

**Agenda for a Council of Governors meeting to be held on 29 January 2016 at
14:00 in the Conference Room, Trust Headquarters, Marlborough St, Bristol, BS1
3NU**

<i>Item</i>	<i>Sponsor</i>	<i>Page</i>
1. Chairman's Introduction and Apologies To note apologies for absence received	Chairman	
2. Declarations of Interest In accordance with Trust Standing Orders, all members present are required to declare any conflicts of interest with items on the Meeting Agenda	Chairman	
3. Minutes from the Previous Meeting To consider the minutes of the meeting of the Council of Governors on 30 October 2015 for approval	Chairman	3
4. Matters Arising (Action Log) To consider the status of Actions from previous meetings	Chairman	11
5. Nominations and Appointments Committee report <ul style="list-style-type: none"> • To receive and note this report • To approve the Committee's recommendation to continue Lisa Gardner's appointment as Non-executive Director for a third term of office subject to the annual review as outlined in Monitor's Code of Governance 	Chairman	13
6. Governor Development Seminar report To receive and note this report.	Head of Membership and Governance	14
7. Governor Groups reports To receive and note the following reports: a) Governors' Strategy Group b) Quality Focus Group c) Constitution Project Focus Group	Governor Group Leads	16
8. Membership and Governor Engagement To receive the update reports on a) Membership Engagement, and b) Governor Activity to note .	Head of Membership and Governance	22
9. Governor Elections 2016 To note an update on the 2016 Governor Elections	Head of Membership and Governance	32
10. Review of Governor Compliance To note the review of governor compliance	Head of Membership and Governance	34

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11. Governors' Log of Communications To note the current position of the Governors' Log of Communications	Chairman	35
12. Performance Update and Strategic Outlook a) Chief Executive's report To receive and note a verbal update from the Chief Executive b) Quarterly Patient Experience and Complaints Reports To receive and note these reports	Chief Executive Chief Nurse	42
13. Governors' Questions arising from the meeting of the Trust Board of Directors To respond to questions arising from matters of business discussed at the preceding meeting of the Trust Board of Directors, including quality and performance	Chairman	
14. Any Other Business To note any other relevant matters	Chairman	
15. Foundation Trust Members' Questions To receive questions from Foundation Trust members and members of the public present (preferably notified in advance of the meeting)	Chairman	
Meeting Close and Date of Next Meeting The next meeting of the Council of Governors will be held at 14:00 on Thursday 28 April 2016 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.		

**Minutes of the Council of Governors Meeting held on 30 October 2015 at 2:00pm in the
Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU**

Present:

John Savage – Chairman
Ben Trumper – Lead Governor and Staff Governor
Pauline Beddoes – Public Governor
Clive Hamilton – Public Governor
Mo Schiller – Public Governor
Sue Silvey – Public Governor
Wendy Gregory – Patient/Carer Governor
Lorna Watson – Patient/Carer Governor
Philip Mackie – Patient/Carer Governor
Edmund Brooks – Patient Governor
Angelo Micciche – Patient Governor
John Steeds – Patient Governor
Pam Yabsley – Patient Governor
Thomas Davies – Staff Governor
Karen Stevens – Staff Governor
Florene Jordan – Staff Governor
Bill Payne – Appointed Governor (Bristol City Council)
Tim Peters – Appointed Governor (University of Bristol)
Julia Lee – Appointed Governor (Youth Council)
Isla Phillips – Appointed Governor (Youth Council)

In Attendance:

Robert Woolley – Chief Executive
Deborah Lee – Deputy Chief Executive and Chief Operating Officer (part of meeting)
Sean O’Kelly – Medical Director
Paul Mapson – Director of Finance & Information
Sue Donaldson – Director of Workforce and Organisational Development
Alison Grooms – Deputy Chief Operating Officer
Helen Morgan – Deputy Chief Nurse
Alison Ryan – Non-executive Director
Guy Orpen – Non-executive Director
Debbie Henderson – Trust Secretary
Amanda Saunders – Head of Membership and Governance
Bryony Strachan – Clinical Chair, Women’s and Children’s Division
Sarah Murch – Membership and Governance Administrator (minutes)
Rachel Smith – Corporate Governance Administrator
Garry Williams – Foundation Trust member

36/10/15 Chairman’s Introduction and Apologies (Item 1)

The Chairman, John Savage, welcomed everyone to the meeting. Apologies had been received from Graham Briscoe – Public Governor, Marc Griffiths – Appointed Governor, Jim Petter – Appointed Governor, Bob Bennett – Public Governor, Brenda Rowe – Public Governor, Tony Rance – Public Governor, Sue Milestone – Patient/Carer Governor, Ray Phipps – Patient Governor, Anne Skinner – Patient Governor, Ian Davies – Staff Governor, Jeanette Jones – Appointed Governor, Sue Hall – Appointed Governor, Jill Youds – Non-executive Director, John Moore – Non-executive Director,

Emma Woollett – Non-executive Director, David Armstrong – Non-executive Director, Julian Dennis – Non-executive Director, Lisa Gardner – Non-Executive Director, Anita Randon – Interim Director of Strategy and Transformation and Carolyn Mills – Chief Nurse.

UH Bristol Children’s Services Annual Report 2014/15

John Savage introduced Bryony Strachan, Clinical Chair of the Women’s and Children’s Division, who was in attendance for the start of the meeting to give governors a short presentation on the Children’s Services Annual Report 2014/15.

The presentation outlined the work carried out by the division, the key successes and challenges of the past year, and aims for the coming year. Bryony explained to governors that the division was very proud of the report as it was the first reflection on the service since the transfer of specialist paediatrics from North Bristol Trust in 2014. John Savage voiced the appreciation of the Board for the report and assured Bryony that they were very conscious of current pressures in the division.

Questions were invited. Garry Williams, Foundation Trust member, commented that a visit to hospital was a very important part of a child’s life and enquired whether the Trust tried to ensure that there were permanent members of staff, for example in receptions and waiting areas, that children could talk to and build relationships with. He voiced concern about short-term contracts in fulfilling this purpose. Bryony explained the proactive approach that had been adopted by the LIAISE team to building these long-term relationships.

Bryony Strachan left the meeting.

37/10/15 Declarations of Interest (Item 2)

In accordance with Trust Standing Orders, all members present were required to declare any conflicts of interest with items on the meeting agenda. There were no declarations of interest.

38/10/15 Minutes from Previous Meeting (Item 3)

Governors considered the minutes of the meeting of the Council of Governors on 30 July 2015 and the minutes of the Annual Members Meeting on 15 September 2015 and approved them as accurate records of the meetings. It was:

RESOLVED:

- **That the minutes of the Council of Governors meeting held on 30 July 2015 and those of the Annual Members Meeting held on 15 September 2015 be approved as an accurate record of proceedings**

39/10/15 Matters Arising/Action Log (Item 4)

The Action Log was noted.

40/10/15 Nominations and Appointments Committee report (Item 5)

John Savage introduced this report of the committee meeting held on 25 September 2015. There were two recommendations that required the approval of the Council of Governors: to adopt the revised succession planning processes for Non-Executive Directors which incorporated the formal appointment of Non-executive Observers; and to approve the recommendation to extend Emma Woollett’s term of office as Non-executive Director and Vice-Chair for a further 6 months i.e. until 30 November 2017.

Governors voiced their support for these recommendations. Clive Hamilton asked for assurance that governors would be present at formal interviews for Non-executive Directors and this was confirmed. He also suggested that the Non-executive Director induction checklist include reference to the

responsibilities of governors and their relationship with Non-executive Directors, and this was agreed. Debbie Henderson further provided assurance to Wendy Gregory that the question that Wendy had raised about the role of Senior Independent Director at the meeting had been received and that a response would be provided. It was:

RESOLVED:

- **That the Council of Governors receive the report for approval**
- **That the Council of Governors adopt the revised succession planning processes for Non-Executive Directors (including the appointment of Non-executive Observers)**
- **That the Council of Governors approve the recommendation to extend Emma Woollett's term of office as Non-executive Director and Vice-Chair for a further 6 months i.e. until 30 November 2017**
- **That an amendment be made to the Non-executive Director induction checklist to include an explanation of the responsibilities of governors and their relationship with Non-executive Directors**

41/10/15 Governor Development Seminar report (Item 6)

Amanda Saunders, Head of Membership and Governance, introduced this report of the Governor Development Seminars on 11 August and 6 October. In August, governors had received updates on Research and Innovation, including a presentation on a recent successful research study - the Sycamore trial, the Trust's IM&T strategy and the Medical Equipment Management Organisation. October's seminar had focussed on the accountability framework, the governors' skills audit and personal objective-setting, the Well-Led Review and a presentation on NHS funding streams.

The next seminar on 14 January would be a full-day training session run by NHS Providers on effective questioning and holding Non-Executive Directors to account. It was:

RESOLVED:

- **That the Council of Governors receive the Governor Development Seminar report for information**

42/10/15 Governor Groups Meeting reports (Item 7)

Written reports had been circulated for all groups.

a) Governors' Strategy Group

Wendy Gregory, Lead Governor for the Governors' Strategy Group, introduced the report of the group's meeting on 8 October. The name and remit of the group had been changed to encompass a wider focus on the strategic issues facing the Trust in addition to the Annual Planning process. The group had welcomed Jill Youds as the group's new Non-executive Director representative. The group took an opportunity to wish David Relph well in his new role as Director of Bristol Health Partners and had thanked him for his support as Chair of the Group over the years.

There had been challenge from governors about the current situation facing Weston General Hospital and the implications for UH Bristol, and an update on the Trust's Strategic Implementation Plan. Governors had also requested updates on the future for South Bristol Community Hospital and the changes to the junior doctor rota.

b) Quality Focus Group

Clive Hamilton, Lead Governor for the Quality Focus Group, introduced the report. Topics discussed at the meeting on 8 September had included staff recruitment and retention, in particular theatre

staffing shortfalls and action plans to improve skills training and development opportunities. The group had also considered its function and purpose. They had welcomed Jill Youds to the meeting on behalf of Alison Ryan, Chair of Quality and Outcomes Committee, and had found her report on the work of the Committee very helpful in understanding the role of the Non-executive Director in this area.

Governors had discussed the Trust's Quality and Performance Report, and had been pleased that levels of safety and quality of care were being maintained, though concern had been expressed about the Trust's difficulties in achieving access standards. Clive enquired about the recent revision of the Referral-to-Treatment Time (RTT) targets, and in response Robert Woolley clarified that the end point ambition had not changed: the revision of the targets had related to the rate of progress towards the end point. He assured Clive that the Trust's ambition to comply with the national standard and to eliminate the RTT backlog had therefore remained unchanged.

The group had discussed workforce issues and had noted some improvement in turnover, though vacancy levels were still high. They had requested assurance that staff received timely feedback on the learning from investigations into incident reports, though Thomas Davies noted that in his experience, the feedback from investigations into incident reports had been considerable and welcomed by staff.

The group had also discussed recent staffing changes on the Cystic Fibrosis ward and the resulting impact on standards of care. Angelo Micciche, who had seen the effect of these staffing changes first-hand as a patient on the ward, added that he was seeking assurance from the Chief Nurse on this issue, but reported that there was still a state of flux, with staff vacancies and general instability. Debbie Henderson suggested that the questions raised by governors in relation to this issue should remain open on the Governors' Log of Communications until full resolution of the issues had been achieved.

The next meeting of the group was scheduled for 5 November and would include an outpatient report from Alison Grooms.

c) Constitution Focus Group

Sue Silvey, Lead Governor for the Constitution Focus Group, introduced the report. She noted that John Moore, Non-executive Director, would be invited to future meetings of the group to provide assurance with regard to the Trust's systems and processes of internal control and to help governors fulfil their role of holding Non-executive Directors to account. John Steeds asked that the attendance record be amended to reflect the fact that he was present at the meeting.

Debbie Henderson thanked the Non-executive Directors for committing to attend the meetings of the Governors Focus Groups. It was:

RESOLVED:

- **That the Council of Governors receive the following updates to note:**
 - **Governors' Strategy Group**
 - **Quality Focus Group**
 - **Constitution Focus Group**

43/10/15 Membership and Governance Engagement (Item 8)

Amanda Saunders, Head of Membership and Governance, introduced the report. She emphasised that there had been a lot of membership activity in this period, with recruitment stalls at events organised

by UH Bristol and others. Amanda did, however, refer to the continuing reduction of membership numbers and continued to encourage governors to recruit members at every opportunity. It was:

RESOLVED:

- **That the Council of Governors receive the report on membership and governor engagement to note**

44/10/15 Governors' Meeting Dates 2016/17 (Item 9)

The meeting dates for governors for the next financial year were approved with no discussion. It was:

RESOLVED:

- **That the Council of Governors approve the Governors' Meeting Dates April 2016- March 2017**

45/10/15 Governors Elections 2016 (Item 10)

Amanda Saunders introduced the report, which was intended to provide the Council with an overview of the timelines for the governor election process in April-May 2016. She added that for the first time, members would have the opportunity to vote online in these elections. Planning for the elections would be undertaken over the coming months with input from governors.

Ben Trumper enquired how potential candidates would be identified. Amanda responded that existing governors would be approached to establish whether they intended or were eligible to stand for re-election, and that work had begun to identify more active members who might be interested in standing for election as governor. Promotion of the role would commence at the Health Matters Event in November. Debbie Henderson also emphasised that the focus would not only be on identifying potential candidates, but to provide an opportunity to be clear about the expectations of the governors role in terms of responsibilities out with the formal statutory duties. It was:

RESOLVED:

- **That the Council of Governors receive the report on Governor Elections 2016 to note**

46/10/15 Review of Governor Compliance (Item 11)

Amanda Saunders introduced the report. She reported that two governors who had not met their statutory requirements for meeting attendance nor undertaken other governor duties had been approached as part of a review into governor compliance. It had transpired that one of these governors - Edmund Brooks - had been unable to attend meetings for some time due to illness, but fortunately was now recovered and able to attend more regularly. The other - Mani Chauhan - had acknowledged that he did not in fact have the time to devote to the role so had stepped down.

Amanda also reported progress on governors' outstanding Disclosure and Barring Service checks: two more were now complete since the last meeting, but five were still outstanding.

Wendy Gregory took an opportunity to voice her concerns regarding meeting attendance and general obligations of the role. It was agreed that when meeting papers were circulated, governors should be asked whether, if they were unable to attend, there was anything that they wished to be raised on their behalf. Amanda Saunders also clarified that being an effective governor would not only be judged on meeting attendance, but involvement with the Trust and services by other means and engaging with, and communicating with their members, to whom they are accountable. It was:

RESOLVED:

- **That the Council of Governors receive the review of governor compliance to note**

47/10/15 Governors' Log of Communications (Item 12)

Governors received an updated report of the questions on the Governors' Log of Communications. It was:

RESOLVED:

- **That the Council of Governors receive the Governors' Log of Communications report to note**

48/10/15 Performance Update and Strategic Outlook (Item 13)

Item 13a) – Chief Executive's Report

Robert Woolley, Chief Executive, gave a verbal update on the Trust's performance and its strategic outlook.

National Context: Robert updated governors on the challenges of the financial and operational context in which the Trust was operating. The official Quarter 1 analysis from Monitor and the Trust Development Authority (TDA) had shown that 80% of providers were in deficit. This deficit was running at a total of £930m across the NHS.

In 2014/15 the NHS had spent £3.3bn on contract and agency staff. This rate was increasing with £515m already spent in Quarter 1. This had led Monitor and the TDA to launch a consultation on capping the pay rates of agency staff. Robert assured governors that UH Bristol was responding to the consultation and considering its implications.

UH Bristol was not alone in struggling with the Accident and Emergency standard and the 62-day cancer standard. The A&E standard had not been met inside the NHS for six quarters, and the bed days attached to delayed transfers in social care were higher year-on-year by around 14% at the end of June. Also, 16% of providers were not delivering the 62-day cancer standard.

Robert also reported that junior doctors were to be balloted on strike action in the coming month. He assured governors that contingency plans were being drawn up by the Trust to alleviate associated pressures this may cause.

Performance at UH Bristol: Financially, UH Bristol was among the best-performing 10% of Trusts, and was making progress in terms of operational standards, referral-to-treatment times and cancer targets. The Board was however seriously concerned about A&E, particularly in relation to winter pressures. Work was ongoing to understand how to tackle agency spend, for example through recruitment and retention initiatives. The Trust had decided to release £200,000 into divisions to specifically target training and development initiatives in high turnover hotspots. Staff engagement work was continuing.

The Trust was engaging with various strategic issues e.g., the future roles of South Bristol Community Hospital and Weston General Hospital, its partnership with North Bristol Trust, the Children's Health Partnership as well as detailed business planning and contract preparation for the coming year.

Robert informed governors that, following last year's objections by providers to the national tariff, the Department of Health was undertaking a consultation on the statutory objection mechanism to tariff and were proposing to parliament that the thresholds for objections be changed. NHS Providers expressed the opinion that based on the current list of relevant providers, these changes would make it mathematically impossible for NHS Foundation Trusts and Trusts to trigger the tariff objection mechanism. The Trust needed to anticipate that reduced prices would be paid into the acute sector next year and would need to ensure that its savings programme was realistic and viable to enable it to meet the efficiency target in the tariff while still providing safe, high-quality care.

Finally, Robert updated governors on the progress of the Independent Review of Children's Congenital Heart Services. Interviews with ex-staff and others had already started, and interviews with Trust staff would take place between now and mid-January. The Trust was still working collaboratively with the Bristol Review Panel to facilitate their work and provide the required documentation, and was also supporting the parallel investigations by the Parliamentary Health Services Ombudsman and the Care Quality Commission. He acknowledged the extra work that this had placed on the Women's and Children's Division and noted that support continued for staff affected.

Deborah Lee, Deputy Chief Executive, joined the meeting.

Questions from governors:

- a) Sue Silvey referred to the ballot of junior doctors, and asked whether there was confidence in the Secretary of State's assertion that they would not lose out in terms of salary under the new contract. Robert explained that there was concern that, whilst the overall average might increase, junior doctors in high-intensity work might be adversely affected.
- b) Garry Williams, Foundation Trust member, enquired as to the value and insight gained from the annual staff survey in relation to the difficulties of staff retention. Sue Donaldson responded that the results of this year's survey would not be available until early next year. She added that it would be interesting to compare and contrast the responses from last year's census of the Trust, which had given very useful feedback, to find out whether the resulting actions taken had produced any effect. She offered to discuss it further with Garry outwith the meeting.

Item 13b – Quarterly Patient Experience and Complaints Reports

Governors had been provided with these reports for information. Referring to the Patient Experience Report, Clive Hamilton enquired about the findings of the Quarter 1 inpatient survey that maternity services had experienced delays in discharge. Helen Morgan, Deputy Chief Nurse, agreed to find out, and it was agreed to add this query to the Governors' Log of Communications for response.

Item 13c – UH Bristol Children's Services Annual Report 2014/15

This had been the subject of the presentation at the start of the meeting. Robert Woolley commented that it appeared that putting together the report had been beneficial for staff morale, giving them a coherent picture of their successes as well as their challenges. Edmund Brooks requested more detail about the impact and benefits of the 15-Step challenge, and Helen Morgan agreed to find out. It was:

RESOLVED:

- **That the Council of Governors receive the Quarterly Patient Experience and Complaints Reports to note**
- **That the Council of Governors receive the UH Bristol Children's Services Annual Report 2014/15 to note**
- **That more detail on the reasons for delayed discharge in maternity evidenced by the inpatient survey findings be provided to governors via the Governors' Log**

- **That more detail about the impact of the 15-step challenge on Children’s Services be provided to the next meeting**

49/10/15 General Discussion (including Governors’ Questions arising from the meeting of the Trust Board of Directors) (Item 14)

- John Steeds reported that he had attended a recent meeting of the Bristol City Council Adult Health group at which there had been a presentation about Better Care Bristol: their funding sources, their targets and aims, and how it would be assessed. He offered to share this presentation with governors via the Membership Office.
- Florene Jordan thanked the Trust Board for the programme of Staff Engagement workshops, as they had received positive feedback; however, she would have liked to have seen a plan of actions resulting from these. She also thanked the Chair and Chief Executive and Deputy Chief Executive for their efforts in boosting staff morale by visiting various areas of the hospitals and talking to staff.
- Wendy Gregory asked governors to note that at the Board meeting in the morning she had raised a concern about the Trust’s failure to achieve its 62-day cancer targets.

50/10/15 Any Other Business (Item 15)

- Debbie Henderson announced that the format of Chairman’s Counsel Meetings was being revised to focus more on the governors’ relationship with Non-executive Directors. The meetings would be renamed and there would be a rotation of the chair through the Non-executive Directors.
- Wendy Gregory asked for volunteers to come forward as new lead governors for the governor groups, as it would be helpful if succession planning were in place by December.
- Edmund Brooks enquired about the new vanguard models of care that Robert had made reference to at the previous Council of Governors meeting, and in particular how far the joint application with North Bristol Trust had progressed. Robert Woolley responded that the joint application for vanguard status had been unsuccessful. However, the formal agreement with NBT had been a positive step, and the system leaders group had been fully supportive, and it had therefore been agreed to progress the work regardless of its official designation. The intention was to develop a programme of work looking at areas for potential closer working, for example, on neonatology. Edmund further commented that it would be very useful to understand how these vanguard sites operated in different areas and the learning that could be gained from that.
- John Steeds enquired about the progress of the Trust’s bid for a genomics centre, and Robert responded that it had passed through the pre-application stage. An inspection visit was now expected, with a result expected by December.
- Philip Mackie enquired when the car parking spaces at the bottom of the ramp at Trust Headquarters would be reinstated, and Deborah Lee agreed to find out. It was:

RESOLVED:

That governors be informed when the car parking spaces at the bottom of the ramp at Trust Headquarters were likely to be reinstated (*post-meeting minute: this query was subsequently added to the Governors’ Log of Communications and a response was provided*).

51/10/15 Foundation Trust Members’ Questions (Item 16)

There were no questions.

Meeting Close and date of next meeting

There being no other business, the Chair declared the meeting **closed**.

The next meeting of the Council of Governors will be held at 14:00 on Friday 29 January 2016 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

.....(Chair)

.....2015 (Date)

**Council of Governors meeting
Item 04 - Action tracker**

Outstanding actions following meeting held 30 October 2015				
Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
	<i>None</i>			
Completed actions following meeting held 30 October 2015				
40/10/15	That an amendment be made to the Non-executive Director induction checklist to include an explanation of the responsibilities of governors and their relationship with Non-executive Directors.	Trust Secretary	19/1/16	Completed.
48/10/15	That more detail on the reasons for delayed discharge in maternity evidenced by the inpatient survey findings be provided to governors via the Governors' Log.	Chief Nurse	20/11/15	This query was subsequently added to the Governors' Log of Communications and a response was provided.
48/10/15	That more detail about the impact of the 15-step challenge on Children's Services be provided to the next meeting	Chief Nurse	20/1/16	<i>Response from Carolyn Mills, Chief Nurse:</i> The main areas for improvement identified in both children's and adult are keeping information boards up to date, de-cluttering areas specifically of clinical and non-clinical equipment. There are a lot more elements of qualitative feedback from reviews that is discussed with ward sister directly and shared with teams. Matrons and Heads of Nursing are also aware of the feedback. This will not always result in measurable action but is very important

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				and highly valued by the teams. Work is ongoing to review how the Trust communicates to the reviewers themselves the initial feedback reception, as well as the impact and improvements.
50/10/15	That governors be informed when the car parking spaces at the bottom of the ramp at Trust Headquarters were likely to be reinstated.	Chief Operating Officer	2/11/15	This query was subsequently added to the Governors' Log of Communications and a response was provided.
27/07/15	That interest be sought from governors to 'shadow' Project Focus Group leads for 6 months with a view to new appointments in 2016/17.	Head of Membership and Governance.	22/12/15	Completed.

Nominations and Appointments Committee Report for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 05 - Nominations and Appointments Committee Report
Purpose
The purpose of this report is to provide the Council of Governors with an update on the activities of the Governors' Nominations and Appointments Committee.
Abstract
The Nominations and Appointments Committee is a formal Committee of the Council of Governors established for the purpose of carrying out the duties of governors with respect to the appointment, re-appointment, removal, remuneration and other terms of service of the Chairman and Non-executive Directors.
Recommendations
The Council of Governors is asked to note the report and: <ul style="list-style-type: none"> To approve the Committee's recommendation to continue Lisa Gardner's appointment as Non-executive Director for a third term of office subject to the annual review as outlined in Monitor's Code of Governance.
Report Sponsor or Other Author
Sponsor: Trust Secretary
The Nominations and Appointments Committee has held one meeting since the last Council of Governors meeting.
Nominations and Appointments Committee: 18 December 2015
Governors present: Mo Schiller, John Steeds, Wendy Gregory, Philip Mackie, Jeanette Jones, Florene Jordan and Ian Davies.
Others present or in attendance: John Savage – Chairman, Debbie Henderson – Trust Secretary, and Sarah Murch – Membership & Governance Administrator.
Topics discussed: <ul style="list-style-type: none"> Non-executive Director Activity Reports: The Committee noted activity reports from the Chairman and Non-executive Directors for the last 6 months. Appraisal and Annual Review of Non-executive Directors: The committee noted appraisal papers for Lisa Gardner, John Moore, David Armstrong and Alison Ryan. They agreed to continue to support Lisa Gardner and formally proposed a recommendation to the full Council to continue her appointment as Non-executive Director for a third term of office subject to the annual review as outlined in Monitor's Code of Governance.
The next meeting of the Nominations and Appointments Committee will take place on 26 February 2016, 13:30-14:30 in the Board Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

A Governor Development Seminar Report for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 06 – Governor Development Seminar Report
Purpose
To provide the Council of Governors with an update on the governor development programme.
Abstract
The governor development programme was established to provide governors with the necessary core training and development of their skills to perform the statutory duties of governors effectively.
Recommendations
The Council of Governors is recommended to note the report.
Report Sponsor or Other Author
Sponsor: Trust Secretary Author: Head of Membership and Governance
Report
There has been one Governor Development Seminar since the last Council of Governors meeting.
Governor Development Seminar: 14 January 2016
Governors attending: Mo Schiller, Angelo Micciche, Anne Skinner, Julia Lee, Phil Mackie, Sue Milestone, Sue Silvey, Clive Hamilton, John Steeds, Ian Davies, Karen Stevens, Brenda Rowe, Lorna Watson, Graham Briscoe, Marc Griffiths, Florene Jordan, Wendy Gregory, Edmund Brooks and Jeanette Jones.
Others in attendance: Ray Tarling – Training Associate, NHS Providers, Claire Mescia – GovernWell Programme Manager, NHS Providers, Amanda Saunders – Head of Membership and Governance, Sarah Murch – Membership & Governance Administrator, Rachel Smith – Corporate Governance Administrator.
This was a lively and informative one-day training session provided by GovernWell (NHS Providers), covering effective questioning and holding Non-Executives to account.
Topics discussed:
<ul style="list-style-type: none"> • Accountability – What it is and what it isn't - <i>Ray Tarling- Training Associate, NHS Providers.</i> This session included: <ul style="list-style-type: none"> - the board's role in delivering good corporate governance; - what assurance is and why it is important, and how assurance differs from reassurance; - risk and how the board obtains assurance;

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- accountability and the process of holding to account;
- the role of assurance in holding to account.
- **Active Listening and Exercises** - *Claire Mescia - GovernWell Programme Manager, NHS Providers*
- **Effective Questioning – presentation and exercises** – *Claire Mescia and Ray Tarling*
These sessions gave governors the opportunity to:
 - gain an improved appreciation of the importance of listening, questioning and challenging in the role of governor;
 - reflect on their own experience and style and consider how they might want to improve upon this, to make the Council more effective overall.

Next session – April 2016

- To carry forward the skills audit and objective setting work commenced in 2016
- Option to include site visits and contact time with Divisional leads in order to improve governors' understanding of the Trust
- To look ahead to the agenda for the June Seminar, which will focus on welcoming new governors into their roles

The next Governor Development Seminar will be held on Friday 8 April 2016 from 10:00-16:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

Governors' Strategy Group Meeting Account for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 7a – Governors' Strategy Group Meeting Account
Purpose
To provide the Council of Governors with an update on meetings of the Governors' Strategy Group.
Abstract
<p>The Governors' Strategy Group provides an opportunity for engagement with governors to develop the Monitor Annual Plan and to contribute to the Trust's strategic planning.</p> <p>The group is chaired by Wendy Gregory, Patient/Carer Governor, and Executive Lead for the group is the Director of Strategy/Head of Business Planning. There are around 6 meetings a year, and they are open to all governors.</p>
Recommendations
The Council of Governors is asked to note the meeting account.
Report Sponsor or Other Author
Sponsor: Wendy Gregory, Governor Lead for Strategy Project Focus Group
<p>The Governors' Strategy Group has held one meeting since the last Council of Governors meeting.</p> <p>Governors' Strategy Group: 3 December 2015</p> <p>Governors attending: Wendy Gregory (Chair), Clive Hamilton, Mo Schiller, Brenda Rowe, Graham Briscoe, John Steeds, Sue Milestone, Thomas Davies and Florene Jordan.</p> <p>Others present or in attendance: Anita Randon – Interim Director of Strategy and Transformation, Jeremy Spearing – Associate Director of Finance, Amanda Saunders – Head of Membership and Governance, Jill Youds, Non-executive Director, Sarah Nadin – Head of Business Planning, Sean O'Kelly – Medical Director.</p> <p>Topics discussed:</p> <ul style="list-style-type: none"> • Update on UH Bristol Strategic Implementation Plan and the next steps being taken to progress this area of work, including the development of a new process to aid the informed prioritisation of service developments within the Trust. • Update on Business Planning, including the engagement work being undertaken. • Update on 7-day working – Sean O'Kelly joined the Group to give an update on the assessment the Trust has been required to undertake regarding the provision of services across 7 days, noting that in many areas of the Trust services do run over 7 days, and the Trust already doing well against 4 key areas measured. • Proposed changes to the junior doctor rota / industrial action – Sean provided an update on the contract negotiations and subsequent planned industrial action at the time. • Brief updates on Weston General Hospital and Histopathology reconfiguration. <p>The next meeting of the Governors' Strategy Group will be held on Tuesday 9 February 2016 from 09:30-11:30 in the Board Room, Trust Headquarters. This will include an update on the financial outlook 2016/17.</p>

Quality Focus Group Meeting Account for a Council of Governors Meeting, to be held at 14:00 on 29 January 2016 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 07b- Quality Focus Group Meeting Account
Purpose
To provide the Council of Governors with an update on the meetings of the Quality Focus Group.
Abstract
<p>The objectives of the Quality Focus Group are to provide:</p> <ol style="list-style-type: none"> a) engagement with governors to develop the Board's Annual Quality Report; b) regular support to enable governors to understand, interpret and raise questions on the Board Quality and Performance Report; c) regular support to enable governors to understand and interpret reported progress on the Board's Quality Objectives; and, d) opportunities for input from governors on quality matters. <p>The group is chaired by Clive Hamilton and includes input from the Chief Nurse and Medical Director. Meetings are held bi-monthly and open to all governors.</p>
Recommendations
The Council of Governors is asked to note the meeting account.
Report Sponsor or Other Author
Sponsor: Trust Secretary/ Governor Lead for the Quality Focus Group
<p>The Quality Focus Group has held two meetings since the last Council of Governors meeting.</p> <p>Quality Focus Group Meeting: 5 November 2015</p> <p>Governors attending: Clive Hamilton (Lead governor for the group), Mo Schiller, Brenda Rowe, Pam Yabsley, Angelo Micciche, John Steeds, Wendy Gregory, Karen Stevens, Thomas Davies, Florene Jordan, Ben Trumper, Marc Griffiths, Bill Payne, Jeanette Jones.</p> <p>Others present or in attendance:</p> <p>Carolyn Mills - Chief Nurse, Alison Ryan - Non-executive Director, Alison Grooms – Deputy Chief Operating Officer and Amanda Saunders – Head of Membership and Governance.</p> <p>Topics discussed:</p> <ul style="list-style-type: none"> • The setting up of a new Involvement network. Good input at the first meeting in October where there was a focus on what matters most to patients and families. The group will receive regular updates from the Patient and Public Involvement team. • The Non-executive Director Chair of the Trust's Quality and Outcomes Committee reported on the last meeting of the committee. There were wide-ranging discussions and reports on patient flow, increased demand, learning from serious incidents, agency staff, delays in radiology reporting and Nurse Re-validation.

Page 2 of 3 of a Quality Project Focus Group Meeting Account for a Council of Governors Meeting, to be held at 14:00 on 29 January 2016 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

- The Deputy Chief Operating Officer gave a presentation on progress with the Outpatient Improvement work-stream, one of the Trust's Corporate Quality Objectives.
- The Quality and Performance Report from the October Board was reviewed together with the Governors' executive summary. There was acknowledgement that Quality and safety standards had been maintained despite increased demand and patient flow pressures.
- The question of the possible effect of 12 hour shift working on the health and wellbeing of staff was raised again and it was agreed that a presentation from the Associate Director of Occupational Health would be arranged for the governors at a future meeting.
- The group reviewed 6 months of the items to date on the Governors' Log and received an update on progress with the centralisation of the Cellular Pathology Service.
- A recent concern about the treatment of a patient with Dementia has led to a request for governors to be updated on current policies and ongoing work-streams for this aspect of care.

Quality Focus Group Meeting: 12 January 2016

Governors attending: Clive Hamilton (Lead governor for the group), Sue Silvey, Mo Schiller, Brenda Rowe, Anne Skinner, Pam Yabsley, Angelo Micciche, Ray Phipps, John Steeds, Wendy Gregory, Sue Milestone, Lorna Watson, Karen Stevens, Florene Jordan and Jeanette Jones.

Others present or in attendance:

Alison Ryan – Non-executive Director, Sean O'Kelly – Medical Director, Sam Chapman – Assistant Director of HR Development, Mel Fewkes – Associate Director of Occupational Health, Tony Watkins – Patient Experience Lead (Engagement and Involvement), Amanda Saunders – Head of Membership and Governance.

Topics discussed:

- The Trust Patient and Public Involvement Lead updated governors on the work of his team and introduced the next involvement event entitled "Quality Counts" to be held at the Education Centre on 20th January. Governors are welcome.
- The Non-executive Director Chair of the Trust's Quality and Outcomes Committee reported on the last meeting of the committee. Again, patient flow issues dominated concerns which have a negative effect on the 4 hour maximum wait in emergency and bed availability. It was noted that recent data indicated achievement of the 62 day G.P. referral Cancer target for the first time in many months.
- Staff retention has been a key workforce objective of the Trust for more than a year now so policies for staff health and wellbeing and the appraisal process are important for success in reducing turnover. The group benefitted from a joint presentation from the trust leads in Occupational Health and Developing People Capability, the latter explaining the new work to update the appraisal process.
- The group had previously received the December Quality and Performance report and a governor summary of the main issues. It was agreed that the Trust was still in a good position but that seasonal pressures were affecting waiting times and some quality metrics. Particular concern was expressed that the 62 day GP waiting time target for Lower Gastrointestinal and, to some extent, Lung tumour sites were below the national average. Cancelled operations and other issues in Cardiac Surgery were also highlighted as a cause for concern.
- It was agreed that Marc Griffiths, an Appointed Governor representing the University

Page 3 of 3 of a Quality Project Focus Group Meeting Account for a Council of Governors Meeting, to be held at 14:00 on 29 January 2016 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

of West of England, would lead the Quality Focus Group from 1st June 2016.

- The group reviewed 6 months of the items to date on the Governor's Log and received an update on progress with the centralisation of the Cellular Pathology Service.
- Additions to the Quality Focus Group program of future matters for executive input were agreed. Governors with any other suggestions for inclusion should contact the lead of the group or the Membership and Governance Manager, Amanda Saunders.

The next meeting of the Quality Focus Group will be held on Thurs 10 March 2016, 12:30-14:30 in the Board Room, Trust Headquarters.

Constitution Focus Group Meeting Account for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 07c – Constitution Focus Group Meeting Account
Purpose
To provide the Council of Governors with an update on the meetings of the Constitution Focus Group.
Abstract
<p>The objectives of the Constitution Focus Group are to provide:</p> <p>(i) engagement with governors in drafting Constitutional changes;</p> <p>(ii) assessing the membership profile; and,</p> <p>(iii) advice from governors on communications and engagement activities for Foundation Trust members.</p> <p>The group meets quarterly and is open to all governors. The Chair of the Group is Sue Silvey and the executive lead for the Group is Debbie Henderson, Trust Secretary.</p>
Recommendations
<ul style="list-style-type: none"> The Council of Governors is asked to note the update.
Report Sponsor or Other Author
Sponsor: Trust Secretary/Lead Governor for the Constitution Focus Group
<p>The Constitution Focus Group has held one meeting since the last Council of Governors meeting.</p> <p>Constitution Focus Group Meeting: 3 December 2015</p> <p>Governors attending: Mo Schiller (chairing the meeting in the absence of Group Chair Sue Silvey), Graham Briscoe, Clive Hamilton, John Steeds, Angelo Micciche, Wendy Gregory, Sue Milestone and Florene Jordan.</p> <p>Others present or in attendance: Debbie Henderson - Trust Secretary, Amanda Saunders – Head of Membership and Governance, Sarah Murch – Membership and Governance Administrator.</p> <p>Topics discussed:</p> <ul style="list-style-type: none"> Governor Development Seminars – Governors gave their suggestions on the topics that they would like to be covered in future governor development seminars, and that the balance of seminars should cover skills development for the governor role in addition to informative and education updates with regards to the Trust/ NHS. Governor compliance review – an update was provided. Governor site visits – It is intended to provide an opportunity for a range of staff to host governor site visits in different areas of the hospitals. Membership Report – There is a continuing focus on increasing membership recruitment and engagement. Governors were informed that FT members were now eligible for the UH Bristol staff discounts scheme. New member welcome information pack – Governors reviewed the information sent out to new members on joining the Trust and provided feedback with regards to suggested improvements.

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- **Health Matters Events** – Governors were given a report on the feedback collected at the Health Matters Event on 12 November. They gave their views on the programme of topics and format for the events for 2016.
- **Governor Elections 2016** – an update was provided. It was agreed to hold a one-off election planning meeting in January to seek governor input on the election plan and information packs for prospective governors.
- **Group Chair** – The group agreed that Angelo Micciche would take on the role of Chair of the Constitution Focus Group when Sue Silvey steps down as group chair in June 2016. Mo Schiller offered to provide cover in the event that Angelo was unable to attend.

The next meeting of the Constitution Project Focus Group will be held on Tues 15 March 2016, 10:00-12:00 in the Board Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

Membership Activity Report for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 08a- Membership Engagement Report
Purpose
To provide the Council of Governors with current membership details, and a summary of membership engagement since the last Council of Governors meeting on 30 October 2015.
Abstract
The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. Progress against the Membership Engagement and Governor Development Strategy (April 2015) is reported below.
Recommendations
The Council of Governors is recommended to note the Membership Activity Report.
Report Sponsor or Other Author
Sponsor: Head of Membership and Governance
Report
<p>Key areas of progress against the Membership Engagement and Governor Development Strategy have included:</p> <ul style="list-style-type: none"> • Successful Health Matters Event held in November 2015, with over 120 attendees, including a group of 20 students from Bristol Grammar School. Feedback was collected to inform planning for the events in 2016. • Membership stand at the Bristol and South Glos. Healthwatch AGM in December. • Booked slots for a weekly membership stand in the Welcome Centre and other reception areas around the Trust from Jan-March 2016. • Promotion of the Quality Counts Event held on 20th Jan to members and governors. • Letter from the Chair to active members regarding governor elections and the opportunity to stand for governor. • With support of the Communications Team, development of new-look membership materials. <p>Current Membership Numbers: At 20 January 2016, Foundation Trust membership stands at 21,426 members (6,404 public members, 4,650 patient members and 10,372 staff members).</p> <p>This compares with membership at 20 October 2015 of 20,995 members (6,442 public members, 4,693 patient members and 9,860 staff members).</p> <p>Membership can be broken down as follows:</p>

Page 2 of 2 of a Membership Activity Summary Report for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Member Type Breakdown	Total
Public Constituencies	6,404
Out of Trust Area	6
Bristol	3,135
North Somerset	1,256
South Gloucester	1,241
Rest of England and Wales	776
Patient Constituencies	4,650
Unspecified	26
Carer of patients 16 years and over	205
Carer of patients 15 years and under	534
Patient - Local	3,885
Staff Classes	10,372
Unspecified	0
Medical and Dental	1,318
Nursing and Midwifery	2,966
Other clinical healthcare professionals	2,098
Non Clinical Healthcare Professionals	3,990

Areas of Focus for the next quarter:

- Detailed planning for the next Health Matters Event to be held on 30th March.
- Regular recruitment stalls in the Welcome Centre and other reception areas in the Trust – to also promote governor roles.
- Voices mailing to all members, content to include the role of governors in linking with support groups such as carers support groups, promotion of the extension of the NHS staff discount scheme to Foundation Trust members and promotion of the governor elections.
- General focus on governor elections and promotion of the opportunity to stand for a governor role – see also Item 9.
- In partnership with Youth Council Appointed Governors and Sara Reynolds, Young Persons Involvement Worker, commence planning for a members and public engagement event, aimed at young people.

Governor Activity Report for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 08b – Governor Activity Report
Purpose
To report on the ways in which governors have discharged their responsibilities and governor activity in the period 30 October 2015- 29 January 2016.
Abstract
<p>The Council of Governors has responsibilities that are set out in Acts of Parliament such as the National Health Service Act 2006 and more recently new powers within the Health and Social Care Act 2012.</p> <p>The report below shows how governors have discharged their responsibilities in the areas of:</p> <ul style="list-style-type: none"> • Engagement with their members • Holding Non-executive Directors to account • Strategic and other responsibilities. <p>It is followed by a summary of governors’ activity in the period.</p>
Recommendations
The Council of Governors is recommended to note the report.
Report Sponsor or Other Author
Sponsor: Trust Secretary
Appendices
Appendix A – Governor activity Oct 2015 – Jan 2016

Page 2 of 6 of a Governor Activity Report for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Constitution of the Council of Governors:

- As of 13 January 2016 there were 33 governors in post and 3 vacancies.
- Two governors have left the Council of Governors in the last quarter. Mani Chauhan (Public Governor – Rest of England and Wales) resigned on 23 October 2015 and Nick Marsh (Staff Governor – Non-clinical Healthcare Professionals) resigned on 4 November 2015. Their seats will remain vacant until the 2016 governor elections.

Governors' Activities in relation to responsibilities (30 October 2015-29 January 2016)

Statutory Responsibilities of the Council of Governors	Other non-statutory responsibilities	How governors discharged their duties
<p>1. Membership Engagement:</p> <ul style="list-style-type: none"> • <i>represent the interests of the Members of the Trust as a whole and the interests of the public</i> 	<ul style="list-style-type: none"> • <i>developing the membership by overseeing the implementation of the Trust's Membership Strategy and by direct engagement with members at events and meetings</i> • <i>feed back information about the Trust, its vision and its performance to members or stakeholder organisation</i> • <i>represent the interests of the community, including service users and carers, by ensuring effective communication with Members, feeding back</i> 	<ul style="list-style-type: none"> • The Jan/Feb issue of Voices magazine included governor input and will be sent to all members in the coming weeks. • Governors actively participated in a successful Health Matters event for our members on the topic of Osteoporosis on 12 November 2015. • Staff governors held the first of a series of quarterly meetings with Chief Executive Robert Woolley on 8 December 2015. This is a new initiative to enable staff governors to feed back any concerns from their constituents. • Governors attended the Recognising Success Staff Awards Presentation Evening on 27 November 2015 to show their appreciation for and support of the achievements of Trust staff.

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	<p><i>information to the Trust as necessary</i></p> <ul style="list-style-type: none"> <i>providing a Governor perspective on the efficacy of staff engagement mechanisms</i> 	<ul style="list-style-type: none"> Governors volunteered to help out at membership recruitment stalls in the main hospital areas in Jan-Feb 2016. Governors fed back information about the Trust at external events including the Care Forum AGM on 18 November, the South West Governor Exchange Network meeting in Taunton on 19 November, and the Healthwatch Bristol Open Meeting on 8 December. Governors gave input on topics for Health Matters Events for 2016 and on New Members' Welcome Packs at their Constitution Project Focus Group meeting on 3 December 2015. Governors gave feedback on governor election plans at a task-and-finish group meeting on 12 January 2016. Governors were represented at the Quality Counts Members' Event on 20/1/16 to seek members' feedback on the Trust's quality objectives. Governors continued to feed back issues raised by patients and staff at their meetings and through the Governors Log of Communications.
<p>2. Holding Non-executive Directors to account:</p> <ul style="list-style-type: none"> <i>hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors</i> <i>receive performance appraisal</i> 	<ul style="list-style-type: none"> <i>being assured that that the Non-Executive Directors act so that the Trust does not breach the conditions of its NHS Provider Licence</i> 	<ul style="list-style-type: none"> Governors received a full day of training from NHS Providers on 14 January 2016 on Holding Non-executive Directors to Account, and Effective Questioning. There has been a strong focus in this period on aligning the work of Governor Project Focus Group with Non-executive Director Committees. Non-

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<p><i>information regarding the Trust Chairman and Non- Executive Directors</i></p> <ul style="list-style-type: none"> • <i>set the pay and terms & conditions of appointment for the Trust Chairman and Non- Executive Directors</i> • <i>appoint and (if necessary) remove the Trust Chairman and Non-Executive Directors</i> • <i>approve the appointment of the Chief Executive - however, the Council of Governors will not appoint the Chief Executive</i> • <i>if necessary, inform Monitor, via the Lead Governor, if there are any 'material concerns' about the actions of the Board of Directors which cannot be resolved locally</i> 		<p>executive Directors have been assigned to the Governor Focus groups as follows:</p> <ul style="list-style-type: none"> - Quality Focus Group – Alison Ryan - Strategy Focus Group – Jill Youds - Constitution Focus Group – John Moore <p>They will attend meetings where possible and provide governors with updates from their committees.</p> <ul style="list-style-type: none"> • In November, Chairman’s Counsel meetings were re-titled as Chairman’s and Non-executive Directors’ Counsel meetings. They are now chaired by a Non-executive Director on a rotational basis and attended by those Non-executive colleagues able to make the meeting. This was requested by governors to support the continued good engagement between governors and NEDs and allow a regular opportunity for challenge and discussion. Chairman’s & Non-executive Directors’ Counsel meetings were chaired by Non-executives David Armstrong (November), and Jill Youds (December). • Governors on the Nominations and Appointments Committee met on 18 December to review the appraisal papers for Non-executive Directors Alison Ryan, Lisa Gardner, David Armstrong and John Moore. • Governors attended the public meetings of the Trust Board of Directors in October and November.
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<p>Strategic Direction:</p> <ul style="list-style-type: none"> • <i>give a response when consulted by the Board of Directors on the Trust's Annual Plan</i> • <i>satisfy itself that proposals in the Annual Plan (other than those relating to the provision of health services in England) will not significantly interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions</i> • <i>approve any proposal to increase by 5% or more the proportion of the Trust's total annual income from activities other than the provision of health services in England.</i> • <i>approve any applications for significant transactions</i> • <i>approve any applications for mergers, acquisitions, separation or dissolution of the Trust</i> • <i>agree, in conjunction with the Board of Directors, changes to the Trust's Constitution</i> 	<ul style="list-style-type: none"> • <i>supporting the Board of Directors in setting the long-term strategic direction for the Trust</i> • <i>promote and support the organisation's strategy</i> 	<ul style="list-style-type: none"> • The Governors' Strategy Group met on 3 December and received updates on the Trust's Strategic Implementation Plan and an update on Business Planning. • Governors continue to receive updates on the Trust's strategic outlook from the Chief Executive at their quarterly Council of Governors meetings.
<p>Other responsibilities:</p> <ul style="list-style-type: none"> • <i>appoint or (if necessary) remove the Trust's external auditors</i> 		<ul style="list-style-type: none"> • Nothing to report in this period.

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| <ul style="list-style-type: none">• <i>receive the Trust's Annual Report and Accounts, and the Auditor's report</i> | | |
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Governor Engagement: other training and information received

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| <ul style="list-style-type: none">• Governors Informal Meeting: At the November meeting Jim O'Connell, Divisional Director of Surgery, Head & Neck gave an update presentation from the Division.• Regular Updates: As always, governors were kept informed of news stories affecting UH Bristol and the Trust's weekly staff e-newsletter Newsbeat was shared with governors. |
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Governor Activity from 30 Oct 2015 to 29 Jan 2016	Public Governors								Public, rest of Eng & wales	Patient Governors						Carers 16+	Carers -16	Staff Governors					Appointed Govs														
Name of Event	Pauline Beddoes	Tony Tanner	Clive Hamilton	Sue Sivey	Mo Schiller	Brenda Rowe	Bob Bennett	Graham Briscoe	Tony Rance	Mani Chauhan (resigned 23/10/15)	Sylvia Townsend	Anne Skinner	Pam Yabsley	Angelo Micciche	Edmund Brooks	Ray Phipps	John Steeds	Wendy Gregory	Sue Milestone	Philip Mackie	Lorna Watson	Ian Davies	Karen Stevens	Nick Marsh (resigned 4/11/15)	Thomas Davies	Florene Jordan	Ben Trumper	Marc Griffiths	Sue Hall	Jim Petter	Tim Peters	Bill Payne	Jeanette Jones	Julia Lee	Isla Phillips		
Council of Governors																																					
30 Oct 2015	X		X	X	X								X	X	X		X	X		X	X		X		X	X	X					X	X		X	X	
Nominations and Appointments Committee (Committee members only)																																					
18 Dec 2015					X												X	X		X		X				X								X			
Governors Development Seminar																																					
14 Jan 2016			X	X	X	X		X				X		X	X		X	X	X	X	X	X	X			X		X						X	X		
Quality Project Focus Group																																					
5 Nov 2015			X		X	X							X	X			X	X			X			X	X	X	X						X	X			
12 Jan 2016			X	X	X	X						X	X	X		X	X	X			X			X										X			
Governors Strategy Group																																					
3 Dec 2015			X		X	X		X					X	X			X	X	X						X	X											
Constitution Project Focus Group																																					
3 Dec 2015			X		X			X						X			X	X	X							X											
Chairman's and NEDs' Counsel/Govs Informal Meeting																																					
24 Nov 2015			X		X		X		X		X	X	X				X	X		X		X	X			X	X						X	X			
18 Dec 2015	X	X	X		X		X	X									X	X		X		X	X			X	X								X		
Public Trust Board meetings																																					
30 Oct 2015	X		X	X	X								X				X	X								X											
30 Nov 2015			X		X	X	X	X				X	X				X	X	X							X									X		
Chair and Chief Exec Walkrounds (2 governor observers per walkround)																																					
19-Nov-15		X					X																														
09-Dec-15						X	X																														
11-Jan-16	X																																				
Members' Events																																					
Health Matters Event - Osteoporosis - 12/11/15	X		X		X		X				X			X			X	X	X				X			X											
Membership Recruitment Stall - BRI 15/1/16																								X													
Quality Counts Members' Event re quality objectives - 20/1/16					X							X		X																							
Membership Recruitment Stall - BRI 26/1/16														X														X									
Other regular meetings or events																																					
Face-to-face patient interviews - regular Trust PPI activity - 17/11/15					X							X																									
Governors' Voices Editorial group meeting - 24/11/15																			X																		
Quarterly Staff Governors meetings with Chief Exec- 8/12/15																							X		X	X											
Ad-hoc meetings/events																																					
Dementia Champions Day - 20/11/15												X																									
Recognising Success Staff Awards 27/11/15		X			X							X		X			X				X			X		X	X						X	X			
UH Bristol R&I day - 4/12/15			X		X							X			X		X																				

Governor Activity from 30 Oct 2015 to 29 Jan 2016	Public Governors								Public, rest of Eng & wales	Patient Governors						Carers 16+	Carers -16	Staff Governors						Appointed Govs													
	Pauline Beddoes	Tony Tanner	Clive Hamilton	Sue Sivey	Mo Schiller	Brenda Rowe	Bob Bennett	Graham Briscoe	Tony Rance	Mani Chauhan (resigned 23/10/15)	Sylvia Townsend	Anne Skinner	Pam Yabsley	Angelo Micciche	Edmund Brooks	Ray Phipps	John Steeds	Wendy Gregory	Sue Milestone	Philip Mackie	Lorna Watson	Ian Davies	Karen Stevens	Nick Marsh (resigned 4/11/15)	Thomas Davies	Florene Jordan	Ben Trumper	Marc Griffiths	Sue Hall	Jim Petter	Tim Peters	Bill Payne	Jeanette Jones	Julia Lee	Isla Phillips		
Election planning meeting - 12/1/16				X	X	X						X		X		X	X									X											
UH Bristol Governor Representation at External Events																																					
Care Forum AGM and Annual Conference 18/11/15												X																									
SWGEM meeting, Taunton 19/11/15								X			X	X											X														
Healthwatch Bristol Open Meeting - 8/12/15																																		X			
CQC Strategy Event in Bristol - 27/1/16												X		X																							
Trust Operational Groups with governor representation																																					
Carers' Reference Group - gov rep is Anne Skinner MET 11/11/15												X																									
Nutrition & Hydration Steering Group - gov rep is Anne Skinner - MET 5/11/15												X																									
Decontamination Board/Decontamination Group - gov rep is Florene Jordan																																					
Patient Experience Group - gov rep is Pam Yabsley																																					
Clinical Ethics Advisory Group - gov rep is Anne Skinner - MET 16/12/15												X																									
Equality and Diversity Staff Group - gov rep is Florene Jordan																																					
Carers Strategy Steering Group - gov reps are Wendy and Lorna - MET 3/11/15																		X																			
Patient Flow and R3 Steering Group - gov rep was Ben Trumper																																					
Organ Donation Group - gov rep is Pauline Beddoes																																					

Report for a Council of Governors Meeting to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 09 – Governor Elections 2016
Purpose
The purpose of this report is to provide the Council with an update on the work being undertaken to support the UH Bristol Governor Elections for 2016.
Recommendations
The Council of Governors is asked to note the report.
Report Sponsor or Other Author
Sponsor: Head of Membership & Governance
Report
<p>In 2016, 15 Governor roles will be available for re-election:</p> <ul style="list-style-type: none"> • Public Governor for Bristol (2 seats) • Public Governor for South Gloucestershire (2 seats) • Public Governor for the Rest of England & Wales (2 seats) • Patient Governor for the local area (Bristol, North Somerset and South Gloucestershire – 3 seats) • Patient Governor for Carers of Patients over 16 years of age (2 seats) • Staff Governors – Non Clinical, Other Clinical, Nursing and Midwifery (4 seats in total) <p>To ensure governor input into the planning and approach to these elections, a one-off task and finish group was held on 12 January 2016 with governors and the Trust Secretary, Head of Membership & Governance and Membership & Governance Administrator with the purpose to agree:</p> <ul style="list-style-type: none"> • Overall election plan and key actions and activities • Content and format for the Governor Information Pack • Approach and content for Governor Information Events <p>Key activities being undertaken Jan- March 2016:</p> <ul style="list-style-type: none"> • Mailing to all active members, contacts who had previously expressed interest in the governor role and volunteers • Regular stand in the Welcome Centre/ BHI or BCH to promote membership and the governor role • Promotion of the governor role with a wide range of local links, to include groups such as

Page 2 of 2 of a report for a Council of Governors Meeting to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

The Carers Support Centre, GPs, Libraries, etc.

- Promotion of the staff governor role across the Trust
- Information Events scheduled for Feb and March, to involve Non-executive Directors and Governors

The key dates for the election process will then run as follows, with support from Electoral Reform Services (ERS):

- 6th April – Nominee Deadline
- 28th April – Voting open, all members sent details of nominees and instruction on how to vote
- 24th May – Voting closes
- 25th May – Declaration of results – ERS/ Membership & Governance team to confirm to nominees and announce results via Trust website, etc.

Cover Sheet for a Report for a Council of Governors Meeting to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 10 – Review of Governor Compliance
Purpose
To report on the ongoing review of compliance to statutory requirements of all governors.
Recommendations
The Council of Governors is asked to note the report.
Report Sponsor or Other Author
Sponsor: Trust Secretary Author: Head of Membership & Governance
Report
<p>The Trust Secretary and Head of Membership & Governance continue to monitor governor attendance and engagement, as summarised in Appendix A of the Governor Activity Report. In addition to attendance at meetings, we encourage and look for active participation in membership engagement.</p> <p>Following discussion with Jim Petter, Appointed Governor for South Western Ambulance Service NHS Foundation Trust, it has been agreed that the Membership Team will work with Jim to seek a replacement appointed governor from within his organisation. We are aiming to tie the appointment with the 2016 election timelines, so a new representative is able to benefit from the planned welcome and induction activities in June. (This appointed governor role will then be due for re-appointment in 2017.)</p> <p>At the time of the last Council meeting, 5 governor DBS checks were outstanding. Now only 2 checks are outstanding – one of these is in progress and one of these to be completed when the relevant governor is back to good health. Increased support from the Recruitment Team has helped with the completion of the outstanding checks.</p> <p>As before, whilst it is not felt that the outstanding DBS checks pose a significant risk to the Trust and the safety of patients, as a precautionary measure governors who do not have a DBS aren't currently permitted to undertake any patient facing activity within the Trust.</p>

**Cover Sheet for a Report for a Council of Governors Meeting to be held on 29 January
at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol,
BS1 3NU**

Item 11- Governors' Log of Communications
Purpose
The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications added or modified since the previous Council of Governors meeting.
The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.
Recommendations
The Council of Governors is asked to note the report.
Report Sponsor or Other Author
Sponsor: Trust Secretary
Appendices
Appendix A – Governor Log – Items since the previous meeting.

ID **Governor Name**

141 Chairman and NEDs Counsel

Theme: Cardiac Surgery**Source:** Chairman's Counsel**Query** 18/12/2015

Following a point made at the Governors Counsel, it would be helpful if we could be briefed on:

1. Level of cancelled operations in cardiac surgery
2. Method for prioritising use of theatres by surgeons
3. Method of prioritising who is put on each list
4. Whether any of the above is impacted on by the private practice being carried out at the weekends.

(Query logged by Alison Ryan, Non-executive Director on behalf of Governors)

Division: Specialised Services**Executive Lead:** Medical Director**Response requested:** 18/12/2015**Response** 29/01/2016

1) The level of cancellations in cardiac surgery has been very high in recent weeks ranging between 25 and 36% over the last 4 weeks. This has led to a high level of poor patient experiences and is primarily a direct consequence of the acute pressures facing the hospital. Excel files with a detailed breakdown on a weekly basis of the cancellations and the reasons for these are kept. The files contain patient specific information and therefore inappropriate to share. The specific figures for the last few weeks have been W/c 14/12 28% cancellations, w/c 7/12 36%, w/c 30/11 25%, w/c 23/11 26%. The commonest causes for cancellation are currently

- i) Shortage of theatre staff
- ii) Lack of Hospital bed for admission
- iii) Lack of CICU bed for admission

Although these causes will vary depending on the pressure on the service.

2) There is a matrix for scheduling as part of the SOP. This creates a balance to ensure that elective and urgent priority patients are balanced. There is always an opportunity to alter this based on clinical priority. This can never be perfect and but offers a practical way of organising the service. Given the multiprofessional environment in which we work on occasion it might be open to criticism from some.

3) The exact scheduling is a complex process based on taking into account the clinical priority of urgent patients but also ensuring that elective patients are treated within appropriate RTT timescales and also taking into account the available surgical expertise as well as issues like numbers of cancellations. This is outlined in the SOP also

4) There is currently no private practice being undertaken in cardiac surgery at the weekend. There are some waiting list initiative lists being undertaken on a Saturday when the acute pressures allow this. The idea of these is to utilise the theatre time at weekends when the level of acute pressure may be less on a Saturday. The idea is that doing these cases deals with some urgent cases and keeps us within RTT. Whether these cases impact on 1-3 is unlikely and would be hard to quantify objectively.

Status: Awaiting Governor Response

140 Florene Jordan

Theme:**Source:** Governor Direct**Query** 22/12/2015

In relation to the Centralisation of Specialist Paediatrics, what process was put in place to ensure adequate training of all operating theatre staff and recovery staff? What training took place prior to the transfer and during the early stages post transfer, and what measures were put in place to ensure that this training was adequate?

Division: Women's & Children's Services**Executive Lead:** Chief Nurse**Response requested:** 22/12/2015**Response**

Response pending.

Status: Assigned to Executive Lead

ID **Governor Name**
139 Clive Hamilton

Theme: Patient Experience

Source: Council of Governors

Query 09/11/2015

The Quarter 1 Patient Experience Report outlines that for inpatient surveys of Maternity services, 30% of respondents noted a delay of more than four hours at discharge. Please can further detail be provided with regards to the possible cause of this and any work being undertaken to address the matter. (Reference page 82 of the Council of Governors Meeting pack, 30th Oct 2015.)

Division: Women's & Children's Services

Executive Lead: Chief Nurse

Response requested: 10/11/2015

Response 20/11/2015

There are a large number of discharges from the maternity wards (sometimes up to 20 per day), which represents a large amount of discharge paperwork / process for the staff to work through. A proportion of these women will also have to be reviewed by an Obstetrician before they can be discharged - a high caseload in itself, but particularly because the doctors have to prioritise patients on the delivery suite. In order to improve the review process, a junior doctor is now assigned to the wards each day.

Waiting for medications is also an issue for some women who are ready to leave. This is mainly at the weekend because there is no pharmacy open at St. Michaels at that time (medications therefore have to be obtained from the BRI and prescription charts have to go by transport). The wards are working with the Pharmacy Department to have more ward dispensed medication ("TTA") packs, and are identifying ways of better anticipating the medications will be required at the weekends so that they can be obtained in advance.

Tony Watkin, Jenny Ford Matron and Sneha Basude, Consultant Obstetrician are starting a piece of Co Design work on the post-natal wards to further improve the patient experience which will include evaluating and focusing on the discharge process.

Status: Awaiting Governor Response

138 **Philip Mackie**

Theme: Parking

Source: Council of Governors

Query 30/10/2015

When will the THQ disabled parking spaces be restored given the works behind the current hoarding appeared to have ceased?

Division: Trust Services

Executive Lead: Chief Operating Officer

Response requested: 30/10/2015

Response 02/11/2015

The original constructors site village, located behind the hoarding adjacent to THQ, was used by the appointed contractor undertaking the work in the King Edward Building (KEB) on the Surgical Assessment Suit. This work ended in late August with a plan to redeploy the site village to the appointed (different) contractor for the final KEB works. There has been a delay in appointing this contractor, hence the period of 'nil activity' behind the hoarding, but the contractor is due to commence on site this month. The current plan entails the continued use of this site, with resulting impact on disabled parking until September 2016. Options for the site village location are limited due to the required adjacency to KEB, however, work is in hand to scope whether there are any alternative locations which would enable the disabled parking facility to be restored ahead of the current schedule.

Status: Awaiting Governor Response

137 **Mo Schiller**

Theme: Dermatology Services

Source: Governor Direct

Query 22/10/2015

I understand that Weston dermatology has now transferred to UHB. In view of the increase in numbers of skin cancers coming to us now from there are the trust considering setting up nurse led PDT [photodynamic therapy] centre at UHB. This is proven treatment without surgical excision. The nearest centres for patients to access this are Cardiff and Bath.

Division: Medicine

Executive Lead: Chief Operating Officer

Response requested: 22/10/2015

Response 27/10/2015

Photodynamic therapy is a treatment for superficial skin cancers and pre-cancers which entails use of a cream to make the area sensitive to a specific wave length of light and then to irradiate the area with that light. In the UK it is licensed for the treatment of superficial basal cell carcinoma, in situ squamous cell carcinoma (pre-invasive) and actinic keratosis which are seen in sun damage as a preliminary to skin cancer. Basal cell cancer is the most common cancer in the UK. The treatment is preferable to surgery in some cases where the disease or field of disease is large, making surgery a significant undertaking. This most applies most to elderly patients with multiple co-morbidities and widespread disease. The Trust's dermatology service has now recruited staff with the skills and experience to develop a PDT service and a proposal will be submitted to commissioners in this business planning round, with a view to establishing the service from April subject to securing the required approvals and capital equipment.

Status: Closed

ID **Governor Name**

136 Mo Schiller

Theme: Workforce**Source:** Governor Direct**Query** 30/09/2015

Staff participated in a consultation regarding 12-13 hour shifts this year. Recent reports appear to show increased stress levels, sickness and burn out nationally. Did the UHB survey have any similar findings and if so what is being done to address the matter.

Division: Trust-wide**Executive Lead:** Director of Human Resources and Organisational Development**Response requested:** 30/09/2015**Response** 14/10/2015

From December 2014 to February 2015 a variety of methods were used to gather staff views regarding 12 hour shift patterns. These included, an online survey monkey which saw 253 responses and a series of focus groups open to all staff, run at different times of the day and in different locations. The data was triangulated together with information from the most recent staff surveys and stress audits.

The consensus view emerging from the shift review processes were that the majority of staff taking part felt positive about working a twelve hour shift pattern, in respect of the impact on their work-life balance and childcare/dependent responsibilities. Some staff did identify that working a twelve hour shift pattern could have a negative impact on their health and well-being.

From the survey results there was no indication of a need to review undertaking a complete review of the current shift patterns that staff work.

The feedback also indicated that work in a number of areas would potentially reduce the negative health impact of the current shift patterns. These include:

- Review the e-rostering rules to ensure that the necessary controls are in place to avoid rostering of more than two consecutive long days/nights and an adequate time off is rostered. (unless this is a personal request) – this should reduce fatigue.
- There is a re-communication that there is an option available for staff to work half twelve hours shifts. (NB this is only possible if two members of staff want to work shorter shifts in one area so may necessitate staff moving area to accommodate these requirements)
- The importance of taking allocated breaks is re-enforced with all staff and managers
- Review options to identify and flag staff working excess hours using e-roster so that impact on these staff can be assessed.
- Issues of health and well-being of staff undertaking a 24/7 shift pattern are reviewed as appropriate in the context of their shift patterns.

A number of these actions have already been implemented

Status: Closed

135 Mo Schiller

Theme: CF Ward**Source:** Governor Direct**Query** 18/09/2015

Ref 114 submitted 10.2.15 Angelo Micciche

I participated in the Face to face interviews last week speaking with CF patients on Ward A900. In view of the comments I received I referred to log item 114 submitted in February of this year by Angelo. Despite reassurance in the response that concerns had been rectified I feel I need to check on concerns given by CF patients to me last week. The initial consultation process would appear to have looked at different patients being on the new ward to those who are now there.

They cannot understand why there are not more trained CF nurses on the ward. They identified problems of confidence in carrying out tasks, i.e. one nurse had to call in help from another ward at night as she was not competent to give IV antibiotics into an IV long line. There was also feedback about less time spent supporting patients compared with the old ward. Patients expected the nursing staff to have more knowledge of CF problems. Housekeeping and physio were satisfactory.

There are obviously still concerns despite reassurance from the original exec response, it is now 6 months since the log question so initial concerns should have settled, they appear to still be ongoing.

Division: Medicine**Executive Lead:** Chief Nurse**Response requested:** 24/09/2015**Response** 14/10/2015

The outcomes of the face to face work and feedback through other sources, formal and informal tell us that patients like the new physical environment and that there are a number of areas where the actions detailed in my previous response have led to improved patient experience. The key ongoing issue of concern for patients is their lack of confidence in the staff's expert knowledge related to their condition. The patients miss knowing all of the staff and the continuity and confidence that this provides them when they are admitted as an inpatient. It would be fair to say that the transition to a new ward environment has been more difficult both for patients and staff than was anticipated.

Training within the current team on care of CF patients continues, as does the increased support from the clinical nurse specialist team. The level of vacancies in team on Ward A900 has meant that some shifts are being covered by temporary staff, bank and agency, who may not be as familiar with the Trust's/wards ways of working and may not have an expert knowledge of CF. This has been identified as a specific areas of concern by some patients. Recruitment to these vacancies means that the level of temporary staff usage is reducing. Training has been planned for the new staff on the specialities that the ward covers CF and gastroenterology. This should start to develop an increased level of expert knowledge within the team and improve the continuity of carers for the CF patients.

Status: Awaiting Governor Response

ID **Governor Name**

134 Pam Yabsley

Theme: Inpatient Care**Source:** From Constituency/ Members**Query** 18/09/2015

Recently I have heard about a patient being discharged from UHB following a six week stay. He suffers from dementia and was cared for on the appropriate ward. Whilst in the care of UHB he developed a pressure ulcer and furthermore his bottom set of dentures were lost. Regardless of the reasons for the issues in this patient's case, this to me reflects poor nursing care. Unfortunately he will end his life in a very uncomfortable situation which is distressing for his family members. What assurances can be given that care for these patients is good.

Division: Medicine**Executive Lead:** Chief Nurse**Response requested:** 24/09/2015**Response** 14/10/2015

There are a number of assurances which the Trust Board and Governors received regularly via the monthly performance report related to both the care of patients with dementia and care of patients at risk of developing a pressure ulcer. The Governors quality group recently had a presentation, at their request, related to the provision of dementia care within UHBristol from the lead consultant and specialist practitioners, this included information on national dementia standards and how the Trust performs against these.

Sometimes people do develop pressure ulcers which are generally a reflection of a breakdown in the process of risk assessment and/or care deliver, I agree this does not reflect a high enough standard of care. Occasionally pressure ulcers can develop as a result of patient non-compliance with planned care. High quality care provided by UHBristol staff has played a significant part in reducing new pressure ulcers. The efforts of healthcare colleagues across the Trust has seen the proportion of patients with new grade 2, 3 or 4 pressure ulcers reduce year on year. In 2013/14, we also set an internal Trust target to achieve a total incidence of pressure sores (grades 2-4) of less than 0.651 per 1,000 bed days (based on a percentage reduction of a previous NPSA benchmark): we achieved a rate of 0.656 per 1,000 bed days. This compares with a rate of 1.264 in 2012/13. . The ambition to eliminate hospital acquired grade 3 and 4 avoidable pressure ulcers continues to be a clear quality priority for UHBristol.

Status: Awaiting Governor Response

ID **Governor Name**
 133 Graham Briscoe

Theme: Outpatient Services

Source: Governor Direct

Query 21/08/2015

There appear to be two telephone number pathways into the Outpatient Appointment Service for the Bristol Eye Hospital, but staff manning these lines do not seem to have access to the same booking system information.

Also, the main UHB Outpatient Appointment Service situated at the Main Entrance in the Welcome Centre does not delay with Eye Hospital Outpatient bookings.

From experience this caused issue when trying to change an appointment and confirm the location of the clinic for the appointment. Please can further detail regarding the structure and running of BEH Outpatient services, including the BEH A&E Clinic, be provided.

Division: Surgery, Head & Neck

Executive Lead: Chief Operating Officer

Response requested: 18/09/2015

Response 24/09/2015

The Trust is aware that patients are encountering issues when attempting to telephone the Bristol Eye Hospital Accident & Emergency Department. There are two telephone lines to reach the services at the Eye Hospital, one is a dedicated administrative call centre for outpatient appointments at the Eye Hospital and the other is a line into the Eye Accident and Emergency Department. The phone number indicated on the patient letter is dictated by whether the clinic is held in outpatients or in the Accident and Emergency department. Whilst both lines are answered by teams who do have access to the same trust wide booking system, they are in practice more likely to respond only on matters related to the clinics that they arrange and are held in each respective department because they will have local knowledge about them.

With regard to the line in the Accident and Emergency department, this is also used for direct clinical referrals from GPs and other patients requiring advice, which means it would not be possible to redirect this entirely to the local call centre. The department has recently lost approximately 20% of its experienced nurse practitioners, to retirement and new opportunities. Whilst we have replaced these posts the new staff do not yet have the experience to manage the telephone triage to the level required which has also impacted on our ability to respond to calls in a timely way.

To alleviate the issue in the short-term, additional administrative resource has been allocated to the Accident & Emergency department to ensure the telephones are answered in a timely manner.

The long term solution is to fund a dedicated triage telephone line manned by a nurse practitioner who is able to help and support patients with a view to reducing hospital attendances wherever possible, this will free up the administration lines for patients with appointment queries. The Division of Surgery Head and Neck is currently working up a business case to develop this further.

Currently the BRI Main Appointment Centre only manages a portion of our general outpatient specialities and at this time this does not include the services at the Bristol Eye Hospital. Any patient presenting with a clinic query outside of these specialties would be redirected as the team there would be unable to help. As part of wider improvements to the Outpatient Services it is intended to review the remit and function of this team.

The Trust has convened an Outpatients Steering Group which commenced in July 2015. This group consists of senior staff from all divisions, the transformation team and the Trust patient experience lead. This steering group has identified a programme of work that will improve standards across all our outpatient areas. A project plan and associated work streams have been produced and agreed, which includes development of the BRI Appointment Centre and telephone line enquiries.

We understand that patient's letters in some areas need to be revised and improved to ensure patients have the correct information for attending their appointment and the ability to contact the correct department in the hospital in a timely manner. We have identified this as a quality objective for this year and created a Patient Letters Group to deliver the required improvements.

Supplementary update:

Why cannot any outpatient clinic in the Eye Hospital Accident & Emergency Department be handled by the Team that handles the normal outpatient appointment bookings. Why is it required to even mention the Eye Hospitals Accident & Emergency department when handling outpatient appointment bookings ?

The nature of the outpatient services in the two areas with BEH are distinct. The clinics which operate in the A&E area are for those patients who have been referred by their GP for an urgent opinion or were originally seen in the A&E department and require follow up. The main outpatient area is dedicated to providing clinics for patients who have been routinely referred by their GP or optician or are in long term follow up for conditions such as glaucoma. This approach ensures that there is an appropriate supply of "A&E" outpatient appointments for those that need them urgently and it allows the A&E administrative staff to keep track of this group of patients, pull their notes and manage the outpatient capacity so it is line with the needs of the A&E service.

Registering at the main reception is not part of the pathway for A&E outpatient attenders and I can only assume that the member of staff you came into contact with, was not familiar with the processes for which I apologise.

Status: Closed

ID Governor Name

132 Mo Schiller **Theme:** Staff engagement **Source:** Governor Direct**Query** 17/08/2015

Following on from the recent report in Newsbeat; Robert's visit to the eye hospital theatres. The fact that the Chief Exec dons scrubs and spends time with the team provides support and encouragement and must have been appreciated. Does the Executive team consider going back to the floor in all areas and that spending time with the teams should be a regular occurrence? I appreciate the walk-arounds give an opportunity for Executives to be seen but actually participating in a working day/part day with all members of the workforce could be a valuable exercise?

Division: Trust-wide**Executive Lead:** Chief Executive**Response requested:** 18/08/2015**Response** 04/09/2015

Although all Executives do this periodically and the Chief Nurse on a regular basis, a formal 'back to the floor' programme is not currently in operation across the Trust. However, it is something we will be considering as part of the programme following feedback from the recent listening events with staff. We will update you again once further discussion have taken place with the Senior Leadership Team in October.

Status: Closed

131 Bob Bennett

Theme:**Source:** Governor Direct**Query** 14/08/2015

Following recent media coverage, can the Board confirm that no senior member of staff is involved in obtaining financial remuneration from any pharmaceutical company.

Division: Trust-wide**Executive Lead:** Trust Secretary**Response requested:** 17/08/2015**Response** 14/10/2015

In line with other NHS Teaching Trusts, there are a small number of Medical Consultants who participate as 'expert advisors' on Advisory Boards of Pharmaceutical Companies. These are not statutory boards of directors and do not have authority over the governance of an organisation. An advisory board provides support and expert insight, and are not responsible for decision-making. These Consultants may be in receipt of remuneration, the declaration of which is required under Trust policy. With regard to 'senior managers', I can confirm that no member of the Board of Directors are in receipt of financial remuneration from any pharmaceutical company.

Status: Awaiting Governor Response

130 Mo Schiller

Theme: Management of patient records**Source:** Governor Direct**Query** 13/07/2015

Can the Trust advise on policy and procedure for updating records following the death of a patient. What checks are in place to ensure records are accurately maintained and patients or their family members aren't contacted by the Trust unnecessarily?

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:** 21/07/2015**Response** 23/09/2015

The Trust is very mindful of the distress which can be caused to family when a deceased former patient is sent correspondence from the Trust. The Trust has two specific "routines" it runs on our information system to ensure that this does not happen. Firstly, when a patient dies in our care, this is documented promptly on the patient administration system (Medway) and a programme runs 5-6 per day where this deceased status results in the automatic cancellation of any outstanding appointments, admissions or letters recorded on the patient administration system. For patients who die outside of the Trust, these deaths are entered onto a national "spine" linked to GP records and the Trust receives an upload from the spine every two weeks. The Trust This relies upon the timely recording of death on the GP system. There remains an unavoidable risk that deceased patients may receive correspondence from the Trust in the period between GP registration of death and Trust reconciliation with the national spine though there is no evidence to suggest this happens on a regular basis.

Status: Closed

Cover Sheet for a Report for a Council of Governors Meeting, to be held on 29 January 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 12b: Quarterly Complaints Report and Patient Experience Reports
Purpose
<p><u>Purpose</u></p> <p>This quarterly agenda item covers the following reports:</p> <ul style="list-style-type: none"> - Quarter 2 Complaints Report - Quarter 2 Patient Experience Report <p>Patient Experience</p> <ul style="list-style-type: none"> • The Trust continued to achieve “green” patient satisfaction ratings in the Trust Board Quality Dashboard: reflecting the provision of a generally high quality patient experience at UH Bristol. • Negative outliers in respect of patient reported experience in this period include: <ul style="list-style-type: none"> ○ Waiting times in outpatient clinics at the Bristol Royal Hospital for Children. ○ Kindness and understanding ratings on postnatal wards (although these scores are in line with maternity service norms nationally). ○ Inpatient experience scores at the South Bristol Community Hospital. ○ Friends and Family Test survey scores for the Bristol Royal Hospital for Children and Bristol Royal Infirmary Emergency Departments. ○ Relatively low patient satisfaction on ward A900 (principally from patients receiving care for Cystic Fibrosis). <p>The report outlines the reasons for these findings and actions being taken in response to them.</p> <p>Complaints:</p> <ul style="list-style-type: none"> • 560 complaints were received in Quarter 2 of 2015/16 (Q2), representing 0.30% of activity, compared to 459 complaints (0.25%) in Quarter 1 (Q1). • The Trust’s performance in responding to complaints within the timescales agreed with complainants was 83.9% in Q2, compared to 84.9% in Q1. In Q2, 45.8% of these breaches were attributed to Divisions, compared to 85.7% in Q1. • In Q2, complaints relating to appointments and admissions continued to account for over a third (36%) of the total complaints received by the Trust. • Complaints about cancelled or delayed appointments and operations increased in Q2 to 151, compared with 124 in Q1. • Complaints about failure to answer telephones decreased to 22 in Q2, after increasing for five consecutive quarters. • Complaints about Bristol Eye Hospital decreased to 56 in Q2, compared with 71 in both of the previous Quarters. • Complaints about outpatient services in the Bristol Heart Institute increased slightly from 21 in Q1 to 26 in Q2. • Complaints about the Bristol Royal Infirmary Emergency Department increased from 18 in Q1 to 26 in Q2. <p><i>Links between complaints and survey data in Quarter 1</i></p> <ul style="list-style-type: none"> • The Bristol Royal Infirmary Emergency Department had a low Friends and Family Test (FFT) survey score in Quarter 2, and also saw a rise in complaints. However, the FFT score was attributable to the methodology used to collect the data and so this should not be viewed evidence of a correlation. • Although the themes emerging from survey comments and complaints are not directly comparable, “waiting and delays” are consistent issues that patients raise via both

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complaint and survey channels.
Recommendations
The Council of Governors is asked to receive these papers to note .
Report Sponsor or Other Author
Sponsor: Carolyn Mills, Chief Nurse Authors: Paul Lewis, Patient Experience Lead (surveys and evaluation); and Tanya Tofts, Patient Support & Complaints Manager
Appendices
Appendix A - Quarter 2 Patient Experience Report Appendix B - Quarter 2 Complaints Report

Patient Experience Report

Quarter 2, 2015/16

(1 July to 30 September 2015)

Author: Paul Lewis, Patient Experience Lead (surveys and evaluation)

1. Patient experience at UH Bristol: Quarter 2 summary and update

This report presents quality assurance data from the UH Bristol patient experience survey programme, principally: the Friends and Family Test, the monthly postal surveys, and the national patient surveys. The key headlines from Quarter 2 (July–September 2015) are:

- The Trust continued to achieve “green” patient satisfaction ratings in the Trust Board Quality Dashboard: reflecting the provision of a high quality patient experience at UH Bristol (see Appendix C and D for a description of the surveys and scoring mechanisms used in this report).
- Praise for UH Bristol staff continues to be the most frequent form of written comment received via the Trust’s corporate patient experience surveys - easily exceeding the top five negative themes combined. The negative themes that emerge most frequently are around communication, waiting / delays, food, and negative experiences with staff.
- The Trust commenced a new monthly survey of outpatients in April 2015. The data from this survey indicates that a generally high quality outpatient experience is being provided by the Trust. The lowest score in our aggregate “outpatient experience tracker” measure is around waiting times in clinic (although 71% of patients say that they were seen on time or within 15 minutes): improving this aspect of outpatient services is a Trust Quality Objective for 2015/16.
- UH Bristol performs in line with national norms in most of the national patient experience surveys. The exception here is the national cancer survey, where a series of low scores have been achieved by the Trust since this survey commenced in 2011. A significant programme of patient engagement has been undertaken to better understand these results and a summary of the outcomes was presented to the Trust Board in September 2015. A comprehensive action plan has been developed in response to this information, with progress being overseen by the Trust’s Cancer Steering Group. The 2015 survey is currently taking place (as at December 2015), with results expected in the summer of 2016.
- In Quarter 2, UH Bristol received results from the Care Quality Commission’s National Paediatric Survey. Most of the Trust’s scores were in line with the national average (one was better, none were worse), and a generally positive set of scores was attained relative to other large acute Trusts. The results and action plan were reviewed by the Trust Board in November 2015.
- Achieving high response rates in the Emergency Department Friends and Family Test (FFT ED) survey has been a significant challenge for trusts, including UH Bristol. To support data collection in this context, in Quarter 1 UH Bristol introduced touchscreens into the EDs which patients can use to complete the FFT (previously an FFT “postcard” was provided to patients at discharge). The screens have enabled us to meet our response rate targets, but they have also produced much lower FFT scores¹ – principally because patients can now give feedback at any stage of their “journey”, rather than just at the end. We are currently identifying the optimal positioning of the screens, along with the appropriate level of data collection that is maintained via “FFT postcards” at discharge: the aim is to continue to maximise opportunities for people to give feedback, but also to ensure this is done in a way that better reflects their overall experience. (All other FFT scores for UH Bristol are positive and in line with national norms.)
- For the first time in the current report, we have included data that summarises feedback that patients have left on the NHS Choices website. This isn’t a robust measurement of patient experience, particularly as the number of comments is relatively low, but is presented “for interest”. The comments themselves (which aren’t presented here) largely re-enforce the idea that ratings websites tend to attract polarised views, but the net result is an average rating score for UH Bristol of 3.8 out of 5 in the six months to September 2015 – suggesting that there are more positive than negative comments.

¹ The touchscreens went in consecutively to our two main EDs, and each time the score immediately declined. The Bristol Eye Hospital ED is still principally using a card based approach, and the score achieved there has remained consistent.

2. Trust-level patient experience data

Charts 1 to 6 (over) show the six headline metrics used by the Trust Board to monitor patient satisfaction at UH Bristol². These scores have been consistently rated “green” in the periods shown³, indicating that a high standard of patient experience is being maintained at the Trust. The scores would turn “amber” or “red” if they fell significantly, alerting the senior management team to the deterioration. For the first time in this report we have also provided the ratings the Trust received via the NHS Choices website (Chart 7) – our use of this data is “in development” and is presented here as a potential way of capturing the impression of the Trust a member of the public might take away with them from the feedback left on this website.

A new UH Bristol outpatient survey started in April 2015. This is sent by post to approximately 500 patients (or parents of 0-11 year olds) per month. From this data an “outpatient tracker score” is now provided to the Trust Board (Chart 3)⁴. This metric is an aggregate of four survey scores that relate to cleanliness, treating patients with respect and dignity, waiting times in clinic, and communication. Among this group of four questions, waiting times in clinic achieved the lowest (i.e. worst) score in Quarter 2 – although it should be noted that the majority of respondents (71%) reported that they were seen on time or within fifteen minutes of their appointment time. Reducing delays in clinic is currently one of UH Bristol’s corporate Quality Objectives and so is a major focus of improvement activity at the Trust in 2015/16.

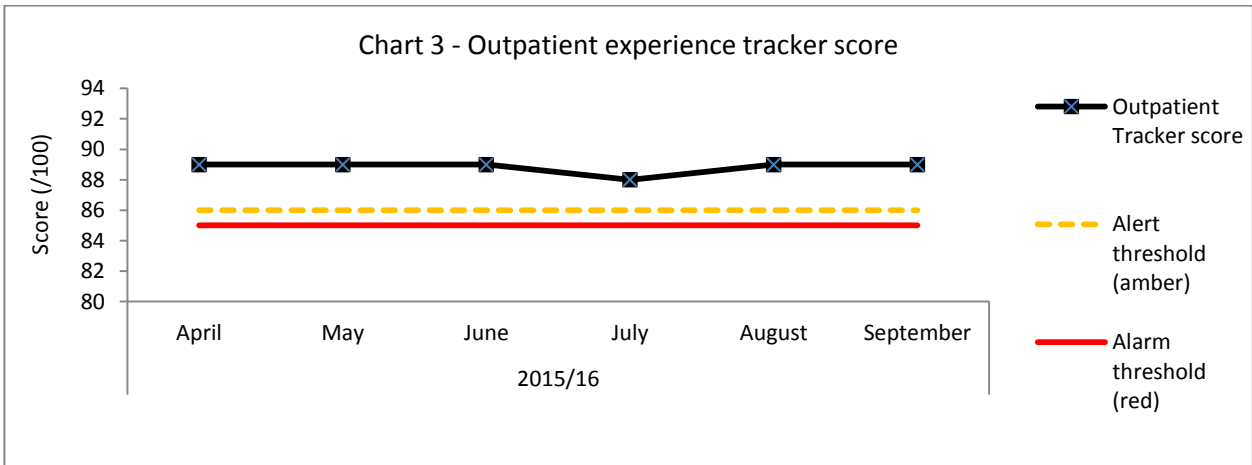
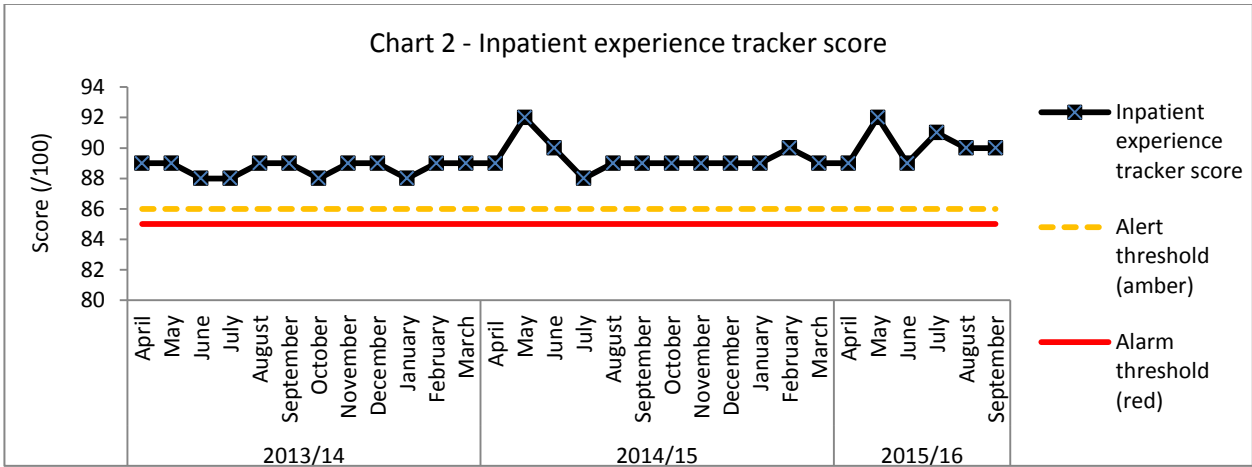
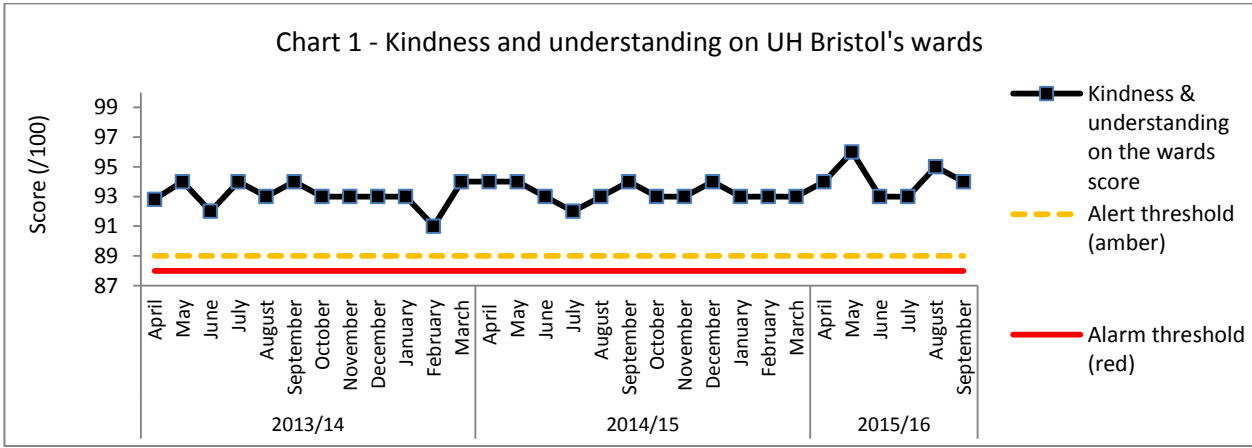
The Friends and Family Test (FFT) scores continue to indicate that a high quality patient experience is provided to patients: consistently around 95% state that they would recommend the care to their friends and family. However, one of the benefits of the Trust’s postal survey programme is that we are able to explore patient experiences across a wider range of topics and, because it is done away from hospital, respondents to this survey tend to give a more insightful and constructively critical account of their stay. Whilst the feedback about inpatient care via the postal surveys is still very positive (overall satisfaction being around 98%), a number of improvement themes emerge in the written comments relating to delays, communication and staff behaviour (see Section 5 of this report). We can also see that it is challenging to *consistently* provide people with the highest quality of care during their time in hospital: the negative comments about staff behaviour are often single instances in an otherwise very positive experience, and fewer than half (45%) of our postal survey respondents give us top marks on every one of the five key metrics that make up our inpatient experience tracker (communication, cleanliness, involvement in decisions, and respect and dignity)⁵. In other words: at a population-level the Trust provides a positive experience that is at least in line with (if not slightly better than) national norms. At an individual patient-level there is an opportunity to better ensure that patients consistently receive the highest quality experience. This focus on “responsiveness” will be a major theme in the Trust’s new Patient Experience and Involvement Strategy, which is currently in development.

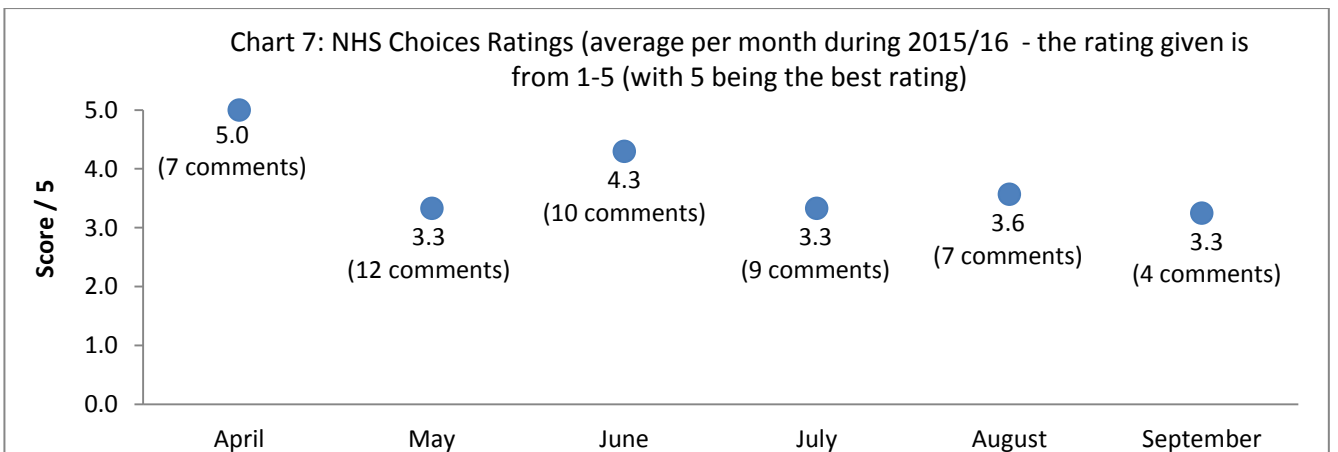
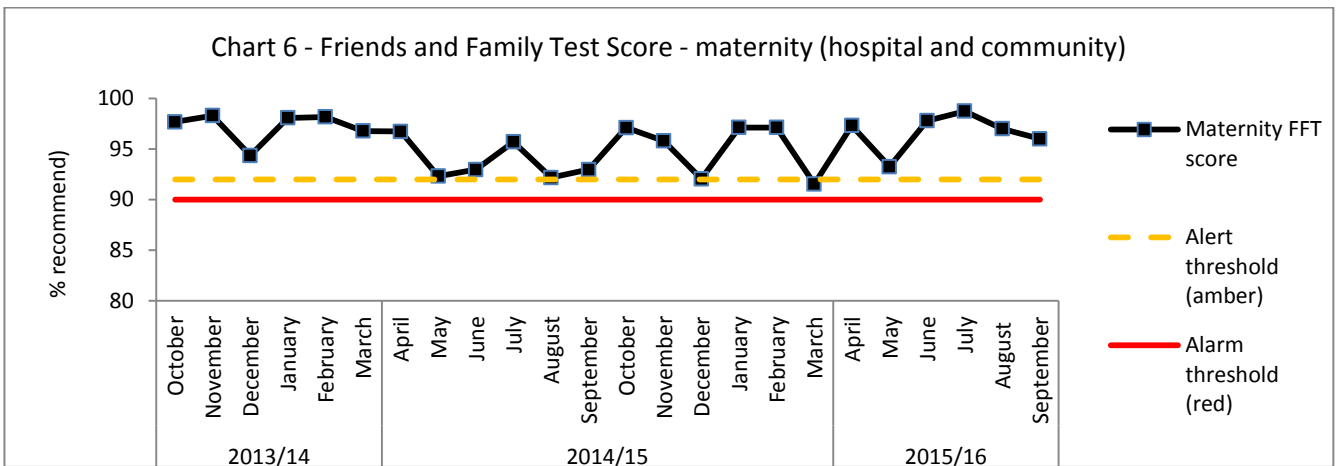
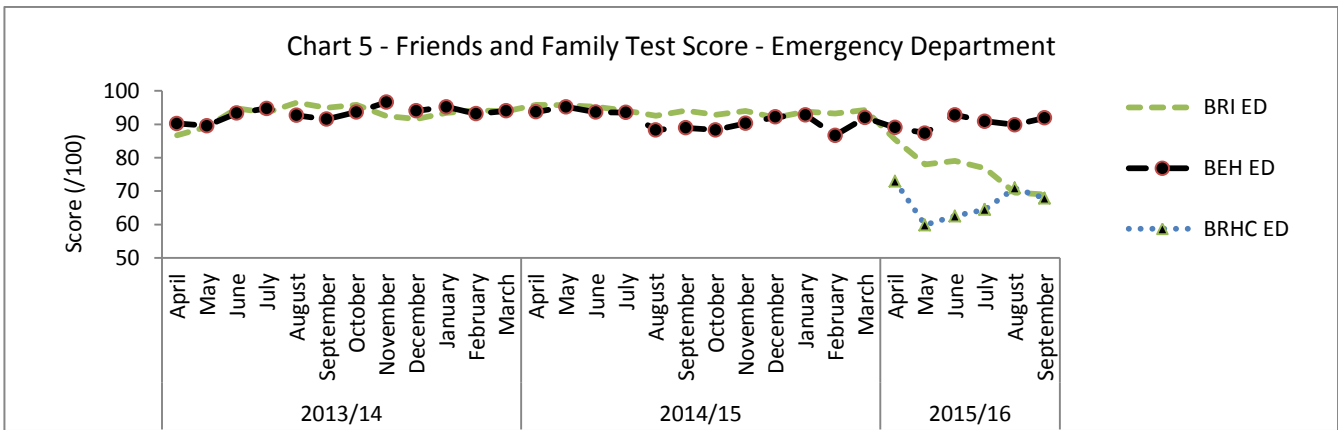
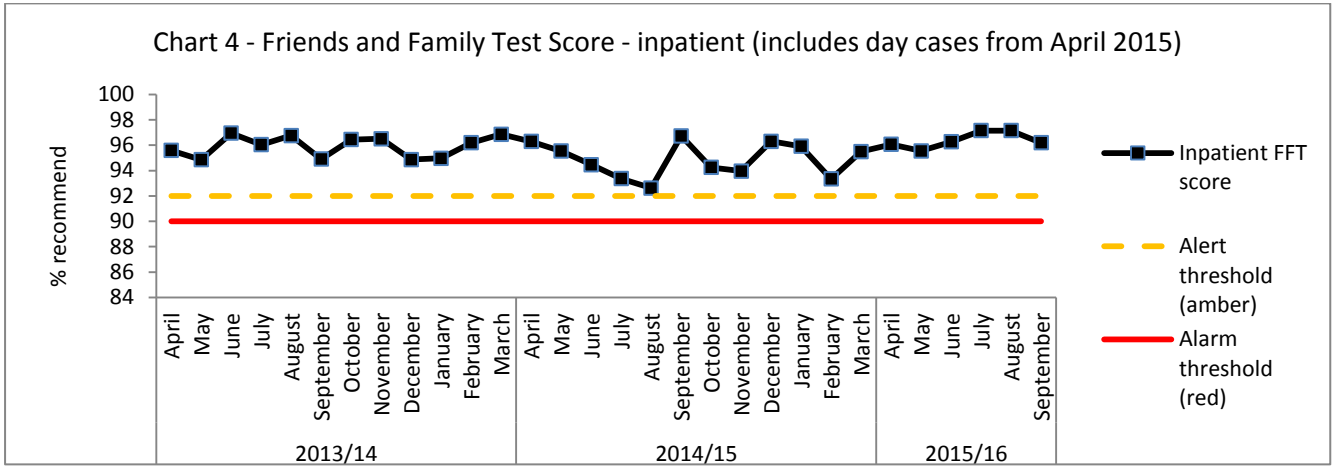
² Kindness and understanding is used as a key measure, because it is a fundamental component of compassionate care. The “patient experience tracker” is a broader measure of patient experience, made up of five questions from the UH Bristol monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as “key drivers” of patient satisfaction via statistical analysis and patient focus groups conducted by the UH Bristol Patient Experience and Involvement Team. The outpatient tracker is made up of four questions relating to respect and dignity, cleanliness, communication and waiting time in clinic.

³ Note: the Friends and Family Test and outpatient data is available around one month before the inpatient survey data.

⁴ Trust Board data from the outpatient survey is provided as a “rolling three monthly score”. So for example, in July the Trust Board received the combined survey score for April, May, and June; in August the Board will receive combined data for May, June and July. This is to ensure that the sample sizes are sufficiently large to generate an accurate score. This approach will be reviewed for the 2016/17 Trust Board Quality Dashboard, as there will be enough survey data at that point to test whether reliable discrete monthly data can be generated.

⁵ Conversely, in Q2 no patient gave the Trust the worst possible score on every one of these five survey questions.





3. Divisional and hospital-level patient experience data

Charts 8 to 16 (pages 7-9) show the headline patient experience metrics by UH Bristol Division and hospital site. The “alarm threshold” is shown in these charts, but this is a guide only - caution is needed in applying this threshold because there is a higher margin of error in the scores at this level. Table 1 provides an overview of the hospital-level results and indicates how many times each site has received scores below the target threshold.

Table 1: summary of hospital-level survey scores for the last four quarters. An “amber” rating is given if any quarterly scores in this period were below the Trust-level target, and a “red” rating is given over half fell into this category.

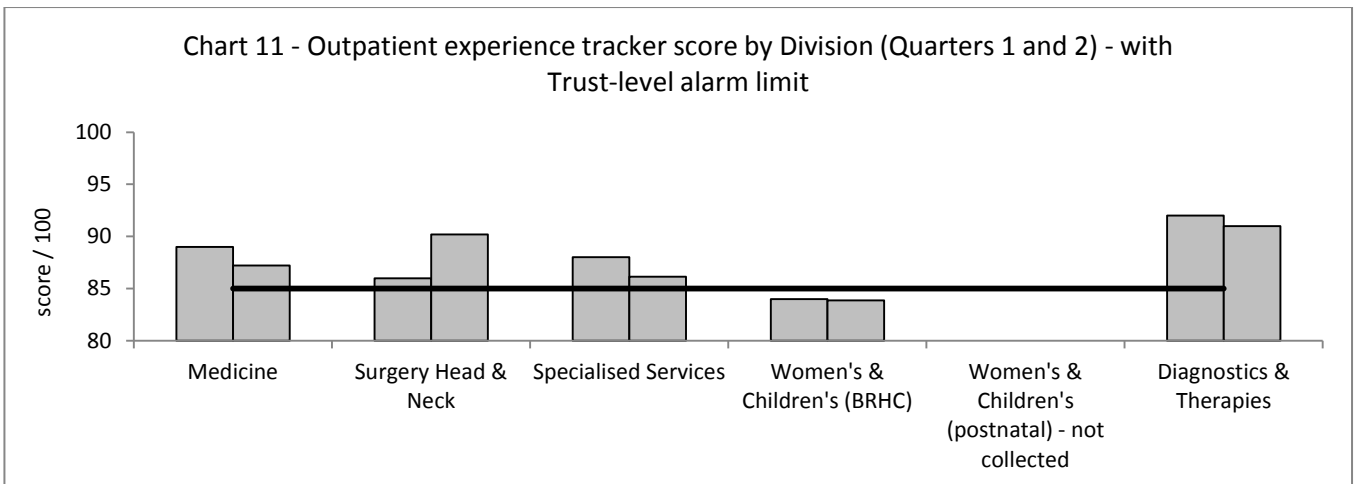
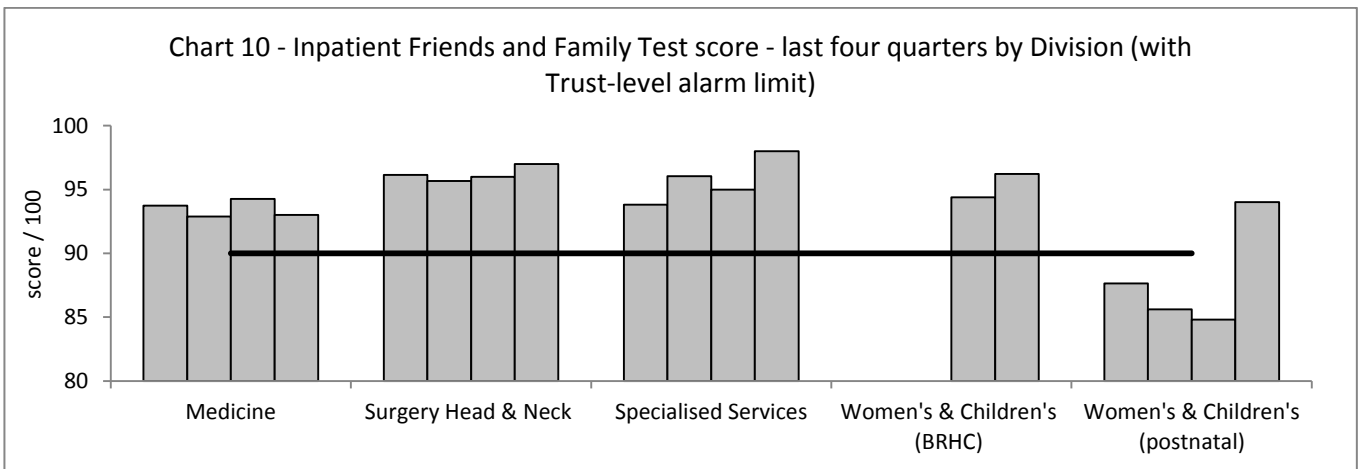
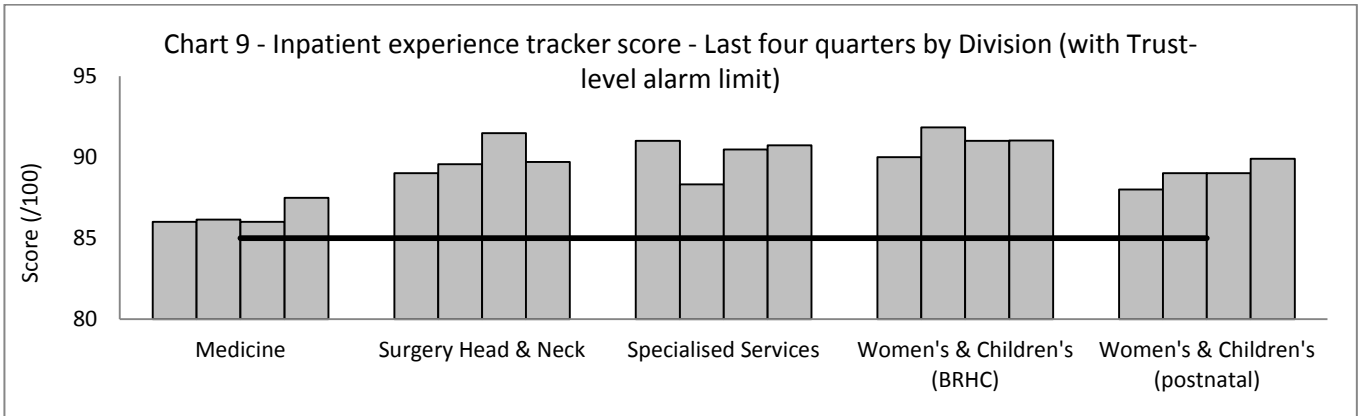
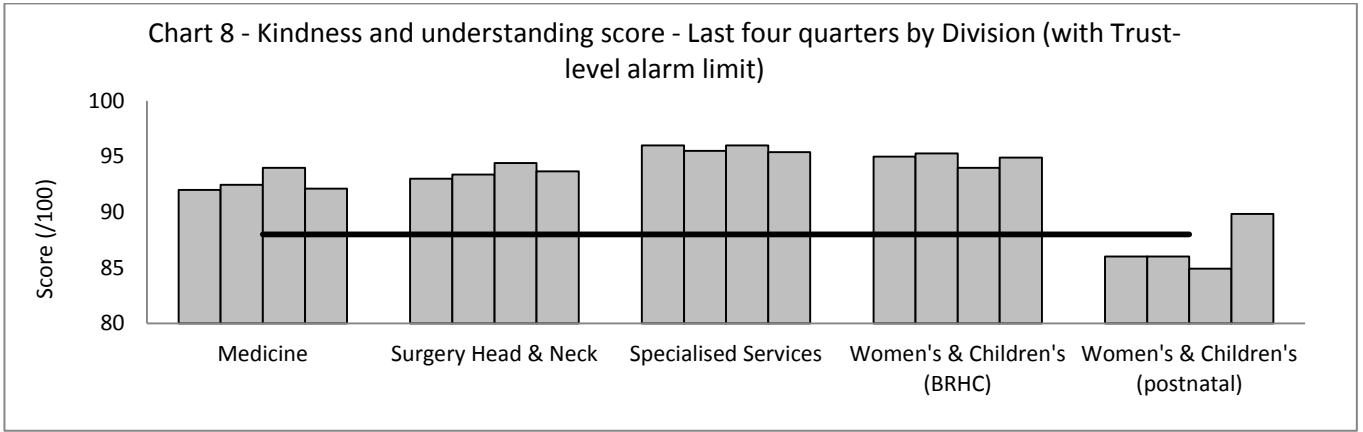
	Kindness and understanding	Inpatient tracker	Inpatient and Day case FFT	Outpatient tracker
Bristol Royal Hospital for Children				<i>Red</i>
Bristol Eye Hospital				<i>Amber</i>
Bristol Haematology & Oncology Centre				<i>Amber</i>
Bristol Royal Infirmary				
Bristol Heart Institute				
South Bristol Community Hospital	<i>Amber</i>	<i>Red</i>		
St. Michael's Hospital (excluding maternity)				
Postnatal wards	<i>Red</i>		<i>Red</i>	(Not applicable)
Bristol Dental Hospital	<i>(Not applicable)</i>		<i>(Not applicable)</i>	

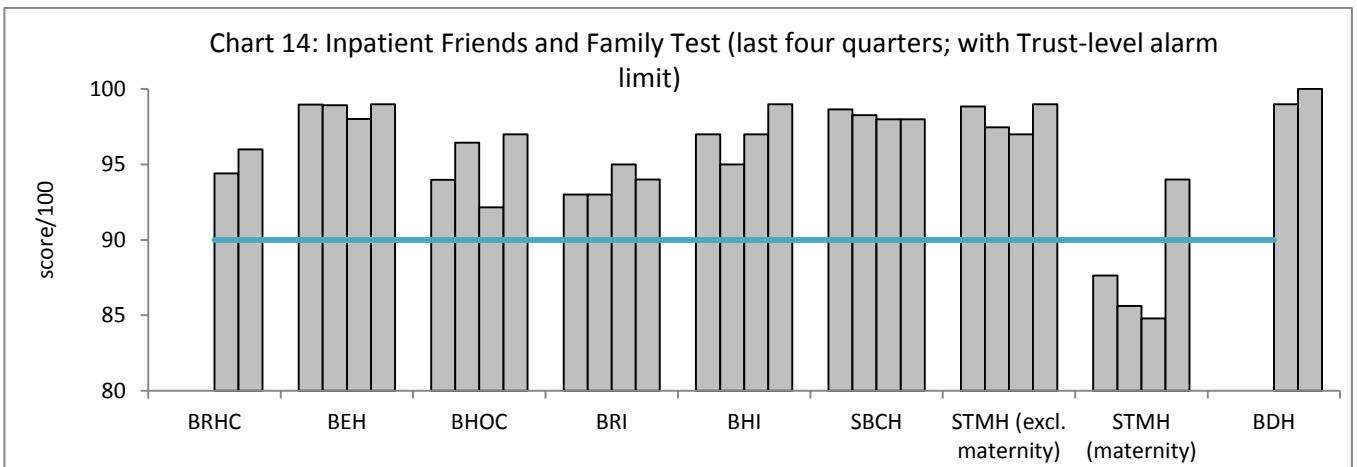
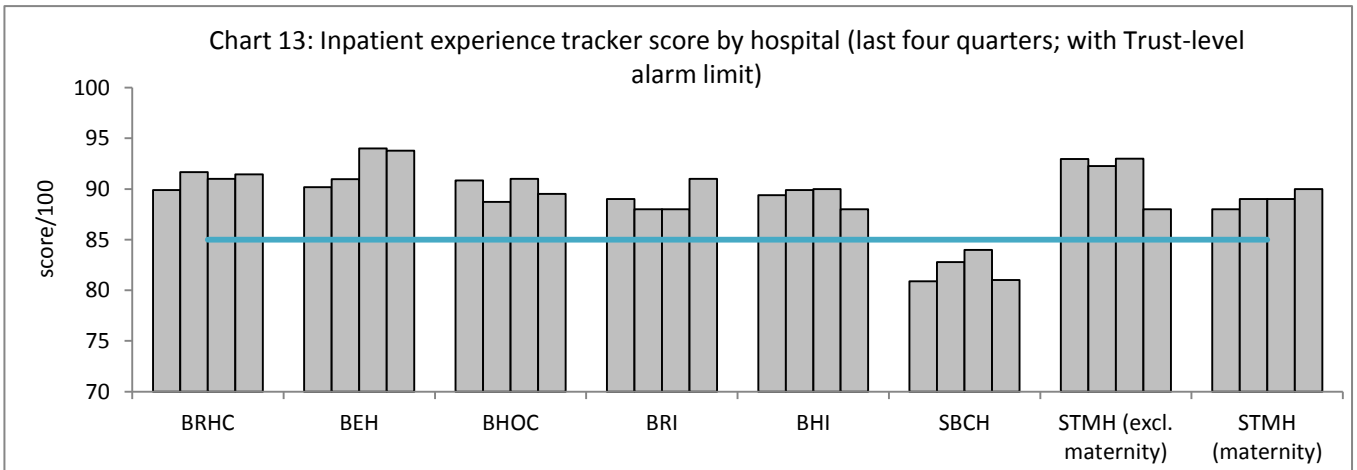
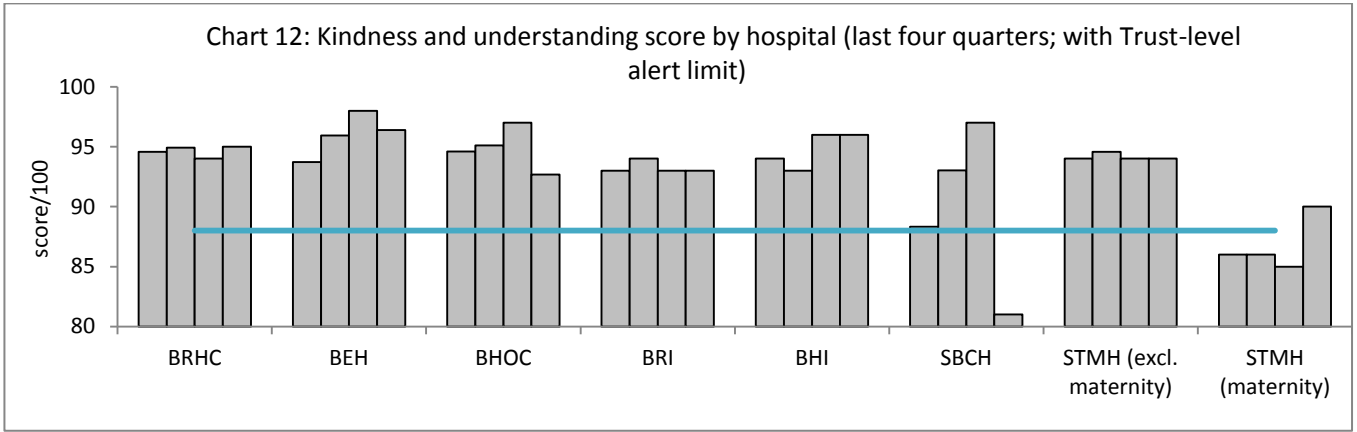
Postnatal wards tend to attract lower survey ratings for kindness and understanding and in the Friends and Family Test. Directly comparing these scores with other inpatient wards is problematic because the demographics of respondents from maternity services are different to the rest of the Trust. It is important to note that the Trust’s maternity scores are in line with and, in a number of respects, better than their national benchmarks (see section 6 of this report). It is however recognised by the management team that there is scope to improve service-user experience, and an update of ongoing initiatives to improve this aspect of care was received by the Quality and Outcomes Committee of the Trust Board in November 2015. There were encouraging increases in all of the maternity metrics in Quarter 2.

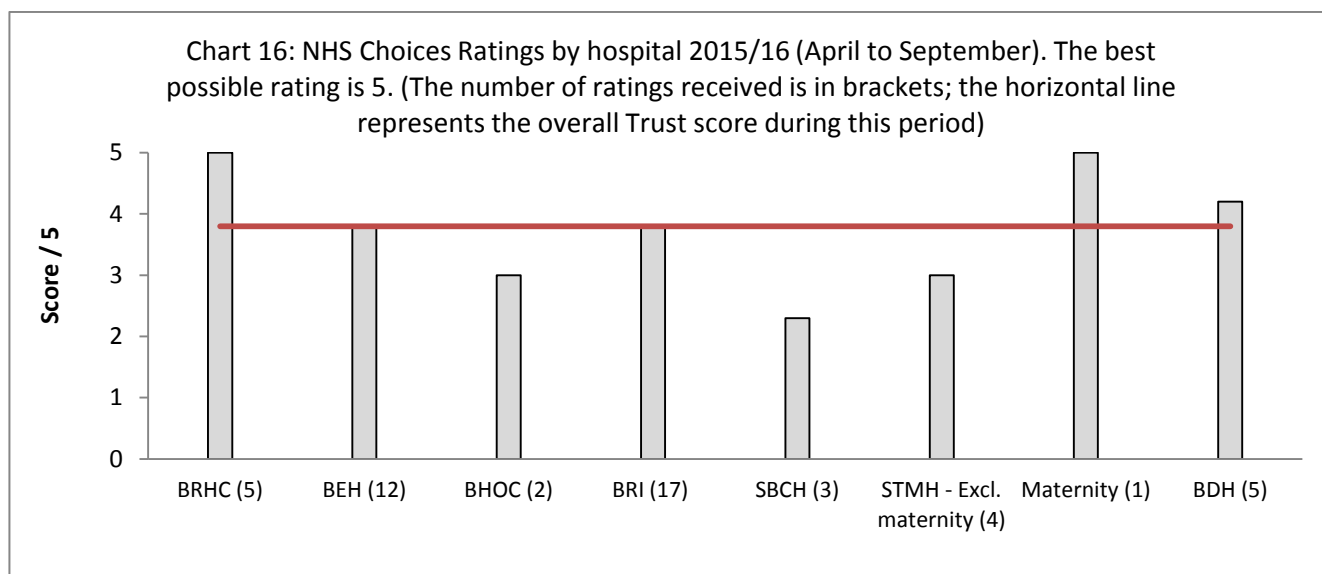
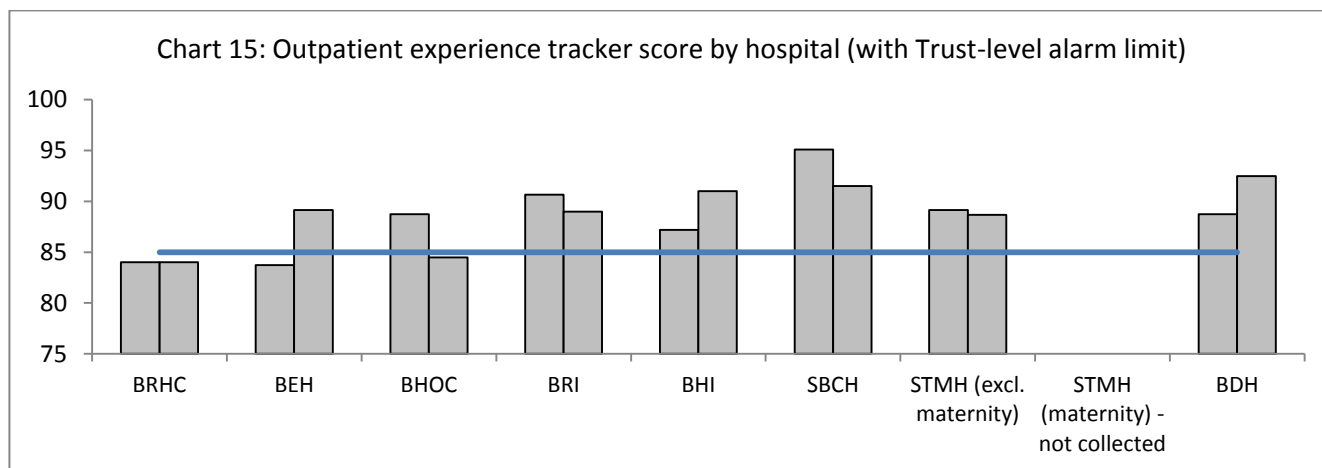
It can be seen in Table 1 that the inpatient tracker for South Bristol Community Hospital (SBCH) was rated “red”, having been consistently below the Trust-level minimum target score. Two elements of the “inpatient tracker” bring down the overall score on this metric (Chart 13): involvement in care decisions and patients receiving understandable answers to their questions from doctors and nurses. The management team at SBCH are aware of these scores and are constantly striving to improve the service provided to patients and their carers / families, but as a large proportion of inpatients at SBCH are elderly with long-term medical / care needs (e.g. rehabilitation from stroke), these lower “communication” scores are in many ways a realistic reflection of the challenges in caring for this group of patients. This is a trend seen at both national-level⁶ and within UH Bristol’s own survey data. The hospital also had a low “kindness and understanding” score in Quarter 2 – the management team has been alerted to this and the score will be monitored closely, but given the small sample sizes for this hospital the most likely explanation is a (temporary) “statistical blip”. If a more consistent trend emerges then a formal action plan will be put in place.

For the two Quarters that the Trust’s outpatient survey has been running, the Bristol Royal Hospital for Children has received relatively lower survey scores on our headline “outpatient experience tracker”. As this is a relatively new survey, this is the first consistent trend to emerge. A more detailed analysis of this data will be shared with the management team and an update will be provided in the next Quarterly Patient Experience report.

⁶ <http://www.pickereurope.org/wp-content/uploads/2014/10/Multi-level-analysis-of-inpatient-experience.pdf>







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)

4. Ward-level data

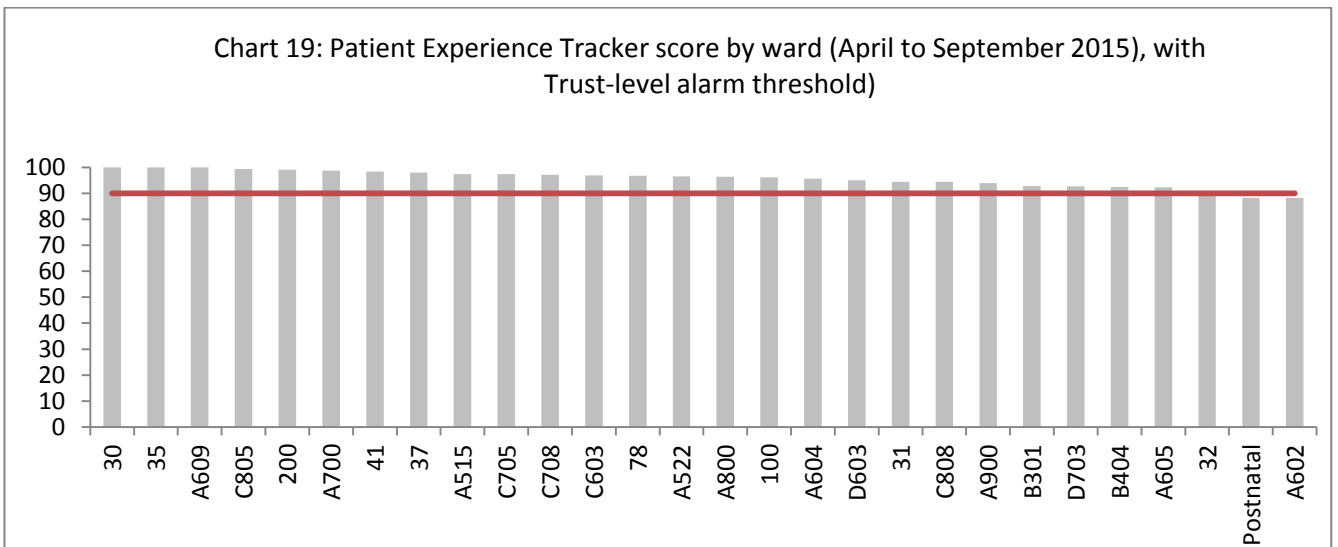
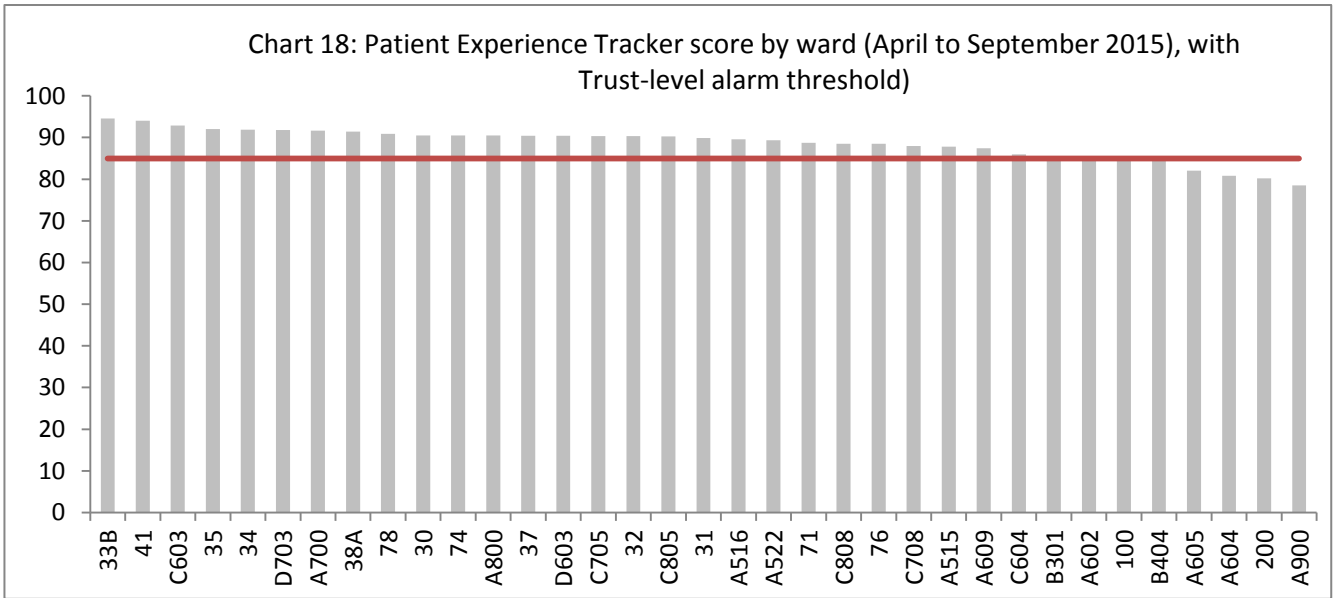
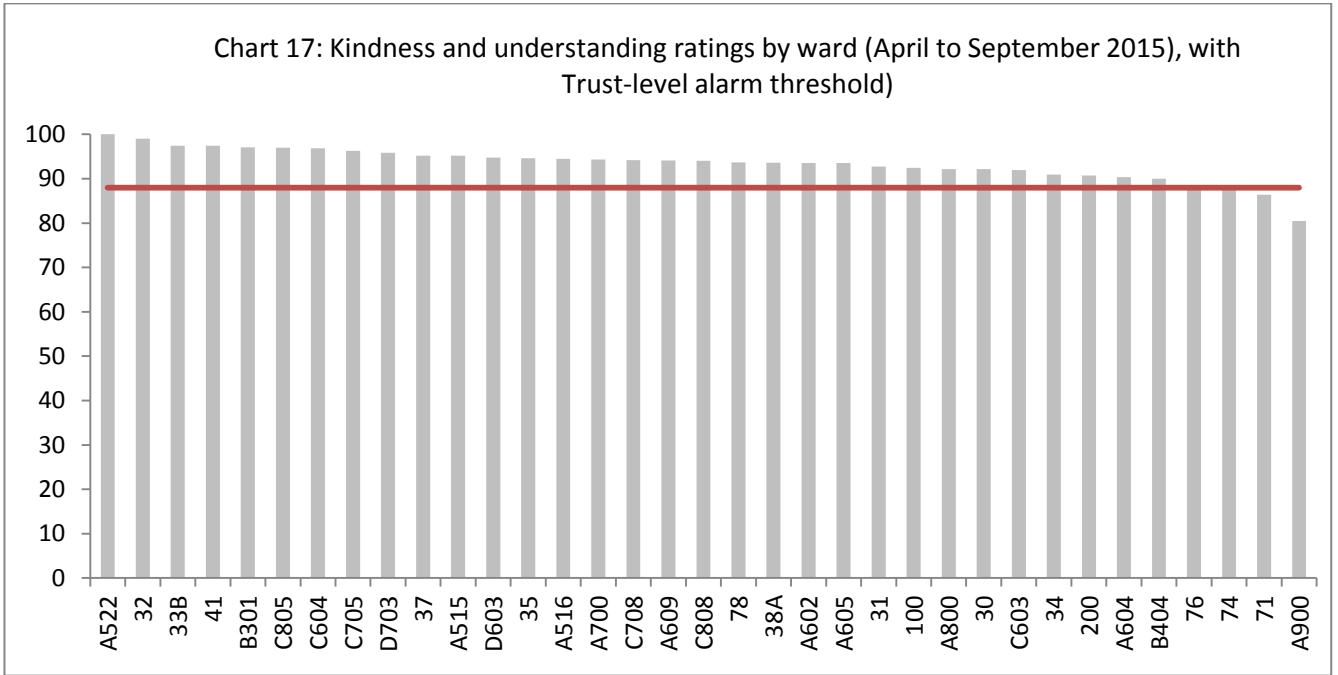
Ward-level inpatient survey and Friends and Family Test data is presented in charts 17 to 19 (over)⁷. In order to increase the accuracy of this data, a six month timeframe is used (i.e. the scores are Quarters 1 and 2 combined). Even so, data at a ward-level should be used with caution, particularly as the data has been affected by the ward moves occurring within the Bristol Royal Infirmary. At a ward-level therefore, it is important to look for consistent trends across the various surveys (particularly given the issues described above) and to draw on wider quality data /research to help interpret the results. The postnatal wards (71,74, and 76) and South Bristol Community Hospital (100 and 200) have already been discussed in the previous section of this report.

The remaining consistent outlier in the ward data is ward A900, which had the lowest “kindness and understanding” rating and was among the lowest scores on the inpatient tracker. Ward A900 is a new ward at the Bristol Royal Infirmary that provides specialist care for patients admitted with gastro and respiratory problems. It also houses the inpatient beds for the Bristol Adult Cystic Fibrosis Centre, which is an adult specialist

⁷ Wards with less than ten survey responses have not been included in this analysis.

centre providing multidisciplinary care to adults with Cystic Fibrosis (CF) in the region. Whilst in general the patient feedback is positive about the ward, a number of CF patients in particular have expressed concerns about their care since moving to this new area. Patient interviews have been carried out by the Trust's *Face2Face* volunteer interview team. They found that patients were broadly positive about the new physical environment, but having established long-term relationships with staff in the previous ward, it was clear that confidence and trust needs to be established with the new care team. Other issues were raised around food provision, staffing levels and staff understanding of CF care. The feedback from this exercise, along with a wider review of quality metrics and staffing on the ward, has been undertaken by the Division of Medicine. Improving experience on Ward 900 is now a key priority for the Division, and a number of actions are currently underway that should positively impact on patient experience. The survey scores will continue to be monitored and an update will be provided in the next edition of this report. The *Face2Face* interviewers will return to the ward in February 2016 to discuss the impact of these changes with patients.

Ward A602 had the lowest Friends and Family Test score in Quarter 2 (Chart 19). Although it is important not to draw firm conclusions based on this particular survey, it is a dataset that is available publically (albeit not in a readily accessible form at ward-level), and the Trust's Commissioners take a close interest in the scores. This was an unusual result for A602, and for Quarter 3 (to date) the ward is back above the minimum target threshold: in other words, Quarter 2 seems to have been a statistical blip in the data. (The ward-level FFT data is circulated to Divisions each month, enabling close monitoring of these scores to take place.)



5. Themes arising from inpatient free-text comments in the monthly postal surveys

At the end of our postal survey questionnaires, patients are invited to comment on any aspect of their stay – in particular anything that was worthy or praise or that could have been improved. All comments are categorised, reviewed by the relevant Heads of Nursing, and shared with ward staff for wider learning. The over-arching themes from these comments are provided below. Please note that “**valence**” is a technical term that identifies whether a comment theme is positive (i.e. praise) or negative (improvement needed).

All inpatient /parent comments (excluding maternity)

Theme	Valence	% of comments⁸	
Staff	Positive	66%	<i>66% of the comments received contained praise for UH Bristol staff. Improvement themes centre on communication, staff, waiting/delays, and food. “Food” generates strong feelings, but the majority of patients (69%) rate it as “very good” or “good”</i>
Waiting/delays	Negative	9%	
Staff	Negative	8%	
Food/catering	Negative	8%	
Communication	Negative	7%	

Division of Medicine

Theme	Valence	% of comments	
Staff	Positive	60%	<i>Negative comments about “staff” are often linked to other thematic categories (e.g. poor <u>communication</u> from a member of <u>staff</u>). This demonstrates that our staff are often the key determinant of a good or poor patient experience.</i>
Staff	Negative	11%	
Food/catering	Negative	11%	

Division of Specialised Services

Theme	Valence	% of comments	
Staff	Positive	66%	<i>Negative comments about staff also often relate to a one-off negative experience with a single member of staff, showing how important each individual can be in shaping a patient’s experience of care.</i>
Waiting/delays	Negative	10%	
Communication	Negative	7%	

Division of Surgery, Head and Neck

Theme	Valence	% of comments	
Staff	Positive	67%	<i>Communication is a key issue, but it is a very broad theme which includes ease of contacting the trust, patient information, clinic letters, and face-to-face discussions with individual staff.</i>
Waiting/delays	Negative	9%	
Information	Negative	9%	

Women's & Children's Division (excl. maternity)

Theme	Valence	% of comments	
Staff	Positive	68%	<i>This data includes feedback from parents of 0-11 year olds who stayed in the Bristol Royal Hospital for Children. Again the themes are similar to other areas of the Trust.</i>
Staff	Negative	9%	
Communication	Negative	11%	

Maternity comments

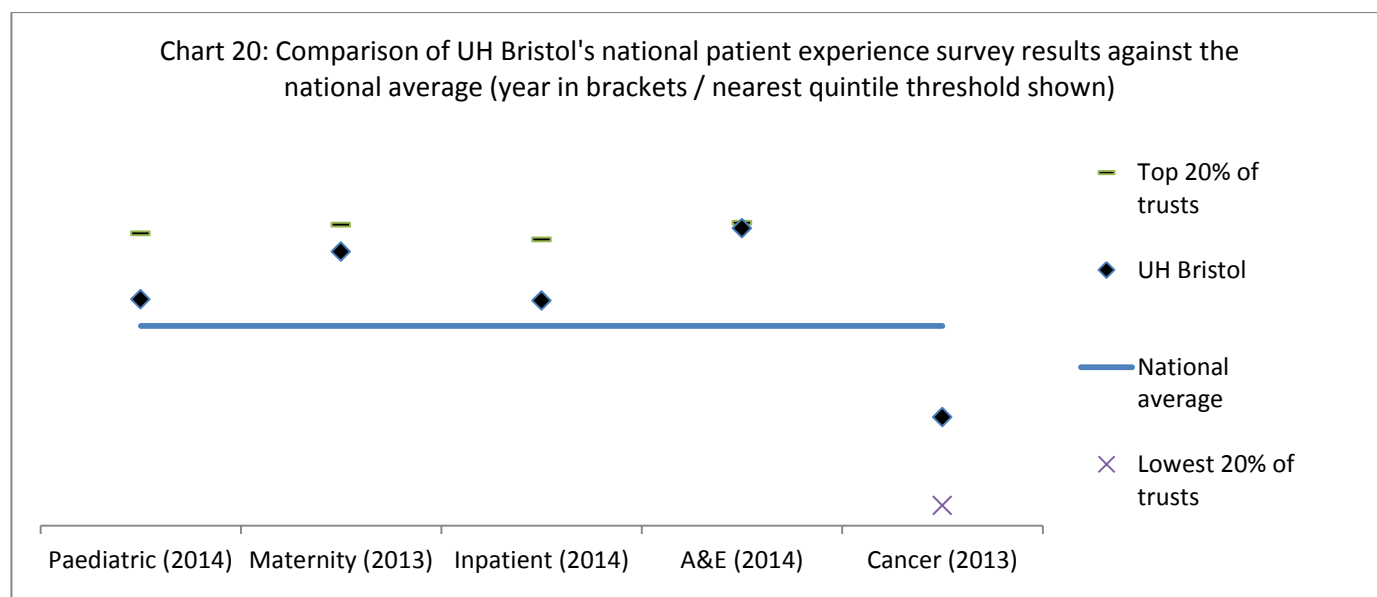
Theme	Valence	% of comments	
Staff	Positive	65%	<i>For maternity services, the two most common themes relate to praise for staff and praise for care during labour and birth.</i>
Staff	Negative	11%	
Staffing levels	Negative	9%	

⁸ Each of the patient comments received may contain several themes within it. Each of these themes is given a code (e.g. “staff: positive”). This table shows the most frequently applied codes, as a percentage of the total comments received (e.g. 61% of the comments received contained the “staff positive” thematic code).

6. National patient survey programme - overview

Along with other English NHS trusts, UH Bristol participates in the Care Quality Commission (CQC) national patient survey programme. This provides useful benchmarking data - a summary of which is provided in Chart 20 below⁹ and Appendix A. It can be seen that UH Bristol broadly performs among the mid-performing trusts nationally. The main exception is the 2014 national Accident and Emergency survey, where UH Bristol performed well above the national average. The national cancer survey (NCS) on the other hand tends to produce scores for UH Bristol that are lower than the national average, despite a large number of service improvement actions at the Trust to try and redress this. A comprehensive engagement programme with patients receiving cancer services at UH Bristol has been carried out, in collaboration with the Patient's Association. In addition, the Trust is participating in an NHS England programme which involves working closely with a peer Trust that performs consistently well in the NCS. These activities have formed the development of a service-improvement plan which was approved by the Trust's Cancer Steering Group in Quarter 2.

In Quarter 2 the Trust also received the results of the 2014 national paediatric survey. The survey was completed by parents and also their children if they were aged 7-15 years old. This was, in effect, a survey of the experience of parents and patients at the Bristol Royal Hospital for Children (BRHC): although it is not a comprehensive view as the survey only covered patients aged 16 years or under (the BRHC treats patients aged over 16 years old), and it should also be noted that a proportion of the sample were from the Bristol Dental Hospital (around 10%). All but one of UH Bristol's scores in this survey was in line with the national average. One score was better than this benchmark – whether hospital staff told the parent what would happen to their child in hospital. UH Bristol scored relatively well compared to similar large, acute trusts. A number of improvement actions were identified, particularly around information provision, communication and parental facilities / accommodation. The analysis and action plan for this survey was received by the Trust Board in November 2015, and will be monitored by the Divisional Governance group with regular updates provided to the Trust's Patient Experience Group.



⁹ This analysis takes mean scores across all questions and trusts in each survey. The national mean score across all trusts is then set to 100, with upper and lower quintiles and the UH Bristol mean scores indexed to this.

Appendix A: summary of national patient survey results and key actions arising for UH Bristol (action plans are reviewed by the Patient Experience Group)

<i>Survey</i>	<i>Headline results for UH Bristol</i>	<i>Report and action plan approved by the Trust Board</i>	<i>Action plan review</i>	<i>Key issues addressed in action plan</i>	<i>Next survey results due (approximate)</i>
2014 National Inpatient Survey	57/60 scores were in line with the national average. One score was below (availability of hand gels) and two were above (explaining risks and benefits and discharge planning)	July 2015	Six-monthly	<ul style="list-style-type: none"> • Availability of hand gels • Awareness of the complaints / feedback processes • Explaining potential medication side effects to patients at discharge 	May 2016
2013 National Maternity Survey	14 scores were in line with the national average; 3 were better than the national average	January 2014	Six-monthly	<ul style="list-style-type: none"> • Continuity of antenatal care • Communication during labour and birth • Care on postnatal wards 	January 2016
2013 National Cancer Survey	30/60 scores were in line with the national average; 28 scores were below the national average; 2 were better than the national average	November 2014	Six-monthly	<ul style="list-style-type: none"> • Providing patient-centred care • Validate survey results • Understanding the shared-cancer care model, both within UH Bristol and across Trusts 	September 2015
2014 National Accident and Emergency surveys	33/35 scores in line with the national average; 2 scores were better than the national average	February 2015	Six-monthly	<ul style="list-style-type: none"> • Keeping patients informed of any delays • Taking the patient's home situation into account at discharge • Patients feeling safe in the Department • Key information about condition / medication at discharge 	December 2014
2015 National Paediatric Survey	All scores in line with the national average, except one which was better than this benchmark	November 2015	Six-monthly	<ul style="list-style-type: none"> • Information provision • Communication • Facilities / accommodation for parents 	Not known
2011 National Outpatient Survey	All scores in line with the national average	March 2012	n/a	<ul style="list-style-type: none"> • Waiting times in the department and being kept informed of any delays • Telephone answering/response • Cancelled appointments 	Not known

Appendix B: Full quarterly Divisional-level inpatient survey dataset (Quarter 2 2015/16)

The following table contains a full update of the inpatient and parent data for July to September 2015. Where equivalent data is also collected in the maternity survey, this is presented also. All scores are out of 100 (see Appendix D), with 100 being the best. Cells are shaded amber if they are more than five points below the Trust-wide score, and red if they are ten points or more below this benchmark. See page 16 for the key to the column headings.

	MDC	SHN	SPS	WAC (excl. maternity)	Maternity	Trust
Were you / your child given enough privacy when discussing your condition or treatment?	89	93	94	93	n/a	92
How would you rate the hospital food you / your child received?	62	64	63	64	57	63
Did you / your child get enough help from staff to eat meals?	78	87	89	72	n/a	82
In your opinion, how clean was the hospital room or ward you (or your child) were in?	94	94	96	94	91	95
How clean were the toilets and bathrooms that you / your child used on the ward?	91	93	93	91	82	92
Were you / your child ever bothered by noise at night from hospital staff?	77	88	83	86	n/a	84
Do you feel you / your child was treated with respect and dignity on the ward?	95	96	96	95	92	96
Were you / your child treated with kindness and understanding on the ward?	92	94	95	95	90	94
How would you rate the care you / your child received on the ward?	85	89	88	88	85	87
When you had important questions to ask a doctor, did you get answers you could understand?	85	87	89	88	85	87
When you had important questions to ask a nurse, did you get answers you could understand?	85	89	88	90	91	88
If you / your family wanted to talk to a doctor, did you / they have enough opportunity to do so?	74	73	74	77	78	74
If you / your family wanted to talk to a nurse, did you / they have enough opportunity to do so?	82	84	86	88	91	85
Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?	79	83	84	89	90	83
Do you feel that the medical staff had all of the information that they needed in order to care for you / your child?	84	87	88	86	n/a	86
Did you / your child find someone to talk to about your worries and fears?	68	72	75	81	83	74

	MDC	SHN	SPS	WAC (excl. maternity)	Maternity	Trust
Staff explained why you needed these test(s) in a way you could understand?	84	86	85	91	n/a	86
Staff tell you when you would find out the results of your test(s)?	71	71	71	76	n/a	72
Staff explain the results of the test(s) in a way you could understand?	73	79	75	83	n/a	77
Did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	82	91	91	95	n/a	91
Did a member of staff explain how you / your child could expect to feel after the operation or procedure?	76	78	75	84	n/a	78
Staff were respectful any decisions you made about your / your child's care and treatment	89	93	93	94	n/a	92
During your hospital stay, were you asked to give your views on the quality of your care?	22	21	24	28	31	23
Do you feel you were kept well informed about your / your child's expected date of discharge?	84	89	88	92	n/a	88
On the day you / your child left hospital, was your / their discharge delayed for any reason?	67	64	57	70	62	65
% of patients delayed for more than four hours at discharge	18	17	14	18	23	17
Did a member of staff tell you what medication side effects to watch for when you went home?	55	64	60	67	n/a	61
Total responses	412	457	355	336	246	1806

Key: MDC (Division of Medicine); SHN (Division of Surgery, Head and Neck); SPS (Specialised Services Division); WAC (Women's and Children's Division, excludes maternity survey data); Maternity (maternity survey data); Trust (UH Bristol overall score from inpatient and parent surveys)

Appendix C – UH Bristol corporate patient experience programme

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

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

Appendix D: survey scoring methodologies

Postal surveys

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

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

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

Friends and Family Test Score

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

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

Complaints Report

Quarter 2, 2015/2016

(1 July to 30 September 2015)

Author: Tanya Tofts, Patient Support and Complaints Manager

1. Executive summary

- 560 complaints were received in Quarter 2 of 2015/16 (Q2), representing 0.30% of activity, compared to 459 complaints (0.25%) in Quarter 1 (Q1) and 517 (0.28%) in Quarter 4 of 2014/15 (Q4).
- In Q2, of the complaints received, 166 (30%) were dealt with through the formal complaints process, whilst 394 (70%) were resolved informally. This compares to 175 (38%) formal and 284 (62%) informal in Q1.
- The Trust's performance in responding to complaints within the timescales agreed with complainants was 83.9% in Q2 compared to 84.9% in Q1 and 84.7% in Q4. In Q2, 45.8% of breaches (11/24) were attributed to Divisions, compared to 85.7% (24/28) in Q1 and 63% (17/27) in Q4.
- The number of cases where the original response deadline was extended decreased to 35 in Q2, compared to 44 cases in Q1 (27 in Q4).
- The way in which the Trust reports the number of complainants who tell us that they are unhappy with our investigation of their concerns changed with effect from Q1. "Dissatisfied" cases are now reported as a percentage of the total number of responses sent out in a given month. At the time of finalising the data for this report (14th November 2015), performance for Q2 is 6.7% (i.e. by this date, of the 149 responses sent out during Q2, 10 complainants had told us that they were dissatisfied), compared to 3.2% in Q1.¹
- In Q2, complaints relating to appointments and admissions continued to account for over a third (36%) of the total complaints received by the Trust, in line with each quarter of 2014/15 and Q1 of 2015/16.
- Complaints about cancelled or delayed appointments and operations increased again in Q2 to 151, compared with 124 in Q1.
- Complaints about failure to answer telephones decreased to 22 in Q2, after increasing for five consecutive quarters to 34 in Q1.
- Complaints about Bristol Eye Hospital decreased to 56 in Q2, compared with 71 in both Q1 of 2015/16 and Q4 of 2014/15.
- Complaints about outpatient services in the Bristol Heart Institute increased slightly from 21 in Q1 to 26 in Q2.
- Complaints about the Emergency Department (BRI) increased from 18 in Q1 to 26 in Q2.
- During Q2, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints.
- In Q2, the Patient Support and Complaints Team acknowledged 99.1% of verbal complaints within two days and 97.3% of written complaints within three days.

This report includes detailed performance data regarding the handling of complaints and an analysis of the themes arising from complaints received in Q2, possible causes, and details of how the Trust is responding.

¹ For consistency, Q1 figure of 3.2% is as reported in the Q1 Complaints Report 2015/16.

2. Complaints performance – Trust overview

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

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

The table on page 5 of this report provides a comprehensive 13 month overview of complaints performance including all three key indicators. The change to the way in which dissatisfied cases is recorded shown with effect from April 2015.

2.1 Total complaints received

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

We received 560 complaints in Q2, which equates to 0.30% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)²; the figures do not include concerns which may be raised by patients and dealt with immediately by front line staff. The volume of complaints received in Q2 represents an increase of approximately 22% compared to Q1 (459) and an 8% increase on the corresponding period a year ago.

2.2 Complaints responses within agreed timescale

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

The Trust's target is to respond to at least 95% of complainants within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q2, 83.9% of responses were posted within the agreed timescale, compared to 84.9% in Q1. This represents 24 breaches out of 149 formal complaints which were due to receive a response during Q2³. Figure 1 shows the Trust's performance in responding to complaints since June 2014.

² 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.

³ Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

Figure 1. Percentage of complaints responded to within agreed timescale

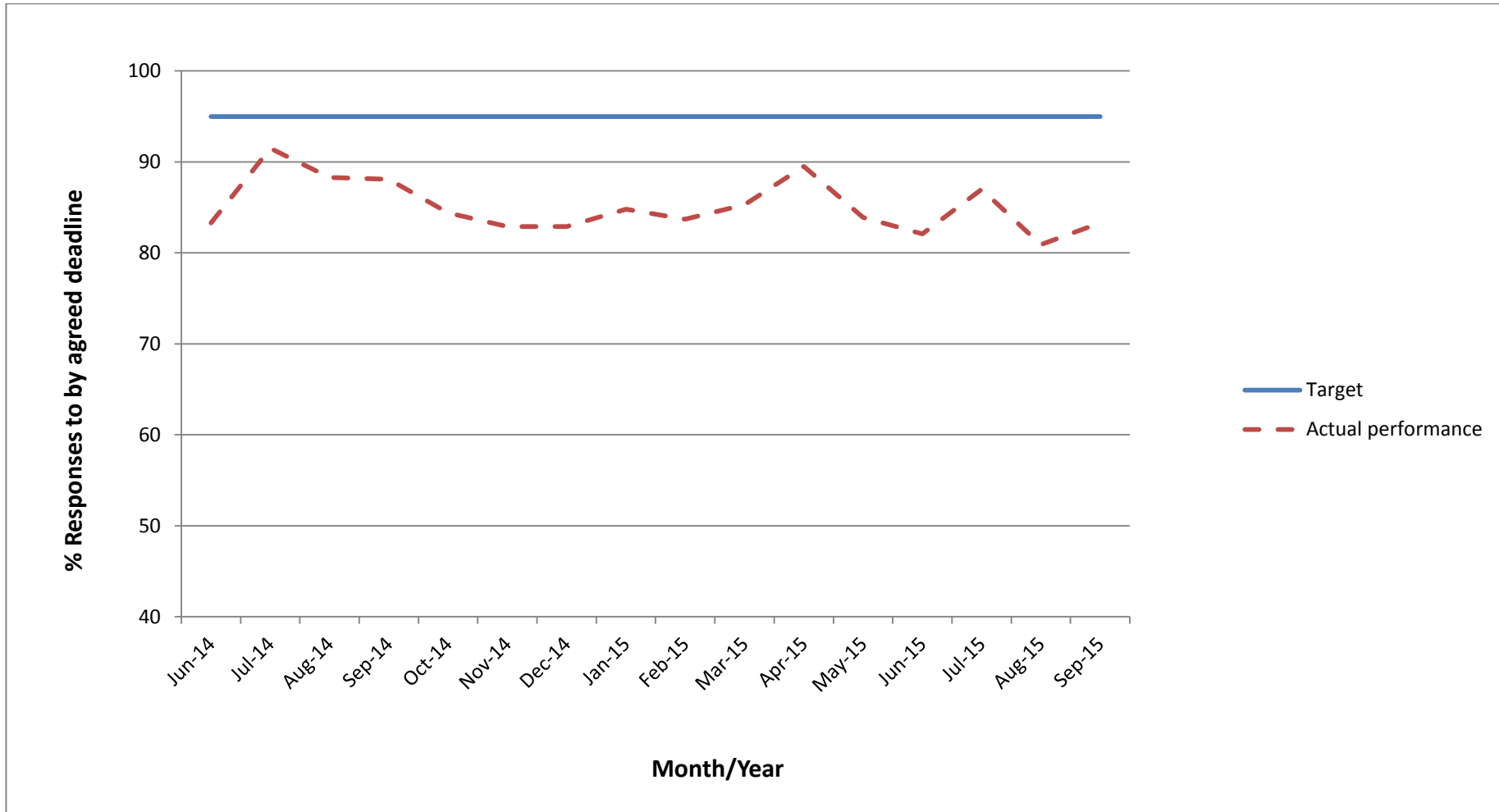


Table 1 – Complaints performance

Items in italics are reportable to the Trust Board.

Other data items are for internal monitoring / reporting to Patient Experience Group where appropriate.

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	
Total complaints received (inc. TS and F&E from April 2013)	170	148	14	133	165	171	181	158	147	154	207	168	185	
Formal/Informal split	86/84	68/80	61/79	52/81	70/95	79/92	88/93	72/86	46/101	57/97	61/146	51/117	54/131	
<i>Number & % of complaints per patient attendance in the month</i>	<i>0.27% 170 of 63,794</i>	<i>0.22% 148 of 66,104</i>	<i>0.25% 140 of 55,703</i>	<i>0.22% 133 of 59,487</i>	<i>0.27% 165 of 61,683</i>	<i>0.29% (171 of 58,687)</i>	<i>0.27% (181 of 66,317)</i>	<i>0.27% (158 of 59,419)</i>	<i>0.25% (147 of 58,716)</i>	<i>0.23% (154 of 66,548)</i>	<i>0.31% (207 of 65,810)</i>	<i>0.30% (168 of 55,657)</i>	<i>0.28% (185 of 66,285)</i>	
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	<i>88.1% (52 of 59)</i>	<i>84.4% (65 of 77)</i>	<i>82.9% (58 of 70)</i>	<i>82.9% (58 of 70)</i>	<i>84.8% (56 of 66)</i>	<i>83.7% (36 of 43)</i>	<i>85.3% (58 of 68)</i>	<i>89.5% (51 of 57)</i>	<i>83.9% (52 of 62)</i>	<i>82.1% (55 of 67)</i>	<i>87.0% (47 of 54)</i>	<i>80.9% (38 of 47)</i>	<i>83.3% (40 of 48)</i>	
% responded to by <u>Division</u> within required timescale for executive review	81.4% (48 of 59)	77.9% (60 of 77)	78.6% (55 of 70)	87.1% (61 of 70)	87.9% (58 of 66)	81.4% (35 of 43)	92.6% (63 of 68)	87.7% (50 of 57)	91.9% (57 of 62)	94.0% (63 of 67)	98.1% (53 of 54)	93.6% (44 of 47)	95.8% (46 of 48)	
Number of breached cases where the breached deadline is attributable to the Division	6 of 7	6 of 12	6 of 12	1 of 12	7 of 10	2 of 7	8 of 10	3 of 6	9 of 10	12 of 12	6 of 7	3 of 9	2 of 8	
Number of extensions to originally agreed timescale (formal investigation process only)	17	20	15	11	16	4	7	7	21	16	11	14	10	
<i>Percentage of Complainants Dissatisfied with Response</i>									1.8% (1 case)	1.6% (1 case)	1.5% (1 case)	1.9% (1 case)	4.3% (2 cases)	14.6% (7 cases)

Figures 2 and 3 show the increase in the volume of complaints received in Q2 (2015/16) compared to Q1 (2015/16) and also when compared to the corresponding period last year.

Figure 2: Number of complaints received

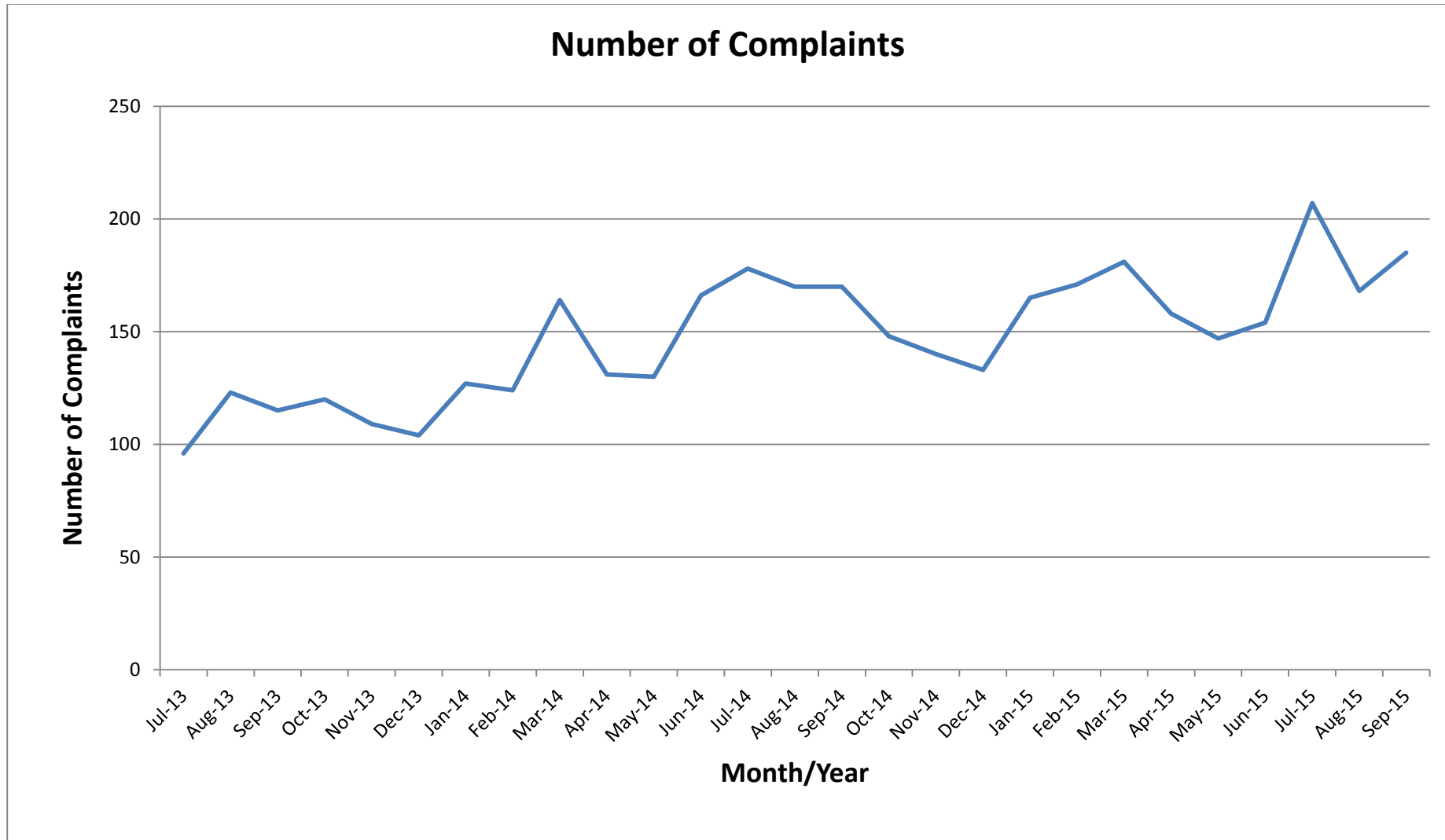
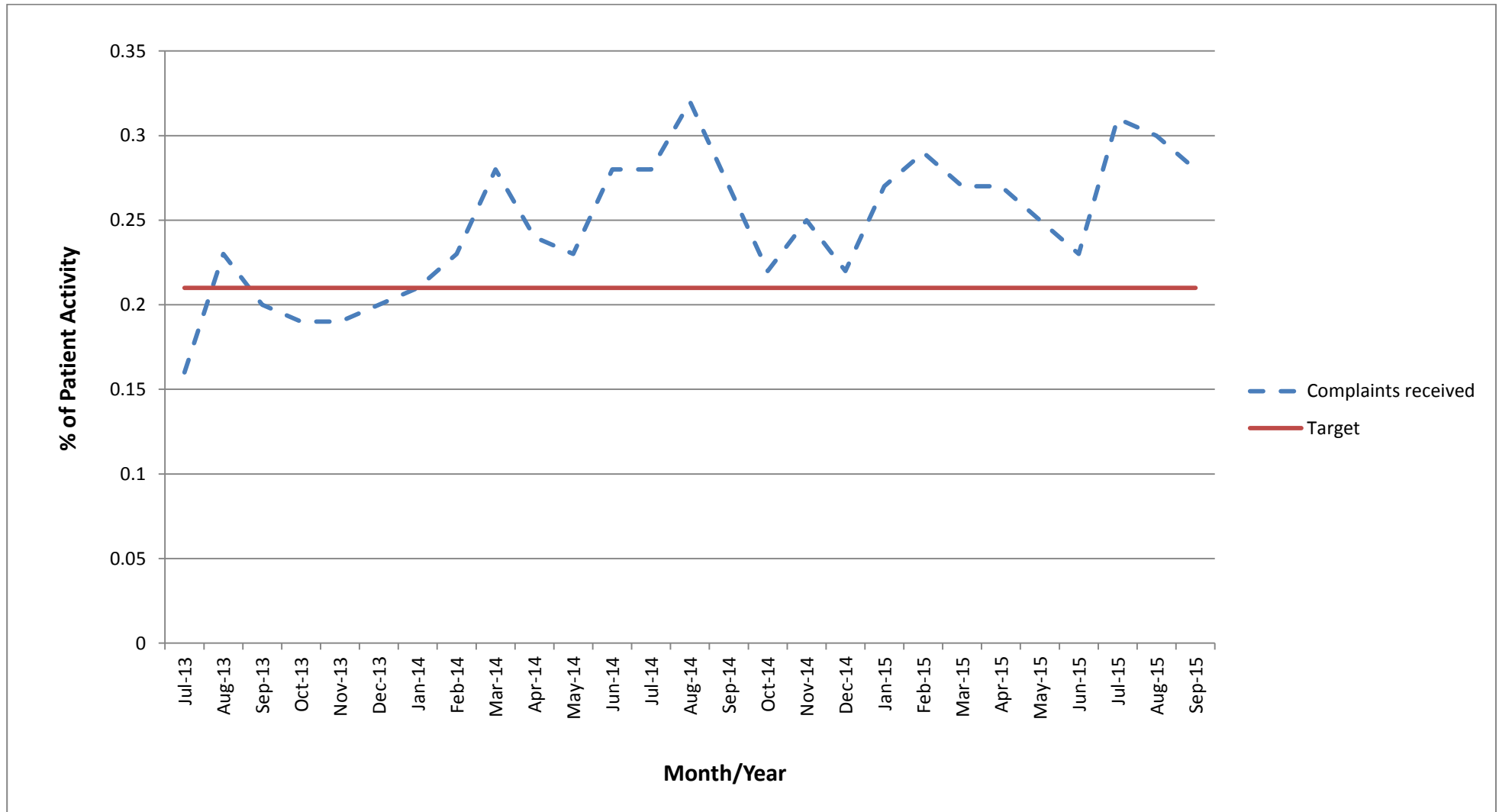


Figure 3: Complaints received, as a percentage of patient activity



2.3 Dissatisfied complainants

Reducing numbers of dissatisfied complainants is one of the Trust's nine corporate quality objectives for 2015/16. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of 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. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response. As noted earlier in section 2 of this report, the way in which dissatisfied cases are reported is now expressed as a percentage of the responses the Trust has sent out in any given month. In Q1 and Q2 of 2015/16, our target has been for less than 10% of complainants to be dissatisfied, reducing to less than 5% from Q3 onwards.

In Q2, a total of 149 responses were sent out. By the cut-off point of 12th November 2015 (the date on which the complaints data for September was finalised), 10 people had contacted us to say they were dissatisfied with our response. This represents 6.7% of the responses sent out.

This compares to six cases out of 186 responses (3.2%) in Q1 of 2015/16.

In each case where a complainant comes back to us to advise they are dissatisfied with our response, the case is reviewed by the Patient Support & Complaints Manager. This review leads to one of the following courses of action:

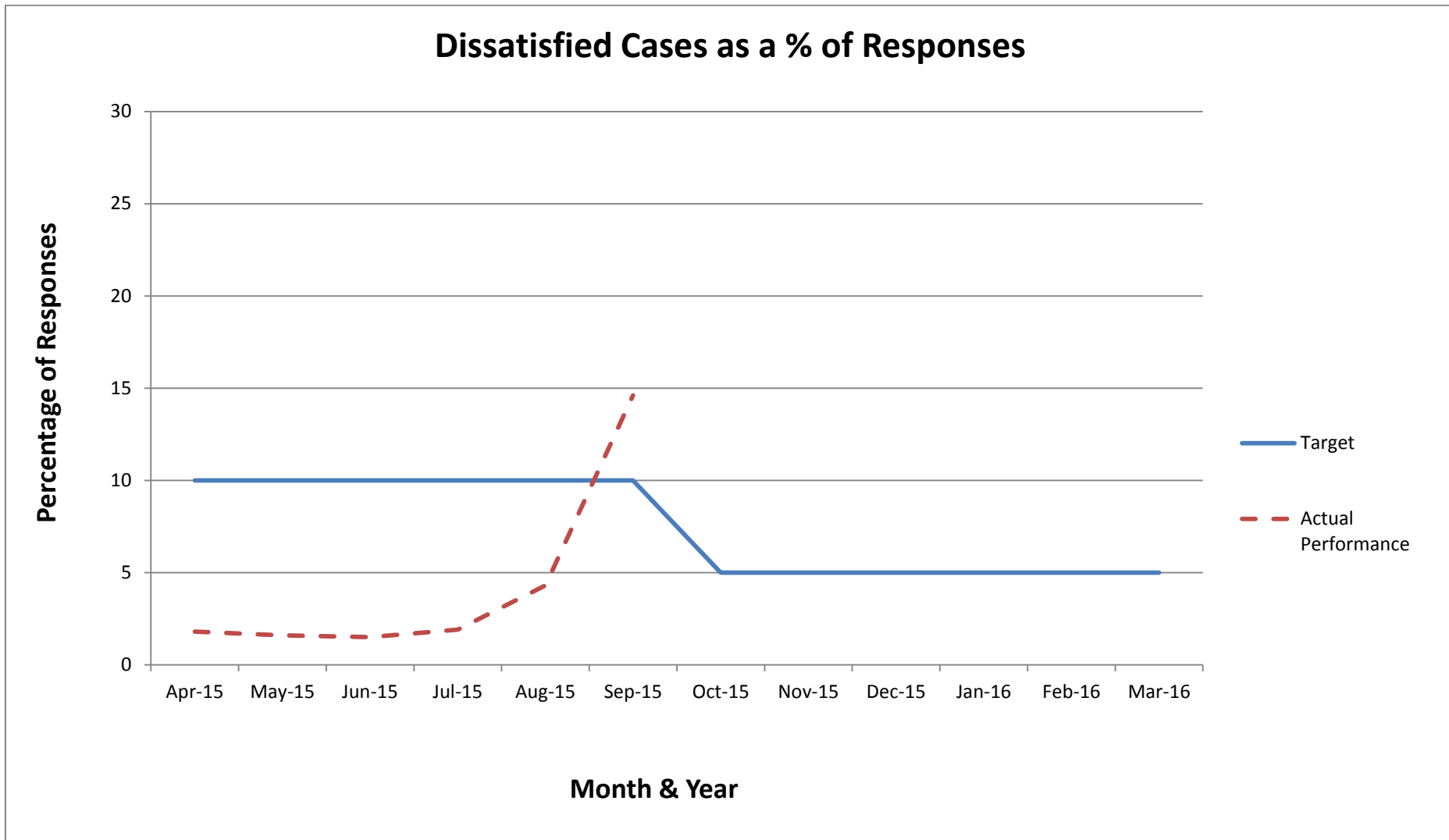
- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues.
- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues.
- A letter is 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 PHSO to independently review their complaint.

In the event that it is not clear at this stage, a caseworker from the Patient Support & Complaints Team will contact the complainant for clarification of which issues remain unresolved and, where possible, collate 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, this response is reviewed by the Patient Support & Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to the Executives for signing.

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

Figure 4. Percentage of complainants who were dissatisfied with aspects of our complaints response



2.4 Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of six major themes. The table below provides a breakdown of complaints received in Q2 compared to Q1. Complaints about all category types, with the exception of 'clinical care', increased in Q2 in real terms, although 'appointments and admissions', 'attitude and communication' and 'clinical care' all showed a slight decrease when measured as a proportion of complaints received.

Category Type	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Appointments & Admissions	202 (36% of total complaints) ↑	170 (37% of total complaints) ↓
Attitude & Communication	146 (26%) ↑	127 (28%) ↓
Clinical Care	112 (20%) ↓	118 (26%) ↓
Facilities & Environment	39 (7%) ↑	12 (3%) ↓
Access	16 (3%) ↑	8 (2%) ↓
Information & Support	45 (8%) ↑	24 (4%) ↓
Total	560	459

Each complaint is then assigned to a more specific category (of which there are 121 in total). The table below lists the seven most consistently reported complaint categories. In total, these seven categories account for 55% of the complaints received in Q2 (310/560).

Sub-category	Number of complaints received – Q2 2015/16	Q1 2015/16	Q4 2014/15	Q3 2014/15
Cancelled or delayed appointments and operations	151 ↑ (22% increase compared to Q1)	124	140	124
Clinical Care (Medical/Surgical)	48 ↓ (2% decrease)	49	78	58
Communication with patient/relative	31 ↓ (6% decrease)	33	26	28
Clinical Care (Nursing/Midwifery)	20 ↓ (17% decrease)	24	26	26
Attitude of Nursing/Midwifery	14 ↑ (40% increase)	10	10	14
Attitude of Medical Staff	24 ↑ (118% increase)	11	21	15
Failure to answer telephones	22 ↓ (35% decrease)	34	26	19

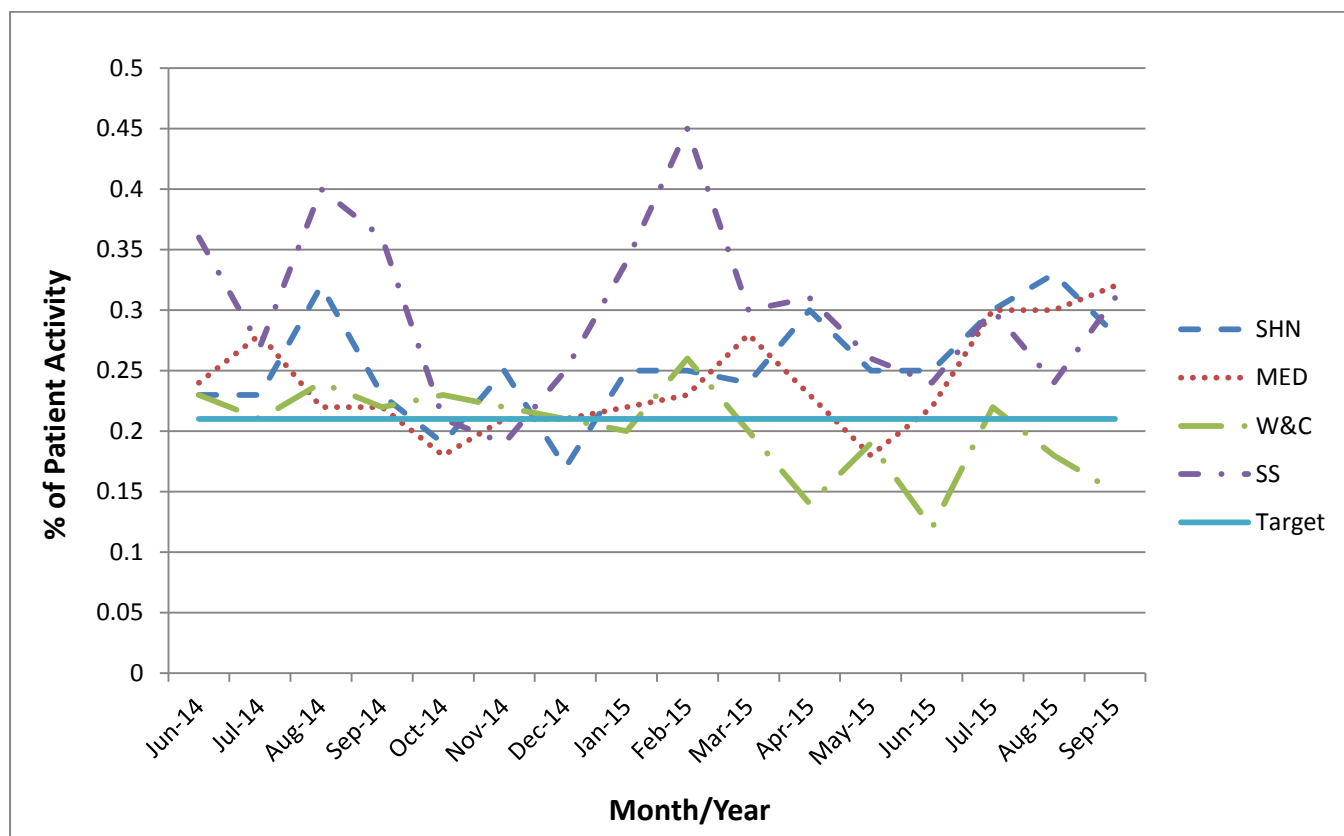
The issue of cancelled or delayed appointments and operations has seen a 22% increase in Q2, following an 11% decrease in the previous quarter. There have been significant increases in complaints about the attitude of both medical/surgical staff and nursing/midwifery staff. Complaints regarding the failure to answer telephones decreased by 35% in Q2, following consecutive increases in the previous the five quarters.

3. Divisional performance

3.1 Total complaints received

A divisional breakdown of percentage of complaints per patient attendance is provided in Figure 5. This shows an overall upturn in the volume of complaints received in the bed-holding Divisions during Q2.

Figure 5. Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies has been excluded from Figure 5. This is because this Division’s performance is calculated from a very small volume of outpatient and inpatient activity. Complaints are more likely to occur as elements of complaints within bed-holding Divisions. Overall reported Trust-level data includes Diagnostic and Therapy complaints, but it is not appropriate to draw comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since October 2014 have been as follows:

Table 2. Complaints received by Diagnostics and Therapies Division since October 2014

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Number of complaints received	7	7	8	7	5	11	2	5	7	10	4	4

3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 complaints performance by Division. The table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 3.

	Surgery Head and Neck	Medicine	Specialised Services	Women and Children	Diagnostics and Therapies
Total number of complaints received	236 (208) ↑	125 (85) ↑	69 (61) ↑	80 (65) ↑	18 (14) ↑
Total complaints received as a proportion of patient activity	0.30% (0.26%) ↑	0.31% (0.21%) ↑	0.27% (0.27%) =	0.18% (0.15%) ↑	N/A
Number of complaints about appointments and admissions	103 (101) ↑	37 (19) ↑	26 (26) =	30 (22) ↑	6 (3) ↑
Number of complaints about staff attitude and communication	64 (56) ↑	33 (25) ↑	22 (18) ↑	22 (16) ↑	5 (5) =
Number of complaints about clinical care	45 (45) =	27 (34) ↓	11 (14) ↓	22 (24) ↓	7 (2) ↑
Areas where the most complaints have been received in Q2	Bristol Dental Hospital – 41 (33) ↑ Ear Nose and Throat – 36 (25) ↑ Trauma & Orthopaedics – 24 (18) ↑ Queens Day Unit (Endoscopy) – 6 (5) ↑ Ward A800 – 6 (2) ↑ Bristol Eye Hospital – 57 (71) ↓ Upper GI – 8 (11) ↓	A&E – 27 (18) ↑ Gastroenterology & Hepatology – 12 (8) ↑ Ward A300 (MAU) – 6 (4) ↑ Diabetic Clinic – 7 (2) ↑ Dermatology – 9 (14) ↓	BHI Outpatients – 26 (21) ↑ GUCH Services – 5 (2) ↑ Chemo Day Unit / Outpatients – 15 (16) ↓ Ward C708 – 4 (6) ↓	Children’s ED & Ward 39 - 10 (6) ↑ Paediatric Neurosurgical – 5 (1) ↑ ENT (Paediatric) – 9 (2) ↑ Clinical Genetics – 5 (1) ↑ Ward 71/74 – 4 (1) ↑ Paediatric Orthopaedics – 5 (9) ↓	Radiology – 6 (3) ↑ Orthotics – 3 (0) ↑ Adult Therapy – 3 (3) = Pharmacy – 2 (3) ↓

Item 12b Appendix B

Notable deteriorations compared to Q1	Ear Nose & Throat – 36 (25) Trauma & Orthopaedics – 24 (18) Bristol Dental Hospital – 41 (33)	A&E – 27 (18) Gastroenterology & Hepatology – 12 (8)	BHI Outpatients – 26 (21)	Paediatric Neurosurgical – 5 (1) Clinical Genetics – 5 (1) ENT (Paediatric) – 9 (2)	Radiology – 6 (3) Orthotics – 3 (0)
Notable improvements compared to Q1	Bristol Eye Hospital – 57 (71)	Dermatology – 9 (14)	None	Paediatric Orthopaedics – 5 (9)	None

3.3 Areas where the most complaints were received in Q2 – additional analysis

3.3.1 Division of Surgery, Head & Neck

Complaints by category type⁴

Category Type	Number and % of complaints received – Q2 2015/16 ↑	Number and % of complaints received – Q1 2015/16
Access	6 (2.5% of total complaints)	1 (0.5% of total complaints) ↓
Appointments & Admissions	103 (43.6%) ↑	101 (48.6%) ↑
Attitude & Communication	64 (27.1%) ↑	56 (26.9%) ↑
Clinical Care	45 (19.1%) =	45 (21.6%) ↑
Facilities & Environment	6 (2.5%) ↑	1 (0.5%) ↓
Information & Support	12 (5.1%) ↑	4 (1.9%) ↓
Total	236	208

Top sub-categories

Sub-category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	88 (11.4% increase compared to Q1) ↑	79 (2.6% increase compared to Q4) ↑
Clinical Care (Medical/Surgical)	14 (22.2% decrease) ↓	18 (14.3% decrease) ↓
Communication with patient/relative	12 (29.4% decrease) ↓	17 (88.9% increase) ↑
Attitude of Medical Staff	6 (500% increase) ↑	1 (85.7% decrease) ↓
Attitude of Nursing/Midwifery	8 (100% increase) ↑	4 (20% decrease) ↓
Clinical Care (Nursing/Midwifery)	9 (50% increase) ↑	6 (33.3% decrease) ↓
Failure to answer telephones	15 (11.8% decrease) ↓	17 (54.5% increase) ↑

Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
There was a significant (44%) increase in complaints about the ENT outpatient service. Of the 36 complaints received, 17 were in respect of appointments and admissions and 15 came under the category of attitude and communication (with eight of these specifically for failure to answer the telephone)	The ENT administration team has experienced a period of significant long term sick leave particularly amongst the administrative staff. This has been compounded by vacancies in the department.	The ENT Performance and Operations Manager is working with the team to address the gaps in service in order to maximise staff availability. Recruitment is in progress to fill the vacancies, with staff expected to be in post within three months in line with Trust recruitment timescales
Complaints about Bristol Dental Hospital increased to 41 in Q2. 17 of these complaints were received by Adult Restorative Dentistry. 11 of the complaints related to appointments and admissions and six to attitude	The adult restorative team continues to be challenged with the availability of appointments due to large numbers of vacancies; recruitment has been extremely challenging with one consultant post having	The two new consultants take up their positions in January 2016. One new consultant was able to start in September and has been extremely flexible in providing additional sessions. Plans are also in place to fill the gaps resulting from maternity leave, with a small reduction in

⁴ Arrows in Q2 column denote increase or decrease compared to Q1. Arrows in Q4 column denote increase or decrease compared to Q3. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

<p>and communication.</p>	<p>been vacant for well over a year whilst active recruitment has been ongoing. A second post became vacant in July 2015; both consultant posts were appointed to in July but, due to difficulties in being released from their university contracts, these staff will take up their positions in January 2016. In addition to these vacancies, there have been gaps in the junior staff rotas due to maternity leave.</p>	<p>capacity anticipated.</p> <p>We have had a small number of patients who have complained about a change in the treatment plan they were expecting; this is particularly in relation to implants. Unfortunately, a number of patients were offered implants by a former clinician, who had a different threshold for offering implants than the remainder of the restorative team. As a result, the offer of treatment has been withdrawn. Although the rationale for this decision has been explained to the patients concerned, they are of course disappointed and in some cases have raised formal complaints.</p> <p>The hospital matron continues to provide training for each cohort of junior doctors and for all prospective consultants about the most common causes of complaints and how to improve patient experience.</p> <p>An action plan is being developed following Delivering Best Care in Outpatients week in November 2015, and will be presented to divisional board in early January.</p>
<p>There was an increase in Trauma and Orthopaedic complaints from 18 in Q1 to 24 in Q2. Seven of these complaints fell under the category of cancelled and delayed appointments, with the remainder split across a range of categories, including attitude of staff and waiting time in clinic.</p>		<p>This report has been fed back to the team via the clinical executive meeting and through the monthly performance meetings with the departmental sister, matron and Head of Nursing. The team has been asked to consider influencing factors and to come up with actions to help reduce this level of complaints. This will be monitored through the aforementioned meetings and fed back through the divisional governance meeting.</p> <p>The recent Delivering Best Care audit week has highlighted some relevant issues which will be addressed via an action plan (as per above).</p>

3.3.2 Division of Medicine

Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	2 (1.6% of total complaints) ↑	0 (0% of total complaints) ↓
Appointments & Admissions	37 (29.6%) ↑	19 (22.4%) ↓
Attitude & Communication	33 (26.4%) ↑	25 (29.4%) ↓
Clinical Care	27 (21.6%) ↓	34 (40%) ↑
Facilities & Environment	15 (12%) ↑	2 (2.4%) ↓
Information & Support	11 (8.8%) ↑	5 (5.8%) ↓
Total	125	85

Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	22 (144.4% increase compared to Q1) ↑	9 (18.2% decrease compared to Q4) ↓
Clinical Care (Medical/Surgical)	7 (41.7% decrease) ↓	12 (9.1% increase) ↑
Communication with patient/relative	9 (12.5% increase) ↑	8 (33.3% increase) ↑
Attitude of Medical Staff	5 (25% increase) ↑	4 (42.9% decrease) ↓
Attitude of Nursing/Midwifery	4 (100% increase) ↑	2 =
Clinical Care (Nursing/Midwifery)	6 (57.1% decrease) ↓	14 (133.3% increase) ↑
Failure to answer telephones	2 (50% decrease) ↓	4 (33.3% decrease) ↓

Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
Complaints received about the Emergency Department increased to 24 in Q2, a 33% increase on Q1. Of these 24 complaints, nine were in respect of attitude and communication, eight related to clinical care and five complaints were made in respect of the facilities and environment.	<p>Attitude/Communication: The majority of these relate to patients feeling that staff are being dismissive or disrespectful or staff being overheard talking about patients or situations in an unprofessional manner. Some patients feel that staff do not care or are flippant and do not attend to them as they feel they should be.</p> <p>Clinical care: One complaint related to a patient not being given an ambulance to transport them home (not appropriate or needed) in circumstances where the South West Ambulance service had indicated to the patient that ambulance transport home was provided routinely.</p>	<p>For all complaints, the staff involved have either written individual reflective pieces as part of their personal learning, or conversations have been had with members of staff to enable them to reflect upon what they would do differently in future.</p> <p>Learning from complaints in ED is further reinforced via weekly safety briefings which each member of the team has to read and sign to say that they have read, understood and will implement the briefing. The Supervisory Sister and Matron for ED has met with the staff concerned to discuss</p>

	<p>Complaints about patients and relatives not being kept up to date with their journey or not being told the plan of action/care.</p> <p>Relatives not being informed of incidents that happen, patients going missing off ward or staff not passing on messages relating to medications.</p> <p>Facilities/ Environment: These complaints relate to patients not being offered food and drink, or lack of communication that they are Nil By Mouth (NBM) or their NBM status not being reviewed in a timely manner.</p> <p>One complaint related to a patient being disturbed at night by noisy relatives visiting a dying patient, and one to patients reporting a breach of privacy and dignity on the ward. There were two complaints where patients reported theft of valuables and one where a set of dentures were lost in the laundry.</p>	<p>their recollection of events and what they would do in future if faced with similar scenarios.</p> <p>The Shine checklist has been implemented (a patient safety checklist for patients in ED which ensures that all elements of care are delivered even when the department is under extreme pressure) which is completed hourly should address the main issues around communication and keeping the patient and their relatives up to date and the offering of food and drinks.</p>
<p>The department of Gastroenterology and Hepatology saw an increase to 12 complaints in Q2. Half of these complaints were in respect of cancelled and delayed appointments and four were related to attitude and communication.</p>	<p>Some informal complaints relate to patients on the partial booking list contacting the department for an update rather than to complain about their care.</p> <p>Partial booking letters had been sent out but then clinic cancellation requests were submitted prior to the patient calling back to book their appointment, causing further delays in offering an appointment.</p>	<p>The department will be introducing a letter to inform patients that they are still on the partial booking follow up list. By the end of December</p> <p>Consultants are happy to see general Inflammatory Bowel Disease (IBD) patients in each other's clinics, which will assist with reducing the partial booking list. New Clinics being added for IBD nurses in January</p> <p>A new IBD nurse has been appointed, which will also assist with reducing waiting times for suitable patients as there will be two additional</p>

	<p>The clinic co-ordinator had sent out the incorrect letter to a couple of patients, resulting in them attending SBCH for their appointments instead of the BRI.</p>	<p>clinics from January 2016.</p> <p>The issue has been highlighted to the clinic co-ordinator and careful checking of letters is being carried out. Clinic Coordinator checking correct letter selected. Letter project to streamline letters available for each clinic to be carried out in January/February 2016 which will reduce the risk of incorrect letters being sent.</p>
<p>There was a sharp rise in the number of complaints received by the Diabetic Clinic, with seven complaints received, compared to just two in Q1. Three of these complaints were about delayed appointments, one related to a referral error, one was about a failure to book hospital transport and two were in respect of administrative communication.</p>	<p>Two patients wished to be seen sooner (although appointments had been booked for them within 11 weeks, which is the accepted timeframe within the Trust).</p> <p>Two complaints related to a delay in clinic letters being sent out.</p> <p>One complaint was about transport issues</p> <p>One patient was incorrectly referred to us instead of North Bristol NHS Trust (NBT).</p> <p>One complaint was formal and concerned referral processes between UH Bristol and NBT.</p>	<p>Appointments were brought forward as a gesture of goodwill to the complainants.</p> <p>Sickness absence in the secretarial team had led to a typing delay. The backlog has now been cleared and additional staff are going to be helping the team going forward.</p> <p>It appears that all usual processes were followed correctly by UH Bristol; currently awaiting statements from NBT.</p>

3.3.3 Division of Specialised Services

Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	1 (1.4% of total complaints) ↑	0 (0% of total complaints) ↓
Appointments & Admissions	26 (37.7%) =	26 (42.6%) ↓
Attitude & Communication	22 (31.9%) ↑	18 (29.5%) ↓
Clinical Care	11 (15.9%) ↓	14 (23%) ↑
Facilities & Environment	3 (4.3%) ↑	2 (3.3%) ↓
Information & Support	6 (8.7%) ↑	1 (1.6%) ↓
Total	69	61

Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	19 (5.6% increase compared to Q1) ↑	18 (30.8% decrease compared to Q4) ↓
Clinical Care (Medical/Surgical)	7 (16.7% increase) ↑	6 (14.3% decrease) ↓
Communication with patient/relative	1 (75% decrease) ↓	4 (=)
Attitude of Medical Staff	5 (400% increase) ↑	1
Attitude of Nursing/Midwifery	0 (100% decrease) ↓	1 (50% decrease) ↓
Clinical Care (Nursing/Midwifery)	1 ↑	0 =
Failure to answer telephones	7 (22.2% decrease) ↓	9 =

Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
The Division has worked very hard to reduce complaints received by the Outpatients Department at Bristol Heart Institute (previously from 41 in Q4 2014/15 to 21 in Q1 2015.16). There has been a light increase in Q2 to 26 complaints. 14 of these complaints were in respect of appointments and admissions (mainly delayed appointments); and seven fell under the category of attitude and communication – all of these being specifically about a failure to answer telephones or respond to enquiries.	<p>The Division has been experiencing a number of pressures in relation to maintaining the flow of patients through their required surgical procedures, which at times has led to miscommunication. In addition, there is a high turnover of staff in administration and clerical roles, including the Bristol Heart Institute Outpatients Department.</p> <p>The Division has developed a specific e-mail address for the bookings and outpatient team to improve communication with patients. Emails sent to this address are actively monitored</p>	<p>Since November, the waiting list office has taken action to reduce the number of telephone calls by contacting patients to agree admission dates (whereas previously they were contacted by letter).</p> <p>Appointments are now only booked six weeks in advance to reduce the numbers of cancellations and delays.</p>

	<p>and responded to on a daily basis.</p> <p>The Division has also funded a temporary post to focus upon answering telephones and responding to messages.</p>	
<p>Cardiology GUCH services saw an increase in complaints from just two in Q1 to 5 in Q2. Four of these complaints were in respect of cancelled or delayed procedures.</p>	<p>There has been an increase in the numbers of emergency cases which has in turn effected elective admissions. There have been some communication issues around the process of cancellation when staff have been unable to contact patients at short notice, as many patients travel long distances to access these services.</p>	<p>The Division has developed a more robust communication process which involves handing over the communication for cancellations to the day case team. If the booking office team have not been able to contact the patient during office hours, this is communicated by a formal handover.</p>
<p>Complaints received by BHOC Outpatients remained high at 15 complaints. Six of these complaints came under the category of attitude and communication and five related to appointments and admissions.</p>	<p>The BHOC Outpatient Department includes the Chemotherapy Day Unit (CDU).</p> <p>The Division identified that the CDU is an area which required a review of the way appointments and admissions are booked; this has formed part of the Division's quality objectives for 2015/16. Concerns raised by patients include delays in treatment or admission to CDU, messages not being returned, and staff not following up patients' queries.</p>	<p>The Transformation team is currently supporting the Division in reviewing the processes and systems currently in place across CDU and the bookings and admissions teams. This is a long term piece of work which commenced in the summer of 2015 and will continue into 2016.</p>

3.3.4 Division of Women & Children

Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	1 (1.25% of total complaints) =	1 (1.5% of total complaints) ↓
Appointments & Admissions	30 (37.5%) ↑	22 (33.9%) ↓
Attitude & Communication	21 (26.3%) ↑	16 (24.6%) ↓
Clinical Care	21 (26.3%) ↓	24 (37%) ↓
Facilities & Environment	2 (2.5%) ↑	1 (1.5%) ↑
Information & Support	5 (6.3%) ↑	1 (1.5%) ↓
Total	80	65

Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	25 (38.9% increase compared to Q1) ↑	18 (25% decrease compared to Q4) ↓
Clinical Care (Medical/Surgical)	11 (15.4% decrease) ↓	13 (23.5% decrease) ↓
Communication with patient/relative	7 (133.3% increase) ↑	3 (50% decrease) ↓
Attitude of Medical Staff	6 (20% increase) ↑	5 (28.6% decrease) ↓
Attitude of Nursing/Midwifery	3 =	3 =
Clinical Care (Nursing/Midwifery)	5 (25% increase) ↑	4 (66.7% decrease) ↓
Failure to answer telephones	0 =	0 =

Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
There were five complaints received by the Paediatric Neurosurgical Department at Bristol Royal Hospital for Children, compared to just one in Q1. Three of these complaints related to delayed appointments; one related to clinical care and one was in respect of delayed test results.	Most of these complaints were compounded by communication issues, both between hospital teams and then each team communicating these decisions to the families. Communication needed to be timely and manage parent/relative expectations in terms of the length of wait for tests, results or appointments.	We are currently working on reducing our backlog of patients, both admitted and non-admitted, with an RTT trajectory to bring us back in line with the RTT standards, which will help to alleviate the length of wait for outpatient appointments and surgery dates. Work is ongoing regarding the practice of bringing in neurology patients for observation and then to see which tests are needed. The plan is to ensure that at least two tests are booked before any patients are admitted. The Neurology team has met and agreed a plan for timely communications with families in circumstances where appointments are delayed.
Clinical Genetics saw a sharp rise in complaints in Q2, with five complaints, compared to just one in Q1. Three of these complaints related to delayed appointments, with the remaining two being in respect of communication with patients.	The Genetics Department has had a number of temporary staff employed to support some backlogs, including typing and the management of appointments. Some of these staff needed further support to ensure they were meeting Trust expectations regarding appropriate communication on the telephone.	Substantive appointments have been advertised and partly recruited to in order to reduce the reliance on temporary staff. Departmental support has been given internally to ensure all staff communicate appropriately with patients.
The ENT (Paediatric) Department received nine complaints in Q2, compared	The majority of these have been due to a delay in admission for patients on the elective waiting	Clearance of the backlog is on track with additional SPIRE activity and waiting list initiatives; a new ENT

with just two in Q1. Seven of the nine complaints were in respect of delayed appointments or treatment.	list.	consultant has been appointed and commences in January 2016.
There was an increase in the number of complaints received by the Children's ED & Ward 39, from six in Q1 to 10 in Q2. These complaints were a mixture of complaints about waiting times and attitude and communication of staff.	A variety of complaints were received by Children's ED, with no single theme emerging. The department has continued to experience an unusually high level of attendances in Q2 (12% more patients than for the same period last year).	Actions taken which should address these concerns include: additional support for families waiting to be seen by a doctor by having a Nurse Assistant based in the waiting area during peak times of activity; an increase in Registered nurse presence overnight; and information given to parents about how they can escalate their concerns to a more senior medical team member if they need to.

3.3.5 Division of Diagnostics & Therapies

Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	0 (0% of total complaints) ↓	2 (14.3% of total complaints) =
Appointments & Admissions	6 (33.3%) ↑	3 (21.4%) ↓
Attitude & Communication	5 (27.8%) =	5 (35.7%) ↓
Clinical Care	7 (38.9%) ↑	2 (14.3%) ↓
Facilities & Environment	0 =	0 ↓
Information & Support	0 ↓	2 (14.3%) ↑
Total	18	14

Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	6	5 =
Clinical Care (Medical/Surgical)	4	2 ↑
Communication with patient/relative	2	4 ↑ (33.3% increase)
Attitude of Medical Staff	2	1 ↑
Attitude of Nursing/Midwifery	0	0 =
Clinical Care (Nursing/Midwifery)	0	0 =
Failure to answer telephones	0	0 ↓ (100% decrease)

Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
<p>Radiology services saw an increase in complaints from three in Q1 to six in Q2.</p> <p>Three of these complaints related to attitude and communication (one each in Paediatric x-ray and two in Bristol Dental Hospital).</p>	<p>The first complaint regarding attitude and communication related to a letter being sent to the wrong address and subsequently being opened, photographed and sent to the patient's father via the internet.</p> <p>The second complaint regarding attitude and communication related to the carers of a patient with learning difficulties being unhappy with the manner in which a Radiographer in the Dental Hospital communicated with, and handled the patient.</p> <p>The third complaint regarding attitude and communication related to a patient who was unhappy with the treatment she received when being examined by a clinician in the Dental Hospital.</p>	<p>GPs usually advise the department of patients' up to date address details when they notice they are incorrect on the ICE system. Unfortunately, on this occasion the department was not alerted, and consequently the appointment letter for the patient was sent to the wrong address. Confirmation was sent to the complainant to advise that all of our hospitals systems were updated with the correct address on 2nd September.</p> <p>The complaint was discussed with the Radiographer involved who asked for their apologies to be passed on to the patient. An incident form was raised at the time and the case was discussed with Bristol City Council (in line with section 42 of the Care Act of 2014), who confirmed that the matter would not be pursued as a safeguarding issue. The department is working with the Learning Disability Specialist Nurse to develop a learning disabilities training package to be rolled out for radiology dental department staff by the end of December 2015.</p> <p>The complaint was discussed with the Consultant and the Dental Nurse who had been present during the consultation with the patient, and in the response letter the Consultant apologised for any discomfort the patient suffered during the consultation, and for unintentionally giving the patient the impression that their concerns were unimportant and being dismissed.</p>
<p>One complaint related to a missed diagnosis at South Bristol Community Hospital (SBCH), one was about delayed MRI results (Bristol Heart Institute) and one was in respect of a delayed</p>	<p>The complaint regarding clinical care related to a missed diagnosis of the patient's broken ankle at SBCH.</p>	<p>The Clinical Director for Radiology (Consultant Radiologist) reviewed the X-rays the patient had whilst under the care of the Trust, including the X-rays taken at SBCH. The review confirmed that the fracture was visible in the X-ray</p>

<p>appointment at the Bristol Royal Hospital for Children.</p>	<p>The informal complaint related to delayed Cardiac MRI results at the BHI.</p> <p>The informal complaint regarding appointment and admissions related to concerns expressed by South West Commissioning Support Unit about delays in referrals being received and actioned by UH Bristol from Weston General Hospital, specifically relating to children's MRI.</p>	<p>taken on 27th October, and an apology was offered to the patient that it was missed at that time. It is part of the Radiology Department's practice to hold 'discrepancy' meetings where the Radiology Consultants review any missed diagnoses. When it was found that the fracture had been missed, the scans were discussed in that forum to ensure that the learning was taken from this case.</p> <p>The Consultant Cardiologist rang the patient to explain the timescales around their report and the reasons for the delay in their referrer receiving them. It was primarily down to a communication error between an internal referring Consultant, and the Consultant Cardiologist, whereby an email sent by the referring Consultant was missed by the Consultant Cardiologist, and in addition, a letter sent by them by referrer was never received.</p> <p>The Radiology Department confirmed that the referral was received on 23rd April and that an appointment was offered to the family for 9th June, which was cancelled by the family due to other commitments. The appointment subsequently took place on 24th June.</p>
<p>The Orthotics Team received three complaints in Q2, although no trends were identified. One complaint related to clinical care, one was in respect of communication with the patient and the third was about a referral error.</p>	<p>The informal complaint regarding clinical care related to the clinician not being helpful and being dismissive of the patient's concerns.</p> <p>The informal complaint regarding attitude and communication related to a patient having to pay for a sling without prior knowledge of</p>	<p>Apologies were made regarding the clinician's manner and lack of clarity about the patient's treatment plan. A further appointment with one of the Orthotists was made, and the GP practice was contacted to add details of the current plan to the patient's medical record.</p> <p>Apologies were made to the complainant, as a new member of staff had mistaken two different types of sling. Arrangements were made to reimburse the patient for</p>

	charges. The informal complaint regarding appointments and admissions related to referral difficulties.	the charges made. The department arranged for the patient to be booked into an urgent appointment with one of the Orthotists to reassess the patient's footwear provision. Feedback was given to the administration team to ensure that all patient enquiries are appropriately triaged by the clinical staff prior to patients being discharged from the service.
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3.4 Complaints by hospital site

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

Hospital/Site	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Bristol Royal Infirmary (BRI)	225 (40.2% of total complaints) ↑	183 (39.9% of total complaints) ↓
Bristol Eye Hospital (BEH)	57 (10.2%) ↓	71 (15.5%) =
Bristol Dental Hospital BDH)	41 (7.3%) ↑	33 (7.2%) ↓
St Michael's Hospital (STMH)	66 (11.8%) ↑	46 (10%) ↓
Bristol Heart Institute (BHI)	52 (9.3%) ↑	43 (9.4%) ↓
Bristol Haematology & Oncology Centre (BHOC)	29 (5.2%) ↑	28 (6.1%) ↑
Bristol Royal Hospital for Children (BRHC)	64 (11.4%) ↑	44 (9.5%) ↓
South Bristol Community Hospital (SBCH)	26 (4.6%) ↑	11 (2.4%) ↑
Total	560	459

The table below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints a hospital site receives is broadly in line with its proportion of attendances. For example, in Q2, Bristol Children's Hospital accounted for 15.5% of the total attendances and received 11.4% of all complaints

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	225	58,279	0.39%	31.3%	40.2%
BEH	57	30,564	0.19%	16.4%	10.2%
BDH	41	18,531	0.22%	9.9%	7.3%
STMH	66	19,654	0.34%	10.5%	11.8%
BHI	52	5,042	1.03%	2.7%	9.3%
BHOC	28	18,150	0.15%	9.7%	5.0%
BRHC	64	28,857	0.22%	15.5%	11.4%
SBCH	26	7,365	0.35%	4.0%	4.6%
TOTAL	560	186,442	0.30%		

This analysis shows that the Bristol Royal Infirmary and Bristol Heart Institute receive the highest rates of complaints and that the BHI receives a disproportionately high volume of complaints compared to its shares of patient activity.

3.5 Complaints responded to within agreed timescale

All of the clinical Divisions reported breaches in Quarter 2, totalling 23 breaches, which represents a decrease on the 28 reported in Q1. There was also one breach by the Division of Facilities & Estates, which is not included in the table below.

	Q2 2015/16	Q1 2015/16	Q4 2014/15	Q3 2014/15
Surgery Head and Neck	12 (22.6%)	9 (12.9%)	8 (11.6%)	12 (14.6%)
Medicine	3 (8.8%)	9 (20%)	5 (14.7%)	10 (23.8%)
Specialised Services	6 (30%)	2 (11.1%)	1 (5.6%)	4 (15.4%)
Women and Children	2 (5.1%)	7 (17.1%)	11 (23.9%)	6 (12.5%)
Diagnostics & Therapies	0 (0%)	1 (10%)	0 (0%)	0 (0%)
All	23 breaches	28 breaches	25 breaches	32 breaches

(So, as an example, there were six breaches of timescale in the Division of Specialised Services in Q2, which constituted 30% of the complaints responses that had been due in that Division in Q2.)

Breaches of timescale were caused either by late receipt of final 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, or by delays during the sign-off process itself. Sources of delay are shown in the table below. The column indicating 'other' breaches relates to delays in other organisations providing their input to the Trust's response.

	Source of delays (Q2, 2015/2016)			Totals
	Division	Patient Support and Complaints Team	Executive sign-off	
Surgery Head and Neck	6	2	4	12
Medicine	1	0	2	3
Specialised Services	4	1	1	6
Women and Children	0	0	2	2
Diagnostics & Therapies	0	0	0	0
All	11 breaches	3 breaches	9 breaches	23

The majority of divisional delays have resulted from increased scrutiny of draft responses. The vast majority of responses were prepared by Divisions within the agreed timescale (143 out of 149 responses or 96%), however the need for significant changes/improvements following executive review led to 23 cases breaching the deadline by which they were sent to the complainant.

For the first time, this quarterly report includes information about the length of time by which each breached case exceeded its due date and whether any of those cases had been extended but still breached the deadline. The following table provides this information in respect of the 23 cases which breached the agreed deadline in Q2. The number of days is shown as total days, rather than working days, as this is the delay that the complainant will have experienced.

Date originally agreed with complainant	Date deadline extended to	Date response posted to complainant	Number of days deadline breached by
25/06/2015	23/07/2015	28/07/2015	5
01/07/2015	N/A	02/07/2015	1
03/07/2015	N/A	09/07/2015	6
21/07/2015	N/A	23/07/2015	2
24/07/2015	N/A	28/07/2015	4
29/07/2015	N/A	06/08/2015	8
29/07/2015	N/A	03/08/2015	5
31/07/2015	N/A	14/08/2015	14
03/08/2015	N/A	10/08/2015	7
04/08/2015	07/08/2015	10/08/2015	3
05/08/2015	N/A	06/08/2015	1
05/08/2015	21/08/2015 and 07/09/2015	14/09/2015	7
06/08/2015	N/A	10/08/2015	4
12/08/2015	N/A	17/08/2015	5
14/08/2015	N/A	26/08/2015	12
14/08/2015	N/A	17/08/2015	3
08/09/2015	N/A	15/09/2015	7
08/09/2015	15/09/2015	18/09/2015	3
10/09/2015	N/A	14/09/2015	4
10/09/2015	24/09/2015	29/09/2015	5
14/09/2015	N/A	18/09/2015	4
21/09/2015	N/A	29/09/2015	8
22/09/2015	N/A	25/09/2015	3

The average (mean) delay was 5.3 days, the median was 5 days and the range was 1-14 days.

Ongoing actions previously agreed via Patient Experience Group:

- The Patient Support and Complaints Team continue to monitor response letters to ensure that all aspects of each complaint have been fully.
- All response letters, as well as being checked by the individual caseworker, are now also checked by the Patient Support & Complaints Manager, prior to being sent to the Executives for final sign-off.
- A random selection of two or three draft responses per week are also sent to the Head of Quality (Patient Experience and Clinical Effectiveness) for an additional level of checking prior to Executive sign-off.
- Response letter cover sheets are sent to Executive Directors with each letter to be signed off. This includes details of who investigated the complaint, who drafted the letter and who at senior divisional level signed it off as ready to be sent. The Executive signing the responses can then make direct contact with these members of staff should they need to query any of the content of the response.
- Training on investigating complaints and writing response letters has been delivered to at least one group from each Division. The training delivered so far has been well received, with positive feedback from attendees. Improvements have been made to the training based on feedback received.
- The Patient Support & Complaints Manager is in the process of reviewing the process around the checking and signing off of response letters and, as part of this review, will draft a new Standard Operating Procedure (SOP) to cover this process. The review will look at timescales for the various parts of the process, along with a review of the practical steps involved in the checking and signing of the response letters.

3.6 Number of dissatisfied complainants

As reported in Section 1 of this report, the way in which the Trust reports the number of complainants telling us that they were unhappy with our investigation of their concerns changed with effect from Q1. In Q2, a total of 149 responses were sent out. By the cut-off point of 14th November 2015 (the date on which the complaints data for September was finalised) 10 people had contacted us to say that they were dissatisfied with our response. This represents 6.7% of the responses issued during that period, compared to 3.2% in Q1.

Training on investigating complaints and writing response letters has now been delivered to at least one group of senior staff/management from all Divisions. Dates have been confirmed for further sessions for other staff requesting the training in each Division. The training delivered so far has been well received, with positive feedback from attendees.

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 the 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 138 such enquiries, compared to 171 in Q1. These enquiries can be categorised as:

- 74 requests for advice and information (100 in Q1)
- 57 compliments (65 in Q1)
- 7 requests for support (6 in Q1)

The table below shows a breakdown of the 81 requests for advice, information and support dealt with by the team in Q2.

Category	Number of Enquiries
Hospital Information Request	15
Information about Patient	11
Medical Records Enquiries	8
Bereavement Support	6
Clinical Information Request	5
Appointment Enquiries	5
Wayfinding	5
Complaints Handling	4
Car Parking	3
Emotional Support	3
Freedom of Information Request	3
Signposting	3
Travel Arrangements	3
Personal Property	2
Medical Equipment	2
Expenses Claim	2
Accommodation Enquiry	1
Total	81

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

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

The Complaints and Concerns Policy states that when the Patient Support & 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 Co-ordinator for investigation; an acknowledgment letter confirming how the complaint will be managed will be sent to the complainant. In line with the NHS Complaints Procedure (2009), the Trust's policy states that this review will take place within three working days of receipt of written complaints (including emails), or within two working days of receipt of verbal complaints (including PSCT voicemail).

In Q2, 232 complaints were received verbally and 328 were received in writing. Of the 232 verbal complaints, 230 (99.1%) were acknowledged within two working days. The remaining two cases were acknowledged within three working days. In both cases, the team had attempted to contact the enquirer within two working days but had not managed to speak to them, although voicemail messages were left for the enquirers.

Of the 328 written complaints, 319 (97.3%) were acknowledged within three working days. All of the remaining nine cases were acknowledged within four working days. In one case, the caseworker had made some telephone calls trying to resolve the issue before contacting the enquirer, in another case the enquirer had not provided full contact details and in one case there was a delay in the case being logged by the team's administrators; the remaining six delays were due to team workload/capacity.

6. PHSO cases

During Q2, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints (compared to three in Q1 and four in Q4) as follows:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
17584	LT	CT	19/12/2014	BRI	Trauma & Orthopaedics	Surgery, Head & Neck
Contacted by PHSO in July 2015. Copy of complaints file, medical records and Division's comments sent to PHSO, who have since advised that they anticipate providing their draft report for comment by January 2016.						
16474		CM	05/08/2014	BRI	Ward A604	Surgery, Head & Neck
Contacted by PHSO in July 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
17173	DF	DJ	29/10/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in September 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						

The following cases are currently the subject of ongoing investigations with the PHSO:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
15213	WE	VE	10/03/2014	BHOC	Chemotherapy Outpatients	Specialised Services
Copy of complaint file, correspondence and medical records sent to PHSO. Received further request from PHSO for patient's oncology records, which were sent to them in August 2015. Trust's comments on PHSO's draft report sent 19/11/2015.						
12124 & 11500		SM	21/11/2012 & 13/08/2012	BRI & BHI	Urology & Cardiology (GUCH)	Surgery, Head & Neck & Specialised Services
Copy of complaints file and medical records sent to PHSO in May 2015. Further contact from PHSO received in July advising that they now have all the information they require and will contact us in due course with their provisional report and findings. Further documentation requested by and sent to PHSO in October 2015. Currently awaiting further contact from the PHSO.						
16120	CL	LW	30/06/2014	BHI	Coronary Care Unit (CCU)	Specialised Services
Contacted by PHSO in June 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Contacted by PHSO November 2015 to advise unlikely they will uphold complaint but requested some further information from the Trust. At the time of writing this report, this request was with the Division and will be sent to the PHSO shortly.						
17608	JR	AH	19/12/2014	BRI	Ward A604	Surgery, Head & Neck
Received PHSO's final report 26/11/2015 – complaint not upheld.						
15952	KH	JH	09/06/2014	BRI	Ward 11	Medicine
Contacted by PHSO in June 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Advised PHSO that some issues complainant raised with them had not previously been raised with the Trust. PHSO advised Trust in July 2015 that the case is currently waiting to be allocated to an investigator. Advised by PHSO on 06/11/2015 that they have now allocated the case to an investigator. Currently awaiting further contact from the PHSO.						

One case was closed during Q2 and was partly upheld by the PHSO:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
12548		CM	05/02/2013	BRI	Upper GI	Surgery, Head & Neck
PHSO's final report received 16/10/2015 – complaint partially upheld and recommendations made that the Trust apologises to the patient, pays the patient the sum of £200 and advise the PHSO of actions taken in respect of the failings identified.						

7. Protected Characteristics

The Quarterly Complaints Report includes statistics relating to the Protected Characteristics of patients who have made a complaint. The areas recorded are age, ethnic group, gender, religion and civil status.

The Patient Support and Complaints Team continues to work hard to ensure that as much of this information as possible is gathered from patients, in order to reduce the numbers reported in each category as “unknown”.

It should be noted that these statistics relate to the **patient** and not the complainant (if someone else has complained on their behalf).

7.1 Age

Age Group	Number of Complaints Received – Q2 2015/16
0-15	90
16-24	37
25-29	18
30-34	22
35-39	18
40-44	30
45-49	29
50-54	34
55-59	38
60-64	43
65+	201
Total Complaints	560

7.2 Ethnic Group

Ethnic Group	Number of Complaints Received – Q2 2015/16
Asian or British Asian	6
Bangladeshi or British Bangladeshi	1
Black Or Black British - African	1
Black Or Black British - Caribbean	2
Indian or British Indian	1
Mixed - Any Other Mixed Background	1
Mixed - White And Black African	1
Mixed - White And Black Caribbean	6
Pakistani or British Pakistani	4
White - British	355
White – Irish	3
White - Any Other White Background	11
Any Other Ethnic Group	23
Not Collected At This Time	66
Not Stated/Given	79
Total Complaints	560

7.3 Religion

Religion	(Christian denomination)	Number of Complaints Received – Q2 2015/16
Christian	Anglican	2
	Baptist	4
	'Christian'	26
	Church of England	199
	Methodist	12
	Protestant	4
	Roman Catholic	27
	United Reform	2
	<i>(Total Christian)</i>	<i>(276)</i>
Atheist		6
Buddhist		4
Muslim		9
No Religious Affiliation		127
Sikh		3
Unknown		135
Total Complaints		560

7.4 Civil Status

Civil Status	Number of Complaints Received – Q2 2015/16
Co-habiting	22
Divorced/Dissolved Civil Partnership	26
Married/Civil Partnership	218
Separated	4
Single	154
Widowed/Surviving Civil Partner	32
Unknown	104
Total Complaints	560

7.5 Gender

Of the 560 complaints received in Q2 2015/16, 307 (55%) of the patients involved were female and 253 (45%) were male.