

**Report to the Council of Governors meeting to be held on 30 April 2019 at
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
 Bristol, BS1 3NU**

		Agenda Item	2.4
Meeting Title	Council of Governors	Meeting Date	30 April 2019
Report Title	Quarterly Patient Experience Report (Quarter 3)		
Author	Paul Lewis, Patient Experience and Involvement Team Manager		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

Governor Responsibility (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"/>

Action/Decision Required (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

This report is shared with the Council of Governors for information. Its purpose is to provide the Board of Directors with a summary of patient-reported feedback received via the Trust's corporate patient survey programme, up to and including Quarter 3 2018/19. It also includes an update on Patient and Public Involvement activity.

Key issues to note:

This report provides a summary of patient-reported feedback received via the Trust's corporate patient survey programme, up to and including Quarter 3 2018/19. It also includes an update on Patient and Public Involvement activity. The key positive messages from the report are as follows:

- All of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 3, indicating the continued provision of a high quality experience for our service-users
- The Trust held its annual "Quality Counts" event in January 2019, with a range of stakeholders and staff attending to help shape UH Bristol's improvement priorities for the next financial year
- UH Bristol currently has a corporate quality improvement objective to develop a more consistently excellent customer service at the Trust. The Transformation Team and Patient

Experience and Involvement Team launched the “Here to help” programme in December 2018, which brings together the improvement initiatives being carried out within this quality objective.

- The customer service initiative has involved learning from experts in the private sector, one outcome of which has been to re-design UH Bristol’s monthly outpatient survey, so that we can generate a “touch point map” of our outpatients’ experience. The first tranche of data from this work is shown on page 15 of the report. As this data builds up, we will be able to gain deeper insights into the “customer journey” and identify improvement opportunities from this.

The key “negative outliers” in the report are as follows:

- Survey scores for South Bristol Community Hospital were again below target in Quarter 3. This does not correlate with other management data being reviewed by the Division of Medicine. A recent Healthwatch “enter and view” visit was very positive about the service being provided by the hospital. Building on learning from the customer service corporate quality objective, the Patient Experience and Involvement Team will carry out customer service “touchpoint mapping” at the hospital (see above), to better understand the patient experience journey and identify potential improvement opportunities.
- Ward A605 (delayed discharge) continues to attract low survey scores. These results correlate with staffing issues on the ward that the Division of Medicine management team is working to resolve as a priority.
- Outpatient waiting times at the Bristol Haematology and Oncology Centre affected the hospital’s overall outpatient experience score. The Division of Specialised Services has outlined a number of actions in the report that are being taken in response to these challenges.
- Outpatient waiting times at the Bristol Eye Hospital affected the hospital’s overall outpatient experience score. This is likely to be the result of a number of staff vacancies in the department, which are currently being recruited to.

In addition, The 2018 national maternity survey results were released in Quarter 3. Of the 19 scores relating to care at UH Bristol’s St Michael’s Hospital during birth and on the postnatal ward, the Trust performed better than the national average, to a statistically significant degree, on the following three questions:

- Were you given a choice about where to have your baby?
- Did you have skin-to-skin contact with your baby shortly after birth?
- If you raised a concern during labour / birth, do you feel this was taken seriously?

None of the Trust’s scores were below the national average to a statistically significant degree.

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

Nominations & Appointments	Quality Focus Group	Governor Strategy Group	Constitution Focus Group	Public Trust Board 28 March 2019
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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 3 2018/19*

Author: Paul Lewis, Patient Experience and Involvement Team Manager

Patient Experience and Involvement Team

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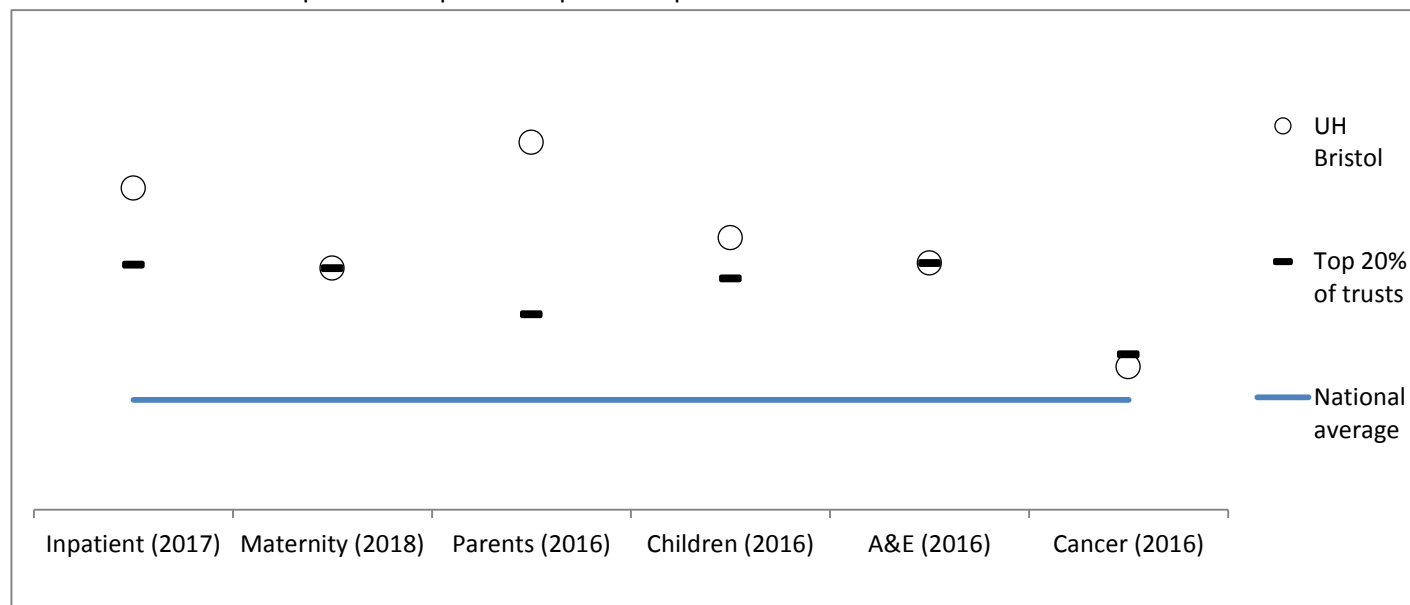
1. Overview of patient-reported experience at UH Bristol: update since the last Quarterly Report

Successes	Priorities
<ul style="list-style-type: none"> All of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 3, indicating the continued provision of a high quality experience for our service-users The Trust held its annual "Quality Counts" event in January 2019, with a range of stakeholders and staff attending to help shape our improvement priorities for the next financial year The Trust launched the "Here to help" programme in December 2018, which brings together a range of improvement initiatives centred on developing a more consistently excellent patient experience 	<p>In Quarter 3 the Trust's new rapid-time patient feedback system went live. This is supported by a roll out of the Trust's new "Here to help" posters in wards and departments, which signpost patients and visitors to the feedback opportunities provided by the new system. At present, people are able to give feedback via their own electronic devices or via the UH Bristol external website. Since the launch we have been receiving feedback through the system and this has been shared with the relevant services. In addition, we have also received contact requests via the system, which have generated an instant / automated email to the Patient Support and Complaints Team in order to try and rapidly resolve the issue being raised. The system also involves installing touchscreen feedback points across our hospitals. The electrical works are currently being carried out in the Bristol Royal Infirmary and this should be completed during Quarter 4 2018/19. We will then evaluate the system in this live environment, with the aim of rolling out the feedback points to the Trust's other hospital sites during 2019/20. At that point we will also be seeking to direct the real-time alerts generated through the system directly to the Trust's clinical Divisions.</p>
Opportunities	Risks & Threats
<p>UH Bristol currently has a corporate quality improvement objective around developing a more consistent customer service mind set for our service-users. Taking learning from an expert in the private sector, we re-designed our monthly outpatient survey so that we can now generate a "touch point" map of our outpatients' experience. This is shown on page 15 of the current report. As this data builds up we will be able to generate deeper insights into the "customer journey" and identify improvement opportunities from this.</p>	<ul style="list-style-type: none"> Survey scores for South Bristol Community Hospital were again below target in Quarter 3. This does not correlate with other management data being reviewed by the Division, and a recent Healthwatch "enter and view" visit was very positive about the hospital. To try and better understand the survey data, customer service "touchpoint mapping" at the hospital will be carried out as part of the Patient Experience and Involvement Team's 2019/20 work programme. Ward A605 (delayed discharge) continues to attract low survey scores. Although it is challenging to provide a positive experience on this ward, these results do also correlate with staffing issues on the ward that the Division of Medicine management team is working to resolve as a priority. Outpatient waiting times at the Bristol Haematology and Oncology Centre affected the hospital's overall outpatient experience score. The Division of Specialised Services has outlined a number of actions being taken in response to these challenges (see main report). Outpatient waiting times at the Bristol Eye Hospital affected the hospital's overall outpatient experience score. This is likely to be the result of a number of staff vacancies in the department, which are currently being recruited to.

2. National benchmarks

The Care Quality Commission's national survey programme provides a comparison of patient-reported experience at UH Bristol against other English NHS hospital trusts. The results show that UH Bristol tends to perform better than the national average in these surveys (Chart 1)¹. 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 2018 national maternity survey results were released in late Quarter 3 2018/19. Of the 19 scores relating to care at UH Bristol's St Michael's Hospital during birth and on the postnatal ward:

- The Trust performed better than the national average, to a statistically significant degree, on the following three questions:
 - o Were you given a choice about where to have your baby?
 - o Did you have skin-to-skin contact with your baby shortly after birth?
 - o If you raised a concern during labour / birth, do you feel this was taken seriously?
- None of the Trust's scores were below the national average to a statistically significant degree.

Chart 1 suggests that the Trust's overall performance in the national maternity survey was on the threshold of being among the best 20% of performing trusts nationally².

A full analysis of the results will be carried out during February 2019 by the Patient Experience Team and the Maternity Services management team.

¹ This is a theme across all of the surveys – these differences do not always reach statistical significance, which can be affected by a number of factors (e.g. sample size).

² Unlike the other national surveys, the national maternity survey does not have a single, overarching experience rating question. The data for this survey in Chart 1 therefore takes a mean score across all of the survey questions relating to hospital care.

3. Quarter 3 performance overview and exception reports

In Quarter 3, 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).

Detailed analysis of the survey data, down to ward level, is provided in Section 4 of this report. Table 2 identifies scores that were "negative outliers" within this wider dataset and summarises action(s) undertaken in response to them³. 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.

The response rate to UH Bristol's outpatient Friends and Family Test was below target in Quarter 3 (5.4% against a target of 6%). This was a result of a low response rate in December 2018, which is likely to be accounted for by the suspension of the SMS (text) message arm of the survey for two weeks over the Christmas period to avoid surveying patients during this potentially sensitive time. The survey is now fully live again and so we anticipate that the target will be met again during Quarter 4 2018/19. The decision to temporarily suspend the survey in December was based on advice from the Trust's specialist survey contractor. Given the impact on the response rate, we will review this advice with the contractor

Table 1: Quarter 3 Trust-level patient-reported experience at-a-glance

	Current Quarter (Quarter 2)	Previous Quarter (Quarter 1)
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	Red	Green
Emergency Department Friends and Family Test response rate	Green	Green

³The survey scores shown in this report provide an indication of how service-users rate their experience at UH Bristol. The targets set against each score provide 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 targets strike a balance between being able to detect a Trust level change (where the data is usually very stable / accurate over time), whilst also 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).

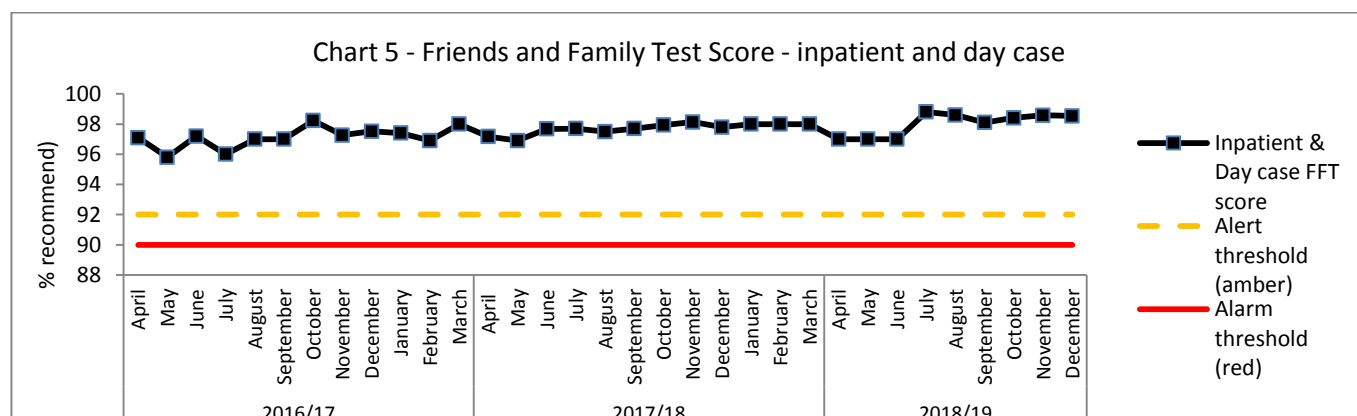
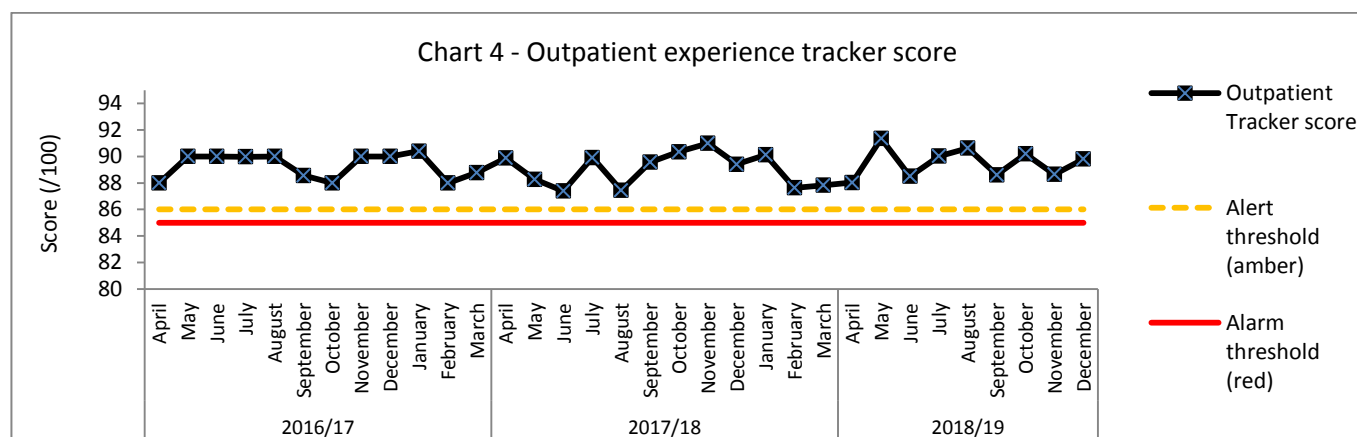
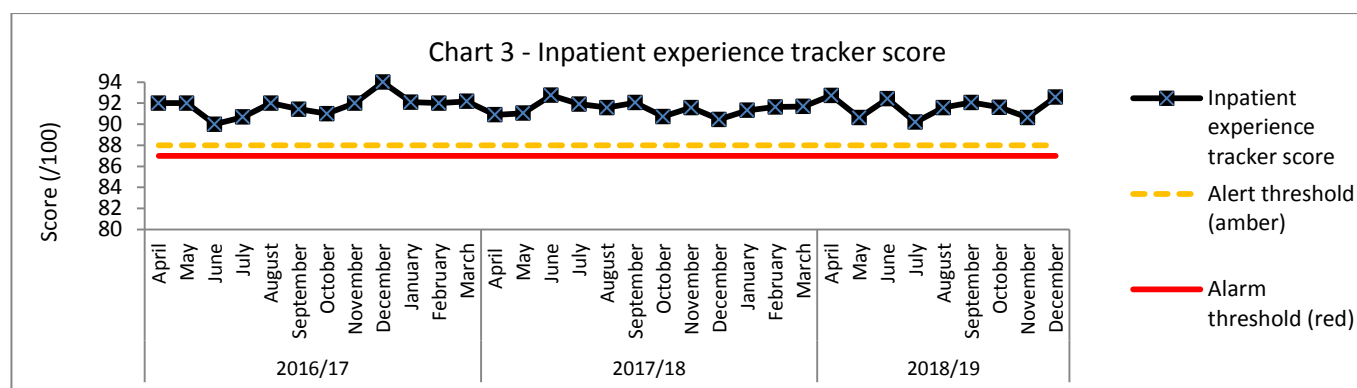
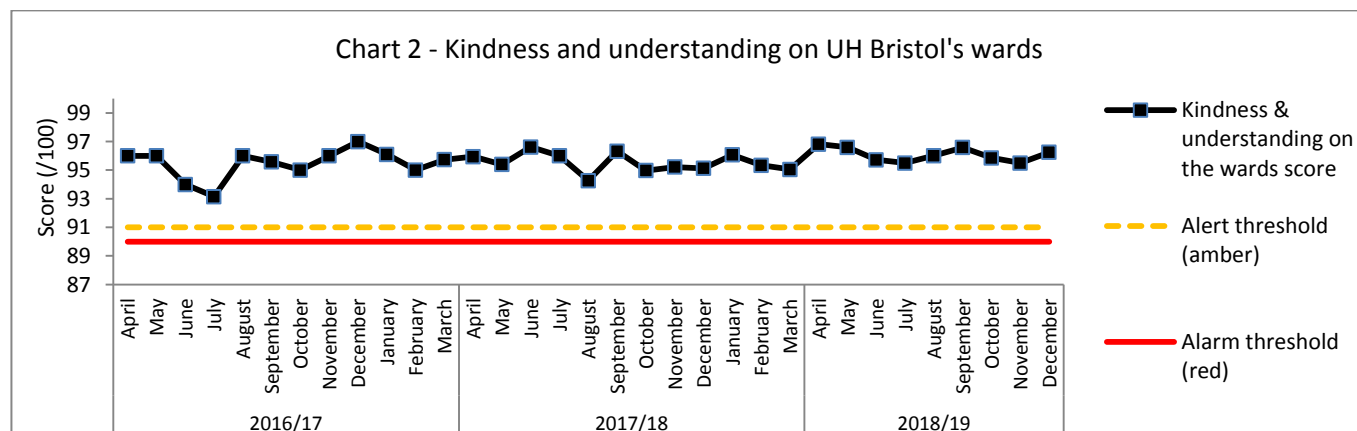
Table 2: Patient survey data exception reports for Quarter 3 (the full data can be found in Section 4 of this report)

Issue	Description	Response / Actions
1. Survey scores at South Bristol Community Hospital (Wards 100/200)	Up to and including Quarter 1 2018/19, South Bristol Community Hospital's scores in the Trust's postal survey programme had shown three consecutive quarters of improvement. However, they declined markedly in Quarter 2 and, whilst there has been a slight improvement in Quarter 3, they are again well below target levels (Charts 16 and 17).	<p>This result does not correlate with other inpatient management data for the hospital being reviewed by the Division. Furthermore, following a visit to the hospital in October 2016, Healthwatch Bristol carried out a follow-up "enter and view" visit at the hospital in Quarter 3 2018/19. The general feedback from both visits was very positive. To try and better understand the survey data, customer service "touchpoint mapping" at the hospital will be carried out as part of the Patient Experience and Involvement Team's 2019/20 work programme.</p> <p>During Quarters 2 and 3 there have been significant issues around the introduction of a new car parking system at the hospital. However, it seems unlikely that this alone affected the inpatient survey scores.</p> <p>As noted in previous Quarterly Patient Experience and Involvement reports, the lower survey scores at South Bristol Community Hospital do mirror research at a national level, where long stay patients with complex needs generally report a less positive experience. The hospital management team has recently been working with the Trust's Arts Director to explore how patients can remain engaged and mentally active during their stay. New links are also being developed with a local college to attract more students into volunteering roles at the hospital.</p>
2. Low survey scores on ward A525	Ward A525 received the lowest "kindness and understanding" inpatient survey score in Quarter 3 (Charts 20-22).	This is an unusual result for this acute medical ward in the Division of Medicine. It appears to be due to the small sample size for the ward in Quarter 3: of the seven respondents, one stated they had not been treated with kindness and understanding. Clearly the aim is that all patients should rate the Trust's care highly in this respect, but in this case one respondent has very much skewed the <i>overall</i> result for the ward. Unfortunately, it has not been possible to determine the reason why this patient had a negative experience.
3. Ward A605 Friends and Family Test	Ward A605 had the lowest inpatient Friends and Family Test score in Quarter 3. (The ward would also have received a relatively low score in the inpatient surveys, but this data could not be published in this report due to the small sample sizes).	These results correlate with staffing challenges being experienced by the ward, which are being addressed by the senior management team in the Division of Medicine. An update will be provided in the next Quarterly Patient Experience and Involvement Report.

Issue	Description	Response / Actions
4. Ensuring that inpatients are given information about who to contact with any concerns after leaving hospital	The Division of Medicine had a relatively low score on this survey measure in Quarter 3 (Table 3).	The Division of Medicine management team is confident that this information is provided at discharge. A key challenge is that patients in this Division often have complex / long-term clinical needs and so often leave with a significant amount of information / medication. The “discharge checklist” used by the Division has recently been amended to better ensure that key information is brought to patients’ attention at discharge. The Head of Nursing will ensure that this new checklist is being used in all areas.
5. Bristol Eye Hospital “outpatient tracker” survey score	The aggregate outpatient survey tracker score was below target for the Bristol Eye Hospital in Quarter 3 (78/100 against a target of 85). This was a decline in the score compared to previous quarters and was primarily due to patients reporting longer waiting times.	The outpatient department currently has a significant number of staff vacancies, which is impacting on their ability to process patients / wait times. As the vacancies are filled we anticipate the survey scores returning to their former above-target levels.
6. Bristol Haematology and Oncology Centre “outpatient tracker” score	The outpatient tracker score was slightly below target in the Bristol Haematology and Oncology Centre (84/100 against a target of 85) – the “waiting times in clinic” element of this aggregate measure dragged down the overall score.	With increases in demand for Oncology and Haematology services, the Division of Specialised Services is working to provide more capacity and alleviate the waiting times in clinic. Plans are being finalised to create more space by opening an additional 6 outpatient clinic rooms later in 2019. The other factor that impacts waiting times is the national shortage of clinical and medical oncologists: active recruit is being carried out, and other roles are being developed to help support the service - such as the introduction of our first Advanced Clinical Practitioner. There is also now a dedicated Sister in the outpatient department (previously the Sister looked after both the Outpatient and Day Unit areas).
7. Outpatient Friends and Family Test Response Rate	The outpatient Friends and Family Test response rate was 5.4% in Quarter 3, against a target of 6%.	This was a result of a low response rate in December 2018, which is likely to be accounted for by the suspension of the SMS (text) message arm of the survey for two weeks over the Christmas period to avoid surveying patients during this potentially sensitive time. Given the impact on response rates we will review this decision with our survey contractor.

4. 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.



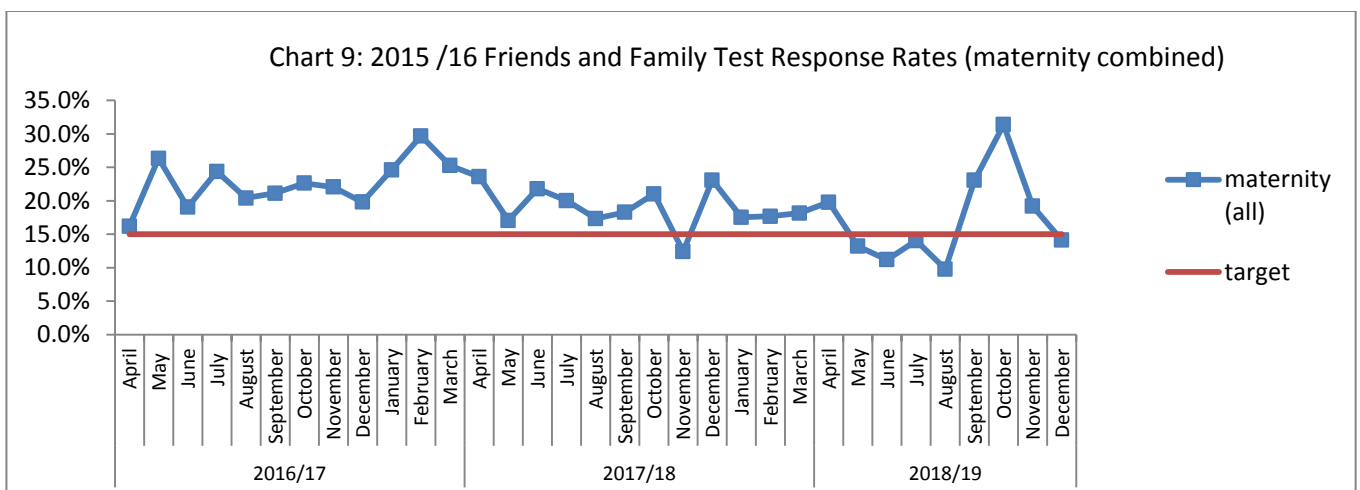
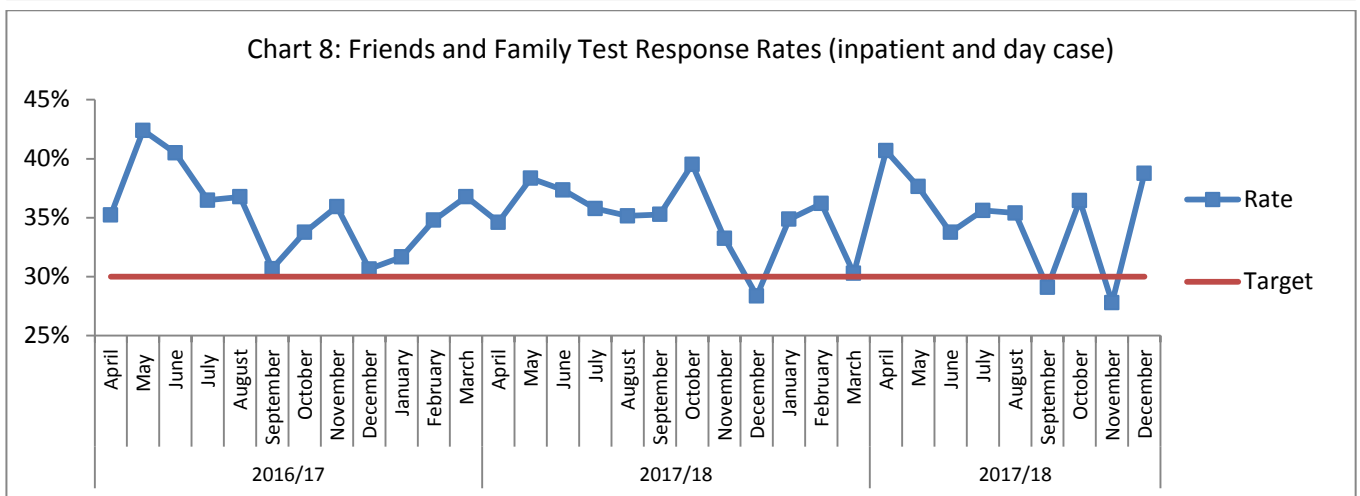
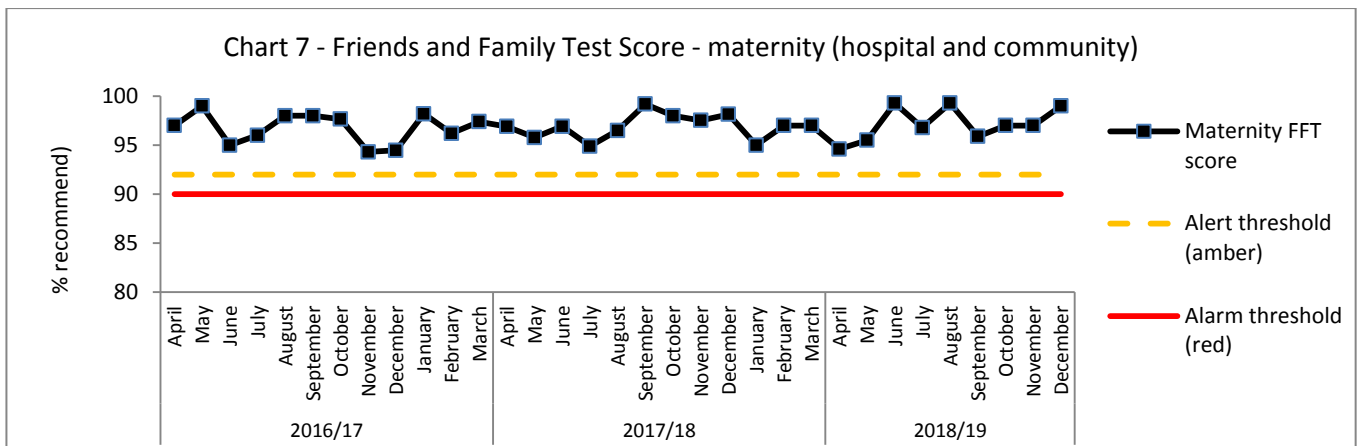
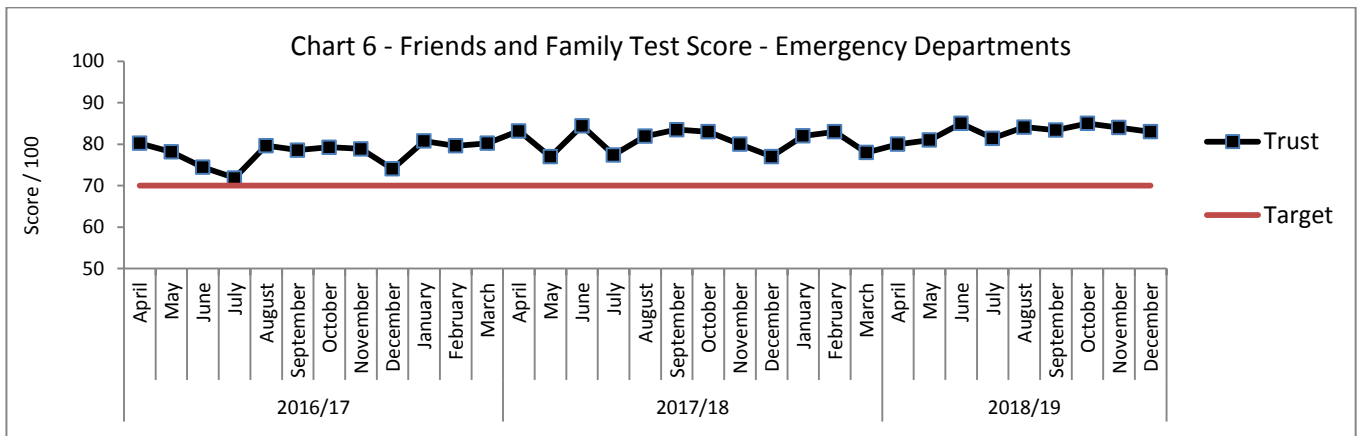


Chart 10: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

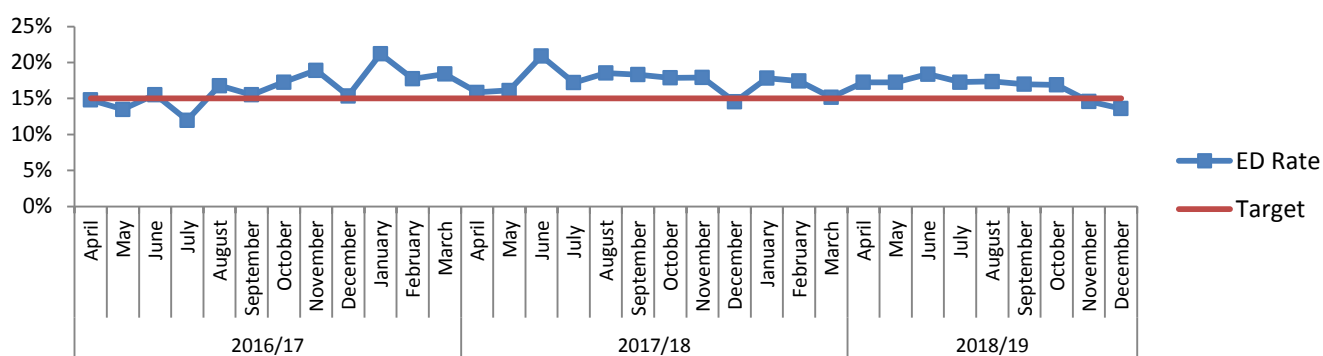
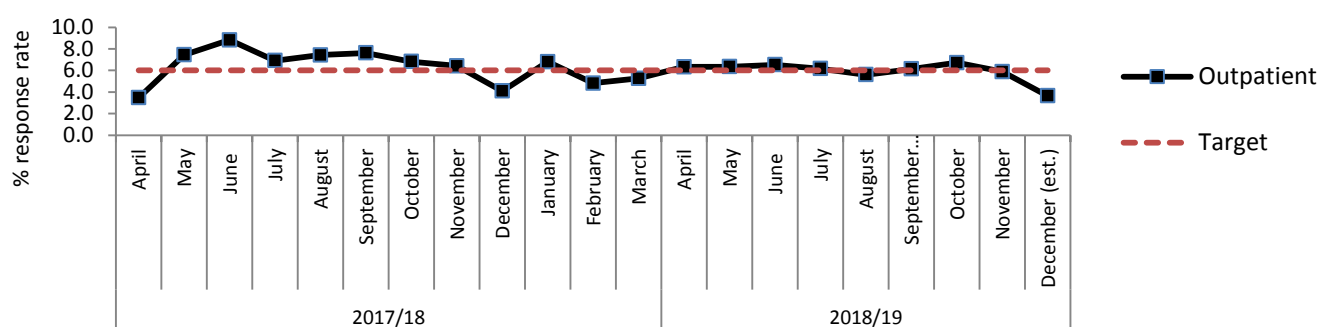


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18



4.1 Divisional level survey results

Chart 12 - Kindness and understanding score - Last four quarters by Division (with Trust-level alarm limit)

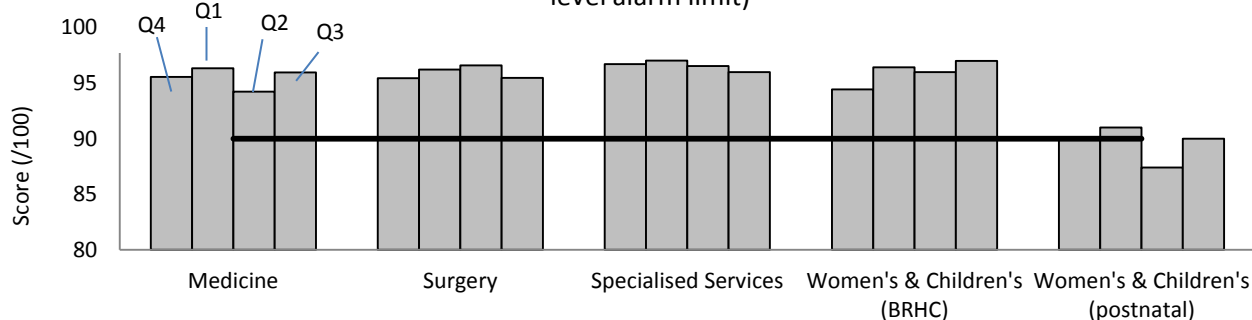


Chart 13 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)

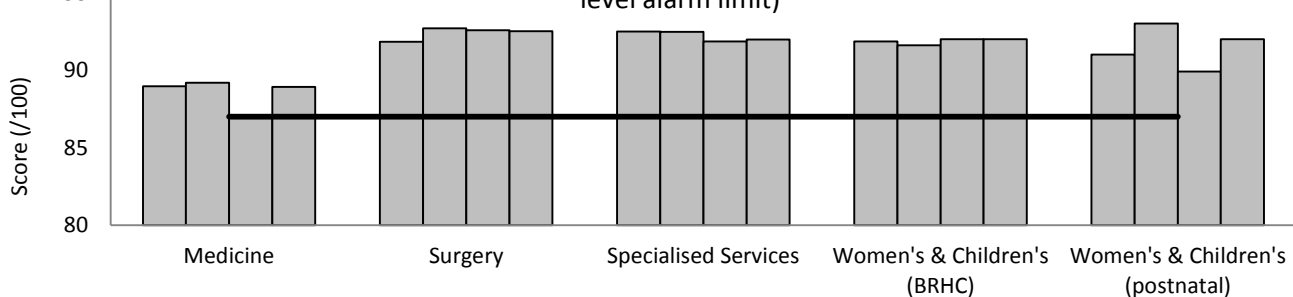


Chart 14 - Inpatient and Day Case Friends and Family Test score - last four quarters by Division (with Trust-level alarm limit)

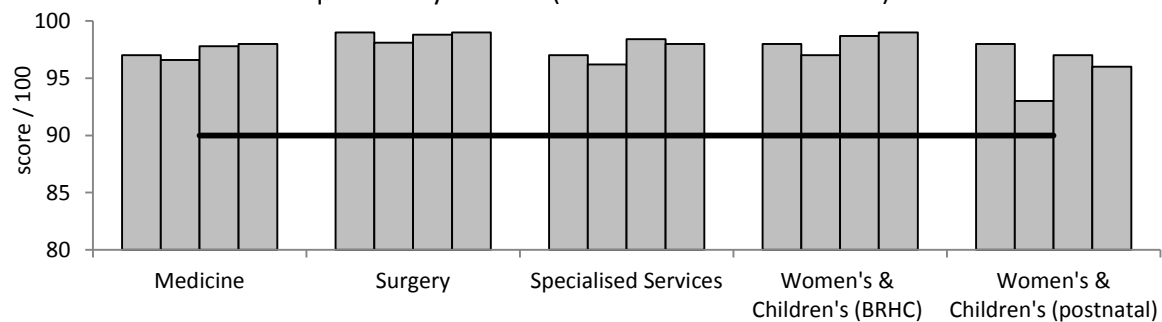
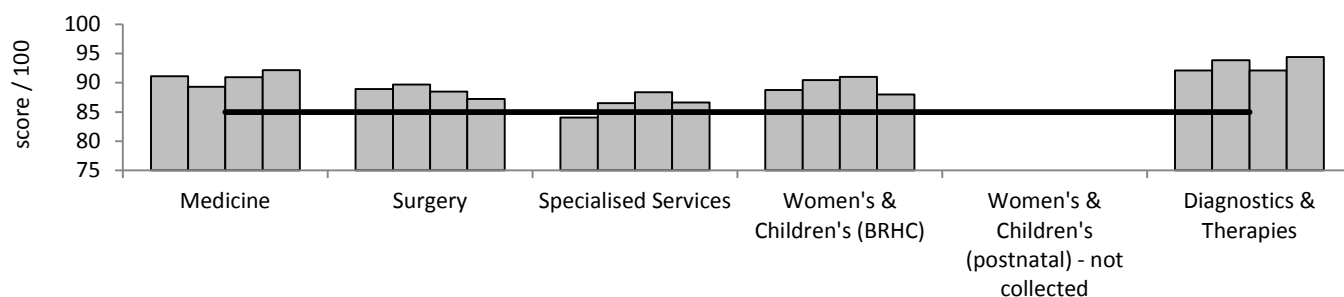
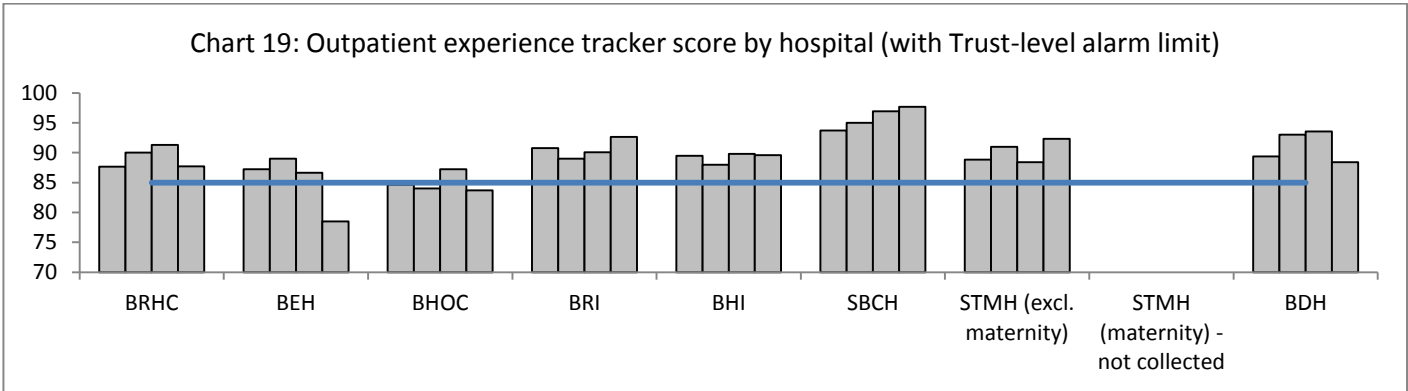
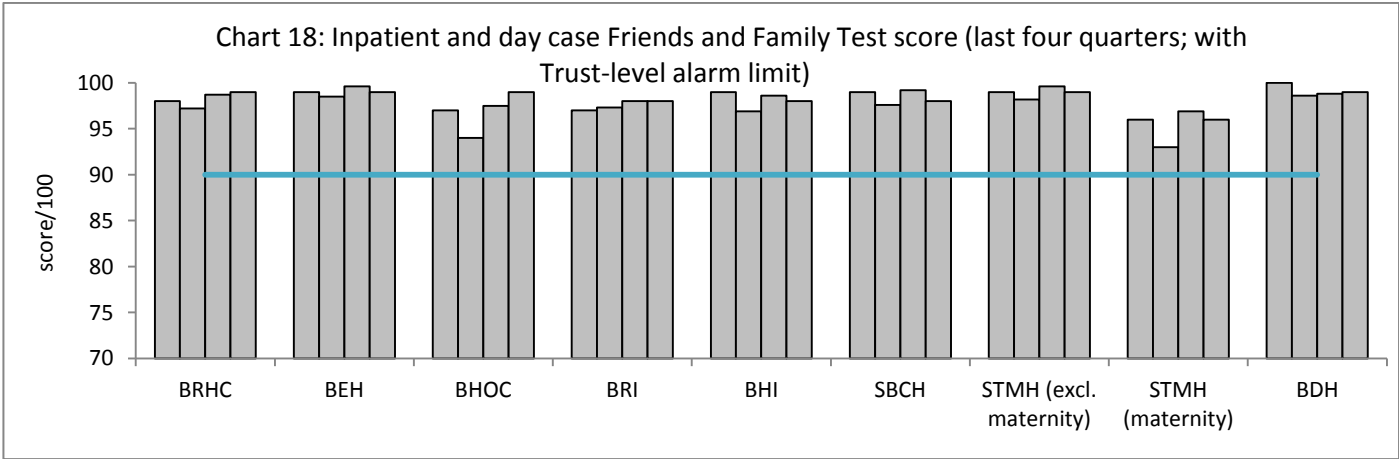
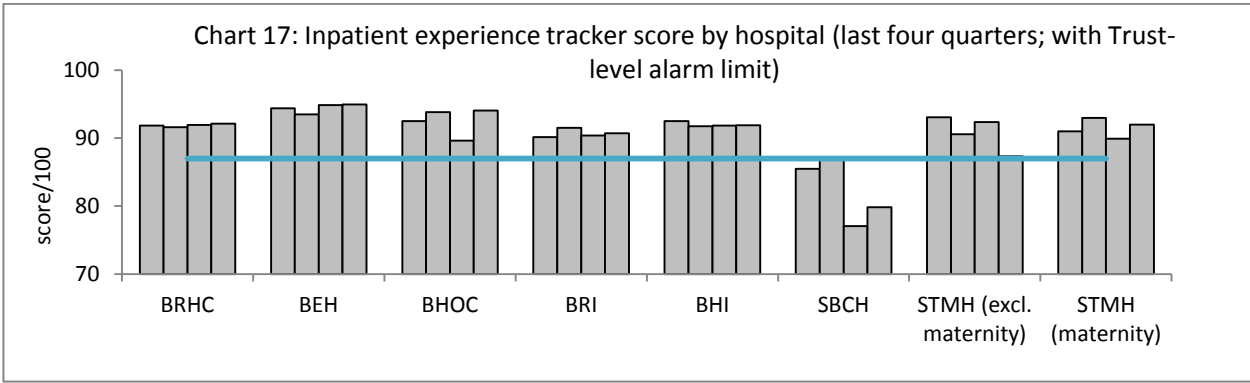
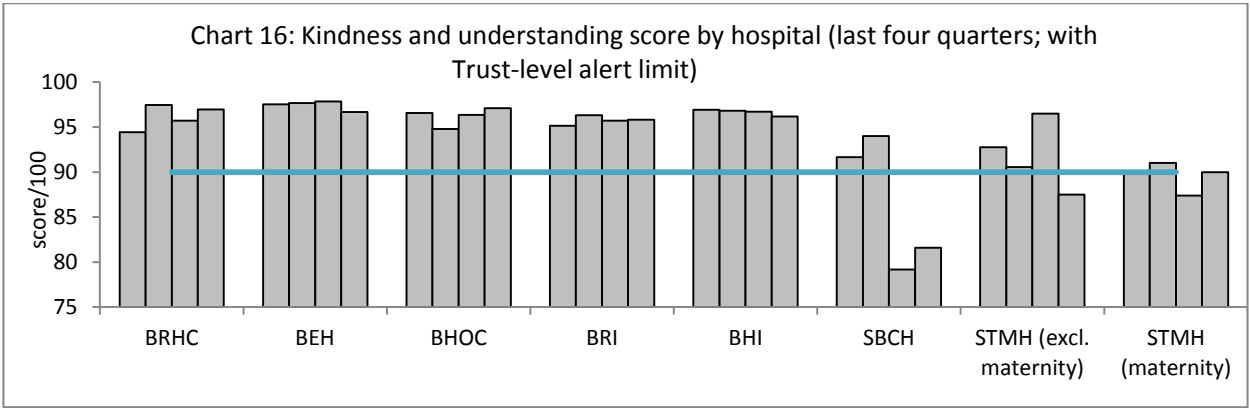


Chart 15 - Outpatient experience tracker score by Division - with Trust-level alarm limit

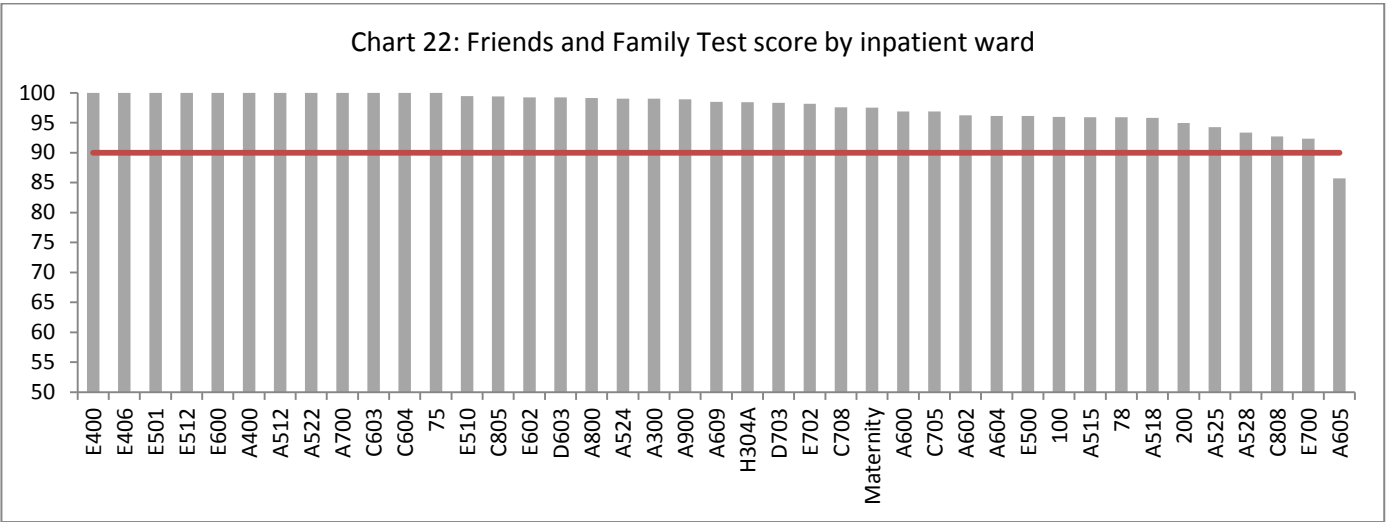
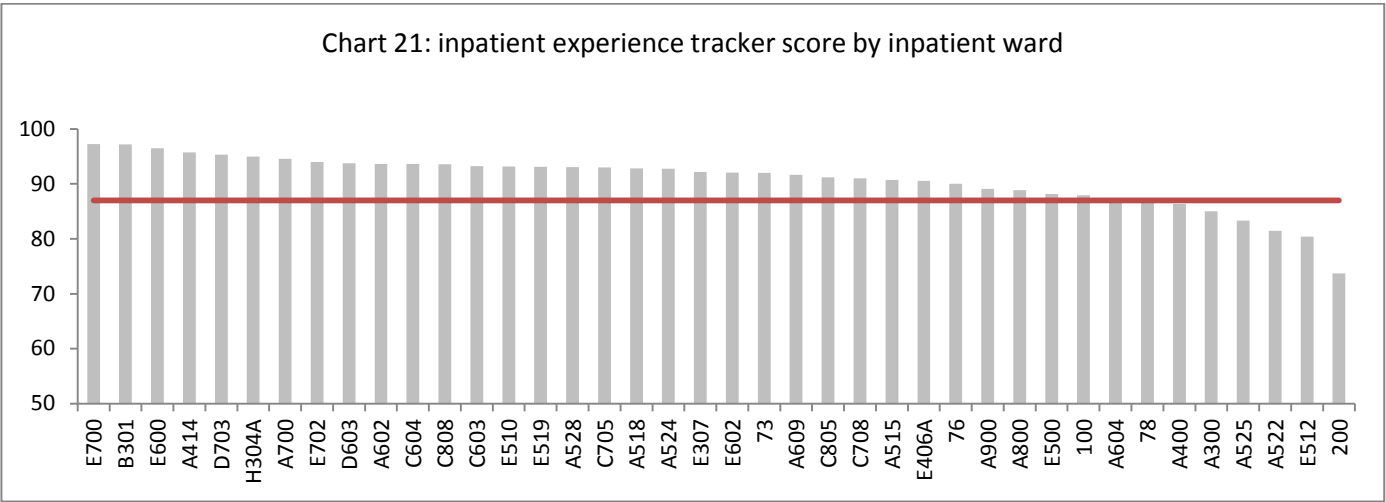
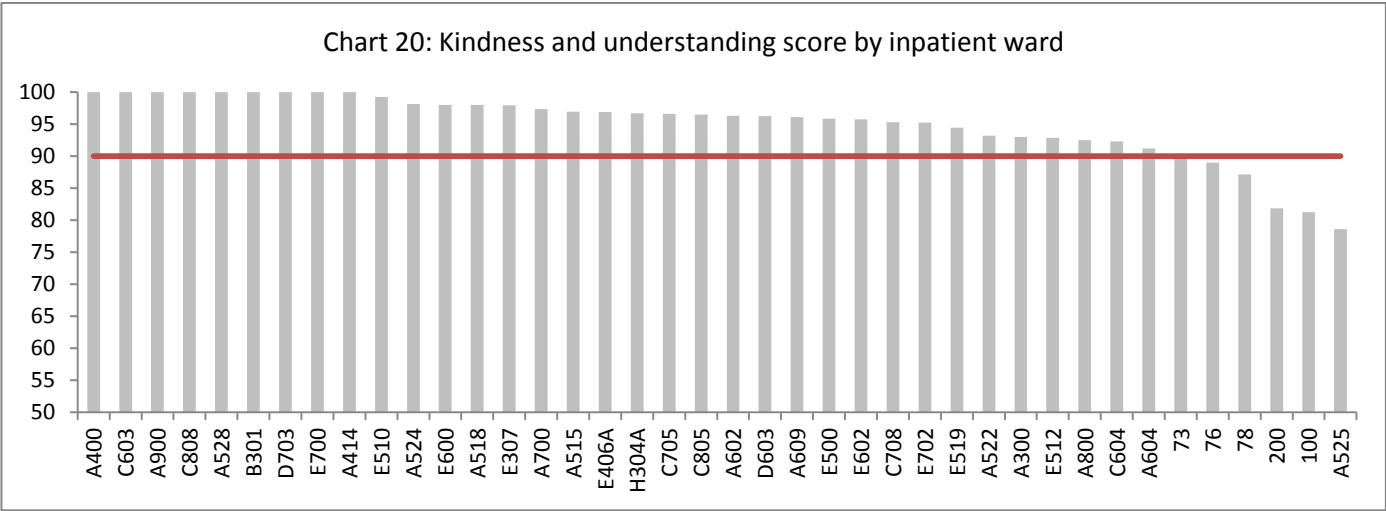


4.2 Hospital level headline survey results

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)



4.3 Ward level headline inpatient survey results



Please note that scores are not published for wards with less than five responses as this is insufficient data to work with.

4.4 Full inpatient survey data by Division

Table 3: Full Quarter 3 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	Women's & Children's (excl. maternity)	Surgery	Maternity	TOTAL
Were you given enough privacy when discussing your condition or treatment?	93	95	91	94		93
How would you rate the hospital food?	64	60	64	60	57	62
Did you get enough help from staff to eat your meals?	89	89	82	87		87
In your opinion, how clean was the hospital room or ward that you were in?	95	96	92	95	91	95
How clean were the toilets and bathrooms that you used on the ward?	89	92	89	90	80	90
Were you ever bothered by noise at night from hospital staff?	81	82	81	88		84
Do you feel you were treated with respect and dignity by the staff on the ward?	97	97	96	97	93	97
Were you treated with kindness and understanding on the ward?	96	96	96	95	90	96
Overall, how would you rate the care you received on the ward?	88	92	90	90	94	90
When you had important questions to ask a doctor, did you get answers that you could understand?	84	90	90	91	90	89
When you had important questions to ask a nurse, did you get answers that you could understand?	89	91	90	91	94	91
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	76	75	79	79	82	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	87	91	88	94	87
Were you involved as much as you wanted to be in decisions about your care and treatment?	81	86	89	89	90	87
Do you feel that the medical staff had all of the information that they needed in order to care for you?	87	91	90	90		90

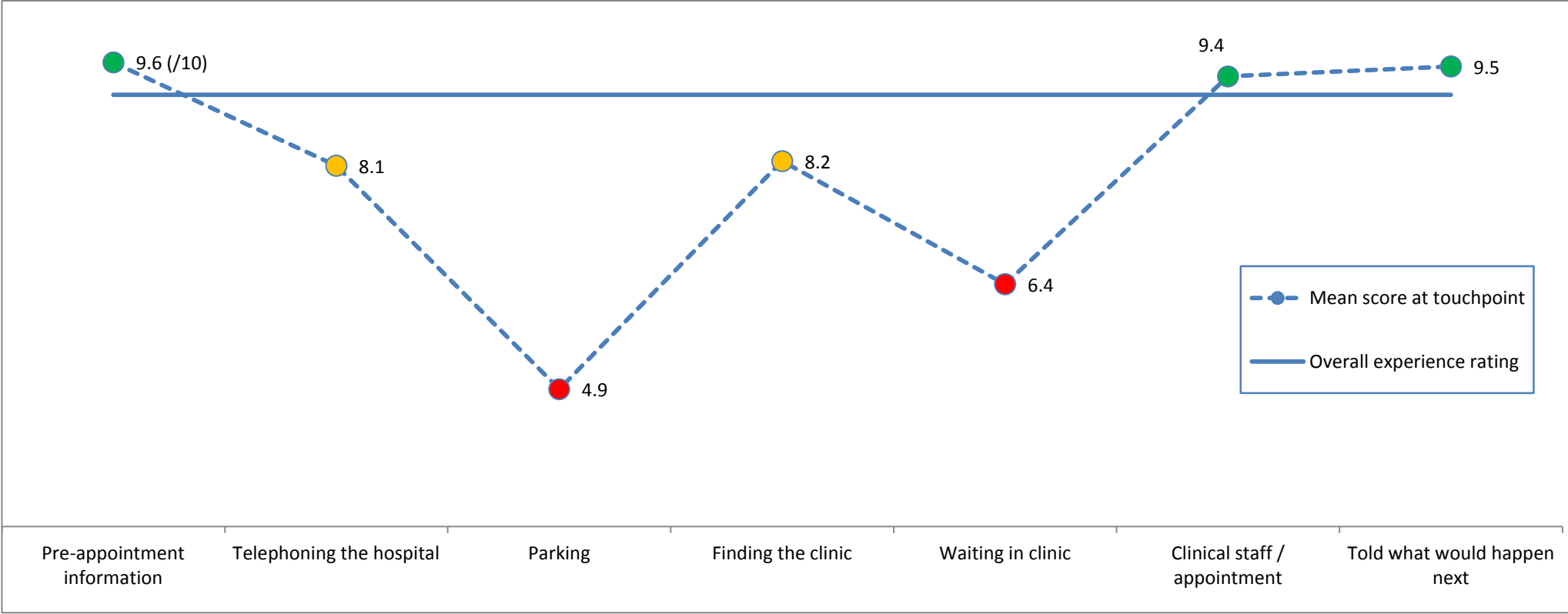
	Medicine	Specialised Services	Women's & Children's (excl. maternity)	Surgery	Maternity	Trust
Did you find someone on the hospital staff to talk to about your worries or fears?	67	76	83	79	85	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	85	89	94	89		89
Did hospital staff keep you informed about what would happen next in your care during your stay?	82	85	85	86		85
Were you told when this would happen?	81	81	81	83		82
Beforehand, did a member of staff explain the risks/benefits (of your operation / procedure) in a way you could understand?	n/a	94	95	95		94
Beforehand, did a member of staff explain how you could expect to feel afterwards?	71	76	84	81		79
Were staff respectful of any decisions you made about your care and treatment?	92	95	96	95		95
During your hospital stay, were you ever asked to give your views on the quality of your care?	21	33	31	24	39	27
Do you feel you were kept well informed about your expected date of discharge from hospital?	76	82	87	89		84
On the day you left hospital, was your discharge delayed for any reason?	53	54	68	63	69	60
Did a member of staff tell you about medication side effects to watch for when you went home?	53	57	59	67		60
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	64	83	92	83		82

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

4.5 Outpatient experience survey: touch point mapping

As part of UH Bristol’s corporate quality improvement objective around developing a more consistent customer service mind set at the Trust, a freelance customer service consultant volunteered his time to help us learn from how organisations in the private sector approach this challenge. As part of these discussions the Patient Experience and Involvement Team were introduced to the concept of “touch point mapping”. This is a way of collecting and presenting survey data in a way that mirrors the customer journey - helping to identify key improvement “touchpoints” and areas of strength. This led to a re-design of UH Bristol’s monthly outpatient survey questionnaire, with the data collection commencing during Quarter 3 2018/19. Chart 22 presents a Trust-level outpatient touch-point map for UH Bristol. As the data set builds up over coming months we will be able to generate deeper insights from this analysis. However, these initial results suggest that issues already identified by the Trust, such as parking and waiting times in clinic, should remain an improvement priority.

Chart 22: outpatient touchpoint mapping (scores are out of 10)



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 4. 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 4: Quarter 3 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust's postal survey programme, unless otherwise stated)⁴

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity ⁵)	Staff	Positive	70%
	Communication/information	Negative	10%
	Food / catering	Negative	8%
Division of Medicine	Staff	Positive	64%
	Waiting / delays	Negative	14%
	Food / catering	Negative	10%
Division of Surgery	Staff	Positive	70%
	Communication/information	Negative	11%
	Food / catering	Negative	8%
Division of Specialised Services	Staff	Positive	68%
	Communication/information	Negative	11%
	Food / catering	Negative	8%
Women's and Children's Division (excluding Maternity)	Staff	Positive	73%
	Communication/information	Negative	12%
	Staff	Negative	10%
Maternity	Staff	Positive	89%
	Staff	Negative	19%
	Food / catering	Negative	19%
Outpatient Services	Staff	Positive	51%
	Waiting / delays	Negative	12%
	Car parking	Negative	10%

⁴ 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").

⁵ 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.

6. Specific issues raised via the Friends and Family Test

The feedback received via the Trust's Friends and Family Test is generally very positive. Table 5 provides a response from Divisions / services for the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment.

Table 5: 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
Surgery	Queen's Day Unit	<i>Disorganized. Why call patients in at 1.30 and still waiting at 4.30, over 80 years old and no food and drink. No updates were given.</i>	<p>Please accept our apologies for the negative experience that this patient had of our service. The patient leaflets that are distributed do state a wait time of up to 3 hours before endoscopy procedures (the appointment time is an arrival time to the department, not the time of the procedure). However, we are currently revising our appointment letters to assist in making this clearer.</p> <p>It is unacceptable that this patient waited so long without any update and all staff on our unit have been reminded to inform patients of any delays. We are currently introducing a new system for alerting patients to waiting times, and anticipate this will be in place by the end of February 2019.</p>
	Bristol Eye Hospital Emergency Department	<i>From the first point of contact my daughter's treatment was delayed - [unreadable comment] ophthalmologist refused to come into A&E at Bristol even though the walk-in GP wrote that he wanted her to be seen. This resulted in her not having antibiotics for 24 hours. Having a large corneal ulcer this is not acceptable. We arrived again at A&E as her vision has deteriorated - we have now waited 3 hours because the on-call ophthalmologist once again refused to see her at the BRI A&E!</i>	<p>From the feedback we weren't able to determine whether the issue was with our Emergency Department (at the Bristol Eye Hospital), or if it was at the Bristol Royal Infirmary Emergency Department ("BRI ED").</p> <p>The Eye Hospital Emergency Department is open until 5pm, after which patients attend the BRI ED. If the on call Ophthalmologist is required at the BRI ED then they will attend, but it is usual that the BRI team would prescribe antibiotic cream and arrange for the patient to be seen in the BEH A&E the following morning. Unfortunately, as this comment was provided anonymously, we are not able to establish why this was not the case. However, the feedback has been shared with the management team. We are very sorry that this family had a negative experience of our service.</p>

Division	Area	Comment	Response from ward / department
Surgery (continued)	H304	<i>Kitchen staff making very loud noises with cups at 4.40 am</i>	We have fed back to the housekeeping team regarding the noise levels in the ward kitchen in order that they are mindful of our patients sleeping.
	H304	<i>Staff very friendly but cold at night due to faulty windows.</i>	We are aware of the concerns regarding the old estate and the effects of the cold. Portable heating is provided in order to reduce the impact. We are working with our facilities team to identify the repairs required.
Medicine	A518	<i>Too noisy, with bright lights on all the time. Not much sleep had.</i>	We are very sorry to hear about the night time environment. We are currently having a Trust-wide focus to raise awareness amongst staff about this important issue. The Divisional management team is also currently reviewing the general environment on ward A518 to see if a funding bid for refurbishment is required.
	A515	<i>Too much noise, no TV.</i>	We are sorry that this patient was disturbed by the noise at night – as an acute ward we can have admissions coming in through the night but we do strive to keep disruption to a minimum. The ward Sister will remind her team to offer ear plugs to patients on the ward. (Please note: this response did not reference the lack of a TV – this will be discussed with the Division.)
	A413	<i>Toilets being deep cleaned - one after I mentioned blood all over it - had to use disabled which was filthy.</i>	Thank you for this feedback: there was recently a change in the type of clinical care delivered on ward A413. We will check that the cleaning rotas have been updated accordingly.
	A300	<i>Staff were fantastic. Nothing too much trouble. However, despite the best efforts of the staff, yet again I was forced to wear 2 small robes rather than an XXL. So much for my dignity.</i>	Thank you for raising this issue: access to the larger size robes should always be available for patients. We will discuss options to resolve this with our colleagues in the Facilities Department.
	A522	<i>Medical, food, general care: Everything 100%. Issues with toilets and showers. 1 Shower not working 5 days. 2. Excrement around w.c rim and toilet seat 3. Dirty towels around base of W.C pan.</i>	We are sorry that these issues occurred during this patient's stay. This feedback also came in as a formal complaint that has subsequently been investigated and resolved.

Division	Area	Comment	Response from ward / department
Bristol Royal Hospital for Children	E510 (Caterpillar ward)	<i>As parents we found that if we questioned anything about the child's wellbeing with the nurse, the nurse would take offense. Very appalling atmosphere because we dared to question our child's care. We were spoken to rudely by the nurses and then it had a roller coaster effect on us where the other staff were aware that we were being victimized. The GP, consultants and other nurses were great but this experience was the worst in our life.</i>	Thank you for your feedback. We have informed the Matron for Caterpillar ward to ensure your comments are fed back to the wider team, for reflection on how we should always be interacting with families under these stressful situations. We are very sorry that this family did not have a positive experience in our care.
	E500	<i>Other parents told us about the parent's kitchen. Staff did not mention this and we were in for more than 4 days.</i>	We have reminded staff to ensure they inform all families on admission of the location of key facilities, especially the kitchen. Thank you for your feedback.
	E500	<i>There was not adequate facilities for parents eg no microwave in parents kitchen. However very friendly and professional staff.</i>	Thank you for your feedback. We are pleased to hear the positive comments about the staff on E500. We are sorry that the facilities were not of a high standard: unfortunately the microwave was broken has now been replaced.
	E500	<i>The ward was really uncomfortably hot all the time. When the window was open, it was drafty and cold on the patient's bed.</i>	Thank you for your feedback. It is difficult to manage the temperature of a ward that does not have individualised climate control in all rooms. We have to ensure the ward is not too cold for the small babies, and as a result unfortunately we do appreciate that some families do find it too warm on occasion.
Maternity	73	<i>It has been freezing, my radiator did not work properly.</i>	We are very sorry about this issue - there was an issue with the radiators in the induction rooms on ward 73 in December which were air locked. These were reported and the issue resolved.
Specialised Services	C705	<i>Noisy with bells ringing throughout the night. Bright light outside shining directly on my face.</i>	We are very sorry that this patient was disturbed at night and will share this feedback with the ward team as a point of learning.

Division	Area	Comment	Response from ward / department
Specialised Services (continued)	C708	<i>Noisy trolleys etc., little thought of quiet for patients to sleep at night.</i>	We are very sorry that this patient had a disturbed night's sleep. We will remind the ward staff that it is important to keep noise to a minimum at night.
	D703	<i>The drainage is terrible and the shower kept blocking up and backing up. The heating / air conditioning is really bad and uncontrollable. All rooms should be individual and there should be no shared rooms when undergoing this type of treatment. I was put in a room with someone that started dying in the evening and I really should not be put through that traumatic experience.</i>	<p>A full drainage survey is currently being commissioned at the Bristol Haematology and Oncology Centre to look at improvements that can be made.</p> <p>We do appreciate that some patients do not like shared rooms and we are sorry that this patient had a particularly traumatic experience – unfortunately we can't investigate the full circumstances surrounding this as the comment has been provided anonymously. However, we are aware that the ward would benefit from refurbishment and plans are being developed in this respect.</p>
	D603	<i>Shared toilet must be checked and cleaned hourly as it is disgusting to have other patients' urine piled up in the toilet.</i>	We are very sorry that the toilet was not clean: there is a cleaning rota in place and it is cleaned regularly. Unfortunately this incident may have happened in-between cleans.
	D603	<i>It has been freezing, my radiator did not work properly.</i>	Thank you for this feedback – we will investigate this comment and fix the radiator if this has not already been done.

7. Update on recent and current Patient and Public Involvement (PPI) Activity

7.1 Quality Counts event

In January 2019 members of the UH Bristol Involvement Network joined Trust Members and representatives of the Trusts Young Person's Involvement Group in our annual Quality Counts event. The outcomes of the event will help to inform the Trust's improvement focus for the forthcoming financial year.

7.2 Maternity services "patient experience at heart" work shops

As part of a series of actions to address a dip in the "kindness and understanding" scores on maternity wards (see Quarter 2 Patient Experience and Involvement Report), a series of eight "Patient Experience at Heart" workshop discussions are currently being undertaken with a wide range of staff in maternity services. These discussions focus on enhancing the patient experience by exploring the relationship between staff experience and the experience of mothers and their partners in the maternity service.

7.3 Bristol Deaf Health Partnership

UH Bristol is a founder member of the Bristol Deaf Health Partnership. This is a forum that enables us to work together with a range of external stakeholders and partners to understand and improve the experience of Deaf, hard of hearing and deaf blind people across the health community in Bristol. The Trust is working with the Partnership and local Healthwatch to plan and deliver an event in April 2019, which will explore the experiences of people with sensory loss when they access health services.

7.4 Carer's Strategy Steering Group

The Trust's Carers' Strategy Steering Group was re-launched in October 2018/19. The Group is charged with overseeing delivery of the Trust's Carers' Strategy, which aims to ensure that carers' are treated as equal partners in hospital care. A range of stakeholders attended this event and reviewed the content of the Carers' Strategy to ensure it remains fit-for-purpose. A work plan is currently being developed with the Group, to support the delivery of the Carers' Strategy during the forthcoming year.

7.5 Patients and doctors as partners in Care

In January 2019, thirty Foundation 2 (F2) level doctors met with a group of 6 patients and parent carers to discuss the importance of the relational aspects of care. This is an annual conversation jointly run by the Patient Experience and Involvement team and Clinical Fellows working in the Trust's Medical Education team. It is part of the core training and development programme for F2 doctors. There is an emerging plan to extend the initiative into the paediatric care setting.

7.6 Bristol Dental Hospital review of the student dentist curriculum

Along with Healthwatch Bristol, the Patient and Public Involvement Team supported an event in collaboration with the Trust's Dental school, which reviewed the current student dentist curriculum. A key outcome of this work was that interpersonal-skills will be given a renewed emphasis in the curriculum alongside clinical skills.

8. “Here to help” programme launch

During December 2018 the Patient Experience and Involvement Team and Transformation Team launched the “Here to help” programme. This brings together a number of projects going on in the Trust that aim to support our staff in delivering a consistently excellent service. The key work streams within this programme are summarised in the graphic below. We are currently installing “Here to help” posters on each ward and the Trust’s new real-time feedback system is receiving feedback via peoples’ own electronic devices (touchscreen feedback points are currently being installed in the Bristol Royal Infirmary with an anticipated launch in Quarter 4 2018/19). We have also launched UH Bristol’s Principles of Excellent Customer Service, which are supporting a range of activities, including the development of a new advanced customer service training programme for staff in key customer-facing roles.



Patient / visitor focus

- Design marketing to promote the “*here to help*” message to patients and visitors via posters on each ward and department
- Procure and implement a new electronic patient / visitor feedback system
- Refresh UH Bristol’s Welcome Guide
- Re-design the Trust’s comment cards to reflect the “here to help” design
- Introduce a mystery shopping programme
- Align the Trust’s outpatient surveys to customer service principles / touchpoints

Staff focus

- Communicate positive messages to celebrate UH Bristol’s “here to help” culture
- Develop customer service principles for UH Bristol and embed these into key induction / recruitment programmes
- Design and introduce an advanced customer service training course for staff
- Design and implement a service-level customer service toolkit and recognition programme
- Improve service-level reporting of patient feedback
- *#takephonership* project (improving in-bound telephone call management)

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?

	Weighting	Responses	Score
Yes, definitely	1	81%	$81 \times 100 = 81$
Yes, probably	0.5	18%	$18 \times 50 = 9$
No	0	1%	$1 \times 0 = 0$
<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 30 April 2019 at
14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
Bristol, BS1 3NU**

		Agenda Item	2.4
Meeting Title	Council of Governors	Meeting Date	30 April 2019
Report Title	Quarterly Patient Complaints Report (Quarter 3)		
Author	Tanya Tofts, Patient Support and Complaints Manager and Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status	Open		

Governor Responsibility (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"/>

Action/Decision Required (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			
<u>Purpose</u>			
This is a report that provides the Board of Directors with information about complaints received during the third 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. It is shared with the Council of Governors for information.			
<u>Key issues to note:</u>			
Summary of performance in Quarter 3:			
	Q3		
Total complaints received	463		↑
Complaints acknowledged within set timescale	99.6%		↑
Complaints responded to within agreed timescale – formal investigation	88.1%		↑
Complaints responded to within agreed timescale – informal investigation	80.1%		↓
Proportion of complainants dissatisfied with our	8.7%		↓

response (formal investigation)		
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Improvements:

- Complaints about 'clinical care' fell by 17% in Q3. The reporting period includes December, when fewer complaints tend to be received; nonetheless this marks a reversal of the increases seen during Q2.
- Complaints about Trauma and Orthopaedics and Bristol Dental Hospital both continued to fall (6 and 30 respectively in Q3), following previous reductions in Q2.
- Complaints about Adult Restorative Dentistry and Bristol Haematology and Oncology Centre also fell (9 and 17 respectively in Q3).
- In Q3, significantly fewer complaints were received about St Michael's Hospital than in Q2 (20 compared with 37).
- Examples of specific service improvements made in response to complaints in Q3 can be found in section 4 of this report.
- In December, 91% of formal complaints were responded to within the timescale agreed with the complainant (best since December 2016).
- A smaller proportion of complainants are expressing dissatisfaction with the outcome of the investigation of their concerns. A detailed review of all dissatisfied complaints received in the first five months of 2018/19 suggests that the best possible outcome the Trust could have achieved would have been between 6% and 8% dissatisfied; it is therefore proposed to re-base the current 5% target for 2019/20.

However:

- In Q3, 41 complaints were received about car parking at South Bristol Community Hospital. Action is being taken to address problems associated with the parking payment system.
- Growth in patient activity in Dermatology has contributed to an increase in complaints received by the service relating to delays in follow up appointments and communication with the appointments team. An improvement plan is in place to address this; however, complaints rose again in Q3 (22 complaints received).
- During Q3, complainants were experiencing delays of up to a week to receive a call-back from a caseworker following initial timely acknowledgement of their concerns. This was due to a significant number of staff absences in the Patient Support and Complaints Team (PSCT); a situation which has continued into Q4 (at the time of writing, two complaints caseworkers remain long term absentees). Team workload and capacity continue to be closely monitored.

Recommendations

Governors are asked to:

- **Note** the report.

Intended Audience

(please tick any which are relevant to this paper)

Board/Committee Members	<input checked="" 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

Nominations & Appointments Committee	Quality Focus Group	Governor Strategy Group	Constitution Focus Group	Public Trust Board 28 March 2019
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Complaints Report

Quarter 3, 2018/2019

(1 October 2018 to 31 December 2018)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 3 Executive summary and overview

	Q3	
Total complaints received	463	↑
Complaints acknowledged within set timescale	99.6%	↑
Complaints responded to within agreed timescale – formal investigation	88.1%	↑
Complaints responded to within agreed timescale – informal investigation	80.1%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.7%	↓

Successes	Priorities
<ul style="list-style-type: none"> Complaints about 'clinical care' fell by 17% in Q3. The reporting period includes December, when fewer complaints tend to be received; nonetheless this marks a reversal of the increases seen during Q2. Complaints about Trauma and Orthopaedics and Bristol Dental Hospital both continued to fall (6 and 30 respectively in Q3), following previous reductions in Q2. Complaints about Adult Restorative Dentistry and Bristol Haematology and Oncology Centre also fell (9 and 17 respectively in Q3). In Q3, significantly fewer complaints were received about St Michael's Hospital than in Q2 (20 compared with 37). Examples of specific service improvements made in response to complaints in Q3 can be found in section 4 of this report. In December, 91% of formal complaints were responded to within the timescale agreed with the complainant (best since December 2016). A smaller proportion of complainants are expressing dissatisfaction with the outcome of the investigation of their concerns. A detailed review of all dissatisfied complaints received in the first five months of 2018/19 suggests that the best possible outcome the Trust could have achieved would have been between 6% and 8% dissatisfied; it is therefore proposed to re-base the current 5% target for 2019/20. 	<ul style="list-style-type: none"> The Trust's performance in responding to complaints in a timely manner is gradually improving but remains below our 95% target. During Q3, details of all breaches of timescale have continued to be reported monthly to the Clinical Quality Group. In Q3, 41 complaints were received about car parking at South Bristol Community Hospital. Action is being taken to address problems associated with the parking payment system.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Feedback from our complaints survey shows the importance that complainants place on timely, high quality responses. Further training sessions are being developed and rolled out to ensure staff are equipped to manage and respond to complainants, both verbally and in writing. The Trust's Patient Support and Complaints Manager will also be working with Divisions to develop a process for consistently recording evidence that actions identified as a result of a complaint are completed. 	<ul style="list-style-type: none"> Growth in patient activity in Dermatology has contributed to an increase in complaints received by the service relating to delays in follow up appointments and communication with the appointments team. An improvement plan is in place to address this; however, complaints rose again in Q3 (22 complaints received). During Q3, complainants were experiencing delays of up to a week to receive a call-back from a caseworker following initial timely acknowledgement of their concerns. This was due to a significant number of staff absences in the Patient Support and Complaints Team (PSCT); a situation which has continued into Q4 (at the time of writing, two complaints caseworkers remain long term absentees). Team workload and capacity continue to be closely monitored.

1. Complaints performance – Trust overview

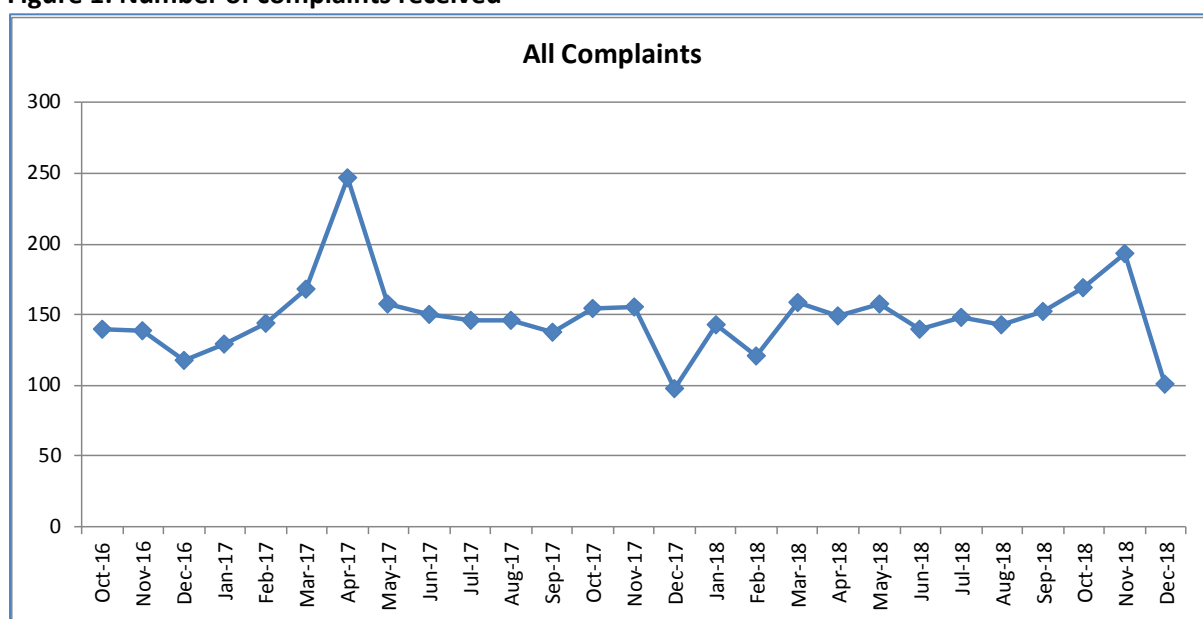
The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

1.1 Total complaints received

The Trust received 463 complaints in quarter 3 (Q3) of 2018/19. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ but does not include concerns which may have been raised by patients and dealt with immediately by front line staff.

Figure 1 provides a long-term view of complaints received per month. This shows that the Trust typically receives around 150 complaints per month. In months where more complaints have been received, this has been attributable to a specific one-off issue. For example, during Q3, the Trust received a high number of complaints about car parking at South Bristol Community Hospital (see section 2 of this report). However, the Trust usually receives fewer complaints in December and this was again the case in December 2018, when 101 complaints were received.

Figure 1: Number of complaints received



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

Figure 2: Numbers of formal v informal complaints

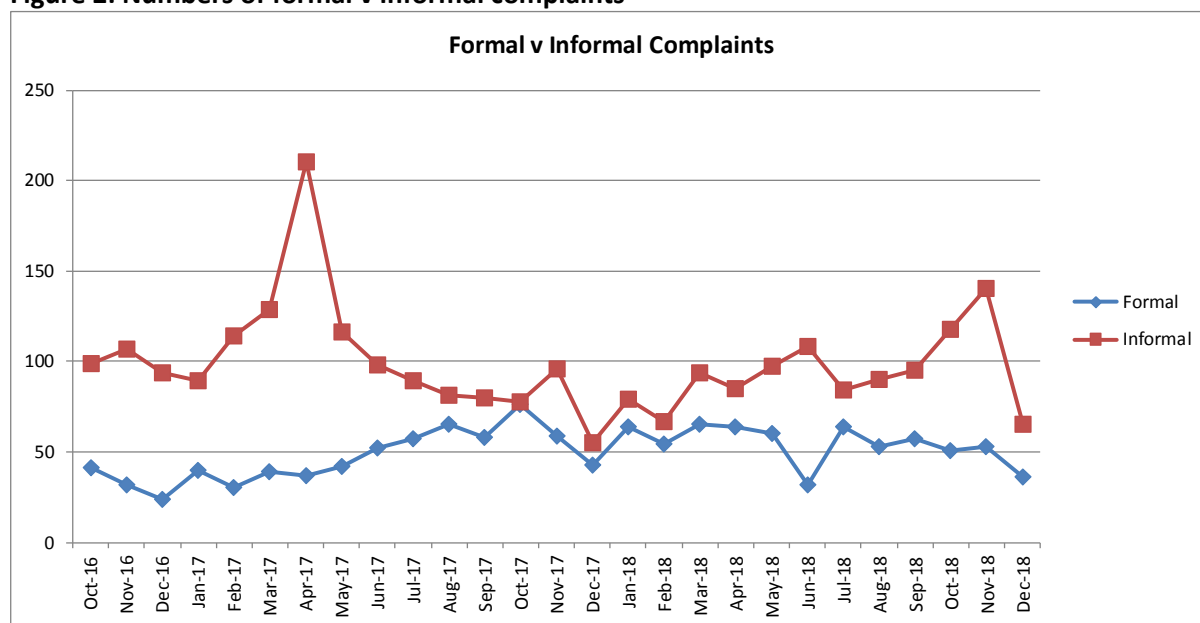


Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. It is encouraging to see that we are consistently dealing with a higher proportion of complaints via the informal process, as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

1.2 Complaints responses within agreed timescale

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

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

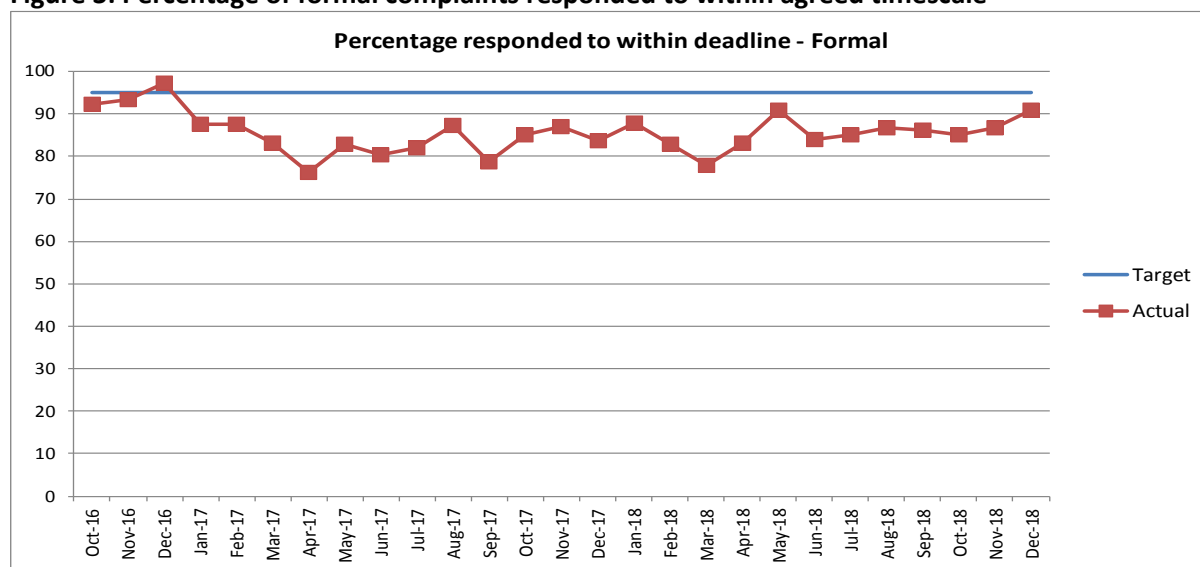
1.2.1 Formal Investigations

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

In Q3 2018/19, 88.1% of responses were posted within the agreed timescale. This represents 26 breaches out of the 217 formal complaints which received a response during the quarter². This is a small improvement on Q2 when performance was 86.1%, although this remains below the Trust's target of 95%. Figure 3 shows the Trust's performance in responding to complaints since October 2016.

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

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

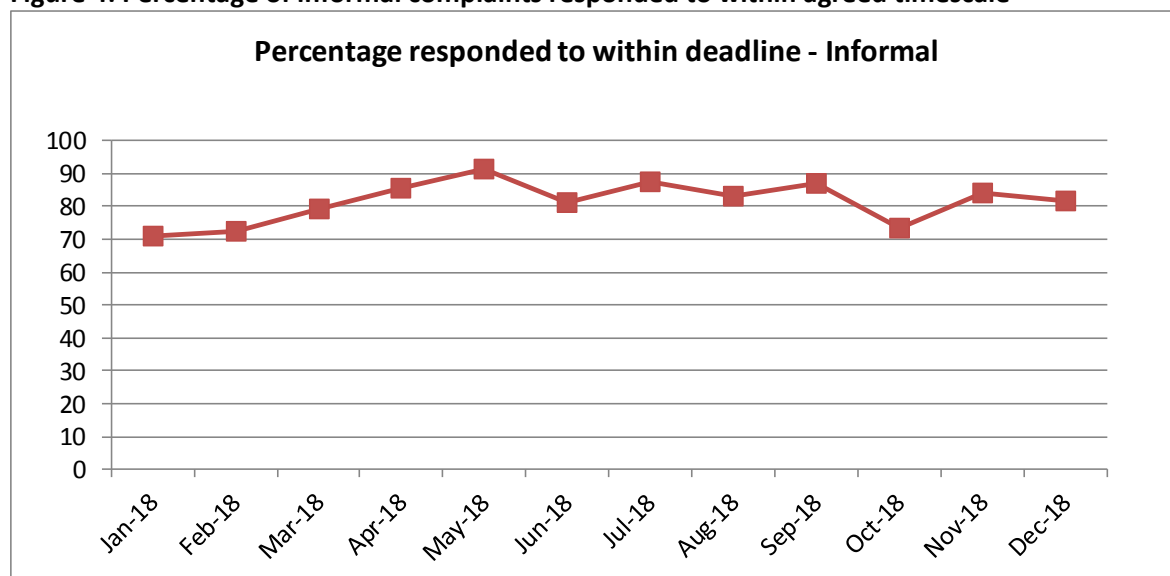


1.2.2 Informal Investigations

In Q3 2018/19, the Trust received 323 complaints that were investigated via the informal process. During this period, 292 informal complaints were responded to and 80.1% of these (234 of 292) were resolved within the time agreed with the complainant. This represents a deterioration on the 85.9% achieved in Q2. However, it is worth noting that there was a 47% increase in the number of informal responses compared with the previous quarter.

Whilst the percentage of informal complaints resolved within the agreed deadline is not currently formally reported to the Board, it is recommended that this is brought into line with the reporting of formal complaint breaches for 2019/20, given that so many complaints are now resolved informally. Figure 4 (below) shows performance since January 2018.

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



1.3 Dissatisfied complainants

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

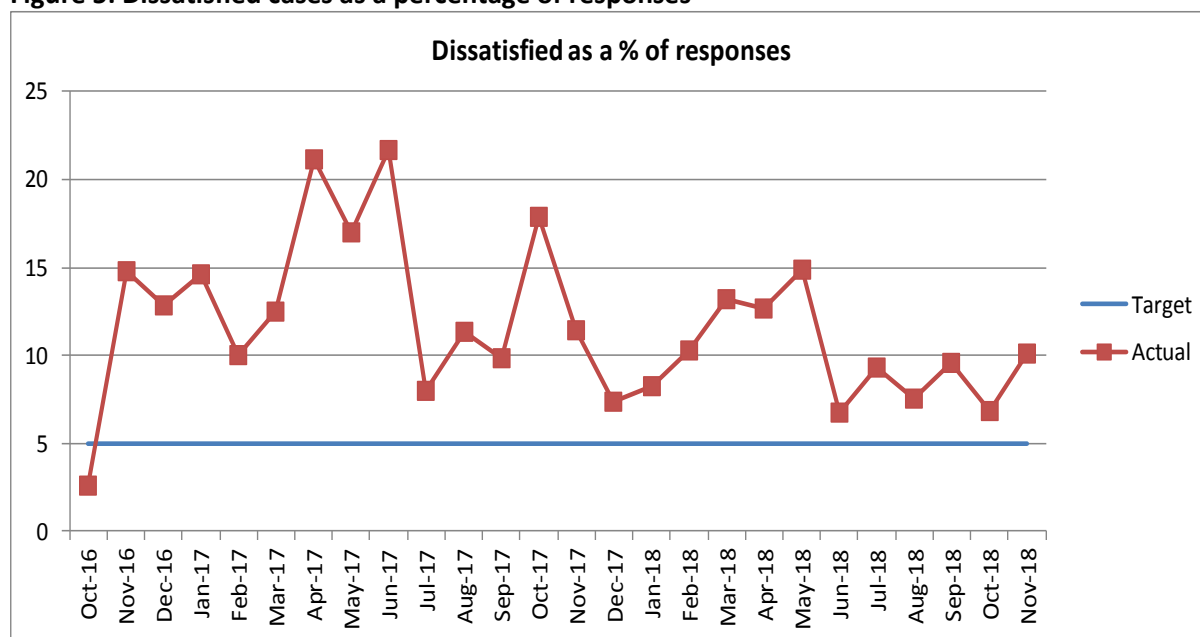
In Q3 2018/19, by the cut-off point of mid-February 2019 (the point at which dissatisfied data for Q3 was confirmed for board reporting), 15 complainants who received a first response from the Trust in October and November 2018, had contacted us to say they were dissatisfied. This represents 8.7% of the 173 first responses sent out during that period.

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

A detailed retrospective view of all dissatisfied complaints received in the first five months of 2018/19 suggests that the best possible score the Trust could have achieved would have been between 6% and 8% (unfortunately, there are some complaints where it is not possible to achieve the outcome that the complainant is seeking); it is therefore proposed to re-base the current 5% target for 2019/20.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 2016.

Figure 5: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q3 2018/19 compared with Q2 2018/19. In Q3, there was a significant increase in the number of complaints categorised as ‘facilities and environment’. These were in respect of a large number of complaints received in Q3 about car parking at South Bristol Community Hospital, which accounted for 41 of the 62 complaints received. However, complaints about ‘clinical care’, ‘discharge/transfer/transport’ and ‘access’ all decreased compared with Q2, with complaints about ‘clinical care’ falling by 17%.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q3 (2018/19)	Number of complaints received in Q2 (2018/19)
Appointments & Admissions	135 (29.2% of all complaints) ↑	127 (28.7% of all complaints) ↓
Clinical Care	123 (26.6%) ↓	148 (33.4%) ↑
Attitude & Communication	90 (19.4%) ↑	85 (19.2%) ↓
Facilities & Environment	62 (13.4%) ↑	32 (7.2%) ↑
Information & Support	32 (6.9%) ↑	28 (6.3%) ↑
Documentation	13 (2.8%) ↑	7 (1.6%) =
Discharge/Transfer/Transport	8 (1.7%) ↓	11 (2.5%) ↑
Access	0 (0%) ↓	5 (1.1%) ↑
Total	463	443

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the ten most consistently reported sub-categories, which together accounted for 74.5% of the complaints received in Q3 (345/463). In Q2, there was an increase in the number of complaints received about car parking, which was attributed to issues with the new parking system in place at South Bristol Community Hospital (Parking Eye). At that time, it was reported that these issues had been rectified. However, this was not the case and the Trust continues to receive complaints about this. The Trust has now confirmed that new parking payment machines will be installed in the car park in February/March 2019, which should resolve the problems being experienced.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)	Q4 (2017/18)
Clinical care (Medical/Surgical)	94 (8% increase compared to Q2) ↑	87	53	52
Cancelled/delayed appointments and operations	82 (18.8% increase) ↑	69	96	73
Car Parking	46 (187.5% increase)	16	7	4
Appointment administration issues	42 (12.5% decrease) ↓	48	37	23
Attitude of medical staff	18 (20% increase) ↑	15	20	19
Attitude of admin/clerical staff	16 (60% increase) ↑	10	12	10
Failure to answer telephones/failure to respond	14 (40% increase) ↑	10	9	11

Clinical care (Nursing/Midwifery)	13 (64.9% decrease) ↓	37	24	27
Communication with patient/relative	12 (50% decrease) ↓	24	29	19
Attitude of nursing/midwifery staff	8 (38.5% decrease) ↓	13	8	11

In summary, for the second quarter in succession, the largest proportional increase was in complaints about 'car parking' and, more specifically, parking at South Bristol Community Hospital. The largest proportional decrease was in complaints about 'clinical care (nursing/midwifery)', which saw complaints in this sub-category drop from 37 in Q2 to 13 in Q3. There were also small increases in the number of complaints received about 'attitude of admin/clerical staff' and failure to answer phone/failure to respond'.

Figures 6-9 (below) show the longer term pattern of complaints received since October 2016 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows a reduction towards the end of the year in complaints about clinical care (medical/surgical), although there was an overall reduction of complaints received during the month of December. Trends in sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 6: Clinical care – Medical/Surgical

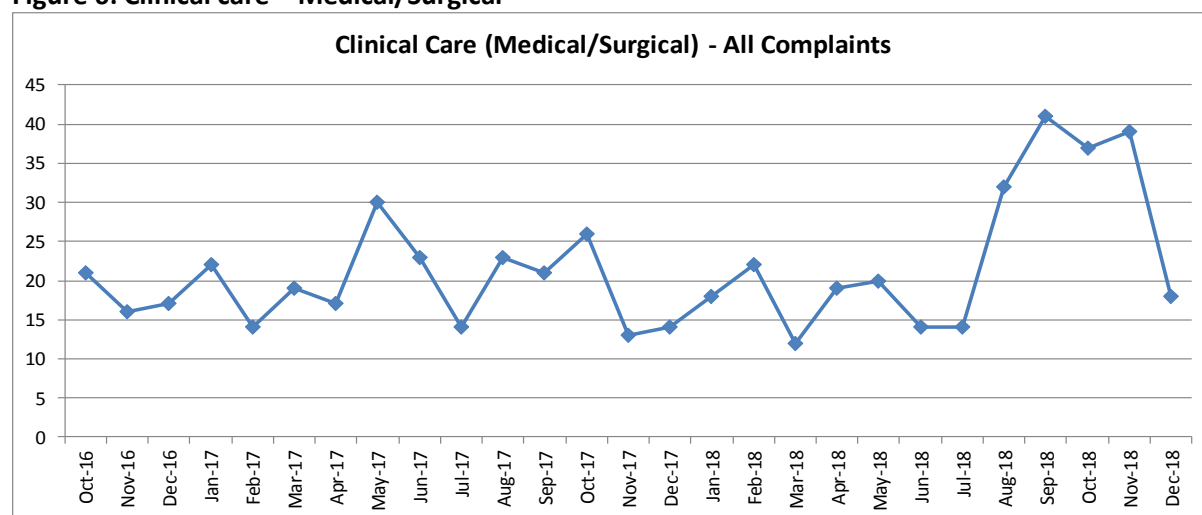


Figure 7: Cancelled or delayed appointments and operations

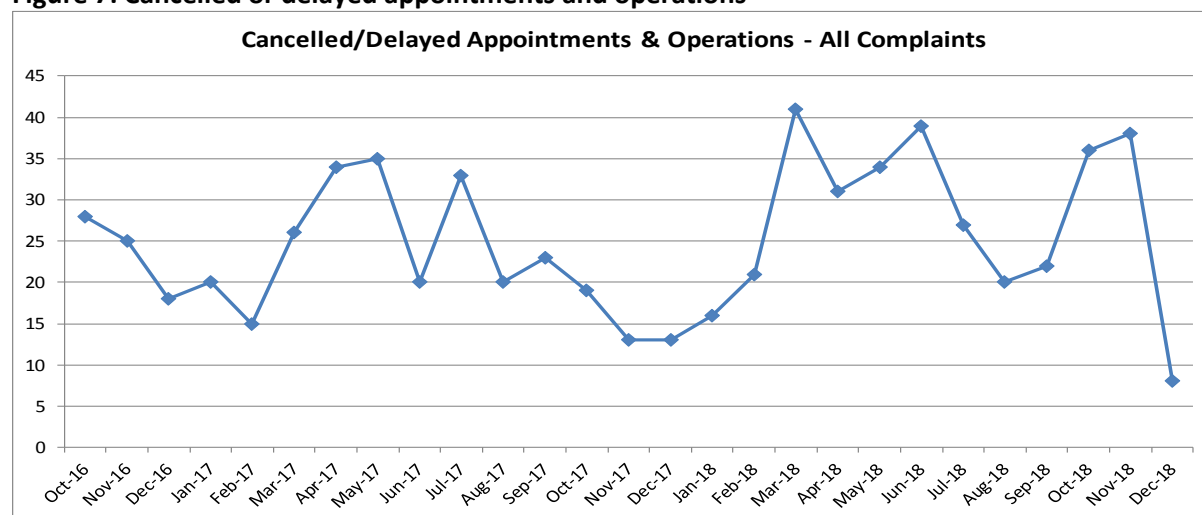


Figure 8: Car Parking

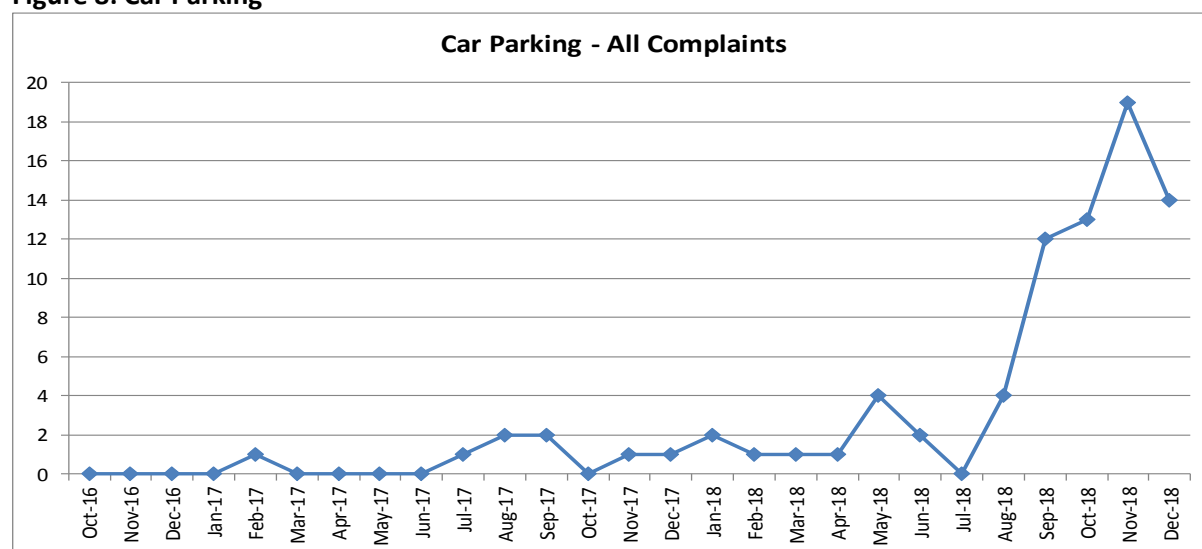
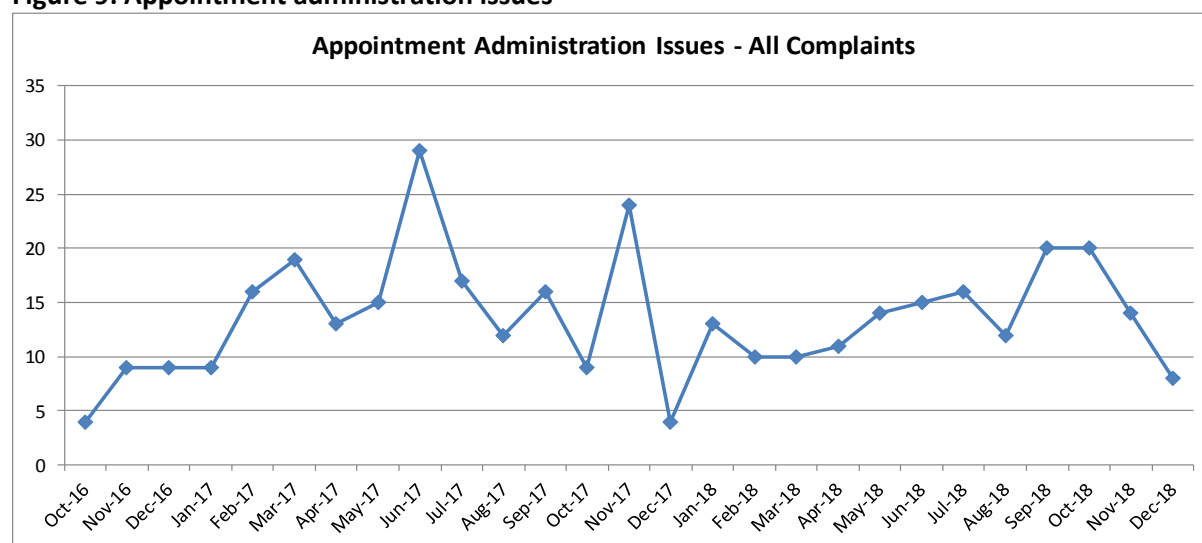


Figure 9: Appointment administration issues



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	138 (140) ↓	92 (94) ↓	59 (71) ↓	74 (83) ↓	19 (19) =
Number of complaints about appointments and admissions	66 (62) ↑	21 (24) ↓	23 (22) ↑	18 (14) ↑	4 (4) =
Number of complaints about staff attitude and communication	24 (22) ↑	30 (18) ↑	9 (12) ↓	11 (20) ↓	6 (7) ↓
Number of complaints about clinical care	34 (40) ↓	27 (36) ↓	21 (27) ↓	35 (39) ↓	6 (5) ↑
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 30 (39) Adult Restorative Dentistry (BDH) – 9 (15) Bristol Eye Hospital (BEH) – 39 (43) BEH Administration Dept – 14 (14) Trauma & Orthopaedics – 6 (11) ENT – 10 (9) Upper GI – 8 (9) QDU Endoscopy – 6 (6)	Emergency Department (BRI) – 17 (20) Dermatology – 22 (20) Unity Sexual Health – 10 (6) Sleep Unit – 6 (3)	BHI (all) – 38 (43) BHOC (all) – 17 (26) BHI Outpatients – 12 (21) Ward C708 – 9 (7) Ward C705 – 8 (2) Chemo Day Unit / Outpatients (BHOC) – 7 (16)	BRHC (all) – 53 (45) Paediatric Neurology & Neurosurgical – 7 (7) Children's ED (E308) – 6 (5) Paediatric Orthopaedics – 5 (3) ENT (BRHC) – 4 (0) StMH (all) – 20 (37) Gynaecology Outpatients (StMH) – 6 (4)	Radiology – 9 (7) Audiology – 5 (3) Physiotherapy – 3 (1)
Notable deteriorations compared with Q2	No notable deteriorations	Unity Sexual Health – 10 (6)	Ward C705 – 8 (2)	ENT (BRHC) – 4 (0)	No notable deteriorations.
Notable improvements compared with Q2	Adult Restorative Dentistry (BDH) – 9 (15) Trauma & Orthopaedics – 6 (11)	Emergency Department (BRI) – 17 (20)	BHOC (all) – 17 (26) Chemo Day Unit / Outpatients (BHOC) – 7 (16)	Ward 73 – 1 (9) Ward 78 – 2 (5) Central Delivery Suite – 2 (7)	Pharmacy – 1 (6)

3.1.1 Division of Surgery

There was a slight reduction in the overall number of complaints received by the Division of Surgery in Q3, compared with Q2. Complaints received by Bristol Dental Hospital and Bristol Eye Hospital decreased in Q3, as did those received by Trauma & Orthopaedics. In particular, complaints about Adult Restorative Dentistry fell from 15 to 9.

Complaints about 'attitude and communication' increased slightly, after decreasing for the previous four consecutive quarters, whilst complaints in respect of 'appointments and admissions' still accounted for almost half of all complaints received by the Division. Complaints about 'clinical care (medical/surgical)' remained at the same level as reported in Q2.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Appointments & Admissions	66 (47.8% of total complaints) ↑	62 (44.3% of total complaints) ↓
Clinical Care	34 (24.6%) ↓	40 (28.6%) ↑
Attitude & Communication	24 (17.4%) ↑	22 (15.7%) ↓
Information & Support	4 (2.9%) ↑	5 (3.5%) ↓
Documentation	3 (2.2%) ↓	4 (2.9%) ↑
Discharge/Transfer/Transport	3 (2.2%) ↑	2 (1.4%) ↑
Access	3 (2.2%) ↓	4 (2.9%) ↑
Facilities & Environment	1 (0.7%) =	1 (0.7%) ↑
Total	138	140

Table 5: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Cancelled or delayed appointments and operations	42 ↑	32 ↓
Clinical care (medical/surgical)	25 =	25 ↑
Appointment administration issues	22 ↓	24 ↑
Attitude of Medical Staff	6 ↑	2 ↓
Attitude of A&C Staff	5 ↑	4 ↑
Failure to answer telephones/ failure to respond	4 ↓	5 ↑
Discharge arrangements	3 ↑	2 ↑

Table 6: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>39 complaints were received by the Bristol Eye Hospital (BEH). Although this represents a small decrease compared to Q2, this needs to be read in the context of traditionally low numbers of complaints across the Trust during December.</p> <p>Almost half of the complaints (19 of 39) were about 'appointments and admissions'. Of these 19 complaints, nine were in respect of appointment administration issues and nine were about cancelled or delayed appointments.</p> <p>Nine complaints were received about 'clinical care (medical/surgical)'.</p> <p>13 of these complaints related to Outpatients and 14 were for the Administration Department.</p>	<p>A review of the cases has not identified any worrying themes, 'hot spots' or recurring concerns about individual staff members. Complaints about clinical care tend to relate to patients' clinical pathways and their understanding of what is happening or has taken place. There was one case where a patient had complained about awareness during general anaesthesia; this has been subject to an RCA investigation.</p>	<p>Increasing capacity within theatres and outpatients, introducing two new twilight lists - however this is dependent on staff recruitment.</p> <p>All complaints are discussed with staff cited in complaints for learning.</p>

Current divisional priorities for improving how complaints are handled and resolved

The division continues to focus on the standard of response letters in an attempt to ensure accuracy and reduce the numbers of dissatisfied complainants.

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

To increase awareness of customer care training through the monthly Divisional Governance Grapevine, which is circulated across the Division.

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

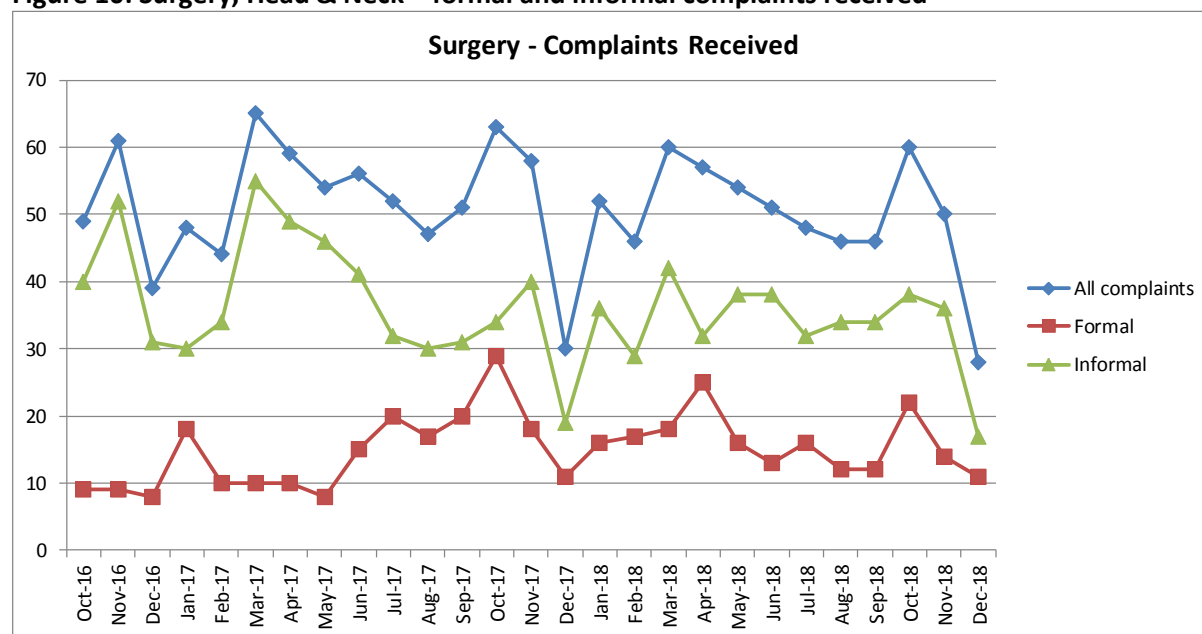


Figure 11: Complaints received by Bristol Dental Hospital

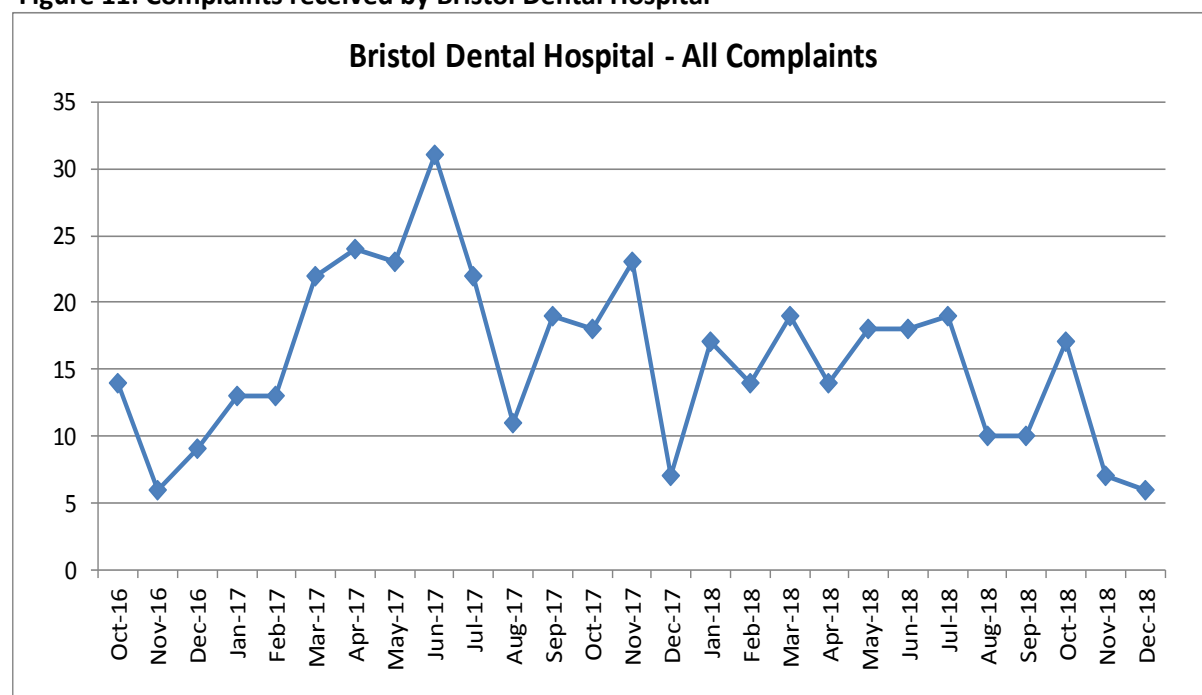


Figure 12: Complaints received by Bristol Eye Hospital

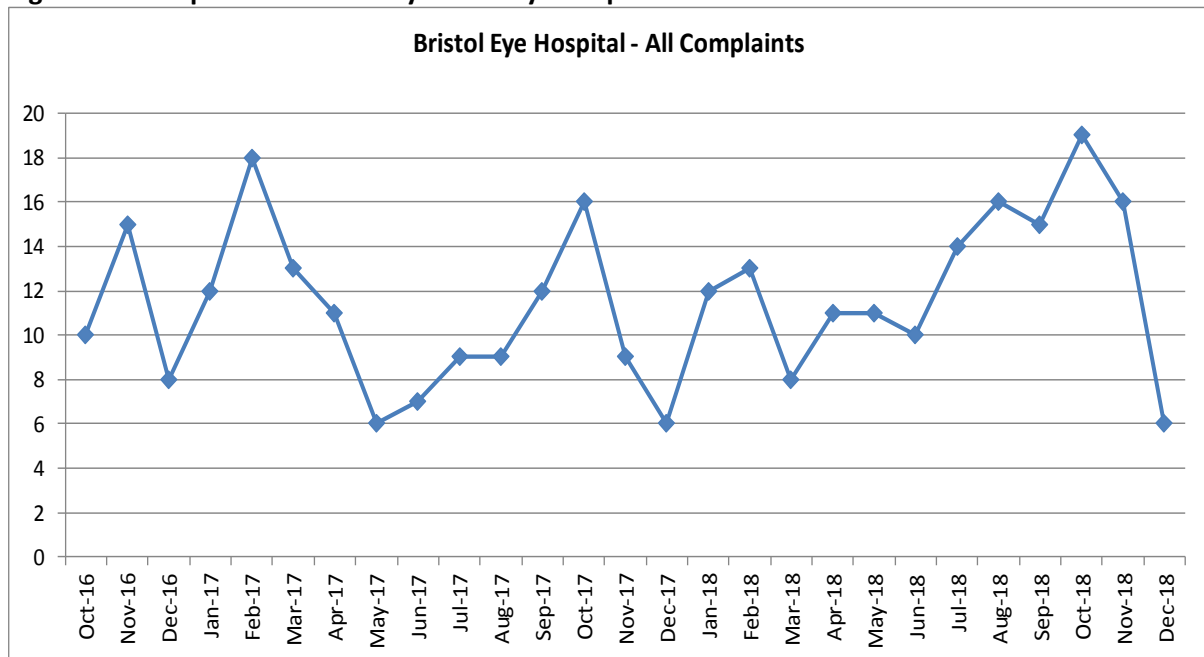
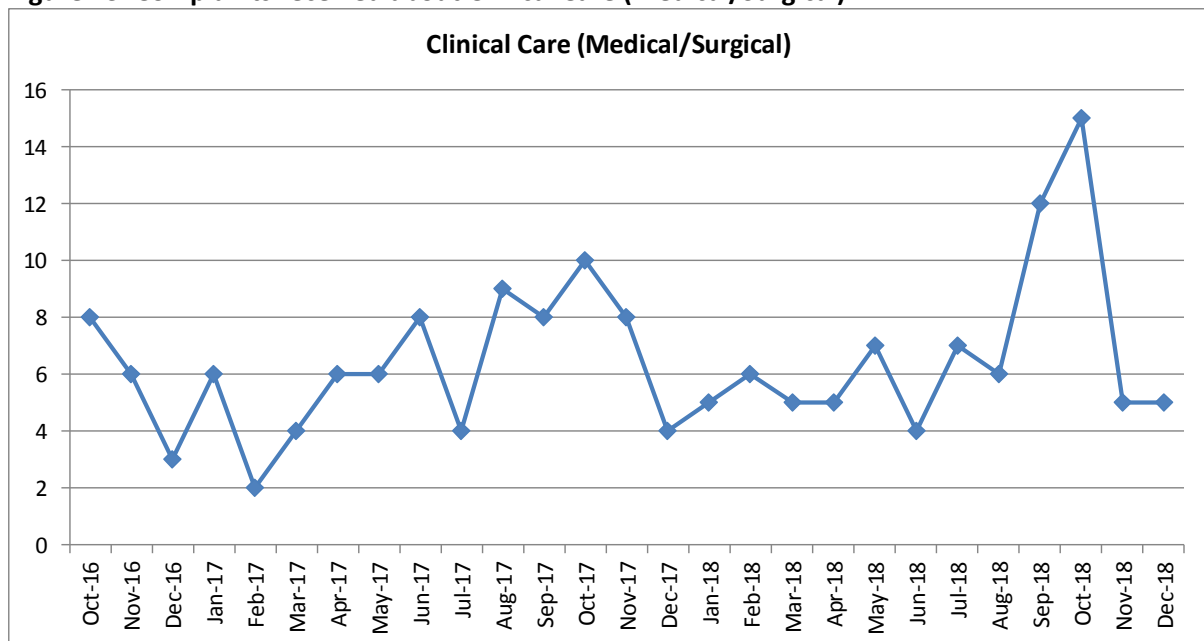


Figure 13: Complaints received about Clinical Care (Medical/Surgical)



3.1.2 Division of Medicine

In Q3, the Division of Medicine received a similar total number of complaints to Q2 (92 compared with 94 in Q2). Complaints received by Dermatology increased for the fourth consecutive quarter, whilst complaints received by Unity Sexual Health increased for the third consecutive quarter.

There was a significant increase in the number of complaints received about 'attitude and communication' - up by 66%, compared with Q2. However, complaints in all other categories, with the exception of 'documentation' decreased or stayed the same.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Attitude & Communication	30 (32.6% of total complaints) ↑	18 (19.1% of total complaints) ↓
Clinical Care	27 (29.4%) ↓	36 (38.3%) ↑
Appointments & Admissions	21 (22.8%) ↓	24 (25.5%) ↑
Facilities & Environment	5 (5.4%) =	5 (5.3%) ↓
Documentation	4 (4.3%) ↑	0 (0%) ↓
Information & Support	3 (3.3%) ↓	4 (4.3%) ↓
Discharge/Transfer/ Transport	2 (2.2%) ↓	6 (6.4%) =
Access	0 (0%) ↓	1 (1.1%) ↑
Total	92	94

Table 8: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Cancelled or delayed appointments and operations	14 ↑	11 ↓
Clinical care (medical/surgical)	22 ↓	24 ↑
Attitude of medical staff	8 ↑	3 =
Attitude of A&C staff	5 ↑	3 ↓
Appointment administration issues	4 ↓	11 ↑
Failure to answer phone/Failure to respond	4 ↑	1 ↓
Personal (lost) property	4 ↑	2 ↓
Attitude of nursing staff	4 =	4 ↑
Communication with patient/relative	3 ↓	8 ↓

Table 9: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>Complaints received by the Dermatology service increased for the fourth quarter in succession, with 22 complaints received in Q3.</p> <p>Of these 22 complaints, 14 were under the category of 'appointments and admissions' and were related to cancelled or delayed appointments. Six complaints were received about 'attitude and communication' and two were in respect of 'documentation' (an incorrect letter and an incorrect entry in a patient's notes).</p>	<p>There is recognition within the department that the increase in volume of work has placed additional strain on process and staff morale. Significant gaps in staff cover due to additional vacancies have affected the quality of communication amongst staff, which is directly impacting on patient experience.</p>	<p>The Division is recruiting both substantive and temporary additional staff for the service. Bank and agency requests have also been sent to other divisions to establish staff interest.</p> <p>Customer service training for frontline administrators is being reviewed in light of positive feedback from Sexual Health staff.</p>
<p>There was an increase in the number of complaints received by Unity Sexual Health for the third successive quarter.</p> <p>The majority of these complaints (seven) were recorded under the category of 'attitude and communication' and included 'attitude of A&C staff', 'communication - administrative', 'confidentiality', 'discrimination' and 'failure to answer phone'.</p>	<p>The Division can confirm that three complaints about attitude of staff were investigated and discussed with the staff involved. One of the complaints related to a phone call which had been recorded; the recording showed that the staff member had dealt with the patient professionally and persisted until they managed to find them an appropriate appointment.</p> <p>There has been a specific complaint around a breach of confidentiality in the Psychosexual team. A letter with personal information was sent to the wrong patient; a member of the administrative team had queried whether the letter should be sent but did so on instruction of the clinician. The complaint has been investigated by the management team.</p>	<p>Some staff have recently attended Customer service training and the plan is that all reception staff will undertake this training. The plan then is to move on to the Trust training on 'Dealing with difficult conversations'.</p> <p>This action will be for the Psychosexual team</p>

	<p>The Division is aware of a complaint regarding alleged discrimination against single parents due to their difficulty in accessing an appointment. The Unity Sexual Health service offers walk-in, text appointments and pre-booked appointments across the BNSSG area. 'On the day' appointments can be booked on the phone and are available early and late on two days of the week. This is a high demand service and access is only limited by capacity.</p> <p>The phone lines have a queuing system but due to restrictions within the main Trust system, there is only the capacity for two callers to be waiting per member of staff logged into the system. The team is small and usually has a maximum of two staff on the phones, which means that only four people can join the queue. Whilst calls are usually short, callers can be cut off at peak times if all the space for queuing is occupied.</p>	<p>If patients identify to the reception / telephone staff that they have tried several times to access an appointment, an attempt will usually be made to facilitate access for them.</p> <p>The team has asked Telecoms to allow them to have more spaces in the queue but this is not possible. Unfortunately, there is not capacity within the team to allow for more people to be put on the phones to increase the number of callers allowed to queue.</p>
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Current divisional priorities for improving how complaints are handled and resolved:

The Division aims to address complaints earlier, managing complainant's expectations more effectively, reducing their level of anxiety and reaching a conclusion or response in a more timely manner:

- More verbal conversations (telephone communication) providing a more personal voice to a complaint, rather than a letter that could be impersonal.
- Offering to discuss any specific issues/actions during face to face meetings.

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

- More frontline staff seeking customer services training (see Unity comments above).
- More frontline staff being advised/supported in how to deal with complaints so they individually understand the impact of the complaint, rather than being managed "remotely" by their manager.

- Recognition by the Division that the winter period places additional pressures on staff working in Trust. Support, recognition and thanks to be continued through the Trust's 'Thanks to you' scheme etc. so that staff feel valued as well as accountable for their professional conduct and service delivery.

Figure 14: Medicine – formal and informal complaints received

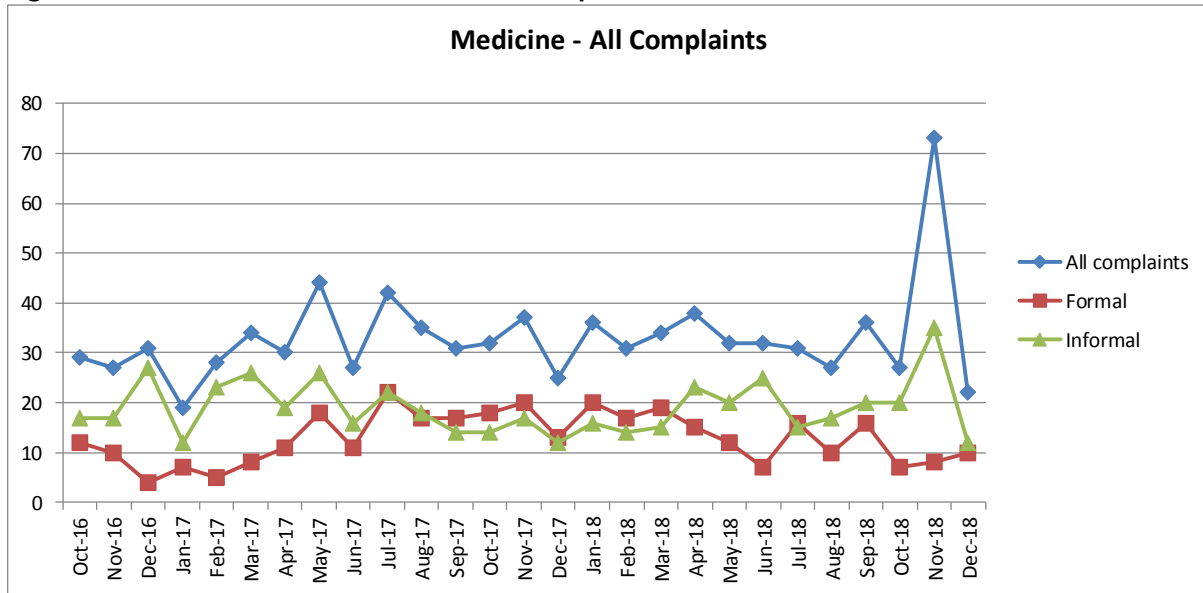


Figure 15: Complaints received by Dermatology

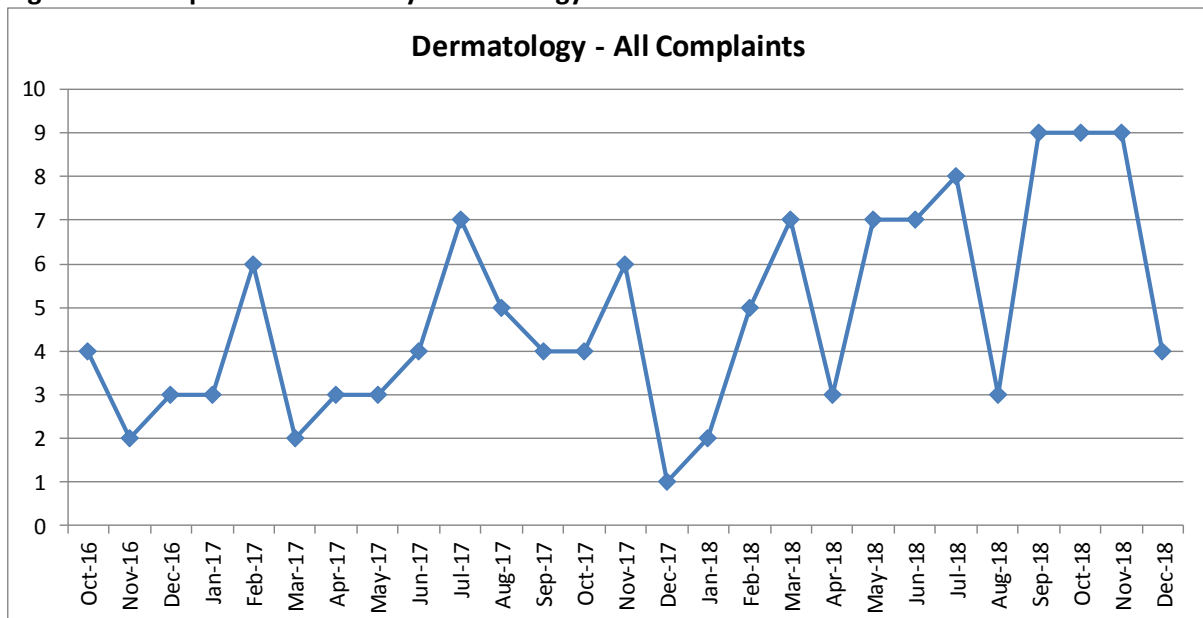
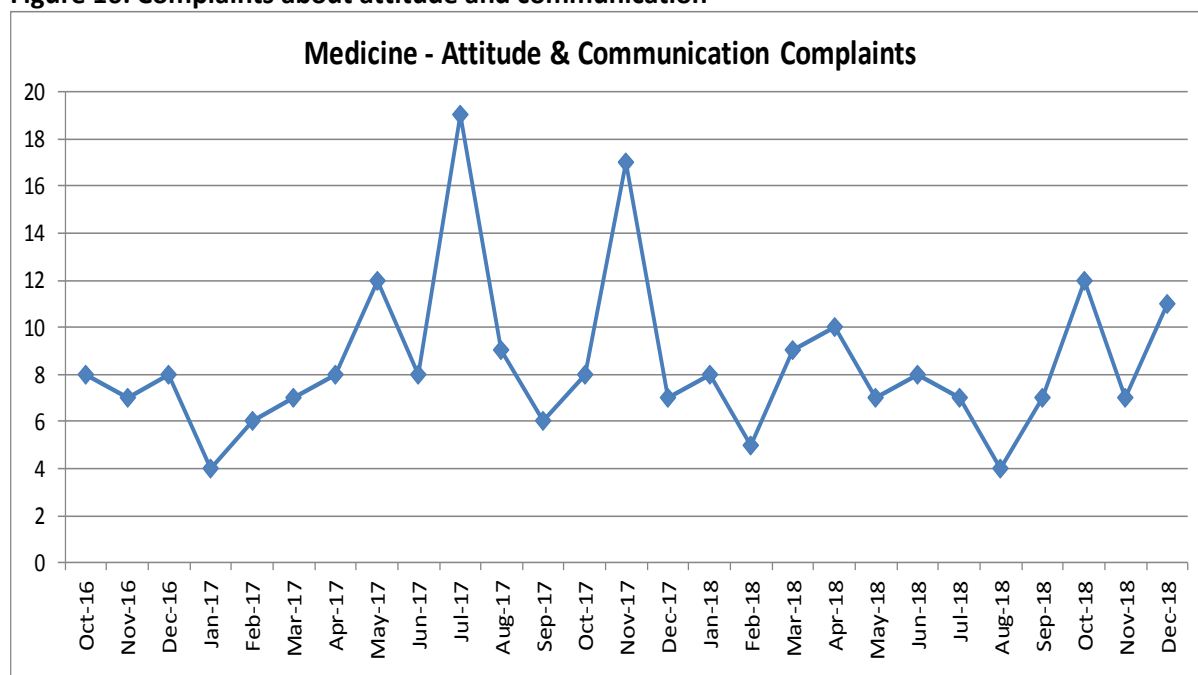


Figure 16: Complaints about attitude and communication



3.1.3 Division of Specialised Services

The Division of Specialised Services received 59 new complaints in Q3; a reduction compared with the 71 received in Q2. Of these 59 complaints, 38 were for the Bristol Heart Institute (BHI), compared with 43 in Q2, and 17 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 26 in Q2.

Complaints in all categories decreased in Q3, compared with Q2, with the exception of 'appointments and admissions' and 'documentation', which only increased by one complaint each.

There were no significant increases in complaints received under any category or sub-category in Q3. The majority of complaints received were in respect of 'appointments and admissions' and 'clinical care', which accounted for 39% and 35.6% respectively of the total complaints received.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Appointments & Admissions	23 (39% of total complaints) ↑	22 (31% of total complaints) ↓
Clinical Care	21 (35.6%) ↓	27 (38%) ↓
Attitude & Communication	9 (15.3%) ↓	12 (16.9%) ↓
Information & Support	3 (5.1%) ↓	5 (7%) =
Documentation	2 (3.4%) ↑	1 (1.4%) ↑
Discharge/Transfer/Transport	1 (1.7%) ↓	3 (4.3%) ↑
Facilities & Environment	0 ↓	1 (1.4%) =
Access	0 (0%) =	0 (0%) =
Total	59	71

Table 11: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Clinical care (medical/surgical)	18 ↓	20 ↑
Cancelled or delayed appointments and operations	15 ↓	17 =
Appointment administration issues	6 ↑	5 ↓
Communication with patient/relative	2 ↓	4 ↓
Failure to answer phone/ Failure to respond	2 ↑	1 ↓
Attitude of medical staff	1 ↓	4 ↑
Clinical care (nursing)	1 ↓	3 =

Table 12: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>Complaints received by Ward C705 have increased from two in Q2 to eight in Q3.</p> <p>Summary: Five complaints regarding 'clinical care (medical/surgical)', Two complaints regarding 'appointments and admissions', One complaint regarding 'attitude and communication'.</p> <p>NB. Two of the eight complaints did not proceed, as no further contact could be made with the complainants. These two cases were therefore not sent to the Division to investigate.</p>	<p>Appointments and Admissions Procedure cancelled twice due to being a complex case requiring two operators.</p> <p>Clinical Care Resulted as breakdown in communication with the patient's daughter around multiple cancellations of her mother's procedures due to recurrent urinary tract infections and delirium.</p> <p>Clinical Care Complainant felt they were left with unanswered questions surrounding discharge.</p> <p>Clinical Care Concerns around quality of information at point of discharge and then unable to contact teams on numbers given.</p> <p>Attitude and Communication This complaints raised concerns around needing to chase a pacing appointment.</p>	<p>Common themes:</p> <ul style="list-style-type: none"> - Cancellations - Discharge information - Pacing pathway <p>Communication and access to information were also common elements within these themes.</p> <p>We have also opened a new area in the BHI for Day of Surgery Admissions (DoSA) with a designated member of staff to look after the patients arriving for procedures. This will also provide a central point for discussions to take place. We will also review capacity in the pacing service to ensure no ongoing issues.</p> <p>Bed manager/Duty Matron Discussion to take place around the following:</p> <ul style="list-style-type: none"> - Process for cancellation. - Standard information for the cancellation using an SBAR (Situation, Background, Assessment, Recommendation) approach. - The importance of asking the

	<p>Clinical Care (ongoing investigation) Awaiting outcome but complaint is regarding requirement of a pacemaker and concerns around not receiving one until the point of experiencing total heart block.</p>	<p>patient to explain back the situation and reasoning to check understanding.</p> <ul style="list-style-type: none"> - Process for keeping patients updated, explaining clearly why delays have happened and apologizing for them. <p><u>Divisional Discharge Group</u> We have reinstated a divisional discharge and flow meeting with new BHI and BHOC divisional leads. The newly reviewed terms of reference for this group will also cover the following:</p> <ul style="list-style-type: none"> - To remind all clinical areas to check discharge arrangements. - Ensure correct documentation is issued at point of discharge, i.e. discharge summaries, information leaflets of which are fit for purpose. - Ensure that follow-up arrangements have been made and are clearly communicated.
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Current divisional priorities for improving how complaints are handled and resolved:

The Division is encouraged by the overall reduction in complaints but will continue to ensure the following:

- All relevant staff to attending Complaint Handling Training offered by Patient Support and Complaints Team.
- Share learning from complaints, themes and reports in a variety of formats; meetings, patient experience reports, newsletters.

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

1. Develop the bed manager and duty matron skills in communicating cancellations and reasons for this.
2. Develop the newly developed discharge meeting and comply with the terms of reference to explore the issues regarding discharge from complaints.
3. Ensuring that information given to patients/families is correct, e.g. leaflets with correct information/contact details.
4. Ensuring that follow up arrangements are instigated as appropriate.

Figure 17: Specialised Services – formal and informal complaints received

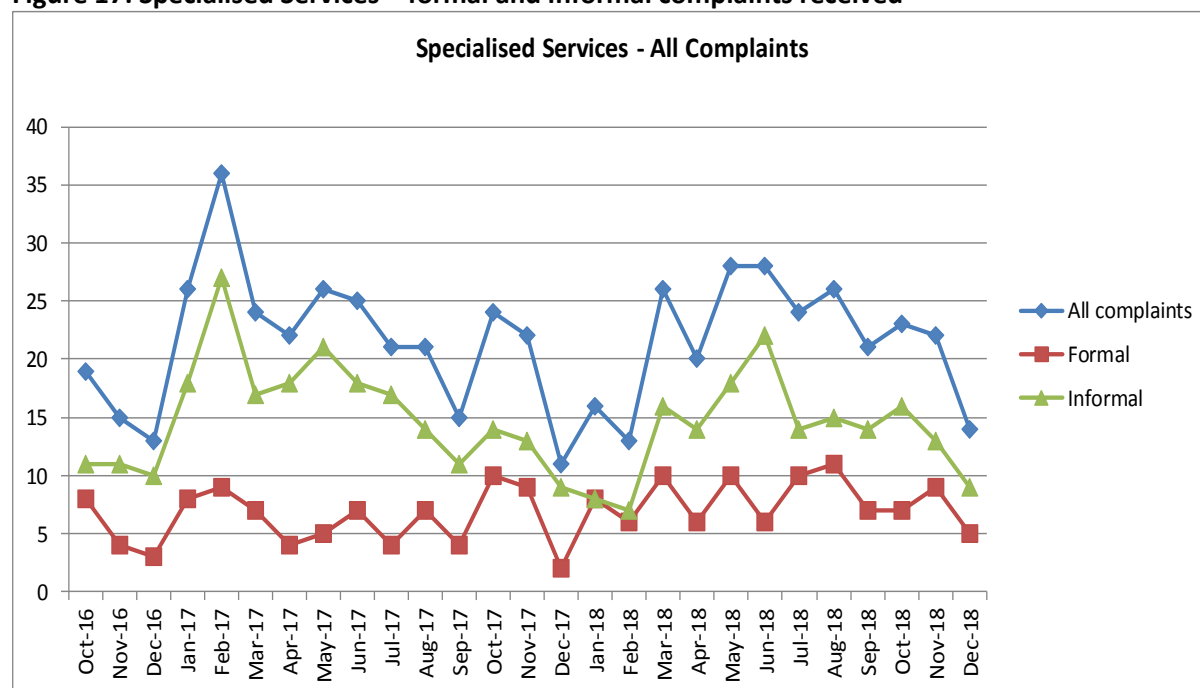


Figure 18: Complaints received by Bristol Heart Institute

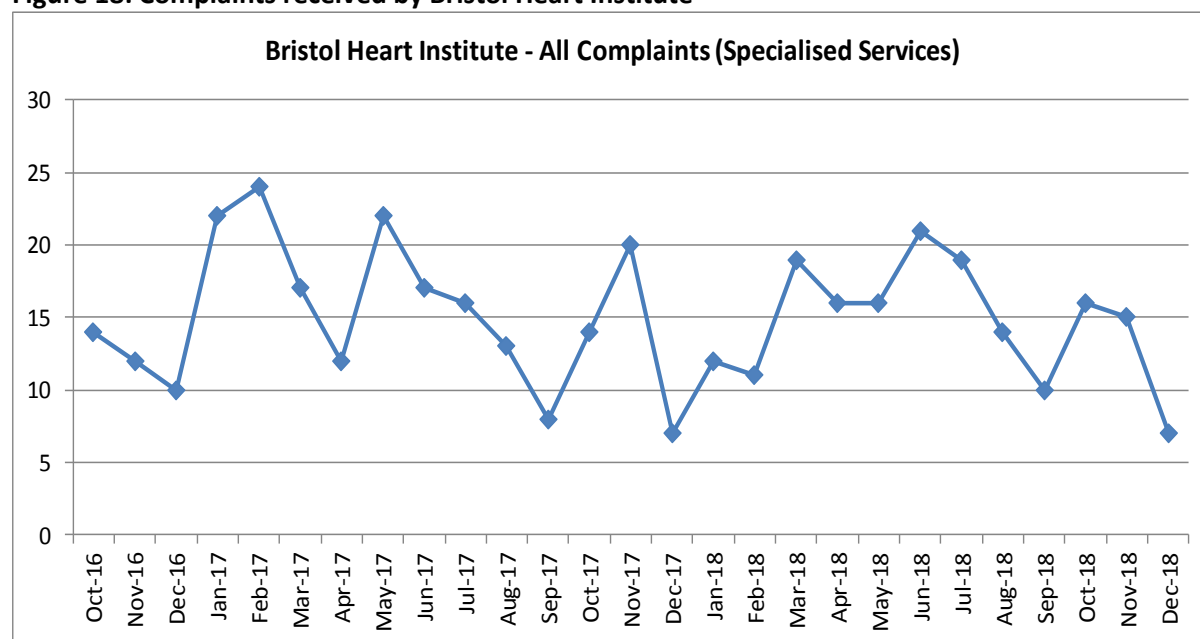


Figure 19: Complaints received by Bristol Haematology & Oncology Centre

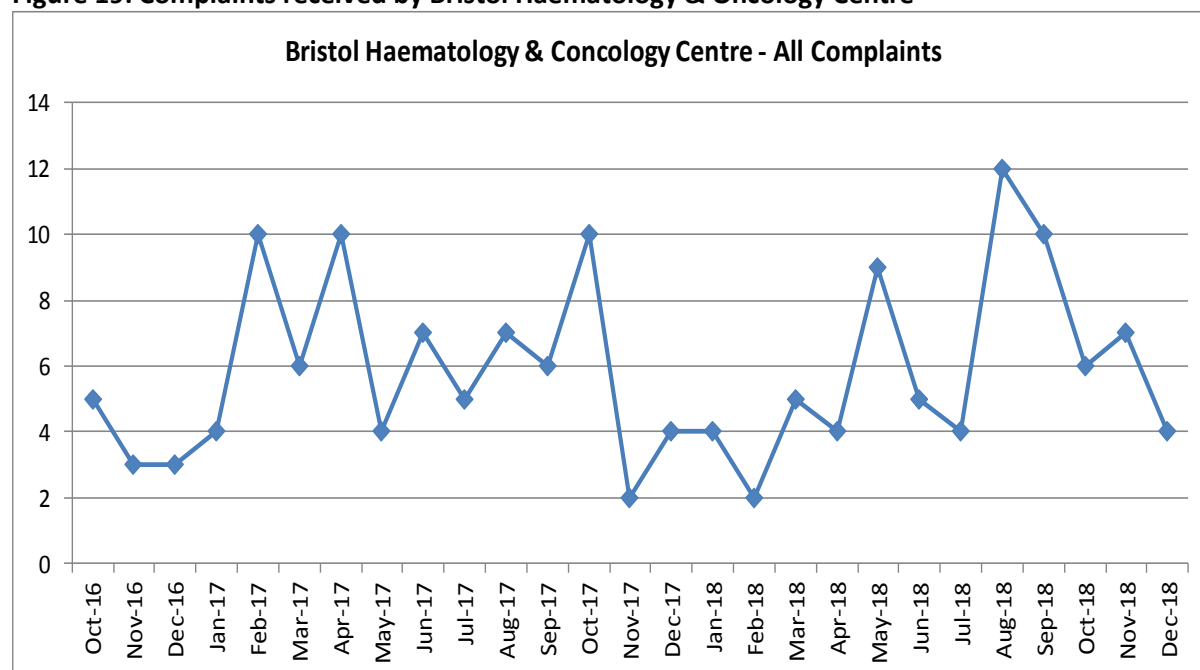
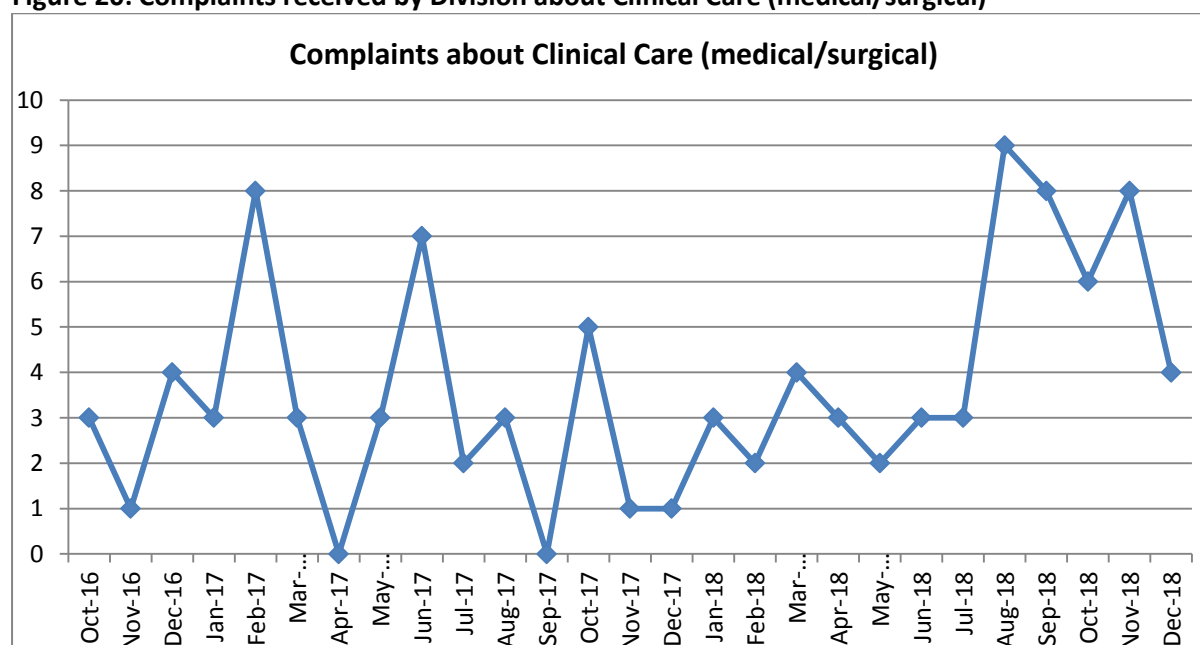


Figure 20: Complaints received by Division about Clinical Care (medical/surgical)



3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division decreased from 83 in Q2 to 74 in Q3. However, complaints for Bristol Royal Hospital for Children (BRHC) accounted for 53 of the 74 complaints, the fourth successive quarterly increase. Complaints received by St Michael's Hospital (StMH) decreased from 37 in Q2 to 20 in Q3. The one remaining complaint was for the Paediatric Outpatient Department at South Bristol Community Hospital.

The majority of complaints continued to be in the category of 'clinical care', which accounted for almost half of all complaints received by the Division. However, there was a notable decrease in the number of complaints received in respect of 'clinical care (nursing/midwifery)' from 21 in Q2 to 7 in Q3.

Complaints about 'attitude of medical staff' and 'attitude of nursing/midwifery' also fell in Q3.

Table 13: Complaints by category type












Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Clinical Care	35 (47.3% of total complaints) 	39 (47% of total complaints) 
Appointments & Admissions	18 (24.3%) 	14 (16.9%) 
Attitude & Communication	11 (14.8%) 	20 (24.1%) 
Information & Support	6 (8.1%) 	7 (8.4%) 
Documentation	2 (2.7%) 	1 (1.2%) =
Facilities & Environment	1 (1.4%) 	2 (2.4%) =
Discharge/Transfer/Transport	1 (1.4%) 	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	74	83

Table 14: Top sub-categories













Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Clinical care (medical/surgical)	24 	16 
Cancelled or delayed appointments and	10 	9 =
Clinical care (nursing/midwifery)	7 	21 
Appointment administration issues	5 	4 
Communication with patient/relative	4 =	4 
Attitude of nursing/midwifery	2 	7 
Attitude of medical staff	2 	4 

Table 15: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
BRHC Complaints received by the paediatric ENT service increased from zero to four in Q3. Although the number of complaints is low, this is the first time the service has received a complaint since May 2018.	BRHC One complaint was from a patient's father, who was unhappy that he was not given equal access to his child's records and updates. However, there was a court order restricting his access. Two of the complaints were about issues related to referrals from the patient's GPs. In one case an appointment was quickly organised and, in the second, the complainant praised the actions taken by the BRHC staff involved. The final complaint was about a delay in accessing an MRI scan, which was subsequently arranged and reviewed by the ENT team.	BRHC An explanation was given to the father about the restrictions around the court order and an apology was given to him for not communicating more clearly at the time. No actions were necessary in respect of the other three complaints, which were quickly resolved to the satisfaction of the complainants.

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

Our priorities are resolving issues before they become a formal complaint; reducing extensions; and hitting deadlines.

BRHC

A new complaints standard operating procedure was launched in BRHC on 20 February 2019. Matrons and Ward Sisters are to be trained to undertake a leading role in investigating and responding to informal and formal complaints.

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

Women's services are trying to ensure that women understand their birth experience better and are working with the Local Maternity System (LMS) to try to find a way for women who require it, to receive a debrief or be given the opportunity to go through their labour notes. This is because a lot of complaints are due to women having not understood decisions made about their care, what happened to them, or because they have been traumatised by events. The maternity service is working with the LMS to raise women's awareness about what to expect when they are a patient on the maternity wards.

In addition, St Michael's Hospital held 'Patient Experience at Heart' workshops in February, to ensure that staff reflect on their communication with patients and to raise the importance of a culture of kindness and caring.

BRHC

Our next priority is to develop a spreadsheet to capture key themes and actions from all complaints in the BRHC. This will allow greater depth of understanding and information analysis to ensure learning from complaints is taken forward.

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

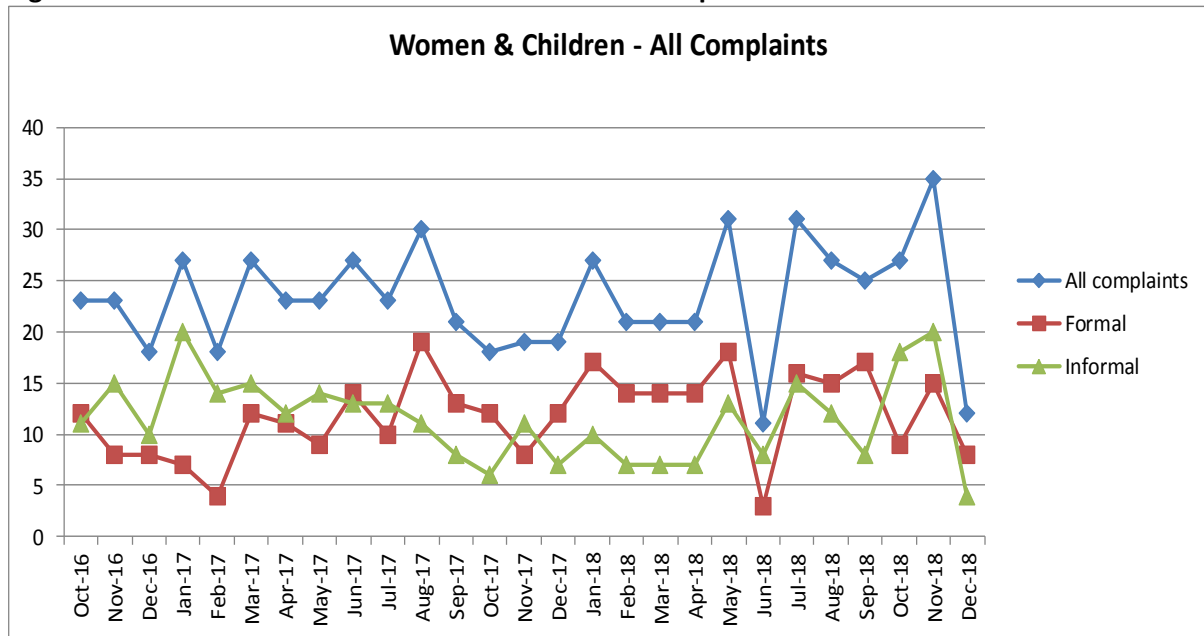


Figure 22: Complaints received by Bristol Royal Hospital for Children

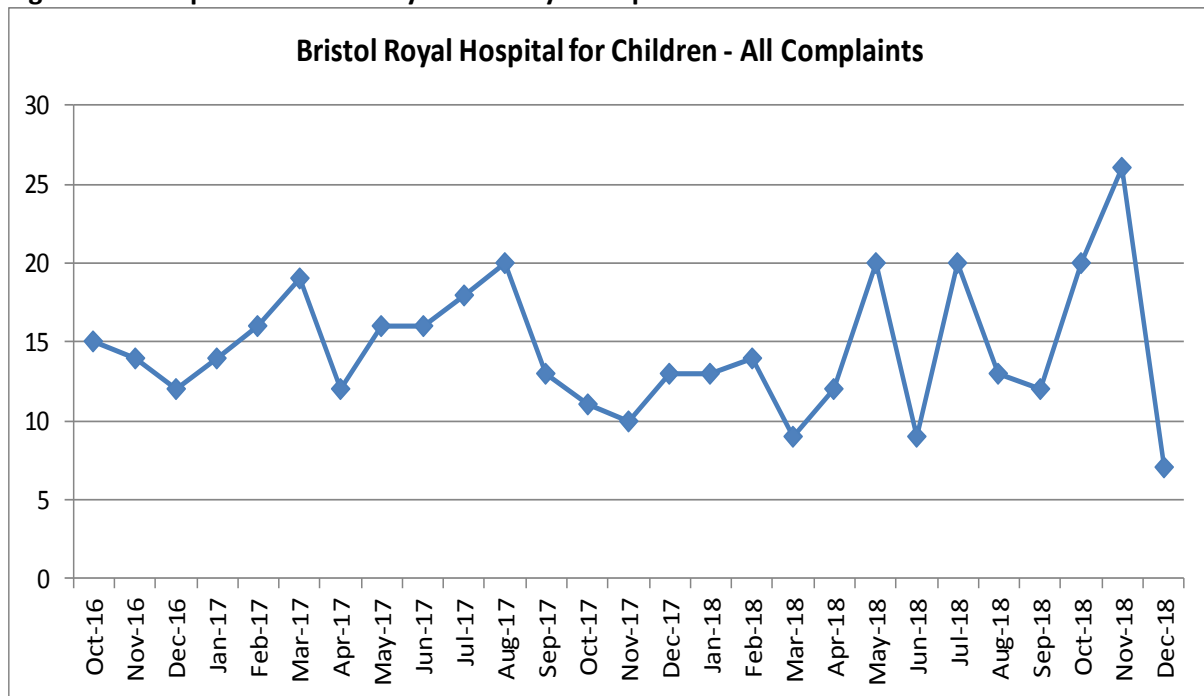


Figure 23: Complaints received by St Michael's Hospital

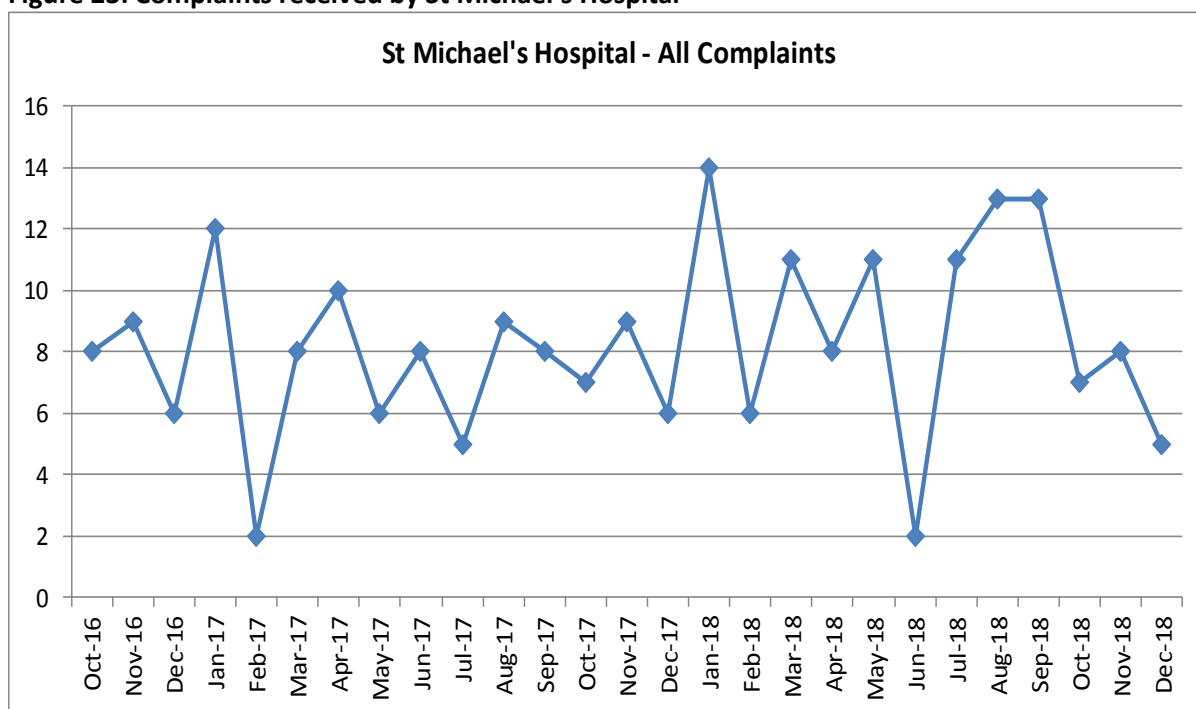
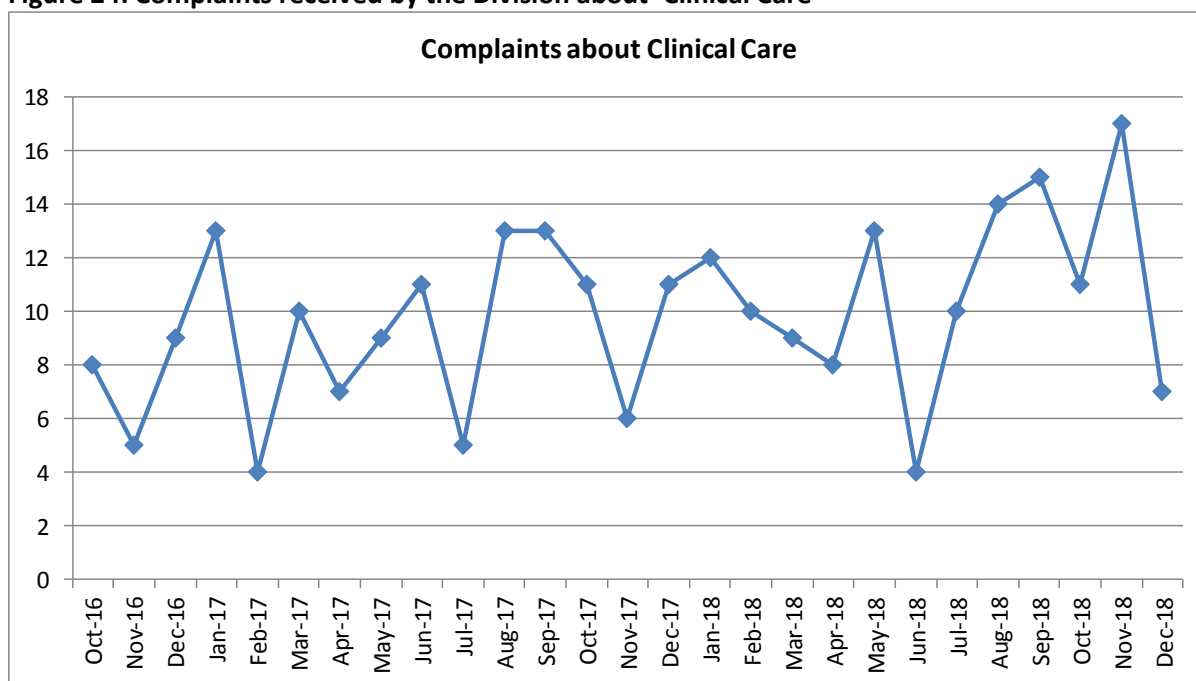


Figure 24: Complaints received by the Division about 'Clinical Care'



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies remained the same in Q3 as in Q2, with 19 complaints received.

The majority of complaints were received for Radiology (seven) and Physiotherapy (four). In respect of complaints categories, six complaints were about 'attitude and communication' and a further six were about 'clinical care'. There was a reduction in the number of complaints received under the category of 'information and support'.

Table 16: Complaints by category type








Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Attitude & Communication	6 (31.6% of total complaints) 	7 (36.8% of total complaints) =
Clinical Care	6 (31.6%) 	5 (26.3%) 
Appointments & Admissions	4 (21.1%) =	4 (21.1%) 
Facilities & Environment	2 (10.5%) 	0 (0%) =
Information & Support	1 (5.2%) 	3 (15.8%) 
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	19	19

Table 17: Top sub-categories






Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Clinical care (medical/AHPs)	6 	2 
Appointment administration issues	3 	2 =
Attitude of medical staff/AHPs	3 	2 =
Premises – Unfit for purpose/maintenance required	2 	0 =

Table 18: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
No concerns or themes were identified for the Division during Q3.	N/A	N/A

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

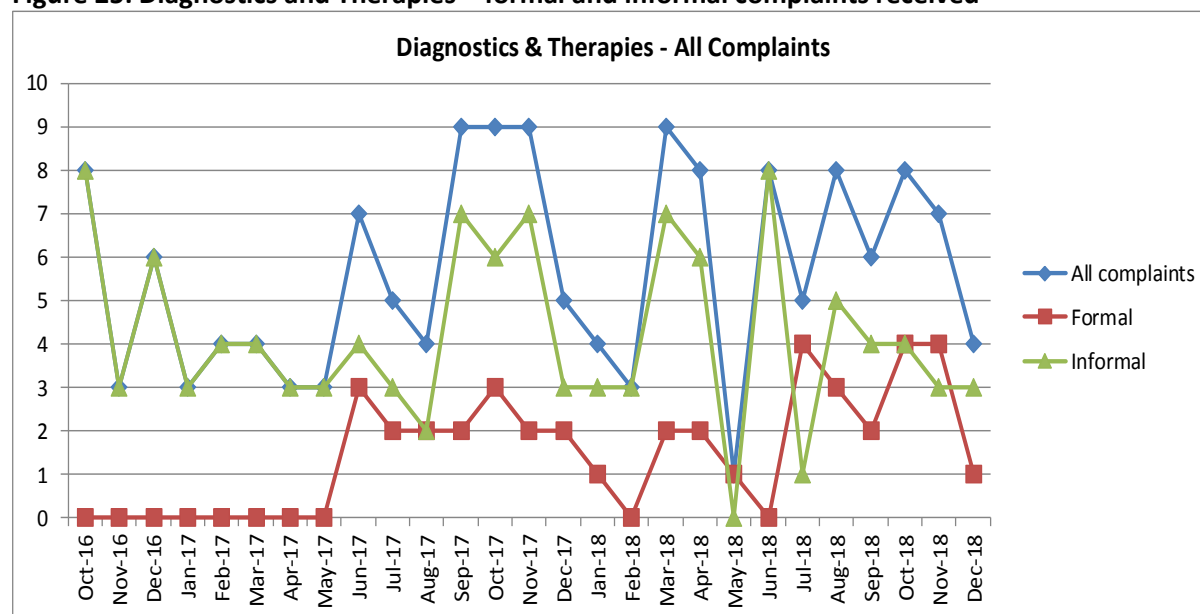
Complaints are a high priority for the division to ensure investigation timescales are consistently met; extensions to complaint deadlines are rarely requested. There is a robust divisional process in place:

- Complaints coordinator who receives and disseminates the complaints to relevant individuals;
- Input from all services involved;
- Clearly assigned leads within the divisional management team for each complaint;
- Tracking log with timescales for all complaints to ensure deadlines are met;
- Final sign off and review of all formal complaints are undertaken by the Divisional Director; and
- Bi-monthly internal analysis and report on complaints presented at the Divisional Clinical Quality Committee

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

The division undertakes regular internal analysis on complaint responses it both leads for, and contributes to. We have identified and analysed a small spike in complaints for radiology services in Q3 2018-19; however, there is no clear trend in either location or theme for these complaints. A similar spike occurred in Q3 2017-18, so this may reflect the volume of patients seen at this time in the year. This will continue to be monitored in our regular analysis presented at the Divisional Clinical Quality Committee.

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

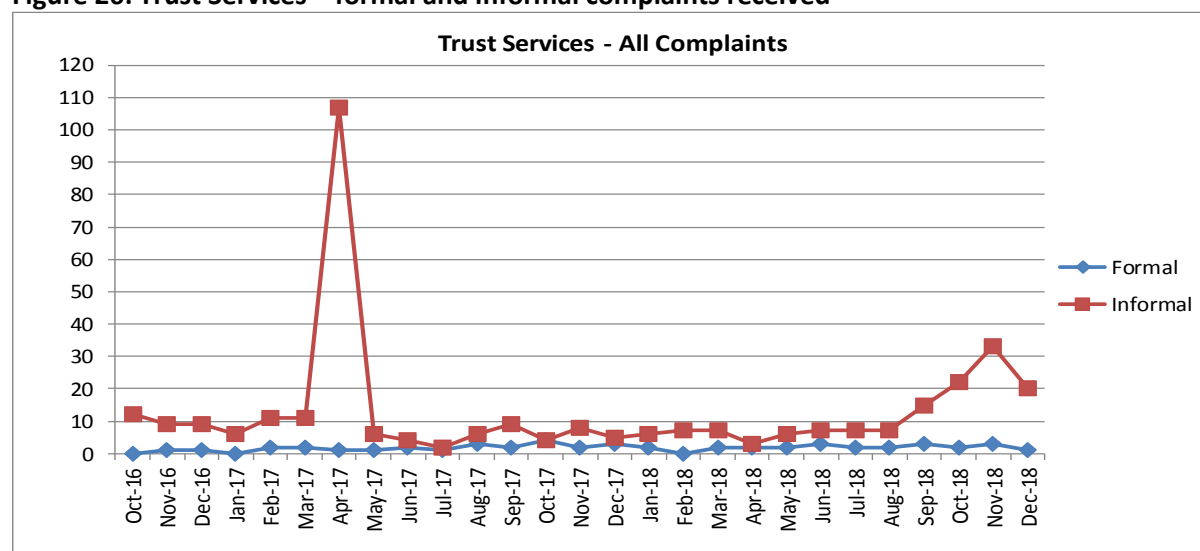


3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 81 complaints in Q3, compared with 36 in Q2 and 23 in Q1.

Of the 81 complaints received in Q3, 46 (56.8%) were related to parking, with 40 of the 46 complaints being in respect of parking at South Bristol Community Hospital. There were nine complaints received by the Private & Overseas Patients Team, which is an increase on the single complaint received by the department in the previous two quarters – six of the nine complaints were in respect of invoicing issues. There were five complaints for Medical Records and four complaints for the Welcome Centre/Reception at Bristol Royal Infirmary.

Figure 26: Trust Services – formal and informal complaints received



3.2 Complaints by hospital site

Table 19: Breakdown of complaints by hospital site³

Hospital/Site	Number and % of complaints received in Q3 2018/19	Number and % of complaints received in Q2 2018/19
Bristol Royal Infirmary	171 (36.9% of total complaints) ↑	149 (33.6%) of total complaints ↓
Bristol Royal Hospital for Children	56 (12.2%) ↑	47 (10.6%) ↑
South Bristol Community Hospital	52 (11.2%) ↑	29 (6.5%) ↑
Bristol Eye Hospital	41 (8.9%) ↓	45 (10.2%) ↑
Bristol Heart Institute	40 (8.6%) ↓	47 (10.6%) ↓
St Michael's Hospital	40 (8.6%) ↓	47 (10.6%) ↑
Bristol Dental Hospital	30 (6.5%) ↓	39 (8.8%) ↓
Bristol Haematology & Oncology Centre	18 (3.9%) ↓	28 (6.3%) ↑
Central Health Clinic	12 (2.6%) ↑	6 (1.4%) =
Adult Audiology Service	1 (0.2%) =	1 (0.2%) ↑

³ It should be noted that these figures will not all match complaints by Division as some divisional services take place at other sites. For example, ENT comes under the remit of the Division of Surgery but the clinic is based at St Michael's Hospital and some services that come under Diagnostics & Therapies are undertaken at the Children's Hospital.

(Community)		
Estates & Facilities Building	1 (0.2%) =	1 (0.2%)
Trust Headquarters	1 (0.2%) ↓	2 (0.5%)
Southmead and Weston Hospitals (UH Bristol services)	0 (0%) ↓	2 (0.5%) ↓
TOTAL	463	443

3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

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

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

* Q1 percentages are shown in brackets for comparison.

Figure 27: All patient activity

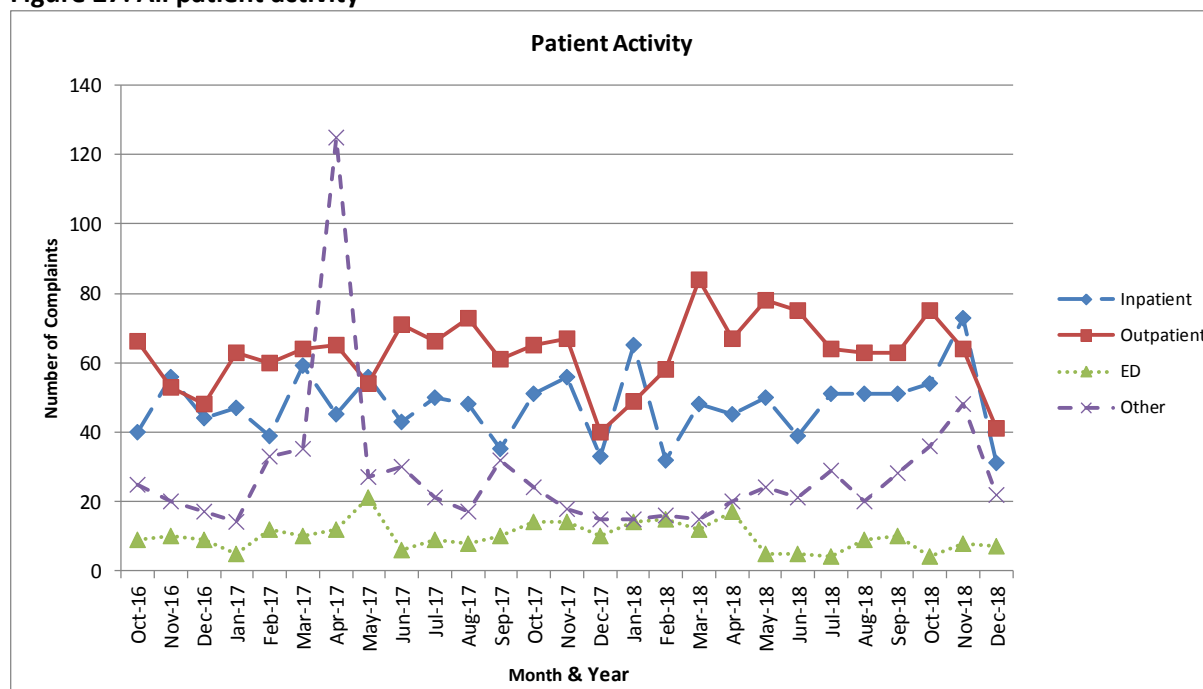


Table 20: Breakdown of Area Type

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
Jul-17	9	50	66	21	146
Aug-17	8	48	73	17	146
Sep-17	10	35	61	32	138
Oct-17	14	51	65	24	154

Nov-17	14	56	67	18	155
Dec-17	10	33	40	15	98
Jan-18	14	65	49	15	143
Feb-18	15	32	58	16	121
Mar-18	12	48	84	15	159
Apr-18	17	45	67	20	149
May-18	5	50	78	24	157
Jun-18	5	39	75	21	140
Jul-18	4	51	64	29	148
Aug-18	9	51	63	20	143
Sep-18	10	51	63	28	152
Oct-18	4	54	75	36	169
Nov-18	8	73	64	48	193
Dec-18	7	31	41	22	101
Grand Total	175	863	1153	421	2612

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

All Divisions reported breaches in Q3, totalling 26 breaches, which is a slight increase on the 25 reported in the previous two quarters.

Table 21: Breakdown of breached deadlines

Division	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)	Q4 (2017/18)
Surgery	6 (9.5%) ↑	4 (6.7%)	4 (5.0%)	5 (9.2%)
Women & Children	13 (25%) =	13 (27.7%)	10 (22.2%)	11 (34.4%)
Trust Services	3 (27.3%) ↑	1 (20%)	3 (33.3%)	6 (42.8%)
Medicine	3 (6.8%) ↑	2 (6.7%)	4 (7.4%)	6 (11.8%)
Specialised Services	0 (0%) ↓	5 (14.3%)	4 (20%)	2 (10.5%)
Diagnostics & Therapies	1 (8.3%) ↑	0 (0%)	0 (0%)	1 (20%)
All	26 breaches ↑	25 breaches =	25 breaches	31 breaches

(So, as an example, there were 13 breaches of timescale in the Division of Women & Children in Q3, which constituted 25% of the complaint responses which were sent out by that division in Q3.)

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

Table 22 shows a breakdown of where the delays occurred in Q3. The Divisions were responsible for 17 of the breaches, three were caused by delays in the Patient Support & Complaints Team and five breaches were attributable to delays during Executive sign-off.

Table 22: Reason for delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	3	0	0	11	0	3	17
Patient Support & Complaints Team	3	2	0	2	1	0	8
Executives/sign-off	0	1	0	0	0	0	1
All	5	3	0	13	1	3	26

3.4 Outcome of formal complaints

In Q3, the Trust responded to 217 formal complaints⁴. Tables 23 and 24 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q3 and Q2 of 2018/19 respectively. A total of 81.7% of complaints were either upheld or partly upheld in Q2, compared with 75.6% in Q1 and 76% in Q4 of 2017/18.

Table 23: Outcome of formal complaints – Q3 2018/19

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

Table 24: Outcome of formal complaints – Q2 2018/19

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

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

4. Learning from complaints

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

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

Below are some examples of actions which have been completed during Q3 2018/19.

- Following an investigation into a complaint about a brain tumour being missed on an MRI scan by a radiologist, the issue was raised at the Divisional Clinical Governance meeting and it was agreed that two neuro-radiologists should always report on imaging in complex cases (D&T).
- The Trust checklist for patients taking oral anti-coagulants has been reviewed and consideration is being given to including more detail of who is responsible for reviewing these cases and for booking the patient's first post-discharge INR (D&T).
- A Standard Operating Procedure (SOP) has been developed for monitoring of cortisol levels. The patients who need to have these levels monitored are now being managed at their GP practice and they receive full endocrine support during admissions to the Trust (SpS).
- To address an increase in demand for capacity for BHOC patients who require blood tests, line care, etc. there is now a new side room in use for venepuncture, line care and injections and an extra chair for blood tests. Two qualified nurses and five nursing assistants are now always on duty during known "high demand days", by using bank staff to support existing staff (SpS).
- A patient attended hospital and had an enema prior to a sigmoidoscopy, only to be told he could not have the procedure that day due to the medication he had been taking. As a result of this this complaint, the medicines policy has been recirculated to all nursing staff on the ward in question to remind staff about allergies and medication that can prevent a procedure taking place (Surgery).
- In response to complaints about the main ENT reception area being closed when patients arrive for appointments, reception will now be covered during lunchtimes to ensure that patients can be booked in and directed to the correct waiting area (Surgery).
- Infant feeding coordinators at St Michael's Hospital are now reminded during staff updates about reiterating a tongue-tie diagnosis to new parents. This has also been incorporated into the launch of a training tool on this subject and in the infant feeding newsletter (W&C).
- Staff have been reminded via newsletter and training that Terbutaline should be used for its primary purpose, which is in the management of intra-uterine fetal resuscitation, and not for inhibiting normal labour contractions (W&C).

5. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. The team also recorded and acknowledged 58 compliments received during Q3 and shared these with the staff involved and their Divisional teams. This represents a 70% increase on compliments reported in Q2.

A total of 220 enquiries were received in Q3, an increase of 12.8% on the number received in Q2 and the latest in a consistent rise in numbers received each quarter for over a year. Table 25 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q3.

Table 25: Enquiries by category

Category	Enquiries in Q3 2018/19
Information about patient	70 (31.8% of total enquiries)
Hospital information request	38 (17.3%)
Medical records requested	22 (10%)
Appointment administration issues	21 (9.5%)
Clinical care	9 (4.1%)
Travel/transfer arrangements and transport	8 (3.6%)
Employment & Volunteering	6 (2.7%)
Clinical information request	5 (2.3%)
Signposting	4 (1.8%)
Bereavement/emotional support	3 (1.4%)

Most enquiries are assigned to a particular Division within the Trust; however some fall outside of these divisions. Table 26 below shows where each of the 220 enquiries is assigned.

Table 26: Enquiries by Division

Division/Area	Number of enquiries in Q3 2018/19	Number of enquiries in Q2 2018/19
Trust Services	51	38
Non-Divisional	48	56
Surgery	39	20
Specialised Services	25	24
Medicine	21	19
Women & Children	17	14
Other NHS Organisation	15	16
Diagnostics & Therapies	4	5
Non NHS	0	3
Total	220	195

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints team recorded 124 enquiries that did not proceed. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team is dealing with a steadily increasing volume of activity, with a total of 865 separate enquiries in Q3 2018/19, compared with

841 in Q2, 819 in Q1, 741 in Q4 and 710 in Q3. This equates to a 22% increase in enquiries compared with 12 months ago.

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

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

In Q3, 266 complaints were received in writing (234 by email and 32 letters/complaint forms) and 197 were received verbally (29 in person via drop-in service and 168 by telephone). Of the 463 complaints received in Q3, 99.6% (461 out of the 463 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This compares with 94.4% in Q2.

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

7. PHSO cases

During Q3, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in nine new complaints. During the same period, two existing cases remain ongoing. Three cases were closed during Q3: one was upheld and all recommendations have been complied with; one was partly upheld and all recommendations have been complied with; and one was closed by the PHSO without investigation or further action required.

Table 27: Complaints opened by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
15570	JT	JT	19/07/2018 [24/12/2018]	SBCH	Day Surgery/Endoscopy (SBCH)	Surgery
We were asked by the PHSO whether the Trust would be prepared to respond further to outstanding concerns from the complainant. We advised the PHSO on 03/01/2019 that the Division would be willing to do this. On 22/01/2019, the Division emailed the complainant with advice on how to pursue a legal claim against the Trust and that the PHSO could carry out an independent review of the complaint. They asked if the complainant had any further questions or concerns that we could help with, otherwise we would consider the meeting held in November 2018 to be the Trust's final response so that the complainant could explore these other options. Nothing further heard from the complainant or the PHSO at the time of writing this report.						
13910	DR	VH	13/04/2018 [04/12/2018]	StMH	Fetal Medicine Unit	Women & Children
PHSO asked on 04/12/2018 if the Trust had exhausted final resolution. We responded on 13/12/2018 to advise that we considered we had sent our final response to the complainant and felt						

there was nothing further that we could add. At the time of writing this report, we have not heard anything further from the PHSO or the complainant.						
13638	SC	LC	28/03/2018 [12/11/2018]	StMH	Central Delivery Suite	Women & Children
The PHSO contacted us on 12/11/2018 to ask for copies of the complaint file and medical records so they could consider whether they were going to investigate this complaint further. The medical records were sent to the PHSO on 23/11/2018 and a copy of the complaint file on 29/11/2018. On 05/02/2019, the PHSO contacted us to ask if some telephone conversations with the patient were recorded, which the Division are currently checking.						
11659	JH	AH	06/12/2017 [14/11/2018]	BRI	Upper GI	Surgery
Initial contact from the PHSO was just an information request in respect of a complaint made by the patient's family to Weston General Hospital. This information was provided to them promptly. The PHSO then came back to us in January 2019 to advise that, following their initial enquiries, it would appear that UH Bristol never had an opportunity to respond to the concerns raised by the patient's family. The patient's widow was prepared to allow us to respond and a formal investigation is now underway. The PHSO have confirmed that they will take no further action at this point.						
11619	SQ		01/12/2017 [05/10/2018]	StMH	Ward 78 - Gynaecology	Women & Children
PHSO contacted us on 05/10/2018 to request a copy of the patient's medical records and a copy of the referral letter from their GP. These records were sent to the PHSO on 07/11/2018 and we have not heard anything further from the PHSO at the time of writing this report.						
11557	LG	BG	29/11/2017 [31/10/2018]	BRI	Ward A400 - OPAU	Medicine
The PHSO contacted us on 31/10/2018 requesting a copy of the complaint file and medical records. These were sent to the PHSO on 07/11/2018 and we have not heard anything from them since then.						
11011	KS		02/11/2017 [14/11/2018]	StMH	Gynaecology Outpatients	Women & Children
On 14/11/2018, the PHSO contacted us to ask for a copy of the complaint file and some documents relating to the patient's care. These were sent to the PHSO on 23/11/2018. On 11/01/2019, the PHSO requested some further documentation and this was sent to them on 18/01/2019. We are currently awaiting further contact from the PHSO.						
4256	MM	JM	28/10/2016 [04/10/2018]	BRI	Thoracic Surgery	Surgery
The PHSO contacted us on 04/10/2018 to advise that they were investigating all aspects of this patient's care and treatment relating to a procedure on 19/10/2016. We sent them a copy of the complaint file and the appropriate medical records on 16/10/2018 and some further medical records on 11/12/2018. The PHSO contacted us again on 25/01/2019 to ask some further questions and these were addressed and additional documentation sent to them on 04/02/2019. We are currently awaiting further contact from the PHSO.						
830	SR	AW	14/03/2016 [18/10/2018]	BEH	BEH Outpatients	Surgery
PHSO contacted us on 18/10/2018 to advise that they were investigating this complaint and to request copies of the complaint file and clinic letters. They also asked why it had taken the Trust so long to arrange a local resolution meeting with the complainant and her advocate. This information was sent to the PHSO, including evidence to show that any delays arranging the meeting were due to the complainant's availability. The PHSO confirmed on 30/10/2018 that they would not be taking the case any further and that they were closing their file.						

Table 28: Complaints ongoing with the PHSO during Q2

Case Number	Complainant (patient)	On behalf of (patient)	Date complaint	Site	Department	Division
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	unless stated)		received by Trust [and date notified by PHSO]			
13256	MR	WR	05/03/2018 [29/09/2018]	BRI	Ward A400 - OPAU	Medicine
This case was closed by the PHSO in September 2018 as the family wished to seek compensation via the legal route. However, they were unable to secure the services of a solicitor and returned to the PHSO, who contacted us on 30/01/2019 to request further information and documentation. This was sent to the PHSO on 01/02/2019 and the medical records were sent to them on 05/02/2019. We are currently awaiting the outcome of their investigation.						
10267	SL		20/09/2017 [02/07/2018]	SBCH	Radiology (SBCH)	D&T
PHSO originally contacted us on July 2018 to ask whether we would consider financial remedy. This was declined at the time as there was no evidence of wrong-doing and the Trust had already take appropriate steps to rectify any issues that arose as a result of the complaint. On 15/10/2018, the PHSO advised they were investigating the complaint and requesting the complaint file and medical records, which were sent to them 30/10/2018. We are currently awaiting further contact from the PHSO.						
9403	LD	DM	03/08/2017 [07/09/2018]	BHOC	Ward D703 - Haematology	Specialised Services
We were contacted by the PHSO on 23/01/2019, requesting a copy of the complaint file. This was sent to them on 01/02/2019 and we are currently waiting to hear further from them.						
8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Copies of all correspondence sent to PHSO in August 2018. We were then given an opportunity to respond to the patient's outstanding concerns, which we did in October 2018. However, the patient remained unhappy and the PHSO advised us on 19/12/2018 of the scope of their investigation and asked whether we wished to make any further comment at this stage. The Division confirmed they had no comments to make and this was confirmed to the PHSO on 06/02/2019. At this time, we also advised the PHSO that we would not be able to share a copy of their letter with two members of staff involved in this case as they had both now left the Trust. We are now awaiting further contact from the PHSO.						
5774	JB	JB	24/01/2017 [05/07/2018]	BRI	Dermatology	Medicine
Complaint led by Weston Area Health Authority. PHSO requested copy of patient's medical records from UH Bristol; these were sent on 19/07/2018. Further records were then requested and sent to the PHSO on 06/09/2018. We have not heard anything from the PHSO since September 2018.						
3937	TR	PP	10/10/2016 [14/09/2018]	BRI	Upper GI	Surgery
The PHSO advised us on 18/01/2019 that they had completed their assessment and would be taking no further action in respect of this complaint. Case ongoing during Q3 – to be included in closed cases in Q4.						
1161	AB		07/04/2016 [06/09/2018]	BHI	Ward C708 – Cardiac Surgery	Specialised Services
The PHSO advised us on 17/01/2019 that they had closed this case and would be taking no further action in respect of this complaint. Case ongoing during Q3 – to be included in closed cases in Q4.						

Table 29: Complaints formally closed by with the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
10655	JB/SB	JB	13/10/2017 [24/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
A copy of all complaints correspondence and a timeline of the complaint were sent to the PHSO on 17/10/2018. The PHSO confirmed on 31/10/2018 that they did not intend to investigate because they consider the Trust had already taken steps to put things right and that no further action is needed.						
3016	SR	DR	10/03/2015 [02/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
We had not heard anything from the PHSO since sending them requested documentation in August 2018, despite chasing them several times for updates. We therefore closed the case in November 2018 and can re-open it if the PHSO get back in touch.						

8. Complaint Survey

Since February 2017, the Patient Support & Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. The survey responses are now monitored on a regular basis in order that improvements can be made to the way that the Patient Support & Complaints team work as a direct result of the responses received.

Table 30 below shows data from the 42 responses received during Q3, compared with those received in previous quarters. Feedback improved in a number of areas in Q3, including respondents who confirmed that they found out how to make a complaint by seeing one of our posters or leaflets and respondents who recalled that we had advised them about the availability of advocacy services. One question that scored particularly highly was the number of respondents who said they were treated with dignity and respect by the Patient Support & Complaints Team – 97.5% - which is the highest score recorded for this indicator since the survey commenced.

It is disappointing however that the number of complainants taking up the option of a complaint resolution meeting remains low, although there was an improvement on the previous quarter. This could also be affected by the number of complaints being involved via the informal complaints process, which are mainly resolved by way of a telephone call.

All complainants are provided with a deadline by which they will receive a response to their complaint. This is evidenced on the Datix record of each complaint, which shows that the Patient Support & Complaints Team caseworker has either advised them of the deadline on the telephone (for informal complaints) or by email and/or letter for formal complaints. It is therefore disappointing to see that only 67.5% of respondents could recall having a deadline confirmed to them.

Further work is required from the Patient Support & Complaints Team, and from the Divisions, in respect of reassuring complainants that things will change as a result of their complaint, keeping them up to date during the investigation into their complaint and addressing all of the issues raised in the complaint.

Table 30: Complaints Survey Data

Survey Measure/Question	Q3 2018/19	Q2 2018/19	Q1 2018/19	Q4 2017/18
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	67.5% ↓	78.8%	68.2%	66.7%
Respondents who felt that the Trust would do things differently as a result of their complaint.	15.8% ↓	22.4%	11.1%	22.2%
Respondents who found out how to make a complaint from one of our leaflets or posters.	15.8% ↑	9%	7.5%	10.3%
Respondents who confirmed we had told them about independent advocacy services.	46.2% ↑	32.8%	33.3%	35.7%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	65% ↓	69.6%	66.7%	72.4%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	63.4% ↓	69.1%	64.5%	57.2%
Respondents who said they did not receive their response within the agreed timescale.	17.5% ↑	16.4%	18.6%	33.3%
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	97.5% ↑	81.8%	95.5%	92.9%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	80.5% ↓	81.4%	84.5%	71.5%
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	20% ↓	29.9%	31.8%	33.3%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	2.9% ↑	1.6%	2.3%	0%
Respondents who said that our response addressed all of the issues that they had raised.	57.9% ↑	57.1%	60%	50%