

**Report to the Council of Governors meeting to be held on 31 October 2018 at  
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,  
 Bristol, BS1 3NU**

		<b>Agenda Item</b>	2.2
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31 October 2018
<b>Report Title</b>	Quarterly Patient Experience Report (Quarter 1)		
<b>Author</b>	Paul Lewis, Patient Experience and Involvement Team Manager		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

**Executive Summary**

Purpose

To provide the Council of Governors with survey data relating to service-user experiences at UH Bristol and a summary of Patient and Public Involvement activity being carried out at the Trust.

Key issues to note:

*UH Bristol patient-reported experience surveys*

The key messages from the Trust's corporate survey programme are as follows:

- All of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 1, indicating the continued provision of a high quality experience for service-users
- UH Bristol continues to receive positive scores in our surveys, with 99% of patients rating their care as excellent, very good or good
- South Bristol Community Hospital's headline survey scores increased for the fourth consecutive

quarter. This coincides with the ongoing work that has been carried out to improve patient experience at the hospital

- Three negative outliers are highlighted in the report:
  - Ward C808 (care of the elderly) had the lowest headline survey scores during Quarter 1: the Division of Medicine is working with the ward to address a large number of staff vacancies and manage significant increases in the number of patients requiring intensive support from the ward staff
  - Ward A528 (care of the elderly ward) continues to receive relatively low survey scores. In Quarter 1 the *Face2Face* volunteer interview team talked to patients and families on the ward to try and understand the reasons for this, but the feedback received was generally very positive. The Division of Medicine is supporting the ward to help manage a significant increase in the number of patients requiring intensive support from staff
  - Patient-reported waiting times in outpatient clinics at the Bristol Haematology and Oncology Centre were relatively long in Quarter 1: this reflects disruption caused by a fire at the hospital during the period. It is also set against a wider backdrop of increasing service demand, which the Division of Specialised Services is working to meet through a range of development and improvement projects.

#### *Care Quality Commission National Inpatient Survey*

The Care Quality Commission 2017 National Inpatient Survey results were released in Quarter 1 18/19. In this survey, four UH Bristol survey scores were classed as being better than the national average to a statistically significant degree, with one score being below this benchmark. The remaining 53 UH Bristol scores were classed as being in line with the national average. In the previous national inpatient survey (2016), twenty UH Bristol scores were classed as being better than the national average. Analysis by the Trust's Patient Experience and Involvement Team suggests that the Trust's performance in 2017 was in line with 2016, when margins of error in the survey data are taken into account. UH Bristol achieved the second highest overall patient experience rating of any general acute trusts nationally in 2017. A detailed analysis report, including a summary of activities being carried out that will address the improvement themes identified through the survey, was provided to the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board in June 2018.

#### *Patient and Public Involvement*

Examples of Patient and Public Involvement projects undertaken during Quarter 1 are provided in the Quarterly Report, including:

- In collaboration with the adult Ear, Nose and Throat team and the University of Bristol, patient focus groups were held to inform the design of a novel implantable artificial larynx. Patients who had undergone the removal of their larynx and the separation of the airway

from the mouth, nose and oesophagus participated in the group. This insight will inform the development of a research project

- The Trust's Patient and Public Involvement Lead attended the Bristol Deaf Health Partnership, comprising a range of deaf community representatives and local NHS providers

Members of UH Bristol's Involvement Network contributed their views about the proposed UH Bristol Transport Hub.

**Recommendations**

Governors are asked to:

- **Note** the report.

**Intended Audience**

(please tick any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
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**Date papers were previously submitted to other committees**

<b>Nominations &amp; Appointments Committee</b>	<b>Quality Focus Group</b>	<b>Governor Strategy Group</b>	<b>Constitution Focus Group</b>	<b>Public Trust Board 27 September 2018</b>
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# Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data  
received up to Quarter 1 2018/19*

**Author:** Paul Lewis, Patient Experience and Involvement Team Manager

## Patient Experience and Involvement Team

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## 1. Overview of patient-reported experience at UH Bristol: update since the last Quarterly Report

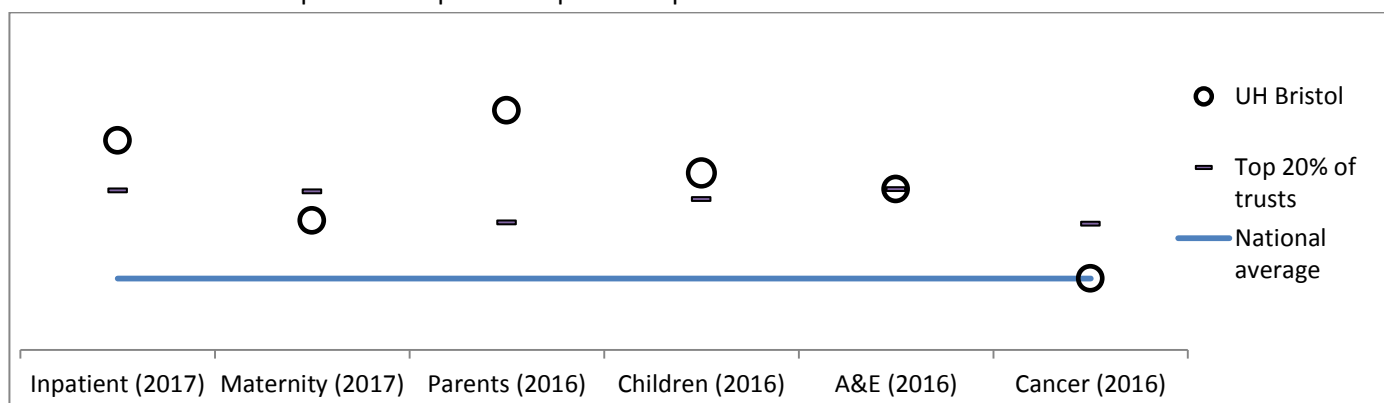
Successes	Priorities
<ul style="list-style-type: none"> <li>The 2017 national inpatient survey results were released in Quarter 1: UH Bristol's overall experience rating from patients was the second highest non-specialist trust score nationally</li> <li>UH Bristol continues to receive positive scores in our local surveys, with 99% of inpatients and outpatients rating their care as excellent, very good or good</li> <li>All of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 1, indicating the continued provision of a high quality experience for our service-users</li> <li>South Bristol Community Hospital's headline inpatient survey scores have improved for four successive quarters. This coincides with ongoing work that has been carried out to improve patient experience at the hospital</li> </ul>	<p>During Quarter 1 a tender exercise was completed for the purchase of an electronic patient feedback system. This system will comprise around 15-20 touchscreen feedback points located in the Trust's hospitals. Patients and visitors will also be able to give feedback through the system via their own mobile devices. The system will capture general survey feedback as well as allowing people to request a call back if they have a specific issue or concern: this request will generate an automated email that, in the first phase of the implementation, will be sent to the Patient Support and Complaints Team. The roll out of the touchscreens and accompanying marketing (e.g. posters, signage) will take place in the Bristol Royal Infirmary during Quarter 3. Following an evaluation period, a wider roll out to all hospital sites will commence, including the direct routing of email alerts into Divisional teams.</p>
Opportunities	Risks & Threats
<p>The 2017 national inpatient survey results were released in Quarter 1. The Trust achieved a positive performance in the survey. Key work streams being carried out at UH Bristol to further improve patient experience include:</p> <ul style="list-style-type: none"> <li>Learning from the concept of "customer service" in the private sector, to provide a more <u>consistently</u> excellent experience for our patients and visitors</li> <li>Procurement of a rapid-time electronic feedback system, to encourage service users to give feedback - particularly when they have concerns / issues</li> <li>Improved "marketing" around our hospitals to ensure that patients and visitors know how to give feedback or make a complaint, and feel empowered to do so</li> <li>A focus on improving patient experience in care of the elderly, maternity and cancer services</li> </ul>	<ul style="list-style-type: none"> <li>Ward C808 (care of the elderly) had the lowest headline survey scores during Quarter 1: the Division of Medicine is currently working with the ward to address a large number of staff vacancies and manage significant increases in the number of patients requiring intensive support from the ward staff.</li> <li>Ward A528 (care of the elderly ward) continues to receive relatively low survey scores. In Quarter 1 the <i>Face2Face</i> volunteer interview team talked to patients and families on the ward to try and understand the reasons for this, but the feedback received was generally very positive. The Division of Medicine is currently supporting the ward to help manage a significant increase in the number of patients requiring intensive support from staff.</li> <li>Patient-reported waiting times in outpatient clinics at the Bristol Haematology and Oncology Centre were relatively long in Quarter 1: this reflects disruption caused by a fire at the hospital during the period. It is also set against a wider backdrop of increasing service demand, which is putting significant pressure on clinic capacity that the Division of Specialised Services is working to address.</li> </ul>

## 2. Patient survey data

### 2.1 National benchmarks

The national survey programme provides a comparison of patient-reported experience at UH Bristol against other English NHS hospital trusts. Chart 1 shows that UH Bristol performs in line with or better than the national average in these surveys. At UH Bristol, the results of each national survey, along with improvement actions / learning identified from them, are reviewed by the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

**Chart 1:** UH Bristol's hospital based patient-reported experience relative to national benchmarks



The 2017 national inpatient survey results were released in Quarter 1. In this survey, four UH Bristol survey scores were classed as being better than the national average to a statistically significant degree, with one score being below this benchmark. The remaining 53 UH Bristol scores were classed as being in line with the national average.

In the previous national inpatient survey (2016), twenty UH Bristol scores were classed as being better than the national average. Analysis of the national survey results and our own (much more accurate) local survey data by the Trust's Patient Experience and Involvement Team, suggests that this apparent decline in performance between 2016 and 2017 was primarily caused by margins of error in the survey data, rather than a deterioration in service quality. For example, in 2017, UH Bristol still achieved the second highest overall patient experience rating of any general acute trusts nationally.

A number of improvement projects are underway at UH Bristol that have been developed specifically in response to our local and national survey results. These projects include:

- The Trust's corporate quality objective relating to embedding a customer service mind set across the organisation, which will help to ensure that a more consistently excellent experience is provided to service-users and colleagues
- Procurement of a rapid-time electronic feedback system, to empower our service users to give feedback - particularly when they have an or concern about their care
- Improved "marketing" around our hospitals to ensure that patients and visitors know how to give feedback or make a complaint
- A focus on improving patient experience in care of the elderly, maternity and cancer services

## 2.2 Overview of Quarter 1 performance

In Quarter 1, all of the Trust’s headline patient-reported experience measures at Trust and Divisional level were above their target levels, indicating that patients continue to report a very positive experience at UH Bristol (Table 1).

The Trust’s response rate in the outpatient Friends and Family Test exceeded its target in Quarter 1 (6.3% against a target of 6%), having been slightly below this in the previous quarter. This improvement was attributable to the extension of the SMS (text message) arm of this survey to the Bristol Royal Hospital for Children, significantly boosting the number of participants / responses.

Detailed analysis of the survey data, down to ward level, is provided in Section 2.3 of this report. Table 2 (over) identifies scores that were “negative outliers” within this wider dataset and summarises action(s) undertaken in response to them<sup>1</sup>. Further information about the scoring used in this report, along with the methodologies adopted in the Trust’s patient experience and involvement programme, can be found in Appendices A and B.

**Table 1:** Quarter 1 Trust-level patient-reported experience at-a-glance

	Current Quarter (Quarter 1)	Previous Quarter (Quarter 4)
Inpatient experience tracker score	Green	Green
Inpatient kindness and understanding score	Green	Green
Inpatient Friends and Family Test score	Green	Green
Outpatient experience tracker score	Green	Green
Day case Friends and Family Test score	Green	Green
Emergency Department Friends and Family Test score	Green	Green
Inpatient / day case Friends and Family Test response rate	Green	Green
Outpatient Friends and Family Test response rate	Green	Red
Emergency Department Friends and Family Test response rate	Green	Green

<sup>1</sup>The survey scores shown in this report provide an indication of how service-users rate their experience at UH Bristol. The Trust’s Patient Experience and Involvement Team Manager carries out an annual review of the targets associated with these scores to ensure that they remain fit for purpose. These targets perform a quality monitoring function: if a score deteriorates to a significant degree it will trigger an alert, providing an opportunity for the senior management team to intervene. The current target levels were found to strike the right balance between being able to detect a Trust level change (where the data is usually very stable over time), whilst taking into account the larger margins of error when the data is broken down by hospital and ward (making it more difficult to identify genuine negative outliers at this level). Therefore, all of the current targets will be maintained during 2018/19. The one exception is the Emergency Department Friends and Family Test target score: this target will be increased due to significant changes to the survey methodology, which over the course of 2017/18 in effect raised the Trust’s average score in this survey. This change has been applied to the current report.

**Table 2:** Patient survey data exception reports for Quarter 1 (full data can be found in Section 2.3 of this report)

Issue	Description	Response / Actions
1. Survey scores on ward C808	Ward C808 is a care of the elderly ward that had the lowest headline survey scores during Quarter 1 (see Charts 20-22). This was a particularly disappointing result because during 2017/18 the ward's scores had been on an improvement trend.	The ward is currently experiencing recruitment challenges, with around a 35% vacancy rate. This increases the reliance on temporary staff, which in turn can impact on patient experience. In addition, there have been significant increases in the number of patients requiring intensive support on the ward. The Division of Medicine is carrying out work to address and resolve these issues.
2. Friends and Family Test score on ward A605	Ward A605 had the lowest Friends and Family Test (FFT) score in Quarter 1 (Chart 22).	This result is an artefact the FFT scoring system. Of the 29 patients who responded to the FFT on Ward A605 in Quarter 1, three said that they didn't know whether they would recommend the ward to friends and family (no patients said they wouldn't recommend the ward). A "don't know" response counts as a negative in the FFT scoring mechanism – meaning that the overall score for A605 was pulled down by these responses. The ward is not appearing as an outlier in the other quality data that is being monitored by the Division of Medicine.
3. Survey scores on ward A528	Ward A528 is a care of the elderly ward in the Bristol Royal Infirmary. In Quarters 3 and 4 the ward was identified in this report as a negative outlier. The scores improved slightly in Quarter 1, but were still towards the lower end on our headline survey measures (Charts 20-22).	The Trust's <i>Face2Face</i> volunteer interview team visited the ward in May 2018 to try and better understand the causes of these relatively low survey scores. Generally the feedback received about the ward was very positive. The Matron for the ward is currently drawing up an improvement plan primarily focussed on staff experience, but which should in turn have a positive effect on patient experience. As part of this, the Patient Experience and Involvement Team will run a staff workshop ("Patient Experience and Heart") to explore how each member of the team can contribute to a positive patient experience. This is likely to be carried out during Quarter 2 (a date is currently being identified).



Issue	Description	Response / Actions
4. Survey score on Ward A604	The scores for Ward A604 (trauma and orthopaedics) were relatively low in the previous two quarters. The scores improved slightly in Quarter 1, but the ward still had the second lowest “kindness and understanding” survey score (Chart 20).	Whilst the scores improved in Quarter 1, the Division of Surgery management team is continuing to address issues with staffing levels on the ward, with short and long term plans developed for recruitment and retention. A number of actions are also being carried out by the Division to ensure that safe care is being delivered on the ward.
5. Bristol Haematology and Oncology Centre outpatient experience score	The outpatient survey tracker score target for the Bristol Haematology and Oncology Centre was below target in Quarter 1 (Chart 18). Further analysis has shown that it was the “waiting times in clinic” element of the tracker that pulled down the overall result.	It is recognised by the management team that there are significant demand pressures on outpatient oncology services. On a day-to-day basis the clinic teams continue to try and effectively meet this demand. Alongside this, a number of actions are being carried out and developed by the Specialised Services Division to increase capacity. Quarter 1 was particularly challenging due to the disruption caused by a fire in the Bristol Haematology and Oncology Centre.
6. Conveying waiting time information in outpatient clinics at the Bristol Royal Hospital for Children	Relatively few patients / parents reported that they were told about delays in outpatient clinics at the Bristol Royal Hospital for Children (Table 4).	This issue was identified in the last quarter and, as a result, the department Sister reminded her staff about the importance of telling families if there were delays in clinic. These scores subsequently showed an improvement during Quarter 1. The data in Table 4 spans six months and so the result presented here largely reflects “historic” data from Quarter 4 (we pool the data across six months to ensure that the sample sizes are sufficiently large to work with).
7. Communicating key information at discharge in the Division of Medicine	The Division attracts relatively low scores around conveying key information at discharge from hospital (e.g. medication side effects, who to contact with concerns – Table 3).	The Division of Medicine has a relatively high proportion of patients with complex health and social care needs, so there can be challenges in conveying what can be a large amount of information in a way that patients will understand. The Division is confident that this information is being provided to patients, but it may be possible to increase the prominence of this within the discharge process. The Division is therefore reviewing the discharge check list to include more prompts for this information. The revised checklist is currently being trialled and it is anticipated that it will go fully live during Quarter 2 2018/19.

Issue	Description	Response / Actions
8. Maternity services Friends and Family Test response rate	In Quarter 1, the Trust's maternity services Friends and Family Test response rate was 14.8%, against a target of 15% (Chart 8).	The Head of Midwifery has discussed the importance of providing service-users with an opportunity to give feedback via the Friends and Family Test with the senior midwifery team, who will ensure that their staff do this.
9. Choice of outpatient appointment at the Bristol Royal Hospital for Children	The Bristol Royal Hospital for Children receives relatively low survey scores in relation to whether people are offered a choice of time / date for their outpatient appointment (Table 4)	People aren't currently routinely offered a choice of appointments at the Bristol Royal Hospital for Children. The management team is introducing a new booking process ("partial booking") that will help to address this issue. This will also allow people to book their appointments via the Trust's central appointment centre. The implementation of partial booking has taken place in two services to date: paediatric allergy and paediatric dermatology. Preparatory work is being undertaken for partial booking in a further three services (medicine, surgery, urology), with an anticipated launch during Quarter 2 2018/19. The management team will then seek to roll out partial booking to other services at the hospital.

### 2.3 Full survey data up to and including Quarter 3

This section of the report provides a full breakdown of the headline survey data to ward-level. Caution is needed below Divisional level, as the margin of error becomes larger. At ward-level in particular it is important to look for trends across more than one of the survey measures presented.

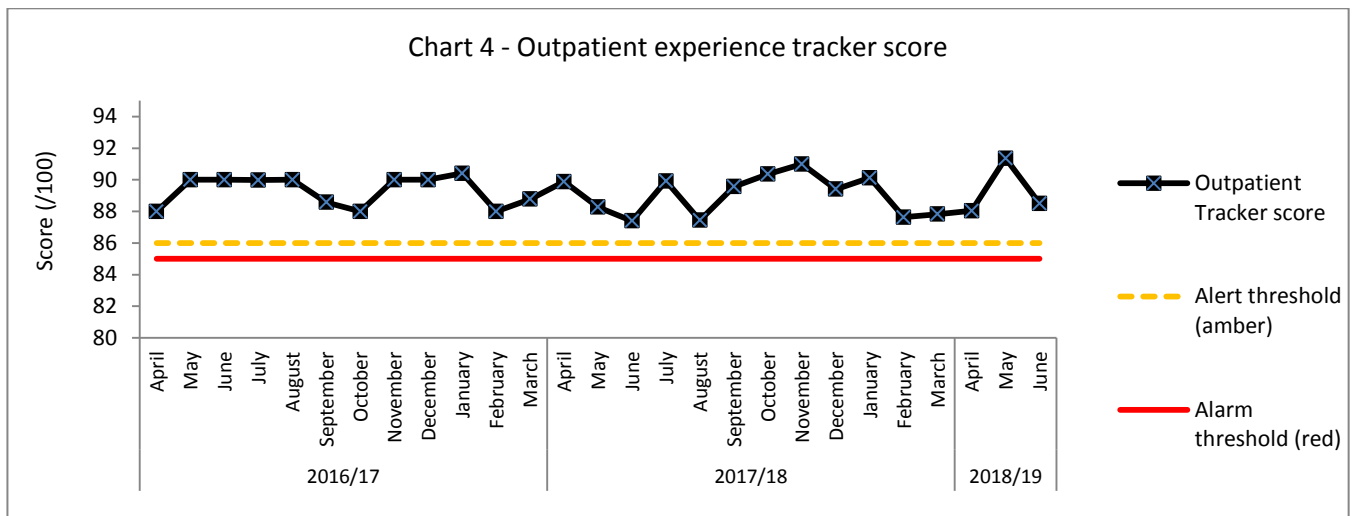
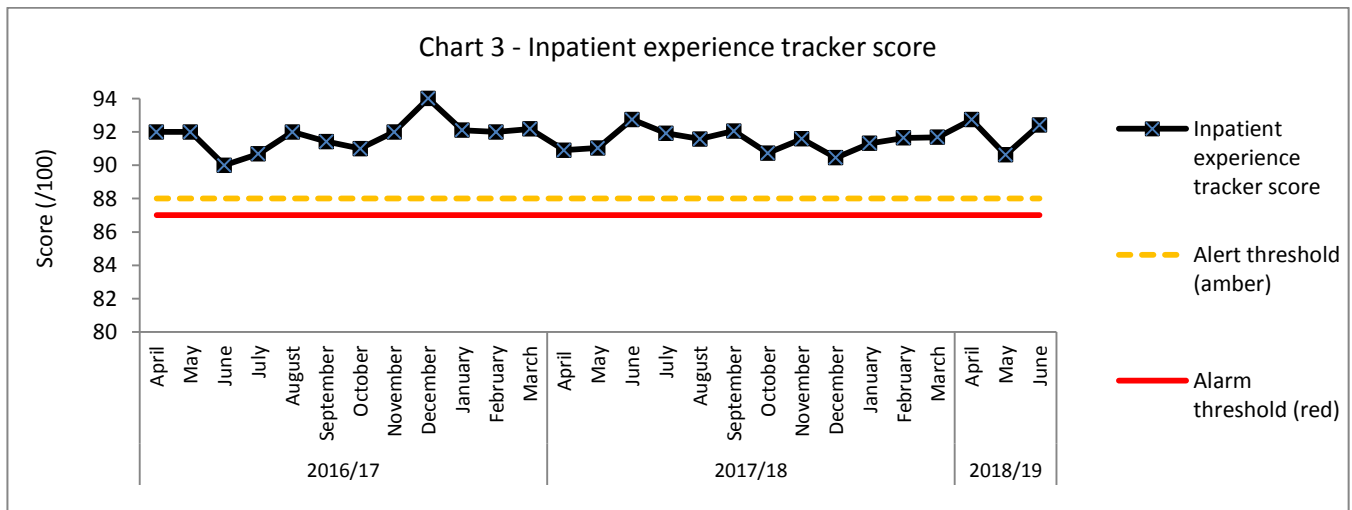
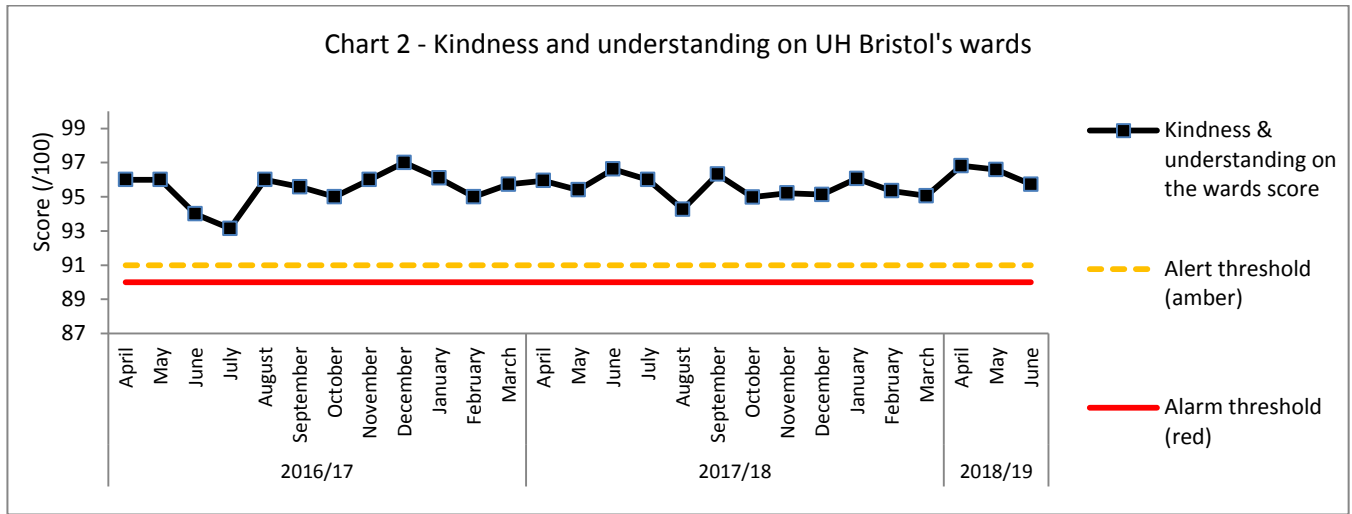


Chart 5 - Friends and Family Test Score - inpatient and day case

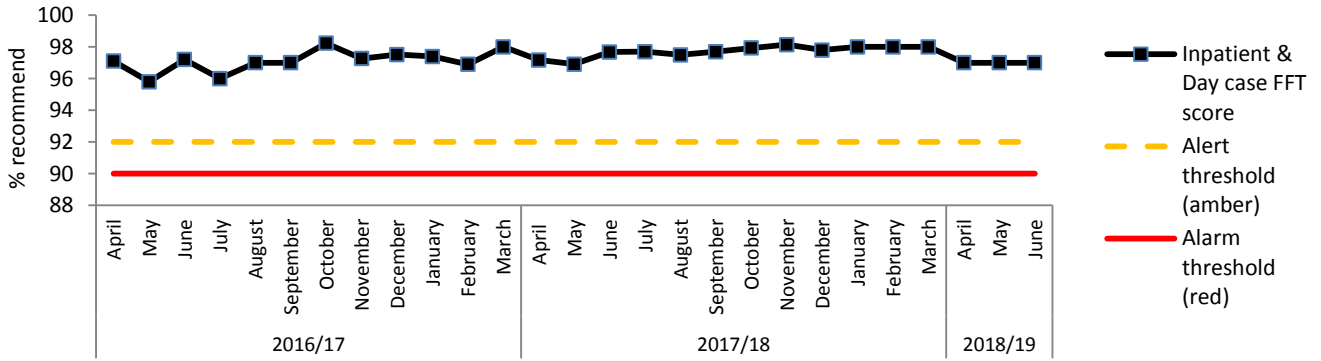


Chart 6 - Friends and Family Test Score - Emergency Departments

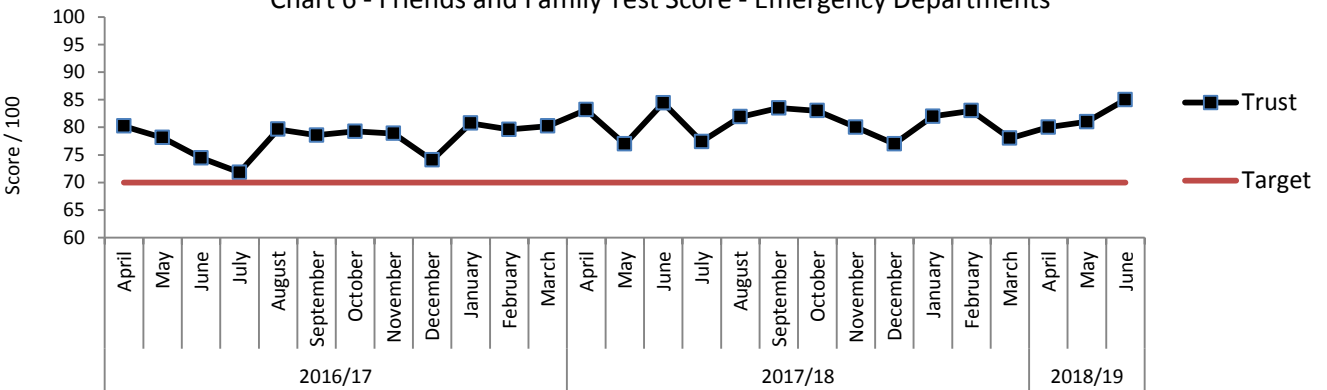


Chart 7 - Friends and Family Test Score - maternity (hospital and community)

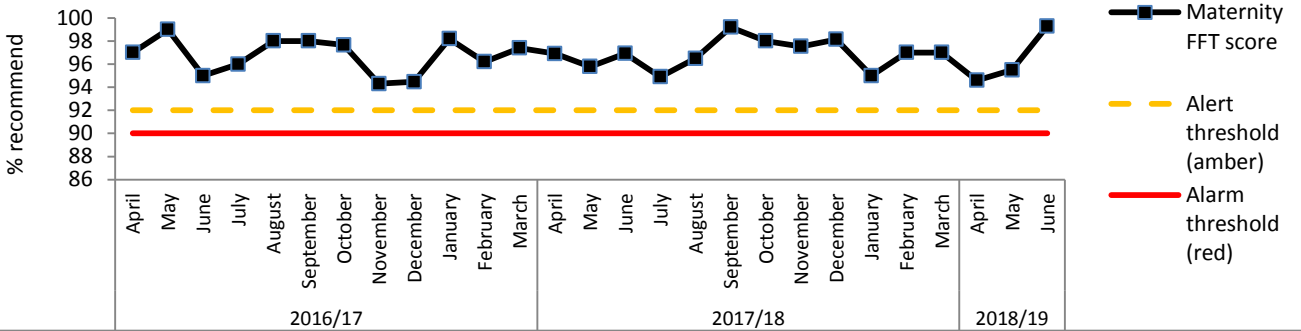


Chart 8: Friends and Family Test Response Rates (inpatient and day case)

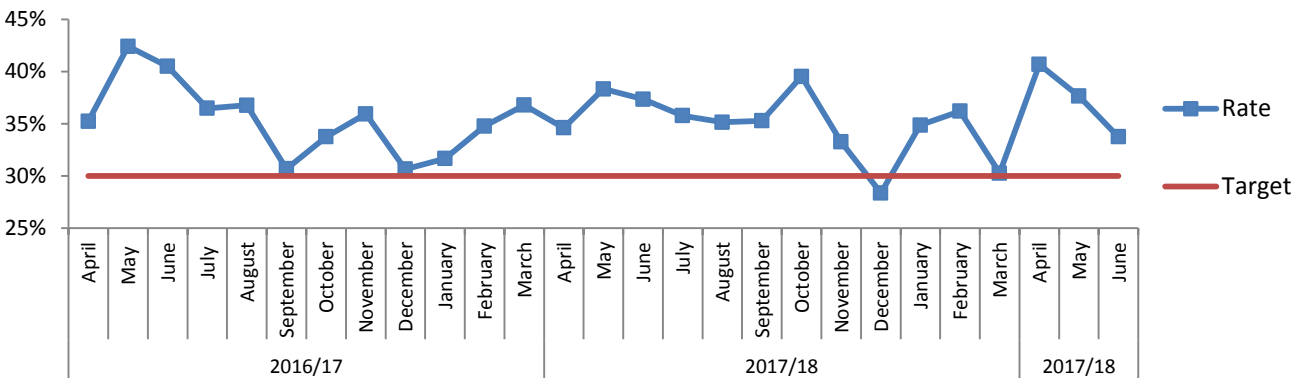


Chart 9: Friends and Family Test Response Rate (maternity combined)

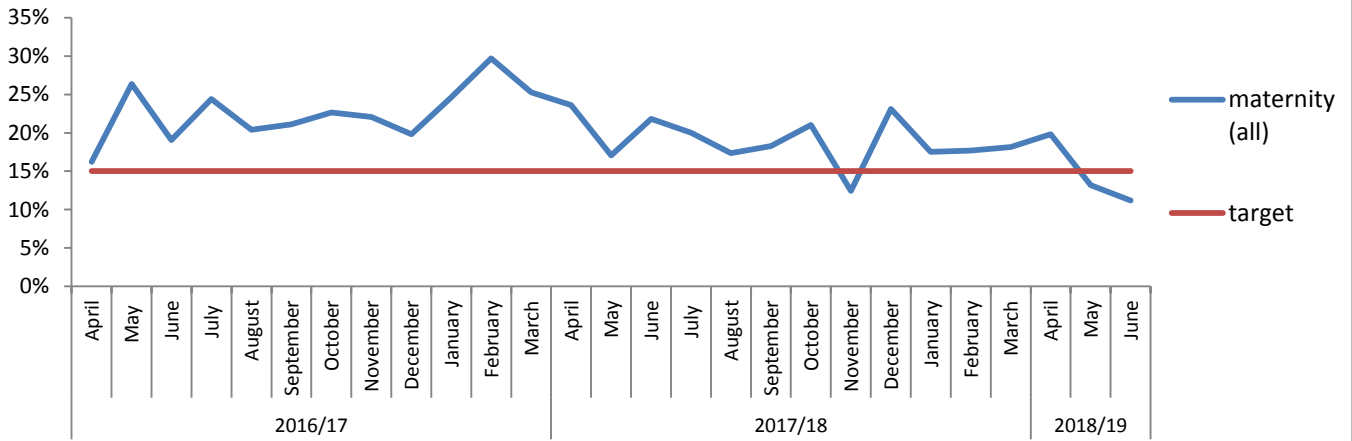


Chart 10: Friends and Family Test Response Rate (Emergency Departments)

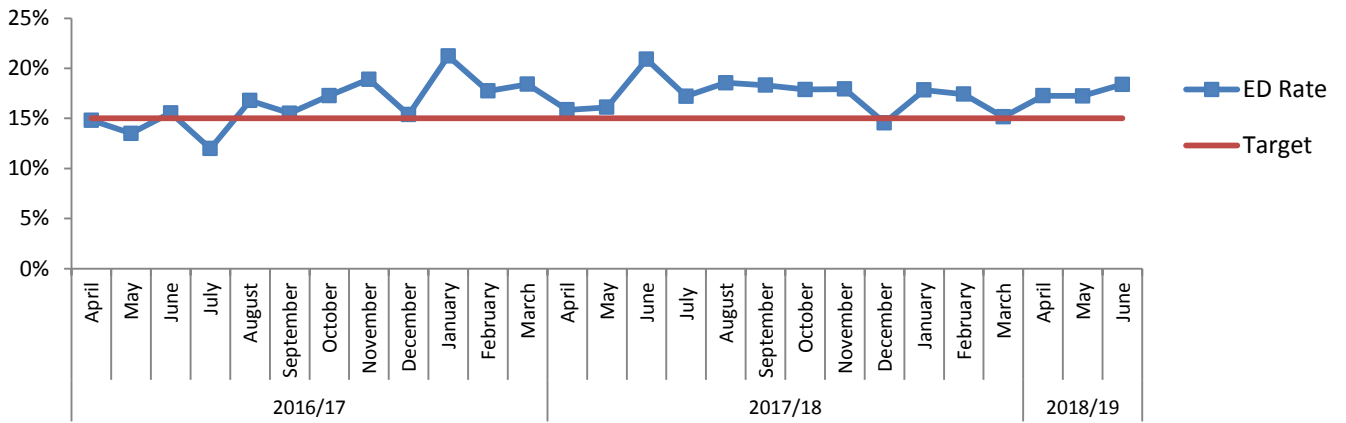
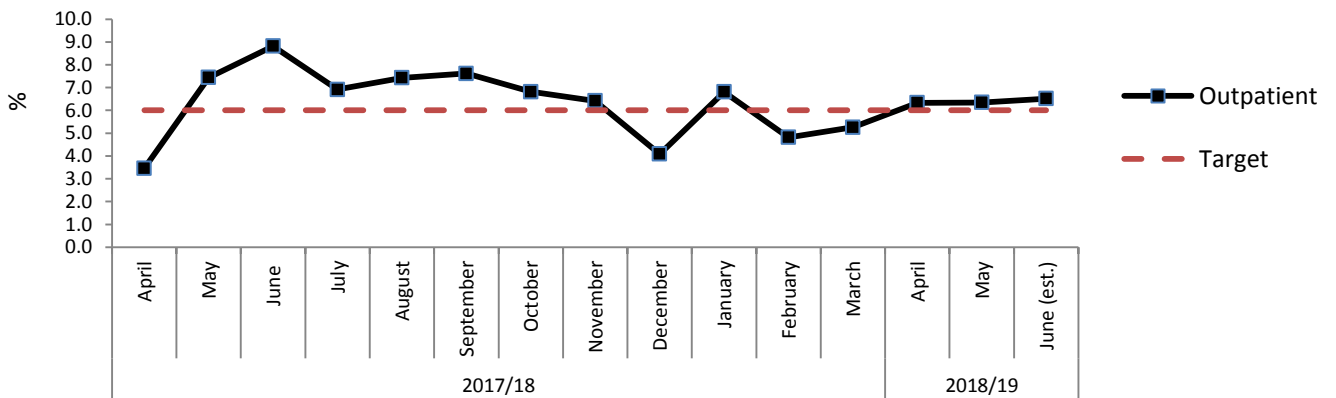
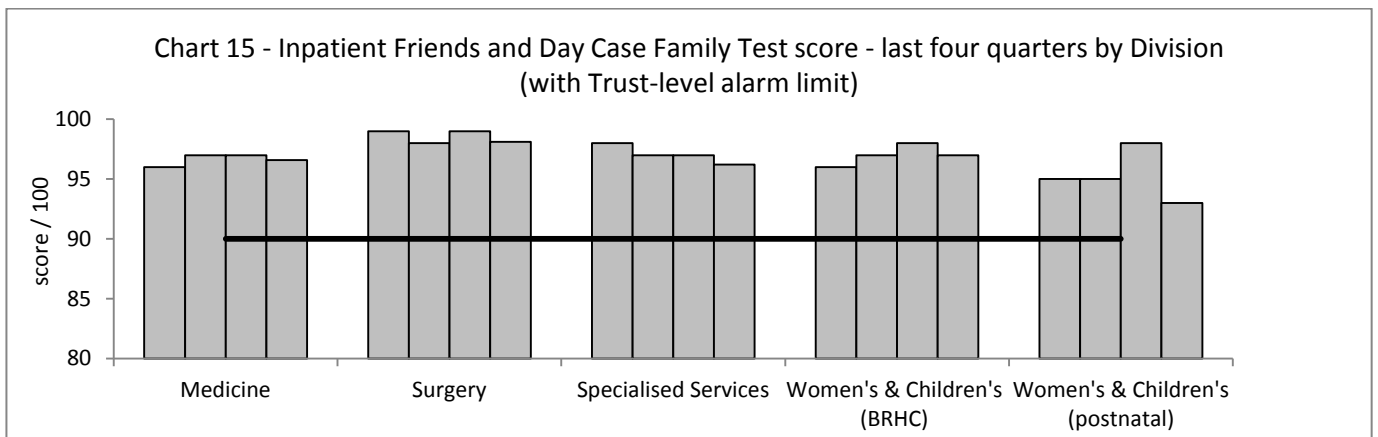
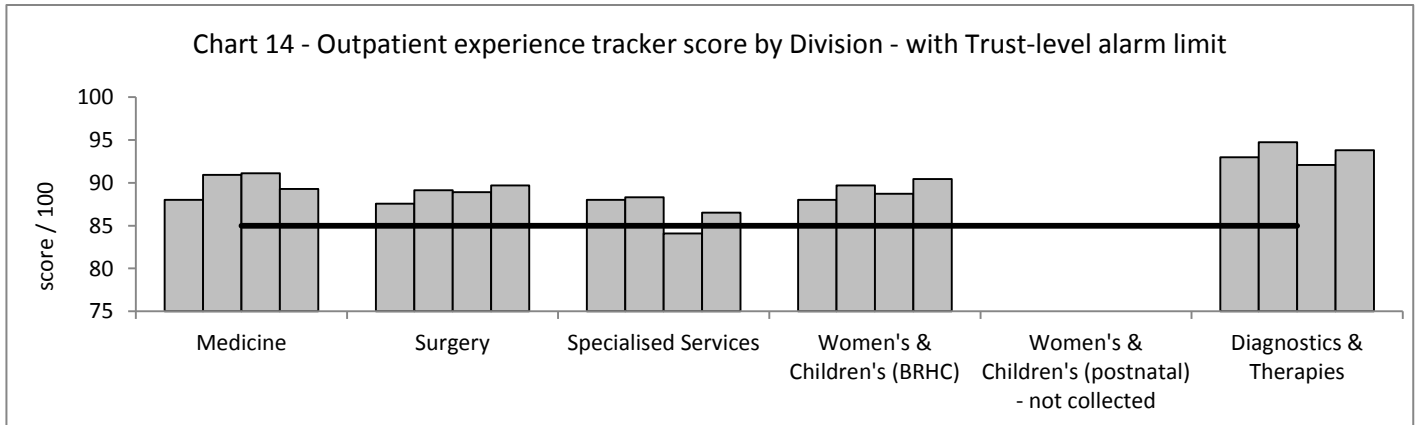
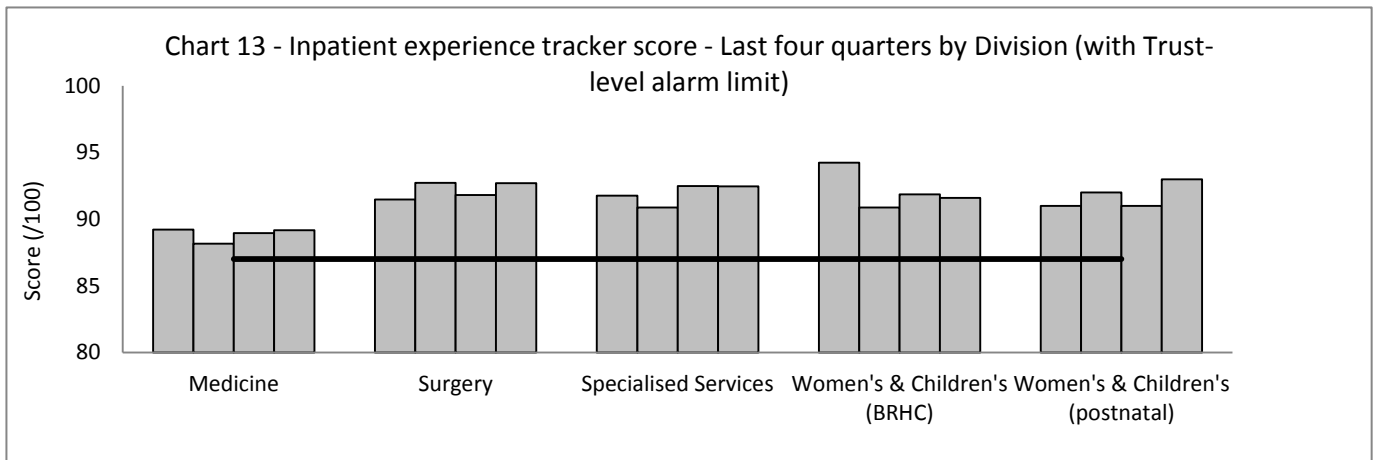
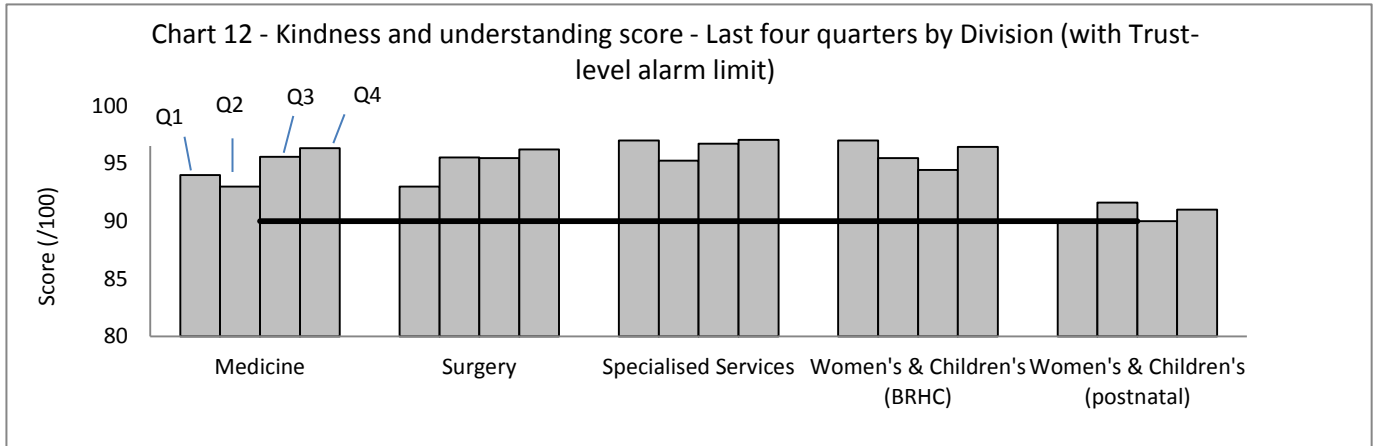


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rate

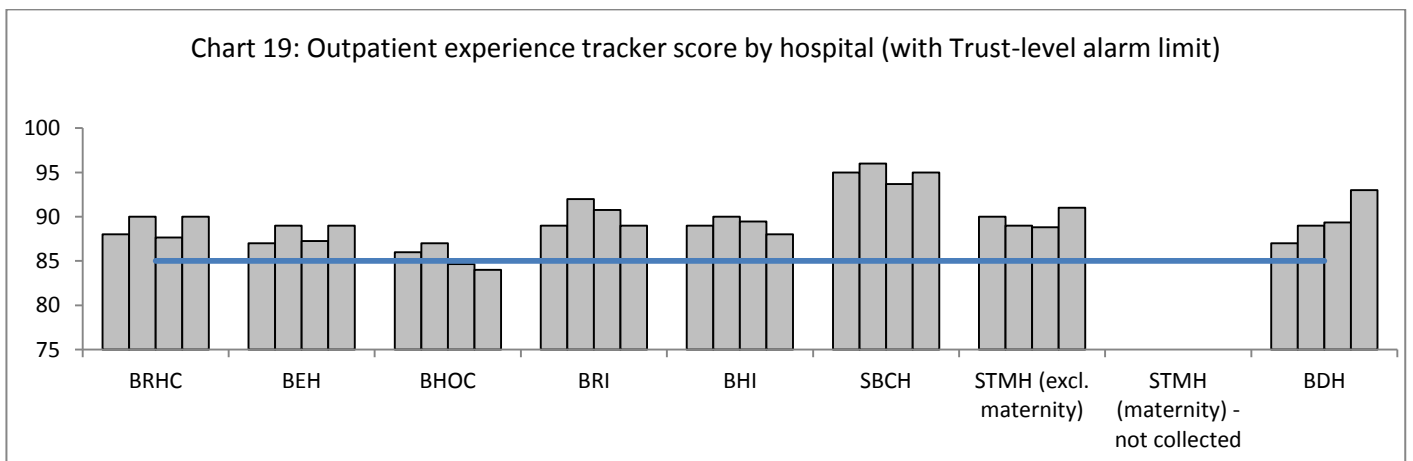
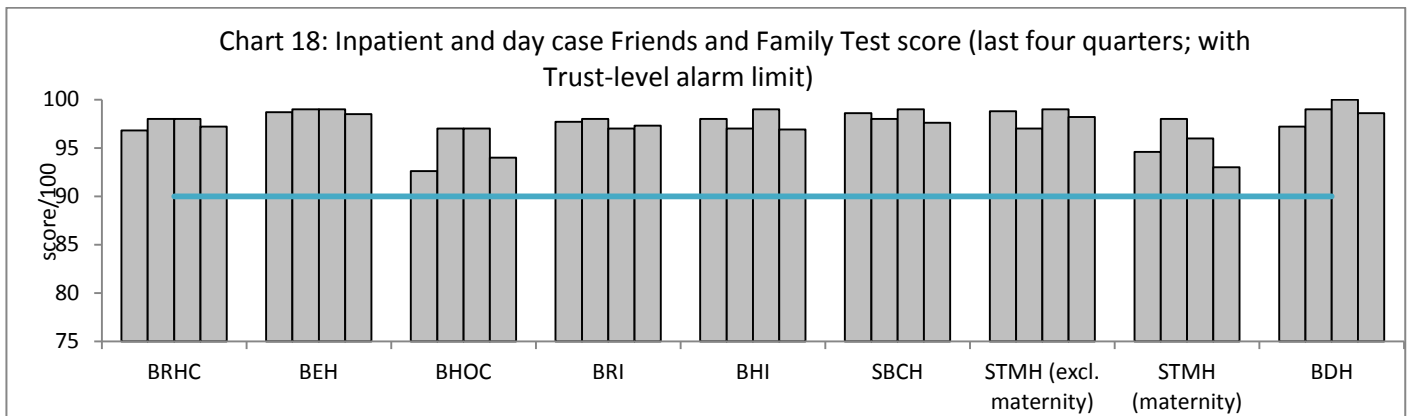
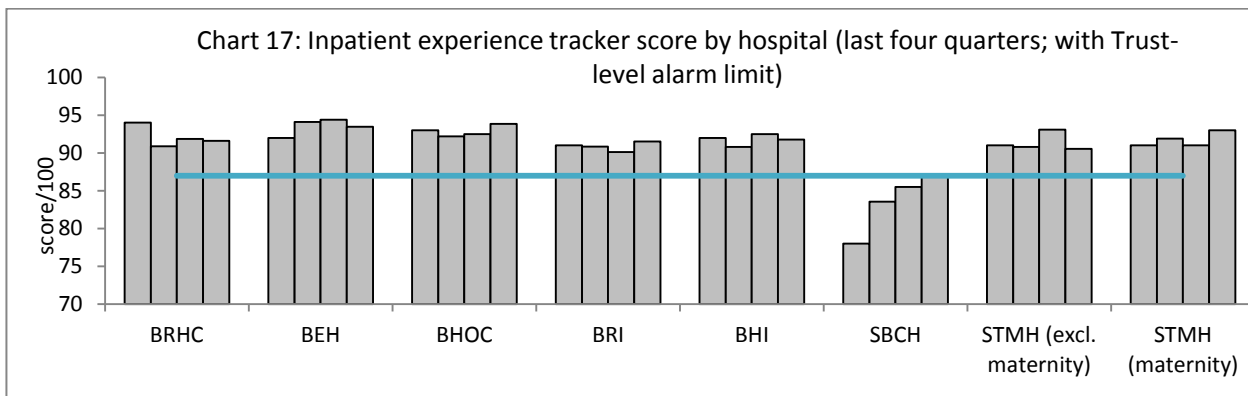
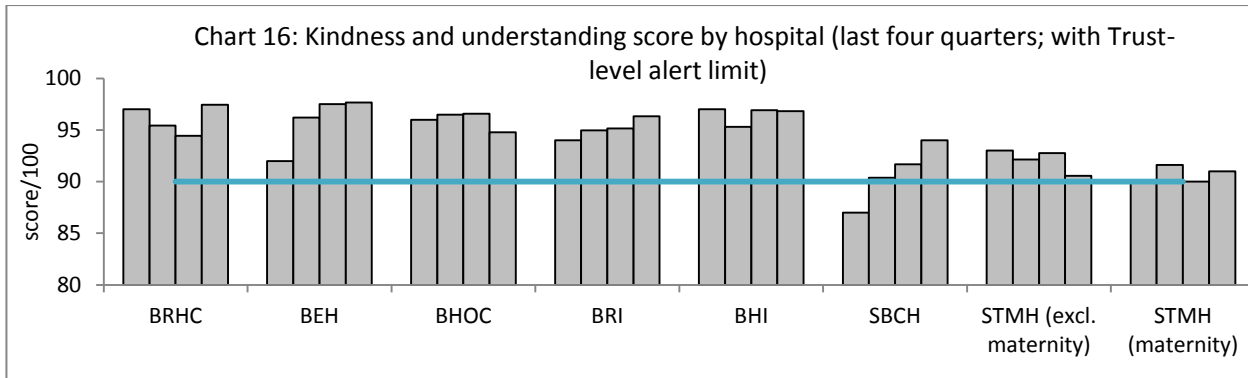


2.3.2 Divisional level survey results

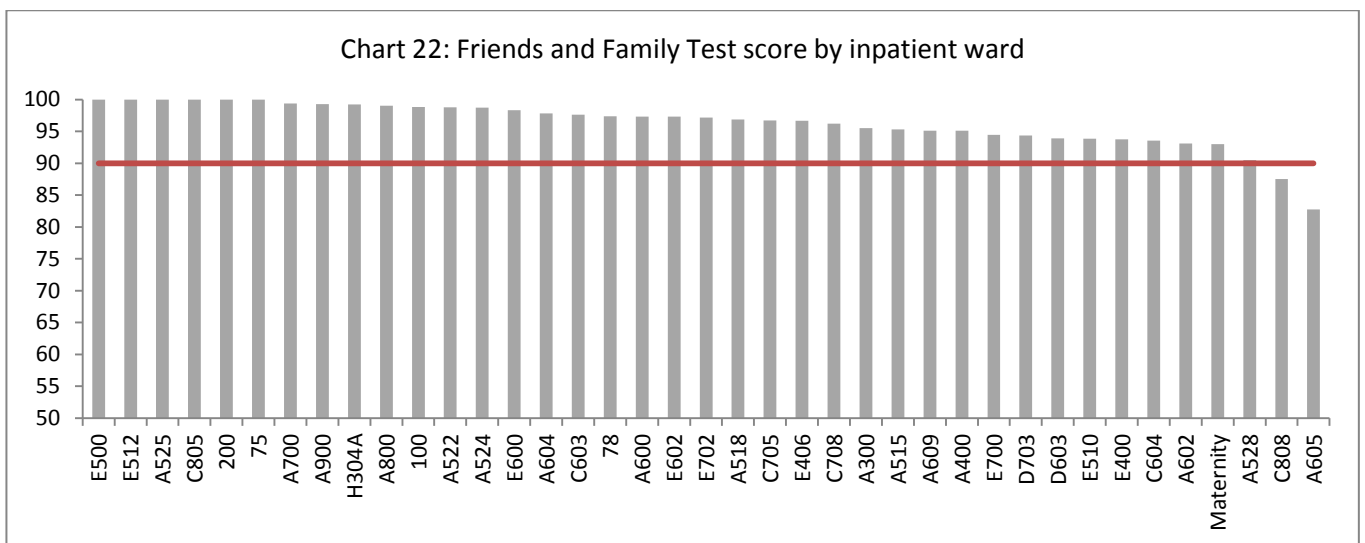
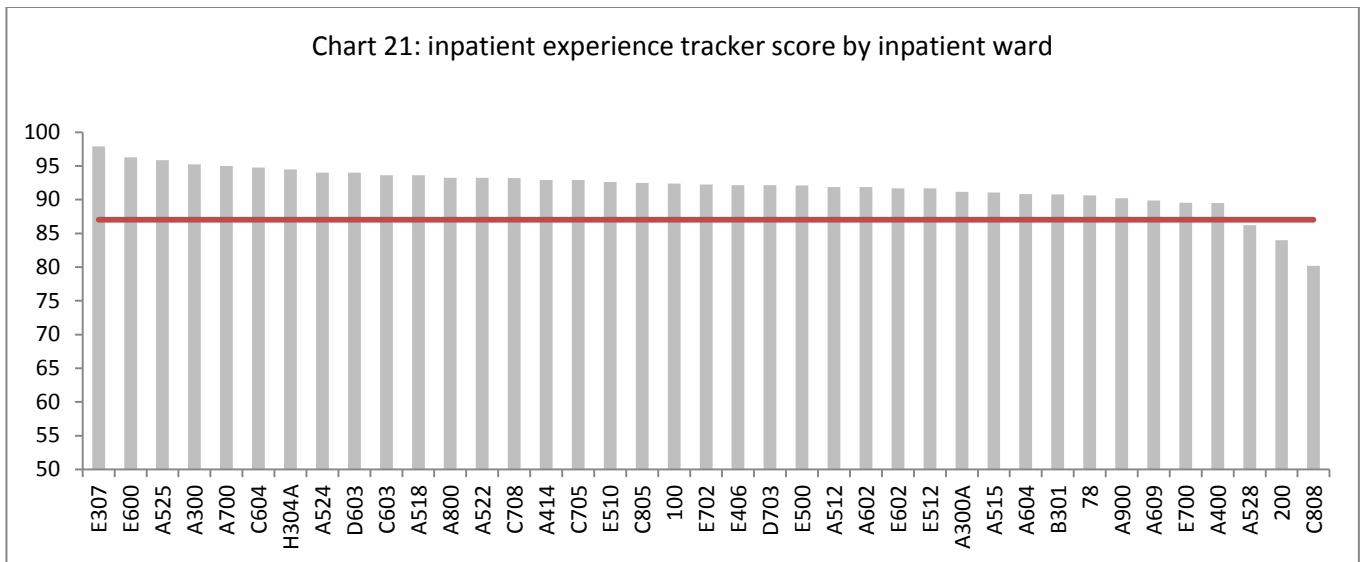
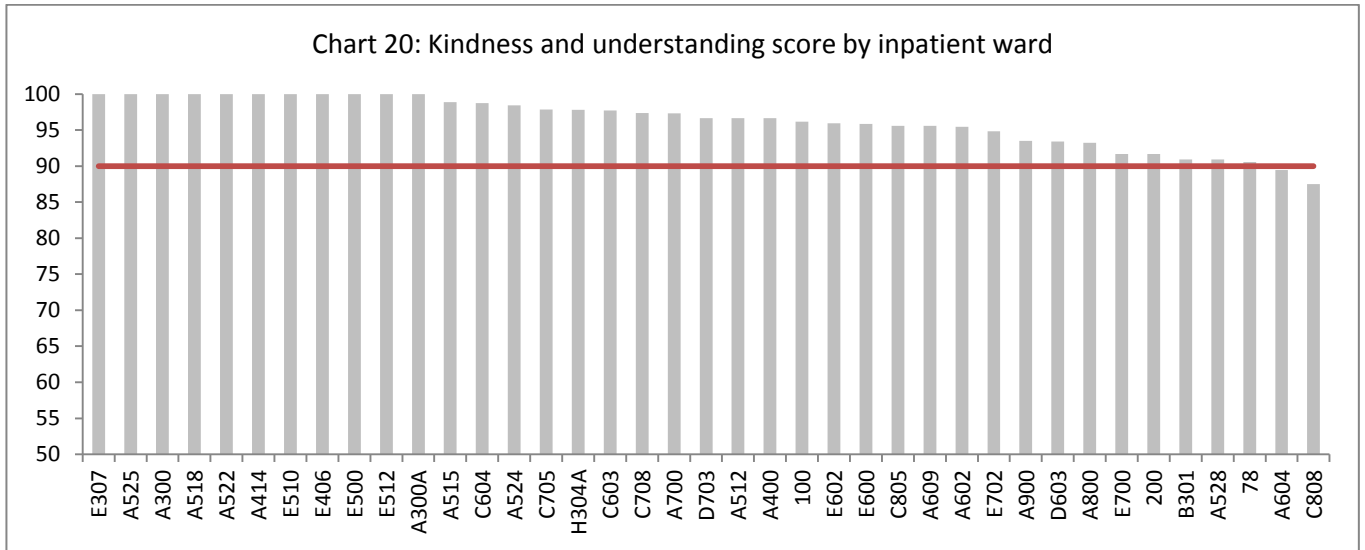


### 2.3.3 Hospital level headline survey results

Key: BRHC (Bristol Royal Hospital for Children), BEH (Bristol Eye Hospital), BHOC (Bristol Haematology and Oncology Centre), BRI (Bristol Royal Infirmary), BHI (Bristol Heart Institute), SBCH (South Bristol Community Hospital), STMH (St Michael's Hospital), BDH (Bristol Dental Hospital)



2.3.4 Ward level headline inpatient survey results





**Table 3:** Full Quarter 1 Divisional scores from UH Bristol’s monthly **inpatient** postal survey (cells are highlighted if they are more than 10 points below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for an explanation of the scoring mechanism. Note: not all inpatient questions are included in the maternity survey.

	Medicine	Specialised Services	Surgery	Women's & Children's	Maternity*	Trust
Were you given enough privacy when discussing your condition or treatment?	93	95	92	94		94
How would you rate the hospital food?	62	61	62	61	55	61
Did you get enough help from staff to eat your meals?	82	90	77	87		86
In your opinion, how clean was the hospital room or ward that you were in?	94	96	94	96	93	95
How clean were the toilets and bathrooms that you used on the ward?	90	91	90	92	84	91
Were you ever bothered by noise at night from hospital staff?	82	81	85	88		85
Do you feel you were treated with respect and dignity by the staff on the ward?	97	98	98	97	95	98
Were you treated with kindness and understanding on the ward?	96	97	96	96	91	96
Overall, how would you rate the care you received on the ward?	89	93	91	91	92	91
When you had important questions to ask a doctor, did you get answers that you could understand?	87	91	88	91	91	90
When you had important questions to ask a nurse, did you get answers that you could understand?	87	91	91	91	92	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	77	77	75	80	80	78
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	87	90	86	89	91	88
Were you involved as much as you wanted to be in decisions about your care and treatment?	80	86	88	88	91	86
Do you feel that the medical staff had all of the information that they needed in order to care for you?	89	90	86	90		89

\*Not all of the inpatient survey questions are replicated in the maternity survey.

(inpatient scores continued)

	Medicine	Specialised Services	Surgery	Women's & Children's	Maternity	Trust
Did you find someone on the hospital staff to talk to about your worries or fears?	74	76	80	79	85	77
Did a member of staff explain why you needed these tests in a way you could understand?	86	89	90	87		88
Did hospital staff keep you informed about what would happen next in your care during your stay?	82	88	83	85		85
Were you told when this would happen?	80	84	78	83		82
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	85	91	96	95		93
Beforehand, did a member of staff explain how you could expect to feel afterwards?	77	77	84	81		80
Were staff respectful of any decisions you made about your care and treatment?	92	95	95	95		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	29	26	30	29	41	28
Do you feel you were kept well informed about your expected date of discharge from hospital?	81	83	79	87		84
On the day you left hospital, was your discharge delayed for any reason?	63	54	64	68	66	63
Did a member of staff tell you about medication side effects to watch for when you went home?	51	55	63	65		59
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	69	83	91	83		81

**Table 4:** Full six-monthly Divisional-level scores (January to June 2018) from UH Bristol’s monthly **outpatient** postal survey (cells are highlighted if they are 12 points or more below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for an explanation of this scoring mechanism.

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery	Women's & Children's (BRHC)	Trust
When you first booked the appointment, were you given a choice of appointment date and time?	89	65	78	70	42	74
Was the appointment cancelled and re-arranged by the hospital?	95	95	94	95	97	95
When you contacted the hospital, was it easy to get through to a member of staff who could help you?	68	69	63	70	72	68
When you arrived at the outpatient department, how would you rate the courtesy of the receptionist?	85	85	87	84	80	85
Were you and your child able to find a place to sit in the waiting area?	99	99	97	99	100	99
In your opinion, how clean was the outpatient department?	92	95	94	93	90	93
How long after the stated appointment time did the appointment start?	88	72	55	74	71	71
Were you told how long you would have to wait?	43	42	41	35	13	38
Were you told why you had to wait?	60	59	58	64	49	60
Did you see a display board in the clinic with waiting time information on it?	45	56	52	38	48	49
In your opinion, did he / she have all of the information needed to care for you (e.g. medical records, test results, etc)?	92	94	91	94	91	93
Did he / she listen to what you had to say?	96	98	97	96	97	97
If you had important questions to ask him / her, did you get answers that you could understand?	93	95	93	94	95	94
Did you have enough time to discuss your health or medical problem with him / her?	93	94	92	92	95	93
Were you treated with respect and dignity during the outpatient appointment?	98	99	99	97	98	98
Overall, how would you rate the care you received during the outpatient appointment?	92	93	93	90	93	92
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	86	92	82	90	91	88
If you had any tests, did a member of staff explain the results in a way you could understand?	81	80	72	85	86	80

### 2.3.5 Themes arising from free-text comments

At the end of the Trust’s postal survey questionnaires, respondents are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 5. By far the most frequent type of feedback is praise for staff. Key improvement themes focus on communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues and themes seen in the complaints data (see accompanying Quarterly Complaints Report).

**Table 5:** Quarter 1 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust’s postal survey programme, unless otherwise stated)<sup>2</sup>

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity <sup>3</sup> )	Staff	Positive	66%
	Communication/information	Negative	13%
	Food / catering	Negative	8%
Division of Medicine	Staff	Positive	61%
	Communication/information	Negative	13%
	Food / catering	Negative	10%
Division of Surgery	Staff	Positive	66%
	Communication/information	Negative	13%
	Food / catering	Negative	8%
Division of Specialised Services	Staff	Positive	67%
	Communication/information	Negative	11%
	Food / catering	Negative	9%
Women's and Children's Division (excluding Maternity)	Staff	Positive	68%
	Communication/information	Negative	17%
	Staff	Negative	11%
Maternity	Staff	Positive	65%
	Care during labour and birth	Positive	20%
	Communication/information	Negative	13%
Outpatient Services	Staff	Positive	71%
	Care during labour / birth	Positive	20%
	Food / catering	Negative	13%

<sup>2</sup> The percentages shown refer to the number of times a particular theme appears in the free-text comments. As each comment often contains several themes, the percentages in Table 1 add up to more than 100%. “Sentiment” refers to whether a comment theme relates to praise (“positive”) or an improvement opportunity (“negative”).

<sup>3</sup> The maternity inpatient comments have a slightly different coding scheme to the other areas, and maternity is not part of the outpatient survey due to the large number of highly sensitive outpatient clinics in that area of care.

### 3. Specific issues raised via the Friends and Family Test in Quarter 4

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 6 provides an overview of activity that has arisen from the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment from the respondent.

**Table 6:** Divisional response to specific issues raised via the Friends and Family Test in Quarter 3, where respondents stated that they would not recommend UH Bristol and a specific / actionable reason was given.

Division	Area	Comment	Response from ward / department
Medicine	Bristol Royal Infirmary Emergency Department	<i>I was there because I'd overdosed, so I was feeling pretty embarrassed. Of the two nurses I dealt with, one made a real effort to make sure I was comfortable talking, in a closed room... Once my results came back, another nurse came and started asking me really personal questions about my mental health without introducing himself or even closing the curtain... I wouldn't have minded waiting if it had meant I could have had 5 minutes in a room with a door to talk about feeling suicidal.</i>	This comment has been shared with the Emergency Department as a point of learning. There is a room available in the Department where patients can talk in private to a member of staff and this should have been used in the situation that this patient describes. The Trust’s Liaison Psychiatry Team have also been made aware of this comment and will use it as an opportunity to raise awareness amongst Emergency Department staff about the importance of using a private safe space to discuss sensitive mental health issues with patients.
	Sleep clinic	<i>The sleep clinic: nobody answers the phone or bothers to reply to queries left on voicemails.</i>	We are sorry to hear that this patient experienced issues with our telephone service. The department is aware of the need to improve the accessibility of the sleep unit appointments telecoms line and is working with the Trusts Transformation Team to review these processes. A “hunt group” telephone line has now been installed to allow the incoming call to ring on multiple coordinators handsets. We have also rearranged the team’s workload with the aim of allowing further time to answer queries. We are continually monitoring the appointments phone line and meeting as a team to identify further improvement measures.
	Dermatology Department	<i>I waited over an hour for my appointment. The doctor left the consulting room with no explanation for 25 minutes. I was left wondering what was happening and started to feel very anxious.</i>	We are sorry that this patient was not kept up to date with the delay to their appointment. We will remind staff in the Department of the need to tell patients if there are delays.

Division	Area	Comment	Response from ward / department
Women's & Children's	Bristol Royal Hospital for Children Emergency Department	<i>I bought my 14 year old son for a CAMHS referral on advice from school and GP following a concern he was at risk of suicide. We waited 3 hours to see a doctor in the A and E waiting room not exactly ideal for a child feeling so vulnerable. We still didn't see a doctor from the CAMHS team we saw an A and E doctor who then got advice from CAMHS and sent us home. That doctor referred him to CAMHS.</i>	We are very sorry to hear about this family's experience. The Bristol Royal Hospital for Children's Emergency Department does not have a CAMHS (Child and Adolescent Mental Health Service) provision, and so it appears that the patient may have been incorrectly referred to our Department by their school/GP. Unfortunately, as this comment was provided anonymously, we are unable to respond directly to the person who completed the survey. However, it appears from the comment that a referral to CAMHS has now been made.
	Bristol Royal Hospital for Children, Level 3 outpatient department	<i>The nurse was very kind and understanding. Unfortunately there is no system in place for staff to know a referred patient is deaf, like me. I don't want to always rely on my mother. Information giving is very important and in this case would show staff treat patients as individuals/people.</i>	The Trust's patient records system ("Medway") does have an alert function for staff to identify if a patient is deaf. The Trust's Patient Experience and Involvement Team (who manage UH Bristol's provision of translation and interpreting services) has contacted the Outpatient Department Matron, who will remind the staff in the outpatient department about this.
	Ward E510 (Caterpillar) Bristol Royal Hospital for Children	<i>Staff helpful but noisy at night - lights off policy not adhered to. Light not working above bed 22. Kitchenette in relatives room not kept tidy (not staff fault) and no crockery or forks and teaspoons. Toaster next to boiler a health and safety nightmare!</i>	<p>The Trust has set up a working group that is looking at noise at night across all clinical areas. There will be a focussed week on this issue in September 2018.</p> <p>The issue around ensuring the "lights off" times are adhered to will be added to the staff safety brief as a reminder of its importance.</p> <p>The Sister for Caterpillar ward (E510) has raised a call for the light in bed 22 to be fixed and the issues with the kitchen will be investigated by the ward Sister.</p>

Division	Area	Comment	Response from ward / department
Women's & Children's (continued)	Maternity Services	<i>Solely the catering. I was berated for being late for lunch when I'd been with the doctor and midwife for 90 minutes. On another occasion in admission a midwife had to go to get me a meal - I am diabetic so even that unacceptable. The way staff treat really vulnerable women in terrible.</i>	<p>We are very sorry that this lady was not treated courteously by some of the catering staff during her stay. All women on the postnatal wards should be treated with the upmost kindness and understanding by all staff. The comment was provided anonymously and so we are unable to investigate this specific case. Unfortunately however, there have been several pieces of feedback that reflect similar issues to the one raised here. The General Manager and Head of Midwifery / Nursing has therefore arranged to meet with the Facilities Manager to address these issues.</p> <p>In addition, the maternity service management team is going to re-convene the "Patient Experience at the Heart" workshops. These provide an opportunity for all staff in the department to reflect on their role in providing a positive experience to service users and had a significant positive effect on the department's performance in the national maternity survey. The workshops will commence in Quarter 3 2018/19.</p>
Specialised Services	Bristol Heart Institute	<i>Heart Institute appointments line unavailable for over 3 days this week very bad.</i>	<p>There has been a significant focus on improving this aspect of our service which has resulted in a large decrease in the number of complaints that we receive about this issue. This includes setting up a single telephone line for outpatients, where calls can be held in one queue and fed through to multiple different phones. This will make it much easier for patients to get through to us.</p> <p>We are unable to investigate this patient's experience as the comment was provided anonymously, but we will continue to monitor our telephone handling performance and to identify further improvement opportunities where they arise.</p>

<b>Division</b>	<b>Area</b>	<b>Comment</b>	<b>Response from ward / department</b>
Surgery	Ward A609	<i>I have been in a lot of pain and struggled to get a nurse to give me pain relief. A nurse working on Tuesday night spoke to me very inappropriately and demanded to know why I was in a separate room - I had diarrhoea and vomiting the previous day. She said "there are patients that actually need this room unlike you".</i>	We are sorry that this patient was spoken to inappropriately by a member of our staff. Unfortunately, as the survey is completed anonymously, we are unable to identify the member of staff concerned - but will share this feedback to all of the staff on the ward as a point of learning.
	Ward A609	<i>It's cold, lacks atmosphere. No chairs, awful food.</i>	We recognise that the environment on ward A609 requires improvement. We have been successful in obtaining a capital bid to relay the flooring and to redesign the entrance and reception areas. We anticipate that this will be completed by Quarter 3, 2018/19 (we are awaiting final details).
	Ward A602	<i>Very good nursing care and all staff very friendly and helpful. But the bay had little natural light, no view out and there was a lot of noise at night.</i>	<p>The issue of noise at night is being addressed by a Matron-led working group, with the aim of a Trust wide launch of this improvement activity during September 2018. Additionally, as part of the senior nursing "back to the floor" programme, the Head of Nursing will carry out a night time ward visit, which will provide a further opportunity to focus on this issue.</p> <p>The Division of Surgery has developed a rota to ensure that at least one Band 7/ Matron undertakes a night shift each month. This senior presence will help to ensure a focus is maintained on reducing noise at night.</p>



#### **4. Update on recent and current Patient and Public Involvement (PPI) Activity**

##### *4.1 UH Bristol Involvement Network:*

The UH Bristol Involvement Network connects the Trust to a diverse range of voluntary and community organisations across Bristol. During Quarter 1, members of the Involvement Network were invited to contribute their views about the proposed UH Bristol Transport Hub.

##### *4.2 Local Patient and Public Involvement activity:*

The UH Bristol Patient Experience Involvement team supports a range of Trust staff to carry out patient involvement projects. In collaboration with the adult Ear, Nose and Throat team and the University of Bristol, patient focus groups were held to inform the design of a novel implantable artificial larynx. Patients who had undergone the removal of their larynx and the separation of the airway from the mouth, nose and oesophagus were invited to participate.

##### *4.3 Mystery Shopping:*

The Trust's Quality Strategy (2016-2020) includes a commitment to introduce mystery shopping as a technique to supplement the variety of ways that we gather information about patient-reported experience of care. The initial work stream will focus on training members of the UH Bristol's *Face2Face* volunteer interview team to carry out mystery shopping exercises at key touch points around the Trust, primarily "front of house" services such as reception desks. The scenarios are currently being developed with a view to launching the programme in Quarter 3 2018/19. The Patient Experience and Involvement Team have also developed a number of mystery shopping scenarios that will be incorporated into the customer service apprenticeship programme.

##### *4.4 Focus on patients who are deaf:*

The Patient Experience and Involvement Team adopts a quarterly theme and in Quarter 1 this was on the experience of patients who are deaf:

- In April the Trust's Patient and Public Involvement Lead attended the second meeting of the newly convened Bristol Deaf Health Partnership. Working in collaboration with a range of deaf community representatives and local NHS providers, the Bristol Deaf Health Partnership provides a single forum that fosters dialogue; enabling us to work together to understand and improve the experience of Deaf, hard of hearing and deaf blind people across Bristol.
- Deaf Health Awareness Week: during May 2018 the Patient Experience and Involvement Team raised awareness of deaf health issues, with articles in Newsbeat and on Twitter, and a stall in the Bristol Royal Infirmary. The Trust Board patient story in May focussed on the experience of deaf patients accessing local health service. Awareness raising activity took place in association with Deafblind UK in the Bristol Eye Hospital and the Bristol Royal Infirmary to mark national deafblind week in June 2018.

## Appendix A – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manage a comprehensive programme of patient feedback and engage activities. If you would like further information about this programme, or if you would like to volunteer to participate in it, please contact Paul Lewis (paul.lewis@uhbristol.nhs.uk). The following table provides a description of the core patient experience programme, but the team also supports a large number of local (i.e. staff-led) activities across the Trust.

Purpose	Method	Description
<i>Rapid-time feedback</i>	The Friends & Family Test	Before, or just after leaving hospital, all adult inpatients, day case, Emergency Department patients, and maternity service users should be given the chance to state whether they would recommend the care they received to their friends and family and the reason why.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is “ward owned”, in that the wards/clinics manage the collection and use of these cards.
<i>Robust measurement</i>	Postal survey programme (monthly inpatient / maternity / outpatient surveys)	These surveys, which each month are sent to a random sample of approximately 2500 patients, parents and women who gave birth at St Michael’s Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
<i>In-depth understanding of patient experience, and Patient and Public Involvement</i>	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important “topic of the day”. The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured “inspection” process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the “feel” of a ward from the patient’s point of view. Whilst the 15 steps challenge and Face2Face interviews remain stand-alone methodologies, in 2017 they were merged – so that volunteers now carry out the 15 steps challenge whilst in a ward / department to interview patients.
	Involvement Network	UH Bristol has direct links with a range of patient and community groups across the city, who the Trust engages with in various activities / discussions
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

## Appendix B: survey scoring methodologies

### Postal surveys

For survey questions with two response options, the score is calculated in the same way as a percentage (i.e. the percentage of respondents ticking the most favourable response option). However, most of the survey questions have three or more response options. Based on the approach taken by the Care Quality Commission, each one of these response options contributes to the calculation of the score (note the CQC divide the result by ten, to give a score out of ten rather than 100).

As an example: Were you treated with respect and dignity on the ward?

	<b>Weighting</b>	<b>Responses</b>	<b>Score</b>
Yes, definitely	1	81%	$81 * 100 = 81$
Yes, probably	0.5	18%	$18 * 50 = 9$
No	0	1%	$1 * 0 = 0$
<i>Score</i>			<i>90</i>

### Friends and Family Test Score

The inpatient and day case Friends and Family Test (FFT) is a card given to patients at the point of discharge from hospital. It contains one main question, with space to write in comments: How likely are you to recommend our ward to Friends and Family if they needed similar care or treatment? The score is calculated as the percentage of patients who tick "extremely likely" or "likely".

The Emergency Department (A&E) FFT is similar in terms of the recommend question and scoring mechanism, but at present UH Bristol operates a mixed card and touchscreen approach to data collection.

**Report to the Council of Governors meeting to be held on 31 October 2018 at  
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,  
 Bristol, BS1 3NU**

		<b>Agenda Item</b>	2.2b
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31 October 2018
<b>Report Title</b>	Quarterly Complaints Report (Quarter 1)		
<b>Author</b>	Tanya Tofts, Patient Support and Complaints Manager Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

**Executive Summary**

Purpose:

To provide the Council of Governors with information about complaints received during the first quarter of 2018/19, the Trust's performance in handling those complaints, and assurance about how Divisions have been responding to any 'hot spots' identified.

Key Points:

Summary of performance in Quarter 1

	Q1	
Total complaints received	<b>446</b>	↑
Complaints acknowledged within set timescale	<b>98.7%</b>	↑
Complaints responded to within agreed timescale – formal investigation	<b>88.3%</b>	↑
Complaints responded to within agreed timescale – informal investigation	<b>85.0%</b>	↑
Proportion of complainants dissatisfied	<b>12.2%*</b>	↑

with our response (formal investigation)		
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\*April data only

**In Q1:**

- The Patient Support and Complaints Team handled a particularly high level of enquiries (including complaints): 819, compared with 741 in quarter 4 and 710 in quarter 3).
- The most common causes for complaint related to ‘appointments and admissions’ and ‘clinical care’ (as per Q4).

**Improvements in Q1:**

- In quarter 1, the percentage of responses sent out within the agreed timescale improved to 88.3% for formal responses (compared with 82.3% in quarter 4 2017/18) and 85% for informal responses (compared with 74.7% in quarter 4).
- Quarter 1 also saw a notable increase in the proportion of complaints resolved informally.
- Complaints about discharge arrangements fell notably in quarter 1, returning to levels last seen in the summer of 2017.
- Complaints about failure to answer telephones/failure to respond also fell to their lowest level for four years (since quarter 1 2014/15). This coincides with a concerted Trust-wide focus on improving the quality of telecommunications.
- Areas experiencing a reduction in complaints in quarter 1 included QDU (endoscopy), the BRI Emergency Department and Gynaecology Outpatients.

**However:**

- Although performance in achieving timely response to complaints improved in quarter 4, further improvement is needed in order to achieve the Trust’s target of 95%.
- Complaints about appointments and admissions increased for the third consecutive quarter (from 97 in quarter 3 2017/18, to 126 in quarter 4 2017/18, and to 155 in quarter 1 2018/19).
- Areas experiencing an increase in complaints in quarter 1 included Trauma and Orthopaedics, Paediatric Orthopaedics and Clinic A410.
- In quarter 1, only 11% of respondents to our complaints survey said that they thought the Trust would do things differently as a result of their complaint.

**Recommendations**

Governors are asked to:

- **Note** the report.

**Intended Audience**

(please tick any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
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**Date papers were previously submitted to other committees**

<b>Nominations &amp; Appointments Committee</b>	<b>Quality Focus Group</b>	<b>Governor Strategy Group</b>	<b>Constitution Focus Group</b>	<b>Public Trust Board 27 September 2018</b>
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# Complaints Report

**Quarter 1, 2018/2019**

(1 April 2018 to 30 June 2018)

Authors: Tanya Tofts, Patient Support and Complaints Manager

## 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"> <li>98.7% of the 446 complaints received in quarter 1 were acknowledged in the timeframe set out in the NHS Constitution.</li> <li>In quarter 1, the percentage of responses sent out within the agreed timescale improved to 88.3% for formal responses (compared with 82.3% in quarter 4 2017/18) and 85% for informal responses (compared with 74.7% in quarter 4).</li> <li>Quarter 1 also saw a notable increase in the proportion of complaints resolved informally.</li> <li>Complaints about discharge arrangements fell notably in quarter 1, returning to levels last seen in the summer of 2017.</li> <li>Complaints about failure to answer telephones/failure to respond also fell to their lowest level for four years (since quarter 1 2014/15). This coincides with a concerted Trust-wide focus on improving the quality of telecommunications.</li> <li>Areas experiencing a reduction in complaints in quarter 1 included QDU (endoscopy), the BRI Emergency Department and Gynaecology Outpatients.</li> </ul>	<ul style="list-style-type: none"> <li>Although performance in achieving timely response to complaints improved in quarter 4, further improvement is needed in order to achieve the Trust's target of 95%. Detailed reports describing any breaches of timescales which have been agreed with complainants are now being reviewed by the Trust's Clinical Quality Group on a monthly basis.</li> <li>The proportion of complainants who tell us that they are dissatisfied with our response to their complaint remains within expected levels but has been slowly increasing since December 2017. In the response to this, the Trust has reinstated detailed monthly reviews of dissatisfied cases. These reviews are conducted by the Trust's Head of Quality (Patient Experience and Clinical Effectiveness) and Heads of Nursing; learning is shared with Clinical Quality Group and Patient Experience Group.</li> </ul>

Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• The Division of Surgery is 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.</li> <li>• The Division of Medicine is focussing on learning from complaints relating to communication.</li> <li>• Women’s Services will be recommending ‘Patient Experience at Heart’ workshops in September 2018.</li> <li>• 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.</li> <li>• The Trust will hold its first focus group with previous complainants in quarter 4 2018/19 – there is an opportunity to use this first group to explore complainants’ perceptions of whether their complaint will make a difference (see Risks and Threats).</li> </ul>	<ul style="list-style-type: none"> <li>• Complaints about appointments and admissions increased for the third consecutive quarter (from 97 in quarter 3 2017/18, to 126 in quarter 4 2017/18, and to 155 in quarter 1 2018/19).</li> <li>• Areas experiencing an increase in complaints in quarter 1 included Trauma and Orthopaedics, Paediatric Orthopaedics and Clinic A410.</li> <li>• The Patient Support and Complaints Team handled a particularly high level of enquiries (including complaints) in quarter 1: 819, compared with 741 in quarter and 710 in quarter 3).</li> <li>• In quarter 1, only 11% of respondents to our complaints survey said that they thought the Trust would do things differently as a result of their complaint.</li> </ul>



## 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)<sup>1</sup> but does not include concerns which may have been raised by patients and dealt with immediately by front line staff.

Figure 1 provides a long-term view of complaints received per month. 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**

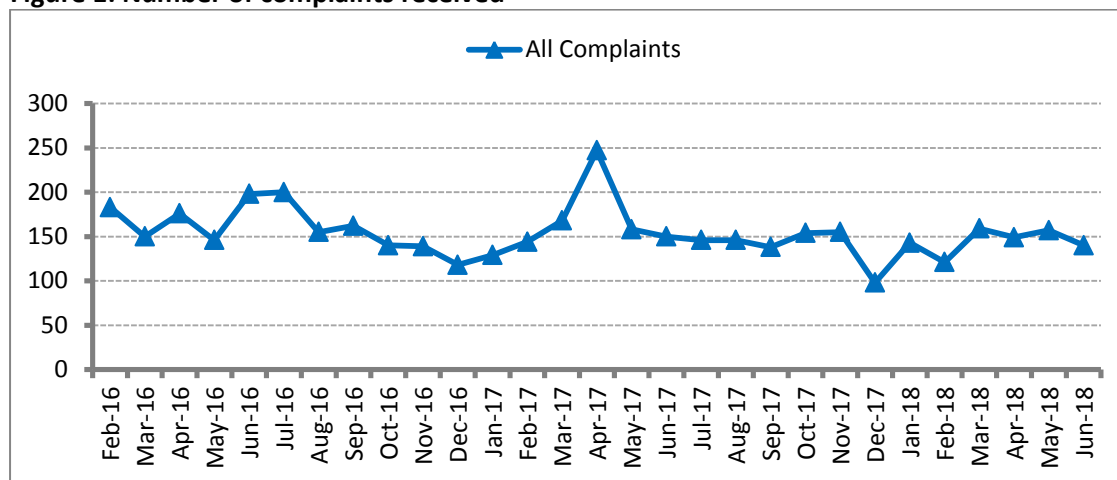
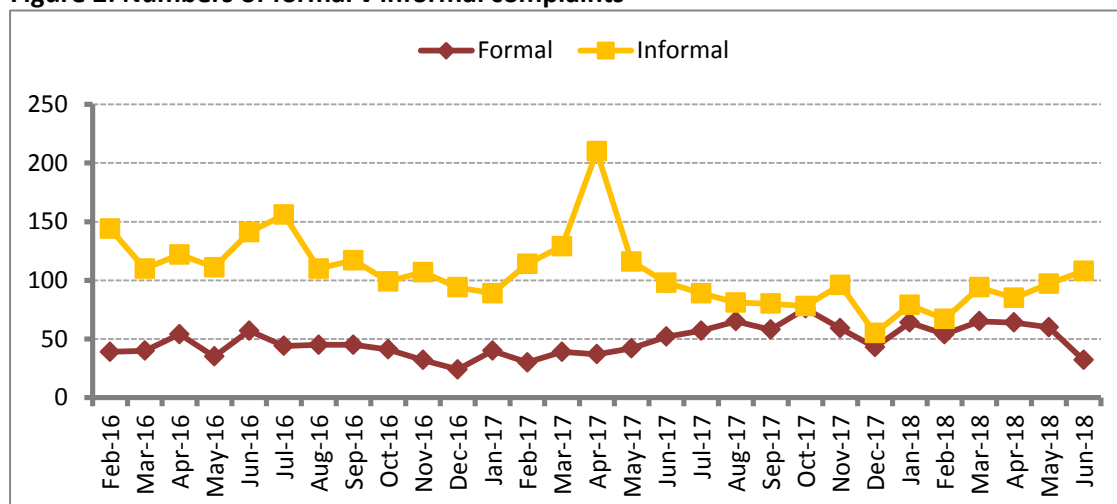


Figure 2 shows complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. We want to address concerns raised as quickly and as close to the point of care as possible, so it is encouraging to see that the proportion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

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



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

## 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.

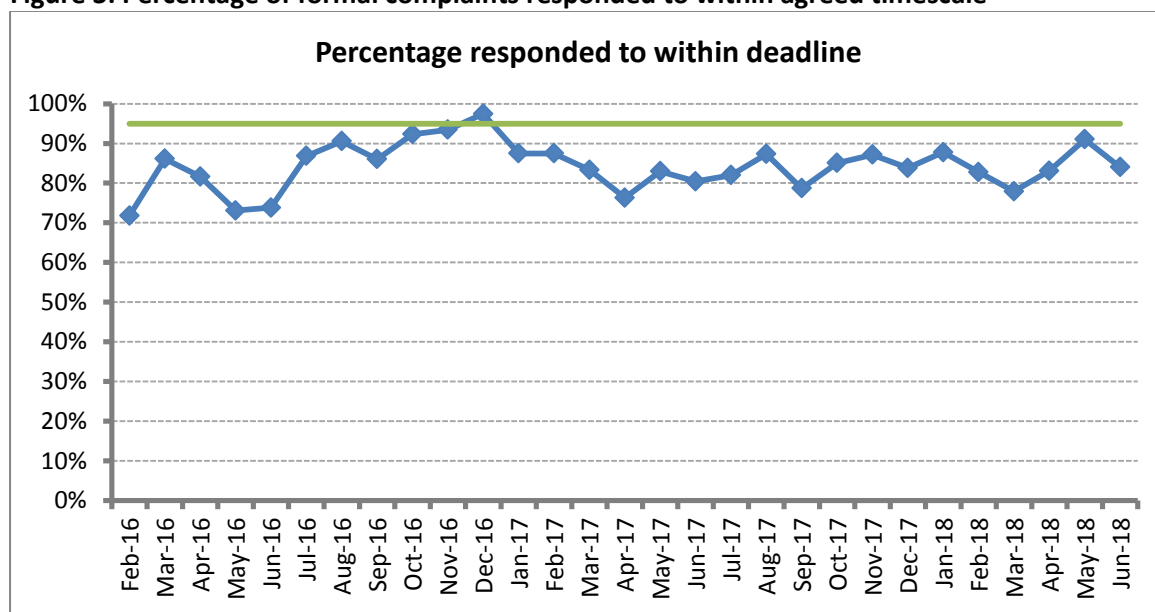
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

### 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 quarter<sup>2</sup>. 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.

<sup>2</sup> 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.

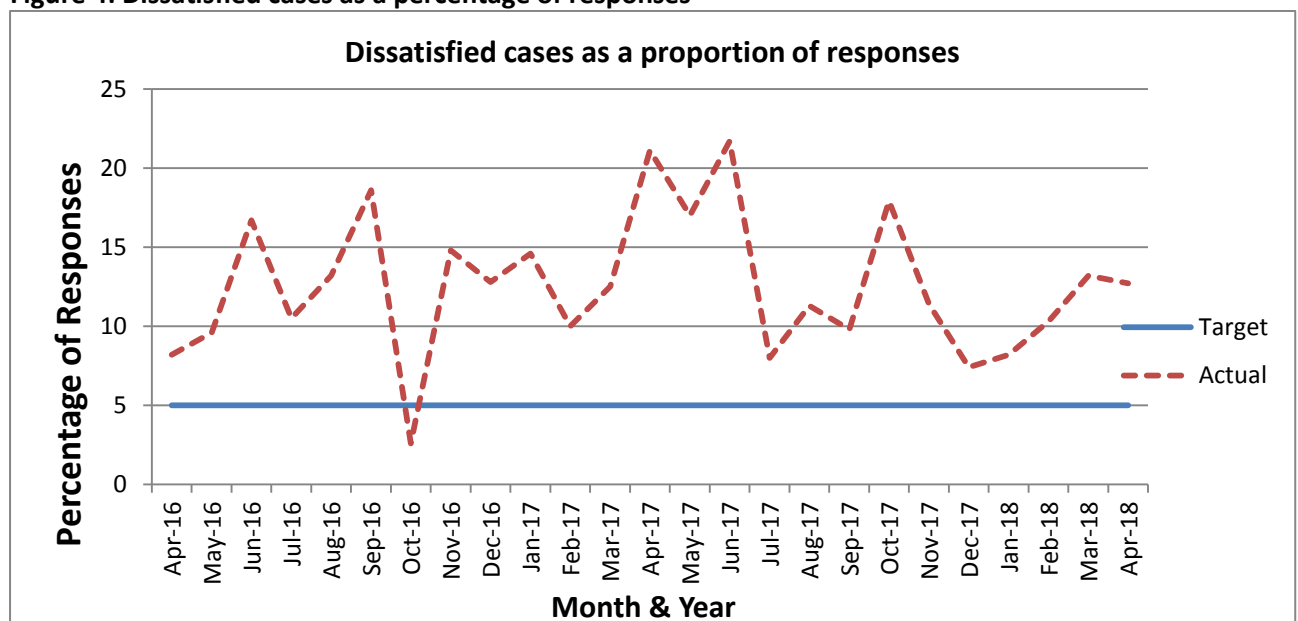
As a result of increasing numbers of dissatisfied complainants since December 2017, a monthly review of all dissatisfied cases is being reinstated, in addition to the existing divisional complaints review panels. These reviews will be carried out by the Head of Quality (Clinical Effectiveness and Patient 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%) ↓
<b>Total</b>	<b>446</b>	<b>423</b>

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the ten most consistently reported sub-categories, which together accounted for 66% of the complaints received in Q1 (295/446).

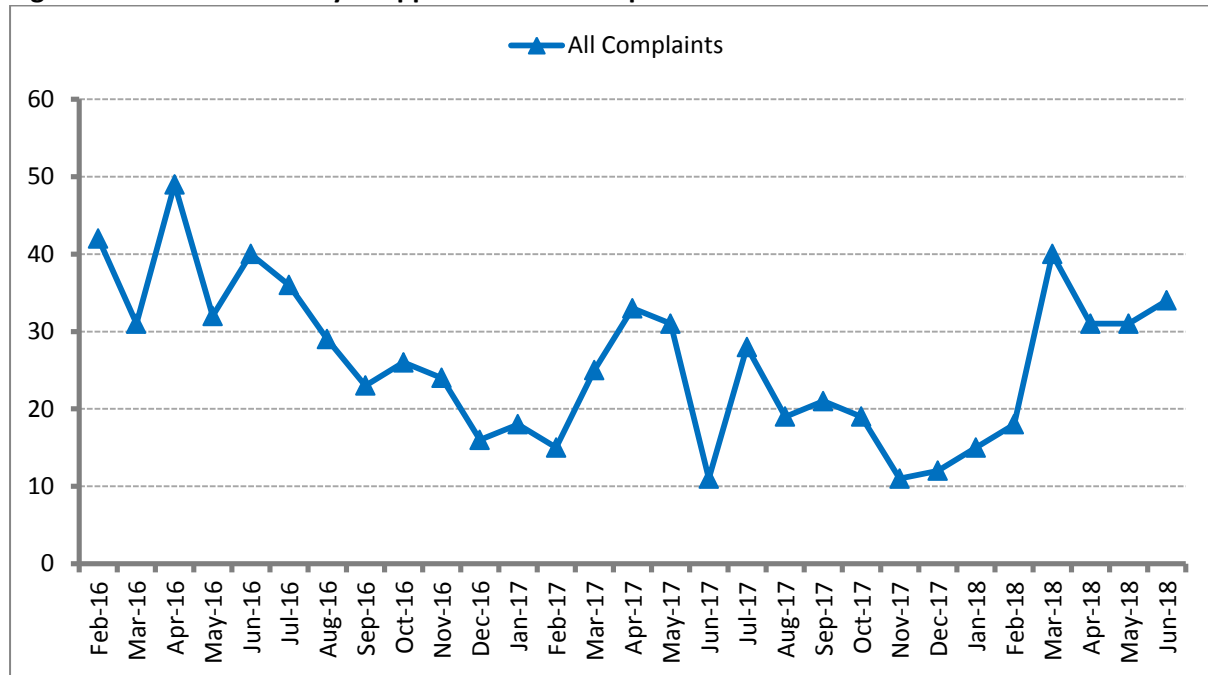
**Table 2: Complaints by sub-category**

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

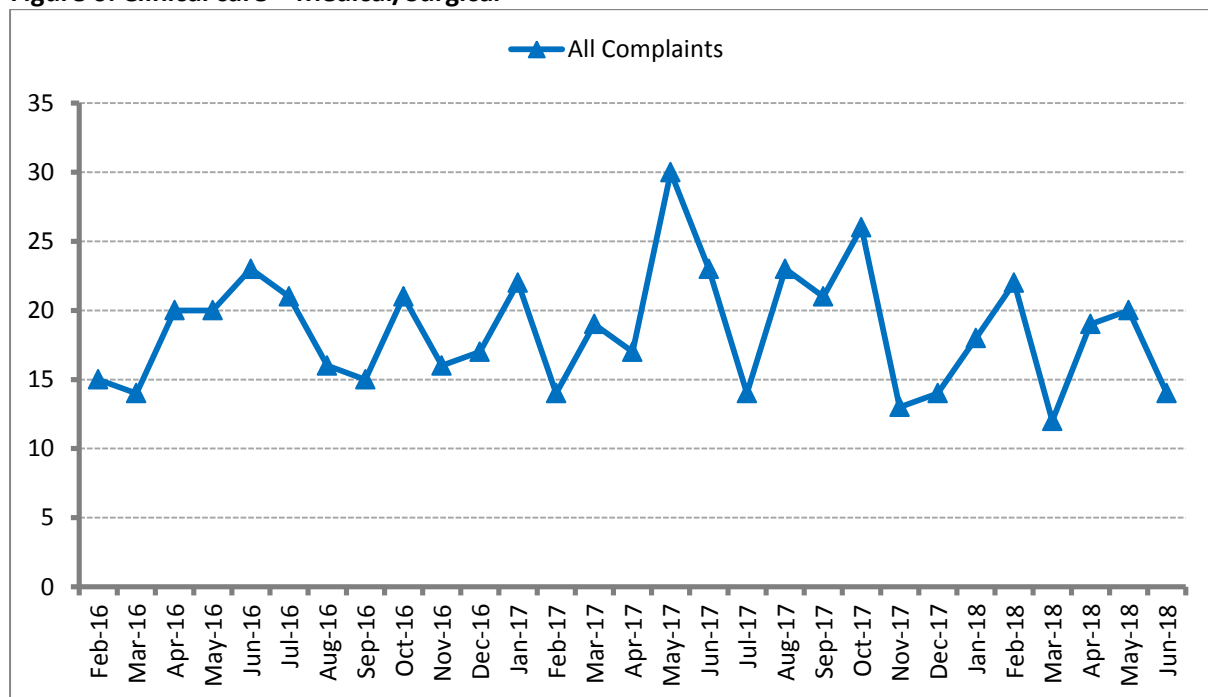
In summary, complaints about ‘cancelled/delayed appointments and operations’, ‘appointment administration issues’ and ‘communication with patient/relative’ rose in Q1 2018/19, whilst complaints about ‘discharge arrangements’ decreased.

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.

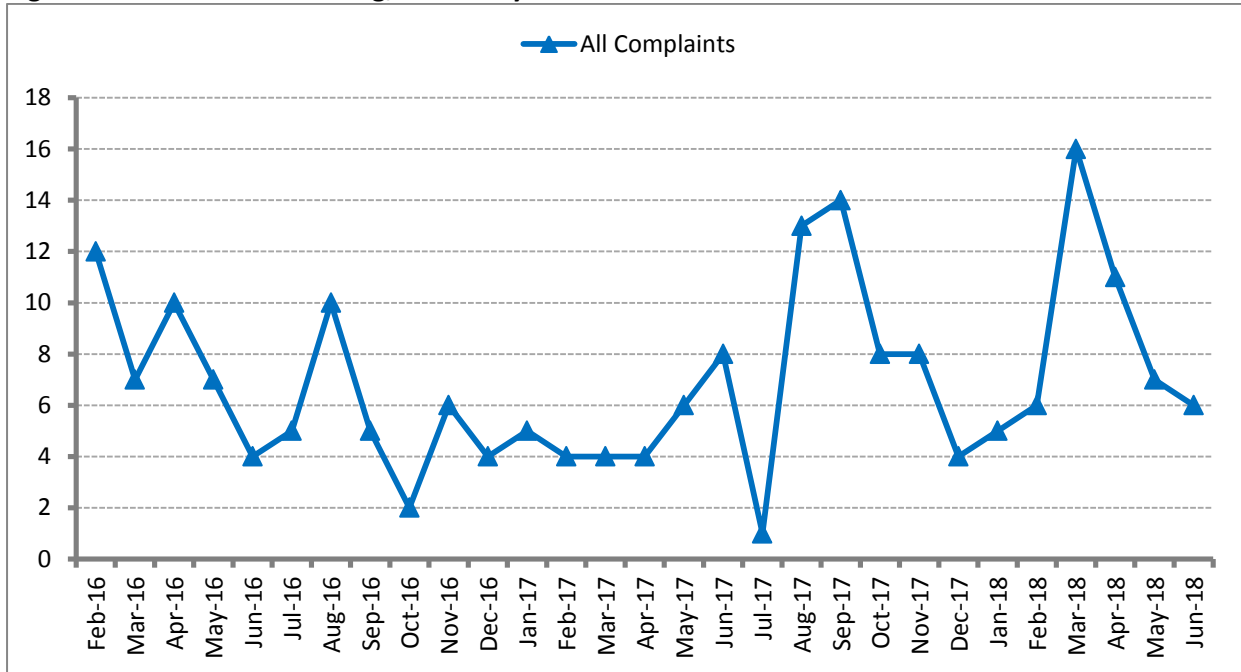
**Figure 5: Cancelled or delayed appointments and operations**



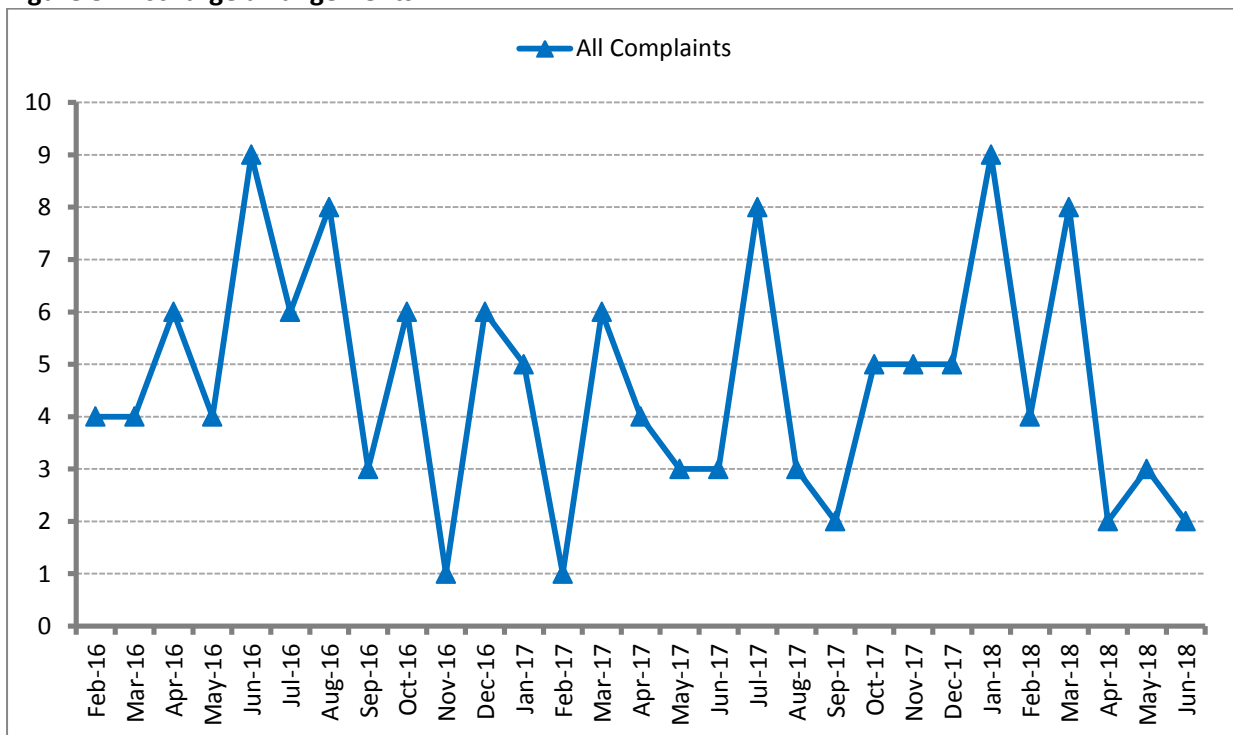
**Figure 6: Clinical care – Medical/Surgical**



**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.

<b>Table 3</b>	<b>Surgery</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women &amp; Children</b>	<b>Diagnostics &amp; Therapies</b>
Total number of complaints received	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%) ↑
<b>Total</b>	<b>162</b>	<b>158</b>

**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 patients' 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.

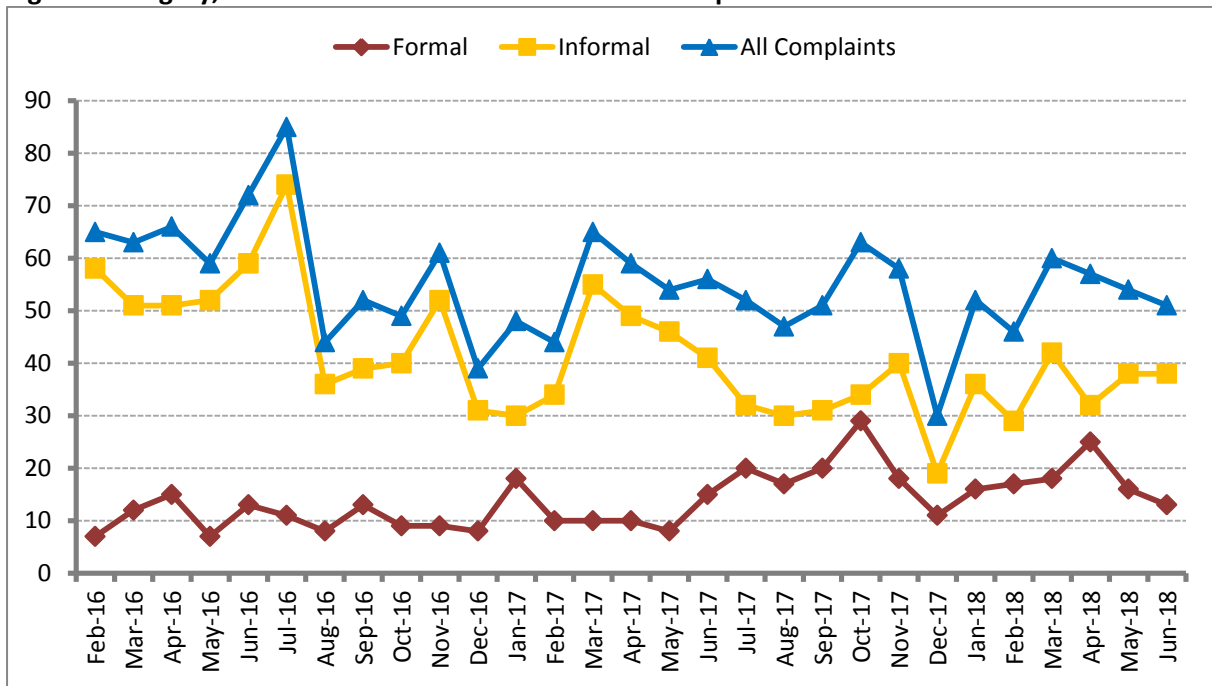
**Current divisional priorities for improving how complaints are handled and resolved:**

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

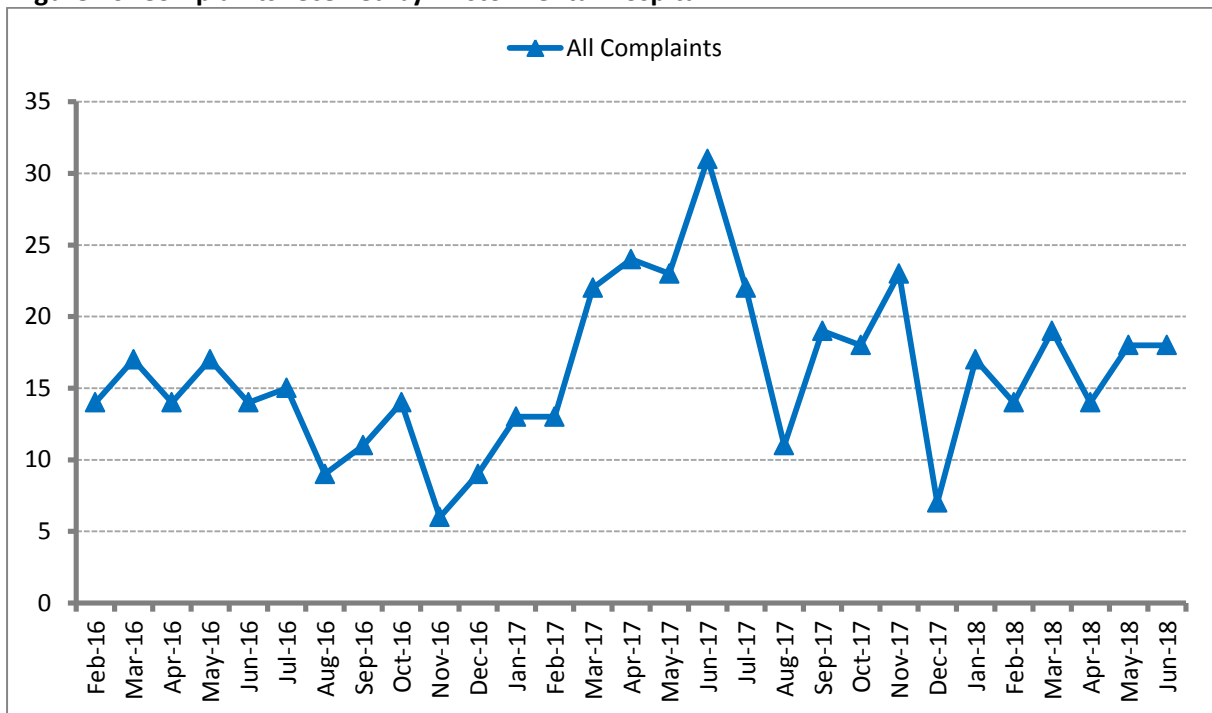
**Priority issues we are seeking to address, based on learning from complaints.**

- 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.

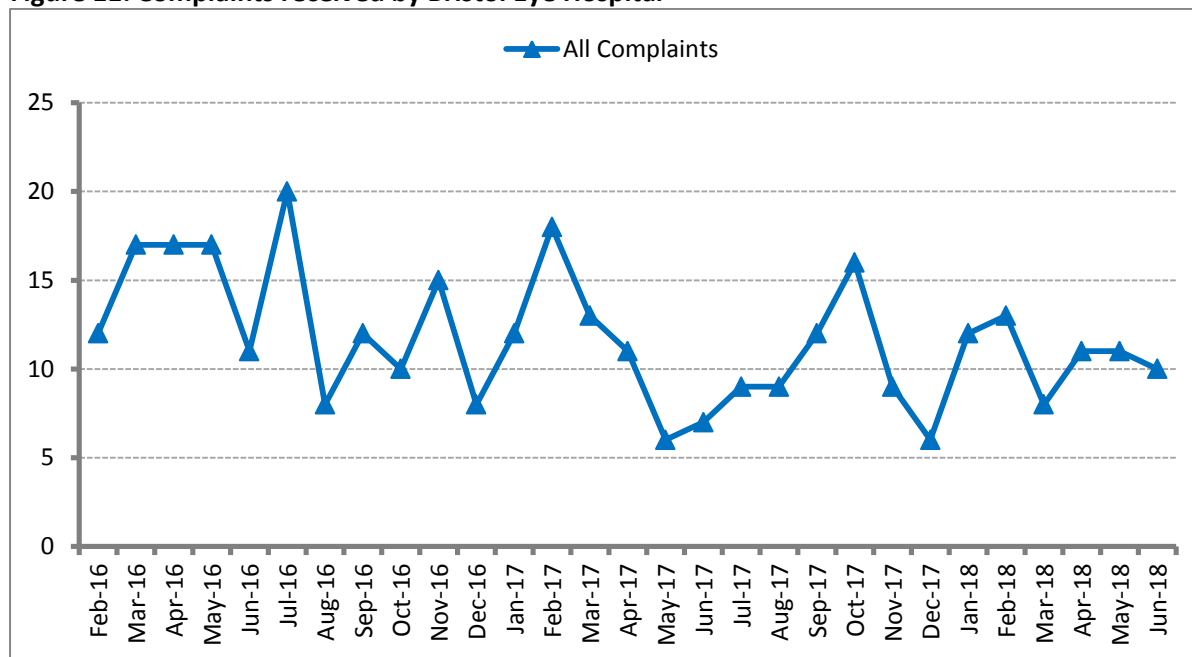
**Figure 9: Surgery, Head & Neck – formal and informal complaints received**



**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%) ↓
<b>Total</b>	<b>102</b>	<b>101</b>

**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</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 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</p>

<p>respect of 'documentation'.</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>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 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>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 dermatology.</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 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>

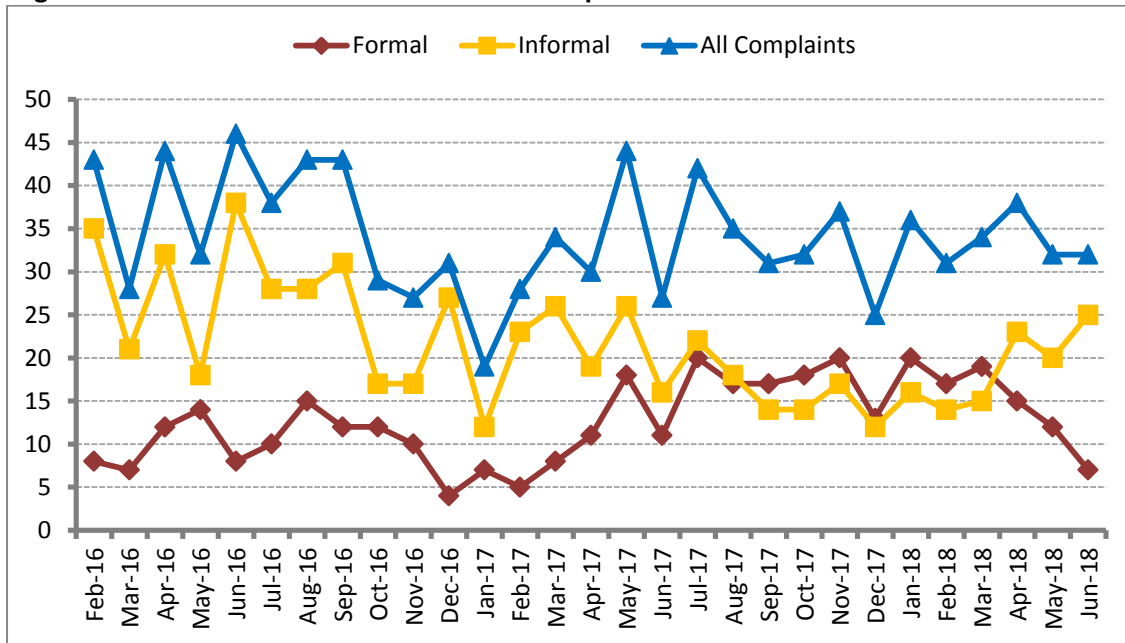
**Current divisional priorities for improving how complaints are handled and resolved:**

- 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.

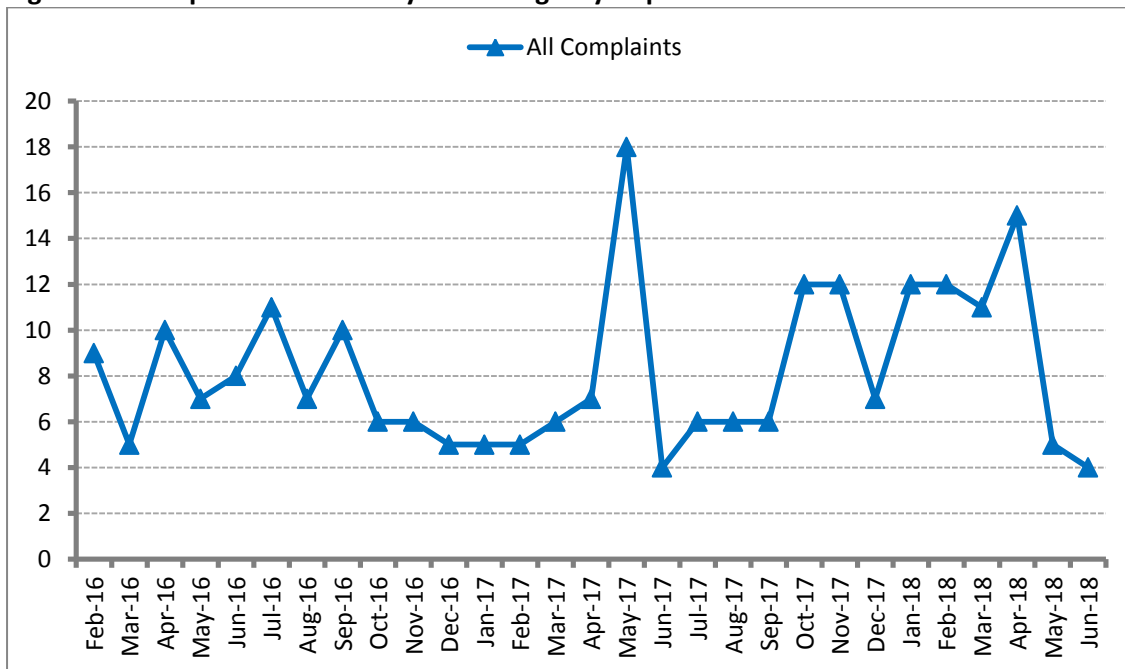
**Priority issues we are seeking to address, based on learning from complaints:**

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%) =
<b>Total</b>	<b>76</b>	<b>55</b>

**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 ☐

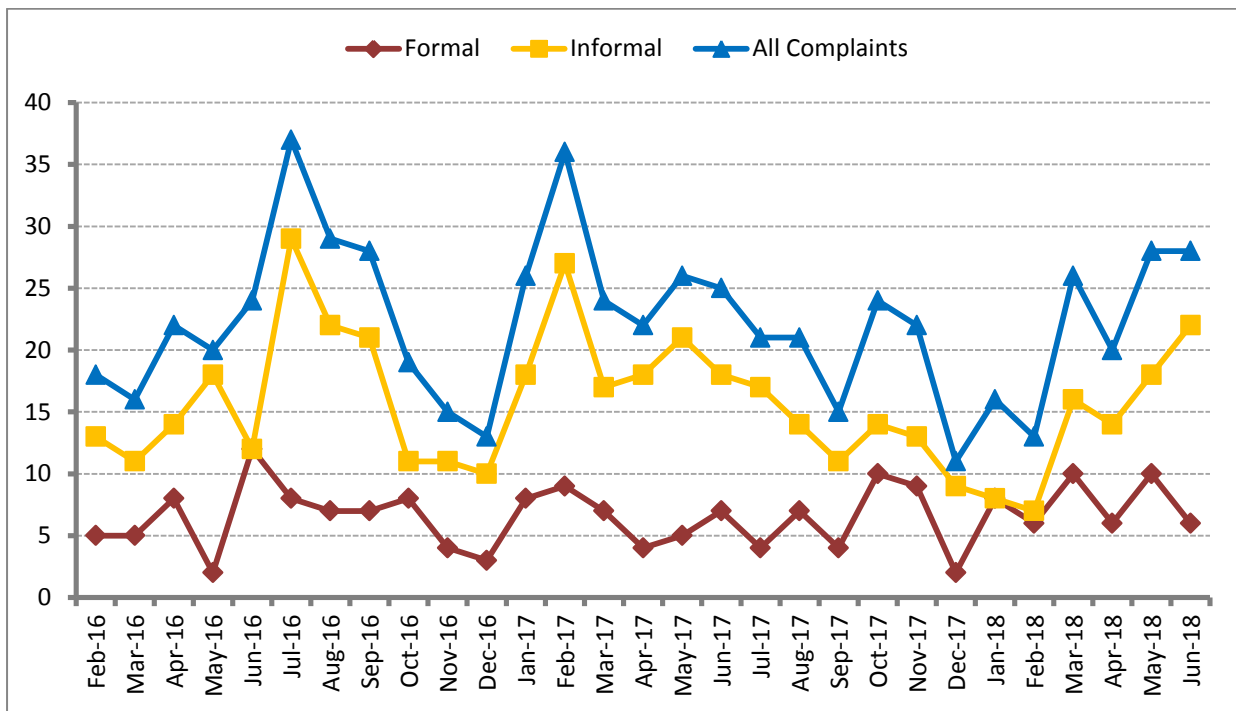


**Table 12: Divisional response to concerns highlighted by Q1 data**

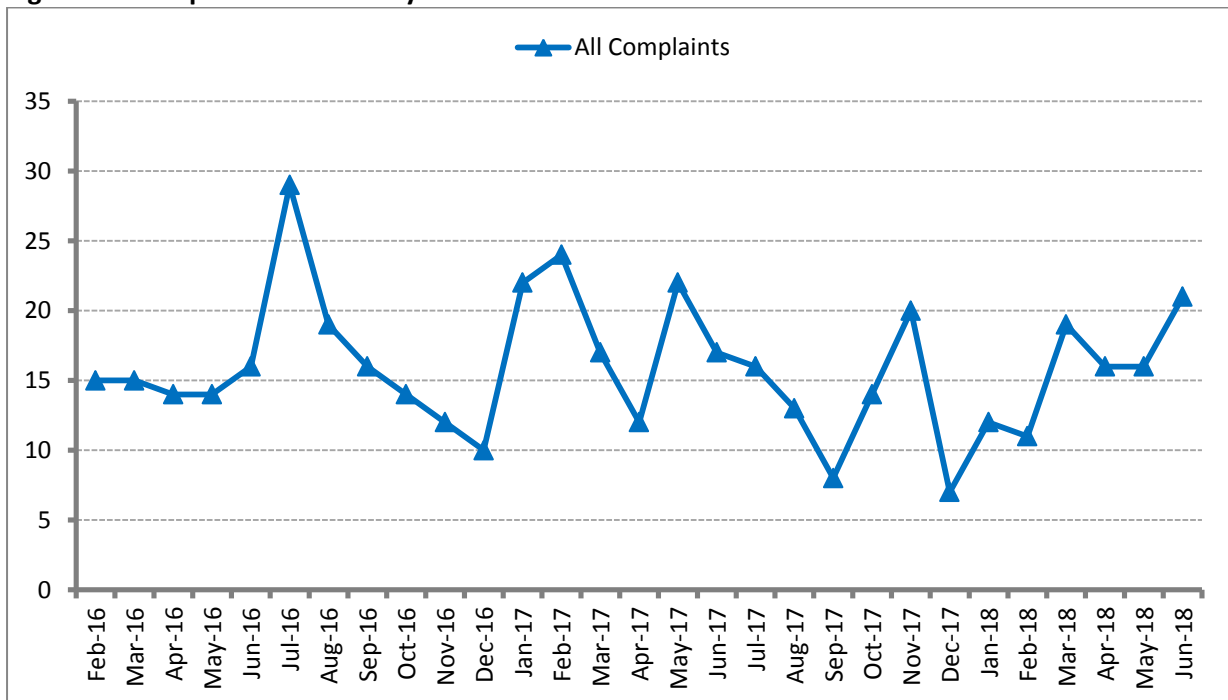
Concern	Explanation	Action
<p>The largest increase in complaints received by the Division in quarter 1 was in the category of 'clinical care'. Nine of those complaints related to 'clinical care medical' and 'clinical care nursing'. There were also seven complaints about 'lost/misplaced/delayed test results', five in respect of 'delayed treatment' and four regarding issues with medication.</p>	<p><b>Key Considerations:</b></p> <ol style="list-style-type: none"> <li>1) The need for ePMA (Electronic Prescribing and Medicines Administration System) roll out</li> <li>2) Vital Pack (electronic patient observation records) roll out including VTE Assessments</li> <li>3) BHOC fire in May 2018</li> <li>4) Ongoing delays in Chemotherapy Day Unit (CDU) due to a capacity vs. demand issues.</li> <li>5) Cath Lab staffing shortages resulting in ECHO sessions reduced.</li> </ol>	<ol style="list-style-type: none"> <li>1) ePMA <ul style="list-style-type: none"> <li>• Familiarity with the system, which much improved in BHI.</li> <li>• Roll out in BHOC for September having learnt from BHI roll out.</li> </ul> </li> <li>2) Vital Pack <ul style="list-style-type: none"> <li>• Transition to online from paper. Need to become comfortable with the system and this is improving.</li> </ul> </li> <li>3) BHOC Fire <ul style="list-style-type: none"> <li>• Major Incident resolved.</li> </ul> </li> <li>4) Chemo Capacity <ul style="list-style-type: none"> <li>• Agency usage to maximize current physical capacity.</li> <li>• Capital works to build in six additional chairs to increase physical capacity.</li> <li>• Recruitment of additional staff for CDU and Clinical Trials Unit (CTU).</li> </ul> </li> <li>5) Cath Lab Staffing <ul style="list-style-type: none"> <li>• Agency usage within Cath Lab to reduce pressures.</li> </ul> </li> </ol> <p>Agency usage on C805 to be able to support the Trans Oesophageal Echo (TOE) list.</p>
<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><b>Recurring themes:</b></p> <ol style="list-style-type: none"> <li>1) Delays obtaining test results</li> <li>2) Difficulty making contact with the department</li> <li>3) Cancelled appointments</li> </ol>	<ol style="list-style-type: none"> <li>1) Test results <ul style="list-style-type: none"> <li>• Project initiated with transformation team support to improve process for following up test results</li> <li>• Agency staff in place to cover high vacancy rates in echo and cardiac physiology</li> </ul> </li> <li>2) Contacting the department <ul style="list-style-type: none"> <li>• New hunt group set up for clinic coordinators so that all calls come through a single number which feeds into all phones</li> </ul> </li> <li>3) Cancelled appointments <ul style="list-style-type: none"> <li>• New process implemented for tracking consultant leave to avoid any last minute clinic changes.</li> <li>• Outpatient Directory of Services updated as part of</li> </ul> </li> </ol>

		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.
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><b>Key Considerations</b></p> <ol style="list-style-type: none"> <li>1) Laboratory service is provided by North Bristol NHS Trust.</li> <li>2) Lab not providing results within given timeframes.</li> <li>3) Lab experiencing staff shortages.</li> </ol>	<ol style="list-style-type: none"> <li>1) Not within our influence</li> <li>2) Timeframes <ul style="list-style-type: none"> <li>• Fed back to the labs</li> <li>• Discussed in genetic counsellor meeting and cancer meeting; to be cautious when giving test turnaround time scales (due to dependency on lab).</li> </ul> </li> </ol>
In Q1, the Division responded to 20 formal complaints. Five of these responses (25%) breached the deadline agreed with the complainant.	<p><b>Key influencers:</b></p> <ol style="list-style-type: none"> <li>1) The May BHOC Fire exacerbated the existing BHOC management shortage in writing complaints.</li> </ol> <p>May also corresponded with a new Head of Nursing starting in post who needed to understand the process around complaints.</p>	<ol style="list-style-type: none"> <li>1) BHOC Fire &amp; Vacancies <ul style="list-style-type: none"> <li>• Fire resolved</li> <li>• Management vacancies recruited into.</li> </ul> </li> <li>2) Head of Nursing <ul style="list-style-type: none"> <li>• SOP has now been drawn up, in process of cross referencing with PSCT SOPs to prevent any contradiction then roll out end of August.</li> </ul> </li> </ol>

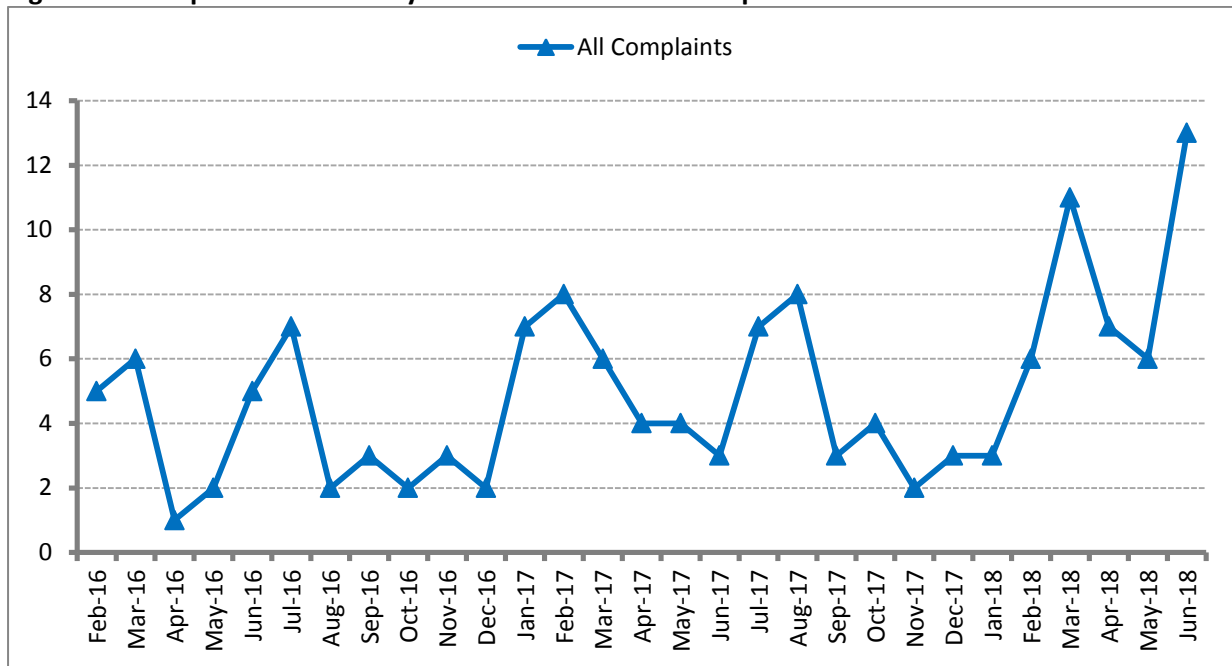
**Figure 14: Specialised Services – formal and informal complaints received**



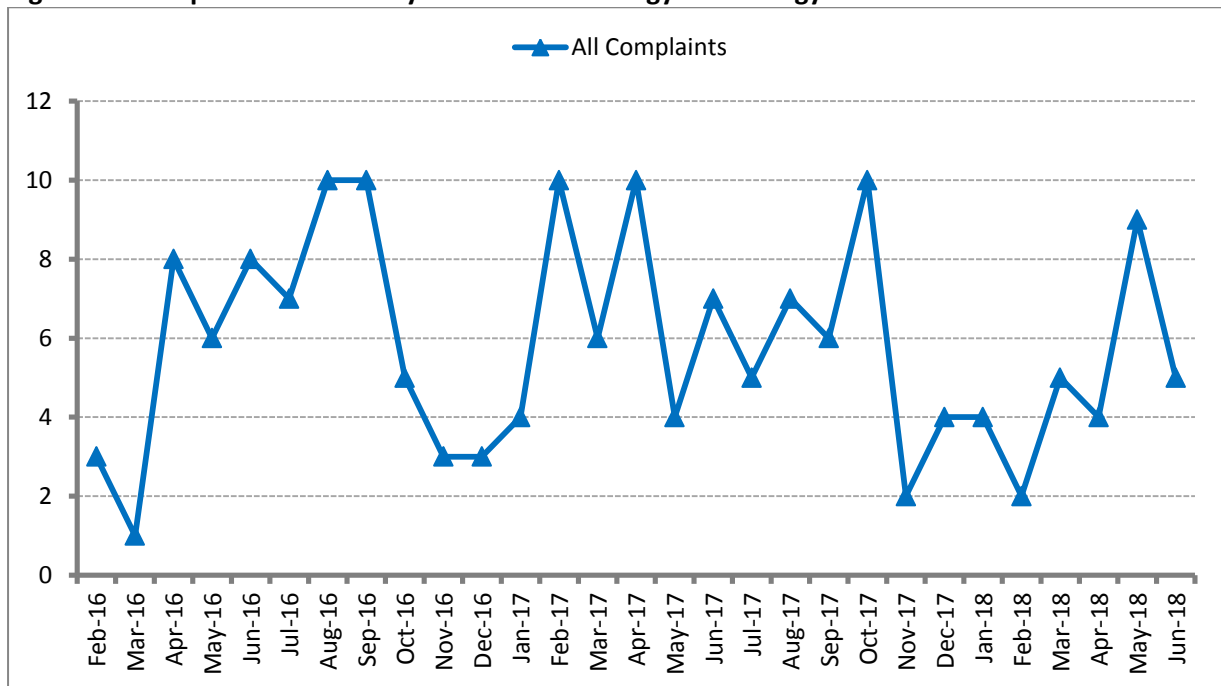
**Figure 15: Complaints received by Bristol Heart Institute**



**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%) ↑
<b>Total</b>	<b>63</b>	<b>69</b>

**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><b>BRHC</b> We have seen a substantial increase in A&amp;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><b>STMH</b> 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><b>BRHC</b> 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><b>STMH</b> 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><b>BRHC</b> We have seen a substantial increase in A&amp;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&amp;E, to Theatre to outpatients.</p>	<p><b>BRHC</b> 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><b>BRHC</b> 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><b>BRHC</b> 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.

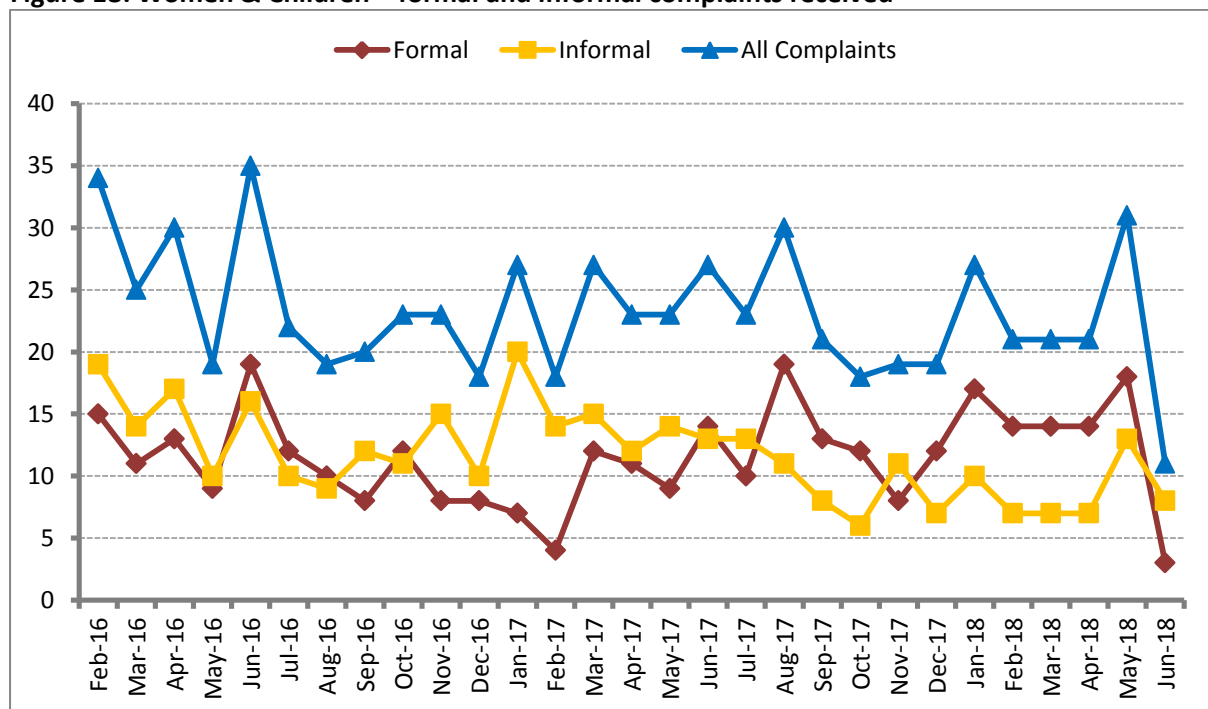
**Current priorities for improving how complaints are handled and resolved (BRHC)**

- 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):**

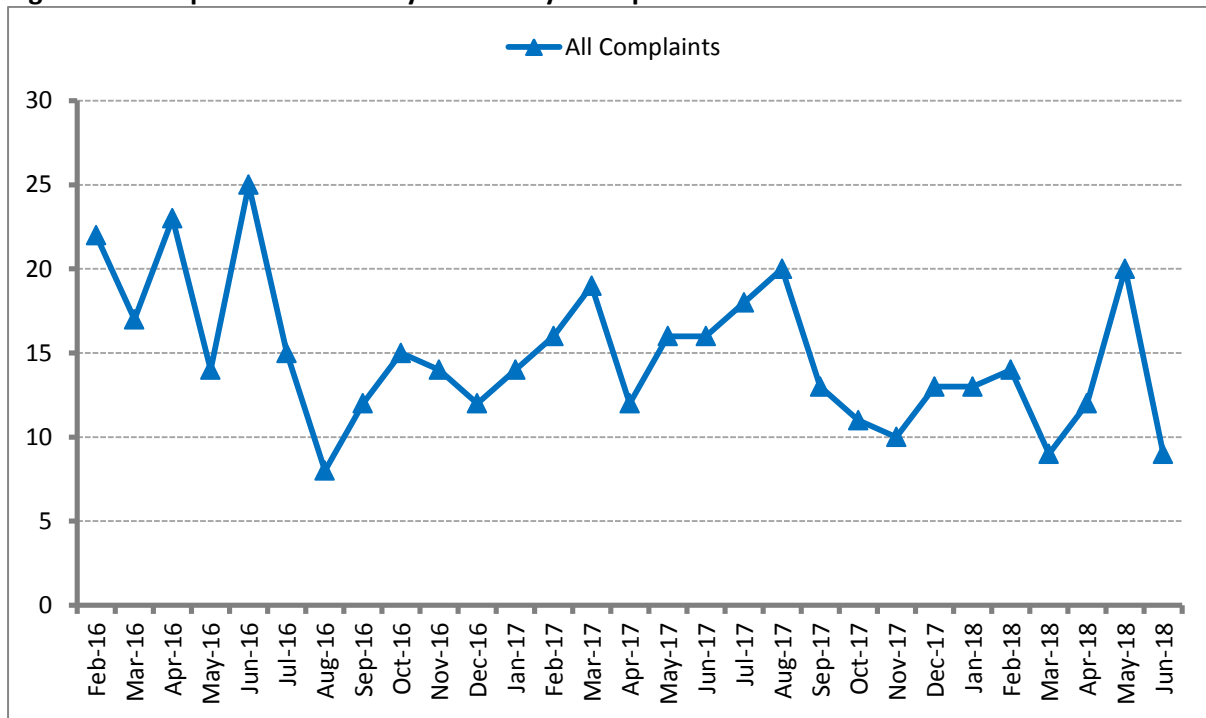
- We will ensure that actions plans are clearly articulated to the family, together with clear plans for implementing required changes and auditing their effectiveness going forward.

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

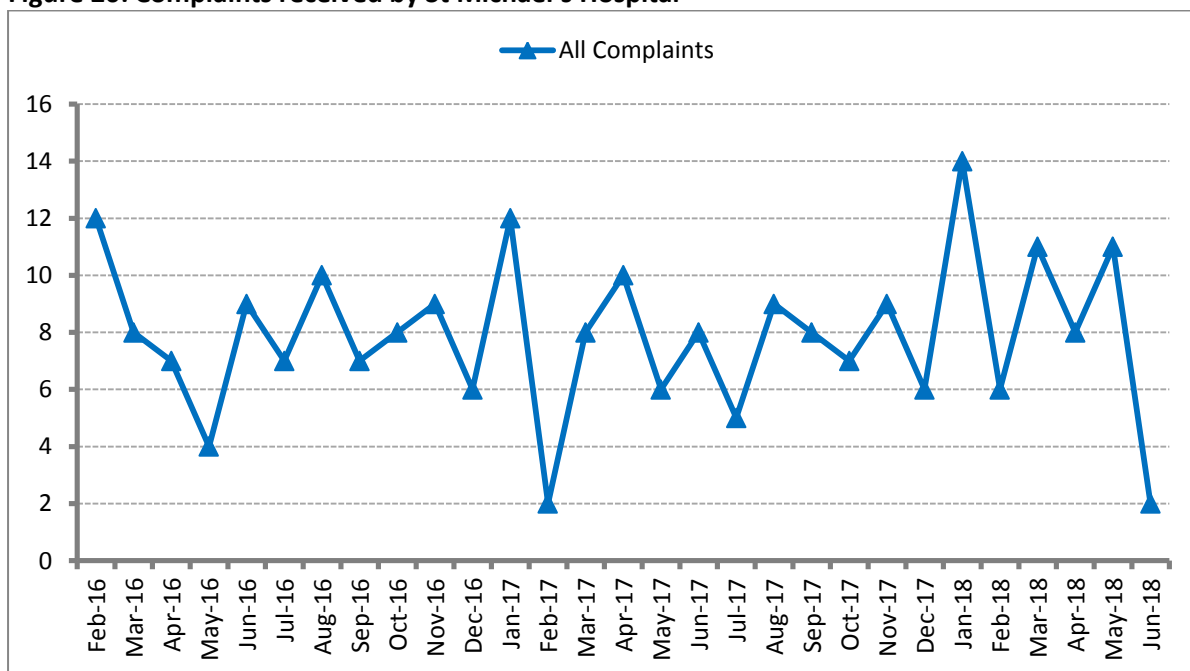




**Figure 19: Complaints received by Bristol Royal Hospital for Children**



**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%) =
<b>Total</b>	<b>17</b>	<b>20</b>

**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**

<b>Concern</b>	<b>Explanation</b>	<b>Action</b>
<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>

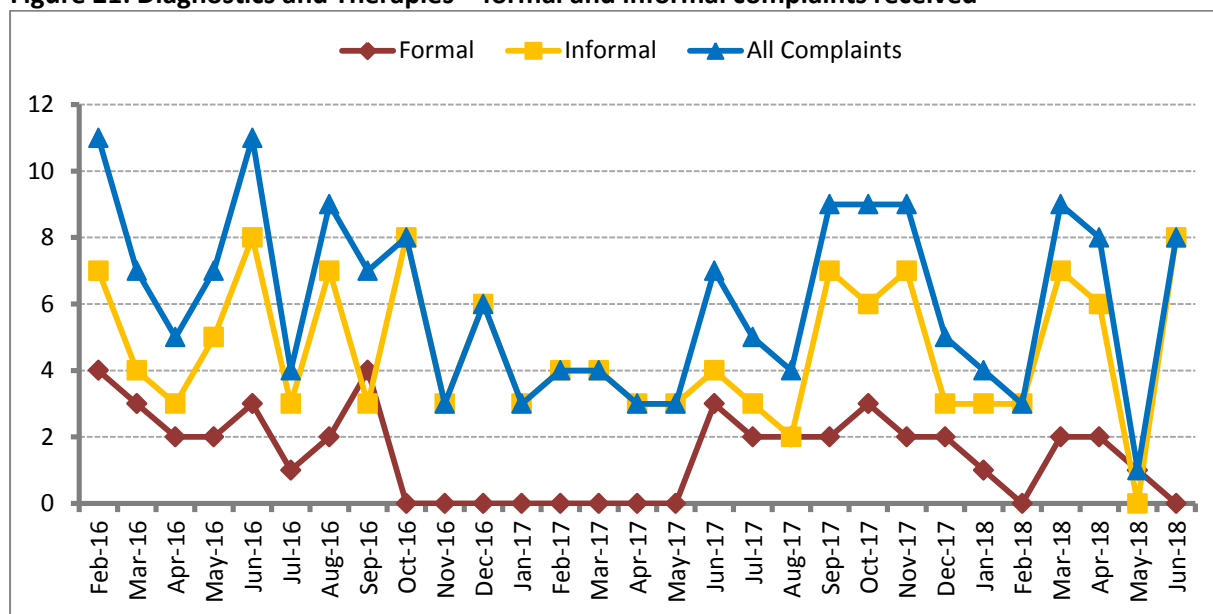
**Current divisional priorities for improving how complaints are handled and resolved**

- 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.

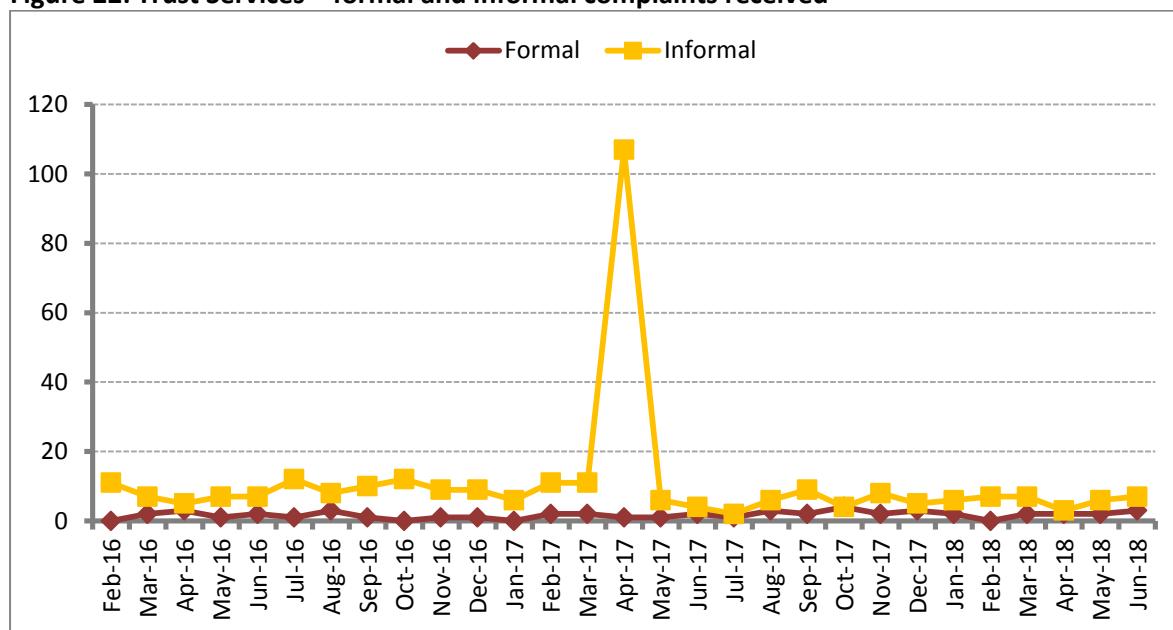
**Figure 21: Diagnostics and Therapies – formal and informal complaints received**



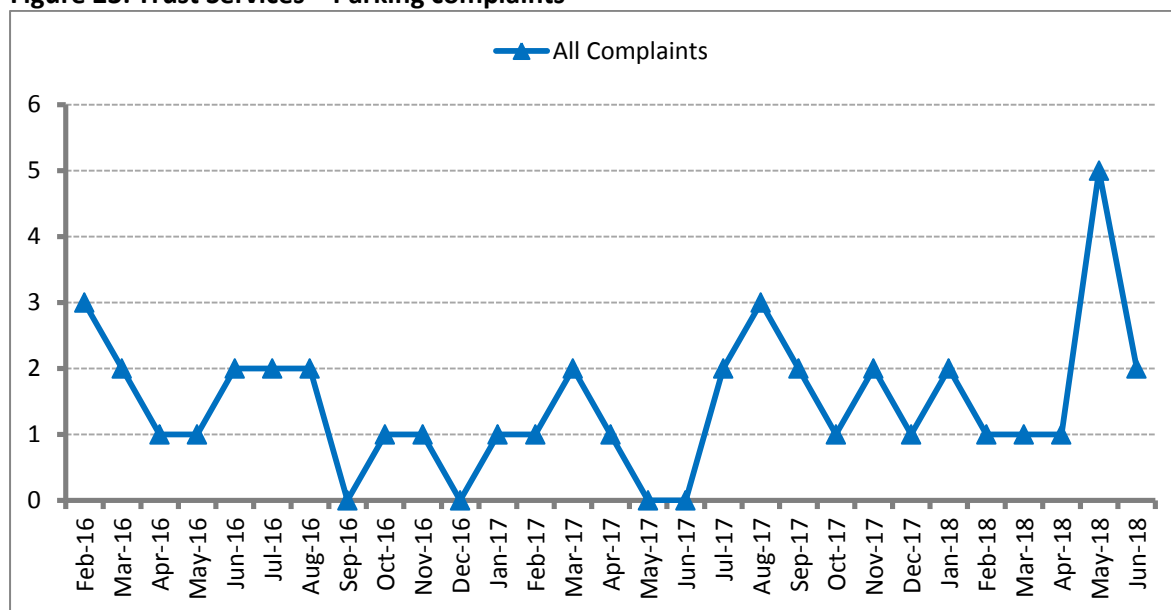
### 3.1.6 Division of Trust Services

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 site<sup>3</sup>**

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%) ↑
<b>TOTAL</b>	<b>446</b>	<b>423</b>

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

### 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

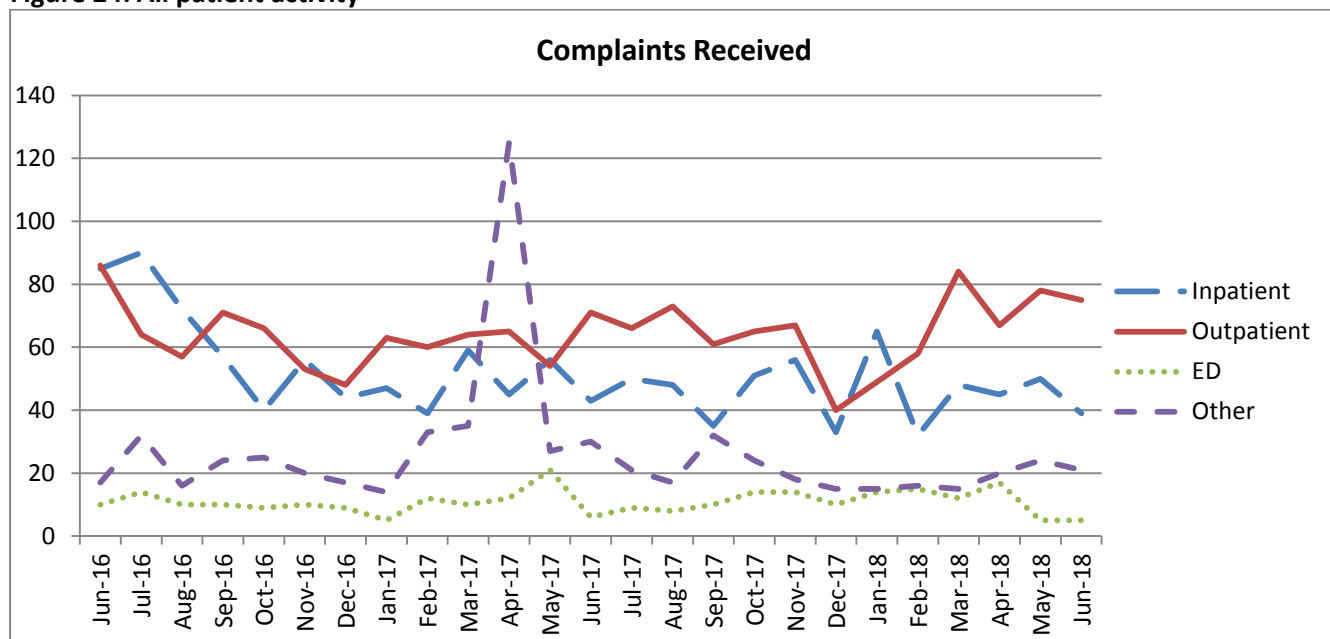


Table 20: Breakdown of Area Type

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
<b>Grand Total</b>	<b>282</b>	<b>1331</b>	<b>1675</b>	<b>672</b>	<b>3960</b>

### 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%)
<b>All</b>	<b>25 breaches</b>	<b>31 breaches</b>	<b>30 breaches</b>	<b>36 breaches</b>

*(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
<b>All</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>0</b>	<b>3</b>	<b>25</b>

### 3.4 Outcome of formal complaints

In Q1 we responded to 213 formal complaints<sup>4</sup>. 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%)
<b>Total</b>	<b>64 (30%)</b>	<b>97 (45.5%)</b>	<b>52 (24.5%)</b>

**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%)
<b>Total</b>	<b>48 (27.4%)</b>	<b>85 (48.6%)</b>	<b>42 (24%)</b>

## 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.

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



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

**Table 25: Enquiries by category**

<b>Category</b>	<b>Enquiries in Q1 2018/19</b>
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
<b>Total</b>	<b>165</b>

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.

Approximately 300 surveys are sent out every quarter.

**Table 28: Complaints Survey Data**

Survey Measure/Question	Q1 2018/19 (45 responses received)	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 complaint.	11.1%	22.2%	20%	37.2%
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%

Although the number of responses to this survey is small (45 in Q1, representing a response rate of approximately 15%), the quarterly decline in complainants stating that they believe that the Trust will do things differently as a result of their complaint is nonetheless a concern. We will continue to monitor answers to this survey question and propose that this should be a topic for discussion at our first planned focus group with complainants in Q4 2018/19.

## 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
<b>Total Complaints</b>	<b>446</b>

### 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
<b>Total Complaints</b>	<b>446</b>

### 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
<b>Total Complaints</b>	<b>446</b>

### 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
<b>Total Complaints</b>	<b>446</b>

### 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.