

# Complaints Report

**Quarter 1, 2015/2016**

**(1 April to 30 June 2015)**

## 1. Executive summary

- 459 complaints were received in Quarter 1 of 2015/16 (Q1), representing 0.25% of activity, compared to 517 complaints (0.28%) in Quarter 4 of 2014/15 (Q4) and 421 (0.23%) in Quarter 3 (Q3).
- In Q1, of the 459 complaints received, 175 (38%) were dealt with through the formal complaints process, whilst the majority, 284 (62%), were resolved informally. This compares to 237 (46%) formal and 280 (54%) informal in Q4.
- The Trust's performance in responding to complaints within the timescales agreed with complainants was 84.9% in Q1 compared to 84.7% in Q4 and 83.4% in Q3. 85.7% of breaches (24/28) were attributed to Divisions in Q1 compared to 63% (17/27) in Q4.
- The number of cases where the original response deadline was extended rose to 44 in Q1, compared to 27 cases in Q4 and 46 in Q3.
- The way in which the Trust reports the number of complainants who tell us that they are unhappy with our investigation of their concerns has changed with effect from Q1. "Dissatisfied" cases are now reported as a percentage of the total number of responses sent out in a given month. At the time of completing this report (11<sup>th</sup> August 2015), performance for Q1 is 3.2% (i.e. by this date, of the 186 responses sent out during Q1, six complainants had told us that they were dissatisfied).
- In Q1, complaints relating to appointments and admissions continued to account for over a third (37%) of the total complaints received by the Trust, in line with each quarter of 2014/15. Complaints about cancelled or delayed appointments and operations decreased in Q1 (124) having previously increased in Q4 (140).
- Complaints about failure to answer telephones rose for the fifth consecutive quarter, from 26 in Q4 to 34 in Q1.
- Complaints about Bristol Eye Hospital remained the same in Q1 as in Q4 at 71 complaints, having increased from 38 in Q3.
- There was a significant decrease in complaints about outpatient services in the Bristol Heart Institute, from 41 in Q4 to 21 in Q1.

This report includes detailed performance data regarding the handling of complaints and an analysis of the themes arising from complaints received in Q1, possible causes, and details of how the Trust is responding.

## 2. Complaints performance – Trust overview

Until now, the Board has monitored 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

In Q1, a change was made to way that the third of these indicators is calculated. "Dissatisfied" cases are now reported as a percentage of the total number of responses sent out in a given month. This indicator will be reported one month in arrears to allow complainants the opportunity to express their dissatisfaction should they wish. For example, in May 2015 the Trust sent out 62 response letters. By the cut-off date of 14<sup>th</sup> July 2015, two complainants of the 62 who received their responses in May had told us they were dissatisfied with our response. This data will be reported to the Board as a 'headline indicator' each month.

The table on page 4 of this report provides a comprehensive 13 month overview of complaints performance including all three key indicators, with the change to the way in which dissatisfied cases are recorded shown with effect from April 2015.

## **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 459 complaints in Q1, which equates to 0.25% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>1</sup>; 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 Q1 represents a decrease of approximately 11% compared to Q4 (517) and a 7% increase on the corresponding period a year ago.

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<sup>1</sup> 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.

	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	
Total complaints received (inc. TS and F&E from April 2013)	166	178	170	170	148	14	133	165	171	181	158	147	154	
Formal/Informal split	64/102	79/99	73/97	86/84	68/80	61/79	52/81	70/95	79/92	88/93	72/86	46/101	57/97	
<i>Number &amp; % of complaints per patient attendance in the month</i>	<i>0.28% 166 of 60027</i>	<i>0.28% 178 of 63,039</i>	<i>0.32% 170 of 52,879</i>	<i>0.27% 170 of 63,794</i>	<i>0.22% 148 of 66,104</i>	<i>0.25% 140 of 55,703</i>	<i>0.22% 133 of 59,487</i>	<i>0.27% 165 of 61,683</i>	<i>0.29% (171 of 58,687)</i>	<i>0.27% (181 of 66,317)</i>	<i>0.27% (158 of 59,419)</i>	<i>0.25% (147 of 58,716)</i>	<i>0.23% (154 of 66,548)</i>	
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	<i>83.3% (50 of 60)</i>	<i>91.5% (65 of 71)</i>	<i>88.3% (53 of 60)</i>	<i>88.1% (52 of 59)</i>	<i>84.4% (65 of 77)</i>	<i>82.9% (58 of 70)</i>	<i>82.9% (58 of 70)</i>	<i>84.8% (56 of 66)</i>	<i>83.7% (36 of 43)</i>	<i>85.3% (58 of 68)</i>	<i>89.5% (51 of 57)</i>	<i>83.9% (52 of 62)</i>	<i>82.1% (55 of 67)</i>	
% responded to by <u>Division</u> within required timescale for executive review	91.7% (55 of 60)	76.1% (54 of 71)	83.3% (50 of 60)	81.4% (48 of 59)	77.9% (60 of 77)	78.6% (55 of 70)	87.1% (61 of 70)	87.9% (58 of 66)	81.4% (35 of 43)	92.6% (63 of 68)	87.7% (50 of 57)	91.9% (57 of 62)	94.0% (63 of 67)	
Number of breached cases where the breached deadline is attributable to the Division	6 of 10	4 of 6	4 of 7	6 of 7	6 of 12	6 of 12	1 of 12	7 of 10	2 of 7	8 of 10	3 of 6	9 of 10	12 of 12	
Number of extensions to originally agreed timescale (formal investigation process only)	8	19	5	17	20	15	11	16	4	7	7	21	16	
<i>Percentage of Complainants Dissatisfied with Response</i>												<i>1.8% (1 case)</i>	<i>3.2% (2 cases)</i>	<i>4.5% (3 cases)</i>

Figures 1 and 2 show the decrease in the volume of complaints received in Q1 (2015/16) compared to Q4 (2014/15) and also when compared to the corresponding period last year.

**Figure 1: Number of complaints received**

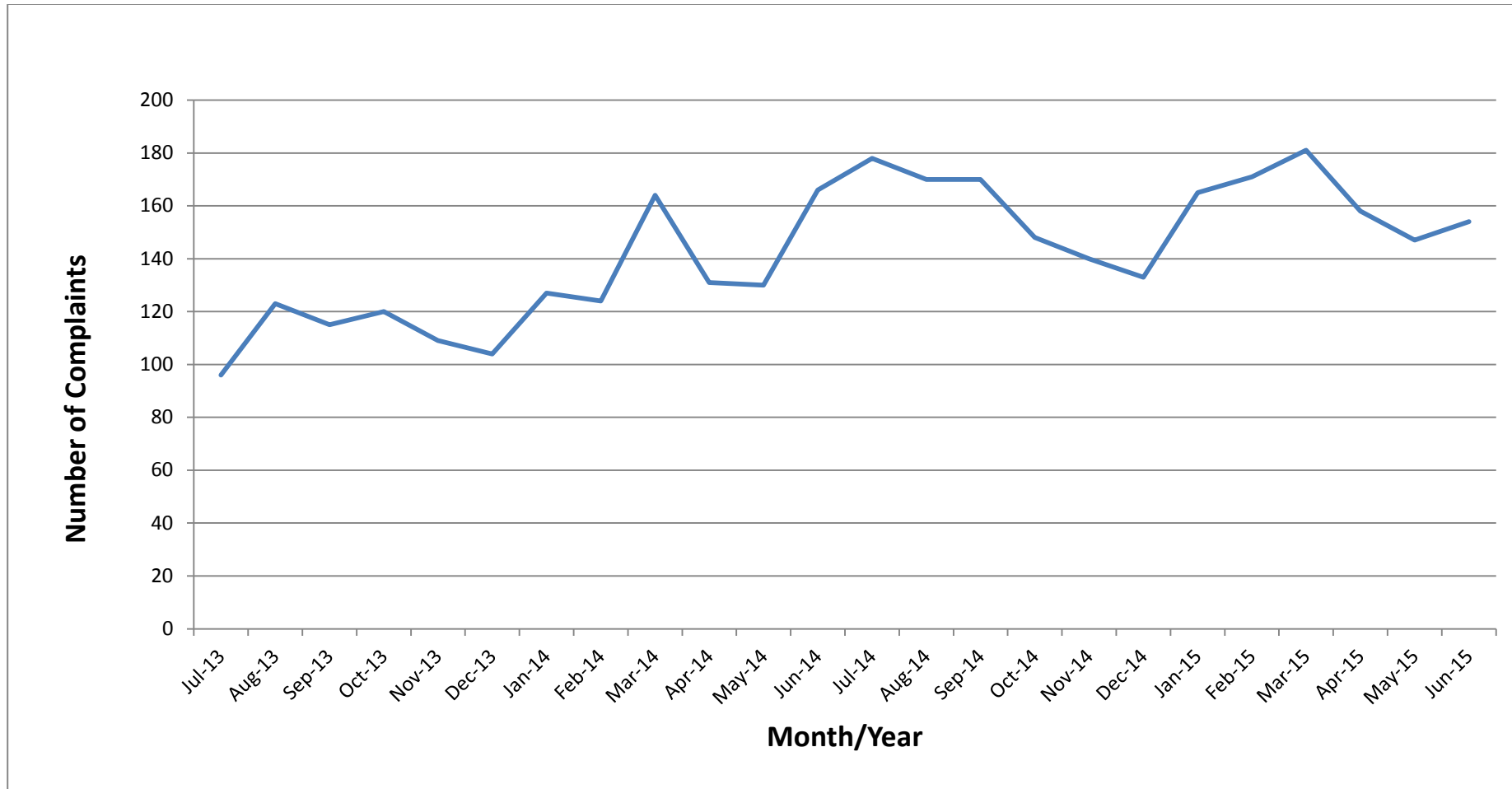
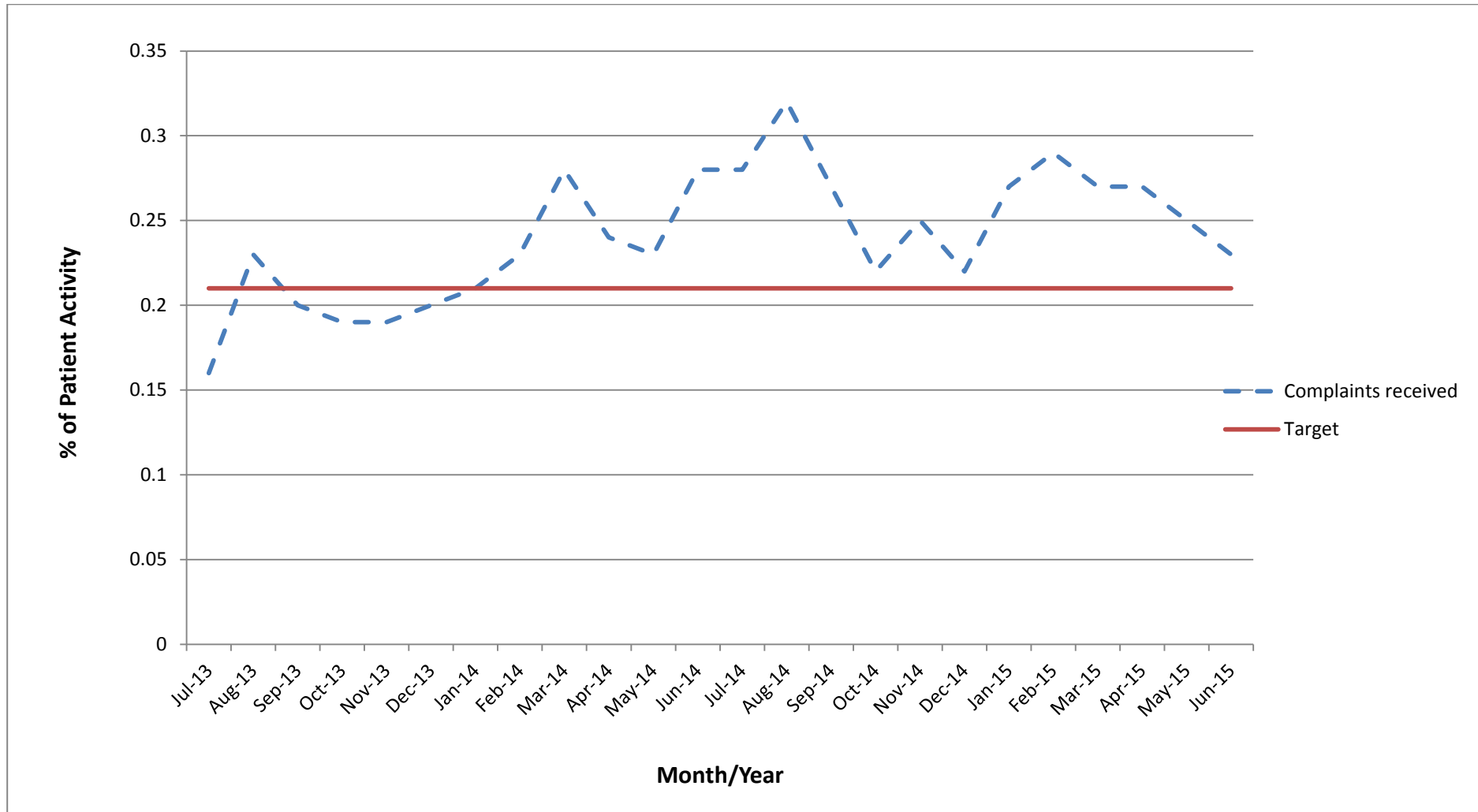


Figure 2: Complaints received, as a percentage of patient activity



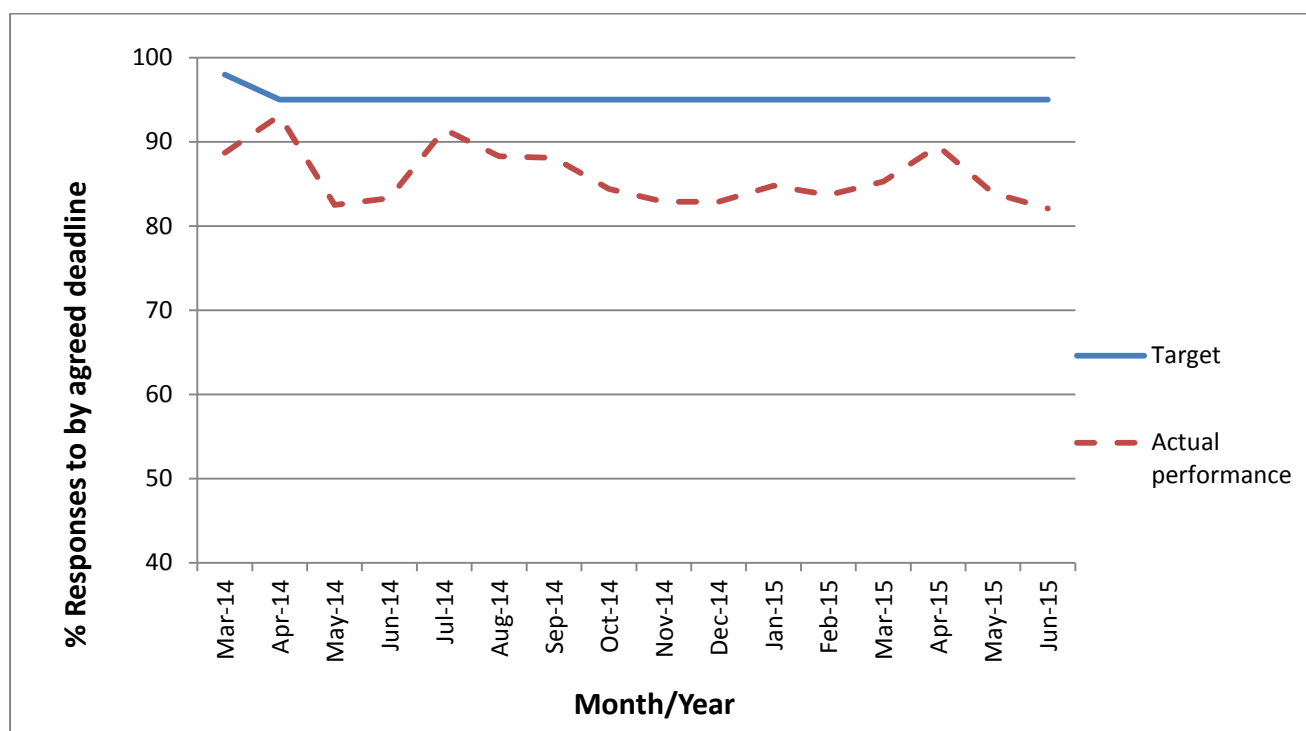
## 2.2 Complaints responses within agreed timescale

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, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

The Trust's target is to respond to at least 95% of complainants within the agreed timescale (prior to April 2014 this was 98%). The end point is measured as the date when the Trust's response is posted to the complainant. In Q1, 84.9% of responses were made within the agreed timescale, compared to 84.7% in Q4. This represents 28 breaches out of 186 formal complaints which were due to receive a response during Q1<sup>2</sup>. Figure 3 shows the Trust's performance in responding to complaints since March 2014.

Although overall performance in Q1, Q4 and Q3 was very similar, there was a large increase in the proportion of these breaches that were attributable to the Divisions: 85.7% (24/28) in Q1; 63% (17/27) in Q4; and 36% (13/36) in Q3.

**Figure 3. Percentage of complaints responded to within agreed timescale**



<sup>2</sup> Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

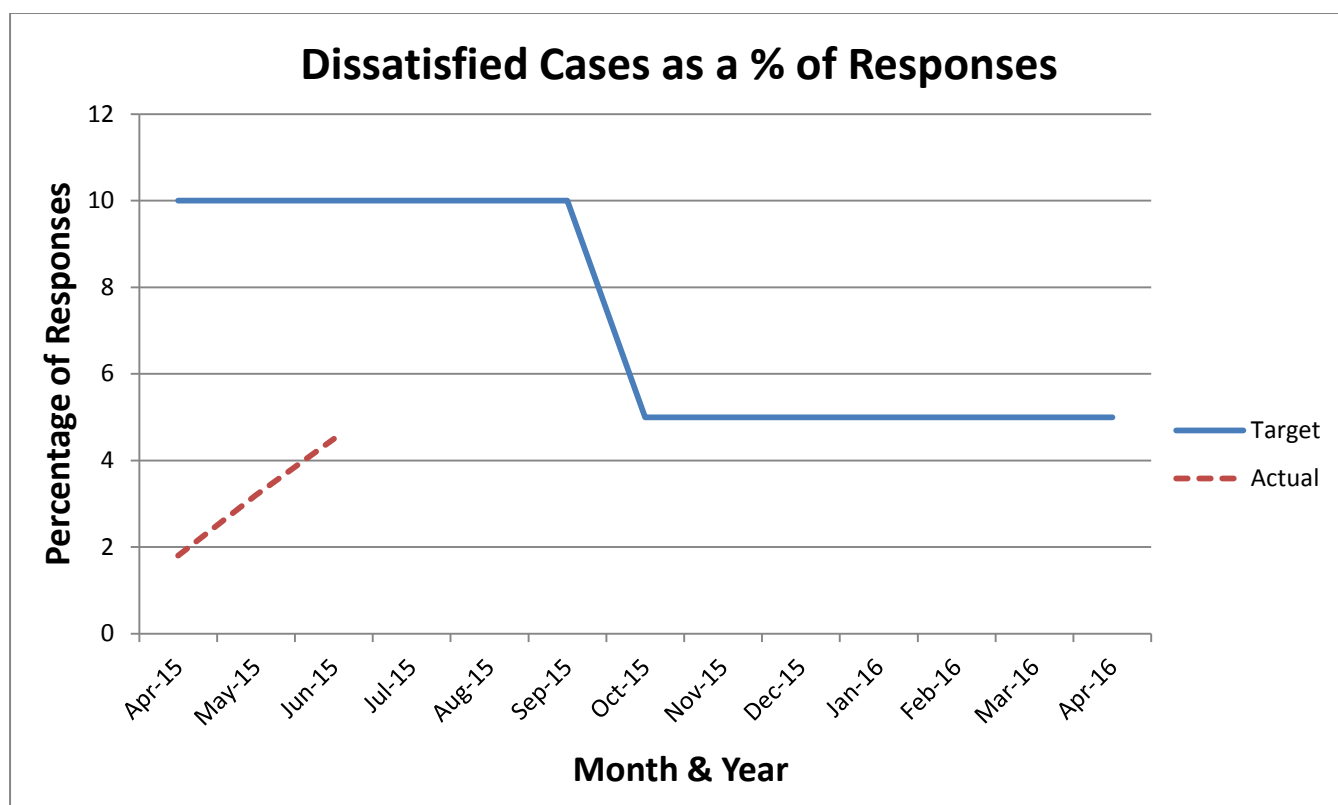
## 2.3 Dissatisfied complainants

Reducing numbers of dissatisfied complainants is one of the Trust's nine corporate quality objectives for 2015/16. 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. As noted earlier in section 2 of this report, the way in which dissatisfied cases are reported is now expressed as a percentage of the responses the Trust has sent out in any given month. In Q1 and Q2 of 2015/16, our target is for less than 10% of complainants to be dissatisfied, reducing to less than 5% from Q3 onwards.

In Q1, a total of 186 responses were sent out. By the cut-off point of 11<sup>th</sup> August 2015 (the date on which the complaints data for June was finalised), six people had contacted us to say that they were dissatisfied with our response. This represents 3.2% of the responses issued during that period.

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. Percentage of complainants who were dissatisfied with aspects of our complaints response





## 2.4 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 Q1 compared to Q4. Complaints about all category types decreased in Q1 in real terms, although ‘appointments and admissions’, ‘attitude and communication’ and ‘clinical care’ all showed a slight increase when measured as a proportion of complaints received.

Category Type	Number of complaints received – Q1 2015/16	Number of complaints received – Q4 2014/15
Appointments & Admissions	170 (37% of total complaints) ↓	186 (36% of total complaints) ↑
Attitude & Communication	127 (28%) ↓	129 (25%) ↑
Clinical Care	118 (26%) ↓	124 (24%) ↑
Facilities & Environment	12 (3%) ↓	26 (5%) ↑
Access	8 (2%) ↓	21 (4%) ↑
Information & Support	24 (4%) ↓	31 (6%) ↑
<b>Total</b>	<b>459</b>	<b>517</b>

Each complaint is then assigned to a more specific category (of which there are 121 in total). The table below lists the seven most consistently reported complaint categories. In total, these seven categories account for 62% of the complaints received in Q1 (285/459).

Sub-category	Number of complaints received – Q1 2015/16	Q4 2014/15	Q3 2014/15	Q2 2014/15
Cancelled or delayed appointments and operations	124 ↓ (11% decrease compared to Q4)	140	124	152
Clinical Care (Medical/Surgical)	49 ↓ (37% decrease)	78	58	62
Communication with patient/relative	33 ↑ (27% increase)	26	28	35
Clinical Care (Nursing/Midwifery)	24 ↓ (8% decrease)	26	26	34
Attitude of Nursing/Midwifery	10 =	10	14	22
Attitude of Medical Staff	11 ↓ (48% decrease)	21	15	21
Failure to answer telephones	34 ↑ (31% increase)	26	19	12

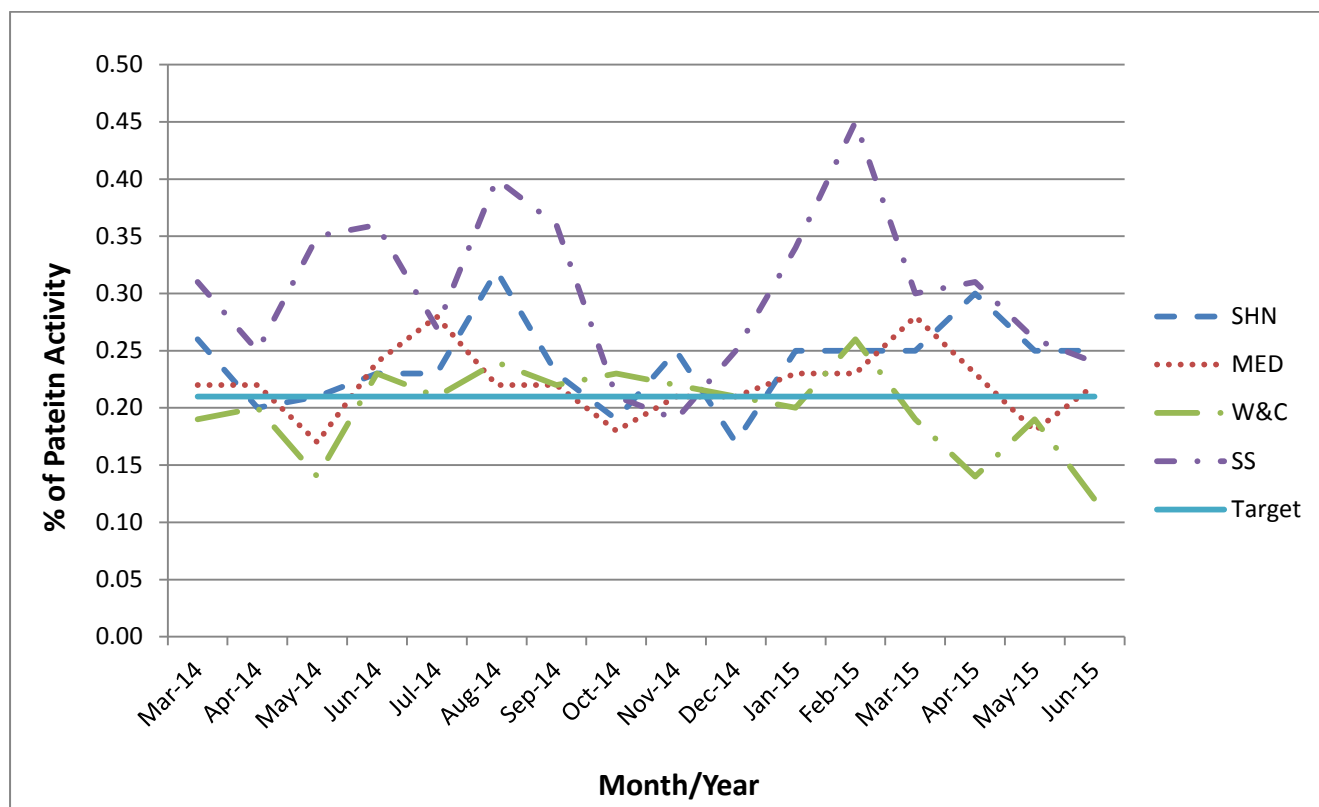
The issue of cancelled or delayed appointments and operations has seen an 11% decrease in Q1, following a significant increase in the previous quarter. There have been significant decreases in complaints about clinical care and attitude of medical staff. Complaints regarding the failure to answer telephones has seen a 31% increase, the fifth successive quarterly increase.

## 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 overall downturn in the volume of complaints received in the bed-holding Divisions during Q1, although the Division of Surgery, Head & Neck did show a slight upturn compared to Q4.

**Figure 5. Complaints by Division as a percentage of patient attendance**



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 since January 2014 have been as follows:

**Table 2. Complaints received by Diagnostics and Therapies Division since July 2014**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Number of complaints received	17	6	10	7	7	8	7	5	11	2	5	7

### 3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 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.**

	<b>Surgery Head and Neck</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women and Children</b>	<b>Diagnostics and Therapies</b>
Total number of complaints received	208 (204) ↑	85 (98) ↓	61 (82) ↓	65 (90) ↓	14 (23) ↓
Total complaints received as a proportion of patient activity	0.26% (0.25%) ↑	0.21% (0.25%) ↓	0.27% (0.36%) ↓	0.15% (0.22%) ↓	N/A
Number of complaints about appointments and admissions	101 (93) ↑	19 (30) ↓	26 (34) ↓	22 (23) ↓	3 (4) ↓
Number of complaints about staff attitude and communication	56 (46) ↑	25 (29) ↓	18 (25) ↓	16 (22) ↓	5 (6) ↓
Number of complaints about clinical care	45 (42) ↑	34 (22) ↑	14 (11) ↑	24 (39) ↓	2 (9) ↓
Areas where the most complaints have been received in Q1	Bristol Eye Hospital – 71 (71) = Bristol Dental Hospital – 33 (37) ↓ Ear Nose and Throat – 25 (16) ↑ Upper GI – 11 (16) ↓ Trauma & Orthopaedics – 18 (13) ↑ Lower GI – 10 (4) ↑ Ward A609 (STAU) – 6 (1) ↑ Ward A700 – 6 (3) ↑	A&E – 18 (18) = Dermatology – 14 (7) ↑ Gastroenterology & Hepatology – 8 (8) = Ward A300 (MAU) – 4 (9) ↓ Ward C808 – 4 (2) ↑	BHI Outpatients – 21 (41) ↓ Chemo Day Unit / Outpatients – 16 (9) ↑ Ward C708 – 6 (9) ↓	Paediatric Orthopaedics – 9 (12) ↓ Children's ED & Ward 39 - 6 (7) ↓ Gynaecology Outpatients – 4 (5) ↓ Ward 78 (Gynaecology) – 4 (2) ↑ Paediatric Neurology – 2 (7) ↓ Ward 31 – 0 (6) ↓	Adult Therapy – 3 (4) ↓ Audiology – 1 (3) ↓

Notable deteriorations compared to Q4	Bristol Eye Hospital – 71 (71) (no improvements seen rather than being a notable deterioration this quarter)  Ear Nose & Throat – 25 (16)  Trauma & Orthopaedics – 18 (13)	Dermatology – 14 (7)	Chemo Day Unit / Outpatients – 16 (9)	Ward 78 (Gynaecology) – 4 (2)	None
Notable improvements compared to Q3	Upper GI – 11 (16)	Ward A300 (MAU) – 4 (9)	BHI Outpatients – 21 (41)	Paediatric Neurology – 2 (7) Ward 31 – 0 (6)	Audiology – 1 (3) ↓

### 3.3 Areas where the most complaints were received in Q1 – additional analysis

#### 3.3.1 Division of Surgery, Head & Neck

##### Complaints by category type<sup>3</sup>

Category Type	Number and % of complaints received – Q1 2015/16	Number and % of complaints received – Q4 2014/15
Access	1 (0.5% of total complaints) ↓	6 (2.9% of total complaints) ↑
Appointments & Admissions	101 (48.6%) ↑	93 (45.6%) ↑
Attitude & Communication	56 (26.9%) ↑	46 (22.5%) ↑
Clinical Care	45 (21.6%) ↑	42 (20.6%) ↑
Facilities & Environment	1 (0.5%) ↓	11 (5.4%) ↑
Information & Support	4 (1.9%) ↓	6 (2.9%) ↑
<b>Total</b>	<b>208</b>	<b>204</b>

##### Top sub-categories

Sub-category	Number of complaints received – Q1 2015/16	Number of complaints received – Q4 2014/15
Cancelled or delayed appointments and operations	79 (2.6% increase compared to Q4) ↑	77 (67.4% increase compared to Q3) ↑
Clinical Care (Medical/Surgical)	18 (14.3% decrease) ↓	21 (12.5% decrease) ↓
Communication with patient/relative	17 (88.9% increase) ↑	9 (35.7% decrease) ↓
Attitude of Medical Staff	1 (85.7% decrease) ↓	7 (16.7% increase) ↑
Attitude of Nursing/Midwifery	4 (20% decrease) ↓	5 (66.7% increase) ↑
Clinical Care (Nursing/Midwifery)	6 (33.3% decrease) ↓	9 (125% increase) ↑
Failure to answer telephones	17 (54.5% increase) ↑	11 (22.2% increase) ↑

##### Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
Across the Division as a whole, complaints regarding a failure to answer telephones saw a further significant increase in Q1.	Site-specific actions explanations and actions are listed below. It should be noted that for all of these sites, the number of complaints in this category are minimal compared to the large numbers of calls they each receive.	Benchmarking work is being undertaken. The Division will work with Candice Tyers, Outpatients Manager, to identify appropriate workforce for all call centre functions.
Assurances were provided in the Q3 and Q4 Complaints Reports that Bristol Dental Hospital had appointed further call centre staff and hoped to see a decrease in complaints in this category, however they increased from	Two additional medical records-specific staff have been recruited, which will remove the requirement for reception staff to leave the desk to retrieve notes. All reception vacancies have now been recruited to (or are at	Take advantage of better call centre performance information that allows us to review how long each call takes to answer and subsequently the length of time to manage the patient query – this will enable us to monitor staff efficiency (i.e. does it take some staff longer than others

<sup>3</sup> Arrows in Q4 column denote increase or decrease compared to Q3. Arrows in Q3 column denote increase or decrease compared to Q2. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

<p>four in Q4 to six in Q1.</p> <p>Complaints in this category for Bristol Eye Hospital decreased slightly from six in Q4 to five in Q1.</p> <p>ENT, having improved in this category with just one case in Q4, saw an increase to four in Q1.</p>	<p>least out to advert).</p> <p>Complaints remain in this area as BEH staffing to call volume ratio outstrips what is available in the BRI call centres as the workload for the BEH is very high.</p> <p>Call centre software now in place which will facilitate increased transparency and better performance reporting. New staff recruited and improved phones ordered.</p>	<p>and, if so, what training and support can be offered). Staffing levels will also be reviewed regularly. Daily figures are currently monitored but there is a need to look at one to two months' data to gain intelligence on trends and ensure appropriate operational responses.</p>
<p>A significant increase in complaints regarding cancelled or delayed appointments and operations was recorded in Q3 (46) and Q4 (77) of 2014/15. There was a further slight increase to 79 complaints in Q1.</p> <p>Of particular note were the 35 complaints in this category received by Bristol Eye Hospital (compared to 24 in Q4); 13 by Bristol Dental Hospital (12 in Q4); and 10 in ENT (the same number as for Q4).</p>	<p>Cancellations and delayed treatment/clinics have been largely due to three issues:</p> <ul style="list-style-type: none"> <li>- Staff sickness in two key areas (oral surgery and oral medicine).</li> <li>- Access to high dependency beds, impacting mainly on MaxFax cases.</li> <li>- Access to Pre-Op Assessment</li> </ul> <p>Significant loss of cataract capacity at the beginning of the quarter caused a shortfall in the availability of appointments that could be booked through Choose and Book. This resulted in circa 600 patients being unable to access our services.</p>	<p>Central Pre-Op have now addressed their capacity issues and dental services have put in place dental - specific pre-op capability for low acuity cases.</p> <p>Dental services have responded to staff absence by recruiting to a variety of posts, ranging from temporary locum to addressing substantive vacancies.</p> <p>The division is working to improve 'step down' processes, where patients transition from ITU to HDU to ward bed as their condition improves, to increase the availability of ITU/HDU beds.</p> <p>Additional capacity was provided in June and complaints decreased over the course of this month. Some capacity challenges remain and recruitment and capacity planning work is ongoing to provide this within the substantive workforce so that consistent additional pre-</p>

		operative assessment and theatre slots can be provided.
<p>There was an increase in Q1 in the number of complaints under the Category Type “Attitude &amp; Communication” with 56 complaints, compared with 46 in Q4.</p> <p>The majority of complaints in this category type were for Bristol Eye Hospital, with 17 complaints (compared to 18 in Q4), followed by Bristol Dental Hospital with 13 (11 in Q4). There were also seven complaints in this category type received by the ENT Outpatients Clinic.</p> <p>Whilst there was a noticeable decrease in complaints regarding the attitude of medical and nursing staff, there were a significant number of complaints received under the categories of Communication with Patients/Relatives (17) and Administrative (12), as well as Failure to Answer Phone (17) (see above).</p>	<p>A significant number of the complaints relating to communication with patients and relatives relate to the lack of ability to keep all patients informed of the delays to follow-up appointments and how we are addressing this. This links to the administrative and telephone answering complaints, as patients cannot get through to speak with staff to query their appointments. We did see a sharp rise in informal complaints on this matter over this quarter due to the capacity problems discussed in previous sections.</p>	<p>The Administrative Standards Manager joined the Division on 3<sup>rd</sup> August. They will be working on the following as part of that role:</p> <ul style="list-style-type: none"> <li>• Training of all current administrative staff, including training on strong communication and ongoing monitoring of standards.</li> <li>• Implementing a standardised recruitment and induction process for administrative staff that ensures they have the requisite skills for the role, including a telephone test.</li> <li>• Reviewing all correspondence, to include direct patient involvement and feedback to improve clarity and tone of written information received.</li> <li>• We are able to listen back to all calls taken by the hospital call centres, in order to identify where challenges have arisen and, where appropriate, work with staff to help them develop their communication skills to avoid a recurrence.</li> <li>• Recruitment to the additional clinical staff funded for this year is ongoing but it has proven challenging to recruit appropriately qualified and experienced clinicians, which has delayed plans to add additional activity. The recruitment process continues and, in the meantime, we continue with additional out of hours working to maintain patient throughput as far as possible.</li> </ul>

### 3.3.2 Division of Medicine

#### Complaints by category type

Category Type	Number and % of complaints received – Q1 2015/16	Number and % of complaints received – Q4 2014/15
Access	0 (0% of total complaints) ↓	4 (4.1% of total complaints) ↑
Appointments & Admissions	19 (22.4%) ↓	30 (30.6%) ↑
Attitude & Communication	25 (29.4%) ↓	29 (29.6%) ↑

Clinical Care	34 (40%) ↑	22 (22.4%) ↓
Facilities & Environment	2 (2.4%) ↓	7 (7.1%) ↑
Information & Support	5 (5.8%) ↓	6 (6.1%) ↑
<b>Total</b>	<b>85</b>	<b>98</b>

#### Top sub-categories

Category	Number of complaints received – Q1 2015/16	Number of complaints received – Q4 2014/15
Cancelled or delayed appointments and operations	9 (18.2% decrease compared to Q4) ↓	11 (42.1% decrease compared to Q3) ↓
Clinical Care (Medical/Surgical)	12 (9.1% increase) ↑	11 (22.2% decrease) ↑
Communication with patient/relative	8 (33.3% increase) ↑	6 (14.3% decrease) ↓
Attitude of Medical Staff	4 (42.9% decrease) ↓	7 =
Attitude of Nursing/Midwifery	2 =	2 (60% decrease) ↓
Clinical Care (Nursing/Midwifery)	14 (133.3% increase) ↑	6 (40% decrease) ↓
Failure to answer telephones	4 (33.3% decrease) ↓	6 (500%) ↑

#### Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
Whilst complaints regarding the category type of Attitude & Communication have decreased overall in Q1, there has been an increase in the number of complaints categorised as Communication with Patient/Relative (6).	<p>Having reviewed the complaints within this category, there are no significant concerns, although appointment changes and liaison between health care professionals comes up more than once, particularly in Dermatology. The service is rapidly expanding and covering services at Weston and communication has been difficult. This is being addressed.</p> <p>This included feedback about a lack of interpreting at a planned appointment, communication challenges with a Next of Kin in Australia and a husband who did not feel included in his wife's discharge plans.</p>	<p>The administrative staff in the outpatient departments are undergoing some bespoke values based training to support an improvement in their communication skills.</p> <p>Complex discharges in Medicine and ensuring timely and accurate communication in complex discharge cases, is being addressed via ward based multi-professional workshops, aimed at smoothing discharge planning and ensuring this is timely. Communication remains a focus of these workshops.</p>
There has been an increase in the number of complaints received regarding Clinical Care (34 compared to 22 in Q4). In particular, there has been a significant increase in complaints specifically about nursing care (14 compared to 6 in Q4).	There are nine complaints in this quarter relating to the Emergency Department and diagnosis/treatment in the department. These are being explored in more detail by the senior team in the department.	A further review of these incidents is currently being undertaken to determine whether there is any additional learning.



These complaints were spread across various wards and departments, with the highest amount being in the Emergency Department (8); Ward A522 – Respiratory (3); Ward A605 (3); and Dermatology (3).	There were different clinical care concerns in other areas relating to different professions including therapies, medical staff and nursing. There are no common themes, however the Division will continue to monitor.	
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### 3.3.3 Division of Specialised Services

#### Complaints by category type

Category Type	Number and % of complaints received – Q1 2015/16	Number and % of complaints received – Q4 2014/15
Access	0 (0% of total complaints) ↓	3 (3.7% of total complaints) ↑
Appointments & Admissions	26 (42.6%) ↓	34 (41.5%) ↑
Attitude & Communication	18 (29.5%) ↓	25 (30.5%) ↑
Clinical Care	14 (23%) ↑	11 (13.4%) ↓
Facilities & Environment	2 (3.3%) ↓	3 (3.7%) ↑
Information & Support	1 (1.6%) ↓	6 (7.3%) ↑
<b>Total</b>	<b>61</b>	<b>82</b>

#### Top sub-categories

Category	Number of complaints received – Q1 2015/16	Number of complaints received – Q4 2014/15
Cancelled or delayed appointments and operations	18 (30.8% decrease compared to Q4) ↓	26 (85.7% increase compared to Q3) ↑
Clinical Care (Medical/Surgical)	6 (14.3% decrease) ↓	7 (12.5% decrease) ↓
Communication with patient/relative	4 = ↑	4 (300% increase) ↑
Attitude of Medical Staff	1	0 (100% decrease) ↓
Attitude of Nursing/Midwifery	1 (50% decrease) ↓	2 =
Clinical Care (Nursing/Midwifery)	0 =	0 (100% decrease) ↓
Failure to answer telephones	9 =	9 (200% increase) ↑

#### Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
16 complaints were around the care and management of patients within the Bristol Haematology & Oncology (BHOC) Outpatients Department.  Themes include delays with chemotherapy administration, unanswered telephones, delays in receiving typed letters and general issues with		The Division recognises the issues within the BHOC Outpatients Department and is working with the transformation team to improve the processes currently in place and therefore reduce the incidence of delays to the patient's journey.

typed letters.		
21 complaints were reported in the Bristol Heart Institute (BHI) Outpatients Department, which reflected issues with unanswered telephones, cancellation of appointments on multiple occasions, and delays in referrals and follow ups	Complaints in this category halved in Q1 compared to Q4, so there is evidence of positive progress.	The BHI has undertaken focussed work in relation to the administrative and clerical issues within the outpatient areas.  The department's workload has been reviewed and adjusted in order to free up more staff to answer telephones.  A specific e-mail address has also been established for patients to use.
Six complaints were received in relation to Ward C708. Two of these complaints specifically reflected concerns over the discharge experience and four also contained queries around the management of medical care and surgical procedures undertaken.	Of the complaints received regarding C708, two have been formally investigated within the formal complaints process. In total, five complaints were received which reflected a less than satisfactory discharge process for patients.	Discharge arrangements are currently under review with the Division, with a view to formulating a formal action plan to be supported and delivered by the Ward Sisters.

### 3.3.4 Division of Women & Children

#### Complaints by category type

Category Type	Number and % of complaints received – Q1 2015/16	Number and % of complaints received – Q4 2014/15
Access	1 (1.5% of total complaints) ↓	4 (4.4% of total complaints) ↑
Appointments & Admissions	22 (33.9%) ↓	23 (25.6%) ↓
Attitude & Communication	16 (24.6%) ↓	22 (24.4%) ↑
Clinical Care	24 (37%) ↓	39 (43.3%) ↑
Facilities & Environment	1 (1.5%) ↑	0 (0%) ↓
Information & Support	1 (1.5%) ↓	2 (2.2%) ↑
<b>Total</b>	<b>65</b>	<b>90</b>

#### Top sub-categories

Category	Number of complaints received – Q1 2015/16	Number of complaints received – Q4 2014/15
Cancelled or delayed appointments and operations	18 (25% decrease compared to Q4) ↓	24 (20% decrease compared to Q3) ↓
Clinical Care (Medical/Surgical)	13 (23.5% decrease) ↓	17 (10.5% decrease) ↓
Communication with patient/relative	3 (50% decrease) ↓	6 (100% increase) ↑
Attitude of Medical Staff	5 (28.6% decrease) ↓	7 (600% increase) ↑
Attitude of Nursing/Midwifery	3 =	3 (25% decrease) ↓
Clinical Care (Nursing/Midwifery)	4 (66.7% decrease) ↓	12 (9.1% increase) ↑

Failure to answer telephones	0 =	0 (100% decrease) ↓
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### Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
Six complaints were received by Children's ED and Ward 39 - these were a mixture of complaints about Attitude & Communication and Clinical Care.	A variety of complaints were received by Children's ED, with no single theme emerging. The department experienced an unusually high level of attendances in the early part of Q1 (10% more patients than for the same period last year).	Useful learning has been generated from these complaints, including improvements to how samples delivered to the department are handled.
27 complaints were received in total for Paediatric outpatient services – in particular, nine for Paediatric Orthopaedics.	The General Manager for Outpatients at the Children's Hospital has highlighted a concern that "outpatients" has become an umbrella term for the many different types of complaints received and that it is not a fair reflection of the issues raised in some cases.	The General Manager is working with the Trustwide Outpatient Manager and the Patient Support & Complaints Team to refine the categorisation of complaints currently allocated to Outpatients. This will help to monitor trends and direct actions appropriately to improve services offered.  The Trauma & Orthopaedics Team is working on increasing capacity to meet demand. Trauma is seasonally busier in the summer months.
Four complaints were received for Gynaecology Outpatients and four complaints for Ward 78 (Gynaecology).	Three of the complaints for Gynaecology Outpatients related to communication issues and one was about a delayed appointment.  Of the four complaints received by Ward 78, three related to clinical care and one was about discharge arrangements.	No consistent themes have been identified – the complaints reflect the complex and delicate issues related to the clinical care of this cohort of patients.

### 3.3.5 Division of Diagnostics & Therapies

#### Complaints by category type

Category Type	Number and % of complaints received – Q1 2015/16	Number and % of complaints received – Q4 2014/15
Access	2 (14.3% of total complaints) =	2 (8.7% of total complaints) =
Appointments & Admissions	3 (21.4%) ↓	4 (17.4%) ↓
Attitude & Communication	5 (35.7%) ↓	6 (26.1%) =
Clinical Care	2 (14.3%) ↓	9 (39.1%) ↑
Facilities & Environment	0 ↓	1 (4.3%) ↑
Information & Support	2 (14.3%) ↑	1 (4.3%) ↓
<b>Total</b>	<b>14</b>	<b>23</b>

### Top sub-categories

Category	Number of complaints received – Q1 2015/16	Number of complaints received – Q4 2014/15
Cancelled or delayed appointments and operations	5 =	5 ↓ (16.7% decrease compared to Q2)
Clinical Care (Medical/Surgical)	2 ↑	0 ↓ (100% decrease)
Communication with patient/relative	4 ↑ (33.3% increase)	3 ↑ (50% increase)
Attitude of Medical Staff	1 ↑	0 ↓ (100% decrease)
Attitude of Nursing/Midwifery	0 =	0 =
Clinical Care (Nursing/Midwifery)	0 =	0 =
Failure to answer telephones	0 ↓ (100% decrease)	1 ↓ (66.7% decrease)

### Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
Radiology received three complaints in Q1. Two of these related to Attitude & Communication and one related to Appointments & Admissions.	<p>The complaint regarding Attitude &amp; Communication related to a patient who was refused help to weight bear whilst attending an x-ray appointment.</p> <p>The second complaint related to a patient's mother who was unable to get through to the cardiac MRI clerk by phone, despite ringing the department between 08:30 and 09:00. When the patient subsequently attended the department, they found the staff member (radiographer helper) very rude.</p> <p>The complaint regarding Appointments &amp; Admissions related to a GP who referred a patient to St Michael's Hospital for an ultrasound scan. The GP had advised the patient that it was a drop in clinic, which it is not. On arrival, the patient was advised that scans were provided by appointment only, and they were given a date to return.</p>	<p>The complaint was discussed with the Radiographer involved, who asked for their apologies to be passed on to the patient. They had not fully understood the concerns the patient had about falling, and it is standard practice to support patients with weight bearing when required.</p> <p>The patient was contacted to rearrange the scan date. They were happy with this and an appointment letter was sent out. The patient and staff member involved did not wish to take the incident any further.</p> <p>The patient's GP had provided them with incorrect information. The service will confirm the correct referral process with the GP.</p>
Pharmacy received three complaints in Q1, two of	The first complaint regarding access related to the closure of	The enquirer did not want a response. The department will

<p>which related to access and one to clinical care.</p>	<p>the pharmacy provision at the Bristol Eye Hospital. Patients now collect their medication at the main Bristol Royal Infirmary site.</p> <p>The second complaint related to Boots pharmacy not being open at weekends and patients having to go to external pharmacies. Difficulties have arisen where a consultant signature has not been accepted externally, resulting in patients having to come back to the hospital.</p> <p>The third complaint related to clinical care. The patient had an in-date (within six months) prescription which they handed into Boots Pharmacy. Boots did not have the prescription in stock and had to order it in, resulting in the prescription falling outside of its six month timeframe. Boots would not honour the prescription and informed the patient they would need to get a new prescription.</p>	<p>however feed the comments into the regular review meeting held between the UH Bristol Pharmacy Management team and the Boots teams to ensure that it is recorded on the issues log.</p> <p>This complaint is under investigation by the Pharmacy Operational Manager. The feedback from patients and carers is addressed with the Boots management at monthly review meetings and this issue will be raised at the August meeting. Boots is currently open from 09.00am until 13.00pm each Saturday and the number of customers is very low. The hospital dispensary is open for urgent prescriptions from 09.00am until 15.00pm each Saturday and from 11.00am until 15.00pm each Sunday.</p> <p>A member of the Boots team telephoned the patient to apologise for their poor experience. Boots have acknowledged, having established the reason for the late presentation of the prescription, that they should have supported the patient by sourcing a replacement prescription. The patient was happy to hear that there was learning from the incident and to have received an apology from Boots.</p>
<p>Orthotics received one complaint, relating to Attitude &amp; Communication.</p>	<p>This complaint related to inadequate staffing in the department and the attitude of a temporary staff member in particular.</p>	<p>Staffing levels changed in Q1 due to the retirement of two part time staff members. The temporary staff member in question was employed in the interim for a few weeks in April, and has since left the department. The service lead has fed back to the bank their concerns over the staff member's behaviour. A new full time staff member came into post in late April and no further complaints have been received.</p>
<p>Therapies received two</p>	<p>The first complaint related to a patient who had problems</p>	<p>The patient was contacted and advised that on the occasion they</p>

complaints, relating to Attitude & Communication and Information & Support.	<p>getting through on the telephone to the Physiotherapy Department to book an appointment. The patient also expressed concern about the wording of their appointment letter, as it stipulated that failure to make an appointment would result in them being removed from the waiting list.</p> <p>The second complaint related to an in-patient seen by an Occupational Therapist (OT) on Ward 604 prior to discharge. The OT should have referred the patient for adaptations at home but the patient had heard nothing further.</p>	<p>rang there were staffing issues. They were advised that a new telephone system is being considered to better manage the demand for calls. The service will also review the wording of their letters. They are also taking part in the Trust's outpatient letters audit taking place during the week commencing 3<sup>rd</sup> August.</p> <p>The patient's referral was completed and they were contacted by an external agency (whose support they subsequently declined due to charges). The Therapy service has since contacted the community team to advise them that the patient will need to have a reassessment.</p>
Laboratory Medicine received one complaint, relating to Information & Support.	This complaint related to a patient who had been contacted by a Consultant asking the patient to call them back; however they did not leave any contact details.	The Patient Support & Complaints Team arranged for the Consultant to call the patient back when he was next in work.

### 3.3.6 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 – Q1 2015/16	Number and % of complaints received – Q4 2014/15
Bristol Royal Infirmary (BRI)	183 (39.9% of total complaints) ↓	192 (37.1% of total complaints) ↑
Bristol Eye Hospital (BEH)	71 (15.5%) =	71 (13.7%) ↑
Bristol Dental Hospital (BDH)	33 (7.2%) ↓	37 (7.2%) ↑
St Michael's Hospital (STMH)	46 (10%) ↓	50 (9.7%) ↓
Bristol Heart Institute (BHI)	43 (9.4%) ↓	67 (13%) ↑
Bristol Haematology & Oncology Centre (BHOC)	28 (6.1%) ↑	21 (4.1%) ↑
Bristol Royal Hospital for Children (BCH)	44 (9.5%) ↓	71 (13.7%) ↑
South Bristol Community Hospital (inc. Homeopathic Outpatients) (SBCH)	11 (2.4%) ↑	8 (1.5%) ↑
<b>Total</b>	<b>459</b>	<b>517</b>

The table below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints a hospital site receives is broadly in line with its proportion of attendances. For example, in Q1, St Michael's Hospital (STMH) accounted for 11.6% of the total attendances and received 10% of all complaints

Site	No. of Complaints	No. of Attendances	Complaints Rate	Percentage of Attendances	Percentage of Complaints
BRI	183	56,347	0.32%	30.6%	39.8%
BEH	71	29,892	0.24%	16.2%	15.5%
BDH	33	19,536	0.17%	10.6%	7.2%
STMH	46	21,425	0.21%	11.6%	10%
BHI	43	4,487	0.96%	2.4%	9.4%
BHOC	28	16,378	0.17%	8.9%	6.1%
BRHC	44	28,857	0.15%	15.7%	9.6%
SBCH	11	7,377	0.15%	4%	2.4%
<b>TOTAL</b>	<b>459</b>	<b>184,299</b>	<b>0.25%</b>		

This analysis shows that the Bristol Royal Infirmary and Bristol Heart Institute receive the highest rates of complaints and a disproportionately high volume of complaints compared to their respective shares of patient activity; the share of complaints in all other hospital sites is proportionately less than their respective shares of patient activity.

### 3.5 Complaints responded to within agreed timescale

All of the clinical Divisions reported breaches in Quarter 1, totalling 28 breaches, which represents an increase on those reported in Q4.

	Q1 2015/16	Q4 2014/15	Q3 2014/15	Q2 2014/15
Surgery Head and Neck	9 (12.9%)	8 (11.6%)	12 (14.6%)	5 (7.1%)
Medicine	9 (20%)	5 (14.7%)	10 (23.8%)	4 (11.1%)
Specialised Services	2 (11.1%)	1 (5.6%)	4 (15.4%)	1 (4.3%)
Women and Children	7 (17.1%)	11 (23.9%)	6 (12.5%)	8 (17%)
Diagnostics & Therapies	1 (10%)	0 (0%)	0 (0%)	1 (11.1%)
All	<b>28 breaches</b>	<b>25 breaches</b>	<b>32 breaches</b>	<b>19 breaches</b>

(So, as an example, there were 9 breaches of timescale in the Division of Medicine in Q1, which constituted 20% of the complaints responses that had been due in Q1.)

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 during the sign-off process itself. Sources of delay are shown in the table below. The column indicating 'other' breaches relate to delays in other organisations providing their input to the Trust's response.

	Source of delays (Q1, 2015/2016)			Totals
	Division	Patient Support and Complaints Team	Executive sign-off	
Surgery Head and Neck	9	0	0	<b>9</b>
Medicine	8	0	1	<b>9</b>
Specialised Services	2	0	0	<b>2</b>
Women and Children	5	1	1	<b>7</b>
Diagnostics & Therapies	1	0	0	<b>1</b>
All	25 breaches	1 breach	2 breaches	<b>28</b>

The majority of divisional delays have resulted from increased scrutiny of draft responses. The vast majority of responses were prepared by Divisions within the agreed timescale (170 out of 186 responses or 91.4%),

however the need for significant changes/improvements following executive review led to 28 cases breaching the deadline by which they were sent to the complainant.

Ongoing actions previously agreed via Patient Experience Group:

- The Patient Support and Complaints Team continue to monitor response letters to ensure that all aspects of each complaint have been fully.
- All response letters, as well as being checked by the individual caseworker, are now also checked by the Patient Support & Complaints Manager, prior to being sent to the Executives for final sign-off.
- A random selection of two or three draft responses per week are also sent to the Head of Quality (Patient Experience and Clinical Effectiveness) for an additional level of checking prior to Executive sign-off.
- Response letter cover sheets are 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 level 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 on investigating complaints and writing response letters has been delivered to at least one group from each Division, with the exception of Surgery, Head & Neck, whose first session is booked for 14<sup>th</sup> September 2015. The training delivered so far has been well received, with positive feedback from attendees.

### **3.6 Number of dissatisfied complainants**

As reported in Section 1 of this report, the way in which the Trust reports the number of complainants telling us that they were unhappy with our investigation of their concerns has changed with effect from Q1. In Q1, a total of 186 responses were sent out. By the cut-off point of 11<sup>th</sup> August 2015 (the date on which the complaints data for June was finalised) six people had contacted us to say that they were dissatisfied with our response. This represents 3.2% of the responses issued during that period.

Training on investigating complaints and writing response letters has now been delivered to at least one group of senior staff/management from all Divisions. Dates have been confirmed for further sessions for other staff requesting the training in each Division. The training delivered so far has been well received, with positive feedback from attendees.

## **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 Q1, the team dealt with 171 such enquiries, compared to 178 in Q4. These enquiries can be categorised as:

- 100 requests for advice and information (110 in Q4)
- 65 compliments (49 in Q4)
- 6 requests for support (19 in Q4)



## 5. PHSO cases

During Q1, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints (compared to four in Q4 and two in Q3) as follows:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
16120	CL	LW	30/06/2014	BHI	Coronary Care Unit (CCU)	Specialised Services
Contacted by PHSO in June 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from the PHSO.						
17608	JR	AH	19/12/2014	BRI	Ward A604	Surgery, Head & Neck
Contacted by PHSO in June 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. PHSO wrote to Trust in July 2015 confirming their intention to carry out an investigation. Currently awaiting further contact from the PHSO.						
15952	KH	JH	09/06/2014	BRI	Ward 11	Medicine
Contacted by PHSO in June 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Advised PHSO that some issues complainant raised with them had not previously been raised with the Trust. PHSO advised Trust in July 2015 that the case is currently waiting to be allocated to an investigator. Currently awaiting further contact from the PHSO.						

The following cases are currently the subject of ongoing investigations with the PHSO:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
15213	WE	VE	10/03/2014	BHOC	Chemotherapy Outpatients	Specialised Services
Copy of complaint file, correspondence and medical records sent to PHSO. Received further request from PHSO for patient's oncology records, which were sent to them in August 2015. Currently awaiting further contact from the PHSO.						
12548		CM	05/02/2013	BRI	Upper GI	Surgery, Head & Neck
Copy of complaint file, correspondence and medical records sent to PHSO and acknowledged by them. Letter from PHSO received in July 2015 advising that they will be carrying out an investigation and will contact the Trust in due course. Currently awaiting further contact from the PHSO.						
12124 & 11500		SM	21/11/2012 & 13/08/2012	BRI & BHI	Urology & Cardiology (GUCH)	Surgery, Head & Neck & Specialised Services
Copy of complaints file and medical records sent to PHSO in May 2015. Further contact from PHSO received in July advising that they now have all the information they require and will contact us in due course with their provisional report and findings. Currently awaiting further contact from the PHSO.						

## 6. Protected Characteristics

The Quarterly Complaints Report includes statistics relating to the Protected Characteristics of patients who have made a complaint. The areas recorded are age, ethnic group, gender, religion and civil status.

The Patient Support and Complaints Team continues to work hard to ensure that as much of this information as possible is gathered from patients, in order to reduce the numbers reported in each category as “unknown”.

It should be noted that these statistics relate to the **patient** and not the complainant (if someone else has complained on their behalf).

### 6.1 Age

Age Group	Number of Complaints Received – Q1 2015/16
0-15	52
16-24	22
25-29	17
30-34	35
35-39	17
40-44	22
45-49	23
50-54	26
55-59	32
60-64	34
65+	179
<b>Total Complaints</b>	<b>459</b>

### 6.2 Ethnic Group

Ethnic Group	Number of Complaints Received – Q1 2015/16
Any Other Asian Background	1
Any Other Ethnic Group	1
Any Other White Background	13
Asian or British Asian	4
Bangladeshi or British Bangladeshi	2
Black or Black British – African	3
Black or Black British – Caribbean	6
Chinese	2
Indian	2
Mixed – White and Black Caribbean	3
Pakistani	4
Pakistani or British Pakistani	2
White - British	366
White – Irish	2
Not Collected At This Time	36
Not Stated/Given	12
<b>Total Complaints</b>	<b>459</b>

### 6.3 Religion

Religion	(Christian denomination)	Number of Complaints Received – Q1 2015/16
Christian	Anglican	1
	Baptist	3
	'Christian'	21
	Church of England	162
	Church of Scotland	1
	Methodist	10
	Protestant	3
	Roman Catholic	22
	Salvation Army	1
	United Reform	2
	<i>(Total Christian)</i>	<i>(226)</i>
Agnostic		2
Atheist		3
Buddhist		3
Muslim		4
No Religious Affiliation		104
Sikh		2
Spiritualist		1
Unknown		114
<b>Total Complaints</b>		<b>459</b>

### 6.4 Civil Status

Civil Status	Number of Complaints Received – Q1 2015/16
Co-habiting	18
Divorced/Dissolved Civil Partnership	21
Married/Civil Partnership	179
Separated	3
Single	126
Widowed/Surviving Civil Partner	26
Unknown	86
<b>Total Complaints</b>	<b>459</b>

### 6.5 Gender

Of the 459 complaints received in Q1 2015/16, 232 (51%) of the patients involved were female and 227 (49%) were male.