

Report Title	2022/23 Quarter 2 Complaints Report
Report Author	Tanya Tofts, Head of Complaints
Executive Lead	Deirdre Fowler, Chief Nurse & Midwife,

1. Report Summary

Summary of performance in Quarter 2

	Q2	
Total complaints received	441	↑↓
Complaints acknowledged within set timescale	92.3%	↓
Complaints responded to within agreed timescale – formal investigation	71%	↓
Complaints responded to within agreed timescale – informal investigation	86.7%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	9.9%	↑

2. Key points to note *(Including decisions taken)*

Successes and improvements:

- Only 2.3% of complaints received in Q2 were designated as “high severity”; high severity complaints in Weston have also reduced significantly for three consecutive quarters.
- More than half (55.8%) of all complaints received in Q2 were dealt with via the informal investigation process, leading to quicker resolution for complainants.
- Complaints about ‘appointments and admissions’, a category largely made up of complaints about cancelled/delayed appointments and surgery, decreased by a fifth in Q2.
- In the Division of Medicine, complaints for Clinic A410 reduced from 11 in Q1 to just one in Q2, whilst complaints for Physiotherapy, in the Division of Diagnostics & Therapies, decreased from eight in Q1 to one in Q2.
- The Division of Surgery continued to perform well in timely resolution of formal complaints in Q2; Medicine and Women & Children performed well with timely informal resolution.

However:

- The total complaints received increased from 417 in Q1 to 441 in Q2.
- The total number of breaches of deadline for formal complaints increased from 34 in Q1 2022/23 to 42 in Q2, with 71% of responses being sent out within the agreed timescale. For informal complaints, there were 25 breaches of deadline, with 86.7% of responses being sent out within the agreed timescale.
- Complaints in the category of ‘attitude and communication’ continue to fluctuate with a 53.7% increase compared with Q1, after conversely showing a significant decrease in the previous quarter.
- 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.

For the first time, this quarterly report includes data indicating the average total lifespan of complaints from receipt to closure. For formal resolution, the average time taken for complaints which were closed between June and September 2022 was 75 working days, i.e. approximately 3 months.

3. Risks

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

Risk 2680

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Assurance**.

5. History of the paper

Please include details of where paper has previously been received.

Quality and Outcomes Committee	22 December 2022
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Complaints Report

Quarter 2, 2022/2023
(1 July 2022 to 30 September 2022)

Author: Tanya Tofts, Head of Complaints

Quarter 2 Executive summary and overview

	Q2	
Total complaints received	441	↑
Complaints acknowledged within set timescale	92.3%	↓
Complaints responded to within agreed timescale – formal investigation	71%	↓
Complaints responded to within agreed timescale – informal investigation	86.7%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	9.9%	↑

Successes	Priorities
<ul style="list-style-type: none"> Only 2.3% of complaints received in Q2 were designated as “high severity”; high severity complaints in Weston have also reduced significantly for three consecutive quarters. More than half (55.8%) of all complaints received in Q2 were dealt with via the informal investigation process, leading to quicker resolution for complainants. Complaints about ‘appointments and admissions’, a category largely made up of complaints about cancelled/delayed appointments and surgery, decreased by a fifth in Q2. In the Division of Medicine, complaints for Clinic A410 reduced from 11 in Q1 to just one in Q2, whilst complaints for Physiotherapy, in the Division of Diagnostics & Therapies, decreased from eight in Q1 to one in Q2. The Division of Surgery continued to perform well in timely resolution of formal complaints in Q2; Medicine and Women & Children performed well with timely informal resolution. 	<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"> To use the data generated from the new KPI regarding overall timescales for complaints (see section 4) to provide an insight into how divisions, PSCT and the Trust overall are performing, where any delays/bottlenecks are in the process, and improve the service we are offering to our patients and their families. Planned introduction of SPC charts in Q3 report. 	<p>Divisions:</p> <ul style="list-style-type: none"> The total complaints received increased from 417 in Q1 to 441 in Q2. The total number of breaches of deadline for formal complaints increased from 34 in Q1 2022/23 to 42 in Q2, with 71% of responses being sent out within the agreed timescale. For informal complaints, there were 25 breaches of deadline, with 86.7% of responses being sent out within the agreed timescale. Complaints in the category of ‘attitude and communication’ continue to fluctuate with a 53.7% increase compared with Q1, after conversely showing a significant decrease in the previous quarter. <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.

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 2 (Q2) of 2022/23, the Trust received 441 complaints, a 5.8% increase on the 417 received in Q1. The Patient Support and Complaints service remained very busy, receiving 612 other enquiries in addition to the 441 complaints, and checking and processing 145 formal and 188 informal complaint responses. Excluding responses, this is a further 12% increase in the number of new enquiries received by the team, compared with Q1, which itself represented a 158% increase on Q4 of 2021/22.

1.1 Total complaints received

The Trust received 441 complaints in Q2. 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, from which a sharp increase can be seen at the end of the quarter.

Figure 1: Number of complaints received

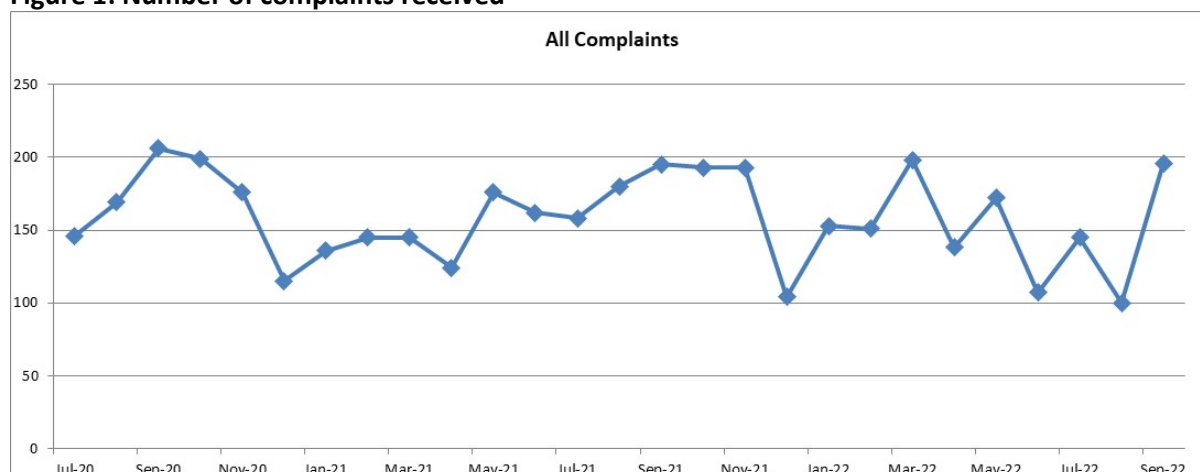
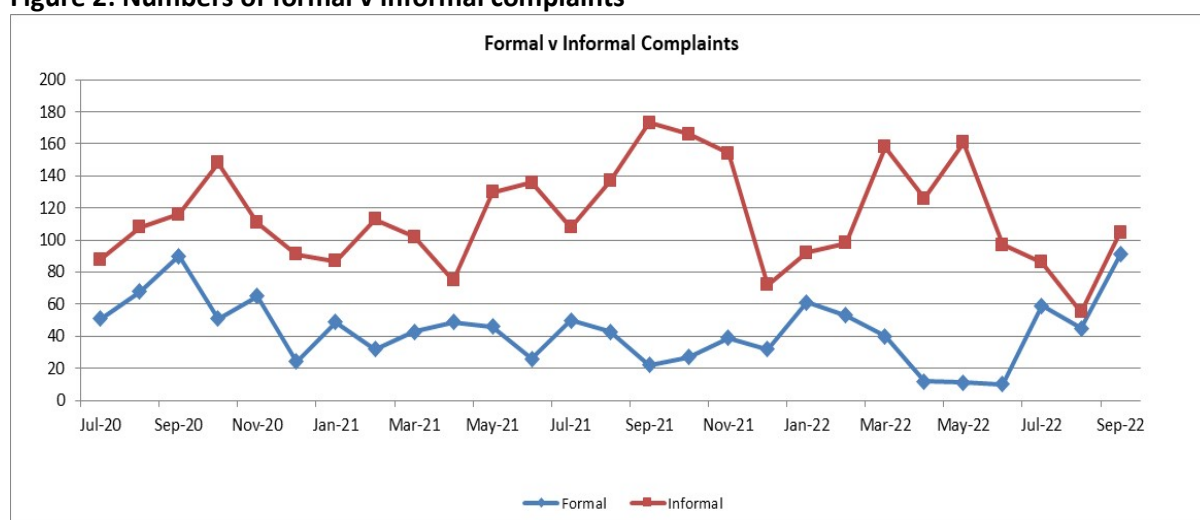


Figure 2: Numbers of formal v informal complaints



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

Figure 2 (above) shows complaints dealt with via the formal investigation process (195 in Q2) compared with those dealt with via the informal investigation process (246 in Q2), over the same period. The Trust consistently deals with a higher proportion of complaints via the informal process, meaning that these issues are being dealt with as quickly as possible by the specialty managers and senior nursing staff responsible for the service involved.

1.2 Complaints responses within agreed timescale

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

When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale, and this is usually 10 working days.²

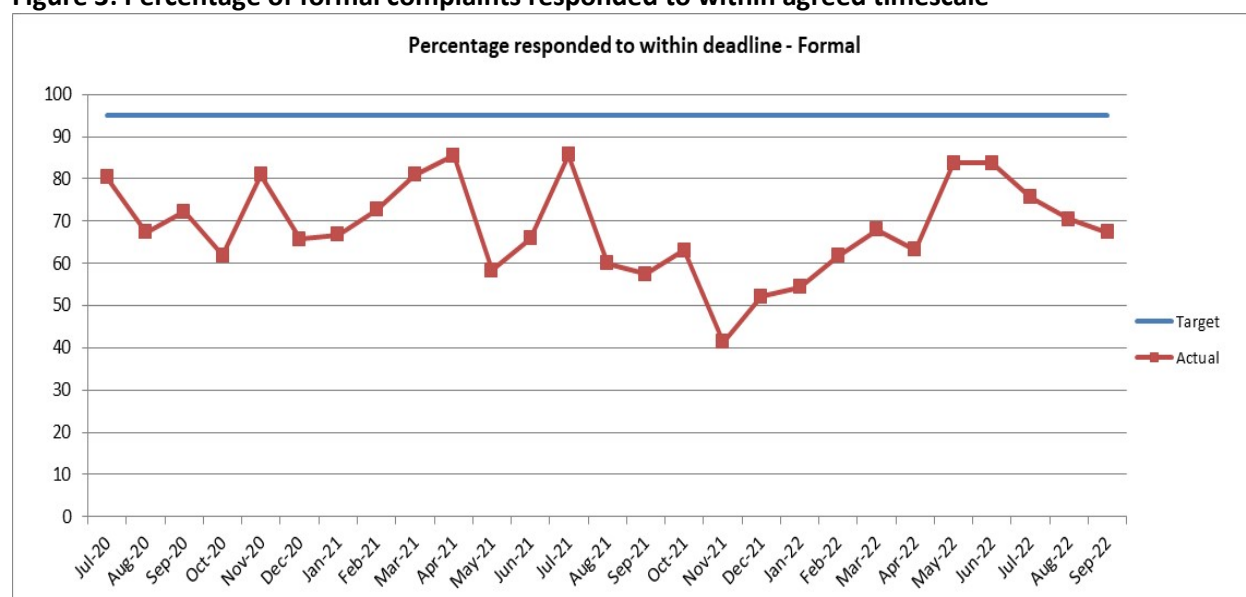
1.2.1 Formal Investigations

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q2 of 2022/23, 71% of responses were sent to complainants within the agreed timescale. This represents 42 breaches out of the 145 formal complaint responses which were sent out during the quarter³. This is a deterioration in performance compared with the 75.2% and 34 breaches reported in Q1.

Figure 3 shows the Trust's performance in responding to complaints since July 2020, from which can be seen that following an upward trajectory in May and June 2022, performance trailed off again in 2. Figure 4 shows year-on-year performance since 2011/12. The low percentage in 2012/13 was due to an anomaly identified in how this data was reported and the subsequent adjustment that was made part way through the year. The 2021/22 data shown in Figure 4 gives a clear indication of the deterioration in performance since 2019/20.

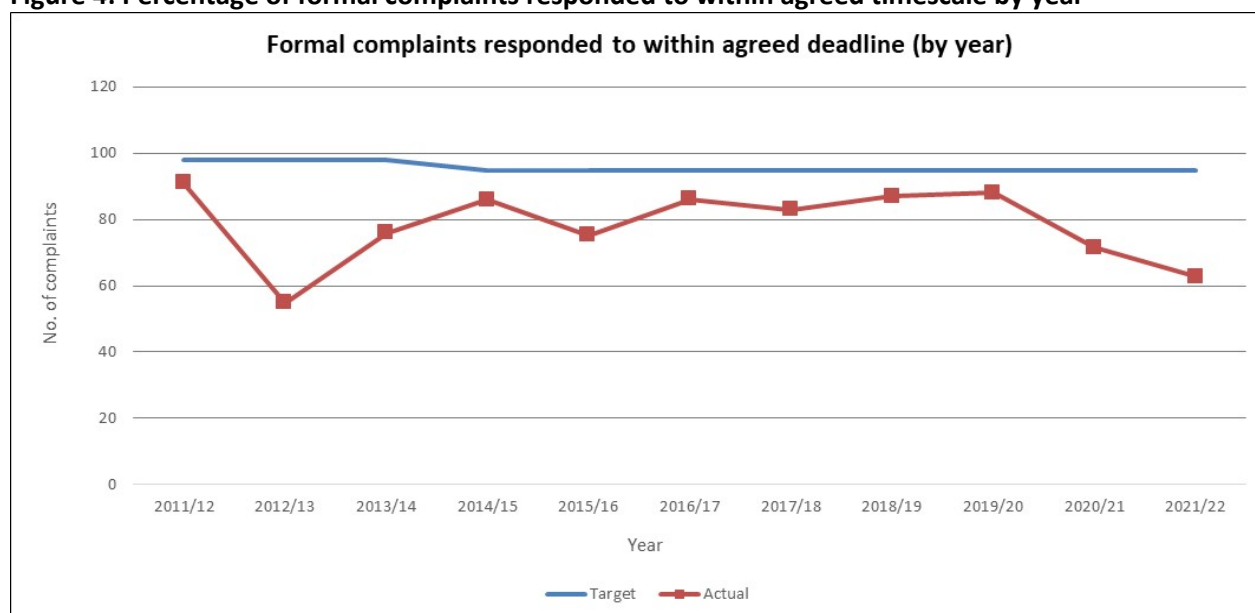
Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

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



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

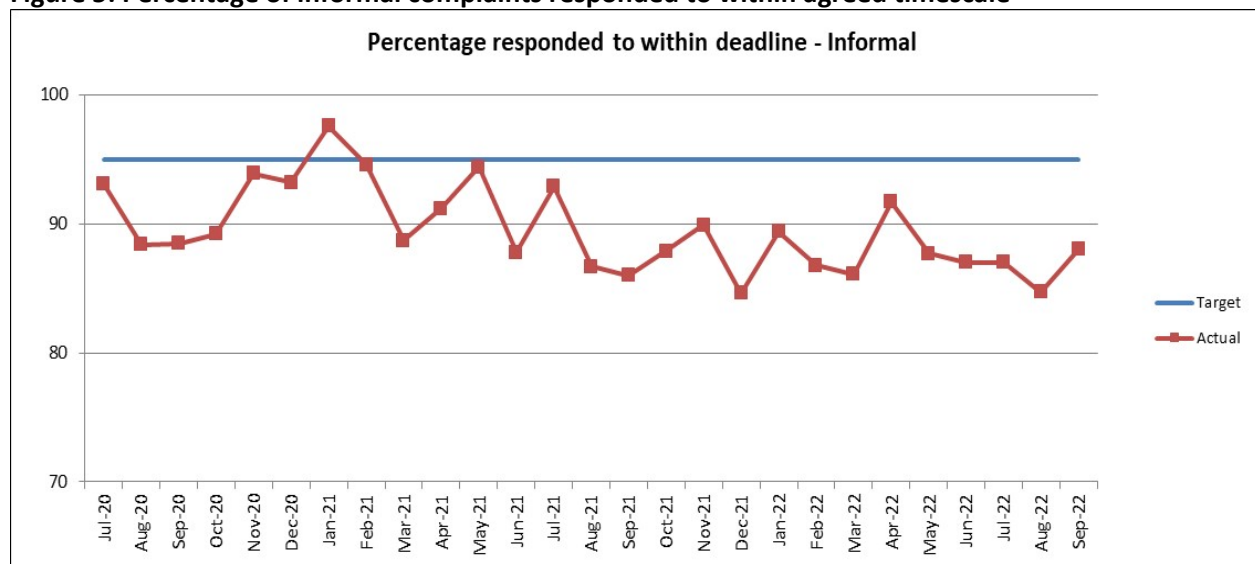
Figure 4: Percentage of formal complaints responded to within agreed timescale by year



1.2.2 Informal Investigations

In Q2 of 2022/23, the Trust received 246 complaints that were investigated via the informal process. During this period, the Trust responded to 188 complaints via the informal complaints route and 86.7% (163) of these were responded to by the agreed deadline, a slight deterioration on the 88.8% reported in Q1. Figure 5 (below) shows performance since July 2020, for comparison with formal complaints.

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



1.3 Dissatisfied complainants

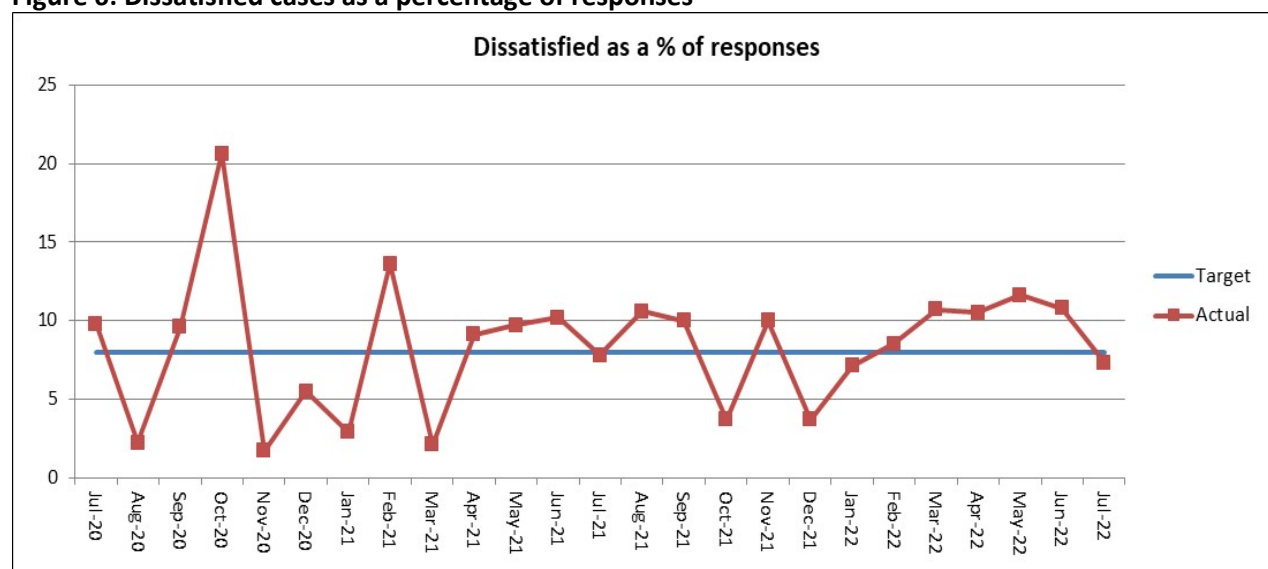
The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with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

In Q2 of 2022/23, we are able to report dissatisfied data for May, June, and July 2022. Of the complainants who received a first response from the Trust during those months, 12 have since

contacted us to say they were dissatisfied. This represents 9.9% of the 121 first responses sent out during that period, a slight increase (deterioration) on the 9.7% reported in Q1 and 7.4% in Q4 of 2021/22.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaint responses since July 2020, from which the reduction (improvement) can be seen during Q1/Q2.

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 Q2 of 2022/23 compared with Q1. There was a 5.8% increase in the total number of complaints received, compared with the previous quarter.

Complaints increased in most categories in Q2, with the exception of ‘appointments and admissions’ and ‘information and support’. The most significant increase was in the category of ‘attitude and communication’ with a 53.7% increase compared with Q1, after conversely showing the biggest decrease in the previous quarter.

The top three categories consistently remain as ‘clinical care’, ‘attitude and communication’ and ‘appointments and admissions’. These three categories accounted for 81.6% (360/441) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q2 (2022/23)	Number of complaints received in Q1 (2022/23)
Clinical Care	156 (35.4% of total complaints) ↑	148 (35.5% of total complaints) ↓
Attitude & Communication	103 (23.4%) ↑	67 (16.1%) ↓
Appointments & Admissions	101 (22.9%) ↓	128 (30.7%) ↓
Facilities & Environment	30 (6.7%) ↑	27 (6.5%) ↓
Discharge/Transfer/Transport	20 (4.5%) ↑	15 (3.6%) ↓
Information & Support	18 (4.1%) ↓	24 (5.7%) ↑
Documentation	11 (2.5%) ↑	7 (1.7%) ↓
Access	2 (0.5%) ↑	1 (0.2%) ↓
Total	441	417

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 75.5% of the complaints received in Q2 (333/441). There were small decreases in some sub-categories, with the most notable being 'cancelled/delayed appointments and operations', which saw a 31.8% reduction compared with Q1. The most significant increase was in complaints about 'communication with patient/relative', which rose by 62.5% compared with Q1.

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

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q2 (2022/23)	Q1 (2022/23)	Q4 (2021/22)	Q3 (2021/22)
Clinical care (medical/surgical)	90 (20.4% of total complaints) ↑	82 ↑	71 ↓	83 ↓
Cancelled/delayed appointments and operations	62 14.1(%) ↓	88 ↓	101 ↑	90 ↓
Clinical care (Nursing/Midwifery)	31 (7%) ↓	34 ↓	38 ↓	39 ↑
Appointment administration issues	28 (6.3%) ↓	33 ↓	34 ↑	23 ↑
Communication with patient/relative	26 (5.9%) ↑	16 ↓	43 ↑	24 ↓
Attitude of medical staff	20 (4.5%) ↑	14 ↓	16 ↑	12 ↓
Failure to answer phones / failure to respond	17 (3.9%) ↑	11 ↓	15 ↓	16 ↑
Discharge arrangements	17 (3.9%) ↑	14 ↓	19 ↑	15 ↓
Attitude of nursing/midwifery	17 (3.9%) ↑	11 =	11 ↓	17 ↑
Lost/misplaced/delayed test results	14 (3.2%) ↓	16 ↑	14 ↑	6 ↓
Lost personal property	11 (2.5%) =	11 ↓	19 ↑	10 ↓

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

Figure 7 shows that complaints about 'cancelled/delayed appointments and operations' peaked in September 2020, September 2021 and again in March 2022. Complaints in this sub-category then followed a downward trajectory during Q1 of 2022/23, before rising again at the end of Q2.

Figure 7: Cancelled or delayed appointments and operations

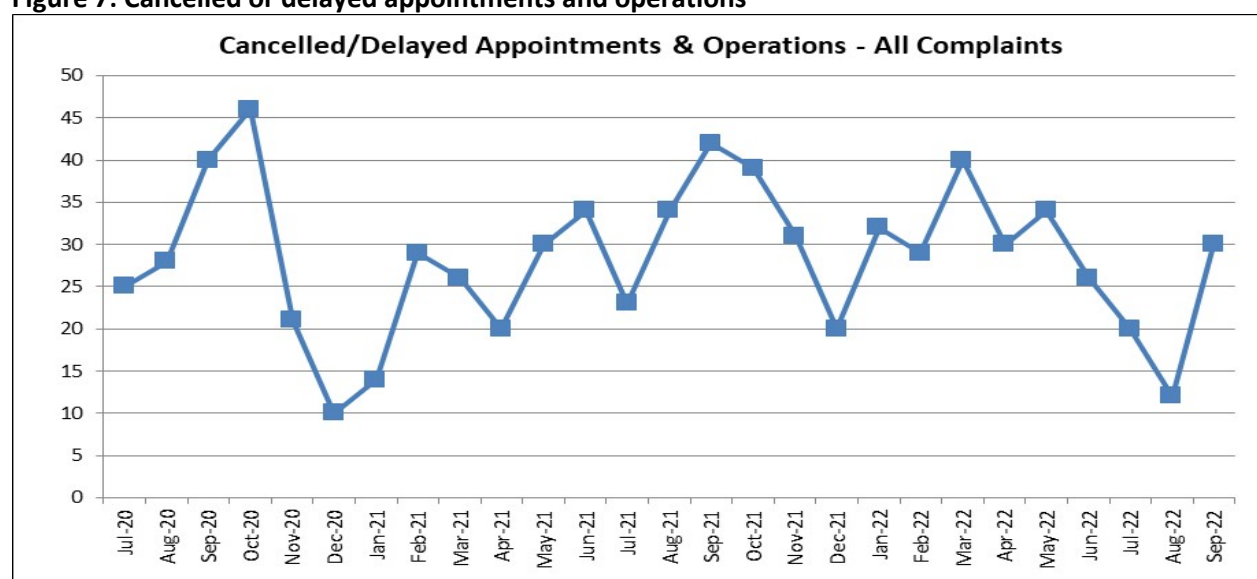


Figure 8 shows the number of complaints received in respect of 'clinical care (medical/surgical)' in comparison with those about 'clinical care (nursing/midwifery)'. The numbers of complaints in these sub-categories have followed a similar trajectory, with both increasing significantly in the latter part of Q2 2022/23.

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

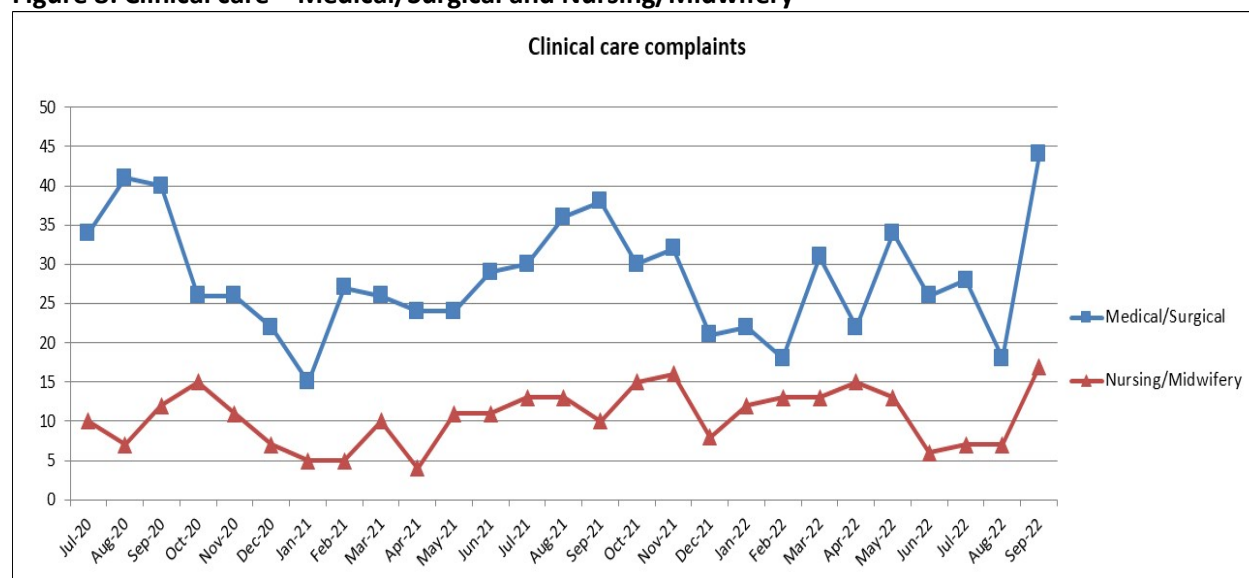


Figure 9 shows that complaints about 'attitude and communication' decreased significantly in Q1 of 2022/23 after peaking in November 2020 and again in May 2021. Complaints in this category have fluctuated on a monthly basis, with the data indicating a downward trajectory in 2022. However, in Q2 2022/23, complaints in this category increased by 57.3% compared with Q1. Complaints about attitude and communication continue to be closely monitored by the Patient Support and Complaints Manager, in order to identify and report on any themes and trends and these are broken down by division in section 3 of this report.

Figure 9: Attitude and Communication – all complaints

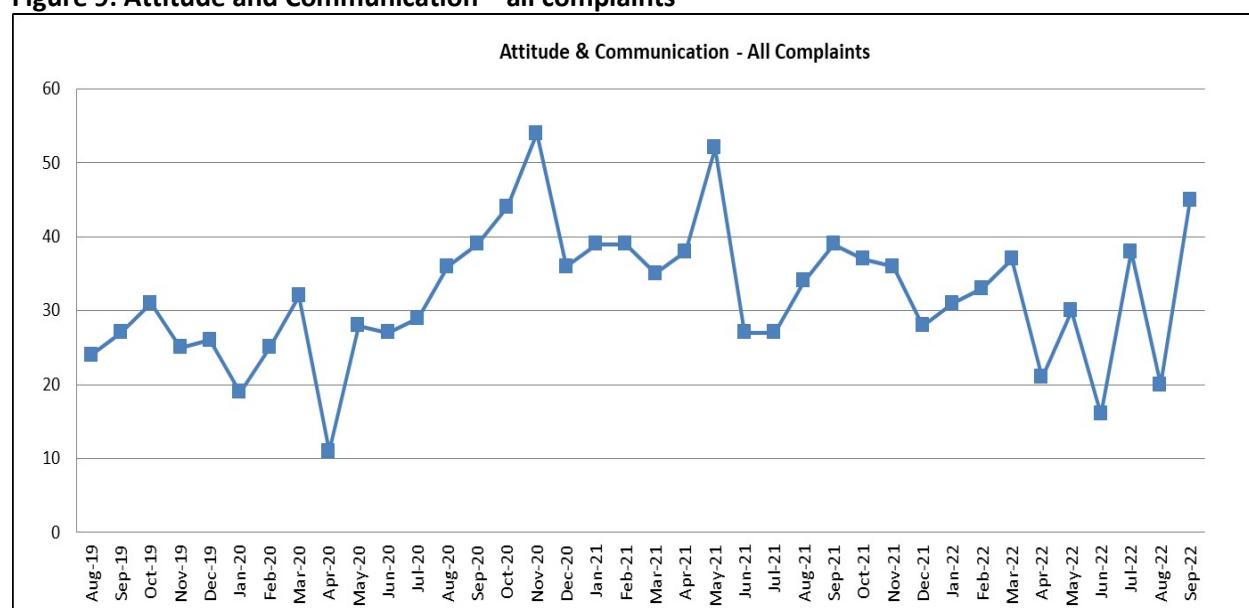
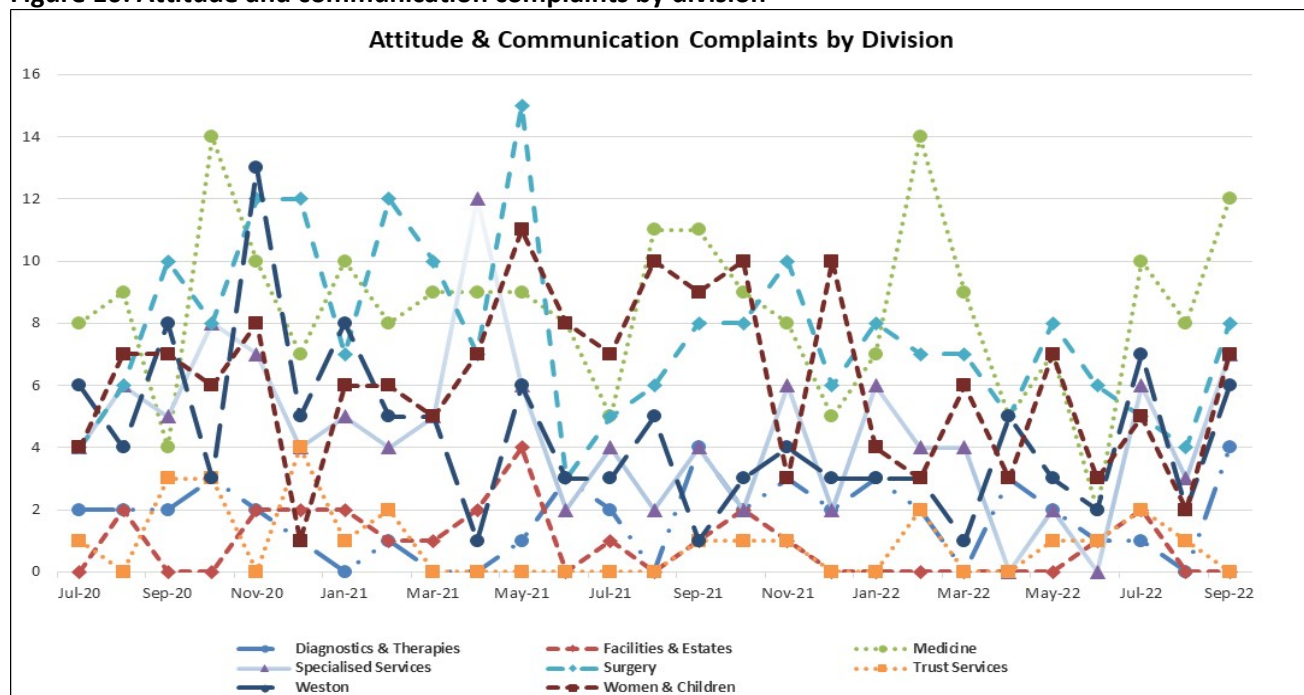


Figure 10 shows complaints about 'attitude and communication' by division. The Division of Medicine again had the highest number of 'attitude and communication' complaints in Q2, increasing from 14 complaints in Q1 to 30 in Q2 in this category. Specialised Services also saw a

notable increase from just two complaints in Q1 to 16 in Q2. Only the Divisions of Surgery and Diagnostics & Therapies saw a reduction in complaints in this category in Q2.

Figure 10: Attitude and communication complaints by division

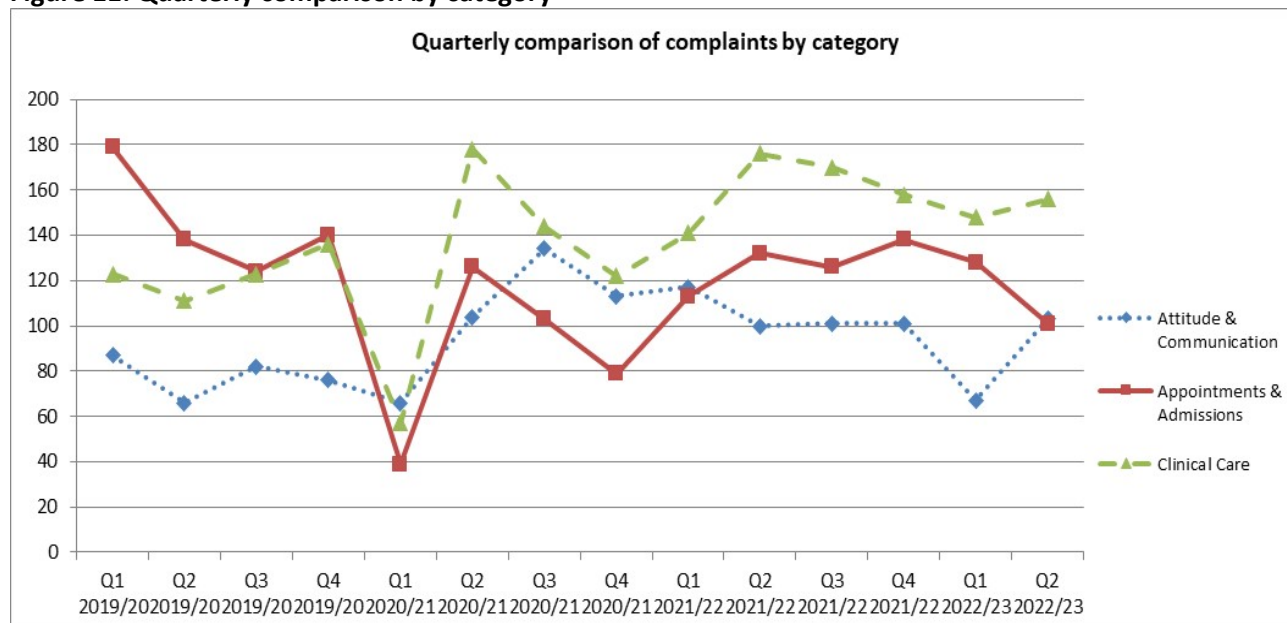


In Q2, 36 of the 103 complaints received in this category were for outpatient services, closely followed by 35 from inpatients and 18 for emergency care. The remaining 14 complaints come under 'other', which in Q2 included complaints for Unity Sexual Health, Occupational Health and the WH Smith shop in Bristol Royal Infirmary.

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

Figure 11 shows the three consistently highest categories of complaints by quarter, including the sharp rise in complaints about 'attitude and communication' during Q2 2022/23.

Figure 11: Quarterly comparison by category



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the 24 complaints received by the Division of Trust Services (including Estates & Facilities) is not included in this table but is summarised in section 3.1.7 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q2	109 (97) ↑	96 (110) ↓	57 (49) ↑	72 (69) ↑	26 (33) ↓	57 (45) ↑
Number of complaints about appointments and admissions	44 (42) ↑	11 (21) ↓	12 (20) ↓	13 (24) ↓	10 (14) ↓	11 (7) ↑
Number of complaints about staff attitude and communication	17 (19) ↓	30 (14) ↑	16 (2) ↑	14 (13) ↑	5 (6) ↓	15 (10) ↑
Number of complaints about clinical care	32 (25) ↑	32 (46) ↓	21 (18) ↑	36 (27) ↑	9 (11) ↓	26 (21) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital (BDH) – 19 (20) Bristol Eye Hospital (BEH) – 22 (22) BEH Outpatients – 16 (15) Trauma & Orthopaedics – 12 (6) Ward A700 – 8 (3) Oral Surgery – 9 (6)	Emergency Department (BRI) (inc. A413 & A300) – 27 (36) Dermatology – 11 (13) Sleep Unit – 7 (8) Ward A400 – 7 (4)	BHI (all) – 39 (38) BHOC (all) – 16 (9) (Plus one for Clinical Genetics and one for SBCH) Cardiology Outpatients) BHI Outpatients (inc. Outpatient Echo) – 15 (19) BHOC Outpatients & Chemo Day Unit – 11 (5) Ward C708 (Cardiac Surgery) – 5 (2)	BRHC (all) – 44 (41) (Plus one for Weston Seashore Centre) Children's ED – 13 (10) Carrousel Outpatients - 7 StMH (all) – 26 (26) (Plus one for Community Midwives) Gynae Outpatients – 8 (8) Central Delivery Suite (CDS) - 7 (7)	Audiology – 8 (10) Radiology – 15 (13)	Accident & Emergency – 17 (14) Outpatients (Main, Orthopaedics & Quantock) – 6 (9)
Notable deteriorations compared with Q1	Trauma & Orthopaedics – 12 (6) Ward A700 – 8 (3)	No notable deteriorations	BHOC Outpatients & Chemo Day Unit – 11 (5)	No notable deteriorations	No notable deteriorations	No notable deteriorations
Notable improvements compared with Q1	No notable improvements	Clinic A410 – 1 (11)	No notable improvements	No notable improvements	Physiotherapy – 1 (8)	No notable improvements

3.1.1 Division of Surgery

The Division received 109 new complaints in Q2 2022/23; an increase on the 97 received in Q1. Of these 109 complaints, 55 were in respect of inpatient services, 44 were about outpatient services, three were for emergency services (BEH) and the remaining seven were in respect of administrative/reception services (four at BDH and three at BEH). The largest number of complaints received by the Division was again recorded under the category of 'appointments and admissions' (40.4%), with 28 of the 44 complaints being about cancelled or delayed appointments and operations and 11 in respect of appointment administration issues. The most notable increase in Q2 was in complaints about 'clinical care', with a 28% increase compared with the previous quarter. Complaints about discharges increased from two in Q1 to eight in Q2, although no particular trend was noted, with the eight complaints spread across several different wards.

Complaints received for Trauma & Orthopaedics doubled from six in Q1 to 12 in Q2, with nine complaints about 'appointments and admissions' and three in respect of 'clinical care'.

The Division continued to perform well against its target for responding to formal complaints within the agreed timescale in Q2, achieving 92%, following an unusual drop in performance to 80.8% in Q1. However, it should be noted that neither of the two breaches of deadline were attributable to delays in the division. During the same period, 82.5% of informal complaints were responded to within the agreed timescale, compared with 83.6% in Q1.

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 – Q2 2022/23	Number and % of complaints received – Q1 2022/23
Appointments & Admissions	44 (40.4% of total complaints) ↑	42 (43.3% of total complaints) ↓
Clinical Care	32 (29.4%) ↑	25 (25.8%) ↓
Attitude & Communication	17 (15.6%) ↓	19 (19.5%) ↓
Discharge/Transfer/Transport	9 (8.3%) ↑	3 (3.1%) ↓
Information & Support	4 (3.7%) ↓	5 (5.2%) ↑
Facilities & Environment	2 (1.8%) ↓	3 (3.1%) ↓
Documentation	1 (0.8%) ↑	0 (0%) ↓
Access	0 (0%) =	0 (0%) ↓
Total	109	97

Table 5: Top sub-categories

Category	Number of complaints received – Q2 2022/23	Number of complaints received – Q1 2022/23
Cancelled/delayed appointments & operations	28 ↓	32 ↓
Appointment administration issues	11 ↑	10 ↓
Clinical care (medical/surgical)	19 ↑	15 ↑
Discharge arrangements	8 ↑	2 ↓
Attitude of nursing staff	6 ↑	3 ↑
Lost/misplaced/delayed test results	4 ↑	2 ↑

Figure 12: Surgery – formal and informal complaints received

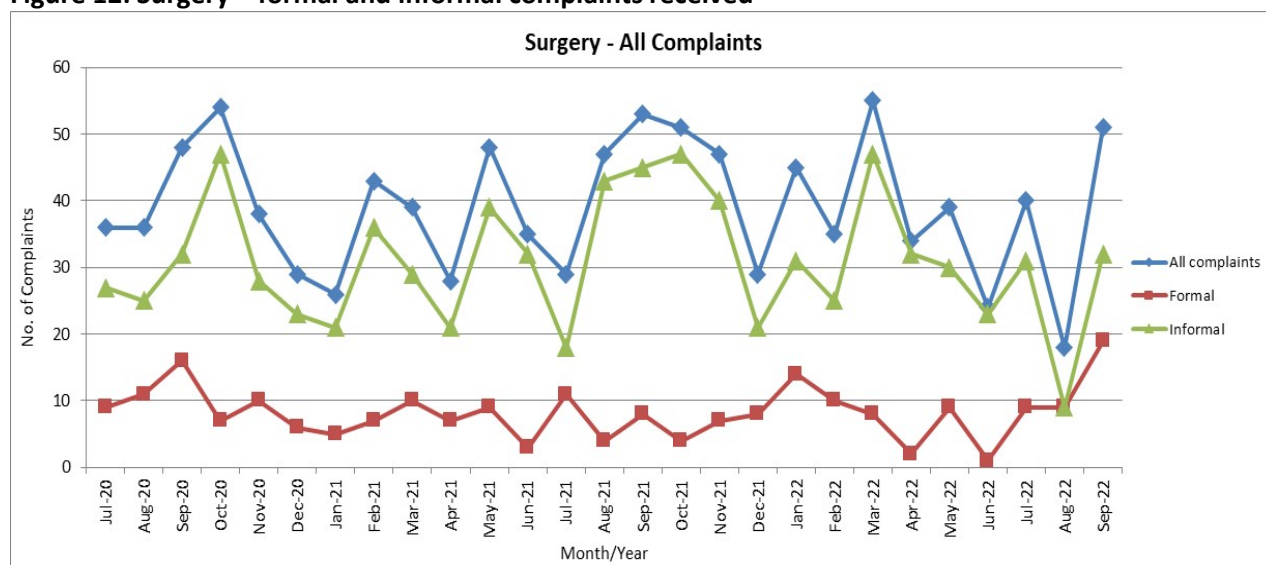


Figure 13: Surgery – Appointments and admissions

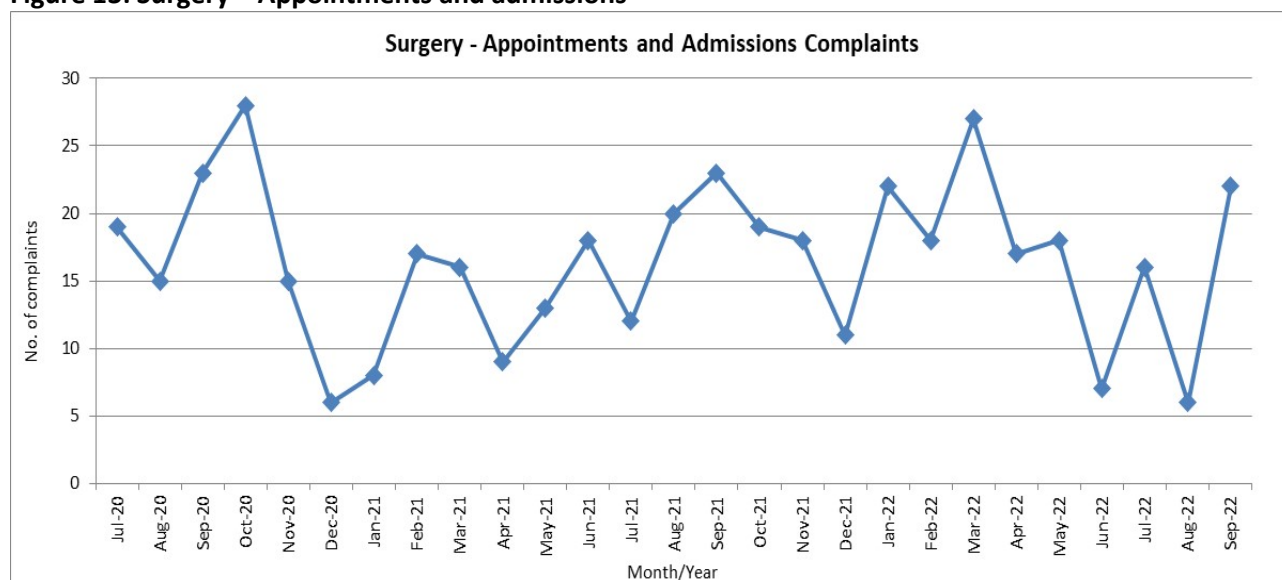
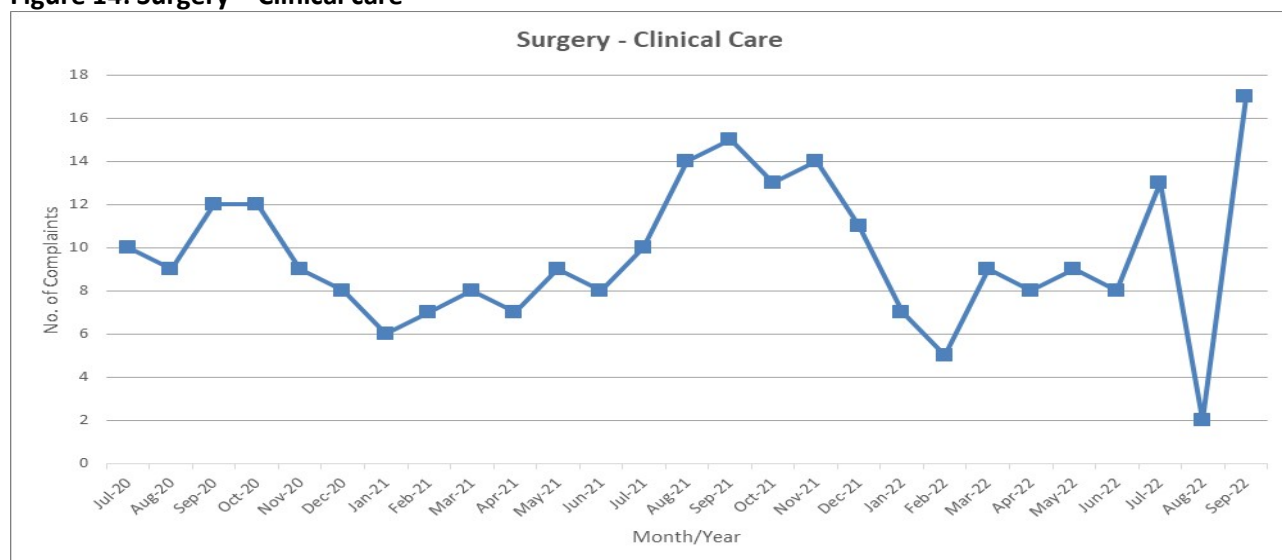


Figure 14: Surgery – Clinical care



3.1.2 Division of Medicine

The Division of Medicine received 96 new complaints in Q2 of 2022/23; a reduction on the 110 reported in Q1. The largest number of complaints received by the Division is consistently in the category of 'clinical care' and this remained the case in Q2, accounting for a third of all complaints received by the division, with 72% of these being about 'clinical care (medical/surgical)'. The most significant increase compared with Q1, was in the number of complaints about 'attitude and communication', which doubled in Q2. Within this category, there were notable increases in complaints about 'failure to answer phone/failure to respond' and 'attitude of medical staff.'

Despite showing one of the largest increases in the previous quarter, complaints about 'cancelled or delayed appointments/operations' reduced by 60% in Q2.

The Division achieved 73.8% against its target for responding to formal complaints within the agreed timescale in Q2, a further improvement on the 69.7% reported in Q1 and 55.9% in Q4 of 2021/22, and the third quarterly improvement in a row. For informal complaints, the Division achieved 93% for responding within the agreed timescale; again, an improvement on the 90% reported in Q1 and 88.9% in Q4.

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 – Q2 2022/23	Number and % of complaints received – Q1 2022/23
Clinical Care	32 (33.3% of total complaints) ↓	46 (41.8% of total complaints) ↑
Attitude & Communication	30 (31.3%) ↑	14 (12.7%) ↓
Appointments & Admissions	11 (11.4%) ↓	21 (19.1%) ↑
Facilities & Environment	8 (8.3%) ↓	12 (10.9%) ↓
Documentation	7 (7.3%) ↑	4 (3.6%) =
Discharge/Transfer/Transport	4 (4.2%) ↓	7 (6.4%) ↑
Information & Support	4 (4.2%) ↓	6 (5.5%) ↓
Access	0 (0%) =	0 (0%) ↓
Total	96	110

Table 7: Top sub-categories

Category	Number of complaints received – Q2 2022/23	Number of complaints received – Q1 2022/23
Clinical care (medical/surgical)	23 ↓	24 ↑
Failure to answer phone / respond	12 ↑	4 ↑
Clinical care (nursing/midwifery)	5 ↓	18 ↑
Attitude of medical staff	7 ↑	1 ↓
Cancelled or delayed appointments and operations	6 ↓	15 ↑
Communication with patient / relative	5 ↑	4 ↓
Lost personal property	5 ↓	8 ↑

Figure 15: Medicine – formal and informal complaints received

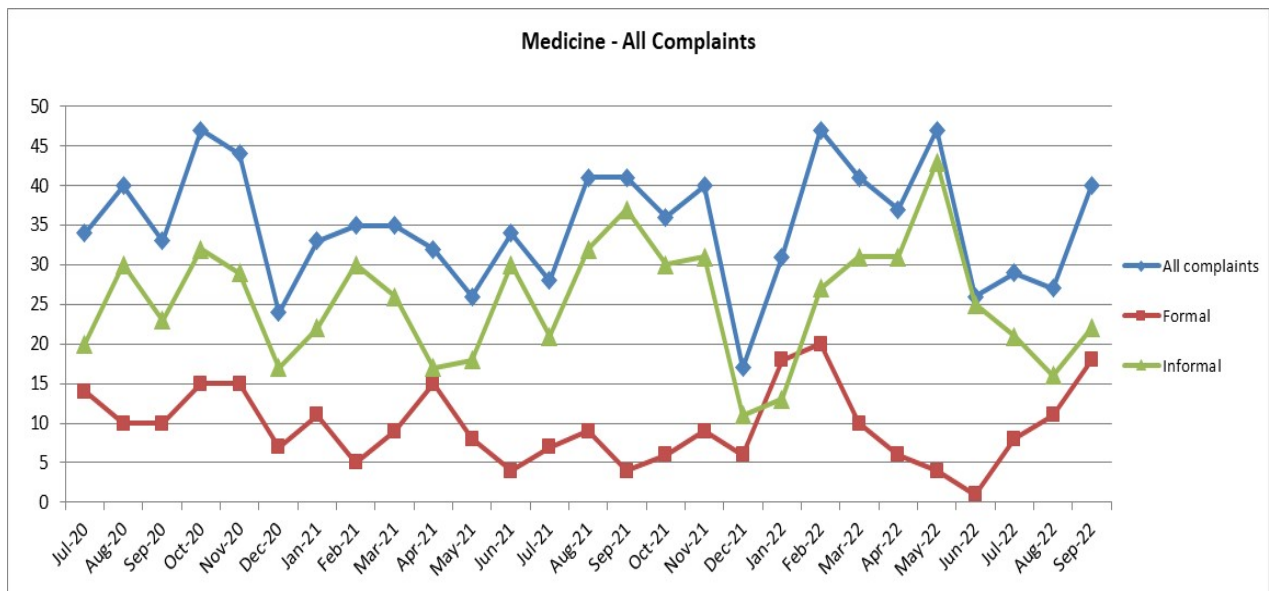


Figure 16: Medicine – All clinical care complaints

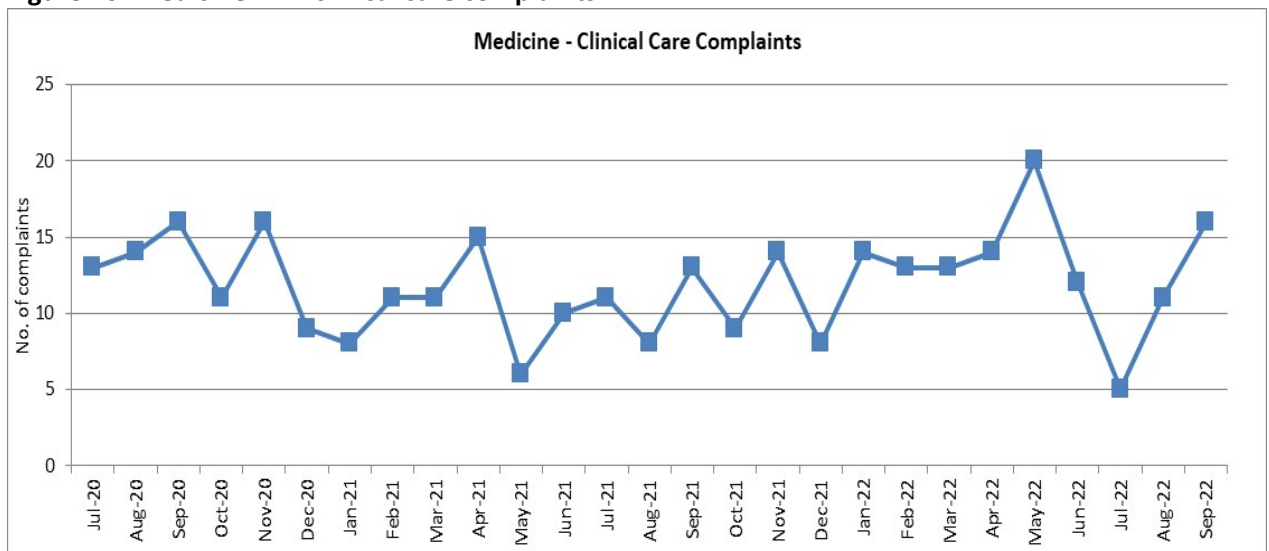
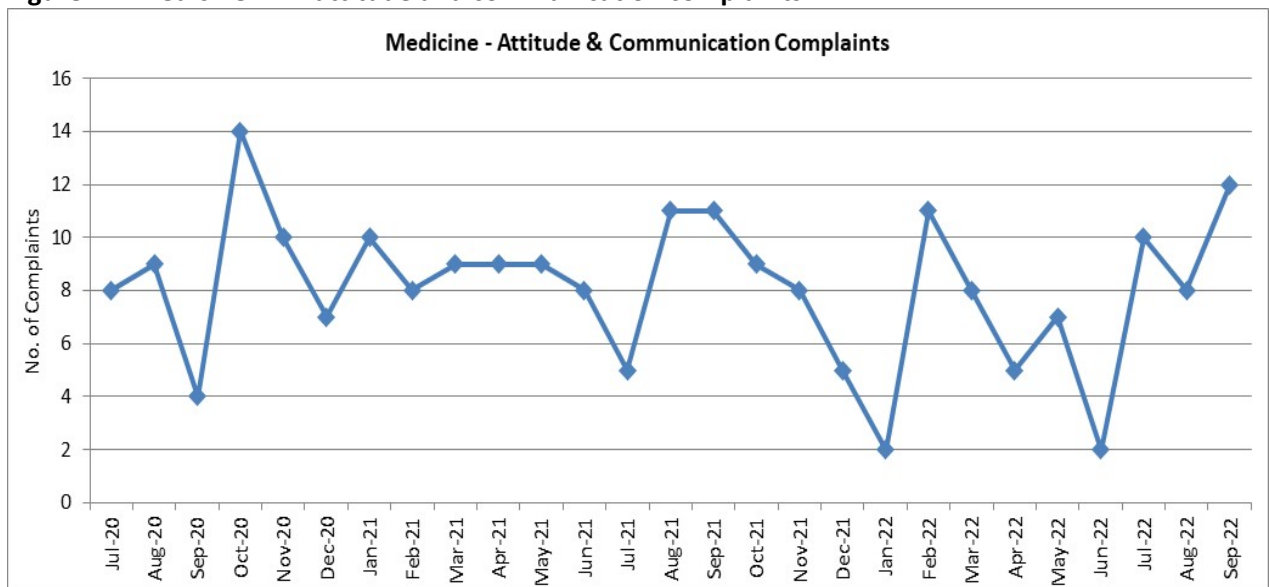


Figure 17: Medicine – All attitude and communication complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 57 new complaints in Q2; an increase on the 49 reported in Q1. Of these 57 complaints, 39 were for the Bristol Heart Institute (BHI), compared with 38 in Q1; and 16 were for the Bristol Haematology & Oncology Centre (BHOC), compared with nine received in Q1. In addition, there was one complaint for Clinical Genetics and one for the cardiology outpatient clinic at South Bristol Community Hospital (SBCH).

The largest number of complaints received by the Division in Q2 was under the category of 'clinical care' (36.8%), with 52.4% (11 of 21) of these being about 'clinical care (medical/surgical)'.

In Q1, there was a significant reduction in complaints about 'attitude and communication' for the division, decreasing from 14 in Q4 of 2021/22 to just two in Q1 of 2022/23. However, this climbed to 16 complaints in Q2, with all 16 for Bristol Heart Institute (BHI) and half being about 'communication with patient/relative'.

Complaints in respect of outpatient services have historically been consistently higher in the division. Following this trend, in Q2, 33 of the 57 complaints received were in respect of outpatient services, with 23 from inpatients and one for an administrative service.

The Division achieved 64.3% against its target for responding to formal complaints within the agreed timescale in Q2, a notable deterioration on the 85.7% reported in Q1. For informal complaints, performance improved slightly, up from 84.2% in Q1 to 87% in Q2.

Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 8: Complaints by category type

Category Type	Number and % of complaints received – Q2 2022/23	Number and % of complaints received – Q1 2022/23
Clinical Care	21 (36.8% of total complaints) ↑	18 (36.7%) ↓
Attitude & Communication	16 (28.1%) ↑	2 (4.1%) ↓
Appointments & Admissions	12 (21.1%) ↓	20 (40.8%) ↑
Facilities & Environment	5 (8.8%) ↑	2 (4.1%) ↓
Documentation	2 (3.5%) ↑	1 (2%) ↓
Information & Support	1 (1.7%) ↓	4 (8.2%) ↑
Discharge/Transfer/Transport	0 (0%)	2 (4.1%) ↓
Access	0 (0%) =	0 (0%) =
Total	57	49

Table 9: Top sub-categories

Category	Number of complaints received – Q2 2022/23	Number of complaints received – Q1 2022/23
Clinical care (medical/surgical)	11 ↑	10 ↓
Cancelled or delayed appointments and operations	8 ↓	15 ↑
Communication with patient / relative	8 ↑	1 ↓
Appointment administration issues	4 =	4 ↑
Clinical care (nursing/midwifery)	4 ↑	2 ↓

Figure 18: Specialised Services – formal and informal complaints received

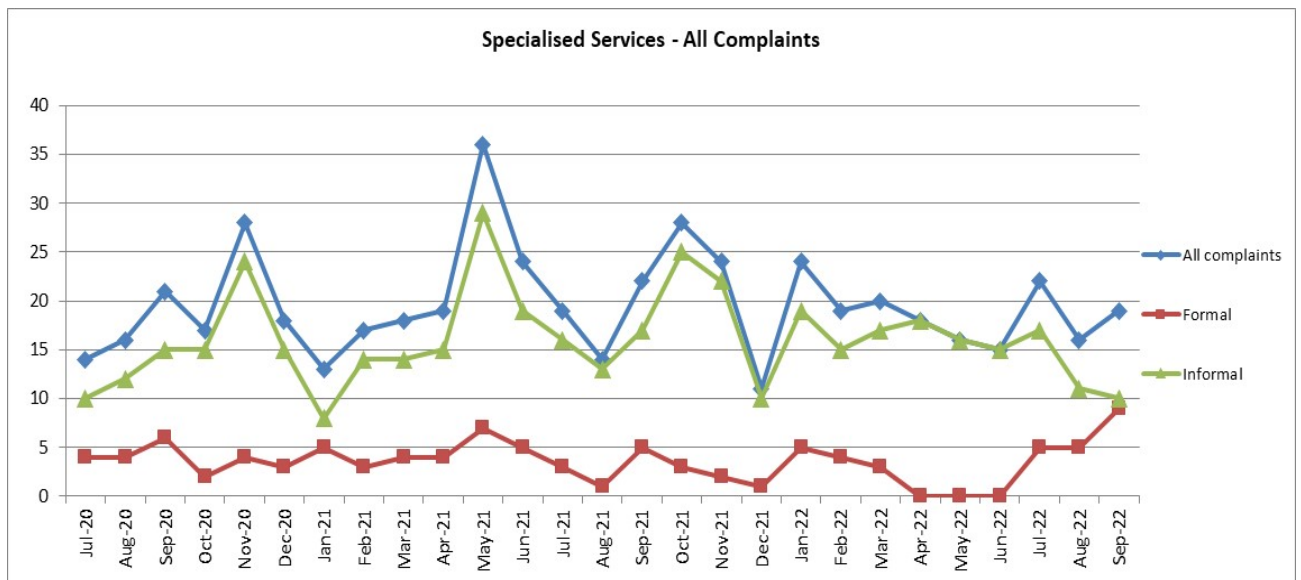


Figure 19: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre

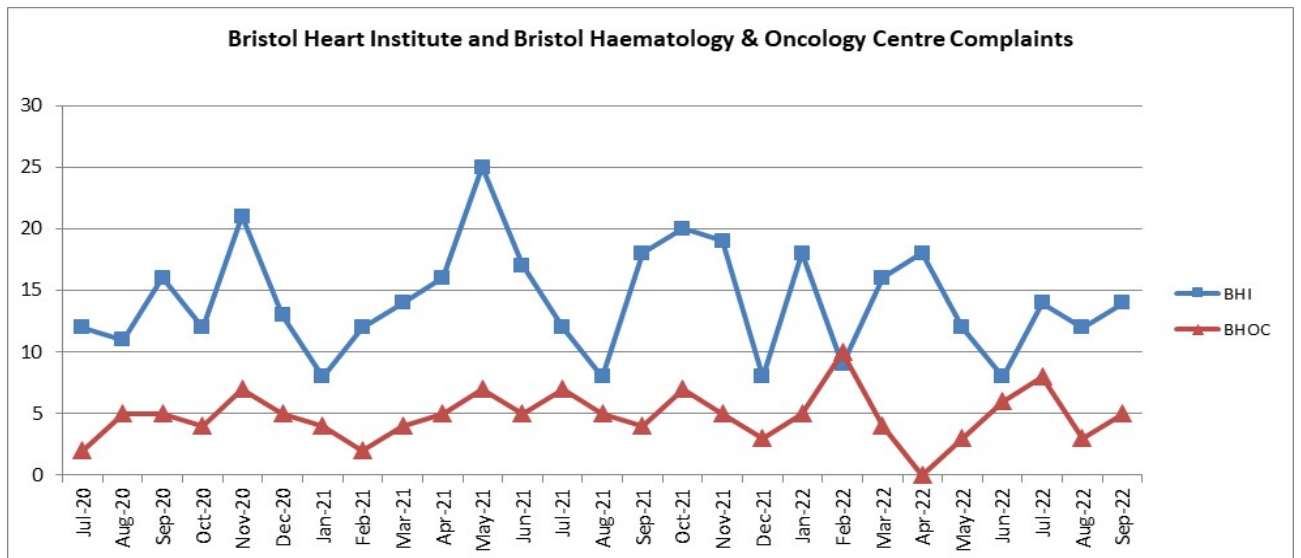
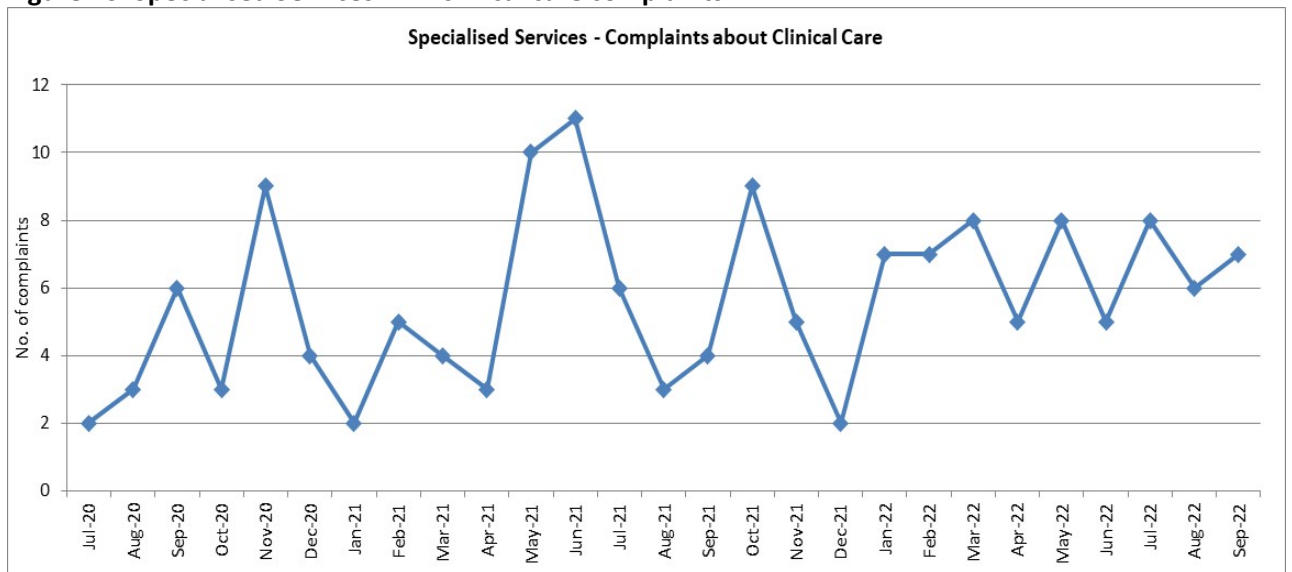


Figure 20: Specialised Services – All clinical care complaints



3.1.4 Division of Women's and Children's Services

The Division of Women & Children received 72 new complaints in Q2 of 2022/23; a small increase on the 69 received in Q1. Of these complaints, 44 were for Bristol Royal Hospital for Children (BRHC), compared with 41 in Q1; and 26 were for St Michael's Hospital (StMH), the same number as reported in Q1. There was also one complaint each for Community Midwifery and for the Seashore Centre at Weston General Hospital.

Half of all complaints received by the division (36 of 72) were recorded under the primary category of 'clinical care' in Q2, with complaints in this category consistently the highest for the division. Complaints about 'appointments and admissions' decreased again to 13 in Q2, from 24 in Q1, and 30 in Q4 of 2021/22.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of 'clinical care' (21), followed by 'appointments and admissions' (12) and 'attitude and communication' (7). The highest number of complaints received for St Michael's Hospital was also in the category of 'clinical care' (14 of 26), accounting for over half of all complaints received by the hospital, with six complaints received in respect of 'attitude and communication'.

The Division achieved 76% against its target for responding to formal complaints within the agreed timescale in Q2, a notable deterioration on the 90% reported in Q1. For informal complaints, the division achieved 100% for the second quarter in succession.

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 – Q2 2022/23	Number and % of complaints received – Q1 2022/23
Clinical Care	36 ↑	27 (39.2% of total complaints) ↓
Attitude & Communications	14 ↑	13 (18.8%) =
Appointments & Admissions	13 ↓	24 (34.9%) ↓
Facilities & Environment	4 ↑	1 (1.4%) ↓
Information & Support	2 =	2 (2.9%) =
Discharge/Transfer/Transport	2 ↑	1 (1.4%) ↓
Access	1 ↑	0 (0%) ↓
Documentation	0 ↓	1 (1.4%) ↑
Total	72	69

Table 11: Top sub-categories

Category	Number of complaints received – Q2 2022/23	Number of complaints received – Q1 2022/23
Clinical care (medical/surgical)	26 ↑	12 ↑
Cancelled or delayed appointments and operations	8 ↓	19 ↑
Clinical care (nursing/midwifery)	7 ↓	11 ↓
Communication with patient / relative	5 ↑	3 ↑

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

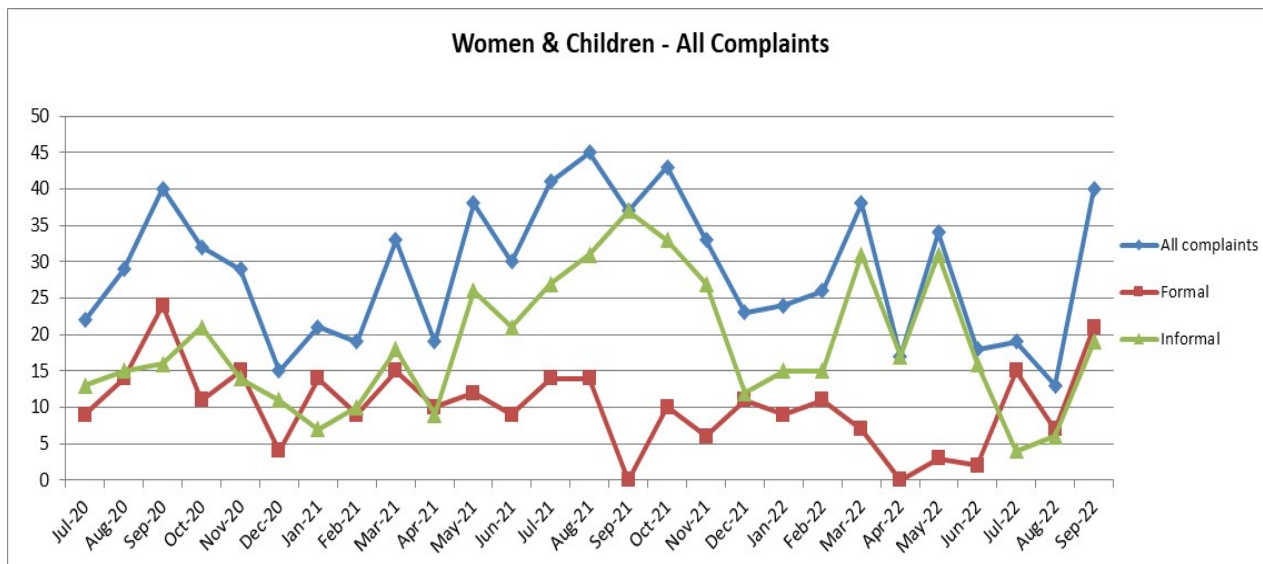


Figure 22: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital

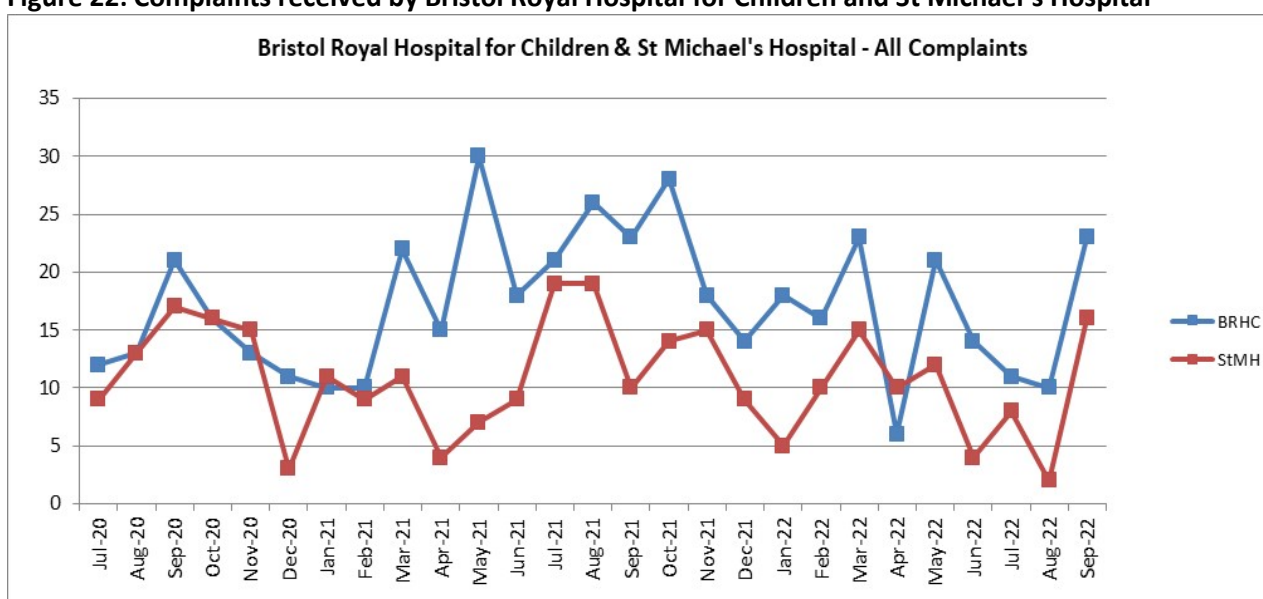
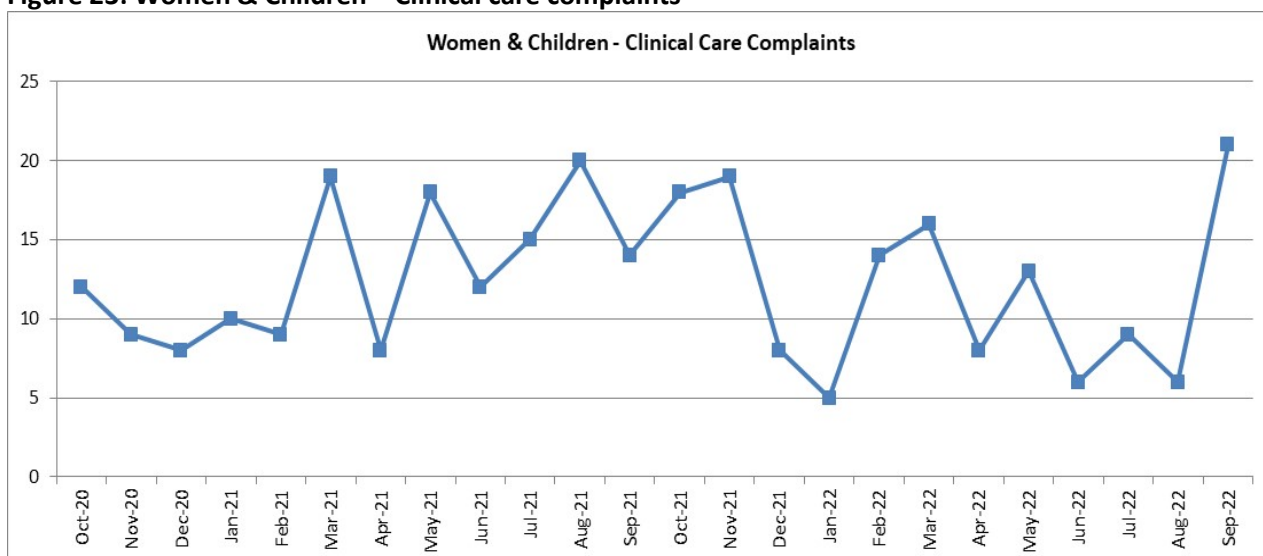


Figure 23: Women & Children – Clinical care complaints



3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 26 new complaints in Q2, a reduction on the 33 received in Q1. The highest number of complaints received by the division in Q2 was recorded under the primary category of ‘appointments and admissions’, closely followed by those about ‘clinical care’. Complaints about ‘attitude and communication’ decreased for the second quarter in succession.

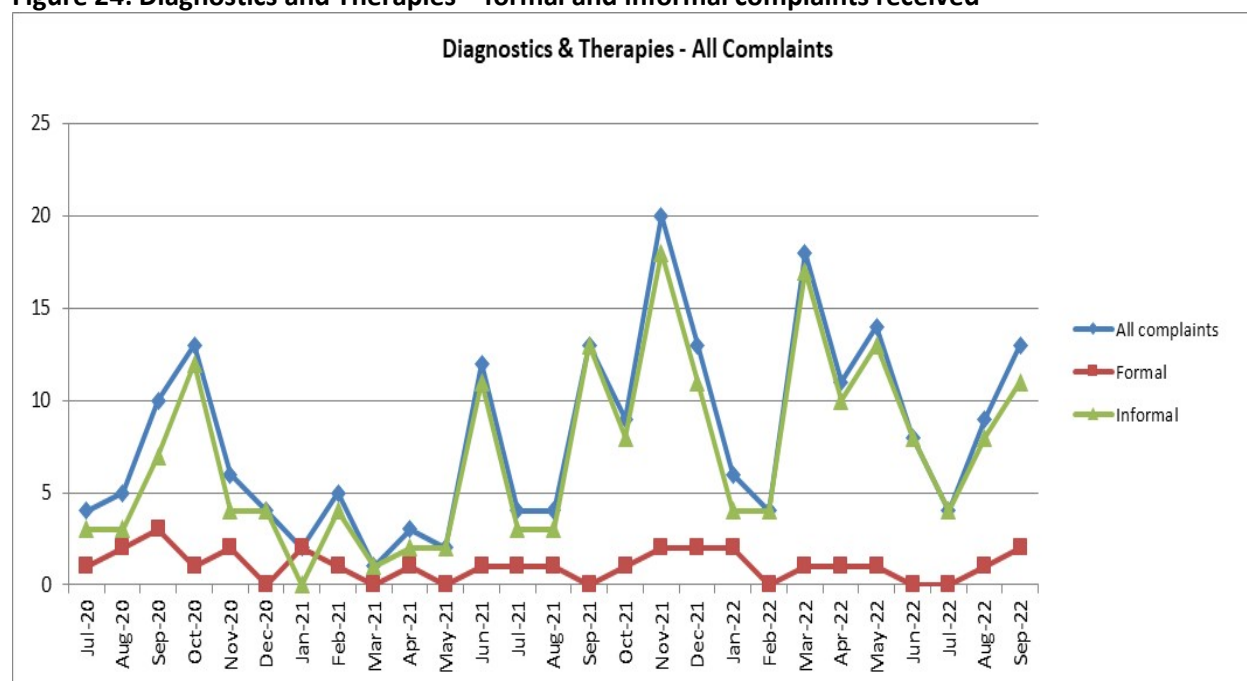
The Division achieved 60% against its target for formal complaint responses in Q2, an improvement on the 50% reported in Q1. However, the small numbers involved should be noted, with three of five formal responses being sent out by the agreed deadline. 100% of informal complaints were responded to by the agreed deadline in Q2, with all seven informal complaints being responded to within the agreed timescale. This compares favourably with the 90.9% reported in Q1 and 86.7% in Q4 of 2021/22.

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 – Q2 2022/23	Number and % of complaints received – Q1 2022/23
Appointments & Admissions	10 (38.5% of total complaints) ↓	14 (42.5% of total complaints) ↑
Clinical Care	9 (34.6%) ↓	11 (33.3%) ↑
Attitude & Communication	5 (19.2%) ↓	6 (18.2%) ↓
Information & Support	2 (7.7%) ↑	1 (3%) =
Documentation	0 (0%) ↓	1 (3%) ↑
Facilities & Environment	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Total	26	33

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



3.1.6 Division of Weston

The Division of Weston (as-was, prior to the completion of clinical integration) received 57 new complaints in Q2 of 2022/23; an increase compared with the 45 received in Q1. The highest number of complaints received by the division was again those recorded under the category of 'clinical care,' which accounted for almost half of all complaints received. There were small increases in complaints received by the division about 'attitude and communication' and 'appointments and admissions.'

The Emergency Department remained the department with the largest number of complaints in Q2, with 17 complaints, representing almost a third of all complaints received by the division. There were 25 complaints received regarding inpatient services in Q2, compared with nine for outpatients.

The Division achieved 48% (12 of 25 responses) against its target for responding to formal complaints within the agreed timescale in Q2, a deterioration on the 53.8% reported in Q1. The division responded to 50% (4 of 8) of informal complaints within the agreed timescale in Q2, a significant deterioration on the 72.7% reported in Q1.

Whereas all other divisions investigate the majority of their complaints via the informal process, this is not the case for Weston, with the data showing that the majority of complaints are investigated via the formal complaints process. This is due to Weston having a standalone PALS Team, which deals with the majority of their own informal complaints as 'concerns' which do not come to the corporate complaints team.

The Weston PALS team dealt with 114 concerns in Q2, compared with 133 in Q1, 43 in Q4 of 2021/22 and 169 in Q3. Of the 114 concerns dealt with by the team, 32 were about 'attitude and communication', closely followed by 29 for 'appointments and admissions'. There were 15 concerns about 'clinical care', 14 about 'facilities and environment', 12 in respect of 'information and support', 10 recorded under 'discharge/transfer/transport' and two relating to 'documentation'. 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 – Q2 2022/23	Number and % of complaints received – Q1 2022/23
Clinical Care	26 (45.6% of total complaints) ↑	21 (46.7% of total complaints) ↓
Attitude & Communication	15 (26.3%) ↑	10 (22.2%) ↑
Appointments & Admissions	11 (19.3%) ↑	7 (15.6%) =
Discharge/Transfer/Transport	2 (3.5%) =	2 (4.4%) =
Facilities & Environment	2 (3.5%) ↑	1 (2.2%) ↓
Documentation	1 (1.8%) ↑	0 (0%) =
Access	0 (0%) =	0 (0%) =
Information & Support	0 (0%) ↓	4 (8.9%) ↑
Total	57	45

Table 14: Top sub-categories

Category	Number of complaints received – Q2 2022/23	Number of complaints received – Q1 2022/23
Clinical care (medical/surgical)	11 ↓	17 ↑
Clinical care (nursing/midwifery)	11 ↑	2 ↓
Cancelled/delayed appointments and operations	8 ↑	4 ↓
Attitude of medical staff	5 ↑	4 ↓
Communication with patient/relative	4 ↑	2 ↓

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

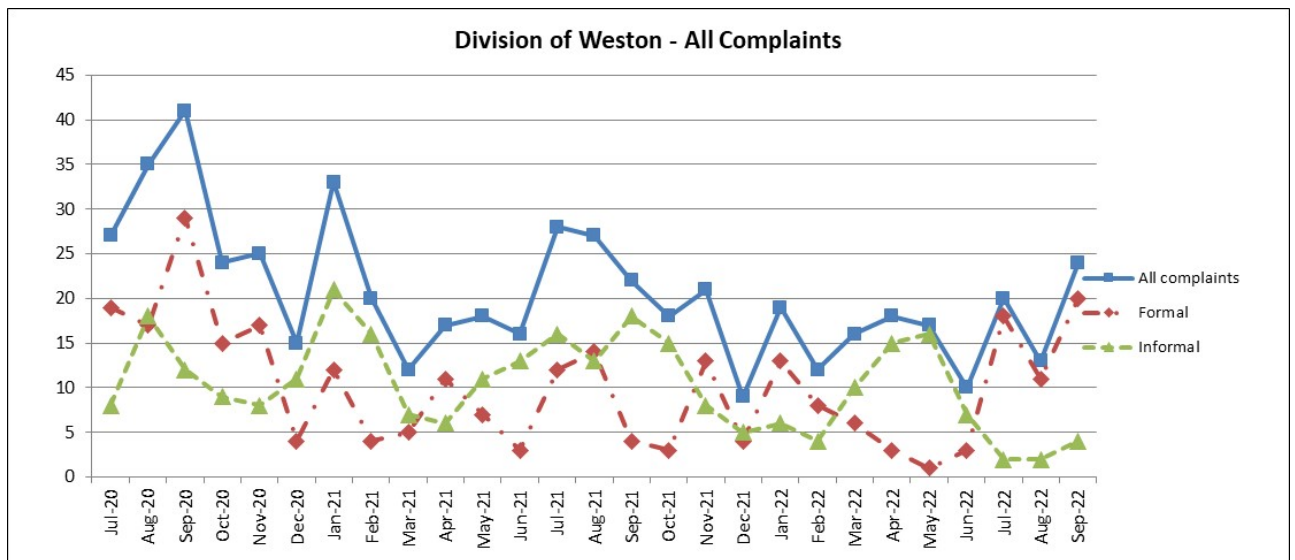
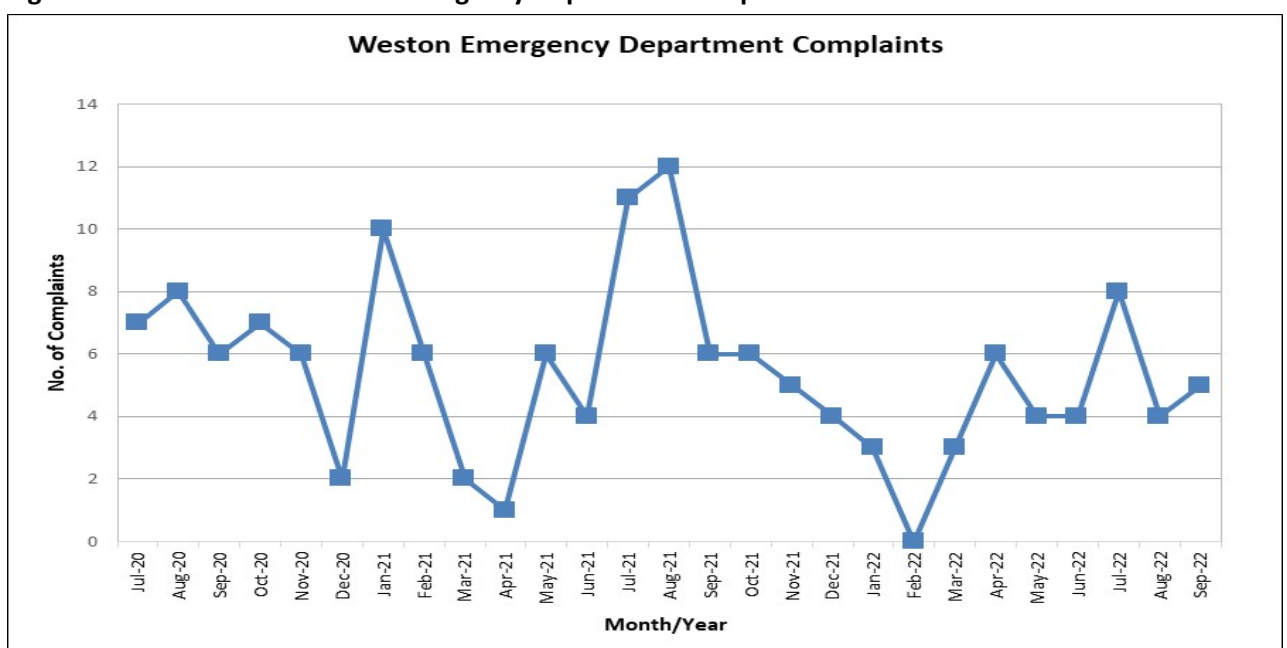


Figure 26: Division of Weston – Emergency Department complaints



3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 24 new complaints in Q2; a notable increase on the 14 received in Q1.

The largest number of complaints received by the Division (9) was recorded under the category of 'facilities and environment'. There were also five complaints each recorded under the categories of 'information and support' and 'attitude and communication.'

The Division achieved 66.7% against its targets for responding to both formal and informal complaints within the agreed timescale in Q2; a significant deterioration on the 100% achieved in both formal and informal responses in Q1. 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 – Q2 2022/23	Number and % of complaints received – Q1 2022/23
Facilities & Environment	9 (39.1% of total complaints) ↑	5 (35.7% of total complaints) ↓
Information & Support	5 (21.8%) =	5 (35.7%) ↑
Attitude & Communication	5 (21.8%) ↑	3 (21.4%) ↑
Discharge/Transfer/Transport	3 (13%) ↑	0 (0%) ↓
Access	1 (4.3%) =	1 (7.2%) ↑
Documentation	0 (0%) =	0 (0%) =
Clinical Care	0 (0%) =	0 (0%) =
Appointments & Admissions	0 (0%) =	0 (0%) =
Total	23	14

Figure 27: Trust Services – all complaints received

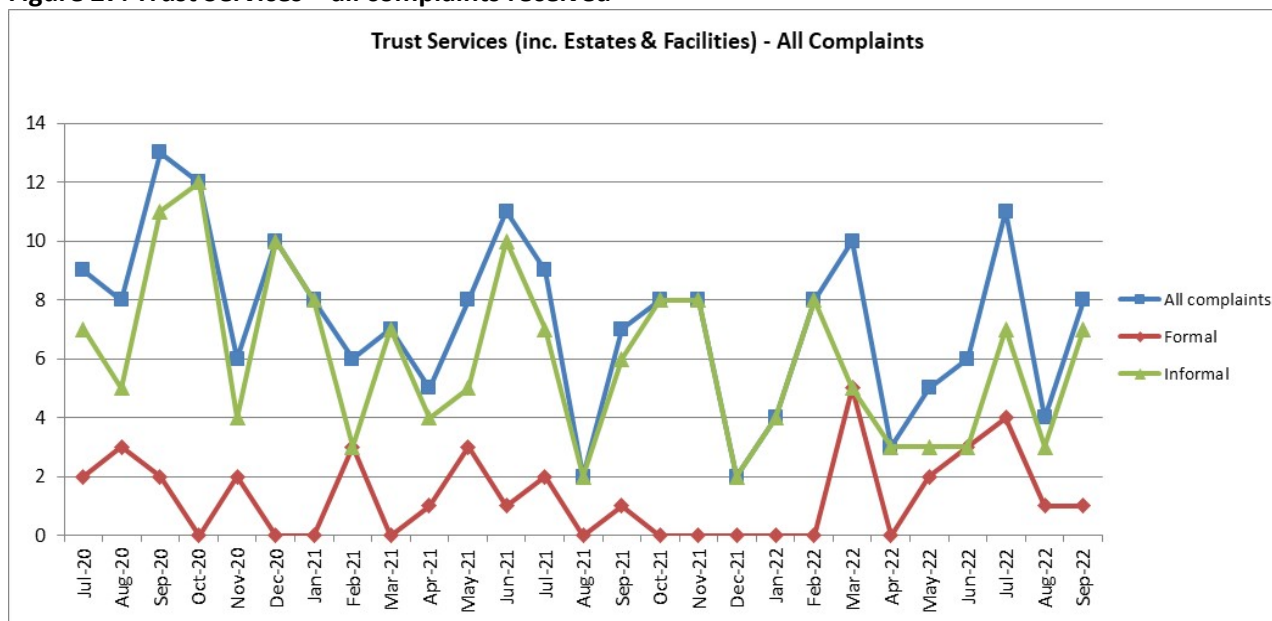


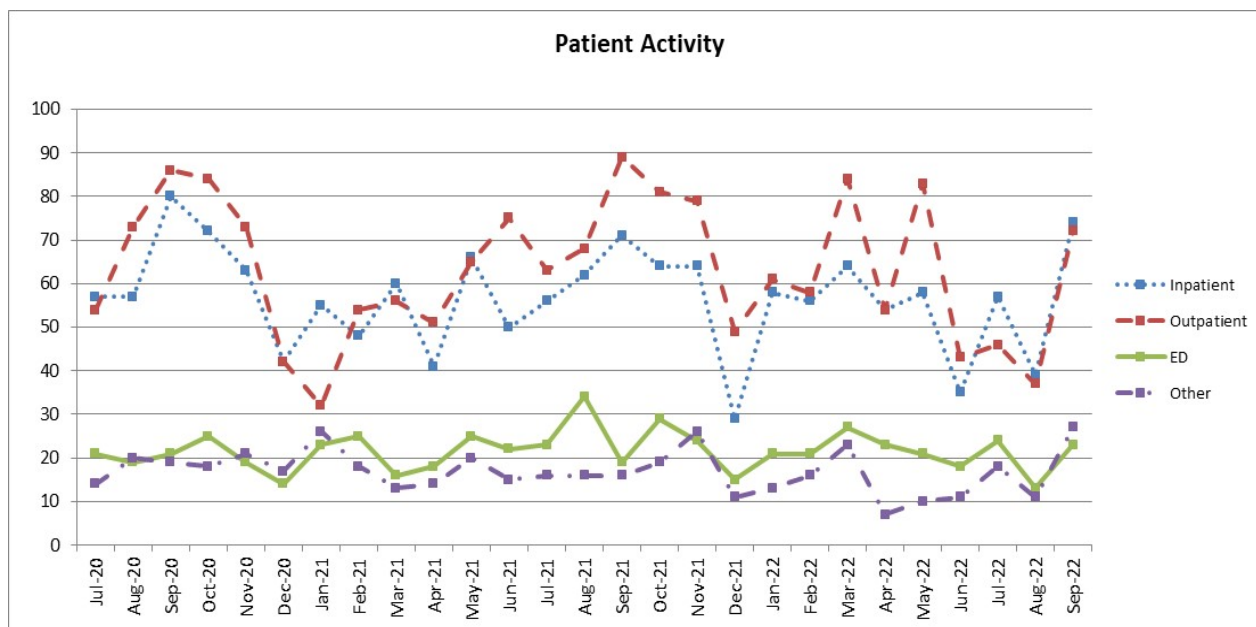
Figure 27 above shows all complaints received for Trust Services, including Estates & Facilities.

3.2 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 28 below shows data differentiating between inpatient, outpatient, Emergency Department, and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc. There was a 13.8% reduction in complaints for outpatient services in Q2, and an 8.8% increase in inpatient complaints. There were 60 complaints for emergency care, a similar number to the 62 reported in Q1.

In Q2, 35.1% (*43.2%) of complaints received were about outpatient services, 38.5% (35.2%) related to inpatient care, 13.6% (14.9%) were about emergency patients; and 12.7% (6.7%) were in the category of 'other' (as explained above). * Q1 percentages are shown in brackets for comparison.

Figure 28 : Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

In Q2, all divisions reported breaches of formal complaint deadlines, with a total of 42 breaches reported Trust-wide. This is a deterioration on the 34 breaches reported in Q1.

The Division of Weston reported 13 breaches of deadline, there were 11 for Medicine, six for Women & Children, five for Specialised Services, three for Trust Services/Estates & Facilities and two each for Diagnostics & Therapies and Surgery. It should be noted that neither of the breaches for the Division of Surgery were attributable to delays by the division. Please see Table 17 below for details of where in the process the delays occurred/to whom the breaches were attributable. It is important to note that for some of the divisions with lower numbers of breaches, this reflects a higher percentage of their overall responses, for example, a third of Trust Services formal responses breached the agreed deadline, which equated to three breaches from nine formal complaint responses sent out in Q2.

In Q2 the Trust responded to 145 complaints via the formal complaints route and 71% (103) of these were responded to by the agreed deadline, against a target of 95%. This compares with 75.2% of 137 formal responses in Q1.

Table 16: Breakdown of breached deadlines – Formal

Division	Q2 2022/23	Q1 2022/23	Q4 2021/22	Q3 2021/22
Weston	13 (52%)	12 (46.2%)	47 (79.7%)	36 (65.5%)
Medicine	11 (26.2%)	10 (30.3%)	15 (44.1%)	17 (43.6%)
Women & Children	6 (24%)	3 (10%)	13 (19.4%)	19 (44.2%)
Specialised Services	5 (35.7%)	2 (14.3%)	11 (55%)	9 (42.9%)
Trust Services (inc. E&F)	3 (33.3%)	0 (0%)	4 (40%)	4 (80%)
Diagnostics & Therapies	2 (40%)	2 (50%)	3 (25%)	1 (25%)
Surgery	2 (8%)	5 (19.2%)	4 (8.3%)	8 (30.8%)
All	42 breaches	34 breaches	97 breaches	94 breaches

(So, as an example, there were five breaches of timescale in the Division of Specialised Services in Q2, which constituted 35.7% of the complaint responses which were sent out by that division in Q2).

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 Q2. During this period, 35 breaches were attributable to the Divisions, three were caused by delays in the Patient Support & Complaints Team, three occurred during Executive sign-off and one was due to delayed input from another trust.

The Head of Complaints has reviewed the delays attributed to the team, and all three were due to delays in processing the responses letters following amendments.

Table 17: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	0	10	4	3	2	3	13	35
PSCT	0	1	0	2	0	0	0	3
Execs/sign-off	2	0	1	0	0	0	0	3
Other Trust	0	0	0	1	0	0	0	1
All	2	11	5	6	2	3	13	42

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 Q2, the Trust responded to 188 complaints via the informal complaints route and 86.7% of these were responded to by the agreed deadline; a slight deterioration on the 88.8% reported in Q1.

Table 18 below shows these breaches by division, again with the percentage of total informal responses for each division in Q1.

Table 18: Breakdown of breached deadlines - Informal

Division	Q2 2022/23	Q1 2022/23	Q4 2021/22	Q3 2021/22
Surgery	10 (17.5%)	10 (16.4%)	9 (7.1%)	8 (11.4%)
Trust Services/E&F	5 (33.3%)	0 (0%)	2 (20%)	0 (0%)
Weston	4 (50%)	3 (27.3%)	4 (50%)	2 (25%)
Medicine	3 (7.5%)	5 (10%)	4 (11.1%)	6 (14.3%)
Specialised Services	3 (13%)	3 (15.8%)	2 (4.9%)	8 (22.2%)
Diagnostics & Therapies	0 (0%)	2 (9.1%)	2 (13.3%)	2 (8.3%)
Women & Children	0 (0%)	0 (0%)	2 (6.3%)	1 (3.7%)
All	25	23	25	27

4. Measurement of the overall time taken to resolve complaints

Historically, when the Trust has reported its performance in respect of responding to complaints by the deadline agreed with the complainant, the 'clock starts ticking' on this measure from the point at which the Trust's investigation commences, i.e. the point at which it is sent to the relevant division. The Trust performance target for this is for 95% of complaints to be responded to within the timescale agreed with the complainant; for formal and informal resolution, the standard timescales are 30 working days and 10 working days respectively. Although this way of measuring performance is in keeping with many NHS Trusts, it 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. Whilst it would

not be appropriate to set a KPI for this ‘front end’ of the complaints process – because delays at this stage can be multi-factorial including sometimes waiting for consent to investigate – for sake of transparency we are for the first time including in this report data on the total timeline for complaints resolution, i.e. from the moment a complainant first contacts the Patient Support & Complaints Team (PSCT), through to resolution of their concerns. Reporting this measure will also help the PSCT, Divisions and Executives/Trust Board to identify any delays in the initial phase of handling complaints.

For the purposes of this pilot data, we are reporting here the total lifespan of formal complaints which have been closed in the period June to September 2022 (so including June data in addition to Q2). There isn’t a set national NHS timescale for this, but we have set a provisional threshold of 45 working days, i.e. allowing an additional 15 working days on top of the standard 30 day period for investigating and reporting.

Figure 29 shows that the majority of formal complaints between June and September took more than 60 working days from the date of receipt until the complaint was closed.

Figure 29: Overall length of complaint



Of the complaints included in the first tranche of reportable data, the average length of time taken from first receipt of a complaint to the date it was closed (in working days) was 74 days in June; 72 days in July; 77 days in August; and 78 days in September. The June-September average was 75 working days which, based on 25 working days per month, means that **the average total lifespan of a formal complaint was approximately three months**. We will continue to explore and develop how we report and use this new data.

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. 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, which have been updated in agreement with the Trust's Head of Legal Services since the Q4 2021/22 report:

- Cases where there is already an aligned investigation taking place. For example: Child Death Review (CDR) / Rapid Incident Review (RIR) / Patient Safety Incident Investigation (PSII) / legal claim / inquest / safeguarding issue, etc.
- Significant reputational risk. For example: Complainant indicates they will contact the press, or the complaint relates to an issue currently in the press, such that it presents a reputational risk to the Trust.
- Significant risk of regulatory action. For example: complainant has indicated they intend to report to GMC/CQC/other regulatory body.
- Significant risk of a legal claim.
- Any complaint that may potentially be linked to a known group legal action (where several patients are taking legal action about the same issue).
- Serious allegation/s made about a specific member of staff.
- Other: For example, a complaint where there may be a high risk of a recurrence of the events reported / high complexity complaint requiring senior oversight, etc.

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

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

Some examples of issues successfully identified during Q2 are shown below.

Example 1

A complaint was received from a patient nearing the end of her life and who is being treated for cancer. Her family were very concerned about conflicting information and incorrect information/advice being given by her doctors. At every stage of diagnosis, the patient had been told the best-case scenario, and it had turned out to be much worse than she was told. She was also

given hormone-based medication when she has non-hormone cancer. She ended up seeking a second opinion as she felt the doctors did not know what they were doing.

The concern raised with Patient Safety was whether an incident should have been recorded in respect of the possible medication error. The Patient Safety Team advised that this should be investigated via the complaints process, specifically looking at whether the patient was discussed at the appropriate MDT and whether there was an underlying hormone issue which meant that the medication given was correct. This investigation would then inform whether there was a patient safety issue and/or if an incident needed to be recorded.

Example 2

A complaint was received from a patient an incident which happened whilst attending an appointment at Unity Sexual Health Clinic. She is 36 weeks pregnant and was experiencing some discomfort and told to attend Unity. The nurse discovered she had genital warts and, without discussing the treatment or demonstrating it on the patient's hand first, she sprayed liquid nitrogen onto the patient, causing a great deal of pain and leaving her with a scar.

The Patient Safety Team advised that an incident should almost certainly have been recorded on Datix regarding this event (this had not been done at the time the complaint was received). Advice given to investigate via the formal complaints process, to flag as a Highly Sensitive case for Executive awareness and for the division to record an incident if found necessary as a result of the findings of the complaint investigation.

6. 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 Q2 of 2022/23. These complaints have been included in this report due to the actions identified, which provides assurance that the concerns were listened to and taken seriously, and that lessons have been learned.

- A complaint was received from the mother of a two-year-old, who was brought to the Children's Emergency Department (CED) following an initial conversation with NHS 111. The child was admitted to the observation ward, where the only invasive test undertaken was a nasal swab, which later showed that he had adenovirus and he was discharged later that night. The patient's mother was very concerned that her child's symptoms were suggestive of sepsis, yet this was not considered or investigated. She stated that her son had two red flag symptoms and five amber flag symptoms according to the UHBW sepsis screening tool, but no one considered this pathway. The child was re-admitted to hospital 24 hours later and admitted to PICU with sepsis.

The Trust's response addressed all of the concerns raised and confirmed that the majority of the child's observations did not trigger the sepsis amber criteria and none of them triggered the red criteria. The amber triggers that were considered were in respect of the child's decreased activity and parental concern that a patient is behaving differently from usual, hence keeping him under observation for a period. The response advised that in retrospect, there may have been missed opportunities.

As a result of this complaint, a number of actions were identified, including production of a new policy to carry out a Rapid Incident Triage review for any patient who re-attends the

CED and is admitted to the Intensive Care Unit. Other actions identified (and now all completed) included ensuring sepsis is a key topic in the departmental teaching programme, including sepsis recognition and management in the departmental simulation programme, discussion of this individual case with the CED consultant team to consider further opportunities to strengthen sepsis identification, and a review of sepsis recognition and treatment guidelines for young children, with updates where necessary. (Women & Children)

- A patient raised concerns following a gastroscopy procedure which was carried out at South Bristol Community Hospital (SBCH). As a result of the procedure, the patient experienced a bleed in his stomach and, due to the large amount of blood lost, had to be transferred to Bristol Royal Infirmary by ambulance for emergency treatment.

The Trust's response letter explained that SBCH does not have facilities for emergency treatment and the clinical nurse endoscopist was not trained in managing bleeds, as this is not something they would be expected to do in the role. An ambulance was called immediately, and the patient was moved to the recovery room where he was closely monitored by senior clinical staff until the ambulance arrived.

As a result of this complaint, a Rapid Incident Review was carried out, followed by a Root Cause Analysis. From this, and the complaint investigation, a number of actions were identified, and have now been completed, including consideration by the Clinical Lead as to whether training can be provided for clinical nurse endoscopists in respect of managing bleeds, especially when they are at SBCH. A review has also been carried out of the order in which patients are listed for these procedures, so that high risk and/or elderly patients have their procedures at the start of the day, especially at remote sites without emergency facilities, such as SBCH. (Surgery)

7. Patient Support & Complaints Team activity

7.1 Information, advice, and support

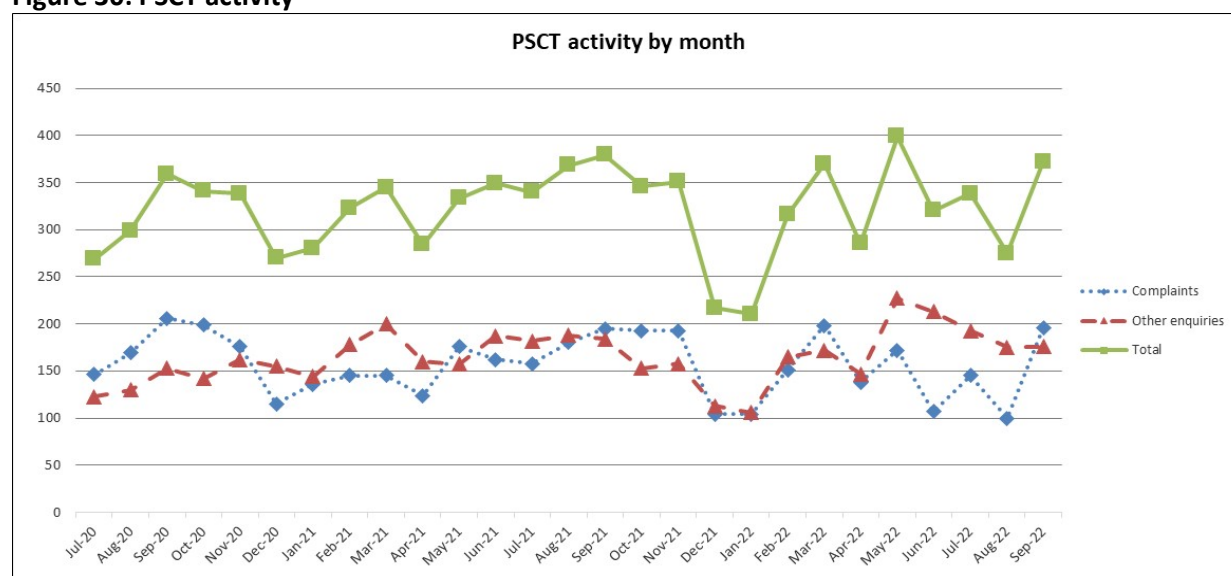
As well as dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. In addition to complaints, a total of 289 requests for information/advice/support and feedback were received in Q2, a 19% increase compared with Q1. The Patient Advice & Liaison Service (PALS) in Weston dealt with 114 concerns, a 14.3% reduction on the 133 recorded in Q1.

The Patient Support and Complaints Team also recorded and acknowledged 62 compliments received during Q2 and shared these with the staff involved and their Divisional teams. This is a slight decrease on the 69 compliments received in Q1 and does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints Team recorded 174 enquiries that did not proceed, compared with 193 in Q1 and 224 in Q4 of 2021/22. 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 a high volume of work with a total of 966 separate new enquiries in Q2 of 2022/23.

Figure 30: PSCT activity



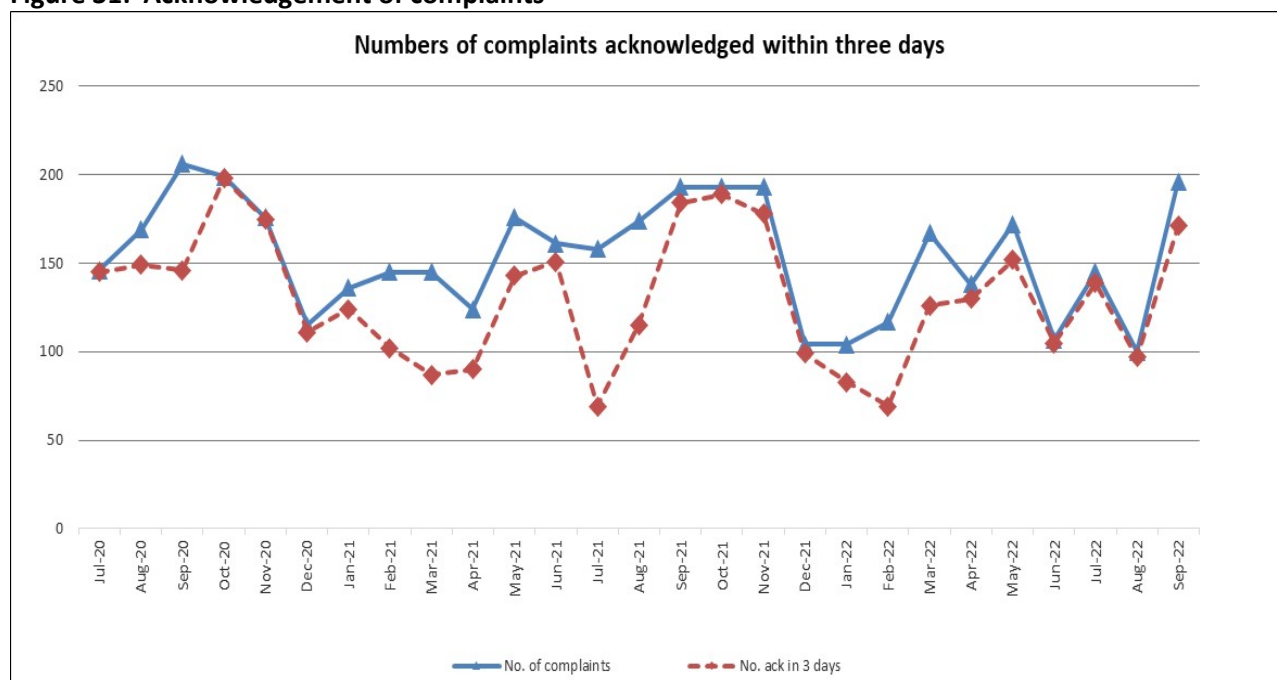
7.2 Acknowledgement of complaints by the Patient Support and Complaints Team

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 Q2, 264 complaints were received in writing (202 by email, 46 via website feedback and 16 letters) and 159 were received verbally by telephone. 10 complaints were also received in Q2 via the Trust's 'real-time feedback' service and eight in person at the PSCT office in the BRI. Of the 441 complaints received in Q2, 92.3% (407/441) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This is on a par with the 92.8% reported in Q1, which was itself a notable improvement on 83.1% in Q4 of 2021/22.

Figure 31 below shows the number of complaints received each month since July 2020, alongside the number acknowledged within three working days.

Figure 31: Acknowledgement of complaints



7.3 PHSO (Ombudsman) cases

During Q2, the Trust was advised by the Parliamentary and Health Service Ombudsman (PHSO) of their interest in five new complaints. During the same period, one additional existing case remains ongoing, and two cases were closed during Q2.

Table 19: New complaints with the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
36831	JH	N/A	02/09/2021 [29/09/2022]	BRI	Dermatology	Medicine
On 29/09/2022, the PHSO requested copies of the patient's medical notes relating to the procedure in question, along with a copy of the signed consent form and any relevant guidance followed in carrying out the procedure. The medical records were sent to the PHSO on 30/09/2022 and the local guidelines on skin cancer surgery were sent on 08/10/2022. We are currently waiting to hear further from the PHSO.						
33499	SW	N/A	26/03/2021 [28/09/2022]	BHOC	Ward D603	Specialised Services
The PHSO requested copies of all correspondence relating to this complaint on 28/09/2022 and this was sent to them on 08/10/2022. We are currently waiting to hear further from the PHSO.						
32926	SH/JH	KH	16/02/2021 [21/07/2022]	BRI	Ward A525	Medicine
Request from PHSO on 21/07/2022 for a copy of the patient's medical records and the UHBW visiting policy as it was in February 2021. The records were requested on 05/08/2022, chased on 19/08/2022 and sent to the PHSO on 22/08/2022. Visiting guidance was sent to the PHSO on 19/08/2022 and we are currently waiting to hear further from them.						
31607	RH	N/A	09/12/2020 [19/08/2022]	BRI	Chronic Pain Team	Surgery
PHSO contacted the Trust on 19/08/2022 to ask for copies of some specific records relating to consultations the patient had at the Pain Clinic in October 2020. These were requested from Medical						

Records on 22/08/2022, chased on 08/10/2022 and sent to the PHSO on 11/10/2022. We are currently waiting for an update from the PHSO.						
18014	BT	CJ	12/12/2018 [25/07/2022]	BRI	Private & Overseas Patients Team	Trust Services
Request from PHSO on 25/07/2022 for copies of the Trust's responses to this complaint. Documentation sent to the PHSO on 19/08/2022 and currently waiting to hear further from them.						

Table 20: Complaints ongoing with the PHSO during Q2 (in addition to the new cases in Table 19)

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
22146	FT	JT	24/07/2019 [13/07/2020]	BRI	Upper GI	Surgery
The Trust received the PHSO's final report on 22/06/2022 and they Partly Upheld the complaint, making certain recommendations to the Trust. Although these recommendations were complied with in full, the PHSO contacted us again to query the action plan, asking for further information, which has since been sent to them.						

Table 21: Complaints closed by the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
32437	JD	N/A	29/01/2021 [04/10/2021]	BDH	Primary Care Unit (BDH)	Surgery
The PHSO contacted the Trust to ask if we had exhausted local resolution with this complaint. We confirmed on 05/10/2021 that as we had already sent a formal written response and a further dissatisfied response, we were happy for them to investigate. We have not heard anything further from PHSO since then so closed complaint 30/9/2022 and marked as 'No Further Action'.						
31235	AD	N/A	19/11/2020 [27/05/2022]	StMH	Ultrasound Clinic	Diagnostics & Therapies
The Trust was contacted by the PHSO on 27/05/2022, when they advised that they would be investigating this complaint and they requested a copy of the complaint file and patient's medical records. These were subsequently sent to them by the deadline stated of 09/06/2022. On 22/09/2022, the PHSO advised that they had closed their file and would be taking 'No Further Action'.						

The Head of Complaints has committed to producing a briefing highlighting PHSO findings over the last two years and the learning that has been taken from these findings where the PHSO has identified failings by the Trust.

8. 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

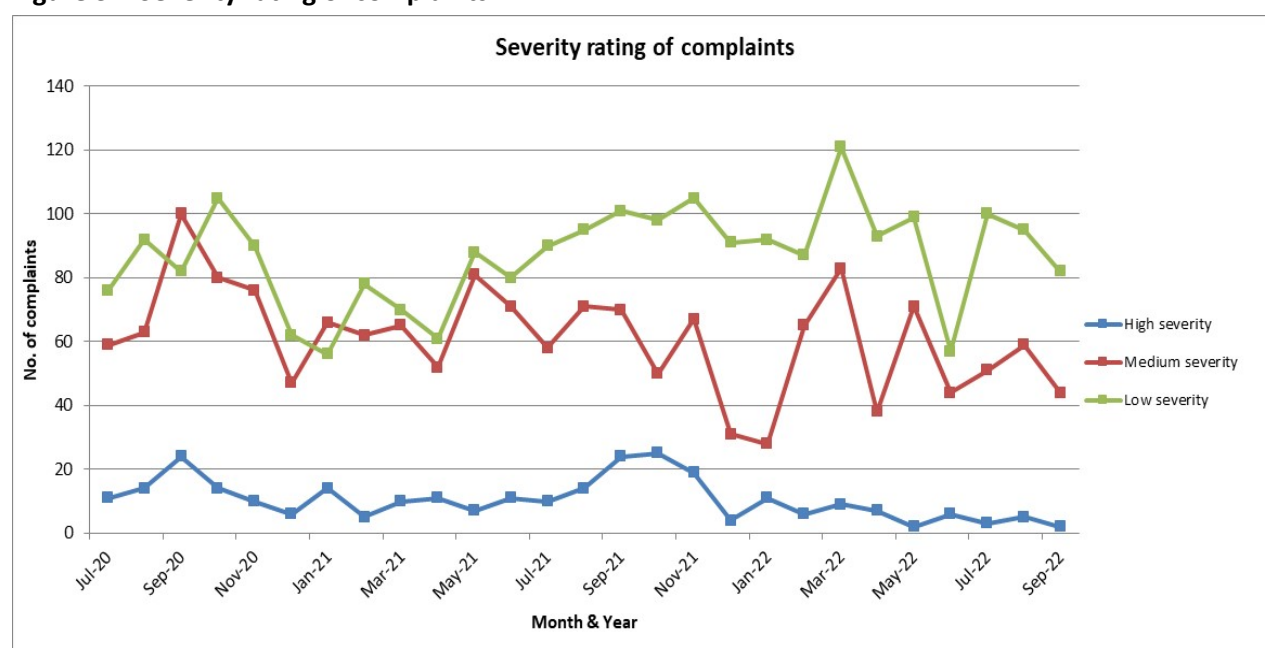
with patient complaints, i.e., Trusts who receive high levels of low-level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving 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.

Table 22: Examples of severity rating of complaints

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

In Q2, the Trust received 441 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 441 complaints, 277 were rated as being low severity, 154 as medium and 10 as high. Figure 29 below shows a breakdown of these severity ratings by month since July 2020.

Figure 32: Severity rating of complaints



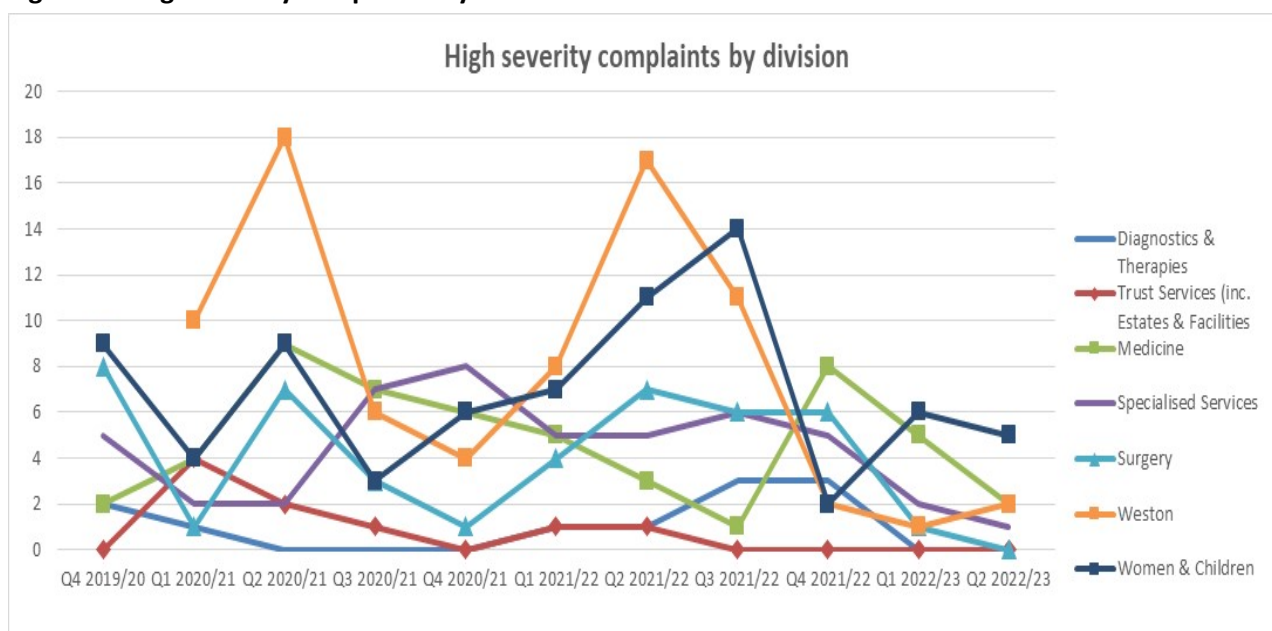
In Q2, only 2.3% of complaints were designated as high severity. A breakdown by Division is shown in Table 23 below.

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

Division	High Severity	Medium Severity	Low Severity	Totals
Women & Children	5 (6.9%)	28 (38.9%)	39 (54.2%)	72
Medicine	2 (2.1%)	39 (40.6%)	55 (57.3%)	96
Weston	2 (3.6%)	21 (36.8%)	34 (59.6%)	57
Specialised Services	1 (1.8%)	24 (42.1%)	32 (56.1%)	57
Surgery	0 (0%)	41 (37.6%)	68 (62.4%)	109
Trust Services (inc. Estates & Facilities)	0 (0%)	0 (0%)	24 (100%)	24
Diagnostics & Therapies	0 (0%)	1 (3.8%)	25 (96.2%)	26
Totals	10 (2.3%)	154 (34.9%)	277 (62.9%)	441

Figure 33 below shows an encouraging reduction in high severity complaints at Weston for the last three quarters.

Figure 33: High severity complaints by division



Report Title	2022/23 Quarter 2 Patient Experience and Involvement Report
Report Author	Matthew Areskog, Head of Experience of Care & Inclusion
Executive Lead	Deirdre Fowler, Chief Nurse & Midwife

1. Report Summary

The quarterly Patient Experience and Involvement report presents a summary of trends in patient experience across the Trust and updates on the Trust's Patient and Public Involvement (PPI) programme. It also includes actions taken to learn from patient feedback and improve the quality of care.

2. Key points to note (Including decisions taken)

Successes and improvements:

- Q2 2022/23 data shows that inpatient tracker scores for the Divisions of Surgery, Specialised Services and Women's & Children's (including Maternity) remained above target
- The inpatient experience tracker score for the Division of Medicine continues to track above the average for 2021/22 (the year-to-date out-turn is just below the minimum target threshold)
- Outpatient experience (as measured through the OP tracker score) continues to track above its long-term average. The introduction of Virtual Clinics is the key driver for this positive trend.
- A focus group has taken place with patients who have been diagnosed or treated for cancer during the pandemic. This in-depth involvement work both supports and informs the cancer experience improvement work in the Trust and the wider system.

However:

- Overall inpatient experience as measured through the IP tracker score at a Trust level dropped below target in July and August, before recovering in September.
- The inpatient experience tracker score for the wards at Weston was below target at 83 in Q2 2022/23 (stable from Q1 score). In addition, the year-to-date kindness and understanding score for Weston is at the minimum target and is tracking below its average from 2021/22.
- There is a continuing trend for patients and families to report a poorer overall experience in our Emergency Departments (as measured through FFT) which correlates with the sustained increases in demand across urgent and emergency care services.
- The 2021 National Adult Inpatient Survey results show that UHBW is now in line with the national average for overall experience of care. This is a fall from the 2020 results where the Trust was in the top 20% of performance nationally.

A review and refresh of the Trust's monthly survey questionnaires for inpatients, outpatients and maternity will start in Quarter 4. In addition, the Trust will implement

new mixed methodology completion channels for patients by March 2023 to capture an increasing proportion of digital feedback.

3. Risks

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

N/A

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

This report is for **Assurance**.

5. History of the paper

Please include details of where paper has previously been received.

Patient Experience Group	17/11/2022
Quality and Outcomes Committee	22/12/2022

Quarterly Patient Experience and Involvement Report

Quarter 2 - 2022/23

Report date: 10th November 2022

Author:

Matthew Areskog, Head of Experience of Care & Inclusion

Contributors:

Anna Horton, Patient Experience and Regulatory Compliance Coordinator

Tony Watkin, Patient and Public Involvement Lead

Samantha Moxey, Patient Experience Support Officer

1. Overview of patient experience and involvement

Successes	Priorities
<p>Q2 2022/23 data shows that inpatient experience (as measured through the IP tracker score) at a Trust level dropped just below target in July and August, before recovering in September. Inpatient experience at a Divisional level:</p> <ul style="list-style-type: none"> - Divisions of Surgery, Specialised Services and Women's & Children's (including Maternity) remain above target; - The inpatient experience tracker score for the Division of Medicine continues to track above the average for 2021/22 and the year-to-date out-turn is just below the minimum target threshold. <p>The Trust Patient Experience Team will continue to monitor these trends on a monthly basis and liaise with Divisions where performance is below target to ensure there are appropriate actions in place to recover performance.</p> <p>Outpatient experience (as measured through the OP tracker score) continues to track above its long-term average. The introduction of Virtual Clinics is the key driver for this positive trend.</p> <p>A focus group has taken place with patients who have been diagnosed or treated for cancer during the pandemic. This in-depth involvement work both supports and informs the cancer experience improvement work in the Trust and the wider system.</p>	<p>Develop improvement activity in response to the results of the National Adult Inpatient Survey 2021 to ensure that there is a trajectory for performance improvement in place in line with the Patient First – Patient Experience A3.</p> <p>Continue the 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. During Q3 and Q4, further training sessions will ensure that all staff who required access to IQVIA are trained.</p> <p>Continue the implementation of the Patient Experience Improvement Plan in Maternity services which is coordinated and led by the new Women's Experience Group together with the Maternity Voices Partnership.</p> <p>Work with the Transformation Team in Q3/Q4 to develop and a new on-line PPI resource bank to support colleagues in delivering better patient and public involvement as part of quality improvement work.</p>
Risks & Threats	Opportunities
<p>The inpatient experience tracker score for the Weston Management Team was below target at 83 in Q2 2022/23 (stable from Q1 score). In addition, the year-to-date kindness and understanding score for Weston is at the minimum target and is tracking below its average from 2021/22.</p> <p>The 2021 National Adult Inpatient Survey results show that UHBW is now in line with the national average for overall experience of care. This is a fall from the 2020 results where the Trust was in the top 20% of performance nationally. These results were as expected given the trend observed in our monthly inpatient experience tracker score which has been tracking below its longer-term average since 2021/22.</p> <p>In line with the trend seen during 2021/22, patients and families continued in Q2 to report a poorer overall experience in our Emergency Departments (as measured through FFT) which correlates with sustained increases in demand across urgent and emergency care services. Longer wait times and concerns about the environment (for example waiting areas) are the main drivers for this deterioration. However, BRI ED has seen an improvement in the FFT score (Q1 75.5 up to Q2 79.5%).</p>	<p>The Trust's patient experience hub (IQVIA) has the capability to create real-time alerts where there is feedback of concern about a service. This alert process creates a more robust and timely system to capture actions taken as a result of patient feedback. This will be explored as part of phase 2 of the system development during Q3 2022/23.</p> <p>A review and refresh of the Trust's monthly survey questionnaires for inpatients, outpatients and maternity services will ensure relevant and timely patient experience data for the Trust and for Divisions and services and will be aligned to the national survey programme. In addition, implementation of a new mixed methodology completion channel for monthly surveys during Q3/Q4 to capture an increasing proportion of digital feedback and further 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 activity being undertaken by the Trust

The Trust's PPI Lead has delivered and supported a range of corporate, divisional and BNSSG initiatives, including the examples listed below. The Patient and Public involvement log has been attached as Appendix .:

- A focus group has taken place with patients who have been diagnosed or treated for cancer during the pandemic. This in-depth involvement work both supports and informs the cancer experience improvement work in the Trust and the wider system;
- The Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) has undertaken a review of the Trust Access Guides as they relate to Weston General Hospital. The next step is for the participants of the focus group to meet in Quarter 3 with the AccessAble team to share their feedback which is primarily concerns the usability of the guides;
- Three patient and family conversations to inform the development of the extracorporeal membrane oxygenation (ECMO critical care) service have been held. The purpose of the focus groups was to understand from a patient and family point on what really mattered most to them about the service, specifically the value of enhanced and personal communications between the hospital and the families. The service is using this insight to further improve the quality of care provided and to develop new patient information;
- Supporting the planning and delivery of patient focus groups to review how the High Impact User Service can better reflect the needs of patients;
- Advising on and supporting the delivery of the involvement aspects of the implementation of the National Patient Safety Strategy including the recruitment process for Patient Safety Partners (PSP). The next steps are to design and delivery the induction and support package for the new PSPs;
- We have recruited a new lay representative to the supportive cancer care project and the Trust Carers' Steering Group;
- Advising and supporting members of the Trust's Community of Practice (CoP) for Better Involvement on co-production methods including the Regional Neo-Natal Intensive Care Network hosted by UHBW. The Trust PPI lead is delivering bespoke support to this network on co-design approaches. One of the main benefits of the CoP that has been evidenced is that participants are contacting one another outside of the CoP meetings to share learning and provide peer support;
- The support of the audit of our ED services through the lens of autism in partnership with our community partners, Bristol Autism Support Services and others concluded during Quarter 2 and culminated in a nomination for the National PENNA 2022 awards for best-practice in community involvement;
- Supported the Gastroenterology team in the planning of "Alright my liver?" - UHBW outreach events to bring liver health checks to the South West. The PPI lead provided specialist advice and guidance on how best to engage with communities on this matter.

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 was just below minimum target in July and August, before recovering in September 2022. This mirrors the same pattern seen during July - September 2021 which can be seen on Chart 1 below.

The ‘kindness and understanding’ tracker score (Trust-wide) has remained above the minimum target and alert threshold during the period although continues to track below the long-term average.

Chart 1: Inpatient experience tracker score

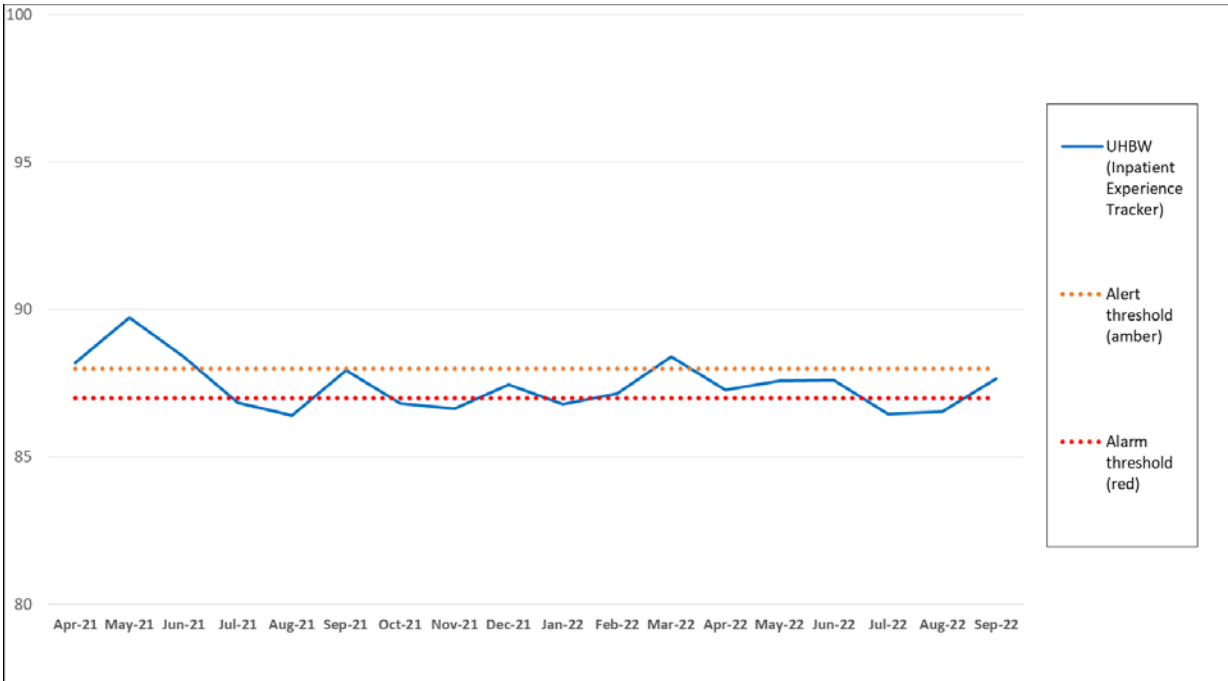
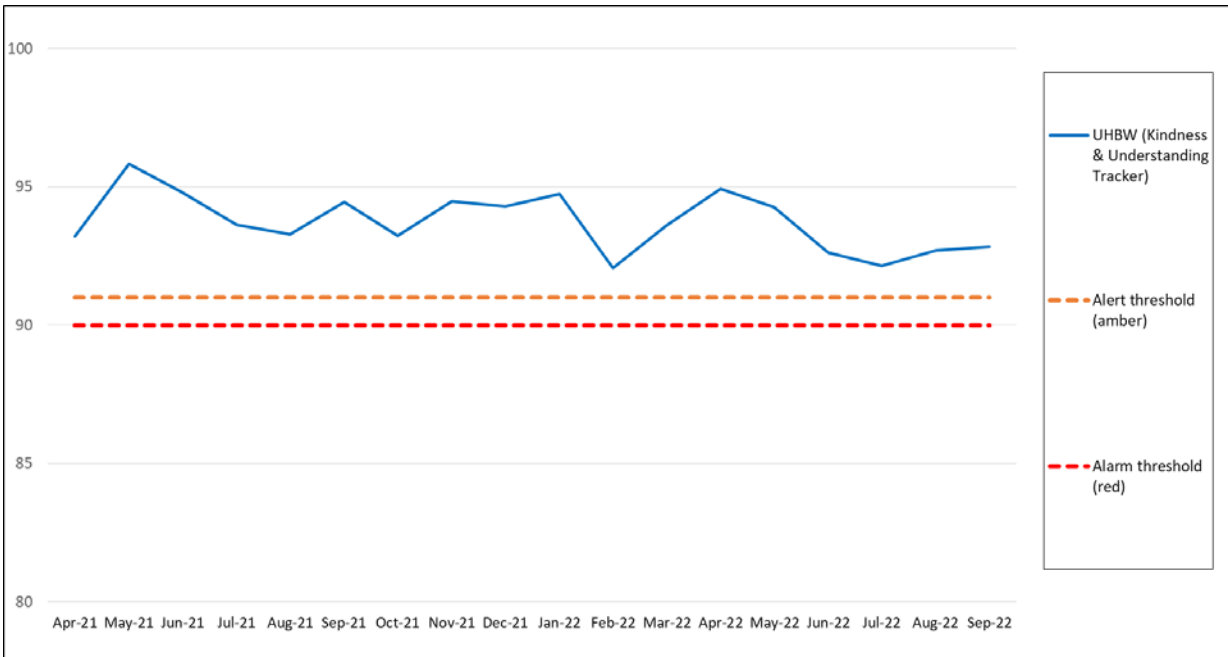


Chart 2: Inpatient ‘kindness & understanding’ score



4.2. Inpatient Experience (Divisional analysis)

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

Chart 3: Divisional inpatient experience tracker scores for Q1 and Q2 (April to September 2022/23) compared to their normal fluctuation based on the previous financial year (2021/22).

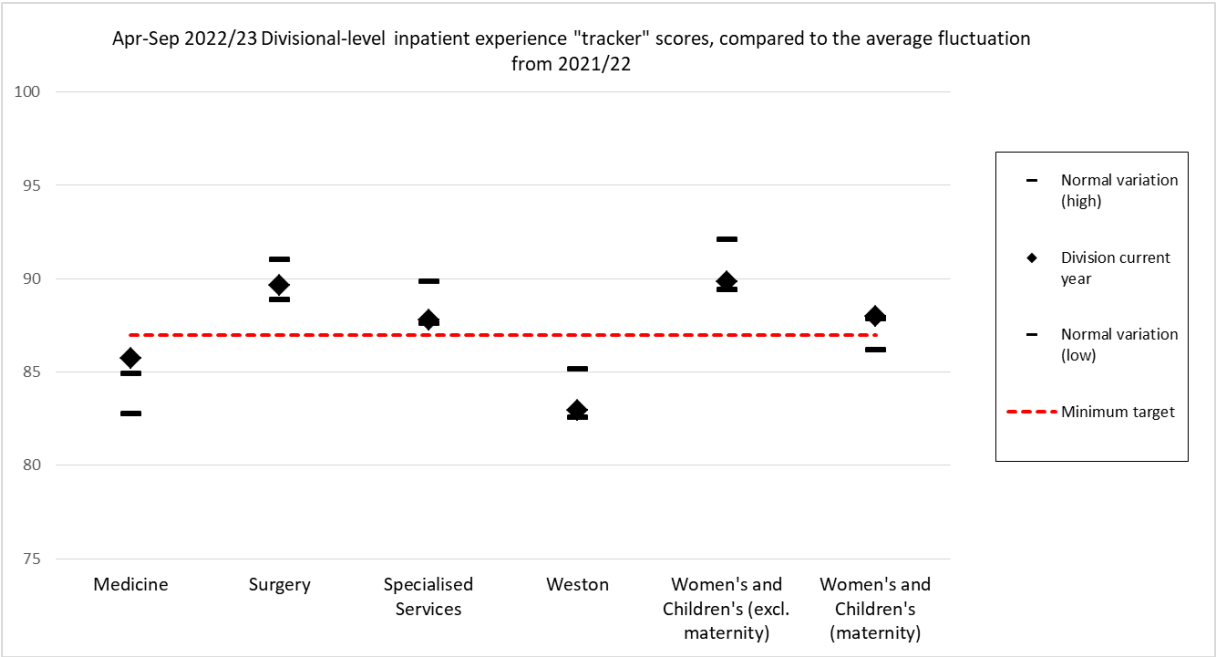
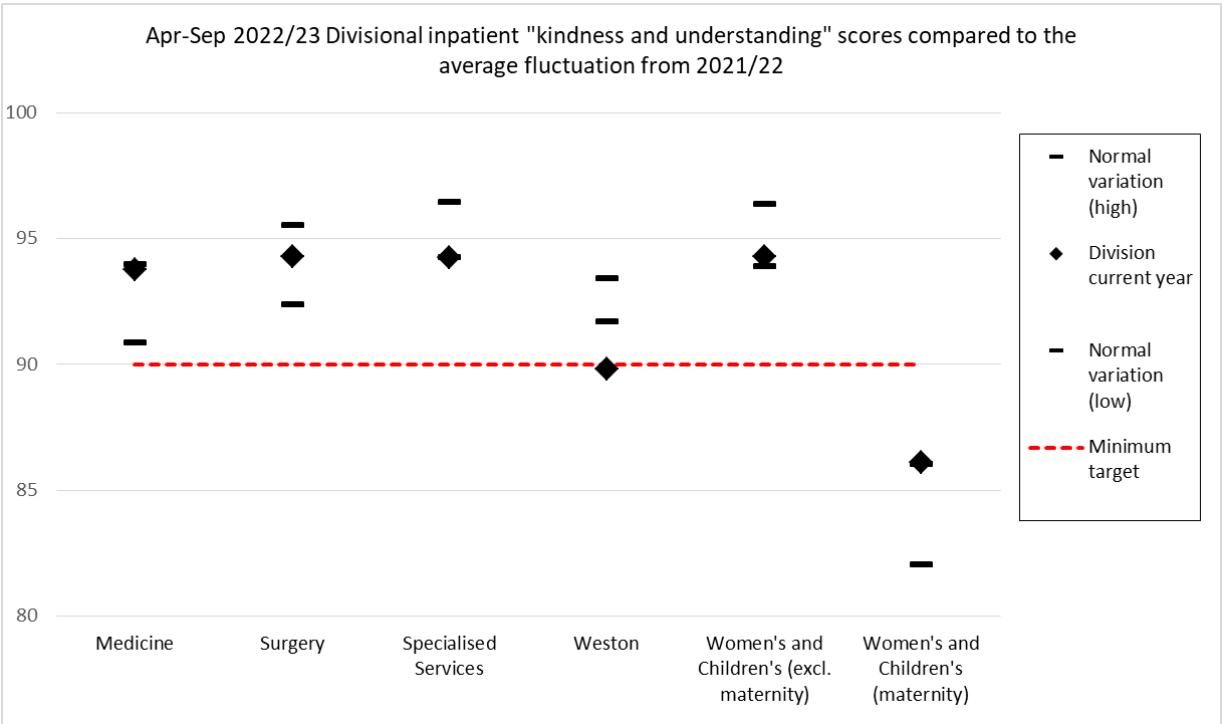


Chart 4: Divisional kindness and understanding scores for Q1 and Q2 (April to September 2022/23) compared to their normal fluctuation based on the previous financial year (2021/22).



Divisions on target

Inpatient experience based on the tracker score during 2022/23 year-to-date (Q1 & Q2) remains above target in the Divisions of Surgery, Specialised Services and Women's & Children's (including Maternity). See chart 3 above.

The kindness and understanding scores for 2022/23 year-to-date for Surgery, Specialised Services and Women's and Children's (excluding Maternity) are broadly comparable to their long-term average (see Chart 4).

Divisions below target

Medicine - The inpatient experience tracker score for the Division of Medicine continues to track above the average for 2021/22 and the year-to-date out-turn is just below the minimum target threshold.

These results have been reviewed by the Division of Medicine and the following response received:

"Ward cleanliness has been picked up with the sisters at the Quality meeting to be vigilant around cleanliness especially when we know that our hotel services staff have been short staffed and the housekeeper vacancies that we have in one of our assessment units will affect cleanliness on our wards. We are actively recruiting to the housekeeper role but unfortunately this has not been successful so we are looking at different roles that will support cleanliness alongside the housekeeper role (e.g looking at what the in house porter could support with as an extension to the role).

Communication with nurses is low and this is really disappointing for the team, however not unexpected with the current vacancy levels and high sickness which we look at in detail every month with our teams. 'Phonership' will help and this is a Trust-wide piece of work that Juliet is leading and Jo Lloyd Rees in medicine is keen to look at how we can support the team to answer the phones as this is everyone's business not just a nursing role. Recognising that relatives need to be kept informed of their loved ones care and treatment."

Head of Nursing, Division of Medicine.

Weston - The inpatient experience tracker score for the Weston is below target at 83 in Q2 2022/23, which is stable from the same score reported in Q1. In addition, the year-to-date kindness and understanding score for Weston is at the minimum target and is tracking below its average from 2021/22. When reviewing the feedback further (see Table 1 below), there has been a decline in the inpatient experience score in areas relating to patient-reported ward cleanliness and communication with nurses when compared to 2021/22.

Table 1: Division of Weston inpatient experience score themes

Division of Weston <i>Inpatient experience score themes</i>	2021/22		2022/23	
	Q3	Q4	Q1	Q2
Ward cleanliness	92	93	91	88
Respect and dignity	92	94	91	92
Communication with doctors	74	81	79	80
Communication with nurses	85	83	80	79
Involvement in care and treatment	78	77	77	77
AVERAGE	84	86	83	83

The analysis has been reviewed by the Weston Management Team and the following response received:

“Two areas dropped for Weston in Quarter 2 which were patient-reported ward cleanliness and kindness and understanding. It has been identified that there are a few hotspots areas re: cleanliness which are Sandford ward, Steephelm ward and the Day Case Unit. On a positive note all other areas were generally rated as clean or very clean. The IPC lead has asked the Ward Sisters for feedback and actions that are being undertaken when cleanliness scores are in red for their areas.

It is disappointing to see that the kindness and understanding has decreased in Q2. After a deep dive of the 154 surveys completed I can confirm that 77% of patients said they were always treated with kindness and understanding, a further 21% said they were sometimes treated with kindness and understanding and only 2% said they were not treated with kindness and understanding. This 2% was attributed to three patients who were all cared for on Harptree. The Matron has been made aware and will feedback to the ward staff and this will be monitored in Q3.”

Deputy Head of Nursing, Division of Weston.

Maternity (K&U only) - The kindness and understanding score for Maternity services remains below target (year-to-date), although continues to track above the average from 2021/22, maintaining the improvement seen in Q1.

“Quarter 2 saw a busy period, particularly in September, and there were staffing gaps on the post-natal wards due to vacancies and sickness which may have impacted on the Kindness and Understanding scores. The multi-disciplinary Women’s Experience Group continue to meet monthly and have representation at every meeting by the Maternity Voices partnership and North Bristol Trust.

The patient Experience action plan written following the disappointing National Maternity survey results is making great progress. All face-to-face ante natal classes across both Trusts are now re-instated. Visiting has reverted to allow partners all day and children of women now able to visit. Training has commenced for midwives on the new Local Maternity System wide personalisation and choice booklets. Birth rate Plus workforce assessment has demonstrated that when all staff in post the Maternity services establishment is appropriate for the acuity of patients and number of births. However, a piece of work has been done with finance to convert some funding from when midwives are on maternity leave to increase the maternity support staff on the ward which will hopefully improve patient experience. The website has been reviewed by the MVP and recommendations for improvement made which are now being taken forward by the Matrons and the communications team. Learning from sessions delivered as part of the ‘Patient Experience at Heart’ maternity workshops are being shared with the Practice Education facilitators who will be putting on further sessions for the maternity workforce.”

Head of Midwifery & Assistant Director of Nursing, 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. Year-to-date 2022/23 inpatient experience tracker score results for the BRI, BHOC and St Michael’s (Maternity) and Bristol Eye Hospital are particularly encouraging, with scores above the average from the 2021/22 financial year. See charts 5 and 6 overleaf.

The Q2 2022/23 kindness and understanding score results for gynaecology (ward 78 at St Michael’s) was below the minimum target and continued to track below the average for 2021/22. The analysis has been reviewed by the Division and the following response received:

“Our actions are to continue to encourage staff to ask patients about their stay on the ward and what they have felt about the staff linked to kindness and understanding. I do this as matron when I meet our patients. I have discussed this with the new Consultants and the senior nurses supporting the ward sister. The clinical senior leads are recommending this piece of work.

The reason for this pattern may also be linked to the delays in Medical Review out of hours and our care and management of patients who are in pain. The pain part we are dealing with linked to Quality Improvement projects. Additionally, some pregnant patients who are miscarrying believe they should be in Obstetrics when they are miscarrying, they feel that they may get more specialist care and 1:1 care with Midwives. We care for patients miscarrying up to 19 weeks plus 6 days. 20 weeks and over have 1:1 care in Obstetrics which follows guidance and standards in this area.”

Modern Matron, St Michaels Hospital, Division of Women’s and Children’s Services.

Chart 5: Hospital-level inpatient experience tracker scores for Q1 and Q2 (April to September 2022/23) compared to their normal fluctuation based on the previous financial year (2021/22).

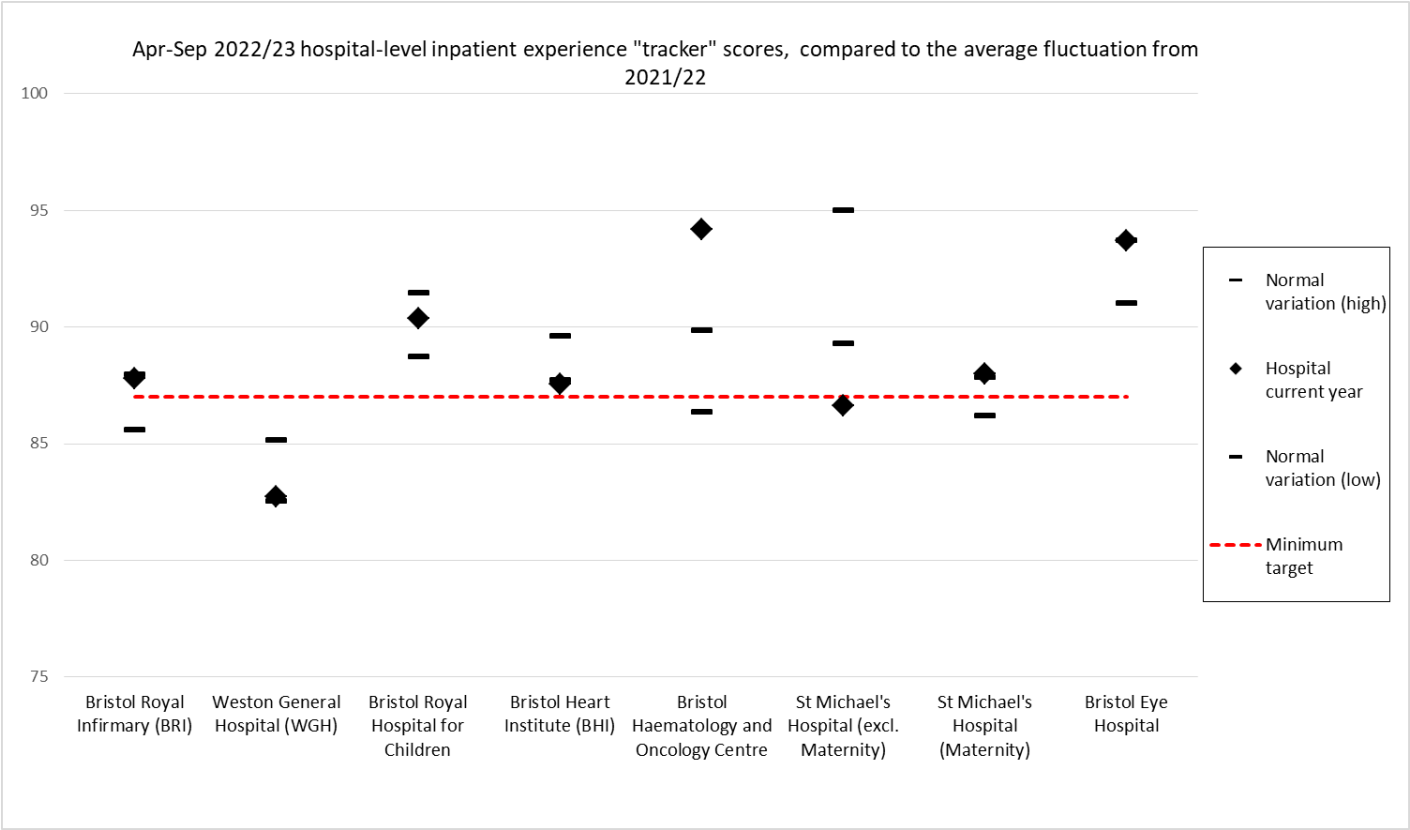
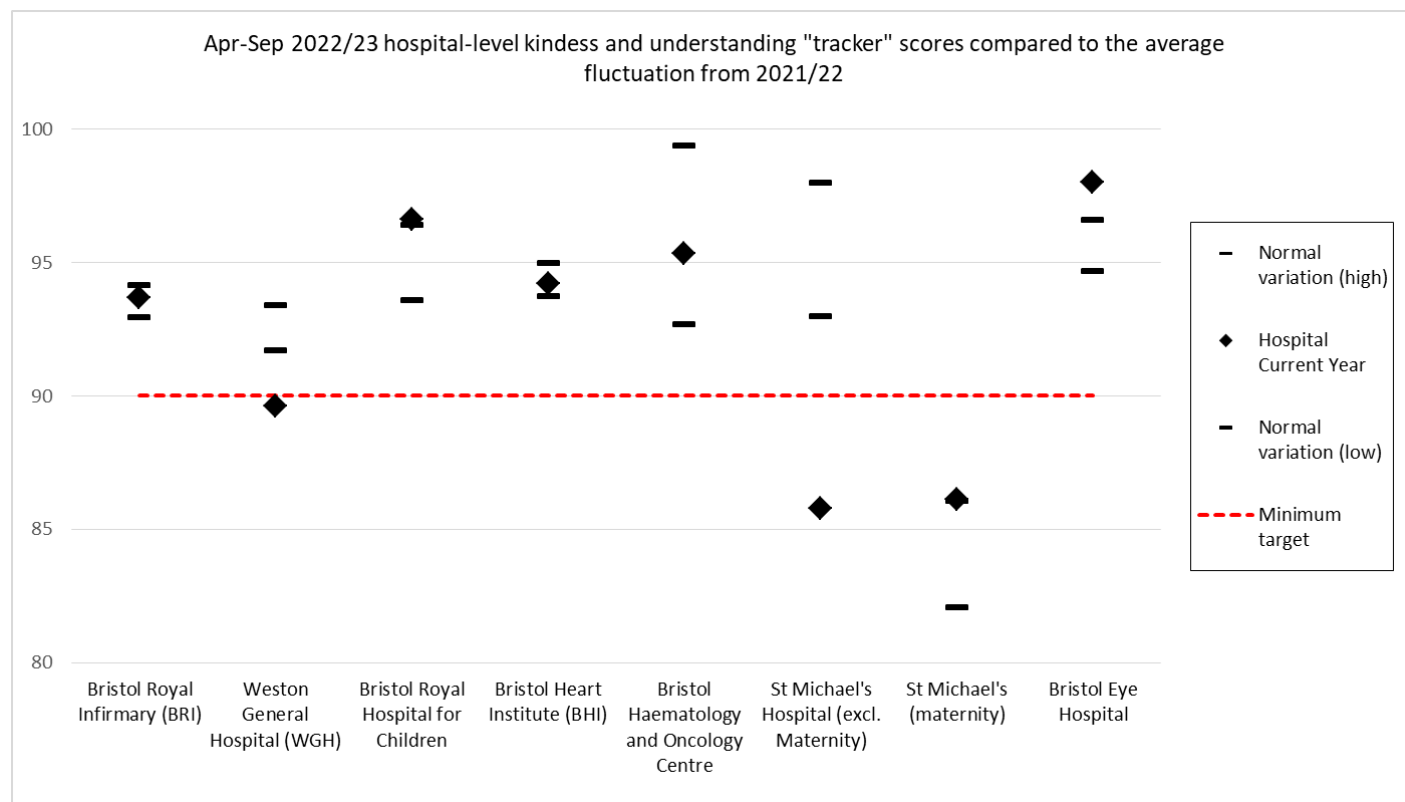


Chart 6: Hospital-level kindness and understanding scores for Q1 and Q2 (April to September 2022/23) compared to their normal fluctuation based on the previous financial year (2021/22).



4.4. Positive feedback received

The table below shows a sample of positive feedback received via the monthly survey programme between July and September 2022 for each Division.

Table 2: Sample of positive feedback received via the monthly survey in Q2 2022/23

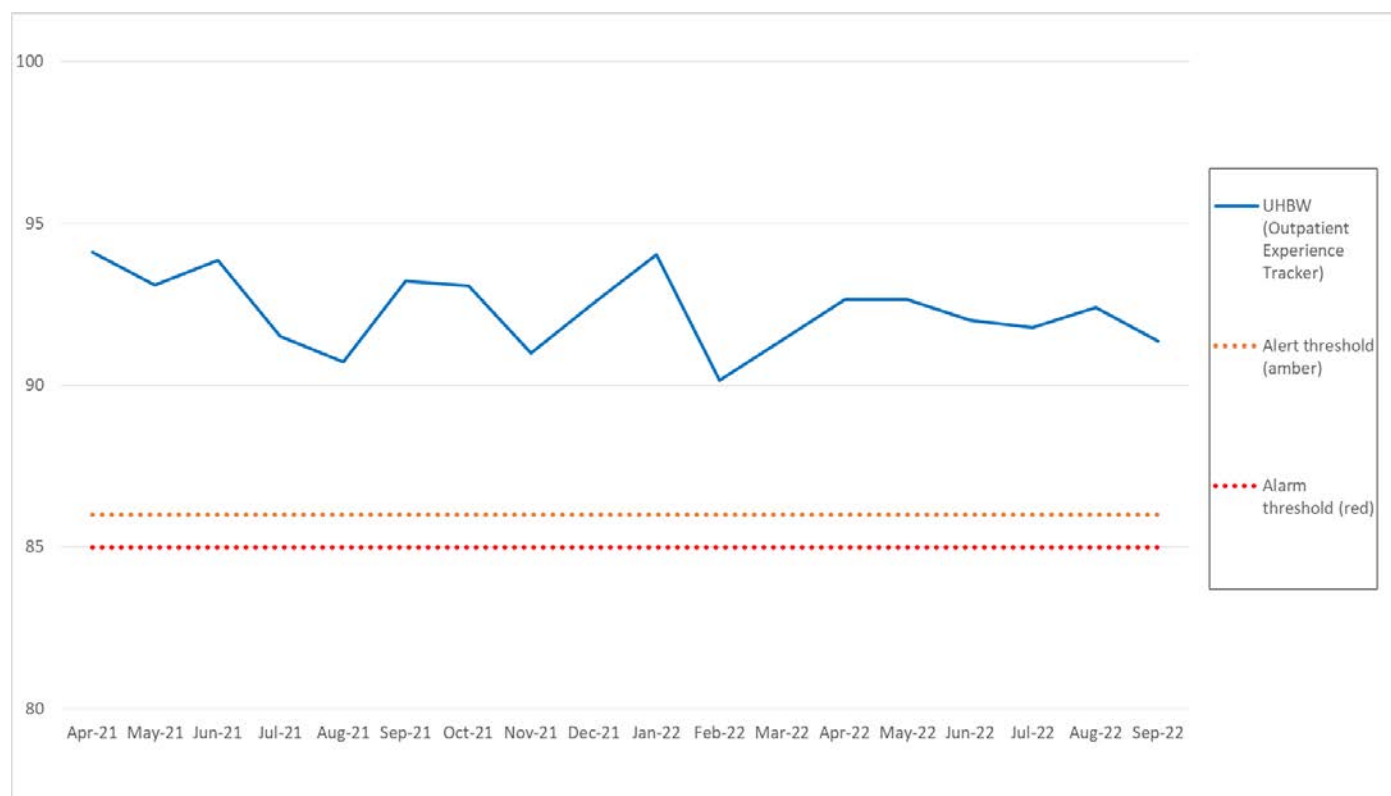
Division	Feedback
Medicine	<p>"I was very humbled by the experience, the care and kindness of everyone involved was lovely. I would like to say a big thank you to all the doctors, nurses and support staff. My best wishes to you all." (A515)</p> <p>"I was treated with respect and dignity throughout my thirteen day stay. My heartfelt thanks to all the staff, nursing and otherwise, who helped to get me through having Covid-19." (A800)</p>
Surgery	<p>"Very well looked after by all staff from consultant/doctor down to porters, all staff gave their best. A big thank you to them all!" (A609)</p> <p>"Arrived in pain and worried. Every member of staff filled me with confidence that I was going to get all the help I needed. Kind, empathetic, professional and cheerful. Thank you so very much." (A609)</p> <p>"The staff are brilliant, very professional and genuinely care about patients. Also very good at explaining what is going to happen and answering questions." (QDU)</p>

Specialised Services	<p>"Everyone from cleaners to consultants is exceptionally caring, supportive and professional at every level." (D703)</p> <p>"Outstanding level of care and kindness shown by all members of staff." (C708)</p> <p>"I was treated with so much care & attention, even though I was not feeling good I felt very comfortable & well looked after every day I was in there my sincere thanks to everyone concerned such wonderful people." (C705)</p>
Weston Management Team	<p>"All staff were friendly and committed to their roles and in providing the best of care in a challenging environment and diverse range of patient needs to be met. All staff went beyond the call of duty every day. It was a sobering experience to see, first hand, how our brilliant NHS staff deliver a high quality service for everyone. God bless each and everyone of you!" (Steepholt)</p> <p>"Coming in anxious I was helped to feel relaxed. Everything was explained to me well and I was impressed with the empathy and efficiency combination. Everything went smoothly but I hope I don't have to come back again. Thank you all." (Day Case Endoscopy)</p>
W&C (Children's)	<p>"From the moment we arrived, to the day we left, every member of staff was amazing, that includes doctors, nurses, cleaners, teachers and even the security who were always courteous and polite." (E406)</p> <p>"Staff were welcoming and kind and answered all concerns with empathy. The staff are true heroes. The staff must see so many worried parents day in and day out but whilst we were there with our sick daughter they made us feel cared for and heard and the staff were very focused." (BRHC ED)</p> <p>"Friendly nurses and doctors going out of their way to ensure best care for my child." (Starlight Ward)</p> <p>"Incredible! Fantastic communication. So helpful, friendly and engaged. They ([names removed]) are such a wonderful team of lovely people. Thank you for helping me and my daughter today." (Carousel L3 Outpatients)</p>
W&C (Maternity)	<p>"The staff were very compassionate, kind and reassuring. It made the whole experience much easier to cope with. The staff worked brilliantly as a team. A huge thank you." (78)</p> <p>"Excellent, supportive and non-judgemental midwives. As busy as I am sure you all are we never felt we weren't your priority at that moment. Thank you." (Central Delivery Suite)</p>

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 outpatient experience tracker score for Q2 2022/23 for UHBW (Trust-wide) was 92 (consistent with the same score in Q1). 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



Patient Experience of 'Virtual Clinics'

Since the start of the Covid-19 pandemic, there has been a growing body of local survey work taking place in order that we understand the quality and suitability of remote outpatient services, known as 'Virtual Clinics' in more depth. Patients are selected for a Virtual Clinic appointment by clinicians at the Trust based upon clinical suitability for digital appointments. Individuals are deselected if they are deemed to be lacking support to engage well with a digital appointment, or if a detailed physical or otherwise intimate examination is required. Therefore this data is based on those who were able to access the service.

The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of Virtual Clinics which has been running since April 2020. Please note that this survey has not been promoted to patients during since April 2022 and therefore quarterly analysis is not included in this report. However, the results from this survey received during 2021/22 can be found in the Quarter 4 2021/22 Patient Experience and Involvement report alongside key demographic trend analysis. It is anticipated that the virtual clinic survey will re-start in Quarter 4.

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 Q2 2022/23, we received 16,878 FFT responses which represent a 21.1% increase on the volume of responses received in Q1 2022 / 2023 (13,939). FFT data for Q2, compared to Q1, is shown below (Table 3). Overall, FFT scores are comparable to Q1 for the majority of attendance types.

Table 3: Friends and Family Test Data – Q1 2022/23 and Q2 2022/23

Attendance type by Division/Site	Response Rate		FFT Score ^[1]	
	Q1	Q2	Q1	Q2
Inpatients				
Medicine	21.7%	20.9%	91.8%	91.8%
Surgery	29.5%	40.0%	94.6%	95.7%
Specialised Services	35.9%	45.5%	95.0%	95.0%
Women's and Children's	22.2%	30.5%	96.8%	96.2%
Weston	38.2%	47.3%	92.7%	91.7%
Trust total	29.2%	37.0%	94.2%	94.2%
Emergency Department				
Bristol Royal Infirmary	5.8%	5.7%	75.5%	79.5%
Children's Hospital	7.5%	8.5%	84.5%	86.6%
Weston	10.1%	9.0%	83.0%	82.9%
Bristol Eye Hospital	7.3%	7.0%	95.2%	94.1%
Trust total	7.5%	7.4%	83.3%	84.8%
Outpatients				
Bristol	N/A	N/A	94.5%	94.8%
Weston	N/A	N/A	96.4%	94.2%
Trust total	N/A	N/A	94.6%	94.8%
Maternity				
St Michael's Hospital	13.7%	17.4%	98.9%	97.7%
Day case				
Bristol	17.6%	18.2%	99.5%	99.3%
Weston	37.0%	41.2%	99.1%	98.9%
Trust total	20.3%	22.7%	99.4%	99.2%

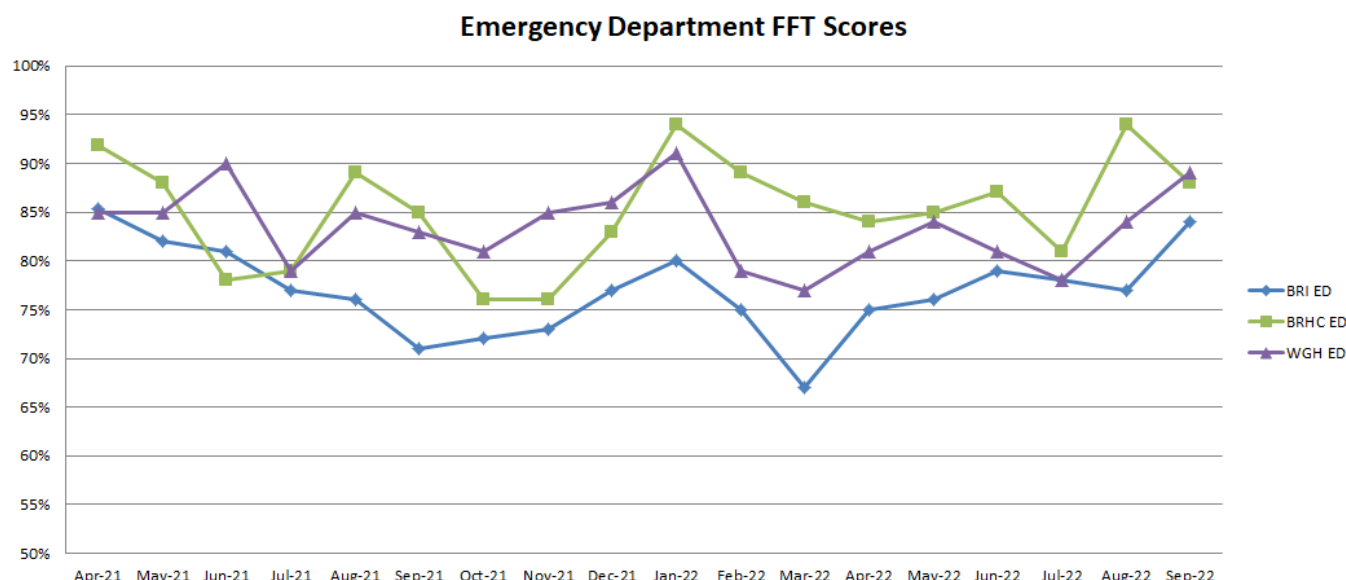
Patients and families continue to report a poorer overall experience in our Emergency Departments (as measured through FFT) compared to their long-term average FFT scores. This correlates to the sustained increased in demand across urgent and emergency care services seen during this period. This trend is particularly apparent at

^[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

the BRI ED, BRCH ED and Weston ED. Longer wait times and concerns re: the environment (for example crowded waiting areas) are the main drivers for this deterioration.

During Quarter 2, BRI ED has seen an improvement in FFT score when compared to Quarter 1 (75.5% (Q1) to 79.5% (Q2)). Weekly FFT reports produced by the Patient Experience Team are sent to each ED management team for routine review and to support continuous improvement.

Chart 10: Emergency Department FFT Scores April 2021 – September 2022



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 4 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 4: 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	<p>"Staff were so unhelpful, when I asked how long the wait would be no one could even give me an idea, the information board said up to 26 hours for the longest wait!</p> <p>The waiting area stank of human urine, it felt dirty & I left feeling uncomfortable & dirty myself. There was only one vending machine available where you could purchase chocolate and crisps - no healthy options at all or hot drinks. When I asked for a blanket because I was cold no one would get me one, they told me they weren't sure where they could get one and the nearest available blanket was in a different department, so I ended</p>	<p>Thank you for bringing to our attention the feedback received from the patient. I am really sorry to hear that the cleaning standards in our areas were not what the patient expected at the time of his visit in ED Department. I can assure you that we understand how important it is a cleaning environment in our hospitals, especially in a busy environment like ED; hence we are completing regular cleaning checks of the toilets and waiting area throughout the day. We have staff covering cleaning in this area from 7AM to 10PM, including night. I have noticed that we do not have an exact date and time</p>

		<p>up going off and trying to find one myself. Toilets were filthy, not once did I see a cleaner come in to even check the toilets or the waiting area. Could have done with some air freshener and the whole place needs to be bleached from floor to ceiling to get the stench gone! All in all it was shocking conditions to be sat waiting in when you are feeling so poorly. Also when I finally saw the doctor she was very blasé & hadn't even looked at My X-ray correctly and had to go back and look over it again. I left feeling disappointed, tired, cold, dirty & no better than when I'd arrived."</p>	<p>when the patient attended A&E apart of the month of August, so I was not able to investigate what exactly happened at the time of the patient's visit. However, I will remind to the staff members to keep checking regularly these areas during the day, especially at the busy times. We are unsure why the digital board stated longest wait 26 hours and can only assume it was an IT glitch as the digital screen is linked to Careflow).</p>
	A528	<p>"Answering call button, on many occasions I rang to the toilet but no-one came and I wet myself and sat in poo for an hour, I felt like a 3 year old child. Noise on ward, I was kept awake at night, resulting in a serious lack of sleep which didn't help my recovery."</p>	<p>This has been shared with the team on A528 who are incredibly sorry for the patients experience as this is clearly not the standard of care that should be provided to patients. The divisional director of nursing will be discussing the feedback with the ward sister and matron for more detail and ideas for improvement of the patients experience.</p>
Specialised Services	Radiotherapy	<p>"I have cancer and currently having chemo and radiotherapy. When I had my first radiotherapy I had COVID 10 days previous so was instructed I would need to go through a side entrance which I understood. When I arrived it was pouring with rain and was instructed to still wait outside and told they were running 30mins late! When I was eventually "allowed" in I was soaking wet through and dripping with rain. No apology was made or cloth/towel offered to dry. I was treated worse than an animal. If I was an elderly person 1, that probably wouldn't have happened and 2, I would be absolutely mortified if someone else fighting cancer was treated in this way. Once I sat down I burst in to tears as I was extremely upset. COVID has been around for 2.5 years so by now you</p>	<p>On receipt of this feedback the radiotherapy team identified 3 key issues which were then discussed at a band 7 meeting, RT management meeting and with current patients. Those forums generated a lot of suggestions which are now being actioned by the radiotherapy team. Interestingly the feedback, from current patients was positive, although it has helped identify some issues that were not previously considered.</p>

		should have at least sorted a designated seating area INSIDE!"	
	C708	<p>"From entering BRI A&E 29/7/22 I was grateful for all the help I was given and treated the staff with respect. At 4 am (approx) 30/2/22 a nurse came in (in the dark) to say I was being moved so I was wheeled along a corridor into a ward then out the other side into a store room! (I have photos to prove). Dumped and disrespected is how I felt in with the spare tables and partitions. The bed they put me on wasn't locked down and moved against the wall when I got on it. No lights or sockets in the store room, the only light was from the corridor as the staff used it as a short cut. I would rather been on a chair."</p>	<p>This patient was cared for in boarding bed.</p> <p>Following concerns the boarding bed audit has been increased in frequency and now doing formal ward rounds to evaluate patient experience.</p>
Surgery	A602	<p>"The ward was extremely noisy at night, above a busy road and having windows open didn't help. There were ineffective fans in the ceiling that were so noisy it was like trying to sleep on a building site. Extremely hot (36°) and the heat coming in from the open windows made it hotter. Also no blinds on the windows to stop the sun beating in."</p>	<p>I am sorry that this patient has had this experience with us. We recognise the challenges with our older estate and have meetings with estates to look at ways to resolve this. We hire air-conditioning units over the summer and monitor daily temperatures, utilising our Trust Heatwave plan should the need arise. A602 will review the availability of earplugs and eye masks for patients to minimise noise and brightness.</p>
	A700	<p>"1) My operation was cancelled twice - the first time on the day of admission, the second time by phone in advance - very disconcerting. 2) A small thing - I had a drain in my neck. The tube was tied to my bed. It was hard to reach my food, had to butter my toast on my chest because I couldn't use the bed table. Just needed a bit of thought. 3) The literature said that patients would be taken to the discharge lounge and should be collected from there - not true. My partner had to wait in a corridor. My kind nurse took me there to find him. More clarification needed. Little glitches really that spoiled what was otherwise a good experience."</p>	<p>I'm sorry that this experience occurred within Surgery. 1) I am sorry that the operation was cancelled twice. There are multiple factors that could mean a patient is cancelled, but without detail, I am unable to review for this patient specifically. We will always try to minimise the risk of cancellation, but recognise at times, this does occur. 2) Current practice requires that the drain is tied to the bed to ensure it doesn't become detached or move position in the wound site. We would expect a member of staff to explain that this can be detached to move or reposition and I am sorry that this did not occur at this time. We will ensure this is raised with</p>

			<p>the nursing team, through the patient safety briefing, to remind of the messaging and support with patient mobilisation. 3) I am sorry that the patient was unable to access the discharge lounge. I am not sure of the reasons, but we are actively using daily and support this discharge route. There have been times due to staffing and capacity within the discharge lounge, meaning this has not been possible. We are pleased to hear the nurse kindly escorted the patient to their partner.</p>
Women's and Children's	ED	<p>"Hardly any seats available which I understand when you are busy but it clearly states 1 adult for a sick child and this is not the case, some families had 2 or 3 adults. This left people standing whilst breastfeeding their poorly baby and getting in the way of an already busy area."</p>	<p>We have recently commenced a minor illness and injury stream that starts at 1300 each day; this will mean we can routinely move patients to another area on level 3 with waiting space and additional seating. We have followed the national guidance relating to how many adults can attend with a child and there is no longer any stipulation for there to only be one adult. Our waiting room electronic display has recently been refreshed and now offers ideas of where additional adults could wait if the waiting room is crowded.</p>
	Ward 73	<p>"Labour and birth care was amazing but the whole experience tainted by the lack of care/compassion of midwives post birth. I had COVID during the birth of my baby and was treated like I didn't exist. I was put in an unused bay at the end of the ward. My husband had a small wooden chair to sit on, after a long and tiring labour/birth. I had no access to water (drinking). When asked for it I was forgotten about. I had 1 small jug every 3/4 hours even after asking numerous times. My dog has access to more water than I did on the ward. This is disgraceful. I asked for pain relief post-surgery and again I was forgotten about. I had 1 dose of Paracetamol in 20 hours! I was supposed to be discharged at 4 pm and due to lack of staff and them admitting they forgot me after numerous bell calls,</p>	<p>The care received by this lady is unacceptable and the Division is very sorry to read about this ladies experience. The Division is working with Tony Watkin and the practice education facilitator to deliver kindness and caring workshops to the post-natal ward staff. In addition the matron will speak to the staff and share this story so they can reflect on what happened and the story will be shared with the women's experience group.</p>

		<p>didn't get discharged until 00:00! I had no water at all from 5 pm! They would not let my husband leave to get any. I've never been treated so poorly."</p>	
Weston	Berrow Ward	<p>"Poor quality food. Shower flooded floor into ward (Berrow). Nurses stated this happens all the time. No extra pillows available. Nurses work extremely hard. Very understaffed at weekends."</p>	<p>Menus have been recently changed addressing issues of food allergens and varied diet requirements. There is a general issue on the wards about all the options being given and promoted to the patients, and one of the future plans is the introduction of the electronic ordering system that will be more self-explanatory and user friendly this will provide more information to patients prior to their decision.</p> <p>Shower issue is known and will be addressed with the refurbish of the ward.</p> <p>More pillows to be ordered.</p> <p>Nurse staffing levels improving.</p>
	Hutton Ward	<p>"The staffing level was abysmal. The staff tried their best but fighting a losing battle. Most of the below caused by lack of time but also nursing the elderly is a specialty and this needs proper training. There was a patient with dementia who gave no peace to staff taking them away from their duties and hindering rest and sleeping. The food was appalling mostly looking awful with little choice and no green vegetables reducing/ taking away appetite. No care over ensuring dentures in Situ for dignity. The food servers gave no thought to height of table to reach food. No thought to the fact that the table was so high also could not see food. A tray on lap was not offered . Thus, hospital acquired weight loss and increased frailty hindering rehab and dirty closes from food being dropped again dignity issue. No hair care giving lack of dignity. daughter had to ask for this to be washed and every visit had to put hair up to ensure dignity. Unable to be taken to toilet in a timely manner rendering wetting of clothes - again lack of dignity to an incontinent patient. No</p>	<p>Staffing levels improving with good recruitment drive. Review of current establishment bench marking to ensure adequate staffing. Safer Nursing Tool assessment commencing 7th November. Delirium training being delivered which encompasses all aspects of patient care. Staff regularly working with practice development Educators and competency assessments taking place. Senior nursing staff working on the ward to support staff.</p> <p>Issues raised to be discussed at ward meeting.</p>

		automatic dipping of urine for UTI only done when mental health issue noticed showing not enough time for staff to actively talk to pts. No care over ensuring comfort sitting to address kyphosis and neck issues needing extra support. No care taken to regularly check hearing aids in situ to ensure communication, resulting in loss of aid - despite issue raised numerous times. Elderly people recovering from surgery need good appetising nutrition, comfort, attention to the smaller things, regular and good communication. The idea that this hospital is moving to be a centre of excellence for the elderly is currently laughable. Staffing levels and training need serious attention before this is even contemplated”	
Diagnostics and Therapies		There was no specific negative feedback received during the quarter for review.	

7.2 Examples from Divisions relating to improvements to experience of care

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

Division of Weston - The following initiatives have been developed during Q2 to improve patient experience:

- The ward manager on Cheddar Ward has changed the morning safety brief and the structure of the ward meetings so that issues of patient experience are covered. The ward has since received a letter from the husband of a patient that passed away that wrote to thank us about the care their wife received. “We could not fault the dignified and personal care [name removed] received. In particular, we would mention the exemplary way in which the nursing assistants went about the most difficult of duties. Each had their own personalised way of interacting with patients in a dignified way, with loving and caring smiles at all times.”;
- The emergency department have started a new initiative to send handwritten sympathy cards from the ED team to the patients next of kin and positive feedback has been received from a patients wife following this who thought this “was a lovely touch”;
- Positive verbal feedback has been received on patient experience relating to 'Dancing on Draycott' which takes place every Wednesday afternoon; this supports patient movement and engages them in activity. There is also an Age UK activities coordinator on Kewstoke Ward who engages the patients in games and activities which supports their recovery and rehab and the project is in the process of being evaluated.

Maternity services – The following initiatives have been developed during Q2 to improve patient experience:

- The midwives working with the Black Maternity Matters project is liaising with the Patient and Public Involvement Lead and intend to put on training for staff with regard to Kindness and Caring because feedback from BAME women is similar in some of the themes from all women seen in complaints;
- The next large piece of work that Women's services needs to improve with the communications team and the Maternity Voices Partnership is the website and a meeting is being set up to take this forward.

Bristol Royal Hospital for Children - The following initiatives have been developed during Q2 to improve patient experience:

- Development of two new Senior Nursing roles in BRHC – Lead Nurse for Acute Paediatrics and Lead Nurse for Academic Research. Both innovative new roles who will take forward the nursing agenda;
- Plans to include a complex care parent story at our next Divisional Board meeting with a parent coming to talk to the team about her experience of navigating the complexities of advocating for her child whilst accessing multiple hospitals, teams, and services;
- New Youth Member joined our Hospital Leadership Team to provide the voice of the young person to all our discussions at Children's Leadership and Board meetings;
- Transfer of experienced Band 7 Sister from Adult Haematology Services to work in BRHC for 2 months to provide stability, support and new ideas to our Paediatric Service.

Division of Medicine - The following initiative has been developed during Q2 to improve patient experience:

- The High Impact User Team who work with the homeless and social excluded population are doing some positive co-production work with their clients. The team are inviting feedback and giving a prize for each person who gives them feedback as they really want to improve their service and are going directly to the patients to find out ways that they could improve.

8 Patient Surveys: national benchmarks

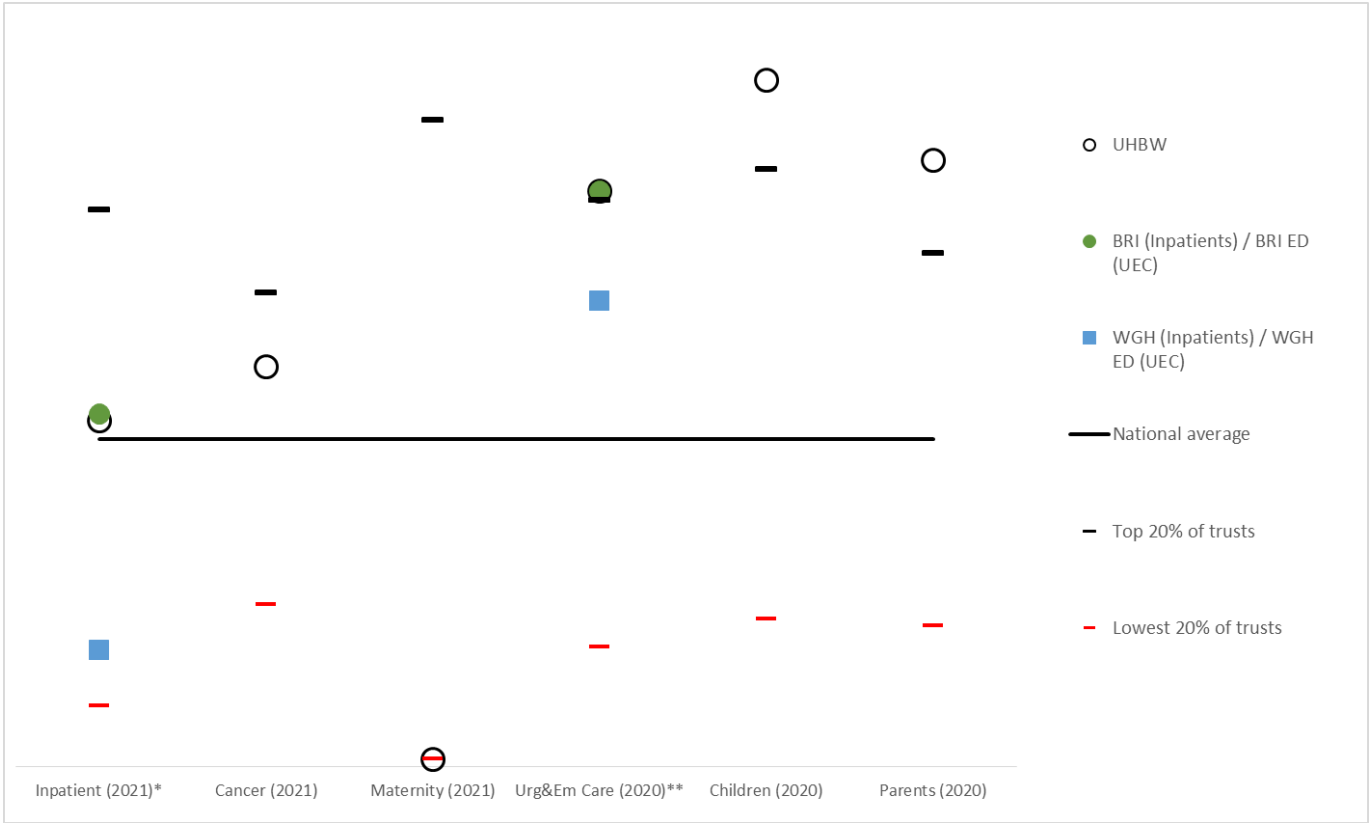
The Care Quality Commission’s national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England.

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 Q2 2022/23 following the publication of the results of the National Adult Inpatient Survey 2021. Patients scored the Trust 8.2 out of 10 for the 'overall experience of care' question, a decline from our 2020 results (8.6). This means UHBW ranks as the 56th out of 134 Trusts (where 1st is the top rating) and places the Trust in line with the national average (8.1).

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

Chart 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.