

Supporting info - 2.3 Q2 PEandI Report QOC.PDF

Supporting info -2.3 Quarterly Complaints Report - Q2 2019-20 - for SLT and QOC  
(amended).docx

# Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data  
received up to Quarter 2 2019/20*

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## Patient Experience and Involvement Team

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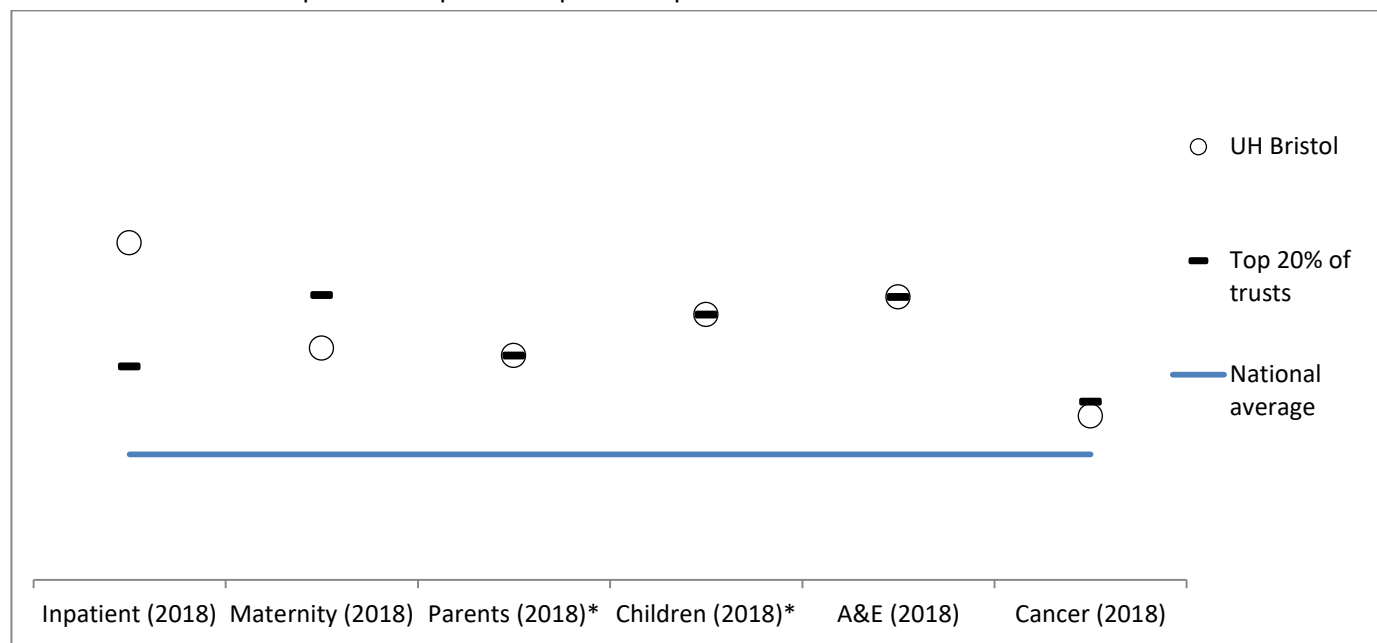
## 1. Overview of patient-reported experience at UH Bristol

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 2.</li> <li>South Bristol Community Hospital survey scores continued their positive improvement trend and were all above the target levels.</li> <li>The Trust continued to see an improved performance in the National Cancer Patient Experience Survey.</li> <li>UH Bristol received positive results in the National Accident &amp; Emergency Survey. In particular, the care provided by our doctors and nurses was rated as being better than the national average.</li> </ul>	<p>During November 2019 patient feedback points were installed at St Michael's Hospital. This is part of the Trust's rapid-time feedback system and will enable patients and visitors to give feedback via touchscreens located at the hospital, including the ability to request a call back from the Trust if they are having any issues or concerns about their experience.</p> <p>The next phase of the implementation of the Trust's rapid-time feedback system will see feedback points installed in the Bristol Royal Hospital for Children (currently scheduled for implementation in Quarter 4 19/20).</p>
Opportunities	Risks & Threats
<p>An analysis is being carried out by the Patient Experience and Involvement Team, to look at the hospital experience of patients who have a mental health issue. This piece of work is the result of several negative Friends and Family Test comments about this theme over the last year. The analysis will look at the experience of this patient group in more detail, using robust data from the Trust's national inpatient survey. The results will be presented to the Patient Experience Group in Quarter 4 19/20 and a summary will be provided in the Quarterly Patient Experience and Involvement Report.</p>	<p>The Trust's postnatal wards (73 and 76) had below target scores on the "kindness and understanding" survey measure in Quarter 1 and 2. In the last Quarterly report this was attributed to a high demand for the service and it was anticipated that the scores would improve due to actions taken by the management team to alleviate service pressures. This does appear to have happened, with the scores showing an improvement trend and hitting their target levels in both August and September (the July score was below target, which dragged down the overall score for Quarter 2).</p> <p>Ward C808 (care of the elderly) received a below-target "inpatient tracker" score in Quarter 2 (83 against a minimum target of 85). The ward has been below target for three consecutive quarters. It is important to emphasise that the majority of feedback for the ward is still positive, and slightly lower than average survey scores for care of the elderly services are something that is also reflected at a national-level. However, there is scope to improve patient experience in these services. In June 2019 a new job role commenced in the Division of Medicine that will see the roll out of an education programme for staff working on care of the elderly wards. This will include a focus on improving communication with patients, visitors and carers.</p>

## 2. National benchmarks

The Care Quality Commission's national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England. UH Bristol tends to perform better than the national average in these surveys (Chart 1). The results of each national survey, along with improvement actions / learning, 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<sup>1</sup>



*\*The full national data for the national children / parent survey has not yet been released and so the national average / top 20% thresholds for these two data points in the chart are currently an estimate.*

In Quarter 2 the results of the 2018 national Accident & Emergency survey were published. For UH Bristol, the results relate to care provided at the Bristol Royal Infirmary Emergency Department. The Department achieved a positive set of results in this survey:

- Four of their scores were classed as being better than the national average to a statistically significant degree:
  - o While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?
  - o If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
  - o Did you have confidence and trust in the doctors and nurses examining and treating you?
  - o Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?
- The Emergency Department was classed as being better than the national average in the section of the survey relating to care provided by doctors and nurses.

<sup>1</sup> This is based on the survey question that asks patients to rate their overall experience. This question is not included in the national maternity survey, and so we have constructed this score based on a mean score across all of the survey questions.

- The remaining 31 scores were in line with the national average, meaning that none of the Trusts' scores were classed as being below this benchmark to a statistically significant degree.

The Bristol Royal Infirmary Emergency Department is currently preparing a formal response to the learning points identified in the survey – primarily around waiting times, the environment of the Department, and availability of food / drink in the department. This report will be reviewed by the Patient Experience Group and the Quality and Outcomes Committee of the Trust Board in Quarter 3 2019/20.

In Quarter 2 we also received the latest results from the 2018 National Cancer Patient Experience Survey (NCPES). In the 2018 NCPES, UH Bristol was classed as being better than the national average to a statistically significant degree on five out of the forty-nine survey questions (Table 1). No scores were classed as being below this benchmark. UH Bristol's results in 2018 are part of a continued improvement trend for the Trust in this survey, which has outpaced the rate of improvement nationally and is moving closer to putting UH Bristol amongst the top performing Trusts in this survey (see Chart 1). The focus will be on continuing to deliver the Trust's NCPES action plan. This plan has wide-ranging actions that have driven the improvement in the experience of UH Bristol patients with cancer. The results of this survey were reviewed by the Trust's Cancer Steering Group and the Quality and Outcomes Committee in Quarter 3.

### 3. Survey results

#### 3.1 Survey results overview

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

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

	Current Quarter (Quarter 2)	Previous Quarter (Quarter 1)
Inpatient experience tracker score	Green	Green
Inpatient kindness and understanding score	Green	Green
Inpatient Friends and Family Test score	Green	Green
Outpatient experience tracker score	Green	Green
Day case Friends and Family Test score	Green	Green
Emergency Department Friends and Family Test score	Green	Green
Inpatient / day case Friends and Family Test response rate	Green	Green
Outpatient Friends and Family Test response rate	Green	Green
Emergency Department Friends and Family Test response rate	Green	Green

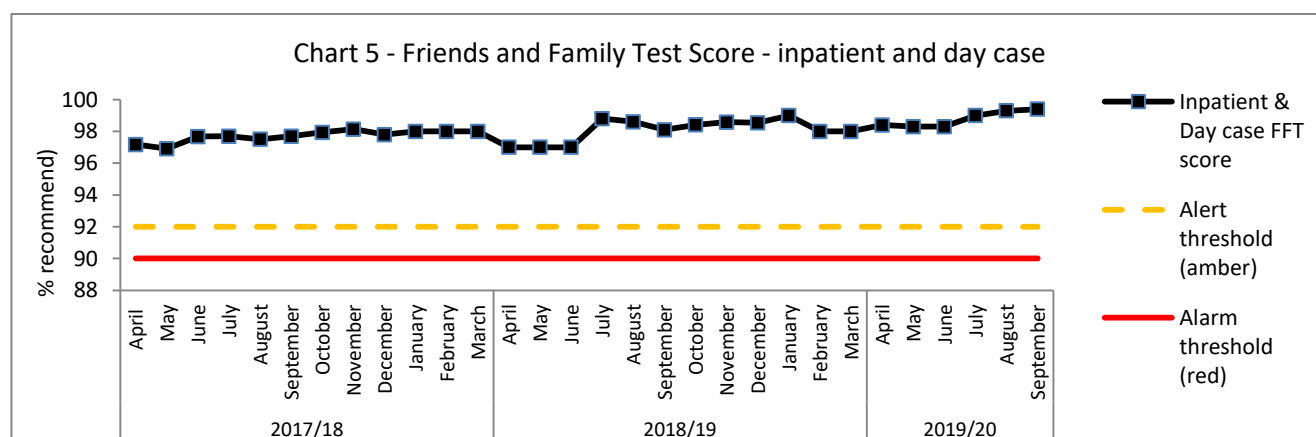
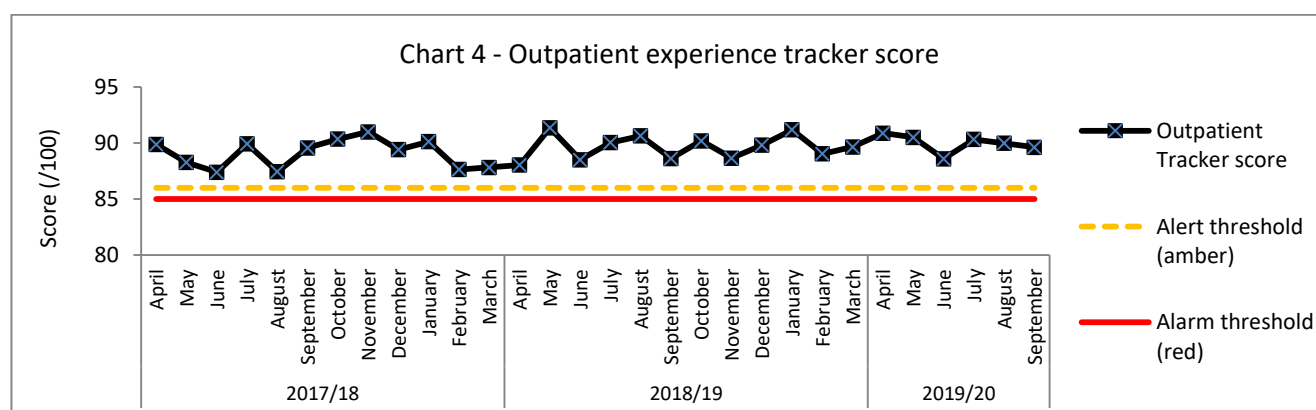
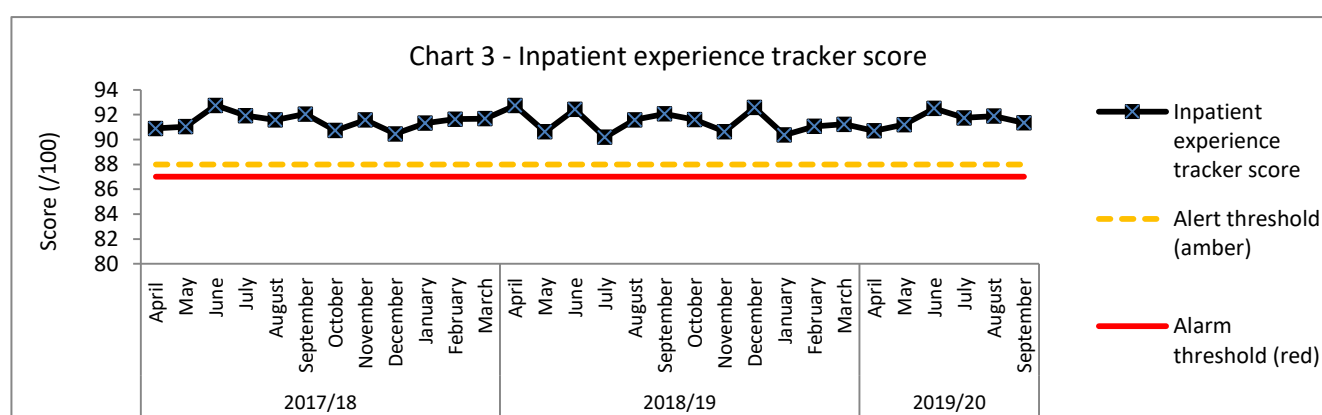
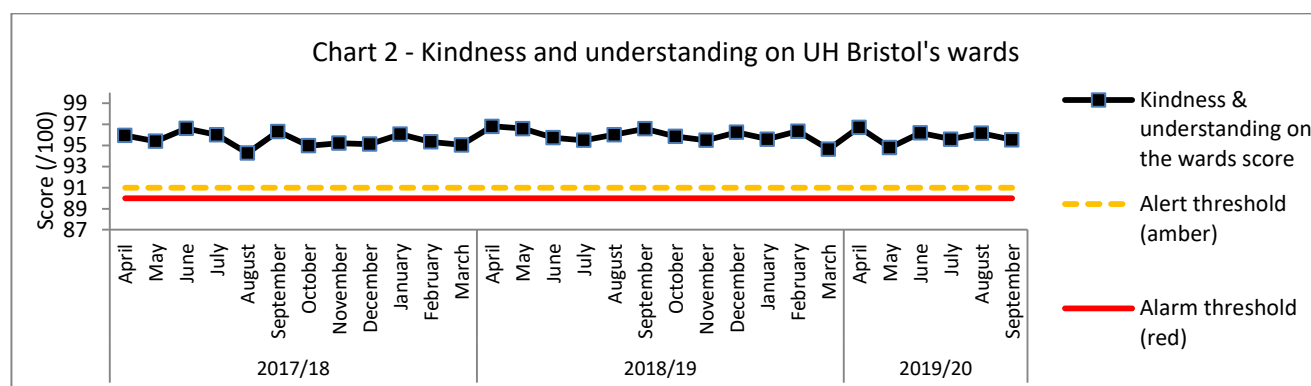
### 3.2 Quarter 2 Exception Reports

Issue	Description	Response
1. Kindness and understanding on postnatal wards	The postnatal wards (73 and 76) had a slightly below target score on the “kindness and understanding” measure in Quarter 2 (89/100 against a target of 90).	We reported in Quarter 1 that the maternity service had a below target score on this measure, which was attributed to heightened demand on the service during that period. It was anticipated that, following actions taken by the management team to alleviate the service pressures, the survey scores would improve. This appears to have been the case, with the August and September scores returning to the target levels (the July score was below target, which pulled down the overall score in Quarter 2). It should also be noted that the Trust’s maternity service is in line with national norms on this survey measure.
2. Ward C808 inpatient tracker score	Ward C808 (care of the elderly) received a below-target “inpatient tracker” score in Quarter 2 (83 against a minimum target of 85). The ward has been below target for three consecutive quarters (though Quarter 2 represented an improvement on the previous scores). The “communication” elements of the tracker were particularly low. It should be noted that the majority of feedback for the ward remains very positive.	The relatively low survey scores for care of the elderly services are something that is reflected at a national-level. Analysis by the Patient Experience and Involvement Team (presented in a previous Quarterly Patient Experience and Involvement Report) demonstrated that UH Bristol performs significantly better than the national average in this respect. However, there is scope to improve patient experience in these services. In June 2019 a new job role commenced in the Division of Medicine that will see the roll out of an education programme for staff working on care of the elderly wards. This will include a focus on improving communication with patients, visitors and carers. It is anticipated that this role will have a positive impact on the survey scores (although, given the challenges of caring for patients in this setting, this likely to be an effect that is seen over the medium-term rather than immediately). The Division will also convene a short-life working group in Quarter 3 to review the patient experience feedback / data for care of the elderly services and identify improvement opportunities.
3. Communication at discharge in the Division of Medicine	Three postal survey scores relating to communication at discharge were relatively low for the Division of Medicine in Quarter 2.	A key challenge is that patients in this Division often have complex / long-term clinical needs, and so often leave with a large amount of information / medication. The “discharge checklist” used by the Division was amended last year to further ensure that key information is brought to patients’ attention at discharge. The senior management team is confident that the checklist is being followed. A short-life working group is being planned for Quarter 3 (see above), to review the patient experience feedback / data for care of the elderly services and identify improvement opportunities. Conveying information at discharge will be a key focus of this work.

Issue	Description	Response
4. Ward A512 inpatient tracker score	The inpatient tracker score for ward A512 was below target in Quarter 2 (83 against a target of 85).	A512 is an additional capacity ward that is used primarily when the Trust's inpatient services are extremely busy and at present it does not have permanent team members or leadership – all of which may be affecting the quality of patient experience. The Division of Medicine is converting A512 in to a permanent ward and has recruited permanent staff, including two Band 6 leadership posts, to achieve this. We anticipate that this continuity should improve the patient experience on the ward going forwards.

#### 4. Full survey data

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





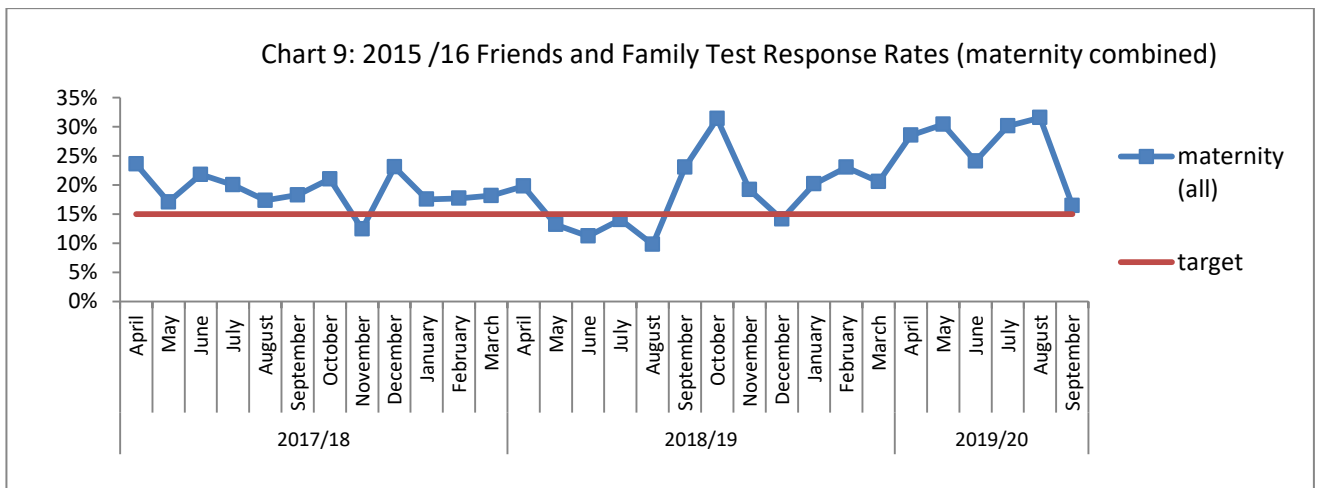
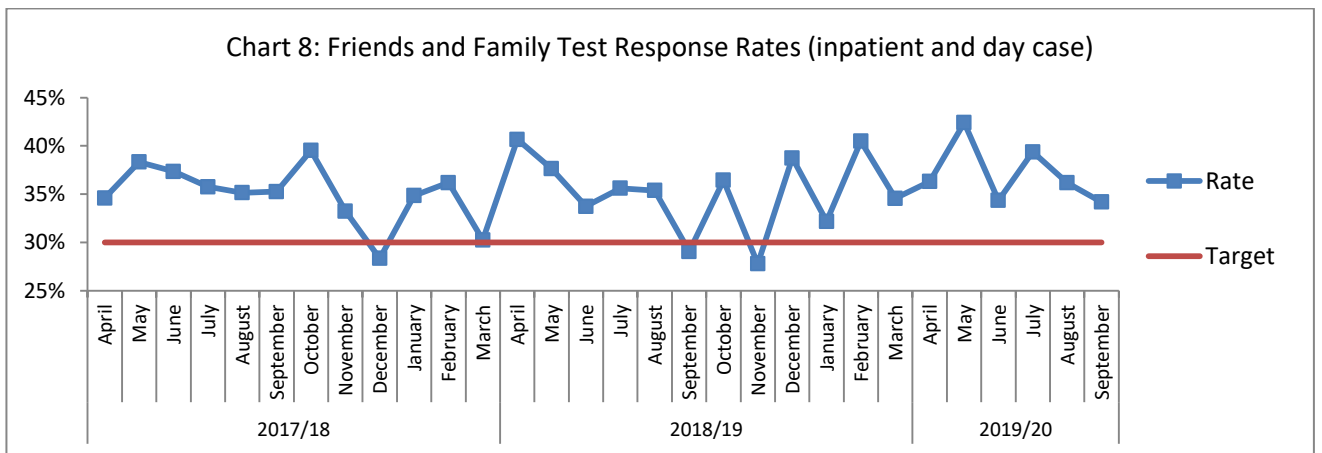
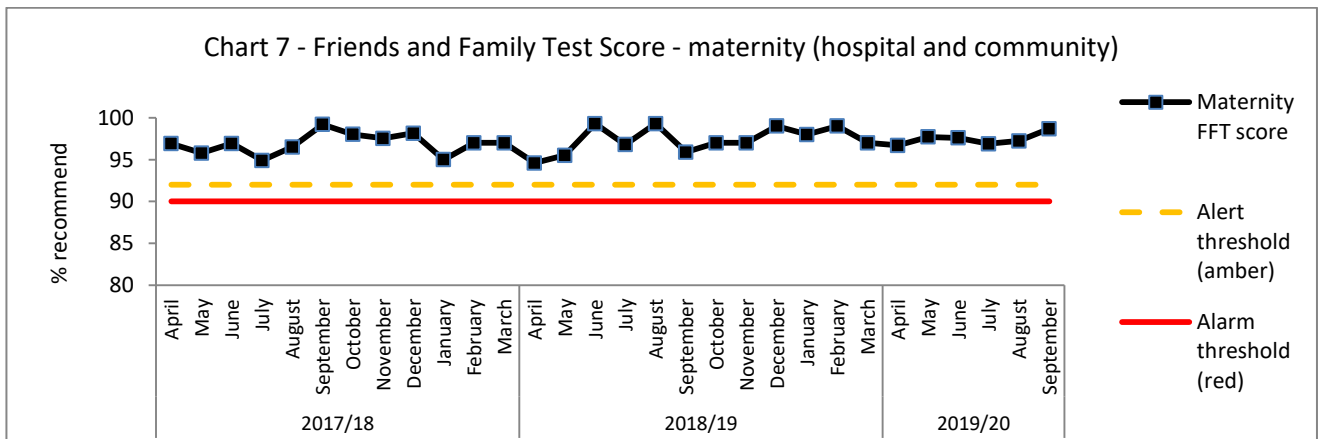
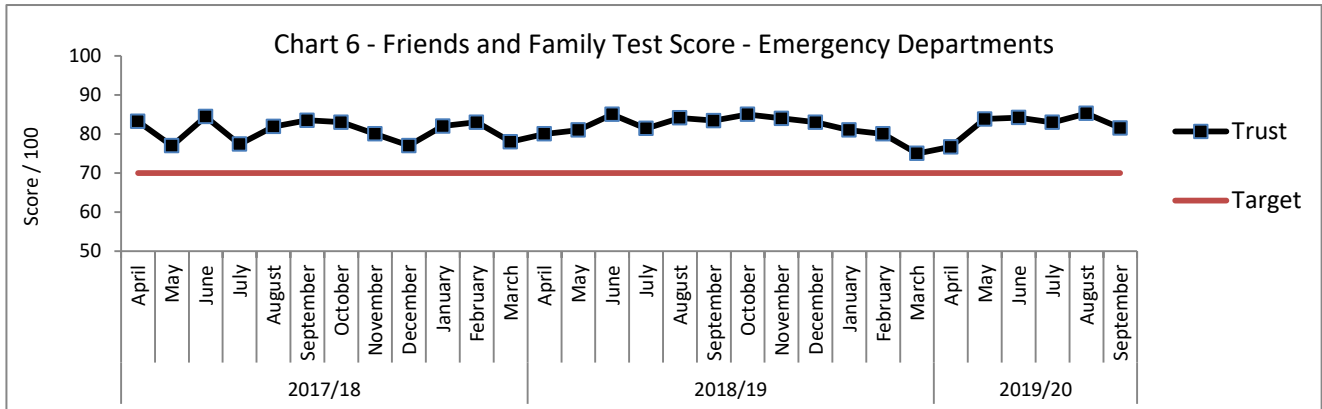


Chart 10: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

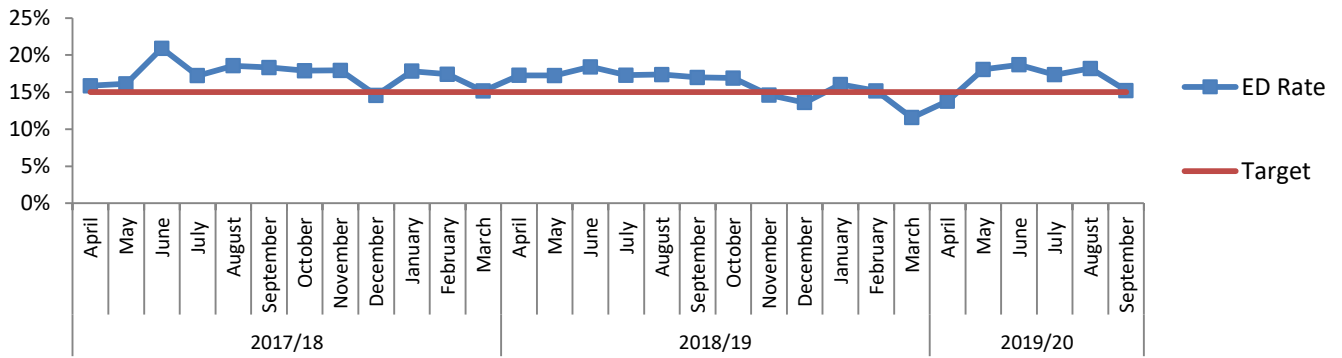
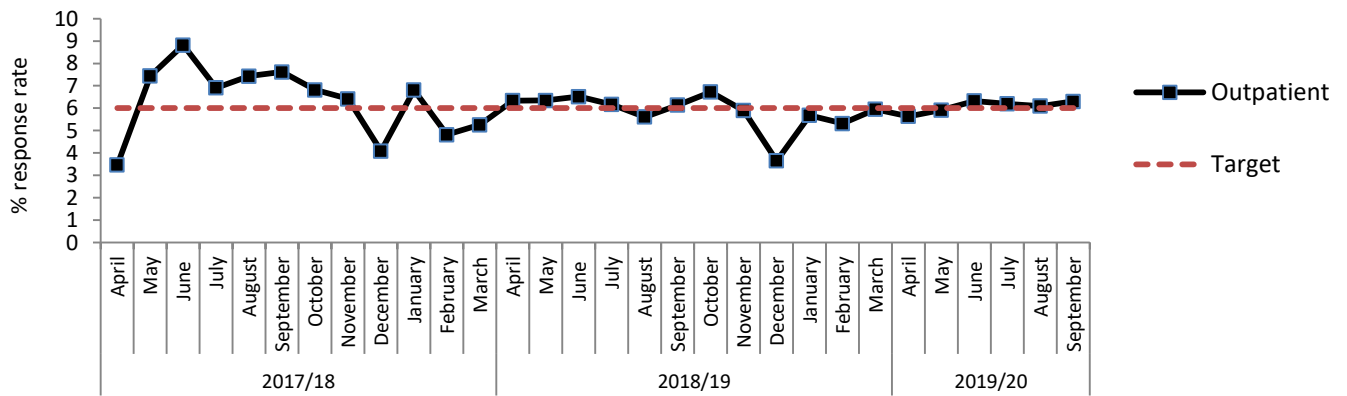
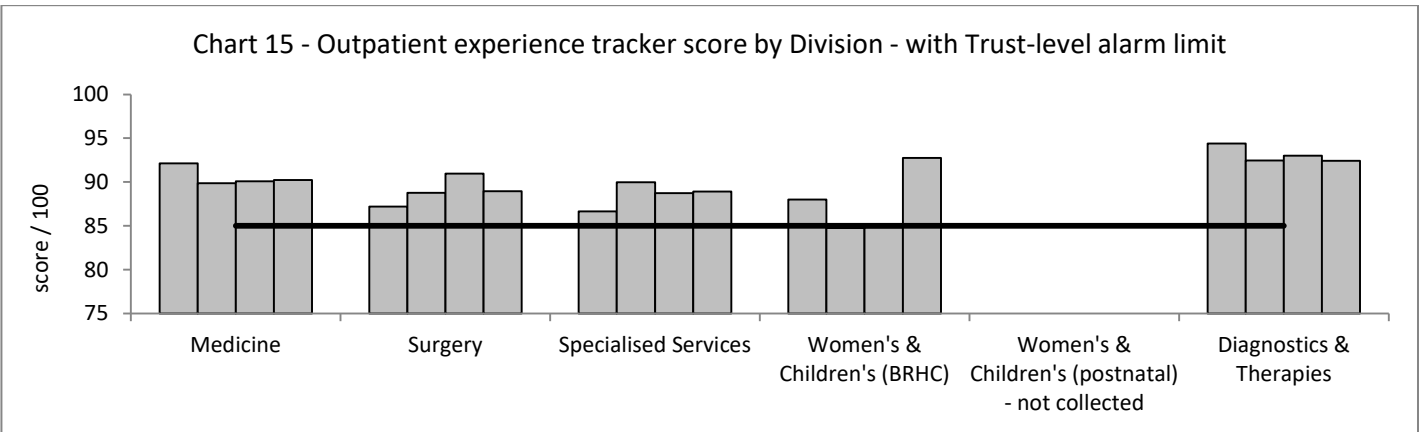
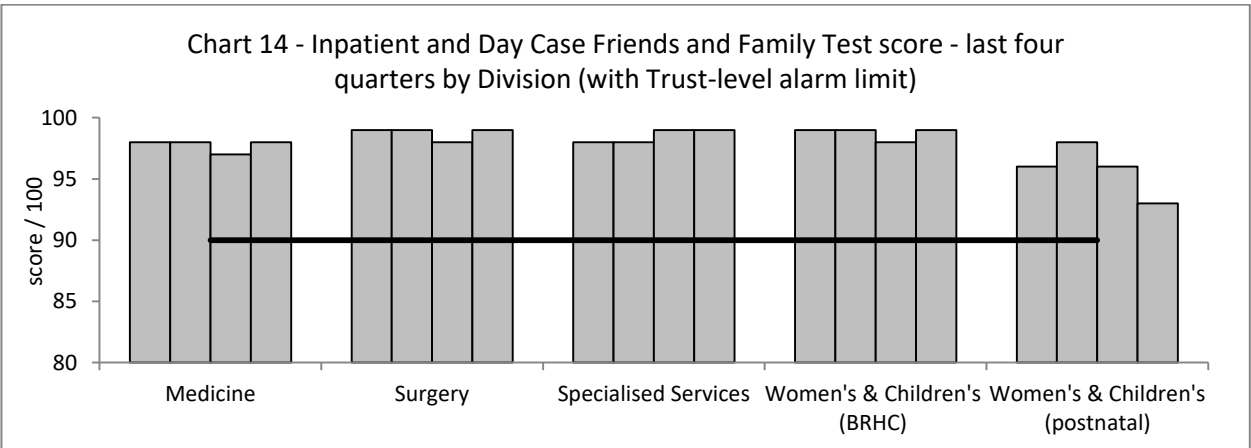
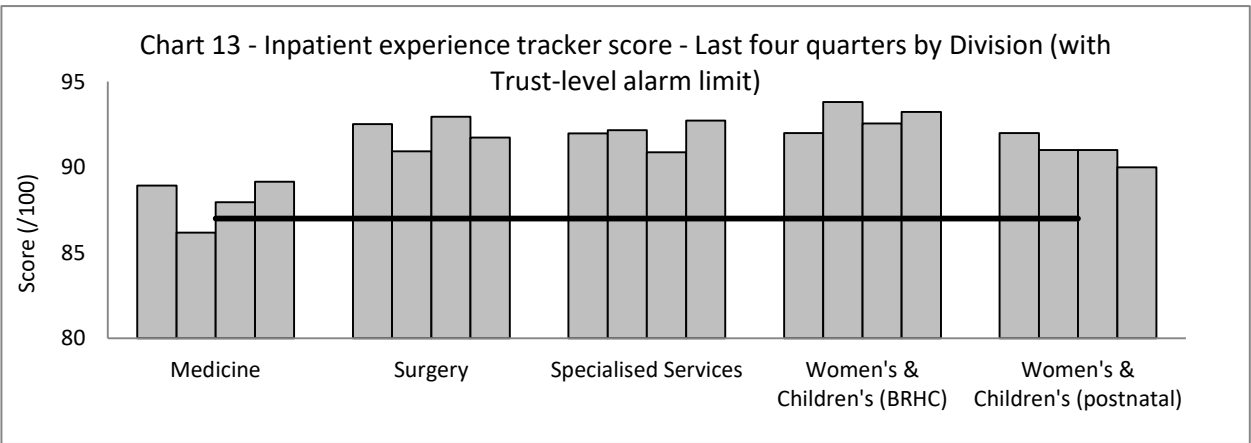
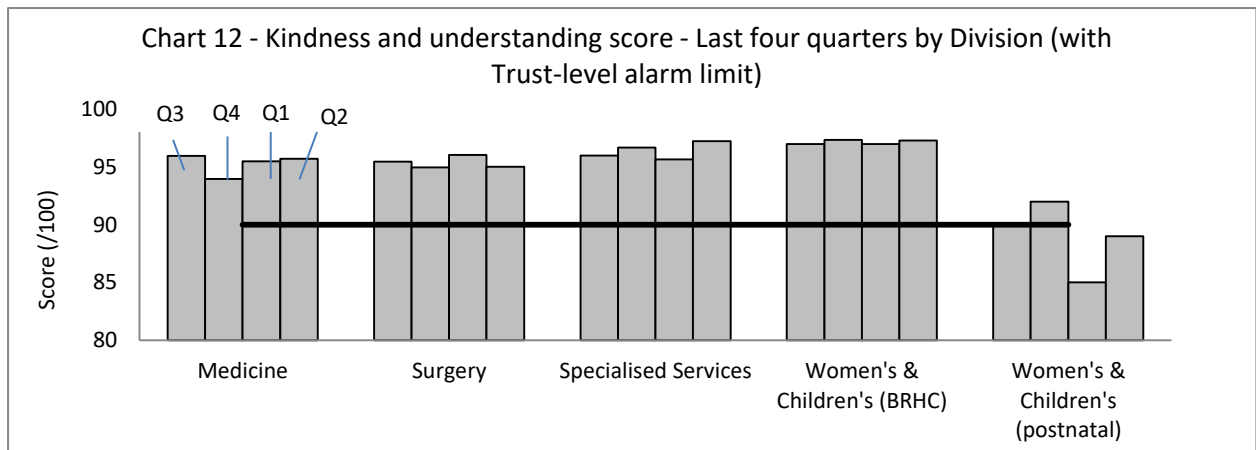


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18

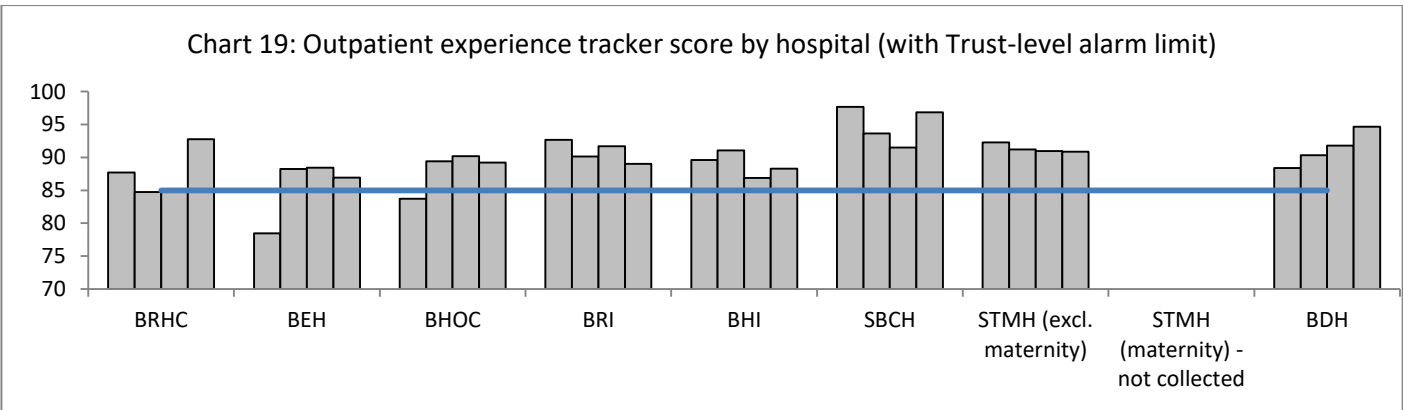
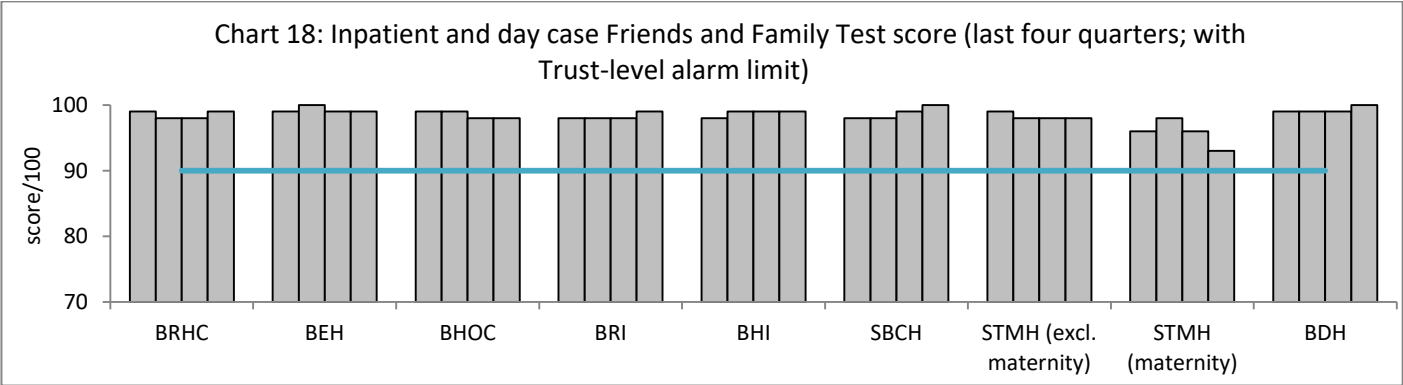
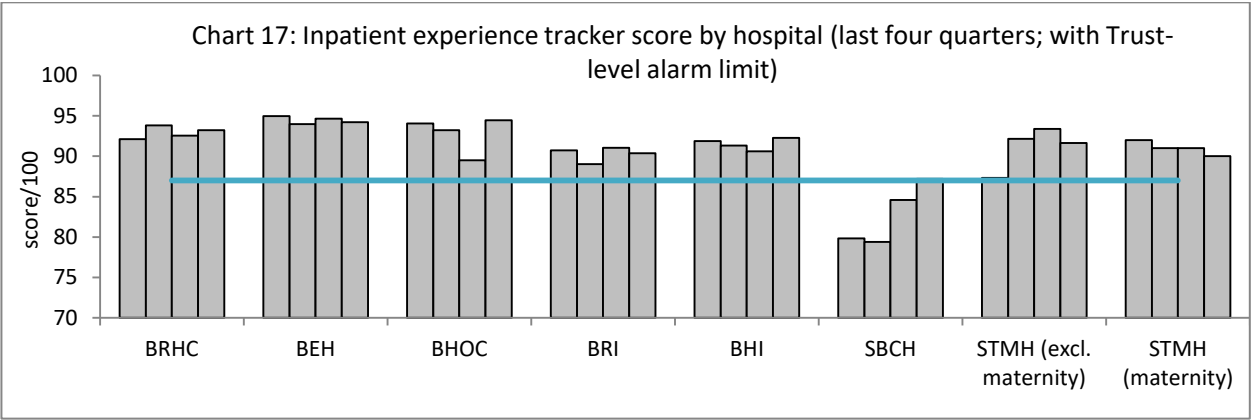
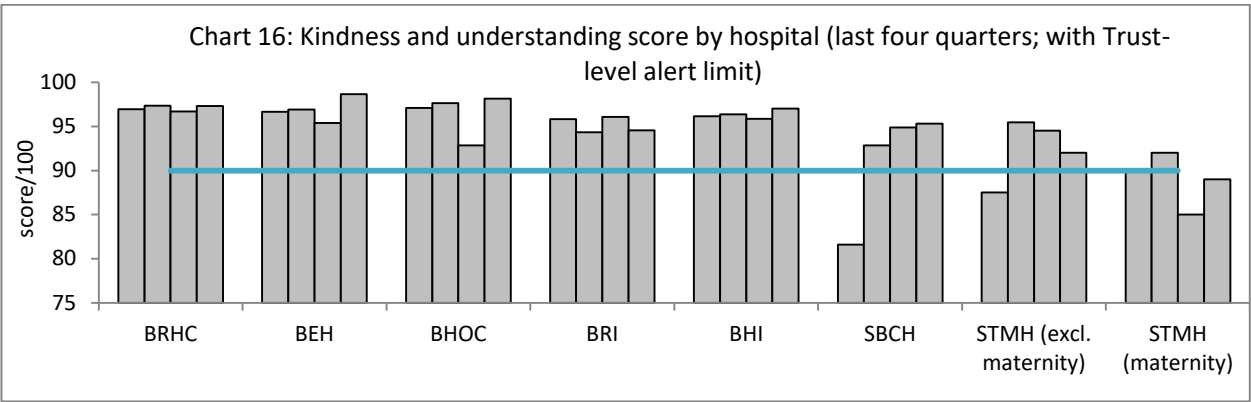


4.1 Divisional level survey results

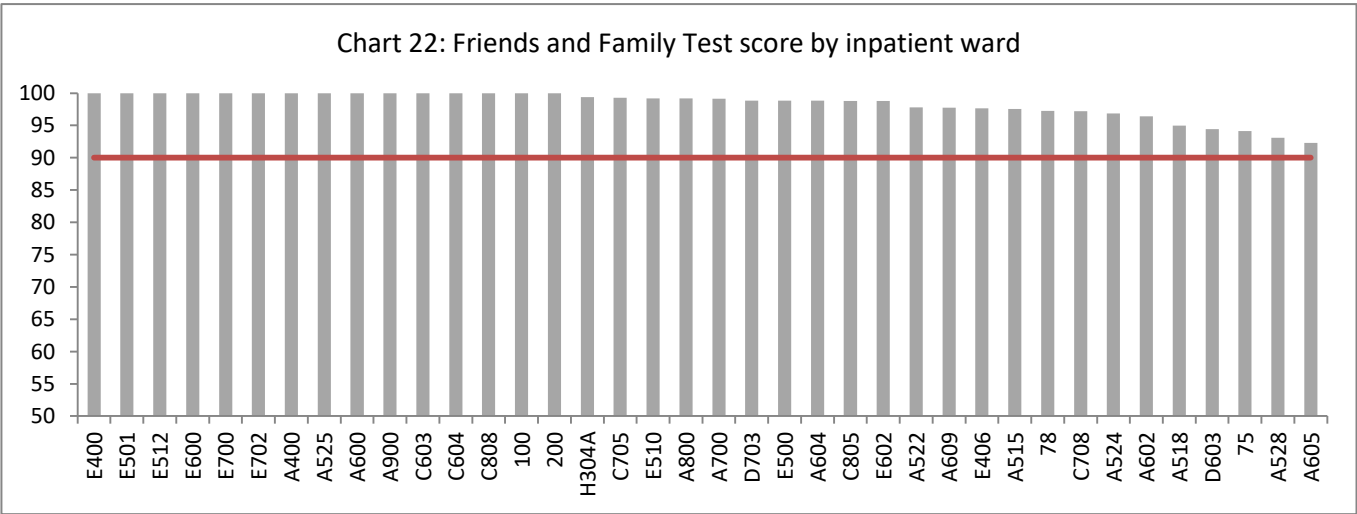
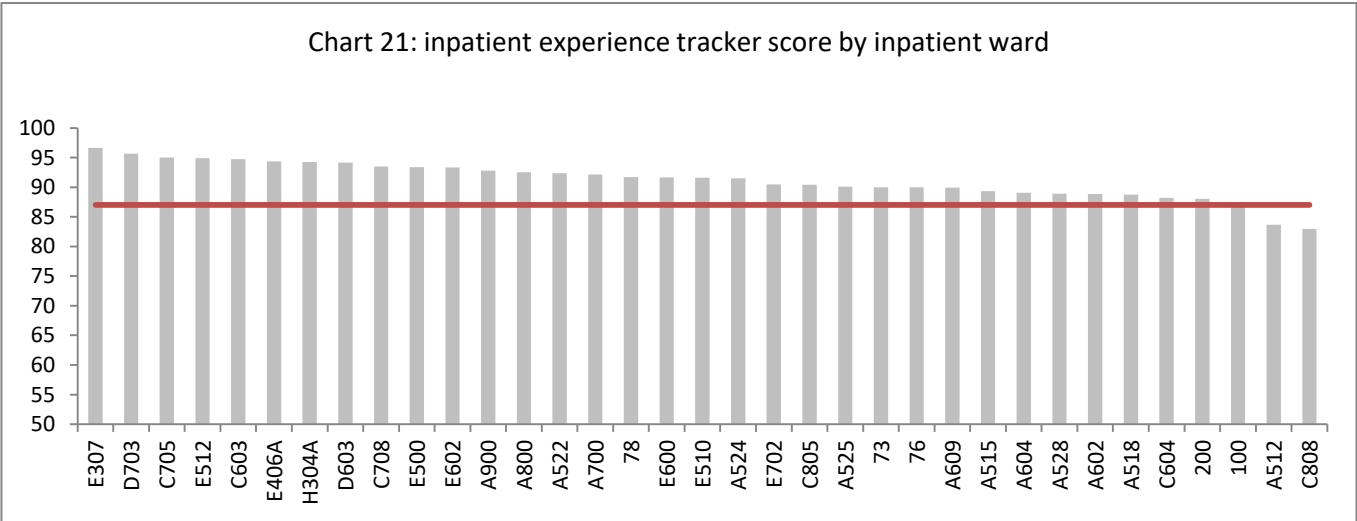
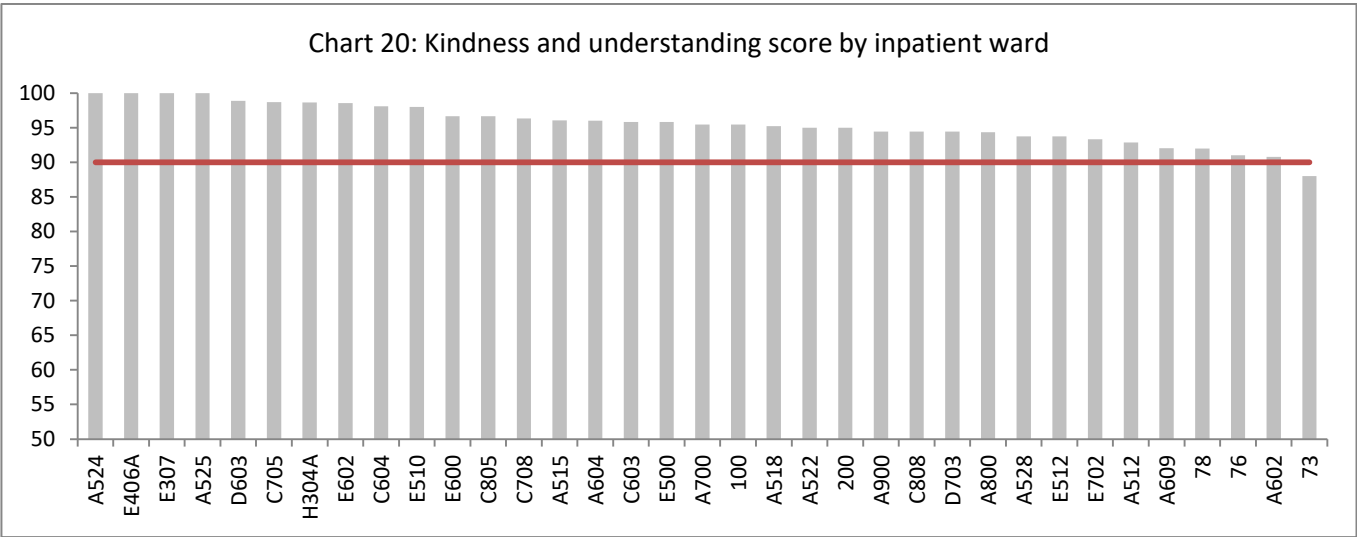


4.2 Hospital level headline survey results

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 2 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?	94	95	91	92		93
How would you rate the hospital food?	62	63	60	61	58	62
Did you get enough help from staff to eat your meals?	85	91	91	88		88
In your opinion, how clean was the hospital room or ward that you were in?	94	96	95	96	90	96
How clean were the toilets and bathrooms that you used on the ward?	89	92	91	92	81	92
Were you ever bothered by noise at night from hospital staff?	83	88	84	87		86
Do you feel you were treated with respect and dignity by the staff on the ward?	96	98	96	97	93	97
Were you treated with kindness and understanding on the ward?	96	97	96	95	89	96
Overall, how would you rate the care you received on the ward?	89	91	92	90	90	91
When you had important questions to ask a doctor, did you get answers that you could understand?	86	92	92	90	87	90
When you had important questions to ask a nurse, did you get answers that you could understand?	88	93	91	90	90	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	75	75	81	79	79	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	89	91	88	87	88
Were you involved as much as you wanted to be in decisions about your care and treatment?	82	85	90	86	87	86
Do you feel that the medical staff had all of the information that they needed in order to care for you?	88	91	91	90		90

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

	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?	71	80	84	77	81	<b>78</b>
Did a member of staff explain why you needed these test(s) in a way you could understand?	88	89	90	87		<b>89</b>
Did hospital staff keep you informed about what would happen next in your care during your stay?	80	87	89	86		<b>86</b>
Were you told when this would happen?	79	80	83	83		<b>81</b>
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	87	93	96	94		<b>93</b>
Beforehand, did a member of staff explain how you could expect to feel afterwards?	75	79	85	84		<b>81</b>
Were staff respectful of any decisions you made about your care and treatment?	91	95	95	94		<b>94</b>
During your hospital stay, were you ever asked to give your views on the quality of your care?	26	32	33	27	33	<b>29</b>
Do you feel you were kept well informed about your expected date of discharge from hospital?	77	84	85	88		<b>84</b>
On the day you left hospital, was your discharge delayed for any reason?	59	54	61	66	72	<b>60</b>
Did a member of staff tell you about medication side effects to watch for when you went home?	54	62	59	70		<b>63</b>
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	71	88	92	87		<b>85</b>

## 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.

**Table 4:** 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
Medicine	A522	<i>Staff were very helpful and attentive. Room environment was clean and spacious. Tea and meal staff were very helpful. Food was good (choice selection was good). Only downside was noise at night - made sleeping very difficult (sometimes impossible).</i>	Thank you for your feedback. We are pleased that you found the staff so helpful and attentive, but are sorry to hear that it was difficult to sleep. We are planning to undertake night visits during Quarter 3 and will ensure A522 is visited to check on noise levels. We'll also make it a focus in the daily Safety Brief for the ward team.
	A300	<i>Lovely ward, lovely staff, good food. I was in bed 10 and it was a bit chilly and the lights outside very bright so quite hard to sleep. But everything else fine.</i>	Thank you for your positive comments about the ward. We are sorry to hear about the bright lights: each bay and side room should have the doors closed at nights to help prevent disturbances. We are very sorry that you were cold at night and additional blankets should have been provided for you. We will share your comment with the ward team as a point of learning.
	A300	<i>Staff very approachable, helpful and competent. Process managed very well. Only minor criticism would be: a bit more update on what's happening when. Also due to admittance time, going x-rays etc and queuing for bed in corridor, missed out on food in evening. Something to consider.</i>	Thank you for your feedback. We will provide your feedback to the team on A300 and share your comment as part of the daily Safety Brief. A300 has access to snack boxes and so it is not acceptable that you weren't offered any food – again we will raise this in the daily Safety Brief as a point of learning. Thank you again for your feedback and are pleased that, overall, you had a positive experience.
	A518	<i>The staff are excellent. The space is dire. As a wheelchair user it's far too small. Privacy is impossible, there is barely any natural light. It's depressing and I think it would slow recovery in some patients. The staff save it - 10/10 for them!</i>	Thank you for your feedback. We do recognise that the environment on A518 needs improving. A refurbishment is planned and we are currently working on the details of this, including finding a suitable space to care for patients whilst the work is taking place.



Division	Area	Comment	Response from ward / department
Surgery	Bristol Eye Hospital Day Case	<i>Excellent service but I have been here 8 hours when letter said maximum 4. Staff need to inform patients of what's happening and why there are delays.</i>	We are very sorry to hear about the long wait that this patient faced. It is extremely unusual for patients to be here that long, but clearly when it does occur then patients must be kept fully informed about what is happening. We have used this comment as a point of learning for the staff on the day case ward.
	Ward H304	<i>Please fix faulty windows in Bay 2 (H304). The catch is faulty so they bang open/close.</i>	Thank you for your feedback. The windows in the ward have recently been fully refurbished and so this problem has been fixed.
Women's & Children's (Maternity)	Ward 78	<i>Nursing and medical care second to none. All staff on ward helpful. Only thing to change is disabled access in bathroom - not enough grab handles and difficult to manoeuvre wheelchair.</i>	Thank you for bringing this to our attention. The Gynaecology Matron will assess the bathroom and ask the Estates Department to put in more grab handles as required.
	Ward 78	<i>Good care. Communication very good. No mixed messages. Negative - very noisy at night, nurses talking etc. I was in a bed next to their station.</i>	There are ear plugs available on the ward and we are sorry that these were not made available to the patient. The ward staff will be reminded to offer these. The Trust is re-running the Noise at Night awareness campaign in November, which will also help to highlight the importance of this issue.
	Ward 73	<i>Very good care provided by the midwives. However, what lets this ward down is the catering staff - all of them, and I mean all of them are extremely rude. Have been spoken to in an unacceptable manner all because I was one minute late for lunch or asked for a banana instead of an orange! They have made me feel upset on a number of occasions when I am already upset enough for being in here.</i>	Thank you for your feedback. We are very concerned to hear that members of the catering staff were rude to you: this is completely unacceptable and we sincerely apologise for this. The Head of Midwifery has spoken to the Hotel services manager about this issue and he is dealing with the staff responsible through the appropriate Trust processes.

Division	Area	Comment	Response from ward / department
Women's & Children's (Maternity continued)	Emergency Department	<i>Staff are good, but the waiting room is horrid and inadequate. No windows, the area is far too small, seats ripped, no easy access to outside. Not enough cubicles, not enough toys. When doors lock at 10pm, it's crazy trying to get out the place</i>	<p>Thank you for your feedback. We recognise that the Department requires a refurbishment and we are due to carry this out in Spring 2020. In the meantime, we have secured funding to re-upholster the seats and we have placed an order for this (we are awaiting timescales for the work to be carried out).</p> <p>In relation to the signposting out of hours, the Department Sister has requested additional support/signage to be put in place.</p> <p>Our play assistant works tirelessly to update and replace the toys, but it is difficult to keep on top of this issue as unfortunately the toys regularly go missing. We are going to design posters to ask politely that people do not to take the toys away with them when they leave.</p> <p>Thank you again for your feedback.</p>
Women's & Children's (Bristol Royal Hospital for Children)	E600	<i>The nurses were all friendly especially our allocated day nurses, they made my son feel at ease and happy when he was upset. My only complaint would be how loud the nurses spoke to each other through the night adding to the noise which was unavoidable i.e. machines.</i>	<p>Thank you for your positive feedback about our team. We are sorry that the noise at night made your stay difficult: as a team and ward we are having a real drive on reducing noise at night. We have some new posters up and have sent out a reminder to the nursing team regarding conversation levels at night, with the nurse in charge of the shift monitoring the noise level. Where possible, parents/carers who are sleeping on the ward are nursed in a cubicle to reduce the general impact of noise at night. We also have ear plugs and eye masks available for parents to use at night.</p>

## 6. Update on the Trust's rapid-time patient feedback system

The Trust has procured an electronic feedback system that enables patients and visitors to give feedback about their experience at UH Bristol via the UH Bristol website, their own mobile devices, and via touchscreen feedback points located around the Trust. In Quarter 2 the installation of feedback points was completed at St Michael's Hospital, complementing the eight devices already installed in the Bristol Royal Infirmary.

In November 2019 the Patient Experience Group received an update on the feedback being received via the system since it went live in April 2019. The Trust received around 500 pieces of feedback through the system during the 6 month period analysed. The majority of responses contained positive feedback about the Trust's services (see Table 5). The feedback being received is very much "in the moment", in that it is often submitted whilst people are in our care and / or in hospital and is available in near-real time. In this way, as intended, the system compliments the Trust's survey feedback channels, which are more retrospective in nature and are designed to generate accurate measurements of patient-reported experience.

**Table 5:** feedback themes from the rapid-time system

<i>Theme</i>	<i>% of comments</i>
Staff - positive	53%
Environment - negative	16%
Delays - negative	6%
Staff - negative	4%
Environment - positive	3%

Of the responses received during this period, 242 contained specific feedback that we were able to send on to Divisions either for information or action (the remainder were either not usable or were too generic to identify a specific service area). The Trust received 20 requests for a call-back from people using the system - around one per week over the six month period analysed. These requests related to a wide range of resolvable issues, for example raising a concern about the hospital care being received or reporting an issue with the hospital estate. We expect the number of call back requests to increase as the touchscreen feedback points are rolled out more widely across the Trust.

The Patient Experience and Involvement Team is currently working with the Bristol Royal Hospital for Children to install seven feedback points there. Locations have been identified and we anticipate the enabling works / installation taking place during Quarter 4 2019/20. We are currently working with the Divisions of Surgery and Specialised Services to identify appropriate locations in the Bristol Haematology and Oncology Centre, Bristol Eye Hospital, and Bristol Dental Hospital.

## 7. 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.

### *Supporting UH Bristol lay representatives*

The Trust has a corporate quality objective during 2019/20 to improve the support we provide to patients and members of the public who act as "lay members" on UH Bristol groups and committees. During Quarter 2 the

Trust's Patient and Public Involvement Lead mapped out which Trust groups / committees currently have lay representation on them. A draft of the training programme has also been developed and will be reviewed at the Patient Experience Group in November 2019. A pilot training session will take place in December 2019.

#### *My Journey mystery shopping programme*

In Quarter 4 2018/19 the Patient Experience and Involvement Team launched "My Journey" as an additional patient experience evaluation tool which combines elements of mystery shopping techniques and the NHS 15 Steps Challenge. The "My Journey" team are trained Trust and staff Volunteers. The "My Journey" in Quarter 1 focussed on a patient journey to the Dermatology Department in the Bristol Royal Infirmary and the Cardiac Outpatient Department in the Bristol Heart Institute. In doing so feedback was gathered on four consecutive steps of the patient journey:

- Pre-visit: check for relevant information on the Trust's external website and contact the department by telephone
- Arrival at the hospital: first impressions, environment, helpfulness of staff
- Onward journey to the clinic/department: signage, way-finding
- Arrival at the clinic/department: first impressions, environment, helpfulness of staff

Feedback from the exercise was shared with service leads and reviewed at the Trust's Outpatient Services Steering Group. The feedback was generally very positive, in particular about the UH Bristol staff that the mystery shoppers had interactions with. It was noted that some staff, and in particular the Meet and Greet Volunteers in the Welcome Centre of the BRI, went out of their way to offer a personalised service by way of escorting "patients" to their destination. Participants reported mixed experiences of navigating the trust website and the quality of information held on it – this has been shared with the Communications Team.

#### *Learning Disabilities Steering Group*

UH Bristol has started a process to recruit carers of young adults with a learning disability to be lay members on the Trust's Learning Disabilities Steering Group. We anticipate that they will start in their new roles during Quarter 4 2019/20.

#### *The Bristol Physical Access Chain*

During Quarter 2, representatives of the Bristol Physical Access Chain met with the Trust's Operations Transport and Green Travel Manager to discuss and influence proposals to improve the arrangements for disabled parking, drop off points, bus and taxi services to the entrance of the BRI.

#### *South Bristol Community Hospital "touch point mapping"*

Based on our ongoing work to understand why our inpatient survey scores tend to be lower at South Bristol Community Hospital (SBCH), in September 2019 we applied learning from the Trust's work around improving customer service (the Here to help project) and used "touchpoint mapping" to gain insight in to our patients' "emotional journey" at this hospital. Emotional touchpoints are the moments where the person recalls being touched emotionally or cognitively (deep and lasting memories). They can be 'big moments' in a patient's contact with a service or 'small acts' that have a huge impact on an individual whilst maybe not seeming significant to others. In the context of SBCH, the inpatient journey is often complex - usually starting at the BRI (e.g. following a stroke) before moving to SBCH for an extensive period of rehabilitation.

Conversations were held with patients and carers to explore the in-patient transfer process from the BRI to arrival on the ward at SBCH, communication with staff, mealtimes and the discharge process. The key findings include:

- The value patients and carers place on the quality of a clear and unambiguous explanation of the transfer of care from the BRI to SBCH, both in terms of the logistics of the transfer and discussing the expectations of care at SBCH
- A recognition that for some patients and carers, the process of change from one location to another can be uncomfortable, emotionally charged and disorientating
- The quality of the departure from the BRI and the arrival at SBCH, including the orientation process for both patients and carers, is a key part of the journey and can have an immediate and lasting impact on how a patient or carer feels about SBCH. It is a formative moment. Feedback indicates this aspect of care is generally handled well and with sensitivity at SBCH, but that there sometimes may be an assumption made that patients and carers have inherent knowledge about SBCH, its location and the care provided

In addition:

- The quality of the carer support provided at SBCH particularly in respect of supporting individuals with complex needs and carers who are themselves traumatised by circumstances was noted as excellent.
- There was some suggestion of an underlying anxiety amongst some patients (and their carers) about the discharge process from SBCH to home, and what that might entail in terms of a perceived loss of relationships, the familiarity of the ward and isolation.

Overall, the report was very complimentary about the care provided by SBCH, but there are clear pointers here about areas that are key emotional touchpoints that may be able to be further strengthened. The full summary report for this work is currently being finalised by the Patient and Public Involvement Lead and will be provided to the Division of Medicine and Diagnostics and Therapies Division during Quarter 3.

## Appendix A – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manages 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 2, 2019/2020**

(1 July 2019 to 30 September 2019)

Author: Tanya Tofts, Patient Support and Complaints Manager



## Quarter 2 Executive summary and overview

	Q2	
Total complaints received	442	↓
Complaints acknowledged within set timescale	99.8%	↑
Complaints responded to within agreed timescale – formal investigation	83.6%	↓
Complaints responded to within agreed timescale – informal investigation	87.5%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	9.9%	↓

Successes	Priorities
<ul style="list-style-type: none"> <li>99.8% of complaints were acknowledged in a timely manner.</li> <li>The percentage of complainants advising us they were dissatisfied with our response improved from 13.4% in Quarter 1 to 9.9% in Quarter 2.</li> <li>There were notable reductions in numbers of complaints received for the Bristol Dental Hospital, Queen's Day Unit (Endoscopy), Dermatology and the Chemotherapy Day Unit/Outpatients.</li> <li>442 complaints were received in Quarter 2 compared with 511 in Q1.</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> <li>The Trust's 2019 CQC inspection highlighted the need to develop an overall measure of the lifetime of a complaint from the point of receipt (the measurement used in board reports – and documented above – is calculated using a starting point when the content of a complaint is agreed with a Trust caseworker, which may be sometime after the complaints was first received). This measure will be developed and introduced by April 2020.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Reporting of severity rating of complaints has commenced in this report (see section 9).</li> <li>Opportunities to exchange knowledge and learning with the complaints service at Weston General Hospital (UH Bristol's Deputy Patient Support and Complaints Manager is currently supporting the process of aligning complaints processes across the two organisations ahead of next year's planned merger).</li> </ul>	<ul style="list-style-type: none"> <li>In Quarter 2 the percentage of formal responses sent out by the agreed deadline was the lowest since Quarter 4 of 2017/18. Performance in the Division of Medicine was affected by a key gap in post in their Quality &amp; Patient Safety Team.</li> <li>The number of complaints received by Audiology, Boots Pharmacy (BRI), Paediatric Neurology/Neurosurgery, Paediatric Orthopaedics and the BRI Emergency Department increased in Quarter 2.</li> </ul>

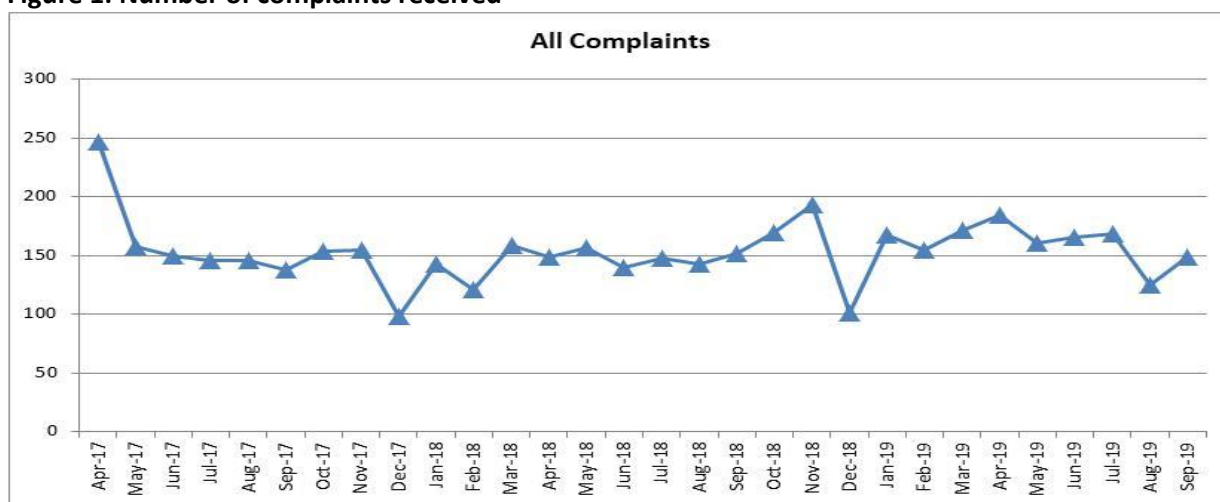
## 1. Complaints performance – Trust overview

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.

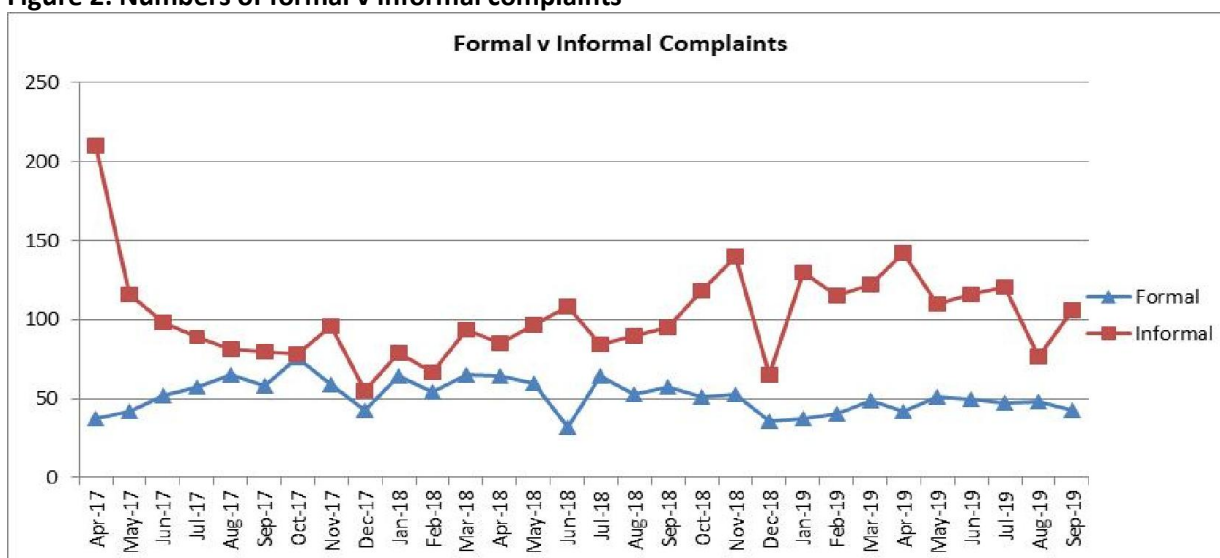
### 1.1 Total complaints received

The Trust received 442 complaints in quarter 2 (Q2) of 2019/20. 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. This had increased to an average of 170 per month over the last three quarters; however, Q2 saw a return to the average of 150 per month.

**Figure 1: Number of complaints received**



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



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

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. We continue to deal with a higher proportion of complaints via the informal process, which 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.

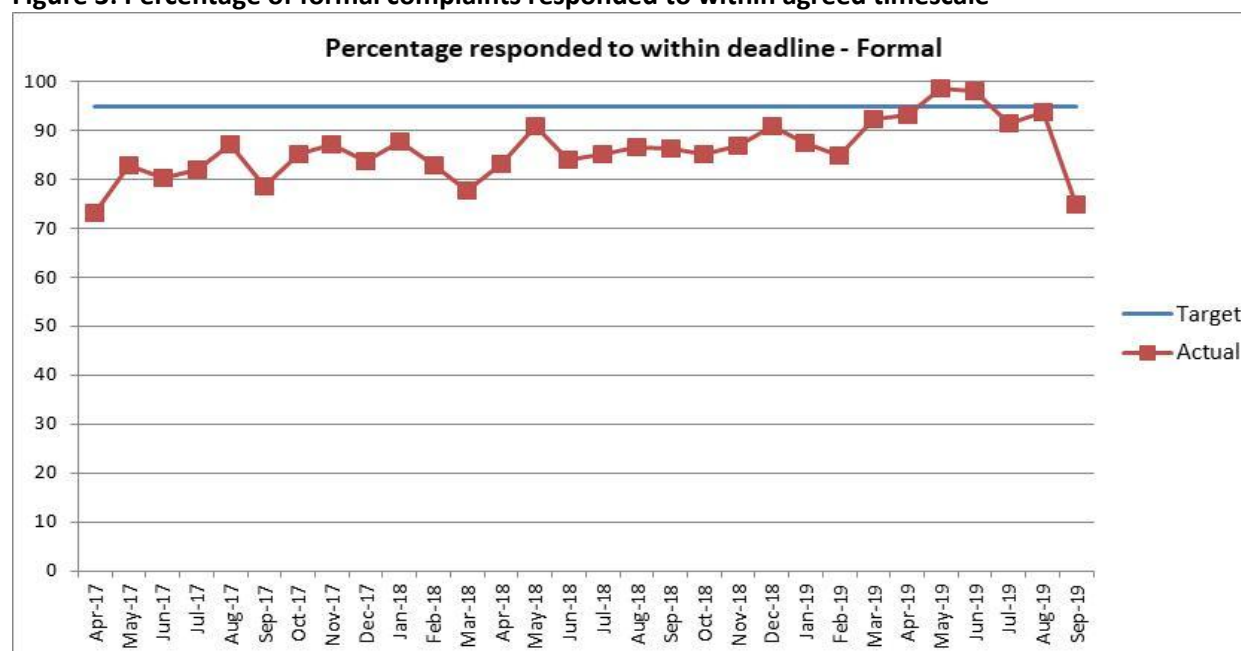
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

### 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.

In Q2 2019/20, 83.6% of responses were posted within the agreed timescale. This represents 28 breaches out of the 171 formal complaint responses which were sent out during the quarter<sup>2</sup>. This is a deterioration of the 96.6% reported in Q1 and the lowest percentage reported since the 82.3% reported in Q4 of 2017/18. Figure 3 shows the Trust's performance in responding to complaints since April 2017. Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

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



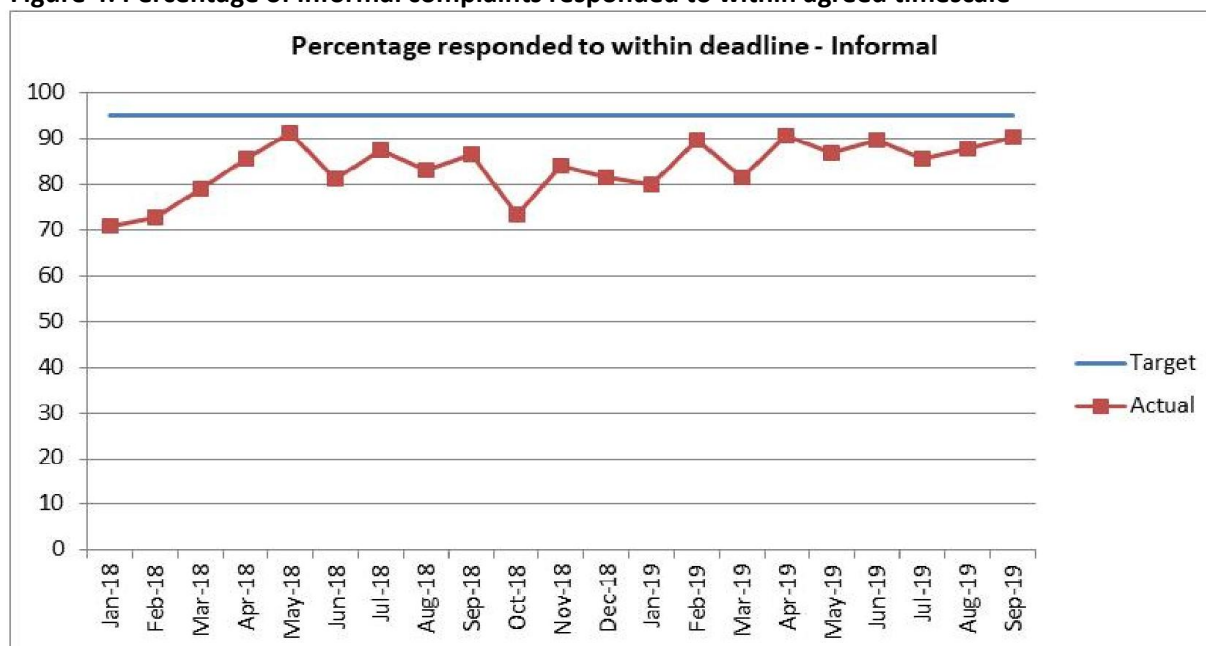
<sup>2</sup> Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

### 1.2.2 Informal Investigations

In Q2 2019/20, the Trust received 304 complaints that were investigated via the informal process. During this period, the Trust responded to 232 complaints via the informal complaints route and 87.5% (203) of these were responded to by the agreed deadline, a small decrease compared to the 89% reported in Q1.

The percentage of informal complaints resolved within the agreed deadline has been formally reported to the Board since Q4 2018/19, given that so many complaints are now resolved informally. Figure 4 (below) shows performance since April 2018, for comparison with formal complaints, although it should be noted that the 95% target was only formally set with effect from Q4 2018/19.

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



### 1.3 Dissatisfied complainants

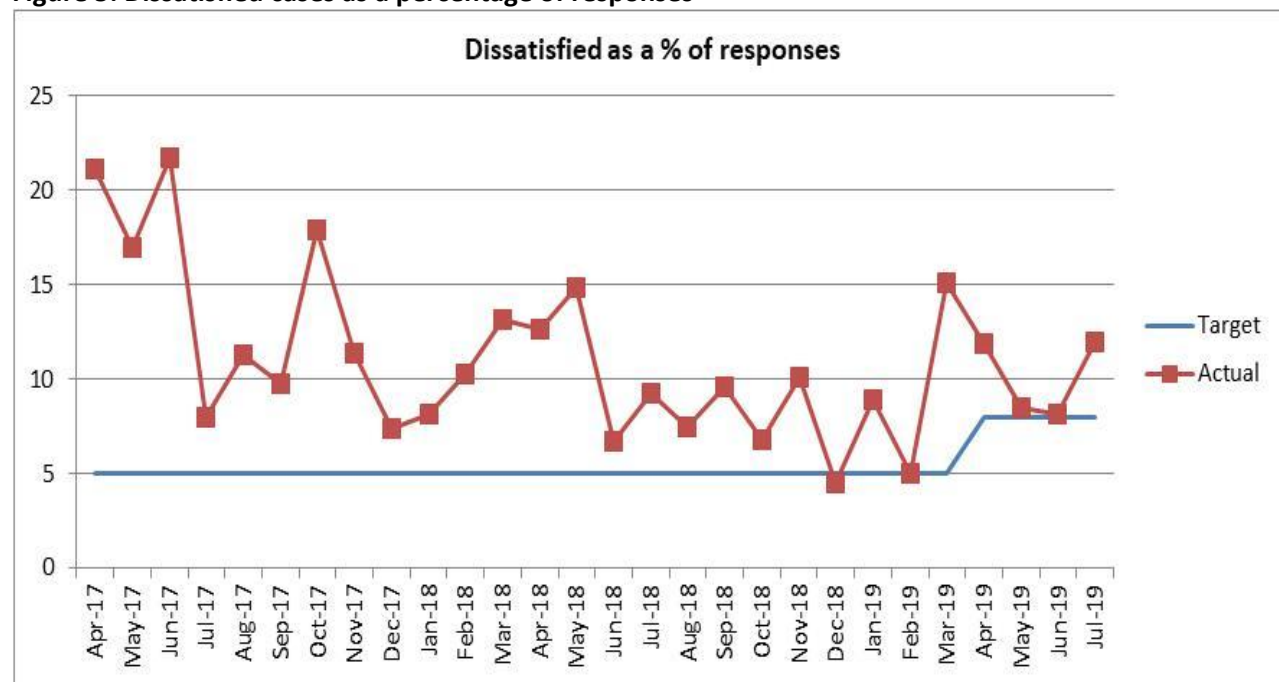
Our revised target for 2019/20 is that no more than 8% of complaints responses should lead to a dissatisfied response.

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 Q2 2019/20, we are able to report dissatisfied data for May, June and July 2019. 20 complainants who received a first response from the Trust during those months have since contacted us to say they were dissatisfied. This represents 9.9% of the 203 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 April 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 Q2 2019/20 compared with Q1.

Complaints in all categories either decreased or remained the same compared with Q1.

Complaints in respect of ‘appointments and admissions’ and ‘clinical care’ accounted for 65.8% of all complaints received (291 of 442).

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

Category/Theme	Number of complaints received in Q2 (2019/20)	Number of complaints received in Q1 (2019/20)
Appointments & Admissions	155 (35.1% of all complaints) ↓	190 (37.2% of all complaints) ↑
Clinical Care	136 (30.8%) ↓	141 (27.6%) ↑
Attitude & Communication	78 (17.6%) ↓	100 (19.6%) ↓
Facilities & Environment	36 (8.2%) =	36 (7.0%) ↓
Information & Support	17 (3.8%) ↓	21 (4.1%) =
Discharge/Transfer/Transport	13 (2.9%) =	13 (2.5%) ↑
Documentation	7 (1.6%) ↓	9 (1.8%) ↓
Access	0 (0%) ↓	1 (0.2%) ↓
<b>Total</b>	<b>442</b>	<b>511</b>

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most consistently reported sub-categories, which together accounted for 73% of the complaints received in Q2 (322/442).

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

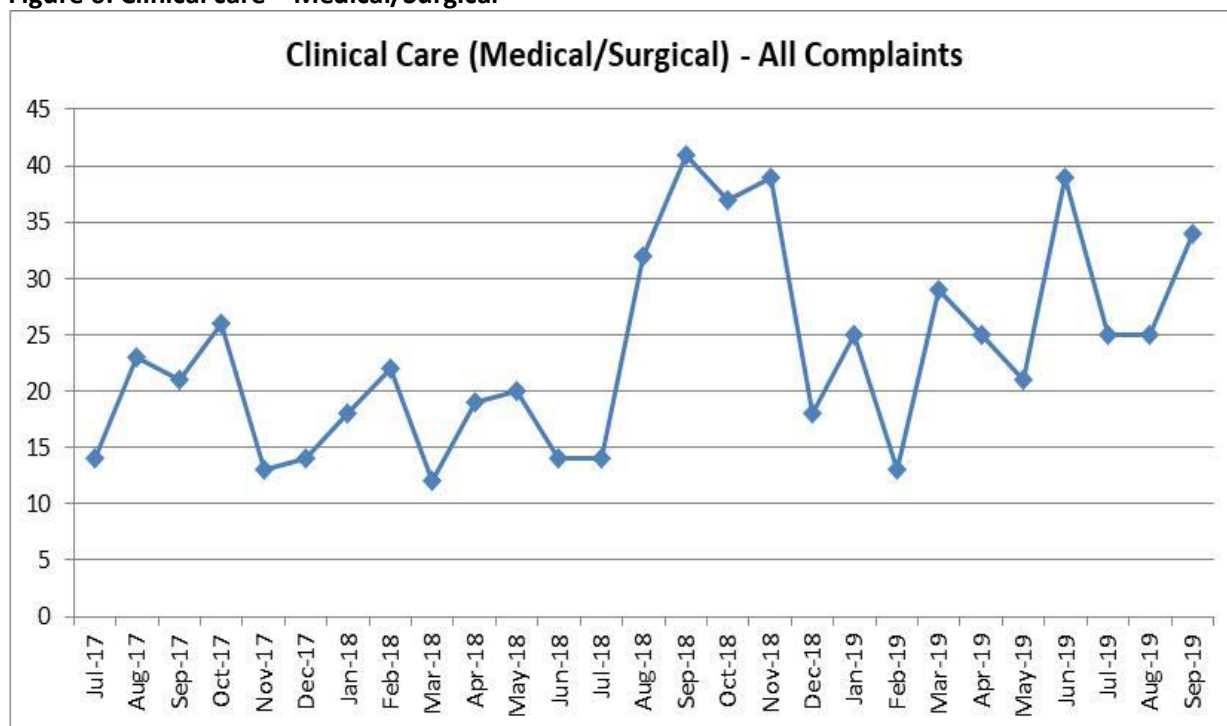
Sub-category	Number of complaints received in Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)	Q3 (2018/19)
Cancelled/delayed appointments and operations	92 (13.2% decrease compared to Q1) ↓	106	87	82
Clinical care (Medical/Surgical)	84 (1.2% decrease) ↓	85	67	94
Appointment administration issues	40 (38.5% decrease) ↓	65	42	42
Attitude of medical staff	19 (9.5% decrease) ↓	21	28	18
Failure to answer telephones/failure to respond	22 (4.8% increase) ↑	21	21	14
Car Parking	12 (25% decrease) ↓	16	25	46
Clinical care (Nursing/Midwifery)	11 (31.3% decrease) ↓	16	10	13
Diagnosis issues	11 (10% increase) ↑	10	4	5
Referral errors	11 (22.2% increase) ↑	9	11	1
Communication with patient/relative	10 (44.4% decrease) ↓	18	19	12
Medication incorrect/ not received	10 (233.3% increase) ↑	3	4	0

In Q2, the sub-categories of 'diagnosis issues', 'referral errors' and 'medication incorrect/not received' appeared in Table 2 for the first time. Of particular note is the large increase in complaints received in relation to medication.

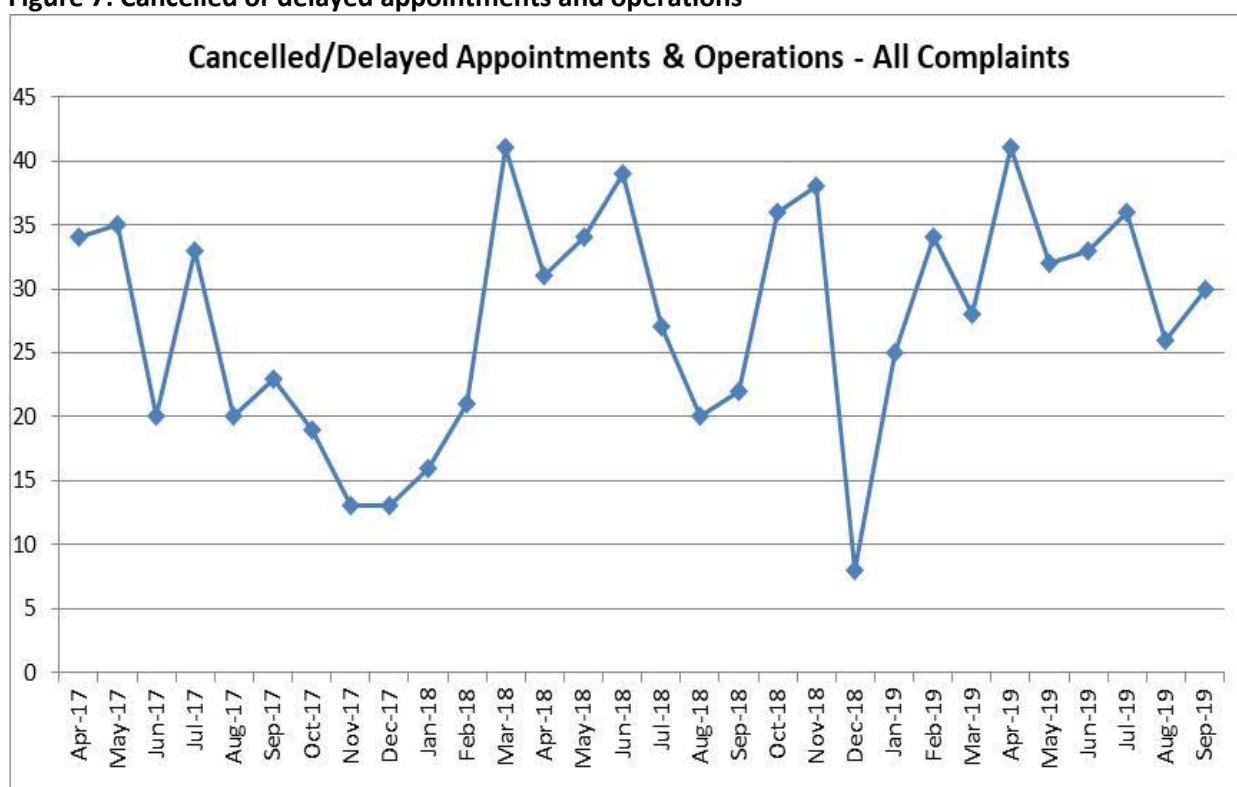
The most significant decreases were in the numbers of complaints received about 'appointment administration issues' and 'car parking'.

Figures 6-9 (below) show the longer term pattern of complaints received since April 2017 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows an increase towards the end of Q2 in complaints about clinical care (medical/surgical) and Figure 7 shows an upward turn in complaints about cancelled appointments and operations towards the end of the quarter. Figure 8 shows the continued downward trend in complaints about car parking since its 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**

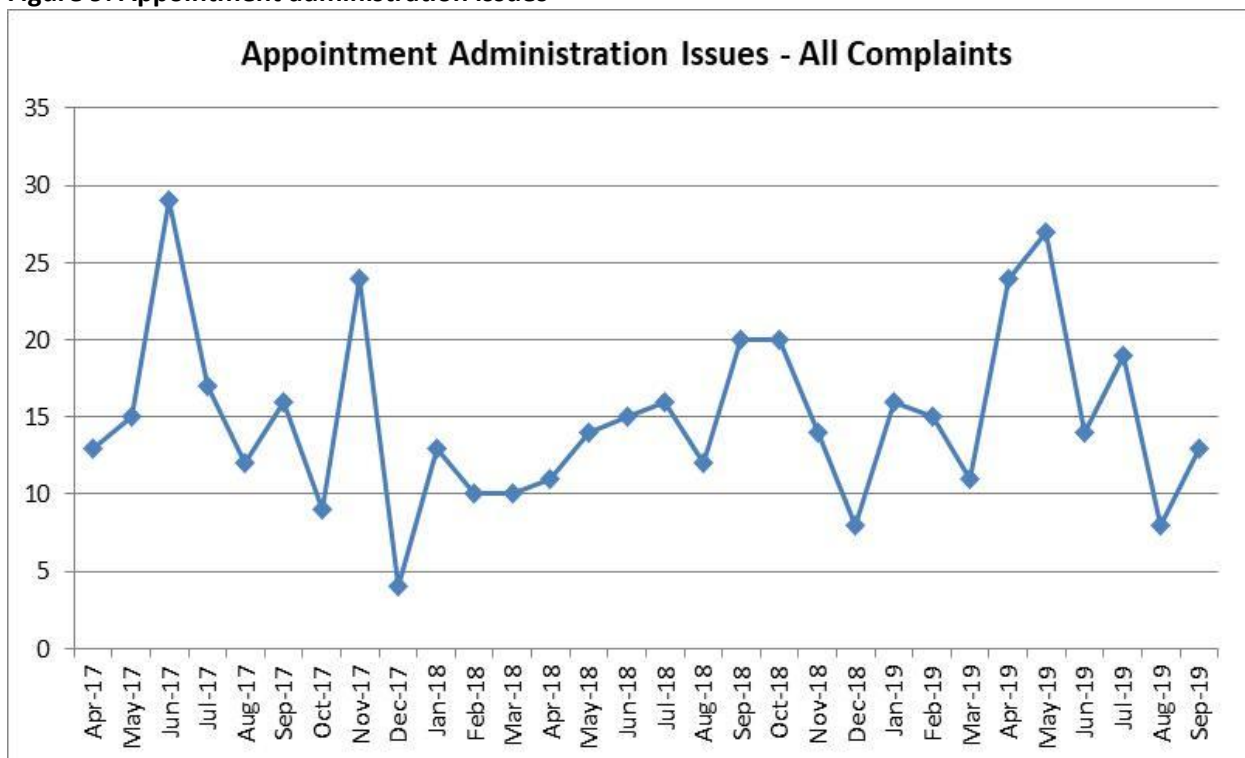




**Figure 8: Car Parking**



**Figure 9: Appointment administration issues**





### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 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	155 (187) ↓	97 (116) ↓	70 (82) ↓	70 (73) ↓	22 (17) ↑
Number of complaints about appointments and admissions	72 (97) ↓	22 (30) ↓	27 (35) ↓	23 (16) ↑	9 (10) ↓
Number of complaints about staff attitude and communication	25 (31) ↓	18 (26) ↓	13 (18) ↓	12 (15) ↓	5 (4) ↑
Number of complaints about clinical care	44 (46) ↓	35 (40) ↓	23 (19) ↑	27 (34) ↓	6 (2) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital (BDH) – 33 (44) (inc. Admin Dept below) Administration Department (BDH) – 10 (12) Bristol Eye Hospital (BEH) – 42 (43) (inc. Outpatients below) BEH Outpatients – 14 (17) Trauma & Orthopaedics – 19 (22) ENT – 16 (19) Upper GI – 8 (11) QDU Endoscopy – 7 (13)	Emergency Department (BRI) – 31 (25) Dermatology – 17 (27) Rheumatology – 5 (3) Clinic A410 – 5 (3)	<b>BHI (all) – 45 (53)</b> <b>BHOC (all) – 21 (25)</b> BHI Outpatients – 23 (28) BHI & BHOC Appt Depts – 16 (15) Clinical Genetics – 4 (4)	<b>BRHC (all) – 44 (48)</b> Carousel Outpatients (E301) – 8 (7) Paediatric Neurology & Neurosurgical – 8 (5) Children's ED (E308) – 6 (6) Paediatric Orthopaedics – 6 (2) <b>StMH (all) – 25 (22)</b> Gynaecology Outpatients (StMH) – 10 (9) Ward 78 (Gynaecology) – 4 (2)	Radiology – 9 (10) Audiology – 6 (3) Boots Pharmacy – 4 (1)
Notable deteriorations compared with Q1	No notable deteriorations	Emergency Department (BRI) – 31 (25)	No notable deteriorations	Paediatric Neurology & Neurosurgical – 8 (5) Paediatric Orthopaedics – 6 (2)	Audiology – 6 (3) Boots Pharmacy – 4 (1)
Notable improvements compared with Q1	Bristol Dental Hospital (BDH) – 33 (44) QDU Endoscopy – 7 (13)	Dermatology – 17 (27)	Ward C708 – 3 (6) Chemo Day Unit / Outpatients (BHOC) – 1 (6)	Carousel Outpatients (E301) – 2 (8)	Physiotherapy – 0 (2)

### 3.1.1 Division of Surgery

There was a reduction in the total number of complaints received by the Division of Surgery in Q2; 155 compared with 187 in Q1 and 176 in Q4. Complaints received by Bristol Dental Hospital (BDH) decreased by 25% in Q2 and those received by QDU (Endoscopy) almost halved. There were no notable increases in complaints received by any departments within the Division.

Complaints about 'appointments and admissions' decreased by just over 25% following a significant increase in Q1. There were also reductions in complaints about 'attitude and communication' and 'clinical care'.

The Division achieved 94.1% against its target for responding to formal complaints within the agreed timescale in Q2 and 90% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Appointments & Admissions	72 (46.5% of total complaints) ↓	97 (51.9% of total complaints) ↑
Clinical Care	44 (28.4%) ↓	46 (24.6%) ↓
Attitude & Communication	25 (16.1%) ↓	31 (16.6%) ↓
Information & Support	6 (3.9%) ↑	5 (2.6%) ↓
Discharge/Transfer/Transport	3 (1.9%) =	3 (1.6%) ↑
Documentation	3 (1.9%) ↑	2 (1.1%) =
Facilities & Environment	2 (1.3%) ↓	3 (1.6%) ↑
Access	0 (0%) =	0 (0%) ↓
<b>Total</b>	<b>155</b>	<b>187</b>

**Table 5: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Cancelled or delayed appointments and operations	46 ↓	57 ↑
Clinical care (medical/surgical)	28 ↓	30 ↑
Appointment administration issues	18 ↓	34 ↑
Attitude of Medical Staff	9 ↑	4 ↓
Referral errors	7 ↑	2 ↓
Diagnosis delayed / incorrect / missed	6 ↑	2 ↑
Communication with patient/relative	4 =	4 ↓
Failure to answer telephones/ failure to respond	4 ↓	6 ↓

**Table 6: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>The number of complaints received by the ENT service remained higher than expected in Q2, on a par with Q1, when the clinical team was affected by vacancies and annual leave, resulting in the cancellation of routine patients to meet demand for fast track patients.</p> <p>In Q2, seven of the 16 complaints related to cancellations and appointment administration issues, with the remainder consisting of five complaints about 'clinical care' and three in respect of 'attitude and communication'.</p>	<p>Bed pressures during Q2 saw an increase in the cancellation of surgery.</p> <p>Appointments have been changed/cancelled to accommodate more urgent patients.</p> <p>'Clinical care' and 'attitude and communication' refer to formal complaints where patients have come away from hospital and realised that they do not have a clear understanding about the next steps on their treatment pathway.</p>	<p>During this period it should be noted that the ENT consultant team has responded promptly and effectively to the complaints received; the Division remains confident that this will continue.</p> <p>The clinical team is now established and working to reduce cancellations.</p> <p>The Division and Trust continue to try to minimise the cancellation of surgery, but it is often inevitable due to overall operational pressures.</p> <p>The booking team continues to book patients according to clinical priority and ensures communication with patients is effective when changing appointments.</p>
<p>The number of complaints received for the Bristol Eye Hospital (BEH) rose in September following reductions in the previous two months.</p> <p>Of the 42 complaints received in Q2, 19 were about 'appointments and admissions'; 10 related to 'clinical care'; and seven were in respect of 'attitude and communication'.</p> <p>Complaints about outpatient services accounted for 14 complaints in Q2, with the remainder spread across different departments in the BEH.</p>	<p>Complaints about 'appointments and admissions' were a result of increased demand on the service.</p>	<p>There is a new administrative structure in place, which will strengthen the processes in place with regards to managing the booking process and appointments and will improve patients experience. The Division will continue to maximise the utilisation of available appointments.</p>

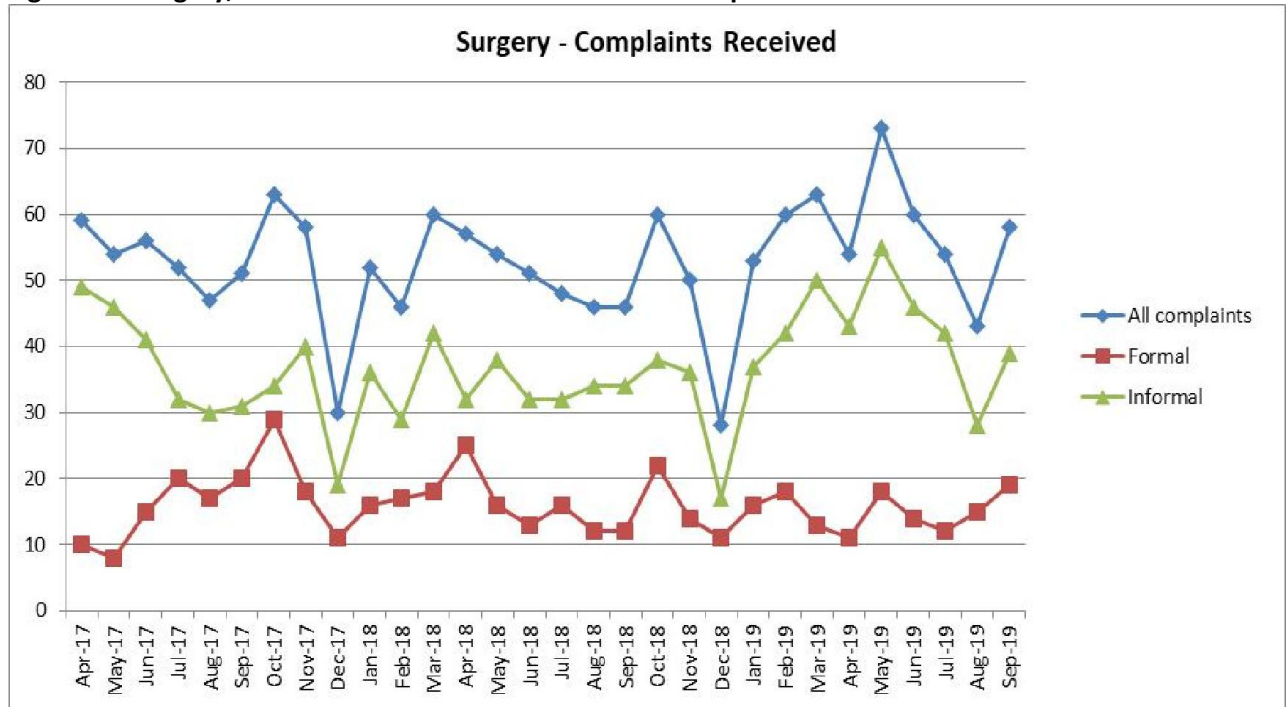
### **Current divisional priorities for improving how complaints are handled and resolved**

The Division continues to encourage and monitor informal complaints using a tracker system. This is reviewed on a daily basis to promote the timely response of informal complaints within the 10 day time frame

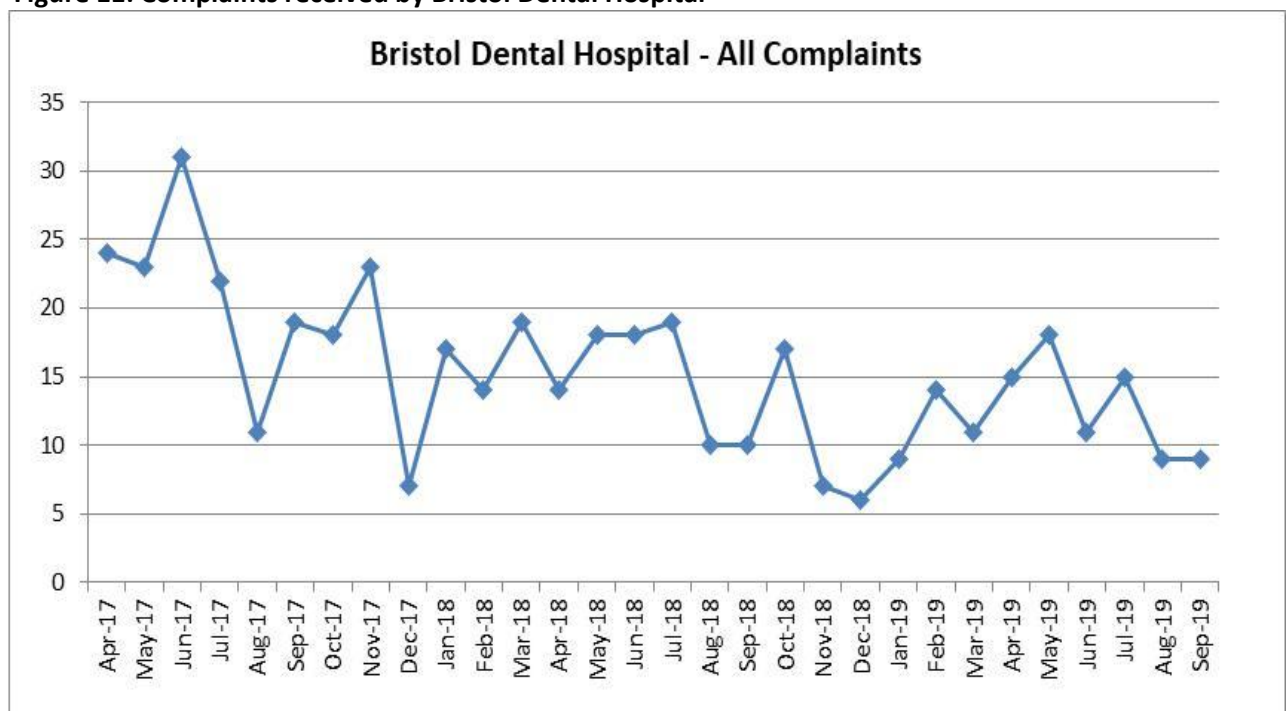
## Priority issues we are seeking to address based on learning from complaints

The Divisional Complaints Coordinator will be providing additional training to new Assistant General Managers to ensure consistent quality of written complaints responses.

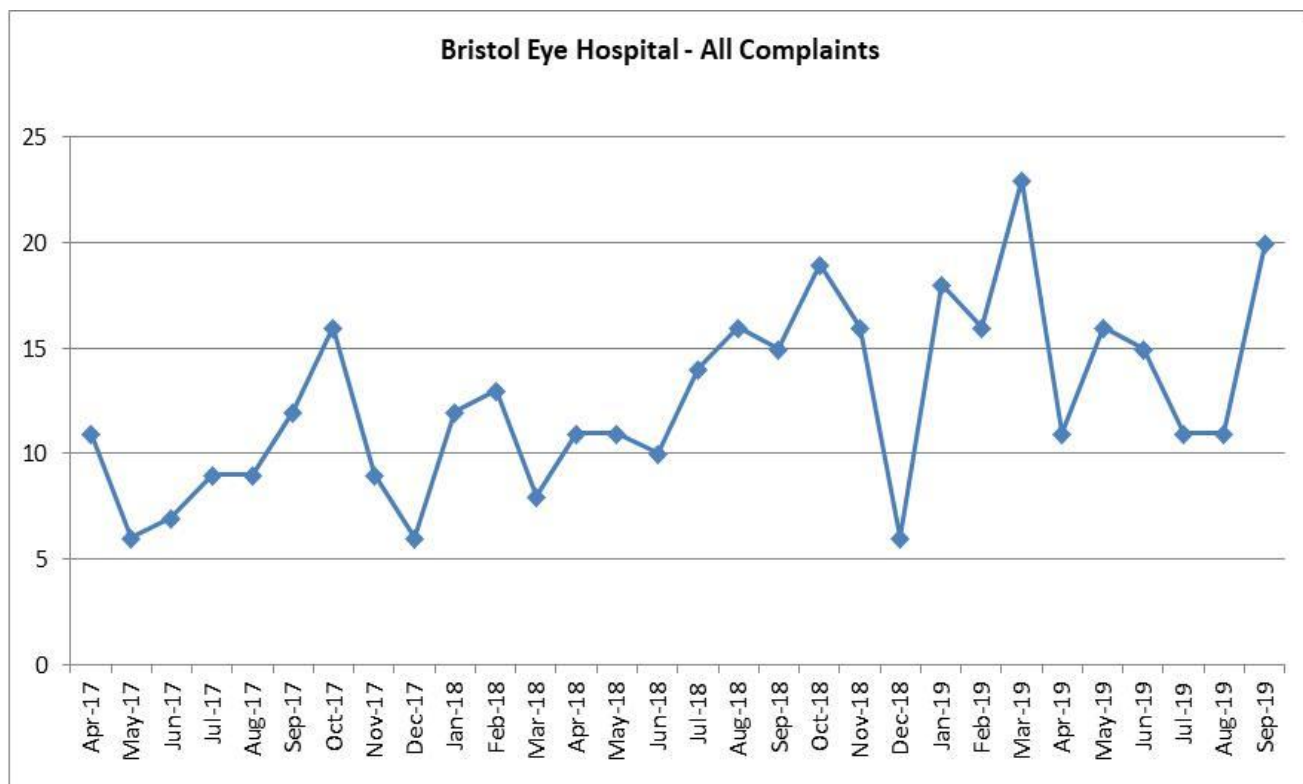
**Figure 10: Surgery, Head & Neck – formal and informal complaints received**



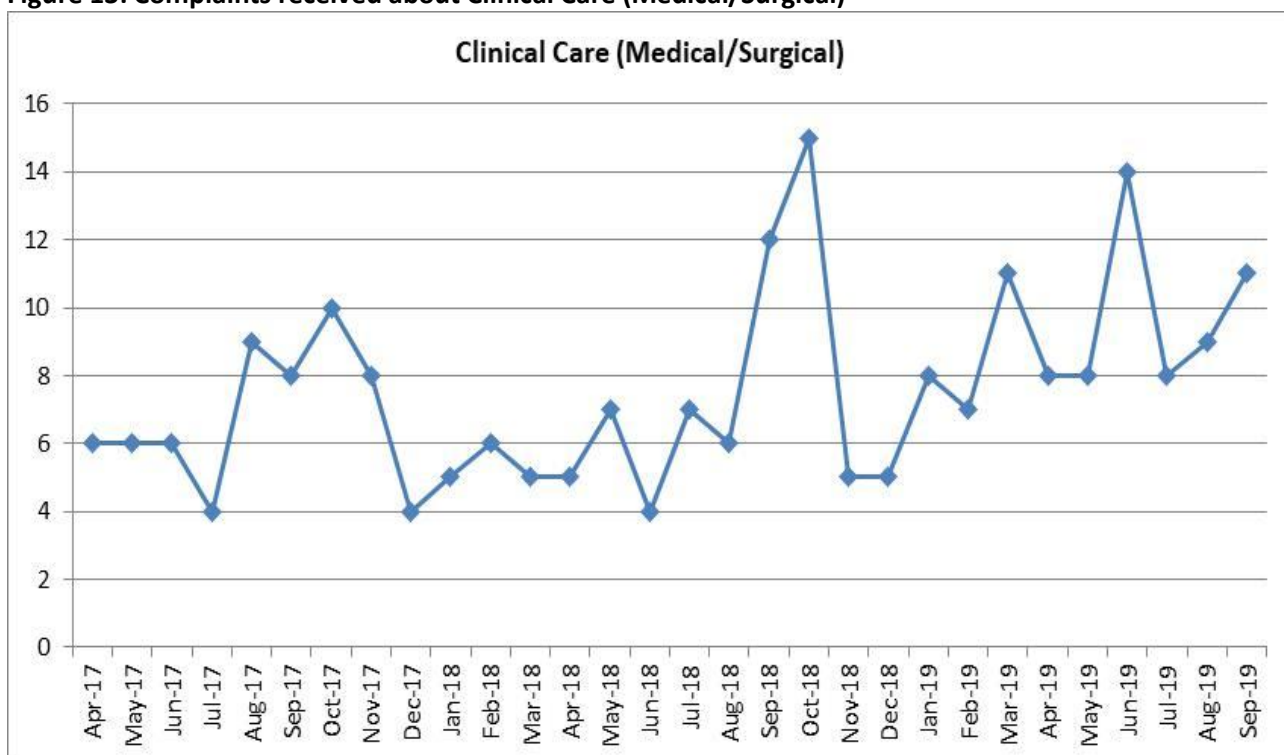
**Figure 11: Complaints received by Bristol Dental Hospital**



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



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



### 3.1.2 Division of Medicine

In Q2, there was a reduction of 16.4% in the overall number of complaints received by the Division of Medicine compared with Q1. There was a notable reduction in the number of complaints received by the Dermatology service (down by 37%). There was an increase in complaints for the Emergency Department, which increased from 25 in Q1 to 31 in Q2.

The highest number of complaints received by the Division was in respect of 'clinical care (medical/surgical)', which remained similar to the number received in Q1. The last two quarters have seen the highest number of complaints reported under this sub-category since Q1 2017/18.

The Division achieved 76.7% against its target for responding to formal complaints within the agreed timescale in Q2 and 75.8% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 7: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Clinical Care	35 (36.1% of total complaints) ↓	40 (34.5% of total complaints) ↑
Appointments & Admissions	22 (22.7%) ↓	30 (25.9%) ↑
Attitude & Communication	18 (18.5%) ↓	26 (22.4%) =
Facilities & Environment	9 (9.3%) ↑	7 (6.1%) ↓
Discharge/Transfer/Transport	9 (9.3%) ↑	5 (4.3%) ↑
Information & Support	4 (4.1%) =	4 (3.4%) ↑
Documentation	0 (0%) ↓	4 (3.4%) ↓
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>97</b>	<b>116</b>

**Table 8: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Clinical care (medical/surgical)	27 ↑	26 ↑
Cancelled or delayed appointments and operations	15 ↓	18 ↑
Failure to answer phone/ failure to respond	7 ↑	5 ↑
Discharge arrangements	5 ↑	4 ↑
Personal (lost) property	5 ↑	4 ↓
Transfer/Transport	4 ↑	1 ↓
Waiting time in clinic	4 ↑	0 ↓
Diagnosis delayed / missed / incorrect	3 ↓	5 ↑
Attitude of A&C staff	3 ↓	5 ↑
Attitude of medical staff	3 ↓	8 ↓

**Table 9: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
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<p>There was an increase in the number of complaints received by the Emergency Department (ED) in Q1.</p> <p>Of the 31 complaints received, 12 were recorded under the sub-category of 'clinical care (medical/surgical)'; four were specifically in respect of waiting times and the remainder was spread across a variety of sub-categories.</p>	<p>Q2 has seen an unprecedented rise in people attending the ED.</p>	<p>Addressed through existing plans enacted by the Division to address capacity challenges in ED.</p>
<p>The Division of Medicine responded to 76.3% of all complaints (formal and informal) within the agreed timescales in Q1, compared with 92.4% in Q1 and 94.4% in Q4 2018/19.</p>	<p>The resignation of the Divisional Complaints Coordinator has negatively impacted on performance due to limited capacity within the Divisional Quality and Patient Safety team.</p>	<p>The vacant post has been recruited to, however the post-holder has been on extended sick leave, so the capacity challenge remains.</p>

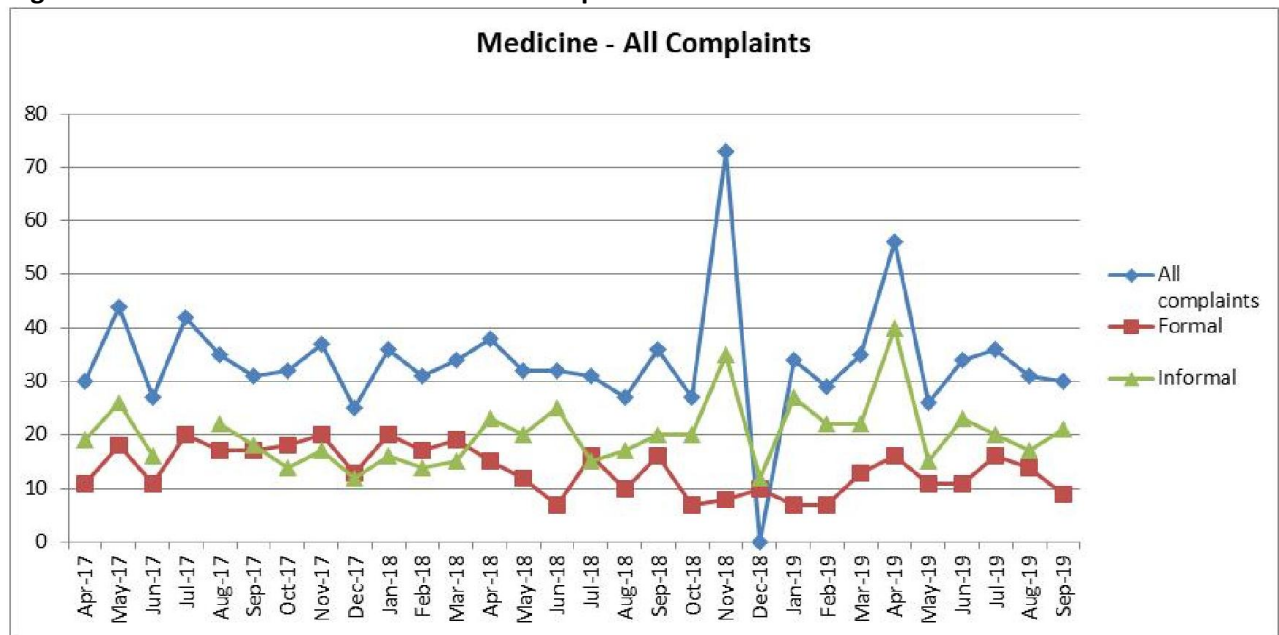
#### Current divisional priorities for improving how complaints are handled and resolved:

Re-establishing the Divisional Quality and Patient Safety team.

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

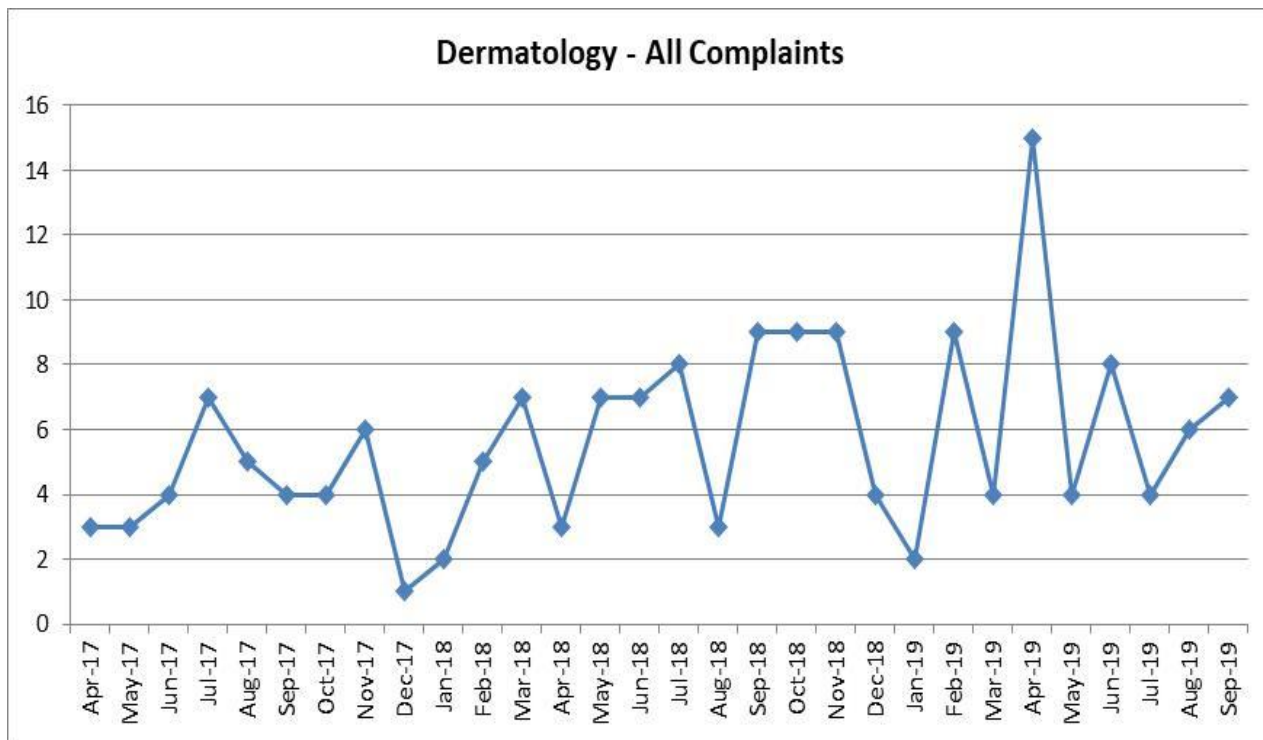
Care and experience of patients in the ED queue.

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

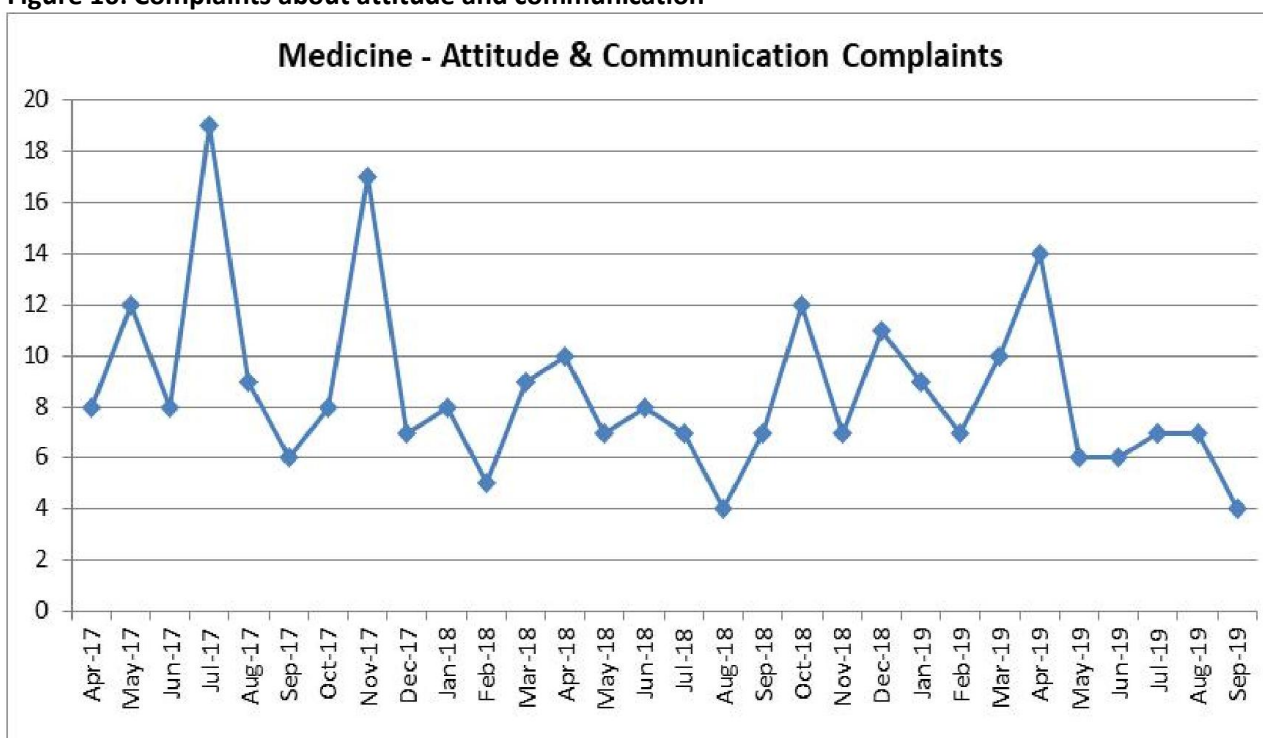


**Figure 15: Complaints received by Dermatology**



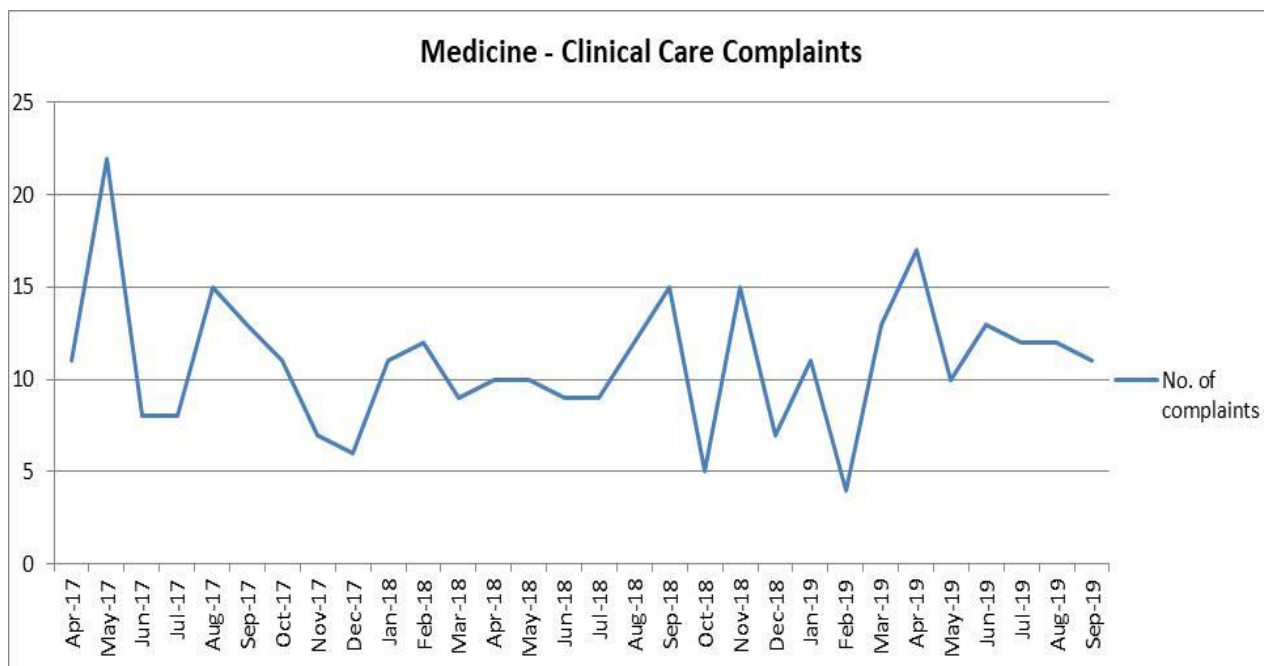


**Figure 16: Complaints about attitude and communication**



**Figure 17: Complaints about clinical care**





### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 70 new complaints in Q2; a reduction of 14.6% compared with Q1. Of these 82 complaints, 45 were for the Bristol Heart Institute (BHI), compared with 53 in Q1; and 21 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 25 in Q1. The remaining four complaints were for the Clinical Genetics service based at St Michael's Hospital.

The largest number of complaints received by the Division was recorded under the category of 'appointments and admissions' (38.6%), which includes complaints about cancelled and delayed appointments and surgery. There were small increases in the numbers of complaints relating to 'clinical care', 'documentation' and 'facilities and environment'. However, complaints received in respect of five of the eight categories decreased compared with Q1.

The Division achieved 70.8% against its target for responding to formal complaints within the agreed timescale in Q2 and 94.9% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Appointments & Admissions	27 (38.6% of total complaints) ↓	35 (42.7% of total complaints) ↑
Clinical Care	23 (32.8%) ↑	19 (23.2%) ↑
Attitude & Communication	13 (18.6%) ↓	18 (21.9%) ↑
Documentation	3 (4.3%) ↑	2 (2.4%) ↓
Facilities & Environment	3 (4.3%) ↑	1 (1.2%) =
Information & Support	1 (1.4%) ↓	4 (4.9%) ↑
Discharge/Transfer/Transport	0 (0%) ↓	3 (3.7%) ↑
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>70</b>	<b>82</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Cancelled or delayed appointments and operations	13 ↓	21 ↑
Appointment administration issues	11 ↓	12 =
Clinical care (medical/surgical)	12 ↑	7 ↑
Failure to answer phone/ Failure to respond	7 =	7 ↑
Lost / misplaced / delayed test results	7 ↑	2 ↓
Attitude of medical staff	3 =	3 =
Medication incorrect / not received	2 ↑	1 =

**Table 12: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>The number of complaints received by the Appointment Departments at Bristol Heart Institute (BHI) and Bristol Haematology &amp; Oncology Centre (BHOC) increased in Q2; the fourth consecutive quarterly increase.</p> <p>11 of the 16 complaints received were for the BHI.</p>	<p><b>BHI</b></p> <p>There was one formal complaint and 10 informal complaints for the BHI.</p> <p>The formal complaint related to a patient not being aware of how long the waiting list was. The informal complaints were about patients being booked into the wrong clinics, waiting times, patients being unable to book appointments and patients being sent DNA letters incorrectly.</p>	<p><b>BHI</b></p> <p>Action has been taken to reduce waiting list times, including additional work being undertaken at a private hospital in Bristol.</p> <p>A new Cath Lab is being built in 2020 which will improve capacity.</p> <p>Referral letters are being copied to patients and GPs now have more detailed information about the correct process for referrals.</p> <p>Clinic Coordinators have been reminded to liaise with both the patient and their GP when incorrect referrals are received.</p> <p>The Echocardiogram Coordinator has been reminded to contact every patient who DNAs to establish the reason for this before discharging the patient back to their GP.</p>

<p>Complaints about 'clinical care' increased in Q2.</p> <p>Of the 23 complaints recorded under this category six each were for BHI Outpatients and BHOC Outpatients, with the remainder spread across Clinical Genetics and various wards.</p>	<p><b>BHI</b></p> <p>The over-arching theme of these complaints is communication, with different terminology used by different teams, which is confusing for patients and miscommunication around medication and listening to patients' families and carers.</p> <p><b>BHOC</b></p> <p>One complaint was about a patient not receiving adequate pain relief and another was in respect of a respiratory outlier who felt neglected as it took several days for tests to be carried out.</p>	<p><b>BHI</b></p> <p>Clinicians have been reminded to be conscious of the terminology used by other teams, to give clear explanations and rationale for treatment and to listen to their patients and to their relatives/carers.</p> <p><b>BHOC</b></p> <p>Apologies were given where appropriate and the Matron spoke to the respiratory patient concerned and followed up with the respiratory registrar.</p>
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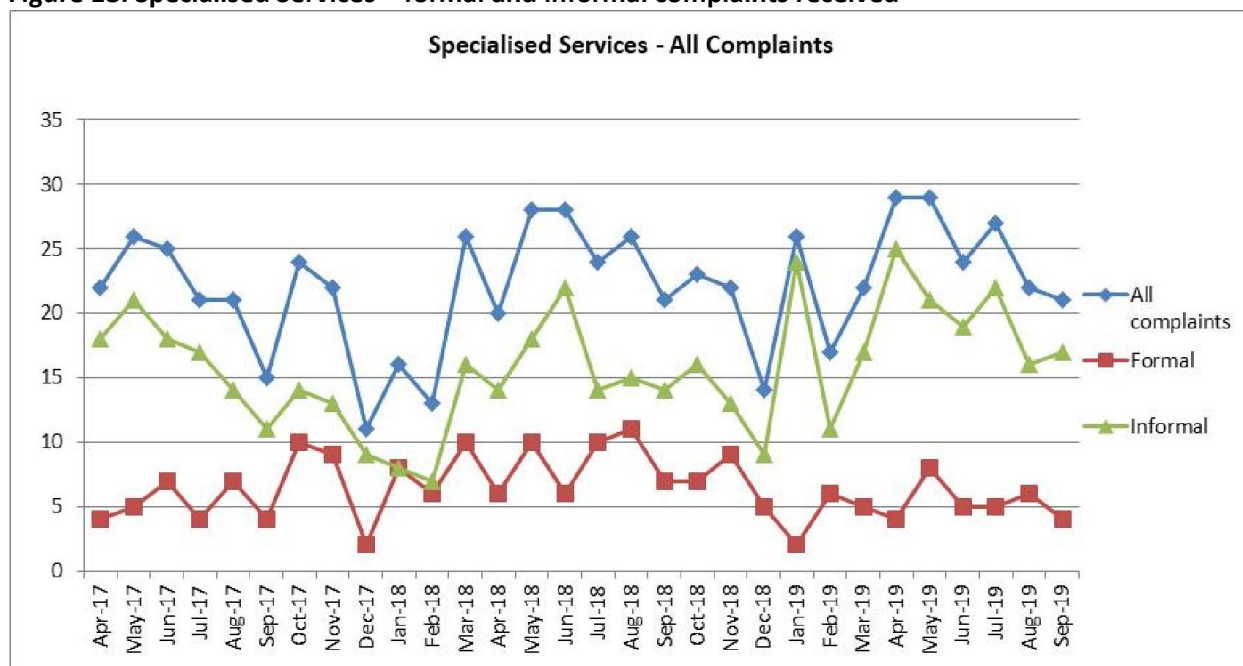
#### Current divisional priorities for improving how complaints are handled and resolved:

A proposal and business case has been entered into the Operating Plan for additional administrative support to the team to assist with cover for the Divisional Complaints and Governance Coordinator, and with administration for the team.

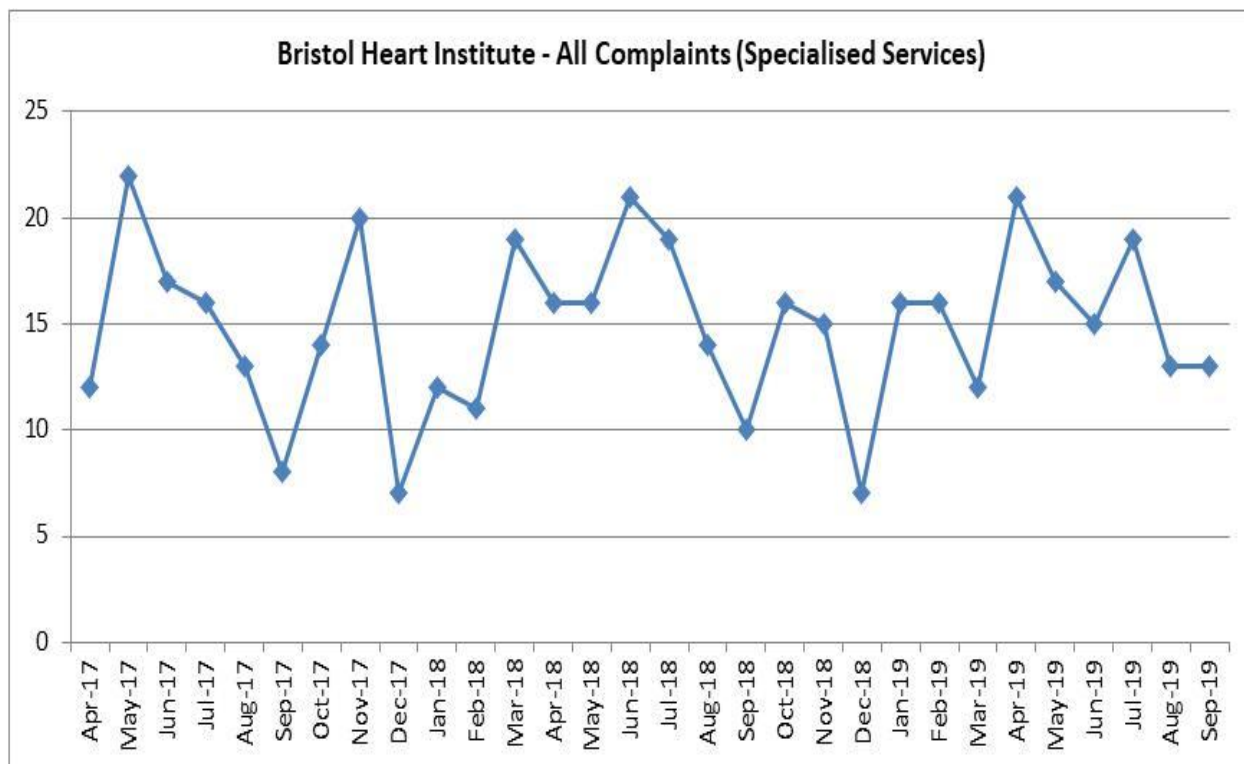
#### Priority issues we are seeking to address based on learning from complaints.

Courses are currently available for staff via the online training portal Kallidus. Regular briefings are given at meetings, reminding staff of the importance of clear, compassionate communication and about the training currently available. The Division is also considering having this training made essential for senior medical staff through their annual appraisal and they will be carrying out a scoping exercise to ascertain what is available and whether this training would need to be outsourced or could be provided in house.

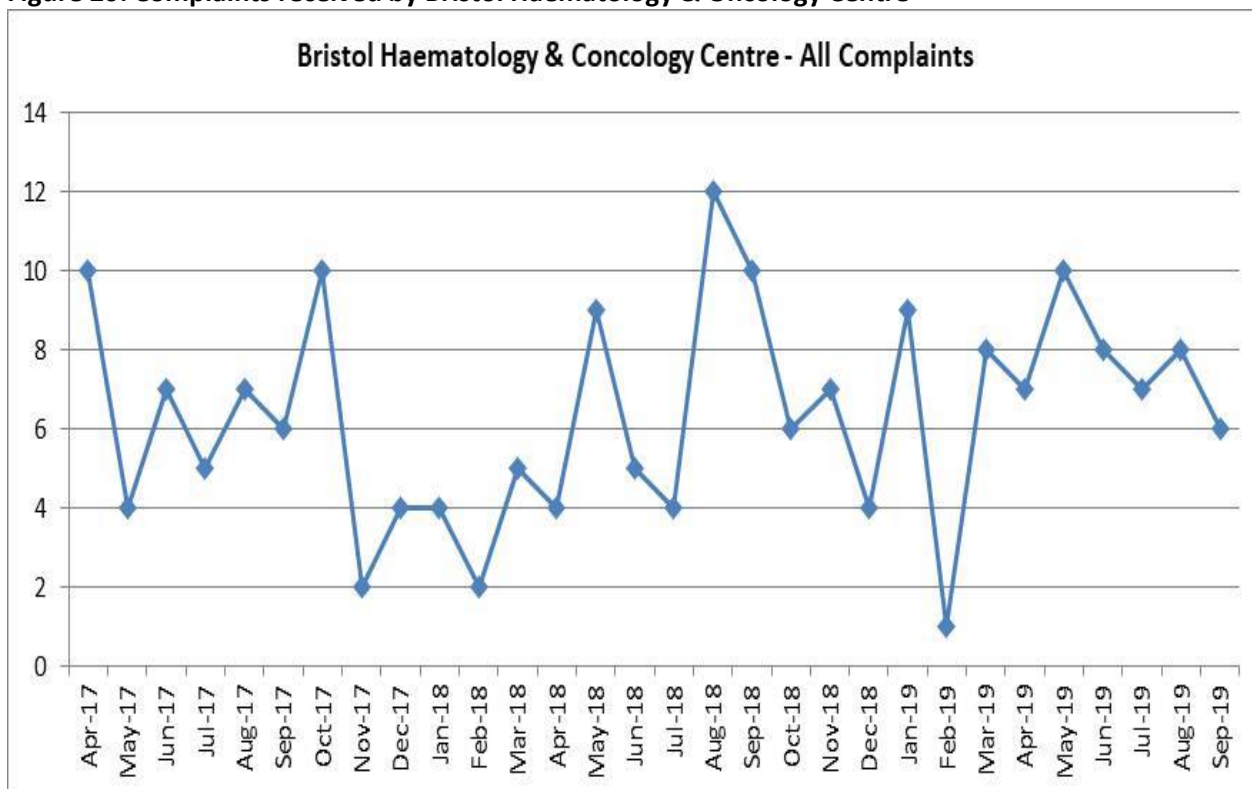
**Figure 18: Specialised Services – formal and informal complaints received**



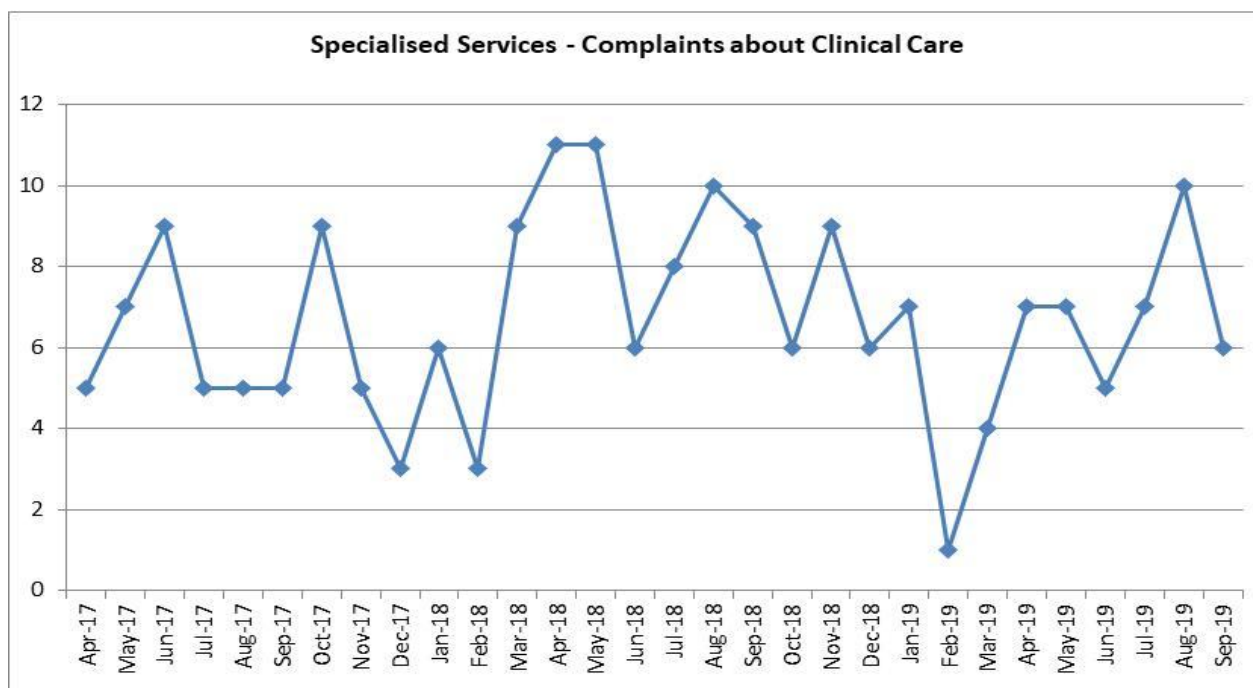
**Figure 19: Complaints received by Bristol Heart Institute**



**Figure 20: Complaints received by Bristol Haematology & Oncology Centre**



**Figure 21: Complaints received by Division about Clinical Care**



### 3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division in Q2 was 70. Numbers of complaints received by the Division have remained consistent for the last three quarters. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 44 of the 73 complaints, compared with 48 in Q1. There were 25 complaints for St Michael's Hospital (StMH); a slight increase on the 22 received in Q1. There was also one complaint for the Paediatric Outpatients service at South Bristol Community Hospital.

In Q1, this was the only clinical division to see a reduction in the number of complaints about 'appointments and admissions'; however, in Q2, they were the only clinical division to record an increase in this category.

The Division achieved 94.4% against its target for responding to formal complaints within the agreed timescale in Q2 and 88.5% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 13: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Clinical Care	27 (38.6% of total complaints) ↓	34 (46.6% of total complaints) ↑
Appointments & Admissions	23 (32.9%) ↑	16 (21.9%) ↓
Attitude & Communication	12 (17.1%) ↓	15 (20.5%) ↓
Facilities & Environment	4 (5.7%) ↑	2 (2.7%) =
Information & Support	2 (2.9%) ↓	4 (5.5%) ↑
Discharge/Transfer/Transport	1 (1.4%) =	1 (1.4%) ↑
Documentation	1 (1.4%) ↑	0 (0%) ↓
Access	0 (0%) ↓	1 (1.4%) ↑
<b>Total</b>	<b>70</b>	<b>73</b>

**Table 14: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Clinical care (medical/surgical)	17 ↓	22 ↑
Cancelled or delayed appointments and operations	15 ↑	8 ↓
Clinical care (nursing/midwifery)	5 ↓	6 ↑
Appointment administration issues	5 =	5 ↑
Communication between staff and with patient/relative	4 =	4 ↓
Attitude of medical staff	4 ↑	3 ↓
Referral errors	3 ↑	2 ↓

**Table 15: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>In Q2, the division saw an increase in the number of complaints received in respect of ‘appointments and admissions’, which includes complaints about cancelled and delayed appointments and operations.</p> <p>Of the 23 complaints received in this category, 15 were for Children’s Services (including the one from SBCH).</p> <p>The eight complaints in this category for StMH were all for Gynaecology Outpatients.</p>	<p><b>BRHC</b> The complaints received spanned a number of departments, with no common themes within this broad category. Due to the changing clinical priority of patients requiring surgery and unforeseen clinical emergencies arising, there are times when the cancellation of appointments is unavoidable and an immediate alternative cannot always be given, especially when the procedure is complex.</p> <p><b>StMH</b> Delays for patients waiting to receive outpatient appointments have been an issue due to clinician absence.</p>	<p><b>BRHC</b> The Divisional Complaints Coordinator will monitor complaints about cancelled appointments by department to identify any emerging themes at an early stage. This will allow early actions to be taken to try and prevent a further increase of complaints in this category.</p> <p><b>StMH</b> The Division has commenced a Gold QI transformation project for antenatal clinic outpatients; learning will be transferred to the gynaecology service and waiting times will be monitored.</p>

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

**StMH**

We will continue to report weekly complaint status and escalate any concerns to the Divisional Director to avoid breaches of deadlines.

**BRHC**

A new Divisional Complaints Coordinator is in post and will be closely monitoring complaints for the early identification of themes and trends. The post holder will also be auditing actions taken as a result of a complaint to ensure their effectiveness in improving patient experience.

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



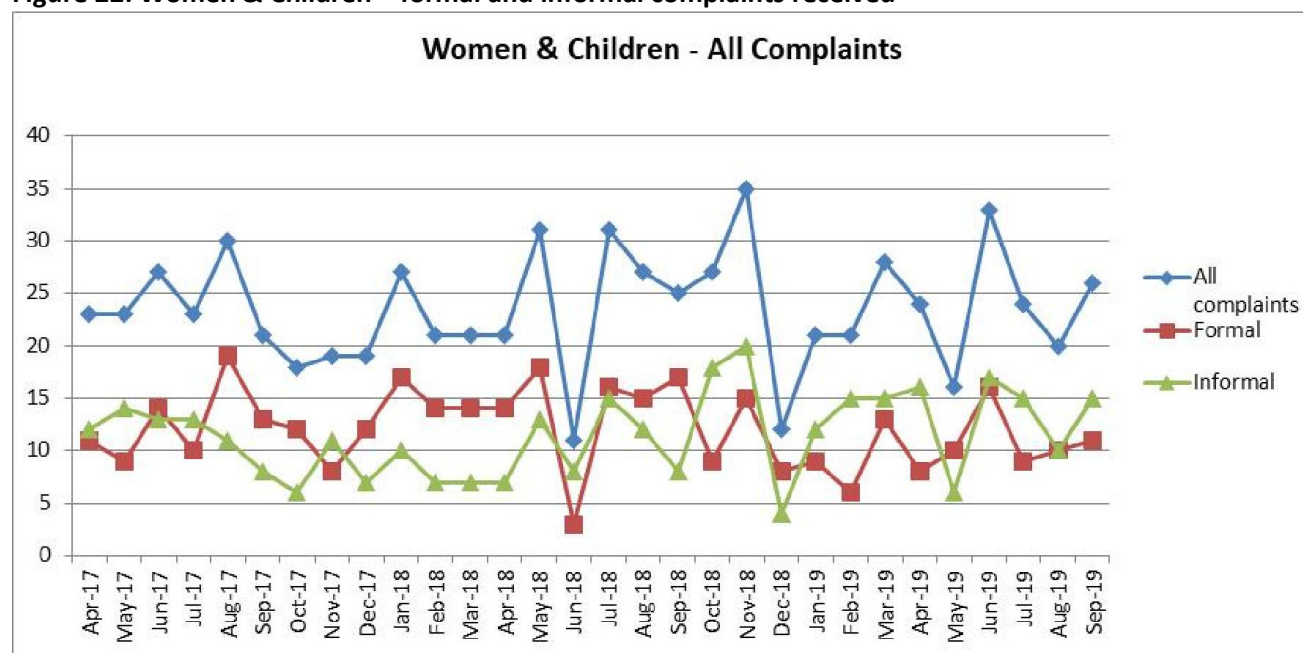
## StMH

The gynaecology services is reviewing its policy for gynaecology patients who have diagnostic test results outstanding and our protocol for recall of patients if issues are identified from outstanding results. We are also developing robust rules for escalation to consultants for junior doctors for patients who are not improving as expected.

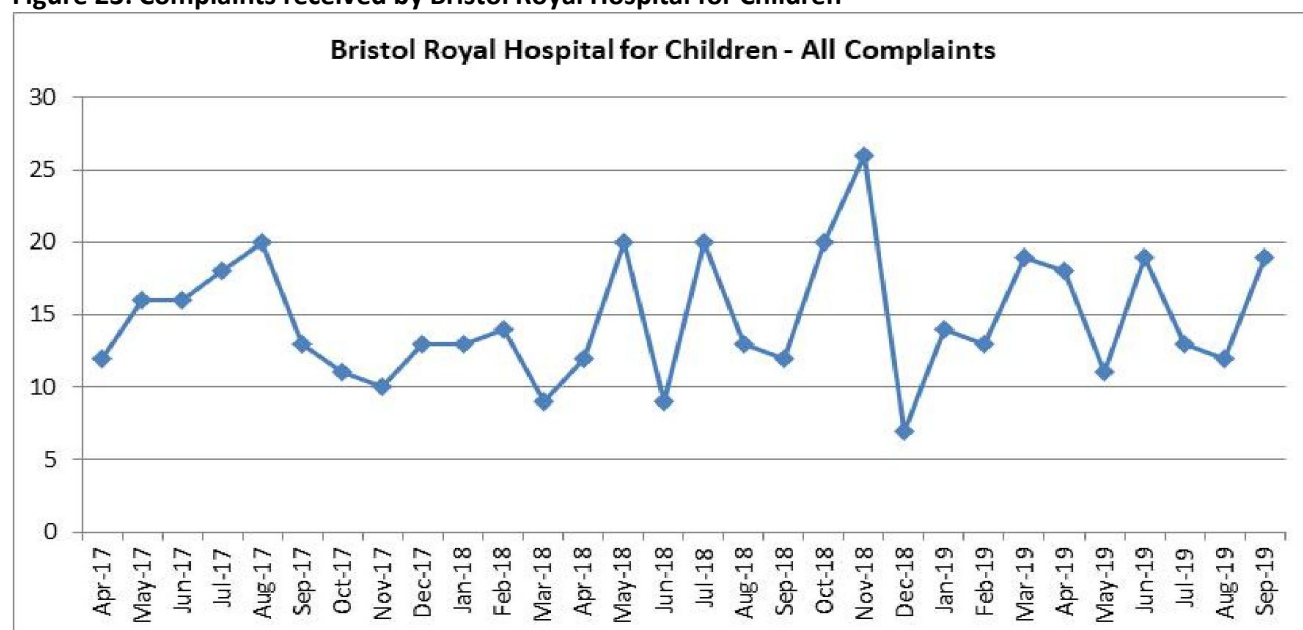
## BRHC

The Divisional Complaints Coordinator will consider how best to increase staff understanding of the complaints process, including the options available to a patient or their family when they are unhappy with any element of care received. This will prevent overuse of the formal complaints process, particularly when a more immediate outcome is required.

**Figure 22: Women & Children – formal and informal complaints received**



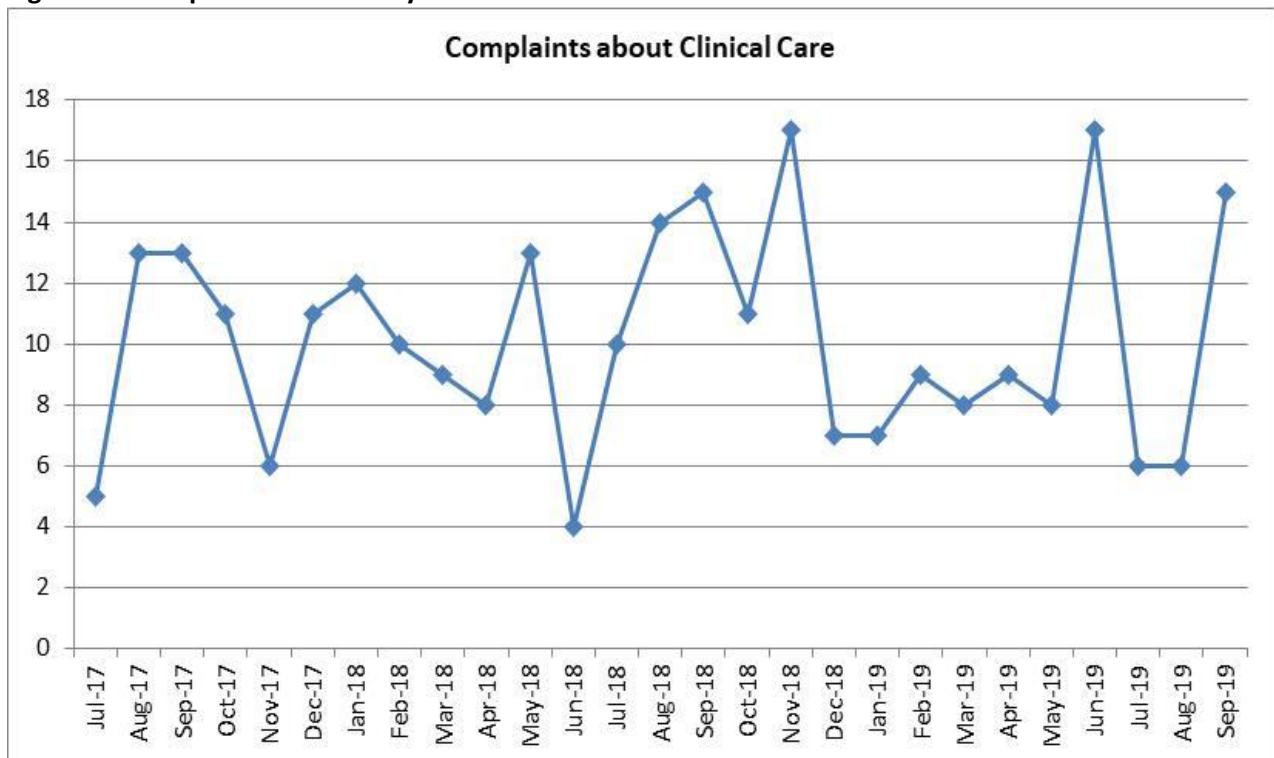
**Figure 23: Complaints received by Bristol Royal Hospital for Children**



**Figure 24: Complaints received by St Michael's Hospital**



**Figure 25: 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 17 in Q1 to 22 in Q2 of 2019/20. The most notable increase was in complaints categorised under 'clinical care'. Of the 22 complaints received by the Division in Q2, 86% were for Radiology (9), Audiology (6) and Boots Pharmacy (4). There were no notable deteriorations or improvements in numbers of complaints received overall in Q1. For this reason, there is no table below for the division to comment on concerns highlighted by Q2 data.

The Division achieved 87.5% against its target for responding to formal complaints within the agreed timescale in Q2 and 100% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 16: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Appointments & Admissions	9 ↓	10 ↑
Clinical Care	6 ↑	2 ↓
Attitude & Communication	5 ↑	4 ↓
Information & Support	1 ↓	4 ↓
Facilities & Environment	1 ↑	0 ↓
Documentation	0 =	0 ↓
Access	0 =	0 ↓
Discharge/Transfer/Transport	0 =	0 =
<b>Total</b>	<b>22</b>	<b>17</b>

**Table 17: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Appointment administration issues	4 =	4 ↓
Failure to answer phone / failure to respond	3 ↑	0 ↓
Medication not received	3 ↑	1 ↑
Waiting time in clinic / pharmacy	3 ↑	0 ↓

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

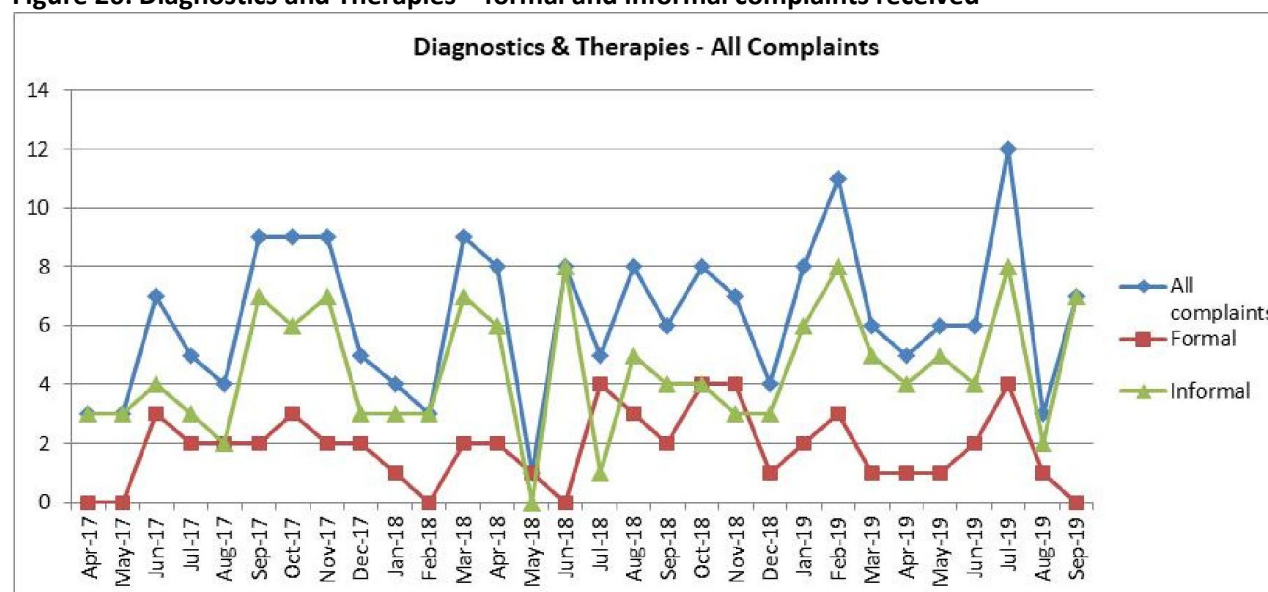
It is a high priority for the division to ensure complaints timescales are consistently met, and extensions to deadlines are rarely requested. There is a robust divisional process in place:

- Complaints coordinator who receives and disseminates the complaints to relevant individuals
- Input from all services involved
- Clearly assigned leads within the divisional management team for each complaint
- Tracking log with timescales for all complaints to ensure deadlines are met
- Final sign off and review of all formal complaints are undertaken by the Divisional Director
- 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. No concerns were highlighted from the Q2 data and therefore no current priority issues have been identified.

**Figure 26: 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 26 complaints in Q2, compared with 36 in Q1 and 57 in Q4. Of the 26 complaints received in Q2, 11 were about car parking across various Trust sites, there were for the Private & Overseas Patients Team and three were about the Welcome Centre Reception. The remainder of the complaints received was spread across various departments/areas, including issues about transport, retail outlets in the BRI and the cashiers' office.

The Division achieved % against its target for responding to formal complaints within the agreed timescale in Q2 and % for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Figure 27: Trust Services –all complaints received**



### 3.2 Complaints by hospital site

Complaints reduced across all hospital sites, with the exception of St Michael's Hospital and UH Bristol services hosted at Southmead. It should be noted however that the complaints for St Michael's Hospital include the Division of Surgery (ENT) as well as Women's & Children's services.

Whilst the number of complaints received for some hospital sites reduced, the percentage share of all complaints received by the each site actually increased, as was the case for complaints about Bristol Royal Infirmary (BRI) and Bristol Heart Institute (BHI) amongst others.

**Table 18: Breakdown of complaints by hospital site<sup>3</sup>**

Hospital/Site	Number and % of complaints received in Q2 2019/20	Number and % of complaints received in Q1 2019/20
Bristol Royal Infirmary	182 (41.2%) ↓	207 (40.5% of total complaints) ↑
St Michael's Hospital	50 (11.3%) ↑	48 (9.4%) ↑
Bristol Heart Institute	47 (10.6%) ↓	54 (10.5%) ↑
Bristol Royal Hospital for Children	46 (10.4%) ↓	48 (9.4%) =
Bristol Eye Hospital	42 (9.5%) ↓	43 (8.4%) ↓
Bristol Dental Hospital	33 (7.5%) ↓	44 (8.6%) ↑
Bristol Haematology & Oncology Centre	21 (4.8%) ↓	27 (5.3%) ↑
South Bristol Community Hospital	13 (2.9%) ↓	27 (5.3%) ↓
Southmead and Weston Hospitals (UH Bristol services)	4 (0.9%) ↑	3 (0.6%) =
Central Health Clinic and Unity Community Clinics	3 (0.7%) ↓	7 (1.4%) ↓
Community Dental Sites	1 (0.2%) =	1 (0.2%) ↑
<b>TOTAL</b>	<b>442</b>	<b>511</b>

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

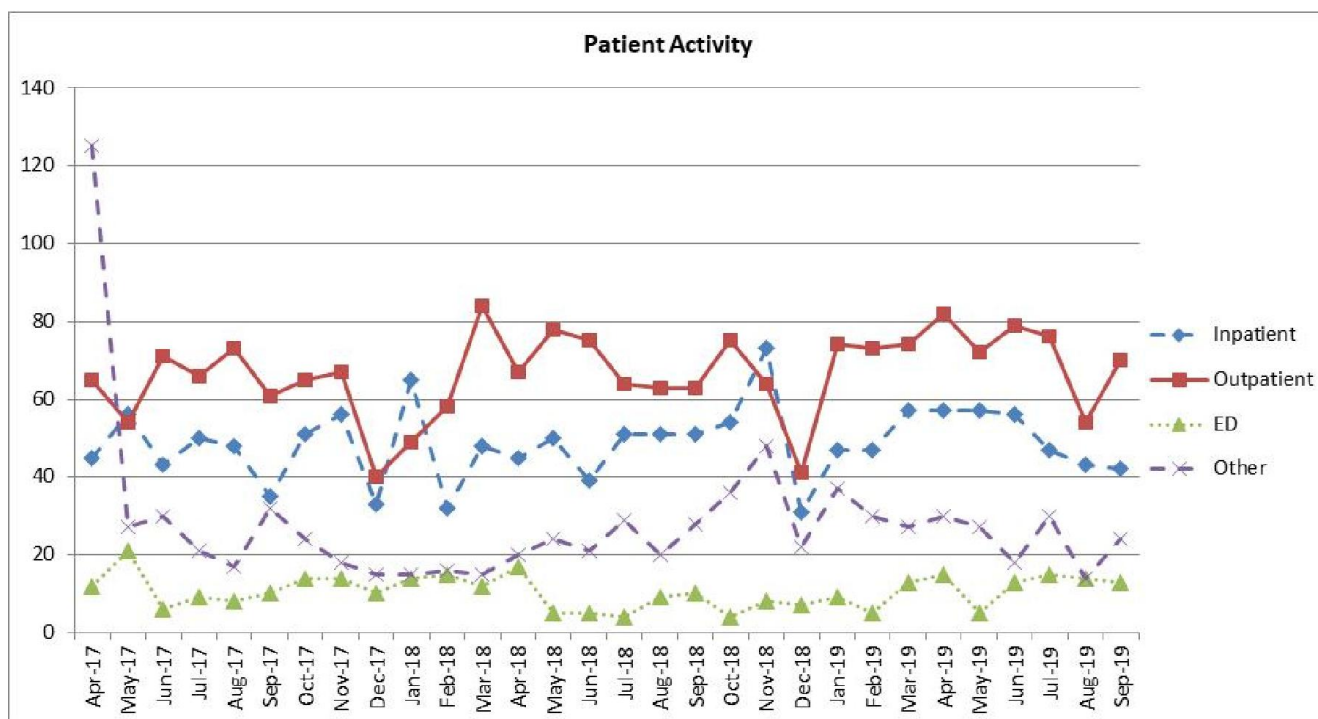
In order to more clearly identify the number of complaints received by the type of service, Figure 28 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q2, 45.2% (\*45.6%) of complaints received were about outpatient services, 29.9% (33.3%) related to inpatient care, 9.5% (6.5%) were about emergency patients; and 15.4% (14.6%) were in the category of 'other' (as explained above).

\* Q1 percentages are shown in brackets for comparison.

### Figure 28: All patient activity

<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.



**Table 19: Breakdown of Area Type**

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
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
Apr-19	15	57	82	30	184
May-19	5	57	72	27	161
Jun-19	13	56	79	18	166
Jul -19	15	47	76	30	168
Aug-19	14	43	54	14	125
Sep-19	13	42	70	24	149
<b>Grand Total</b>	<b>212</b>	<b>1043</b>	<b>1435</b>	<b>531</b>	<b>3221</b>

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

All divisions reported breaches of formal complaint deadlines in Q2, with a total of 28 breaches of deadlines reported Trustwide.

The Division of Medicine reported 10 breaches of deadline, Specialised Services reported seven, Trust Services had five, Surgery had three, Women & Children reported two and Diagnostics & Therapies had one. It should however be noted that none of the breaches for Surgery or Diagnostics & Therapies were attributable to the Divisions (see Table 21 below).

This is a significant deterioration on the 8 breaches reported in Q1.

In Q2, the Trust responded to 171 complaints via the formal complaints route and 83.6% of these were responded to by the agreed deadline, against a target of 95%.

**Table 20: Breakdown of breached deadlines - Formal**

Division	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)	Q3 (2018/19)
Surgery	3 (5.9%) ↑	0 (0%)	3 (5.6%)	6 (9.5%)
Women & Children	2 (5.5%) =	2 (5.3%)	15 (31.3%)	13 (25%)
Trust Services	5 (55.6%) ↑	0 (0%)	2 (40%)	3 (27.3%)
Medicine	10 (23.3%) ↑	1 (2.2%)	1 (3.3%)	3 (6.8%)
Specialised Services	7 (29.2%) ↑	5 (23.8%)	3 (12.5%)	0 (0%)
Diagnostics & Therapies	1 (12.5%) ↑	0 (0%)	1 (11.1%)	1 (8.3%)
<b>All</b>	<b>28 breaches</b>	<b>8 breaches</b>	<b>25 breaches</b>	<b>26 breaches</b>

*(So, as an example, there were three breaches of timescale in the Division of Surgery in Q2, which constituted 5.9% of the complaint responses which were sent out by that division in Q2.)*

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 21 shows a breakdown of where the delays occurred in Q2. Four of the breaches were caused by delays within the Patient Support & Complaints Team, four were attributable to delays during the Executive sign-off process and 20 were attributable to the Divisions.

**Table 21: Source of delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	0	10	5	1	0	4	20
Patient Support & Complaints Team	1	0	1	1	0	1	4
Executives/sign-off	2	0	1	0	1	0	4
<b>All</b>	<b>3</b>	<b>10</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>28</b>

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

In Q4 of 2018/19, we commenced reporting of the number of informal complaints that breached the deadline agreed with the complainant. Performance against this measure is now reported to the Trust Board. All breaches of informal complaint timescales are attributable to the Divisions as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q2, the Trust responded to 232 complaints via the informal complaints route (compared with 335 in Q1) and 87.5% of these were responded to by the agreed deadline; a slight deterioration on the 89% reported in Q1.

**Table 22: Breakdown of breached deadlines - Informal**

Division	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)	Q3 (2018/19)
Surgery	9 (10.0%) ↓	16 (11.0%)	10 (14.5%)	
Women & Children	3 (11.5%) ↓	4 (12.9%)	8 (33.3%)	
Trust Services	7 (24.1%) ↑	6 (20.0%)	10 (22.2%)	
Medicine	8 (24.2%) ↑	7 (11.7%)	3 (7.1%)	
Specialised Services	2 (5.1%) ↑	0 (0%)	5 (12.2%)	
Diagnostics & Therapies	0 (0%) ↓	2 (18.2%)	1 (10.0%)	
<b>All</b>	<b>29</b>	<b>35</b>	<b>37</b>	

### 3.4 Outcome of formal complaints

In Q2, the Trust responded to 171 formal complaints<sup>4</sup>. Tables 23 and 24 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q2 of 2019/20 and Q1 of 2019/20 respectively. A total of 85.4% of complaints were either upheld or partly upheld in Q2, compared with 74.3% in Q1.

**Table 23: Outcome of formal complaints – Q2 2019/20**

	Upheld	Partly Upheld	Not Upheld
Surgery	16 (31.4%) ↓	26 (51.0%) ↑	9 (17.6%) ↓
Medicine	14 (32.6%) ↑	25 (58.1%) ↑	4 (9.3%) ↓
Specialised Services	11 (45.8%) =	9 (37.5%) ↑	4 (16.7%) =
Women & Children	8 (22.2%) ↓	20 (55.6%) ↑	8 (22.2%) ↓
Diagnostics & Therapies	4 (50.0%) ↑	4 (50.0%) ↑	0 (0%) ↓
Trust Services	5 (55.6%) ↑	4 (44.4%) ↑	0 (0%) ↓
<b>Total</b>	<b>58 ↓</b>	<b>88 ↑</b>	<b>25 ↓</b>

**Table 24: Outcome of formal complaints – Q1 2019/20**

	Upheld	Partly Upheld	Not Upheld
Surgery	24 (38.1%) ↑	25 (39.7%) =	14 (22.2%) ↑
Medicine	12 (26.7%) ↑	18 (40.0%) ↓	15 (33.3%) ↑
Specialised Services	11 (52.4%) ↑	6 (28.6%) ↓	4 (19.0%) ↑
Women & Children	18 (47.3%) =	11 (29.0%) ↓	9 (23.7%) ↑
Diagnostics & Therapies	2 (40.0%) ↑	2 (40.0%) ↓	1 (20.0%) =
Trust Services	2 (28.6%) ↓	2 (28.6%) ↑	3 (42.8%) ↑
<b>Total</b>	<b>69 ↑</b>	<b>64 ↓</b>	<b>46 ↑</b>

## 4. Learning from complaints

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



All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made. Actions resulting from complaints are monitored and reviewed by our Divisions; the Patient Support and Complaints Team also monitor progress.

Below are some examples of actions which have been completed during Q2 2019/20.

- Following a complaint from a patient who underwent an angioplasty at Bristol Heart Institute (BHI), filming of a new Cardiac Rehabilitation Phase 1 film has been completed, specifically for the BHI. This is in addition to the existing film for patients who needed rehabilitation following a cardiac arrest, which caused confusion for the complainant as it did not apply to him (Specialised Services).
- A complaint about the lack of analgesia available during a gynaecology examination was discussed at the Gynaecology Governance meeting. As a result of this complaint, it was agreed that patients would be offered paracetamol during clinics and Entonox would be made available in the department so it could be prescribed if needed (Women & Children).
- The Division of Surgery received a complaint from the family of a patient who had sadly passed away in hospital and they were upset that, upon arrival at the funeral home, the patient still had lines in situ which had not been removed in hospital. As a result, the Division has ensured that all mortuary assistants receive the appropriate training so that this situation does not happen again (Surgery).

## 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. A total of 228 enquiries were received in Q2, a 12% increase on the 203 received in Q1. The team also recorded and acknowledged 32 compliments received during Q2 and shared these with the staff involved and their Divisional teams. This is compared with 45 compliments reported in Q1.

Table 26 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q2.

**Table 25: Enquiries by category**

Category	Enquiries in Q2 2019/20
Information about patient	92
Hospital information request	32
Medical records	22
Appointment queries	22
Referral queries	7
Patient choice information	7
Support with access/disability support	5
Clinical care	4
Admissions/Discharge enquiries	4
Signposting	4

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints team recorded 160 enquiries that did not proceed, compared with 148 in Q1. 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 continues to deal with a high volume of activity, with a total of 862 separate enquiries in Q2 2019/20, compared with 906 in Q1, 903 in Q4 of 2018/19, 865 in Q3 and 841 in Q2.

## 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 Q2, 253 complaints were received in writing (216 by email and 37 letters) and 180 were received verbally (17 in person via drop-in service and 163 by telephone). Nine complaints were also received in Q2 via the Trust's 'real-time feedback' service. Of the 442 complaints received in Q2, 99.8% (441 out of the 442 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

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 Q2, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints. During the same period, five existing cases remain ongoing. A total of four cases were closed during Q2: all four were closed with the PHSO taking no further action.

**Table 26: Complaints opened by the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
19622	NC	MC	11/03/2019 [23/07/2019]	BHI	Ward C808	Medicine
The PHSO advised the trust in July 2019 that the complaint is actually out of time so they are considering whether or not to investigate it – we are currently awaiting their decision.						
17825	CJ	DJ	03/12/2018 [16/09/2019]	BHOC	Ward D603	Specialised Services
The PHSO advised the trust in September 2019 that the complaint is actually out of time so they are considering whether or not to investigate it – we are currently awaiting their decision.						
15045	LP		19/06/2018 [05/07/2019]	BRI	Endocrinology	Medicine
The PHSO requested a copy of the Trust's complaint file in July 2019 and we are currently awaiting further contact from them.						

**Table 27: Complaints ongoing with the PHSO during Q2**

Case	Complainant	On behalf	Date	Site	Department	Division
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Number	(patient unless stated)	of (patient)	complaint received by Trust [and date notified by PHSO]			
8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
On 29/05/2019, the PHSO confirmed that they planned to partly uphold this complaint. We subsequently complied with their recommendations and we are just keeping the case open as the PHSO would like to see a copy of the Trust's action plan following a Trauma & Orthopaedics Governance meeting, which is scheduled for 3 December 2019.						
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. Update from PHSO received on 30/10/2019 advising that they are hoping to carry out interviews with Trust staff in December 2019/January 2020, with the aim of providing their final report by February 2020. The Trust has asked the PHSO to explain the purpose of interviewing staff given that so much time has passed (four years) and the detrimental effect of this on the staff involved.						
15161	DH		25/06/2018 [04/03/2019]	BHI	Outpatients (BHI)	Specialised Services
The PHSO advised us on 13/11/2019 that they have requested further advice from one of their clinical advisers, who needs a CD or DVD copy of the procedure in order to comment on the treatment and care provided. We are currently checking whether this is available to send to the PHSO.						
4904	PM	OM	28/11/2016 [15/02/2019]	BRHC	Paediatric Neurology	Women & Children
The PHSO contacted us in October 2019 to advise that they are still reviewing the clinical advice, following which they will be in a position to share with the Trust what the evidence is showing them.						
18996 Ulysses	AC	BC	08/06/2015 [01/02/2018]	BRHC	PICU	Women & Children
The PHSO asked the Trust to review its clinical experts' reports and comment on these. The trust's comments were sent to the PHSO on 08/11/2019 and we are currently waiting to hear further from them.						

**Table 28: Complaints closed by the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
17286	AS		05/11/2018 [02/04/2019]	StMH	ENT	Surgery
Advised by PHSO in September 2019 that they would not be investigating this case and had closed it at the assessment stage. <b>No Further Action.</b>						
16661	LE	JH	26/09/2018 [16/04/2019]	BRHC	Paediatric Neurosurgery	Women & Children
Advised by PHSO in September 2019 that they would not be investigating this case and had closed it at the assessment stage. <b>No Further Action</b>						
13256	MR	WR	07/03/2018 [29/08/2018]	BRI	Ward A400 - OPAU	Medicine

PHSO suggested to complainant that he come back to the Trust for a full investigation into his concerns. He did this and we have provided a detailed written response and a meeting. Complainant has now decided to seek compensation via a legal claim. Case closed by PHSO. <b>No Further Action</b>						
9403	LD	DM	03/08/2017 [07/09/2018]	BHOC	Ward D603	Specialised Services
We last heard from the PHSO on 28/06/2019, when they advised that they were still considering whether they need to investigate this matter further and would either write to us with the scope of their investigation or email us if they decide to take no further action. We have now closed the case as we have heard nothing from the PHSO for five months. <b>No Further Action</b>						

## 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 response rate to this survey is consistently low, so the results need to be interpreted with caution.**

Table 31 below shows data from the 14 responses received during Q2, compared with those received in previous quarters. Feedback in Q2 indicated that 100% of complainants felt they were treated with dignity and respect by the Patient Support & Complaints Team. Feedback also improved in respect of the number of respondents who confirmed they were told about independent advocacy services.

**Table 29: Complaints Survey Data**

Survey Measure/Question	Q2 2019/20	Q1 2019/20	Q4 2018/19	Q3 2018/19
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	53.9% ↓	80.0% ↓	94.1% ↑	67.5%
Respondents who felt that the Trust would do things differently as a result of their complaint.	7.1% ↓	14.3% =	14.3% ↓	15.8%
Respondents who found out how to make a complaint from one of our leaflets or posters.	0% ↓	12.5% ↑	8.6% ↓	15.8%
Respondents who confirmed we had told them about independent advocacy services.	57.2% ↑	48.0% ↓	54.3% ↑	46.2%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	57.1% ↓	66.7% ↑	62.9% ↓	65%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	50% ↓	70.8% ↑	65.7% ↑	63.4%
Respondents who said they did not receive their response within the agreed timescale.	21.4% ↑	13.6% ↓	14.3% ↓	17.5%
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	100% ↑	91.7% ↓	97.1% ↓	97.5%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	92.9% ↑	84% ↑	80.5% =	80.5%

Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	61.5% ↑	12.5% ↓	17.1% ↓	20%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	0% =	0% =	0% ↓	2.9%
Respondents who said that our response addressed all of the issues that they had raised.	28.6% ↓	50.0% ↓	58.3% ↑	57.9%

In Q2, the survey included two new questions. One asked complainants if there was anything that was particularly good about our complaints process/service. One respondent noted how a senior manager at St Michael's Hospital and an ENT consultant had taken the time to contact them personally, and that this had made a difference to their experience.

We also asked complainants how we could improve the service. Comments received included:

- "I did not feel that so many different staff needed to be involved in responding to complaint."
- "It's really simple, if you tell somebody you will do something, you should do it."
- "No problem with complaints process but I didn't get the outcome I felt was necessary."
- "It felt like a tick box exercise had been completed and that no one genuinely understood and apologised for the inconvenience of two wasted trips to the Eye Hospital."

## 9. Severity of Complaints

Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e. organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e. Trusts who receive high levels of low level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends what the complaint is about.

Staff in the Patient Support & Complaints Team have all received training on rating the severity of complaints, taking into account the clinical, management and relationship problems experienced by the complainant and apportioning the overall complaint as either "low", "medium" or "high" severity. A practical example of each of these categories is shown in Table 30 below.

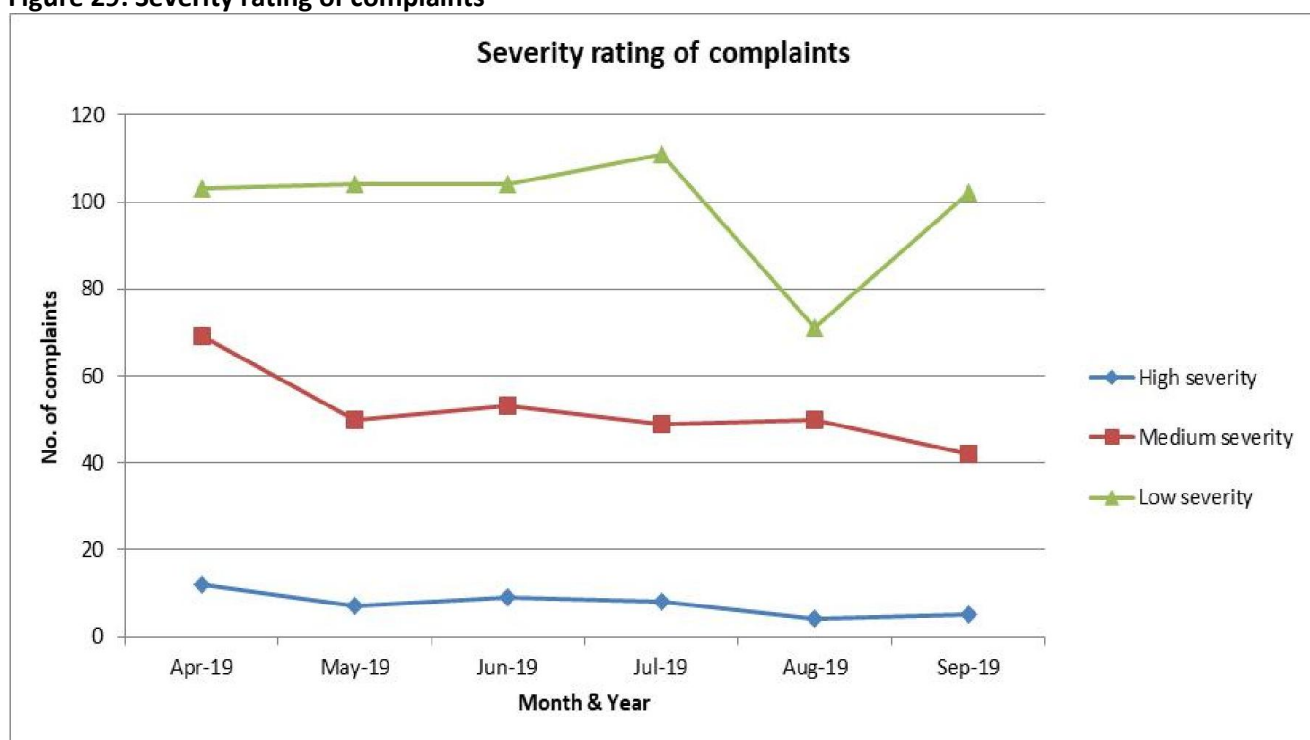
During the next year, as we build our dataset, we hope that this will enable us to begin to differentiate between higher and lower performing areas within the Trust (in terms of the severity of complaints reported) and to use the information to explore opportunities for quality improvement.

**Table 30: Examples of severity rating of complaints**

	<b>Low severity</b>	<b>Medium severity</b>	<b>High severity</b>
<b>Clinical problem</b>	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
<b>Clinical problem</b>	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
<b>Management problems</b>	Patient bed not ready on arrival	Patient was cold and uncomfortable	Patient relocated due to bed shortage
<b>Management problems</b>	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
<b>Relationship problems</b>	Staff ignored question from patient	Staff ignored mild patient pain	Staff ignored severe distress
<b>Relationship problems</b>	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence

Since April 2019, the Trust has received 953 complaints (511 in Q1 and 442 in Q2), all of which have been severity rated by the Patient Support & Complaints Team. Of these 953 complaints, 598 were rated as being low severity, 311 as medium and 44 as high. Figure 29 below shows a breakdown of these severity ratings by month since April 2019.

**Figure 29: Severity rating of complaints**



**Table 31: Severity rating of complaints by Division (all complaints received in Q1 and Q2 2019/20)**

<b>Division</b>	<b>High Severity</b>	<b>Medium Severity</b>	<b>Low Severity</b>	<b>Totals</b>
Women & Children	12 <b>(8.4%*)</b>	61	69	<b>142</b>
Specialised Services	11 <b>(7.1%)</b>	40	105	<b>156</b>
Medicine	10 <b>(4.8%)</b>	77	120	<b>207</b>
Surgery	10 <b>(2.9%)</b>	116	215	<b>341</b>
Trust Services	1 <b>(1.6%)</b>	8	55	<b>64</b>
Diagnostics & Therapies	0 <b>(0%)</b>	9	34	<b>43</b>
<b>Totals</b>	<b>44 (4.6%)</b>	<b>311</b>	<b>598</b>	<b>953</b>

\*i.e. 8.4% of complaints received by Women's & Children's Services in the first half of 2019/20 were rated as high severity – this compares, for example, with 2.9% of complaints about Surgery.