

Quarterly Patient Experience and Involvement Report

Incorporating Quarter 4 2019/20 Patient and Public Involvement activity and patient survey data.

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1. Overview of patient-reported experience at UH Bristol

| Successes | Priorities |
|---|--|
| <p>The Trust's survey data shows that patients continued to report a positive experience of inpatient services, despite the immense challenges of the COVID-19 pandemic. The outpatient scores deteriorated to a statistically significant degree in March 2020 - most likely as a result of the immediate impact of the government's "lockdown" measures on services and patients - but reverted to their normal (positive) range in April.</p> | <p>The Trust's outpatient postal survey questionnaire is being re-designed to take account of the fact that many appointments are currently being carried out remotely rather than face-to-face.</p> |
| Risks & Threats | Opportunities |
| <p>As a result of the COVID-19 pandemic, there has been significant disruption to patient experience and involvement activity, both within the Trust and nationally. In March 2020:</p> <ul style="list-style-type: none"> • NHS England suspended the Friends and Family Test survey until further notice. The planned national maternity survey and national cancer experience survey were cancelled until 2021. • The Trust's electronic feedback points were shut for infection control reasons (although the online arm of this system, where people can give feedback via their own devices, remained open and feedback continues to be received in this way). • Patient and Public Involvement activity essentially ceased from March 2020, as this primarily involves meeting patients and the public face-to-face. <p>Early discussions are taking place within the Trust and nationally about when these programmes might resume and in what form.</p> | <p>The most significant medium-term impact of the pandemic on the Trust's corporate patient experience programme is likely to be on Patient and Public Involvement, much of which is carried out face-to-face and in groups. Whilst telephone and remote video are likely to feature more prominently in the future, these options often aren't conducive to discussions about the complex / emotional topics that arise in a healthcare setting. Nevertheless, adaptability will be required to ensure that the NHS continues to engage patients and the public in service improvement and evaluation. The Patient Experience and Involvement Team is actively exploring ways that this can happen. For example, we are currently working with North Bristol NHS Trust to develop a patient and public involvement project that will inform the development of the new Medical Examiner system.</p> |

2. About this report

The Quarterly Patient Experience Report provides a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust.

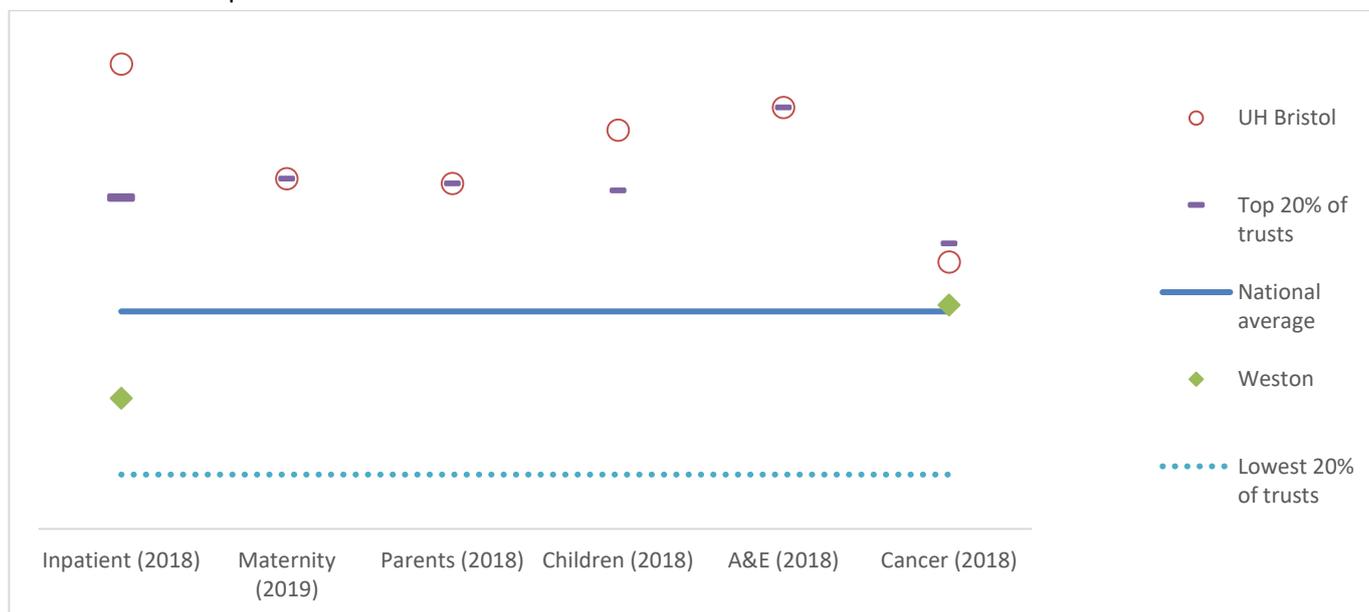
The Quarter 4 report has been adversely affected by the COVID-19 pandemic. In particular, the Friends and Family Test survey was suspended in March by NHS England, and the Trust's postal survey programme received much lower response rates than usual (affecting data reliability). Furthermore, the Quarter 4 data was disrupted by a rapid configuration of hospital services in response to the pandemic. For these reasons the current report primarily presents Trust-level data from the UH Bristol (as-was) monthly postal survey. In addition, there has not been Divisional input into the report due to their focus on responding to the pandemic.

UH Bristol and Weston Area Health NHS Trust merged on 1 April 2020, hence the data in the current report is primarily for UH Bristol.

3. 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 around or above the top 20% of trusts nationally in these surveys (Chart 1). Data for two of these surveys is available for Weston Area Health NHS Trust and so this is also shown in Chart 1 for information and comparison¹. 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: overall experience relative to national benchmarks²



¹ We are currently querying the national A&E survey data with the CQC as Weston data has not been published on their website. Weston does not participate in the national maternity or children's surveys for methodological reasons.

² 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 2019 National Maternity Survey results were analysed by the Patient Experience & Involvement Team during Quarter 4 (having been released in late Quarter 3). This survey was based on the experience of women who gave birth at the Trust in February 2019. UH Bristol received a positive set of results, including:

- Six UH Bristol survey scores were better than the national average to a statistically significant degree.
- UH Bristol’s scores on the remaining 46 questions were in line with the national average. No scores were below this benchmark.
- UH Bristol scored better than the national average to a statistically significant degree on the section of the questionnaire relating to the care that staff provided during labour and birth
- UH Bristol had the best score nationally on three questions:
 - Thinking about your antenatal care, were you spoken to in a way you could understand?
 - Did you have confidence and trust in the staff caring for you during your labour and birth?
 - Thinking about your care during labour and birth, were you treated with respect and dignity?

4. UH Bristol survey data

Charts 1 and 2 suggest that satisfaction with the Trust’s inpatient services has remained at a very high level during the COVID-19 pandemic (the latest data from April 2020 is presented for additional context). However, in the Trust’s outpatient survey (Chart 3 - over) there was marked decline in patient-reported experience in March 2020; the first time in fact that this measure has breached the alarm threshold limit. This survey was carried out on a group of outpatients who attended at the end of March, at a point where the Government was implementing its pandemic “lockdown” measures. This clearly had a negative impact on outpatient experience at that time, but the score returned to the normal range in April as services and patients adapted and adjusted. The inpatient survey also detected an upward movement in the Trust’s ‘kindness and understanding’ score corresponding with the initial outbreak of COVID-19.

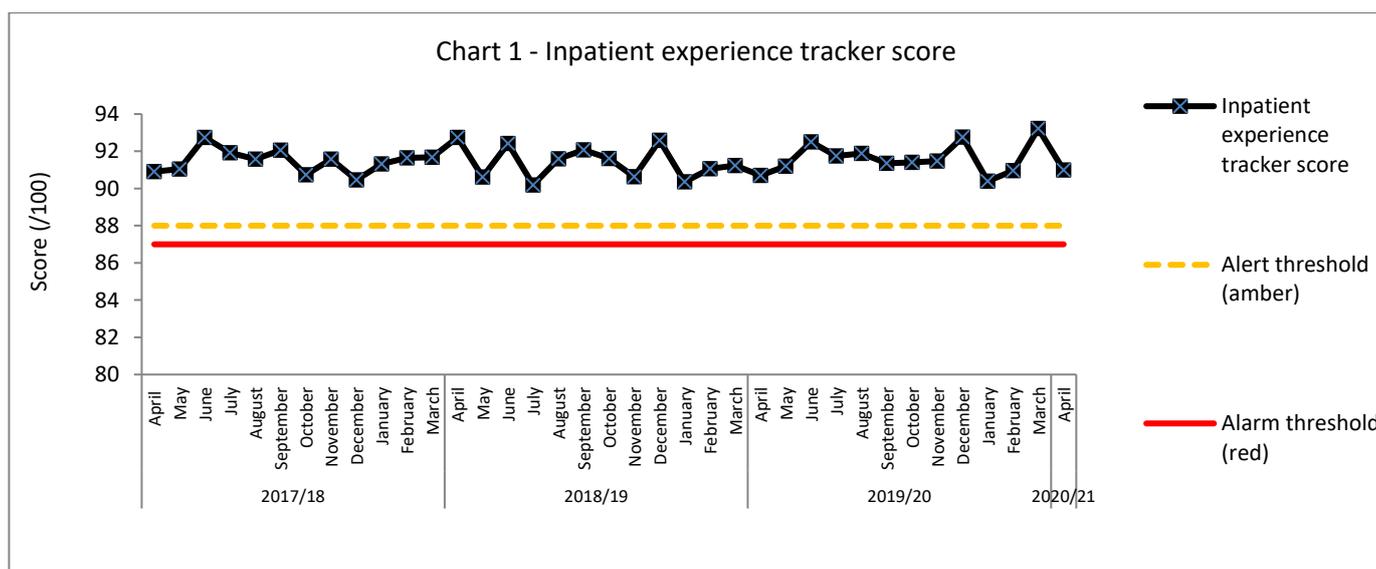


Chart 2 - Kindness and understanding on UH Bristol's wards

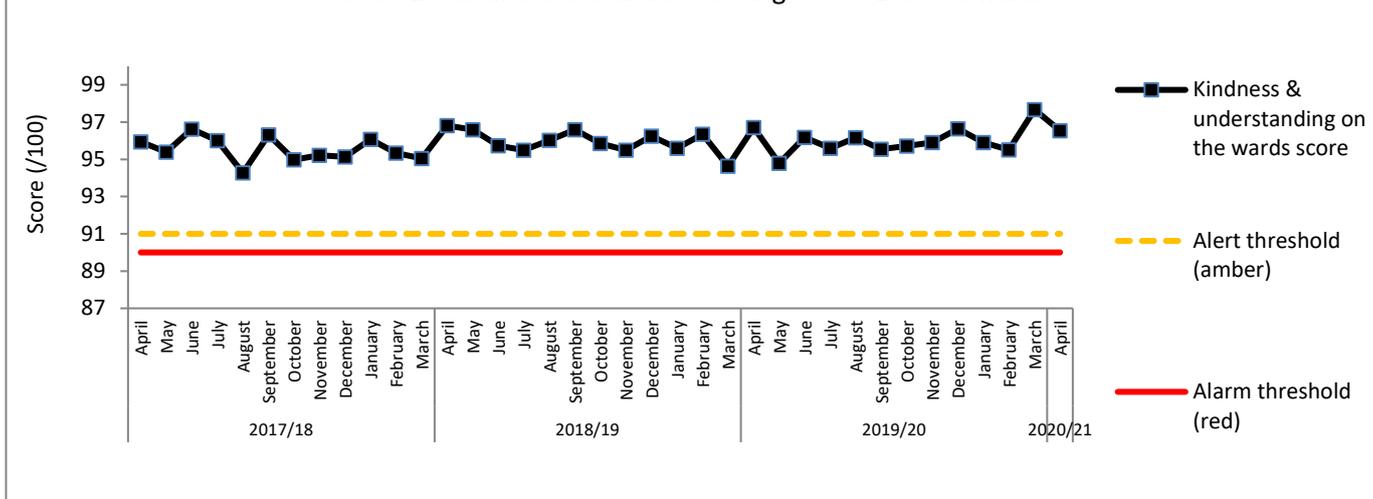
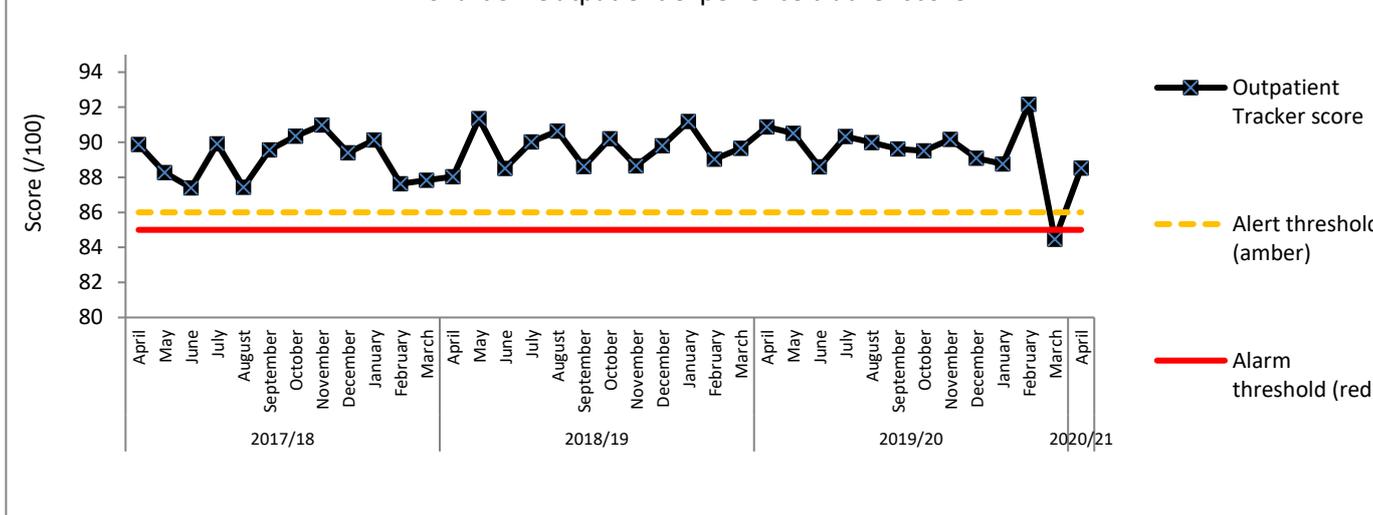


Chart 3 - Outpatient experience tracker score



The volume of written feedback received by the Trust during the pandemic has been much lower than usual, but we are still receiving a steady flow of comments from patients via the postal surveys and rapid-time feedback system. The following themes emerge from comments that related to the effects of the pandemic.

- The great majority of feedback is extremely positive about the kindness and quality of care provided by staff, and people often feel a sense of relief that their hospital experience felt safe and professional – as the following examples demonstrate:

“As we are going through a pandemic, I felt all the relevant precautions were taken without making me feel as if I was an alien on a strange planet. All I felt was secure and safe and in all honesty normal. Thank you.”

“All of the staff were amazing, really calm and explained everything. I was nervous to come in during the COVID pandemic but they made me relaxed”

“The care and treatment I received whilst in the Eye hospital were outstanding from all the surgical team, doctors nurses and ward staff. The professionalism showed whilst working in this coronavirus environment was second to none.”

- The most frequent negative comment relates to lack of social distancing by staff and infection control concerns. This equated to around 17% of COVID-19 related comments.
- Several inpatients comments raised the issue of loneliness and / or boredom due to visiting restrictions. The Trust’s Art Director is currently leading a piece of work seeking to help address this issue.
- In maternity services, the limitations on partners being able to attend labour and birth are cited by a number of service-users as a challenge – particularly if they had had a difficult birth.

5. Patient and Public Involvement (PPI) Activity

5.1 Quarter 4 activity

Examples of some of the Patient and Public Involvement (PPI) activities carried out at the Trust during Quarter 4, prior to the Government’s COVID-19 “lockdown” measures, include:

Quality Counts

In addition to our annual Quality Counts event held in January 2020 with members of the UH Bristol Involvement Network Group, Trust Members and representatives of the Trusts Young Person’s Involvement Group, we also held discussions with young people and members of Dhek Bhal, a South East Asian Community organisation, about their priorities for health care at the Trust. The outcomes of these events will help to inform both the Trust’s improvement focus for the forthcoming financial year and Quality Strategy (although the pandemic has significantly affected timescales for this strategic work).

Supporting UH Bristol lay representatives

In February, the Trust’s Patient and Public Involvement Lead led the first lay representative support and development group. This work will continue as a corporate quality objective in 2020/21 to ensure that lay representatives on Trust groups and committees receive better training and support for their role.

Supporting Young People

A young people’s event was held at the Trust’s Medical Simulation Centre in February. The interactive event was part of the Trust’s approach to promoting career opportunities in the health service and consisted of hands-on simulation activities, workshops and a careers marketplace. In total, 65 young people were in attendance.

Food in Hospitals

Members of the Trust’s Involvement Network took part in a review of the in-patient food menu with members of the Trust’s nutrition team and catering provider.

UHBW web landing page

Members of the Trust's Involvement Network took part in a review of the new University Hospitals Bristol and Weston (UHBW) web landing page with members of the Trust's Communications Team.

Living with and Beyond Cancer

The Patient and Public Involvement Lead worked with Clinical Psychologists at the Bristol Haematology and Oncology Centre to design and deliver an "emotional support listening event" with patients who are on the cancer care pathway. The outcomes of the event demonstrated the value patients and their carers place on consistent and timely emotional support as part of their care and will be used to develop local practice.

BNSSG Healthwatch

The Patient and Public Involvement Lead participated in the formal launch of the Bristol, North Somerset and South Gloucestershire Healthwatch in February. This brings together previously separate Healthwatch organisations into a new, single entity.

5.2 Looking ahead

The most significant medium-term impact of the pandemic on the Trust's corporate patient experience programme is likely to be on Patient and Public Involvement, much of which is carried out face-to-face and in groups. Whilst telephone and remote video are likely to feature more prominently in the future, these options often aren't conducive to discussions about the complex / emotional topics that arise in a healthcare setting. Nevertheless, adaptability will be required to ensure that the NHS continues to engage patients and the public in service improvement and evaluation. The Patient Experience and Involvement Team are actively exploring ways that this can happen. For example, we are currently working with North Bristol NHS Trust to develop a patient and public involvement project that will inform the development of the new Medical Examiner system.

Appendix A – effects of the pandemic on the Trust’s corporate patient experience and involvement programme

| Work stream | Impact | Future plan |
|------------------------------------|---|--|
| Postal survey programme | The survey programme has continued during the pandemic, but with reduced response rates. | These surveys will continue, but the outpatient survey will be re-designed to reflect the prominence of telephone and video appointments. |
| Friends and Family Test | This programme was suspended by NHS England in March 2020 to allow trusts to focus on patient care and reduce infection control risks. | We await guidance from NHS England on when this survey might restart. |
| Rapid-time patient feedback system | The touchscreen feedback points were closed early in the pandemic for infection control reasons, but people can still give feedback via their own electronic devices. The wider-roll out of the feedback points has been paused. | We will be guided by infection control advice and Divisional capacity in terms of re-opening the feedback points and continuing the wider roll-out of these to the Bristol Royal Hospital for Children, Bristol Haematology and Oncology Centre, Bristol Dental Hospital and Bristol Eye Hospital. |
| National Surveys | The national maternity and national cancer surveys will not take place this year. | The next national survey is not due until Quarter 3 2020/21 and we await guidance from the CQC on whether these will take place. |
| Patient and Public Involvement | As these activities primarily involve face-to-face engagement, they are in effect suspended. | Early discussions are taking place both at the Trust and nationally about how this important work will take place in the future. |



University Hospitals Bristol
NHS Foundation Trust

ANNUAL COMPLAINTS REPORT 2019/2020



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Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol NHS Foundation Trust (UH Bristol) in 2019/20. The report also records other support provided by the Trust's Patient Support and Complaints Team¹ during the year.

In summary:

- 1,785 complaints were received by the Trust in the year 2019/20, averaging 149 per month. Of these, 552 were managed via the formal investigation process and 1,233 through the informal investigation process. This compares with a total of 1,845 complaints received in 2018/19, a decrease of 3.3%.
- In addition, the Patient Support and Complaints Team dealt with 903 other enquiries, including compliments, requests for support and requests for information and advice; this represents a 6.4% decrease on the 965 enquiries dealt with in 2018/19. The team also received and recorded an additional 618 enquiries which did not proceed after being recorded (the same amount as in 2018/19). In total, the team received 3,306 separate enquiries into the service in 2019/20; a slight decrease on the 3,428 reported the previous year.
- In 2019/20, the Trust had 14 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a significant 54.8% decrease on the 31 cases referred the previous year. During the same period, coincidentally, 14 cases were closed by the PHSO. Of these 14 cases, none were upheld, one was partly upheld, and the remaining 13 fell into the category designated by the PHSO whereby they carried out an initial review but then decided not to investigate and closed their file, citing 'no further action'. At the end of the year 2019/20, 13 cases were still under investigation by the PHSO.
- 758 complaints were responded to via the formal complaints process in 2019/20 and 88% of these (667) were responded to within the agreed timescale. This is similar to the 87% achieved in 2018/19, which does not meet the Trust target of 95%. A total of 1,004 complaints were responded to in 2019/20 via the informal complaints process and 89.3% of these (897) were responded to within the agreed timescale, an improvement on the 83.5% achieved the previous year.
- At the end of the reporting year, 9.1% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 62 of the 680 first formal responses sent out during the reporting period and compares with 9.5% in 2018/19 and 9.7% in 2017/18.

¹ i.e. UH Bristol's integrated 'PALS' and complaints team

1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints. The Chief Executive delegates responsibility for the management of complaints to the Chief Nurse.

The Trust's Patient Support and Complaints Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint, in line with the complainant's wishes;
- All formal complaints receive a comprehensive written response from the Chief Executive or his nominated deputy, or a local resolution meeting with a senior clinician and senior member of the divisional management team;
- Complaints are resolved within the timescale agreed with each complainant at a local level wherever possible;
- Where a timescale cannot be met, an explanation is provided and an extension agreed with the complainant; and
- When a complainant requests a review by the Parliamentary and Health Service Ombudsman, all enquiries received from the Ombudsman's office are responded to in a prompt, co-operative and open manner.

The Patient Support and Complaints Manager line manages a team which consists of five part-time complaints officers/caseworkers (Band 5) and two part-time administrators (Band 3). The total team resource, including the manager, is currently 6.48 WTE. However, there is also a long-standing vacancy for a full time band 6 Deputy Manager and once this post is filled, the total team resource will be 7.48 WTE.

2. Complaints reporting

Each month, the Patient Support and Complaints Manager reports the following information to the Trust Board:

- Total number of complaints received
- Percentage of complaints responded to within the agreed timescale (formal and informal)
- Percentage of cases where the complainant is dissatisfied with the original response

In addition, the following information is reported to the Patient Experience Group, which meets every three months:

- Validated complaints data for the Trust as a whole and also for each Division
- Quarterly Complaints Report, identifying themes and trends
- Annual Complaints Report (which is also received by the Board).

The Quarterly Complaints Report provides an overview of the numbers and types of complaints received, including any trends or themes that may have arisen, including analysis by Division and information about how the Trust is responding. The Quarterly Complaints Report is also reported to the Trust Board and published on the Trust's web site.

3. Total complaints received in 2019/2020

The total number of complaints received during the year was 1,785, a decrease of 3.3% on the 1,845 complaints received the previous year. Of these, 552 (30.9%) were managed through the formal investigation process and 1,233 (69.1%) through the informal investigation process; this compares with 702 (32.3%) complaints managed formally in 2018/19 and 1,143 (67.7%) managed informally.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. A senior manager is appointed to carry out the investigation and gather statements from the appropriate staff. These statements are then used as the basis for either a written response to, or a meeting with, the complainant. The method of feedback is agreed with the complainant and is their choice. The Trust's target is that this process should take no more than 30 working days in total.

An informal complaint is one where the issues raised can usually be addressed quickly by means of an investigation by the divisional management team and a telephone call to the complainant. The Trust's target is that this process should take no more than 10 working days in total.

Figure 1 provides the annual view of complaints received per month that were dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. The figures below do not include informal concerns which are dealt with directly by staff in our Divisions.

Figure 1 – Numbers of formal v informal complaints

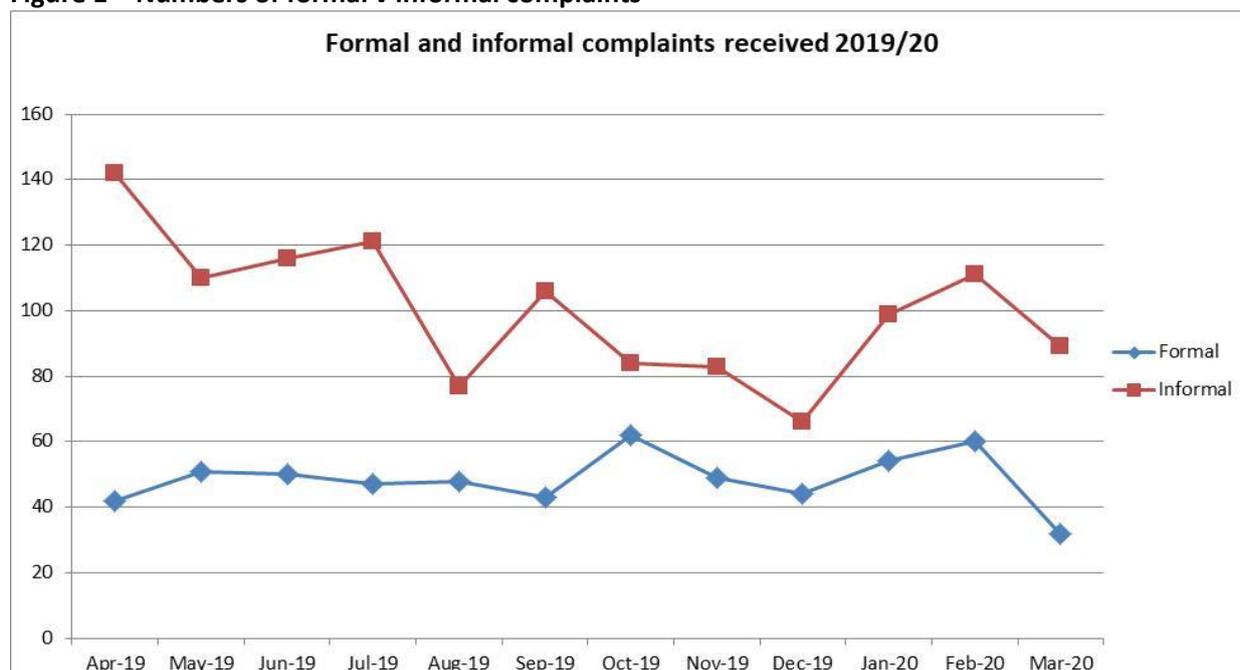


Table 1 below shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

Table 1 - Breakdown of complaints by Division

| Division | Informal complaints 2019/20 | Informal complaints 2018/19 | Formal complaints 2019/20 | Formal complaints 2018/19 | Divisional total 2019/20 | Divisional total 2018/19 |
|---|-----------------------------|-----------------------------|---------------------------|---------------------------|--------------------------|--------------------------|
| Surgery | 445 ↑ | 428 ↓ | 168 ↓ | 188 ↓ | 613 ↓ | 616 ↓ |
| Medicine | 240 ↓ | 258 ↑ | 133 ↑ | 128 ↓ | 373 ↓ | 386 ↓ |
| Specialised Services | 225 ↑ | 187 ↑ | 64 ↓ | 84 ↑ | 289 ↑ | 271 ↑ |
| Women and Children | 161 ↑ | 148 ↑ | 150 ↑ | 143 ↓ | 311 ↑ | 291 ↑ |
| Diagnostics and Therapies | 55 ↑ | 53 ↓ | 18 ↓ | 28 ↑ | 73 ↓ | 81 ↑ |
| Trust Services (including Facilities & Estates) | 107 ↓ | 175 ↑ | 19 ↓ | 25 ↑ | 126 ↓ | 200 ↑ |
| TOTAL | 1233 ↓ | 1249 ↑ | 552 ↓ | 596 ↓ | 1785 ↓ | 1845 ↑ |

Table 1 shows that most Divisions recorded an increase in the number of complaints managed via the informal complaints process. The Divisions of Medicine and Women & Children managed a higher number of complaints via the formal process than in the previous year.

The overall percentage of complaints managed both formally and informally, remained similar to 2018/19 with 30.9% dealt with via the formal process (32.3% last year) and 69.1% via the informal process (67.7% last year).

4. Complaint themes

The Trust records all complaints under one or more of eight high-level reporting themes, depending upon the nature and complexity of the complaint. This data helps us to identify whether any trends or themes are developing when matched against hospital sites, departments, clinics and wards.

Table 2 and Figure 2 show complaints received in 2019/20 by theme, compared with 2018/19 and 2017/18.

Table 2 - Complaint themes – Trust totals

| Complaint Theme | Total Complaints 2019/20 | Total Complaints 2018/19 | Total Complaints 2017/18 |
|------------------------------|--------------------------|--------------------------|--------------------------|
| Appointments and Admissions | 601 ↑ | 571 ↑ | 519 ↓ |
| Clinical Care | 538 ↑ | 519 ↑ | 491 ↑ |
| Attitude and Communication | 332 ↓ | 384 ↓ | 492 ↑ |
| Facilities and Environment | 130 ↓ | 176 ↑ | 82 ↓ |
| Information and Support | 87 ↓ | 107 ↓ | 116 ↓ |
| Discharge/Transfer/Transport | 45 ↑ | 36 ↓ | 73 ↓ |
| Documentation | 41 = | 41 ↑ | 31 ↑ |
| Access | 11 = | 11 ↓ | 12 ↓ |
| TOTAL | 1785 ↓ | 1845 ↑ | 1817 ↓ |

In 2019/20, there were increases in three of the eight categories – ‘appointments and admissions’, ‘clinical care’ and ‘discharge/transfer/transport’. The largest increase was in complaints recorded under the category of ‘appointments and admissions’, with a 5.3% increase compared with last year. This category includes complaints about cancelled and delayed appointments and operations. There

were 46 fewer complaints about 'facilities and environment' with a 26.1% decrease compared with 2018/19. This category includes complaints about issues such as cleanliness, car parking, catering, smoking and premises.

5. Performance in responding to complaints

In addition to monitoring the volume of complaints received, the Trust also measures its performance in responding to complainants within agreed timescales, and the number of complainants who are dissatisfied with responses.

5.1 Percentage of complaints responded to within timescale

The Trust's expectation is that all complaints will be acknowledged within two working days for telephone enquiries and within three working days for written enquiries. In 2019/20, 99.7% (1,779 of 1,785) of complaints were acknowledged within these timescales, compared with 98.1% in 2018/19.

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.

The Trust's target is to respond to at least 95% of complaints within the agreed timescale and this applies to both formal and informal complaints.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, together with guidance from the Parliamentary and Health Service Ombudsman, indicate that the Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed.' When a response is not possible within the agreed timescale, the Trust must inform the complainant of the reason for the delay and agree a new date by which the response will be sent.

The Trust captures data about the numbers of complaints responded to within the agreed timescale. The Trust's performance target continues to be 95% compliance, for both formal and informal complaints.

Over the course of the year 2019/20, 88% of formal responses were responded to within the agreed timescale (667 of 758), compared with 87% in 2018/19 and 83% in 2017/18. Of the 1,004 complaints responded to via the informal complaint process in 2019/20, 89.3% were responded to within the agreed timescale, an improvement on the 83.5% reported the previous year.

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

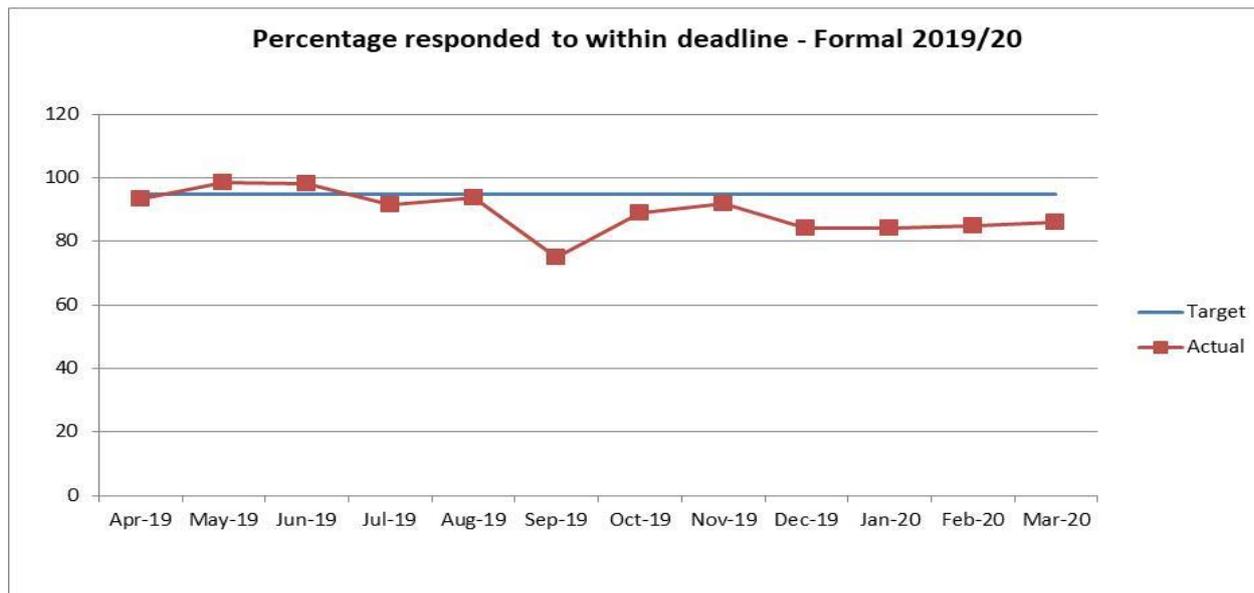
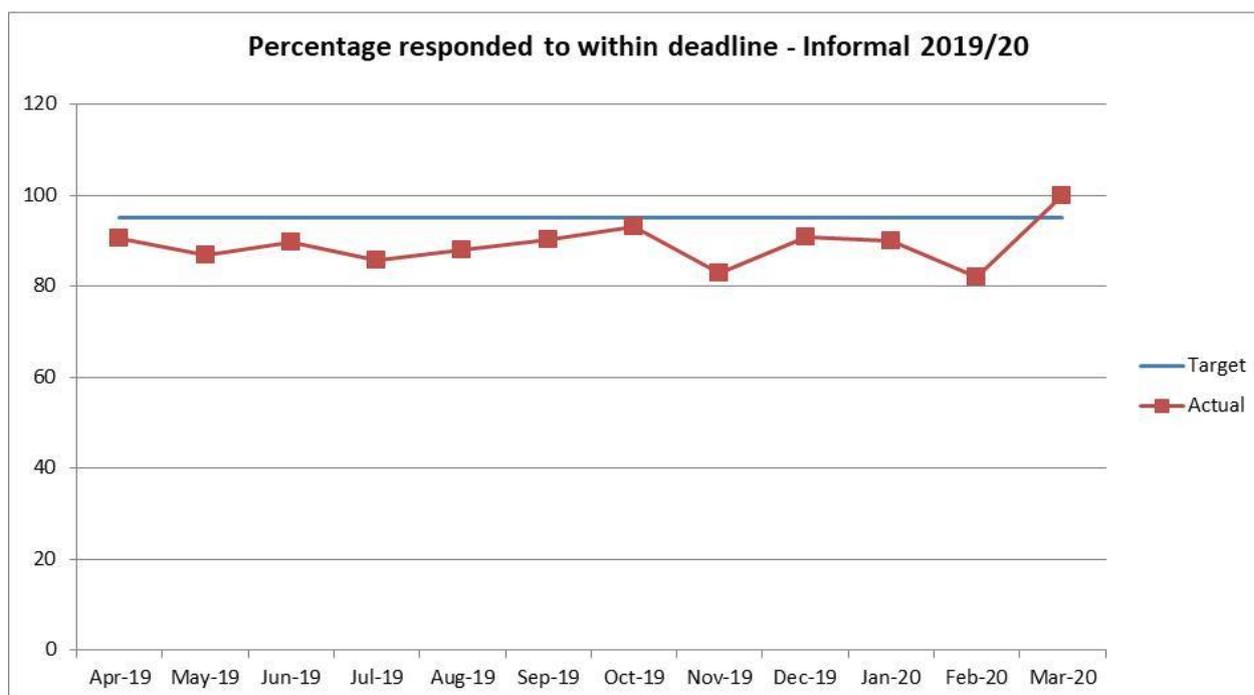


Figure 4. Percentage of informal complaints responded to within agreed timescale



5.2 Numbers of complainants who are dissatisfied with our response

The Trust also measures performance in respect of the number of complainants who are dissatisfied with the response provided to their complaint due to the original investigation being incomplete or inaccurate (which we differentiate from follow-up enquiries where a complainant raises additional questions).

At the end of the reporting year, 9.1% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 62 of the 680 first formal responses sent out during the reporting period and compares with 9.5% in 2018/19 and 9.7% in 2017/18.

6. Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is unhappy with the way in which their complaint has been dealt with by the Trust and feels that local resolution of their complaint has not been satisfactory, they have the option of asking the PHSO to carry out an independent review of their complaint.

In 2019/20, the Trust had 14 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a significant 54.8% decrease on the 31 cases referred the previous year. During the same period, a total of 14 cases were closed by the PHSO. Of these 14 cases, none were upheld, one was partly upheld, and the remaining 13 fell into the category designated by the PHSO whereby they carried out an initial review but then decided not to investigate and closed their file, citing 'no further action'. At the end of the year 2019/20, 13 cases were still under investigation by the PHSO.

7. Information, advice and support

In addition to managing complaints, the Patient Support and Complaints Team also deal with compliments and with requests for advice, information and support. The team also records a number of enquiries which did not proceed after being recorded, either due to insufficient information or withdrawal of the complaint/enquiry.

The total number of enquiries received during 2019/20 is shown below, together with figures from 2018/19 and 2017/18 for comparative purposes:

Table 3:

| Type of enquiry | Total received 2019/20 | Total received 2018/19 | Total received 2017/18 |
|--|------------------------|------------------------|------------------------|
| Request for information/advice/support | 732 | 780 | 576 |
| Compliments | 171 | 185 | 125 |
| Did not proceed | 618 | 618 | 654 |
| Total | 1,521 | 1,583 | 1,355 |

8. Learning from complaints

The Trust continues to be proactive in its management of complaints and enquiries, recognising that the way we respond to concerns and complaints is part of our commitment to excellence in customer service and acknowledging that all complaints are a valuable source of learning.

Learning from complaints can be measured by the actions taken as a result of the complaints received. Some examples of actions completed in 2019/20 are as follows:

- Following a complaint about a patient being given incorrect information at her pre-operative assessment, the Division of Specialised Services launched a booklet called 'My Heart Surgery Plan' to improve the consistency of information given to patients. At the request of surgeons, the anticipated length of stay has been added to pre-operative assessment cards so that nurses are fully aware of this when speaking to the patient (Specialised Services).
- A complaint was received on behalf of a patient with autism who also suffers with Post Traumatic Stress Disorder and has complex mental health needs. Following an operation, the patient felt that staff were not listening to her and not taking her special needs into account.

This complaint was shared anonymously with the teams who cared for her so that each team understood how negative a patient's experience could be if we do not communicate with them in a way that takes account of their specific needs. The pre-operative team was also reminded of the importance of sharing this information with the team caring for the patient post-operatively (Surgery).

- 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).
- A complaint was received from a patient who had returned to the ward in the early evening following surgery, having been 'nil by mouth' since that morning, to be told that the only food available was a ham sandwich. The patient had a sore throat and mouth and swollen lips from four hours with an ERCP tube in situ and he had a distended abdomen. He is also prone to duodenal ulcers and has a gastroma and pancreatic disease so he was unable to eat a sandwich. As a result of this complaint, a poster was developed by the Matron, outlining the out of hours food provisions arrangements, and this has been shared with all surgical ward sisters (Surgery).
- As a result of a complaint from a patient who had experienced numerous problems with the delivery of care at Bristol Haematology and Oncology Centre (BHOC), staff met with the patient to get a thorough and detailed understanding of the issues she faced. The Clinical Nurse Specialist followed this up with a letter to the patient with a detailed summary of the care and support available to her, including around the areas of patient care, supportive care and medication care (Specialised Services).
- A complaint was received from a patient with Chronic Regional Pain Syndrome (CRPS) and potentially life threatening anaphylaxis (severe allergic reaction) that requires alternative medications to be used for scans. Unfortunately, this information was not highlighted to the radiographer when the patient attended for an MRI scan, despite this information being noted on her records following a previous scan. This information, as well as the requirement for the use of EMLA cream to numb her skin prior to any injections, was not shared with radiology staff. As a result of the complaint, a review was carried out of the procedures in place for all appointments for CRPS patients and, as a result, the Radiology Department in Bristol Royal Infirmary now holds a small stock of EMLA cream and other sites can easily obtain supplies when a CRPS patient is referred to them. (Diagnostics & Therapies).

9. Looking ahead

Looking ahead to 2020/21, our focus will be on ensuring that the newly formed University Hospitals Bristol and Weston NHS Foundation Trust (created following UH Bristol's merger with Weston General Hospital on 1 April 2020) continues to provide a high quality, open and transparent service to people who raise concerns about our services. We will be working with our colleagues in the

newly formed Division of Weston, to ensure the Trust provides an exemplary integrated complaints service across all locations, which is easily accessible to all of our patients and their families.

We will also continue to work with all Divisions to improve performance in responding to complaints within the timescale agreed with complainants, reducing the number of complainants who are dissatisfied with our response to their concerns and sharing learning from complaints with staff Trustwide.

