

# Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data  
received up to Quarter 4 2018/19*

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

## Patient Experience and Involvement Team

Paul Lewis, Patient Experience and Involvement Team Manager ([paul.lewis@uhbristol.nhs.uk](mailto:paul.lewis@uhbristol.nhs.uk))

Tony Watkin, Patient and Public Involvement Lead ([tony.watkin@uhbristol.nhs.uk](mailto:tony.watkin@uhbristol.nhs.uk))

Anna Horton, Patient Experience and Regulatory Compliance Facilitator ([anna.horton@uhbristol.nhs.uk](mailto:anna.horton@uhbristol.nhs.uk))

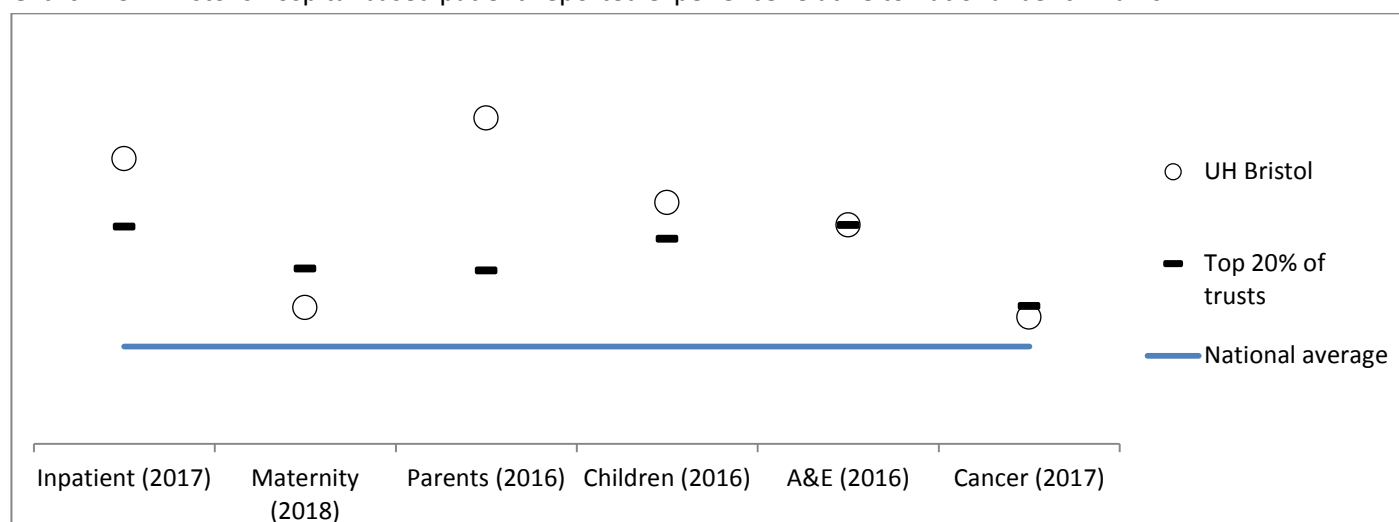
## 1. Overview of patient-reported experience at UH Bristol

Successes	Priorities
<ul style="list-style-type: none"> <li>All of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 4, indicating the continued provision of a high quality experience for our service-users</li> <li>A number of wards in the Bristol Royal Hospital for Children achieved particularly positive survey scores in Quarter 4</li> <li>The Trust's new electronic patient and visitor feedback system, Optimum Contact, went live – with six touchscreen feedback points installed in the Bristol Royal Infirmary</li> <li>The Trust's new mystery shopping programme, "My Journey", was launched in Quarter 4. Mystery shoppers visited cardiac and dermatology services.</li> </ul>	<p>New electronic touchscreen feedback points were installed in the Bristol Royal Infirmary in Quarter 4. The Patient Experience and Involvement Team is currently developing the implementation plan for "Phase 2" of this project, with the aim to complete this during the 2019 calendar year. This will see feedback points installed in all of the Trust's hospitals.</p> <p>The Trust's response rates to the Friends and Family Test (FFT) survey in the outpatient and Emergency Departments have dipped in recent months. This was discussed at the Patient Experience Group in May 2019. The Emergency Departments will increase the number of FFT cards being handed out to patients. In addition, new survey touchscreens for the Departments are being sourced to increase opportunities for patients to give feedback via this survey. In respect of the Outpatient FFT, this is primarily carried out by SMS (text message); we are currently working with the Trust's contractor to establish why the rates have declined in recent months.</p>
Opportunities	Risks & Threats
<p>The Trust's corporate quality improvement objectives for 2019/20 include a number of ambitions relating to improving patient experience and involvement, including:</p> <ul style="list-style-type: none"> <li>Developing training and support for "lay representatives" (patients and members of the public who sit on Trust groups and committees)</li> <li>Improving the ability of people with a disability to plan their hospital visit in advance, via detailed pictures and accessibility information available on the Trust's website</li> <li>A focus on better support for young carers.</li> </ul>	<ul style="list-style-type: none"> <li>A number of wards in the Division of Medicine had below target survey scores in Quarter 4 – in particular wards A528 and C808. There are currently a number of staff vacancies on the ward, leading to a higher-than-usual use of temporary staff. This can have knock-on effects in terms of continuity of care and patient experience. A number of actions are being taken by the Division to mitigate this issue, alongside a recruitment process to fill the vacant posts.</li> <li>Four comments received via the Friends and Family Test in Quarter 4 raised issues around support for patients who have mental health problems whilst in hospital. This is already a significant focus at UH Bristol via the Mental Health Steering Group and the Trust's Risk Management processes. A more detailed analysis of patient feedback data from patients with mental health issues is currently being carried out by the Patient Experience and Involvement Team, to help inform the work of the Steering Group and identify further opportunities for improving this aspect of our care. An update on this analysis and the response to it will be provided in the next Quarterly Patient Experience and Involvement Report.</li> </ul>

## 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). There were no national survey results published in Quarter 4 (in Quarter 1 2019/20 we anticipate receiving the 2018 national inpatient survey results). 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



## 3. UH Bristol survey data – Quarter 4 update

Table 1 provides an overview of UH Bristol's headline survey metrics in Quarter 4. Overall, UH Bristol continues to receive very positive feedback from the people who use our services. An exception report is provided on the next page detailing areas that did not perform at the expected levels.

**Table 1:** summary of headline survey metrics

	Current Quarter (Quarter 4)	Previous Quarter (Quarter 3)
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	Red
Emergency Department Friends and Family Test response rate	Red	Green

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

Issue	Description of issue	Response
1. Wards A528 and C808	<p>Both of these Division of Medicine “care of the elderly” wards received relatively low patient survey scores in Quarter 4 – Ward A528 in particular was a significant negative outlier.</p> <p>A detailed analysis of these results has been carried out and discussed with the Divisional Head of Nursing. The sample sizes were small for these wards which appears to have skewed the survey results to some extent, and the majority of feedback was still very positive - but even taking this into account the scores were lower than expected. There appeared to be a particular decline in the survey scores relating to “communication” with patients.</p> <p>Care of the elderly areas do tend to receive lower survey scores than other wards (although during 2018/19 wards A528 and C808 have less frequently been negative outliers in our survey data compared to previous years). This trend is also seen at a national level. However, the <i>degree</i> to which A528 was an outlier in Quarter 4 suggested an issue over and above this effect.</p>	<p>Both of these wards currently have a high number of vacancies, leading to an increased use of temporary staff. This may have affected continuity of care, including communication about care and treatment. The Division is actively recruiting to the vacancies. In the meantime, the following actions have been put in place to try and mitigate the effects on patient experience:</p> <ul style="list-style-type: none"> <li>- Block booking of temporary staff where possible, providing more continuity within the staff team working on the ward</li> <li>- Additional staffing to support the ward staff whilst recruitment takes place</li> </ul> <p>In June 2019 a new job role will commence which will see the roll out of an education programme for staff working on care of the elderly wards at UH Bristol. This will include a focus on improving communication with patients / relatives / carers, and also between staff.</p>
2. Ward A605	<p>Ward A605 is a “delayed discharge” ward in the Division of Medicine. During 2018/19 the ward has been a consistent negative outlier in our survey data. This has been attributed to staffing issues on the ward that the Division has been working to address. The scores in Quarter 4 were still towards the lower end of our survey results, but there were encouraging signs of improvement: the kindness and understanding score was positive, the inpatient “tracker” score improved (although was still slightly below target), and, whilst the ward had the lowest inpatient Friends and Family Test score - this was above our minimum target.</p>	<p>Ward A605 appointed a new Ward Sister during Quarter 4, who has significant leadership experience at the Trust. The survey data suggests that this has started to have a positive effect on patient experience. The Ward Sister is beginning to plan a number of new initiatives for the ward, that will focus on staff engagement and improving patient experience. We anticipate that this should continue to positively impact on the survey scores going forwards.</p>

Issue	Description	Response / Actions
3. South Bristol Community Hospital - wards 100 and 200	The inpatient scores for South Bristol Community Hospital (SBCH) were again towards the lower end of our survey ratings in Quarter 4 (although the majority of feedback for the hospital was still positive). This has been a long-term trend in our data.	<p>As noted in previous quarters, these results do not correlate with other management data being received by the Division of Medicine for SBCH. Furthermore, Healthwatch Bristol undertook a follow-up “enter and view” at the hospital in Quarter 3 (having carried out a similar exercise in late 2016) and again reported very positively about the care being provided there. There are currently some staff vacancies at SBCH which are being recruited to, but, whilst this may have affected the scores to some extent in Quarter 4, the lower survey scores precede this issue.</p> <p>Utilising learning from the Trust’s “Here to help” customer service project, in Quarter 2 the Patient Experience and Involvement Team will work with the hospital leads at SBCH to carry out “touchpoint mapping” – modelling the care journey with patients to identify areas of this experience that could be the focus of improvement work.</p>
4. Ensuring that inpatients are given key information at discharge from hospital	The Division of Medicine had relatively low scores on the survey measures relating to providing information at discharge about potential medication side effects and who the patient should contact if they have any issues or concerns about their condition / treatment.	The “discharge checklist” used by the Division was updated in 2018 to further ensure that key information is being provided to patients at discharge from hospital. Audits carried out in the Division confirm this checklist is being followed by staff. The survey data is likely to reflect the patients in this Division often having complex / long-term clinical needs, so they can leave hospital with a significant amount of information and medications.
5. Outpatient Friends and Family Test Response Rate	The Trust has a response rate target of 6% for this survey. It has now been below this target in both Quarters 3 and 4 (5.4% and 5.7% respectively). This survey is primarily carried out by SMS text message.	There can be considerable natural fluctuation in the response rate to this survey (the rate target was hit in the latest, March 2019 data, for example). However, there appears to have been a more sustained decline in the rates over recent months: in Quarter 1 2018/19 the rate was 6.3%, whereas in Quarter 4 2018/19 this had fallen to 5.7%. We are engaging with the contractor who carries out this survey on our behalf to rule out any underlying IT issues with the SMS process. Alongside this, the Patient Experience and Involvement Team are going to increase the number of returns collected each month, by adding this question to the Trust’s monthly outpatient survey.

Issue	Description	Response / Actions
6. Emergency Department Friends and Family Test response rate	The Emergency Department element of the Friends and Family Test (FFT) survey was 14.2% in Quarter 4, which is below the 15% response rate target. The target rate was met in both January and February (16% and 15% respectively), but a significant dip in March (11.6%) brought the rate in under target for the quarter as a whole.	<p>The specific reason for the dip in March was a lower rate of return from the Bristol Eye Hospital Emergency Department. This was an unusual result for the Department as they tend to achieve excellent response rates. It was due to a delay in the Department sending off their completed FFT cards to the Trust's data processing company at the end of the month. The Department Sister has discussed this with her team to ensure the correct process is always followed.</p> <p>That aside, there has been a slight dip in response rates across all Emergency Departments (ED's) – in particular in respect of the number of FFT cards being collected in the Departments each month. Whilst our ED patients can complete the survey via electronic touchscreen or SMS, the FFT cards are an important element of the survey and help to ensure that staff are actively involved in collecting feedback about their service. Following discussions at the May 2019 Patient Experience Group meeting, the Emergency Departments will increase the number of FFT cards being handed out to patients.</p> <p>In the FFT survey, the method in which the data is collected is strongly correlated with the overall satisfaction score achieved: card-based responses tend to elicit more positive scores than other methods. Our ED FFT employs three main methods (touchscreen, SMS and cards). This isn't a particular issue if the proportion of responses collected through each channel remains broadly similar each month. However, if the number of cards being collected declines then this is likely to negatively affect our FFT score. This is the most likely reason for the slightly declining trend seen in our ED FFT scores in recent months (Chart 6).</p>

4. Full survey data up to and including Quarter 4

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

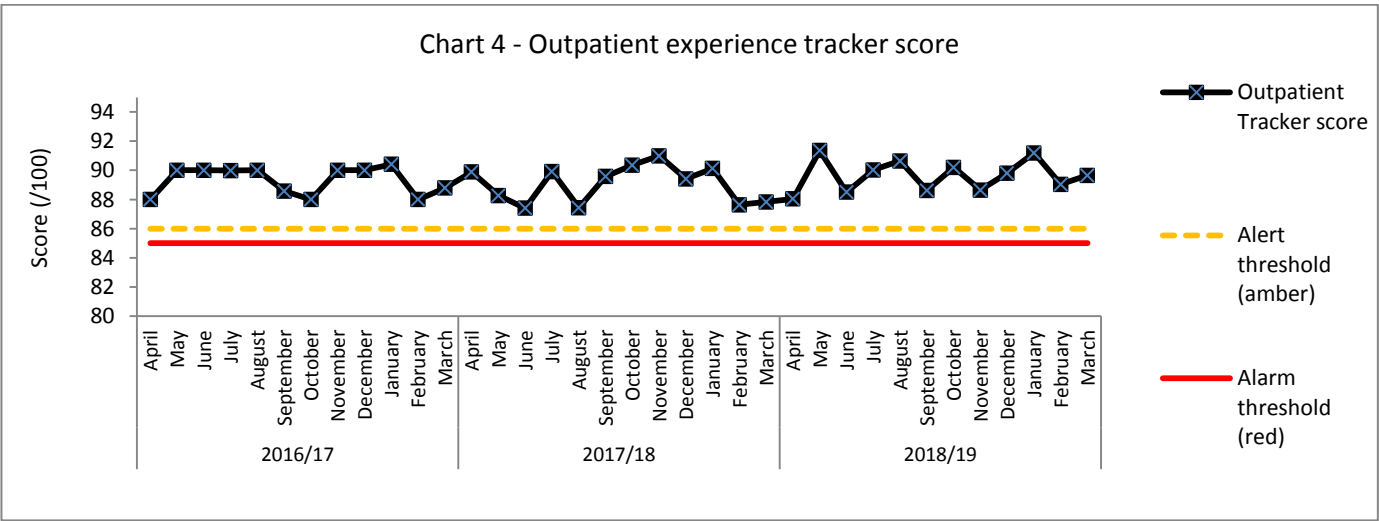
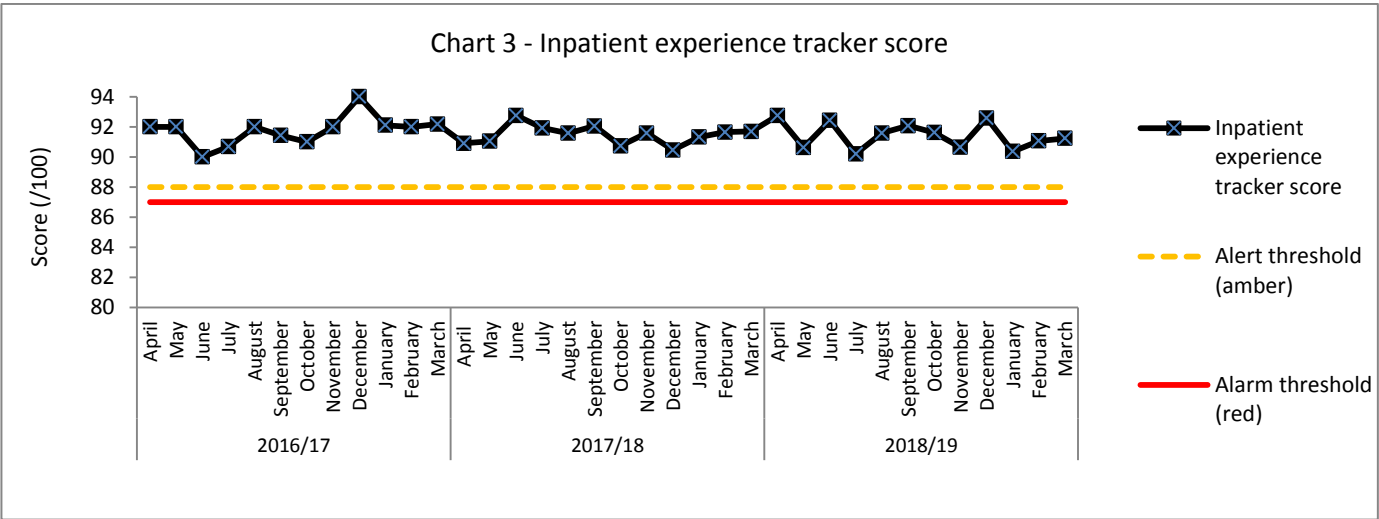
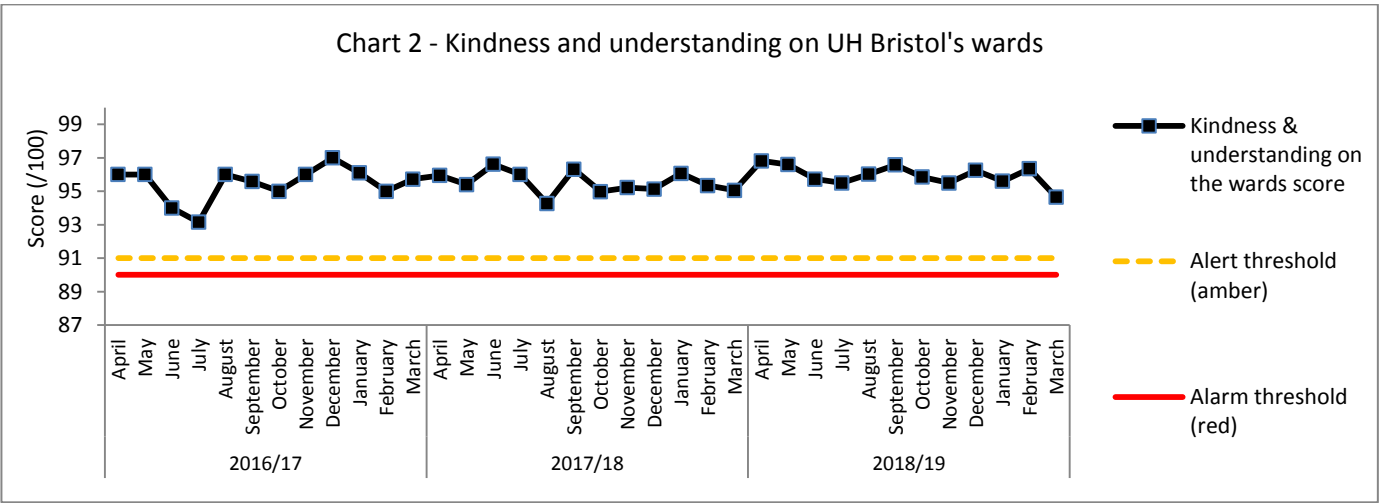


Chart 5 - Friends and Family Test Score - inpatient and day case

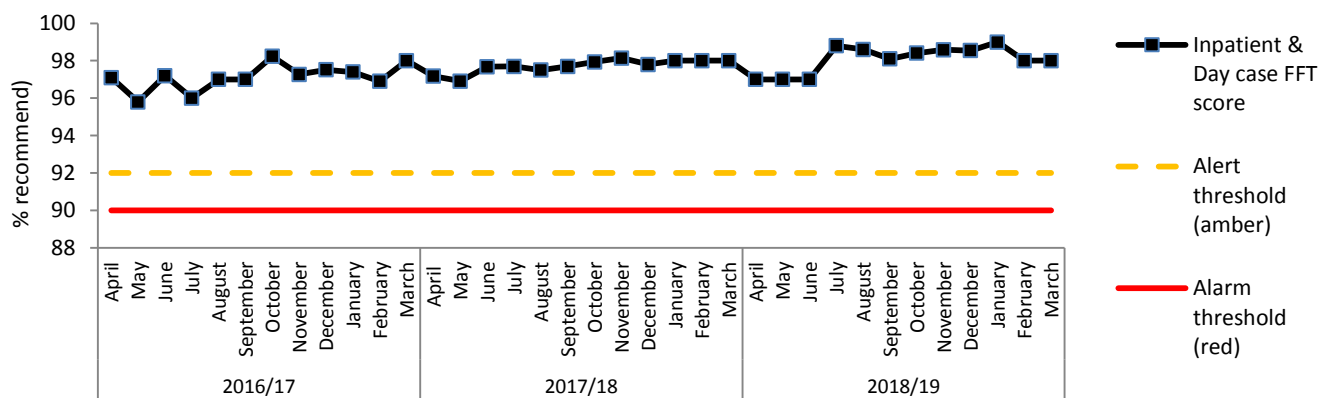


Chart 6 - Friends and Family Test Score - Emergency Departments

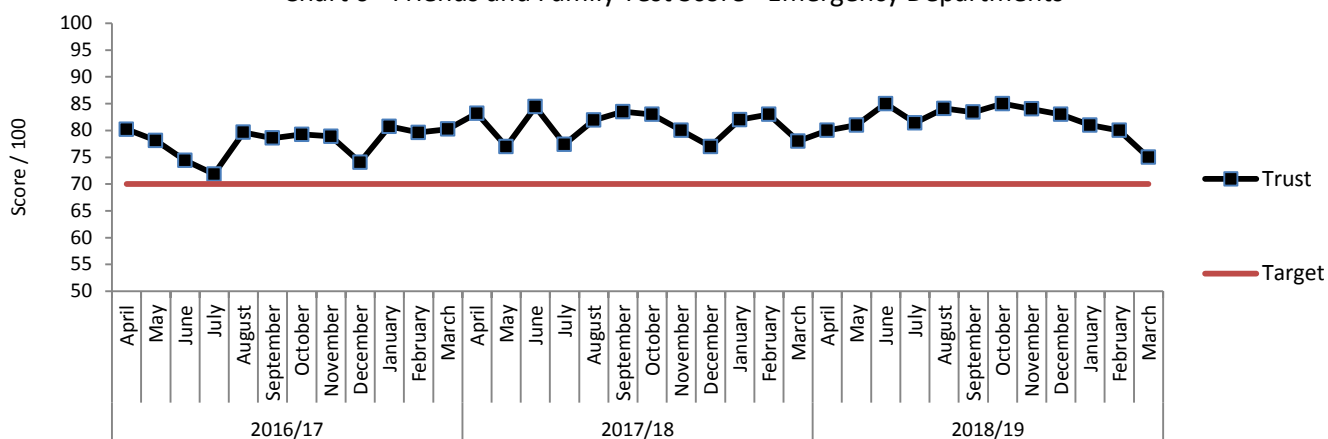


Chart 7 - Friends and Family Test Score - maternity (hospital and community)

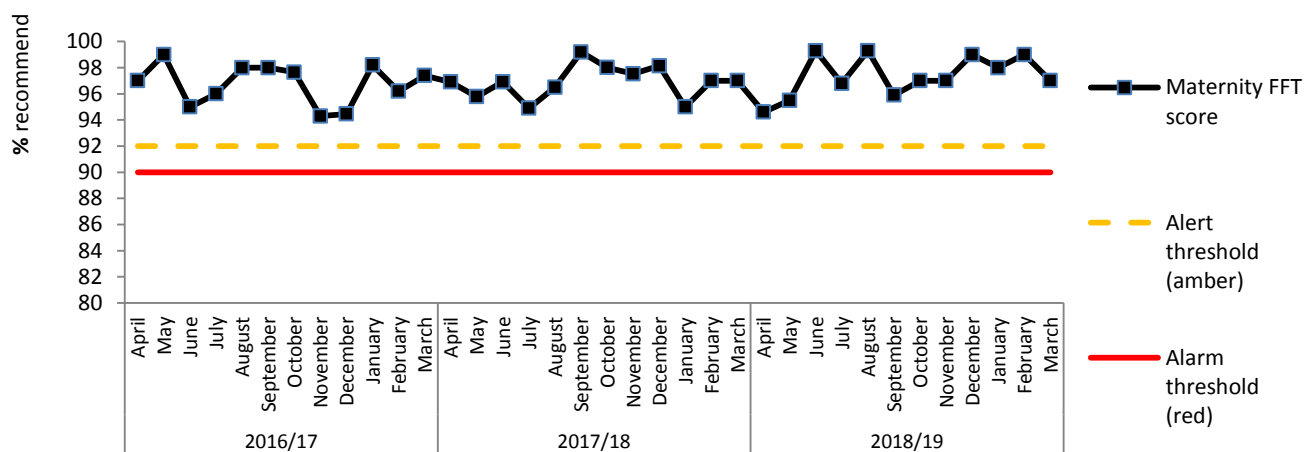




Chart 8: Friends and Family Test Response Rates (inpatient and day case)

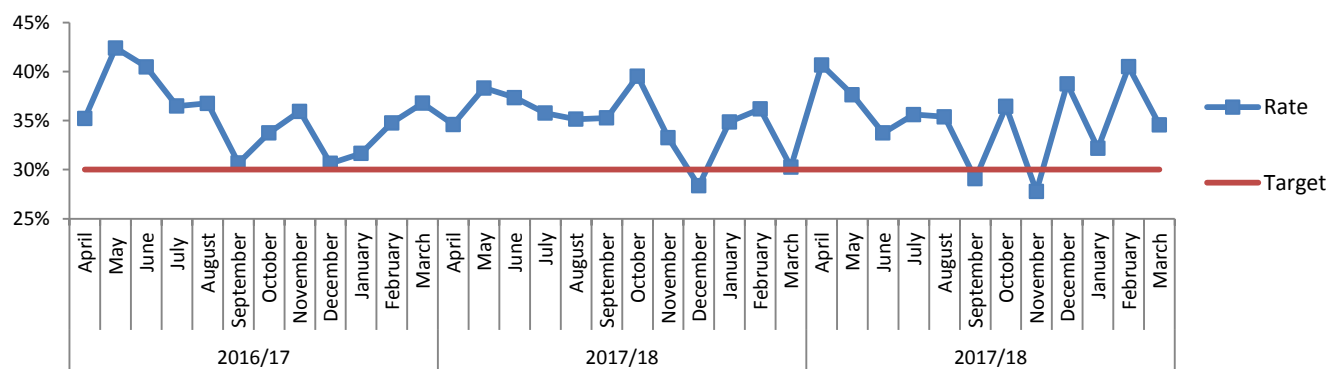


Chart 9: 2015 /16 Friends and Family Test Response Rates (maternity combined)

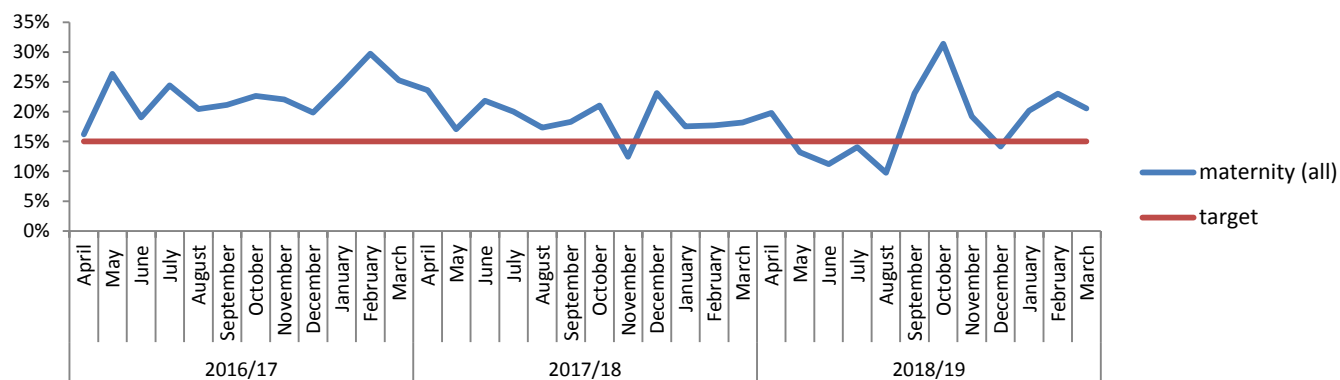


Chart 10: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

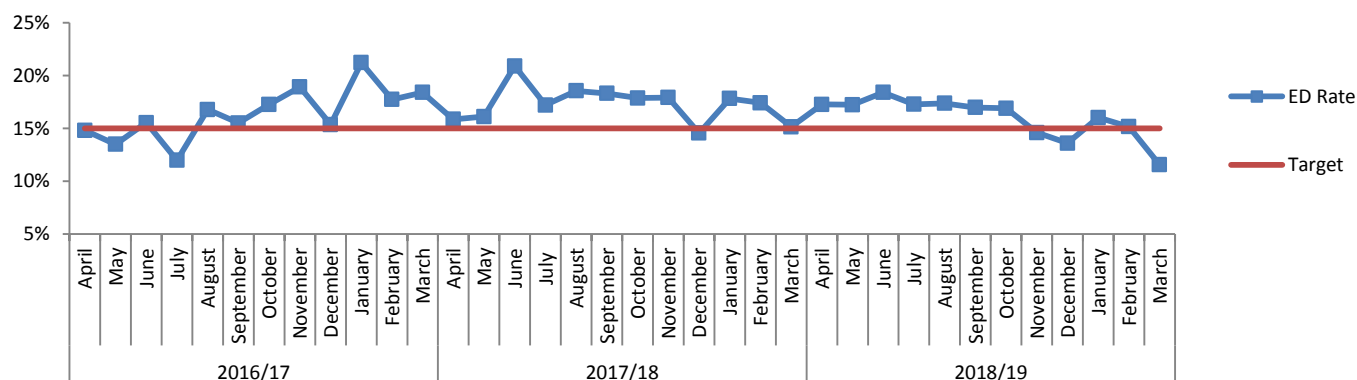
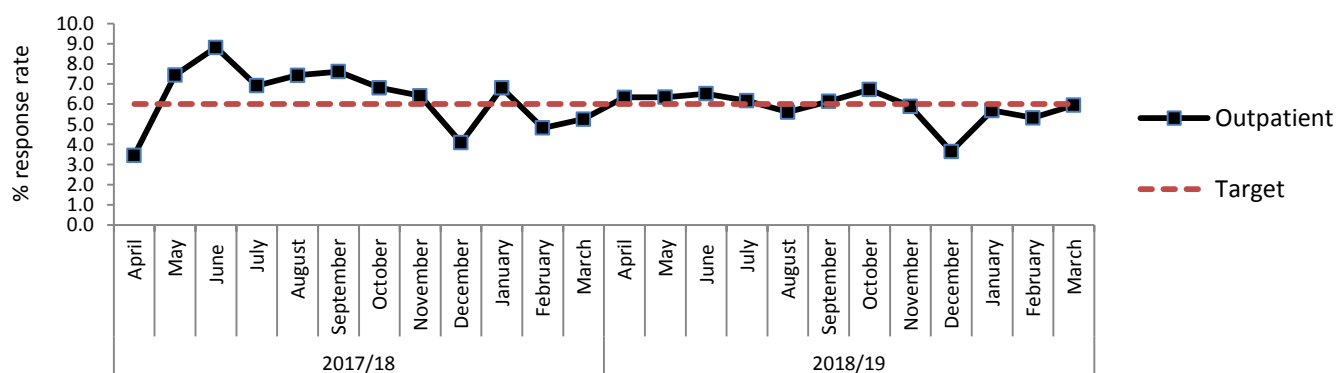
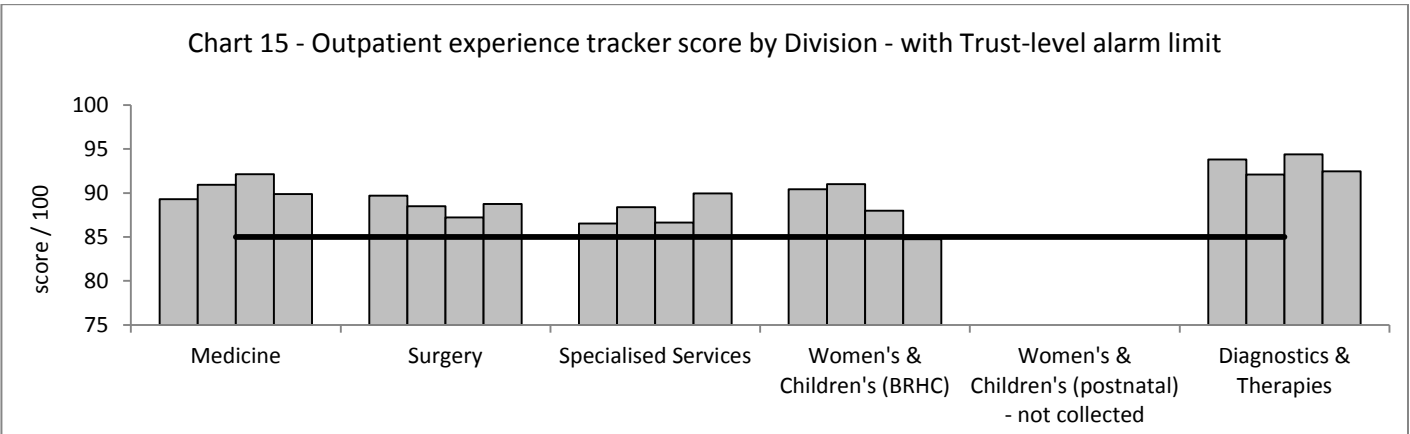
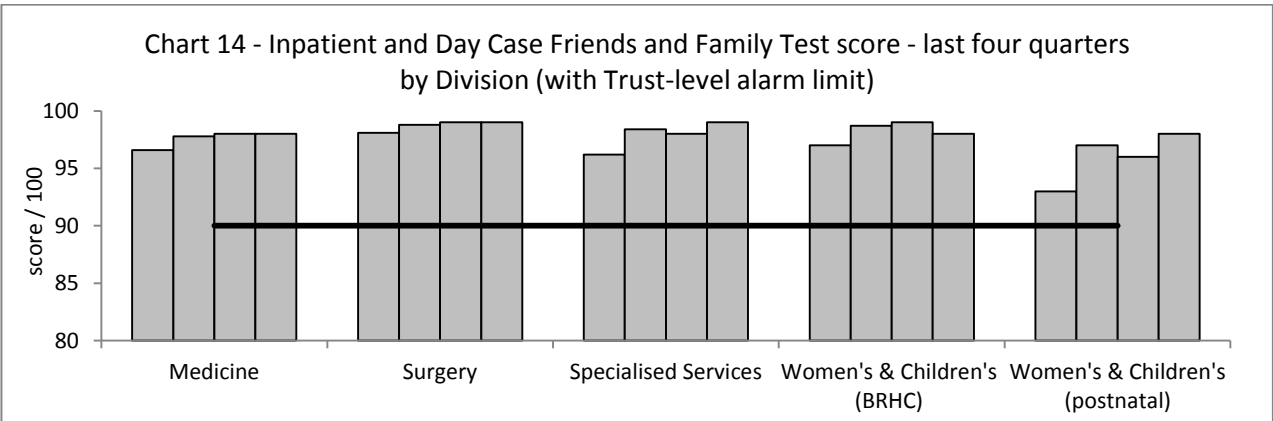
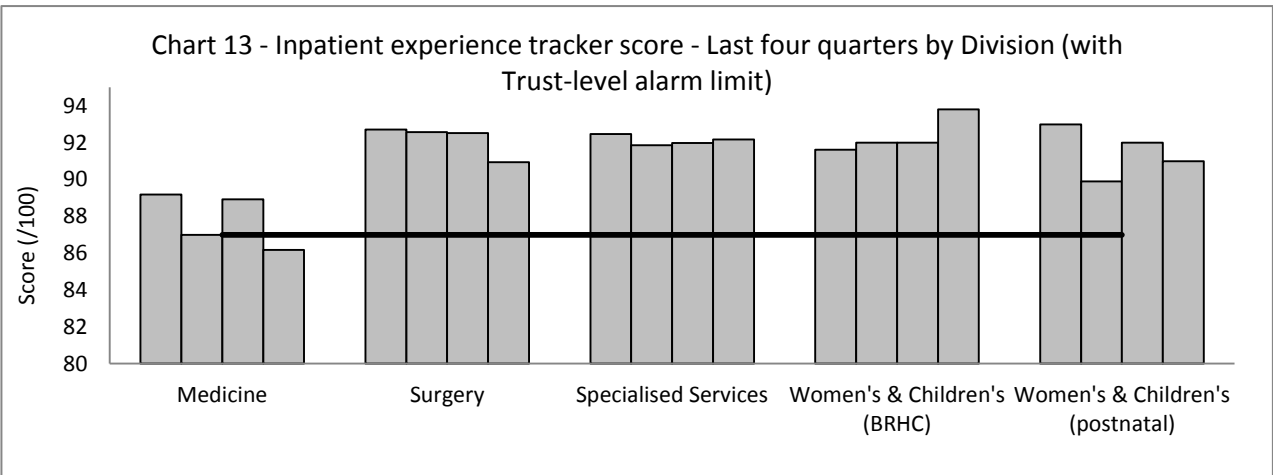
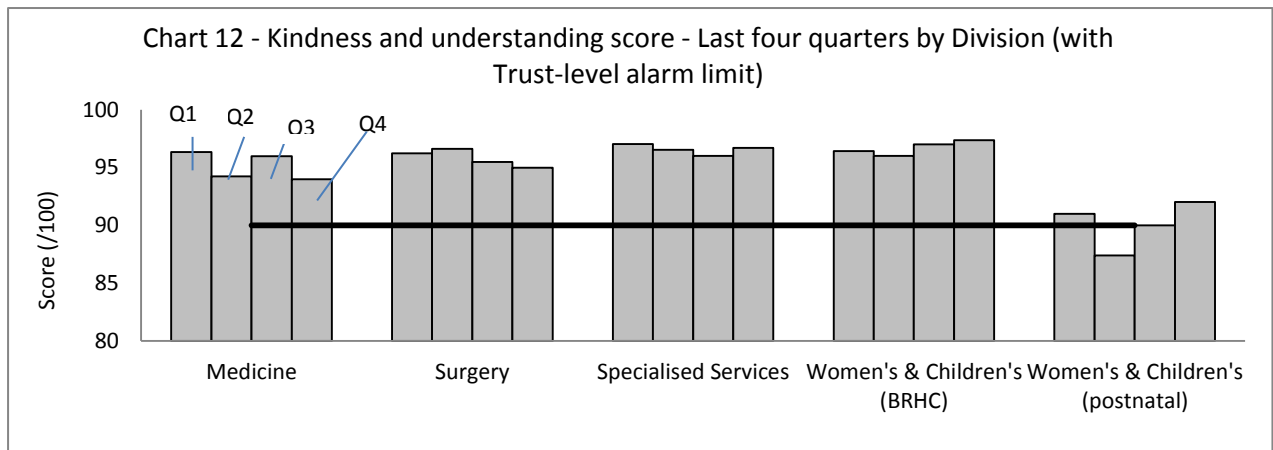


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18

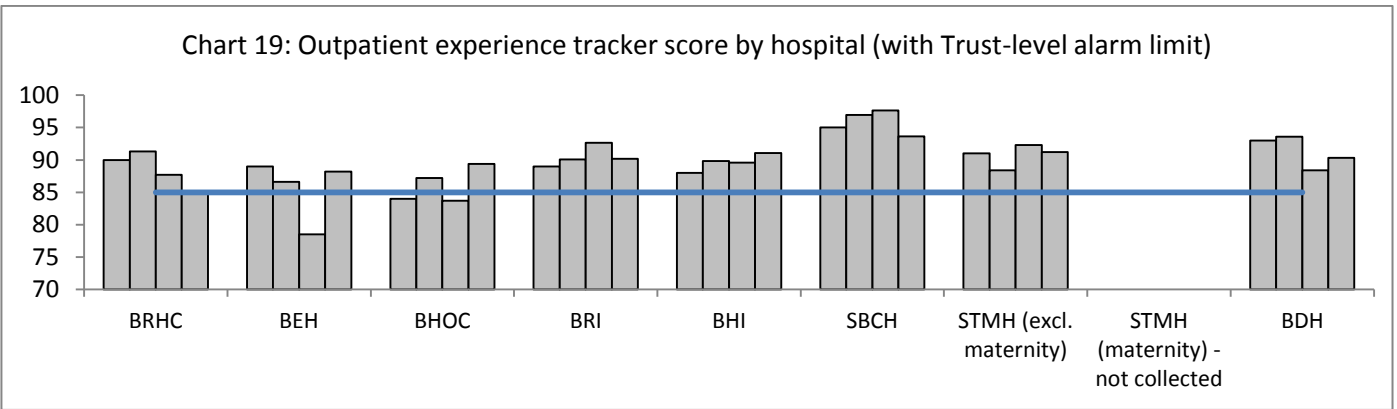
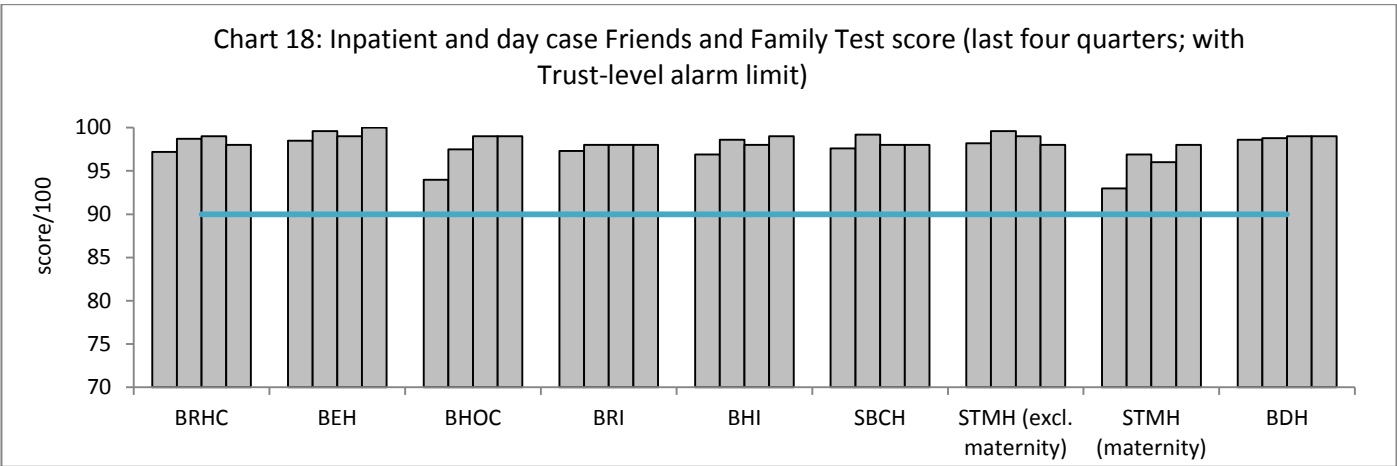
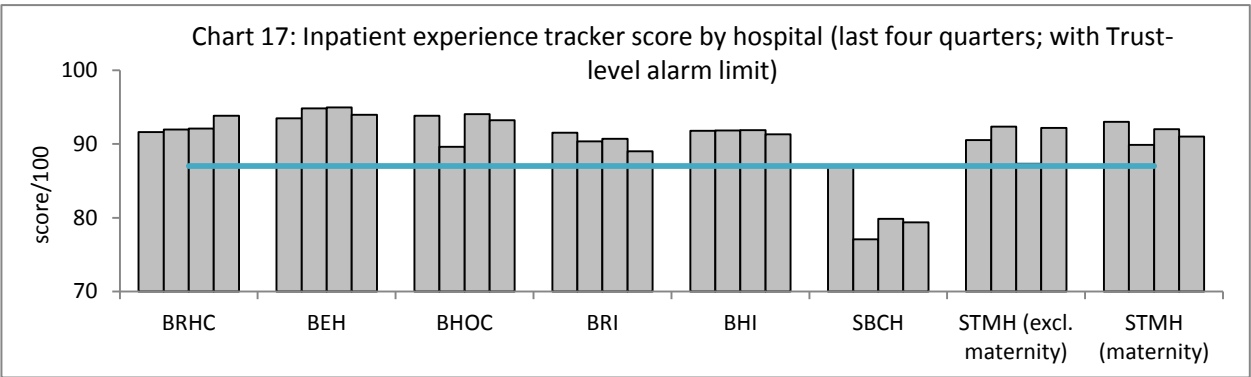
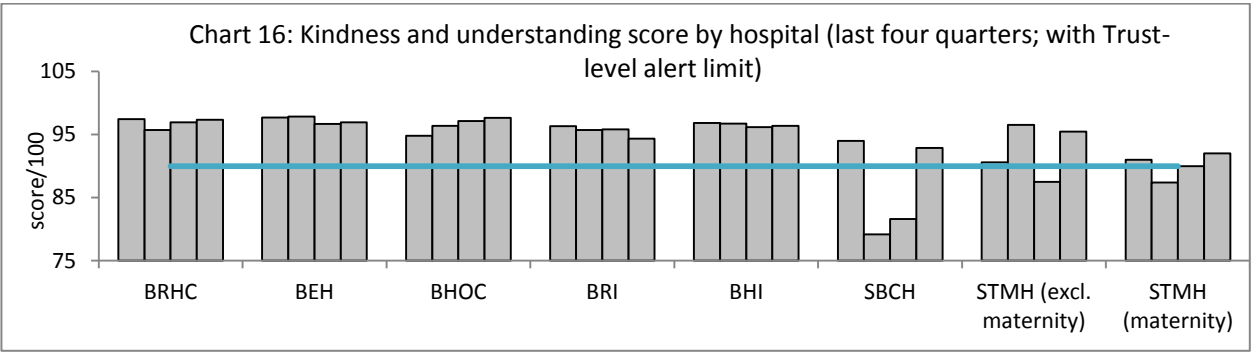


4.1 Divisional level survey results

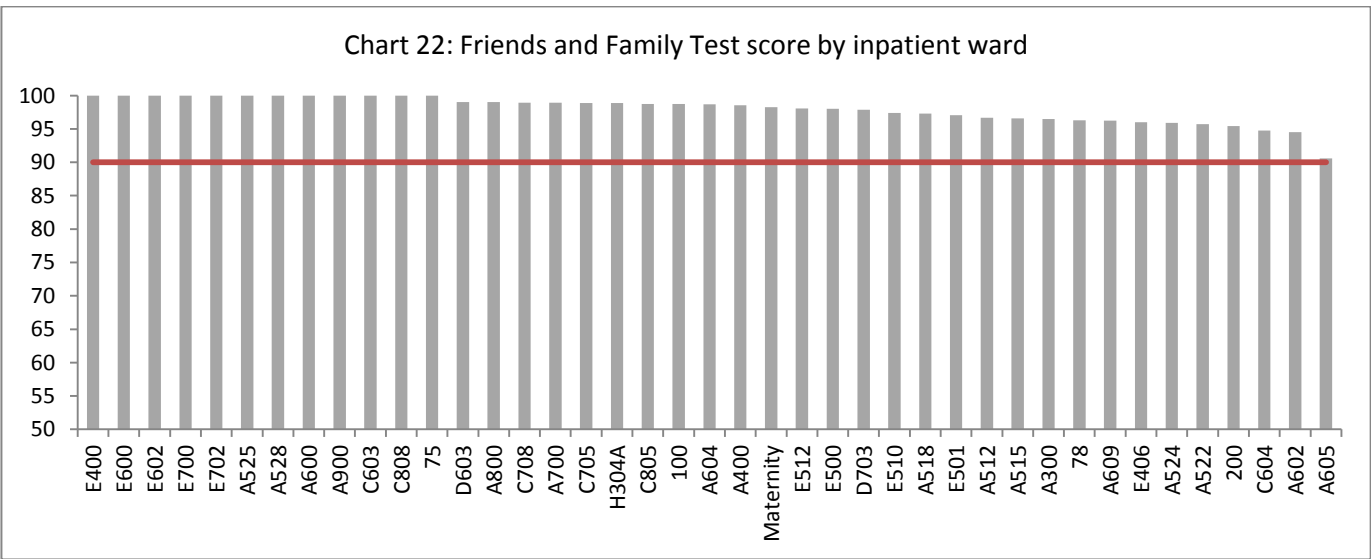
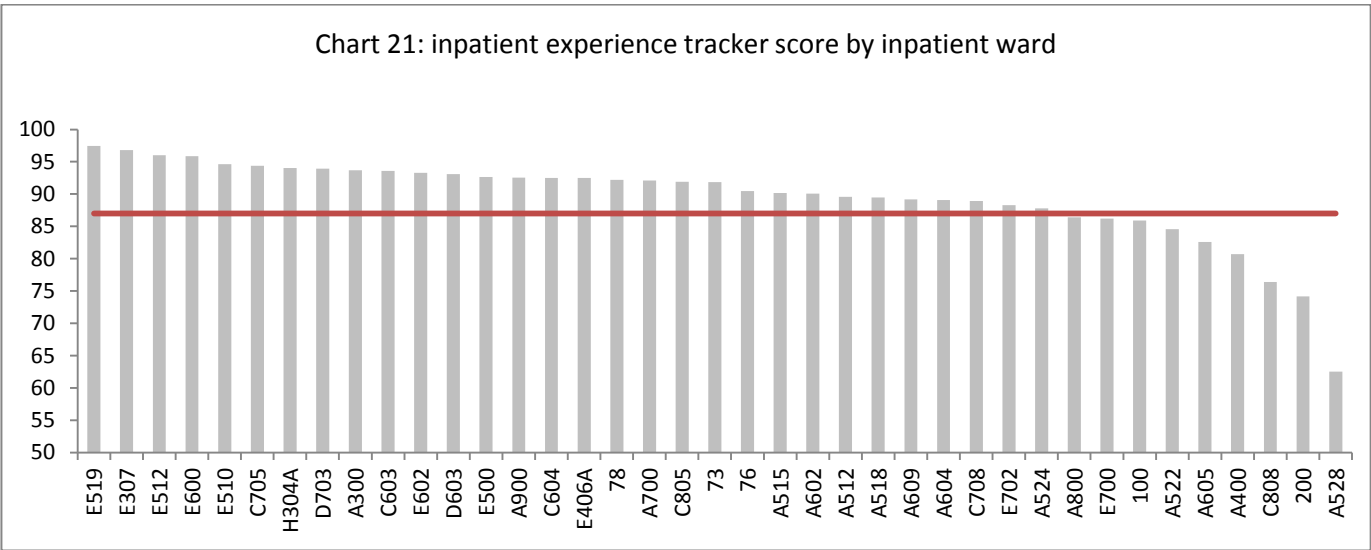
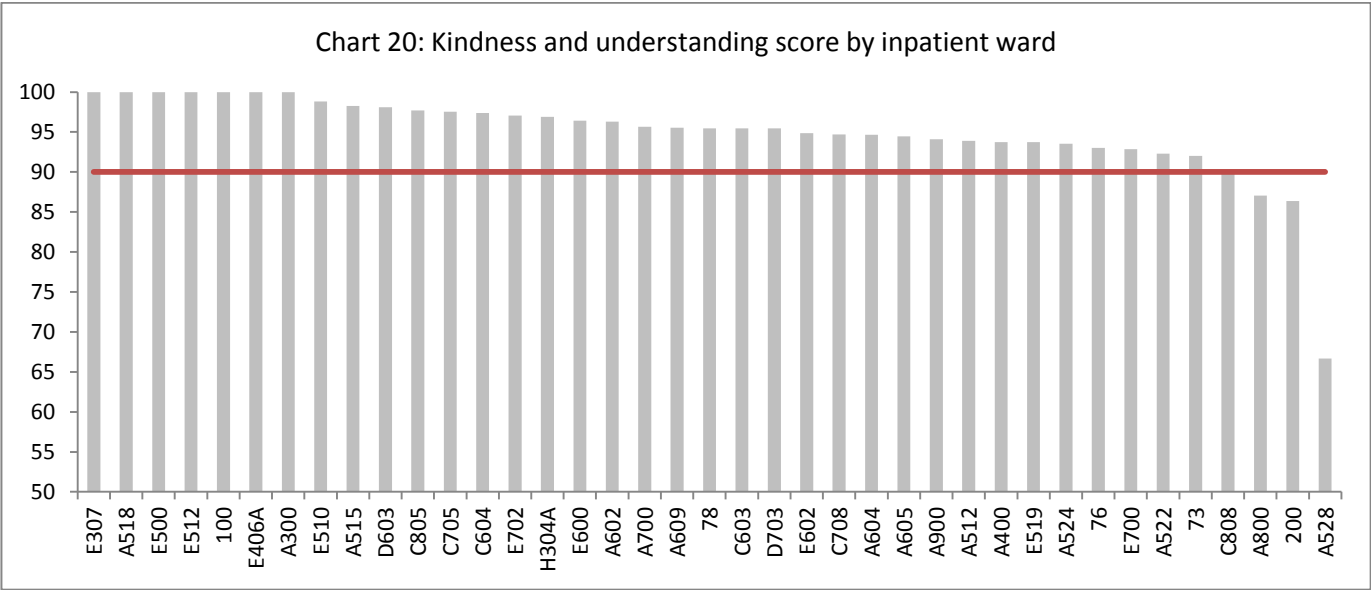


4.2 Hospital level headline survey results

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 4 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.

	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	Maternity*	TOTAL
Were you given enough privacy when discussing your condition or treatment?	89	93	93	94		93
How would you rate the hospital food?	65	62	62	60	59	62
Did you get enough help from staff to eat your meals?	80	89	80	87		85
In your opinion, how clean was the hospital room or ward that you were in?	94	96	95	96	91	95
How clean were the toilets and bathrooms that you used on the ward?	90	91	91	92	81	91
Were you ever bothered by noise at night from hospital staff?	84	74	87	85		82
Do you feel you were treated with respect and dignity by the staff on the ward?	94	98	98	96	93	97
Were you treated with kindness and understanding on the ward?	94	97	97	95	92	96
Overall, how would you rate the care you received on the ward?	86	92	93	90	92	90
When you had important questions to ask a doctor, did you get answers that you could understand?	83	91	93	88	89	89
When you had important questions to ask a nurse, did you get answers that you could understand?	84	91	92	88	92	89
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	71	75	76	75	79	74
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	86	90	86	90	86
Were you involved as much as you wanted to be in decisions about your care and treatment?	76	86	91	86	89	85
Do you feel that the medical staff had all of the information that they needed in order to care for you?	84	90	91	90		89

	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	Maternity*	Trust
Did you find someone on the hospital staff to talk to about your worries or fears?	67	77	86	75	83	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	84	89	92	85		87
Did hospital staff keep you informed about what would happen next in your care during your stay?	78	86	90	82		84
Were you told when this would happen?	77	82	83	82		81
Beforehand, did a member of staff explain the risks and benefits of the operation/procedure in a way you could understand?	n/a	93	95	93		93
Beforehand, did a member of staff explain how you could expect to feel afterwards?	72	77	83	79		78
Were staff respectful of any decisions you made about your care and treatment?	91	95	96	94		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	29	32	31	32	35	31
Do you feel you were kept well informed about your expected date of discharge from hospital?	79	79	86	85		82
On the day you left hospital, was your discharge delayed for any reason?	58	54	62	65	67	60
Did a member of staff tell you about medication side effects to watch for when you went home?	49	59	64	68		61
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	65	83	91	82		81

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

## 5. 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.

Four comments received via the Friends and Family Test in Quarter 4 raised issues around support for patients who have mental health problems whilst in hospital. This is already a significant focus at UH Bristol via the Mental Health Steering Group and the Trust's Risk Management processes. A more detailed analysis of patient feedback data from patients with mental health issues is currently being carried out by the Patient Experience and Involvement Team, to help inform the work of the Steering Group and identify further opportunities for improving this aspect of our care. An update on this analysis and the response to it will be provided in the next Quarterly Patient Experience and Involvement Report.

**Table 5:** Divisional response to specific issues raised via the Friends and Family Test, 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	A609	<i>Being someone who suffers from mental health I feel that I was a burden being there. I don't feel I was taken seriously and towards the end of my stay was rushed to leave although still in pain. In the end I felt uncomfortable and just wanted to leave. People with mental health should be treated fairly and not feel they are a burden to the ward.</i>	We are very sorry to hear that one of our patients felt that they weren't treated with the upmost kindness and compassion - particularly when suffering from mental health problems. Unfortunately it is not possible to investigate this specific situation due to the anonymity of the survey response. However, the Ward Manager has used it as an opportunity to discuss this feedback with the ward team and to raise awareness of the needs of patients being cared for who have mental health issues.
	H304	<i>Side ward toilets have no hand rails and as a disabled patient found it impossible to use an apparently recently refurbished side room/toilet. Disabled toilet had a defective door which I got stuck in for quite a few nervous moments!</i>	We are sorry to hear of the difficulties this patient had on our ward. As a result of this the Matron is checking that all of the handrails / doors are now in working order, and will raise a request to the Estates Department if necessary.
	A604	<i>The nurses and staff were very friendly. However, very, very noisy - hard to sleep and would be nice to have clean sheets and toilets. I should stress the staff were very friendly though.</i>	The Matron has addressed the issue around cleaning: a nursing action plan is now in place and a meeting has taken place with the Facilities Manager. The Ward Manager has raised awareness of the noise at night and cleanliness with the Ward Staff via their Safety Brief. The Matron will also carry out a night visit as part of the Trust's noise at night reduction campaign.

Division	Area	Comment	Response from ward / department
Women's and Children's (Bristol Royal Hospital for Children)	E500	<i>The night staff made me feel very uncomfortable, not offering help and sitting on phones and just ignoring me instead. My son was very upset and I wanted help to get his medicines in but was told just not to give him it. Also could hear staff laughing behind your back.</i>	We are very sorry to hear that this family had a poor experience on ward E500. This experience is against the Trust values of respecting everyone and these are not behaviours that we expect from our staff. Unfortunately without specific dates of when this occurred we cannot investigate further. As a result of this feedback however, the Ward Sisters will be reminding all staff of acceptable professional behaviour and will ensure all staff are trained in good customer service behaviours
	E406	<i>Nursing and medical staff could not be faulted for their care and attention. During a 3 night/4 day stay, we did not have our bay area cleaned or swept at all. There was a plaster stuck to the floor the entire time from the previous patient.</i>	Thank you for this feedback. The Head of Nursing has raised this concern with the manager of Hotel Services, to ensure that high standards of cleanliness are maintained at all times
	Emergency Department (Bristol Royal Hospital for Children)	<i>Mental health crisis - there was no service available. We needed a mental health crisis assessment, not forthcoming after a 4 hour wait. Follow up was a telephone call recommending an app. We are alone.</i>	We are very concerned to hear this feedback. Patients that arrive in our Emergency Department are assessed by our staff. If the initial assessments raise a serious level of concern about the patient's mental health, the emergency Child and Adolescent Mental Health Service team ("CAMHS") attend the hospital to assess the patient themselves. Alternatively, if the initial assessment indicates a follow-up is required but not immediately then the patient is referred to the community CAMHS service. CAMHS is an external organisation to UH Bristol and we will make them aware of this feedback.
	E602	<i>All of the staff were exceptional. The only thing that wasn't great was that everyone just walked in when the curtains were closed despite the yellow signs stitched on saying "ask before entry". As I was expressing and was walked in on a few times, I felt a little embarrassed.</i>	We are grateful that this issue has been brought to our attention. The Head of Nursing has discussed these observations with the Matron for Penguin ward. This has also been discussed with the ward staff to remind them of the importance of ensuring privacy and dignity is maintained at all times.



Division	Area	Comment	Response from ward / department
Women's and Children's (Bristol Royal Hospital for Children)	E512	<i>All staff lovely and helpful. They couldn't do enough for us. However our daughter has been very bored stuck in her room and we hoped to use the playroom to find it's now shut. Our daughter would have really benefited by having access to the playroom so it's such a shame for her and many other children that they no longer have anywhere to play.</i>	Thank you for your feedback. Each ward in the Children's Hospital has a play room, and there is also a central play room on level 5. Unfortunately, due to the availability of play staff, it is not possible to keep all of the play rooms open at all times. However, as a result of this feedback the Matron for Daisy ward is reviewing the play provision on the ward.
	E510	<i>Facilities for parents are horrendous: little kitchen, unclean and nowhere for parents to chill out.</i>	We do recognise that the parent facilities on the ward are not ideal. We are very sorry that this is the case; we are currently constrained by space limitations across the Children's Hospital. The Head of Nursing has asked the ward Sister on Caterpillar ward to explore the possibility of updating the facilities. The kitchen should nevertheless be kept clean and tidy clean and we have raised this with the ward's cleaning team.
Women's and Children's (Maternity Services)	Community Midwifery	<i>Note:</i>  The Trust received three comments about difficulties in contacting community midwifery bases by telephone.	We apologise for the issues our service-users experienced during Quarter 4 in trying to contact some community midwifery bases. Another local NHS provider owns the bases and has been in the process of re-installing telephone land lines in to the bases. Whilst this work is being carried out, our service-users are being advised that the community midwives are contactable either via the Community Office or the Central Delivery Suite at St. Michael's Hospital.

Division	Area	Comment	Response from ward / department
Medicine	BRI ED	<i>I was admitted overnight due to a mental health crisis and was forgotten about. I was put in a small room and was told I would be given a sleeping tablet and anti-sickness tablet but neither of this happened. No member of staff updated me at all during the time I was there, and no one even popped their head around to see if I was alright or even still there. It was only when my mother queried what was going on that the staff admitted they had not been informed I was even there and that they would start following things up. I was actively suicidal but was left all alone with no one monitoring me.</i>	We are very sorry to hear about the poor experience that this patient had in our Emergency Department. We would very much like to offer our apologies directly to this patient, and investigate their experience further so that we can address the issues of concern. Unfortunately, this feedback is provided anonymously and so we do not have an opportunity to do this. However, there are very important points of learning within the feedback that we have asked our Liaison Psychiatry Team to identify and share with the ED team. We have also asked the Patient Experience and Involvement Team to carry out a wider review of feedback received about from patients who have mental health issues, so that this can be discussed at the Trust's Mental Health Steering Group.
	BRI ED	<i>The shabby waiting area, no quiet place for people with severe mental health problems. Notice screen never updates and information is useless as it's out of context.</i>	We appreciate that the ED can be a challenging environment for patients with mental health problems, particularly when it is very busy. Our staff do try to accommodate peoples' needs when we can and are very sorry that this didn't happen for this patient. The management team are also progressing plans for an upgrade of the Emergency Department facilities / environment.  As a result of this feedback we have reviewed the process of updating the notice board to ensure this is kept up to date.
	BRI ED	<i>No food available in hospital as after shops &amp; cafes closed.</i>	We appreciate that the shopping facilities in the BRI are not available 24-hours and are sorry that this respondent was hungry during their visit. There are some limited food choices available in the Emergency Department via vending machines. Our staff can provide some food when patients have a protracted stay and this feedback will be shared with the team to remind them to proactively offer this where appropriate.
	A400	<i>Excellent nursing staff. The thing that lets the ward down are the showers. They flood and there is so much pressure it could knock you off your feet or damage fragile skin. They are dangerous!</i>	We are sorry that this patient had problems with the showers. As a result of this feedback we have asked the maintenance team review the shower pressure and drainage.

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

This section of the report provides examples of some of the corporate Patient and Public Involvement (PPI) activities being carried out at the Trust. Each quarter a comprehensive summary of PPI is reviewed by the Trust's Patient Experience Group.

### *My Journey – mystery shopping*

In Quarter 4 the Patient Experience and Involvement Team launched “My Journey” – which adopts mystery shopping methodologies used in the private sector and applies these to an NHS acute Trust setting. The mystery shoppers are trained volunteers. The first “My Journey” focussed on the patient journey to the Dermatology Department in the Bristol Royal Infirmary and the Cardiac Outpatient Department in the Bristol Heart Institute. Feedback from the exercise was shared with service leads and other relevant members of staff. The findings are also reviewed at the Trust's Outpatient Services Steering Group. A programme of activity for 2019/20 is currently being finalised. Updates will be provided in the next Quarterly Patient Experience and Involvement Report.

### *More effective support for lay representatives on Trust groups*

The Trust has adopted a corporate quality improvement objective for 2019/20, to identify and better support “lay representatives” who give their time to work on UH Bristol groups and committees. This will include providing our staff with better guidance on recruiting and induct lay members, mapping which groups / committees currently have lay members, and providing better training / support to lay members.

### *Maternity services “patient experience at heart” work shops*

The Trust's Patient and Public Involvement Lead led a series of eight “Patient Experience at Heart” workshop discussions for UH Bristol maternity service staff. This provided an opportunity to discuss patient experience and how this can be improved – with a particular focus on how each individual member of staff has a role to play in delivering the best possible experience for service-users. In total over 60 maternity staff attended from a range of job roles. The outcomes report is currently being prepared and will be reported to the service during Quarter 1 2019/20.

### *The Sight Loss Council*

In April 2019, colleagues from the Bristol Eye Hospital met with representatives from the newly formed Bristol Sight Loss Council, which brings together a range of organisations including Action for Blind and the Macular Degeneration Society. Building a positive relationship with the Bristol Sight Loss Council will enable us to understand and improve the experience of patients who have visual impairments.

### *Bristol Healthwatch*

In March 2019, the Trust's Patient and Public Involvement Lead participated in the annual Healthwatch Bristol conference, and co-facilitated a workshop on Transgender Care in Health with The Diversity Trust.

### *Dementia Care*

In April the Trust held a “Health Matters” event focussing on the care offered to patients with a dementia and their carers. The event included a workshop with participants to review relevant patient information / leaflets that we currently provide in respect of these issues.

### *Cardiac Services*

In March 2019, the Patient Experience and Involvement Team ran two focus groups to explore the impact of “less invasive heart procedures” on patients. This is part of a series of focus groups that will inform how the cardiac service can support cardiac patient’s emotional and psychological needs.

### *Living with and Beyond Cancer*

In March 2019, around 20 participants attended a group discussion which explored aspects of how the Trust’s cancer services are currently delivered and the impact this has on the lives of the patients. This was organised jointly with MacMillan.

### *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 helped to inform the Trust’s quality objectives for the coming year, the trust’s 2025 vision and the work-plan for the Trust’s Patient Inclusion and Diversity Group 2019/20.

## **7. Update on the Trust’s “Here to help” project, including the new rapid-time electronic feedback system**

The “Here to help” project is being carried out by the Trust’s Transformation Team and the Patient Experience and Involvement Team. It comprises a number of patient experience improvement projects, including:

- Learning from customer service concepts and methods that are used in the private sector
- Improving the way that we promote feedback opportunities to our patients and visitors
- Implementing a rapid-time patient / visitor feedback and reporting system at the Trust

### *7.1 Customer service project*

The Trust’s two-year “customer service mind set” corporate quality improvement objective came to a close in March 2019. There have been a number of achievements during this period, including:

- Developing a set of customer service principles for UH Bristol
- Embedding these principles in to:
  - o Nursing assistant assessment centres
  - o Volunteer assessment centres, induction and competencies
  - o Corporate induction
  - o Customer service training
  - o Preceptorship programme
  - o Administration update days
  - o Relevant apprenticeship programmes
  - o Trust standard competency-based interview template (to commence during Quarter 1 2019)
  - o Outpatient standard operating procedures, audit templates and new competencies for administrative staff
- Implementing a new mystery shopping programme

- Improving telephone pick up rates in a number of “hot spots” around the Trust via the *#takephonership* project
- Designing and piloting a new advanced customer service training course for staff in “front of house” roles

The customer service project itself will continue in to a third year in 2019/20, with a focus on securing funding for a roll-out of the advanced customer service training and developing a customer service toolkit for UH Bristol managers and teams.

### *7.2 Here to help posters and comment cards*

The Patient Experience and Involvement Team worked with a professional marketing agency to improve the way the Trust encourages our patients / visitors to raise issues with us and to give feedback about their experience. The resulting “Here to help” design is now being used in a range of ways across the Trust. For example, the new “Here to help” posters were put up in all of our wards and departments during Quarter 4. New patient / visitor comment cards, with a similar design to the posters, are being distributed to our wards and departments. The signage for our new touchscreen feedback points (see below) also has this same design. In this way we can convey a consistent message that UH Bristol is a listening and responsive organisation.

### *7.3 Rapid-time feedback and reporting system*

The Trust’s new electronic patient / visitor feedback and reporting system, Optimum Contact, is now live after the following milestones were reached:

- Late December 2019: feedback system went live on the UH Bristol external website. This allows people to access the feedback channels via their own devices (the website link is promoted on the new “Here to help” posters – see 7.2 above).
- In late March 2019, six touchscreen feedback points were installed in the Bristol Royal Infirmary (BRI). These feedback points are located to ensure that people pass at least one on their way in or out of the hospital.

Regular feedback is being received through these new channels and forwarded on to Divisions for information or further action as appropriate.

We are currently carrying out an evaluation of this “Phase 1” of the project to inform a wider roll out of the touchscreens to all of our hospital sites. The next phase of the project is currently being planned. The aim is to install touchscreen feedback points across all of our hospital sites by the end of the 2019 calendar year. The third phase of the project, which we aim to complete by the end of the 2019/20 financial year, will involve using the Optimum Contact system to generate automated service-level reports of patient survey and feedback data.

## 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.
	Rapid-time feedback system	Patients, carers and visitors can feedback via electronic devices automatically and in real-time.
<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.
	“My Journey” mystery shopping	A structured programme of visits to departments and use of front-of-house services (e.g. Trust web site, reception areas)
	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

### *Postal surveys*

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

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

	<b>Weighting</b>	<b>Responses</b>	<b>Score</b>
Yes, definitely	1	81%	$81 \times 100 = 81$
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.

# Complaints Report

**Quarter 4, 2018/2019**

(1 January 2019 to 31 March 2019)

Author: Tanya Tofts, Patient Support and Complaints Manager



## Quarter 4 Executive summary and overview

	Q4	
Total complaints received	493	↑
Complaints acknowledged within set timescale	99.6%	=
Complaints responded to within agreed timescale – formal investigation	88.2%	↑
Complaints responded to within agreed timescale – informal investigation	84.0%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	7.0%	↓

Successes	Priorities
<ul style="list-style-type: none"> <li>The proportion of complainants expressing dissatisfaction with the outcome of the investigation of their concerns has fallen for the second consecutive quarter.</li> <li>Complaints about Dermatology fell in Quarter 4 following actions taken in response to increasing demand for the service.</li> <li>Complaints about patient parking at South Bristol Community Hospital also fell following the introduction of new pay machines and signage.</li> <li>Examples of specific service improvements made in response to complaints in Q4 can be found in section 4 of this report.</li> </ul>	<ul style="list-style-type: none"> <li>Responding to complaints within the timescale agreed with the complainant remains a priority across all Divisions. Due to the majority of complaints now being responded to via the informal complaints process, breaches of timescales for informal complaints are now being reported to the Trust Board, in addition to breached formal responses. The target for both formal and informal responses is for 95% to be sent out by the deadline agreed with the complainant.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>The Patient Support and Complaints Team is in the process of refreshing training materials in response to feedback from previous attendees at training sessions. The training is designed to provide staff with the confidence to handle complaints raised directly with them and to assist senior managers in investigating and responding to formal complaints.</li> <li>UH Bristol complaints training and procedures are to be shared with Weston General Hospital as a closer working relationship between the two Trusts develops during 2019/20.</li> </ul>	<ul style="list-style-type: none"> <li>Complaints about the Emergency Department, Trauma and Orthopaedics, and outpatient services at the Bristol Heart Institute increased in Quarter 4. Complaints about 'attitude and communication' also increased across the Divisions of Surgery, Specialised Services and Women &amp; Children.</li> <li>Data suggests a long-term rising trend in complaints about Bristol Eye Hospital – a more detailed analysis of this trend is being undertaken during the second quarter of 2019/20.</li> </ul>

## 1. Complaints performance – Trust overview

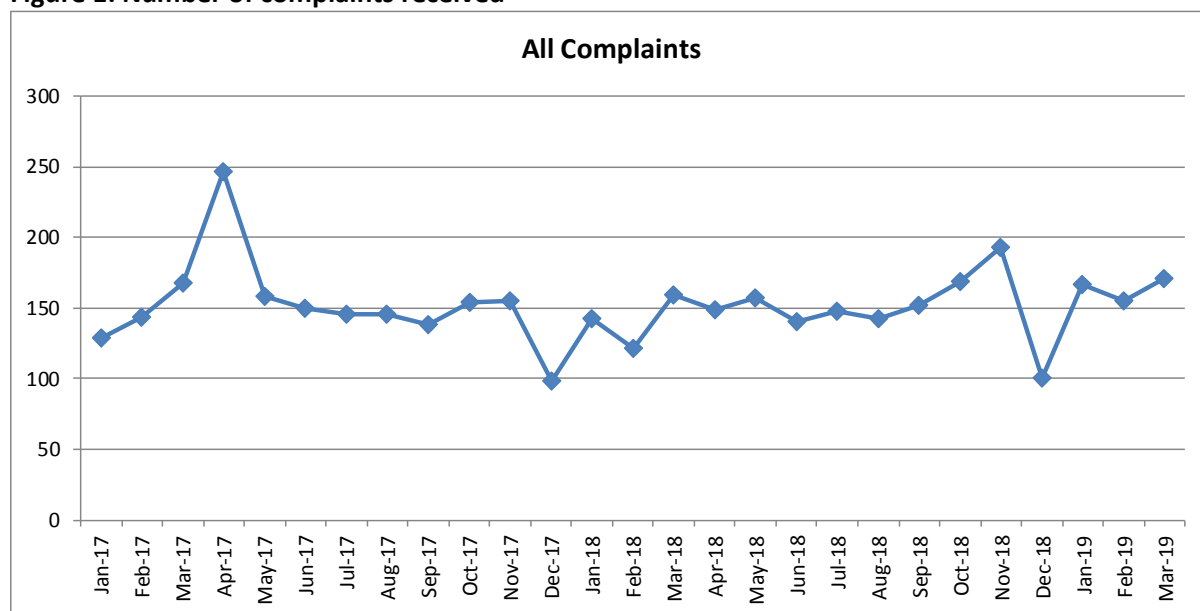
The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

### 1.1 Total complaints received

The Trust received 493 complaints in quarter 4 (Q4) 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 (e.g. a high number of complaints about car parking at South Bristol Community Hospital were received in Q3).

**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**

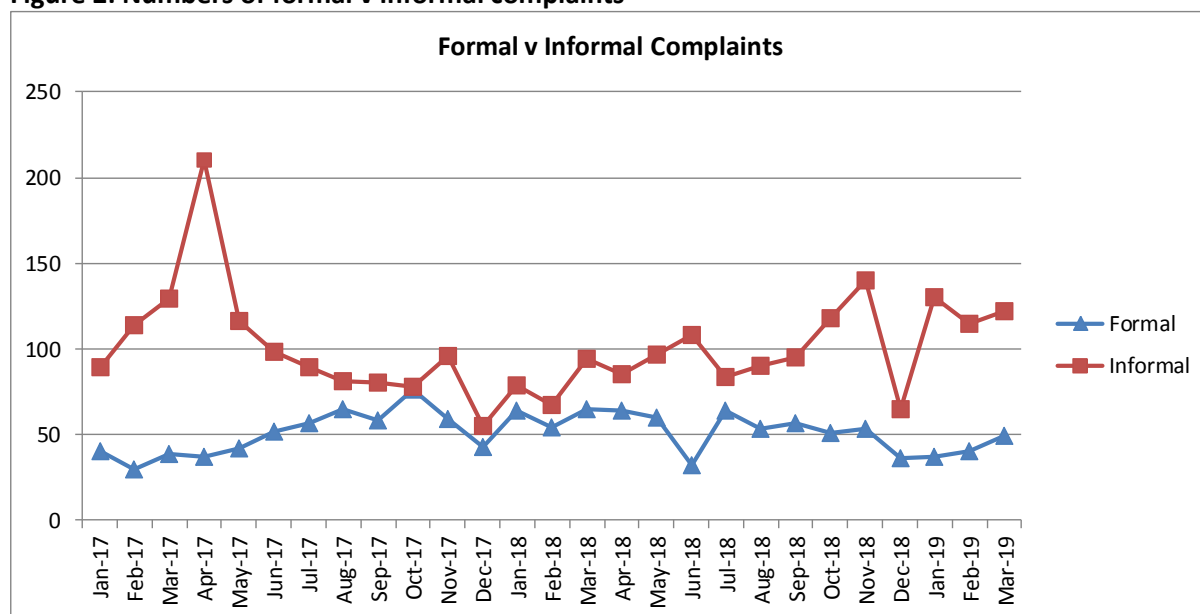


Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. It is encouraging to see that we are consistently dealing with a higher proportion of complaints via the informal process, as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

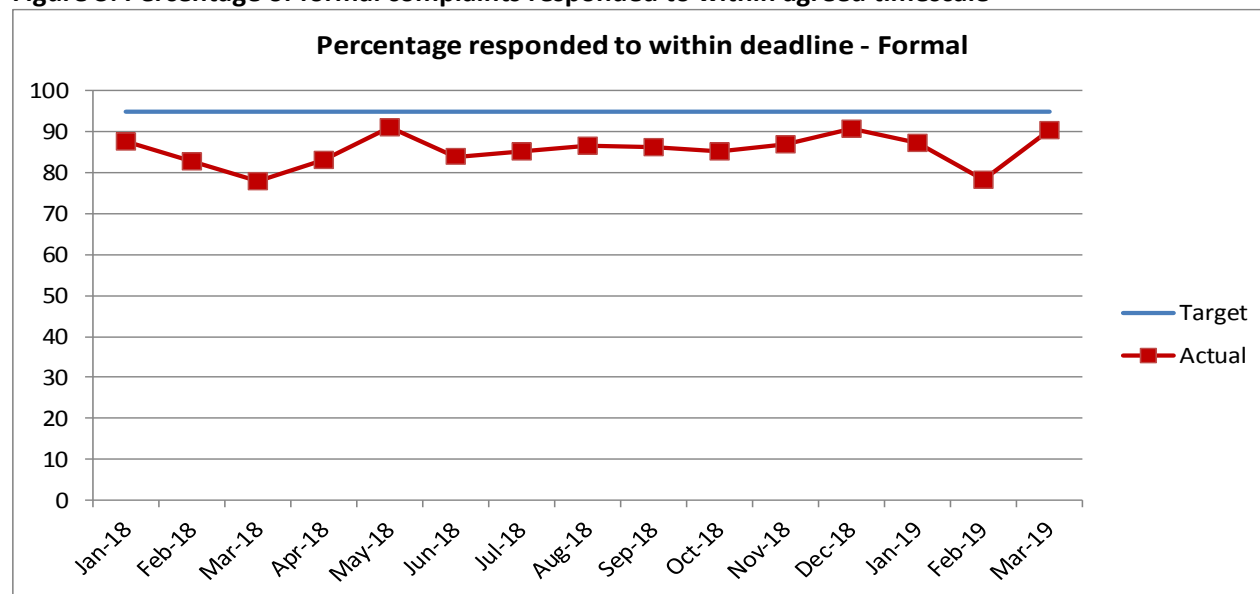
### 1.2.1 Formal Investigations

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 January 2018.

In Q4 2018/19, 88.2% of responses were posted within the agreed timescale. This represents 25 breaches out of the 169 formal complaints which received a response during the quarter<sup>2</sup>. This unfortunately does not reflect an improvement on the 88.1% reported in Q3 and 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**

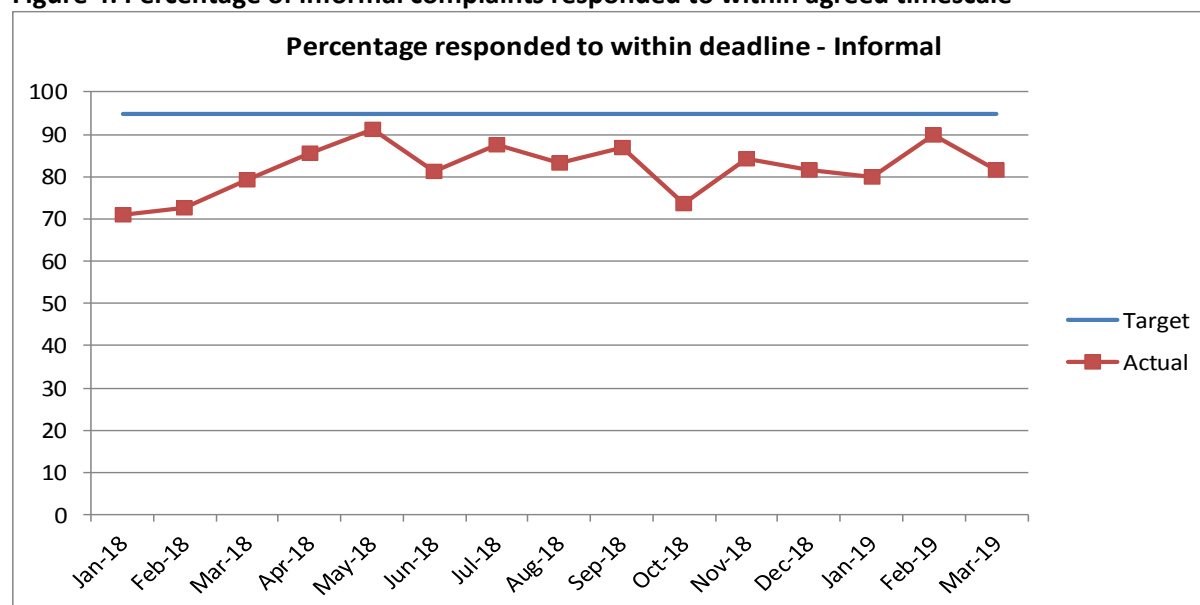


### 1.2.2 Informal Investigations

In Q4 2018/19, the Trust received 367 complaints that were investigated via the informal process. During this period, the Trust responded to 231 complaints via the informal complaints route and 84.0% of these were responded to by the agreed deadline.

Figure 4 (below) shows performance since January 2018, for comparison with formal complaints, although it should be noted that the 95% target was only formally introduced in Q4.

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



### 1.3 Dissatisfied complainants

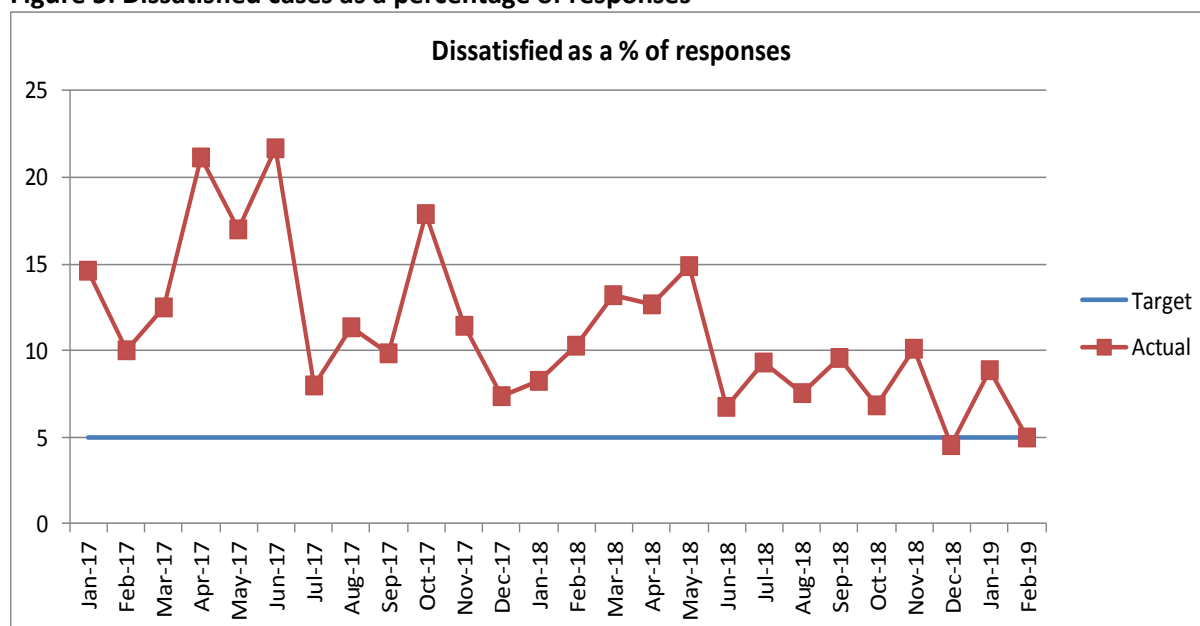
Since we commenced reporting on this metric, our target has been for less than 5% of complainants to be dissatisfied with our [formal] response to their complaint. However, as detailed in the Q3 complaints report, a detailed review of all dissatisfied cases revealed that the best possible score the Trust could have achieved would have been between 6% and 8%. It has subsequently been agreed that the current target of 5% would be re-based to 8% for 2019/20, i.e. with effect from Q1 2019/20.

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 Q4 2018/19, by the cut-off point of mid-April 2019 (the point at which dissatisfied data for Q4 was confirmed for board reporting), eight complainants who received a first response from the Trust in January and February 2019, had contacted us to say they were dissatisfied. This represents 7.0% of the 114 first responses sent out during that period.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since January 2017.

**Figure 5: Dissatisfied cases as a percentage of responses**



## 2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q4 2018/19 compared with Q3 2018/19.

Complaints regarding ‘appointments and admissions’ remained high, accounting for almost a third of all complaints received, with 25 of these being for Bristol Heart Institute, 20 for Bristol Eye Hospital and 16 for Bristol Dental Hospital,

There was also an overall increase in complaints about ‘attitude and communication’. Half of these complaints (57) were in respect of the attitude of staff. Failure to answer the telephone or failure to

respond accounted for 21 complaints. Bristol Eye Hospital received 17 of complaints in this category, whilst Bristol Royal Hospital for Children received 16, although there were no departmental trends identified at either site.

**Table 1: Complaints by category/theme**

Category/Theme	Number of complaints received in Q4 (2018/19)	Number of complaints received in Q3 (2018/19)
Appointments & Admissions	154 (31.2% of all complaints) ↑	135 (29.2% of all complaints) ↑
Clinical Care	124 (25.2%) ↑	123 (26.6%) ↓
Attitude & Communication	114 (23.1%) ↑	90 (19.4%) ↑
Facilities & Environment	56 (11.4%) ↓	62 (13.4%) ↑
Information & Support	21 (4.3%) ↓	32 (6.9%) ↑
Documentation	14 (2.8%) ↑	13 (2.8%) ↑
Discharge/Transfer/Transport	7 (1.4%) ↓	8 (1.7%) ↓
Access	3 (0.6%) ↑	0 (0%) ↓
<b>Total</b>	<b>493</b>	<b>463</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 just under 70% of the complaints received in Q4 (343/493).

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

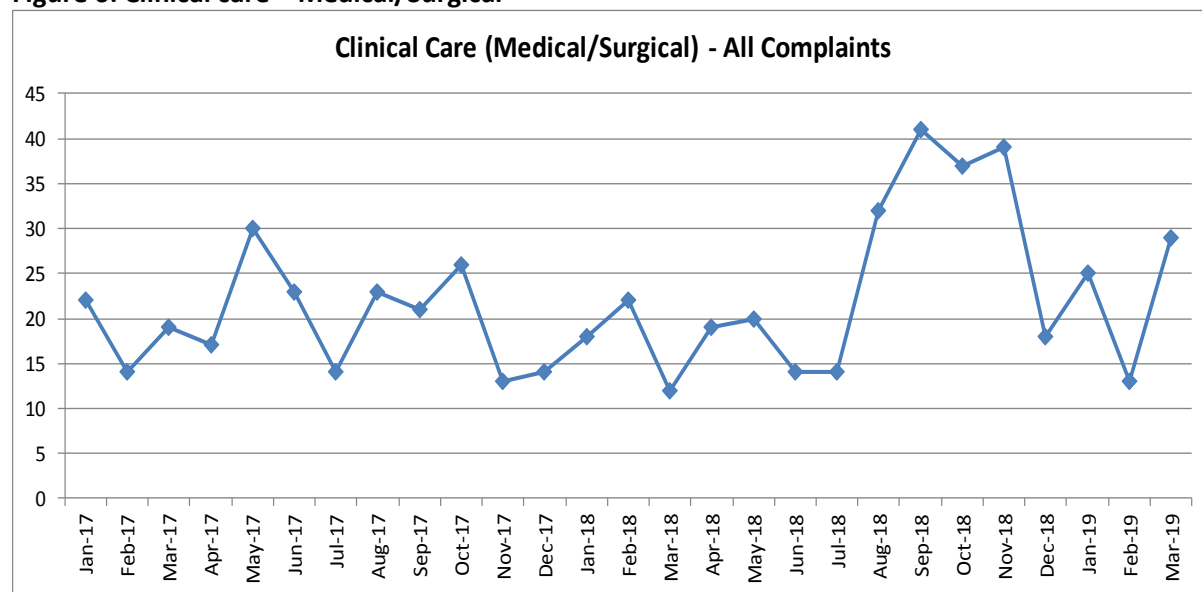
Sub-category	Number of complaints received in Q4 (2018/19)	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)
Cancelled/delayed appointments and operations	87 (6.1% increase compared to Q3) ↑	82	69	96
Clinical care (Medical/Surgical)	67 (28.7% decrease) ↓	94	87	53
Appointment administration issues	42 =	42	48	37
Attitude of medical staff	28 (55.5% increase) ↑	18	15	20
Car Parking	25 (45.7% decrease) ↓	46	16	7
Failure to answer telephones/failure to respond	21 (50% increase) ↑	14	10	9
Communication with patient/relative	19 (58.3% increase) ↑	12	24	29
Lost/Misplaced/Delayed test results	18 (350% increase) ↑	4	4	9
Attitude of nursing/midwifery staff	13 (62.5% increase) ↑	8	13	8
Attitude of administrative/clerical staff	13 (18.8% decrease) ↓	16	10	12
Clinical care (Nursing/Midwifery)	10 (23.1% decrease) ↓	13	37	24

In Q4, the number of complaints categorised as ‘facilities and environment’ decreased and, whilst almost half of these (25) were still in respect of car parking, there were just three in March 2019, suggesting that actions taken to resolve the parking issues at South Bristol Community Hospital have had the desired effect. There was also a significant decrease in complaints about ‘clinical care (medical/surgical)’. A sub-category appearing in this table for the first time in Q4 is

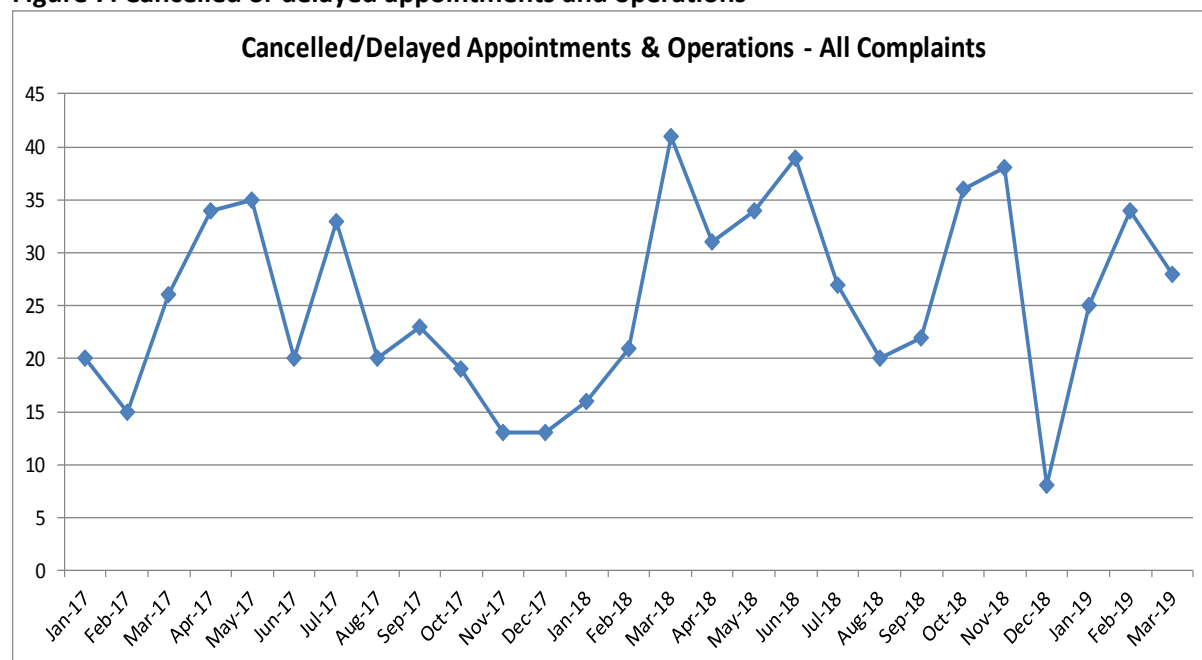
‘Lost/Misplaced/Delayed test results’. Whilst the total number of complaints in this sub-category is not high, it is a substantial increase on previous quarters. However, there are not any identifiable trends – the complaints are spread across a variety of sites and departments. This will be monitored closely to identify whether the Q4 figure was a ‘one off’.

Figures 6-9 (below) show the longer term pattern of complaints received since January 2017 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows a reduction in complaints about clinical care (medical/surgical) compared to the previous two quarters, whilst Figure 8 shows a downward trend in complaints about car parking since a peak in November 2018. Trends in sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

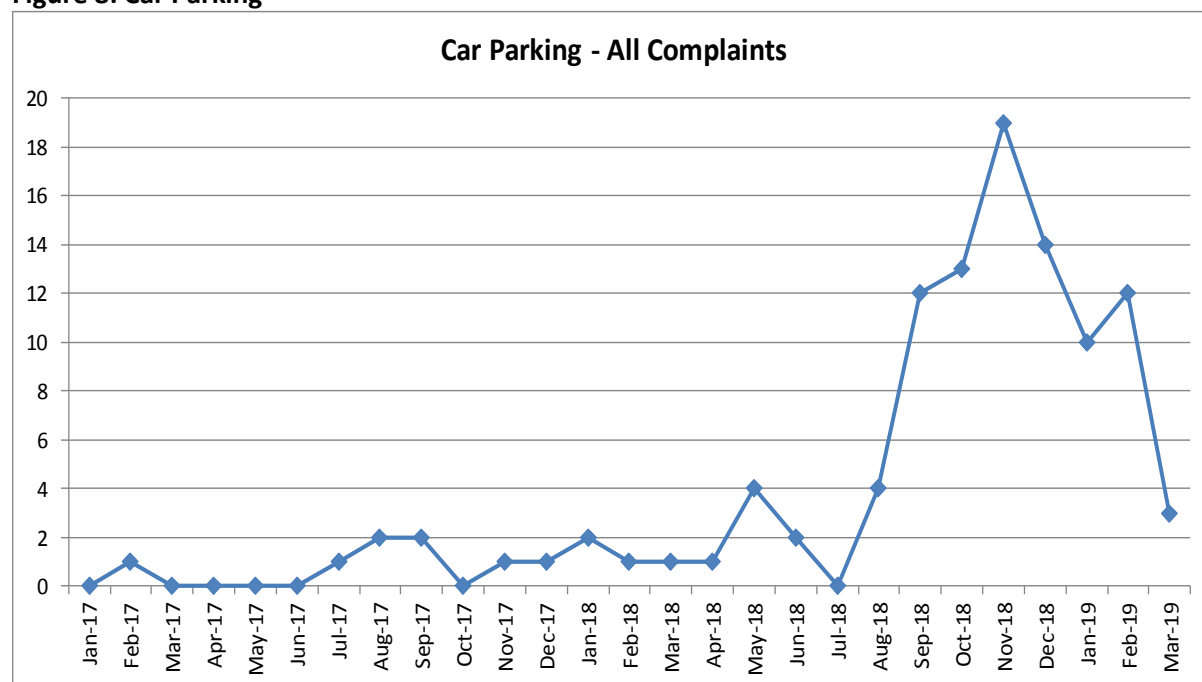
**Figure 6: Clinical care – Medical/Surgical**



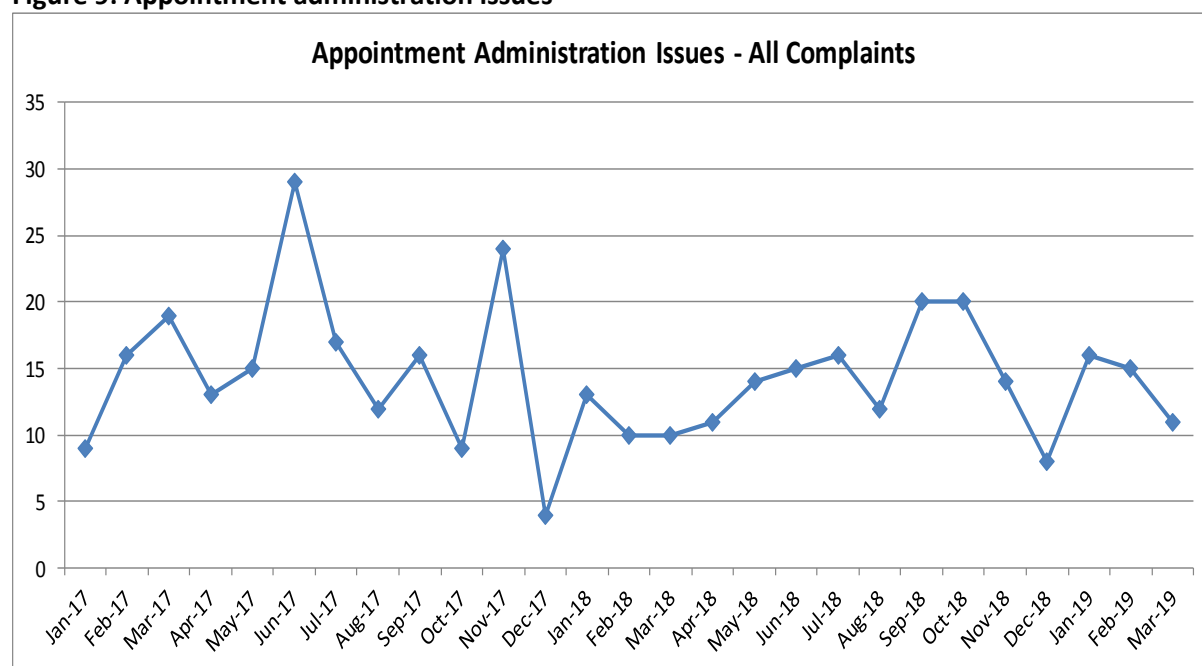
**Figure 7: Cancelled or delayed appointments and operations**



**Figure 8: Car Parking**



**Figure 9: Appointment administration issues**





### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q4 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	176 (138) ↑	98 (92) ↑	65 (59) ↑	70 (74) ↓	25 (19) ↑
Number of complaints about appointments and admissions	66 (66) =	25 (21) ↑	34 (23) ↑	20 (18) ↑	8 (4) ↑
Number of complaints about staff attitude and communication	43 (24) ↑	26 (30) ↓	13 (9) ↑	21 (11) ↑	6 (6) =
Number of complaints about clinical care	52 (34) ↑	28 (27) ↑	12 (21) ↓	24 (35) ↓	5 (6) ↓
Area where the most complaints have been received in Q4	Bristol Dental Hospital (BDH) – 34 (30) Adult Restorative Dentistry (BDH) – 8 (9) Bristol Eye Hospital (BEH) – 57 (41) BEH Administration Dept – 11 (14) Trauma & Orthopaedics – 18 (8) ENT – 8 (10) Upper GI – 11 (8) QDU Endoscopy – 7 (6)	Emergency Department (BRI) – 23 (17) Dermatology – 15 (22) Unity Sexual Health – 6 (10)	BHI (all) – 44 (38) BHOC (all) – 18 (17) BHI Outpatients – 24 (12) BHI & BHOC Appt Depts – 13 (7) Chemo Day Unit / Outpatients (BHOC) – 10 (7) Ward C708 – 3 (9) Ward C705 – 4 (8)	<b>BRHC (all) – 46 (53)</b> Paediatric Neurology & Neurosurgical – 5 (7) Children's ED (E308) – 3 (6) Paediatric Orthopaedics – 3 (5) ENT (BRHC) – 1 (4)  <b>StMH (all) – 24 (20)</b> Gynaecology Outpatients (StMH) – 6 (6)	Radiology – 9 (7) Audiology – 2 (5) Physiotherapy – 3 (1)
Notable deteriorations compared with Q3	Bristol Eye Hospital (BEH) – 57 (41) Trauma & Orthopaedics – 18 (8)	Emergency Department (BRI) – 23 (17)	BHI Outpatients – 24 (12) BHI & BHOC Appt Depts – 13 (7)	No notable deteriorations	No notable deteriorations
Notable improvements compared with Q3	No notable improvements	Dermatology – 15 (22)	Ward C708 – 3 (9) Ward C705 – 4 (8)	ENT (BRHC) – 1 (4) Children's ED (E308) – 3 (6)	Audiology – 2 (5)

### 3.1.1 Division of Surgery

There was an increase of 27.5% in the total number of complaints received by the Division of Surgery in Q4, compared with Q3. However, it should be noted that Q3 figures are generally lower across the Trust, due to the historically lower number of complaints received in December. Complaints received by Bristol Dental Hospital, Bristol Eye Hospital and Trauma & Orthopaedics increased in Q4 following decreases in Q3.

Complaints about 'clinical care' increased significantly, as did those categorised under 'attitude and communication'. Complaints regarding 'appointments and admissions', which includes cancelled and delayed appointments and surgery, remained at the same level as reported in Q3.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Appointments & Admissions	66 (37.5% of total complaints) =	66 (47.8% of total complaints) ↑
Clinical Care	52 (29.5%) ↑	34 (24.6%) ↓
Attitude & Communication	43 (24.3%) ↑	24 (17.4%) ↑
Information & Support	7 (3.9%) ↑	4 (2.9%) ↑
Documentation	2 (1.2%) ↓	3 (2.2%) ↓
Discharge/Transfer/Transport	2 (1.2%) ↓	3 (2.2%) ↑
Access	2 (1.2%) ↓	3 (2.2%) ↓
Facilities & Environment	2 (1.2%) ↑	1 (0.7%) =
<b>Total</b>	<b>176</b>	<b>138</b>

**Table 5: Top sub-categories**

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Cancelled or delayed appointments and operations	37 ↓	42 ↑
Clinical care (medical/surgical)	26 ↑	25 =
Appointment administration issues	17 ↓	22 ↓
Failure to answer telephones/ failure to respond	13 ↑	4 ↓
Attitude of Medical Staff	10 ↑	6 ↑
Attitude of Dentist	9 ↑	1 =
Communication with patient/relative	8 ↑	2 ↓
Lost/Misplaced/Delayed test results	6 ↑	1 ↑

**Table 6: Divisional response to concerns highlighted by Q4 data**

Concern	Explanation	Action
<p>Complaints received by Bristol Eye Hospital increased from 41 in Q3 to 57 in Q4. Almost half of the complaints (27) related to outpatient services, 11 were about inpatient services, four were for the Emergency Department and 14 came under 'other' for the type of service (these include administrative functions, reception, waiting areas, etc.)</p> <p>11 complaints were received in respect of the Administration Department and the majority were about appointment issues.</p>	<p>We note that the overall number of complaints in the BEH is rising as an overall trajectory from May 2017 (see Figure 12). The majority of formal complaints for the BEH refer to the quality of information provided to patients about their future care pathway following appointments, treatment and admission.</p> <p>Analysis reveals that most of these complaints were about the availability of appointments or about delays/cancelled appointments and waiting time in clinic</p>	<p>During Q2 2019/20 we will undertake a detailed analysis of the rising trend in complaints since 2017.</p> <p>Work is ongoing to maximise utilisation of available appointments, and two new posts have been approved in the Operating Plan for 2019/20, which will reduce the need for doctors to cover the BEH ED, which will in turn provide additional capacity and support waiting time reduction.</p>
<p>Complaints about the Trauma &amp; Orthopaedics (T&amp;O) service increased from eight in Q3 to 18 in Q4. Appointments and admissions accounted for half of these complaints, with the others being about clinical care (5), attitude and communication (2) and one was in relation to a patient's discharge arrangements.</p>	<p>Access to and cancelled appointments were the main problems.</p> <p>Formal complaints referred to queries about clinical care and how this is communicated /interpreted at the time of consultations.</p> <p>No trends were identified with regard to staff attitude.</p>	<p>There are significant challenges within this service relating to medical staffing.</p> <p>The hand service remains closed and patients are being redirected to other providers by the ERS service.</p>
<p>Complaints received by Bristol Dental Hospital increased slightly from 30 in Q3 to 34 in Q4. Eight of these complaints were about Adult Restorative Dentistry and seven each were received in respect of the Administration Department and Oral Medicine.</p>	<p>The overall trajectory of complaints about the BDH has continued to reduce overall since June 2017 (see Figure 11). There was a slight increase in Q4 but not at concerning levels</p> <p>Following a review there were no specific trends identified regarding complaints in BDH in Q4.</p>	<p>We will continue to monitor for trends in the overall trajectory at the BDH and for any specific themes.</p>

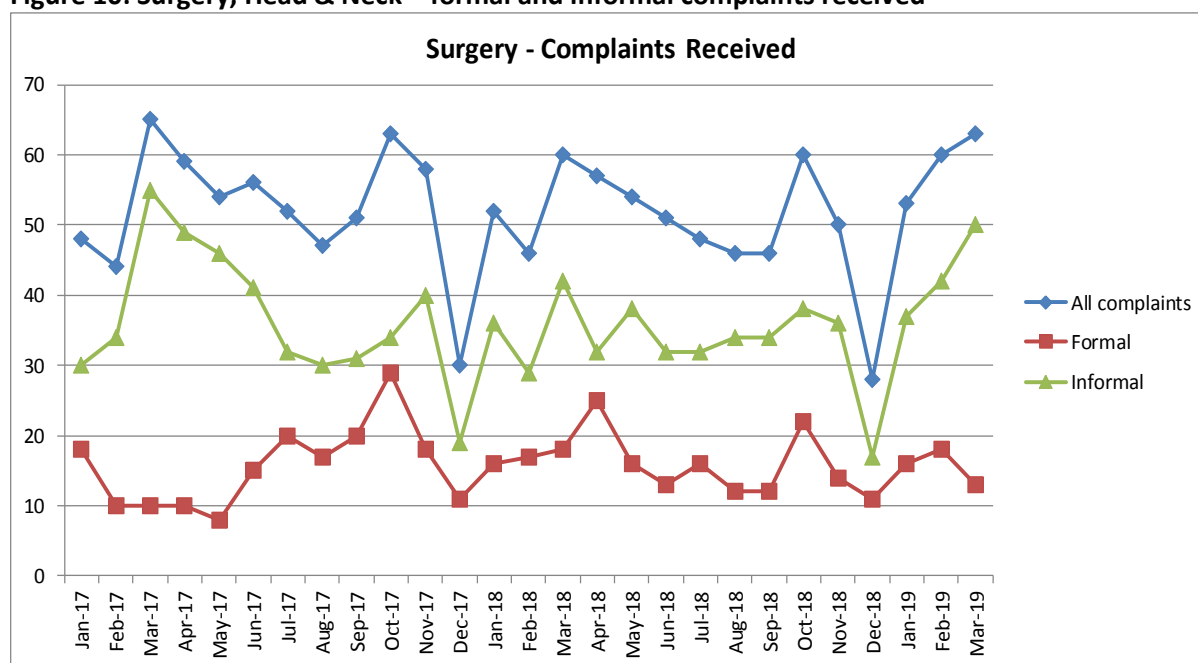
## Current divisional priorities for improving how complaints are handled and resolved

- Complaint handling performance remains consistently high and this needs to be maintained
- We continue to see an increase in informal complaints that are successfully resolved
- Through further complaints training we will continue to encourage the timely resolution of complaints locally where possible.
- The division is continuing to build a culture of learning from complaints by ensuring feedback is shared with staff.

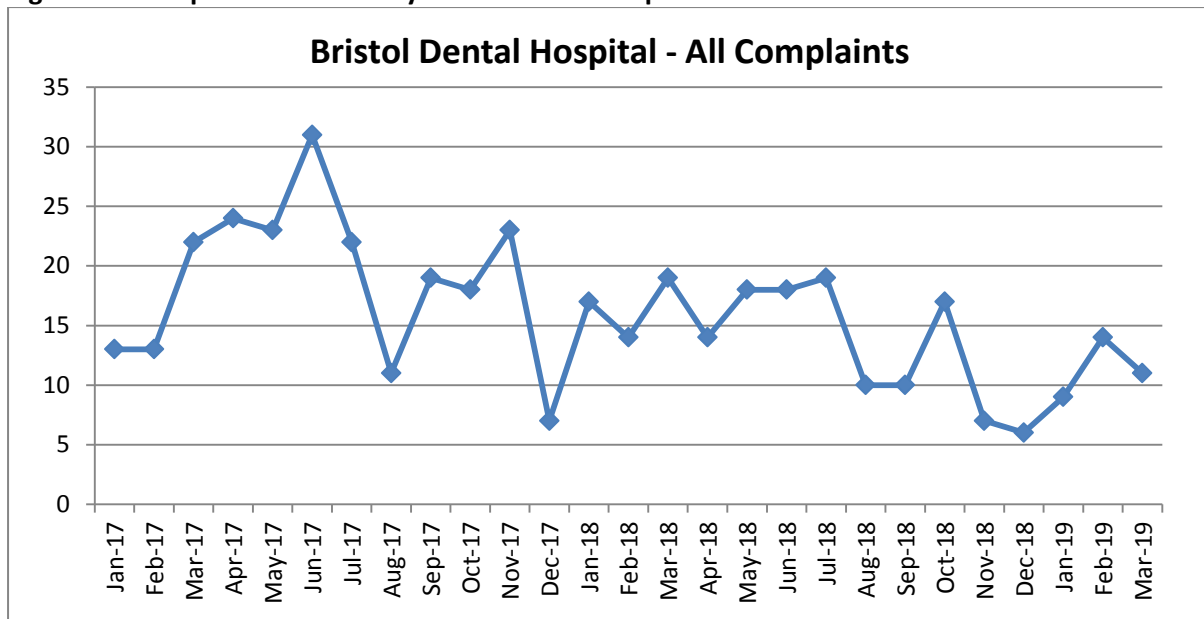
## Priority issues we are seeking to address based on learning from complaints

- Analysis of Q4 data shows a notable increase in complaints about ‘failure to answer telephones/failure to respond’. We will highlight this as an increasing trend at governance meetings and through Divisional communication.
- Analysis will be undertaken in Q2 to understand the why we are seeing an overall increase in the number of complaints at the Bristol Eye Hospital.

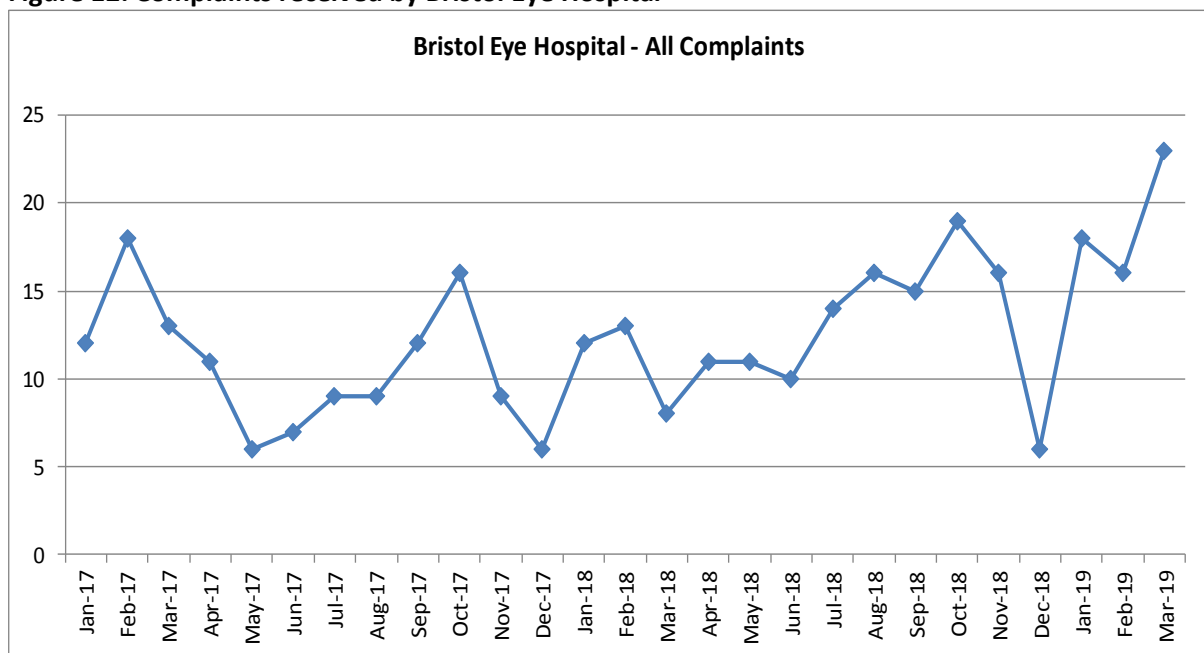
**Figure 10: Surgery, Head & Neck – formal and informal complaints received**



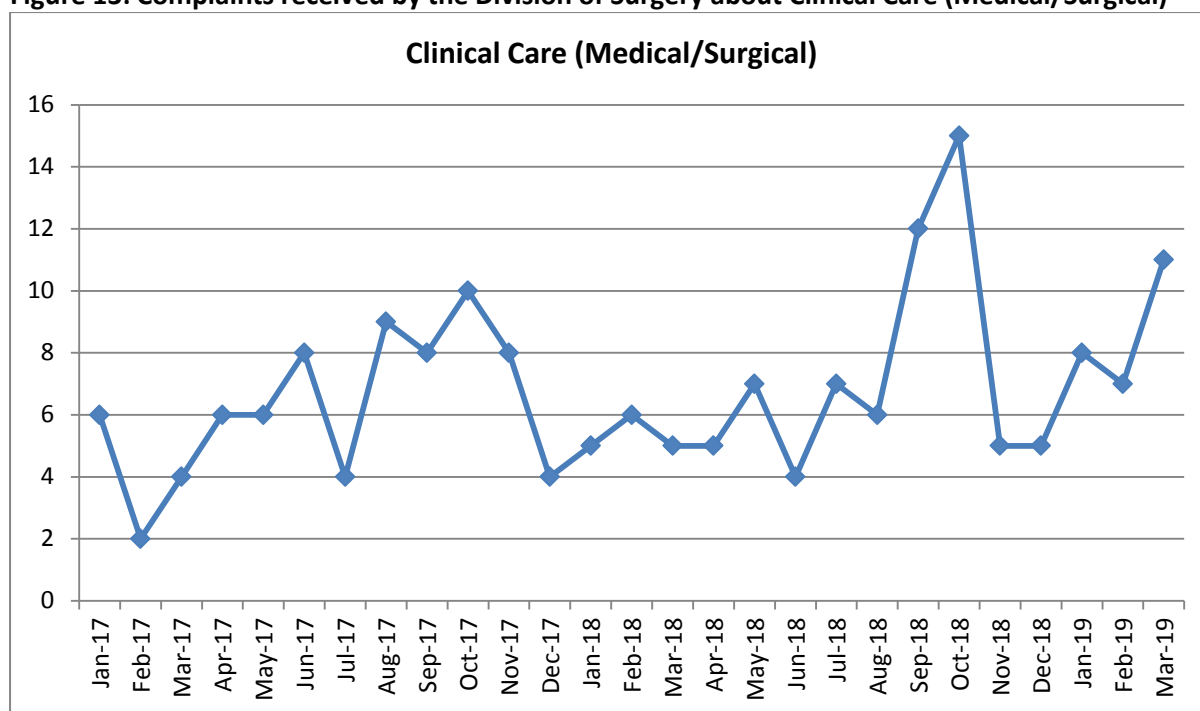
**Figure 11: Complaints received by Bristol Dental Hospital**



**Figure 12: Complaints received by Bristol Eye Hospital**



**Figure 13: Complaints received by the Division of Surgery about Clinical Care (Medical/Surgical)**



### 3.1.2 Division of Medicine

In Q4, the Division of Medicine received a slightly higher number of complaints compared with Q3 (98 compared with 92 in Q3). Complaints received by Dermatology decreased, following a concerted effort by the Division to address the capacity problems being experienced within the department. There was an increase in the number of complaints received for the Emergency Department (23 in Q4, compared with 17 in Q3).

There were increases in the number of complaints received in respect of 'appointments and admissions' and 'facilities and environment', although complaints fell in the category of 'attitude and communication' following the significant increase reported in Q3. Whilst the numbers are small, the Division continues to have the highest number of complaints relating to lost personal property.

**Table 7: Complaints by category type**

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Clinical Care	28 (28.6% of total complaints) ↑	27 (29.4% of total complaints) ↓
Attitude & Communication	26 (26.5%) ↓	30 (32.6%) ↑
Appointments & Admissions	25 (25.5%) ↑	21 (22.8%) ↓
Facilities & Environment	9 (9.2%) ↑	5 (5.4%) =
Documentation	5 (5.1%) ↑	4 (4.3%) ↑
Discharge/Transfer/Transport	4 (4.1%) ↑	2 (2.2%) ↓
Information & Support	1 (1.0%) ↓	3 (3.3%) ↓
Access	0 (0%) =	0 (0%) ↓
<b>Total</b>	<b>98</b>	<b>92</b>

**Table 8: Top sub-categories**

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Cancelled or delayed appointments and operations	17 ↑	14 ↑
Clinical care (medical/surgical)	18 ↓	22 ↓
Attitude of medical staff	10 ↑	8 ↑
Attitude of nursing staff	6 ↑	4 =
Appointment administration issues	5 ↑	4 ↓
Personal (lost) property	5 ↑	4 ↑
Attitude of A&C staff	3 ↓	5 ↑
Communication with patient/relative	3 =	3 ↓
Lost/Misplaced/Delayed test results	3 ↑	2 ↑

**Table 9: Divisional response to concerns highlighted by Q4 data**

Concern	Explanation	Action
Complaints received for the Emergency Department increased from 17 in Q3 to 23 in Q4. Eight of the 23 complaints received were about attitude and communication, seven related to clinical care and three complaints were made under the category of facilities and environment (including lost personal property and cleanliness of the department).	<p>The increase in complaints is a seasonal effect and has a direct correlation to operational pressures, crowding and increased waiting to be seen times.</p> <p>These operational pressures have resulted in an increase in stress related sickness amongst staff, further compounding the pressure on remaining staff.</p> <p>Whilst not intentional, this impacts negatively on the ED staff's communication with patients, compromising how they are kept informed in a kind and compassionate way, which is always the team's intention.</p>	<p>Complaint themes are reviewed at the ED multidisciplinary meeting and relevant action planning occurs, including discussion at Board rounds, teaching sessions and the departmental mortality and morbidity meetings where appropriate. Messages regarding a focus on kindness and compassion are being included in daily safety briefings and messages of the week. As part of their monitoring, the ED Matrons escalate any concerns about departmental cleanliness and where the cleaning specification does not appear to be being delivered. Additional security is in place in the reception area to deal with incidents of antisocial or violent/aggressive behavior, to improve the patients' experience in the waiting area.</p> <p>Specific training is being undertaken with unregistered nursing staff regarding the management of patient property, specifically patients' lost property.</p>

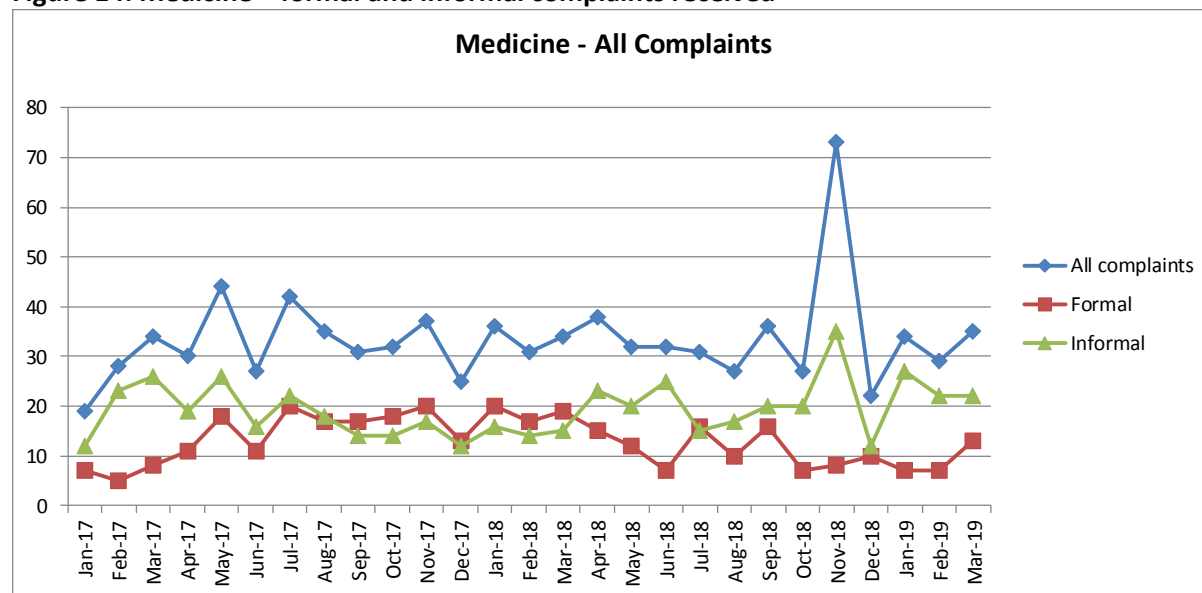
## Current divisional priorities for improving how complaints are handled and resolved:

To encourage staff to manage complaints at the first point of contact at the time the issue occurred – this will improve the patient experience and will not delay patients and/or relatives receiving a timely response to their concerns, leading to a more positive outcome.

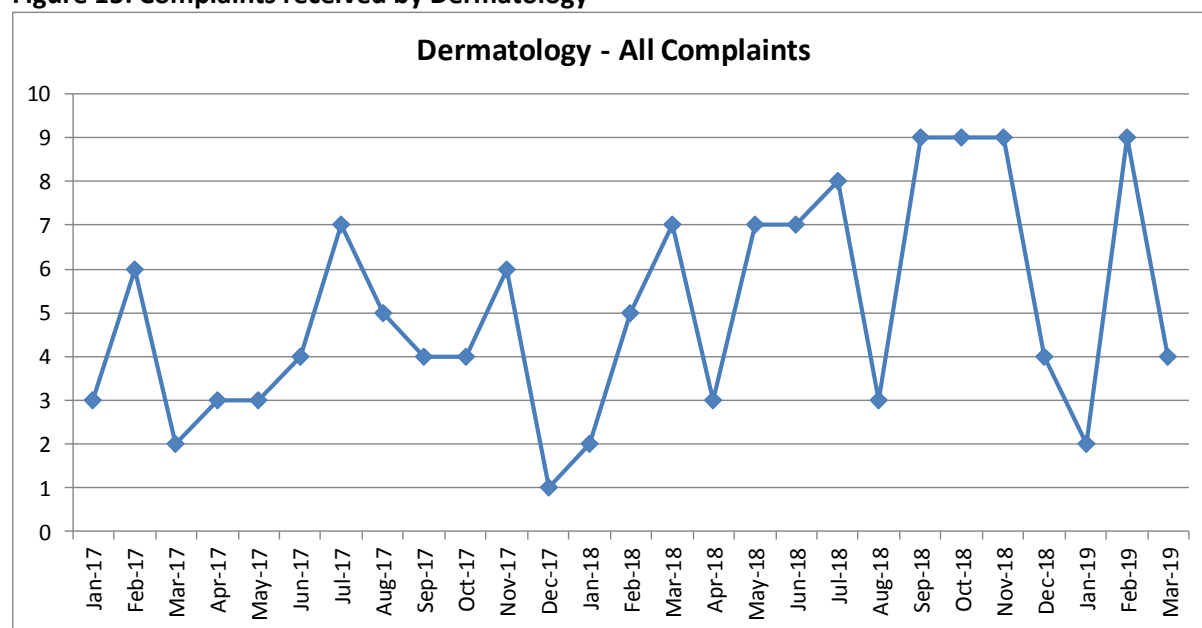
## Priority issues we are seeking to address based on learning from complaints:

Communication issues – reinforcing the Trust Values and how they are used to avoid complaints regarding attitude of staff.

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

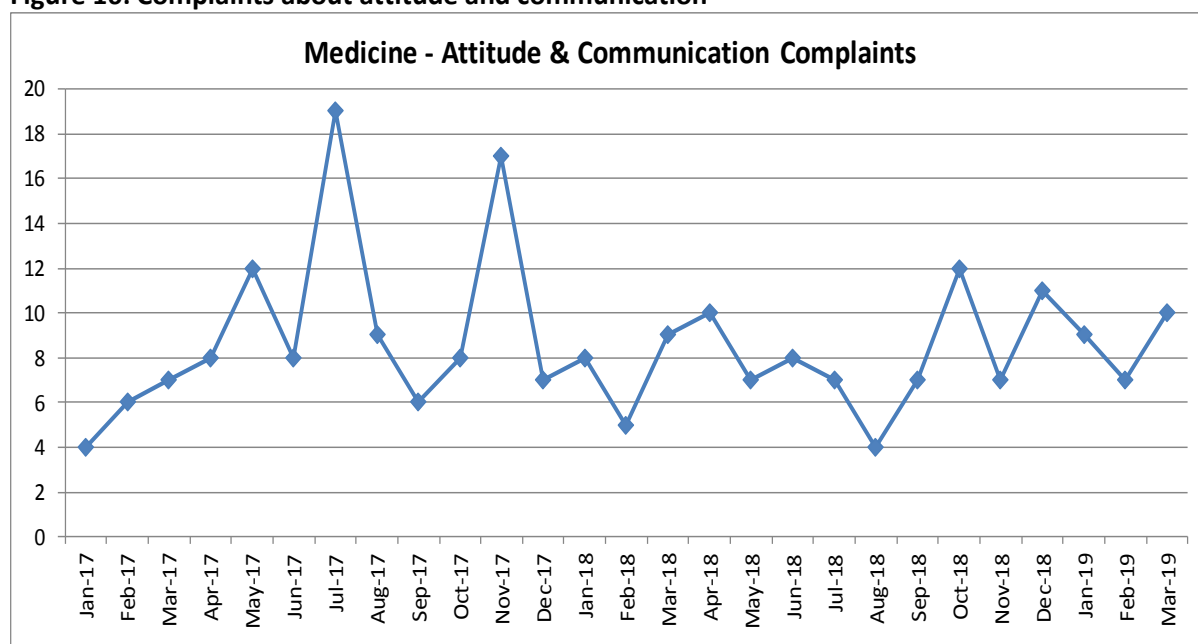


**Figure 15: Complaints received by Dermatology**





**Figure 16: Complaints about attitude and communication**



### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 65 new complaints in Q4; an increase on the 59 received in Q3. Of these 65 complaints, 44 were for the Bristol Heart Institute (BHI), compared with 38 in Q3, and 18 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 17 in Q3. The remaining three complaints were for the Clinical Genetics service based at St Michael's Hospital.

Over half of all complaints received by the Division in Q4 (52.4%) came under the category of 'appointments and admissions', which includes complaints about cancelled and delayed appointments and surgery. There was also an increase in the number of complaints received in the category of 'attitude and communication' with 13 complaints received, compared with nine in Q3.

Complaints in all sub-categories increased in Q4, compared with Q3, with the exception of 'clinical care (medical/surgical)' which decreased significantly, from 18 in Q3 to six in Q4. This was in line with a decrease overall in complaints about 'clinical care', from 21 in Q3 to 12 in Q4.

**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Appointments & Admissions	34 (52.4% of total complaints) ↑	23 (39% of total complaints) ↑
Attitude & Communication	13 (20%) ↑	9 (15.3%) ↓
Clinical Care	12 (18.5%) ↓	21 (35.6%) ↓
Documentation	3 (4.6%) ↑	2 (3.4%) ↑
Information & Support	1 (1.5%) ↓	3 (5.1%) ↓
Discharge/Transfer/Transport	1 (1.5%) =	1 (1.7%) ↓
Facilities & Environment	1 (1.5%) ↑	0 ↓
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>65</b>	<b>59</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Cancelled or delayed appointments and operations	19 ↑	15 ↓
Appointment administration issues	12 ↑	6 ↑
Clinical care (medical/surgical)	6 ↓	18 ↓
Lost/Misplaced/Delayed test results	4 ↑	1 ↓
Failure to answer phone/ Failure to respond	4 ↑	2 ↑
Attitude of medical staff	3 ↑	1 ↓
Attitude of A&C staff	2 ↑	0 ↓

**Table 12: Divisional response to concerns highlighted by Q4 data**

Concern	Explanation	Action
Complaints received for Bristol Heart Institute Outpatients doubled from 12 in Q3 to 24 in Q4. Eleven of the 24 complaints were made in respect of appointments and admissions, which includes cancelled and delayed appointments or operations.	Four of the eleven complaints about appointments and admission were from patients chasing Pacing/Heart monitor appointments. Three complaints were due to cancelled appointments which was either an admin error or due to consultants' leave. Two of the complaints were about not being able to contact the relevant Department.	With regard to Pacing/Heart monitor appointments – there had been a substantial backlog of patients (400+) but this has now been resolved with use of Agency Staff.
Eight of the complaints were about attitude and communication.	The majority of these eight complaints were about departments not answering the phone. Two complaints related to poor consultant communication with patients.	Consultants have been reminded that they must give six weeks' notice of annual leave. The Division will not cancel appointments unless something has happened beyond its control, e.g. emergency in Cath Lab or emergency leave needed.
The three complaints about clinical care for BHI Outpatients were all in respect of lost/misplaced/delayed test results.	All three clinical care complaints were about chasing test results: one MRI, one gated CT and one stress test.	Awareness of Customer Care training and Breaking Bad News communication skills is being raised through the Division's Safety Brief and Newsletter.
The appointments departments for Bristol Heart Institute and Bristol Haematology & Oncology Centre received a total of 13 complaints in Q4, compared with seven in Q3.	Three complaints related to long waits to be seen in the Haematology Clinic, four related to booking blood tests/line care appointment and oncology appointments, whilst another two were requests to bring	An additional clinic session has been organised for Haematology run by a Consultant and Registrar, alleviating some of the pressure on the Tuesday afternoon clinic and reducing waiting times.

The majority of these (10) were about cancelled or delayed appointments and appointment administration issues).	forward Radiotherapy appointments (which was done).	A new team member is now working on reception to assist with booking blood tests and line care appointments.
---	---	--

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

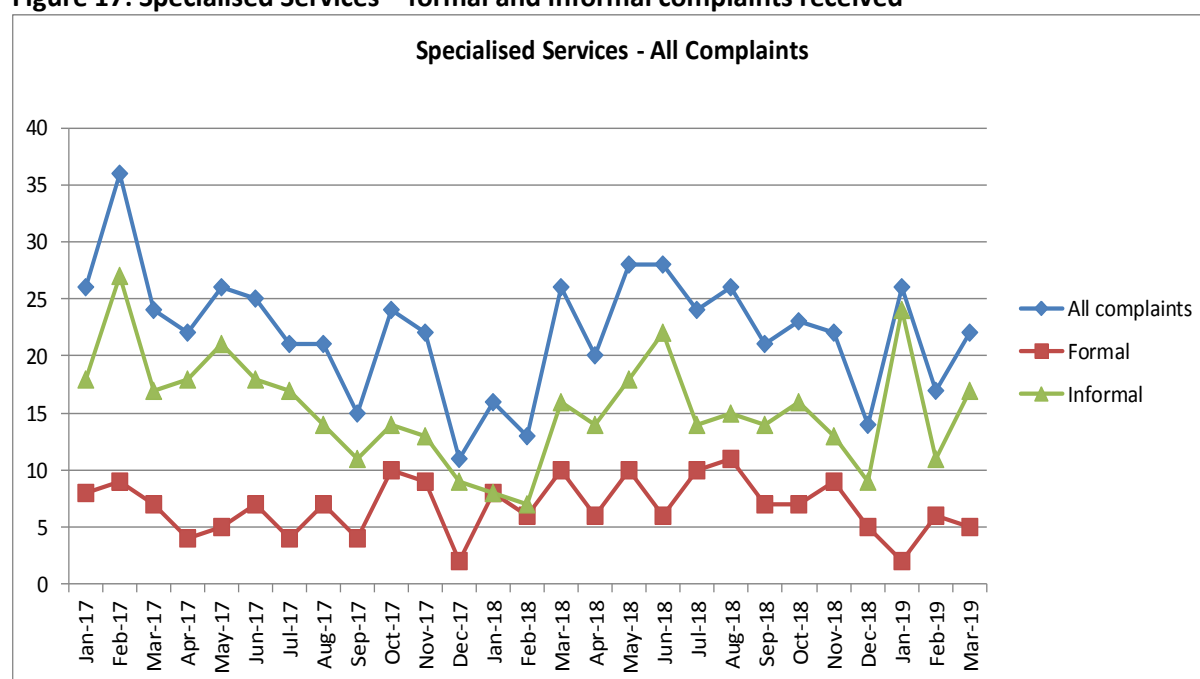
Having more verbal conversations to provide a more personal approach to a complaint, by ringing the complainant to discuss their complaint and ensure have all the issues.

The Division is piloting having more face-to-face meetings with complainants in an effort to provide more effective resolution of their concerns and to reduce dissatisfied responses. Meetings will in future be recorded and complainants will be sent a copy (with appropriate Information Governance arrangements in place); a cover letter will still be provided with the agreed actions and updates included.

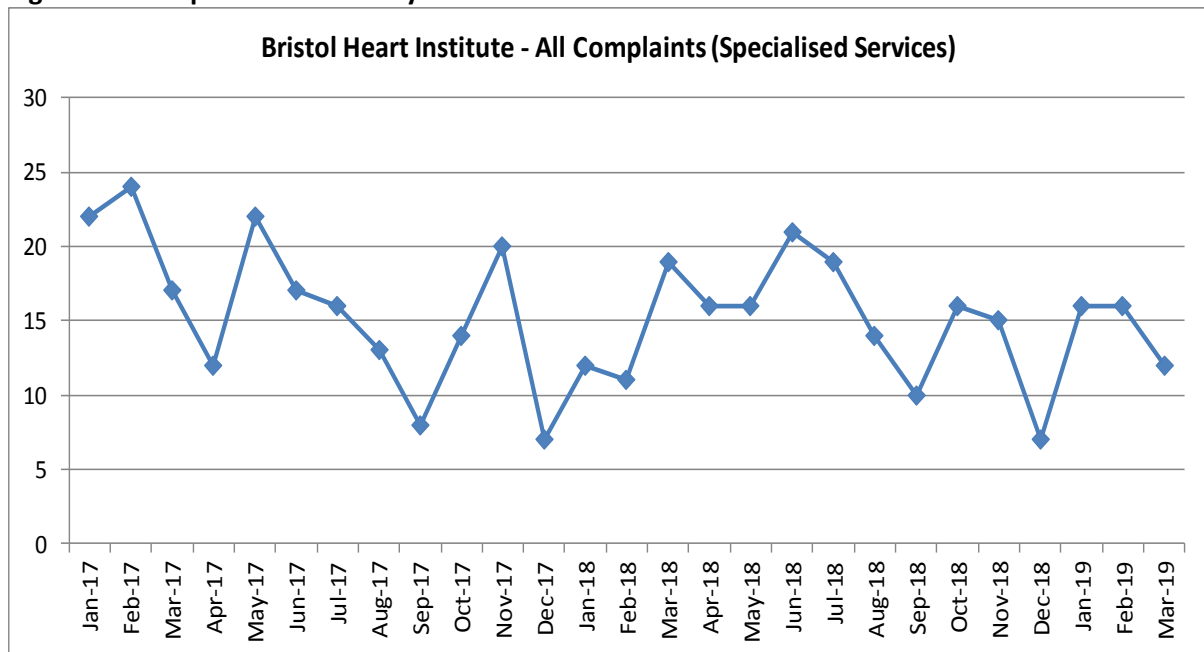
### Priority issues we are seeking to address based on learning from complaints.

Raising awareness of Customer Care and Breaking Bad News /Dealing with difficult conversations training.

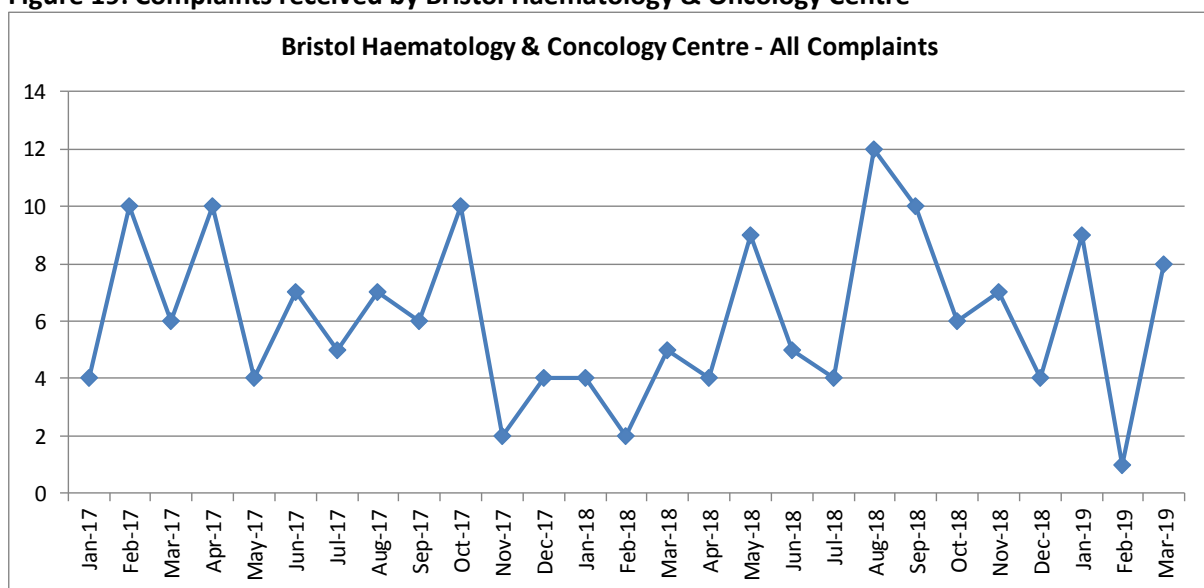
**Figure 17: Specialised Services – formal and informal complaints received**



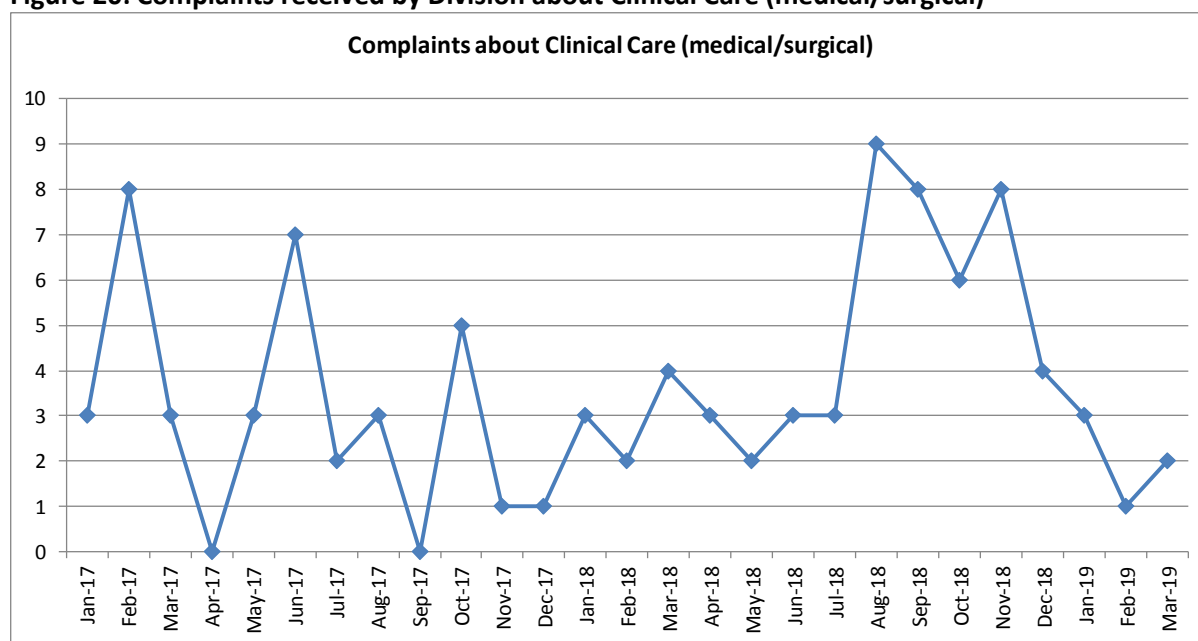
**Figure 18: Complaints received by Bristol Heart Institute**



**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 slightly from 74 in Q3 to 70 in Q4. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 46 of the 71 complaints, a decrease on the 53 received in Q3. 24 of the complaints received were for St Michael's Hospital (StMH), a slight increase on the 20 received in Q3.

There was a notable decrease in the number of complaints received by the Division in respect of 'clinical care' (24 compared with 35 in Q3). This is reflected in the reduced number of complaints in the sub-categories of 'clinical care (medical/surgical)' and 'clinical care (nursing midwifery)' as shown in Table 14 below. However, there was an increase in complaints related to 'attitude and communications', from 11 in Q3 to 21 in Q4.

**Table 13: Complaints by category type**

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Clinical Care	24 (34.3% of total complaints) ↓	35 (47.3% of total complaints) ↓
Attitude & Communication	21 (30.0%) ↑	11 (14.8%) ↓
Appointments & Admissions	20 (28.5%) ↑	18 (24.3%) ↑
Information & Support	2 (2.9%) ↓	6 (8.1%) ↓
Facilities & Environment	2 (2.9%) ↑	1 (1.4%) ↓
Documentation	1 (1.4%) ↓	2 (2.7%) ↑
Discharge/Transfer/Transport	0 (0%) ↓	1 (1.4%) ↑
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>70</b>	<b>74</b>

**Table 14: Top sub-categories**

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Clinical care (medical/surgical)	14 ↓	24 ↑
Cancelled or delayed appointments and	12 ↑	10 ↑
Clinical care (nursing/midwifery)	5 ↓	7 ↓
Communication with patient/relative	5 ↑	4 =
Attitude of nursing/midwifery	5 ↑	2 ↓
Attitude of medical staff	5 ↑	2 ↓
Lost/Misplaced/Delayed test results	4 ↑	2 ↑

**Table 15: Divisional response to concerns highlighted by Q4 data**

Concern	Explanation	Action
<b>BRHC</b>  15 of the 46 complaints received by BRHC (32.6%) related to 'attitude and communication'. The number of complaints in this category was particularly high at the end of the quarter (11 of the 15 complaints were received in March 2019). Nine of the complaints were in relation to inpatient services and six were about outpatient services.	<b>BRHC</b>  Analysis of complaints about attitude and communication shows that these are clustered around specific areas and staff within Children's Services.	<b>BRHC</b>  The areas and individuals identified have been sent on customer service training and spoken to by line managers to aid learning and development as appropriate.

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

StMH Complaints Coordinator attends weekly management meetings to provide an update on complaints and where they are in the process; thus escalating any cases that could potentially breach their response date. The Division is about to advertise for a new Complaints Coordinator, whose remit will include writing complaint responses.

**BRHC**

In the Q3 Complaints Report, it was reported that a new spreadsheet was being developed to identify key themes from complaints. The content of this spreadsheet will be ready for analysis in Q1 2019/20, having gathered several months' worth of data. We will then develop improvement plans to address these themes.

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

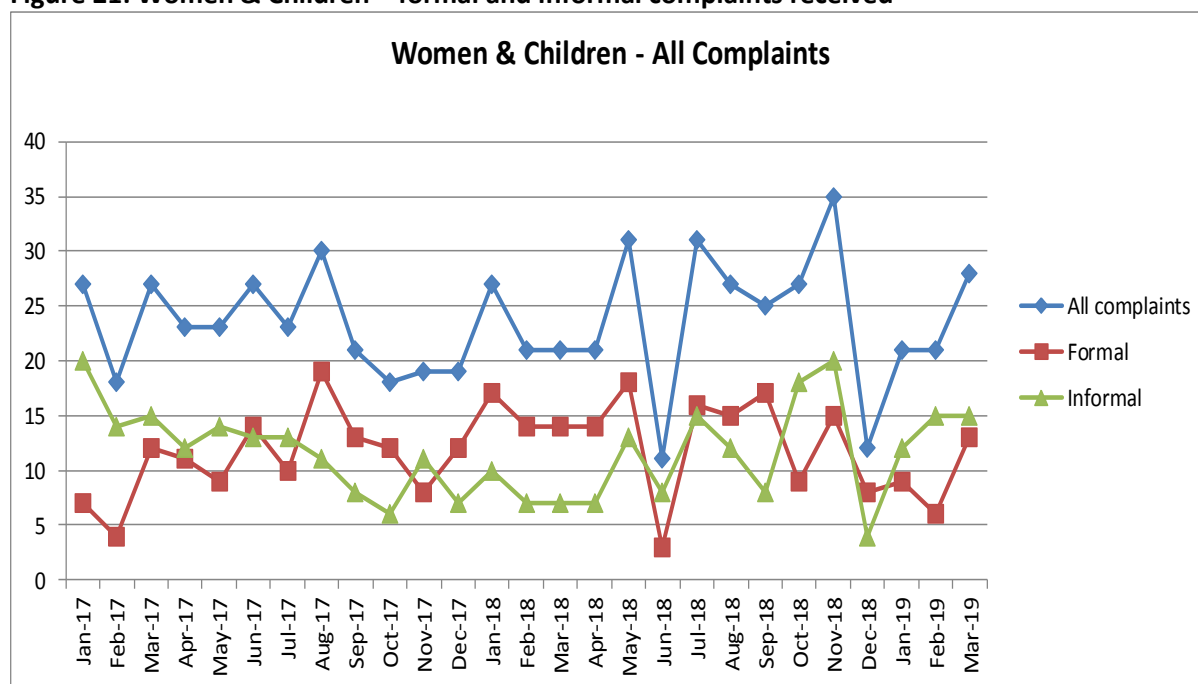
### StMH

- The Head of Midwifery will meet with the manager of the Trust's Overseas Visitors Team, to discuss the wording of the letter sent to overseas visitors; specifically, a process needs to be put in place so that the Finance Department and the Overseas Visitors Team are alerted to where a patient they are involved with has a bereavement.
- Delivery Suite midwives are being encouraged to explain the two call bells in the delivery rooms and, whilst not encouraging patients and visitors to pull the emergency bell, making them aware that it exists.
- Sonographers are now stating clearly on scan reports when an anomaly is suspected and referring to the Fetal Medicine Team.
- Likely timescales (1 to 3 working days) for being contacted by the Fetal Medicine Unit with an appointment are now being given to patients and an appointment will be given within 3 to 5 working days.
- Further "Patient Experience at the Heart" Workshops have been held at St Michaels for all staff.

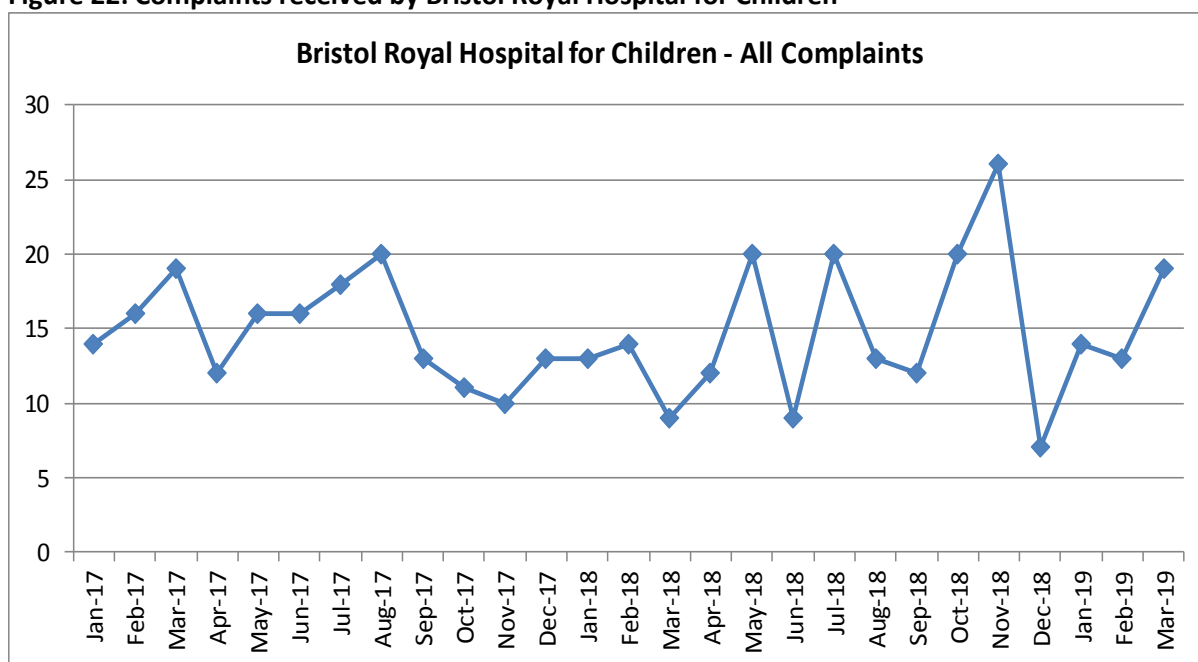
### BRHC

Communication and attitude has been a common theme this quarter; staff and areas have received training on customer service interactions and also leadership development. We are now focussing on developing staff to deal more proactively with concerns and to stop these progressing to complaints where possible.

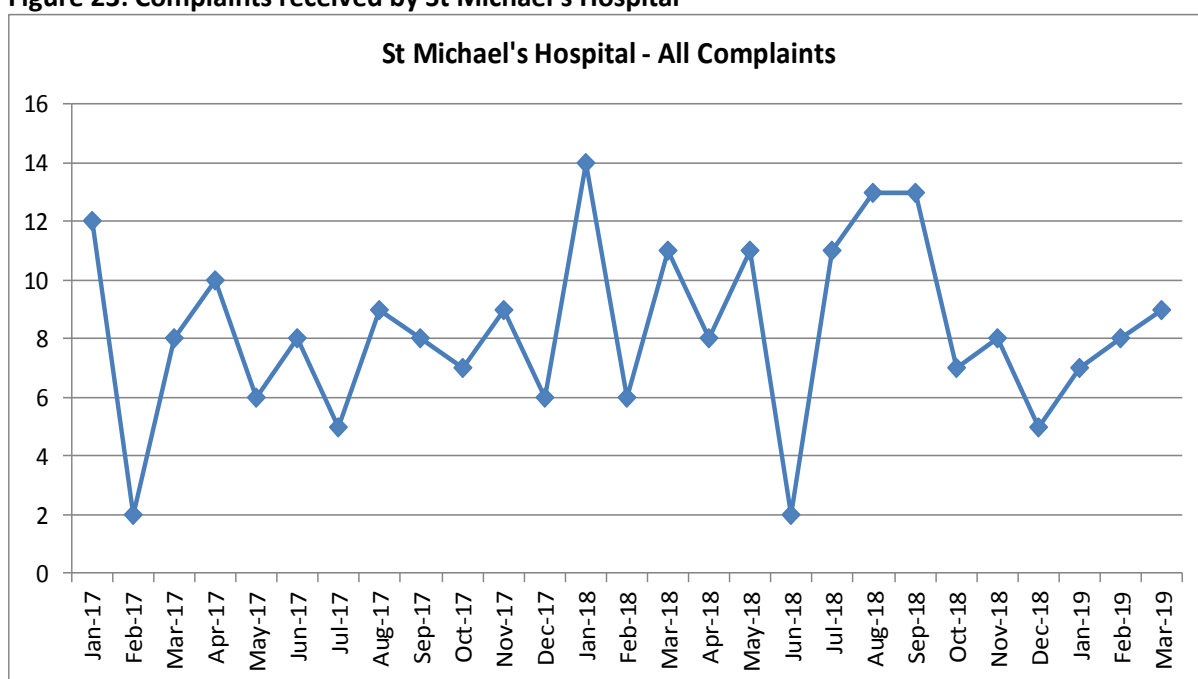
**Figure 21: Women & Children – formal and informal complaints received**



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

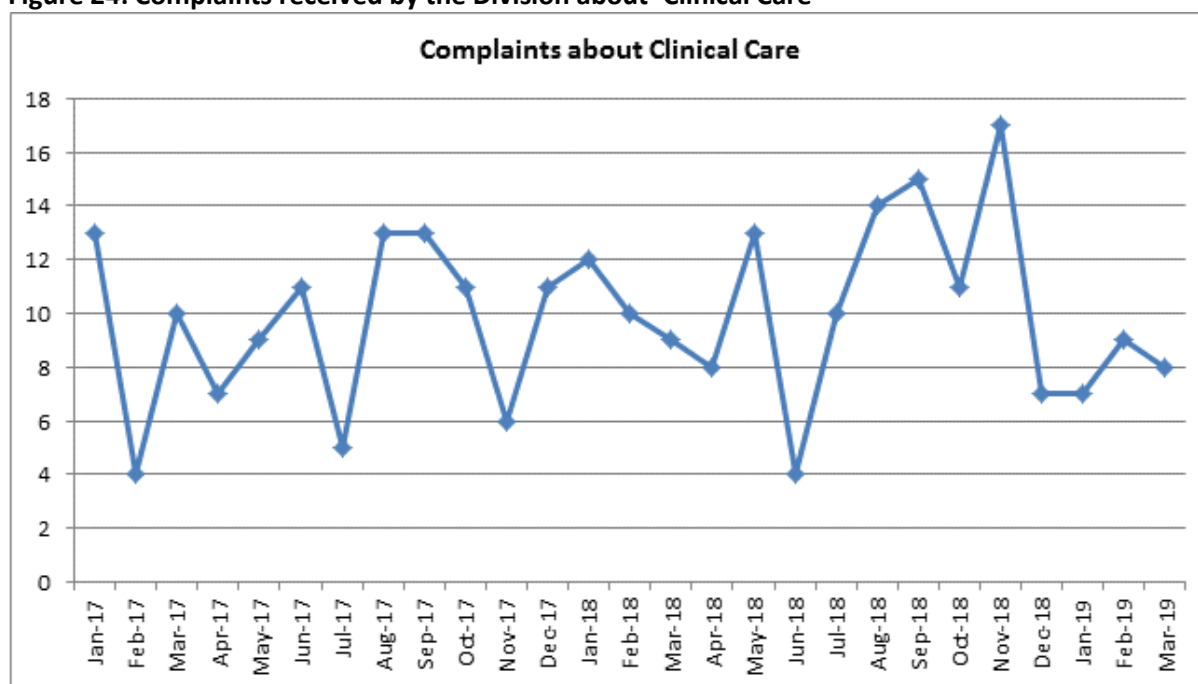


**Figure 23: Complaints received by St Michael's Hospital**





**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 increased from 19 in Q3 to 25 in Q4.

Almost half of the complaints received (12) were for Radiology services, with five being received for Audiology and two for Physiotherapy.

**Table 16: Complaints by category type**

Category Type	Number and % of complaints received – Q4 2018/19	Number and % of complaints received – Q3 2018/19
Appointments & Admissions	8 ↑	4 (21.1%) =
Attitude & Communication	6 =	6 (31.6% of total complaints) ↓
Clinical Care	5 ↓	6 (31.6%) ↑
Facilities & Environment	2 =	2 (10.5%) ↑
Information & Support	2 ↑	1 (5.2%) ↓
Documentation	1 ↑	0 (0%) =
Access	1 ↑	0 (0%) =
Discharge/Transfer/Transport	0 =	0 (0%) =
<b>Total</b>	<b>25</b>	<b>19</b>

**Table 17: Top sub-categories**

Category	Number of complaints received – Q4 2018/19	Number of complaints received – Q3 2018/19
Appointment administration issues	5 ↑	3 ↑
Clinical care (medical/AHPs)	4 ↓	6 ↑
Communication with patient/relative	2 ↑	-
Attitude of medical staff/AHPs	0	3 ↑

**Table 18: Divisional response to concerns highlighted by Q4 data**

Concern	Explanation	Action
Numbers of complaints regarding appointments and admissions remain small in absolute terms but in Q4 they increased to their highest level since Q3 of 2016/17.	The eight complaints received are a mixture of delayed appointment referrals, difficulties in contacting departments, short notice of an appointment, and long delays at Boots Pharmacy.	These complaints are across several services; there is not a particular theme. In each case, the complainant was responded to with an explanation for the delay or apology for the lack of response from the departments and appointments booked or timeline given. Two complaints were not taken forward by the complainants so did not require a response.
Five of the eight complaints in this category are in respect of appointment administration issues.	These complaints were across three different services so there is no particular department of concern. Two of the complaints are in respect of difficulties contacting the department by telephone and three were delayed referrals.	All patients have been contacted, given appointments and received apologies for the difficulties/delays. All referrals were within the required timeframes, with the exception of physiotherapy which was experiencing staffing shortages. We are undertaking a review of our telephone management systems to see if we can improve communications with the departments.

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

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

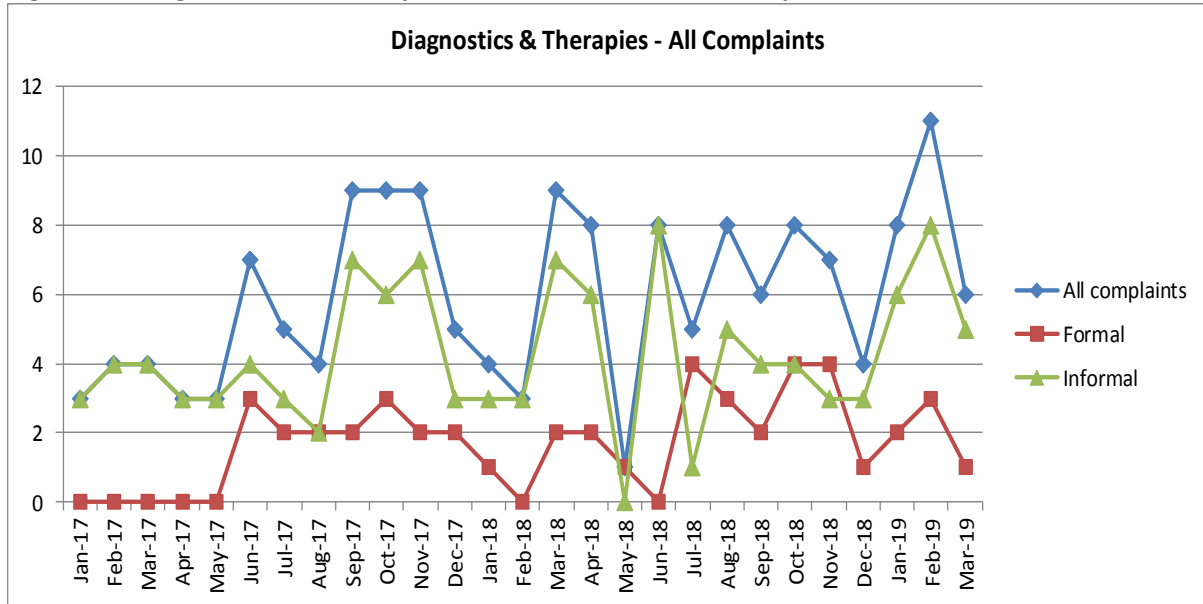
- A complaints coordinator who receives and disseminates the complaints to relevant individuals;
- Input from all services involved;
- Clearly assigned leads within the divisional management team for each complaint;
- Tracking log with timescales for all complaints to ensure deadlines are met;
- Final sign off and review of all formal complaints are undertaken by the Divisional Director;

- 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.

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



### 3.1.6 Division of Trust Services

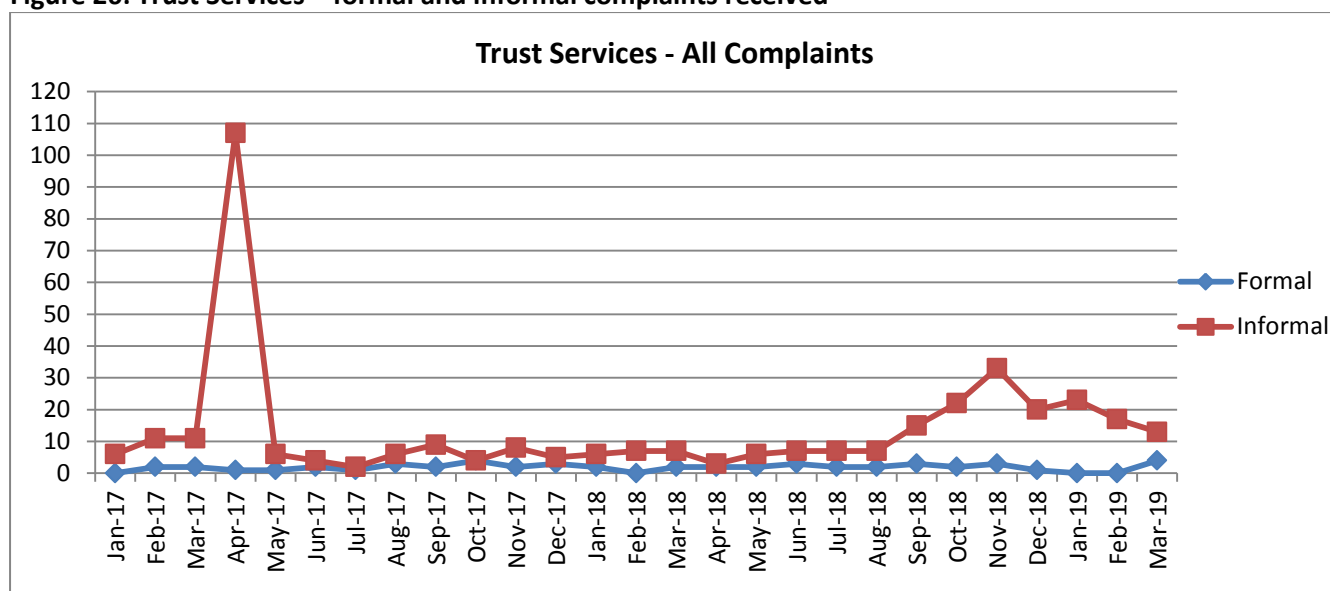
The Division of Trust Services, which includes Facilities & Estates, received 57 complaints in Q4, compared with 81 in Q3 and 36 in Q2.

The high number of complaints received in Q3 has been explained in a previous report, with the majority being in respect of parking issues at South Bristol Community Hospital (SBCH).

Of the 57 complaints received in Q4, 26 were about car parking across various Trust sites. Complaints about the problems at SBCH reduced notably towards the end of the quarter following the implementation of new pay machines and signage.

The remainder of the complaints received were spread across various departments/areas, including Medical Records, Cashiers, the hospital free bus service and Boots Pharmacy (retail).

**Figure 26: Trust Services – formal and informal complaints received**



### 3.2 Complaints by hospital site

Complaints increased across all hospital sites, with the exception of Bristol Royal Hospital for Children, South Bristol Community Hospital and Central Health Clinic, which all saw reductions in the number of complaints received. The most notable increase by percentage was Bristol Eye Hospital, which saw a 39% increase compared with Q3.

**Table 19: Breakdown of complaints by hospital site<sup>3</sup>**

Hospital/Site	Number and % of complaints received in Q4 2018/19	Number and % of complaints received in Q3 2018/19
Bristol Royal Infirmary	193 (39.1% of total complaints) ↑	171 (36.9% of total complaints) ↑
Bristol Eye Hospital	57 (11.7%) ↑	41 (8.9%) ↓
Bristol Royal Hospital for Children	48 (9.7%) ↓	56 (12.2%) ↑
Bristol Heart Institute	48 (9.7%) ↑	40 (8.6%) ↓
St Michael's Hospital	42 (8.5%) ↑	40 (8.6%) ↓
Bristol Dental Hospital	34 (6.9%) ↑	30 (6.5%) ↓
South Bristol Community Hospital	30 (6.1%) ↓	52 (11.2%) ↑
Bristol Haematology & Oncology Centre	22 (4.5%) ↑	18 (3.9%) ↓
Central Health Clinic	8 (1.6%) ↓	12 (2.6%) ↑
Community Dental Sites	3 (0.6%) ↑	0 (0%) =
Southmead and Weston Hospitals (UH Bristol services)	3 (0.6%) ↑	0 (0%) ↓
Estates & Facilities Building	2 (0.4%) ↑	1 (0.2%) =
Trust Headquarters	1 (0.2%) =	1 (0.2%) ↓
IM&T (Southwell Street)	1 (0.2%) ↑	0 (0%) =
Off Trust Premises	1 (0.2%) ↑	0 (0%) =
<b>TOTAL</b>	<b>493</b>	<b>463</b>

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

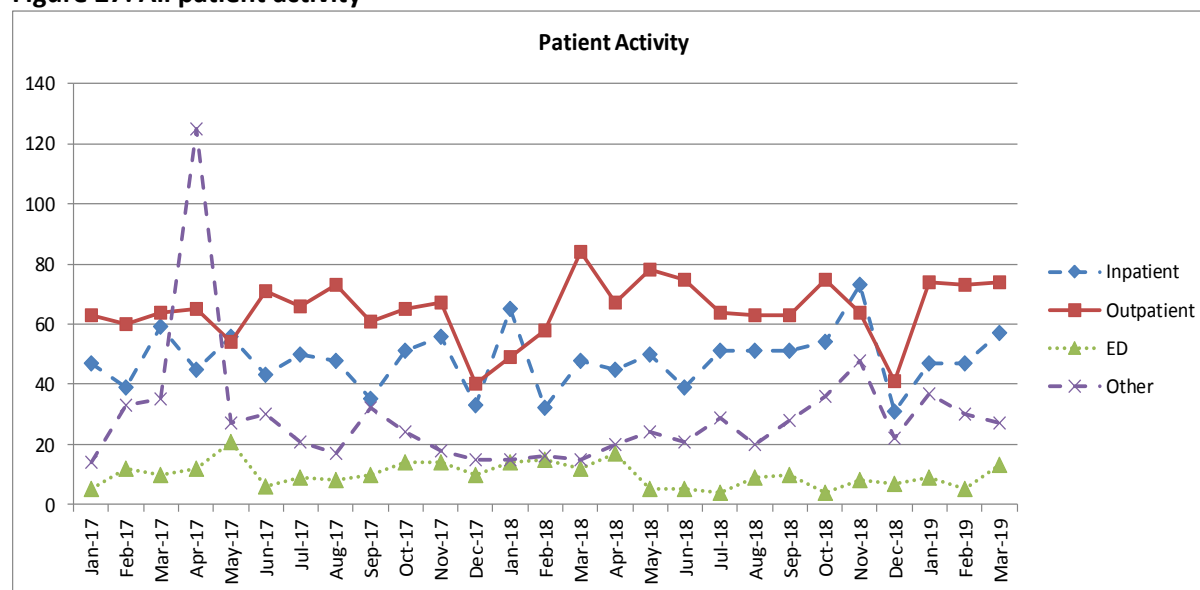
### 3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 27 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 Q4, 44.8% (\*38.9%) of complaints received were about outpatient services, 30.6% (34.1%) related to inpatient care, 5.5% (4.1%) were about emergency patients; and 19.1% (22.9%) were in the category of 'other' (as explained above).

\* Q3 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
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
Jan-19	9	47	74	37	167
Feb-19	5	47	73	30	155
Mar-19	13	57	74	27	171
<b>Grand Total</b>	<b>175</b>	<b>881</b>	<b>1174</b>	<b>445</b>	<b>2675</b>

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

All Divisions reported breaches in Q4, totalling 25 breaches, which is similar to the number of breaches reported in the previous three quarters, as shown in Table 21 below. In Q4, the Trust responded to 169 complaints via the formal complaints route and 85.2% of these were responded to by the agreed deadline.

**Table 21: Breakdown of breached deadlines - Formal**

Division	Q4 (2018/19)	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)
Surgery	3 (5.6%)	6 (9.5%)	4 (6.7%)	4 (5%)
Women & Children	15 (31.3%)	13 (25%)	13 (27.7%)	10 (22.2%)
Trust Services	2 (40%)	3 (27.3%)	1 (20%)	3 (33.3%)
Medicine	1 (3.3%)	3 (6.8%)	2 (6.7%)	4 (7.4%)
Specialised Services	3 (12.5%)	0 (0%)	5 (14.3%)	4 (20%)
Diagnostics & Therapies	1 (11.1%)	1 (8.3%)	0 (0%)	0 (0%)
<b>All</b>	<b>25 breaches</b>	<b>26 breaches</b>	<b>25 breaches</b>	<b>25 breaches</b>

*(So, as an example, there were three breaches of timescale in the Division of Surgery in Q4, which constituted 5.6% of the complaint responses which were sent out by that division in Q4.)*

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

Table 22 shows a breakdown of where the delays occurred in Q4. Nineteen breaches were attributable to Divisions, four were caused by delays in the Patient Support & Complaints Team and two 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	0	1	1	14	1	2	19
Patient Support & Complaints Team	1	0	2	1	0	0	4
Executives/sign-off	2	0	0	0	0	0	2
<b>All</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>15</b>	<b>1</b>	<b>2</b>	<b>25</b>

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

For the first time, in Q4, we are reporting the number of informal complaints that breached the deadline agreed with the complainant, i.e. this is a new Board-reported target, reflecting the fact that the majority of complaints received by the Trust are now handled via the informal process. Breaches of informal complaint timescales are, by definition, attributable to Divisions because the Patient Support & Complaints Team and Executive Directors do not contribute to the sign-off process. In Q4, the Trust responded to 231 complaints via the informal complaints route and 84.0% of these were responded to by the agreed deadline.

**Table 23: Breakdown of breached deadlines - Informal**

Division	Q4 (2018/19)	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)
Surgery	10 (14.5%)			
Women & Children	8 (33.3%)			
Trust Services	10 (22.2%)			
Medicine	3 (7.1%)			
Specialised Services	5 (12.2%)			
Diagnostics & Therapies	1 (10%)			
<b>All</b>	<b>37</b>			

### 3.4 Outcome of formal complaints

In Q4, the Trust responded to 169 formal complaints<sup>4</sup>. Tables 24 and 25 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q4 and Q3 of 2018/19 respectively. A total of 87.0% of complaints were either upheld or partly upheld in Q4, compared with 82.9% in Q3.

**Table 24: Outcome of formal complaints – Q4 2018/19**

	Upheld	Partly Upheld	Not Upheld
Surgery	19 (35.8%) ↓	25 (47.2%) ↑	9 (17%) ↓
Medicine	8 (26.7%) ↓	19 (63.3%) ↑	3 (10%) ↓
Specialised Services	12 (50%) ↓	10 (41.7%) ↓	2 (8.3%) ↓
Women & Children	18 (37.5%) ↓	24 (50%) ↓	6 (12.5%) ↑
Diagnostics & Therapies	1 (11.1%) ↓	7 (77.8%) ↑	1 (11.1%) ↓
Trust Services	4 (80%) ↑	0 (0%) ↓	1 (20%) ↓
<b>Total</b>	<b>62 (36.7%) ↓</b>	<b>85 (50.3%) ↓</b>	<b>22 (13%) ↓</b>

**Table 25: 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>	<b>91 (41.9%) ↑</b>	<b>89 (41.0%) ↑</b>	<b>37 (17.1%) ↑</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 for us 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 Q4 2018/19.

- Following receipt of a complaint about how difficult and painful it had been for a patient to have a naso-gastric (NG) tube inserted, the Division updated teaching sessions (including the clinical skills refresher update) to incorporate consideration of individual patient circumstances which may require more input from the medical team and an amended plan which still supports the NG policy (Surgery).
- Following an increased number of complaints about cancelled and/or delayed appointments and procedures in the Queen's Day Unit Endoscopy service, a new Operations Manager has been recruited into the Endoscopy booking team (Surgery).
- A complaint was received from a patient who was still receiving reminders about an overdue ultrasound scan, despite having suffered a miscarriage. Training was provided to the appropriate radiology staff, to remind them of the correct process for cancelling appointments when they are advised that a patient has miscarried (Diagnostics & Therapies).
- As a result of a complaint regarding Trust staff being unable to produce appointment letters in a larger font for patients with sight impairment, a standard operating procedure has been written explaining to staff how they can select different sized fonts when printing letters from the Medway system (Medicine – Trust-wide action).
- A complaint was received by St Michael's Hospital about the way in which information was shared with a patient and her partner regarding abnormalities identified in their baby and the need to terminate the pregnancy. The investigation showed that a lot of the information needed by the parents had been provided but they had been too upset to take a lot of it on board. As a result of this complaint, an information leaflet has been produced, containing all of the information that parents need in these circumstances, so that this can be handed to them to take home and read in their own time (Women & Children).

#### **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. Two hundred enquiries were received in Q4, a decrease of 9.0% on the number received in Q3 following a consistent increase in the numbers received each quarter over the previous year. Table 26 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q4.



**Table 26: Enquiries by category**

Category	Enquiries in Q4 2018/19
Information about patient	45
Hospital information request	45
Medical records requested	21
Appointment queries	31
Communication	14
Clinical care	13
Clinical information request	10
Travel/transfer arrangements and transport	4
Accommodation enquiry	4
Bereavement/emotional support	4

Most enquiries are assigned to a particular Division within the Trust; however some fall outside of these divisions. Table 27 below shows where each of the 200 enquiries is assigned.

**Table 27: Enquiries by Division**

Division/Area	Number of enquiries in Q4 2018/19	Number of enquiries in Q3 2018/19
Surgery	46	39
Non-Divisional	36	48
Trust Services	32	51
Specialised Services	31	25
Women & Children	21	17
Medicine	16	21
Other NHS Organisation	10	15
Diagnostics & Therapies	5	4
Non NHS	3	0
<b>Total</b>	<b>200</b>	<b>220</b>

In addition to the enquiries detailed above, in Q4 the Patient Support and Complaints team recorded 166 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 903 separate enquiries in Q4 2018/19, compared with 865 in Q3, 841 in Q2, 819 in Q1 and 741 in Q4 2017/18. This equates to a 22% increase in enquiries compared with the corresponding period one year ago.

The team also recorded and acknowledged 44 compliments received during Q4 and shared these with the staff involved and their Divisional teams.

## **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 Q4, 313 complaints were received in writing (275 by email and 38 letters/complaint forms) and 178 were received verbally (12 in person via drop-in service and 166 by telephone). Two complaints were also received in Q4 via the Trust's new 'real-time feedback' service. Of the 463 complaints received in Q4, 99.6% (491 out of the 493 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This is the same as that reported in Q3.

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 Q4, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in 10 new complaints. During the same period, four existing cases remained ongoing. A total of 14 cases were closed during Q4: none were upheld, one was partly upheld and all recommendations have been complied with; four were not upheld and the remaining nine were closed with the PHSO taking no further action.

**Table 28: Complaints opened by the PHSO during Q4**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
16724	GS	HS	01/10/2018 [10/01/2019]	BRHC	PICU	Women & Children
Patient tragically died in BRHC in 2015 at age of 14yrs. Long standing complaint which parents have now sent to the PHSO for investigation. Medical records and copy of complaint file sent to PHSO on 27/03/2019 – currently awaiting an update on progress from the PHSO.						
16122	RR		23/08/2018 [19/02/2019]	StMH	Ward 76	Women & Children
PHSO made contact in February 2019 stating that they had been asked to look at this complaint. Despite UH Bristol returning the PHSO's calls and leaving messages, nothing further has been heard from the PHSO and no records have been requested.						
15271	DL		02/07/2018 [23/01/2019]	BRI	Endocrinology	Medicine
Copy of complaint file and relevant policies sent to PHSO on 29/01/2019. Medical records were sent to PHSO on 26/02/2019. PHSO confirmed that they have partly upheld the complaint and asked the Trust to send the patient a letter of apology, which was sent on 15/05/2019, with a copy to the PHSO. This case therefore also appears in the list of closed PHSO cases in Table 30 below.						
15161	DH		25/06/2018 [04/03/2019]	BHI	Outpatients (BHI)	Specialised Services
Call received from PHSO on 04/03/2019 asking if a complaint had been made to the Trust by this patient and whether we had sent our final response. Despite calls back to the PHSO and messages being left, no further contact has been received and no records have been requested.						
13567	IR		27/03/2018 [05/03/2019]	BHI	Ward C604 - CICU	Specialised Services

Medical records and copy of complaint file sent to PHSO on 12/03/2019. Currently awaiting a further update on progress from the PHSO.						
11887	JD		18/12/2017 [21/01/2019]	BRI	Accident & Emergency (BRI)	Medicine
PHSO contacted Trust on 21/01/2019 to ask for a copy of the Trust's response letter dated 22/05/2018. Discussed case with PHSO and sent copy of letter requested on 23/01/2019. No further contact has been received from the PHSO at the time of writing this report (May 2019).						
10412	MR	JR	29/09/2017 [19/03/2019]	StMH	Ward 76	Women & Children
PHSO requested further information about this case, which was sent to them by email on 27/03/2019. The PHSO advised on 30/04/2019 that they would not be taking any further action and were closing their file. This case was therefore newly notified by the PHSO in Q4 and will be detailed as a closed case in Q1 2019/20.						
9698	LD		22/08/2017 [24/01/2019]	StMH	Central Delivery Suite	Women & Children
PHSO contacted Trust to advise that whilst they were not planning to investigate this complaint, they wished to know if the Trust would be prepared to add a note from the patient to her medical records to indicate that she disagreed with an entry. This was subsequently done and a form provided by Medical Records and completed by the patient was added to her and her baby's records on 18/03/2019. This case therefore also appears in the list of closed PHSO cases in Table 30 below.						
4904	PM	OM	28/11/2016 [15/02/2019]	BRHC	Paediatric Neurology	Women & Children
Copies of medical records and complaint file sent to PHSO on 22/02/2019. On 26/02/2019 the Trust received a letter from the PHSO advising of the scope of their investigation. Further information has subsequently been requested by the PHSO and all requests have been complied with to date.						
6723	LM	OM	17/03/2017 [13/02/2019]	BHI	Ward C808 - Medicine	Medicine
PHSO called to discuss case with PSCT Manager on 19/02/2019. PHSO subsequently advised that they were not going to take any further action and were closing their file. This case therefore also appears in the list of closed PHSO cases in Table 30 below.						

**Table 29: Complaints ongoing with the PHSO during Q4**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
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.						
13256	MR	WR	07/03/2018	BRI	Ward A400 - OPAU	Medicine
The PHSO advised the Trust on 11/04/2019 that they felt we should have the opportunity to respond to a complaint directly from the patient's family (previous complaint raised by patient's care home). A formal investigation is currently underway, with a response due by 07/06/2019.						
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 they have subsequently come back to request further information, which was sent to them on 07/05/2019.						

8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Advised by PHSO on 09/05/2019 that they need to seek further clinical advice in respect of this case and they anticipate that this will take approximately 6-8 weeks.						

**Table 30: Complaints closed by the PHSO during Q4**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
15570	JT	JT	19/07/2018 [24/12/2018]	SBCH	Day Surgery/Endoscopy (SBCH)	Surgery
Nothing further heard from complainant or PHSO since January 2019, when the Trust confirmed to the PHSO that we would be happy to investigate the complainant's outstanding concerns if they wished to contact us. Case therefore closed.						
13910	DR	VH	13/04/2018 [04/12/2018]	StMH	Fetal Medicine Unit	Women & Children
PHSO confirmed on 07/05/2019 that they do not intend to investigate further and are closing their file.						
13638	SC	LC	28/03/2018 [12/11/2018]	StMH	Central Delivery Suite	Women & Children
PHSO advised on 27/02/2019 that they do not intend to carry out a full investigation or take any further action and are closing their file.						
11659	JH	AH	06/12/2017 [14/11/2018]	BRI	Upper GI	Surgery
PHSO decided that the Trust had not been given ample opportunity to respond to this complaint. We therefore ascertained the full details of the complainant's outstanding concerns and sent a formal written response on 12/04/2019.						
11557	LG	BG	29/11/2017 [31/10/2018]	BRI	Ward A400 - OPAU	Medicine
PHSO advised on 21/03/2019 that they were not taking any further action in respect of this complaint and were closing their file.						
11011	KS		02/11/2017 [14/11/2018]	StMH	Gynaecology Outpatients	Women & Children
PHSO advised on 01/05/2019 that they were not going to uphold this complaint as they had found no failings in respect of the Trust's care and treatment of the patient.						
4256	MM	JM	28/10/2016 [04/10/2018]	BRI	Thoracic Surgery	Surgery
PHSO advised on 03/04/2019 that they were not upholding this complaint. They subsequently forwarded a letter from the complainant which they had requested be shared with the Division as feedback.						
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. PHSO confirmed on 08/04/2019 that they had concluded their investigation and had not upheld the complaint.						
3937	TR	PP	10/10/2016	BRI	Upper GI	Surgery

			[14/09/2018]			
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 and closed 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 and closed in Q4.						
10267	SL		20/09/2017 [02/07/2018]	SBCH	Radiology (SBCH)	D&T
Advised by PHSO on 21/03/2019 that they have completed their investigation and have not upheld this complaint.						
15271	DL		02/07/2018 [23/01/2019]	BRI	Endocrinology	Medicine
Copy of complaint file and relevant policies sent to PHSO on 29/01/2019. Medical Records sent to PHSO on 26/02/2019. PHSO confirmed that they have partly upheld the complaint and asked the Trust to send the patient a letter of apology, which was sent on 15/05/2019, with a copy to the PHSO.						
9698	LD		22/08/2017 [24/01/2019]	StMH	Central Delivery Suite	Women & Children
PHSO contacted Trust to advise that whilst they were not planning to investigate this complaint, they wished to know if the Trust would be prepared to add a note from the patient to her medical records to indicate that she disagreed with an entry. This was subsequently done and a form provided by Medical Records and completed by the patient was added to her and her baby's records on 18/03/2019.						
6723	LM	OM	17/03/2017 [13/02/2019]	BHI	Ward C808 - Medicine	Medicine
PHSO called to discuss case with PSCT Manager on 19/02/2019. PHSO subsequently advised that they were not going to take any further action and were closing their file.						












## 8. Complaint Survey

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

Table 31 below shows data from the 37 responses received during Q4, compared with those received in previous quarters. Feedback improved in a number of areas in Q4, particularly in respect of respondents who confirmed that a timescale for dealing with their complaint had been agreed with them (94.1%) and respondents who recalled being given details of independent complaints advocacy services (54.3%). There was also a reduction in the number of respondents who said they did not receive their response within the agreed timescale and those who did not feel that they received sufficient updates on the progress of their complaint.

None of the respondents to the survey said they had taken up the option of a complaint resolution meeting in Q4 (our records show that nine complainants requested a meeting as their preferred method of feedback in Q4).

**Table 31: Complaints Survey Data**

<b>Survey Measure/Question</b>	<b>Q4 2018/19</b>	<b>Q3 2018/19</b>	<b>Q2 2018/19</b>	<b>Q1 2018/19</b>
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	94.1% 	67.5%	78.8%	68.2%
Respondents who felt that the Trust would do things differently as a result of their complaint.	14.3% 	15.8%	22.4%	11.1%
Respondents who found out how to make a complaint from one of our leaflets or posters.	8.6% 	15.8%	9%	7.5%
Respondents who confirmed we had told them about independent advocacy services.	54.3% 	46.2%	32.8%	33.3%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	62.9% 	65%	69.6%	66.7%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	65.7% 	63.4%	69.1%	64.5%
Respondents who said they did not receive their response within the agreed timescale.	14.3% 	17.5%	16.4%	18.6%
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	97.1% 	97.5%	81.8%	95.5%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	80.5% =	80.5%	81.4%	84.5%
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	17.1% 	20%	29.9%	31.8%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	0% 	2.9%	1.6%	2.3%
Respondents who said that our response addressed all of the issues that they had raised.	58.3% 	57.9%	57.1%	60%