

Complaints Report

Quarter 4, 2018/2019

(1 January 2019 to 31 March 2019)

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Quarter 4 Executive summary and overview

	Q4	
Total complaints received	493	↑
Complaints acknowledged within set timescale	99.6%	=
Complaints responded to within agreed timescale – formal investigation	88.2%	↑
Complaints responded to within agreed timescale – informal investigation	84.0%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	7.0%	↓

Successes	Priorities
<ul style="list-style-type: none"> The proportion of complainants expressing dissatisfaction with the outcome of the investigation of their concerns has fallen for the second consecutive quarter. Complaints about Dermatology fell in Quarter 4 following actions taken in response to increasing demand for the service. Complaints about patient parking at South Bristol Community Hospital also fell following the introduction of new pay machines and signage. Examples of specific service improvements made in response to complaints in Q4 can be found in section 4 of this report. 	<ul style="list-style-type: none"> Responding to complaints within the timescale agreed with the complainant remains a priority across all Divisions. Due to the majority of complaints now being responded to via the informal complaints process, breaches of timescales for informal complaints are now being reported to the Trust Board, in addition to breached formal responses. The target for both formal and informal responses is for 95% to be sent out by the deadline agreed with the complainant.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> The Patient Support and Complaints Team is in the process of refreshing training materials in response to feedback from previous attendees at training sessions. The training is designed to provide staff with the confidence to handle complaints raised directly with them and to assist senior managers in investigating and responding to formal complaints. UH Bristol complaints training and procedures are to be shared with Weston General Hospital as a closer working relationship between the two Trusts develops during 2019/20. 	<ul style="list-style-type: none"> Complaints about the Emergency Department, Trauma and Orthopaedics, and outpatient services at the Bristol Heart Institute increased in Quarter 4. Complaints about ‘attitude and communication’ also increased across the Divisions of Surgery, Specialised Services and Women & Children. Data suggests a long-term rising trend in complaints about Bristol Eye Hospital – a more detailed analysis of this trend is being undertaken during the second quarter of 2019/20.

1. Complaints performance – Trust overview

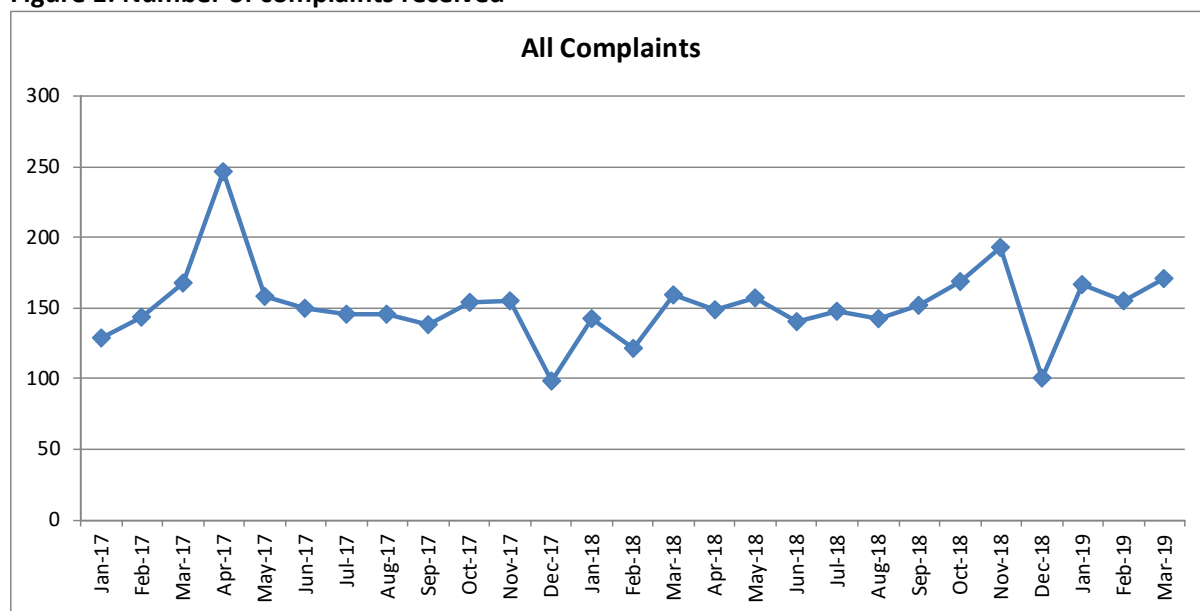
The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

1.1 Total complaints received

The Trust received 493 complaints in quarter 4 (Q4) of 2018/19. 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. This shows that the Trust typically receives around 150 complaints per month. In months where more complaints have been received, this has been attributable to a specific one-off issue (e.g. a high number of complaints about car parking at South Bristol Community Hospital were received in Q3).

Figure 1: Number of complaints received



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: Numbers of formal v informal complaints

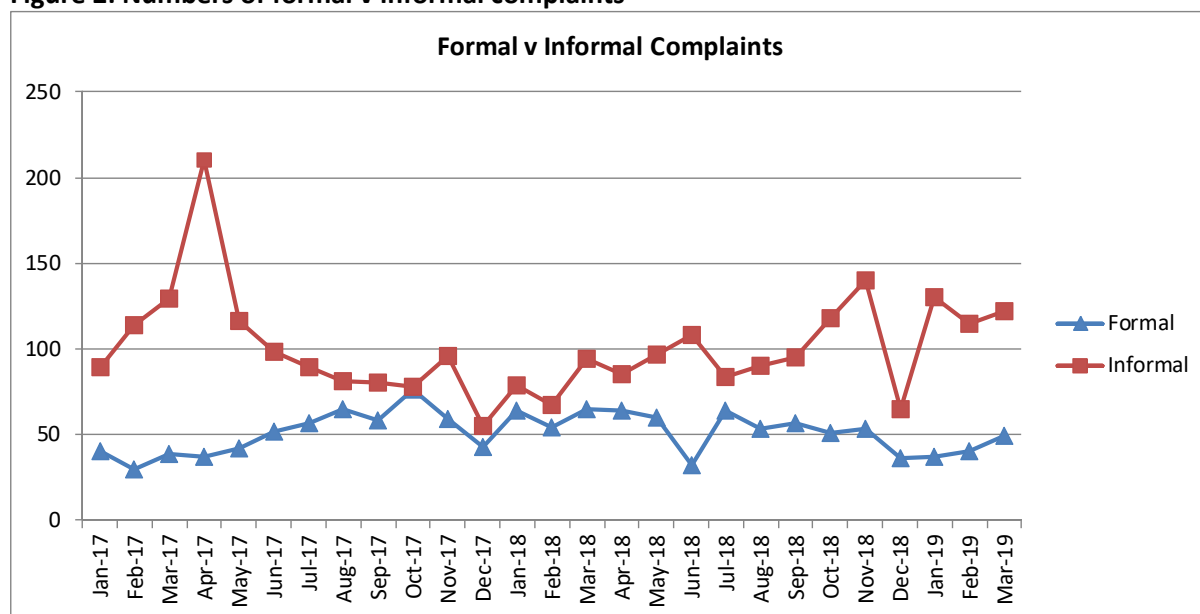


Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. It is encouraging to see that we are consistently dealing with a higher proportion of complaints via the informal process, as 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.

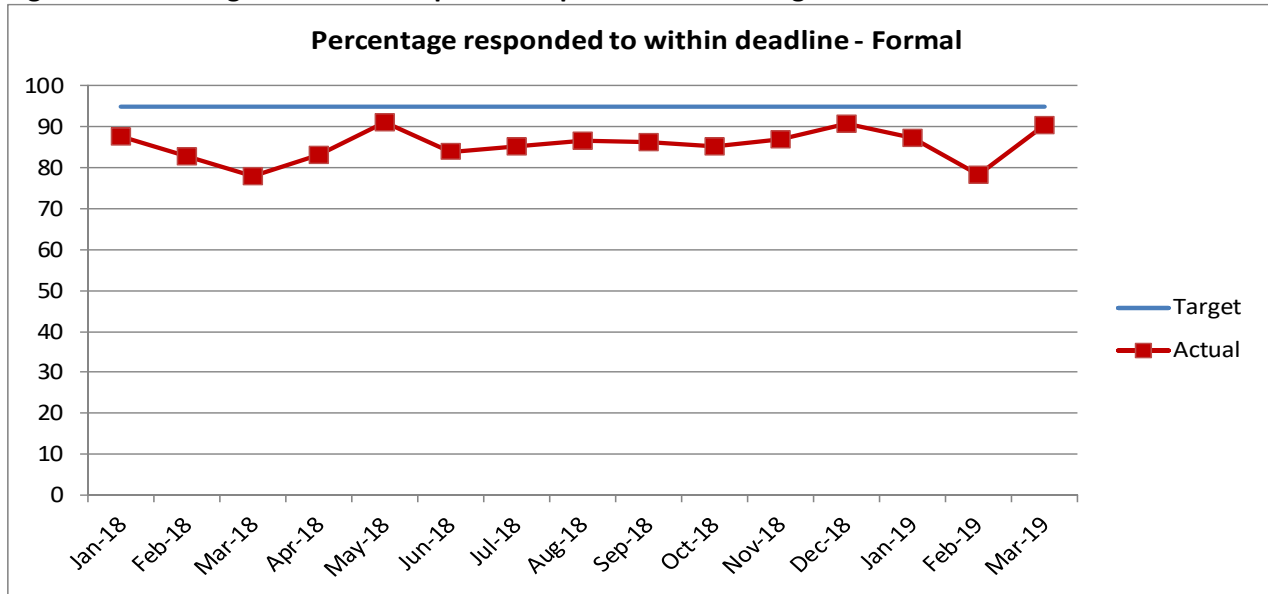
1.2.1 Formal Investigations

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 January 2018.

In Q4 2018/19, 88.2% of responses were posted within the agreed timescale. This represents 25 breaches out of the 169 formal complaints which received a response during the quarter². This unfortunately does not reflect an improvement on the 88.1% reported in Q3 and remains below the Trust’s target of 95%. Figure 3 shows the Trust’s performance in responding to complaints since October 2016.

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

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

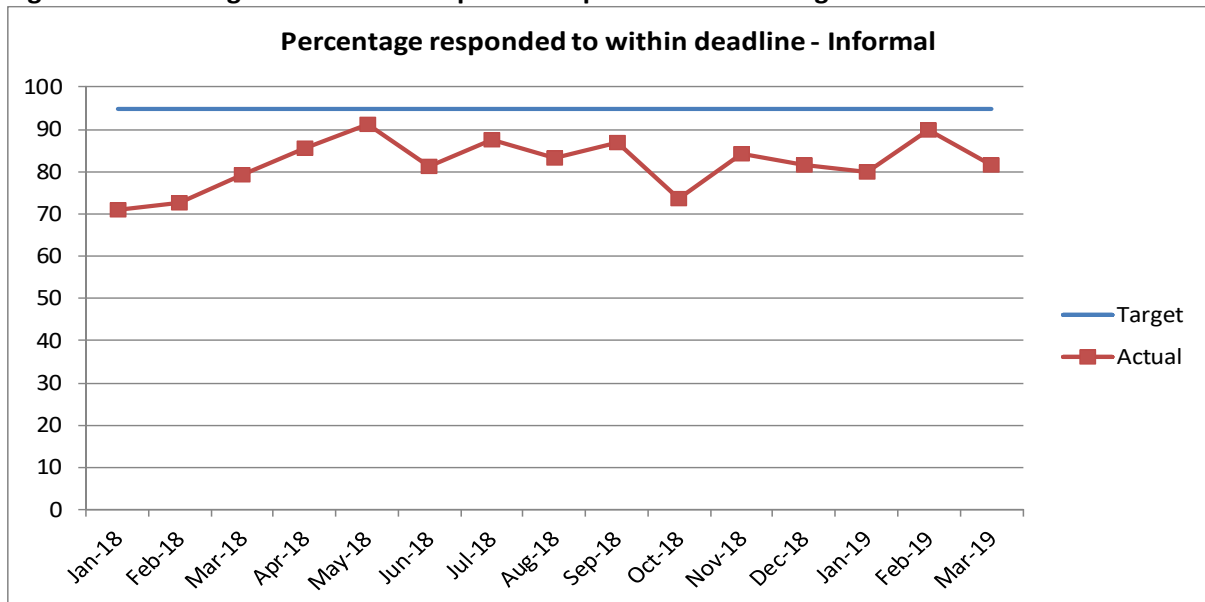


1.2.2 Informal Investigations

In Q4 2018/19, the Trust received 367 complaints that were investigated via the informal process. During this period, the Trust responded to 231 complaints via the informal complaints route and 84.0% of these were responded to by the agreed deadline.

Figure 4 (below) shows performance since January 2018, for comparison with formal complaints, although it should be noted that the 95% target was only formally introduced in Q4.

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



1.3 Dissatisfied complainants

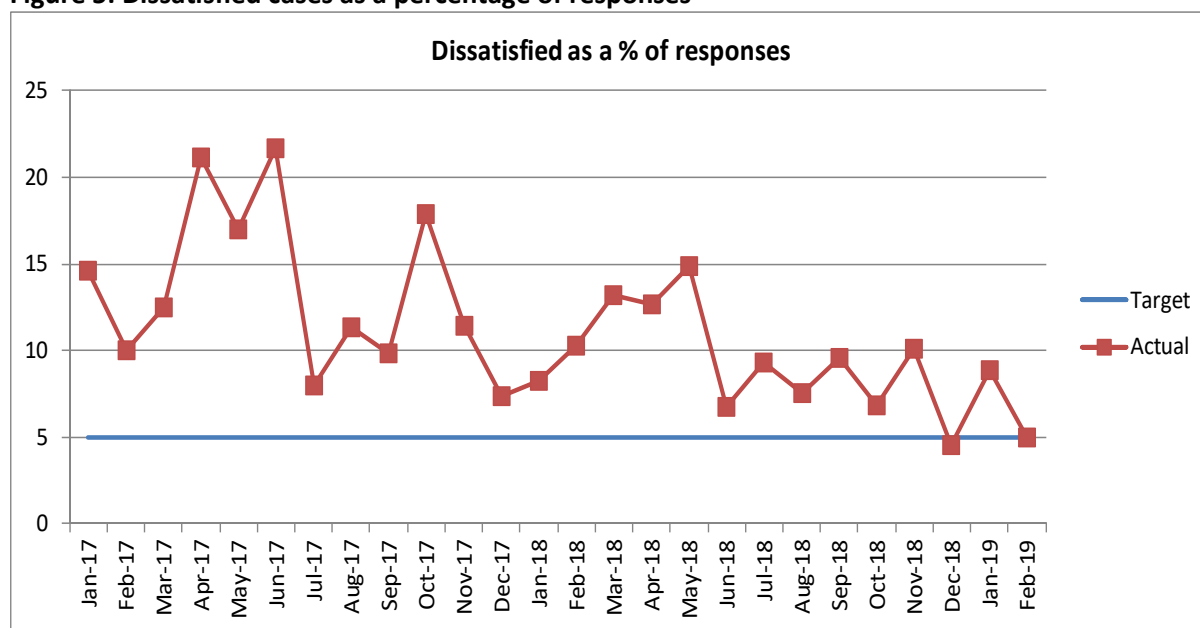
Since we commenced reporting on this metric, our target has been for less than 5% of complainants to be dissatisfied with our [formal] response to their complaint. However, as detailed in the Q3 complaints report, a detailed review of all dissatisfied cases revealed that the best possible score the Trust could have achieved would have been between 6% and 8%. It has subsequently been agreed that the current target of 5% would be re-based to 8% for 2019/20, i.e. with effect from Q1 2019/20.

This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q4 2018/19, by the cut-off point of mid-April 2019 (the point at which dissatisfied data for Q4 was confirmed for board reporting), eight complainants who received a first response from the Trust in January and February 2019, had contacted us to say they were dissatisfied. This represents 7.0% of the 114 first responses sent out during that period.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since January 2017.

Figure 5: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q4 2018/19 compared with Q3 2018/19.

Complaints regarding ‘appointments and admissions’ remained high, accounting for almost a third of all complaints received, with 25 of these being for Bristol Heart Institute, 20 for Bristol Eye Hospital and 16 for Bristol Dental Hospital,

There was also an overall increase in complaints about ‘attitude and communication’. Half of these complaints (57) were in respect of the attitude of staff. Failure to answer the telephone or failure to

respond accounted for 21 complaints. Bristol Eye Hospital received 17 of complaints in this category, whilst Bristol Royal Hospital for Children received 16, although there were no departmental trends identified at either site.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q4 (2018/19)	Number of complaints received in Q3 (2018/19)
Appointments & Admissions	154 (31.2% of all complaints) ↑	135 (29.2% of all complaints) ↑
Clinical Care	124 (25.2%) ↑	123 (26.6%) ↓
Attitude & Communication	114 (23.1%) ↑	90 (19.4%) ↑
Facilities & Environment	56 (11.4%) ↓	62 (13.4%) ↑
Information & Support	21 (4.3%) ↓	32 (6.9%) ↑
Documentation	14 (2.8%) ↑	13 (2.8%) ↑
Discharge/Transfer/Transport	7 (1.4%) ↓	8 (1.7%) ↓
Access	3 (0.6%) ↑	0 (0%) ↓
Total	493	463

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 just under 70% of the complaints received in Q4 (343/493).

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q4 (2018/19)	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)
Cancelled/delayed appointments and operations	87 (6.1% increase compared to Q3) ↑	82	69	96
Clinical care (Medical/Surgical)	67 (28.7% decrease) ↓	94	87	53
Appointment administration issues	42 =	42	48	37
Attitude of medical staff	28 (55.5% increase) ↑	18	15	20
Car Parking	25 (45.7% decrease) ↓	46	16	7
Failure to answer telephones/failure to respond	21 (50% increase) ↑	14	10	9
Communication with patient/relative	19 (58.3% increase) ↑	12	24	29
Lost/Misplaced/Delayed test results	18 (350% increase) ↑	4	4	9
Attitude of nursing/midwifery staff	13 (62.5% increase) ↑	8	13	8
Attitude of administrative/clerical staff	13 (18.8% decrease) ↓	16	10	12
Clinical care (Nursing/Midwifery)	10 (23.1% decrease) ↓	13	37	24

In Q4, the number of complaints categorised as ‘facilities and environment’ decreased and, whilst almost half of these (25) were still in respect of car parking, there were just three in March 2019, suggesting that actions taken to resolve the parking issues at South Bristol Community Hospital have had the desired effect. There was also a significant decrease in complaints about ‘clinical care (medical/surgical)’. A sub-category appearing in this table for the first time in Q4 is

'Lost/Misplaced/Delayed test results'. Whilst the total number of complaints in this sub-category is not high, it is a substantial increase on previous quarters. However, there are not any identifiable trends – the complaints are spread across a variety of sites and departments. This will be monitored closely to identify whether the Q4 figure was a 'one off'.

Figures 6-9 (below) show the longer term pattern of complaints received since January 2017 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows a reduction in complaints about clinical care (medical/surgical) compared to the previous two quarters, whilst Figure 8 shows a downward trend in complaints about car parking since a peak in November 2018. Trends in sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 6: Clinical care – Medical/Surgical

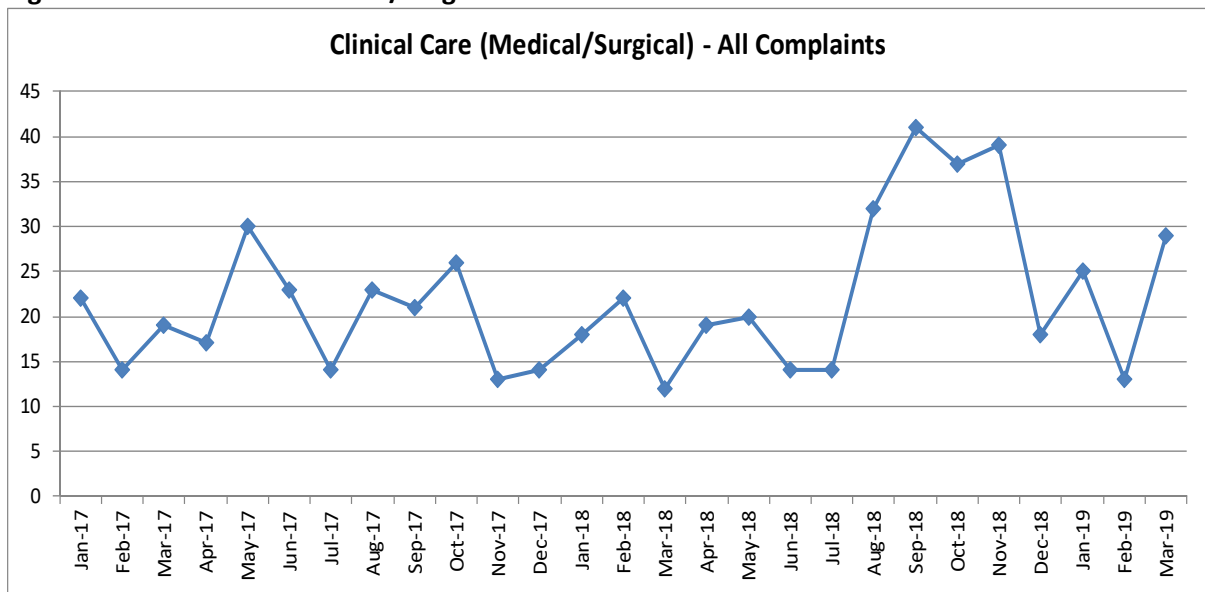


Figure 7: Cancelled or delayed appointments and operations

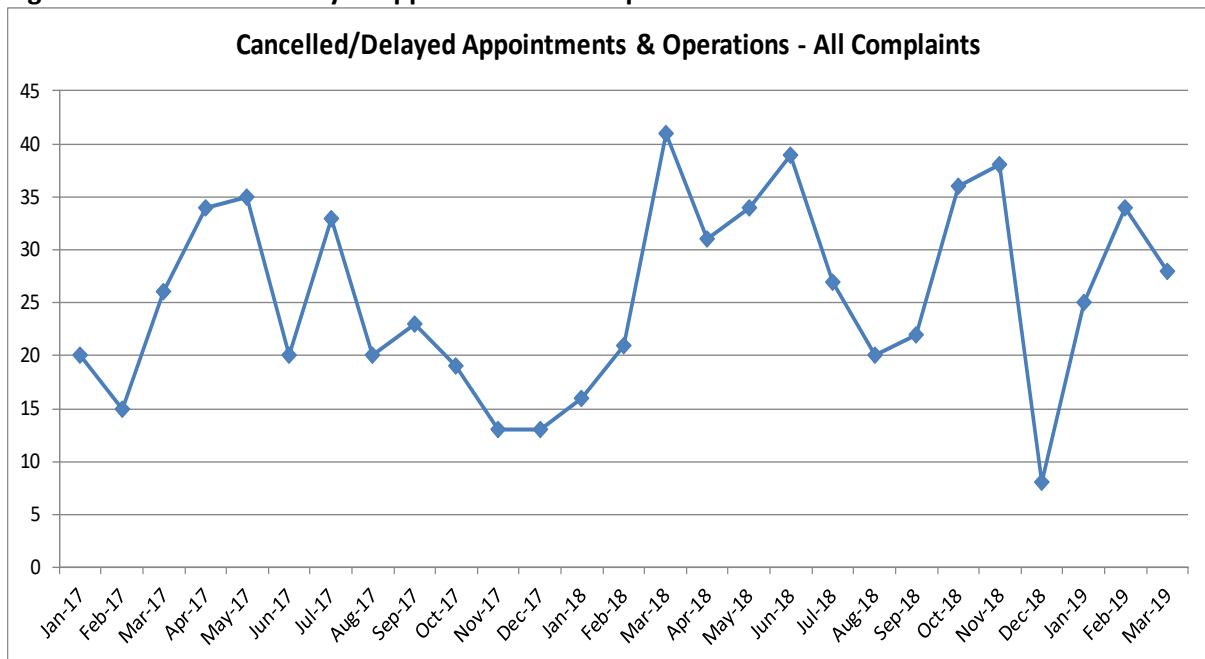


Figure 8: Car Parking

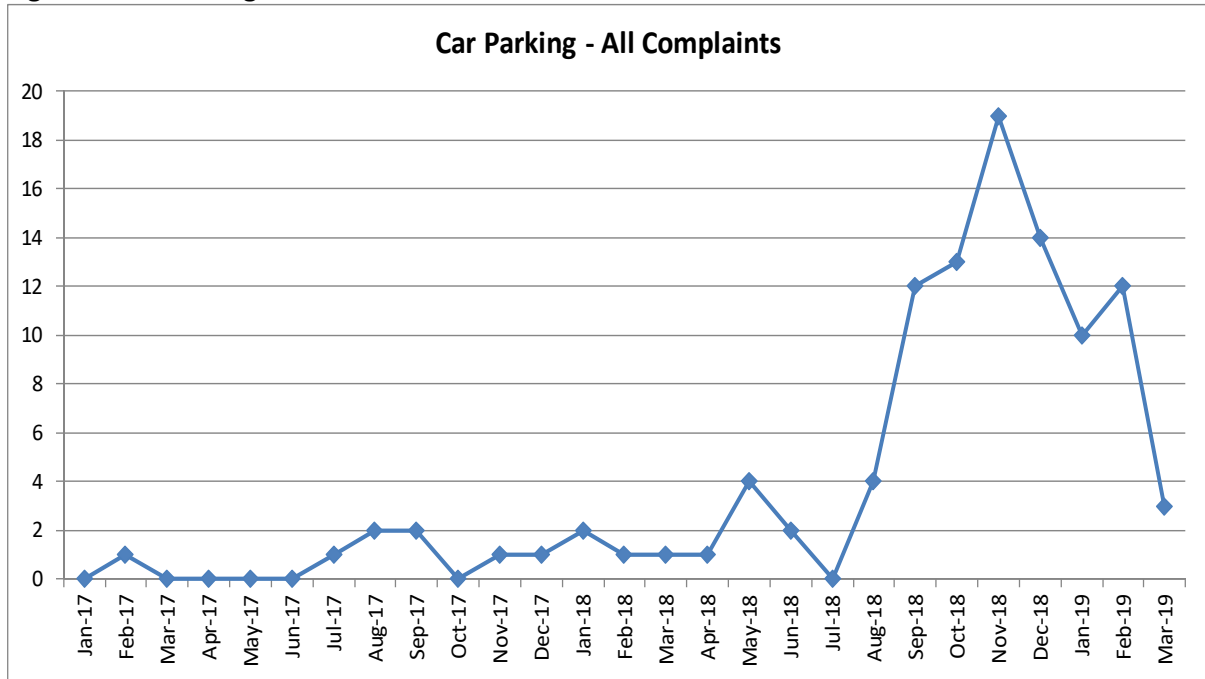
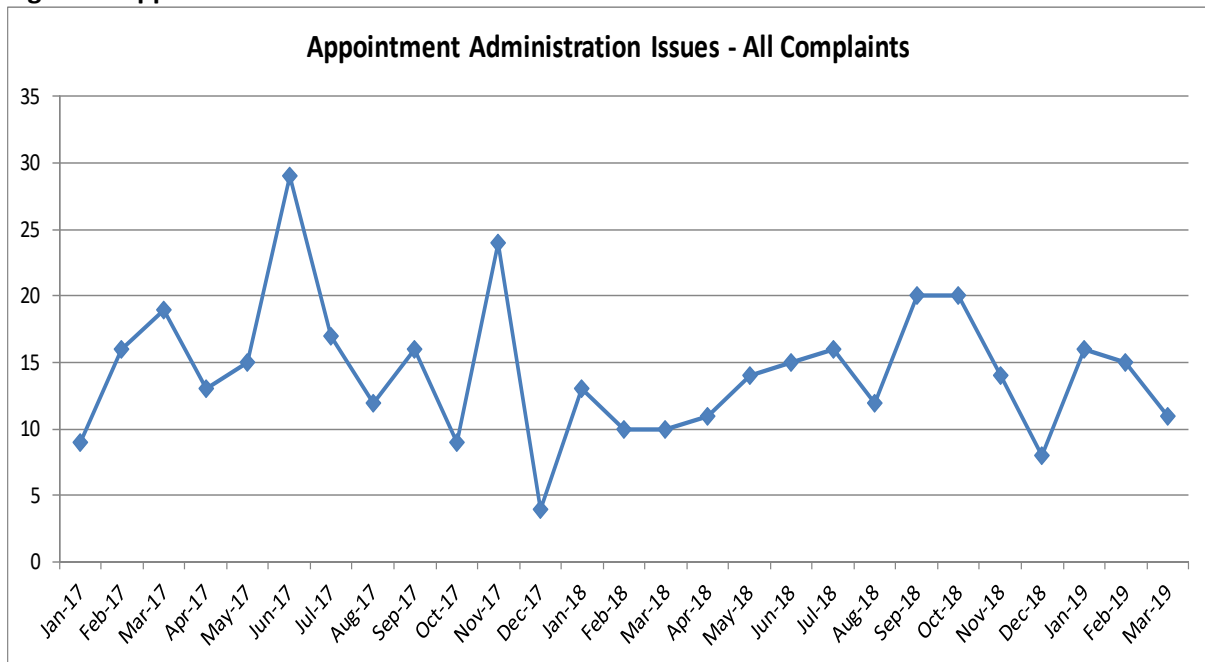


Figure 9: Appointment administration issues



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q4 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	176 (138) ↑	98 (92) ↑	65 (59) ↑	70 (74) ↓	25 (19) ↑
Number of complaints about appointments and admissions	66 (66) =	25 (21) ↑	34 (23) ↑	20 (18) ↑	8 (4) ↑
Number of complaints about staff attitude and communication	43 (24) ↑	26 (30) ↓	13 (9) ↑	21 (11) ↑	6 (6) =
Number of complaints about clinical care	52 (34) ↑	28 (27) ↑	12 (21) ↓	24 (35) ↓	5 (6) ↓
Area where the most complaints have been received in Q4	Bristol Dental Hospital (BDH) – 34 (30) Adult Restorative Dentistry (BDH) – 8 (9) Bristol Eye Hospital (BEH) – 57 (41) BEH Administration Dept – 11 (14) Trauma & Orthopaedics – 18 (8) ENT – 8 (10) Upper GI – 11 (8) QDU Endoscopy – 7 (6)	Emergency Department (BRI) – 23 (17) Dermatology – 15 (22) Unity Sexual Health – 6 (10)	BHI (all) – 44 (38) BHOC (all) – 18 (17) BHI Outpatients – 24 (12) BHI & BHOC Appt Depts – 13 (7) Chemo Day Unit / Outpatients (BHOC) – 10 (7) Ward C708 – 3 (9) Ward C705 – 4 (8)	BRHC (all) – 46 (53) Paediatric Neurology & Neurosurgical – 5 (7) Children’s ED (E308) – 3 (6) Paediatric Orthopaedics – 3 (5) ENT (BRHC) – 1 (4) StMH (all) – 24 (20) Gynaecology Outpatients (StMH) – 6 (6)	Radiology – 9 (7) Audiology – 2 (5) Physiotherapy – 3 (1)
Notable deteriorations compared with Q3	Bristol Eye Hospital (BEH) – 57 (41) Trauma & Orthopaedics – 18 (8)	Emergency Department (BRI) – 23 (17)	BHI Outpatients – 24 (12) BHI & BHOC Appt Depts – 13 (7)	No notable deteriorations	No notable deteriorations
Notable improvements compared with Q3	No notable improvements	Dermatology – 15 (22)	Ward C708 – 3 (9) Ward C705 – 4 (8)	ENT (BRHC) – 1 (4) Children’s ED (E308) – 3 (6)	Audiology – 2 (5)

3.1.1 Division of Surgery

There was an increase of 27.5% in the total number of complaints received by the Division of Surgery in Q4, compared with Q3. However, it should be noted that Q3 figures are generally lower across the Trust, due to the historically lower number of complaints received in December. Complaints received by Bristol Dental Hospital, Bristol Eye Hospital and Trauma & Orthopaedics increased in Q4 following decreases in Q3.

Complaints about 'clinical care' increased significantly, as did those categorised under 'attitude and communication'. Complaints regarding 'appointments and admissions', which includes cancelled and delayed appointments and surgery, remained at the same level as reported in Q3.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Appointments & Admissions	66 (37.5% of total complaints) =	66 (47.8% of total complaints) ↑
Clinical Care	52 (29.5%) ↑	34 (24.6%) ↓
Attitude & Communication	43 (24.3%) ↑	24 (17.4%) ↑
Information & Support	7 (3.9%) ↑	4 (2.9%) ↑
Documentation	2 (1.2%) ↓	3 (2.2%) ↓
Discharge/Transfer/Transport	2 (1.2%) ↓	3 (2.2%) ↑
Access	2 (1.2%) ↓	3 (2.2%) ↓
Facilities & Environment	2 (1.2%) ↑	1 (0.7%) =
Total	176	138

Table 5: Top sub-categories

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Cancelled or delayed appointments and operations	37 ↓	42 ↑
Clinical care (medical/surgical)	26 ↑	25 =
Appointment administration issues	17 ↓	22 ↓
Failure to answer telephones/ failure to respond	13 ↑	4 ↓
Attitude of Medical Staff	10 ↑	6 ↑
Attitude of Dentist	9 ↑	1 =
Communication with patient/relative	8 ↑	2 ↓
Lost/Misplaced/Delayed test results	6 ↑	1 ↑

Table 6: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>Complaints received by Bristol Eye Hospital increased from 41 in Q3 to 57 in Q4. Almost half of the complaints (27) related to outpatient services, 11 were about inpatient services, four were for the Emergency Department and 14 came under 'other' for the type of service (these include administrative functions, reception, waiting areas, etc.)</p> <p>11 complaints were received in respect of the Administration Department and the majority were about appointment issues.</p>	<p>We note that the overall number of complaints in the BEH is rising as an overall trajectory from May 2017 (see Figure 12). The majority of formal complaints for the BEH refer to the quality of information provided to patients about their future care pathway following appointments, treatment and admission.</p> <p>Analysis reveals that most of these complaints were about the availability of appointments or about delays/cancelled appointments and waiting time in clinic</p>	<p>During Q2 2019/20 we will undertake a detailed analysis of the rising trend in complaints since 2017.</p> <p>Work is ongoing to maximise utilisation of available appointments, and two new posts have been approved in the Operating Plan for 2019/20, which will reduce the need for doctors to cover the BEH ED, which will in turn provide additional capacity and support waiting time reduction.</p>
<p>Complaints about the Trauma & Orthopaedics (T&O) service increased from eight in Q3 to 18 in Q4. Appointments and admissions accounted for half of these complaints, with the others being about clinical care (5), attitude and communication (2) and one was in relation to a patient's discharge arrangements.</p>	<p>Access to and cancelled appointments were the main problems.</p> <p>Formal complaints referred to queries about clinical care and how this is communicated /interpreted at the time of consultations.</p> <p>No trends were identified with regard to staff attitude.</p>	<p>There are significant challenges within this service relating to medical staffing.</p> <p>The hand service remains closed and patients are being redirected to other providers by the ERS service.</p>
<p>Complaints received by Bristol Dental Hospital increased slightly from 30 in Q3 to 34 in Q4. Eight of these complaints were about Adult Restorative Dentistry and seven each were received in respect of the Administration Department and Oral Medicine.</p>	<p>The overall trajectory of complaints about the BDH has continued to reduce overall since June 2017 (see Figure 11). There was a slight increase in Q4 but not at concerning levels</p> <p>Following a review there were no specific trends identified regarding complaints in BDH in Q4.</p>	<p>We will continue to monitor for trends in the overall trajectory at the BDH and for any specific themes.</p>

Current divisional priorities for improving how complaints are handled and resolved

- Complaint handling performance remains consistently high and this needs to be maintained

- We continue to see an increase in informal complaints that are successfully resolved
- Through further complaints training we will continue to encourage the timely resolution of complaints locally where possible.
- The division is continuing to build a culture of learning from complaints by ensuring feedback is shared with staff.

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

- Analysis of Q4 data shows a notable increase in complaints about ‘failure to answer telephones/failure to respond’. We will highlight this as an increasing trend at governance meetings and through Divisional communication.
- Analysis will be undertaken in Q2 to understand the why we are seeing an overall increase in the number of complaints at the Bristol Eye Hospital.

Figure 10: Surgery, Head & Neck – formal and informal complaints received

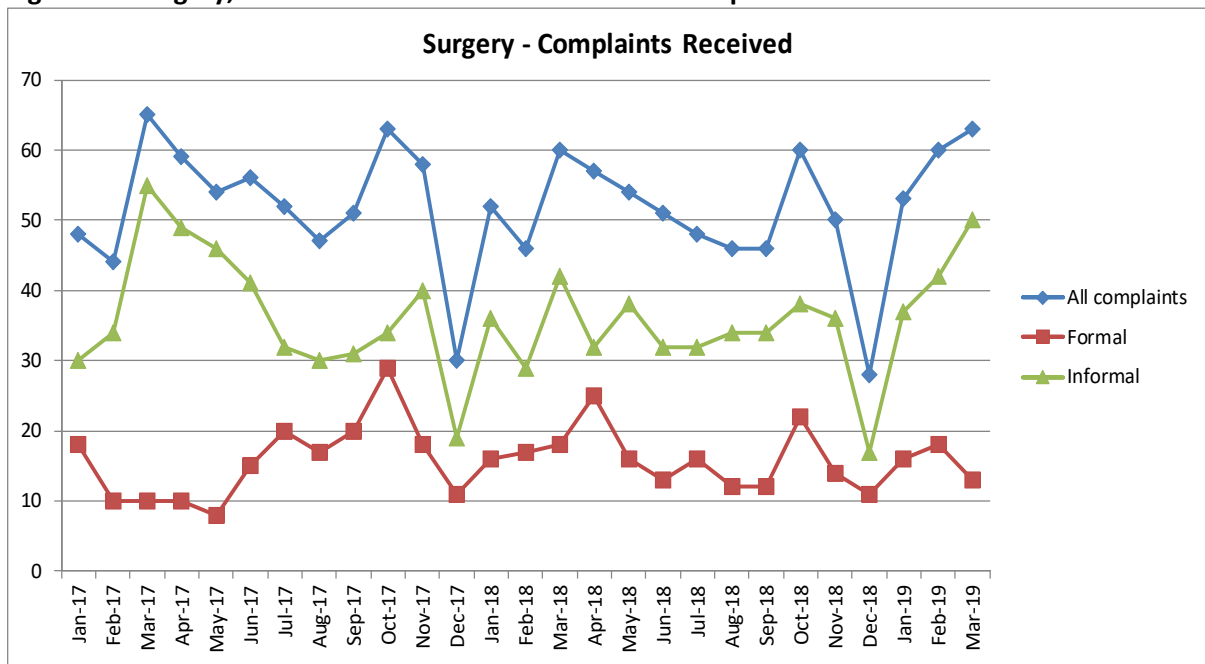


Figure 11: Complaints received by Bristol Dental Hospital

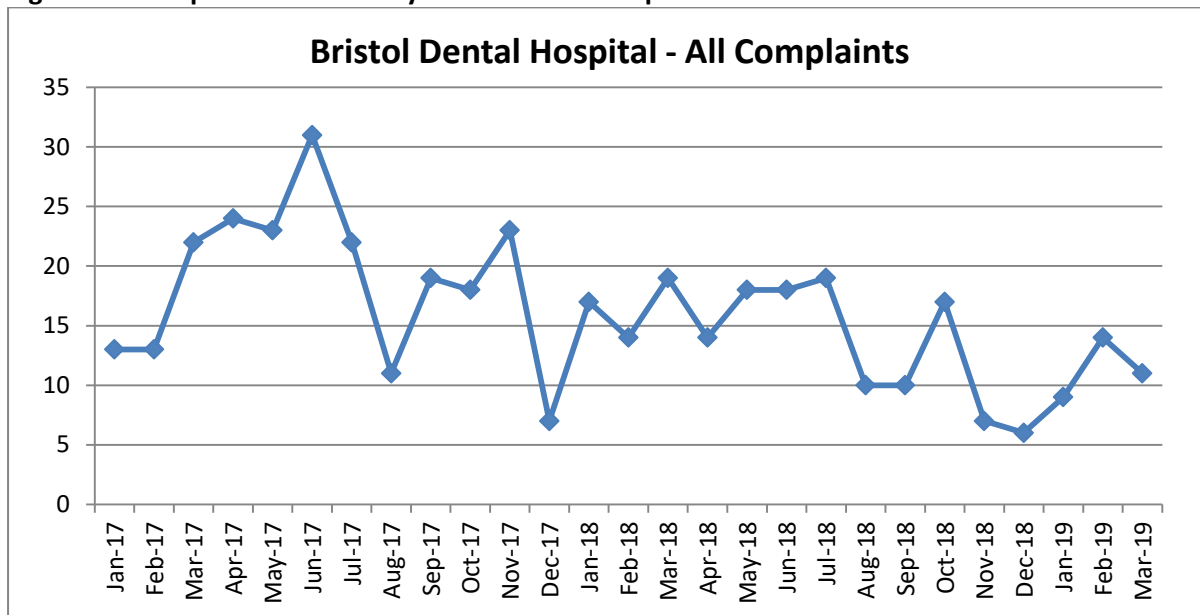


Figure 12: Complaints received by Bristol Eye Hospital

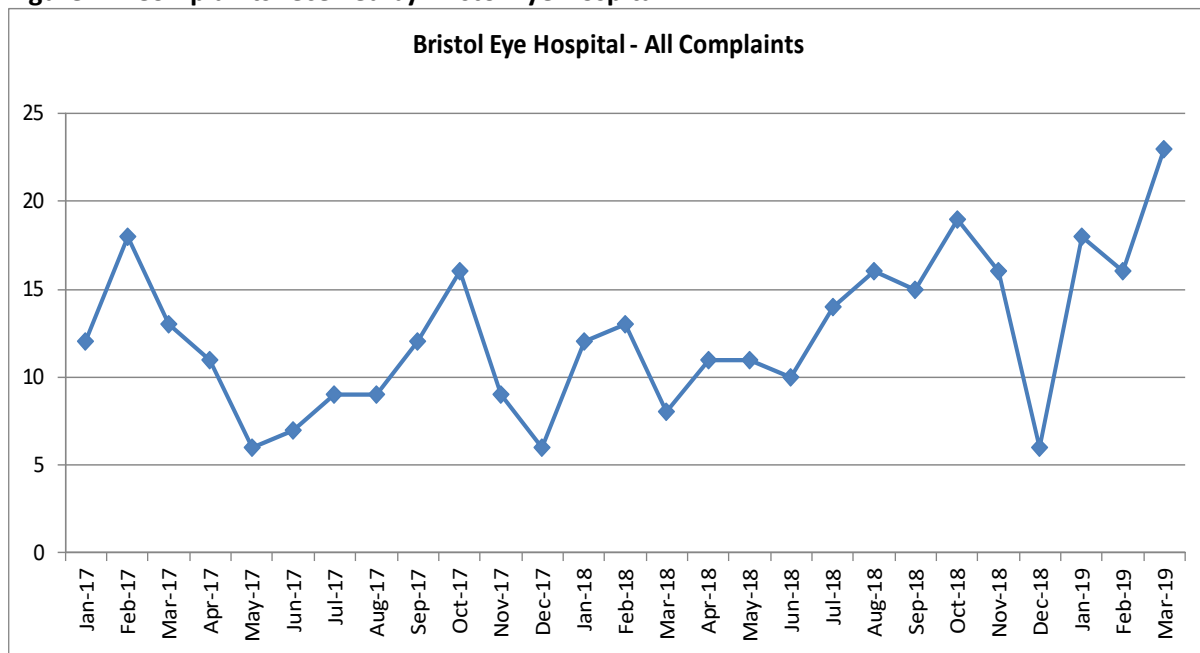
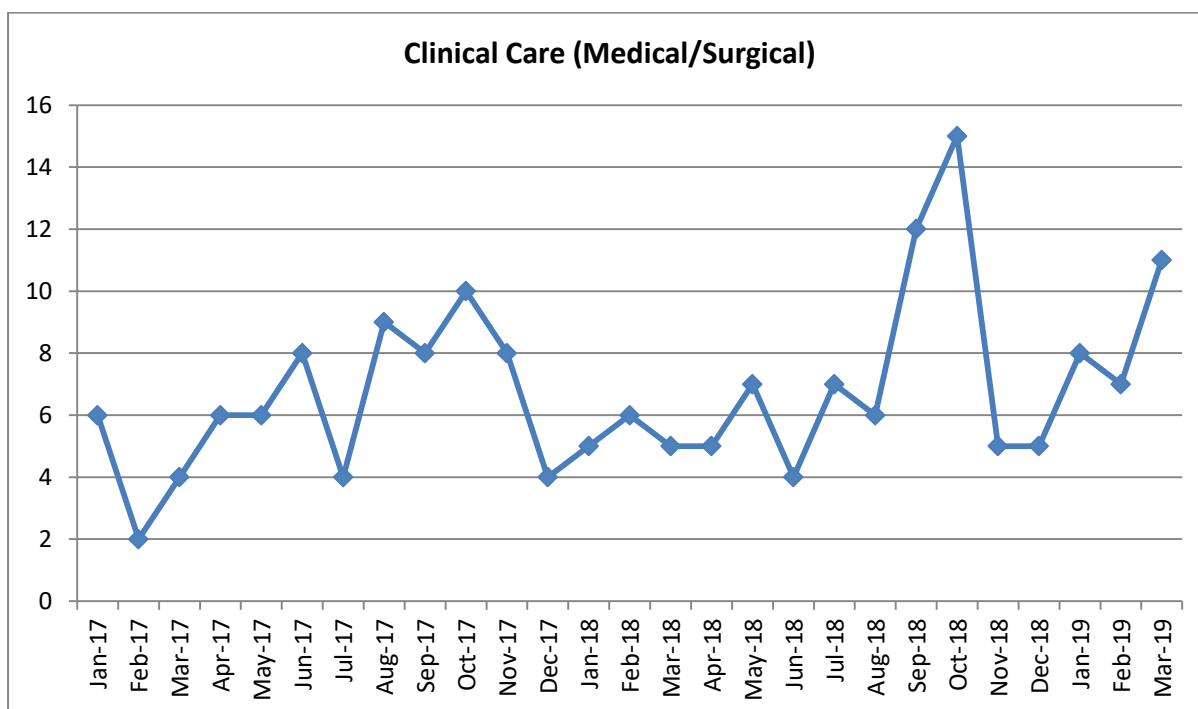


Figure 13: Complaints received by the Division of Surgery about Clinical Care (Medical/Surgical)



3.1.2 Division of Medicine

In Q4, the Division of Medicine received a slightly higher number of complaints compared with Q3 (98 compared with 92 in Q3). Complaints received by Dermatology decreased, following a concerted effort by the Division to address the capacity problems being experienced within the department. There was an increase in the number of complaints received for the Emergency Department (23 in Q4, compared with 17 in Q3).

There were increases in the number of complaints received in respect of ‘appointments and admissions’ and ‘facilities and environment’, although complaints fell in the category of ‘attitude and communication’ following the significant increase reported in Q3. Whilst the numbers are small, the Division continues to have the highest number of complaints relating to lost personal property.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Clinical Care	28 (28.6% of total complaints) ↑	27 (29.4% of total complaints) ↓
Attitude & Communication	26 (26.5%) ↓	30 (32.6%) ↑
Appointments & Admissions	25 (25.5%) ↑	21 (22.8%) ↓
Facilities & Environment	9 (9.2%) ↑	5 (5.4%) =
Documentation	5 (5.1%) ↑	4 (4.3%) ↑
Discharge/Transfer/ Transport	4 (4.1%) ↑	2 (2.2%) ↓
Information & Support	1 (1.0%) ↓	3 (3.3%) ↓
Access	0 (0%) =	0 (0%) ↓
Total	98	92

Table 8: Top sub-categories

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Cancelled or delayed appointments and operations	17 ↑	14 ↑
Clinical care (medical/surgical)	18 ↓	22 ↓
Attitude of medical staff	10 ↑	8 ↑
Attitude of nursing staff	6 ↑	4 =
Appointment administration issues	5 ↑	4 ↓
Personal (lost) property	5 ↑	4 ↑
Attitude of A&C staff	3 ↓	5 ↑
Communication with patient/relative	3 =	3 ↓
Lost/Misplaced/Delayed test results	3 ↑	2 ↑

Table 9: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Complaints received for the Emergency Department increased from 17 in Q3 to 23 in Q4. Eight of the 23 complaints received were about attitude and communication, seven related to clinical care and three complaints were made under the category of facilities and environment (including lost personal property and cleanliness of the department).	<p>The increase in complaints is a seasonal effect and has a direct correlation to operational pressures, crowding and increased waiting to be seen times.</p> <p>These operational pressures have resulted in an increase in stress related sickness amongst staff, further compounding the pressure on remaining staff.</p> <p>Whilst not intentional, this impacts negatively on the ED staff's communication with patients, compromising how they are kept informed in a kind and compassionate way, which is always the team's intention.</p>	<p>Complaint themes are reviewed at the ED multidisciplinary meeting and relevant action planning occurs, including discussion at Board rounds, teaching sessions and the departmental mortality and morbidity meetings where appropriate. Messages regarding a focus on kindness and compassion are being included in daily safety briefings and messages of the week. As part of their monitoring, the ED Matrons escalate any concerns about departmental cleanliness and where the cleaning specification does not appear to be being delivered. Additional security is in place in the reception area to deal with incidents of antisocial or violent/aggressive behavior, to improve the patients' experience in the waiting area.</p> <p>Specific training is being undertaken with unregistered nursing staff regarding the management of patient property, specifically patients' lost property.</p>

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

To encourage staff to manage complaints at the first point of contact at the time the issue occurred – this will improve the patient experience and will not delay patients and/or relatives receiving a timely response to their concerns, leading to a more positive outcome.

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

Communication issues – reinforcing the Trust Values and how they are used to avoid complaints regarding attitude of staff.

Figure 14: Medicine – formal and informal complaints received

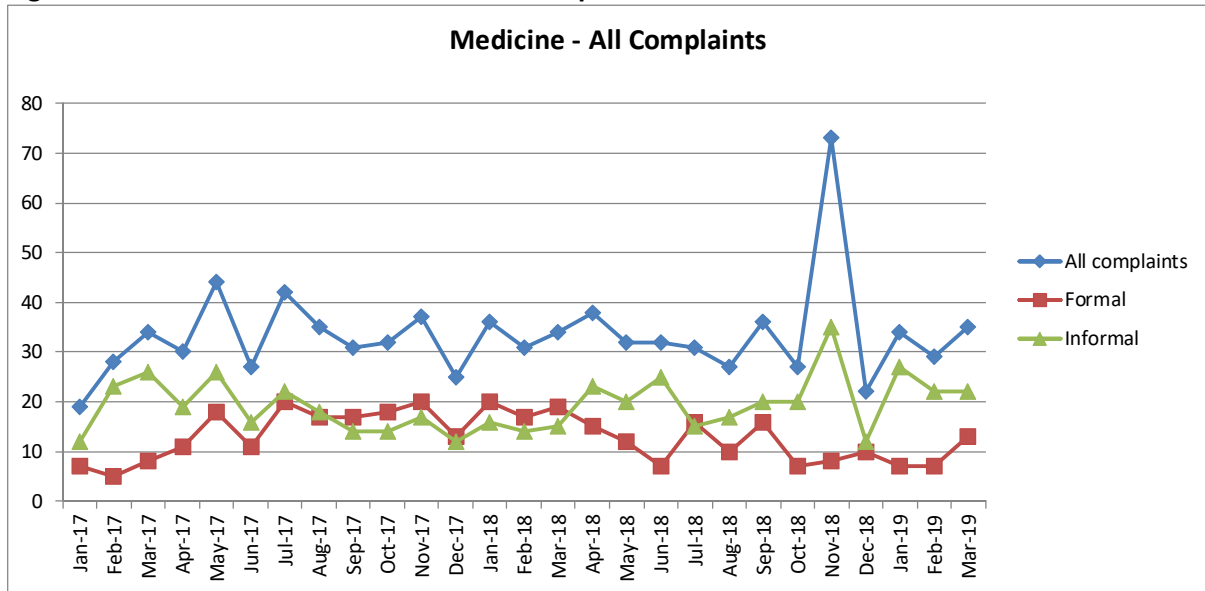


Figure 15: Complaints received by Dermatology

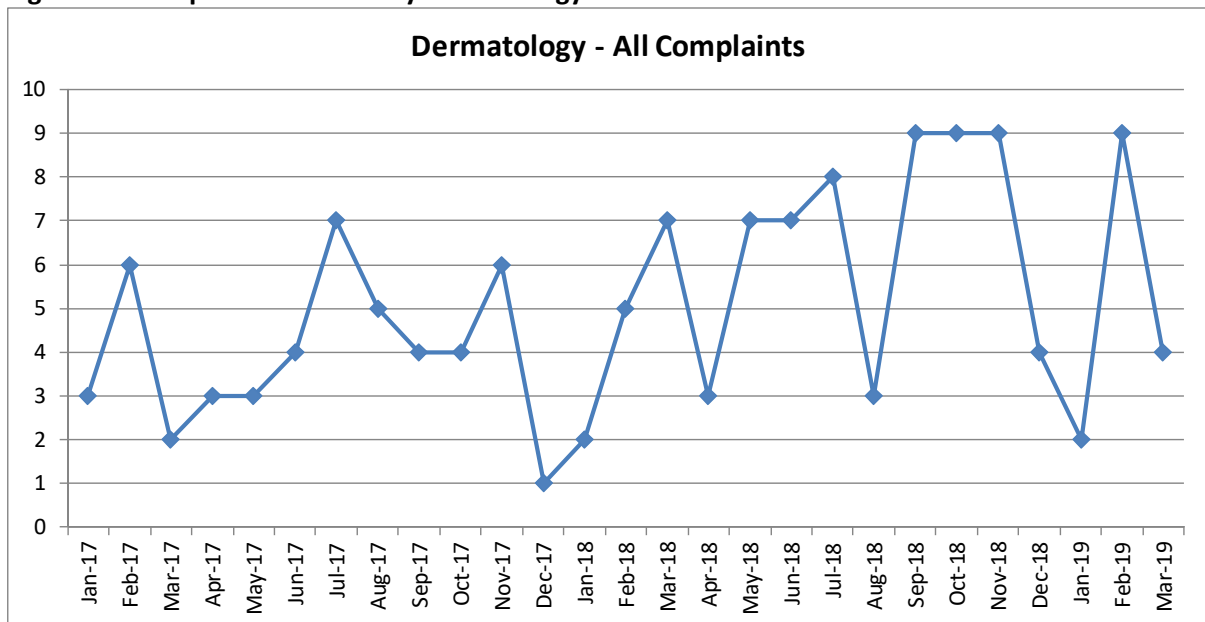
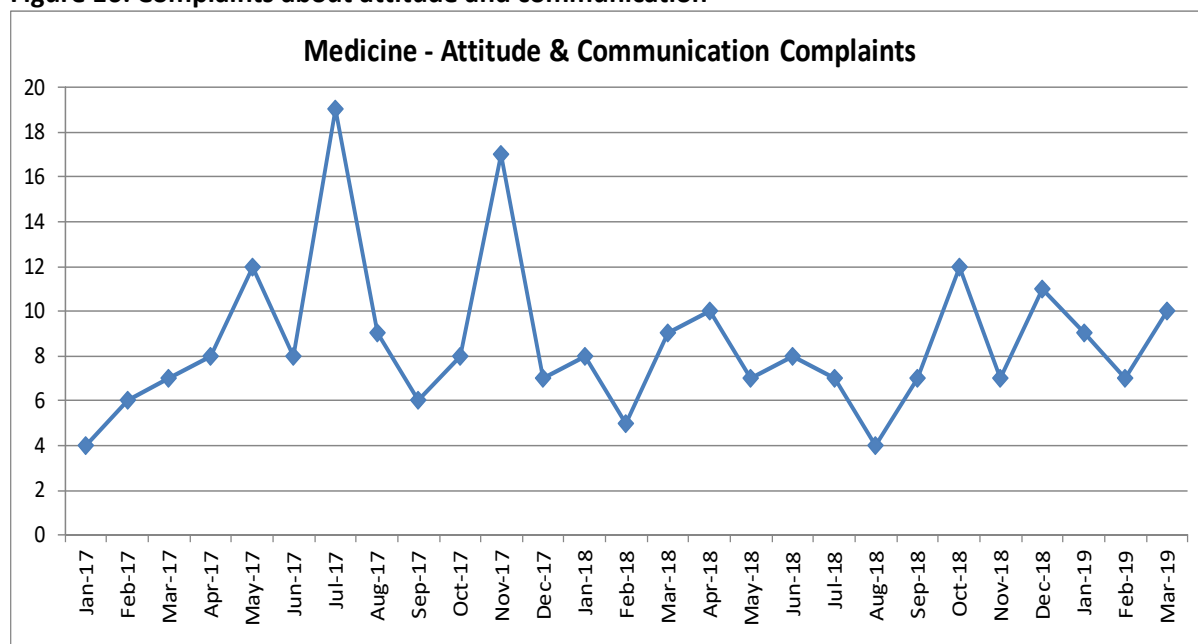


Figure 16: Complaints about attitude and communication



3.1.3 Division of Specialised Services

The Division of Specialised Services received 65 new complaints in Q4; an increase on the 59 received in Q3. Of these 65 complaints, 44 were for the Bristol Heart Institute (BHI), compared with 38 in Q3, and 18 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 17 in Q3. The remaining three complaints were for the Clinical Genetics service based at St Michael’s Hospital.

Over half of all complaints received by the Division in Q4 (52.4%) came under the category of ‘appointments and admissions’, which includes complaints about cancelled and delayed appointments and surgery. There was also an increase in the number of complaints received in the category of ‘attitude and communication’ with 13 complaints received, compared with nine in Q3.

Complaints in all sub-categories increased in Q4, compared with Q3, with the exception of ‘clinical care (medical/surgical)’ which decreased significantly, from 18 in Q3 to six in Q4. This was in line with a decrease overall in complaints about ‘clinical care’, from 21 in Q3 to 12 in Q4.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Appointments & Admissions	34 (52.4% of total complaints) ↑	23 (39% of total complaints) ↑
Attitude & Communication	13 (20%) ↑	9 (15.3%) ↓
Clinical Care	12 (18.5%) ↓	21 (35.6%) ↓
Documentation	3 (4.6%) ↑	2 (3.4%) ↑
Information & Support	1 (1.5%) ↓	3 (5.1%) ↓
Discharge/Transfer/Transport	1 (1.5%) =	1 (1.7%) ↓
Facilities & Environment	1 (1.5%) ↑	0 ↓
Access	0 (0%) =	0 (0%) =
Total	65	59

Table 11: Top sub-categories

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Cancelled or delayed appointments and operations	19 ↑	15 ↓
Appointment administration issues	12 ↑	6 ↑
Clinical care (medical/surgical)	6 ↓	18 ↓
Lost/Misplaced/Delayed test results	4 ↑	1 ↓
Failure to answer phone/ Failure to respond	4 ↑	2 ↑
Attitude of medical staff	3 ↑	1 ↓
Attitude of A&C staff	2 ↑	0 ↓

Table 12: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>Complaints received for Bristol Heart Institute Outpatients doubled from 12 in Q3 to 24 in Q4. Eleven of the 24 complaints were made in respect of appointments and admissions, which includes cancelled and delayed appointments or operations.</p> <p>Eight of the complaints were about attitude and communication.</p> <p>The three complaints about clinical care for BHI Outpatients were all in respect of lost/misplaced/delayed test results.</p>	<p>Four of the eleven complaints about appointments and admission were from patients chasing Pacing/Heart monitor appointments. Three complaints were due to cancelled appointments which was either an admin error or due to consultants' leave. Two of the complaints were about not being able to contact the relevant Department.</p> <p>The majority of these eight complaints were about departments not answering the phone. Two complaints related to poor consultant communication with patients.</p> <p>All three clinical care complaints were about chasing test results: one MRI, one gated CT and one stress test.</p>	<p>With regard to Pacing/Heart monitor appointments – there had been a substantial backlog of patients (400+) but this has now been resolved with use of Agency Staff.</p> <p>Consultants have been reminded that they must give six weeks' notice of annual leave. The Division will not cancel appointments unless something has happened beyond its control, e.g. emergency in Cath Lab or emergency leave needed.</p> <p>Awareness of Customer Care training and Breaking Bad News communication skills is being raised through the Division's Safety Brief and Newsletter.</p>
<p>The appointments departments for Bristol Heart Institute and Bristol Haematology & Oncology Centre received a total of 13 complaints in Q4, compared with seven in Q3.</p>	<p>Three complaints related to long waits to be seen in the Haematology Clinic, four related to booking blood tests/line care appointment and oncology appointments, whilst another two were requests to bring forward Radiotherapy</p>	<p>An additional clinic session has been organised for Haematology run by a Consultant and Registrar, alleviating some of the pressure on the Tuesday afternoon clinic and reducing waiting times.</p> <p>A new team member is now</p>

The majority of these (10) were about cancelled or delayed appointments and appointment administration issues).	appointments (which was done).	working on reception to assist with booking blood tests and line care appointments.
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Current divisional priorities for improving how complaints are handled and resolved:

Having more verbal conversations to provide a more personal approach to a complaint, by ringing the complainant to discuss their complaint and ensure have all the issues.

The Division is piloting having more face-to-face meetings with complainants in an effort to provide more effective resolution of their concerns and to reduce dissatisfied responses. Meetings will in future be recorded and complainants will be sent a copy (with appropriate Information Governance arrangements in place); a cover letter will still be provided with the agreed actions and updates included.

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

Raising awareness of Customer Care and Breaking Bad News /Dealing with difficult conversations training.

Figure 17: Specialised Services – formal and informal complaints received

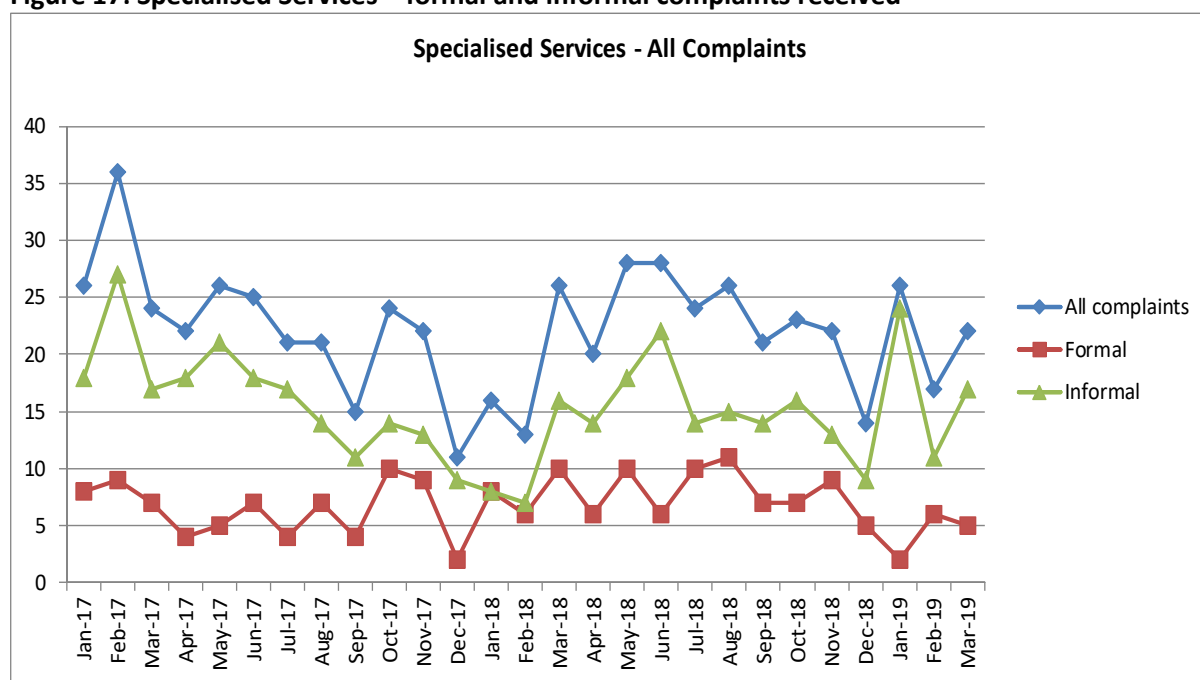


Figure 18: Complaints received by Bristol Heart Institute

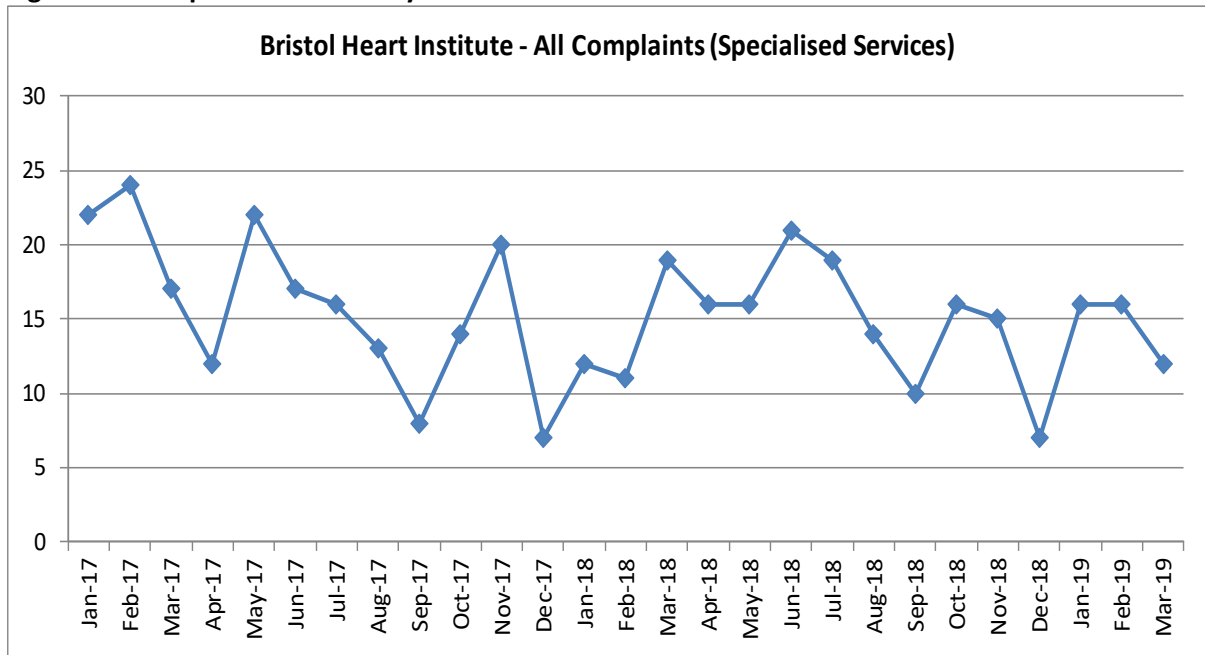


Figure 19: Complaints received by Bristol Haematology & Oncology Centre

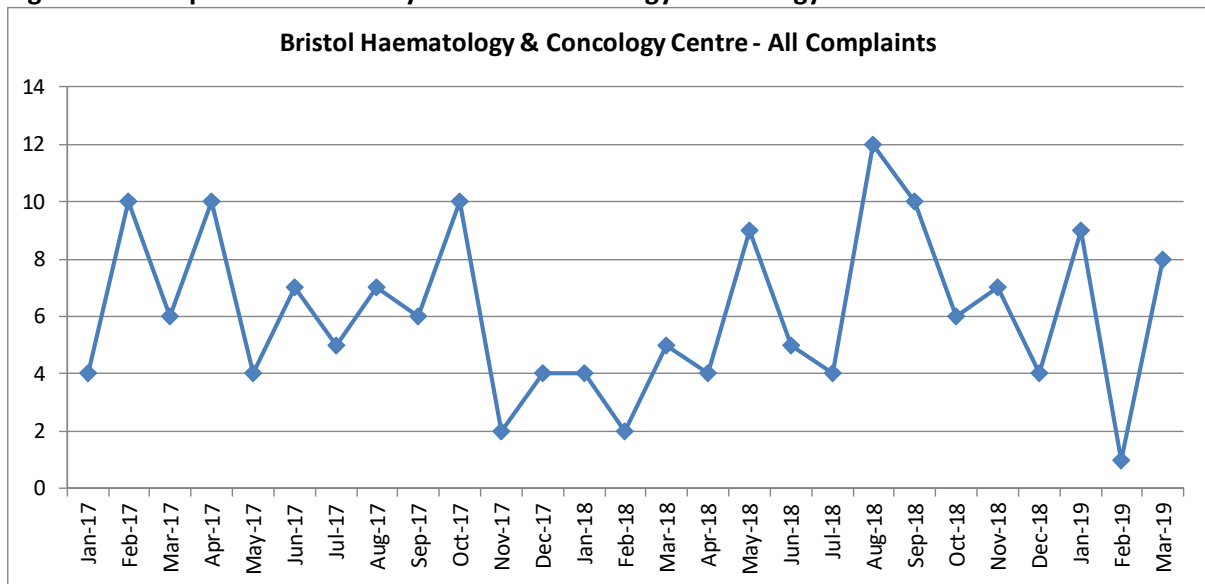
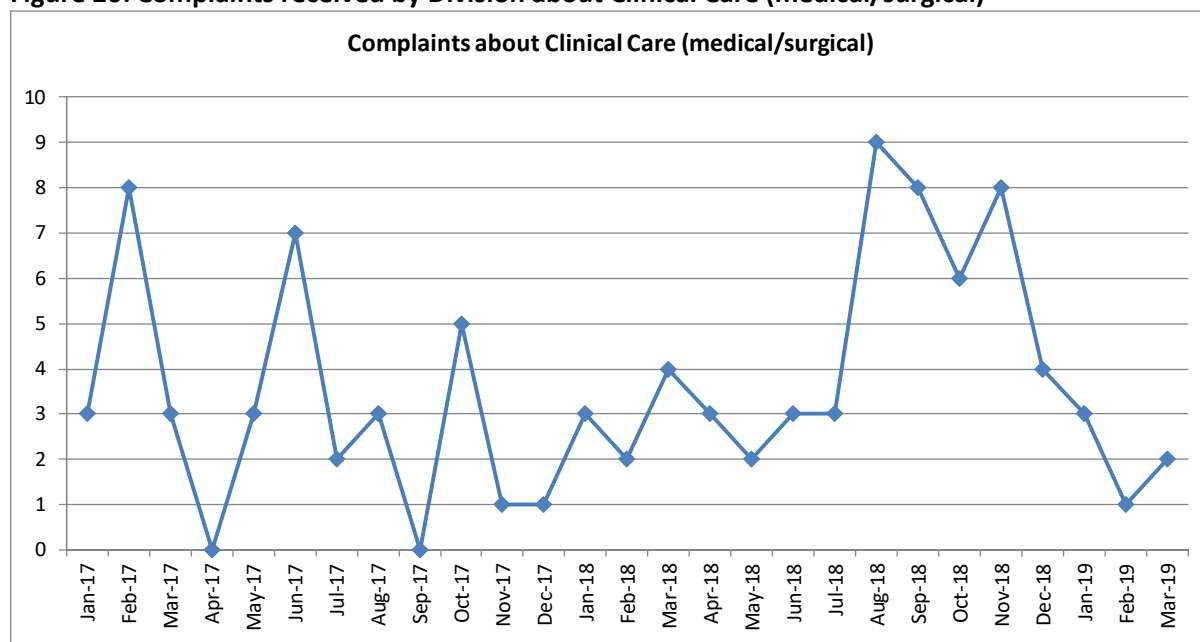


Figure 20: Complaints received by Division about Clinical Care (medical/surgical)



3.1.4 Division of Women’s and Children’s Services

The total number of complaints received by the Division decreased slightly from 74 in Q3 to 70 in Q4. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 46 of the 71 complaints, a decrease on the 53 received in Q3. 24 of the complaints received were for St Michael’s Hospital (StMH), a slight increase on the 20 received in Q3.

There was a notable decrease in the number of complaints received by the Division in respect of ‘clinical care’ (24 compared with 35 in Q3). This is reflected in the reduced number of complaints in the sub-categories of ‘clinical care (medical/surgical)’ and ‘clinical care (nursing midwifery)’ as shown in Table 14 below. However, there was an increase in complaints related to ‘attitude and communications’, from 11 in Q3 to 21 in Q4.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Clinical Care	24 (34.3% of total complaints) ↓	35 (47.3% of total complaints) ↓
Attitude & Communication	21 (30.0%) ↑	11 (14.8%) ↓
Appointments & Admissions	20 (28.5%) ↑	18 (24.3%) ↑
Information & Support	2 (2.9%) ↓	6 (8.1%) ↓
Facilities & Environment	2 (2.9%) ↑	1 (1.4%) ↓
Documentation	1 (1.4%) ↓	2 (2.7%) ↑
Discharge/Transfer/Transport	0 (0%) ↓	1 (1.4%) ↑
Access	0 (0%) =	0 (0%) =
Total	70	74

Table 14: Top sub-categories

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Clinical care (medical/surgical)	14 ↓	24 ↑
Cancelled or delayed appointments and	12 ↑	10 ↑
Clinical care (nursing/midwifery)	5 ↓	7 ↓
Communication with patient/relative	5 ↑	4 =
Attitude of nursing/midwifery	5 ↑	2 ↓
Attitude of medical staff	5 ↑	2 ↓
Lost/Misplaced/Delayed test results	4 ↑	2 ↑

Table 15: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
BRHC 15 of the 46 complaints received by BRHC (32.6%) related to 'attitude and communication'. The number of complaints in this category was particularly high at the end of the quarter (11 of the 15 complaints were received in March 2019). Nine of the complaints were in relation to inpatient services and six were about outpatient services.	BRHC Analysis of complaints about attitude and communication shows that these are clustered around specific areas and staff within Children's Services.	BRHC The areas and individuals identified have been sent on customer service training and spoken to by line managers to aid learning and development as appropriate.

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

StMH Complaints Coordinator attends weekly management meetings to provide an update on complaints and where they are in the process; thus escalating any cases that could potentially breach their response date. The Division is about to advertise for a new Complaints Coordinator, whose remit will include writing complaint responses.

BRHC

In the Q3 Complaints Report, it was reported that a new spreadsheet was being developed to identify key themes from complaints. The content of this spreadsheet will be ready for analysis in Q1 2019/20, having gathered several months' worth of data. We will then develop improvement plans to address these themes.

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

StMH

- The Head of Midwifery will meet with the manager of the Trust’s Overseas Visitors Team, to discuss the wording of the letter sent to overseas visitors; specifically, a process needs to be put in place so that the Finance Department and the Overseas Visitors Team are alerted to where a patient they are involved with has a bereavement.
- Delivery Suite midwives are being encouraged to explain the two call bells in the delivery rooms and, whilst not encouraging patients and visitors to pull the emergency bell, making them aware that it exists.
- Sonographers are now stating clearly on scan reports when an anomaly is suspected and referring to the Fetal Medicine Team.
- Likely timescales (1 to 3 working days) for being contacted by the Fetal Medicine Unit with an appointment are now being given to patients and an appointment will be given within 3 to 5 working days.
- Further” Patient Experience at the Heart” Workshops have been held at St Michaels for all staff.

BRHC

Communication and attitude has been a common theme this quarter; staff and areas have received training on customer service interactions and also leadership development. We are now focussing on developing staff to deal more proactively with concerns and to stop these progressing to complaints where possible.

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

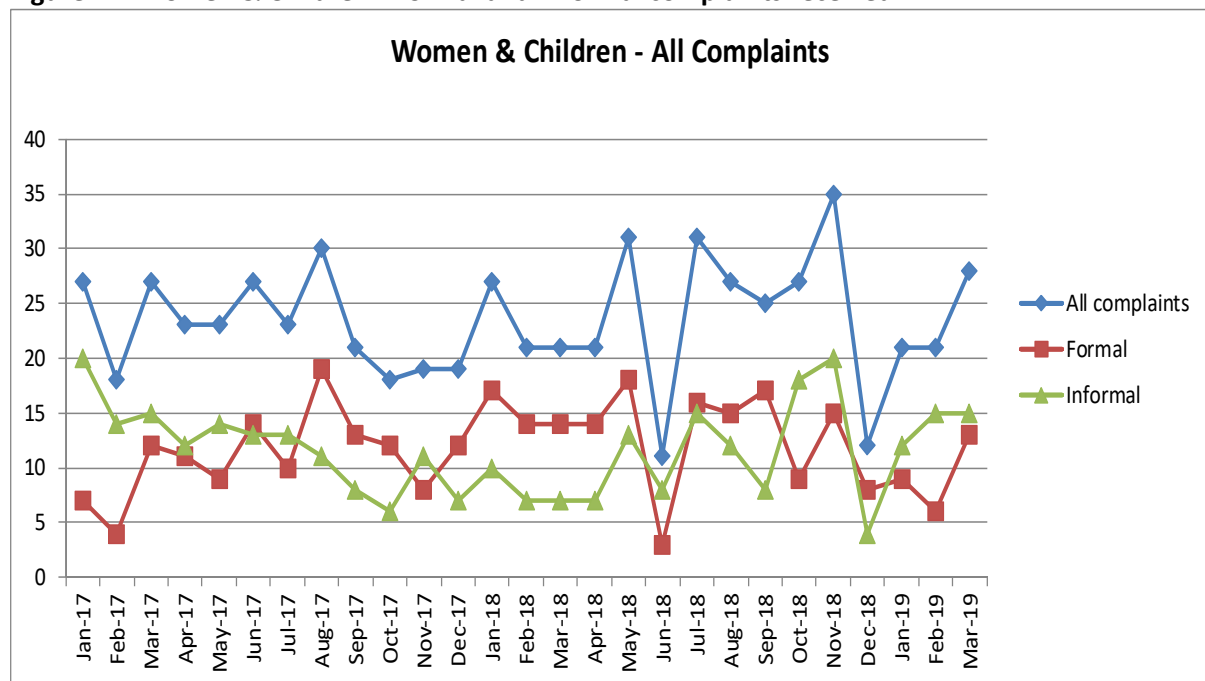


Figure 22: Complaints received by Bristol Royal Hospital for Children

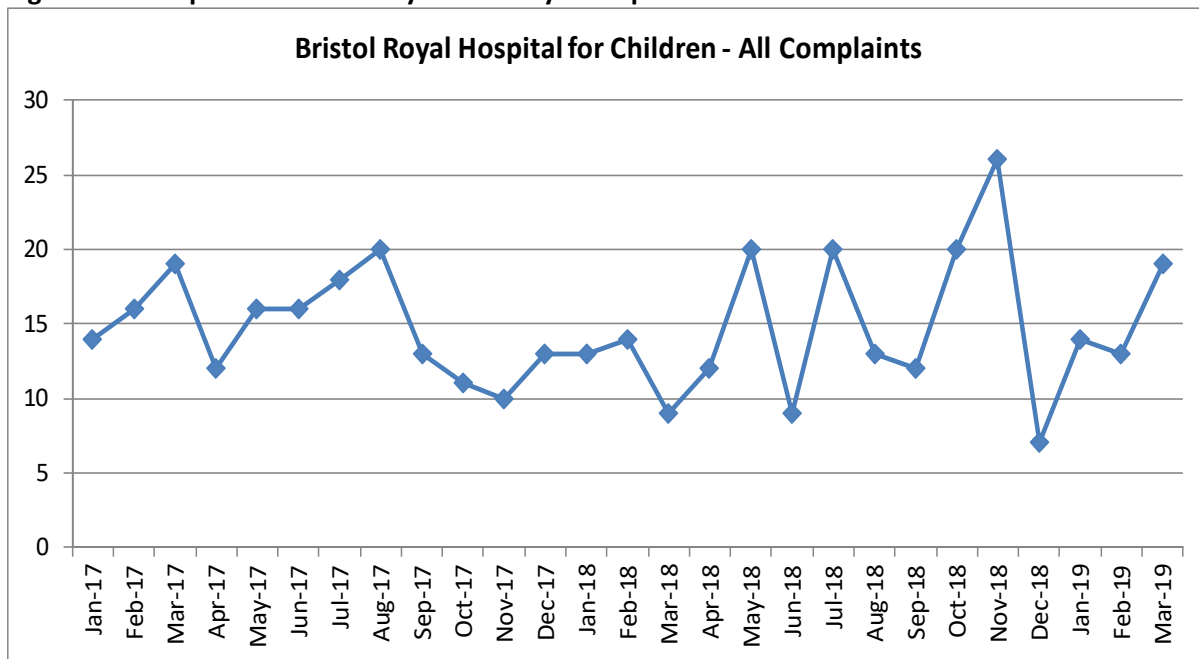


Figure 23: Complaints received by St Michael's Hospital

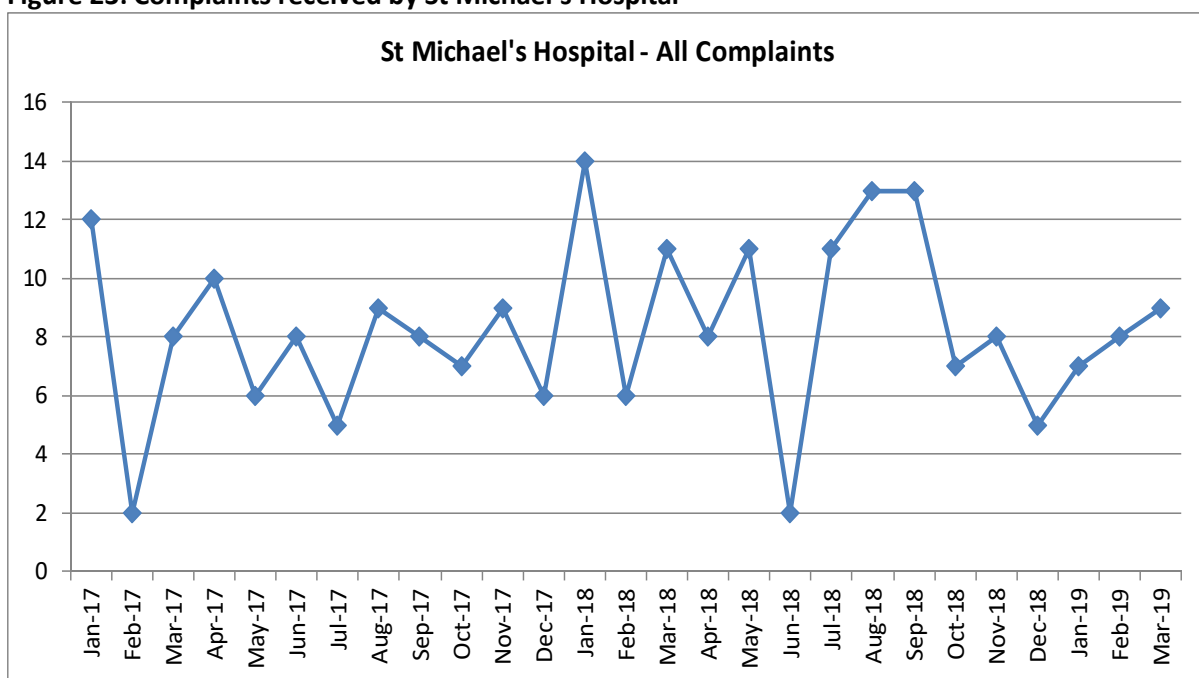
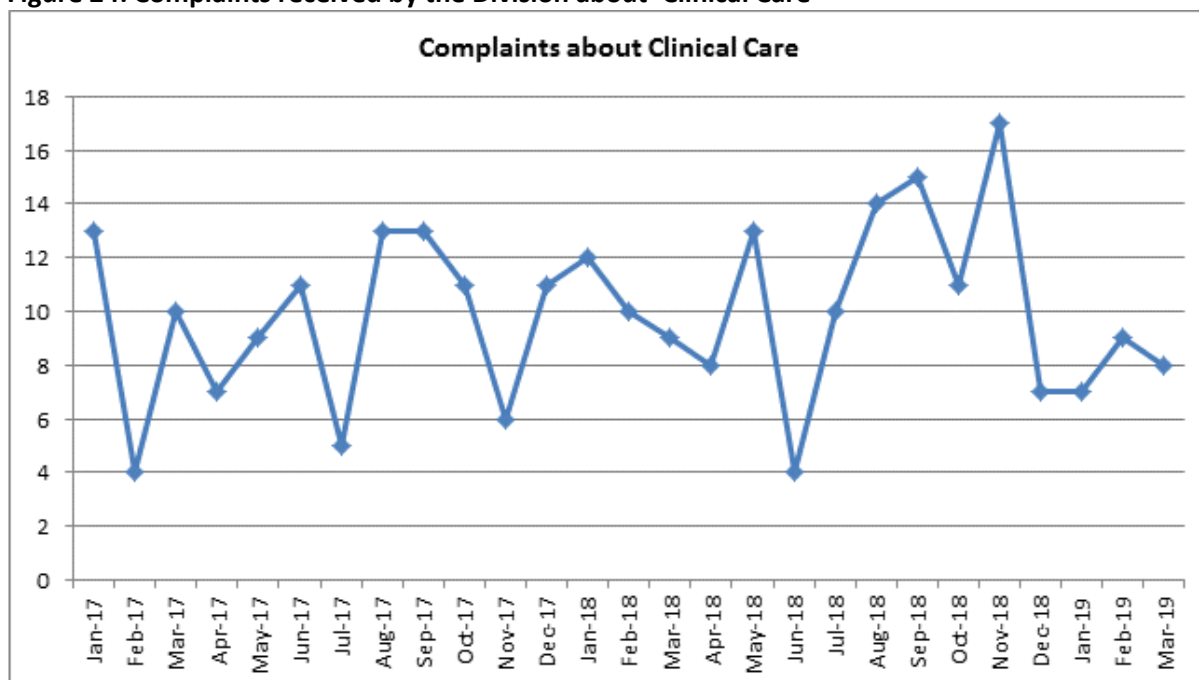


Figure 24: Complaints received by the Division about 'Clinical Care'



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies increased from 19 in Q3 to 25 in Q4.

Almost half of the complaints received (12) were for Radiology services, with five being received for Audiology and two for Physiotherapy.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Appointments & Admissions	8 ↑	4 (21.1%) =
Attitude & Communication	6 =	6 (31.6% of total complaints) ↓
Clinical Care	5 ↓	6 (31.6%) ↑
Facilities & Environment	2 =	2 (10.5%) ↑
Information & Support	2 ↑	1 (5.2%) ↓
Documentation	1 ↑	0 (0%) =
Access	1 ↑	0 (0%) =
Discharge/Transfer/Transport	0 =	0 (0%) =
Total	25	19

Table 17: Top sub-categories

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Appointment administration issues	5 ↑	3 ↑
Clinical care (medical/AHPs)	4 ↓	6 ↑
Communication with patient/relative	2 ↑	-
Attitude of medical staff/AHPs	0	3 ↑

Table 18: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Numbers of complaints regarding appointments and admissions remain small in absolute terms but in Q4 they increased to their highest level since Q3 of 2016/17.	The eight complaints received are a mixture of delayed appointment referrals, difficulties in contacting departments, short notice of an appointment, and long delays at Boots Pharmacy.	These complaints are across several services; there is not a particular theme. In each case, the complainant was responded to with an explanation for the delay or apology for the lack of response from the departments and appointments booked or timeline given. Two complaints were not taken forward by the complainants so did not require a response.
Five of the eight complaints in this category are in respect of appointment administration issues.	These complaints were across three different services so there is no particular department of concern. Two of the complaints are in respect of difficulties contacting the department by telephone and three were delayed referrals.	All patients have been contacted, given appointments and received apologies for the difficulties/delays. All referrals were within the required timeframes, with the exception of physiotherapy which was experiencing staffing shortages. We are undertaking a review of our telephone management systems to see if we can improve communications with the departments.

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

Complaints are a high priority for the division to ensure timescales are consistently met, and we rarely request extensions to complaint deadlines. There is a robust divisional process in place:

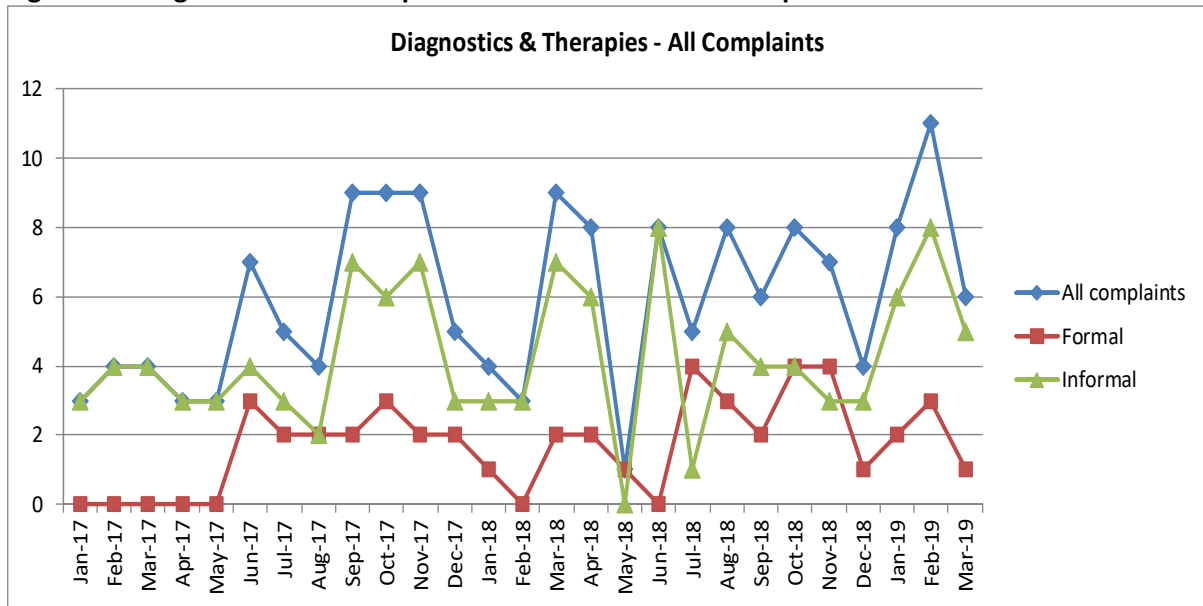
- A complaints coordinator who receives and disseminates the complaints to relevant individuals;
- Input from all services involved;
- Clearly assigned leads within the divisional management team for each complaint;
- Tracking log with timescales for all complaints to ensure deadlines are met;
- Final sign off and review of all formal complaints are undertaken by the Divisional Director;

- Bi-monthly internal analysis and report on complaints presented at the Divisional Clinical Quality Committee.

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

The division undertakes regular internal analysis on complaint responses it both leads for, and contributes to.

Figure 25: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Trust Services

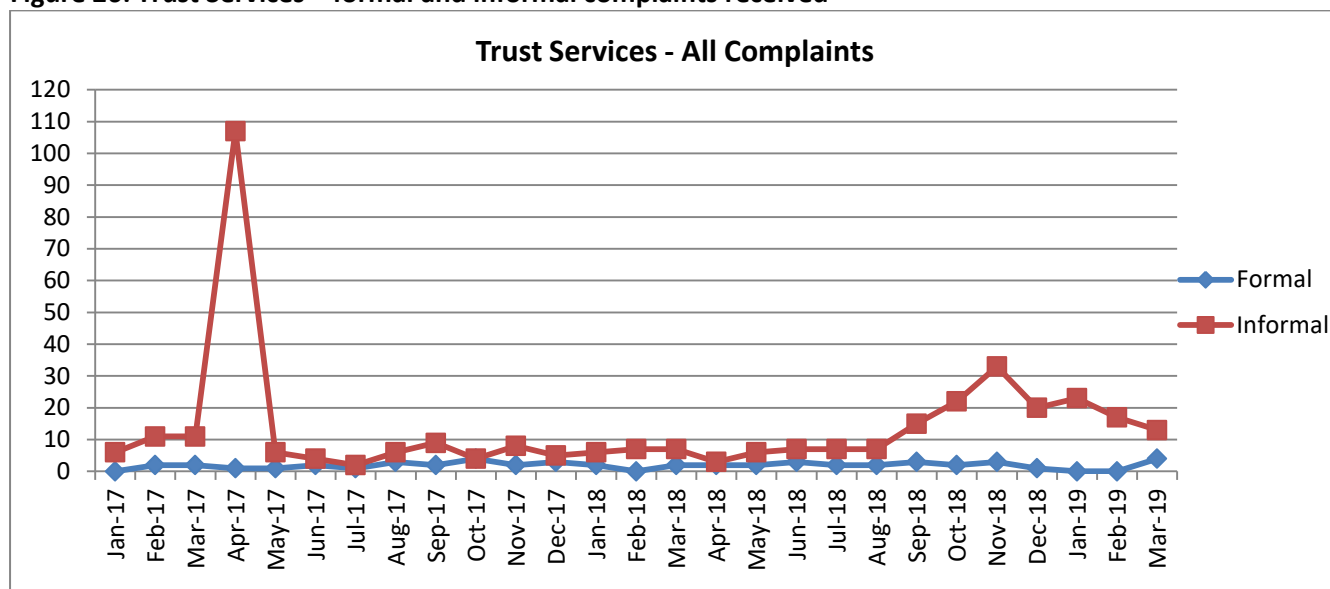
The Division of Trust Services, which includes Facilities & Estates, received 57 complaints in Q4, compared with 81 in Q3 and 36 In Q2.

The high number of complaints received in Q3 has been explained in a previous report, with the majority being in respect of parking issues at South Bristol Community Hospital (SBCH).

Of the 57 complaints received in Q4, 26 were about car parking across various Trust sites. Complaints about the problems at SBCH reduced notably towards the end of the quarter following the implementation of new pay machines and signage.

The remainder of the complaints received were spread across various departments/areas, including Medical Records, Cashiers, the hospital free bus service and Boots Pharmacy (retail).

Figure 26: Trust Services – formal and informal complaints received



3.2 Complaints by hospital site

Complaints increased across all hospital sites, with the exception of Bristol Royal Hospital for Children, South Bristol Community Hospital and Central Health Clinic, which all saw reductions in the number of complaints received. The most notable increase by percentage was Bristol Eye Hospital, which saw a 39% increase compared with Q3.

Table 19: Breakdown of complaints by hospital site³

Hospital/Site	Number and % of complaints received in Q4 2018/19	Number and % of complaints received in Q3 2018/19
Bristol Royal Infirmary	193 (39.1% of total complaints) ↑	171 (36.9% of total complaints) ↑
Bristol Eye Hospital	57 (11.7%) ↑	41 (8.9%) ↓
Bristol Royal Hospital for Children	48 (9.7%) ↓	56 (12.2%) ↑
Bristol Heart Institute	48 (9.7%) ↑	40 (8.6%) ↓
St Michael's Hospital	42 (8.5%) ↑	40 (8.6%) ↓
Bristol Dental Hospital	34 (6.9%) ↑	30 (6.5%) ↓
South Bristol Community Hospital	30 (6.1%) ↓	52 (11.2%) ↑
Bristol Haematology & Oncology Centre	22 (4.5%) ↑	18 (3.9%) ↓
Central Health Clinic	8 (1.6%) ↓	12 (2.6%) ↑
Community Dental Sites	3 (0.6%) ↑	0 (0%) =
Southmead and Weston Hospitals (UH Bristol services)	3 (0.6%) ↑	0 (0%) ↓
Estates & Facilities Building	2 (0.4%) ↑	1 (0.2%) =
Trust Headquarters	1 (0.2%) =	1 (0.2%) ↓
IM&T (Southwell Street)	1 (0.2%) ↑	0 (0%) =
Off Trust Premises	1 (0.2%) ↑	0 (0%) =
TOTAL	493	463

³ 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 and some services that come under Diagnostics & Therapies are undertaken at the Children's Hospital.

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 27 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q4, 44.8% (*38.9%) of complaints received were about outpatient services, 30.6% (34.1%) related to inpatient care, 5.5% (4.1%) were about emergency patients; and 19.1% (22.9%) were in the category of 'other' (as explained above).

* Q3 percentages are shown in brackets for comparison.

Figure 27: All patient activity

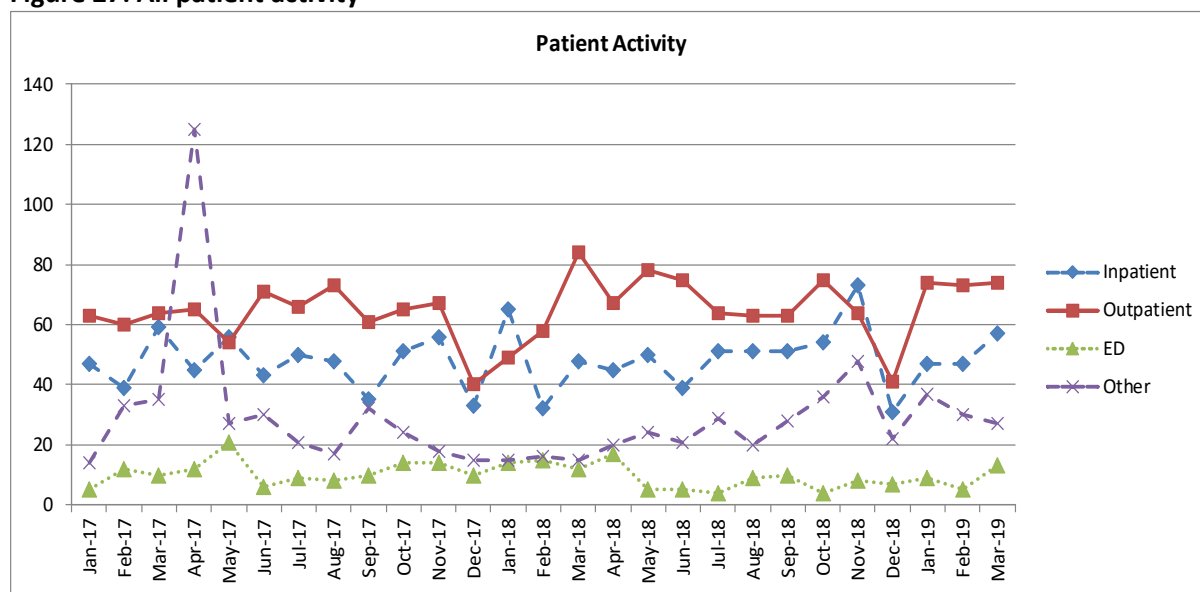


Table 20: Breakdown of Area Type

Complaints	Area Type				Grand Total
Month	ED	Inpatient	Outpatient	Other	Grand Total
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
Oct-18	4	54	75	36	169
Nov-18	8	73	64	48	193
Dec-18	7	31	41	22	101

Jan-19	9	47	74	37	167
Feb-19	5	47	73	30	155
Mar-19	13	57	74	27	171
Grand Total	175	881	1174	445	2675

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

All Divisions reported breaches in Q4, totalling 25 breaches, which is similar to the number of breaches reported in the previous three quarters, as shown in Table 21 below. In Q4, the Trust responded to 169 complaints via the formal complaints route and 85.2% of these were responded to by the agreed deadline.

Table 21: Breakdown of breached deadlines - Formal

Division	Q4 (2018/19)	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)
Surgery	3 (5.6%)	6 (9.5%)	4 (6.7%)	4 (5%)
Women & Children	15 (31.3%)	13 (25%)	13 (27.7%)	10 (22.2%)
Trust Services	2 (40%)	3 (27.3%)	1 (20%)	3 (33.3%)
Medicine	1 (3.3%)	3 (6.8%)	2 (6.7%)	4 (7.4%)
Specialised Services	3 (12.5%)	0 (0%)	5 (14.3%)	4 (20%)
Diagnostics & Therapies	1 (11.1%)	1 (8.3%)	0 (0%)	0 (0%)
All	25 breaches	26 breaches	25 breaches	25 breaches

(So, as an example, there were three breaches of timescale in the Division of Surgery in Q4, which constituted 5.6% of the complaint responses which were sent out by that division in Q4.)

Breaches of timescale in respect of formal complaints were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team; 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 Q4. Nineteen breaches were attributable to Divisions, four were caused by delays in the Patient Support & Complaints Team and two 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	0	1	1	14	1	2	19
Patient Support & Complaints Team	1	0	2	1	0	0	4
Executives/sign-off	2	0	0	0	0	0	2
All	3	1	3	15	1	2	25

3.3.1 Complaints responded to within agreed timescale (for informal resolution process)

For the first time, in Q4, we are reporting the number of informal complaints that breached the deadline agreed with the complainant, i.e. this is a new Board-reported target, reflecting the fact that the majority of complaints received by the Trust are now handled via the informal process. Breaches of informal complaint timescales are, by definition, attributable to Divisions because the Patient Support & Complaints Team and Executive Directors do not contribute to the sign-off process. In Q4, the Trust responded to 231 complaints via the informal complaints route and 84.0% of these were responded to by the agreed deadline.

Table 23: Breakdown of breached deadlines - Informal

Division	Q4 (2018/19)	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)
Surgery	10 (14.5%)			
Women & Children	8 (33.3%)			
Trust Services	10 (22.2%)			
Medicine	3 (7.1%)			
Specialised Services	5 (12.2%)			
Diagnostics & Therapies	1 (10%)			
All	37			

3.4 Outcome of formal complaints

In Q4, the Trust responded to 169 formal complaints⁴. Tables 24 and 25 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q4 and Q3 of 2018/19 respectively. A total of 87.0% of complaints were either upheld or partly upheld in Q4, compared with 82.9% in Q3.

Table 24: Outcome of formal complaints – Q4 2018/19

	Upheld	Partly Upheld	Not Upheld
Surgery	19 (35.8%) ↓	25 (47.2%) ↑	9 (17%) ↓
Medicine	8 (26.7%) ↓	19 (63.3%) ↑	3 (10%) ↓
Specialised Services	12 (50%) ↓	10 (41.7%) ↓	2 (8.3%) ↓
Women & Children	18 (37.5%) ↓	24 (50%) ↓	6 (12.5%) ↑
Diagnostics & Therapies	1 (11.1%) ↓	7 (77.8%) ↑	1 (11.1%) ↓
Trust Services	4 (80%) ↑	0 (0%) ↓	1 (20%) ↓
Total	62 (36.7%) ↓	85 (50.3%) ↓	22 (13%) ↓

Table 25: Outcome of formal complaints – Q3 2018/19

	Upheld	Partly Upheld	Not Upheld
Surgery	28 (44.4%) ↑	22 (34.9%) ↓	13 (20.7%) ↑
Medicine	17 (38.6%) ↑	15 (34.1%) ↑	12 (27.3%) ↑
Specialised Services	15 (42.8%) ↑	17 (48.6%) ↑	3 (8.6%) ↓
Women & Children	24 (46.2%) ↑	25 (48.1%) ↑	3 (5.7%) ↓
Diagnostics & Therapies	4 (33.3%) ↑	6 (50%) ↑	2 (16.7%) ↑
Trust Services	3 (27.2%) ↑	4 (36.4%) ↑	4 (36.4%) ↑
Total	91 (41.9%) ↑	89 (41.0%) ↑	37 (17.1%) ↑

4. Learning from complaints

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

All feedback is welcome, as it creates an opportunity for us 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 which have been completed during Q4 2018/19.

- Following receipt of a complaint about how difficult and painful it had been for a patient to have a naso-gastric (NG) tube inserted, the Division updated teaching sessions (including the clinical skills refresher update) to incorporate consideration of individual patient circumstances which may require more input from the medical team and an amended plan which still supports the NG policy (Surgery).
- Following an increased number of complaints about cancelled and/or delayed appointments and procedures in the Queen's Day Unit Endoscopy service, a new Operations Manager has been recruited into the Endoscopy booking team (Surgery).
- A complaint was received from a patient who was still receiving reminders about an overdue ultrasound scan, despite having suffered a miscarriage. Training was provided to the appropriate radiology staff, to remind them of the correct process for cancelling appointments when they are advised that a patient has miscarried (Diagnostics & Therapies).
- As a result of a complaint regarding Trust staff being unable to produce appointment letters in a larger font for patients with sight impairment, a standard operating procedure has been written explaining to staff how they can select different sized fonts when printing letters from the Medway system (Medicine – Trust-wide action).
- A complaint was received by St Michael's Hospital about the way in which information was shared with a patient and her partner regarding abnormalities identified in their baby and the need to terminate the pregnancy. The investigation showed that a lot of the information needed by the parents had been provided but they had been too upset to take a lot of it on board. As a result of this complaint, an information leaflet has been produced, containing all of the information that parents need in these circumstances, so that this can be handed to them to take home and read in their own time (Women & Children).

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. Two hundred enquiries were received in Q4, a decrease of 9.0% on the number received in Q3 following a consistent increase in the numbers received each quarter over the previous year. Table 26 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q4.

Table 26: Enquiries by category

Category	Enquiries in Q4 2018/19
Information about patient	45
Hospital information request	45
Medical records requested	21
Appointment queries	31
Communication	14
Clinical care	13
Clinical information request	10
Travel/transfer arrangements and transport	4
Accommodation enquiry	4
Bereavement/emotional support	4

Most enquiries are assigned to a particular Division within the Trust; however some fall outside of these divisions. Table 27 below shows where each of the 200 enquiries is assigned.

Table 27: Enquiries by Division

Division/Area	Number of enquiries in Q4 2018/19	Number of enquiries in Q3 2018/19
Surgery	46	39
Non-Divisional	36	48
Trust Services	32	51
Specialised Services	31	25
Women & Children	21	17
Medicine	16	21
Other NHS Organisation	10	15
Diagnostics & Therapies	5	4
Non NHS	3	0
Total	200	220

In addition to the enquiries detailed above, in Q4 the Patient Support and Complaints team recorded 166 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 903 separate enquiries in Q4 2018/19, compared with 865 in Q3, 841 in Q2, 819 in Q1 and 741 in Q4 2017/18. This equates to a 22% increase in enquiries compared with the corresponding period one year ago.

The team also recorded and acknowledged 44 compliments received during Q4 and shared these with the staff involved and their Divisional teams.

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 Q4, 313 complaints were received in writing (275 by email and 38 letters/complaint forms) and 178 were received verbally (12 in person via drop-in service and 166 by telephone). Two complaints were also received in Q4 via the Trust's new 'real-time feedback' service. Of the 463 complaints received in Q4, 99.6% (491 out of the 493 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This is the same as that reported in Q3.

The Patient Support & Complaints Manager closely monitors cases that are not acknowledged within timescale and reports to the Head of Quality (Patient Experience & Clinical Effectiveness) if there are any concerns and/or patterns.

7. PHSO cases

During Q4, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in 10 new complaints. During the same period, four existing cases remained ongoing. A total of 14 cases were closed during Q4: none were upheld, one was partly upheld and all recommendations have been complied with; four were not upheld and the remaining nine were closed with the PHSO taking no further action.

Table 28: Complaints opened by the PHSO during Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
16724	GS	HS	01/10/2018 [10/01/2019]	BRHC	PICU	Women & Children
Patient tragically died in BRHC in 2015 at age of 14yrs. Long standing complaint which parents have now sent to the PHSO for investigation. Medical records and copy of complaint file sent to PHSO on 27/03/2019 – currently awaiting an update on progress from the PHSO.						
16122	RR		23/08/2018 [19/02/2019]	StMH	Ward 76	Women & Children
PHSO made contact in February 2019 stating that they had been asked to look at this complaint. Despite UH Bristol returning the PHSO's calls and leaving messages, nothing further has been heard from the PHSO and no records have been requested.						
15271	DL		02/07/2018 [23/01/2019]	BRI	Endocrinology	Medicine
Copy of complaint file and relevant policies sent to PHSO on 29/01/2019. Medical records were sent to PHSO on 26/02/2019. PHSO confirmed that they have partly upheld the complaint and asked the Trust to send the patient a letter of apology, which was sent on 15/05/2019, with a copy to the PHSO. This case therefore also appears in the list of closed PHSO cases in Table 30 below.						
15161	DH		25/06/2018 [04/03/2019]	BHI	Outpatients (BHI)	Specialised Services
Call received from PHSO on 04/03/2019 asking if a complaint had been made to the Trust by this patient and whether we had sent our final response. Despite calls back to the PHSO and messages being left, no further contact has been received and no records have been requested.						
13567	IR		27/03/2018 [05/03/2019]	BHI	Ward C604 - CICU	Specialised Services
Medical records and copy of complaint file sent to PHSO on 12/03/2019. Currently awaiting a further update on progress from the PHSO.						
11887	JD		18/12/2017	BRI	Accident &	Medicine

			[21/01/2019]		Emergency (BRI)	
PHSO contacted Trust on 21/01/2019 to ask for a copy of the Trust's response letter dated 22/05/2018. Discussed case with PHSO and sent copy of letter requested on 23/01/2019. No further contact has been received from the PHSO at the time of writing this report (May 2019).						
10412	MR	JR	29/09/2017 [19/03/2019]	StMH	Ward 76	Women & Children
PHSO requested further information about this case, which was sent to them by email on 27/03/2019. The PHSO advised on 30/04/2019 that they would not be taking any further action and were closing their file. This case was therefore newly notified by the PHSO in Q4 and will be detailed as a closed case in Q1 2019/20.						
9698	LD		22/08/2017 [24/01/2019]	StMH	Central Delivery Suite	Women & Children
PHSO contacted Trust to advise that whilst they were not planning to investigate this complaint, they wished to know if the Trust would be prepared to add a note from the patient to her medical records to indicate that she disagreed with an entry. This was subsequently done and a form provided by Medical Records and completed by the patient was added to her and her baby's records on 18/03/2019. This case therefore also appears in the list of closed PHSO cases in Table 30 below.						
4904	PM	OM	28/11/2016 [15/02/2019]	BRHC	Paediatric Neurology	Women & Children
Copies of medical records and complaint file sent to PHSO on 22/02/2019. On 26/02/2019 the Trust received a letter from the PHSO advising of the scope of their investigation. Further information has subsequently been requested by the PHSO and all requests have been complied with to date.						
6723	LM	OM	17/03/2017 [13/02/2019]	BHI	Ward C808 - Medicine	Medicine
PHSO called to discuss case with PSCT Manager on 19/02/2019. PHSO subsequently advised that they were not going to take any further action and were closing their file. This case therefore also appears in the list of closed PHSO cases in Table 30 below.						

Table 29: Complaints ongoing with the PHSO during Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
11619	SQ		01/12/2017 [05/10/2018]	StMH	Ward 78 (Gynaecology)	Women & Children
PHSO contacted us on 05/10/2018 to request a copy of the patient's medical records and a copy of the referral letter from their GP. These records were sent to the PHSO on 07/11/2018 and we have not heard anything further from the PHSO at the time of writing this report.						
13256	MR	WR	07/03/2018	BRI	Ward A400 - OPAU	Medicine
The PHSO advised the Trust on 11/04/2019 that they felt we should have the opportunity to respond to a complaint directly from the patient's family (previous complaint raised by patient's care home). A formal investigation is currently underway, with a response due by 07/06/2019.						
9403	LD	DM	03/08/2017 [07/09/2018]	BHOC	Ward D703 - Haematology	Specialised Services
We were contacted by the PHSO on 23/01/2019, requesting a copy of the complaint file. This was sent to them on 01/02/2019 and they have subsequently come back to request further information, which was sent to them on 07/05/2019.						
8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Advised by PHSO on 09/05/2019 that they need to seek further clinical advice in respect of this case and they anticipate that this will take approximately 6-8 weeks.						

Table 30: Complaints closed by the PHSO during Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
15570	JT	JT	19/07/2018 [24/12/2018]	SBCH	Day Surgery/Endoscopy (SBCH)	Surgery
Nothing further heard from complainant or PHSO since January 2019, when the Trust confirmed to the PHSO that we would be happy to investigate the complainant's outstanding concerns if they wished to contact us. Case therefore closed.						
13910	DR	VH	13/04/2018 [04/12/2018]	StMH	Fetal Medicine Unit	Women & Children
PHSO confirmed on 07/05/2019 that they do not intend to investigate further and are closing their file.						
13638	SC	LC	28/03/2018 [12/11/2018]	StMH	Central Delivery Suite	Women & Children
PHSO advised on 27/02/2019 that they do not intend to carry out a full investigation or take any further action and are closing their file.						
11659	JH	AH	06/12/2017 [14/11/2018]	BRI	Upper GI	Surgery
PHSO decided that the Trust had not been given ample opportunity to respond to this complaint. We therefore ascertained the full details of the complainant's outstanding concerns and sent a formal written response on 12/04/2019.						
11557	LG	BG	29/11/2017 [31/10/2018]	BRI	Ward A400 - OPAU	Medicine
PHSO advised on 21/03/2019 that they were not taking any further action in respect of this complaint and were closing their file.						
11011	KS		02/11/2017 [14/11/2018]	StMH	Gynaecology Outpatients	Women & Children
PHSO advised on 01/05/2019 that they were not going to uphold this complaint as they had found no failings in respect of the Trust's care and treatment of the patient.						
4256	MM	JM	28/10/2016 [04/10/2018]	BRI	Thoracic Surgery	Surgery
PHSO advised on 03/04/2019 that they were not upholding this complaint. They subsequently forwarded a letter from the complainant which they had requested be shared with the Division as feedback.						
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. PHSO confirmed on 08/04/2019 that they had concluded their investigation and had not upheld the complaint.						
3937	TR	PP	10/10/2016 [14/09/2018]	BRI	Upper GI	Surgery
The PHSO advised us on 18/01/2019 that they had completed their assessment and would be taking no further action in respect of this complaint. Case ongoing during Q3 and closed in Q4.						
1161	AB		07/04/2016 [06/09/2018]	BHI	Ward C708 – Cardiac Surgery	Specialised Services

The PHSO advised us on 17/01/2019 that they had closed this case and would be taking no further action in respect of this complaint. Case ongoing during Q3 and closed in Q4.						
10267	SL		20/09/2017 [02/07/2018]	SBCH	Radiology (SBCH)	D&T
Advised by PHSO on 21/03/2019 that they have completed their investigation and have not upheld this complaint.						
15271	DL		02/07/2018 [23/01/2019]	BRI	Endocrinology	Medicine
Copy of complaint file and relevant policies sent to PHSO on 29/01/2019. Medical Records sent to PHSO on 26/02/2019. PHSO confirmed that they have partly upheld the complaint and asked the Trust to send the patient a letter of apology, which was sent on 15/05/2019, with a copy to the PHSO.						
9698	LD		22/08/2017 [24/01/2019]	StMH	Central Delivery Suite	Women & Children
PHSO contacted Trust to advise that whilst they were not planning to investigate this complaint, they wished to know if the Trust would be prepared to add a note from the patient to her medical records to indicate that she disagreed with an entry. This was subsequently done and a form provided by Medical Records and completed by the patient was added to her and her baby's records on 18/03/2019.						
6723	LM	OM	17/03/2017 [13/02/2019]	BHI	Ward C808 - Medicine	Medicine
PHSO called to discuss case with PSCT Manager on 19/02/2019. PHSO subsequently advised that they were not going to take any further action and were closing their file.						

8. Complaint Survey

Since February 2017, the Patient Support & 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 31 below shows data from the 37 responses received during Q4, compared with those received in previous quarters. Feedback improved in a number of areas in Q4, particularly in respect of respondents who confirmed that a timescale for dealing with their complaint had been agreed with them (94.1%) and respondents who recalled being given details of independent complaints advocacy services (54.3%). There was also a reduction in the number of respondents who said they did not receive their response within the agreed timescale and those who did not feel that they received sufficient updates on the progress of their complaint.

None of the respondents to the survey said they had taken up the option of a complaint resolution meeting in Q4 (our records show that nine complainants requested a meeting as their preferred method of feedback in Q4).

Table 31: Complaints Survey Data

Survey Measure/Question	Q4 2018/19	Q3 2018/19	Q2 2018/19	Q1 2018/19
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	94.1% ↑	67.5%	78.8%	68.2%
Respondents who felt that the Trust would do things differently as a result of their complaint.	14.3% ↓	15.8%	22.4%	11.1%
Respondents who found out how to make a complaint from one of our leaflets or posters.	8.6% ↓	15.8%	9%	7.5%
Respondents who confirmed we had told them about independent advocacy services.	54.3% ↑	46.2%	32.8%	33.3%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	62.9% ↓	65%	69.6%	66.7%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	65.7% ↑	63.4%	69.1%	64.5%
Respondents who said they did not receive their response within the agreed timescale.	14.3% ↓	17.5%	16.4%	18.6%
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	97.1% ↓	97.5%	81.8%	95.5%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	80.5% =	80.5%	81.4%	84.5%
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	17.1% ↓	20%	29.9%	31.8%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	0% ↓	2.9%	1.6%	2.3%
Respondents who said that our response addressed all of the issues that they had raised.	58.3% ↑	57.9%	57.1%	60%