

Complaints Report

Quarter 1, 2019/2020

(1 April 2019 to 30 June 2019)

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Quarter 1 Executive summary and overview

| | Q1 | |
|--|-------|---|
| Total complaints received | 511 | ↑ |
| Complaints acknowledged within set timescale | 99.0% | = |
| Complaints responded to within agreed timescale – formal investigation | 95.5% | ↑ |
| Complaints responded to within agreed timescale – informal investigation | 89.0% | ↑ |
| Proportion of complainants dissatisfied with our response (formal investigation) | 13.4% | ↑ |

| Successes | Priorities |
|--|--|
| <ul style="list-style-type: none"> There was a notable decrease in the number of complaints received for Bristol Eye Hospital (BEH) outpatient services in Q1 and overall complaints received by the BEH decreased by 26%. Examples of specific service improvements made in response to complaints in Q1 can be found in section 4 of this report. Following a concerted effort across all Divisions, the percentage of formal and informal complaints responded to within the agreed timescale remains high, despite an increased number of responses being sent during Q1. 99% of complaints were acknowledged within the required timescale. | <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 Trust's Deputy Patient Support and Complaints Manager is currently supporting the process of aligning complaints processes across UH Bristol and Weston General Hospital ahead of organisational merger next year. In order to support the complaints training sessions already available, the Patient Support and Complaints Team is developing training via e-learning in order to help make training accessible to more staff. | <ul style="list-style-type: none"> The proportion of complainants expressing dissatisfaction with the outcome of the investigation of their concerns was above target at 13.4% following previous improvement in Q4 and Q3 of 2018/19. Complaints received by the Dermatology service increased in Q1. Complaints regarding 'appointments and admissions' increased across all clinical Divisions, with the exception of Diagnostics & Therapies. The overall number of complaints being received each month/quarter has increased from a steady average of around 150 per month to nearer 170. Other enquiries received by the Patient Support and Complaints Team have also increased. |

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 511 complaints in quarter 1 (Q1) of 2019/20. 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 received around 150 complaints per month; however, this has increased to an average of 170 per month over the last three quarters, with the exception of December 2018, when there was the usual seasonal dip in the number of complaints received.

Figure 1: Number of complaints received

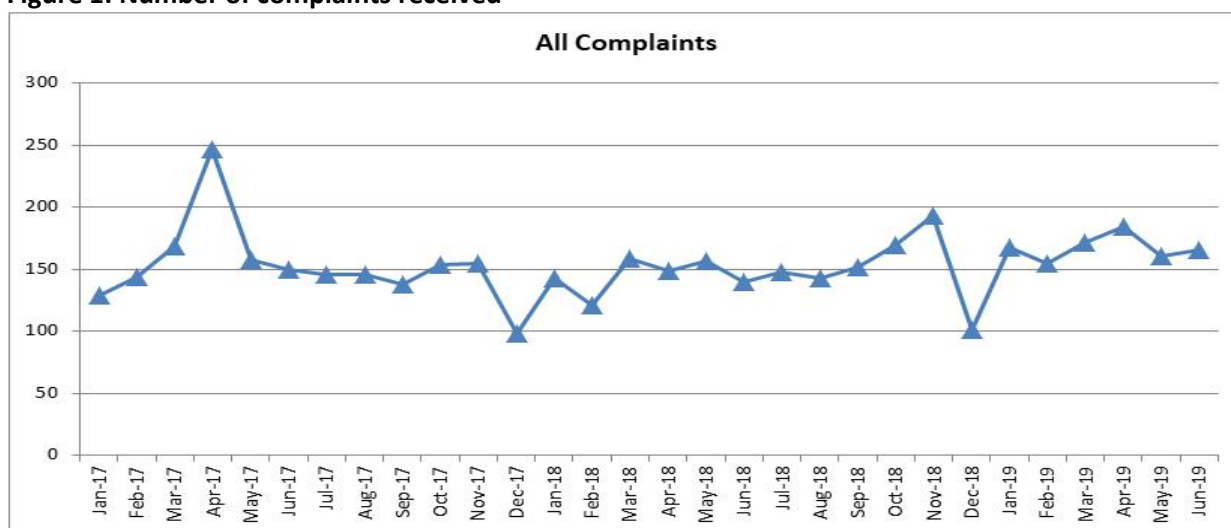
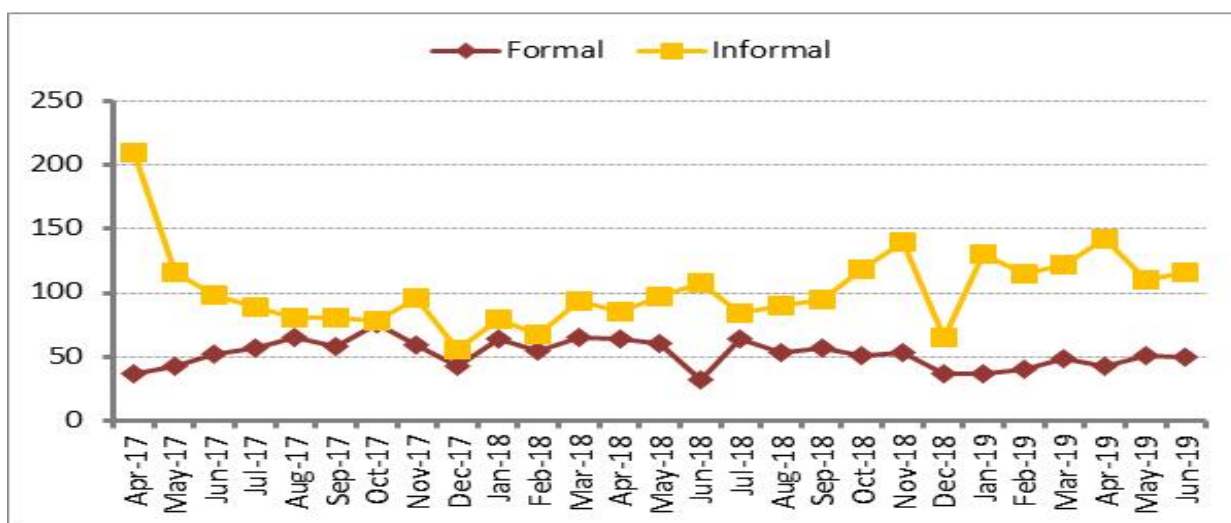


Figure 2: Numbers of formal v informal complaints



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

Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. We continue to deal with a higher proportion of complaints via the informal process, which 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.

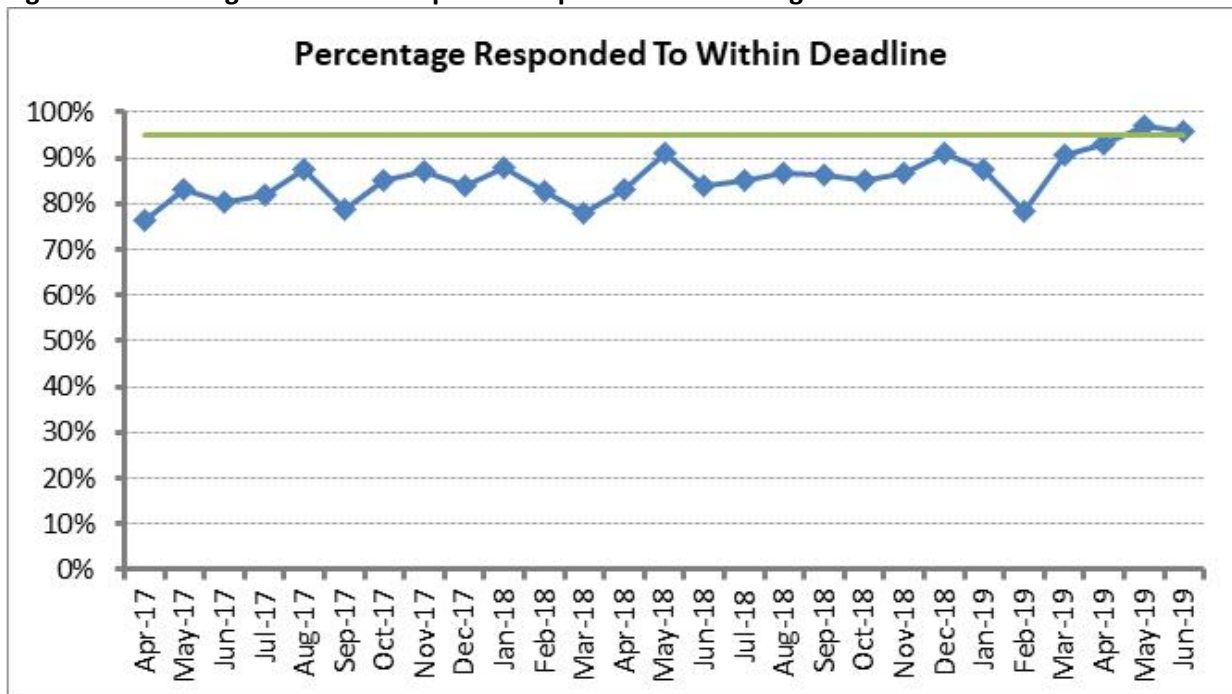
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

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.

In Q1 2019/20, 96.6% of responses were posted within the agreed timescale. This represents eight breaches out of the 179 formal complaints which received a response during the quarter². This is a significant improvement on the 88.2% reported in Q4 and 87.6% in Q3 and exceeds the Trust’s target of 95%. Figure 3 shows the Trust’s performance in responding to complaints since April 2017.

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



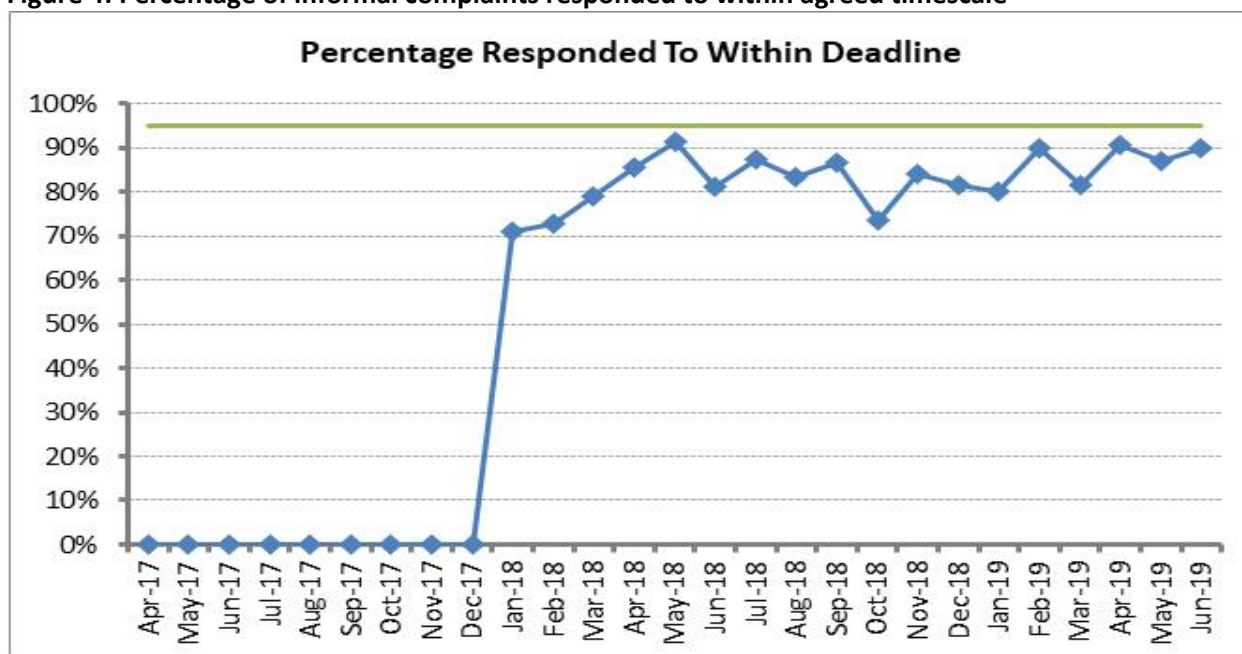
² Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

1.2.2 Informal Investigations

In Q1 2019/20, the Trust received 368 complaints that were investigated via the informal process. During this period, the Trust responded to 335 complaints via the informal complaints route and 89.0% of these were responded to by the agreed deadline.

The percentage of informal complaints resolved within the agreed deadline is now being formally reported to the Board (since Q4 2018/19) given that so many complaints are now resolved informally. 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 set with effect from Q4 2018/19.

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



1.3 Dissatisfied complainants

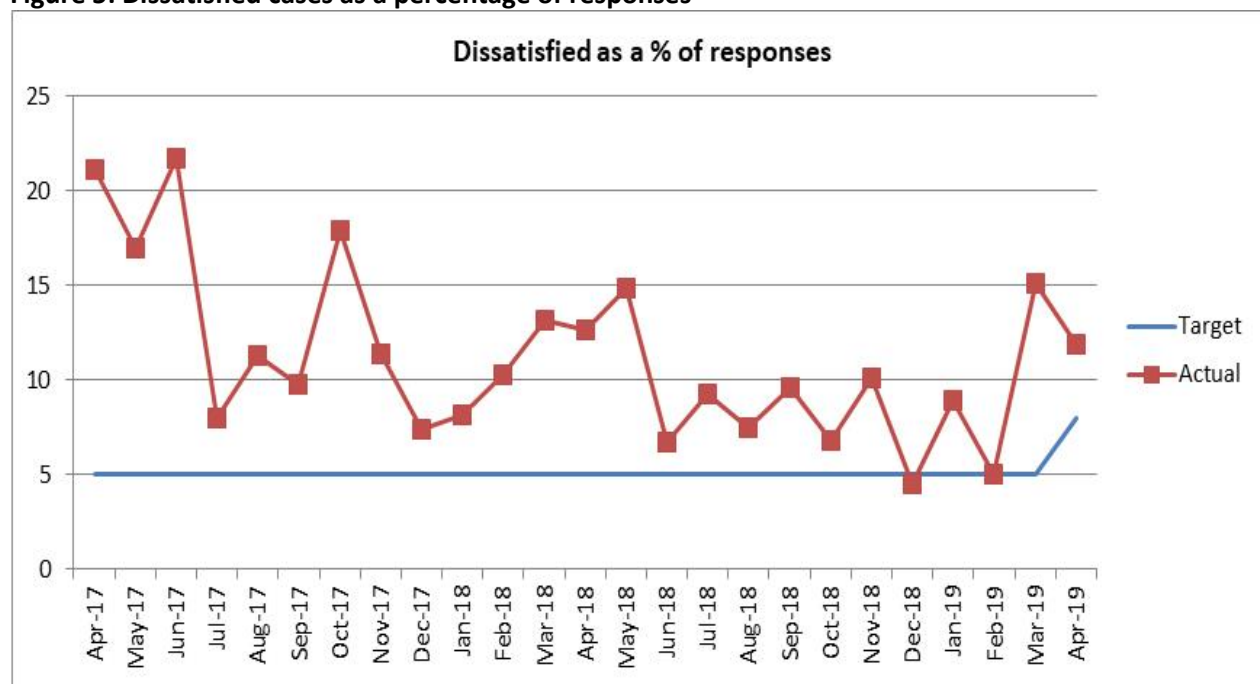
Our revised target for 2019/20 is that no more than 8% of complaints responses should lead to a dissatisfied response.

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

In Q1 2019/20, by the cut-off point of mid-August 2019 (the point at which dissatisfied data for Q1 was confirmed for board reporting), 15 complainants who received a first response from the Trust in March and April 2019, had contacted us to say they were dissatisfied. This represents 13.4% of the 112 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 April 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 Q1 2019/20 compared with Q4 2018/19.

Complaints regarding ‘appointments and admissions’ increased for the third successive quarter, accounting for more than a third of all complaints received, with 31 of these being for Bristol Dental Hospital, 27 for Bristol Heart Institute and 20 for Bristol Eye Hospital.

There was an overall increase in complaints about ‘clinical care’, with more than half of these (85) being recorded under the sub-category of ‘clinical care (medical/surgical)’, 58 of which were for areas located in Bristol Royal Infirmary.

There were reductions in the numbers of complaints received in respect of ‘attitude and communication’, ‘facilities and environment’, ‘documentation’ and ‘access’.

Table 1: Complaints by category/theme

| Category/Theme | Number of complaints received in Q1 (2019/20) | Number of complaints received in Q4 (2018/19) |
|------------------------------|---|---|
| Appointments & Admissions | 190 (37.2% of all complaints) ↑ | 154 (31.2% of all complaints) ↑ |
| Clinical Care | 141 (27.6%) ↑ | 124 (25.2%) ↑ |
| Attitude & Communication | 100 (19.6%) ↓ | 114 (23.1%) ↑ |
| Facilities & Environment | 36 (7.0%) ↓ | 56 (11.4%) ↓ |
| Information & Support | 21 (4.1%) = | 21 (4.3%) ↓ |
| Discharge/Transfer/Transport | 13 (2.5%) ↑ | 7 (1.4%) ↓ |
| Documentation | 9 (1.8%) ↓ | 14 (2.8%) ↑ |
| Access | 1 (0.2%) ↓ | 3 (0.6%) ↑ |
| Total | 511 | 493 |

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 70% of the complaints received in Q1 (356/511).

Table 2: Complaints by sub-category

| Sub-category | Number of complaints received in Q1 (2019/20) | Q4 (2018/19) | Q3 (2018/19) | Q2 (2018/19) |
|---|---|--------------|--------------|--------------|
| Cancelled/delayed appointments and operations | 106 (21.8% increase compared to Q4) ↑ | 87 | 82 | 69 |
| Clinical care (Medical/Surgical) | 85 (26.9% increase) ↑ | 67 | 94 | 87 |
| Appointment administration issues | 65 (54.7% increase) ↑ | 42 | 42 | 48 |
| Attitude of medical staff | 21 (25% decrease) ↓ | 28 | 18 | 15 |
| Failure to answer telephones/failure to respond | 21 = | 21 | 14 | 10 |
| Communication with patient/relative | 18 (5.3% decrease) ↓ | 19 | 12 | 24 |
| Car Parking | 16 (36% decrease) ↓ | 25 | 46 | 16 |
| Clinical care (Nursing/Midwifery) | 16 (60% increase) ↑ | 10 | 13 | 37 |
| Attitude of administrative/clerical staff | 13 = | 13 | 16 | 10 |
| Attitude of nursing/midwifery staff | 10 (23.1% decrease) ↓ | 13 | 8 | 13 |

In Q1, there were notable increases in complaints about ‘cancelled/delayed appointments and operations’, clinical care (medical/surgical)’ and ‘appointment administration issues’.

The most noticeable decrease was in complaints received about ‘car parking’.

Figures 6-9 (below) show the longer term pattern of complaints received since April 2017 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows an increase towards the end of Q1 in complaints about clinical care (medical/surgical) and Figure 8 shows the downward trend in complaints about car parking since its 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

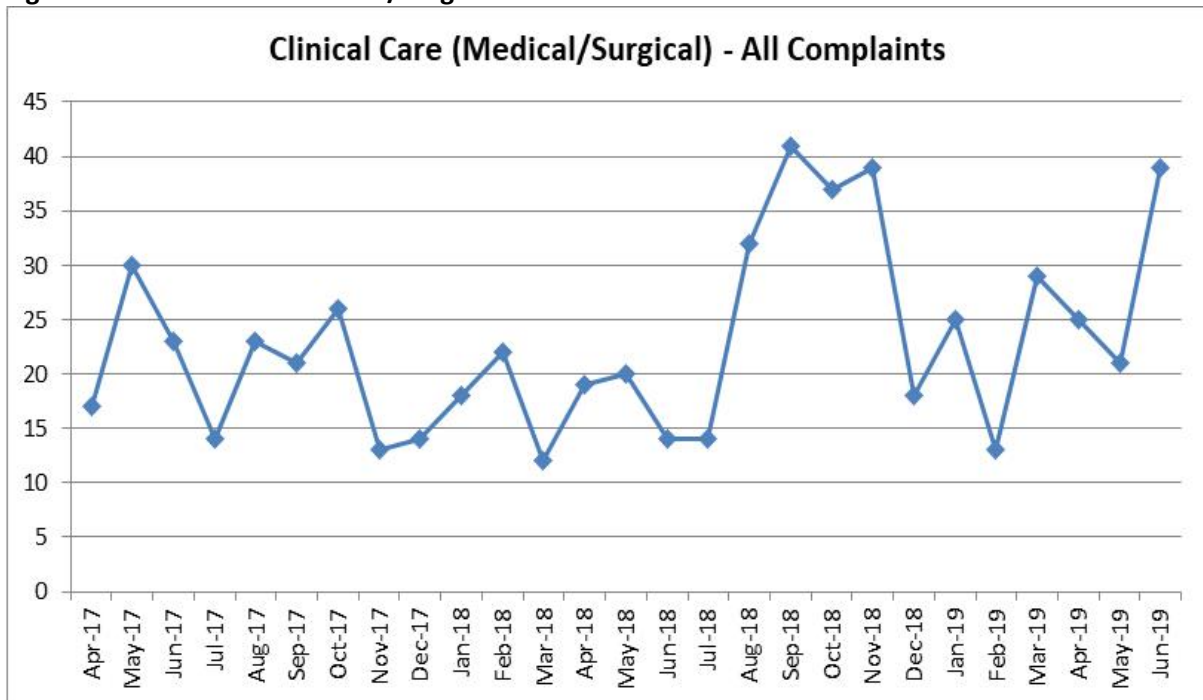


Figure 7: Cancelled or delayed appointments and operations

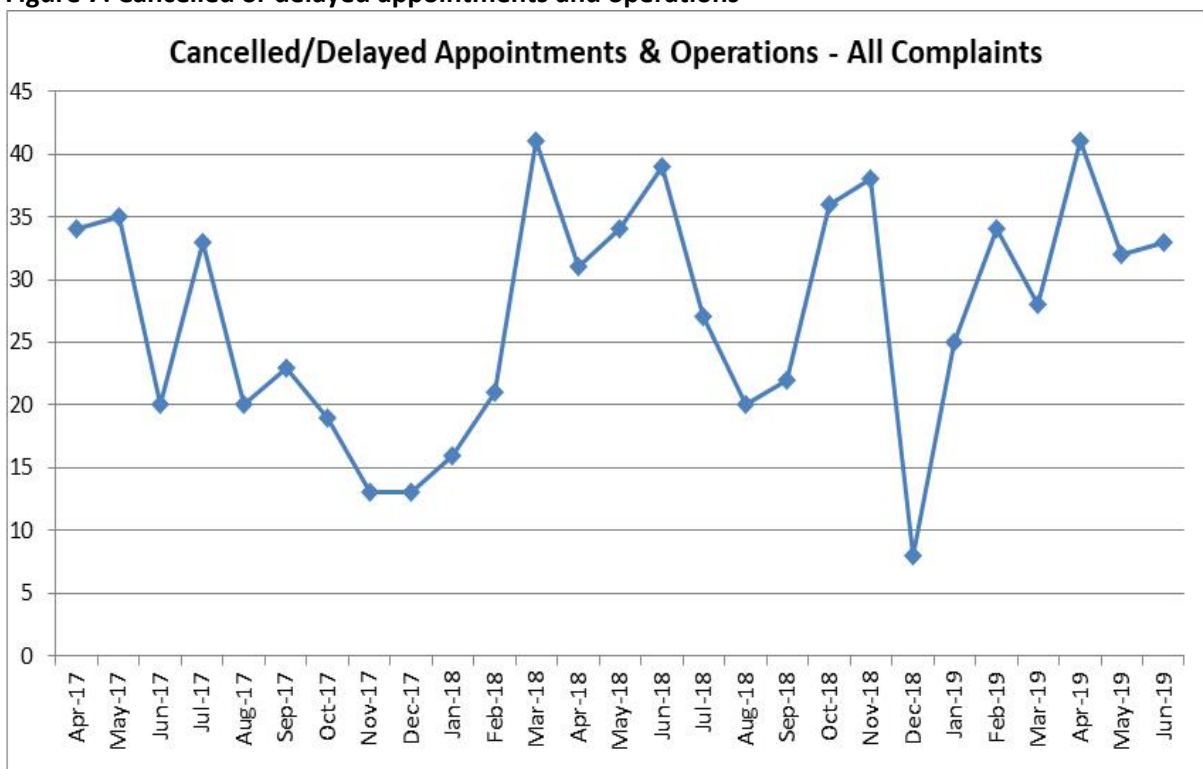
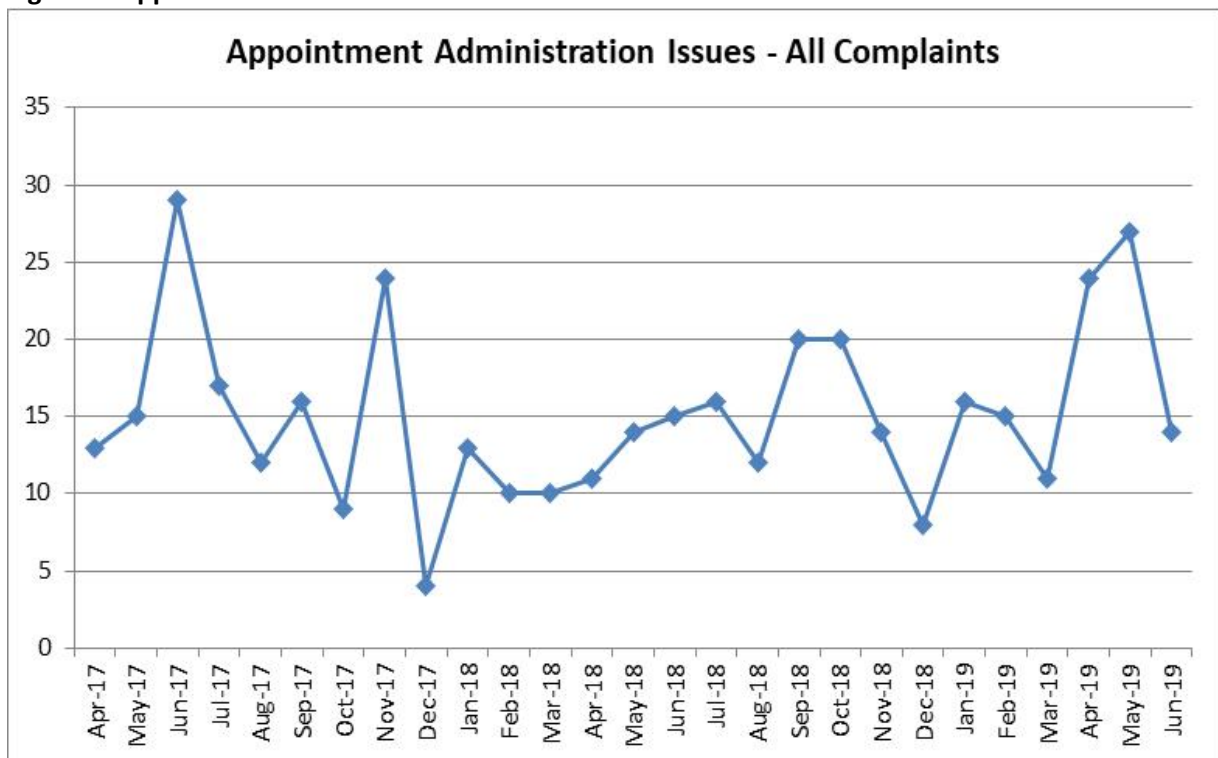


Figure 8: Car Parking



Figure 9: Appointment administration issues



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 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 | 187 (176) ↑ | 116 (98) ↑ | 82 (65) ↑ | 73 (70) ↑ | 17 (25) ↓ |
| Number of complaints about appointments and admissions | 97 (66) ↑ | 30 (25) ↑ | 35 (34) ↑ | 16 (20) ↓ | 10 (8) ↑ |
| Number of complaints about staff attitude and communication | 31 (43) ↓ | 26 (26) = | 18 (13) ↑ | 15 (21) ↓ | 4 (6) ↓ |
| Number of complaints about clinical care | 46 (52) ↓ | 40 (28) ↑ | 19 (12) ↑ | 34 (24) ↑ | 2 (5) ↓ |
| Area where the most complaints have been received in Q1 | Bristol Dental Hospital (BDH) – 44 (34) Administration Department (BDH) – 12 (7) Adult Restorative Dentistry (BDH) – 11 (8) Bristol Eye Hospital (BEH) – 43 (57) BEH Outpatients – 17 (29) Trauma & Orthopaedics – 22 (18) ENT – 19 (8) QDU Endoscopy – 13 (7) | Emergency Department (BRI) – 25 (23) Dermatology – 27 (15) Ward A300 (AMU) – 7 (5) Ward A400 (OPAU) – 5 (5) | BHI (all) – 53 (44) BHOC (all) – 25 (18) BHI Outpatients – 28 (24) BHI & BHOC Appt Depts – 15 (13) Chemo Day Unit / Outpatients (BHOC) – 6 (10) Ward C708 – 6 (3) | BRHC (all) – 48 (46) Carousel Outpatients (E301) – 8 (7) Paediatric Neurology & Neurosurgical – 5 (5) Children’s ED (E308) – 6 (3) Caterpillar Ward E510) – 4 (2) StMH (all) – 22 (24) Gynaecology Outpatients (StMH) – 9 (6) Ward 73 (Maternity) – 4 (3) | Radiology – 10 (9) Audiology – 3 (2) Physiotherapy – 2 (3) |
| Notable deteriorations compared with Q4 | ENT – 19 (8) QDU Endoscopy – 12 (7) | Dermatology – 27 (15) | Ward C708 – 6 (3) | Caterpillar Ward E510) – 4 (2) Gynaecology Outpatients (StMH) – 9 (6) | No notable deteriorations |
| Notable improvements compared with Q4 | BEH Outpatients – 17 (29) | No notable improvements | No notable improvements | No notable improvements | No notable improvements |

3.1.1 Division of Surgery

There was a small increase in the total number of complaints received by the Division of Surgery in Q1; 187 compared with 176 in Q4. Complaints received by Bristol Dental Hospital (BDH) increased in Q1; however, those received by Bristol Eye Hospital (BEH) decreased by over 26%. In particular, there was a notable reduction in the number of complaints received for BEH Outpatients. The most notable increases in the numbers of complaints received were for ENT and QDU (Endoscopy).

Complaints about 'appointments and admissions' increased significantly in Q1, whilst there were reductions in complaints about 'attitude and communication' and 'clinical care'.

The most noticeable increases in complaints received by sub-category, were those that came under 'cancelled/delayed appointments and operations' and 'appointment administration issues'; which is reflected in the overall increase in complaints about 'appointments and admissions'.

Table 4: Complaints by category type

| Category Type | Number and % of complaints received – Q1 2019/20 | Number and % of complaints received – Q4 2018/19 |
|------------------------------|--|--|
| Appointments & Admissions | 97 (51.9% of total complaints) ↑ | 66 (37.5% of total complaints) = |
| Clinical Care | 46 (24.6%) ↓ | 52 (29.5%) ↑ |
| Attitude & Communication | 31 (16.6%) ↓ | 43 (24.3%) ↑ |
| Information & Support | 5 (2.6%) ↓ | 7 (3.9%) ↑ |
| Facilities & Environment | 3 (1.6%) ↑ | 2 (1.2%) ↑ |
| Discharge/Transfer/Transport | 3 (1.6%) ↑ | 2 (1.2%) ↓ |
| Documentation | 2 (1.1%) = | 2 (1.2%) ↓ |
| Access | 0 (0%) ↓ | 2 (1.2%) ↓ |
| Total | 187 | 176 |

Table 5: Top sub-categories

| Category | Number of complaints received – Q1 2019/20 | Number of complaints received – Q4 2018/19 |
|--|--|--|
| Cancelled or delayed appointments and operations | 57 ↑ | 37 ↓ |
| Clinical care (medical/surgical) | 30 ↑ | 26 ↑ |
| Appointment administration issues | 34 ↑ | 17 ↓ |
| Failure to answer telephones/failure to respond | 6 ↓ | 13 ↑ |
| Waiting Time in Clinic | 5 ↑ | 3 ↑ |
| Attitude of Medical Staff | 4 ↓ | 10 ↑ |
| Communication with patient/relative | 4 ↓ | 8 ↑ |
| Attitude of Nursing/Midwifery | 4 ↑ | 1 ↓ |

Table 6: Divisional response to concerns highlighted by Q1 data

| Concern | Explanation | Action |
|---|---|---|
| <p>There was a significant increase in complaints received under the category of 'appointments and admissions'. The majority of complaints in this category related to cancelled and delayed appointments and operations (57) and appointment administration issues (34)</p> <p>Of the 97 complaints received in this category, 19 were for the BEH Administration Department; 12 were received by Trauma & Orthopaedics; and 10 were for the ENT Outpatient Clinic.</p> <p>By hospital site, 31 of the 97 complaints were for the BDH and 19 were for the BEH.</p> | <p>Clinical services continue to be under extreme operational pressure. Clinical specialties have systems in place to monitor waiting lists, which are subject to regular re-prioritisation based on clinical urgency.</p> <p>Whilst there have been a number of admin complaints, the wider context is a notable reduction in complaints about BEH outpatient services.</p> <p>Fracture clinic – patient appointments have been rearranged to accommodate urgent patients.</p> <p>BDH/BEH formal complaints show main theme refers to clinical outcome/communication</p> | <p>Patient pathways are actively reviewed to identify opportunities to improve efficiency and capacity and minimise delays and cancellations.</p> <p>The BEH admin structure has been changed and a new Assistant Performance & Operations Manager and senior admissions team leader appointed. This will strengthen booking processes and utilisation of appointments, and should lead to a reduction in admin queries.</p> <p>Three new consultants have been recruited and have fracture clinic in their job plans – this will increase capacity to see patients.</p> <p>A project manager is in post at the BEH to review and drive improvement in patient systems and processes.</p> |
| <p>The number of complaints received for the ENT service, more than doubled from 8 in Q4 of 2018/19 to 19 in Q1 of 2019/20.</p> <p>11 of the 19 complaints related to 'appointments and admissions'.</p> | <p>During this period, the clinical team was affected by vacancies in registrar posts, combined with annual leave for registrars and consultants. As a result, routine patients were cancelled for fast track patients in order to meet demand.</p> | <p>Clinical team now fully established and cancellations are reducing.</p> |
| <p>A total of 12 complaints were received for QDU Endoscopy, compared with seven in Q4. Six of these complaints related to 'attitude and communication'; five were in respect of 'appointments and admissions' and one was about 'clinical care'.</p> | <p>Shortage of four staff within the administration team has been affecting booking of appointments and telephone lines.</p> | <p>Two vacancies have been filled and recruitment to the other posts is ongoing.</p> |

Current divisional priorities for improving how complaints are handled and resolved

We are pleased with our overall performance with formal complaints, which continues to be at 100% of responses being sent out by the agreed deadline. However, we are not complacent and recognise that we need to improve our performance regarding our response to informal complaints.

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

We have undertaken a trend analysis for BEH complaints covering the period May 2017 to June 2019. This analysis showed ‘appointments/admissions’ and ‘clinical care’ to be the main themes. The main drivers of these complaints have been capacity for appointments and quality of communication around clinical care. In a number of cases, concerns were raised following clinic appointments where patients have been unclear about their diagnosis/treatment. A comprehensive review of patient literature is being undertaken as a result.

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

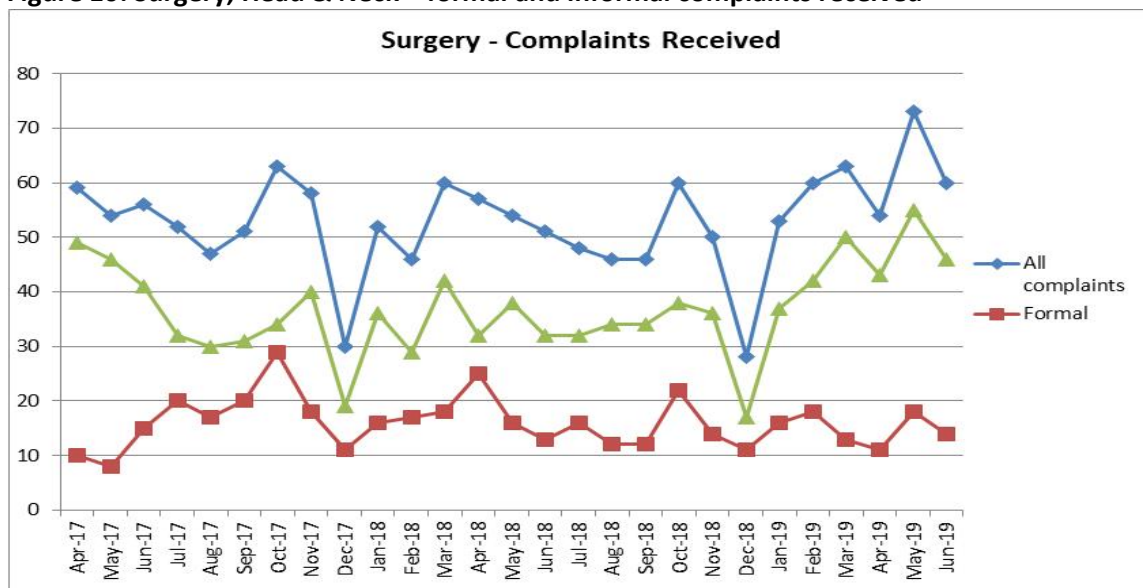


Figure 11: Complaints received by Bristol Dental Hospital

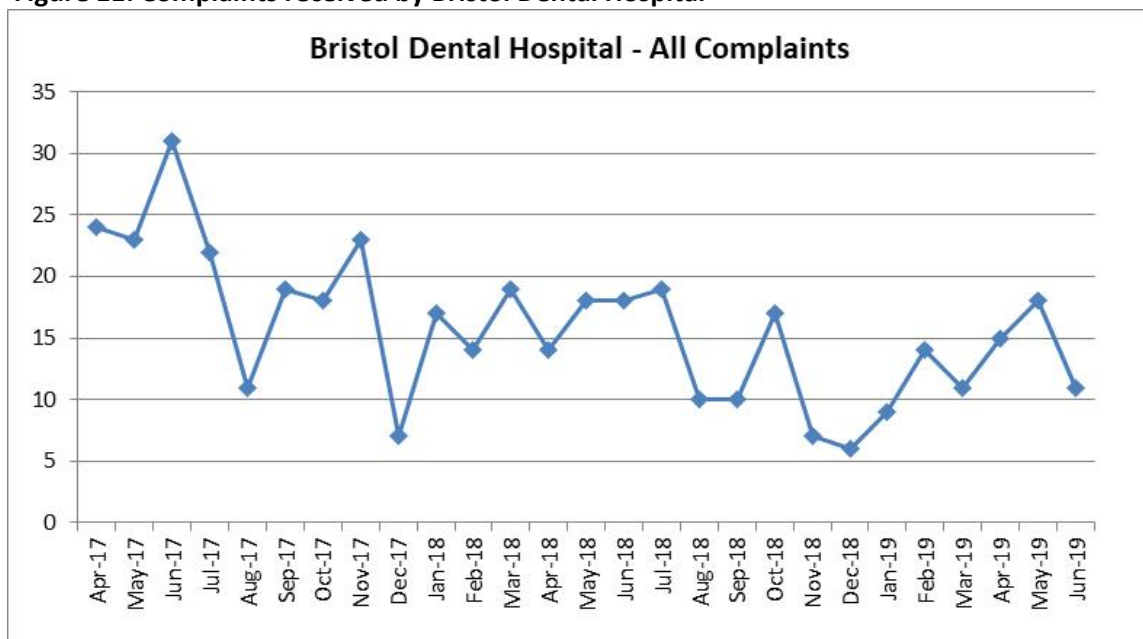


Figure 12: Complaints received by Bristol Eye Hospital

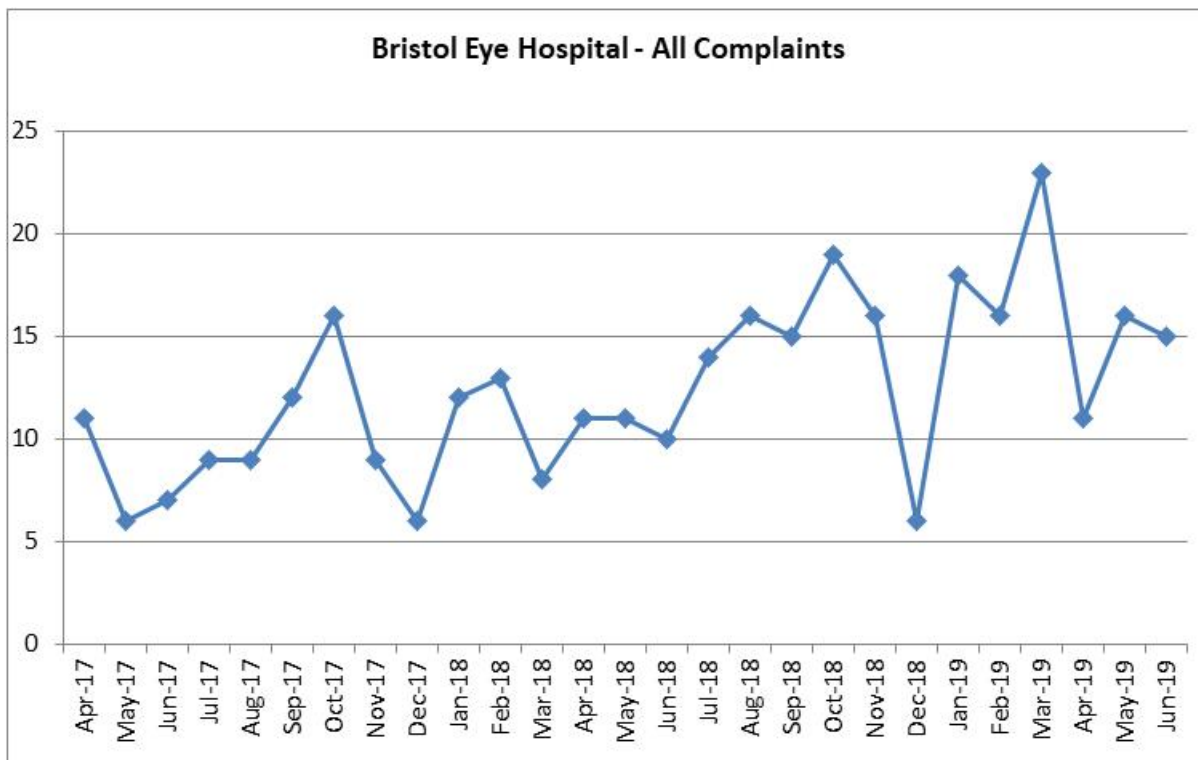
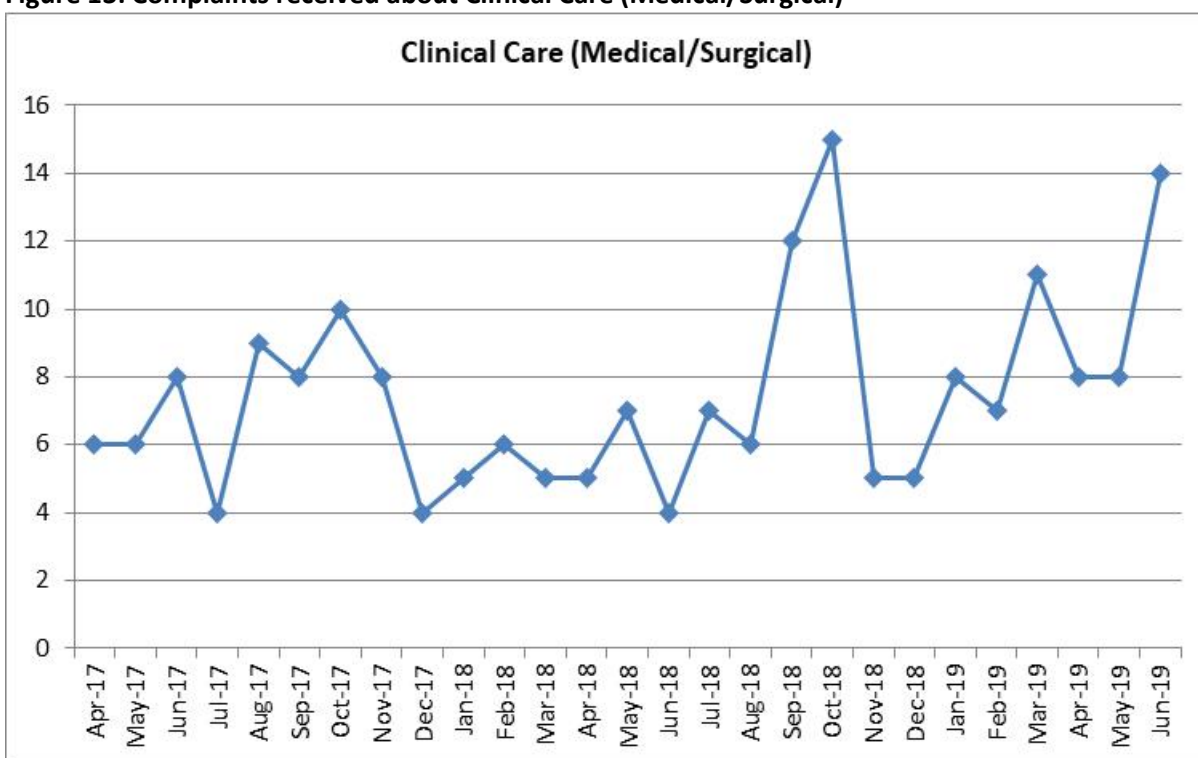


Figure 13: Complaints received about Clinical Care (Medical/Surgical)



3.1.2 Division of Medicine

In Q1, the Division of Medicine received almost 20% more complaints (116) than in Q4 (98). Following a concerted effort by the Division, the complaints received by the Dermatology service decreased in Q4; however, they increased again in Q1.

There was a noticeable increase in complaints about 'clinical care', with an increase of over 40% compared with Q4. Of the 40 complaints regarding 'clinical care', 26 were sub-categorised as 'clinical care (medical/surgical)'. Complaints about 'attitude of medical staff' and 'personal (lost) property' both decreased in Q1.

Table 7: Complaints by category type

| Category Type | Number and % of complaints received – Q1 2019/20 | Number and % of complaints received – Q4 2018/19 |
|----------------------------------|--|--|
| Clinical Care | 40 (34.5% of total complaints) ↑ | 28 (28.6% of total complaints) ↑ |
| Appointments & Admissions | 30 (25.9%) ↑ | 25 (25.5%) ↑ |
| Attitude & Communication | 26 (22.4%) = | 26 (26.5%) ↓ |
| Facilities & Environment | 7 (6.1%) ↓ | 9 (9.2%) ↑ |
| Discharge/Transfer/ Transport | 5 (4.3%) ↑ | 4 (4.1%) ↑ |
| Documentation | 4 (3.4%) ↓ | 5 (5.1%) ↑ |
| Information & Support | 4 (3.4%) ↑ | 1 (1.0%) ↓ |
| Access | 0 (0%) = | 0 (0%) = |
| Total | 116 | 98 |

Table 8: Top sub-categories

| Category | Number of complaints received – Q1 2019/20 | Number of complaints received – Q4 2018/19 |
|--|--|--|
| Clinical care (medical/surgical) | 26 ↑ | 18 ↓ |
| Cancelled or delayed appointments and operations | 18 ↑ | 17 ↑ |
| Appointment administration issues | 9 ↑ | 5 ↑ |
| Attitude of medical staff | 8 ↓ | 10 ↑ |
| Failure to answer phone/ failure to respond | 5 ↑ | 1 ↓ |
| Diagnosis delayed / missed / incorrect | 5 ↑ | 2 ↑ |
| Attitude of A&C staff | 5 ↑ | 3 ↓ |
| Discharge arrangements | 4 ↑ | 2 ↑ |
| Personal (lost) property | 4 ↓ | 5 ↑ |

Table 9: Divisional response to concerns highlighted by Q1 data

| Concern | Explanation | Action |
|---------|-------------|--------|
|---------|-------------|--------|

| | | |
|--|---|---|
| <p>Complaints about the Dermatology service increased in Q1 following a decrease in Q4. The service had been receiving around 20 complaints per quarter since the same period last year and, following a concerted focus on the cause of the complaints, they had decreased to 15 in Q4. However, the service received 27 complaints in Q1.</p> <p>Of the 27 complaints received, 17 were in respect of 'appointments and admissions', six related to 'clinical care' and four were received about 'attitude and communication'.</p> | <p>We know that we continue to have significant capacity issues within Dermatology and a limited resource of staff that can address this despite advertising for staff to support the service.</p> <p>The appointment issues are related to the limited capacity and resilience within the current service.</p> | <p>Ongoing focused recruitment to key roles within the department and role redesign being addressed to look at alternative workforce models.</p> <p>There are no common themes to the clinical care complaints, although two relate to access to the on-site pharmacy. One complaint was about parking, which is not the responsibility of Dermatology.</p> |
| <p>Overall, the Division saw a notable increase in complaints categorised under 'clinical care' (from 28 in Q4 to 40 in Q1).</p> <p>There were 12 complaints about clinical care for the BRI Emergency Department; six for Dermatology (noted above); and five for Ward A400 (OPAU).</p> <p>The remainder of the complaints in this category were spread across several different wards/locations.</p> | <p>There are no common themes arising from either the informal or formal complaints received by the ED, OPAU or Dermatology. We will continue to monitor.</p> | |

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

There is currently a lack of resilience as the Complaints Coordinator for the division has left the Trust and her replacement is not due to start until the end of September. In the interim, we have part-time cover only so, as a senior team, we are all focused on maintaining the quality of responses within a significantly reduced service.

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

There are no themes identified this quarter but we continue to focus on learning from each complaint we receive.

Figure 14: Medicine – formal and informal complaints received

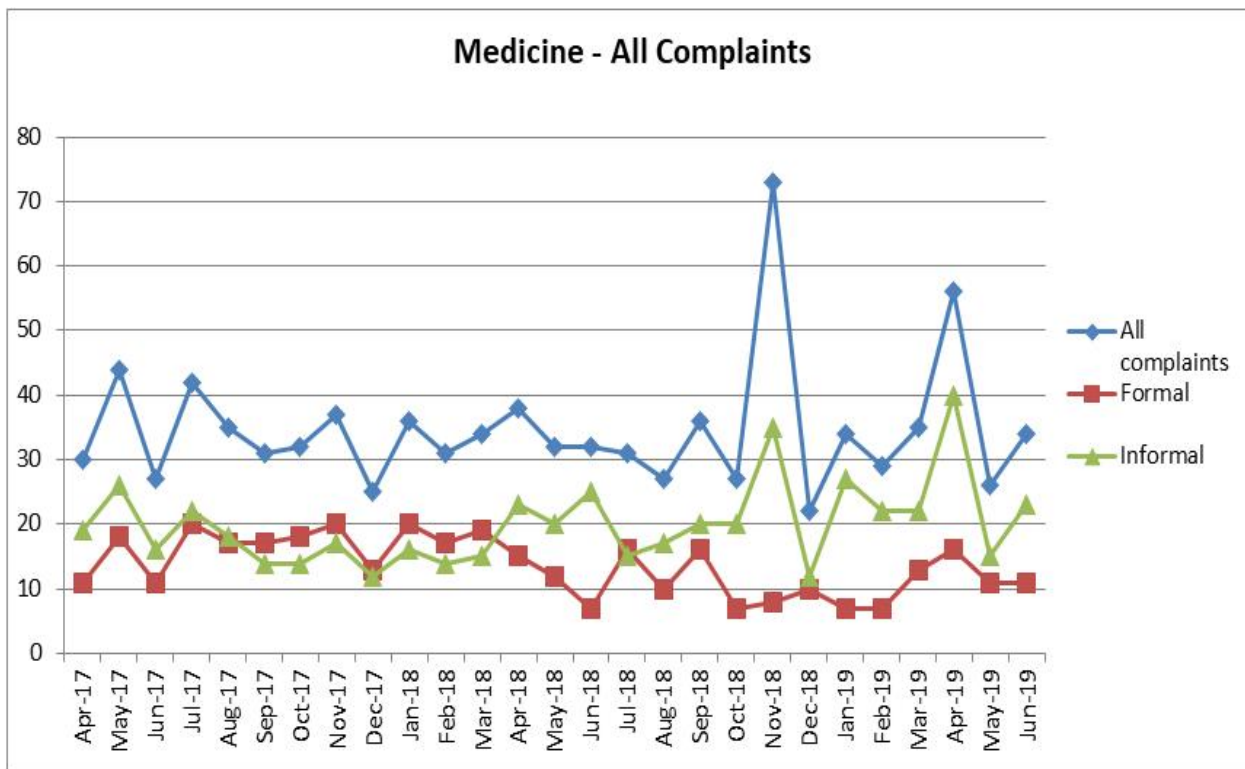


Figure 15: Complaints received by Dermatology

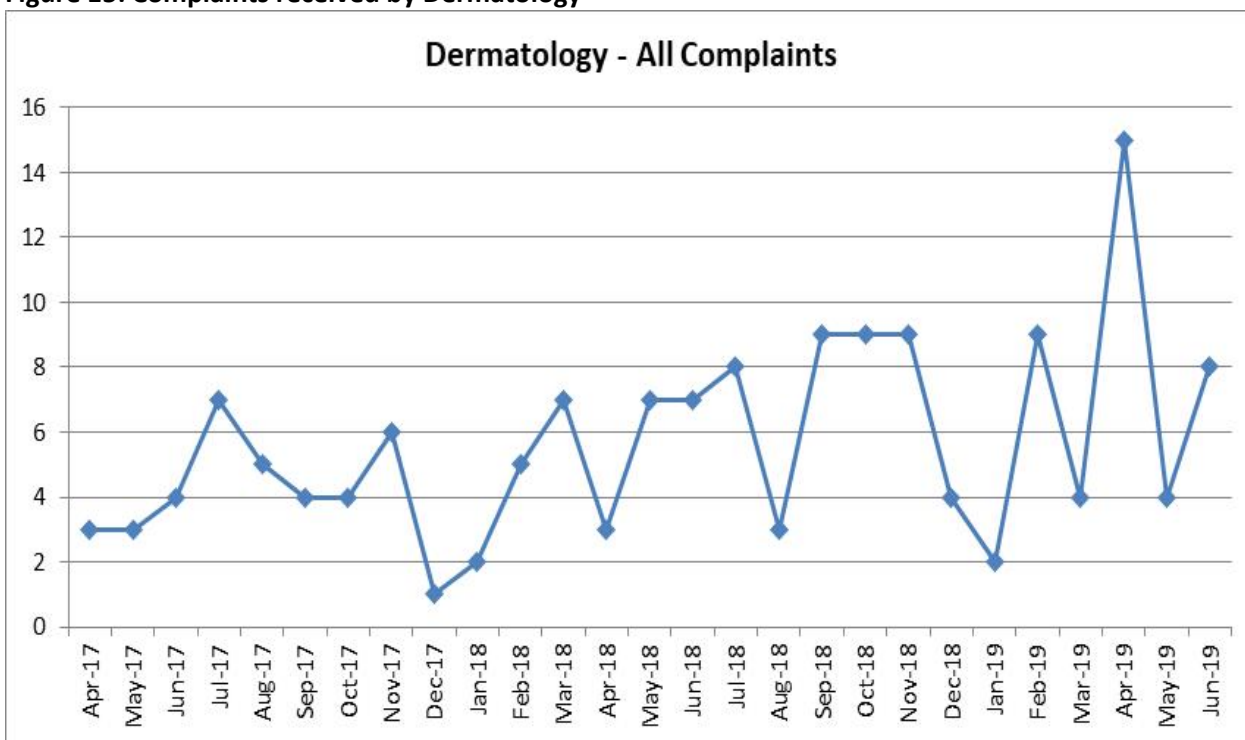


Figure 16: Complaints about attitude and communication

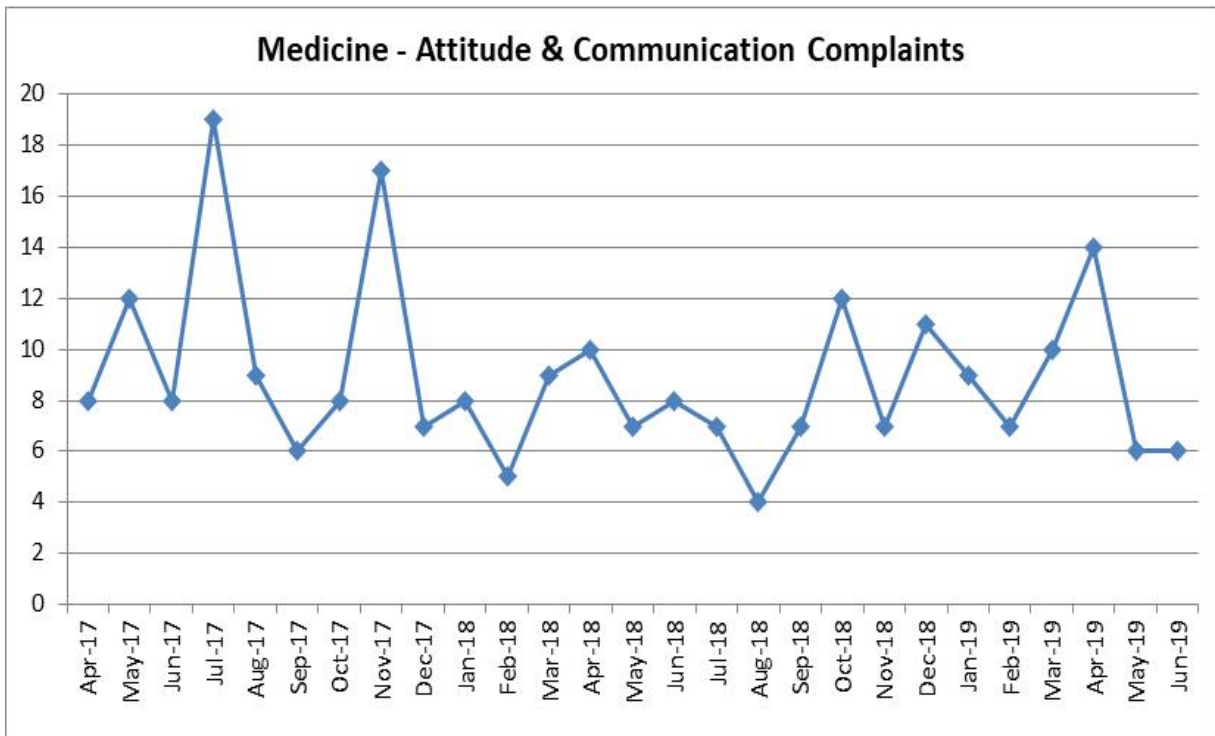
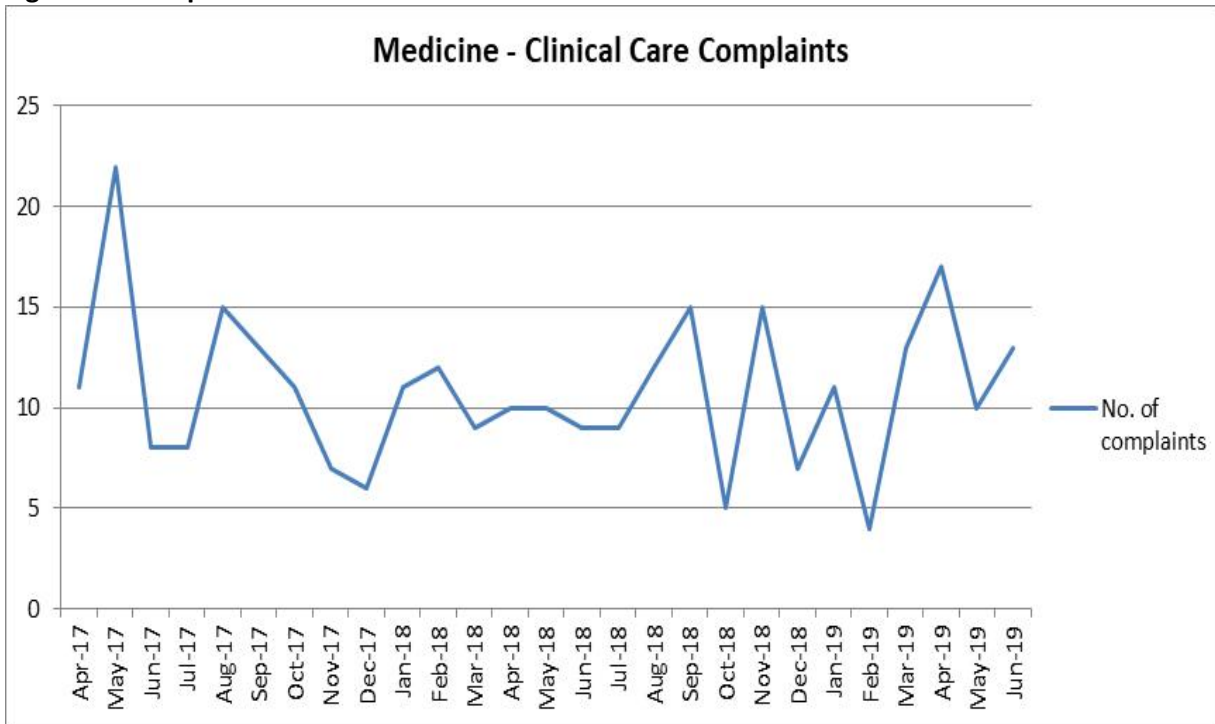


Figure 17: Complaints about clinical care



3.1.3 Division of Specialised Services

The Division of Specialised Services received 82 new complaints in Q1; an increase of 26% on the 65 received in Q4. Of these 82 complaints, 53 were for the Bristol Heart Institute (BHI), compared with

44 in Q4, and 25 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 18 in Q4. The remaining four complaints were for the Clinical Genetics service based at St Michael's Hospital.

Almost half of all complaints received by the Division in Q1 (42.7%) came under the category of 'appointments and admissions', which includes complaints about cancelled and delayed appointments and surgery. There was also a further increase in the number of complaints received in the category of 'attitude and communication' with 18 complaints received, compared with 13 in Q4 and complaints about 'clinical care' increased to 19 compared with 12 in Q4.

Table 10: Complaints by category type

| Category Type | Number and % of complaints received – Q1 2019/20 | Number and % of complaints received – Q4 2018/19 |
|------------------------------|--|--|
| Appointments & Admissions | 35 (42.7% of total complaints) ↑ | 34 (52.4% of total complaints) ↑ |
| Clinical Care | 19 (23.2%) ↑ | 12 (18.5%) ↓ |
| Attitude & Communication | 18 (21.9%) ↑ | 13 (20%) ↑ |
| Information & Support | 4 (4.9%) ↑ | 1 (1.5%) ↓ |
| Discharge/Transfer/Transport | 3 (3.7%) ↑ | 1 (1.5%) = |
| Documentation | 2 (2.4%) ↓ | 3 (4.6%) ↑ |
| Facilities & Environment | 1 (1.2%) = | 1 (1.5%) ↑ |
| Access | 0 (0%) = | 0 (0%) = |
| Total | 82 | 65 |

Table 11: Top sub-categories

| Category | Number of complaints received – Q1 2019/20 | Number of complaints received – Q4 2018/19 |
|--|--|--|
| Cancelled or delayed appointments and operations | 21 ↑ | 19 ↑ |
| Appointment administration issues | 12 = | 12 ↑ |
| Clinical care (medical/surgical) | 7 ↑ | 6 ↓ |
| Failure to answer phone/ Failure to respond | 7 ↑ | 4 ↑ |
| Communication with patient/relative | 6 ↑ | 1 ↓ |
| Clinical care (nursing/midwifery) | 4 ↑ | 0 ↓ |
| Attitude of medical staff | 3 = | 3 ↑ |

Table 12: Divisional response to concerns highlighted by Q1 data

| Concern | Explanation | Action |
|-------------------------------|-------------|--------|
| Almost half of the complaints | BHI | BHI |

| | | |
|---|--|--|
| <p>received by the division in Q1 were in respect of 'appointments and admissions'.</p> <p>Of the 35 complaints in this category, 19 were about cancelled or delayed appointments and operations and 12 related to appointment administration issues.</p> <p>29 complaints received in this category related to services in the Bristol Heart Institute (BHI).</p> | <p>There were no common themes identified in terms of area or specialty across the 19 complaints.</p> <p>Our current challenges are:</p> <ul style="list-style-type: none"> • Pacing clinic capacity • Answering phones and responding to answerphone messages. • Changes to the outpatients booking system. | <ul style="list-style-type: none"> • Pacing has restructured its clinics and has organised additional clinics to address the backlog. • The Echo Department has reinforced its training with the admin team on responding to answerphone messages. • ECG has updated its answerphone message giving office hours. • The Outpatients Department has made changes to its appointment booking system. |
| <p>In Q1, there was an increase in the number of complaints received by the division about 'attitude and communication'.</p> <p>Of the 18 complaints received, five were for Bristol Haematology and Oncology Centre (BHOC), one was for Clinical Genetics and the remaining 12 were for Bristol Heart Institute (BHI).</p> <p>Three of the five complaints for BHOC were recorded under the sub-category of 'communication with patient/relative' and two were for 'attitude of medical staff'.</p> <p>The BHI complaints in this category were sub-categorised as 'failure to answer phone/failure to respond/telecommunications' (8); 'communication with patient/relative' (3) and 'attitude of medical staff' (1).</p> | <p>BHI</p> <p>We have issues with the Outpatient Booking System and phones not being answered.</p> <p>Some complaints have related to consultant communication with patient/relatives, with inappropriate comments, lack of clarity and patients chasing results.</p> <p>BHOC</p> <p>Some complaints have related to consultant communication, with requests for clarity on diagnosis and results, a complaint about inappropriate comments and two requests to change consultant.</p> | <p>BHI</p> <ul style="list-style-type: none"> • All staff have been reminded about training available for improving communication skills and managing difficult conversations (see below). • A new booking system has been established in Outpatients with a 'hunt group' for three coordinators: There is one phone number for Outpatients and if a call comes in it will go to one of three coordinators. If another call comes in, it will go to the next available coordinator and so on (hunt group). Once all three are engaged (or not available) a message will alert the caller that there is no-one currently available and that they should call back at another time." <p>BHOC</p> <p>All staff have been reminded about training available for improving communication skills and managing difficult conversation (see below)s.</p> |

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

Our current priority is to arrange more face to face meetings with complainants and to introduce the recording of those meetings. The Division has commenced a trial which involves providing the

complainant with an encrypted/password protected USB stick with a recording of the meeting and a cover letter outlining any actions agreed and updates if applicable.

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

We are seeking to improve our communication skills across the Division and have therefore highlighted to all staff via email and newsletter the following:

Communications Skills Training Programmes

Two programmes are offered to increase confidence and improve communication skills for UH Bristol healthcare staff. Delivered by a multi-professional group, these are interactive experiential workshops, using real case scenarios.

Developing your Communications Skills: Supporting Patients

This introductory course is an 'Essential – Specific to Role' programme that is offered and can be self-booked on the Learning Plans of all registered, unregistered and A&C staff working in healthcare at UH Bristol. It is especially recommended for volunteers and Band 1-4 staff, both clinical and non-clinical. It aims to:

- Introduce principles of good communication
- Practice active listening skills: opening conversations, boundaries, unconditional positive regard, reflective listening, summarising and closing conversations.
- Promote better understanding of risk and safeguarding concerns, including the ward environment and self-care.

Advancing your Communication Skills: Managing Difficult Clinical Conversations

This programme is also 'Essential – Specific to Role' but is directed toward all Band 5 and above registered clinical staff (including Doctors, Nursing, Midwives, AHP/, HCSTs, etc.).

By its conclusion this programme will:

- Improve communication with:
 - o Patients (all ages)
 - o Parents , partners, relatives and carers
 - o Colleagues
- Support staff in using communication skills to enhance patient and families experience of compassionate care
- Increase confidence in handling difficult conversations and delivering significant news
- Support staff in caring for themselves and others

Figure 18: Specialised Services – formal and informal complaints received

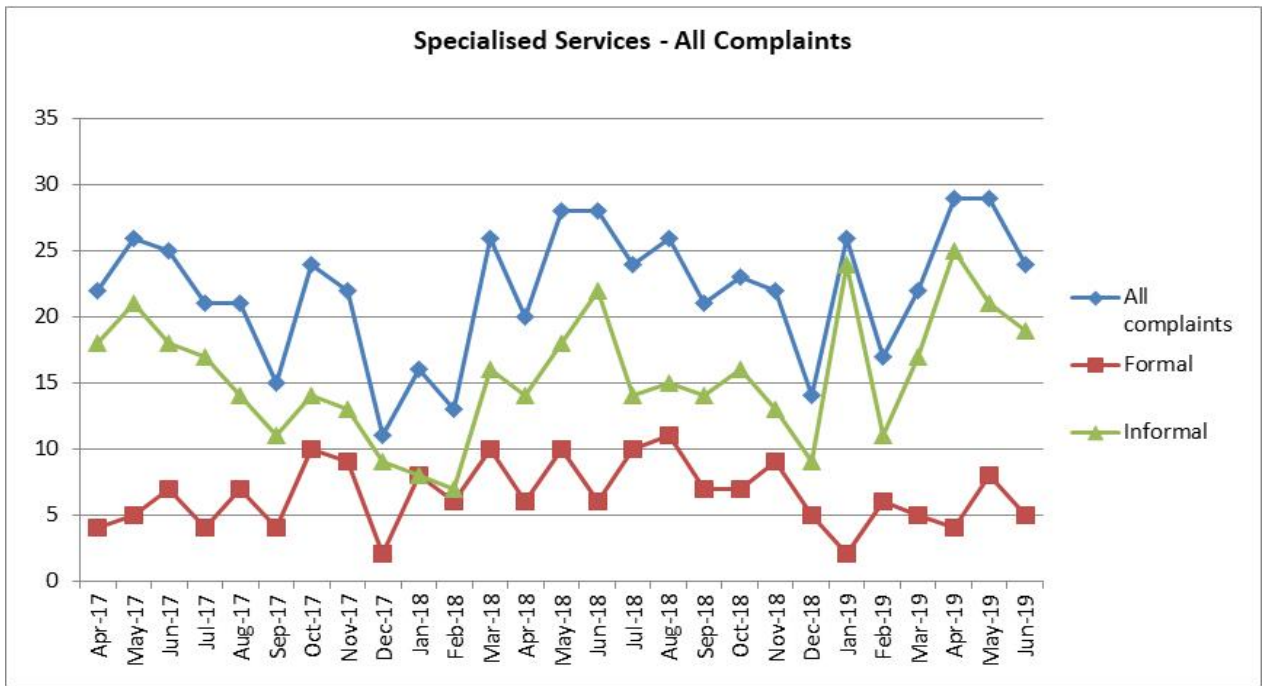


Figure 19: Complaints received by Bristol Heart Institute

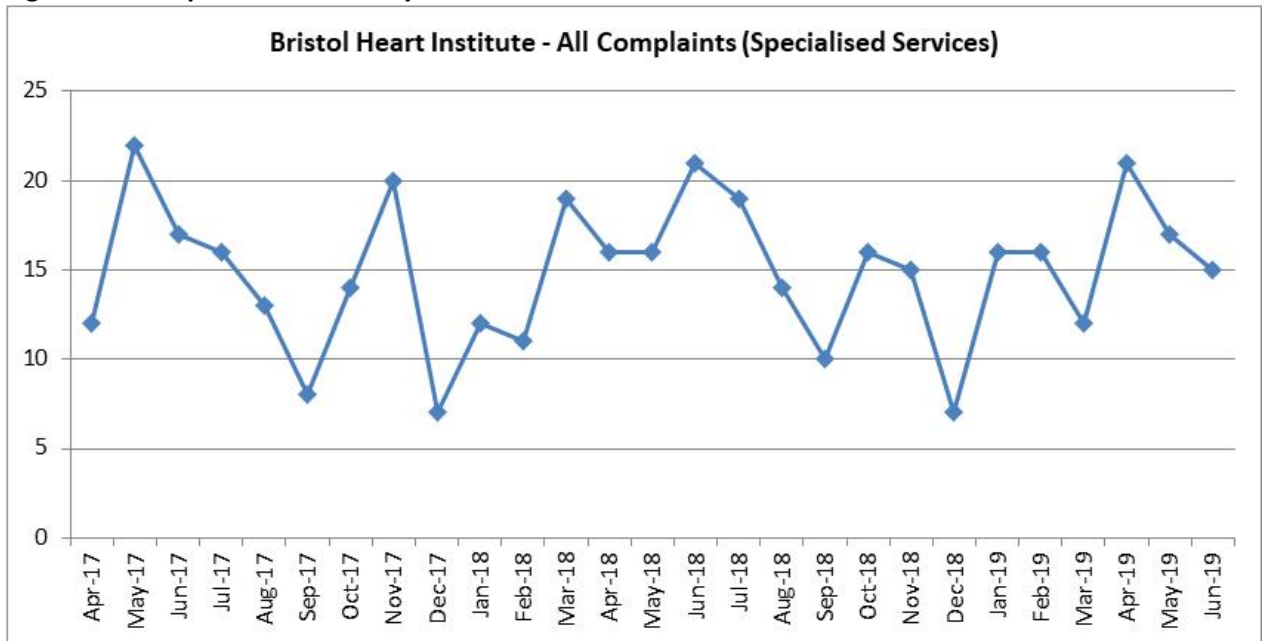


Figure 20: Complaints received by Bristol Haematology & Oncology Centre

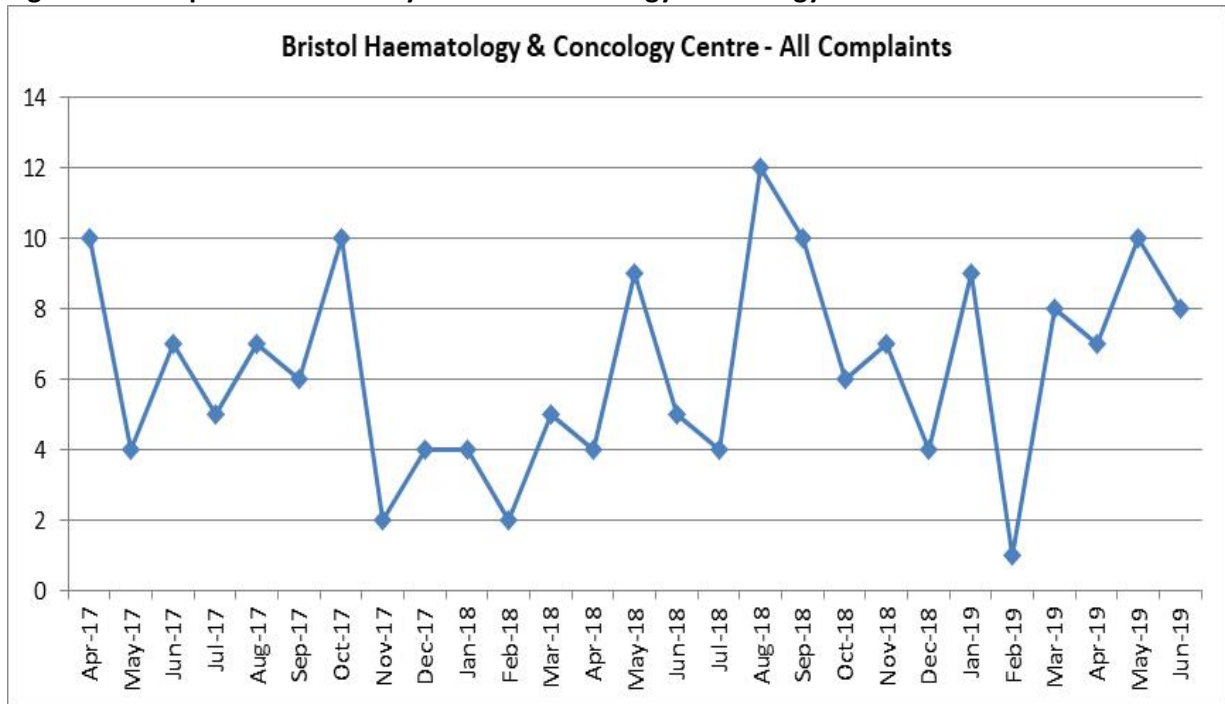
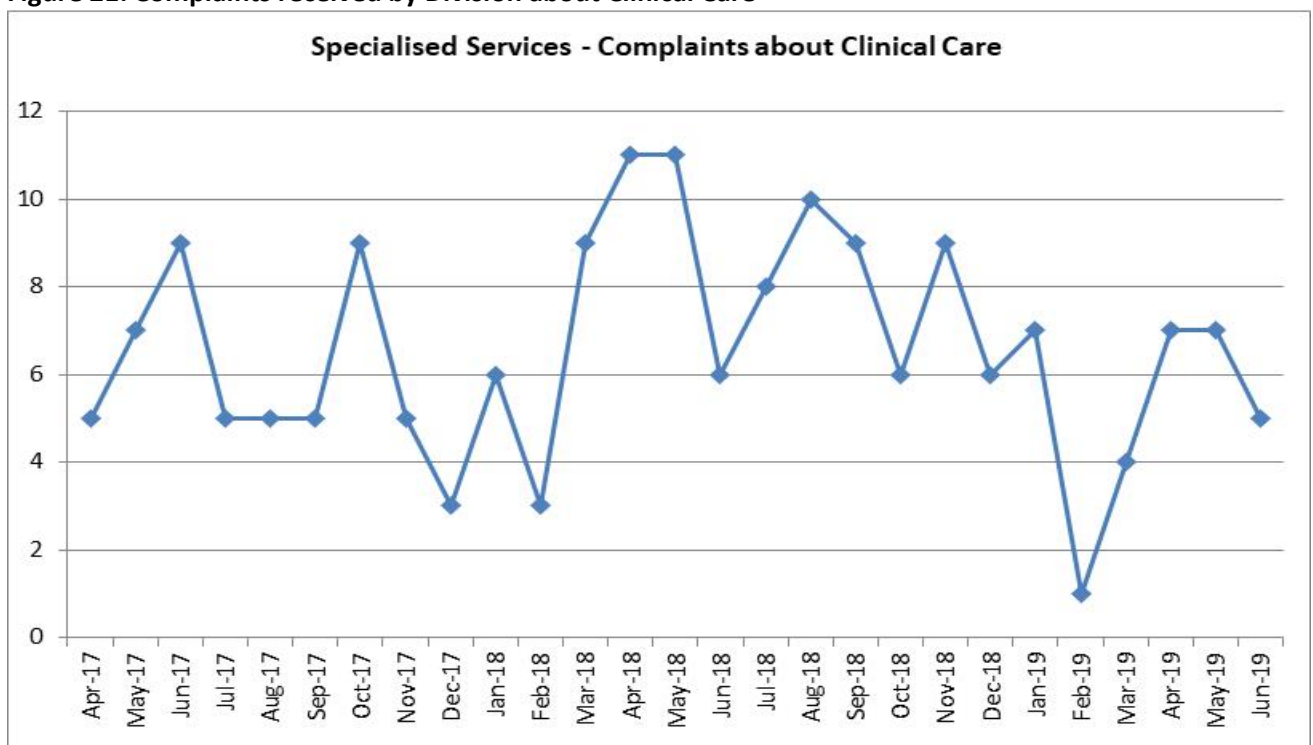


Figure 21: Complaints received by Division about Clinical Care



3.1.4 Division of Women’s and Children’s Services

The total number of complaints received by the Division increased slightly from 70 in Q4 to 73 in Q1. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 48 of the 73 complaints, a slight increase on the 46 received in Q4. 22 of the complaints received were for St Michael's Hospital (StMH), which is a decrease on the 24 received in Q4. There were also two complaints for divisional services located at South Bristol Community Hospital and one for Community Midwifery Services.

The division was the only clinical division to see a reduction in the number of complaints about 'appointments and admissions', although they did see a notable increase in complaints about 'clinical care' (34 compared with 24 in Q4).

This was the only clinical division that saw a decrease in complaints received about 'appointments and admissions' in Q1.

Table 13: Complaints by category type

| Category Type | Number and % of complaints received – Q1 2019/20 | Number and % of complaints received – Q4 2018/19 |
|------------------------------|--|--|
| Clinical Care | 34 (46.6% of total complaints) ↑ | 24 (34.3% of total complaints) ↓ |
| Appointments & Admissions | 16 (21.9%) ↓ | 20 (28.5%) ↑ |
| Attitude & Communication | 15 (20.5%) ↓ | 21 (30.0%) ↑ |
| Information & Support | 4 (5.5%) ↑ | 2 (2.9%) ↓ |
| Facilities & Environment | 2 (2.7%) = | 2 (2.9%) ↑ |
| Discharge/Transfer/Transport | 1 (1.4%) ↑ | 0 (0%) ↓ |
| Access | 1 (1.4%) ↑ | 0 (0%) = |
| Documentation | 0 (0%) ↓ | 1 (1.4%) ↓ |
| Total | 73 | 70 |

Table 14: Top sub-categories

| Category | Number of complaints received – Q1 2019/20 | Number of complaints received – Q4 2018/19 |
|---------------------------------------|--|--|
| Clinical care (medical/surgical) | 22 ↑ | 14 ↓ |
| Cancelled or delayed appointments and | 8 ↓ | 12 ↑ |
| Clinical care (nursing/midwifery) | 6 ↑ | 5 ↓ |
| Communication with patient/relative | 4 ↓ | 5 ↑ |
| Attitude of medical staff | 3 ↓ | 5 ↑ |
| Lost/Misplaced/Delayed test results | 3 ↓ | 4 ↑ |
| Information about patient | 3 ↑ | 1 = |
| Communication between staff | 3 ↑ | 1 ↑ |

Table 15: Divisional response to concerns highlighted by Q4 data

| Concern | Explanation | Action |
|---|---|---|
| <p>There was a notable increase in complaints received by the Division about 'clinical care' (from 24 in Q4 to 34 in Q1).</p> <p>Of the 34 complaints received in this category, 18 were for Bristol Royal Hospital for Children (BRHC), 14 of which were sub-categorised as 'clinical care (medical/surgical).</p> <p>15 of the complaints were received by St Michael's Hospital (StMH) and one was for Women's services based at South Bristol Community Hospital (SBCH). Of the total 16 complaints (including the one for SBCH), eight were recorded under the sub-category of 'clinical care (medical/surgical)' and six were in respect of 'clinical care (nursing/midwifery).</p> | <p>BRHC Some of the complaints referred to families' wishes to change their consultant; a number also involved the communication process between the BRHC and the Welsh NHS; and a few were in relation to provision of parental accommodation</p> <p>StMH There were no common themes within the complaints.</p> | <p>BRHC A number of the issues raised stemmed from incomplete or poor communication with families, specifically at the point at which concerns were raised (see narrative below). We will be raising the profile of the complaints process, including the feedback loop for learning purposes in alignment with the new coordinator commencing in post.</p> <p>StMH Midwives will explain more to women about the placenta after birth and what the checking of it indicates.</p> <p>The communication and sign off of message process within Early pregnancy Clinic has been reviewed.</p> <p>Posters are being displayed in gynaecology to remind patients that they may be asked to see students and explaining the process for declining this.</p> <p>Women using Keynsham Health Centre midwifery service will be reminded that out of hours and at lunchtime, calls are diverted to St Martin's Community Hospital in Bath.</p> <p>Pain relief for patients having endometrial biopsies in outpatients will be reviewed. Patient information for patients who have a two week wait outpatient appointment is also being reviewed.</p> |

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

StMH

We are focusing on timely responses and having more face to face meetings.

BRHC

We have appointed to the new complaints co-ordinator role for the Division. The successful applicant will be commencing in post during October 2019. Along with this new appointment, we have agreed a new higher banded job description, with the expectation of the post holder taking a more proactive strategic approach to complaints management.

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

StMH

We are working with the Local Maternity System to ensure women know what to expect when coming into the hospital, especially on the post-natal wards.

BRHC

A key issue from this quarter is an increase in the number of staff directing families to the formal complaint process before local resolution has been attempted. As result, we will be embarking on an education programme to coincide with the new complaints co-ordinator commencing in post.

Figure 22: Women & Children – formal and informal complaints received

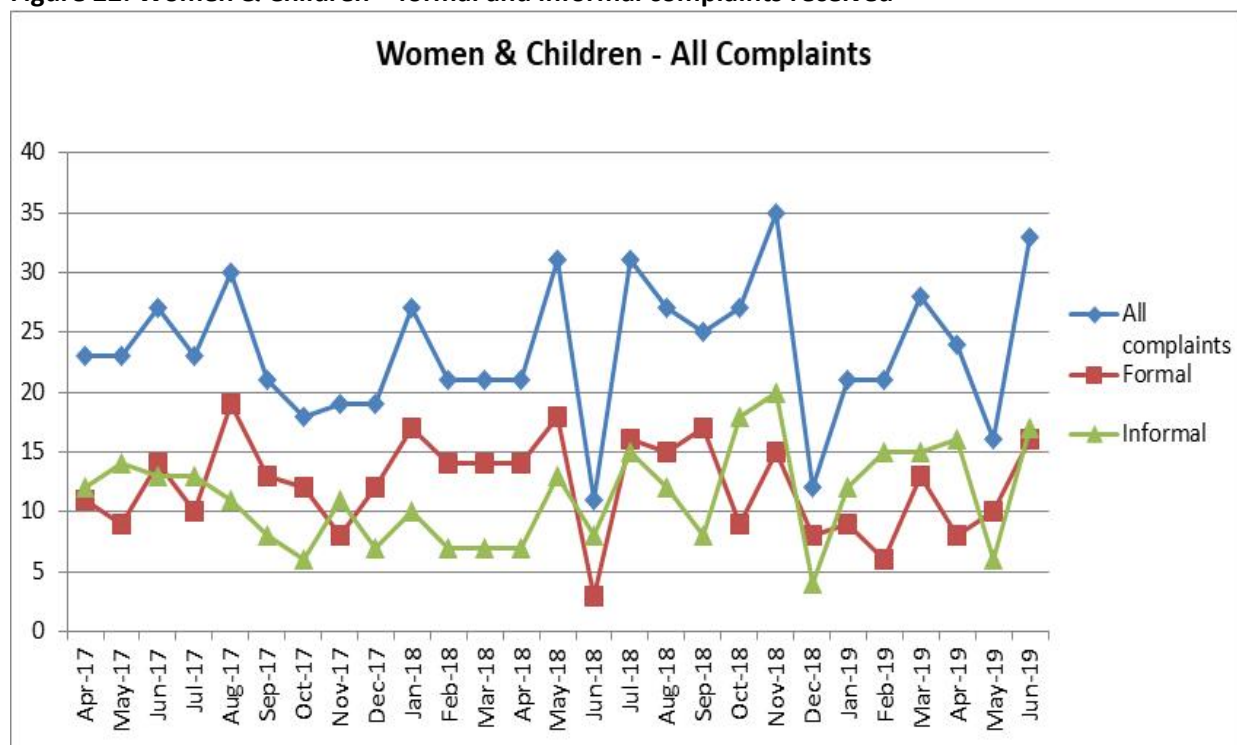


Figure 23: Complaints received by Bristol Royal Hospital for Children

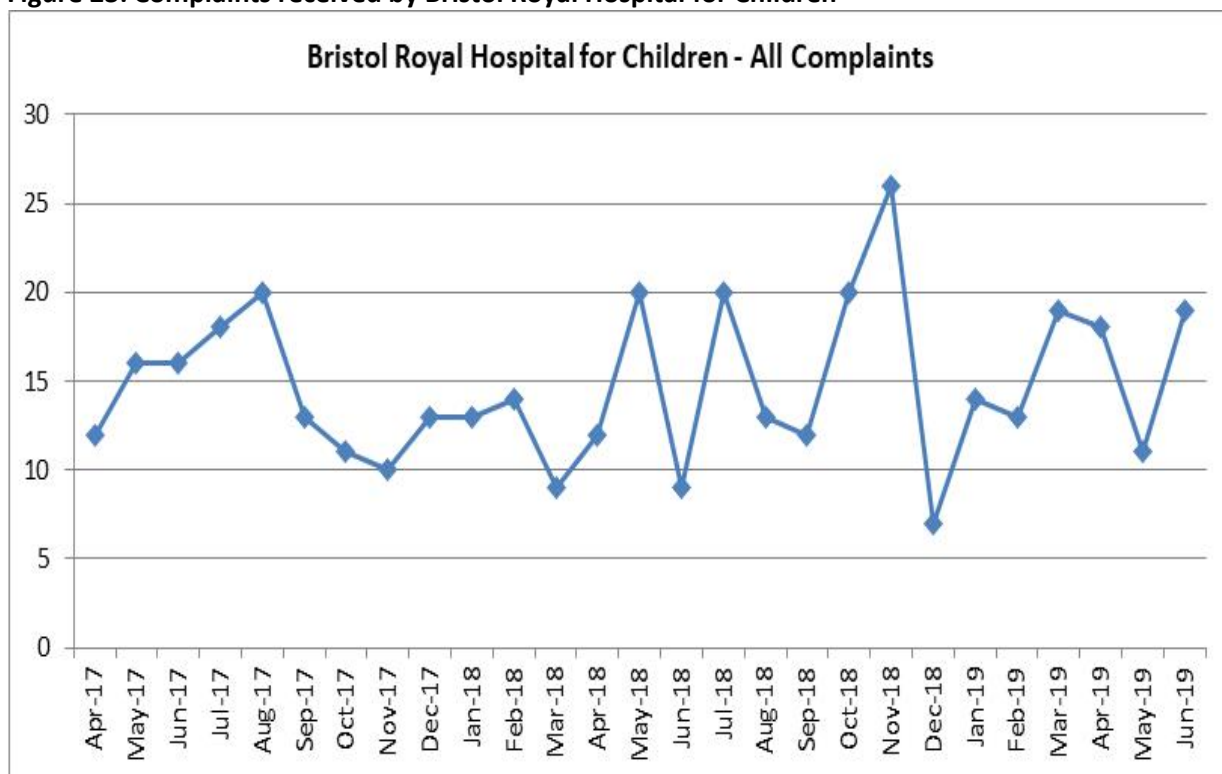


Figure 24: Complaints received by St Michael's Hospital

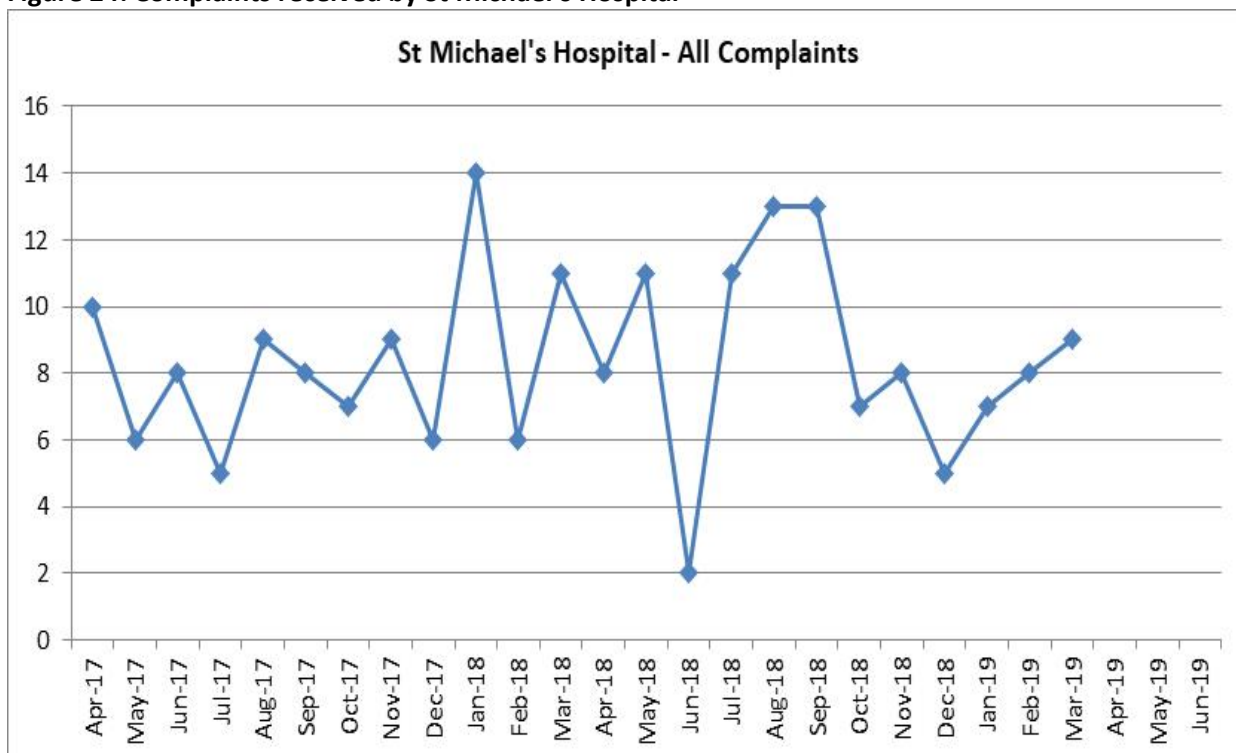
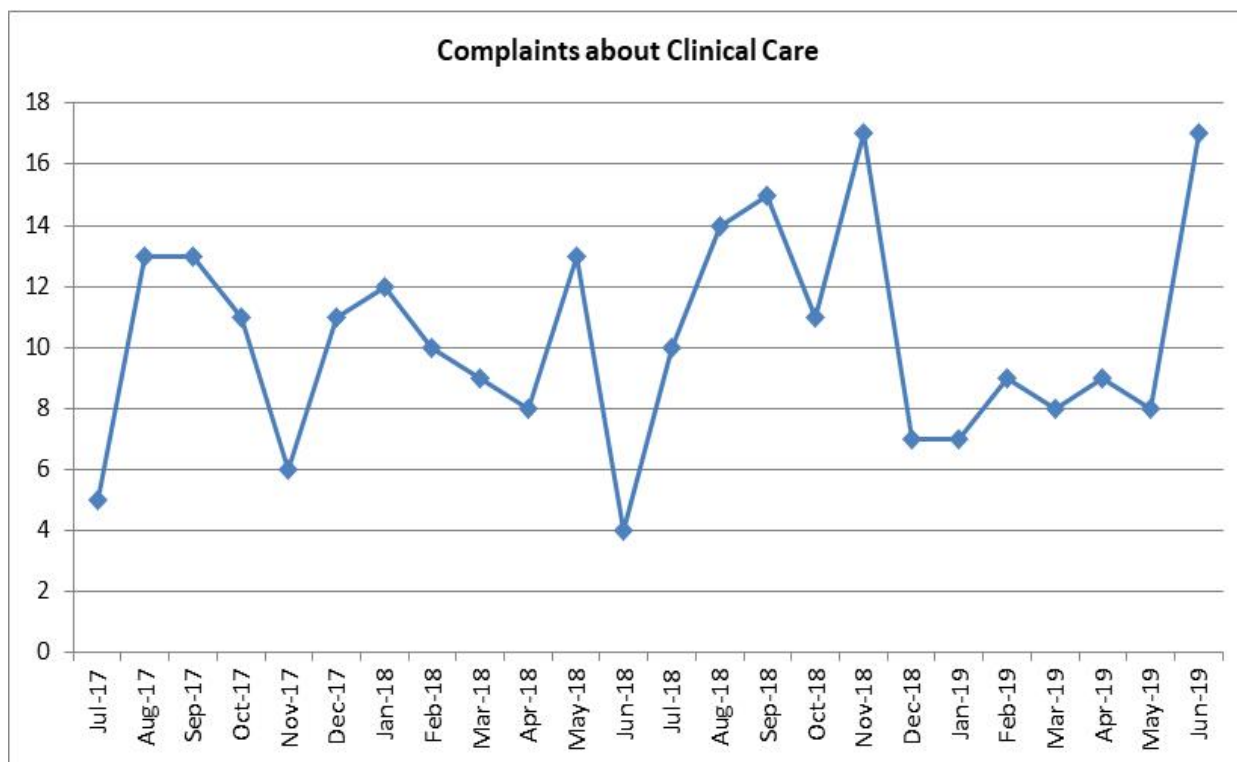


Figure 25: Complaints received by the Division about 'Clinical Care'



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies decreased from 25 in Q4 to 17 in Q1.

The majority of complaints received by the division were for Radiology services (10); however, there were no notable deteriorations or improvements in numbers of complaints received overall in Q1. For this reason, there is no table below for the division to comment on concerns highlighted by Q1 data.

Table 16: Complaints by category type

| Category Type | Number and % of complaints received – Q1 2019/20 | Number and % of complaints received – Q4 2018/19 |
|------------------------------|--|--|
| Appointments & Admissions | 10 ↑ | 8 ↑ |
| Attitude & Communication | 4 ↓ | 6 = |
| Clinical Care | 2 ↓ | 5 ↓ |
| Information & Support | 1 ↓ | 2 ↑ |
| Facilities & Environment | 0 ↓ | 2 = |
| Documentation | 0 ↓ | 1 ↑ |
| Access | 0 ↓ | 1 ↑ |
| Discharge/Transfer/Transport | 0 = | 0 = |
| Total | 17 | 25 |

Table 17: Top sub-categories

| Category | Number of complaints received – Q1 2019/20 | Number of complaints received – Q4 2018/19 |
|---|--|--|
| Cancelled/delayed appointments and procedures | 5 ↑ | 2 ↑ |
| Appointment administration issues | 4 ↓ | 5 ↑ |
| Attitude of medical staff/AHPs | 3 ↑ | 0 ↓ |

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

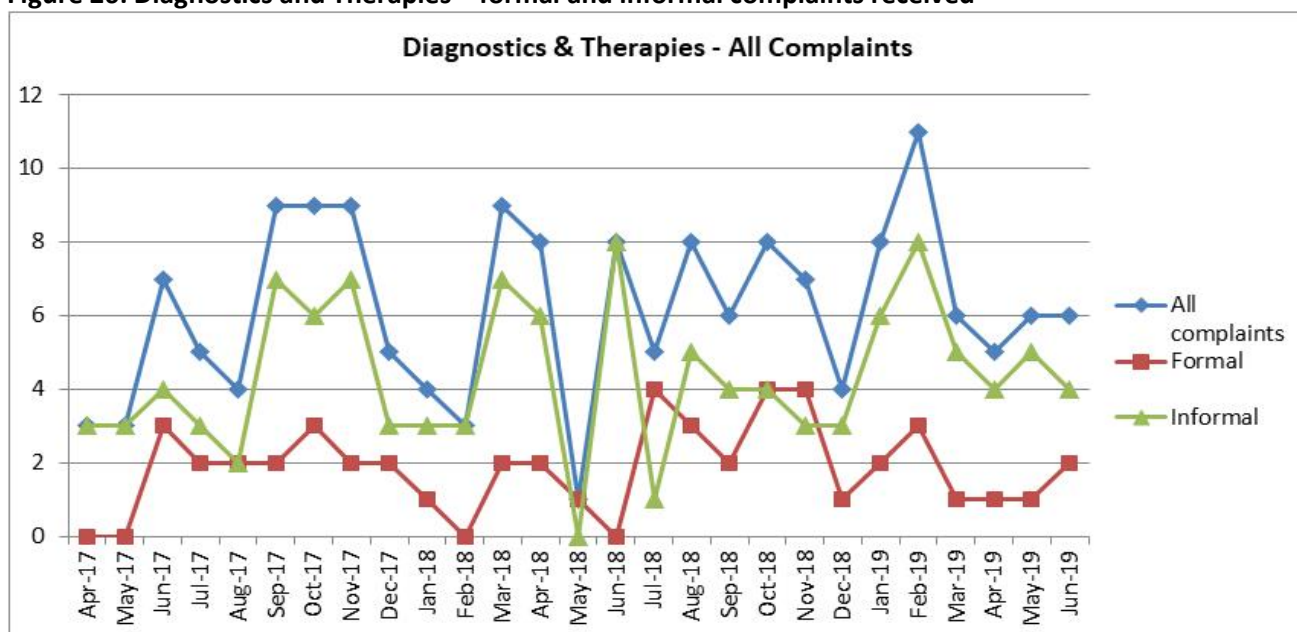
Complaints are a high priority for the division, to ensure timescales are consistently met, and we rarely request extensions to complaint deadlines. There is a robust divisional process in place:

- 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; and
- 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. No concerns were highlighted from the Q1 data and therefore no current priority issues have been identified.

Figure 26: Diagnostics and Therapies – formal and informal complaints received



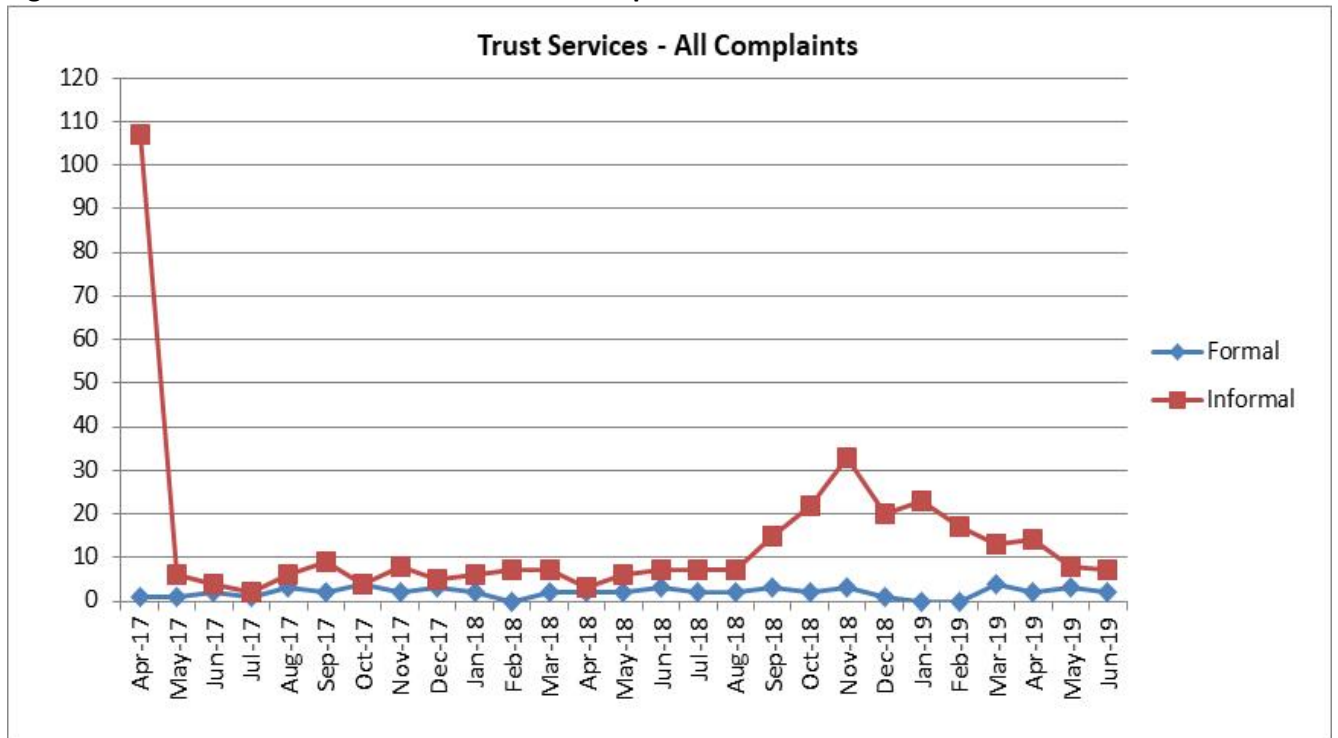
3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 36 complaints in Q1, compared with 57 in Q4 and 81 in Q3.

Of the 36 complaints received in Q1, 16 were about car parking across various Trust sites, although this is a notable reduction on complaints received about parking issues in Q4 and Q3.

The remainder of the complaints received were spread across various departments/areas, including issues about transport and smoking.

Figure 27: Trust Services – formal and informal complaints received



3.2 Complaints by hospital site

Complaints increased across all hospital sites, with the exception of Bristol Eye Hospital, South Bristol Community Hospital and Central Health Clinic/Unity. The most notable increase by percentage was Bristol Dental Hospital, which saw a 29.4% increase compared with Q4. Complaints received for South Bristol Community Hospital decreased for the third consecutive quarter.

Table 18: Breakdown of complaints by hospital site³

| Hospital/Site | Number and % of complaints received in Q1 2019/20 | Number and % of complaints received in Q4 2018/19 |
|--|---|---|
| Bristol Royal Infirmary | 207 (40.5% of total complaints) ↑ | 193 (39.1% of total complaints) ↑ |
| Bristol Heart Institute | 54 (10.5%) ↑ | 48 (9.7%) ↑ |
| Bristol Royal Hospital for Children | 48 (9.4%) = | 48 (9.7%) ↓ |
| St Michael's Hospital | 48 (9.4%) ↑ | 42 (8.5%) ↑ |
| Bristol Dental Hospital | 44 (8.6%) ↑ | 34 (6.9%) ↑ |
| Bristol Eye Hospital | 43 (8.4%) ↓ | 57 (11.7%) ↑ |
| South Bristol Community Hospital | 27 (5.3%) ↓ | 30 (6.1%) ↓ |
| Bristol Haematology & Oncology Centre | 27 (5.3%) ↑ | 22 (4.5%) ↑ |
| Central Health Clinic and Unity Community Clinics | 7 (1.4%) ↓ | 8 (1.6%) |
| Southmead and Weston Hospitals (UH Bristol services) | 3 (0.6%) = | 3 (0.6%) ↑ |
| Off Trust Premises | 2 (0.4%) ↑ | 1 (0.2%) ↑ |
| Community Midwifery Services | 1 (0.2%) ↑ | 0 = |
| TOTAL | 511 | 493 |

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

In Q1, 45.6% (*44.8%) of complaints received were about outpatient services, 33.3% (30.6%) related to inpatient care, 6.5% (5.5%) were about emergency patients; and 14.6% (19.1%) were in the category of 'other' (as explained above).

* Q4 percentages are shown in brackets for comparison.

Figure 28: All patient activity

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.

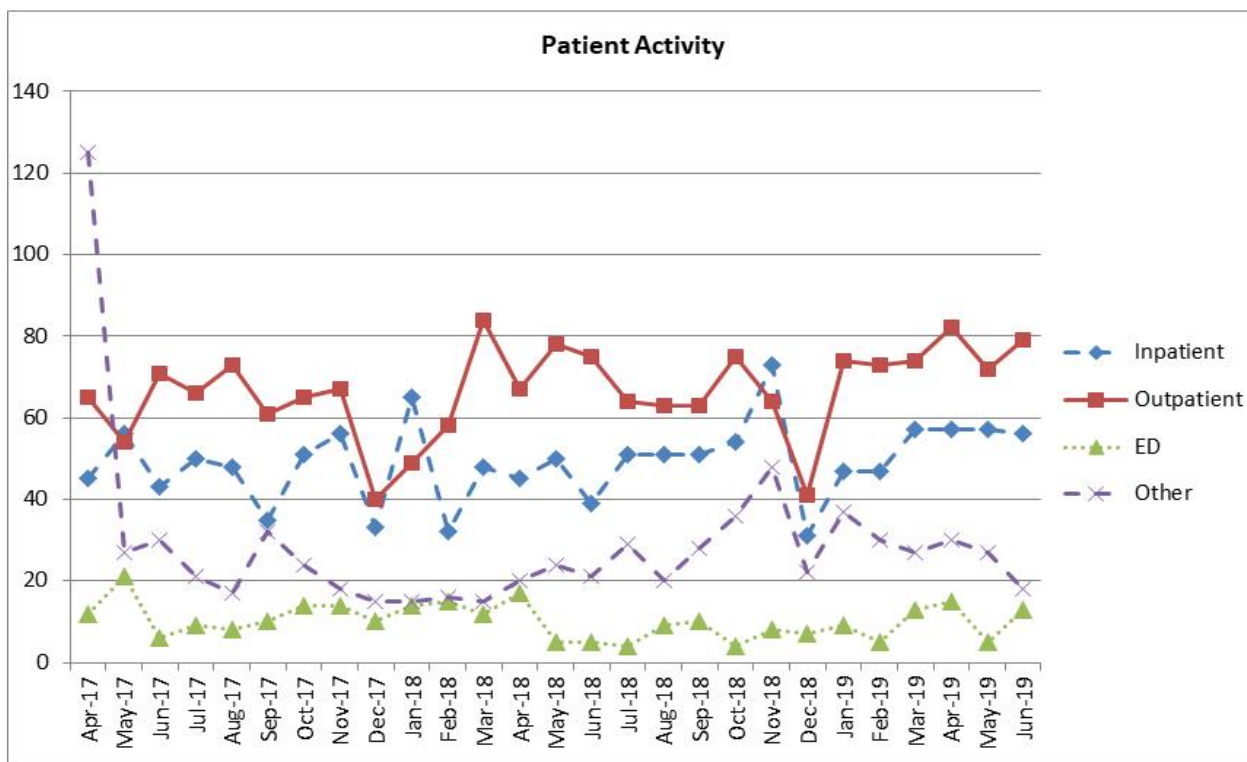


Table 19: Breakdown of Area Type

| Complaints | Area Type | | | | |
|--------------------|------------|------------|-------------|------------|-------------|
| Month | ED | Inpatient | Outpatient | Other | Grand Total |
| 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 |
| Apr-19 | 15 | 57 | 82 | 30 | 184 |
| May-19 | 5 | 57 | 72 | 27 | 161 |
| Jun-19 | 13 | 56 | 79 | 18 | 166 |
| Grand Total | 170 | 911 | 1235 | 463 | 2779 |

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

The Divisions of Surgery, Medicine, Trust Services and Diagnostics & Therapies did not report any breaches of formal complaint deadlines in Q1, with all four sending out 100% of responses by the agreed deadline.

Of the remaining two Divisions, Specialised Services reported five breaches and Women & Children reported two. It should however be noted that the breaches for Specialised Services and Medicine were **not** attributable to the Divisions (see Table 21 below).

This is a significant improvement on the 25+ breaches reported in the previous four quarters.

In Q1, the Trust responded to 179 complaints via the formal complaints route and 95.5% of these were responded to by the agreed deadline, which is an excellent achievement following a concerted effort by all Divisions.

Table 20: Breakdown of breached deadlines - Formal

| Division | Q1 (2019/20) | Q4 (2018/19) | Q3 (2018/19) | Q2 (2018/19) |
|-------------------------|-------------------|--------------------|--------------------|--------------------|
| Surgery | 0 (0%) | 3 (5.6%) | 6 (9.5%) | 4 (6.7%) |
| Women & Children | 2 (5.3%) | 15 (31.3%) | 13 (25%) | 13 (27.7%) |
| Trust Services | 0 (0%) | 2 (40%) | 3 (27.3%) | 1 (20%) |
| Medicine | 1 (2.2%) | 1 (3.3%) | 3 (6.8%) | 2 (6.7%) |
| Specialised Services | 5 (23.8%) | 3 (12.5%) | 0 (0%) | 5 (14.3%) |
| Diagnostics & Therapies | 0 (0%) | 1 (11.1%) | 1 (8.3%) | 0 (0%) |
| All | 8 breaches | 25 breaches | 26 breaches | 25 breaches |

(So, as an example, there was one breach of timescale in the Division of Medicine in Q1, which constituted 2.2% of the complaint responses which were sent out by that division in Q1.)

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 21 shows a breakdown of where the delays occurred in Q1. Four of the breaches were caused by delays within the Patient Support & Complaints Team, two were attributable to the Divisions and a further two were caused by delays during the Executive sign-off process.

Table 21: Reason for delay

| Breach attributable to | Surgery | Medicine | Specialised Services | Women & Children | Diagnostics & Therapies | Trust Services | All |
|-----------------------------------|----------|----------|----------------------|------------------|-------------------------|----------------|----------|
| Division | 0 | 0 | 0 | 2 | 0 | 0 | 2 |
| Patient Support & Complaints Team | 0 | 1 | 3 | 0 | 0 | 0 | 4 |
| Executives/sign-off | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| All | 0 | 1 | 5 | 2 | 0 | 0 | 8 |

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

In Q4, we commenced reporting of the number of informal complaints that breached the deadline agreed with the complainant. Performance against this measure is now reported to the Trust Board. All breaches of informal complaint timescales are attributable to the Divisions as the Patient Support

& Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q1, the Trust responded to 335 complaints via the informal complaints route (compared with 231 in Q4) and 89.0% of these were responded to by the agreed deadline; an improvement on the 84% reported in Q4.

Table 22: Breakdown of breached deadlines - Informal

| Division | Q1 (2019/20) | Q4 (2018/19) | Q3 (2018/19) | Q21 (2018/19) |
|-------------------------|--------------|--------------|--------------|---------------|
| Surgery | 16 (11.0%) | 10 (14.5%) | | |
| Women & Children | 4 (12.9%) | 8 (33.3%) | | |
| Trust Services | 6 (20.0%) | 10 (22.2%) | | |
| Medicine | 7 (11.7%) | 3 (7.1%) | | |
| Specialised Services | 0 (0%) | 5 (12.2%) | | |
| Diagnostics & Therapies | 2 (18.2%) | 1 (10%) | | |
| All | 35 | 37 | | |

3.4 Outcome of formal complaints

In Q1, the Trust responded to 179 formal complaints⁴. Tables 23 and 24 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q1 of 2019/20 and Q4 of 2018/19 respectively. A total of % of complaints were either upheld or partly upheld in Q1, compared with 87.0% in Q4.

Table 23: Outcome of formal complaints – Q1 2019/20

| | Upheld | Partly Upheld | Not Upheld |
|-------------------------|--------------|---------------|--------------|
| Surgery | 24 (38.1%) ↑ | 25 (39.7%) = | 14 (22.2%) ↑ |
| Medicine | 12 (26.7%) ↑ | 18 (40.0%) ↓ | 15 (33.3%) ↑ |
| Specialised Services | 11 (52.4%) ↑ | 6 (28.6%) ↓ | 4 (19.0%) ↑ |
| Women & Children | 18 (47.3%) = | 11 (29.0%) ↓ | 9 (23.7%) ↑ |
| Diagnostics & Therapies | 2 (40.0%) ↑ | 2 (40.0%) ↓ | 1 (20.0%) = |
| Trust Services | 2 (28.6%) ↓ | 2 (28.6%) ↑ | 3 (42.8%) ↑ |
| Total | 69 ↑ | 64 ↓ | 46 ↑ |

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%) ↓ |

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.

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

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

Below are some examples of actions which have been completed during Q1 2018/19.

- Following a complaint about a patient being given incorrect information at her pre-operative assessment, the Division of Specialised Services launched a booklet called 'My Heart Surgery Plan' to improve the consistency of information given to patients. At the request of surgeons, the anticipated length of stay has been added to pre-operative assessment cards so that nurses are fully aware of this when speaking to the patient (Specialised Services).
- A complaint was received on behalf of a patient with autism who also suffers with Post Traumatic Stress Disorder and has complex mental health needs. Following an operation, the patient felt that staff were not listening to her and not taking her special needs into account. This complaint was shared anonymously with the teams who cared for her so that each team understood how negative a patient's experience could be if we do not communicate with them in a way that takes account of their specific needs. The pre-operative team was also reminded of the importance of sharing this information with the team caring for the patient post-operatively (Surgery).
- A patient complained about their endoscopy being cancelled at the last minute due to miscommunication around the type of sedation to be used. A separate section has now been added to the EUS (endoscopy under sedation) booking request form to indicate where a patient needs Propofol sedation (Surgery).

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. A total of 203 enquiries were received in Q1, a similar number as the 200 received in Q4.

The team also recorded and acknowledged 45 compliments received during Q1 and shared these with the staff involved and their Divisional teams. This is comparable with the 44 compliments reported in Q4.

Table 26 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q1.

Table 25: Enquiries by category

| Category | Enquiries in Q1 2019/20 |
|--------------------------------|-------------------------|
| Information about patient | 67 |
| Hospital information request | 44 |
| Medical records | 25 |
| Appointment queries | 21 |
| Clinical care | 7 |
| Admissions/Discharge enquiries | 5 |
| Employment & Volunteering | 4 |
| Expenses claim | 3 |
| Accommodation enquiry | 3 |
| Signposting | 3 |

In addition to the enquiries detailed above, in Q1 the Patient Support and Complaints team recorded 148 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 906 separate enquiries in Q1 2019/20, compared with 903 in Q4 of 2018/19, 865 in Q3, 841 in Q2 and 819 in Q1. This equates to a 10.6% increase in enquiries compared with the corresponding period one year ago.

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 Q1, 279 complaints were received in writing (240 by email and 39 letters) and 225 were received verbally (26 in person via drop-in service and 199 by telephone). Seven complaints were also received in Q1 via the Trust's 'real-time feedback' service. Of the 511 complaints received in Q1, 99.0% (506 out of the 511 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

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 Q1, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in two new complaints. During the same period, seven existing cases remain ongoing. A total of six cases were closed during Q4: none were upheld, one was partly upheld and all recommendations have been complied with and the remaining five were closed with the PHSO taking no further action.

Table 26: 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 |
|---|-------------------------------------|------------------------|--|------|------------|----------|
| 17286 | AS | | 05/11/2018 [02/04/2019] | StMH | ENT | Surgery |
| <p>The PHSO initially contacted the Trust on 02/04/2019 to ask what stage we had reached in trying to resolve this complaint. On 18/06/2019, the PHSO contacted the Trust again advising that the patient had stated that the ENT team had "blocked" his referral to the service by his GP due to no long accepting referrals for the treatment this patient needed. The PHSO wished to know if this was correct and, if so, where the patient could be seen instead. We responded advising there had been an issue with the GP obtaining funding and the patient was seen on 21/05/2019. The PHSO spoke to</p> | | | | | | |

the patient and his medical records were subsequently sent to them on 27/06/2019. We are currently awaiting further contact from the PHSO.

| | | | | | | |
|-------|----|----|----------------------------|------|----------------------------|---------------------|
| 16661 | LE | JH | 26/09/2018 [16/04/2019] | BRHC | Paediatric Neurosurgery | Women & Children |
|-------|----|----|----------------------------|------|----------------------------|---------------------|

The PHSO asked on 16/04/2019 if the Trust had exhausted local resolution and subsequently requested the patient's records on 28/05/2019. The medical records and complaint file were sent to the PHSO on 26/06/2019 and we are currently awaiting further contact from them.

Table 27: Complaints ongoing with the PHSO during Q1

| 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 | 07/03/2018 | BRI | Ward A400 - OPAU | Medicine |
| The PHSO gave the Trust the opportunity of responding to the family of the patient (we had previously only written to the patient's care home). This response was sent to the family on 30/05/2019 and the Division is currently making arrangements to meet with them to address their outstanding concerns. | | | | | | |
| 9403 | LD | DM | 03/08/2017 [07/09/2018] | BHOC | Ward D703 - Haematology | Specialised Services |
| We last heard from the PHSO on 28/06/2019, when they advised that they were still considering whether they need to investigate this matter further and would either write to us with the scope of their investigation or email us if they decide to take no further action. | | | | | | |
| 8853 | KK | | 10/07/2017 [24/08/2018] | BRI | Trauma & Orthopaedics | Surgery |
| On 29/05/2019, the PHSO confirmed that they planned to partly uphold this complaint. We subsequently complied with their recommendations and we are just keeping the case open as the PHSO would like to see a copy of the Trust's action plan following a meeting with the patient scheduled for October 2019. | | | | | | |
| 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. Update from PHSO received on 26/07/2019 advising that they have almost completed their review of the records we sent to them and will then pass them to their clinical advisers, who will take a few weeks to review them. | | | | | | |
| 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 was received until 02/07/2019 when the PHSO requested a copy of the medical records. These were sent to the PHSO on 23/07/2019 and we are currently awaiting further contact. | | | | | | |
| 4904 | PM | OM | 28/11/2016 [15/02/2019] | BRHC | Paediatric Neurology | Women & Children |
| An update was received from the PHSO on 09/07/2019 advising that they have asked for advice from a clinical neuro-psychiatrist and a neurologist and they were expecting to receive that advice within approximately four weeks. They also confirmed that if they decide to interview Trust staff, this is likely to happen between August and September and they will confirm their intentions in this respect as soon as possible. | | | | | | |
| 18996 | AC | BC | 08/06/2015 | BRHC | PICU | Women & |

| | | | | | | |
|--|--|--|--------------|--|--|----------|
| Ulysses | | | [01/02/2018] | | | Children |
| On 05/08/2019, the PHSO advised that they are having difficulties in finding a suitable qualified clinical adviser to look at this case. They do however hope to have finalised their enquiries by the end of November 2019. | | | | | | |

Table 28: Complaints closed by the PHSO during Q1

| 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 |
| The PHSO advised the Trust on 28/06/2019 that the complaint had been closed with no indication of maladministration. No Further Action. | | | | | | |
| 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 has been heard from the PHSO since February 2019 and no records have been requested so we have closed the case pending further contact. No Further Action. | | | | | | |
| 15271 | DL | | 02/07/2018 [23/01/2019] | BRI | Endocrinology | Medicine |
| PHSO partly upheld this complaint in April 2019 and recommended that the Trust send the complainant a letter of apology, which was sent on 15/05/2019. Partly Upheld. | | | | | | |
| 13567 | IR | | 27/03/2018 [05/03/2019] | BHI | Ward C604 - CICU | Specialised Services |
| The PHSO confirmed on 15/05/2019 that they were aware that an error had been made in the Trust's response to the complainant but they would not be investigating further. No Further Action. | | | | | | |
| 11887 | JD | | 18/12/2017 [21/01/2019] | BRI | Accident & Emergency (BRI) | Medicine |
| 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. As nothing further has been heard from the PHSO since that time, we have now closed the case. No Further Action. | | | | | | |
| 10412 | MR | JR | 29/09/2017 [19/03/2019] | StMH | Ward 76 | Women & Children |
| PHSO advised on 30/04/2019 that they would not be investigating this case further and had closed their file. No Further Action. | | | | | | |

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 25 responses received during Q1, compared with those received in previous quarters. Feedback improved in respect of respondents telling us they found it easy to make a complaint and that they had found out how to do so via one of our leaflets or posters. More respondents told us that they were either satisfied or very satisfied with how the Patient Support & Complaints Team dealt with their complaint, that they felt their concerns were taken seriously and that they were kept updated on the progress of their complaint.

As in Q4 2018/19, no respondents reported that they took up the option of a complaint resolution meeting in Q1. The high number of complaints being resolved informally, usually by way of a telephone call, could also affect this figure.

The improvement in the number of responses being sent out within the agreed timescale is reflected in the corresponding reduction in the number of respondents telling us they received their response late.

Further work is required from the Patient Support & Complaints Team, and from the Divisions, in respect of reassuring complainants that things will change as a result of their complaint and ensuring that all issues raised are addressed in our responses.

Table 29: Complaints Survey Data

| Survey Measure/Question | Q1 2019/20 | Q4 2018/19 | Q3 2018/19 | Q2 2018/19 |
|---|---------------|---------------|---------------|---------------|
| Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint. | 80.0% ↓ | 94.1% ↑ | 67.5% | 78.8% |
| Respondents who felt that the Trust would do things differently as a result of their complaint. | 14.3% = | 14.3% ↓ | 15.8% | 22.4% |
| Respondents who found out how to make a complaint from one of our leaflets or posters. | 12.5% ↑ | 8.6% ↓ | 15.8% | 9% |
| Respondents who confirmed we had told them about independent advocacy services. | 48.0% ↓ | 54.3% ↑ | 46.2% | 32.8% |
| Respondents who confirmed that our complaints process made it easy for them to make a complaint. | 66.7% ↑ | 62.9% ↓ | 65% | 69.6% |
| Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team. | 70.8% ↑ | 65.7% ↑ | 63.4% | 69.1% |
| Respondents who said they did not receive their response within the agreed timescale. | 13.6% ↓ | 14.3% ↓ | 17.5% | 16.4% |
| Respondents who felt that they were treated with dignity and respect by the | 91.7% ↓ | 97.1% ↓ | 97.5% | 81.8% |

| | | | | |
|---|---------|---------|-------|-------|
| Patient Support & Complaints Team. | | | | |
| Respondents who felt that their complaint was taken seriously when they first raised their concerns. | 84% ↑ | 80.5% = | 80.5% | 81.4% |
| Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint. | 12.5% ↓ | 17.1% ↓ | 20% | 29.9% |
| Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting. | 0% = | 0% ↓ | 2.9% | 1.6% |
| Respondents who said that our response addressed all of the issues that they had raised. | 50.0% ↓ | 58.3% ↑ | 57.9% | 57.1% |