

Complaints Report

Quarter 1, 2016/2017

(1st April 2016 to 30th June 2016)

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Overview

Successes	Priorities
<ul style="list-style-type: none"> • None of the seven complaints closed by the PHSO in Q1 were upheld. • Surgery Head & Neck – decrease in complaints about attitude and communication and a reduction in complaints received by the Trauma and Orthopaedic service. • Medicine – reduction in number of complaints received in respect of attitude and communication and the majority of complaints received in Quarter 1 were resolved via the informal process. • Specialised Services – notable reduction in complaints received by the outpatients service at Bristol Heart Institute. • Women’s & Children’s Services – significant reduction in the number of complaints received in respect of attitude and communication, particularly with regards to communication with patients/relatives. 	<ul style="list-style-type: none"> • Training continues to be rolled out by the Patient Support & Complaints Team tailored to the theme of how to write a good response letter (sessions are currently arranged through to December 2016). • Reduce the number of complaint responses that breach the agreed deadline. • Reduce the number of cases where the deadline agreed with the complainant is extended. • Finish scoping out detail of corporate quality objective for 2016/17 to reduce the number of people who complain about aspects of how we communicate with them.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Explore potential to record severity of complaints to enable future benchmarking • Patient Support & Complaints Manager to continue working closely with Divisions in order to identify themes and trends in complaints and to share learning from complaints Trust-wide 	<p>Increases in complaints about:</p> <ul style="list-style-type: none"> • Upper and Lower GI surgery • Gastroenterology • Hepatology • Audiology • Attitude and communication in Specialised Services • Cancelled or delayed appointments and operations in Women’s & Children’s Services <p>Levels of complaints remained high in the following areas:</p> <ul style="list-style-type: none"> • Bristol Eye Hospital • Bristol Dental Hospital • BRI Emergency Department

1. Complaints performance – Trust overview

The Board monitors three indicators of how well the Trust is doing in respect of complaints performance:

- Total complaints received as a proportion of activity;
- Proportion of complaints responded to within timescale; and
- Numbers of complainants who are dissatisfied with our response.

1.1 Total complaints received

The Trust's preferred way of expressing the volume of complaints it receives is as a proportion of patient activity, i.e. total inpatient admissions and outpatient attendances in a given month.

We received 520 complaints in Q1, which equates to 0.26% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹. This figure does not include concerns which may have been raised by patients and dealt with immediately by front line staff. The number of complaints received in Q1 represents an increase of approximately 9% compared to Q4 and a 13% increase on the corresponding period one year previously.

Figure 1 shows the pattern of complaints received in the last 15 months. Figure 2 shows the complaints received as a percentage of patient activity and Figure 3 shows the numbers of complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process.

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, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

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 Q1, 76.2% of responses were posted within the agreed timescale, compared to 74.6% in Q4 (2015/16) and 56.5% in Q3. This represents 34 breaches out of 143 formal complaints which were due to receive a response during Q1². Figure 4 shows the Trust's performance in responding to complaints since April 2015.

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

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

Figure 1: Number of complaints received

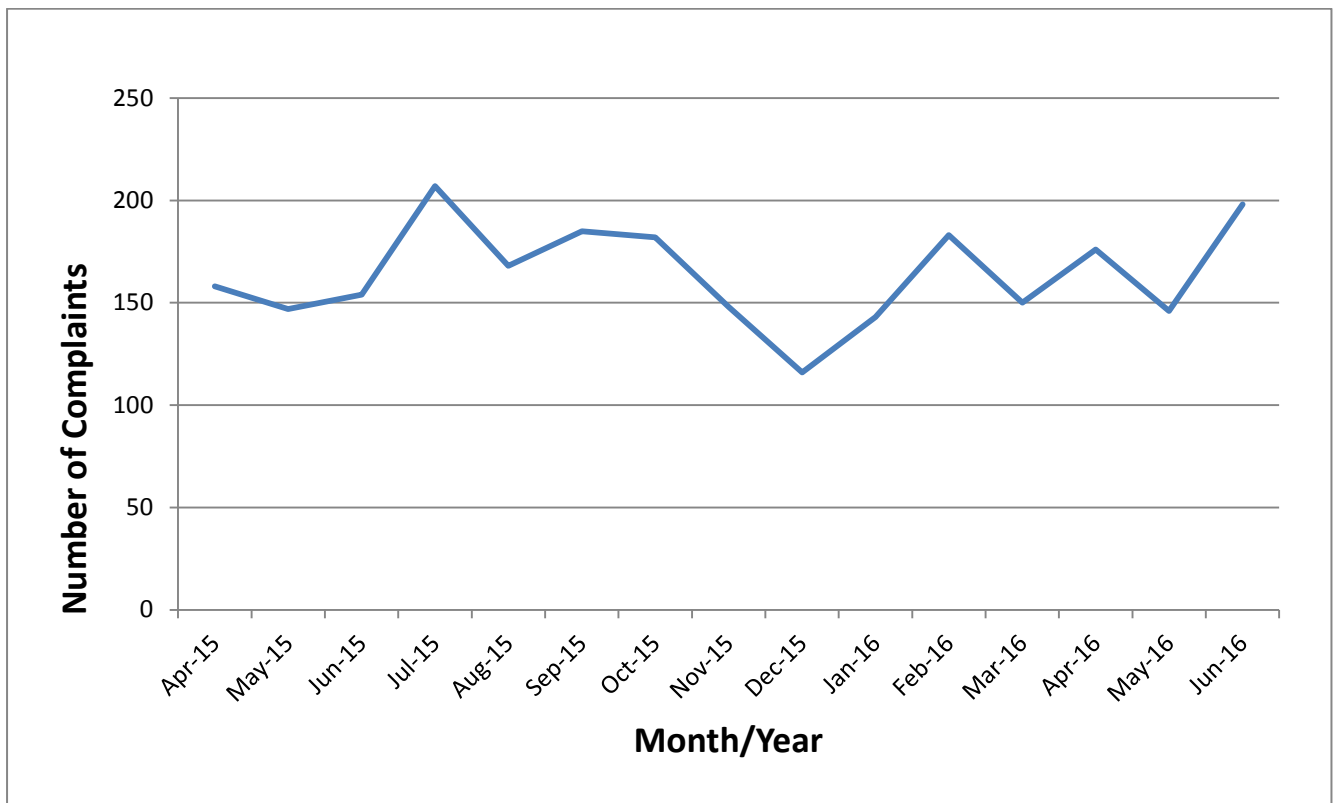


Figure 2: Complaints received, as a percentage of patient activity

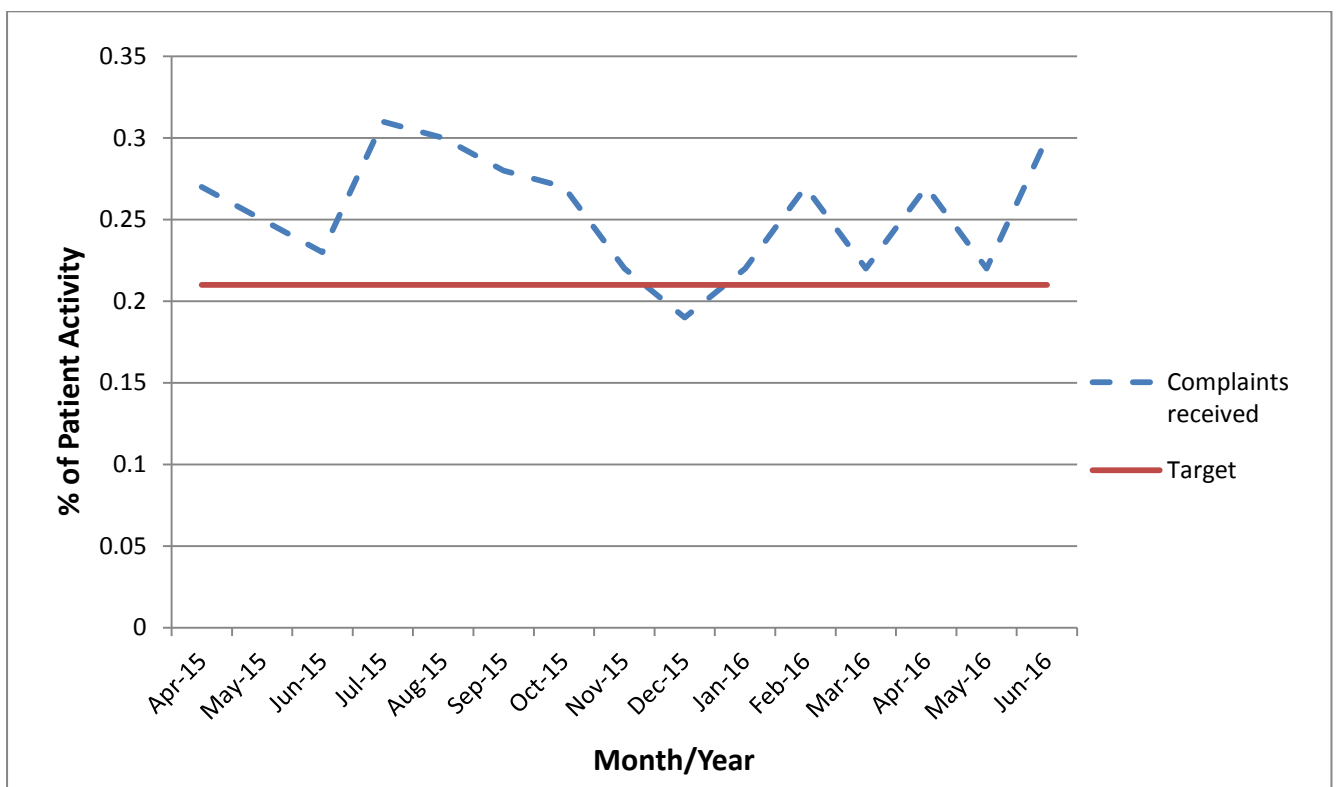


Figure 3: Numbers of formal v informal complaints

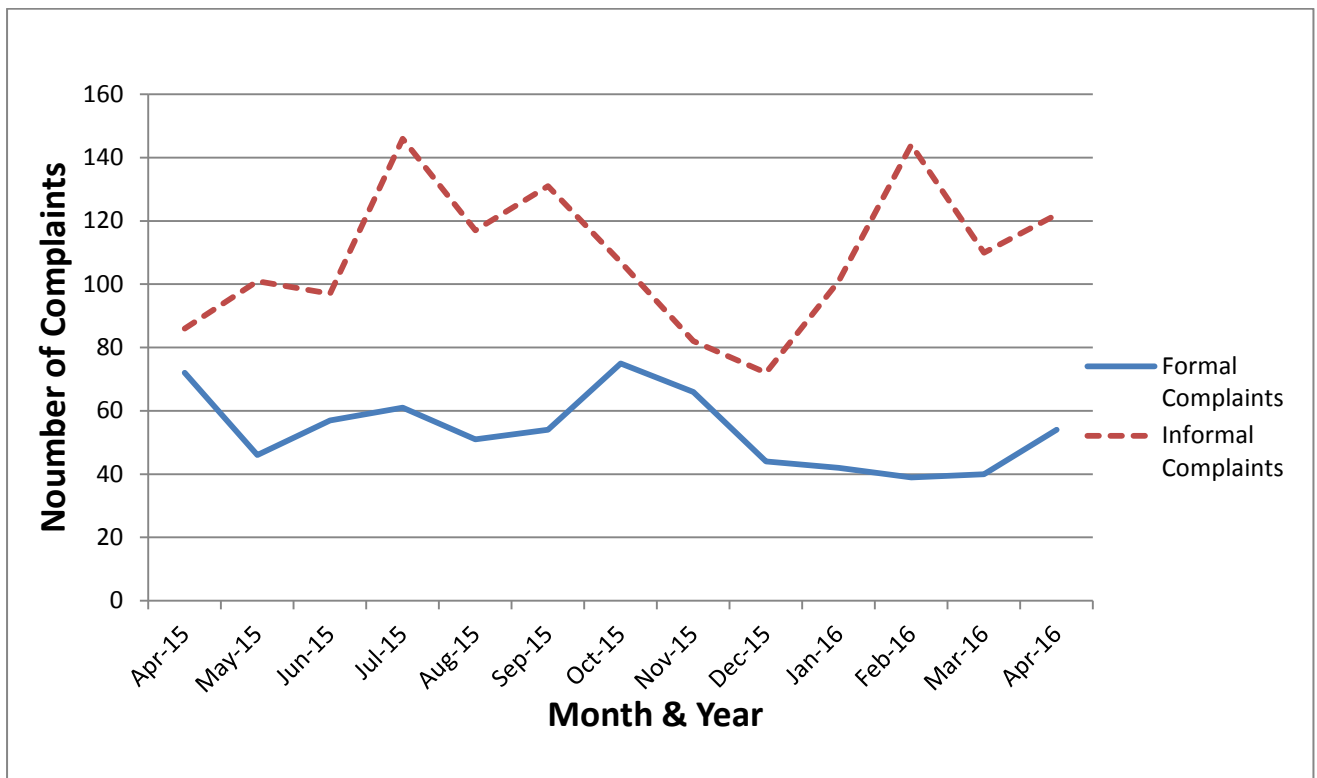


Figure 4: Percentage of complaints responded to within agreed timescale

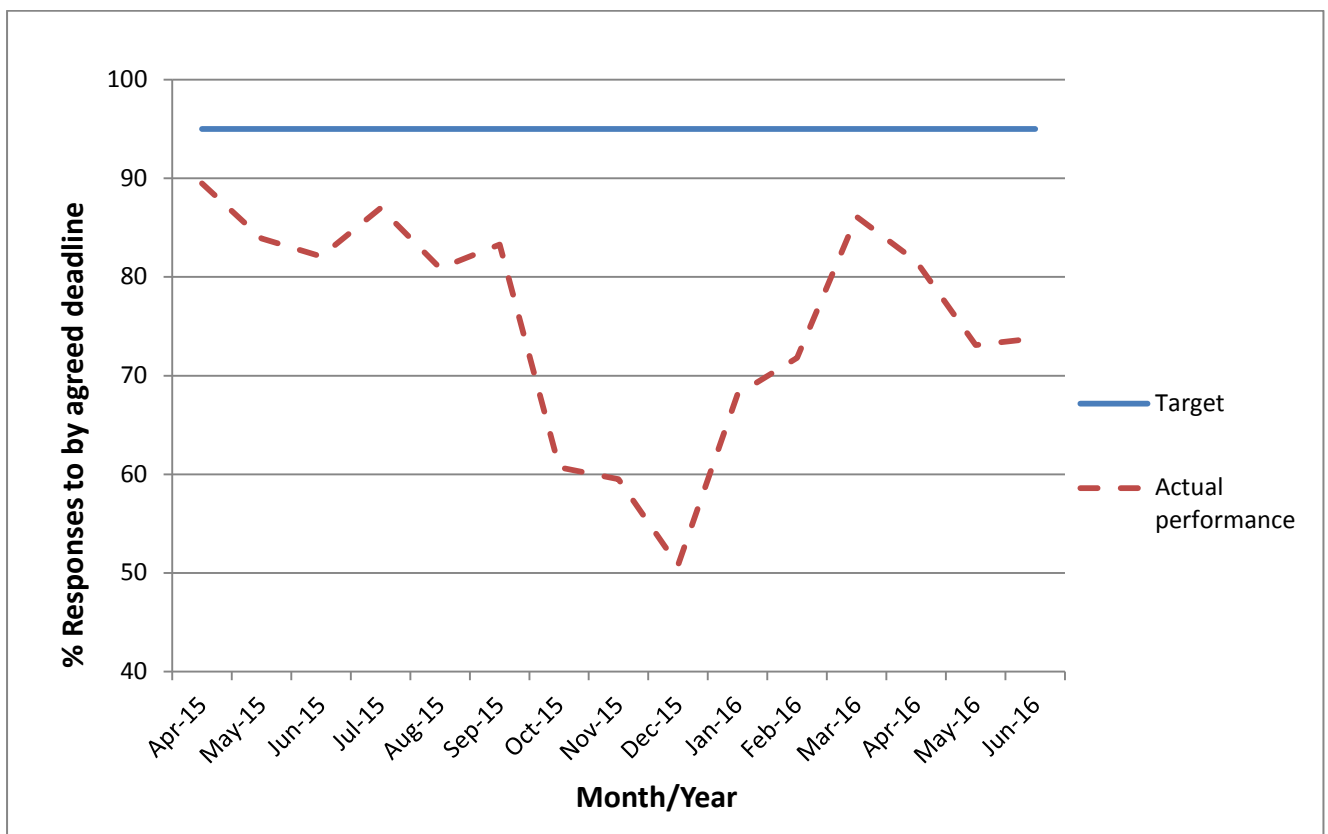


Table 1: Complaints performance

Items in italics are reportable to the Trust Board. Other data items are for internal monitoring/reporting to the Patient Experience Group where appropriate.

		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total complaints received (inc. TS and F&E from April 2013)	TOTAL	154	207	168	185	182	148	116	143	183	150	176	146	198
	Formal	57	61	51	54	75	66	44	42	39	40	54	35	57
	Informal	97	146	117	131	107	82	72	101	144	110	122	111	141
<i>Number and % of complaints per patient attendance in the month</i>	%	0.23%	0.31%	0.30%	0.28%	0.27%	0.22%	0.19%	0.22%	0.27%	0.22%	0.27%	0.22%	0.30%
	Complaints	154	207	168	185	182	148	116	143	183	150	176	146	198
	Attendances	66,548	65,810	55,657	66,285	68,131	67,434	61,126	63,582	68,391	67,932	64,750	66,973	66,816
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	%	82.1%	87.0%	80.9%	83.3%	60.7%	59.5%	50.8%	68.1%	71.8%	86.1%	80.0%	73.1%	73.8%
	Within timescale	55	47	38	40	34	25	32	32	28	31	40	38	31
	Total	67	54	47	48	56	42	63	47	39	36	49	52	42
<i>% responded to by Division within required timescale for executive review</i>	%	94.0%	98.1%	93.6%	95.8%	80.4%	81.0%	90.5%	91.5%	84.6%	100.0%	86.0%	92.3%	92.9%
	Within timescale	63	53	44	46	45	34	57	43	33	36	43	48	39
	Total	67	54	47	48	56	42	63	47	39	36	50	52	42
Number of breached cases where the breached deadline is attributable to Division	Attributable to Division	6	6	3	2	7	7	20	12	10	5	3	8	7
	Total Breaches	12	7	9	8	22	17	31	15	11	5	9	14	11
Number of extensions to originally agreed timescale (formal investigation process only)		16	11	14	10	23	13	26	21	14	25	21	8	11
<i>% of complainants dissatisfied with response and case re-opened</i>	%	9.0%	13.0%	12.8%	16.7%	10.7%	4.8%	7.9%	6.4%	7.7%	8.3%	8.0%	-	-
	Reopened Dissatisfied	6	7	6	8	6	2	5	3	3	3	4	-	-
	Total Responses Due	67	54	47	48	56	42	63	47	39	36	50	-	-

1.3 Dissatisfied complaints

Reducing numbers of dissatisfied complainants was one of the Trust's corporate quality objectives for 2015/16 and remains a priority moving into 2016/17. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are then dissatisfied with the quality of our investigation into and response to their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation to that we do not make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint³.

An additional level scrutiny of dissatisfied cases has been incorporated into the process for dealing with cases where the complainant is unhappy with our response. This involves the Head of Quality (Patient Experience and Clinical Effectiveness) reviewing all dissatisfied responses before they are sent to the Executives for sign-off. This additional review ensures that we are learning from these cases, i.e. is there anything we could or should have done differently in our original response. This learning is then shared with the Division responsible for the response.

The way in which dissatisfied cases are reported is expressed as a percentage of the responses the Trust has sent out in any given month. From Q3 2015/16 onwards, our target has been for less than 5% of complainants to be dissatisfied. This data is now reported two months' in arrears in order to capture the majority of cases where complainants tell us they were not happy with our response.

In Q1, 143 responses were sent out and by the cut-off point of mid-September 2016 (the date on which the dissatisfied data for June 2016 was finalised); 16 people had contacted us to say they were dissatisfied. This represents 11.2% of the responses sent out during this period.

In Q4, a total of 122 responses were sent out. By the cut-off point of mid-May 2016 (the date on which the dissatisfied data for March 2016 was finalised), nine people had contacted us to say they were dissatisfied with our response. This represented 7.4% of the responses sent out and was an increase on the 6.2% (10 of 161) reported in Q3.

Figure 5 shows the percentage of complainants who were dissatisfied with aspects of our complaints response up until May 2016.

Each case where a complainant advises they are dissatisfied, the case is reviewed by the Patient Support and Complaints Manager. This review leads to one of the following courses of action, according to the complainant's preference:

- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues;
- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues
- On rare occasions, a letter may be sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the Ombudsman to independently review their complaint. This option might be appropriate if, for example, if a complainant

³ Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

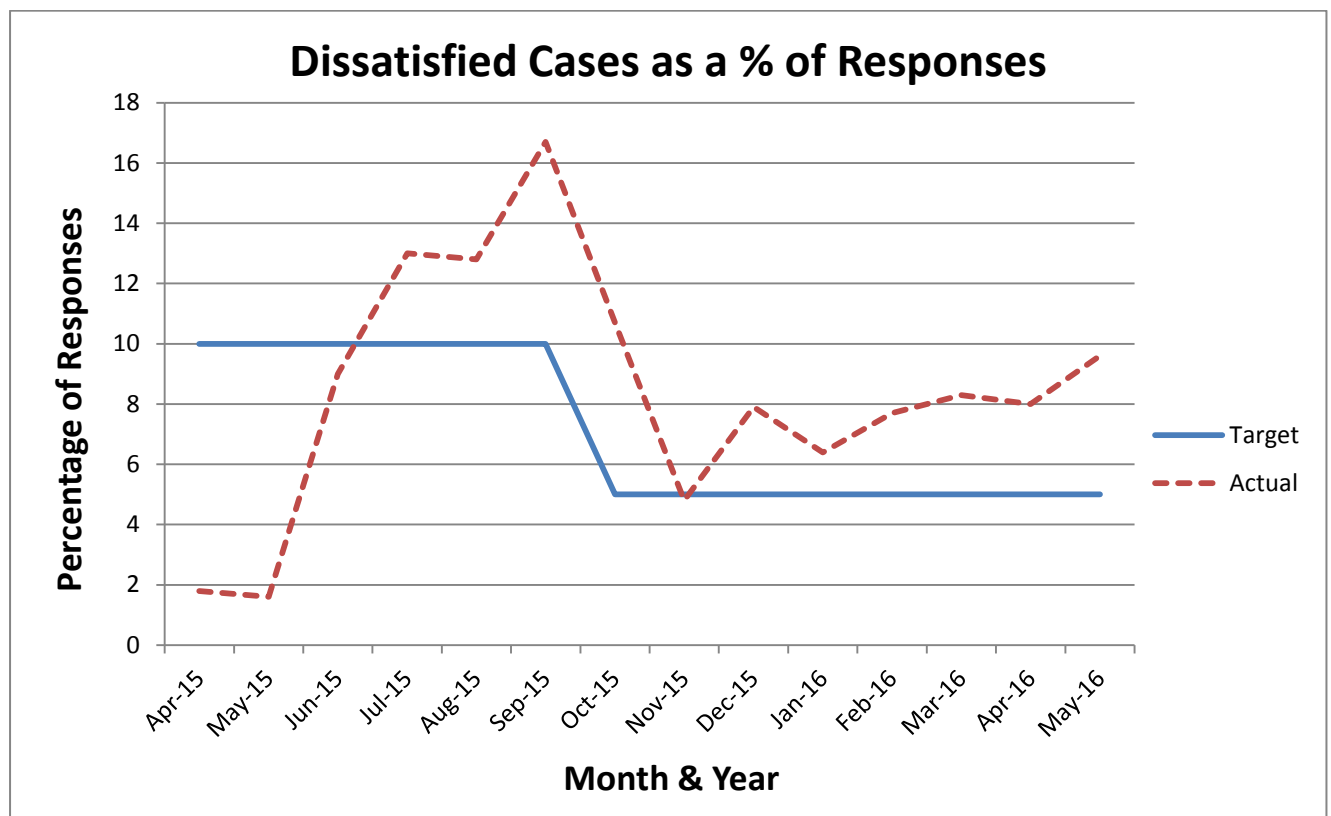
was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

In the event that we do not have enough information to initiate the process outlined above, the allocated caseworker from the Patient Support and Complaints Team will contact the complainant to clarify which issues remain unresolved and, where possible, identify some specific questions that the complainant wishes to be answered. Following this, the process noted above would then be followed.

In all cases where a further written response is produced, the draft is reviewed by the Patient Support and Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to an Executive Director for signing.

In the event that a complainant comes back to us again, having received two responses (whether in writing or by way of a meeting), the case will be escalated to the Chief Nurse for review.

Figure 5: Percentage of complainants dissatisfied with complaint response



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Two of these categories are new and have not been reported on prior to this Q1 report – they are ‘discharge/transfer/transport’ and ‘documentation’. Table 2 provides a breakdown of complaints received in Q1 2016/17 compared to Q4 2015/16. Complaints in the categories of ‘appointments and admissions’, clinical care’ and information and support’ have all increased in Q1 in real terms. Complaints that fall under the category of access would include, for example, complaints about physical access to our hospitals, services not being available and dissatisfaction with visiting hours.

Table 2: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2016/17)	Number of complaints received in Q4 (2015/16)
Access	5 (0.9% of total complaints) ↓	7 (1% of total complaints) ↓
Appointments & Admissions	169 (32.5%) ↑	150 (32%) ↑
Attitude & Communication	135 (26%) ↓	154 (33%) ↑
Clinical Care	128 (24.7%) ↑	112 (23%) ↓
Discharge/Transfer/Transport	26 (5%)	⁴
Documentation	2 (0.4%)	
Facilities & Environment	22 (4.2%) ↓	25 (5%) ↑
Information & Support	33 (6.3%) ↑	28 (6%) ↑
Total	520	476

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 3 lists the eight most consistently reported sub-categories. In total, these sub-categories account for approximately 68% of the complaints received in Q1 (353/520).

Table 3: Complaints by sub-category

Sub-category	Number of complaints received in Q1 (2016/17)	Q4 2015/16	Q3 2015/16	Q2 2015/16
Cancelled/delayed appointments and operations	142 (27.9% increase compared to Q4) ↑	111	103	151
Communication with patient/relative	34 (45.2% decrease) ↓	62	41	31
Clinical Care (Medical/Surgical)	70 (70.7% increase) ↑	41	54	48
Failure to answer telephones/failure to respond	34 (17.2% increase) ↑	29	17	22
Clinical Care (Nursing/Midwifery)	22 (12% decrease) ↓	25	18	20
Attitude of Medical Staff	23 (27.8% increase) ↑	18	16	24
Attitude of Admin/Clerical Staff	16 (23.1% increase) ↑	13	9	10
Attitude of Nursing Staff	12 (50% increase) ↑	8	13	14

Complaints about cancelled or delayed appointments or operations/procedures have increased from 111 in Q4 to 142 in Q1. This consists of 88 complaints about cancelled or delayed appointments and 54 complaints about cancelled or delayed operations/procedures.

⁴ Discharge/Transfer/Transport and Documentation are new reporting categories, added at the end of Q4 2015/16.

Most notably however, was the increase in the number of complaints received in respect of clinical care (medical/surgical), with 70 complaints received in Q1, compared to 41 in Q4.

There were increases in the number of complaints received about the attitude of administrative, nursing and medical staff, with a total of 51 complaints across these three sub-categories in Q1, compared with 39 in Q4.

Complaints in respect of failure to answer telephones or to respond to patients saw a further increase from 29 complaints in Q4 (2015/16) to 34 in Q1 (2016/17).

Figures 6, 7, and 8 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since April 2015. These graphs suggest a deteriorating pattern in respect of complaints about cancelled or delayed appointments and operations since December 2015 and a similar rise in complaints about clinical care (medical/surgical). However, complaints about communication with patients/relatives have fallen significantly from a previous high point in February 2016 (one of the Trust's corporate quality objectives for 2016/17 is to reduce complaints about failures in communication).

Figure 6: Cancelled or delayed appointments and operations

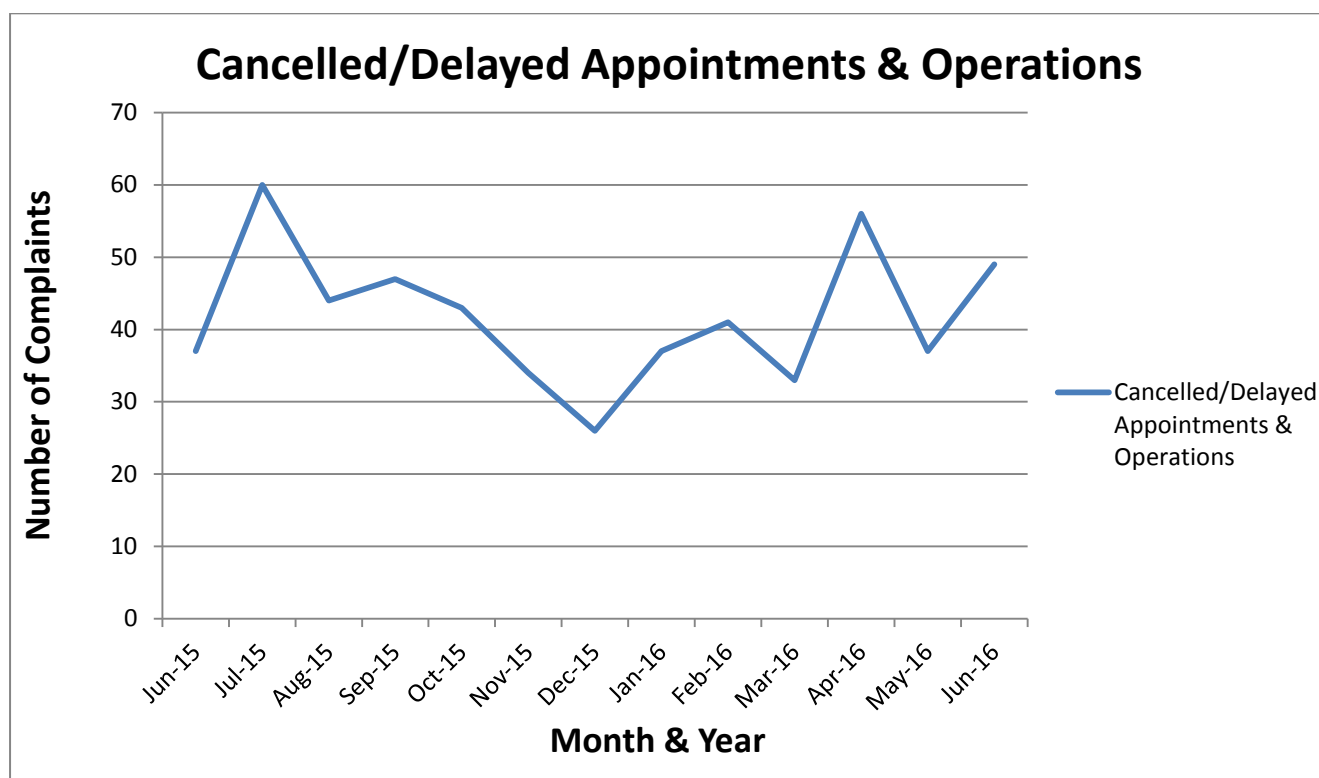


Figure 7: Clinical care – medical/surgical

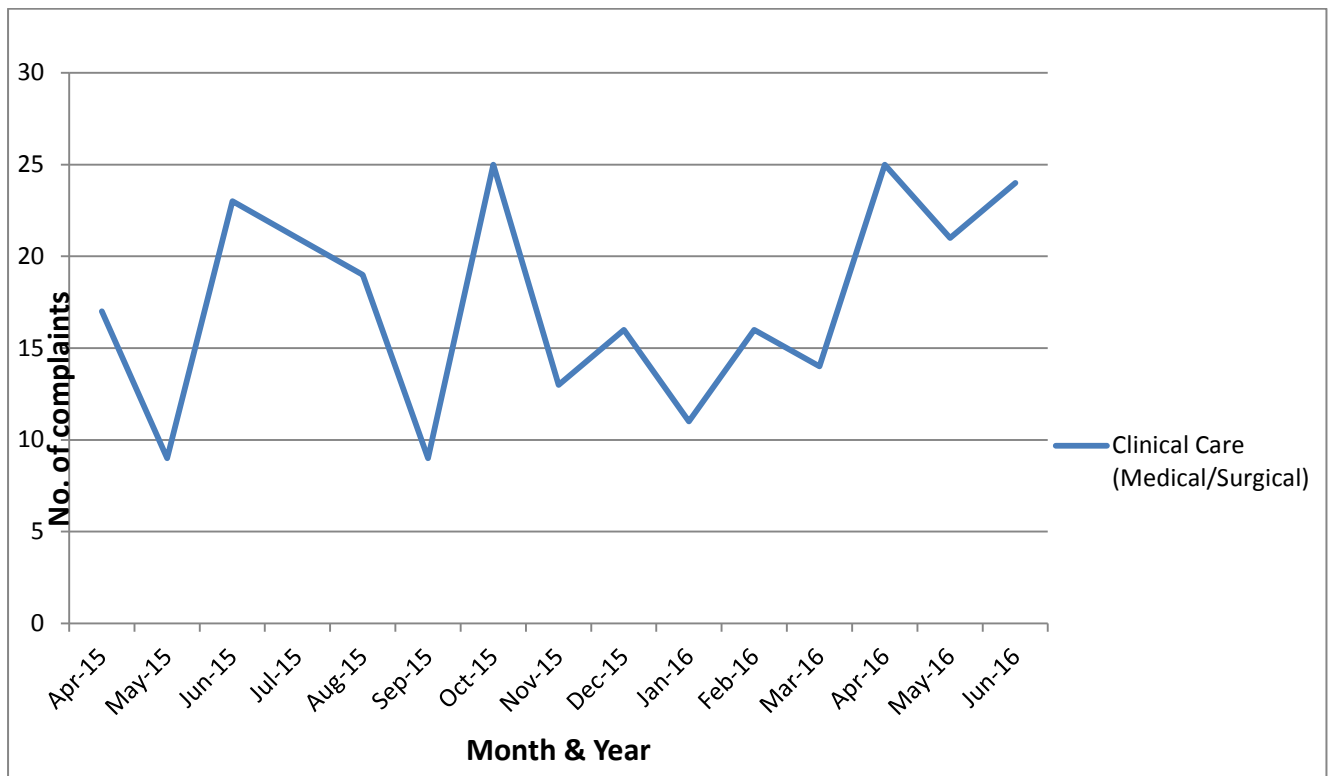
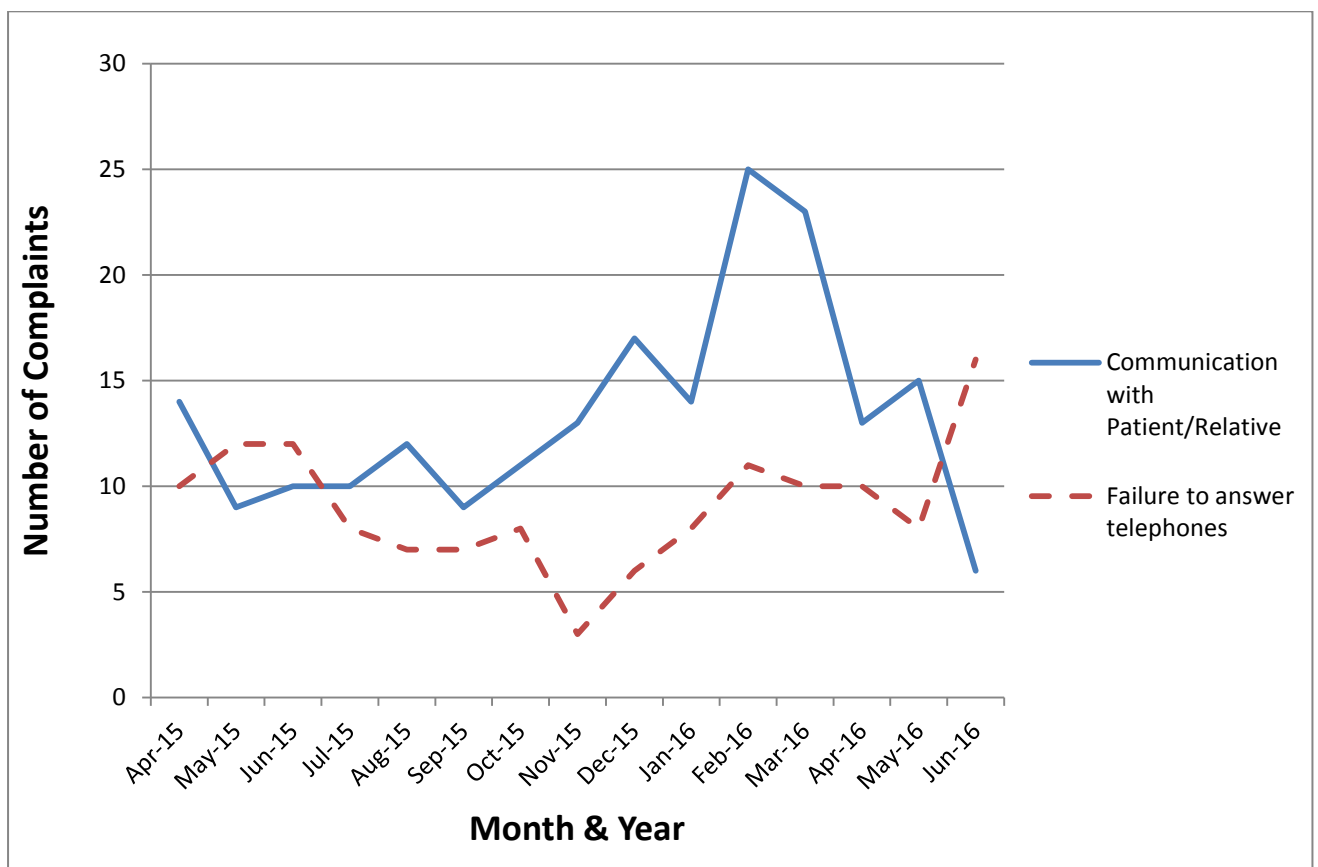


Figure 8: Communication with patient/relative and telephone answering

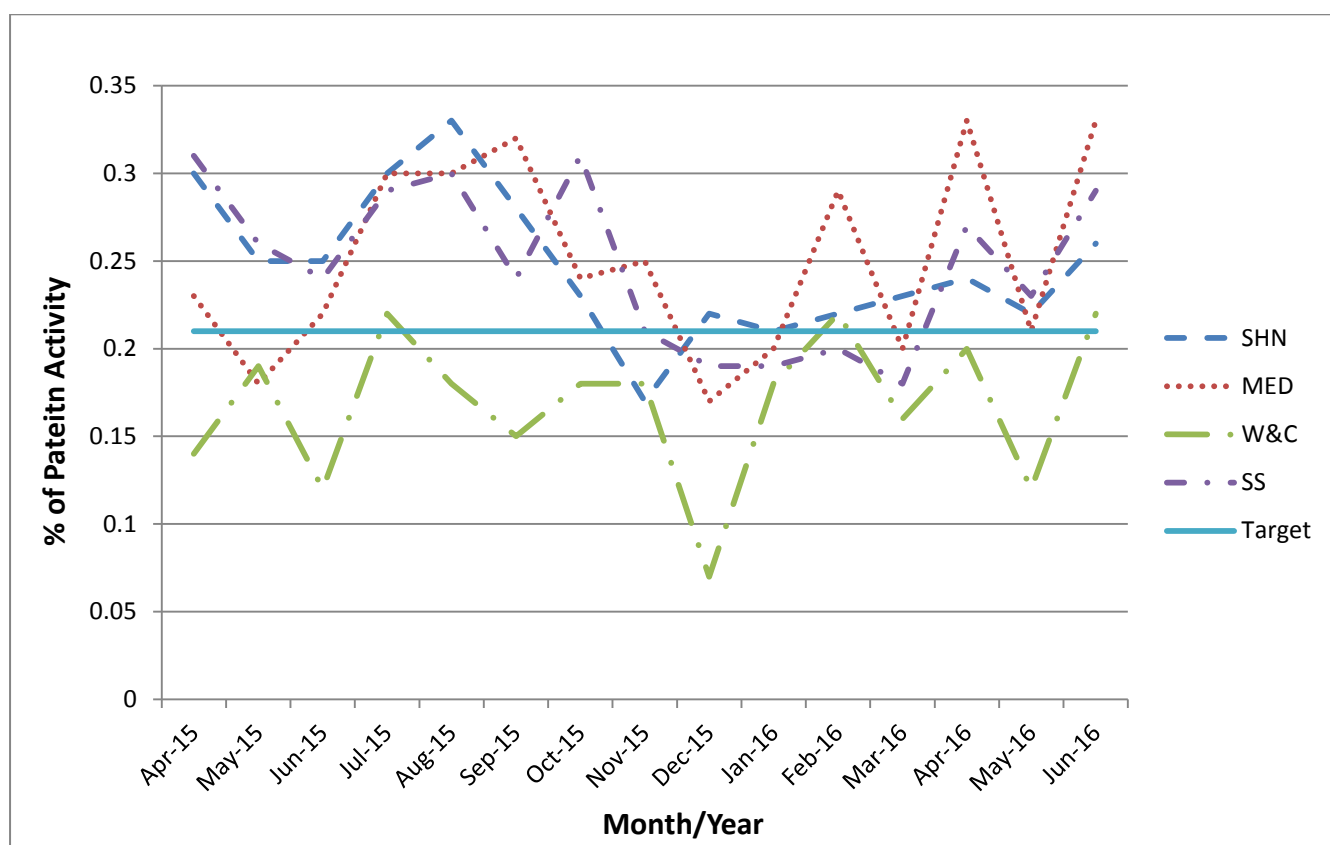


3. Divisional performance

3.1 Total complaints received

A divisional breakdown of the percentage of complaints per patient attendance is provided in Figure 9. This shows an overall increase in the volume of complaints received in the bed holding Divisions during Q4, with only Specialised Services showing a decrease in the number of complaints received.

Figure 9: Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies is excluded from Figure 9 because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Overall, reported Trust-level data includes Diagnostics and Therapies complaints, but it is not appropriate to draw comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since April 2015 have been as follows:

Table 4: Complaints received by Division of Diagnostics and Therapies

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
No. of complaints received	2	5	7	10	4	5	12	5	7	5	13	6	5	7	12

3.2 Divisional analysis of complaints received

Table 5 provides an analysis of Q1 complaints performance by Division⁵. 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; concerns about staff attitude and communication; and concerns about clinical care.

Table 5	Surgery, Head & Neck	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	198 (182) ↑	122 (102) ↑	66 (49) ↑	84 (87) ↓	24 (24) =
Total complaints received as a proportion of patient activity	0.24% (0.22%) ↑	0.29% (0.23%) ↑	0.26% (0.19%) ↑	0.18% (0.18%) =	N/A
Number of complaints about appointments and admissions	93 (80) ↑	26 (19) ↑	18 (21) ↓	28 (23) ↑	7 (6) ↑
Number of complaints about staff attitude and communication	50 (56) ↓	38 (40) ↓	22 (11) ↑	17 (30) ↓	6 (11) ↓
Number of complaints about clinical care	38 (35) ↑	32 (28) ↑	18 (14) ↑	31 (29) ↑	7 (6) ↑
Area where the most complaints have been received in Q1	Bristol Eye Hospital - 46 (52) Bristol Dental Hospital – 46 (44) Trauma & Orthopaedics – 21 (34) ENT – 17 (17) Upper GI – 15 (6) Lower GI – 12 (4)	Emergency Department (BRI) – 25 (25) Gastroenterology & Hepatology - 20 (11) Dermatology – 14 (19) Ward A300 (AMU) - 9 (7)	BHI Outpatients - 8 (15) GUCH Services – 8 (9) Chemo Day Unit/Outpatients – 7 (2) Ward C708 – 7 (5) Ward D603 – 6 (0)	Paediatric Orthopaedics – 7 (7) Paediatric Plastic Surgery – 7 (2) Gynae Outpatients – 6 (9) ED/Ward 39 – 6 (4) ENT (BRHC) – 5 (3)	Radiology – 8 (12) Audiology – 6 (3) Pharmacy – 5 (7) Physiotherapy – 4 (3)
Notable deteriorations compared to Q4	Upper GI – 15 (6) Lower GI – 12 (4)	Gastroenterology & Hepatology - 20 (11)	Ward D603 – 6 (0)	Paediatric Plastic Surgery – 7 (2)	Audiology – 6 (3)
Notable improvements compared to Q4	Trauma & Orthopaedics – 21 (34)	None	BHI Outpatients – 8 (15)	None	None

⁵ It should be noted that the overall percentage of complaints against patient activity as shown in Table 5 differs slightly from the overall Trust percentage of 0.24% as the latter includes complaints from non-bed-holding Divisions.

3.2.1 Division of Surgery, Head & Neck

In Q1, the number of complaints received by the Upper and Lower GI services showed a marked increase compared with Q4. Complaints received by Bristol Eye Hospital and Bristol Dental Hospital remained high and there was an increase in the number of complaints received about appointments and admissions. However, complaints remained low in respect of complaints relating to attitude of medical and nursing/midwifery staff.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	0 (0% of total complaints) ↓	2 (1.1% of total complaints) =
Appointments & Admissions	90 (45.6%) ↑	80 (44%) ↑
Attitude & Communication	53 (26.7%) ↓	56 (30.8%) ↑
Clinical Care	40 (20%) ↑	35 (19.2%) ↓
Facilities & Environment	2 (1.1%) ↓	4 (2.2%) ↑
Information & Support	8 (3.8%) ↑	5 (2.7%) ↓
Discharge/Transfer/Transport	5 (2.8%)	
Documentation	0	
Total	198	182

Table 7: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	73 ↑	69 ↑
Clinical Care (Medical/Surgical)	18 ↑	14 =
Communication with patient/relative	10 ↓	24 ↑
Attitude of Medical Staff	6 ↓	9 ↑
Attitude of Nursing/Midwifery	4 ↑	0 ↓
Attitude of Admin/Clerical Staff	5 ↑	4
Clinical Care (Nursing/Midwifery)	4 ↑	0 ↓
Failure to answer telephones	18 ↑	9 ↑

Table 8: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>There was an increase in the number of complaints received by the Upper GI service in Q1, with 15 complaints compared to six in Q4.</p> <p>Of the 15 complaints received, 10 were in respect of cancelled or delayed appointments or operations.</p>	<p>Cancelled/delayed appointments were due to lack of capacity.</p>	<p>A focus on improving the discharge of patients from the Upper GI and Lower GI service will be commenced in October as part of wider transformation activity aimed at reducing length of stay to enhance the capacity for ward beds.</p>
<p>There was also an increase in the number of complaints received by the Lower GI service, with 12 complaints received in Q1, compared with four in Q4.</p> <p>Of the 12 complaints received, six were in respect of cancelled or delayed appointments or operations. There were no other discernible trends identified for the remaining six complaints, although three related to attitude and communication.</p>	<p>Whilst an increase was seen in Q1, the numbers of formal complaints has reduced so far in Q2.</p> <p>Cancelled/delayed appointments were due to lack of capacity.</p>	<p>As above – focus on improving the discharge process for patients within the Lower GI appointment areas.</p>
<p>There has been an increase in the number of complaints received in respect of appointments and admissions; 93 complaints compared to 80 in Q4. The majority of these were in respect of cancelled or delayed appointments or operations.</p> <p>Of these complaints, 20 were received by the Bristol Eye Hospital; 15 by the Bristol Dental Hospital and 10 by the Upper GI service.</p>	<p>There has been an increase in complaints received by the Bristol Dental Hospital. This has been due to staff sickness and vacancies.</p> <p>The Bristol Eye Hospital and Upper GI complaints are related to cancelled appointments due to lack of capacity.</p>	<p>Weekly meetings have been implemented between the dental management team, Divisional Director and divisional human resources team to focus on reducing sickness and enhancing retention.</p>
<p>Complaints received about the Bristol Dental Hospital increased from 44 in Q4 to 46 in Q1, with 24 of these being about Adult Restorative Dentistry and 11 in respect of Oral Surgery.</p>	<p>This was a theme in Q4 of 2015/16 and the complaints continue to relate to diagnosis and the treatment plan presented to the patient.</p>	<p>In conjunction with the weekly meetings detailed above, there is a great deal of work ongoing to improve staff retention and reduce sickness levels amongst administrative staff at the Dental Hospital.</p>

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

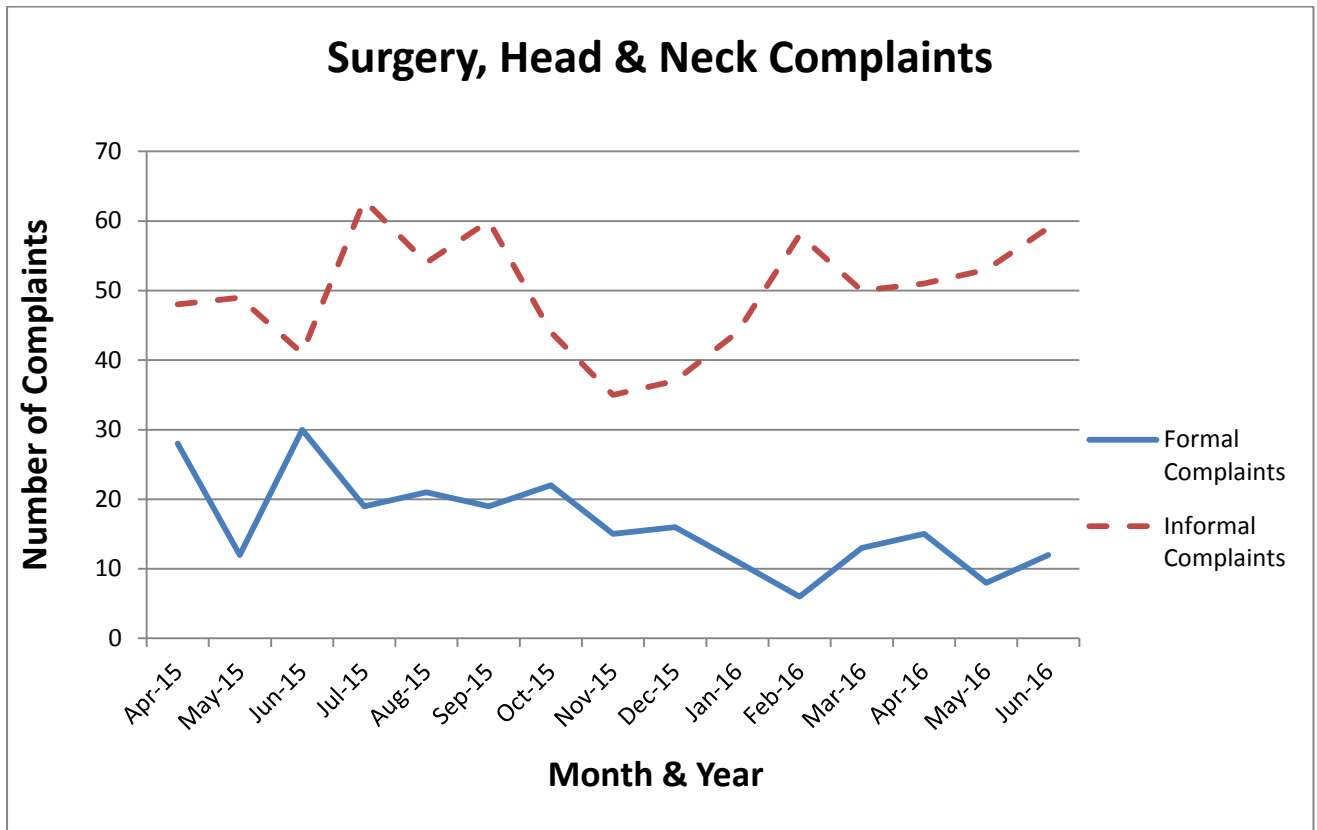
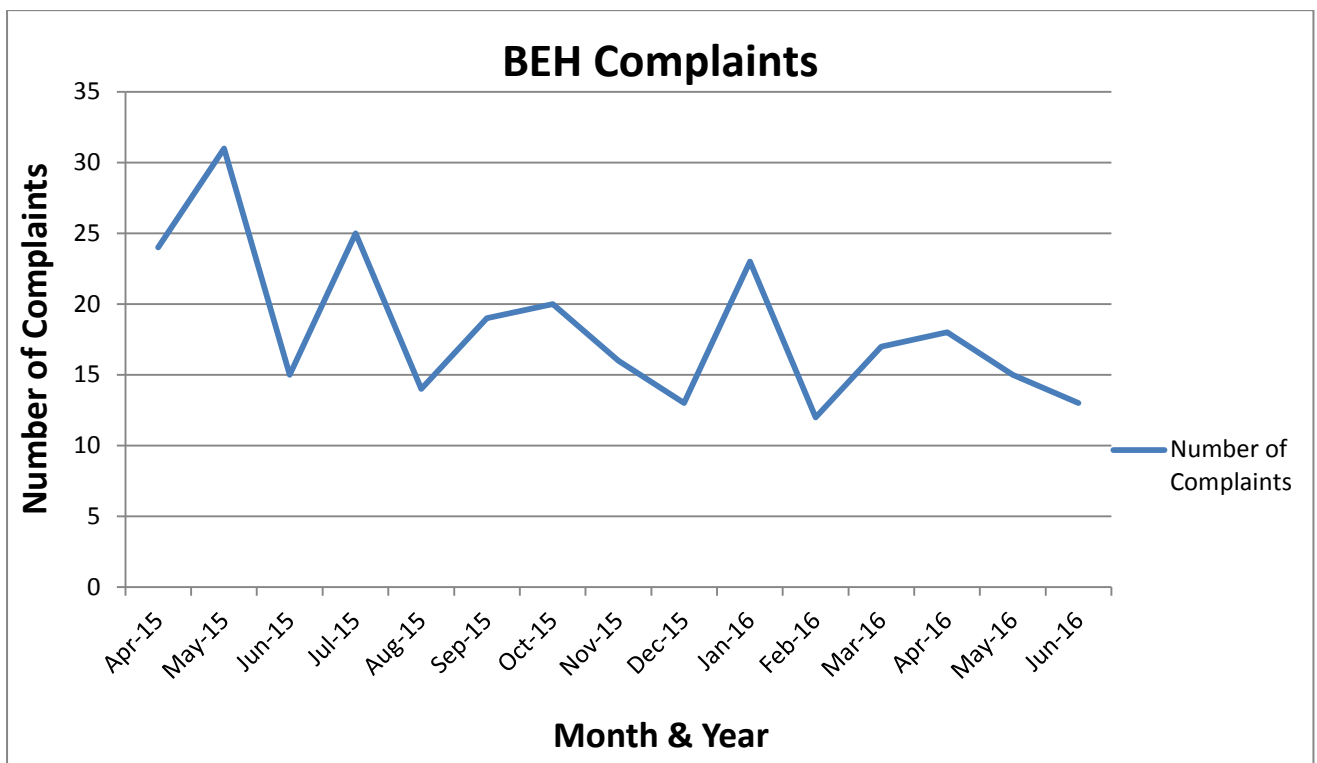


Figure 11: Complaints received by Bristol Eye Hospital



3.2.2 Division of Medicine

In Q1, the number of complaints received by the BRI Emergency Department remained high and there was an increase in complaints received by the Gastroenterology & Hepatology services. There was an increase in the number of complaints received under 'appointments and admissions' and 'clinical care'. The majority of complaints continued to be resolved via the informal process (87 compared to 35 managed formally).

Table 9: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	1 (0.8% of total complaints) =	1 (1% of total complaints) ↑
Appointments & Admissions	28 (23.1%) ↑	19 (18.6%) ↑
Attitude & Communication	38 (31.1%) ↓	40 (39.2%) ↑
Clinical Care	32 (26.2%) ↑	28 (27.5%) ↓
Facilities & Environment	7 (5.7%) ↓	8 (7.8%) ↑
Information & Support	3 (2.5%) ↓	6 (5.9%) ↑
Discharge/Transfer/ Transport	12 (9.8%)	
Documentation	1 (0.8%)	
Total	122	102

Table 10: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	17 ↑	12 ↑
Clinical Care (Medical/Surgical)	17 ↑	8 ↓
Communication with patient/relative	12 =	12 ↓
Attitude of Medical Staff	8 ↑	6 ↑
Attitude of Nursing/Midwifery	5 ↑	4 ↓
Attitude of Admin/Clerical Staff	5 ↑	2
Clinical Care (Nursing/Midwifery)	9 ↓	12 ↑
Failure to answer telephones	5 ↓	9 ↑

Table 11: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The ED received 25 complaints in Q1, in line with the 25 received in Q4.</p> <p>Of these 25 complaints, 10 were in respect of clinical care and nine related to attitude and communication.</p>	<p>Although this looks like a large number of complaints, it represents a very small proportion of the 17,000 patients who accessed the service during this period.</p> <p>One complaint about clinical care is subject to an RCA investigation.</p>	<p>Continue to monitor numbers of complaints and review for any emerging themes.</p>
<p>There was an increase in complaints received by the Gastroenterology and Hepatology service in Q1, with 20 complaints compared with 11 in Q4 of 2015/16.</p> <p>11 of the complaints received by the service were in respect of appointments and admissions, with nine of those relating to cancelled or delayed appointments or procedures.</p> <p>Five complaints were received in respect of attitude and communication.</p>	<p>Patients complained about cancelled appointments and delays getting a follow up appointment following the industrial action by junior doctors. Some patients who had been booked onto the earlier strike dates were rebooked onto future strike dates (unknown at the time), therefore resulting in more than one cancellation for the same reason.</p> <p>Complaints were also received about delays in starting treatment for Hepatitis C treatment.</p> <p>The majority of the complaints received related to failure to respond to or answer telephone messages. This issue was highlighted as clinic coordinators' extension numbers had changed and the divert had been removed. There were also low staffing levels for a short period of time, resulting in delays returning calls.</p>	<p>Additional clinics requested and added where possible. There will be an additional Specialist Registrar running clinics from September 2016, increasing capacity for follow ups.</p> <p>Patients have been updated that we are currently restricted by NHS England on the number of patients the network can treat on a monthly basis – this is being challenged by the Trust.</p> <p>Telecoms have put the divert back on and have since removed an extension number so that messages cannot be left on it.</p>

<p>There was an overall increase in complaints received regarding clinical care, most notably with 17 of these being medical/surgical compared with eight in Q4 2015/16. Of the 17 cases, seven were in respect of the Emergency Department, with the remainder spread across a variety of departments.</p>	<p>All of these complaints have been analysed and no themes or trends emerged. Issues varied in nature and involved different medical and nursing teams.</p>	<p>Continue to monitor numbers of complaints and review for any emerging themes.</p>
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Figure 12: Medicine – formal and informal complaints received

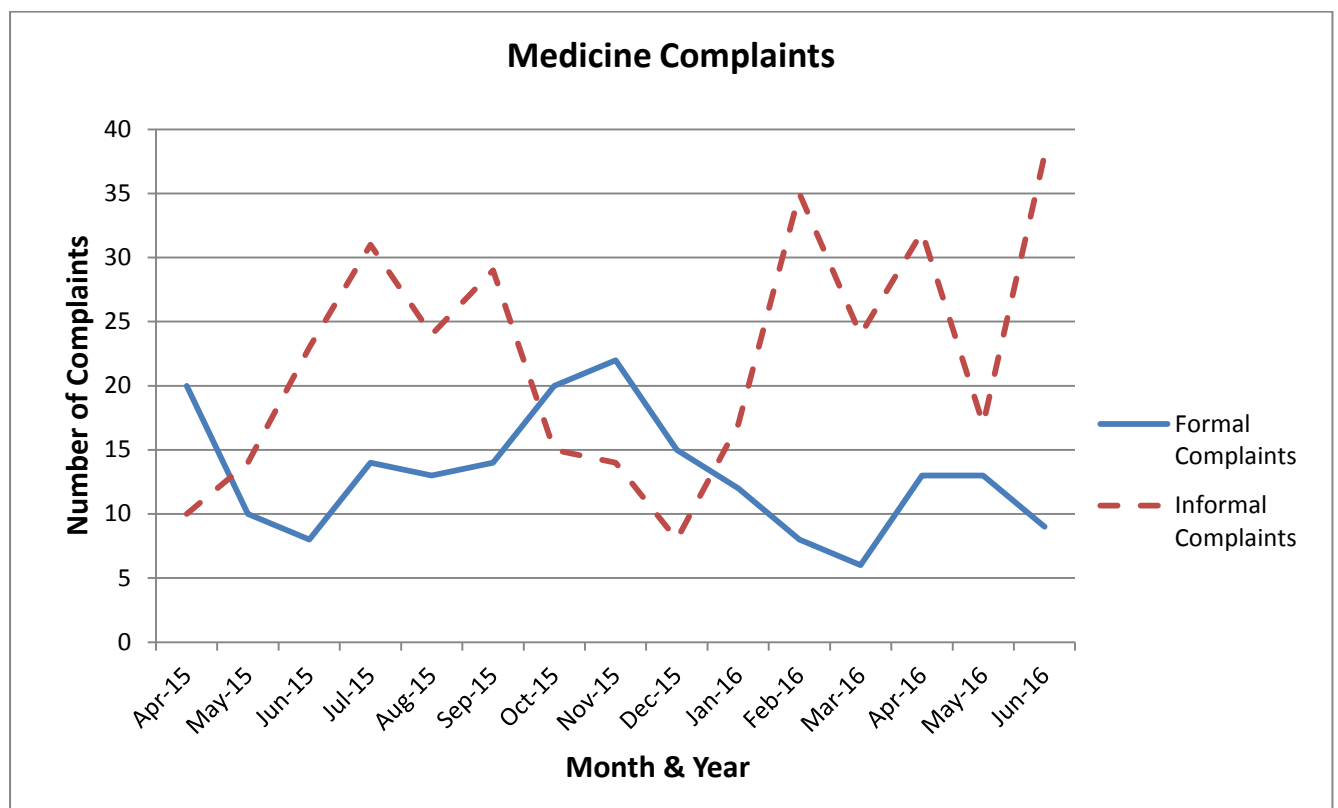
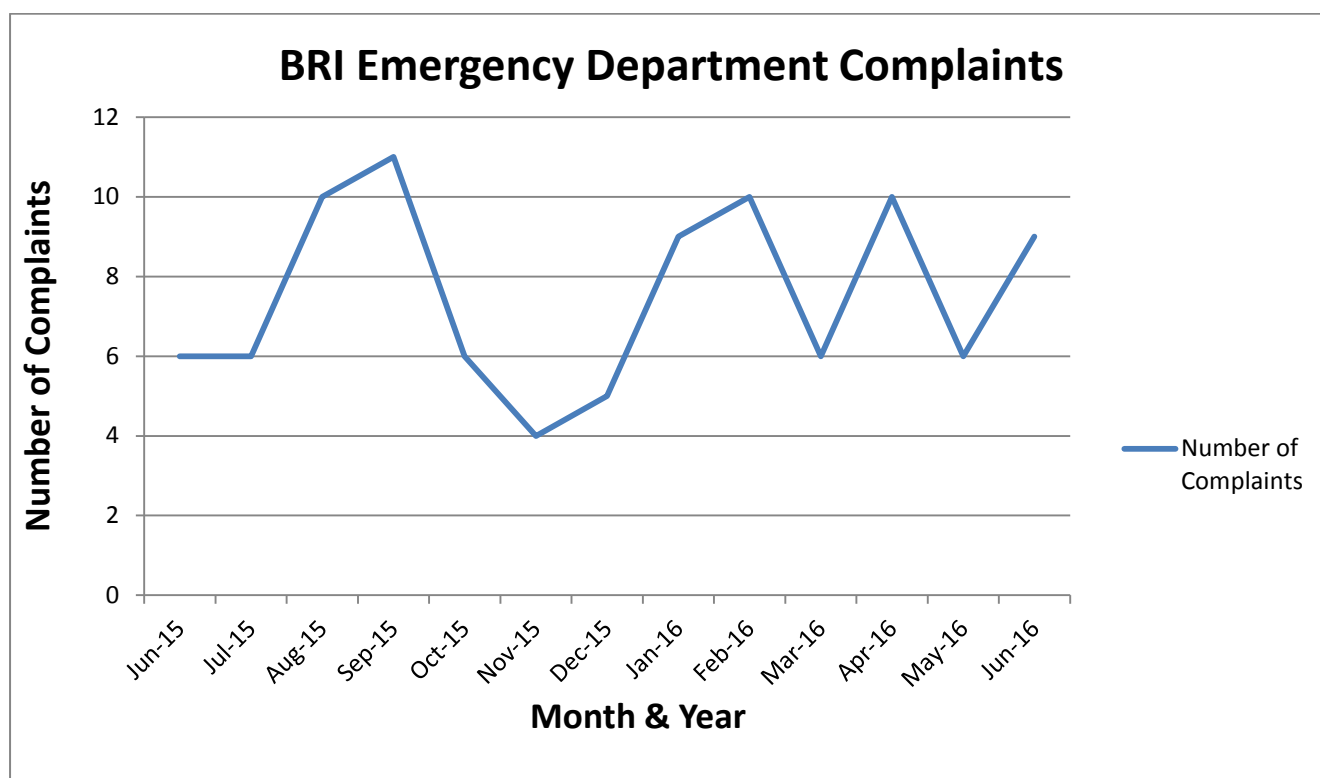


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q1, the Division saw the number of complaints received in respect of attitude and communication double to 22, compared with 11 in Q4 of 2015/16. Whilst complaints regarding the attitude of various staff groups remained low, there was an increase in complaints about waiting time for correspondence and communication with patients/relatives.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	18 (27.3%) ↓	21 (42.9%) =
Attitude & Communication	22 (33.3%) ↑	11 (22.4%) ↓
Clinical Care	18 (27.3%) ↑	14 (28.6%) ↓
Facilities & Environment	1 (1.5%) ↑	0 (0%) ↓
Information & Support	1 (1.5%) ↓	3 (6.1%) =
Discharge/Transfer/Transport	5 (7.6%)	
Documentation	1 (1.5%)	
Total	66	49

Table 13: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	17 ↑	16 ↑
Clinical Care (Medical/Surgical)	9 ↑	5 ↓
Communication with patient/relative	8 ↑	3 ↓
Attitude of Medical Staff	1 ↑	0 ↓
Attitude of Nursing/Midwifery	2 ↑	0 =
Attitude of Admin/Clerical Staff	0 ↓	1
Clinical Care (Nursing/Midwifery)	3 =	3 =
Failure to answer telephones	5 ↑	3 =

Table 14: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The number of complaints received in relation to attitude and communication increased from 11 in Q4 2015/16 to 22 in Q1.</p> <p>Of these 22 complaints, 10 were received by the Bristol Haematology & Oncology Centre and 12 were received by the Bristol Heart Institute.</p>	<p>Themes within the 22 complaints include:</p> <ul style="list-style-type: none"> delays in communication of test results to patients; unanswered telephone calls across Bristol Haematology and Oncology Centre and Bristol Heart Institute; and concerns raised regarding the communication of plans of care from nursing staff to patients during their cardiac surgery pathway and communication between medical staff and patients within oncology 	<p>A typing delay report is produced for each team of medical secretaries, detailing any typing tasks that are outstanding or overdue. These reports will be reviewed by the appropriate team leaders to ensure that typing takes place in a timely fashion within the Bristol Heart Institute so that test results are communicated in a more timely way.</p> <p>The Division is currently considering ways in which the Trust's telecommunications team and the Division can and highlight telephone numbers which are patient-facing within its records. This will help to identify which specific numbers are not being answered in a timely manner and any issues to be addressed.</p> <p>Patient stories within cardiac surgery will be shared and discussed at the Sisters'</p>

		<p>meeting and within clinical areas to facilitate reflection; medical staff have received feedback regarding the complaints which reflect their communication.</p> <p>The Division is also currently working with the patient experience team to roll out a patient-focused programme to improve communication between clinical staff and patients across the Division. It is proposed that this will be trialed within cardiac surgery.</p>
<p>There was an increase in the number of complaints received by Ward D603 at the Bristol Haematology & Oncology Centre, from zero complaints in Q4 of 2015/16 to six complaints in Q1.</p> <p>Of these six complaints, three were in respect of clinical care (medical/surgical), with one complaint each in respect of attitude of medical staff, clinical care (nursing) and communication with patient/relative.</p>	<p>Of the six complaints received by Ward D603, one related to the way in which medical staff communicated a patient's diagnosis and deteriorating condition and three reflected concerns raised regarding clinical care or decisions made by the medical staff.</p> <p>The two concerns categorised as nursing clinical care were respectively about cold conditions on the ward and the manner in which a patient was discharged.</p>	<p>The complaints which highlight concerns surrounding the communication and clinical care of medical staff are being addressed through specific action plans relating to the complaints. In addition, they are being reviewed and reflected upon by the clinical and managerial teams within Bristol Haematology and Oncology Centre to facilitate some reflection for individuals concerned.</p> <p>Nursing related concerns are being addressed through a project to be undertaken within the Division to improve discharge processes, and Estates have undertaken work upon the windows on Ward D603 to improve the temperature during the winter.</p>

Figure 14: Specialised Services – formal and informal complaints received

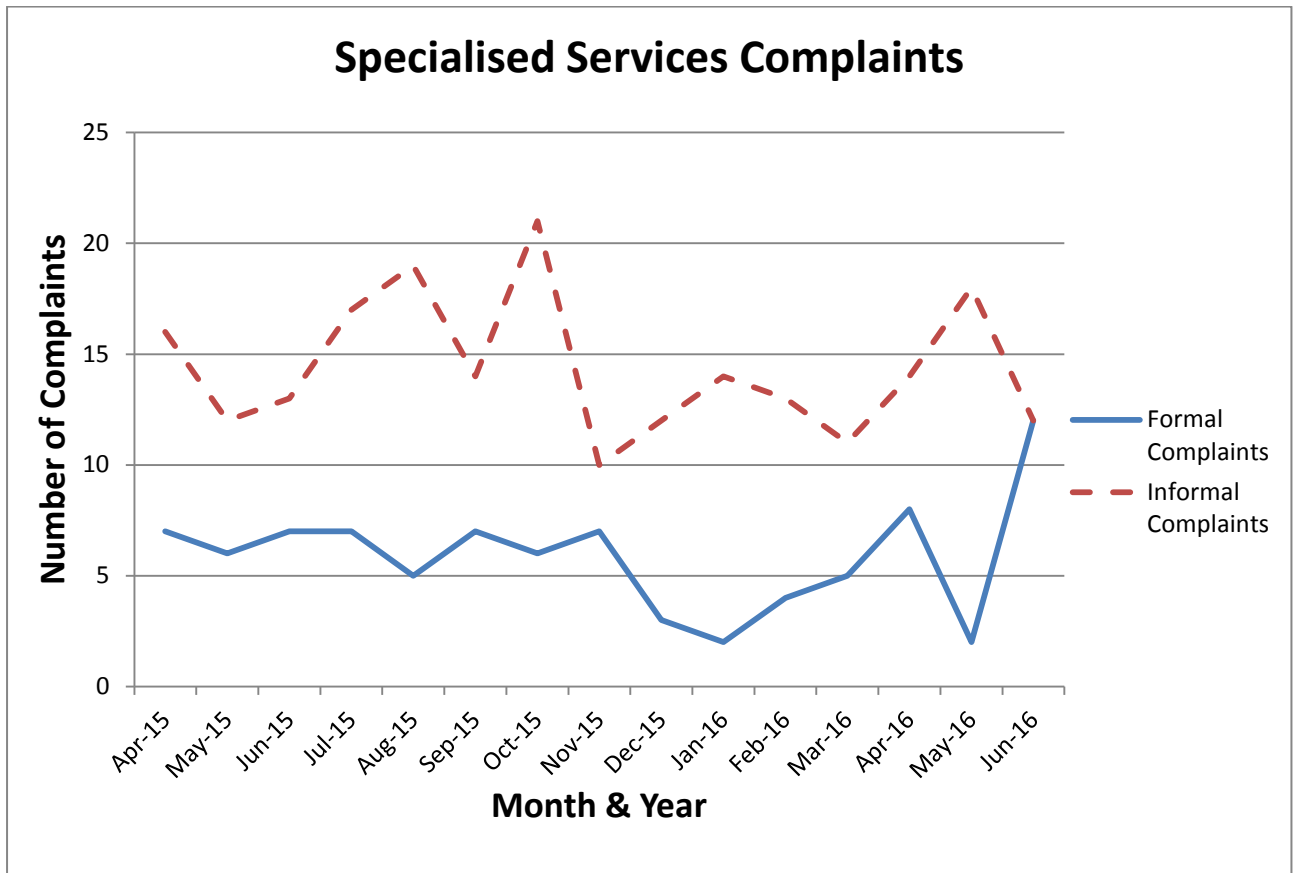
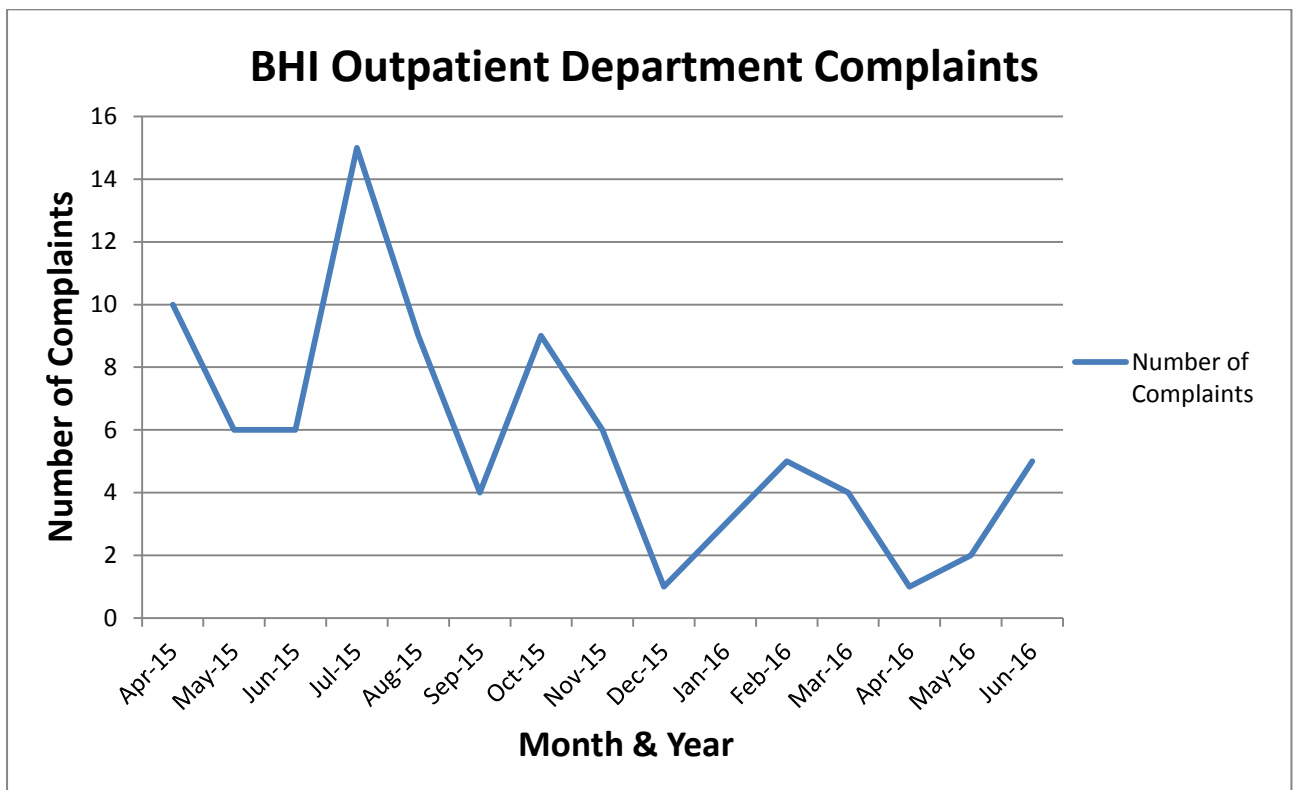


Figure 15: Complaints received by BHI Outpatients



3.2.4 Division of Women's and Children's Services

In Q1, the Division saw a significant decrease in complaints about attitude and communication; with 17 complaints under this category, compared with 30 in Q4 of 2015/16. There was however a sizeable increase in complaints relating to cancelled or delayed appointments and operations, with 27 complaints, compared with 12 in Q4. Whilst the number of complaints received under the category of 'appointments and admissions' has remained similar to Q4, a larger proportion of complaints in this category were about cancelled or delayed appointments and operations. Other sub-categories in this category - for example, administrative issues and admission arrangements - decreased in Q1.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	29 (34.5%) ↑	23 (26.4%) ↓
Attitude & Communication	17 (20.2%) ↓	30 (34.5%) ↑
Clinical Care	31 (36.9%) ↑	29 (33.3%) ↑
Facilities & Environment	1 (1.2%) ↓	2 (2.3%) =
Information & Support	4 (4.8%) ↑	3 (3.4%) ↑
Discharge/Transfer/Transport	2 (2.4%)	
Documentation	0 (0%)	
Total	84	87

Table 16: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	27 ↑	12 ↓
Clinical Care (Medical/Surgical)	15 ↑	12 =
Communication with patient/relative	3 ↓	18 ↑
Attitude of Medical Staff	5 ↑	2 ↓
Attitude of Nursing/Midwifery	1 ↓	3 ↑
Attitude of Admin/Clerical Staff	2 ↑	1
Clinical Care (Nursing/Midwifery)	5 ↓	10 ↑
Failure to answer telephones	2 ↑	1 =

Table 17: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>In Q1, the Division experienced an increased number of complaints relating to cancelled or delayed appointments and procedures. The number of complaints received was 27, compared with 12 in Q4 of 2015/16.</p> <p>Of these 27 complaints, 25 were received by the Bristol Royal Hospital for Children (BRHC) and two were received by St Michael's Hospital (STMH).</p> <p>Of the 25 complaints received by the BRHC, 20 were in respect of cancelled or delayed outpatient appointments, with six of these being received by the Paediatric Plastic Surgery service.</p>	<p>A recent review of the burns service (part of paediatric plastic surgery) has identified that demand for the service has exceeded capacity, leading to delays in appointments or treatment.</p>	<p>A monthly theatre list was implemented in July 2016 and should significantly reduce waiting times.</p>

Figure 16: Women & Children – formal and informal complaints received

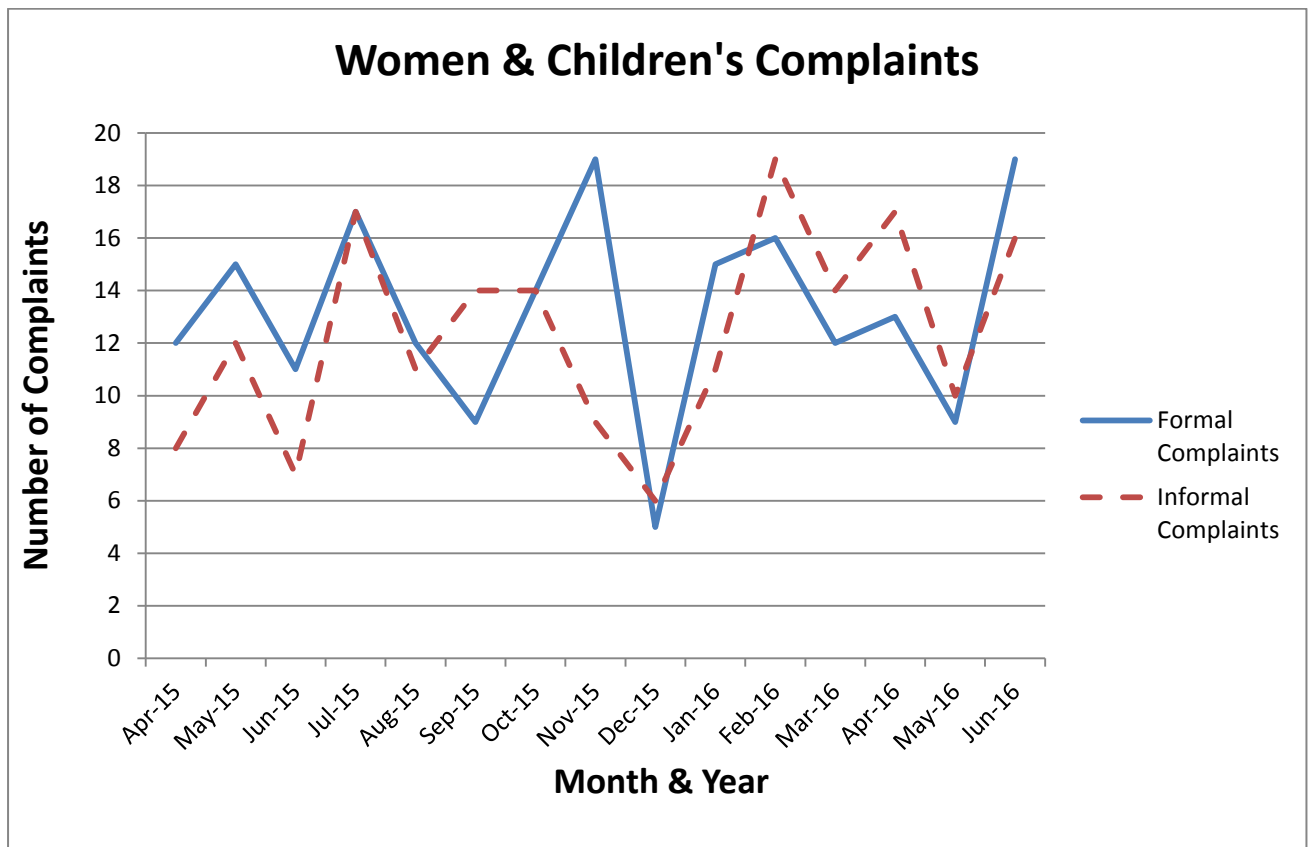
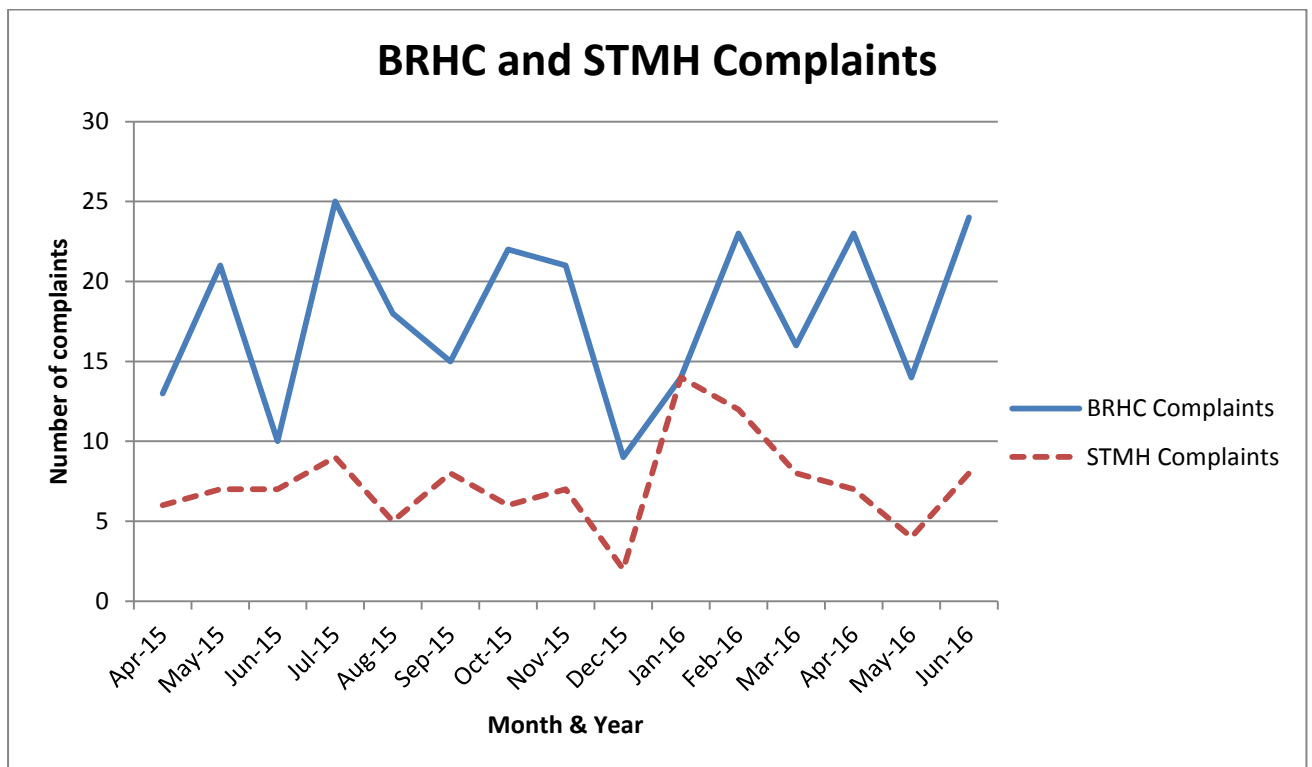


Figure 17: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



3.2.5 Division of Diagnostics & Therapies

In Q1, the Division saw an increase in complaints about the audiology service. There was a notable decrease in the number of complaints received in relation to attitude and communication and also in the number of complaints received by the radiology service.

Table 18: Complaints by category type

Category Type	Number and % of complaints received – Q1 2016/17	Number and % of complaints received – Q4 2015/16
Access	1 (4.2% of total complaints) ↑	0 (0% of total complaints)
Appointments & Admissions	7 (29.2%) ↑	6 (25%) =
Attitude & Communication	6 (25%) ↓	11 (45.8%) ↑
Clinical Care	7 (29.2%) ↑	6 (25%) ↓
Facilities & Environment	3 (12.5%) ↑	0 (0%) ↓
Information & Support	0 (0%) ↓	1 (4.2%) =
Discharge/Transfer/Transport	0 (0%)	
Documentation	0 (0%)	
Total	24	24

Table 19: Top sub-categories

Category	Number of complaints received – Q1 2016/17	Number of complaints received – Q4 2015/16
Cancelled or delayed appointments and operations	5 ↓	6 ↑
Clinical Care (Medical/Surgical)	3 ↑	2 ↑
Communication with patient/relative	0 ↓	4 ↑
Attitude of Medical Staff	1 ↑	0 ↓
Attitude of Nursing/Midwifery	0 =	0 ↓
Attitude of Admin/Clerical Staff	0 ↓	1
Clinical Care (Nursing/Midwifery)	1 ↑	0 =
Failure to answer telephones	4 ↑	2 ↑

Table 20: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The audiology service received six complaints in Q1, compared with three in Q4 of 2015/16.</p> <p>Three of these complaints were in respect of failure to answer telephones/failure to respond and there was one each in respect of cancellation of an appointment, access to premises and attitude of medical staff.</p>	<p>Of the six complaints received, one was formal and related to wheelchair access at Southmead Hospital (part of North Bristol NHS Trust), where some UH Bristol audiology clinics are hosted.</p> <p>In terms of the complaints relating to unanswered calls, in one of those cases the complainant did not have up to date contact details for the department and had contacted the North Bristol Trust (NBT) switchboard, who registered the complaint with the UH Bristol complaints team.</p> <p>The two other complaints related to issues in contacting the department following an NBT network crash. The department's whole system went down, resulting in the phone line being unavailable for several hours.</p>	<p>The complainant had raised an informal complaint during Q4 and at that time, the Audiology Department had raised the issues with NBT. This matter was raised again with NBT following receipt of the formal complaint. The access issue relates to the door access and NBT are reviewing potential solutions with their building contractor.</p> <p>The Audiology Department contacted the complainant and advised that the web page needed to be updated at NBT – they also contacted NBT to request that they update their web page (having previously already requested this).</p> <p>Normal service resumed when the telephone system came back on-line. The issue was outside the control of the Audiology Department.</p>

Figure 18: Diagnostics and Therapies – formal and informal complaints received

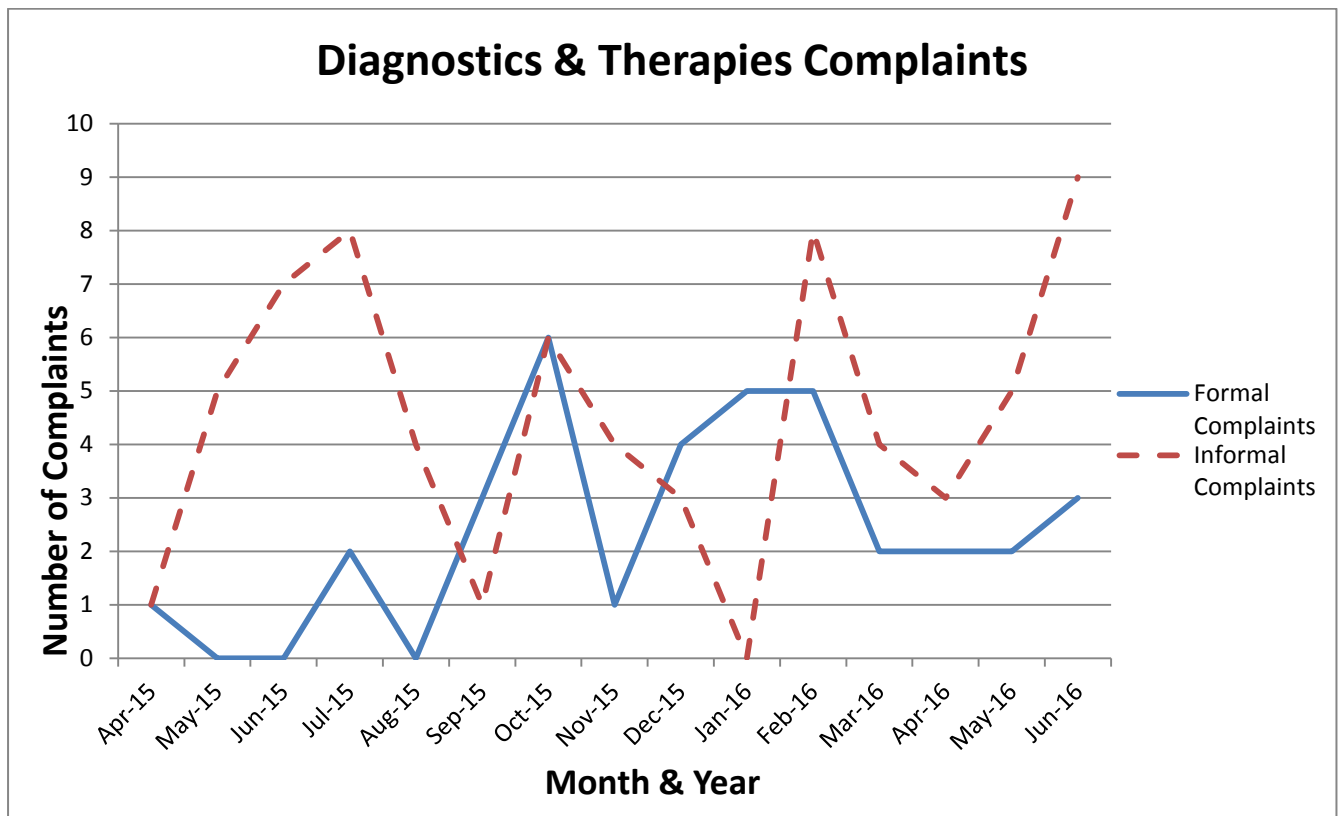
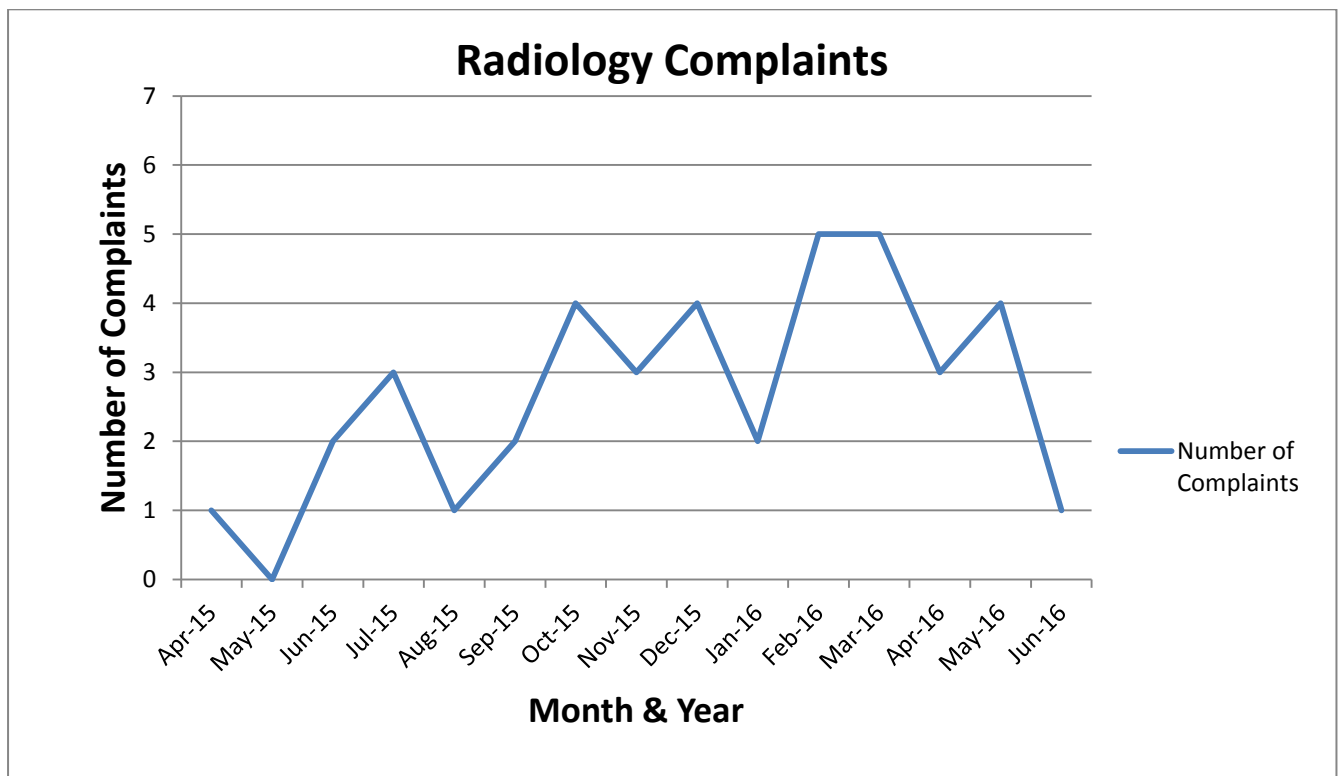


Figure 19: Complaints received by Radiology (Trustwide)



3.3 Complaints by hospital site

Of those complaints with an identifiable site, the breakdown by hospital is as follows:

Table 21: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q1 2016/17	Number and % of complaints received in Q4 2015/16
Bristol Royal Infirmary (BRI)	228 (43.8% of total complaints)	209 (43.9% of total complaints)
Bristol Eye Hospital (BEH)	46 (8.9%)	52 (10.9%)
Bristol Dental Hospital (BDH)	46 (8.9%)	44 (9.2%)
St Michael's Hospital (StMH)	37 (7.1%)	52 (10.9%)
Bristol Heart Institute (BHI)	50 (9.6%)	45 (9.5%)
Bristol Haematology & Oncology Centre (BHOC)	22 (4.2%)	10 (2.1%)
Bristol Royal Hospital for Children (BRHC)	62 (11.9%)	59 (12.4%)
South Bristol Community Hospital (SBCH)	10 (1.9%)	5 (1.1%)
UH Bristol off site services ⁶	19 (3.7%)	0
Total	520	476

Table 22 below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints each hospital site receives is broadly in line with its proportion of attendances. For example, in Q1, BRI accounted for 30.6% of all attendances and 43.8% of all complaints.

Table 22: Complaints rates by hospital site

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	228	60,667	0.38%	30.6%	43.8%
BEH	46	31,946	0.14%	16.1%	8.8%
BDH	46	20,987	0.22%	10.6%	8.8%
StMH	37	21,654	0.17%	10.9%	7.1%
BHI	50	4,924	1.02%	2.5%	9.6%
BHOC	22	18,400	0.12%	9.3%	4.2%
BRHC	62	32,639	0.19%	16.5%	11.9%
SBCH	10	7,100	0.14%	3.6%	1.9%
Total	501	198,317	0.25%		

This analysis shows that Bristol Royal Infirmary and Bristol Heart Institute continue to receive the highest rates of complaints and that they both receive a disproportionately high volume of complaints compared to their share of patient activity.

⁶ UH Bristol off site services includes clinics held at other sites, e.g. the ENT clinic at Southmead and community services such as community midwifery. These complaints are not included in Table 22 as patient attendance data is not available for them.

3.4 Complaints responded to within agreed timescale

All of the clinical Divisions reported breaches in Q1, totalling 34 breaches, which is a slight increase on the 31 breaches recorded in Q4 and a significant improvement on the 65 breaches reported in Q3. The table below shows how these breaches were broken down by Division. Table 23 indicates a recent pattern of reductions in breached deadlines in the Divisions of Surgery, Head & Neck and Specialised Services.

Table 23: Breakdown of breached deadlines

Division	Q1 (2016/17)	Q4 2015/16	Q3 2015/16	Q2 2015/16
Surgery, Head & Neck	6 (14.6%)	10 (24.4%)	16 (31.4%)	12 (22.6%)
Medicine	12 (36.4%)	10 (28.6%)	18 (48.6%)	3 (8.8%)
Specialised Services	2 (15.4%)	3 (23.1%)	8 (36.4%)	6 (30%)
Women & Children	12 (30.8%)	8 (34.8%)	21 (65.6%)	2 (5.1%)
Diagnostics & Therapies	2 (18.2%)	0 (0%)	2 (22.2%)	0 (0%)
All	34 breaches	31 breaches	65 breaches	23 breaches

(So, as an example, there were 12 breaches of timescale in the Division of Medicine in Q1, which constituted 36.4% of the complaints responses that had been due in that Division in Q1).

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

Table 24: Source of delays

	Source of delays in Q1 2016/17				Totals
	Division	PSCT	Executive sign-off	Other	
Surgery, Head & Neck	5	1	0	0	6
Medicine	5	5	1	1	12
Specialised Services	2	0	0	0	2
Women & Children	8	2	2	0	12
Diagnostics & Therapies	0	1	0	1	2
All	20	9	3	2	34 breaches

Although the majority of responses were prepared by the Division within the time agreed (130 out of 144 responses or 90.3%), the need for changes/improvements following executive review led to 20 cases breaching the deadline by which they were sent to the complainant. Therefore only 75.7% of responses were actually sent out on time, against a target of 95%.

The nine breaches of deadline by the PSCT in Q1 have been reviewed by the PSCT Manager and are attributable to service capacity.

Actions being taken to improve the quality of responses and reduce the number of breaches include:

- All response letters received from Divisions are checked by the caseworker managing the complaint and then reviewed by the Patient Support & Complaints Manager prior to Executive sign-off.

- A random selection of complaint responses are also reviewed by the Head of Quality (Patient Experience & Clinical Effectiveness) prior to Executive sign-off.
- Training aimed at improving the quality of written complaint responses is being rolled out to all Divisions, with two sessions having already been delivered at the time of writing this report.
- Standard Operating Procedures (SOPs) have been produced in respect of the process for checking and signing off response letters and for the escalation of more serious or complex complaints for Executive review.
- During Q4, the process was changed to allow seven working days for the review and sign-off process. This has resulted in a reduction in the number of breaches from 65 in Q3 to 31 in Q4 and 34 in Q1.

4. 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, including:

- Non-clinical information and advice;
- A contact point for patients who wish to feedback a compliment or general information about the Trust's services;
- Support for patients with additional support needs and their families/carers; and
- Signposting to other services and organisations.

In Q1, the team dealt with 257 such enquiries, compared to 135 in Q4. These enquiries can be categorised as:

- 121 requests for advice and information (95 in Q4)
- 129 compliments (37 in Q4)⁷
- 7 requests for support (3 in Q4)

The table below shows a breakdown of the 128 requests for advice, information and support dealt with by the team in Q4.

Table 25: Enquiries by category

Category	Number of enquiries
Information about patient	19
Hospital information request	16
Medical records requested	13
Clinical information request	12
Signposting	9
Freedom of information request	6
Emotional support	5
Clinical care	5
Support with access	5
Accommodation enquiry	4
Expenses claim	3
Transport request	3
Employment and volunteering	3

⁷ In Q1, this figure includes compliments added directly to the Datix system by Divisions.

Admissions arrangements	2
Benefits and social care	2
Transfer arrangements	2
Attitude of staff	2
Car parking	2
Discharge arrangements	2
Laundry	1
Disability support	1
Communication with patient/relative	1
Travel arrangements	1
Complaints handling	1
Wayfinding	1
Appointment letter not received	1
Appointments administration issues	1
Follow-up treatment	1
Medication not received	1
Personal property	1
Waiting time for correspondence	1
Patient choice information	1
Total	128

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

One of the Key Performance Indicators (KPIs) used by the Patient Support and Complaints Team is the length of time between receipt of a complaint and sending an acknowledgement.

The Trust's Complaints and Concerns Policy states that when the Patient Support and Complaints Team reviews a complaint following receipt:

- a risk assessment will be carried out;
- agreement will be reached with the complainant about how we will proceed with their complaint and a timescale for doing so;
- The appropriate paperwork will be produced and sent to the Divisional Complaints Coordinator for investigation; and
- an acknowledgement letter confirming how the complaint will be managed will be sent to the complainant.

In line with the NHS Complaints Procedure (2009), the Trust's policy states that this review will take place within three working days of receipt of written complaints (including emails), or within two working days of receipt of verbal complaints (including PSCT voicemail).

In Q1, 270 complaints were received verbally and 250 were received in writing.

Of the 270 verbal complaints, 256 (94.8%) were acknowledged within two working days. The remaining 14 cases were all acknowledged within three working days.

Of the 250 written complaints, 239 (95.6%) were acknowledged within three working days. The remaining 11 cases were all acknowledged within four working days.

6. PHSO cases

During Q1, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in any seven complaints, compared to five in Q4 and five in Q3. It should be noted however that four of these cases have been investigated and closed quickly by the PHSO and have not been upheld; these cases are therefore shown in Table 28 as closed cases (18986, 20474, 18248 and 18055). Tables 26 to 28 list these new cases, cases with existing PHSO interest and cases now closed by the PHSO. Of the seven cases that were closed in Q1, none were upheld.

Table 26: New PHSO cases

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
17763	AP-S	CW	16/01/2015	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Copy of complaint file and medical records sent to PHSO. Draft report received. UH Bristol consultants currently in discussion with PHSO's clinical adviser regarding the draft report and a difference of opinion within the report.						
18479	NK		09/04/2015	BEH	Outpatients	Surgery, Head & Neck
Copy of complaint file and medical records sent to PHSO. Currently awaiting further contact/report from PHSO.						
14561	HB	PB	05/12/2013	STMH	ENT	Surgery, Head & Neck
Copy of complaints file and medical records sent to PHSO. Further information/records requested by PHSO on 16 August 2016, which will be sent to them as soon as available.						

Table 27: Existing PHSO cases

16474		CM	05/08/2014	BRI	Ward A604	Surgery, Head & Neck
PHSO draft report received 9 August 2016 advising that they are not upholding the complaint. The Trust has confirmed its agreement with the report and we are currently awaiting the final report.						
17173	DF	DJ	29/10/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Currently awaiting further contact from the PHSO.						
18315	SOC		19/03/2015	BRI	Rheumatology	Medicine
The complainant has added further to his complaint to the PHSO. Currently awaiting further contact from the PHSO.						
18318	SOC		27/03/2015	BRI	Adult Therapy	Diagnostics & Therapies
See case 18315 above – complaints being dealt with together by PHSO.						
18856	SC	VP	22/05/2015	BRI	Ward B501	Medicine
Contacted by PHSO in February 2016. Copy of complaints file and medical records sent to PHSO. Further information requested by and sent to PHSO in July 2016. Currently waiting to hear further from PHSO.						
19541	AA	LA	13/08/2015	BRI	Gastroenterology	Medicine

					& Hepatology	
Contacted by PHSO in March 2016. Copy of complaints file and medical records sent to PHSO. Further information requested by and sent to PHSO in July 2016. Currently waiting to hear further from PHSO.						
15534	AN		22/04/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in March 2016. Copy of complaints file and medical records sent to PHSO. Advised in July 2016 by PHSO that they expect to be in a position to provide their draft report by early September 2016.						

Table 28: Closed PHSO cases

18986	NT	ST	08/06/2015	BRI	Ward A900	Medicine
PHSO's final report received 4 August 2016 advising that they were not upholding the complaint and that they have advised the complainant accordingly.						
20474	NH		04/12/2015	BRI	X-ray (Adult)	Diagnostics & Therapies
PHSO's report received 27 June 2016 confirming that they were not upholding the complaint. Recommendation that all future correspondence with patient is in large font and this has been noted on patient's records.						
18248	LH	SH	10/03/2015	BHOC	Chemo Day Unit/Outpatients	Specialised Services
Notification received from PHSO on 21 June 2016 that patient had decided that she was happy with the Trust's response to her complaint and they have therefore closed the case.						
18055	DH		18/02/2015	BEH	Outpatients	Surgery, Head & Neck
PHSO report received 8 August 2016 confirming that they were not upholding the complaint and that they have notified the complainant accordingly.						
18420	MW		31/03/2015	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
PHSO draft report received 14 March 2016 stating that they did not uphold the complaint. However, the patient appealed this decision. The PHSO confirmed on 9 June 2016 that they had reviewed the case and stood by their decision not to uphold the complaint. The Trust subsequently wrote to the complainant explaining the current situation with regards to his ongoing treatment.						
16977	LG	KG	30/09/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
PHSO's final report received 18 July 2016 advising that they were not upholding the complaint and that they have notified the complainant accordingly.						
16841	JA	RA	17/09/2014	BHOC	Ward D603	Specialised Services
PHSO's final report received 3 June 2016 confirming that they were not upholding the complaint and that they have advised the complainant of their decision.						

7. Protected Characteristics

We are unable to report on protected characteristics in Q1 2015/16 as the information held on the new Datix system, which is now used to record complaints, does not match the information held on Medway and is therefore not transferring across. This issue is currently being investigated by the Trust's Risk Management Team, which is responsible for the Datix system.