

Complaints Report

Quarter 3, 2016/2017

(1 October 2016 to 31 December 2016)

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Overview

| Successes | Priorities |
|--|---|
| <ul style="list-style-type: none"> • The number of complaints received in Q3 represents a significant decrease on previous quarters. This reduction applies across all Divisions except Women's & Children's Services and to all major complaints categories. • The Trust also achieved its goal of less than 0.21% of patient attendances resulting in a complaint. • In Q3, 94.2% of responses were posted within the agreed timescale, compared to 88.1% in Q2, 76.2% in Q1 and 74.6% in Q4 (2015/16). In December, the Trust achieved its target of 95% of responses within timescale. • The majority of complaints continue to be resolved by the Trust informally. • Fewer complainants have expressed dissatisfaction with our response to their concerns (<10% to date) • Complaints about the GUCH (Grown up congenital heart disease) service, which had increased in Quarter 2, decreased significantly in Q3. Complaints about trauma and orthopaedics – highlighted in Q2 – also fell in Q3. | <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. |
| Opportunities | Risks & Threats |
| <ul style="list-style-type: none"> • To establish a new complaint review panel in Q1 2017/18. • To continue to work with the Patients Association to develop a potential model for external patient advocacy for high-risk complaints. • To apply learning from: the recent NHS Improvement review of the complaints service; the recent Care Quality Commission inspection and the forthcoming internal audit of learning from complaints. All to be incorporated into complaints work plan for 2017/18. | <ul style="list-style-type: none"> • Complaints about gynaecology services increased in Q3. The reason for this increase has been identified and addressed. • Complaints regarding appointments and admissions in the Division of Diagnostics and Therapies increased in Q3, although the number of complaints remains small and there are no common themes arising. • In Q3, 24 written complaints were not acknowledged within three working days in accordance with the NHS Constitution (instead they were acknowledged in four working days). The reasons for this have been identified and addressed for the future. |

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 397 complaints in Q3, which equates to 0.19% 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 Q3 represents a significant decrease of 23% compared to Q2 and an 11% 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 Q3, 94.2% of responses were posted within the agreed timescale, compared to 88.1% in Q2, 76.2% in Q1 and 74.6% in Q4 (2015/16). This represents 8 breaches out of 97 formal complaints which were due to receive a response during Q3². 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

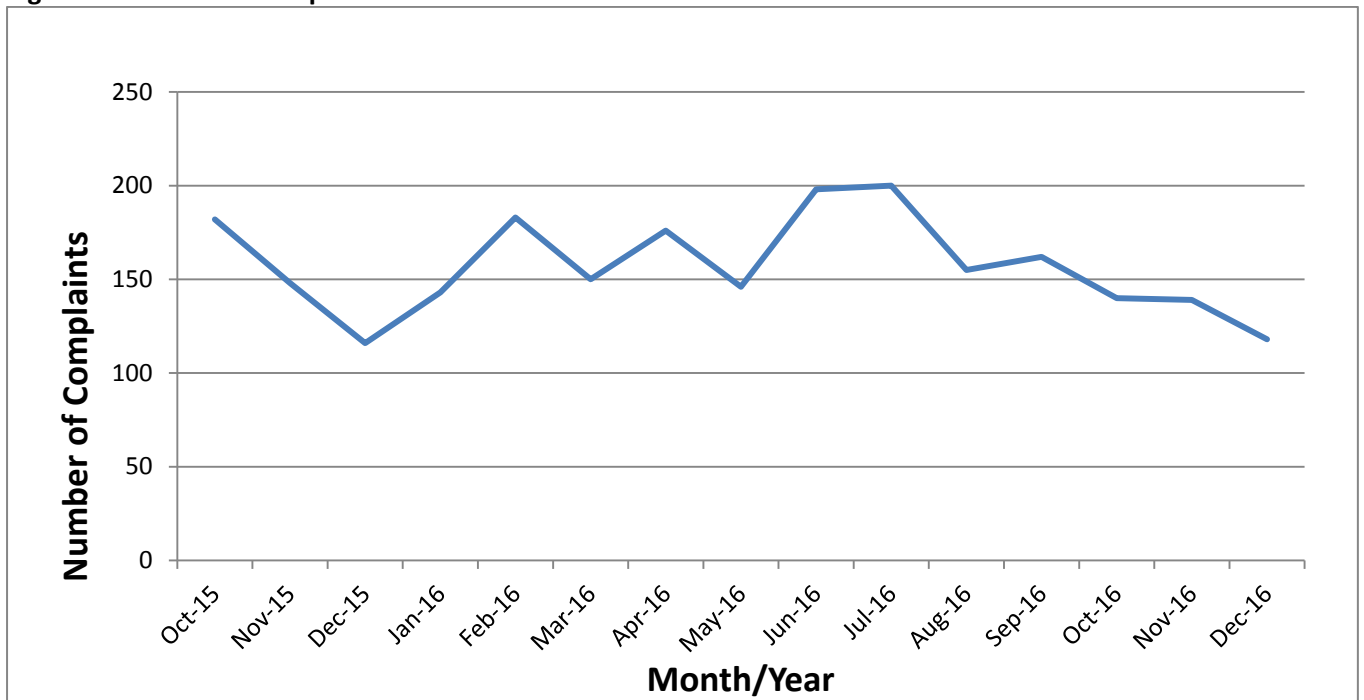


Figure 2: Complaints received, as a percentage of patient activity

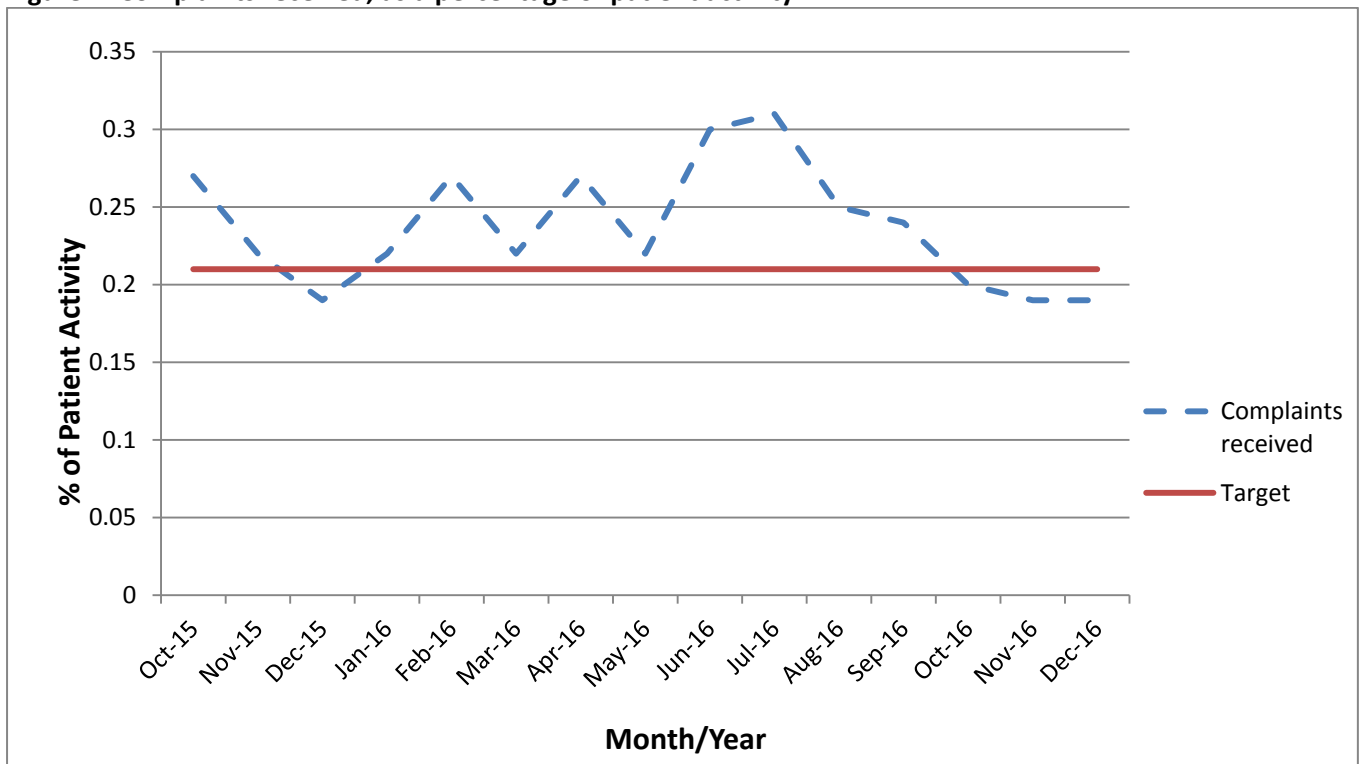


Figure 3: Numbers of formal v informal complaints

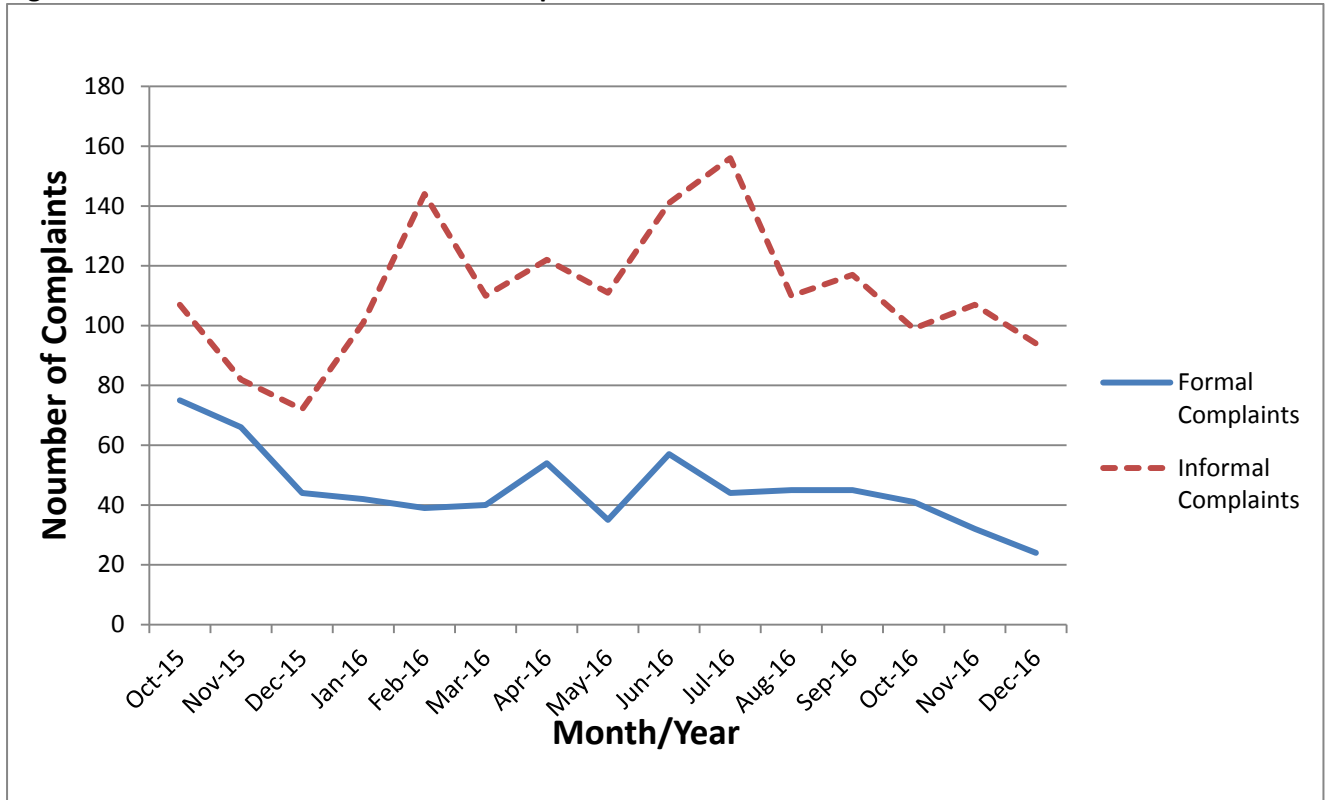


Figure 4: Percentage of complaints responded to within agreed timescale

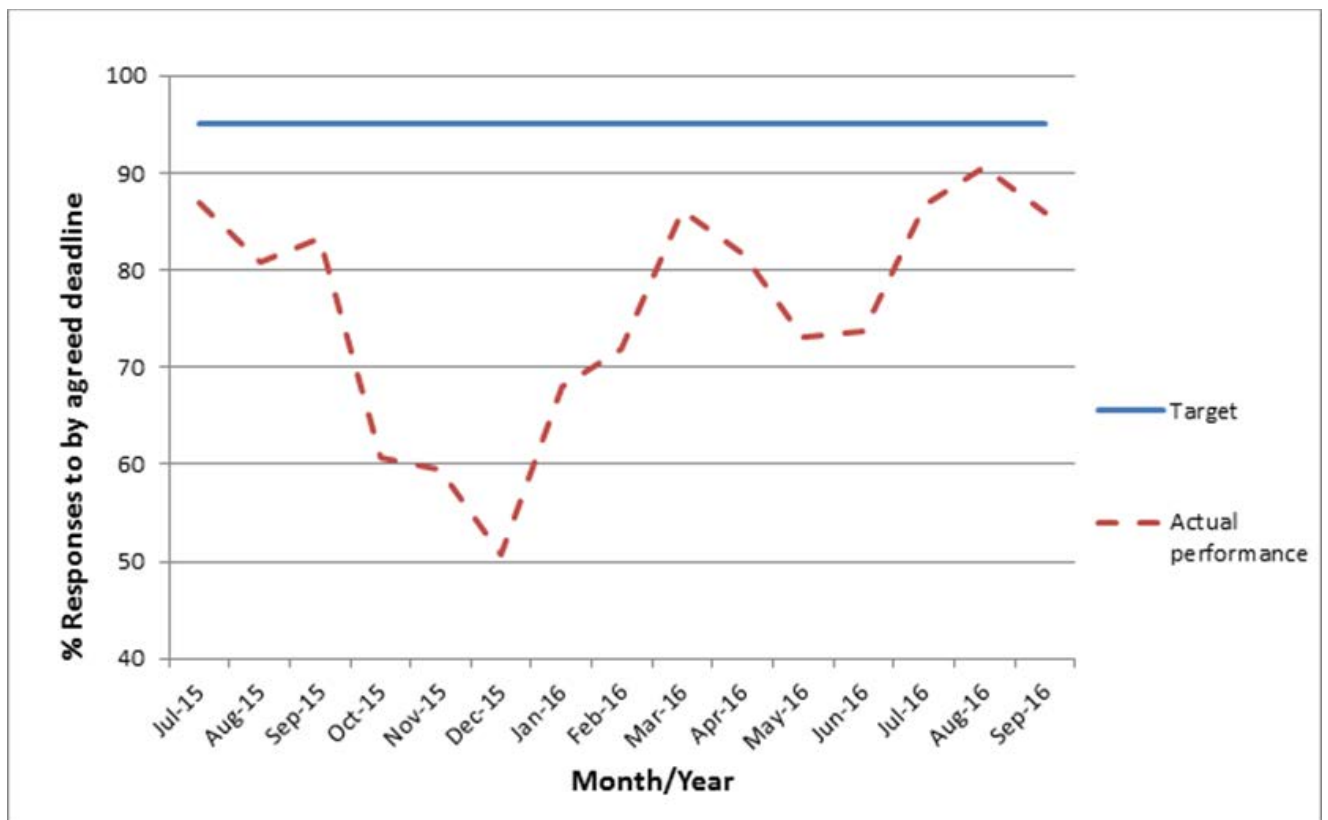


Table 1: Complaints performance

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

| | | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 |
|---|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total complaints received (inc. TS and F&E from April 2013) | TOTAL | 182 | 148 | 116 | 143 | 183 | 150 | 176 | 146 | 198 | 200 | 155 | 162 | 140 | 139 | 118 |
| | Formal | 75 | 66 | 44 | 42 | 39 | 40 | 54 | 35 | 57 | 44 | 45 | 45 | 41 | 32 | 24 |
| | Informal | 107 | 82 | 72 | 101 | 144 | 110 | 122 | 111 | 141 | 156 | 110 | 117 | 99 | 107 | 94 |
| <i>Number and % of complaints per patient attendance in the month</i> | % | 0.27% | 0.22% | 0.19% | 0.22% | 0.27% | 0.22% | 0.27% | 0.22% | 0.30% | 0.31% | 0.25% | 0.24% | 20.37% | 19.02% | 19.02% |
| | Complaints | 182 | 148 | 116 | 143 | 183 | 150 | 176 | 146 | 198 | 200 | 155 | 162 | 140 | 139 | 118 |
| | Attendances | 68,131 | 67,434 | 61,126 | 63,582 | 68,391 | 67,932 | 64,750 | 66,973 | 66,816 | 63,580 | 63,073 | 67,371 | 68,730 | 73,088 | 62,047 |
| % responded to within the agreed timescale (i.e. response posted to complainant) | % | 60.70% | 59.50% | 50.80% | 68.10% | 71.80% | 86.10% | 80.00% | 73.10% | 73.80% | 86.80% | 90.60% | 86.00% | 92.31% | 93.44% | 97.44% |
| | Within timescale | 34 | 25 | 32 | 32 | 28 | 31 | 40 | 38 | 31 | 33 | 48 | 37 | 36 | 57 | 38 |
| | Total | 56 | 42 | 63 | 47 | 39 | 36 | 49 | 52 | 42 | 38 | 53 | 43 | 39 | 61 | 39 |
| % responded to by Division within required timescale for executive review | % | 80.40% | 81.00% | 90.50% | 91.50% | 84.60% | 100% | 86.00% | 92.30% | 92.90% | 89.50% | 94.30% | 81.40% | 92.31% | 85.25% | 76.92% |
| | Within timescale | 45 | 34 | 57 | 43 | 33 | 36 | 43 | 48 | 39 | 34 | 50 | 35 | 36 | 52 | 30 |
| | Total | 56 | 42 | 63 | 47 | 39 | 36 | 50 | 52 | 42 | 38 | 53 | 43 | 39 | 61 | 39 |
| Number of breached cases where the breached deadline is attributable to Division | Attributable to Division | 7 | 7 | 20 | 12 | 10 | 5 | 3 | 8 | 7 | 4 | 4 | 4 | 2 | 3 | 1 |
| | Total Breaches | 22 | 17 | 31 | 15 | 11 | 5 | 9 | 14 | 11 | 5 | 5 | 6 | 3 | 4 | 1 |
| Number of extensions to originally agreed timescale (formal investigation process only) | | 23 | 13 | 26 | 21 | 14 | 25 | 21 | 8 | 11 | 15 | 18 | 12 | 15 | 16 | 13 |
| % of complainants dissatisfied with response and case re-opened | % | 10.70% | 4.80% | 7.90% | 6.40% | 7.70% | 8.30% | 8.00% | 9.60% | 16.70% | 10.50% | 13.20% | 18.6% | 0% | 9.83% | 12.82% |
| | Reopened Dissatisfied | 6 | 2 | 5 | 3 | 3 | 3 | 4 | 5 | 7 | 4 | 7 | 5 | 0 | 6 | 5 |
| | Total Responses Due | 56 | 42 | 63 | 47 | 39 | 36 | 50 | 52 | 42 | 38 | 53 | 43 | 39 | 61 | 39 |

1.3 Dissatisfied complainants

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 Q3, of the 139 responses sent out in October, November and December 2016, and by the cut-off point of mid-January 2017 (the date on which the dissatisfied data for October 2016 was finalised); 11 people had contacted us to say they were dissatisfied. This represents 7.9% of the responses sent out during this period.

Previously, in Q2, a total of 134 responses were sent out. By the cut-off point of mid-October 2016 (the date on which the dissatisfied data for August 2016 was finalised), 19 people had contacted us to say they were dissatisfied with our response. This represented 14.8% of the responses sent out.

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 Officer. 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.

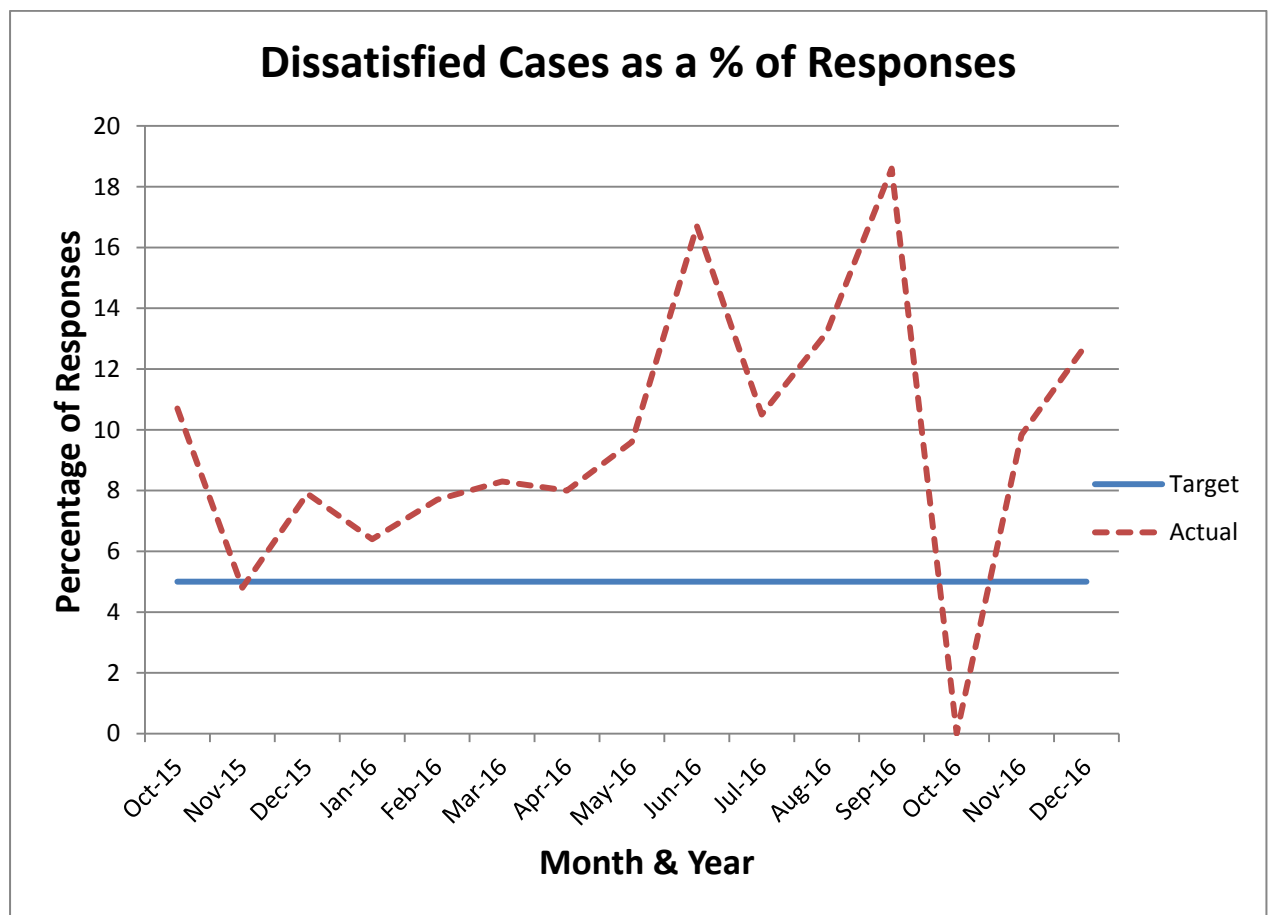
was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

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. Table 2 provides a breakdown of complaints received in Q3 2016/17 compared to Q2 2016/17. The noteworthy changes compared to Q2 are the reductions of complaints in all categories/themes especially appointments and admissions (170 to 118) and a continued reduction of complaints about staff attitude and communication (116 to 99). Complaints about access also decreased from 10 in Q2 to 1 in Q3. 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 Q3 (2016/17) | Number of complaints received in Q2 (2016/17) |
|------------------------------|---|---|
| Access | 1 (0.2%) ↓ | 10 (1.9% of total complaints) |
| Appointments & Admissions | 118 (29.7%) ↓ | 170 (32.9%) |
| Attitude & Communication | 99 (24.9%) ↓ | 116 (22.4%) |
| Clinical Care | 104 (26.2%) ↓ | 132 (25.5%) |
| Discharge/Transfer/Transport | 20 (5.3%) ↓ | 28 (5.4%) |
| Documentation | 3 (0.7%) = | 3 (0.6%) |
| Facilities & Environment | 20 (5.3%) ↓ | 26 (5%) |
| Information & Support | 32 (8.6%) = | 32(6.2%) |
| Total | 397 | 517 |

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 Q3 (397/517).

Table 3: Complaints by sub-category

| Sub-category | Number of complaints received in Q2 (2016/17) | Q2 (2016/17) | Q1 2016/17 | Q4 2015/16 |
|---|---|--------------|------------|------------|
| Cancelled/delayed appointments and operations | 66 ↓ (37.7% decrease compared to Q2) | 106 | 142 | 111 |
| Communication with patient/relative | 25 ↑ (8% increase complained to Q2) | 23 | 34 | 62 |
| Clinical Care (Medical/Surgical) | 54 ↓ (10% decrease compared to Q2) | 60 | 70 | 41 |
| Failure to answer telephones/failure to respond | 24 ↓ (11.1% decrease compared to Q2) | 27 | 34 | 29 |
| Clinical Care (Nursing/Midwifery) | 13 ↓ (31.6% decrease compared to Q2) | 19 | 22 | 25 |
| Attitude of Medical Staff | 14 ↓ (41.7% decrease compared to Q2) | 24 | 23 | 18 |

| | | | | |
|---|--------------------------------------|----|----|----|
| Attitude of Admin/Clerical Staff | 11 = | 11 | 16 | 13 |
| Attitude of Nursing Staff | 5 ↓ (70.5% decrease compared to Q2) | 17 | 12 | 8 |
| Appointments Administration Issues (new sub-category) | 15 ↓ (60.5% decrease compared to Q2) | 38 | 20 | - |
| Transport (Late/Non Arrival/Inappropriate) | 2 ↓ (81.8% decrease compared to Q2) | 11 | 6 | 2 |

Complaints about ‘cancelled or delayed appointments or operations/procedures’ have decreased from 106 in Q2 to 66 in Q3⁴.

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 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

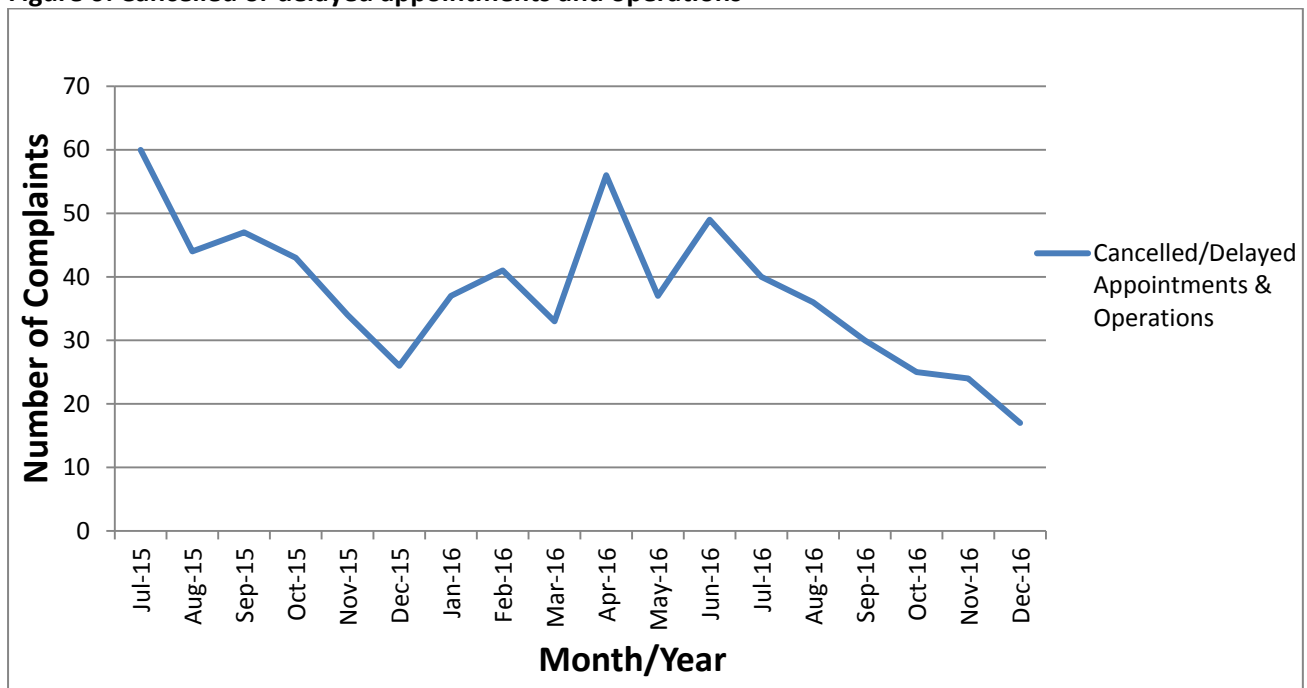


Figure 7: Clinical care – medical/surgical

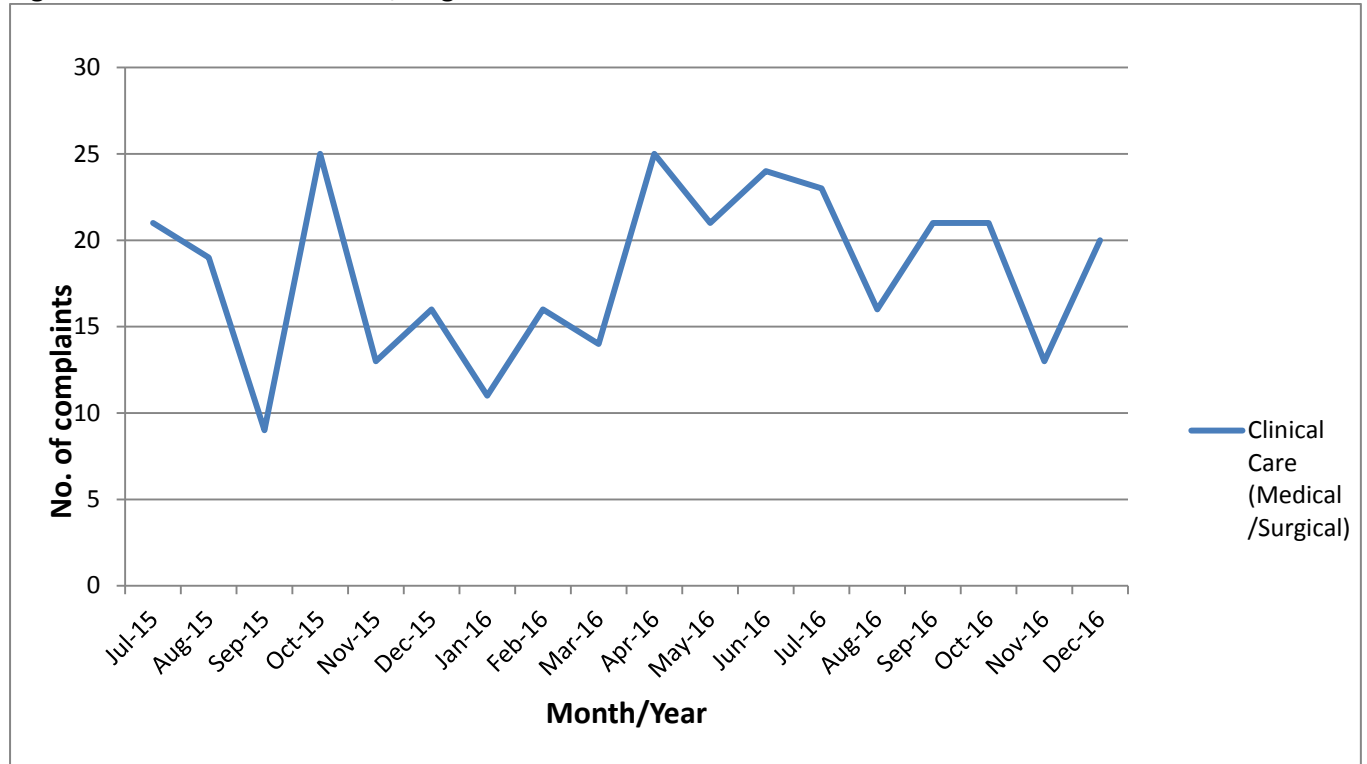
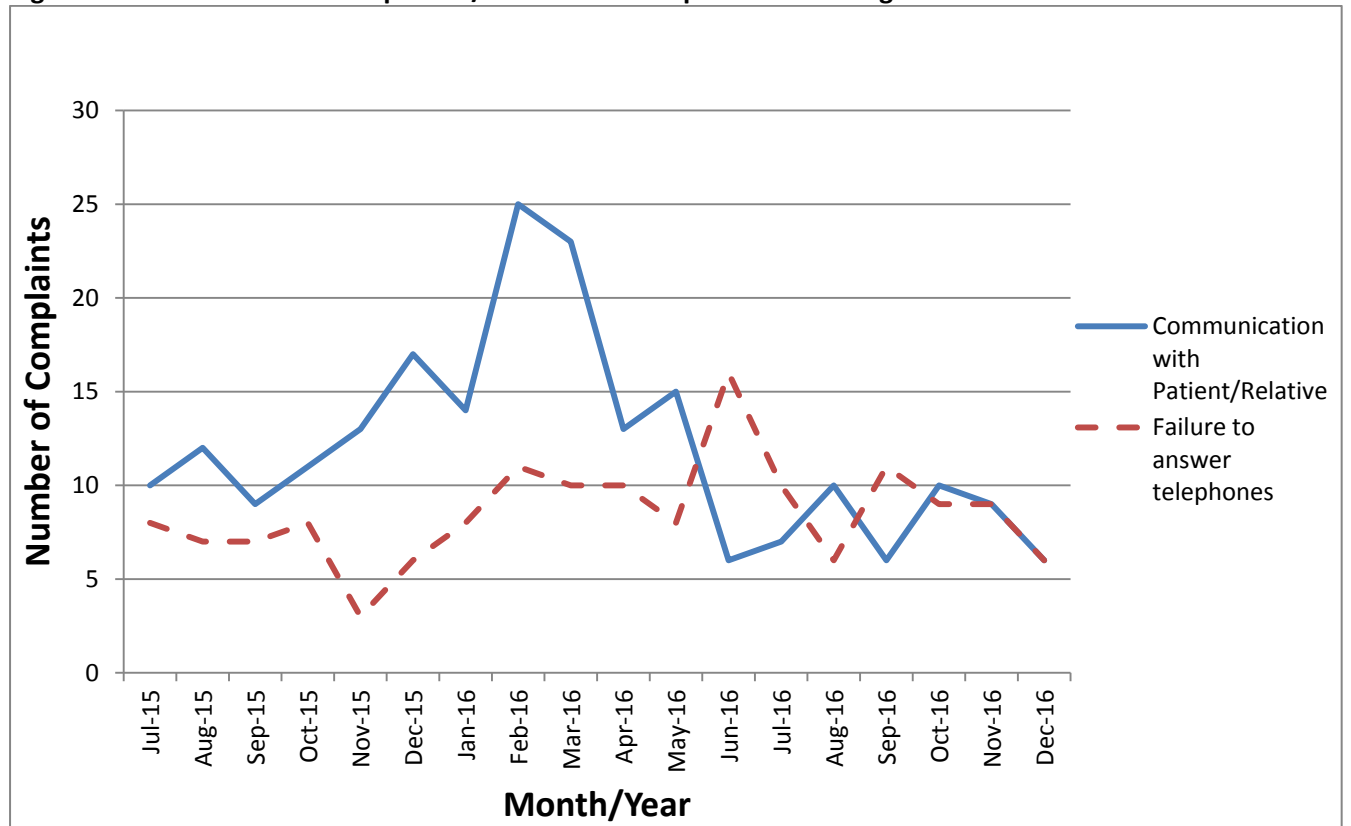


Figure 8: Communication with patient/relative and telephone answering

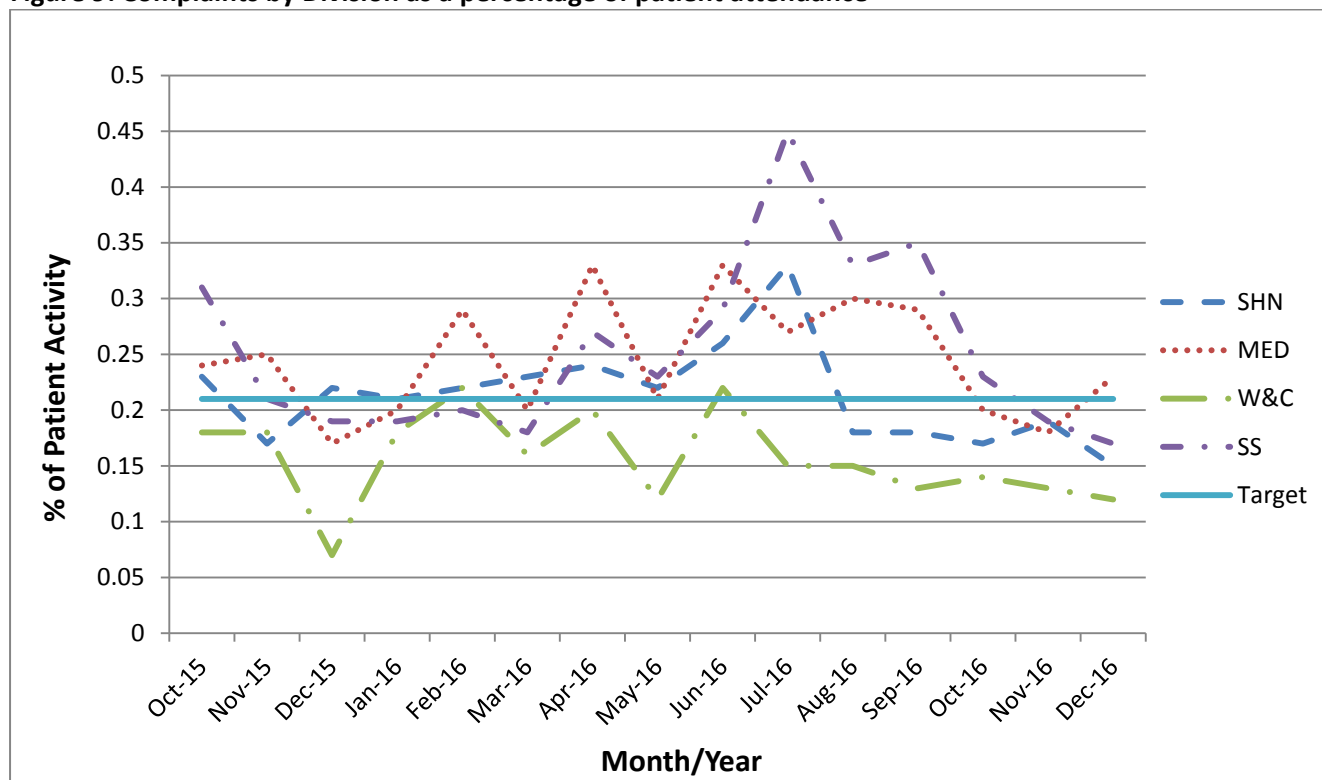


3. Divisional performance

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. 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

| | Oct 15 | Nov 15 | Dec 15 | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| No. of complaints received | 12 | 5 | 7 | 5 | 13 | 6 | 5 | 7 | 12 | 4 | 9 | 6 | 7 | 3 | 7 |

3.2 Divisional analysis of complaints received

Table 5 provides an analysis of Q3 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 | 145 (182) ↓ | 89 (123) ↓ | 49 (95) ↓ | 64 (62) ↑ | 17 (19) ↓ |
| Total complaints received as a proportion of patient activity | 0.19% (0.23%) ↓ | 0.21% (0.29%) ↓ | 0.2% (0.38%) ↓ | 0.13% (0.14%) ↓ | N/A |
| Number of complaints about appointments and admissions | 60 (87) ↓ | 20 (26) ↓ | 11 (27) ↓ | 15 (18) ↓ | 11 (6) ↑ |
| Number of complaints about staff attitude and communication | 41 (32) ↑ | 25 (34) ↓ | 7 (22) ↓ | 15 (15) = | 3 (3) = |
| Number of complaints about clinical care | 28 (37) ↓ | 30 (29) ↑ | 21 (32) ↓ | 23 (19) ↑ | 2 (6) ↓ |
| Area where the most complaints have been received in Q3 | Trauma & Orthopaedics – 37 (47) Bristol Eye Hospital – 33(40) Bristol Dental Hospital – 31(34) ENT – 13(10) Upper GI – 10(13) | Emergency Department (BRI) – 20(22) Dermatology – 9(18) Ward A300 (AMU) – 5(7) Rheumatology Department – 3(1) | BHI (all) – 41(66) BHI Outpatients – 11(11) GUCH Services – 7(21) Ward C708 – 5(11) | Gynaecology Outpatients (StMH) – 9(2) Children's ED & Ward 39 (BRHC) – 9(7) Paediatric Orthopaedics – 5 (5) | Physiotherapy – 5(4) Radiology – 3(8) Audiology – 3(4) |
| Notable deteriorations compared to Q2 | None | None | None | Gynaecology Outpatients (StMH) – 9(2) | None |
| Notable improvements compared to Q2 | Bristol Eye Hospital – 33(40) | Dermatology – 9(18) | BHI (all) – 41(66) GUCH Services – 7(21) Ward C708 – 5(11) | None | Radiology – 3(8) |

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 Q3, the Division of Surgery Head & Neck had an increase in complaints about attitude and communication (up from 32 in Q2 to 41 in Q3). There were significant decreases in complaints about discharge transfer and transport, and trauma and orthopedics. Complaints relating to the Bristol Eye Hospital have continued on a long term downwards (improving) trend.

Table 6: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2016/17 | Number and % of complaints received – Q2 2016/17 |
|----------------------------------|--|--|
| Access | 0 (0% of total complaints) ↓ | 2 (1.1% of total complaints) |
| Appointments & Admissions | 60 (41.4%) ↓ | 87 (47.8%) ↓ |
| Attitude & Communication | 41 (28.3%) ↑ | 32 (17.6%) ↓ |
| Clinical Care | 28 (19.3%) ↓ | 37 (20.3%) ↓ |
| Facilities & Environment | 2 (1.4%) ↓ | 3 (1.6%) ↑ |
| Information & Support | 8 (5.5%) ↑ | 6 (3.3%) ↓ |
| Discharge/Transfer/ Transport | 6 (4.1%) ↓ | 12 (6.6%) ↑ |
| Documentation | 0 (0%) ↓ | 3 (1.6%) ↑ |
| Total | 145 | 182 |

Table 7: Top sub-categories

| Category | Number of complaints received – Q3 2016/17 | Number of complaints received – Q2 2016/17 |
|--|--|--|
| Cancelled or delayed appointments and operations | 35 ↓ | 49 ↓ |
| Clinical Care (Medical/Surgical) | 16 = | 16 ↓ |
| Communication with patient/relative | 15 ↑ | 7 ↓ |
| Attitude of Medical Staff | 4 = | 4 ↓ |
| Attitude of Nursing/Midwifery | 1 ↓ | 3 ↓ |
| Attitude of Admin/Clerical Staff | 2 ↓ | 4 ↓ |
| Clinical Care (Nursing/Midwifery) | 1 ↓ | 2 ↓ |
| Failure to answer telephones | 14 ↑ | 13 ↓ |

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

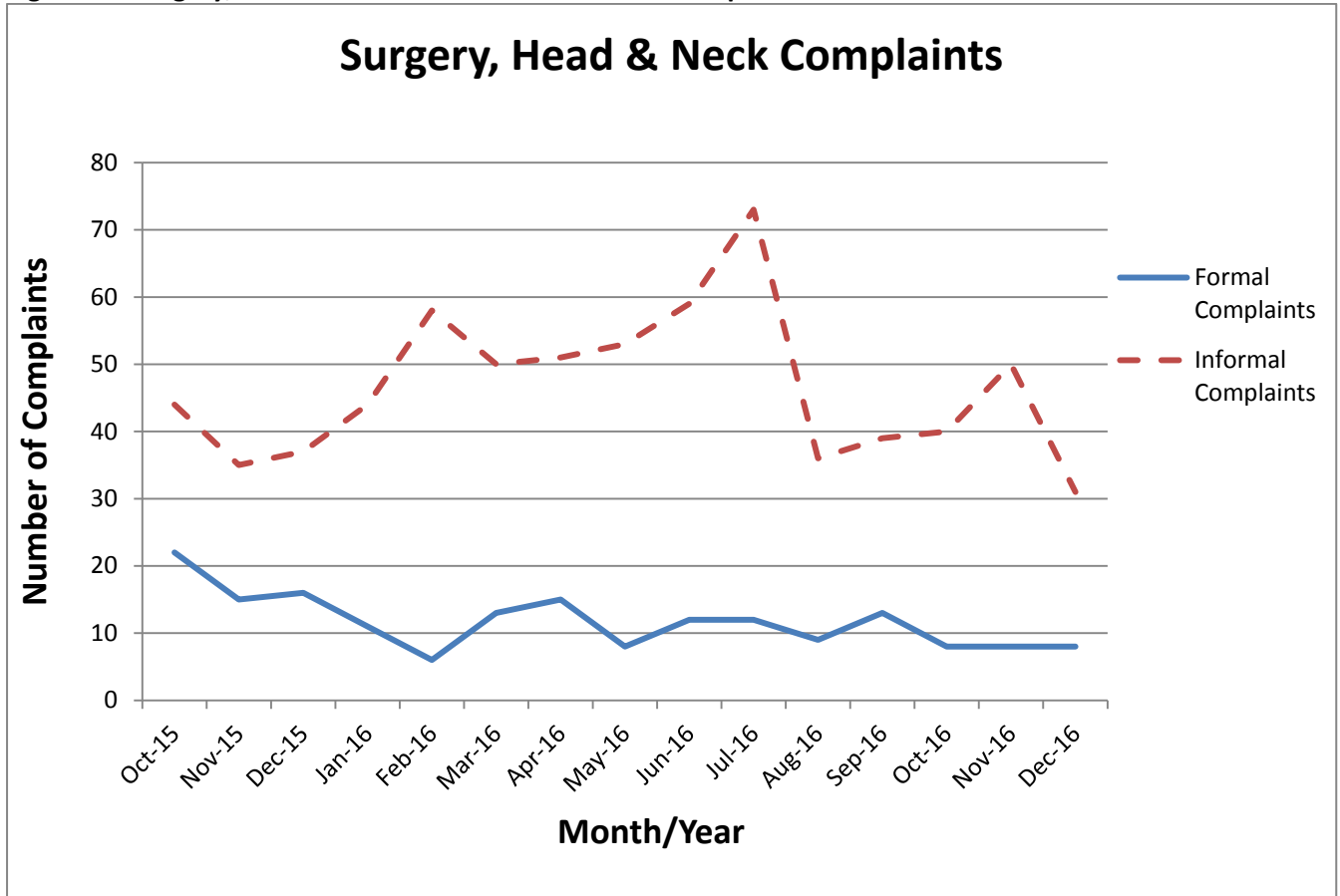
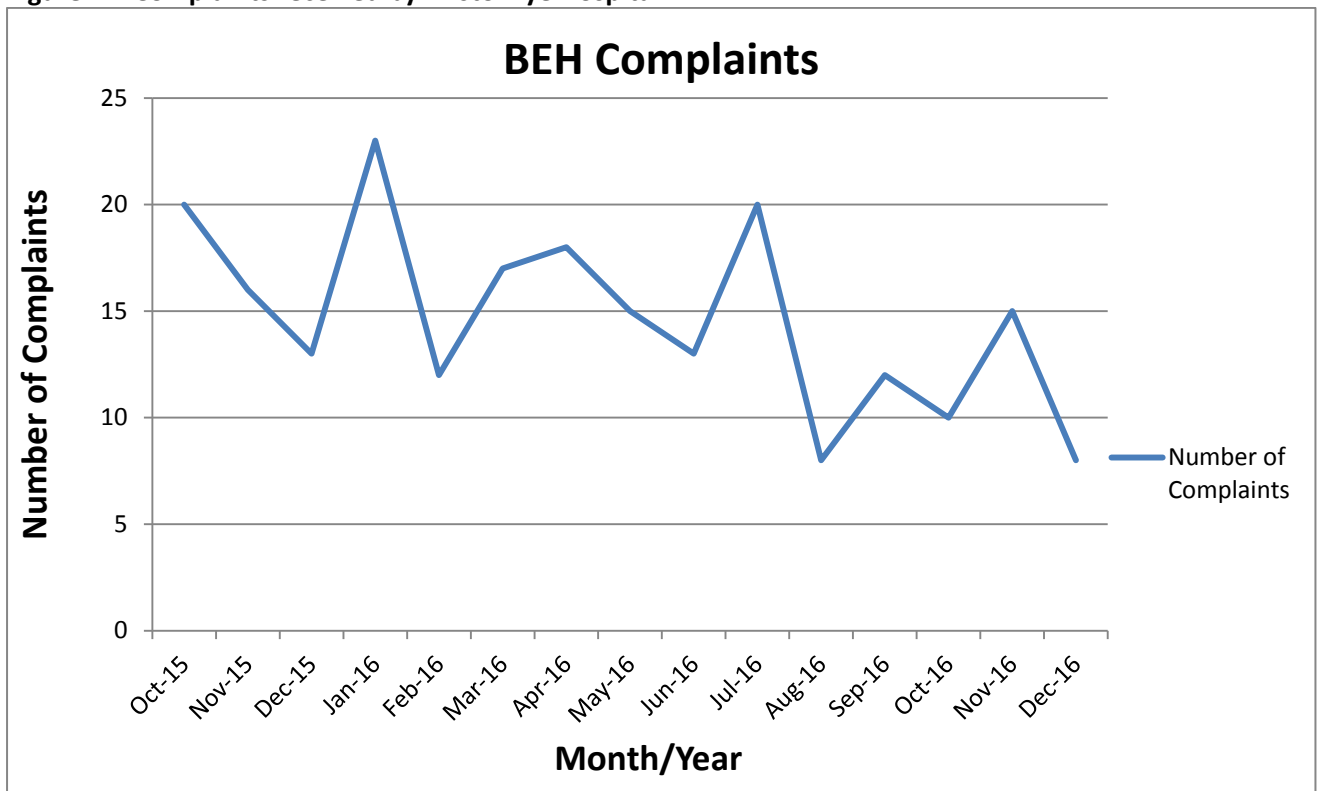


Figure 11: Complaints received by Bristol Eye Hospital



3.2.2 Division of Medicine

In Q3, there was a reduction in complaints in all major complaints categories except clinical care. Q3 data also shows a concerted shift toward informal resolution of concerns.

Table 8: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2016/17 | Number and % of complaints received – Q2 2016/17 |
|----------------------------------|--|--|
| Access | 0 (0%) ↓ | 2 (1.6% of total complaints) ↑ |
| Appointments & Admissions | 20 (22.5%) ↓ | 26 (21.1%) ↓ |
| Attitude & Communication | 25 (28.1%) ↓ | 34 (27.6%) ↓ |
| Clinical Care | 30 (33.7%) ↑ | 29 (23.6%) ↓ |
| Facilities & Environment | 6 (6.7%) ↓ | 9 (7.3%) ↑ |
| Information & Support | 3 (3.4%) ↓ | 9 (7.3%) ↑ |
| Discharge/Transfer/ Transport | 5 (5.6%) ↓ | 11 (8.9%) ↓ |
| Documentation | 0 (0%) ↓ | 3 (2.4%) ↑ |
| Total | 89 | 123 |

Table 9: Top sub-categories

| Category | Number of complaints received – Q3 2016/17 | Number of complaints received – Q2 2016/17 |
|--|--|--|
| Cancelled or delayed appointments and operations | 9 ↓ | 17 = |
| Clinical Care (Medical/Surgical) | 15 ↑ | 14 ↓ |
| Communication with patient/relative | 4 ↓ | 5 ↓ |
| Attitude of Medical Staff | 3 ↓ | 9 ↑ |
| Attitude of Nursing/Midwifery | 1 ↓ | 7 ↑ |
| Attitude of Admin/Clerical Staff | 3 ↓ | 4 ↓ |
| Clinical Care (Nursing/Midwifery) | 6 ↓ | 5 = |
| Failure to answer telephones | 5 ↓ | 6 ↑ |

Figure 12: Medicine – formal and informal complaints received

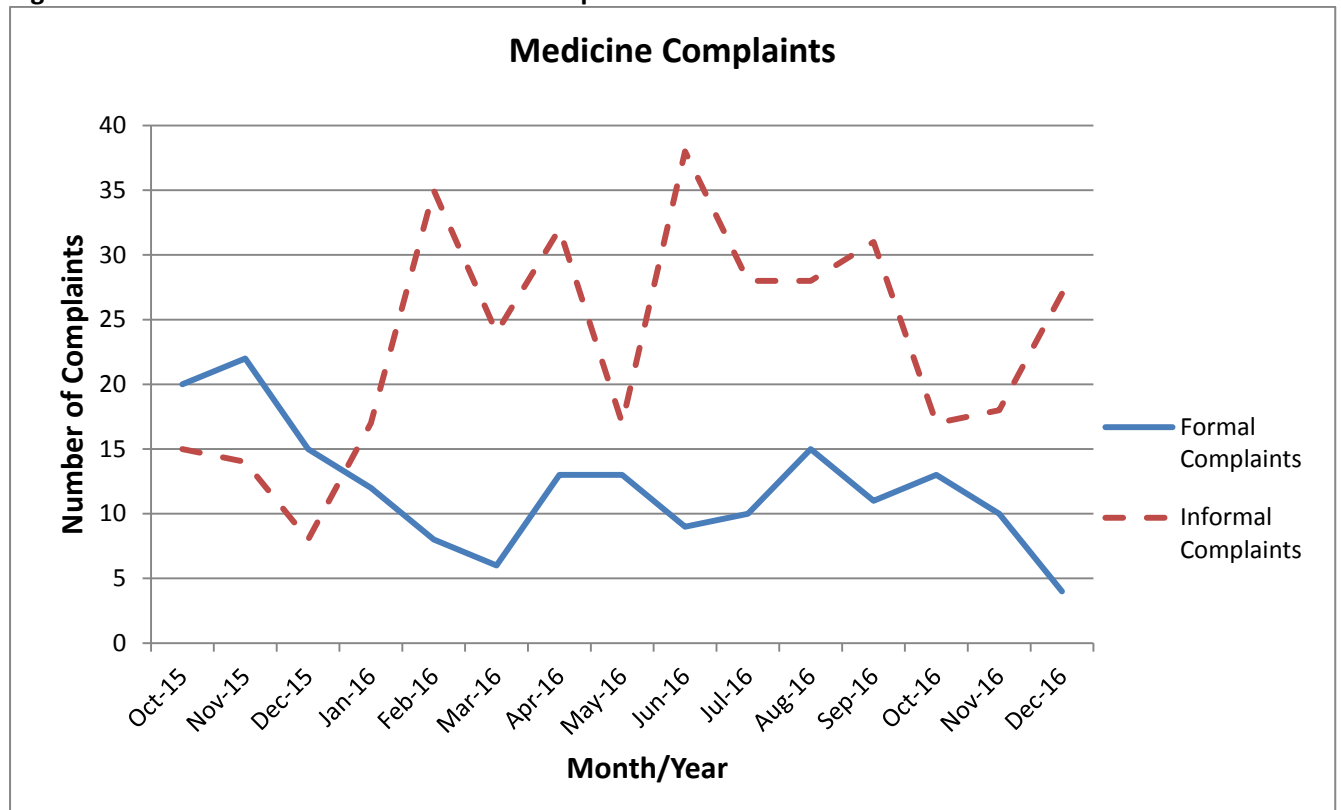
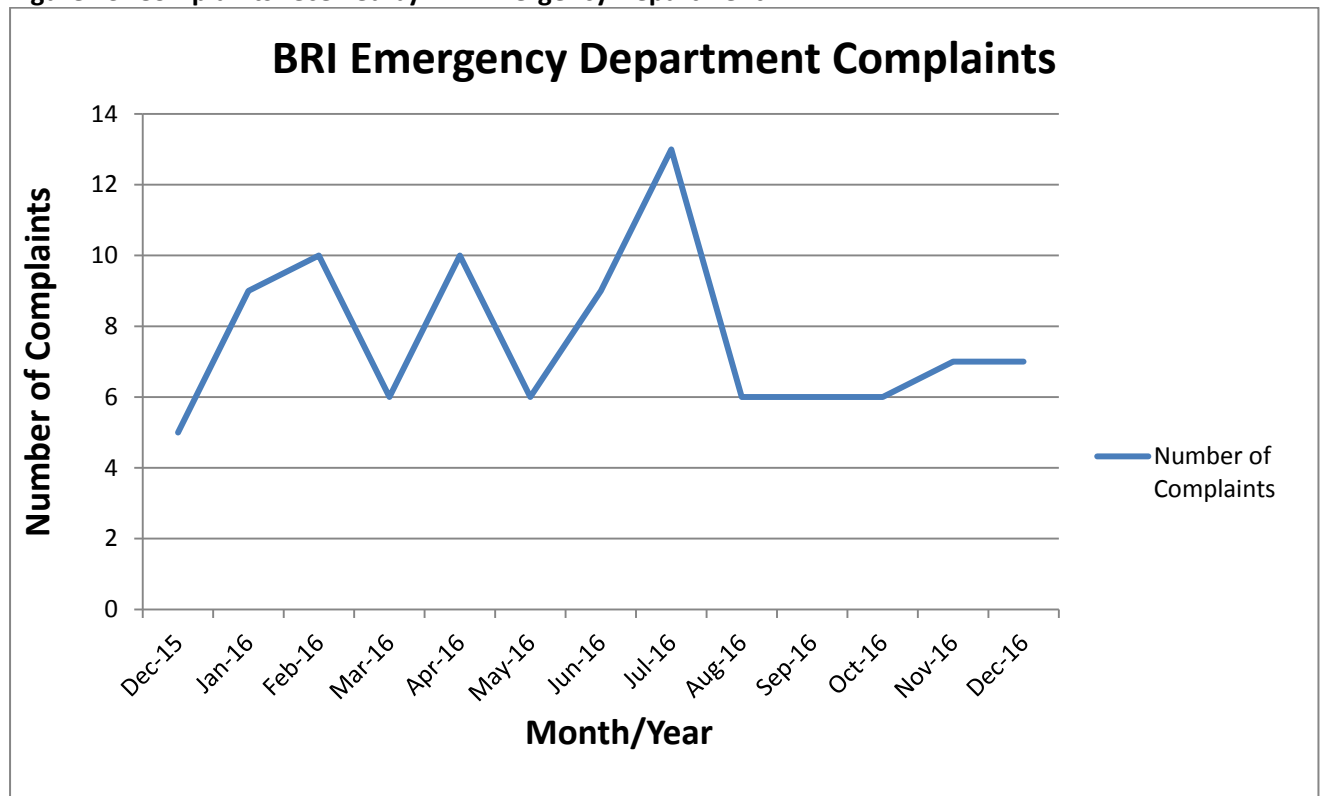


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q3, the Division of Specialised Services experienced a significant decrease in complaints from 92 in Q2 to 49 in Q3. This included substantial reductions in complaints relating to cancelled or delayed appointments, and operations and clinical care.

Table 10: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2016/17 | Number and % of complaints received – Q2 2016/17 |
|------------------------------|--|--|
| Access | 0 (0% of total complaints) ↓ | 2 (2.18% of total complaints) ↑ |
| Appointments & Admissions | 11 (22.4%) ↓ | 32 (34.8%) ↑ |
| Attitude & Communication | 7 (14.3%) ↓ | 21 (22.8%) = |
| Clinical Care | 21 (43.8%) ↓ | 31 (33.7%) ↑ |
| Facilities & Environment | 2 (4.0%) ↓ | 1 (1.09%) ↑ |
| Information & Support | 4 (8.2%) ↓ | 3 (3.2%) ↑ |
| Discharge/Transfer/Transport | 4 (8.2%) ↓ | 1 (1.09%) ↓ |
| Documentation | 0 (0%) ↓ | 1 (1.09%) = |
| Total | 49 | 92 |

Table 11: Top sub-categories

| Category | Number of complaints | Number of complaints received – Q2 2016/17 |
|--|----------------------|--|
| Cancelled or delayed appointments and operations | 8 ↓ | 27 ↑ |
| Clinical Care (Medical/Surgical) | 10 ↓ | 17 ↑ |
| Communication with patient/relative | 3 ↓ | 5 ↓ |
| Attitude of Medical Staff | 2 ↓ | 5 ↑ |
| Attitude of Nursing/Midwifery | 0 ↓ | 2 ↑ |
| Attitude of Admin/Clerical Staff | 0 ↓ | 1 = |
| Clinical Care (Nursing/Midwifery) | 3 ↓ | 4 ↑ |
| Failure to answer telephones | 0 ↓ | 5 = |

Figure 14: Specialised Services – formal and informal complaints received

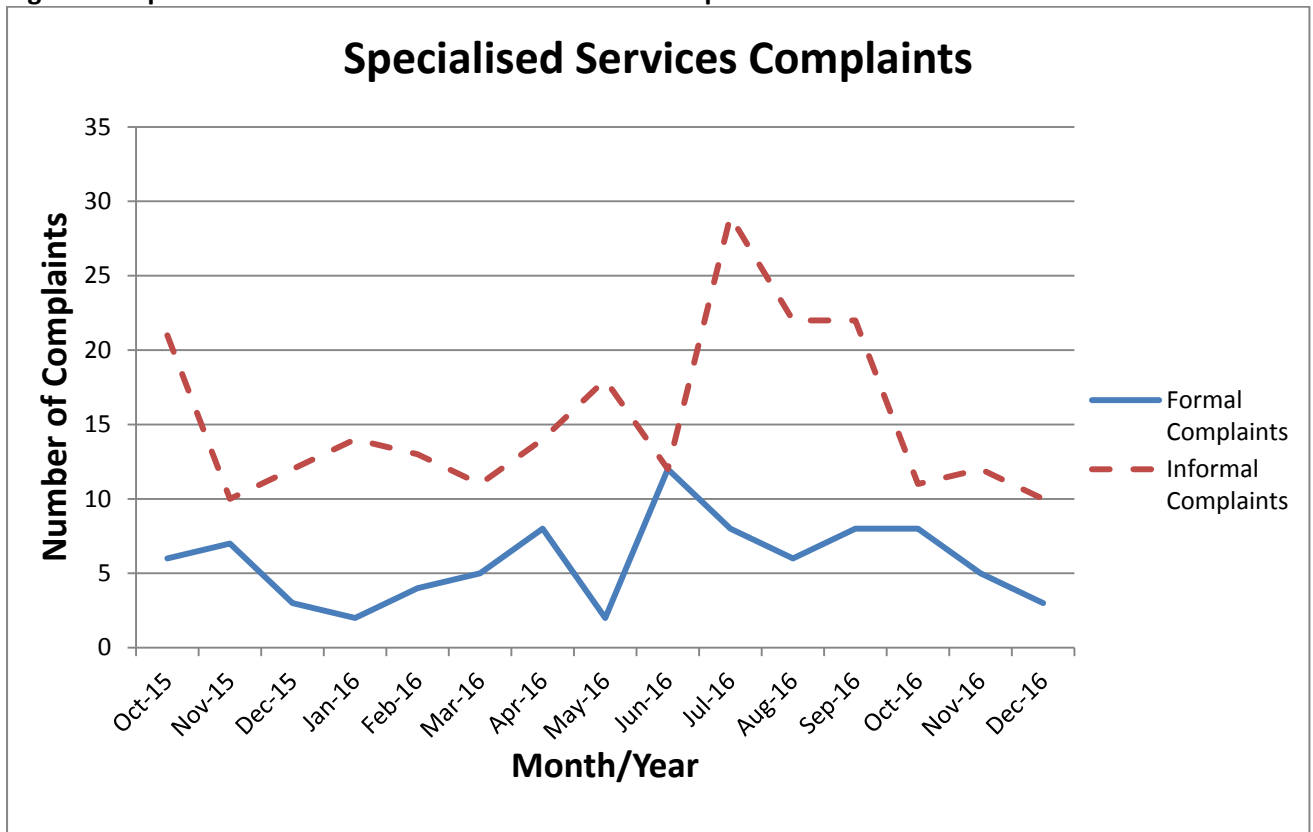
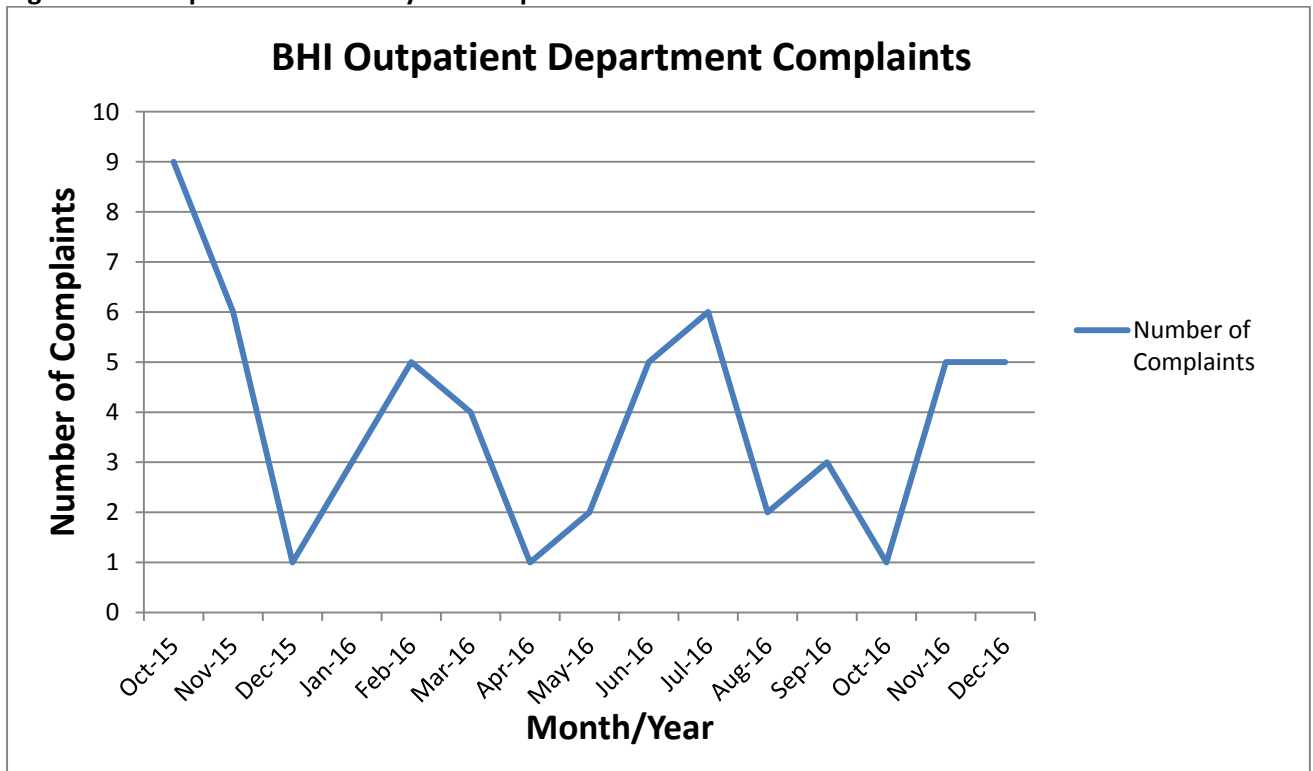


Figure 15: Complaints received by BHI Outpatients



3.2.4 Division of Women's and Children's Services

In Q3, the Division of Women's and Children's Services continued to receive fewer complaints about appointments and admissions. Complaints about clinical care however increased slightly in Q3 (from 19 to 23).

Table 12: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2016/17 | Number and % of complaints received – Q2 2016/17 |
|------------------------------|--|--|
| Access | 0 (0% of total complaints) ↓ | 1 (1.6% of total complaints) ↑ |
| Appointments & Admissions | 15 (23.4%) ↓ | 18 (29%) ↓ |
| Attitude & Communication | 15 (23.4%) = | 15 (24.2%) ↓ |
| Clinical Care | 23 (35.9%) ↑ | 19 (30.6%) ↓ |
| Facilities & Environment | 1 (1.6%) ↓ | 2 (3.2%) ↑ |
| Information & Support | 6 (9.4%) ↑ | 3 (4.8%) ↓ |
| Discharge/Transfer/Transport | 4 (6.2%) ↑ | 2 (3.2%) = |
| Documentation | 0 (0%) ↓ | 2 (3.2%) ↑ |
| Total | 64 | 62 |

Table 13: Top sub-categories

| Category | Number of complaints received | Number of complaints received |
|--|-------------------------------|-------------------------------|
| Cancelled or delayed appointments and operations | 7 ↓ | 11 ↓ |
| Clinical Care (Medical/Surgical) | 13 ↓ | 7 ↓ |
| Communication with patient/relative | 2 ↓ | 4 ↑ |
| Attitude of Medical Staff | 5 ↓ | 6 ↑ |
| Attitude of Nursing/Midwifery | 3 ↓ | 4 ↑ |
| Attitude of Admin/Clerical Staff | 2 ↑ | 0 ↓ |
| Clinical Care (Nursing/Midwifery) | 3 ↓ | 7 ↑ |
| Failure to answer telephones | 1 = | 1 ↓ |

Table 14: Divisional response to concerns highlighted by Q3 data

| Concern | Explanation | Action |
|--|---|--|
| Complaints about Gynaecology (StMH) increased (from 2 to 9). Of these nine complaints received, three were in respect of appointment and admission issues. Two complaints were in respect of attitude and communication and three complaints were in respect of clinical care. | <p>Four complaints related to a new consultant – concerns related to their attitude, communication and clinical care.</p> <p>One complaint was about lack of patient information on the management of miscarriage</p> | <p>Assistant divisional manager and medical lead have spoken with the new consultant and provided appropriate support for them in their new role.</p> <p>A leaflet is being developed for patients who are awaiting a second scan to determine viability of pregnancy.</p> |

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

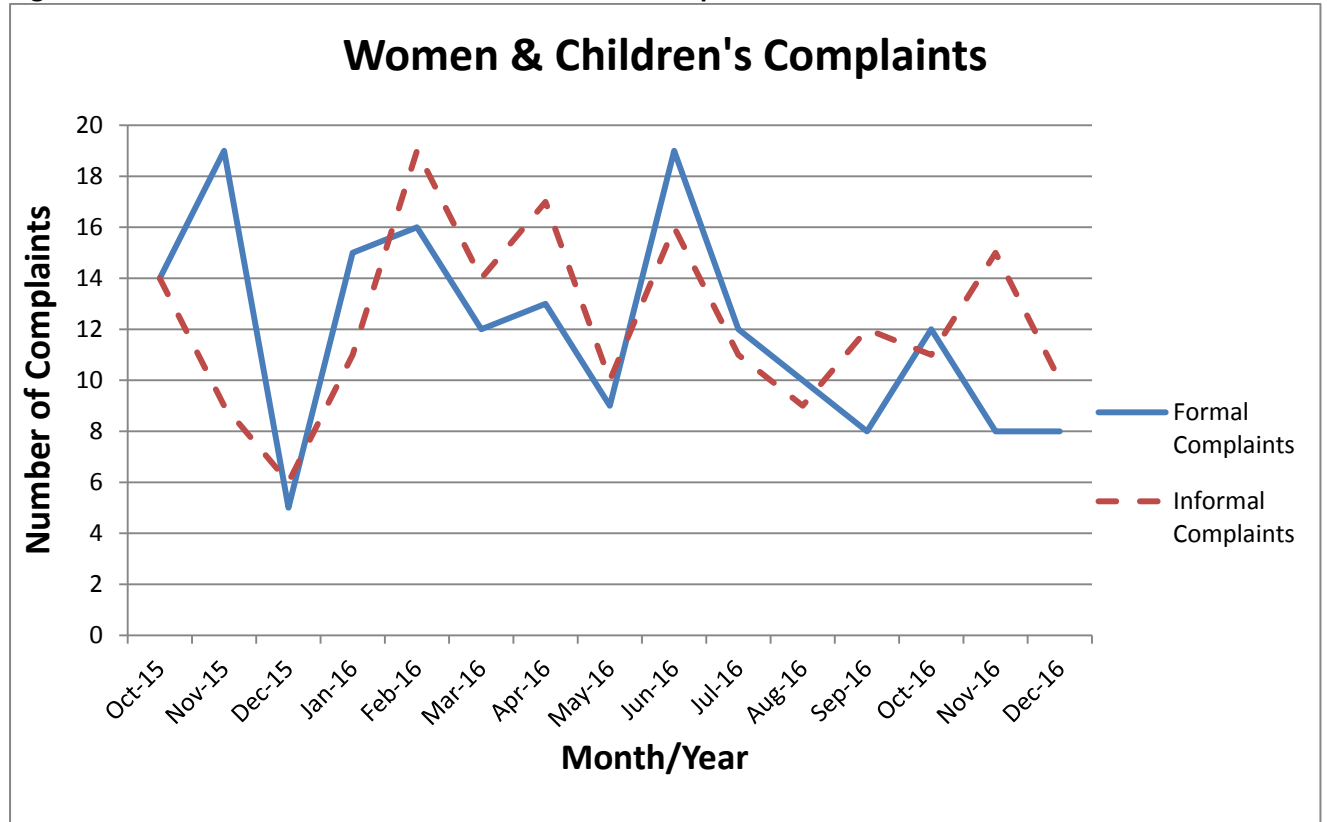
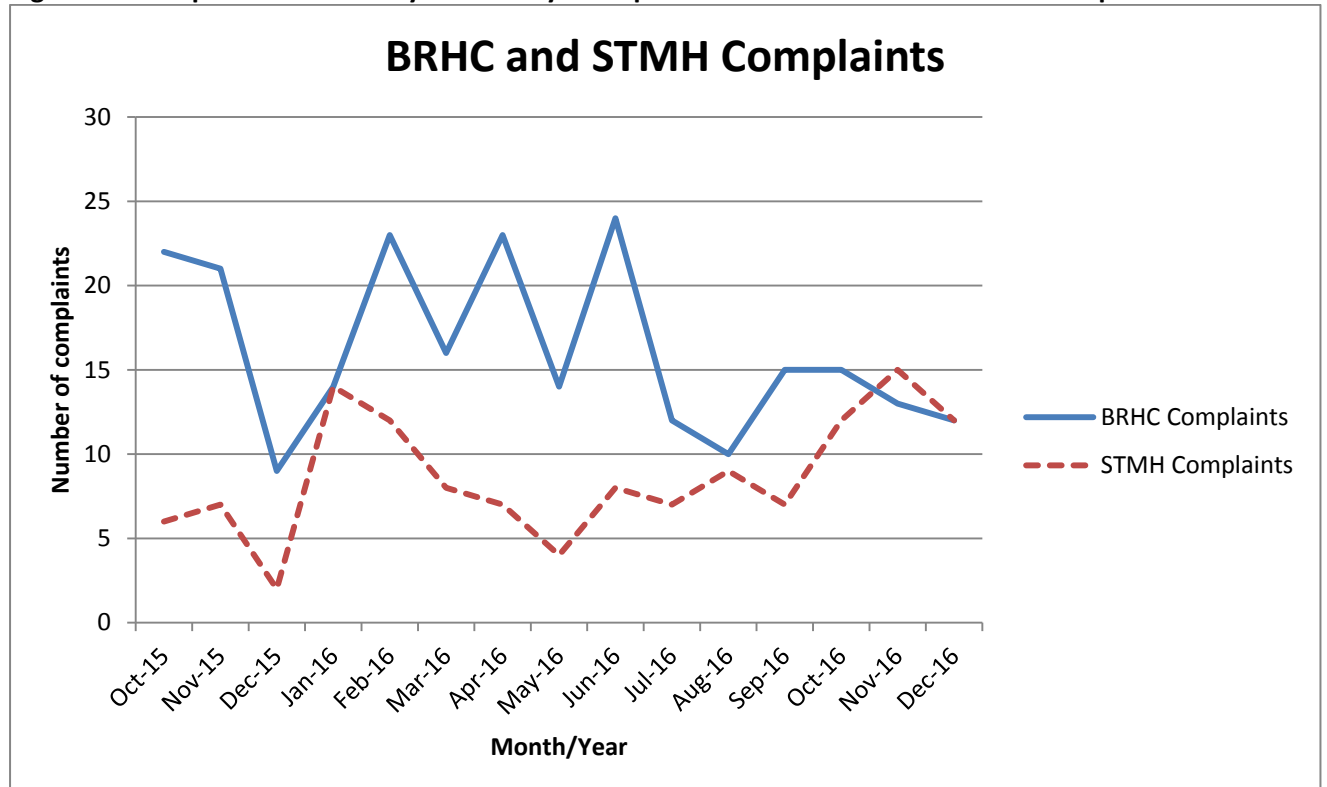


Figure 17: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



3.2.5 Division of Diagnostics & Therapies

In Q3, complaints received by the Diagnostics and Therapies Division continued to fall from 19 to 17. However, there was a significant increase in the number of complaints received in Q3 regarding appointments and admissions (11 compared to 6 in Q2).

Table 15: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2016/17 | Number and % of complaints received – Q2 2016/17 |
|------------------------------|--|--|
| Access | 0 (0% of total complaints) ↓ | 2 (10.5% of total complaints) ↑ |
| Appointments & Admissions | 11 (64.7%) ↑ | 6 (31.6%) ↓ |
| Attitude & Communication | 3 (17.6%) = | 3 (15.8%) ↓ |
| Clinical Care | 2 (11.7%) ↓ | 6 (31.6%) ↓ |
| Facilities & Environment | 0 (0%) ↓ | 1 (5.3%) ↓ |
| Information & Support | 1 (5.9%) ↑ | 0 (0%) = |
| Discharge/Transfer/Transport | 0 (0%) ↓ | 1 (5.3%) ↑ |
| Documentation | 0 (0%) = | 0 (0%) = |
| Total | 17 | 19 |

Table 16: Divisional response to concerns highlighted by Q3 data

| Concern | Explanation | Action |
|---|---|--|
| Complaints regarding appointments and admissions increased (6 to 11). Of these seven complaints received, related to delayed appointments for Audiology, Neurophysiology and Adult Therapies. Three complaints were in relation to follow up appointments for Physiotherapy and one complaint related to the appointment reminder system for the Orthotic department. | <p>An analysis of these complaints reveals no common themes, however examples of individual complaints are provided below:</p> <p>Examples of audiology complaints (both informal):</p> <p>Complaint received from MP regarding a patient who was unhappy with the delay in waiting for hearing aid repairs.</p> <p>Complaint from a patient who was requesting assistance in getting an earlier hearing test for their mother to fit in with a follow up consultation.</p> <p>Examples of physiotherapy complaints:</p> <p>Complaint from a patient who had to wait six months for a physiotherapy appointment</p> | <p>The patient was offered an appointment the day before the MP's letter was received.</p> <p>The patient was provided with an appointment before the follow up consultation and they thanked the service for facilitating their request (via PSCT).</p> <p>The service apologised for the delay of six months and acknowledged that such a long</p> |

| | | |
|--|--|---|
| | <p>(Women's Health).</p> <p>Complaint from a patient's father who had difficulties obtaining physiotherapy appointments for their child.</p> | <p>wait was unacceptable. They confirmed that the target wait is 11 weeks and explained that this is a specialist area in physiotherapy that has a limited number of staff trained to carry out this work. The service explained to the complainant that it is striving to get back on track with this clinic by freeing up the physiotherapists from other duties to undertake this activity. Additional physical capacity is also being explored to support patients being seen in a timely fashion.</p> <p>The service was unable to offer the specific time and date requested by the family due to availability and explained to the complainant that patients are booked in order of priority. The complainant remained unhappy and, as an exceptional arrangement, the therapy service arranged for a senior physiotherapist from orthopaedics to treat the patient on the date requested. The Head of Therapies and Divisional Director also spoke personally with the complainant.</p> |
|--|--|---|

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

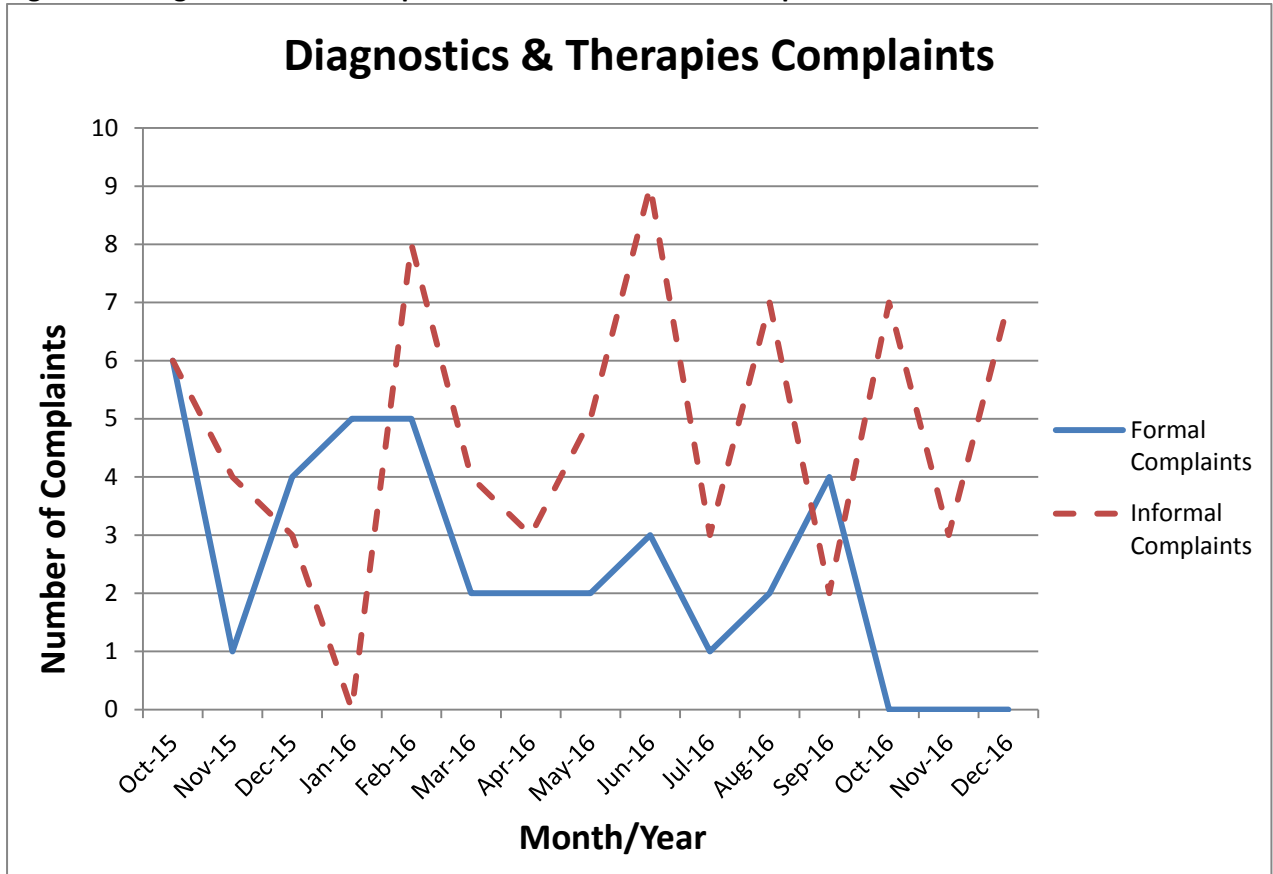
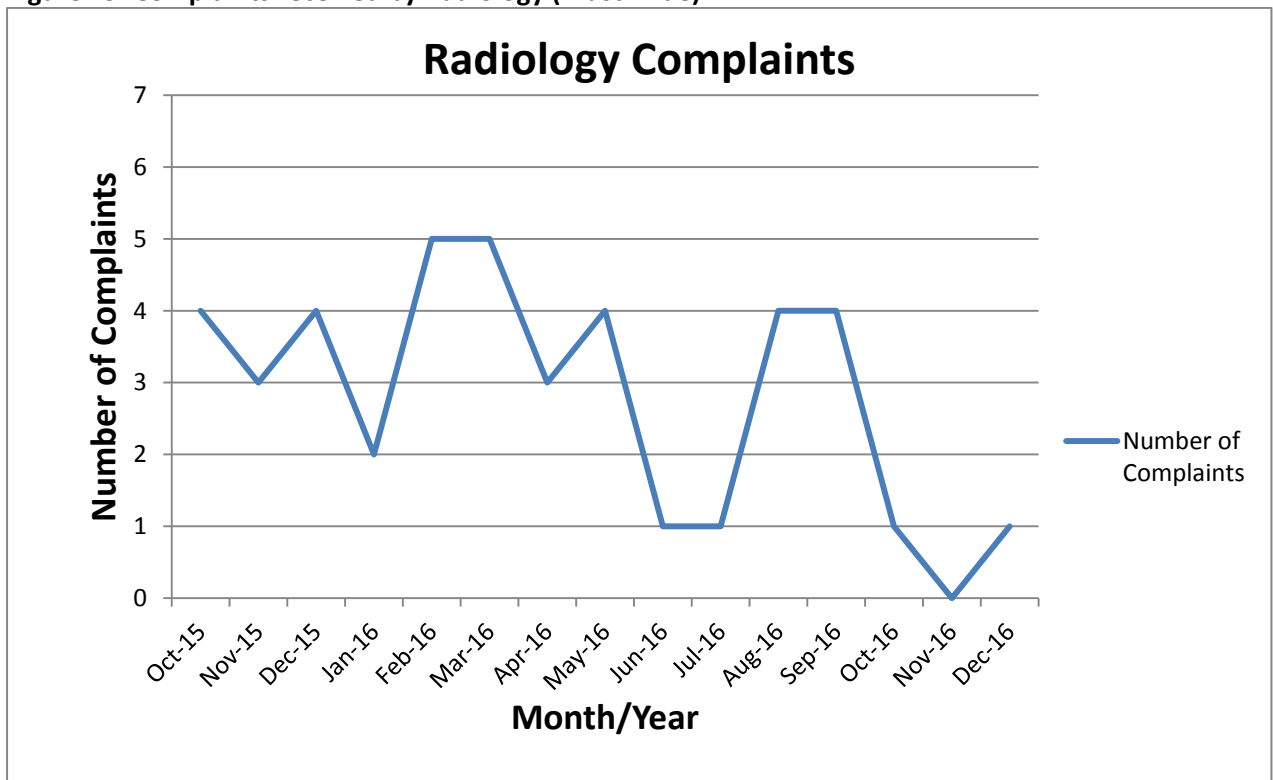


Figure 19: Complaints received by Radiology (Trust-wide)



3.3 Complaints by hospital site

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

Table 17: Breakdown of complaints by hospital site

| Hospital/Site | Number and % of complaints received in Q3 2016/17 | Number and % of complaints received in Q2 2016/17 |
|--|---|---|
| Bristol Royal Infirmary (BRI) | 178 (44.9%) ↓ | 234 (45.3%) |
| Bristol Eye Hospital (BEH) | 33 (8.3%) ↓ | 41 (7.8%) |
| Bristol Dental Hospital (BDH) | 29 (7.3%) ↓ | 34 (6.6%) |
| St Michael's Hospital (StMH) | 39 (9.8%) ↓ | 40 (7.7%) |
| Bristol Heart Institute (BHI) | 41 (10.3%) ↓ | 66 (12.8%) |
| Bristol Haematology & Oncology Centre (BHOC) | 13 (3.3%) ↓ | 35 (6.8%) |
| Bristol Royal Hospital for Children (BRHC) | 40 (10.1%) ↑ | 38 (7.4%) |
| South Bristol Community Hospital (SBCH) | 11 (2.8%) ↓ | 12 (2.4%) |
| Trust Headquarters | 2 (0.5%) ↑ | 0 (0%) |
| Southmead Hospital (UHB) | 1 (0.2%) | 1 (0.19%) |
| Central Health Clinic | 2 (0.5%) ↓ | 7 (1.4%) |
| Car parks | 2 (0.5%) ↑ | 1 (0.19%) |
| Community Midwifery Services | 0 (0%) ↓ | 2 (0.39%) |
| Community Sexual Health | 0 (0%) ↓ | 1 (0.19%) |
| Other Trust Concerns | 6 (1.5%) ↑ | 5 (0.84%) |
| Total | 397 | 517 |

Table 18 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 Q3, the BRI accounted for 30.18% of all attendances and 44.9% of all complaints.

Table 18: Complaints rates by main hospital sites

| Site | No. of complaints | No. of attendances | Complaints rate | Proportion of all attendances | Proportion of all complaints |
|--------------|-------------------|--------------------|-----------------|-------------------------------|------------------------------|
| BRI | 178 | 61,389 | 0.29% | 30.18% | 44.9% |
| BEH | 33 | 32,726 | 0.10% | 16.09% | 8.31% |
| BDH | 29 | 22,894 | 0.13% | 11.26% | 7.30% |
| StMH | 39 | 23,211 | 0.17% | 11.41% | 9.82% |
| BHI | 41 | 5,043 | 0.81% | 2.48% | 10.3% |
| BHOC | 13 | 18,023 | 0.07% | 8.86% | 3.27% |
| BRHC | 40 | 33,136 | 0.12% | 16.29% | 10.08% |
| SBCH | 11 | 6,971 | 0.16% | 3.43% | 2.77% |
| Other | 15 | 472 | 3.18% | 0.23% | 3.78% |
| Total | 397 | 203,865 | | | |

Figures 20 and 21 below show that the Bristol Royal Infirmary consistently receives more complaints than other UH Bristol sites, measured in terms of total complaints received. With the exception of the Bristol Heart Institute, the BRI also receives more complaints than other sites when measured as

a proportion of patient attendances. Reasons for this longstanding difference are currently being explored; one hypothesis being that this may be statistical artefact of a different inpatient to outpatient activity ratio. However, the number of complaints about the Bristol Royal Infirmary reduced significantly in Q3 (178 compared to 234 in Q2) reflecting the overall downward trend in complaints described in this report.

Figure 20: Complaints received by hospital site

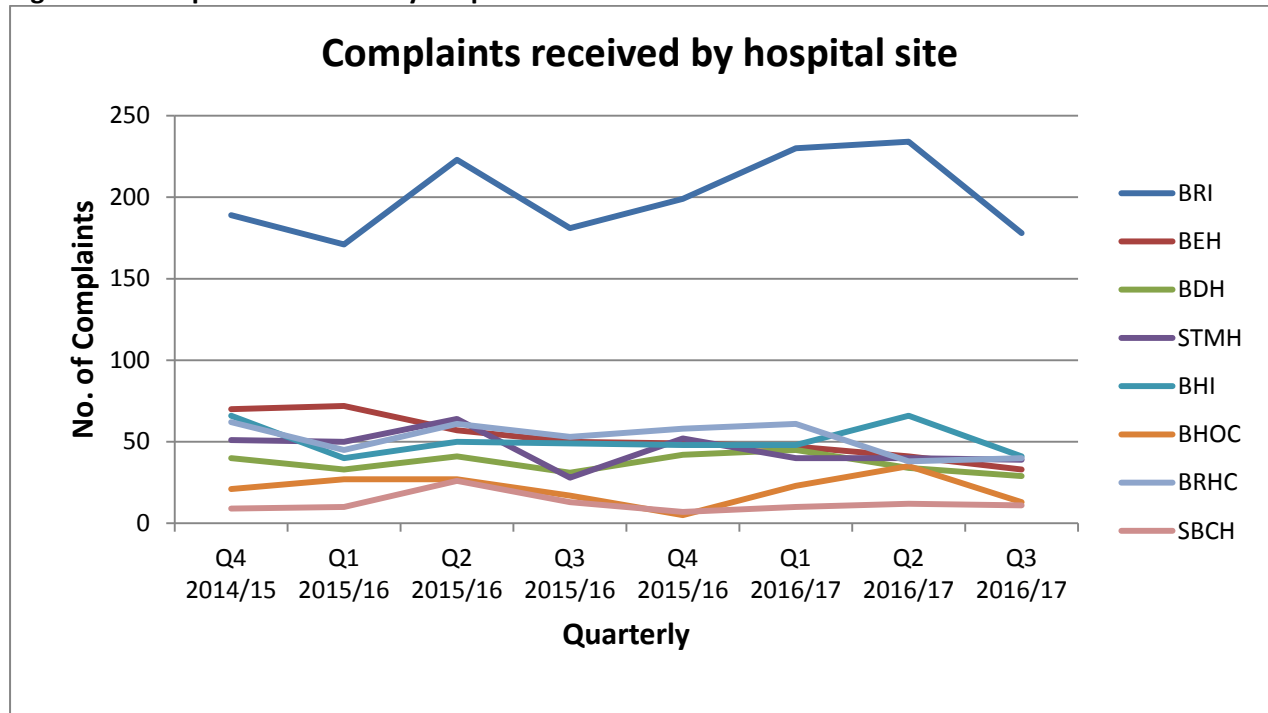
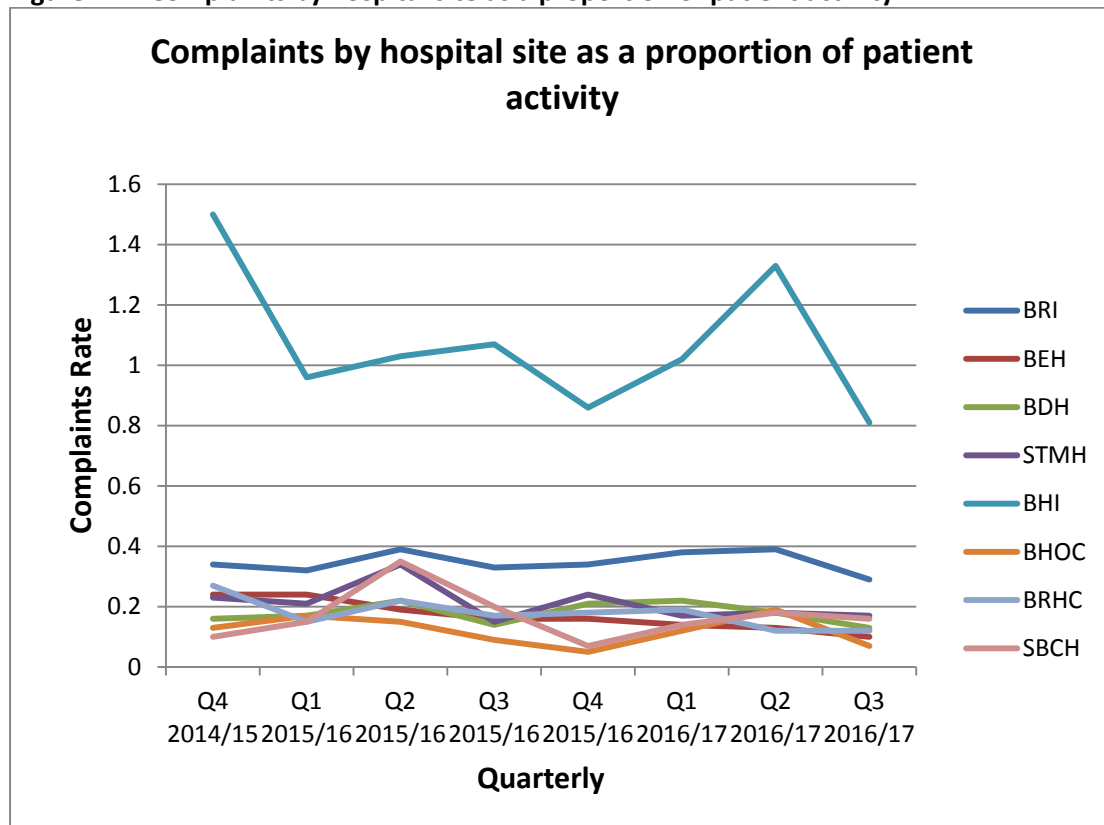


Figure 21 – Complaints by hospital site as a proportion of patient activity



3.4 Complaints responded to within agreed timescale

The Divisions of Surgery, Head and Neck, Specialised Services and Women and Children reported breaches in Q3, totalling eight breaches, which is a decrease on the 12 breaches recorded in Q2. Table 21 shows that the division of Specialised Services has recorded four breaches in Q3, compared to one breach in Q2, however there continues to be a quarterly pattern of reductions in breached deadlines across the clinical divisions.

Table 19: Breakdown of breached deadlines

| Division | Q3 (2016/17) | Q2 (2016/17) | Q1 2016/17 | Q4 2015/16 |
|-------------------------|-------------------|--------------------|--------------------|--------------------|
| Surgery, Head & Neck | 1 (0.69%) | 0 (0%) | 6 (14.6%) | 10 (24.4%) |
| Medicine | 0 (0%) | 4 (11.1%) | 12 (36.4%) | 10 (28.6%) |
| Specialised Services | 4 (8.9%) | 1 (4.5%) | 2 (15.4%) | 3 (23.1%) |
| Women & Children | 3 (4.7%) | 5 (16.7%) | 12 (30.8%) | 8 (34.8%) |
| Diagnostics & Therapies | 0 (0%) | 0 (0%) | 2 (18.2%) | 0 (0%) |
| Trust Services | 0 (0%) | 2 (0.1%) | 0 (0%) | 0 (0%) |
| All | 8 breaches | 12 breaches | 34 breaches | 31 breaches |

(So, as an example, there were four breaches of timescale in the division of Specialised Services in Q3, which constituted 8.2% of the complaints responses which had been due in that division in Q3).

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 20: Source of delays

| | Source of delays in Q3 2016/17 | | | | Totals |
|-------------------------|--------------------------------|----------|--------------------|----------|-------------------|
| | Division | PSCT | Executive sign-off | Other | |
| Surgery, Head & Neck | 1 | 0 | 0 | 0 | 1 |
| Medicine | 0 | 0 | 0 | 0 | 0 |
| Specialised Services | 4 | 0 | 0 | 0 | 4 |
| Women & Children | 1 | 2 | 0 | 0 | 3 |
| Diagnostics & Therapies | 0 | 0 | 0 | 0 | 0 |
| Trust Services | 0 | 0 | 0 | 0 | 0 |
| All | 6 | 2 | 0 | 0 | 8 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.

3.5 Outcome of formal Complaints

In Q3 we responded to 97 formal complaints, table 21 below shows a breakdown, by divisions of how many cases were upheld, partially upheld or not upheld.

Table 21: Outcome of formal complaints

| | Upheld | Partially Upheld | Not Upheld |
|-------------------------|--------|------------------|------------|
| Surgery, Head & Neck | 5 | 21 | 9 |
| Medicine | 5 | 12 | 0 |
| Specialised Services | 1 | 9 | 3 |
| Women & Children | 2 | 20 | 5 |
| Diagnostics & Therapies | 0 | 1 | 1 |
| Trust Services | 0 | 1 | 2 |
| Total | 13 | 64 | 20 |

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 Q3, the team dealt with 151 such enquiries, compared to 212 in Q2. These enquiries can be categorised as:

- 117 requests for advice and information (124 in Q2)
- 34 compliments (80 in Q2)⁶
- 1 request for support (8 in Q2)

The table below shows a breakdown of the 117 requests for advice, information and support dealt with by the team in Q3.

Table 22: Enquiries by category

| Category | Number of enquiries |
|------------------------------|---------------------|
| Information about patient | 25 |
| Hospital information request | 15 |
| Signposting | 15 |
| Clinical information request | 14 |
| Medical records requested | 5 |

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

| | |
|-------------------------------------|------------|
| Clinical care | 5 |
| Accommodation enquiry | 5 |
| Transport request | 4 |
| Employment and volunteering | 4 |
| Appointments administration issues | 4 |
| Support with access | 3 |
| Communication with patient/relative | 2 |
| Freedom of information request | 2 |
| Delayed appointment | 2 |
| Benefits and social care | 1 |
| Discharge arrangements | 1 |
| Expenses claim | 1 |
| Transfer arrangements | 1 |
| Personal property | 1 |
| Patient choice information | 1 |
| Confidentiality | 1 |
| Failure to answer phone | 1 |
| Privacy and Dignity | 1 |
| Services not available | 1 |
| Disability Support | 1 |
| Family support referral | 1 |
| Total | 117 |

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.

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q3, 233 complaints were received in writing (email, letter or complaint form) and 164 were received orally (18 in person via drop-in service and 146 by telephone). Of the 164 oral complaints, 163 (99.4%) met the Trust's standard of being acknowledged within two working days. Of the 233 complaints received in writing, 209 (89.7%) met the NHS standard of being acknowledged within

three working days (the remaining 24 cases were all acknowledged within four working days). Overall compliance in Quarter 3 was therefore 93.7% (372/397).

The reasons why 24 cases submitted in writing missed the NHS standard have been investigated. In the past, it has been routine practice to send an acknowledgement letter for all complaints received in writing – in effect, a holding letter. This practice stopped in 2016 at a point when the Patient Support and Complaints Team was responding to complaints in ‘real time’, i.e. complaints were being processed without delay. However, at a later point when the team was no longer able to respond immediately, the practice of sending acknowledgement letters was not reinstated. As of March 2017, we have reintroduced this as standard practice.

6. PHSO cases

During Q3, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in one complaint. During Q3, six existing cases were closed, four of which were not upheld and two of which were partially upheld. Actions and learning from the partially upheld cases are described below.

Table 23: complaints opened by the PHSO during Q3

| Case Number | Complainant (patient unless stated) | On behalf of (patient) | Date complaint received by Trust [and date notified by PHSO] | Site | Department | Division |
|--|-------------------------------------|------------------------|--|------|------------|------------------------|
| 2095 | NH | MH | 16/6/16 [26/10/16] | BRI | Lower GI | Surgery, Head and Neck |
| Copy of complaint file and medical records sent to the PHSO. Pending further contact from the PHSO. | | | | | | |

Table 24: complaints ongoing with the PHSO during Q3

| 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. The PHSO have advised the Trust that their draft decision is not to uphold this complaint. Pending the PHSO's final report. | | | | | | |
| 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. | | | | | | |
| 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. | | | | | | |

Table 25: complaints closed by the PHSO during Q3

| 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 |
| The Trust has received the PHSO's final report - not upheld | | | | | | |
| 18315 | SOC | | 19/3/15 [13/1/16] | BRI | Rheumatology | Medicine |
| 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 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. 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 |
| The PHSO advised the Trust on 11 October 2016 that they have 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. The PHSO recommended that the Trust, within four weeks of the date of their final decision, write to the patient. In this letter the Trust should: <ul style="list-style-type: none"> • Acknowledge that the Trust failed to complete an adequate pre-operative assessment; • Acknowledge that the Trust failed to give the patient an adequate appraisal of the increased risks of surgery and increased likelihood of poor outcome in this case; • Acknowledge that the patient suffered distress because their treatment had not achieved the improvement they expected in their vision; • Pay the patient £400 in recognition of the distress the patient suffered in consequence of these failings. The PHSO also directed the Trust to develop an action plan to address the failings identified and said that where possible the Trust should explain any learning the Trust has taken from this complaint. A letter of apology and a cheque for £400 was sent to the patient on 16 November 2017. | | | | | | |

Note: since the end of Q3, a further letter and action plan has been sent to the patient detailing that the Trust's clinical lead has reviewed the details of this case with the manager of the pre-operative assessment service and concluded that the clinician who consented the patient on the day of surgery failed to note the patient's past medical history which was documented in his medical records. As a result he therefore did not discuss this with the patient or note the increased risk on the consent form.

The clinician concerned has since left the service however the clinical lead for the Bristol Eye Hospital has committed to ensuring that this situation does not occur again with any other surgeons and will be writing to all ophthalmic specialty leads reminding them of the need for careful review of patient records prior to consenting patients for cataract surgery where consent has not been completed by the pre-operative assessment department.

| | | | | | | |
|-------|----|--|----------------------|-----|--------------------------------|-------------------------|
| 15534 | AN | | 22/4/14 [12/4/16] | BDH | Adult Restorative Dentistry | Surgery, Head & Neck |
|-------|----|--|----------------------|-----|--------------------------------|-------------------------|

The PHSO advised the Trust on 31 October 2016 that they have 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.

The PHSO considered all the available evidence related to the patient's complaint and did not find any failings in the wisdom tooth extraction surgery. However, they found that the follow up action, when the patient was experiencing pain, fell below the relevant standards, causing delays in a nerve damage diagnosis and further surgery caused the patient ongoing distress.

The PHSO recommended that within one month of the date of their report the Trust should:

- Write to the patient and acknowledge the failings identified in their report and apologise for the distress and additional pain caused;
- Pay the patient £1,000 for the injustice they have identified.

A letter was sent to the patient on 5 December 2016 and a cheque for £1,000 was sent on 15 December 2016.

The PHSO also directed the Trust to produce an action plan addressing the failings identified within three months of the date of the report.

Note: since the end of Q3, a covering letter and action plan have been sent to the patient explaining that the clinical leads for the Bristol Dental Hospital have agreed that patients should be reviewed if they raise concerns about altered sensation. At this review, after thorough examination to ensure that no immediate remedial treatment is required, patients will be advised to return should the sensation not resolve in order that the clinician can arrange for further review/treatment or onward referral depending on the patient's needs.

Learning was shared at the Bristol Dental Hospital oral and maxillofacial team meeting in January 2017 and the relevant patient information leaflet revised to include appropriate phone number to use to seek help; the leaflet was also altered following the initial complaint to include more information to direct patients who wish to investigate their treatment more thoroughly.