

Complaints Report

Quarter 1, 2018/2019

(1 April 2018 to 30 June 2018)

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Quarter 1 Executive summary and overview

	Q1	
Total complaints received	446	↑
Complaints acknowledged within set timescale	98.7%	↑
Complaints responded to within agreed timescale – formal investigation	88.3%	↑
Complaints responded to within agreed timescale – informal investigation	85.0%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	12.2%	↑

Successes	Priorities
<ul style="list-style-type: none"> The number of complaints received relating to 'Discharge / Transfer / Transport' decreased from 25 in Q4 2017/18 to 10 in Q1 2018/19. Within that category, there was a 66% decrease in the number of complaints specifically about 'discharge arrangements'. Despite dealing with severe staff shortages, the Patient Support and Complaints Team managed to acknowledge 98.7% of the 446 complaints received in Q1 within the legislated agreed timeframe. The Patient Support and Complaints Team also dealt with a very high total number of enquiries (including complaints), with 819 separate enquiries received during Q1 (compared with 741 in Q4 and 710 in Q3). 	<ul style="list-style-type: none"> Whilst the percentage of responses sent out within the agreed timescale has improved, with 88.3% of formal responses (compared with 82.3% in Q4 2017/18) and 85% of informal responses (compared with 74.7% in Q4 2017/18) meeting the deadline, improvement is still needed if we are to consistently achieve the target of 95%. Commence reporting of complaints relating to equality/protected characteristic themes to the Patient Inclusion and Diversity Group.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> The Division of Surgery are focussing on implementing actions to increase bed availability and avoid patient cancellations. This will involve early patient discharge, increased use of the discharge lounge and criteria-led discharge. The Division of Medicine will be closely monitoring the numbers of complaints received in respect of communication in order to improve in this area. Women's Services will be recommencing Patient Experience at Heart workshops in September 2018. Children's Services plan to ensure that actions plans are clearly articulated to the family, together with clear plans for implementing required changes and auditing their effectiveness going forward. 	<ul style="list-style-type: none"> Complaints about 'appointments and admissions' increased for the third consecutive quarter, from 97 in Q3 2017/18, to 126 in Q4 2017/18 and to 155 in Q1 2018/19. Complaints about 'attitude and communication' rose by 21.3% in Q1 – from 85 in Q4 2017/18 to 95 in Q1 2018/19. High levels of complaints continue to be received by Bristol Dental Hospital, with numbers essentially unchanged at around 50 per quarter for the last year.

1. Complaints performance – Trust overview

1.1 Total complaints received

The Trust received 446 complaints in quarter 1 (Q1) 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. With the notable exception of a special cause variation in April 2017, this graph shows a broadly consistent monthly complaints rate since the summer of 2016.

Figure 1: Number of complaints received

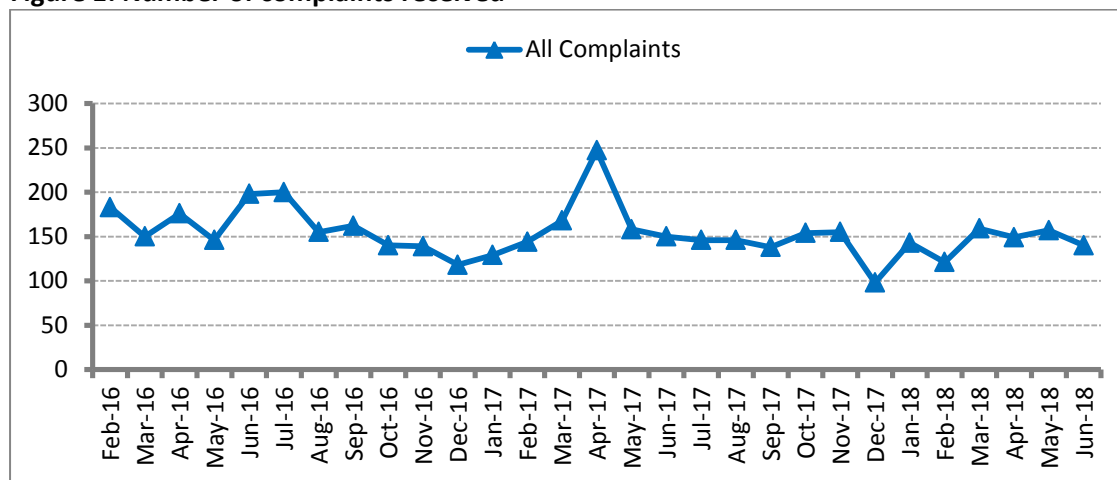
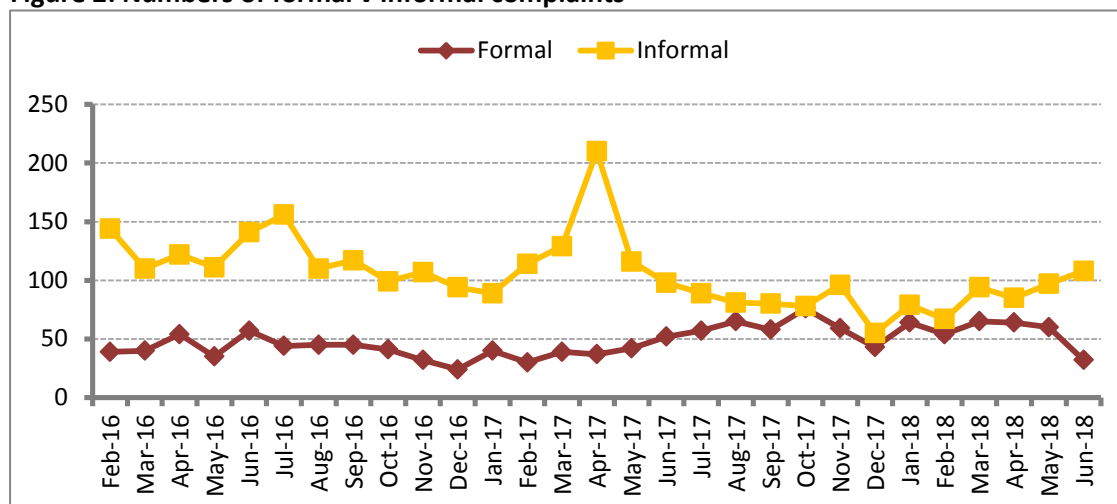


Figure 2 shows complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. We want to address concerns raised as quickly and as close to the point of care as possible, so it is encouraging to see that the proportion of informal complaints, relative to formal complaints, continued to increase during Q1.

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.

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, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

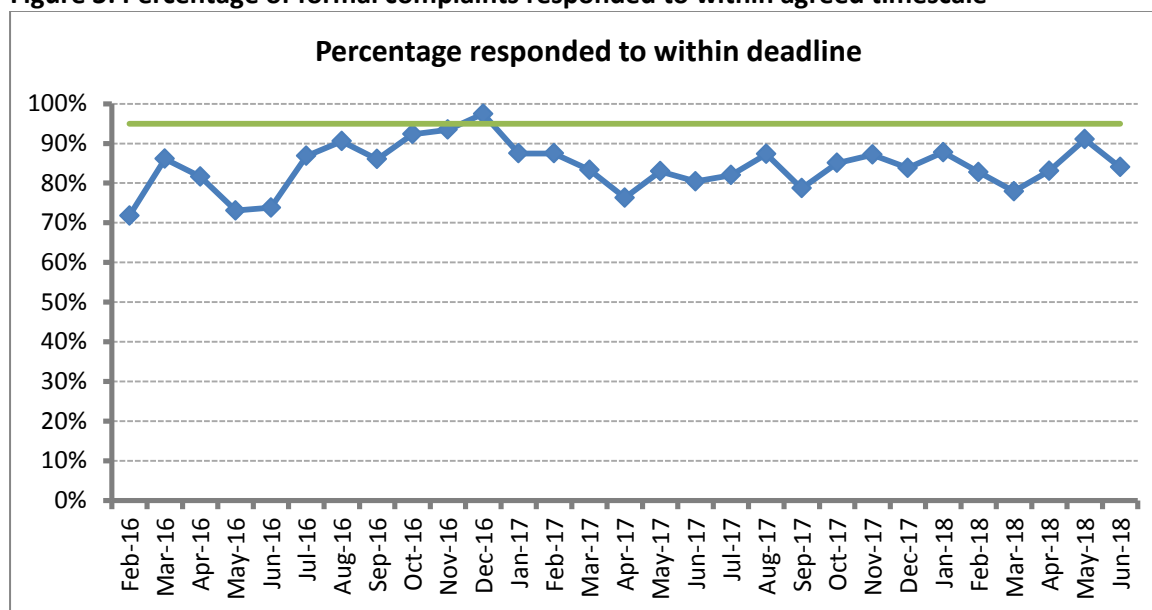
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

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 of 2018/19, 88.3% of responses were posted within the agreed timescale. This represents 25 breaches out of the 213 formal complaints which received a response during the quarter². Although this remains below the Trust's target of 95%, it is nonetheless a step forward from Q4 2017/18 when our performance was 82.3%. Figure 3 shows the Trust's performance in responding to complaints since February 2016.

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



1.2.2 Informal Investigations

In Q1 2018/19, the Trust received 290 complaints that were investigated via the informal process. During this period, 253 informal complaints were responded to and 85.0% of these (215 of 253) were resolved within the time agreed with the complainant.

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

1.3 Dissatisfied complainants

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

By the cut-off point of mid-July 2018 (the point at which dissatisfied data was calculated for board reporting), 24 people who received complaints responses in February, March and April 2018 had contacted us to say they were dissatisfied. This represents 12.2% of the 197 responses sent out during that period.

Of these 24 dissatisfied cases, 11 were received by the Division of Medicine; six by the Division of Women & Children; four by the Division of Surgery; two by the Division of Specialised Services and one by the Division of Trust Services.

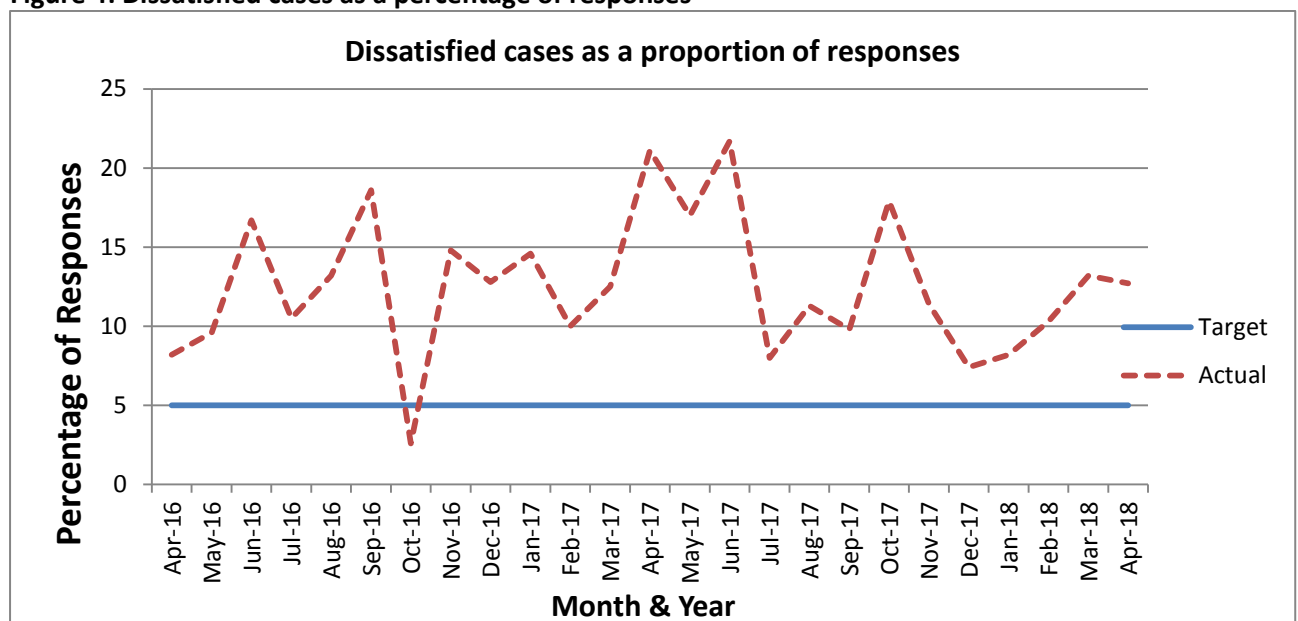
As a result of increasing numbers of dissatisfied complainants since December 2017, a monthly review of all dissatisfied cases is being reinstated, in addition to the existing divisional complaints review panels. These reviews will be carried out by the Head of Quality (Clinical Effectiveness and Patient Experience) and a nominated Divisional Head of Nursing. The findings of these reviews will be reported to the Clinical Quality Group on a monthly basis.

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

Important note:

Following identification of a data reporting error from the Trust's Datix system, dissatisfied data from February 2017 onwards has been recalculated and this revised data is reflected in Figure 4.

Figure 4: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q1 2018/19 compared to Q4 2017/18. In Q1, complaints about ‘discharge/transfer/transport’ fell but complaints about ‘appointments and admissions’ rose.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2018/19)	Number of complaints received in Q4 (2017/18)
Appointments & Admissions	155 (34.8%) ↑	126 (29.8%) ↑
Clinical Care	124 (27.8% of total complaints) ↑	123 (29.2% of total complaints) ↑
Attitude & Communication	95 (21.3%) ↑	85 (20.1%) ↓
Information & Support	26 (5.8%) ↑	25 (5.9%) ↓
Facilities & Environment	26 (5.8%) =	26 (6.1%) ↑
Discharge/Transfer/Transport	10 (2.2%) ↓	25 (5.9%) ↑
Documentation	7 (1.6%) ↓	9 (2.1%) ↓
Access	3 (0.7%) ↓	4 (0.9%) ↓
Total	446	423

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 66% of the complaints received in Q1 (295/446).

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q1 (2018/19)	Q4 (2017/18)	Q3 (2017/18)	Q2 (2017/18)
Cancelled/delayed appointments and operations	96 (31.5% increase) ↑	73	47	68
Clinical care (Medical/Surgical)	53 (1.9% increase compared to Q4 2018/19) ↑	52	53	58
Appointment administration issues	37 (60.9% increase) ↑	23	29	45
Communication with patient/relative	29 (52.6% increase) ↑	19	17	18
Clinical care (Nursing/Midwifery)	24 (11.1% decrease) ↓	27	20	28
Attitude of medical staff	20 (5.3% increase) ↑	19	19	28
Attitude of admin/clerical staff	12 (20% increase) ↑	10	18	7
Failure to answer telephones/failure to respond	9 (18.2% decrease) ↓	11	18	25
Attitude of nursing/midwifery staff	8 (27.3% decrease) ↓	11	9	16
Discharge arrangements	7 (66.7% decrease) ↓	21	15	13

- In summary, complaints about 'cancelled/delayed appointments and operations', 'appointment administration issues' and 'communication with patient/relative' rose in Q1 2018/19, whilst complaints about 'discharge arrangements' decreased.

Figures 5-7 below show the longer term pattern of complaints received since February 2016 for a number of the complaints sub-categories reported in Table 2.

Figure 5: Cancelled or delayed appointments and operations

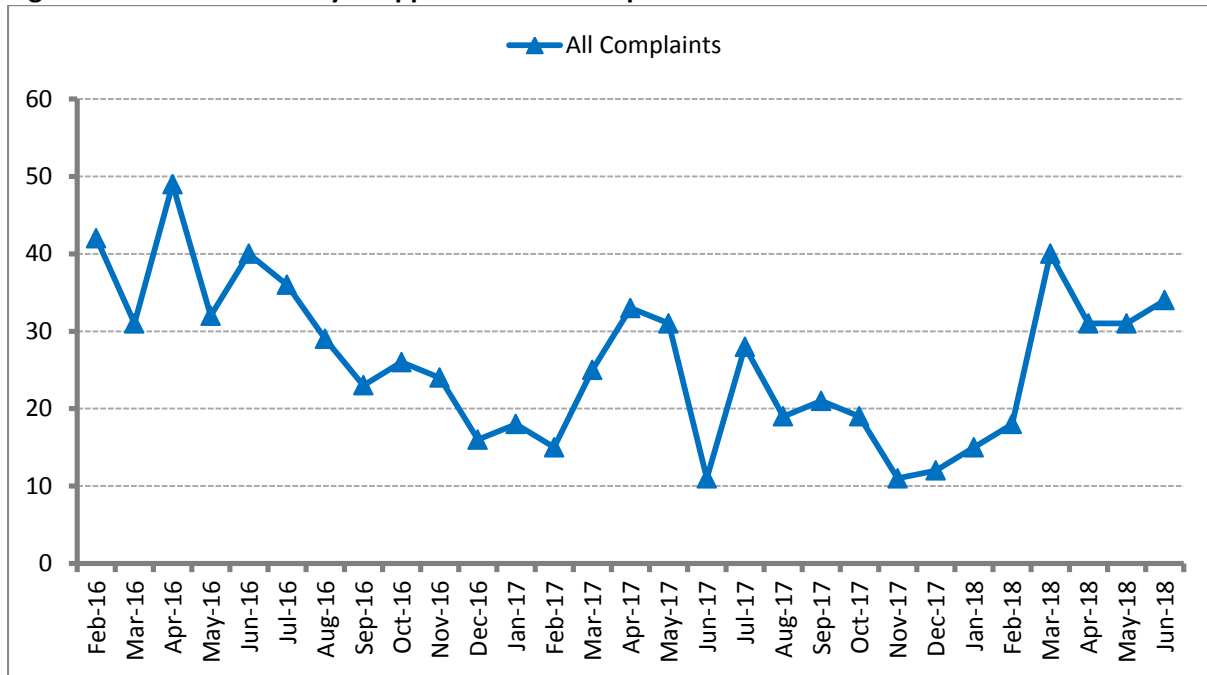


Figure 6: Clinical care – Medical/Surgical

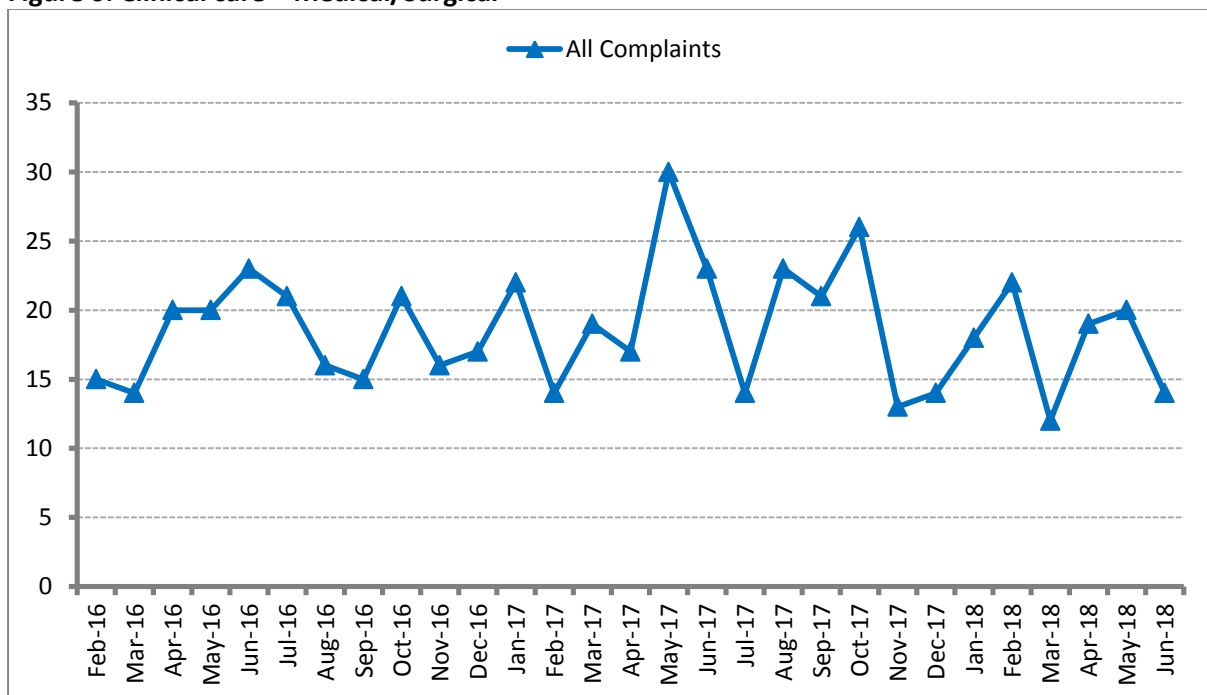


Figure 7: Clinical care – Nursing/Midwifery

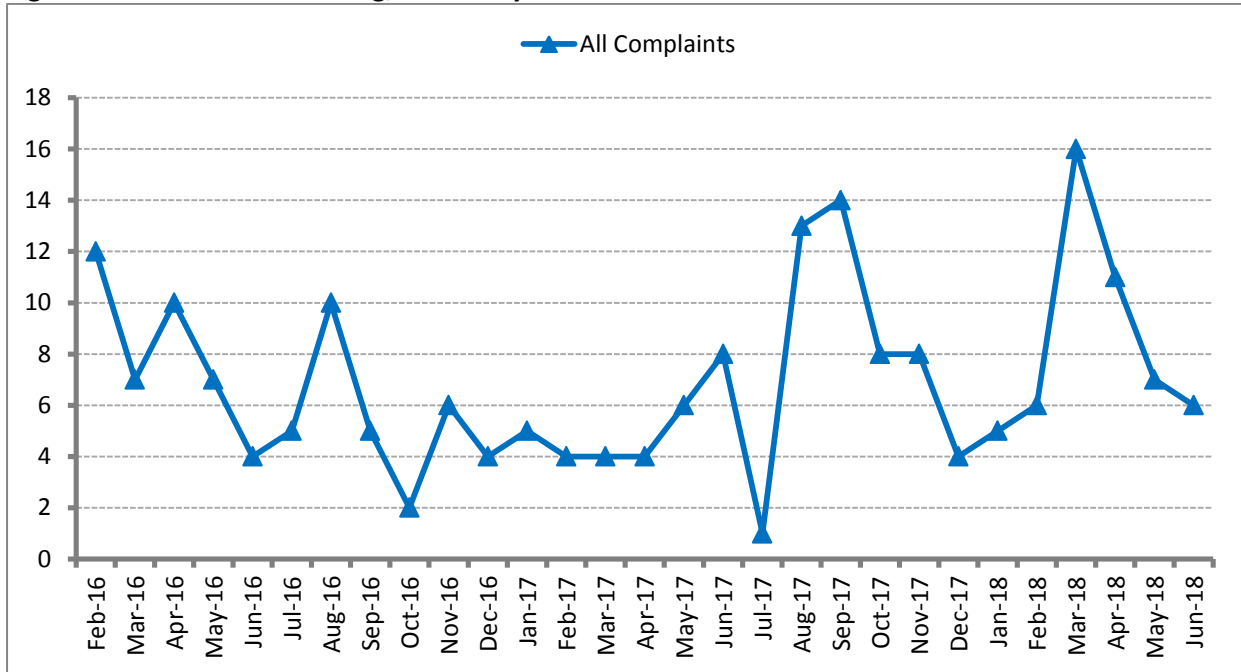
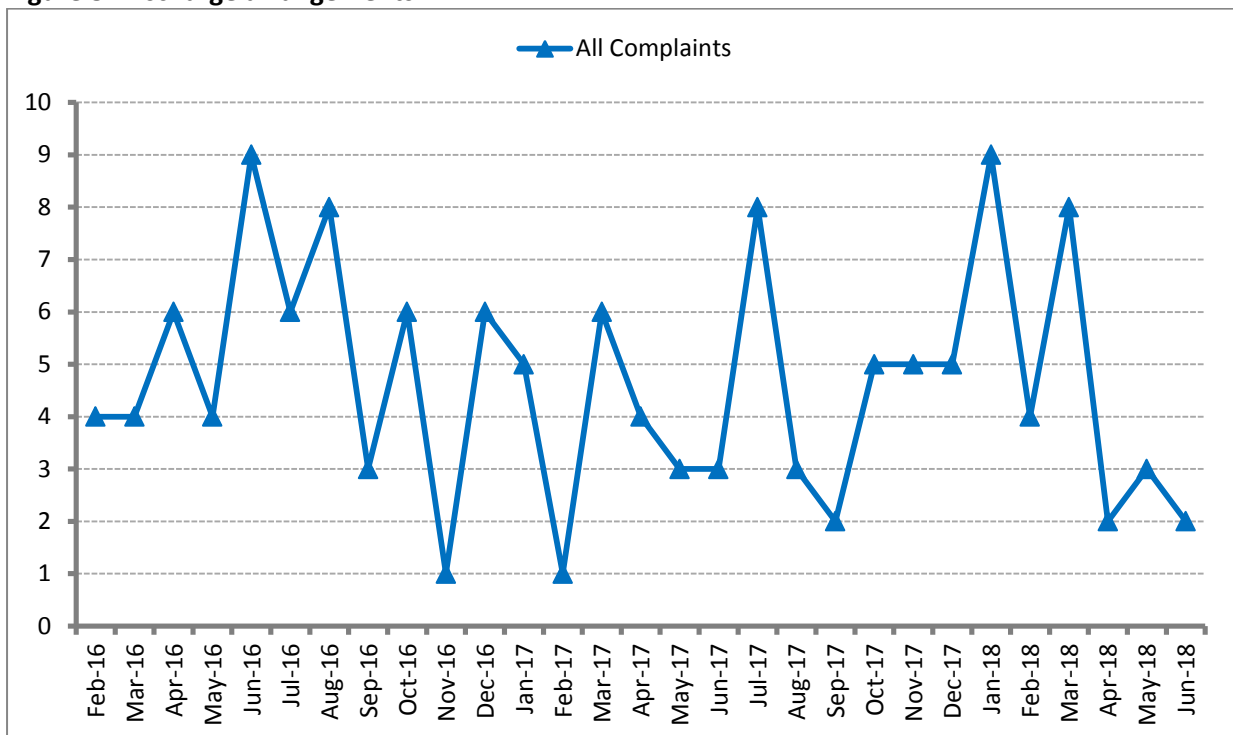


Figure 8: Discharge arrangements



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; concerns about staff attitude and communication; and concerns about clinical care. 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	162 (158) ↑	102 (101) ↑	76 (55) ↑	63 (69) ↓ (BRHC – 41/StMH – 22)	16 (20) ↓
Number of complaints about appointments and admissions	84 (71) ↑	23 (16) ↑	24 (16) ↑	17 (18) ↓	5 (4) ↑
Number of complaints about staff attitude and communication	26 (31) ↓	25 (22) ↑	16 (10) ↑	17 (12) ↑	7 (5) ↑
Number of complaints about clinical care	39 (38) ↑	29 (32) ↓	28 (18) ↑	25 (31) ↓	2 (3) ↓
Area where the most complaints have been received in Q1	Bristol Dental Hospital – 50 (50) Bristol Eye Hospital – 32 (33) Trauma & Orthopaedics – 22 (16) ENT – 12 (12) Lower GI – 9 (5) Upper GI – 8 (10)	Emergency Department (BRI) – 24 (35) Dermatology – 17 (14) Clinic A410 – 8 (0) Ward A300 – 5 (6) Ward A400 – 5 (6) Respiratory – 5 (2)	BHI (all) – 53 (42) BHI Outpatients – 26 (18) Chemo Day Unit / Outpatients (BHOC) – 11 (7) Ward C708 – 7 (3) Clinical Genetics – 5 (1)	Children's ED & Ward 39 (BRHC) – 5 (5) Paediatric Orthopaedics – 7 (1) Gynaecology Outpatients (StMH) – 5 (12) Ward 78 – 2 (6)	Radiology – 8 (7) Physiotherapy – 4 (6)
Notable deteriorations compared to Q4	Trauma & Orthopaedics – 22 (16)	Dermatology – 17 (14) Clinic A410 – 8 (0)	BHI Outpatients – 26 (18) Ward C708 – 7 (3) Clinical Genetics – 5 (1)	Paediatric Orthopaedics – 7 (1)	None
Notable improvements compared to Q4	QDU (Endoscopy) – 1 (6)	Emergency Department (BRI) – 24 (35)	None	Gynaecology Outpatients (StMH) – 5 (12) Ward 78 – 2 (6)	None

3.1.1 Division of Surgery

In Q1, the Division of Surgery received slightly more complaints than in the previous quarter. There was an increase in complaints about appointments and admissions (including cancelled or delayed appointments and operations) with 84 compared to 71 in Q4. The number of complaints about Bristol Dental Hospital (BDH) remained essentially unchanged since Q2 of 2017/18, with 50 complaints. Complaints about attitude and communication decreased for the third consecutive quarter, from 41 in Q3 and 31 in Q4 to 26 in Q1. There was an increase in the number of complaints received in Trauma & Orthopaedics, from 16 in Q4 to 22 in Q1.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q1 2018/19	Number and % of complaints received – Q4 2017/18
Appointments & Admissions	84 (51.9% of total complaints) ↑	71 (44.9% of total complaints) ↑
Clinical Care	39 (24.1%) ↑	38 (24.1%) ↓
Attitude & Communication	26 (16.0%) ↓	31 (19.6%) ↓
Information & Support	6 (3.7%) ↑	3 (1.9%) ↓
Facilities & Environment	0 (0%) ↓	4 (2.5%) ↑
Access	3 (1.9%) =	3 (1.9%) =
Discharge/Transfer/ Transport	1 (0.5%) ↓	6 (3.8%) ↑
Documentation	3 (1.9%) ↑	2 (1.3%) ↑
Total	162	158

Table 5: Top sub-categories

Category	Number of complaints received – Q1 2018/19	Number of complaints received – Q4 2017/18
Cancelled or delayed appointments and operations	54 ↑	45 ↑
Appointment administration issues	21 ↑	11 ↓
Clinical care (medical/surgical)	16 =	16 ↑
Failure to answer telephones/ failure to respond	4 =	4 ↓
Attitude of admin/clerical staff	4 ↓	5 ↓
Attitude of medical staff	8 ↑	7 =
Communication with patient/relative	5 =	5 ↓
Clinical care (nursing)	5 ↓	8 ↑
Attitude of nursing staff	2 =	2 =
Discharge arrangements	5 =	5 ↑

Table 6: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>Complaints about Bristol Dental Hospital remained the same when compared with quarter 4, with BDH continuing to receive high levels of complaints.</p> <p>Of the 50 complaints received, 16 were for Adult Restorative Dentistry; 12 were received for the Administration Department; and there were seven each received for Child Dental Health and Oral Surgery.</p> <p>The majority of complaints received by the Dental Hospital (28) were in respect of 'appointments and admissions', 17 of which were about cancelled/delayed appointments and operations. A total of 10 complaints were received in respect of 'clinical care'.</p>	<p>The volume of complaints received by Bristol Dental Hospital has remained essentially unchanged since Q2 of 2017/18.</p> <p>The main cause of complaints about Restorative Dentistry in Q1 was rejected referrals due to implementation of restricted criteria for treatment.</p> <p>The majority of complaints received about the Administration Department were due to waiting times for treatment. Two complaints related to the attitude/behavior of two different receptionists.</p> <p>Complaints about appointment and admissions spans a wide category of reasons including delayed appointments and incorrect bookings.</p>	<p>The Division continues to monitor complaints and take action if any themes are identified.</p> <p>Ongoing work with commissioners and Managed Clinical Networks to attempt to 'loosen' the criteria as soon as reasonably possible.</p> <p>We are working to reduce waiting times as part of our Operating Plan. The delivery plan should ensure we have compliant Referral to Treatment pathways by April 2018.</p> <p>We are working with the reception team to improve standards of customer service. The team has already started attending internal customer services training to look to improve this and the line managers of the receptionists that have been highlighted by these complaints have spoken to the individuals.</p> <p>We are working closely with the call centre to ensure that clear information is exchanged between the various administrative teams.</p>
<p>Within the Division as a whole, complaints regarding 'appointments and admissions' increased from 53 in quarter 3 to 71 in quarter 4 and again in quarter 1 to 84.</p> <p>Of these 84 complaints, 54 were received in respect of cancelled/delayed appointments and operations.</p> <p>A further 16 complaints were about appointment administration issues, including</p>	<p>The majority of complaints about appointments were resolved via informal resolution - the appointments were rebooked at the time of the complaint arriving.</p> <p>The Division has at times during Q1 experienced difficulties with bed availability causing cancelled operations.</p> <p>No specific trends have</p>	<p>Staff have been encouraged to attend Trust-wide training on managing complaints with confidence.</p> <p>The divisional complaints co-ordinator has also run training for Performance and Operations Managers and Deputies to improve their understanding of the complaints process within the division.</p> <p>All complaints continue to be monitored for any themes where</p>

appointment letters not received and the appointment reminder system.	been identified in respect of complaints about administration.	action can be taken. A process has been developed within the Division to monitor last minute cancellations, identifying themes and where necessary actions taken.
The number of complaints received by the Trauma & Orthopaedics Department increased again from 16 in quarter 4 to 22 in quarter 1. 10 of the complaints received related to cancelled or delayed appointments and five were in respect of clinical care.	There is a high demand for this service as one of the busiest clinics in the division, which can result in a higher number of complaints given the volume of patients seen. Complaints about clinical care refer to queries raised and patient understanding of their planned care.	The VFC (virtual fracture clinic) went live on 09.07.18. Patients who attend ED with suspected fractures are X-rayed and sent home. The X-ray is then reviewed the following working day; the patient is contacted by telephone, where a decision is made on plan of care. This means that patients are not waiting for a clinic appointment and should see an improvement in complaints about waiting times.

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

- To resolve a higher proportion of informal complaints within the required 10 day turnaround.

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

- Focus is on implementing actions to increase bed availability and avoid patient cancellations. This involves, early patient discharge, increased use of the discharge lounge and criteria led discharge.

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

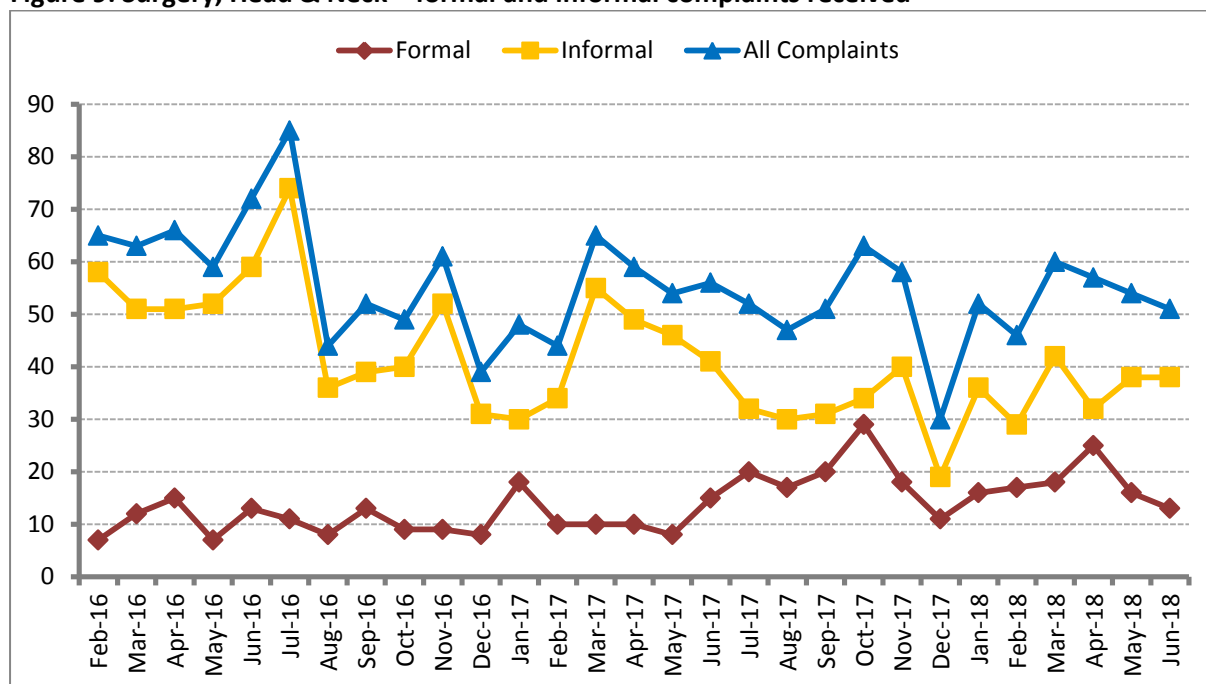


Figure 10: Complaints received by Bristol Dental Hospital

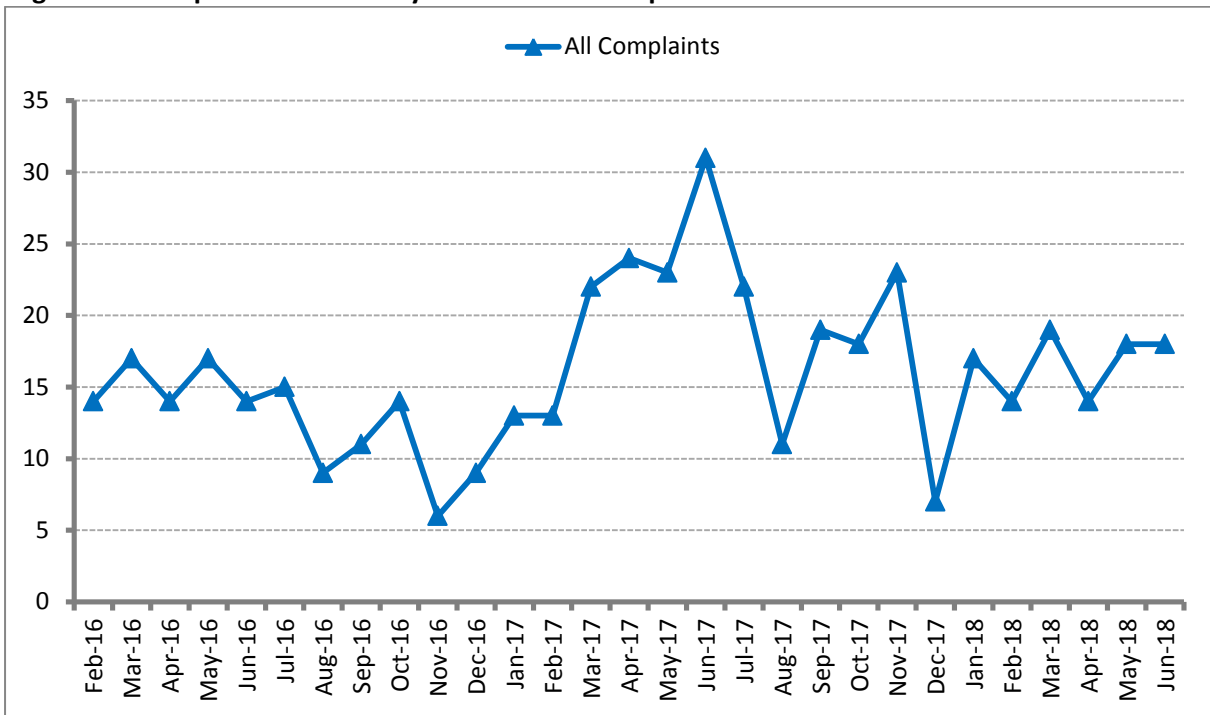
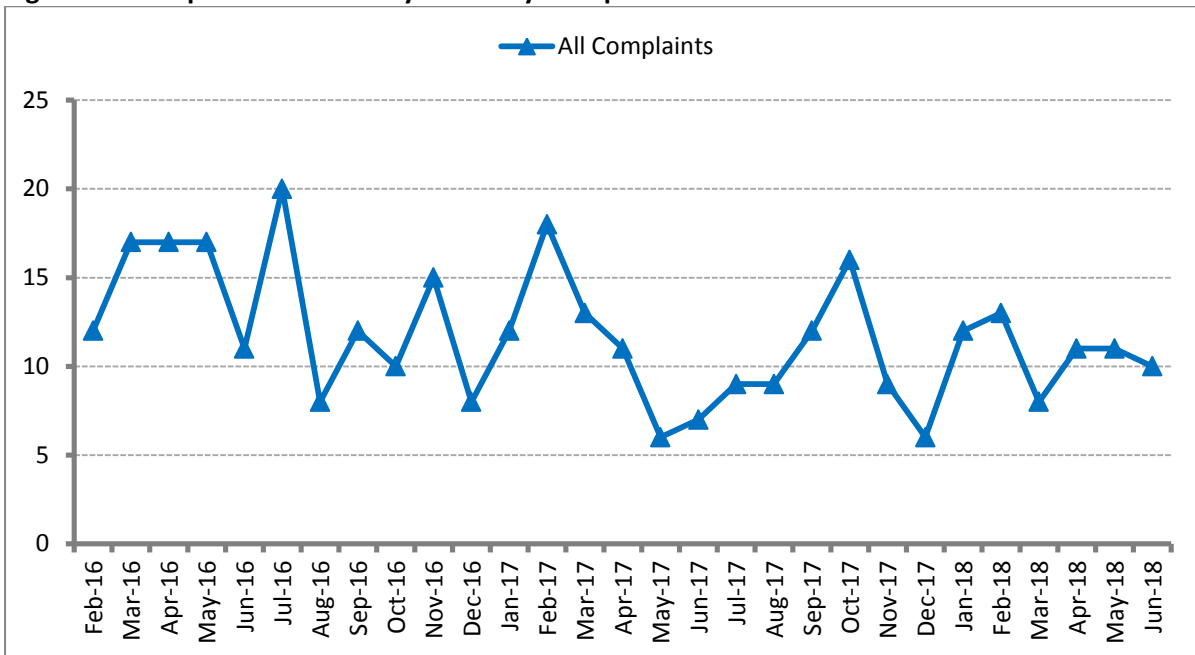


Figure 11: Complaints received by Bristol Eye Hospital



3.1.2 Division of Medicine

In Q1, the Division of Medicine received a similar number of complaints to the previous quarter (102 compared with 101 in Q4). Complaints about 'cancelled or delayed appointments and operations' increased, with 18 complaints compared with just five in Q4. There was also an increase in complaints about 'communication with patient/relative, with 10 complaints received, compared with five in Q4. However, complaints received by the Emergency Department (ED) fell from 35 in Q4 to 24 in Q1 and there were no complaints received about waiting times in the ED. Complaints received by the Dermatology service continued a small but steady rise, with 17 complaints in Q1, compared with 14 in Q4 and 11 in Q3.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q1 2018/19	Number and % of complaints received – Q4 2017/18
Clinical Care	29 (28.5%)	32 (31.7%) ↑
Attitude & Communication	25 (24.5% of all complaints)	22 (21.8% of all complaints) ↓
Appointments & Admissions	23 (22.5%)	16 (15.8%) ↑
Information & Support	10 (9.8%)	8 (7.9%) ↑
Facilities & Environment	6 (5.9%)	7 (6.9%) ↑
Discharge/Transfer/ Transport	6 (5.9%)	14 (13.9%) ↑
Documentation	3 (2.9%)	2 (2%) ↓
Access	0 (0%) =	0 (0%) ↓
Total	102	101

Table 8: Top sub-categories

Category	Number of complaints received – Q1 2018/19	Number of complaints received – Q4 2017/18
Cancelled or delayed appointments and operations	18 ↑	5 ↓
Clinical care (medical/surgical)	15 =	15 ↑
Communication with patient/relative	10 ↑	5 ↑
Clinical care (nursing)	5 ↓	9 ↑
Discharge arrangements	4 ↓	12 ↑
Attitude of medical staff	3 ↓	5 ↓
Failure to answer telephones/failure to respond	3 ↓	4 =
Attitude of admin/clerical staff	3 ↑	1 ↓
Attitude of nursing staff	2 ↓	6 =
Appointment administration issues	1 ↓	5 ↑

Table 9: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>Complaints received by the Dermatology service have shown a small but steady rise, with 11 complaints in Q3, 14 in Q4 and 17 in Q1.</p> <p>Of the 17 complaints received in Q1, 10 were in respect of cancelled or delayed appointments.</p>	<p>The continued rise in complaints reflects an increase in the number of patients accessing the service; this puts increasing pressure on staff to manage the patient journey; it also increases waiting times, resulting in an increase in patients contacting the service to move/re-arrange or attempt to bring forward an appointment. This, coupled with a staffing vacancy of 2.0 wte clerical and administrative posts, has increased the strain on service.</p>	<p>Plan: The AGM for Dermatology is working with the clinical team and the Communications team to set Dermatology up with an online form that will allow patients to request a change of appointment online and then the appointment centre will action the online request. The AGM is in discussions with the appointment centre team to support this need. BEH are already using this system and it works well for patients. This will improve access to appointments.</p>
<p>The Division received eight complaints about Clinic A410 during Q1, compared with none at all in Q4. Three of these complaints related to 'clinical care'; there were two each about 'appointments and admissions' and 'attitude and communication' and one was in respect of 'documentation'.</p>	<p>The endocrine service has recently gone through a period of instability; one consultant had to take personal leave with little notice, destabilising the service and leading to appointments being cancelled and postponed.</p> <p>The specialist nursing team, who would normally support the medical team, were themselves challenged with changes to the team structure, causing a degree of instability.</p> <p>The retirement of one consultant and transferring of his patients to other members of the team may have caused some anxiety for some long standing patient groups, due to a difference of professional delivery.</p>	<p>The consultant requiring personal leave has since returned to work; however, another consultant has had to take time off with no/little notice due to bereavement.</p> <p>The specialist nursing team is undergoing a service review led by the general manager.</p> <p>Communication with patients/families regarding a change of consultant care (following this retirement) has been provided for those patients who have found the change challenging.</p>
<p>There was an increase in the number of complaints received by the Division in Q1 in respect of 'cancelled or delayed appointments and operations', with 18 received, compared with just five in Q4.</p> <p>Of these 18 complaints, 10 were received by the Dermatology</p>	<p>It has been identified that there was no available equipment (couch) to safely undertake fibro-scans at Weston General Hospital. Scans therefore had to be suspended at this site.</p> <p>See issues above relating to</p>	<p>A clinical treatment couch is now in-situ at Weston and scanning has resumed without compromising patient or staff safety.</p> <p>Clinics in Weston have seen an increase in capacity due to an increase with the clinical fellow</p>

<p>service (see above).</p> <p>In addition to clinics run at Bristol Royal Infirmary, the Trust also runs dermatology clinics at Weston General Hospital.</p>	<p>dermatology.</p>	<p>outpatient clinic and biopsy service.</p> <p>A scoping exercise is underway to see if there is a possibility of performing day case surgery at Weston General Hospital.</p> <p>A new locum is starting in OPA to support demand for new appointments.</p>
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Current divisional priorities for improving how complaints are handled and resolved:

- To have a consistent approach in managing dissatisfied complaints and an early meeting with management on complex cases to agree approach.
- To work closer with the Patient Support and Complaints Team to agree appropriate timescales for complaints investigations (we recently had a situation where lack of timely communication from the PSCT meant that the Division was only given two days to resolve an informal complaint).
- There is now clinical input with the divisional Quality and Patient Safety Team as Matron Sarah Jenkins is has oversight and is able to provide clinical advice where necessary.
- To maintain early contact with complainant if case is unclear/complex case.
- In complex complaints, to assign a case manager to remain a single point of contact to avoid confusion.

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

As described in the responses above, however there is a recognition that many of the complaints we received are fundamentally about communication.

Figure 12: Medicine – formal and informal complaints received

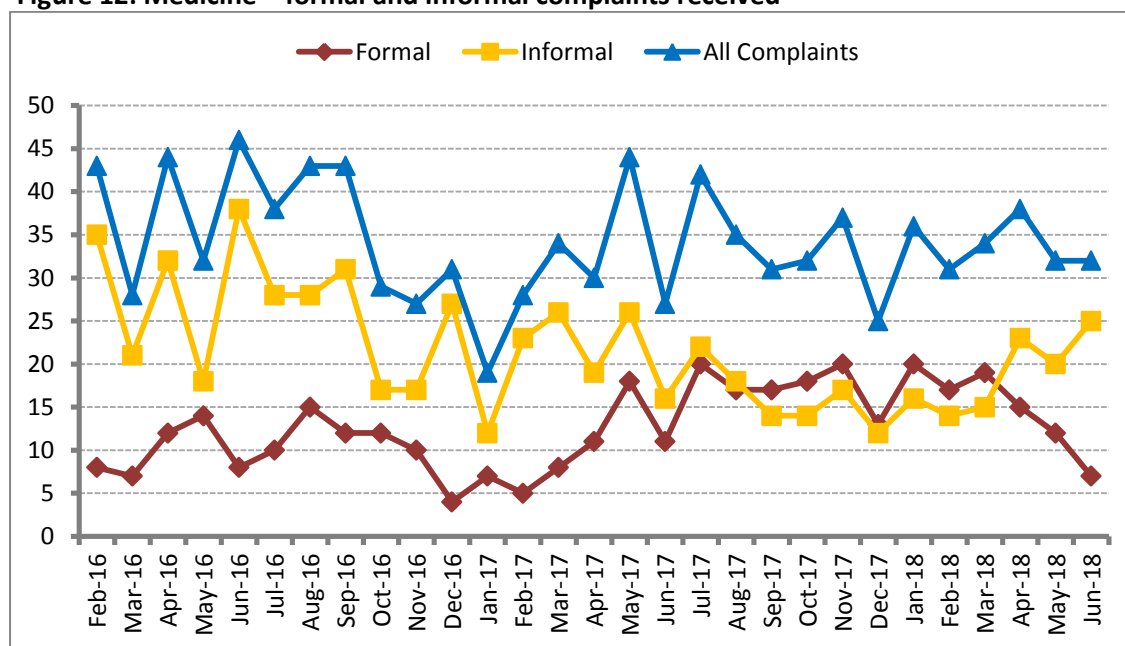
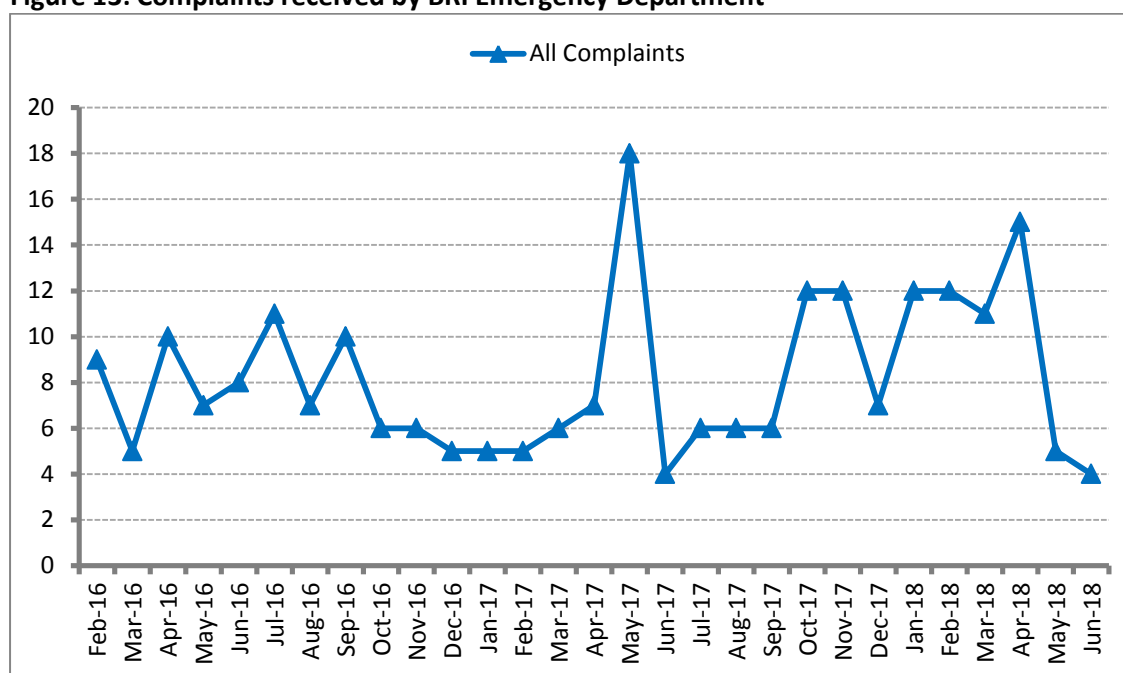


Figure 13: Complaints received by BRI Emergency Department



3.1.3 Division of Specialised Services

In Q1, the Division of Specialised Services received 76 complaints, compared with 55 in Q4 and 57 in Q3. The largest increase was in the category of ‘clinical care’, with 28 complaints received, compared with 18 in Q4. There was also a rise in the number of complaints received in respect of ‘attitude and communication’, with 16 complaints received, compared with 10 in Q4. In total, 53 complaints were received by Bristol Heart Institute and 18 were received by Bristol Haematology & Oncology Centre. The remaining five complaints for the Division were for the Clinical Genetics service based at St Michael’s Hospital. Of the 76 complaints received in Q1, the Division investigated 22 via the formal investigation process and the remaining 54 via the informal investigation process.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q1 2018/19	Number and % of complaints received – Q4 2017/18
Clinical Care	28 (36.8% of all complaints) ↑	18 (32.7% of all complaints) ↑
Appointments & Admissions	24 (31.6%) ↑	16 (29.1%) =
Attitude & Communication	16 (21.1%) ↑	10 (18.2%) ↓
Information & Support	5 (6.6%) ↓	6 (10.9%) ↑
Discharge/Transfer/Transport	2 (2.6%) ↓	4 (7.3%) ↑
Facilities & Environment	1 (1.3%) ↑	0 (0%) ↓
Documentation	0 (0%) ↓	1 (1.8%) ↓
Access	0 (0%) =	0 (0%) =
Total	76	55

Table 11: Top sub-categories

Category	Number of complaints received – Q1 2018/19	Number of complaints received – Q4 2017/18
Cancelled or delayed appointments and operations	17 ↑	10 ↑
Clinical care (medical/surgical)	8 ↓	9 ↑
Appointment administration issues	6 ↑	2 ↓
Communication with patient/relative	6 ↑	2 ↓
Clinical care (nursing)	3 ↑	2 ↓
Attitude of medical staff	3 =	3 ↑
Failure to answer telephone/failure to respond	2 ↑	1 =
Attitude of nursing staff	2 =	2 ↑
Discharge arrangements	2 ↓	4 ↑
Attitude of admin/clerical staff	1 □	0 □

Table 12: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
The largest increase in complaints received by the Division in quarter 1 was in the category of 'clinical care'. Nine of those complaints related to 'clinical care medical' and 'clinical care nursing'. There were also seven complaints about 'lost/misplaced/delayed test results', five in respect of 'delayed treatment' and four regarding issues with medication.	<p>Key Considerations:</p> <ol style="list-style-type: none"> 1) The need for ePMA (Electronic Prescribing and Medicines Administration System) roll out 2) Vital Pack (electronic patient observation records) roll out including VTE Assessments 3) BHOC fire in May 2018 4) Ongoing delays in Chemotherapy Day Unit (CDU) due to a capacity vs. demand issues. 5) Cath Lab staffing shortages resulting in ECHO sessions reduced. 	<ol style="list-style-type: none"> 1) ePMA <ul style="list-style-type: none"> • Familiarity with the system, which much improved in BHI. • Roll out in BHOC for September having learnt from BHI roll out. 2) Vital Pack <ul style="list-style-type: none"> • Transition to online from paper. Need to become comfortable with the system and this is improving. 3) BHOC Fire <ul style="list-style-type: none"> • Major Incident resolved. 4) Chemo Capacity <ul style="list-style-type: none"> • Agency usage to maximize current physical capacity. • Capital works to build in six additional chairs to increase physical capacity. • Recruitment of additional staff for CDU and Clinical Trials Unit (CTU). 5) Cath Lab Staffing <ul style="list-style-type: none"> • Agency usage within Cath Lab to reduce pressures.

		Agency usage on C805 to be able to support the Trans Oesophageal Echo (TOE) list.
<p>There was a further increase in the number of complaints received by the Bristol Heart Institute Outpatients Department (including Outpatient Echo). 26 complaints were received by this service, compared with 18 in Q4 and 11 in Q3.</p> <p>Of these complaints, 11 were in respect of 'appointments and admissions'; seven were received about 'attitude and communication'; five were about 'clinical care' and three related to 'information and support'.</p>	<p>Recurring themes:</p> <ol style="list-style-type: none"> 1) Delays obtaining test results 2) Difficulty making contact with the department 3) Cancelled appointments 	<ol style="list-style-type: none"> 1) Test results <ul style="list-style-type: none"> • Project initiated with transformation team support to improve process for following up test results • Agency staff in place to cover high vacancy rates in echo and cardiac physiology 2) Contacting the department <ul style="list-style-type: none"> • New hunt group set up for clinic coordinators so that all calls come through a single number which feeds into all phones 3) Cancelled appointments <ul style="list-style-type: none"> • New process implemented for tracking consultant leave to avoid any last minute clinic changes. • Outpatient Directory of Services updated as part of eRS (Electronic Referral System) roll-out and electronic triage (prioritisation system) started to ensure patients are booked in to the correct clinic at the outset.
<p>A total of five complaints were received by the Clinical Genetics service based at St Michael's Hospital. Three of these five complaints related to 'lost /misplaced /delayed test results'.</p>	<p>Key Considerations</p> <ol style="list-style-type: none"> 1) Laboratory service is provided by North Bristol NHS Trust. 2) Lab not providing results within given timeframes. 3) Lab experiencing staff shortages. 	<ol style="list-style-type: none"> 1) Not within our influence 2) Timeframes <ul style="list-style-type: none"> • Fed back to the labs • Discussed in genetic counsellor meeting and cancer meeting; to be cautious when giving test turnaround time scales (due to dependency on lab).
<p>In Q1, the Division responded to 20 formal complaints. Five of these responses (25%) breached the deadline agreed with the complainant.</p>	<p>Key influencers:</p> <ol style="list-style-type: none"> 1) The May BHOC Fire exacerbated the existing BHOC management shortage in writing complaints. <p>May also corresponded with a new Head of Nursing starting</p>	<ol style="list-style-type: none"> 1) BHOC Fire & Vacancies <ul style="list-style-type: none"> • Fire resolved • Management vacancies recruited into. 2) Head of Nursing <ul style="list-style-type: none"> • SOP has now been drawn up, in process of cross referencing with PSCT SOPs to prevent any contradiction

	in post who needed to understand the process around complaints.	then roll out end of August.
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Figure 14: Specialised Services – formal and informal complaints received

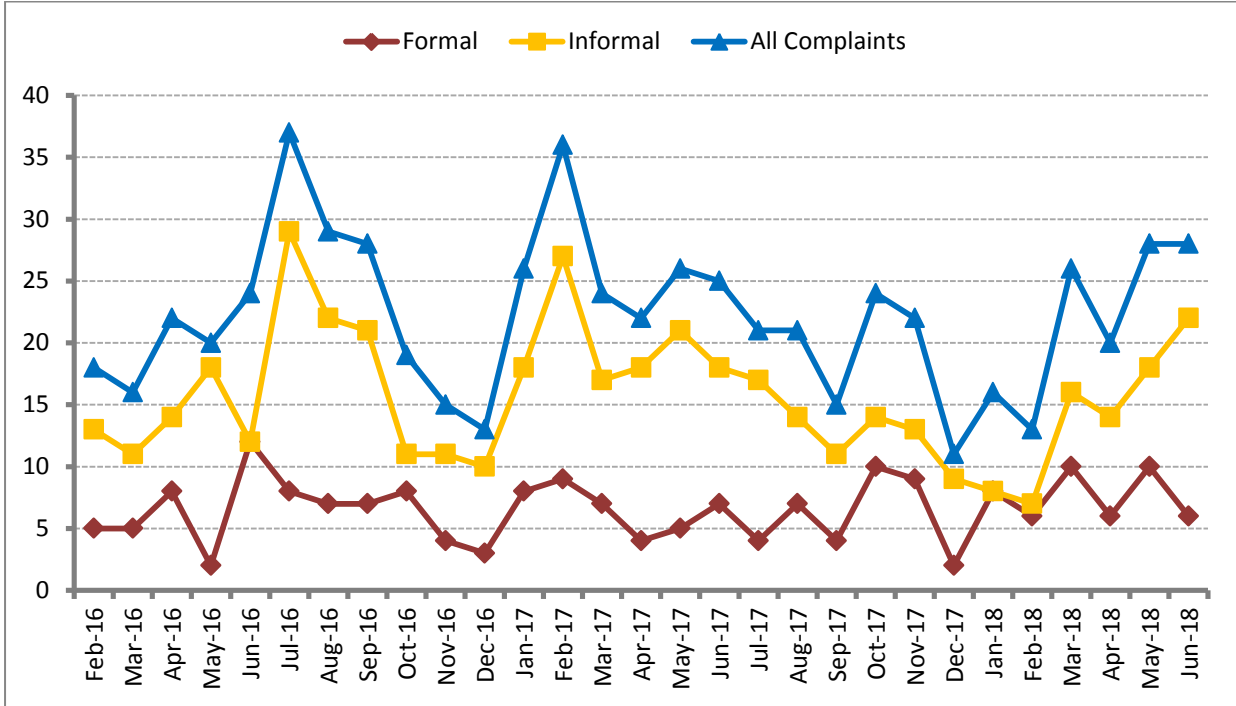


Figure 15: Complaints received by Bristol Heart Institute

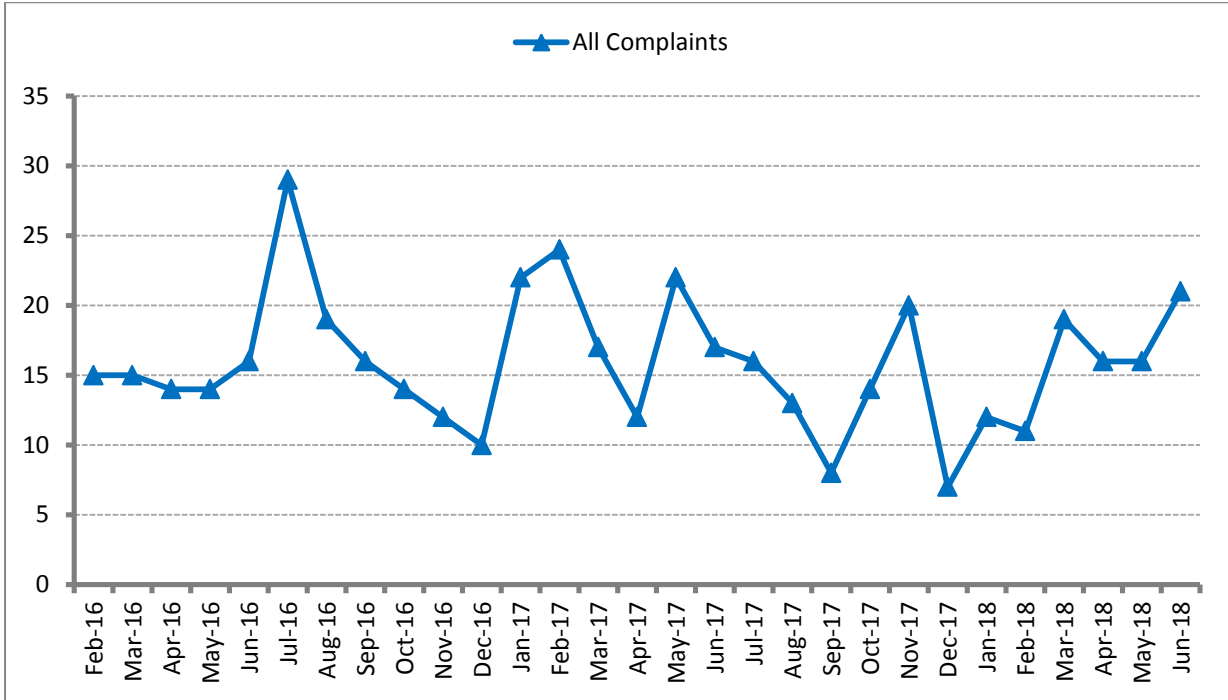


Figure 16: Complaints received by Bristol Heart Institute Outpatients

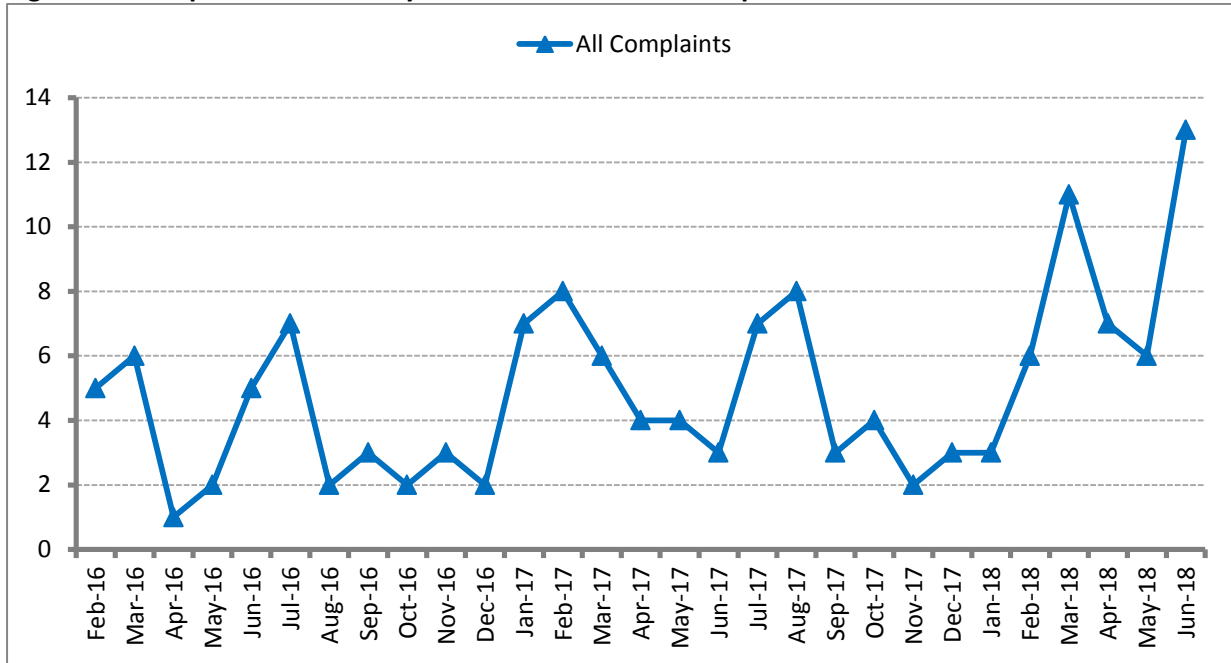
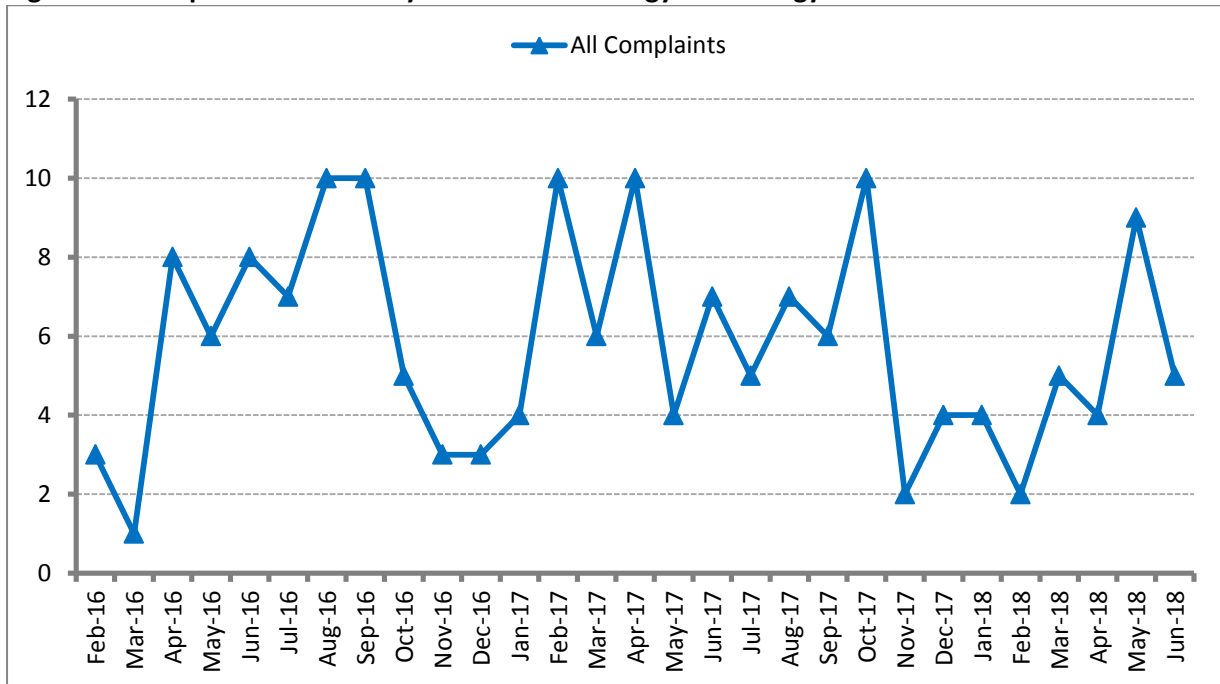


Figure 17: Complaints received by Bristol Haematology & Oncology Centre



3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division decreased slightly compared with the previous quarter. There was a decrease in the number of complaints received in all categories except 'attitude and communication', however there were increases in the sub-categories of 'clinical care medical' and 'clinical care nursing/midwifery'. Of the 63 complaints received in Q1 2018/19, the division investigated 35 via the formal process and 28 via the informal process.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q1 2018/19	Number and % of complaints received – Q4 2017/18
Clinical Care	25 (39.6% of total complaints) ↓	31 (44.9% of total complaints) ↑
Appointments & Admissions	17 (27%) ↓	18 (26.1%) ↑
Attitude & Communication	17 (27%) ↑	12 (17.4%) ↑
Facilities & Environment	2 (3.2%) ↓	3 (4.3%) =
Information & Support	1 (1.6%) ↓	2 (2.9%) ↓
Documentation	1 (1.6%) ↓	2 (2.9%) ↑
Discharge/Transfer/Transport	0 (0%) =	0 (0%) ↓
Access	0 (0%) ↓	1 (1.5%) ↑
Total	63	69

Table 14: Top sub-categories

Category	Number of complaints received – Q1 2018/19	Number of complaints received – Q4 2017/18
Clinical care (medical/surgical)	14 ↑	11 ↓
Cancelled or delayed appointments and operations	9 ↓	10 ↑
Clinical care (nursing/midwifery)	10 ↑	8 ↑
Communication with patient/relative	6 ↑	5 ↑
Attitude of admin/clerical staff	2 ↑	1 ↓
Attitude of medical staff	5 ↑	3 ↑
Failure to answer telephones /failure to respond	0 ↓	1 =
Appointment administration issues	7 ↑	3 ↑
Discharge arrangements	0 ↓	1 =
Attitude of nursing/midwifery	4 ↑	1 ↑

Table 15: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>Approximately 40% of all complaints received by the Division (25 of 63) in Q1 were in respect of clinical care. Clinical care has been the category with the highest number of complaints for the Division for the last five consecutive quarters.</p> <p>15 of the complaints about clinical care were received by Bristol Royal Hospital for Children (BRHC) and 10 by St Michael's Hospital (STMH).</p>	<p>BRHC We have seen a substantial increase in A&E activity over this quarter in relation to this time last year (approximately 15%). This has contributed to an increase in complaints as our level of responsiveness has been stretched with this acute increase in activity.</p> <p>STMH Many of the complaints at St. Michaels are because women have not understood what has happened to them in labour and why, or because their expectations of labour are not met. Women also sometimes find that post-natal care does not meet their expectations, having gone from 1 to 1 care in labour to 1 to 8 care from a midwife. This is a national issue.</p>	<p>BRHC We have reviewed and adjusted services as appropriate and we have seen a decrease in overall complaints in all categories in June, despite the continued high levels of activity.</p> <p>STMH The Maternity Service at UHBristol is working with the other providers of Maternity Services and the Commissioners across the BNSSG Local Maternity system (LMS) to implement the recommendations of Better Births which is a national must do. A work stream of the is to improve the post -natal experience of women by providing better infant feeding support, staff training, and a review of the bereavement care pathway.</p> <p>As part of the work stream it has been highlighted that now the partogram (pink paper work that labour care is documented on from the hand held maternity notes) no longer goes home with the patient, community midwives are not able to debrief women about their care. The partogram is put onto Evolve before the rest of the hand held notes to ensure it does not go missing, as the labour record is the most essential document where there is the possibility of litigation. The post- natal work stream has agreed to place posters on the post-natal wards inviting women to read their birth notes prior to discharge and midwives will encourage women in the hospital to discuss their labour and ask any questions. The Head of Midwifery is working with the information governance team to see whether it is possible for Midwives to encourage women to photograph</p>

		<p>their partogram.</p> <p>In some areas Maternity services have Birth after thoughts services. This is being looked at as part of the post-natal work stream within the LMS. In order to help with women's' expectations of the post-natal wards, the ward sisters have written an information welcome leaflet to inform patients and their partners about ward routine and processes.</p> <p>In addition there have been complaints relating clinical in gynaecology which are being addressed with individuals. Posters have also been put up in the ward to encourage patients who have issues to ask to speak to the sister or Matron.</p>
<p>Complaints about the paediatric orthopaedic service increased from one in Q4 to seven in Q1. Five of these seven complaints were in respect of 'appointments and admissions'.</p>	<p>BRHC We have seen a substantial increase in A&E activity over this quarter in relation to this time last year, with a substantial increase in trauma and orthopaedic cases. This has led to increased pressure on services from A&E, to Theatre to outpatients.</p>	<p>BRHC We have reviewed the pathways for orthopaedic cases in Theatres which has improved response times, and now need to review outpatients, which is under increasing pressure in relation to overall capacity.</p>
<p>During Q1, the Division responded to 44 formal complaints. Of these 44 responses, 10 breached the deadline that had been agreed with the complainant (22.7%). Nine of these breaches were attributable to delays within the Division. Of the nine breaches, eight were complaints investigated by BRHC.</p> <p>Also during Q1, the Division responded to 27 informal complaints and eight of these breached the agreed deadline. Seven of these breaches were in respect of</p>	<p>BRHC We recognise that our internal processes have areas that need improvement, both in terms of clinician involvement and ability to draft replies when several clinicians have been involved.</p>	<p>BRHC We are developing an alternative approach to complaint management that will be more family centric. It will involve meeting with the complainant at the start of the process to understand what their concerns are, and ensuring we feedback in the way that they are happy with (whilst remaining within national and Trust guidance).</p>

complaints investigated by BRHC.		
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Current priorities for improving how complaints are handled and resolved (STMH)

- Taking learning from Complaint Review Panel.

Priority issues we are seeking to address, based on learning from complaints (STMH):

- Patient Experience at the Heart workshops being started again in September.

Current priorities for improving how complaints are handled and resolved (BRHC)

- Following feedback from some families in relation to our responsiveness to complaints, recognition and imbedding of learning from complaints and understanding of the complainant’s actual concerns, we are aiming to implement some different ways of addressing and handling complaints. We will be meeting with families wherever possible, or consulting them over the telephone on receipt of their complaint, to fully understand what they are asking us to investigate.

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

- We will ensure that actions plans are clearly articulated to the family, together with clear plans for implementing required changes and auditing their effectiveness going forward.

Figure 18: Women & Children – formal and informal complaints received

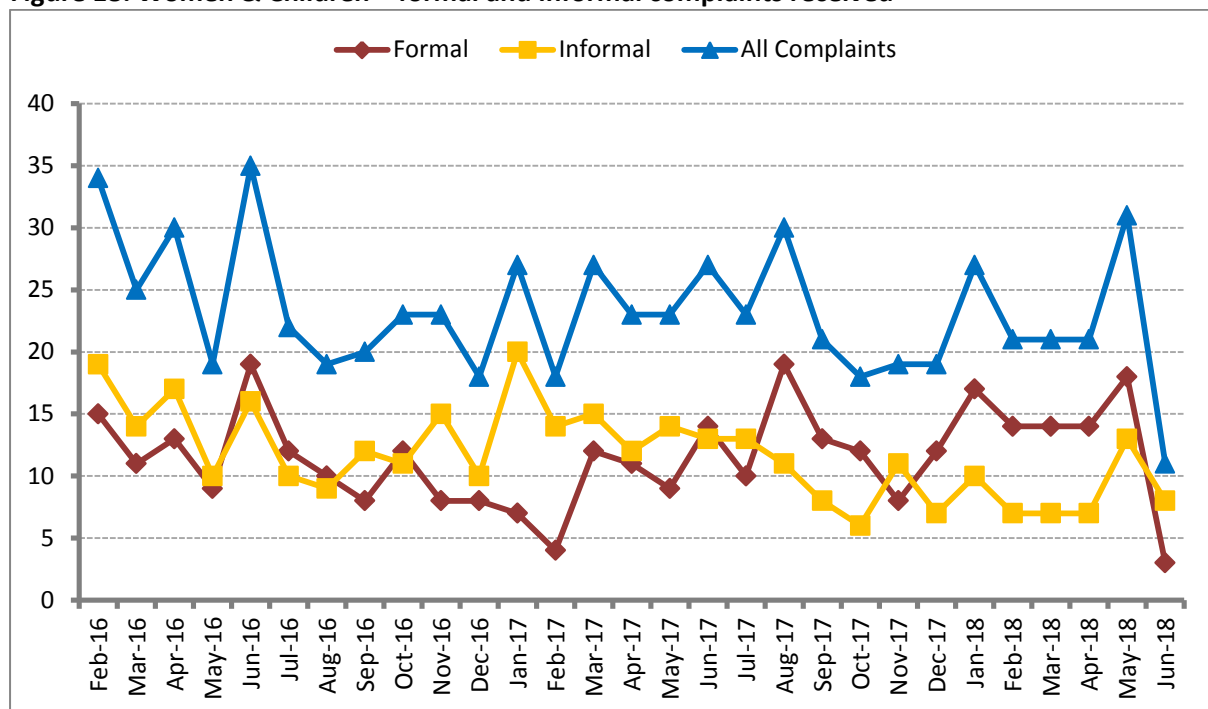


Figure 19: Complaints received by Bristol Royal Hospital for Children

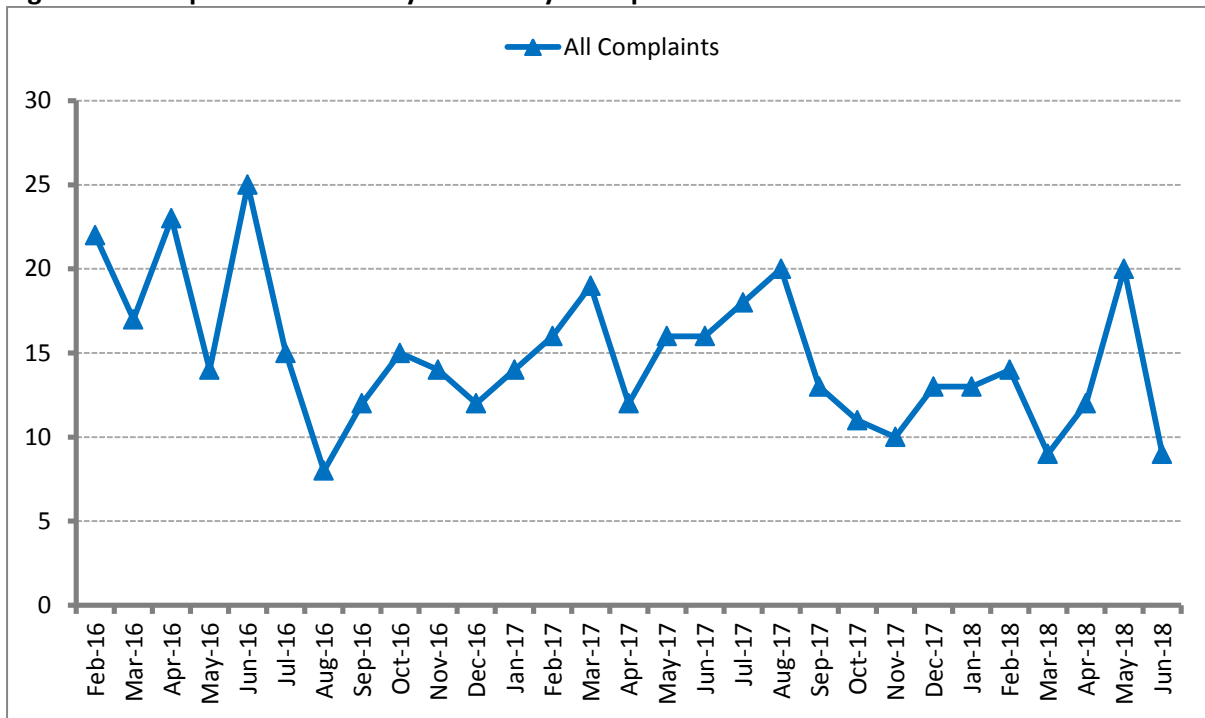
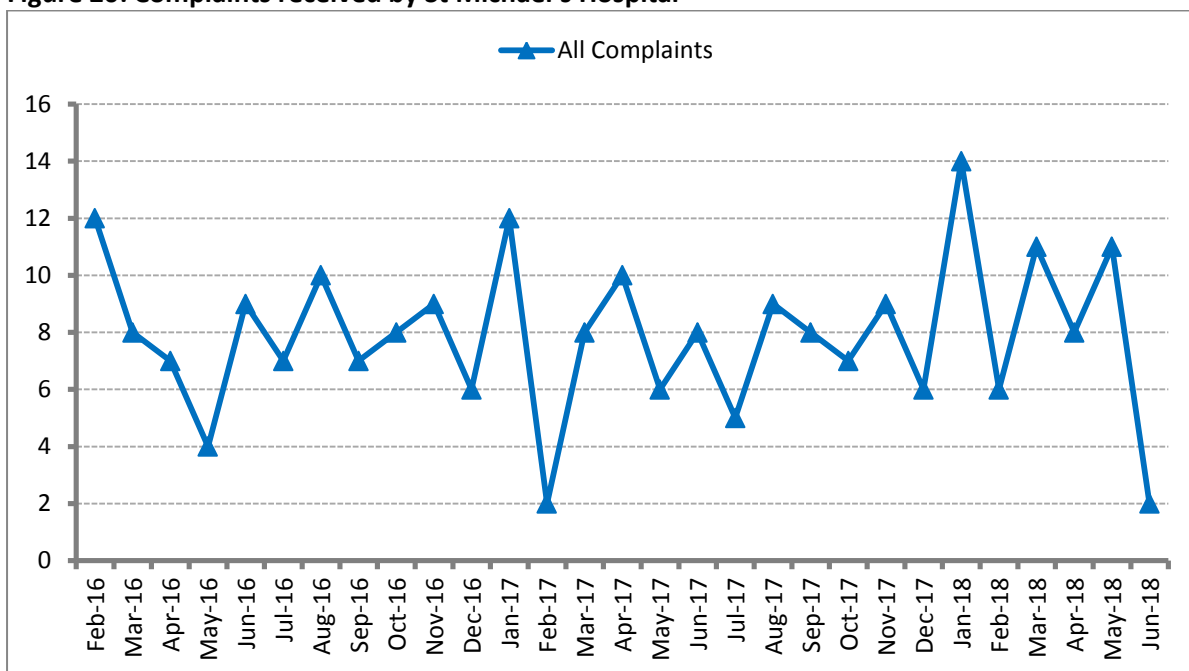


Figure 20: Complaints received by St Michael's Hospital



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies fell to 16 in Q1, compared with 20 in Q4. The majority of complaints received (seven each) were in respect of 'attitude and communication' and 'appointments & admissions'. The Division dealt with three of the 16 complaints received via a formal investigation, with the remaining 13 complaints being investigated informally. During Q1, the Division responded to five formal complaints and 16 informal complaints – they met the deadline on every one of these responses, with no breaches.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q1 2018/19	Number and % of complaints received – Q4 2017/18
Appointments & Admissions	7 (41.2%) ↑	4 (25%) ↓
Attitude & Communication	7 (41.2%) ↑	6 (%) ↓
Clinical Care	2 (11.8% of total complaints) ↓	5 (25% of total complaints) ↓
Information & Support	1 (5.9%) =	1 (6.3%) ↑
Facilities & Environment	0 (0%) ↓	4 (%) =
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	17	20

Table 17: Top sub-categories

Category	Number of complaints received – Q1 2018/19	Number of complaints received – Q4 2017/18
Cancelled or delayed appointments and operations	2 ↓	3 =
Appointment administration issues	2 ↑	1 =
Attitude of medical staff/AHPs	2 ↓	3 ↑
Communication with patient/relative	2 ↑	1 =
Clinical care (nursing)	1 ↑	0 =
Clinical care (medical/AHPs)	0 ↓	2 =
Failure to answer telephones /failure to respond	0 ↓	1 ↓
Attitude of nursing/midwifery	0 =	0 =
Discharge arrangements	0 =	0 =
Attitude of admin/clerical staff	0 =	0 =

Table 18: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The Division received eight complaints about Radiology services during Q1.</p> <p>Five of the eight complaints were in respect of 'attitude and communication'.</p>	<p>The five complaints regarding 'attitude and communication' were with regarding:</p> <p>Lack of communication and ease of rearranging appointment.</p> <p>Staff member rude and abrupt to parent and patient.</p> <p>Lack of communication from staff around reasons for appointment delay while waiting.</p> <p>Lack of communication between hospitals.</p> <p>Poor communication and explanation of cancelled scan.</p>	<p>Current staffing shortages mean appointments are not able to be booked as quickly as usual, recruitment is ongoing. Patient was offered four appointments, three of which she could not attend.</p> <p>Apology from the consultant paediatric radiologist, unaware that he had come across in such a manner and it was not his intention.</p> <p>Patient called and explanation that given there are several modalities for the waiting area so it may seem other patients are being called out of turn. Apologised for the lack of communication from staff and a reminder to staff to keep patients updated on any delays.</p> <p>Investigation ongoing – now a formal complaint in Q2.</p> <p>Explanation for cancellation of scan detailing safety concerns provided. Confirmation this was shared with appropriate consultant on the day and the family were informed at the time the reasons for cancelling.</p>

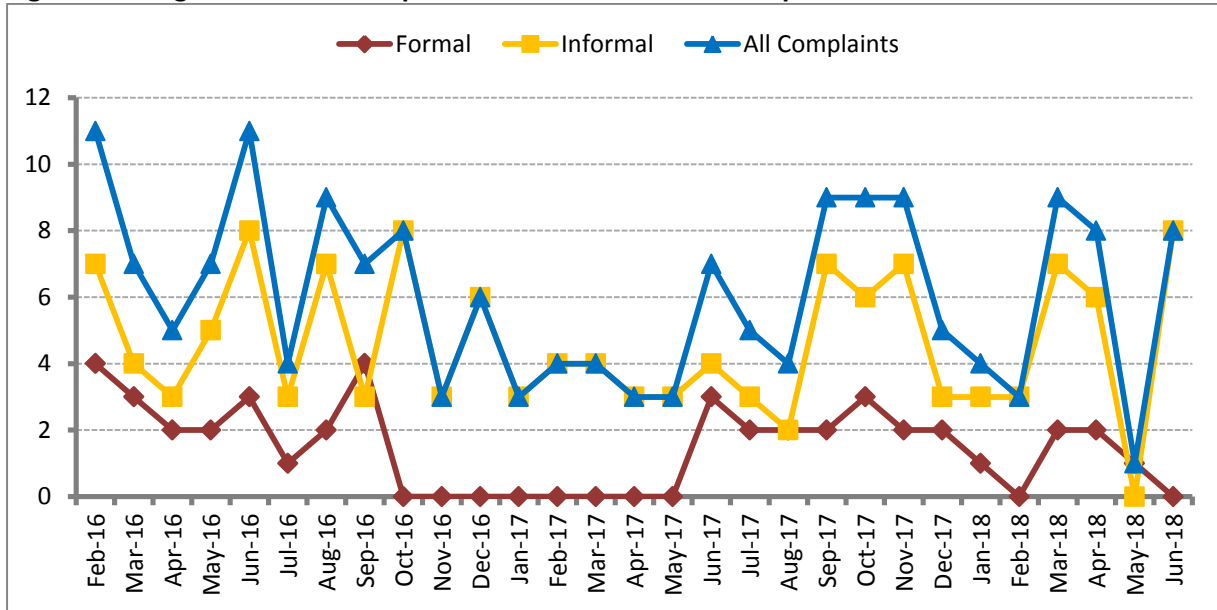
Current divisional priorities for improving how complaints are handled and resolved

- Within Diagnostics and Therapies, there is a robust process in place for the handling and resolving of complaints, there have been no breaches for formal complaints led by the division in the last year.

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

- There have only been six formal complaints led by D&T to date for 2018/19 with no current issues or themes to report on for the division this financial year so far.

Figure 21: 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 23 complaints in Q1, compared with 20 in Q4. Of the 23 complaints received in Q1, eight were related to parking (mainly disputed parking tickets/fines) and four were received about the Welcome Centre/Reception at the BRI. The remaining 11 complaints were spread across various services, including the Private & Overseas Patients Office, Cashiers, Patient Affairs and Portering. No discernible trends were noted in respect of these 11 complaints.

Figure 22: Trust Services – formal and informal complaints received

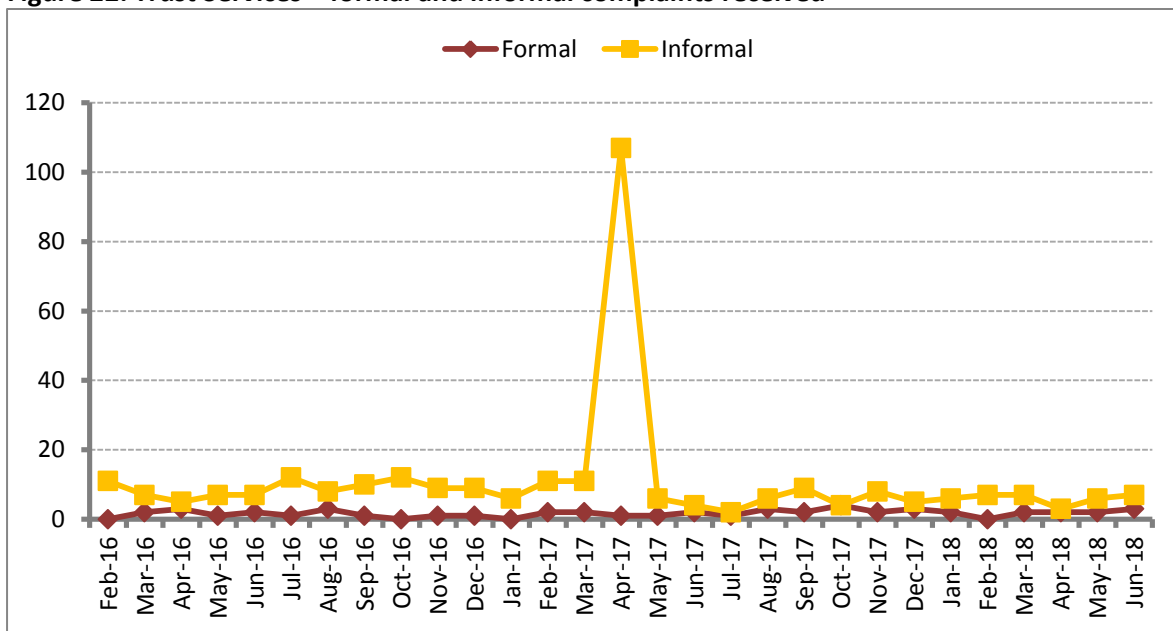
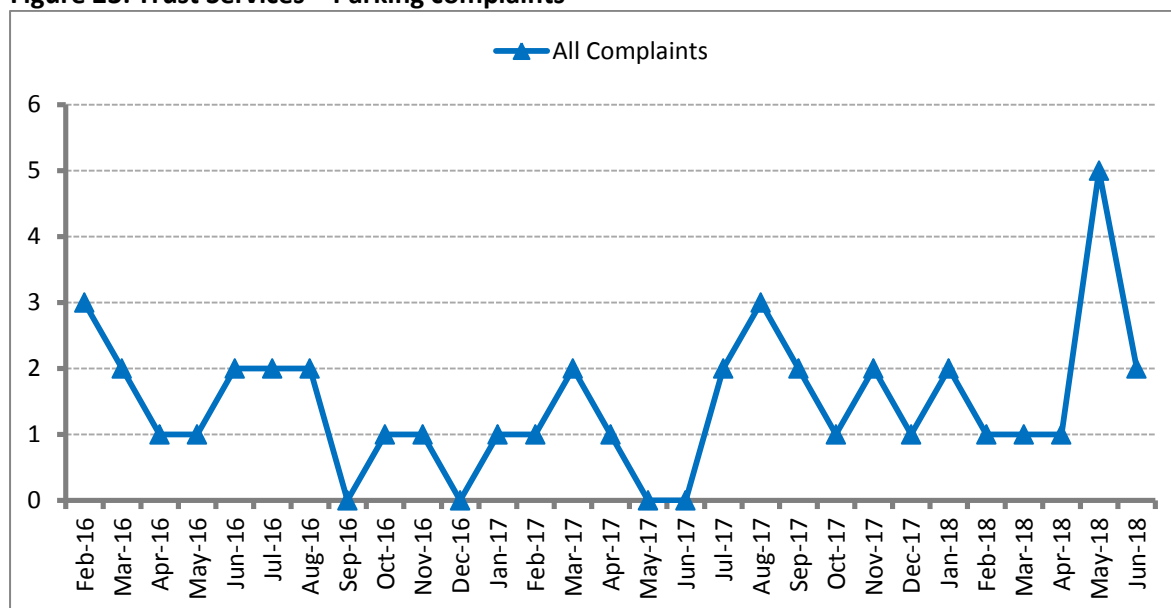


Figure 23: Trust Services – Parking complaints



3.2 Complaints by hospital site

Of those complaints with an identifiable site, the breakdown by hospital is as follows:

Table 19: Breakdown of complaints by hospital site³

Hospital/Site	Number and % of complaints received in Q1 2018/19	Number and % of complaints received in Q4 2017/18
Bristol Royal Infirmary	178 (39.9% of total complaints) ↓	182 (43% of total complaints) ↑
Bristol Heart Institute	58 (13%) ↑	42 (9.9%) ↓
Bristol Dental Hospital	50 (11.2%)	50 (11.8%) ↑
Bristol Royal Hospital for Children	46 (10.3%) ↑	37 (8.8%) ↑
St Michael's Hospital	38 (8.5%) ↓	45 (10.7%) ↑
Bristol Eye Hospital	32 (7.3%) ↓	33 (7.8%) ↑
Bristol Haematology & Oncology Centre	18 (4%) ↑	12 (2.8%) ↓
South Bristol Community Hospital	11 (2.6%) ↓	12 (2.8%) ↑
Central Health Clinic	6 (1.3%) ↑	3 (0.7%) ↓
Southmead and Weston Hospitals (UH Bristol services)	3 (0.7%) ↑	2 (0.5%) ↓
Trust Car Parks	2 (0.4%) =	2 (0.5%) =
Trust Headquarters	1 (0.2%) ↑	0 (0%) ↓
Off Trust Premises	1 (0.2%) ↑	0 (0%) ↓
Unity Community Sexual Health	1 (0.2%) ↓	1 (0.2%) ↓
Community Midwifery Services	1 (0.2%) ↑	0 (0%) =
Community Dental Sites (Charlotte Keel)	0 (0%) ↓	2 (0.5%) ↑
TOTAL	446	423

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.

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 24 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, 49.3% (*45.3%) of complaints received were about outpatient services, 30% (34.3%) related to inpatient care, 6% (9.7%) were about emergency patients; and 14.7% (10.8%) were in the category of 'other' (as explained above).

* Q4 percentages are shown in brackets for comparison.

Figure 24: All patient activity

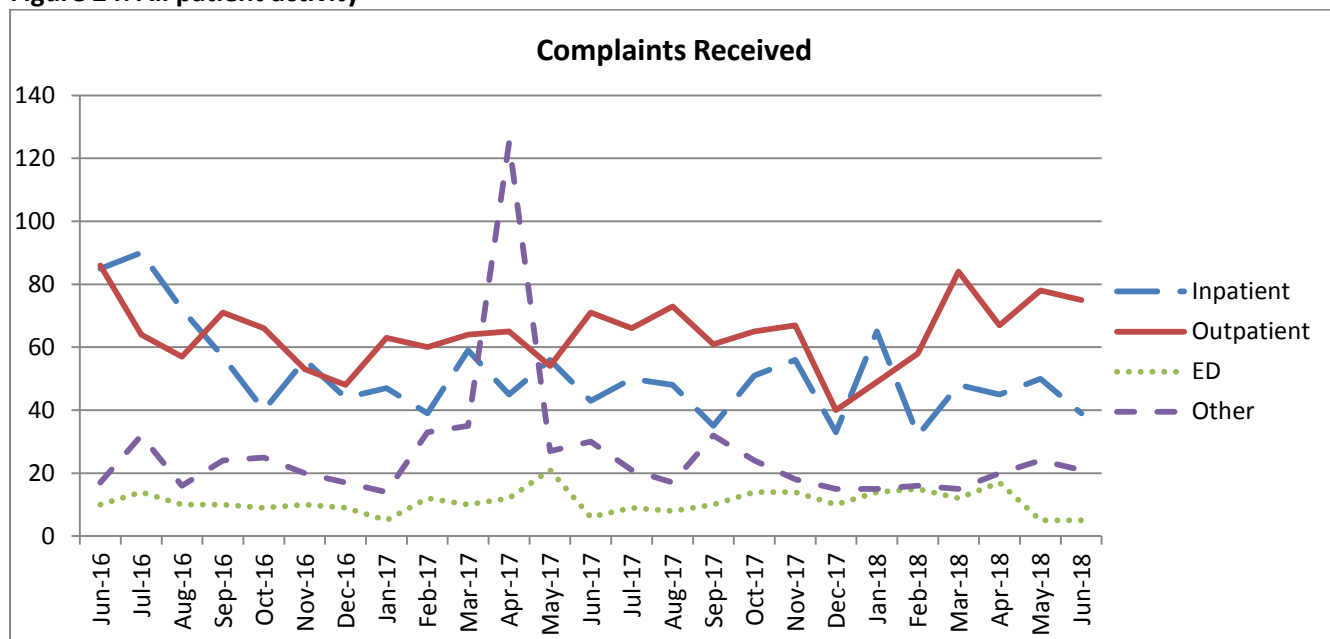


Table 20: Breakdown of Area Type

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
Jun-16	10	85	86	17	198
Jul-16	14	90	64	32	200
Aug-16	10	72	57	16	155
Sep-16	10	57	71	24	162
Oct-16	9	40	66	25	140
Nov-16	10	56	53	20	139
Dec-16	9	44	48	17	118
Jan-17	5	47	63	14	129
Feb-17	12	39	60	33	144
Mar-17	10	59	64	35	168
Apr-17	12	45	65	125	247
May-17	21	56	54	27	158
Jun-17	6	43	71	30	150

Jul-17	9	50	66	21	146
Aug-17	8	48	73	17	146
Sep-17	10	35	61	32	138
Oct-17	14	51	65	24	154
Nov-17	14	56	67	18	155
Dec-17	10	33	40	15	98
Jan-18	14	65	49	15	143
Feb-18	15	32	58	16	121
Mar-18	12	48	84	15	159
Apr-18	17	45	67	20	149
May-18	5	50	78	24	157
Jun-18	5	39	75	21	140
Grand Total	282	1331	1675	672	3960

3.3 Complaints responded to within agreed timescale

All Divisions, with the exception of Diagnostics & Therapies, reported breaches in Q1, totalling 25 breaches, which is fewer than the number recorded in the three preceding quarters. The largest percentage of breaches reported was by the Division of Trust Services (33.3% of all responses).

Table 21: Breakdown of breached deadlines

Division	Q1 (2018/19)	Q4 (2017/18)	Q3 (2017/18)	Q2 (2017/18)
Surgery	4 (5.0%)	5 (9.2%)	9 (10.8%)	8 (14.3%)
Women & Children	10 (22.2%)	11 (34.4%)	9 (25.7%)	15 (38.5%)
Trust Services	3 (33.3%)	6 (42.8%)	5 (62.5%)	5 (45.5%)
Medicine	4 (7.4%)	6 (11.8%)	4 (8%)	5 (11.1%)
Specialised Services	4 (20%)	2 (10.5%)	3 (12.5%)	3 (12%)
Diagnostics & Therapies	0 (0%)	1 (20%)	0 (0%)	0 (0%)
All	25 breaches	31 breaches	30 breaches	36 breaches

(So, as an example, there were 4 breaches of timescale in the Division of Specialised Services in Q1, which constituted 20% of the complaint responses which were sent out by that division in Q1.)

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

Table 21 shows a breakdown of where the delays occurred in Q1. The Divisions were responsible for 18 of the breaches, three were caused by delays in the Patient Support & Complaints Team and four breaches were attributable to delays during Executive sign-off. Delays caused by the Patient Support & Complaints Team were due to staff sickness when the team was short-staffed so some responses were not checked and sent for signing as soon as they were received from the Divisions.

Table 22: Reason for delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	3	2	3	8	0	2	18
Patient Support & Complaints Team	1	0	1	0	0	1	3
Executives/sign-off	0	2	0	2	0	0	4
All	4	4	4	10	0	3	25

3.4 Outcome of formal complaints

In Q1 we responded to 213 formal complaints⁴. Tables 23 and 24 below show a breakdown, by Division, of how many cases were upheld, partly upheld or not upheld in Q1 of 2018/19 and Q4 of 2017/18 respectively.

Table 23: Outcome of formal complaints – Q1 2018/19

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

Table 24: Outcome of formal complaints – Q4 2017/18

	Upheld	Partly Upheld	Not Upheld
Surgery	10 (18.5%)	28 (51.9%)	16 (29.6%)
Medicine	13 (25.5%)	26 (51%)	12 (23.5%)
Specialised Services	8 (42.1%)	8 (42.1%)	3 (15.8%)
Women & Children	11 (34.4%)	17 (53.1%)	4 (12.5%)
Diagnostics & Therapies	1 (20%)	3 (60%)	1 (20%)
Trust Services	5 (35.7%)	3 (21.4%)	6(42.9%)
Total	48 (27.4%)	85 (48.6%)	42 (24%)

4. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. The team also recorded and acknowledged 49 compliments received during Q1 and shared these with the staff involved and their Divisional teams.

Table 25 below shows a breakdown of the 165 requests for advice, information and support dealt with by the team in Q1.

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

Table 25: Enquiries by category

Category	Enquiries in Q1 2018/19
Hospital information request	48
Information about patient	27
Medical records requested	18
Signposting	15
Clinical information request	14
Appointment enquiries	7
Appointment administration issues	5
Clinical care	4
Accommodation enquiry	4
Personal property	4
Emotional support	3
Travel arrangements and transport	2
Benefits and social care	2
Discharge arrangements	2
Support with access	2
Expenses claim	1
Communication	1
Freedom of information request	1
Disability support	1
Admission arrangements	1
Patient choice information	1
Invoicing	1
Translating and interpreting	1
Total	165

In addition to the enquiries detailed above, in Q1 the Patient Support and Complaints team recorded 159 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, 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 dealt with a total of 819 separate enquiries in Q1 2018/19, compared with 741 in Q4 and 710 in Q3.

5. 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, 236 complaints were received in writing (email, letter or complaint form) and 210 were received verbally (33 in person via drop-in service and 177 by telephone). Of the 446 complaints received in Q1, 98.7% (440 out of the 446 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This compares with 97.6% in Q4.

The Patient Support & Complaints Manager has reviewed the cases that were not acknowledged within timescale and, as during Q4, all six occurred when the team were experiencing high levels of

sickness during April 2018 and were without administrative cover for a short period. As a result, some administrative work unfortunately fell slightly behind.

6. PHSO cases

During Q1, the Trust was advised of two new Parliamentary and Health Service Ombudsman (PHSO) interest in specific complaints. During the same period, two existing cases remain ongoing. Three cases were closed during Q1, one of which was upheld and all recommendations have been complied with, one was partly upheld and all recommendations have been complied with and one was closed by the PHSO without investigation or further action required.

Table 26: Complaints opened 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
5741	JF	SM	23/01/2017 [21/05/2018]	BHI	Ward C604 (CICU)	Specialised Services
Contacted by PHSO asking if we were still investigating this complaint. We advised that we had sent several responses in writing and had met with the complainant and sadly not much further we could tell her. We also advised that an RCA investigation had been carried out. We have not heard anything from the PHSO since sending them that information on 21 May 2018.						
11432	KW	IW	23/11/2017 [19/04/2018]	BDH	Adult Restorative Dentistry	Surgery
We advised the PHSO that the complaint was made due to the patient not qualifying for NHS treatment in this instance. The PHSO have informed us that they are taking no further action on this case. They explained to the patient that the NHS Constitution recognises that there are circumstances which prevent providers from treating all patients who need its service. In such cases, it is the responsibility of the patient's local Clinical Commissioning Group (the CCG) to facilitate treatment elsewhere or consider procuring treatment in the private sector.						

Table 28: 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
10267	SL		20/09/2017 [02/07/2018]	SBCH	Radiology (SBCH)	Diagnostics & Therapies
Complaint investigation and response led by Bristol Community Health (BCH). PHSO have asked whether we will jointly pay patient financial remedy for her suffering. Currently awaiting response from Division and Legal Services as this may become a clinical negligence case.						
695	BG	N/A	04/03/2016 [12/03/2018]	BEH and BRI	BEH ED and BRI Radiology	Surgery and Diagnostics & Therapies
Copy of complaint file and medical records sent to PHSO on 26/03/2018 so they could decide						

whether to investigate and/or take any further action. We contacted PHSO on 07/06/2018 to enquire as to progress but have not received a reply as yet. Currently waiting to hear further from PHSO.

Table 29: Complaints formally closed by 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
679	LH		02/03/2016 [09/05/2017]	BEH	Outpatients	Surgery
The Trust accepted the findings of the PHSO's report and their decision to partly uphold the complaint. We have complied with their recommendations, which included sending the patient a payment of £629.40.						
7407	JW-S	LS	20/04/2017 [31/01/2018]	BHI	Cardiology	Specialised Services
PHSO's final report received 30/05/2018 upholding the complaint. All recommendations of report accepted and complied with, including a payment of £750 to the complainant.						
6693	CL	SL	16/03/2017 [01/02/2018]	BRI	Ward A700	Surgery
PHSO closed the case in May 2018 with no further action taken.						

7. Complaint Survey

Since February 2017, the Patient Support and Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. Prior to this, surveys had been issued retrospectively on an annual basis; this meant that for some complainants, a year had passed since they had made their complaint and many struggled to recall the details.

The survey responses are now monitored on a regular basis and one improvement has already been made to the way that the Patient Support & Complaints team work as a direct result of the responses received. Respondents told us that they were not always made aware of SEAP and other independent advocacy services. The team now ensures that all complainants (not just those making a formal complaint) are provided with details of these advocacy services.

Table 28 below shows data from the 45 responses received during Q1, compared with those received in previous quarters. Whilst it is concerning that only 11.1% of respondents felt that the Trust would do things differently as a result of their complaint, it should be noted that the numbers are very small and this only equates to five respondents.

Table 28: Complaints Survey Data

Survey Measure/Question	Q1 2018/19	Q4 2017/18	Q3 2017/18	Q2 2017/18
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	68.2%	66.7%	83%	71.1%
Respondents who felt that the Trust would do things differently as a result of their	11.1%	22.2%	20%	37.2%

complaint.				
Respondents who found out how to make a complaint from one of our leaflets or posters.	7.5%	10.3%	5.6%	14.3%
Respondents who confirmed we had told them about independent advocacy services.	33.3%	35.7%	37%	31.1%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	66.7%	72.4%	64.3%	73.9%
Respondents who felt satisfied or very satisfied with how their complaint was handled.	64.5%	57.2%	66.1%	67.4%
Respondents who said they did not receive their response within the agreed timescale.	18.6%	33.3%	28.6%	20.5%
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	95.5%	92.9%	91.1%	100%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	84.5%	71.5%	83.9%	78.3%
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	31.8%	33.3%	20.4%	23.9%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	2.3%	0%	1.8%	6.8%
Respondents who said that our response addressed all of the issues that they had raised.	60%	50%	62.3%	44.4%

8. Protected Characteristics

This report includes statistics relating to the protected characteristics of patients who have made a complaint. The areas recorded are age, ethnic group, gender, religion and civil status.

The Patient Support and Complaints Team continues to work hard to ensure that as much of this information as possible is gathered from patients, in order to reduce the numbers reported in each category as “unknown”. It should be noted that these statistics relate to the **patient** and not the complainant (if someone else has complained on their behalf).

8.1 Age

Age Group	Number of Complaints Received Q1 2018/19
0-15	36
16-24	24
25-29	29
30-34	32
35-39	29
40-44	18

45-49	25
50-54	30
55-59	25
60-64	28
65+	126
Unknown	44
Total Complaints	446

8.2 Ethnic Group

Ethnic Group	Number of Complaints Received Q1 2018/19
White British	303
Any Other White Background	15
Mixed - White and Black Caribbean	8
Black Caribbean or Black British Caribbean	5
Black African or British African	4
Indian or British Indian	3
White Irish	3
Any Other Asian Background	3
Pakistani or British Pakistani	2
Any Other Ethnic Group	2
Bangladeshi or British Bangladeshi	1
Chinese	1
Any Other Black Background	1
Mixed – White and Asian	1
Unknown/Not stated	94
Total Complaints	446

8.3 Religion

Religion	Number of Complaints Received Q1 2018/19
Christian:	164
Church of England	113
'Christian'	22
Catholic (Roman Catholic)	18
Baptist	4
Methodist	3
Church of Scotland	2
Protestant	1
Salvation Army	1
Not Religious	93
Muslim	8
Atheist	6
Agnostic	3
Hindu	1
Jehovah's Witness	1
Jewish	1

Spiritualist	1
Unknown/Not stated	168
Total Complaints	446

8.4 Civil Status

Civil Status	Number of Complaints Received Q1 2018/19
Married/Civil Partnership	127
Single	122
Divorced/Dissolved Civil Partnership	20
Co-habiting	16
Widowed/Surviving Civil Partner	9
Separated	7
Unknown/Not Stated	137
Total Complaints	446

8.5 Gender

Of the 446 complaints received in Q1 2018/19, 273 (61.2%) of the patients involved were female, 161 (36.1%) were male and 12 (2.7%) did not state their gender.