

Quarterly Patient Experience and Involvement Report

Quarter 3 - 2022/23

Report date: March 2023

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1. Overview of patient experience and involvement

Successes	Priorities
<p>The inpatient experience tracker score average for Quarter 3 2022/23 was 88, which is above the minimum target (87). The November 2022 score of 89 is the highest score since May 2021. Of particular note in relation to the inpatient experience tracker score:</p> <ul style="list-style-type: none"> Weston Management Team has achieved the minimum target of 87 in Q3 2022/23 for the first time since the monthly survey was extended to Weston in April 2021; Division of Medicine has achieved the minimum target (87) for the first time since March 2021. <p>Outpatient experience (as measured through the OP tracker score) continues to track above its long-term average.</p> <p>The 2022 National Maternity Results have been published and were reviewed by the Quality & Outcomes Committee in February 2023. Patients scored the Trust 7.8 out of 10 for the 'overall experience of care' question which is the same as the national average. This represents an improvement from our 2021 results (7.4). UHBW ranked 51st out of 121 Trusts in the 2022 survey which is a significant improvement from the rank of 101st place in the 2021 results.</p> <p>Two lay Patient Safety Partners (PSPs) have been recruited to the UHBW Patient Safety Group. The PSPs will officially commence their roles in March 2023 and will bring an external assurance to the work of the group. This brings the total number of lay representatives recruited to participate in core groups and committees during Q3 to 10.</p>	<p>Ensure the actions detailed in the improvement plan arising from the 2021 National Inpatient Survey results are on track, with an update prepared for Experience of Care Group in May 2023.</p> <p>Refresh the patient experience improvement plan in Maternity services following the publication of the 2022 National Maternity Survey Results. The improvement plan is coordinated and led by the Women's Experience Group together with the Maternity Voices Partnership.</p> <p>Continue the roll-out 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. To date, 213 staff (nominated by Divisions) have been trained. During Q4, further training sessions will ensure that all staff that require access to IQVIA are trained.</p> <p>Publish a new PPI resource bank in Q4 on Connect which will support colleagues in delivering better patient and public involvement as part of quality improvement work and projects.</p> <p>Review and improve the structure of the quarterly Patient Experience and Involvement report to ensure key insight is shared in a succinct format.</p>
Risks & Threats	Opportunities
<p>Patients and families reported a poorer overall experience of the care received in the Bristol Royal Hospital for Children's Emergency Department in Q3 (as measured through FFT). The FFT score in Q3 was 77.7%, which is a deterioration from the score of 86.6% seen in Q2. Of note is that attendances increased by 32% over the same period. Weekly FFT reports (including patient/parent comments) are collated and shared with each of the ED management teams across the Trust to identify actions to improve experience of care. There is evidence that the FFT score for BRHC ED is improving based on January 2023 data.</p>	<p>The Trust's patient experience hub (IQVIA) has the capability to create real-time alerts where there is feedback of concern about a service. This alert process creates a more robust and timely system to capture actions taken as a result of patient feedback. This will be explored as part of phase 2 of the system development during Q4 2022/23.</p> <p>A review and refresh of the Trust's monthly survey questionnaires for inpatients, outpatients and maternity services is underway. The review and update will ensure relevant and timely patient experience data and local surveys will be aligned to the national survey programme. In addition, implementation of a new mixed methodology completion channel for monthly surveys will take place in Q4 to capture an increasing proportion of digital feedback and improve response rates.</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 (PPI) activity being undertaken by the Trust

During Quarter 3, there has been progress with a range of strategic, divisional and Integrated Care System PPI initiatives, including the examples listed below.

- Two patient focus groups have been held to understand how the High Impact User Team (HIUT) can better reflect the needs of patients and reduce the stigma felt by patients in being referred to the service. Bristol and Weston Hospital Charity have funded elements of this project. As a result of the feedback, colleagues in the HIUT will prioritise actions for improvement including changing the name of the service, improvements to patient information and developing more person-centred care plans.
- Two lay Patient Safety Partners have been recruited to the UHBW Patient Safety Group. The Partners will officially commence their roles in March 2023 and will bring an external assurance to the work of the group.
- Five patient representatives have been recruited to form a 'participation community' in Dermatology to steer work to improve the quality of care for people with inflammatory skin diseases such as Hidradenitis Suppurative, eczema and psoriasis.
- Two patient representatives have been recruited to the Trust's Waiting Well Steering Group bringing a patient perspective to work that will improve how we support patients who are currently on waiting lists for care.
- A second BNSSG Healthwatch representative has been recruited to the Experience of Care Group (formerly the Patient Experience Group). Healthwatch representatives bring an additional external assurance to the work of this group.
- The UHBW Carers Steering Group has been re-launched and will meet four times a year, the next meeting being March 2023. The Group has widened the opportunities for people with caring responsibilities to take part and contribute effectively to improvements in how we work with carers as partners in care. The priorities for the group will include improvements to shared decision making as part of the discharge process and improving the profile and understanding of the role of your carers.
- NHS England & Improvement Guidance on how we work with People and Communities in the future has been discussed with the Experience of Care Group (formerly the Patient Experience Group). The Guidance will inform how we develop and deliver our patient and public involvement as an Integrated Care System partner in the future.
- The service user engagement with North Somerset People First has been re-established at Weston General Hospital following a pause in the work of the group as a result of the impact of Covid. People First is a peer group support group that encourages people with learning disabilities and autistic people to have their say and effect change. This is a significant step in re-establishing the voice of this community in the Trust. The relationship with North Somerset People First is hosted with the Learning Disability and Autism Team and the priorities for their involvement will be agreed in coming months.

4.1. Inpatient Experience (Trust-wide)

The charts in this section of the report show data from the Trust’s monthly survey programme across our hospitals. The monthly survey contains a range of questions to support with understanding the experience of inpatients who have received care from the Trust.

The inpatient experience tracker score average for Quarter 3 2022/23 was 88, which is above the minimum target (87). The November 2022 score of 89 is the highest score since May 2021.

The ‘kindness and understanding’ tracker score (Trust-wide) was 94 during Quarter 3 2022/23 and therefore remained above the minimum target (90).

Chart 1: Inpatient experience tracker score

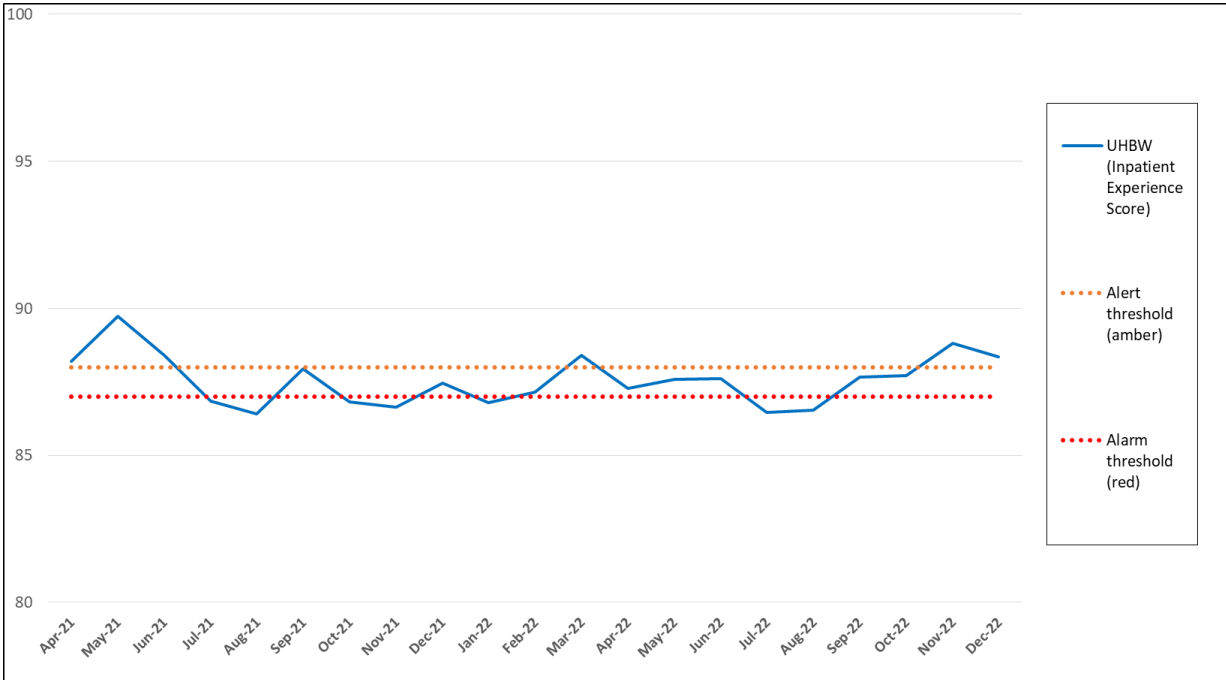
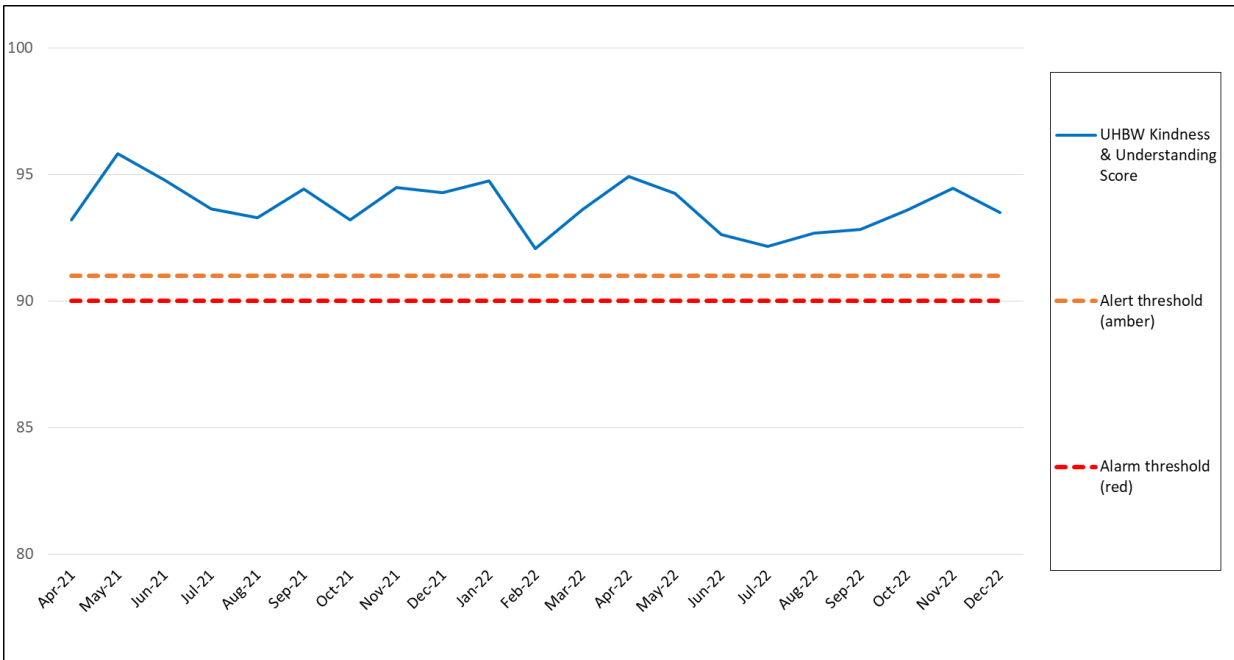


Chart 2: Inpatient ‘kindness & understanding’ score



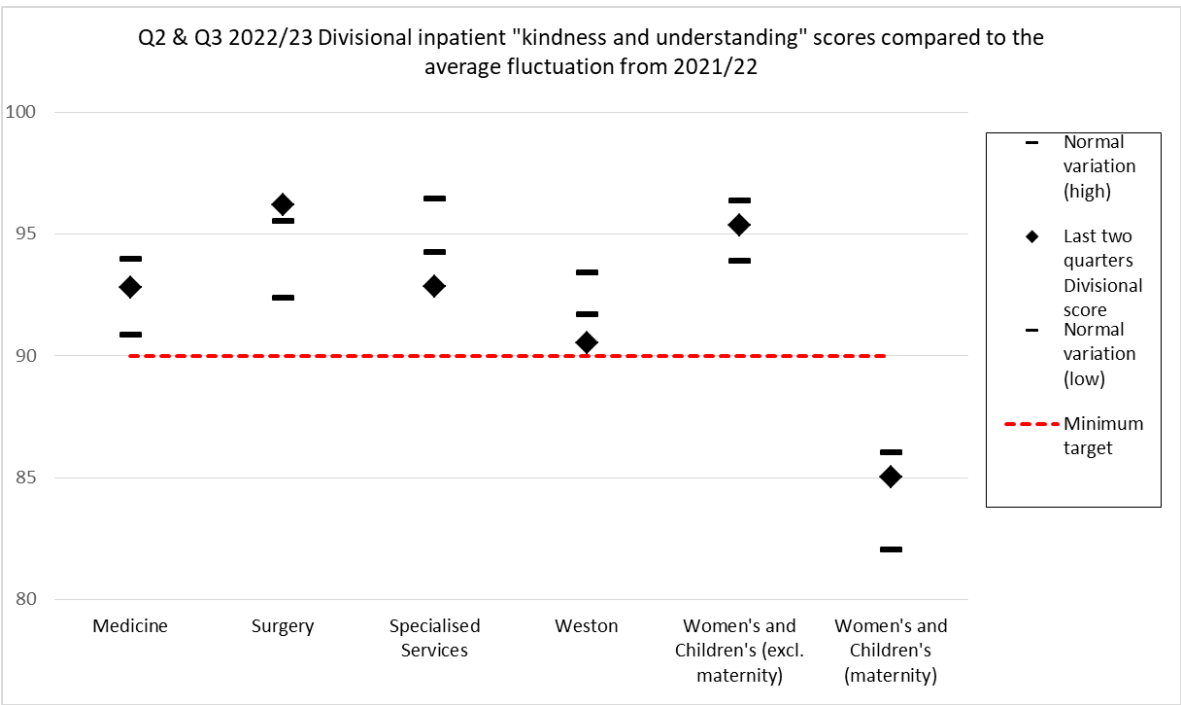
4.2. Inpatient Experience (Divisional analysis)

We are able to examine inpatient experience at a Divisional-level by aggregating the data for the previous two quarters of 2022/23 and comparing this to the long-term trend score (average for 2021/22 year) for each Division (Charts 3 and 4). The mean score (for the last two quarters) 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 lines

Chart 3: Divisional inpatient experience tracker scores for July to December 2022 compared to their normal fluctuation based on the previous financial year (2021/22).



Chart 4: Divisional kindness and understanding scores for July to December 2022 compared to their normal fluctuation based on the previous financial year (2021/22).



Divisions on target

Inpatient experience based on the tracker score during 2022/23 year-to-date (July to December 2022) remains above target in the Divisions of Surgery and Division of Women's & Children's (including Maternity). See chart 3 on the previous page.

The inpatient experience tracker score for Weston has achieved the minimum target of 87 in Q3 2022/23 for the first time since the postal survey was extended to Weston in April 2021. *Please note the overall score for July to December 2022 on Chart 3 appears below the minimum target because Q2 score was 84.*

Based on July to December 2022 data, Division of Medicine has achieved the minimum target (87) for the inpatient experience tracker score for the first time since March 2021. *Please note the overall score for July to December 2022 on Chart 3 appears just below the minimum target because Q2 score was 85.*

The kindness and understanding scores for July to December 2022 2022/23 for Medicine, Surgery, Specialised Services, Weston and Women's and Children's (excluding Maternity) are all above the minimum target (90).

Divisions below target

The kindness and understanding score for Maternity services remains below target (July to December 2022), although tracks just above the average from 2021/22. This analysis has been shared with Maternity Services and the response below has been received:

"Maternity Services are working hard to improve the experience for women and partners of postnatal care. The monthly Women's Experience group meetings have involvement from the Maternal Voices Partnership (MVP) and coordinate the delivery of the patient experience improvement plan. Some of the targeted improvement actions in relation to 'kindness and understanding' include:

- Increasing the number of Maternity Assistants that we have on each shift and hope this will improve the overall experience for patients and their families.
- Introducing kindness and understanding workshops which are being led by the Practice Development Midwife with support from Practice Education Facilitators. The intention is to deliver the first workshop at an upcoming statutory maternity study days.
- Updating our 'Welcome to the Ward' leaflets for Ward 73 and Ward 76."

Modern Matron Midwifery, Division of Women's and Children's services.

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. July - December 2022 inpatient experience tracker score results for the Bristol Royal Hospital for Children, Bristol Haematology and Oncology Centre and Bristol Eye Hospital are positive, with scores above the average from the 2021/22 financial year. See charts 5 and 6 overleaf.

Chart 5: Hospital-level inpatient experience tracker scores for July to December compared to their normal fluctuation based on the previous financial year (2021/22).

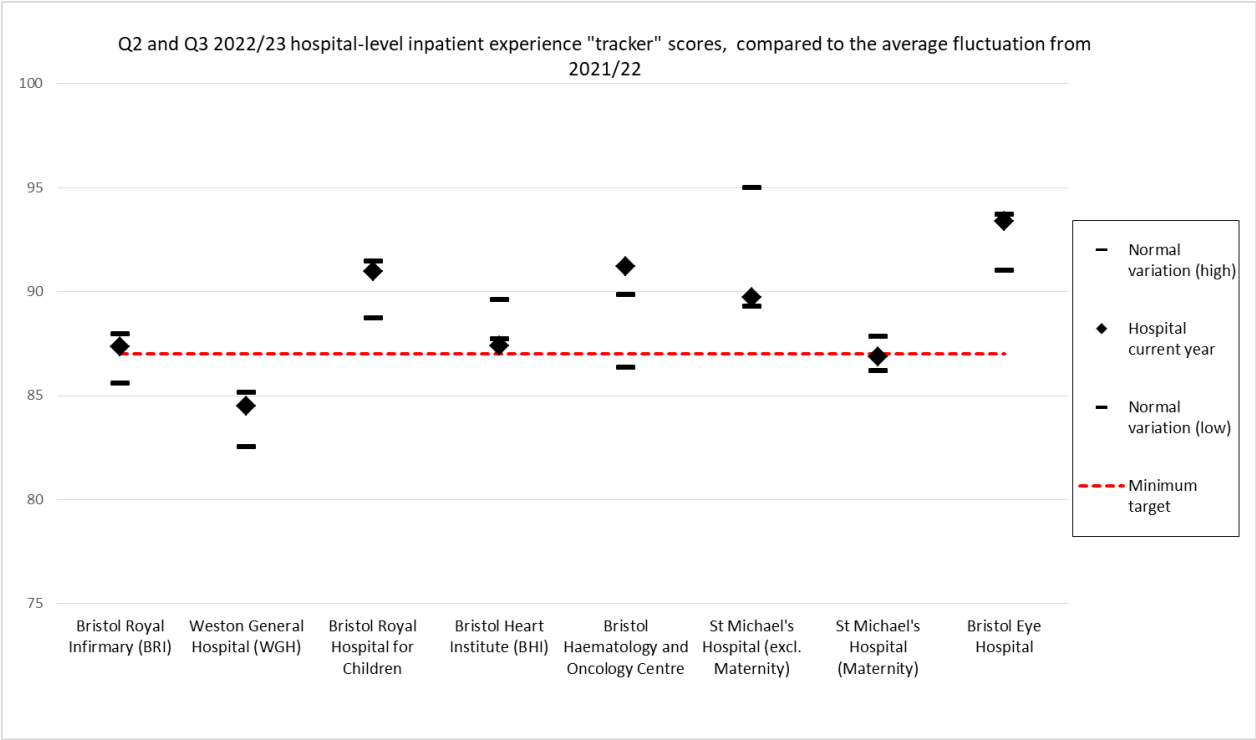


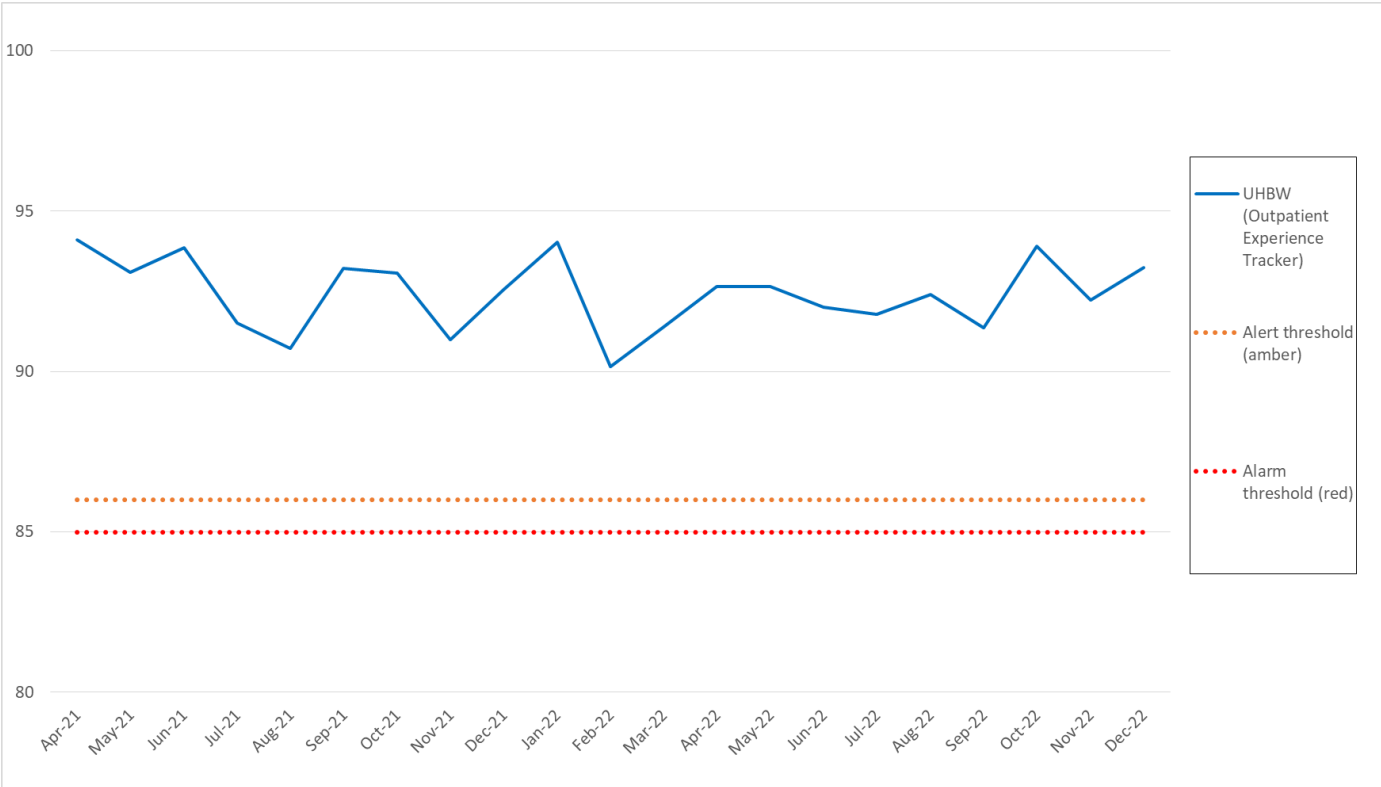
Chart 6: Hospital-level kindness and understanding scores for July to December 2022 compared to their normal fluctuation based on the previous financial year (2021/22).



4 Outpatient Experience

Since the introduction of Virtual Clinics in April 2020, the outpatient experience tracker score improved and is now performing at consistent level. The Trust-wide outpatient experience tracker score for Q3 2022/23 was 93 (slightly higher than the score of 92 in Q2). Prior to the introduction of Virtual Clinics, the tracker score averaged at 90/100 in 2018/19 and 2019/20 and therefore there is a sustained benefit to patient experience in delivering Outpatient services in hybrid virtual and face to face model. See Chart 7 below.

Chart 7: Outpatient Experience Tracker Score



5 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 2022/23, we received 15,190 FFT responses which represent a 10% decrease on the volume of responses received in Q2 2022 / 2023 (16,878). FFT data for Q3, compared to Q2, is shown below (Table 3). Overall, FFT scores are comparable to Q2 for the majority of attendance types.

Table 3: Friends and Family Test Data – Q2 2022/23 and Q3 2022/23

Attendance type by Division/Site	Response Rate		FFT Score ^[1]	
	Q2	Q3	Q2	Q3
Inpatients				
Medicine	20.9%	21.6%	91.8%	94.3%
Surgery	40.0%	33.3%	95.7%	96.4%
Specialised Services	45.5%	38.7%	95.0%	97.1%
Women's and Children's	30.5%	25.8%	96.2%	98.5%
Weston	47.3%	39.8%	91.7%	93.8%
Trust total	37.0%	31.7%	94.2%	95.9%
Emergency Department				
Bristol Royal Infirmary	5.7%	5.7%	79.5%	75.9%
Children's Hospital	8.5%	8.4%	86.6%	77.7%
Weston	9.0%	8.4%	82.9%	83.9%
Bristol Eye Hospital	7.0%	6.4%	94.1%	94.6%
Trust total	7.4%	7.3%	84.8%	81.1%
Outpatients				
Bristol	N/A	N/A	94.8%	94.7%
Weston	N/A	N/A	94.2%	96.2%
Trust total	N/A	N/A	94.8%	94.8%
Maternity				
St Michael's Hospital	17.4%	9.2%	97.7%	99.1%
Day case				
Bristol	18.2%	16.3%	99.3%	98.9%
Weston	41.2%	32.9%	98.9%	98.9%
Trust total	22.7%	20.0%	99.2%	98.9%

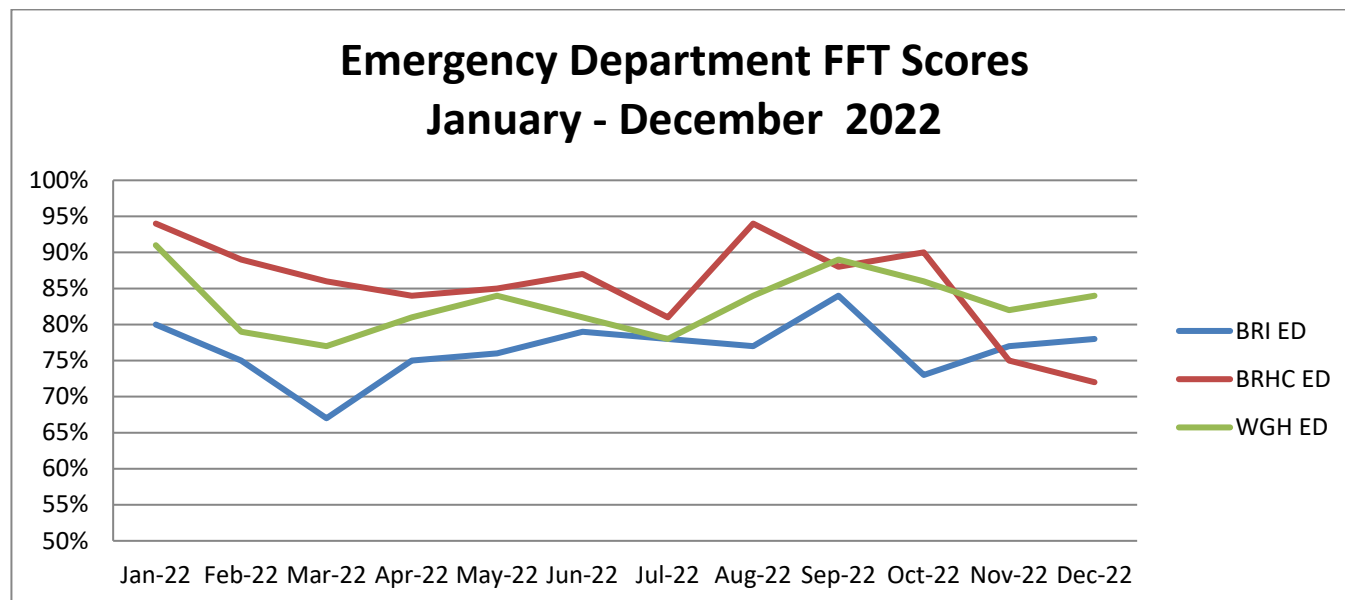
Patients and families reported a poorer overall experience of the care received in the Bristol Royal Hospital Children's Emergency Department (as measured through FFT). The FFT score in Q3 was 77.7%, which is a deterioration from the score of 86.6% seen in Q2. Of note is that attendances increased by 32% over the same period. Weekly FFT reports (including patient/parent comments) are collated and shared with each of the ED

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

management teams across the Trust to identify actions to improve experience of care. There is evidence experience of care at BRCH ED is improving based on January 2023 data.

Weekly FFT reports continue to be produced by the Experience of Care team and are sent to each ED management team for routine review and to support continuous improvement.

Chart 10: Emergency Department FFT Scores January 2022 – December 2022



7. Improvement activity - examples from Divisions relating to improvements to experience of care

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

Division of Medicine - The following initiatives have been developed during Q3 to improve patient experience:

- “Patient journey” visit took place by Bristol Autism Society (BASS) and a range of improvement actions were identified and have been completed. This includes the rebrand of Cubicle 10 ‘Fast flow’ as a “Sensory cubicle” for patients to wait with distraction toys/headphones/improved signage.
- IQVIA (Friends and Family feedback) accessed weekly and themes identified each month for action. Information recorded on Microsoft Teams channel and cross referenced with identified complaint actions. Examples include:
 - Healthy food and drink options in vending machines
 - Improving accessibility of disabled toilets – liaison with OT to supply toilet riser and rails (for ED and SDEC)
 - Working on temperature issues in the waiting room during the winter months (Heating repaired in a timely manner)
 - Improved signage to facilities
 - Ambulance queue information leaflets for those waiting with SWAST
 - Facilities and décor in the relatives room improved (painted, coffee making facilities, signage)
 - Phone charging points in the waiting room
- In Liaison Psychiatry there is a working group in place for patient and carer feedback and the team are linking with the patient experience team to create bespoke feedback for this service.

Bristol Royal Hospital for Children - The following initiatives have been developed during Q3 to improve patient experience:

- Six month pilot for a role of the Chemo Float Nurse across the three oncology areas on Starlight / Apollo and Ocean and how it has supported nurses, helped ensure no delay in admin of chemo and planning.
- Oncology have instigated the move from IV Mesna to oral and oral hydration which facilitates quicker discharge and a reduction in bed days.

Maternity services – The following initiatives have been developed during Q3 to improve patient experience:

- Parents of babies in the Neonatal Intensive Care Unit (NICU) at St Michael's Hospital can now take an online tour to help them prepare for their stay.
- NEST (neonatal transport service) has started to transfer those babies who are eligible using a specially adapted sling so they can be safely transferred in kangaroo care style (cuddle). This is following funding from the neonatal network to enable two nurses to visit a centre in Sweden who are leading on this practice. We are the first NEST service to provide this.

Weston Management Team - The following initiatives have been developed during Q3 to improve patient experience:

- New Governance meetings commencing at Weston this month. One element of this will concentrate on patient feedback where themes will be identified and actions assigned.
- Discharge lounge refurbishment to improve patient experience.
- Charity money used to buy equipment/furniture to enhance patient experience:
 - Dementia friendly activities for Care of the Elderly wards.
 - Chairs and sofa for Bereavement, PALS and Complaints Department.
 - Breast pump and stand for Ashcombe ward.

8 Patient Surveys: national benchmarks

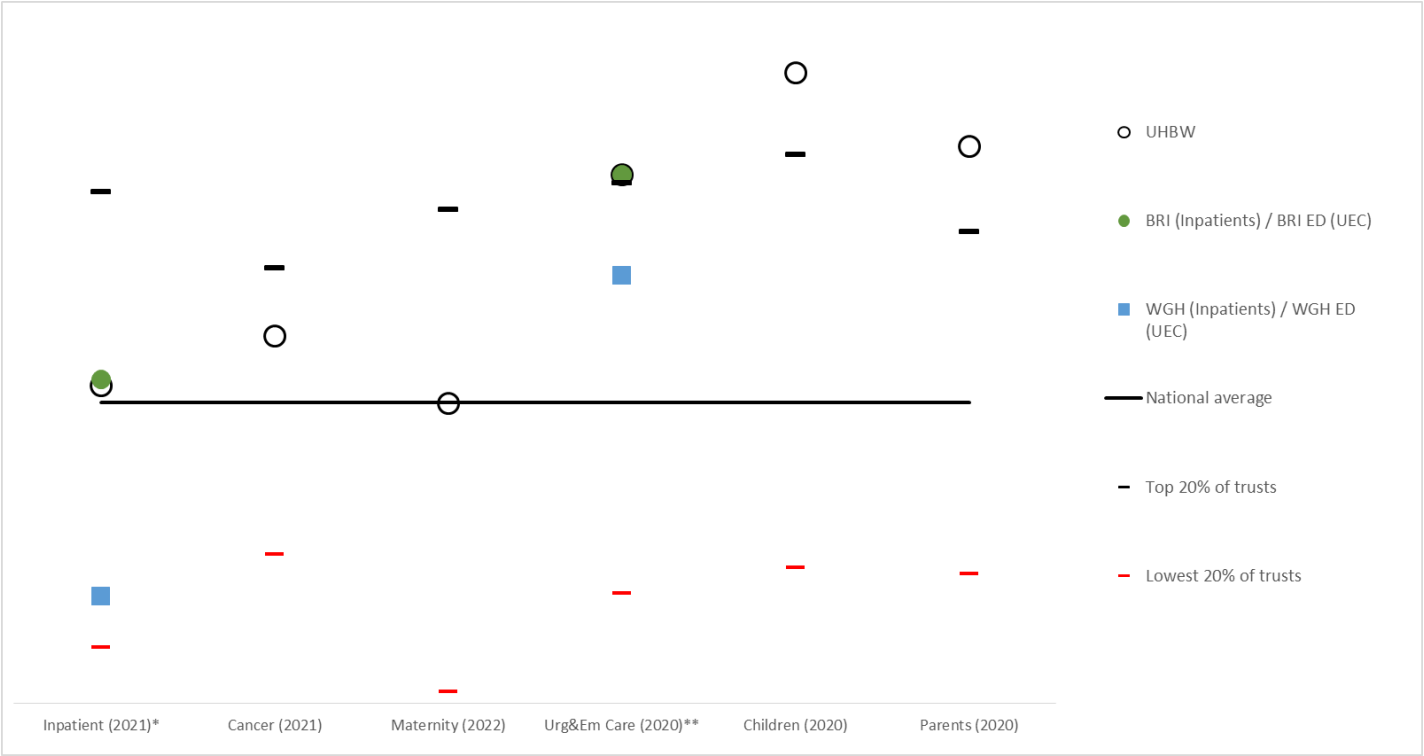
The Care Quality Commission’s national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England.

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.

This chart has been updated in Q3 2022/23 following the publication of the results of the National Maternity Survey 2022. Patients scored the Trust 7.8 out of 10 for the 'overall experience of care' question which is the same as the national average. This represents an improvement from our 2021 results (7.4). UHBW ranked 51st out of 121 Trusts in the 2022 survey which is a significant improvement from the rank of 101st place in the 2021 results.

The results of each national survey, along with improvement actions / learning, are reviewed by the Trust’s Experience of Care Group and the Quality and Outcomes Committee of the Trust Board.

Chart 11: Overall experience relative to national benchmarks¹



¹ This is based on the national survey question that asks patients to rate their overall experience. Each score has been indexed (=100) 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.

Complaints Report

Quarter 3, 2022/2023
(1 October 2022 to 31 December 2022)

Author: Tanya Tofts, Head of Complaints

Quarter 3 Executive summary and overview

	Q3	
Total complaints received	567	↑
Complaints acknowledged within set timescale	97.2%	↑
Complaints responded to within agreed timescale – formal investigation	72.1%	↑
Complaints responded to within agreed timescale – informal investigation	86.7%	=
Proportion of complainants dissatisfied with our response (formal investigation)	11.4%	↑

Successes	Priorities
<ul style="list-style-type: none"> As planned, Statistical Process Control (SPC) charts are included in the Q3 report for the first time. During a reporting period which saw the highest ever number of complaints, and increases across the Trust, Weston Management Team was the only 'division' which received fewer complaints overall than in Q2. The Trust continues to deal with the majority of complaints via the informal complaints process, which provides far quicker resolution for patients/complainants. The Trauma & Orthopaedics service saw a reduction in complaints from 12 in Q2 to two in Q3. Three divisional complaints panels have recently been held, reviewing dissatisfied complaints. Learning has been shared with divisions, the Patient Support & Complaints Team, and Executive Directors / Deputies who sign off draft complaint response letters. 	<ul style="list-style-type: none"> To continue to support all divisions in returning to their pre-pandemic levels of performance in sending out complaint responses by the deadlines agreed with complainants. To clear the backlog of enquiries and complaints received by PSCT and waiting to be sent to divisions for investigation. To ensure consistent quality of draft complaints responses letters.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Opportunity to further review the format of corporate complaints reporting. The Q3 report is intentionally shorter than recent quarterly reports and we will continue to review and refine, incorporating learning from Patient First. 	<p>Divisions:</p> <ul style="list-style-type: none"> The total number of complaints received increased 441 in Q2 to 567 in Q3. This is the highest number of complaints received in one quarter since our records began. 72.1% of formal responses and 86.7% of informal responses were sent out within the agreed timescale. This remains well short of the Trust's target of 95%. Complaints in the category of 'appointments and admissions', which is largely made up of complaints about cancelled and delayed appointments and surgery, increased by 65% in Q3. A significant proportion of complaints about 'clinical care' was received by the Emergency Departments at the BRI and WGH in Q3. <p>Corporate:</p> <ul style="list-style-type: none"> The Patient Support & Complaints Team is continuing to operate with a significant backlog in respect of complaints being allocated to a Complaints Officer and sent to the division for investigation. Total new enquiries received by the PSCT in Q3 were a third higher than 12 months before.

1. Complaints performance – Trust overview

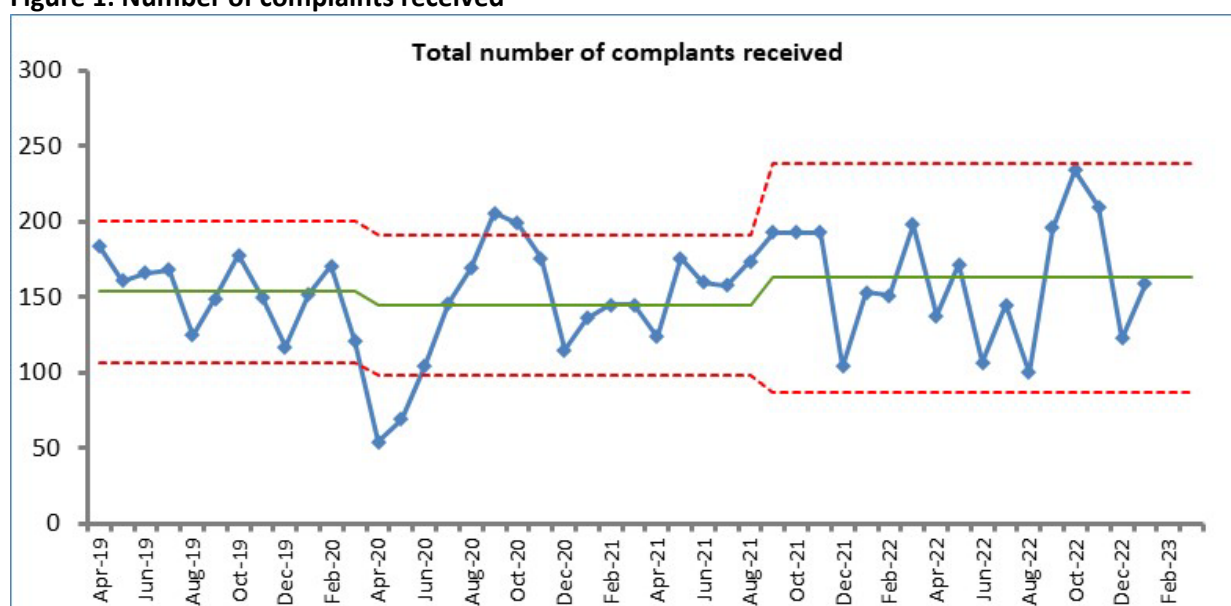
During Quarter 3 (Q2) of 2022/23, the Trust received 567 complaints, a significant 28.6% increase on the 441 received in Q2 and the highest number ever recorded in a quarterly reporting period. The Patient Support and Complaints service remained very busy, receiving 582 other enquiries in addition to the 567 complaints. Excluding responses, this is a 32.6% increase in the number of new enquiries received by the team, compared with the same period a year ago.

For the first time in this quarterly report, complaints data has been analysed using SPC charts, which have been applied to data covering the last three years. Step changes coinciding with the global pandemic and Trust merger are immediately evident, with complaints initially falling slightly at the time of the pandemic before later climbing back to totals which reflect a new 'norm' for the combined Bristol and Weston sites. In Q3, the number of complaints received increased again towards the upper control limit UCL, before falling again during December, a month which historically sees lower numbers of complaints.

1.1 Total complaints received

The Trust received 567 complaints in Q3. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month.

Figure 1: Number of complaints received



Figures 2 and 3 (below) show complaints dealt with via the formal investigation process (250 in Q3) compared with those dealt with via the informal investigation process (317 in Q3), over the same period.

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

Figure 2: Number of formal complaints received

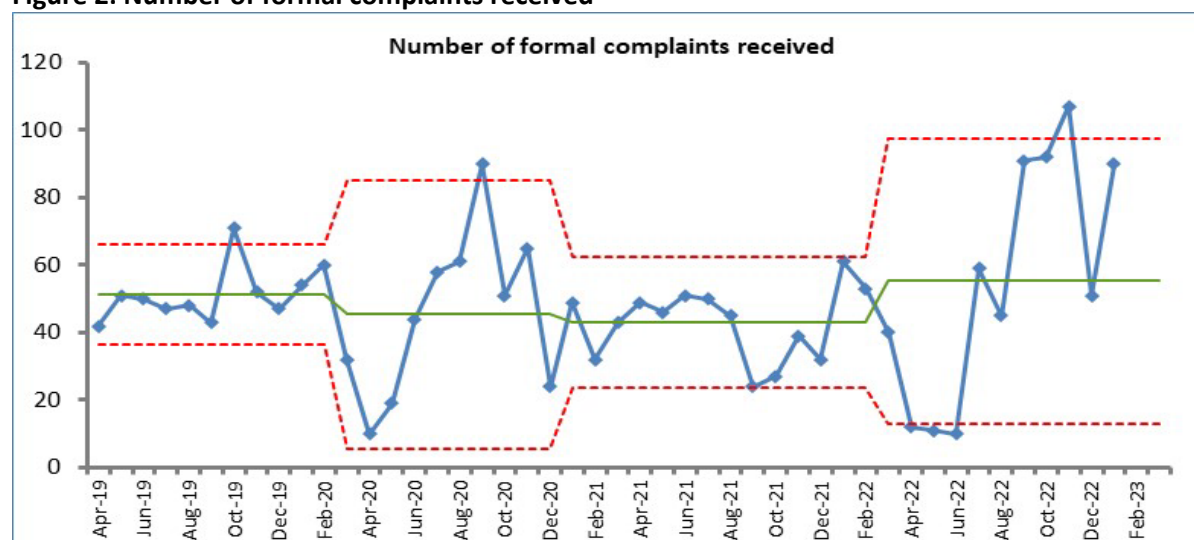
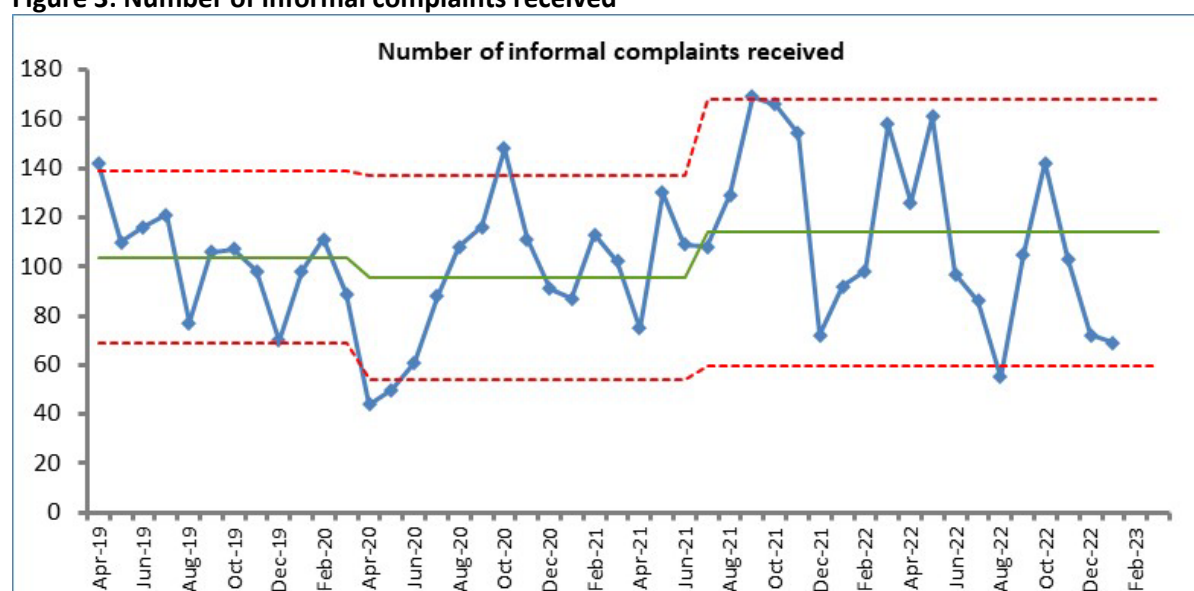


Figure 3: Number of informal complaints received



1.2 Complaints responses within agreed timescale

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

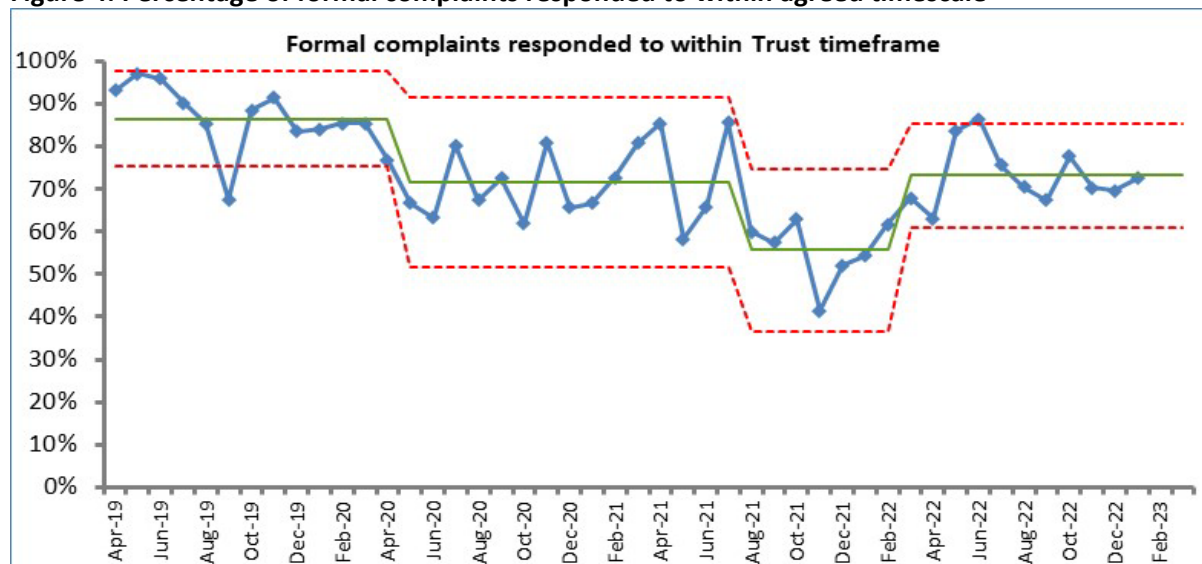
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale, and this is usually 10 working days.² Informal resolution, where appropriate, allows issues to be dealt with as quickly as possible by the specialty managers and senior nursing staff responsible for the service involved.

The Trust's target continues to be for 95% of complaints to be responded to within the timeframe agreed with the complainant.

1.2.1 Formal Investigations

In Q3 of 2022/23, 72.1% of responses were sent to complainants within the agreed timescale. This represents 46 breaches out of the 165 formal complaint responses which were sent out during the quarter³. Figure 4 (below) shows Trust performance in respect of the percentage of formal complaints responded to within the timeframe agreed with the complainant. See section 3.2 of this report for details of where these breaches occurred and at which part of the process they were delayed.

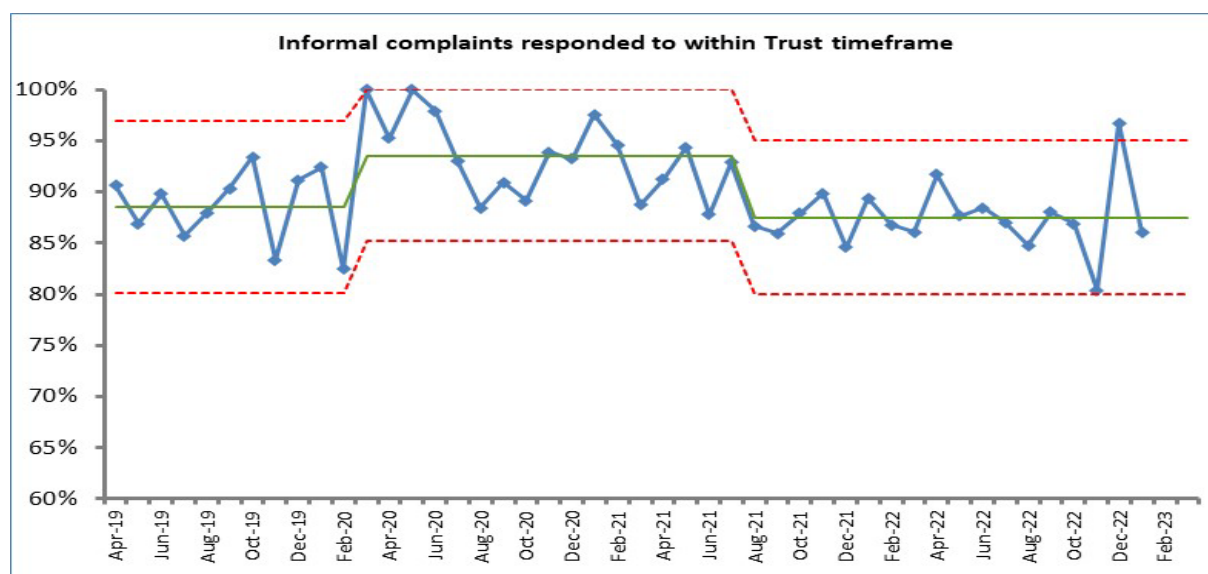
Figure 4: Percentage of formal complaints responded to within agreed timescale



1.2.2 Informal Investigations

In Q3 of 2022/23, the Trust received 317 complaints that were investigated via the informal process. During this period, the Trust responded to 270 complaints via the informal complaints route and 86.7% (234) of these were responded to by the agreed deadline. Figure 5 (below) shows performance over since April 2019.

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



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

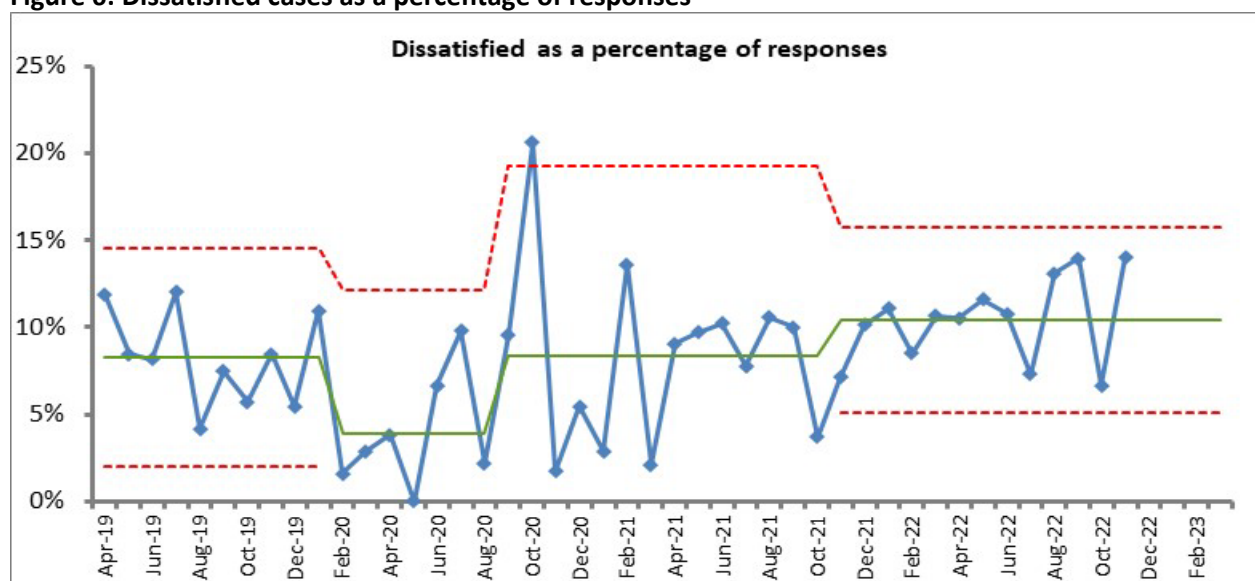
1.3 Dissatisfied complainants

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 2022/23, we are therefore able to report dissatisfied data for August, September and October 2022. Of the complainants who received a first response from the Trust during those months, 17 have since contacted us to say they were dissatisfied. This represents 11.4% of the 149 first responses sent out during that period.

Figure 6 (below) shows the monthly percentage of complainants who were dissatisfied with aspects of our complaint responses since April 2019.

Figure 6: Dissatisfied cases as a percentage of responses



2. Complaint themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Complaints increased in all but one category in Q3, with the most significant increases being in the categories of 'information and support' and 'appointments and admissions'. Complaints recorded under the category of 'information and support' in Q3 included expenses claims, complaints relating to information about patients, and medical records requests.

The majority of complaints received by the Trust consistently fall into three main categories, which together accounted for 81% (459 of 567) of all complaints received in Q3: 'clinical care', 'appointments and admissions' and 'attitude and communication'.

2.1 Clinical Care

This category includes general complaints about the clinical care provided by medical or nursing staff, as well as more specific complaints relating to medication errors, lost or delayed test results, patient falls, incorrect diagnoses, etc.

Of the 180 complaints received Trustwide in this category in Q3, almost half (83) were in respect of the clinical care provided to patients by medical or surgical staff, and almost a quarter (42) related to

nursing or midwifery staff. Notable “hot spots” for complaints about Clinical Care in Q3 were the Emergency Departments at the Bristol Royal Infirmary and Weston General Hospital.

2.2 Appointments and Admissions

This category is used to record complaints about cancelled and delayed outpatient appointments and cancelled or delayed surgery, as well as those about appointment administration issues.

In Q3, the Trust received 167 complaints in this primary category, an increase of more than 65% on the previous quarter. Of these 167 complaints, 80 were about cancelled or delayed appointments, with 27 in respect of cancelled or delayed operations/procedures and 49 complaints were about appointment administration issues, including 20 from patients whose appointment letters were not received, and who therefore missed their appointments. By the nature of the category, the majority (131) of the 167 complaints relate to outpatient care.

2.3 Attitude and Communication

This category includes complaints about the attitude and behaviour of various staff groups, as well as those about communication, whether that be with patients and/or relatives or between staff. It also includes complaints about telephones not being answered and staff failing to return calls.

Of the 112 complaints reported in Q3, there were 25 each recorded under the sub-categories of attitude of medical staff and communication with patients/relatives; 20 about failure to answer telephones or return calls; and 14 in respect of attitude of nursing/midwifery staff.

The Division with the highest number of complaints in this category in Q3, is the Division of Surgery with 34 complaints, followed by Women & Children’s Services with 25.

3. Acknowledgement of complaints

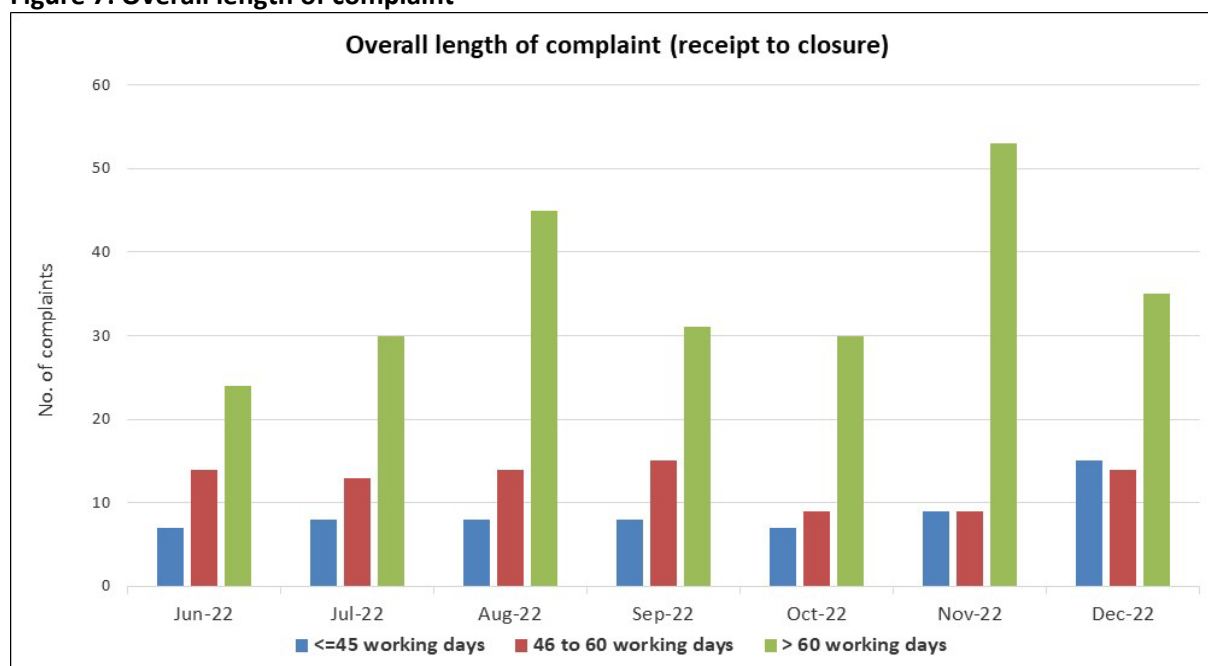
The Trust measures the timely acknowledgement of new complaints, in line with national guidance that all new complaints should be acknowledged within three working days. In Q3, 97.2% of all complaints received were acknowledged within this timescale.

4. Measurement of the overall time taken to resolve complaints

In keeping with the majority of NHS Trusts, UHBW measures its performance in respect of responding to complaints by the deadline agreed with the complainant from the point at which the Trust’s investigation commences, i.e. the point at which it is sent to the relevant division. This does not take account of the length of time between the Trust receiving a complaint and it being sent to the appropriate division for investigation.

Figure 7 below indicates the total lifetime of UHBW complaints, from receipt to resolution. Whilst it would not be appropriate to set a KPI for the ‘front end’ of the complaints process – because delays at this stage can be multi-factorial including sometimes waiting for replies from complainants and/or consent to investigate – the data still provides a useful overall indication of the Trust’s complaints performance. During the second half of 2022, the majority of complaints took more than 60 working days from the date of receipt until the complaint was closed, with an average of 75 working days (15 weeks).

Figure 7: Overall length of complaint



Although there are no national standard timescales for the investigation of complaints, the NHS complaints regulations specify that the complainant should be updated and informed in writing of the reasons for the time taken if there is no response provided within six months. This is reiterated in the recently published PHSO Complaints Standards, and in particular in their 'model complaint handling procedure', which states that the complainant should be provided with a written explanation for any delay leading to a complaint not being responded to within six months from the date of receipt.

5. PHSO (Ombudsman) cases

During Q3, the Trust was not advised by the Parliamentary and Health Service Ombudsman (PHSO) of any new interest in complaints. During the same period, two case remained under review by the PHSO and two were closed with no further action. Table 1 below provides a summary of cases still under investigation by the PHSO or closed during this quarter.

Table 1: PHSO cases

Datix Ref.	Date notified of PHSO interest	Current stage	Division	Date closed by PHSO	Outcome
33499	28/09/2022	Ongoing	Specialised Services		
31607	19/08/2022	Ongoing	Surgery		
32926	21/07/2022	Closed	Medicine	17/11/2022	No Further Action
18014	25/07/2022	Closed	Trust Services	22/11/2022	No Further Action

6. Divisional Performance

6.1 Divisional analysis of complaints received

Table 1 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 24 complaints received by the Division of Trust Services (including Estates & Facilities) is not included in this table but its performance in terms of responses is summarised later in section 6.

Table 2	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q3	131 (109) ↑	130 (96) ↑	81 (57) ↑	116 (72) ↑	31 (26) ↑	54 (57) ↓
Number of complaints about appointments and admissions	48 (44) ↑	41 (11) ↑	23 (12) ↑	39 (13) ↑	13 (10) ↑	2 (11) ↓
Number of complaints about staff attitude and communication	33 (17) ↑	15 (30) ↓	14 (16) ↓	25 (14) ↑	6 (5) ↑	13 (15) ↓
Number of complaints about clinical care	33 (32) ↑	46 (32) ↓	20 (21) ↓	39 (36) ↑	9 (9) =	32 (26) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital (BDH) – 32 (19) Bristol Eye Hospital (BEH) – 32 (22) BEH Outpatients – 21 (16) ENT Outpatients – 14 QDU Endoscopy – 8 (5) Upper GI – 6 (3)	Emergency Department (BRI) (inc. SDEC & AMU)) – 29 (27) Dermatology – 27 (11) Sleep Unit – 13 (7) Clinic A410 – 8 (1)	BHI (all) – 49 (39) BHOC (all) – 24 (16) (Plus three for Clinical Genetics, three for WGH Oncology and one each for SBCH and WGH Cardiology Outpatients, BHI Outpatients (inc. Outpatient Echo) – 26 (15) Ward C705 – 8 (4) BHOC Outpatients & Chemo Day Unit – 13 (11)	BRHC (all) – 74 (44) (Plus two for Paed O/P at Southmead) Children's ED – 14 (13) Carrousel Outpatients – 9 (7) StMH (all) – 37 (26) (Plus two for Community Midwives and one for Gynae Outpatients at WGH) Gynae Outpatients – 9 (8) Ward 78 (Gynaecology) – 6 (4)	Radiology – 16 (15) Audiology – 5 (8)	Accident & Emergency – 25 (17) Kewstoke Ward – 4 (4)
Notable deteriorations compared with Q2	Bristol Dental Hospital (BDH) – 32 (19) Bristol Eye Hospital (BEH) – 32 (22)	Dermatology – 27 (11) Sleep Unit – 13 (7) Clinic A410 – 8 (1)	BHI Outpatients (inc. Outpatient Echo) – 26 (15) Ward C705 – 8 (4)	No notable deteriorations apart from overall increase in total number of complaints	No notable deteriorations	Accident & Emergency – 25 (17)
Notable improvements compared with Q2	Trauma & Orthopaedics – 2 (12)	No notable improvements	Ward C708 (Cardiac Surgery) – 1 (5)	No notable improvements	No notable improvements	Outpatients (Main, Orthopaedics & Quantock) – 2 (6)

6.2 Complaints responded to within agreed timescale for formal resolution process

In Q3, all divisions, with the exception of Trust Services, reported breaches of formal complaint deadlines.

Table 3: Breakdown of breached deadlines – Formal

Division	Q3 2022/23	Q2 2022/23	Q1 2022/23	Q4 2021/22
Weston	21 (53.8%)	13 (52%)	12 (46.2%)	47 (79.7%)
Specialised Services	7 (43.8%)	5 (35.7%)	2 (14.3%)	11 (55%)
Surgery	7 (19.4%)	2 (8%)	5 (19.2%)	4 (8.3%)
Women & Children	6 (15.8%)	6 (24%)	3 (10%)	13 (19.4%)
Medicine	4 (13.8%)	11 (26.2%)	10 (30.3%)	15 (44.1%)
Diagnostics & Therapies	1 (33.3%)	2 (40%)	2 (50%)	3 (25%)
Trust Services (inc. E&F)	0 (0%)	3 (33.3%)	0 (0%)	4 (40%)
All	46 breaches	42 breaches	34 breaches	97 breaches

(So, as an example, there were six breaches of timescale in the Division of Women & Children in Q3, which constituted 15.8% 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 4 shows a breakdown of where the delays occurred in Q3. During this period, 38 breaches were attributable to the Divisions, six were caused by delays in the Patient Support & Complaints Team, and two occurred during Executive sign-off.

Table 4: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	4	2	7	4	0	0	21	38
PSCT	2	1	0	2	1	0	0	6
Execs/sign-off	1	1	0	0	0	0	0	2
Other Trust	0	0	0	0	0	0	0	0
All	7	4	7	6	1	0	21	46

6.3 Complaints responded to within agreed timescale for informal resolution process

All breaches of informal complaint timescales are, by definition, attributable to the Divisions, as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. Table 5 below shows these breaches by division, again with the percentage of total informal responses for each division in Q3, compared with previous quarters.

Table 5: Breakdown of breached deadlines - Informal

Division	Q3 2022/23	Q2 2022/23	Q1 2022/23	Q4 2021/22
Medicine	11 (14.5%)	3 (7.5%)	5 (10%)	4 (11.1%)
Surgery	9 (15%)	10 (17.5%)	10 (16.4%)	9 (7.1%)
Women & Children	5 (15.6%)	0 (0%)	0 (0%)	2 (6.3%)
Trust Services/E&F	4 (18.2%)	5 (33.3%)	0 (0%)	2 (20%)
Specialised Services	4 (9.3%)	3 (13%)	3 (15.8%)	2 (4.9%)

Weston	3 (23.1%)	4 (50%)	3 (27.3%)	4 (50%)
Diagnostics & Therapies	0 (0%)	0 (0%)	2 (9.1%)	2 (13.3%)
All	36 breaches	25	23	25

6.4 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 6 below.

Table 6: Examples of severity rating of complaints

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

Of the 567 complaints received in Q3, 388 were rated as being low severity, 167 as medium and 12 as high (2.1%).

Table 7: Severity rating of complaints by Division (all complaints received in Q2 2022/23)

Division	High Severity	Medium Severity	Low Severity	Totals
Medicine	5 (3.8%)	44 (33.8%)	81 (62.4%)	130
Women & Children	2 (1.7%)	35 (30.2%)	79 (68.1%)	116
Specialised Services	2 (2.5%)	22 (27.2%)	57 (70.3%)	81
Surgery	1 (0.8%)	36 (27.5%)	94 (71.7%)	131
Trust Services (inc. Estates & Facilities)	1 (4.2%)	4 (16.6%)	19 (79.2%)	24
Diagnostics & Therapies	1 (3.2%)	5 (16.2%)	25 (80.6%)	31
Weston	0 (0%)	21 (38.9%)	33 (61.1%)	54
Totals	12 (2.1%)	167 (29.5%)	388 (68.4%)	567