

ANNUAL COMPLAINTS REPORT 2012/2013

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1. Accountability for complaints management

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

The Patient Support & Complaints Manager line manages a team, which as at July 2013, consists of one full-time and one part-time complaints officer/caseworker and two part-time administrators. The total team resource, including the manager, is 3.8 WTE.

The Patient Support & Complaints Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint.
- All formal complaints receive a comprehensive written response from the Chief Executive or his nominated deputy or a local resolution meeting with a senior clinician and senior member of the divisional management team.
- Complaints are resolved within the timescale agreed with each complainant at a local level wherever possible.
- Where a timescale cannot be met, an explanation is provided and an extension agreed with the complainant.
- Cooperation and openness is provided when a complainant requests a review by the Parliamentary & Health Service Ombudsman.

2. Improvements in complaints management during 2012/13

The Trust continually seeks to improve the service it offers to all patients and visitors to its hospitals and to learn from complaints. Achievements from the 2012/2013 Patient Support & Complaints Team work plan include the following:

- Reporting of complaints data has been overhauled with input from the Information & Performance Analysis Team, and amended where appropriate to ensure accuracy and consistency.
- Closer working with the Patient Experience and Involvement Team to develop joint reporting and monitoring of processes for patient feedback.
- Routinely offering face-to-face meetings for complex complaints.
- A more thorough process has been implemented for checking draft response letters.

3. Reporting

Each month, the Patient Support & Complaints Manager provides the following information to the Board:

- Percentage of complaints per patient attendance
- Percentage of complaints responded to within the agreed timescale
- Number of cases where the complainant is dissatisfied with the original response
- Exception reports in any instances where performance deviates from target

Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the nature and number of complaints and contacts with the Patient Support & Complaints Team at University Hospitals Bristol NHS Foundation Trust during 2012/2013.

The key messages and achievements in this year's report are:

- **1,604** complaints were received by the Trust in the year 2012/2013, averaging **134** per month. Of these, **815** were managed through the formal investigation process and **789** through the informal investigation process. This compares to a total of **1,465** complaints received in the year 2011/2012, an increase of 9.5%.
- In addition, the Patient Support & Complaints Team dealt with **657** other enquiries, including compliments, requests for support and requests for information and advice, a similar figure to the **660** enquiries dealt with in 2011/2012.
- The Trust had **9** complaints referred to the Parliamentary & Health Service Ombudsman in 2012/13. Of these, 3 are still open at the time of writing¹ and are currently being considered by the Ombudsman; and the remaining 6 were closed without action or further investigation. One complaint that was submitted to the PHSO in 2011, was upheld in 2012, with the Ombudsman's report being finalised in January 2013. The Ombudsman found that there was service failure in that the care and treatment provided to the patient fell below applicable standards. It was also found that through its handling of the complaint, the Trust failed to identify the failings.

It was proposed by the Ombudsman that the Trust apologise to the patient's widower and acknowledge the service failure and maladministration and also pay him £2,000 as compensation for the distress caused. The trust was also advised to prepare a detailed action plan in respect of the failings identified.

At the time of writing (July 2013), these actions/recommendations had all been completed.

- Compared with 2011/12, there has been an increase of 25.4% in the number of complaints managed through the formal investigation process and a 3.2% decrease in the number of complaints managed through the informal investigation process.
- 20 complaints were re-opened due to complainants being dissatisfied with incomplete or factually incorrect responses. This compares with 52 the previous year.
- During 2012/13, with the agreement of the board, the decision was taken to report the volume of complaints received by the Trust as a proportion of patient activity, as well as an absolute number. In 2012/13, 0.29% of patient episodes resulted in a complaint, against a target of 0.25%.
- Patient stories and examples of learning from complaints have been used in staff training sessions to ensure that training is customer focused; these have been reported

¹ 30th July 2013

to the Board on a monthly basis. The Patient Support & Complaints Team continues to provide this information for use in *Living the Values* training so that staff feel supported and more confident in dealing with complaints themselves.

- Administration processes within the Patient Support & Complaints Team have been streamlined and improved to ensure that all complaints are dealt with as quickly and efficiently as possible. In response to the findings of an internal audit of the Trust's complaints processes, the team has also improved the way it utilises the Safeguard database, including the use of an automated reminder function to improve data input and ensure accurate reporting of complaints.

In addition, the following information is reported to the Patient Experience Group:

- Monthly high level complaints data – for the Trust as a whole and for each clinical Division
- Monthly validation reports for each case where the timescale for responding has been breached and/or the complainant is dissatisfied with the original response
- Quarterly Complaints Report
- Annual Complaints Report (which is also received by the Board)

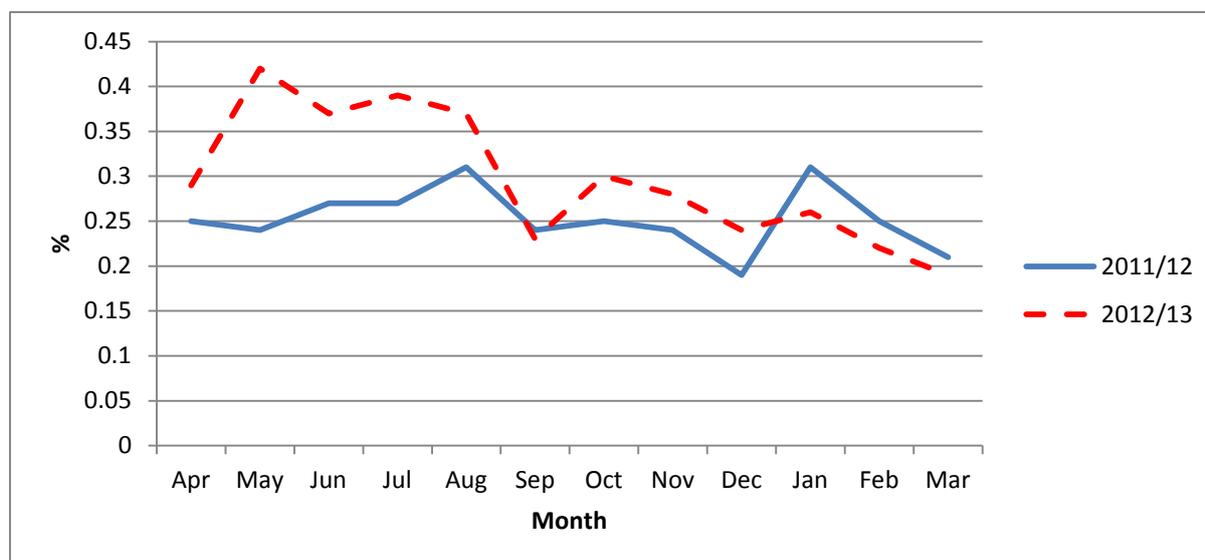
The Quarterly Complaints Report provides an overview of the numbers and types of complaints received, including any trends or themes that may have arisen, including analysis by Division.

A patient story is discussed at the Patient Experience Group (PEG) each month. This is an anonymised example of a [usually] complex issue that has resulted in learning for the department involved, for the Division, and also for the organisation as a whole. The story may be a positive or a negative one and Divisions rotate in providing the story each month. This allows learning to be shared across the Divisions, who are all represented at the group. The story discussed by PEG is then reported to the Board the following month.

4. Total complaints received in 2012/2013

In 2012/13, our target was that the volume of complaints received should not exceed 0.25% of patient activity. We achieved 0.29%. Although this was disappointing, performance during the fourth quarter of the year improved significantly: we met our target for that period and our performance was consistently better than the equivalent period during the previous financial year (see Figure 1 below). This improvement has also been maintained for the first quarter of 2013/14.

Figure 1: Monthly complaints as a percentage of patient activity 2011/12 and 2012/13



The total number of complaints received during the year was 1,604. This represents an increase of 9.5% on the previous year. The table below shows the number of complaints received by each Division compared with the previous year. This shows that whilst the number of informal complaints has remained steady, there has been an increase of 25.4% in the number of complaints investigated through the formal process.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. This investigation typically takes 25-30 working days and a senior manager is appointed to carry out the investigation and gather statements from the appropriate staff. These statements are then used as the basis for either a written response to or a meeting with the complainant (or occasionally a telephone call from the manager). An informal complaint is one where the concerns raised can usually be addressed quickly by means of an investigation by the Patient Support & Complaints Team and a telephone call to the complainant.

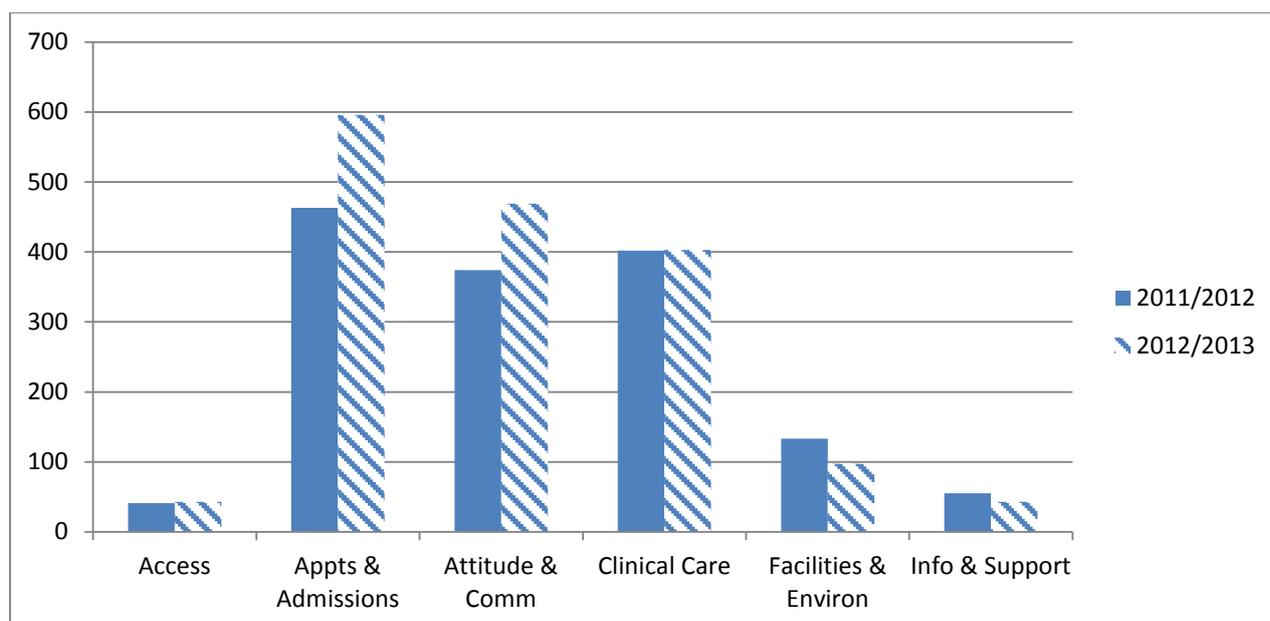
Division	Informal Complaints 2011/2012	Informal Complaints 2012/2013	Formal Complaints 2011/2012	Formal Complaints 2012/2013
Surgery, Head & Neck	402	436	252	361
Medicine	145	137	128	182
Specialised Services	101	99	80	86
Women & Children	69	48	111	134
Diagnostics & Therapies	51	26	23	20
Facilities & Estates	18	19	49	16
Trust Services	29	24	7	16
TOTAL	815	789	650	815
TOTAL FOR 2011/2012	1465			
TOTAL FOR 2012/2013	1604			

5. Complaint themes

Complaints are recorded under six category types and, within each category type, by a number of specific categories. A complaint may be recorded under one category or several different categories, depending upon the nature and complexity of the complaint. This data helps us to identify whether any trends or themes are developing when matched against hospital sites, departments, clinics and wards. The following table and figure show complaints received by category type, again compared to 2011/2012.

Category Type	Informal Complaints 2011/2012	Informal Complaints 2012/2013	Formal Complaints 2011/2012	Formal Complaints 2012/2013
Access	32	21	15	18
Appointments & Admissions	322	331	131	244
Attitude & Communication	201	258	186	204
Clinical Care	126	93	276	303
Facilities & Environment	94	57	31	36
Information & Support	40	29	11	10
TOTALS	815	789	650	815

Figure 2: Complaints by Category Type - 2011/12 and 2012/13



The total number of complaints received for Appointments & Admissions has increased by 26.9% compared to 2011/12 and the total number received for Attitude & Communication has increased by 19.4% over the same period.

The majority of Appointments & Admissions complaints are in respect of outpatient appointments. The Trust's Productive Outpatients Team has been working hard over the course of the year to reduce hospital cancellations of appointments, reduce DNAs (where the patient Did Not Attend) and improve slot utilisation by tasking Clinic Co-ordinators with not leaving any appointment slots unfilled.

As part of the work being undertaken, the booking of appointments for specialities is being moved to the call centre: the Bristol Eye Hospital and Bristol Dental Hospital will have their own dedicated call centres. The clinic rebuilds taking place in Trauma & Orthopaedics, Bristol Eye Hospital and Physiotherapy will also improve the running of the clinics and the appointment systems.

Together with many other improvements being made by the Productive Outpatients Team, a continued decrease of complaints regarding Appointments & Admissions is anticipated in 2013/14.

The increased number of complaints regarding Attitude & Communication has been flagged with the Divisional Leads via the Patient Experience Group. Although there has been a general increase in this category of complaint across all Divisions, no specific trends or patterns have been identified. The Patient Support & Complaints Manager will continue to monitor this closely and provide the Divisions with data and information that will enable them to identify problem areas.

5.1 Annual KO41A return

Each year, the Trust is required to submit a 'KO41A' return to the Department of Health. This is a report which gives a detailed breakdown of the number of formal complaints

received and how these are spread across the various areas and departments of the Trust. The return for 2012/2013 can be found in Appendix 1.

It should be noted that the total number of formal complaints reported in the KO41A is slightly higher than the number shown in the main body of this report. This is explained by the fact that the data for the return was extracted from the Safeguard database as a separate report to those used for monthly complaint reporting. This figure can sometimes change slightly throughout the course of the year due if, for example, a complaint initially classed as “informal” is later re-classed as “formal”.

6. Performance in responding to complaints

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

6.1 Proportion of complaints responded to within timescale

Initial contact with complainants is made within three working days, wherever possible by telephone, to acknowledge the complainant’s concerns and agree the most appropriate way in which to address their complaint. This is a right enshrined in the NHS Constitution. A realistic timescale in which the complaint is to be resolved is agreed, based on the complexity of the complaint whilst responding in a timely manner. This allows a speedy response to straightforward concerns and at the same time an achievable response time to be agreed for complex and cross-Division or cross-Trust complaints.

The time limit for making a complaint, as laid down in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is currently 12 months after the date on which the subject of the complaint occurred or the date on which the matter came to the attention of the complainant.

The regulations and guidance from the Parliamentary & Health Service Ombudsman indicate that the Trust must investigate a complaint ‘in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed.’ When a response is not possible within the agreed timescale, the Trust must inform the complainant of the reason for the delay and agree a new date by which the response will be sent.

The Trust captures data about the numbers of complaints responded to within the agreed timescale and the performance target for this is 98% compliance with the agreed timescale.

Prior to changes in management structures in January 2013, this performance indicator had been measured using the date on which the Patient Support & Complaints Team received the response from the Division, prior to checking and executive sign-off. Members of the Patient Experience Group and Trust senior management had been unaware of this, and were working on the assumption that reported performance reflected the date on which we had been responding to the complainant. The way in which this indicator is calculated has therefore been revised so that it correctly reflects whether responses to complainants are being made on time. This anomaly was identified in May 2013: it has been possible to retrospectively recalculate performance from January 2013 onwards. During the final quarter of 2012/13, 54.8% of complaints were sent to the complainant by the date agreed. The unadjusted figure (i.e. measuring the length of time taken by the Division to complete its investigation) was 98.0%.

For any months when the 98% target is not achieved, the board is provided with an exception report summarising the total number of breaches, the reasons why these breaches occurred and what steps are being taken by the Divisions and by the Patient Support & Complaints Team to improve the situation. Since May 2013, Divisions have also been provided with a 'validation report' for each individual case where an agreed deadline is breached. This provides details of the breach, to which the Divisions add their comments and return the reports to the Patient Support & Complaints Team, thus validating the breach and ensuring data accuracy. Disputed breaches are discussed with the Patient Support & Complaints Team on an individual basis.

In order to improve performance in providing timely responses to complaints, the following actions have been taken:

- Divisions have been reminded of the importance of providing the corporate Patient Support & Complaints Team with response letters at least four working days prior to the date that they are due with complainants – this will be reported as a Key Performance Indicator in future annual complaints reports.
- The Patient Support & Complaints Team continues to actively follow up Divisions if responses are not received on time. Divisional staff are also reminded of the need to contact the complainant to agree an extension to the deadline if necessary.
- Longer deadlines are agreed with all Divisions should the complainant request a meeting rather than a written response. This allows for the additional time needed to coordinate the diaries of clinical staff required to attend these meetings.
- The deadlines agreed with Surgery Head & Neck and Medicine are longer than for the other Divisions, to reflect the larger patient numbers and subsequent complaints received by these Divisions.

6.2 Numbers of complainants who are dissatisfied with our response

The Trust also measures performance in respect of the number of complainants who are dissatisfied with the response provided to their complaint due to the original investigation being incomplete or inaccurate (which we differentiate from follow-up enquiries where a complainant raises additional questions). Since April 2012, the Trust's target has been that nobody should be unhappy with the quality of our original response.

The total number of cases for 2012/13 where the complainant was dissatisfied with our response for this reason was 20, which represents 2.45% of all formal complaints received during the same period. This compares favourably with the 52 cases reported in 2011/12 (which represented 8% of formal complaints received).

In order to further improve our performance, the following actions have been taken:

- Divisions are notified of any case where the complainant is dissatisfied. Cases are reviewed by a senior manager, reinvestigated where appropriate and resolved either by way of a further written response or a meeting with the complainant.
- The Patient Support & Complaints Team continues to monitor draft response letters to ensure that all aspects of the complaint have been fully addressed.
- Trust-level complaints metrics are now replicated at Divisional level to enable Divisions to identify the specific areas for improving performance and implement appropriate actions. Divisional complaints dashboards will also be used for quarterly performance reviews.

- Training has taken place with staff in Divisions who carry out investigations and/or write response letters, so that staff are supported to improve the quality of their investigations and letters. This training will be re-run throughout 2013/14 and on an ongoing basis, to ensure that as many staff as possible have access to support.

7. Being customer focused

The Patient Support & Complaints Team's office in the Bristol Royal Infirmary Queen's Building closed at the end of March 2013 as part of essential redevelopment works, moving temporarily to the Chapter House at the rear of the Bristol Dental Hospital. It is planned to provide a limited drop-in service from this location as soon as appropriate estates work has been completed. A normal drop-in service will be re-established when the team moves to the new Welcome Centre at the BRI in December 2013.

Throughout the year, the team has continued to provide support to anyone wishing to make a complaint by telephone, email, in writing and on a 1:1 basis via the drop-in service. The team also ensures that people are made aware of the independent complaints advocacy service offered by SEAP (Support Empower Advocate Promote) by providing a copy of SEAP's leaflet with every complaint acknowledgement letter and on an ad hoc basis as appropriate. SEAP can provide help and support to people who wish to make a complaint about NHS services. This service was formerly known as ICAS (Independent Complaints Advocacy Service).

In addition to new posters and patient information leaflets about the Patient Support & Complaints Team being made readily available across the Trust, every ward and clinic also has comment cards for patients to provide feedback about their experience. People can also report comments and concerns on the Trust's website feedback page.

7.1 Information, advice & support

In addition to managing complaints, the Patient Support & Complaints Team also deals with information, advice and support requests. The total number of enquiries received during 2012/2013 is shown below, together with the numbers from 2011/2012 for comparison purposes:

Type of enquiry	Total Number 2011/2012	Total Number 2012/2013
Request for information / advice	448	405
Request for support	90	98
Compliments	122	154
Total	660	657

People contact the team for support and advice with:

- Their treatment and care
- Services which the Trust provides
- Advice about benefits
- Signposting to other local or voluntary services
- A point of contact for families who arrive in Bristol with a patient but do not live locally and require local orientation and assistance to find somewhere to stay
- Bereavement support (not related to a complaint) for relatives whose loved one has died in the hospital
- Support for patients at outpatient clinic appointments with clinical staff
- Provision of a liaison point and support for carers and patients who have additional support needs and complex health problems
- Support and communication with patients' healthcare teams to facilitate both parties being able to work together in the future.

7.2 Training

The Patient Support & Complaints Team has undertaken training for staff at all levels across the organisation in 2012/2013, so that they can feel confident in dealing with complaints directly and can help to resolve problems quickly for patients. Some examples of training undertaken this year are:

- Responding to complaints for front line staff – Bristol Eye Hospital outpatient staff, Paediatric Emergency Department staff Dental Students.
- Complaints update training for Consultant Medical staff – delivered via Consultant Away Days and using learning from complaints and PHSO investigation outcomes.
- Investigating and responding to written complaints – for senior management and senior nursing staff involved with formal complaint investigation. This has improved the quality of responses sent to patients and reduced the number of patients dissatisfied with their response.
- Safeguard (database) training has been rolled out to new Divisional Complaints Coordinators and other divisional staff, to enable complaints recording to be centralised and undertaken electronically. This facilitates 'real time' recording and improves the efficiency and effectiveness of the complaints process.

The Patient Support and Complaints Team has also continued to support the Communications Team by contributing relevant materials for *Living the Values* training, which is being rolled out across the Trust for all staff. Examples of patient stories and complaints are used in this training to enable staff to understand the impact their behaviours and communications have on patient experience.

8. Learning from complaints and other sources of patient feedback

In line with recent reports from the Parliamentary & Health Service Ombudsman² and the much publicised Francis Report, it is clear that a number of things need to happen to ensure effective complaint handling: leaders need to take responsibility for embedding effective

² The NHS hospital complaints system – A case for urgent treatment? (April 2013)

complaint handling and learning; and organisations need effective mechanisms to manage and learn from all complaints.

Patients' first-hand experiences tell us most about the quality of care they receive and identify those areas where we need to make improvements. Compliments as well as complaints continue to be used to highlight areas of good practice that can be shared with others, as well as leading to changes in the way we work.

One way in which the Trust learns from complaints is by way of sharing patient stories, i.e. anonymised versions of real complaints and compliments which evidence how learning has been shared across a department/ward, a Division and/or the Trust. These stories are shared each month at the Patient Experience Group, with contributions alternating between the Divisions on a rotational basis. After a story has been received by PEG and reviewed for wider learning, it is then reported to the Board the following month as a preface to the monthly Quality & Performance report. These stories are an invaluable way of helping us to understand how the services we deliver impact on our patients. They are recognised as an effective way of making sure the patient's voice is heard and that improvement of services is centred on the needs of the patient.

Some examples of recent patient stories are included in this report at Appendix 2.

The Trust also learns a great deal about patient experience from patient surveys that are carried out throughout the year. We regularly collect, monitor and analyse feedback that people give us about our services in order to understand and improve their experience of hospital care. The main methods that we use to collect feedback are:

- A monthly inpatient survey, which is sent to approximately 1200 recently-discharged inpatients;
- Participation in the annual National Inpatient Survey to ensure our care compares favourably with other Trusts across the country.
- Comment cards available on every ward for people to provide feedback about the service they received.
- A programme of *Face to Face* interviews with inpatients about their experience whilst in our care.
- Focus groups and patient events around specific topics.
- Surveys, interviews and focus groups carried out by clinical staff.
- Comments posted on the NHS Choice and our own website.
- The NHS Friends & Family Test (FFT) – a patient experience survey launched by the Government in April 2013. The main aim of the survey is that all adult inpatients and A&E patients in acute Trusts will be asked at, or very close to discharge home, whether they would recommend the care they received to their friends and family. There is also a follow-up question that asks patients to write in the reasons why they have their answer.

Intelligence from these sources, plus complaints, is drawn together in an integrated patient experience quarterly report produced by the Patient Experience and Involvement Team. This report is made available to the public via the Trust's website. In 2013/14, our intention is to make quarterly complaints reports publicly available in the same way.

Where appropriate, Divisions will produce action plans as part of responding to the findings of their investigations of individual complaints. Where persistent themes emerge from

complaints and other forms of feedback, this learning may also be fed into wider Divisional Patient Experience Action Plans.

9. Looking ahead

University Hospitals Bristol NHS Foundation Trust continues to be proactive in its management of complaints and enquiries, acknowledging that all concerns are a valuable source of information. The way patients experience our services is vitally important to them, and the Trust actively encourages patients and service users to comment through the mechanisms described in this report. The improvements made this year in complaints data collection, together with collaborative and streamlined working practices, will enhance the quality of data we gather in 2013/14, allowing more effective analysis and enabling the Trust to react to this information.

The Trust recognises that important lessons can be learned from all complaints and the trust-wide value in sharing these.

A complaints work plan for 2013/14 has been developed following an internal review of recently-published national guidance from the Parliamentary and Health Service Ombudsman and the Patients Association, plus relevant recommendations. This plan can be found at Appendix 3. At the time of writing, the findings of the Clwyd/Hart review of NHS complaints handling³ are awaited. Our work plan is therefore subject to possible adjustment once the recommendations of this review are known.

³ A national review commissioned in the wake of the Francis report into failings at Mid Staffordshire NHS Foundation Trust

Appendix 1

2012/2013 KO41A return

		Total Number of Formal Complaints Received
1	Hospital acute services: Inpatient	258
2	Hospital acute services: Outpatient	379
3	Hospital acute services: A&E	63
4	Elderly (geriatric) services	9
6	Maternity services	40
13	Other	82
Total		831

		Total Number of Formal Complaints Received
Medical (including surgical)		641
Dental (including surgical)		39
Professions supplementary to medicine		18
Nursing, midwifery and health visiting		72
Scientific, technical and professional		2
Maintenance and ancillary staff		29
Trust administrative staff/members		6
Other		24
Total		831

		Total Number of Formal Complaints Received
1	Admissions, discharge and transfer arrangements	49
2	Aids and appliances, equipment, premises (including access)	15
3	Appointments delay/cancellation: Outpatients	114
4	Appointments delay/cancellation: Inpatients	91
7	Attitude of staff	94
8	All aspects of clinical treatment	210
9	Communication/information to patients (written and oral)	69
10	Consent to treatment	0
11	Complaints handling	2
12	Patients' privacy and dignity	4
13	Patients' property and expenses	4
17	Personal records (including medical and/or complaints)	8
18	Failure to follow agreed procedures	0
19	Patients' status discrimination (e.g. racial, gender, age)	2
20	Mortuary and post mortem arrangements	0
21	Transport (ambulances and other)	15

22	Policy and commercial decisions of Trusts	0
23	Code of openness - complaints	0
24	Hotel services (including food)	9
25	Other	145
Total		831

Appendix 2

Examples of Patient Stories

Example 1

This story relates to a formal complaint concerning the care received by a male patient, Mr A, following his admission to the Bristol Royal Infirmary, from a residential home, with chest pain. During the previous four months, this gentleman had a number of admissions. This included a spell rehabilitating at South Bristol Community Hospital, resulting in his eventual discharge into residential care approximately 10 days before this subsequent admission. He remained in hospital for three days before being discharged back to his residential care home.

The complainant was a family member, Ms B, and her concerns were as follows:

- Mr A was discharged back to his residential care setting and when the hospital contacted her to inform her of the discharge, she asked for information about Mr A's admission and the nurse said she could not tell her over the phone – this caused Ms B a great deal of distress.
- Ms B reviewed the discharge letter enclosed with Mr A's belongings and discovered that his medication had been changed without explanation and the letter contained medical jargon that she did not understand.
- Ms B was also concerned to find an electrode on Mr A's chest on the day following discharge.
- Whilst this was being investigated, Ms B returned with an additional concern following a conversation with a district nurse, that Mr A may have a possible diagnosis of dementia, which the family and the residential home were unaware of.

Good Practice

- Thorough nursing documentation detailing the patient's risk assessments and actions taken to support him in hospital.
- Ms B received a comprehensive written review of Mr A's care and medical management during his admission and an apology for the poor communication. This included an explanation of the possible diagnosis of dementia and why this was considered.
- An explanation was also provided to explain the medication changes, which was clearly recorded in the medical notes.
- Hourly care log documentation.
- 72 hour admission and discharge from hospital for an elderly gentleman with a return to his admission destination.

Issues

- The complaint highlighted the issue of communication with families on the ward. Mr A's family visited in the evenings when the medical staff involved in his care were not available; Band 7 ward sisters usually work from 8am to 4pm.
- In response to the issue relating to an ECG electrode, it was clear from the documentation that Mr A had assistance with his personal hygiene and pressure area care whilst in hospital but that nobody had taken responsibility for checking his entire body for inappropriate items. An appropriate balance needs to be maintained between encouraging/maintaining an individual's independence, privacy and dignity and ensuring appropriate supervision is available to support their care needs; on this occasion, we failed to get this balance right.

Action taken

With regards to communication on the ward:

- The Ward Sister has changed her practice to not only introduce herself to the patients in the morning, but now completes a subsequent visit later in the day to meet the visiting families or carers. This still only captures visitors who attend before 4pm; we will therefore review how less senior nurses communicate with relatives to improve communication with families/carers.

With regards to the discovery of an electrode attached to the patient's chest:

- Practice has now been changed on the ward to ensure that the entire body is checked; and this is recorded in the nursing records.

This story highlights the necessity to manage admissions for the elderly in a positive and proactive manner, involving the family at all stages.

- The Trust's executive-led programme for delivery of its Elderly Care Strategy will set out a 'roadmap' for delivering services to our increasingly elderly population.
- The Trust is also working with external consultants to develop an Elderly Admissions Unit. This will ensure that our older and potentially more vulnerable patients are nursed and medically managed in the most appropriate inpatient bed with the appropriate supporting services. This model will ensure that, following assessment, patients are treated and discharged either directly from the unit or transferred onto an appropriate Care of the Elderly ward. The operational policy for the development of the Elderly Admissions Unit is currently in draft form: communication with patients and their families is integral to the proposed model of care. Increasingly, as the population becomes older, there will be increasing numbers of patients where a potential diagnosis of dementia is considered following admission. In many cases, this is not a clear-cut process, but rather the exclusion of an organic cause for confusion and the outcome of the Comprehensive Geriatric Assessment. A single point of admission to the hospital for the elderly population will support the completion of the assessment and support the investigations and assessments required to commence the

diagnosis of a possible dementia for those patients who may be experiencing some confusion without a medically identified cause.

Example 2

The following compliment was received from the mother of a young patient, posted on the Trust's website

“Hi. My son (age 2½) has recently had surgery for the repair of his inguinal hernia. I wanted to leave feedback as we (my partner and I) were so blown away by the amazing care that my son received. This was a big trauma for us as we had never experienced anything like this in our family. We prepared him as best as we could with books but worried that this experience would be an emotional scar for a long time.

Firstly, I'd like to mention 'A', the surgery co-ordinator. I spoke to him several times in the lead up to the operation, and he certainly eased my worries and helped me with the waiting process. I felt that he really cared and as my first point of contact with the hospital, he left me feeling more positive about what was going to happen.

I would like to praise the nurses on the ward who cared for my son, 'B' & 'C' (ward 36) primarily, but there were several other nurses who gave him time and love, and helped my partner and I understand what was happening at every stage.

I would like to thank 'D', the anaesthetist who took the time to address all of our concerns patiently and made sure before he left that we were clear on what was going to happen and were happy with it. He was reassuring when I was with my son whilst he was being anaesthetised, and treated us very much like individuals, not just another patient.

I would like to thank the lady who was with my son in recovery (I can't remember her name as it was a blur by then...) who called me to see my son before he was fully awake as she was aware that this was important to me. Again, she obviously cares about her patients and their families, and for that, I will be eternally grateful.

Finally, and very importantly, the surgeon 'E' who not only performed brilliant surgery on my son, but gave us time and understanding pre-op and helped us understand all of the risks and benefits of the surgery. His confident attitude and patient manner gave me confidence that my son would be absolutely fine in his care.

On top of all these amazing people, the way the hospital is set out for kids was outstanding. So much so that when it was time to leave my son cried his heart out because he didn't want to leave. That was the first time he had cried because he didn't want to do something in all the time he was under the care of the children's hospital. That is a huge testament to the care he received during his stay. I can never thank these people enough, I only hope they get the recognition they deserve. Many many thanks.”

The patient in this story (Master X) had received surgery at the Bristol Royal Hospital for Children (BRHC) for correction of an inguinal hernia. Close family members were concerned that the experience would leave Master X with emotional scars and had spent time preparing themselves and the patient for admission. The compliment was received from a family member who praised:

- The excellent communication between the BRHC staff and the family.
- The ability of the staff team to offer and provide reassurance at a time of high anxiety.
- The time the surgical team took to explain and answer questions about the risks and benefits of Master X having the operation.
- The quality of the building and its suitability for the care of children.
- Family-centred care delivered with kindness and compassion.
- Committed staff with skill and knowledge.

Good Practice

- The family used the Trust's web-based feedback facility to share their story. The feedback was forwarded to the Division by the Trust's Communications Team.
- Requiring surgical care was a new experience for the family, which they approached with trepidation. The surgery co-ordinator offered the family consistent and sensitive support in the lead up to Master X's operation offering them the reassurances they sought.
- This attention to detail and support was reflected throughout the team responsible for caring for the patient. This extended to staff not directly involved in his care and demonstrated the importance of a consistency of care towards the patient and the family.
- The family were involved in all stages of the care pathway. In particular they sought, and were engaged fully in, discussions about the care Master X was to receive.
- The compliment cited individuals by name, which is reflective of the personal touch fostered in the BRHC.

Learning

The story serves as a reminder that, no matter how simple we may feel a procedure is, being in hospital can be a very worrying time for patients and parents alike: families using our services are often anxious about the hospital environment, and the unfamiliar language and processes we use. What we say and the behaviours we demonstrate can make all the difference to the patient experience. The emotional support and reassurances we offer as a team stand equally with the quality of clinical care patients receive.

Action taken

This story was shared with the teams and individuals involved in the care of Master X as a way of acknowledging and re-affirming the good practice demonstrated.

Example 3

This story relates to an informal telephone complaint about a patient's experience of Occupational Therapy (OT); and in particular, the in-patient service.

The complainant was the granddaughter of a patient on one of the medical wards. Her main concerns raised were:

- OT staff had “over-ridden” the ward Consultant by deeming her grandfather safe for discharge home. The patient had been told that he would be going to South Bristol Community Hospital (SBCH) for further rehabilitation; however this was changed following therapy assessments and MDT discussion to discharge home, with Intermediate Care (ICT) providing rehabilitation within his own home.
- The OT kitchen assessment failed to identify the patient's needs or action the concerns that he had raised. It was reported that the patient had expressed his anxieties about returning home to the OT staff member.
- The lack of communication between the OT team and the patient and his family about the discharge plans. The grand-daughter reported that she learnt of his discharge from another OT, who was completing the equipment drop.
- The lack of communication between the hospital team and Intermediate Care. It was assumed by the ward team that ICT would assess and commence rehabilitation, immediately on discharge. However, the granddaughter reported that, whilst the initial assessment by ICT had taken place, there was now a several week waiting list for the rehabilitation programme to begin.

Good Practice

During the review of the OT documentation; it was evident that the referral to first contact was within the OT standard of one working day. There was a clear treatment plan and evidence of regular face to face contacts with the patient. Telephone conversations with the granddaughter were also clearly documented. The OT assessments were detailed and thorough; and met the standards required.

Issues

- Lack of clarity by the MDT regarding South Bristol Community Hospital and the South Bristol Rehabilitation Centre. An inconsistency in the use of abbreviations relating to healthcare interventions on the two sites had been identified in nursing documentation and the daily board rounds.
- Limited communication with both the patient and his next of kin about discharge planning. There was limited documentation of discussions with the patient about why plans were changed, i.e. home instead of further rehabilitation as an in-patient.
- Assumptions made by the ward therapy teams about ICT - when they commence their programmes and the processes by which they deliver their interventions.

Actions Taken

The therapy team leads, in conjunction with the Pathway Leads, will update the Bristol Royal Infirmary (BRI) therapy staff as to the differences between the two South Bristol sites. This will enable the therapy staff – OT & Physiotherapists, to be proactive in patient discussions

and in their recommendations which would progress the discharge plans for the patient. This is planned for the April team meetings, with the information being reiterated at the following full staff meeting, when all members of the Allied Health Professional (AHP) staff are represented.

The SBCH Pathway Lead will also discuss with the SBCH Matron how best to update the information being given out about the hospital at the time a patient is being referred – a leaflet has been discussed for the patients at SBCH; that would explain the role of the hospital including the rehabilitation process. It would be beneficial to give a copy of this or a variant to patients, at the point of referral and prior to their transfer to SBCH. SBCH Pathway Lead to liaise with Ward Sisters and Matron in next month to determine timescales for this action.

All OT team leads will discuss via their team meetings about how discharge planning is communicated, from a therapy perspective. This will be reinforced through their 1:1 supervisions. The role of the OT in discharge planning is incorporated into the OT induction at the start of their employment and at the start of each rotation into a new clinical area. The induction programme is being reviewed currently by the Band 7 OT & Physiotherapists in each area.

A recent notes audit also identified lack of clarity in documentation, linking the therapy assessments to the discharge plans of the patient; e.g. an OT kitchen assessment may have identified that the patient requires ongoing support in meal preparation in order to return to independence but there was no evidence of the discussions with the patient or their carer about who would be providing that support or how the rehabilitation would continue on discharge. An action plan has been devised to improve documentation, through a series of Band 5 & 6 specific trainings.

An invitation is to be made to the ICT leads to join a staff meeting on both sites – BRI & SBCH, in order to update staff on their services, timescales and the processes that take place once the referral is made. This then needs to be communicated to the patient and next of kin, so their expectations are realistic and managed.

Appendix 3

2013/2014 Patient Support & Complaints Team work plan

Objective	Action required	By whom	By when
Improve Trust-wide learning from complaints and sharing of information. Ensure we have a system in place which maximises learning from complaints and compliments.	Share Divisional learning and service improvements with Patient Support & Complaints Team, who can disseminate this information Trust-wide.	Divisions and Patient Support & Complaints Team	Feb 2014
	Work with the Patient Involvement Team to develop joint reporting and monitoring processes for patient feedback.	Patient Support & Complaints Manager	Ongoing
	Cascade learning from complaints to wider Trust staff through Connect, Newsbeat and Voices, as per incident processes.	Patient Support & Complaints Team	Dec 2013
	Publicise Quarterly and Annual Complaints Reports on web.	Patient Support & Complaints Manager	Completed
	Review complaints-related recommendations from Francis Report.	Patient Support & Complaints Manager / Head of Quality (Patient Experience and Clinical Effectiveness)	Sep 2013
	Review recommendations from Clwyd/Hart report when published.	Patient Support & Complaints Manager / Head of Quality (Patient Experience and Clinical Effectiveness)	Oct 2013
Make it easier to make a complaint – improve access and process in line with PHSO Report 2013.	Develop a complaints form that service users can complete and return.	Patient Support & Complaints Manager	Oct 2013
	Review signage and web page.	Patient Support & Complaints Team	Sep 2013

Improve the awareness of service users in respect of how the Trust deals with complaints and what improvements are made as a result.	Participate in collaborative project with Patients Association.	Patient Support & Complaints Manager and PPI Lead	Aug-Dec 2013
	Strengthen arrangements for ensuring that action plans are documented following complaints, where appropriate.	Patient Support & Complaints Team and Divisional Co-ordinators	Dec 2013
	Improve feedback from complainants about their satisfaction with the process, including a review of the annual complaints survey.	Patient Support & Complaints Manager & Patient Experience Lead	Jan 2014
Make better use of data in order to improve learning and information sharing.	Keep a register of all PHSO cases and outcomes.	Patient Support & Complaints Manager	Dec 2013
	Monitor whether complaints are upheld or not at local level.	Patient Support & Complaints Team	Dec 2013
	Produce Data Quality Framework to govern production of complaints data.	Patient Support & Complaints Manager / Deputy Head of Business Intelligence	Completed
	Carry out regular (monthly) review of complaints data to include thematic analysis. Also review data by hospital/ward/speciality and link with survey data.	Patient Support & Complaints Manager & Patient Experience Lead	Mar 2014
	Review equality monitoring data.	Patient Support & Complaints Manager	Mar 2014
Produce data and report on cases referred to PHSO	Set up a register of all cases referred to the PHSO and whether those complaints were upheld, partially upheld or not upheld.	Patient Support & Complaints Manager	Dec 2013

Provide training and support enabling staff to resolve complaints at local level. To also reduce the number of formal complaints received compared with 2012/2013	Continue training programme for frontline staff who may have to deal with informal complaints within their ward/ department.	Patient Support & Complaints Team	Ongoing
	Continue training programme for senior managers and senior nursing staff regarding investigating and responding to written complaints.	Patient Support & Complaints Team	Ongoing
Work collaboratively with divisional staff to ensure that 98% of complaints are responded to within originally agreed timescale.	Establish quarterly review meetings with divisional complaints staff to discuss issues arising and how to improve processes.	Patient Support & Complaints Manager / divisional teams	Dec 2013
Work collaboratively with divisional staff to ensure that no one is dissatisfied with the response to their complaint because it was not investigated correctly.	Face to face meetings to be offered routinely for complex complaints.	Patient Support & Complaints Team and divisional teams	Ongoing
	Check written responses thoroughly before letters are sent for signing.	Patient Support & Complaints Team and divisional teams	Ongoing
Relocation of the central team to the new Welcome Centre in the redeveloped Bristol Royal Infirmary	Ensure arrangements are in place to allow a smooth relocation of the service.	Patient Support & Complaints Manager	Dec 2013
Develop benchmarking intelligence	Compile information from similarly sized acute trusts in respect of staffing of Patient Support & Complaints Team.	Patient Support & Complaints Manager	Completed