

Complaints Report

Quarter 4, 2013/2014

(1st January - 31st March 2014)

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1. Executive summary

The Trust received 415 complaints in Quarter 4 (Q4), which equates to 0.24% of patient activity, against a target of 0.21%. In the previous quarter, the Trust had received 333 complaints, representing 0.19% of patient activity.

The Trust's performance in responding to complaints within the timescales agreed with complainants was 84.7% compared to 85% in Q3.

In Q4, slightly fewer complainants told us that they were unhappy with our investigation of their concerns: 14 compared to 15 in Q3.

This report includes an analysis of the themes arising from complaints received in Q4, possible causes, and details of how the Trust is responding.

2. Complaints performance – Trust overview

The Board currently 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
- Numbers of complainants who are dissatisfied with our response

The table on page 3 of this report provides a comprehensive 12 month overview of complaints performance including these three key indicators.

2.1 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. inpatient admissions and outpatient attendances in a given month.

We received 415 complaints in Q4, which equates to 0.24% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹; the figures do not include concerns which may be raised by patients and dealt with immediately by front line staff. The volume of complaints received in Q4 represented an increase of 24.6% compared to Q3 (333) and Q2 (334) and was approximately 20% more than in the corresponding period a year ago.

The Trust's current target is to achieve a complaints rate of less than 0.21% of patient activity, i.e. broadly-speaking, for no more than 1 in every 500 patients to complain about our services (although every complaint we receive is one too many).

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.

Table 1 – Complaints performance

Items in italics are reportable to the Trust Board.

Other data items are for internal monitoring / reporting to Patient Experience Group where appropriate.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Total complaints received (inc. TS and F&E from April 2013)	135	120	105	96	123	115	120	109	104	127	124	164
Formal/Informal split	72/63	62/58	73/32	49/47	68/55	60/55	54/66	63/46	55/49	55/72	62/62	89/75
<i>Number & % of complaints per patient attendance in the month</i>	<i>0.24% 135 of 55066</i>	<i>0.21% 120 of 56584</i>	<i>0.19% 105 of 53853</i>	<i>0.16% 96 of 59079</i>	<i>0.23% 123 of 53002</i>	<i>0.20% 115 of 56869</i>	<i>0.19% 120 of 62480</i>	<i>0.19% 109 of 58783</i>	<i>0.20% 104 of 52194</i>	<i>0.21% 127 of 59288</i>	<i>0.23% 124 of 54507</i>	<i>0.28% 164 of 58180</i>
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	<i>47.37% (27 of 57)</i>	<i>54.68% (35 of 64)</i>	<i>66.67% (42 of 63)</i>	<i>80.28% (57 of 71)</i>	<i>77.20% (44 of 57)</i>	<i>87.8% (43 of 49)</i>	<i>84.9% (62 of 73)</i>	<i>82.2% (37 of 45)</i>	<i>88.1% (37 of 42)</i>	<i>76.1% (51 of 67)</i>	<i>92.0% (46 of 50)</i>	<i>88.7% (47 of 53)</i>
% responded to by <u>Division</u> within required timescale for executive review	49.12% (28 of 57)	64.06% (41 of 64)	55.55% (35 of 63)	74.65% (53 of 71)	92.98% (53 of 57)	83.7% (41 of 49)	69.9% (51 of 73)	66.7% (30 of 45)	57.1% (24 of 42)	77.6% (52 of 67)	86.0% (43 of 50)	71.7% (38 of 53)
Number of breached cases where the breached deadline is attributable to the Division ²				4 of 14	1 of 13	4 of 6	10 of 11	5 of 8	3 of 5	7 of 16	2 of 4	3 of 6
Number of extensions to originally agreed timescale (formal investigation process only)	11	14	5	10	9	7	14	14	9	16	13	11
<i>Number of Complainants Dissatisfied with Response</i>	<i>1* 1**</i>	<i>8* 1**</i>	<i>6*</i>	<i>6* 2**</i>	<i>11* 1**</i>	<i>1* 4**</i>	<i>7* 8**</i>	<i>2* 3**</i>	<i>6* 6**</i>	<i>6* 3**</i>	<i>3* 5**</i>	<i>5* 2**</i>

* Dissatisfied – original investigation incomplete / inaccurate

** Dissatisfied – original investigation complete / further questions asked

² The total number of cases where the complainant did not receive their response on time was 7. Of these, 5 delays were attributable to the Divisions. The remaining 2 cases were delayed at Exec level during the sign-off procedure.

Figures 1 and 2 show a fairly consistent pattern of complaints received during 2013/14, but with indications of an upturn at the end of the financial year.

Figure 1: Number of complaints received

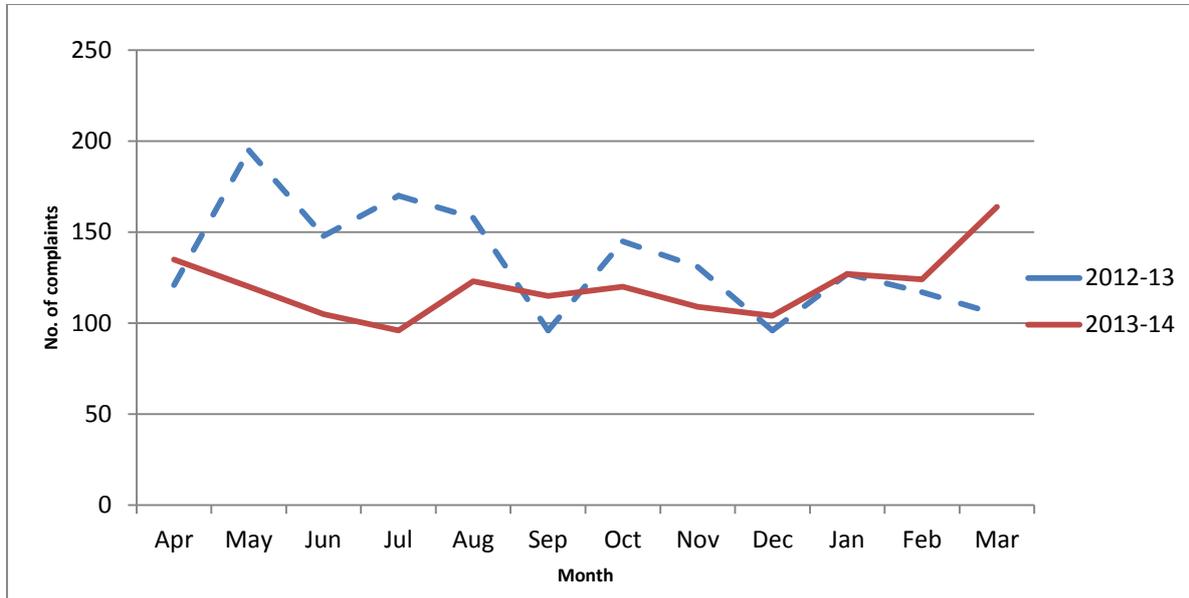
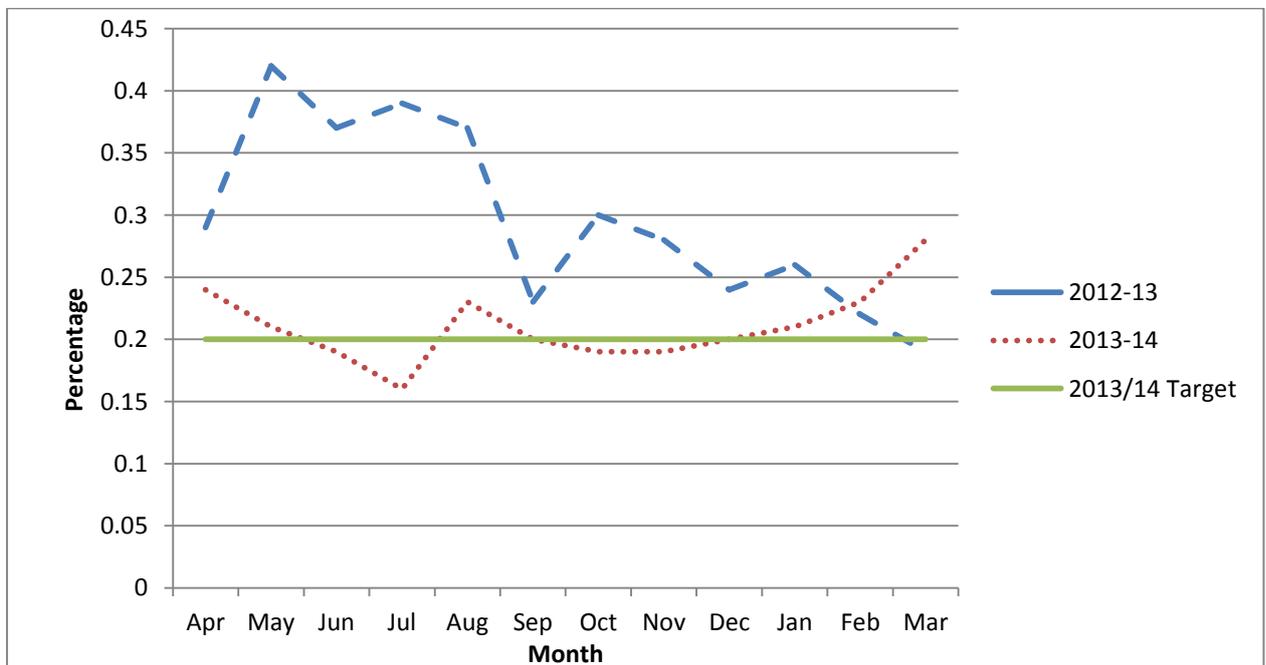


Figure 2: Complaints received, as a percentage of patient activity



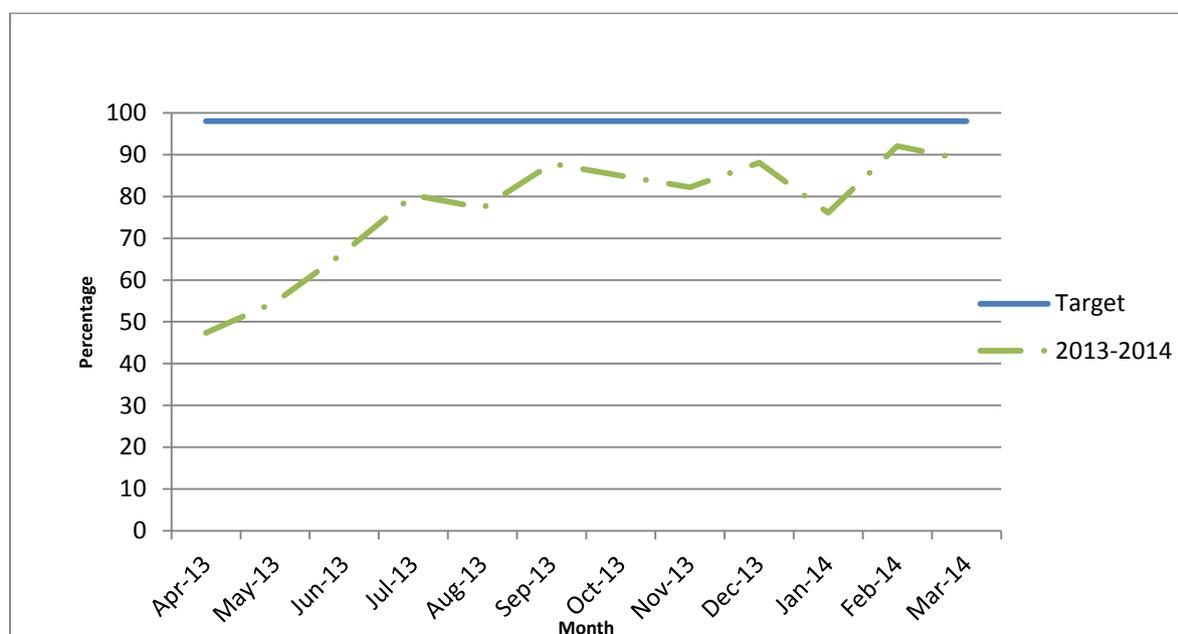
2.2 Complaints responses within agreed timescale

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 our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days in Medicine and Surgery Head and Neck³ and 25 working days in other areas⁴.

Our target is to respond to at least 98% of complainants within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q4, 84.7% of responses were made within the agreed timescale, compared to 85% in Q3. This represents 26⁵ breaches out of 170 formal complaints which were due to receive a response during Q4⁶. Divisional management teams remain focussed on improving the quality and timeliness of complaints responses.

Figure 3 shows the Trust's performance in responding to complaints in the last 12 months. In May 2013, the Trust identified an error in the way that response times were being calculated⁷: this revealed that performance was significantly worse than had previously been reported. Improvement actions were therefore initiated in May, leading to improvements in the months since then. Data for January-May 2013 has been recalculated so that the information in Figure 3 is an accurate representation of the Trust's performance during that period.

Figure 3. Percentage of complaints responded to within agreed timescale



³ Based on experience, due to relative complexity

⁴ 25 working days used to be an NHS standard

⁵ Total includes one breach accredited to Division of Facilities and Estates.

⁶ Note that this will be a slightly different figure to the number of complainants who *made* a complaint in that quarter.

⁷ Calculations had been made using an endpoint of the date when the draft response was received from the Division: it should have been the date when the final response was posted to the complainant.

2.3 Number of dissatisfied complainants

We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of 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 so that we don't make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

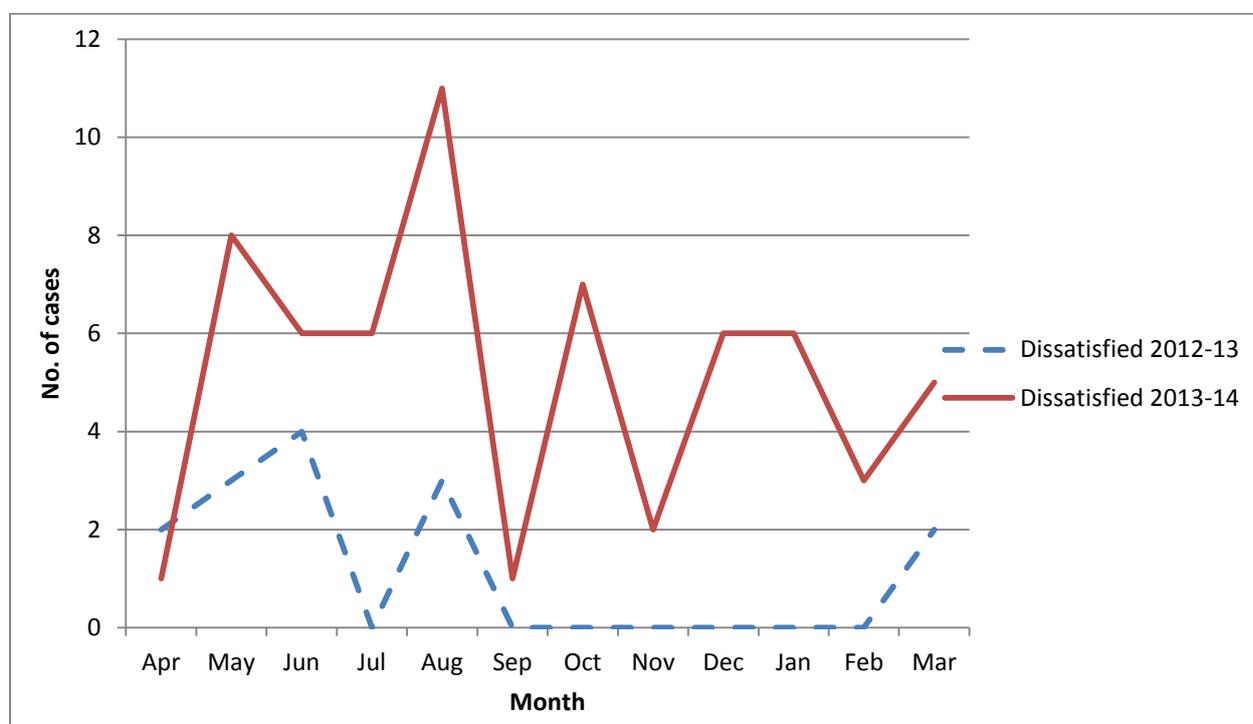
In Q4, there were 14 cases where the complainant felt that the investigation was incomplete or inaccurate. This represents a marginal decrease on Q3 (15 cases). There were a further 10 other cases where new questions were raised; a significant decrease compared to Q3 (17 cases).

The 14 cases where the complainant was dissatisfied were associated with the following lead Divisions:

- 5 cases for the Division of Surgery, Head & Neck (compared to 8 in Q3);
- 4 cases for the Division of Medicine (compared to 4 cases in Q3);
- 3 cases for the Division of Women & Children (compared to 0 in Q3);
- 1 case for the Division of Specialised Services (compared to 3 case in Q3);
- 1 case for the Division of Diagnostics & Therapies (compared to 0 in Q3); and
- 0 cases for the Division of Facilities & Estates (compared to 0 in Q3).

A validation report is sent to the lead Division for each case where an investigation is considered to be incomplete or inaccurate. This allows the Division to confirm their agreement that a reinvestigation is necessary or to advise why they do not feel the original investigation was inadequate.

Figure 4. Number of complainants who were dissatisfied with aspects of our complaints response



The number of dissatisfied complainants has increased overall in 2013/14 compared to 2012/13 (62 compared to 20). No discernible reason has been identified for this increase and there is no particular trend identified within any of the Divisions or in particular departments. However, actions agreed to address this increase are detailed in section 3.6 of this report.

Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of six major themes. The table below provides a breakdown of complaints received in Q4 compared to Q3. This shows that the number of complaints for each theme increased in Q4 and that these increases were broadly consistent across the themes, i.e. there was not a dramatic rise in any one theme in particular.

Category Type	Number of complaints received – Q4 2013/14	Number of complaints received – Q3 2013/14
Appointments & Admissions	133 (32% of total complaints) ↑	114 (34.3%)
Attitude & Communication	119 (28.7%) ↑	99 (29.7%)
Clinical Care	115 (27.7%) ↑	86 (25.8%)
Facilities & Environment	30 (7.2%) ↑	21 (6.3%)
Access	10 (2.4%) ↑	9 (2.7%)
Information & Support	8 (2%) ↑	4 (1.2%)
Total	415	333

Each complaint is then assigned to a more specific category (of which there are 121 in total). The table below lists the six most common sub-categories, which in total account for 64% of the complaints received in Q4 (264/415). These top themes are broadly consistent from one quarter to the next.

Sub-category	Number of complaints received – Q4 2013/14	Q3	Q2	Q1
Cancelled or delayed appointments and operations	111 ↑ (29% increase compared to Q3)	86	95	85
Clinical Care (Medical/Surgical)	47 ↑ (4% increase)	45	30	35
Communication with patient/relative	32 ↑ (129% increase)	14	15	19
Attitude of Medical Staff	30 ↑ (131% increase)	13	18	18
Clinical Care (Nursing/Midwifery)	26 ↑ (12% increase)	23	32	15
Failure to answer telephones	18 ↑ (13% increase)	16	19	21

This data reveals large percentage increases in complaints about communication and the attitude of medical staff, and an upturn in complaints about cancelled or delayed appointments and operations.

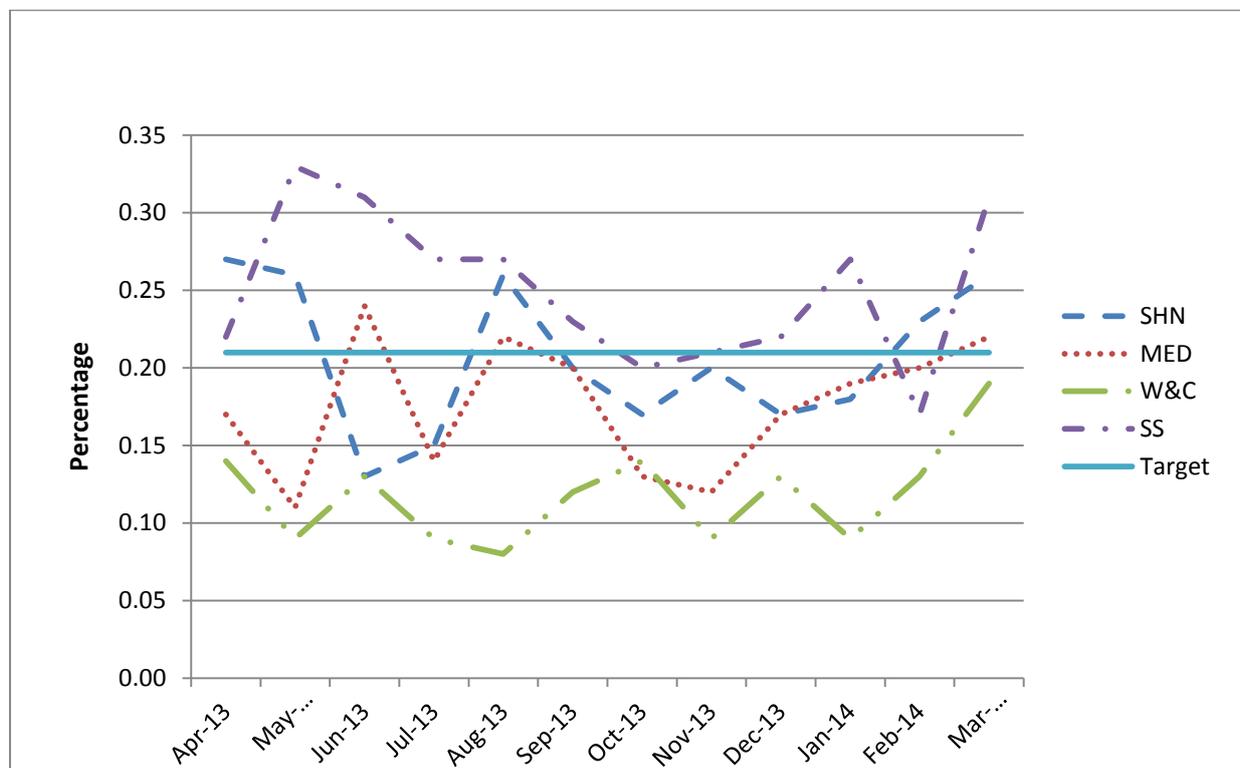
Concern	Action
Increase in complaints about cancelled or delayed appointments.	These issues are being addressed through the Trust's Transformation programme, and in the case of outpatients, through improvement activities which originated from the Productive Ward project.
Increase in complaints regarding communication with patients and relatives and about the attitude of medical staff.	Poorer patient experience is often reported where there has been significant use of bank, locum and agency staff. The Trust has implemented a recruitment strategy to keep pace with anticipated staff turnover. The Deputy Medical Director oversees a system to monitor complaints where individual medical staff are cited. Medical staff are interviewed by the DMD or Medical Director if patterns of repeated behaviour are identified which give cause for concern. <i>Face to Face</i> surveys and the 15 Steps Challenge are also being used proactively where complaints have been received about staff attitude and communication coupled with lower patient feedback ratings.

3. Divisional performance

3.1 Total complaints received

A divisional breakdown of percentage of complaints per patient attendance is provided in Figure 5. This shows an upturn in the volume of complaints received in all bed-holding Divisions at the end of Q4.

Figure 5. Complaints by Division as a percentage of patient attendance – 2013/2014



It should be noted that data for the Division of Diagnostics and Therapies has been excluded from Figure 5. This is because this Division’s performance is calculated from a very small volume of outpatient and inpatient activity. Complaints are more likely to occur as elements of complaints within bed-holding Divisions. Overall reported Trust-level data includes Diagnostic and Therapy complaints, but it is not appropriate to draw comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies in 2013/2014 have been as follows:

Table 2. Complaints received by Diagnostics and Therapies Division in 2013/14 to date

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints received	9	8	3	3	6	4	12	9	11	14	11	7

3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q4 complaints performance by Division. 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 3.

	Surgery Head and Neck	Medicine	Specialised Services	Women and Children	Diagnostics and Therapies
Total number of complaints received	169 (139) ↑	77 (53) ↑	56 (44) ↑	48 (44) ↑	32 (32) =
Total complaints received as a proportion of patient activity	0.22% (0.18%) ↑	0.21% (0.14%) ↑	0.25% (0.21%) ↑	0.14% (0.12%) ↑	N/A
Number of complaints about appointments and admissions	83 (45) ↑	23 (17) ↑	23 (19) ↑	8 (14) ↓	10 (4) ↑
Number of complaints about staff attitude and communication	47 (45) ↑	20 (12) ↑	13 (19) ↓	20 (13) ↑	16 (7) ↑
Number of complaints about clinical care	39 (37) ↑	34 (22) ↑	20 (9) ↑	20 (17) ↑	6 (2) ↑
Areas where the most complaints have been received in Q3	Ear Nose and Throat – 20 (34) ↓ Bristol Eye Hospital – 62 (34) ↑ Trauma & Orthopaedics – 30 (17) ↑ Upper Gastro-Intestinal – 14 (18) ↓ Bristol Dental Hospital – 19 (20) ↓	A&E – 15 (14) ↑ Diabetes/Endocrinology Clinic – 3 (8) ↓ Ward 15 – 5 (6) ↓ Ward 26 – 5 (0) ↑ Respiratory Department (including Sleep Unit) – 8 (4) ↑ Dermatology – 7 (3) ↑	Chemotherapy Day Unit and Outpatients – 11 (14) ↓ Bristol Heart Institute Outpatients – 11 (13) ↓ Cardiology GUCH Services – 6 (2) ↑ Ward 52 – 5 (5) = Ward 53 – 8 (2) ↑ Ward 61 – 5 (5) = Ward 62 – 4 (2) ↑	Outpatient clinics – 16 (21) ↓ Ward 78 – 4 (5) ↓ Ward 30 – 7 (5) ↑ Children’s ED & Ward 39 – 6 (2) ↑	Audiology – 12 (7) ↑ Physiotherapy (Adult) – 5 (6) ↓ Radiology – 7 (9) ↓
Notable deteriorations compared to Q3	Bristol Eye Hospital	Ward 26 Respiratory Dermatology	Cardiology GUCH Services Ward 53	Children’s ED & Ward 39	Audiology
Notable improvements compared to Q3	Ear Nose and Throat	Diabetes/Endocrinology	-	-	-

3.3 Areas where the most complaints were received in Q4 – additional analysis

3.3.1 Division of Surgery, Head & Neck

Complaints by category type

Category Type	Number and % of complaints received – Q4 2013/14	Number and % of complaints received – Q3 2013/14
Access	3 (1.8% of total complaints) =	3 (2.2%)
Appointments & Admissions	79 (46.7%) ↑	56 (40.3%)
Attitude & Communication	45 (26.6%) ↑	42 (30.2%)
Clinical Care	38 (22.5%) ↑	34 (24.4%)
Facilities & Environment	3 (1.8%) ↑	1 (0.7%)
Information & Support	1 (0.6%) ↓	3 (2.2%)
Total	169	139

Top six sub-categories

Sub-category	Number of complaints received – Q4 2013/14	Number of complaints received – Q3 2013/14
Cancelled or delayed appointments and operations	71 ↑ (58% increase compared to Q3)	45
Clinical Care (Medical/Surgical)	19 ↓ (24% decrease)	25
Communication with patient/relative	16 ↑ (300% increase)	4
Attitude of Medical Staff	11 ↑ (38% increase)	8
Clinical Care (Nursing/Midwifery)	7 ↑	3
Failure to answer telephones	7 ↑	3

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Bristol Eye Hospital received 62 complaints in Q4, a significant increase on the 34 received in Q3. Only six cases were in respect of clinical care; 29 (46%) were attributed to staff attitude and communication; and 19 (30%) were in respect cancelled or delayed appointments and operations.	<p>A small proportion of these complaints will have been received in Q3 but actioned in Q4 due to the backlog of enquiries to the corporate Patient Support and Complaints Team.</p> <p><u>Communication</u> Some of the communication complaints have arisen because we have not explained processes to patients and therefore have not managed their expectations. For example, a patient who attended A&E to rule out anything sinister before referral for cataract</p>	<p><u>Communication</u></p> <ul style="list-style-type: none"> Each complaint is discussed with the clinicians or staff members concerned (if a junior clinician, this is done in conjunction with their supervisor – this accounts for the majority of complaints); they are asked to provide a statement and reflect upon what went wrong with their consultation, what they could have done differently and how they will change their practice in the future. Recently we have requested that some of the members of staff who have caused offence actually write to the patient directly in order to apologise and inform the patient how their practice has amended. We are exploring the possibility of

	<p>surgery felt that we should be able to refer them directly to the cataract service once other things had been ruled out, however this is a decision for their GP.</p> <p><u>Cancelled/delayed appointments</u> Our system for managing patients referral-to-treatment times has not been working effectively due to staff sickness in the bookings team.</p> <p>There has also been a significant increase in delayed medical retinal and diabetic retinopathy outpatient appointments.</p>	<p>creating a secure internal log of communication/staff attitude complaints to enable repeat complaints about individual members of staff to be quickly identified.</p> <ul style="list-style-type: none"> • Additional complaint training to be arranged for staff to help manage situations without them escalating. <p><u>Cancelled/delayed appointments</u></p> <ul style="list-style-type: none"> • A permanent member of staff has been moved into the bookings team to provide support. • Sustain management support for the admissions department in order to manage the flow of patients appropriately • Advertise the peripheral clinics (e.g. SBCH) in order to encourage patients to want to go there. • We are recruiting fully into the OPD and Technician teams in order to maximise flexibility of services and maintain flow of patients through clinics on the day. • Medical retinal and diabetic retinopathy outpatient appointments are being outsourced to SBCH and Weston. Whilst we finalise these peripheral clinics, we are setting up additional Saturday clinics to help reduce the backlog.
<p>Trauma & Orthopaedics received 30 complaints in Q4, of which 11 were in respect of cancelled or delayed appointments and operations and six were attributed to clinical care. The department received 17 complaints in Q3.</p>	<p>There has been a backlog of operations at North Bristol NHS Trust who manage the waiting list for T&O surgery.</p> <p><i>Note: T&O inpatient care is provided on wards 9 and 14. Analysis in the latest quarterly patient experience report indicates that for the period October 2013 to March 2014, these wards were among the ten lowest rated wards in the Trust.</i></p>	<p><u>Appointments</u> Project currently being implemented to reduce waiting time for appointments and for cancelled appointments by weekly review of all patients on 18 week wait. Working with D&T to address waiting times for scans/image guided injections.</p> <p><u>Clinical care</u> The Clinical Director is meeting monthly with consultant and managers to review any complaints received.</p>
<p>The Upper Gastro-Intestinal Department received 14 complaints, the majority of which (12) related to cancelled or delayed</p>	<p>Due to cancer performance pressure, the waiting list for patients with benign disease has increased causing an increase in complaints.</p>	<p>From October 2014, the Division is planning to increase operating capacity in UGI. In short term the option of outsourcing some of this work is being explored.</p>

operations.	<i>Note: UGI inpatient care is provided on ward 5a. Analysis in the latest quarterly patient experience report indicates that for the period October 2013 to March 2014, ward 5a achieved better than average patient-reported ratings, including the Friends and Family Test.</i>	
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3.3.2 Division of Medicine

Complaints by category type

Category Type	Number and % of complaints received – Q4 2013/14	Number and % of complaints received – Q3 2013/14
Access	1 (1.3% of total complaints) ↓	2 (3.8%)
Appointments & Admissions	19 (24.7%) ↑	16 (30.2%)
Attitude & Communication	18 (23.4%) ↑	11 (20.7%)
Clinical Care	32 (41.5%) ↑	21 (39.6%)
Facilities & Environment	6 (7.8%) ↑	3 (5.7%)
Information & Support	1 (1.3%) ↑	0 (0%)
Total	77	53

Top six sub-categories

Category	Number of complaints received – Q4 2013/14	Number of complaints received – Q3 2013/14
Cancelled or delayed appointments and operations	15 ↑ (36% increase compared to Q3)	11
Clinical Care (Medical/Surgical)	11 ↑ (83% increase)	6
Communication with patient/relative	4 ↓	6
Attitude of Medical Staff	5 ↑	1
Clinical Care (Nursing/Midwifery)	9 ↓	12
Failure to answer telephones	3 ↑	0

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
A significant number of complaints were received about Ward 26 (five cases compared to none the previous quarter), with	We are reviewing ward 26 in the context of Friends and Family Test scores as well as these complaints (<i>ward 26 is the lowest ranked ward in the Trust by FFT scores and also has</i>	An improvement plan has been developed. Feedback, clinical incidents and complaints have been reviewed to identify

three being in respect of clinical care provided by nursing staff.	<i>the second lowest patient experience tracker score⁸</i> . Two of the five complaints relate to the same issue, about a discharge funding decision that is outside of the Trust's control. One of the other complaints related to questions about a death where the family wanted additional information – we acknowledge that this could and should have been addressed quickly and outside of the complaints process.	common themes. A Face to Face survey and 15 Step Challenge have already been undertaken and the results of this are due to be presented to the Trust's Patient Experience Group on 19/6/14. The issue emerging from this work is the poor environment.
The number of complaints received by the Respiratory Department (including the Sleep Unit) more than doubled to 11 cases. These complaints were spread evenly across appointments and admissions, attitude and communication, and clinical care.	These complaints mostly reflect administrative issues about answering phones and dealing with enquiries. One complaint was about an appropriate referral to another specialty which the complainant had been unhappy about.	The specialty manager and Matron will work with the department including their administration team to develop an action plan to review the learning and make any changes based on this.
The number of complaints received by Dermatology increased from three in Q3 to seven, with five of these being attributed to cancelled or delayed appointments and procedures.	All but one of these complaints was dealt with swiftly and informally by the specialty manager. Two complaints related to delayed GP referral into the service. The others complaints included appointment changes, confusion about a biopsy appointment and communication of biopsy results.	The specialty manager and Matron will work with the department to develop an action plan to review the learning and make any changes based on this.

3.3.3 Division of Specialised Services

Complaints by category type

Category Type	Number and % of complaints received – Q4 2013/14	Number and % of complaints received – Q3 2013/14
Access	1 (1.8% of total complaints)	1 (2.3%)
Appointments & Admissions	21 (37.5%)	16 (36.3%)
Attitude & Communication	12 (21.4%)	17 (38.6%)
Clinical Care	19 (33.9%)	8 (18.2%)
Facilities & Environment	3 (5.4%)	1 (2.3%)
Information & Support	0 (0%)	1 (2.3%)
Total	56	44

⁸ An aggregate measure of ward cleanliness, respect and dignity, involvement in care decisions and staff-patient communication, which is reported to the Trust Board (as a trust-wide score) each month

Top six sub-categories

Category	Number of complaints received – Q4 2013/14	Number of complaints received – Q3 2013/14
Cancelled or delayed appointments and operations	17 ↑ (42% increase compared to Q3)	12
Clinical Care (Medical/Surgical)	7 ↑	4
Communication with patient/relative	5 ↑	2
Attitude of Medical Staff	2 ↑	0
Clinical Care (Nursing/Midwifery)	3 ↑	2
Failure to answer telephones	1 ↓	6

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
11 complaints were received by the Chemotherapy & Outpatients Department at Bristol Haematology and Oncology Centre - these were split between cancelled or delayed appointments (five cases) and clinical care (six cases).	<p>A number of issues relate to cross-organisational issues between BHOC and North Bristol NHS Trust and incorrect information in the referral from NBT (or in one case, referral not received). Issues are tracked through the cancer PTL meetings and issues with NBT are escalated to the Trust Cancer Manager. The increase is most likely to be due to pathway change (i.e. breast/ urology patients previously split between UH Bristol/ NBT now all referrals are coming via NBT).</p> <p>The root cause of other issues related to communication regarding bookings appears to be that patients were unclear who to contact and they therefore contacted PALS. Once contact was made with BHOC, issues were resolved with patient.</p> <p>One informal complaint related to no bed being available for planned chemotherapy treatment (ward 61).</p>	<p>When referrals are received from NBT, we check the patient details on the Spine (national NHS database based on GP practice records) in order to ensure that correct address and GP practice are updated on Medway.</p> <p>Continue to work to improve accessibility of bookings numbers and ensure that phones are answered when patients make contact. Stickers printed with key numbers on to be put onto appointment sheets and letters, plus changed layout of BHOC welcome guide and website so that contact numbers are clearer.</p> <p>As part of changes to the BHOC welcome guide, we have separated out the inpatient information and included an explanation of why patients need to call and the reasons why beds might not be available, in order to manage expectations appropriately.</p>
There was a notable increase in the number of complaints	<p>Complaints were related to administration issues:</p> <ul style="list-style-type: none"> • Long wait in clinic 	<p>The following actions have been taken/agreed:</p> <ul style="list-style-type: none"> • Introduced electronic message

<p>received about Cardiology GUCH Services – six complaints compared to just two in Q3. Four of these complaints were in respect of cancelled or delayed appointments.</p>	<ul style="list-style-type: none"> • Patient not added to waiting list • Letters addressed to a consultant had not arrived • Telephone manner of secretaries 	<p>board above reception area to notify patients of waiting times.</p> <ul style="list-style-type: none"> • Plan to change all clinic letters to advise patients they may be up to four hours in the department due to the various tests required • Disciplinary action taken with one member of staff • Additional resource allocated to the waiting list office • A listing error due to human error has been reviewed with the member of staff responsible for future learning.
<p>Complaints received by Ward 53 increased to eight from just two in Q3. These were split evenly between attitude and communication and clinical care.</p>	<p>The complaints included a message missed on the answerphone of a member of staff who had been off sick, resulting in delayed treatment. There were no common themes.</p> <p><i>Note: Analysis in the latest quarterly patient experience report indicates that for the period October 2013 to March 2014, ward 53 achieved better than average patient-reported ratings, including the Friends and Family Test (fourth best).</i></p>	<p>Arrangements have been put in place for the whole team to pick up answerphone messages in a team members absence.</p> <p>Appropriate action has been taken in response to each complaint including new staff guidance where relevant (e.g. about how to complete an assessment of a patient's skin prior to the application and removal of adhesive electrodes).</p>
<p>11 complaints were received by Bristol Heart Institute Outpatients Department. Seven of these were about cancelled and delayed appointments and four were about staff attitude and communication.</p>	<p>Complaints were related to the following issues:</p> <ul style="list-style-type: none"> • Shortage of nursing assistants and administrative staff - lack of bank staff made covering the recruitment turnaround times difficult • A 'bug' in the Medway system means that letters are not always being sent to patients when clinics are cancelled 	<p>The following actions have been taken/agreed:</p> <ul style="list-style-type: none"> • All administrative vacancies have now been recruited to • Restructure consultation starting w/c 19/5/14 to improve reception and coordinator cover • Plan to even out flow into department over week to create less stressful working environment • Assurance that correct cancellation protocols and procedures are being followed • Medway issue has been logged with IT and is awaiting solution; the in meantime, the team is able to double check and manually send letters when required

3.3.4 Division of Women & Children

Complaints by category type

Category Type	Number and % of complaints received – Q4 2013/14	Number and % of complaints received – Q3 2013/14
Access	2 (4.2% of total complaints) ↑	0 (0%)
Appointments & Admissions	6 (12.4%) ↑	14 (31.7%)
Attitude & Communication	19 (39.6%) ↓	12 (27.3%)
Clinical Care	19 (39.6%) ↑	16 (36.4%)
Facilities & Environment	1 (2.1%) =	1 (2.3%)
Information & Support	1 (2.1%) =	1 (2.3%)
Total	48	44

Top six sub-categories

Category	Number of complaints received – Q4 2013/14	Number of complaints received – Q3 2013/14
Cancelled or delayed appointments and operations	10 ↓ (29% decrease compared to Q3)	14
Clinical Care (Medical/Surgical)	9 ↑	7
Communication with patient/relative	5 ↑	0
Attitude of Medical Staff	8 ↑	6
Clinical Care (Nursing/Midwifery)	6 =	6
Failure to answer telephones	1 =	1

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
The number of complaints received by Ward 30 has continued to rise, with seven cases recorded in Q4, compared to four complaints in Q3 and two in Q2. Four of these complaints were attributed to attitude and communication issues and three to clinical care.	There had been a high level of long term staff sickness on ward 30, leading to an increase in the use of non-substantive staff (Bank/Agency). <i>Note:</i> <i>Analysis in the latest quarterly patient experience report indicates that for the period October 2013 to March 2014, ward 30 achieved patient-reported ratings which were slightly better than the Trust average.</i>	Concerns about staff attitude and communication have been addressed with the staff concerned and disseminated to the whole team. Substantive staff have returned from long term sick leave leading to a reduction in the use of non-substantive staff.
There was an increase in the number of complaints received by Children's ED/Ward 39. There was no discernible trend, with the complaints being spread across the various categories of complaint.	<i>Note:</i> <i>Analysis in the latest quarterly patient experience report indicates that for the period October 2013 to March 2014, ward 39 achieved patient-reported ratings which were better than the Trust average.</i>	All lessons learned from complaints are disseminated to the nursing and medical teams. Completed comments cards are now displayed on the ward's 'You said we did' board.

3.3.5 Division of Diagnostics & Therapies

Complaints by category type

Category Type	Number and % of complaints received – Q4 2013/14	Number and % of complaints received – Q3 2013/14
Access	2 (6.2% of total complaints) =	2 (6.2%)
Appointments & Admissions	7 (21.9%) ↑	8 (25%)
Attitude & Communication	14 (43.8%) ↑	13 (40.7%)
Clinical Care	4 (12.5%) ↓	7 (21.9%)
Facilities & Environment	3 (9.4%) ↑	2 (6.2%)
Information & Support	2 (6.2%) ↑	0
Total	32	32

Top six sub-categories

Category	Number of complaints received – Q4 2013/14	Number of complaints received – Q3 2013/14
Cancelled or delayed appointments and operations	5 ↓	6
Clinical Care (Medical/Surgical)	0 ↓	2
Communication with patient/relative	0 ↓	1
Attitude of Medical Staff	4 ↑	2
Clinical Care (Nursing/Midwifery)	0 =	0
Failure to answer telephones	5 ↑	4

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
There was a 58% rise in complaints received by the Audiology Department. Seven of the 12 complaints received were in respect of attitude and communication, the majority of which were about failure to answer telephones so patients were unable to get through to the department.	Following the centralisation of the Audiology Services across Bristol on 25 th March 2013 the service experienced an increase in the number of phone calls across both sites. The increase in phone calls at St Michael's Hospital was primarily due to the service moving all new bookings onto that site. The volume of calls also continued to be an issue on the Southmead site.	<ul style="list-style-type: none"> The service has converted a vacant Band 2 Assistant Practitioner Post to a fixed term Band 2 Clerical post to work across both sites on a 1 year fixed term basis, thus introducing more resource to answer the telephone. The fixed term post will provide the opportunity to assess what resources are required going forward. On Tues 6th May the service introduced a call waiting system at St Michael's Hospital and this has improved the situation greatly. Monitoring has shown 100% of calls are answered. Next steps are to move the repair booking for the Southmead sites to the Trust's central booking office and extend the call waiting system to include the clerical team based at Southmead. This will ensure an improvement in the volume of calls answered at both sites, St Michael's Hospital and Southmead. Before these actions can be undertaken, the audiology databases in the two sites need to be merged. This is anticipated to take place in August and the service subsequently

		expects to see a reduction in the number of complaints received relating to telephones not being answered.
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3.4 Complaints by hospital site

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

Hospital/Site	Number and % of complaints received – Q4 2013/14	Number and % of complaints received – Q3 2013/14
Bristol Royal Infirmary	193 (46.5% of total complaints) ↑	137 (41.1%)
Bristol Eye Hospital	60 (14.5%) ↑	32 (9.6%)
Bristol Dental Hospital	19 (4.6%) ↓	20 (6%)
St Michael's Hospital	46 (11%) ↓	54 (16.2%)
Bristol Heart Institute	33 (8%) ↑	30 (9%)
Bristol Haematology & Oncology Centre	20 (4.8%) ↓	21 (6.3%)
Bristol Royal Hospital for Children	36 (8.7%) ↑	29 (8.8%)
South Bristol Community Hospital	8 (1.9%) ↓	10 (3%)
Total	415	333

3.5 Complaints responded to within agreed timescale

The Trust's aim is to respond to complaints within the timescale we have agreed with the complainant. All five clinical Divisions reported breaches in Quarter 4, totalling 25 breaches plus there was one additional breach from the Division of Facilities & Estates.

	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14
Surgery Head and Neck	8 (11%)	6 (10%)	9 (12%)	45 (49%)
Medicine	7 (21.2%)	11 (25%)	9 (25%)	22 (56%)
Specialised Services	0	2 (11%)	4 (12.5%)	2 (15%)
Women and Children	9 (36%)	4 (17%)	7 (28%)	10 (34%)
Diagnostics & Therapies	1 (8.3%)	0	0	0
All	25 breaches	23 breaches	29 breaches	79 breaches

(So, as an example, there were six breaches of timescale in the Division of Surgery Head and Neck in Q3, which constituted 11% of the complaints responses that had been due in Q4.)

Breaches of timescale were caused either by late receipt of final 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, or by delays in during the sign-off process itself. Sources of delay are shown in the table below.

	Source of delays (Q4, 2013/14)		
	Division	Patient Support and Complaints Team	Executive sign-off
Surgery Head and Neck	2	0	6
Medicine	3	0	4
Specialised Services	0	0	0
Women and Children	7	2	0
Diagnostics & Therapies	0	0	1
All	12 breaches	2 breaches	11 breaches

Actions agreed via Patient Experience Group:

- Divisions have been reminded of the importance of providing the Patient Support and Complaints Team with draft final response letters at least four working days prior to the date they are due with the complainant.
- The Patient Support and 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 Divisions if the complainant requests a meeting rather than a written response. This allows for the additional time needed to co-ordinate the diaries of clinical staff required to attend these meetings. (Note that deadlines agreed with Surgery, Head and Neck and Medicine are longer than for the other Divisions, to reflect the larger patient numbers and subsequent complaints received by these Divisions).
- Ongoing vigilance to avoid any delays by Patient Support and Complaints Team.

3.6 Number of dissatisfied complainants

As reported in section 1.3, there were 14 cases in Q4 where complainants were dissatisfied with the quality of our response (in addition to the figures shown in the table below, one case was attributable to the Division of Diagnostics & Therapies).

	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14
Surgery Head and Neck	5	8	10	8
Medicine	4	4	3	2
Specialised Services	1	3	1	1
Women and Children	3	0	2	3
Diagnostics & Therapies	1	0	1	1
All	14	15	17	15

Actions agreed via Patient Experience Group:

- Divisions are notified of any case where the complainant is dissatisfied. The 14 cases recorded in Q4 have now either been responded to in full, or have had revised response deadlines agreed with the complainants.
- The Patient Support and Complaints Team continues to monitor response letters to ensure that all aspects of each complaint have been fully addressed – there has recently been an increase in the number of draft responses which the Patient Support and Complaints Team has queried with the Division prior to submitting for sign-off.
- Trust-level complaints data is now replicated at divisional level to enable Divisions to monitor progress and identify areas where improvements are needed. This data will also be used for quarterly Divisional performance reviews.
- Response letter cover sheets are now sent to Executive Directors with each letter to be signed off. This includes details of who investigated the complaint, who drafted the letter and who at senior divisional letter

signed it off as ready to be sent. The Executive signing the responses can then make direct contact with these members of staff should they need to query any of the content of the response.

- Training in complaints investigation and letter writing was delivered to the new Band 7 Supervisory Sisters in October 2013.
- Training on writing response letters has been delivered to key staff across all Divisions with input from the Patients Association. This training was well received and further training on this subject matter is being planned for the coming year.

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 the 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 Q4, the team dealt with 161 such enquiries, compared to 173 in Q3. These enquiries can be categorised as:

- 83 requests for advice and information (67 in Q3)
- 70 compliments (95 in Q3)
- 8 requests for support (11 in Q3)

5. PHSO cases

During Q4, the Trust has been advised of new Parliamentary & Health Service Ombudsman (PHSO) interest in seven complaints. Three of these cases were subsequently not upheld and one was partially upheld; we are currently awaiting a decision from the PHSO for the three remaining cases.

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
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13887	SC		12/08/2013	BEH	Ophthalmology	Surgery, Head And Neck
Not upheld: The PHSO has advised the Trust that a draft report has been prepared (which we are currently waiting for) but also that the complaint has not been upheld.						

11634	PG	KGG	03/09/2012	BRI	A&E [BRI]	Medicine
Not upheld: Final report received, complaint not upheld and no failings identified.						

13173	MD	JS	08/05/2013	BRI	A&E [BRI]	Medicine
Not upheld: The PHSO agreed that there had been some failings in the care of the patient but has not upheld the complaint as the Trust had already acknowledged these failings and apologised and had dealt with the issue in a fair and proportionate manner.						

Case	Complainant	On behalf	Date	Site	Department	Division
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Number	(patient unless stated)	of (patient)	original complaint received			
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13261	SL	JS	22/05/2013	BRI	Ward 04	Medicine
Open: The Trust has sent copies of all requested documentation to the PHSO - currently waiting to hear whether they intend to investigate.						

13946	RB		09/09/2013	BRI	Ward 19 (Observation Ward)	Medicine
Open: The Trust has sent the PHSO a copy of our complaint response letter - currently waiting to hear whether they require further information or intend to investigate.						

14588	DG	HJG	13/12/2013	BDH	Adult Restorative Dentistry (B)	DIV Surgery, Head And Neck
Open: The Trust has sent the requested documentation to the PHSO - currently waiting to hear whether they intend to investigate or not.						

13223	CP		16/05/2013	BEH	Outpatients Ground Floor (BEH)	DIV Surgery, Head And Neck
Partially upheld: PHSO partially upheld this complaint about a patient's experience of receiving an eye injection. The PHSO made recommendations for improvement and asked us to send a letter of apology to the patient, which has now been done. The complaint was shared with the appropriate staff in order that they understand the implications of their actions, when injecting patients. Staff have also been advised that they are able to use the counselling room for patients who may take a little longer to recover from the procedure and the senior nurse in charge will be available to help non-nursing staff to care for these patients.						

Since 1st April 2013, the PHSO has notified the Trust of a total of 16 cases in which they are taking an interest. Of the nine cases received prior to Q4, three are currently ongoing, five were not upheld and one was upheld. In the case that was upheld, the PHSO recommended that the Trust write a letter of apology to the patient together with a compensation payment of £750: this was done, and an action plan was implemented by the Division. The increase in PHSO interest in Q4 reflects a change in policy: the PHSO has significantly increased the number of complaints it accepts for investigation.

6. Corporate developments in Q4

At the end of Q3, the Patient Support and Complaints Team moved from its temporary office in the Bristol Dental Hospital to a new location in the front of the Bristol Royal Infirmary Welcome Centre. This means that for the first time, the Trust has been able to co-locate its previous complaints and 'PALS' functions in a single location. The move has also enabled the re-opening of the 'PALS' drop-in service.

During Q4, a backlog of enquiries to the Patient Support and Complaints Team developed. Causal factors included the re-opening of the drop-in service, staff sickness and an observed increase in the complexity of complaints received. Whilst all enquiries were acknowledged in a timely manner, it was taking up to four weeks for a caseworker to contact the complainant to discuss their concerns and to agree how and when these would be investigated. The Trust has appointed two temporary caseworkers to enable the team to address the backlog and proposals have been drafted for increasing permanent support to the team.

In January 2014, the Trust Board received the Trust's internal self-assessment against recommendations contained in Ann Clwyd and Tricia Hart's review of NHS complaints management. Various actions have subsequently been incorporated into the Patient Support and Complaints Team's work plan, the progress of which will be monitored by the Trust's Patient Experience Group.