

# Complaints Report

**Quarter 2, 2018/2019**

(1 July 2018 to 30 September 2018)

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## Quarter 2 Executive summary and overview

	Q2	
Total complaints received	443	↓
Complaints acknowledged within set timescale	94.4%	↓
Complaints responded to within agreed timescale – formal investigation	86.1%	↑
Complaints responded to within agreed timescale – informal investigation	85.9%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	8.9%	↓

Successes	Priorities
<ul style="list-style-type: none"> <li>There has been a steady overall reduction in complaints received by the Division of Surgery since March 2018. Notably fewer complaints were received by Trauma and Orthopaedics and the Lower GI surgery team in Quarter 2 (Q2) compared to Quarter 1 (Q1), and complaints about attitude and communication in the division as a whole have continued to fall.</li> <li>Complaints about ‘appointments and admissions’ in the Trust reduced by 18% to 127 in Q2, having previously increased in each of the previous three quarters. Within this reporting category, complaints about ‘cancelled/delayed appointments and admissions’ fell by 28%.</li> <li>Examples of specific service improvements made in response to complaints in Q2 can be found in section 4 of this report.</li> </ul>	<ul style="list-style-type: none"> <li>The Trust’s performance in responding to complaints in a timely manner improved marginally in Q2 compared to Quarter Q1. Details of all breaches of timescale are now reported monthly to the Clinical Quality Group.</li> <li>In Q2 the proportion of complaints responses which resulted in a dissatisfied response was 8.9% which is at the lower end of the expected range based on previous benchmarking, but fell short of our 5% ambition. Dissatisfied complaints are now reviewed retrospectively for learning and are reported monthly to the Clinical Quality Group. .</li> <li>During Q2, complainants were experiencing delays of up to two weeks to receive a call-back from a caseworker following initial timely acknowledgement of their concerns. This was due to a number of staff absences in the Patient Support and Complaints Team at the time. These delays have since been addressed.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Feedback from our complaints survey shows the importance that complainants place on timely, high quality responses. Further training sessions are being developed and rolled out to ensure staff are equipped to manage and respond to complainants, both verbally and in writing.</li> <li>The Trust’s Patient Support and Complaints Manager will also be working with Divisions to develop a process for consistently recording evidence that actions identified as a result of a complaint are completed.</li> </ul>	<ul style="list-style-type: none"> <li>Complaints about ‘clinical care’ increased by almost 20% in Q2. There was an increase in this category across all clinical divisions, with the exception of Specialised Services, who received one less complaint in this category than in Q1. Within this category, complaints about ‘clinical care (medical/surgical)’ increased by 64% and ‘clinical care (nursing/midwifery)’ by 54% compared to Q1.</li> <li>Growth in patient activity in Dermatology has contributed to an increase in complaints received by the service relating to delays in follow up appointments and patients not being able to communicate with the appointments team. An improvement plan is in place to address this.</li> </ul>

## 1. Complaints performance – Trust overview

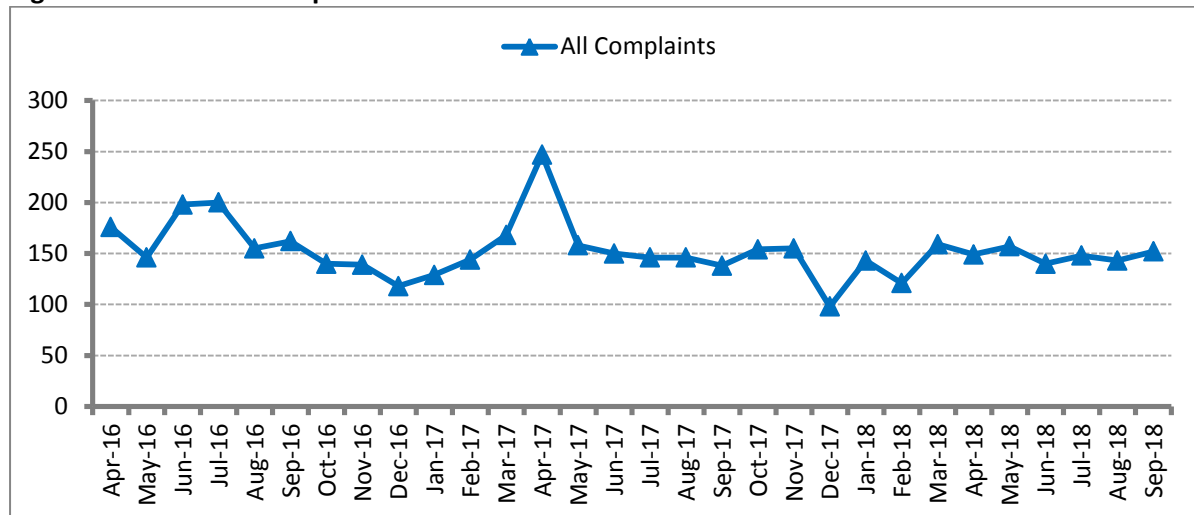
The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

### 1.1 Total complaints received

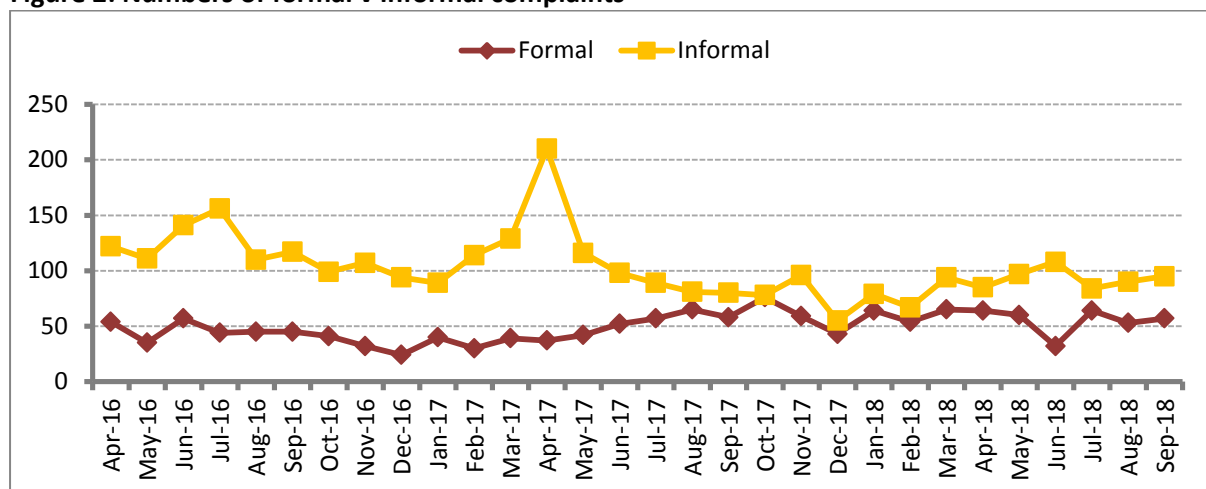
The Trust received 443 complaints in quarter 2 (Q2) of 2018/19. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>1</sup> but does not include concerns which may have been raised by patients and dealt with immediately by front line staff.

Figure 1 provides a long-term view of complaints received per month. This shows that, with the exception of a special cause variation in April 2017, the number of complaints received each month has been broadly consistent since August 2016, with an average of around 150 complaints per month since that time.

**Figure 1: Number of complaints received**



**Figure 2: Numbers of formal v informal complaints**



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

Figure 2 (above) shows complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. It is encouraging to see that we are consistently dealing with a higher number of complaints via the informal process, as this means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.

## 1.2 Complaints responses within agreed timescale

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

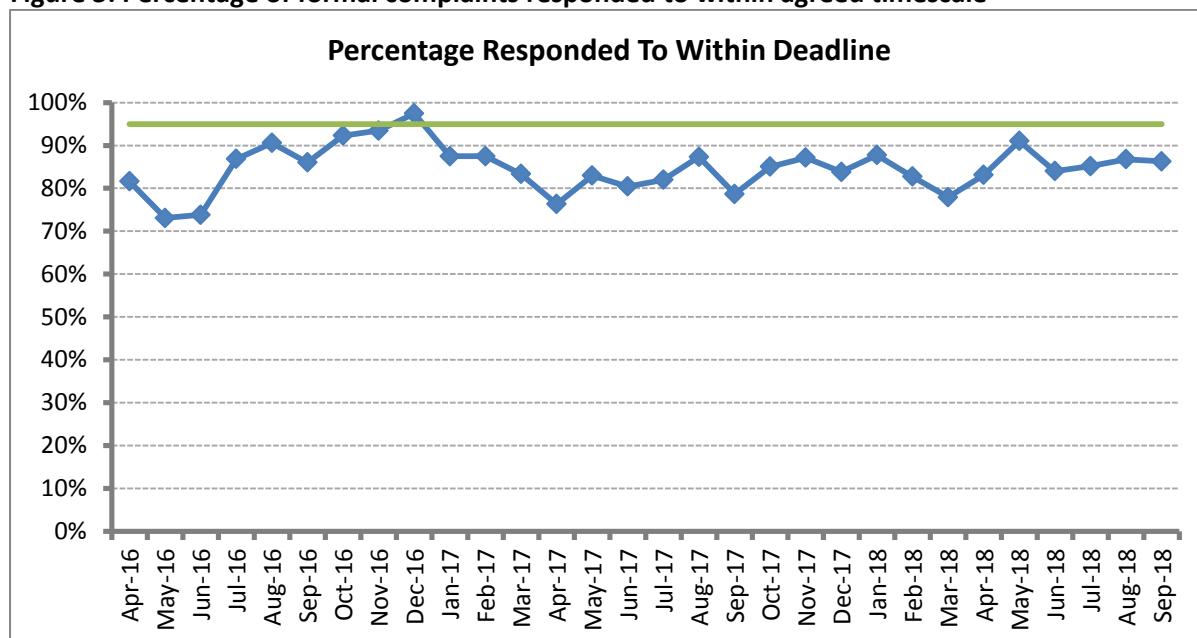
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

### 1.2.1 Formal Investigations

The Trust’s target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust’s response is posted to the complainant. Figure 3 shows the percentage of formal complaints responded to within the agreed timescale since April 2016.

In Q2 of 2018/19, 86.1% of responses were posted within the agreed timescale. This represents 25 breaches out of the 180 formal complaints which received a response during the quarter<sup>2</sup>. Although this remains below the Trust’s target of 95%, it is a small improvement on Q1 when our performance was 85.9%. Figure 3 shows the Trust’s performance in responding to complaints since April 2016.

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



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

### 1.2.2 Informal Investigations

In Q2 2018/19, the Trust received 269 complaints that were investigated via the informal process. During this period, 198 informal complaints were responded to and 85.9% of these (170 of 198) were resolved within the time agreed with the complainant.

### 1.3 Dissatisfied complainants

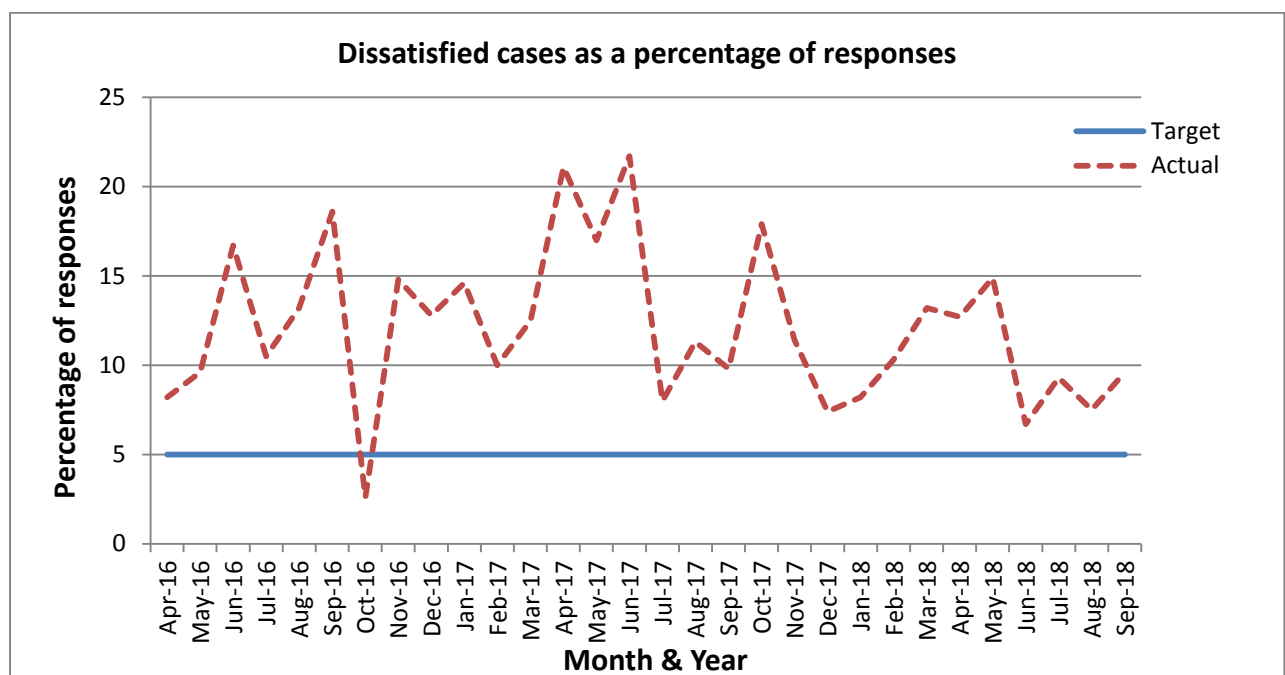
Our target is for less than 5% of complainants to be dissatisfied with our [formal] response to their complaint. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q2 of 2018/19, by the cut-off point of mid-December (the point at which dissatisfied data for Q2 was confirmed for board reporting), 16 complainants who received a first response from the Trust in July, August and September, had contacted us to say they were dissatisfied. This represents 8.9% of the 180 first responses sent out during that period.

In view of the fact that the proportion of dissatisfied responses has remained consistently above our target, the Trust has reinstated a comprehensive monthly review of all dissatisfied cases. These reviews are carried out by the Head of Quality (Clinical Effectiveness and Patient Experience) and a nominated Divisional Head of Nursing. The objective of the reviews is to identify whether or not there were missed opportunities to achieve a more satisfactory outcome for the complainant. The findings of these reviews are reported to the Clinical Quality Group on a monthly basis (and Patient Experience Group on a quarterly basis in summary form) and shared across all Divisions.

Figure 4 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 2016.

**Figure 4: 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 2018/19 compared to Q1 2018/19. In Q2, complaints about ‘clinical care’ increased by almost 20% but complaints about ‘appointments and admissions’ and ‘attitude and communication’ fell by 18% and 10% respectively.

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

Category/Theme	Number of complaints received in Q2 (2018/19)	Number of complaints received in Q1 (2018/19)
Clinical Care	148 (33.4% of all complaints) ↑	124 (27.8% of all complaints) ↑
Appointments & Admissions	127 (28.7%) ↓	155 (34.8%) ↑
Attitude & Communication	85 (19.2%) ↓	95 (21.3%) ↑
Facilities & Environment	32 (7.2%) ↑	26 (5.8%) =
Information & Support	28 (6.3%) ↑	26 (5.8%) ↑
Discharge/Transfer/Transport	11 (2.5%) ↑	10 (2.2%) ↓
Documentation	7 (1.6%) =	7 (1.6%) ↓
Access	5 (1.1%) ↑	3 (0.7%) ↓
<b>Total</b>	<b>443</b>	<b>446</b>

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the ten most consistently reported sub-categories, which together accounted for 74.3% of the complaints received in Q2 (329/443). The increase in complaints received about car parking in Q2 was due to issues with the new parking system in place at South Bristol Community Hospital (Parking Eye). These issues have now been rectified with the placement of clearer signage about charges.

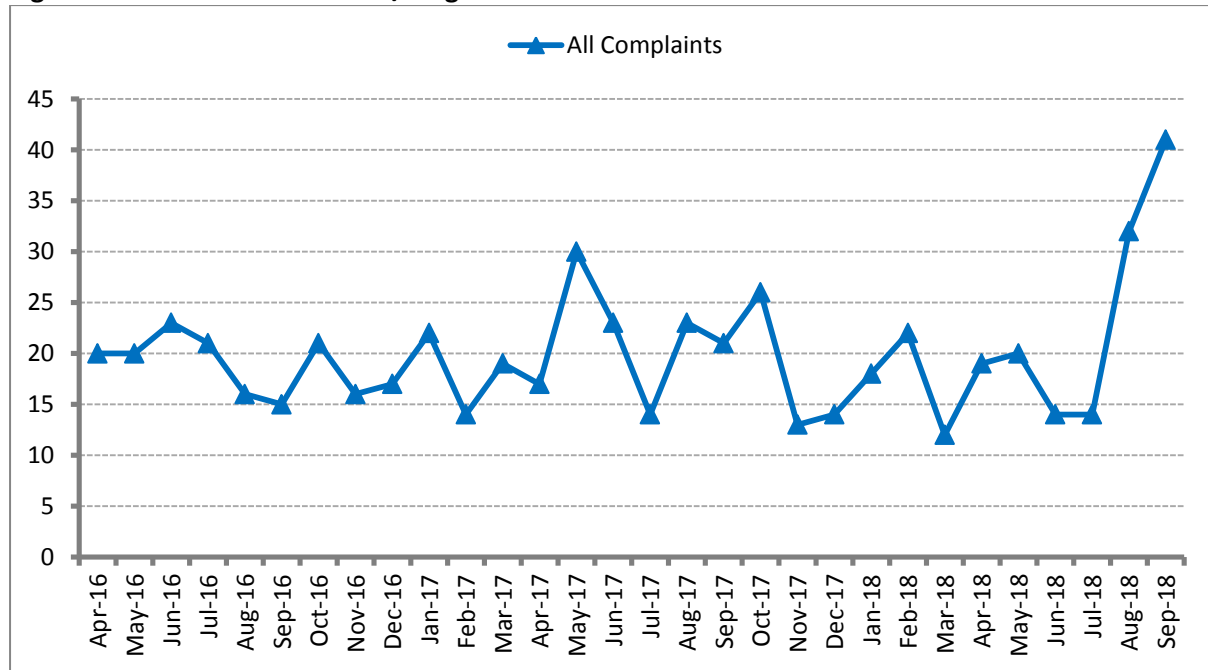
**Table 2: Complaints by sub-category**

Sub-category	Number of complaints received in Q2 (2018/19)	Q1 (2017/18)	Q4 (2017/18)	Q3 (2017/18)
Clinical care (Medical/Surgical)	87 (64.2% increase compared to Q1) ↑	53	52	53
Cancelled/delayed appointments and operations	69 (28.1% decrease) ↓	96	73	47
Appointment administration issues	48 (29.7% increase) ↑	37	23	29
Clinical care (Nursing/Midwifery)	37 (54.2% increase) ↑	24	27	20
Communication with patient/relative	24 (17.2% decrease) ↓	29	19	17
Car Parking	16 (128.6% increase) ↑	7	4	2
Attitude of medical staff	15 (25% decrease) ↓	20	19	19
Attitude of nursing/midwifery staff	13 (62.5% increase) ↑	8	11	9
Attitude of admin/clerical staff	10 (16.7% decrease) ↓	12	10	18
Failure to answer telephones/failure to respond	10 (11.1% increase) ↑	9	11	18

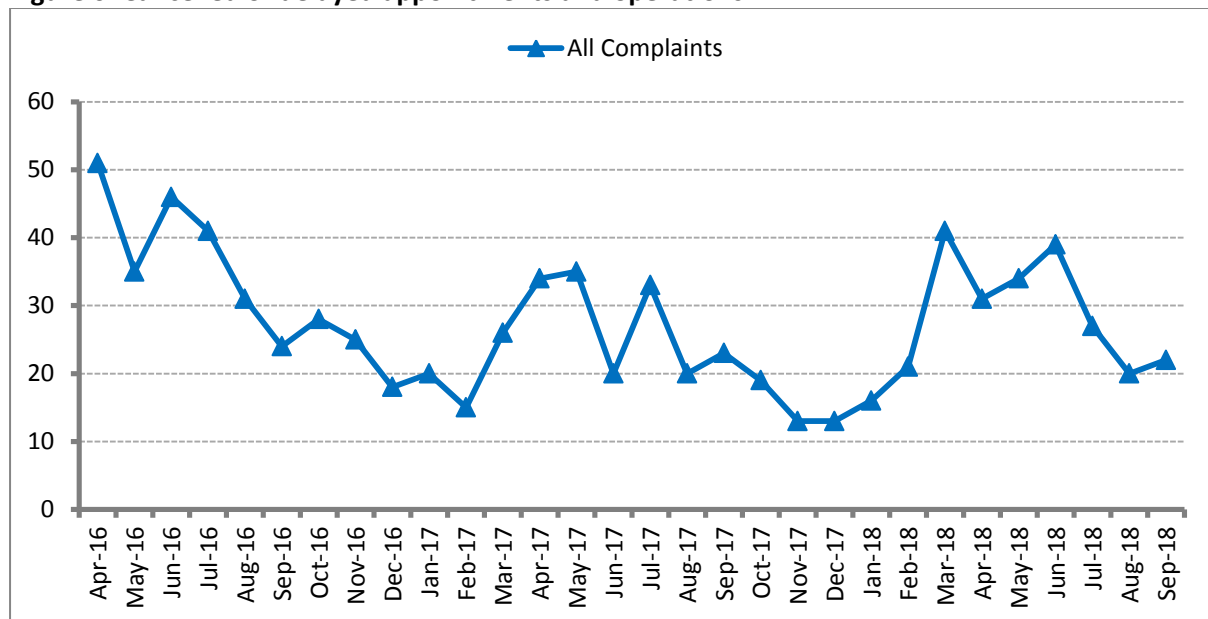
In summary, the largest proportional increase was in complaints about 'car parking' and the biggest proportional decrease was in complaints about 'cancelled/delayed appointments and operations'. There was also a sizeable increase in the overall number of complaints about 'clinical care'.

Figures 5-8 (below) show the longer term pattern of complaints received since April 2016 for a number of the complaints sub-categories reported in Table 2. Figure 5 shows a recent uplift in complaints about clinical care (medical/surgical). This is explored in more detail under the Risks & Threats section of the SPORT summary at the beginning of this report and in the individual divisional details from section 3.1.1 onwards.

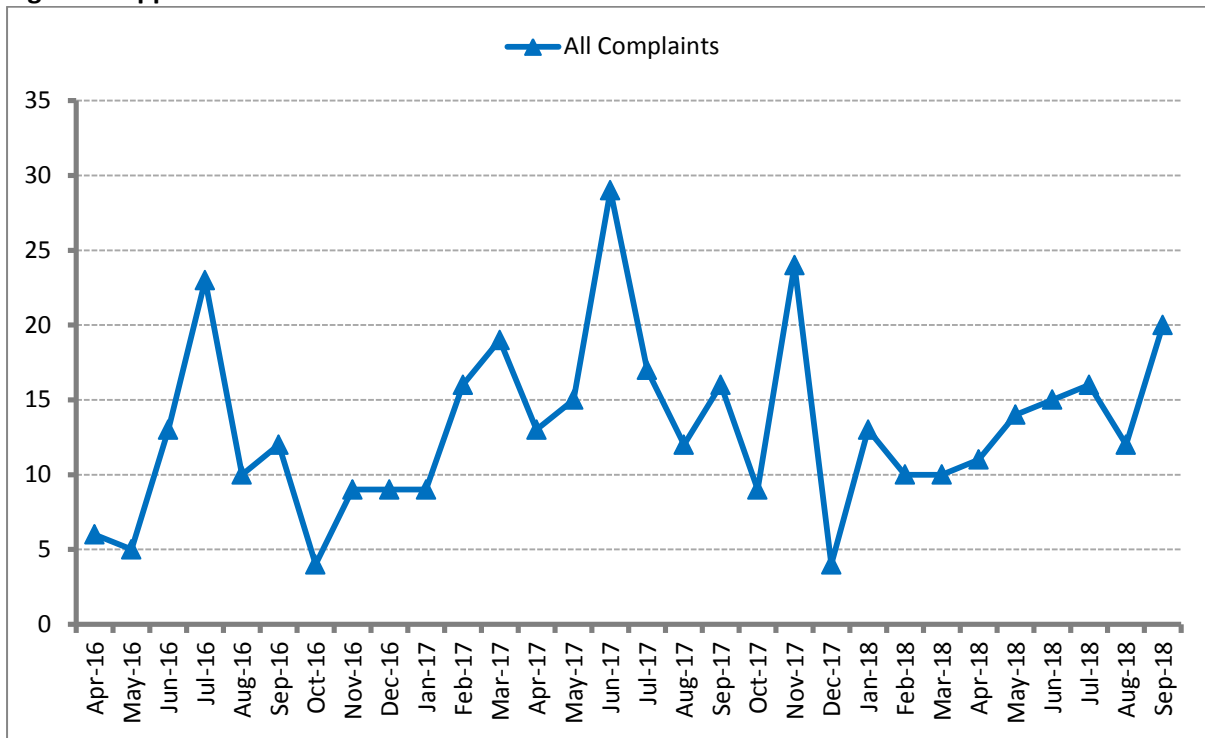
**Figure 5: Clinical care – Medical/Surgical**



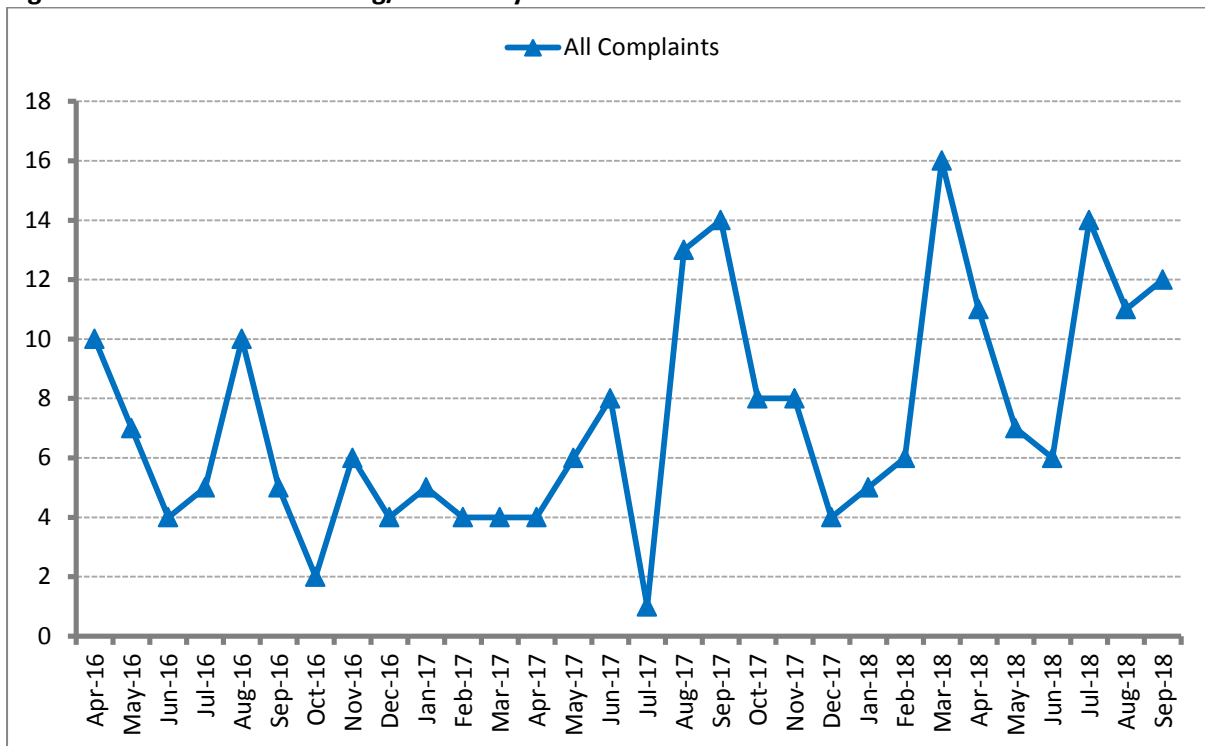
**Figure 6: Cancelled or delayed appointments and operations**



**Figure 7: Appointment administration issues**



**Figure 8: Clinical care – Nursing/Midwifery**





### 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 Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

<b>Table 3</b>	<b>Surgery</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women &amp; Children</b>	<b>Diagnostics &amp; Therapies</b>
Total number of complaints received	140 (162) ↓	94 (102) ↓	71 (76) ↓	83 (63) ↑	19 (16) ↑
Number of complaints about appointments and admissions	62 (84) ↓	24 (23) ↑	22 (24) ↓	14 (17) ↓	4 (5) ↓
Number of complaints about staff attitude and communication	22 (26) ↓	18 (25) ↓	12 (16) ↓	20 (17) ↑	7 (7) =
Number of complaints about clinical care	40 (39) ↑	36 (29) ↑	27 (28) ↓	39 (25) ↑	5 (2) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital – 39 (50) Bristol Eye Hospital – 43 (32) Trauma & Orthopaedics – 11 (22) ENT – 9 (12) Upper GI – 9 (8) QDU Endoscopy – 6 (1)	Emergency Department (BRI) – 20 (24) Dermatology – 20 (17) Unity Sexual Health – 6 (3)	BHI (all) – 43 (53) BHOC (all) – 26 (18) BHI Outpatients – 21 (26) Chemo Day Unit / Outpatients (BHOC) – 16 (11) Ward C708 – 7 (7) Clinical Genetics – 1 (5)	BRHC (all) – 45 (41) StMH (all) – 37 (21) Ward 73 (StMH) – 9 (3) Central Delivery Suite – 7 (4) Ward 78 (StMH) – 5 (2) Meadow Ward (E519) – 4 (3) Paediatric Neurosurgical - 4 (1)	Radiology – 7 (8) Pharmacy (including Boots) – 6 (2)
Notable deteriorations compared to Q2	Bristol Eye Hospital – 43 (32) QDU Endoscopy – 6 (1)	Unity Sexual Health – 6 (3)	BHOC (all) – 26 (18)	StMH (all) – 37 (21) Ward 73 (StMH) – 9 (3)	Pharmacy (including Boots) – 6 (2)
Notable improvements compared to Q2	Trauma & Orthopaedics – 11 (22) Lower GI – 1 (9)	Emergency Department (BRI) – 20 (24)	BHI (all) – 43 (53) Clinical Genetics – 1 (5)	None	Physiotherapy – 1 (4)

### 3.1.1 Division of Surgery

There has been a steady overall reduction in complaints received by the Division of Surgery since March 2018. In Q2, the Division of Surgery received 13.6% fewer complaints than in the previous quarter. Complaints received by Bristol Dental Hospital decreased, as did those received by Trauma & Orthopaedics and Lower GI. There was however an increase in complaints received by Bristol Eye Hospital.

Complaints about attitude and communication decreased for the fourth consecutive quarter, from 41 in Q3, 31 in Q4, 26 in Q1 and 22 in Q2. Although complaints in respect of ‘appointments and admissions’ fell compared to Q1, they still accounted for almost half of all complaints received by the Division. Complaints about ‘clinical care (medical/surgical)’ increased in Q2.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Appointments & Admissions	62 (44.3% of total complaints) ↓	84 (51.9% of total complaints) ↑
Clinical Care	40 (28.6%) ↑	39 (24.1%) ↑
Attitude & Communication	22 (15.7%) ↓	26 (16.0%) ↓
Information & Support	5 (3.5%) ↓	6 (3.7%) ↑
Documentation	4 (2.9%) ↑	3 (1.9%) ↑
Access	4 (2.9%) ↑	3 (1.9%) =
Discharge/Transfer/Transport	2 (1.4%) ↑	1 (0.5%) ↓
Facilities & Environment	1 (0.7%) ↑	0 (0%) ↓
<b>Total</b>	<b>140</b>	<b>162</b>

**Table 5: Top sub-categories**

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Cancelled or delayed appointments and operations	32 ↓	54 ↑
Clinical care (medical/surgical)	25 ↑	16 =
Appointment administration issues	24 ↑	21 ↑
Clinical care (Dental)	6 ↓	10 ↑
Communication with patient/relative	6 ↑	5 =
Failure to answer telephones/ failure to respond	5 ↑	4 =
Clinical care (nursing)	5 =	5 ↓

**Table 6: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>Complaints received by Bristol Eye Hospital (BEH) increased from 32 in Q1 to 43 in Q2.</p> <p>12 of the 43 complaints were about administrative issues, including the Administration Department and Medical Records.</p> <p>Figure 11 shows an overall rising pattern of complaints about BEH since December 2017.</p>	<p>Of the total complaints, 21 relate predominantly to appointment waiting times and queries with regard to patient treatment.</p> <p>Two complaints were about the mobile retinal unit where patients were unhappy with the service provided.</p> <p>To put into context, the BEH sees 3,000 patients each week, and many complaints are about clarifying/accessing appointments.</p>	<p>No specific themes identified from reviewing the complaints.</p> <p>The administration team is fully staffed and the number of complaints relating to administration has reduced. Patients predominantly complain about the length of time waiting for an appointment</p>
<p>Complaints received by Queen’s Day Unit increased from one in Q1 to six in Q2.</p> <p>Five of the six complaints were about cancelled appointments and one was in relation to clinical care (nursing).</p>	<p>These were complaints about accessing appointments across all specialties that utilise the Queen’s Day Unit.</p> <p>One case relating to clinical care was regarding a patient who had not stopped their anticoagulation medication in time for the procedure. This was recognized at the pre op assessment. The patient wrote following the event and recognised that he had not read the entire patient information leaflet provided. Procedure rebooked for the patient.</p>	<p>After experiencing a number of gaps within the administration team, which resulted in delays responding to enquiries regarding appointments, the team are now fully recruited to. However, some delay with training of the new staff, which means appointments have not always been timely. This should now be resolved.</p>
<p>Complaints related to clinical care (medical/surgical) increased from 16 in Q1 to 25 in Q2.</p> <p>Nine of the 25 complaints were in relation to Bristol Eye Hospital; four were for Trauma &amp; Orthopaedics; three were for Upper GI and two each were received by Day Surgery/Endoscopy at SBCH and Thoracic Surgery.</p>	<p>No common themes or patterns identified in relation to the nine complaints within the BEH.</p>	<p>The nine complaints for the BEH have been reviewed and no discernible common themes of patterns have been identified. However, monitoring of complaints will continue so that any patterns are quickly identified and acted upon.</p>

<p>In Q2, 11 of the 24 dissatisfied complaint responses received by the Trust (45.8%) related to the Division of Surgery.</p>	<p>No common themes or patterns identified from the dissatisfied complaints. These complaints will be subject to the Trust review.</p>	<p>The Division reviews each dissatisfied response and has implemented a process whereby a new manager / matron reviews and compiles the new response. This gives a more independent perspective on the complaint and may provide learning as to whether the initial response was fully appropriate.</p>
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**Current divisional priorities for improving how complaints are handled and resolved**

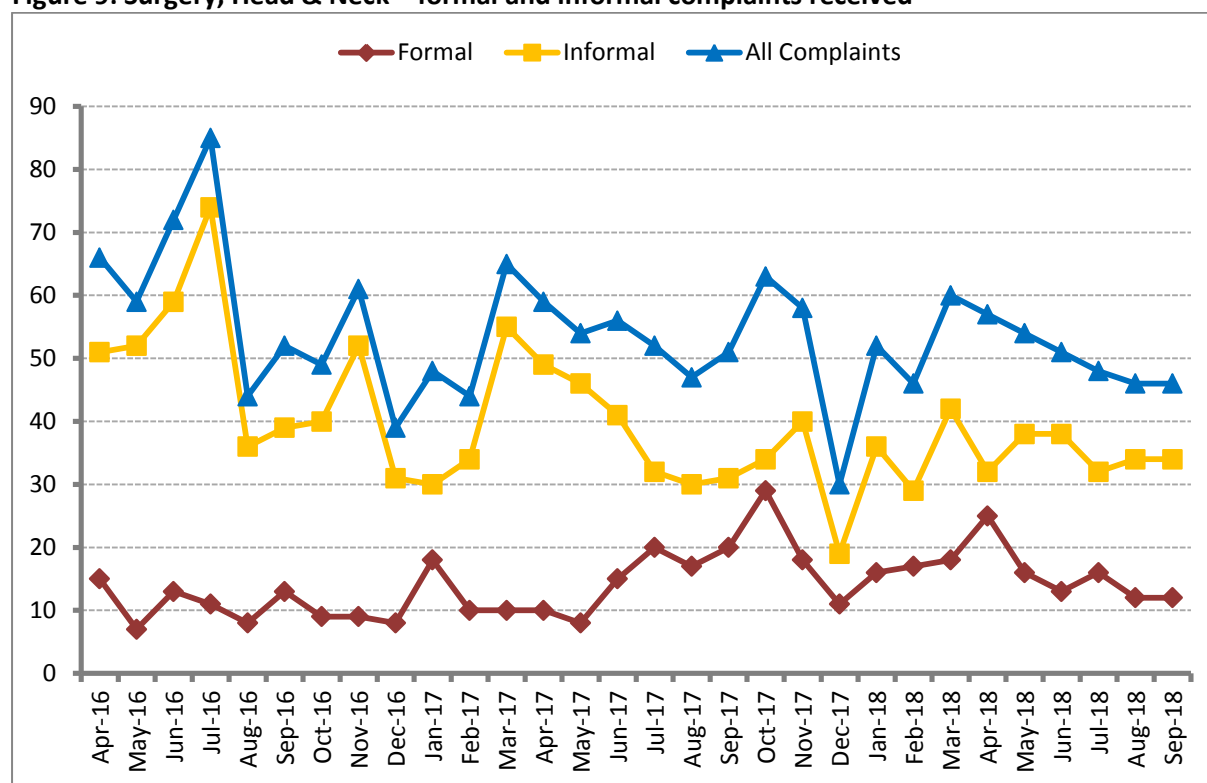
The focus for Q1 was to reduce the number of breaches of the 10 day turnaround for informal complaints. This was achieved, as the number of breaches for Q2 was five, compared with 14 in Q1.

The focus for Q2 is on dissatisfied complaints - these will initially be reviewed by the Head of Nursing and Divisional Complaints Coordinator to identify any learning shared across the division. They will then be looked at during the monthly review of all dissatisfied complaints that is carried out jointly by a Head of Nursing and the Head of Quality (Patient Experience and Clinical Effectiveness).

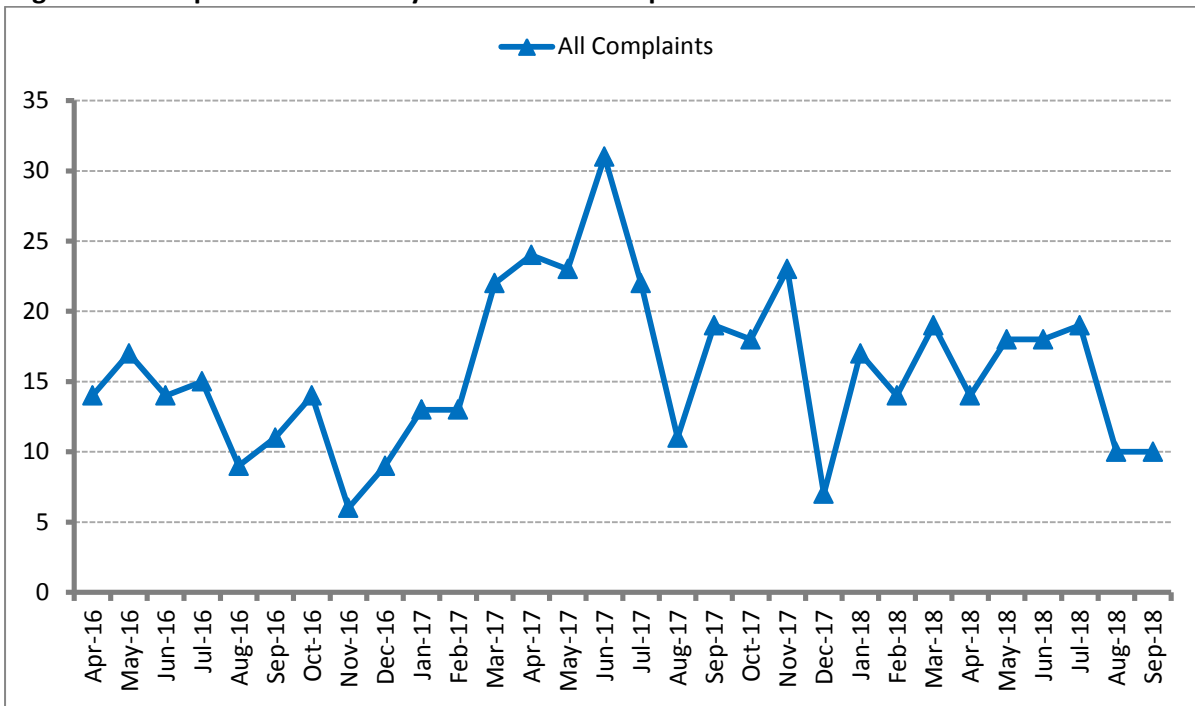
**Priority issues we are seeking to address based on learning from complaints**

The division will be undertaking a review of outpatient letters to ensure the appropriateness of patients’ expectations of waiting time in outpatient clinics; this will start initially within the BEH.

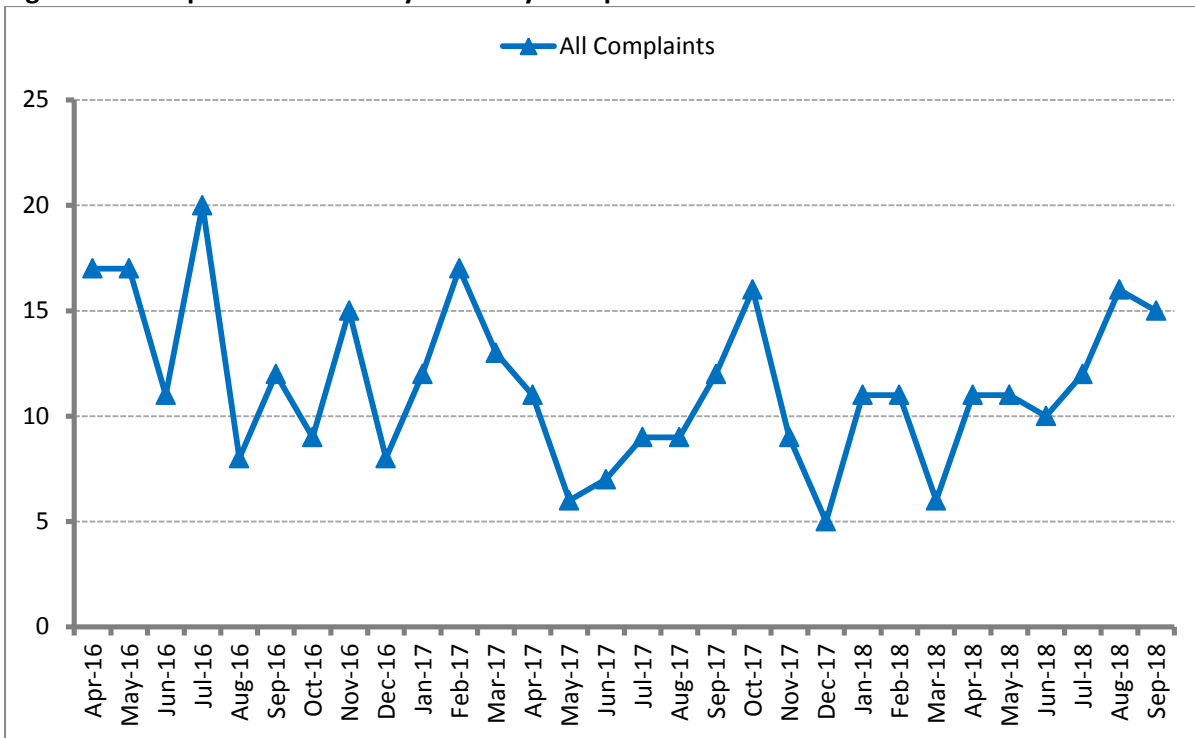
**Figure 9: Surgery, Head & Neck – formal and informal complaints received**



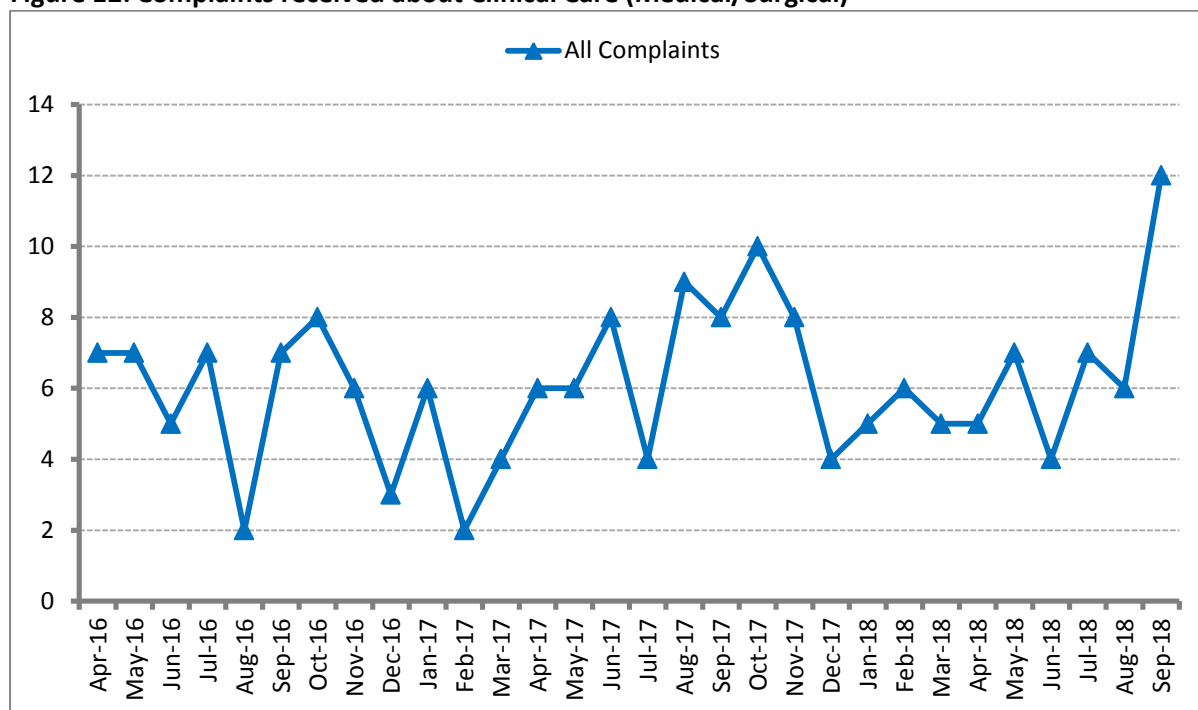
**Figure 10: Complaints received by Bristol Dental Hospital**



**Figure 11: Complaints received by Bristol Eye Hospital**



**Figure 12: Complaints received about Clinical Care (Medical/Surgical)**



### 3.1.2 Division of Medicine

In Q2, the Division of Medicine received fewer complaints than in Q1 (94 compared with 102 in Q1). Complaints received by Unity Sexual Health and Dermatology increased in Q2, whilst complaints for the Bristol Royal Infirmary Emergency Department decreased.

There was a reduction in the number of complaints received in respect of ‘cancelled or delayed appointments and operations’. There was a substantial increase in the number of complaints in the sub-category of ‘appointment administration issues’, which rose from one in Q1 to 11 in Q2.

**Table 7: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Clinical Care	36 (38.3% of total complaints) ↑	29 (28.5% of total complaints) ↓
Appointments & Admissions	24 (25.5%) ↑	23 (22.5%) ↑
Attitude & Communication	18 (19.1%) ↓	25 (24.5%) ↑
Discharge/Transfer/ Transport	6 (6.4%) =	6 (5.9%) ↓
Facilities & Environment	5 (5.3%) ↓	6 (5.9%) ↓
Information & Support	4 (4.3%) ↓	10 (9.8%) ↑
Access	1 (1.1%) ↑	0 (0%) =
Documentation	0 (0%) ↓	3 (2.9%) ↑
<b>Total</b>	<b>94</b>	<b>102</b>

**Table 8: Top sub-categories**

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Cancelled or delayed appointments and operations	11 ↓	18 ↑
Clinical care (medical/surgical)	24 ↑	15 =
Appointment administration issues	11 ↑	1 ↓
Communication with patient/relative	8 ↓	10 ↑
Clinical care (nursing)	7 ↑	5 ↓
Discharge arrangements	5 ↑	4 ↓
Attitude of nursing staff	4 ↑	2 ↓
Attitude of medical staff	3 =	3 ↓

**Table 9: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>Complaints received by the Dermatology service have shown a small but steady rise, with 11 complaints in Q3, 14 in Q4, 17 in Q1 and 20 in Q2.</p> <p>Nine of the 20 complaints received in Q2 were about cancelled or delayed appointments, five were in respect of appointment administration issues and three related to clinical care.</p> <p>In the Q1 report, the Division advised that the AGM for Dermatology was working towards setting up a system to allow patients to change appointments online.</p> <p>Also see Figure 14.</p>	<p>The increase in complaints is relating to delay in follow up appointments and patients not being able to communicate with the appointments team. The Dermatology department has seen significant increases in activity, for example, 1,000 more two week cancer-wait patients this year, compared to last year.</p> <p>The AGM has contacted the Communications Team to help set up an online system (similar to BEH) and is currently awaiting a response. She has however liaised with the Appointment Centre team and they are waiting for it to be set up and will manage the online forms received from patients.</p>	<p>Extensive plan underway in the Division to manage the growth in activity in Dermatology. Many processes under review due to the increased activity.</p> <p>AGM to escalate with the Communications Team as this system is crucial in helping improve access for patients.</p>

<p>Unity Sexual Health received six complaints in Q2, compared with three in Q1.</p> <p>The six complaints fell into three different categories, with two each for 'appointments and admissions', 'clinical care' and 'information and support'.</p>	<p>Complaints related to an incorrect telephone number being provided so test results were not sent on time; waiting times in clinic; a delay with a follow up appointment; a patient unhappy with how the system works in respect of gaining an emergency appointment; and an enquirer who received an STI package although they did not request this. No common themes within the complaints received in Q2 despite an increase in complaints received compared to Q1.</p>	<p>The Division will monitor complaints received to review for themes.</p>
<p>Complaints about 'appointment administration issues' rose from one in Q1 to 11 in Q2, with five of these being received by Dermatology.</p>	<p>Please see comments above in relation to Dermatology.</p>	<p>The Division will continue to monitor Complaints received for specific themes.</p>

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

The Divisional Complaints and Patient Safety Teams are currently under review in light of recent changes within the safety team. Matron is now leading the team for a further six months to assess the impact on the quality of complaints responses.

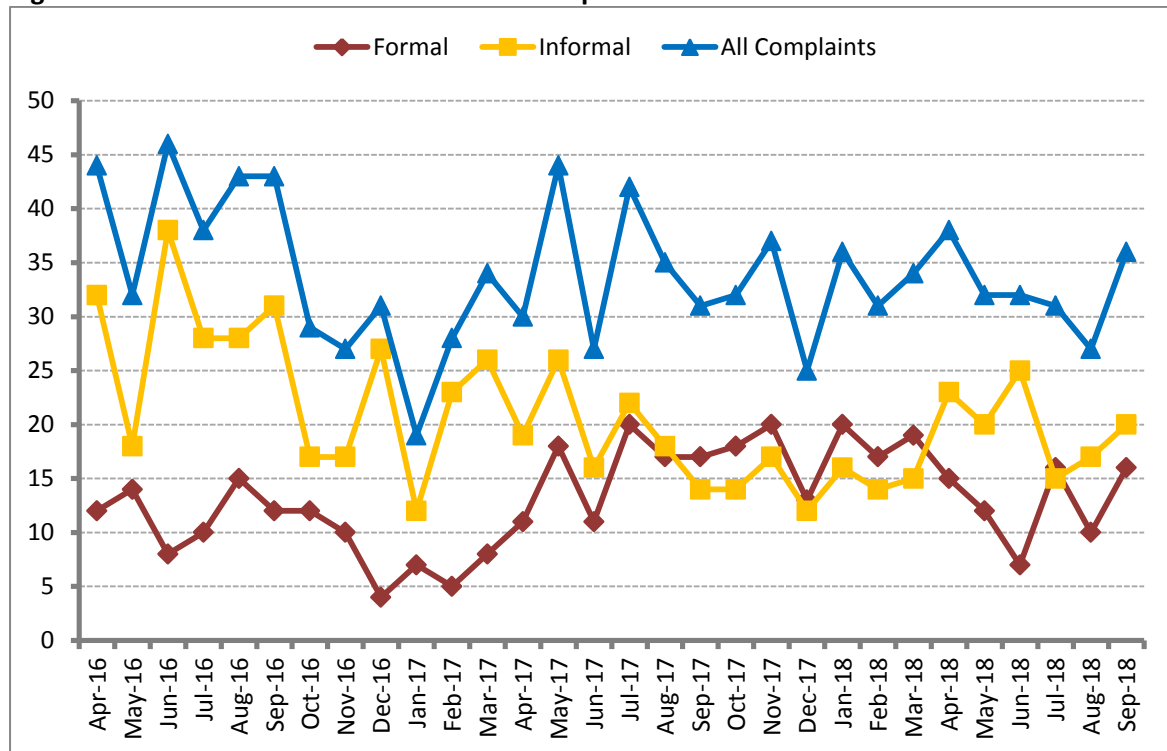
The Division is focused on improving response times for informal complaints.

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

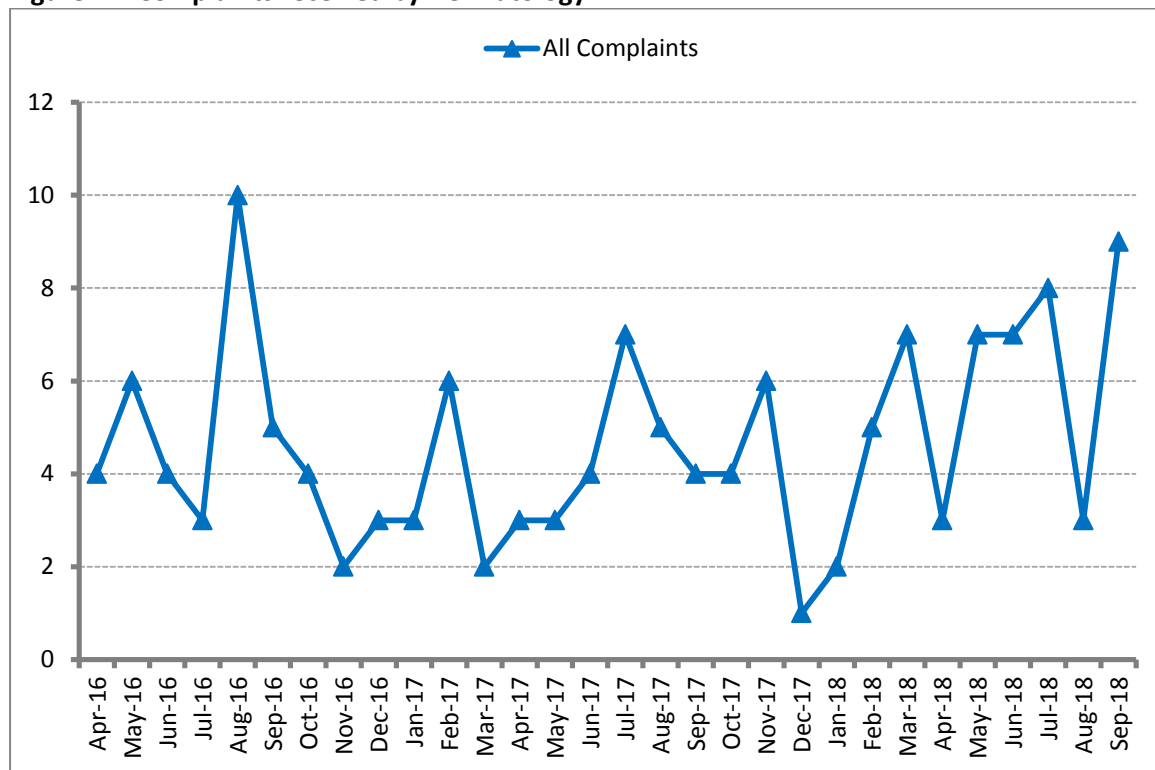
Linking complaints with clinical incidents, and the Division is working with others to improve the discharge process.



**Figure 13: Medicine – formal and informal complaints received**



**Figure 14: Complaints received by Dermatology**



### 3.1.3 Division of Specialised Services

In Q2, the Division of Specialised Services received 71 complaints, compared with 76 in Q1 and 55 in Q4 2017/18.

Of the 71 complaints received, 43 were received by Bristol Heart Institute (BHI), compared with 53 in Q1 and 26 were received by Bristol Haematology & Oncology Centre (BHOC), compared with 18 in Q1. In addition to the overall reduction in complaints for the BHI, complaints for BHI Outpatients also fell from 26 in Q1 to 21 in Q2. Figure 17 shows an overall rising pattern of complaints about BHOC since November 2017 although the numbers involved remain small in the context of the volume of patients seen.

The largest increase was in the sub-category of 'clinical care (medical/surgical)', with 20 complaints received, compared with eight in Q1. Of the 76 complaints received by the Division overall, 38% fell into the category of 'clinical care'. There was a reduction in the numbers of complaints in respect of 'appointments and admissions' and 'attitude and communication'.

**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Clinical Care	27 (38% of total complaints) ↓	28 (36.8% of total complaints) ↑
Appointments & Admissions	22 (31%) ↓	24 (31.6%) ↑
Attitude & Communication	12 (16.9%) ↓	16 (21.1%) ↑
Information & Support	5 (7%) =	5 (6.6%) ↓
Discharge/Transfer/Transport	3 (4.3%) ↑	2 (2.6%) ↓
Facilities & Environment	1 (1.4%) =	1 (1.3%) ↑
Documentation	1 (1.4%) ↑	0 (0%) ↓
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>71</b>	<b>76</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Clinical care (medical/surgical)	20 ↑	8 ↓
Cancelled or delayed appointments and operations	17 =	17 ↑
Appointment administration issues	5 ↓	6 ↑
Communication with patient/relative	4 ↓	6 ↑
Attitude of medical staff	4 ↑	3 =
Clinical care (nursing)	3 =	3 ↑

**Table 12: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>Complaints received by Bristol Haematology &amp; Oncology Centre (BHOC) increased from 18 in Q1 to 26 in Q2.</p> <p>The majority of these 26 complaints were in respect of the Chemo Day Unit/Outpatients (16), with the remainder split between the Appointments Department (3), Ward D603 (3), Radiotherapy Treatment (2), and the Haematology Day Unit (2).</p>	<p>The majority of these complaints were about clinical care or appointments and admissions.</p> <p>A theme running through these complaints relate is how we communicate and share information with our patients and their relatives. Eight complaints in Q2 related to multiple doctors' communication style and manner.</p>	<p>The Division is highlighting the importance of effective and appropriate communication with patients and relatives across all disciplines. This includes sessions referred to as <i>"Nip it in the bud"</i> for all staff (including doctors) focusing on their own communication but also giving permission to address any poor communication they witness.</p> <p>Divisional newsletters and management meetings will also be used to share learning from complaints with clinicians, nurses and administration staff.</p>
<p>Complaints about 'clinical care (medical/surgical)' increased from eight in Q1 to 20 in Q2.</p> <p>Of these 20 complaints, seven were for the Chemo Day Unit/Outpatients; three were for BHI Outpatients and three were for Ward C604 (CICU).</p>	<p>Three of these complaints related to doctor/consultant attitude and communication. Three complaints others related to questions about the diagnoses patients had received.</p> <p>Two other related to delays in receiving medication/ chemotherapy.</p>	<p>See actions described above.</p> <p>Staff have been reminded of the importance of the '5 Rs' (right patient, the right drug, the right dose, the right route, and the right time) – this message is being reinforced via safety briefings, management meetings and divisional newsletters.</p>

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

- Complaint investigators are being asked to clarify with PSCT or the complainant directly the questions that need to be answered in order to address the concerns of the complainant first time.
- Trends are continually highlighted and discussed at Clinical Governance Meetings, Divisional Board and other management meetings.
- Development of a Standard Operating Procedure for complaints received within the Division, particularly addressing timescales and responding within the allocated time.
- A newsletter will be circulated within the Division following review of complaints and learning identified in the quarter.

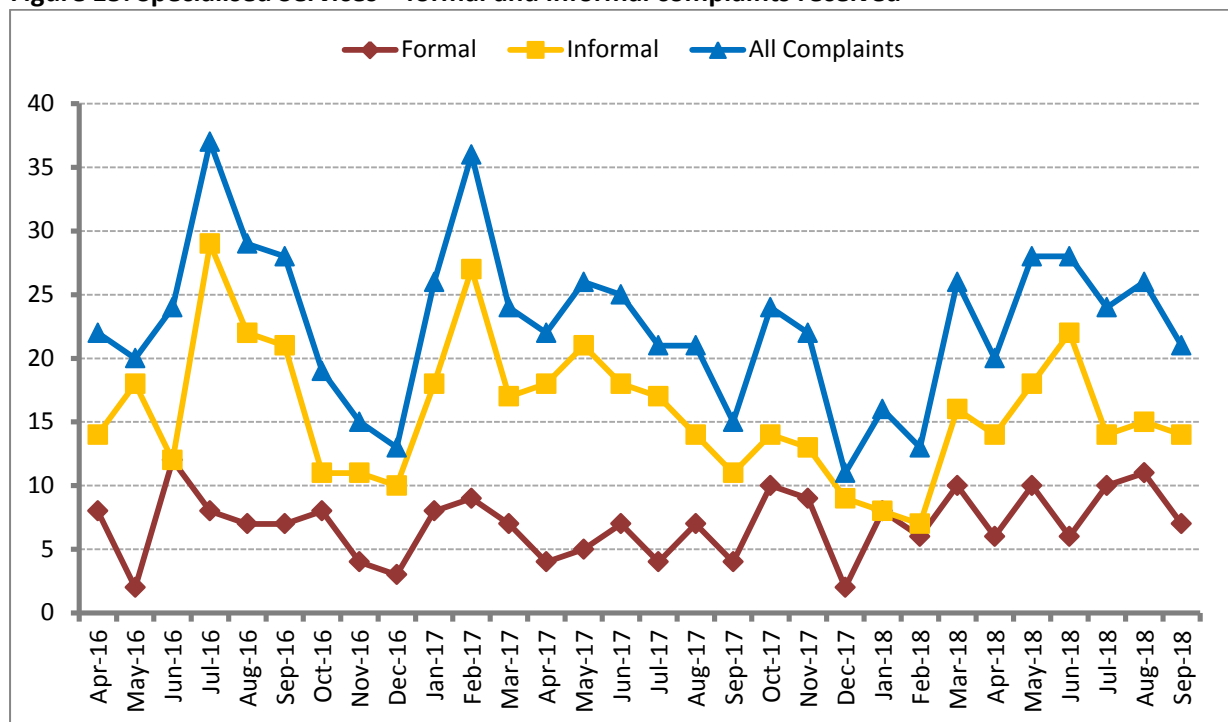
**Priority issues we are seeking to address based on learning from complaints.**

As a Division we are emphasising the following important aspects of communication

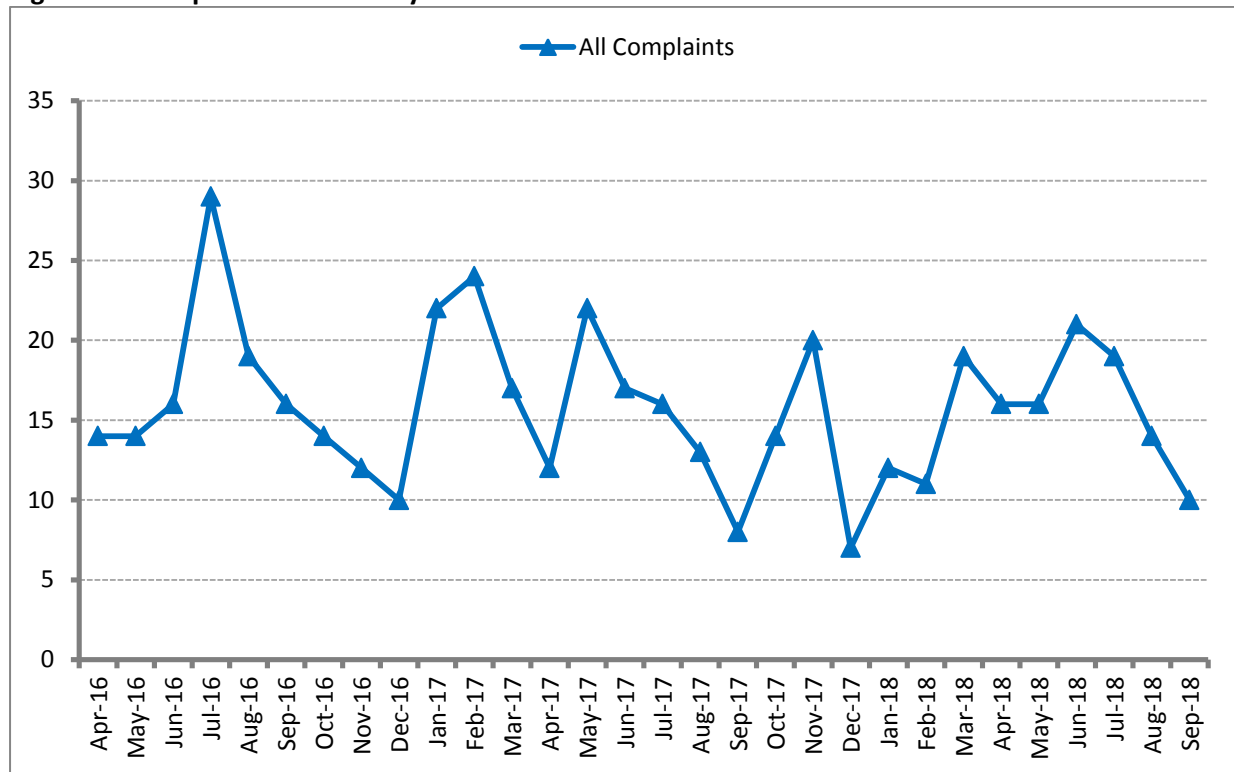
with patients:

- When speaking to patients and relatives, please consider how you would wish to be addressed if you were to be a patient
- Be clear when discussing treatment plans/follow up appointments and timescales for recovery
- If a patient is being seen by a number of different teams/people, be careful how you communicate to ensure that mixed messages are not being given
- Before discharge, please ensure your patient knows what to expect in terms of recovery in the following days/weeks
- Be clear about the expectations from us as a service or team

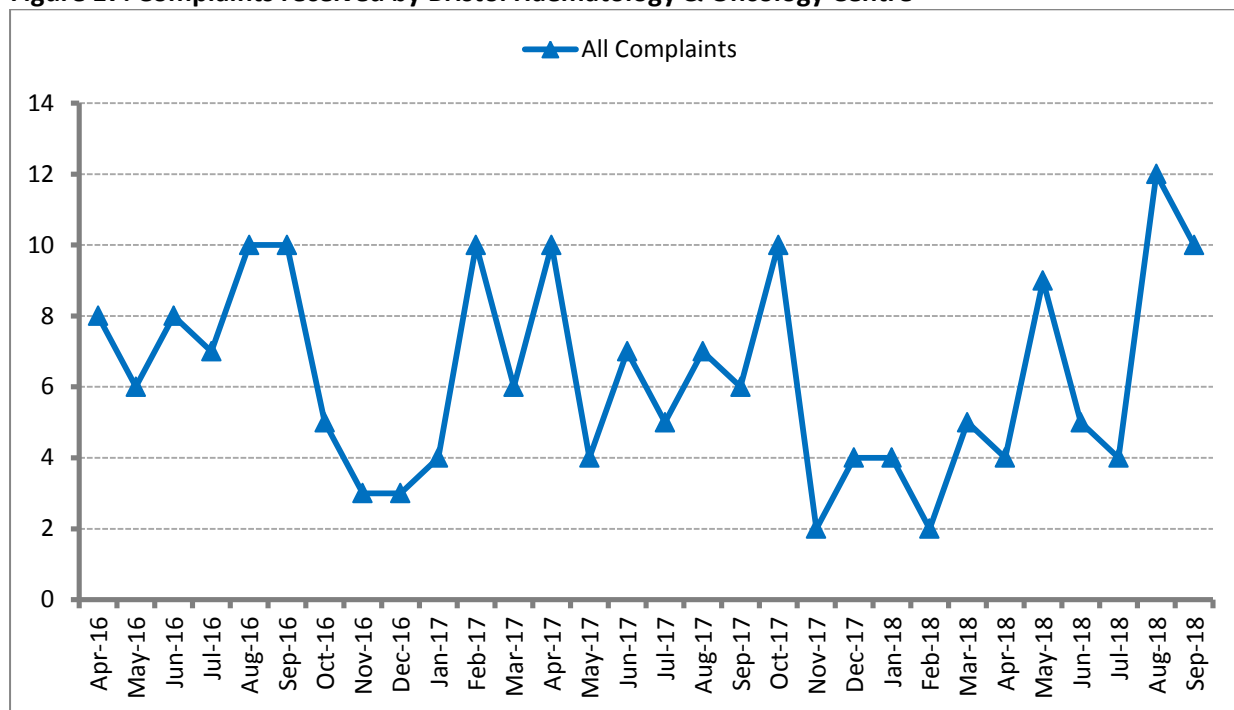
**Figure 15: Specialised Services – formal and informal complaints received**



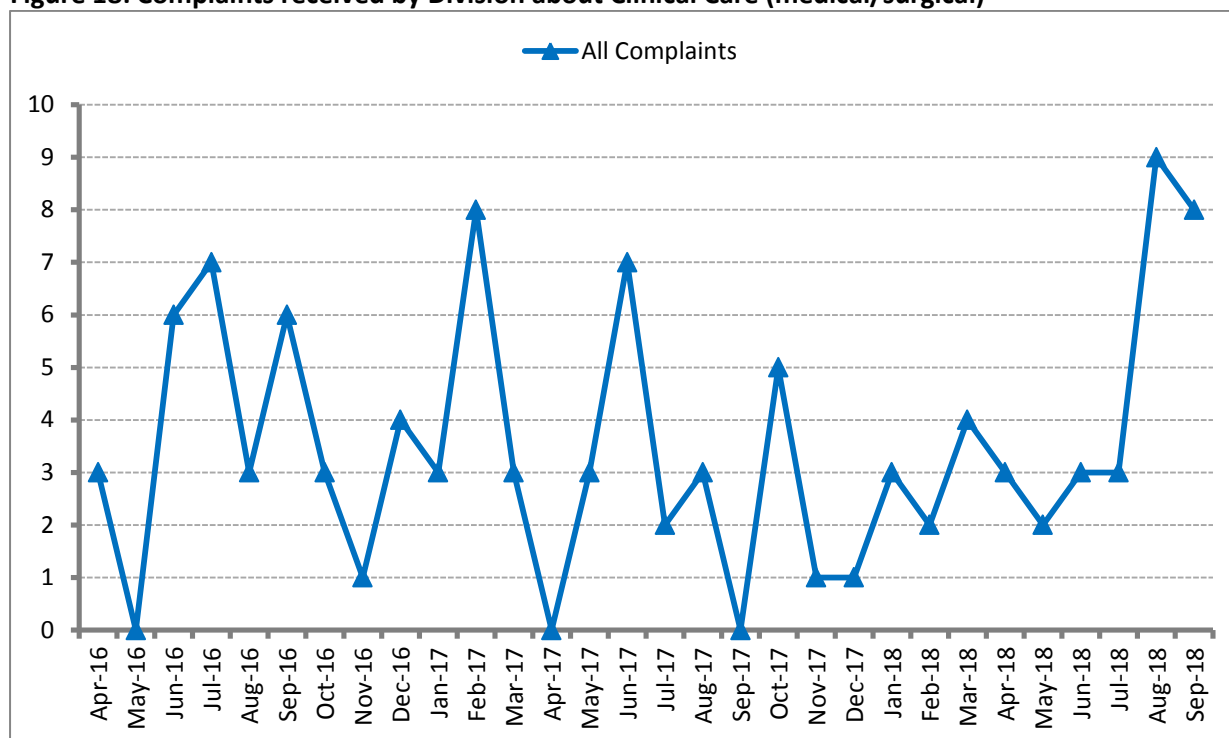
**Figure 16: Complaints received by Bristol Heart Institute**



**Figure 17: Complaints received by Bristol Haematology & Oncology Centre**



**Figure 18: Complaints received by Division about Clinical Care (medical/surgical)**



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

The total number of complaints received by the Division increased from 63 in Q1 to 83 in Q2. Complaints for Bristol Royal Hospital for Children (BRHC) increased slightly to 45 in Q2 (from 41 in Q1). The increase was greater for St Michael’s Hospital (StMH) where complaints increased to 37 in Q2 (from 21 in Q1).

The largest increase was for complaints in the category of ‘clinical care’, and more specifically ‘clinical care (nursing/midwifery)’, the latter of which rose from 10 in Q1 to 21 in Q2.

There were reductions in the number of complaints about ‘communication with patient/relative’, ‘attitude of medical staff’ and ‘appointment administration issues’.

**Table 13: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Clinical Care	39 (47% of total complaints) ↑	25 (39.6% of total complaints) ↓
Attitude & Communication	20 (24.1%) ↑	17 (27%) ↑
Appointments & Admissions	14 (16.9%) ↓	17 (27%) ↓
Information & Support	7 (8.4%) ↑	1 (1.6%) ↓
Facilities & Environment	2 (2.4%) =	2 (3.2%) ↓
Documentation	1 (1.2%) =	1 (1.6%) ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) ↓
<b>Total</b>	<b>83</b>	<b>63</b>

**Table 14: Top sub-categories**

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Clinical care (nursing/midwifery)	21 ↑	10 ↑
Clinical care (medical/surgical)	16 ↑	14
Cancelled or delayed appointments and operations	9 =	9 ↓
Attitude of nursing/midwifery	7 ↑	4 ↑
Communication with patient/relative	4 ↓	6 ↑
Attitude of medical staff	4 ↓	5 ↑
Appointment administration issues	4 ↓	7 ↑

**Table 15: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>Complaints in the category of ‘attitude and communication’ increased from 17 in Q1 to 20 in Q2.</p> <p>This is the fourth consecutive rise in the Division’s complaints in this category.</p> <p>Of these 20 complaints, 11 were for BRHC and eight were for StMH. However, it should be noted that one of the cases attributed to StMH about the attitude of a member of staff was actually a secondary category, with the main category being in respect of ‘clinical care’. The category regarding ‘attitude and communication’ was in relation to a member of staff from a different Division.</p> <p>Overall, seven of the 20 complaints were about ‘attitude of nursing/midwifery’; four were in respect of ‘attitude of medical staff’; four were related to ‘communication with patient/relative’; three were about ‘confidentiality’ and there was one each under the sub-categories of ‘communication – administrative’ and ‘failure to respond’.</p>	<p><b>BRHC</b> There were no consistent themes highlighted from these complaints; no particular individuals or teams. Each incident has been highlighted and discussed with individuals involved; they have been reminded of what good communication looks like, Trust values and where possible, the potential for repeat meetings / conversations with complainants to repair potentially damaged relationships.</p> <p><b>StMH</b> Four of the complaints related to administrative errors by clerical staff. One complaint related to inadequate cleaning of a bed and post-natal care. Two complaints relate to the attitude and communication of midwives and one related to care in gynaecology.</p>	<p><b>BRHC</b> The hospital recently undertook its second “conversation week”. The data from that event is being collated; an action plan will be produced. Individual practitioners named in complaints are spoken to by their line managers and identified improvements / training required are then actioned.</p> <p><b>StMH</b> The reception scan department staff are being booked onto the Trust’s training course ‘Handling Difficult Telephone Conversations’.</p> <p>Patient Experience at the Heart workshops to be held again, run by the Trust’s Patient &amp; Public Involvement Lead.</p> <p>Ongoing work with Hotel Services staff to ensure new meal service works for maternity services.</p> <p>Work with Weston General Hospital to ensure UHBristol and Weston staff are giving consistent advice.</p> <p>Where persistent complaints about individuals are received, these are managed through the Trust’s formal processes as required.</p> <p>Staff in administration have been reminded to check patient telephone numbers against the summary care record to ensure the Trust has the most up to date information.</p>
<p>There was an increase in the number of complaints</p>	<p><b>StMH</b> Complaints mainly about birth</p>	<p><b>StMH</b> Actions taken as detailed above, as</p>



<p>received under the sub-category of 'clinical care (nursing/midwifery)', from 10 in Q1 to 21 in Q2.</p> <p>18 of the 21 complaints were received by StMH (compared with seven in Q1).</p>	<p>events, gynaecology procedures and breast feeding support.</p>	<p>well as work ongoing to improve telephone triage and diagnosis of labour, training on tongue tie diagnosis and ensuring health visitors giving consistent advice with midwives.</p> <p>Workshop to review increase in women requiring induction of labour and effects on capacity.</p>
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**Current divisional priorities for improving how complaints are handled and resolved:**

**StMH**

We are re-emphasising to medical staff and matrons the importance of meeting deadlines when responding to complaints.

**BRHC**

An SOP for a fresh approach complaint management at BRHC has been drafted for comment. The SOP emphasises the importance of making personal contact with the complainant and encouraging a preliminary meeting between the complainant and the investigating manager.

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

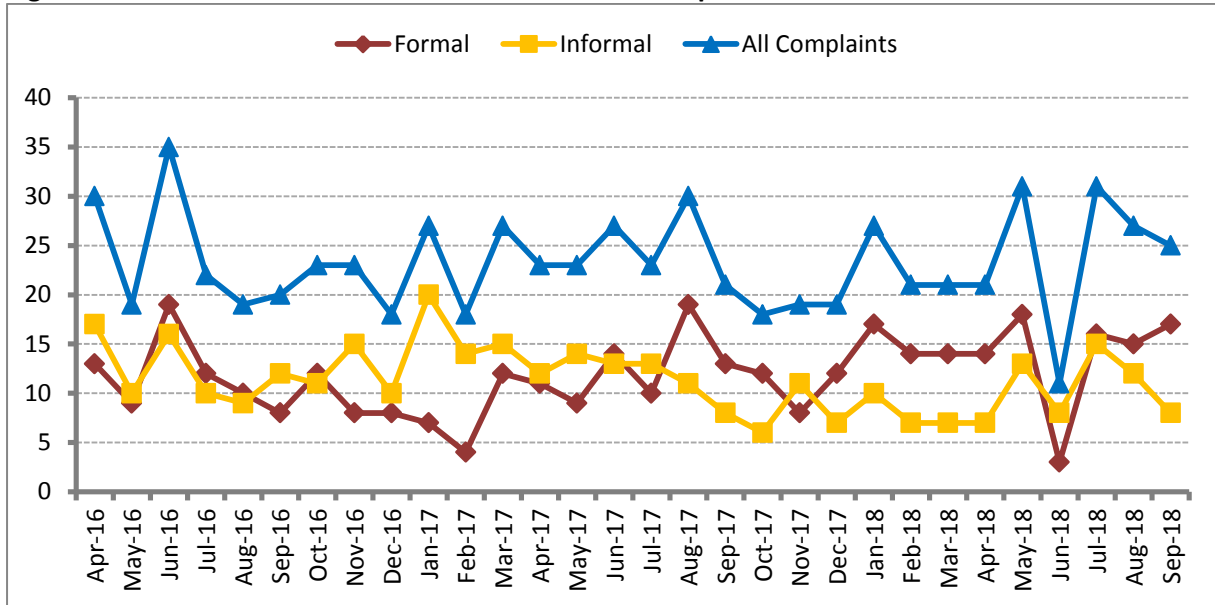
**StMH**

We will send as many staff as possible on the Patient Experience at the Heart workshops in January. We will also be looking to extend the Day Assessment Unit opening hours to improve capacity on the Delivery Suite and prevent delays in the induction of labour process.

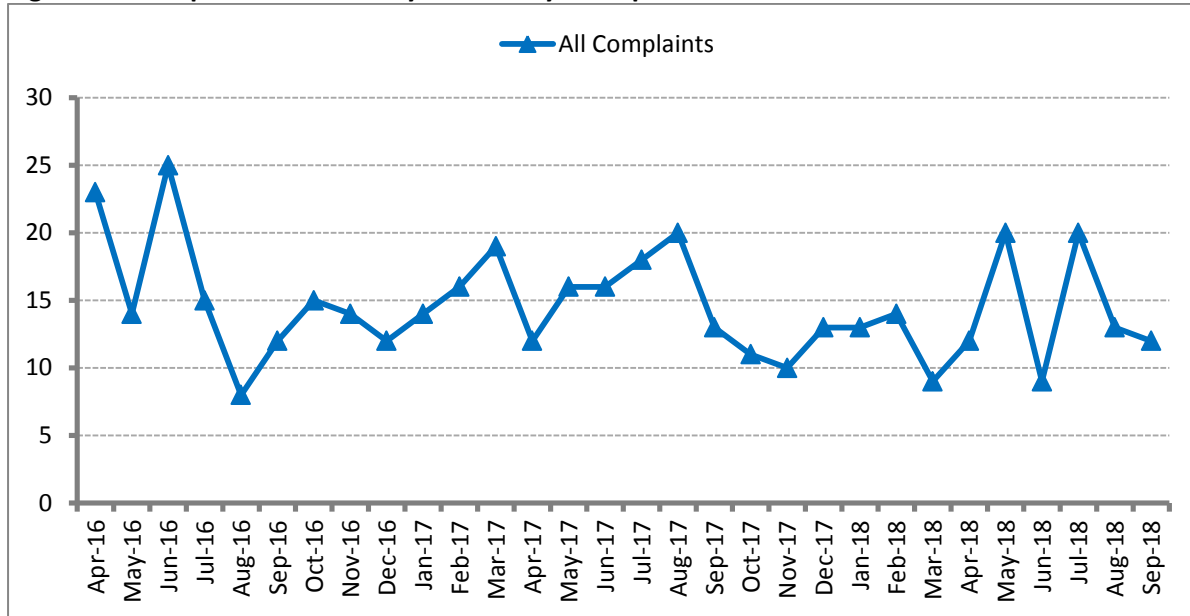
**BRHC**

The increase in complaints around attitude and communication is concerning and is our current focus for learning. We have developed a message of the week derived from key themes from incidents and complaints; this is delivered at the start of each shift, medical handover and bed meeting.

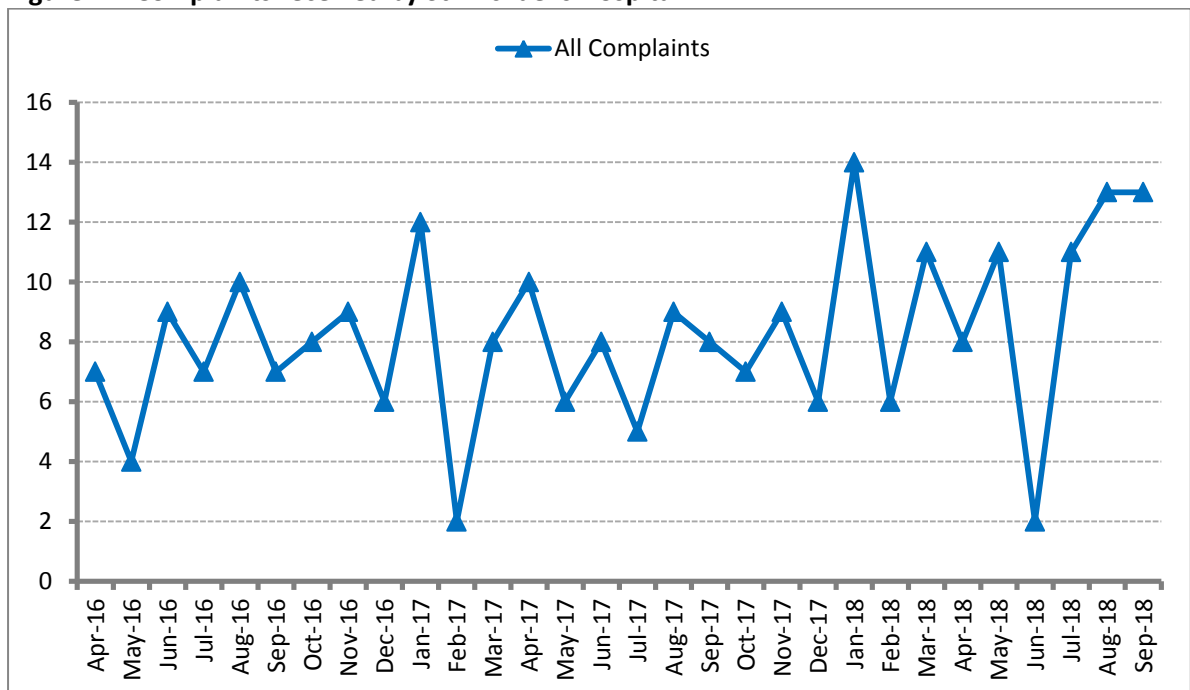
Figure 19: Women & Children – formal and informal complaints received



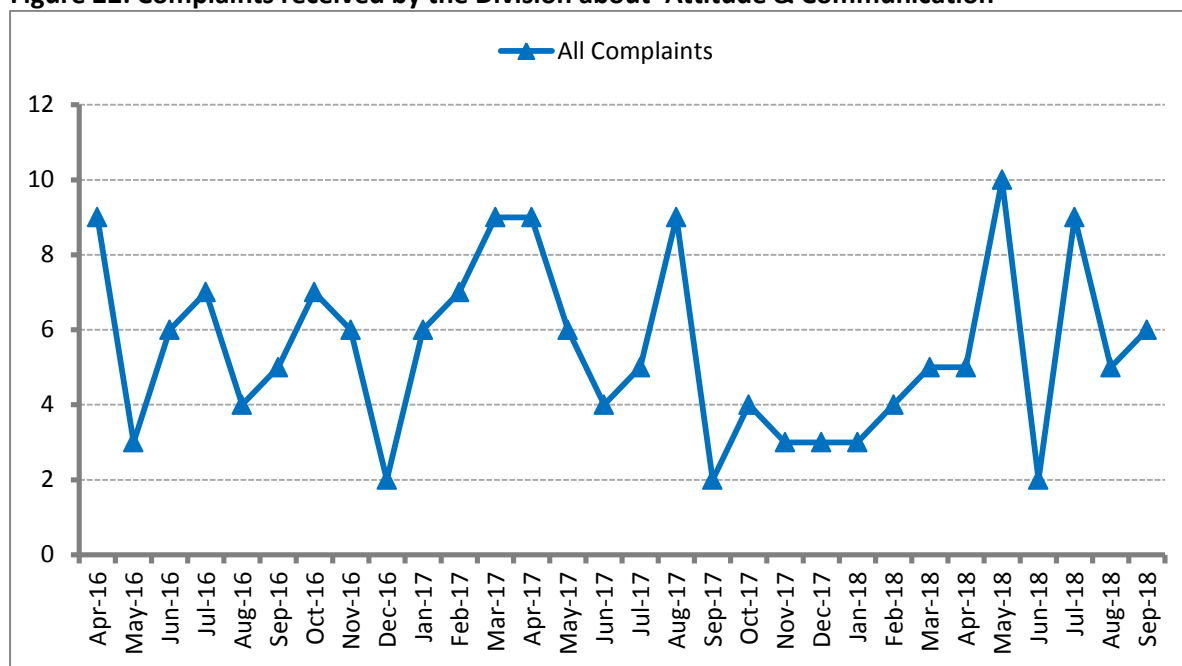
**Figure 20: Complaints received by Bristol Royal Hospital for Children**



**Figure 21: Complaints received by St Michael's Hospital**



**Figure 22: Complaints received by the Division about 'Attitude & Communication'**



### 3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies rose slightly to 19 in Q2 (compared with 17 in Q1) and 16 in Q4 2017/18.

The majority of complaints were received for Radiology (seven) and Pharmacy (six). In respect of complaints categories, 'attitude and communication' remained the highest at seven, with increases also in the categories of 'clinical care' and 'information and support'. There was a reduction in the number of complaints received under the category of 'appointments and admissions'.

**Table 16: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2018/19	Number and % of complaints received – Q1 2018/19
Attitude & Communication	7 (36.8% of total complaints) =	7 (41.2% of total complaints) ↑
Appointments & Admissions	4 (21.1%) ↓	7 (41.2%) ↑
Clinical Care	5 (26.3%) ↑	2 (11.8%) ↓
Information & Support	3 (15.8%) ↑	1 (5.9%) =
Facilities & Environment	0 (0%) =	0 (0%) ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>19</b>	<b>17</b>

**Table 17: Top sub-categories**

Category	Number of complaints received – Q2 2018/19	Number of complaints received – Q1 2018/19
Appointment administration issues	2 =	2 ↑
Attitude of medical staff/AHPs	2 =	2 ↓
Communication with patient/relative	2 =	2 ↑
Clinical care (medical/AHPs)	2 ↑	0 ↓
Waiting time for pharmacy	2 ↑	0 =
Information about patient	2 ↑	1 ↑

**Table 18: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>The Division received six complaints for the pharmacy service, compared with one in Q1.</p> <p>Four of these complaints were in respect of Boots Pharmacy in Bristol Royal Infirmary, with one each for the Parenteral Services Unit and BEH pharmacies.</p>	<p>The complaints relating to Boots were all regarding long waiting times for prescriptions.</p> <p>The PSU complaint related to delays in drugs for a clinical trials patient.</p> <p>The final complaint was from a patient concerned about the impact on disabled patients of the closure of the BEH outpatient pharmacy.</p>	<p>Display screen with waiting times to be installed in Boots; turnaround times are monitored at monthly meetings with the Trust.</p> <p>Explanation that this particular drug cannot be made in advance of the appointments. Action plan provided and meeting offered.</p> <p>Explanation of alternative pharmacy options provided to patient and apology that this was not made clear at the time. All staff reminded of the alternative pharmacies available.</p>
<p>Complaints about ‘attitude and communication’ accounted for 36.8% of the Division’s complaint in Q2.</p> <p>Of the seven complaints in this category, five were for radiology services.</p>	<p>The radiology complaints were in different areas for varying reasons:</p> <p>Attitude of staff rude and unhelpful when they believed patient was late for appointment.</p> <p>Lack of preparation by staff for disabled patient. Extremely long wait for scan owing to lack of a</p>	<p>Confirmed staff involved have been identified and spoken to; they extend their apologies for their conduct. Appointment letters are being reviewed to ensure no further errors occur.</p> <p>Owing to a fault with the main scanner, the patient had to be scanned in the one used for A&amp;E,</p>

	<p>hoist.</p> <p>Unhelpful staff when wanting an update on wife in ED, lack of information prior to appointment. Concern over pregnant staff member in scan room and lack of comment cards.</p> <p>Patient wanting a copy of her scans, despite calling the number given there had been no response.</p> <p>Lack of communication regarding claustrophobia and patient not being listened to during appointment with CRIC Junior Radiographer.</p>	<p>leading to delays due to the high demand and need for a hoist. The Division apologised that the scan was not rebooked for another day to avoid such a long wait as would be the usual procedure.</p> <p>Explanation that as patient could not remember wife's date of birth, an update could not be provided for confidentiality reasons.</p> <p>Patient received a call to discuss the appointment prior to arrival; apologies given that questions not answered.</p> <p>Confirmation that pregnant member of staff was protected during the scan appropriately and was not at risk.</p> <p>Apologies given for lack of comment cards; staff reminded of their location and to keep them available at all times for patients.</p> <p>Patient was telephoning an incorrect number.</p> <p>Investigation ongoing at time of report.</p>
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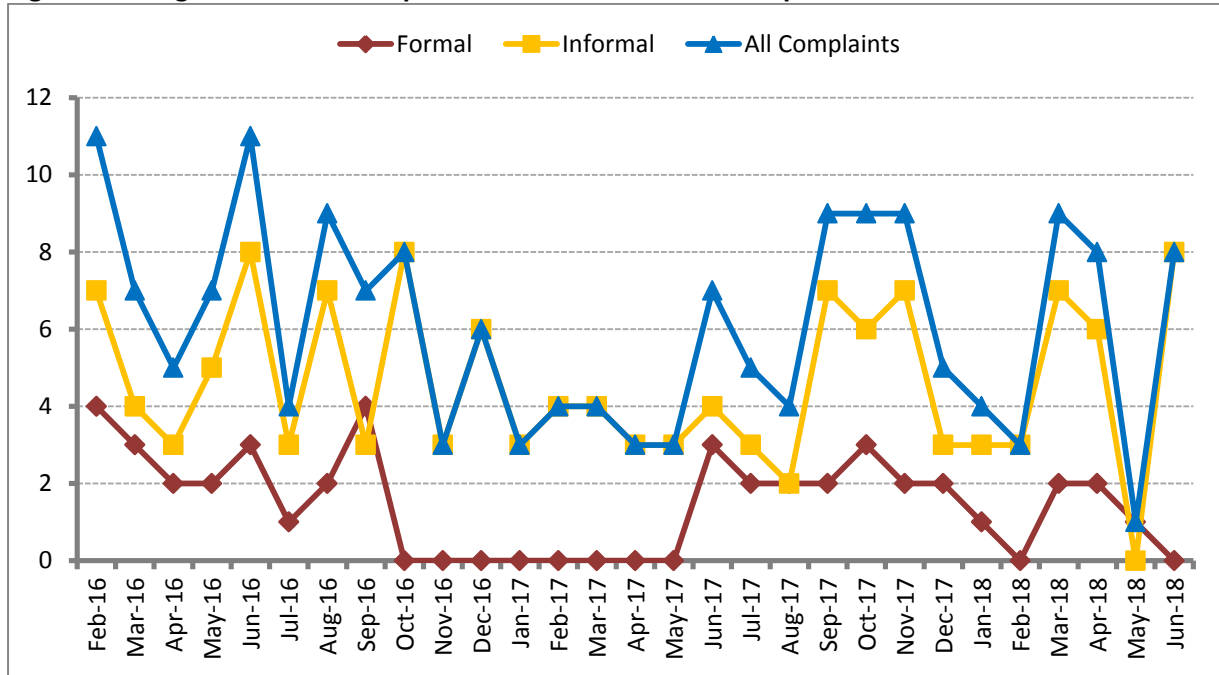
**Current divisional priorities for improving how complaints are handled and resolved:**

No current issues with the complaints process. All are received by the Assistant Performance & Operations Manager, responded to by individual services and staff as appropriate, prior to review and amendments by senior divisional management and final sign off from the Divisional Director. No breaches have occurred to date during 2018/19.

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

Boots waiting times – installation of screen displaying waiting times for patients.

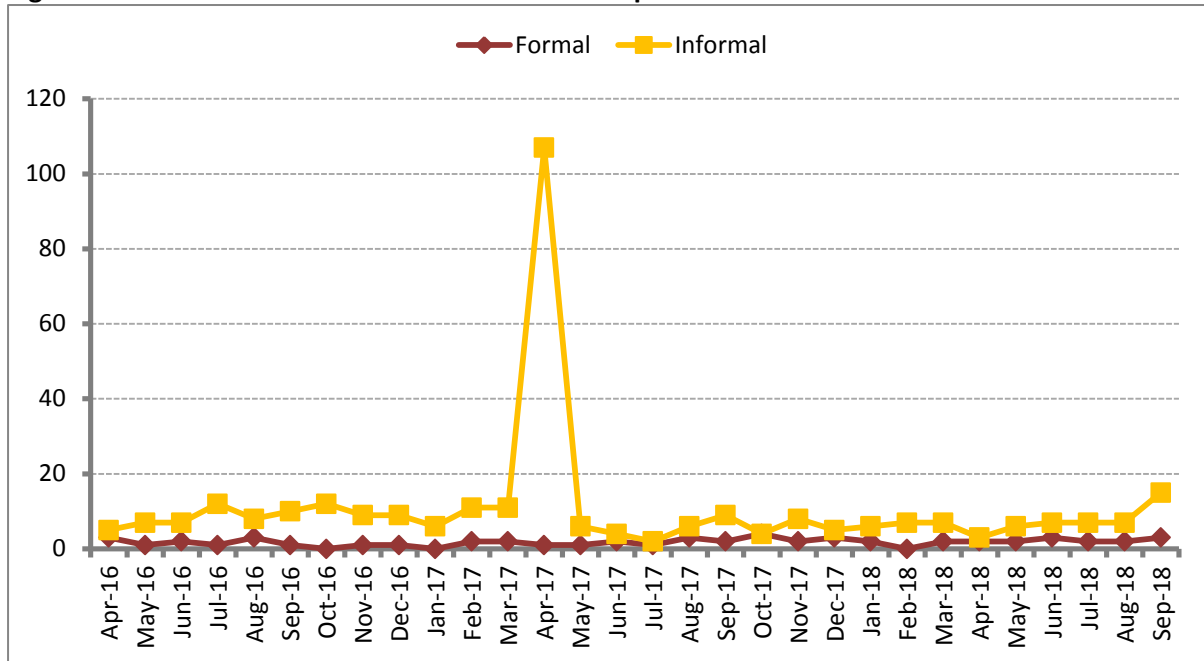
**Figure 23: Diagnostics and Therapies – formal and informal complaints received**



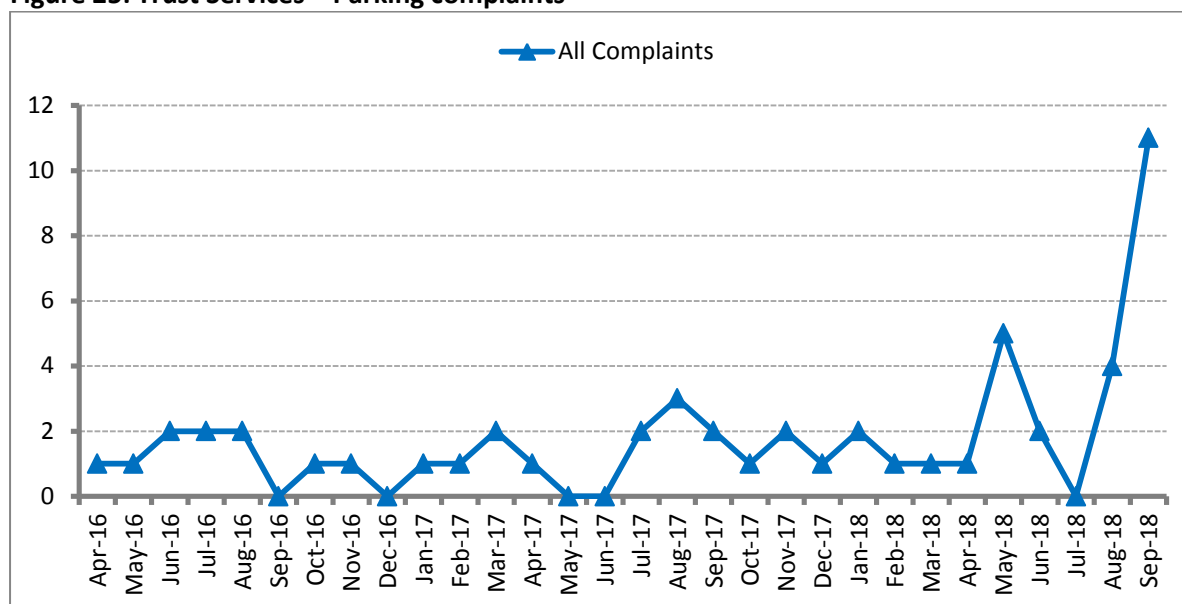
**3.1.6 Division of Trust Services**

The Division of Trust Services, which includes Facilities & Estates, received 36 complaints in Q2, compared with 23 in Q1. Of the 36 complaints received in Q2, 15 (41.7%) were related to parking. There were three complaints each received by the Cashiers Office at the BRI, the Patient Support and Complaints Team and public areas within the BRI. With the exception of the parking issues at SBCH highlighted in section 2 of this report, there were no discernible trends noted for the Division.

**Figure 24: Trust Services – formal and informal complaints received**



**Figure 25: Trust Services – Parking complaints**



### 3.2 Complaints by hospital site

**Table 19: Breakdown of complaints by hospital site<sup>3</sup>**

Hospital/Site	Number and % of complaints received in Q2 2018/19	Number and % of complaints received in Q1 2018/19
Bristol Royal Infirmary	149 (33.5%) of total complaints ↓	178 (39.9% of total complaints) ↓
Bristol Heart Institute	47 (10.6%) ↓	58 (13%) ↑
Bristol Royal Hospital for Children	47 (10.6%) ↑	46 (10.3%) ↑
St Michael's Hospital	47 (10.6%) ↑	38 (8.5%) ↓
Bristol Eye Hospital	45 (10.2%) ↑	32 (7.3%) ↓
Bristol Dental Hospital	39 (8.8%) ↓	50 (11.2%) =
Bristol Haematology & Oncology Centre	28 (6.3%) ↑	18 (4%) ↑
South Bristol Community Hospital	18 (4.1%) ↑	11 (2.6%) ↓
Trust Car Parks	11 (2.5%) ↑	2 (0.4%) =
Central Health Clinic	6 (1.4%) =	6 (1.3%) ↑
Southmead and Weston Hospitals (UH Bristol services)	2 (0.5%) ↓	3 (0.7%) ↑
Trust Headquarters	2 (0.5%) ↑	1 (0.2%) ↑
Community Dental Sites (Charlotte Keel)	1 (0.2%) ↑	0 =
Adult Audiology Service (Community)	1 (0.2%) ↑	0 =
Off Trust Premises	0 (0%) ↓	1 (0.2%) ↑

<sup>3</sup> It should be noted that these figures will not all match complaints by Division as some divisional services take place at other sites. For example, ENT comes under the remit of the Division of Surgery but the clinic is based at St Michael's Hospital.



Unity Community Sexual Health	0 (0%) ↓	1 (0.2%) ↓
Community Midwifery Services	0 (0%) ↓	1 (0.2%) ↑
<b>TOTAL</b>	<b>443</b>	<b>446</b>

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

In order to more clearly identify the number of complaints received by the type of service, Figure 26 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q2, 42.9% (\*49.3%) of complaints received were about outpatient services, 34.5% (30%) related to inpatient care, 5.2% (6%) were about emergency patients; and 17.4% (14.7%) were in the category of 'other' (as explained above).

\* Q1 percentages are shown in brackets for comparison.

Figure 26: All patient activity

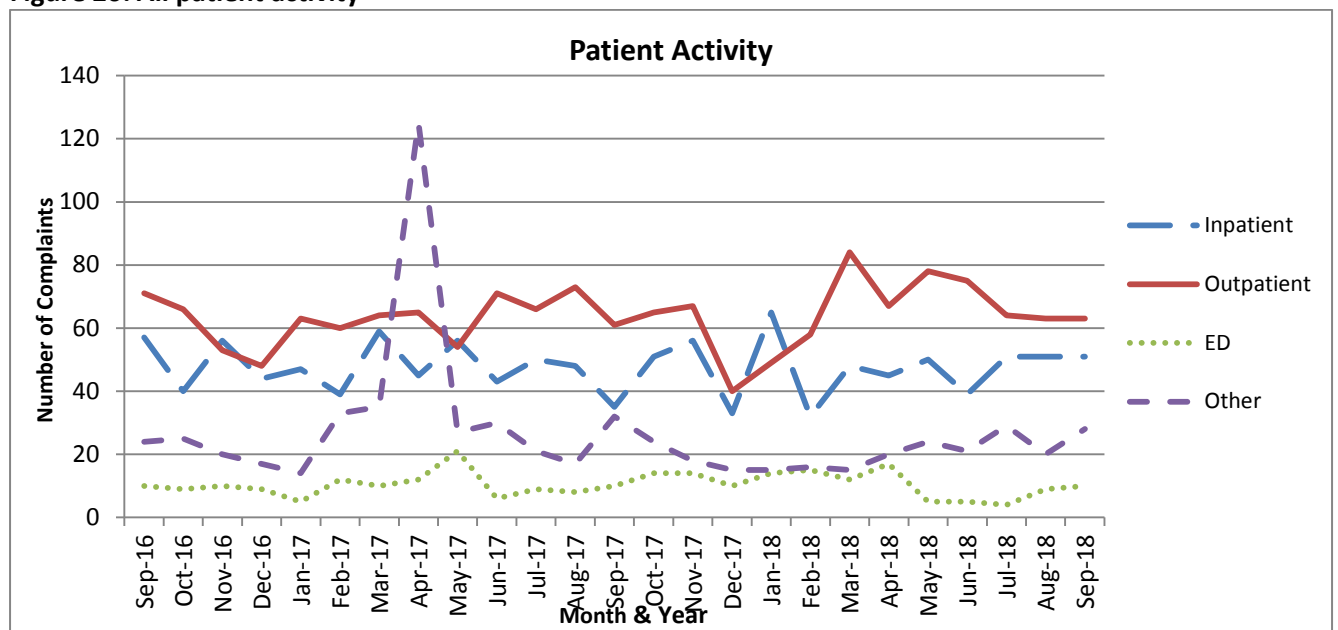


Table 20: Breakdown of Area Type

Complaints	Area Type				
	ED	Inpatient	Outpatient	Other	Grand Total
Jul-17	9	50	66	21	146
Aug-17	8	48	73	17	146
Sep-17	10	35	61	32	138
Oct-17	14	51	65	24	154
Nov-17	14	56	67	18	155
Dec-17	10	33	40	15	98
Jan-18	14	65	49	15	143

Feb-18	15	32	58	16	121
Mar-18	12	48	84	15	159
Apr-18	17	45	67	20	149
May-18	5	50	78	24	157
Jun-18	5	39	75	21	140
Jul-18	4	51	64	29	148
Aug-18	9	51	63	20	143
Sep-18	10	51	63	28	152
<b>Grand Total</b>	<b>156</b>	<b>705</b>	<b>973</b>	<b>315</b>	<b>2149</b>

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

All Divisions, with the exception of Diagnostics & Therapies, reported breaches in Q2, totalling 25 breaches, which is the same as the previous quarter.

**Table 21: Breakdown of breached deadlines**

Division	Q2 (2018/19)	Q1 (2018/19)	Q4 (2017/18)	Q3 (2017/18)
Surgery	4 (6.7%) =	4 (5.0%)	5 (9.2%)	9 (10.8%)
Women & Children	13 (27.7%) ↑	10 (22.2%)	11 (34.4%)	9 (25.7%)
Trust Services	1 (20%) ↓	3 (33.3%)	6 (42.8%)	9 (25.7%)
Medicine	2 (6.7%) ↓	4 (7.4%)	6 (11.8%)	4 (8%)
Specialised Services	5 (14.3%) ↑	4 (20%)	2 (10.5%)	3 (12.5%)
Diagnostics & Therapies	0 (0%) =	0 (0%)	1 (20%)	0 (0%)
<b>All</b>	<b>25 breaches =</b>	<b>25 breaches</b>	<b>31 breaches</b>	<b>30 breaches</b>

(So, as an example, there were four breaches of timescale in the Division of Surgery in Q2, which constituted 6.7% of the complaint responses which were sent out by that division in Q2.)

Breaches of timescale were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team; delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 22 shows a breakdown of where the delays occurred in Q2. The Divisions were responsible for 17 of the breaches, three were caused by delays in the Patient Support & Complaints Team and five breaches were attributable to delays during Executive sign-off.

**Table 22: Reason for delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	1	0	4	12	0	0	<b>17</b>
Patient Support & Complaints Team	3	0	0	0	0	0	<b>3</b>
Executives/sign-off	0	2	1	1	0	1	<b>5</b>
<b>All</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>25</b>

### 3.4 Outcome of formal complaints

In Q2, the Trust responded to 180 formal complaints<sup>4</sup>. Tables 23 and 24 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q2 and Q1 of 2018/19 respectively. A total of 81.7% of complaints were either upheld or partly upheld in Q2, compared with 75.6% in Q1 and 76% in Q4 of 2017/18.

**Table 23: Outcome of formal complaints – Q2 2018/19**

	Upheld	Partly Upheld	Not Upheld
Surgery	24 (40%) ↑	24 (40%) ↓	12 (20%) ↓
Medicine	10 (33.3%) ↓	12 (40%) ↓	8 (26.7%) ↓
Specialised Services	14 (40%) ↑	16 (45.7%) ↑	5 (14.3%) ↑
Women & Children	21 (44.7%) ↑	19 (40.4%) ↓	7 (14.9%) =
Diagnostics & Therapies	0 (0%) ↓	2 (66.7%) =	1 (33.3%) =
Trust Services	2 (40%) ↓	3 (60%) ↑	0 (0%) ↓
<b>Total</b>	<b>71 (39.4%) ↑</b>	<b>76 (42.3%) ↓</b>	<b>33 (18.3%) ↓</b>

**Table 24: Outcome of formal complaints – Q1 2018/19**

	Upheld	Partly Upheld	Not Upheld
Surgery	22 (27.4%)	41 (51.3%)	17 (21.3%)
Medicine	14 (26%)	20 (37%)	20 (37%)
Specialised Services	7 (35%)	10 (50%)	3 (15%)
Women & Children	15 (33.3%)	23 (51.1%)	7 (15.6%)
Diagnostics & Therapies	2 (40%)	2 (40%)	1 (20%)
Trust Services	4 (44.4%)	1 (11.2%)	4 (44.4%)
<b>Total</b>	<b>64 (30%)</b>	<b>97 (45.5%)</b>	<b>52 (24.5%)</b>

### 4. Learning from complaints

All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made.

Actions resulting from complaints are monitored and reviewed by our Divisions; the Patient Support and Complaints Team also monitors progress.

Below are some examples of actions identified as a result of complaints received and which have been completed during Q2 2018/19.

- A review has been carried out of internal procedures, to ensure that a copy of the referral letter to GPs in respect of the BRI anticoagulation dosing service is also sent to the North Bristol NHS Trust warfarin clinic for information/action (D&T).
- All clerical staff have been reminded by the administration lead in the Ultrasound Department to follow the correct protocol when following up a patient who has not attended their appointment (D&T).

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

- Cardiac Surgery Advanced Nurse Practitioners to ensure medication is prescribed on EPMA promptly should a patient be cancelled for surgery (SpS).
- Following discussion with the team, Cardiology Consultant to update guidelines in relation to stress echoes before surgery as routine (SpS).
- Matron has discussed with catering manager and dietician what alternatives are available when patients experience difficulties with food choice (Surgery).
- A training session has been delivered to staff on the key factors to look for with regard to urine retention when looking after patients following surgery (Surgery).
- Midwifery staff have been reminded that, when in established labour, women require 1:1 midwifery care and for maternal and fetal surveillance to be recorded on a partogram (W&C).
- Plastic surgeons have been consulted and a local guideline developed for use in Children's Emergency Department in respect of the types of sutures to be used (W&C).

## 5. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. The team also recorded and acknowledged 34 compliments received during Q2 and shared these with the staff involved and their Divisional teams.

A total of 195 enquiries were received in Q2 (an increase of 18.2% on the number received in Q1). Table 25 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q2.

**Table 25: Enquiries by category**

Category	Enquiries in Q2 2018/19
Information about patient	58
Hospital information request	34
Signposting	24
Clinical information request	12
Medical records requested	9
Appointment administration issues	5
Clinical care	5
Accommodation enquiry	5
Bereavement/emotional support	5
Travel/transfer arrangements and transport	5

Most enquiries are assigned to a particular Division within the Trust; however some fall outside of these divisions. Table 26 below shows where each of the 195 enquiries is assigned.

**Table 26: Enquiries by Division**

Division/Area	Number of enquiries in Q2 2018/19	Number of enquiries in Q1 2018/19
Non-Divisional	56	36
Trust Services	38	31

Specialised Services	24	22
Surgery	20	20
Medicine	19	20
Other NHS Organisation	16	9
Women & Children	14	23
Diagnostics & Therapies	5	2
Non NHS	3	2
<b>Total</b>	<b>195</b>	<b>165</b>

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints team recorded 169 enquiries that did not proceed. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team is dealing with a steadily increasing volume of activity, with a total of 841 separate enquiries in Q2 2018/19, compared with 819 in Q1, 741 in Q4 and 710 in Q3.

## **6. Acknowledgement of complaints by the Patient Support and Complaints Team**

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q2, 253 complaints were received in writing (email, letter or complaint form) and 190 were received verbally (11 in person via drop-in service and 182 by telephone). Of the 443 complaints received in Q2, 94.4% (418 out of the 443 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This compares with 98.7% in Q1.

The Patient Support & Complaints Manager has reviewed the cases that were not acknowledged within timescale and all 25 occurred during a period when the team was short staffed due to sickness and vacancies. Recruitment has now been completed, with one new member of staff starting in mid-November 2018 and the other by the end of November 2018. Two members of the team who were on long-term sick leave have also now returned to work. Acknowledgment within timescale was at 100% in September 2018 and it is anticipated that this will continue going forward.

## **7. PHSO cases**

During Q2, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in 10 new complaints. During the same period, two existing cases remain ongoing. Three cases were closed during Q2: one was upheld and all recommendations have been complied with; one was partly upheld and all recommendations have been complied with; and one was closed by the PHSO without investigation or further action required.

**Table 27: Complaints opened 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
13256	MR	WR	05/03/2018 [29/09/2018]	BRI	Ward A400 - OPAU	Medicine
PHSO asked if we felt our response was our final response and advised that the family are looking at making a claim for compensation. Responded advising we would be happy to look into any outstanding concerns the family may have or we could send them AVMA leaflets with advice on the legal route should they wish to claim compensation. Copy of complaint file sent to PHSO by email 29/08/2018. Advised by PHSO on 10/09/2018 that they no longer required the medical records as the family wished to seek compensation so case closed. We sent patient's son AVMA leaflets and covering letter on 10/09/2018 and copied this to the PHSO.						
12796	IW		07/02/2018 [26/07/2018]	BRI	Lower GI	Surgery
Contacted by PHSO to ask several questions about the patient and his complaint and to request a copy of the complaint file. Complaint file and answers to questions sent to PHSO 01/08/2018 and on 10/08/2018; PHSO confirmed that they see no reason to investigate this complaint further and they have closed their file.						
10655	JB/SB	JB	13/10/2017 [24/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
Contacted by PHSO to let us know they have been asked to investigate this complaint and to request copies of all Trust responses to date. This information was sent to the PHSO on the same day and on 17/10/2018 we sent the PHSO a timeline of the complaint as requested. We are currently waiting to hear whether the PHSO intend to investigate.						
10267	SL	N/A	20/09/2017 [02/07/2018]	SBCH and BRI	Radiology and Trauma & Orthopaedics	Diagnostics & Therapies and Surgery
Initial contact from the PHSO asked whether the Trust would consider financial compensation in this case. We replied stating that we did not feel this was appropriate at that stage and on 15/10/2018, the PHSO advised that there were commencing their investigation into the complaint. A copy of the complaint file and the medical records were subsequently sent to the PHSO and we are currently awaiting an update from them.						
9403	LD	DM	03/08/2017 [07/09/2018]	BHOC	Ward D703 - Haematology	Specialised Services
Initial email from PHSO asking whether complainant came back to us with outstanding concerns as they only have a copy of one response letter from us. We confirmed that we had sent our final response and are currently waiting to hear whether the PHSO plan to carry out an investigation.						
8853	KK	N/A	10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Notified by PHSO that they have received a complaint from this patient and asked for copies of all correspondence. This was sent to the PHSO with confirmation that we were still willing to address any outstanding concerns the patient had. We sent a further response to the patient on 10/10/2018 but she has since come back to us stating her intention to ask the PHSO to investigate. We are waiting to hear further from the PHSO.						
5774	JB	JB	24/01/2017 [05/07/2018]	BRI	Dermatology	Medicine

Complaint led by Weston Area Health Authority. PHSO requested copy of patient's medical records from UH Bristol; these were sent on 19/07/2018. Further records were then requested and sent to the PHSO on 06/09/2018. We are currently awaiting further contact from the PHSO.						
3937	TR	PP	10/10/2016 [14/09/2018]	BRI	Upper GI	Surgery
Copy of complaints file and medical records requested by PHSO and sent to them on 16/10/2018. Currently awaiting further contact from the PHSO.						
1161	ST	AB	07/04/2016 [06/09/2018]	BHI	Ward C708 – Cardiac Surgery	Specialised Services
Medical records and copy of complaint file sent to PHSO 12/09/2018. Currently awaiting further contact from PHSO.						
3016	SR	DR	10/03/2015 [02/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
Copy of complaint file sent to PHSO 06/09/2018. Copy of patient's medical records sent to PHSO 24/08/2018. Currently awaiting further contact from the PHSO.						

**Table 28: Complaints ongoing 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
5741	JF	SM	23/01/2017 [21/05/2018]	BHI	Ward C604 (CICU)	Specialised Services
Copy of cardiac surgery booklet (clinical standard) sent to PHSO 30/08/2018. Copies of complaint file and medical records sent to PHSO on 12/09/2018. Notified by PHSO on 17/10/2018 that some notes missing from medical records – currently waiting for these to be copied by Medical Records.						

**Table 29: Complaints formally closed by 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
13256	MR	WR	05/03/2018 [29/08/2018]	BRI	Ward A400 - OPAU	Medicine
PHSO advised family seeking compensation. Details of legal process and AVMA leaflets sent to family 10/09/2018 (copied to PHSO). PHSO confirmed they had closed the case.						
12796	IW	N/A	07/02/2018 [26/07/2018]	BRI	Lower GI	Surgery
On 10/08/2018, PHSO confirmed that they see no reason to investigate this complaint further and they have closed their file.						
11432	KW	IW	23/11/2017 [19/04/2018]	BDH	Adult Restorative Dentistry	Surgery
We advised the PHSO that the complaint was made due to the patient not qualifying for NHS						

treatment in this instance. The PHSO have informed us that they are taking no further action on this case. They explained to the patient that the NHS Constitution recognises that there are circumstances which prevent providers from treating all patients who need its service. In such cases, it is the responsibility of the patient's local Clinical Commissioning Group (the CCG) to facilitate treatment elsewhere or consider procuring treatment in the private sector.

## 8. Complaint Survey

Since February 2017, the Patient Support and Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. The survey responses are now monitored on a regular basis in order that improvements can be made to the way that the Patient Support & Complaints team work as a direct result of the responses received. Table 30 below shows data from the 70 responses received during Q2, compared with those received in previous quarters. Feedback improved in a number of areas in Q2, including respondents who confirmed that a timescale had been agreed with them and those who felt the Trust's complaints process made it easy for them to make a complaint.

It is disappointing however that the number of complainants taking up the option of a complaint resolution meeting remains low. Although all complainants are offered the option of a meeting or a written response at the outset, we need to proactively encourage uptake because we know that meetings generally lead to a more satisfactory outcome for the complainant.

The Trust will be seeking to introduce twice yearly focus groups with people who have previously made a complaint; the first of these meetings is being planned for Q4. It is envisaged that the focus groups will create an opportunity to explore some of themes covered by the survey in more detail.

**Table 30: Complaints Survey Data**

Survey Measure/Question	Q2 2018/19	Q1 2018/19	Q4 2017/18	Q3 2017/18
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	78.8% <span style="color: green;">↑</span>	68.2%	66.7%	83%
Respondents who felt that the Trust would do things differently as a result of their complaint.	22.4% <span style="color: green;">↑</span>	11.1%	22.2%	20%
Respondents who found out how to make a complaint from one of our leaflets or posters.	9% <span style="color: green;">↑</span>	7.5%	10.3%	5.6%
Respondents who confirmed we had told them about independent advocacy services.	32.8% <span style="color: red;">↓</span>	33.3%	35.7%	37%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	69.6% <span style="color: green;">↑</span>	66.7%	72.4%	64.3%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	69.1% <span style="color: green;">↑</span>	64.5%	57.2%	66.1%
Respondents who said they did not receive their response within the agreed timescale.	16.4% <span style="color: green;">↓</span>	18.6%	33.3%	28.6%



Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	81.8% ↓	95.5%	92.9%	91.1%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	81.4% ↓	84.5%	71.5%	83.9%
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	29.9% ↓	31.8%	33.3%	20.4%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	1.6% ↓	2.3%	0%	1.8%
Respondents who said that our response addressed all of the issues that they had raised.	57.1% ↓	60%	50%	62.3%