.2%)
<b>Total</b>	<b>47 (25.8%)</b>	<b>102 (56%)</b>	<b>33 (18.1%)</b>

**Table 24: 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%)
<b>Total</b>	<b>24 (18.2%)</b>	<b>84 (63.6%)</b>	<b>24 (18.2%)</b>

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

#### 4. Information, advice and support

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

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

In Q2, the team dealt with 183 such enquiries, compared to 174 in Q1. These enquiries can be categorised as:

- 147 requests for advice and information (138 in Q1)
- 31 compliments (34 in Q1)<sup>5</sup>
- 4 requests for support (2 in Q1)

Table 21 below shows a breakdown of the 183 requests for advice, information and support dealt with by the team in Q1.

**Table 25: Enquiries by category**

Category	Enquiries in Q2 2017/18
Hospital information request	25
Information about patient	24
Medical records requested	21
Signposting	19
Appointments administration issues	8
Clinical care	8
Clinical information request	6
Admissions arrangements	6
Employment and volunteering	4
Invoicing	3
Personal property	3
Accommodation enquiry	2
Communication	2
Benefits and social care	2
Car parking	2
Expenses claim	2
Failure to answer phone/respond	2
Travel arrangements	1
Translating & Interpreting	1
Cleanliness (internal)	1
Medication incorrect/not received	1
Aids and appliances	1
Delayed response	1
Emotional support	1

<sup>5</sup> This figure includes compliments added directly to the Datix system by Divisions.

Transfer arrangements	1
Availability of wheelchairs	1
Freedom of information request	1
<b>Total</b>	<b>151</b>

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints team recorded 151 enquiries that did not proceed (compared with 203 in Q1). 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.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team dealt with a total of 764 separate enquiries in Q2 2017/18.

## 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 Q2, 186 complaints were received in writing (email, letter or complaint form) and 244 were received verbally (51 in person via drop-in service and 193 by telephone). Of the 430 complaints received in Q2, 100% met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

## 6. PHSO cases

During Q2, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three complaints. During the same period, four existing cases were closed and one existing case remains ongoing. Of the four cases closed, one was partly upheld by the PHSO.

**Table 26: Complaints opened by the PHSO in Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
3438	SC	SC	05/09/2016 [17/07/2017]	STMH	Fetal Medicine Unit	Women & Children
Complaint file and medical records sent to PHSO on 21/07/2017. Advised by PHSO on 12/10/2017 of the scope of their investigation. Currently pending further contact from the PHSO.						
2096	SA	ZH	16/06/2016 [21/09/2017]	STMH	Gynaecology Outpatients	Women & Children
Details requested by PHSO sent to them on 28/09/2017 – they initially only requested certain documentation rather than the usual complaint file and medical records. On 02/10/2017, the PHSO advised us they would not be taking the case any further, however the patient had asked them to review their decision. The PHSO confirmed that we could close our file and that they would notify us if we needed to re-open it following their review.						
1380	SD	DD	26/04/2016 [23/08/2017]	STMH	Ear, Nose & Throat	Surgery
The PHSO initially advised that they were investigating this matter and explaining the scope of their investigation. They subsequently requested documentation (complaint file and medical records), which were sent to them on 13/11/2017. Currently pending further contact from the PHSO.						

**Table 27: Complaints ongoing with the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
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 28: Complaints formally closed by the PHSO in Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
2096	SA	ZH	16/06/2016 [21/09/2017]	STMH	Gynaecology Outpatients	Women & Children
Details requested by PHSO were sent to them on 28/09/2017 – they initially only requested certain documentation rather than the usual complaint file and medical records. On 02/10/2017, the PHSO advised us they would not be taking the case any further, however the patient had asked them to						

review their decision. The PHSO confirmed that we could close our file and that they would notify us if we needed to re-open it following their review. <b>Not upheld.</b>						
4537	EB	MB	10/11/2016 [25/05/2017]	BRI	Ward A515	Medicine
<p>PHSO's final report received 30/08/2017. They found following failings:</p> <ul style="list-style-type: none"> <li>• A failure to provide pain relief to patient for a short period; and</li> <li>• A failure to contact the family when his condition deteriorated.</li> </ul> <p>PHSO recommended that within four weeks of the date of their report, the Trust should write to the patient's family to apologise for the failings identified in the report and to apologise for the impact this had.</p> <p>This recommendation was carried out and on 12/10/2017. The PHSO confirmed that the Trust had fully complied with their recommendations and that the case was closed. <b>Partly upheld.</b></p>						
2624	CC	RC	14/07/2016 [19/05/2017]	BRI	Ward A600 (ITU/HDU)	Surgery
PHSO's final report received on 26/09/2017 confirming that they are taking no further action and the case is closed. <b>Not upheld.</b>						
2870	AM	PM	03/11/2016 [07/03/2017]	BHOC	Ward D603	Specialised Services
Final report received from PHSO 02/11/2017 advising that they are taking no further action and the case is closed. <b>Not upheld.</b>						



**Report to the Council of Governors meeting to be held on 31 January 2018 at  
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,  
 Bristol, BS1 3NU**

		<b>Agenda Item</b>	7.1b
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31 January 2018
<b>Report Title</b>	Quarterly Patient Experience Report (Quarter 2)		
<b>Author</b>	Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (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"/>

<b>Action/Decision Required</b> (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 second quarter of 2017/18.

Key issues to note

- All of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 2, indicating the continued provision of high quality care as experienced by patients.
- UH Bristol received a very positive set of results in the Care Quality Commission's 2016 national Accident and Emergency survey: 9 out of 45 scores were classed as being better than the national average. This puts UH Bristol among the top 10 of all English trusts in respect of the number of "better than average" scores achieved in the survey.
- Notable Patient and Public Involvement activities in Quarter 2 included:
  - o Establishing, with the local deaf community, a new Bristol Deaf Patient Experience Group
  - o In collaboration with the Palliative and Supportive Care Team, involving patients and relatives in the design of the Trust's new "butterfly" end of life personalised care plan
  - o In collaboration with the Trust's Transformation Team, development of "customer service

principles” for UH Bristol, derived through staff, patient and stakeholder engagement

- The inpatient postal survey scores improved for South Bristol Community Hospital during Quarter 2, but were still below the Trust average. This does not correlate with a range of other quality monitoring data being reviewed by the Division of Medicine for this hospital. Improvement work continues to be carried out at the hospital, including a planned programme of Trust Values training for all staff in Quarter 4 2017/18.
- Ward A518 received relatively low scores on two key survey measures. This is a fairly new ward established in June 2017. There is now a substantive senior nursing team in place and we anticipate that this will impact positively on the survey results going forward.

**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**

<b>Nominations &amp; Appointments Committee</b>	<b>Quality Focus Group</b>	<b>Governor Strategy Group</b>	<b>Constitution Focus Group</b>	<b>Public Trust Board 31 Jan 2018</b>
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# Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data  
received up to Quarter 2 2017/18*

**Author:** Paul Lewis, Patient Experience and Involvement Team Manager

## Patient Experience and Involvement Team

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Anna Horton, Patient Experience and Regulatory Compliance Facilitator ([anna.horton@uhbristol.nhs.uk](mailto:anna.horton@uhbristol.nhs.uk))

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

Successes	Priorities
<ul style="list-style-type: none"> <li>All of UH Bristol’s headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 2, indicating the continued provision of high quality care as perceived by patients</li> <li>UH Bristol received a very positive set of results in the 2016 national Accident and Emergency survey: 9 out of 45 scores were classed as being better than the national average (Table 1). This puts UH Bristol among the top 10 of all English trusts on this measure of patient-reported experience</li> <li>UH Bristol continues to receive positive scores in our local surveys, with 98% of patients rating their care as excellent, very good or good</li> <li>The Patient Experience and Involvement Team worked with representatives of the local deaf community to establish a new forum for engagement and discussion. This forum will meet formally for the first time in February 2018 and will include a range of local health and social care organisations.</li> </ul>	<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 hospital visit / stay. This will involve installing 10-15 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 an appropriate 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. Following a delay in publishing the tender for this system, we now anticipate that the contract will be awarded for this system in Quarter 4 2017/18.</p>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>As part of UH Bristol’s corporate quality objective related to delivering a consistently excellent customer service, a set of draft “customer service principles” has been developed for the Trust in collaboration with stakeholders and staff. The next stage of this project is to test these principles in a number of live contexts, including with the Patient Support and Complaints Team and Outpatient Transformation Project</li> </ul>	<p>The key negative outliers identified in this report are:</p> <ul style="list-style-type: none"> <li>South Bristol Community Hospital: survey scores improved in Quarter 2 but are still below the Trust average. This does not correlate with a range of other quality data for the hospital, which remain positive. Improvement work continues to be carried out at the hospital, including a planned programme of Trust Values training for all staff</li> <li>Ward A518 received relatively low scores on two key survey measures. This is a fairly new ward established in June 2017. There is a now a substantive senior nursing team in place and we anticipate that this will impact positively on the survey results going forward</li> <li>“Communication” in the Division of Medicine continues to be a theme in the survey data – which is likely to reflect the challenges of caring for a patient group with a high proportion of complex / long-term care needs. The Division is currently working to increase the use of the Discharge Lounge, which now has dedicated pharmacy support in place to provide additional communication / advice to patients about their medications.</li> </ul>

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

### 2.1 UH Bristol Involvement Network

The UH Bristol Involvement Network connects the Trust to a diverse range of voluntary/community organisations across Bristol. In November 2017, a group of Sixth Form students from Ashton Park School visited UH Bristol. The students all had some degree of learning disability or additional educational need. Over the course of the day these “hospital detectives” were able to give the Patient Experience and Involvement Team insights into what it feels like to visit clinical and non-clinical areas of the Trust. These insights are currently being collated and will be shared with Divisions via the Trust’s Patient Experience Group. Where necessary improvement opportunities will be identified and addressed.

### 2.2 Bristol Deaf Community

During Quarter 2, the Patient Experience and Involvement Team took a lead role with Healthwatch Bristol and the local deaf community, to establish a new Bristol Deaf Patient Experience Group. The Group will meet in February 2018 and every four months thereafter. It will bring together a number of different meetings into a single forum, to better understand patient experience for our deaf patients and to identify opportunities for collaborative working.

### 2.3 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 objective<sup>1</sup>. This work is being led by the Transformation Team with support from the Patient Experience and Involvement Team. The latest stage of this project has seen the development of a draft set of customer service principles for UH Bristol, based on a number of staff and stakeholder workshops. These principles were shared with the Trust’s Senior Leadership Team in November and positive feedback was received. The next stage of this project is to pilot the application of these principles in live contexts – in particular the Trust’s Patient Support and Complaints Team and the Outpatient Transformation Project. A further update will be provided in the next Quarterly Patient Experience and Involvement Report.

### 2.4 Cross-organisational working

The Patient Experience and Involvement Team continues to engage with a range of health and social care organisations, including:

- UH Bristol, Bristol Community Health and North Bristol NHS Trust are jointly leading a patient and community leadership programme, with support from The King’s Fund. This programme has provided training and support to members of the public who want to shape healthcare services locally. This work continues to evolve, with the development of the “Healthcare Change Maker” forum, which is now working in an advisory role to local commissioning and the Sustainable Transformation Partnership (STP). In addition, UH Bristol is directly benefiting from the programme, having placed participants in a number of roles, including the new Complaints Review Panel, the paediatric cardiac review steering group, and the Bristol Deaf Patient Experience Group (see above).
- Providing guidance and support about Patient and Public Involvement to the Sustainable Transformation Partnership (STP)
- Supporting the development of patient reported outcome measures to evaluate a planned redesign of respiratory and diabetes pathways across Bristol, North Somerset, and South Gloucestershire.

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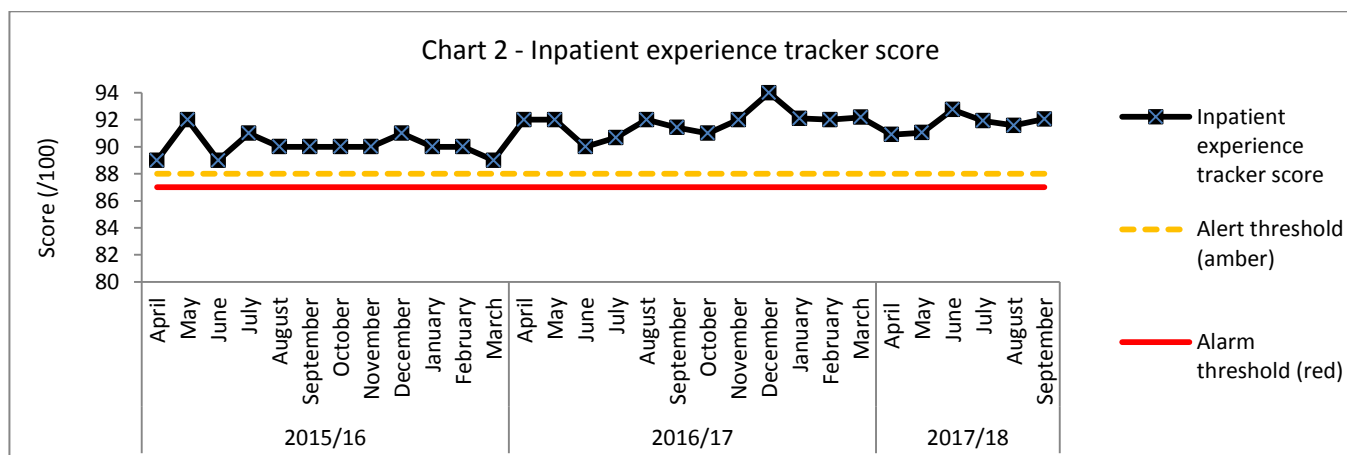
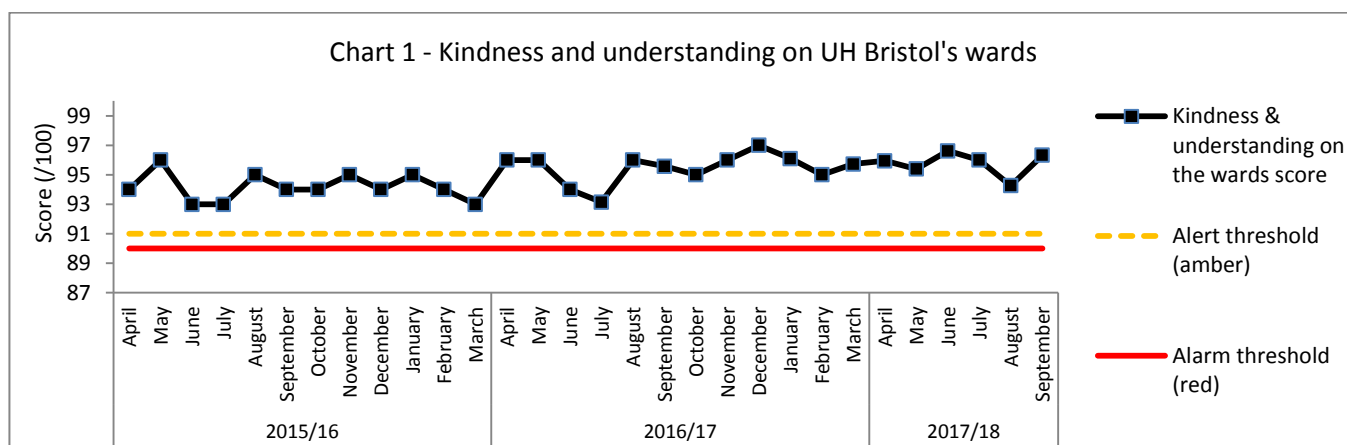
<sup>1</sup> Corporate quality objectives are improvement priorities for the Trust.

## 2.5 local Patient and Public Involvement activity

One of the roles of the Patient Experience and Involvement team is to support the development of a culture of patient involvement throughout the Trust. A notable recent project was carried out in collaboration with the Supportive and Palliative Care Team. In this project, patients and relatives were involved in the successful design of the Trust’s new “butterfly” end of life personalised care plan.

### 3 Patient survey data to Quarter 2

The Trust’s Patient Experience and Involvement Team is responsible for measuring patient-reported experience, primarily via the Trust’s patient survey programme<sup>2</sup>. 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. All of our Trust-level patient survey scores were above their target levels in Quarter 2 (Charts 1-10).



<sup>2</sup> A description of the key Trust surveys is provided in Appendix B. The headline survey scores 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.

Chart 3 - Outpatient experience tracker score

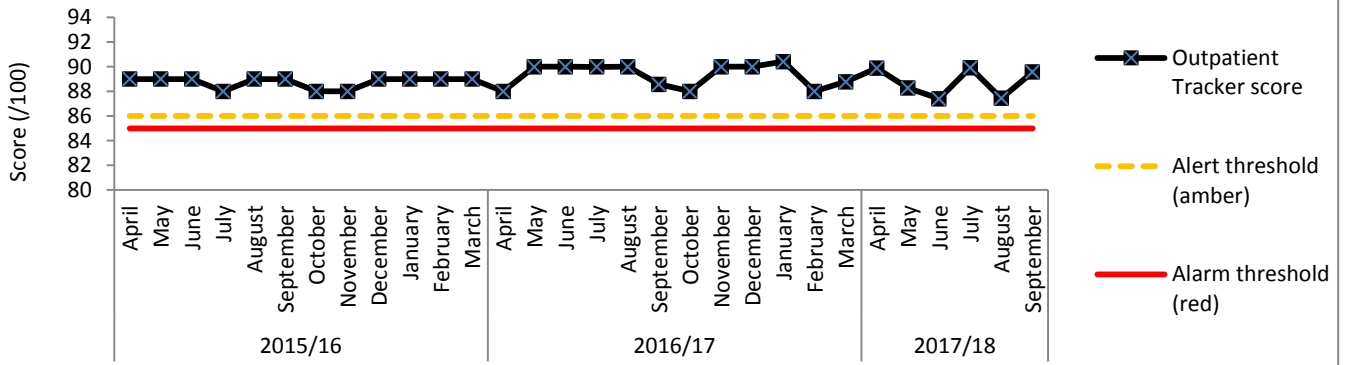


Chart 4 - Friends and Family Test Score - inpatient and day case

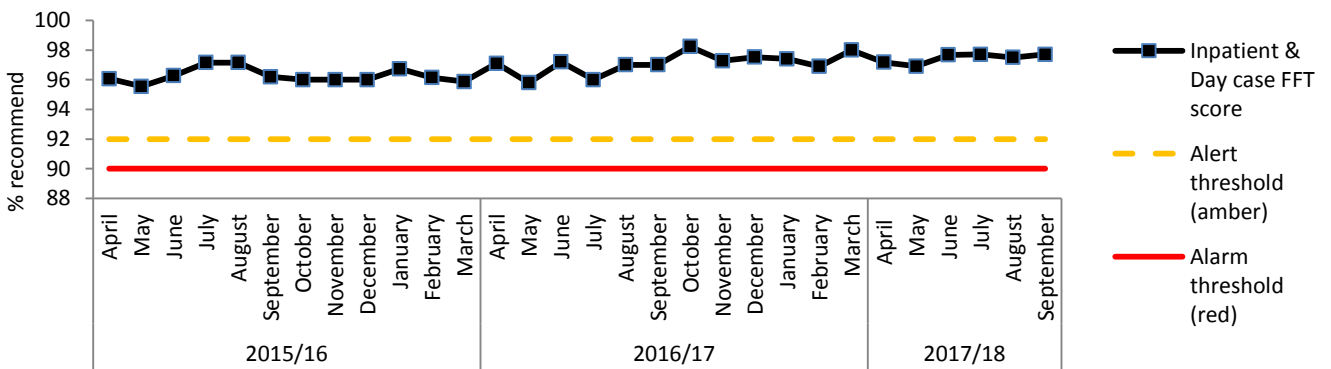


Chart 5 - Friends and Family Test Score - Emergency Departments

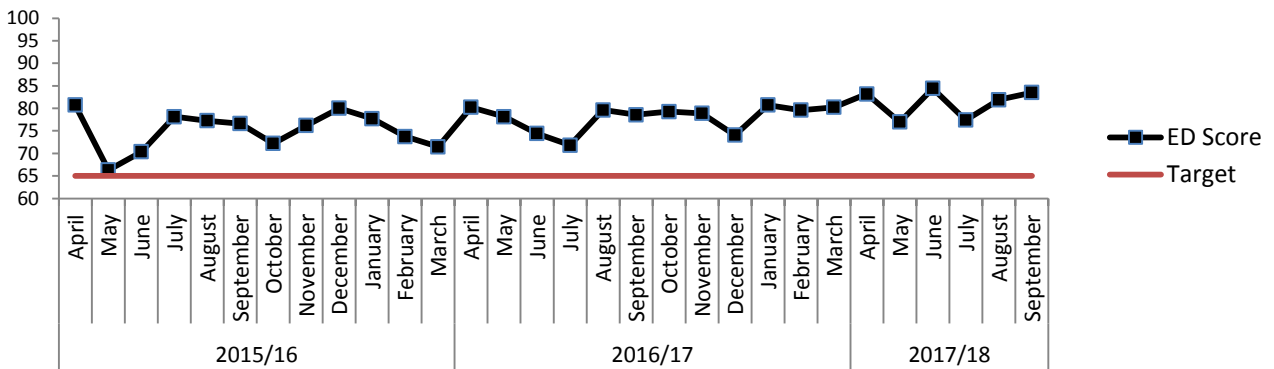


Chart 6 - Friends and Family Test Score - maternity (hospital and community)

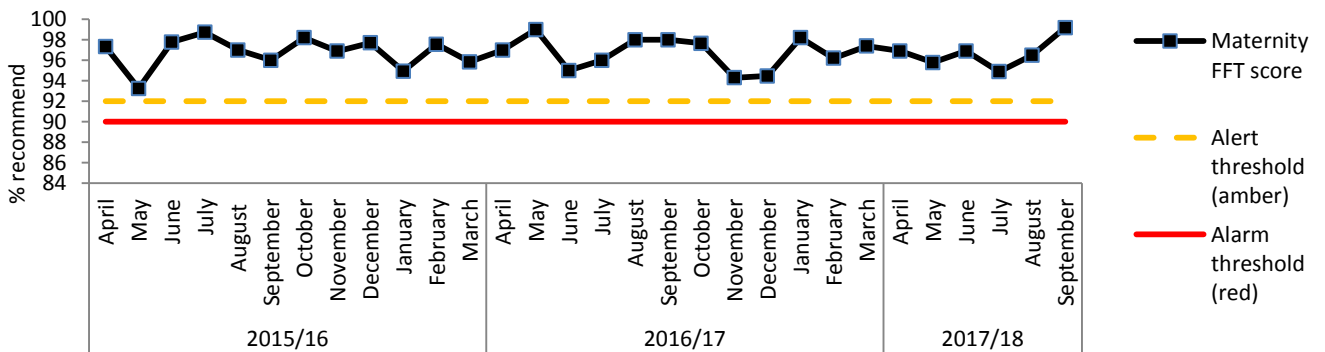


Chart 7: Friends and Family Test Response Rates (inpatient and day case)

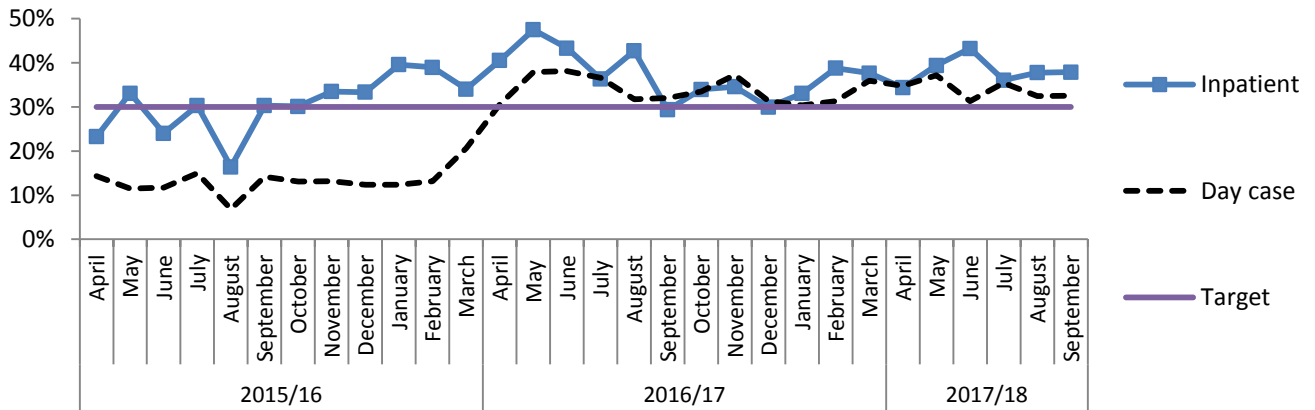


Chart 8: 2015 /16 Friends and Family Test Response Rates (maternity combined)

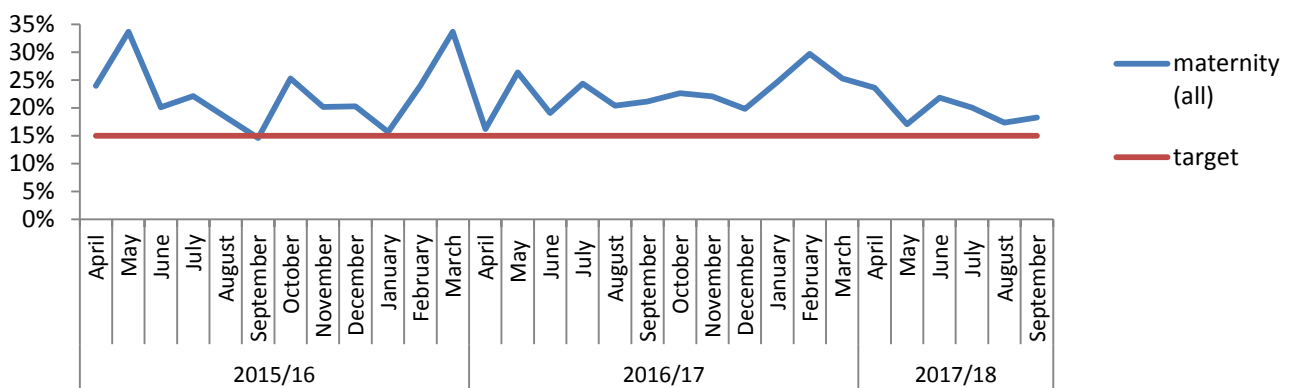


Chart 9: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

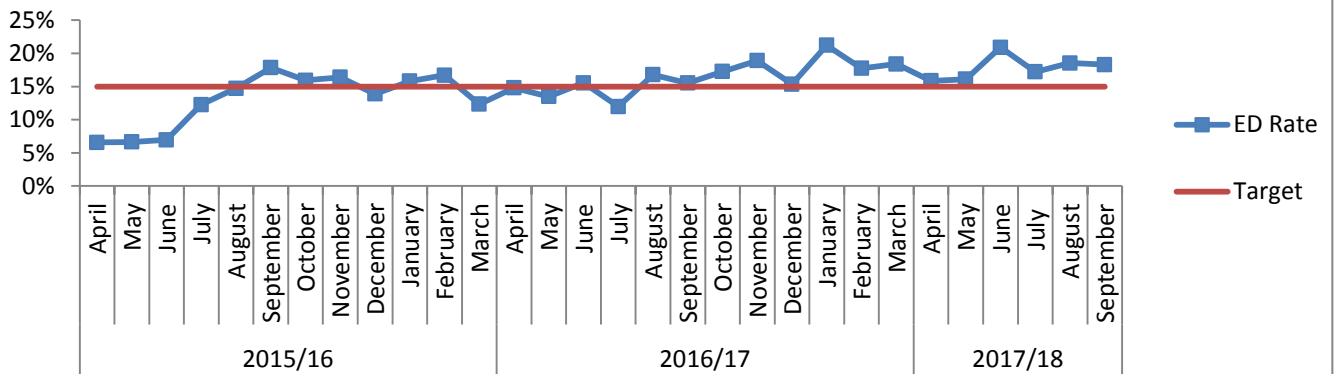
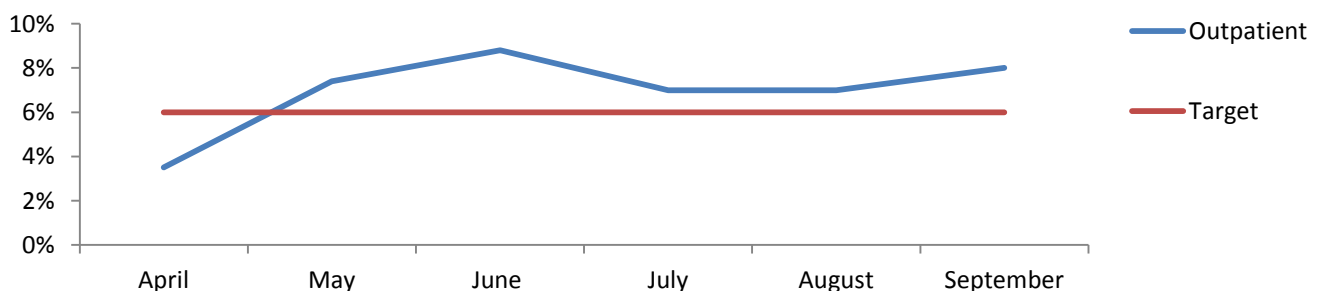


Chart 10: Outpatient Friends and Family Test Response Rates 2017/18 (response rate target implemented by the Bristol Clinical Commissioning Group from April 2017)





### 3.1 Survey data / themes at Division, hospital and ward level

Charts 11-21 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 (for wards, 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 results are provided in Tables 1 and 2 (pages 11-13). The key negative outliers in these data sets are:

#### South Bristol Community Hospital

South Bristol Community Hospital (wards 100 and 200) received low scores on both of our key inpatient postal survey measures (Charts 16-17, 19-20). As noted in previous Quarterly Patient Experience and Involvement Reports, this is a relatively consistent trend, but it does not correlate with other quality data being received by the Division of Medicine, complaints data, or the Friends and Family Test survey score (which are much more positive / within the expected range). The scores are, however, consistent with research at a national level, which has found lower experience ratings among patients who have long-term stays for chronic conditions (South Bristol Community Hospital has a high proportion of patients being provided with rehabilitation care e.g. following a stroke). Nevertheless, there continues to be a focus on exploring and improving these scores:

- Staff engagement is a key driver for improving patient satisfaction scores: planning is currently taking place to deliver Trust Values training for all staff at South Bristol Community Hospital during Quarter 4
- In parallel with the Trust Values training, the Patient Experience and Involvement team will deliver a series of *Face2Face* patient and relative interviews and on-site group discussions to explore in depth patient and relative perspectives of the care provided on the wards
- A new patient leaflet for South Bristol Community Hospital is being developed which will set out what the rehabilitation model of care “looks like”, helping to ensure that this is clearly communicated and that expectations are set at an early stage of care

#### Ward A518

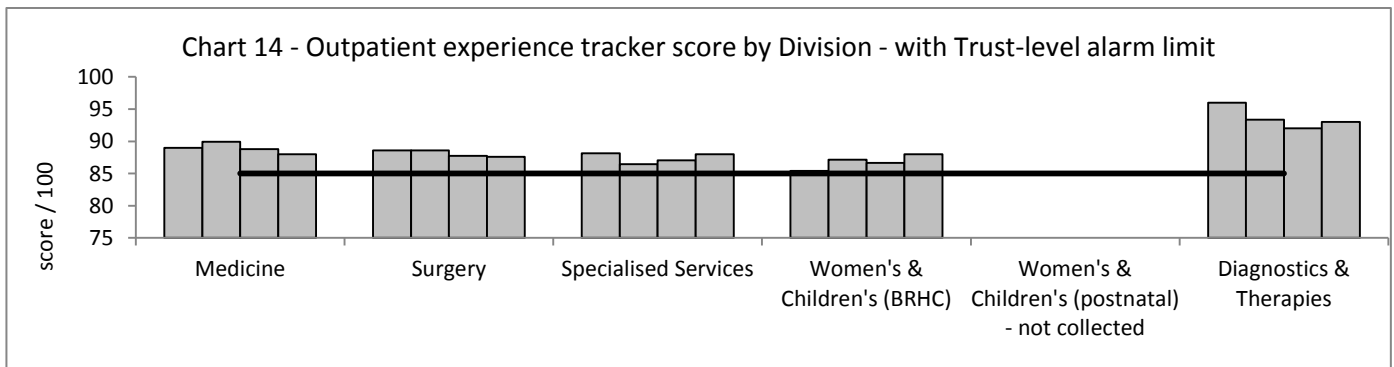
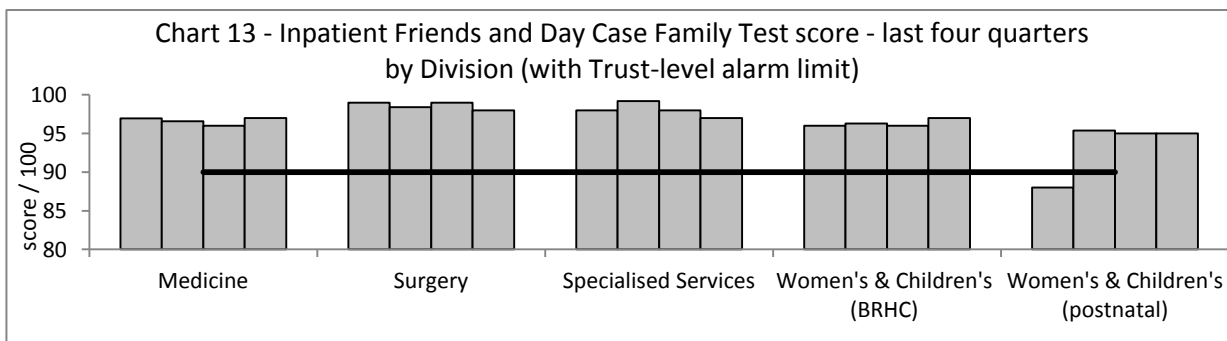
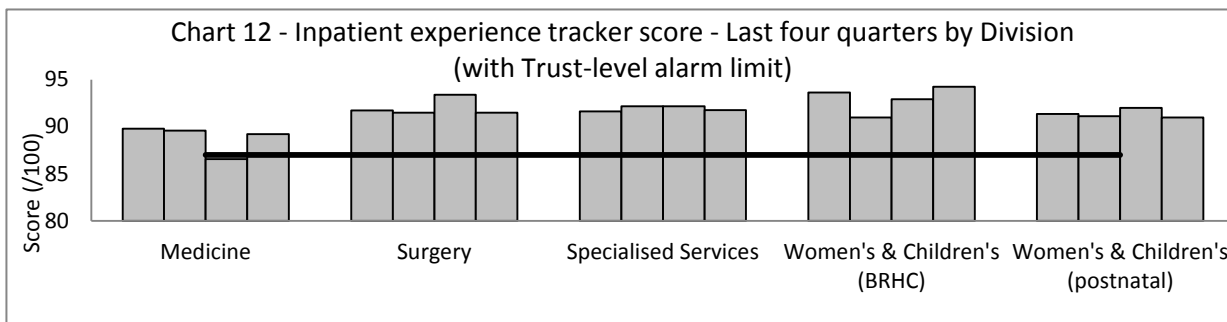
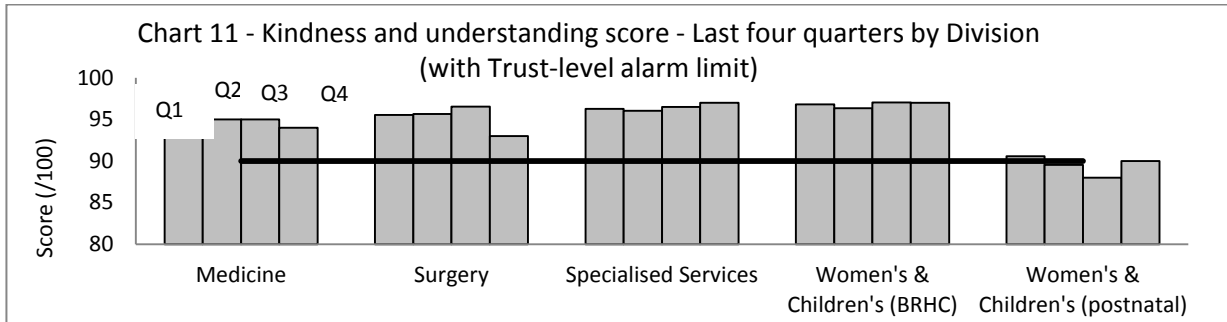
Ward A518 received relatively low scores on two key survey measures (Charts 20/21). This ward was established in June 2017 (previously it was open only when extra inpatient capacity was needed). There is now a senior nursing team in place and so we would expect to see an improvement in the patient survey scores. The scores will continue to be closely monitored alongside other quality data collected by the Division.

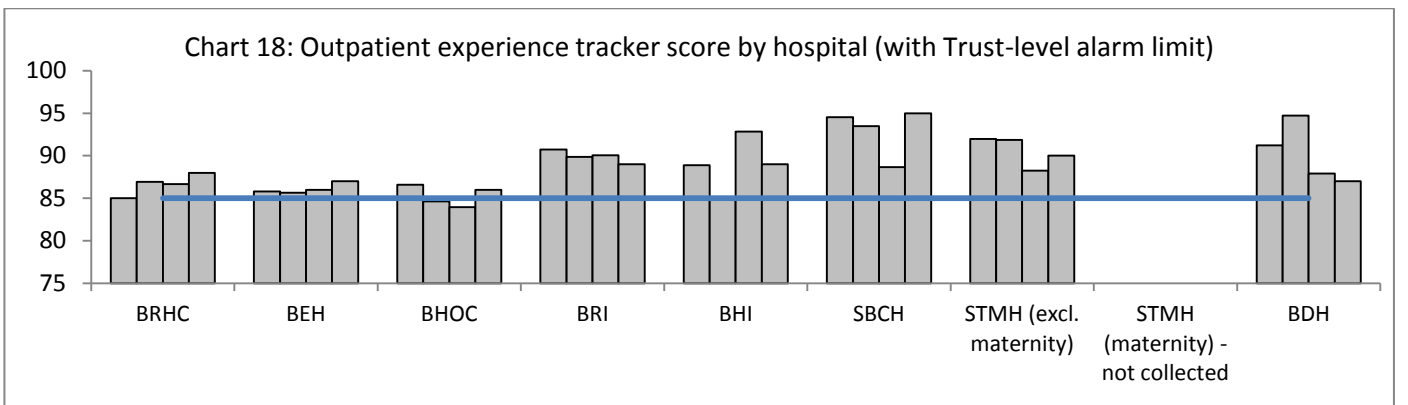
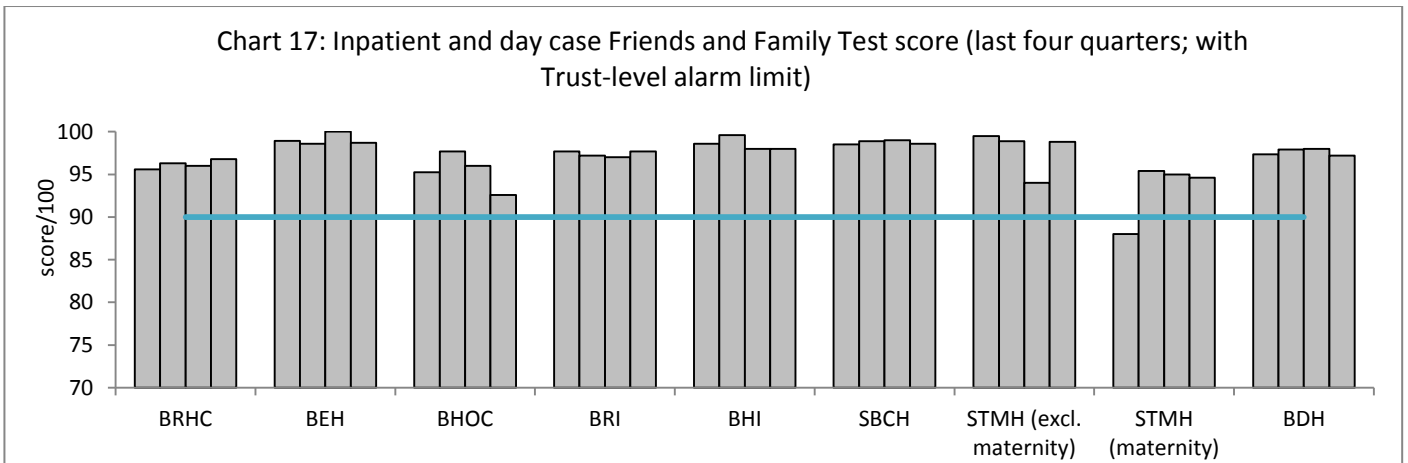
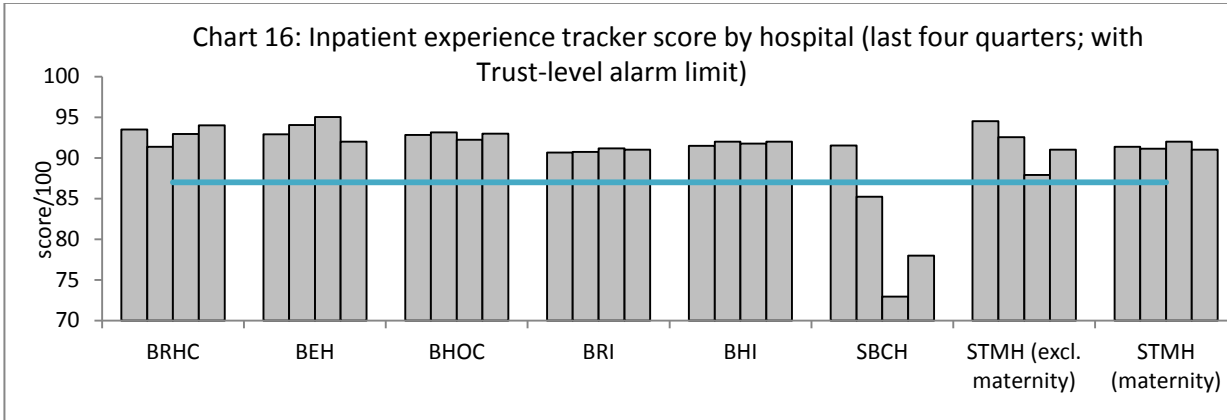
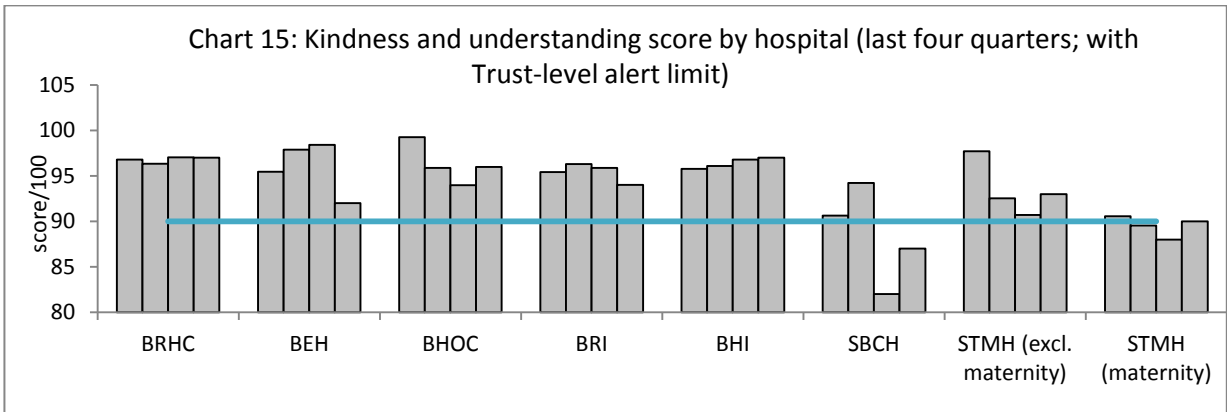
#### Communication in the Division of Medicine

A consistent theme in our inpatient survey data (Table 1) relates to communication in the Division of Medicine. Whilst patients are given key information at appropriate points during their stay, the Division cares for a relatively high proportion of patients who have a cognitive impairment and / or complex long-term health conditions (e.g. care of the elderly services). The previous (Quarter 1) Patient Experience and Involvement Report contained bespoke analysis of Care Quality Commission national inpatient survey data, which provided assurance that older patients rated UH Bristol’s care as being better than the national average. However, it is recognised by the Division that there is always scope to improve patient experience. For example, ensuring that patients understand potential side effects of the medications they take home has been particularly difficult to resolve, given the number and complexity of treatment regimens that many of their patients have to adhere to. The Division is currently focussing on increasing the use of the Trust’s Discharge Lounge when discharging patients out of hospital, as there is now dedicated pharmacy support within the Lounge to facilitate swift and supportive discharge planning and provide patient with additional medications information where this is needed.

Informing patients about delays in outpatient clinics

A cluster of low survey scores is present in the outpatient survey data (Table 2), relating to ensuring patients are kept informed about any delays in clinic. In Quarter 2, the Bristol Royal Hospital for Children had a *particularly* low score in this respect (the Outpatient Sister has been advised of this and has reminded her staff about the importance of keeping patients/parents informed), but it is an issue that affects all Divisions. This is currently the focus of a corporate quality (improvement) objective. Actions include the implementation of standardised clinic information boards in a large number of outpatient departments. It should be noted that, whilst the Diagnostics and Therapies Division doesn't generally have information boards in place (hence their particularly low survey score on this question in Table 2), relatively few of their patients report delays in clinic.





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 19: Kindness and understanding score by inpatient ward

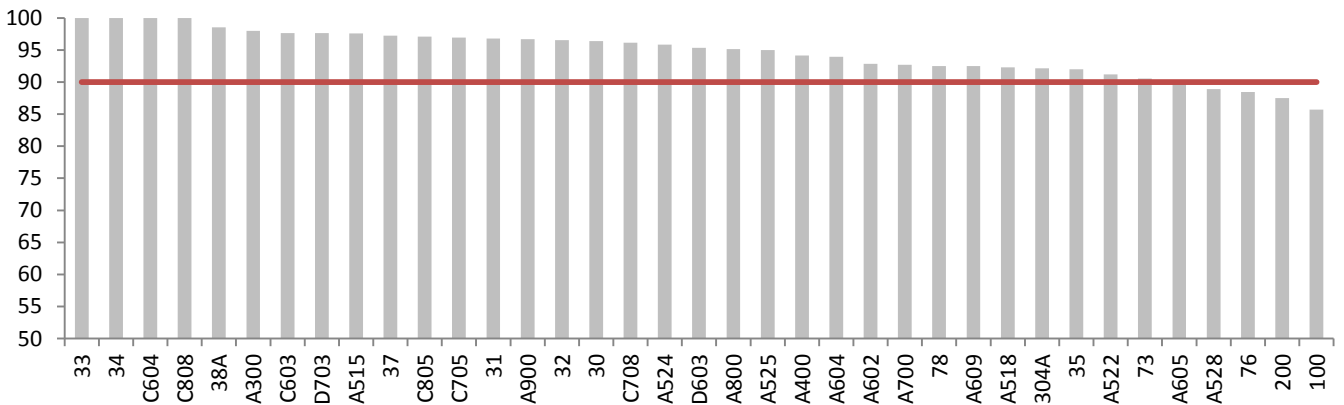


Chart 20: inpatient experience tracker score by inpatient ward

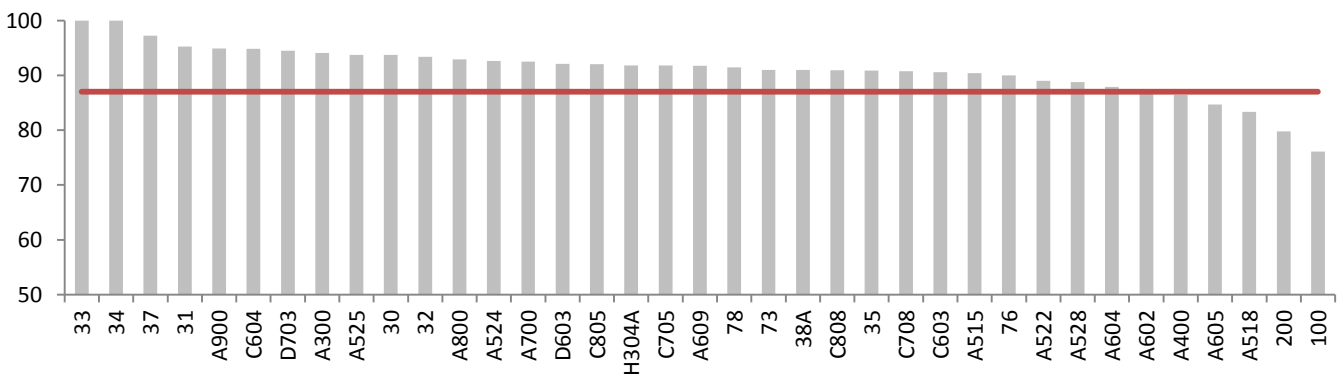
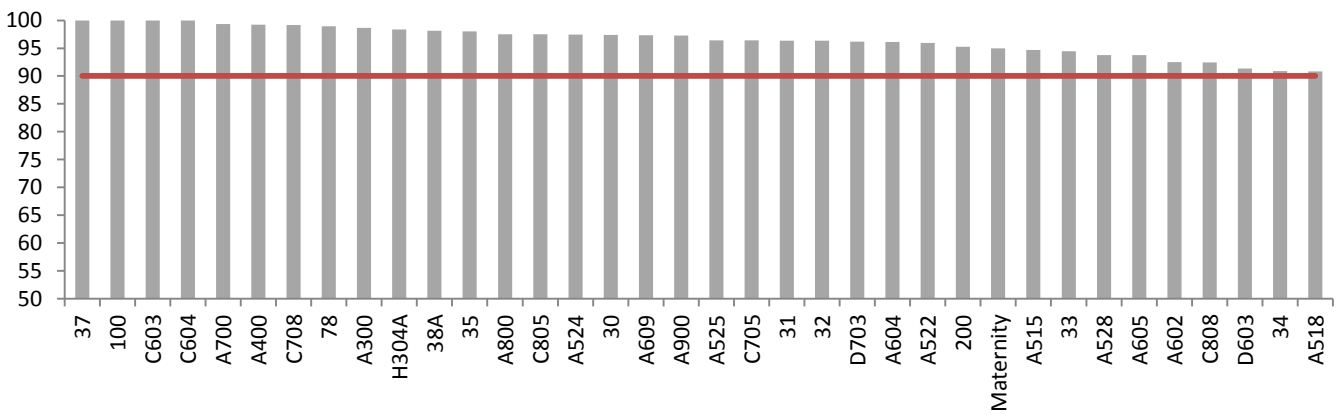


Chart 21: Friends and Family Test score by inpatient ward



(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?	88	94	93	94		93
How would you rate the hospital food?	61	59	66	62	56	61
Did you get enough help from staff to eat your meals?	80	84	79	87		83
In your opinion, how clean was the hospital room or ward that you were in?	95	95	95	96	88	95
How clean were the toilets and bathrooms that you used on the ward?	91	93	93	92	79	92
Were you ever bothered by noise at night from hospital staff?	79	82	85	88		84
Do you feel you were treated with respect and dignity by the staff on the ward?	96	98	97	95	94	96
Were you treated with kindness and understanding on the ward?	94	97	97	93	90	95
Overall, how would you rate the care you received on the ward?	86	91	93	90	83	90
When you had important questions to ask a doctor, did you get answers that you could understand?	88	89	92	90	89	90
When you had important questions to ask a nurse, did you get answers that you could understand?	88	91	93	90	91	91
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	79	74	79	75	74	76
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	83	88	92	84	86	87
Were you involved as much as you wanted to be in decisions about your care and treatment?	80	85	93	86	90	86
Do you feel that the medical staff had all of the information that they needed in order to care for you?	90	89	87	91		90
Did you find someone on the hospital staff to talk to about your worries or fears?	64	76	86	75	81	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	81	84	92	88		86

	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?	77	85	89	86		85
Were you told when this would happen?	77	83	82	83		82
Before your operation or procedure, did a member of staff explain the risks/benefits in a way you could understand?	80	91	94	93		92
Before your operation or procedure, did a member of staff explain how you could expect to feel afterwards?	73	74	86	81		80
Were staff respectful of any decisions you made about your care and treatment?	90	94	94	93		93
During your hospital stay, were you ever asked to give your views on the quality of your care?	31	32	35	31	29	32
Do you feel you were kept well informed about your expected date of discharge from hospital?	76	88	87	87		86
On the day you left hospital, was your discharge delayed for any reason?	63	60	68	65	62	64
Did a member of staff tell you about medication side effects to watch for when you went home?	50	56	69	70		62
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	62	82	92	82		81

**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 12 points or more 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
Was the appointment cancelled and re-arranged by the hospital?	95	96	97	94	93	95
If you contacted the hospital, was it easy to get through to someone who could help you?	63	63	74	66	60	66
How would you rate the courtesy of the receptionist?	87	83	86	85	84	85
Were you and your child able to find a place to sit in the waiting area?	100	99	99	99	98	99
In your opinion, how clean was the outpatient department?	94	93	95	92	91	93
How long after the stated appointment time did the appointment start? (% on time or within 15 minutes)	85	70	65	72	63	72
Were you told how long you would have to wait?	42	36	43	29	18	35
Were you told why you had to wait?	62	55	55	54	54	56
Did you see a display board in the clinic with waiting time information on it?	33	60	49	41	41	45
Did the medical professional have all of the information needed to care for you?	87	90	90	88	86	88
Did he / she listen to what you had to say?	95	95	97	95	93	95
If you had important questions, did you get answers that you could understand?	92	92	92	88	88	91
Did you have enough time to discuss your health or medical problem?	89	91	90	92	94	91
Were you treated with respect and dignity during the outpatient appointment?	99	99	98	98	98	99
Overall, how would you rate the care you received?	91	93	92	91	91	92
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	83	95	82	86	84	86
Did a member of staff explain your test results in a way you could understand?	72	76	81	82	75	78
Did a member of staff tell you about medication side effects to watch for after leaving?	n/a	74	73	53	73	65

### 3.1.1 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)<sup>3</sup>

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity <sup>4</sup> )	Staff	Positive	68%
	Communication/information	Negative	10%
	Food	Negative	9%
Division of Medicine	Staff	Positive	60%
	Food / catering	Negative	11%
	Staff	Negative	10%
Division of Specialised Services	Staff	Positive	67%
	Food /catering	Negative	8%
	Communication/information	Negative	8%
Division of Surgery	Staff	Positive	69%
	Communication/information	Negative	13%
	Staff	Negative	12%
Women's and Children's Division (excluding Maternity)	Staff	Positive	70%
	Communication/information	Negative	9%
	Food / catering	Negative	7%
Maternity	Staff	Positive	68%
	Care during labour and birth	Positive	22%
	Postnatal care	Positive	16%
Outpatient Services	Staff	Positive	59%
	Communication/information	Negative	9%
	Waiting / delays	Positive	9%

<sup>3</sup> 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”).

<sup>4</sup> 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
Medicine	Ward A518	Constant noise. Patients have to be seen to but staff talking quite loudly at night-very little sleep.	As a result of this comment, this issue was addressed with staff at their Safety Briefing. This was followed up by an email to staff. Senior staff nurses are now rotated onto nights, which will ensure high standards (including noise levels) are consistently upheld.
	Bristol Royal Infirmary, Emergency Department	There were a number of comments about the cleanliness of the Bristol Royal Infirmary Emergency Department in Quarter 2.	We have 24 hour, 7 days a week cleaning cover within the Department, however at peak times it is extremely challenging to maintain all areas. A Housekeeper has now been recruited and this will help to ensure that cleaning issues are quickly identified and resolved.  The Facilities Department also carried out a review which has identified a need to improve the public toilets in the main reception area. These actions are being taken forward by the Facilities Department.
Specialised Services	Ward D603	As I am on a iodine diet I was surprised when I was told there was no soya milk for my coffee	We are sorry that this occurred - soya milk is available on D603, but the hotel services team were not aware of how to access this. The relevant staff are now aware how to obtain the milk.
	Ward D603	Very dismal situation of bed 3, not much natural light and depressing	The Matron is reviewing the use of natural lighting simulation in this clinical area, to see if the environment can be improved.
	Ward D703	The shower in the isolation room was leaking and the soap dispenser did not work in the bathroom.	The matron has reported this to the Estates Department and the shower will be repaired.

Division	Area	Comment	Response from ward / department
Surgery	Outpatient, Bristol Dental Hospital	The dentist I saw inspired confidence but there was a problem with the automatic check in and I had to engage 2 desk staff to assist. After I had waited 45 minutes past my appointment time I asked a receptionist how long the delay was likely to be. She checked the system and found that I had been recorded as "did not attend". She was abrupt, gave no eye contact, and was patronising with no sympathy that I had waited for so long and certainly made no apology.	<p>We are very sorry to hear about this patient's experience. During this period we had staffing issues and had to cover the reception desk with staff from the Medical Records department; who although are sufficiently trained for this role, are sometimes not as efficient at front of house duties.</p> <p>Nevertheless, we expect a high standard of customer service to be delivered at all times, regardless of the situation. This comment has been fed back to the Reception Supervisor as a point of learning for the staff concerned. We are also working with the Organisational Development Team to deliver bespoke customer service training for our staff.</p>
	Ward A700	The ward nurses during the night are very noisy and getting sleep was very difficult. The day staff very quiet and caring.	The ward sister has e-mailed all staff about this comment to raise awareness and to remind them of the importance of a good nights' sleep for patients and their recovery.
	Outpatient, Bristol Dental Hospital	Great Dentist. Awful admin - can not call through to desk, answer machine messages not returned	<p>We are very sorry that this patient could not get through to speak to someone in our department. Complaints about telephone contact / response have reduced overall for the Bristol Dental Hospital due to actions previously implemented. However, improvements continue to be carried out in this respect, including:</p> <p>Answer phones are now checked on reception and within the patient access team every morning</p> <p>Two new operational staff have been appointed, which will enable more support for the administration teams</p> <p>The Organisational Development team are supporting the hospital to design a bespoke customer service package to improve the performance of the receptionists.</p> <p>Relaunching the outpatient booking team to focus on team working and cross-cover</p>

Division	Area	Comment	Response from ward / department
Women's and Children's	Bristol Royal Hospital for Children – Clinical Investigations Unit (CIU)	Need to update patients when running late. Board not filled out.	The board is used on a daily basis and we allocate a member of staff to keep this up to date. We are not able to determine when exactly this feedback relates to, but it will be shared within the next staff meeting reiterating clearer communication once the board is changed. i.e. updating patients verbally as well as updating the board. We will also review what reception staff are communicating to patients on their arrival.

## 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 and Involvement report.

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

<i>Issue / area</i>	<i>Outcome</i>
Trust-level outpatient experience tracker had declined for three consecutive months	This was not statistically significant and was within the bounds of our “normal range”, and there was no corroborating evidence of a decline in service standards. This trend was therefore attributed to chance fluctuation in the survey score. This explanation was subsequently supported by an increase score the following month (again within the normal range) and no further declining trend has been apparent.
Relatively low inpatient postal survey scores for South Bristol Community Hospital	See current (Quarter 2) report.
Slightly below target “kindness and understanding” score on postnatal maternity wards in Quarter 1	The score is above target in Quarter 2. It was noted in the Quarter 1 report that “patient experience at heart” staff workshops would take place in maternity services in early Quarter 2. However an alternative initiative was undertaken instead, with a week-long staff engagement focus on understanding the “human factors” behind working in maternity services. These workshops were well attended by a range of staff both from within Maternity and other services located in St Michaels Hospital.
Ward C604 at the Bristol Heart Institute score had the lowest score in the inpatient Friends and Family Test in Quarter 1	This appeared to be an artefact of the survey scoring system, skewed by a small sample, rather than a reflection of service quality. The scores have reverted to being very positive in Quarter 2.

Ward A605 had a relatively low score on two survey measures in Quarter 1	We couldn't identify a specific reason for this within the data. The scores are more positive in Quarter 2 and will continue to be monitored.
The Bristol Haematology and Oncology Centre had a below target score on the outpatient experience tracker in Quarter 1.	Within this aggregate survey measure, it was "delays in clinic" that dragged down the overall score in Quarter 1. The "tracker" is now above target in Quarter 2, but the hospital has seen significant levels of demand in outpatient clinics which will continue into the foreseeable future. The hospital management team is working to ensure these needs can be met.
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).	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.

## 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 22 provides a broad summary of the Trust's position in these surveys<sup>5</sup>. For each national survey, the Trust Board receives a full report containing an analysis / response (see Appendix A for a summary).

In Quarter 2 UH Bristol received the latest (2016) national Accident and Emergency Survey. This reflects the experiences of 265 patients who attended the Bristol Royal Infirmary Emergency Department (BRI ED)<sup>6</sup> in September 2016. The BRI ED achieved a very positive set of results in this survey:

- 9 out of 45 scores were classed as being better than the national average (Table 1). This puts UH Bristol among the top 10 of all English trusts on this measure of patient-reported experience
- Five UH Bristol scores were the best of any trust score nationally
- No UH Bristol scores were classed as being below the national average
- UH Bristol achieved the top score nationally in the section of the survey relating to the quality of care provided by doctors and nurses
- In terms of how good overall the patient experience is at the BRI ED<sup>7</sup>, patients gave UH Bristol a score of 8.3/10, which was among the best 20% of trusts nationally.

<sup>5</sup> 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.

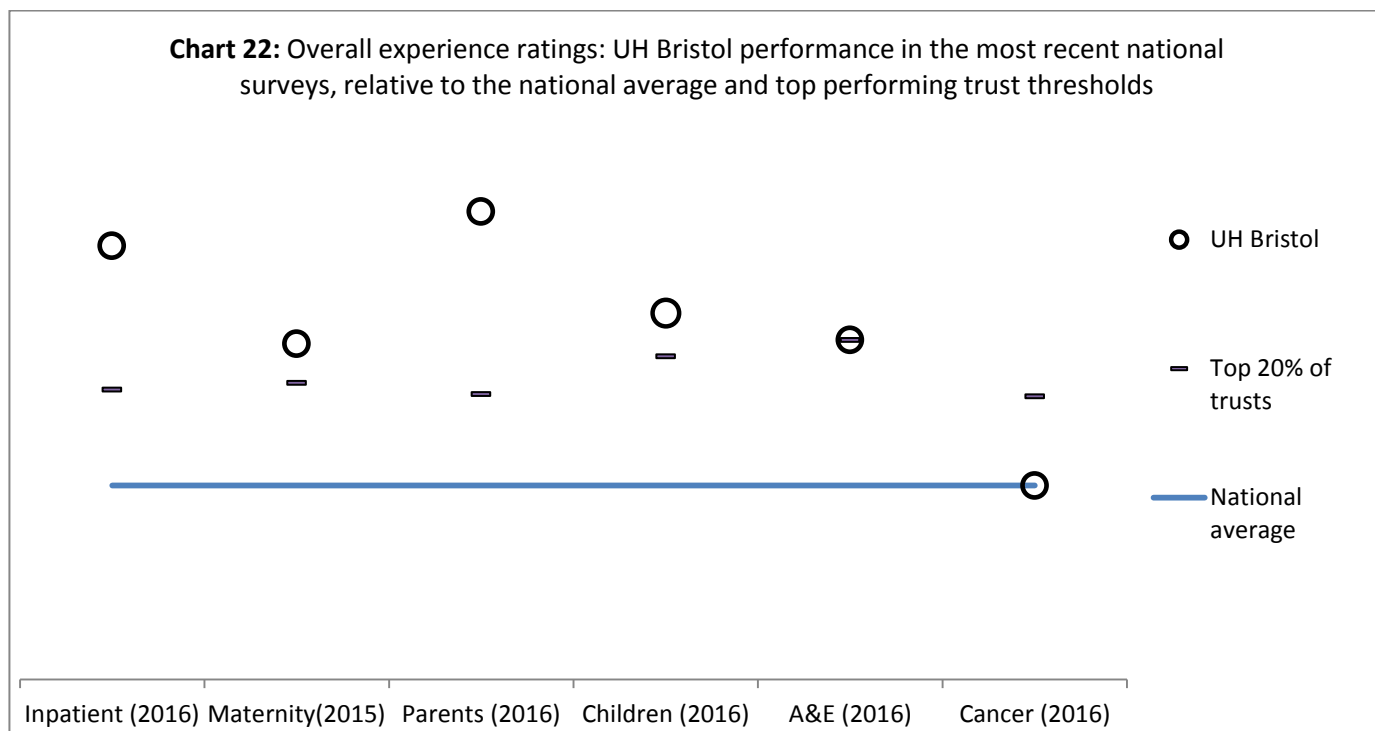
<sup>6</sup> The survey focussed on Type 1 adult services, therefore Bristol Eye Hospital and Bristol Royal Hospital for Children Emergency Departments were not covered by the survey.

<sup>7</sup> There is only a fairly modest correlation (0.58) across trusts, between the number of scores classed as better than the national average and overall experience rating.

The 2016 national cancer patient experience survey results were released in July 2017. The headline results for UH Bristol were as follows:

- Two UH Bristol scores were classed as being better than the national average to a statistically significant degree:
- One UH Bristol score was classed as being below the national average to a statistically significant degree:
- For the remaining 43 questions in the survey, that relate to UH Bristol care, the scores are in line with the national average.

Overall, UH Bristol was in line with the national average on this survey (Chart 22). Whilst the Trust aspires to deliver a patient experience of cancer care that is among the very best nationally, it should be noted that these results represent an improving direction of travel: in previous years the Trust was below the national average in this survey on a number of questions. This is a result of sustained improvement work led by the Lead Cancer Nurse in collaboration with patients and their families / carers. The Quality and Outcomes Committee of the Trust Board has reviewed a full analysis of these results and the action plan in response.



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

Please note that the National Children’s Survey was published shortly before the current Quarterly report was written. The results were very positive for UH Bristol and the headline satisfaction scores for parents and children have been incorporated into Chart 22 (above). A full analysis / response report is currently being written by the Patient Experience and Involvement Team in collaboration with the Bristol Royal Hospital for Children. This analysis report will be provided to the Quality and Outcomes Committee of the Trust Board in February 2018.

**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>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	<ul style="list-style-type: none"> <li>• Awareness of the complaints / feedback processes</li> <li>• Asking patients about the quality of their care in hospital</li> </ul>	June 2018
2015 National Maternity Survey	9 scores were in line with the national average; 10 were better than the national average	March 2016	<ul style="list-style-type: none"> <li>• Continuity of antenatal care</li> <li>• Partners staying on the ward</li> <li>• Care on postnatal wards</li> </ul>	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	<ul style="list-style-type: none"> <li>• Support from partner health and social care organisations</li> <li>• Providing patients with a care plan</li> <li>• Coordination of care with the patient's GP</li> </ul>	July 2018
2016 National Accident and Emergency surveys		To be reviewed by the Quality and Outcomes Committee in January 2018	<ul style="list-style-type: none"> <li>• Keeping patients informed of any delays</li> <li>• Taking the patient's home situation into account at discharge</li> <li>• Patients feeling safe in the Department</li> <li>• Key information about condition / medication at discharge</li> </ul>	October 2019
2016 National Children's Survey		To be reviewed by the Quality and Outcomes Committee in February 2018	<ul style="list-style-type: none"> <li>• Information provision</li> <li>• Communication</li> <li>• Facilities / accommodation for parents</li> </ul>	November 2019
2011 National Outpatient Survey	All scores in line with the national average	March 2012	<ul style="list-style-type: none"> <li>• Waiting times in the department and being kept informed of any delays</li> <li>• Telephone answering/response</li> <li>• Cancelled appointments</li> </ul>	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?

	<b>Weighting</b>	<b>Responses</b>	<b>Score</b>
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.