

Complaints Report

Quarter 2, 2016/2017

(1st July 2016 to 30th September 2016)

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Overview

| Successes | Priorities |
|---|---|
| <ul style="list-style-type: none"> The number of complaints received in Q2 represents a very slight decrease of 0.6% compared to Q1 but a more significant 7.7% decrease on the corresponding period one year previously. In Q2, 88.1% of responses were posted within the agreed timescale, compared to 76.2% in Q1 and 74.6% in Q4 (2015/16). The majority of complaints continue to be resolved by the Trist informally. Complaints about the following reduced in Q2: staff attitude and communication; cancelled and delayed operations; lower GI surgery; ear nose and throat surgery; gastroenterology and hepatology; paediatric plastic surgery; and Ward 78 at St Michael's Hospital. The long-term downwards trend in complaints about Bristol Eye Hospital also continued in Q2. | <ul style="list-style-type: none"> To continue to implement learning arising from the complaints and incidents delivery group following the independent review of children's cardiac services, including strengthening the patient/family voice within the complaint process. To retain an ongoing focus on delivery of training to senior divisional staff about conducting complaints investigations and writing effective responses. To review coding procedures within the Patient Support and Complaints Team to ensure that complaints are consistently assigned to the most appropriate categories and sub-categories. |
| Opportunities | Risks & Threats |
| <ul style="list-style-type: none"> To establish a new complaint review panel in early 2017, incorporating learning from Salford Royal and NBT. This panel will include retrospective review of a proportion of dissatisfied complaints in order to improve shared learning from these cases. To work with the Patients Association to develop a potential model for exceptional external investigation or review of high-risk complaints. This work will commence in early 2017 with an invited focus group of previous dissatisfied complainants. To apply further learning from: the recent NHS Improvement review of the complaints service (report awaited); the recent Care Quality Commission inspection (report awaited) and the forthcoming internal audit of learning from complaints. | <ul style="list-style-type: none"> The proportion of complainants who tell us that they are dissatisfied with our formal complaint investigation response has been above (worse than) our amber performance threshold for three consecutive reporting months. Although this amounts to small numbers of cases in absolute terms (in July, we breached our amber target by one case; in August, by two cases), it does not represent the level of performance that we are striving to achieve. Complaints about the following increased in Q2: trauma and orthopaedics; and the division of Specialised Services including the GUCH (Grown up congenital heart disease) service. |

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 517 complaints in Q2, which equates to 0.27% 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 Q2 represents a very slight decrease of 0.6% compared to Q1 and a 7.7% decrease 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 Q2, 88.1% of responses were posted within the agreed timescale, compared to 76.2% in Q1 and 74.6% in Q4 (2015/16). This represents 16 breaches out of 134 formal complaints which were due to receive a response during Q2². Figure 4 shows the Trust's performance in responding to complaints since July 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

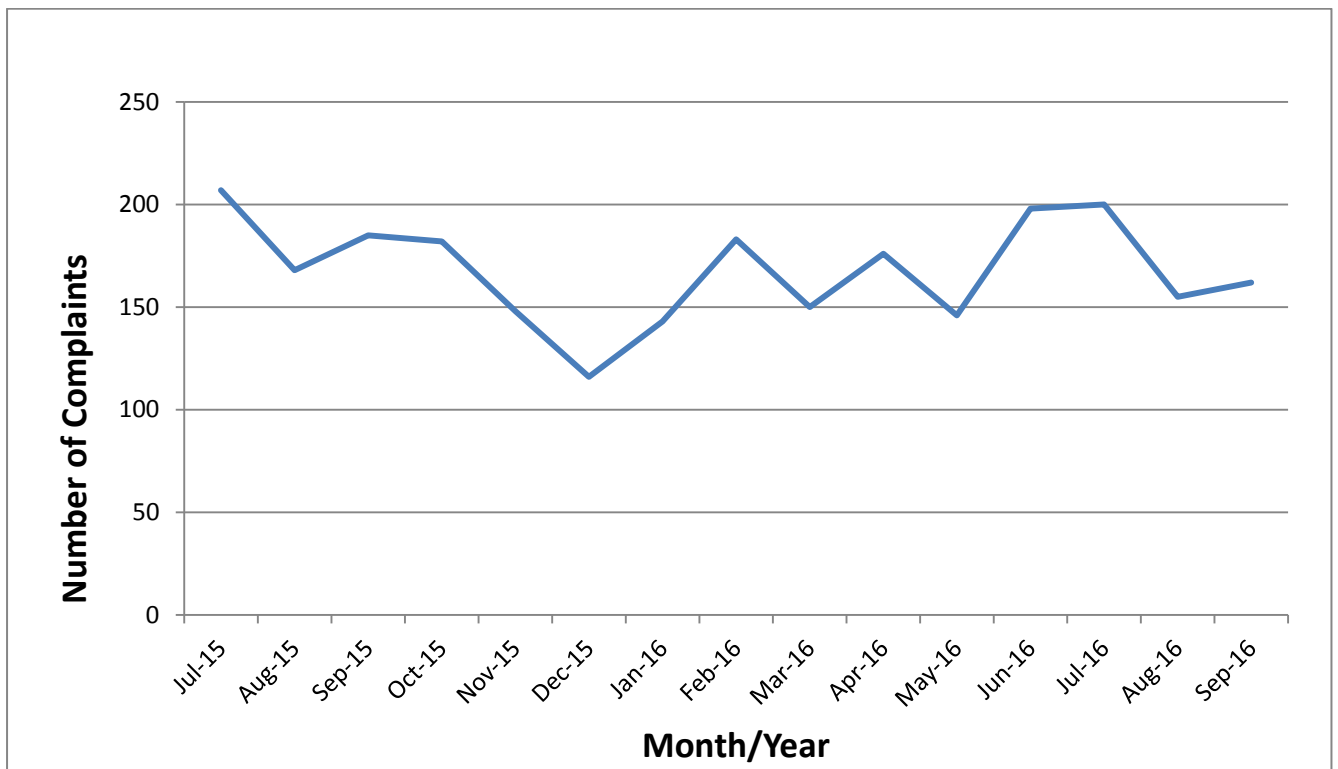


Figure 2: Complaints received, as a percentage of patient activity

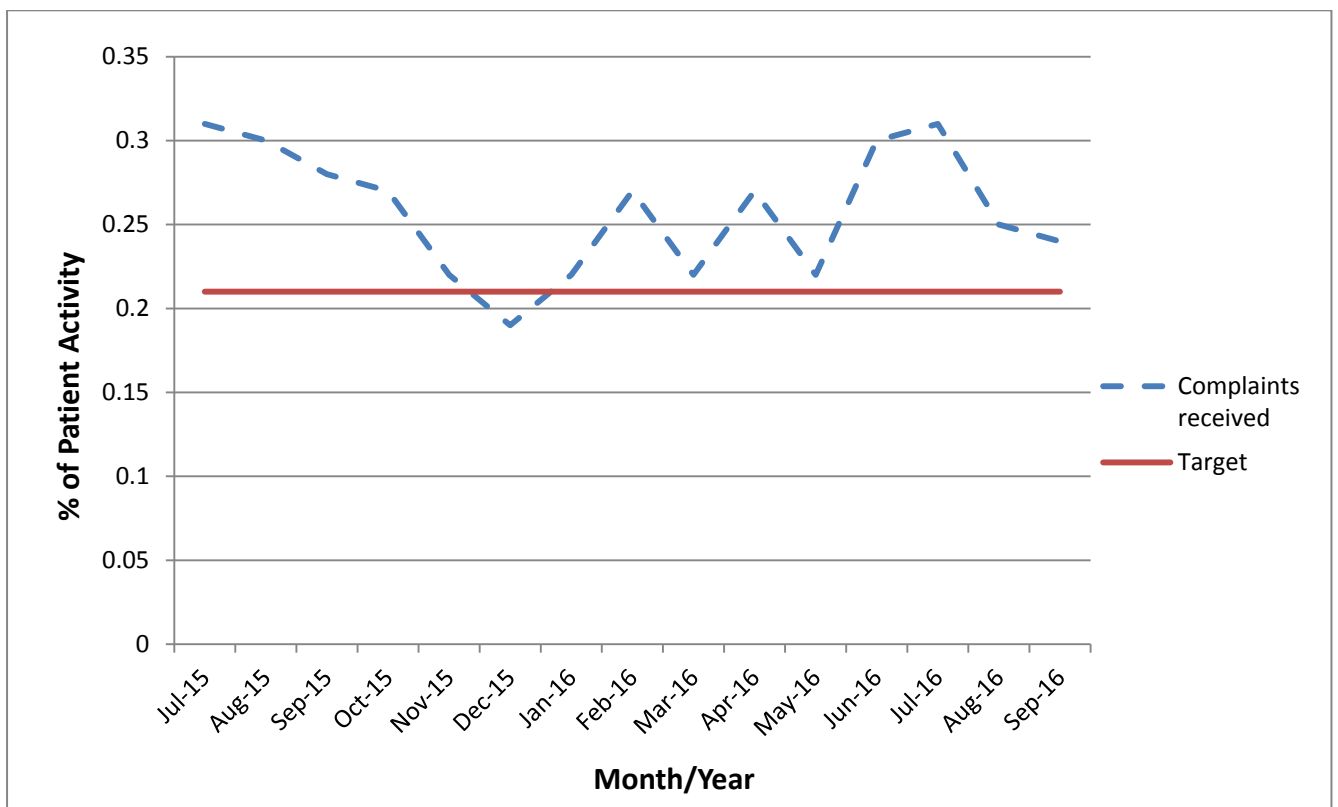


Figure 3: Numbers of formal v informal complaints

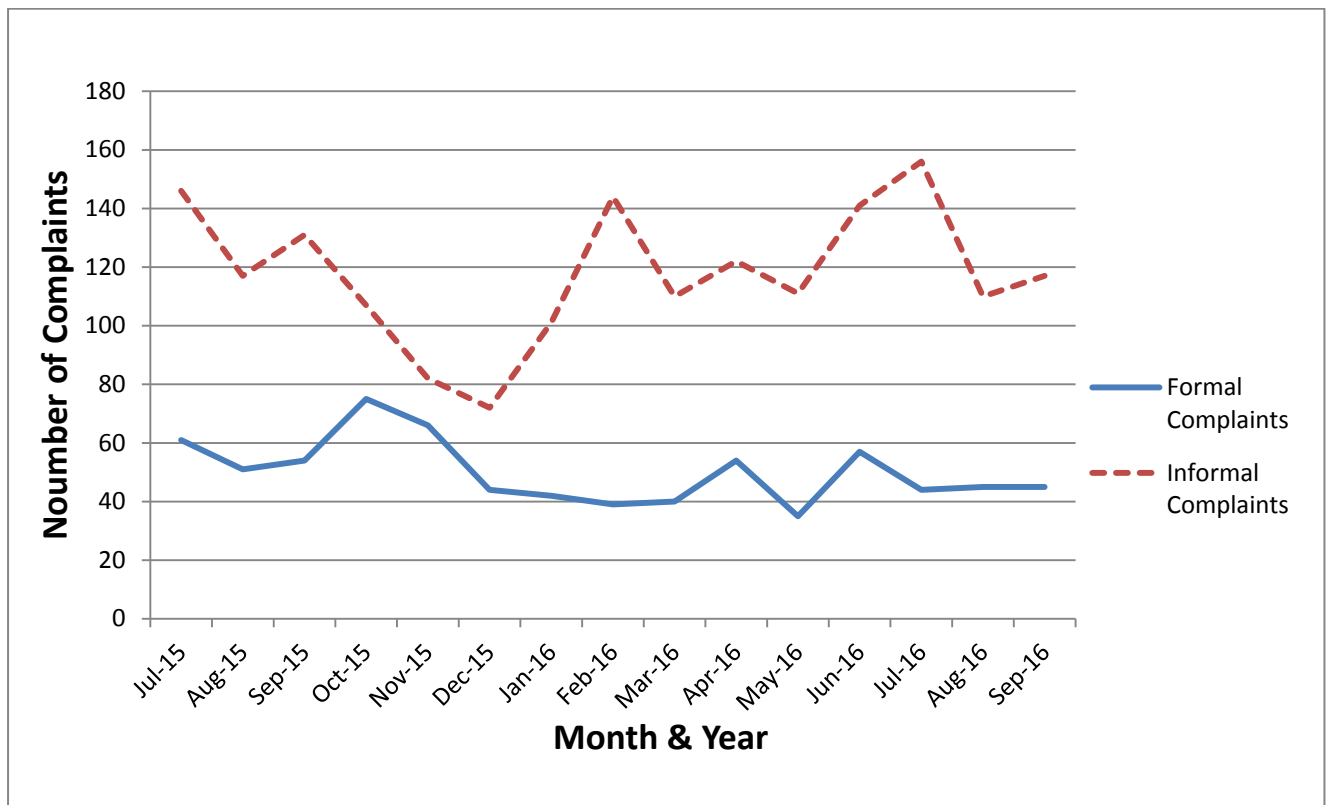


Figure 4: Percentage of complaints responded to within agreed timescale

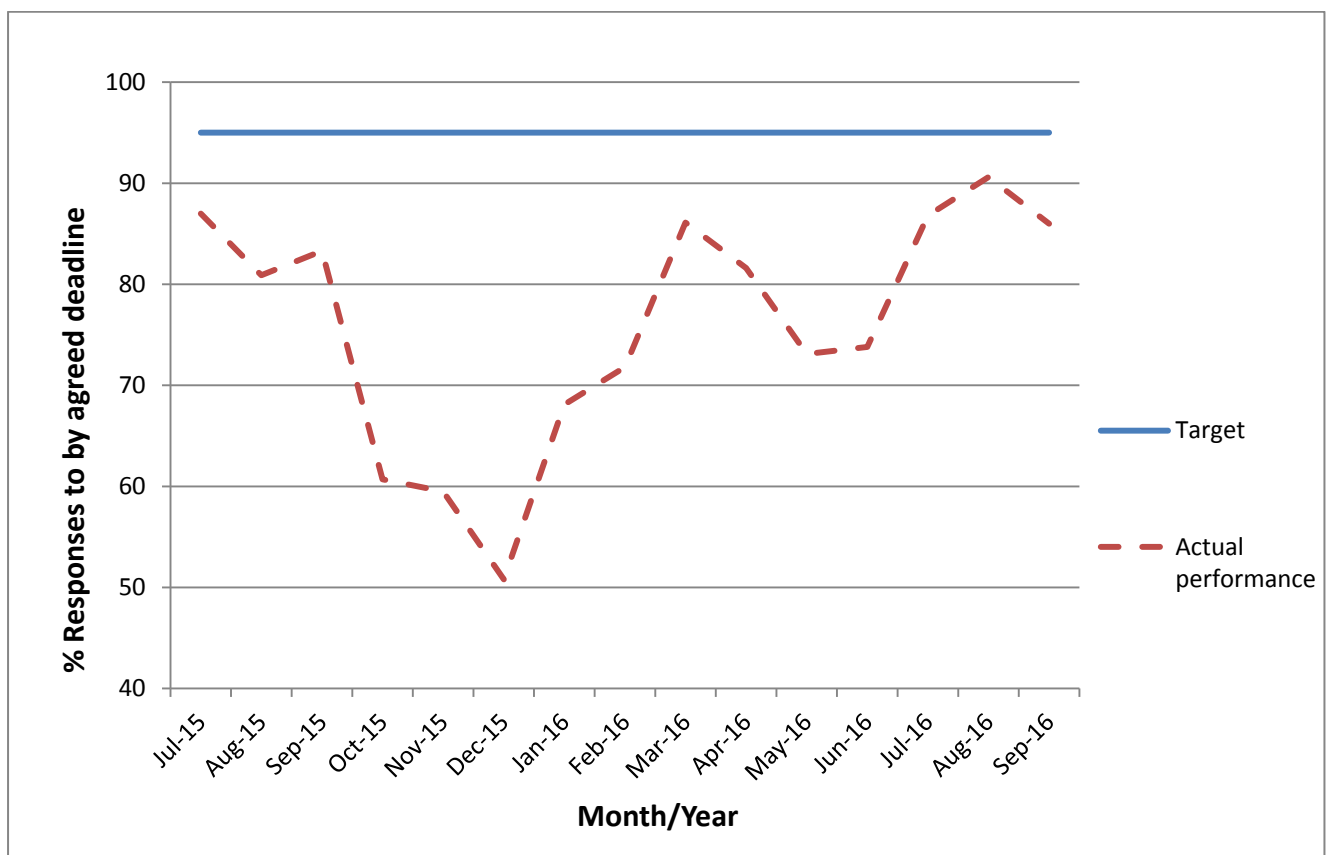


Table 1: Complaints performance

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

| | | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 |
|---|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total complaints received (inc. TS and F&E from April 2013) | TOTAL | 185 | 182 | 148 | 116 | 143 | 183 | 150 | 176 | 146 | 198 | 200 | 155 | 162 |
| | Formal | 54 | 75 | 66 | 44 | 42 | 39 | 40 | 54 | 35 | 57 | 44 | 45 | 45 |
| | Informal | 131 | 107 | 82 | 72 | 101 | 144 | 110 | 122 | 111 | 141 | 156 | 110 | 117 |
| <i>Number and % of complaints per patient attendance in the month</i> | % | 0.28% | 0.27% | 0.22% | 0.19% | 0.22% | 0.27% | 0.22% | 0.27% | 0.22% | 0.30% | 0.31% | 0.25% | 0.24% |
| | Complaints | 185 | 182 | 148 | 116 | 143 | 183 | 150 | 176 | 146 | 198 | 200 | 155 | 162 |
| | Attendances | 66,285 | 68,131 | 67,434 | 61,126 | 63,582 | 68,391 | 67,932 | 64,750 | 66,973 | 66,816 | 63,580 | 63,073 | 67,371 |
| <i>% responded to within the agreed timescale (i.e. response posted to complainant)</i> | % | 83.3% | 60.7% | 59.5% | 50.8% | 68.1% | 71.8% | 86.1% | 80.0% | 73.1% | 73.8% | 86.8% | 90.6% | 86.0% |
| | Within timescale | 40 | 34 | 25 | 32 | 32 | 28 | 31 | 40 | 38 | 31 | 33 | 48 | 37 |
| | Total | 48 | 56 | 42 | 63 | 47 | 39 | 36 | 49 | 52 | 42 | 38 | 53 | 43 |
| <i>% responded to by Division within required timescale for executive review</i> | % | 95.8% | 80.4% | 81.0% | 90.5% | 91.5% | 84.6% | 100% | 86.0% | 92.3% | 92.9% | 89.5% | 94.3% | 81.4% |
| | Within timescale | 45 | 45 | 34 | 57 | 43 | 33 | 36 | 43 | 48 | 39 | 34 | 50 | 35 |
| | Total | 48 | 56 | 42 | 63 | 47 | 39 | 36 | 50 | 52 | 42 | 38 | 53 | 43 |
| Number of breached cases where the breached deadline is attributable to Division | Attributable to Division | 2 | 7 | 7 | 20 | 12 | 10 | 5 | 3 | 8 | 7 | 4 | 4 | 4 |
| | Total Breaches | 8 | 22 | 17 | 31 | 15 | 11 | 5 | 9 | 14 | 11 | 5 | 5 | 6 |
| Number of extensions to originally agreed timescale (formal investigation process only) | | 10 | 23 | 13 | 26 | 21 | 14 | 25 | 21 | 8 | 11 | 15 | 18 | 12 |
| <i>% of complainants dissatisfied with response and case re-opened</i> | % | 16.7% | 10.7% | 4.8% | 7.9% | 6.4% | 7.7% | 8.3% | 8.0% | 9.6% | 16.7% | 10.5% | 13.2% | - |
| | Reopened Dissatisfied | 8 | 6 | 2 | 5 | 3 | 3 | 3 | 4 | 5 | 7 | 4 | 7 | - |
| | Total Responses Due | 48 | 56 | 42 | 63 | 47 | 39 | 36 | 50 | 52 | 42 | 38 | 53 | - |

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 in 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 Q2, we are only able to report on the months of July and August, as the September data had not yet been confirmed at the time of writing this report. Of the 91 responses sent out in July and August 2016, and by the cut-off point of mid-November 2016 (the date on which the dissatisfied data for August 2016 was finalised); 11 people had contacted us to say they were dissatisfied. This represents 12.1% of the responses sent out during this period.

In Q1, a total of 143 responses were sent out. 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 with our response. This represented 11.2% of the responses sent out and was an increase on the 7.4% (10 of 161) reported in Q4.

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

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

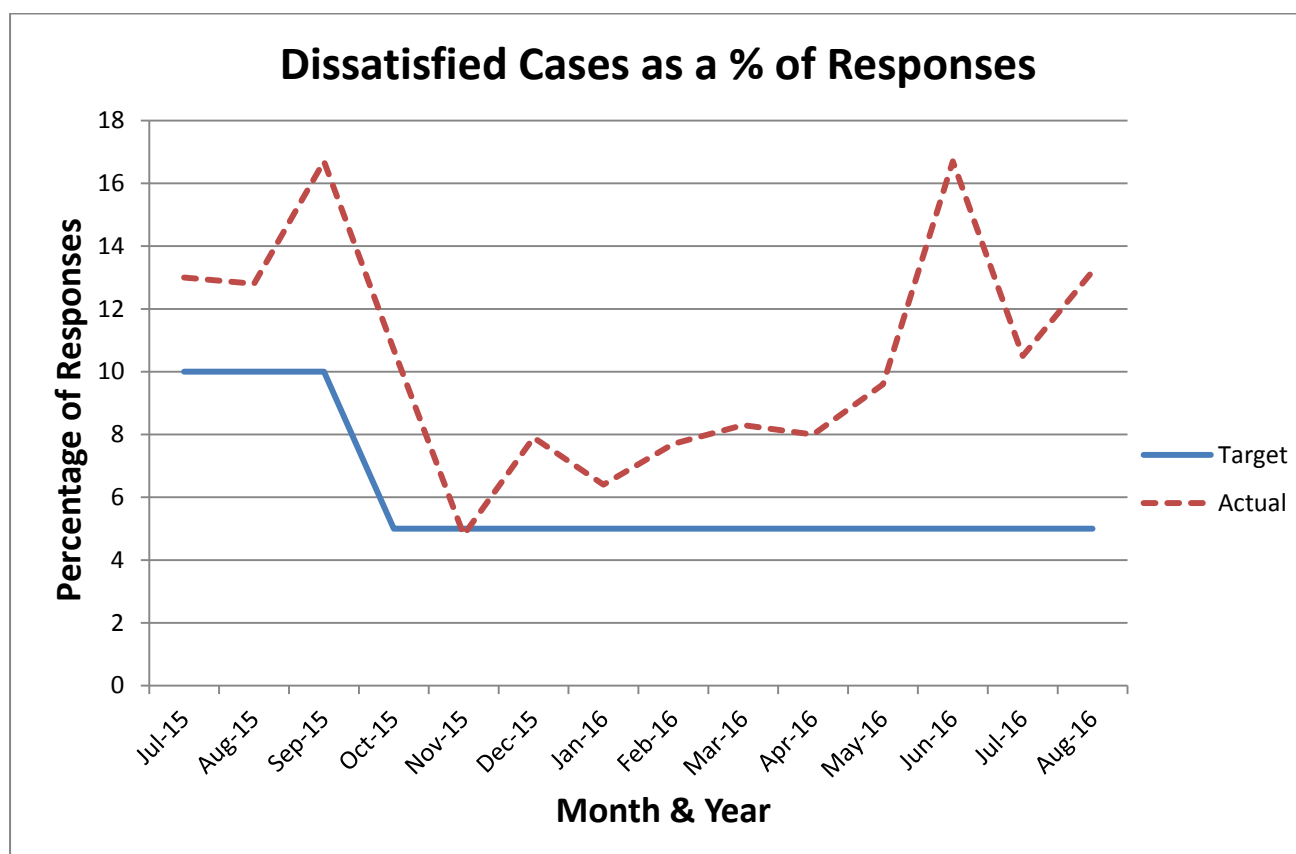
review their complaint. This option might be appropriate if, for example, if a complainant was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

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. Table 2 provides a breakdown of complaints received in Q2 2016/17 compared to Q1 2016/17. The only noteworthy change compared to Q1 was a reduction in complaints about staff attitude and communication (135 to 116). Changes in all other categories were either marginal or the numbers involved were small. Complaints about access increased from 5 in Q1 to 10 in Q2. This category includes 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 Q2 (2016/17) | Number of complaints received in Q1 (2016/17) |
|------------------------------|---|---|
| Access | 10 (1.9% of total complaints) ↑ | 5 (0.9% of total complaints) ↓ |
| Appointments & Admissions | 170 (32.9%) ↑ | 169 (32.5%) ↑ |
| Attitude & Communication | 116 (22.4%) ↓ | 135 (26%) ↓ |
| Clinical Care | 132 (25.5%) ↑ | 128 (24.7%) ↑ |
| Discharge/Transfer/Transport | 28 (5.4%) ↑ | 26 (5%) |
| Documentation | 3 (0.6%) ↑ | 2 (0.4%) |
| Facilities & Environment | 26 (5%) ↑ | 22 (4.2%) ↓ |
| Information & Support | 32 (6.2%) ↓ | 33 (6.3%) ↑ |
| Total | 517 | 520 |

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 3 lists the ten most consistently reported sub-categories. In total, these sub-categories account for approximately two thirds of the complaints received in Q2 (336/517).

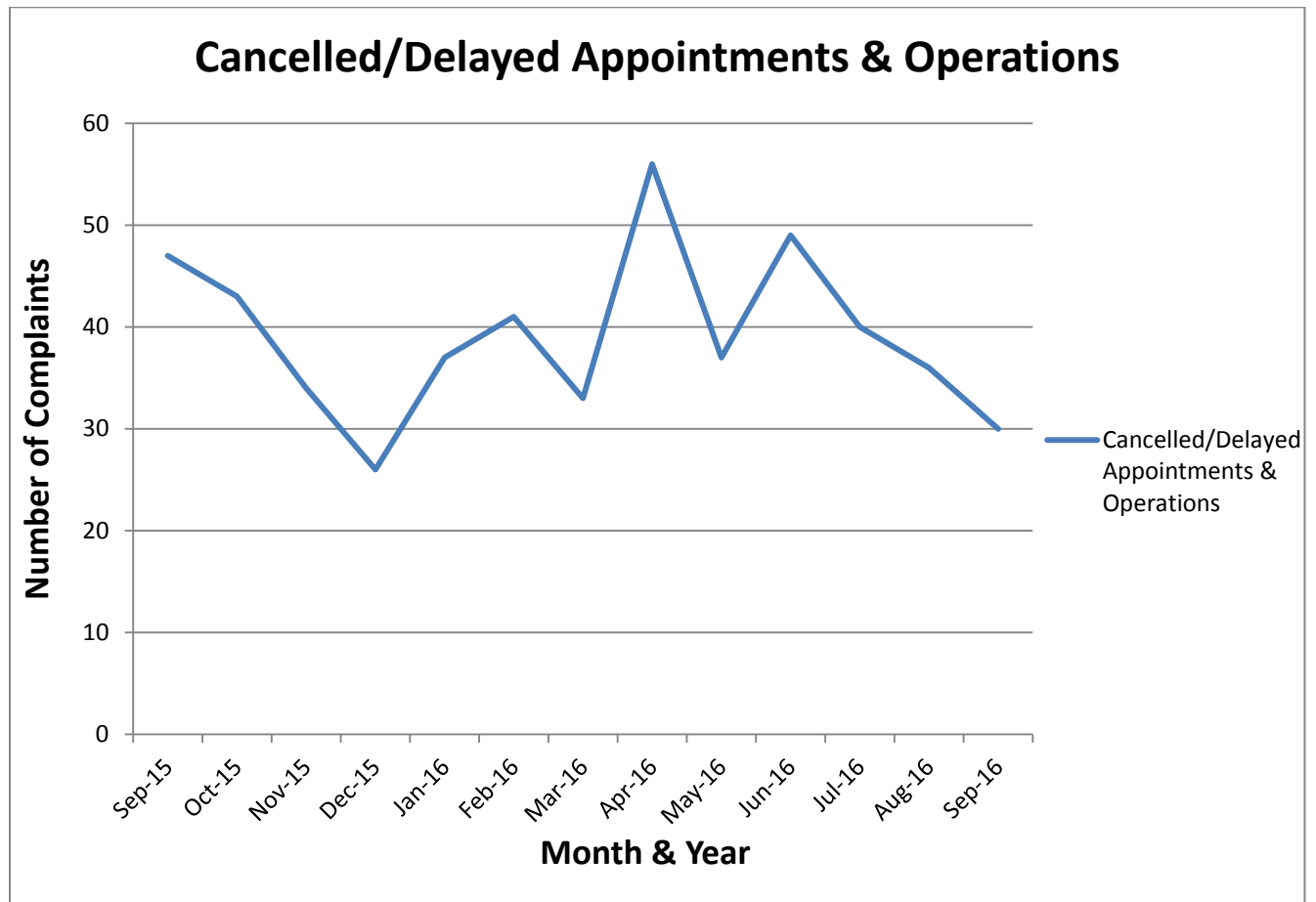
Table 3: Complaints by sub-category

| Sub-category | Number of complaints received in Q2 (2016/17) | Q1 2016/17 | Q4 2015/16 | Q3 2015/16 |
|--|---|------------|------------|------------|
| Cancelled/delayed appointments and operations | 106 (25.4% decrease compared to Q1) ↓ | 142 | 111 | 103 |
| Communication with patient/relative | 23 (32.4% decrease) ↓ | 34 | 62 | 41 |
| Clinical Care (Medical/Surgical) | 60 (14.3% decrease) ↓ | 70 | 41 | 54 |
| Failure to answer telephones/failure to respond | 27 (20.6% decrease) ↓ | 34 | 29 | 17 |
| Clinical Care (Nursing/Midwifery) | 19 (13.6% decrease) ↓ | 22 | 25 | 18 |
| Attitude of Medical Staff | 24 (4.3% increase) ↑ | 23 | 18 | 16 |
| Attitude of Admin/Clerical Staff | 11 (31.3% decrease) ↓ | 16 | 13 | 9 |
| Attitude of Nursing Staff | 17 (41.7% increase) ↑ | 12 | 8 | 13 |
| Appointments Administration Issues (<i>new sub-category</i>) | 38 (90% increase) ↑ | 20 | - | - |
| Transport (Late/Non Arrival/Inappropriate) | 11 (83.3% increase) ↑ | 6 | 2 | 8 |

Complaints about 'cancelled or delayed appointments or operations/procedures' have decreased from 142 in Q1 to 106 in Q2⁴.

Figures 6, 7, and 8 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since July 2015. These graphs suggest a recovering pattern of complaints about cancelled or delayed appointments and operations since December 2015, and an improving pattern of complaints about communication with patients/relatives.

Figure 6: Cancelled or delayed appointments and operations



⁴ In Q2, a new theme of 'Appointment Administration Issues' was added to Datix as a sub-category of 'Appointments and Admissions'. 38 complaints were assigned to this sub-category. This explains why the total number of complaints in the parent category has risen marginally, even though complaints in the major sub-category (cancelled/delayed appointments and operations) have fallen significantly.

Figure 7: Clinical care – medical/surgical

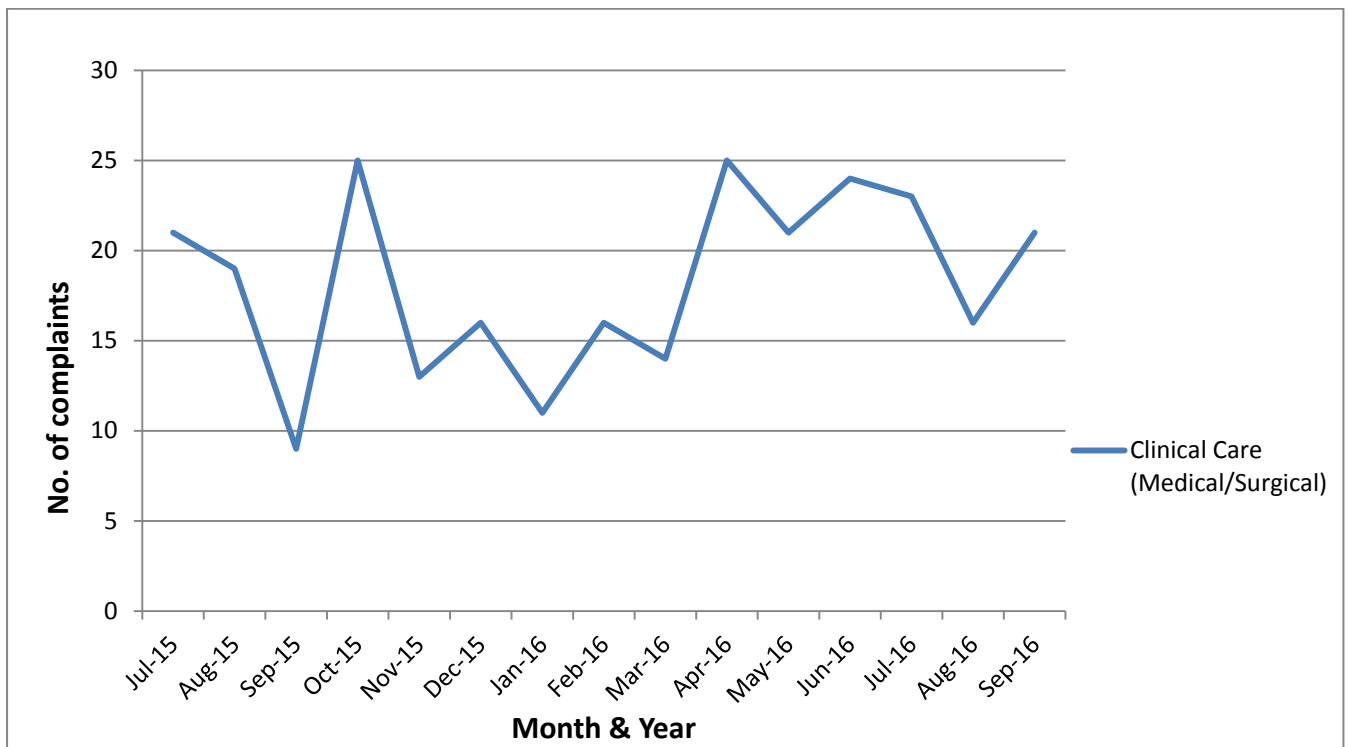
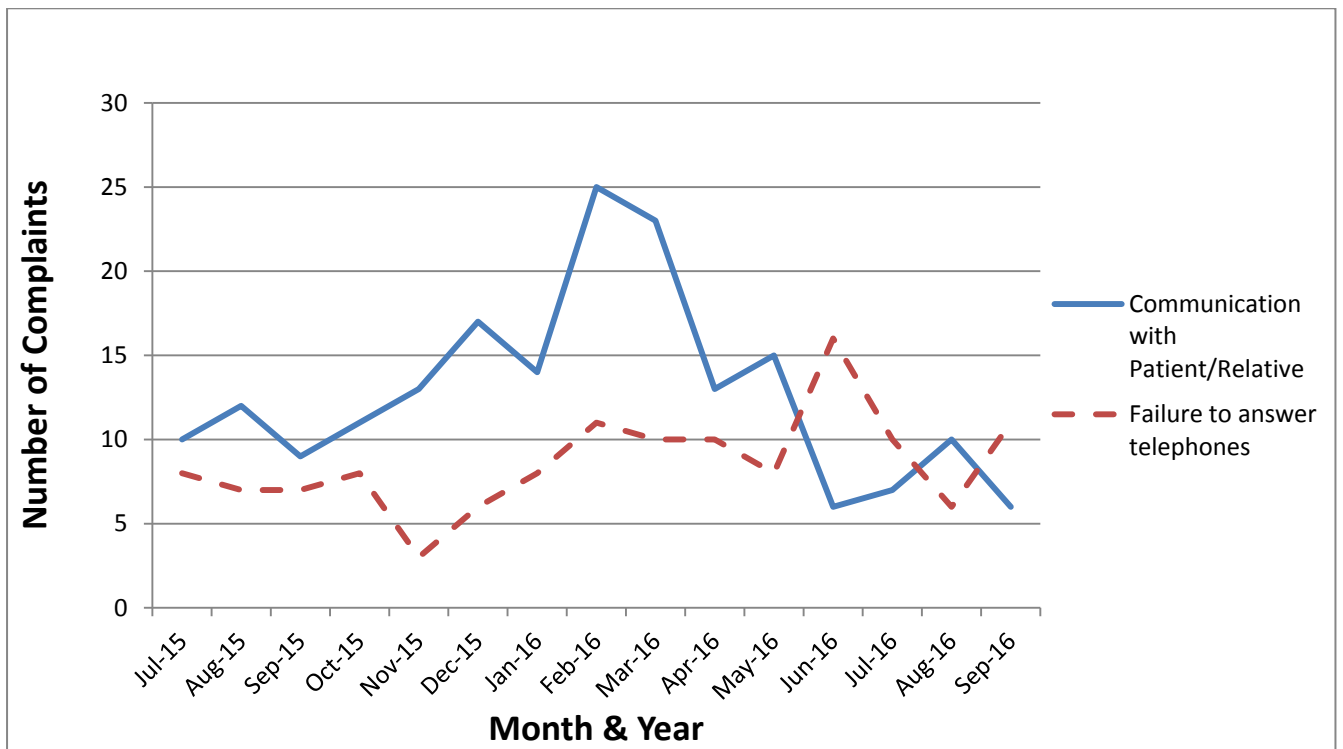


Figure 8: Communication with patient/relative and telephone answering

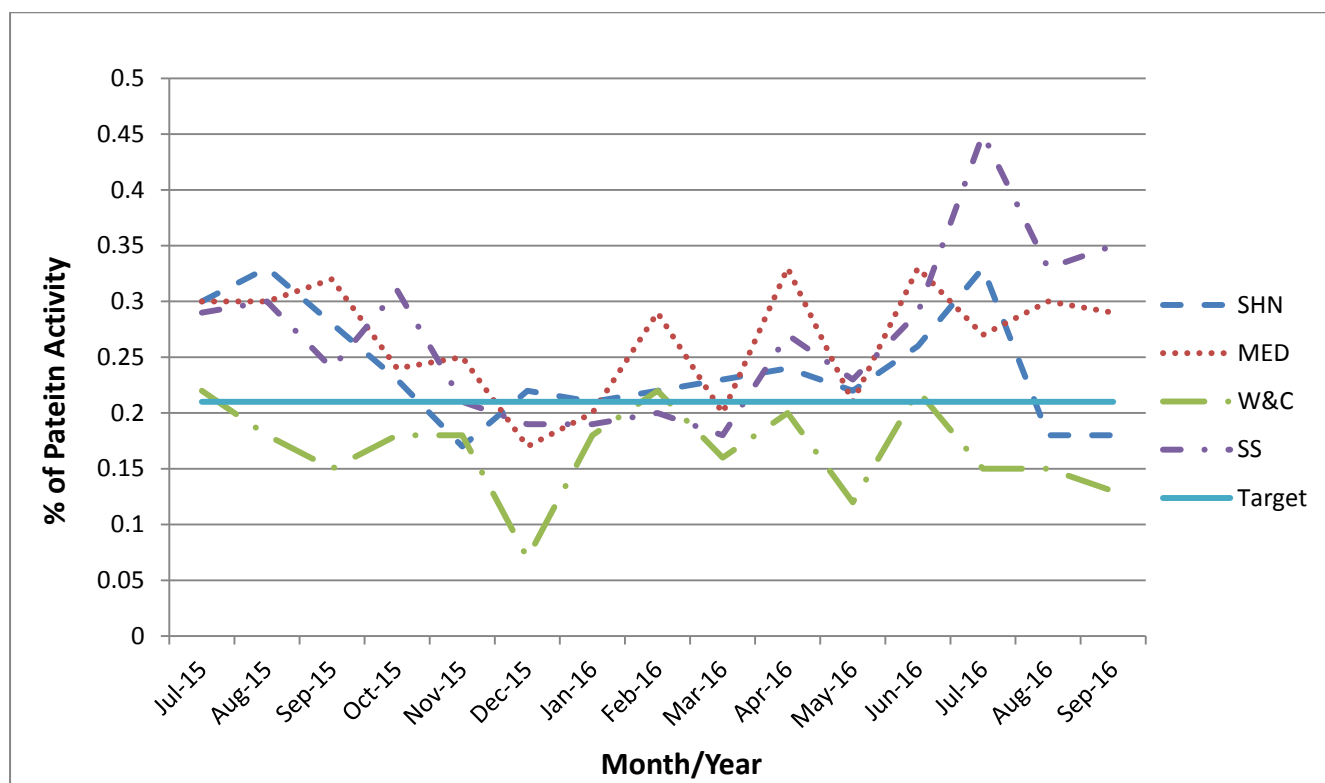


3. Divisional performance

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. Since July 2015, the number of complaints received by the division has been as follows:

Table 4: Complaints received by Division of Diagnostics and Therapies

| | Jul 15 | Aug 15 | Sep 15 | Oct 15 | Nov 15 | Dec 15 | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| No. of complaints received | 10 | 4 | 5 | 12 | 5 | 7 | 5 | 13 | 6 | 5 | 7 | 12 | 4 | 9 | 6 |

3.2 Divisional analysis of complaints received

Table 5 provides an analysis of Q2 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 | 182 (198) ↓ | 123 (122) ↑ | 92 (66) ↑ | 62 (84) ↓ | 19 (24) ↓ |
| Total complaints received as a proportion of patient activity | 0.23% (0.24%) ↓ | 0.29% (0.29%) = | 0.38% (0.26%) ↑ | 0.14% (0.18%) ↓ | N/A |
| Number of complaints about appointments and admissions | 87 (93) ↓ | 26 (26) = | 27 (18) ↑ | 18 (28) ↓ | 6 (7) ↓ |
| Number of complaints about staff attitude and communication | 32 (53) ↓ | 34 (38) ↓ | 22 (22) = | 15 (17) ↓ | 3 (6) ↓ |
| Number of complaints about clinical care | 37 (40) ↓ | 29 (32) ↓ | 32 (18) ↑ | 19 (31) ↓ | 6 (7) ↓ |
| Area where the most complaints have been received in Q2 | Bristol Eye Hospital – 40 (46) Bristol Dental Hospital – 34 (46) Trauma & Orthopaedics – 47 (21) ENT – 10 (17) Upper GI – 10 (15) | Emergency Department (BRI) – 22 (25) Gastroenterology & Hepatology – 11 (20) Dermatology – 18 (14) Ward A300 (AMU) – 7 (9) | BHI Outpatients – 10 (8) GUCH Services – 21 (8) Chemo Day Unit/Outpatients – 5 (7) Ward C708 – 11 (7) Ward D603 – 10 (6) | Paediatric Orthopaedics – 5 (7) Ward 73 (Maternity) – 5 (8) Ward 78 – 3 (12) | Radiology – 8 (8) Audiology – 4 (6) Pharmacy – 3 (5) Physiotherapy – 1 (4) |
| Notable deteriorations compared to Q1 | Trauma & Orthopaedics – 47 (21) | None | GUCH Services – 21 (8) | None | None |
| Notable improvements compared to Q1 | Lower GI – 4 (12) ENT – 10 (17) | Gastroenterology & Hepatology – 11 (20) | None | Paediatric Plastic Surgery – 1 (7) Ward 78 – 3 (12) | Physiotherapy – 1 (4) |

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 Q2, the Division of Surgery Head & Neck had a notable reduction in complaints about attitude and communication (down from 53 to 32, consolidating the improvement in the previous quarter). Complaints about discharge transfer and transport increased, but the numbers involved were small. Complaints about trauma and orthopedics increased significantly (from 21 to 47), whilst complaints about Lower GI surgery and Ear Nose and Throat surgery reduced. The long-term downwards trend in complaints about Bristol Eye Hospital has continued.

Table 6: Complaints by category type

| Category Type | Number and % of complaints received – Q2 2016/17 | Number and % of complaints received – Q1 2016/17 |
|------------------------------|--|--|
| Access | 2 (1.1% of total complaints) | 0 (0% of total complaints) ↓ |
| Appointments & Admissions | 87 (47.8%) ↓ | 90 (45.6%) ↑ |
| Attitude & Communication | 32 (17.6%) ↓ | 53 (26.7%) ↓ |
| Clinical Care | 37 (20.3%) ↓ | 40 (20%) ↑ |
| Facilities & Environment | 3 (1.6%) ↑ | 2 (1.1%) ↓ |
| Information & Support | 6 (3.3%) ↓ | 8 (3.8%) ↑ |
| Discharge/Transfer/Transport | 12 (6.6%) ↑ | 5 (2.8%) |
| Documentation | 3 (1.6%) ↑ | 0 |
| Total | 182 | 198 |

Table 7: Top sub-categories

| Category | Number of complaints received – Q2 2016/17 | Number of complaints received – Q1 2016/17 |
|--|--|--|
| Cancelled or delayed appointments and operations | 49 ↓ | 73 ↑ |
| Clinical Care (Medical/Surgical) | 16 ↓ | 18 ↑ |
| Communication with patient/relative | 7 ↓ | 10 ↓ |
| Attitude of Medical Staff | 4 ↓ | 6 ↓ |
| Attitude of Nursing/Midwifery | 3 ↓ | 4 ↑ |
| Attitude of Admin/Clerical Staff | 4 ↓ | 5 ↑ |
| Clinical Care (Nursing/Midwifery) | 2 ↓ | 4 ↑ |
| Failure to answer telephones | 13 ↓ | 18 ↑ |

Table 8: Divisional response to concerns highlighted by Q2 data

| Concern | Explanation | Action |
|--|--|---|
| Complaints about Trauma and Orthopedics increased significantly (from 21 to 47). Of these 47 complaints received, 28 were in respect of appointment and admission issues. Eight complaints were in respect of attitude and communication and seven complaints were in respect of clinical care. There were no other discernible trends identified for the remaining four complaints. | <p>A large number of these complaints were about phoning the department: patients were either not able to get through, or were put through to a voicemail message. The problem is due to the sheer volume of calls, being received, exacerbated by staff vacancies, which are actively being recruited to.</p> <p>A senior registrar in the department is on long term sick leave, which has limited the availability of appointments.</p> | <p>Call use data is being gathered to inform a business case for the purchase of call centre software, which would enable patients to queue instead of receiving an engaged message.</p> <p>Since July 2016, the department has been in the process of employing more staff to help answer the calls and make appointments.</p> |

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

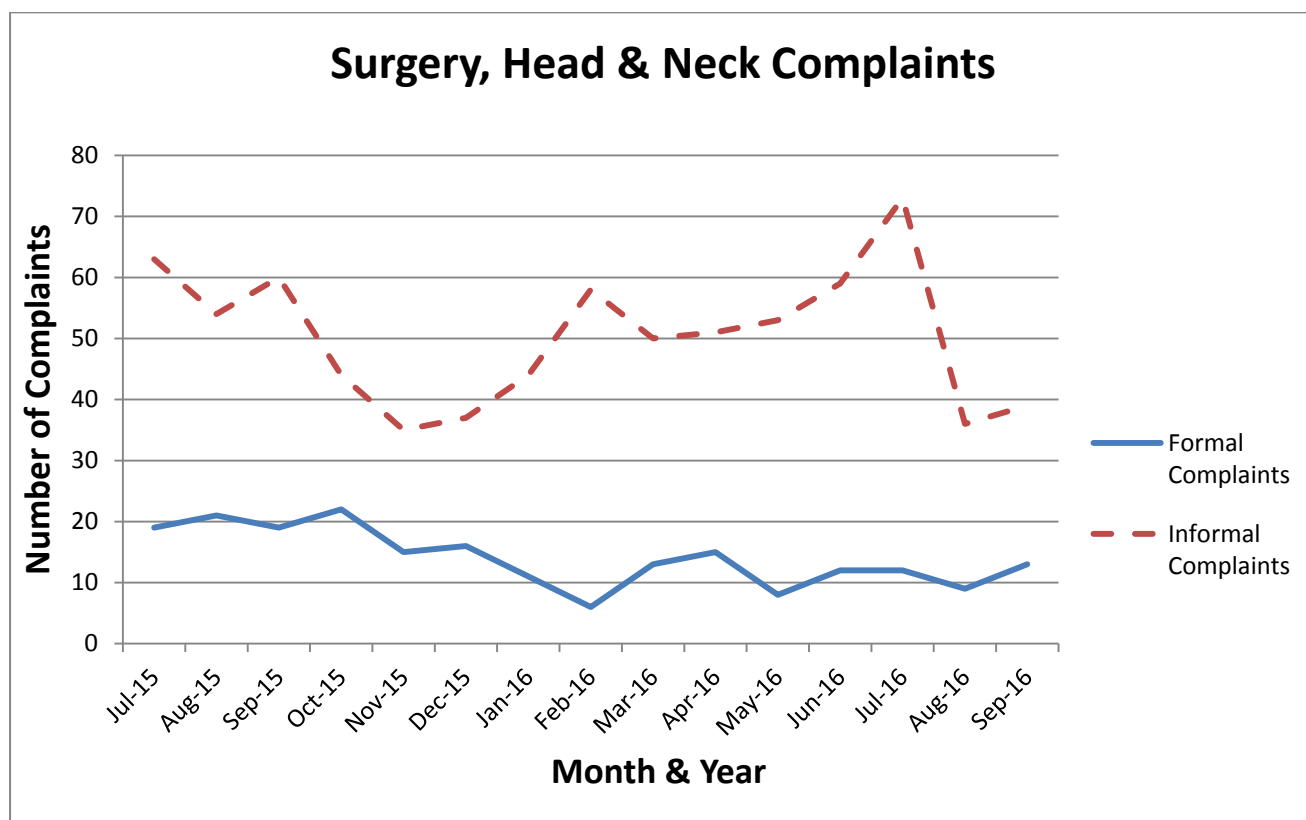
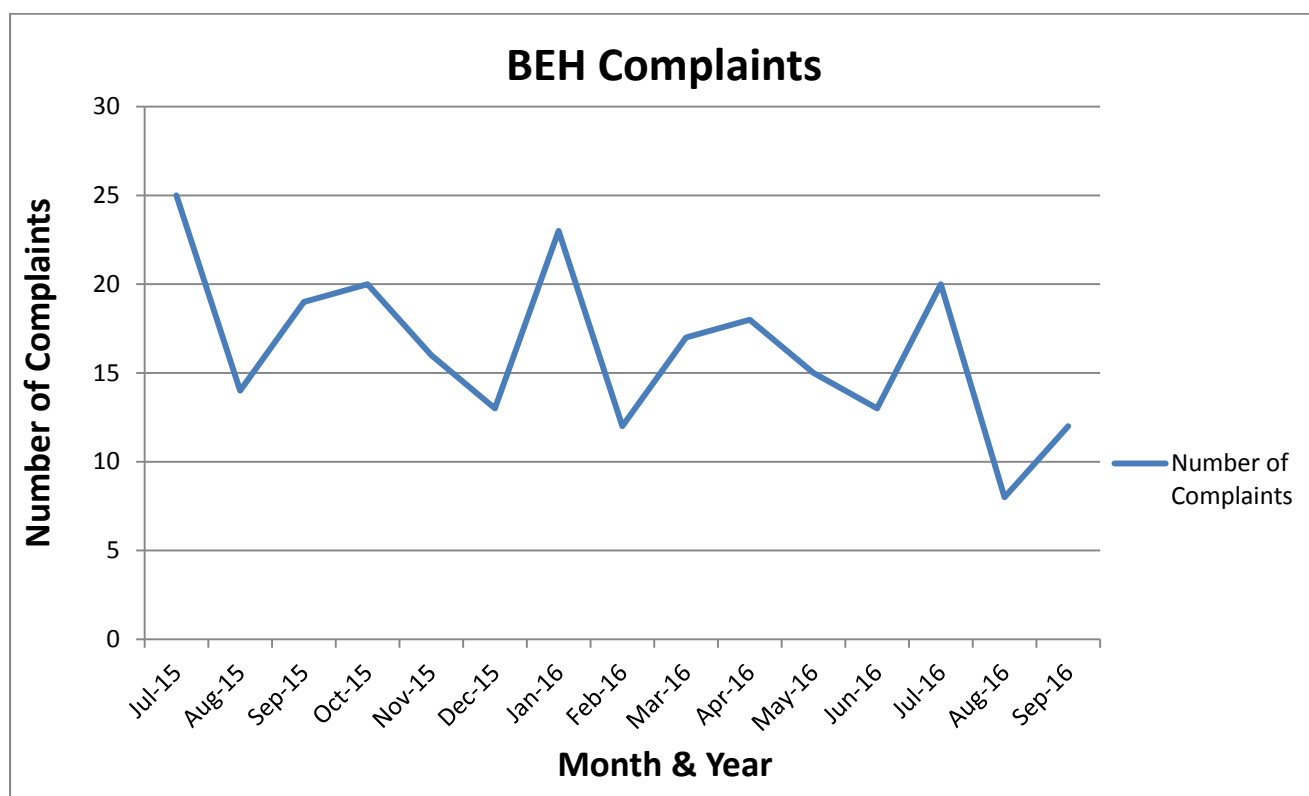


Figure 11: Complaints received by Bristol Eye Hospital



3.2.2 Division of Medicine

In Q2, the thematic pattern of complaints received by the Division of Medicine was unchanged from Q1. A consistent positive pattern of informal resolution in preference to formal resolution was established in Q2. Complaints about Gastroenterology & Hepatology, which had risen in Q1, returned to previously reported levels in Q2.

Table 9: Complaints by category type

| Category Type | Number and % of complaints received – Q2 2016/17 | Number and % of complaints received – Q1 2016/17 |
|----------------------------------|--|--|
| Access | 2 (1.6% of total complaints) ↑ | 1 (0.8% of total complaints) = |
| Appointments & Admissions | 26 (21.1%) ↓ | 28 (23.1%) ↑ |
| Attitude & Communication | 34 (27.6%) ↓ | 38 (31.1%) ↓ |
| Clinical Care | 29 (23.6%) ↓ | 32 (26.2%) ↑ |
| Facilities & Environment | 9 (7.3%) ↑ | 7 (5.7%) ↓ |
| Information & Support | 9 (7.3%) ↑ | 3 (2.5%) ↓ |
| Discharge/Transfer/ Transport | 11 (8.9%) ↓ | 12 (9.8%) |
| Documentation | 3 (2.4%) ↑ | 1 (0.8%) |
| Total | 123 | 122 |

Table 10: Top sub-categories

| Category | Number of complaints received – Q2 2016/17 | Number of complaints received – Q1 2016/17 |
|--|--|--|
| Cancelled or delayed appointments and operations | 17 = | 17 ↑ |
| Clinical Care (Medical/Surgical) | 14 ↓ | 17 ↑ |
| Communication with patient/relative | 5 ↓ | 12 = |
| Attitude of Medical Staff | 9 ↑ | 8 ↑ |
| Attitude of Nursing/Midwifery | 7 ↑ | 5 ↑ |
| Attitude of Admin/Clerical Staff | 4 ↓ | 5 ↑ |
| Clinical Care (Nursing/Midwifery) | 5 = | 5 ↑ |
| Failure to answer telephones | 6 ↑ | 5 ↓ |

Figure 12: Medicine – formal and informal complaints received

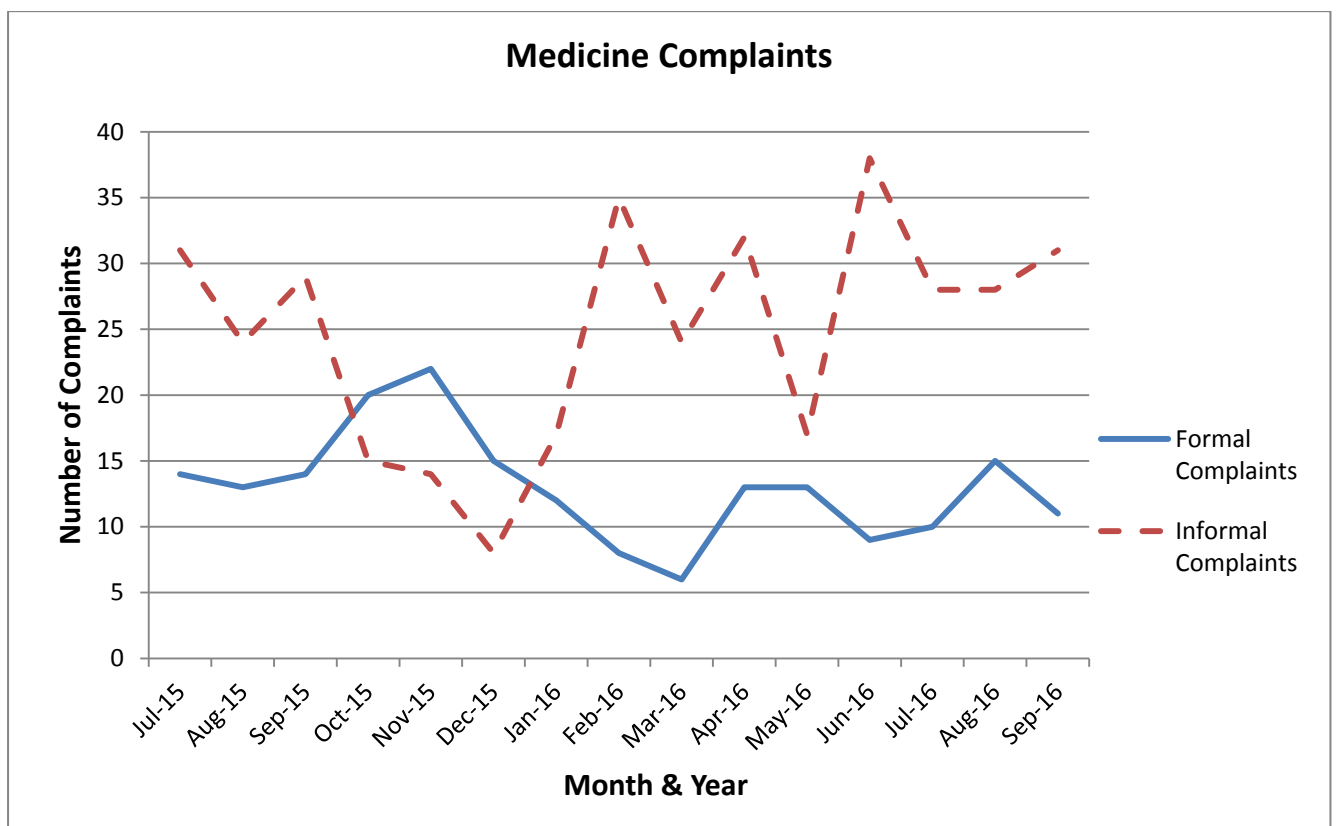
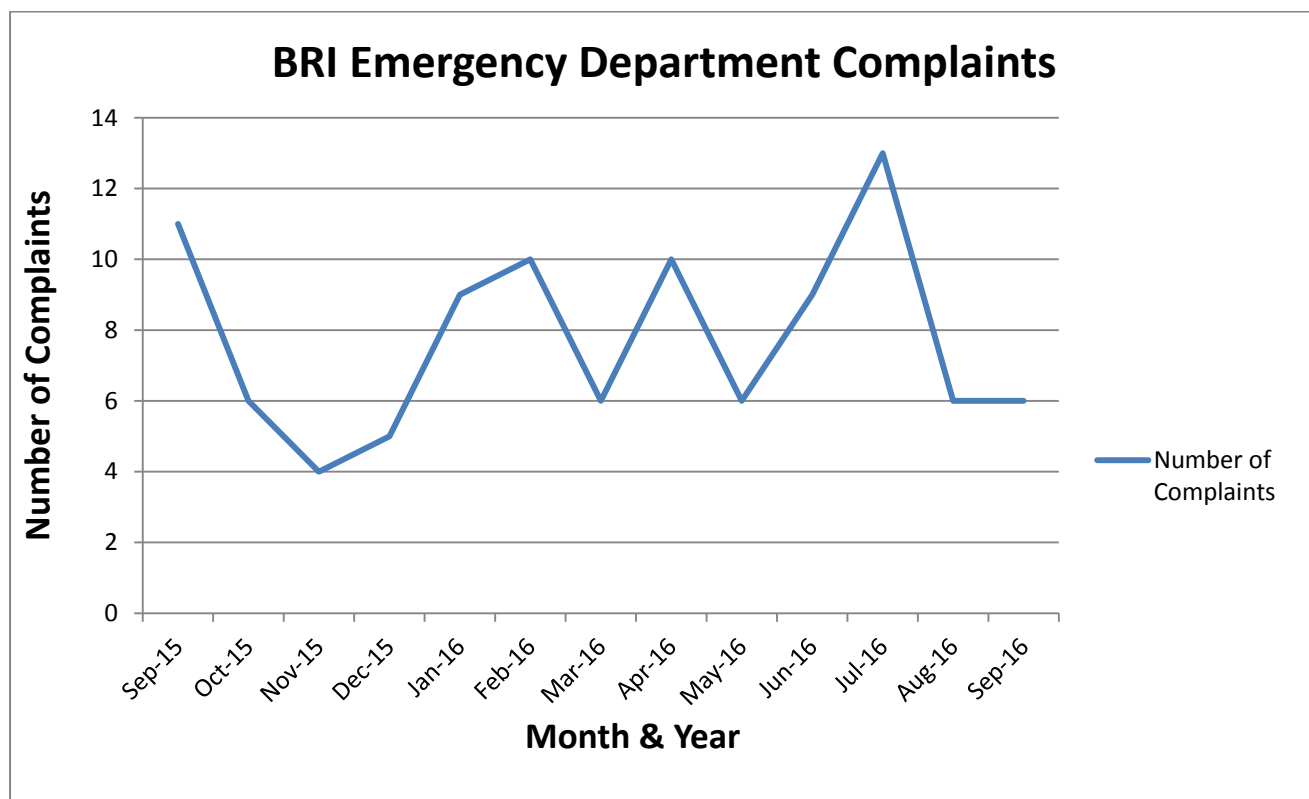


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q2, the Division of Specialised Services experienced a 50% increase in complaints about appointments and admissions, and a similar increase in complaints about clinical care. Complaints about information and support increased, but the numbers involved were small. Overall, complaints increased significantly from 66 to 92. Complaints about GUCH (Grown up congenital heart disease) increase from eight to 21.

Table 12: Complaints by category type

| Category Type | Number and % of complaints received – Q2 2016/17 | Number and % of complaints received – Q1 2016/17 |
|------------------------------|--|--|
| Access | 2 (2.18% of total complaints) ↑ | 0 (0% of total complaints) = |
| Appointments & Admissions | 32 (34.8%) ↑ | 18 (27.3%) ↓ |
| Attitude & Communication | 21 (22.8%) ↓ | 22 (33.3%) ↑ |
| Clinical Care | 31 (33.7%) ↑ | 18 (27.3%) ↑ |
| Facilities & Environment | 1 (1.09%) = | 1 (1.5%) ↑ |
| Information & Support | 3 (3.2%) ↑ | 1 (1.5%) ↓ |
| Discharge/Transfer/Transport | 1 (1.09%) ↓ | 5 (7.6%) |
| Documentation | 1 (1.09%) = | 1 (1.5%) |
| Total | 92 | 66 |

Table 13: Top sub-categories

| Category | Number of complaints received – Q2 2016/17 | Number of complaints received – Q1 2016/17 |
|--|--|--|
| Cancelled or delayed appointments and operations | 13 ↓ | 17 ↑ |
| Clinical Care (Medical/Surgical) | 16 ↑ | 9 ↑ |
| Communication with patient/relative | 5 ↓ | 8 ↑ |
| Attitude of Medical Staff | 5 ↑ | 1 ↑ |
| Attitude of Nursing/Midwifery | 4 ↑ | 2 ↑ |
| Attitude of Admin/Clerical Staff | 0 = | 0 ↓ |
| Clinical Care (Nursing/Midwifery) | 2 ↓ | 3 = |
| Failure to answer telephones | 4 ↓ | 5 ↑ |

Table 14: Divisional response to concerns highlighted by Q2 data

| Concern | Explanation | Action |
|--|--|--|
| Complaints about clinical care increased from 14 in Q4 and 18 in Q1 to 31 in Q2. Of these 31 complaints, 17 were in respect of clinical care provided by medical/surgical staff and four complaints were about care received by nursing staff. There were no other discernible patterns for the remaining 10 complaints. | <p>Some of the 31 cases in Q2 may not have been assigned to the most appropriate complaint category. The division's view is that the core theme in five of these complaints was delay to, or cancellation of procedures and appointments. Similarly, three complaints were about delays in communicating test results and three were patients asking clinical questions following discharge.</p> <p>Local analysis of the remaining 20 complaints has identified the following themes:</p> <ul style="list-style-type: none"> • questions or concerns highlighted by patients and relatives following the death of a patient both across the Bristol Heart Institute (BHI) and the Bristol Haematology and Oncology Centre (BHOC) • queries and concerns surrounding the diagnosis and treatment of cancer • management of cardiac surgery patients and the patient's experience as a result of delays or | <p>The Division is currently:</p> <ul style="list-style-type: none"> • exploring ways in which staff can provide further support and information to families following the death of their loved one so that they feel that they have the opportunity to ask questions earlier on in their journey. • reviewing the way in which the patient information and support centre at the BHOC is promoted • embarking upon a <i>Patient Experience at Heart</i> project in early 2017 to improve the patient experience across cardiac surgery and cancer pathways specifically. |

| | | |
|---|---|--|
| | cancellation of their procedures | |
| Complaints about GUCH (Grown up congenital heart disease) increase from eight in Q1 to 20 in Q2. Of these 20 complaints, eight were in respect of cancelled or delayed appointments or operations. There were no other discernible trends identified for the remaining 12 complaints. | The Division experienced significant challenges with patient flow towards the end of Q2 which led to an increased number of cancelled operations. | The Division has allocated specific patient flow responsibilities to a matron within the BHI; processes are currently being reviewed with a view to reducing cancelled operations. |

Figure 14: Specialised Services – formal and informal complaints received

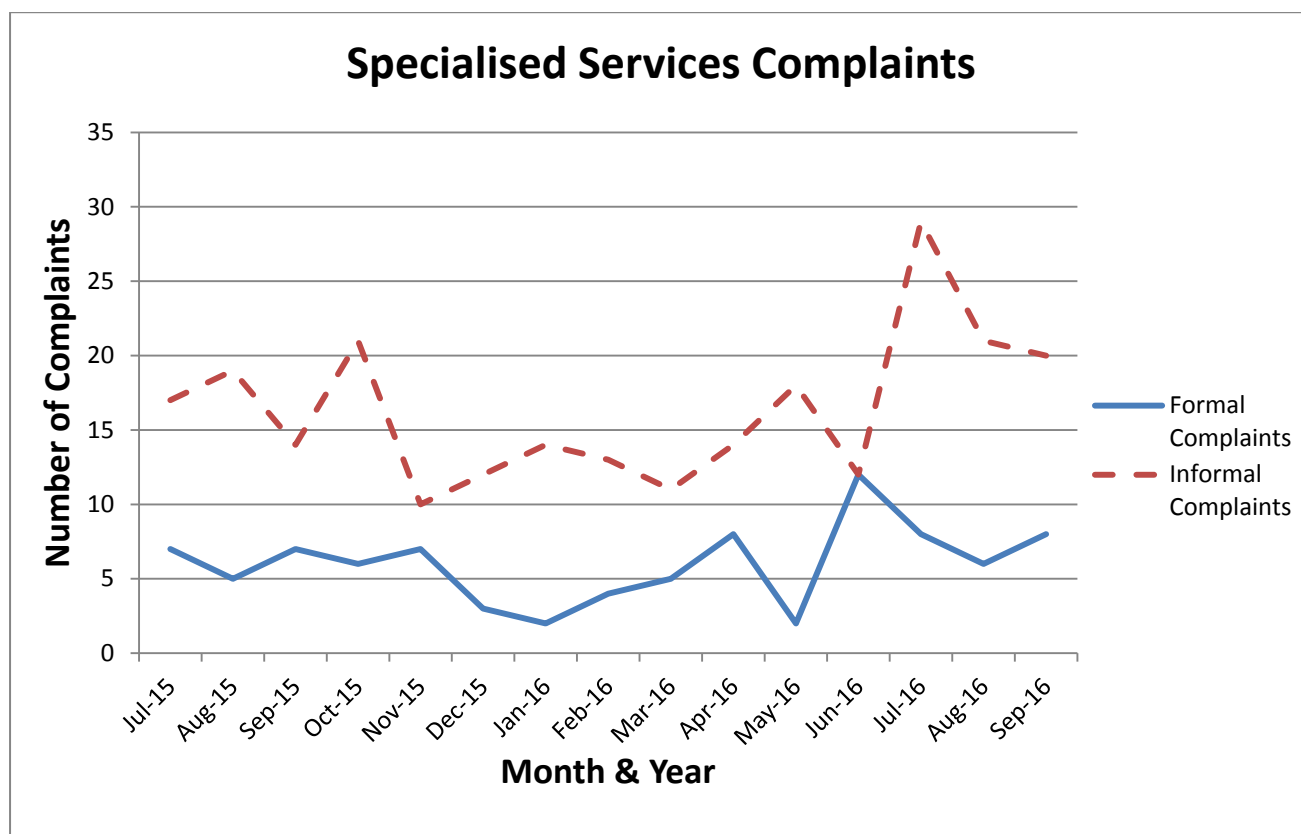
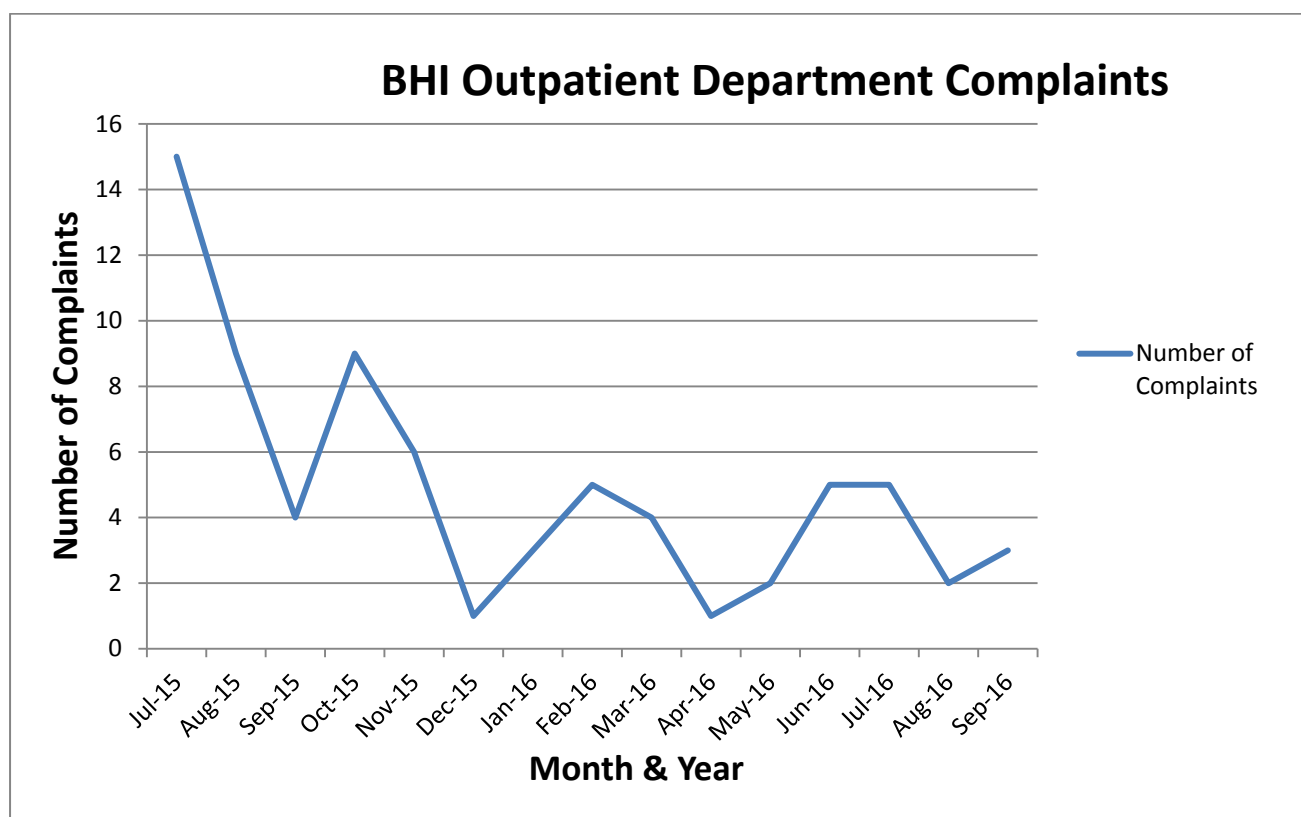


Figure 15: Complaints received by BHI Outpatients



3.2.4 Division of Women’s and Children’s Services

In Q2, the Division of Women’s and Children’s Services received fewer complaints about appointments and admissions than in Q1 (18 compared to 29), following a previous increase. Complaints about clinical care also fell in Q2 (from 31 to 19). Paediatric plastic surgery received only one complaint in Q2, following seven complaints in Q1. Ward 78 also saw a notable reduction in complaints, from 12 in Q1 to three in Q2.

Table 15: Complaints by category type

| Category Type | Number and % of complaints received – Q2 2016/17 | Number and % of complaints received – Q1 2016/17 |
|------------------------------|--|--|
| Access | 1 (1.6% of total complaints) ↑ | 0 (0% of total complaints) = |
| Appointments & Admissions | 18 (29%) ↓ | 29 (34.5%) ↑ |
| Attitude & Communication | 15 (24.2%) ↓ | 17 (20.2%) ↓ |
| Clinical Care | 19 (30.6%) ↓ | 31 (36.9%) ↑ |
| Facilities & Environment | 2 (3.2%) ↑ | 1 (1.2%) ↓ |
| Information & Support | 3 (4.8%) ↓ | 4 (4.8%) ↑ |
| Discharge/Transfer/Transport | 2 (3.2%) = | 2 (2.4%) |
| Documentation | 2 (3.2%) ↑ | 0 (0%) |
| Total | 62 | 84 |

Table 16: Top sub-categories

| Category | Number of complaints received – Q2 2016/17 | Number of complaints received – Q1 2016/17 |
|--|--|--|
| Cancelled or delayed appointments and operations | 11 ↓ | 27 ↑ |
| Clinical Care (Medical/Surgical) | 7 ↓ | 15 ↑ |
| Communication with patient/relative | 4 ↑ | 3 ↓ |
| Attitude of Medical Staff | 6 ↑ | 5 ↑ |
| Attitude of Nursing/Midwifery | 4 ↑ | 1 ↓ |
| Attitude of Admin/Clerical Staff | 0 ↓ | 2 ↑ |
| Clinical Care (Nursing/Midwifery) | 7 ↑ | 5 ↓ |
| Failure to answer telephones | 1 ↓ | 2 ↑ |

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

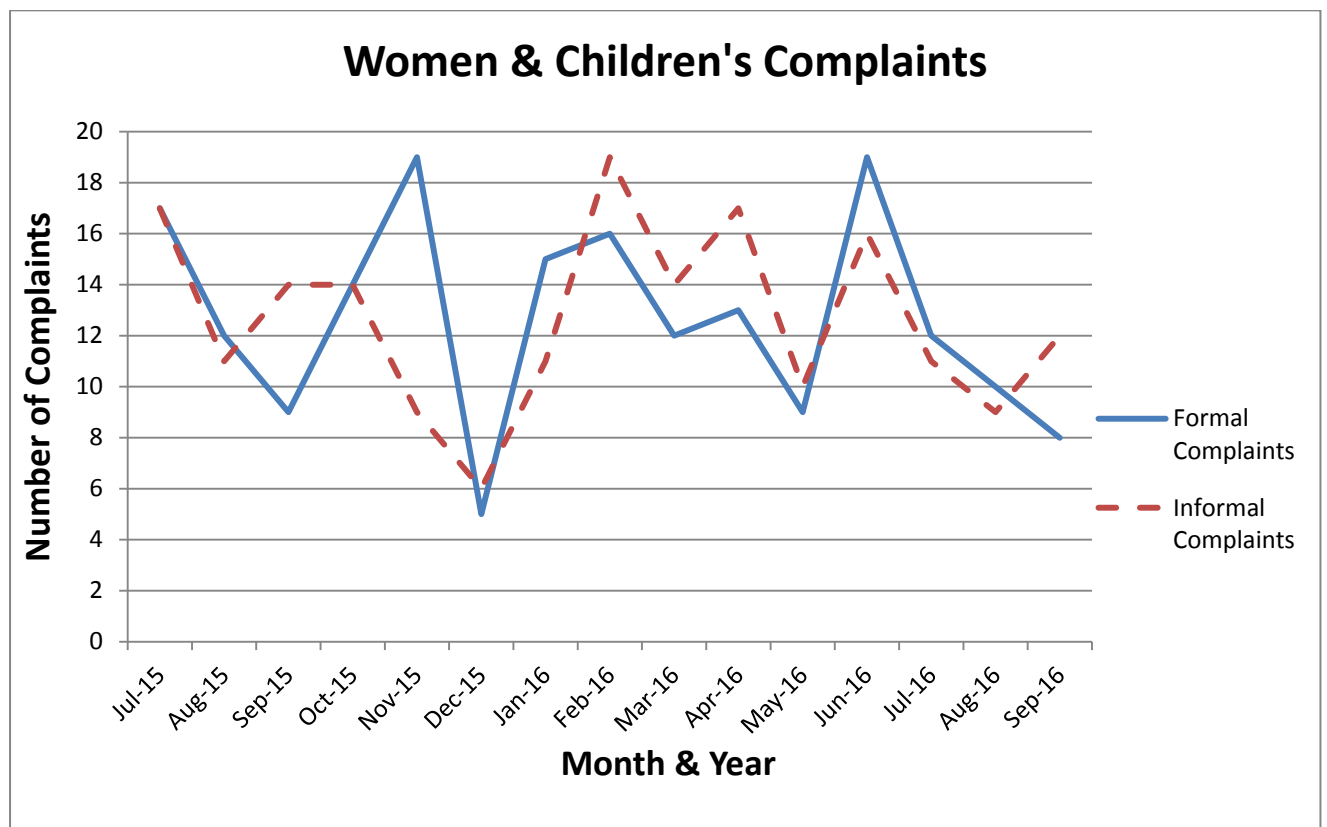
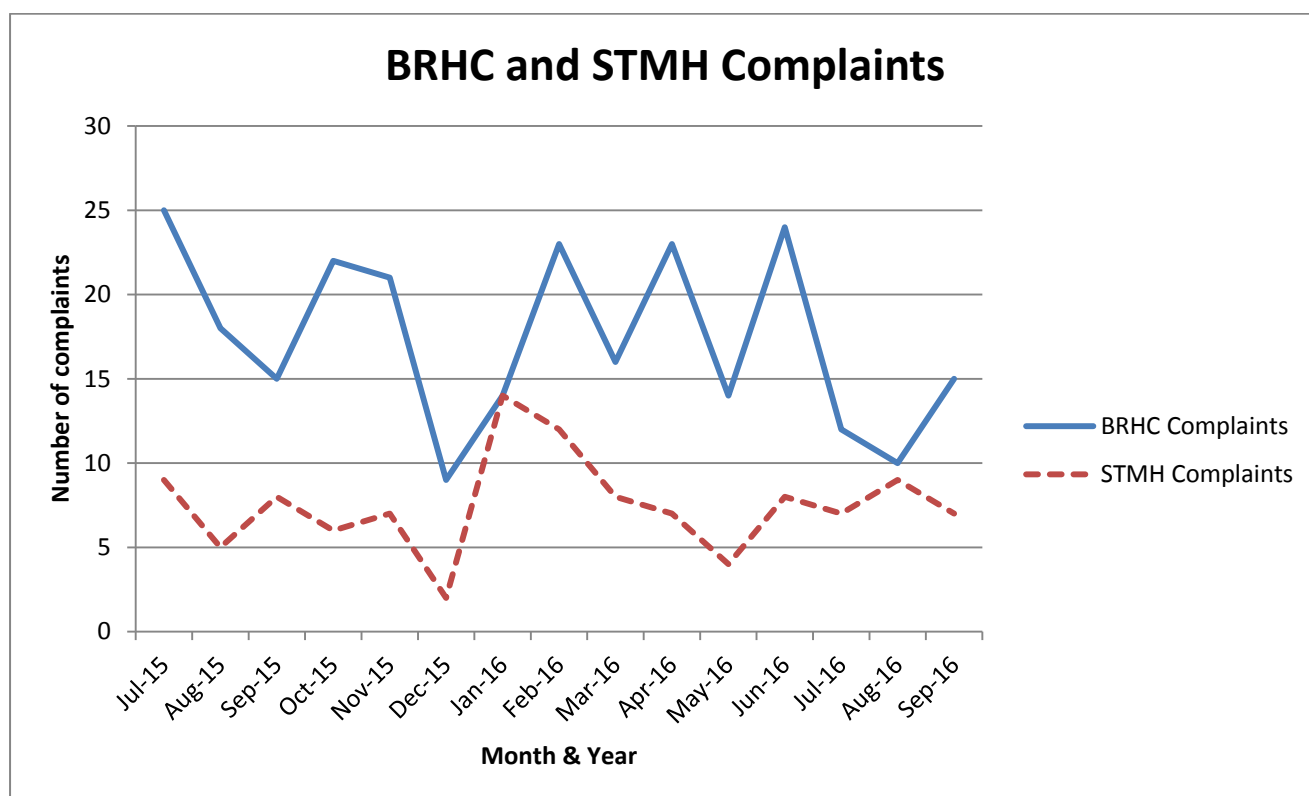


Figure 17: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



3.2.5 Division of Diagnostics & Therapies

In Q2, complaints received by the Diagnostics and Therapies Division fell from 24 to 19. The physiotherapy service received only one complaint in this three month period and there were no significant themes or patterns within the divisional data.

Table 18: Complaints by category type

| Category Type | Number and % of complaints received – Q2 2016/17 | Number and % of complaints received – Q1 2016/17 |
|------------------------------|--|--|
| Access | 2 (10.5% of total complaints) ↑ | 1 (4.2% of total complaints) ↑ |
| Appointments & Admissions | 6 (31.6%) ↓ | 7 (29.2%) ↑ |
| Attitude & Communication | 3 (15.8%) ↓ | 6 (25%) ↓ |
| Clinical Care | 6 (31.6%) ↓ | 7 (29.2%) ↑ |
| Facilities & Environment | 1 (5.3%) ↓ | 3 (12.5%) ↑ |
| Information & Support | 0 (0%) = | 0 (0%) ↓ |
| Discharge/Transfer/Transport | 1 (5.3%) ↑ | 0 (0%) |
| Documentation | 0 (0%) = | 0 (0%) |
| Total | 19 | 24 |

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

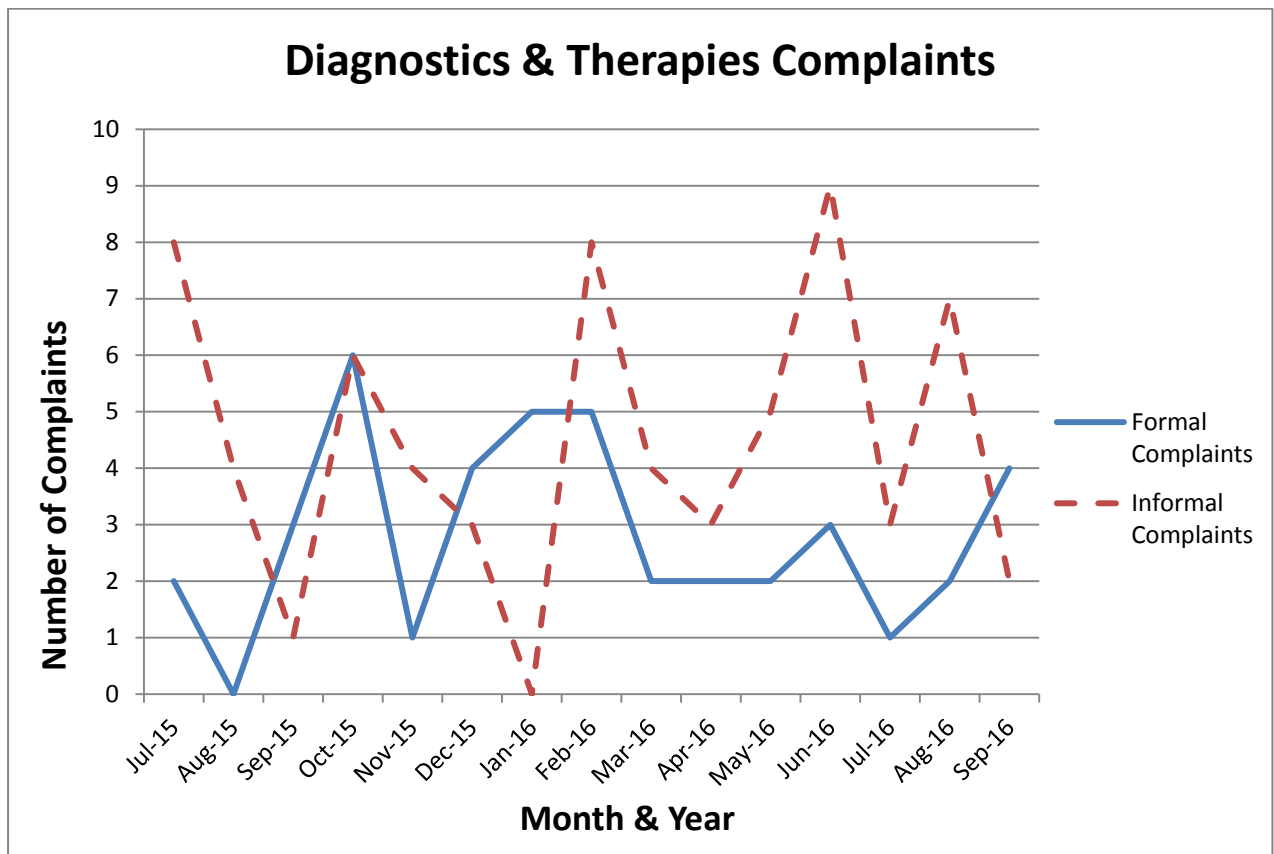
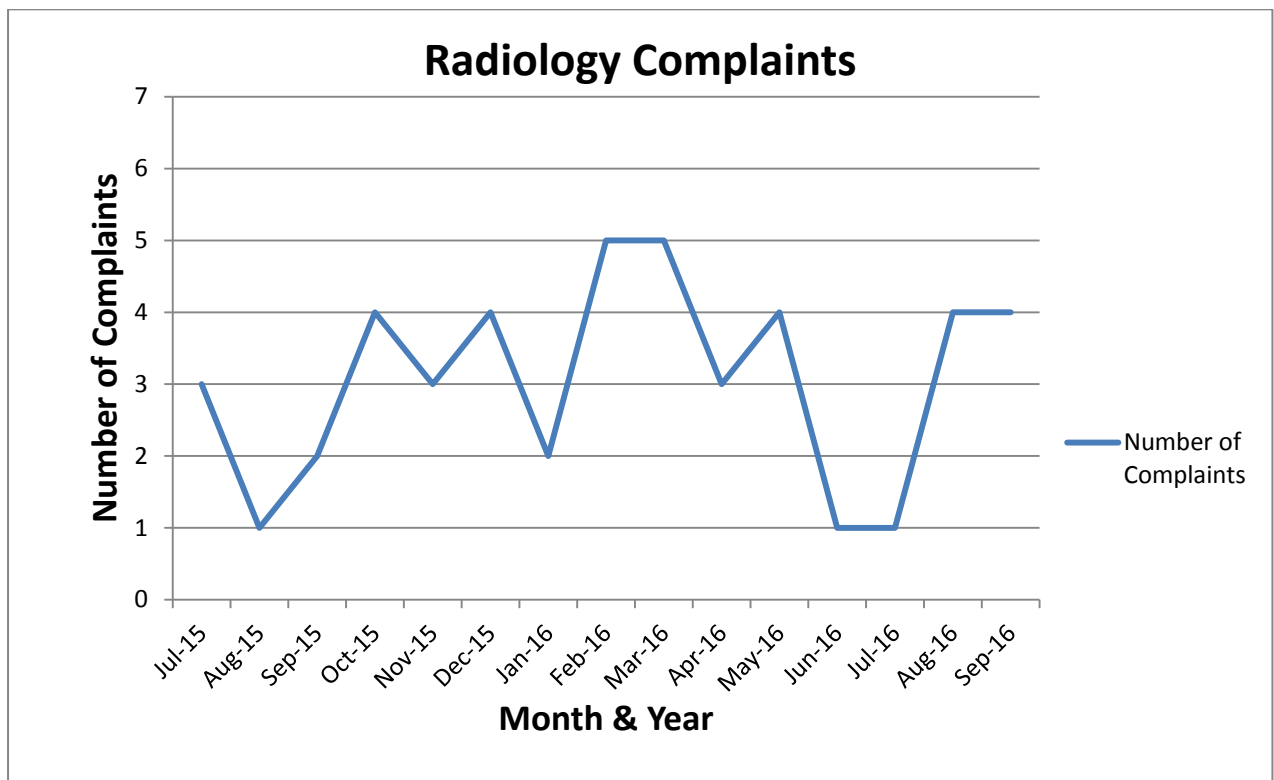


Figure 19: Complaints received by Radiology (Trust-wide)



3.3 Complaints by hospital site

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

Table 19: Breakdown of complaints by hospital site

| Hospital/Site | Number and % of complaints received in Q2 2016/17 | Number and % of complaints received in Q1 2016/17 |
|--|---|---|
| Bristol Royal Infirmary (BRI) | 234 (45.3%) ↑ | 230 (44.2% of total complaints) |
| Bristol Eye Hospital (BEH) | 41 (7.8%) ↓ | 47 (9.0%) |
| Bristol Dental Hospital (BDH) | 34 (6.6%) ↓ | 45 (8.6%) |
| St Michael's Hospital (StMH) | 40 (7.7%) = | 40 (7.7%) |
| Bristol Heart Institute (BHI) | 66 (12.8%) ↑ | 48 (9.2%) |
| Bristol Haematology & Oncology Centre (BHOC) | 35 (6.8%) ↑ | 23 (4.4%) |
| Bristol Royal Hospital for Children (BRHC) | 38 (7.4%) ↓ | 61 (11.7%) |
| South Bristol Community Hospital (SBCH) | 12 (2.4%) ↑ | 10 (1.9%) |
| Trust Headquarters | 0 (0%) ↓ | 1 (0.19%) |
| Southmead Hospital (UHB) | 1 (0.19%) ↓ | 6 (1.15%) |
| Central Health Clinic | 7 (1.4%) ↑ | 1 (0.19%) |
| Community Midwifery Services | 2 (0.39%) = | 2 (0.38%) |
| Community Sexual Health | 1 (0.19%) = | 1 (0.19%) |
| Other Trust Concerns | 6 (1.16%) ↑ | 5 (0.96%) |
| Total | 517 | 520 |

Table 20 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 Q2, the BRI accounted for 31.17% of all attendances and 45.3% of all complaints.

Table 20: Complaints rates by hospital site

| Site | No. of complaints | No. of attendances | Complaints rate | Proportion of all attendances | Proportion of all complaints |
|--------------|-------------------|--------------------|-----------------|-------------------------------|------------------------------|
| BRI | 234 | 60,473 | 0.39% | 31.17% | 45.3% |
| BEH | 41 | 31,551 | 0.13% | 16.26% | 7.9% |
| BDH | 34 | 18,732 | 0.18% | 9.65% | 6.6% |
| StMH | 40 | 21,816 | 0.18% | 11.24% | 7.7% |
| BHI | 66 | 4,978 | 1.33% | 2.57% | 12.8% |
| BHOC | 35 | 18,872 | 0.19% | 9.73% | 6.8% |
| BRHC | 38 | 30,511 | 0.12% | 15.73% | 7.4% |
| SBCH | 12 | 6,633 | 0.18% | 3.42% | 2.3% |
| Other | 17 | 458 | 3.71% | 0.24% | 3.3% |
| Total | 517 | 194,024 | | | |

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.

3.4 Complaints responded to within agreed timescale

The Divisions of Medicine, Specialised Services and Women and Children, and Trust Services reported breaches in Q2, totalling 12 breaches, which is a significant decrease on the 34 breaches recorded in Q1. Table 21 shows a quarterly pattern of reductions in breached deadlines across all clinical divisions.

Table 21: Breakdown of breached deadlines

| Division | Q2 (2016/17) | Q1 2016/17 | Q4 2015/16 | Q3 2015/16 |
|-------------------------|--------------------|--------------------|--------------------|--------------------|
| Surgery, Head & Neck | 0 (0%) | 6 (14.6%) | 10 (24.4%) | 16 (31.4%) |
| Medicine | 4 (11.1%) | 12 (36.4%) | 10 (28.6%) | 18 (48.6%) |
| Specialised Services | 1 (4.5%) | 2 (15.4%) | 3 (23.1%) | 8 (36.4%) |
| Women & Children | 5 (16.7%) | 12 (30.8%) | 8 (34.8%) | 21 (65.6%) |
| Diagnostics & Therapies | 0 (0%) | 2 (18.2%) | 0 (0%) | 2 (22.2%) |
| Trust Services | 2 (0.1%) | 0 (0%) | 0 (0%) | 0 (0%) |
| All | 12 breaches | 34 breaches | 31 breaches | 65 breaches |

(So, as an example, there were five breaches of timescale in the Division of Women and Children in Q2, which constituted 16.67% of the complaints responses, had been due in that Division in Q2).

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 22: Source of delays

| | Source of delays in Q2 2016/17 | | | | Totals |
|-------------------------|--------------------------------|----------|--------------------|----------|--------------------|
| | Division | PSCT | Executive sign-off | Other | |
| Surgery, Head & Neck | 0 | 1 | 0 | 1 | 2 |
| Medicine | 4 | 1 | 0 | 0 | 5 |
| Specialised Services | 1 | 0 | 0 | 1 | 2 |
| Women & Children | 5 | 0 | 0 | 0 | 5 |
| Diagnostics & Therapies | 0 | 0 | 0 | 0 | 0 |
| Trust Services | 2 | 0 | 0 | 0 | 2 |
| All | 12 | 2 | 0 | 2 | 12 breaches |

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 of 2015/16, the process was changed to allow seven working days for the review and sign-off process.

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 Q2, the team dealt with 212 such enquiries, compared to 257 in Q1. These enquiries can be categorised as:

- 124 requests for advice and information (121 in Q1)
- 80 compliments (129 in Q1)⁶
- 8 requests for support (7 in Q1)

The table below shows a breakdown of the 124 requests for advice, information and support dealt with by the team in Q2.

Table 23: Enquiries by category

| Category | Number of enquiries |
|-------------------------------------|---------------------|
| Information about patient | 31 |
| Hospital information request | 13 |
| Emotional support | 11 |
| Medical records requested | 9 |
| Clinical information request | 8 |
| Signposting | 7 |
| Bereavement Support | 4 |
| Clinical care | 3 |
| Accommodation enquiry | 3 |
| Communication with patient/relative | 3 |
| Wayfinding | 3 |
| Freedom of information request | 2 |
| Support with access | 2 |

⁶ This figure includes compliments added directly to the Datix system by Divisions.

| | |
|------------------------------------|------------|
| Transport request | 2 |
| Employment and volunteering | 2 |
| Benefits and social care | 2 |
| Discharge arrangements | 2 |
| Follow-up treatment | 2 |
| Expenses claim | 1 |
| Transfer arrangements | 1 |
| Attitude of staff | 1 |
| Car parking | 1 |
| Appointments administration issues | 1 |
| Personal property | 1 |
| Waiting time for correspondence | 1 |
| Patient choice information | 1 |
| Aids and Appliances | 1 |
| Confidentiality | 1 |
| Delayed appointment | 1 |
| Failure to answer phone | 1 |
| Privacy and Dignity | 1 |
| Referral errors | 1 |
| Services not available | 1 |
| Total | 124 |

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 Q2, 49% were received in writing.

493 complaints (95.4%) were acknowledged within two working days. The remaining 24 cases were all acknowledged within four working days.

6. PHSO cases

During Q2, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in two complaints. During Q2, four existing cases were closed, two of which were not upheld and two of which were partially upheld. Actions and learning from the two partially upheld cases are described below.

As of 30th September (i.e. the end of Q2), eight other cases remained open with the PHSO, four of which have since been closed as not upheld and two of which have been partially upheld.

Table 24: complaints opened by the PHSO during Q2

| Case Number | Complainant (patient unless stated) | On behalf of (patient) | Date complaint received by Trust [and date notified by PHSO] | Site | Department | Division |
|--|-------------------------------------|------------------------|--|------|-------------------------|------------------------|
| 3983 | AG | LCY | 29/9/15 [7/9/16] | BRI | Trauma and Orthopaedics | Surgery, Head and Neck |
| Copy of complaint file and medical records sent to the PHSO. (note: since the end of Q2, the Trust has been advised that the PHSO has decided not to uphold this complaint) | | | | | | |
| 4841 | AJ | | 9/11/15 [30/9/16] | BEH | Outpatients | Surgery, Head and Neck |
| Copy of complaint file and medical records sent to the PHSO on 17 November 2016. Currently awaiting PHSO response. | | | | | | |

Table 25: complaints closed by the PHSO during Q2

| | | | | | | |
|--|----|----|---------------------|------|-------------------------------|----------------------|
| 16474 | | CM | 5/8/14 | BRI | Ward A604 | Surgery, Head & Neck |
| PHSO final report received 30 August 2016 – not upheld | | | | | | |
| 19541 | AA | LA | 13/8/15 | BRI | Gastroenterology & Hepatology | Medicine |
| PHSO final report received 21 September 2016 – not upheld | | | | | | |
| 10977 | ST | ST | 7/6/12 [8/12/14] | BRCH | PICU | Women and Children |
| <p>The PHSO advised the Trust on 1 August that they were partially upholding this complaint. The PHSO found service failure in some aspects of the patient's post-operative care and treatment, but not in other aspects of the patient's care and treatment which were raised by the complainants. The PHSO found that the complainants suffered significant injustice as a consequence of the service failure they have identified, but did not find that the service failure resulted in the injustice the complainants described.</p> <p>The PHSO also found maladministration in the Trust's handling of the complaint, concluding that the Trust did not provide an "open and accountable" response to some of the complainants' questions about the patient's care.</p> | | | | | | |

The PHSO directed the Trust to write to the complainants by 1 September 2016 with an open and honest acknowledgement of the failings identified in the report and an apology for the impact these failings had on the patient and the complainants. The PHSO also advised that by no later than 1 February 2017, the Trust should write to the complainants, setting out:

- the lessons the Trust has learned from the failings the PHSO identified in the patient's care;
- the lessons the Trust has learned from the failings in complaint handling identified by the PHSO;
- the action the Trust has taken and the changes the Trust has made to avoid a recurrence of these failings care and complaint handling; and
- tangible evidence of the impact of the changes made by the Trust.

| | | | | | | |
|-------|----|----|---------------------|------|-----------------|--------------------|
| 11453 | SJ | LJ | 1/8/12 [24/2/15] | BRCH | Cardiac Surgery | Women and Children |
|-------|----|----|---------------------|------|-----------------|--------------------|

The PHSO advised the Trust on 1 August that they were partially upholding this complaint. The PHSO found that there was service failure in the patient's post-operative care and treatment, but they did not conclude that the service failure led to the patient's death, as alleged by the complainant.

The PHSO also found maladministration in the Trust's complaint handling, which led to an unresolved injustice to the complainants. The PHSO directed the Trust to write to the complainant by 1 September 2016 with an open and honest acknowledgement of the failings identified in the report with respect to the patient's care and treatment and the Trust's complaint handling. The PHSO added that the Trust should also apologise for the impact these failings had on the patient and the complainants.

By the same date, the PHSO instructed the Trust to pay the complainants the sum of £2000 by way of a tangible acknowledgement of the added distress the complainants have suffered.

Finally, the PHSO directed the Trust to write the complainants no later than 1 February 2017 setting out:

- the lessons the Trust has learned from the failings the PHSO identified in the patient's care;
- the lessons the Trust has learned from the failings the PHSO identified in its complaint handling;
- the action the Trust has taken and the changes the Trust has made to avoid a recurrence of these failings in the care and in complaint handling; and
- tangible evidence of the impact of the changes made by the Trust.

Table 26: complaints ongoing with PHSO as at 30th September 2016

| Case Number | Complainant (patient unless stated) | On behalf of (patient) | Date original complaint received Trust [and date notified by PHSO] | Site | Department | Division |
|--|-------------------------------------|------------------------|--|------|--------------|----------------------|
| 14561 | HB | PB | 5/12/13 [15/6/16] | STMH | ENT | Surgery, Head & Neck |
| Note: since the end of Q2, the Trust has received the PHSO's final report - not upheld | | | | | | |
| 18315 | SOC | | 19/3/15 [13/1/16] | BRI | Rheumatology | Medicine |

| | | | | | | |
|--|------|----|-----------------------|-----|-----------------------------|-------------------------|
| Note: since the end of Q2, the Trust has received the PHSO's final report - not upheld | | | | | | |
| 18318 | SOC | | 27/3/15 [13/1/16] | BRI | Adult Therapy | Diagnostics & Therapies |
| Note: Case handled by PHSO in conjunction with 18315 Since the end of Q2, the Trust has received the PHSO's final report - not upheld | | | | | | |
| 17763 | AP-S | CW | 16/1/15 [6/4/16] | BDH | Adult Restorative Dentistry | Surgery, Head & Neck |
| The PHSO's report was received by the Trust on 3 June 2016 however the 'partially upheld' judgement was subsequently challenged by the Trust. Note: since the end of Q2, following discussion between UH Bristol consultants and the PHSO's clinical advisor, the 'partially upheld' judgement has been retracted and the case has not been upheld. | | | | | | |
| 18479 | NK | | 9/4/15 [8/6/16] | BEH | Outpatients | Surgery, Head & Neck |
| Note: since the end of Q2, the PHSO has decided to partially uphold this complaint, pertaining to the adequacy of a pre-operative assessment prior to eye surgery and how the risks associated with the surgery were shared with the patient. Actions and learning from this case will be described in the Q3 report. | | | | | | |
| 15534 | AN | | 22/4/14 [12/4/16] | BDH | Adult Restorative Dentistry | Surgery, Head & Neck |
| Note: since the end of Q2, the PHSO has decided to partially uphold this complaint, pertaining to how the Trust responded to a patient's concerns about pain they were experiencing following wisdom tooth extraction surgery. Actions and learning from this case will be described in the Q3 report. | | | | | | |
| 17173 | DF | DJ | 29/10/14 [21/9/15] | BDH | Adult Restorative Dentistry | Surgery, Head & Neck |
| Currently awaiting further contact from the PHSO. | | | | | | |
| 18856 | SC | VP | 22/5/15 [15/2/16] | BRI | Ward B501 | Medicine |
| Information relating to this case was most recently submitted to the PHSO in July 2016. Currently waiting to hear further from PHSO. | | | | | | |