

COUNCIL OF GOVERNORS

**Meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust
Headquarters, Marlborough Street, Bristol, BS1 3NU**

SUPPORTING INFORMATION

Q1 16/17 Patient Experience Report

Q1 16/17 Complaints Report

Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data
received during Quarter 1 (April-June) 2016/17*

Author: Paul Lewis, Patient Experience and Involvement Team Manager

Patient Experience and Involvement Team

Paul Lewis, Patient Experience and Involvement Team Manager (paul.lewis@uhbristol.nhs.uk)

Tony Watkin, Patient and Public Involvement Lead (tony.watkin@uhbristol.nhs.uk)

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

1. Patient-reported experience at UH Bristol: Quarter 1 overview

Successes	Priorities
<ul style="list-style-type: none"> • The Trust’s key patient-reported experience indicators remained “green” in Quarter 1 – demonstrating the continued provision of a high quality patient experience at UH Bristol. • The Trust successfully achieved its improvement trajectory for the inpatient and day case Friends and Family Test. The improvement notice issued by the Clinical Commissioning Group in January 2016 has therefore now been closed. • Information about the Trust’s successful maternity “Patient Experience at Heart” workshops, where staff attend a reflective session on delivering a positive patient experience, has been shared with colleagues at NHS England who are now exploring how this might be shared more widely with other trusts. • Following significant improvement activity within UH Bristol’s cancer services, the latest National Cancer Patient Experience Survey showed an improvement in UH Bristol’s position against the national average. 	<ul style="list-style-type: none"> • Use insight from patients via the <i>Face2Face</i> interview survey to inform improvement plans around the Trust’s corporate quality objectives relating to keeping patients informed about their care in hospital, and ensuring that patients are asked about the quality of their care during their stay (research report to be completed in September 2016 by the Patient Experience and Involvement Team). • In light of the recent National Inpatient Survey results, to ensure that each ward has a “Tell us About Your Care” poster on display, informing patients and visitors about how to give feedback and / or complain (these posters have been distributed to wards by the Patient Experience and Involvement Team and are currently being put in place by the Divisions). • An “audit” of outpatient clinics will be carried out during September and October by the Patient Experience and Involvement Team, to ensure that all outpatient areas have the tools to collect patient feedback (comments cards and boxes, and Friends and Family Test posters), and wherever possible have a professionally presented / up to date “you said we did” display in response to feedback.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • To incorporate Patient and Public Involvement activity in the Quarterly Patient Experience report (see Section 2 of the current report) • To design a formal engagement strategy for the Trust’s developing Involvement Network (this will be in place by Quarter 3 2016/17) • In light of the Trust’s new Quality Strategy (which will be presented to the Trust Board in October 2016), to enhance the collection and use of patient feedback via the procurement of a new “real-time feedback” IT system • To share the positive patient feedback in this Quarterly Report with staff delivering care and users of our services 	<ul style="list-style-type: none"> • The Friends and Family Test response rate in the Trust’s Emergency Departments was slightly below the 15% target for two out of three months during Quarter 1 (achieving 14.6% for the Quarter overall). This was primarily a result of lower uptake of the survey touchscreens in the Emergency Departments by patients. The Trust continues to explore methods of collecting feedback in this challenging setting, including a current trial of SMS (text message) technology. • Although the vast majority of feedback about UH Bristol staff is positive, where a negative experience occurs, this is often related to the way a member of staff behaved. These “human factors” are usually the determinant of a positive or negative patient experience. • South Bristol Community Hospital (SBCH) and the Trust’s Care of the Elderly wards continued to receive lower survey ratings, primarily on questions relating to “communication”. This is likely to reflect the complex, long-term health and social care needs of this patient group. However, a number of actions are outlined in the current report in response to these results, including inviting Healthwatch Bristol to carry out an “enter and view” of SBCH in October 2016.

2. Patient and Public Involvement (PPI) Activity

The UH Bristol Patient Experience and Involvement Team carries out a range of activities to ensure that patients and the public can influence and shape the services that the Trust provides. The Patient Experience Group receives an update on this Patient and Public Involvement (PPI) activity at each of its meetings via the Trust's "PPI Log". There are three broad areas of activity:

- The corporate PPI programme (principally the Involvement Network, *Face2Face* patient interviews, Patient Experience at Heart staff workshops, and the "15 steps challenge")
- Service-level PPI activity
- Engaging with partner organisations (e.g. Healthwatch, Patient's Association, local health and social providers)

This new section of the Quarterly Patient Experience Report provides an overview of recent and current PPI activity at the Trust:

The corporate PPI programme

The Trust's Involvement Network consists of a network of patients, carers and communities of interest willing to contribute to discussions about service development at UH Bristol. The network adopts a "hub and spoke" model, with the Trust at the centre linking out to leaders and groups in the community who, in turn, engage their own networks / members in the topic under discussion. The Involvement Network is currently involved in a review of the Trust's Carers Policy.

The *Face2Face* interview programme trains volunteers (members of staff, governors and the public) to elicit feedback from patients whilst they are still in UH Bristol's care. Recently these interviews have been used to generate insight into two of the Trust's corporate quality objectives for 2016/17: how to ensure that patients are kept informed about the progress of their care whilst in hospital, and ensuring that patients are asked about the quality of their care. The information generated from these interviews will be used to develop the service improvement plans associated with the quality objectives.

The Trust's 15 Steps Challenge programme, again carried out by trained volunteers, is a way of capturing the initial impression that visitors have of a ward or clinic environment. The Challenges consider how welcoming a ward is, whether the ward is well organised and calm, how caring and involving the ward is, and whether the ward is safe. Feedback is given directly to the ward sister or matron at the end of the Challenge, for local action as required. There have been two recent 15 Step Challenges - on A515 (Stroke unit) and in the Bristol Eye Hospital outpatient areas. The Challenge teams commented positively on these areas and reported some relatively minor improvements back to the appropriate service leads to action.

Service-level PPI activity

In collaboration with staff delivering care, the corporate Patient Experience and Involvement Team supports a wide range of "local" PPI activity across the Trust. Recent projects include:

- Working with the paediatric cardiac service to carry out listening events for parents and patients
- A focus group with parents whose children were treated by the Paediatric Intensive Care Unit
- Working with the Postgraduate Medical Education Team, to bring together patients and Foundation Level 2 doctors in educational workshops, to enable medics to view their work from a patient perspective

- Focus groups with patients and relatives who are receiving palliative care. This is being used to inform the development of training and support for staff involved in providing end of life care

Engaging with partner organisations

These projects aim to ensure that key external partners (particularly those that have a broad “patient advocacy” role) are able to contribute to the work of the Trust, and that UH Bristol provides both local and national leadership in the PPI agenda. Recent and current examples include:

- Supporting Healthwatch to carry out an “enter and view” of the Trust’s Discharge Lounge. Positive feedback was received from Healthwatch, with a small number of useful but relatively minor recommendations now being taken forward by the service lead
- Partnering with North Bristol Trust, Bristol Community Health, NHS England, People in Health West of England and the Kings Fund, to develop and deliver a Bristol Patient and Community Leadership Programme. This programme will produce a cohort of “patient leaders”, to support service change across the health care system in Bristol
- Exploring effective governance around PPI conducted in relation to research projects, with the Trust’s Research and Innovation Team, University of the West of England and National Institute of Health Research (NIHR)
- Working with colleagues on the West of England Evaluation Strategy group to develop PPI guidance for service evaluation projects. This project is supported by funding from the UK Evaluation Society.

3. Patient-reported experience

The Trust’s Patient Experience and Involvement Team is also responsible for measuring patient-reported experience, primarily via the Trust’s patient survey programme¹. This ensures that the quality of UH Bristol’s care, as perceived by service-users themselves, can be monitored on an ongoing basis to ensure that high standards are maintained. In Quarter 1 (April to June 2016), the Trust maintained positive scores in the headline patient survey measures (see Charts 1-6). A description of these data sources is provided in Appendix B. It should be noted that the postal survey methodology changed in April 2016 (to provide the data a month earlier than had previously been the case). Although at this stage we do not think the data has been significantly affected by this change, at present some caution is needed in directly comparing Quarter 1 data with previous quarters.

The Trust has a series of response rate targets in relation to the Friends and Family Test. Performance against these is shown in Charts 7-9. In Quarter 1, the Trust has significantly improved its response rate to the inpatient and day case Friends and Family Test (Chart 8), having previously been served with an improvement notice by the Clinical Commissioning Group in January 2016 for under-performance in this area. The improvement trajectory was met and this improvement notice is now closed. However, in Quarter 1 the Trust was slightly below the 15% response rate target for its Emergency Departments (14.6% - see Chart 9). This was primarily due to lower numbers of respondents giving feedback via the survey touchscreens located in the Departments (although the underlying reasons for this aren’t clear). An SMS (text message) Emergency Department Friends and Family Test is currently being trialled by the Patient Experience and Involvement Team, in collaboration with the Division of

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

Medicine, to assess whether this can significantly boost the number of responses. The outcomes of this trial will be assessed in early Quarter 3, with a view to continuing this approach and potentially expanding the survey to the Trust's other Emergency Departments.

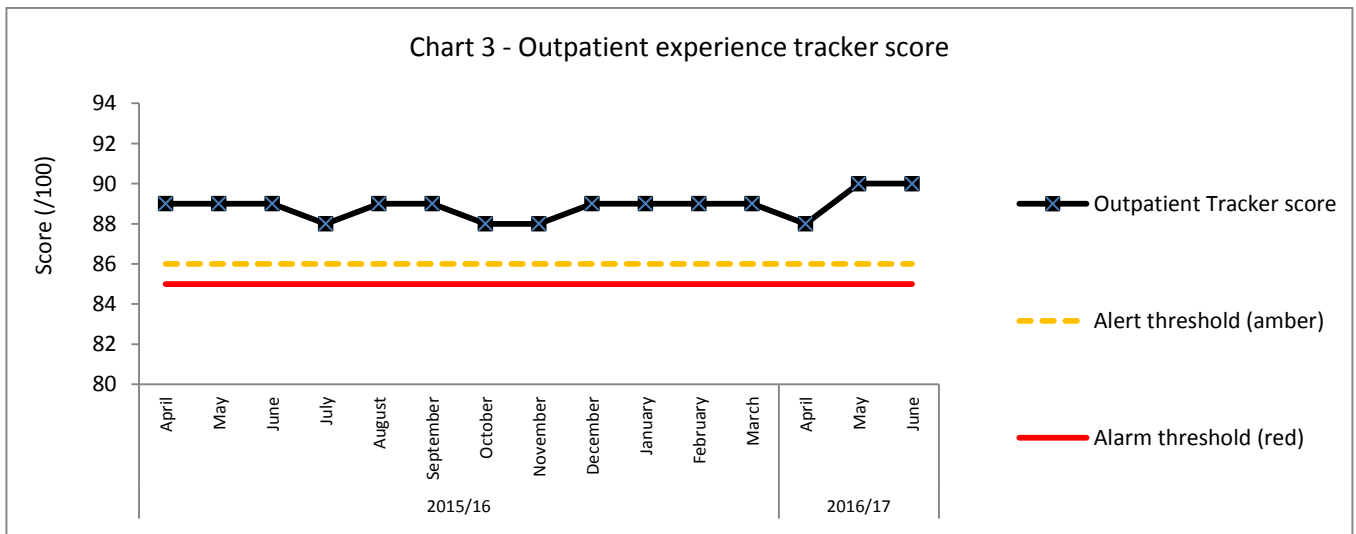
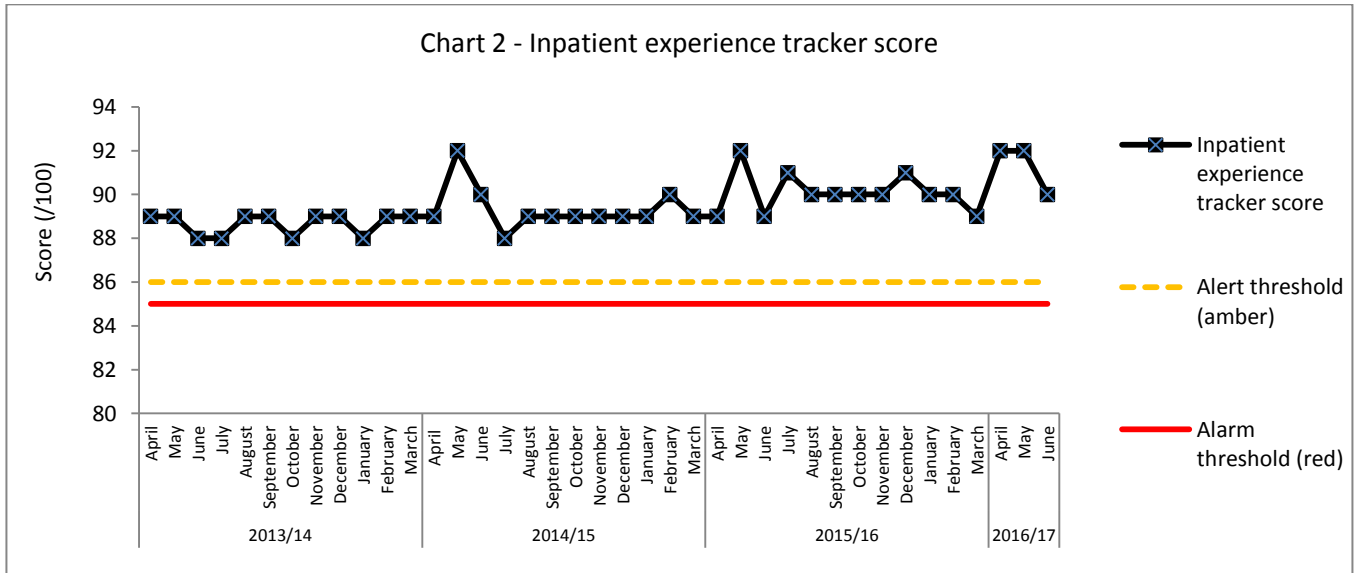
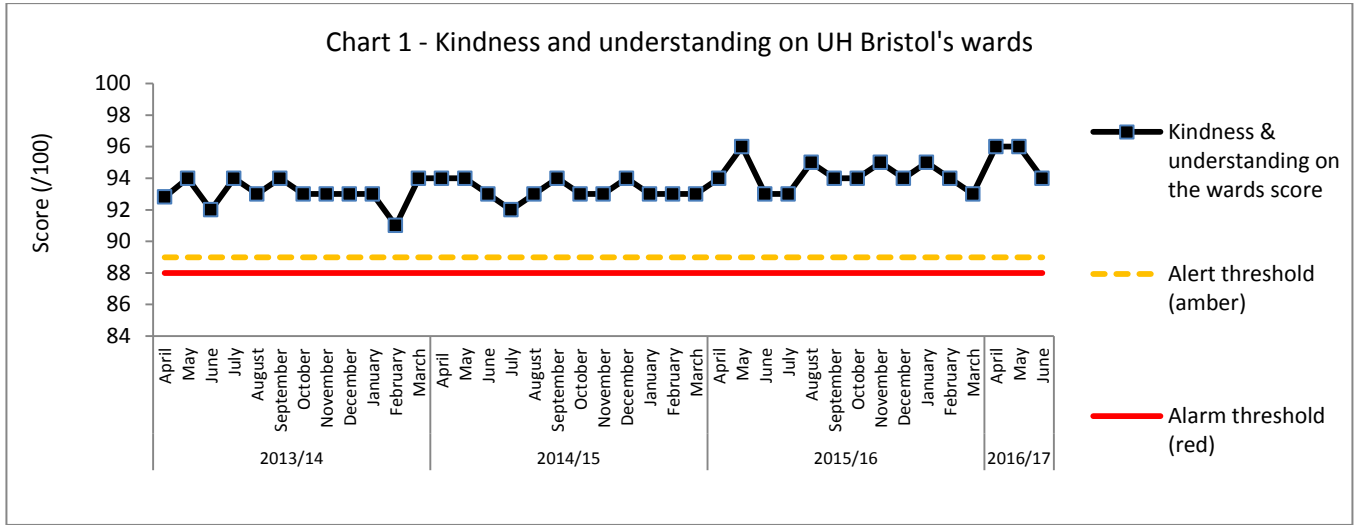


Chart 4 - Friends and Family Test Score - inpatient and day case

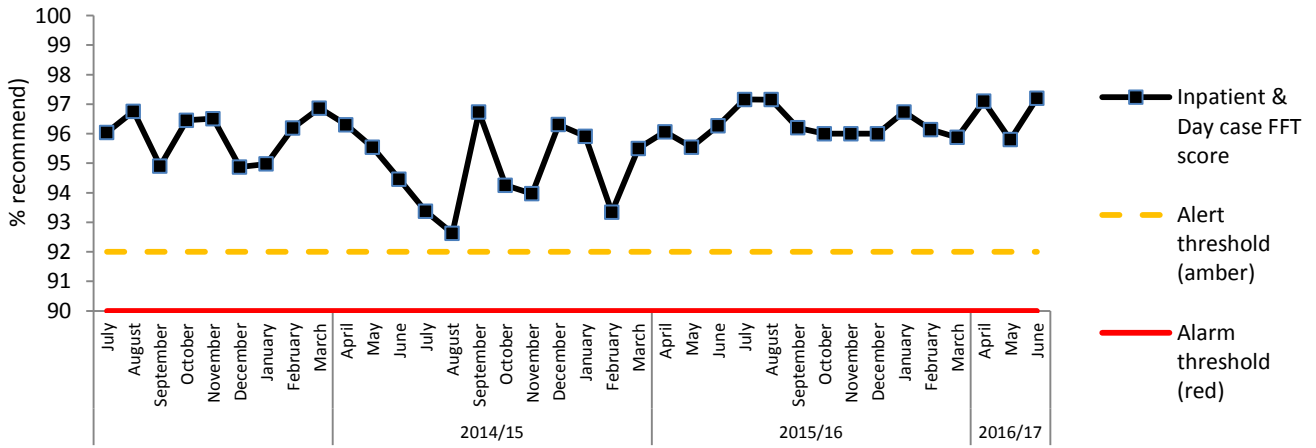


Chart 5 - Friends and Family Test Score - maternity (hospital and community)

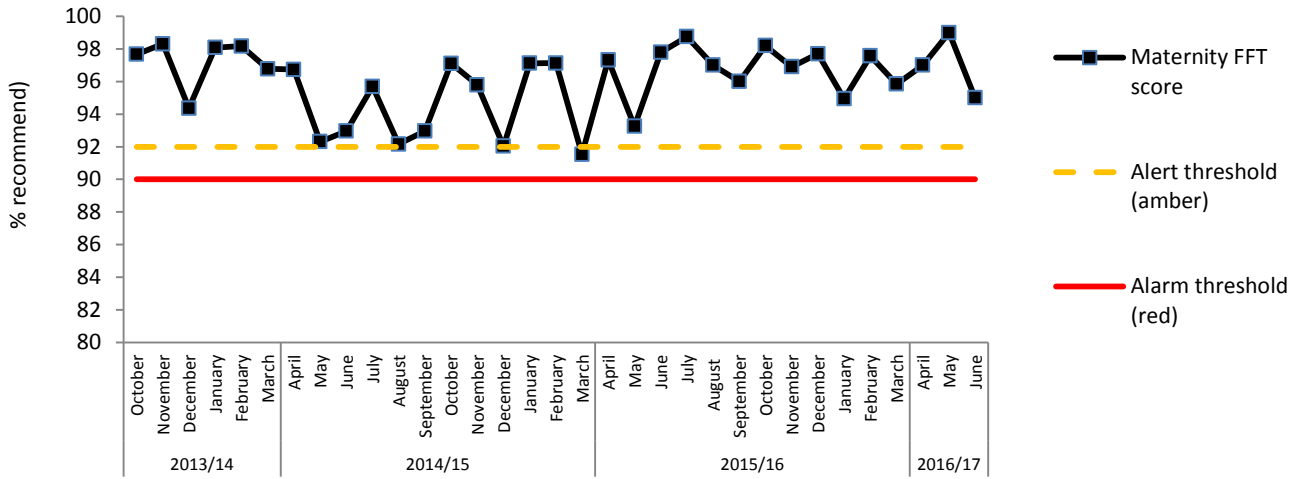
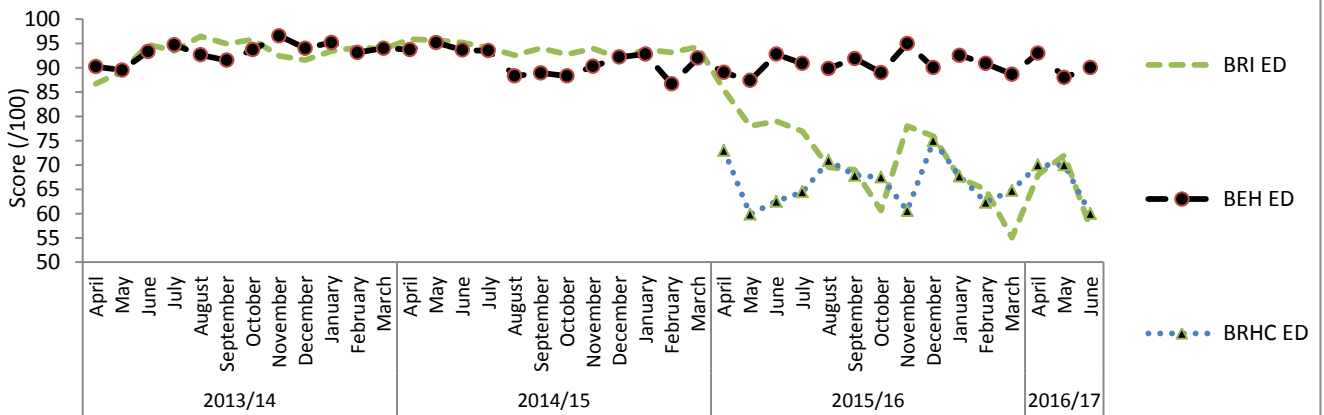


Chart 6 - Friends and Family Test Score - Emergency Department



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

Chart 7: 2015 /16 Friends and Family Test Response Rates (maternity combined)

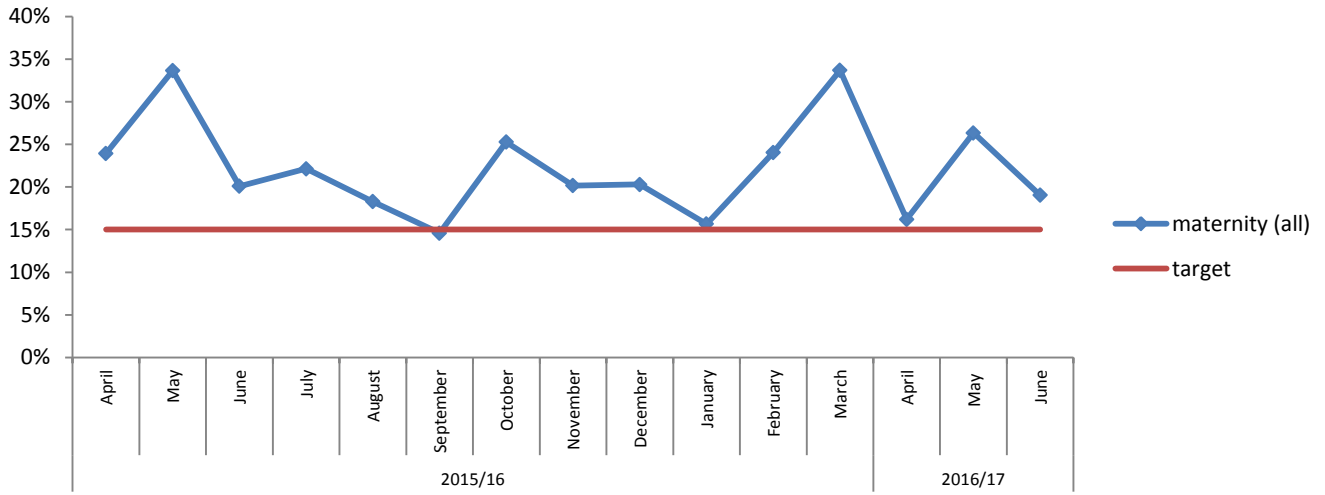


Chart 8: Friends and Family Test Response Rates (inpatient and day case) 2015/16

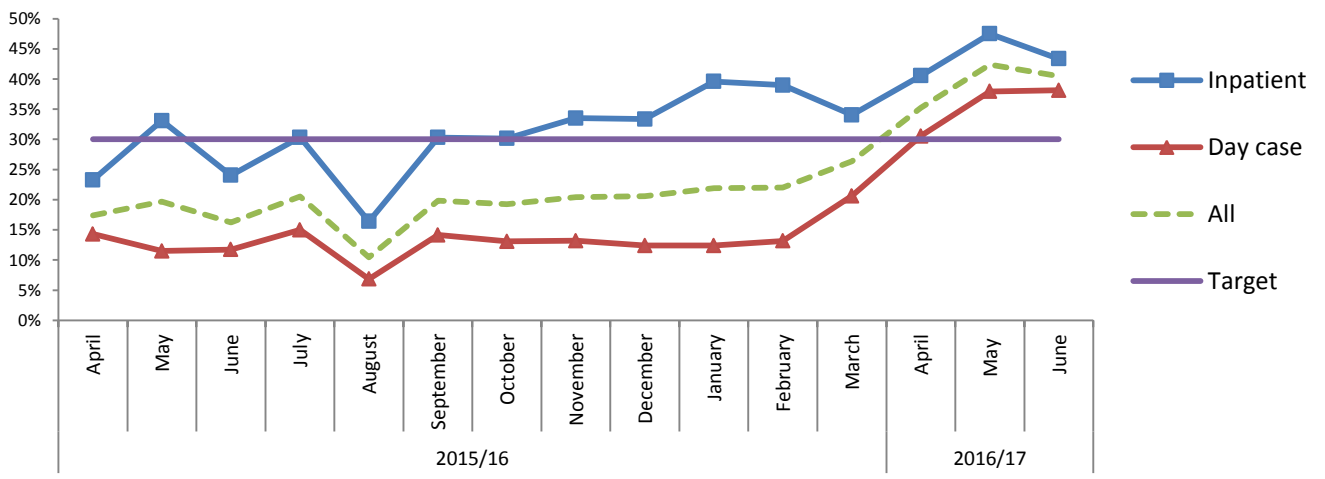
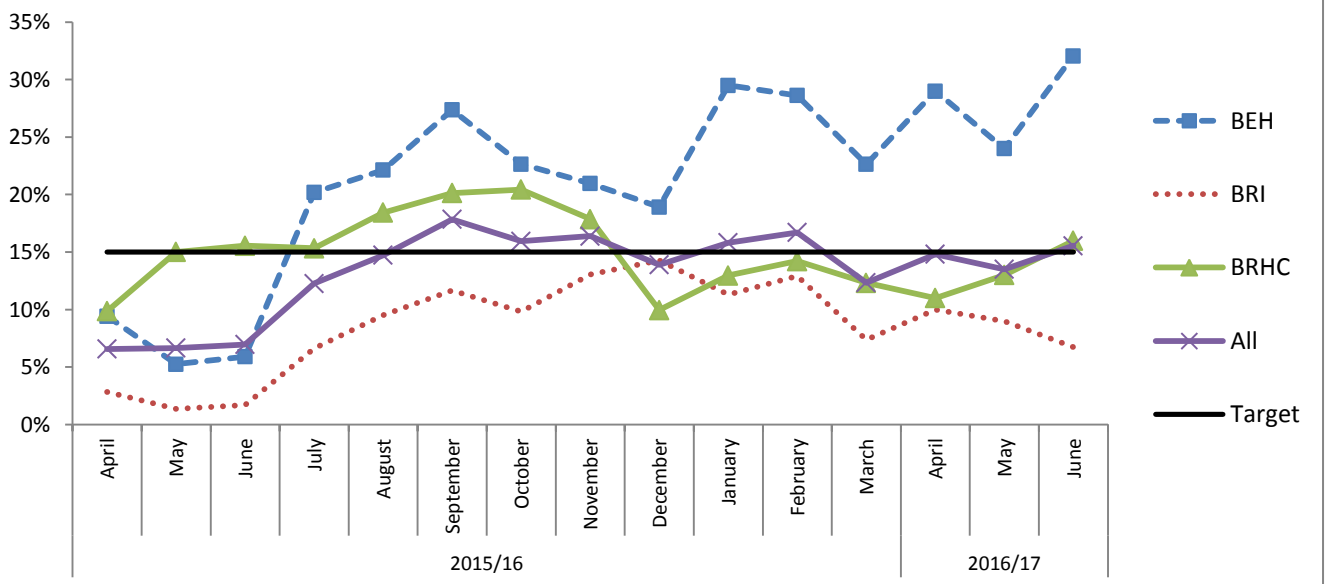


Chart 9: 2015/16 Friends and Family Test Response Rates (Emergency Departments)



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

4. Divisional, hospital and ward-level patient-reported experience

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

Division of Medicine – inpatient experience

South Bristol Community Hospital (wards 100 and 200)

This hospital had relatively low scores on the headline inpatient experience scores in Quarter 1 (Charts 14 and 15) - although it should be noted that the majority of feedback remains very positive. The reliability of the kindness and understanding score (Chart 14) for South Bristol Community Hospital is affected by the relatively small sample sizes for this site, which is likely to be causing the large fluctuations in the score between each quarter: although the score was slightly below the target in Quarter 1 (though within margin of error), over the course of the full year this score is above this level. As noted in previous Quarterly Patient Experience reports, the elements of the inpatient tracker (Chart 15) relating to communication and involving patients in care decisions tend to pull down the overall score for South Bristol Community Hospital. This is likely to be a realistic reflection of the challenges in caring for patients with long-term / complex health and social care needs (a view that is also supported by research at a national level). However, it is important to test these ideas and to recognise that the scores can still be improved. The Trust has therefore invited Healthwatch Bristol to carry out an “enter and view” inspection of South Bristol Community Hospital during October 2016. There is also ongoing improvement work around patient experience at the hospital, particularly in respect of communication, and recent examples include:

- The employment of a “carer’s link worker” for two days per week
- Further development of the “Integrated Discharge Hub”, which brings together relevant health and social care professionals to facilitate a patient’s discharge out of hospital
- Revising patient leaflets to ensure that patients/families/carers understand that the majority of care is managed by nursing and therapy staff (rather than doctor-led), to ensure that expectations are appropriately managed

Ward A518

In Quarter 1, ward A518 had the lowest Friends and Family Test score (Chart 20) and the second lowest inpatient tracker score (Chart 19). A review of the Friends and Family Test survey comments has been undertaken but these were generally positive and no specific negative themes emerged. The Head of Nursing has also triangulated these results with other quality data and has not found a similar decline in performance. Therefore, the ward team has been notified of these scores and the scores will continue to be closely monitored by the Patient Experience and Involvement Team and Division of Medicine (note: in July 2016 the ward received a 100% score in the Friends and Family Test).

Wards C808 and A528

These wards, which primarily focus on care of the elderly, have been noted as negative outliers in previous Quarterly Patient Experience Reports. The Patient Experience and Involvement Team are working with the Matron to carry out “Patient Experience at Heart” staff workshops in Quarter 3. These will be modelled on the successful workshops undertaken in the Trust’s maternity services, which contributed to a significant improvement of survey scores in that setting, and will be an opportunity for staff to reflect on their personal role

in delivering a positive patient experience. In addition, there are local projects underway to improve communication with patients and visitors, including the piloting of a “dementia diary” and evaluating the potential roll-out of a trial carried out on ward A400 which involves staff proactively contacting relatives/carers on a daily basis.

Communication (theme)

As noted above, effective communication with patients is a particular challenge for the Division of Medicine. This is reflected in the full breakdown of survey results shown in Table 2, where three Division of Medicine scores are flagged as negative outliers (telling patients about operations, procedures and potential side effects). As noted in the previous Quarterly Patient Experience and Involvement report, the Division of Medicine has formed a patient experience and involvement group, comprising key staff from across the Division. This group will have a particular focus on developing initiatives / sharing learning around effective communication with patients, with a view to improving this aspect of patient and carer experience. Further updates will be provided in the next Quarterly Patient Experience and Involvement report as this work develops.

Outpatient experience²

Bristol Royal Hospital for Children (tracker score - Chart 13)

In Quarter 1, the Bristol Royal Hospital for Children had a relatively low score on the composite outpatient experience tracker, which combines survey questions relating to the clinic environment, waiting times, communication, and being treated with respect and dignity. The main reason for this is that patients reported relatively long waits in clinic, which dragged down the overall score. The Women’s and Children’s Division has made the outpatient teams aware of this score. The management team is currently developing a comprehensive response to the recent Paediatric Cardiac Review – a section of which is focussed purely on improvements in outpatient services. Further updates on the patient experience elements of this improvement work will be provided in future Quarterly Patient Experience and Involvement Reports.

Bristol Haematology and Oncology Centre (tracker score - Chart 17)

Waiting times in clinic were also the reason why the Bristol Haematology and Oncology Centre scored below the target score on the outpatient experience tracker. Ensuring that clinics run to time is a constant challenge given the high demand for services and because patients with cancer often have complex clinical needs. This aspect of patient experience is subject to ongoing improvement work, including recent examples such as:

- Reviewing clinic templates and introducing a “look ahead” to ensure that clinics are booked appropriately (e.g. to take account of annual leave)
- Implementation of a new room rota to help ensure that clinics can be set up in good time, and to increase flexibility on the day of clinics (e.g. if one clinic overruns then it is easier to identify a new location for other clinics to start on time)
- Ensuring that doctors are made aware when their clinic starts to run behind schedule

² Please note that sample sizes are relatively low at hospital level in the outpatient survey. The survey also takes a sample from one day of attendances per month, so a Quarter reflects three days of outpatient experience across the Division. The outpatient data shown in Table 3 (which comprises the full set of Divisional-level survey questions) takes a six-monthly view, in order to add stability to the data.

In response to the Quarter 1 survey data, the Bristol Haematology and Oncology management team is carrying out an audit to identify whether specific clinics are particularly prone to delays. If patterns of delay are identified then specific actions will be developed to support those areas.

It should also be noted that in recognition of the challenges around reducing waiting times in clinics, this has been chosen as a corporate quality objective by the Trust in 2016/17.

Division of Diagnostics and Therapies (outpatient information boards – Table 2)

A relatively low proportion of patients in the Diagnostics and Therapies Division reported that they saw an information board in their outpatient clinic, which provided information about any delays being experienced that day. The Division acknowledges that this is an accurate reflection of their clinics, most of which do not have these boards, but a key reason is that clinics generally run to time (this is corroborated by the survey data, where 91% of patients said that they were seen on time or within fifteen minutes – far higher than the other Divisions). Clinic staff in the Division are required to tell patients if there is a delay, and again the Division scores relatively well in this respect (In Quarter 1, 58% of the 9% of patients who wait over fifteen minutes were told that there was a delay). However, there is clearly room for improvement here for all Divisions. Ensuring that patients are kept informed of delays is currently a corporate quality objective, which means that it is a key focus of improvement for the Trust during 2016/17 (a separate report about progress against these objectives is provided to the Trust Board each quarter).

Further note: outpatient clinics – providing feedback opportunities for service-users

The Trust's Delivering Best Care Week³ in outpatient services found that a number of clinics did not have all of the basic tools needed to collect and use feedback (comments cards, boxes, and posters to publicise this opportunity). In addition, whilst a number of clinics displayed comments cards and put a response against these where necessary, in some cases these displays were out of date and could have been presented more professionally. As a result of these findings, the Patient Experience and Involvement Team provided a number of clinics with cards / boxes etc, and issued guidance on how to use and present feedback. In September 2016 an audit will be carried out by the Patient Experience and Involvement Team to check that these issues have been addressed and to identify any further support needs.

³ This was an in-house inspection of the Trust's outpatient clinics, which covered a number of aspects of "quality" – including patient experience.

Chart 10 - Kindness and understanding score - Last four quarters by Division (with Trust-level alarm limit)

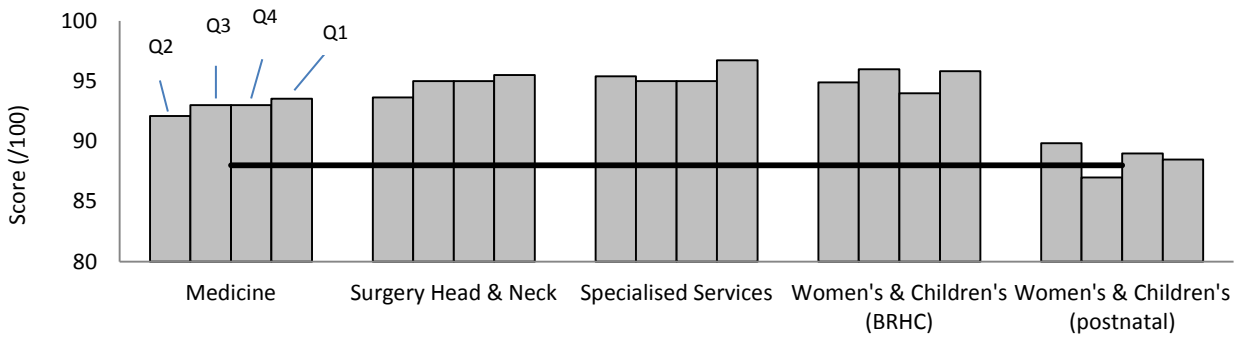


Chart 11 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)

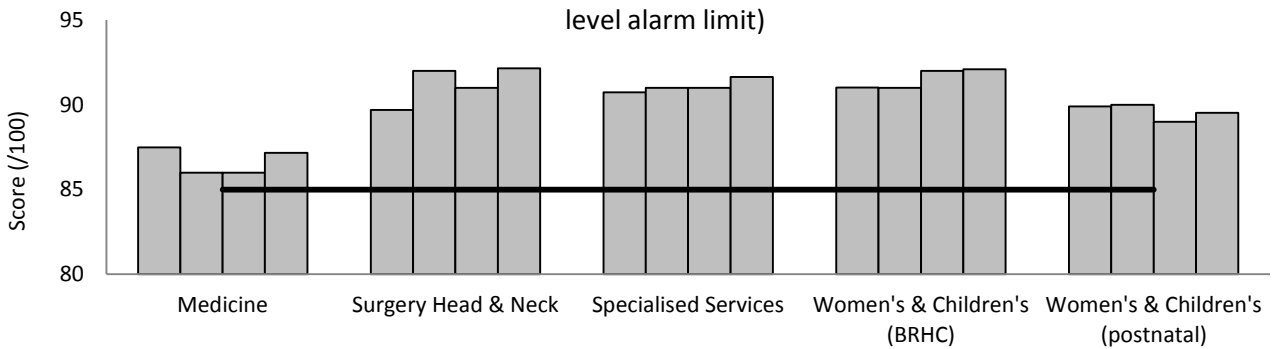


Chart 12 - Inpatient Friends and Day Case Family Test score - last four quarters by Division (with Trust-level alarm limit)

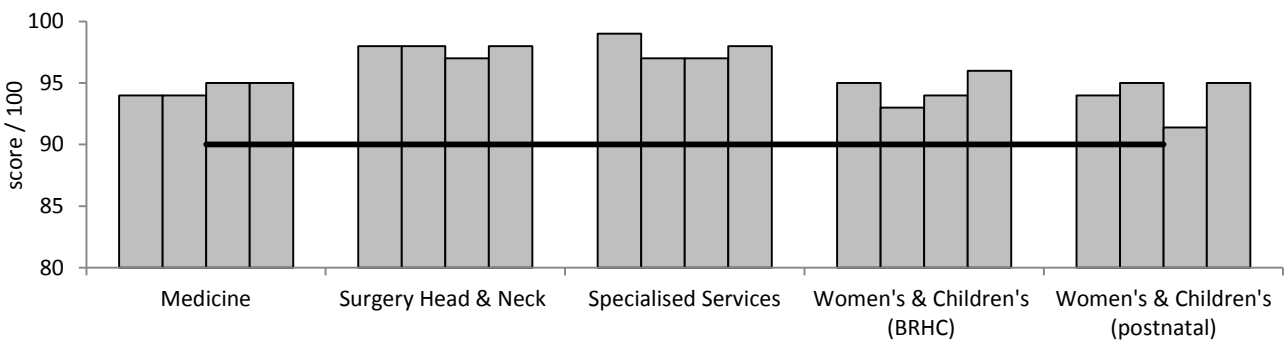


Chart 13 - Outpatient experience tracker score by Division - with Trust-level alarm limit

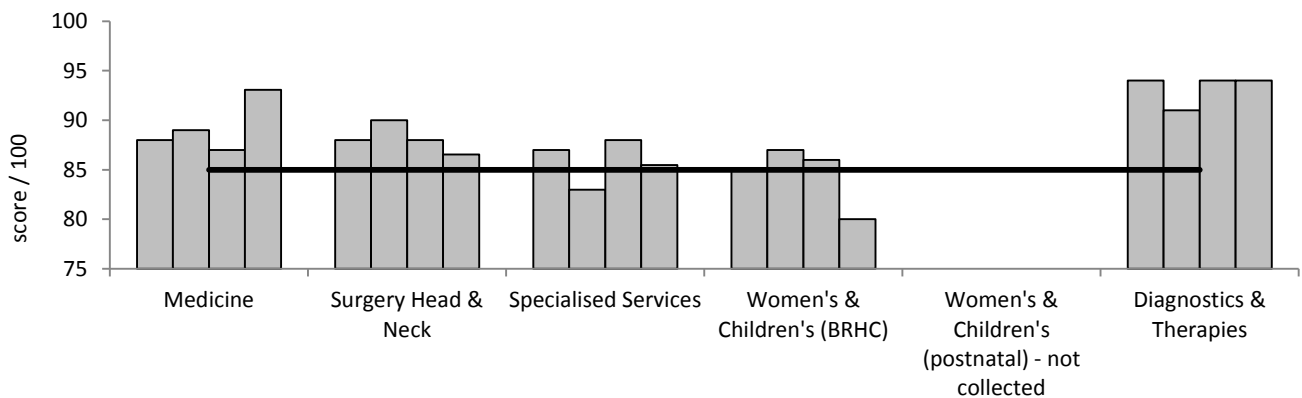


Chart 14: Kindness and understanding score by hospital (last four quarters; with Trust-level alert limit)

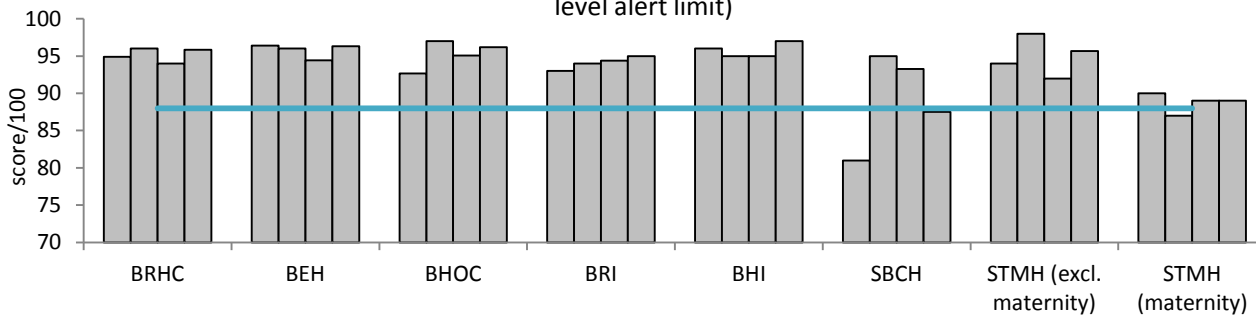


Chart 15: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)

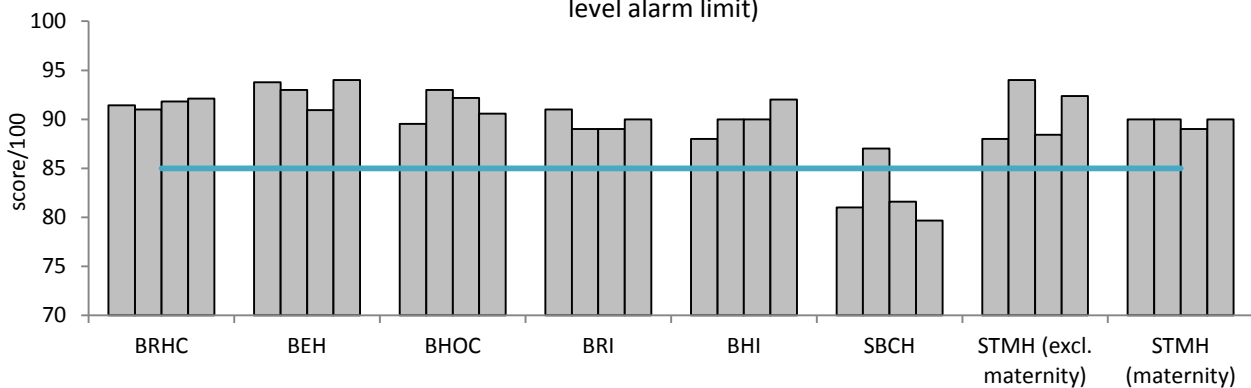


Chart 16: Inpatient and day case Friends and Family Test (last four quarters; with Trust-level alarm limit)

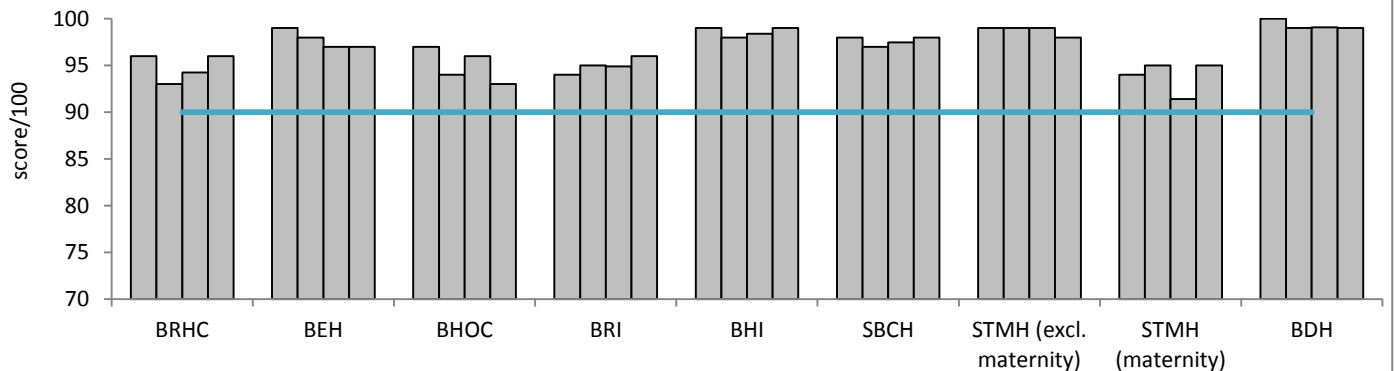


Chart 17: Outpatient experience tracker score by hospital (with Trust-level alarm limit)

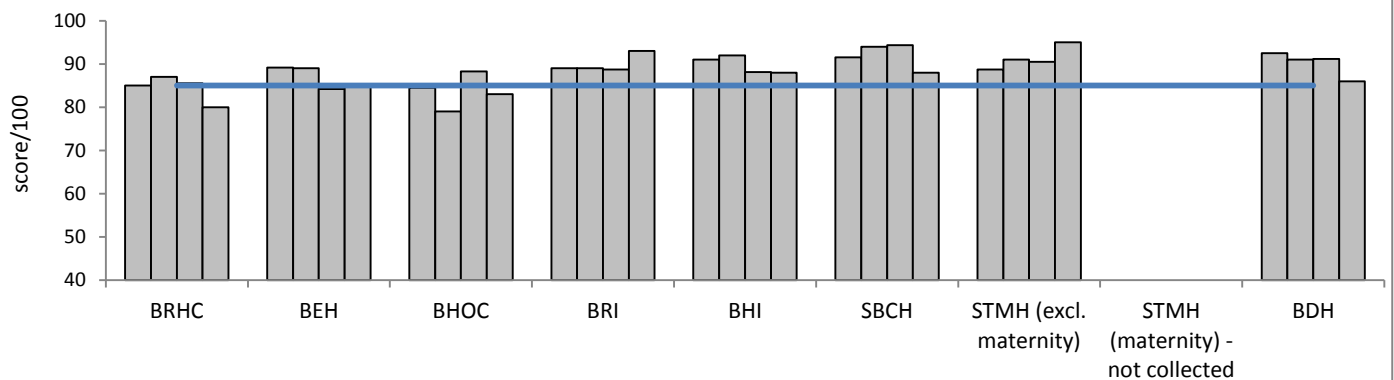


Chart 18: Kindness and understanding score by inpatient ward

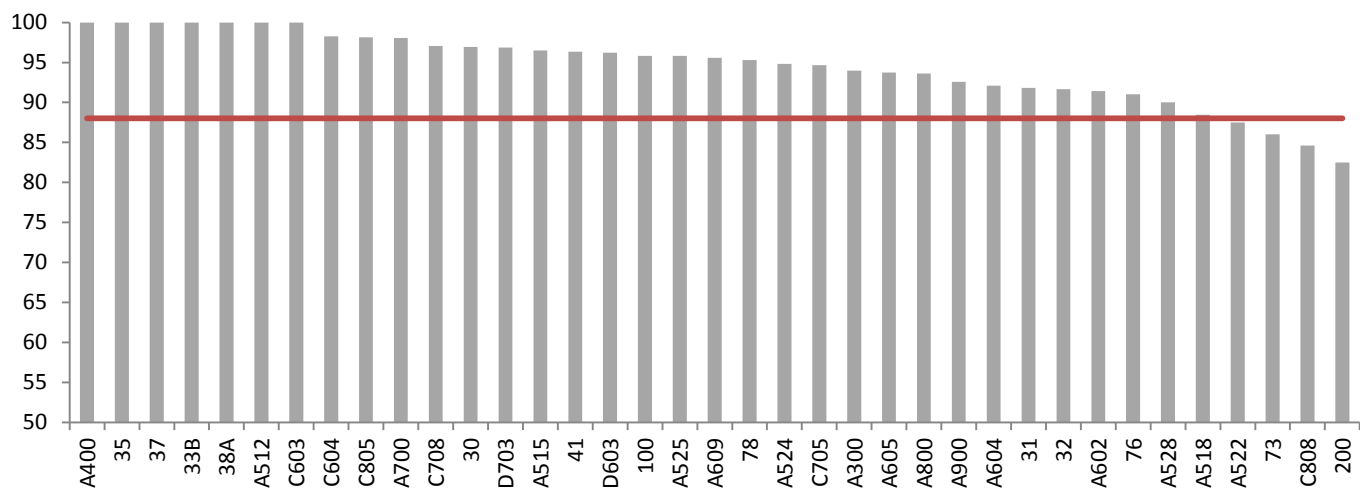


Chart 19: inpatient experience tracker score by inpatient ward

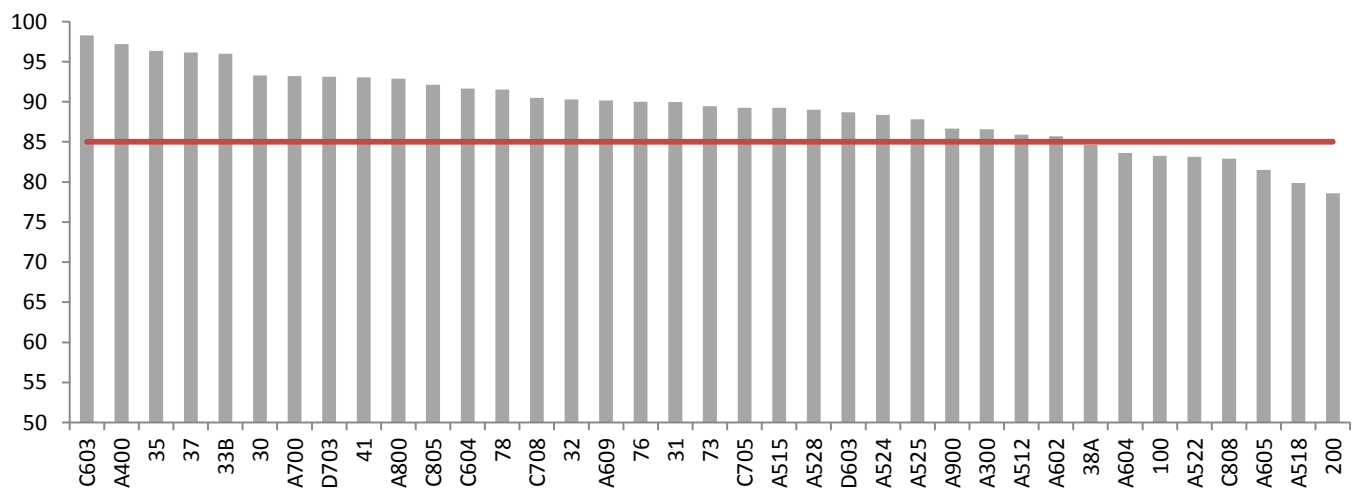


Chart 20: Friends and Family Test score by inpatient ward

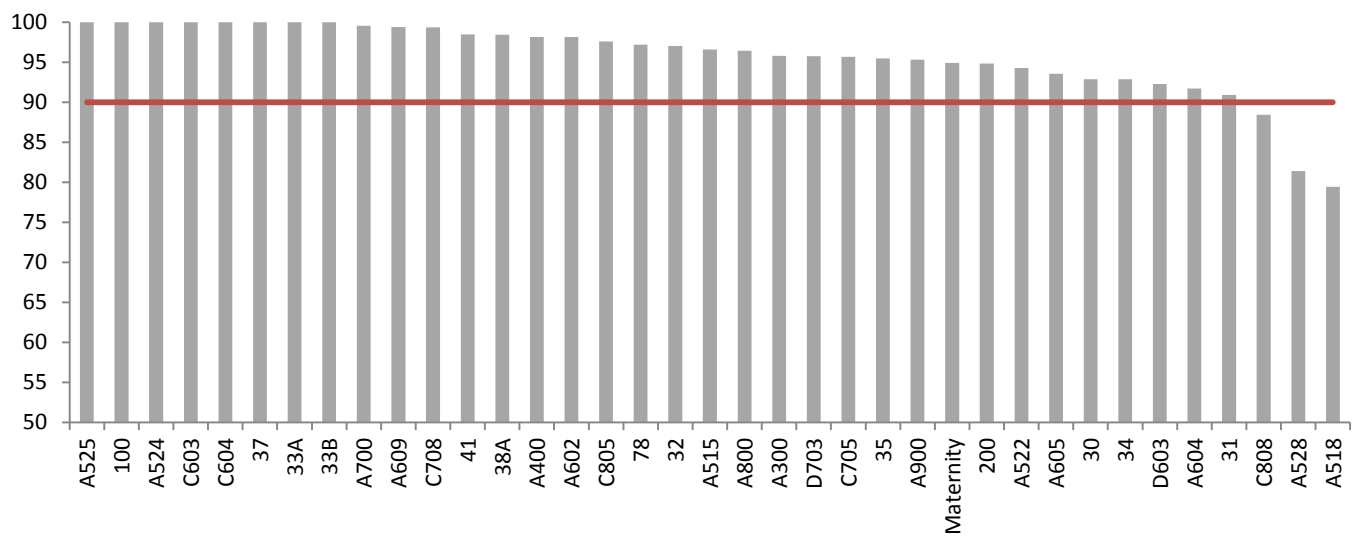


Table 1: Full Quarter 1 Divisional scores from UH Bristol’s monthly **inpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score)

	Medicine	Surgery, Head and Neck	Specialised Services	Women’s & Children’s (excl. maternity)	Maternity (postnatal ward)	Trust
Were you / your child given enough privacy when discussing your condition or treatment?	92	95	92	92	n/a	93
How would you rate the hospital food you / your child received?	62	63	59	64	52	61
Did you / your child get enough help from staff to eat meals?	79	83	88	82	n/a	83
In your opinion, how clean was the hospital room or ward you (or your child) were in?	94	97	96	92	91	95
How clean were the toilets and bathrooms that you / your child used on the ward?	90	93	92	92	85	92
Were you / your child ever bothered by noise at night from hospital staff?	77	85	83	85	n/a	83
Do you feel you / your child was treated with respect and dignity on the ward?	95	97	97	98	93	97
Were you / your child treated with kindness and understanding on the ward?	94	96	97	96	89	96
How would you rate the care you / your child received on the ward?	85	90	90	92	86	90
When you had important questions to ask a doctor, did you get answers you could understand?	84	91	89	90	89	89
When you had important questions to ask a nurse, did you get answers you could understand?	85	90	90	92	91	89
If you / your family wanted to talk to a doctor, did you / they have enough opportunity to do so?	70	75	74	78	83	74
If you / your family wanted to talk to a nurse, did you / they have enough opportunity to do so?	83	87	87	92	89	87
Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?	78	86	85	91	86	85
Do you feel that the medical staff had all of the information that they needed in order to care for you / your child?	86	90	90	89	n/a	89
Did you / your child find someone to talk to about your worries and fears?	69	76	75	80	82	75

(inpatient survey data continued..)

	Medicine	Surgery, Head and Neck	Specialised Services	Women's & Children's (excl. maternity)	Maternity (postnatal ward)	Trust
Staff explained why you needed these test(s) in a way you could understand?	82	87	87	93	n/a	87
Did hospital staff keep you informed about what would happen next in your care and treatment during your stay?	76	85	84	92	n/a	84
Were you told when this would happen?	77	81	80	84	n/a	81
Did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	74	93	93	96	n/a	92
Did a member of staff explain how you / your child could expect to feel after the operation or procedure?	68	80	75	85	n/a	78
Staff were respectful any decisions you made about your / your child's care and treatment	91	94	94	95	n/a	93
During your hospital stay, were you asked to give your views on the quality of your care?	28	33	35	35	51	33
Do you feel you were kept well informed about your / your child's expected date of discharge?	85	92	90	92	n/a	90
On the day you / your child left hospital, was your / their discharge delayed for any reason?	63	65	56	72	69	63
% of patients delayed for more than four hours at discharge	21	15	16	29	30	18
Did a member of staff tell you what medication side effects to watch for when you went home?	43	65	57	67	n/a	59
<i>Total number of patients / parents responding to the survey in Quarter 1</i>	<i>310</i>	<i>617</i>	<i>483</i>	<i>242</i>	<i>102</i>	<i>1754</i>

Table 2: Full six-monthly Divisional-level scores from UH Bristol's monthly **outpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score)

	<i>Division</i>					
	Diagnostics & Therapies	Medicine	Surgery Head & Neck	Specialised Services	Women's & Childrens (excl. Maternity)	All
	<i>Pre-appointment and booking</i>					
Patient / parent given a choice of appointment time if they wanted one (%)	87	68	72	75	72	76
Patients / parents not experiencing a cancelled appointment (%)	88	81	83	88	86	85
Ease of contacting the hospital (score / 100)	72	62	58	77	63	67
	<i>At the clinic</i>					
Courtesy of the receptionist in the clinic (score/100)	94	97	94	96	89	95
Able to find a seat in the waiting area (%)	99	98	99	100	99	99
Cleanliness of the clinic (% very or fairly clean)	100	100	100	100	99	100
Seen within 15 minutes of scheduled appointment (%)	91	70	71	64	61	72
If waiting over 15 minutes - told how long delay would be (%)	58	49	41	37	18	39
If waiting over 15 minutes - told why there was a delay (%)	53	46	61	44	35	48
Patient / parent saw an information board with waiting time information on it (%)	30	66	46	59	44	50

<i>(Outpatient survey data continued)</i>	Diagnostics & Therapies	Medicine	Surgery Head & Neck	Specialised Services	Women's & Childrens (excl. Maternity)	All
	<i>In the appointment</i>					
The medical professional had all of the information needed to care for the patient (score / 100)	86	91	91	93	89	90
Medical professional listened to the patient / parent (score / 100)	95	96	95	96	95	95
Patient / parent got understandable answers to important questions (score /100)	93	93	90	91	91	92
The patient / parent had enough time with the medical professional (score / 100)	93	95	92	92	96	93
The patient / parents was treated with respect and dignity (score/100)	99	98	98	98	96	98
Risks and benefits of treatment explained (score/100)	88	87	84	85	86	86
Test results explained (score/100)	75	83	80	78	82	79
Potential medication side effects explained (score/100)	61	71	63	80	61	70
	<i>Overall experience</i>					
Overall care rating (% excellent, very good, good)	98	99	98	99	96	98
% extremely likely or likely to recommend the department to friends and family	94	93	91	94	93	93
Total number of respondents	308	296	333	426	151	1514

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

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

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

Division	Ward	Issue raised	Response from Division
Division of Medicine	A528	Three comments about poor quality food were received during a short period of time during May 2016.	The feedback was shared with the Facilities Department, who could not find substantiating evidence in their local survey and audits. No further negative comments of this nature were received during Quarter 1. Scores will continue to be monitored for this ward by the Facilities Department.
	A300	A member of staff used the hospital telephone for a personal call, and the respondent witnessed the internet being used by a member of staff to access a dating website.	We could not identify the member(s) of staff being referred to in this comment, but all staff on the ward have been reminded that inappropriate use of telephones, email and internet will result in disciplinary action.
Division of Specialised Services	C705 (Bristol Heart Institute)	A comment was received about the difficulties of being on the ward if you have a visual impairment. In particular, the patient struggled to see / use their water jug.	This comment has been given to the nutrition and hydration steering group and discussed with occupational therapy colleagues to consider if there are any opportunities to make the water jugs more accessible to patients with a visual impairment. This comment has also been shared with the Sisters in the Division to raise awareness of this issue.
	D703 (Bristol Haematology and Oncology Centre)	A comment was made about needing more nurses on the ward.	There have been a number of vacancies on D703 and this is an area where focussed recruitment is taking place. On a day-to-day basis, staffing levels are reviewed to ensure that they are at safe levels for each shift.
	D603 (Bristol Haematology and Oncology Centre)	Delays at discharge, which the patient attributed to delays in the pharmacy department.	This comment has been shared with the relevant teams / staff, and discussed at key hospital governance meetings, for staff to reflect on and identify areas where these processes and communication can be improved.

Division	Ward	Issue raised	Response from Division
Women's and Children's Division <i>(Bristol Royal Hospital for Children)</i>	31	Two patients commented that on arrival they were not shown where anything was on the ward (e.g. where to get refreshments).	Parents are usually given a "Welcome to Ward 31" leaflet, along with a notice board for families, and nursing staff usually show families around the ward. It is unclear why this didn't happen on this occasion, but the ward have been notified of these comments to ensure they proactively provide an orientation for all families.
	31	Negative comment about the cleanliness of the ward floors, as the parent had a baby who was crawling around on the floor and felt that they were unhygienic.	The comments have been shared with the housekeepers on the ward. On average the ward receives a high score (95%) in its cleanliness audit. Within the comment the respondent also noted that other areas of the ward were very clean - but the floors have a high foot fall, making it difficult to resolve this issue completely.
	30A	Negative comment which raised concerns about staff attitude on the ward, and that the parent had to ask staff for the patient to be given breakfast.	This feedback has been shared directly with the ward sister, who will share it with the ward team. In respect of breakfast provision - a member of staff goes into each room every morning between 0800 and 0900 to ask for breakfast choices, so it may have been that there was a misunderstanding (i.e. that the member of staff hadn't yet arrived at the patient's room).
	30B	Comment about the lack of play facilities for children.	Due to health, safety and security the playroom is closed out of hours, but the ward now keeps a selection of craft activities and toys.
	34	A long time taken to respond to the call button.	This feedback has been shared with the ward Sister to remind staff that call buttons are a priority. A number of new staff have been recruited to the ward, which should also help to improve this issue.
	Emergency Department	A comment noted the negative attitude of reception staff.	An email has been sent to all reception staff reminding them of appropriate behaviours and values.
<i>Division of Surgery, Head and Neck</i>	Bristol Eye Hospital Emergency Department (BEH ED)	Several negative comments relating to staff attitude.	Although the great majority of comments about staff are positive, we need to ensure that every patient experiences this high level of care and compassion. We will therefore put in place increased monitoring around the delivery of a positive patient experience, including observations of care, unannounced visits and a formal letter to the BEH ED Sisters outlining the negative patient feedback.

Division	Ward	Issue raised	Response from Division
Division of Surgery, Head and Neck (continued)	Bristol Eye Hospital Emergency Department	Difficulties in getting through to the Emergency Department by telephone.	The Head of Nursing is currently exploring this issue with the Matron for the service. An update will be provided in the next Quarterly Patient Experience Report
	Bristol Eye Hospital Emergency Department	Ensuring that patients are kept informed of waiting times in clinics.	The Ward Sister has reminded her staff about the importance of keeping patients informed about waiting times.
	Queen's Day Unit and South Bristol Community Hospital Day case wards	Some criticism was received about the system whereby several patients are all asked to attend at the same time, so then some have to wait a relatively long time for their procedure.	Process mapping of the Division's day case services in the Queen's Day Unit and South Bristol Community Hospital is planned for January 2017. This should identify opportunities to improve the current appointments system / process.

6. Update on survey scores identified as key issues in the previous Quarterly report

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

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

Issue / area	Main action(s) cited	Outcome
Low survey scores on Ward 38b (paediatric neurology).	A member of the LIAISE Team to visit Ward 38b and talk to parents about their levels of satisfaction with their experience, and identify improvements where necessary.	This action has been deferred as the ward is currently closed for refurbishment. The visit will take place when the ward re-opens.
Low survey scores on wards C808 / A528 (Care of the Elderly) and at South Bristol Community Hospital (rehabilitation).	See Section 4 of this report.	
Below-target Friends and Family Test response rate in the day case element of this survey.	Visit each ward to put in place a robust process for collecting this feedback (complete).	The improvement trajectory agreed with the Bristol Clinical Commissioning Group has been achieved.
Waiting times in outpatient clinics at the Bristol Eye Hospital.	Patients often see several specialists during a single appointment. The management team are developing a process to track patients through this "pathway" via the Medway system. This will help clinic staff to manage the flow of patients through their appointment and to identify / prioritise patients who have been waiting a relatively long time.	Although this score improved in Quarter 1, and overall the outpatient "tracker" score reached the target for this hospital (Chart 17), waiting times in clinic are likely to remain a major challenge and focus for the Bristol Eye Hospital and other outpatient services. This is reflected in the Trust's decision to focus on this issue as a corporate quality objective in 2016/17.

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

At the end of the Trust's postal survey questionnaires, patients are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 5 (inpatients) and Table 6 (outpatients). (Please note that "sentiment" is a term that identifies whether a comment theme is positive (i.e. praise) or negative (improvement needed)). The themes are broad, but it can be seen that they are reasonably consistent across Divisions. By far the most frequent type of feedback is praise for staff, with the key improvement issues being around communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues (see accompanying Quarter 1 complaints report). Please note that the coding of the outpatient survey comments is a relatively recent development, and therefore we do not currently have a Divisional breakdown of these themes. However, these should be available for the next Quarterly Patient Experience and Involvement report.

Table 5: inpatient survey comments by theme (Quarter 1 2016/17)

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity ⁴)	Staff	Positive	57%
	Communication / information	Negative	14%
	Food / catering	Negative	9%
	Waiting / delays	Negative	8%
	Staff	Negative	8%
Division of Medicine	Staff	Positive	48%
	Food / catering	Negative	9%
	Communication / information	Negative	8%
Division of Specialised Services	Staff	Positive	53%
	Communication / information	Negative	17%
	Food / catering	Negative	14%
Division of Surgery, Head and Neck	Staff	Positive	56%
	Communication / information	Negative	15%
	Waiting / delays	Negative	9%
Women's and Children's Division (excluding Maternity)	Staff	Positive	75%
	Communication / information	Negative	12%
	Communication / information	Positive	12%
Maternity	Staff	Positive	71%
	Care during labour and birth	Positive	32%
	Communication / information	Negative	16%

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

<i>Positive</i>		<i>Negative</i>	
Staff	54%	Waiting / Delays	13%
Time spent with medical professional	9%	Communication and information	11%
Clinic coordination / efficiency	7%	Clinic environment / facilities	8%
Waiting / Delays	6%	Staff	8%
Clinic environment / facilities	6%	Administration (letters etc)	7%

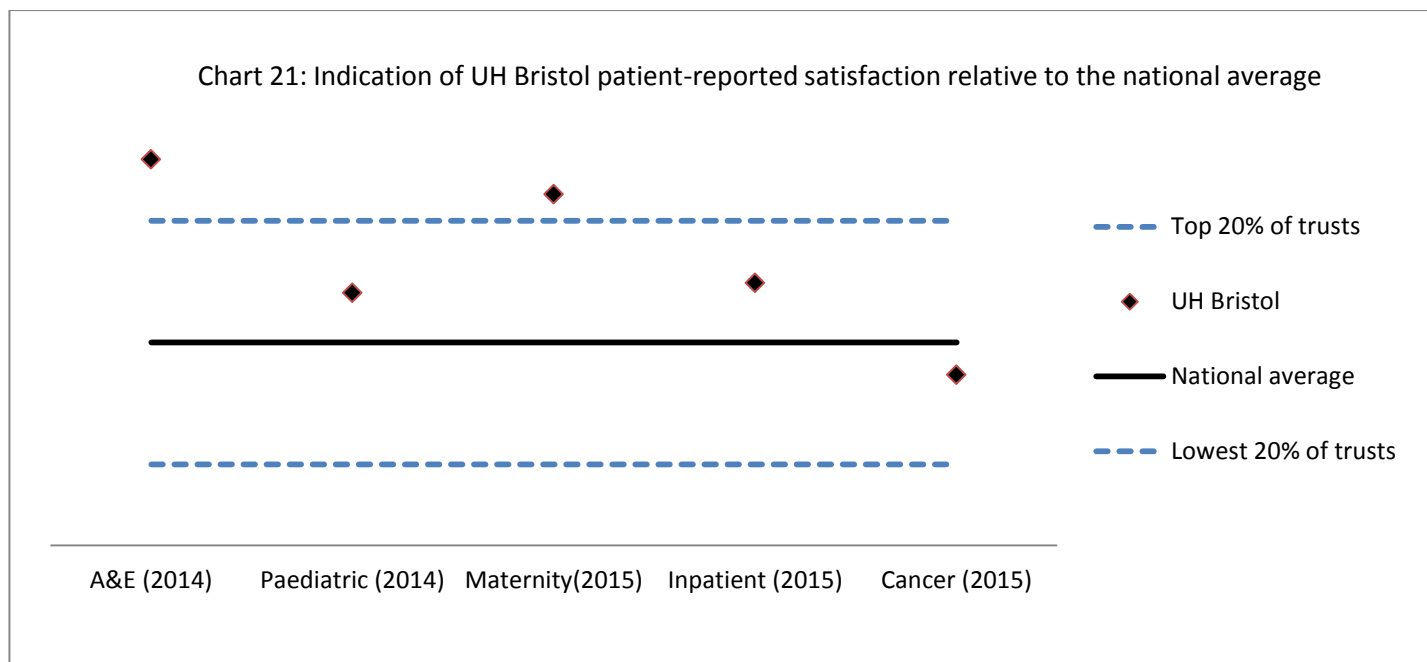
⁴ The maternity inpatient comments have a slightly different coding scheme to the other areas, and maternity is not part of the outpatient survey due to the large number of highly sensitive outpatient clinics in that area of care.

8. National Patient Surveys

The Care Quality Commission’s (CQC’s) National Patient Survey programme is a mandatory survey programme for acute English trusts. It provides a robust national benchmark against which the patient experience at UH Bristol can be compared to other organisations. Chart 21 provides a broad summary of the Trust’s position⁵. The Trust Board receives a full report containing an analysis of each national survey and UH Bristol’s response to these results (see Appendix A for a summary).

Two sets of results have recently been received - one for the national inpatient survey and the other for the national cancer survey. As in previous years, UH Bristol broadly performed in line with the national average in the national inpatient survey. There was one score that was better than this benchmark (relating to privacy as an inpatient) and one that was worse (availability of hand gels – but this was still a very good score in itself). A key area for improvement related to ensuring that patients and visitors knew how to give feedback about their care, including how to make a complaint. Each ward has now been provided with a large “Tell Us About Your Care” framed poster, which highlights how to give feedback. The Divisions are currently arranging for these posters to be put in place on the wards.

In previous years, UH Bristol performed below expectations in the national cancer survey. As a result, in 2014/15 a comprehensive and far reaching service improvement plan was developed in collaboration with patients, staff and other key stakeholders. The latest (2015) set of results for this survey were released in Quarter 1, and suggest that the effects of these improvements are beginning to be felt, with the Trust moving closer to the national average. The action plan was not fully implemented at the point in time that these survey respondents were receiving care, and therefore our expectation is for further improved scores in the next national cancer survey (results due in 2017). The current focus continues to be implementing the improvements in the Trust’s cancer survey action plan. This action plan is on target for completion and is reviewed regularly by the Trust’s Cancer Steering Group.



⁵ It is difficult to directly compare the results of different surveys, and also to encapsulate performance in a single metric. Chart 21 is an attempt to do both of these things. It should be treated with caution and isn’t an “official” classification, but it is broadly indicative of UH Bristol’s performance relative to other trusts.

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

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

Appendix B – UH Bristol corporate patient experience programme

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

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

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

Appendix C: survey scoring methodologies

Postal surveys

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

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

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

Friends and Family Test Score

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

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

Complaints Report

Quarter 1, 2016/2017

(1st April 2016 to 30th June 2016)

Author: Tanya Tofts, Patient Support and Complaints Manager

Overview

Successes	Priorities
<ul style="list-style-type: none"> • None of the seven complaints closed by the PHSO in Q1 were upheld. • Surgery Head & Neck – decrease in complaints about attitude and communication and a reduction in complaints received by the Trauma and Orthopaedic service. • Medicine – reduction in number of complaints received in respect of attitude and communication and the majority of complaints received in Quarter 1 were resolved via the informal process. • Specialised Services – notable reduction in complaints received by the outpatients service at Bristol Heart Institute. • Women’s & Children’s Services – significant reduction in the number of complaints received in respect of attitude and communication, particularly with regards to communication with patients/relatives. 	<ul style="list-style-type: none"> • Training continues to be rolled out by the Patient Support & Complaints Team tailored to the theme of how to write a good response letter (sessions are currently arranged through to December 2016). • Reduce the number of complaint responses that breach the agreed deadline. • Reduce the number of cases where the deadline agreed with the complainant is extended. • Finish scoping out detail of corporate quality objective for 2016/17 to reduce the number of people who complain about aspects of how we communicate with them.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Explore potential to record severity of complaints to enable future benchmarking • Patient Support & Complaints Manager to continue working closely with Divisions in order to identify themes and trends in complaints and to share learning from complaints Trust-wide 	<p>Increases in complaints about:</p> <ul style="list-style-type: none"> • Upper and Lower GI surgery • Gastroenterology • Hepatology • Audiology • Attitude and communication in Specialised Services • Cancelled or delayed appointments and operations in Women’s & Children’s Services <p>Levels of complaints remained high in the following areas:</p> <ul style="list-style-type: none"> • Bristol Eye Hospital • Bristol Dental Hospital • BRI Emergency Department

1. Complaints performance – Trust overview

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

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

1.1 Total complaints received

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

We received 520 complaints in Q1, which equates to 0.26% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹. This figure does not include concerns which may have been raised by patients and dealt with immediately by front line staff. The number of complaints received in Q1 represents an increase of approximately 9% compared to Q4 and a 13% increase on the corresponding period one year previously.

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

1.2 Complaints responses within agreed timescale

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

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q1, 76.2% of responses were posted within the agreed timescale, compared to 74.6% in Q4 (2015/16) and 56.5% in Q3. This represents 34 breaches out of 143 formal complaints which were due to receive a response during Q1². Figure 4 shows the Trust's performance in responding to complaints since April 2015.

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

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

Figure 1: Number of complaints received

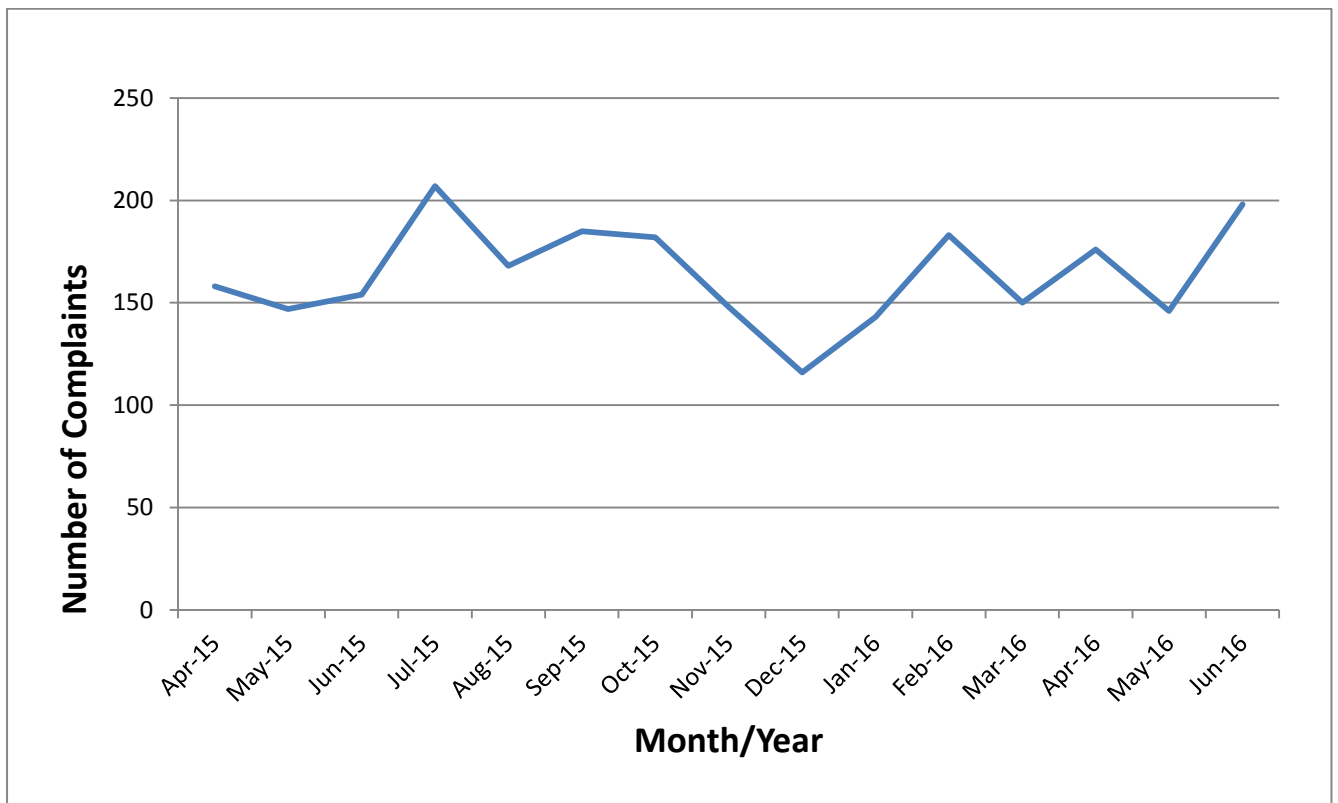


Figure 2: Complaints received, as a percentage of patient activity

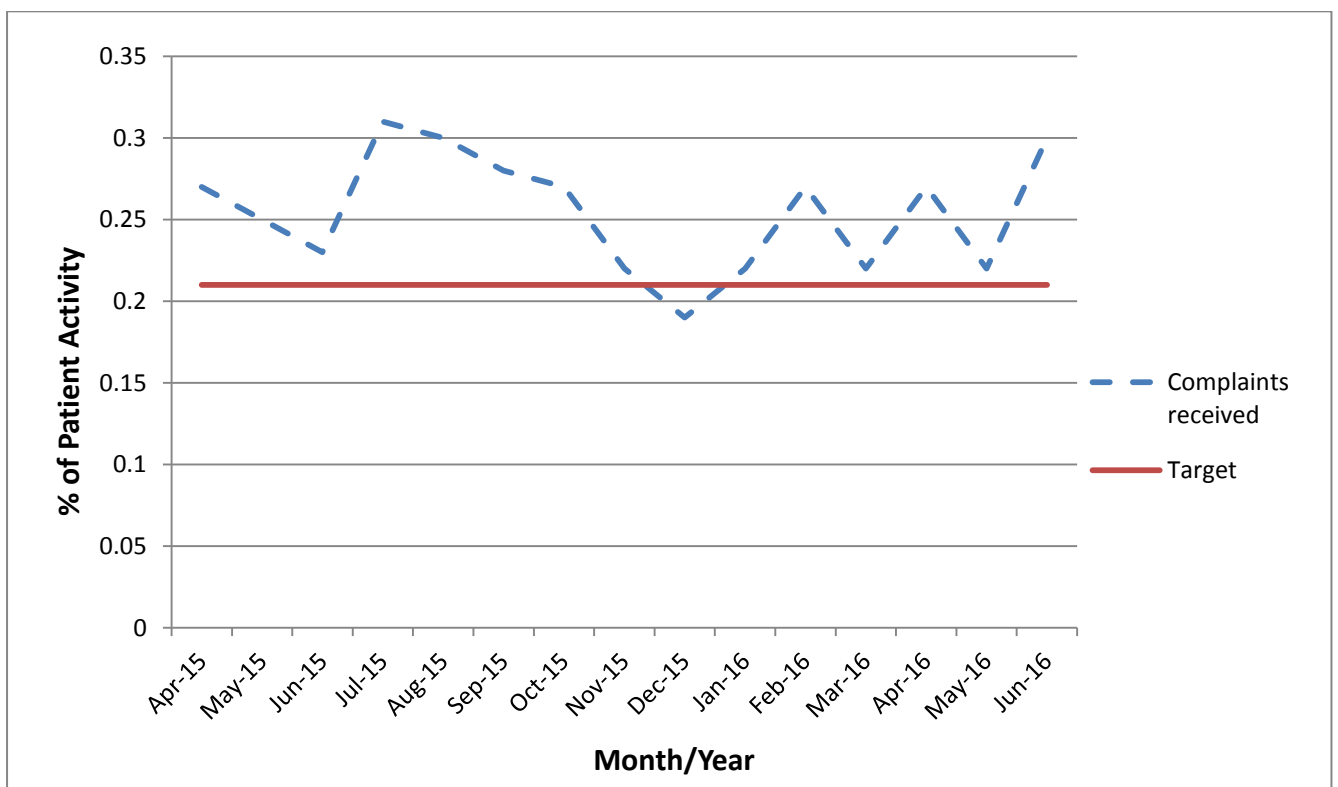


Figure 3: Numbers of formal v informal complaints

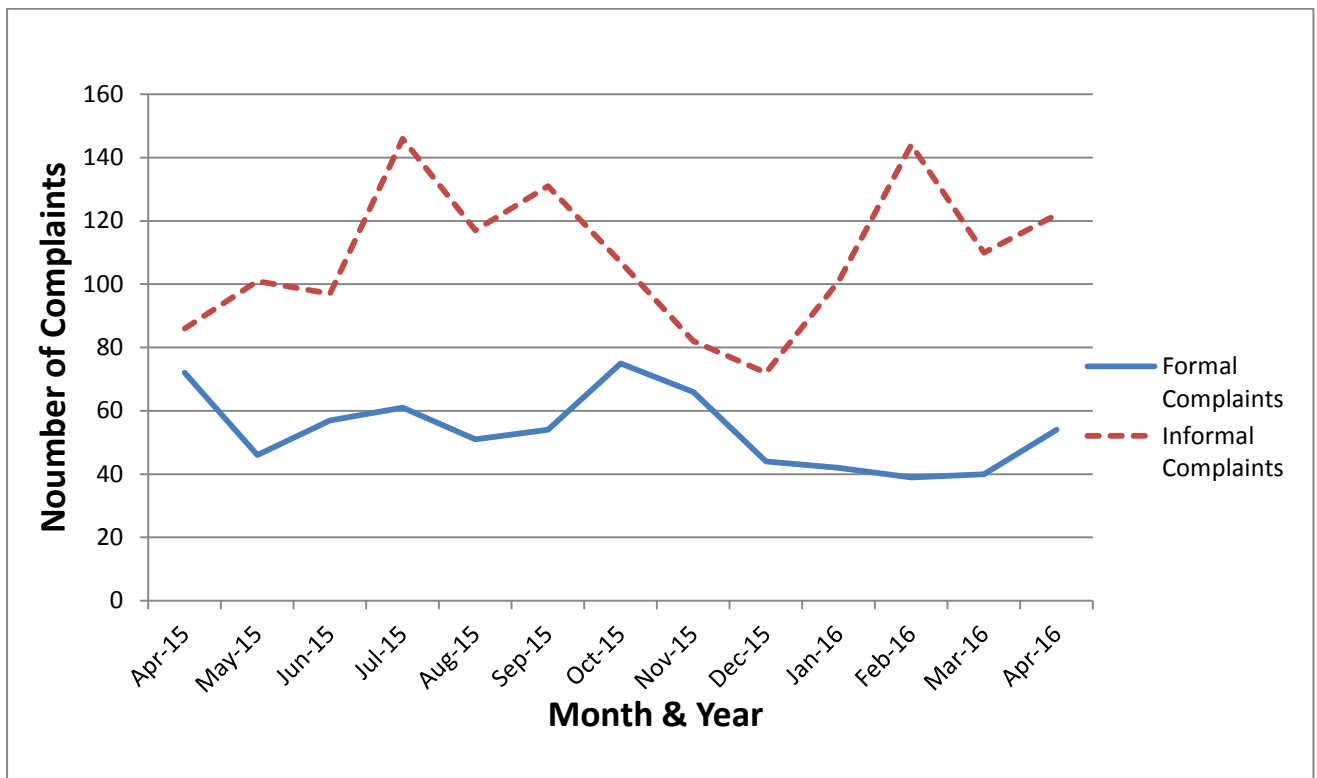


Figure 4: Percentage of complaints responded to within agreed timescale

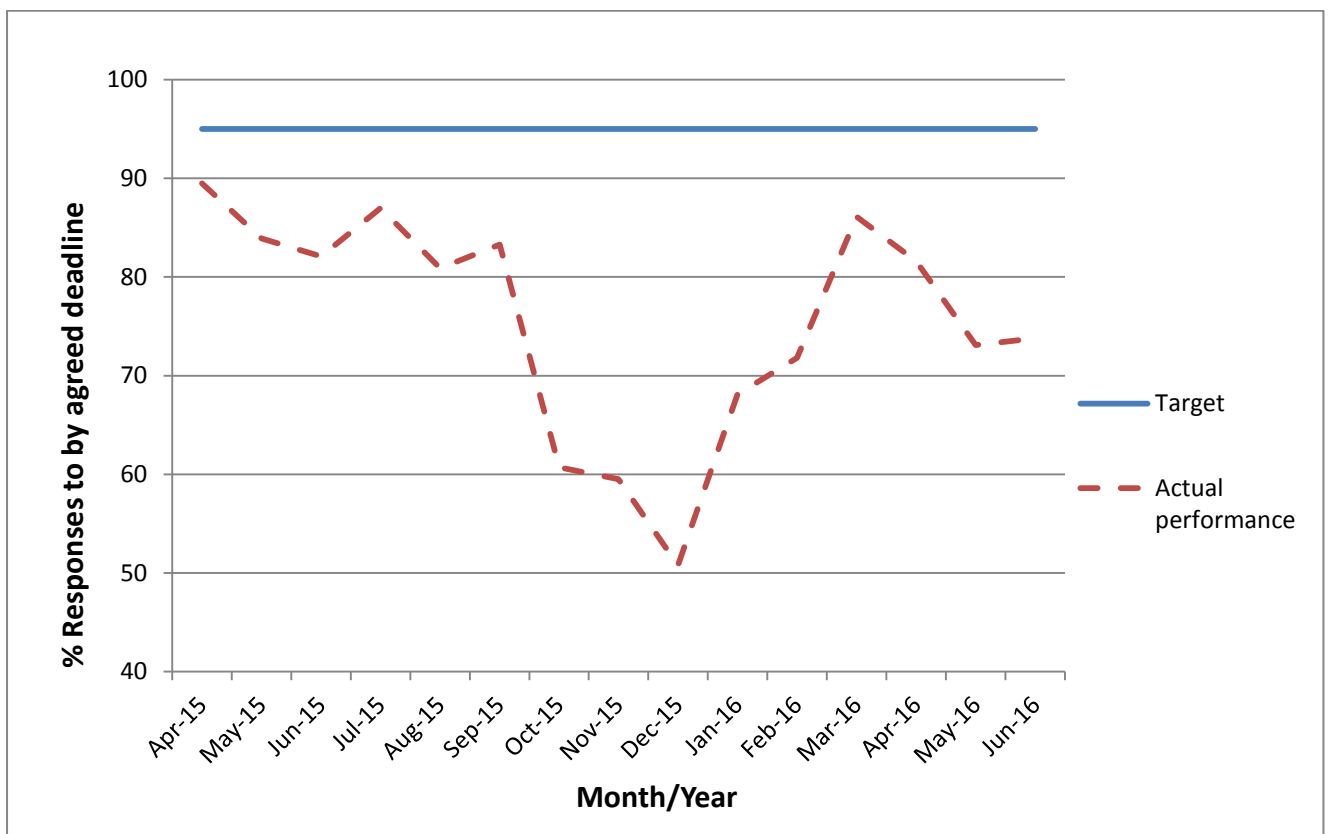


Table 1: Complaints performance

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

		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total complaints received (inc. TS and F&E from April 2013)	TOTAL	154	207	168	185	182	148	116	143	183	150	176	146	198
	Formal	57	61	51	54	75	66	44	42	39	40	54	35	57
	Informal	97	146	117	131	107	82	72	101	144	110	122	111	141
<i>Number and % of complaints per patient attendance in the month</i>	%	0.23%	0.31%	0.30%	0.28%	0.27%	0.22%	0.19%	0.22%	0.27%	0.22%	0.27%	0.22%	0.30%
	Complaints	154	207	168	185	182	148	116	143	183	150	176	146	198
	Attendances	66,548	65,810	55,657	66,285	68,131	67,434	61,126	63,582	68,391	67,932	64,750	66,973	66,816
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	%	82.1%	87.0%	80.9%	83.3%	60.7%	59.5%	50.8%	68.1%	71.8%	86.1%	80.0%	73.1%	73.8%
	Within timescale	55	47	38	40	34	25	32	32	28	31	40	38	31
	Total	67	54	47	48	56	42	63	47	39	36	49	52	42
<i>% responded to by Division within required timescale for executive review</i>	%	94.0%	98.1%	93.6%	95.8%	80.4%	81.0%	90.5%	91.5%	84.6%	100.0%	86.0%	92.3%	92.9%
	Within timescale	63	53	44	46	45	34	57	43	33	36	43	48	39
	Total	67	54	47	48	56	42	63	47	39	36	50	52	42
Number of breached cases where the breached deadline is attributable to Division	Attributable to Division	6	6	3	2	7	7	20	12	10	5	3	8	7
	Total Breaches	12	7	9	8	22	17	31	15	11	5	9	14	11
Number of extensions to originally agreed timescale (formal investigation process only)		16	11	14	10	23	13	26	21	14	25	21	8	11
<i>% of complainants dissatisfied with response and case re-opened</i>	%	9.0%	13.0%	12.8%	16.7%	10.7%	4.8%	7.9%	6.4%	7.7%	8.3%	8.0%	-	-
	Reopened Dissatisfied	6	7	6	8	6	2	5	3	3	3	4	-	-
	Total Responses Due	67	54	47	48	56	42	63	47	39	36	50	-	-

1.3 Dissatisfied complaints

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

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

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

In Q1, 143 responses were sent out and by the cut-off point of mid-September 2016 (the date on which the dissatisfied data for June 2016 was finalised); 16 people had contacted us to say they were dissatisfied. This represents 11.2% of the responses sent out during this period.

In Q4, a total of 122 responses were sent out. By the cut-off point of mid-May 2016 (the date on which the dissatisfied data for March 2016 was finalised), nine people had contacted us to say they were dissatisfied with our response. This represented 7.4% of the responses sent out and was an increase on the 6.2% (10 of 161) reported in Q3.

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

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

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

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

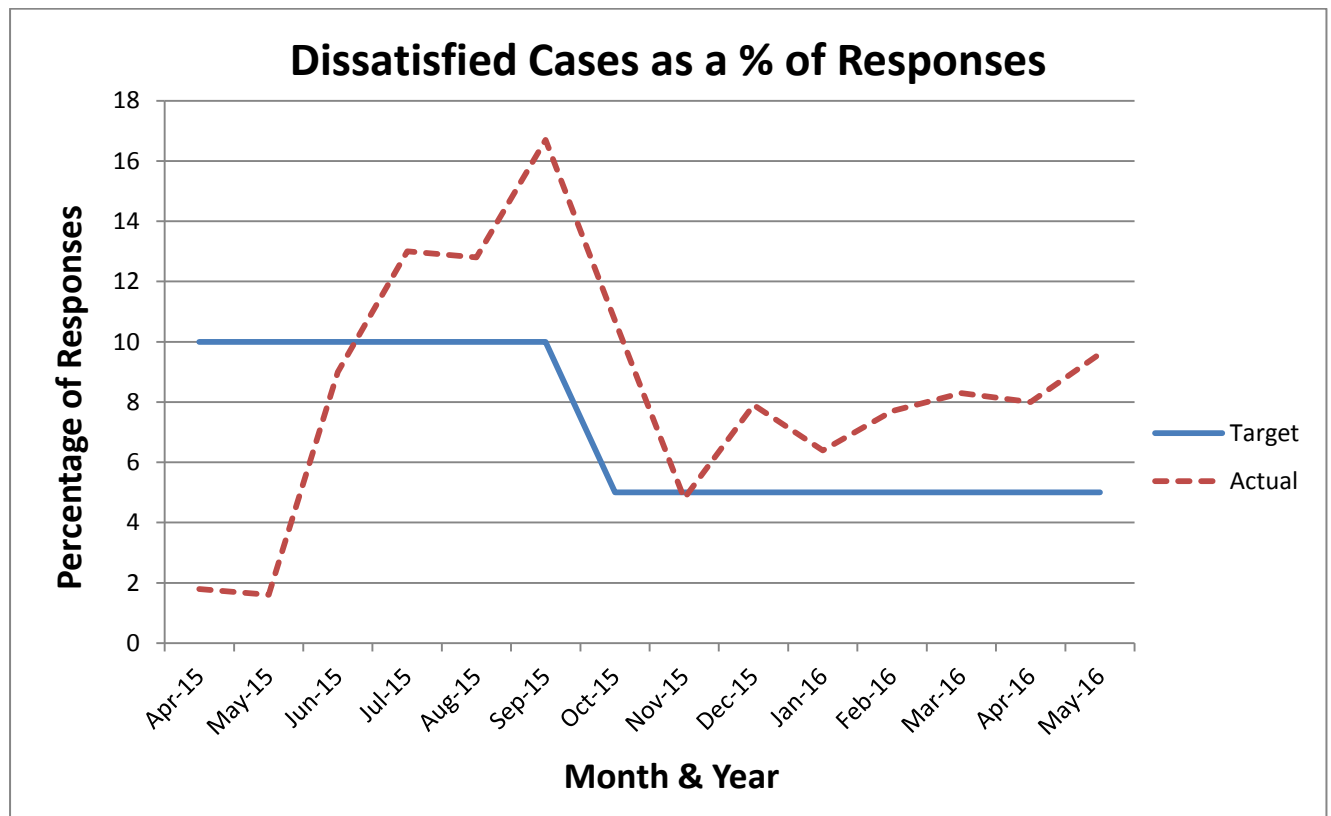
was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

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

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

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

Figure 5: Percentage of complainants dissatisfied with complaint response



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Two of these categories are new and have not been reported on prior to this Q1 report – they are ‘discharge/transfer/transport’ and ‘documentation’. Table 2 provides a breakdown of complaints received in Q1 2016/17 compared to Q4 2015/16. Complaints in the categories of ‘appointments and admissions’, clinical care’ and information and support’ have all increased in Q1 in real terms. Complaints that fall under the category of access would include, for example, complaints about physical access to our hospitals, services not being available and dissatisfaction with visiting hours.

Table 2: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2016/17)	Number of complaints received in Q4 (2015/16)
Access	5 (0.9% of total complaints) ↓	7 (1% of total complaints) ↓
Appointments & Admissions	169 (32.5%) ↑	150 (32%) ↑
Attitude & Communication	135 (26%) ↓	154 (33%) ↑
Clinical Care	128 (24.7%) ↑	112 (23%) ↓
Discharge/Transfer/Transport	26 (5%)	⁴
Documentation	2 (0.4%)	
Facilities & Environment	22 (4.2%) ↓	25 (5%) ↑
Information & Support	33 (6.3%) ↑	28 (6%) ↑
Total	520	476

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 3 lists the eight most consistently reported sub-categories. In total, these sub-categories account for approximately 68% of the complaints received in Q1 (353/520).

Table 3: Complaints by sub-category

Sub-category	Number of complaints received in Q1 (2016/17)	Q4 2015/16	Q3 2015/16	Q2 2015/16
Cancelled/delayed appointments and operations	142 (27.9% increase compared to Q4) ↑	111	103	151
Communication with patient/relative	34 (45.2% decrease) ↓	62	41	31
Clinical Care (Medical/Surgical)	70 (70.7% increase) ↑	41	54	48
Failure to answer telephones/failure to respond	34 (17.2% increase) ↑	29	17	22
Clinical Care (Nursing/Midwifery)	22 (12% decrease) ↓	25	18	20
Attitude of Medical Staff	23 (27.8% increase) ↑	18	16	24
Attitude of Admin/Clerical Staff	16 (23.1% increase) ↑	13	9	10
Attitude of Nursing Staff	12 (50% increase) ↑	8	13	14

Complaints about cancelled or delayed appointments or operations/procedures have increased from 111 in Q4 to 142 in Q1. This consists of 88 complaints about cancelled or delayed appointments and 54 complaints about cancelled or delayed operations/procedures.

⁴ Discharge/Transfer/Transport and Documentation are new reporting categories, added at the end of Q4 2015/16.

Most notably however, was the increase in the number of complaints received in respect of clinical care (medical/surgical), with 70 complaints received in Q1, compared to 41 in Q4.

There were increases in the number of complaints received about the attitude of administrative, nursing and medical staff, with a total of 51 complaints across these three sub-categories in Q1, compared with 39 in Q4.

Complaints in respect of failure to answer telephones or to respond to patients saw a further increase from 29 complaints in Q4 (2015/16) to 34 in Q1 (2016/17).

Figures 6, 7, and 8 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since April 2015. These graphs suggest a deteriorating pattern in respect of complaints about cancelled or delayed appointments and operations since December 2015 and a similar rise in complaints about clinical care (medical/surgical). However, complaints about communication with patients/relatives have fallen significantly from a previous high point in February 2016 (one of the Trust's corporate quality objectives for 2016/17 is to reduce complaints about failures in communication).

Figure 6: Cancelled or delayed appointments and operations

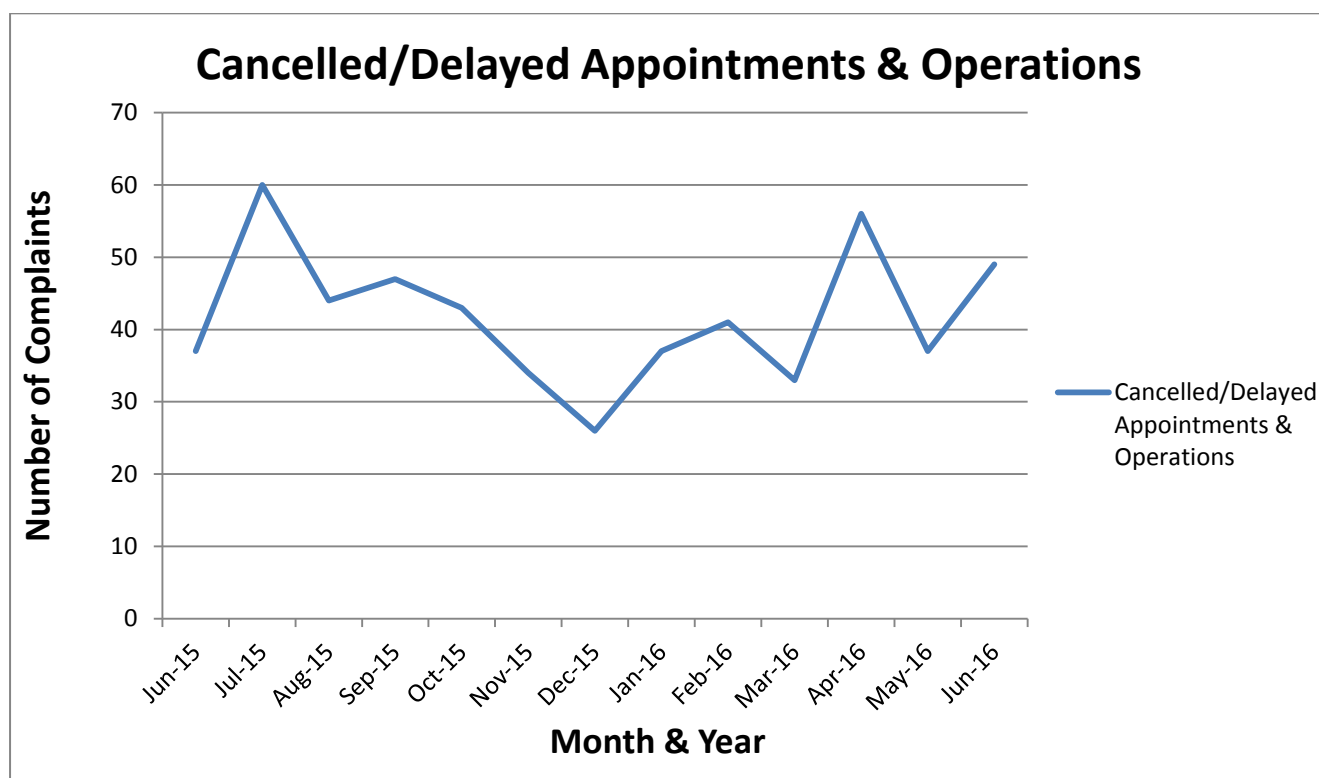


Figure 7: Clinical care – medical/surgical

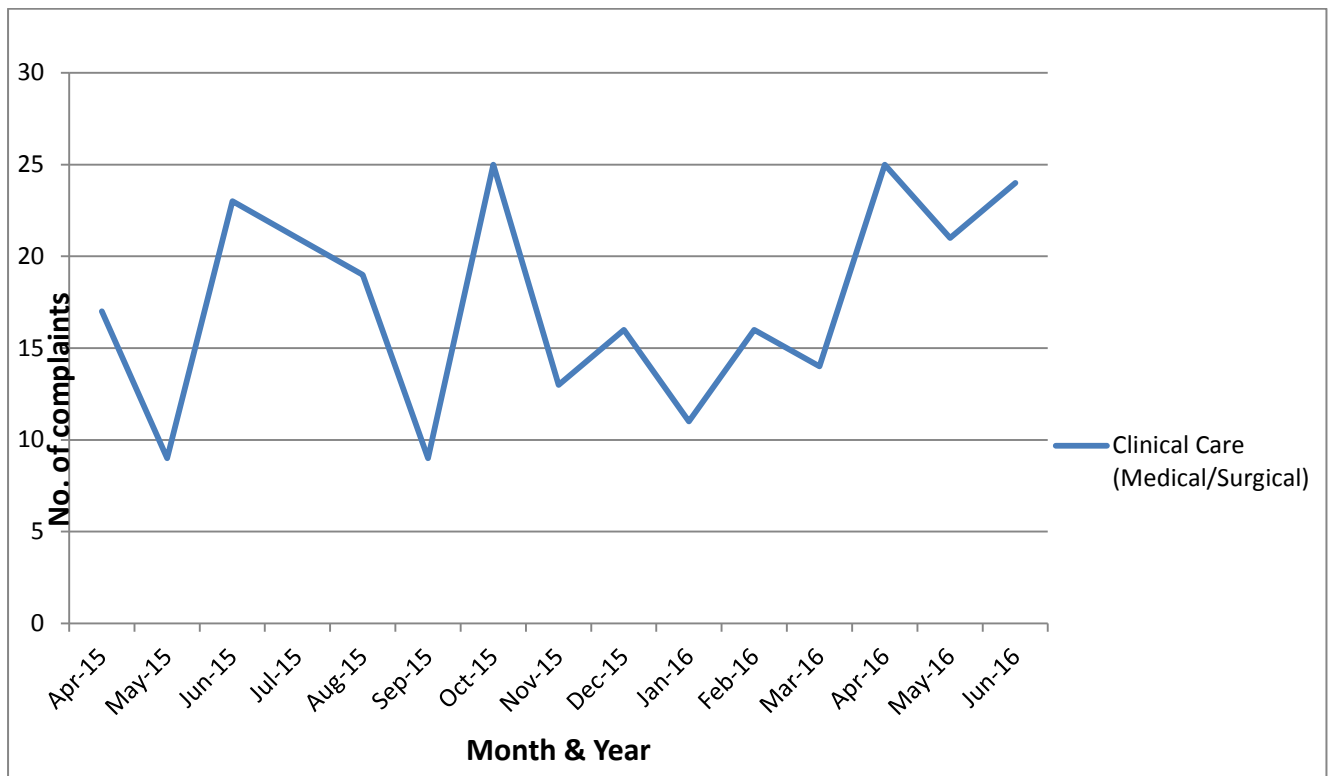
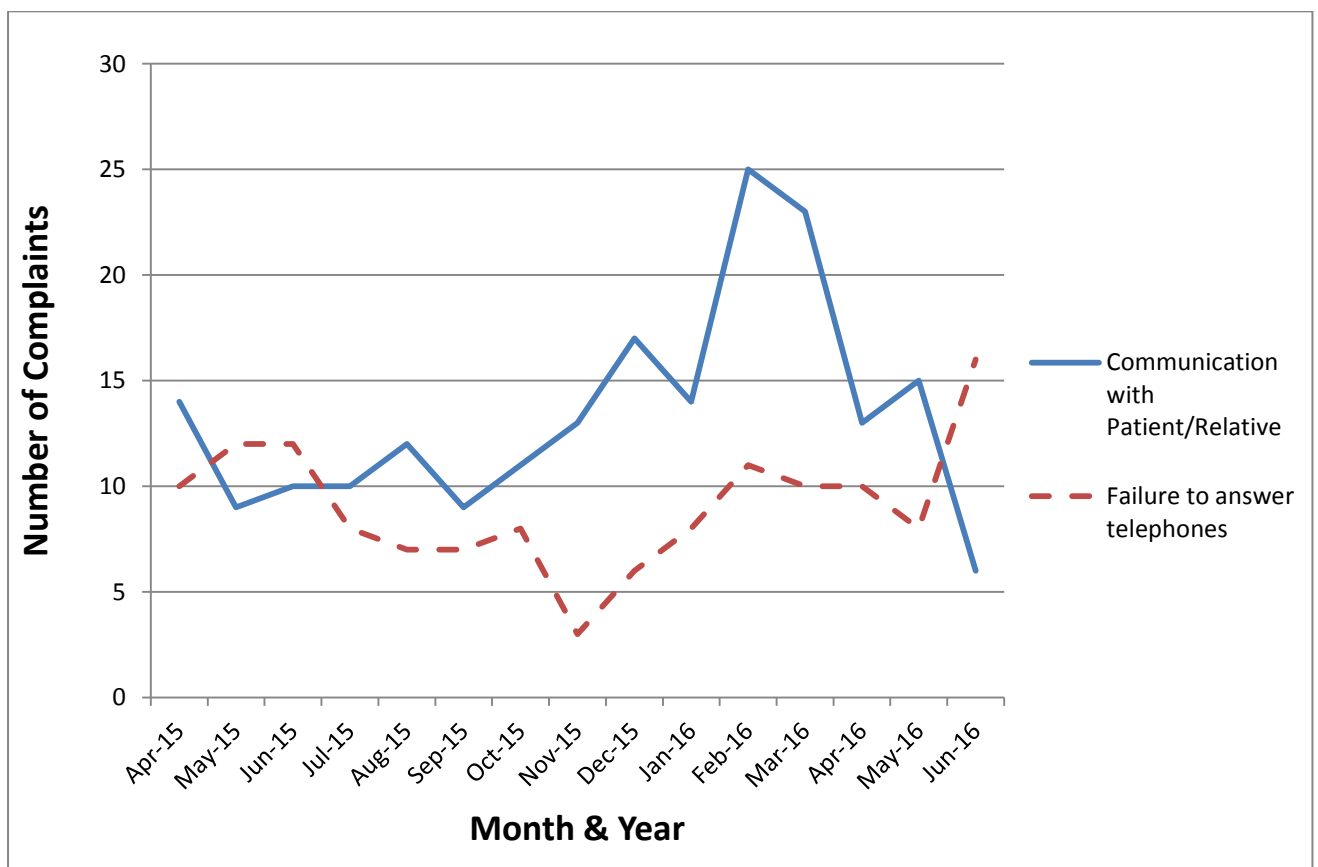


Figure 8: Communication with patient/relative and telephone answering

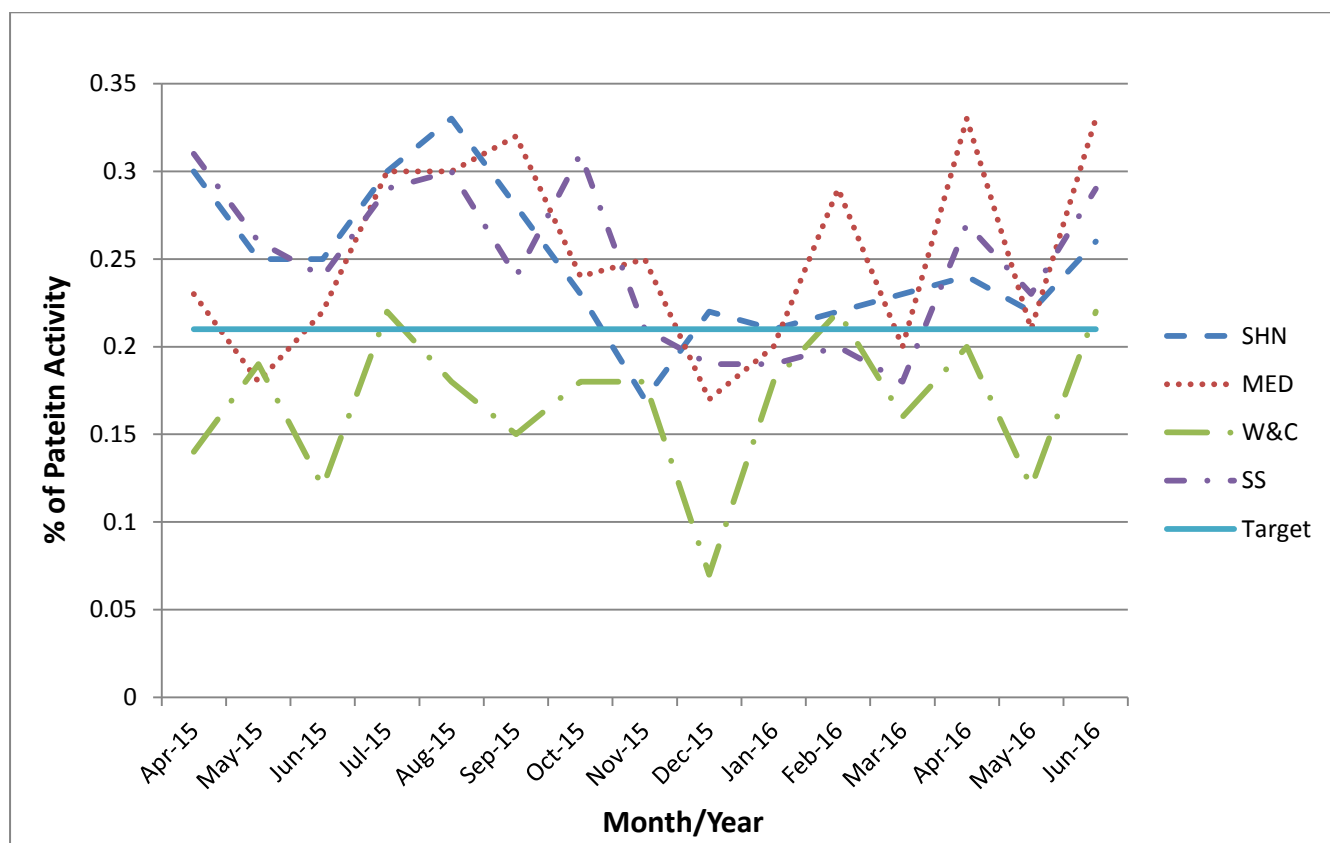


3. Divisional performance

3.1 Total complaints received

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

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



It should be noted that data for the Division of Diagnostics and Therapies is excluded from Figure 9 because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Overall, reported Trust-level data includes Diagnostics and Therapies complaints, but it is not appropriate to draw comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since April 2015 have been as follows:

Table 4: Complaints received by Division of Diagnostics and Therapies

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
No. of complaints received	2	5	7	10	4	5	12	5	7	5	13	6	5	7	12

3.2 Divisional analysis of complaints received

Table 5 provides an analysis of Q1 complaints performance by Division⁵. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 5	Surgery, Head & Neck	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	198 (182) ↑	122 (102) ↑	66 (49) ↑	84 (87) ↓	24 (24) =
Total complaints received as a proportion of patient activity	0.24% (0.22%) ↑	0.29% (0.23%) ↑	0.26% (0.19%) ↑	0.18% (0.18%) =	N/A
Number of complaints about appointments and admissions	93 (80) ↑	26 (19) ↑	18 (21) ↓	28 (23) ↑	7 (6) ↑
Number of complaints about staff attitude and communication	50 (56) ↓	38 (40) ↓	22 (11) ↑	17 (30) ↓	6 (11) ↓
Number of complaints about clinical care	38 (35) ↑	32 (28) ↑	18 (14) ↑	31 (29) ↑	7 (6) ↑
Area where the most complaints have been received in Q1	Bristol Eye Hospital - 46 (52) Bristol Dental Hospital – 46 (44) Trauma & Orthopaedics – 21 (34) ENT – 17 (17) Upper GI – 15 (6) Lower GI – 12 (4)	Emergency Department (BRI) – 25 (25) Gastroenterology & Hepatology - 20 (11) Dermatology – 14 (19) Ward A300 (AMU) - 9 (7)	BHI Outpatients - 8 (15) GUCH Services – 8 (9) Chemo Day Unit/Outpatients – 7 (2) Ward C708 – 7 (5) Ward D603 – 6 (0)	Paediatric Orthopaedics – 7 (7) Paediatric Plastic Surgery – 7 (2) Gynae Outpatients – 6 (9) ED/Ward 39 – 6 (4) ENT (BRHC) – 5 (3)	Radiology – 8 (12) Audiology – 6 (3) Pharmacy – 5 (7) Physiotherapy – 4 (3)
Notable deteriorations compared to Q4	Upper GI – 15 (6) Lower GI – 12 (4)	Gastroenterology & Hepatology - 20 (11)	Ward D603 – 6 (0)	Paediatric Plastic Surgery – 7 (2)	Audiology – 6 (3)
Notable improvements compared to Q4	Trauma & Orthopaedics – 21 (34)	None	BHI Outpatients – 8 (15)	None	None

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

3.2.1 Division of Surgery, Head & Neck

In Q1, the number of complaints received by the Upper and Lower GI services showed a marked increase compared with Q4. Complaints received by Bristol Eye Hospital and Bristol Dental Hospital remained high and there was an increase in the number of complaints received about appointments and admissions. However, complaints remained low in respect of complaints relating to attitude of medical and nursing/midwifery staff.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	0 (0% of total complaints) ↓	2 (1.1% of total complaints) =
Appointments & Admissions	90 (45.6%) ↑	80 (44%) ↑
Attitude & Communication	53 (26.7%) ↓	56 (30.8%) ↑
Clinical Care	40 (20%) ↑	35 (19.2%) ↓
Facilities & Environment	2 (1.1%) ↓	4 (2.2%) ↑
Information & Support	8 (3.8%) ↑	5 (2.7%) ↓
Discharge/Transfer/Transport	5 (2.8%)	
Documentation	0	
Total	198	182

Table 7: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	73 ↑	69 ↑
Clinical Care (Medical/Surgical)	18 ↑	14 =
Communication with patient/relative	10 ↓	24 ↑
Attitude of Medical Staff	6 ↓	9 ↑
Attitude of Nursing/Midwifery	4 ↑	0 ↓
Attitude of Admin/Clerical Staff	5 ↑	4
Clinical Care (Nursing/Midwifery)	4 ↑	0 ↓
Failure to answer telephones	18 ↑	9 ↑

Table 8: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>There was an increase in the number of complaints received by the Upper GI service in Q1, with 15 complaints compared to six in Q4.</p> <p>Of the 15 complaints received, 10 were in respect of cancelled or delayed appointments or operations.</p>	<p>Cancelled/delayed appointments were due to lack of capacity.</p>	<p>A focus on improving the discharge of patients from the Upper GI and Lower GI service will be commenced in October as part of wider transformation activity aimed at reducing length of stay to enhance the capacity for ward beds.</p>
<p>There was also an increase in the number of complaints received by the Lower GI service, with 12 complaints received in Q1, compared with four in Q4.</p> <p>Of the 12 complaints received, six were in respect of cancelled or delayed appointments or operations. There were no other discernible trends identified for the remaining six complaints, although three related to attitude and communication.</p>	<p>Whilst an increase was seen in Q1, the numbers of formal complaints has reduced so far in Q2.</p> <p>Cancelled/delayed appointments were due to lack of capacity.</p>	<p>As above – focus on improving the discharge process for patients within the Lower GI appointment areas.</p>
<p>There has been an increase in the number of complaints received in respect of appointments and admissions; 93 complaints compared to 80 in Q4. The majority of these were in respect of cancelled or delayed appointments or operations.</p> <p>Of these complaints, 20 were received by the Bristol Eye Hospital; 15 by the Bristol Dental Hospital and 10 by the Upper GI service.</p>	<p>There has been an increase in complaints received by the Bristol Dental Hospital. This has been due to staff sickness and vacancies.</p> <p>The Bristol Eye Hospital and Upper GI complaints are related to cancelled appointments due to lack of capacity.</p>	<p>Weekly meetings have been implemented between the dental management team, Divisional Director and divisional human resources team to focus on reducing sickness and enhancing retention.</p>
<p>Complaints received about the Bristol Dental Hospital increased from 44 in Q4 to 46 in Q1, with 24 of these being about Adult Restorative Dentistry and 11 in respect of Oral Surgery.</p>	<p>This was a theme in Q4 of 2015/16 and the complaints continue to relate to diagnosis and the treatment plan presented to the patient.</p>	<p>In conjunction with the weekly meetings detailed above, there is a great deal of work ongoing to improve staff retention and reduce sickness levels amongst administrative staff at the Dental Hospital.</p>

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

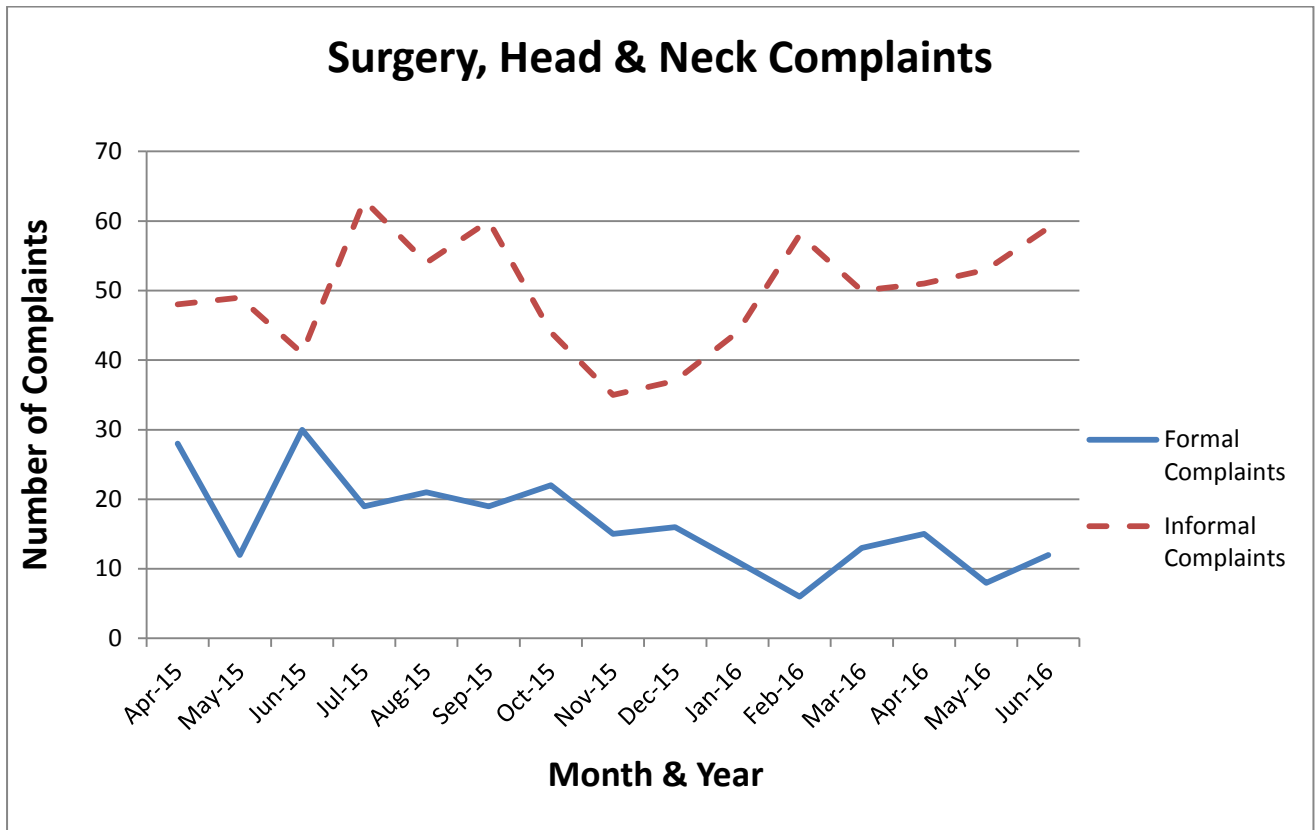
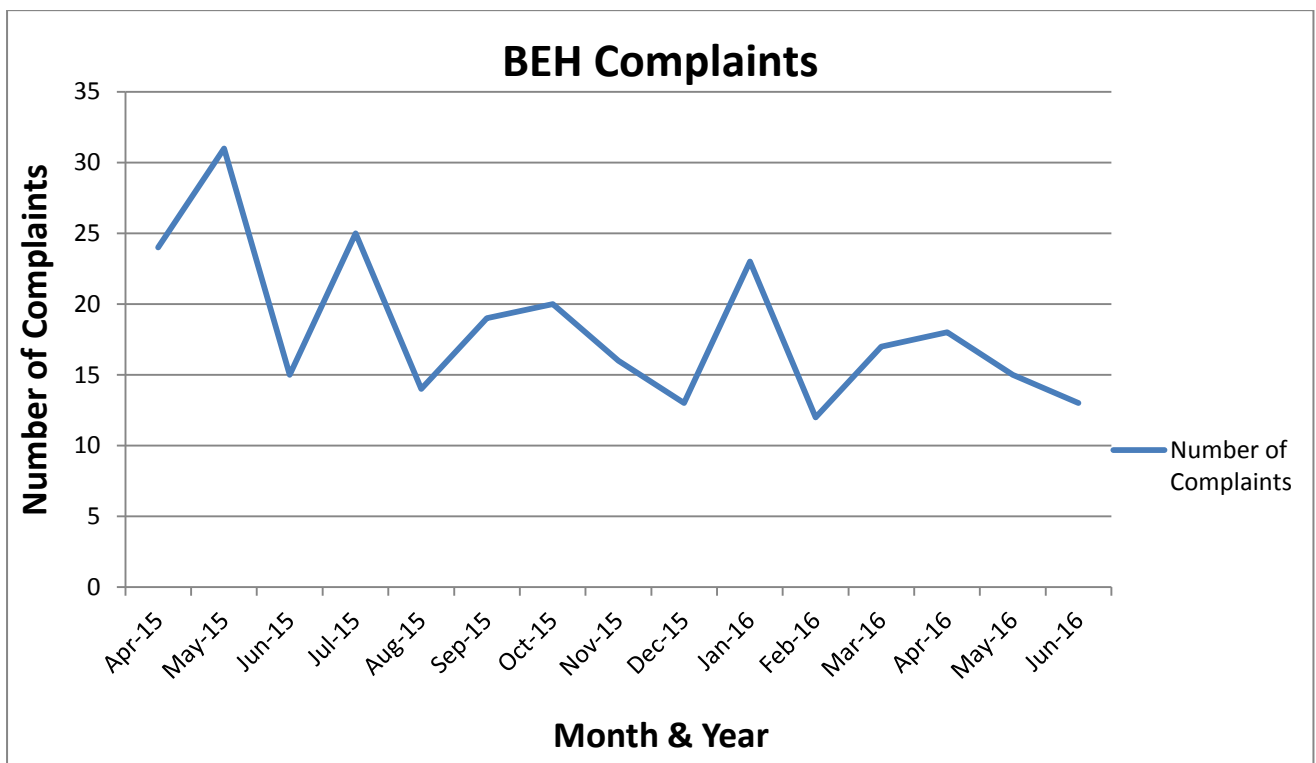


Figure 11: Complaints received by Bristol Eye Hospital



3.2.2 Division of Medicine

In Q1, the number of complaints received by the BRI Emergency Department remained high and there was an increase in complaints received by the Gastroenterology & Hepatology services. There was an increase in the number of complaints received under 'appointments and admissions' and 'clinical care'. The majority of complaints continued to be resolved via the informal process (87 compared to 35 managed formally).

Table 9: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	1 (0.8% of total complaints) =	1 (1% of total complaints) ↑
Appointments & Admissions	28 (23.1%) ↑	19 (18.6%) ↑
Attitude & Communication	38 (31.1%) ↓	40 (39.2%) ↑
Clinical Care	32 (26.2%) ↑	28 (27.5%) ↓
Facilities & Environment	7 (5.7%) ↓	8 (7.8%) ↑
Information & Support	3 (2.5%) ↓	6 (5.9%) ↑
Discharge/Transfer/ Transport	12 (9.8%)	
Documentation	1 (0.8%)	
Total	122	102

Table 10: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	17 ↑	12 ↑
Clinical Care (Medical/Surgical)	17 ↑	8 ↓
Communication with patient/relative	12 =	12 ↓
Attitude of Medical Staff	8 ↑	6 ↑
Attitude of Nursing/Midwifery	5 ↑	4 ↓
Attitude of Admin/Clerical Staff	5 ↑	2
Clinical Care (Nursing/Midwifery)	9 ↓	12 ↑
Failure to answer telephones	5 ↓	9 ↑

Table 11: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The ED received 25 complaints in Q1, in line with the 25 received in Q4.</p> <p>Of these 25 complaints, 10 were in respect of clinical care and nine related to attitude and communication.</p>	<p>Although this looks like a large number of complaints, it represents a very small proportion of the 17,000 patients who accessed the service during this period.</p> <p>One complaint about clinical care is subject to an RCA investigation.</p>	<p>Continue to monitor numbers of complaints and review for any emerging themes.</p>
<p>There was an increase in complaints received by the Gastroenterology and Hepatology service in Q1, with 20 complaints compared with 11 in Q4 of 2015/16.</p> <p>11 of the complaints received by the service were in respect of appointments and admissions, with nine of those relating to cancelled or delayed appointments or procedures.</p> <p>Five complaints were received in respect of attitude and communication.</p>	<p>Patients complained about cancelled appointments and delays getting a follow up appointment following the industrial action by junior doctors. Some patients who had been booked onto the earlier strike dates were rebooked onto future strike dates (unknown at the time), therefore resulting in more than one cancellation for the same reason.</p> <p>Complaints were also received about delays in starting treatment for Hepatitis C treatment.</p> <p>The majority of the complaints received related to failure to respond to or answer telephone messages. This issue was highlighted as clinic coordinators' extension numbers had changed and the divert had been removed. There were also low staffing levels for a short period of time, resulting in delays returning calls.</p>	<p>Additional clinics requested and added where possible. There will be an additional Specialist Registrar running clinics from September 2016, increasing capacity for follow ups.</p> <p>Patients have been updated that we are currently restricted by NHS England on the number of patients the network can treat on a monthly basis – this is being challenged by the Trust.</p> <p>Telecoms have put the divert back on and have since removed an extension number so that messages cannot be left on it.</p>

<p>There was an overall increase in complaints received regarding clinical care, most notably with 17 of these being medical/surgical compared with eight in Q4 2015/16. Of the 17 cases, seven were in respect of the Emergency Department, with the remainder spread across a variety of departments.</p>	<p>All of these complaints have been analysed and no themes or trends emerged. Issues varied in nature and involved different medical and nursing teams.</p>	<p>Continue to monitor numbers of complaints and review for any emerging themes.</p>
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Figure 12: Medicine – formal and informal complaints received

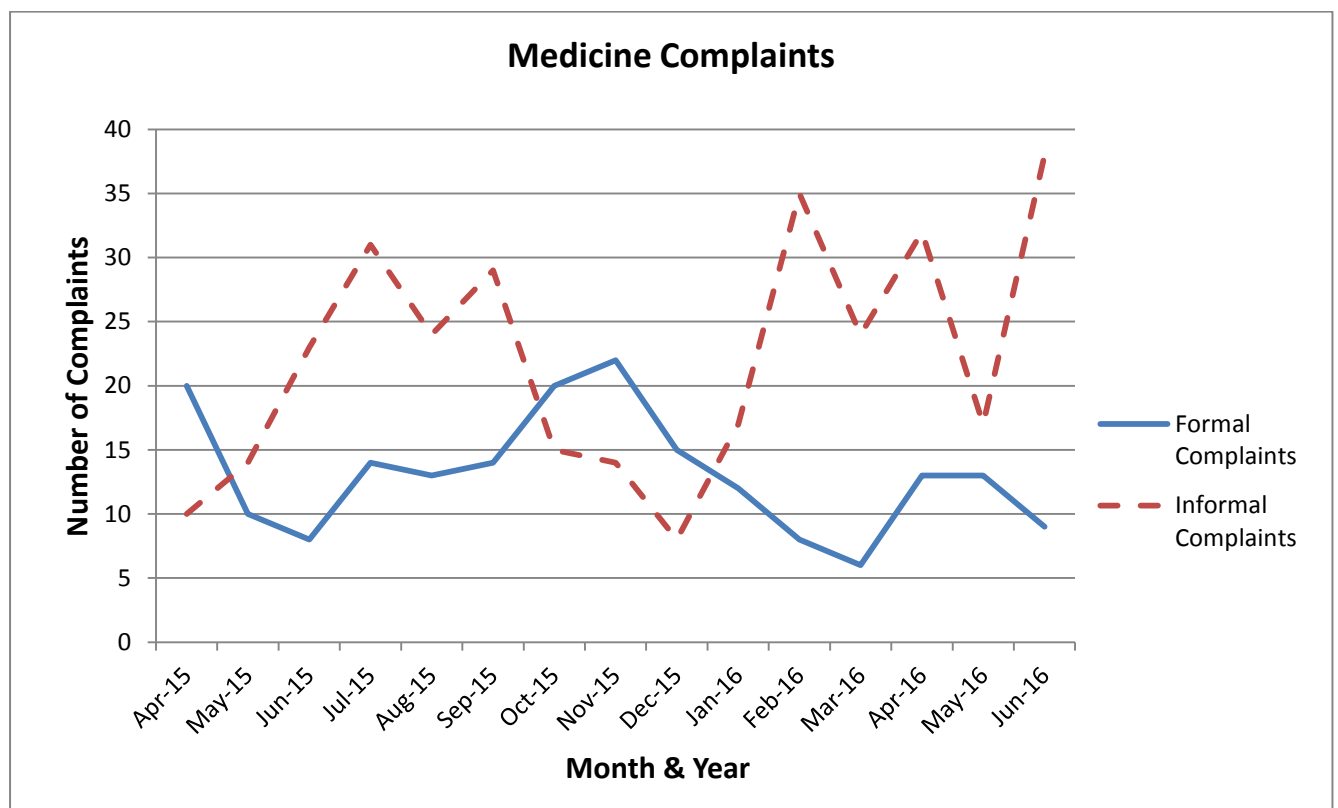
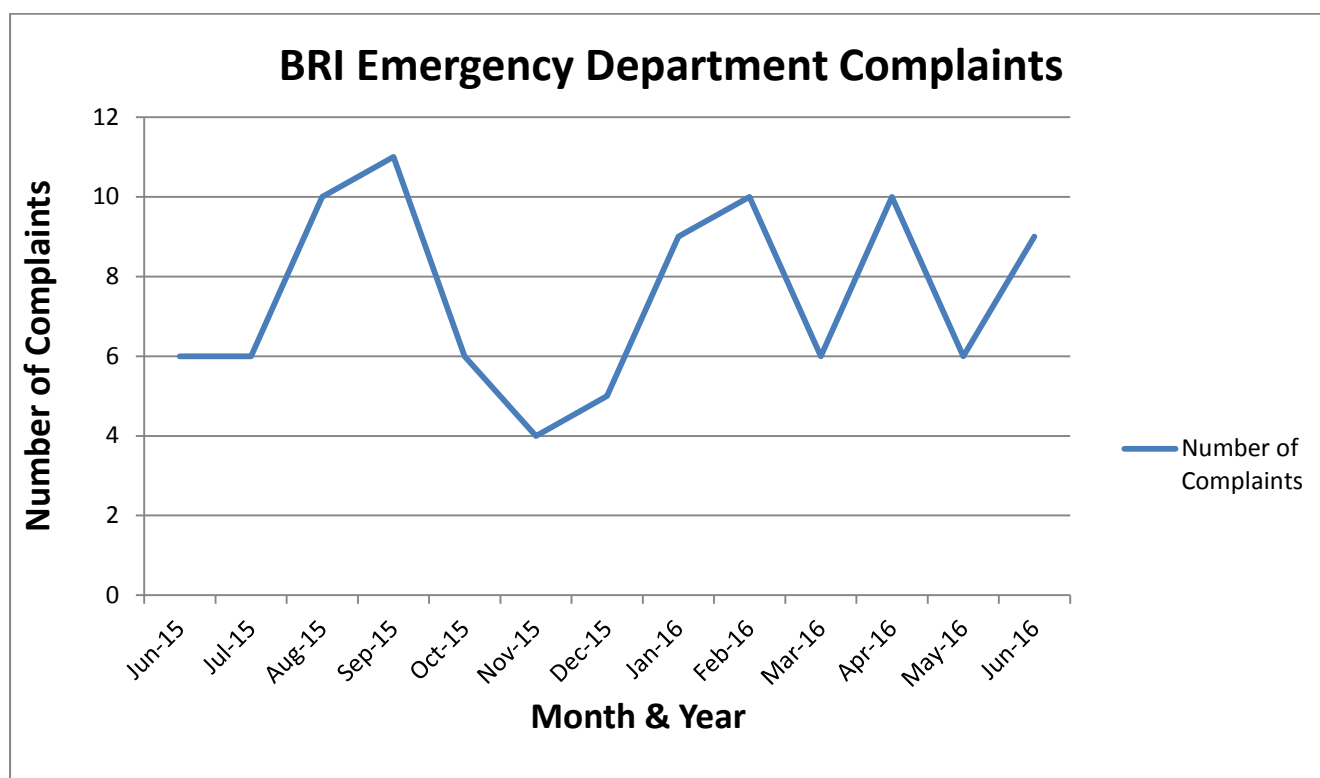


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q1, the Division saw the number of complaints received in respect of attitude and communication double to 22, compared with 11 in Q4 of 2015/16. Whilst complaints regarding the attitude of various staff groups remained low, there was an increase in complaints about waiting time for correspondence and communication with patients/relatives.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	18 (27.3%) ↓	21 (42.9%) =
Attitude & Communication	22 (33.3%) ↑	11 (22.4%) ↓
Clinical Care	18 (27.3%) ↑	14 (28.6%) ↓
Facilities & Environment	1 (1.5%) ↑	0 (0%) ↓
Information & Support	1 (1.5%) ↓	3 (6.1%) =
Discharge/Transfer/Transport	5 (7.6%)	
Documentation	1 (1.5%)	
Total	66	49

Table 13: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	17 ↑	16 ↑
Clinical Care (Medical/Surgical)	9 ↑	5 ↓
Communication with patient/relative	8 ↑	3 ↓
Attitude of Medical Staff	1 ↑	0 ↓
Attitude of Nursing/Midwifery	2 ↑	0 =
Attitude of Admin/Clerical Staff	0 ↓	1
Clinical Care (Nursing/Midwifery)	3 =	3 =
Failure to answer telephones	5 ↑	3 =

Table 14: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The number of complaints received in relation to attitude and communication increased from 11 in Q4 2015/16 to 22 in Q1.</p> <p>Of these 22 complaints, 10 were received by the Bristol Haematology & Oncology Centre and 12 were received by the Bristol Heart Institute.</p>	<p>Themes within the 22 complaints include:</p> <ul style="list-style-type: none"> delays in communication of test results to patients; unanswered telephone calls across Bristol Haematology and Oncology Centre and Bristol Heart Institute; and concerns raised regarding the communication of plans of care from nursing staff to patients during their cardiac surgery pathway and communication between medical staff and patients within oncology 	<p>A typing delay report is produced for each team of medical secretaries, detailing any typing tasks that are outstanding or overdue. These reports will be reviewed by the appropriate team leaders to ensure that typing takes place in a timely fashion within the Bristol Heart Institute so that test results are communicated in a more timely way.</p> <p>The Division is currently considering ways in which the Trust's telecommunications team and the Division can and highlight telephone numbers which are patient-facing within its records. This will help to identify which specific numbers are not being answered in a timely manner and any issues to be addressed.</p> <p>Patient stories within cardiac surgery will be shared and discussed at the Sisters'</p>

		<p>meeting and within clinical areas to facilitate reflection; medical staff have received feedback regarding the complaints which reflect their communication.</p> <p>The Division is also currently working with the patient experience team to roll out a patient-focused programme to improve communication between clinical staff and patients across the Division. It is proposed that this will be trialed within cardiac surgery.</p>
<p>There was an increase in the number of complaints received by Ward D603 at the Bristol Haematology & Oncology Centre, from zero complaints in Q4 of 2015/16 to six complaints in Q1.</p> <p>Of these six complaints, three were in respect of clinical care (medical/surgical), with one complaint each in respect of attitude of medical staff, clinical care (nursing) and communication with patient/relative.</p>	<p>Of the six complaints received by Ward D603, one related to the way in which medical staff communicated a patient's diagnosis and deteriorating condition and three reflected concerns raised regarding clinical care or decisions made by the medical staff.</p> <p>The two concerns categorised as nursing clinical care were respectively about cold conditions on the ward and the manner in which a patient was discharged.</p>	<p>The complaints which highlight concerns surrounding the communication and clinical care of medical staff are being addressed through specific action plans relating to the complaints. In addition, they are being reviewed and reflected upon by the clinical and managerial teams within Bristol Haematology and Oncology Centre to facilitate some reflection for individuals concerned.</p> <p>Nursing related concerns are being addressed through a project to be undertaken within the Division to improve discharge processes, and Estates have undertaken work upon the windows on Ward D603 to improve the temperature during the winter.</p>

Figure 14: Specialised Services – formal and informal complaints received

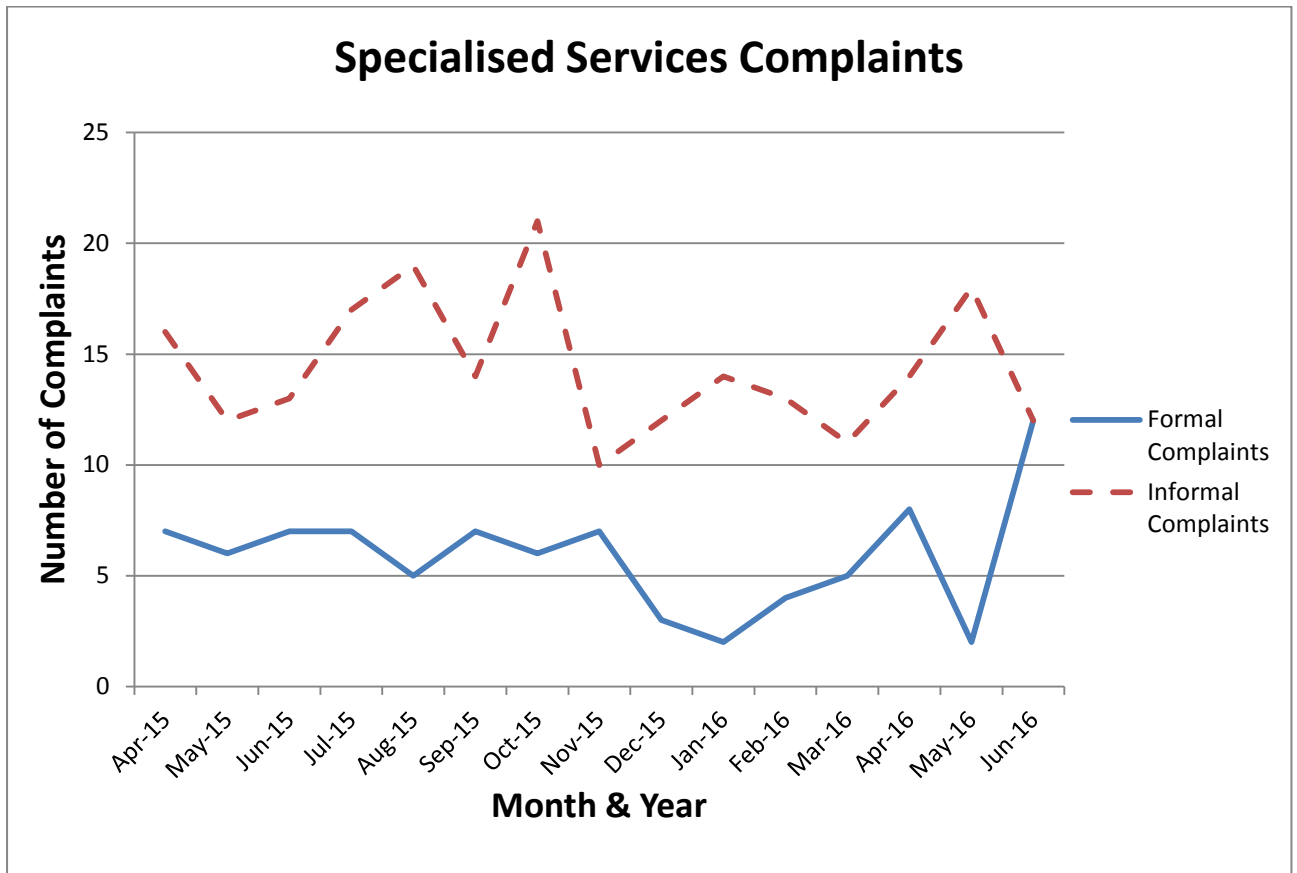
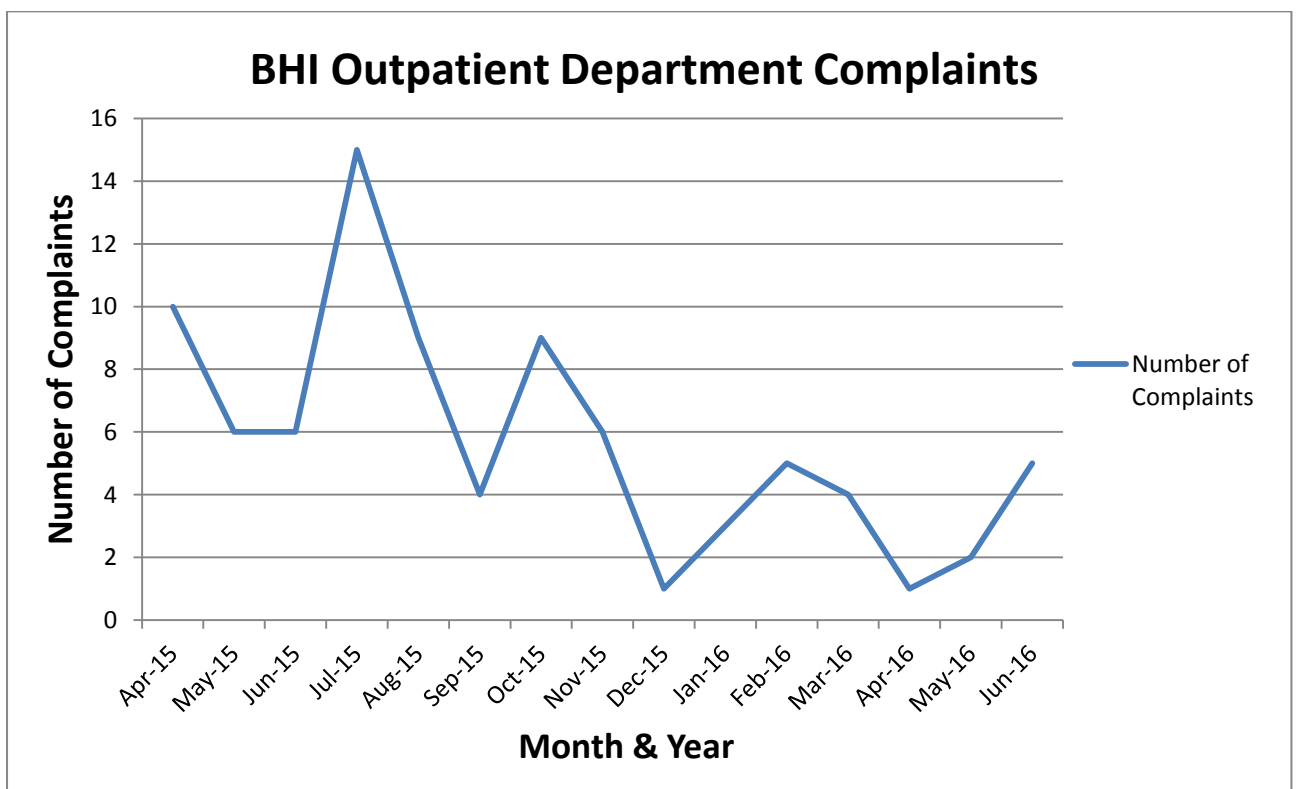


Figure 15: Complaints received by BHI Outpatients



3.2.4 Division of Women's and Children's Services

In Q1, the Division saw a significant decrease in complaints about attitude and communication; with 17 complaints under this category, compared with 30 in Q4 of 2015/16. There was however a sizeable increase in complaints relating to cancelled or delayed appointments and operations, with 27 complaints, compared with 12 in Q4. Whilst the number of complaints received under the category of 'appointments and admissions' has remained similar to Q4, a larger proportion of complaints in this category were about cancelled or delayed appointments and operations. Other sub-categories in this category - for example, administrative issues and admission arrangements - decreased in Q1.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	29 (34.5%) ↑	23 (26.4%) ↓
Attitude & Communication	17 (20.2%) ↓	30 (34.5%) ↑
Clinical Care	31 (36.9%) ↑	29 (33.3%) ↑
Facilities & Environment	1 (1.2%) ↓	2 (2.3%) =
Information & Support	4 (4.8%) ↑	3 (3.4%) ↑
Discharge/Transfer/Transport	2 (2.4%)	
Documentation	0 (0%)	
Total	84	87

Table 16: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	27 ↑	12 ↓
Clinical Care (Medical/Surgical)	15 ↑	12 =
Communication with patient/relative	3 ↓	18 ↑
Attitude of Medical Staff	5 ↑	2 ↓
Attitude of Nursing/Midwifery	1 ↓	3 ↑
Attitude of Admin/Clerical Staff	2 ↑	1
Clinical Care (Nursing/Midwifery)	5 ↓	10 ↑
Failure to answer telephones	2 ↑	1 =

Table 17: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>In Q1, the Division experienced an increased number of complaints relating to cancelled or delayed appointments and procedures. The number of complaints received was 27, compared with 12 in Q4 of 2015/16.</p> <p>Of these 27 complaints, 25 were received by the Bristol Royal Hospital for Children (BRHC) and two were received by St Michael's Hospital (STMH).</p> <p>Of the 25 complaints received by the BRHC, 20 were in respect of cancelled or delayed outpatient appointments, with six of these being received by the Paediatric Plastic Surgery service.</p>	<p>A recent review of the burns service (part of paediatric plastic surgery) has identified that demand for the service has exceeded capacity, leading to delays in appointments or treatment.</p>	<p>A monthly theatre list was implemented in July 2016 and should significantly reduce waiting times.</p>

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

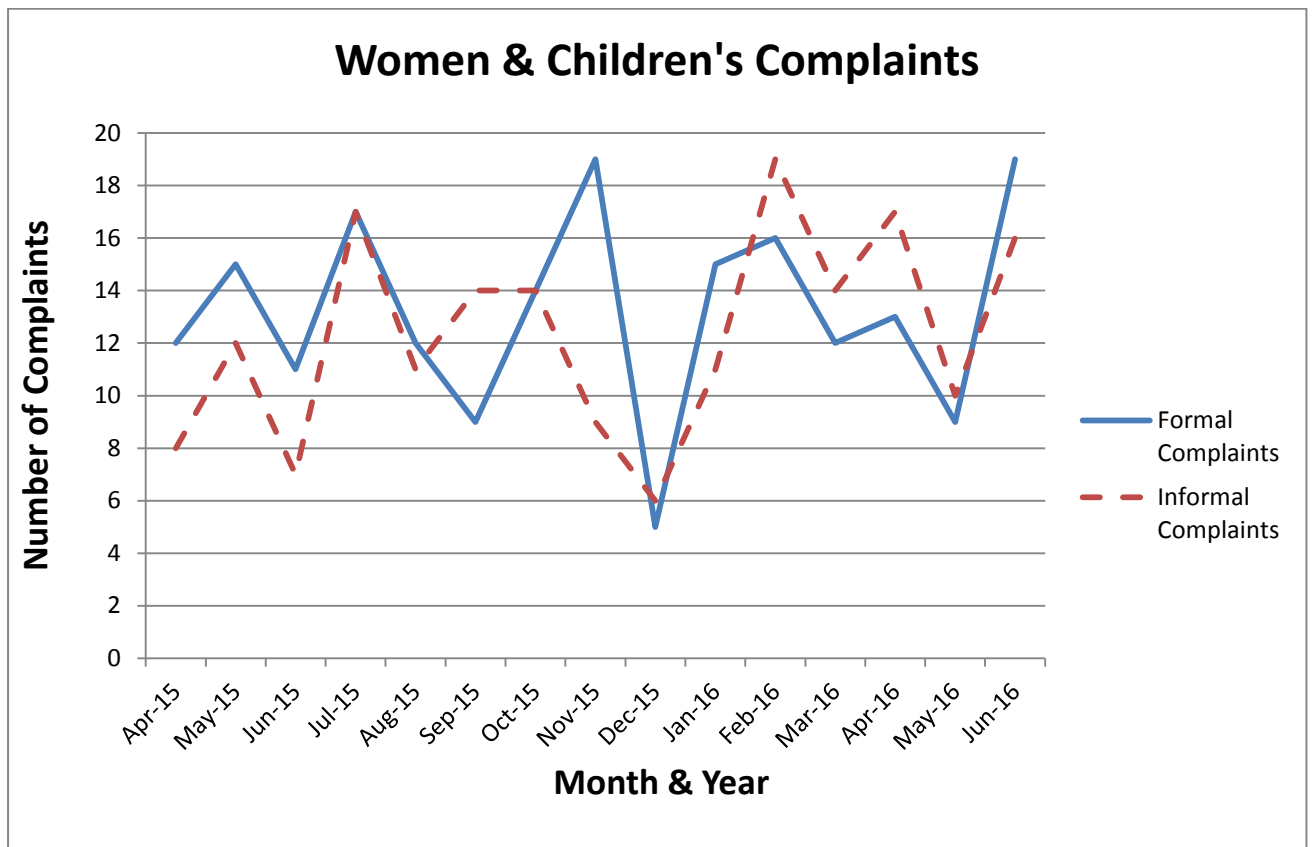
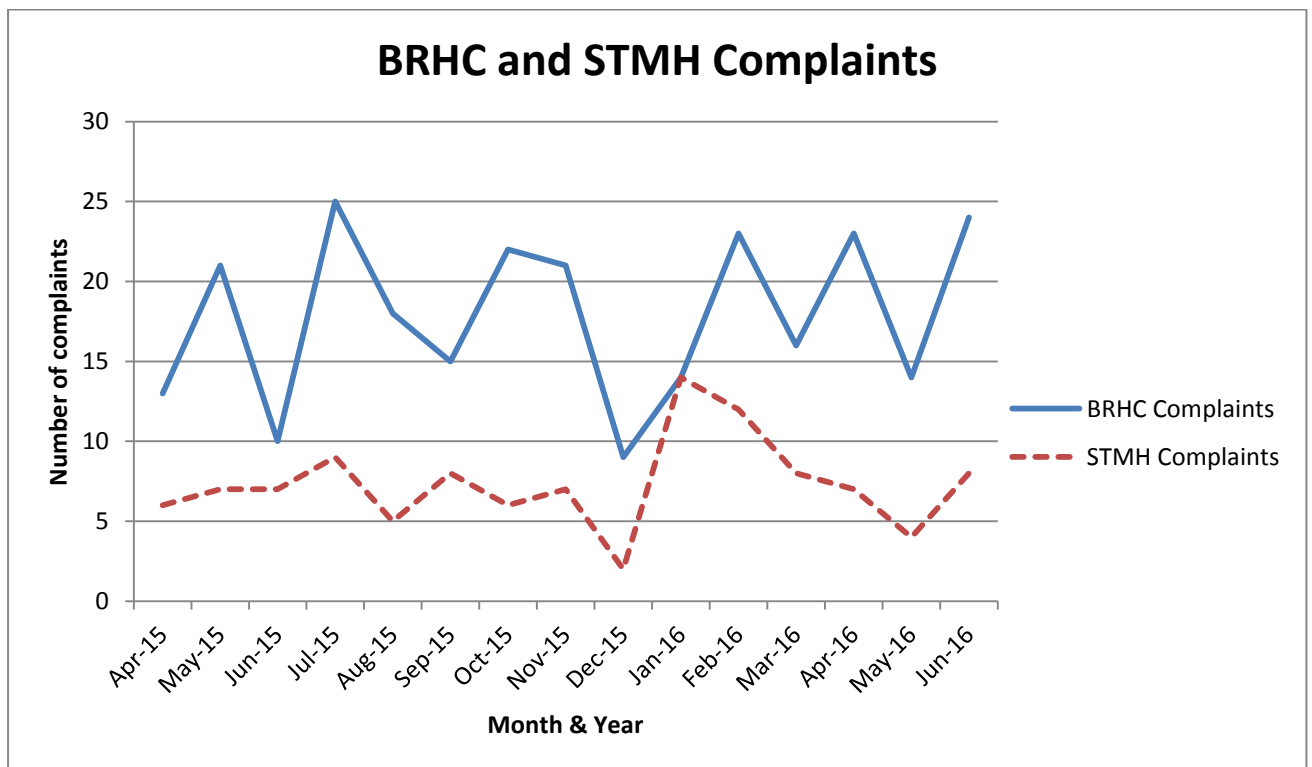


Figure 17: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



3.2.5 Division of Diagnostics & Therapies

In Q1, the Division saw an increase in complaints about the audiology service. There was a notable decrease in the number of complaints received in relation to attitude and communication and also in the number of complaints received by the radiology service.

Table 18: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	1 (4.2% of total complaints) ↑	0 (0% of total complaints)
Appointments & Admissions	7 (29.2%) ↑	6 (25%) =
Attitude & Communication	6 (25%) ↓	11 (45.8%) ↑
Clinical Care	7 (29.2%) ↑	6 (25%) ↓
Facilities & Environment	3 (12.5%) ↑	0 (0%) ↓
Information & Support	0 (0%) ↓	1 (4.2%) =
Discharge/Transfer/Transport	0 (0%)	
Documentation	0 (0%)	
Total	24	24

Table 19: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	5 ↓	6 ↑
Clinical Care (Medical/Surgical)	3 ↑	2 ↑
Communication with patient/relative	0 ↓	4 ↑
Attitude of Medical Staff	1 ↑	0 ↓
Attitude of Nursing/Midwifery	0 =	0 ↓
Attitude of Admin/Clerical Staff	0 ↓	1
Clinical Care (Nursing/Midwifery)	1 ↑	0 =
Failure to answer telephones	4 ↑	2 ↑

Table 20: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The audiology service received six complaints in Q1, compared with three in Q4 of 2015/16.</p> <p>Three of these complaints were in respect of failure to answer telephones/failure to respond and there was one each in respect of cancellation of an appointment, access to premises and attitude of medical staff.</p>	<p>Of the six complaints received, one was formal and related to wheelchair access at Southmead Hospital (part of North Bristol NHS Trust), where some UH Bristol audiology clinics are hosted.</p> <p>In terms of the complaints relating to unanswered calls, in one of those cases the complainant did not have up to date contact details for the department and had contacted the North Bristol Trust (NBT) switchboard, who registered the complaint with the UH Bristol complaints team.</p> <p>The two other complaints related to issues in contacting the department following an NBT network crash. The department's whole system went down, resulting in the phone line being unavailable for several hours.</p>	<p>The complainant had raised an informal complaint during Q4 and at that time, the Audiology Department had raised the issues with NBT. This matter was raised again with NBT following receipt of the formal complaint. The access issue relates to the door access and NBT are reviewing potential solutions with their building contractor.</p> <p>The Audiology Department contacted the complainant and advised that the web page needed to be updated at NBT – they also contacted NBT to request that they update their web page (having previously already requested this).</p> <p>Normal service resumed when the telephone system came back on-line. The issue was outside the control of the Audiology Department.</p>

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

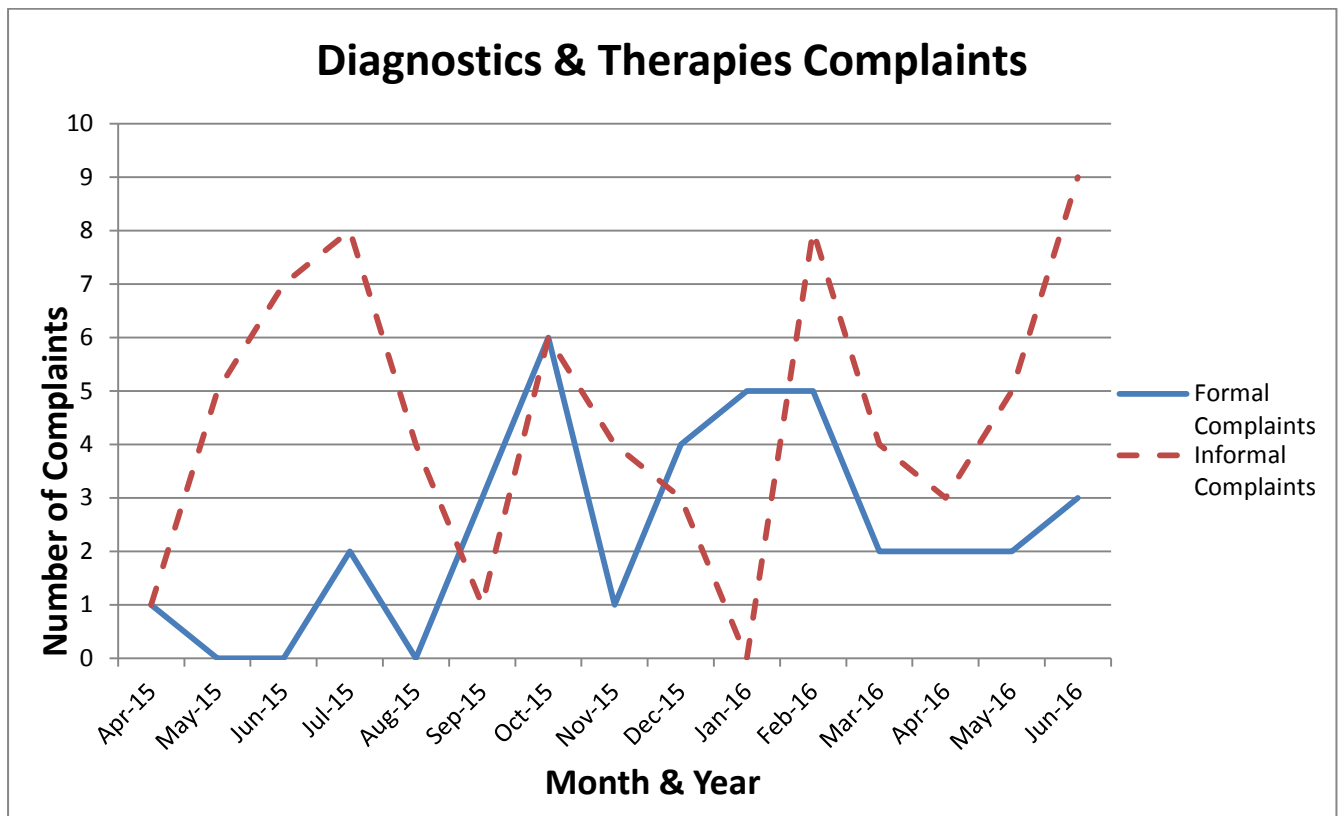
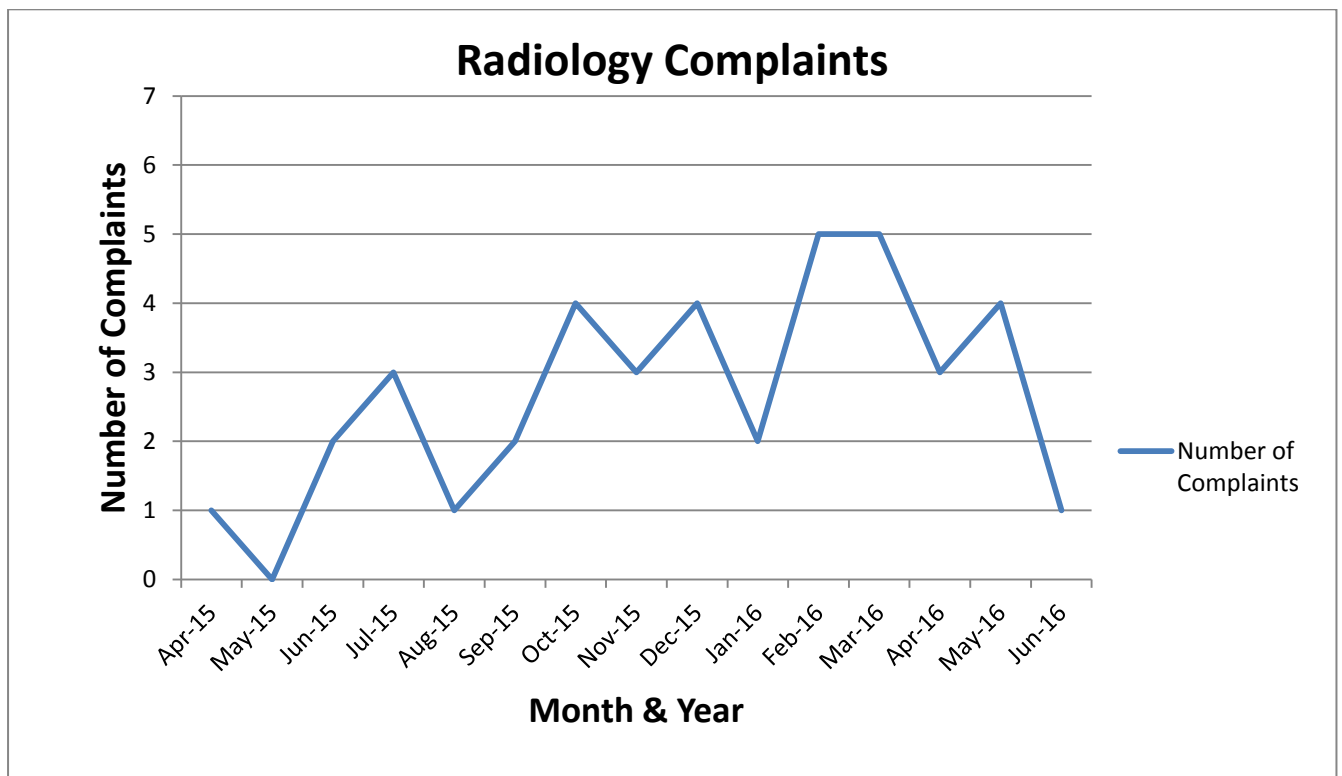


Figure 19: Complaints received by Radiology (Trustwide)



3.3 Complaints by hospital site

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

Table 21: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q1 2016/17	Number and % of complaints received in Q4 2015/16
Bristol Royal Infirmary (BRI)	228 (43.8% of total complaints)	209 (43.9% of total complaints)
Bristol Eye Hospital (BEH)	46 (8.9%)	52 (10.9%)
Bristol Dental Hospital (BDH)	46 (8.9%)	44 (9.2%)
St Michael's Hospital (StMH)	37 (7.1%)	52 (10.9%)
Bristol Heart Institute (BHI)	50 (9.6%)	45 (9.5%)
Bristol Haematology & Oncology Centre (BHOC)	22 (4.2%)	10 (2.1%)
Bristol Royal Hospital for Children (BRHC)	62 (11.9%)	59 (12.4%)
South Bristol Community Hospital (SBCH)	10 (1.9%)	5 (1.1%)
UH Bristol off site services ⁶	19 (3.7%)	0
Total	520	476

Table 22 below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints each hospital site receives is broadly in line with its proportion of attendances. For example, in Q1, BRI accounted for 30.6% of all attendances and 43.8% of all complaints.

Table 22: Complaints rates by hospital site

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	228	60,667	0.38%	30.6%	43.8%
BEH	46	31,946	0.14%	16.1%	8.8%
BDH	46	20,987	0.22%	10.6%	8.8%
StMH	37	21,654	0.17%	10.9%	7.1%
BHI	50	4,924	1.02%	2.5%	9.6%
BHOC	22	18,400	0.12%	9.3%	4.2%
BRHC	62	32,639	0.19%	16.5%	11.9%
SBCH	10	7,100	0.14%	3.6%	1.9%
Total	501	198,317	0.25%		

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

⁶ UH Bristol off site services includes clinics held at other sites, e.g. the ENT clinic at Southmead and community services such as community midwifery. These complaints are not included in Table 22 as patient attendance data is not available for them.

3.4 Complaints responded to within agreed timescale

All of the clinical Divisions reported breaches in Q1, totalling 34 breaches, which is a slight increase on the 31 breaches recorded in Q4 and a significant improvement on the 65 breaches reported in Q3. The table below shows how these breaches were broken down by Division. Table 23 indicates a recent pattern of reductions in breached deadlines in the Divisions of Surgery, Head & Neck and Specialised Services.

Table 23: Breakdown of breached deadlines

Division	Q1 (2016/17)	Q4 2015/16	Q3 2015/16	Q2 2015/16
Surgery, Head & Neck	6 (14.6%)	10 (24.4%)	16 (31.4%)	12 (22.6%)
Medicine	12 (36.4%)	10 (28.6%)	18 (48.6%)	3 (8.8%)
Specialised Services	2 (15.4%)	3 (23.1%)	8 (36.4%)	6 (30%)
Women & Children	12 (30.8%)	8 (34.8%)	21 (65.6%)	2 (5.1%)
Diagnostics & Therapies	2 (18.2%)	0 (0%)	2 (22.2%)	0 (0%)
All	34 breaches	31 breaches	65 breaches	23 breaches

(So, as an example, there were 12 breaches of timescale in the Division of Medicine in Q1, which constituted 36.4% of the complaints responses that had been due in that Division in Q1).

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

Table 24: Source of delays

	Source of delays in Q1 2016/17				Totals
	Division	PSCT	Executive sign-off	Other	
Surgery, Head & Neck	5	1	0	0	6
Medicine	5	5	1	1	12
Specialised Services	2	0	0	0	2
Women & Children	8	2	2	0	12
Diagnostics & Therapies	0	1	0	1	2
All	20	9	3	2	34 breaches

Although the majority of responses were prepared by the Division within the time agreed (130 out of 144 responses or 90.3%), the need for changes/improvements following executive review led to 20 cases breaching the deadline by which they were sent to the complainant. Therefore only 75.7% of responses were actually sent out on time, against a target of 95%.

The nine breaches of deadline by the PSCT in Q1 have been reviewed by the PSCT Manager and are attributable to service capacity.

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

- All response letters received from Divisions are checked by the caseworker managing the complaint and then reviewed by the Patient Support & Complaints Manager prior to Executive sign-off.

- A random selection of complaint responses are also reviewed by the Head of Quality (Patient Experience & Clinical Effectiveness) prior to Executive sign-off.
- Training aimed at improving the quality of written complaint responses is being rolled out to all Divisions, with two sessions having already been delivered at the time of writing this report.
- Standard Operating Procedures (SOPs) have been produced in respect of the process for checking and signing off response letters and for the escalation of more serious or complex complaints for Executive review.
- During Q4, the process was changed to allow seven working days for the review and sign-off process. This has resulted in a reduction in the number of breaches from 65 in Q3 to 31 in Q4 and 34 in Q1.

4. Information, advice and support

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

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

In Q1, the team dealt with 257 such enquiries, compared to 135 in Q4. These enquiries can be categorised as:

- 121 requests for advice and information (95 in Q4)
- 129 compliments (37 in Q4)⁷
- 7 requests for support (3 in Q4)

The table below shows a breakdown of the 128 requests for advice, information and support dealt with by the team in Q4.

Table 25: Enquiries by category

Category	Number of enquiries
Information about patient	19
Hospital information request	16
Medical records requested	13
Clinical information request	12
Signposting	9
Freedom of information request	6
Emotional support	5
Clinical care	5
Support with access	5
Accommodation enquiry	4
Expenses claim	3
Transport request	3
Employment and volunteering	3

⁷ In Q1, this figure includes compliments added directly to the Datix system by Divisions.

Admissions arrangements	2
Benefits and social care	2
Transfer arrangements	2
Attitude of staff	2
Car parking	2
Discharge arrangements	2
Laundry	1
Disability support	1
Communication with patient/relative	1
Travel arrangements	1
Complaints handling	1
Wayfinding	1
Appointment letter not received	1
Appointments administration issues	1
Follow-up treatment	1
Medication not received	1
Personal property	1
Waiting time for correspondence	1
Patient choice information	1
Total	128

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

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

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

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

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

In Q1, 270 complaints were received verbally and 250 were received in writing.

Of the 270 verbal complaints, 256 (94.8%) were acknowledged within two working days. The remaining 14 cases were all acknowledged within three working days.

Of the 250 written complaints, 239 (95.6%) were acknowledged within three working days. The remaining 11 cases were all acknowledged within four working days.

6. PHSO cases

During Q1, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in any seven complaints, compared to five in Q4 and five in Q3. It should be noted however that four of these cases have been investigated and closed quickly by the PHSO and have not been upheld; these cases are therefore shown in Table 28 as closed cases (18986, 20474, 18248 and 18055). Tables 26 to 28 list these new cases, cases with existing PHSO interest and cases now closed by the PHSO. Of the seven cases that were closed in Q1, none were upheld.

Table 26: New PHSO cases

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
17763	AP-S	CW	16/01/2015	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Copy of complaint file and medical records sent to PHSO. Draft report received. UH Bristol consultants currently in discussion with PHSO's clinical adviser regarding the draft report and a difference of opinion within the report.						
18479	NK		09/04/2015	BEH	Outpatients	Surgery, Head & Neck
Copy of complaint file and medical records sent to PHSO. Currently awaiting further contact/report from PHSO.						
14561	HB	PB	05/12/2013	STMH	ENT	Surgery, Head & Neck
Copy of complaints file and medical records sent to PHSO. Further information/records requested by PHSO on 16 August 2016, which will be sent to them as soon as available.						

Table 27: Existing PHSO cases

16474		CM	05/08/2014	BRI	Ward A604	Surgery, Head & Neck
PHSO draft report received 9 August 2016 advising that they are not upholding the complaint. The Trust has confirmed its agreement with the report and we are currently awaiting the final report.						
17173	DF	DJ	29/10/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Currently awaiting further contact from the PHSO.						
18315	SOC		19/03/2015	BRI	Rheumatology	Medicine
The complainant has added further to his complaint to the PHSO. Currently awaiting further contact from the PHSO.						
18318	SOC		27/03/2015	BRI	Adult Therapy	Diagnostics & Therapies
See case 18315 above – complaints being dealt with together by PHSO.						
18856	SC	VP	22/05/2015	BRI	Ward B501	Medicine
Contacted by PHSO in February 2016. Copy of complaints file and medical records sent to PHSO. Further information requested by and sent to PHSO in July 2016. Currently waiting to hear further from PHSO.						
19541	AA	LA	13/08/2015	BRI	Gastroenterology	Medicine

					& Hepatology	
Contacted by PHSO in March 2016. Copy of complaints file and medical records sent to PHSO. Further information requested by and sent to PHSO in July 2016. Currently waiting to hear further from PHSO.						
15534	AN		22/04/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in March 2016. Copy of complaints file and medical records sent to PHSO. Advised in July 2016 by PHSO that they expect to be in a position to provide their draft report by early September 2016.						

Table 28: Closed PHSO cases

18986	NT	ST	08/06/2015	BRI	Ward A900	Medicine
PHSO's final report received 4 August 2016 advising that they were not upholding the complaint and that they have advised the complainant accordingly.						
20474	NH		04/12/2015	BRI	X-ray (Adult)	Diagnostics & Therapies
PHSO's report received 27 June 2016 confirming that they were not upholding the complaint. Recommendation that all future correspondence with patient is in large font and this has been noted on patient's records.						
18248	LH	SH	10/03/2015	BHOC	Chemo Day Unit/Outpatients	Specialised Services
Notification received from PHSO on 21 June 2016 that patient had decided that she was happy with the Trust's response to her complaint and they have therefore closed the case.						
18055	DH		18/02/2015	BEH	Outpatients	Surgery, Head & Neck
PHSO report received 8 August 2016 confirming that they were not upholding the complaint and that they have notified the complainant accordingly.						
18420	MW		31/03/2015	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
PHSO draft report received 14 March 2016 stating that they did not uphold the complaint. However, the patient appealed this decision. The PHSO confirmed on 9 June 2016 that they had reviewed the case and stood by their decision not to uphold the complaint. The Trust subsequently wrote to the complainant explaining the current situation with regards to his ongoing treatment.						
16977	LG	KG	30/09/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
PHSO's final report received 18 July 2016 advising that they were not upholding the complaint and that they have notified the complainant accordingly.						
16841	JA	RA	17/09/2014	BHOC	Ward D603	Specialised Services
PHSO's final report received 3 June 2016 confirming that they were not upholding the complaint and that they have advised the complainant of their decision.						

7. Protected Characteristics

We are unable to report on protected characteristics in Q1 2015/16 as the information held on the new Datix system, which is now used to record complaints, does not match the information held on Medway and is therefore not transferring across. This issue is currently being investigated by the Trust's Risk Management Team, which is responsible for the Datix system.