

Meeting of the Public Board on Thursday 31 January 2019 in the Conference Room, Trust Headquarters

Report Title	Quarterly Patient Complaints Report – Q2
Report Authors	Tanya Tofts, Patient Support and Complaints Manager Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)
Executive Lead	Carolyn Mills, Chief Nurse

1. Report Summary

Summary of performance in Quarter 2

	Q2	
Total complaints received	443	↓
Complaints acknowledged within set timescale	94.4%	↓
Complaints responded to within agreed timescale – formal investigation	86.1%	↑
Complaints responded to within agreed timescale – informal investigation	85.9%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	8.9%	↓

2. Key points to note

Improvements:

- There has been a steady overall reduction in complaints received by the Division of Surgery since March 2018. Notably fewer complaints were received by Trauma and Orthopaedics and the Lower GI surgery team in Quarter 2 (Q2) compared to Quarter 1 (Q1), and complaints about attitude and communication in the division as a whole have continued to fall.
- Complaints about ‘appointments and admissions’ in the Trust reduced by 18% to 127 in Q2, having previously increased in each of the previous three quarters. Within this reporting category, complaints about ‘cancelled/delayed appointments and admissions’ fell by 28%.
- Examples of specific service improvements made in response to complaints in Q2 can be found in section 4 of this report.

However:

- Although performance in achieving timely response to complaints improved again in Q2, further improvement is needed in order to achieve the Trust’s target of 95%.
- Complaints about ‘clinical care’ increased by almost 20% in Q2. There was an increase in this category across all clinical divisions, with the exception of Specialised Services, who received one less complaint in this category than in Q1. Within this category, complaints about ‘clinical care (medical/surgical)’ increased by 64% and ‘clinical care (nursing/midwifery)’ by 54% compared to Q1.
- Growth in patient activity in Dermatology has contributed to an increase in complaints received by the service relating to delays in follow up appointments and patients not being able to communicate with the appointments team. An

improvement plan is in place to address this.

- During Q2, complainants were experiencing delays of up to two weeks to receive a call-back from a Patient Support and Complaints Team caseworker following initial timely acknowledgement of their concerns. This was due to a number of staff absences in the Patient Support and Complaints Team at the time. These delays have since been addressed and caseworkers are now returning calls within one working day (see below).

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

Risk 2680 - Delayed follow-up calls by Patient Support and Complaints Team to complainants

As of 13/12/18, PSCT caseworkers are calling complainants back within one working day. Anticipate that this risk will be closed at the end of December as planned.

4. Advice and Recommendations

- This report is for **ASSURANCE**.
- The Committee is asked to **NOTE** the report.

5. History of the paper

Please include details of where paper has previously been received.

Patient Experience Group	15/11/18
Senior Leadership Team	19/12/18
Quality and Outcomes Committee	21/12/18

Complaints Report

Quarter 2, 2018/2019

(1 July 2018 to 30 September 2018)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 2 Executive summary and overview

	Q2	
Total complaints received	443	↓
Complaints acknowledged within set timescale	94.4%	↓
Complaints responded to within agreed timescale – formal investigation	86.1%	↑
Complaints responded to within agreed timescale – informal investigation	85.9%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	8.9%	↓

Successes	Priorities
<ul style="list-style-type: none"> There has been a steady overall reduction in complaints received by the Division of Surgery since March 2018. Notably fewer complaints were received by Trauma and Orthopaedics and the Lower GI surgery team in Quarter 2 (Q2) compared to Quarter 1 (Q1), and complaints about attitude and communication in the division as a whole have continued to fall. Complaints about ‘appointments and admissions’ in the Trust reduced by 18% to 127 in Q2, having previously increased in each of the previous three quarters. Within this reporting category, complaints about ‘cancelled/delayed appointments and admissions’ fell by 28%. Examples of specific service improvements made in response to complaints in Q2 can be found in section 4 of this report. 	<ul style="list-style-type: none"> The Trust’s performance in responding to complaints in a timely manner improved marginally in Q2 compared to Quarter Q1. Details of all breaches of timescale are now reported monthly to the Clinical Quality Group. In Q2 the proportion of complaints responses which resulted in a dissatisfied response was 8.9% which is at the lower end of the expected range based on previous benchmarking, but fell short of our 5% ambition. Dissatisfied complaints are now reviewed retrospectively for learning and are reported monthly to the Clinical Quality Group. . During Q2, complainants were experiencing delays of up to two weeks to receive a call-back from a caseworker following initial timely acknowledgement of their concerns. This was due to a number of staff absences in the Patient Support and Complaints Team at the time. These delays have since been addressed.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Feedback from our complaints survey shows the importance that complainants place on timely, high quality responses. Further training sessions are being developed and rolled out to ensure staff are equipped to manage and respond to complainants, both verbally and in writing. The Trust’s Patient Support and Complaints Manager will also be working with Divisions to develop a process for consistently recording evidence that actions identified as a result of a complaint are completed. 	<ul style="list-style-type: none"> Complaints about ‘clinical care’ increased by almost 20% in Q2. There was an increase in this category across all clinical divisions, with the exception of Specialised Services, who received one less complaint in this category than in Q1. Within this category, complaints about ‘clinical care (medical/surgical)’ increased by 64% and ‘clinical care (nursing/midwifery)’ by 54% compared to Q1. Growth in patient activity in Dermatology has contributed to an increase in complaints received by the service relating to delays in follow up appointments and patients not being able to communicate with the appointments team. An improvement plan is in place to address this.

1. Complaints performance – Trust overview

The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

1.1 Total complaints received

The Trust received 443 complaints in quarter 2 (Q2) of 2018/19. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ but does not include concerns which may have been raised by patients and dealt with immediately by front line staff.

Figure 1 provides a long-term view of complaints received per month. This shows that, with the exception of a special cause variation in April 2017, the number of complaints received each month has been broadly consistent since August 2016, with an average of around 150 complaints per month since that time.

Figure 1: Number of complaints received

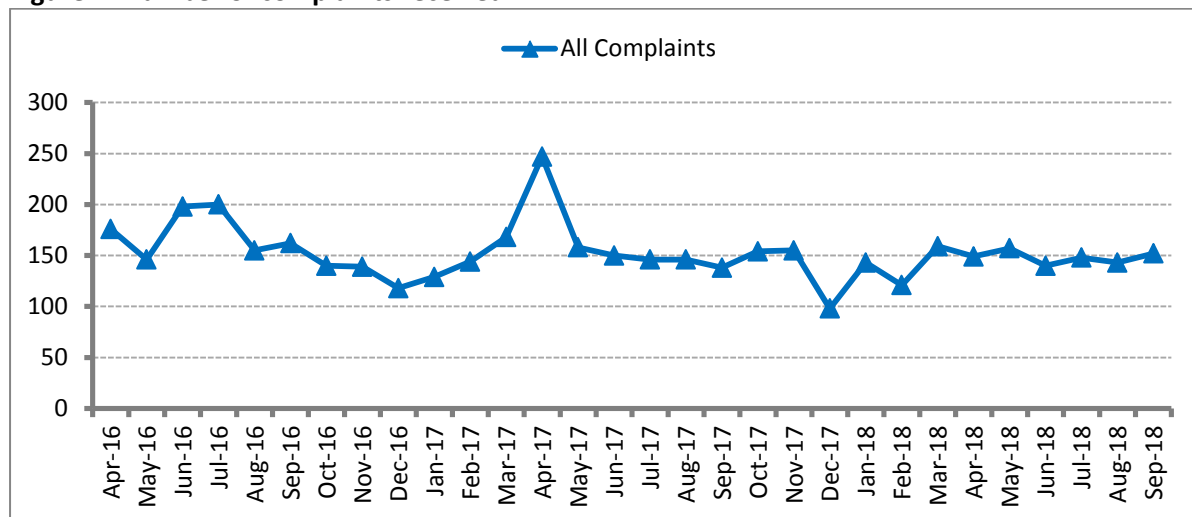
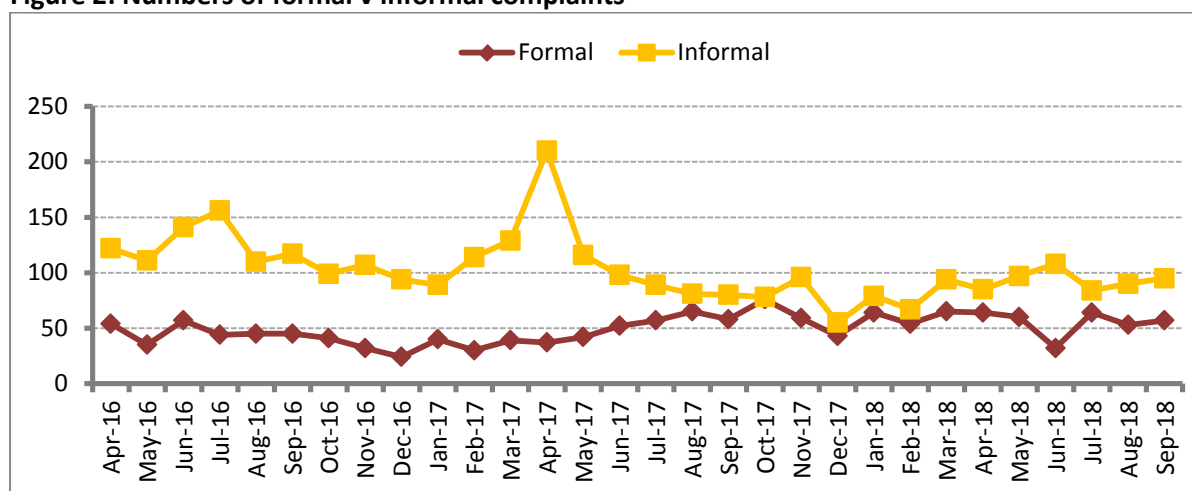


Figure 2: Numbers of formal v informal complaints



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

Figure 2 (above) shows complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. It is encouraging to see that we are consistently dealing with a higher number of complaints via the informal process, as this means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.

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 our findings, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

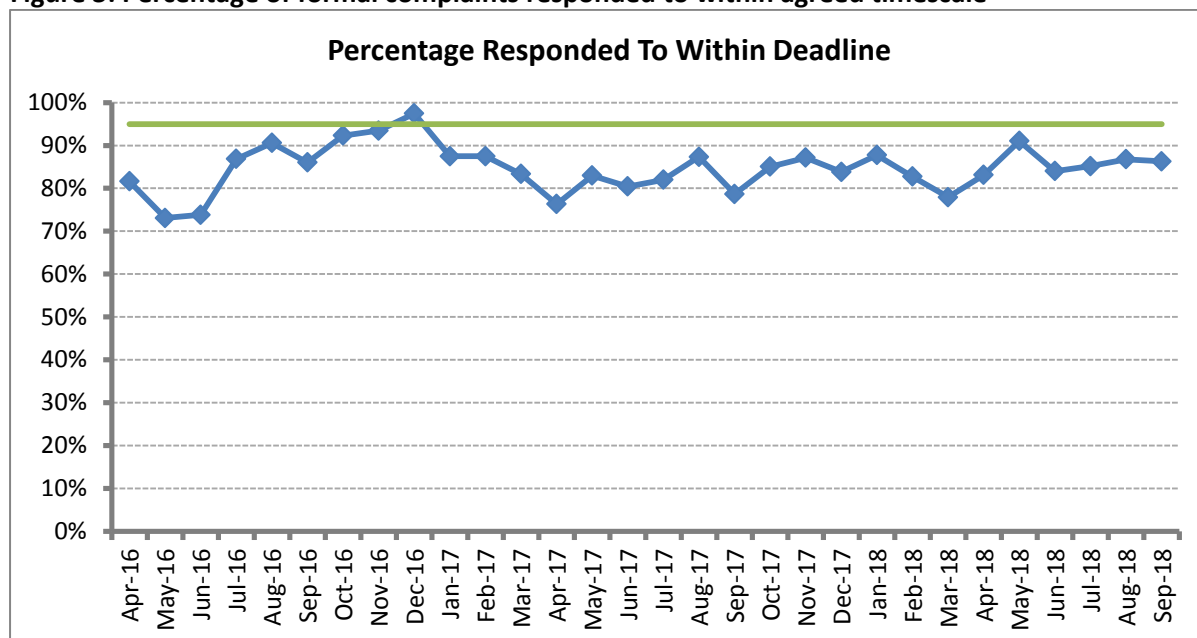
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

1.2.1 Formal Investigations

The Trust’s target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust’s response is posted to the complainant. Figure 3 shows the percentage of formal complaints responded to within the agreed timescale since April 2016.

In Q2 of 2018/19, 86.1% of responses were posted within the agreed timescale. This represents 25 breaches out of the 180 formal complaints which received a response during the quarter². Although this remains below the Trust’s target of 95%, it is a small improvement on Q1 when our performance was 85.9%. Figure 3 shows the Trust’s performance in responding to complaints since April 2016.

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



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

1.2.2 Informal Investigations

In Q2 2018/19, the Trust received 269 complaints that were investigated via the informal process. During this period, 198 informal complaints were responded to and 85.9% of these (170 of 198) were resolved within the time agreed with the complainant.

1.3 Dissatisfied complainants

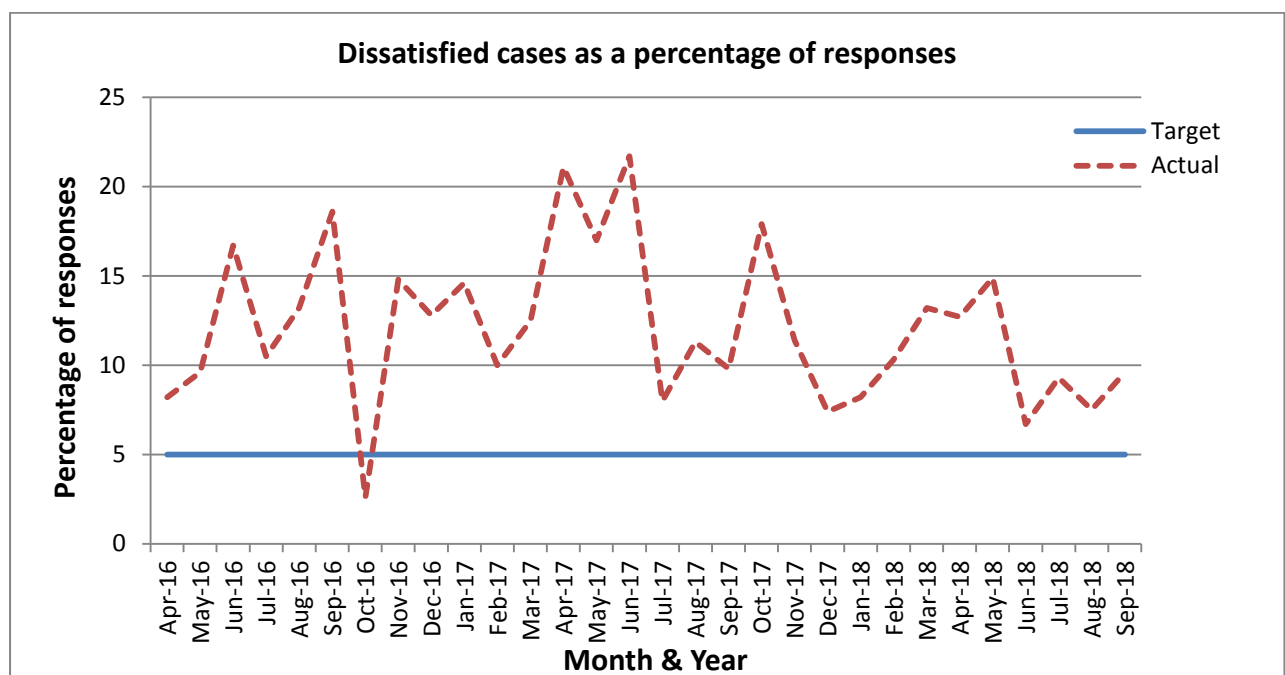
Our target is for less than 5% of complainants to be dissatisfied with our [formal] response to their complaint. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q2 of 2018/19, by the cut-off point of mid-December (the point at which dissatisfied data for Q2 was confirmed for board reporting), 16 complainants who received a first response from the Trust in July, August and September, had contacted us to say they were dissatisfied. This represents 8.9% of the 180 first responses sent out during that period.

In view of the fact that the proportion of dissatisfied responses has remained consistently above our target, the Trust has reinstated a comprehensive monthly review of all dissatisfied cases. These reviews are carried out by the Head of Quality (Clinical Effectiveness and Patient Experience) and a nominated Divisional Head of Nursing. The objective of the reviews is to identify whether or not there were missed opportunities to achieve a more satisfactory outcome for the complainant. The findings of these reviews are reported to the Clinical Quality Group on a monthly basis (and Patient Experience Group on a quarterly basis in summary form) and shared across all Divisions.

Figure 4 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 2016.

Figure 4: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q2 2018/19 compared to Q1 2018/19. In Q2, complaints about ‘clinical care’ increased by almost 20% but complaints about ‘appointments and admissions’ and ‘attitude and communication’ fell by 18% and 10% respectively.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q2 (2018/19)	Number of complaints received in Q1 (2018/19)
Clinical Care	148 (33.4% of all complaints) ↑	124 (27.8% of all complaints) ↑
Appointments & Admissions	127 (28.7%) ↓	155 (34.8%) ↑
Attitude & Communication	85 (19.2%) ↓	95 (21.3%) ↑
Facilities & Environment	32 (7.2%) ↑	26 (5.8%) =
Information & Support	28 (6.3%) ↑	26 (5.8%) ↑
Discharge/Transfer/Transport	11 (2.5%) ↑	10 (2.2%) ↓
Documentation	7 (1.6%) =	7 (1.6%) ↓
Access	5 (1.1%) ↑	3 (0.7%) ↓
Total	443	446

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the ten most consistently reported sub-categories, which together accounted for 74.3% of the complaints received in Q2 (329/443). The increase in complaints received about car parking in Q2 was due to issues with the new parking system in place at South Bristol Community Hospital (Parking Eye). These issues have now been rectified with the placement of clearer signage about charges.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q2 (2018/19)	Q1 (2017/18)	Q4 (2017/18)	Q3 (2017/18)
Clinical care (Medical/Surgical)	87 (64.2% increase compared to Q1) ↑	53	52	53
Cancelled/delayed appointments and operations	69 (28.1% decrease) ↓	96	73	47
Appointment administration issues	48 (29.7% increase) ↑	37	23	29
Clinical care (Nursing/Midwifery)	37 (54.2% increase) ↑	24	27	20
Communication with patient/relative	24 (17.2% decrease) ↓	29	19	17
Car Parking	16 (128.6% increase) ↑	7	4	2
Attitude of medical staff	15 (25% decrease) ↓	20	19	19
Attitude of nursing/midwifery staff	13 (62.5% increase) ↑	8	11	9
Attitude of admin/clerical staff	10 (16.7% decrease) ↓	12	10	18
Failure to answer telephones/failure to respond	10 (11.1% increase) ↑	9	11	18

In summary, the largest proportional increase was in complaints about 'car parking' and the biggest proportional decrease was in complaints about 'cancelled/delayed appointments and operations'. There was also a sizeable increase in the overall number of complaints about 'clinical care'.

Figures 5-8 (below) show the longer term pattern of complaints received since April 2016 for a number of the complaints sub-categories reported in Table 2. Figure 5 shows a recent uplift in complaints about clinical care (medical/surgical). This is explored in more detail under the Risks & Threats section of the SPORT summary at the beginning of this report and in the individual divisional details from section 3.1.1 onwards.

Figure 5: Clinical care – Medical/Surgical

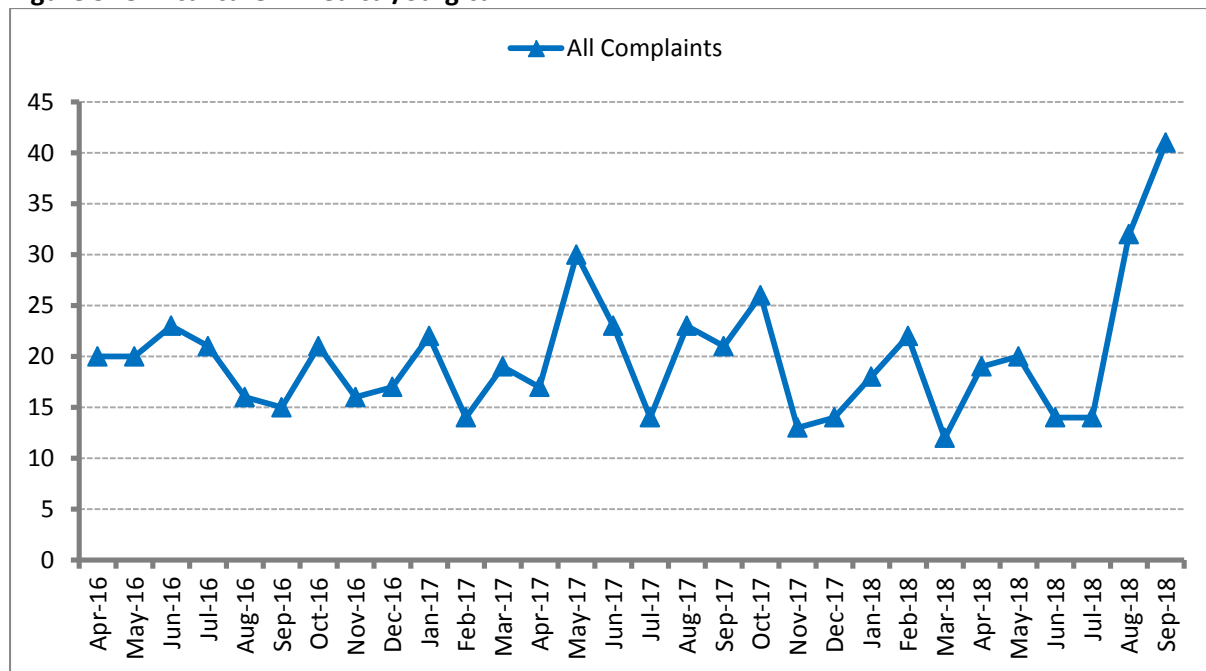


Figure 6: Cancelled or delayed appointments and operations

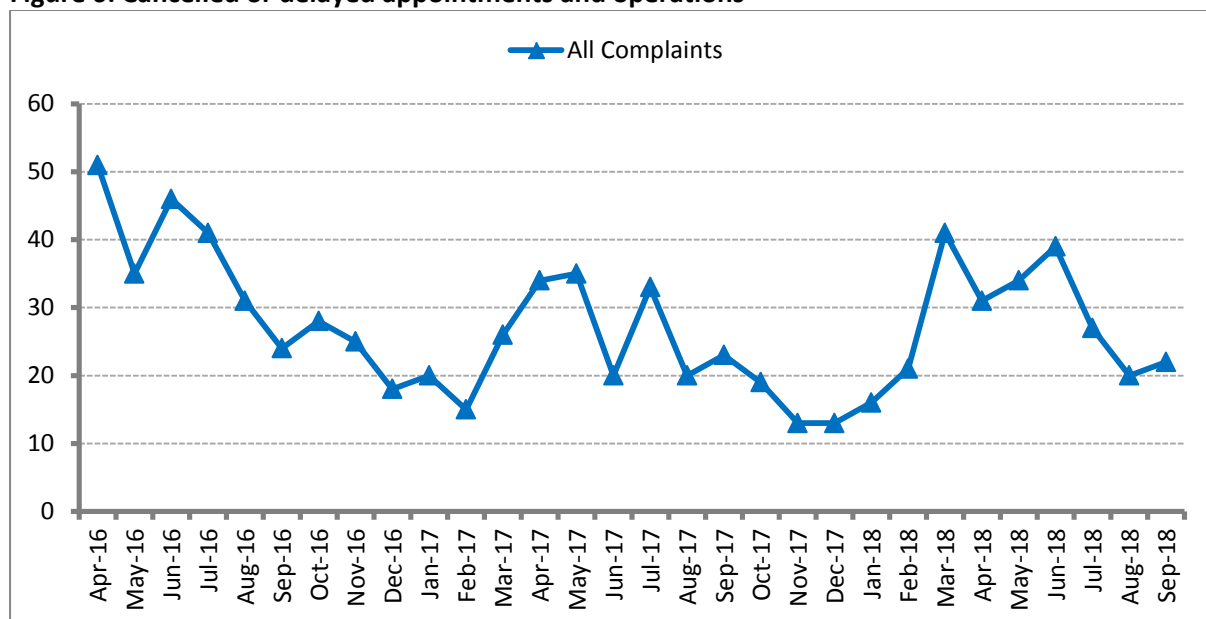


Figure 7: Appointment administration issues

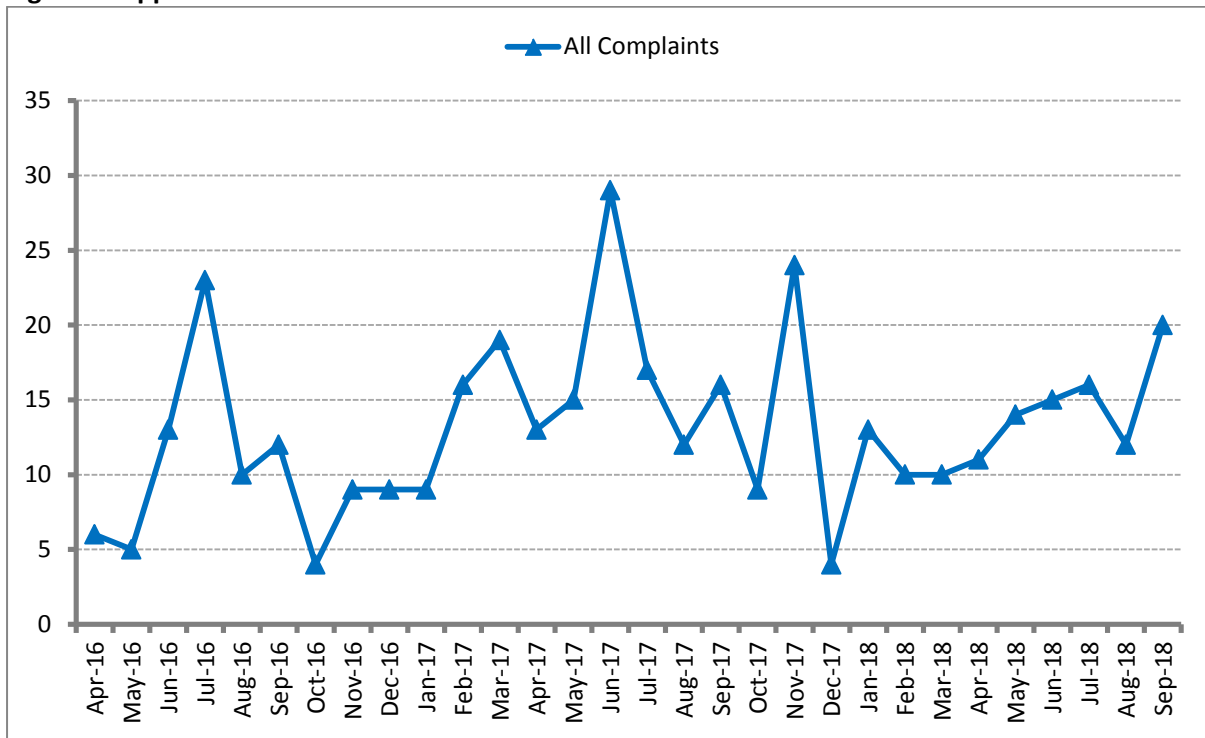
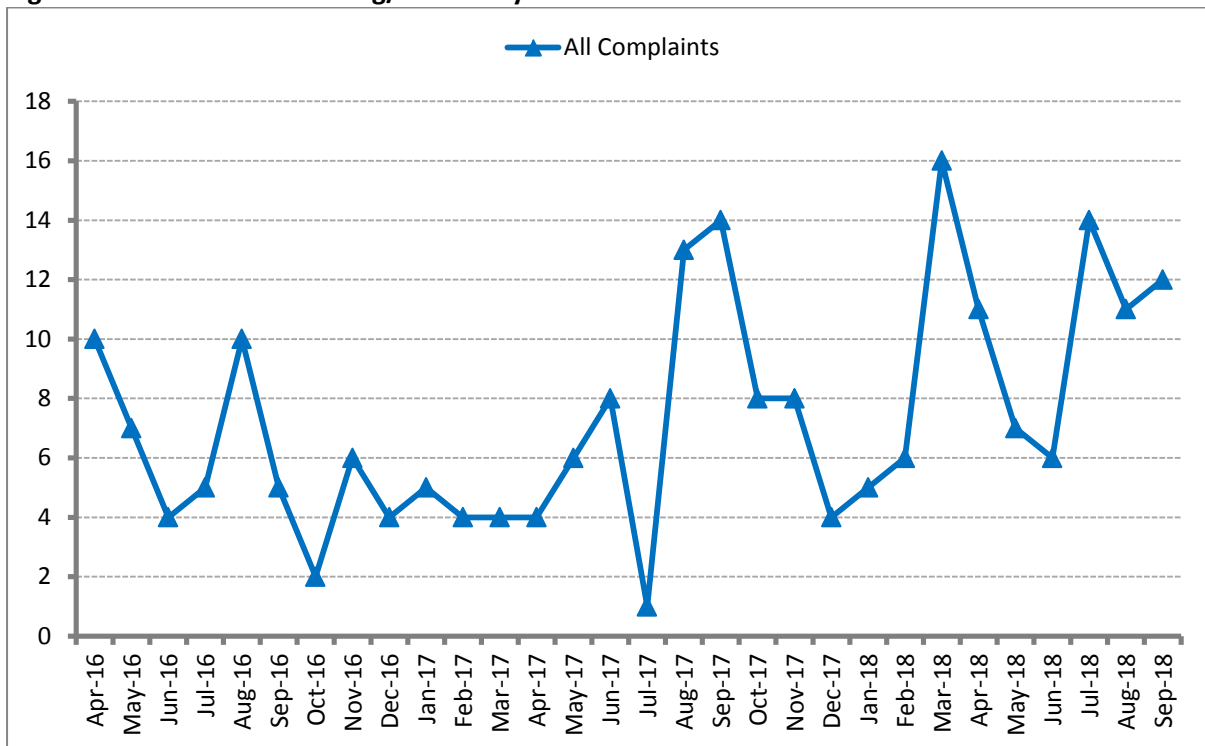


Figure 8: Clinical care – Nursing/Midwifery



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	140 (162) ↓	94 (102) ↓	71 (76) ↓	83 (63) ↑	19 (16) ↑
Number of complaints about appointments and admissions	62 (84) ↓	24 (23) ↑	22 (24) ↓	14 (17) ↓	4 (5) ↓
Number of complaints about staff attitude and communication	22 (26) ↓	18 (25) ↓	12 (16) ↓	20 (17) ↑	7 (7) =
Number of complaints about clinical care	40 (39) ↑	36 (29) ↑	27 (28) ↓	39 (25) ↑	5 (2) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital – 39 (50) Bristol Eye Hospital – 43 (32) Trauma & Orthopaedics – 11 (22) ENT – 9 (12) Upper GI – 9 (8) QDU Endoscopy – 6 (1)	Emergency Department (BRI) – 20 (24) Dermatology – 20 (17) Unity Sexual Health – 6 (3)	BHI (all) – 43 (53) BHOC (all) – 26 (18) BHI Outpatients – 21 (26) Chemo Day Unit / Outpatients (BHOC) – 16 (11) Ward C708 – 7 (7) Clinical Genetics – 1 (5)	BRHC (all) – 45 (41) StMH (all) – 37 (21) Ward 73 (StMH) – 9 (3) Central Delivery Suite – 7 (4) Ward 78 (StMH) – 5 (2) Meadow Ward (E519) – 4 (3) Paediatric Neurosurgical - 4 (1)	Radiology – 7 (8) Pharmacy (including Boots) – 6 (2)
Notable deteriorations compared to Q2	Bristol Eye Hospital – 43 (32) QDU Endoscopy – 6 (1)	Unity Sexual Health – 6 (3)	BHOC (all) – 26 (18)	StMH (all) – 37 (21) Ward 73 (StMH) – 9 (3)	Pharmacy (including Boots) – 6 (2)
Notable improvements compared to Q2	Trauma & Orthopaedics – 11 (22) Lower GI – 1 (9)	Emergency Department (BRI) – 20 (24)	BHI (all) – 43 (53) Clinical Genetics – 1 (5)	None	Physiotherapy – 1 (4)

3.1.1 Division of Surgery

There has been a steady overall reduction in complaints received by the Division of Surgery since March 2018. In Q2, the Division of Surgery received 13.6% fewer complaints than in the previous quarter. Complaints received by Bristol Dental Hospital decreased, as did those received by Trauma & Orthopaedics and Lower GI. There was however an increase in complaints received by Bristol Eye Hospital.

Complaints about attitude and communication decreased for the fourth consecutive quarter, from 41 in Q3, 31 in Q4, 26 in Q1 and 22 in Q2. Although complaints in respect of ‘appointments and admissions’ fell compared to Q1, they still accounted for almost half of all complaints received by the Division. Complaints about ‘clinical care (medical/surgical)’ increased in Q2.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Appointments & Admissions	62 (44.3% of total complaints) ↓	84 (51.9% of total complaints) ↑
Clinical Care	40 (28.6%) ↑	39 (24.1%) ↑
Attitude & Communication	22 (15.7%) ↓	26 (16.0%) ↓
Information & Support	5 (3.5%) ↓	6 (3.7%) ↑
Documentation	4 (2.9%) ↑	3 (1.9%) ↑
Access	4 (2.9%) ↑	3 (1.9%) =
Discharge/Transfer/Transport	2 (1.4%) ↑	1 (0.5%) ↓
Facilities & Environment	1 (0.7%) ↑	0 (0%) ↓
Total	140	162

Table 5: Top sub-categories

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Cancelled or delayed appointments and operations	32 ↓	54 ↑
Clinical care (medical/surgical)	25 ↑	16 =
Appointment administration issues	24 ↑	21 ↑
Clinical care (Dental)	6 ↓	10 ↑
Communication with patient/relative	6 ↑	5 =
Failure to answer telephones/ failure to respond	5 ↑	4 =
Clinical care (nursing)	5 =	5 ↓

Table 6: Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
<p>Complaints received by Bristol Eye Hospital (BEH) increased from 32 in Q1 to 43 in Q2.</p> <p>12 of the 43 complaints were about administrative issues, including the Administration Department and Medical Records.</p> <p>Figure 11 shows an overall rising pattern of complaints about BEH since December 2017.</p>	<p>Of the total complaints, 21 relate predominantly to appointment waiting times and queries with regard to patient treatment.</p> <p>Two complaints were about the mobile retinal unit where patients were unhappy with the service provided.</p> <p>To put into context, the BEH sees 3,000 patients each week, and many complaints are about clarifying/accessing appointments.</p>	<p>No specific themes identified from reviewing the complaints.</p> <p>The administration team is fully staffed and the number of complaints relating to administration has reduced. Patients predominantly complain about the length of time waiting for an appointment</p>
<p>Complaints received by Queen’s Day Unit increased from one in Q1 to six in Q2.</p> <p>Five of the six complaints were about cancelled appointments and one was in relation to clinical care (nursing).</p>	<p>These were complaints about accessing appointments across all specialties that utilise the Queen’s Day Unit.</p> <p>One case relating to clinical care was regarding a patient who had not stopped their anticoagulation medication in time for the procedure. This was recognized at the pre op assessment. The patient wrote following the event and recognised that he had not read the entire patient information leaflet provided. Procedure rebooked for the patient.</p>	<p>After experiencing a number of gaps within the administration team, which resulted in delays responding to enquiries regarding appointments, the team are now fully recruited to. However, some delay with training of the new staff, which means appointments have not always been timely. This should now be resolved.</p>
<p>Complaints related to clinical care (medical/surgical) increased from 16 in Q1 to 25 in Q2.</p> <p>Nine of the 25 complaints were in relation to Bristol Eye Hospital; four were for Trauma & Orthopaedics; three were for Upper GI and two each were received by Day Surgery/Endoscopy at SBCH and Thoracic Surgery.</p>	<p>No common themes or patterns identified in relation to the nine complaints within the BEH.</p>	<p>The nine complaints for the BEH have been reviewed and no discernible common themes of patterns have been identified. However, monitoring of complaints will continue so that any patterns are quickly identified and acted upon.</p>

<p>In Q2, 11 of the 24 dissatisfied complaint responses received by the Trust (45.8%) related to the Division of Surgery.</p>	<p>No common themes or patterns identified from the dissatisfied complaints. These complaints will be subject to the Trust review.</p>	<p>The Division reviews each dissatisfied response and has implemented a process whereby a new manager / matron reviews and compiles the new response. This gives a more independent perspective on the complaint and may provide learning as to whether the initial response was fully appropriate.</p>
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Current divisional priorities for improving how complaints are handled and resolved

The focus for Q1 was to reduce the number of breaches of the 10 day turnaround for informal complaints. This was achieved, as the number of breaches for Q2 was five, compared with 14 in Q1.

The focus for Q2 is on dissatisfied complaints - these will initially be reviewed by the Head of Nursing and Divisional Complaints Coordinator to identify any learning shared across the division. They will then be looked at during the monthly review of all dissatisfied complaints that is carried out jointly by a Head of Nursing and the Head of Quality (Patient Experience and Clinical Effectiveness).

Priority issues we are seeking to address based on learning from complaints

The division will be undertaking a review of outpatient letters to ensure the appropriateness of patients’ expectations of waiting time in outpatient clinics; this will start initially within the BEH.

Figure 9: Surgery, Head & Neck – formal and informal complaints received

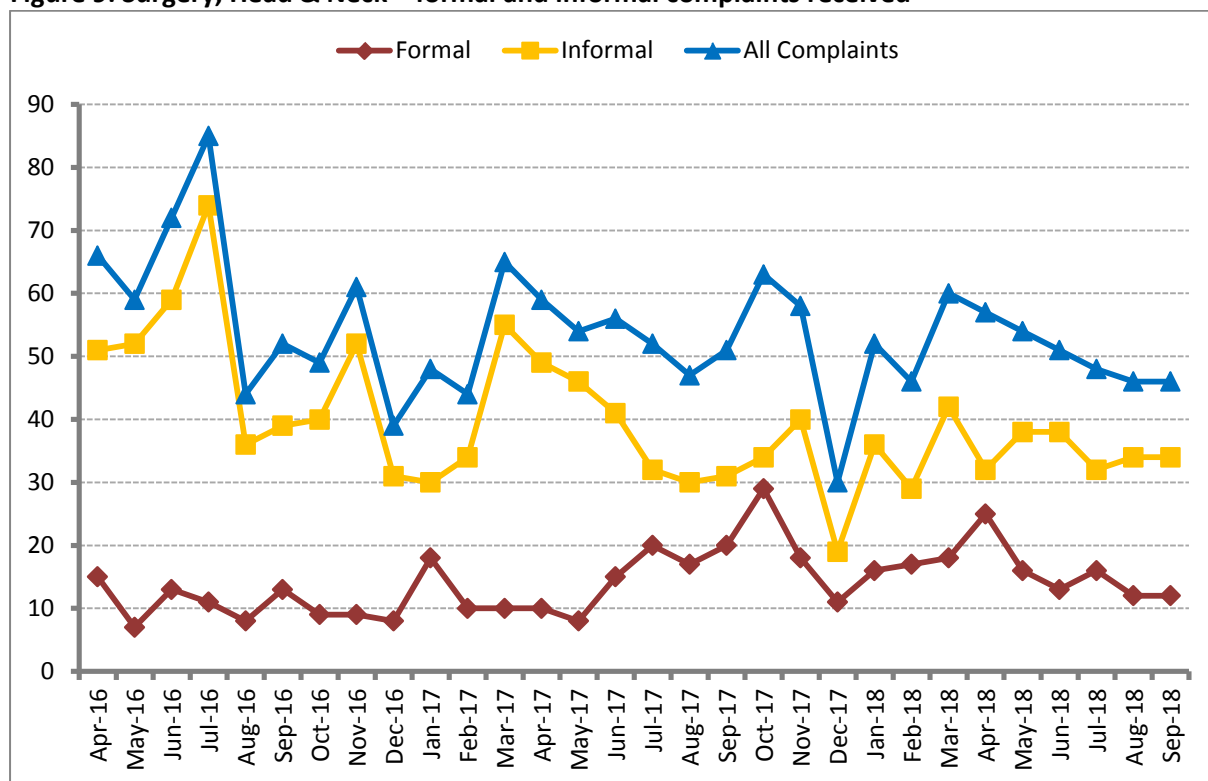


Figure 10: Complaints received by Bristol Dental Hospital

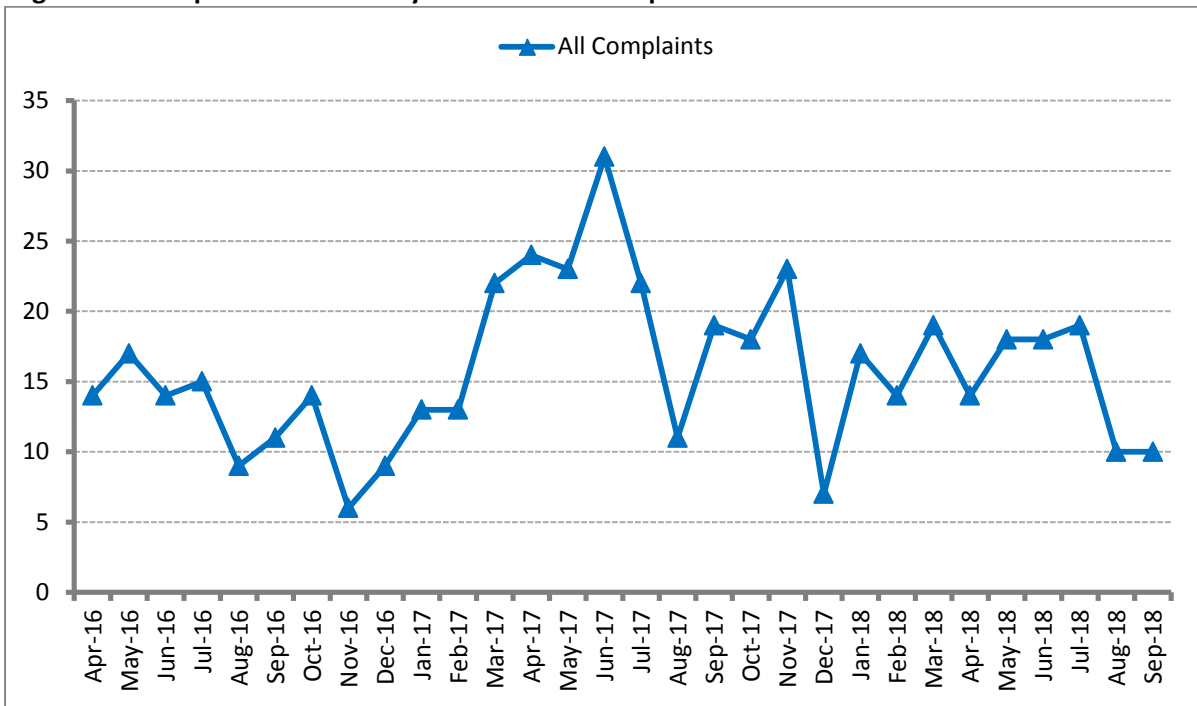


Figure 11: Complaints received by Bristol Eye Hospital

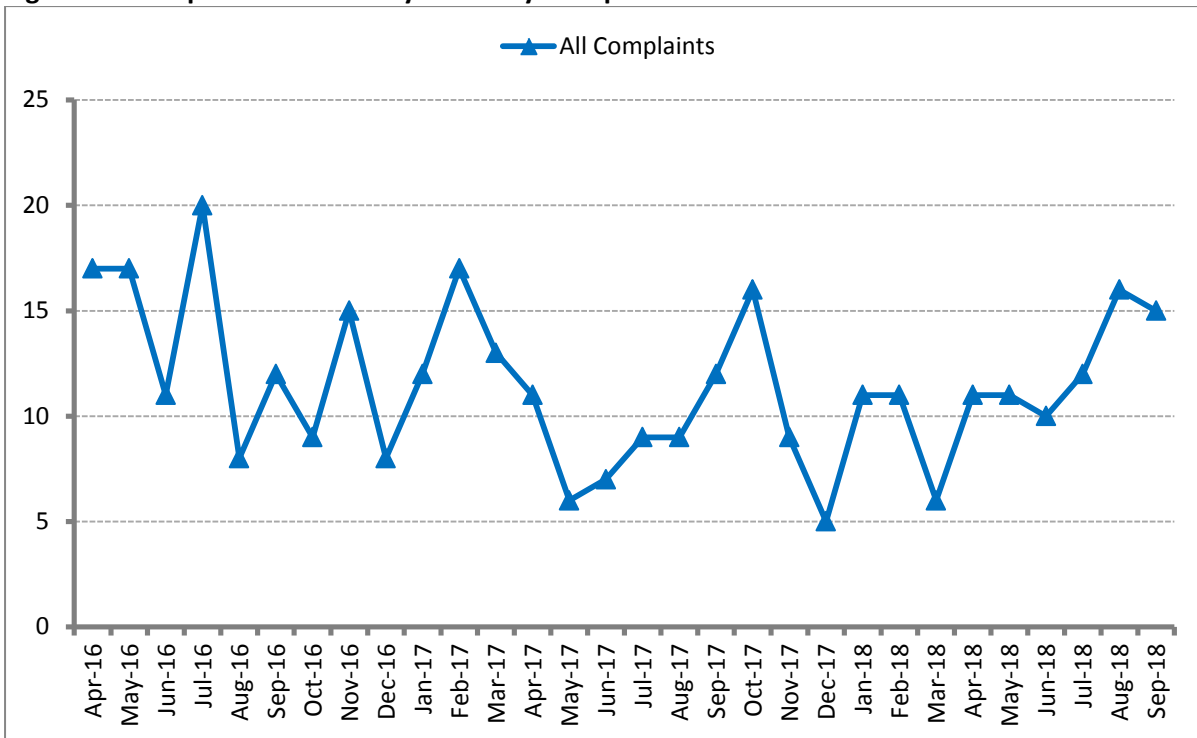
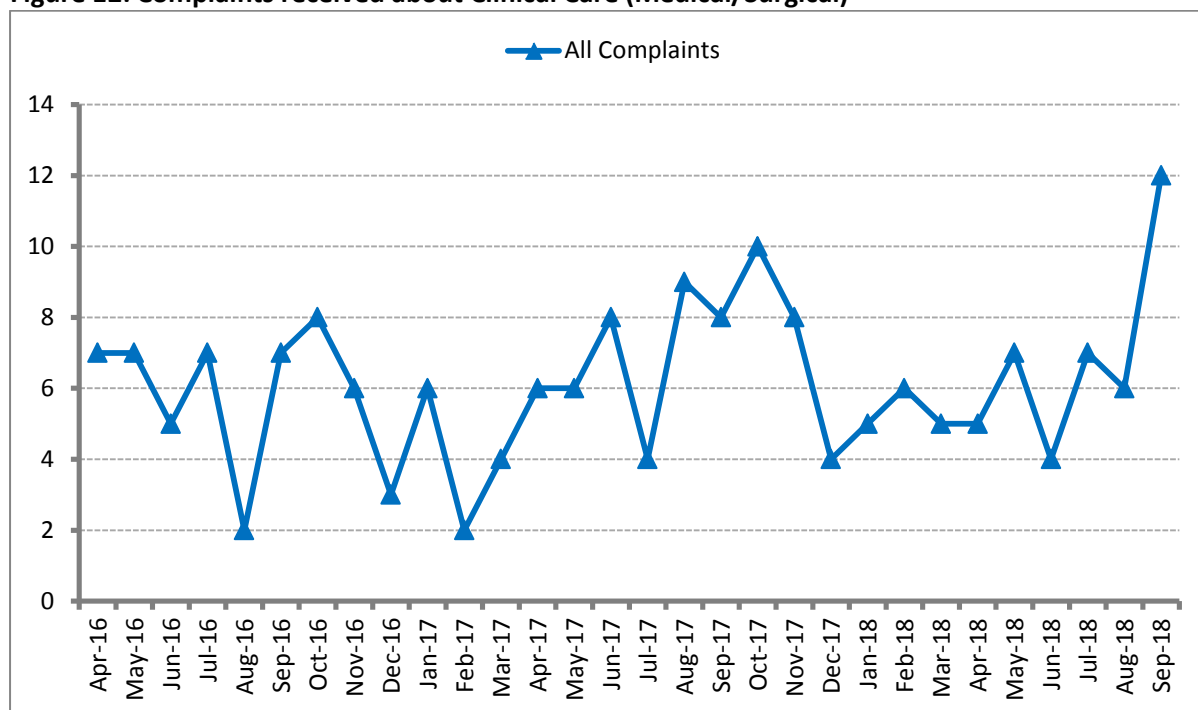


Figure 12: Complaints received about Clinical Care (Medical/Surgical)



3.1.2 Division of Medicine

In Q2, the Division of Medicine received fewer complaints than in Q1 (94 compared with 102 in Q1). Complaints received by Unity Sexual Health and Dermatology increased in Q2, whilst complaints for the Bristol Royal Infirmary Emergency Department decreased.

There was a reduction in the number of complaints received in respect of ‘cancelled or delayed appointments and operations’. There was a substantial increase in the number of complaints in the sub-category of ‘appointment administration issues’, which rose from one in Q1 to 11 in Q2.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Clinical Care	36 (38.3% of total complaints) ↑	29 (28.5% of total complaints) ↓
Appointments & Admissions	24 (25.5%) ↑	23 (22.5%) ↑
Attitude & Communication	18 (19.1%) ↓	25 (24.5%) ↑
Discharge/Transfer/ Transport	6 (6.4%) =	6 (5.9%) ↓
Facilities & Environment	5 (5.3%) ↓	6 (5.9%) ↓
Information & Support	4 (4.3%) ↓	10 (9.8%) ↑
Access	1 (1.1%) ↑	0 (0%) =
Documentation	0 (0%) ↓	3 (2.9%) ↑
Total	94	102

Table 8: Top sub-categories

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Cancelled or delayed appointments and operations	11 ↓	18 ↑
Clinical care (medical/surgical)	24 ↑	15 =
Appointment administration issues	11 ↑	1 ↓
Communication with patient/relative	8 ↓	10 ↑
Clinical care (nursing)	7 ↑	5 ↓
Discharge arrangements	5 ↑	4 ↓
Attitude of nursing staff	4 ↑	2 ↓
Attitude of medical staff	3 =	3 ↓

Table 9: Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
<p>Complaints received by the Dermatology service have shown a small but steady rise, with 11 complaints in Q3, 14 in Q4, 17 in Q1 and 20 in Q2.</p> <p>Nine of the 20 complaints received in Q2 were about cancelled or delayed appointments, five were in respect of appointment administration issues and three related to clinical care.</p> <p>In the Q1 report, the Division advised that the AGM for Dermatology was working towards setting up a system to allow patients to change appointments online.</p> <p>Also see Figure 14.</p>	<p>The increase in complaints is relating to delay in follow up appointments and patients not being able to communicate with the appointments team. The Dermatology department has seen significant increases in activity, for example, 1,000 more two week cancer-wait patients this year, compared to last year.</p> <p>The AGM has contacted the Communications Team to help set up an online system (similar to BEH) and is currently awaiting a response. She has however liaised with the Appointment Centre team and they are waiting for it to be set up and will manage the online forms received from patients.</p>	<p>Extensive plan underway in the Division to manage the growth in activity in Dermatology. Many processes under review due to the increased activity.</p> <p>AGM to escalate with the Communications Team as this system is crucial in helping improve access for patients.</p>

<p>Unity Sexual Health received six complaints in Q2, compared with three in Q1.</p> <p>The six complaints fell into three different categories, with two each for 'appointments and admissions', 'clinical care' and 'information and support'.</p>	<p>Complaints related to an incorrect telephone number being provided so test results were not sent on time; waiting times in clinic; a delay with a follow up appointment; a patient unhappy with how the system works in respect of gaining an emergency appointment; and an enquirer who received an STI package although they did not request this. No common themes within the complaints received in Q2 despite an increase in complaints received compared to Q1.</p>	<p>The Division will monitor complaints received to review for themes.</p>
<p>Complaints about 'appointment administration issues' rose from one in Q1 to 11 in Q2, with five of these being received by Dermatology.</p>	<p>Please see comments above in relation to Dermatology.</p>	<p>The Division will continue to monitor Complaints received for specific themes.</p>

Current divisional priorities for improving how complaints are handled and resolved:

The Divisional Complaints and Patient Safety Teams are currently under review in light of recent changes within the safety team. Matron is now leading the team for a further six months to assess the impact on the quality of complaints responses.

The Division is focused on improving response times for informal complaints.

Priority issues we are seeking to address based on learning from complaints:

Linking complaints with clinical incidents, and the Division is working with others to improve the discharge process.

Figure 13: Medicine – formal and informal complaints received

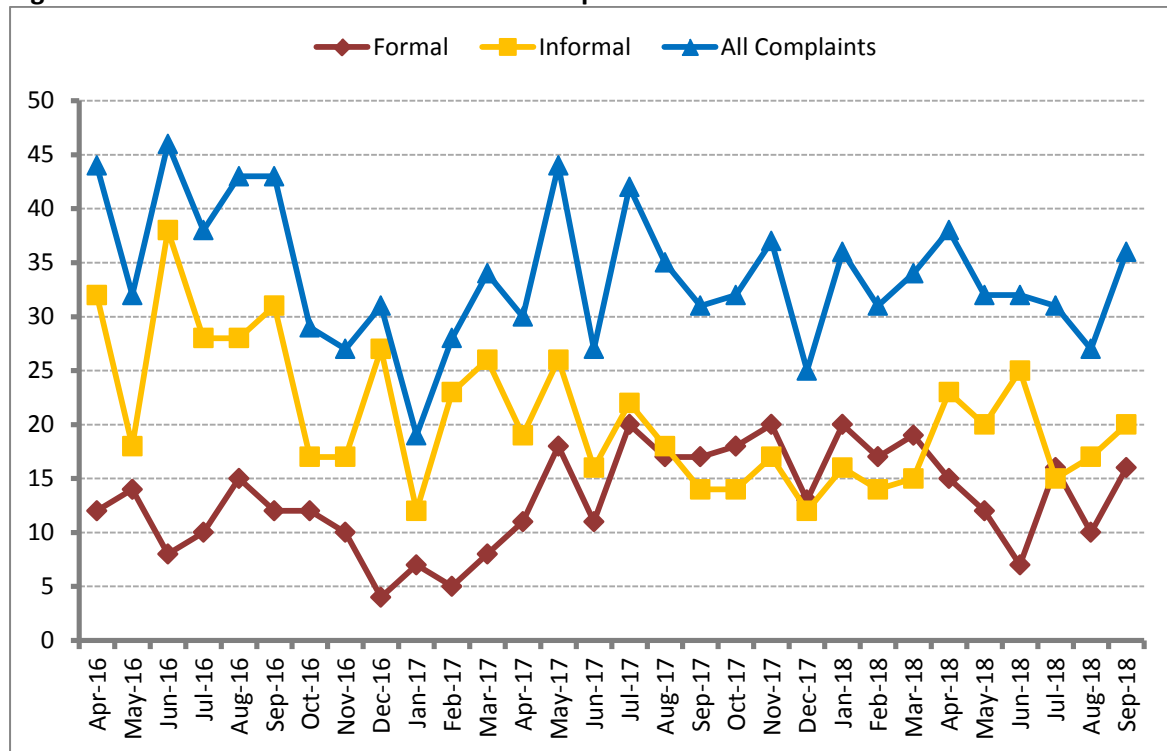
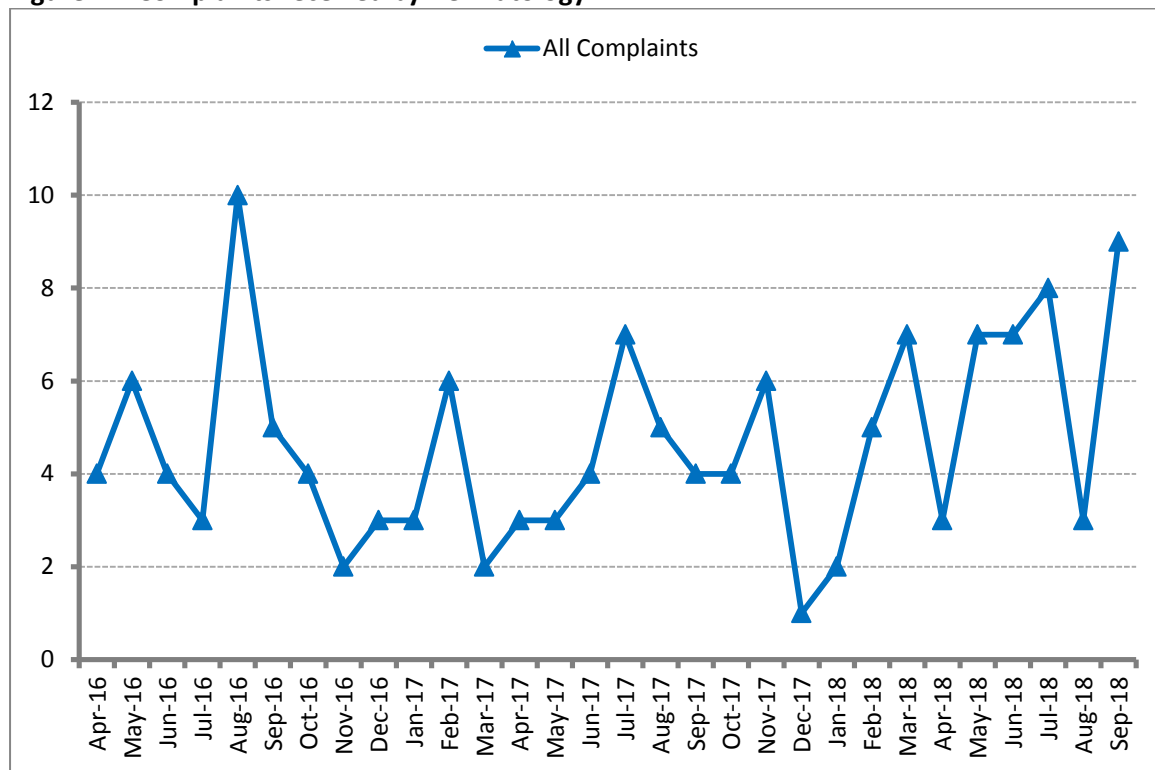


Figure 14: Complaints received by Dermatology



3.1.3 Division of Specialised Services

In Q2, the Division of Specialised Services received 71 complaints, compared with 76 in Q1 and 55 in Q4 2017/18.

Of the 71 complaints received, 43 were received by Bristol Heart Institute (BHI), compared with 53 in Q1 and 26 were received by Bristol Haematology & Oncology Centre (BHOC), compared with 18 in Q1. In addition to the overall reduction in complaints for the BHI, complaints for BHI Outpatients also fell from 26 in Q1 to 21 in Q2. Figure 17 shows an overall rising pattern of complaints about BHOC since November 2017 although the numbers involved remain small in the context of the volume of patients seen.

The largest increase was in the sub-category of 'clinical care (medical/surgical)', with 20 complaints received, compared with eight in Q1. Of the 76 complaints received by the Division overall, 38% fell into the category of 'clinical care'. There was a reduction in the numbers of complaints in respect of 'appointments and admissions' and 'attitude and communication'.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Clinical Care	27 (38% of total complaints) ↓	28 (36.8% of total complaints) ↑
Appointments & Admissions	22 (31%) ↓	24 (31.6%) ↑
Attitude & Communication	12 (16.9%) ↓	16 (21.1%) ↑
Information & Support	5 (7%) =	5 (6.6%) ↓
Discharge/Transfer/Transport	3 (4.3%) ↑	2 (2.6%) ↓
Facilities & Environment	1 (1.4%) =	1 (1.3%) ↑
Documentation	1 (1.4%) ↑	0 (0%) ↓
Access	0 (0%) =	0 (0%) =
Total	71	76

Table 11: Top sub-categories

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Clinical care (medical/surgical)	20 ↑	8 ↓
Cancelled or delayed appointments and operations	17 =	17 ↑
Appointment administration issues	5 ↓	6 ↑
Communication with patient/relative	4 ↓	6 ↑
Attitude of medical staff	4 ↑	3 =
Clinical care (nursing)	3 =	3 ↑

Table 12: Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
<p>Complaints received by Bristol Haematology & Oncology Centre (BHOC) increased from 18 in Q1 to 26 in Q2.</p> <p>The majority of these 26 complaints were in respect of the Chemo Day Unit/Outpatients (16), with the remainder split between the Appointments Department (3), Ward D603 (3), Radiotherapy Treatment (2), and the Haematology Day Unit (2).</p>	<p>The majority of these complaints were about clinical care or appointments and admissions.</p> <p>A theme running through these complaints relate is how we communicate and share information with our patients and their relatives. Eight complaints in Q2 related to multiple doctors' communication style and manner.</p>	<p>The Division is highlighting the importance of effective and appropriate communication with patients and relatives across all disciplines. This includes sessions referred to as "<i>Nip it in the bud</i>" for all staff (including doctors) focusing on their own communication but also giving permission to address any poor communication they witness.</p> <p>Divisional newsletters and management meetings will also be used to share learning from complaints with clinicians, nurses and administration staff.</p>
<p>Complaints about 'clinical care (medical/surgical)' increased from eight in Q1 to 20 in Q2.</p> <p>Of these 20 complaints, seven were for the Chemo Day Unit/Outpatients; three were for BHI Outpatients and three were for Ward C604 (CICU).</p>	<p>Three of these complaints related to doctor/consultant attitude and communication. Three complaints others related to questions about the diagnoses patients had received.</p> <p>Two other related to delays in receiving medication/ chemotherapy.</p>	<p>See actions described above.</p> <p>Staff have been reminded of the importance of the '5 Rs' (right patient, the right drug, the right dose, the right route, and the right time) – this message is being reinforced via safety briefings, management meetings and divisional newsletters.</p>

Current divisional priorities for improving how complaints are handled and resolved:

- Complaint investigators are being asked to clarify with PSCT or the complainant directly the questions that need to be answered in order to address the concerns of the complainant first time.
- Trends are continually highlighted and discussed at Clinical Governance Meetings, Divisional Board and other management meetings.
- Development of a Standard Operating Procedure for complaints received within the Division, particularly addressing timescales and responding within the allocated time.
- A newsletter will be circulated within the Division following review of complaints and learning identified in the quarter.

Priority issues we are seeking to address based on learning from complaints.

As a Division we are emphasising the following important aspects of communication

with patients:

- When speaking to patients and relatives, please consider how you would wish to be addressed if you were to be a patient
- Be clear when discussing treatment plans/follow up appointments and timescales for recovery
- If a patient is being seen by a number of different teams/people, be careful how you communicate to ensure that mixed messages are not being given
- Before discharge, please ensure your patient knows what to expect in terms of recovery in the following days/weeks
- Be clear about the expectations from us as a service or team

Figure 15: Specialised Services – formal and informal complaints received

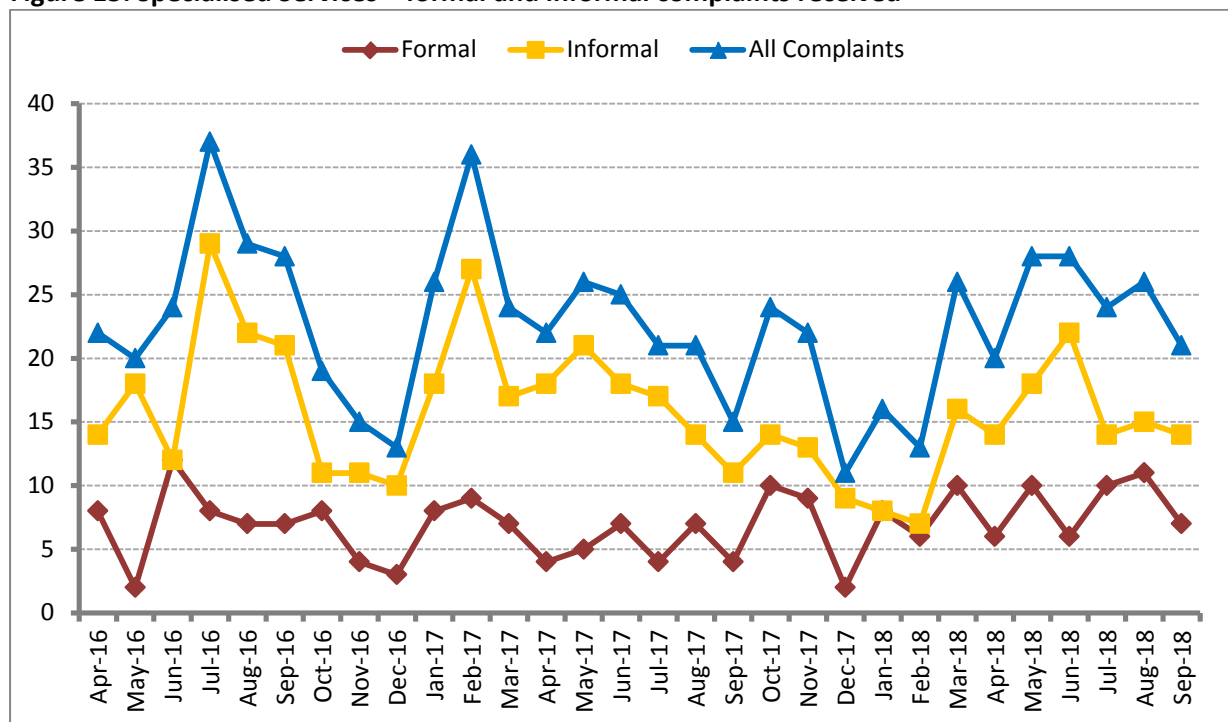


Figure 16: Complaints received by Bristol Heart Institute

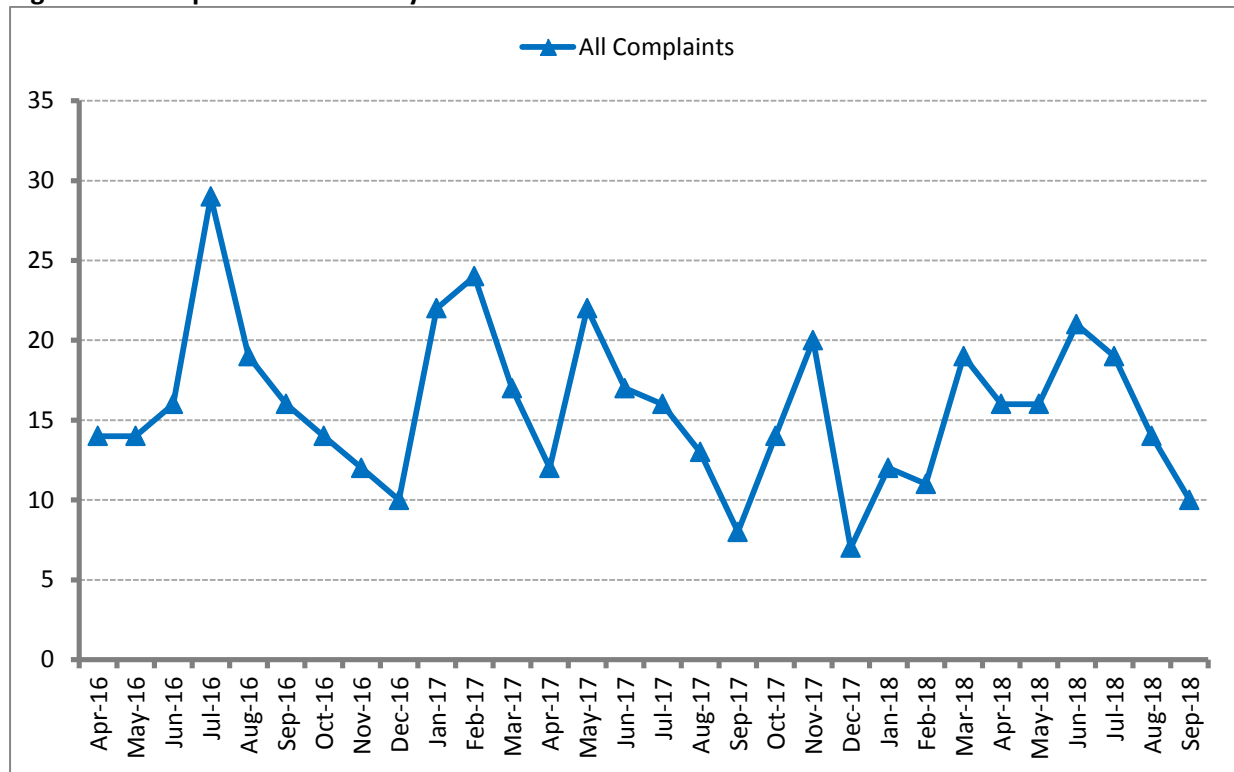


Figure 17: Complaints received by Bristol Haematology & Oncology Centre

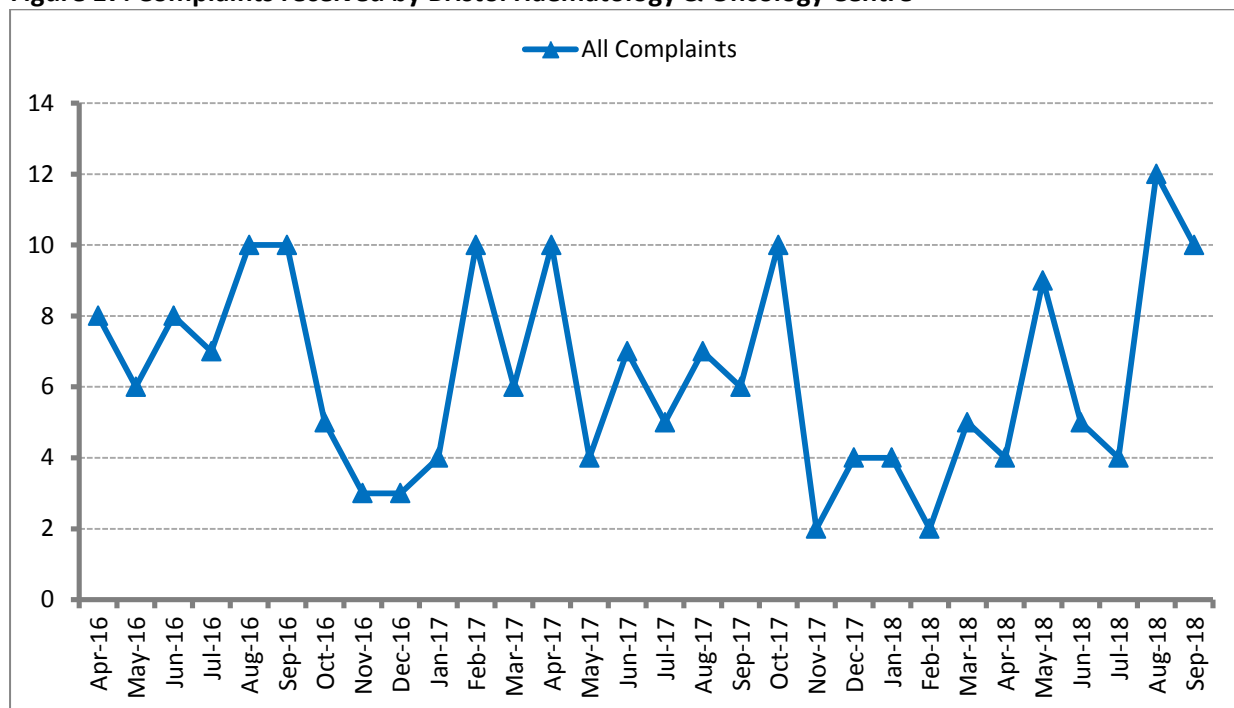
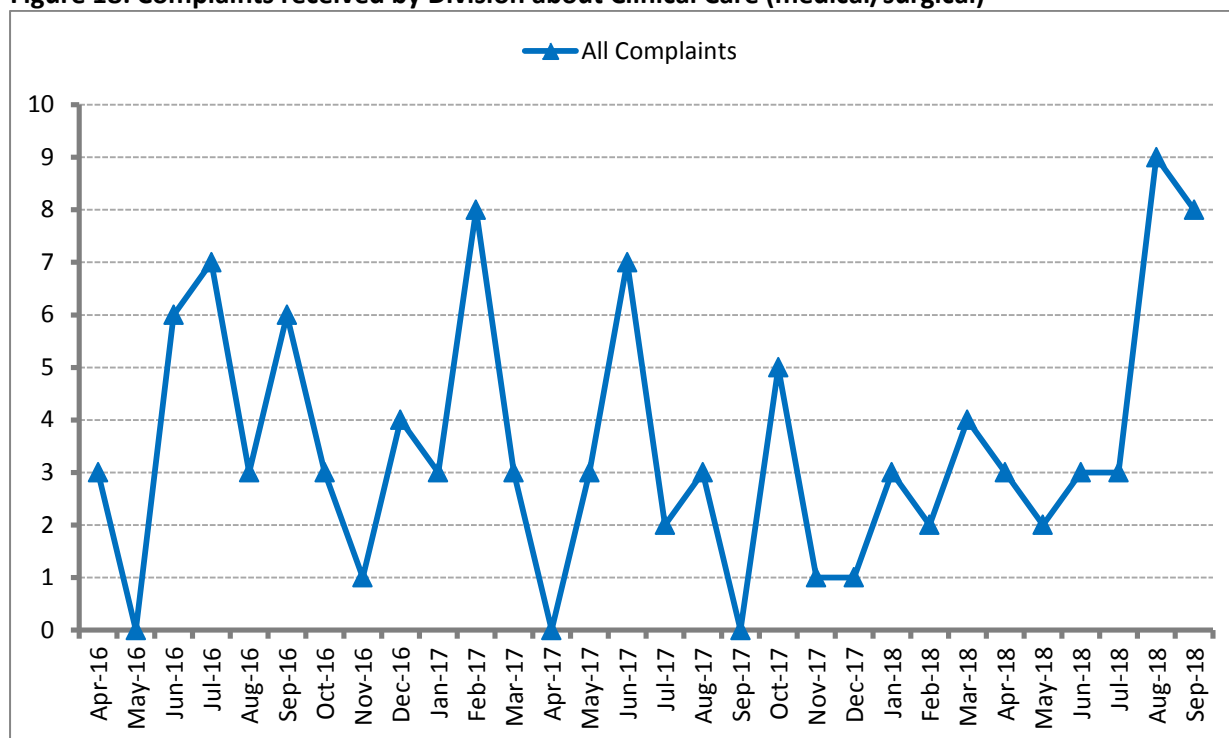


Figure 18: Complaints received by Division about Clinical Care (medical/surgical)



3.1.4 Division of Women’s and Children’s Services

The total number of complaints received by the Division increased from 63 in Q1 to 83 in Q2. Complaints for Bristol Royal Hospital for Children (BRHC) increased slightly to 45 in Q2 (from 41 in Q1). The increase was greater for St Michael’s Hospital (StMH) where complaints increased to 37 in Q2 (from 21 in Q1).

The largest increase was for complaints in the category of ‘clinical care’, and more specifically ‘clinical care (nursing/midwifery)’, the latter of which rose from 10 in Q1 to 21 in Q2.

There were reductions in the number of complaints about ‘communication with patient/relative’, ‘attitude of medical staff’ and ‘appointment administration issues’.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Clinical Care	39 (47% of total complaints) ↑	25 (39.6% of total complaints) ↓
Attitude & Communication	20 (24.1%) ↑	17 (27%) ↑
Appointments & Admissions	14 (16.9%) ↓	17 (27%) ↓
Information & Support	7 (8.4%) ↑	1 (1.6%) ↓
Facilities & Environment	2 (2.4%) =	2 (3.2%) ↓
Documentation	1 (1.2%) =	1 (1.6%) ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) ↓
Total	83	63

Table 14: Top sub-categories

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Clinical care (nursing/midwifery)	21 ↑	10 ↑
Clinical care (medical/surgical)	16 ↑	14
Cancelled or delayed appointments and operations	9 =	9 ↓
Attitude of nursing/midwifery	7 ↑	4 ↑
Communication with patient/relative	4 ↓	6 ↑
Attitude of medical staff	4 ↓	5 ↑
Appointment administration issues	4 ↓	7 ↑

Table 15: Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
<p>Complaints in the category of ‘attitude and communication’ increased from 17 in Q1 to 20 in Q2.</p> <p>This is the fourth consecutive rise in the Division’s complaints in this category.</p> <p>Of these 20 complaints, 11 were for BRHC and eight were for StMH. However, it should be noted that one of the cases attributed to StMH about the attitude of a member of staff was actually a secondary category, with the main category being in respect of ‘clinical care’. The category regarding ‘attitude and communication’ was in relation to a member of staff from a different Division.</p> <p>Overall, seven of the 20 complaints were about ‘attitude of nursing/midwifery’; four were in respect of ‘attitude of medical staff’; four were related to ‘communication with patient/relative’; three were about ‘confidentiality’ and there was one each under the sub-categories of ‘communication – administrative’ and ‘failure to respond’.</p>	<p>BRHC There were no consistent themes highlighted from these complaints; no particular individuals or teams. Each incident has been highlighted and discussed with individuals involved; they have been reminded of what good communication looks like, Trust values and where possible, the potential for repeat meetings / conversations with complainants to repair potentially damaged relationships.</p> <p>StMH Four of the complaints related to administrative errors by clerical staff. One complaint related to inadequate cleaning of a bed and post-natal care. Two complaints relate to the attitude and communication of midwives and one related to care in gynaecology.</p>	<p>BRHC The hospital recently undertook its second “conversation week”. The data from that event is being collated; an action plan will be produced. Individual practitioners named in complaints are spoken to by their line managers and identified improvements / training required are then actioned.</p> <p>StMH The reception scan department staff are being booked onto the Trust’s training course ‘Handling Difficult Telephone Conversations’.</p> <p>Patient Experience at the Heart workshops to be held again, run by the Trust’s Patient & Public Involvement Lead.</p> <p>Ongoing work with Hotel Services staff to ensure new meal service works for maternity services.</p> <p>Work with Weston General Hospital to ensure UHBristol and Weston staff are giving consistent advice.</p> <p>Where persistent complaints about individuals are received, these are managed through the Trust’s formal processes as required.</p> <p>Staff in administration have been reminded to check patient telephone numbers against the summary care record to ensure the Trust has the most up to date information.</p>
<p>There was an increase in the number of complaints</p>	<p>StMH Complaints mainly about birth</p>	<p>StMH Actions taken as detailed above, as</p>

<p>received under the sub-category of 'clinical care (nursing/midwifery)', from 10 in Q1 to 21 in Q2.</p> <p>18 of the 21 complaints were received by StMH (compared with seven in Q1).</p>	<p>events, gynaecology procedures and breast feeding support.</p>	<p>well as work ongoing to improve telephone triage and diagnosis of labour, training on tongue tie diagnosis and ensuring health visitors giving consistent advice with midwives.</p> <p>Workshop to review increase in women requiring induction of labour and effects on capacity.</p>
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Current divisional priorities for improving how complaints are handled and resolved:

StMH

We are re-emphasising to medical staff and matrons the importance of meeting deadlines when responding to complaints.

BRHC

An SOP for a fresh approach complaint management at BRHC has been drafted for comment. The SOP emphasises the importance of making personal contact with the complainant and encouraging a preliminary meeting between the complainant and the investigating manager.

Priority issues we are seeking to address based on learning from complaints.

StMH

We will send as many staff as possible on the Patient Experience at the Heart workshops in January. We will also be looking to extend the Day Assessment Unit opening hours to improve capacity on the Delivery Suite and prevent delays in the induction of labour process.

BRHC

The increase in complaints around attitude and communication is concerning and is our current focus for learning. We have developed a message of the week derived from key themes from incidents and complaints; this is delivered at the start of each shift, medical handover and bed meeting.

Figure 19: Women & Children – formal and informal complaints received

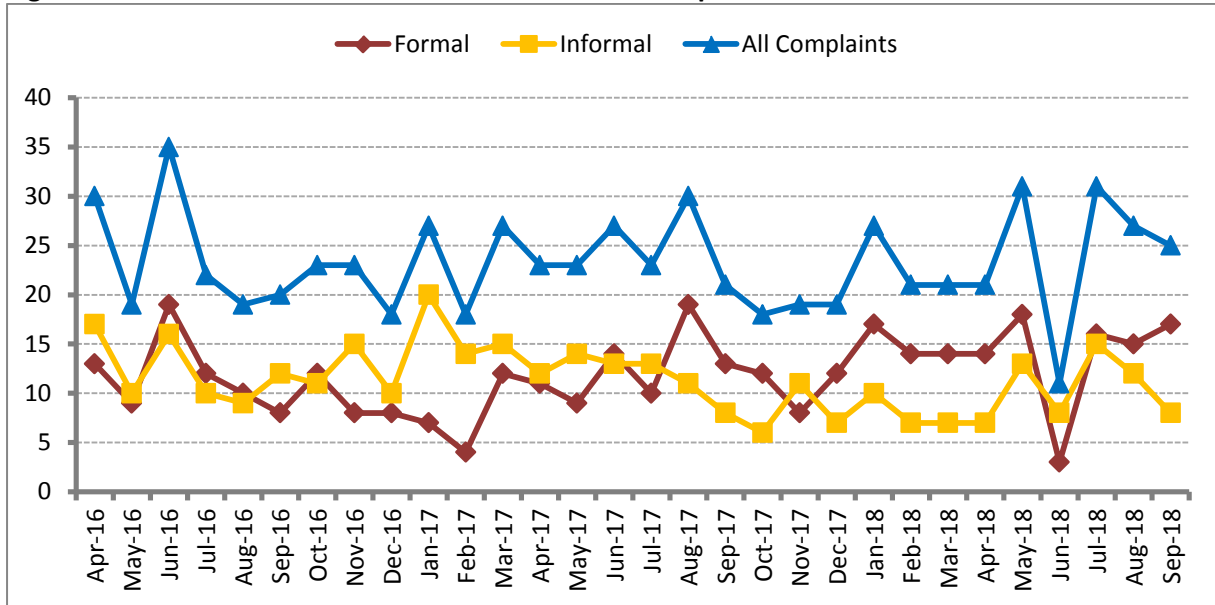


Figure 20: Complaints received by Bristol Royal Hospital for Children

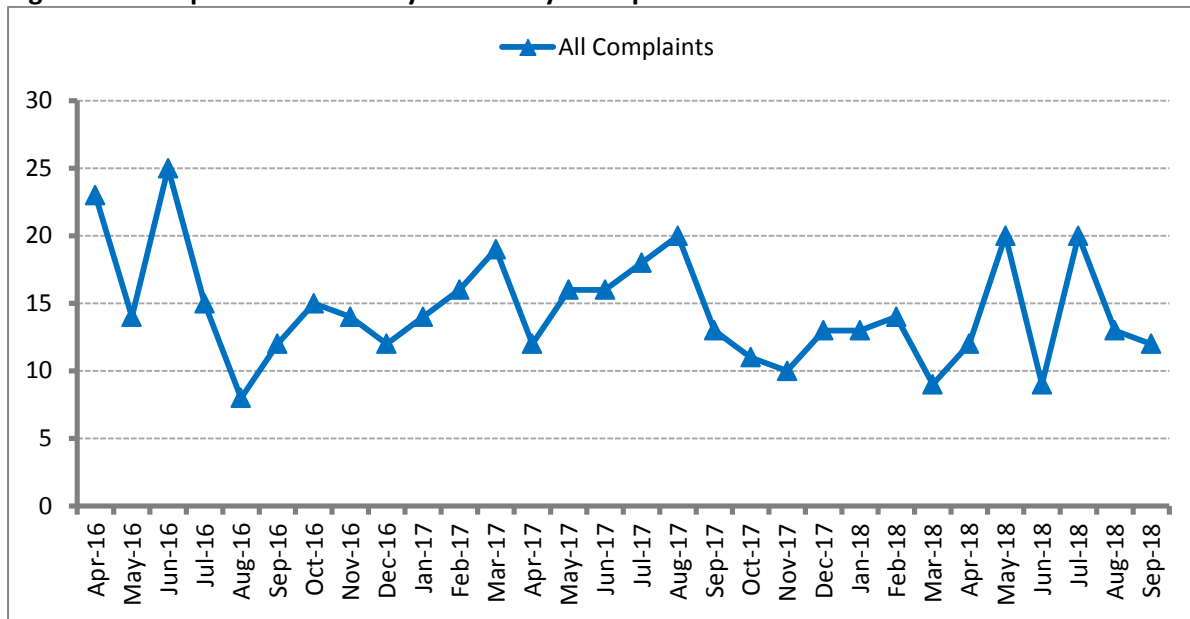


Figure 21: Complaints received by St Michael's Hospital

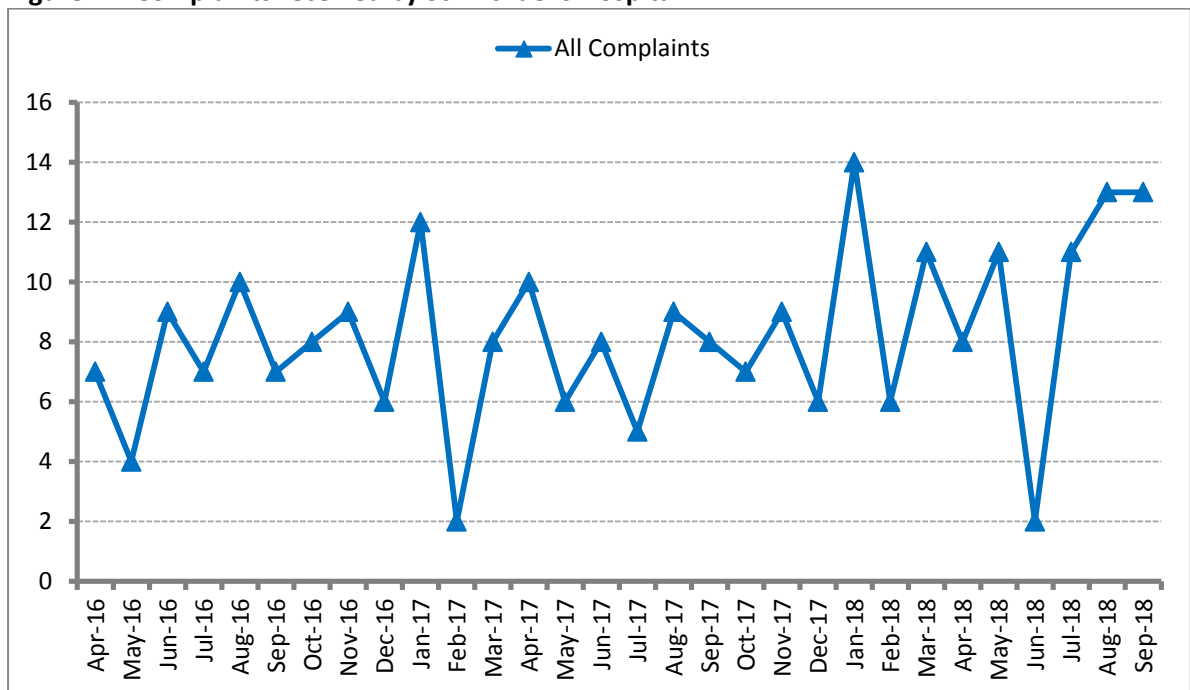
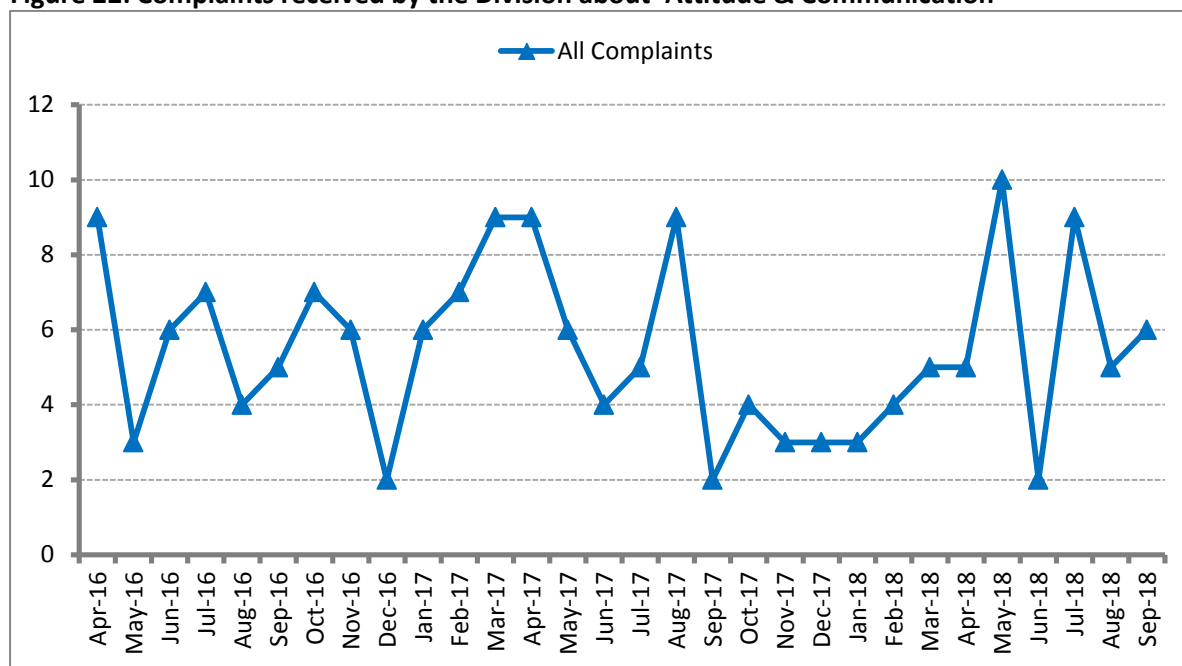


Figure 22: Complaints received by the Division about 'Attitude & Communication'



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies rose slightly to 19 in Q2 (compared with 17 in Q1) and 16 in Q4 2017/18.

The majority of complaints were received for Radiology (seven) and Pharmacy (six). In respect of complaints categories, 'attitude and communication' remained the highest at seven, with increases also in the categories of 'clinical care' and 'information and support'. There was a reduction in the number of complaints received under the category of 'appointments and admissions'.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Attitude & Communication	7 (36.8% of total complaints) =	7 (41.2% of total complaints) ↑
Appointments & Admissions	4 (21.1%) ↓	7 (41.2%) ↑
Clinical Care	5 (26.3%) ↑	2 (11.8%) ↓
Information & Support	3 (15.8%) ↑	1 (5.9%) =
Facilities & Environment	0 (0%) =	0 (0%) ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	19	17

Table 17: Top sub-categories

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Appointment administration issues	2 =	2 ↑
Attitude of medical staff/AHPs	2 =	2 ↓
Communication with patient/relative	2 =	2 ↑
Clinical care (medical/AHPs)	2 ↑	0 ↓
Waiting time for pharmacy	2 ↑	0 =
Information about patient	2 ↑	1 ↑

Table 18: Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
The Division received six complaints for the pharmacy service, compared with one in Q1.	The complaints relating to Boots were all regarding long waiting times for prescriptions.	Display screen with waiting times to be installed in Boots; turnaround times are monitored at monthly meetings with the Trust.
Four of these complaints were in respect of Boots Pharmacy in Bristol Royal Infirmary, with one each for the Parenteral Services Unit and BEH pharmacies.	The PSU complaint related to delays in drugs for a clinical trials patient. The final complaint was from a patient concerned about the impact on disabled patients of the closure of the BEH outpatient pharmacy.	Explanation that this particular drug cannot be made in advance of the appointments. Action plan provided and meeting offered. Explanation of alternative pharmacy options provided to patient and apology that this was not made clear at the time. All staff reminded of the alternative pharmacies available.
Complaints about ‘attitude and communication’ accounted for 36.8% of the Division’s complaint in Q2. Of the seven complaints in this category, five were for radiology services.	The radiology complaints were in different areas for varying reasons: Attitude of staff rude and unhelpful when they believed patient was late for appointment. Lack of preparation by staff for disabled patient. Extremely long wait for scan owing to lack of a	Confirmed staff involved have been identified and spoken to; they extend their apologies for their conduct. Appointment letters are being reviewed to ensure no further errors occur. Owing to a fault with the main scanner, the patient had to be scanned in the one used for A&E,

	<p>hoist.</p> <p>Unhelpful staff when wanting an update on wife in ED, lack of information prior to appointment. Concern over pregnant staff member in scan room and lack of comment cards.</p> <p>Patient wanting a copy of her scans, despite calling the number given there had been no response.</p> <p>Lack of communication regarding claustrophobia and patient not being listened to during appointment with CRIC Junior Radiographer.</p>	<p>leading to delays due to the high demand and need for a hoist. The Division apologised that the scan was not rebooked for another day to avoid such a long wait as would be the usual procedure.</p> <p>Explanation that as patient could not remember wife's date of birth, an update could not be provided for confidentiality reasons.</p> <p>Patient received a call to discuss the appointment prior to arrival; apologies given that questions not answered.</p> <p>Confirmation that pregnant member of staff was protected during the scan appropriately and was not at risk.</p> <p>Apologies given for lack of comment cards; staff reminded of their location and to keep them available at all times for patients.</p> <p>Patient was telephoning an incorrect number.</p> <p>Investigation ongoing at time of report.</p>
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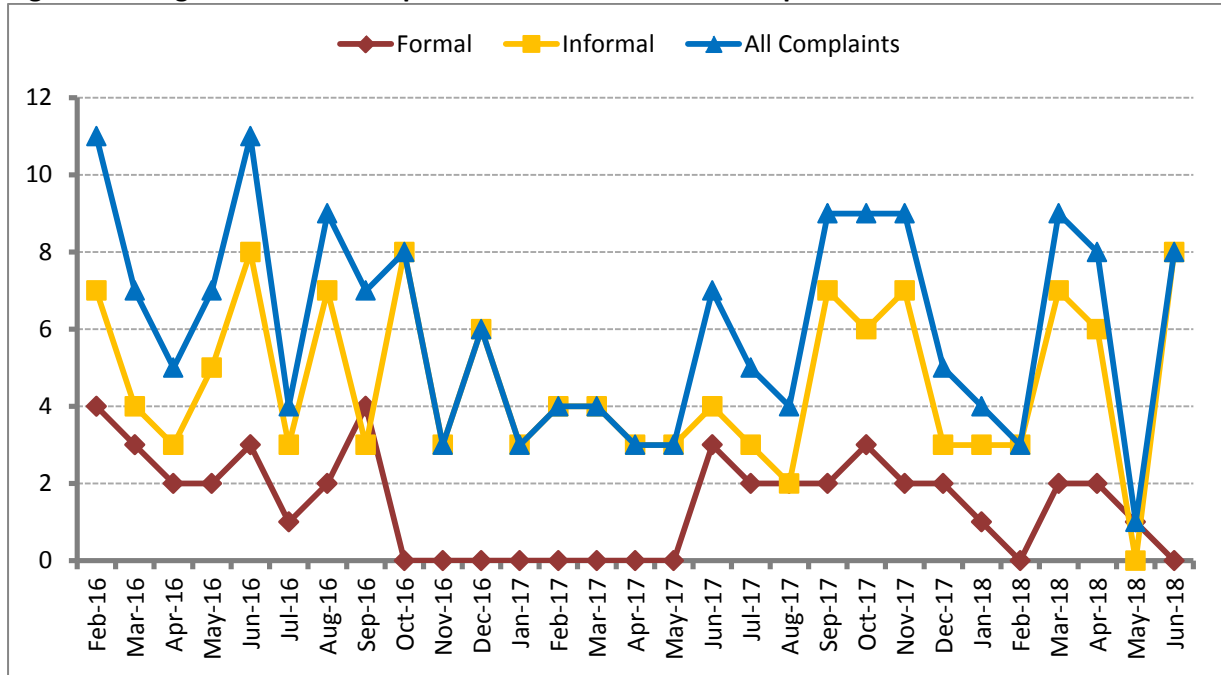
Current divisional priorities for improving how complaints are handled and resolved:

No current issues with the complaints process. All are received by the Assistant Performance & Operations Manager, responded to by individual services and staff as appropriate, prior to review and amendments by senior divisional management and final sign off from the Divisional Director. No breaches have occurred to date during 2018/19.

Priority issues we are seeking to address based on learning from complaints.

Boots waiting times – installation of screen displaying waiting times for patients.

Figure 23: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 36 complaints in Q2, compared with 23 in Q1. Of the 36 complaints received in Q2, 15 (41.7%) were related to parking. There were three complaints each received by the Cashiers Office at the BRI, the Patient Support and Complaints Team and public areas within the BRI. With the exception of the parking issues at SBCH highlighted in section 2 of this report, there were no discernible trends noted for the Division.

Figure 24: Trust Services – formal and informal complaints received

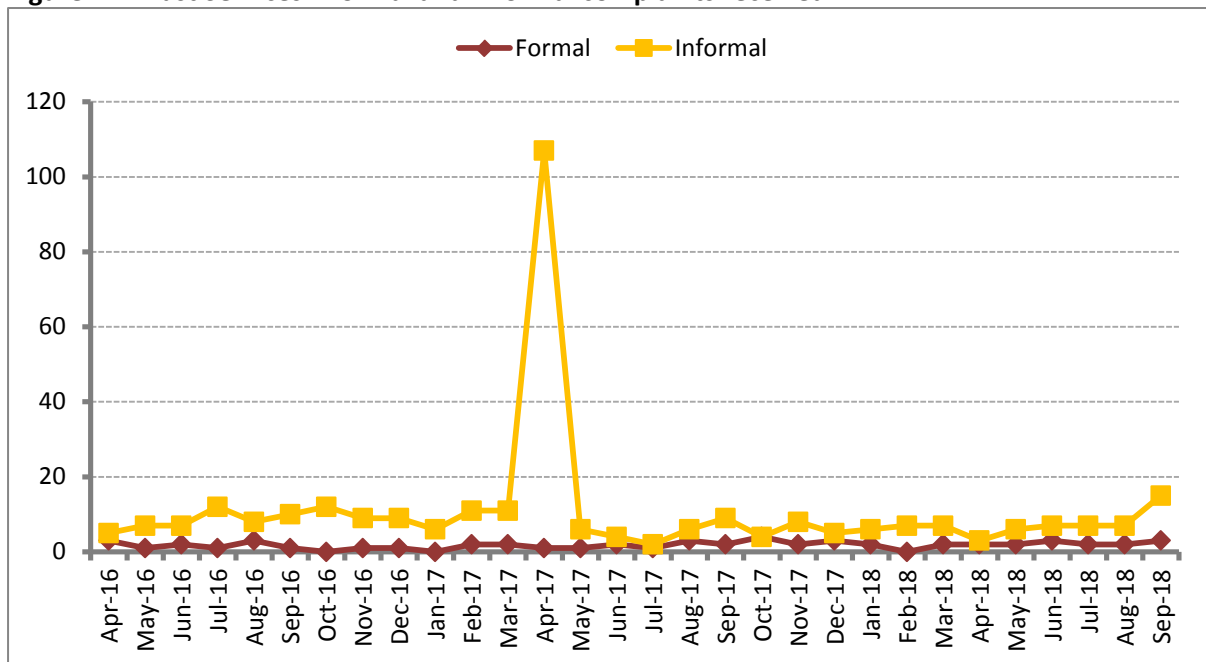
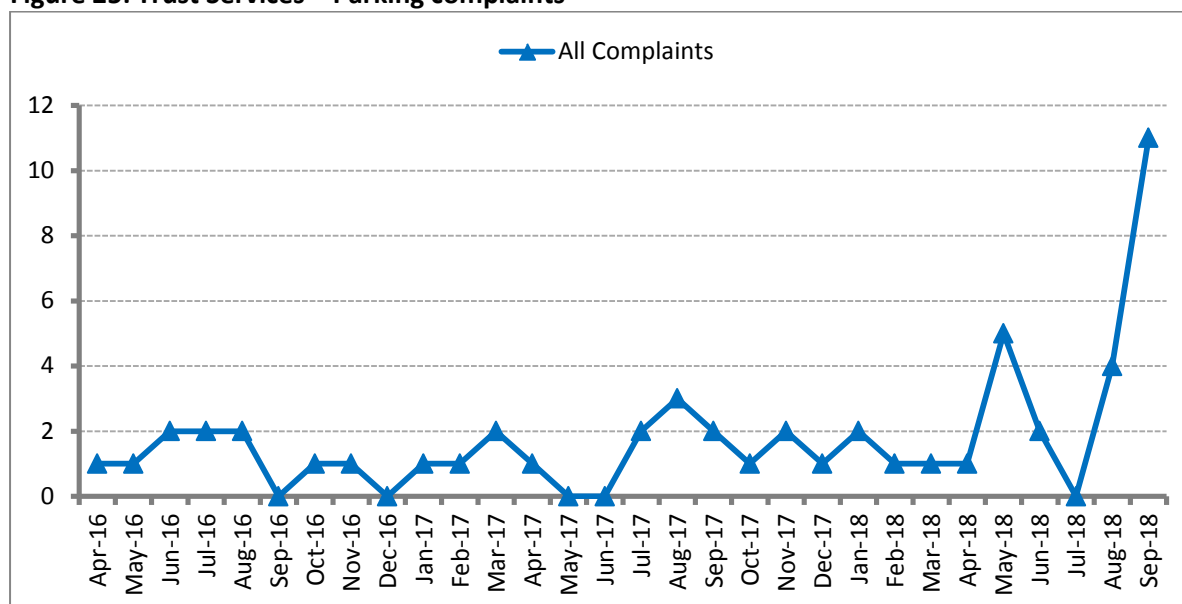


Figure 25: Trust Services – Parking complaints



3.2 Complaints by hospital site

Table 19: Breakdown of complaints by hospital site³

Hospital/Site	Number and % of complaints received in Q2 2018/19	Number and % of complaints received in Q1 2018/19
Bristol Royal Infirmary	149 (33.5%) of total complaints ↓	178 (39.9% of total complaints) ↓
Bristol Heart Institute	47 (10.6%) ↓	58 (13%) ↑
Bristol Royal Hospital for Children	47 (10.6%) ↑	46 (10.3%) ↑
St Michael's Hospital	47 (10.6%) ↑	38 (8.5%) ↓
Bristol Eye Hospital	45 (10.2%) ↑	32 (7.3%) ↓
Bristol Dental Hospital	39 (8.8%) ↓	50 (11.2%) =
Bristol Haematology & Oncology Centre	28 (6.3%) ↑	18 (4%) ↑
South Bristol Community Hospital	18 (4.1%) ↑	11 (2.6%) ↓
Trust Car Parks	11 (2.5%) ↑	2 (0.4%) =
Central Health Clinic	6 (1.4%) =	6 (1.3%) ↑
Southmead and Weston Hospitals (UH Bristol services)	2 (0.5%) ↓	3 (0.7%) ↑
Trust Headquarters	2 (0.5%) ↑	1 (0.2%) ↑
Community Dental Sites (Charlotte Keel)	1 (0.2%) ↑	0 =
Adult Audiology Service (Community)	1 (0.2%) ↑	0 =
Off Trust Premises	0 (0%) ↓	1 (0.2%) ↑

³ It should be noted that these figures will not all match complaints by Division as some divisional services take place at other sites. For example, ENT comes under the remit of the Division of Surgery but the clinic is based at St Michael's Hospital.

Unity Community Sexual Health	0 (0%) ↓	1 (0.2%) ↓
Community Midwifery Services	0 (0%) ↓	1 (0.2%) ↑
TOTAL	443	446

3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 26 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of ‘other’ includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q2, 42.9% (*49.3%) of complaints received were about outpatient services, 34.5% (30%) related to inpatient care, 5.2% (6%) were about emergency patients; and 17.4% (14.7%) were in the category of ‘other’ (as explained above).

* Q1 percentages are shown in brackets for comparison.

Figure 26: All patient activity

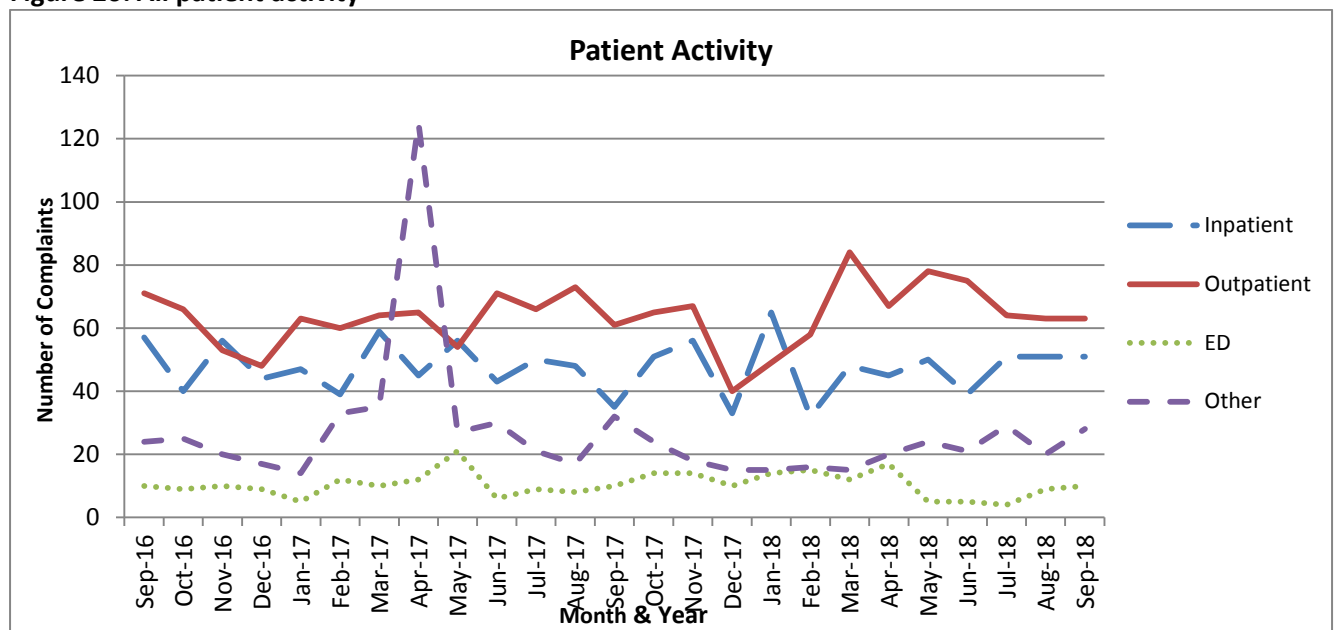


Table 20: Breakdown of Area Type

Complaints	Area Type				
	ED	Inpatient	Outpatient	Other	Grand Total
Jul-17	9	50	66	21	146
Aug-17	8	48	73	17	146
Sep-17	10	35	61	32	138
Oct-17	14	51	65	24	154
Nov-17	14	56	67	18	155
Dec-17	10	33	40	15	98
Jan-18	14	65	49	15	143

Feb-18	15	32	58	16	121
Mar-18	12	48	84	15	159
Apr-18	17	45	67	20	149
May-18	5	50	78	24	157
Jun-18	5	39	75	21	140
Jul-18	4	51	64	29	148
Aug-18	9	51	63	20	143
Sep-18	10	51	63	28	152
Grand Total	156	705	973	315	2149

3.3 Complaints responded to within agreed timescale (for formal resolution process)

All Divisions, with the exception of Diagnostics & Therapies, reported breaches in Q2, totalling 25 breaches, which is the same as the previous quarter.

Table 21: Breakdown of breached deadlines

Division	Q2 (2018/19)	Q1 (2018/19)	Q4 (2017/18)	Q3 (2017/18)
Surgery	4 (6.7%) =	4 (5.0%)	5 (9.2%)	9 (10.8%)
Women & Children	13 (27.7%) ↑	10 (22.2%)	11 (34.4%)	9 (25.7%)
Trust Services	1 (20%) ↓	3 (33.3%)	6 (42.8%)	9 (25.7%)
Medicine	2 (6.7%) ↓	4 (7.4%)	6 (11.8%)	4 (8%)
Specialised Services	5 (14.3%) ↑	4 (20%)	2 (10.5%)	3 (12.5%)
Diagnostics & Therapies	0 (0%) =	0 (0%)	1 (20%)	0 (0%)
All	25 breaches =	25 breaches	31 breaches	30 breaches

(So, as an example, there were four breaches of timescale in the Division of Surgery in Q2, which constituted 6.7% of the complaint responses which were sent out by that division in Q2.)

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

Table 22 shows a breakdown of where the delays occurred in Q2. The Divisions were responsible for 17 of the breaches, three were caused by delays in the Patient Support & Complaints Team and five breaches were attributable to delays during Executive sign-off.

Table 22: Reason for delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	1	0	4	12	0	0	17
Patient Support & Complaints Team	3	0	0	0	0	0	3
Executives/sign-off	0	2	1	1	0	1	5
All	4	2	5	13	0	1	25

3.4 Outcome of formal complaints

In Q2, the Trust responded to 180 formal complaints⁴. Tables 23 and 24 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q2 and Q1 of 2018/19 respectively. A total of 81.7% of complaints were either upheld or partly upheld in Q2, compared with 75.6% in Q1 and 76% in Q4 of 2017/18.

Table 23: Outcome of formal complaints – Q2 2018/19

	Upheld	Partly Upheld	Not Upheld
Surgery	24 (40%) ↑	24 (40%) ↓	12 (20%) ↓
Medicine	10 (33.3%) ↓	12 (40%) ↓	8 (26.7%) ↓
Specialised Services	14 (40%) ↑	16 (45.7%) ↑	5 (14.3%) ↑
Women & Children	21 (44.7%) ↑	19 (40.4%) ↓	7 (14.9%) =
Diagnostics & Therapies	0 (0%) ↓	2 (66.7%) =	1 (33.3%) =
Trust Services	2 (40%) ↓	3 (60%) ↑	0 (0%) ↓
Total	71 (39.4%) ↑	76 (42.3%) ↓	33 (18.3%) ↓

Table 24: Outcome of formal complaints – Q1 2018/19

	Upheld	Partly Upheld	Not Upheld
Surgery	22 (27.4%)	41 (51.3%)	17 (21.3%)
Medicine	14 (26%)	20 (37%)	20 (37%)
Specialised Services	7 (35%)	10 (50%)	3 (15%)
Women & Children	15 (33.3%)	23 (51.1%)	7 (15.6%)
Diagnostics & Therapies	2 (40%)	2 (40%)	1 (20%)
Trust Services	4 (44.4%)	1 (11.2%)	4 (44.4%)
Total	64 (30%)	97 (45.5%)	52 (24.5%)

4. Learning from complaints

All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made.

Actions resulting from complaints are monitored and reviewed by our Divisions; the Patient Support and Complaints Team also monitors progress.

Below are some examples of actions identified as a result of complaints received and which have been completed during Q2 2018/19.

- A review has been carried out of internal procedures, to ensure that a copy of the referral letter to GPs in respect of the BRI anticoagulation dosing service is also sent to the North Bristol NHS Trust warfarin clinic for information/action (D&T).
- All clerical staff have been reminded by the administration lead in the Ultrasound Department to follow the correct protocol when following up a patient who has not attended their appointment (D&T).

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

- Cardiac Surgery Advanced Nurse Practitioners to ensure medication is prescribed on EPMA promptly should a patient be cancelled for surgery (SpS).
- Following discussion with the team, Cardiology Consultant to update guidelines in relation to stress echoes before surgery as routine (SpS).
- Matron has discussed with catering manager and dietician what alternatives are available when patients experience difficulties with food choice (Surgery).
- A training session has been delivered to staff on the key factors to look for with regard to urine retention when looking after patients following surgery (Surgery).
- Midwifery staff have been reminded that, when in established labour, women require 1:1 midwifery care and for maternal and fetal surveillance to be recorded on a partogram (W&C).
- Plastic surgeons have been consulted and a local guideline developed for use in Children's Emergency Department in respect of the types of sutures to be used (W&C).

5. 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. The team also recorded and acknowledged 34 compliments received during Q2 and shared these with the staff involved and their Divisional teams.

A total of 195 enquiries were received in Q2 (an increase of 18.2% on the number received in Q1). Table 25 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q2.

Table 25: Enquiries by category

Category	Enquiries in Q2 2018/19
Information about patient	58
Hospital information request	34
Signposting	24
Clinical information request	12
Medical records requested	9
Appointment administration issues	5
Clinical care	5
Accommodation enquiry	5
Bereavement/emotional support	5
Travel/transfer arrangements and transport	5

Most enquiries are assigned to a particular Division within the Trust; however some fall outside of these divisions. Table 26 below shows where each of the 195 enquiries is assigned.

Table 26: Enquiries by Division

Division/Area	Number of enquiries in Q2 2018/19	Number of enquiries in Q1 2018/19
Non-Divisional	56	36
Trust Services	38	31

Specialised Services	24	22
Surgery	20	20
Medicine	19	20
Other NHS Organisation	16	9
Women & Children	14	23
Diagnostics & Therapies	5	2
Non NHS	3	2
Total	195	165

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints team recorded 169 enquiries that did not proceed. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team is dealing with a steadily increasing volume of activity, with a total of 841 separate enquiries in Q2 2018/19, compared with 819 in Q1, 741 in Q4 and 710 in Q3.

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

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

In Q2, 253 complaints were received in writing (email, letter or complaint form) and 190 were received verbally (11 in person via drop-in service and 182 by telephone). Of the 443 complaints received in Q2, 94.4% (418 out of the 443 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This compares with 98.7% in Q1.

The Patient Support & Complaints Manager has reviewed the cases that were not acknowledged within timescale and all 25 occurred during a period when the team was short staffed due to sickness and vacancies. Recruitment has now been completed, with one new member of staff starting in mid-November 2018 and the other by the end of November 2018. Two members of the team who were on long-term sick leave have also now returned to work. Acknowledgment within timescale was at 100% in September 2018 and it is anticipated that this will continue going forward.

7. PHSO cases

During Q2, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in 10 new complaints. During the same period, two existing cases remain ongoing. Three cases were closed during Q2: one was upheld and all recommendations have been complied with; one was partly upheld and all recommendations have been complied with; and one was closed by the PHSO without investigation or further action required.

Table 27: Complaints opened by the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
13256	MR	WR	05/03/2018 [29/09/2018]	BRI	Ward A400 - OPAU	Medicine
PHSO asked if we felt our response was our final response and advised that the family are looking at making a claim for compensation. Responded advising we would be happy to look into any outstanding concerns the family may have or we could send them AVMA leaflets with advice on the legal route should they wish to claim compensation. Copy of complaint file sent to PHSO by email 29/08/2018. Advised by PHSO on 10/09/2018 that they no longer required the medical records as the family wished to seek compensation so case closed. We sent patient's son AVMA leaflets and covering letter on 10/09/2018 and copied this to the PHSO.						
12796	IW		07/02/2018 [26/07/2018]	BRI	Lower GI	Surgery
Contacted by PHSO to ask several questions about the patient and his complaint and to request a copy of the complaint file. Complaint file and answers to questions sent to PHSO 01/08/2018 and on 10/08/2018; PHSO confirmed that they see no reason to investigate this complaint further and they have closed their file.						
10655	JB/SB	JB	13/10/2017 [24/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
Contacted by PHSO to let us know they have been asked to investigate this complaint and to request copies of all Trust responses to date. This information was sent to the PHSO on the same day and on 17/10/2018 we sent the PHSO a timeline of the complaint as requested. We are currently waiting to hear whether the PHSO intend to investigate.						
10267	SL	N/A	20/09/2017 [02/07/2018]	SBCH and BRI	Radiology and Trauma & Orthopaedics	Diagnostics & Therapies and Surgery
Initial contact from the PHSO asked whether the Trust would consider financial compensation in this case. We replied stating that we did not feel this was appropriate at that stage and on 15/10/2018, the PHSO advised that there were commencing their investigation into the complaint. A copy of the complaint file and the medical records were subsequently sent to the PHSO and we are currently awaiting an update from them.						
9403	LD	DM	03/08/2017 [07/09/2018]	BHOC	Ward D703 - Haematology	Specialised Services
Initial email from PHSO asking whether complainant came back to us with outstanding concerns as they only have a copy of one response letter from us. We confirmed that we had sent our final response and are currently waiting to hear whether the PHSO plan to carry out an investigation.						
8853	KK	N/A	10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Notified by PHSO that they have received a complaint from this patient and asked for copies of all correspondence. This was sent to the PHSO with confirmation that we were still willing to address any outstanding concerns the patient had. We sent a further response to the patient on 10/10/2018 but she has since come back to us stating her intention to ask the PHSO to investigate. We are waiting to hear further from the PHSO.						
5774	JB	JB	24/01/2017 [05/07/2018]	BRI	Dermatology	Medicine

Complaint led by Weston Area Health Authority. PHSO requested copy of patient's medical records from UH Bristol; these were sent on 19/07/2018. Further records were then requested and sent to the PHSO on 06/09/2018. We are currently awaiting further contact from the PHSO.						
3937	TR	PP	10/10/2016 [14/09/2018]	BRI	Upper GI	Surgery
Copy of complaints file and medical records requested by PHSO and sent to them on 16/10/2018. Currently awaiting further contact from the PHSO.						
1161	ST	AB	07/04/2016 [06/09/2018]	BHI	Ward C708 – Cardiac Surgery	Specialised Services
Medical records and copy of complaint file sent to PHSO 12/09/2018. Currently awaiting further contact from PHSO.						
3016	SR	DR	10/03/2015 [02/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
Copy of complaint file sent to PHSO 06/09/2018. Copy of patient's medical records sent to PHSO 24/08/2018. Currently awaiting further contact from the PHSO.						

Table 28: Complaints ongoing with the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
5741	JF	SM	23/01/2017 [21/05/2018]	BHI	Ward C604 (CICU)	Specialised Services
Copy of cardiac surgery booklet (clinical standard) sent to PHSO 30/08/2018. Copies of complaint file and medical records sent to PHSO on 12/09/2018. Notified by PHSO on 17/10/2018 that some notes missing from medical records – currently waiting for these to be copied by Medical Records.						

Table 29: Complaints formally closed by with the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
13256	MR	WR	05/03/2018 [29/08/2018]	BRI	Ward A400 - OPAU	Medicine
PHSO advised family seeking compensation. Details of legal process and AVMA leaflets sent to family 10/09/2018 (copied to PHSO). PHSO confirmed they had closed the case.						
12796	IW	N/A	07/02/2018 [26/07/2018]	BRI	Lower GI	Surgery
On 10/08/2018, PHSO confirmed that they see no reason to investigate this complaint further and they have closed their file.						
11432	KW	IW	23/11/2017 [19/04/2018]	BDH	Adult Restorative Dentistry	Surgery
We advised the PHSO that the complaint was made due to the patient not qualifying for NHS						

treatment in this instance. The PHSO have informed us that they are taking no further action on this case. They explained to the patient that the NHS Constitution recognises that there are circumstances which prevent providers from treating all patients who need its service. In such cases, it is the responsibility of the patient's local Clinical Commissioning Group (the CCG) to facilitate treatment elsewhere or consider procuring treatment in the private sector.

8. Complaint Survey

Since February 2017, the Patient Support and Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. The survey responses are now monitored on a regular basis in order that improvements can be made to the way that the Patient Support & Complaints team work as a direct result of the responses received. Table 30 below shows data from the 70 responses received during Q2, compared with those received in previous quarters. Feedback improved in a number of areas in Q2, including respondents who confirmed that a timescale had been agreed with them and those who felt the Trust's complaints process made it easy for them to make a complaint.

It is disappointing however that the number of complainants taking up the option of a complaint resolution meeting remains low. Although all complainants are offered the option of a meeting or a written response at the outset, we need to proactively encourage uptake because we know that meetings generally lead to a more satisfactory outcome for the complainant.

The Trust will be seeking to introduce twice yearly focus groups with people who have previously made a complaint; the first of these meetings is being planned for Q4. It is envisaged that the focus groups will create an opportunity to explore some of themes covered by the survey in more detail.

Table 30: Complaints Survey Data

Survey Measure/Question	Q2 2018/19	Q1 2018/19	Q4 2017/18	Q3 2017/18
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	78.8% ↑	68.2%	66.7%	83%
Respondents who felt that the Trust would do things differently as a result of their complaint.	22.4% ↑	11.1%	22.2%	20%
Respondents who found out how to make a complaint from one of our leaflets or posters.	9% ↑	7.5%	10.3%	5.6%
Respondents who confirmed we had told them about independent advocacy services.	32.8% ↓	33.3%	35.7%	37%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	69.6% ↑	66.7%	72.4%	64.3%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	69.1% ↑	64.5%	57.2%	66.1%
Respondents who said they did not receive their response within the agreed timescale.	16.4% ↓	18.6%	33.3%	28.6%

Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	81.8% ↓	95.5%	92.9%	91.1%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	81.4% ↓	84.5%	71.5%	83.9%
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	29.9% ↓	31.8%	33.3%	20.4%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	1.6% ↓	2.3%	0%	1.8%
Respondents who said that our response addressed all of the issues that they had raised.	57.1% ↓	60%	50%	62.3%

Meeting of the Public Board on Thursday 31 January 2019 in the Conference Room, Trust Headquarters

Report Title	Quarterly Patient Experience Report – Q2
Report Author	Paul Lewis, Patient Experience and Involvement Team Manager
Executive Lead	Carolyn Mills, Chief Nurse

1. Report Summary

This report provides the Quality and Outcomes Committee with survey data relating to service-user experiences at UH Bristol. It also includes a summary of Patient and Public Involvement activity being carried out at the Trust. (Please note that, due to their respective meeting dates / submission deadlines, this report had not been reviewed by the Senior Leadership Team committee prior to submission to the Quality and Outcomes Committee).

2. Key points to note
(Including decisions taken)

The key messages from this report are as follows:

- All of UH Bristol’s headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 2, indicating the continued provision of a high quality experience for our service-users
- The 2017 National Cancer Survey results, which were released during Quarter 2, showed a continued improvement trend for UH Bristol. Prior to 2015 the Trust had been consistently below the national average in this survey, but following the implementation of a wide-ranging improvement plan, the scores have improved for three consecutive years.
- After three successive quarters of improving scores, South Bristol Community Hospital’s key survey results dropped back to their previous (below Trust average) levels in Quarter 2. In the overall year to date the scores have still seen significant improvement and so the broad trend remains one of improvement.
- The “kindness and understanding” survey score on maternity wards dipped below target for the first time this year. Quarter 2 was extremely busy in the department due to a new national target that has impacted on the number of women who need to have their labour induced. This impacted on service delivery across the department. The management team is carrying out a number of actions to address this, including opening extra beds.
- Ward A605 received relatively low survey scores in Quarter 2. This is a “delayed discharge” ward and so is difficult to provide a positive patient experience. However, the ward Sister is reviewing the results to identify potential improvements, including the use of volunteers on the ward.
- A522 had relatively low survey scores in Quarter 2. This is an unusual result for the ward and no specific issue could be identified in the feedback or wider quality data reviewed by the Division of Medicine. There were staff vacancies on the ward during this period that may have impacted on continuity of care. The scores will continue to be monitored closely.
- Analysis of demographic data from the Trust’s postal survey programme

suggested that people from the Sikh community were giving slightly lower hospital satisfaction ratings than people from other faith groups. Whilst this difference was not statistically significant, the Trust's Patient Experience and Involvement Team engaged representatives of the Bristol Sikh community to explore this finding. Overall the feedback about UH Bristol was very positive and a number of suggestions and insights have been put forward by the community. These insights will be discussed at the Patient Inclusion and Diversity Group in January 2019.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:

Not applicable.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **ASSURANCE**
- The Committee is asked to **NOTE** the report

5. History of the paper

Please include details of where paper has previously been received.

Patient Experience Group	15/11/2018
Senior Leadership Team	19/11/2018
Quality and Outcomes Committee	21/12/2018

Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data
received up to Quarter 2 2018/19*

Author: Paul Lewis, Patient Experience and Involvement Team Manager

Patient Experience and Involvement Team

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

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

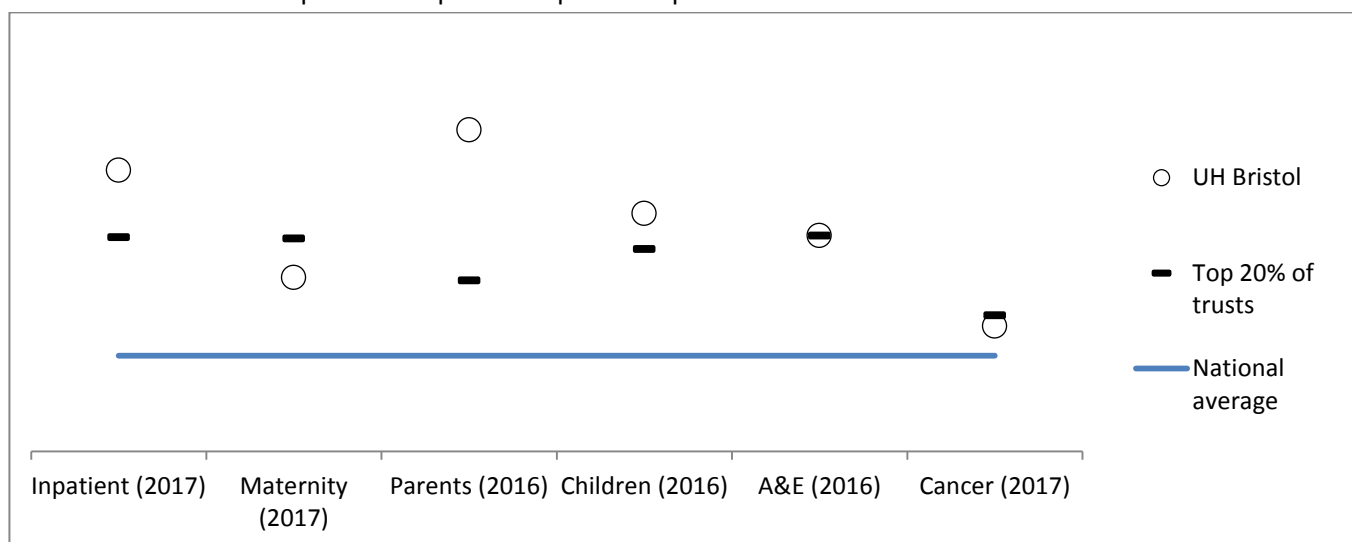
Successes	Priorities
<ul style="list-style-type: none"> All of UH Bristol’s headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 2, indicating the continued provision of a high quality experience for our service-users The 2017 National Cancer Survey results, which were released during Quarter 2, showed a continued improvement trend for UH Bristol. Prior to 2015 the Trust had been consistently below the national average in this survey, but following the implementation of a wide-ranging improvement plan, the scores have improved for three consecutive years. 	<p>The Trust’s procurement of a rapid-time feedback system was completed during Quarter 2. This system is a key element of the UH Bristol Quality Strategy (2016-20) and will allow patients and visitors to provide feedback electronically, including to request a call back from a member of staff if they have an issue or concern. This feedback can be given via peoples’ own electronic devices or via “feedback point” touchscreens that will be installed in around 15-20 high-footfall locations across the Trust. In addition, new “marketing” materials (posters, comment cards) have been developed that will be displayed in wards and departments to encourage service-users to give feedback and raise any issues / concerns with a member of staff. It is anticipated that the first stage of the implementation, focussing on the Bristol Royal Infirmary, will take place during Quarter 3 2018/19.</p>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Analysis of demographic data from the Trust’s postal survey programme suggested that people from the Sikh community were giving slightly lower hospital satisfaction ratings than people from other faith groups. Whilst this difference was not statistically significant, the Trust’s Patient Experience and Involvement Team has been engaging the Bristol Sikh community to explore this finding. Overall the feedback about UH Bristol was very positive and a number of suggestions and insights have been put forward by the community. These findings will be discussed at the Trust’s Patient Inclusion and Diversity Group in January 2019, before wider dissemination to staff and local partner organisations. 	<ul style="list-style-type: none"> After three successive quarters of improving scores, South Bristol Community Hospital’s key survey results dropped back to their previous levels in Quarter 2. In the overall year to date the scores have still seen significant improvement and so the broad trend remains one of improvement. The “kindness and understanding” survey score on maternity wards dipped below target for the first time this year. Quarter 2 was extremely busy in the department due to a new national target that has impacted on the number of women who need to have their labour induced. This impacted on service delivery across the department. The management team is carrying out a number of actions to address this issue, for example by opening extra beds. Ward A605 received relatively low survey scores in Quarter 2. This is a “delayed discharge” ward and so is difficult to provide a positive patient experience. However, the ward Sister is reviewing the results to identify potential improvements, including the use of volunteers on the ward. A522 had relatively low survey scores in Quarter 2. This is an unusual result for the ward and no specific issue could be identified in the feedback or wider quality data reviewed by the Division of Medicine. There were some staff vacancies on the ward during this period that may have impacted on continuity of care. The scores will continue to be monitored closely.

2. Patient survey data

2.1 National benchmarks

The national survey programme provides a comparison of patient-reported experience at UH Bristol against other English NHS hospital trusts. Chart 1 shows patients' overall experience ratings and these suggest that UH Bristol broadly tends to perform better than the national average in these surveys. At UH Bristol, the results of each national survey, along with improvement actions / learning identified from them, are reviewed by the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

Chart 1: UH Bristol's hospital based patient-reported experience relative to national benchmarks



The 2017 National Cancer Patient Experience Survey (NCPES) results were released in Quarter 2. This survey is coordinated by NHS England and all English trusts participate in it. (Please note that this survey covers any hospital service that is attended by patients receiving treatment for cancer; not just the Bristol Haematology and Oncology Centre.) In 2017, UH Bristol achieved eight scores out of 49 that were better than the national average in this survey; none that were classed as being below this benchmark. It can be seen in Chart 1 that patients' overall experience rating of their experience at UH Bristol was slightly above the national average (although this was not to a statistically significant degree). This represents the third year of improvement in this survey for the Trust, having been consistently below the national average prior to 2015. This outcome is likely to be attributable to the positive effects of the Trust's NCPES improvement plan, which has had a particular focus on improving patient support, individualised care, and information-giving.

There are a number of service improvements that have been carried out at the Trust since the 2017 survey, or that are planned, that should continue to positively impact on the experience of UH Bristol's patients with cancer. This includes the continued creation of Nurse Specialist and Advanced Practice posts, an extensive refurbishment project focussed on the Bristol Haematology and Oncology Centre, and a project currently being carried out that aims to ensure that every UH Bristol patient is offered a holistic needs assessment as part of their care.

The 2017 NCPES results are currently being reviewed in detail by the Trust's interim Lead Cancer Nurse: any improvement opportunities that are not already included in the Trust's NCPES action plan will be added to this. The survey and associated action plan are monitored by the Trust's Cancer Steering Group.

2.2 Overview of Quarter 2 performance

In Quarter 2, all of the Trust’s headline patient-reported experience measures at Trust and Divisional level were above their target levels, indicating that patients continue to report a very positive experience at UH Bristol (Table 1).

Detailed analysis of the survey data, down to ward level, is provided in Section 2.3 of this report. Table 2 (over) identifies scores that were “negative outliers” within this wider dataset and summarises action(s) undertaken in response to them¹. Further information about the scoring used in this report, along with the methodologies adopted in the Trust’s patient experience and involvement programme, can be found in Appendices A and B.

Table 1: Quarter 2 Trust-level patient-reported experience at-a-glance

	Current Quarter (Quarter 1)	Previous Quarter (Quarter 4)
Inpatient experience tracker score	Green	Green
Inpatient kindness and understanding score	Green	Green
Inpatient Friends and Family Test score	Green	Green
Outpatient experience tracker score	Green	Green
Day case Friends and Family Test score	Green	Green
Emergency Department Friends and Family Test score	Green	Green
Inpatient / day case Friends and Family Test response rate	Green	Green
Outpatient Friends and Family Test response rate	Green	Green
Emergency Department Friends and Family Test response rate	Green	Green

¹The survey scores shown in this report provide an indication of how service-users rate their experience at UH Bristol. The Trust’s Patient Experience and Involvement Team Manager carries out an annual review of the targets associated with these scores to ensure that they remain fit for purpose. These targets perform a quality monitoring function: if a score deteriorates to a significant degree it will trigger an alert, providing an opportunity for the senior management team to intervene. The current target levels were found to strike the right balance between being able to detect a Trust level change (where the data is usually very stable over time), whilst taking into account the larger margins of error when the data is broken down by hospital and ward (making it more difficult to identify genuine negative outliers at this level). Therefore, all of the current targets will be maintained during 2018/19. The one exception is the Emergency Department Friends and Family Test target score: this target will be increased due to significant changes to the survey methodology, which over the course of 2017/18 in effect raised the Trust’s average score in this survey. This change has been applied to the current report.

Table 2: Patient survey data exception reports for Quarter 2 (full data can be found in Section 2.3 of this report)

Issue	Description	Response / Actions
1. Survey scores at South Bristol Community Hospital (Wards 100/200)	South Bristol Community Hospital's scores in the Trust's postal survey programme had shown three consecutive quarters of improvement. However, they declined markedly in Quarter 2, back to their previous levels (Charts 16 and 17). (Please note that Ward 200 does not appear in Charts 20 and 21 due to the very small sample size affecting data integrity).	<p>This disappointing result does not correlate with a deterioration in other quality metrics for the period. Some caution is needed as the number of survey responses was particularly small for this hospital in Quarter 2 (fourteen people). The wider context is still one of improvement: in 2018/19 the "kindness and understanding" score for SBCH has improved from 86/100 to 89, and the inpatient tracker score from 77 to 84, compared to the same period in the previous year.</p> <p>Healthwatch Bristol is planning to visit the hospital in November 2018, to meet the new management team and talk about changes that have been made following their previous "enter and view" in 2017. Further learning / improvement opportunities will be identified as part of the visit.</p>
2. Kindness and understanding score on Maternity wards	The maternity ward scores for "kindness and understanding" (Chart 12) were below their target levels (87/100 against a target of 90).	The "kindness and understanding" on maternity wards dipped below target for the first time this year. Quarter 2 was extremely busy in the department due to a new national target that has impacted on the number of women who need to have their labour induced. This had a knock-on effect across the department. The management team is carrying out a number of actions to improve this issue, for example by opening extra beds. Although it is unlikely to account fully for this result, during Quarter 2 a new midwife on the wards appeared to be having issues in her interaction with service-users. This has been addressed by the management team.
3. Survey scores on A522	The two headline inpatient postal survey scores ("kindness and understanding" and the aggregate "tracker" score) on Ward A522 were both below their target levels (Charts 20 and 21).	This was an unusual result for the ward and does not correlate with other quality data being monitored by the Division. There were no specific issues raised in the survey data. There were some staff vacancies on the ward during Quarter 2 which may have impacted on patient experience. The results will be shared with the ward team and the scores will continue to be monitored, but at the moment the working assumption is that they will return to the normal range in Quarter 3.

Issue	Description	Response / Actions
4. Survey scores on A605	Ward A605 had the lowest “inpatient tracker” score (Chart 21) in Quarter 2. This follows a low score on the Friends and Family Test survey in Quarter 1 – which had appeared at the time to be a statistical “blip”.	There were some staffing issues on the ward which might have contributed to this result (these have since been resolved). The patients in this area are medically fit for discharge but are waiting for care provision to be put in place after they leave hospital. It would therefore be difficult for patients to say that they have had a particularly positive experience if they have stayed on this ward. It is encouraging that the quality of caring, as measured by the “kindness and understanding” score, is still very positive despite these challenges. This result will be discussed by the Ward Sister and her team with a view to identifying any specific improvements – but it will be difficult to provide an experience that is on a par with clinical areas of the Trust.
5. Inpatient and day case Friends and Family Test response rate	The response rate for the inpatient and day case Friends and Family Test was 29.1% in September 2018, slightly below the target of 30%. However, the rate was above target (33.5%) for Quarter 2 as a whole.	The Divisional Heads of Nursing have reminded their teams of the need to focus on collecting patient feedback via this survey.
6. Postnatal community Friends and Family Test response rate	The response rate for the maternity Friends and Family Test fluctuated around its response rate target in Quarter 2 (Chart 9), although it was above target over the Quarter as a whole (15.6% against a target of 15%). This was due the community midwifery elements of the survey not reaching the required targets.	The community midwifery teams had been consistently meeting its target response rates since the implementation of this survey. This became challenging earlier this year due to their administrative support being withdrawn as a result of difficult funding decisions that needed to be made by the commissioning organisation. Alternative administrative support has now been put in place by UH Bristol and so we would expect the rates to increase going forwards.

2.3 Full survey data up to and including Quarter 2

This section of the report provides a full breakdown of the headline survey data to ward level. Caution is needed below Divisional level, as the margin of error becomes larger. At ward level in particular it is important to look for trends across more than one of the survey measures presented.

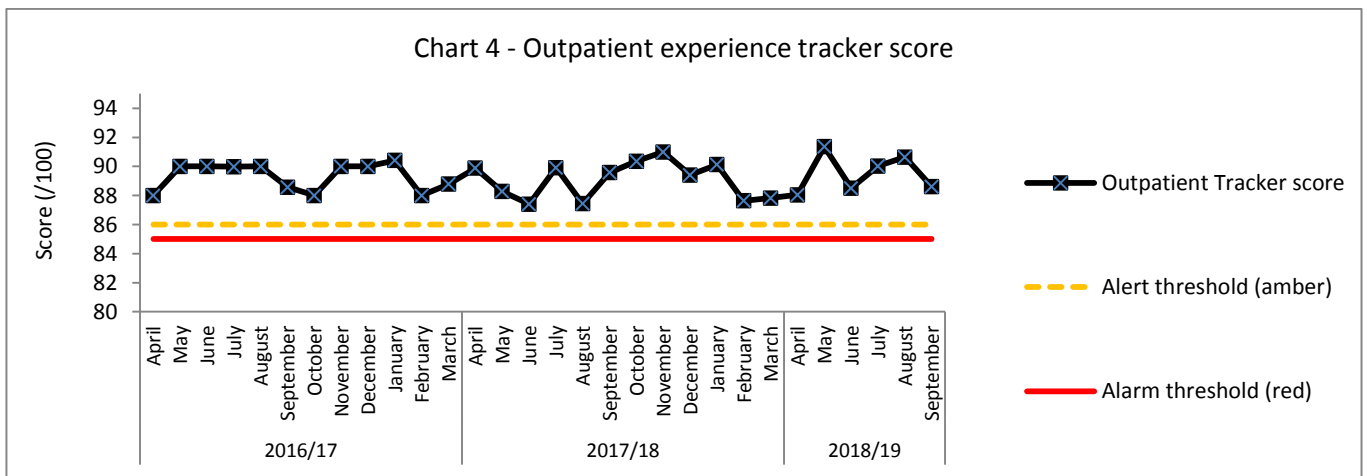
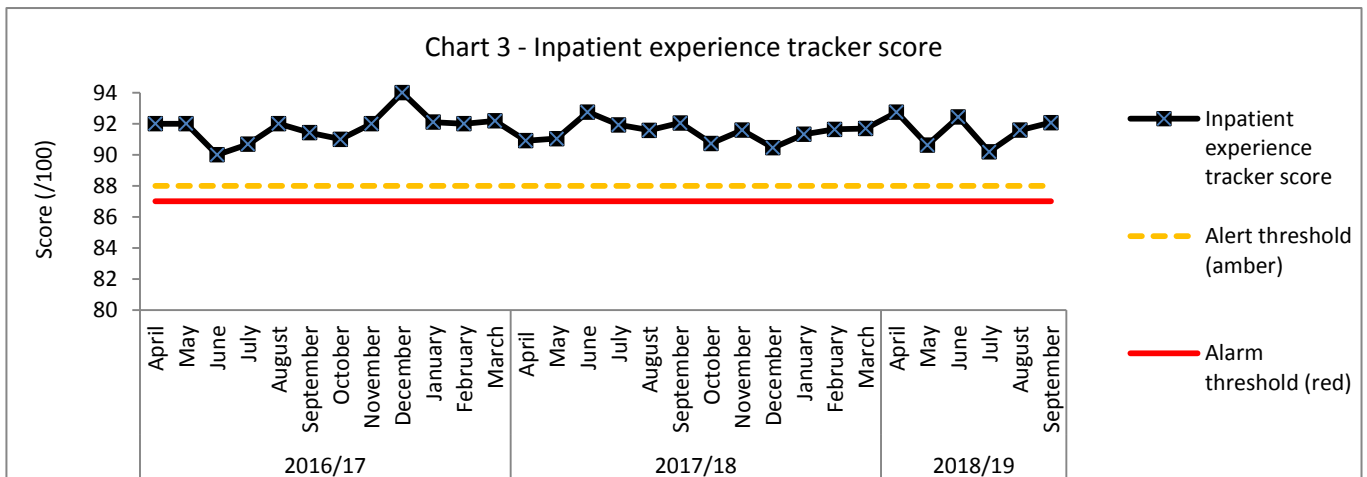
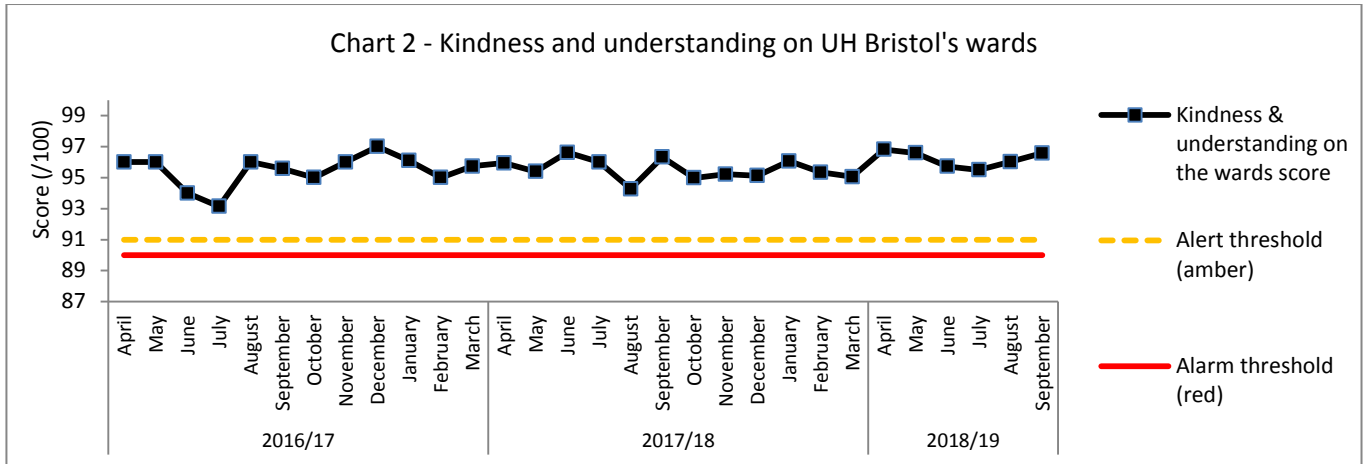


Chart 5 - Friends and Family Test Score - inpatient and day case

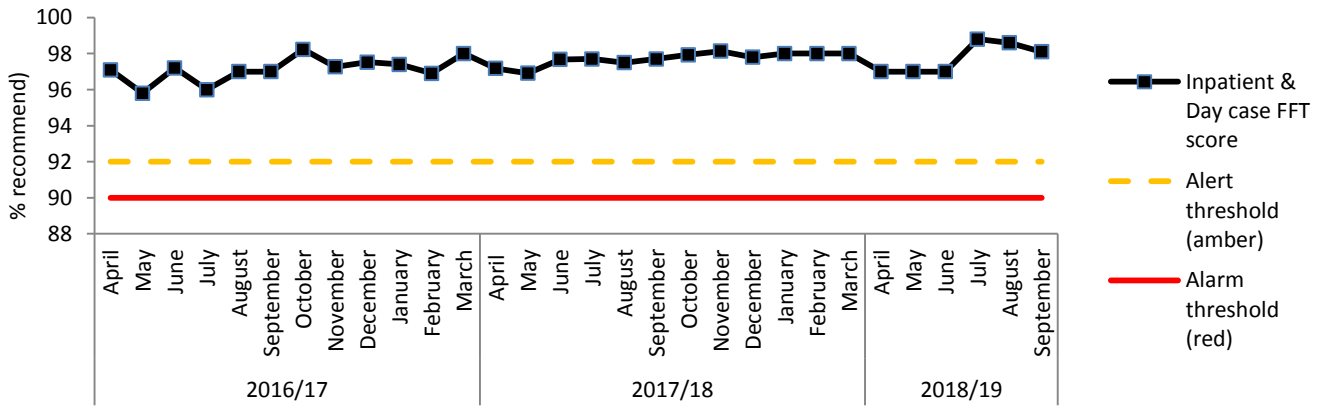


Chart 6 - Friends and Family Test Score - Emergency Departments

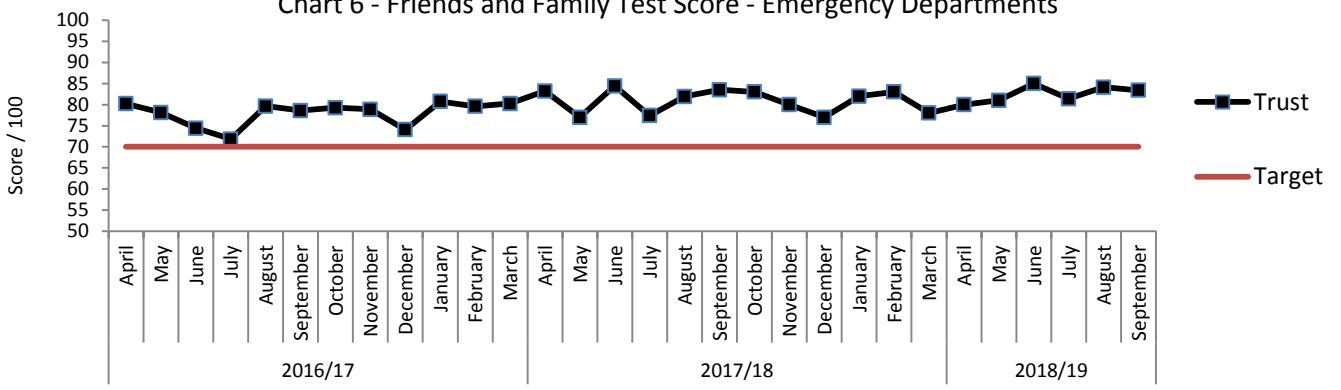


Chart 7 - Friends and Family Test Score - maternity (hospital and community)

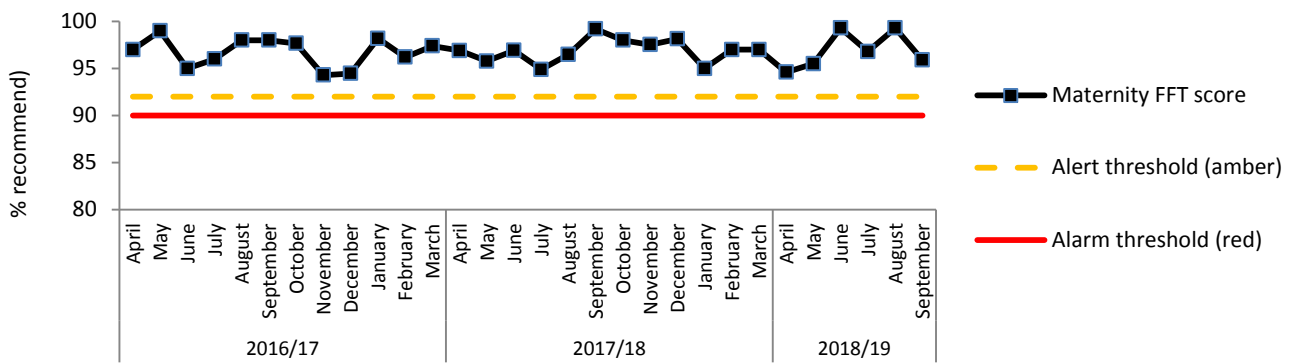


Chart 8: Friends and Family Test Response Rates (inpatient and day case)

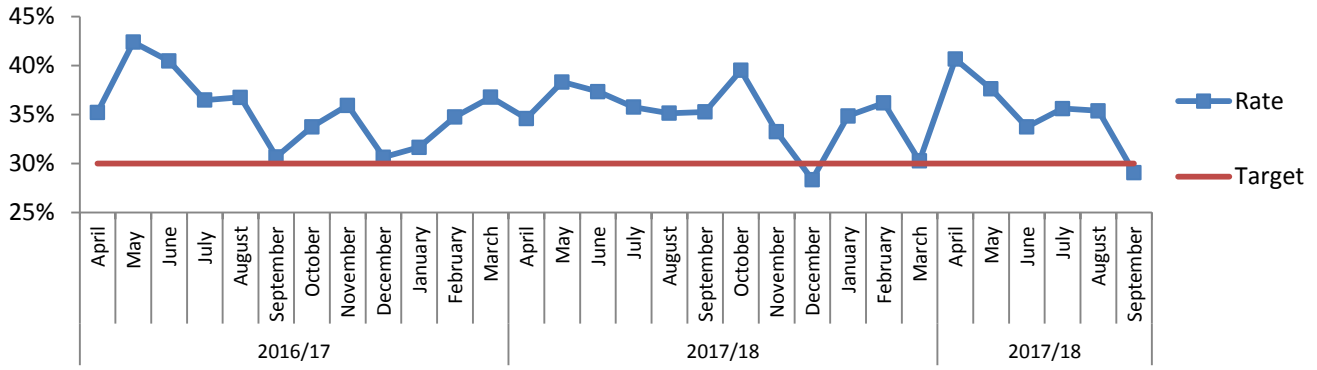


Chart 9: 2015 /16 Friends and Family Test Response Rates (maternity combined)

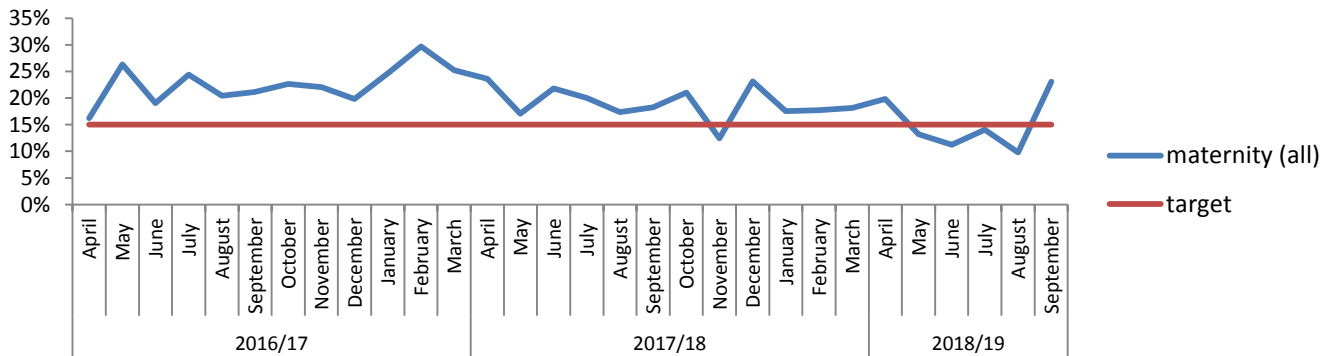


Chart 10: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

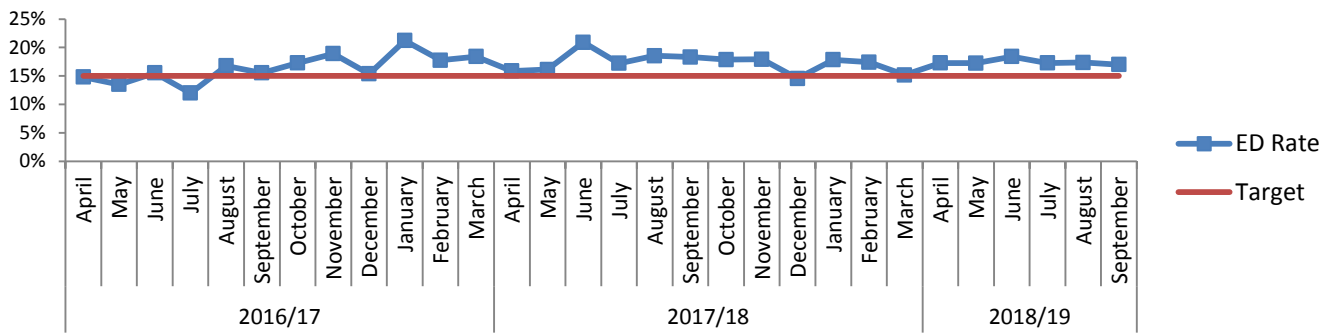
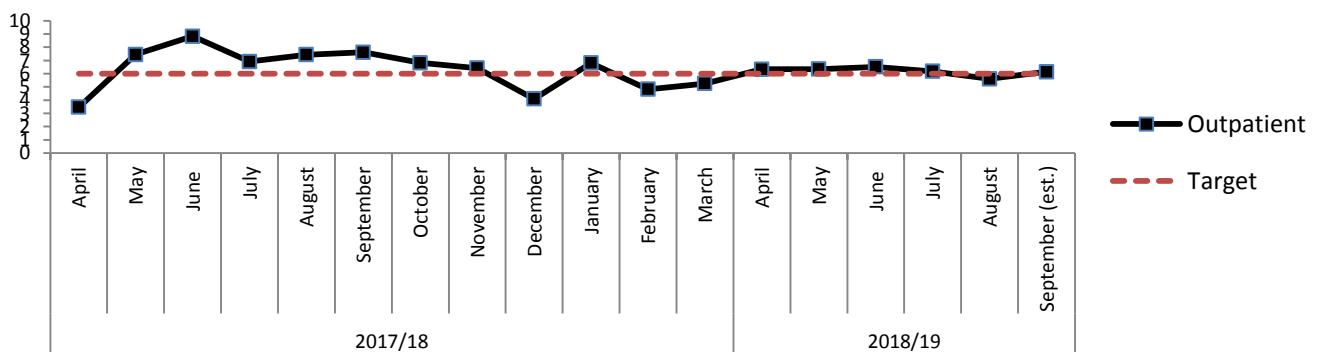
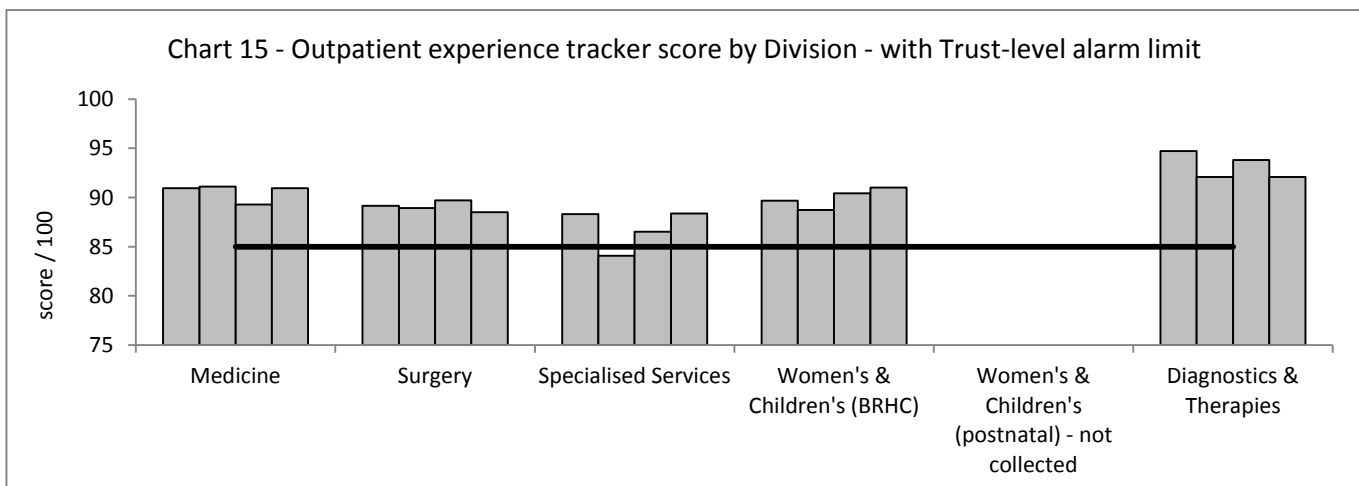
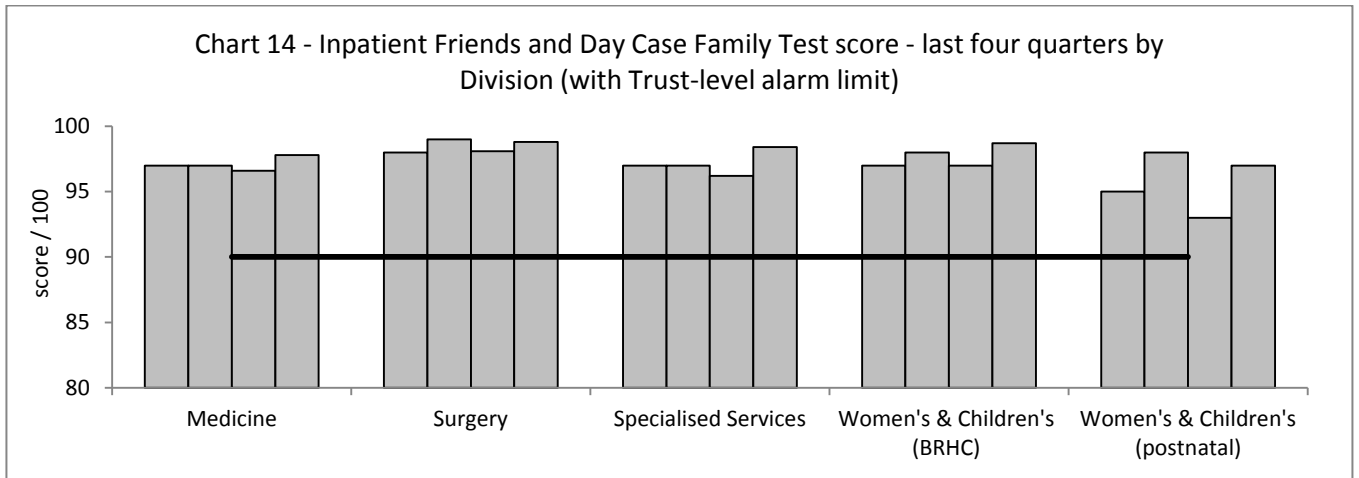
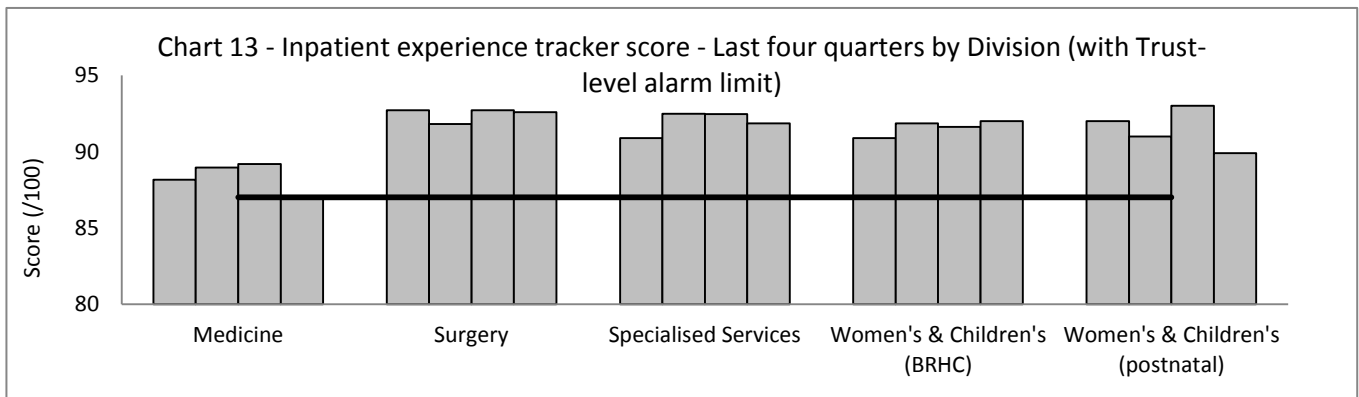
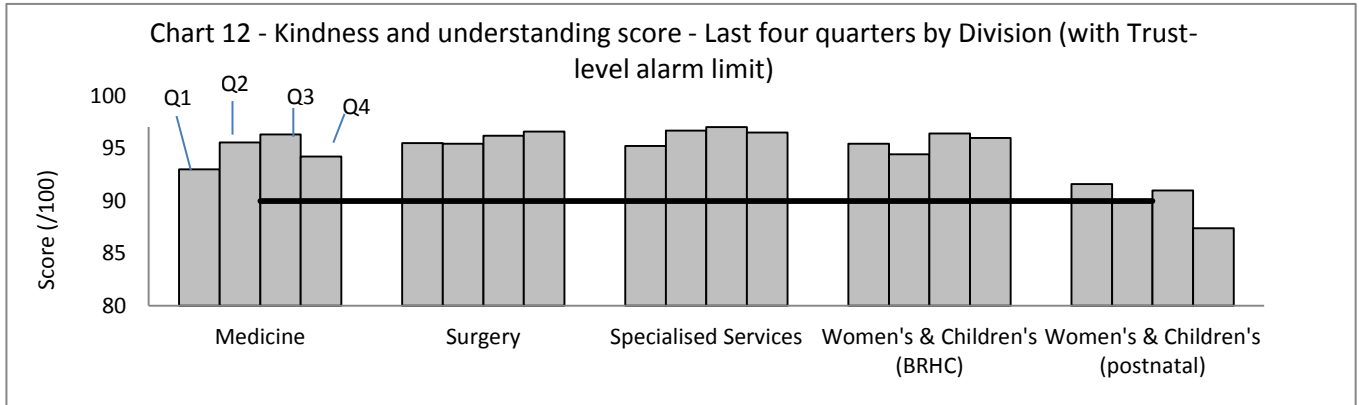


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18

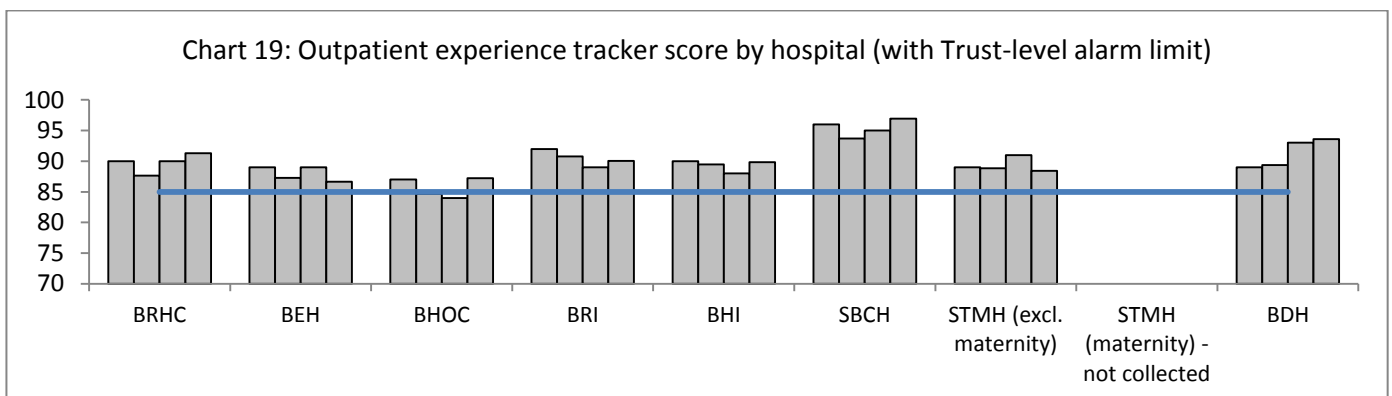
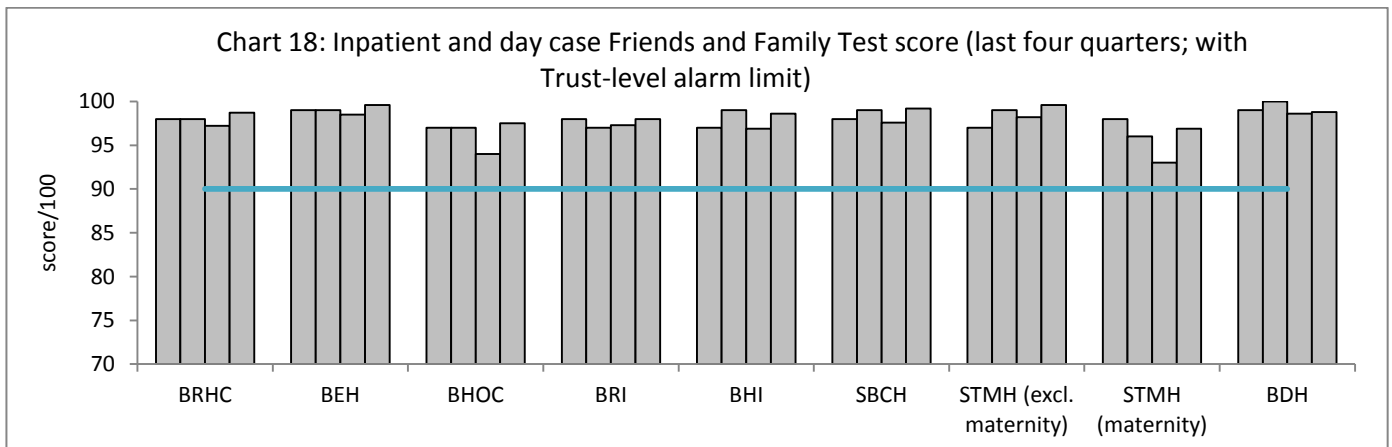
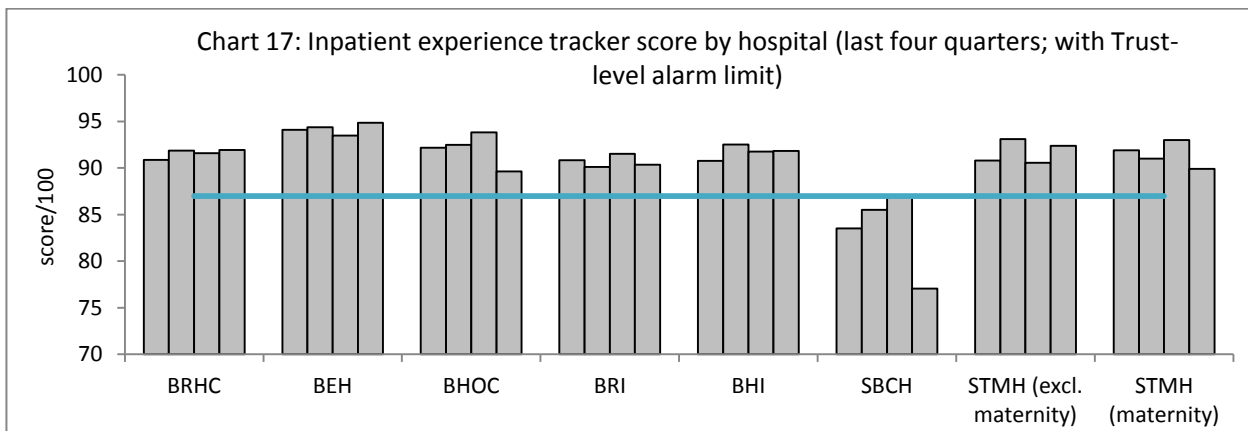
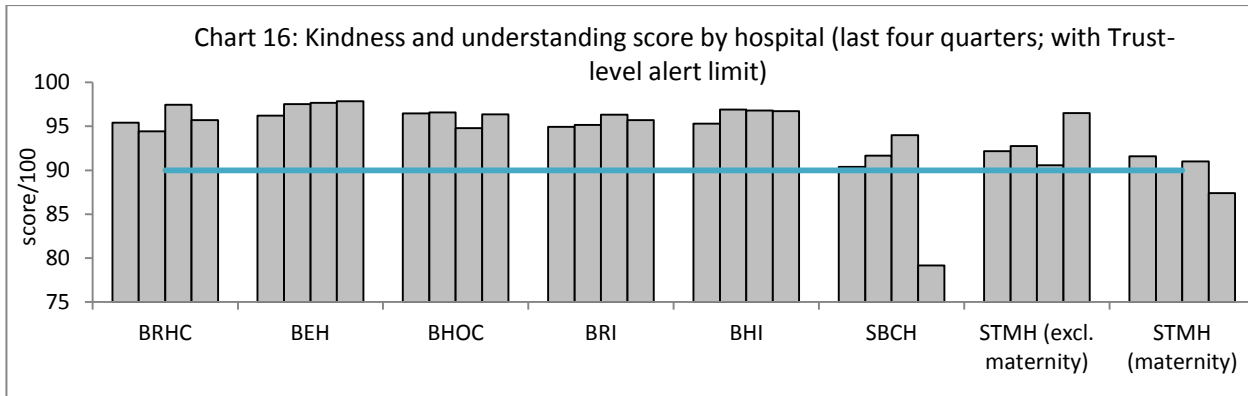


2.3.2 Divisional level survey results

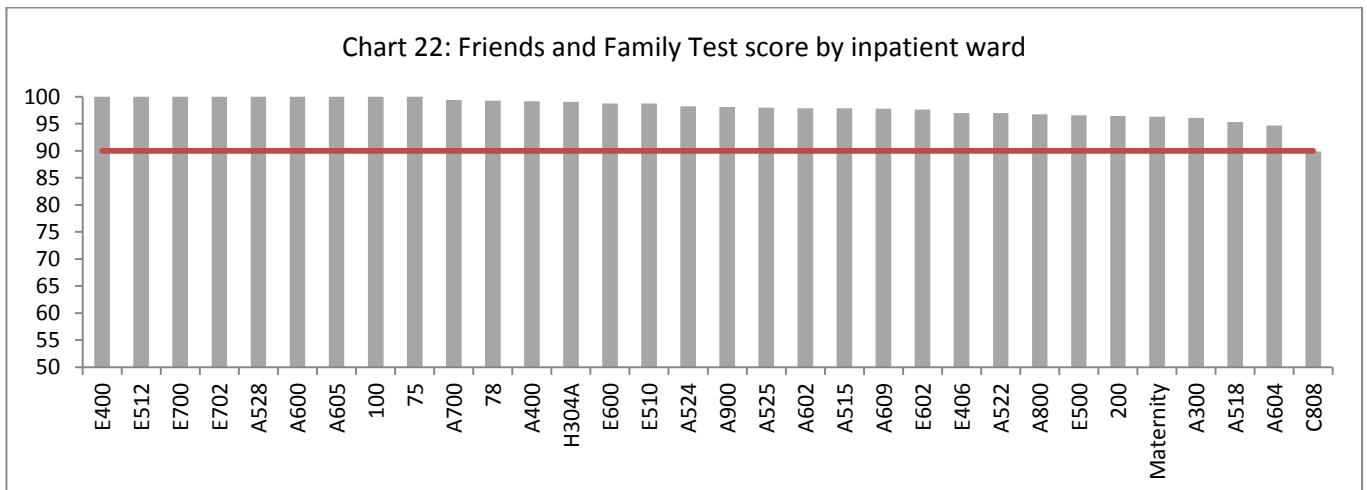
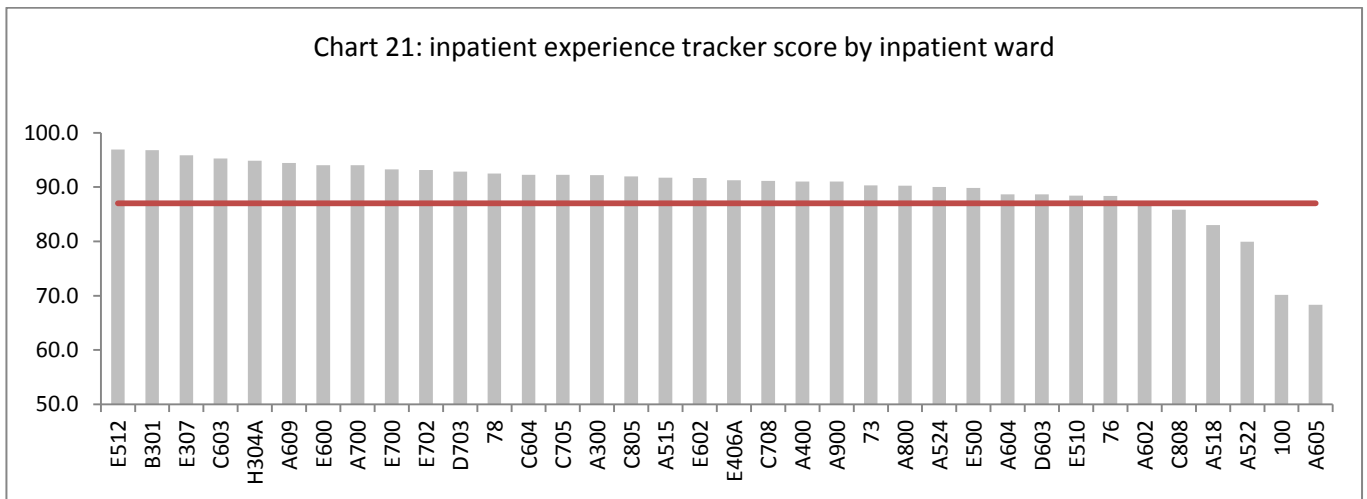
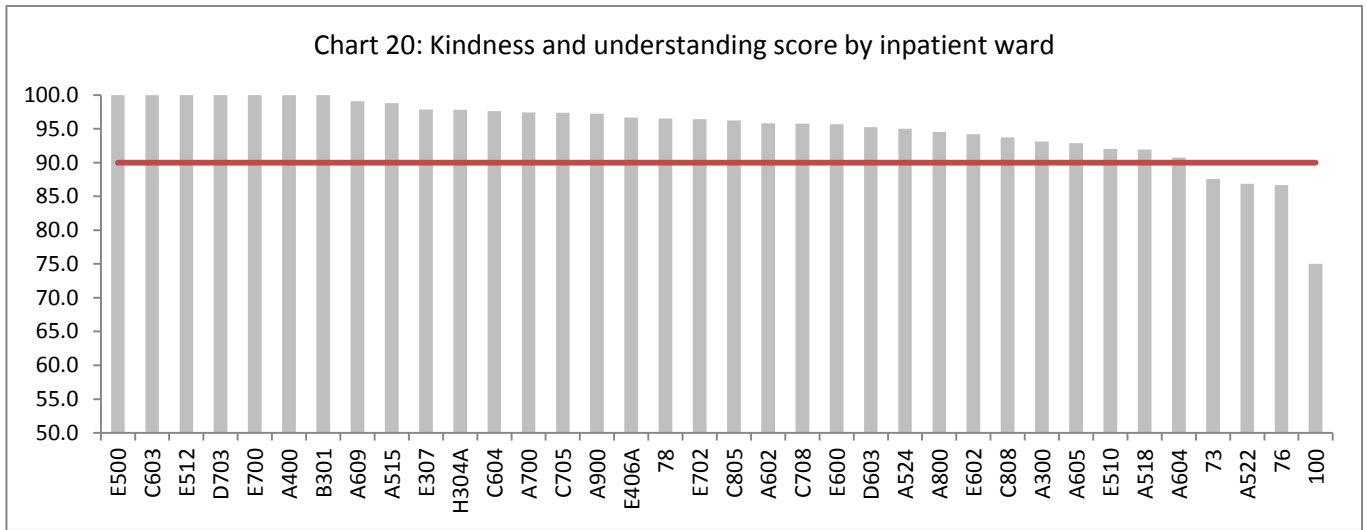


2.3.3 Hospital level headline survey results

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



2.3.4 Ward level headline inpatient survey results



Please note that scores are not published for wards with less than five responses as this is insufficient data to work with.

Table 3: Full Quarter 2 Divisional scores from UH Bristol's monthly **inpatient** postal survey (cells are highlighted if they are more than 10 points below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for an explanation of the scoring mechanism. Note: not all inpatient questions are included in the maternity survey.

	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	Maternity	TOTAL
Were you given enough privacy when discussing your condition or treatment?	88	94	94	93		93
How would you rate the hospital food?	60	63	60	60	56	61
Did you get enough help from staff to eat your meals?	77	83	84	78		81
In your opinion, how clean was the hospital room or ward that you were in?	94	95	95	94	90	95
How clean were the toilets and bathrooms that you used on the ward?	88	91	91	91	80	91
Were you ever bothered by noise at night from hospital staff?	76	84	86	87		84
Were treated with respect and dignity by the staff on the ward?	95	97	97	97	90	97
Were you treated with kindness and understanding on the ward?	94	97	97	96	87	96
Overall, how would you rate the care you received on the ward?	87	91	91	92	91	91
When you had important questions to ask a doctor, did you get answers that you could understand?	83	91	92	88	89	89
When you had important questions to ask a nurse, did you get answers that you could understand?	84	90	90	92	91	89
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	71	79	77	78	76	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	83	89	88	91	85	88
Were you involved as much as you wanted to be in decisions about your care and treatment?	78	86	89	90	89	86
Do you feel that the medical staff had all of the information that they needed in order to care for you?	84	91	91	87		89

*Not all of the inpatient survey questions are replicated in the maternity survey.

(inpatient scores continued)

	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	Maternity	Trust
Did you find someone on the hospital staff to talk to about your worries or fears?	68	80	79	81	82	78
Did a member of staff explain why you needed these test(s) in a way you could understand?	81	90	90	91		88
Did hospital staff keep you informed about what would happen next in your care during your stay?	76	85	87	84		84
Were you told when this would happen?	77	81	84	80		81
Beforehand, did a member of staff explain the risks/benefits of the operation or procedure in a way you could understand?	84	94	96	98		95
Beforehand, did a member of staff explain how you could expect to feel after the operation or procedure?	65	77	83	87		81
Were staff respectful of any decisions you made about your care and treatment?	90	94	95	96		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	23	29	34	33	37	30
Do you feel you were kept well informed about your expected date of discharge from hospital?	81	83	89	88		86
On the day you left hospital, was your discharge delayed for any reason?	62	55	68	72	58	65
Did a member of staff tell you about medication side effects to watch for when you went home?	40	60	70	63		61
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	66	83	86	88		82

Table 4: Full six-monthly Divisional-level scores (April to September

2018) from UH Bristol's monthly **outpatient** postal survey (cells are highlighted if they are 12 points or more below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for an explanation of this scoring mechanism.

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery	Women's & Children's (BRHC)	Trust
When you first booked the appointment, were you given a choice of appointment date and time?	87	66	68	71	55	72
Was the appointment cancelled and re-arranged by the hospital?	95	95	95	95	96	95
When you contacted the hospital, was it easy to get through to a member of staff who could help you?	73	64	63	71	82	69
When you arrived at the outpatient department, how would you rate the courtesy of the receptionist?	87	84	88	86	82	86
Were you and your child able to find a place to sit in the waiting area?	100	100	99	100	100	100
In your opinion, how clean was the outpatient department?	93	94	95	93	93	94
How long after the stated appointment time did the appointment start?	86	75	64	73	68	73
Were you told how long you would have to wait?	39	39	35	32	25	35
Were you told why you had to wait?	59	59	57	64	54	59
Did you see a display board in the clinic with waiting time information on it?	44	61	50	40	49	49
In your opinion, did he / she have all of the information needed to care for you (e.g. medical records, test results, etc)?	92	91	90	94	93	92
Did he / she listen to what you had to say?	97	98	98	97	98	97
If you had important questions, did you get answers that you could understand?	94	92	91	93	95	93
Did you have enough time to discuss your health or medical problem?	93	94	91	92	96	93
Were you treated with respect and dignity during the outpatient appointment?	99	99	99	98	99	99
Overall, how would you rate the care you received during the outpatient appointment?	94	91	92	92	94	93
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	83	88	84	89	95	87
Did a member of staff explain the test results in a way you could understand?	84	82	72	84	91	81

2.3.5 Themes arising from free-text comments

At the end of the Trust’s postal survey questionnaires, respondents are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 5. By far the most frequent type of feedback is praise for staff. Key improvement themes focus on communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues and themes seen in the complaints data (see accompanying Quarterly Complaints Report).

Table 5: Quarter 2 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust’s postal survey programme, unless otherwise stated)²

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity ³)	Staff	Positive	66%
	Communication/information	Negative	13%
	Food / catering	Negative	8%
Division of Medicine	Staff	Positive	61%
	Communication/information	Negative	13%
	Food / catering	Negative	10%
Division of Surgery	Staff	Positive	66%
	Communication/information	Negative	13%
	Food / catering	Negative	8%
Division of Specialised Services	Staff	Positive	67%
	Communication/information	Negative	11%
	Food / catering	Negative	9%
Women's and Children's Division (excluding Maternity)	Staff	Positive	68%
	Communication/information	Negative	17%
	Staff	Negative	11%
Maternity	Staff	Positive	65%
	Care during labour and birth	Positive	20%
	Communication/information	Negative	13%
Outpatient Services	Staff	Positive	71%
	Care during labour / birth	Positive	20%
	Food / catering	Negative	13%

² The percentages shown refer to the number of times a particular theme appears in the free-text comments. As each comment often contains several themes, the percentages in Table 1 add up to more than 100%. “Sentiment” refers to whether a comment theme relates to praise (“positive”) or an improvement opportunity (“negative”).

³ 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.

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

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 6 provides an overview of activity that has arisen from the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment from the respondent.

Table 6: Divisional response to specific issues raised via the Friends and Family Test in Quarter 3, where respondents stated that they would not recommend UH Bristol and a specific / actionable reason was given.

Division	Area	Comment	Response from ward / department
Surgery	Bristol Dental Hospital	<i>Dentist referred to me as my son's "adopted mum" fortunately he is aware of his adoption but she didn't know that and many children don't know which could have life changing effects of them. Very disappointed</i>	We are very sorry that this occurred. This feedback will be shared with the Clinical Lead for the department, and with staff via safety briefings.
	Bristol Dental Hospital	<i>Receptionists in dental hospital need customer care training and understand they are first point of contact for some people who are scared and apprehensive!</i>	We are very sorry that this patient had a poor experience. The comment will be shared with the team as a point of learning.
	Bristol Eye Hospital Emergency Department	<i>You need to have somewhere for patients that suffer claustrophobia and mental distress/social anxiety to sit that is quiet and away from the crowded waiting room.</i>	We appreciate this feedback and are sorry for the anxiety this patient experienced when attending the Department. Patients can be seated in the sister’s office if anxiety issues are identified / raised. We do have some ideas to convert some storage space and cleaners’ cupboard into additional space: this is currently with the Estates Department to provide quotes. We will also consider this feedback in respect of the refurbishment plans for the hospital, although these aren’t scheduled to be completed until 2021.
Medicine	A900	<i><<name removed>> is very rude. He does not like his job.</i>	The member of staff referred to in this comment has been a member of the team for a number of years and generally interacts very well with patients and receives positive feedback. We are sorry that this was not the case for this patient and we will discuss this with the member of staff.

Division	Area	Comment	Response from ward / department
Medicine (continued)	Dermatology	<i>One of the receptionists was not friendly, no greeting or a smile, so the initial impression of the dermatology department was rather negative.</i>	We appreciate how important reception teams are in creating a positive first impression. This comment will be discussed with the team.
	A524	<i>There was too much noise at night</i>	We are sorry that the noise was too loud at night – it can be difficult to provide a quiet environment when providing clinical care, but there are often opportunities to improve this. It is an issue that the Trust as a whole is seeking to tackle during the focus on “noise at night”, which will start during Quarter 3.
	A528	<i>It's boring here not enough to do.</i>	We will share this comment with the ward Sister with a view to increasing the use of volunteers on the ward.
Women's and Children's – Bristol Royal Hospital for Children	Level 3 Outpatients	<i>Hoisting in outpatients is behind the times. I can't believe you only have one room ceiling fixed hoist for outpatients. There needs to be better facilities on 3rd floor for severely disabled children</i>	Thank you for raising this concern. We are currently in the draft stages of a complete redesign of our outpatient areas, as they can no longer manage the level of required activity. We will be reviewing all accessibility needs as part of this. In the short term we will review the availability and suitability of the mobile hoists in the department.
	E519	<i>I was shocked to see people smoking and discarding cigarettes in the open space by the parents room located in ward 31.</i>	We appreciate this being brought to our attention. It is not acceptable for anyone to smoke anywhere within the Hospital estate, and there are signs indicating this. We will increase our surveillance of this area and continue to challenge people who disregard this direction appropriately. We will also look at whether we need to install additional smoke alarms in this area.

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

4.1 UH Bristol Involvement Network

The UH Bristol Involvement Network connects the Trust to a diverse range of voluntary and community organisations across Bristol. Involvement Network members have continued to receive information about the Trust's proposed Transport Hub, along with involvement opportunities such as the Healthier Together event in November 2018 and the vacancy for a lay representative on the Trust's End of Life Steering Group.

4.2 Local Patient and Public Involvement activity

The UH Bristol Patient Experience Involvement team support a range of Trust staff to carry out patient involvement projects. In collaboration with the Specialised Services Division, a range of patient engagement activities have been planned, including focus groups about the psychological impact of cardiac surgery, a review of the cardiac surgery pathway, and the experience of patients accessing Sickle Cell Service. In addition, the volunteer *Face2Face* interview team has been supporting patient experience initiatives in the Bristol Eye Hospital and Bristol Dental Hospital. This included a focus on the patient experience of front of house services and booking in processes.

4.3 Mystery Shopping:

The Trust's Quality Strategy (2016-2020) includes a commitment to introduce mystery shopping as a technique to supplement the variety of ways that we gather information about patient-reported experience of care. The initial work stream is focusing on training members of the UH Bristol's *Face2Face* volunteer interview team to carry out mystery shopping exercises at key touch points around the Trust, primarily "front of house" services such as reception desks. The scenarios are currently being developed with a view to launching the programme in Quarter 3 2018/19.

During Quarter 2 the Patient Experience and Involvement Team worked with the Education Department to develop a number of mystery shopping scenarios for the Customer Service Apprenticeship programme in September. Mystery shopping will now form a part of that programme going forward. In addition, work has continued to develop mystery shopping scenarios and protocols for outpatient locations commencing in December 2018.

4.4 Focus on the Sikh community

An analysis of demographic data from the Trust's postal survey programme suggested that people from the Sikh community were giving slightly lower hospital satisfaction ratings than people from other faith groups. Whilst this difference was not statistically significant, the Trust's Patient Experience and Involvement Team has been engaging the Bristol Sikh community to explore this finding. Overall the feedback about UH Bristol was very positive and a number of suggestions and insights have been put forward by the community. These findings will be discussed at the Trust's Patient Inclusion and Diversity Group in January 2019, before wider dissemination to staff and local partner organisations.

4.5 Carers' Strategy Steering Group

The Carers' Strategy Steering Group was re-launched in October 2018 with support from the Patient Experience and Involvement Team. Participants from across the Trust were joined by an NHS England lead for Carers, representatives from the Carers Support Centre, UH Bristol Governors. The re-launch included a discussion about the national context in which this work is framed and re-affirmed both the content of our existing strategy and the commitment of staff to work together to deliver its ambition.

Appendix A – 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). 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, or just after 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 and the reason why.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is “ward owned”, in that the wards/clinics manage the collection and use of these cards.
<i>Robust measurement</i>	Postal survey programme (monthly inpatient / maternity / outpatient surveys)	These surveys, which each month are sent to a random sample of approximately 2500 patients, parents and women who gave birth at St Michael’s Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
<i>In-depth understanding of patient experience, and Patient and Public Involvement</i>	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important “topic of the day”. The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured “inspection” process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the “feel” of a ward from the patient’s point of view. Whilst the 15 steps challenge and Face2Face interviews remain stand-alone methodologies, in 2017 they were merged – so that volunteers now carry out the 15 steps challenge whilst in a ward / department to interview patients.
	Involvement Network	UH Bristol has direct links with a range of patient and community groups across the city, who the Trust engages with in various activities / discussions
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

Appendix B: 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.