

# Complaints Report

**Quarter 3, 2018/2019**

(1 October 2018 to 31 December 2018)

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### 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"> <li>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.</li> <li>Complaints about Trauma and Orthopaedics and Bristol Dental Hospital both continued to fall (6 and 30 respectively in Q3), following previous reductions in Q2.</li> <li>Complaints about Adult Restorative Dentistry and Bristol Haematology and Oncology Centre also fell (9 and 17 respectively in Q3).</li> <li>In Q3, significantly fewer complaints were received about St Michael’s Hospital than in Q2 (20 compared with 37).</li> <li>Examples of specific service improvements made in response to complaints in Q3 can be found in section 4 of this report.</li> <li>In December, 91% of formal complaints were responded to within the timescale agreed with the complainant (best since December 2016).</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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).</li> <li>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.</li> </ul>

## 1. Complaints performance – Trust overview

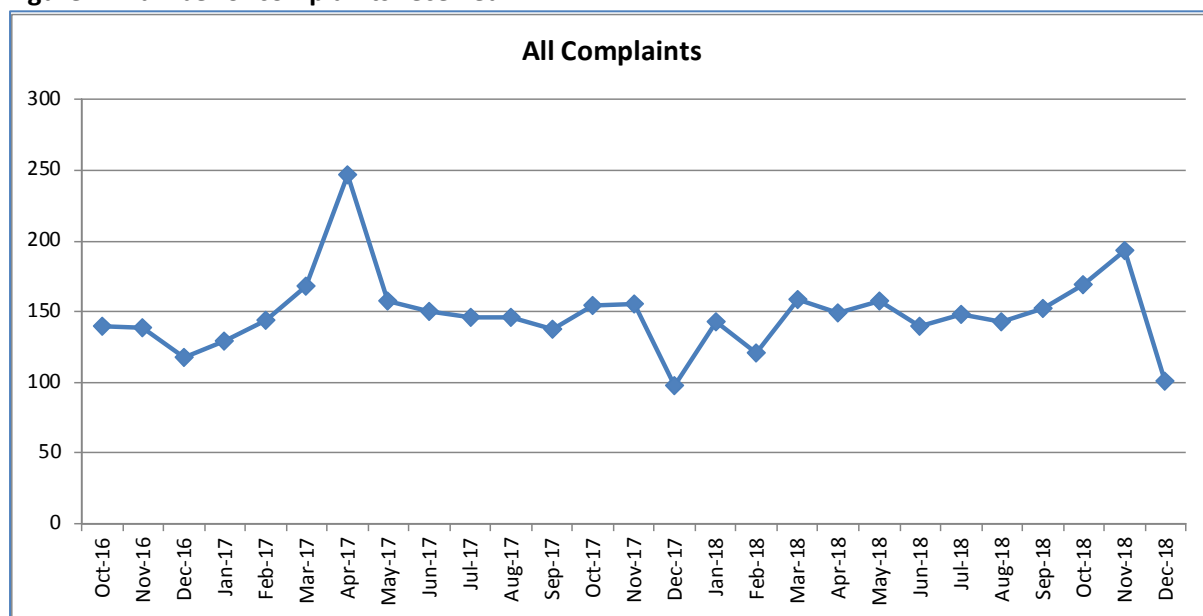
The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

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

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



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

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

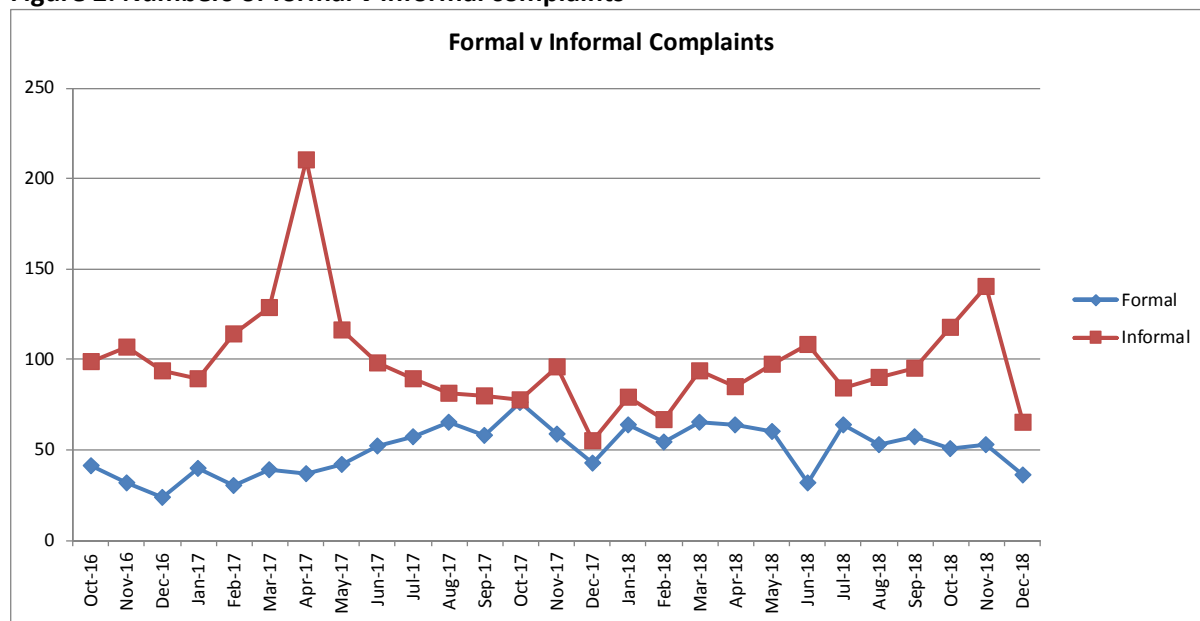


Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. It is encouraging to see that we are consistently dealing with a higher proportion of complaints via the informal process, as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

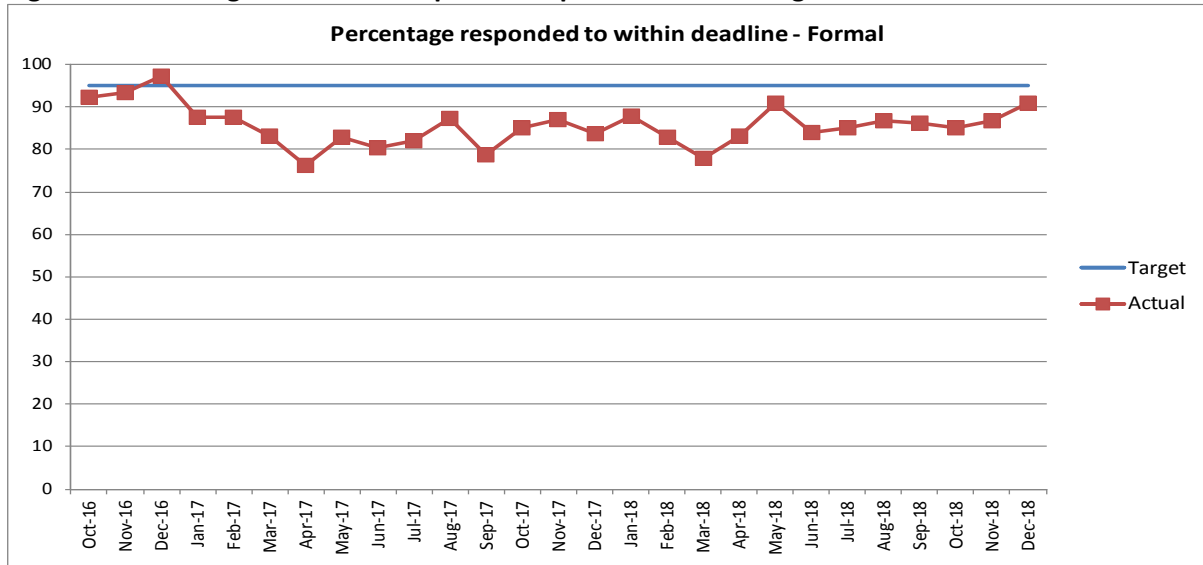
### 1.2.1 Formal Investigations

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 quarter<sup>2</sup>. 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.

<sup>2</sup> 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**

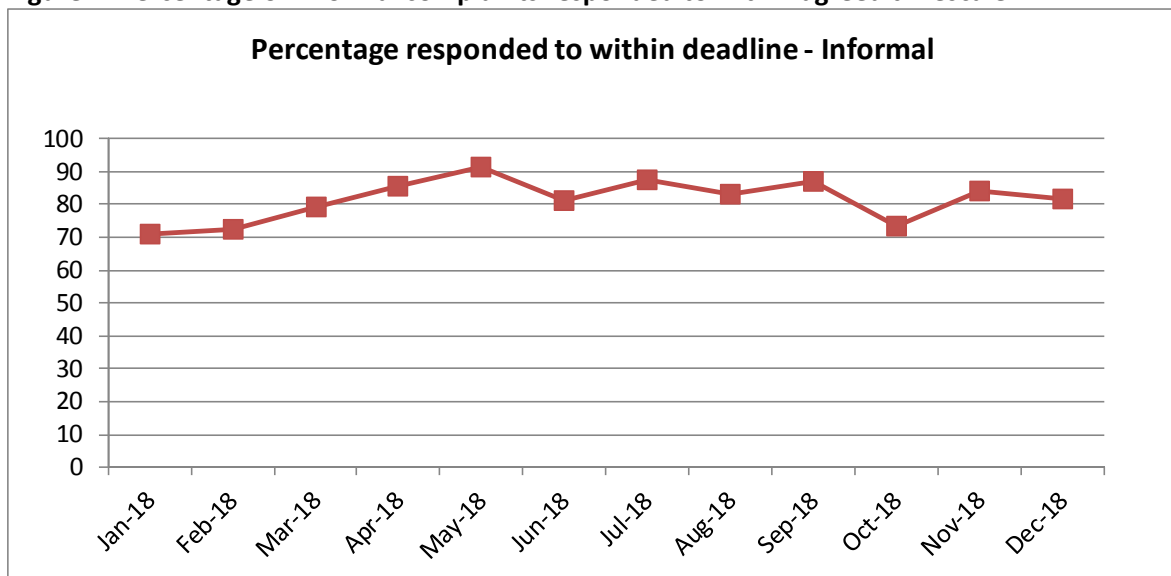


### 1.2.2 Informal Investigations

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.

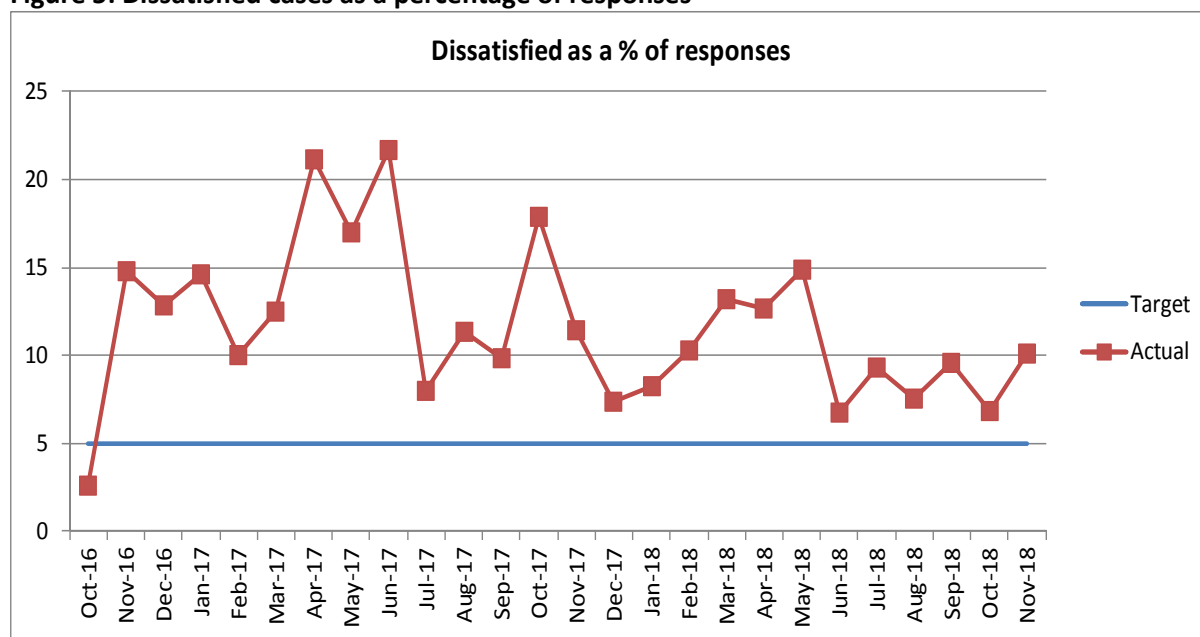
In Q3 2018/19, by the cut-off point of mid-February 2019 (the point at which dissatisfied data for Q3 was confirmed for board reporting), 15 complainants who received a first response from the Trust in October and November 2018, had contacted us to say they were dissatisfied. This represents 8.7% of 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%) ↑
<b>Total</b>	<b>463</b>	<b>443</b>

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the ten most consistently reported sub-categories, which together accounted for 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**

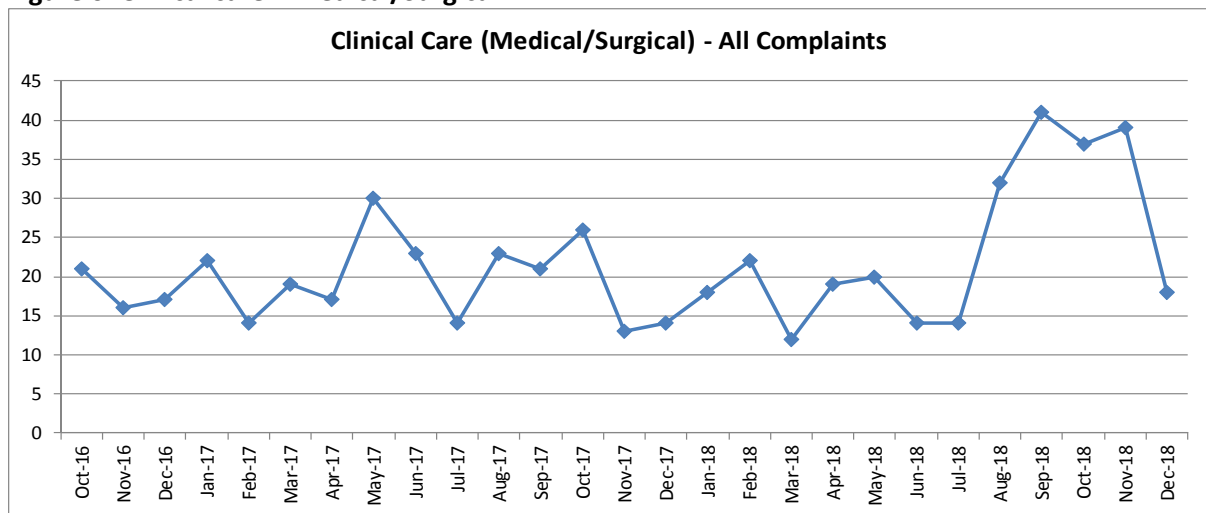
Sub-category	Number of complaints received in Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)	Q4 (2017/18)
Clinical care (Medical/Surgical)	94 (8% increase compared to Q2) ↑	87	53	52
Cancelled/delayed appointments and operations	82 (18.8% increase) ↑	69	96	73
Car Parking	46 (187.5% increase)	16	7	4
Appointment 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’.

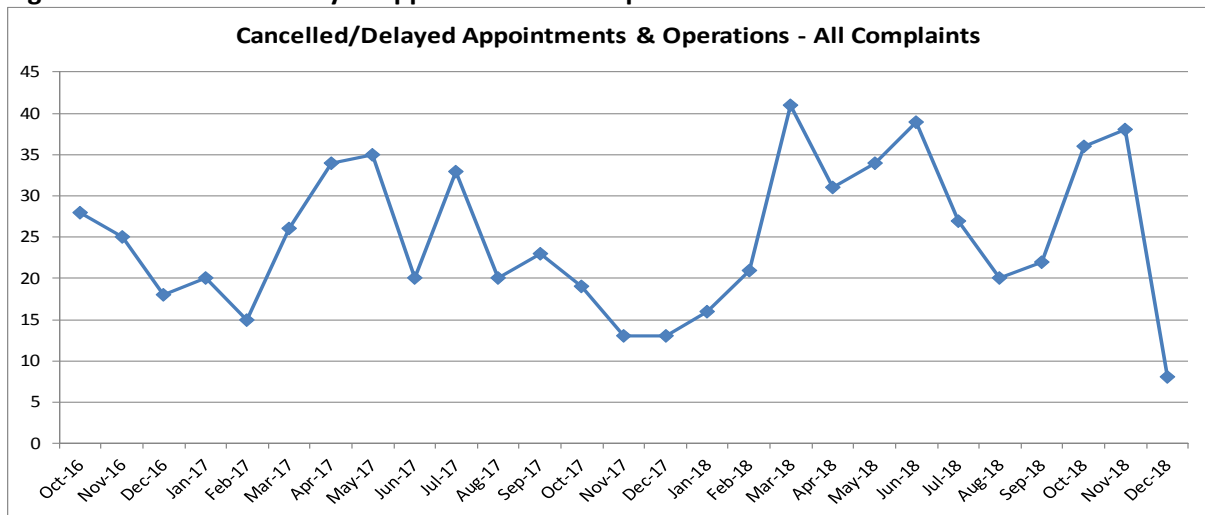
Figures 6-9 (below) show the longer term pattern of complaints received since October 2016 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows a reduction towards the end of the year in complaints about clinical care (medical/surgical), although there was an overall reduction 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**

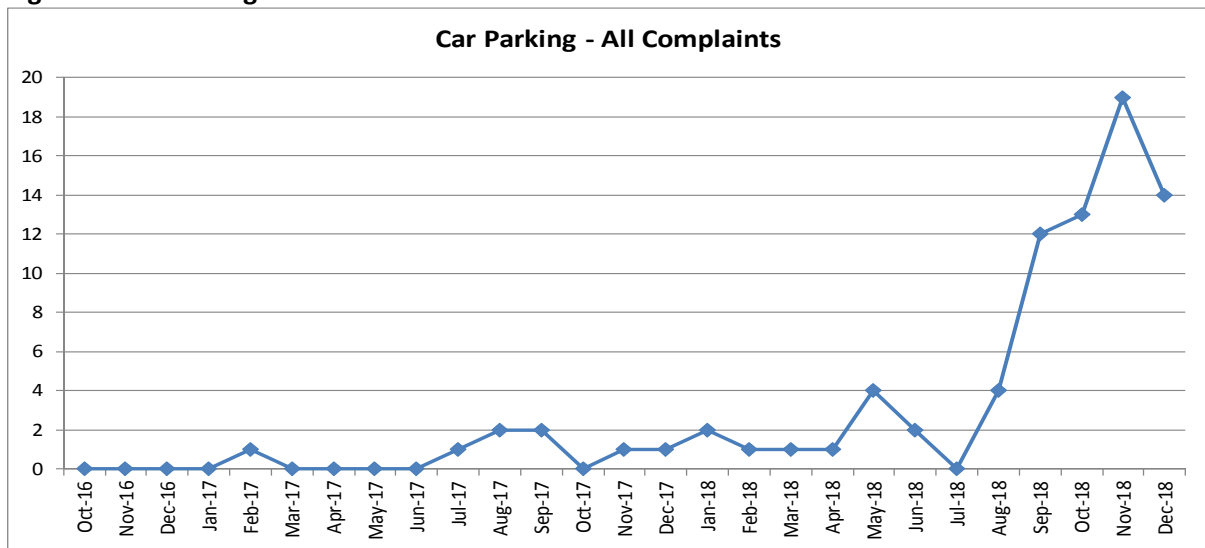




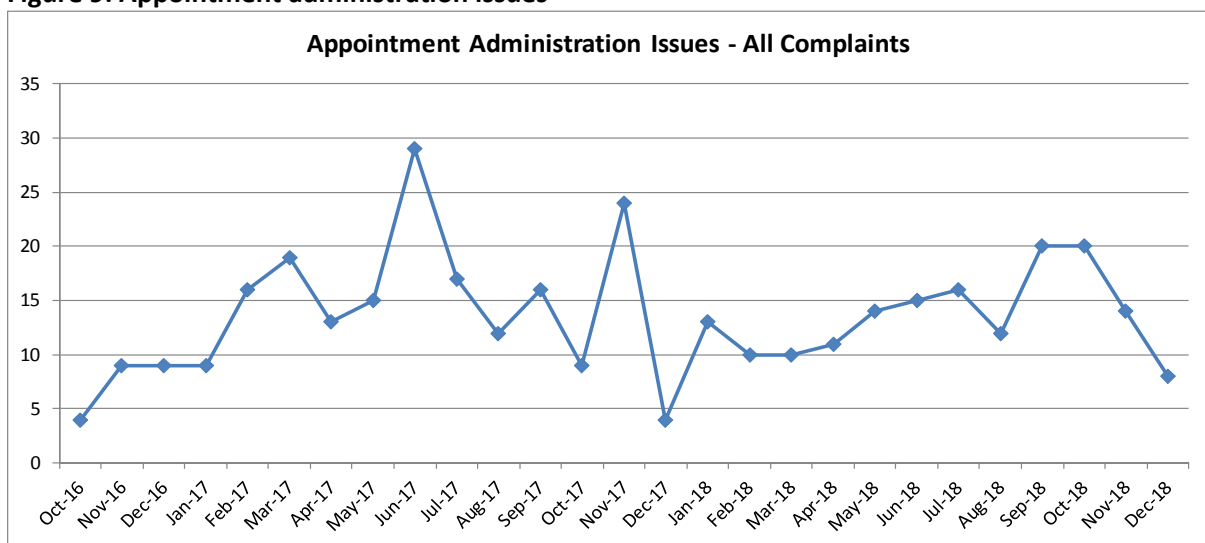
**Figure 7: Cancelled or delayed appointments and operations**



**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.

<b>Table 3</b>	<b>Surgery</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women &amp; Children</b>	<b>Diagnostics &amp; Therapies</b>
Total number of complaints received	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)	<b>BRHC (all) – 53 (45)</b> Paediatric Neurology & Neurosurgical – 7 (7) Children’s ED (E308) – 6 (5) Paediatric Orthopaedics – 5 (3) ENT (BRHC) – 4 (0)  <b>StMH (all) – 20 (37)</b> 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%) ↑
<b>Total</b>	<b>138</b>	<b>140</b>

**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**

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

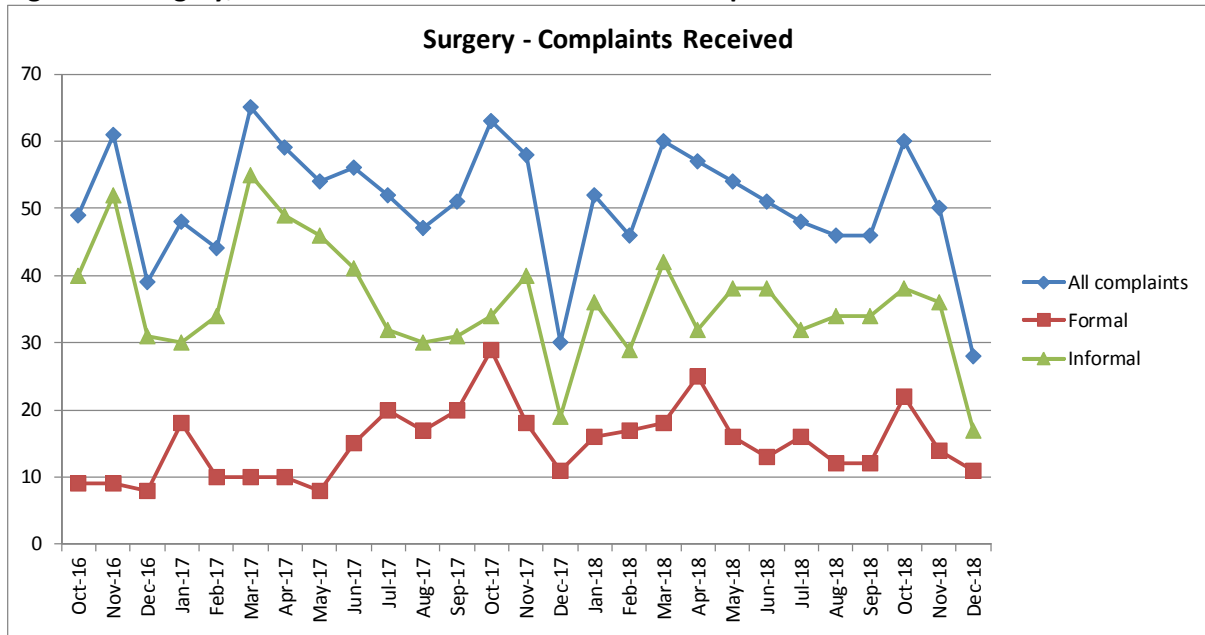
**Current divisional priorities for improving how complaints are handled and resolved**

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

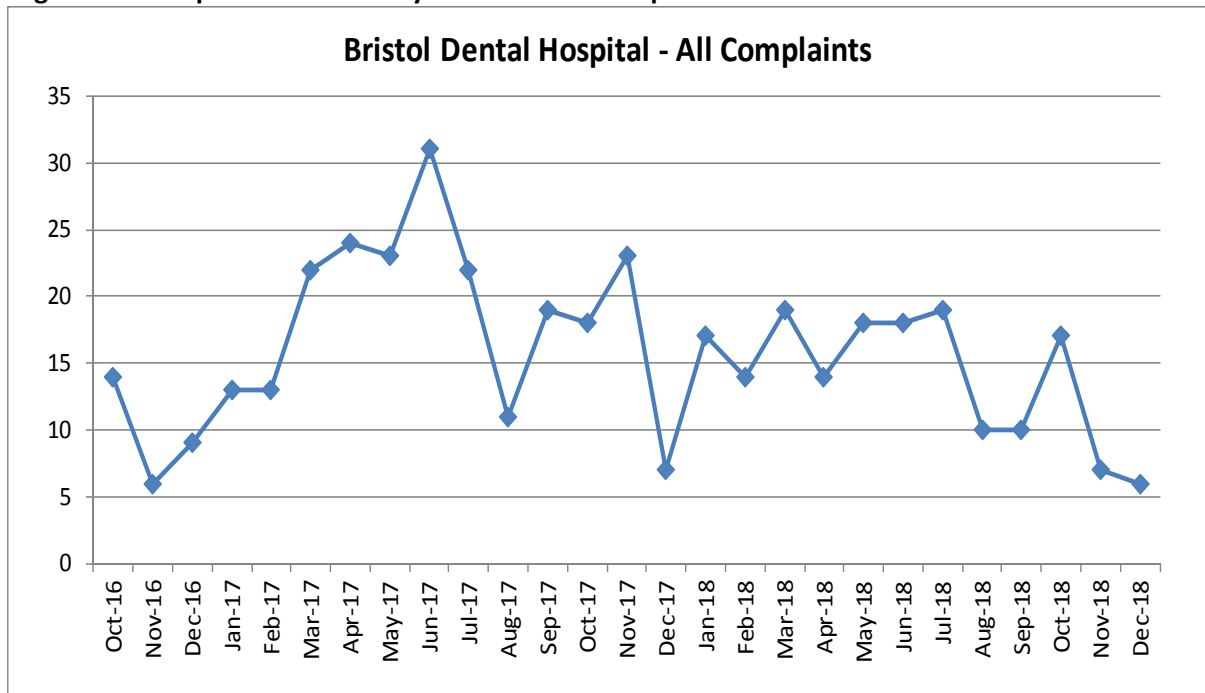
**Priority issues we are seeking to address based on learning from complaints**

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

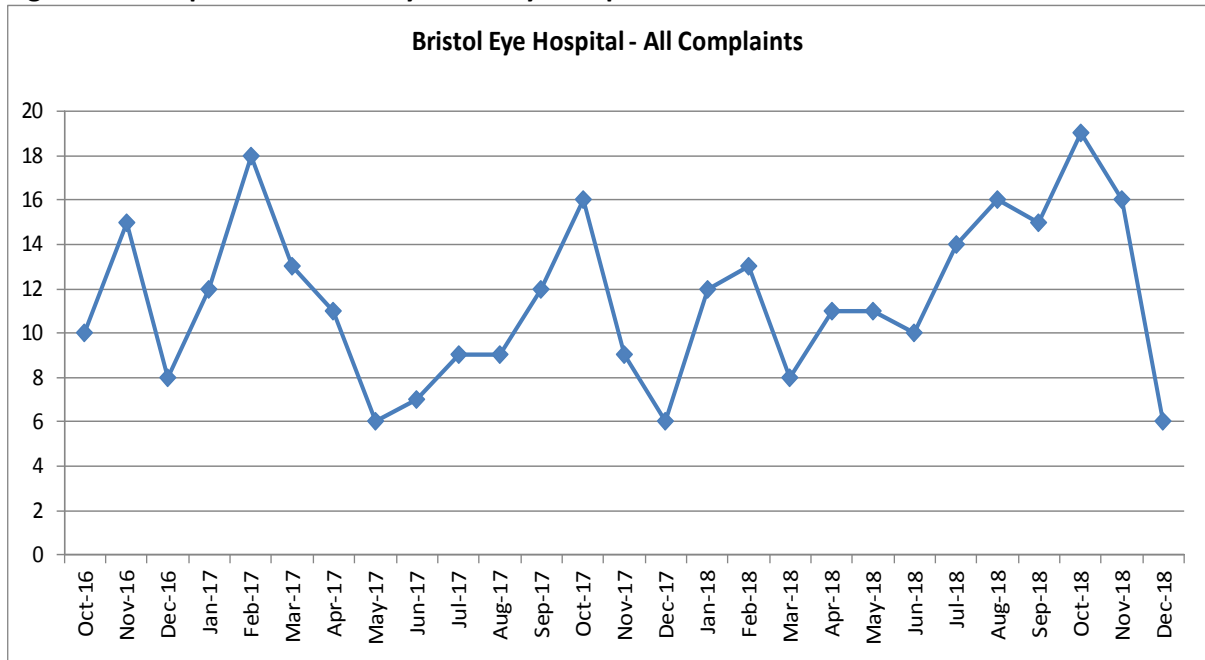
**Figure 10: Surgery, Head & Neck – formal and informal complaints received**



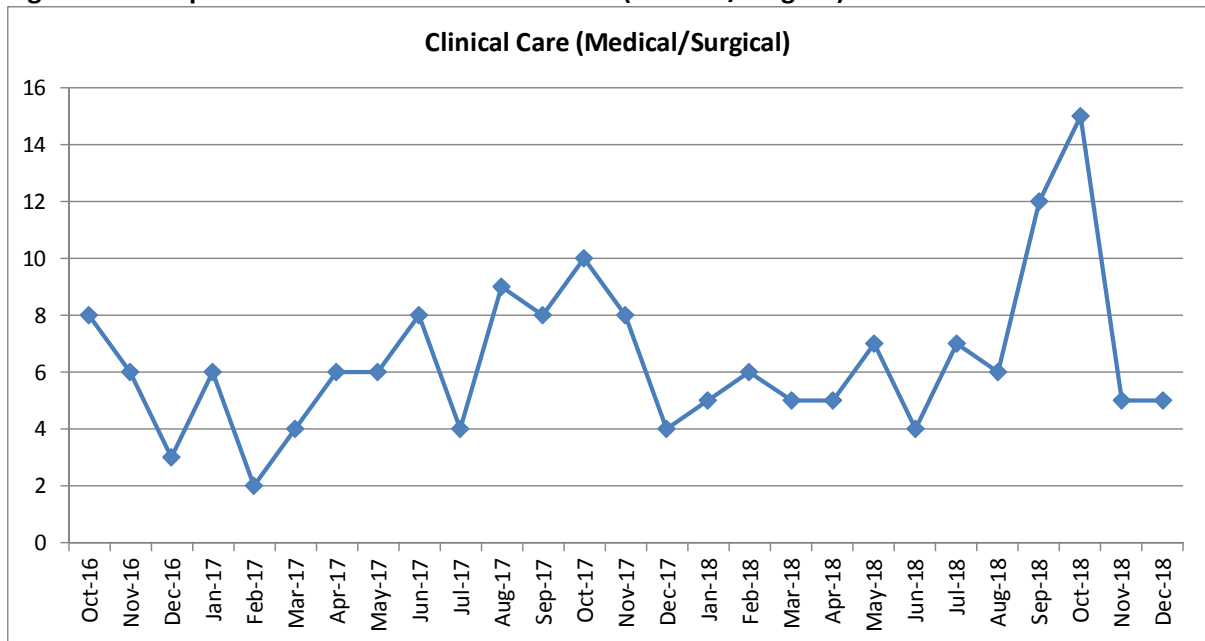
**Figure 11: Complaints received by Bristol Dental Hospital**



**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%) ↑
<b>Total</b>	<b>92</b>	<b>94</b>

**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&amp;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:

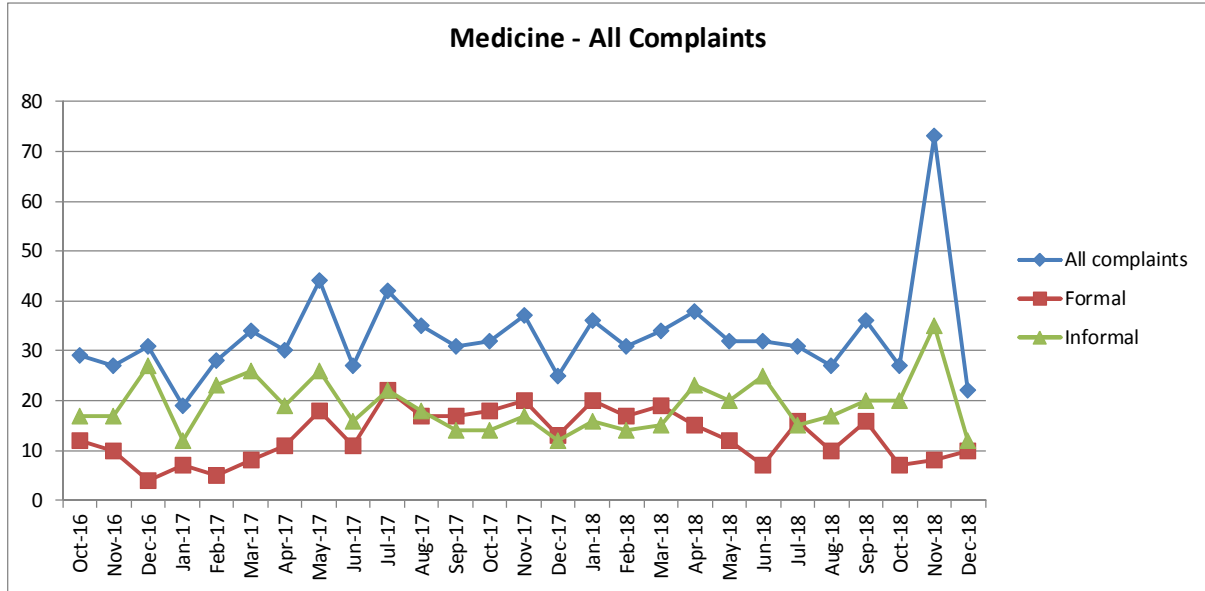
- More verbal conversations (telephone communication) providing a more personal voice to a complaint, rather than a letter that could be impersonal.
- Offering to discuss any specific issues/actions during face to face meetings.

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

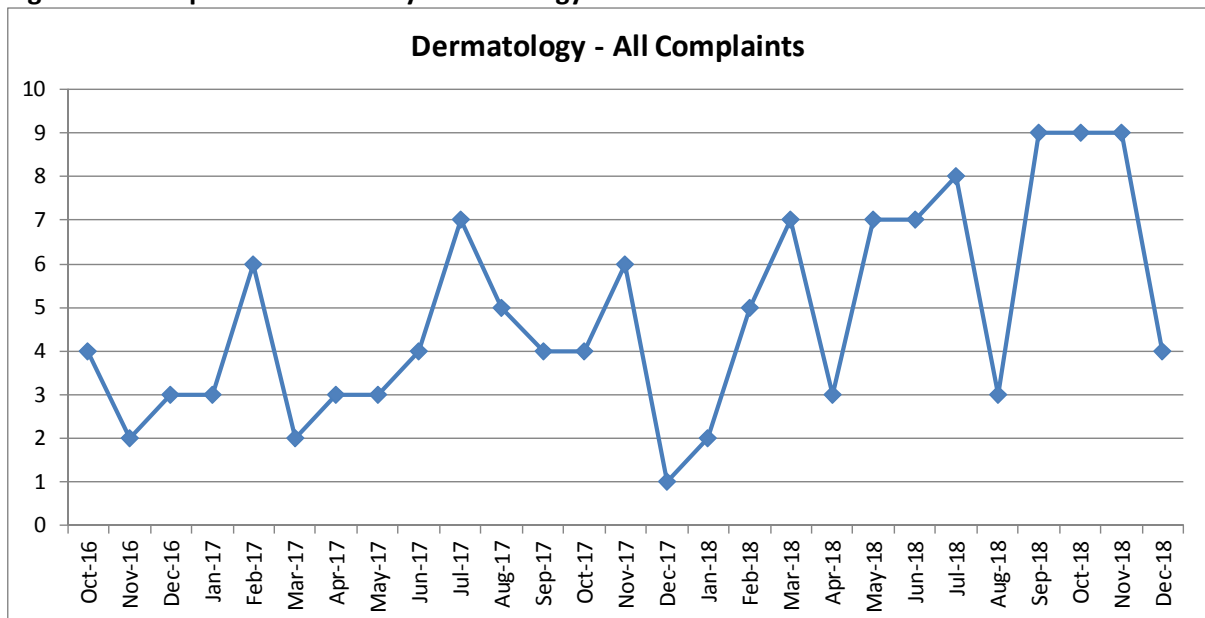
- More frontline staff seeking customer services training (see Unity comments above).
- More frontline staff being advised/supported in how to deal with complaints so they individually understand the impact of the complaint, rather than being managed "remotely" by their manager.

- 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.

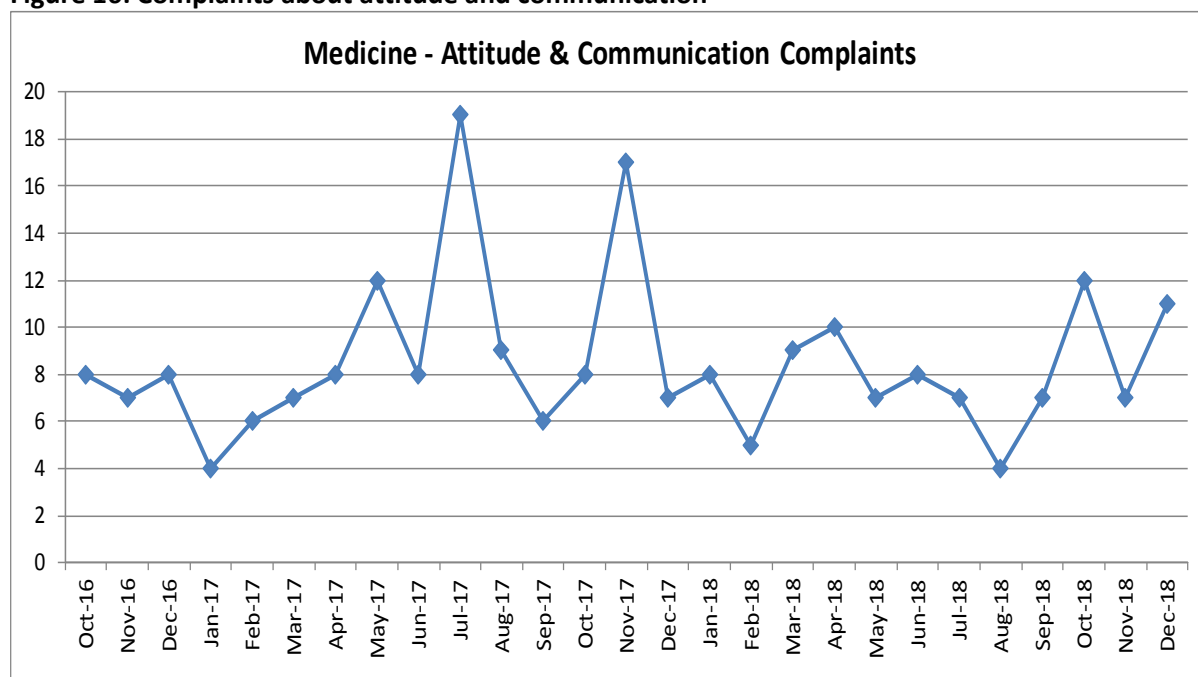
**Figure 14: Medicine – formal and informal complaints received**



**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%) =
<b>Total</b>	<b>59</b>	<b>71</b>

**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><b>Summary:</b> 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><b>Appointments and Admissions</b> Procedure cancelled twice due to being a complex case requiring two operators.</p> <p><b>Clinical Care</b> 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><b>Clinical Care</b> Complainant felt they were left with unanswered questions surrounding discharge.</p> <p><b>Clinical Care</b> Concerns around quality of information at point of discharge and then unable to contact teams on numbers given.</p> <p><b>Attitude and Communication</b> This complaints raised concerns around needing to chase a pacing appointment.</p>	<p><b>Common themes:</b></p> <ul style="list-style-type: none"> <li>- Cancellations</li> <li>- Discharge information</li> <li>- Pacing pathway</li> </ul> <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><b>Bed manager/Duty Matron</b> Discussion to take place around the following:</p> <ul style="list-style-type: none"> <li>- Process for cancellation.</li> <li>- Standard information for the cancellation using an SBAR (Situation, Background, Assessment, Recommendation) approach.</li> <li>- The importance of asking the</li> </ul>

	<p><b>Clinical Care (ongoing investigation)</b> 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"> <li>- Process for keeping patients updated, explaining clearly why delays have happened and apologizing for them.</li> </ul> <p><b>Divisional Discharge Group</b> 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"> <li>- To remind all clinical areas to check discharge arrangements.</li> <li>- Ensure correct documentation is issued at point of discharge, i.e. discharge summaries, information leaflets of which are fit for purpose.</li> <li>- Ensure that follow-up arrangements have been made and are clearly communicated.</li> </ul>
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**Current divisional priorities for improving how complaints are handled and resolved:**

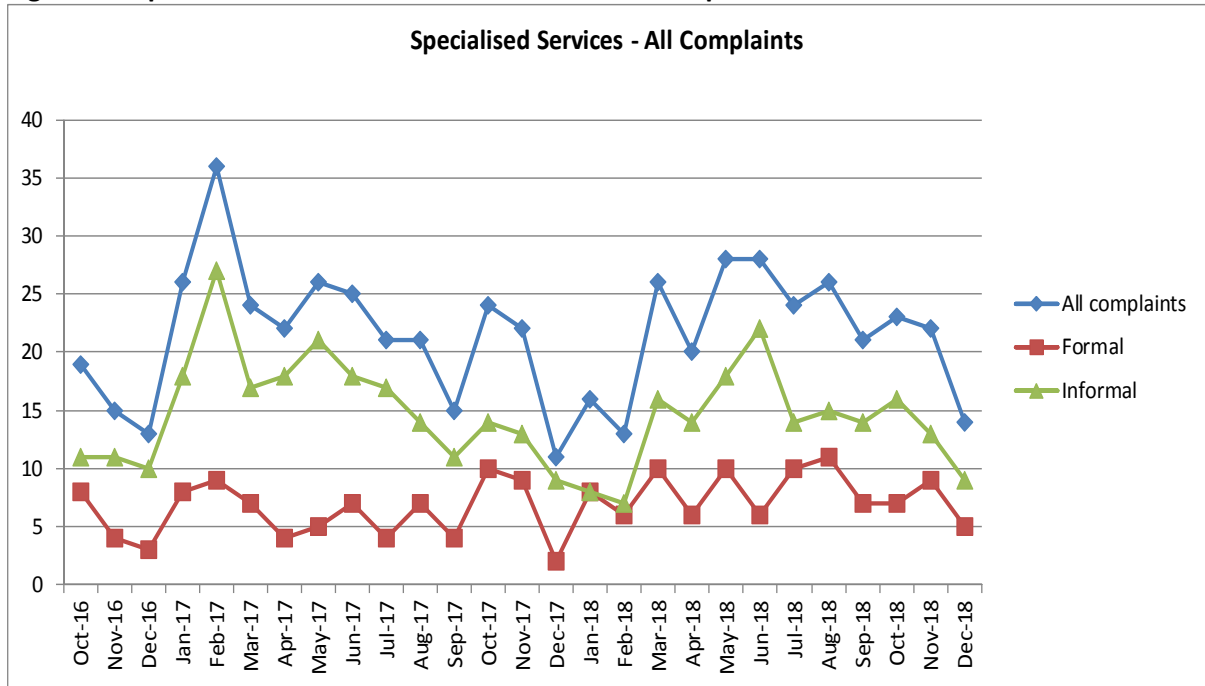
The Division is encouraged by the overall reduction in complaints but will continue to ensure the following:

- 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.

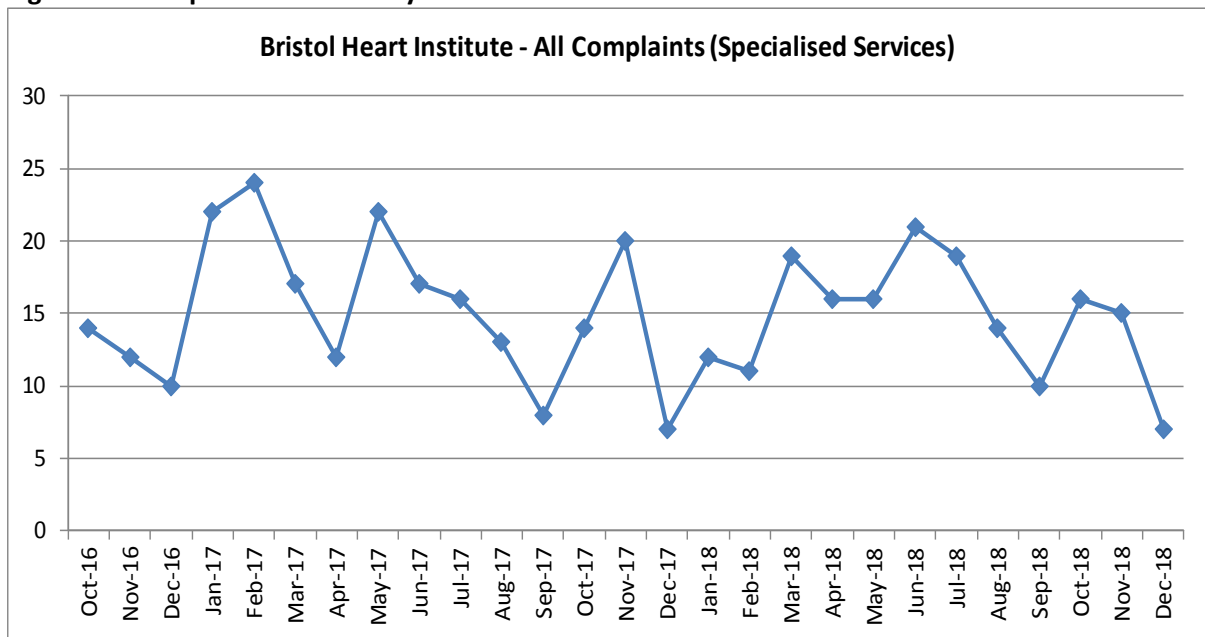
**Priority issues we are seeking to address based on learning from complaints.**

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.

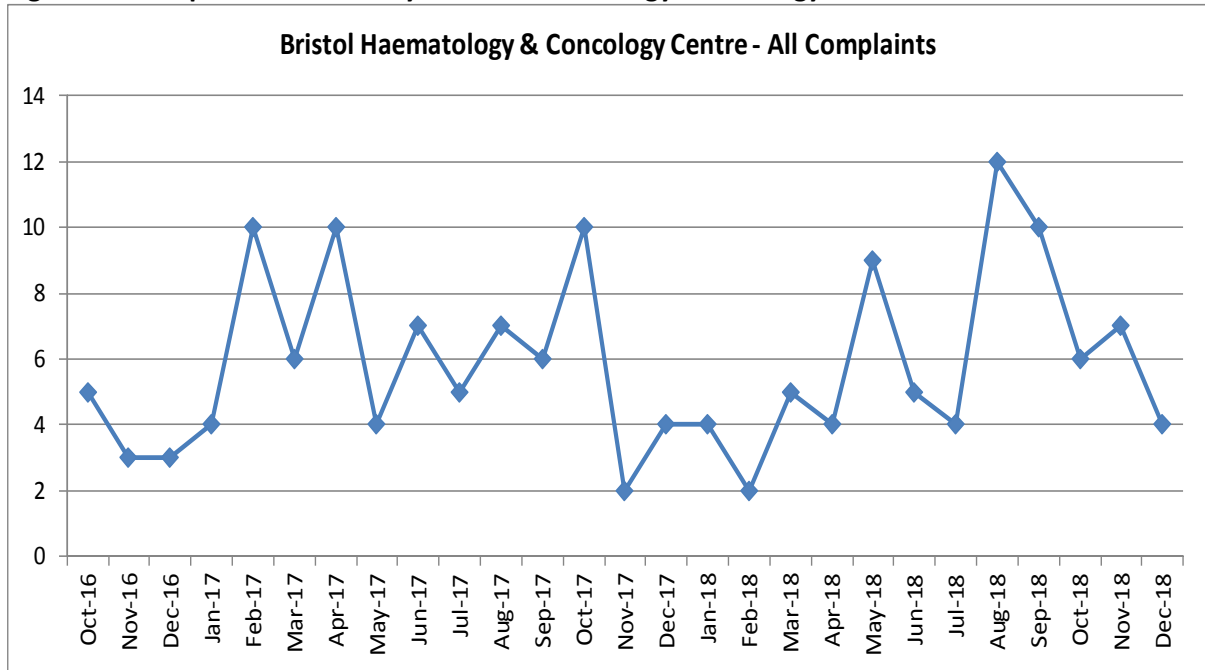
**Figure 17: Specialised Services – formal and informal complaints received**



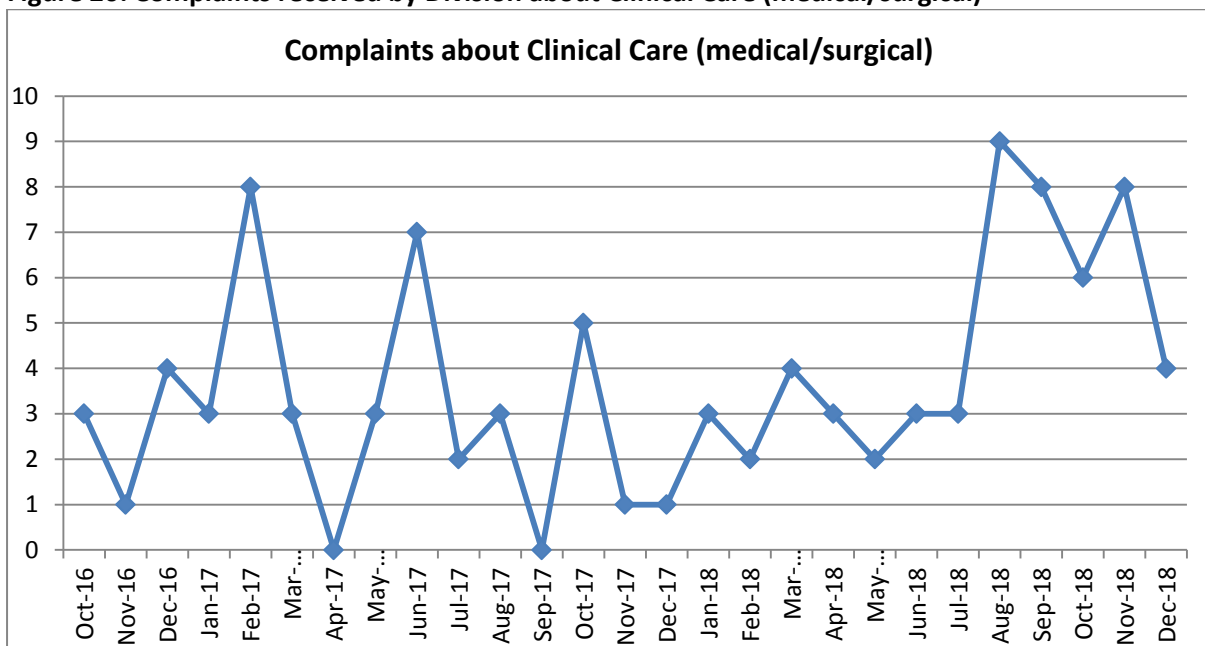
**Figure 18: Complaints received by Bristol Heart Institute**



**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%) =
<b>Total</b>	<b>74</b>	<b>83</b>

**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
<p><b>BRHC</b> 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.</p>	<p><b>BRHC</b> 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.</p> <p>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.</p> <p>The final complaint was about a delay in accessing an MRI scan, which was subsequently arranged and reviewed by the ENT team.</p>	<p><b>BRHC</b> 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.</p> <p>No actions were necessary in respect of the other three complaints, which were quickly resolved to the satisfaction of the complainants.</p>

**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**

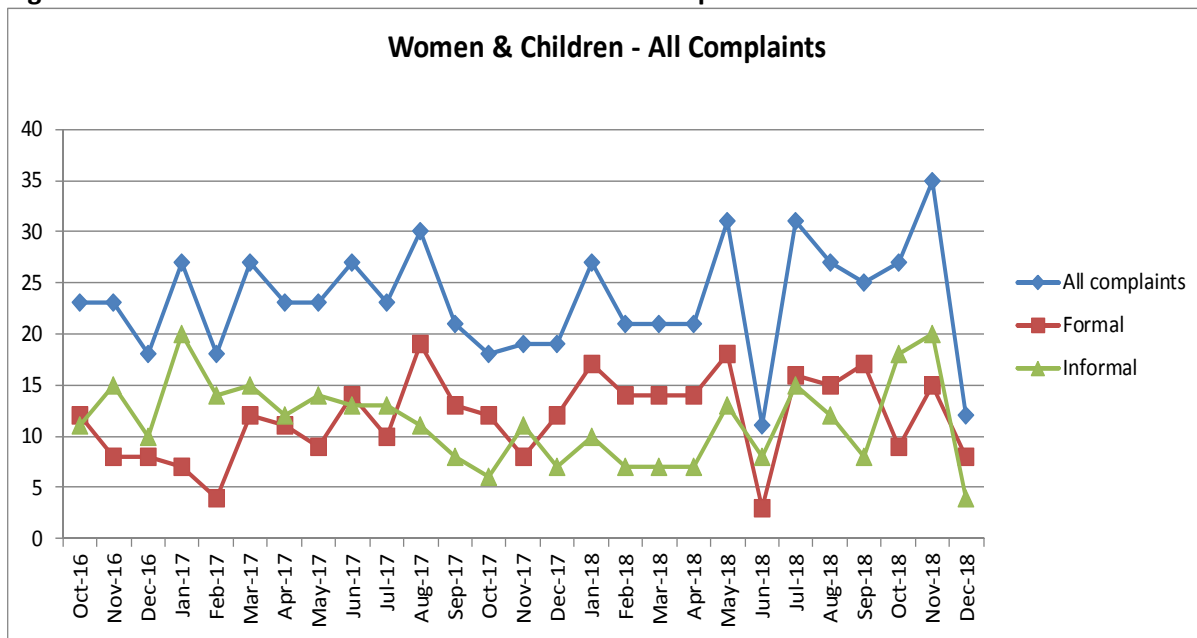
Women’s services are trying to ensure that women understand their birth experience better and are working with the Local Maternity System (LMS) to try to find a way for women who require it, to receive a debrief or be given the opportunity to go through their labour notes. This is because a lot of complaints 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.

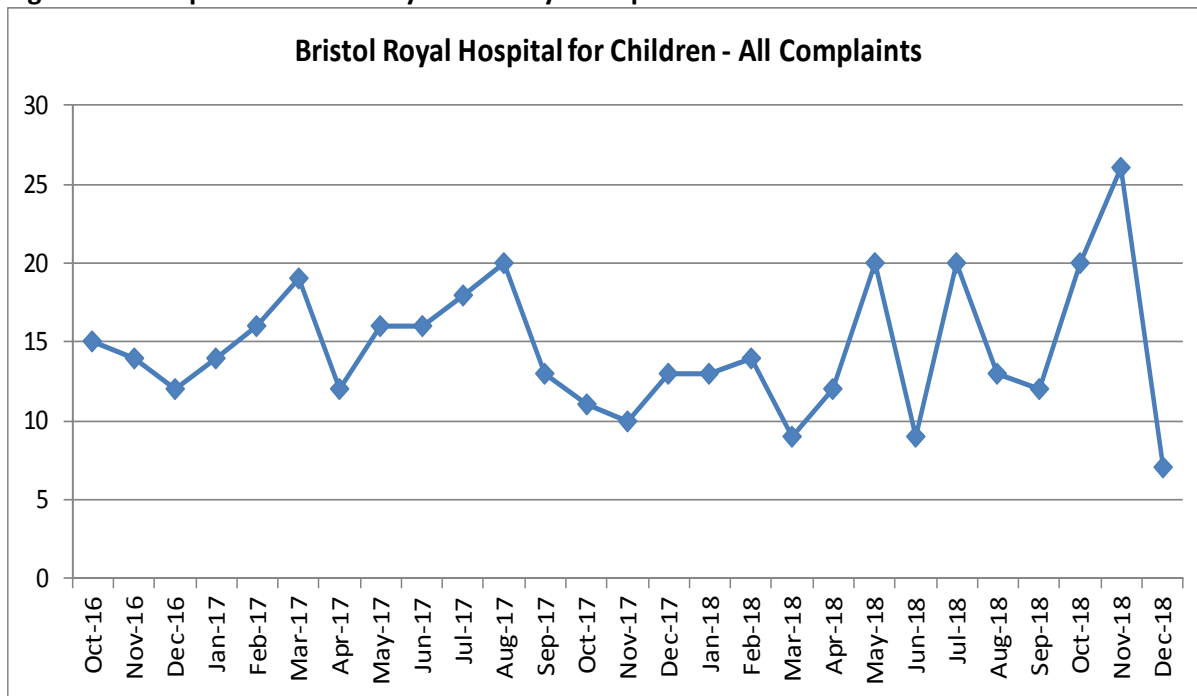
**BRHC**

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.

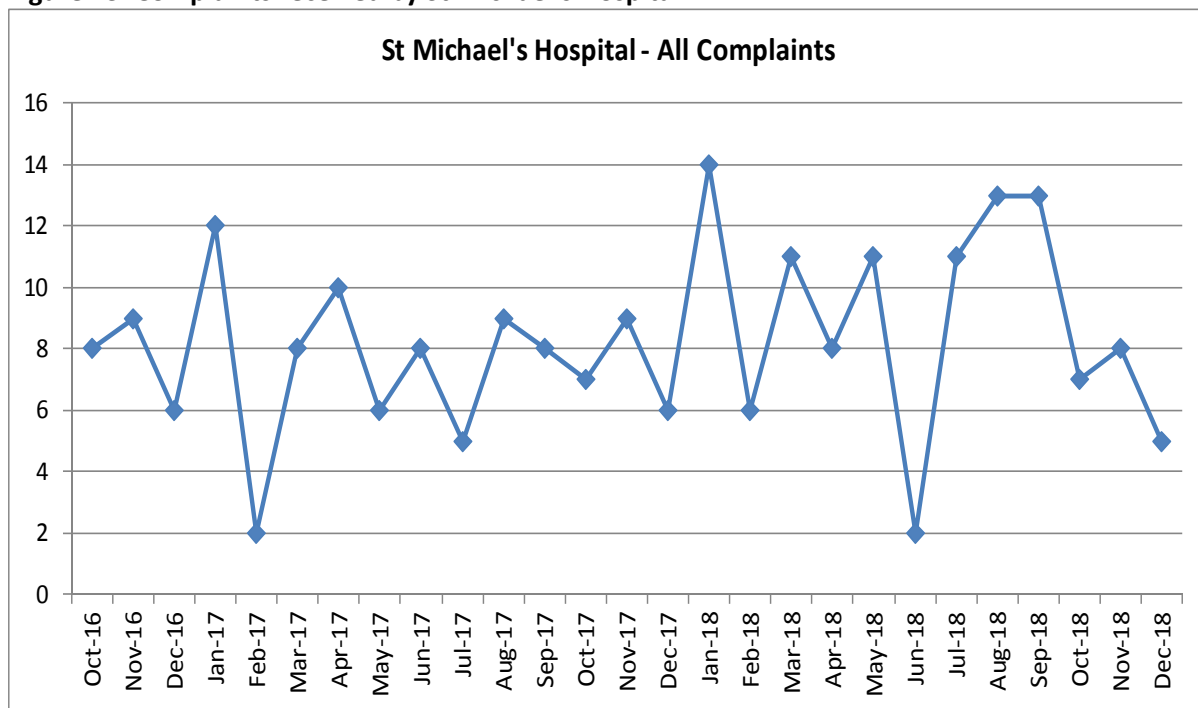
**Figure 21: Women & Children – formal and informal complaints received**



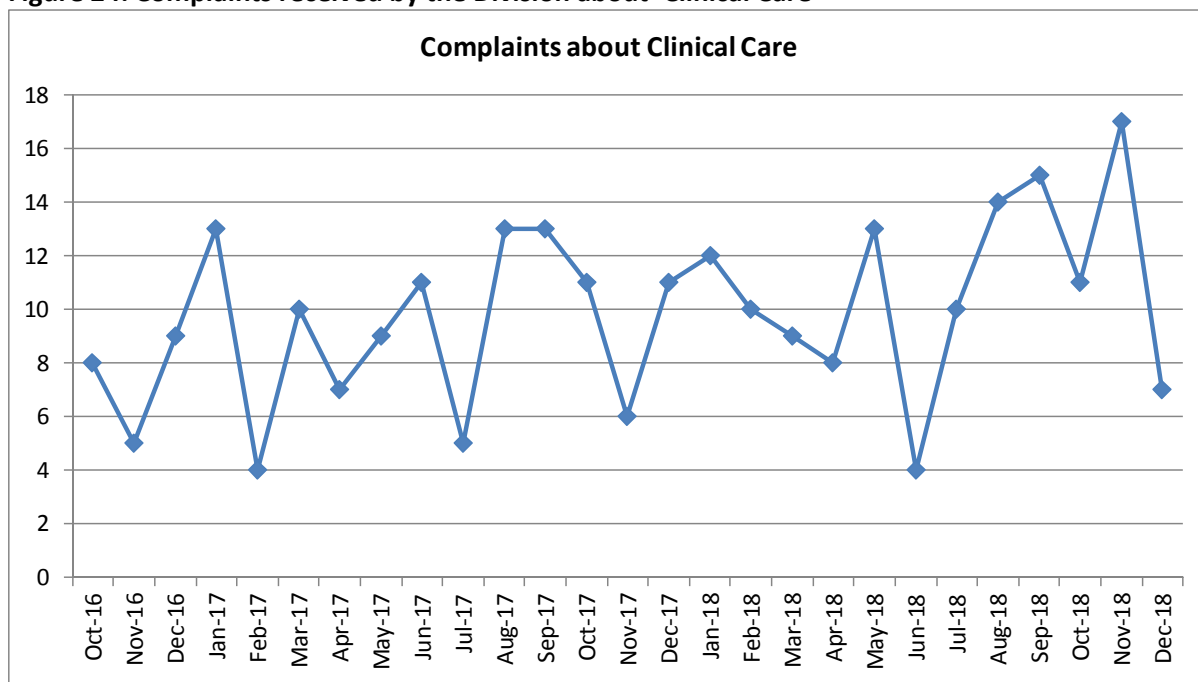
**Figure 22: Complaints received by Bristol Royal Hospital for Children**



**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%) =
<b>Total</b>	<b>19</b>	<b>19</b>

**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:**

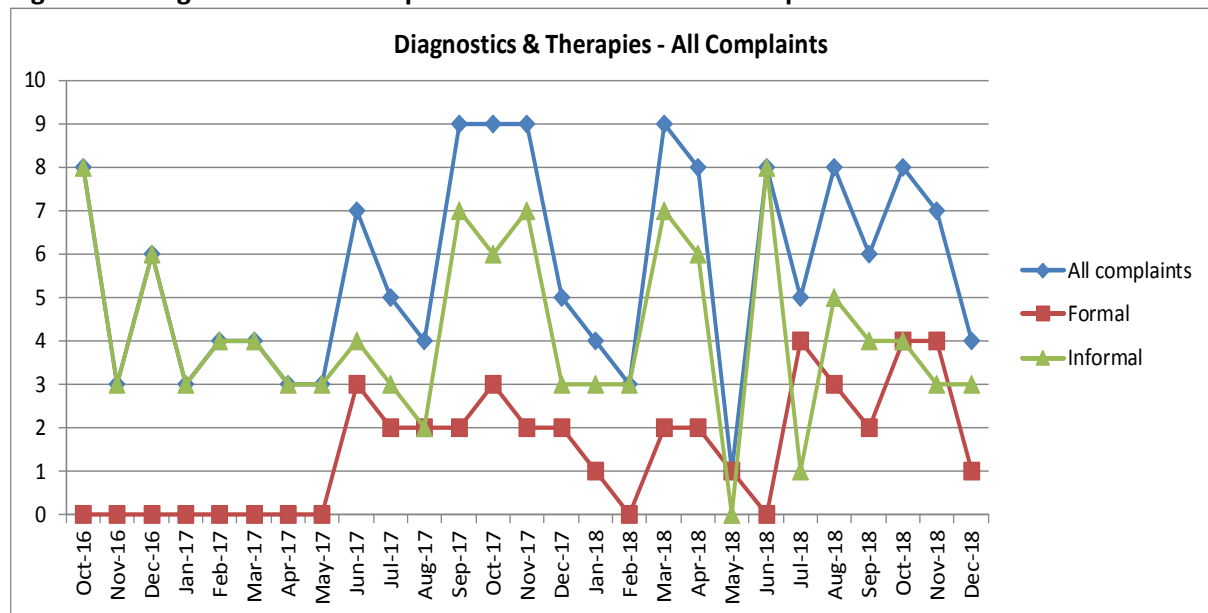
Complaints are a high priority for the division to ensure investigation timescales are consistently met; extensions to complaint deadlines are rarely requested. There is a robust divisional process in place:

- 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**

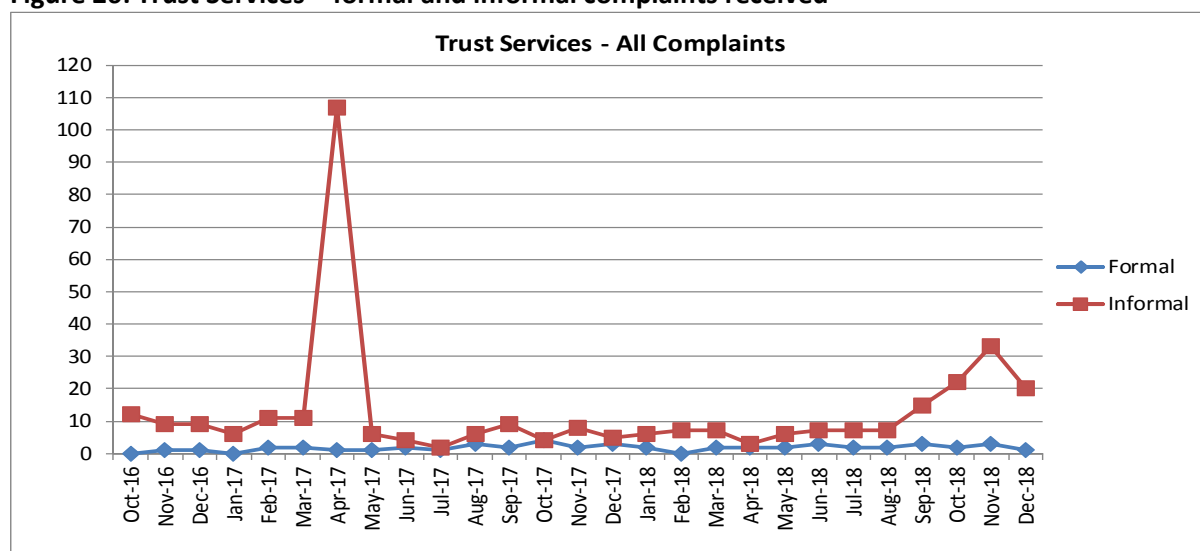


### 3.1.6 Division of Trust Services

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 site<sup>3</sup>**

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%) ↑

<sup>3</sup> It should be noted that these figures will not all match complaints by Division as some divisional services take place at other sites. For example, ENT comes under the remit of the Division of Surgery but the clinic is based at St Michael's Hospital 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%) ↓
<b>TOTAL</b>	<b>463</b>	<b>443</b>

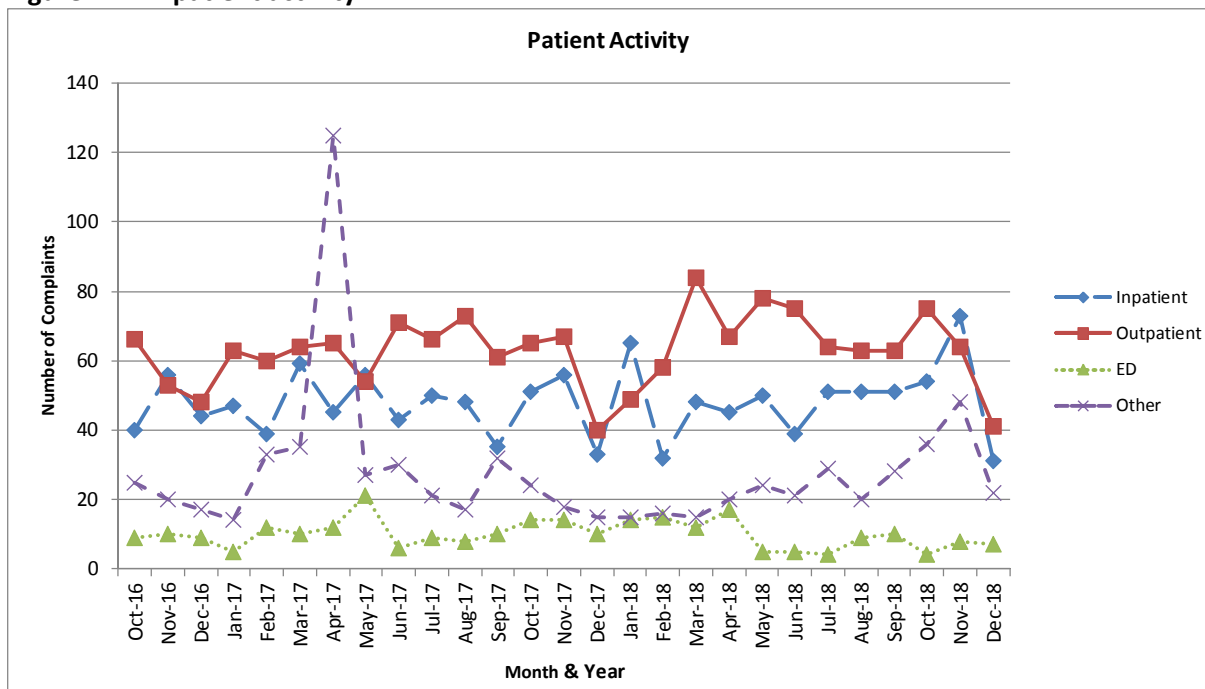
### 3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

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				Grand Total
	ED	Inpatient	Outpatient	Other	
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
<b>Grand Total</b>	<b>175</b>	<b>863</b>	<b>1153</b>	<b>421</b>	<b>2612</b>

### 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%)
<b>All</b>	<b>26 breaches ↑</b>	<b>25 breaches =</b>	<b>25 breaches</b>	<b>31 breaches</b>

*(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
<b>All</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>26</b>

### 3.4 Outcome of formal complaints

In Q3, the Trust responded to 217 formal complaints<sup>4</sup>. 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%) ↑
<b>Total</b>			

**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%) ↓
<b>Total</b>	<b>71 (39.4%) ↑</b>	<b>76 (42.3%) ↓</b>	<b>33 (18.3%) ↓</b>

<sup>4</sup> 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
<b>Total</b>	<b>220</b>	<b>195</b>

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%