

ANNUAL COMPLAINTS REPORT 2014/2015

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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 and Complaints Team at University Hospitals Bristol NHS Foundation Trust during 2014/2015.

In summary:

- 1,883 complaints were received by the Trust in the year 2014/2015, averaging 157 per month. Of these, 844 were managed through the formal investigation process and 1,039 through the informal investigation process. This compares with a total of 1,442 complaints received in the year 2013/2014, an increase of more than 30%. During 2014/15, the volume of complaints received by the Trust as a proportion of patient activity was 0.26%: an increase on 2013/14, when 0.21% of patient episodes resulted in a complaint.
- In addition, the Patient Support and Complaints Team dealt with 619 other enquiries, including compliments, requests for support and requests for information and advice: a decrease on the 723 enquiries dealt with in 2013/2014.
- The Trust had 12 complaints referred to the Parliamentary and Health Service Ombudsman in 2014/15, compared with 17 in 2013/14. Five of these complaints were not upheld and one was partially upheld; the remaining six cases are still being considered by the Ombudsman (as at 12/06/2015).
- 84 complaints were re-opened due to complainants being dissatisfied with incomplete or factually incorrect responses. This compares with 62 in 2013/14: a 35% increase.
- During the third quarter of 2014/15, the Patient Support and Complaints Team cleared a large backlog of enquiries that had been in existence for the previous 12 months. The team has maintained an up to date position since the backlog was cleared.
- Throughout the year, patient stories and examples of learning from complaints have been used at the start of public meetings of the Trust Board.
- The Patient Support and Complaints Team, with assistance from the Trust's Divisions, has delivered complaints training to senior divisional staff to improve the quality of written complaint responses and give staff confidence in dealing with complaints themselves. This programme will continue into the autumn of 2015.
- In last year's annual report, we described a joint project between the Trust and the Patients Association, exploring complainants' experience of the complaints process at UH Bristol. This project concluded in 2014/15 and a number of recommendations were shared with the Trust's Patient Experience Group, as described in Appendix 3 to this report.

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 Trust's Patient Support and 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; and
- When a complainant requests a review by the Parliamentary and Health Service Ombudsman, all enquiries received from the Ombudsman's office are responded to in a prompt, co-operative and open manner.

The Patient Support and Complaints Manager line manages a team, which as of 31st March 2015, consisted of one full time Band 6 Deputy Manager, three full-time and one part-time complaints officers/caseworkers (Band 5) and three part-time administrators (Band 3). The total team resource, including the manager, is 7.8 WTE, compared with 4.8 WTE 12 months previously.

2. Improvements in complaints management during 2014/15

The Trust continually seeks to improve the service it offers to all patients and visitors to its hospitals and to learn from complaints. Significant developments in complaints management during 2014/15 have included:

- Clearing a backlog of enquiries that had been in existence for over 12 months and maintaining an up to date position since November 2014.
- The appointment of a new deputy manager to support the manager with the day to day operational activities of the team. The deputy manager has also taken on responsibility for coordinating all training carried out by the team.
- Training of three new members of staff who are now fully integrated into the team and carrying a full caseload of enquiries (the complaints officers) and running efficient administrative back up for the team (administrators).

In last year's annual report, we described a joint project between the Trust and the Patients Association, exploring complainants' experience of the complaints process at UH Bristol. This project concluded in 2014/15 and a number of recommendations were shared with the Trust's Patient Experience Group. For transparency, the Patients Association's 14 recommendations are listed in full in Appendix 3 to this report, accompanied by the Trust's response. The majority of the recommendations amounted to a continuation of existing good practice, however several developmental actions were added to the Trust's annual complaints work plan.

3. Complaints reporting

Each month, the Patient Support and Complaints Manager reports the following information to the Trust 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

In addition, the following information is reported to the Patient Experience Group, which meets every two months:

- Validated complaints data for the Trust as a whole and also for each clinical Division
- Quarterly Complaints Report (on occasions when this is due)
- 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 and information about how the Trust is responding. The Quarterly Complaints Report is also reported to the Trust Board and published on the Trust's web site.

A patient story is discussed at the start of the Trust's monthly public Board meetings. This is generally an anonymised example of an issue – often resulting in a complaint – where there has been 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. Examples of stories discussed by the Board are also shared at the Trust's bi-monthly Patient Experience Group.

4. Total complaints received in 2014/2015

In 2014/15, the Trust's target was that the volume of complaints received should not exceed 0.21% of patient activity – in other words, that no more than approximately 1 in 500 patients complain about our service. We achieved 0.26% in 2014/15, compared to 0.21% in 2013/14 (see Figure 1). The total number of complaints received during the year was 1,883, an increase of 30% on the previous year. Of these, 844 were managed through the formal investigation process and 1,039 through the informal investigation process.

The Trust's patient experience survey ratings are similar to, or better than those achieved in 2013/14, so one possible explanation is that the increase in complaints reflects the increased accessibility of the Patient Support and Complaints Team; since December 2013, the team has been located in a prominent position in the front entrance Welcome Centre of the Bristol Royal Infirmary.

Compared with 2013/14, there was an increase of 11% in the number of complaints managed through the formal investigation process and a 53% increase in the number of complaints managed through the informal investigation process.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. 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 sometimes a telephone call from the manager). The method of feedback is agreed with the complainant and is their choice. This Trust's target is that this process should take no more than 30 working days in total.

An informal complaint is one where the concerns raised can usually be addressed quickly by means of an investigation by the Patient Support and Complaints Team and a telephone call to the complainant. The figures below do not include informal complaints and concerns which are dealt with directly by staff in our Divisions. We are currently investigating how systems might be put in place to record and report this information in the future.

Figure 1 - Monthly complaints as a percentage of patient activity 2012/13, 2013/14 and 2014/15

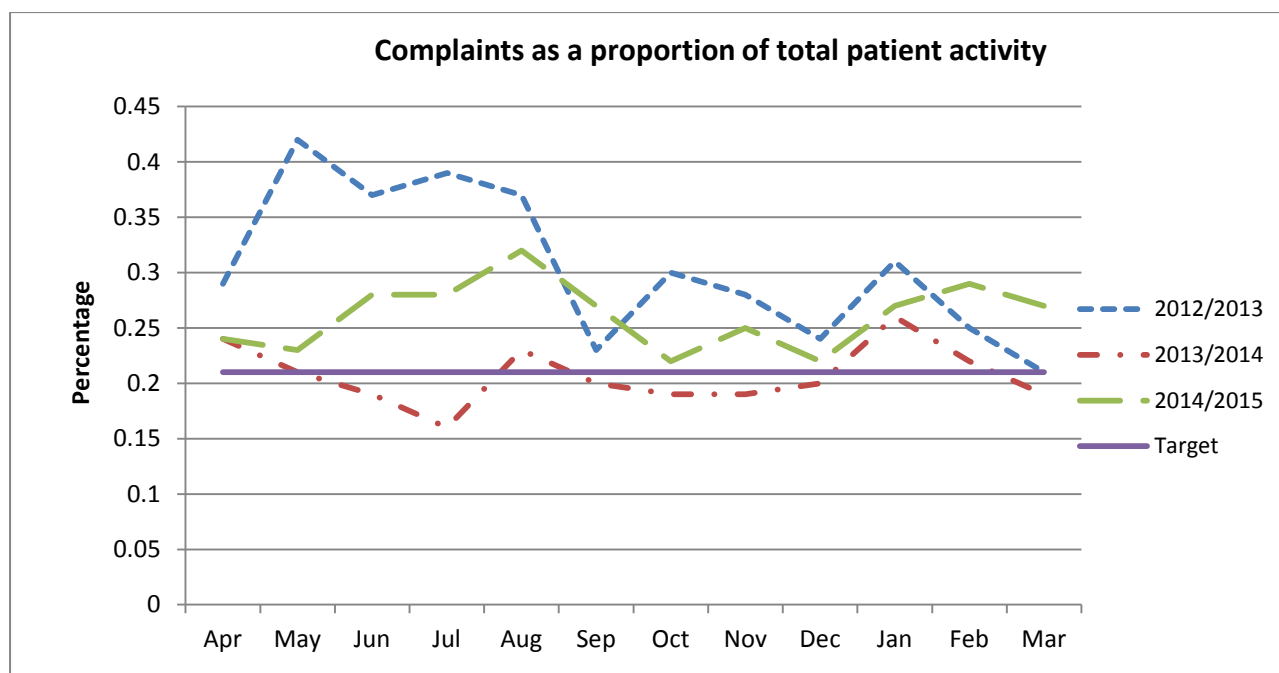


Table 1 below shows the number of complaints received by each of the Trust's clinical divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

Table 1 - Breakdown of complaints by Division

Division	Informal Complaints 2014/2015	Formal Complaints 2014/2015	Divisional Total 2014/15	Informal Complaints 2013/2014	Formal Complaints 2013/2014	Divisional Total 2013/14
Surgery, Head and Neck	407 ↑	293 ↓	700 ↑	321 ↓	299 ↓	620 ↓
Medicine	174 ↑	176 ↑	350 ↑	90 ↓	171 ↓	261 ↓
Specialised Services	184 ↑	101 ↑	285 ↑	116 ↑	99 ↑	215 ↑
Women and Children	146 ↑	204 ↑	350 ↑	50 ↑	118 ↓	168 ↓
Diagnostics and Therapies	67 ↑	35 ↓	102 ↑	57 ↑	40 ↑	97 ↑
Facilities and Estates	27 ↑	13 ↓	40 ↓	22 ↑	23 ↑	45 ↑
Trust Services	34 ↑	22 ↑	56 ↑	24 =	12 ↓	36 ↓
TOTAL	1039 ↑	844 ↑	1883 ↑	680 ↓	762 ↓	1442 ↓

Table 1 shows a significant increase (108%) in complaints received by the Division of Women & Children. 73% of the 350 complaints received by the Division in 2014/15 were received by Bristol Royal Hospital for Children (BRHC), with 27% received by St Michael's Hospital (STMH).

For the first time, complaints data for 2014/15, includes informal complaints dealt with by the 'LIAISE'¹ team in the BRHC however this only accounted for 33 of the total 350 complaints received (9%).

The main cause for complaints about services at BRHC was cancelled or delayed appointments or operations. Significant work has been undertaken by the Division to address this, including:

- Establishing and improving new working practices following the centralisation of Specialist Paediatrics (CSP)
- Implementation of a transformation project to improve many aspects of the paediatric outpatient service, including patient experience
- Increasing capacity in outpatient departments and operating theatres, including private sector provision
- Proactive management of the recruitment of additional theatre staff, with a Senior Nurse Lead (Matron) appointed to focus solely on this issue
- Identification of physical space for outpatient clinics, with the Division exploring the option of holding extra clinics at South Bristol Community Hospital
- Maintaining regular contact with the families of those awaiting appointments and/or surgery

In addition, the Children's Emergency Department saw a significant increase in the number of complaints received. The department has undergone significant redevelopment during 2014/15, resulting in inevitable disruption to the working environment. A higher number of patients were also seen during the winter period, following the CSP project. During this challenging winter period, staff were therefore working under immense pressure. In response to these challenges:

- The Clinical Lead for the Children's Emergency Department has remained sighted on all complaints throughout the year to ensure systematic review and learning, with the aim of avoiding similar complaints occurring in future;
- The divisional management team ensured there were good governance structures in place for the department, with all complaints being investigated promptly and fully, using a multi-disciplinary approach;
- Themes from complaints were identified and discussed with teams at training days;
- Support for staff has been explored through Care First and a psychologist;
- Regular education/team days have been organised to ensure that staff possess the correct skills, and have access to appropriate education and support;
- Friends and Family Test touch-screen kiosks have been installed in the department to capture real-time feedback;
- A staff satisfaction feedback system is in place to ensure real-time feedback, with information from this informing action plans; and
- There is a robust system in place for ensuring an appropriate skill mix of doctors, emergency nurse practitioners and nursing staff on each shift.

¹ LIAISE is the equivalent of a Patient Advice and Liaison Service ('PALS') in the Children's Hospital

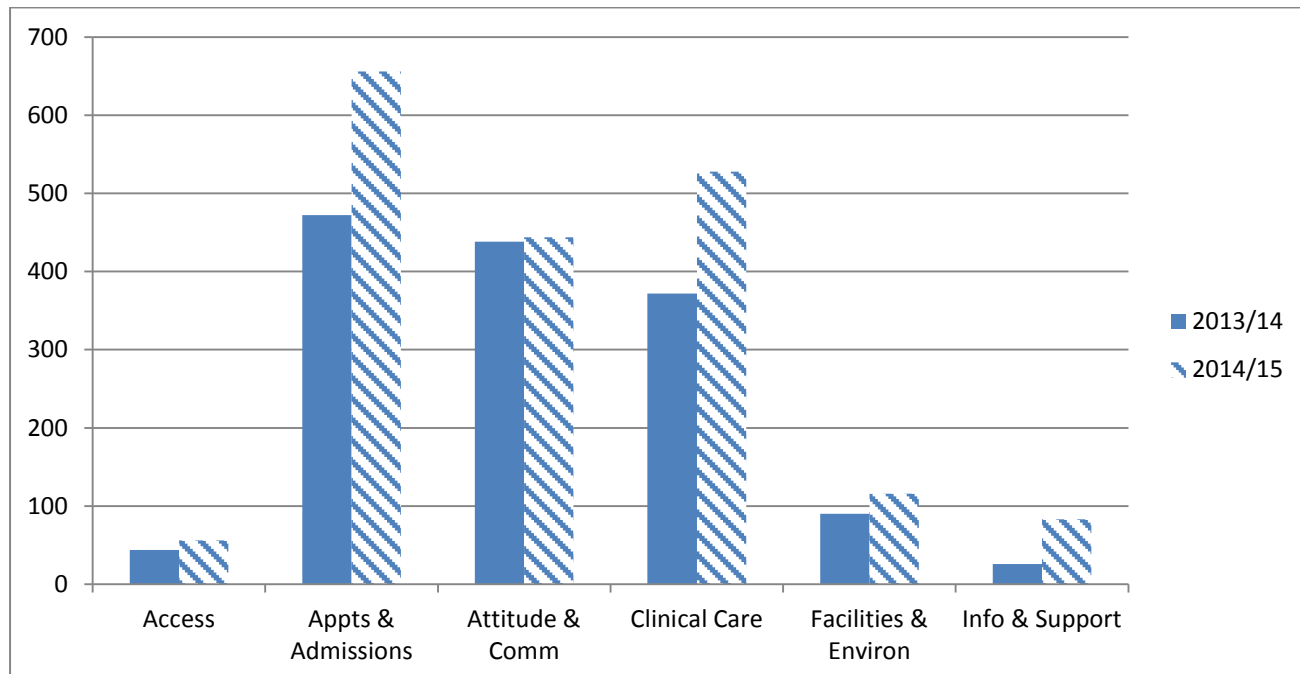
5. Complaint themes

The Trust records complaints under six main “themes” and, within each theme, by a number of specific categories. A complaint may be recorded under more than one category, 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. Table 2 and Figure 2 show complaints received by theme, again compared to 2013/2014.

Table 2 - Complaint themes by Division

Complaint Theme	Informal Complaints 2014/2015	Formal Complaints 2014/2015	Total 2014/15	Informal Complaints 2013/2014	Formal Complaints 2013/2014	Total 2013/14
Access	41 ↑	15 ↓	56 ↑	24 ↑	20 ↑	44 ↑
Appointments and Admissions	459 ↑	197 ↑	656 ↑	280 ↓	192 ↓	472 ↓
Attitude and Communication	223 ↑	221 ↓	444 ↑	206 ↓	232 ↑	438 ↓
Clinical Care	162 ↑	366 ↑	528 ↑	99 ↑	273 ↓	372 ↓
Facilities and Environment	83 ↑	33 ↓	116 ↑	53 ↓	37 ↑	90 ↓
Information and Support	71 ↑	12 ↑	83 ↑	18 ↓	8 ↓	26 ↓
TOTAL	1039 ↑	844 ↑	1883 ↑	680 ↓	762 ↓	1442 ↓

Figure 2 - Complaints by Theme - 2013/14 and 2014/15



In 2014/15, the total number of complaints received under the theme of Information and Support, increased significantly, by 219%. This theme covers such categories of complaints as bereavement and emotional support, expenses claims, hospital and/or patient information, medical records, travel arrangements and wayfinding.

Of the 83 complaints recorded under this theme, the largest sub-category was 'Information about Patient' (29), followed by 'Expenses Claims' (12) and 'Wayfinding' (9). Some examples of the complaints categorised as 'Information about Patient' were: complaints about the patient's family not being given adequate or correct information about the patient; patients being given conflicting information by different clinicians; and patients experiencing difficulties obtaining information from their consultant to pass on to another service/organisation. There were no discernible trends in respect of this category of complaint and the cases received were spread fairly equally across the Divisions.

Of the complaints related to 'Expenses Claims', five were complaints about not being eligible to claim expenses, four were in respect of wishing to claim expenses following a cancelled appointment and three were in respect of claims for lost property during an inpatient admission. Again, there were no trends identified relating to specific wards or departments.

'Wayfinding' complaints related to patients/carers/visitors being confused about the new signage in the Trust's hospitals. This was added as a new category of complaint to coincide with Phase 1 of introduction of the new signage, from September 2014 onwards. All such complaints are notified to the Deputy Chief Operating Officer who has overall responsibility for the implementation of the new signage and the wayfinding structure across the Trust.

All complaints themes saw increases when compared with the previous year, with other significant increases being seen in complaints about Clinical Care (42%) and Appointments and Admissions (39% increase).

In respect of Clinical Care, the total number of complaints received by the Trust increased from 372 in 2013/14 to 528 in 2014/15. The largest numbers of complaints under this theme were in the following categories:

- Clinical Care (Medical/Surgical) – 234 (159 in 2013/14)
- Clinical Care (Nursing/Midwifery) – 120 (99 in 2013/14)

In respect of complaints categorised as Clinical Care (Medical Surgical), the Associate Medical Director (AMD) oversees a system to monitor complaints where individual medical staff are cited. Medical staff are interviewed by the AMD or Medical Director if patterns of repeated behaviour are identified which give cause for concern.

Elsewhere, the Division of Women and Children identified a pattern of complaints about clinical care stemming from patients not understanding what and why certain procedures were being carried out. As a result, the Head of Midwifery now personally meets with complainants, where appropriate, with the consultant present to explain and clarify procedures. Community midwives are also encouraged to ask women about their labour at the first post-natal visit and explain anything that the woman does not understand.

Following a previous decrease in Appointments and Admissions complaints in 2013/14 (largely due to the work carried out by the Trust's Productive Outpatients Team), it is disappointing to see the increase in 2014/15. The highest number of complaints received by the Trust under the theme of Appointments and Admissions were in the following categories:

- Cancelled or delayed appointments – 276 (174 in 2013/14)
- Cancelled or delayed operations or procedures – 230 (174 in 2013/14)

- Delayed treatment – 50 (30 in 2013/14)
- Delayed/incorrect/missed diagnosis – 44 (44 in 2013/14)

Issues around cancelled or delayed appointments continued to be addressed through the Trust's Transformation programme and, in the case of outpatients, through improvement activities which originated from the Productive Ward project. Here are some examples from our Divisions:

- The Ear Nose and Throat Department received a high number of complaints in this category during the first half of 2014/15. This was largely due to understaffing issues in the nurse-led clinics, due to long term sickness and difficulty in recruiting suitable candidates. The Division undertook a capacity diagnostic to understand what extra resources were needed in order to resolve this problem. Two specialty doctors started in the department in August 2014, increasing clinic capacity and enabling patient appointments to be brought forward. Waiting times reduced from 18 weeks in Quarter 1 to nine weeks in Quarter 2, with further improvement expected.
- Recruitment was also an issue at Bristol Dental Hospital; additional clinics were arranged during the undergraduate holidays to clear the backlog of patients waiting to be seen.
- Cancelled and delayed appointments at Bristol Eye Hospital were addressed through additional recruitment within glaucoma and medical retinal services. In addition, a full time Patient Support and Liaison Nurse was employed and is available to patients who have informal concerns. Two whole time equivalent Nurse Injectors were also employed during Quarter 2 of 2014/15 following positive feedback from patients about this service.
- A new locum consultant was appointed in the Dermatology Centre in September 2014 to address an increase in activity, some of which was related to the service transfer from Weston General Hospital. A capacity review was undertaken and issues around nursing vacancies were also addressed. This meant that appointments could be brought forward.
- Bristol Heart Institute carried out a large number of additional clinics in Quarter 2 of 2014/15, resulting in an additional 200 clinic appointments and allowing the service to reduce its backlog of long-waiting patients from 550 in July 2014 to 154 at the end of November 2014.
- Cardiology GUCH² Services at Bristol Heart Institute (BHI) appointed a fourth ACHD (Adults with Congenital Heart Defects) consultant, who started in August 2014, and focussed on addressing a backlog of follow-up appointments. The backlog was also affected by two long term sickness absences in the BHI, one was resolved during the first quarter of 2014/15, with the member of staff returning to work; recruitment took place to substantively replace the other member of staff by October 2014, with interim arrangements in place until that time.

Whilst the total number of complaints received regarding Attitude and Communication remained almost the same as the previous year, accounting for 24% of all complaints received by the Trust. The highest numbers of complaints under this theme were in the following categories:

- Communication with Patient/Relative – 126 (80 in 2013/14)
- Attitude of Medical Staff – 80 (79 in 2013/14)
- Attitude of Nursing/Midwifery Staff – 68 (41 in 2013/14)

² Grown-up Congenital Heart Disease

- Failure to answer telephone/respond – 65 (106 in 2013/14)
- Attitude of Admin/Clerical Staff – 30 (35 in 2013/14)

6. Annual KO41A return

Each year, NHS trusts are required to submit a 'KO41A' return to the Department of Health. This is a report which gives a detailed breakdown of formal complaints received. However, as part of its response to the Francis and Clwyd/Hart reviews 'Hard Truths', the Government has undertaken to publish complaints data from NHS providers every quarter. Some key changes have also been made to the content of the KO41a. In particular, data is to be provided at site level rather than at organisational level, and information is now being collected (where appropriate) about the age of the patient who is making the complaint. The revised KO41a was introduced in April 2015.

The KO41A return for 2014/15 is attached as Appendix 1³.

7. Equalities data: monitoring protected characteristics

Patients' ethnicity, age, gender, religion and civil status are recorded on the Trust's patient administration system, Medway. Since 1st October 2014, where available, this information has been exported onto the Ulysses Safeguard database used by the Patient Support and Complaints Team and the data reported in the Trust's Quarterly Complaints Reports.

Information about the age, gender, ethnicity, religious beliefs and civil status of patients who have made a complaint in Quarters 3 and 4 2014/15 (or on behalf of whom a complaint was made) can be found at Appendix 2⁴. This data shows that:

- There was a broadly even distribution of complaints between men (476) and women (462).
- 34% of patients were aged 65 years or above
- The overwhelming majority of people who complained, and whose ethnicity is recorded (78%), were White British.
- 42% of complainants list their religious affiliation as Christian.
- The civil status of the majority of complainants was Single (39%), followed by Married/Civil Partnership (29%)

Whilst this data represents the majority of complainants, a large number of cases in each category are still recorded as "unknown". The Patient Support and Complaints Team is working hard to reduce the number of "unknown" data across all protected characteristics. Improvements have already been seen in this respect, in that there were 33% fewer "unknown" entries across all protected characteristics in Quarter 4 of 2014/15 than in Q3.

³ The KO41a shows a total of 780 formal complaints. This differs from the total of 844 formal complaints reported in this annual report; the difference is due to the timing of data extraction from the Ulysses Safeguard system. The Trust's annual figure is based on an accumulation of monthly data returns, however a small number of complaints may be reclassified after the data cut-off point each month.

⁴ Data collected began in October 2014.

8. 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 agreed timescales, and the number of complainants who are dissatisfied with responses.

8.1 Proportion of complaints responded to within timescale

The Trust's expectation is that all complaints will be acknowledged within two working days for telephone enquiries and within three working days for written enquiries. The complainant's concerns are confirmed and the most appropriate way in which to address their complaint is agreed. 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.

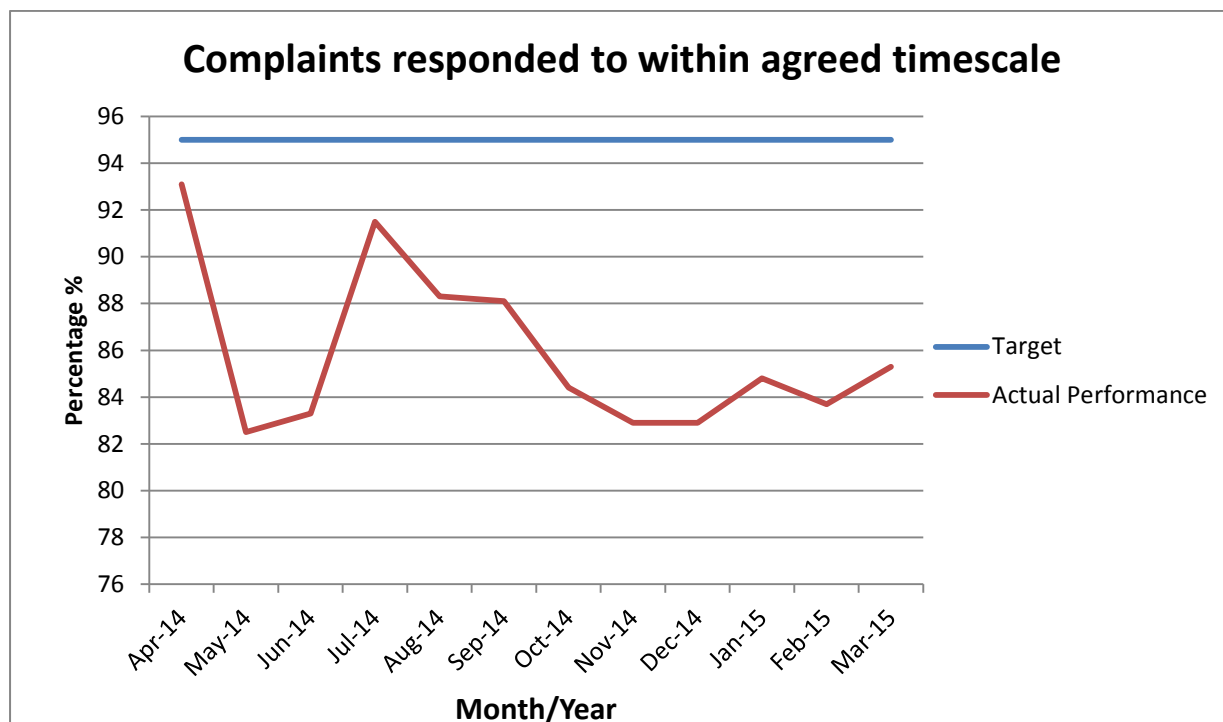
The time limit for making a complaint, as laid down in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, is currently 12 months after the date on which the subject of the complaint occurred or the date on which the matter came to the attention of the complainant. These regulations and guidance from the Parliamentary and 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. The Trust's performance target for this in 2014/15 was 95% compliance. For any months when reported performance was below 85%, the Board received an exception report summarising the total number of breaches, the reasons why these breaches occurred and what steps were being taken by the Divisions and by the Patient Support and Complaints Team to improve the situation. Over the course of the year 2014/15, 85.9% of responses were responded to within the agreed timescale, a significant improvement on the 76% reported for 2013/14, but below the target of 95%.

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 and Complaints Team with response letters at least four working days prior to the date that they are due with complainants.
- 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.
- The Patient Support and Complaints Team must ensure that the response letter is checked and sent to the Executive Directors for sign-off within 24 hours of receipt from the Division (subject to weekends and Bank Holidays). The exception to this would be if the response has been received from the Division very early, which allows additional time for the response to be checked if needed.
- 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.
- All Divisions are now working to the same target of 30 working days.

Figure 3.



8.2 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).

The total number of cases for 2014/15 where the complainant was dissatisfied with our response for this reason was 84, which represents 10% of all formal complaints received during the same period. This compares with the 62 cases reported in 2013/14 (which represented approximately 8% of formal complaints received). The number of dissatisfied cases therefore increased by 35% in 2014/15; broadly in line an overall increase in the number of complaints (up by 30%).

No theme or trend has been identified which would clearly explain the increase in dissatisfied complainants, however it is hoped that, in particular, the rolling out of detailed new training in respect of complaints investigation and the writing of response letters will help to reduce the number of complainants who are dissatisfied with the response they receive. Informal benchmarking against other NHS trusts indicates that a dissatisfaction rate of 8-10% is typical. Nonetheless our aspiration is for nobody to be unhappy with the quality of our original response.

The cases in 2014/15 were spread across the Trust's Divisions as follows:

- Division of Surgery, Head and Neck – 42 cases (30 in 2013/14)
- Division of Medicine – 10 cases (13 in 2013/14)
- Division of Women and Children – 18 cases (8 in 2013/14)
- Division of Specialised Services – 12 cases (7 in 2013/14)
- Division of Diagnostics and Therapies – 2 cases (2 in 2013/14)

Division of Facilities and Estates – 0 cases (1 in 2013/14)

Division of Trust Services – 0 cases (1 in 2013/14)

In order to further improve our performance, the following procedures are in place:

- 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 and Complaints Team monitors draft response letters to ensure that all aspects of the complaint have been fully addressed.
- Trust-level complaints metrics are 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 is being provided across all Divisions in respect of investigating complaints and writing response letters. This has been successfully rolled out to two Divisions (at the time of writing this report) and dates are booked for the remaining Divisions, with all training due to be completed by October 2015.
- A new response letter template, checklist and standard operating procedure have been prepared to assist with the writing of response letters and, at the time of writing this report, these were with the Executive Board for approval.

8.3 Backlog of enquiries to the Patient Support and Complaints Team

In the final quarter of 2013/14, a backlog of work developed in the Patient Support and Complaints Team, due to limited staff resources and an increasing number of enquiries. In 2014/15 this was rectified, initially by using temporary agency staff, and then by investing in three permanent posts (two caseworkers and an administrator). The backlog of enquiries was finally cleared in November 2014 and the team has remained up to date with processing complaints and enquires since that time.

9. Parliamentary and Health Service Ombudsman (PHSO)

The Trust had 12 complaints referred to the Parliamentary and Health Service Ombudsman in 2014/15, compared to 17 the previous year. Five complaints were not upheld and one was partially upheld. The remaining six cases are still being considered by the Ombudsman (as at 12/06/2015).

The one partially upheld case was in respect of a patient whose bowel was perforated during an endoscopy procedure. The PHSO found evidence of failings in some aspects of the patient's care and treatment but there was not enough evidence to say that, if these failings had not happened, the clinical outcome would have been different. They did however recognise the emotional impact on the patient and therefore partially upheld the complaint, with recommendations that the Trust write to the patient to acknowledge these failings, pay a sum of £250 in respect of the emotional impact and develop an action plan within three months to explain what had been learned from the case and what would be done differently in the future to prevent a recurrence. These recommendations were fully complied with within the timescales given by the PHSO.

10. Being customer focused

The Patient Support and Complaints Team's move to its new office in the redeveloped Welcome Centre in December 2013 has proved very successful, making the service much more accessible. The team dealt with 430 drop-in enquiries during 2014/15. Throughout the year, the team has also continued to provide support to anyone wishing to make a complaint by telephone, email and in writing.

The team 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).

The Trust also provides a Patient Support and Complaints Team leaflet, advising people of the services offered by the team and the various ways in which the service can be accessed. The leaflet incorporates an easy-to-complete complaints form, which people can return to the Patient Support and Complaints Team or put in the post. The leaflet is available in a range of languages.

The Patient Support and Complaints Team has increased its visibility on the Trust's external website, where, as well as providing contact information and details of the services offered, the public can now also access the Trust's quarterly and annual complaints reports.

11. Information, advice and support

In addition to managing complaints, the Patient Support and Complaints Team also deals with information, advice and support requests. The total number of enquiries received during 2014/2015 is shown below, together with the numbers from 2013/2014 for comparative purposes:

Type of enquiry	Total Number 2013/2014	Total Number 2014/2015
Request for advice / information	323	389
Request for support	64	43
Compliments	336	187
Total	723	619

Many service users will contact the team for reasons other than complaints. This may be about:

- Their treatment and care
- Services which the Trust provides
- Signposting to other local or voluntary services
- Outpatient clinic appointments (patients may occasionally ask a member of the team to attend with them)
- Liaison for carers and patients who have additional support needs and complex health problems
- Communication with patients' healthcare teams to facilitate both parties being able to work together in the future.

- Assisting families who arrive in Bristol with a patient but do not live locally and require local orientation and signposting to further help about finding somewhere to stay.

Examples of typical enquiries about advice and information include:

- What is the waiting time for xxx procedure?
- Who do I contact to discuss xxx?
- Can I have my treatment at a different hospital/location?
- Is it true that my operation has been cancelled due to cost cuts?
- I'm having an operation soon, who do I speak to about some concerns/questions that I have?
- I need a letter from my consultant in order that I can get my driving licence back.
- How do I make a complaint about my GP?
- My transport hasn't arrived and I'm going to miss my appointment. Who do I contact?
- I'm on the ward and I need to know the password for the Wi-Fi.
- I was an inpatient last week and lost my glasses. What do I need to do?

Examples of typical enquiries about support include:

- I would like someone to come to my outpatient appointment with me for support.
- I've arranged to meet with my consultant, would you be able to come with me?
- I need to arrange for a translator/interpreter to be available at my mother's appointment, can you help?
- Are you able to help me get hold of my consultant's secretary?
- Who do I need to contact to arrange hospital transport?

12. Training

The Patient Support and Complaints Team has begun to roll out complaints training for senior staff across the organisation in 2014/2015. This training focuses on effective investigation and response to complaints (including how to write a good response letter) and increasing staff confidence in dealing with complaints directly by helping to resolve problems quickly for patients. The training sessions, which last for three hours, include interactive role play and group discussion. The programme will continue into 2014/15; it is anticipated that all Divisions will have received training by October 2015, followed by regular quarterly briefings for new staff. The Patient Support and Complaints Team has also continued to deliver complaints training as part of the Trust's Leadership for Leaders sessions.

13. 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. One of the Trust's nine key corporate quality objectives for 2015/16 is to improve the quality of complaints responses letters, and in turn to reduce the number of complainants who are dissatisfied with our complaints responses. Progress will be monitored by the Trust Board throughout the year. The Trust's complaints work plan for 2015/16 is available upon request.

Appendix 1

2014/2015 KO41a return

		Total Number of Formal Complaints Received
1	Hospital acute services: Inpatient	275
2	Hospital acute services: Outpatient	283
3	Hospital acute services: A&E	82
4	Elderly (geriatric) services	23
6	Maternity services	34
13	Other	82
Total		780

		Total Number of Formal Complaints Received
Medical (including surgical)		521
Dental (including surgical)		53
Professions supplementary to medicine		41
Nursing, midwifery and health visiting		120
Scientific, technical and professional		2
Maintenance and ancillary staff		23
Trust administrative staff/members		20
Other		0
Total		780

		Total Number of Formal Complaints Received
1	Admissions, discharge and transfer arrangements	32
2	Aids and appliances, equipment, premises (including access)	3
3	Appointments delay/cancellation: Outpatients	51
4	Appointments delay/cancellation: Inpatients	111
7	Attitude of staff	137
8	All aspects of clinical treatment	272
9	Communication/information to patients (written and oral)	82
10	Consent to treatment	1
11	Complaints handling	1
12	Patients' privacy and dignity	3
13	Patients' property and expenses	13
17	Personal records (including medical and/or complaints)	1
18	Failure to follow agreed procedures	2
19	Patients' status discrimination (e.g. racial, gender, age)	0
20	Mortuary and post mortem arrangements	0

21	Transport (ambulances and other)	10
22	Policy and commercial decisions of Trusts	0
23	Code of openness - complaints	0
24	Hotel services (including food)	2
25	Other	59
Total		780

Appendix 2

Equalities data

Information about the protected characteristics of people who complained about our services (or on behalf of whom a complaint was made) in 2014/15

Since 1st October 2014, the Patient Support and Complaints Team have been asking for the patient's ethnic group, age, gender, religion and civil status, if this data has not been pre-populated from the Medway patient administration system. Data for Quarter 3 2014/15 (421 complaints) and Quarter 4 2014/15 (517 complaints) is provided below⁵

Ethnic group of patient	Number
White British	738
Any Other White Background	35
White Irish	7
African or British African	5
Caribbean or British Caribbean	12
Pakistani or British Pakistani	5
Indian or British Indian	8
Chinese	3
Any Other Asian Background	11
Any Other Black Background	2
Any Other Mixed Background	7
Any Other Ethnic Group	3
Not Stated/Given	23
Not Collected At This Time	68
Unknown	11
Total	938

Age Group of Patient	Number
0-15	139
16-24	55
25-29	38
30-34	45
35-39	38
40-44	35
45-49	57
50-54	57
55-59	78
60-64	63
65+	321
Prefer not to say or Unknown	12
Total	938

Gender of Patient	Number
Male	462
Female	476

⁵ The total number of complaints received in Q3 and Q4 was 938, hence the totals shown in these tables.

Prefer not to say or Unknown	0
Total	938

Religion of Patient	Number
Agnostic	4
Anglican	1
Atheist	5
Baptist	8
Buddhist	7
Catholic – Not Roman Catholic	7
Christian	60
Church of England	251
Congregationalist	1
Elim Pentecostalist	1
Greek Orthodox	1
Hindu	4
Jehovah's Witness	2
Methodist	13
Mormon	2
Muslim	17
New Apostolic Church	1
No Religious Affiliation	228
Other	6
Pagan	1
Protestant	1
Roman Catholic	48
Sikh	4
United Reform	3
Unknown	261
Total	938

Civil Status of Patient	Number
Co-Habiting	33
Divorced/Dissolved Civil Partnership	29
Married/Civil Partnership	275
Separated	3
Single	368
Widowed/Surviving Civil Partner	37
Unknown	193
Total	938

Appendix 3

Patients Association recommendations

(Trust responses in italics as reported to the Patient Experience Group)

1. Continue to offer every means of contact possible. Make clear in all communication that feedback and comment is desired. Make sure that all members of staff, especially those in public-facing areas such as outpatients and reception know about how to refer patients to make a comment or complaint.

This is already standard practice, which is recognised in the PA report as they state that the Trust should continue to do this.

A new training programme is being rolled out in 2015/16 which will include training for public-facing staff to give them the confidence to deal with complaints at the point of contact and/or know how to refer people to the PSCT when appropriate. This training also focuses on how to carry out a complaint investigation and on improving the quality of written responses.

2. Complainants are often angry, upset and frustrated. Continue to provide a friendly, professional and empathetic response and to demonstrate an understanding of the patient perspective in all communications.

Again, this is standard practice and will continue to evolve as senior staff continue to receive the training outlined above.

3. Maintain timeliness of initial response to letters. Ensure phone calls are always answered promptly. Deliver on promises to call back in a certain timeframe.

Acknowledgement of all complaints is monitored, whether they are received by telephone, email or letter. All verbal enquiries are to be acknowledged within two working days, with the majority of calls being returned on the same day. All email and written enquiries are acknowledged within three working days⁶.

4. At first stage, involve the complainant more in the process. Establish a single point of contact for the complainant; find out how they want the complaint dealt with and respond to this choice of method; be sure that the full story is understood and the main points clarified; establish what outcome the complainant desires.

The Patient Support & Complaints Team has committed to contact all complainants by telephone on receipt of their enquiry, regardless of whether sufficient information has been provided at that point. This ensures the complainant feels engaged with the complaints process and has had the opportunity to discuss their desired outcome.

5. Liaise with divisional teams as necessary to offer a meeting and/or mediated approach to complaints when appropriate.

All complainants are offered the choice of a written response, a meeting or a telephone call. This is then agreed with the division. This ensures that the complainant receives the most timely and efficient method of response to meet their needs.

⁶ See Section 8, Performance in responding to complaints

6. If action is planned, or still better has been taken, talk about it. Posters in the hospital of the 'You said we did' variety would give everyone the feeling that the hospital was taking notice. Send a follow-up letter to complainants about changes once they have happened.

If action is planned or has already been taken, an Action Plan is drawn up and sent to the PSCT with the response letter/meeting minutes. This is then sent to the complainant with their response letter so they are reassured that a named person is taking responsibility for the specific action, by a set date.

The PSCT caseworker sets a diary reminder for the date of when the last action is taken and chases the Division to ensure that the action plan has been completed as agreed.

7. Clarify guidance for those drafting the final response letter – key elements in addition to those about tone and style include:
 - Answer all the complainant's points
 - Accept responsibility and offer apology where appropriate
 - Check that action points have been identified and fully explained
 - Offer reassurance that there would be no impact on their future care
 - Sound genuinely pleased a complaint has been raised.

There is a Standard Operating Procedure to assist staff in investigating and responding to a complaint. This has been shared across all Divisions.

There is a training session aimed at teaching senior staff how to write a good response letter. The PA attended and delivered part of the last round of training on this subject and has provided us with their literature so that this can be included in future sessions.

Regular review of the Trust's response letters is carried out by Bristol CCG and the PSCT have implemented their comments in their training programme and sharing the learning from their comments with the Divisions as part of ongoing learning Trustwide.

8. Be proactive in offering opportunities for people to raise concerns while undergoing care, to minimise formal complaints.

This forms part of training for frontline staff in dealing with complaints at the time they are raised and giving staff the confidence to deal with these.

It is also hoped that with the implementation of the Datix system for recording complaints, staff will be able to input informal issues they have dealt with directly onto the system without having to forward these to the division or to the PSCT.

9. Ensure that the investigation is thorough and independent – this may mean involving a different department – or having it reviewed by someone independent. Involve the complainant at the investigation stage if this is indicated. Ensure that appropriate responsibility is taken for any errors.

This issue has been raised previously and discussion has taken place at PEG. It has been widely agreed that it would not be appropriate or practical for Divisions to investigate each other's complaints but that it makes more sense for the manager of the service involved to be able to investigate complaints about their own service so that they have an awareness of the

sort of complaints being made and any themes or trends that are developing in particular areas.

There is already an element of independence in that a senior investigating manager if appointed by the Division and we would never ask a member of staff/manager/clinician to investigate a complaint about themselves.

10. Once the complaint is under investigation, deliver to the promised timeframe.

This is reported on a monthly basis as a KPI for formal complaints. Divisions do have the opportunity to extend the deadline (in agreement with the complainant) if, for example, a key member of staff is on leave.

11. Check to see if changes are possible and needed as a result of the complaint; and if so, set these in motion and tell the complainant. Triangulate patient feedback with other patient/hospital information and take action appropriately.

For all complaints where actions are identified as a result of the complaint, these are drawn together in an Action Plan, which is shared with the complainant – see point 6 above.

Data, themes and trends from complaints are shared Trustwide via Quarterly Complaints Reports, Annual Complaints reports and monthly data provided to the Board and shared at PEG.

12. Ensure adherence to good practice standards in complaints handling.

The Patient Support & Complaints Manager ensures that good practice is maintained on a day to day basis by monitoring the team's casework, ensuring KPIs are met, reviewing processes and monitoring/reporting themes and trends in complaints.

The Head of Quality (Patient Experience & Clinical Effectiveness) oversees and has overall responsibility for the complaints service, reporting directly to the Executive Lead for Complaints.

13. Above all, to satisfy the main requirement of complainants, ensure that complaints do make a difference and lead to positive change. Challenge all staff on this point. Consider a patient panel to scrutinise and question any 'no change' response.

Any further review of complaint responses in addition to checks already made at Divisional level, PSCT and Executive level would need to be built into the agreed deadline by which the response is to be sent to the complainant. Careful consideration would need to be given to how this extra layer of checking would impact on deadlines and the time given to the Division to investigate the complaint.

A random selection of complaints is already checked by the Head of Quality and by the commissioners and learning from this is fed back to the divisions.

On the issue of whether the Trust is actually learning from complaints, this can be monitored through the existing identification of themes and trends but consideration needs to be given to whether one person within each division should take overall responsibility for ensuring that learning from complaints is shared across the whole division and subsequently Trustwide.

14. 'Advertise' the impact of complaints to show that the Trust is a learning, responsive and empathetic organisation.

In addition to the work carried out as noted in Point 6 above, the Trust does publish its quarterly and annual complaints reports on its public website, as well as sharing patient stories and complaints information that is submitted to the Board each month.