

COUNCIL OF GOVERNORS

Meeting to be held on Thursday 28 May 2020 at 14:00-16:00 via Cisco Webex

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.	TIMING
1.0 Preliminary Business					
1.1	Introduction and apologies	Information	<i>Chair</i>	Verbal	14:00
1.2	Declarations of Interest	Information	<i>Chair</i>	Verbal	
1.3	Minutes of meeting held on 30 January 2020	Approval	<i>Chair</i>	p. 3	
1.4	Matters arising (Action Log)	Approval	<i>Chair</i>	p. 14	
1.5	Chair's Report	Information	<i>Chair</i>	Verbal	14:05
2.0 Performance Update and Strategic Outlook					
2.1	Chief Executive's report - Annual Plan update	Information	<i>Chief Executive</i>	Verbal	14:20
2.2	Covid-19 Update	Information	<i>Deputy Chief Executive/ Chief Operating Officer</i>	p. 15	14:35
2.3	Weston Integration Update	Information	<i>Chief Executive</i>	In pack	15:05
2.4	Quarterly Patient Experience and Complaints Reports	Information	<i>Chief Nurse</i>	Attached as supporting information	15:20
3.0 Non-Executive Director appointments (appraisal/review)					
3.1	Nominations and Appointments Committee report - Non-Executive Director re-appointments (Guy Orpen, Julian Dennis, Martin Sykes, Steve West) - Terms of Reference approval - Chair remuneration change	Approval Approval Approval	<i>Chair</i> <i>Chair Senior Independent Director</i>	p. 21	15:25
4.0 Lead Governor					
4.1	Lead Governor Appointment	Approval	<i>Chair</i>	p. 31	15:35

5.0 Items for Information					
5.1	Governor Activity Report -Governor Focus Group reports and appointment of Focus Group Governor Chairs for 2020/21. -Holding to account report	Information/ Approval	<i>Membership Manager/ Governors</i>	p.32	15.40
5.2	Update against Membership Strategy -Governor Elections Update	Information	<i>Membership Manager</i>	p. 36	
5.3	Governors' Log of Communications	Information	<i>Chair</i>	p. 43	
6.0 Concluding Business					
6.1	Foundation Trust Members' Questions	Information	<i>Chair</i>	Verbal	15.50
6.2	Any Other Business	Information	<i>Chair</i>	Verbal	
6.3	Date and time of next meeting: Thursday 30 July 2020, 2pm-4pm	Information	<i>Chair</i>	Verbal	

Minutes of the Council of Governors Meeting held in public on Thursday 30 January 2020 at 14:00-16:00 in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU

Present

Jeff Farrar – Chair of University Hospitals Bristol NHS Foundation Trust (**UH Bristol**)
Kathy Baxter – Public Governor
Michelle Bonfield – Staff Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Tom Frewin – Public Governor
Sophie Jenkins – Appointed Governor (Joint Union Committee)
Barry Lane – Staff Governor
Hannah McNiven – Staff Governor
Sally Moyle – Staff Governor
Debbi Norden – Staff Governor
Mo Phillips – Public Governor (Lead Governor)
John Rose – Public Governor
Martin Rose – Public Governor
Jane Sansom – Staff Governor
John Sibley – Public Governor
Mary Whittington – Public Governor

In Attendance

Mark Smith – Chief Operating Officer and Deputy Chief Executive
Paula Clarke – Director of Strategy and Transformation
Matt Joint – Director of People
William Oldfield – Medical Director
David Armstrong – Non-Executive Director
Bernard Galton – Non-Executive Director
Jayne Mee – Non-Executive Director
Guy Orpen – Non-Executive Director
Martin Sykes – Non-Executive Director
Sue Balcombe – Non-Executive Director (Designate)
Steve West – Non-Executive Director
Julian Dennis – Non-Executive Director
Eric Sanders – Director of Corporate Governance
Kate Hanlon – Membership Engagement Manager
Clive Hamilton – Foundation Trust member (public)

Minutes: Sarah Murch – Membership and Governance Administrator

Jeff Farrar, Trust Chair, opened the meeting at 14:05

Minute Ref:	Item	Actions
1.0	Preliminary Business	
COG1.1/01/20	1.1 Chair's Introduction and Apologies	
	The Chair, Jeff Farrar, welcomed everyone to the meeting.	

	<p>Apologies had been received from governors Hessam Amiri, Graham Briscoe, Aishah Farooq, Chrissie Gardner, Astrid Linthorst, Sue Milestone, Graham Papworth, Penny Parsons, Ray Phipps, Marimo Rossiter, Malcolm Watson and Garry Williams.</p> <p>Apologies had also been received from several members of the Board: Robert Woolley (Chief Executive), Carolyn Mills (Chief Nurse) and Neil Kemsley (Director of Finance and Information).</p>	
COG1.2/01/20	1.2 Declarations of Interest	
	<p>In accordance with Trust Standing Orders, all those present were required to declare any conflicts of interest with items on the meeting agenda. Jeff Farrar, Trust Chair, informed governors that since 1 September 2019 he was also Chair at Weston Area Health NHS Trust (WAHT) as well as at UH Bristol.</p> <p>There were no further new declarations of interest.</p>	
COG1.3/01/20	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 28 November 2019.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 28 November 2019 as a true and accurate record of the proceedings. 	
COG1.4/01/20	1.4 Matters Arising/Action Log	
	Governors received the action log and noted updates against the actions.	
COG1.5/01/20	1.5 Chair's Report	
	<p>This was a standing agenda item to enable the Chair, Jeff Farrar, to discuss with governors his activity in the last quarter and his current reflections. He highlighted the following areas of focus:</p> <ul style="list-style-type: none"> • His role of Chair of Weston Area Health NHS Trust (WAHT) required a significant amount of time at present as preparations intensified for the planned merger between UH Bristol and WAHT on 1 April. • He had joined the Bristol Race Equality Strategic Leaders' Group which was chaired by the Chief Executive of the local authority and was focussed on inclusion citywide. He had also attended the launch of a national pilot project on the Workforce Race Equality Standard in London last week, in which UH Bristol was one of six trusts in the country selected to take part. • He had visited the Emergency Department of the Bristol Royal Infirmary with members of the Executive Team, following concerns raised by consultants about pressures on staff due to the significant increase in demand in recent months and also an increase in violent behaviour from patients. The Board had 	

	<p>recognised that they needed to provide more support to staff on these issues.</p> <ul style="list-style-type: none"> To ensure that UH Bristol was involved in regional strategic discussions, he was attending the City Leaders' Forum and meetings of chairs of the health organisations in the region. He had reviewed the way that the Board subcommittees operated to ensure that their approach was sufficiently forward-looking and strategic. <p>There were several questions from governors relating to the Chair's involvement in national and regional diversity and inclusion initiatives. Governors emphasised the importance of translating this into actual improvements to the experience of BME (black and minority ethnic) staff on the ground and greater support for staff to challenge racist behaviour. Jeff Farrar explained that the focus of the Board in the past year had been to ensure that the Trust had a diversity and inclusion strategy in place with appropriate governance structures. Involvement in regional and national initiatives would now help UH Bristol to learn from best practice elsewhere. Bernard Galton, Non-Executive Director, added that Non-Executives had challenged the Board to make its action plan in this area less passive and more robust and also to increase the resources behind it. Governors voiced support for the Non-Executive Directors in these challenges.</p> <p>Matt Joint, Director of People, highlighted that some progress had been made in the last year with an increase in BME staff shortlisted for roles and added that the Trust was seeking to identify more resources. Governors recognised that meaningful cultural change would take some time to embed, but stressed that the Trust should take forward its actions in this area with pace and priority.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the Chair's Report to note. 	
2.0 Performance Update and Strategic Outlook		
COG2.1/01/20	2.1 Chief Executive's Report	
	As Robert Woolley, Chief Executive, had given his apologies for this meeting this item was not discussed.	
COG2.2/01/20	2.2 Weston Merger Update	
	Paula Clarke, Director of Strategy and Transformation, provided a brief update on the planned merger with Weston Area Health NHS Trust. She reminded governors that the Full Business Case and the Post-Transaction Implementation Plan had been approved by the Trust Board of Directors on 28 November 2019. The merger had now progressed to the approvals stage, as part of which NHS England/Improvement and KPMG (who had been appointed as the Trust's reporting accountant) were conducting interviews with key staff and requesting information to gain assurance on the transaction. It was anticipated that the Trust would receive an initial report of their findings	

in mid-February. The Trusts still planned to merge on 1 April 2020, subject to the approval by the Boards of both Trusts and the Council of Governors on 11 March 2020.

Governors were reminded that in the past month, they had requested and received a range of different information on the merger and their role in it. They had each received a pack of written documentation setting out the context for the merger, the key issues and the approval process. At their seminar day on 22 January they had received an update on the current position, the key risks and benefits, assurance about how staff would be supported during the merger and an overview of the Trust's communications plan for the merger. Governors had also been advised that the Trust had achieved mitigation for key aspects of the financial risks of the merger. This covered the resolution of Weston Area Health NHS Trust's historic debt, some funding for estate and backlog maintenance, revenue investment to address the ongoing deficit over the next three years, and extra resources to fund the transition. Beyond the three-year period however, the Trust would need to work with others in the region to ensure longer-term sustainability.

In the following discussion, governors expressed appreciation for the information given to them so far, in particular at the January seminar, and welcomed the news about the financial support that had been offered to effect the merger. They sought assurance from Non-Executive Directors and Executive Directors on key aspects of the merger, as follows.

Carole Dacombe, Public Governor, noted that UH Bristol had made great strides in recent years in terms of its finances and quality of care. With momentum diverted towards Weston, she wished to see an acknowledgement that there was a risk pre-and post-merger that this could impact on the Trust's resources and be a potential distraction from the Trust's activities in Bristol. She advised the Board that governors would continue to monitor this.

Paula Clarke, Director of Strategy and Transformation, provided reassurance that the Trust recognised this risk and had included the potential impact on UH Bristol performance on the corporate Risk Register. Mitigation was being supported particularly through the use of additional transitional resources. The Trust's planning process had also incorporated lessons learnt in this regard from other Trusts. Sue Balcombe, Non-Executive Director Designate, provided assurance that in her role as Non-Executive Director at Weston Area Health NHS Trust, she could see that the Board and leadership there working hard to ensure a smooth transition. Steve West and Guy Orpen, Non-Executive Directors, gave further reassurance that the whole Board was very conscious of the risks that needed to be mitigated. Stabilisation was important initially, but a very clear view to the future would be necessary because the way in which healthcare would be delivered in five to ten years' time was likely to be very different.

In response to a question from Tom Frewin, Public Governor, about what would happen if the merger did not work, Jeff Farrar pointed out that it was already working in that the two Trusts were already delivering services in tandem. Mark Smith added that if the transaction did not succeed, the recruitment challenges at WAHT could continue to deteriorate which would pose an even bigger risk to UH Bristol.

John Rose, Public Governor, voiced confidence in the management of the merger and noted that after the seminar, governors were now much more aware of the financial background to the merger and of the risk areas, though not the detail of the risks. He asked Non-Executive Director Committee Chairs for their views on whether they were happy with the assurances.

David Armstrong, Non-Executive Director and Chair of the Audit Committee, commented that UH Bristol had a moral obligation to make the merger successful. He felt that the financial support that was being offered was as good as could be hoped. The due diligence undertaken had been exemplary, and while there were still attendant risks, he could see that they were being effectively managed. As long as the strength of the WAHT team was maintained and bolstered, he could see no reason to doubt that it would be a successful merger.

Martin Sykes, Non-Executive Director and Chair of the Finance Committee, agreed that the financial offer was as good as could be hoped. The structural deficit would still pose a risk after the three-year support came to an end, but this underlined the importance of forward-thinking. The new Trust needed to use those three years to achieve structural system change for the funding of healthcare in the region.

Julian Dennis, Non-Executive Director and Chair of the Quality and Outcomes Committee, commented that the Board had received the full Post Transaction Implementation Plan which set out everything that the Trust needed to do once the transaction had happened. The comprehensive nature of this had provided the Board with assurance that achievable plans were in place.

Bernard Galton, Non-Executive Director and Chair of the People Committee, noted that all the committee chairs had experience of acquisitions and mergers in other sectors. While he had initially been concerned about the financial risk, the current offer now made it viable. In his view, for the merger to be successful, it had to be seen as more than a transaction. Teams on both sites would need to be appropriately resourced, with the right people in place, and the Trust should therefore not expect to be able to make efficiency savings straight away.

In response to a further question from John Rose about the ten 'red flag' risks that had been identified during the legal due diligence, Paula Clarke confirmed that three out of the ten had been downgraded and progress was being made in some of the other areas.

	<p>Mo Phillips enquired how Non-Executive Directors would assure governors that the Post Transaction Implementation Plan was going as planned. The Chair and Non-Executive Directors confirmed that they would continue to work with the Executive Teams and monitor progress through their committees as they did currently. There would be risks that could arise that the Trust had not foreseen or planned for, and the Board would need to be honest and open about raising these. Governors also heard that a specific Benefits and Risks Group was being set up which would monitor the benefits and the risks of the merger in the post-implementation period.</p> <p>2.2b: Process for Governor Engagement in the merger This report, updated from 28 November 2019, outlined the process of governor engagement in the proposed merger between University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. Governors were reminded that in deciding whether to approve the merger at their meeting on 11 March, they needed to assure themselves that the Board had followed an appropriate process in deciding to undertake the transaction and that it had taken account of the interests of members and the public. Governors were asked to note that the Extraordinary Council of Governors meeting on 11 March to take this decision would be a private meeting and therefore not open to the public.</p> <p>2.2c: Proposed changes to the Trust Constitution from April 2020 The purpose of this item was to seek approval for changes to the Trust Constitution which it was planned would take effect from 1 April 2020 on completion of the merger. Governors were provided with a summary of the changes and a copy of the revised constitution. There were no major changes with the exception of the proposed change to the name of the organisation to <i>University Hospitals Bristol and Weston NHS Foundation Trust</i>.</p> <p>The proposed changes had previously been discussed by governors at their Constitution Focus Group meetings on 10 September 2019 and 28 October 2019. The Board of Directors had already approved the revised constitution as part of the Full Business Case for the merger transaction on 28 November 2019.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Weston Area Health NHS Trust merger report to note. • Receive the process for governor engagement in the merger to note. • Approve the proposed changes to the constitution, subject to merger approval. 	
COG2.3/01/20	2.3 Q2 Patient Experience Report and Patient Complaints Report	
	The Trust's quarterly Patient Experience Report and Patient Complaints reports were provided to governors to give them high level assurance on the Trust's activities in these areas.	

	<ul style="list-style-type: none"> • Kathy Baxter voiced concerns about comments in the Patient Complaints report that some ward toilets were inaccessible for wheelchair users and that communication between nurses and patients was still a significant issue. • Jane Sansom requested more information about progress following the Trust's 'Take Phonership' campaign, adding that patients still seemed to have difficulty contacting the Trust, and the Trust seemed to be behind the curve when it came to the use of texting and email for communication with patients. Paula Clarke added that there was a current project funded by Above and Beyond to provide customer care training for administrative staff, and the impact of this would be evaluated and monitored through the People Committee. • John Rose noted that the language of communication between the Trust and its complainants had been highlighted as an issue at the Trust Board meeting that morning. He asked whether the Trust would consider setting up a lay person's review group to review complaints and responses, as in other Trusts, or other mechanisms to improve the way that the Trust communicated with patients and complainants Clive Hamilton, Foundation Trust member and former governor, added that in previous years governors had been invited to give a lay perspective on letters that the Trust was sending out. Jeff Farrar suggested that the possibility of lay dip sampling of complaints responses be explored by the Trust. <p>As Carolyn Mills, Chief Nurse, was not presently in attendance, it was agreed that these issues would be raised with her after the meeting</p> <p>Action: Governors' comments on the Patient Experience and Complaints Report to be raised with the Chief Nurse (Chief Nurse to respond to governors through Quality Focus Group)</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience and Complaints reports to note. 	Chief Nurse
3.0 Non-Executive Director appointments/appraisal/review		
COG3.1/01/20	3.1 Nominations and Appointments Committee Recommendation	
	<p><i>Sue Balcombe, Non-Executive Director Designate, left the room for this item.</i></p> <p>Eric Sanders, Director of Corporate Governance, introduced a report setting out a recommendation from the Nominations and Appointments Committee. A Non-Executive Director vacancy had arisen due to John Moore's departure from the Trust on 31 December 2019 at the end of his term of office. Following discussions with the Nominations and Appointments Committee, it was agreed to consider the two Non-Executive Director (Designates) for the vacant role: Sue Balcombe and Madhu Bhabuta. Following communications with both NED Designates, only Sue Balcombe had indicated that she would like to undertake the</p>	

	<p>role and had the capacity to meet the time commitment. The Council of Governors were therefore asked to approve the Committee's recommendation to appoint Sue Balcombe as Non-Executive Director with effect from 1 April 2020 for a three-year term which would include time already served in her designate role (i.e. until 31 May 2022). Governors agreed to approve this recommendation.</p> <p>Governors further noted that while Sue Balcombe was currently a Non-Executive Director at Weston Area Health NHS Trust, this would cease with the dissolution of the WAHT Board at the point of merger on 31 March 2020.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the appointment of Sue Balcombe as Non-Executive Director with effect from 1 April 2020 	
4.0 Appointment of External Auditor		
COG4.1/01/20	4.1 Extension of External Auditor Contract	
	<p>Eric Sanders, Director of Corporate Governance, introduced a report seeking governor approval of the extension to contract of the Trust's current external auditor, PwC.</p> <p>Governors noted that PwC had been appointed for a three year period from 1 July 2017 to 30 June 2020. The current contract allowed for two further one year extension to this appointment. Given the satisfactory performance of the external auditors to date, and that they were also the current external auditors for Weston Area Health NHS Trust, the Trust's Audit Committee had proposed to utilise the option to reappoint the external auditors for a further 12 months, and possibly for a two-year period. Governors approved this recommendation, noting that it would be subject to discussion with PwC regarding their fee in light of the proposed merger with WAHT.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve a 12-month extension of PwC's appointment as the Trust's External Auditors (1 July 2020-30 June 2021) subject to negotiations continuing on the Auditor's fee, and for the option of a two-year extension to be explored. 	
5.0 Items for Information		
COG5.1/01/20	5.1 Holding to Account Report	
	<p>This report provided a summary of the forums in which the governors had held Non-Executive Directors to account in the last quarter.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	

COG5.2/01/20	5.2 Governor Group Reports	
	<p>Written reports had been circulated from the three governor working groups: the Quality Focus Group, the Governors' Strategy Group, and the Constitution Focus Group.</p> <p>Carole Dacombe, Chair of the Quality Focus Group, noted that her group had held an extensive discussion with Bernard Galton, Non-Executive Director and Chair of the People Committee about his committee's work. Governors were continuing to pursue concerns around patients that were being discharged at night.</p> <p>Julian Dennis, Non-Executive Director and Chair of the Quality and Outcomes Committee noted that he had received governor questions after the meeting about referral-to-treatment times, diagnostics, and cancer targets, and he provided reassurance that his committee was asking similar questions about where the challenges and hotspots were. They had been provided with more detail by Mark Smith, Deputy Chief Executive and Chief Operating Officer which explained the challenges in those areas.</p> <p>Mark Smith offered to attend a governor meeting to provide governors with further information on the Quality and Performance data.</p> <p>Action: Governors to receive a briefing on the Trust's Quality and Performance data.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the reports to note. 	<p>Deputy Chief Executive/ Chief Operating Officer</p>
COG5.3/01/20	5.3 Membership Strategy	
	<p>Kate Hanlon, Membership Engagement Manager, reminded governors that they had approved a new Membership Strategy for the Trust for 2020-23 at their Council of Governors meeting in November 2019. This report provided Council of Governors with an update on progress against the strategy, including current public and staff Foundation Trust membership numbers and membership engagement. It also included an annual report showing how representative the public membership was of the local population served by the Trust.</p> <p>She brought governors' attention to the new strategy's emphasis on a more proactive management of the Trust's membership records. As part of this, in June the Trust would contact a cohort of members for whom it only had a postal address and would be notifying them that to remain as members they would either need to provide an email address or proactively reaffirm that they wished to continue to receive information by post.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Membership Strategy report to note. 	

COG5.4/01/20	5.4 Governor Elections	
	<p>Kate Hanlon, Membership Engagement Manager, introduced a report updating governors on the timetable and seats available for the Trust's 2020 elections and appointments to the Council of Governors.</p> <p>Governors noted that there would be ten public and staff governor seats up for election this year, and it was intended to run the governor elections slightly later than in previous years with a shorter nomination period to enable the planned merger with Weston Area Health NHS Trust to take place first. The nomination period, when potential governors could nominate themselves for election, would take place 1-20 April 2020, with a ballot taking place 7 May-1 June 2020.</p> <p>In response to a question from Jeff Farrar, Chair, about how the governor elections would be promoted to staff at WAHT, Kate Hanlon confirmed that the Membership Team was working with the Communications Team to inform staff about the election as part of the communications around the merger.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governor Election report to note. 	
COG5.5/01/20	5.5 Annual Cycle of Business for Council of Governors meetings	
	<p>Governor received the annual schedule of business to be transacted at Council of Governors meetings for the year 2020/21. In response to a question from David Armstrong, Non-Executive Director, about how far the business considered at related to governors' responsibilities, Eric Sanders, Director of Corporate Governance, confirmed that all governor responsibilities were covered by the annual business cycle but that further analysis on this could be beneficial.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Annual Cycle of Business for Council of Governors to note 	
COG5.6/01/20	5.6 Terms of Reference for Governor Focus Groups	
	<p>This was an annual item to enable governors to review the Terms of Reference for the Governor Focus Groups (Quality, Strategy and Constitution), and note the updated cycle of business for the three groups for 2020/21.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Terms of Reference for the Governor Focus Groups to note. 	
COG5.7/01/20	5.7 Governors' Log of Communications	
	<p>Governors noted the report of the most recent questions that governors had asked directors via the Governors' Log of Communications. It was noted that a potential question from Kathy Baxter, Public Governor may be added to the Log.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications to note. 	

6.0 Concluding Business		
COG6.1/01/20	6.1 Foundation Trust Members' Questions	
	There were no further questions.	
COG6.2/01/20	6.2 Any Other Business	
	<p>Jeff Farrar noted that this would be the final meeting for Michelle Bonfield, staff governor, who had achieved a promotion to a position in another Trust and was therefore leaving UH Bristol in March.</p> <p>There was no other business.</p>	
COG6.3/01/20	<p>Meeting close and date of next meeting</p> <p>The Chair declared the meeting closed at 16:00.</p> <p>Date and time of next Council of Governors meeting:</p> <ul style="list-style-type: none"> • Extraordinary Council of Governors' Meeting held in Private: Wednesday 11 March 2020, 12:00-13:00. • Public Council of Governors' Meeting: Thursday 28 May 2020, 2pm-4pm, Conference Room, Trust HQ. Marlborough Street, Bristol, BS1 3NU. 	

Signed by:(Chair) on..... (Date)

Council of Governors meeting – 28 May 2020

Action Log

Outstanding actions following the Council of Governors meeting held on 30 January 2020					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG2.3/01/20	From the Q2 Patient Complaints Report: Governors' comments on the Patient Experience and Complaints Report to be raised with the Chief Nurse (Governors to discuss with Chief Nurse at Quality Focus Group)	Chief Nurse	TBC	<i>It was intended that a response would be provided through the Quality Focus Group meeting on 17 March, but this meeting was stood down due to Covid-19.</i>
2.	COG5.2/01/20	Governors to receive a briefing on the Trust's Quality and Performance data.	Deputy Chief Executive/ Chief Operating Officer	TBC	<i>This was scheduled for Governor Development Seminar 18 June 2020 but will be confirmed in due course.</i>

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Coronavirus update
Report Author	Mark Smith, Deputy Chief Executive and Chief Operating Officer
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer

1. Report Summary

This report was written for the meeting of the Trust Board of Directors on Thursday 28 May 2020. Its purpose was to provide the Board with an update on the Trust's approach to managing the response to the Coronavirus outbreak, and in particular, the approach to recovery planning and bed reconfiguration.

It is being shared with the Council of Governors for information.

2. Key points to note (Including decisions taken)

- The Trust will continue with its Command and Control Structure to respond to the outbreak.
- The Trust has commenced its recovery programme – the first phase being operational restart
- The Trust is actively engaged in the system response – including BNSSG Gold, silver and bronze and cell structure
- It is developing a plan to utilise the Independent sector for elective work and in particular with the development of the NHS Nightingale Hospital.
- The Trust has used the World Health Organisation's Hospital Emergency Response Checklist as a basis for providing assurance that it is considering the key activities to respond to the pandemic.
- The number of patients who have tested positive for Covid-19 within the Trust is reducing. A similar pattern is seen in ICU beds occupied by patients who have tested positive for Covid-19.
- There remain significant risks to the workforce, particularly in relation to their health and wellbeing, and resources and additional support have been put in place to mitigate the risk to staff. Staff testing is also being increased.
- There continue to be risks in relation to the availability of PPE, and this is being monitored daily, with appropriate escalation to local, regional and national organisations as required.

Work is now starting to consider the development of a recovery plan which takes into account the local and national modelling for how rates of infection may continue, and how the Trust can continue to safely deliver its full range of services.

3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: <ul style="list-style-type: none"> • PPE and equipment availability • Sufficient capacity to care for patients during surge • Capacity for increasing elective work • Maintaining workforce availability
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> • This report is for Information.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
<ul style="list-style-type: none"> - <i>Trust Board of Directors meeting held in public – 28 May 2020</i> - <i>Senior Leadership Team – 20 May 2020</i>

Organisational Response to Novel Coronavirus (COVID-19) Outbreak

Purpose

To update on the Board on the Trust's current position in response to managing the implications of the novel coronavirus (COVID-19) outbreak.

Operational Update - Bed base Reconfigurations

The bedbases across UHBW sites have been under review and reconfiguration since the beginning of the Covid-19 outbreak. The main task to date has been to ensure sufficient Covid-19 and non-Covid-19 capacity is available across the urgent care pathways into Bristol adult's, children's and Weston bedbases.

Over the last two weeks work has been underway to review our progress against the original reconfiguration work and to make recommendations for the next set of changes. These are required to accommodate the universal testing process that has to be put in place for all patients admitted for an overnight stay or more. Universal testing requires patients to be streamed into zones on the following basis:

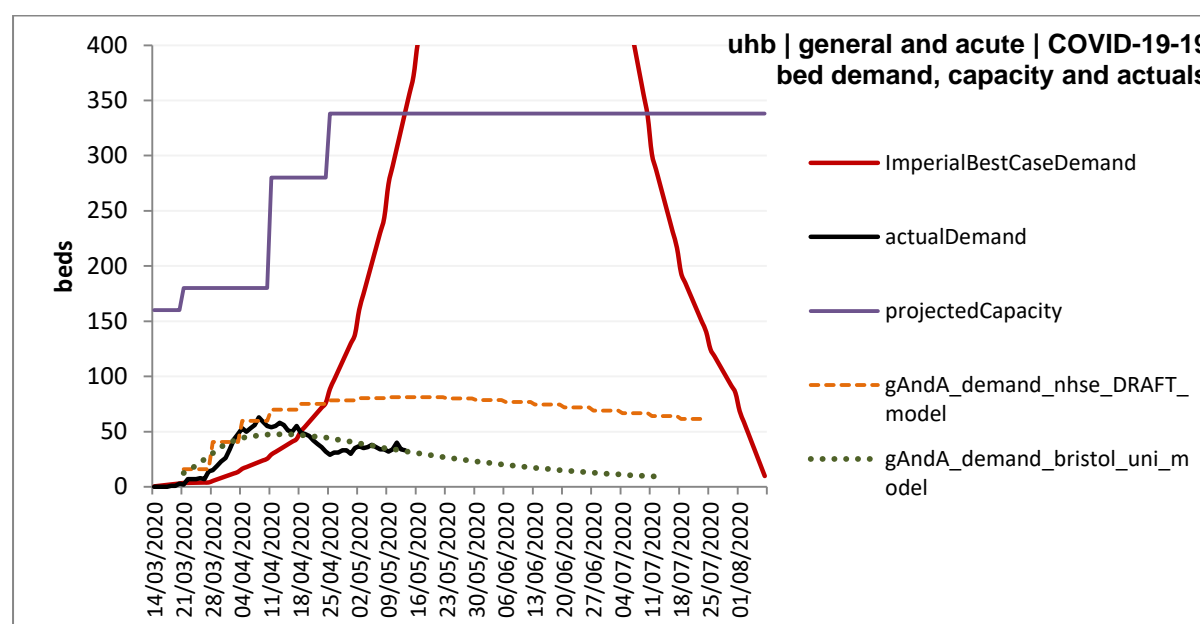
Blue zones - Symptomatic patients, on the Covid-19 pathway, either with a confirmed positive test result, or symptomatic and in a side room awaiting results.

Amber - Asymptomatic patients requiring universal testing. Patients move on from amber as soon as they have a positive or negative test result.

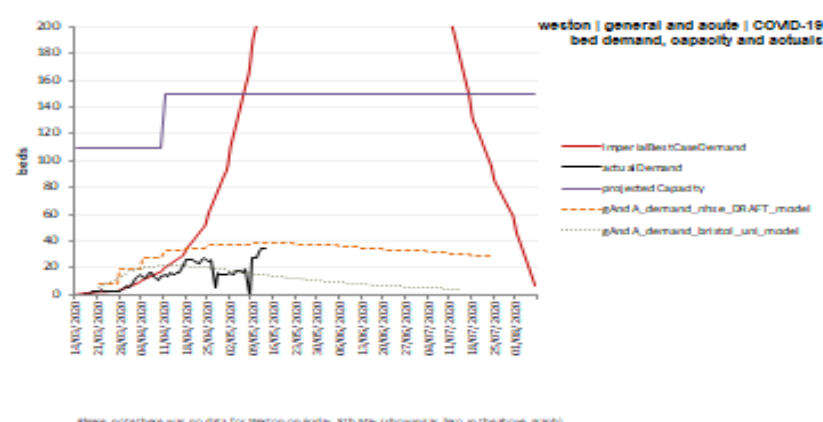
Green - Covid-19 negative patients (i.e. have tested negative during admission and stepped down from blue / amber, or tested at home 24-48 hours prior to an elective admission)

NHSEI advise that Trusts are likely to need zoning along these lines at least until autumn 2020, and likely into spring 2021.

Innovative modelling work by BNSSG CCG and the University of Bristol has moved the system away from reliance on the Imperial Covid-19 model, which did not accurately track the actual demand data for the BNSSG system. The first slide below shows Bristol (adults + children) and the second shows Weston. The model has been built to flex according to changes in demand to account for e.g. a second spike:



UHBW Division of Weston Requirements (general acute)



Reviewing our own admission data since Covid-19 commenced, we can see that the proportion of patients with a Covid-19 infection has started to reduce compared to numbers seen during April, perhaps suggesting that we are past the (first) peak. Work with system partners on the recent NHSE planning return has been clear (across UHBW and NBT) that we expect NEL levels of

admissions to return to a pre Covid-19 / business as usual position by the end of this July, though it is very difficult to predict future NEL demand with any certainty.

Within the revised bed models we have been mindful to maintain the following:

- UHBW flexibility to respond to increases or decreases in Covid-19 numbers (in a similar way Sirona have developed their latest service configuration to be able to respond flexibly to changes in Covid-19 / non Covid-19 demand).
- Linked to the above, ability to maintain a zoning model for circa the next year as per NHSE/I advice
- Rebalancing of side room capacity to meet IPC and shielded patient considerations
- In Bristol adult's, the concentration of Covid-19 pathway work within Terrell Street to avoid contamination across the bed base
- Awareness that medically fit for discharge (MFFD) numbers are reduced across all sites. This is most impactful within the bedbases of the Divisions of Medicine and Weston. System work to maintain these improvements is ongoing, but it is noteworthy that MFFD numbers have increased slightly since activity levels started to rise again across April and May
- Restart and recovery of the elective programme needs to be balanced management of the urgent care / Covid-19 pathway – with full assessments of those patients

A detailed review paper went to Business SLT on 20 May 2020 recommending the following outline changes across the bedbases:

- 1) Bristol adults sites – BRI, BHI, BHOC – wards to be reallocated in order to maintain blue and amber work within Terrell Street and to rebalance the allocation of side rooms so that a greater concentration is held within medical wards to support infection control considerations.
- 2) Weston Division – reallocation of wards, with a focus on maintaining side room provision for higher risk patients
- 3) Bristol Royal Hospital for Children – amber space allocated within specialty wards, rather than in generic zones, to reflect the tertiary nature of much of BRHC work.
- 4) St Michael's Hospital – provision of zoning within wards which reflects the smaller bed base available within which to provide distinct areas

The Deputy Chief Nurse, together with Heads for Nursing for each Division, have completed a piece of work assessing the impact of implementation of 2m social distancing across our inpatients areas. The findings from this review show a significant impact on bed capacity, though there are creative options to prevent beds being removed which are currently being evaluated. Since the review was undertaken the Operating Framework for Urgent and Planned Services in Hospital Settings during COVID-19 has been released (14 May 2020). It is clear that maximising the safety of staff and patients through social distancing compliance must be prioritised by Trusts.

Overall within the current bed base configurations, the unmitigated reductions needed in order to maintain 2m separation between inpatients show an indicative total loss of beds across all Divisions (through removal to create spacing) of 133 beds and 5 trolleys, plus 1 majors space in the BRI ED.

A limited number of mitigating options may be possible including:

- (Perspex) screening around or between beds in bays
- Identifying alternative areas to store patients' belongings to enable lockers to be removed from bays
- IPC Team review of the above assessments which may (or may not) improve the draft assessment position is in the process of being finalised

Perspex screening requires a full risk and options appraisal to be completed. IPC considerations need to be assessed, and evidence from other Trusts suggests that installation of screens may impact on airflows which could make this option unsuitable for some clinical areas. Estates colleagues have also indicated that there are national concerns about supply of Perspex screening which could make installation timescales out-with of operational requirements.

What is clear from the work completed so far is that the newer estates (e.g. BHI, Terrell Street) are more able to maintain distancing without significant modification work. In the Bristol adult's zoning plan we have focussed the blue and amber capacity into Terrell Street which will maximise urgent care pathway capacity. If mitigations within the green zones (e.g. A602/4/5 and A518 etc.) are not possible, then significant impact is likely to be felt on the step down part of the urgent care pathway, risking bottle necks at the front door including queuing and crowding in ED. There would also be a significant knock on impact therefore on the elective programme which also requires green space.

An action plan to protect and support bedbases resources has been produced and will support both a sustainable zoning model, in particular across urgent care, and also provision of beds for elective work:

- 1) ED space review (aim to prevent queueing), could include conversion of CSM office into triage / majors space
- 2) Acute inpatients occupancy target of 92% maximum is being scoped with CCG and community partners, supported internally by SDEC and hot clinic provision, and externally by community work streams such as D2A pathways
- 3) The UHBW bed plan would always include a "where next" option for flexible opening of blue and amber capacity with implementation plans sitting behind it
- 4) Smart use of 61 beds at Spire for green elective work – which has now mobilised with Cardiology and other specialties to follow (managed through the Planned Care group).

A task and finish group led by HR/Deputy COO for Planned Care, is to commence work assessing staff, outpatient and waiting areas for social distancing compliance. It is recommended that the ward reconfigurations outlined in this paper to support universal testing are implemented, subject to change depending on the final outcomes of inpatients social distancing compliance work.

SLT on 20 May 2020 approved the following:

- The bed reconfiguration suggestions outlined above across all sites to accommodate zoning, including the monitoring of plans through a suggested senior operational group;
- Ongoing work to review social distancing requirements across the inpatient bedbases, with a recommendation to come back as to next steps for the maintenance of this element of safety in our bedbases.

At a strategic and system level, the following pieces of work will also influence and support future iterations of the above bed plans:

- STP considerations regarding hot/cold, elective/NEL sites in BNSSG;
- System planning regarding future use of the Nightingale until March 2021;
- UHBW review of offsite capacity, including the Spire, and to what extent this can be used / protected for elective work;
- System review of testing capacity and turnaround times will support improved flow across amber and blue zones and will help to avoid corridor queueing and ED crowding.

Black, Asian and Minority Ethnic (BAME) Staff

As a trust we have made efforts to ensure our BAME colleagues feel safe and supported during this difficult time. The trust continues to follow national guidance and we are confident that everything in place to protect all our staff. We are aware this is being looked at nationally and we will act on any new information we receive as a result. We have [updated guidance for managers](#) and other risk assessment tools can be found on [HR Web](#).

At a national level an inquiry has been launched to understand why people from BAME backgrounds appear to be disproportionately affected by COVID-19. While we await the findings of the inquiry, we have asked all of our managers to proactively have a conversation with BAME colleagues in their teams, as they would with anyone who may have an increased risk. We continue to encourage managers and BAME staff to discuss any underlying health conditions using a newly developed Risk Assessment template to help assess any potential vulnerability and then take the necessary steps to ensure staff are protected at work. We have asked that manager's document that they have conducted these conversations even if no action is required.

Newsbeat and the Chief Executive's latest [weekly video message](#), reinforces the above messages and asks staff to contact their line manager or HR should they have any concerns. We are encouraging staff to access the range of wellbeing resources available on our intranet, including the [video](#) that was recently published by colleagues in our wellbeing and psychological services. We have also reminded staff that they are eligible to apply for funding from Above & beyond for initiatives that improve staff or patient wellbeing.

The Trust's Workforce Race Equality Standard (WRES) representative and BME forum chair has spoken directly with our BAME colleagues to gather their thoughts, feelings and concerns about the current situation and has fed this back to NHSEI. This will help provide a national perspective and support any necessary course of action. The five key themes that have emerged nationally are:

- Staff wellbeing and accessibility - a general feeling we need to focus on this.
- Redeployment fears to COVID-19 wards- how decisions are to be made around where do staff go next? How is this managed equitably?
- What level of PPE is given to BAME given what we know?
- Disclosing underlying health conditions- will I be treated differently as a result in the future?
- What does caring for staff actually look like?- How does the documentation/checklist reflect in reality?- we can measure this through the Forums but there is a gap.

This feedback was incorporated into the risk assessment to reflect the concerns of our staff to enable the checklist to be integrated as best as possible and we await further guidance from NHSEI.

Financial Position

The NHS financial regime for 2020/21 has significantly changed in response to the Covid-19 Pandemic. The Trust submitted its draft Operational Plan to NHSEI on 5th March and was expecting to submit a revised plan for the newly merged Trust on 29th April. Due to the Covid-19 outbreak, operational planning has been suspended. The Trust, however, completed a merged 'pre-Covid-19' financial plan which was approved by the Board in April and is in the process of finalising a revised financial plan incorporating the changes to the funding arrangements.

Payment by Results has been replaced by block payments from commissioners broadly based on 2019/20 contract values. Income from local authorities, HEE and other NHS Providers is also being received as block payments. Other income varies depending on its source, e.g. catering and car park income has ceased, recharges to non NHS bodies continue.

The intention of the regime in place between April and July is that any shortfall between the block payments and actual expenditure should be covered through monthly top up payments from NHSEI. These top up payments cover the additional costs associated with responding to the Covid-19 Pandemic and shortfalls in income from other sources, offset by reductions in spend on non-Covid-19 related activity. Therefore the Trust is expected to break even each month. The monthly return to NHSEI provides details of the costs incurred and the income received through the block arrangements and other sources. The balance to break-even is the required adjustment to the top up payment.

The plan provided by NHSEI, against which the Trust's monthly position is reported, is their assessment of the position of the merged organisation based on 2019/20 expenditure and does not represent the Trust's pre-Covid-19 plan.

These arrangements are in place for the first four months of the year, although they are likely to continue for much of the remainder of the year albeit with some further changes as the NHS moves to a recovery phase. This regime provides challenges to NHSEI, the STP and the Trust to provide accountability on the resources being spent, demonstrate financial control and to report on financial performance in a meaningful way.

To support the Trust in maintaining financial control through 2020/21, a separate paper describes the existing mechanisms that remain in place, new approaches to reflect the changed funding mechanisms and temporary processes in place to assist with the response to Covid-19-19.

For 2020/21 Divisional financial performance will still be managed by measuring actual income and expenditure against an agreed budget. The change to the financial regime has necessitated changes to the New Year budgets delaying their completion until month 2.

However, of increased importance for 2020/21, as a consequence of the Covid-19 Pandemic and the associated changes to the national NHS financial framework, it will be increasingly important to assess divisional performance through monitoring and controlling actual expenditure.

Recovery

Following the receipt of the national communication concerning the second phase of the NHS's response to Covid-19, plans are being developed for the restoration of the elective programme.

During the month of April, outpatient activity volumes have reduced to approximately half of normal levels. Similarly, elective procedure volumes have reduced to approximately one third of normal volumes.

A proposed governance process for the restoration of elective activity was approved at SLT on 21 May. Two groups are being established – a theatre prioritisation group and an outpatient / diagnostic services prioritisation group. These groups will consider the relative priority of services to be restored taking account of key dependencies including PPE supply, staffing levels, availability of anaesthetic agents, imaging support and requirements concerning infection control / social distancing. These groups will report into the planned care group, which will make recommendations to the Silver group for approval. The groups are constituted with clinical representation at consultant level, divisional representation, and leads from the other departments / equipment group.

Plans are being implemented for the utilisation of the independent sector capacity at the Spire. Cardiology lists commenced on the 18 May, with adult surgical lists commencing on the 1 June, and paediatric surgical lists on the 8 June. In addition, the Trust is utilising the diagnostic capacity at the Spire for cardiac echo, CT and MRI.

At a system level, restrictions were introduced as part of the initial response to Covid-19-19. This meant that GPs were unable to refer routine patients. In order to support GPs, the hospital trusts were asked to establish advice and guidance services, and for patients already on waiting lists, and any new urgent patients, to triage and offer alternatives to face-to-face attendance where appropriate. At present, 49 advice and guidance services are operational (there were 10 pre-Covid-19). In addition, 85 services have been set up to offer video clinics (there were zero pre-Covid-19). In total, 54 of these services have started to offer video clinics, with more than 1,200 consultations completed in the last seven weeks.

A phased reopening of the ability to refer routine patients has been agreed at a system level, with paediatric services, haematology and gynaecology opening on the 18 May, and all other services opening on the 26 May. As part of efforts to 'lock in' some of the beneficial changes to the model of service delivery, a set of principles are being agreed at a system level including moving beyond the traditional face-to-face model of outpatients as being the default way of working, to manage the care of more people locally in integrated community services, to ensure that every interaction is value adding for patients, and to make the best use of available resources including digital technologies.

Finally, pre-operative processes are also being revised following receipt of the NHS Operating Framework for services during Covid-19, which has set a requirement for patients who remain asymptomatic to have isolated for 14 days prior to admission along with members of their household.

Board Recommendations

The Board is asked to note the contents of this report.

Dr Mark Smith
Deputy Chief Executive and Chief Operating Officer

21 May 2020

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Weston Integration Progress update
Report Author	Emma Mooney, Director of Communications
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary

This report is being shared with the Council of Governors for information. It was written for the meeting of the Trust Board of Directors on Thursday 28 May 2020 and provides an update on the progress of the Weston Integration Programme since February 2020 which includes the successful merger of Weston Area Health NHS Trust and University Hospitals Bristol NHS Foundation Trust on 1st April 2020.

The creation of the new organisation as University Hospitals Bristol and Weston NHS Foundation Trust cements the many years of partnership working between the two Trusts, and creates a combined organisation of over 13,000 staff aiming to deliver exceptional local services for local people and specialist services across the South West and beyond.

2. Key points to note

(Including decisions taken)

Board members should note:

- The safe transfer of staff and services on 1 April 2020.
- The implications of COVID-19 on the post-merger integration programme.

3. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Information**.

4. History of the paper

Please include details of where paper has previously been received.

- *Trust Board of Directors meeting held in public – 28 May 2020*

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Weston Integration Progress Update
Report Author	Emma Mooney, Director of Communications
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report

Introduction

On 1 April 2020 University Hospitals Bristol NHS Foundation Trust successfully merged with Weston Area Health NHS Trust (WAHT) to form University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

The merger cements the many years of partnership working between the two Trusts, and creates a combined organisation of over 13,000 staff aiming to deliver exceptional local services for local people and specialist services across the South West and beyond.

Post-merger integration has progressed well and the focus remains on delivering the stated benefits which include: a better experience for our patients; increased diversity, capacity and resilience; the opportunity to share expertise and best practice; and releasing untapped potential in our services.

Implications of COVID19 on the post-merger integration programme: The operational decision was taken on 30 March to delay or scale back consultation on corporate integration which was due to commence in April. Planning is now underway for the phased restart, as outlined in this paper.

With operational focus on the pandemic response, post-merger priorities and activities have been reviewed to ensure the correct operational support to the Bristol and Weston sites in dealing with the pandemic. This has included a specific project to support the extension of services in the Ambulatory Emergency Care Unit at Weston.

The full impact on the integration timelines of the COVID-19 response is being assessed and reflected into the risk register. There is a well-defined programme of work and governance that will begin to be reinstated as post-COVID-19 recovery and restoration plans are stepped-up.

Key points to note since 1 April:

TUPE transfer: The smooth TUPE transfer of staff employed by WAHT to UHBW took place on 1 April. This transfer followed an appropriate consultation period, and multiple communication and engagement activities to support staff through this process.

Service integration: The safe transfer of services to UHBW was achieved on 1 April. In addition, a small number of services successfully transferred to other providers: Breast

Cancer services to North Bristol NHS Trust, and Specialist Community Children's Services to Sirona Care and Health.

Plans to fully integrate clinical and corporate services continue to be developed by clinical and non-clinical teams. Integration of corporate services will take place in a phased way with the first services recently commencing consultation. Staffside and HR continue to work together on this process.

Clinical services are initially operating as a clinical division of UHBW led by a Clinical Chair, a Divisional Director and a Head of Nursing. Full integration of these services will be undertaken in a carefully planned and phased way over the next two years with the opportunity for securing patient benefit through early integration as part of COVID-19 recovery plans, being a key consideration.

Cultural integration: Development of an organisational and cultural integration programme is underway and aims to ensure a highly engaged and committed workforce and an inclusive culture that will attract, develop and retain exceptional people. The programme will set out our plans to engage staff in building shared values and a single, inspiring vision for UHBW. Priorities and enablers are being identified to inform the plan and key milestones for delivery in year.

Managing risks and realising benefits: A Post-Transaction Integration Plan (PTIP) sets out the process being followed by the Integration Programme Board to manage the risks and realise the benefits of the merger against the agreed measurement criteria within the four themes outlined in the PTIP: quality, finance, operational and workforce.

Communications: A new UHBW website was successfully launched on 1 April with links through to the existing UH Bristol and Weston websites, along with media and social media activities to announce the merger and the new name for the organisation. Internal communication activities included a welcome letter from the Chief Executive to staff TUPE transferring from WAHT, and day-1 'need to know' information was cascaded across the Trust as a quick reference guide for staff.

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Nominations and Appointments Committee Report
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report provides a summary of the recent business of the Governors' Nominations and Appointments Committee. This is a formal Committee of the Council of Governors to enable governors to carry out their duties in relation to the appointment, re-appointment, removal, remuneration and other terms of service of the Chair and Non-executive Directors. There are 12 governors on the committee.

2. Key points to note (Including decisions taken)

There has been **one** meeting of the Nominations and Appointments Committee since the January Council of Governors meeting.

Meeting on 11 May 2020 (held via Cisco Webex videoconferencing): Attended by 7 Committee members and chaired by Jeff Farrar, Trust Chair.

- **Non-Executive Director Appraisals and Re-appointments:** The Committee noted and discussed appraisal outcome reports for seven Non-Executive Directors: Sue Balcombe, Bernard Galton, Jayne Mee, Guy Orpen, Julian Dennis, Martin Sykes and Steve West. A decision on re-appointment was required for four of these: Guy Orpen, Julian Dennis, Martin Sykes and Steve West. The Committee supported all four in the continuance of their roles and recommended approval of their re-appointment.
- **Non-Executive Director Remuneration:** Governors considered new national advice on setting Non-Executive Director remuneration. They noted that UHBW was currently remunerating its Non-Executive Directors at the nationally recommended rate. They agreed that while no change was necessary at present they would like to review this with more benchmarking data from similar-sized Trusts at their next meeting in November 2020.
- **Six-Month Non-Executive Director Activity Reports:** The Committee discussed written reports that they had received from the Chair and the Non-Executive Directors about their activity in the past six months.
- **Annual Self-Assessment, Review of Terms of Reference and Committee Membership:** The Committee reviewed the business that it had conducted over the year and the way in which it had discharged its duties. They recommended no changes to the Terms of Reference beyond updating references to the changed name of the Trust post-merger.
- **Chair Remuneration:** Jeff Farrar, Trust Chair, left the meeting for this item, with Julian Dennis, Senior Independent Director, taking the chair. The

Committee discussed Chair remuneration in light of new national guidance from NHS England/Improvement and the increase in size of the Trust post-merger. They agreed to recommend to the Council of Governors an increase in Chair remuneration from £55,000pa to £60,000pa, to bring UHBW into line with the NHSE/I median rate for Trusts of this size, to be backdated to 1 April 2020.

3. Recommendations requiring Council of Governors approval

- The Council of Governors is asked to **approve** the following Non-Executive Director Re-appointments:
 - Guy Orpen - Re-appointment to 3rd and final year of 3rd term of office (2 May 2020-1 May 2021)
 - Julian Dennis - Re-appointment to 3rd term of office (1 June 2020-31 May 2023 subject to annual re-appointment in line with the NHS FT Code of Governance for terms over six years) and confirmation of continuation as Senior Independent Director.
 - Martin Sykes - Re-appointment to 2nd term of office (1 September 2020-31 August 2023) and confirmation of continuation as Vice-Chair.
 - Steve West - Re-appointment to 2nd term of office (1 July 2020-30 June 2023)
- The Council of Governors is asked to **approve** the attached Terms of Reference for the Nominations and Appointments Committee.
- The Council of Governors is asked to **approve** an increase in Chair remuneration as above to reflect the increase in size of the Trust post-merger and to ensure that the Trust remains in line with national guidance.

Date of Next Nominations and Appointments Committee Meeting: 03/11/2020

Terms of Reference - Nominations and Appointment Committee – Council of Governors

Document Data	
Corporate Entity	Nominations and Appointments Committee (Council of Governors)
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Trust Secretary
Document Owner	Trust Secretary
Approval Authority	Council of Governors
Document Reference	TOR0003
Review Cycle	12 months
Next Review Date	May 2021

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
July 2009	1.0	Membership Manager	Major	Version 1.0
27 July 2011	1.1	Membership Manager	Minor	Version 1.1
02 May 2012	2.0	Trust Secretary	Major	Revision to Foundation Trust Constitution to increase Committee membership. Approved by the Membership Council.
12/02/2015	3.0	Interim Head of Membership and Governance	Major	
19/09/2017	4.0	Trust Secretary	Minor	Changes to job titles
27/09/2017	5.0	[Deputy] Trust Secretary	Minor	Amendments to: a) update references from Monitor to NHS Improvement; b) change the quorum from four governors to four committee members c) allow for another non-executive director to take the chair in circumstances in which it was inappropriate for either the Chair or the Senior Independent Director to do so.
07/06/2018	6.0	Trust Secretary	Minor	Amendments to: a) include the Chair as a member of the committee b) allow the Trust Secretary to nominate another person to attend meetings on their behalf.
30/07/2019	7.0	[Deputy] Trust Secretary	Minor	Amendments to reference to public, patient or carer governors.
May 2020	8.0	Acting Membership Manager	Minor	Amendments to reflect the Trust's change of name and logo.

Table of Contents

1.	Constitution and Purpose	3
2.	Function and Duties	3
3.	Authority	3
4.	Reporting	4
5.	Membership	4
	5.5 Chair of the Committee	4
	5.6 Quorum	5
	5.7 Attendance at Meetings	5
6.	Secretariat	5
	6.2 Notice and Conduct of Meetings	5
	6.3 Minutes of Meetings	5
	6.4 Frequency of Meetings	6
7.	Review of Terms of Reference	6

1. Constitution and Purpose

- 1.1 The Nominations and Appointments Committee is a formal Committee of the Council of Governors established in accordance with the NHS Act 2006 ¹,) as amended by the Health and Social Care Act 2012 (the 2012 Act), the University Hospitals Bristol and Weston NHS Foundation Trust Constitution ², and the Foundation Trust Code of Governance³ for the purpose of carrying out the duties of governors with respect to the appointment, re-appointment removal, remuneration and other terms of service of the Chairman and Non-Executive Directors.

2. Function and Duties

- 2.1 The Committee shall carry out functions in relation to the following:

Nominations Functions

- (a) determine a formal, rigorous and transparent procedure for the selection of the candidates for office as Chairman or Non-Executive Director of the Trust having first consulted with the Board of Directors as to those matters and having regard to such views as may be expressed by the Board of Directors;
- (b) seek by way of open advertisement and other means, candidates for office and to assess and select for interview such candidates as are considered appropriate and who meet the “*fit and proper person*” test as set out in the provider license — and in doing so the Committee shall be at liberty to seek advice and assistance from persons other than members of the Committee or of the Council of Governors;
- (c) make recommendation to the Council of Governors as to potential candidates for appointment as Chairman or other Non-Executive Director, as the case may be,
- (d) consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chairman and other Non-Executive Directors,
- (e) on a regular and systematic basis monitor the performance of the Chairman and other Non-Executive Directors and make reports thereon to the Council of Governors from time to time when requested to do so or when, in the opinion of the Committee, the results of such monitoring ought properly to be brought to the attention of the Council of Governors;
- (f) To ensure there is a formal and transparent procedure for setting the annual objectives for the Non-Executive Directors, in conjunction with the Chairman, and in conjunction with the Senior Independent Director in the case of the annual objectives for the Trust Chairman
- (g) To ensure there is a formal and transparent procedure for the appraisal of the Trust Chairman and Non-Executive Directors’ performance

- (h) To regularly review, in conjunction with the Board of Directors Nominations and Remuneration Committee, the structure, size and composition of the Board of Directors, including giving full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them.

Remuneration Functions

- (a) To ensure there is a formal and transparent policy on remuneration for the Trust Chairman and Non-Executive Directors;
- (b) To set the structure and levels of remuneration of the Trust Chairman and Non-Executive Directors;
- (c) To determine and review the terms and conditions of the Trust Chairman and Non-Executive Directors;
- (d) To market test/ benchmark the remuneration of the Trust Chairman and Non-Executive Directors at a frequency agreed by the Committee and taking account of any external guidance on recommended frequency and/ or where the Committee is considering recommending large change to that remuneration, drawing on external professional advice
- (e) To appoint, if deemed appropriate, independent consultants to advise on Trust Chairman and Non-Executive Director remuneration.

3. Authority

- 3.1 The Committee is authorised by the Council of Governors to carry out the functions and duties set out in these Terms of Reference.
- 3.2 All powers and authorities exercisable by the Council of Governors, together with any delegation of such powers or authorities to any Committee or individual, are subject to the limitations imposed by the by the National Health Service Act 2006, the NHS Licence Conditions, Trust Constitution or by other regulatory provisions.
- 3.3 In discharging the functions and duties set out in these Terms of reference, the Committee is to have due regard for the applicable principles and provisions of the Foundation Trust Code of Governance.

4. Reporting

- 4.1 The Committee shall report to the Council of Governors.
- 4.2 A Chair of the Committee or nominated member of the Committee shall report the proceedings of the Committee to the Council of Governors after each meeting

¹ 17 (1) It is for the Council of Governors at a general meeting to appoint or remove the Chairman and the other non-executive directors.

² 10.2 The Council of Governors shall establish a committee of its members to be called the Nominations and Appointments Committee to discharge those functions in relation to the selection of the Chair and Non-Executive Directors.

³ The NHS Foundation Trust Code of Governance Section B2: Appointments to the Board

⁴ The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.

5. Membership

- 5.1 Members of the Committee shall be appointed by Council of Governors as set out in the Trust's Constitution and shall be made up of the Chairman or deputy plus twelve members including:
- (a) 8 elected public governors
 - (b) 2 appointed governors
 - (c) 2 elected staff governors
- 5.2 Appointment of governors to the Committee shall be conducted at a general meeting of the Council of Governors. If there are more governor nominees than places on the Committee, the final selection of candidates shall be put to a vote of the Council of Governors.
- 5.3 Governors shall be appointed to the Committee until their term of office as governor ends as set out in the Trust's Constitution, or they choose to resign from the Committee, which shall be confirmed in writing to the Chair of the Committee.
- 5.4 In the case of the appointment process for the Trust Chairman, the Senior Independent Director (SID) will be co-opted to join the Committee. The SID will attend in an advisory capacity and will not participate in the formal decision making process.

5.6 Chair of the Committee

- (a) The Chairman of the Trust will Chair the Nominations and Appointment Committee. In his absence, or when the Committee is to discuss matters in relation to the appraisal, appointment, re-appointment, suspension, removal or remuneration and terms and conditions of the Chairman, the Committee will be chaired by the Senior Independent Director. Under any such circumstances in which it would be inappropriate for either the Chair or the Senior Independent Director to Chair the Committee, another non-executive director will Chair the Nominations and Appointments Committee.

5.6 Quorum

- (a) The quorum necessary for the transaction of business shall be four Committee members and the Chairman and/or Senior Independent Director
- (b) A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5.7 Attendance at Meetings

- (a) Only members of the Committee have the right to attend Committee meetings.
- (b) Other individuals, including advisers, may be invited to attend for all or part of any meetings, as and when appropriate. This shall include the Director of People in an advisory capacity when considering matters of recruitment, appointment and appraisal of the Chairman and Non-executive Directors
- (c) The Trust Secretary or his nominee shall attend meetings of the Committee to advise on matters of corporate governance, procedure and conduct in relation to the NHS Provider Licence Conditions and Trust Constitution.

6. Secretariat

6.1 The Trust Secretariat shall provide Secretariat support to the Committee.

6.2 *Notice and Conduct of Meetings*

- (a) The Trust Secretary shall call meetings of the Committee at the request of the Chairman not less than ten clear days prior to the date of the meeting,
- (b) The agenda shall be agreed by the Chair of the Committee in consultation with the Trust Secretary,
- (c) Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be available to each member of the Committee and where appropriate, other persons required to attend, no later than five working days before the date of the meeting,
- (d) Supporting materials shall be provided to Committee members and to other attendees as appropriate, at the same time.

6.3 *Minutes of Meetings*

- (a) The Trust Secretary or his nominee shall minute the proceedings and resolutions of the Committee, including the names of members present and others in attendance. Draft minutes shall be distributed to Committee members for approval after each meeting.

6.4 *Frequency of Meetings*

- (a) The Committee shall meet at least twice per annum and at such other times as the Chair of the Committee shall require.

7. Review of Terms of Reference

7.1 At least once a year, the Committee shall review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors.

GOVERNORS' NOMINATIONS AND APPOINTMENTS COMMITTEE MEMBERS

From 1 April 2020

NAME	GOVERNOR CONSTITUENCY
Jeff Farrar	Chair
1. Malcolm Watson	Public - South Gloucestershire
2. Mo Phillips	Public - Bristol
3. Carole Dacombe	Public - Bristol
4. Garry Williams	Public - Rest of England and Wales
5. Kathy Baxter	Public - Bristol
6. Ray Phipps	Public – South Gloucestershire
7. John Rose	Public – North Somerset
8. Penny Parsons	Public - Bristol
9. Jane Sansom	Staff – Medical and Dental
10. Barry Lane	Staff – Non-Clinical
11. Sophie Jenkins	Appointed – Joint Union Committee
12. Sally Moyle	Appointed – University of the West of England

According to the Terms of Reference, the committee should include the Chair or deputy plus 12 members including 8 elected public governors, 2 appointed governors and 2 elected staff governors.

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Lead Governor Election
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
The purpose of this report is to seek approval on the election of a Lead Governor for the period 1 June 2020 to 31 May 2021.
2. Key points to note <i>(Including decisions taken)</i>
<p>In line with regulatory guidance, governors elect a Lead Governor from among their number who can act as the spokesperson for the governor group if necessary.</p> <p>The Lead Governor is elected annually. In May 2020 governors were asked to nominate a Lead Governor in line with the Trust's process. Mo Phillips, current Lead Governor, was nominated by several governors to continue in the role, and has indicated that she would be willing to do so with the agreement of the Council of Governors. No other nominations had been received by the deadline.</p> <p>It is noted that Mo Phillips has been in a Lead Governor role for two years, serving as a Joint Lead in 2018/19 and as the sole Lead Governor in 2019/20. According to the UHBW process, a Lead Governor can serve for a period of up to 24 months, but following this period can be re-elected for a further term if governors choose to do so.</p> <p>Governors are asked therefore to approve Mo Phillips' continuation in the role of Lead Governor from 1 June 2020 to 31 May 2021.</p>
3. Risks
N/A
4. Advice and Recommendations
<ul style="list-style-type: none"> This report is for Approval.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Governor Activity Report
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report provides a summary of governor activity since the last Council of Governors meeting, to provide assurance that governors are carrying out their statutory duties.

It includes an activity summary for the three Governor Groups (the Governors' Strategy Group, the Quality Focus Group, and the Constitution Focus Group) as well as a summary of ways in which the governors have held the Chair and Non-Executive Directors to account in the period.

2. Key points to note (Including decisions taken)

As may be expected in the circumstances, this has been a period of considerable change in the way that governors conduct their business. In February and early March meetings took place as usual, with the main focus being the merger with Weston Area Health NHS Trust and the governor decision on merger approval on 11 March 2020.

As the impact of Covid-19 became apparent, governor meetings were stood down from the week commencing 16 March 2020, with governor business being conducted instead via email and by video-conferencing. Governors were mindful of the need to give the Trust's senior leadership time and space to be able to deal with the crisis; however they continued to raise questions through the Chair where it was important to do so, particularly to highlight issues of staff safety and wellbeing and aspects of patient care.

Governor Focus Groups. The three Governor Focus Groups focus on governors' specific responsibilities in the areas of quality, strategy, and constitutional issues/membership engagement. Due to the outbreak of the Covid-19 coronavirus, they carried out their business via email at this time, as follows.

a) Quality Focus Group – Chair: Carole Dacombe

There were two meetings scheduled to take place since the last Council of Governors meetings, one on 17 March 2020 and one on 11 May 2020. Both meetings were conducted virtually via email, with meeting papers circulated to all governors and governors encouraged to email comments and questions.

Papers for the March meeting considered by governors included:

- Quarterly Review of Corporate Quality Objectives (Quarter 3 Report)
- Quality and Outcomes Committee Chair's Reports
- Board Quality and Performance Report
- People Committee Chair's Reports
- Quarterly update against Diversity and Inclusion Strategy (Quarter 3 Report)
- Presentation on Emergency Department Winter Pressures
- Governors' Log of Communications report
- Update on the annual Quality Report 2019/20.

The subsequent email discussion mainly focussed on the Quality Report and governor input.

Papers for the May meeting included:

- Report on the Trust's response to Covid-19
- Quality and Outcome Committee Chair's report
- People Committee Chair's report
- Quality and Performance Reports for Bristol and Weston
- Update on the Trust's Diversity and Inclusion strategy
- Governors' Log of Communications report

Questions were received by email on areas of the Trust's performance.

b) Governors' Strategy Group – Chair Graham Papworth

Meetings were scheduled to take place on 17 March 2020 and on 11 May 2020. Both meetings were conducted virtually via email, with meeting papers circulated to all governors and governors encouraged to email comments and questions.

Papers for the meeting due to be held on 17 March 2020 included:

- Notes from the previous meeting dated 10 December 2019 and Action Log
- Finance Committee Chair's Reports
- Healthier Together (STP) report (January 2020 Board Report)
- Quarterly Update on Corporate Objectives– Q3 report
- Quarterly Update on Strategic Capital Investments– Q3 report
- Trust Annual Operational Plan for 2020/21.

Governor views were sought on the Annual Operational Plan for 2020/21. Two questions were raised on this and responses were shared with all governors.

Papers for the May meeting included:

- UHBW Merger Implementation – progress update
- Partnership Working (progress update in context of Covid-19 planning)
- Finance Committee Chair's Report – from March meeting

- Quarterly Update on Corporate Objectives– Q4 update

The questions received by email mainly related to the impact of Covid on the Trust's plans and on its finances, merger implementation, and the Trust's estates plans.

c) **Constitution Focus Group – Chair, Ray Phipps**

The scheduled meeting on 26 May was conducted remotely via email. Meeting papers were circulated to all governors and comments and questions were requested. Papers included:

- Audit Committee Chair's Reports (January and April meetings)
- Governor Elections postponement report
- Membership report

Focus Group Chair Appointments: Usually, each of the Focus Groups would appoint a governor chair for the year at their May meetings. This year the current group chairs and deputies have agreed to stay in place for 2020-21, with the agreement of the Council of Governors, and no other governors have expressed interest in the roles. The Council of Governors is therefore asked to **approve** these appointments from 1 June 2020-31 May 2021:

Quality Focus Group –Carole Dacombe (Chair), John Rose (Deputy)

Governors' Strategy Group – Graham Papworth (Chair), Malcolm Watson/Sophie Jenkins (Deputies)

Constitution Focus Group – Ray Phipps (Chair), Mo Phillips (Deputy)

Discussion will take place with the Focus Group Chairs/Deputies in June as to how best to conduct their business going forward within distancing guidelines.

Holding to Account Report

In line with the Trust's Constitution, one of the general duties of the Council of Governors is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors. A summary of the ways in which Governors have held non-executive directors to account in the period is provided below:

- **Public Board meetings:** There was one public meeting of the Trust Board of Directors in this period on 30 January, which 5 governors attended to observe non-executive directors holding executive directors to account.
- **Board Committees/Governor Focus Groups:** The three Governor Focus Groups received written reports from each of the four Chairs of the Board Committees to allow governors to keep abreast of the Board's current areas of focus (see Focus Group reports above). However, actual meetings did not take place in this period, so governors were not able to hold the Committee Chairs

to account in the same way as before.

- **Governor/NED Engagement Sessions:** Governors hold regular informal engagement meetings with the Chair and non-executive directors to allow governors to request assurance or information around any topics. There was one meeting in this period on 25 February 2020, attended by 9 governors, the Chair and 3 non-executive directors, at which assurance was sought on the impending merger with Weston Area Health NHS Trust. A session scheduled for 28 April 2020 was held via video-conference for governors and the Chair only. This was attended by 13 governors and the Chair, Jeff Farrar, at which governors asked a number of questions on the impact of the Covid-19 crisis on the Trust and the Trust's plans for the next stage.
- **Nominations and Appointments Committee:** At a videoconference meeting on 11 May governors reviewed Non-Executive activity and appraisals.
- **Council of Governors discussions on the Weston merger:** Governors sought assurance from Non-Executive Directors on the merger with Weston Area Health NHS Trust, in meetings of the Council of Governors on 30 January and on 11 March 2020.
- **Email Correspondence with the Chair:** Due to the impact of Covid-19 some meetings were necessarily stood down. Governors were instead kept up to date on the Covid-19 situation at the Trust through weekly email updates from the Chair during April-May 2020. Governors continued to hold the Chair to account by submitting questions on these reports about various aspects of the Trust's response to the crisis.

While Governor/Non-Executive Director interaction has necessarily been limited in this period due to the crisis, consideration will be given as to how this can be appropriately managed over the next period.

• **Advice and Recommendations**

- The Council of Governors is asked to note this update for information.
- The Council of Governors is asked to **approve** the continuation in post of the following Focus Group Chairs from 1 June 2020-31 May 2021:
 - **Quality Focus Group** –Carole Dacombe (Chair), John Rose (Deputy)
 - **Governors' Strategy Group** – Graham Papworth (Chair), Malcolm Watson/Sophie Jenkins (Deputies)
 - **Constitution Focus Group** – Ray Phipps (Chair), Mo Phillips (Deputy)

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Membership Report
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

University Hospitals Bristol and Weston NHS Foundation Trust has a formal requirement to maintain a Foundation Trust membership made up of members of staff and members of the public. It also has a duty to monitor member engagement and to provide opportunities for governors to engage with its membership. This report gives a breakdown of current membership numbers and summarises engagement with membership in February-May 2020 against the priorities set out in the Trust's Membership Strategy 2020-23.

2. Key points to note

In this period, UH Bristol completed its merger by acquisition with Weston Area Health NHS Trust (WAHT) on 1 April, forming University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). As WAHT was not a Foundation Trust, it did not have a membership or a Council of Governors. As a result of the merger, all WAHT staff became FT members of the newly-combined Trust on 1 April and are now represented by the Trust's staff governors. The structure of the Trust's public membership remained unchanged as a result of the merger as UH Bristol already had a sizeable North Somerset public membership constituency which was representative of the local population, represented by three governors. However, the merger provided an opportunity to engage with WAHT staff and the Weston public about the benefits of Foundation Trust membership, and steps towards this had begun in February and early March. The elections to the UHBW Council of Governors were timed to open on 1 April to coincide with the merger completion date to allow WAHT staff to stand and vote for the seats available.

However, the outbreak of the Covid-19 coronavirus in March necessarily altered the Trust's priorities. The governor elections were postponed for 12 months (see **Appendix A**) and the planned membership promotional activities and events in Weston were stood down. Increasing awareness of membership and the governor role in Weston remains a membership priority and focus will return to this later in the year.

3. Membership Numbers

The breakdown of members by constituency class is shown below. As of 18/05/2020, there were 7,611 public Foundation Trust members and 13,421 staff members (reflecting the membership of the newly-merged Trust). This compares with membership on 08/01/2020 of 7,782 public Foundation Trust members and 11,143 staff members, as follows:

Membership Constituency Classes	18/5/20 (UHBW)	08/01/2020 (UH Bristol)
Public Constituency		
Bristol	4,079	4,153
North Somerset	1,467	1,517
South Gloucestershire	1,368	1,396
Rest of England and Wales	697	716
Total Public Membership	7,611	7,782
Staff Constituency		
Medical and Dental	1,979	1,648
Nursing and Midwifery	4,065	4,210
Other Clinical Healthcare Professionals	2,209	1,893
Non-Clinical Staff	5,168	3,392
Total Staff Membership	13,421	11,143
TOTAL PUBLIC AND STAFF MEMBERSHIP	21, 032	18,925

4. Progress against Membership Strategy

This part of the report outlines progress from February–May 2020 against the aims of the Trust’s Membership Engagement Strategy (2020-2023) under the strategy’s three headings: awareness, communication, and engagement.

1. AWARENESS: *To maintain visibility of membership and ensure it is reflective and representative of the local population.*

- The Membership Team and the Youth Involvement Group promoted membership to young people at a well-attended Open Day at the Bristol Simulation Centre for 14-18-year-olds on 1 February 2020.
- Weston merger communications included messages about Foundation Trust membership and the governor role.
- Awareness-raising of membership paused during Covid-19 crisis period.

2. COMMUNICATION: *To provide information about the Trust that is informed by the work of the governors.*

- **Public Membership (email members):** A monthly e-newsletter is sent to all public members for whom we have an email address (36% of the total public membership). It is produced by the membership team, but introduced by governors as a means to

share updates on their work with public members. Newsletters sent in February, March, April and May included reports by governors Graham Briscoe, Kathy Baxter, Aishah Farooq and Chair Jeff Farrar. They included key messages about the Covid outbreak, links to NHS information and advice about Covid, updates about the Weston merger and other Trust news, and invitations to take part in events, meetings, governor elections, surveys and other involvement opportunities. In addition to the monthly newsletters, a comprehensive update on the progress of the Weston merger was sent to members in February 2020 along with a request for their views on the merger, and notification of merger completion was sent to members on 2 April 2020 (along with notification of the postponement of governor elections).

Public Membership (postal members): The Trust's 'Voices' magazine was posted to those public members for whom we do not have an email address (64% of public members) in late March 2020. This included a cover letter from the Chair and news of the progress of the Weston merger.

Public Membership (young members): Two mailshots were sent to younger Foundation Trust members on behalf of the Trust's Youth Involvement Group in January/February inviting them to several involvement opportunities.

Staff Membership: Articles about staff governors and about the governor elections were published in staff newsletters in Bristol and Weston during February-March.

3. ENGAGEMENT: *To harness the experience, skills and knowledge of members who wish to be more active in the Trust*

- **Health Matters Events programme.** This is a programme of events organised by the membership team for Foundation Trust members and members of the public, attended and introduced by governors as a means to inform about the work of the Trust and hear feedback: Events were held on 27 February 2020 (Sexual Health Services), and 10 March 2020 (Healthcare Scientists in the NHS). The events scheduled for April-July have been postponed until further notice due to Covid. Consideration will be given as to whether it is possible to run virtual events later in the year.
- **Governor Elections:** There was considerable work in January-March 2020 to identify and engage with members who might be interested in standing for election as governor. With governor elections now postponed until Spring 2021, this will be revisited later in the year. **Appendix A** provides more detail on the postponement of the governor elections.
- **Governors' Log** (a means for governors to raise questions, publicly, arising from their work or through contact with Foundation Trust members or members of the public): There have been 6 questions raised on the Log in the last three months, two of which have arisen from queries from members or members of the public.

5. Priorities for the next quarter

The extent of the continuing impact of Covid-19 on our hospitals mean that priorities will need to be flexible; however it is anticipated that these will include:

- Planning for the AGM/Annual Members' Meeting – including potential for holding a

<p>virtual meeting.</p> <ul style="list-style-type: none"> - Continued governor engagement with members via e-newsletters (and using the e-newsletters to disseminate urgent Covid messages to the public, in partnership with the Communications Team) and consideration of virtual public events. - Increasing the awareness of the staff governor role at Weston General Hospital and public membership among North Somerset residents. <p>Membership activity will be undertaken with care to ensure that it is adding value to the Trust's key priorities in this period.</p>
Advice and Recommendations
<ul style="list-style-type: none"> • This report is for Information.
History of the paper: Please include details of where paper has <u>previously</u> been received.
<i>Governors' Constitution Focus Group – May 2020</i>

Item 05.2 Appendix A – Postponement of UHBW Governor Elections 2020 Report to Council of Governors - 28 May 2020

1.0 Purpose

The purpose of this report is to set out the rationale for the postponement of the Trust's 2020 governor elections for 12 months to May 2021.

2.0 Background

Public and staff governors are elected to the Trust's Council of Governors by the public and staff Foundation Trust membership. Elections take place two years out of every three, and 2021 was not due to be an election year. According to the Trust's Constitution, governors may hold office for a term of up to three years, after which they need to stand for re-election, and no governor can serve for more than a total of nine years. There were 10 public and staff governor seats up for election in 2020. None of the governors reaching the ends of their terms had served for nine years, and all were therefore eligible for re-election, though it should be noted that one staff governor (in the 'Other Clinical' seat) was standing down before the end of her term as she was leaving the Trust.

The Trust was due to complete a merger by acquisition with Weston Area Health NHS Trust on 1 April. The elections were timed to coincide with the merger, providing Weston staff with the opportunity to stand for staff governor seats, and the population of Weston and North Somerset the opportunity to stand for public governor seats. Nominations were due to run from 1 April 2020 to 20 April 2020, with the ballot running from 7 May 2020 to 1 June 2020. Work had commenced in February 2020 to identify potential candidates for each of the seats and to promote the election in Weston as part of the communications around the merger.

3.0 Postponement of Election

Following the outbreak of the Covid-19 coronavirus the Board took the decision on Monday 30 March to postpone the elections for 12 months, in line with national advice. The basis for standing them down was as follows:

- the potential for creating a distraction/unnecessary stress in the health system at a time of great pressure
- the risk that potential candidates would be unable to complete their nomination forms due to sickness or other pressures
- the risk of Weston staff not nominating themselves for the staff governor seats nor voting. As this would be their first FT election, significant efforts to engage Weston staff would be required, which would be difficult given current priorities.
- a lack of certainty about whether the Trust's Returning Officer (Civica Election Services) could get postal ballot papers distributed and returned in a timely way, which risked invalidating the election as two-thirds of the Trust's public membership are contactable only by post.
- the ability to successfully induct, train or integrate new recruits into the group.

Advice from NHS Providers was 'not to hold elections for the foreseeable future. Not only would it divert resources at a time of crisis, but it would be an unsatisfactory process in terms of democracy.' Further communication received on 28 March 2020 from NHS

England/Improvement advised 'FTs free to stop/delay governor elections where necessary'.

It should be noted however that there were no provisions in the Trust Constitution or in the *Health and Social Care Act* that allow for urgent or emergency variations. The Act states that elected governors may hold office for a period of up to three years, at the end of which they need to stand for re-election to continue. Consideration was given as to whether the Trust could postpone elections for 12 months within the scope of this legislation. In practice this would mean either asking those governors due to reach the end of their terms of office to stand down (meaning that the Trust would hold 10 vacant seats for a year), or creating non-voting governor positions to which they could be co-opted for 12 months (which would necessitate a change to the constitution). It was concluded that neither of these routes was viable as they would risk significant disruption to the Council of Governors.

However it should be noted that a legal precedent had been set in that local government and mayoral elections had been postponed from the current year to 2021. The relevant section from the Coronavirus Act 2020 enabling this postponement is [here](#) and the rationale for this legislation can be seen in this [statement to the House of Lords on 19 March 2020](#). It was therefore decided to follow this precedent due to extraordinary circumstances and:

- Postpone the governor elections for 12 months
- Extend the terms of office of those governors who were due to end their term of office on 31 May 2020 by 12 months to 31 May 2021.
- If any of these governors step down from their seats in the 12 month period the Trust would roll down to the candidate who received the next highest number of votes in the 2019 elections, as per its usual process.
- Hold the vacancy in the staff 'Other Clinical' seat for 12 months as there had been no other candidates standing for this seat at the previous election.

The option to extend the governor term of office by 12 months is technically outside of the *Health and Social Care Act*, however also having a minority of public governors is outwith the legislation. It has been judged more robust, from a governance perspective, to roll forward the governor term of office for 12 months to maintain continuity of this key governance body, given the unique circumstances within which the Trust is operating.

Governors were informed on 30 March and their views were sought. All elected governors reaching the end of their term of office on 31 May 2020 agreed to remain in post. It is worth noting that an extension to their terms until 31 May 2021 would not take any of them over the nine-year maximum.

In order to ensure that this does not cause governor terms of office to get out of step, this extra year would in effect constitute the first year of the next three-year term. Those eligible to continue after next year would be able to stand for re-election in 2021 for the remaining two years of the term, until May 2023. This is also in line with the measures outlined for local government elections in the Coronavirus Act 2020.

This would mean that seats up for election in 2021 would be as follows:

Seats up for election in 2021 (10) (all seats are for two-year terms of office until 2023 unless stated otherwise)	Governors currently in post
Public - North Somerset (3)	Penny Parsons John Rose Graham Briscoe
Public - Bristol (3)	Mo Phillips Mary Whittington Sue Milestone
Staff - Non-clinical (2)	Chrissie Gardner Barry Lane
Staff - Medical and Dental (1)	Jane Sansom
Staff – Other Clinical (1) – <i>one year term of office only</i>	<i>Vacancy (was Michelle Bonfield)</i>

This solution aims to minimise the impact on those governors whose terms were due to end in 2020. It will have no impact on the terms of office of governors currently in post from June 2019 to May 2022, and it will have no impact on the terms of office on the six Appointed Governors.

7.0 Recommendations

Governors are asked to **note** the contents of the report and the basis for the postponement of the governor elections.

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Governors' Log of Communications
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Jeff Farrar, Chair

1. Report Summary	
The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.	
2. Key points to note <i>(Including decisions taken)</i>	
Since the last public Council of Governors meeting there have been six questions added to the Governors' Log of Communications.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
N/A	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Information. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
N/A	

ID **Governor Name**

236

John Rose

Theme: Covid-19 testing of patients**Source:** Governor Direct**Query** 20/05/2020

Are all patients being tested for Covid-19 before discharge and are the results showing "no infection" before actual discharge, particularly when being discharged to care homes or nursing homes?

Division: Medicine**Executive Lead:** Chief Nurse**Response requested:** 20/05/2020**Response****Status:** Assigned to Executive Lead

ID **Governor Name**

235 **Sue Milestone** **Theme:** Assessment criteria for critical care

Source: Governor Direct

Query **11/05/2020**

Disability campaigners have been asking the government for national guidance about how doctors should decide who will be prioritised for critical care if the Covid-19 pandemic gets to a point where demand for life-saving ventilators or beds exceeds supply. Can the Trust comment on the need for national guidance in this regard? Has the Trust needed to review its assessment criteria for advance care planning including DNR orders in relation to Covid-19, and what assurance can you provide that any changes will not adversely impact people with disabilities?

Division: Medicine

Executive Lead: Medical Director

Response requested: 11/05/2020

Response **12/05/2020**

National Guidance for Critical Care Admission for patients with Covid-19 exists and has been shared with the governor raising the question for information. Thankfully, our local system has never been under extreme pressure, rendering much of the guidance hypothetical. The process around the decision to “Do Not Resuscitate” a patient similarly remains unchanged. The Trust is clear that decisions about what treatments to offer should be made based on the likelihood of them befitting the patient and not on any other criteria e.g. age, frailty, disability or pre-existing co-morbidity. Any contentious or borderline decision will involve at least two senior clinicians.

Status: Awaiting Governor Response

ID	Governor Name		
234	Mary Whittington	Theme: Trust's responsibilities re carers	Source: From Constituency/ Members
Query	22/04/2020		
In light of current pressures on critical care services and new hospital visiting restrictions, could the Trust give assurance that carers are and will continue to be consulted when decisions are made about the treatment of the person they care for in line with the Care Act 2014, and that this includes their involvement in the ReSPECT process?			
Division:	Trust-wide	Executive Lead: Chief Nurse	Response requested: 22/04/2020
Response	28/04/2020		
The process of decision-making regarding treatment decisions including completing the ReSPECT paperwork is unchanged throughout the current pandemic and in line with all relevant national guidance.			
Status:	Awaiting Governor Response		

233	Carole Johnson	Theme: Withdrawal of treatment	Source: From Constituency/ Members
Query	09/04/2020		
What is the Trust’s policy with regard to withdrawal of treatment and other essential support services for patients, and has this changed with the outbreak of Covid-19?			
Division:	Medicine	Executive Lead: Medical Director	Response requested: 09/04/2020
Response	12/05/2020		
There is a Trust Policy for Withdrawal of Treatment. The procedure has not been altered for patients dying from / with Covid-19 so all patients are treated equitably.			
The Standard Operating Procedure document for Withdrawal of Treatment that is currently in use has been shared with the governor raising the question for information.			
Status:	Awaiting Governor Response		

ID **Governor Name**
232 **Sue Milestone**

Theme: Coronavirus - protection for staff

Source: Governor Direct

Query **11/03/2020**

What measures is the Trust taking to protect non-medical staff (including governors and volunteers), from the Covid-19 virus?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 25/03/2020

Response

Status: Assigned to Executive Lead

Query 18/02/2020

As a patient of UH Bristol hospitals with sight issues, I have been trying to get my hospital correspondence in large type for over 12 months. I understand that my visual impairment is noted on my records, but disappointingly the only clinic that seems able to send my correspondence in large type is the Bristol Eye Hospital. I am concerned about how UH Bristol is meeting the needs of not only those with visual impairments, but for any other people with any disability, impairment or sensory loss, especially when this has been declared.

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 03/03/2020**Response 20/03/2020**

The Trust fully recognises the importance of supporting patients who have specific communication and/or information needs. This is reflected in our recently-updated Accessible Information Standard (AIS) Policy, and the range of support we have available for patients who require this.

We acknowledge that there is some inconsistency in ensuring that letters are always sent in accessible formats where this has been requested. Due to the nature of the services provided at the Bristol Eye Hospital, many of their letters are automatically printed in large type. Other departments across the Trust can usually provide large type letters too, but they do so much less frequently and it will often require a member of staff to identify the alert on the patient's record and then manually re-format the letter before it is sent. Whilst we always strive to meet peoples' needs, with huge volumes of patient correspondence being generated via a range of systems and staff, this can unfortunately result in some letters not being re-formatted before they are mailed out.

We have an AIS action plan in place that is driving improvement in this area. Some of the activity completed as part of this plan includes:

- Working with our external supplier of appointment letters, Synertec Ltd, to be able to produce these letters in accessible formats (e.g. large print, Braille, email)
- Implementing a Standard Operating Procedure to show staff how to edit letters on our patient record system (Medway) so that they can be changed to large print
- Updating our internal and external websites to better signpost people to the information/ communication support that we can provide them
- A re-tendering of our translating and interpreting services to ensure that we are delivering the highest quality support to people who need to access these services

We are currently refreshing the AIS action plan for the 2020/21 financial year and beyond. The new action plan will have a particular focus on how we can more consistently meet peoples' specific communication/information requests.

Status: Closed

Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data
received up to Quarter 3 2019/20*

Author: Paul Lewis, Patient Experience and Involvement Team Manager

Patient Experience and Involvement Team

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

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

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

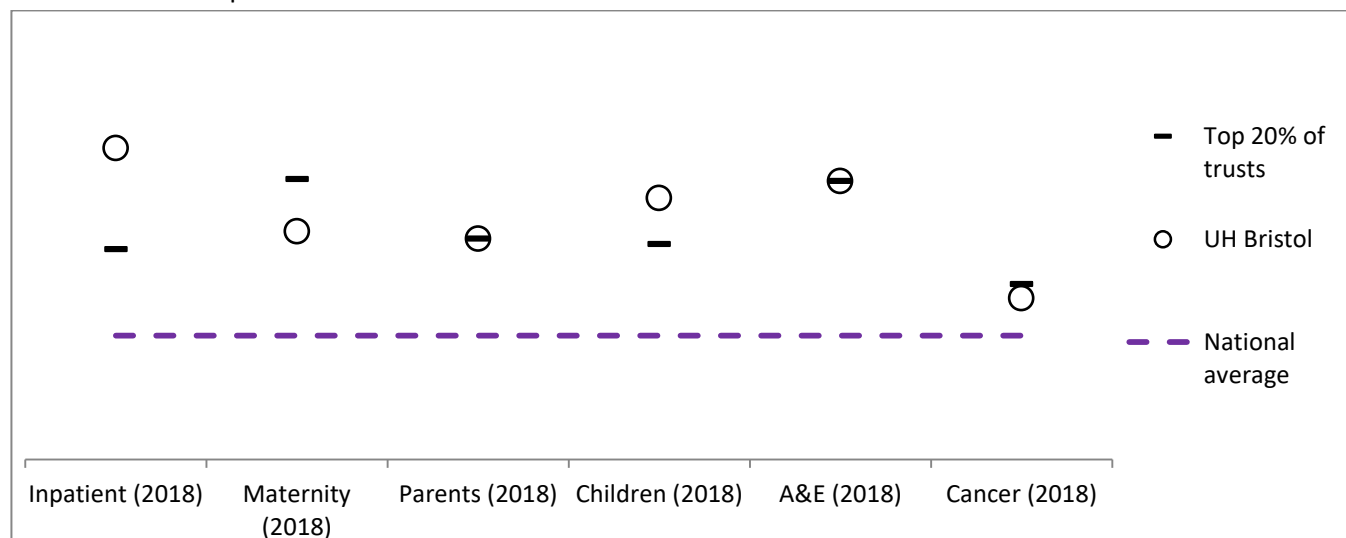
1. Overview of patient-reported experience at UH Bristol

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 3. UH Bristol achieved a positive set of results in the 2018 National Children's Survey (results released in Quarter 3), with six scores classed as being better than the national average to a statistically significant degree The Trust also received six "better than average" scores in the 2019 national maternity survey. 	<p>During November 2019 patient feedback points were installed at St Michael's Hospital. This is part of the Trust's rapid-time feedback system and will enable patients and visitors to give feedback via touchscreens located at the hospital, including the ability to request a call back from the Trust if they are having any issues or concerns about their experience.</p> <p>The next phase of the implementation of the Trust's rapid-time feedback system will see feedback points installed in the Bristol Royal Hospital for Children (currently scheduled for implementation in Quarter 4 19/20).</p>
Opportunities	Risks & Threats
<p>UH Bristol is participating in an NHS England national collaborative project that seeks to improve the experience of young people with long-term conditions when they move from children's to adult services. UH Bristol has a relatively well-developed support process in place to facilitate this transition, and so our project is focussing on developing more effective marketing / communication of this service to patients and families – specifically to:</p> <ul style="list-style-type: none"> Raise awareness that there is a transition process at UH Bristol Convey that patients/families have a right to expect a formal transition process when moving to adult services Empower and encourage patients/families to raise this with their clinicians and care teams <p>This project is currently in its "baseline measurement" phase, with a full launch of the communications / marketing to patients and families expected in Quarter 2 2020/21.</p>	<ul style="list-style-type: none"> In Quarter 3, three wards at the Bristol Royal Hospital for Children appeared as negative outliers on our key postal survey measures. This was a very unusual result as these wards are generally amongst our best performers, but it coincides with a period of time where attendances at the hospital were at record highs. Ward 78 at St Michael's Hospital had a slightly below-target score on the kindness and understanding survey measure. The ward housed a number of patients from the Bristol Heart Institute during Quarter 3, as part of the Trust's measures to manage winter pressures. This use of the ward has not been required so far during Quarter 4 and so we currently expect the scores to return to the normal range. Ward C808 (care of the elderly) has scored below target on our key postal survey measures for the last four quarters. This appears to be a reflection of the complexities of delivering care in this setting and is something that is also reflected at a national level. The Matron is currently working with the Patient Experience Team to review the patient feedback in detail. It is anticipated that a working group will be formed by the service during Quarter 1 20/21 to review this analysis and identify improvement opportunities.

2. National benchmarks

The Care Quality Commission's national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England. UH Bristol tends to perform better than the national average in these surveys (Chart 1). The results of each national survey, along with improvement actions / learning, are reviewed by the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

Chart 1: overall experience relative to national benchmarks¹



**The latest (2019) national maternity survey data has not been included in this chart as the data is currently being analysed by the Patient Experience and Involvement Team. It will be updated in the Quarter 4 report.*

In Quarter 3 we received the results of the latest National Children's Survey, which comprised responses from parents and children who attended the Bristol Royal Hospital for Children in late 2018:

- Six UH Bristol scores were classed as being better than the national average to a statistically significant degree
- One UH Bristol score was classed as being worse than the national average:
 - o Was it quiet enough for you to sleep when needed in the hospital? (*patients aged 8-15*)
- The remaining 58 scores were in line with the national average.
- UH Bristol received an overall experience score that was among the top 20% of trusts for from both parents and patients.

The management team at the Bristol Royal Hospital for Children is currently reviewing the data to identify specific improvement actions.

The Trust also received the 2019 National Maternity Survey results in Quarter 3. This dataset is currently being analysed by the Patient Experience and Involvement Team. The results were broadly positive, with six scores classed as being better than the national average. A full update will be provided in the next Patient Experience and Involvement Report.

¹ This is based on the survey question that asks patients to rate their overall experience. This question is not included in the national maternity survey, and so we have constructed this score based on a mean score across all of the survey questions.

3. Survey results

3.1 Survey results overview

UH Bristol continues to receive very positive feedback from the people who use our services. Table 1 provides an overview of the Trust's performance against key survey metrics.

Table 1: summary of headline survey metrics

	Current Quarter (Quarter 3)	Previous Quarter (Quarter 2)
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

An exception report is provided on the next page of the report detailing areas that did not perform at the Trust's expected levels. At Trust, Divisional and hospital level, the exception report primarily looks at any individual survey scores that did not meet Trust targets. At a ward-level, where the margin of error in the data is larger, it can be more difficult to identify genuine outliers. Therefore, at this level, the exception report seeks to identify consistent *trends* in the data (e.g. where a ward has received a low score on more than one of our key survey measures and / or consistently over time).

3.2 Quarter 3 Exception Reports

Issue	Description	Response
1. Three ward-level scores for the Bristol Royal Hospital for Children were below target in Quarter 3	In Quarter 3, three wards at the hospital had below target scores on our key postal survey measures (E600, E500, E702).	This was a very unusual result as the wards at the Bristol Royal Hospital for Children tend to be towards the top scoring areas of the Trust. A detailed analysis of the data has been carried out by the Patient Experience and Involvement Team, which did not identify specific issues but showed that the results were due to a relatively large number of “middling” responses - rather than people consistently reporting a poor experience. This analysis has also been reviewed by the relevant Matrons and Sisters. The most likely explanation is that the hospital was extremely busy during Quarter 3, with record numbers of attendances – which unfortunately is likely to have impacted on patient / family experience. On this basis we expect the survey scores to return to normal in Quarter 4.
2. Ward C808 inpatient tracker score	Ward C808 (care of the elderly) received a below-target “inpatient tracker” aggregate score in Quarter 3 (81 against a minimum target of 85). This has been a consistent trend in 2019/20 and is primarily due to the “communication” elements of the tracker being relatively low. It should be noted that the majority of feedback for the ward remains very positive and their other key surveys scores (kindness and understanding, Friends and Family Test) exceeded the target levels.	Relatively low survey scores for care of the elderly services are something that is found at a national-level, reflecting the challenges of providing a consistently excellent experience for patients who have complex, long term care needs. However, the C808 ward team recognise that there are opportunities to improve patient experience and in December 2019 the Patient Experience and Involvement Team Manager met the Matron to discuss how this could be progressed. A detailed analysis of survey feedback from older patients is currently being prepared and will be presented to senior team members from across the service during Quarter 1 2020/21. It is anticipated that a number of improvement activities will stem from this. An update will be provided in the next Quarterly Patient Experience and Involvement Report.
3. Communication at discharge in the Division of Medicine	Postal survey scores relating to communication at discharge were relatively low for the Division of Medicine in Quarter 2.	A consistent challenge for the Division of Medicine is that their patients often have complex / long-term clinical needs, and so can leave with a large amount of information and medications. The Division is currently carrying out a project that will see patients given a “discharge envelope”, in which all of the key information / leaflets can be put in during the stay and handed to the patient at discharge. The project team are planning to carry out a pilot of this initiative in Quarter 1 2020/21 and, if successful, a wider roll-out will be carried out.

4. Ward A525	Ward A525 (respiratory) was below target on our two key postal survey measures during Quarter 3.	This was another unusual result as this ward usually performs positively in the survey. The data has been reviewed by the Patient Experience and Involvement Team Manager, which showed that it was a very small sample size where one respondent gave low ratings. This “skewed” the overall result. However, it is important to recognise the experience of this patient and further analysis showed it was because they felt that more staff were needed on the ward (they praised the care provided by the staff who were present). This has been discussed with the Deputy Head of Nursing for the Division of Medicine. There were no specific staffing issues on the ward during Quarter 3, but it was a busy period across the Trust’s hospitals and this may have contributed to the patient’s experience.
5. Ward 78	Inpatient care at St Michael’s Hospital had a slightly below target score on the kindness and understanding measure (89/100 against a minimum target of 90). This relates specifically to Ward 78, which is a Gynaecology ward at the hospital.	Some caution is needed with this result as it relates to one ward and the margins of error in the data can be quite large at this level. However, the ward did house a number of patients from the Bristol Heart Institute during Quarter 3, as part of the Trust’s measures to manage winter pressures. Unfortunately, this may have affected the experience of some of the patients on the ward. So far Ward 78 has not had to be used in this way during Quarter 4 and, if this continues to be the case, we would expect the scores to return to their usual above-target position.

4. Full survey data

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.

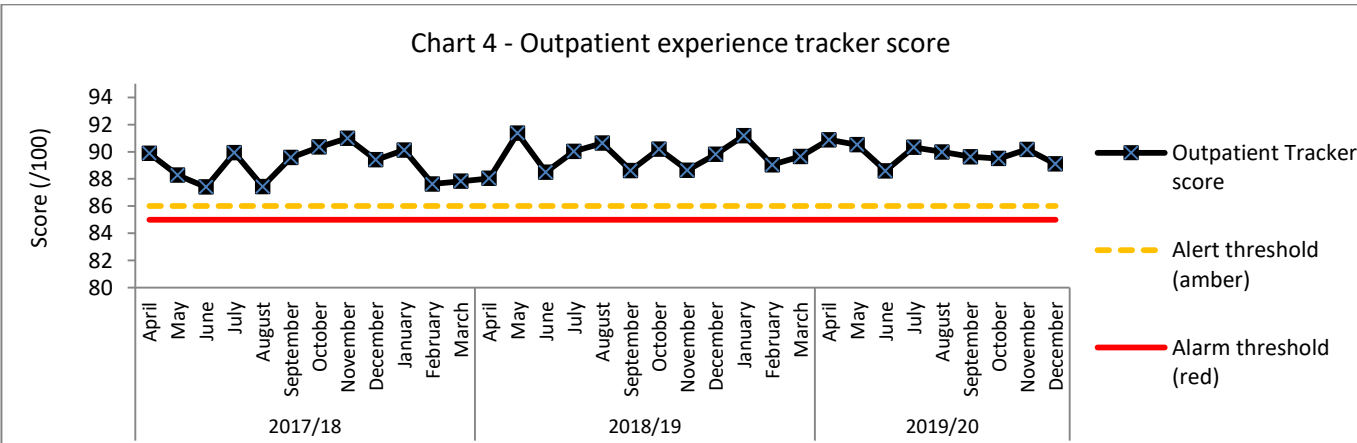
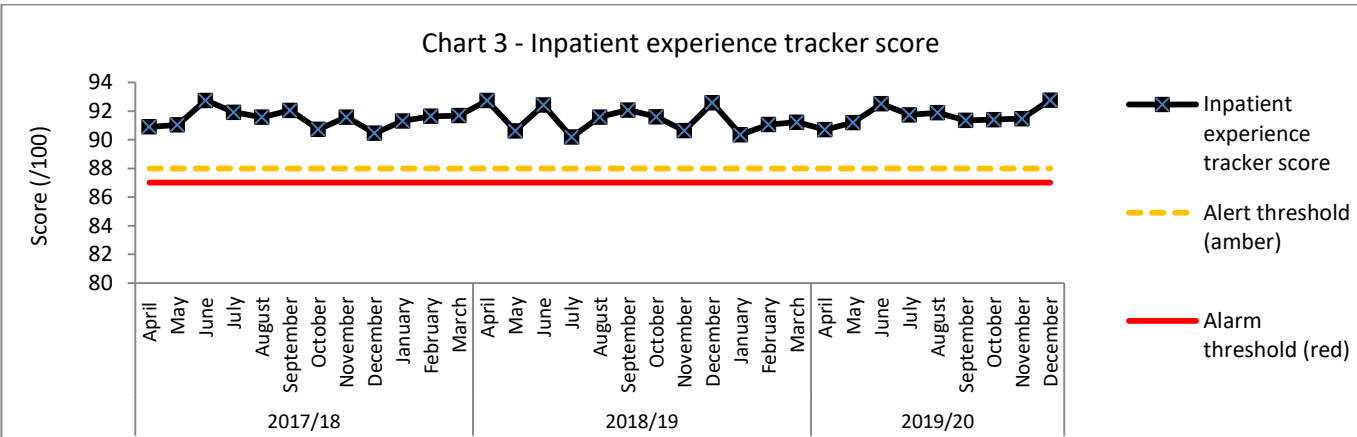
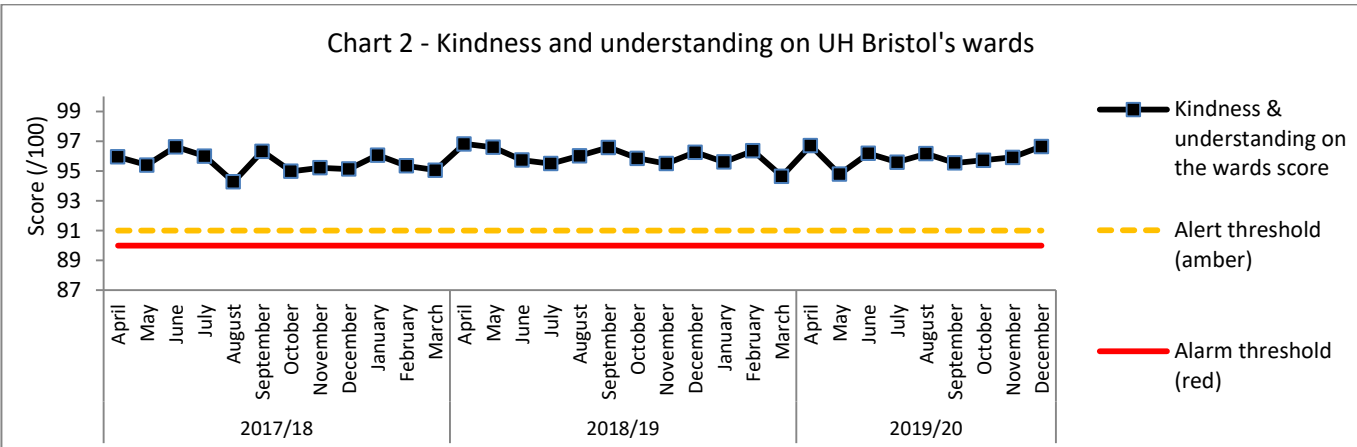


Chart 5 - Friends and Family Test Score - inpatient and day case

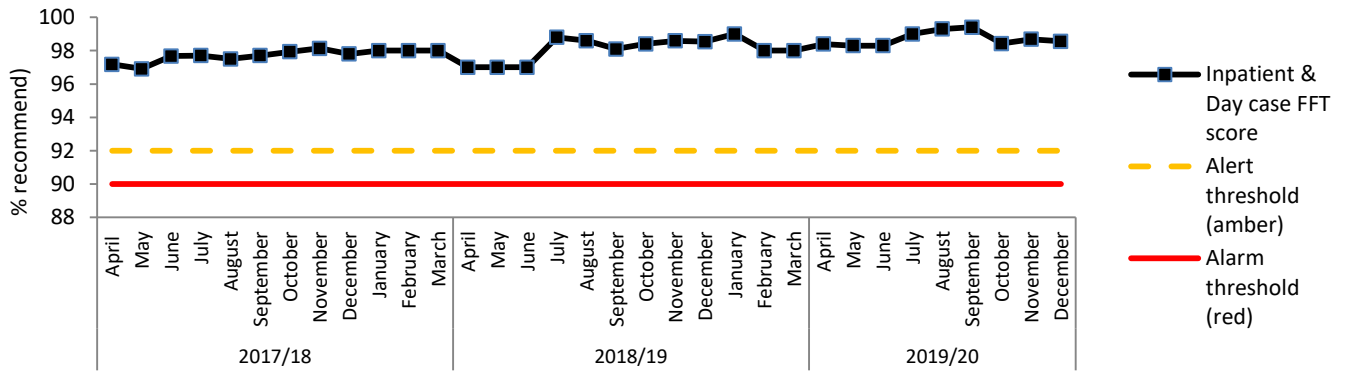


Chart 6 - Friends and Family Test Score - Emergency Departments

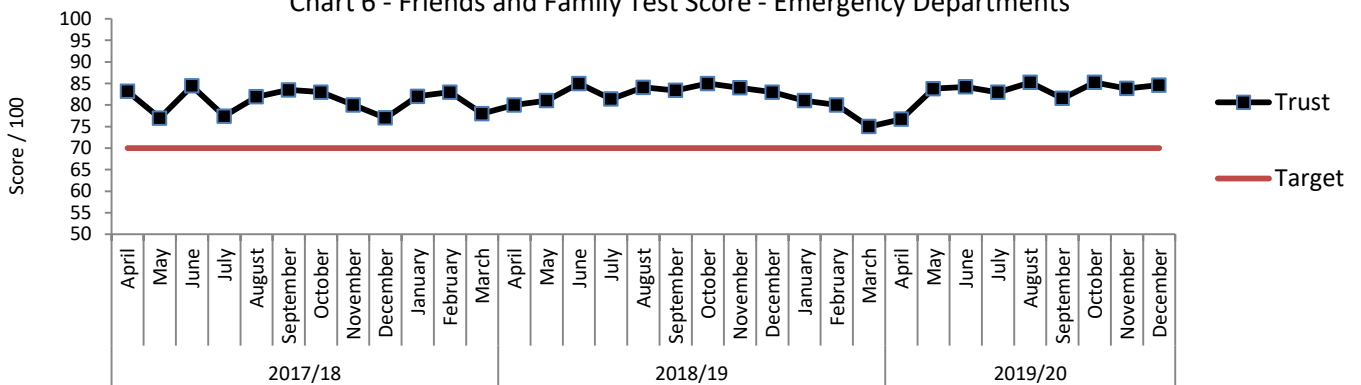


Chart 7 - Friends and Family Test Score - maternity (hospital and community)

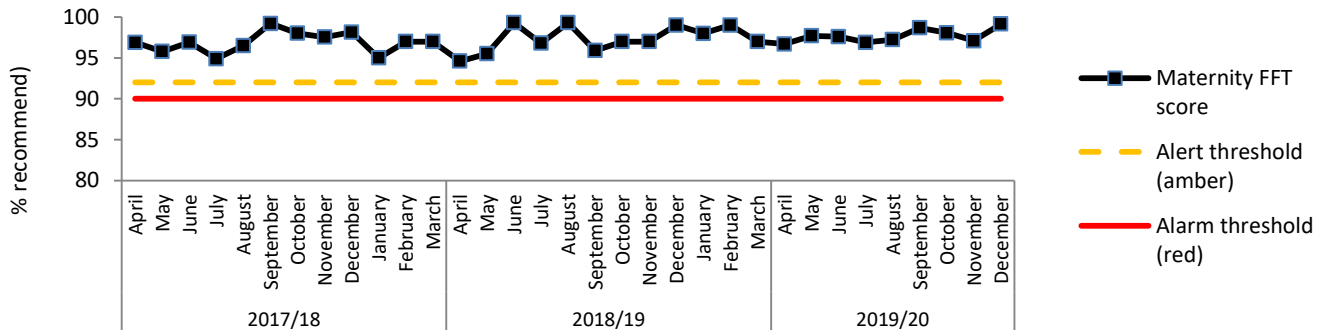


Chart 8: Friends and Family Test Response Rates (inpatient and day case)

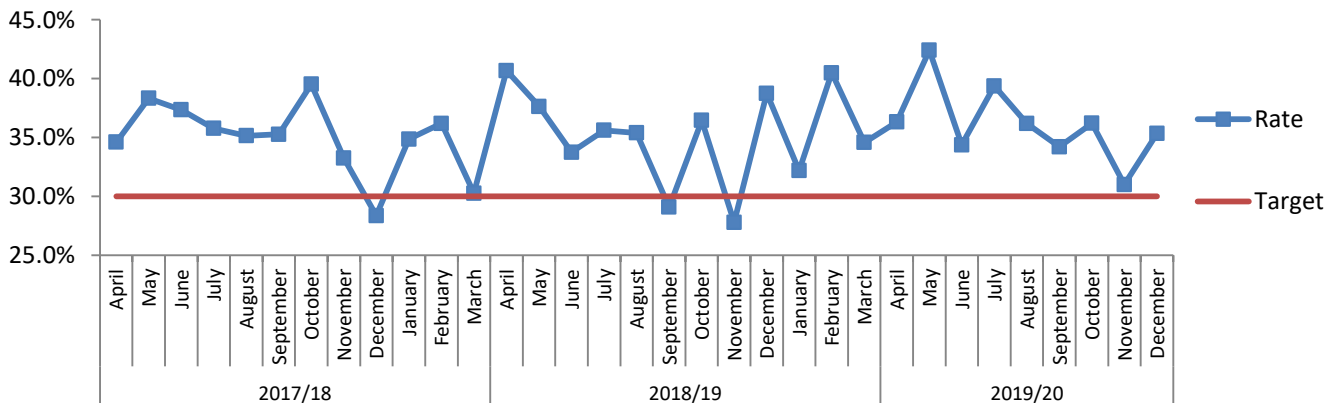


Chart 9: Friends and Family Test Response Rates (maternity combined)

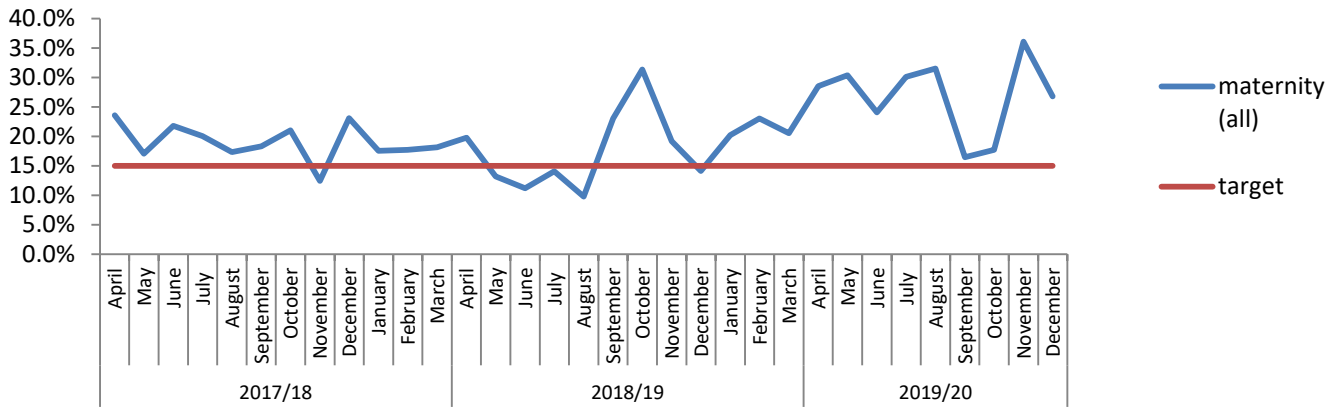


Chart 10: Friends and Family Test Response Rates (Emergency Departments)

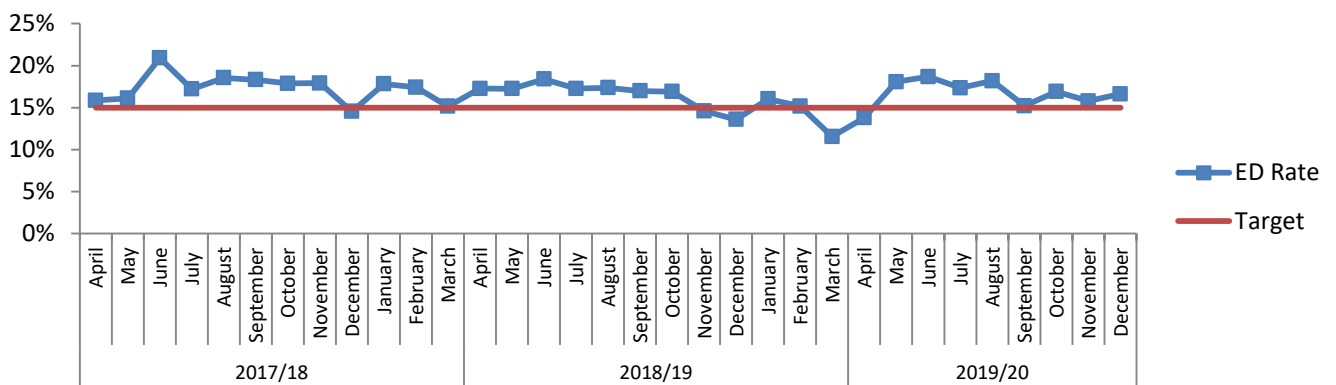
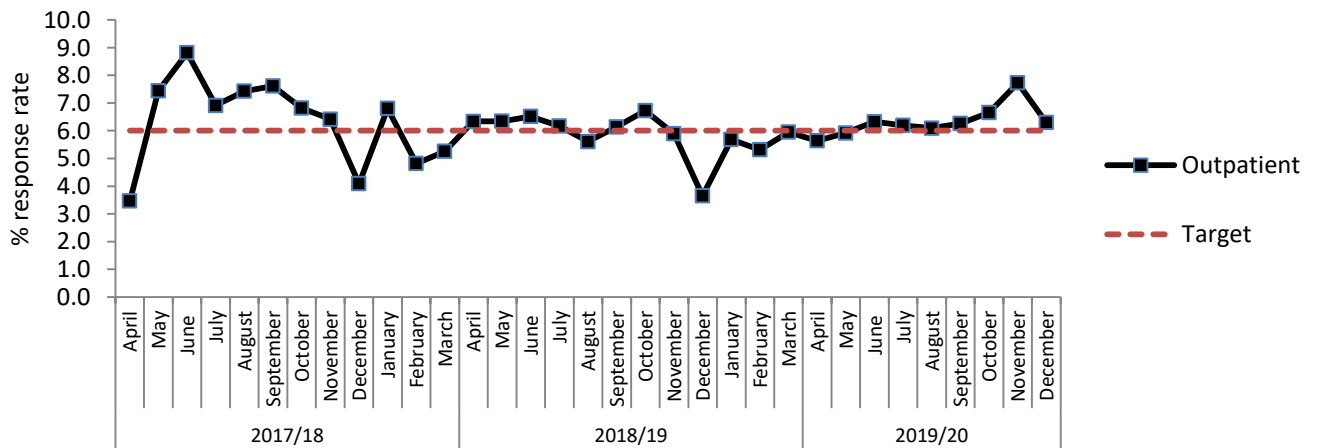
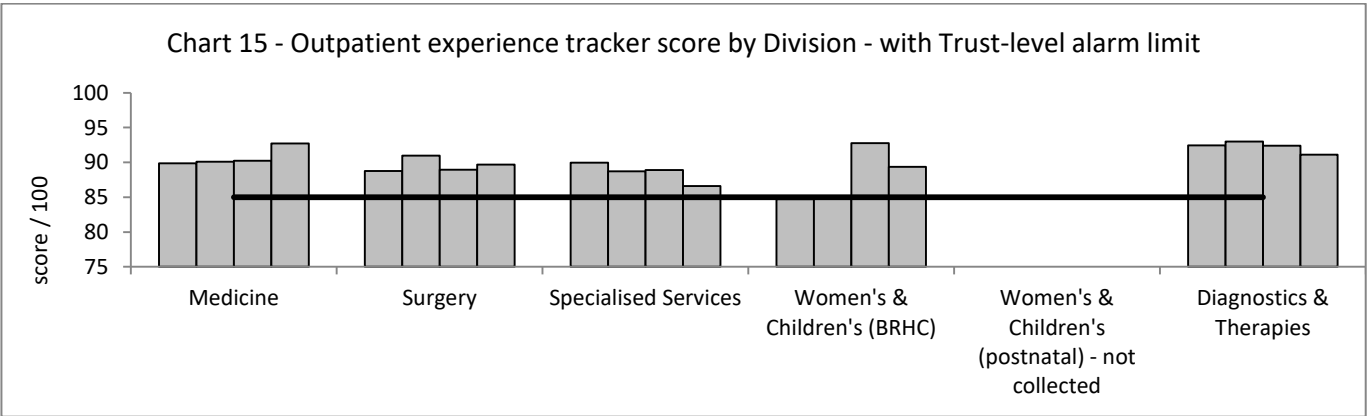
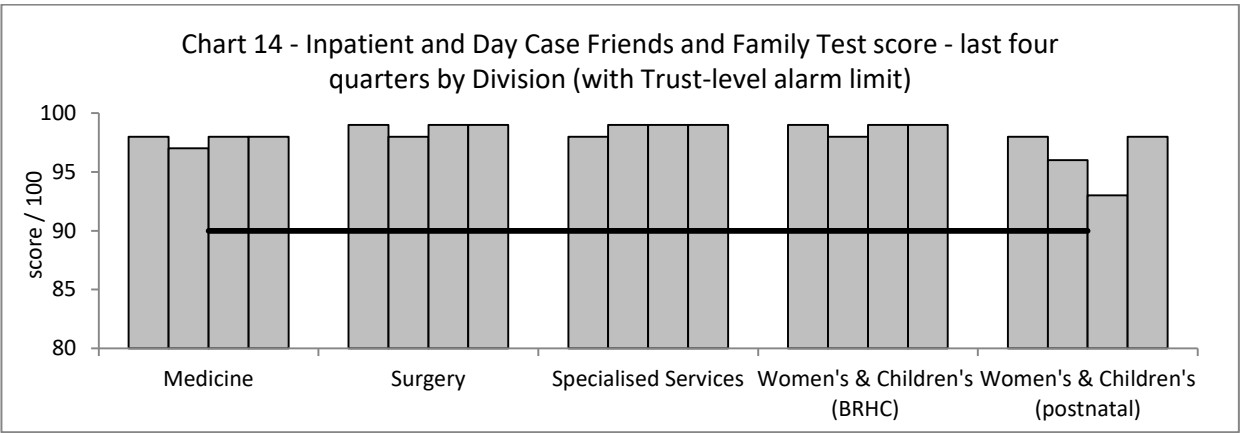
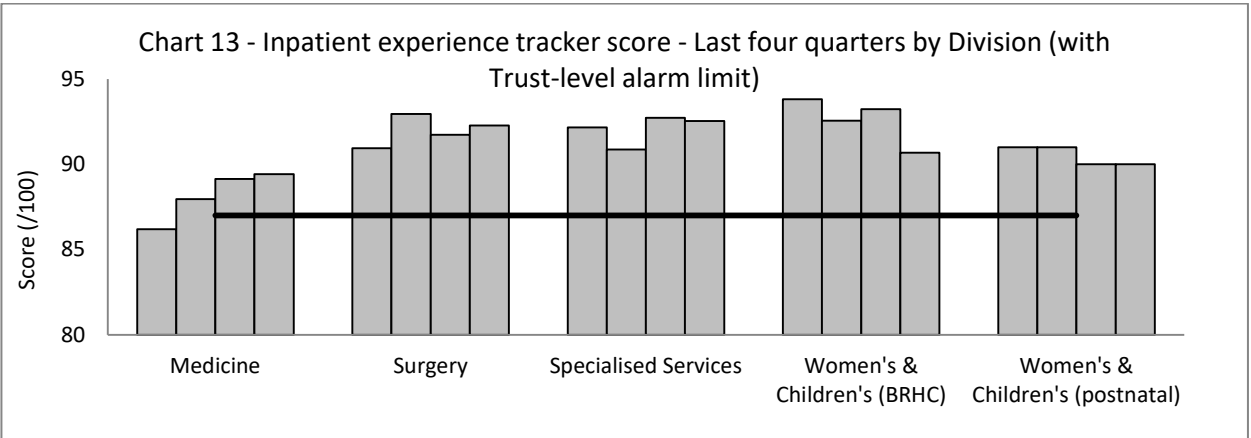
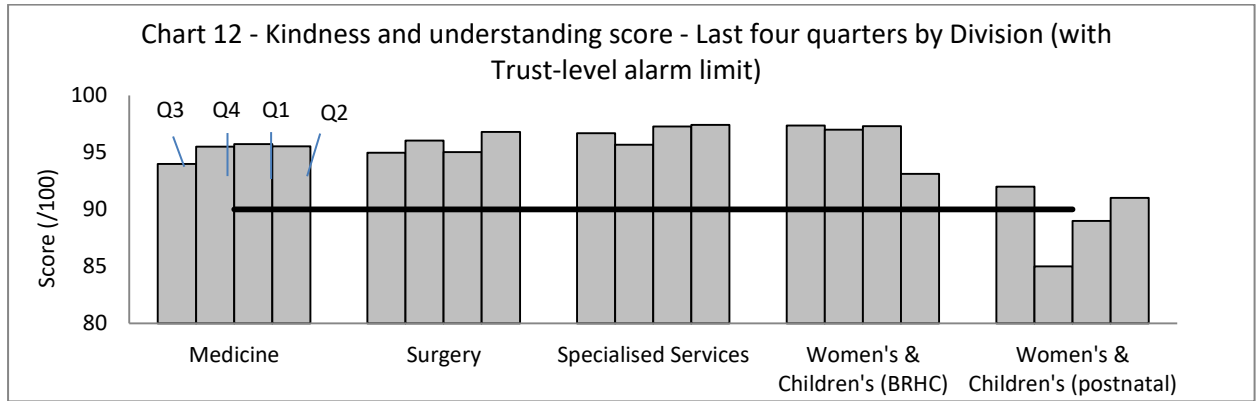


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates

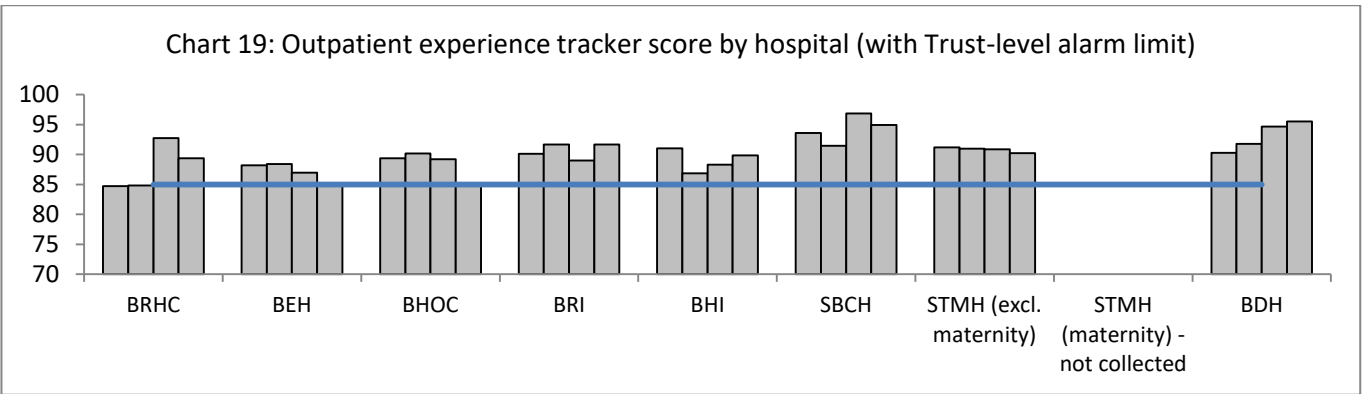
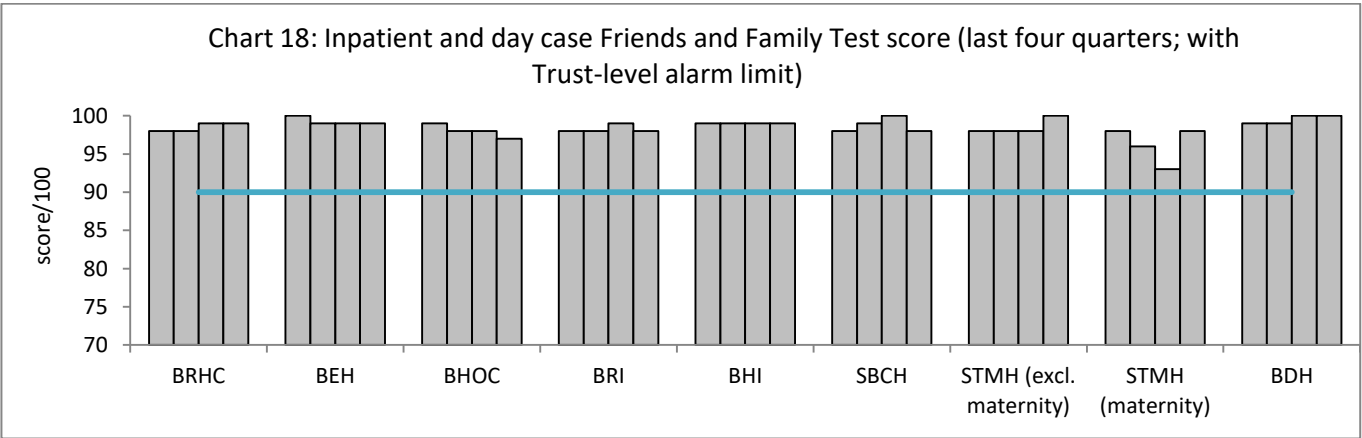
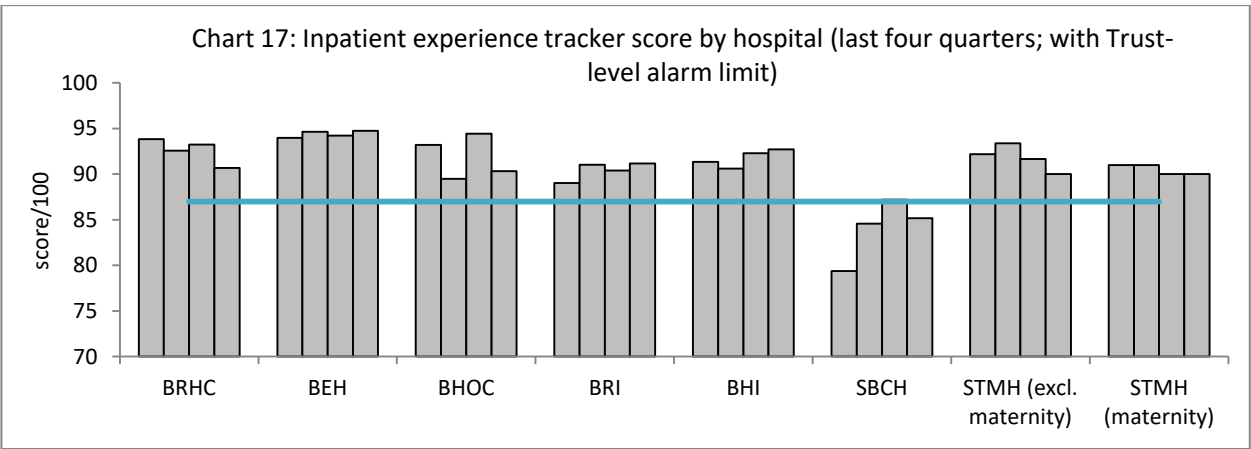
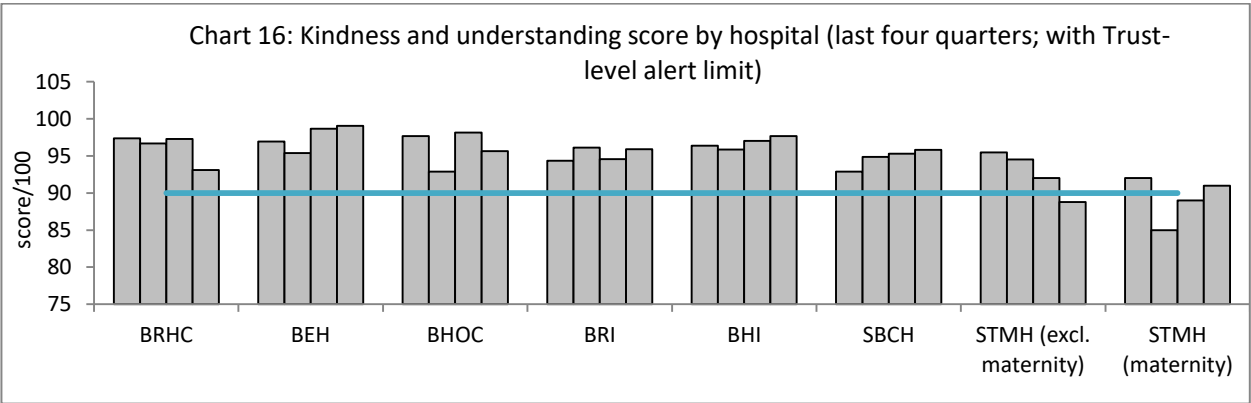


4.1 Divisional level survey results

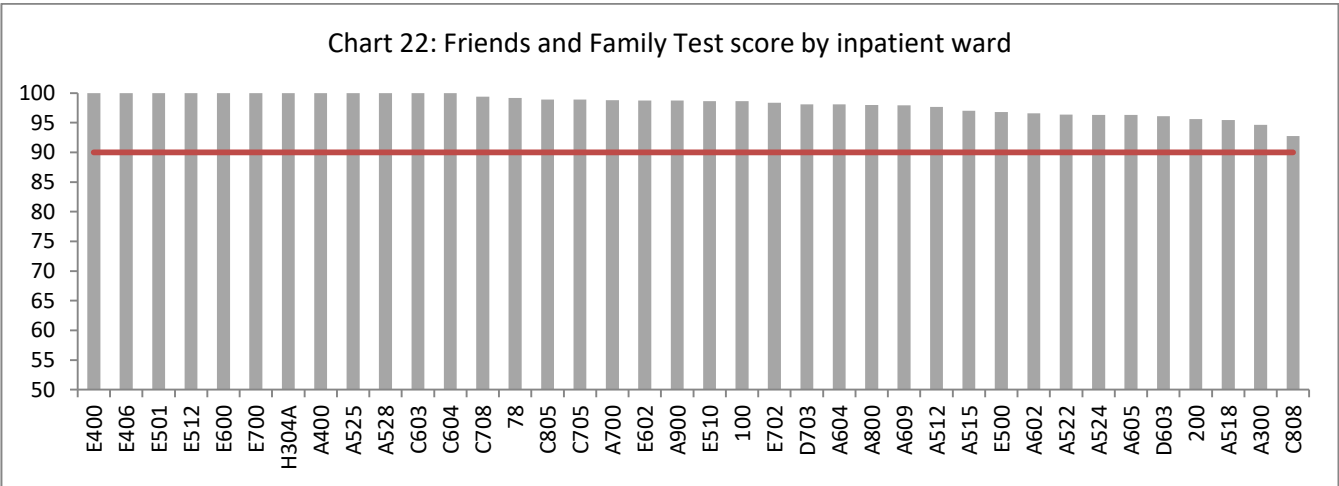
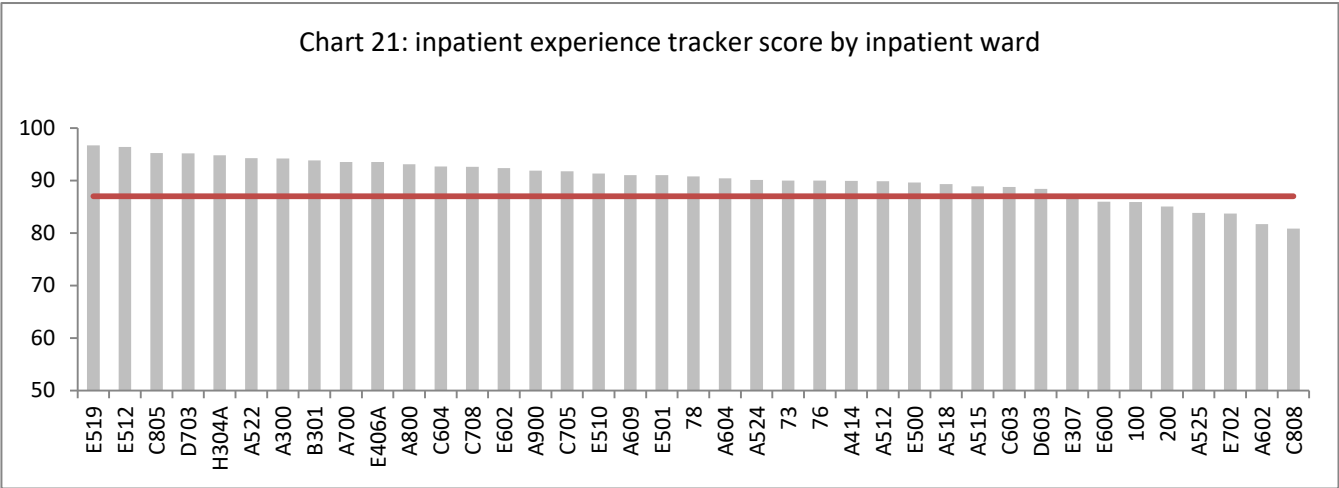
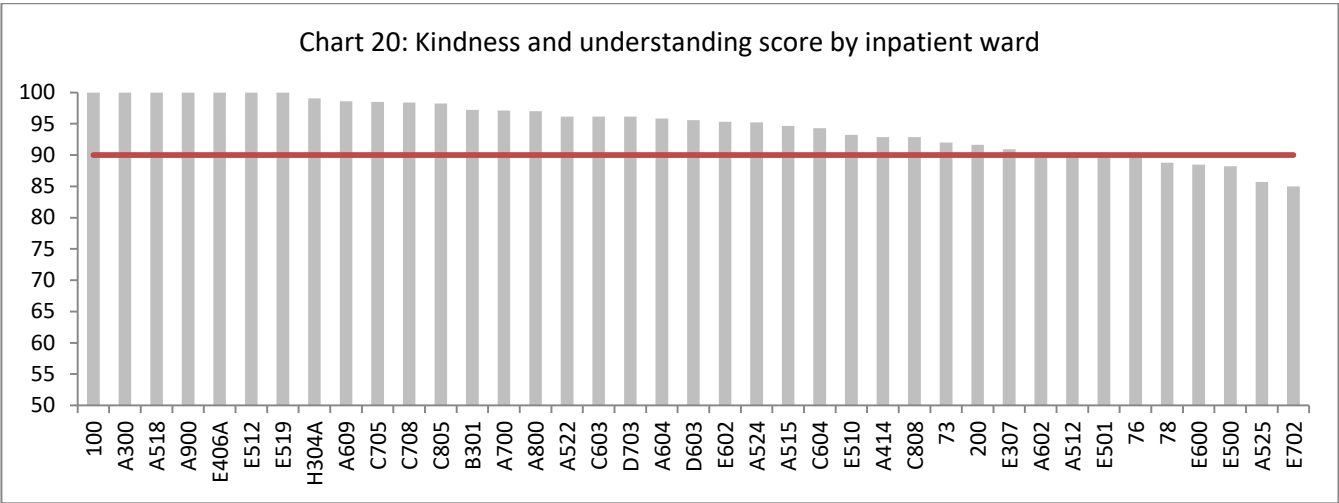


4.2 Hospital level headline survey results

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)



4.3 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.

4.4 Full inpatient survey data by Division

Table 2: 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.

	Medicine	Specialised Services	Women's & Children's (excl. maternity)	Surgery	Maternity	Total
Were you given enough privacy when discussing your condition or treatment?	93	94	91	94		93
How would you rate the hospital food?	64	65	59	64	61	63
In your opinion, how clean was the hospital room or ward that you were in?	95	96	92	96	90	95
How clean were the toilets and bathrooms that you used on the ward?	90	91	88	92	84	91
Were you ever bothered by noise at night from hospital staff?	85	83	81	85		84
Do you feel you were treated with respect and dignity by the staff on the ward?	96	98	96	98	93	97
Were you treated with kindness and understanding on the ward?	96	97	92	97	91	96
Overall, how would you rate the care you received on the ward?	88	93	89	92	89	91
When you had important questions to ask a doctor, did you get answers that you could understand?	87	91	90	89	91	89
When you had important questions to ask a nurse, did you get answers that you could understand?	87	91	89	91	89	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	78	76	72	76	81	76
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	90	91	88	89	89
Were you involved as much as you wanted to be in decisions about your care and treatment?	81	87	87	88	91	86
Do you feel that the medical staff had all of the information that they needed in order to care for you?	86	92	88	90		89

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

	Medicine	Specialised Services	Women's & Children's (excl. maternity)	Surgery	Maternity	Trust
Did you find someone on the hospital staff to talk to about your worries or fears?	66	79	81	78	84	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	83	89	92	88		88
Did hospital staff keep you informed about what would happen next in your care during your stay?	82	87	89	85		86
Were you told when this would happen?	79	83	79	83		81
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	89	93	95	95		94
Beforehand, did a member of staff explain how you could expect to feel afterwards?	76	79	84	82		81
Were staff respectful of any decisions you made about your care and treatment?	93	97	91	95		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	31	28	26	26	33	28
Do you feel you were kept well informed about your expected date of discharge from hospital?	81	82	82	86		83
On the day you left hospital, was your discharge delayed for any reason?	60	56	68	68	66	63
Did a member of staff tell you about medication side effects to watch for when you went home?	56	58	66	66		62
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	71	84	91	84		83

5. Specific issues raised via the Friends and Family Test

The feedback received via the Trust's Friends and Family Test is generally very positive. Table 3 provides a response from Divisions / services for the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment.

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

Division	Area	Comment	Response from ward / department
Medicine	Ward A518	<i>The staff are excellent. The space is dire. As a wheelchair user it's far too small. Privacy is impossible, there is barely any natural light. It's depressing and I think it would slow recovery in some patients. The staff save it - 10/10 for them!</i> <i>Staff wonderful, issues with decor. No TV. Very boring. No mirrors in bathrooms and toilets.</i>	We are grateful for this feedback and are sorry that the ward environment is poor at the moment. A capital bid has been submitted for refurbishment of this area as the lack of space / tired environment is fully recognised by the clinical team and Division. We are awaiting the outcome of the bid. There is a problem with a number of the bedside TV's at the Trust. In effect, the company who own the system have gone in to receivership. The Trust's legal team have requested permission from the Liquidators to remove these TVs so that we can replace them with our own. We are still pursuing a response to this request.
	Ward A512	<i>Toilet blocked and faeces in shower. Apparently ongoing and long standing problem, so I had to go through male ward and use their facilities which I found embarrassing. The staff were all kind, friendly and approachable and ward felt orderly and well managed.</i>	We apologise to the patients who experienced this situation. Unfortunately the plumbing issues had been a regular occurrence. We closed the ward recently so that this could be addressed and therefore it should now be resolved.
Specialised Services	Ward D603	<i>My sister has been on Ward 603 since 19/09/19 and from then and now, 5 meals haven't turned up even though they were ordered. This is not acceptable, my sister has weeks to live and can't go to get her own food.</i>	Thank you for raising this issue as it is very important for patients to have the meals that they have ordered especially when they are going through such a difficult time. This has been fed back to the ward team who are very sorry that this happened and will ensure that they check that patients have food at each mealtime.

Division	Area	Comment	Response from ward / department
<i>Specialised services continued..</i>	Ward D703	<p>To comments were received relating to the ward environment:</p> <p><i>Pleasant and knowledgeable staff. It would have been helpful if someone have told me how to turn lights on and off. Room was cold at times.</i></p> <p><i>Most rooms I stayed in were cold with wind coming in from windows.</i></p>	<p>Thank you for your comments, which have been fed back to the ward team. The team will review the orientation / information process for patients which will include the information on lighting and heat control: We are sorry that you weren't shown this.</p> <p>We are aware of the heating issues and the draft issues arising from the windows. The Estates team are currently preparing a comprehensive infrastructure report for our hospital and we will address the issues raised when this has been completed.</p>
Surgery	Bristol Eye Hospital ED	<p><i>The arrival process is bit odd. U are treated like u have been before. Was given number told to wait. After a few minutes an overly aggressive man called out numbers. He made it obvious everyone was a burden with his passive aggressive tone. He made me feel very agitated. His attitude took away any good feeling we had from the very polite helpful triage nurse. The experience with the number caller has taken away from how excellent the medical staff were.</i></p> <p><i>When arrived I stopped to ask reception a question, got told "move on" tried to explain to reception that saw BRI yesterday and had ointment for eye. So rude - all ganged up on me (3) and told me to sit down.. Doctor was excellent, explained everything in detail.</i></p>	<p>We are very sorry that you had a poor experience of the reception / booking-in process. Although the department can get very busy, sometimes resulting in particular pressures at the arrival / waiting stage, we always want our patients and visitors to receive the best possible service. The Matron has discussed this feedback directly with the team and staff member as a point of learning.</p> <p>We are currently reviewing the booking-in process to identify ways in which we can streamline this and improve patient experience. We will ensure that this feedback is considered as part of the review.</p>
	Surgical Day case	<p><i>Mostly very good on part of all staff. However, presented with a student doctor (under supervision) when actually in operating was to do my cannula. He failed initially. I was not asked for permission for a student to do this and have a history of difficulty getting cannulas in mentioned at pre-op.</i></p>	<p>Thank you for your feedback and bringing this to our attention. Patients should be asked to provide verbal consent for a student to perform a procedure. We are sorry that this did not happen and will remind the staff on the ward of the need to do this.</p>

Division	Area	Comment	Response from ward / department
Women's & Children's	Bristol Royal Hospital for Children Emergency Department	<p>Three comments were received during Quarter 3 about the environment of the Emergency Department:</p> <p><i>The chairs in the waiting area are shocking. Giant holes within, impossible to clean properly, they really let the place down. Staff were all lovely, polite and professional.</i></p> <p><i>Waiting room was not fit for poorly children. Dark, cramped and oppressive. No room for push chairs. Uncomfortable and undignified.</i></p> <p><i>More comfortable chairs would be nice.</i></p>	<p>Thank you for your feedback. We are pleased to say that the chairs in the waiting room have now all been refurbished. In respect of the size of the space, our Emergency Department has been identified by the Trust as a key area that requires expansion / redevelopment and these plans are currently in development. In the interim, we have funding from the Grand Appeal to change the current layout of our reception area, to improve the overall space and function of that area. This interim work is due to be completed by the end of May 2020.</p>
	Bristol Royal Hospital for Children Emergency Department	<p><i>The a&e department don't know how to manage children with cancer. Never have a room for isolation even though they are alerted more than an hour in advance. No allergy wrist bands available <<Named member of staff>> on reception in a&e was extremely rude and dismissive.</i></p>	<p>We are very sorry to hear that this family have had a poor experience in the Emergency Department and fully appreciate the concerns raised. We have shared this feedback with staff in the department</p> <p>The Sister has discussed this feedback with the member of reception staff mentioned in the comment.</p> <p>As there are a small number of isolation cubicles we are sometimes not able to keep one of these free, even with prior warning. If we have been unable to secure a cubicle prior to attendance, as soon as patients with an oncological condition arrive, we reassess and move other patients around the Department as best we can to accommodate this need. We can also sometimes move our oncology patients to Ocean ward to be treated there: we will remind our nursing staff of this process.</p> <p>There is a process in place to administer allergy wrist bands and this should have been carried out during this visit. This will be reiterated to the relevant members of staff in the Department.</p>

Division	Area	Comment	Response from ward / department
Women's and Children's (continued)	Ward E510	<p><i>Helpful and supportive staff. Who has responsibility for fridges in patients' kitchen? Another parent cleaned fridge on B side, extremely dirty and very icy, and door didn't close properly, therefore food not being kept cold. A definite health hazard!</i></p> <p><i>Would it be possible to encourage more recycling of empty sterilized water bottles? Most are thrown in the bin and over the course of many admissions only one nurse (on Lighthouse) has ever encouraged recycling them.</i></p>	<p>Thank you for your feedback. We apologise that the fridge wasn't clean. We have reminded staff that they are responsible for ensuring the parent fridges are kept clean and tidy. The facilities staff are responsible for ensuring the areas around the fridges are kept clean, and they have been reminded of this also.</p> <p>We have reviewed the placement of the recycling bins and hope they are now more visible. Thank you for this suggestion.</p>
	Ward E600	<p><i>The phlebotomist isn't child friendly. Very moody and shirty. Argued with us regarding spray before bloods! Not happy with them!</i></p>	<p>We are very sorry that the family had this experience of our care. We have shared the feedback with the manager of the Phlebotomy team so that it can be discussed as a point of learning. Whilst not condoning this behaviour, the situation may have been exacerbated by one of the nurses offering the family something that should have been discussed with the Phlebotomy team first. Therefore, we have put a copy of the rules that the Phlebotomists have to follow up on the ward, so that they are clearly visible to the nursing team.</p>
	Maternity postnatal wards	<p><i>The nurses and midwives were amazing towards me and my son. Although the dinner lady was vile towards me, they need to work on their manners.</i></p>	<p>Thank you for your feedback. We are very concerned to hear about this unacceptable behaviour and are aware that there have been other reports of a similar nature. We are very sorry that an otherwise positive maternity experience has been affected in this way. The Hotel Services Manager is aware of this situation and is addressing this with the relevant staff. In addition, all of the staff in this service are will attend a customer care training course.</p>

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

This section of the report provides examples of some of the Patient and Public Involvement (PPI) activities being carried out at the Trust. Each quarter a comprehensive summary of PPI activity is reviewed by the Trust's Patient Experience Group.

NHS England Transition Project

This NHS England improvement collaborative aims to improve the experience of young people transitioning from paediatric to adult services. Participating trusts on the programme, in addition to having the opportunity to network with other organisations, learn to apply formal improvement methodologies to a project to address this key issue. Representatives from UH Bristol have attended the two, one-day workshops that have been run by NHSE/I so far, most recently in Birmingham in October 2019.

UH Bristol's project team is led by the Head of Nursing for the Bristol Royal Hospital for Children, Mark Goninon (chair of the transition steering group), and Helen Bishop (Head of Nursing, Specialised Services), with support from a range of teams across the Trust.

UH Bristol has a well-developed set of transition processes to support young people and families in their move to adult services. We are therefore focussing on a more subtle service improvement objective: raising awareness of transition amongst patients, families and carers and, in particular, that they have a right to expect a formal transition process when moving to adult services. We want to empower and encourage people to raise this with their clinicians and care teams.

During February 2020 we have been engaging with young people via a focus group to get their views on how best to communicate with them about transition. This will be followed-up by a patient / family survey in early March to measure baseline levels of understanding about UH Bristol's transition processes.

Quality Counts

In January 2020 members of the UH Bristol Involvement Network Group joined Trust Members and representatives of the Trusts Young Person's Involvement Group in our annual Quality Counts event. Additional involvement events have either been held or are planned with young people and Dhek Bhal, a South East Asian Community organisation. The outcomes of these events will help to inform both the Trust's improvement focus for the forthcoming financial year and Quality Strategy.

Supporting UH Bristol lay representatives

In February, the Trust's Patient and Public Involvement Lead led the first lay representative support and development group. This is part of a Trust corporate quality improvement objective for 2019/20 that will see lay representatives on Trust groups and committees receive better training and support for their role. There was a consensus amongst the participants that such meetings will add value enabling existing and future lay representatives to develop their roles.

Supporting Young People

A young people's event was held at the Trust's Simulation Centre in February. The interactive event was part of the Trusts approach to promoting career opportunities in the health service and consisted of hands on simulation activities, workshops and a careers marketplace. In total 65 young people were in attendance.

Complaints – focus groups

The Patient and Public Involvement Lead is working together with the Complaints Service to develop and deliver a series of focus groups in Quarter 4 19/20. The focus groups will enable people who have been through our complaints process to share their experiences of that process. There will be a particular focus on issues relating to the style and tone of communications within the process.

Complaints policy review

In Quarter 3 the Trust's Involvement Network were invited to contribute to the revised Trust Complaints Policy. Many of the suggestions we received have been incorporated in to the second draft of the policy.

My Journey

In Quarter 3, the Trust's "My Journey" volunteers visited the Chemotherapy Day Unit, the Bristol Eye Hospital and Rheumatology Services. "My Journey" combines elements of mystery shopping techniques and the NHS 15 Steps Challenge and enables the component parts of the non-clinical patient journey to be viewed from a patient and carer perspective. The outcomes are currently being collated and will be shared with the service to identify any service improvement opportunities.

Appendix A – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manages 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.
	Rapid-time feedback system	Patients, carers and visitors can feedback via electronic devices automatically and in real-time.
<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.
	“My Journey” mystery shopping	A structured programme of visits to departments and use of front-of-house services (e.g. Trust web site, reception areas)
	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

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%	$81 \times 100 = 81$
Yes, probably	0.5	18%	$18 \times 50 = 9$
No	0	1%	$1 \times 0 = 0$
<i>Score</i>			<i>90</i>

Friends and Family Test Score

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

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

Complaints Report

Quarter 3, 2019/2020

(1 October 2019 to 31 December 2019)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 3 Executive summary and overview

	Q3	
Total complaints received	388	↓
Complaints acknowledged within set timescale	100%	↑
Complaints responded to within agreed timescale – formal investigation	88.3%	↑
Complaints responded to within agreed timescale – informal investigation	90.1%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	5.7%	↓

Successes	Priorities
<ul style="list-style-type: none"> 100% of complaints were acknowledged in a timely manner. The percentage of complainants advising the Trust that they were dissatisfied with the response to the issues they raised reduced to 5.7% in Q3, compared with 9.9% in Q2 and 13.4% in Q1. Complaints about 'Appointments and Admissions' reduced for the second consecutive quarter. Complaints received for Bristol Eye Hospital fell by 31% compared with Q2. The Division of Surgery achieved an impressive 97.4% against its target for responding to formal complaints within the agreed timescale in Q3 	<ul style="list-style-type: none"> Responding to complaints within the timescale agreed with the complainant remains a priority across all Divisions. Identified knowledge gap amongst line managers in Division of Medicine relating to handling and responding to complaints – training to be provided. The division is also piloting an informal process where all informal complaints are addressed in “real time” i.e. within 24 hours. The divisional duty matron is bleeped by the Patient Support & Complaints Team with informal complaints and these are allocated appropriately to be actioned and any issues “nipped in the bud”. The Division of Specialised Services is trialling recording of complaints resolution meetings, which has been well received by complainants.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Opportunities to exchange knowledge and learning with the complaints service at Weston General Hospital and build relationships between the two teams ahead of the merger in April 2020. 	<ul style="list-style-type: none"> In Q3 the percentage of formal responses sent out by the agreed deadline showed an improvement on the 83.6% reported in Q2; however, at 88.3%, this remains below the Trust target of 95% and performance in the Division of Medicine remains a concern. Complaints about communication with patients/relatives doubled in Q3 compared with Q2.

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 388 complaints in quarter 3 (Q3) of 2019/20. 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. Whilst this shows a return to around 150 complaints per month, December is historically a quiet month for complaints, which has lowered the average for Q3.

Figure 1: Number of complaints received

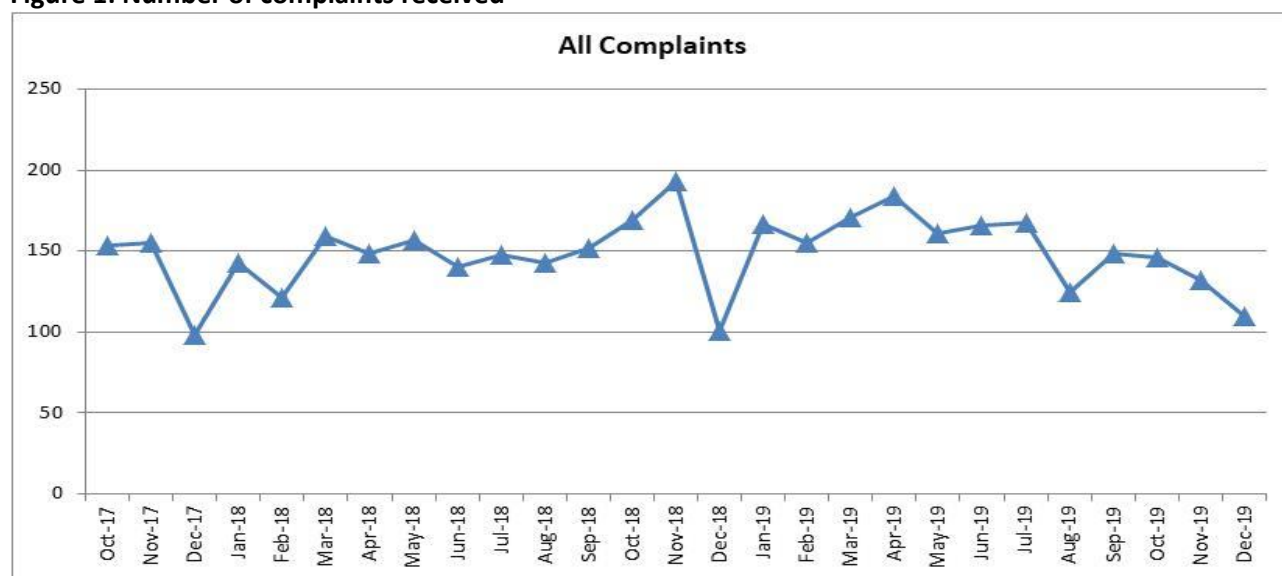
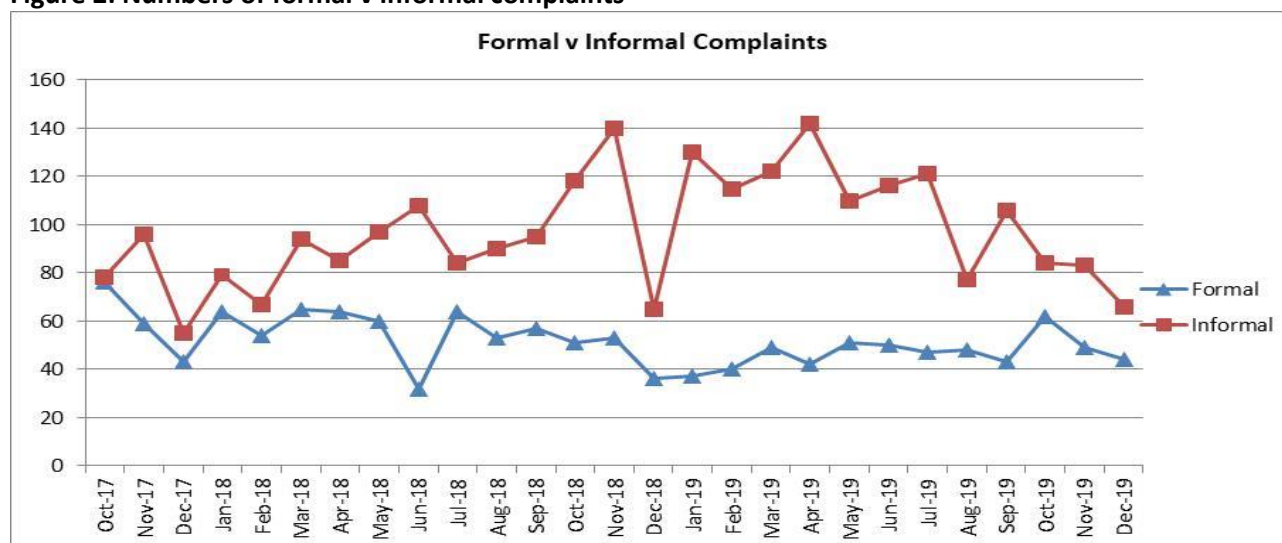


Figure 2: Numbers of formal v informal complaints



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 with those dealt with via the informal investigation process, over the same period. We continue to deal with a higher proportion of complaints via the informal process, which 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.

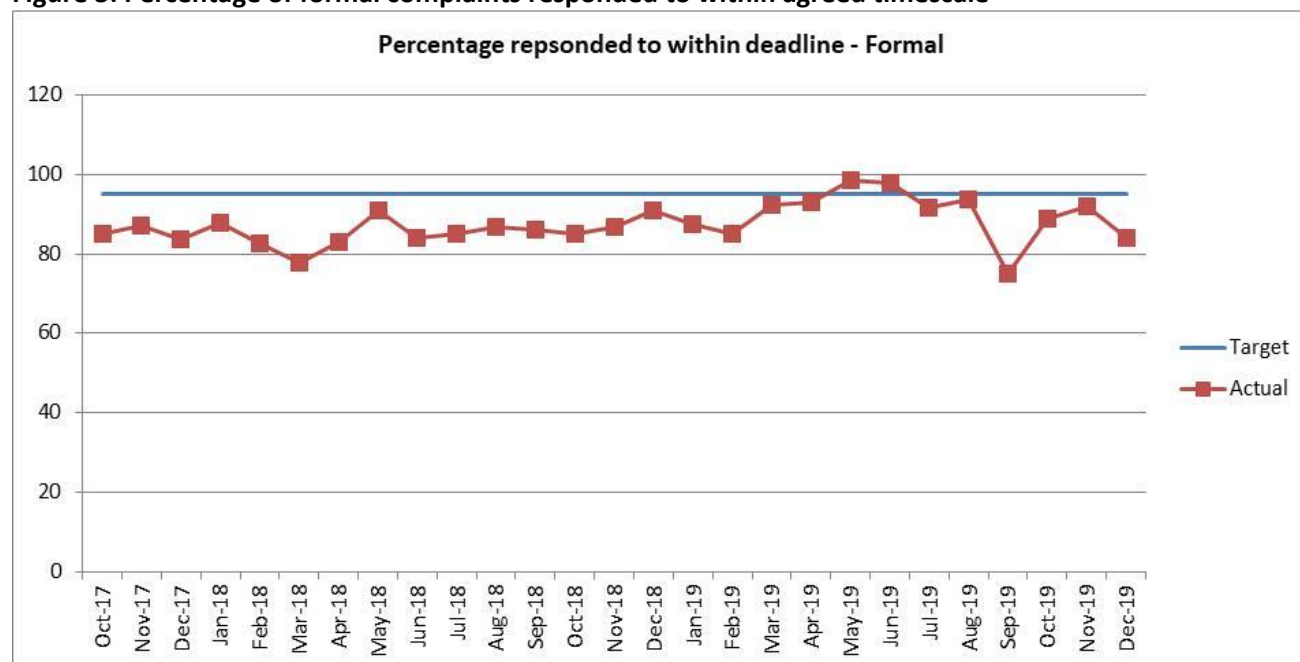
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

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 sent to the complainant.

In Q2 2019/20, 88.3% of responses were sent to complainants within the agreed timescale. This represents 23 breaches out of the 196 formal complaint responses which were sent out during the quarter². This is only a slight improvement on the 83.6% reported in Q2. Figure 3 shows the Trust's performance in responding to complaints since October 2017. Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

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



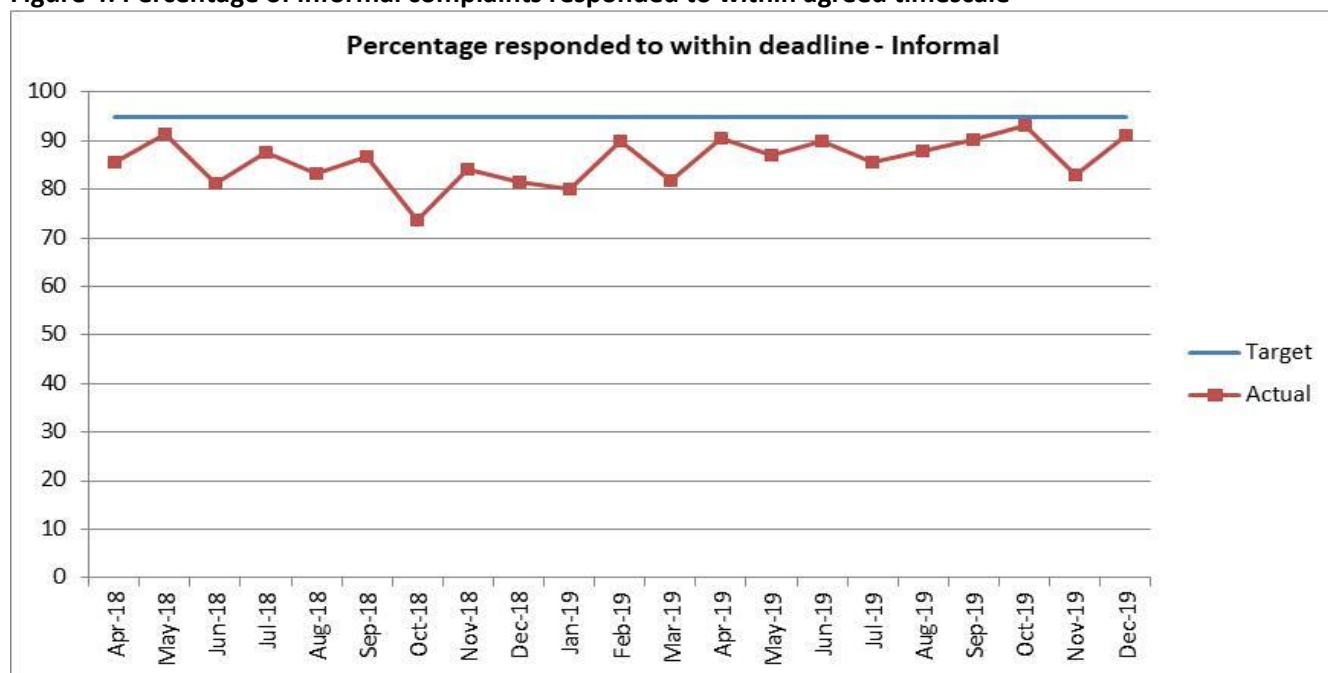
² Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

1.2.2 Informal Investigations

In Q3 2019/20, the Trust received 263 complaints that were investigated via the informal process. During this period, the Trust responded to 213 complaints via the informal complaints route and 90.1% (192) of these were responded to by the agreed deadline, an improvement to the 87.5% reported in Q2.

The percentage of informal complaints resolved within the agreed deadline has been formally reported to the Board since Q4 2018/19, given that so many complaints are now resolved informally. Figure 4 (below) shows performance since April 2018, for comparison with formal complaints, although it should be noted that the 95% target was only formally set with effect from Q4 2018/19.

Figure 4: Percentage of informal complaints responded to within agreed timescale



1.3 Dissatisfied complainants

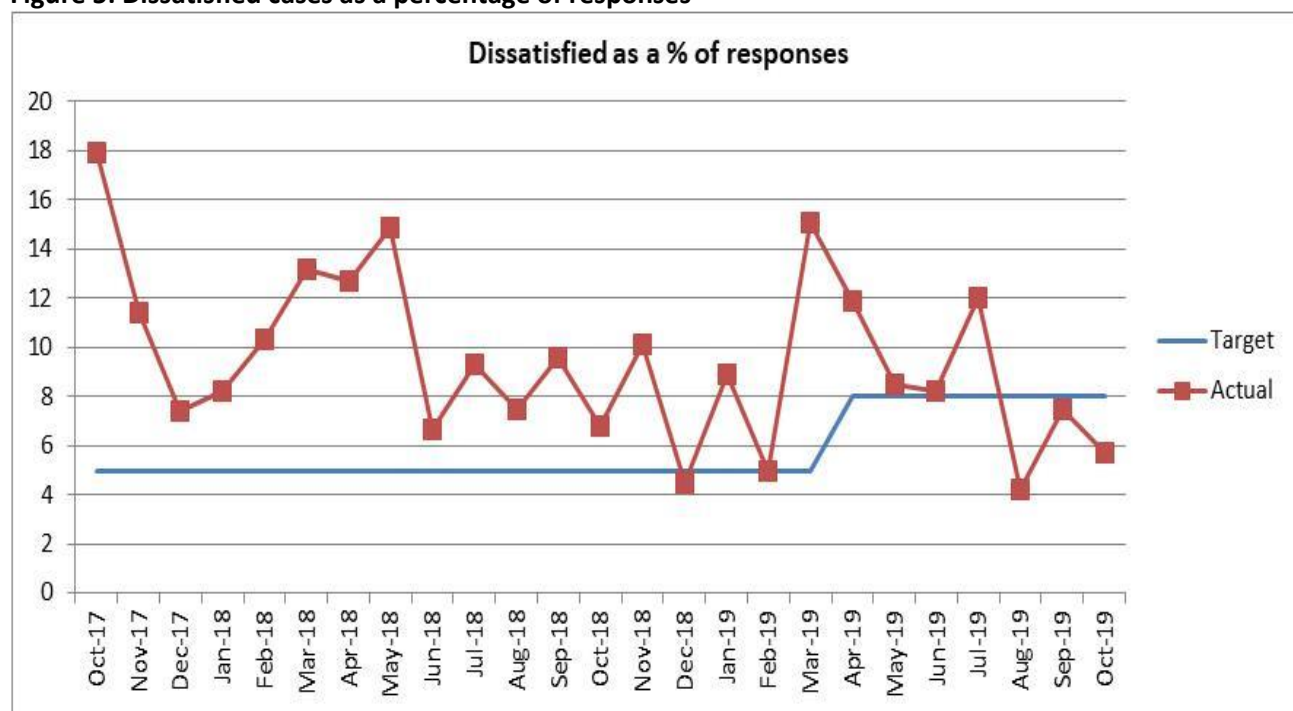
Our revised target for 2019/20 is that no more than 8% of complaints responses should lead to a dissatisfied response.

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 Q3 2019/20, we are able to report dissatisfied data for August, September and October 2019. Nine complainants who received a first response from the Trust during those months have since contacted us to say they were dissatisfied. This represents 5.7% of the first responses sent out during that period, compared with 9.9% during the previous quarter. This is the first time that the Trust has been below (i.e. better than) target (8%) for three consecutive months.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since October 2017.

Figure 5: 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 Q3 2019/20 compared with Q2.

Complaints recorded under the categories of ‘attitude and communication’, ‘documentation’ and ‘access’ all increased slightly in Q3. Complaints about all other categories decreased compared with Q2.

Complaints in respect of ‘appointments and admissions’, ‘clinical care’ and ‘attitude and communication’ accounted for 84.5% of all complaints received (328 of 388).

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q3 (2019/20)	Number of complaints received in Q2 (2019/20)
Appointments & Admissions	124 (32.1% of all complaints) ↓	155 (35.1% of all complaints) ↓
Clinical Care	122 (31.4%) ↓	136 (30.8%) ↓
Attitude & Communication	82 (21.1%) ↑	78 (17.6%) ↓
Facilities & Environment	22 (5.7%) ↓	36 (8.2%) =
Information & Support	16 (4.1%) ↓	17 (3.8%) ↓
Documentation	11 (2.8%) ↑	7 (1.6%) ↓
Discharge/Transfer/Transport	9 (2.3%) ↓	13 (2.9%) =
Access	2 (0.5%) ↑	0 (0%) ↓
Total	388	442

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most consistently reported sub-categories, which together accounted for 75.5% of the complaints received in Q3 (293/388).

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q3 (2019/20)	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)
Cancelled/delayed appointments and operations	95 ↑	92	106	87
Clinical care (Medical/Surgical)	73 ↓	84	85	67
Appointment administration issues	21 ↓	40	65	42
Failure to answer telephones/failure to respond	21 ↓	22	21	21
Communication with patient/relative	20 ↑	10	18	19
Attitude of medical staff	17 ↓	19	21	28
Clinical care (Nursing/Midwifery)	11 =	11	16	10
Diagnosis issues	10 ↓	11	10	4
Attitude of Nursing/Midwifery	9 ↑	4	7	9
Attitude of A&C staff	8 ↑	6	11	13
Medication incorrect/ not received	8 ↓	10	3	4

In Q3, the sub-category of ‘communication with patient/relative’ showed the largest increase compared with Q2. Complaints about ‘cancelled/delayed appointments and operations’ remains the sub-category with the highest number of complaints received.

The most significant decrease was in the number of complaints received about ‘appointment administration issues’ for the second successive quarter.

Figures 6-9 (below) show the longer term pattern of complaints received since October 2017 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows a steady decrease in Q3 in complaints about ‘clinical care (medical/surgical)’ and Figure 7 shows a downward turn in complaints about ‘cancelled/delayed appointments and operations’ towards the end of the quarter. Figures 8 and 9 show the upward trend in complaints about ‘clinical care (nursing/midwifery)’ and ‘communication with patient/relative’ respectively.

Trends in sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 6: Clinical care – Medical/Surgical

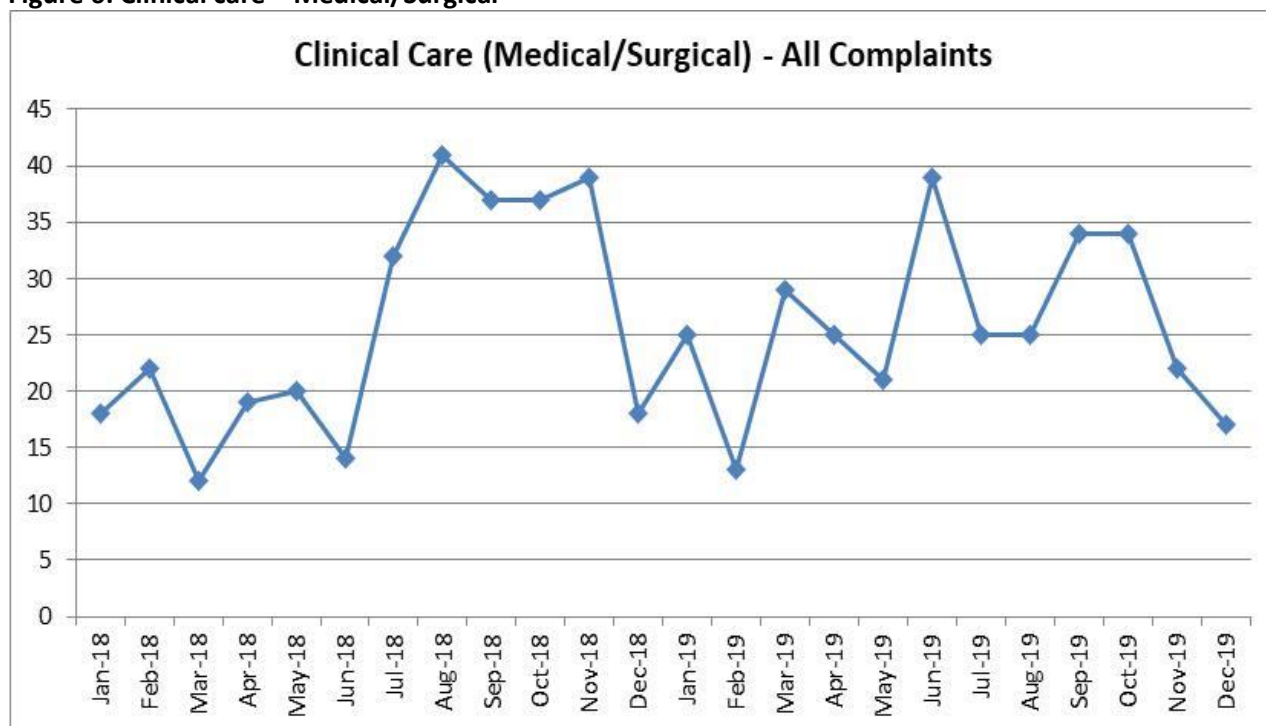


Figure 7: Cancelled or delayed appointments and operations

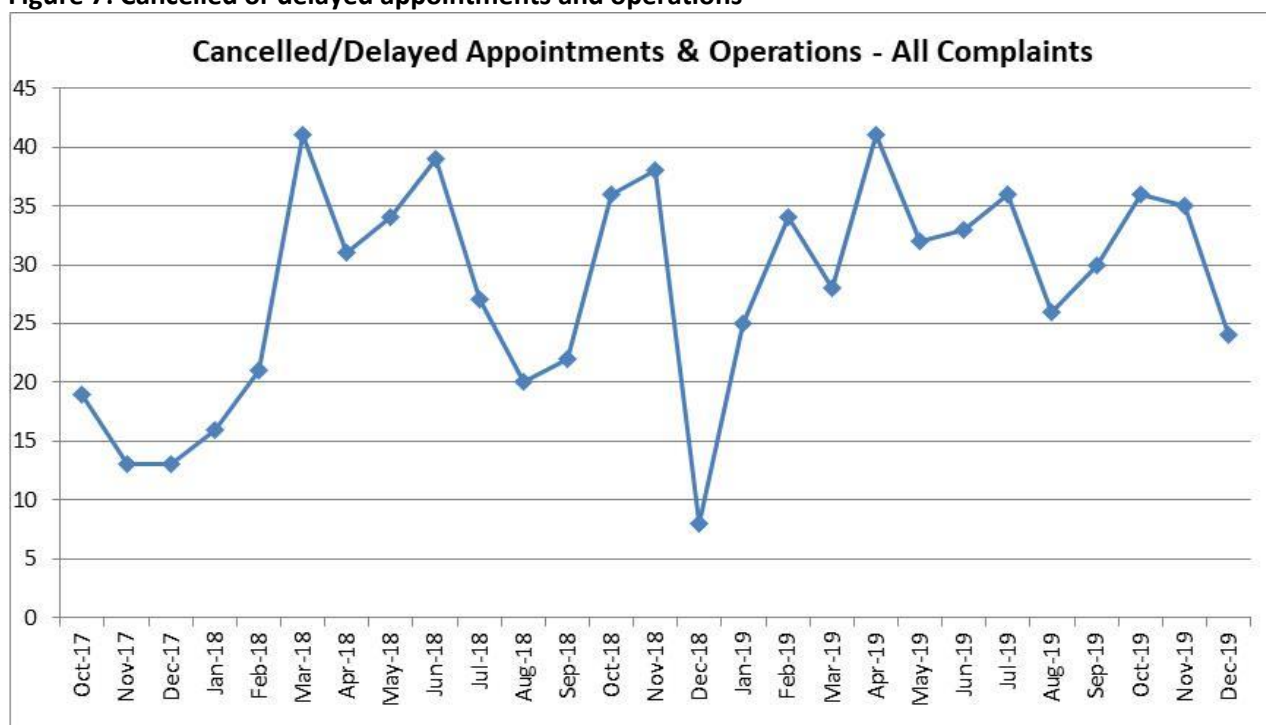


Figure 8: Clinical Care (Nursing/Midwifery)

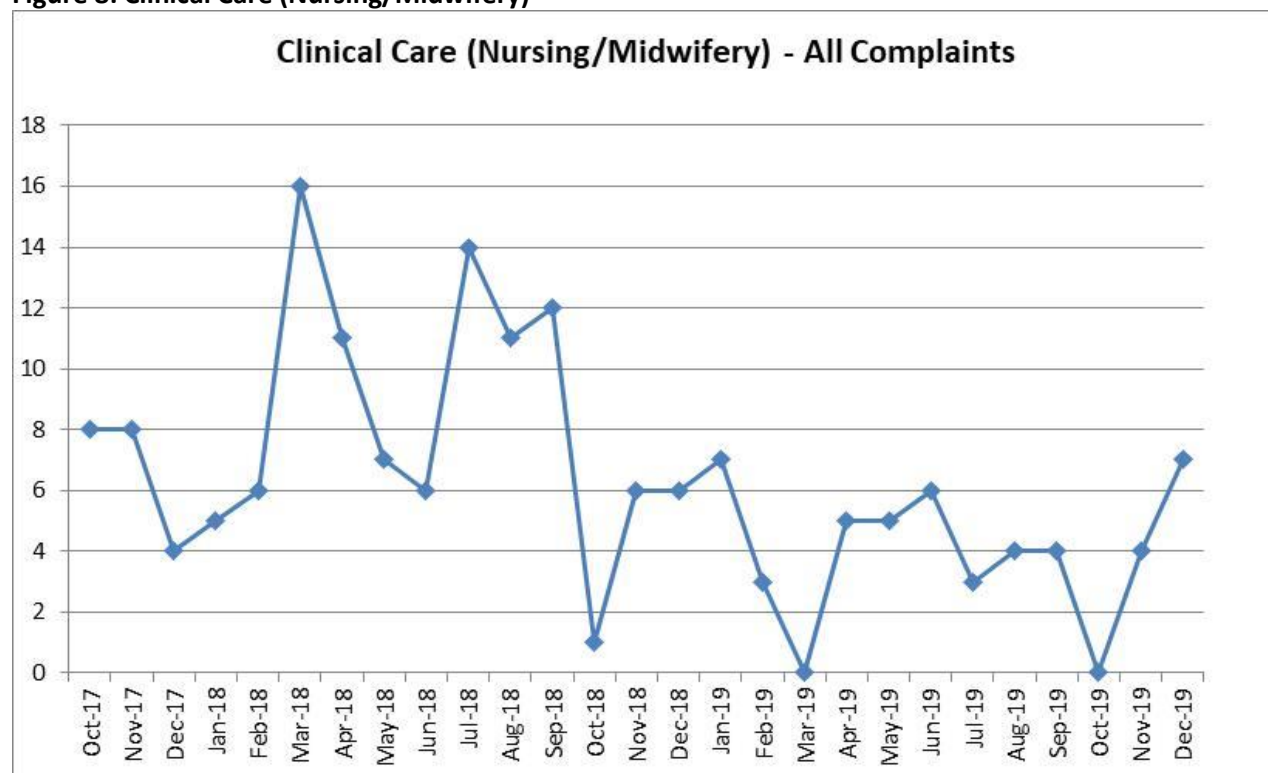
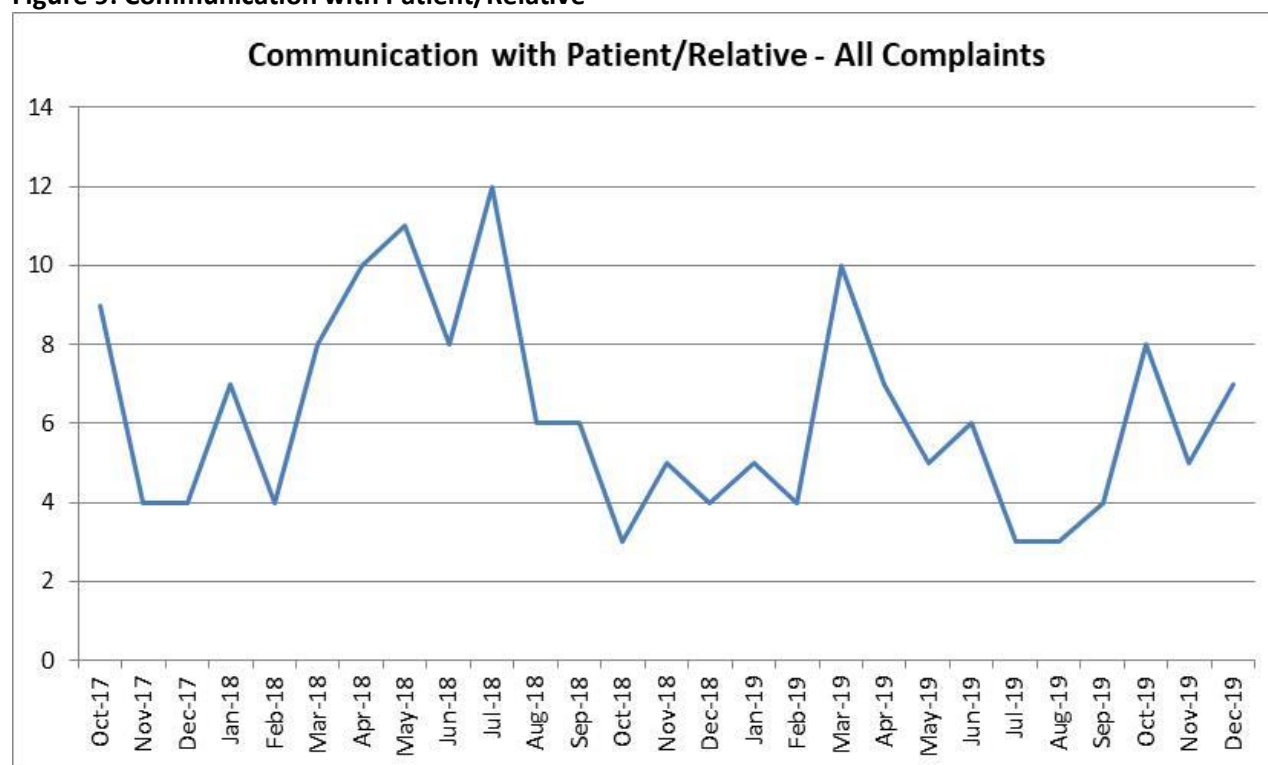


Figure 9: Communication with Patient/Relative



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 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	127 (155) ↓	72 (97) ↓	66 (70) ↓	78 (70) ↑	17 (22) ↓
Number of complaints about appointments and admissions	56 (72) ↓	20 (22) ↓	28 (27) ↑	17 (23) ↓	2 (9) ↓
Number of complaints about staff attitude and communication	24 (25) ↓	21 (18) ↑	1 (13) ↓	17 (12) ↑	5 (5) =
Number of complaints about clinical care	37 (44) ↓	25 (35) ↓	18 (23) ↓	32 (27) ↑	9 (6) ↑
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 34 (33) Bristol Eye Hospital – 29 (42) ENT – 15 (16) Trauma & Orthopaedics – 10 (19) BEH Outpatients – 9 (14) Oral & Maxillofacial Surgery – 10 (8) Oral Medicine – 8 (1)	Emergency Department (BRI) (inc. A413) – 19 (23) Dermatology – 14 (17) Ward A300 (AMU) – 5 (3) Rheumatology – 4 (5)	BHI (all) – 49 (45) BHOC (all) – 15 (21) BHI Outpatients – 28 (23) Ward C705 – 5 (1) Ward C604 (CICU) – 4 (2) Ward C708 – 4 (2) BHOC Outpatients – 7 (6)	BRHC (all) – 47 (44) Children's ED (E308) – 10 (6) Carousel Outpatients (E301) – 5 (8) Paediatric Neurology & Neurosurgical – 7 (8) Paediatric Orthopaedics – 1 (6) StMH (all) – 29 (25) Gynaecology Outpatients (StMH) – 7 (10) Ward 73 (Maternity) – 7 (3) Ward 78 (Gynaecology) – 4 (4)	Boots Pharmacy – 7 (4) Radiology – 6 (9) Audiology – 3 (6)
Notable deteriorations compared with Q2	Oral Medicine – 8 (1)	No notable deteriorations	BHI all wards – 15 (6)	Children's ED (E308) – 10 (6) Ward 73 (Maternity) – 7 (3)	Boots Pharmacy – 7 (4)
Notable improvements compared with Q2	BDH Administration Department – 1 (10) Bristol Eye Hospital – 29 (42)	Emergency Department (BRI) (inc. A413) – 19 (23)	BHOC (all) – 15 (21)	Paediatric Orthopaedics - 1 (6)	Audiology – 3 (6)

3.1.1 Division of Surgery

There was a notable reduction in the total number of complaints received by the Division of Surgery in Q3; 127 compared with 155 in Q2 and 187 in Q1. Complaints received by Bristol Dental Hospital (BDH) increased very slightly, whilst complaints about Bristol Eye Hospital fell.

There were reductions in the number of complaints about ‘appointments and admissions’, ‘clinical care’ and ‘attitude and communication’, although these three categories account for 92% of the Division’s complaints during Q3.

The Division achieved an impressive 97.4% against its target for responding to formal complaints within the agreed timescale in Q3 and 88.6% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Appointments & Admissions	56 (44.1% of total complaints) ↓	72 (46.5% of total complaints) ↓
Clinical Care	37 (29.1%) ↓	44 (28.4%) ↓
Attitude & Communication	24 (18.9%) ↓	25 (16.1%) ↓
Documentation	4 (3.1%) ↑	3 (1.9%) ↑
Information & Support	3 (2.4%) ↓	6 (3.9%) ↑
Discharge/Transfer/Transport	1 (0.8%) ↓	3 (1.9%) =
Facilities & Environment	1 (0.8%) ↓	2 (1.3%) ↓
Access	1 (0.8%) ↑	0 (0%) =
Total	127	155

Table 5: Top sub-categories

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Cancelled or delayed appointments and operations	44 ↓	46 ↓
Clinical care (medical/surgical)	25 ↓	28 ↓
Appointment administration issues	10 ↓	18 ↓
Failure to answer telephones/ failure to respond	8 ↑	4 ↓
Attitude of Medical Staff	7 ↓	9 ↑
Medication issues	4 ↑	2 ↑

Table 6: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>The number of complaints received by the ENT service remained at 15 in Q3, slightly lower than the 16 recorded in Q2 and 19 in Q1.</p> <p>In Q3, six of the 15 complaints related to 'attitude and communication' five were in respect of 'appointments and admissions' and the remaining four were about 'clinical care'.</p>	<p>Although the clinical team is now established and working hard to reduce cancellations caused by previous vacancies and annual leave, this is not as yet reflected in a reduction in the number of complaints received.</p> <p>ENT service at St Michael's Hospital represents the only ENT provision for Bristol and therefore receives a high volume of referrals. This necessitates the dynamic prioritisation of patients to ensure patients are seen due to clinical urgency.</p> <p>Complaints about clinical care predominantly refer to patients whose care and treatment have been complex.</p>	<p>We will continue to monitor complaints carefully and respond appropriately to trends and themes</p> <p>We will be holding a Strategic Workforce Planning Workshop to ensure we have a workforce that meets demand and is fit for purpose.</p> <p>We will continue to review our processes to ensure the impact on patients around cancellation is minimised. We will also strive to improve our communication with patients when needing to cancel appointments and admissions to minimise distress.</p> <p>Complaints about consultant attitude are shared with the Clinical Director, who discusses with the doctor involved. Complaints with regard to attitude have been shared with the staff member and line manager. The division continues to monitor for any specific trends.</p>
<p>Complaints received by Bristol Dental Hospital (BDH) increased again in Q3, albeit only by one additional complaint compared with Q2.</p> <p>The majority of the 34 complaints received (24) were categorised under 'appointments and admissions', which includes cancelled and delayed appointments and operations.</p> <p>There were notable increases in complaints received by Oral & Maxillofacial Surgery.</p>	<p>The Bristol Dental Hospital continues to have significant capacity challenges. This inevitably leads to cancelled or delayed appointments.</p> <p>Appointments have been delayed due to admin staff vacancies and sickness across the whole of the BDH</p> <p>Maxfax operations were cancelled due to Trust bed pressures.</p>	<p>Recruitment of new admin staff is currently taking place and once recruited will improve the booking of patient appointments.</p> <p>Additional max fax clinics are being held on weekends to reduce the waiting list. And the division is recruiting to vacancies in the team.</p>

Current divisional priorities for improving how complaints are handled and resolved

The Division continues to focus on writing high quality response letters, contributing to a reduction in the number of dissatisfied complainants.

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

Response letters are shared with all staff involved with the complaint for learning and quality.

Figure 10: Surgery – formal and informal complaints received

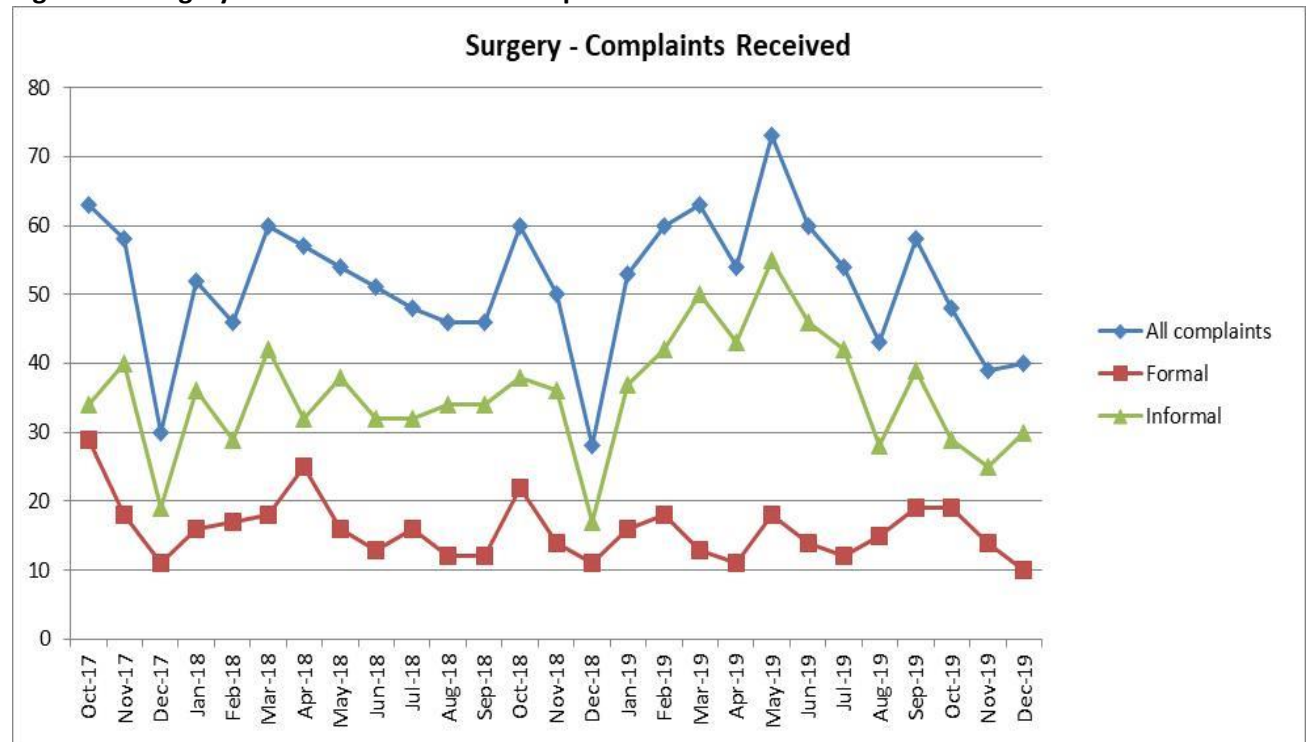


Figure 11: Complaints received by Bristol Dental Hospital

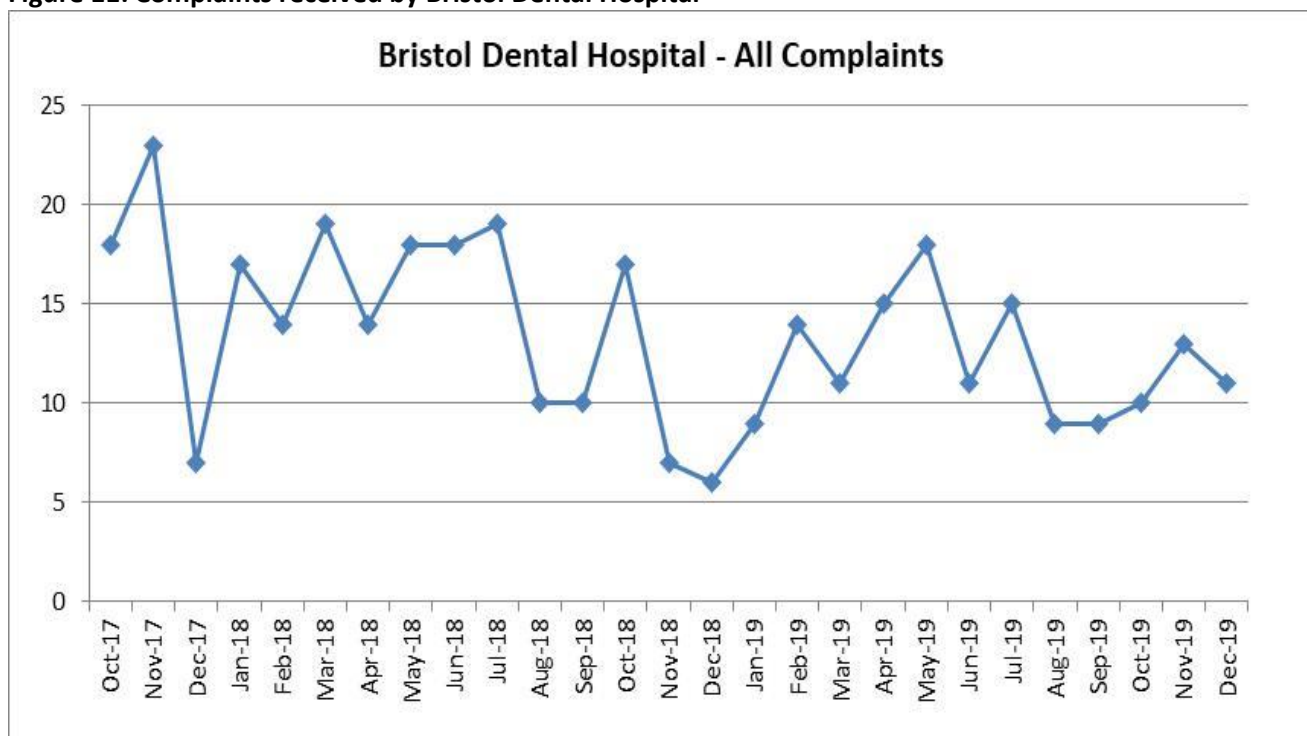


Figure 12: Complaints received about Appointments and Admissions

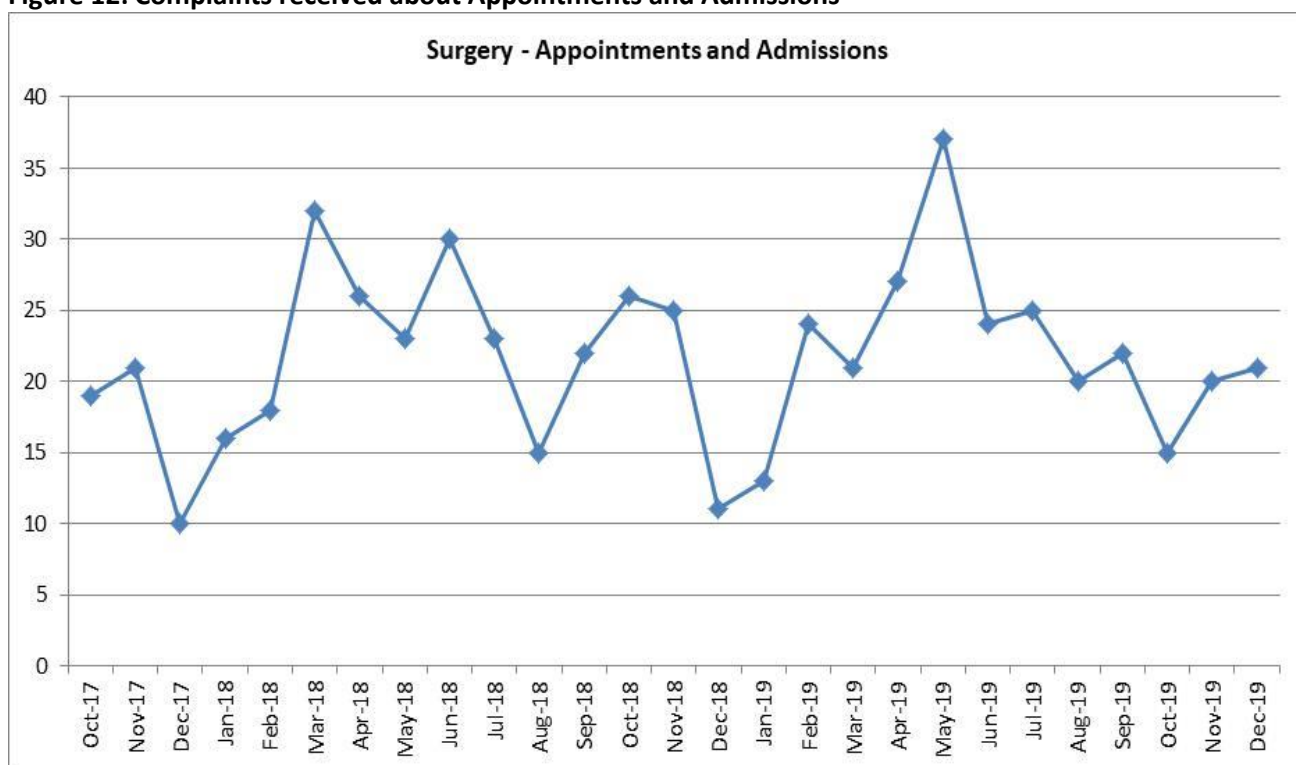
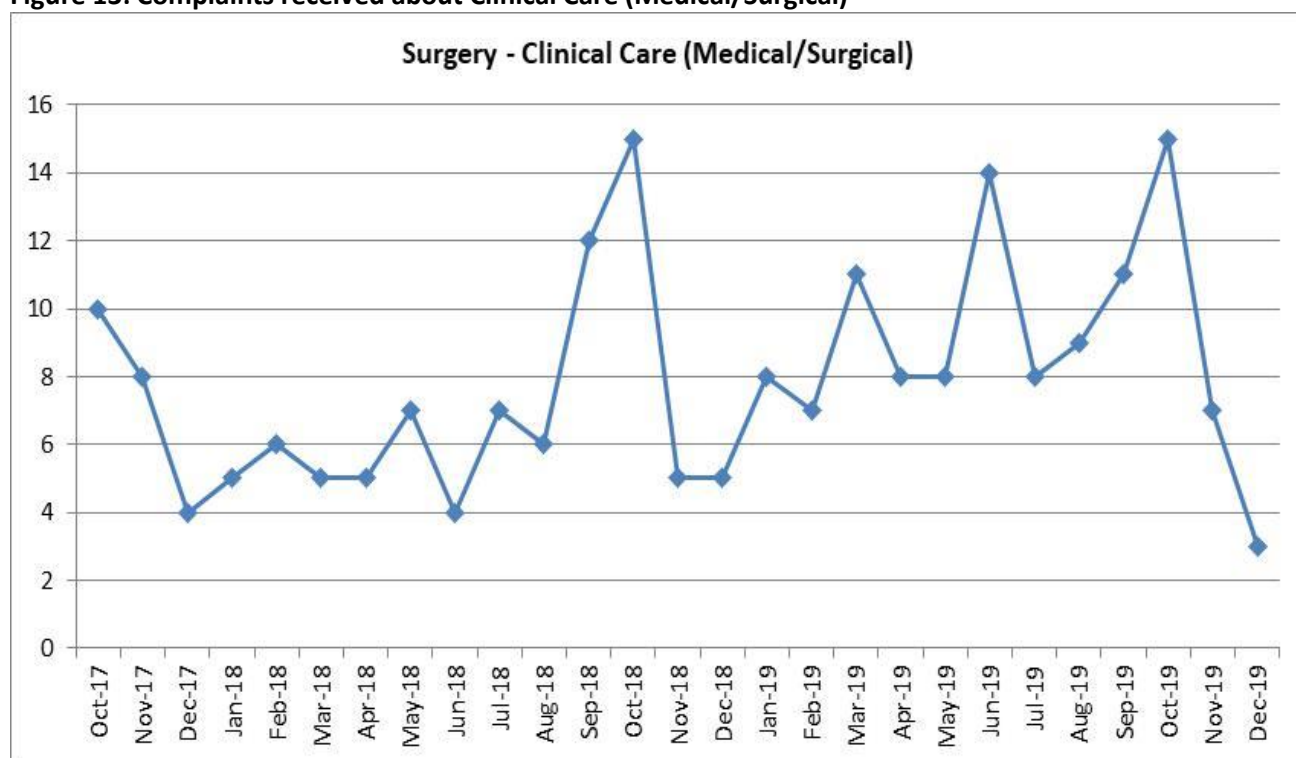


Figure 13: Complaints received about Clinical Care (Medical/Surgical)



3.1.2 Division of Medicine

In Q3, the Division of Medicine received 72 complaints, a notable reduction compared with 97 in Q2. There were no notable deteriorations in the number of complaints received by any particular service or department and complaints received by the Emergency Department decreased for the second consecutive quarter.

The biggest increase in complaints received, compared with Q2, was for those recorded as 'communication with patient/relative' and the most notable decrease was in complaints received about 'clinical care (medical/surgical)'.

The Division achieved only 70.7% against its target for responding to formal complaints within the agreed timescale in Q3 and 82.5% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Clinical Care	25 (34.7% of total complaints) ↓	35 (36.1% of total complaints) ↓
Attitude & Communication	21 (29.2%) ↑	18 (18.5%) ↓
Appointments & Admissions	20 (27.7%) ↓	22 (22.7%) ↓
Facilities & Environment	2 (2.8%) ↓	9 (9.3%) ↑
Discharge/Transfer/Transport	2 (2.8%) ↓	9 (9.3%) ↑
Documentation	2 (2.8%) ↑	0 (0%) ↓
Information & Support	0 (0%) ↓	4 (4.1%) =
Access	0 (0%) =	0 (0%) =
Total	72	97

Table 8: Top sub-categories

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Clinical care (medical/surgical)	17 ↓	27 ↑
Cancelled or delayed appointments and operations	14 ↓	15 ↓
Communication with patient/relative	11 ↑	2 ↓
Administration issues	4 ↑	3 ↓
Attitude of medical staff	4 ↑	3 ↓
Diagnosis delayed / missed / incorrect	3 =	3 ↓

Table 9: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>The number of complaints received by the Dermatology service remained high in Q2, with 14 complaints; although this is slightly lower than reported in Q2.</p> <p>Of the 14 complaints received, 10 related to 'appointments and admissions', with six of the 10 being about cancelled or delayed appointments.</p> <p>There were two complaints about 'attitude and communication' and two about 'clinical care'.</p>	<p>There was sickness in the booking team responsible for Dermatology appointments and 1.53 wte vacancies.</p> <p>Performance issues within the booking team, which resulted in the erroneous cancellation of a number of appointments, has now been addressed.</p>	<p>The booking team will be fully resourced as of 17 February 2020 and an experienced member of the team is returning to the department.</p> <p>This has been addressed in line with the Trust's performance management policy.</p>
<p>The Division of Medicine responded to 76.5% of all complaints (formal and informal) within the agreed timescales in Q3, compared with 76.3% in Q2 and 92.4% in Q1. In addition, the deadlines for eight formal complaint responses were extended by the Division.</p>	<p>There was long term sickness in the team and a new complaints coordinator in post. The new line manager did not start in post until the beginning of November 2019.</p> <p>The team was unable to meet the deadlines due to lack of staffing capacity during this period.</p>	<p>The divisional team is now fully resourced and new team members are developing in their roles, with support from complaints leads in the Division of Surgery and in the Patient Support & Complaints Team and no further problems are anticipated in this respect.</p>

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

- As the team is now fully resourced and can keep abreast of progress of complaint responses, no further problems are anticipated.

- The divisional management/complaints team offer help and support to managers tasked with writing response letters.
- The Division is piloting an informal process where all informal complaints are addressed in “real time” i.e. within 24 hours. The divisional duty matron is bleeped by the Patient Support & Complaints Team with informal complaints and these are allocated appropriately to be actioned and any issues “nipped in the bud”.
- We have identified that there is a knowledge gap for line managers in handling and responding to complaints. This need for training has been escalated to the Patient Support & Complaints Team who are in the process of booking further dates to deliver these sessions.

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

- Informal complaints process as above.
- Training needs for line managers/senior managers.

Figure 14: Medicine – formal and informal complaints received

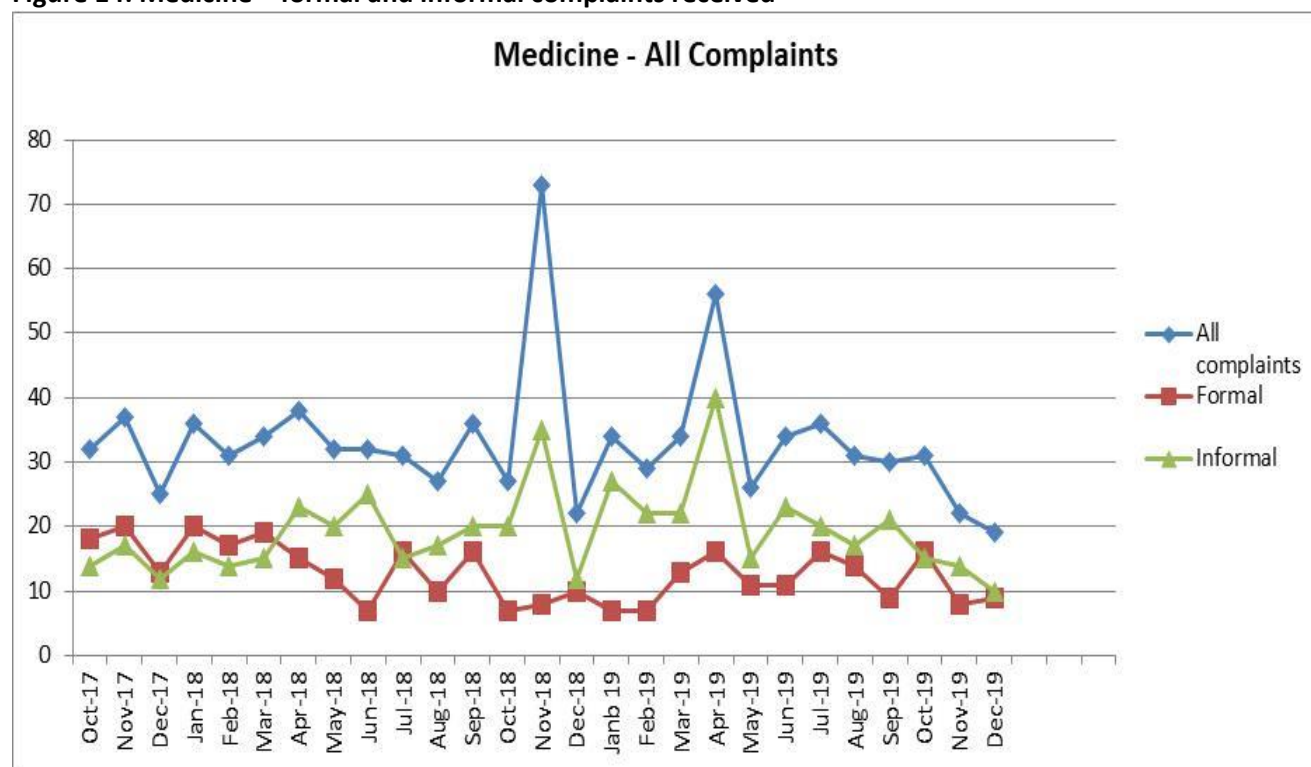


Figure 15: Complaints received by Dermatology

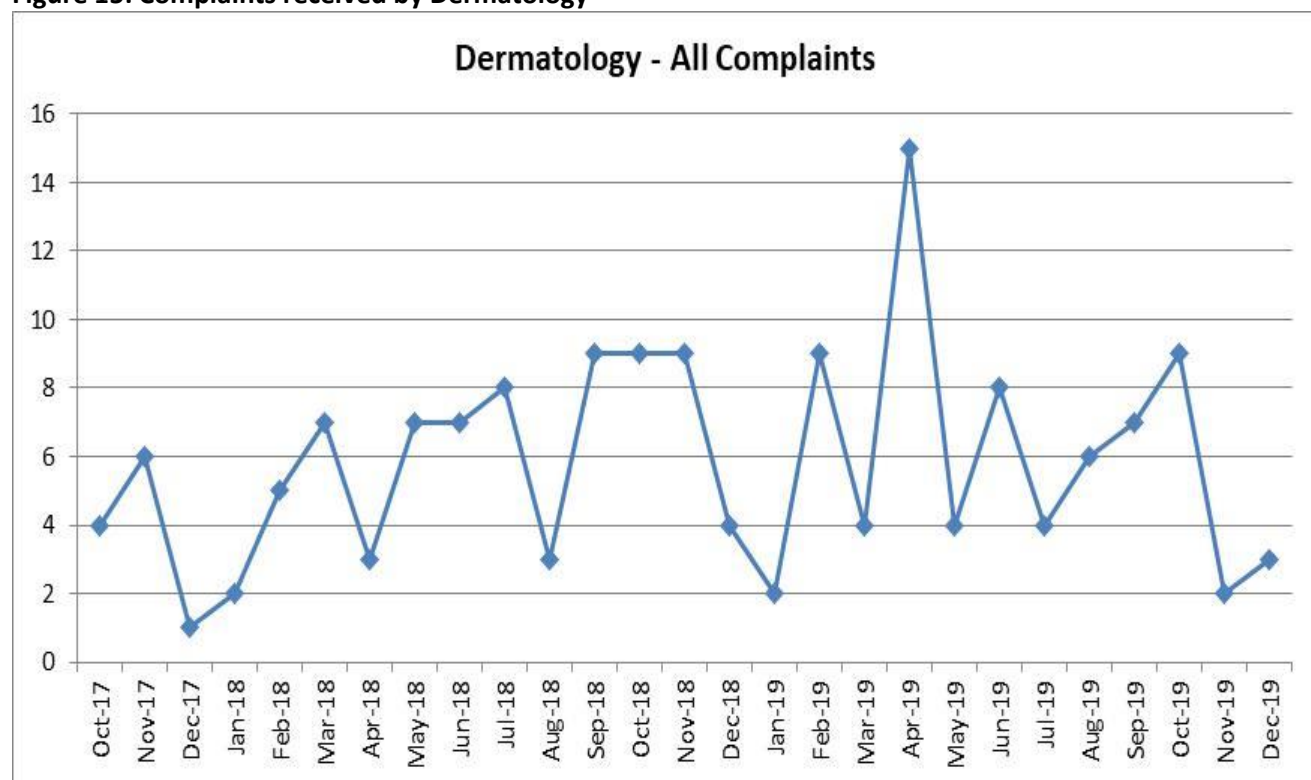


Figure 16: Complaints about attitude and communication

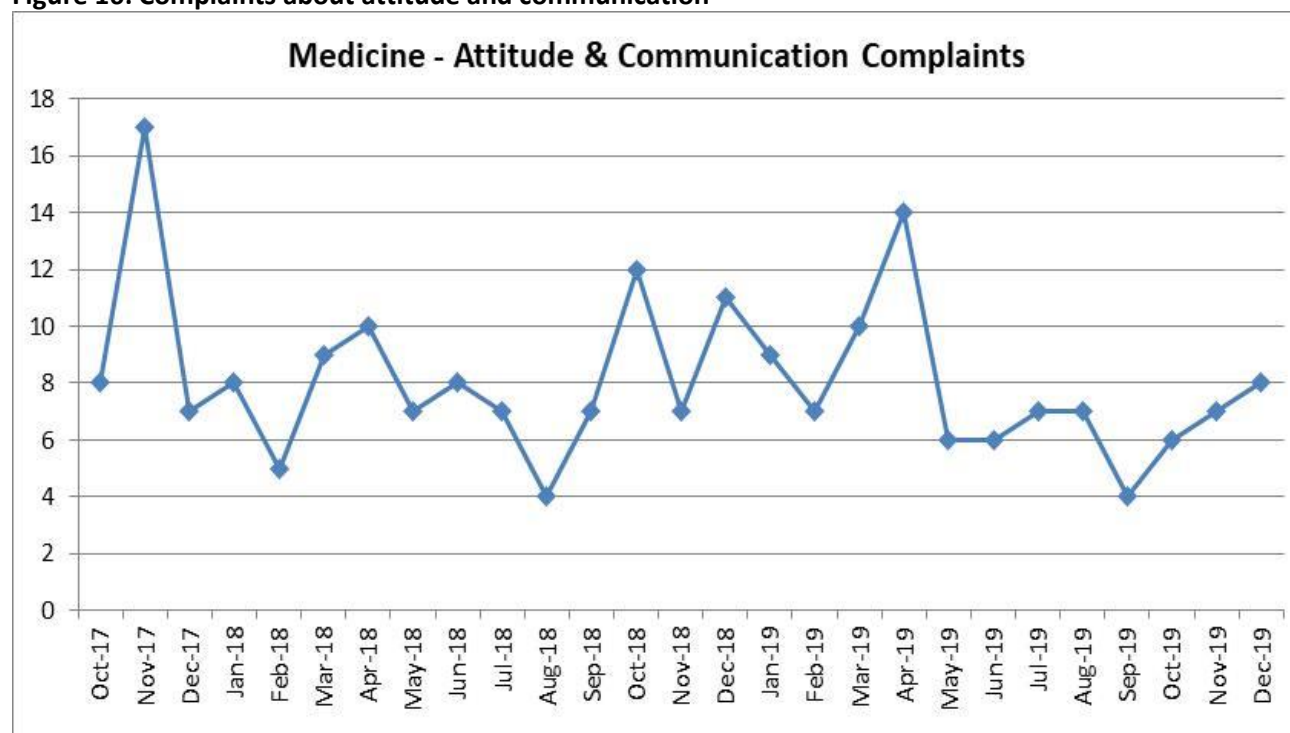
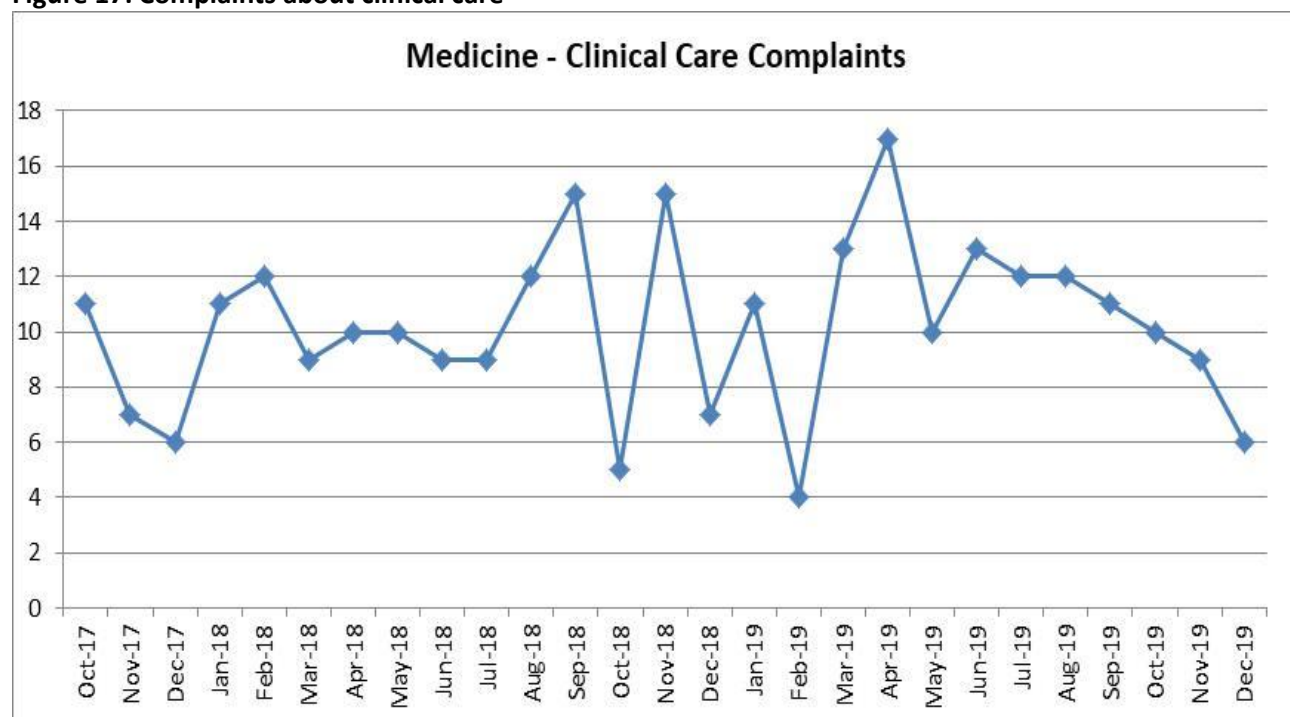


Figure 17: Complaints about clinical care



3.1.3 Division of Specialised Services

The Division of Specialised Services received 66 new complaints in Q3; a slight reduction on the 70 received in Q2. Of these complaints, 49 were for the Bristol Heart Institute (BHI), compared with 45 in Q2; and 15 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 21 in Q2. The remaining two complaints were for the Clinical Genetics service based at St Michael's Hospital.

The largest number of complaints received by the Division was again recorded under the category of 'appointments and admissions' (42.4%), with the majority (24 of 28) being about cancelled and delayed appointments and surgery. There was a noticeable decrease in complaints about 'appointment administration issues', from 11 in Q2 to just one in Q3.

The Division achieved 80.8% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 70.8% in Q2, and 95.8% for informal complaints, compared with 94.9% in Q2. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Appointments & Admissions	28 (42.4%) ↑	27 (38.6% of total complaints) ↓
Clinical Care	18 (27.4%) ↓	23 (32.8%) ↑
Attitude & Communication	12 (18.2%) ↓	13 (18.6%) ↓
Discharge/Transfer/Transport	3 (4.5%) ↑	0 (0%) ↓
Documentation	2 (3.0%) ↓	3 (4.3%) ↑
Facilities & Environment	2 (3.0%) ↓	3 (4.3%) ↑
Information & Support	1 (1.5%) =	1 (1.4%) ↓
Access	0 (0%) =	0 (0%) =
Total	66	70

Table 11: Top sub-categories

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Cancelled or delayed appointments and operations	24 ↑	13 ↓
Clinical care (medical/surgical)	11 ↓	12 ↑
Failure to answer phone/ Failure to respond	5 ↓	7 =
Attitude of medical staff	3 =	3 =
Communication with patient/relative	3 ↑	1 ↓
Referral errors	3 ↑	1 ↓
Discharge arrangements	2 ↑	0 ↓
Lost/misplaced/delayed test results	2 ↓	7

Table 12: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>The number of complaints received for BHI Outpatients increased from 23 in Q2 to 28 in Q3.</p> <p>The majority of these (20 of 28) were in respect of cancelled and delayed appointments.</p>	<p>During Q3 the BHI has seen increased pressure in the outpatients department with the demand for cardiology appointments exceeding capacity.</p>	<p>The BHI is focusing on reducing cancellations and delays for patients in outpatients, reviewing the waiting list and increasing capacity where necessary in the outpatient setting.</p>
<p>The number of complaints received for wards in the BHI is normally low, with no patterns or trends identified. However, there was a notable increase in Q3, with 15 complaints relating to wards, compared with eight in Q2.</p> <p>These were broken down as follows:</p> <ul style="list-style-type: none"> • Ward C705 – 5 • Ward C604 (CICU) – 4 • Ward C708 – 4 • Ward C805 – 2 <p>Complaints were about a variety of issues, including 'clinical care' (6); 'attitude and communication' (5); 'discharge arrangements' (2); and one for 'incorrect letter'.</p>	<p>As above, during Q3 the wards in the BHI have experienced high demand with an increase in the patients' acuity and dependency.</p>	<p>Ward C705 has refocused on the discharge process for patients.</p> <p>CICU has had complex complaints that were associated with the need for further explanations for families; this has resulted in meetings which have been positively received by families.</p> <p>Ward C708 has had complaints around communication and has shared the patients' experiences with the staff to ensure learning.</p> <p>Ward C805 has had complaints around clinical care and has shared the patients' experiences with the staff to ensure learning.</p>

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

The division is continuing to record meetings with complainants as this is well received. Meetings are encouraged as a way of resolving issues for complainants, along with proactive discussions with complainants to resolve issues quickly in line with the informal complaints process.

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

Complaint themes are discussed at governance meetings across the division to share learning that is then shared out to the teams across the division. As part of improving the pathway of patients who have cardiac surgery, the division has a six month post, which is starting mid-February, with an aim of reducing cardiac surgery cancellations and improving the delays to patients who are on the waiting list.

Figure 18: Specialised Services – formal and informal complaints received

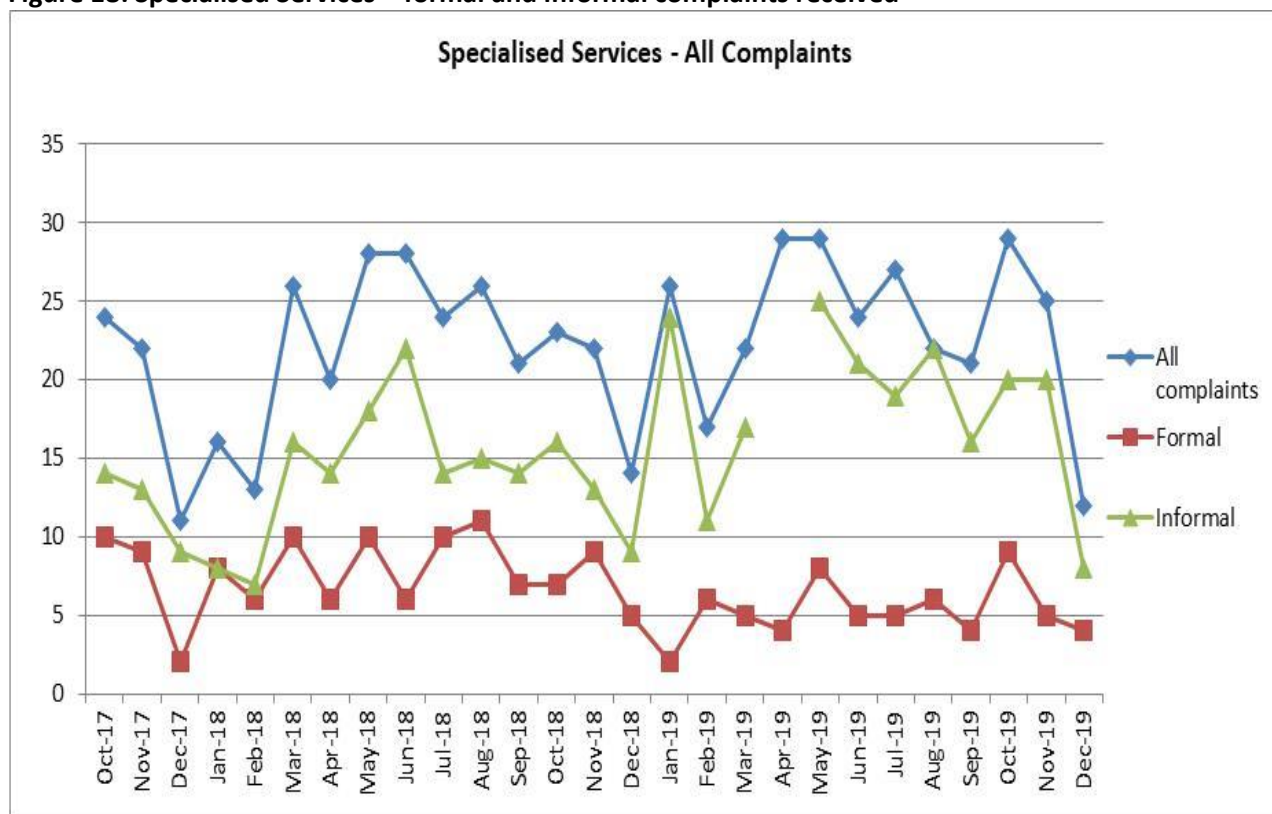


Figure 19: Complaints received by Bristol Heart Institute

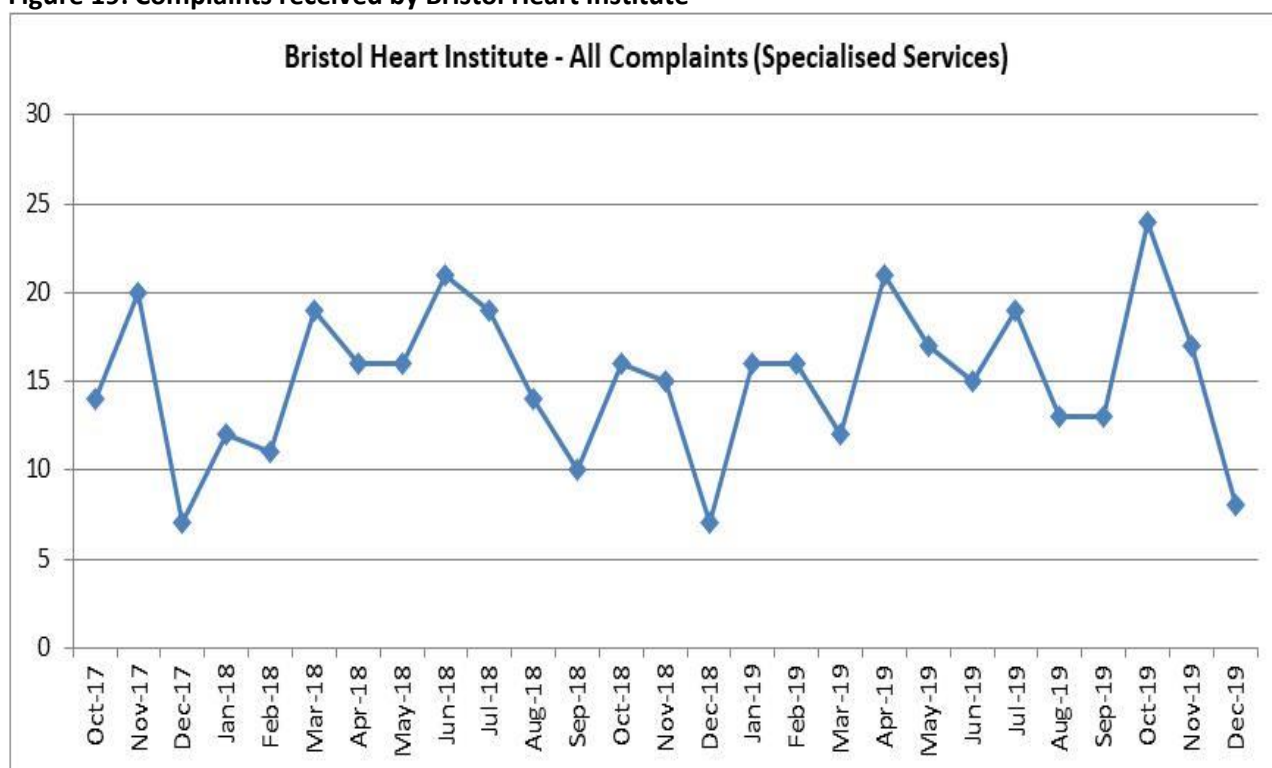


Figure 20: Complaints received by Bristol Haematology & Oncology Centre

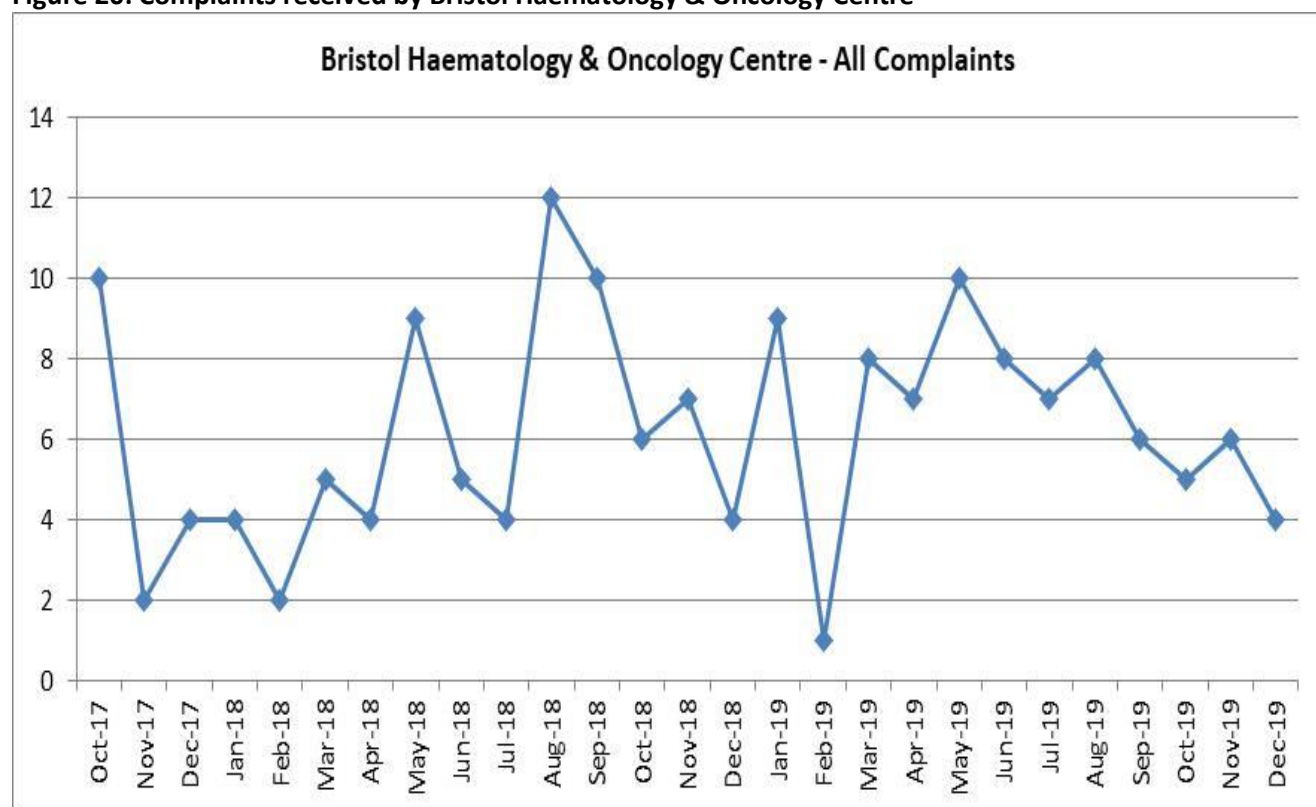
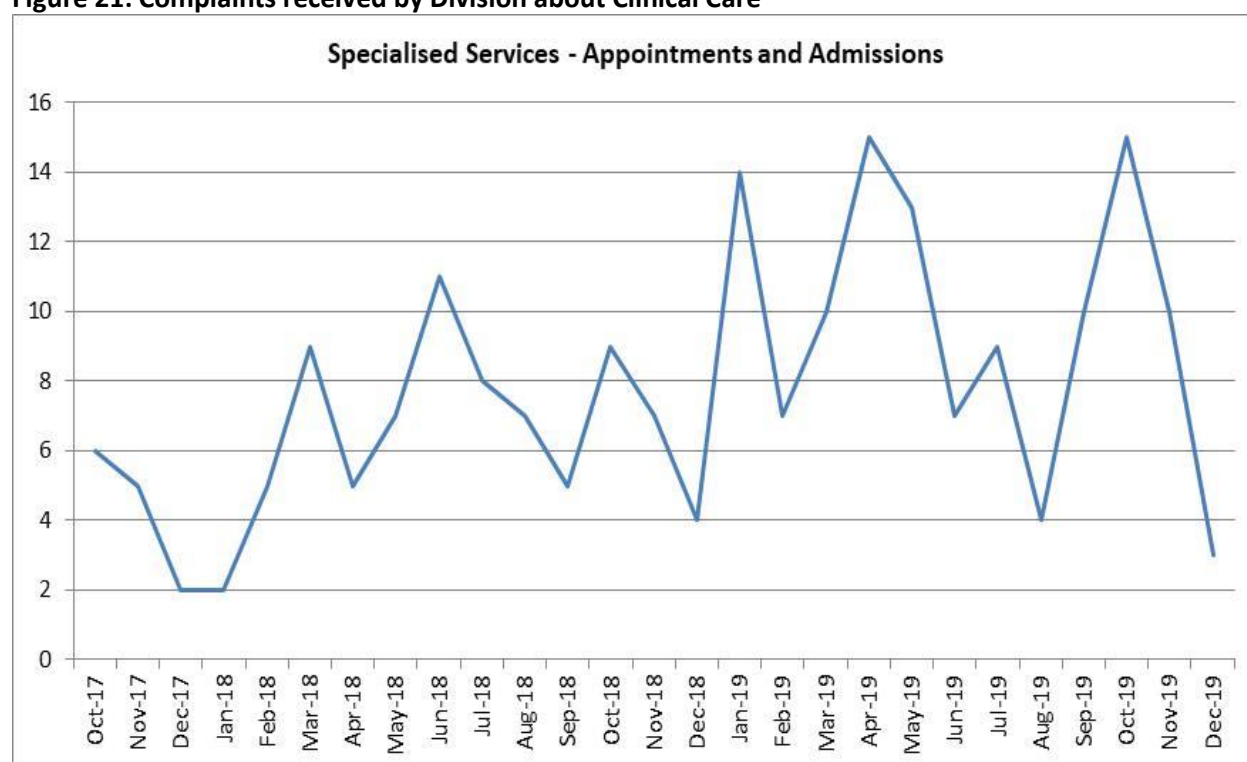


Figure 21: Complaints received by Division about Clinical Care



3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division in Q3 was 78, compared with 70 in Q2.

Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 46 of the 78 complaints, compared with 44 in Q2. There were 28 complaints for St Michael's Hospital (StMH), compared with the 25 received in Q1. In addition, there were two complaints for the Community Midwifery Service, one for the Gynaecology Consultant Clinic at South Bristol Community Hospital and one for the Paediatric Outpatient Clinic at Southmead Hospital.

The Division saw increases in all categories of complaint with the exception of 'appointments and admissions'. There were increases to complaints about nursing/midwifery staff, including 'attitude and communication' and 'clinical care'.

The Division achieved 94.4% against its target for responding to formal complaints within the agreed timescale in Q2 and 88.5% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Clinical Care	32 (41% of total complaints) ↑	27 (38.6% of total complaints) ↓
Appointments & Admissions	17 (21.8%) ↓	23 (32.9%) ↑
Attitude & Communication	17 (21.8%) ↑	12 (17.1%) ↓
Facilities & Environment	4 (5%) =	4 (5.7%) ↑
Information & Support	4 (5%) ↑	2 (2.9%) ↓
Discharge/Transfer/Transport	2 (2.6%) ↑	1 (1.4%) =
Documentation	1 (1.3%) =	1 (1.4%) ↑
Access	1 (1.3%) ↑	0 (0%) ↓
Total	78	70

Table 14: Top sub-categories

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Clinical care (medical/surgical)	17 =	17 ↓
Cancelled or delayed appointments and operations	13 ↓	15 ↑
Clinical care (nursing/midwifery)	8 ↑	5 ↓
Attitude of nursing/midwifery	5 ↑	3 ↑
Communication between staff and with patient/relative	4 =	4 =
Attitude of medical staff	3 ↓	4 ↑
Diagnosis incorrect / delayed / missed	3 ↑	1 =
Appointment administration issues	2 ↓	5 =

Table 15: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>BRHC</p> <p>Of the 32 complaints relating to 'clinical care', 17 were received by the BRHC, with seven of these being for inpatient care, five for the Children's ED, and five for other outpatient services.</p> <p>The majority of these complaints (12) were recorded under 'clinical care (medical/surgical).</p> <p>The BRHC received eight of the 17 complaints recorded under 'attitude and communication'. Three of these related to the Children's ED, three were for outpatient services and two were about inpatient episodes.</p>	<p>BRHC</p> <p>The Division has reviewed the complaints relating to these categories and notes the following:</p> <p>Clinical Care</p> <ul style="list-style-type: none"> Three of the four complaints for the Children's ED were attributable to viral infections which later developed and required antibiotics. This could not have been foreseen and was the reason for the complaints being made. The remaining complaints were spread across a range of areas within the BRHC and coincided with the winter period when activity reached unprecedented levels. <p>Attitude and Communication</p> <ul style="list-style-type: none"> Of the eight complaints attributed to the BRHC, two related to safeguarding processes. On both occasions the confusion had not been caused by the BRHC and was due to a miscommunication with the complainant by a third party outside of the BRHC. The remaining complaints were spread across a variety of areas and no specific theme could be identified. 	<p>BRHC</p> <p>Where individual complaints were investigated, actions were taken where it was identified that something had not gone as we would have expected. The completion and impact of these actions is being monitored by the Division.</p> <p>Complaints and their associated actions are shared with the relevant clinical teams to ensure wider awareness of the concerns being raised and the lessons being learnt as a result.</p> <p>Complaints activity is also being monitored on a monthly and a quarterly basis by various Committees within the Division, including the Divisional Board and Quality Assurance Committee. Where themes and trends are identified, these are being followed up as necessary.</p> <p>When winter pressures are next being planned for, the nature of the concerns raised in Q3 2019-20 will be taken into consideration, and where possible, steps taken to prevent the same issues arising.</p>
<p>StMH</p> <p>StMH received 15 complaints about 'clinical care'. In total, 11 of the 15 complaints related to inpatient episodes, with six of these being for Ward 73.</p>	<p>StMH</p> <p>No common themes identified</p>	<p>StMH</p> <p>All complaints are reviewed by Head of Midwifery/Nursing and checked against incidents and Root Cause Analyses to ensure that there have been no major unknown failings in care and that actions are taken where appropriate.</p> <p>Within Women's services, where a midwife or nurse has been identified with regard to poor attitude, the Matrons will ensure</p>

There were nine complaints about 'attitude and communication' for StMH, with six of these relating to inpatient care.	No common themes identified	<p>that the nurses or midwives write a reflection and relate this to the Nursing & Midwifery Council code.</p> <p>The Division continues to work with Local Maternity Services with regards to patients' expectations of post-natal care.</p> <p>The Maternity CQC survey demonstrates that our scores for post-natal care are in line with the national norm and for births we scored better than the national average.</p> <p>We have had more complaints about clinical care in labour, with women not understanding clinical decisions made at the time or the birth not going as they had hoped in their birth plan.</p>
---	-----------------------------	---

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

BRHC

We are continuing to develop our senior clinical staff in complaint investigation and identification of learning opportunities. This will enable us to streamline our internal process ensuring the maximum time is available for the investigation to be undertaken, and for all concerns to be responded to.

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

StMH

StMH are working with the transport and ambulance service to improve delays when patients go from St Michael's Hospital to the BRI for procedures.

BRHC

Processes are in place to ensure that any agreed actions are completed within agreed timeframes, themes and trends are being monitored and specific actions will be developed as themes become evident.

Figure 22: Women & Children – formal and informal complaints received

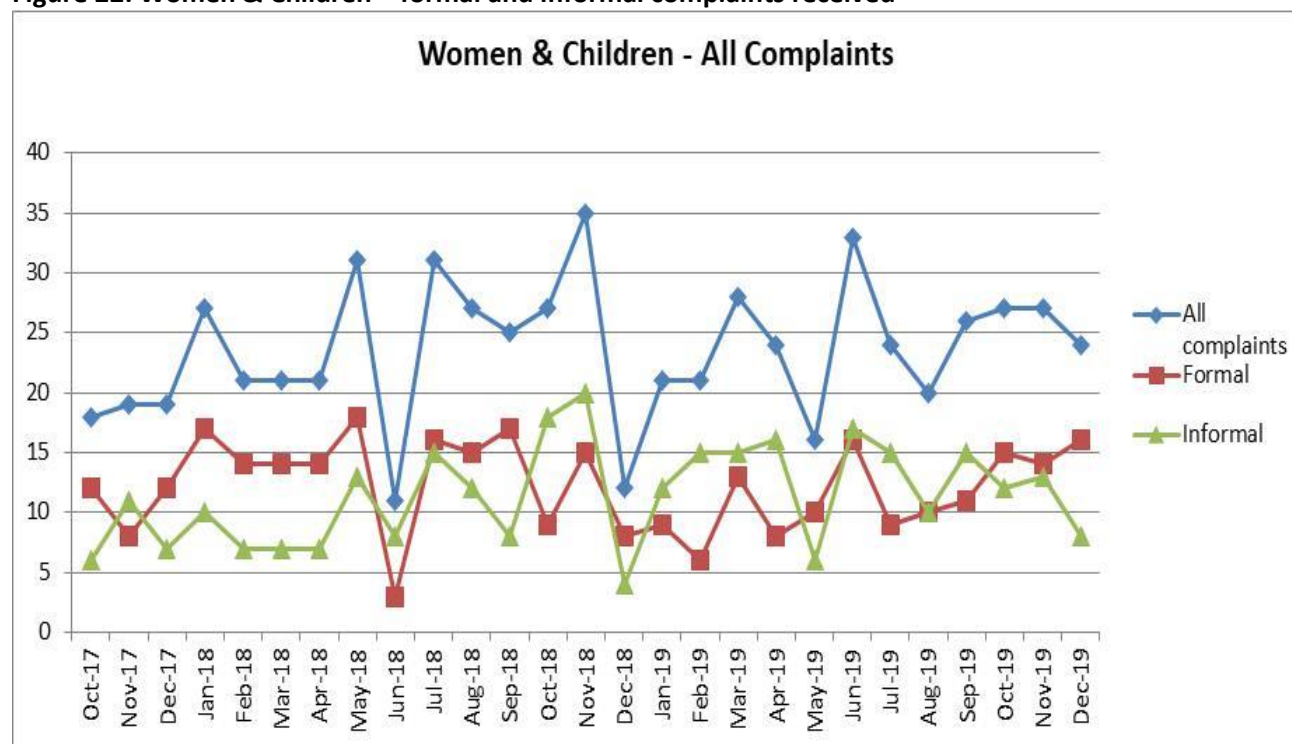


Figure 23: Complaints received by Bristol Royal Hospital for Children

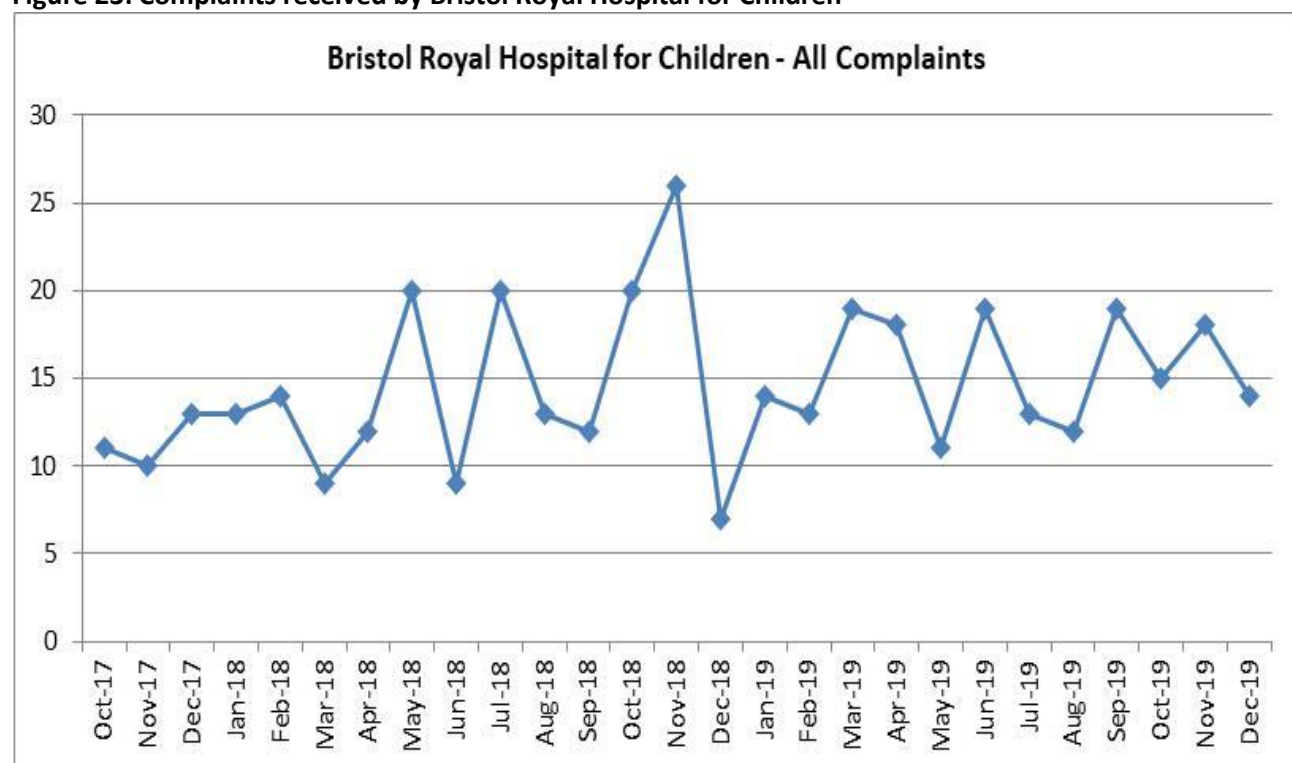


Figure 24: Complaints received by St Michael's Hospital



Figure 25: Complaints received by the Division about 'Clinical Care'

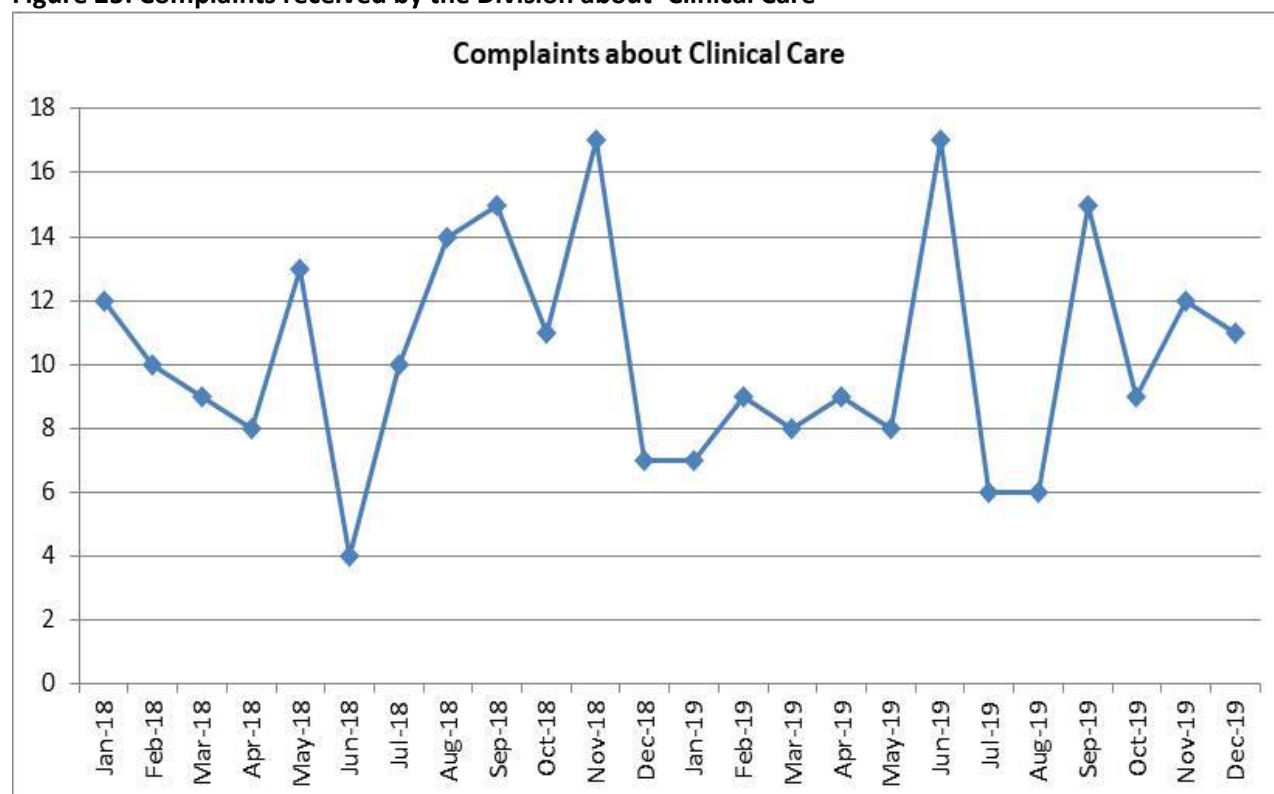
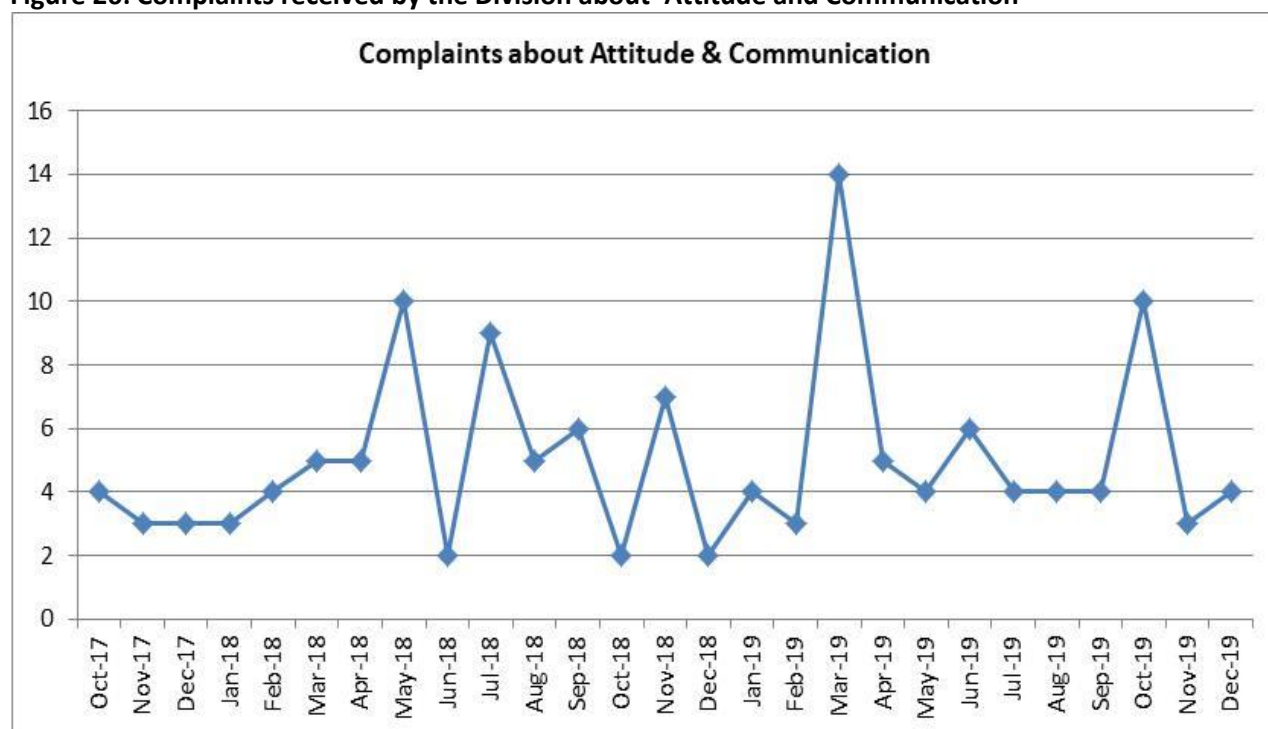


Figure 26: Complaints received by the Division about 'Attitude and Communication



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies reduced from 22 in Q2 to 17 in Q3. The most notable increase was in complaints received for Boots Pharmacy in the BRI, which have increased for the third consecutive quarter and in Q2 represent 41.2% of all complaints received by the Division.

Of the remaining 10 complaints, six were for Radiology and three were for Audiology, the latter of which was half the amount received in the previous quarter.

The Division achieved 88.9% against its target for responding to formal complaints within the agreed timescale in Q3 and 83.3% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Clinical Care	9 ↑	6 ↑
Attitude & Communication	5 =	5 ↑
Appointments & Admissions	2 ↓	9 ↓
Information & Support	1 =	1 ↓
Facilities & Environment	0 ↓	1 ↑
Documentation	0 =	0 =
Access	0 =	0 =
Discharge/Transfer/Transport	0 =	0 =
Total	17	22

Table 17: Top sub-categories

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Failure to answer phone / failure to respond	3 =	3 ↑
Medication incorrect/not received	3 =	3 ↑
Appointment administration issues	2 ↓	4 =
Lost/misplaced/delayed test results	2 ↑	0 ↓

Table 18: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Complaints received for Boots Pharmacy (BRI) have increased for the third consecutive quarter.	Boots were experiencing some staffing shortages owing to long term sickness with several members of the team during Q3.	Additional staff were drafted in from Bournemouth to support the team. All complaints are discussed at the monthly meeting between Pharmacy and Boots and a recovery plan is in place and ongoing.
Of the seven complaints about Boots received in Q3, four were in respect of medication being incorrect or not received and three were about failure to answer the phone.	8mg tablets were unavailable to a patient during both her admission and discharge as they were out of stock.	4mg tablets were provided with instructions to take 2 each time instead. Reminder to staff to ensure instructions are clearly explained and understood by patients.
	Upon receiving the child's appointment summary letter the parent found the dosage written differed to the one given on discharge. An error was made by Boots dispensing staff and this was not picked up in the checks, leading to incorrect dosage being put on the label.	Boots Store Manager spoke directly to parent and apologised for error. Boots staff members involved have been identified and spoken to with a requirement to review their current practice and working procedures to prevent any future mistakes of this nature. The complaint has also been discussed at the monthly meeting between Boots and UHB Pharmacy to share the learning.

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

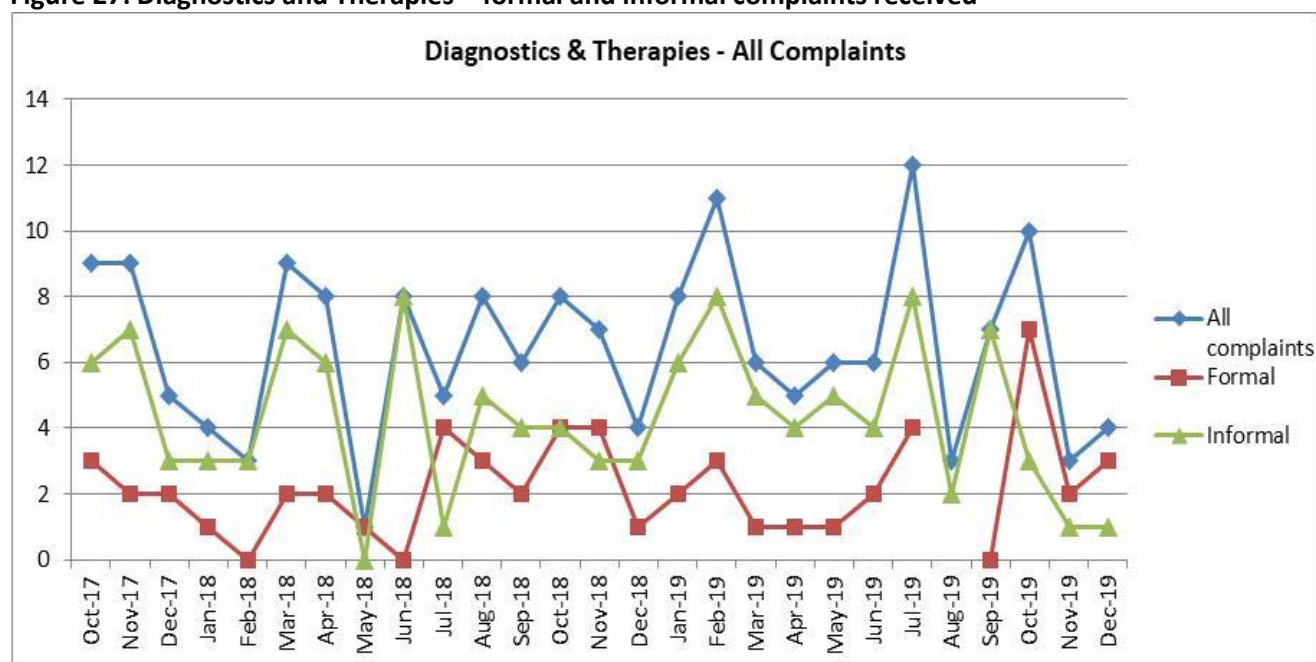
There was one formal complaint breach was in relation to a delay with THQ sign off – all information was sent by Diagnostics & Therapies within the required timeframes.

Only one informal complaint breached in Q3 relating to pharmacy. This was due to extreme pressures around patient flow, resulting in the management of the service being the priority and so the response was delayed in order to allow the manager to cover the essential duties at this time.

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

Boots have an ongoing recovery plan in place that is being monitored and supported by the UHB Head of Pharmacy, with regular updates provided at the monthly meeting between the teams.

Figure 27: Diagnostics and Therapies – formal and informal complaints received

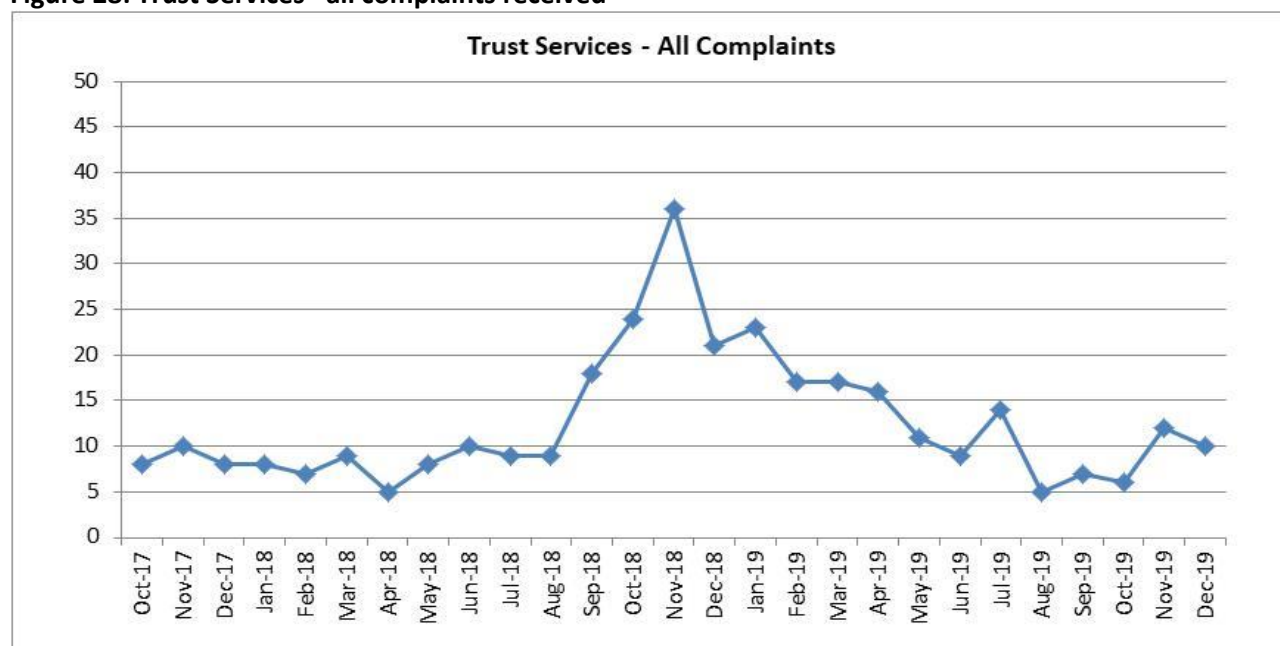


3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 28 complaints in Q3, the same as for Q2 and compared with 36 in Q1. Of the 28 complaints received in Q3, seven were about car parking across various Trust sites, there were six for the Private & Overseas Patients Team and the remaining 15 were spread across various departments with no common themes or trends.

The Division achieved 100% against its target for responding to formal complaints within the agreed timescale in Q3 and 90.5% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Figure 28: Trust Services –all complaints received



3.2 Complaints by hospital site

Complaints decreased across four of the main hospital sites, including Bristol Royal Infirmary, where complaints fell by 23%. There was also a significant reduction in the number of complaints received by Bristol Eye Hospital, with a decrease of 31%.

It should be noted that the complaints for St Michael's Hospital include the Division of Surgery's ENT service, as well as Women's & Children's services; and complaints for Bristol Heart Institute include the Division of Medicine's Ward C808.

Table 19: Breakdown of complaints by hospital site³

Hospital/Site	Number and % of complaints received in Q3 2019/20	Number and % of complaints received in Q2 2019/20
Bristol Royal Infirmary	140 (36.1%) ↓	182 (41.2%) ↓
St Michael's Hospital	50 (12.8%) =	50 (11.3%) ↑
Bristol Royal Hospital for Children	47 (12.1%) ↑	46 (10.4%) ↓
Bristol Heart Institute	52 (13.4%) ↑	47 (10.6%) ↓
Bristol Dental Hospital	34 (8.8%) ↑	33 (7.5%) ↓
Bristol Eye Hospital	29 (7.5%) ↓	42 (9.5%) ↓
Bristol Haematology & Oncology Centre	15 (3.9%) ↓	21 (4.8%) ↓
South Bristol Community Hospital	12 (3.1%) ↓	13 (2.9%) ↓
Southmead, Weston, Clevedon and Bridgwater (UH Bristol services)	4 (1.0%) =	4 (0.9%) ↑
Central Health Clinic and Unity Community Clinics	2 (0.5%) ↓	3 (0.7%) ↓
Community Midwifery Services	2 (0.5%) ↑	0 (0%) ↓
Community Dental Sites	1 (0.3%) =	1 (0.2%) =
TOTAL	388	442

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 28 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 Q3, 45.6% (*45.2%) of complaints received were about outpatient services, 33% (29.9%) related to inpatient care, 7.2% (9.5%) were about emergency patients; and 14.2% (15.4%) were in the category of 'other' (as explained above).

* Q2 percentages are shown in brackets for comparison.

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 and some services that come under Diagnostics & Therapies are undertaken at the Children's Hospital.

Figure 29: All patient activity

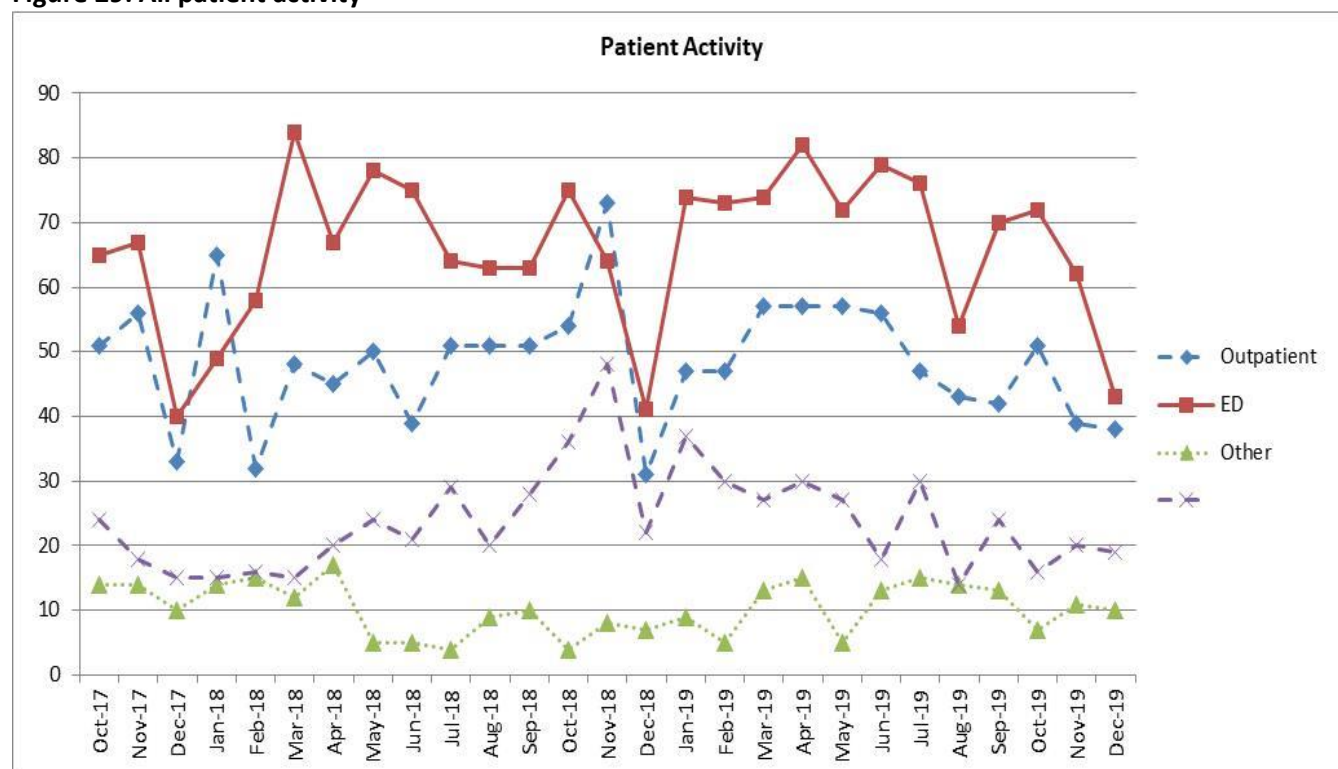


Table 20: Breakdown of Area Type

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
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
Oct-18	4	54	75	36	169
Nov-18	8	73	64	48	193
Dec-18	7	31	41	22	101
Jan-19	9	47	74	37	167
Feb-19	5	47	73	30	155
Mar-19	13	57	74	27	171
Apr-19	15	57	82	30	184
May-19	5	57	72	27	161
Jun-19	13	56	79	18	166
Jul -19	15	47	76	30	168
Aug-19	14	43	54	14	125
Sep-19	13	42	70	24	149
Oct-19	7	51	72	16	146
Nov-19	11	39	62	20	132
Dec-19	10	38	43	19	110
Grand Total	199	1026	1421	540	3186

3.3 Complaints responded to within agreed timescale for formal resolution process

All divisions reported breaches of formal complaint deadlines in Q3, with a total of 23 breaches of deadlines reported Trustwide.

The Division of Medicine reported 12 breaches of deadline; Specialised Services reported five, Trust Services and Surgery had two each, and Women & Children and Diagnostics & Therapies had one breach each. It should however be noted that only one of the breaches for Specialised Services and for Surgery were attributable to the Division and none for Diagnostics & Therapies (see Table 22 below).

The breaches for Q3 (23) and for Q2 (28) represent a significant deterioration on the 8 breaches reported in Q1.

In Q3, the Trust responded to 196 complaints via the formal complaints route and 88.3% of these were responded to by the agreed deadline, against a target of 95%.

Table 21: Breakdown of breached deadlines - Formal

Division	Q3 (2019/20)	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)
Medicine	12 (29.3%) ↑	10 (23.3%)	1 (2.2%)	1 (3.3%)
Specialised Services	5 (19.2%) ↓	7 (29.2%)	5 (23.8%)	3 (12.5%)
Surgery	2 (2.6%) ↓	3 (5.9%)	0 (0%)	3 (5.6%)
Trust Services	2 (40%) ↓	5 (55.6%)	0 (0%)	2 (40%)
Women & Children	1 (2.6%) ↓	2 (5.5%)	2 (5.3%)	15 (31.3%)
Diagnostics & Therapies	1 (11.1%) =	1 (12.5%)	0 (0%)	1 (11.1%)
All	23 breaches	28 breaches	8 breaches	25 breaches

(So, as an example, there were 12 breaches of timescale in the Division of Medicine in Q3, which constituted 29.3% of the complaint responses which were sent out by that division in Q3.)

Breaches of timescale in respect of formal complaints 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 Q3. Four of the breaches were caused by delays within the Patient Support & Complaints Team, four were attributable to delays during the Executive sign-off process and 20 were attributable to the Divisions.

Table 22: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	1	11	1	1	0	1	15
Patient Support & Complaints Team	1	1	3	0	0	1	6
Executives/sign-off	0	0	1	0	1	0	2
All	2	12	5	1	1	2	23

3.3.1 Complaints responded to within agreed timescale for informal resolution process

In Q4 of 2018/19, we commenced reporting of the number of informal complaints that breached the deadline agreed with the complainant. Performance against this measure is now reported to the Trust Board. All breaches of informal complaint timescales are attributable to the Divisions as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q3, the Trust responded to 213 complaints via the informal complaints route (compared with 232 in Q2) and 90.1% of these were responded to by the agreed deadline; an improvement on the 87.5% reported in Q2.

Table 23: Breakdown of breached deadlines - Informal

Division	Q3 (2019/20)	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)
Surgery	8 (11.4%)	9 (10.0%)	16 (11.0%)	10 (14.5%)
Medicine	7 (17.5%)	8 (24.2%)	7 (11.7%)	3 (7.1%)
Trust Services	2 (9.5%)	7 (24.1%)	6 (20.0%)	10 (22.2%)
Specialised Services	2 (4.2%)	2 (5.1%)	0 (0%)	5 (12.2%)
Women & Children	1 (3.6%)	3 (11.5%)	4 (12.9%)	8 (33.3%)
Diagnostics & Therapies	1 (16.7%)	0 (0%)	2 (18.2%)	1 (10.0%)
All	21	29	35	37

3.4 Outcome of formal complaints

In Q3, the Trust responded to 196 formal complaints⁴. Tables 24 and 25 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q3 of 2019/20 and Q2 of 2019/20 respectively. A total of 88.8% of complaints were either upheld or partly upheld in Q2, compared with 85.4% in Q2.

Table 24: Outcome of formal complaints – Q3 2019/20

	Upheld	Partly Upheld	Not Upheld
Surgery	14 (18.5%) ↓	53 (69.2%) ↑	9 (12.3%) =
Medicine	11 (26.8%) ↓	27 (65.9%) ↑	3 (7.3%) ↑
Specialised Services	9 (33.3%) ↓	14 (56.7%) ↑	3 (10%) ↓
Women & Children	12 (30.8%) ↑	23 (59%) ↑	4 (10.2%) ↓
Diagnostics & Therapies	3 (38.5%) ↓	5 (53.8%) ↑	1 (7.7%) ↑
Trust Services	0 (0%) ↓	3 (60%) ↓	2 (40%) ↑
Total	49 (25%) ↓	125 (63.8%) ↑	22 (11.2%) ↓

Table 25: Outcome of formal complaints – Q2 2019/20

	Upheld	Partly Upheld	Not Upheld
Surgery	16 (31.4%) ↓	26 (51.0%) ↑	9 (17.6%) ↓
Medicine	14 (32.6%) ↑	25 (58.1%) ↑	4 (9.3%) ↓
Specialised Services	11 (45.8%) =	9 (37.5%) ↑	4 (16.7%) =
Women & Children	8 (22.2%) ↓	20 (55.6%) ↑	8 (22.2%) ↓
Diagnostics & Therapies	4 (50.0%) ↑	4 (50.0%) ↑	0 (0%) ↓
Trust Services	5 (55.6%) ↑	4 (44.4%) ↑	0 (0%) ↓
Total	58 (33.9%) ↓	88 (51.5%) ↑	25 (14.6%) ↓

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

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 monitor progress.

Below are some examples of actions which have been completed during Q3 2019/20.

- A complaint was received from a patient who had returned to the ward in the early evening following surgery, having been 'nil by mouth' since that morning, to be told that the only food available was a ham sandwich. The patient had a sore throat and mouth and swollen lips from four hours with an ERCP tube in situ and he had a distended abdomen. He is also prone to duodenal ulcers and has a gastroma and pancreatic disease so he was unable to eat a sandwich. As a result of this complaint, a poster was developed by the Matron, outlining the out of hours food provisions arrangements, and this has been shared with all surgical ward sisters (Surgery).
- The Division of Women & Children received a complaint from an expectant mother who had a very upsetting experience when trying to book antenatal classes with the community midwives at Keynsham. As a result, the Community Midwifery Matron undertook to share learning from this complaint with all appropriate staff, to ensure that all women are made aware of how to book antenatal classes, who to call, and that calls to Keynsham Health Centre are diverted to St Martin's Hospital out of hours (Women & Children).
- As a result of a complaint from a patient who had experienced numerous problems with the delivery of care at Bristol Haematology and Oncology Centre (BHOC), staff met with the patient to get a thorough and detailed understanding of the issues she faced. The Clinical Nurse Specialist followed this up with a letter to the patient with a detailed summary of the care and support available to her, including around the areas of patient care, supportive care and medication care (Specialised Services).

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. A total of 137 enquiries were received in Q3, a significant reduction on the 228 received in Q2. The team also recorded and acknowledged 51 compliments received during Q3 and shared these with the staff involved and their Divisional teams. This is compared with 32 compliments reported in Q2 and 45 in Q1.

Table 26 below shows a breakdown of the most common requests for advice, information and support dealt with by the team in Q3.

Table 26: Enquiries by category

Category	Enquiries in Q3 2019/20
Information about patient	41
Hospital information request	34
Medical records	19
Appointment queries	12
Clinical care	10
Clinical information request	6
Facilities and environment	5

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints team recorded 146 enquiries that did not proceed, compared with 160 in Q2. 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 continues to deal with a high volume of activity, with a total of 722 separate enquiries in Q3 2019/20, compared with 862 in Q2 and 906 in Q1.

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 Q3, 233 complaints were received in writing (196 by email and 37 letters) and 148 were received verbally (4 in person via drop-in service⁵ and 144 by telephone). 10 complaints were also received in Q3 via the Trust's 'real-time feedback' service. Of the 388 complaints received in Q3, 100% met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

The Patient Support & Complaints Manager closely monitors cases that are not acknowledged within timescale and reports to the Head of Quality (Patient Experience & Clinical Effectiveness) if there are any concerns and/or patterns.

7. PHSO cases

During Q3, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in six new complaints. During the same period, five existing cases remain ongoing. A total of four cases were closed during Q2: all four were closed with the PHSO taking no further action.

Table 27: Complaints opened by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
22446	BB		16/09/2019 [31/12/2019]	StMH	Gynaecology Outpatients	Women & Children
The PHSO contacted us on 31/12/2019 asking for a copy of our response to the complaint and asking if this was the Trust's final response. We confirmed that this was our final response on this matter and provided a copy of the response letter. Currently awaiting further contact from the PHSO.						
20494	LS	AB	23/04/2019 [23/10/2019]	BRHC	Paediatric Gastroenterology	Women & Children

⁵ It should be noted that the drop-in service was closed for the majority of Q3 due to staffing issues/capacity within the team. It has since fully re-opened.

The PHSO asked for further information as the complainant had not received a response to her email with outstanding concerns. It transpired that the email had not been received so the complainant was contacted and a copy of the outstanding concerns has now been received and will be responded to. The PHSO will not take any further action unless the complainant contacts them again following our second response.						
19096	TH	JH	07/02/2019 [13/11/2019]	BRI	Lower GI	Surgery
PHSO asked for a copy of our response to this complaint, which was sent to them on 14/11/2019. We also confirmed that this was our final response and that we had nothing further to add. Currently awaiting further contact from the PHSO.						
16621	SG	TC	24/09/2018 [02/12/2019]			
On 02/12/2019, the PHSO requested a copy of the patient's medical records, which were sent to them on 10/12/2019. On 06/01/2020, they advised that they would be investigating this complaint and provided details of the scope of their investigation and requested further information, which was sent to them on 15/01/2020.						
15887	AM	SG	06/08/2018 [01/10/2019]	StMH	Central Delivery Suite	Women & Children
The PHSO requested a copy of our complaint file and the medical records. The complaint file was sent to them on 02/10/2019 and the medical records on 04/10/2019. We last heard from the PHSO on 20/01/2020 when they confirmed that they were waiting for their assessment of the complaint to be approved and they will then let us know if they intend to investigate.						
4172	CN	JN	24/10/2016 [11/12/2019]	BHOC	Radiotherapy	Specialised Services
A copy of the complaints file and the relevant medical records were sent to the PHSO on 27/01/2020. We are currently waiting to hear further from the PHSO, who have confirmed that they are investigating this complaint.						

Table 28: Complaints ongoing with the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
16724	GS	HS	01/10/2018 [10/01/2019]	BRHC	PICU	Women & Children
The patient tragically died in BRHC in 2015 at age of 14 years. Long standing complaint which parents have now sent to the PHSO for investigation. Update from PHSO received on 30/10/2019 advising that they are hoping to carry out interviews with Trust staff in December 2019/January 2020, with the aim of providing their final report by February 2020. The Trust has asked the PHSO to explain the purpose of interviewing staff given that so much time has passed (four years) and the detrimental effect of this on the staff involved. The PHSO have responded to say that they will not interview staff unless absolutely necessary.						
15161	DH		25/06/2018 [04/03/2019]	BHI	Outpatients (BHI)	Specialised Services
The PHSO advised us on 13/11/2019 that they had requested further advice from one of their clinical advisers, who needs a CD or DVD copy of the procedure in order to comment on the treatment and care provided. This was sent to the PHSO on 21/11/2019 and we are currently awaiting an update from the PHSO.						
4904	PM	OM	28/11/2016	BRHC	Paediatric	Women &

			[15/02/2019]		Neurology	Children
An update was received from the PHSO on 14/02/2020, advising that they had now shared the clinical advice that they have so far with everyone involved and were planning to meet with the parents to discuss next steps.						
18996 Ulysses	AC	BC	08/06/2015 [01/02/2018]	BRHC	PICU	Women & Children
Update received from the PHSO on 14/02/2020, advising that following extensive comments from the complainant, they are going back to their clinical advisers with some further questions. They would find it helpful to speak to two members of Trust staff who were looking after the patient on 17/04/2015 and have asked for their contact details.						
19622	NC	MC	11/03/2019 [23/07/2019]	BHI	Ward C808	Medicine
The PHSO advised the Trust in July 2019 that the complaint is actually out of time so they are considering whether or not to investigate it – we are still awaiting their decision.						
17825	CJ	DJ	03/12/2018 [16/09/2019]	BHOC	Ward D603	Specialised Services
The PHSO advised the Trust in December 2019 that the complaint is now with their assessment team and is waiting to be allocated to a caseworker. We are currently awaiting a further update.						

Table 29: Complaints closed by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Updated action plan sent to PHSO on 07/01/2020 – we have now fulfilled all of the recommendations made by the PHSO and the case is closed. The PHSO have advised that the patient does not accept the recommendations they made. Partly Upheld						
15045	LP		19/06/2018 [05/07/2019]	BRI	Endocrinology	Medicine
The PHSO requested a copy of the Trust's complaint file in July 2019 and have now closed it without a full investigation. No further action						

8. Complaint Survey

Since February 2017, the Patient Support & Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. **The response rate to this survey is consistently low, so the results need to be interpreted with caution.**

Table 30 below shows data from the 19 responses received during Q3, compared with those received in previous quarters. Feedback in Q3 improved in a number of areas, with significant increases in respondents who:

- confirmed that a timescale for responding to their complaint had been agreed with them;
- confirmed that our complaints process made it easy for them to make a complaint;
- felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team; and
- felt that our response had addressed all of the issues they had raised.

Table 30: Complaints Survey Data

Survey Measure/Question	Q3 2019/20	Q2 2019/20	Q1 2019/20	Q4 2018/19
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	94.1% ↑	53.9% ↓	80.0% ↓	94.1% ↑
Respondents who felt that the Trust would do things differently as a result of their complaint.	27.8% ↑	7.1% ↓	14.3% =	14.3% ↓
Respondents who found out how to make a complaint from one of our leaflets or posters.	5.26% ↑	0% ↓	12.5% ↑	8.6% ↓
Respondents who confirmed we had told them about independent advocacy services.	61.1% ↑	57.2% ↑	48.0% ↓	54.3% ↑
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	79.0% ↑	57.1% ↓	66.7% ↑	62.9% ↓
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	61.1% ↑	50% ↓	70.8% ↑	65.7% ↑
Respondents who said they did not receive their response within the agreed timescale.	22.2% ↑	21.4% ↑	13.6% ↓	14.3% ↓
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	88.9% ↓	100% ↑	91.7% ↓	97.1% ↓
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	79.0% ↓	92.9% ↑	84% ↑	80.5% =
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	27.8% ↓	61.5% ↑	12.5% ↓	17.1% ↓
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	0% =	0% =	0% =	0% ↓
Respondents who said that our response addressed all of the issues that they had raised.	63.2% ↑	28.6% ↓	50.0% ↓	58.3% ↑

In Q3, we asked respondents to tell us, based on their experience, what the Trust could do to improve its complaints service and any particularly good aspects of the service. Comments received included:

- “I felt there were some inconsistencies in your reply to how I experienced things. All I wanted was for what happened to me to never happen to another service user. I was not blaming anyone; I just wanted to let you know how I felt about how I was treated.”
- “Complaint service dealt with the problem very well.”
- “Stop covering each other’s backs; admit there was a problem and deal with it.”
- “Making a complaint was made very easy and I had thought you were going to take the complaint seriously. You were initially very kind and supportive and made me feel like you understood.”

9. Severity of Complaints

Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e. organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e. Trusts who receive high levels of low level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends what the complaint is about.

Staff in the Patient Support & Complaints Team have all received training on rating the severity of complaints, taking into account the clinical, management and relationship problems experienced by the complainant and apportioning the overall complaint as either “low”, “medium” or “high” severity. A practical example of each of these categories is shown in Table 31 below.

During the next year, as we build our dataset, we hope that this will enable us to begin to differentiate between higher and lower performing areas within the Trust (in terms of the severity of complaints reported) and to use the information to explore opportunities for quality improvement.

Table 31: Examples of severity rating of complaints

	Low severity	Medium severity	High severity
Clinical problem	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
Clinical problem	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
Management problems	Patient bed not ready on arrival	Patient was cold and uncomfortable	Patient relocated due to bed shortage
Management problems	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Relationship problems	Staff ignored question from patient	Staff ignored mild patient pain	Staff ignored severe distress
Relationship problems	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence

Since April 2019, the Trust has received 1,341 complaints (511 in Q1, 442 in Q2 and 388 in Q3), all of which have been severity rated by the Patient Support & Complaints Team. Of these 1,341 complaints, 830 were rated as being low severity, 449 as medium and 62 as high. Figure 30 below shows a breakdown of these severity ratings by month since April 2019.

Figure 30: Severity rating of complaints

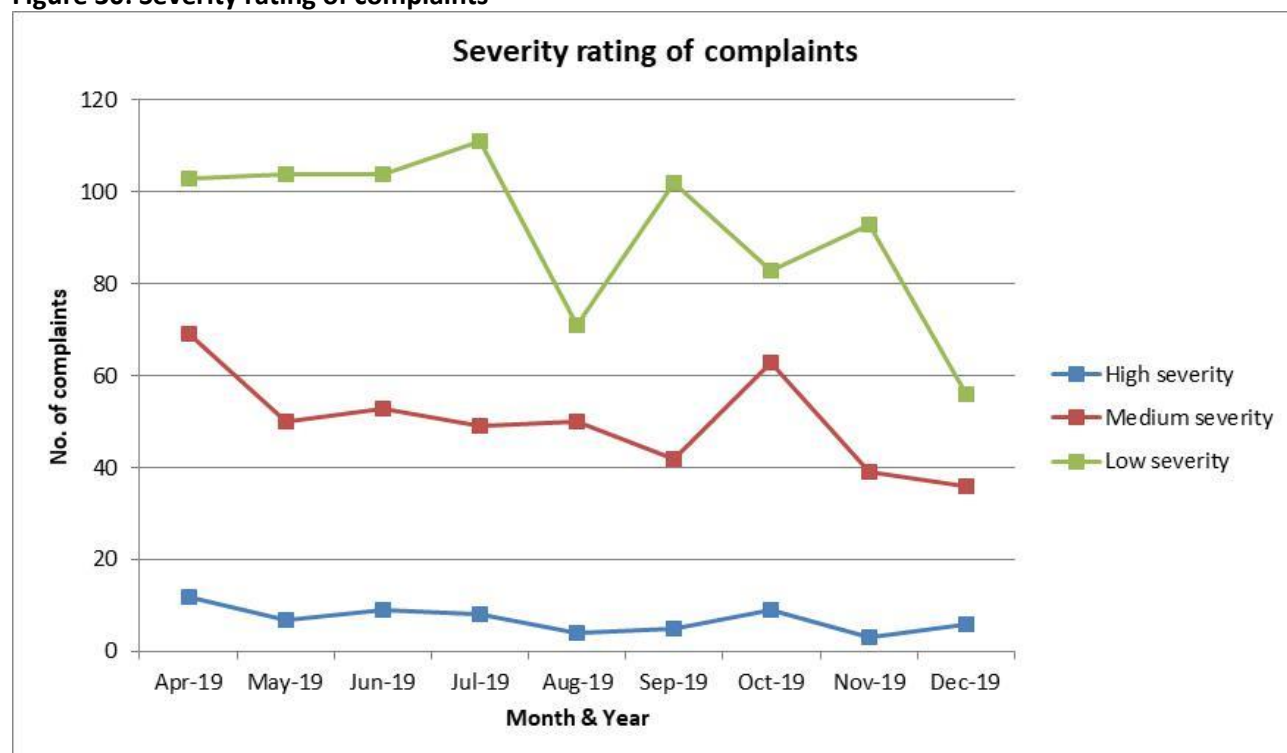


Table 31: Severity rating of complaints by Division (all complaints received in Q3 2019/20)

Division	High Severity	Medium Severity	Low Severity	Totals
Women & Children	5 (6.4%)	40	33	78
Specialised Services	3 (4.5%)	24	39	66
Medicine	5 (6.9%)*	25	42	72
Surgery	3 (2.4%)	40	84	127
Trust Services	1 (3.6%)	4	23	28
Diagnostics & Therapies	1 (5.9%)	5	11	17
Totals	18 (4.6%)	138	232	388

*i.e. 6.9% of complaints received by the Division of Medicine in the Q3 of 2019/20 were rated as high severity – this compares, for example, with 2.4% of complaints about the Division of Surgery.