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Quarterly Patient Experience and Involvement Report

Quarter 4 - 2021/22

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1. Overview of patient-reported experience and involvement

Successes	Priorities
<p>Q4 data highlights a modest improvement in inpatient experience (as measured through the IP tracker score) in Bristol and Weston hospital sites. This is the first tentative sign of a recovery of the trends seen during 2021/22, i.e. the sustained pressures arising from the pandemic on operational services and staffing levels being reflected in patient feedback.</p> <ul style="list-style-type: none"> • The inpatient experience tracker score for the Bristol sites for March was 89 (above target); • The inpatient experience tracker score for the Division of Weston for March was 87, hitting the target for the first time and a modest improvement from 84 in Q3; • The kindness and understanding score for the Division of Weston has improved over Q4 and stood at 95 in March (Bristol sites score was 84). <p>Outpatient experience (as measured through the OP tracker score continues to track above its long-term average. The introduction of Virtual Clinics is the key driver for this positive trend.</p>	<p>Understanding the experience of Cancer Services during the pandemic through a series of patient focus groups commencing in Autumn 2022.</p> <p>Members of the Weston Patient Focus Group commencing the ‘My Journey’ programme at Weston General Hospital.</p> <p>Roll-out of phase 1 of the Trust’s Patient Experience Hub (IQVIA) to ensure patient feedback is seen by staff, teams and departments in a timely way to support quality and service improvement activity.</p> <p>Launch of new access guides for patients, carers and the public in Quarter 1 2022/23 in partnership with AccessAble (supplier) and representatives of the Bristol Disability Commission.</p>
Risks & Threats	Opportunities
<p>Patient experience in Maternity services, as measured by the IP tracker score and Kindness and Understanding tracker score remains below its long-term average. This correlates with the results of the 2021 National Maternity Survey where UHBW performed in the bottom 20% of Trust’s nationally in relation to overall experience of care (note: this a proxy measure taking the average of all questions in the survey).</p> <p>Throughout 2021/22, patients and families have reported a poorer overall experience in our Emergency Departments (as measured through FFT) which correlates with the sustained increased in demand across urgent and emergency care services seen during this period. This trend is particularly apparent at the BRI ED and Weston ED and can also be seen (to a lesser extent) in BRCH ED. Longer wait times and concerns re: the environment (for example crowded waiting areas) are the main drivers for this deterioration.</p>	<p>Digital Services and Outpatient Services are beginning to utilise patient insight generated through the Virtual Clinic survey in the roll-out of the new virtual clinic platform, ‘DrDoctor’, ensuring actions are identified to make the platform accessible for those who require additional support and who may be digitally excluded. The Patient Experience Manager is now part of the Project Steering Group to focus on this opportunity.</p> <p>The Trust’s patient experience hub (IQVIA) has the capability to create real-time alerts where there is feedback of concern about a service. This alert process creates a more robust and timely system to capture actions taken as a result of patient feedback. This will be explored as part of phase 2 of the system development during Q3 2022/23.</p>

2. About this report

This report provides an overview of experience of care across our hospitals. The analysis is based on the range of feedback we have received via multiple methods that comprise our patient experience programme.

3. Patient and Public Involvement activity being undertaken by the Trust

The Trust's PPI Lead has delivered / supported a range of corporate, divisional and BNSSG initiatives, including the examples listed below:

- The preparation has been done to enable members of the Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) to support the Ward Accreditation process at Weston General Hospital bringing a lay perspective to that process.
- Supporting and advising Divisional colleagues in aspects of effective PPI including the High Impact User Group, a project that aims to improve outcomes for the most frequent users of the BRI Emergency Departments and, an initiative in Gastroenterology to work with patients in developing the Hep C care provided at the Trust.
- Work to publish on-line the AccessAble Access Guides for the Trust has concluded. A formal launch of the Access Guides will be arranged with community partners in the summer.
- In partnership with Bristol, North Somerset and South Gloucestershire CCG, North Bristol NHS Trust, and Bristol Autism Support, "audits" of our Emergency Departments through the lens of autistic people continues. The audits are being undertaken by autistic people with support from the Patient Experience Team and use an evaluation tool co-designed with service users. An audit of the BRI Emergency Department (ED) took place in May followed by a separate audit of the Children's Emergency Department. Audits have been completed in Weston General Hospital ED, Bristol Eye Hospital ED and at Southmead Hospital.
- Supporting our community partners by way of participation in the Bristol Visual Impairment Partnership (VI) and Bristol Deaf Health Partnership to ensure their needs are reflected in the care we provide. This includes co-produced VI training materials and a video promoting the importance of the Accessible Information Standard in addressing health inequalities to be launched in June.
- Advising, with other BNSSG partners, on the development of the Integrated Care Board "Working with Patients and Communities" strategy. This document will offer the framework by which partner organisations will work together to further the better involvement of people and communities.
- Working with the Transformation Team to develop and maintain a new on-line toolkit to support colleagues in delivering better patient and public involvement as part of quality improvement work.
- Supporting the Baseline Assessment of Equality, Inclusion and Diversity as it relates to patients and communities.

4.1 Inpatient Experience (Trust-wide)

The charts in this section of the report show data from the Trust’s postal survey programme across our hospitals. These surveys were extended to the Division of Weston from April 2021. For the purposes of reporting during 2021/22 and prior to clinical integration, data for Bristol Hospitals and the Division of Weston are displayed separately on charts in any Trust-wide reporting.

The inpatient experience tracker score for patients seen at Bristol hospitals (see Chart 1) consistently tracked above the minimum target (87) throughout 2021/22, although a dip in performance is evident from October 2021, before recovering in March 2022. This correlates with a period of sustained urgent and emergency care pressure at our hospitals.

The inpatient experience tracker in Division of Weston has been below the minimum target (87) since the postal survey was extended from April 2021. However, experience of care has been improving (using this metric) since February 2022 and was above the minimum target for the first time during March 2022. The kindness and understanding score (Chart 2 overleaf) has started to recover over the latter part of Q4 and in particular, the Division of Weston scores have improved and are now mirroring the Bristol sites.

Chart 1: Inpatient Experience Tracker Score

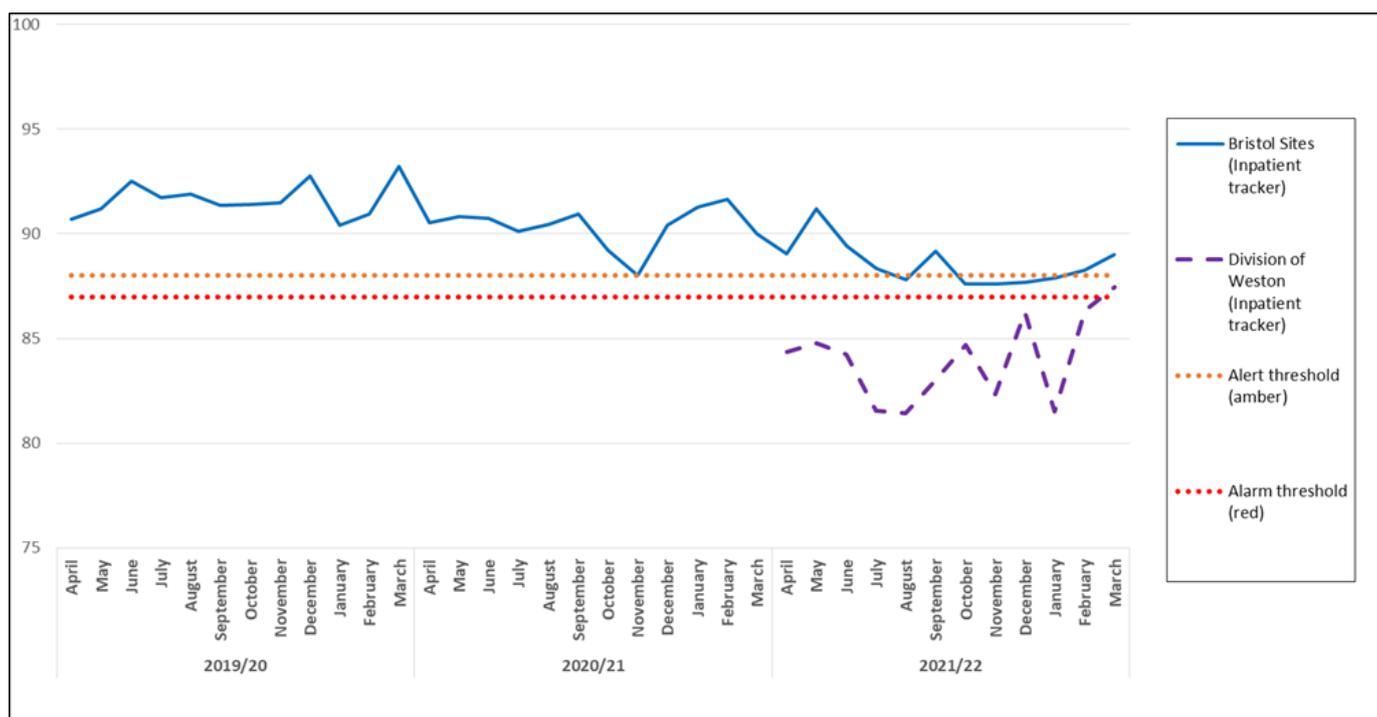
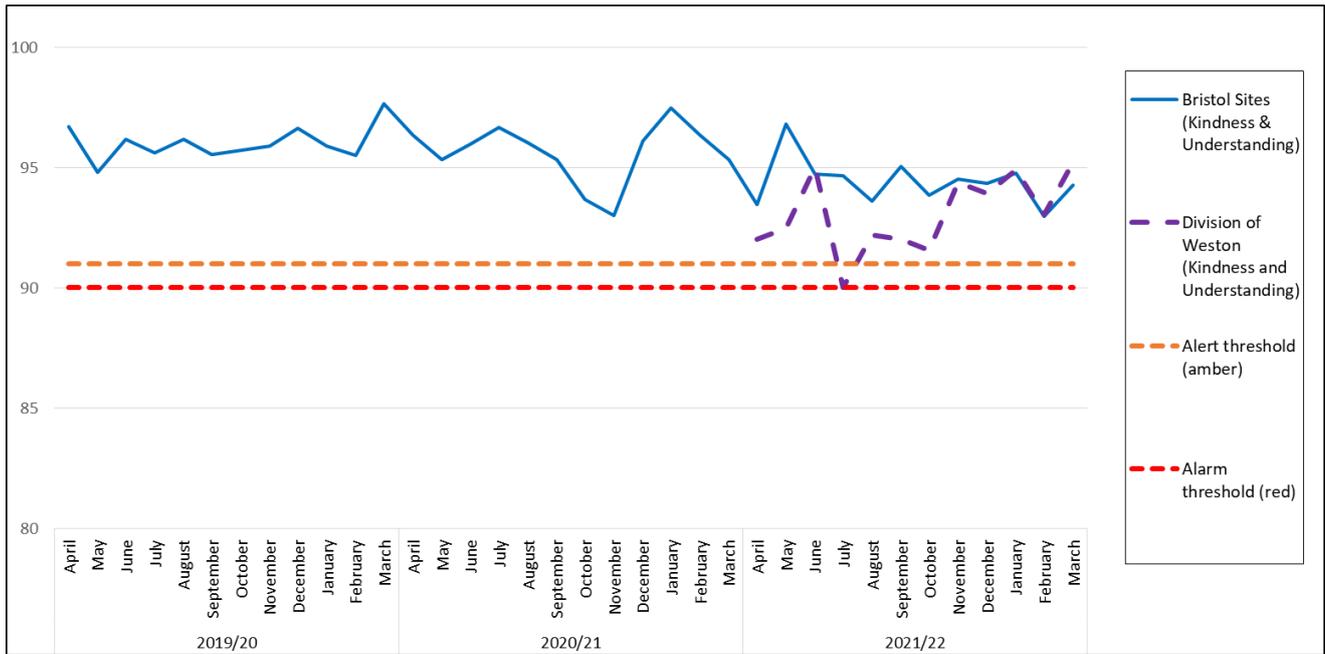


Chart 2: Inpatient Kindness & Understanding Score



4.2. Inpatient Experience (Divisional analysis)

We are able to examine inpatient-reported experience at a Divisional-level by aggregating the data for 2021/22 and comparing this to the long-term trend score (average of 2019/20 & 2020/21) for each Division (Charts 3 and 4). Please note that there is no long-term trend data for the Division of Weston as the postal survey programme was extended on 1 April 2021.

Chart 3: Divisional inpatient experience tracker scores April 2021 to March 2022 compared to their normal fluctuation over the long-term (2019/20 and 2020/21). The year-to-date mean score for each Division is shown as a diamond, with two lines around this showing the historical variation in the score over time (the “standard deviation”); therefore, if patient experience was consistent with the long-term average, you would expect the current score, represented by the diamond, to sit somewhere between these two dash lines.



On target

Inpatient experience based on the tracker score (Chart 3) during 2021/22 in the Divisions of Surgery, Specialised Services and Women's & Children's remain above target, a consistent feature throughout the pandemic.

The inpatient tracker score relating to Maternity wards is lower than the long-term average and sits at the minimum target threshold of 87 when looking at 2021/22.

Below target

The inpatient experience tracker score for the Division of Medicine is 84 for 2021/22 and continues to track below its long-term average (88). Q4 out-turn is 86 which is an improvement on the out-turn from Q3 (83). Scores for all divisions (except Division of Surgery) were below normal limits (although most were still above minimum target). Further analysis of the survey results based on key survey questions that comprise the overall inpatient tracker score has been undertaken (see Table 1 below). Patient reported experience has improved (since Q3) under the themes of communication with doctors and involvement in decisions about care and treatment.

Table 1: Division of Medicine inpatient experience score themes

Division of Medicine <i>Inpatient experience score themes</i>	Long-term average ¹	2021/22			
		Q1	Q2	Q3	Q4
Ward cleanliness	94	92	91	88	90
Respect and dignity	95	92	93	95	95
Communication with doctors	84	83	76	75	83
Communication with nurses	87	82	82	82	80
Involvement in care and treatment	81	75	73	75	79
AVERAGE	88	85	83	83	86

The analysis has been reviewed by the Division of Medicine and the following response received:

"We are continuing to monitor ward cleanliness scores and when these drop below our expected standard then we put in place increased support and re-auditing, we did a slight drop one of our wards but this was a data entry issue rather than a cleanliness issue and it is now sorted. Scores for communication with nurses have dropped and this is likely due to reduced staffing levels on our wards due to Covid sickness and vacancy therefore the availability to speak with someone has been reduced; this should now steadily improve as Covid subsides and our vacancies improve.

Again, involvement in care and treatment will be linked to staffing levels and also with the continued restrictions on visiting, this is causing distress for some of our patients where their family members would have been present on the wards for long periods of time and actively involved where appropriate with decisions around care and treatment. This was more challenging as phone calls to families to be involved in decision making is not the same as face to face. As Covid subsides and restrictions are lifted this should see the score improving. I will share these scores with the matrons and sisters in the division so that they can discuss with their teams to raise awareness."

Head of Nursing, Division of Medicine.

The inpatient experience tracker score for the Division of Weston was 86 in Q4, an improvement from 84 in Q2. When reviewing the feedback further (see Table 2 overleaf), there has been an improvement in the inpatient survey score relating to communication with doctors when compared to Q3.

¹ 2019/20 and 2020/21 average

Table 2: Division of Weston inpatient experience score themes

Division of Weston <i>Inpatient experience score themes</i>	Long-term average*	2021/22			
		Q1	Q2	Q3	Q4
Ward cleanliness	No data	90	93	92	93
Respect and dignity	No data	93	93	92	94
Communication with doctors	No data	81	70	74	81
Communication with nurses	No data	81	80	85	83
Involvement in care and treatment	No data	77	74	78	77
AVERAGE	No data	84	82	84	86

As the postal survey only commenced from April 2021 for patients seen at Weston General Hospital, there is no trend data to compare and therefore we will build a better understanding in time on whether this score is broadly reflective of inpatient experience at the hospital in the longer-term.

The analysis has been reviewed by the Division of Weston and the following response received:

“It is encouraging to see a continued improvement in Q4 across most themes particularly for communication with doctors. The division will continue to work hard to increase the tracker scores and will focus on the three areas that we are scoring below target on, communication with nurses and doctors and involvement in care. The operational pressures at the front door have continued to be significant which inevitably lead to delays in ED, overcrowding, patients being cared for in escalation areas such as ED corridor and surgical day case unit. This is not what we would expect for our patients and whilst the clinical teams strive to deliver excellent care it is not an optimum patient experience.”

Head of Nursing, Division of Weston.

At a Divisional level, the kindness and understanding scores for 2021/22 for Specialised Services and Women’s and Children’s (excluding Maternity) are broadly comparable to their long-term average (see Chart 4 below).

Chart 4: Divisional kindness and understanding scores April to December 2021 compared to their normal fluctuation over the long-term (2019/20 and 2020/21).



Whilst the kindness and understanding score for the Division of Medicine remains below its long-term average, it also remains above the minimum target.

The kindness and understanding score for the Division of Weston remains above target and is comparable to the score for the Division of Medicine.

The kindness and understanding score for Maternity is below the minimum target for 2021/22. The score is typically lower than other inpatient wards. Q4 kindness and understanding score was 85, a modest improvement from 83 in Q3, yet still below the long-term average of 88. The analysis has been reviewed by the Head of Midwifery and the following response received:

“The Maternity Patient Experience Working Group has now been reconvened to implement the action plan in response to the findings of the National Maternity survey. The group includes members of the Maternity Voices partnership. Visiting for partners on the wards has been increased to 9 am until 6 pm and two birth partners are permitted for labour. The Matrons are also holding listening events with women organised by the Maternity Voices partnership.”

Head of Midwifery. Division of Women’s and Children’s.

4.3. Inpatient Experience - Hospital site analysis

The majority of our hospital sites remain at, or above, target for the inpatient experience and kindness and understanding tracker scores. It is clear though that across a number of our hospitals, 2021/22 patient reported inpatient experience tracks below their long-term averages. This is apparent in the BRI, BHI, BRCH, BHOC and St Michael’s (maternity only). There is no long-term trend data for Weston General Hospital (which is below minimum target), however, historically, the National Adult Inpatient Survey data shows that experience at WGH tracks lower than the BRI. For further detail see Chart 11 at the end of the report.

Chart 5: Hospital-level inpatient experience tracker scores April 2021 to March 2022 compared to their normal fluctuation over the long-term (2019/20 and 2020/21).

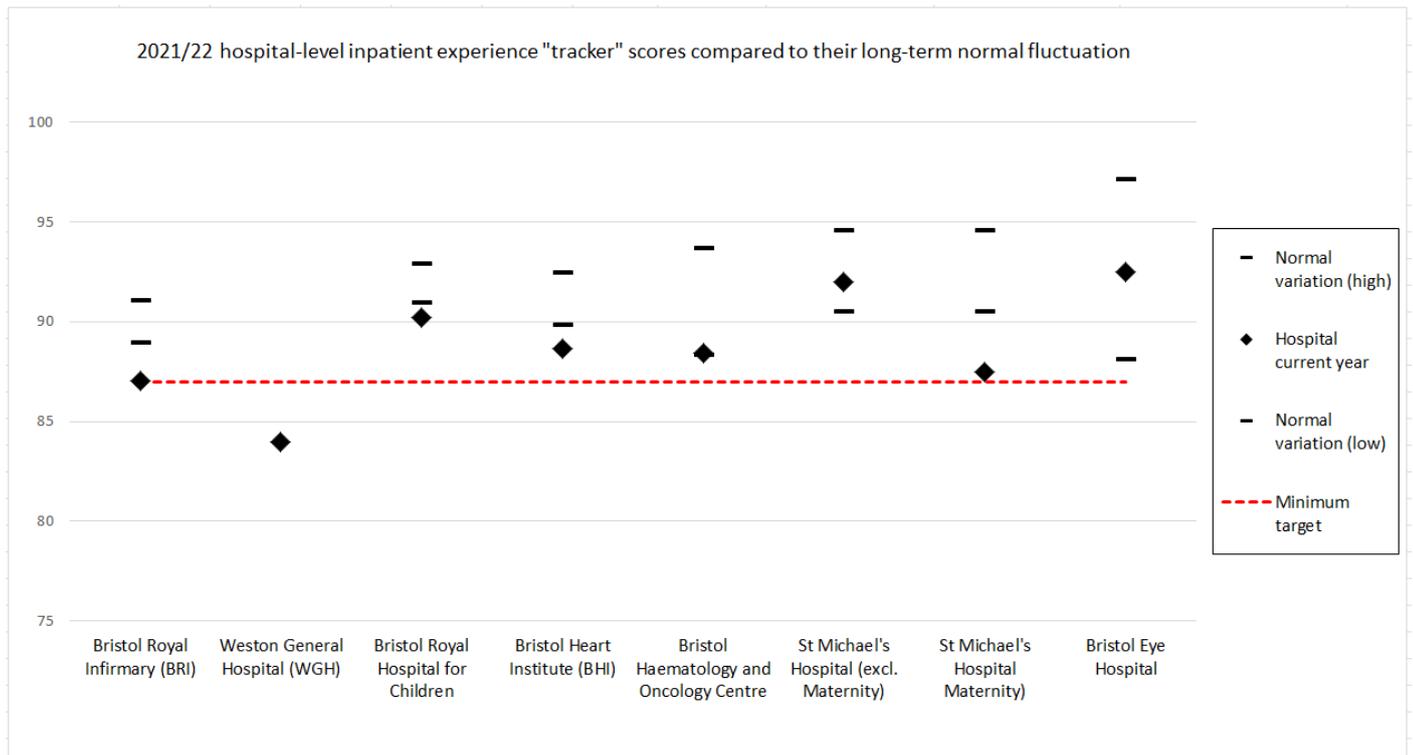


Chart 6: Hospital-level kindness and understanding scores April 2021 to March 2022 compared to their normal fluctuation over the long-term (2019/20 and 2020/21).

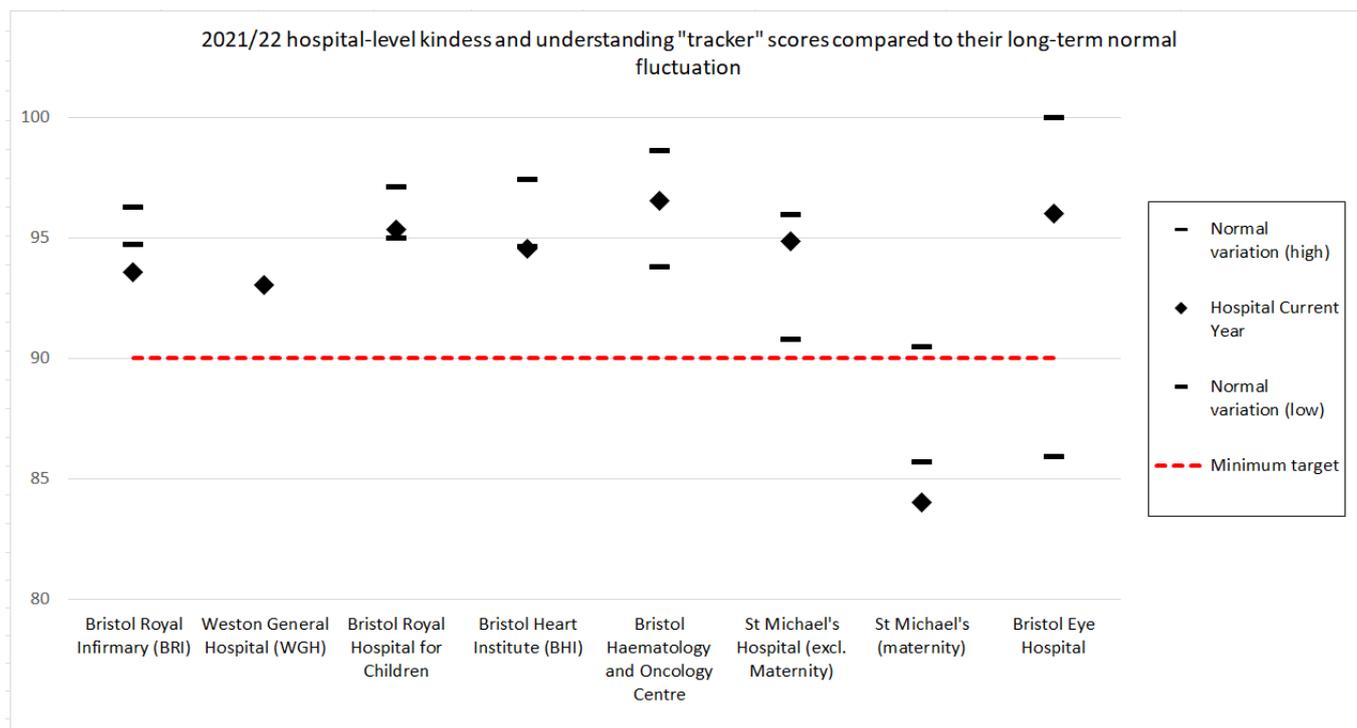


Table 3: Sample of positive inpatient feedback received via the postal survey in Q4 2021/22

Division	Feedback
Medicine	<p>My care was exceptional; I can't fault the care I got from the nurses, consultants, paramedics etc. It was obvious they were stretched and very busy but I felt they looked after me with the utmost care and attention. (A900)</p> <p>Everyone was so kind, caring and considerate beyond and above what they were asked or needed of the nurses, everyone in fact was excellent! I so wish I had some money to give them all, because they don't work for money, do they. It's for the love of it all and a vocation in life. They deserve more! God bless them all. Thank you so very much. (A525)</p>
Surgery	<p>I am very happy with the care I received from every member of the nursing staff, and the care taken by the cleaners and those who dealt with my food and water. Everyone was efficient, professional, well presented and kind. All the staff worked quietly and were busy but made time to be available if required to help me. I hold all staff I have dealt with in high regard and thank them all for their care of me. (H304)</p> <p>The care I was given was truly magnificent. I was very moved by the patience and care shown by all the staff to other patients who were very ill and difficult to help. They should be very proud that they were able to return the next day, after very long shifts and be as upbeat, cheerful and helpful as they were. (A700)</p>
Specialised Services	<p>I stayed on the Acute Haematology Ward at BHOC and cannot thank the hospital enough for all the support I received. It was amazing and went above and beyond my expectations. The haematologists, doctor, nurses all demonstrated a sense of calm and professionalism and I immediately felt safe in their care. The support team (catering assistants, cleaners, porters) were all very friendly and were very efficient and respectful. The only issues were of maintenance where water temperature was often very cold, including in the shower, and due my condition the nurse personally washed my hair by hand in a basin to ensure I didn't get cold. Also, the light above my head wouldn't turn off with the remote. It wasn't a problem for</p>

	me as I didn't want to sleep in darkness but could be for somebody else. But putting that aside, I am so grateful for all the support and care I received. Thank you. (D703)
Weston	<p>The nurses were very kind and caring, kept me informed and checked on how I was feeling as well as how I was doing physically. I felt very safe and I felt that they made my dignity a high priority. They got to know me personally and made sure I felt comfortable. (Cheddar Ward)</p> <p>I only have praise for the care I received and for the positive overall experience at Weston General Hospital. This applies to the entire team on the stroke ward from the cleaners to consultants and everyone in between. I appreciate their professionalism and dedication, kindness, understanding and expertise. Thank you all. (Uphill Ward)</p>
W&C (Children's)	<p>Professionalism, kindness, care of all staff cannot be faulted. We were treated so well and looked after at all times. Thank you all so much. (E500)</p> <p>Nurses, doctors and everyone who has dealt with [name removed] has been brilliant. The nursing team have become like family and [name removed] has received care and attention all the way through. The other visiting teams such as play, speech, cardiologists, consultants, physios are all great. (E400)</p>
W&C (Maternity)	I am so grateful for the care I received on Ward 78 at St Michael's. I felt very well looked after by every member of staff I met. Everyone was compassionate to my situation and kept me informed at every step. When I was taken for surgery everything that was happening was explained and my anxiety was put at ease. Thank you to every person who was involved in my care. (Ward 78)

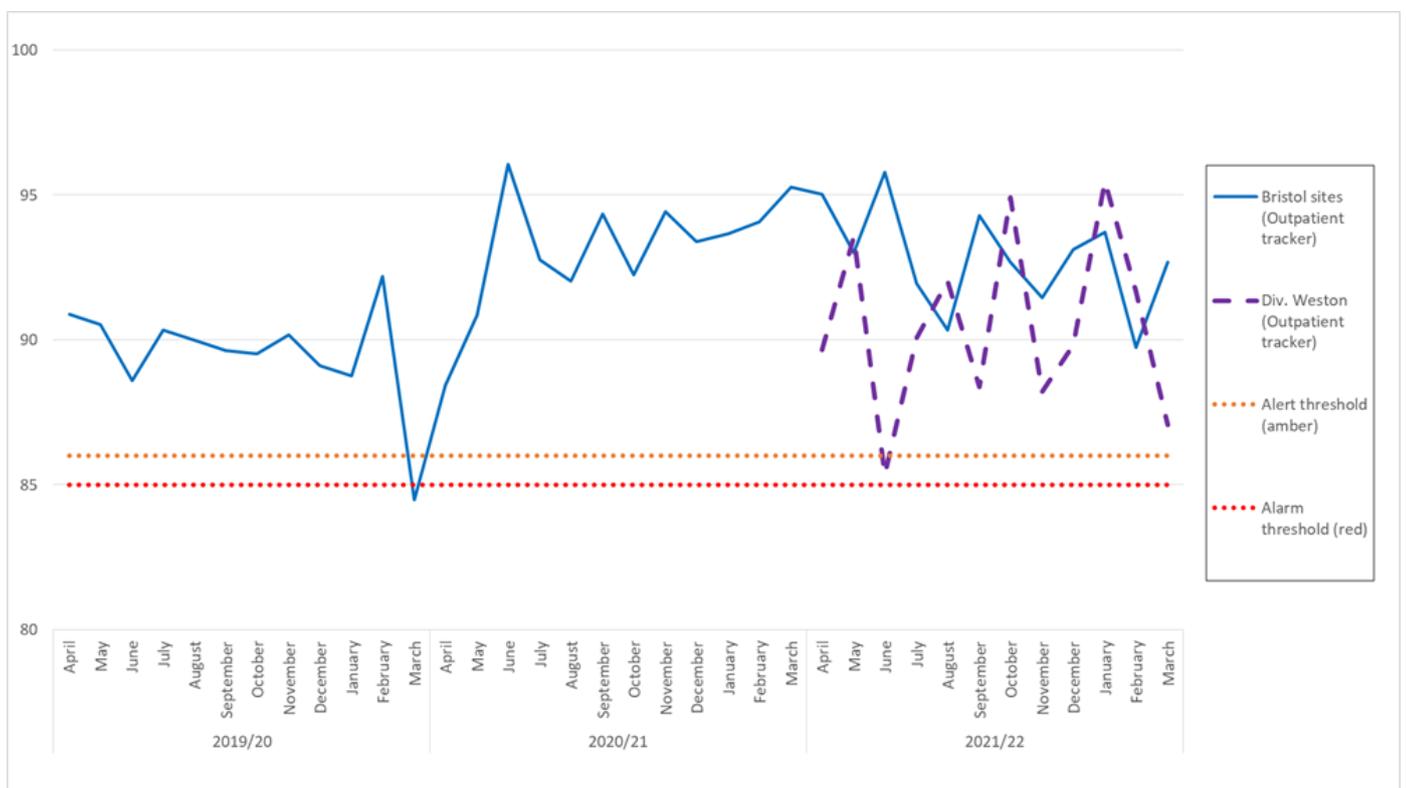
5 Outpatient Experience

The impact of the introduction of Virtual Clinics during 2020/21 as a result of the Trust’s rapid reconfiguration of Outpatient services in response to Covid-19 can be clearly seen in our Outpatient experience tracker score.

Since the introduction of Virtual Clinics, the outpatient experience tracker score for Bristol sites has continued to improve over subsequent months as staff and services adjusted to new ways of working. The score continues to trend above its long-term average (see Chart 7 overleaf). This is a considerable and sustained benefit in delivering Outpatient services as part of a new model which appears to be offering a very positive experience for a large cohort of patients.

The outpatient experience tracker score for Q4 for Bristol sites was 92 and for the Division of Weston was 91 – both were above target. Please note that sample sizes at a Divisional level for the survey are small, and therefore fluctuation in the data for Division of Weston when tracked by month is more evident.

Chart 7: Outpatient Experience Tracker Score



Patient Experience of ‘Virtual Clinics’

Since the start of the Covid-19 pandemic, there has been a growing body of local survey work taking place in order that we understand the quality and suitability of remote outpatient services, known as ‘Virtual Clinics’ in more depth. The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of Virtual Clinics; during 2021/22, there were 4,765 responses to this survey.

Patients are selected for a Virtual Clinic appointment by clinicians at the Trust based upon clinical suitability for digital appointments. Individuals are deselected if they are deemed to be lacking support to engage well with a digital appointment, or if a detailed physical or otherwise intimate examination is required. Therefore this data is based on those who were able to access the service.

Some key headlines from this data are:

- 87% of respondents rated the process of booking the virtual clinic appointment as either very good or good;
- 92% of respondents accessed the virtual clinic appointment themselves, with 8% reporting they needed some help to set up the call;
- 21% of respondents did not know who to contact if they had a problem in accessing the video consultation;
- 98% of respondents felt they were able to have a suitable level of privacy for the video consultation;
- 45% of respondents found the virtual consultation less stressful than a face to face appointment, with 45% stating there was no difference between the two and 6% stating it was more stressful;
- 90% of respondents felt their concerns had been listened to during the appointment and 90% reported they felt involved in decisions about their care;
- 91% of respondents stated they would be happy to have their follow-up appointment virtually.

Evaluation of this large dataset of patient feedback suggests that for those who had experience of accessing Virtual Clinics during the period, they generally welcomed the changes that the Trust has made to the delivery of outpatient services.

Free text comments on the survey and feedback via other methods (for example via patient stories) indicates that patients have recognised many benefits of virtual appointments such as a feeling of safety in home environment, convenience, reduced travel time etc. Many also recognise that there are instances where it would be more appropriate for them to be seen in person, for example for diagnostics / testing and to discuss specific results. It is important to note that the Trust clearly states through its Standard Operating Procedure that the need and/or preference for a remote or hospital-based appointment will vary between individuals and situations.

Analysis by key demographic groups

Demographic questions are included in the Virtual Clinic survey which allow for analysis on whether there were any differences in the experience of specific cohorts of patients and in doing so, supporting the Trust in prioritising work to tackle any health inequalities that are evident.

An analysis of patient experience by protected characteristic groups took place during Quarter 1 2021/22. The key themes were:

- Patient feedback reflects some of the anticipated benefits of virtual clinics in terms of providing home-based access to services where appropriate to do so, reducing stress for patients with a disability and money saved on travel / parking;
- It is clear that more could be done to let people know who to contact before the appointment with approximately 1 in 5 patients not knowing who to contact;
- Some patients (older people and those with a disability) may benefit from additional support in accessing the virtual clinic. The support in place for those responding has likely come via family / friends, but for those who do not have this circle of support; digital support volunteers could provide a beneficial service.

The Trust's transition to a new Virtual Clinic system, 'Dr Doctor' during Spring 2022 presents an opportunity for Outpatient Services to ensure the system is accessible for the groups highlighted below; an Equality Impact Assessment (EIA) has been completed to prioritise areas for action which has made use of the feedback from patients referenced above.

6 Patient surveys: Friends and Family Test

The Friends and Family Test (FFT) is a national patient survey mandated by NHS England. It asks the question: "Overall, how was your experience of our service?". Where possible, methods such as online, SMS or postal surveys are being prioritised to avoid unnecessary burden on staff.

During Q4, we received 16,266 FFT responses which is in line with the volume of responses received in Q3 (16,317). FT data for Q4, compared to Q3, is shown below (Table 4). Overall, FFT scores are comparable to Q3 for the majority of attendance types although there has been an increase in the overall FFT score for the Emergency Department (ED) with the biggest increase in the Bristol Royal Hospital for Children ED and a slight decrease in the FFT score for Weston ED.

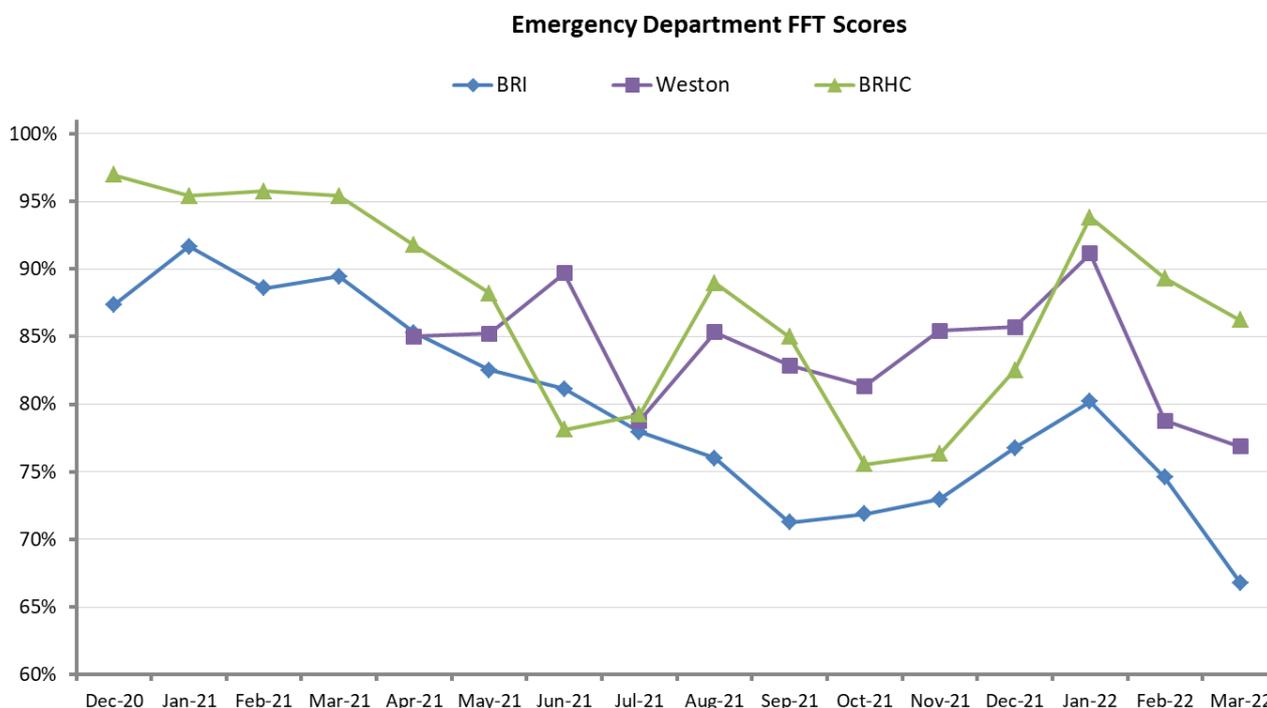
Table 4: Friends and Family Test Data – Q3 and Q4 2021/22

Attendance type by Division/Site	Response Rate		FFT Score ^[1]	
	Q3	Q4	Q3	Q4
Inpatients				
Medicine	18.3%	18.9%	93.8%	91.4%
Surgery	30.8%	23.5%	95.5%	93.7%
Specialised Services	32.7%	34.0%	95.3%	94.3%
Women's and Children's	24.2%	22.9%	97.4%	96.7%
Weston	25.3%	30.7%	91.3%	94.2%
Trust total	26.1%	25.9%	94.8%	94.4%
Emergency Department				
Bristol Royal Infirmary	6.5%	7.1%	73.9%	74%
Children's Hospital	9.9%	9.7%	77.8%	89.6%
Weston	13.8%	12.6%	84.1%	82.6%
Bristol Eye Hospital	14.7%	13.5%	95.1%	96.7%
Trust total	10.2%	10.1%	82.5%	85.3%
Outpatients				
Bristol	N/A	N/A	94.9%	95%
Weston	N/A	N/A	94.4%	93.8%
Trust total	N/A	N/A	94.9%	95%
Maternity				
St Michael's Hospital	9%	7.6%	99%	98.9%
Day case				
Bristol	17.4%	20.4%	99.8%	99.6%
Weston	39.6%	60%	99.6%	99.4%
Trust total	21.5%	26.8%	99.7%	99.5%

^[1] The FFT score is calculated as those reporting their overall experience of care as 'Very good' or 'Good' divided by the total number of responses

Throughout 2021/22, patients and families have reported a poorer overall experience in our Emergency Departments (as measured through FFT) which correlates to the sustained increased in demand across urgent and emergency care services seen during this period. This trend is particularly apparent at the BRI ED and Weston ED and can also be seen (to a lesser extent) in BRCH ED (see Chart 10). Longer wait times and concerns re: the environment (for example crowded waiting areas) are the main drivers for this deterioration.

Chart 10: Emergency Department FFT Scores December 2020 – March 2022



*Note: Prior to April 2021, response rates at Weston ED were too low to report a statistically valid FFT score.

7.1 Improvement activity - specific issues identified via the Friends and Family Test

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 5 below 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 5: Divisional response to specific issues raised via the Friends and Family Test, where respondents stated their experience was ‘poor’ or ‘very poor’ specific / actionable reason was given.

Division	Area	Patient Comment	Response from ward / department
Medicine	Sleep Clinic	Never able to get hold of anyone on the phone and nobody returns calls or emails. Had a letter for one appointment which they didn’t have on their system and the wrong time given for another.	The Sleep Unit have been under enormous pressure due the pandemic with a large back log of patients due to a national shortage of CPAP machines and the team have had to prioritise this group of patients. The Head of Nursing in Division of Medicine will feed this back to the team who will ensure that they return calls and emails.
	BRI ED	I was with my daughter and was told she could not stay because of Covid which I understand but many others had friends or family with them even	We have now completed the waiting room renovations in ED so that there is more space for patients and as Covid restrictions lift in the hospital then family members will

		<p>though they had been told the same also the drinks machine was surrounded by many used cups there was no sanitizer on hand the whole waiting room didn't seem overly clean and knowing of at least 4 Covid patients sat close I surprised they were not told to wait in a cornered area all this was very upsetting when I had to wait 5 hours to be seen which I totally understand the nhs are overwhelmed at present but when there are 4 people sat in reception I couldn't believe their lack of concern to cleanliness or lack of any interest to patients entering you literally had to shout around screen to talk to them and their complete lack of concern was unprofessional as I watched one brushing her hair and apply her lipstick was just unprofessional especially when there was so many people unwell and Covid around</p>	<p>be able to attend with their loved one. Cleanliness will now be much easier to achieve in a new bright waiting room.</p>
Specialised Services	C602	<p>Day Ward was used as overflow Cardiac ward overnight. 1/ Nursing staff making a valiant effort to cope with all the extra work, especially the night shift trying to keep their patients comfortable on a day ward not designed or equipped as a cardiac ward. 2/ There was No heating overnight so I had to wear my outside puffer jacket to keep warm in bed even with the extra blankets provided by the nurses, I noted the nurses also having to wrap blankets around to keep warm. 3/ No Hot food, only the remains of the day ward supplies and warm drinks kindly made by the nurses 4/ No Bathroom only the day ward toilet.</p>	<p>C602 continues to be utilised as an escalation area. The issue is documented on the risk register and the division continue to raise our concerns about this sub optimal experience. The heating and food issues have now been resolved.</p>
	D603	<p>More communication needed, food was terrible and not nutritious. Windows haven't been cleaned for an age and black mould growing. Drains very smelly and drain cover missing. Shower on main ward in very bad condition and badly needs attention and badly needs attention. Overall the department needs updating and improving with better facilities.</p>	<p>Food issues raised at nutritional group. Working with the estates team to resolve the issue with the shower and drainage. Refurbishment of D603 remains a very live issue in the division and strategic estates group.</p>
Surgery	A700	<p>My care depended entirely on which staff were on duty. Some were</p>	<p>The ward does not have raised toilet seats or free standing mirrors. In response to</p>

		<p>excellent but some were dreadful. I am confined to a wheelchair due to MS and this was never considered - without the help of my daughters I would have been unable to get out of the bed and use the toilet and wash. I was also amazed how low the toilets were when all the advice is to have higher toilets for the disabled to make it easier and safer for transferring. Plus the mirrors are so high over the washbasins - ok if you can stand but no use for a wheelchair user!!</p>	<p>this complaint, both have been ordered. Unable to review staff specifically due to detail and sorry to read this. Sister is reminding staff of the expectations for patient centred care and offering support with essential activities of daily living.</p>
	C808	<p>Medical decisions were made without consulting me and care plans changed with no explanation of why. I was moved wards onto a boarding bed despite being quite poorly and the risk assessment was inadequate. The boarding bed had NO privacy no bed light and I was not given a call bell to contact nursing staff. I therefore spent a night vomiting in the dark into a bed pan (as this is all I could find) without any pain relief as I had no way of getting the attention of staff. I was humiliated having to suffer in full view of the ward as this bed had no curtains and the make shift screen which did not provide privacy.</p>	<p>On review, not all mobile call bells working so this has now been corrected as more call bells ordered and now in place. Patients reviewed daily by the nurse in charge and Surgical team, updates added to notes. Unable to review specific patient notes as individual detail not provided, but the daily ward round practice is well embedded. The Trust recognise the boarding beds are temporary and not ideal in terms of lighting, screening and in the middle of the bay. Risk mitigated as much as possible. Trust required use of boarding beds due to patient hospital demand.</p>
Women's and Children's	E510 – BRCH Caterpillar Ward	<p>Absolutely awfully cramped conditions. No consideration given to the fact my child was a wheelchair user and was expected to store this in our cubicle. Could hardly get around and the nurses struggled to take obs. Other children crying relentlessly through to the early hours. Can't be expected to get better on literally zero sleep. No consideration given to the fact that the parent has autism. Found it difficult to support my child with extreme sensory overload at all times. Play rooms closed due to Covid but there were 4 children with parent (s) and staffed all in a very small room where parents weren't wearing masks. Seems ridiculous and ineffective. Play therapist did visit ward but was difficult to find when wanted to change or return toys. Play room is the only positive thing for children in hospital so a huge shame for it to be nonsensically closed.</p>	<p>There is a lack of storage space in some of our ward areas, however we can identify areas when required to ensure bed spaces are not cluttered for larger equipment, acknowledging that this is required to be near at hand. If a patient is admitted into a shared bay with other patients there is unfortunately noise that we are unable to reduce. We take the needs of the family in to account as much as possible and we always have a senior nurse in charge to discuss any concerns with. We make a concerted effort to minimise noise wherever possible and provide aids such as ear plugs and dimmed lighting- I will make sure this is reiterated at our next staff briefing. Parents are requested to wear masks when moving around the ward but not if they are next to their child's bedspace. I am pleased to say that the playrooms are now reopened with a booking system in place and will ensure that this is also reiterated to the staff to offer to parents and children. We have</p>

			endeavoured to social distance as much as possible but have been unable to on many occasions due to the capacity within the hospital and having the right patients on the right wards as much as possible.
	Ward 78	Noise on the ward was an issue particularly after 10pm. I didn't mind when it was patients in pain or need of care or if staff had to make an intervention. However I think staff should have talked to patients talking loudly to each other/on phone or listening to programmes without using headphones. One night a visitor was allowed to stay until past 11pm and brought in takeaway food! Given the nature of the ward I felt the toilets should have been cleaned more frequently. Staff were amazing, kind, caring and doing their best to look after everyone. Lukewarm tea was awful!	This feedback will be shared with the team by the ward sister and added to May Safety Briefing about keeping noise limited at night. The ward sister will speak with the Senior Nurses as to whether the "programmes" being watched are educational/e-learning training, or whether these are programmes that should be reserved for their break. She will also remind staff that there is a supply of earbuds to provide patients to minimise noise at night and will investigate with Senior Nurses the circumstances of the visitor who was allowed to stay after visiting hours. She will feedback to hotel services about the domestic cleaning of the toilets. Thank you for the kind comments of the staff, this will also be shared with the team.
Weston	Steepholm Ward	I was cold for 5 of the 6 weeks I was there because the heating did not work most of time and when it did come on it was so hot we had to open the windows. There was no heating in the toilet or bathroom and the cleaners opened the windows every morning it was December so the morning wash or shower was freezing. In the first week on the ward I repeatedly complained about a mouth infection but was ignored until I had large scabs coming off my tongue I had oral thrush and it took 6 weeks to clear up. A few of the nurses were very good at lights out, drawing the curtains, and trying to keep the ward quiet, but most nights the lights were on until late, the curtains were not drawn allowing more light in (I gave up asking because I was ignored) and staff spoke loudly. I saw the same patients repeatedly fall off a commode and out of bed because they had been left unattended going to the toilet. Twice I had to shout for help for them because the alarm was ignored. I could go on with more mistakes and lack of care but can summarise by saying I don't think the	Heating - Temperature can only be changed by estates. The matron will ensure this is escalated to estates if it becomes cold. Mouth infection - Ward manager aware mouth care training is required - this has been raised by the palliative care team - PEFs aware and training in progress. Night routine - The aim is for a night time routine of lights out, curtains closed, staff speaking in hushed tones to take place from 10pm when the last medication round & observations are undertaken. Staff have been reminded of importance of this Patients left unattended and at risk of falls and alarm bell not attended - Staff to patient ratio on the wards was likely not to have been at its optimum during December. Staffing levels significantly improved.

		conditions or care were suitable for a speedy recovery.	
	ED	The triage nurse was very condescending. She left me in my wheelchair propping the door open and couldn't understand why I was bothered by that. She should know that dignity is important to a disabled person. Then she called me my love	Ongoing communication regarding attitudes and behaviours with individuals being addressed where identified. This example has been copied and sent to all triage trained staff.
Diagnosics and Therapies		There was no specific negative feedback received during the quarter for review.	

7.2 Examples from Divisions relating to improvements to experience of care

This section of the report highlights improvement action taken by Divisions in response to patient feedback and/or actions instigated by staff to improve experience of care during the quarter. Please note, not all divisions are represented each quarter in this section, rather a sample of good practice is provided.

Division of Surgery - STAU have now introduced the role of breastfeeding champion and have created a breastfeeding information display to promote and encourage support for breastfeeding mothers and staff. This is in direct response to a previous incident and complaint where a patient found a lack of staff understanding and inappropriate attitude. The staff in STAU are keen to learn from this and turn it into a positive experience for others in the future.

Maternity services – The following initiatives have been developed during Q4 to improve patient experience:

- There is now 24-hour access for parents to NICU including when ward rounds are in progress.
- Implementation of continuity of carer Midwifery teams in Hartcliffe/Withy wood, Easton/Montpelier / Knowle West and Bedminster/Southville.
- Return of face-to-face parent education classes.
- Re-establishment of a monthly Maternity and Gynaecology patient experience group with Maternity Voices partnership membership.
- Midwifery Matrons meeting with Maternity Voices partnership representatives for regular Q & A session.

Division of Medicine – BRI ED have had multiple complaints around the availability of hot food for patients who have had a decision to admit but with the lack of available beds in the hospital they have had to stay in ED for an extended length of time. The ED team now have hot food available for patients. The division have arranged a meeting to discuss re-starting a divisional patient experience group which will start small and be built upon to gather feedback from patients on “what matters to them” to learn what is important to patients and how we can start to influence their experience.

Bristol Royal Hospital for Children - The following initiatives have been developed during Q4 to improve patient experience:

- BRHC are working on a policy which will allow parents/carers to purchase a meal from the Trust, if needed, and this will be delivered to the patient's bedside during hospital mealtimes.
- Complete a project to standardise advice given to parents on discharge from Children's ED.

8 Patient Surveys: national benchmarks

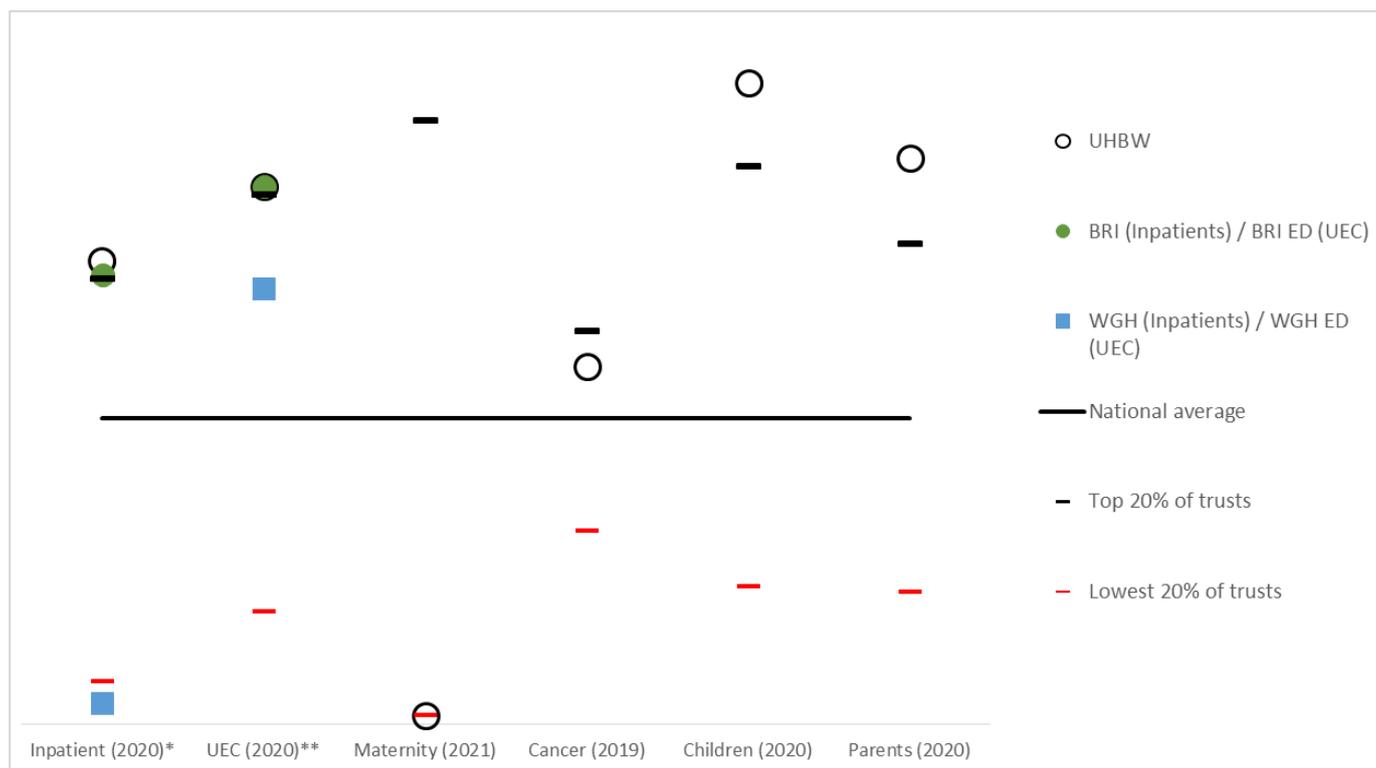
The Care Quality Commission’s national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England.

Chart 11 (overleaf) represents how UHBW compares to the national average for each of the most recent national surveys when looking at the ‘overall experience’ score from each survey.

There were no updates to this chart during Q4, i.e. no further national survey results were published during the period.

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 11: Overall experience relative to national benchmarks²



² This is based on the national survey question that asks patients to rate their overall experience. We have indexed (=100) each score to the national average to ease comparability. This overall 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. UHBW chose not to participate in the voluntary 2020 National Cancer Patient Experience Survey (NCPES).



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Complaints Report

Quarter 4, 2021/2022
(1 January 2022 to 31 March 2022)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 4 Executive summary and overview

	Q4	
Total complaints received	502	↑
Complaints acknowledged within set timescale	76.3%	↓
Complaints responded to within agreed timescale – formal investigation	61.2%	↑
Complaints responded to within agreed timescale – informal investigation	87.4%	=
Proportion of complainants dissatisfied with our response (formal investigation)	7.4%	↓

Successes	Opportunities
<ul style="list-style-type: none"> In Q4, complaints reduced by half for Weston General Hospital Outpatients Departments from 12 in Q3 to six in Q4. Bristol Heart Institute Outpatients saw a similar reduction, from 28 in Q3 to 16 in Q4. Complaints for the Children’s Emergency Department reduced significantly, from 15 in Q3 to 5 in Q4. In Q4, the proportion of complainants who were dissatisfied with the Trust’s response to their complaint was the lowest level for the whole of 2021/22. The Division of Surgery continued to perform very well in respect of investigating and responding to formal complaints within the timescales agreed with complainants, achieving 91.7%. Of the four breaches of deadline for the Division, none were due to delays within the division. This is an exceptional achievement given the continued operational pressures on Divisions. 	<ul style="list-style-type: none"> The Patient Support & Complaints Team continues to work closely with Divisions to explore ways of reducing breaches of complaint response deadlines. This remains challenging due to operational pressures in clinical services, and capacity in the Patient Support & Complaints Team to process the high volume of enquiries being received by the Trust.
	Priorities
	<ul style="list-style-type: none"> To continue to support all divisions in returning to their pre-pandemic levels of performance in sending out complaint responses by the deadlines agreed with complainants.
	Risks & Threats
	<ul style="list-style-type: none"> In Q4 there were 97 breaches of formal complaint deadlines that had been agreed with complainants, representing almost 40% of all responses sent out during this period. Of the 97 breaches, 69 were due to divisions being late sending draft responses to PSCT to be checked and passed to the Executive Team for signing.

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.

During Quarter 4 (Q4) of 2021/22, the Trust received 502 complaints, a small 2.5% increase on the 490 received in Q3. The Patient Support and Complaints service remained very busy, receiving 436 other enquiries in addition to the 502 complaints and checking and processing 250 formal complaint responses, which itself represents a 30% increase on the previous quarter.

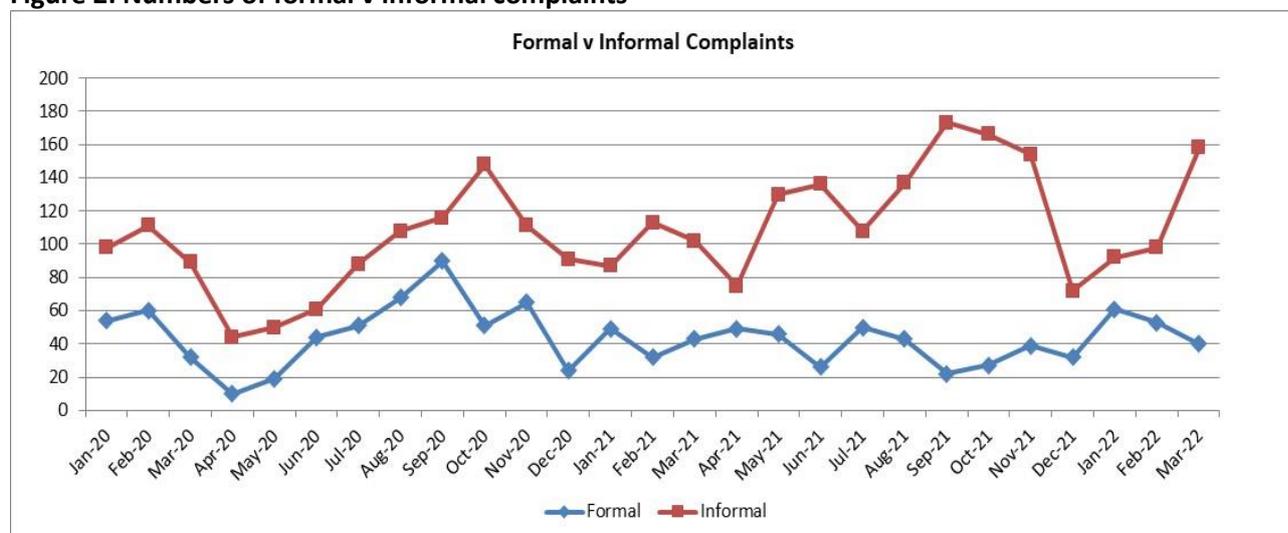
1.1 Total complaints received

The Trust received 502 complaints in Q4. 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.

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 (154 in Q4) compared with those dealt with via the informal investigation process (348 in Q4), over the same period. We have consistently dealt with a higher proportion of complaints via the informal process, meaning that these issues are being dealt with as quickly as possible and by the specialty managers and senior nursing staff 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.²

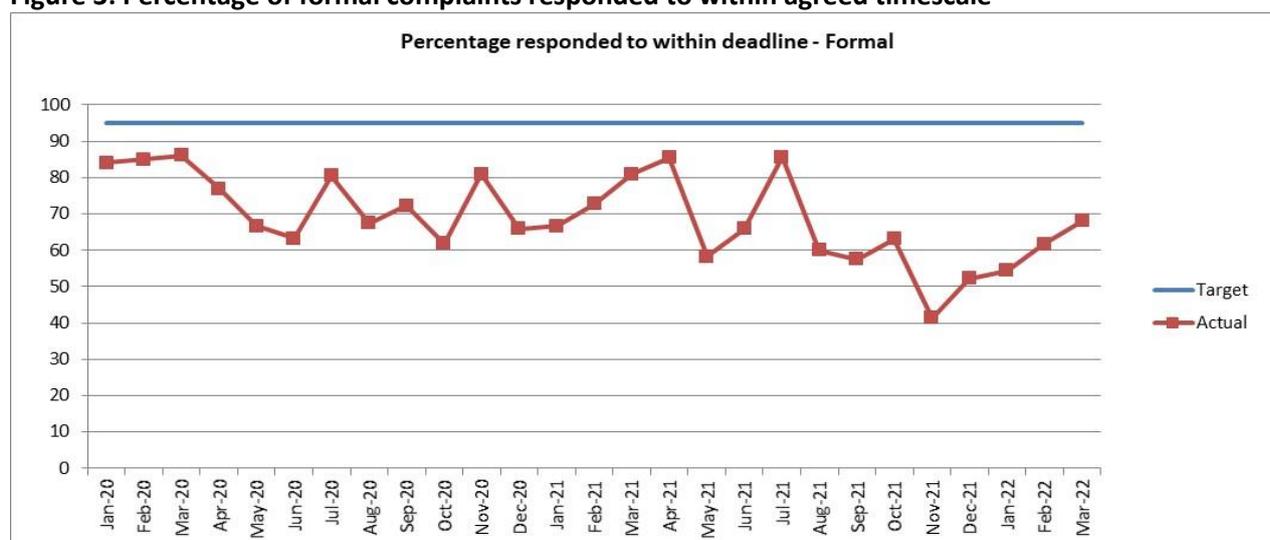
1.2.1 Formal Investigations

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q4 of 2021/22, 61.2% of responses were sent to complainants within the agreed timescale. This represents 97 breaches out of the 250 formal complaint responses which were sent out during the quarter³. This is the highest number of breaches ever reported in one quarter, although an improvement on the percentage rate of 51.3% reported in Q3.

Figure 3 shows the Trust's performance in responding to complaints since January 2020 and Figure 4 shows year-on-year performance since 2011/12. The low percentage in 2012/13 was due to an anomaly identified in how this data was reported and the subsequent adjustment that was made part way through the year. The 2021/22 data shown in Figure 4 gives a clear indication of the deterioration in performance since 2019/20.

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.

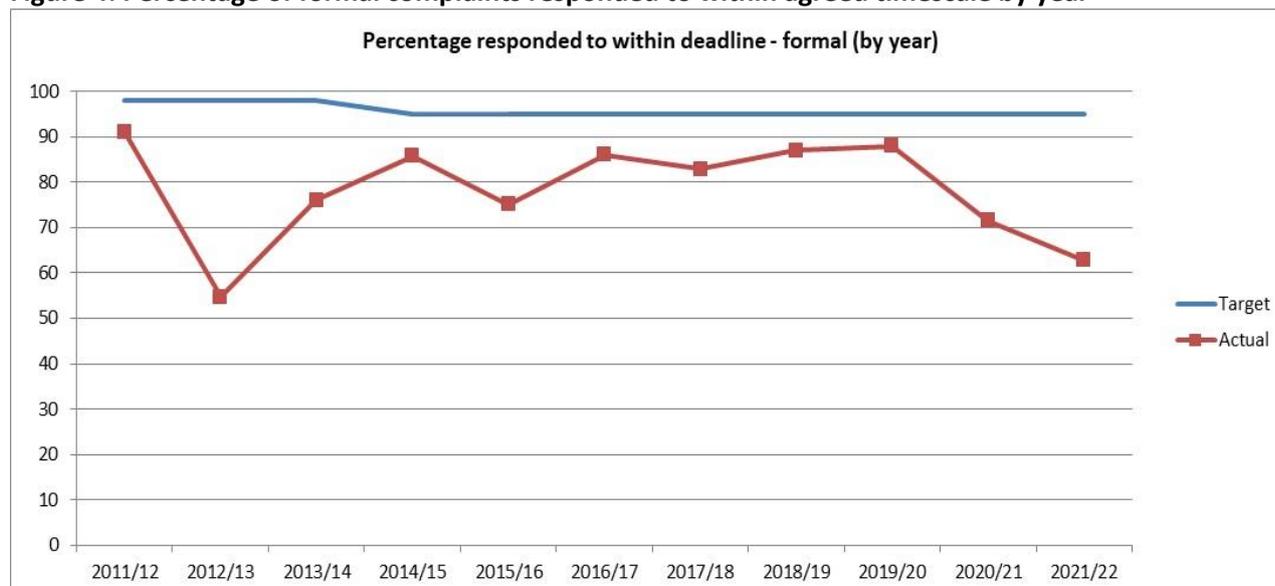
Figure 3: Percentage of formal complaints responded to within agreed timescale



² It should be noted that throughout Q4, the Division of Medicine has worked to extended deadlines of 45 working days for formal complaints and 15 working days for informal complaints.

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

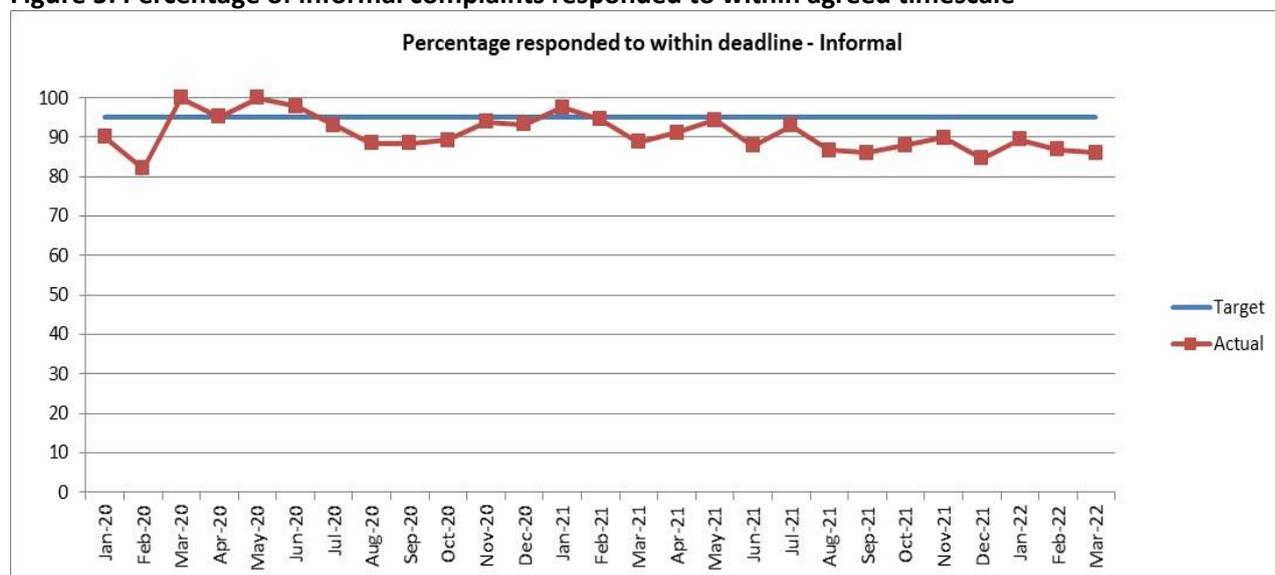
Figure 4: Percentage of formal complaints responded to within agreed timescale by year



1.2.2 Informal Investigations

In Q4 of 2021/22, the Trust received 348 complaints that were investigated via the informal process. During this period, the Trust responded to 198 complaints via the informal complaints route and 87.4% (173) of these were responded to by the agreed deadline, the same percentage as reported in Q3 and a slight deterioration on the 88.4% reported in Q2. Figure 5 (below) shows performance since January 2020, for comparison with formal complaints.

Figure 5: Percentage of informal complaints responded to within agreed timescale



1.3 Dissatisfied complainants

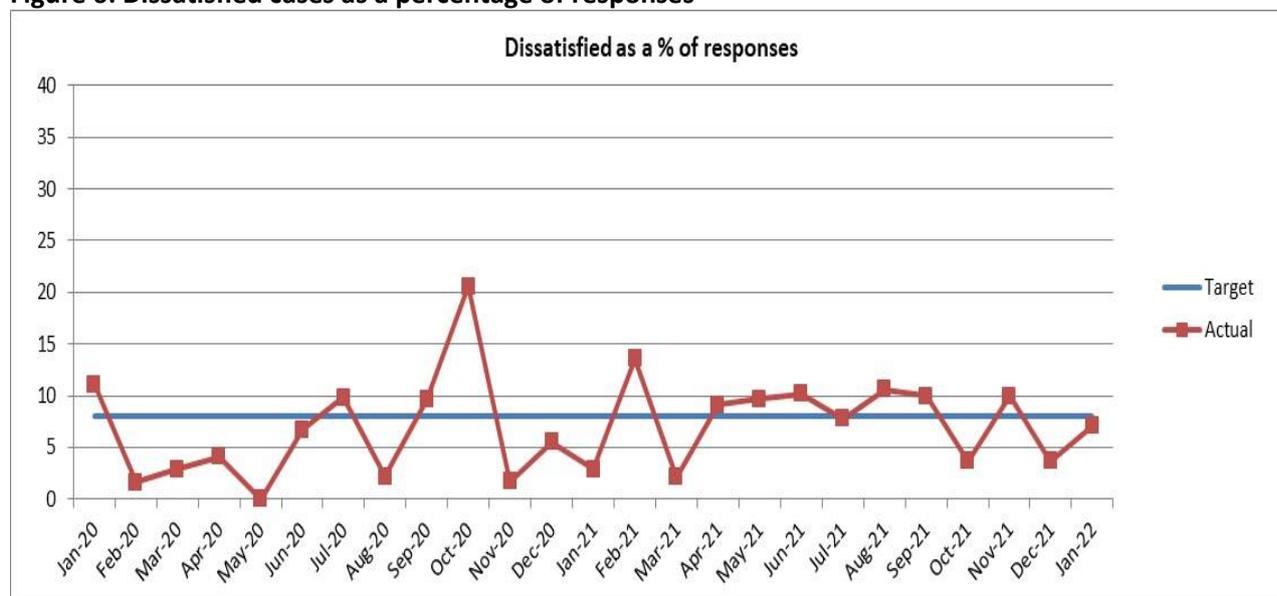
The Trust’s target is that no more than 8% of complaints responses should lead to a dissatisfied response. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q4 of 2021/22, we are able to report dissatisfied data for November and December 2021 and January 2022. Of the 204 complainants who received a first response from the Trust during those

months, 15 have since contacted us to say they were dissatisfied. This represents 7.4% of the 219 first responses sent out during that period, a reduction (improvement) on the 8.7% reported in Q3 and 9.2% in Q2.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since January 2020. This data includes dissatisfied cases for the Division of Weston since June 2020, relating to responses sent out in April 2020, as this is reported two months in arrears.

Figure 6: 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 Q4 of 2021/22 compared with Q3. There was an 2.5% increase in the total number of complaints received, compared with the previous quarter.

Complaints increased in half of all categories in Q4, with the biggest increase being in the category of ‘facilities and environment’, with the largest volume of these being about lost personal property (19) and car parking (11). The top three categories consistently remain as ‘clinical care’, ‘attitude and communication’ and ‘appointments and admissions’. These three categories accounted for 79.1% (397/502) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q4 (2021/22)	Number of complaints received in Q3 (2021/22)
Clinical Care	158 (31.5% of total complaints)	170 (34.7% of total complaints)
Appointments & Admissions	138 (27.5%)	126 (25.7%)
Attitude & Communication	101 (20%)	102 (20.9%)
Facilities & Environment	48 (9.6%)	31 (6.3%)
Information & Support	23 (4.6%)	22 (4.5%)
Discharge/Transfer/Transport	20 (4%)	18 (3.7%)
Documentation	9 (1.8%)	11 (2.2%)
Access	5 (1%)	10 (2%)
Total	502	490

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most commonly reported sub-categories, which together accounted for 80.3% of the complaints received in Q4 (403/502). There are small increases in several sub-categories, with the most notable being ‘communication with patient/relative’, which saw an 80% increase compared with Q3. There was also a significant increase in complaints about ‘car parking’, of which the majority related to the closure of the drop-off area at the front of Bristol Royal Infirmary and the temporary loss of disabled parking spaces in the same area.

Complaints in respect of ‘clinical care (medical/surgical)’ and ‘cancelled/delayed appointments and operations’ remained high in Q4, although the former is at its lowest level for the whole of 2021/22, which saw one of the biggest decreases compared with Q3, along with ‘attitude of nursing/midwifery’.

Where themes or trends have been identified in these areas, further detail is provided in the divisional section of this report (section 3).

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q4 (2021/22)	Q3 (2021/22)	Q2 (2021/22)	Q1 (2021/22)
Cancelled/delayed appointments and operations	101 (20.1% of total complaints) ↑	90	99	84
Clinical care (medical/surgical)	71 (14.1%) ↓	83	104	77
Communication with patient/relative	43 (8.6%) ↑	24	27	43
Clinical care (Nursing/Midwifery)	38 (7.6%) ↓	39	36	26
Appointment administration issues	34 (6.8%) ↑	23	22	24
Discharge arrangements	19 (3.8%) ↑	15	22	10
Lost personal property	19 (3.8%) ↑	10	14	15
Attitude of medical staff	16 (3.2%) ↑	12	21	17
Failure to answer phones / failure to respond	15 (3%) ↓	16	14	16
Lost/misplaced/delayed test results	14 (2.8%) ↑	6	7	13
Attitude of nursing/midwifery	11 (2.2%) ↓	17	16	12
Information about patient	11 (2.2%) ↑	10	11	7
Car parking	11 (2.2%) ↑	4	5	3

Figures 7-10 (below) show the longer-term pattern of complaints received since January 2020 for a number of the complaints categories and sub-categories reported in Tables 1 and 2.

Figure 7 shows that complaints about ‘cancelled/delayed appointments and operations’ began to climb significantly from May 2020. This spike was largely due to the volume of appointments being necessarily cancelled at the start of the Covid-19 pandemic and followed this trajectory until there was a significant reduction in the latter part of Q3 of 2020/21. However, apart from a decrease in July 2021 and the usual seasonal reduction in December 2021, complaints in this sub-category continued to rise throughout 2021/22.

Figure 8 shows the number of complaints received in respect of ‘clinical care (medical/surgical)’ in comparison with those about ‘clinical care (nursing/midwifery)’. Whilst the numbers of complaints in these sub-categories have followed a similar trajectory, the former increased significantly towards the end of Q4, whilst the latter started to reduce.

Figure 9 shows that complaints about ‘attitude and communication’ increased again over the course of Q4, after peaking in November 2020, when it was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee. Complaints in this category have fluctuated on a monthly basis but the data suggests a gradual increase in complaints over the last 18 months. Complaints about attitude and communication continue to be closely monitored by the Patient Support and Complaints Manager, in order to identify and report on any themes and trends. The manager also reports all complaints about the attitude of medical staff to the Medical Director’s Team on a monthly basis.

Figure 10 shows complaints about ‘attitude and communication’ by division. The Divisions of Medicine and Surgery had the highest numbers of ‘attitude and communication’ complaints overall, with 30 and 24 complaints respectively in Q4. However, only Medicine and Specialised Services saw an increase in this category when compared with Q3.

In Q4, 51 of the 101 complaints received in this category were for outpatient services, with 30 from inpatients and 13 for emergency care, the latter of which was a notable reduction on the 25 complaints reported in Q3. The remaining seven complaints come under ‘other’, including administrative services and car parking. Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 11 shows the three consistently highest categories of complaints by quarter.

Figure 7: Cancelled or delayed appointments and operations



Figure 8: Clinical care – Medical/Surgical and Nursing/Midwifery

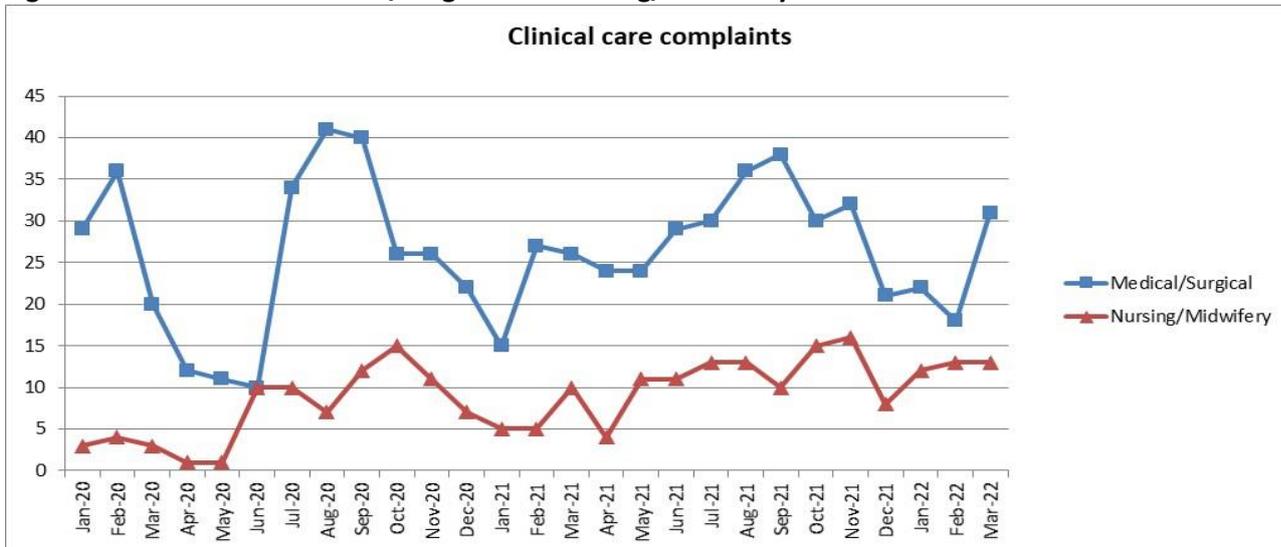


Figure 9: Attitude and communication complaints

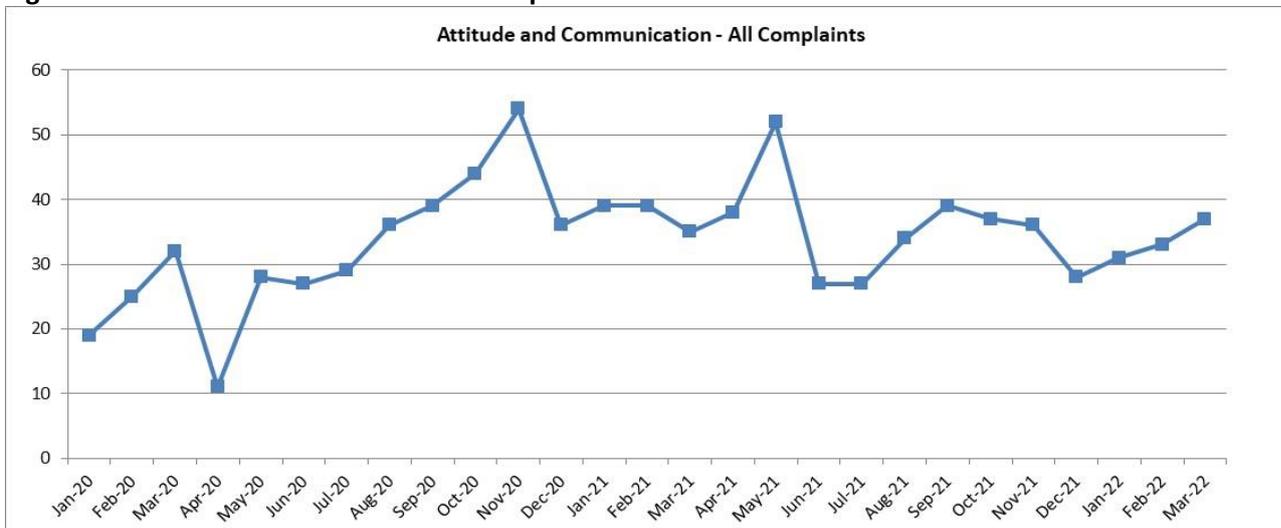


Figure 10: Attitude and communication complaints by division

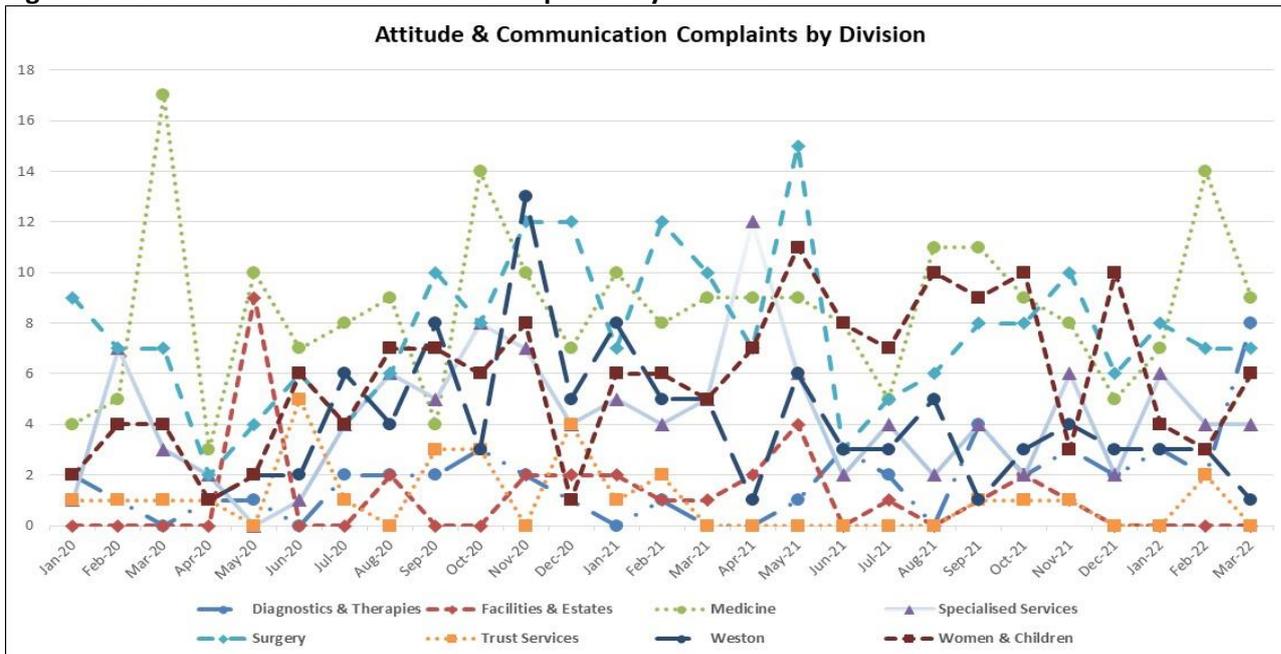
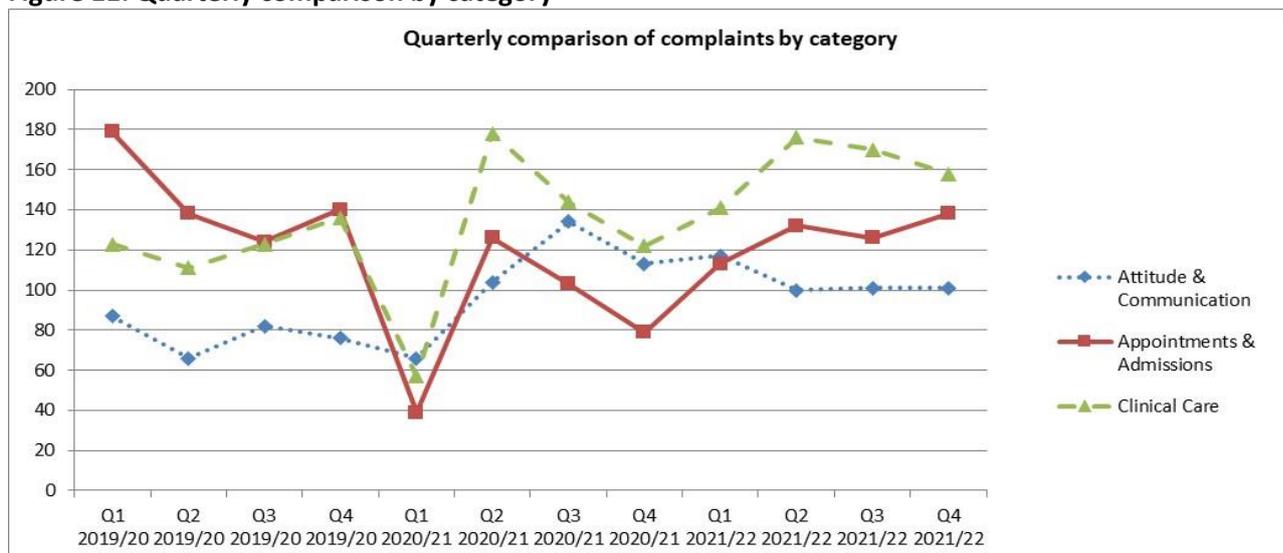


Figure 11: Quarterly comparison by category



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q4 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 18 complaints received by the Division of Trust Services (including Estates & Facilities) is not included in this table but is summarised in section 3.1.7 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q4	135 (127) ↑	119 (93) ↑	63 (63) =	88 (99) ↓	28 (42) ↓	47 (48) ↓
Number of complaints about appointments and admissions	67 (48) ↑	15 (9) ↑	14 (26) ↓	30 (19) ↑	5 (14) ↓	7 (10) ↓
Number of complaints about staff attitude and communication	22 (24) ↓	30 (22) ↑	14 (10) ↑	13 (23) ↓	13 (7) ↑	7 (10) ↓
Number of complaints about clinical care	28 (38) ↓	40 (31) ↑	24 (16) ↑	35 (45) ↓	9 (17) ↓	22 (22) =
Area where the most complaints have been received in Q4	Bristol Dental Hospital (BDH) – 31 (22) Bristol Eye Hospital (BEH) – 39 (31) BEH Outpatients – 22 (10) Oral Surgery - 14 ENT (inc. A700) – 19 (24)	Emergency Department (BRI) (inc. A413 & A300) – 49 (35) Sleep Unit - 10 Dermatology – 10 (11) Clinic A410 – 9 (1) Ward A900 - 6	BHI (all) – 43 (47) BHOC (all) – 19 (15) (Plus one for Clinical Genetics) BHI Outpatients (inc. Outpatient Echo) – 16 (28) BHOC Outpatients & Chemo Day Unit – 8 (8) Cath Labs (C602) – 6 (1)	BRHC (all) – 58 (60) Paediatric Neurology / Neurosurgery – 8 (8) Carousel Outpatients – 6 (2) Caterpillar Ward – 6 (3) Paediatric Orthopaedics – 6 (6) StMH (all) – 28 (38) (Plus two for Community Midwifery) Gynae Outpatients – 11 (6)	Boots Pharmacy – 5 (17) Audiology – 8 (11) Radiology – 10 (11)	Accident & Emergency – 14 (15) Outpatients (Main, Orthopaedics & Quantock) – 6 (12) Hutton Ward - 5 (2)
Notable deteriorations compared with Q3	BEH Outpatients – 22 (10)	Emergency Department (BRI) – 49 (35) Clinic A410 – 9 (1)	Cath Labs (C602) – 6 (1)	Gynae Outpatients – 11 (6) Carousel Outpatients – 6 (2)	No notable deteriorations	No notable deteriorations
Notable improvements compared with Q3	BEH – Wards 41. 42 & 44 – 0 (8)	No notable improvements	BHI Outpatients (inc. Outpatient Echo) – 16 (28)	Children’s ED – 5 (15)	Boots Pharmacy – 5 (17)	Outpatients (Main, Orthopaedics & Quantock) – 6 (12)

3.1.1 Division of Surgery

The Division received 135 new complaints in Q4 2021/22; a slight increase on the 127 received in Q3. Of these 135 complaints, 48 were in respect of inpatient services, 73 were about outpatient services, three were for emergency services (BEH) and the remaining 11 were in respect of administrative/reception services. The largest number of complaints received by the Division was again recorded under the category of ‘appointments and admissions’ (49.6%), with 45 of the 67 complaints being about cancelled or delayed appointments and operations and 19 in respect of appointment administration issues. Complaints in the sub-category of ‘communication with patient/relative’ doubled compared with Q3 and the most notable decrease was in the number of complaints received in the category of ‘clinical care’, with a 26.3% reduction compared with the previous quarter.

There was a spike in complaints for the Bristol Eye Hospital (BEH) towards the end of Q4. Of the 39 complaints received, 16 were in respect of ‘appointments and admissions’ none were about ‘clinical care’ and there were seven regarding ‘attitude and communication’.

The Division achieved 91.7% against its target for responding to formal complaints within the agreed timescale in Q4, a significant improvement on the 69.2% reported in Q3 and higher than the 87.8% reported in Q2. It should also be noted that, for the first time since June 2021, the division achieved 100% in March 2022. 83.9% of informal complaints were responded to within the agreed timescale, compared with 88.6% in Q3 and 93.3% in Q2. It should be noted that, of the four breaches of deadline for the division in respect of formal complaints in Q3, none were attributable to delays in the division, which is an excellent achievement given the operational pressures the divisions continue to be under. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Appointments & Admissions	67 (49.6% of total complaints) ↑	48 (37.9%) ↓
Clinical Care	28 (20.7%) ↓	38 (29.9%) ↓
Attitude & Communication	22 (16.3%) ↓	24 (18.9%) ↑
Discharge/Transfer/Transport	5 (3.7%) =	5 (3.9%) ↑
Facilities & Environment	5 (3.7%) ↑	4 (3.1%) =
Information & Support	3 (2.2%) ↓	6 (4.7%) =
Documentation	3 (2.2%) ↑	0 (0%) ↓
Access	2 (1.6%) =	2 (1.6%) ↑
Total	135	127

Table 5: Top sub-categories

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Cancelled/delayed appointments & operations	45 ↑	35 ↓
Appointment administration issues	19 ↑	11 ↑
Clinical care (medical/surgical)	13 ↓	23 ↑
Communication with patient/relative	10 ↑	5 ↓
Clinical care (dental)	7 ↓	8 ↑
Discharge arrangements	5 ↑	4 ↑

Figure 12: Surgery – formal and informal complaints received

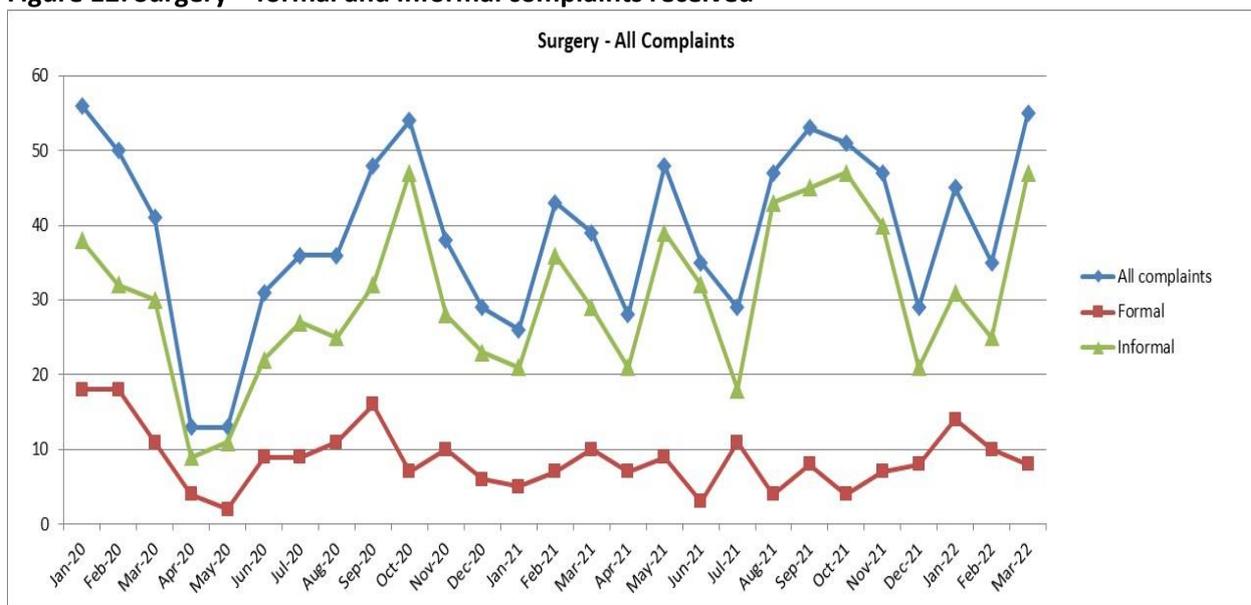
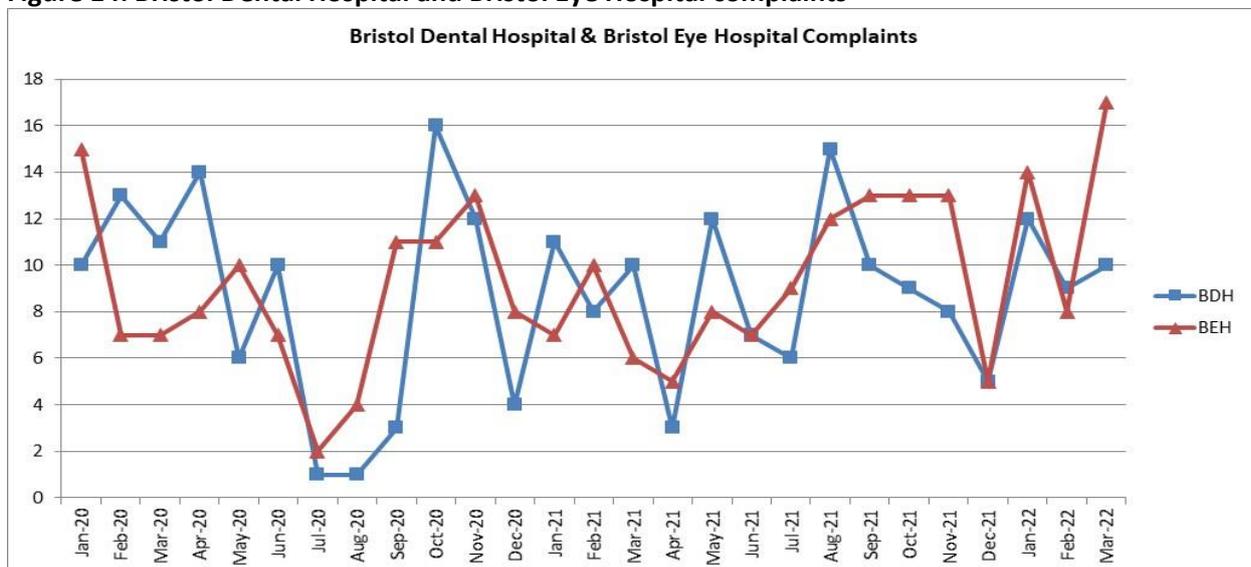


Figure 13: Surgery – Appointments and admissions



Figure 14: Bristol Dental Hospital and Bristol Eye Hospital complaints



3.1.2 Division of Medicine

The Division of Medicine received 119 new complaints in Q4 of 2021/22; an increase on the 93 received in Q3 and 110 in Q2. The largest number of complaints received by the Division is consistently in the category of 'clinical care' and this remained the case in Q4, again accounting for a third of all complaints received by the division, with almost half (47.5%) of these being about 'clinical care (medical/surgical)'. The most notable increases compared with Q3, were in the percentage of complaints received about 'facilities and environment' and 'attitude and communication', which saw increases of 89% and 36.4% respectively. Increases were most notable in the sub-categories of 'communication with patient/relative' and 'clinical care (nursing/midwifery).'

The Division achieved 55.9% against its target for responding to formal complaints within the agreed timescale in Q4, a further slight deterioration on the 56.4% reported in Q3 and more notably when compared with 73.8% in Q2. For informal complaints, the Division achieved 88.9% for responding within the agreed timescale; an improvement on the 85.7% reported in Q3 and similar to the 89.7% reported in Q2. It should be noted that throughout Q4, the division has been working to extended deadlines of 45 working days for formal complaints and 15 working days for informal complaints – this compares with 30 working days and 10 working days respectively for all other divisions. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	40 (33.6% of total complaints) ↑	31 (33.3% of total complaints) ↓
Attitude & Communication	30 (25.2%) ↑	22 (23.7%) ↓
Facilities & Environment	17 (14.3%) ↑	9 (9.7%) ↑
Appointments & Admissions	15 (12.6%) ↑	9 (9.7%) ↓
Information & Support	7 (5.9%) ↑	6 (6.5%) ↑
Discharge/Transfer/Transport	5 (4.2%) ↓	8 (8.5%) ↑
Documentation	4 (3.4%) ↑	3 (3.2%) ↓
Access	1 (0.8%) ↓	5 (5.4%) ↓
Total	119	93

Table 7: Top sub-categories

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Clinical care (medical/surgical)	19 ↑	18 ↑
Clinical care (nursing/midwifery)	13 ↑	8 ↑
Communication with patient / relative	13 ↑	4 ↓
Lost personal property	10 ↑	6 ↑
Cancelled or delayed appointments and operations	10 ↑	5 ↓
Information about patient	6 ↑	3 ↑
Discharge arrangements	5 ↓	7 =
Attitude of nursing staff	5 ↓	7 ↑
Attitude of medical staff	5 ↑	3 ↓

Figure 15: Medicine – formal and informal complaints received

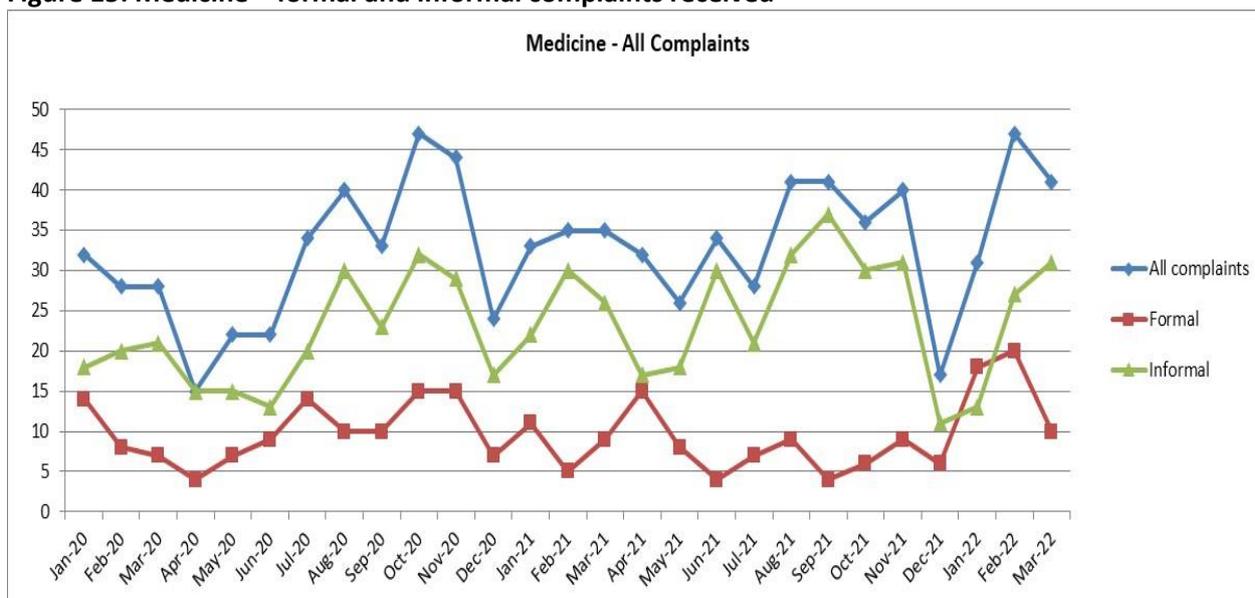


Figure 16: Medicine – All clinical care complaints

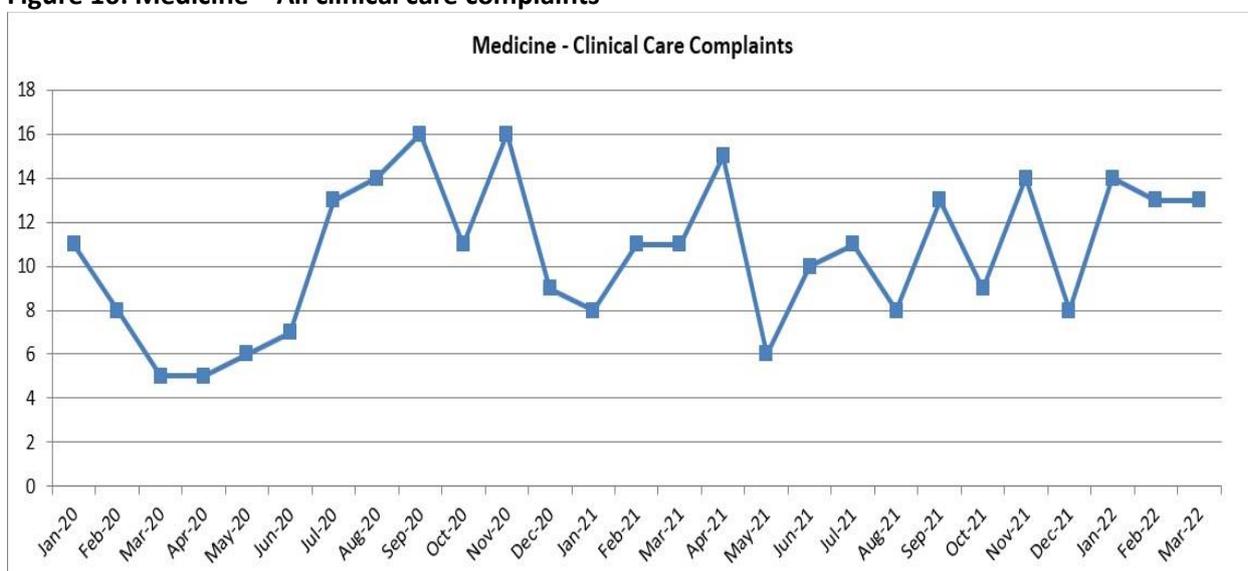
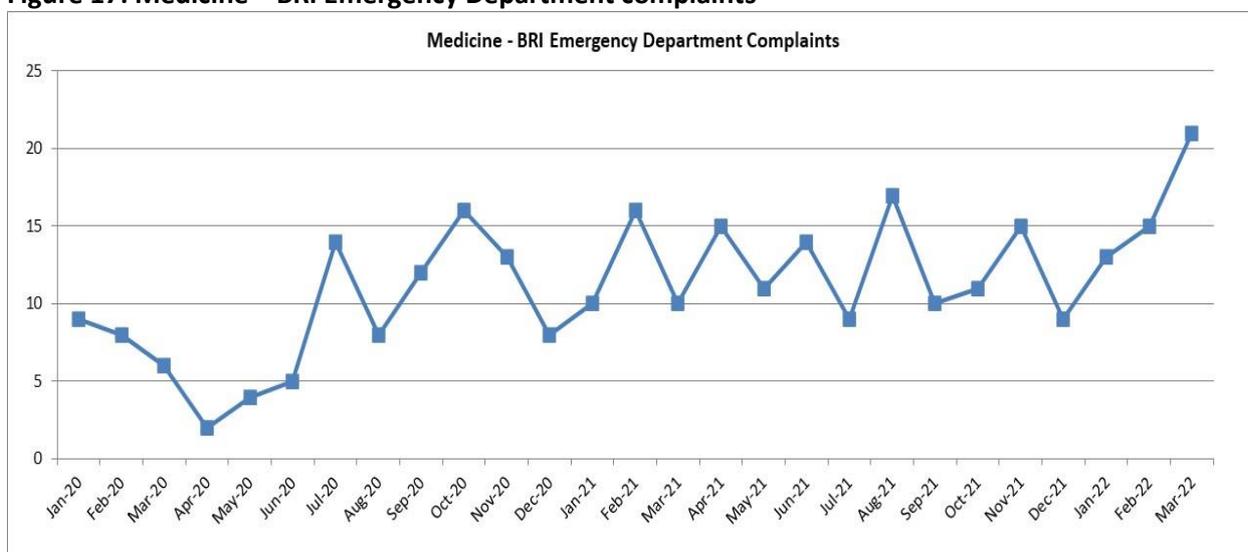


Figure 17: Medicine – BRI Emergency Department complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 63 new complaints in Q4; the same number as received in Q3. Of these complaints, 43 were for the Bristol Heart Institute (BHI), compared with 47 in Q3; and 19 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 15 received in Q3. In addition, there was one complaint for Clinical Genetics.

The largest number of complaints received by the Division in Q4 was under the category of 'clinical care' (38%), with almost half (11 of 24) being in respect of 'clinical care (medical/surgical).

Complaints in respect of outpatient services are consistently higher in the division, with low numbers by comparison each quarter for inpatient services. However, in Q4, whilst over half (33 of 63) of all complaints received were in respect of outpatient services, this was closely followed by complaints from or on behalf of inpatients (28 of 63).

The Division achieved 45% against its target for responding to formal complaints within the agreed timescale in Q4, a further deterioration compared with 57.1% reported in Q3 and 70.6% in Q2. By comparison, for informal complaints, the division achieved 95.1%, compared with 77.8% in Q3 and 86.4% reported in Q2. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 8: Complaints by category type

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	24 (38% of total complaints) ↑	16 (25.4%) ↑
Appointments & Admissions	14 (22.2%) ↓	26 (41.3%) ↑
Attitude & Communication	14 (22.2%) ↑	10 (15.9%) =
Facilities & Environment	3 (4.8%) =	3 (4.7%) =
Information & Support	3 (4.8%) ↑	2 (3.2%) ↓
Discharge/Transfer/Transport	3 (4.8%) ↑	2 (3.2%) =
Documentation	2 (3.2%) ↓	3 (4.7%) ↑
Access	0 (0%) ↓	1 (1.6%) =
Total	63	63

Table 9: Top sub-categories

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Cancelled or delayed appointments and operations	12 ↓	21 ↑
Communication with patient / relative	12 ↑	2 ↓
Clinical care (medical/surgical)	11 ↑	8 ↑
Clinical care (nursing/midwifery)	5 ↑	3 =
Lost/misplaced/delayed test results	5 ↑	2 ↓

Figure 18: Specialised Services – formal and informal complaints received

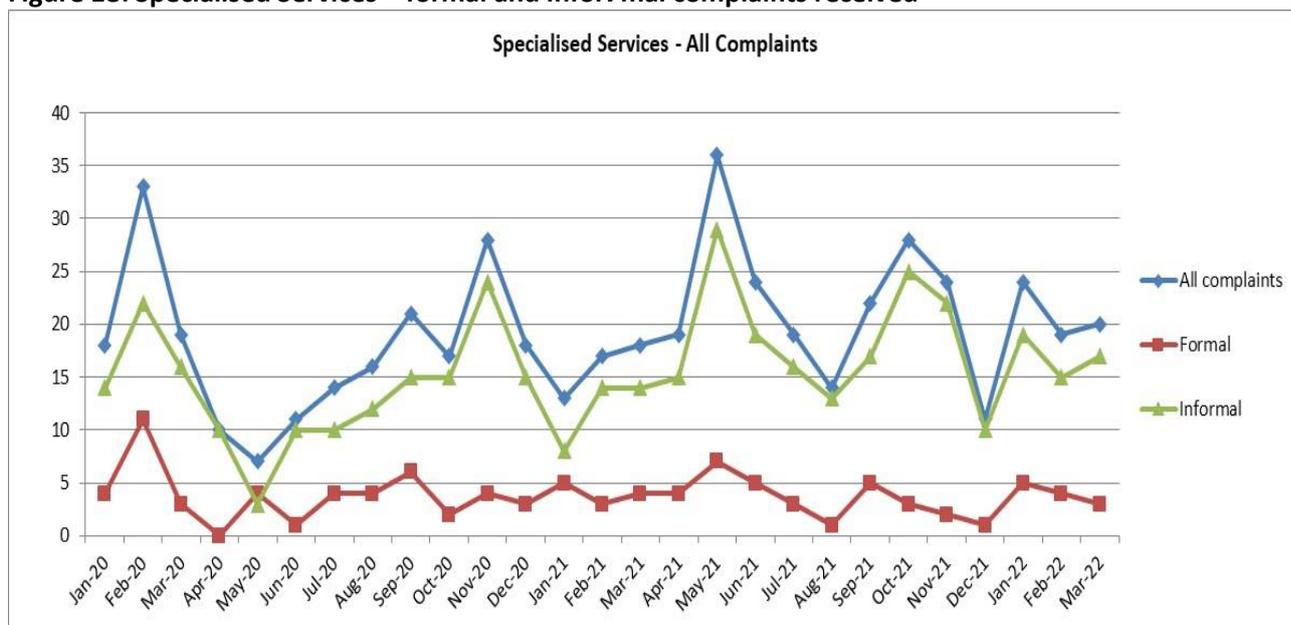


Figure 19: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre

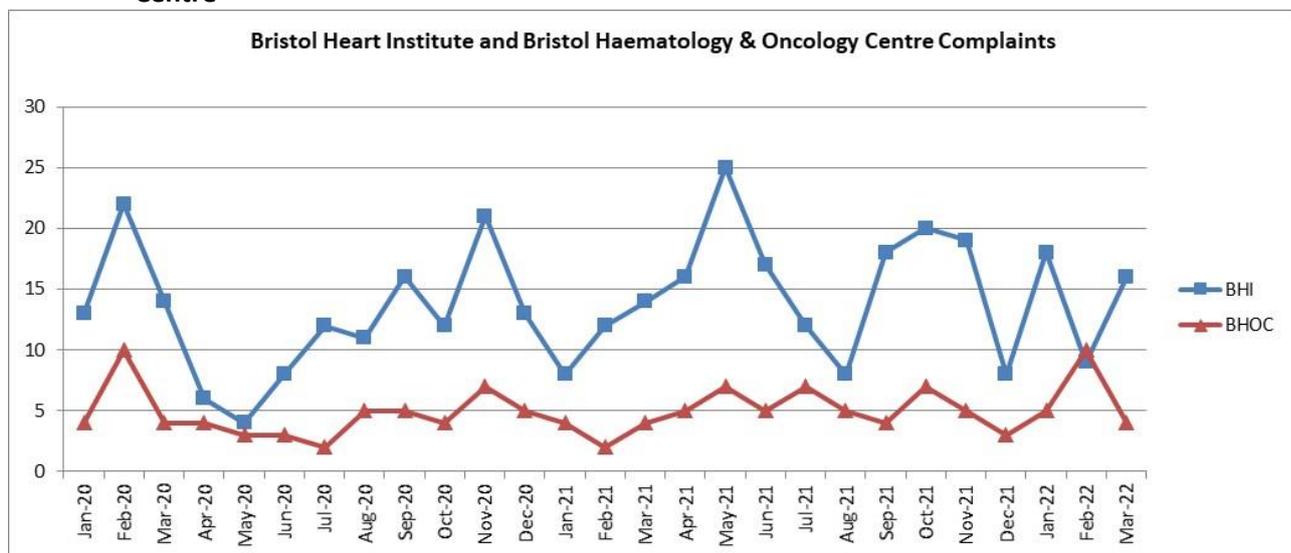
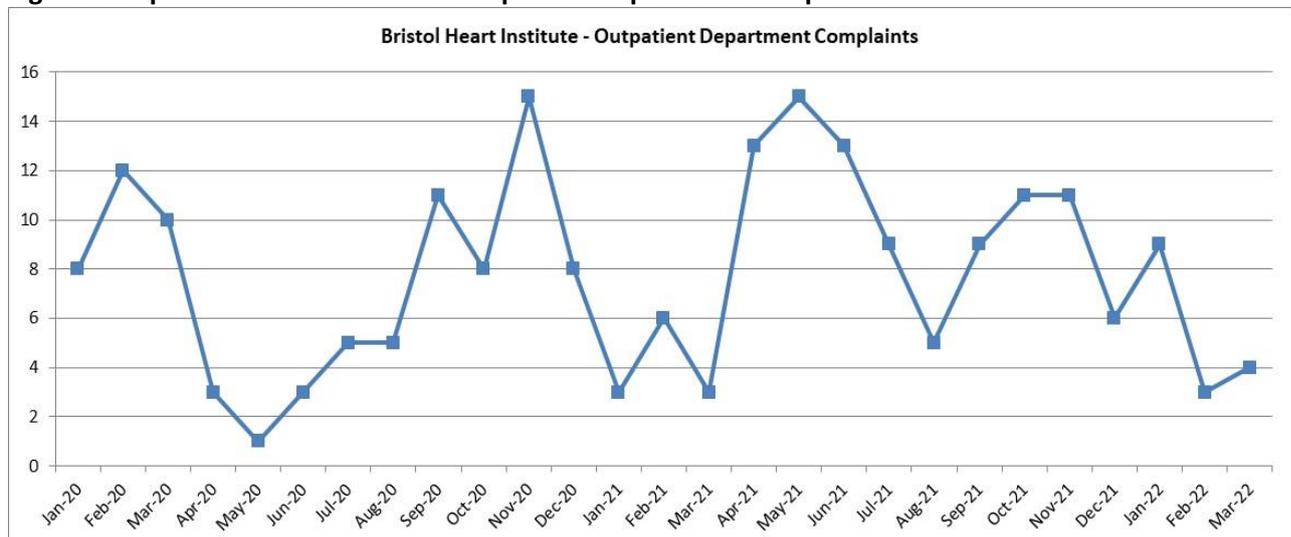


Figure 20: Specialised Services – BHI Outpatient Department complaints



3.1.4 Division of Women’s and Children’s Services

The Division of Women & Children received 88 new complaints in Q4 of 2021/22; a decrease on the 99 received in Q3 and 123 in Q2. Of these complaints, 58 were for Bristol Royal Hospital for Children (BRHC), compared with 60 in Q3; and 28 were for St Michael’s Hospital (StMH), compared with 38 in Q3. There were also two complaints for Community Midwifery Services.

Complaints recorded under the primary category of ‘clinical care’ accounted for 39.8% of all complaints received by the Division in Q4 (35 of 88); complaints in this category are consistently the highest for the division. Complaints about ‘appointments and admissions’ rose again from 19 in Q3 to 30 in Q4, representing a 58% increase.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of ‘appointments and admissions’ (24), closely followed by ‘clinical care’ (21). Whilst St Michael’s Hospital had fewer complaints overall than BRHC, the highest number of complaints received in Q4 (14 of 28) were in respect of ‘clinical care’, representing 50% of all complaints received by the hospital, followed by nine about ‘attitude and communication’.

The Division achieved 80.6% against its target for responding to formal complaints within the agreed timescale in Q4, a notable improvement compared with 55.8% in Q3 and only slightly lower than the 84.5% reported in Q2. For informal complaints, the division achieved an impressive 93.8%, compared with 96.3% in Q3 and 85.2% in Q2. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	35 (39.8% of total complaints) ↓	45 (45.6% of total complaints) ↓
Appointments & Admissions	30 (34.1%) ↑	19 (19.2%) ↓
Attitude & Communication	13 (14.7%) ↓	23 (23.2%) ↓
Facilities & Environment	3 (3.4%) ↓	4 (4%) =
Discharge/Transfer/Transport	3 (3.4%) ↑	1 (1%) =
Information & Support	2 (2.3%) ↓	4 (4%) ↓
Access	2 (2.3%) ↑	1 (1%) ↓
Documentation	0 (0%) ↓	2 (2%) ↓
Total	88	99

Table 11: Top sub-categories

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Cancelled or delayed appointments and operations	26 ↑	13 ↓
Clinical care (medical/surgical)	15 ↓	21 ↓
Clinical care (nursing/midwifery)	13 ↓	16 =
Attitude of medical staff	6 ↑	4 ↓

Figure 21: Women & Children – formal and informal complaints received

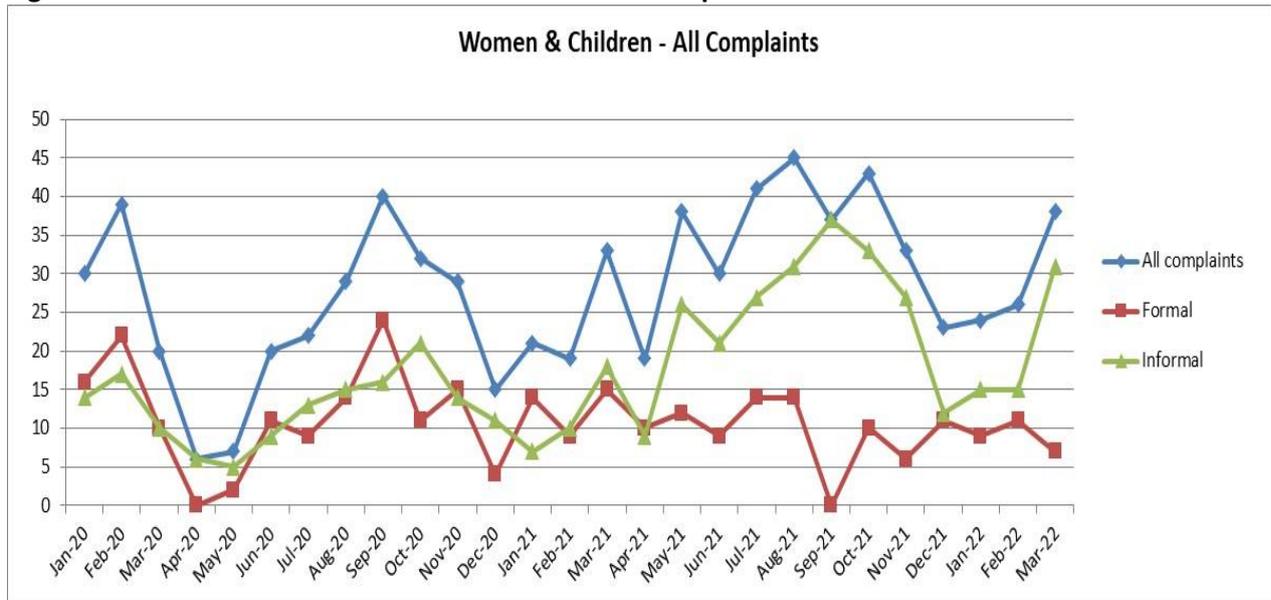


Figure 22: Complaints received by Bristol Royal Hospital for Children

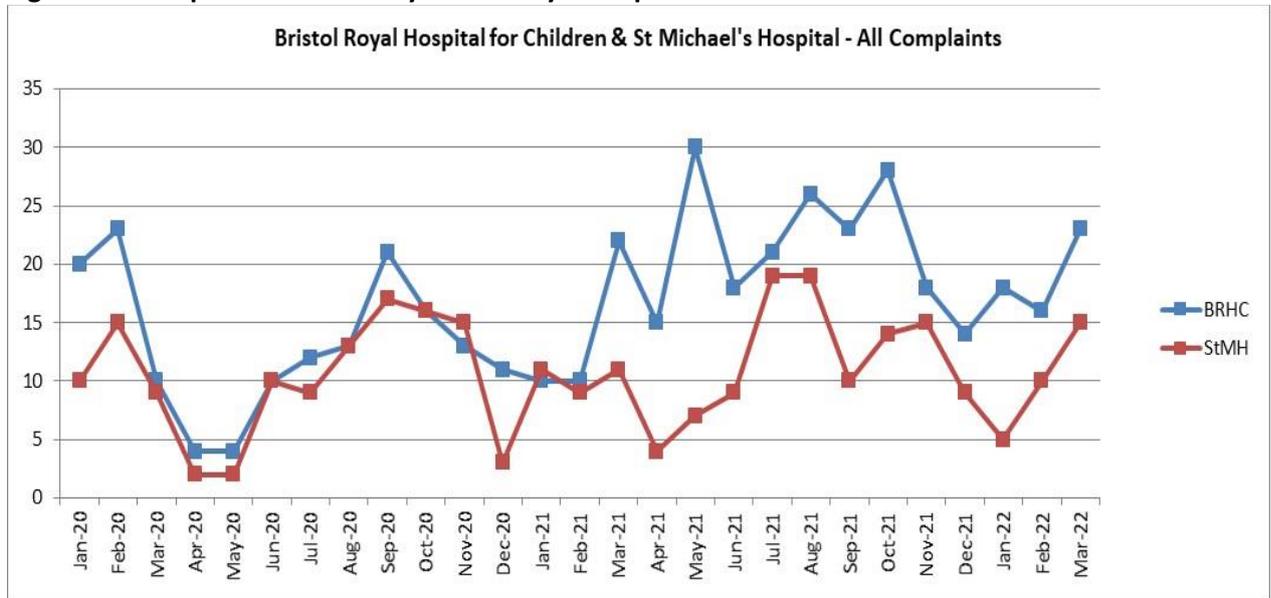
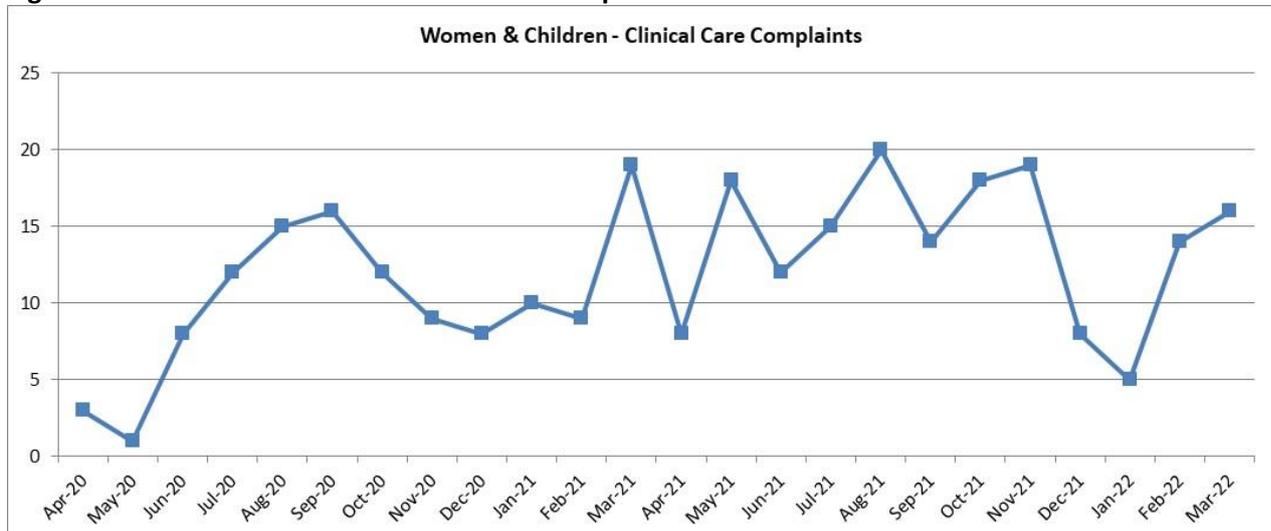


Figure 23: Women & Children – Clinical care complaints



3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 28 new complaints in Q4, a notable reduction on the 42 received in Q3, although still greater than the 18 received in Q2 and 17 in Q1. 13 of the 28 complaints were about 'attitude and communication', with nine recorded under the primary category of 'clinical care'.

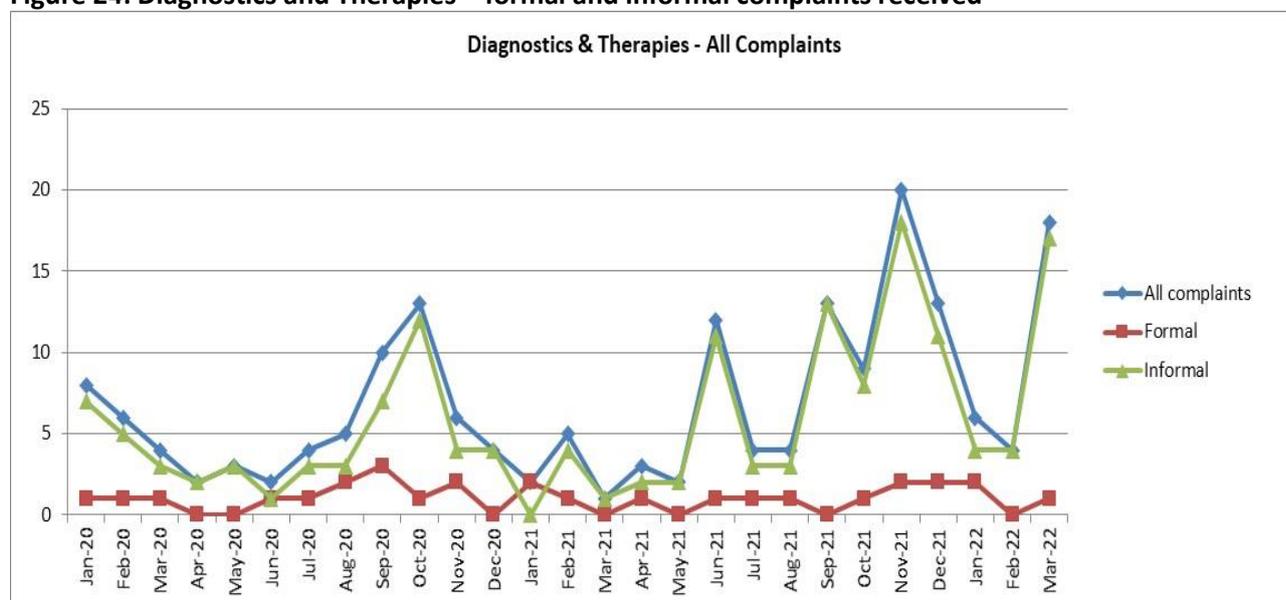
After receiving 17 complaints about the Boots Pharmacy in Q3, this reduced to five in Q4. There were also 10 complaints for Radiology and eight for Audiology in Q4.

The Division again achieved 75% against its target for formal complaint responses in Q4, the same as in Q3. 86.7% of informal complaints were responded to by the agreed deadline in Q4, compared with 91.7% in Q3 and 90% in Q2. See section 3.3 Table 17 for details of where in the process the delays occurred.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Attitude & Communication	13 (46.4% of total complaints) ↑	7 (16.6%) ↑
Clinical Care	9 (32.1%) ↓	17 (40.5%) ↑
Appointments & Admissions	5 (17.9%) ↓	14 (33.3%) ↑
Information & Support	1 (3.6%) ↓	2 (4.8%) ↓
Facilities & Environment	0 (0%) ↓	1 (2.4%) =
Access	0 (0%) ↓	1 (2.4%) ↑
Documentation	0 (0%) =	0 (0%) =
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Total	28	42

Figure 24: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Weston

The Division of Weston received 47 new complaints in Q4 of 2021/22; similar to the 48 received in Q3 and representing a sustained decrease compared to the 77 complaints received in Q2. The highest number of complaints received by the division was again those recorded under the category of ‘clinical care,’ which accounted for almost half of all complaints received. There were no significant increases or decreases in any of the categories compared with Q3. Complaints about lost personal property increased slightly in Q4 (5), although it should be noted that there were a further 16 dealt with as PALS concerns by the team at Weston. The largest number of complaints received by one department has consistently been the Emergency Department, with 14 complaints in Q4, 15 in Q3, and 27 in Q2. Complaints for this department represented almost a third of all complaints received by the division in Q4 (14 of 47).

The Division achieved just 20.3% (12 of 59 responses) against its target for responding to formal complaints within the agreed timescale in Q4, a further deterioration on the 34.5% reported in Q3 and 34.8% in Q2, and still significantly below the target of 95%. The division responded to 50% of informal complaints within the agreed timescale in Q4 (4 of 8), compared with 75% in Q3 and 78.9% in Q2.

The Weston PALS team again saw high volumes of concerns, with 143 received in Q4, compared with 169 in Q3 and 84 in Q2. Of the 143 concerns received, 49 were about ‘attitude and communication’; 22 were about ‘clinical care’; 21 were received in respect of ‘facilities and environment’ (including lost personal property); 20 were categorised under ‘information and support’; 18 were in respect of ‘appointments and admissions’, including cancelled and delayed appointments; and 13 were about ‘discharge arrangements’. Full details of any themes and trends identified from these concerns will be reported separately by the Division of Weston. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	22 (46.8% of total complaints) =	22 (45.8% of total complaints) ↓
Attitude & Communication	7 (14.9%) ↓	10 (20.8%) ↑
Appointments & Admissions	7 (14.9%) ↓	10 (20.8%) ↑
Facilities & Environment	6 (12.7%) ↑	2 (4.2%) ↓
Information & Support	3 (6.4%) ↑	1 (2.1%) ↓
Discharge/Transfer/Transport	2 (4.3%) =	2 (4.2%) ↓
Documentation	0 (0%) ↓	1 (2.1%) ↓
Access	0 (0%) =	0 (0%) =
Total	47	48

Table 14: Top sub-categories

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Clinical care (medical/surgical)	12 ↑	10 ↓
Cancelled or delayed appointments and	6 ↓	8 ↑
Lost personal property	5 ↑	1 ↓
Communication with patient / relative	4 ↑	3 =
Clinical care (nursing/midwifery)	4 ↓	8 ↓

Figure 25: Division of Weston - formal and informal complaints received

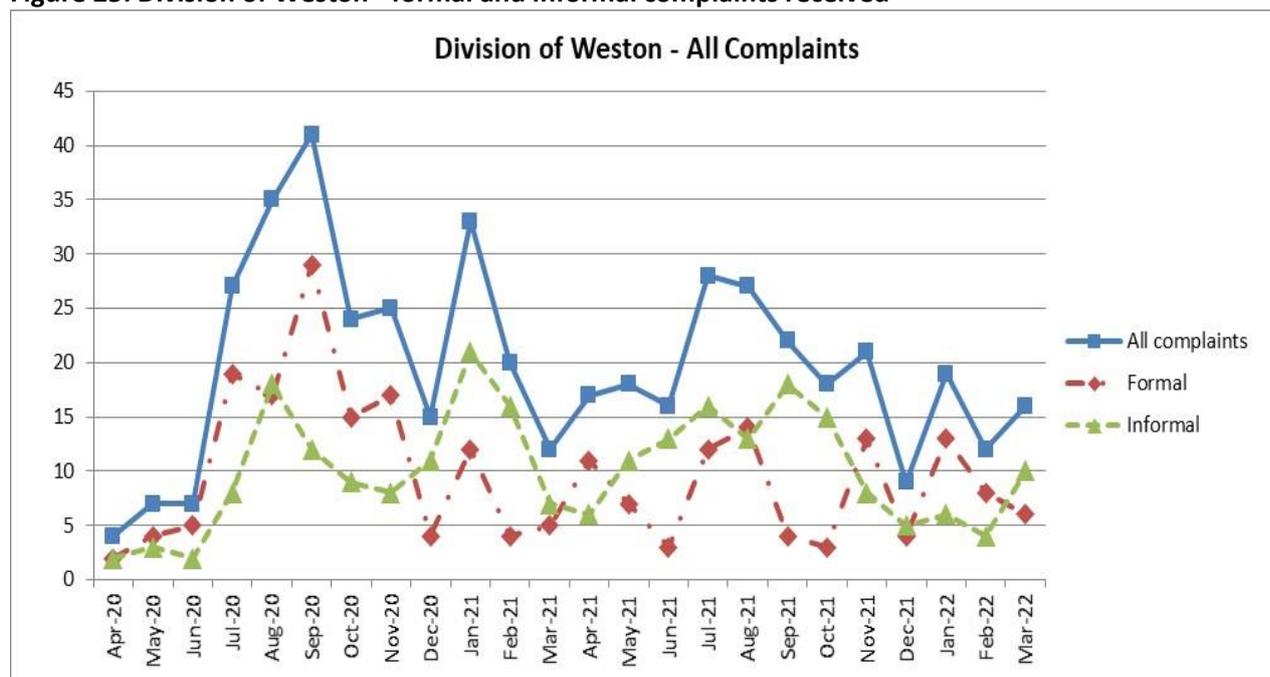
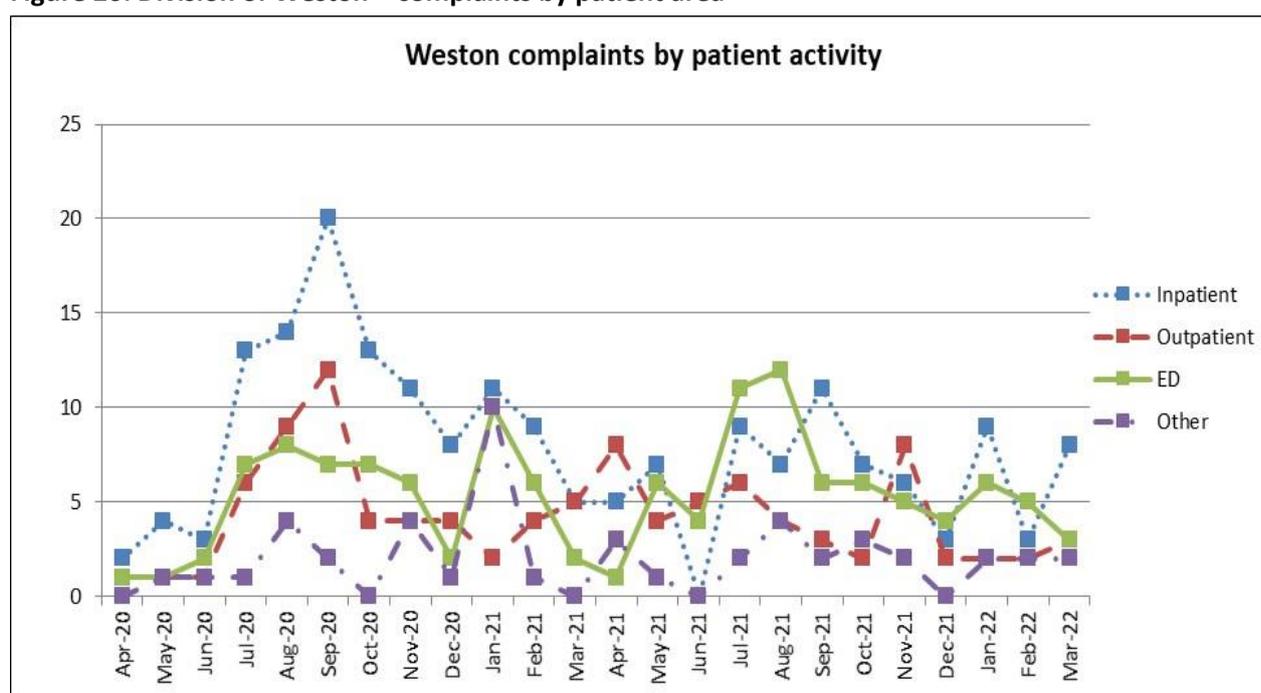


Figure 26: Division of Weston – complaints by patient area



3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 22 new complaints in Q4; a slight increase on the 18 received in Q3.

The largest number of complaints received by the Division (14) was recorded under the category of ‘facilities and environment’, eight of which (57.1%) related to car parking. The remaining complaints were split between the Private & Overseas Patients Team, Hotel Services, and the Hospital Discharge Team.

The Division achieved 60% against its target for responding to formal complaints within the agreed timescale in Q4; an improvement on the 20% reported in Q3, but still significantly below the 95% target. They achieved 80% for informal complaints; a notable deterioration on the 100% achieved in Q3. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Facilities & Environment	14 (63.6% of total complaints) ↑	8 (44.5% of total complaints) ↓
Information & Support	4 (18.2%) ↑	2 (11.1%) ↑
Attitude & Communication	2 (9.1%) ↓	6 (33.3%) ↑
Discharge/Transfer/Transport	2 (9.1%) ↑	0 (0%) =
Documentation	0 (0%) ↓	2 (11.1%) =
Clinical Care	0 (0%) =	0 (0%) ↓
Appointments & Admissions	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	22	18

Figure 27: Trust Services – all complaints received



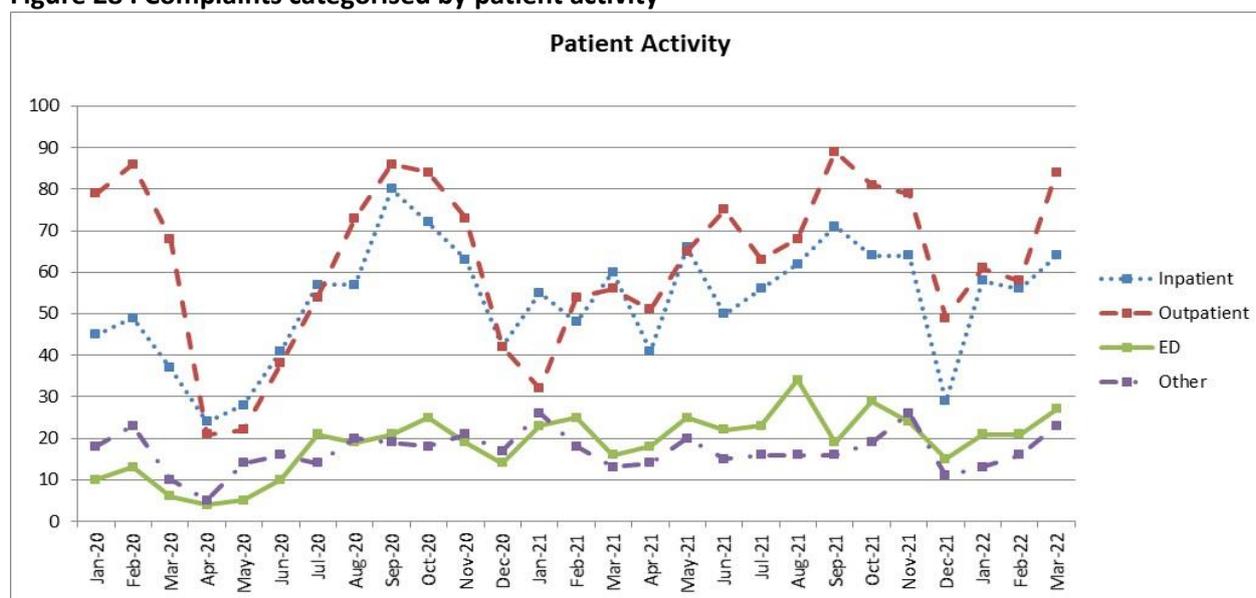
Figure 27 above shows all complaints received for Trust Services, including Estates & Facilities.

3.2 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. There was a sharp increase in outpatient complaints at the end of Q4, with 84 complaints received in March 2022, compared with 58 in February 2022 and 61 in January 2022.

In Q3, 40.4% (*42.7%) of complaints received were about outpatient services, 35.5% (32%) related to inpatient care, 13.7% (13.9%) were about emergency patients; and 10.4% (11.4%) were in the category of 'other' (as explained above). * Q3 percentages are shown in brackets for comparison.

Figure 28 : Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

In Q4, all divisions reported breaches of formal complaint deadlines, in Q4, with a total of 97 breaches reported Trustwide. This is a further deterioration on the 94 breaches reported in Q3 and 81 breaches in Q2. This once again usurps the highest number of breaches recorded since this report commenced and is reflective of the operational pressures being experienced across the Trust.

The Division of Weston reported 47 breaches of deadline, there were 15 for Medicine, 13 for Women & Children, 11 for Specialised Services, four each for Surgery and Trust Services, and three for Diagnostics & Therapies. Please see Table 17 below for details of where in the process the delays occurred/who the breaches were attributable to. It is important to note that for some of the divisions with lower numbers of breaches, this reflects a higher percentage of their overall responses, for example, over half (55%) of Specialised Services formal responses breached the agreed deadline. Please also note that none of the breaches for the Divisions of Surgery and Diagnostics & Therapies were attributable to delays by the divisions.

In Q4 the Trust responded to 250 complaints via the formal complaints route and 61.2% (153) of these were responded to by the agreed deadline, against a target of 95%, and compared with 51.3% in Q3 and 68.2% in Q2.

Table 16: Breakdown of breached deadlines – Formal

Division	Q4 2021/22	Q3 2021/22	Q2 2021/22	Q1 2021/22
Weston	47 (79.7%)	36 (65.5%)	43 (65.2%)	27 (90%)
Medicine	15 (44.1%)	17 (43.6%)	11 (26.2%)	21 (34.4%)
Women & Children	13 (19.4%)	19 (44.2%)	9 (15.5%)	4 (9.5%)
Specialised Services	11 (55%)	9 (42.9%)	10 (29%)	7 (28%)
Surgery	4 (8.3%)	8 (30.8%)	5 (12.2%)	3 (6.7%)
Trust Services	4 (40%)	4 (80%)	3 (30%)	5 (55.6%)
Diagnostics & Therapies	3 (25%)	1 (25%)	0 (0%)	1 (33.3%)
All	97 breaches	94 breaches	81 breaches	68 breaches

(So, as an example, there were 47 breaches of timescale in the Division of Weston in Q4, which constituted 79.9% of the complaint responses which were sent out by that division in Q4).

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 (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 17 shows a breakdown of where the delays occurred in Q4. During this period, 69 breaches were attributable to the Divisions, 12 were caused by delays in the Patient Support & Complaints Team, and 16 occurred during Executive sign-off.

The Patient Support & Complaints Manager has reviewed the delays attributed to the team and these delays were all due to their capacity to deal with the volume of responses (250) that were received from the divisions during this period. The manager has also met with the Deputy Chief Nurse and representatives from the Executive PA team to discuss and agree improvements to the process for responses sent to the Executive team for signing, with the aim of reducing delays at this end of the process.

Table 17: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	0	9	7	3	0	3	47	69
PSCT	1	4	2	3	2	0	0	12
Execs/sign-off	3	2	2	7	1	1	0	16
Other Trust	0	0	0	0	0	0	0	0
All	4	15	11	13	3	4	47	97

3.3.1 Complaints responded to within agreed timescale for informal resolution process

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 Q4, the Trust responded to 198 complaints via the informal complaints route (an 8% reduction compared with 215 reported in Q3) and 87.4% of these were responded to by the agreed deadline; the same percentage as reported in Q3.

Table 18: Breakdown of breached deadlines - Informal

Division	Q4 2021/22	Q3 2021/22	Q2 2021/22	Q1 2021/22
Surgery	9 (7.1%)	8 (11.4%)	4 (7.4%)	2 (3.6%)
Medicine	4 (11.1%)	6 (14.3%)	3 (10.3%)	3 (9.1%)
Weston	4 (50%)	2 (25%)	4 (21.1%)	4 (25%)
Diagnostics & Therapies	2 (13.3%)	2 (8.3%)	1 (10%)	0 (0%)
Women & Children	2 (6.3%)	1 (3.7%)	4 (14.8%)	0 (0%)
Trust Services	2 (20%)	0 (0%)	1 (8.3%)	1 (8.3%)
Specialised Services	2 (4.9%)	8 (22.2%)	3 (13.6%)	5 (13.5%)
All	25	27	20	15

4. Highly sensitive complaints and links with patient safety

When a patient is involved in a patient safety incident, it is possible that additional investigatory processes will run in parallel, alongside the patient safety investigation. This might include the patient or their family making a complaint, or another statutory process requiring a form of investigation, such as the Child Death Review process. Since 2016, the Trust has had Standard Operating Procedures (SOPs) in place, in respect of identifying incidents from complaints and the link between the different types of investigations.

If it is clear the investigations will run concurrently, an overall Case Manager is appointed by the relevant Division, with responsibility for ensuring that the patient/family, and also the staff involved, have an understanding of the statutory requirements the Trust is working to, how the Trust will bring in objectivity, the timescales that each investigation will be working to, what information they will consider, how the patient/family can input into the process and how they would like to receive feedback.

There is another SOP that links into the processes described above; for early escalation of 'Highly Sensitive' complaints to an Executive Director. This SOP applies to all complaints received by the Patient Support and Complaints Team (PSCT) which meet one or more of the following criteria:

- All child deaths;
- All unexpected adult deaths;
- All complaints containing serious allegations about a specific member of staff;
- All complaints where serious harm to a patient is alleged;
- All complaints where the complainant is threatening to contact a third party such as the press, media, or a healthcare regulator;
- Possible legal claim;
- The Trust has been notified of a complainant being dissatisfied with our response for a second (or subsequent) time.

Since November 2021, the Patient Support & Complaints Manager and the Deputy Head of Patient Safety, have met weekly to review all complaints received the previous week and identify any potential patient safety issues within those complaints and whether they need to be escalated to Executive level at an early stage, in line with the SOPs described above.

This "belt and braces" approach provides assurance that (a) cases subject to more than one investigatory process are always assigned a Case Manager; (b) all patient safety incidents and/or serious incidents contained in complaints are identified at the outset; and (c) any potentially highly sensitive cases are escalated to Executive Directors at an early stage.

Some examples of issues successfully identified during Q4 are shown below.

Example 1

The patient's daughter made a complaint about her father's care as an inpatient before he sadly passed away. He had been in hospital for nine weeks and had a fall in the bathroom. It had been decided that he needed to be escorted to and from the bathroom, but no one stayed with him in the bathroom, and he fell. His daughter explained that he is elderly and frail and should not have been left alone and she wished to know who made this decision to leave him alone. She added that he had also since contracted pneumonia.

During the discussion at the weekly meeting, it was identified that the patient had actually been assessed as ECO2, which did not indicate that he needed to be escorted at all times. This enabled the complaints team to confirm this to the division when sending the complaint to them for investigation and to highlight with them that an incident had been recorded (and linked to the complaint record) on Datix in respect of this fall.

Example 2

The patient, who has a history of overdosing and self-harm, attended the BRI Emergency Department (ED), and was told categorically that her partner could not stay with her, despite her being very unwell physically and mentally (having taken an overdose the night before). The patient was told she would not be treated if her boyfriend did not leave, so she called her mother, who then rang the ED for her and spoke to the receptionist and then to a charge nurse, who were both

unsympathetic and said there was no way he could stay with her. The patient's mother then asked to be put through to the psychiatric team, who immediately agreed she should be allowed to have someone with her. After waiting for six hours without being seen, the patient felt so unwell she went home. Her mother arranged for her to go to a walk-in centre the next day, from where she was admitted to the BRI with pneumonia, septic shock and kidney failure.

During discussion at the weekly meeting, it was confirmed that the events, as reported in the complaint, would constitute a "miss". However, upon checking the incident that had been recorded, there were some anomalies with what had been reported by the patient and her mother. The incident was linked to the complaint and a note about the discussion was shared with division when the complaint was sent to them.

5. 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 taken by the Trust in response to complaints during Q4 2021/22. These complaints have been included in this report due to the actions identified, which provides assurance that the concerns were listened to and taken seriously, and that lessons have been learned.

- The patient was referred to the Emergency Department (ED) via NHS 111 and then 999, who advised her to attend the ED after experiencing heavy bleeding during a miscarriage. Following her arrival to the ED, she was not given a private space to stay in until around six hours after she arrived. Whilst in the waiting room, she was left bleeding through her clothes and sitting on a towel. She was worried about standing, getting water, or walking to the toilet because of leaking and when in the toilet, she had to clean the blood off the floor with paper towels. This was a distressing experience at a frightening and emotionally sad time.

As a result of this complaint, a dedicated cubicle will be allocated in the new build Fast Flow area for patients attending with gynaecological or obstetric emergencies. In addition, improved staff teaching and training is to be provided to ED staff regarding gynaecological and obstetric presentations at triage (Women & Children).

- The patient was diagnosed with cancer and advised that he would require chemotherapy fortnightly. He is self-employed and had to arrange his work around his appointments, which was difficult. When the bookings department at Bristol Haematology and Oncology Centre sent the patient details of his appointments, he noticed they were three-weekly not fortnightly. He queried this with a doctor who said they would look into it, but no one ever got back to him, so he rearranged his work around the appointment dates he had been given.

A meeting was arranged between the patient and senior divisional staff, when an apology was given to the patient for the errors he had experienced throughout his chemotherapy regime. They explained that, whilst the booking team were the source of the original error, they had worked to agreed processes. There then followed a further breakdown in communication, this time from clinicians who had agreed a change in protocol, which resulted in poorly coordinated care.

As a result of this complaint, it was agreed at the meeting with the patient that the Assistant General Manager would commit to the following actions:

- To discuss with the consultant whether he had been aware of the original error, which had bumped the regime from two to three weekly and that by cancelling the patient's chemotherapy, this would have moved his regime again from a three-week cycle to a four-week cycle.
- To feedback to the administration manager on the booking team's communication style, the standards that are expected from the team, and to identify training in customer service for individuals or the team as a whole.
- Complaint to be presented to the BHOC Clinical Governance Committee to share issues and identified learning, especially in relation to the importance of effective and clear communication from clinical teams, with other teams, including administrative teams.
- To take forward the suggestion that all calls should commence with clear introduction of the person calling and ended with a summary and reiteration of the name of the caller. This will also be included in the Divisional Newsletter.
- To provide a named point of contact for the patient going forward, should he experience any further issues with the booking team or any other team. The names and team email address for the administration team leaders were given to the patient at the meeting.
- General Manager to put processes in place for staff to identify, highlight and escalate issues and problems as they arise. In order to facilitate this, the management team have introduced monthly 'drop-in sessions/briefings', where the management team meet to discuss issues and concerns with the staff (Specialised Services).

6. Patient Support & Complaints Team activity

6.1 Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team are also responsible for providing patients, relatives and carers with help and support. A total of 436 enquiries were received in Q4, a 16% increase on the 376 received in Q3. This figure includes 143 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a 15% reduction on the 169 recorded in Q3, but higher than the 107 recorded in Q2.

In addition, the Patient Support and Complaints Team also recorded and acknowledged 31 compliments received during Q4 (not included in the 436 noted above) and shared these with the staff involved and their Divisional teams. This is a slight decrease on the 34 compliments reported in Q3, although this does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q4 the Patient Support and Complaints Team recorded 224 enquiries that did not proceed, compared with 181 in Q3 and 171 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, feedback, and cases that did not proceed, the Patient Support and Complaints Team continues to deal with an increasingly high volume of activity, with a total of 1,193 separate new enquiries in Q4 of 2021/22, compared with 1,084 in Q3, 1,145 in Q2 and 1,042 in Q1. This represents a further 10%

increase in activity when compared with the previous quarter and is 26.4% higher than the same period a year ago.

5.2 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 Q4, 320 complaints were received in writing (235 by email, 68 via website feedback and 17 letters), 178 were received verbally by telephone and two in person. Two complaints were also received in Q4 via the Trust's 'real-time feedback' service.

Of the 502 complaints received in Q4, 76.3% (383/502) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This is a deterioration on the 95.1% reported in Q3 and is due to the volume of enquiries being received by the team, creating a backlog at this early part of the process. This backlog has since been cleared and the picture has improved at the start of Q1 of 2022/23.

5.3 PHSO (Ombudsman) cases

During Q4, the Trust was not advised by the Parliamentary and Health Service Ombudsman (PHSO) of their interest in any new complaints. During the same period, four existing cases remain ongoing, and one case was closed during Q4.

Table 19: Complaints ongoing with the PHSO during Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
20388	LT	MT	04/05/2021	BHOC	BHOC Outpatients	SpS
The PHSO had initially advised the Trust that they were closing the case with 'no further action' to be taken. However, they then contacted us again in October 2021 to say that they would actually be carrying out an investigation. The last update from the PHSO was received at the beginning of February 2022, advising that they are awaiting some final advice from one of their advisors and then should be in a position to provide us with their provisional thoughts.						
22146	FT	JT	13/07/2020	BRI	Upper GI	Surgery
Update received from PHSO in January 2022, advising that they were still waiting on clinical advice and hoped to receive this soon in order to share their provisional findings with us.						
21583	JT	JT	08/12/2020	BRI	A524 - Respiratory	Medicine
PHSO's provisional report received, and the intention is to partly uphold the complaint, with recommendations to be made to the Trust. Awaiting final report.						
25054	MM	EM	19/01/2021	BHI	C604 - CICU	SpS
Update received from PHSO at the end of January 2022, advising that they had been awaiting clinical advice and hoped to be in a position to send the Trust their provisional report shortly.						

Table 20: Complaints closed by the PHSO during Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
34127	RR	N/A	20/04/2018 [02/08/2020]	StMH	Central Delivery Suite	W&C
PHSO's final report received with a decision to Partly Uphold the complaint. Recommendations made about the advice given to the ambulance crew by staff on Ashcombe Unit, as well as sending a letter of apology and £500 to the complainant in recognition of the failings identified and the distress caused.						

7. 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 on what the complaint is about. A practical example of each of these categories is shown in Table 21 below.

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 21: Examples of severity rating of complaints

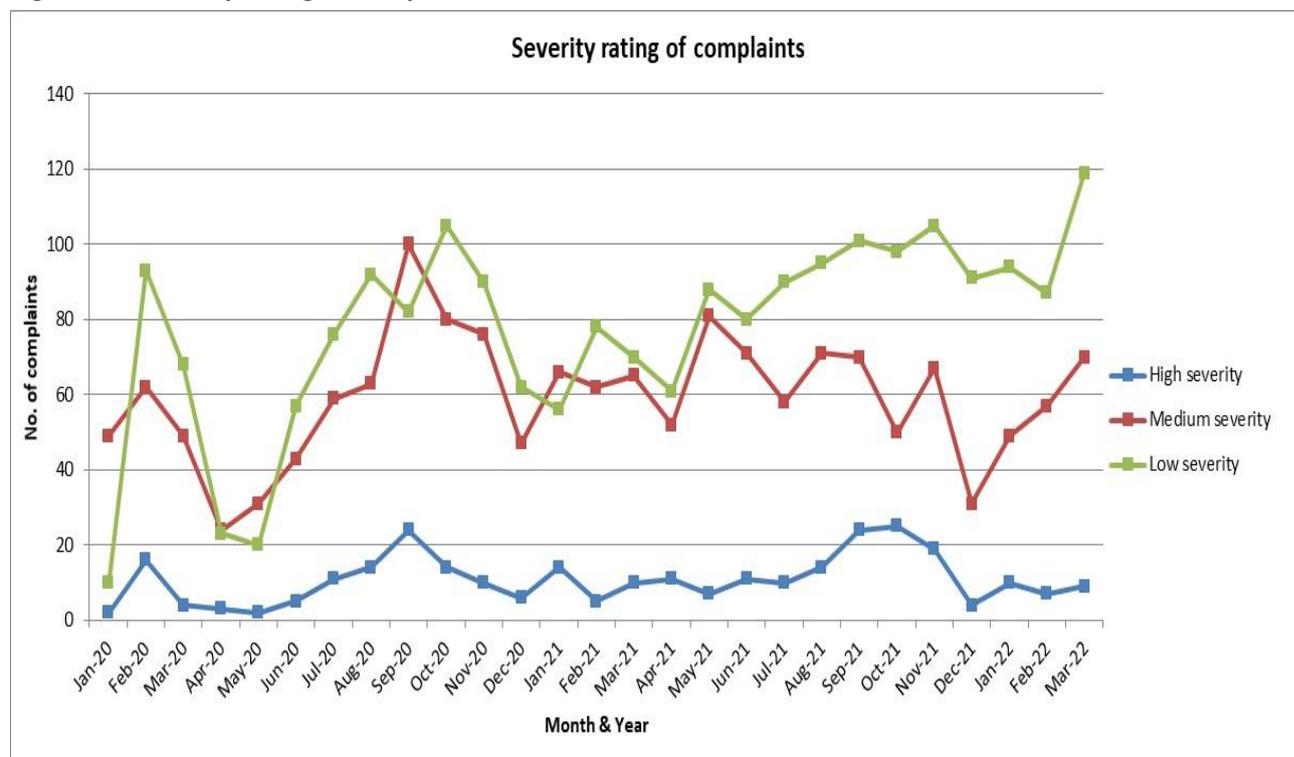
	Low severity	Medium severity	High severity
Clinical problem	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
Clinical problem	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
Management problems	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

In Q4, the Trust received 502 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 502 complaints, 314 were rated as being low severity, 164 as medium and 24 as high. Figure 29 below shows a breakdown of these severity ratings by month since January 2020.

In July 2020, the corporate Patient Support and Complaints Team commenced the management of

complaints for the Division of Weston and therefore started recording the severity of their complaints at the same time. Figure 29 therefore includes severity ratings for the Division of Weston's complaints from July 2020 onwards.

Figure 29: Severity rating of complaints



At the end of Q2 and beginning of Q3 of 2021/22, the number of complaints rated as ‘high severity’ spiked when compared with previous quarters. However, in Q4, this returned to normal levels across all divisions. Complaints rated as medium and low severity were consistent with previous quarters during Q4.

The number of complaints received since January 2020, by severity is as follows, with the average shown in brackets: High severity – 291 (av. 10.8); Medium severity – 1,603 (av. 59.4); Low severity – 2,091 (av. 77.4). A breakdown by Division is shown in Table 23 below.

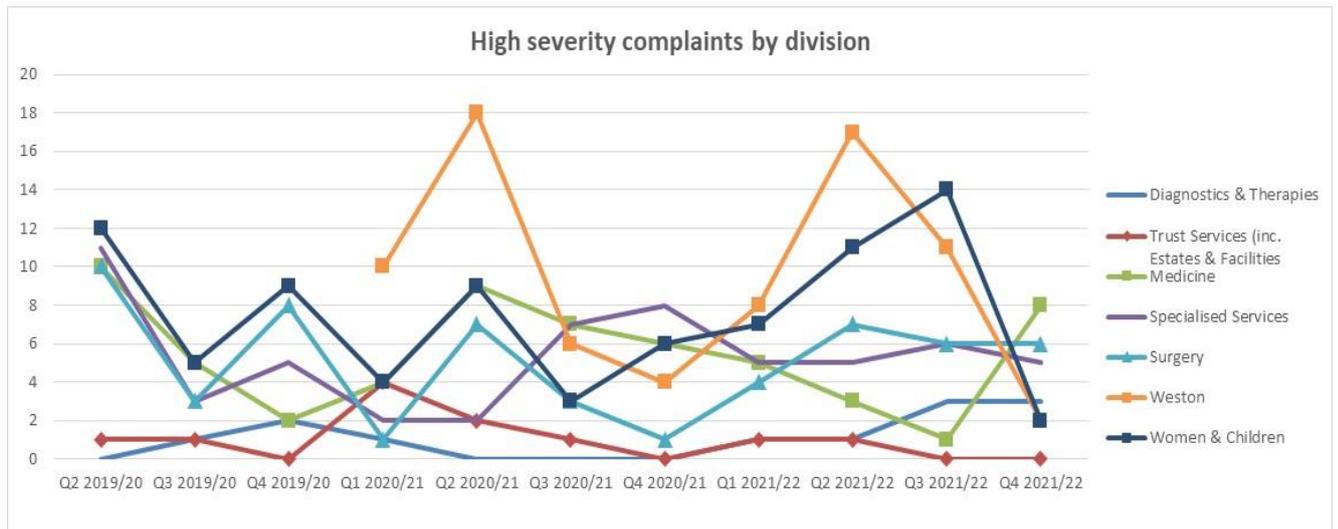
Table 22: Severity rating of complaints by Division (all complaints received in Q4 2021/22)

Division	High Severity	Medium Severity	Low Severity	Totals
Diagnostics & Therapies	3 (10.7%)	10 (35.7%)	15 (53.6%)	28
Specialised Services	5 (7.9%)	19 (30.1%)	39 (62%)	63
Medicine	8 (6.7%)	47 (39.5%)	64 (53.8%)	119
Surgery	6 (4.4%)	36 (26.7%)	93 (68.9%)	135
Weston	2 (4.3%)	17 (36.2%)	28 (59.5%)	47
Women & Children	2 (2.3%)	38 (43.2%)	48 (54.5%)	88
Trust Services (inc. Estates & Facilities)	0 (0%)	9 (41%)	13 (59%)	22
Totals	26 (5.2%)	176 (35.1%)	300 (59.7%)	502

*i.e., although only a very low number of complaints received by the Division of Diagnostics &

Therapies were rated as 'high severity', this represented 10.7% of all complaints received by the division, the highest percentage of all divisions.

Figure 30: High severity complaints by division



APPENDIX TO Q4 2021/22 COMPLAINTS REPORT

APPENDIX 1 – ATTITUDE & COMMUNICATION

Context

Complaints about staff attitude and communication peaked in November 2020, at which time the Trust’s Quality and Outcomes Committee requested a ‘deep dive’ review of the related data. This review did not identify any specific themes or trends in respect of the departments, divisions or staff groups receiving these complaints. In March 2022, in response to the Quarter 3 complaints report, QOC again requested further insights into this reporting category.

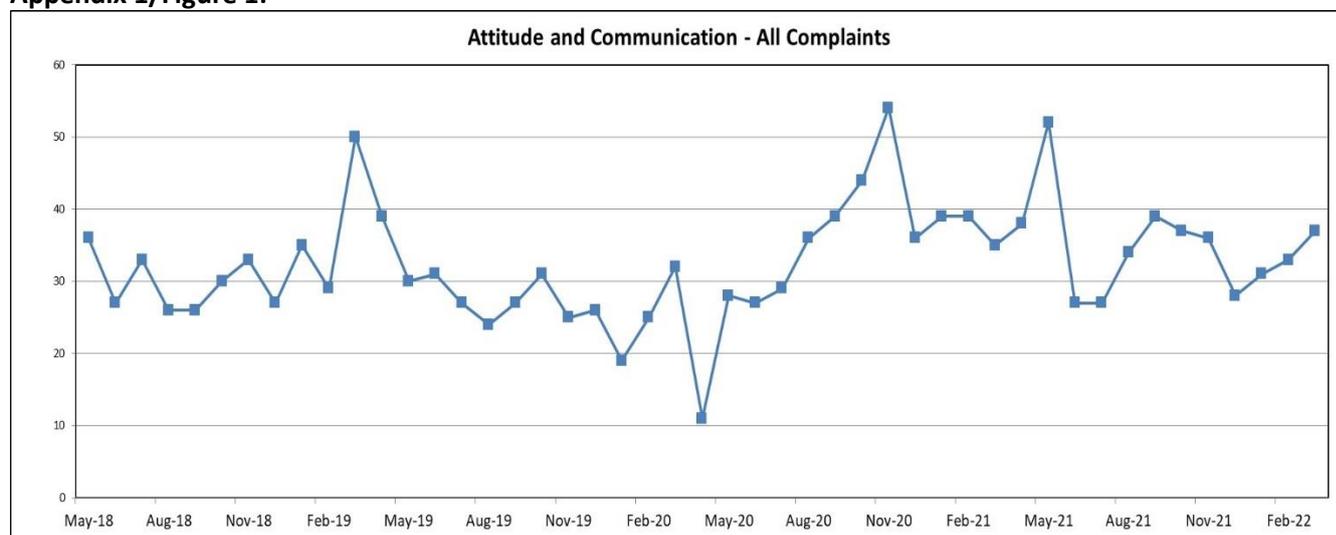
Analysis

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Each complaint is also assigned to a more specific sub-category, of which there are over 100. The categories and sub-categories are recorded by the Patient Support & Complaints Officer, based on the nature of the complaint. There may be more than one category recorded, with the primary category being the one related to the main issue or concern raised.

“Attitude and communication” is consistently one of the top three high-level reporting categories for complaints received; the other two being “clinical care” and “appointments and admissions”.

The figure below shows how many complaints about attitude and communication have been received since April 2018.⁴

Appendix 1/Figure 1:



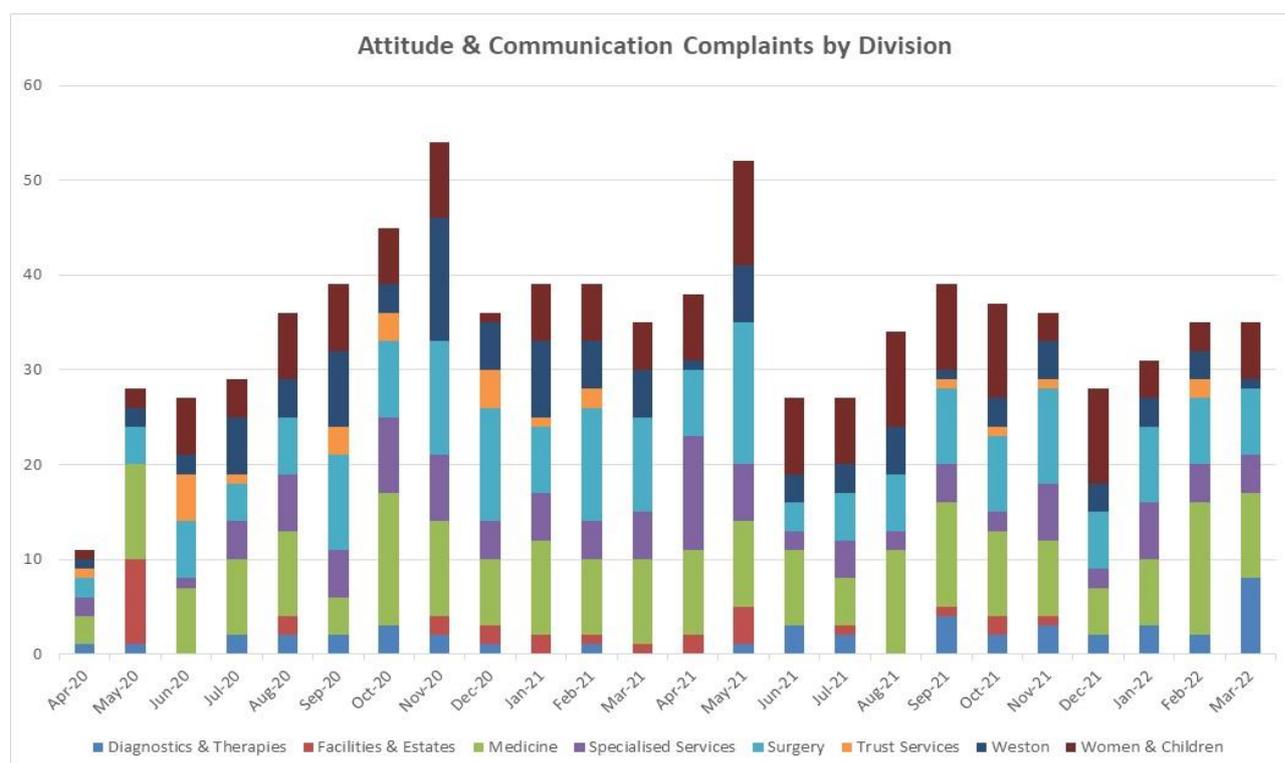
The average number of complaints per month between April 2018 and March 2022, was 32. The average for the 18 months prior to the COVID-19 pandemic was lower than the average since then; the pattern of monthly complaints in this category appears to be restabilising within a range of 30-40 complaints per month. This adjustment is broadly in line with other sources of patient feedback, e.g. via our patient surveys; we know that communication with the Trust has been impacted significantly by the pandemic and during ongoing recovery phase.

⁴ It should be noted that not every month between April 2018 and March 2022 is shown on the horizontal axis, due to the amount of data included in this chart. There is however a marker for each month in the actual chart.

Looking more closely at the peak months reported above, there were no more than three complaints about attitude and communication for any single department Trust-wide.

In the latest quarterly data for Q4 2021/22, the number of complaints about attitude and communication remained the same as reported in Q3 (101). A breakdown of the Q4 complaints by division shows that the Division of Medicine received the highest number of complaints in this category, followed by Surgery and then Women & Children. However, when measured as a percentage of each division's overall complaints received, the Divisions of Estates & Facilities (33.7%) and Trust Services (28.4%) have the highest percentage of their total complaints received recorded under this category, with Surgery having the lowest percentage, at 20.2% of their total complaints. See figure 2 below.

Appendix 1/Figure 2: Complaints about 'attitude and communication' by Division



Appendix 1/Table 1

	Diagnostics & Therapies	Estates & Facilities	Medicine	Specialised Services	Surgery	Trust Services	Weston	Women & Children
Apr 2020	1	0	3	2	2	1	1	1
May 2020	1	9	10	0	4	0	2	2
Jun 2020	0	0	7	1	6	5	2	6
Jul 2020	2	0	8	4	4	1	6	4
Aug 2020	2	2	9	6	6	0	4	7
Sep 2020	2	0	4	5	10	3	8	7
Oct 2020	3	0	14	8	8	3	3	6
Nov 2020	2	2	10	7	12	3	13	8
Dec 2020	1	2	7	4	12	0	5	1
Jan 2021	0	2	10	5	7	4	8	6
Feb 2021	1	1	8	4	12	1	5	6
Mar 2021	0	1	9	5	10	2	5	5
Apr 2021	0	2	9	12	7	0	1	7
May 2021	1	4	9	6	15	0	6	11

Jun 2021	3	0	8	2	3	0	3	8
Jul 2021	2	1	5	4	5	0	3	7
Aug 2021	0	0	11	2	6	0	5	10
Sep 2021	4	1	11	4	8	1	1	9
Oct 2021	2	2	9	2	8	1	3	10
Nov 2021	3	1	8	6	10	1	4	3
Dec 2021	2	0	5	2	6	0	3	10
Jan 2022	3	0	7	6	8	0	3	4
Feb 2022	2	0	14	4	7	2	3	3
Mar 2022	8	0	9	4	7	0	1	6
TOTAL	45	30	204	105	183	25	98	147
% OF TOTAL COMPLAINTS	27.3%	33.7%	25.6%	23.3%	20.2%	28.4%	20.7%	21.9%

In response to QOC's request, the Patient Support & Complaints Manager has also reviewed complaints received in Q3 and Q4 of 2021/22 which were assigned a 'high severity' rating; this revealed that most high severity cases relate to complaints about 'clinical care', however additional data showing the relationship between categories of complaints and severity will be reported in quarterly complaints reports in the future.

Complaints in this category continue to be monitored by the Patient Support and Complaints Manager to identify and report on any themes and trends. The manager also reports all complaints about the attitude of medical staff to the Medical Director's Team on a monthly basis.

The Trust's Head of Quality & Patients Experience and the HR Business Partner for Women's & Children's Services are also scheduled to have an exploratory conversation about the relationship between Trust Values and complaints about attitude and communication.

APPENDIX TO Q4 2021/22 COMPLAINTS REPORT

APPENDIX 2 – LOST PERSONAL PROPERTY

Context

At the April 2022 meeting of the Trust’s Quality and Outcomes Committee, a concern was raised by the Non-Executive Directors about the number of complaints received about lost patient property.

Analysis

As can be seen from the figure below, the numbers of complaints about this issue are low Trust-wide, with the highest number of complaints received in any one month since April 2020 being nine (in January 2021 and March 2022). However, the Emergency Departments (ED) at both Bristol Royal Infirmary (BRI) and to a lesser extent, Weston General Hospital (WGH) have a higher-than-average number of complaints about patient property going missing. Of the 110 complaints received between April 2020 and March 2022, 29 were for the BRI ED (26.4%) and the next highest by number was nine for WGH ED (8.2%).

Although these numbers are small, each complaint represents the loss of an item belonging to a patient, which might be something of a practical nature, for example, hearing aids or glasses, which can be expensive to replace, or of great sentimental value, such as a wedding or engagement ring, which is very difficult to put a price on.

A number of the related complaint investigations found that the appropriate patient property paperwork had not been completed by staff, leading to a protracted claims process for reimbursement in respect of the lost item, placing the onus on the patient or their family members to provide evidence of value when original receipts were not available.

The Patient Support & Complaints Manager is working with the Deputy Chief Nurse and Deputy Director of Finance to review the SOPs and processes in place for dealing with patient property on the wards/departments and for reimbursements where the Trust was responsible for the safekeeping of the item/s lost.

Appendix 2/Figure 1: All complaints about ‘lost personal property’



Appendix 2/Figure 2: Complaints about 'lost personal property' by Division



The Trust Division with the most lost property complaints is the Division of Medicine, which includes the BRI ED.