

# Complaints Report

**Quarter 3, 2021/2022**

(1 October 2021 to 31 December 2021)

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### Quarter 3 Executive summary and overview

	Q3	
Total complaints received	490	↓
Complaints acknowledged within set timescale	95.1%	↑
Complaints responded to within agreed timescale – formal investigation	51.3%	↓
Complaints responded to within agreed timescale – informal investigation	87.4%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.7%	↓

Successes	Opportunities
<ul style="list-style-type: none"> <li>Complaints received by the Emergency Department at Weston General Hospital decreased by half in Q3, from 30 to 15, in Q3, compared with Q2 and complaints about 'clinical care' in Weston Division reduced from 38 to 22.</li> <li>The large backlog of complaints and enquiries waiting to be allocated to a Complaints Officer was cleared by the end of Q3, meaning that all complainants were being contacted and their complaints progressed in a timely manner.</li> <li>A new section has been added to this report for the first time in Q3, outlining the successful new process, whereby the Patient Support &amp; Complaints Manager and Deputy Head of Patient Safety carry out a weekly review of all complaints received, in order to identify any potential patient safety issues and cases requiring early escalation to Executive Directors. See section 4 for further details.</li> <li>A new part-time administrator has been recruited to the Patient Support &amp; Complaints Team, providing additional cover in this role, helping to ensure the timely acknowledgement of complaints and enquiries.</li> <li>Acknowledgement of complaints within the national standard of three working days in increased from 70.4% in Q2 to 95.1% in Q3</li> </ul>	<ul style="list-style-type: none"> <li>The Patient Support &amp; Complaints Manager is working closely with all divisions to look at ways of reducing breaches of complaint response deadlines. This remains difficult due to operational pressures on the divisions and on the Patient Support &amp; Complaints Team, to process the high volume of complaints and enquiries being received by the Trust.</li> </ul>
	Priorities
	<ul style="list-style-type: none"> <li>To successfully conclude recruitment to a vacant Complaints Officer post in the Patient Support and Complaints Team, following the withdrawal of a successful applicant at a very late stage of the process.</li> <li>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.</li> </ul>
	Risks & Threats
	<ul style="list-style-type: none"> <li>The Division of Weston received 169 PALS concerns in Q3, a further significant (57.9%) increase on the 107 recorded in Q2. Further information about this can be found in section 3.1.6.</li> <li>In Q3 there were 94 breaches of formal complaint deadlines that had been agreed with complainants, representing almost half (48.7%) of all responses sent out during this period. Of the 94 breaches, 32 were due to delays during the Executive signing process.</li> </ul>

## 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 3 (Q3) of 2021/22, the Trust received 490 complaints, an 8.1% decrease on the 533 received in Q2. The usual seasonal reduction in complaints received in December is clearly shown in Figure 1 below. The Patient Support and Complaints service has remained very busy, receiving 594 other enquiries in addition to the 490 complaints and checking and processing 193 formal complaint responses.

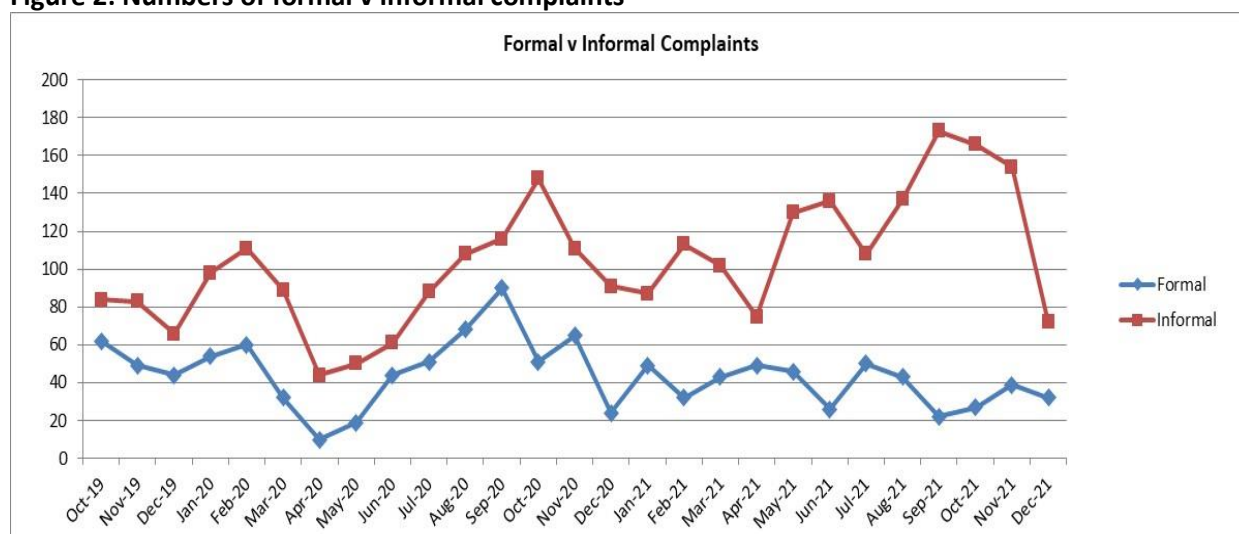
### 1.1 Total complaints received

The Trust received 490 complaints in Q3. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>1</sup> 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**



<sup>1</sup> 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 (98 in Q3) compared with those dealt with via the informal investigation process (392 in Q3), 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.

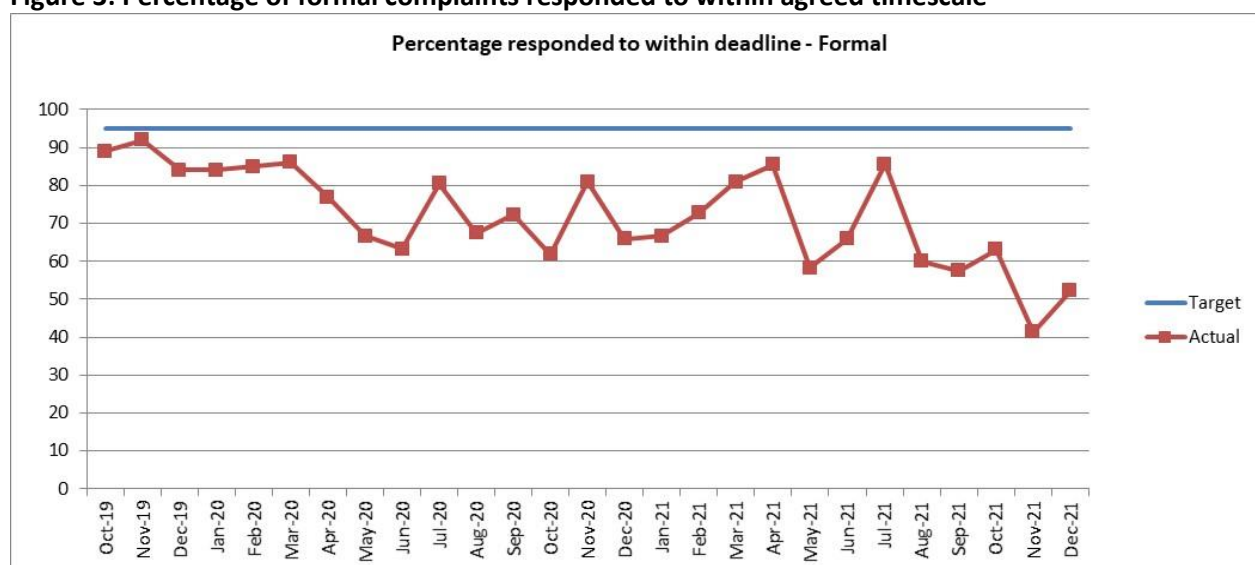
### 1.2.1 Formal Investigations

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 Q3 of 2021/22, only 51.3% of responses were sent to complainants within the agreed timescale. This represents 94 breaches out of the 193 formal complaint responses which were sent out during the quarter<sup>2</sup>. This is the highest number of breaches reported in one quarter and a further deterioration on the 68.2% reported in Q2 and 68.4% in Q1.

Figure 3 shows the Trust's performance in responding to complaints since October 2019 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 is for the year to date at the time of this report, i.e., April 2021 to December 2021, and gives a clear indication of the deterioration in performance so far this year.

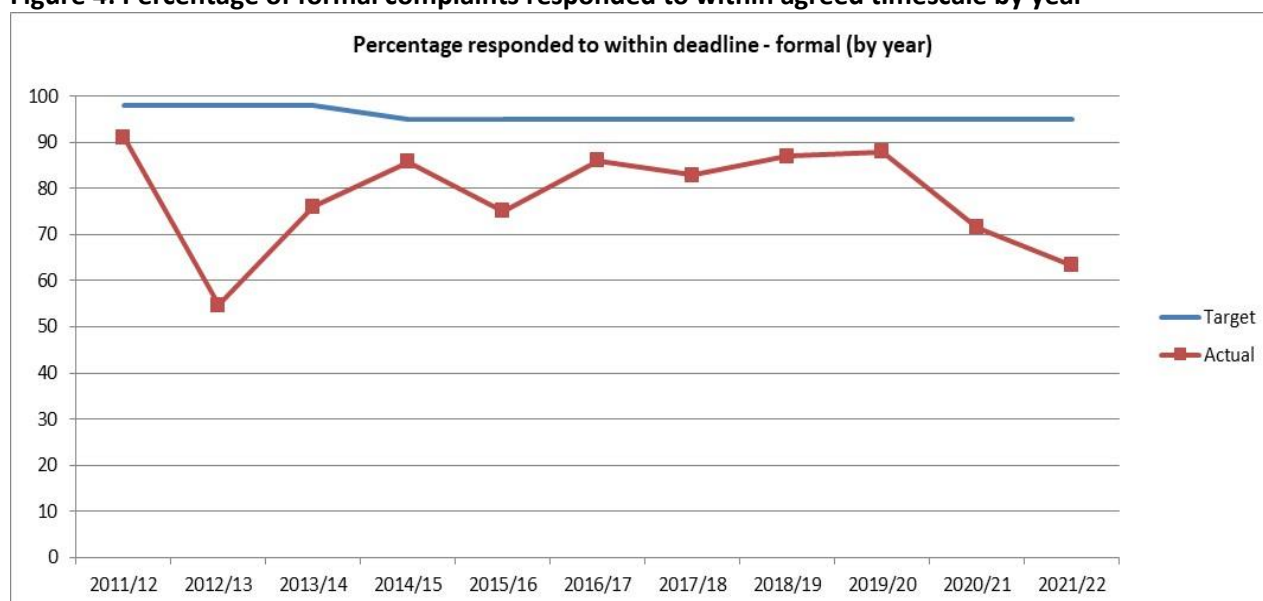
Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

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



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

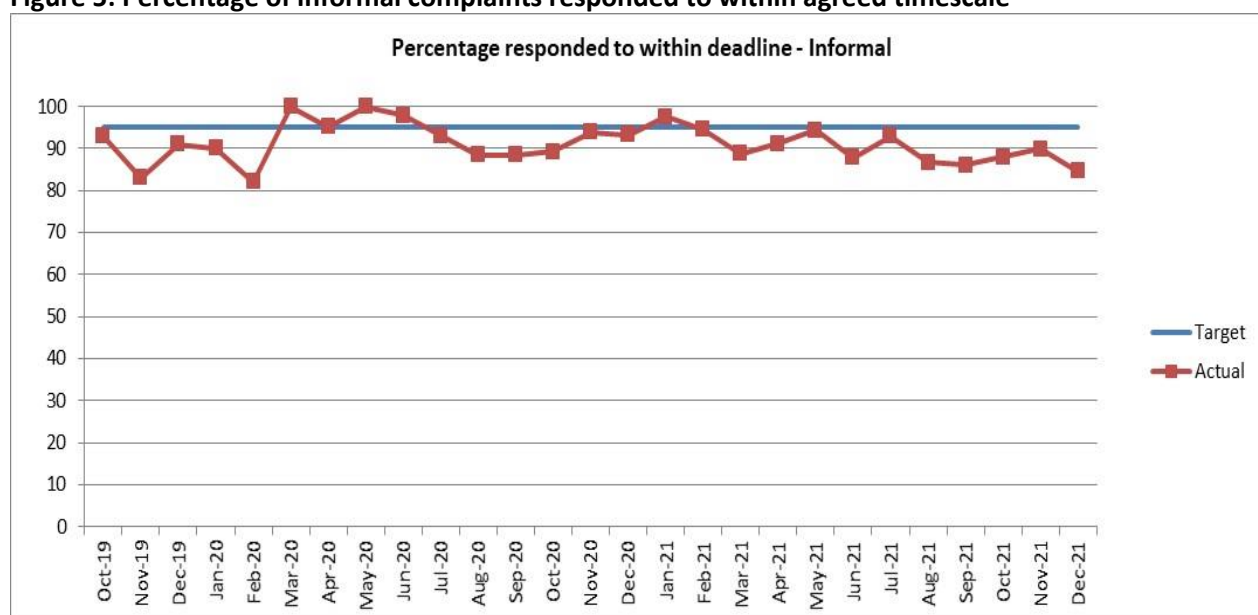
**Figure 4: Percentage of formal complaints responded to within agreed timescale by year**



### 1.2.2 Informal Investigations

In Q3 of 2021/22, the Trust received 392 complaints that were investigated via the informal process. During this period, the Trust responded to 215 complaints via the informal complaints route and 87.4% (188) of these were responded to by the agreed deadline, a slight deterioration on the 88.4% reported in Q2 and 91.5% in Q1. Figure 5 (below) shows performance since October 2019, for comparison with formal complaints.

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



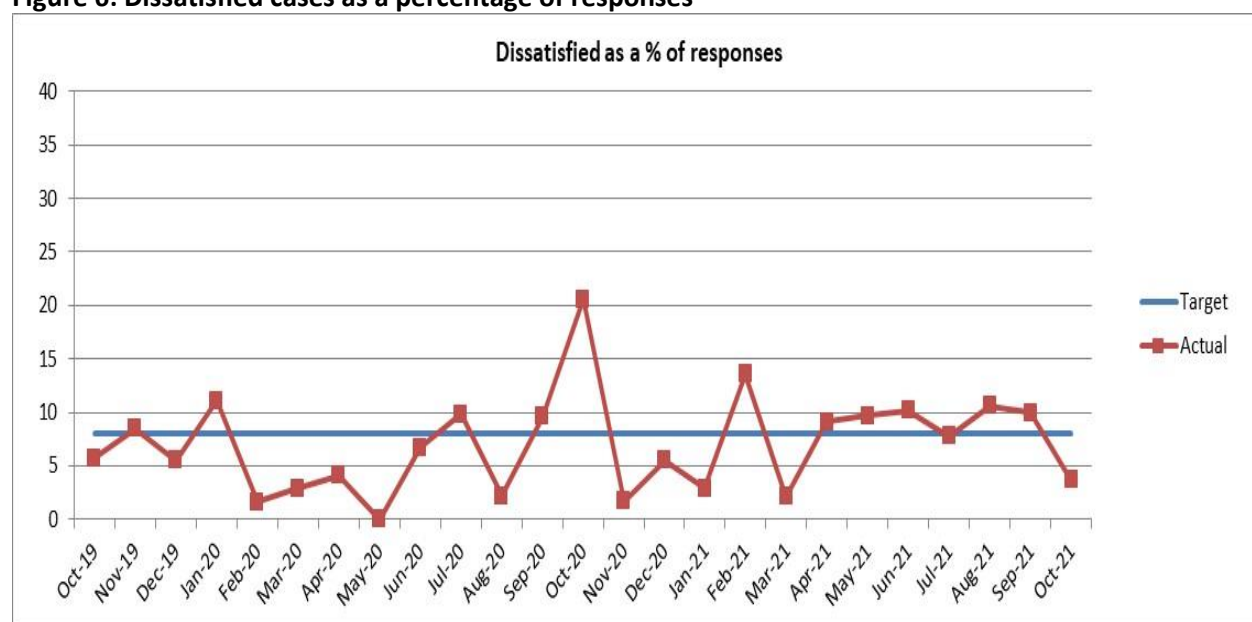
### 1.3 Dissatisfied complainants

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 Q3 of 2021/22, we are able to report dissatisfied data for August, September, and October 2021. Of the 219 complainants who received a first response from the Trust during those months, 19 have since contacted us to say they were dissatisfied. This represents 8.7% of the 219 first responses sent out during that period, a reduction on the 9.2% reported in Q2.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since October 2019. 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 Q3 of 2021/22 compared with Q2. There was an 8.1% decrease in the total number of complaints received, compared with the previous quarter.

Complaints decreased in all categories in Q3, with the exception of ‘attitude and communication’, which increased slightly. The top three categories consistently remain as ‘clinical care’, ‘attitude and communication’ and ‘appointments and admissions’. These three categories accounted for 81.2% (398/490) of all complaints received, as detailed in Table 1 below.

**Table 1: Complaints by category/theme**

Category/Theme	Number of complaints received in Q3 (2021/22)	Number of complaints received in Q2 (2021/22)
Clinical Care	170 (34.7% of total complaints) ↓	177 (33.2% of total complaints) ↑
Appointments & Admissions	126 (25.7%) ↓	132 (24.8%) ↑
Attitude & Communication	102 (20.9%) ↑	100 (18.8%) ↓
Facilities & Environment	31 (6.3%) ↓	35 (6.5%) ↑
Information & Support	22 (4.5%) ↓	32 (6%) ↓
Discharge/Transfer/Transport	18 (3.7%) ↓	23 (4.3%) ↑
Documentation	11 (2.2%) ↓	20 (3.8%) ↑
Access	10 (2%) ↓	14 (2.6%) ↑
<b>Total</b>	<b>490</b>	<b>533</b>

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 76% of the complaints received in Q3 (373/490).

There are small increases in several sub-categories, with the most notable being 'medication issues', which includes complaints about medication being incorrect or not being received. Almost half (12) of these were due to complaints about Boots Pharmacy, which is covered in more detail in section 3.1.5 about the Division of Diagnostics & Therapies.

Complaints in respect of 'clinical care (medical/surgical)' and 'cancelled/delayed appointments and operations' remained high in Q3, although lower overall than reported in Q2.

The largest decrease, compared with Q2, was in complaints recorded under the sub-category of 'attitude of medical staff', which decreased by 43%. Where themes or trends have been identified in these areas, the appropriate divisions have been asked to comment in section 3 of this report.

**Table 2: Complaints by sub-category**

Sub-category	Number of complaints received in Q3 (2021/22)	Q2 (2021/22)	Q1 (2021/22)	Q4 (2020/21)
Cancelled/delayed appointments and operations	90 (18.4% of total complaints) ↓	99	84	69
Clinical care (medical/surgical)	83 (16.9%) ↓	104	77	68
Clinical care (Nursing/Midwifery)	39 (8%) ↑	36	26	20
Communication with patient/relative	24 (4.9%) ↓	27	43	42
Appointment administration issues	23 (4.7%) ↑	22	24	7
Medication issues	23 (4.7%) ↑	13	13	3
Attitude of nursing/midwifery	17 (3.5%) ↑	16	12	14
Failure to answer phones / failure to respond	16 (3.3%) ↑	14	16	15
Discharge arrangements	15 (3.1%) ↓	22	10	15
Attitude of medical staff	12 (2.4%) ↓	21	17	16
Attitude of A&C staff	11 (2.2%) ↑	9	9	2
Lost personal property	10 (2%) ↓	14	15	21
Information about patient	10 (2%) ↓	11	7	10

Figures 7-10 (below) show the longer-term pattern of complaints received since October 2019 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 one-off decrease in July 2021, complaints in this sub-category continued to rise again over the last three quarters before decreasing throughout Q3 of 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 the latter sub-category are consistently much lower than the former, they do follow a similar trajectory, and both decreased through Q3.

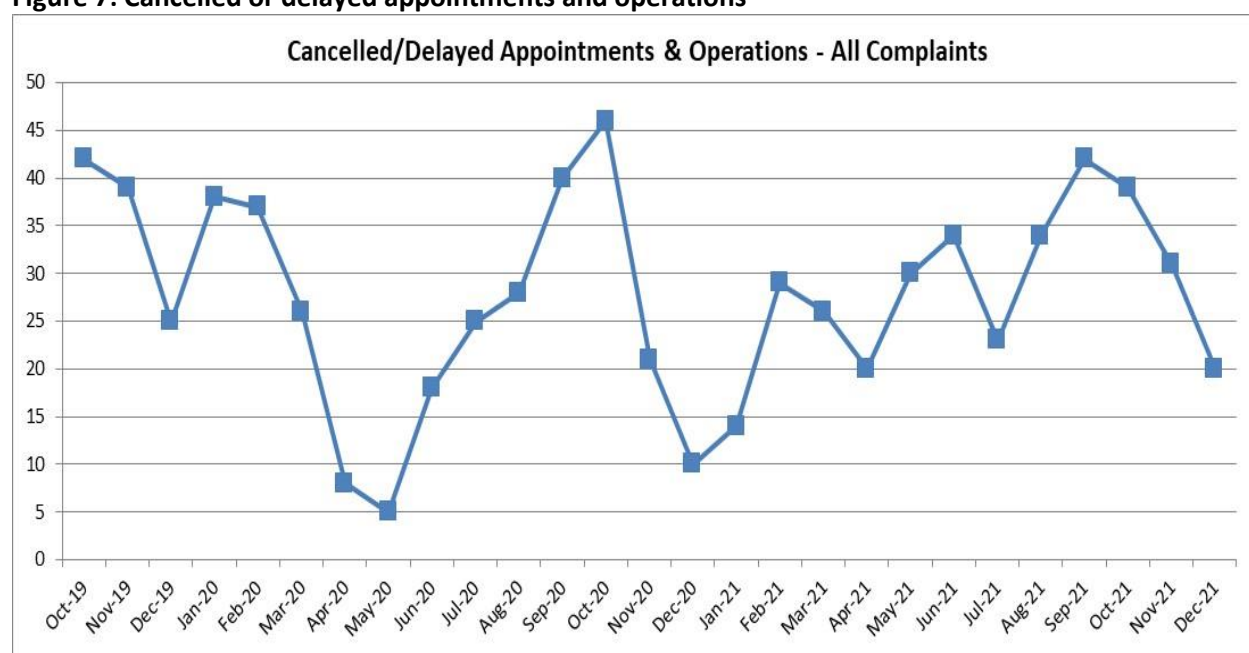


Figure 9 shows that complaints about ‘attitude and communication’ increased again over Q3, after peaking in November 2020, when it was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee. There followed a further peak in May 2021, followed by a notable decrease at the end of Q1 2021/22. Since then, complaints in the category have steadily increased again, only dropping towards the end of Q3. Complaints in this category 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.

The Divisions of Surgery and Women & Children had the highest numbers of ‘attitude and communication’ complaints overall, with 24 and 23 complaints respectively in Q3. For the Division of Surgery, there was no pattern of high numbers within a particular department/specialty, but there were four complaints each for Bristol Dental Hospital (BDH), Bristol Eye Hospital (BEH) and the ENT Outpatient Clinic. For Women & Children, there were no discernible themes by department, with the complaints spread across various areas. However, 17 of the complaints (74%) were for children’s services, with six for women’s services.

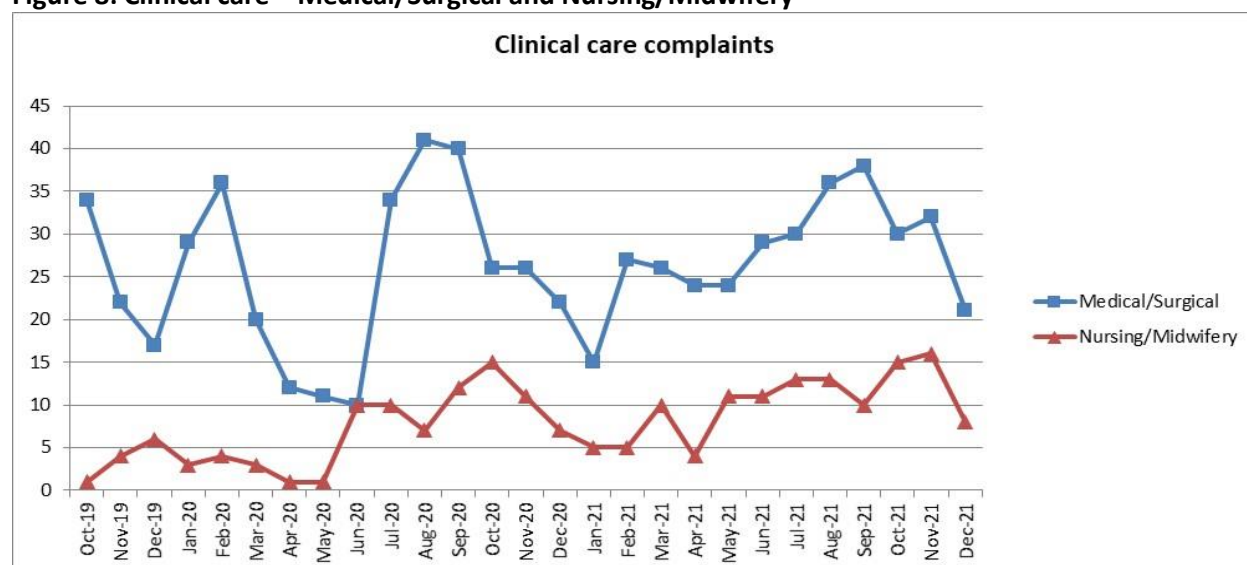
In Q3, 40 of the 102 complaints received in this category were for outpatient services, with 25 for emergency care and 24 complaints from inpatients. The remaining 13 complaints come under ‘other’, including administrative services and car parking. Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

**Figure 7: Cancelled or delayed appointments and operations**

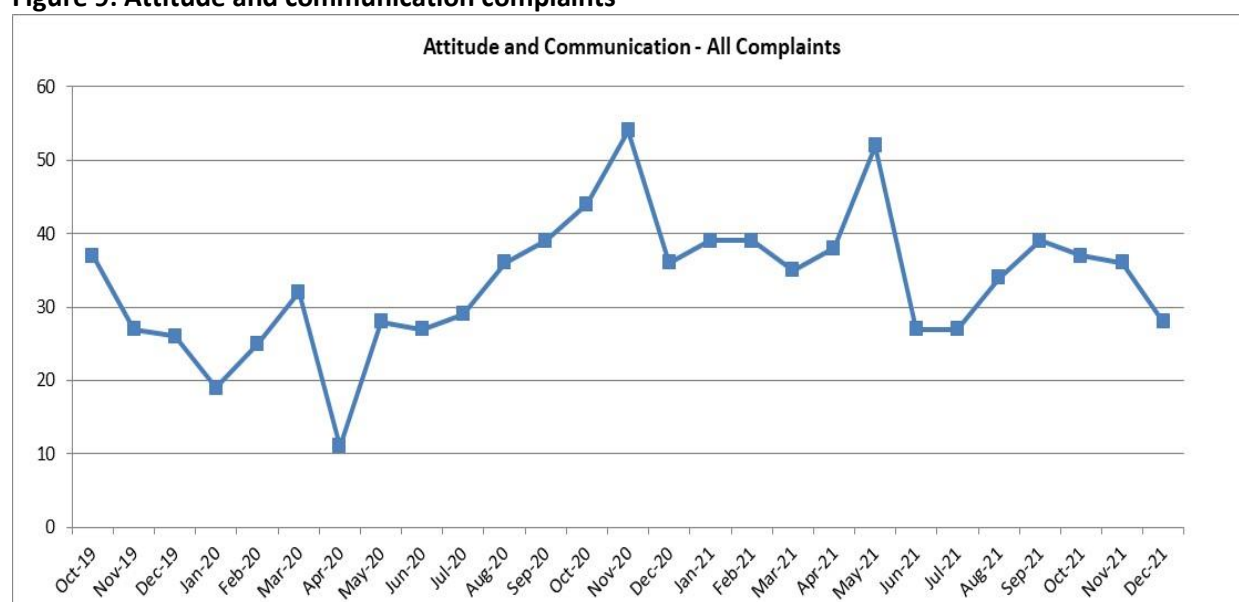




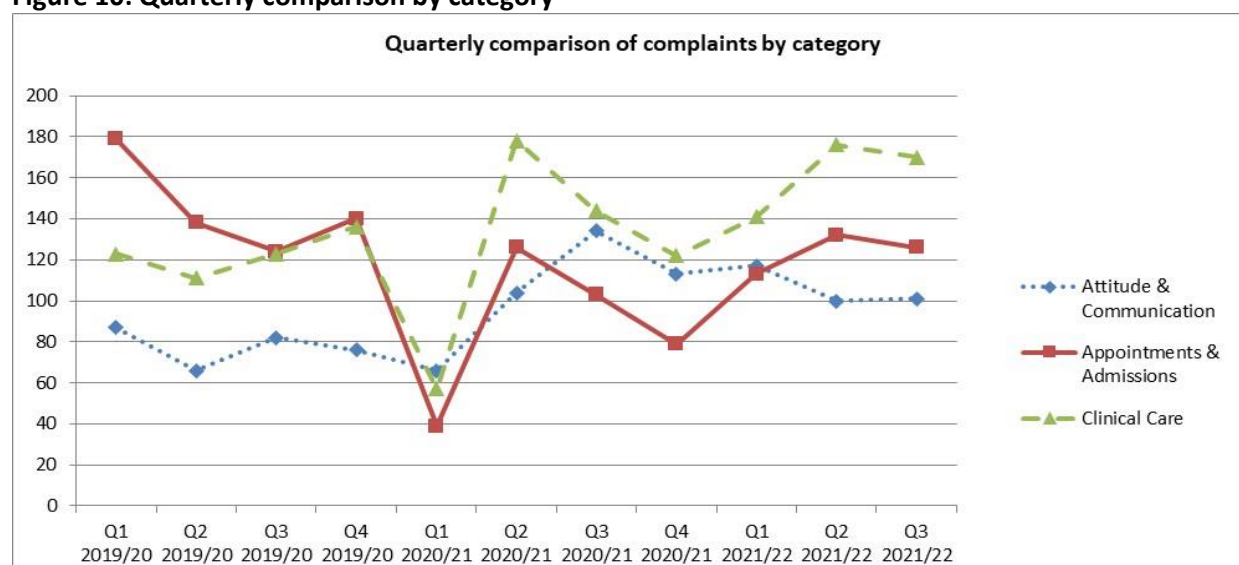
**Figure 8: Clinical care – Medical/Surgical and Nursing/Midwifery**



**Figure 9: Attitude and communication complaints**



**Figure 10: Quarterly comparison by category**



### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the 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.

<b>Table 3</b>	<b>Surgery</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women &amp; Children</b>	<b>Diagnostics &amp; Therapies</b>	<b>Weston</b>
Total number of complaints received in Q3	127 (129) ↓	93 (110) ↓	63 (55) ↑	99 (123) ↓	42 (18) ↑	48 (77) ↓
Number of complaints about appointments and admissions	48 (55) ↓	9 (20) ↓	26 (20) ↑	19 (25) ↓	14 (4) ↑	10 (5) ↑
Number of complaints about staff attitude and communication	24 (19) ↑	22 (27) ↓	10 (10) =	23 (26) ↓	7 (6) ↑	10 (9) ↑
Number of complaints about clinical care	38 (39) ↓	31 (32) ↓	16 (13) ↑	45 (49) ↓	17 (4) ↑	22 (38) ↓
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 22 (31) Bristol Eye Hospital (BEH) – 31 (34) Ward 41 (BEH) – 7 (0) QDU – 9 (4) ENT (inc. A609) – 24 (17)	Emergency Department (BRI) (inc. A413 AMU) – 35 (36) Dermatology – 11 (18) Ward A524 – 7 (2) Unity – 5 (6)	<b>BHI (all) – 47 (38)</b> <b>BHOC (all) – 15 (16)</b> (Plus one for Clinical Genetics) BHI Outpatients (inc. Outpatient Echo) – 28 (23) BHOC Outpatients & Chemo Day Unit – 8 (9) Ward C708 – 4 (4) Ward C805 – 4 (5)	<b>BRHC (all) – 60 (70)</b> (Plus one for SBCH paediatric outpatients) Children's ED – 15 (11) Paediatric Neurology / Neurosurgery – 8 (6)  <b>StMH (all) – 38 (48)</b> Ward 73 (Maternity) – 11 (9) Gynae Outpatients – 6 (7)	Boots Pharmacy – 17 (1) Audiology – 11 (3) Radiology – 11 (10)	Accident & Emergency – 15 (30) Outpatients (Main, Orthopaedics & Quantock) – 12 (10)
Notable deteriorations compared with Q2	ENT (inc. A609) – 22 (17) QDU – 9 (4) Ward 41 (BEH) – 7 (0)	Ward A524 – 7 (2)	No notable deteriorations	No notable deteriorations	Boots Pharmacy – 17 (1) Audiology – 11 (3)	No notable deteriorations
Notable improvements compared with Q2	Oral & MaxFax Surgery – 6 (18)	Rheumatology – 1 (7) Clinic A410 – 1 (6)	No notable improvements	Carousel Outpatients – 2 (6)	No notable improvements	Accident & Emergency – 15 (30)

### 3.1.1 Division of Surgery

The Division of Surgery received 127 new complaints in Q3 2021/22; a similar number to those received in Q2. Of these 127 complaints, 51 were in respect of inpatient services, 67 were about outpatient services and the remaining nine 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' (37.9%), with 35 of the 48 complaints received being about cancelled or delayed appointments and operations and 11 in respect of appointment administration issues. The largest percentage increase was in complaints about 'attitude and communication', with half of the complaints in this category being made up of complaints about failure to answer the phone /respond and communication with patient/relative.

There was an unusual spike in complaints for Ward 41 at Bristol Eye Hospital, from one in Q4 of 2020/21, to none in Q2 and seven in Q3. Six of the seven complaints were about 'clinical care' with one about a delayed operation.

The Division achieved 69.2% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 87.8% in Q2 and 93.3% in Q1. 88.6% of informal complaints were responded to within the agreed timescale, compared with 93.3% in Q2 and 96.4% in Q1.

It should be noted that, of the eight breaches of deadline for the division in respect of formal complaints in Q3, only two 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.

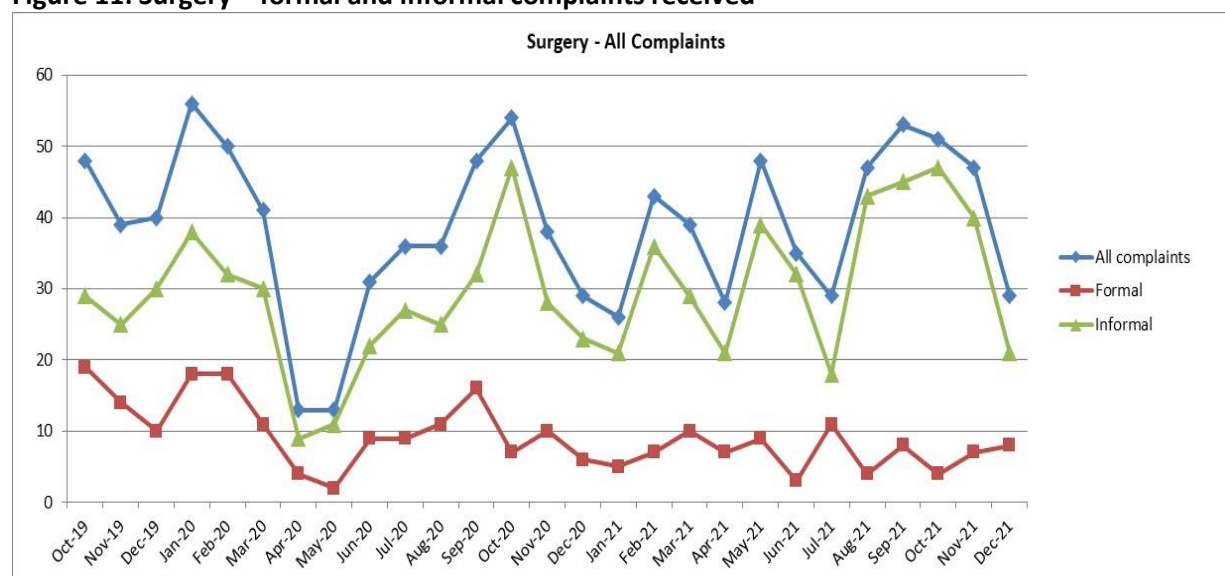
**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Appointments & Admissions	48 (37.9%) ↓	55 (42.6% of total complaints) ↑
Clinical Care	38 (29.9%) ↓	39 (30.2%) ↑
Attitude & Communication	24 (18.9%) ↑	19 (14.7%) ↓
Information & Support	6 (4.7%) =	6 (4.7%) ↓
Discharge/Transfer/Transport	5 (3.9%) ↑	2 (1.6%) ↓
Facilities & Environment	4 (3.1%) =	4 (3.1%) ↓
Access	2 (1.6%) ↑	1 (0.8%) ↑
Documentation	0 (0%) ↓	3 (2.3%) ↑
<b>Total</b>	<b>127</b>	<b>129</b>

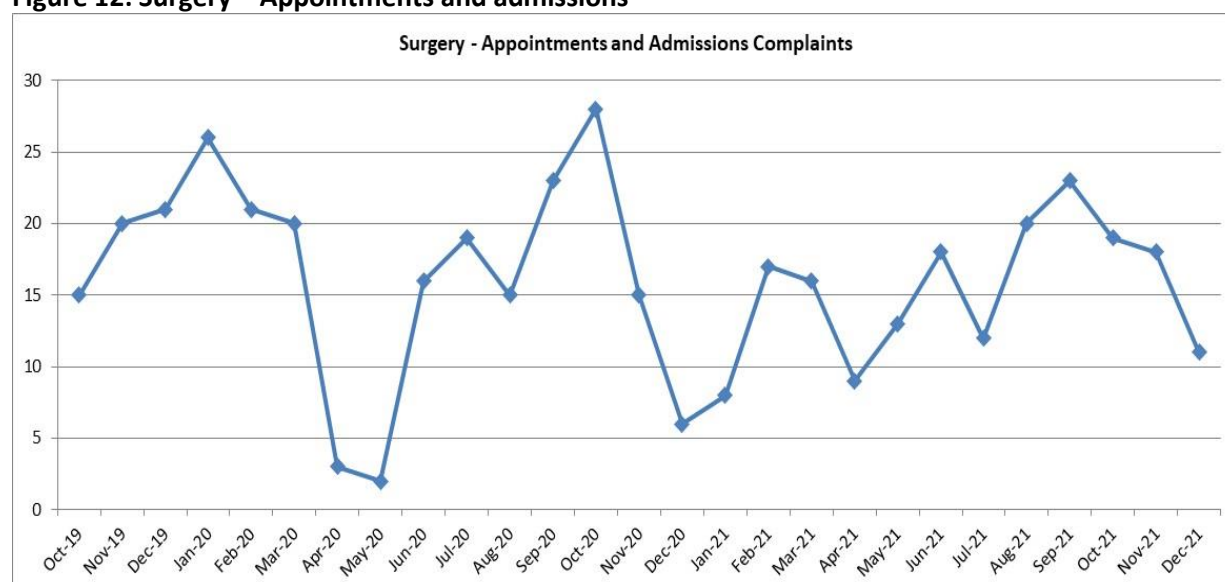
**Table 5: Top sub-categories**

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Cancelled/delayed appointments & operations	35 ↓	43 ↑
Clinical care (medical/surgical)	23 ↑	20 ↑
Appointment administration issues	11 ↑	5 ↓
Clinical care (dental)	8 ↑	5 ↑
Failure to answer phone/respond	7 ↑	4 ↑
Communication with patient/relative	5 ↓	6 ↓

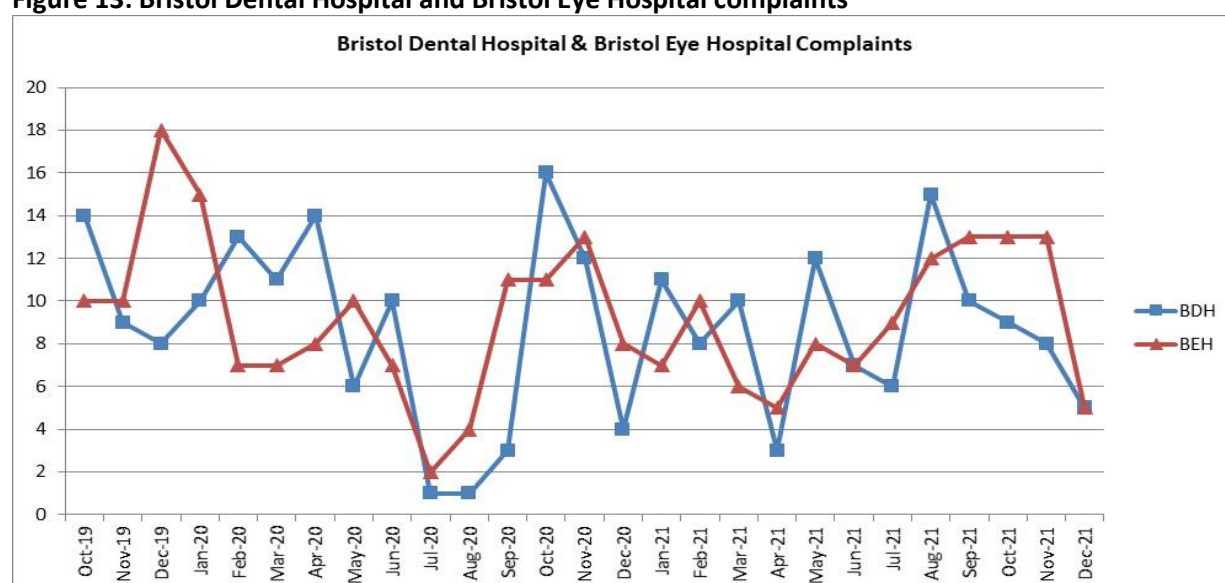
**Figure 11: Surgery – formal and informal complaints received**



**Figure 12: Surgery – Appointments and admissions**



**Figure 13: Bristol Dental Hospital and Bristol Eye Hospital complaints**



### 3.1.2 Division of Medicine

The Division of Medicine received 93 new complaints in Q3 of 2021/22; a decrease compared with the 110 received 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 Q3, again accounting for a third of all complaints received by the division, with 58.1% of these being about 'clinical care (medical/surgical)'. The most notable decrease compared with Q2, was in the number of complaints received in respect of 'appointments and admissions', which saw a decrease of 55%.

The Division achieved 56.4% against its target for responding to formal complaints within the agreed timescale in Q3, a deterioration on the 73.8% reported in Q2 and 65.6% in Q1. For informal complaints, the Division achieved 85.7% for responding within the agreed timescale; a slight deterioration on the 89.7% reported in Q2 and 90.9% in Q1. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

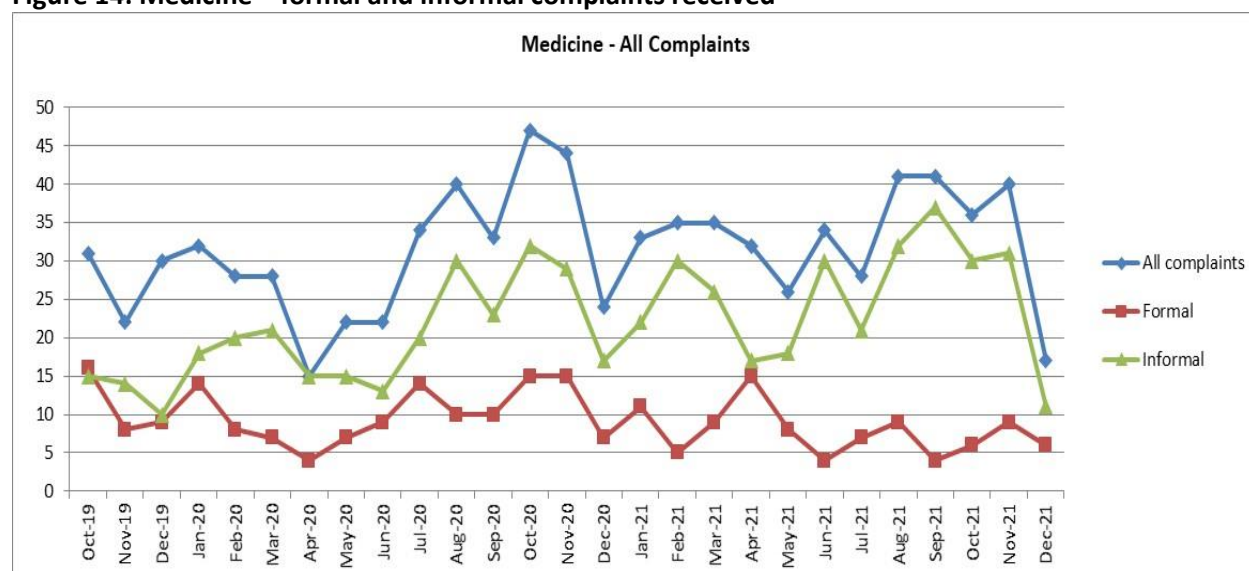
**Table 6: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	31 (33.3% of total complaints) ↓	32 (29.1% of total complaints) ↑
Attitude & Communication	22 (23.7%) ↓	27 (24.5%) ↑
Appointments & Admissions	9 (9.7%) ↓	20 (18.2%) ↑
Facilities & Environment	9 (9.7%) ↑	8 (7.3%) ↓
Discharge/Transfer/Transport	8 (8.5%) ↑	7 (6.4%) ↑
Information & Support	6 (6.5%) ↑	5 (4.5%) =
Access	5 (5.4%) ↓	6 (5.5%) ↑
Documentation	3 (3.2%) ↓	5 (4.5%) ↑
<b>Total</b>	<b>93</b>	<b>110</b>

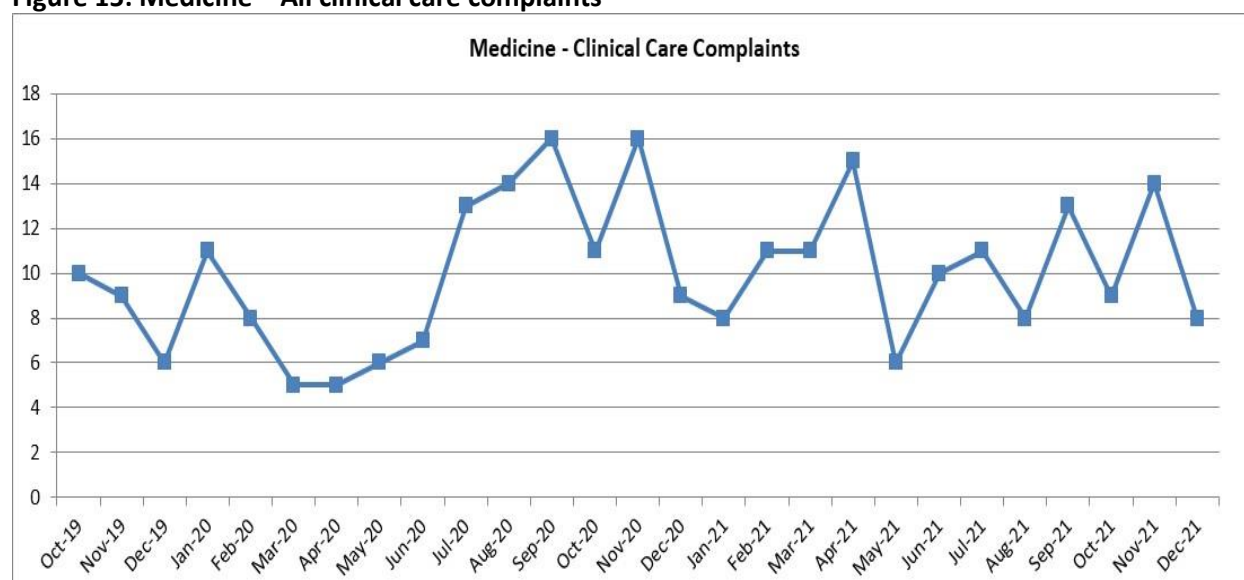
**Table 7: Top sub-categories**

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	18 ↑	22 ↑
Clinical care (nursing/midwifery)	8 ↑	6 =
Discharge arrangements	7 =	7 =
Attitude of nursing staff	7 ↑	3 =
Lost personal property	6 ↑	5 ↓
Visiting hours	5 ↑	4 ↑
Cancelled or delayed appointments and operations	5 ↓	12 ↑

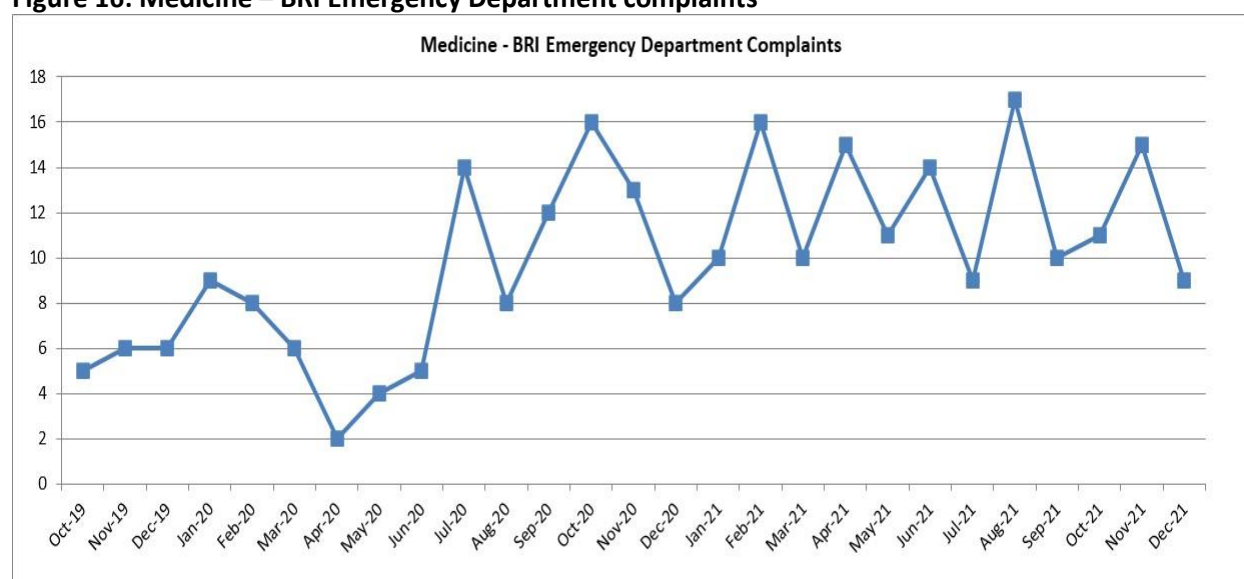
**Figure 14: Medicine – formal and informal complaints received**



**Figure 15: Medicine – All clinical care complaints**



**Figure 16: Medicine – BRI Emergency Department complaints**





### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 63 new complaints in Q3; an increase on the 55 received in Q2 but a reduction on the 79 in Q1. Of these complaints, 47 were for the Bristol Heart Institute (BHI), compared with 38 in Q2; and 15 were for the Bristol Haematology & Oncology Centre (BHOC), a similar number to the 16 received in Q2. In addition, there was one complaint for Clinical Genetics.

The largest number of complaints received by the Division in Q3 was again recorded under the category of 'appointments and admissions' (41.3%), with the majority (21 of 26) being in respect of cancelled/delayed appointments or operations.

Complaints in respect of outpatient services are consistently higher in the division, with low numbers by comparison each quarter for inpatient services. In Q3, there was a 70%/30% split in favour of outpatient complaints.

The Division achieved 57.1% against its target for responding to formal complaints within the agreed timescale in Q3, a notable further deterioration compared with 70.6% reported in Q2 and 72% in Q1. For informal complaints, the division achieved 77.8%, compared with 86.4% reported in Q2 and Q1. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 8: Complaints by category type**

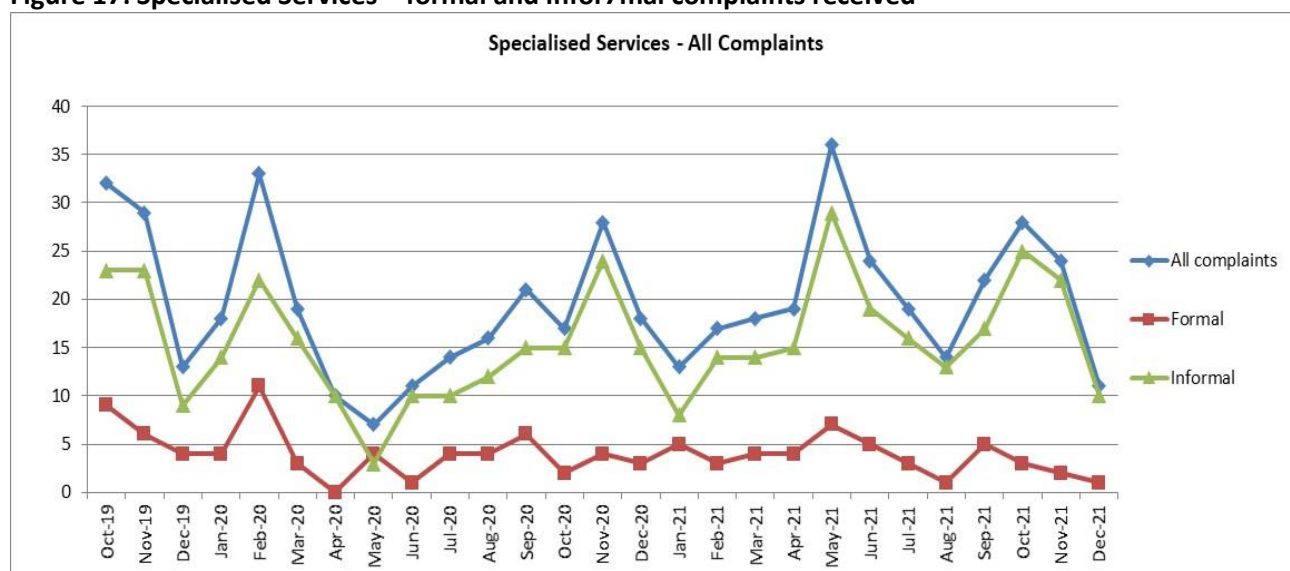
Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Appointments & Admissions	26 (41.3% of total complaints) ↑	20 (36.4% of total complaints) ↓
Clinical Care	16 (25.4%) ↑	13 (23.6%) ↓
Attitude & Communication	10 (15.9%) =	10 (18.2%) ↓
Documentation	3 (4.7%) ↑	1 (1.8%) ↓
Facilities & Environment	3 (4.7%) =	3 (5.5%) ↑
Information & Support	2 (3.2%) ↓	5 (9.1%) ↑
Discharge/Transfer/Transport	2 (3.2%) =	2 (3.6%) ↑
Access	1 (1.6%) =	1 (1.8%) ↓
<b>Total</b>	<b>63</b>	<b>55</b>

**Table 9: Top sub-categories**

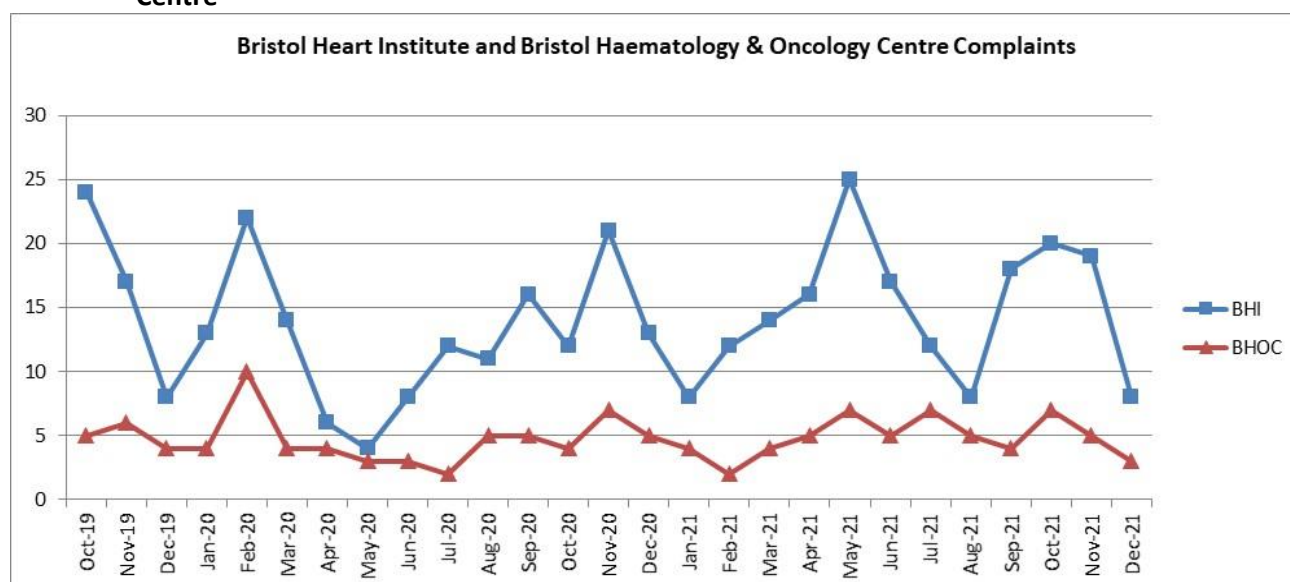
Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Cancelled or delayed appointments and operations	21 ↑	14 ↓
Clinical care (medical/surgical)	8 ↑	7 ↓
Appointment administration issues	4 ↓	5 =
Failure to answer phone/respond	4 ↑	2 ↓



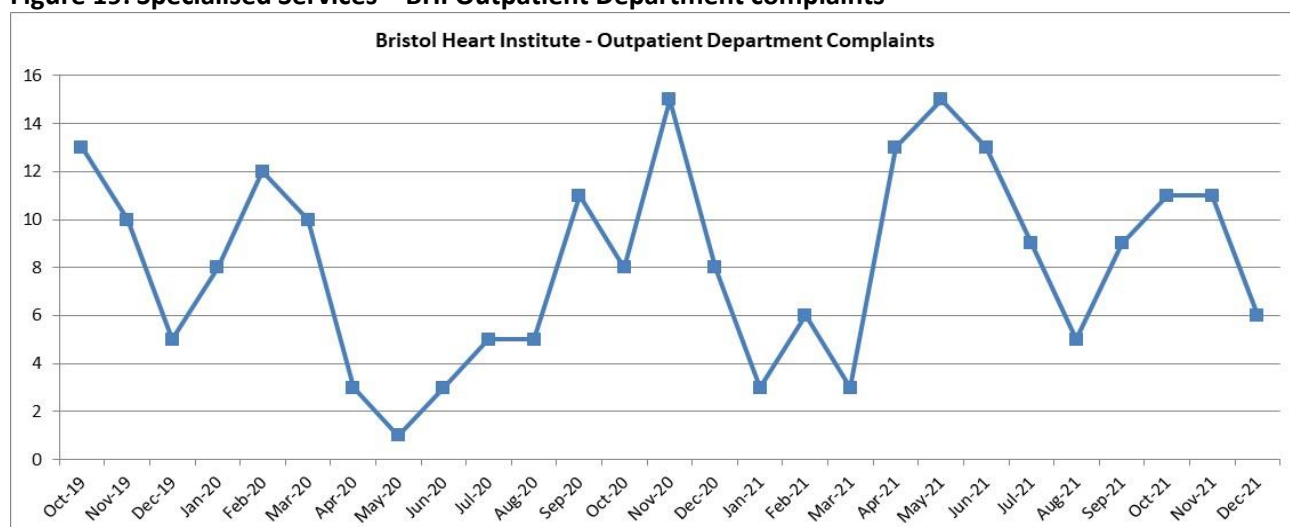
**Figure 17: Specialised Services – formal and informal complaints received**



**Figure 18: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre**



**Figure 19: Specialised Services – BHI Outpatient Department complaints**



### 3.1.4 Division of Women's and Children's Services

The Division of Women & Children received 99 new complaints in Q3 of 2021/22; a decrease on the 123 received in Q2 and higher than the 88 received in Q1. Of these complaints, 60 were for Bristol Royal Hospital for Children (BRHC), compared with 70 in Q2; and 38 were for St Michael's Hospital (StMH), compared with 48 in Q2. There was also one complaint for the paediatric outpatient clinic at South Bristol Community Hospital (SBCH).

Complaints recorded under the primary category of 'clinical care' accounted for 45.6% of all complaints received by the Division in Q3 (45 of 99); complaints in this category are consistently the highest for the division. Complaints about 'appointments and admissions' decreased slightly following a spike in Q2.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of 'clinical care' (21), closely followed by 'attitude and communication' (17). Whilst St Michael's Hospital had fewer complaints overall than BRHC, the highest number of complaints received in Q3 (23 of 38) were in respect of 'clinical care', representing 60.5% of all complaints received by the hospital.

The Division achieved 55.8% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 84.5% in Q2 and 90.5% in Q1. For informal complaints, the division achieved an impressive 96.3% compared with 85.2% in Q2, after three consecutive quarters at 100%. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

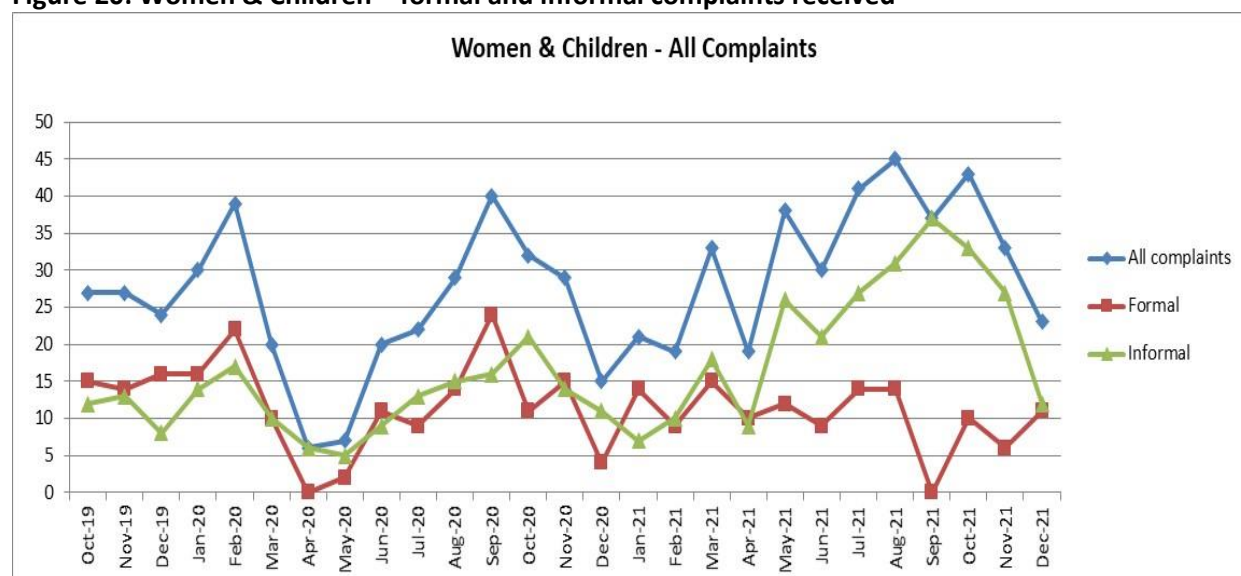
**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	45 (45.6% of total complaints) ↓	50 (40.7% of total complaints) ↑
Attitude & Communication	23 (23.2%) ↓	26 (21.1%) =
Appointments & Admissions	19 (19.2%) ↓	25 (20.3%) ↑
Information & Support	4 (4%) ↓	5 (4.1%) ↑
Facilities & Environment	4 (4%) =	4 (3.3%) ↑
Documentation	2 (2%) ↓	6 (4.9%) ↑
Discharge/Transfer/Transport	1 (1%) =	1 (0.7%) ↑
Access	1 (1%) ↓	6 (4.9%) ↑
<b>Total</b>	<b>99</b>	<b>123</b>

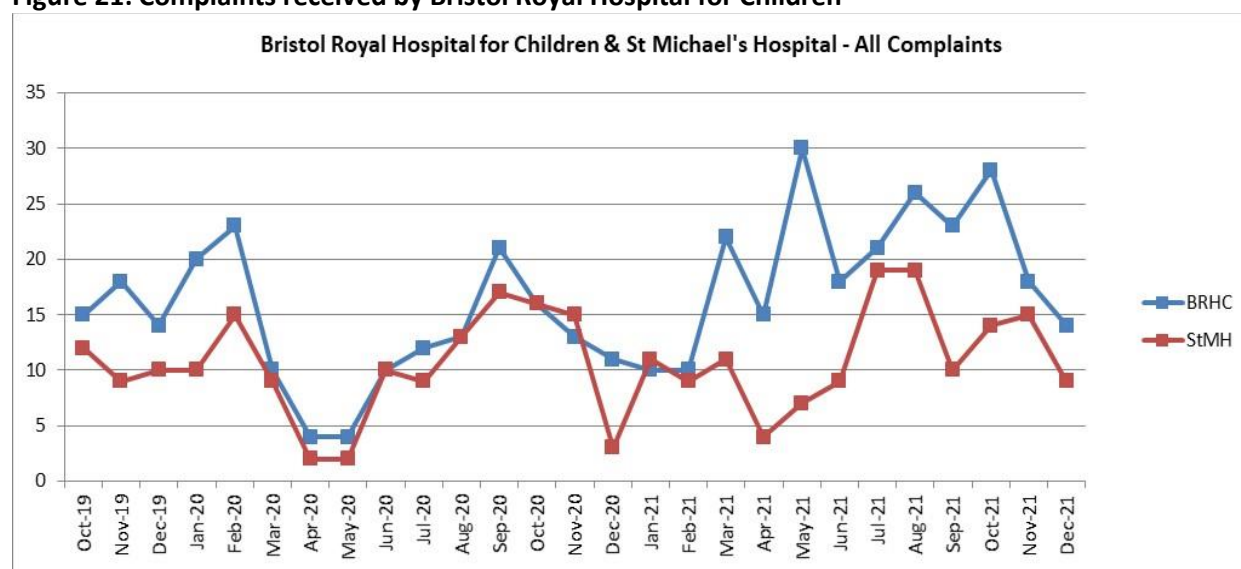
**Table 11: Top sub-categories**

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	21 ↓	29 ↑
Clinical care (nursing/midwifery)	16 =	16 ↑
Cancelled or delayed appointments and operations	13 ↓	18 ↑
Communication with patient/relative	8 ↑	7 ↓
Infection control/infectious disease enquiry	5 ↑	0 ↓

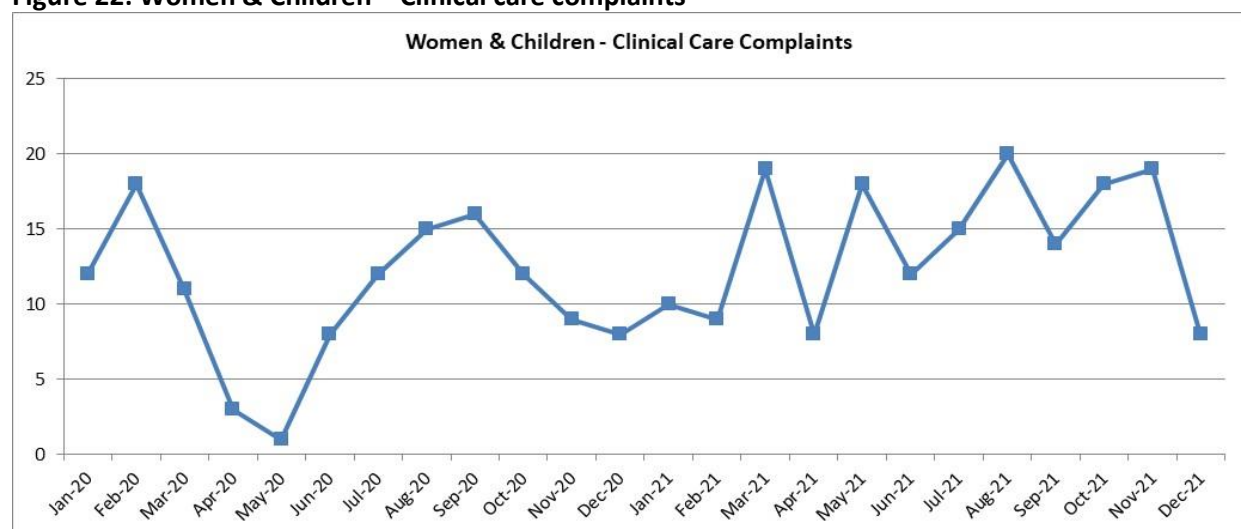
**Figure 20: Women & Children – formal and informal complaints received**



**Figure 21: Complaints received by Bristol Royal Hospital for Children**



**Figure 22: Women & Children – Clinical care complaints**



### 3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 42 new complaints in Q3, a significant increase on the 18 received in Q2 and 17 in Q1, and when compared with the usual volume of complaints received by the division. The majority of these complaints were about 'clinical care', which accounted for over 40% of all complaints received. This included the 12 complaints for Boots Pharmacy mentioned in section 2, Table 2. Complaints about 'appointments and admissions' also increased notably, from four in Q2 to 14 in Q3.

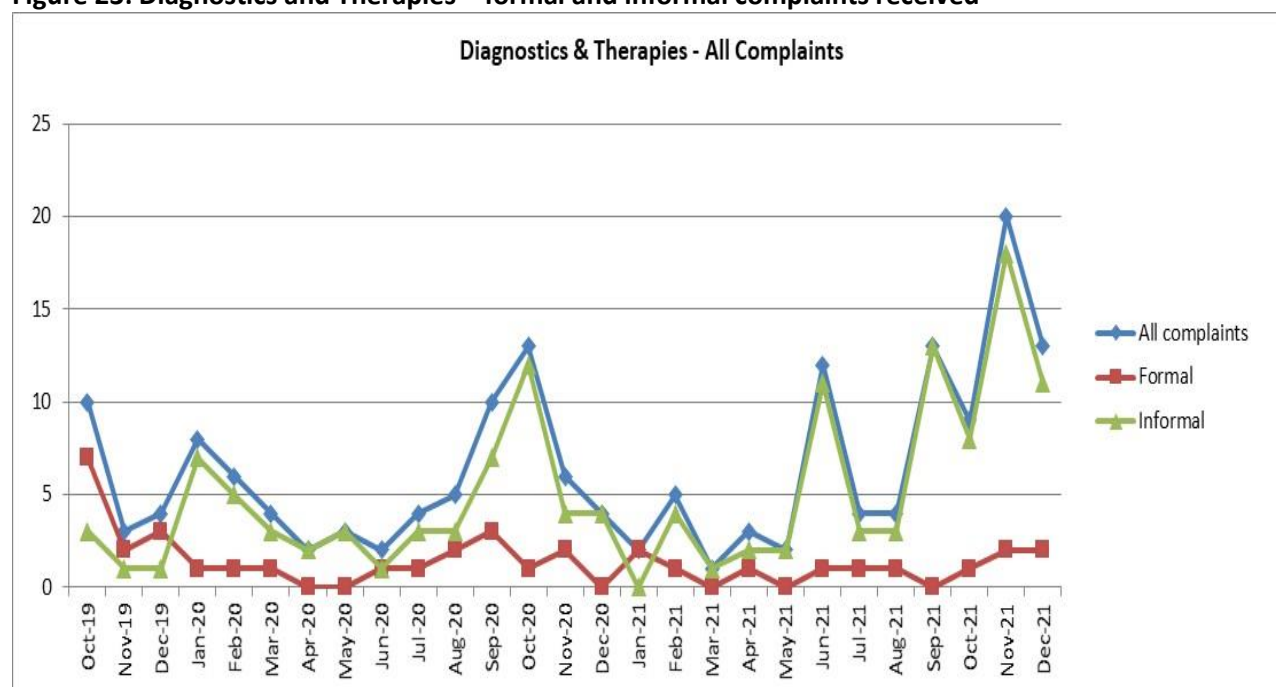
The division received 17 complaints about the Boots Pharmacy in the BRI, and 11 each for the audiology service and for radiology.

The Division achieved 75% against its target for formal complaint responses in Q3, compared with 100% in Q2 and 66.7% in Q1. 91.7% of informal complaints were responded to by the agreed deadline in Q3, compared with 90% in Q2 and 100% in Q1. 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 – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	17 (40.5%)	4 (19%) =
Appointments & Admissions	14 (33.3%)	4 (33.3%) ↑
Attitude & Communication	7 (16.6%)	6 (28.6%) ↑
Information & Support	2 (4.8%)	3 (14.3%) ↑
Facilities & Environment	1 (2.4%)	1 (4.8%) =
Access	1 (2.4%)	0 (0%) ↓
Documentation	0 (0%) =	0 (0%) =
Discharge/Transfer/Transport	0 (0%) =	(0%) =
<b>Total</b>	<b>42</b>	<b>18</b>

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



### 3.1.6 Division of Weston

The Division of Weston received 48 new complaints in Q3 of 2021/22; a notable decrease on the 77 complaints received in Q2 and similar to the 51 received in Q1. The highest number of complaints received by the division was again those recorded under the category of 'clinical care', which whilst notable lower than in Q2, still accounted for almost half of all complaints received by the Division. The sharp rise in complaints about 'discharge arrangements' in Q2 was not repeated in Q3, with complaints in this category decreasing from 11 to just two. There were small increases in complaints about 'appointments and admissions' (which includes cancelled/delayed appointments and operations) and 'attitude and communication', with no discernible trends identified in either category.

The largest number of complaints received by one department has consistently been the Emergency Department, with 15 complaints in Q3, 27 in Q2, 10 in Q1 and 18 in Q4 of 2020/21. Complaints for this department represented almost a third of all complaints received by the division in Q3 (15 of 48).

The Division achieved 34.5% (19 of 55 responses) against its target for responding to formal complaints within the agreed timescale in Q2, a similar figure to the 34.8% reported in Q2 and a sustained improvement on the 10% reported in Q1, although still significantly below the target of 95%. The division responded to 75% of informal complaints within the agreed timescale in Q3, compared with 78.9% in Q2 and 75% in Q1. However, it should be noted that many complaints processed via the informal process by other divisions, are dealt with as 'concerns' by the PALS team at Weston, meaning that numbers of informal complaints for the division are low.

As noted in the Executive Summary of this report, the Weston PALS team saw an increase in these concerns, from 84 in Q2 to 169 in Q3. Of the 169 concerns, 42 were about 'attitude and communication'; 33 were in respect of 'appointments and admissions', including cancelled and delayed appointments; and 26 were about 'clinical care'. 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**

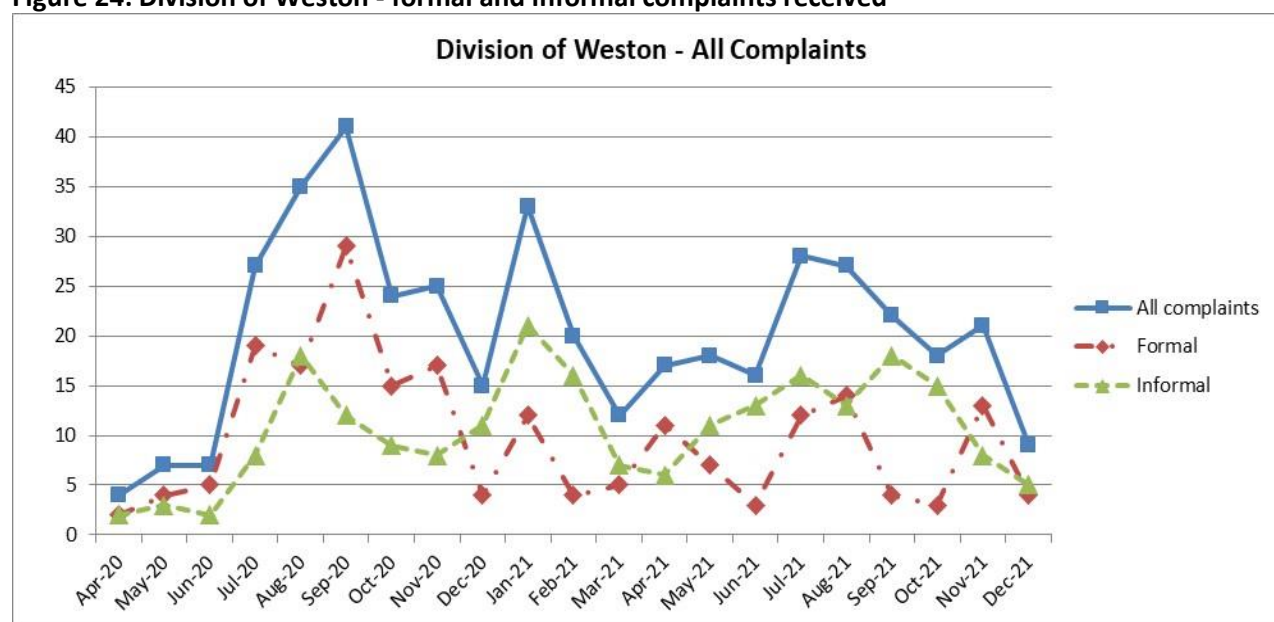
Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	22 (45.8% of total complaints) ↓	38 (49.4%) ↑
Attitude & Communication	10 (20.8%) ↑	9 (11.7%) ↓
Appointments & Admissions	10 (20.8%) ↑	5 (6.5%) ↓
Facilities & Environment	2 (4.2%) ↓	4 (5.2%) =
Discharge/Transfer/Transport	2 (4.2%) ↓	11 (14.3%) ↑
Documentation	1 (2.1%) ↓	3 (3.9%) ↑
Information & Support	1 (2.1%) ↓	7 (9%) ↑
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>48</b>	<b>77</b>



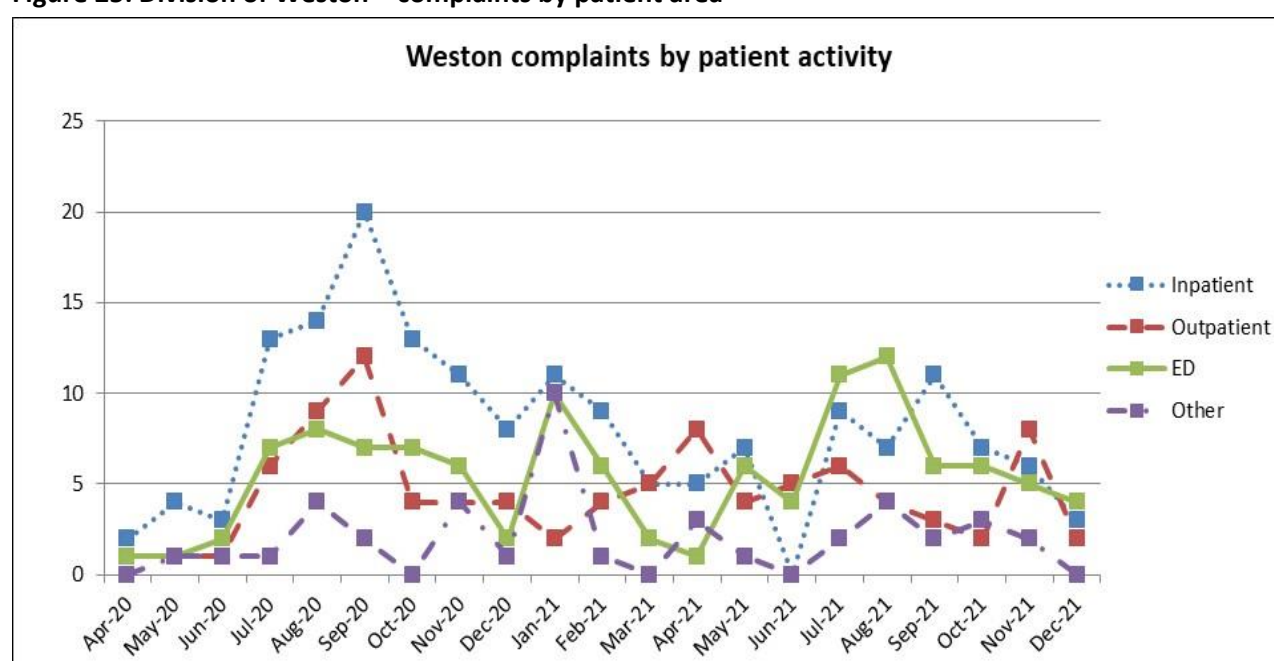
**Table 14: Top sub-categories**

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	10 ↓	26 ↑
Clinical care (nursing/midwifery)	8 ↓	9 ↑
Cancelled or delayed appointments and operations	8 ↑	5 ↓
Attitude of nursing/midwifery	3 ↑	1 ↓
Communication with patient / relative	3 =	3 ↓

**Figure 24: Division of Weston - formal and informal complaints received**



**Figure 25: Division of Weston – complaints by patient area**



### 3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 18 new complaints in Q3; the same number as reported in Q2.

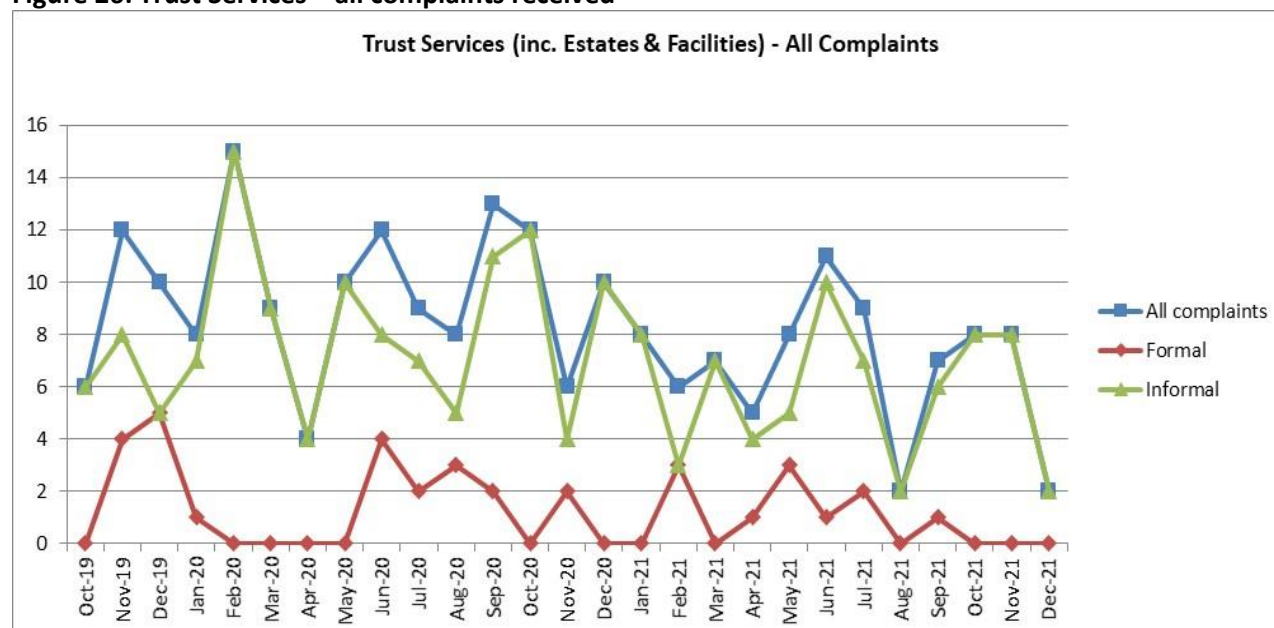
The largest number of complaints received by the Division was recorded under the category of 'facilities and environment', four of which (50%) related to car parking. Four of the six complaints recorded under the category of 'attitude and communication' were about security staff. The remaining complaints were split between Medical Records, the Private & Overseas Patients Team, Hotel Services and the Trust website.

The Division achieved only 20% against its target for responding to formal complaints within the agreed timescale in Q3; a notable deterioration on the 70% reported in Q2 and significantly below the 95% target. They achieved 100% for informal complaints; an excellent achievement and an improvement on the 91.7% reported in Q2. 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 – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Facilities & Environment	8 (44.5% of total complaints) ↓	11 ↑
Attitude & Communication	6 (33.3%) ↑	3 ↓
Documentation	2 (11.1%) =	2 ↑
Information & Support	2 (11.1%) ↑	1 ↓
Clinical Care	0 (0%) ↓	1 =
Appointments & Admissions	0 (0%) =	0 ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>18</b>	<b>18</b>

**Figure 26: Trust Services – all complaints received**



With effect from May 2020, Estates & Facilities complaints have been reported separately, as well as being included in the data produced for Trust Services. Figure 26 above shows all complaints received for Trust Services, including Estates & Facilities.

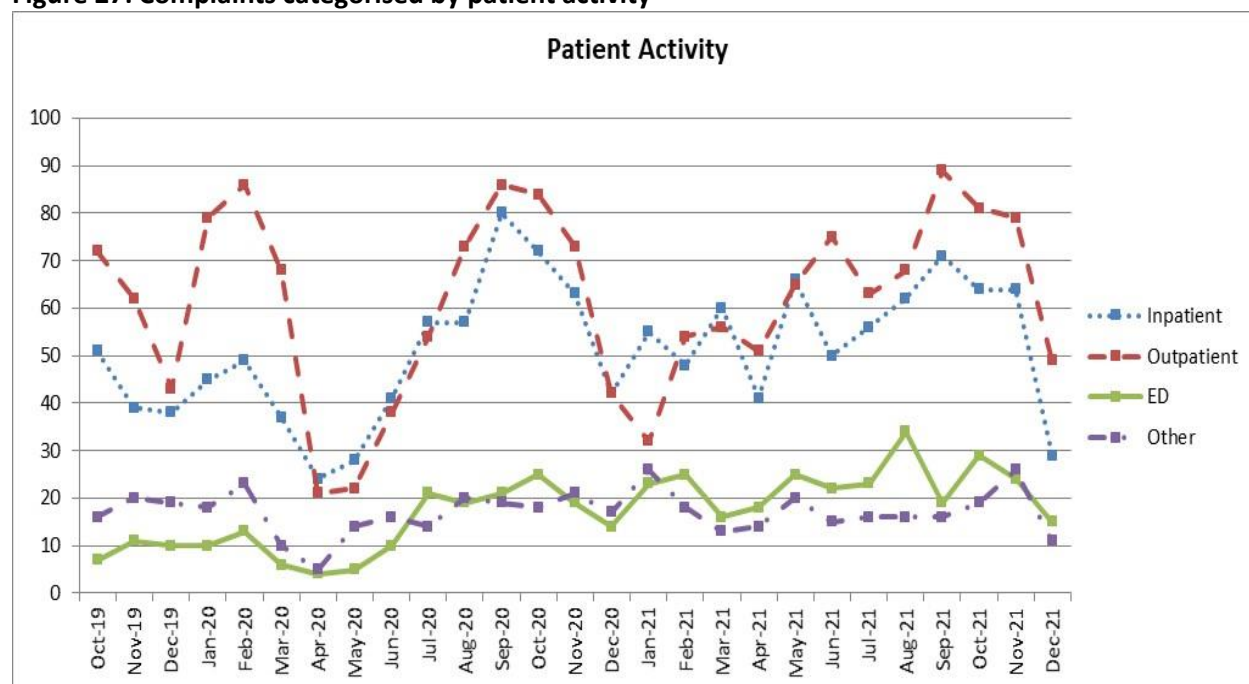


### 3.2 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 27 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q3, 42.7% (\*41.3%) of complaints received were about outpatient services, 32% (35.5%) related to inpatient care, 13.9% (14.3%) were about emergency patients; and 11.4% (9%) were in the category of 'other' (as explained above). \* Q2 percentages are shown in brackets for comparison.

**Figure 27: Complaints categorised by patient activity**



### 3.3 Complaints responded to within agreed timescale for formal resolution process

In Q3, all divisions reported breaches of formal complaint deadlines, with a total of 94 breaches reported Trustwide. This is a further deterioration on the 81 breaches reported in Q2 and 68 breaches in Q1. This is the highest number of breaches recorded since this report commenced and is reflective of the operational pressures being experienced across the Trust due to the pandemic, in addition to the usual Winter pressures.

The Division of Weston reported 36 breaches of deadline, there were 19 for Women & Children, Medicine reported 17, there were nine for Specialised Services, eight for Surgery, four for Trust Services (none of which were for Estates & Facilities), and just one for Diagnostics & Therapies. Please see Table 22 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q3 the Trust responded to 193 complaints via the formal complaints route and 51.3% (99) of these were responded to by the agreed deadline, against a target of 95%, compared with 68.2% in Q2 and 68.4% in Q1.

**Table 16: Breakdown of breached deadlines – Formal**

Division	Q3 2021/22	Q2 2021/22	Q1 2021/22	Q4 2020/21
Weston	36 (65.5%)	43 (65.2%)	27 (90%)	22 (68.8%)
Women & Children	19 (44.2%)	9 (15.5%)	4 (9.5%)	3 (7.5%)
Medicine	17 (43.6%)	11 (26.2%)	21 (34.4%)	10 (35.7%)
Specialised Services	9 (42.9%)	10 (29%)	7 (28%)	4 (22.2%)
Surgery	8 (30.8%)	5 (12.2%)	3 (6.7%)	1 (3.2%)
Trust Services	4 (80%)	3 (30%)	5 (55.6%)	4 (57.1%)
Diagnostics & Therapies	1 (25%)	0 (0%)	1 (33.3%)	0 (0%)
<b>All</b>	<b>94 breaches</b>	<b>81 breaches</b>	<b>68 breaches</b>	<b>44 breaches</b>

*(So, as an example, there were 17 breaches of timescale in the Division of Medicine in Q3, which constituted 43.6% of the complaint responses which were sent out by that division in Q3).*

Breaches of timescale in respect of formal complaints were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team (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 Q3. During this period, 53 breaches were attributable to the Divisions, nine were caused by delays in the Patient Support & Complaints Team, and 32 occurred during Executive sign-off.

The nine breaches due to delays whilst responses were being checked by PSCT have been reviewed and were due to the team's capacity to deal with the high volume of new complaints and enquiries coming into the service, combined with the large caseloads being managed by each Complaints Officer.

Delays during the Executive sign-off process have been discussed with the Chief Nurse; this has resulted in a review of which members of the Executive team are able to sign responses and the process by which this is appropriately escalated in the absence of the Chief Nurse and Chief Executive.

**Table 17: Source of delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
<b>Division</b>	2	3	5	3	0	4	36	<b>53</b>
<b>PSCT</b>	1	3	2	3	0	0	0	<b>9</b>
<b>Execs/sign-off</b>	5	11	2	13	1	0	0	<b>32</b>
<b>Other Trust</b>	0	0	0	0	0	0	0	<b>0</b>
<b>All</b>	<b>8</b>	<b>17</b>	<b>9</b>	<b>19</b>	<b>1</b>	<b>4</b>	<b>36</b>	<b>94</b>

### 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 Q3, the Trust responded to 215 complaints via the informal complaints route (a notable 21.5% increase on the 177 reported in Q2) and 87.4% of these were responded to by the agreed deadline; a slight deterioration on the 88.4% reported in Q2.

**Table 18: Breakdown of breached deadlines - Informal**

Division	Q3 2021/22	Q2 2021/22	Q1 2021/22	Q4 2020/21
Specialised Services	8 (22.2%)	3 (13.6%)	5 (13.5%)	0 (0%)
Surgery	8 (11.4%)	4 (7.4%)	2 (3.6%)	1 (2.9%)
Medicine	6 (14.3%)	3 (10.3%)	3 (9.1%)	4 (11.1%)
Weston	2 (25%)	4 (21.1%)	4 (25%)	3 (17.6%)
Diagnostics & Therapies	2 (8.3%)	1 (10%)	0 (0%)	0 (0%)
Women & Children	1 (3.7%)	4 (14.8%)	0 (0%)	0 (0%)
Trust Services	0 (0%)	1 (8.3%)	1 (8.3%)	2 (10.5%)
<b>All</b>	<b>27</b>	<b>20</b>	<b>15</b>	<b>10</b>

#### 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.

With effect from November 2021, the Patient Support & Complaints Manager and the Deputy Head of Patient Safety, meet 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 Q3 are shown below.

### **Example 1**

A complaint about the erroneous dispensing of medication by Boots Pharmacy was discussed at the weekly meeting. This was then linked into a more general analysis of Boots Pharmacy errors made in October and November 2021, being carried out by the Trust's Pharmacy Governance Lead. As a result of this analysis and the subsequent review of processes with Boots Pharmacy, the Pharmacy Governance Lead was confident that the actions taken were robust enough to minimise the risk of similar incidents recurring.

### **Example 2**

At the weekly review meeting, a complaint was discussed about a patient who suffered a fracture whilst she was an inpatient at Weston General Hospital. She had needed to go to the toilet and a commode was brought to her, but the nurse did not apply the brake and when the patient sat down, the commode moved and the patient, who has significant osteoporosis, injured herself, sustaining a new fracture. Although a patient safety incident had been recorded at the time of the event (three weeks earlier) it had not been correctly rated as 'moderate harm' and was still at the stage of 'being reviewed'. The Deputy Head of Patient Safety arranged for the staff involved to be contacted and asked to validate the incident in terms of the harm caused to the patient and, as a direct result of this, the matter was discussed at the Rapid Incident Review meeting for Executive review.

### **Example 3**

A complaint was received from the wife of a patient who had been discharged prematurely from Bristol Royal Infirmary (BRI) and had passed away. Following discussion of the complaint at the weekly review meeting, it was ascertained that the BRI Emergency Department had in fact referred the patient to Sirona for 'virtual ward' monitoring at home, but Sirona had not picked this up, so the patient had not been seen in the community. By the time the patient came back into hospital, he had severe Covid-19 and died. Sirona have now reported this on STEIS as a Serious Incident, and it will be discussed at the UHBW Rapid Incident Review meeting. In the meantime, the element of the complaint relating to the patient's discharge is being investigated by the Division of Medicine via the formal complaints process.

## **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 Q3 2021/22. These two complaints have been included in this report due to the large number of actions identified, which provides assurance that the concerns were listened to and taken seriously, and that lessons have been learned.

- A complaint was received from the parent of a paediatric patient, who was brought to the Children's Emergency Department (CED) with a broken Percutaneous Endoscopic Gastronomy (PEG) feeding tube, which was migrating into her stomach, leaving her stoma exposed. The parent described a very poor experience, which was in stark contrast to previous attendance to the department; including long waits to be seen, being asked to wait in an unsuitable room, inaccurate record-keeping, poor communication with the patient, failure to provide pain relief; ignoring the parent's concerns around the long period since the patient had food or fluids; and a reliance on the parent to carry out certain aspects of care. The actions identified as a result of this complaint were as follows:

- Where a child presents with a period of reduced fluid/food intake beyond a normal feeding interval, the CED team will implement a process to routinely check their blood sugar levels;
  - CED team to provide an update to the patient's GP, which can be attached as an addendum to the discharge summary, confirming that reference to cardiac checks being undertaken was incorrect;
  - Ensure that the surgical team is more proactive in their communication with parents/families/carers when carrying out gastrostomy procedures, and that they ensure parents/families/carers are happy to be present and hold their child if required;
  - The CED Team and the Surgical Team have been reminded about the importance of listening to parents, documenting any concerns raised and ensuring that these are addressed at the time, or that an explanation is provided when the concern cannot be addressed;
  - Family Room to be reviewed to ensure that bereavement boxes are put away to prevent any inadvertent distress being caused, and for a sign to be placed on the door to indicate when it is in use;
  - The BRHC Paediatric Disability Team were asked to contact the parent to ensure that the patient's hospital passport is updated;
  - The CED Sister has met with the Reception Team to highlight the poor experience and to remind them of the 'Escalation of Parental Concerns' policy;
  - The Matron has reiterated to the CED Team that all expected patients (patients who are brought in to see a particular team, so in this case the surgical team) who attend the department, must be triaged and have an allocated nurse assigned to them. This will be monitored to ensure consistency; and
  - A mechanism to be established by which expected patients for another specialty are treated in the CED going forward, including the clear definition of clinical duties of the different teams. (Women & Children)
- The mother of a current adult inpatient was extremely concerned that her son's pain relief was not being adequately managed, as he had called her several times screaming in agony. He had also advised his mother that whenever he pressed his call bell, the nursing staff came and switched it off without even speaking to him. As a result of this complaint, the following actions were identified:
    - The external nurse staffing agency was informed of the allegation regarding the manner in which another patient was spoken to by an agency nurse, in order that the agency could investigate this with the Registered Nurse involved;
    - Ward staff have been reminded of the process for escalating concerns to the Senior Nursing Team out of hours;
    - A formal debrief and feedback session has been held with all nursing staff involved, specifically to discuss the perceived lack of care, kindness and compassion; and
    - All Registered Nurses working on the ward in question now have to attend Complex Analgesic Techniques (CAT) training, provided by the Pain Specialist Team, and to have completed the CAT assessment. (Surgery)

## **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 376 enquiries were received in Q3, a similar number to the 380 received in Q2. This figure includes 169 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a significant 57.9% increase on the 107 recorded in Q2 and more than double the 84 received in Q1.

In addition, the Patient Support and Complaints Team also recorded and acknowledged 37 compliments received during Q3 (not included in the 376 noted above) and shared these with the staff involved and their Divisional teams. This is a decrease on the 61 compliments reported in Q2, although this does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints Team recorded 181 enquiries that did not proceed, compared with 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 1,084 separate **new** enquiries in Q3 of 2021/22, compared with 1,145 in Q2 and 1,042 in Q1. Although this represents a decrease in activity when compared with the previous quarter, it should be noted that, despite the service consistently receiving a significantly lower number of enquiries in December, this is almost 30% 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 Q3, 284 complaints were received in writing (216 by email, 43 via website feedback and 25 letters), 190 were received verbally by telephone and five in person. 11 complaints were also received in Q3 via the Trust's 'real-time feedback' service.

Of the 490 complaints received in Q3, 95.1% (466/490) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This is a significant improvement on the 70.4% reported in Q2.

## 5.3 PHSO (Ombudsman) cases

During Q3, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints. During the same period, five existing cases remain ongoing, and four cases were closed during Q3.

**Table 19: Complaints opened by the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
32437	N/A	JD	29/01/2021 [04/10/2021]	BDH	Primary Care Unit (BDH)	Surgery
We have not heard anything further from the PHSO since they asked if local resolution had been exhausted, and understand they are currently taking upwards of 12 months to commence investigations due to a backlog.						
35115	AM	GM	11/06/2021 [22/10/2021]	BDH	Community Dental Sites	Surgery



PHSO made contact to ask if the Trust had exhausted local resolution with this case. The PHSO caseworker advised that it would be at least 12 months before they commence an investigation.						
28356	IN	PD	18/06/2020 [08/11/2021]	WGH	Cheddar Ward	Weston
A copy of the complaint file and relevant medical records was sent to the PHSO, who reviewed this documentation and decided to close the case with 'no further action' – see also cases closed during Q3.						

**Table 20: Complaints ongoing with the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
34127	RR	N/A	02/08/2020	WGH & StMH	Maternity	W&C
The PHSO is in the process of investigating two complaints made by the patient in 2018 – one to WGH pre-merger and one to UHBristol. Both complaints have been linked and are being managed by the corporate complaints team, who have sent all of the information requested by the PHSO. We contacted the PHSO for an update in December 2021 and they advised that there had been delays in obtaining information from the complainant, but they hoped to be in a position to proceed with their investigation soon.						
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 21: Complaints closed by the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
32960	JM	N/A	09/07/2021	BRI	Emergency Dept.	Medicine
Prior to carrying out a full investigation, the PHSO contacted the Trust, seeking a voluntary financial payment of between £100-£450, due to the severity of the injustice and the impact on the complainant. Having considered this, the division agreed to a payment of £100 and this was made, and the case closed, on 30/12/2021.						
18996	AC	BC	05/01/2018	BRHC	PICU	W&C
The PHSO's final report was received on 04/10/2021, with a decision to 'Uphold' the complaint, as failings were found in several areas, most prominently in communication with the parents in the aftermath of						



their baby's tragic death. Several recommendations have been made by the PHSO, which the Trust is carrying out with the assistance of an external consultant in order to provide assurance of learning from the findings of the PHSO.						
16724	GS/HC	HS	10/01/2019	BRHC	Apollo Ward	W&C
The PHSO's final report was received on 18/11/2021, with the decision to 'Partly Uphold' the complaint. Recommendations made by the PHSO were that the Trust acknowledged the failings identified, confirmed the learning taken from the report and made a payment of £500.						
28356	IN	PD	08/11/2021	WGH	Cheddar Ward	Weston
Following initial contact from the PHSO, we sent them a copy of the complaint file and relevant medical records. The PHSO reviewed this documentation and decided to close the case with 'no further action' – see also cases closed during Q3 below.						

## 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 22 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.

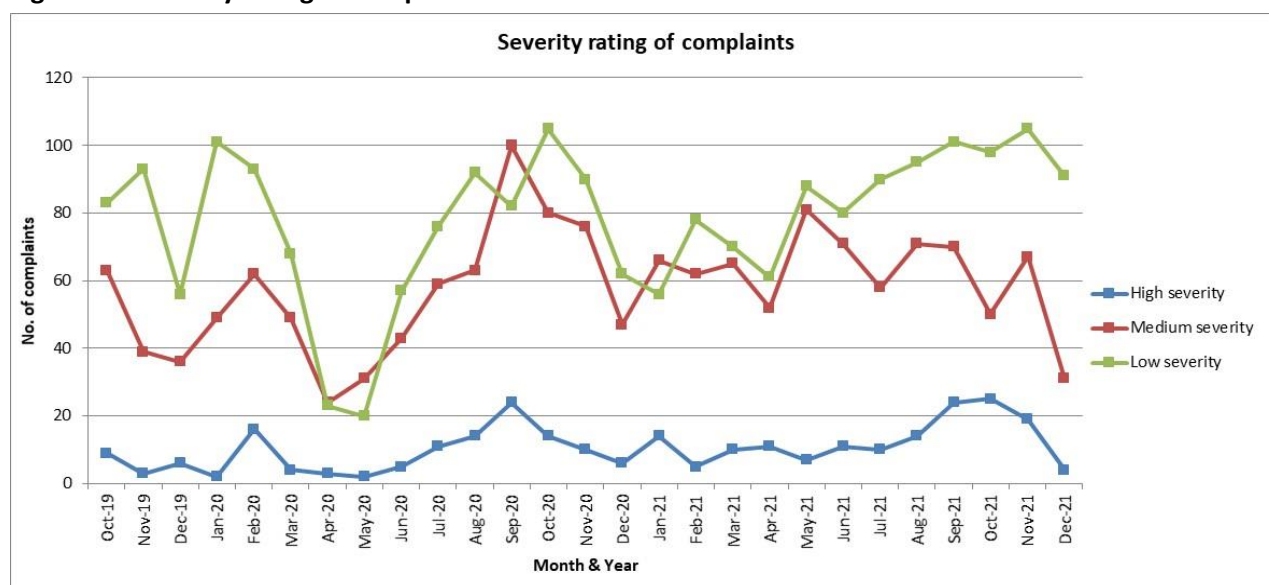
**Table 22: Examples of severity rating of complaints**

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

In Q3, the Trust received 490 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 490 complaints, were rated as being low severity, as medium and as high. Figure 28 below shows a breakdown of these severity ratings by month since October 2019.

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 28 therefore includes severity ratings for the Division of Weston's complaints from July 2020 onwards.

**Figure 28: Severity rating of complaints**



Whilst numbers of medium and low severity complaints remained consistent with previous quarters, there was an increase in the number of complaints rated as high severity between September and November 2021. Notably, in this category were some of the complaints previously mentioned in this report for Boots Pharmacy, including complaints about incorrect medication or medication not being received. There were also some high severity complaints about 'clinical care', including a patient's allegation that nerve damage had been caused during surgery, a family's opposition to the patient's life support machine being switched off and a patient alleging that a radioactive metallic object had been left inside her following a procedure.

The number of complaints received since October 2019, by severity is as follows, with the average shown in brackets: High severity – 283 (av. 10.5); Medium severity – 1,565 (av. 58); Low severity – 2,114 (av. 78). A breakdown by Division is shown in Table 23 below.

**Table 23: Severity rating of complaints by Division (all complaints received in Q3 2021/22)**

Division	High Severity	Medium Severity	Low Severity	Totals
Weston	11 (22.9%)	17 (35.4%)	20 (41.7%)	48
Specialised Services	6 (9.5%)	17 (27%)	40 (63.5%)	63
Women & Children	14 (14.1%)	32 (32.3%)	53 (53.5%)	99
Trust Services	0 (0%)	5 (27.8%)	13 (72.2%)	18
Surgery	6 (4.7%)	35 (27.6%)	86 (67.7%)	127
Diagnostics & Therapies	3 (7.1%)	15 (35.7%)	24 (57.2%)	42
Medicine	11 (11.8%)	25 (26.9%)	57 (61.3%)	93
<b>Totals</b>	<b>51 (10.4%)</b>	<b>146 (29.8%)</b>	<b>293 (59.8%)</b>	<b>490</b>

\*i.e., only 4.7% of complaints received by the Division of Surgery in Q3 of 2021/22 were rated as high severity – this compares, for example, with 22.9% of complaints for the Division of Weston.

# Quarterly Patient Experience and Involvement Report

**Quarter 3 - 2021/22**

**Report date: 10<sup>th</sup> February 2022**

**Author:**

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**Contributors:**

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Samantha Moxey, Patient Experience Support Officer

## 1. Overview of patient-reported experience and involvement

Successes	Priorities
<p>The inpatient experience tracker score in the Divisions of Surgery, Specialised Services and Women &amp; Children's (excluding Maternity) remain above target, a consistent feature throughout the pandemic. There has been an increase in the kindness and understanding score for Division of Weston during Q3.</p> <p>The outpatient experience tracker score for Bristol and Weston hospital sites remains above target. A significant proportion of outpatients continue to be seen via Virtual Clinics. Patient feedback that these changes continue to be received positively by many patients.</p> <p>UHBW performed in the top 20% of trusts nationally for the overall experience of care question in the 2020 Children and Young People's Survey.</p> <p>Members of the Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) have been recruited to the Healthy Weston 2 programme bringing an influential lay voice into that work</p>	<p>Understanding the experience of Cancer Services during the pandemic through a series of patient focus groups commencing in March 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 March 2022 in partnership with AccessAble (supplier) and representatives of the Bristol Disability Commission.</p> <p>Development of a robust action plan based on the findings of the 2021 National Maternity Survey results where UHBW performed in the bottom 20% of Trusts nationally.</p>
Risks & Threats	Opportunities
<p>Q3 data highlights a continuation of trends seen during 2021/22, i.e. the sustained pressures arising from the pandemic on operational services and staffing levels are being reflected in patient feedback.</p> <ul style="list-style-type: none"> <li>The inpatient experience tracker score for the Division of Medicine was 83 and below target (Q2 was 83);</li> <li>The inpatient experience tracker score for the Division of Weston was 84, a modest improvement from 82 in Q2 although remains below target;</li> <li>The kindness and understanding score for Maternity continues to track below the minimum target and below its long-term average.</li> </ul> <p>Challenges in these areas have included the continuation of significant demand in the urgent and emergency care pathway and multi-faceted workforce issues during the period.</p> <p>The FFT score for the BRI ED remained low in Q3 (73.9). The high volume of negative comments received during Q3 primarily relate to waiting times, staff attitude and the environment.</p> <p>.</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, 'Dr, Dr', 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 Patient Experience Hub (IQVIA) has the capability to create real-time alerts where there is feedback of concern in relation to 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.</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**

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

- Members of the Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) have been recruited to the Healthy Weston 2 programme bringing an influential lay voice into that work.
- Members of our Community of Practice for involvement participated in an NHS training programme developing skills around effective patient and public involvement. The training programme offers the potential to form the basis of a consistent approach to PPI in the BNSSG area.
- Planning a programme of focus groups with patients who have received care at UHBW as part of a cancer diagnosis scheduled for March and April 2022. This is part of an on-going focus on the experience of cancer care in the Trust during Covid 19.
- Supporting and advising Divisional colleagues in aspects of effective PPI including NICU and Respiratory care.
- Work to bring to completion the surveying of UHBW hospital sites as part of the AccessAble Access Guide survey work has continued. During Q3 it was agreed, in discussion with the Trust Communications team, to pause a planned December soft launch. This was to allow further time to edit the Access Guides to reflect the new main entrance infection control points in hospitals and to allow for further validation of guides relating to Bristol Royal Hospital for Children as part of the sign off process. Operational pressures as a result of the Omicron variant had also impacted on the ability of both AccessAble and the Trust Communications team to implement the web sharing protocols required to make the Guides available on-line. The revised plan is to launch the Access Guides in March 2022 in partnership with AccessAble and representatives of the Bristol Disability Commission.
- 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 audit is being undertaken by autistic people with support from the Patient Experience Team and uses an evaluation tool co-designed with service users. The audit of Weston General Hospital ED will take place in February.
- Bringing a community partner voice into the Trust EDI baseline assessment exploring how our behaviours, processes and systems support Equality Diversity and Inclusion as it relates to patients and communities.
- Forging new community partner relations to inform how we support transgender people in our care in lieu of new NHS Guidance expected in 2022.

4.1 Inpatient Experience – Trust Level

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 overall inpatient experience tracker score for patients seen at Bristol hospitals (see Chart 1) consistently performed at the alert threshold of 88, although remains just above target (87). There is variation at a Divisional level which is explored later in this report.

The inpatient experience tracker in Division of Weston remains below target but has increased to an average of 84 during Q3, compared to 82 in Q1. The ‘Kindness and Understanding’ score for patients seen at Weston General Hospital has increased during Q3 (see Chart 2) to 93, up from 91 in Q2.

Chart 1: Inpatient Experience Tracker Score

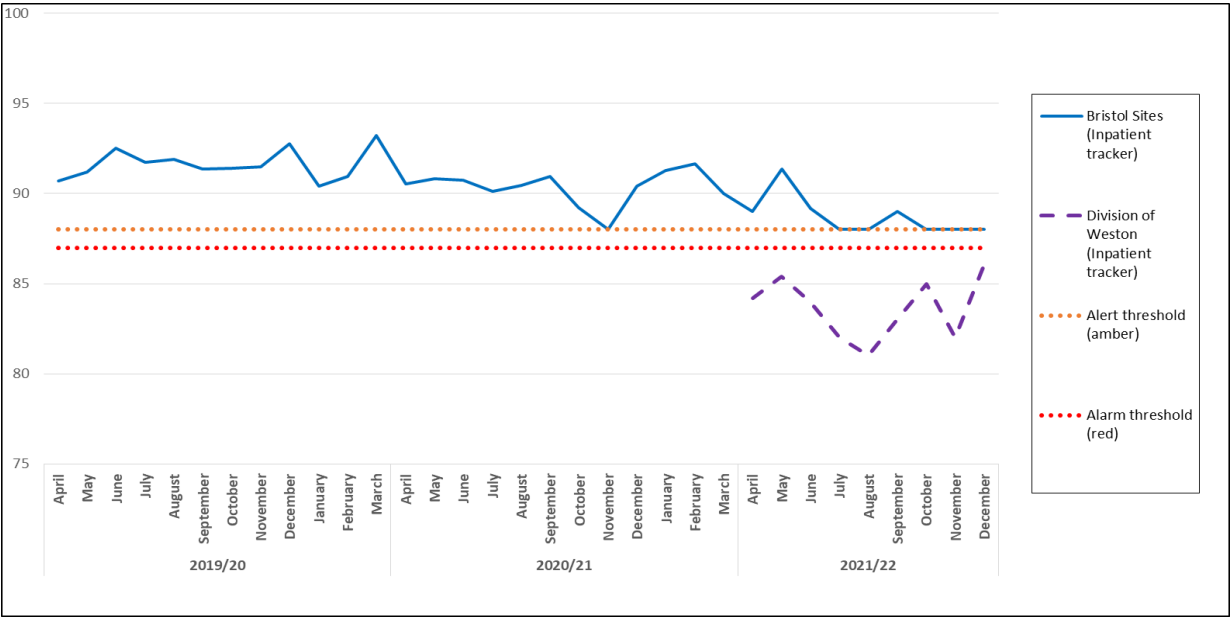
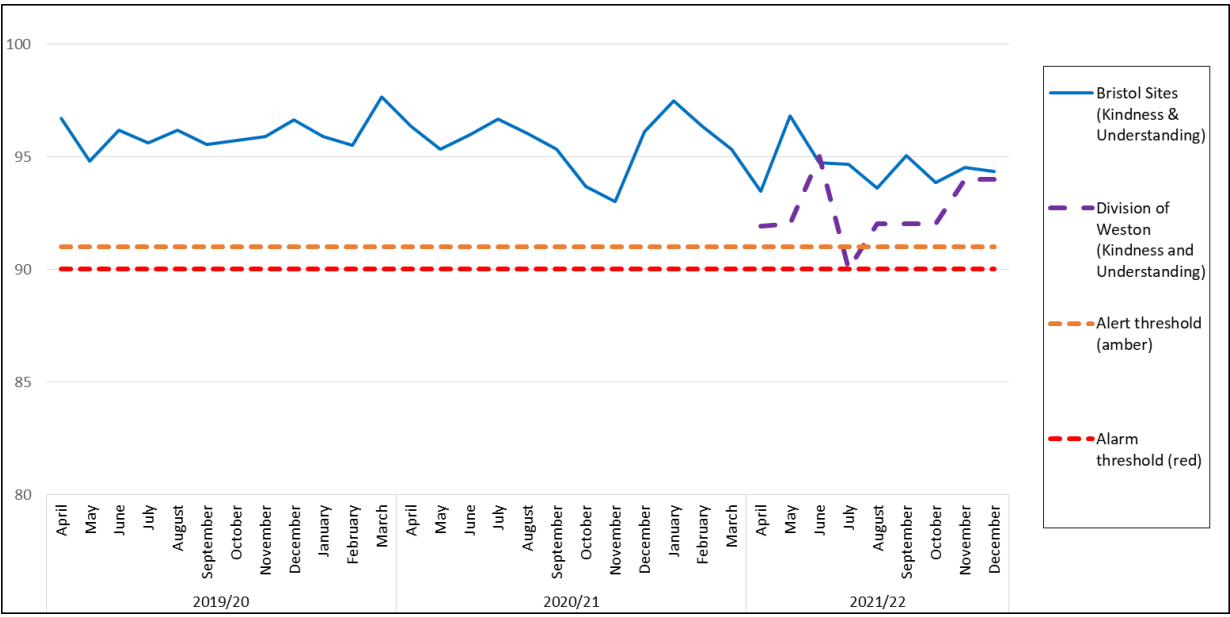


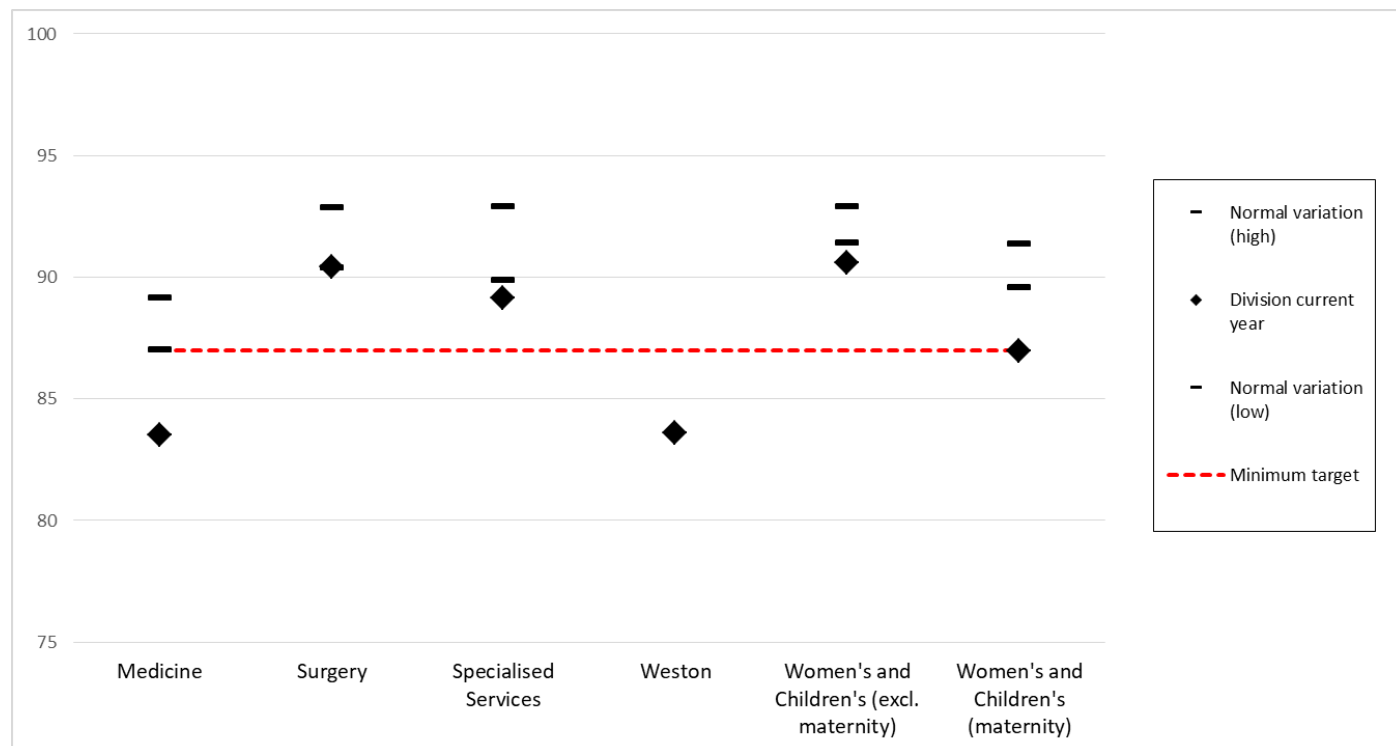
Chart 2: Inpatient Kindness & Understanding Score



## 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 year-to-date 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 to December 2021/22 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 (to date) in the Divisions of Surgery, Specialised Services and Women & Children's (excluding Maternity) 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 year to date.

### Below target

The inpatient experience tracker score for the Division of Medicine is 84 for 2021/22 year to date and continues to track below its long-term average (88). Q3 out-turn is 83 which matches the out-turn from Q2. Further analysis of the survey results based on key survey questions that comprise the overall inpatient tracker score has been undertaken. Patient reported experience has declined under the themes of communication (most significantly with doctors but also with nurses) 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 <sup>1</sup>	2021/22		
		Q1	Q2	Q3
Ward cleanliness	94	92	91	88
Respect and dignity	95	92	93	95
Communication with doctors	84	83	76	75
Communication with nurses	87	82	82	82
Involvement in care and treatment	81	75	73	75
<b>AVERAGE</b>	<b>88</b>	<b>85</b>	<b>83</b>	<b>83</b>

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

‘We have refocused our teams on cleanliness and the Matron who covers infection, prevent and control (IPC) in the division has met with the individual ward sisters where this is an issue to develop a more robust plan. In many situations it was when the housekeeper was away due to Covid-related sickness and our inability to backfill the housekeeper’s role. We have had high levels of staff sickness in our wards and the pressure was compounded by having to switch wards back to Covid wards. We are gradually coming out of this now so this is a positive step forwards.

Around communication with doctors, our biggest challenge has been the continual crowding in ED and the pressure that this puts on the medical team to see the patients in timely way and of course we triage at the ‘front door’ which is undertaken by our senior nurse team (Emergency Nurse Practitioners and Advanced Care Practitioners) but sickness has been an issue but we recently did a back to basics week in ED especially in fast flow.

We have implemented a fast flow process which is having a positive impact which should help with involvement in care scores at the beginning of the patient’s pathway.’

**Hayley Long, Head of Nursing, Division of Medicine.**

The inpatient experience tracker score for the Division of Weston is 84 in Q3, an improvement from 82 in Q2. When reviewing the feedback further (see table below), there has been a fall in the inpatient survey score relating to communication with doctors when compared to Q1, however, communication with nurses has improved to 85 in Q3 (up from 81 in Q1).

**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
Ward cleanliness	No data	90	93	92
Respect and dignity	No data	93	93	92
Communication with doctors	No data	81	70	74
Communication with nurses	No data	81	80	85
Involvement in care and treatment	No data	77	74	78
<b>AVERAGE</b>	<b>No data</b>	<b>84</b>	<b>82</b>	<b>84</b>

<sup>1</sup> 2019/20 and 2020/21 average

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.

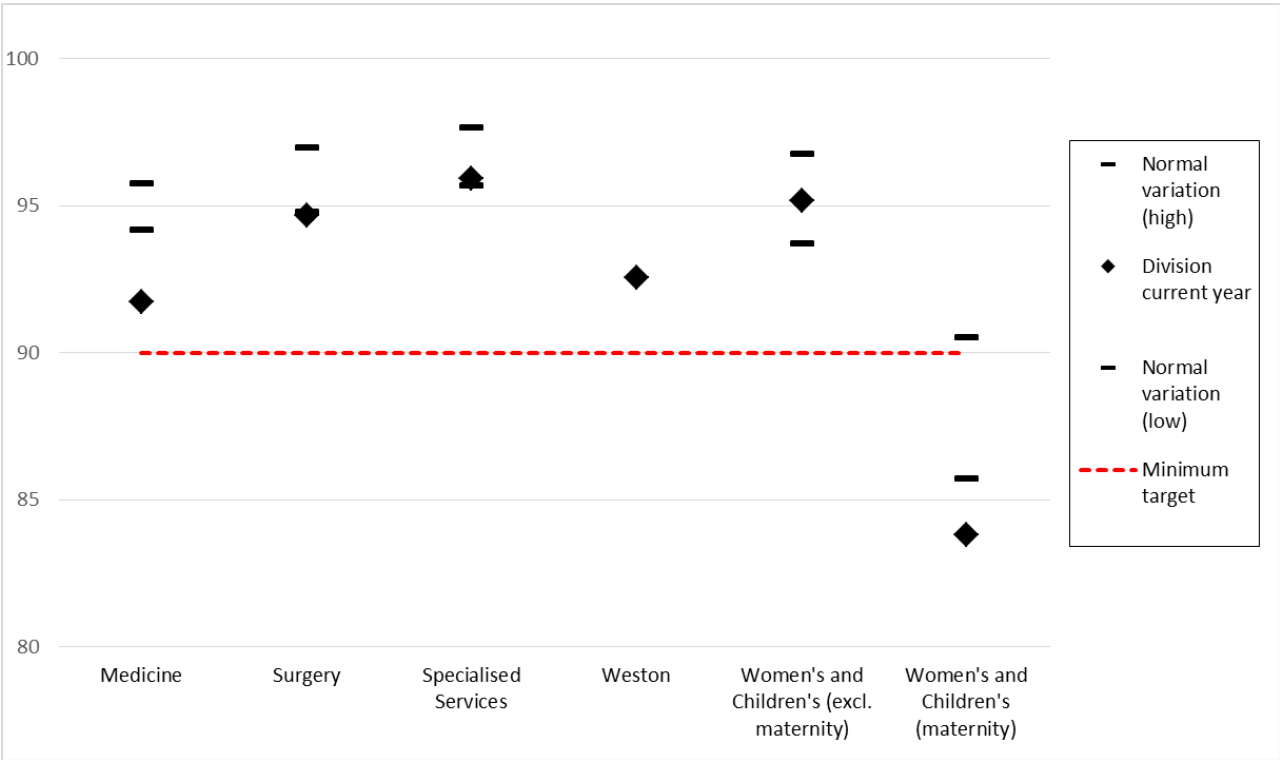
The analysis has been reviewed by the Division of Weston and the following response received:

“It is really positive to see that the scores for communication with nurses has increased and a slight improvement for communication with doctors. This has been reinforced with the clinical teams and whilst not an excuse the site has been under extreme pressure with short term sickness with the top reasons being Covid-19 absence, anxiety / stress and seasonal viruses and operational pressures. It is encouraging to see an improvement for involvement in care and treatment; however the Division recognises that this is still not where it should be. We will continue to reinforce the importance of communication and involvement of patients and families across the site.”

**Joanna Poole, Head of Nursing, Division of Weston.**

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

**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 scores for the Division of Medicine remains below its long-term average, it remains above the minimum target.

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

The kindness and understanding score for Maternity is below the minimum target for 2021/22 (year to date). The score tends to fluctuate around this level and is typically lower than other inpatient wards. The analysis has been reviewed by the Head of Midwifery and the following response received:

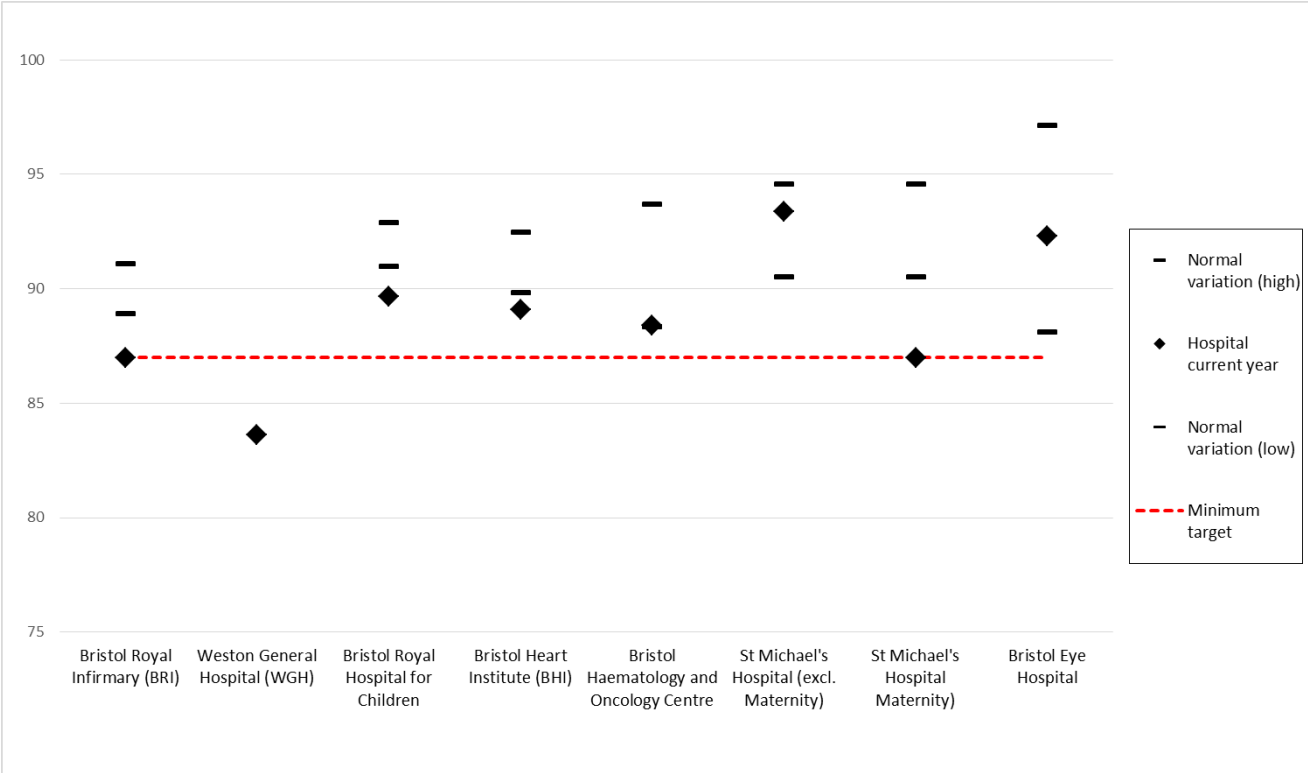
‘Face to face ante natal classes have being re-instated where possible and some antenatal parent education hubs have been set up. Some antenatal videos have also been developed. This will aid women’s expectations of what the stay on the post-natal ward entails, as often women are surprised that they will have the baby with them at all times and will be encouraged to mobilise early after a caesarean section. As a Trust, we are also utilising the ‘Birth-rate plus’ workforce assessment tool so we can re-assess the staffing requirements within the unit. There is also a plan to re-start the Maternity services” patient experience” working group to focus on any other actions we can take to improve experiences for women. In addition, as soon as we are able, we will aim to return to the use of volunteers on the ward to support women.’

**Sarah Windfeld, Head of Midwifery. Division of Women’s and Children’s.**

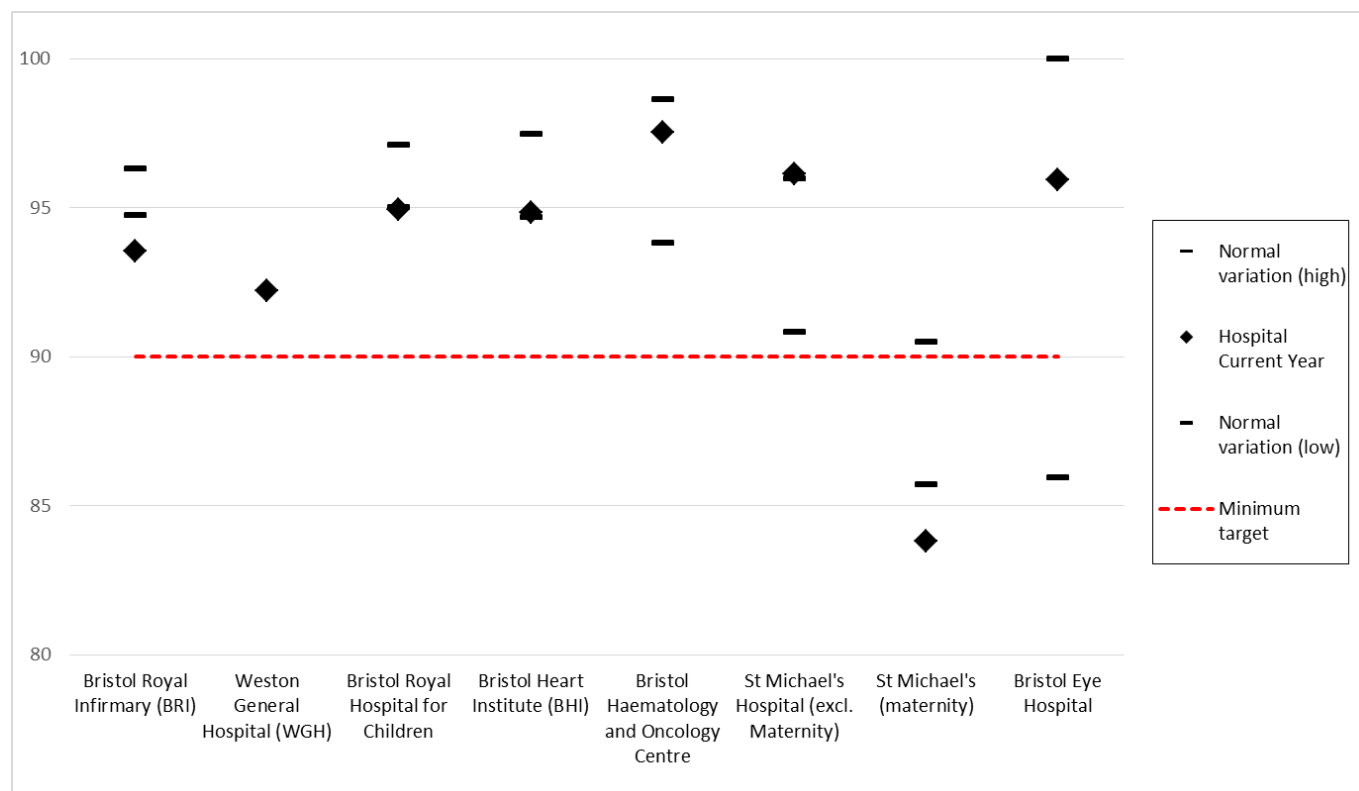
**4.3. Inpatient Experience - Hospital site analysis**

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 to December 2021 compared to their normal fluctuation over the long-term (2019/20 and 2020/21).



**Chart 6:** Hospital-level kindness and understanding scores April to December 2021 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 Q3 2021/22**

Division	Feedback
Medicine	I was completely overwhelmed by the dedication and excellence of all of your people. Mine was a perfect experience. In less than 12 hours your people resolved a problem that seemed to me impossible to achieve. (Ward A700).
Surgery	It was a pleasure to be seen at the Bristol Eye hospital as they were very professional in every way from start to finish. Everybody was very friendly and welcoming; you were made to feel like a person and not just a number. The hospital was very clean and tidy which is always nice to see. The experience and treatment I have received at BEH is excellent and would certainly rate and recommend anyone to go there if they were having problems. (Bristol Eye Hospital Outpatients).
Specialised Services	I came in by ambulance and everyone was waiting and ready for me. I cannot express enough my gratitude to every member of staff, nothing was too much trouble and I was looked after so well. I could discuss my fears and concerns and I was spoken to by various members of staff with all information I needed to know. Every single member of staff was so polite and helpful. I was looked after wonderfully and I cannot suggest any improvement as I could not find fault with anything. Brilliant. Thank you. (Ward C705).
Weston	Given the high demands and long term pressure the NHS has been under, I could not fault the care given. The care and thoughtfulness of all those that looked after me was simply amazing from my admission in A&E, my 7 nights on Harptree and my procedure at the Bristol Heart Institute and the ambulance transfer there and back, everyone, the cleaners, admin staff, support staff, ambulance team, nurses, and medical team, doctors and consultants were each all just brilliant - thank you. (Harptree ward).

W&C (Childrens)	The Doctors, Nurses and everyone else in that hospital were amazing on caring for my daughter and for myself, explaining in detail any step that will be taken before and after it happens. This is far the best treatment that I could wish for my Daughter. I want to congratulate all the professionals involved in my daughter's treatment. Amazing people working in an amazing hospital, thanks a lot to everyone. (Ward E702).
W&C (Maternity)	Very relaxed atmosphere after giving birth which was nice for me and the baby to get some rest and recovery! All staff were happy, positive and showed how much they loved being there and doing their job! All staff are very helpful and reassuring with any concerns you may have. Would highly recommend this hospital and its services. (Ward 73).

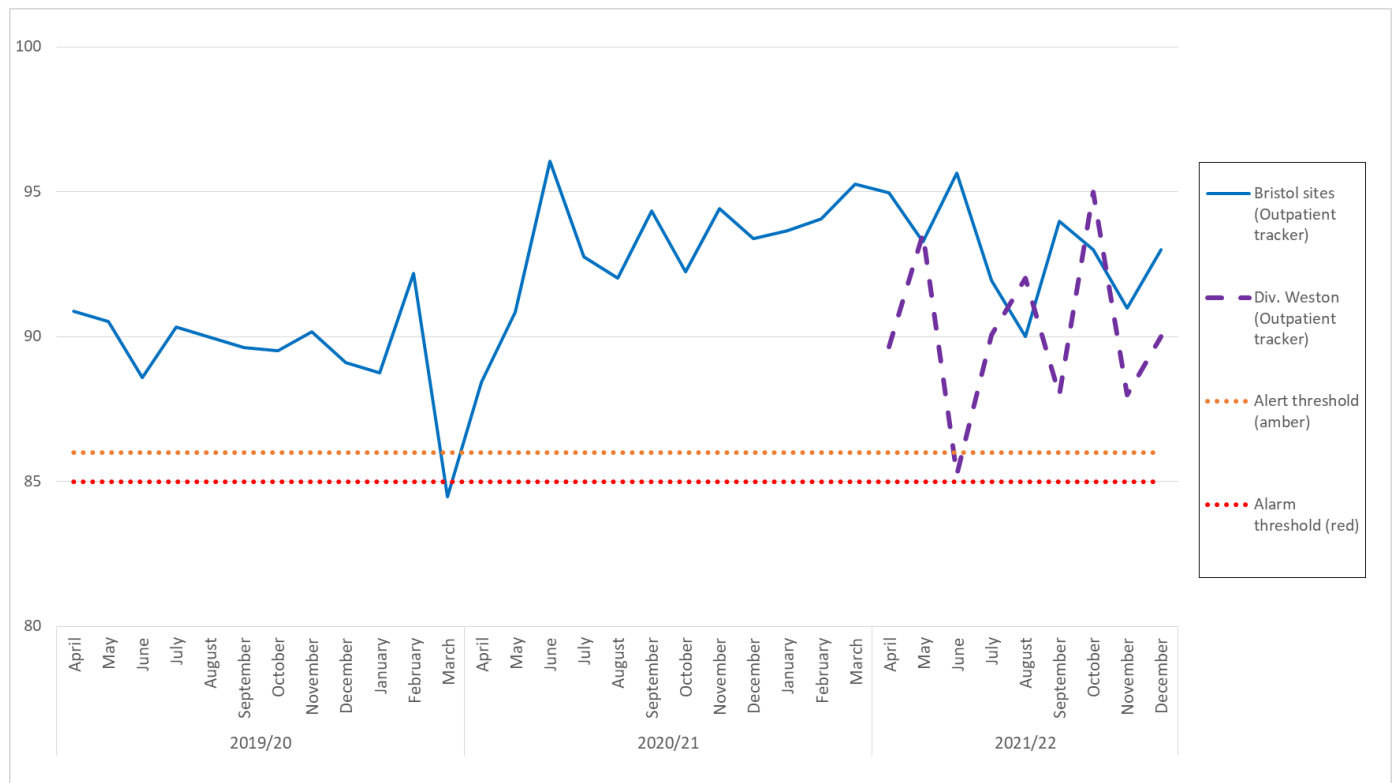
## 5 Outpatient Experience

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). 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 Q3 for Bristol sites was 92 and for the Division of Weston was 92 – 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 April 2020, there has been a growing body of local survey work taking place across the Trust to 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 Q3 2021/22, there were 1,119 responses to this survey.

Patients are selected for virtual consultations by clinicians at the Trust based upon technical and clinical suitability to the electronic medium. Individuals are deselected if they are deemed to be lacking support to use the technology 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 (which are consistent with Q2 feedback) are:

- 88% 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;
- 23% 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;
- 47% of respondents found the virtual consultation less stressful than a face to face appointment, with 43% stating there was no difference between the two and 5% stating it was more stressful;
- 91% of respondents felt their concerns had been listened to during the appointment and 93% reported they felt involved in decisions about their care;
- 92% 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. There is variation across the Trust in the consistency of providing information to patients pre-appointment on who to contact if they encounter any difficulties.

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 for example 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 were incorporated within the virtual clinics survey at the end of 2020/21. These questions 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. The Trust's planned transition to a new Virtual Clinic system, 'Doctor Doctor', from April 2022, presents an opportunity for Outpatient Services to ensure the system is accessible for the groups highlighted below.



An analysis of patient experience by protected characteristic groups was included in the 2021/22 Q1 Patient Experience and Involvement report. 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.

This data does not however account for all patients as there were some patients who were not suitable to attend virtual consultations. Additionally, some sample sizes of measured demographics were particularly small which could limit the extent to which the data is representative of future patients included in this cohort.

## 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 Q3, we received 16,748 FFT responses which is in line with the volume of responses received in Q2 (16,692).

FFT data for Q3, compared to Q2, is shown below (Table 4). Overall, FFT scores are comparable to Q2. The FFT score for BRI ED continues to be low when compared to other EDs within the Trust and stands at 73.9% in Q3 as shown in Chart 10 overleaf.

Please note that the FFT question changed in December 2020. It is not therefore valid to compare results to historical data from pre 2020 so no trend data is shown in this report.

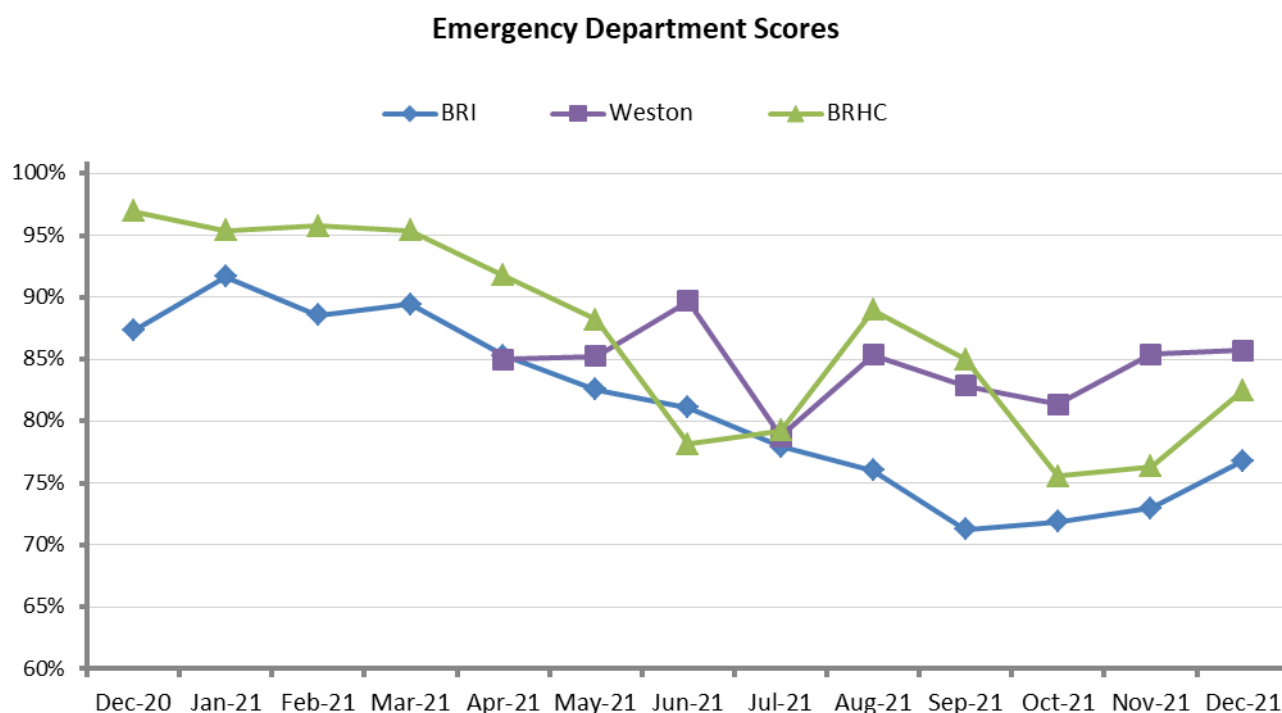
**Table 4:** Friends and Family Test Data – Q2 and Q3 2021/22

Attendance type by Division/Site	Response Rate		FFT Score <sup>[1]</sup>	
	Q2	Q3	Q3	Q3
<b>Inpatients</b>				
Medicine	22.8%	18.3%	93.5%	93.8%
Surgery	33.8%	30.8%	94.4%	95.5%
Specialised Services	50%	32.7%	95.9%	95.3%
Women's and Children's	29.1%	24.2%	95.9%	97.4%
Weston	39.1%	25.3%	91.4%	91.3%
<b>Trust total</b>	34.5%	26.1%	94.3%	94.8%
<i>Continued overleaf</i>				

<sup>[1]</sup> 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

	Response Rate		FFT Score <sup>[1]</sup>	
	Q2	Q3	Q2	Q3
<b>Emergency Department</b>				
Bristol Royal Infirmary	5.1%	6.5%	75.4%	73.9%
Children's Hospital	7.7%	9.9%	84.4%	77.8%
Weston	12.2%	13.8%	82.7%	84.1%
Bristol Eye Hospital	6.5%	14.7%	97%	95.1%
<b>Trust total</b>	<b>7.6%</b>	<b>10.2%</b>	<b>83.3%</b>	<b>82.5%</b>
<b>Outpatients</b>				
Bristol	N/A	N/A	94.9%	94.9%
Weston	N/A	N/A	94%	94.4%
<b>Trust total</b>	<b>N/A</b>	<b>N/A</b>	<b>94.8%</b>	<b>94.9%</b>
<b>Maternity</b>				
St Michael's Hospital	7%	9%	99%	99%
<b>Day case</b>				
Bristol	17.4%	17.4%	99.3%	99.8%
Weston	53.7%	39.6%	99.5%	99.6%
<b>Trust total</b>	<b>24.9%</b>	<b>21.5%</b>	<b>99.4%</b>	<b>99.7%</b>

**Chart 10: Emergency Department FFT Scores December 2020 – December 2021**



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

<sup>[1]</sup> 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

## 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	BRI ED	My care was amazing, however I did feel sorry for a pregnant lady who came in with bleeding, reception asking her how many pads she needed to use etc loudly with a busy waiting room, everyone could hear, I know it's difficult but she should have been taken to one side and it dealt with a bit more sensitively. It was a Friday night as well so very busy.	The Head of Nursing in Division of Medicine has fed this back to the ED team to reflect on the importance of privacy and respect for individual needs which should always be paramount. Due to the high demand in the BRI ED and crowding, it can be challenging to maintain the level of privacy we would ordinarily wish to.
	BRI ED	I was Covid-positive and sent to BRI ED by my GP. I was told to check in at the main desk with all the other patients. This surprised me. I was then told to take a seat. I asked to speak to the receptionist privately. I told her I was Covid-positive and I shouldn't be sitting in the main waiting area. She said I had to go back in to the main room and book in again as she wasn't a proper receptionist. Afterwards, I said again I couldn't sit in the main area and was told to wait outside. The entrance way had automatic sliding doors, a vending machine and one chair so I sat there. It wasn't very warm. Triage came after a few hours, said they nearly missed me. Afterwards I ended up back in the same place. After 4 hours I was so cold I moved my chair into a corridor. Nobody checked on me or offered me a sandwich or warm drink. I was called in for bloods, and those staff said they nearly missed me, and then 30 minutes later went back to the cold corridor. One kind worker brought me a blanket. Finally, after 6 hours I asked a cleaner if there was anybody who could help me get a hot drink and something to eat.	BRI ED has been over-crowded at times and the team do their best to ensure patients are managed within the appropriate place. This is of particular importance for those that are known to have Covid-19. The reality is that at times all of the appropriate space will be being used. This feedback has been shared with the BRI ED team to reflect and identify learning by the Head of Nursing in Division of Medicine.

		<p>She was very nasty and said, I can't it's not my job. I asked if there was anybody who could help me. Two receptionists came out and I asked them and they arranged it. I sat in a cold reception and cold corridor for 10 hours and nobody checked on me. There were no arrangements for a waiting area for Covid-positive people. If I hadn't said I would not sit in the waiting room, I would have been allowed to infect a load of other ill people. Very bad treatment when I was already very poorly.</p>	
Specialised Services	C705	<p>Poor communication on the ward. Poor communication with my family. Did not see a doctor for 2 days (due to bank holiday), barely saw or spoke to any nursing staff. Water jugs empty all day, not offered hot drink at night, not given choice of food. Loud music playing outside of ward on reception desk all night, making it difficult to sleep. Wife's phone calls not answered on several occasions and could hear phone ringing with staff members sat next to it. Language barriers with staff. Ward was very tidy and clean. Shame the communication was so poor in all aspects!</p>	<p>An email has been sent to the team regarding poor communication. The following actions are noted:</p> <ol style="list-style-type: none"> <li>1) Patients won't be seen usually by doctors on weekends &amp; bank holidays unless they are unwell or they have a clinical reason to be seen. If a patient requests to be seen by a doctor –we will always inform the on call doctors. This is to be explained to the patients to avoid further complaints.</li> <li>2) We have had many shifts with bare minimum staffing levels, including admin &amp; clerical staffing; this could be the reason for phone calls were not answered. We will encourage nursing students to answer the phones.</li> <li>3) Staff, including the kitchen staff, are reminded to continue to offer hot drinks and re-fill water jugs even though the bays are closed due to infection control reasons. We will encourage patients to ask a member of staff, if they need any water, hot or cold drinks.</li> <li>4) In regards to the language barrier, this is still to be investigated as I have had no language issues with staff.</li> <li>5) All of these areas have been added to the ward safety brief</li> </ol>
	D603	<p>The room was absolutely freezing but with no way to regulate the icy blast</p>	<p>This is a known problem in BHOC and especially on D603.</p>

		<p>from the ceiling vent. I spent most of the day times sitting at the table at the end of the corridor, except for meals. I slept in the room, of course, but I would wake in the morning warm in body, due to plenty of blankets, but with freezing cold face. No wonder I returned home with a form a rhinitis that is only clearing up now. Putting a patient in such a cold room cannot be conducive to their well-being. It certainly wasn't to mine! I might also suggest that it may be worth testing the airflow for the sort of bugs that live in air con systems.</p>	<p>1. Whenever a room is too hot or cold this is reported on Agility.</p> <p>2. More portable heaters have been ordered for D601/D603</p> <p>There does seem to be a persistent problem with air-con and heating on both wards and so this has been escalated to Estates for a review.</p>
Surgery	C808	<p>1. There was an automatic door at each end of corridor to the ward I was staying in. There was a lot of noise from the operation of these doors and the metal trolleys that staff used for treatments, both of which I found to be an ongoing nuisance.</p> <p>2. The ward was brightly lit a lot of the time in the late evening.</p> <p>3. An extra bed had been positioned at right angles between the foot of facing beds at the far end of the ward. A screen had been provided at the foot of this bed facing the ward doors. This created an extra bed on the ward but in my view overcrowded the ward and had implications for the health and safety of patients and staff. On my last night before being discharged I was transferred to this bed because another patient was expected who would be put in the bed space where I had been. I found the second bed space was not private enough as it was too near the other patients and their visitors as well as being in full view of the ward doors. The other patient to be placed in my previous bed space never arrived.</p> <p>4. In general I was very pleased with the treatment and care that I received from the surgical team, nurses and domestic staff.</p>	<p>The ward has electric doors that open using swipe access, as identified by the patient. This is the main entrance to the ward. We could improve the patient experience by closing the doors to the patient bay but we would need to identify a clinical staff member to remain in the bay for patient safety which we could look to plan for longer term but appreciate this would not be achievable with current staffing levels. We will review the noise at night work though and identify if there are any changes we can make in this area to improve the noise and therefore patient experience. The bed discussed is in addition to our current bed spaces and it is called a 'boarding bed'. This is to support the current hospital capacity/demand challenges that we have but recognise it can have a detrimental impact on patient experience.</p>

	Bristol Eye Hospital ED	Waiting for over 4 hours, cold waiting room, and no access to buy hot drinks. No information given to me, despite having had eye surgery during the previous week.	Apologies for the delay and long wait. The opening times for the shop are limited which our estates team are aware of and reviewing. I am sorry that a staff member was unable to offer a drink or provide any information whilst in the emergency department. The Matron will feedback to the team, where possible, if patients are waiting for long periods, that they update them of the timings and offer warm drinks.
Women's and Children's	E702 – BRCH Apollo Ward	Patient was left with no nurse checking her catheter for over 48 hours, no cleaning and no clean bed sheets. When mum asked for help to move patient, nurses looked vague and asked how to mover her despite them having experience of spinal injuries and mum not. No nurse ever introduced themselves. I felt she had no care or respect and she was merely a number, not a 12 year old scared girl.	Apologies that this occurred. Unfortunately it was not raised with us at the time; however, we will highlight this to the nursing staff and speak to the CSF regarding training around catheter care. Due to the many new staff that we have had start on Apollo we are already planning some sessions on manual handling bespoke to Apollo on the ward study days this year as we have recognised that this is an area where we need to improve. We have also had several staff with bad backs from moving patients on Apollo so this will hopefully address this.
	Maternity Ward 76	The one thing I think could be improved is the induction onto the ward, no-one told me about meal times, kitchen info or snack info. I appreciate there are signs but just some verbal info on arrival would be nice.	The ward sisters have developed patient information to inform patients about meal times etc. and will remind staff to orientate patients on arrival.
Weston	ED	Infection control appalling. Despite being potentially Covid positive, equipment used without being wiped between patients. Doctors wearing the same masks and not cleaning hands between patients. Receptionists unhelpful. One receptionist wearing high heels with uncovered toes whilst entering clinical areas, surely this is a needle stick injury risk? Poor communication by some doctors. Porters however were fantastic.	All equipment cleaned between patients with appropriate products as per guidance.  Masks are not required to be changed between patients.  Hand washing audit results requested on 09/02/2022, this was not previously identified as an issue in previous audits.  The line manager of reception staff has been contacted to address footwear with her staff - this had already been observed this week in addition to this feedback.



	Berrow ward	Weston General Hospital failed to medicate my wife on several occasions. On one occasion I had to take in morphine (we had at home as they ran out of it at the hospital). Something I find totally unforgivable. And then a couple of days later, they ran out of solvable paracetamol.	Unsure why this was the case – will review with ward. Oral morphine is a ward stock medication and readily available on the wards. Other forms of morphine (controlled drugs) are ordered via pharmacy and stored in the controlled drug cupboard, a record of the stock level and updated with every drug administration so that stock can be ordered through pharmacy as and when required. Out of hours drugs can be obtained by contacting the Clinical Site Manager who can access the medications in the emergency drug cupboard or via the on-call pharmacist. Dissolvable paracetamol is also ward stock and stock levels are checked weekly and drugs ordered as required.
Diagnostics and Therapies		There was no specific negative feedback received during the quarter for review.	

## 7.2 Other examples of improvement 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.

**Bristol Eye Hospital (BEH)** - BEH has excellent links to the Friends of BEH charity that provide advice and support to enable the hospital to fully consider the needs of our patients who experience difficulties with their vision. Improving the hospital provision is an ongoing conversation to ensure BEH provide a fully accessible service. Following a complaint received in September 2020 regarding inaccessible services, the patient was engaged and now participates in initiatives supporting Trust-wide improvements. As a result we have improved the following:

- Better signage to inform patients to let us know of any adjustments required;
- Key poster available in Braille;
- If Braille communications are needed we apply the following process: Alert added to CareFlow and the process is followed to organise all future letters in braille;
- E-learning package developed in partnership with Bristol Sight Loss Council focusing on what it is like to be a visually impaired patient and the link to the NHS Accessible Information Standard (AIS).

Our Emergency Department has also recently been reviewed by the Bristol Autism Support team to consider potential improvements to support patients with Autism who may require additional support. As a result of feedback from the audit we:

- Supply ear defenders ;
- Have chargers available for electronic devices;
- Display a poster to advise patients to alert us to any adjustments they may require;
- Review of patient pathway to simplify and map the provision;
- Are organising staff training on supporting patients with Autism.

**Maternity services** have introduced the use of 'Cook balloons' for induction of labour which is a gentler experience for women and also prevents delays in inductions. Some women can go home with the Cook balloon inserted and return when they are ready for an artificial rupture of their membrane (ARM) and labour.

**Division of Medicine (specifically BRI Emergency Department)** has implemented a new protocol for the safe storage and transfer of the belongings of deceased patients. This has been introduced following some negative feedback from families.

**Bristol Royal Hospital for Children** - The Wales and West Acute Transport for Children service (WATCH) is a dedicated critical care transport service with highly skilled nursing and medical teams who retrieve critically ill and injured children from around Wales and the South West and transfer them to Paediatric Intensive Care. They also repatriate children back to their local hospital where able. In order to ensure the service is responsive to the needs of the people it supports, WATCH are now recoding an email address from all parents/families who come through the service and email them (with consent) a week afterwards to ask for feedback on the service and their experience – including areas for improvement.

## 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.

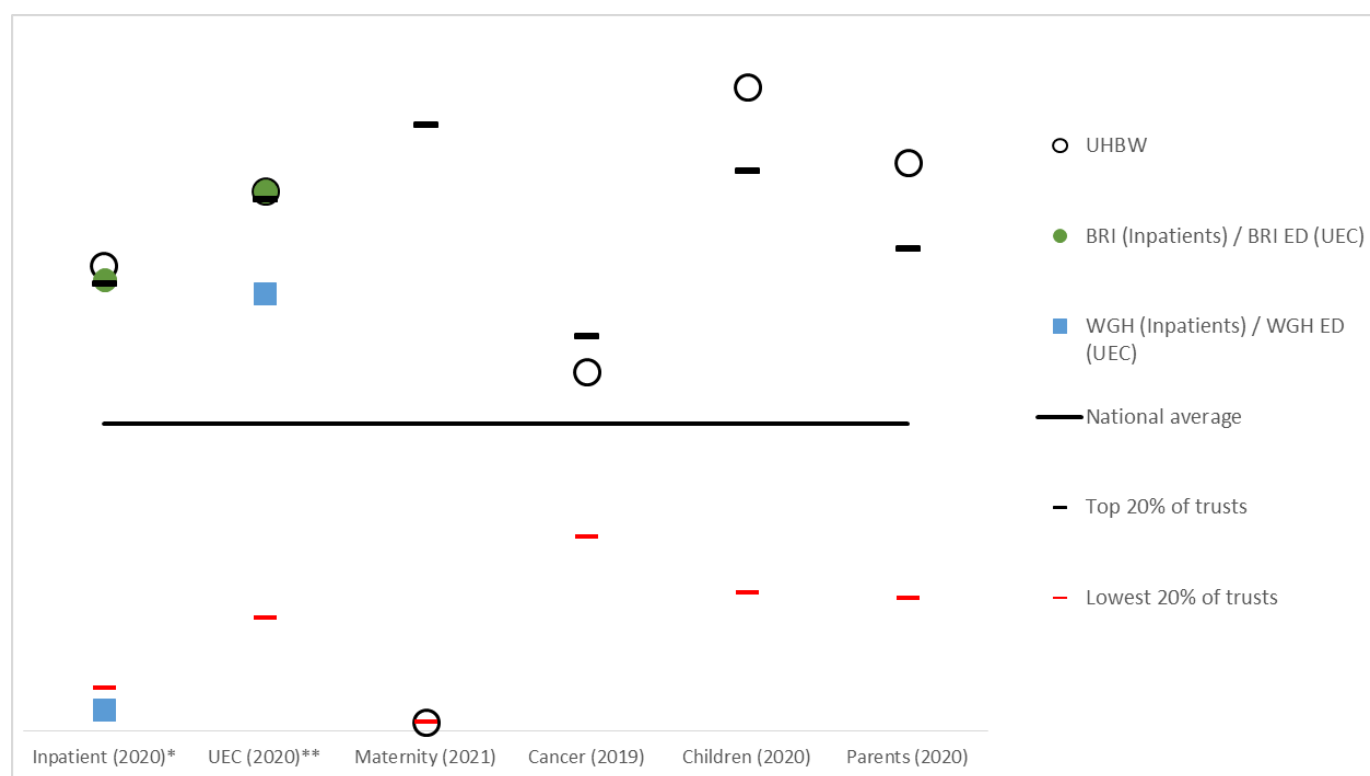
Chart 11 below represents how UHBW compares to the national average for each of the most recent national surveys when looking at the 'overall experience' score from each survey.

During Q3, the chart has been updated in light of the results from:

- The National Children and Young People's Survey (2020) which is disaggregated by responses from a) children and young people and b) parents. The National Children and Young People's Survey results indicate that UHBW performed in the top 10% of Trusts nationally.
- The National Maternity Survey (2021) where the Trust has performed in the bottom 20% of Trust's nationally, this compared to top 20% national performance in the 2019 survey.

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 benchmarks<sup>2</sup>



<sup>2</sup> 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).