

# Complaints Report

**Quarter 2, 2015/2016**

**(1 July to 30 September 2015)**

## **1. Executive summary**

- 560 complaints were received in Quarter 2 of 2015/16 (Q2), representing 0.30% of activity, compared to 459 complaints (0.25%) in Quarter 1 (Q1) and 517 (0.28%) in Quarter 4 of 2014/15 (Q4).
- In Q2, of the complaints received, 166 (30%) were dealt with through the formal complaints process, whilst 394 (70%) were resolved informally. This compares to 175 (38%) formal and 284 (62%) informal in Q1.
- The Trust's performance in responding to complaints within the timescales agreed with complainants was 83.9% in Q2 compared to 84.9% in Q1 and 84.7% in Q4. In Q2, 45.8% of breaches (11/24) were attributed to Divisions, compared to 85.7% (24/28) in Q1 and 63% (17/27) in Q4.
- The number of cases where the original response deadline was extended decreased to 35 in Q2, compared to 44 cases in Q1 (27 in Q4).
- The way in which the Trust reports the number of complainants who tell us that they are unhappy with our investigation of their concerns 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 finalising the data for this report (14<sup>th</sup> November 2015), performance for Q2 is 6.7% (i.e. by this date, of the 149 responses sent out during Q2, 10 complainants had told us that they were dissatisfied), compared to 3.2% in Q1.<sup>1</sup>
- In Q2, complaints relating to appointments and admissions continued to account for over a third (36%) of the total complaints received by the Trust, in line with each quarter of 2014/15 and Q1 of 2015/16.
- Complaints about cancelled or delayed appointments and operations increased again in Q2 to 151, compared with 124 in Q1.
- Complaints about failure to answer telephones decreased to 22 in Q2, after increasing for five consecutive quarters to 34 in Q1.
- Complaints about Bristol Eye Hospital decreased to 56 in Q2, compared with 71 in both Q1 of 2015/16 and Q4 of 2014/15.
- Complaints about outpatient services in the Bristol Heart Institute increased slightly from 21 in Q1 to 26 in Q2.
- Complaints about the Emergency Department (BRI) increased from 18 in Q1 to 26 in Q2.
- During Q2, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints.
- In Q2, the Patient Support and Complaints Team acknowledged 99.1% of verbal complaints within two days and 97.3% of written complaints within three days.

This report includes detailed performance data regarding the handling of complaints and an analysis of the themes arising from complaints received in Q2, possible causes, and details of how the Trust is responding.

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<sup>1</sup> For consistency, Q1 figure of 3.2% is as reported in the Q1 Complaints Report 2015/16.

## **2. Complaints performance – Trust overview**

The Board monitors three indicators of how well the Trust is doing in respect of complaints performance:

- Total complaints received, as a proportion of activity
- Proportion of complaints responded to within timescale
- Numbers of complainants who are dissatisfied with our response

The table on page 5 of this report provides a comprehensive 13 month overview of complaints performance including all three key indicators. The change to the way in which dissatisfied cases is 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. total inpatient admissions and outpatient attendances in a given month.

We received 560 complaints in Q2, which equates to 0.30% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>2</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 Q2 represents an increase of approximately 22% compared to Q1 (459) and an 8% increase on the corresponding period a year ago.

### **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.

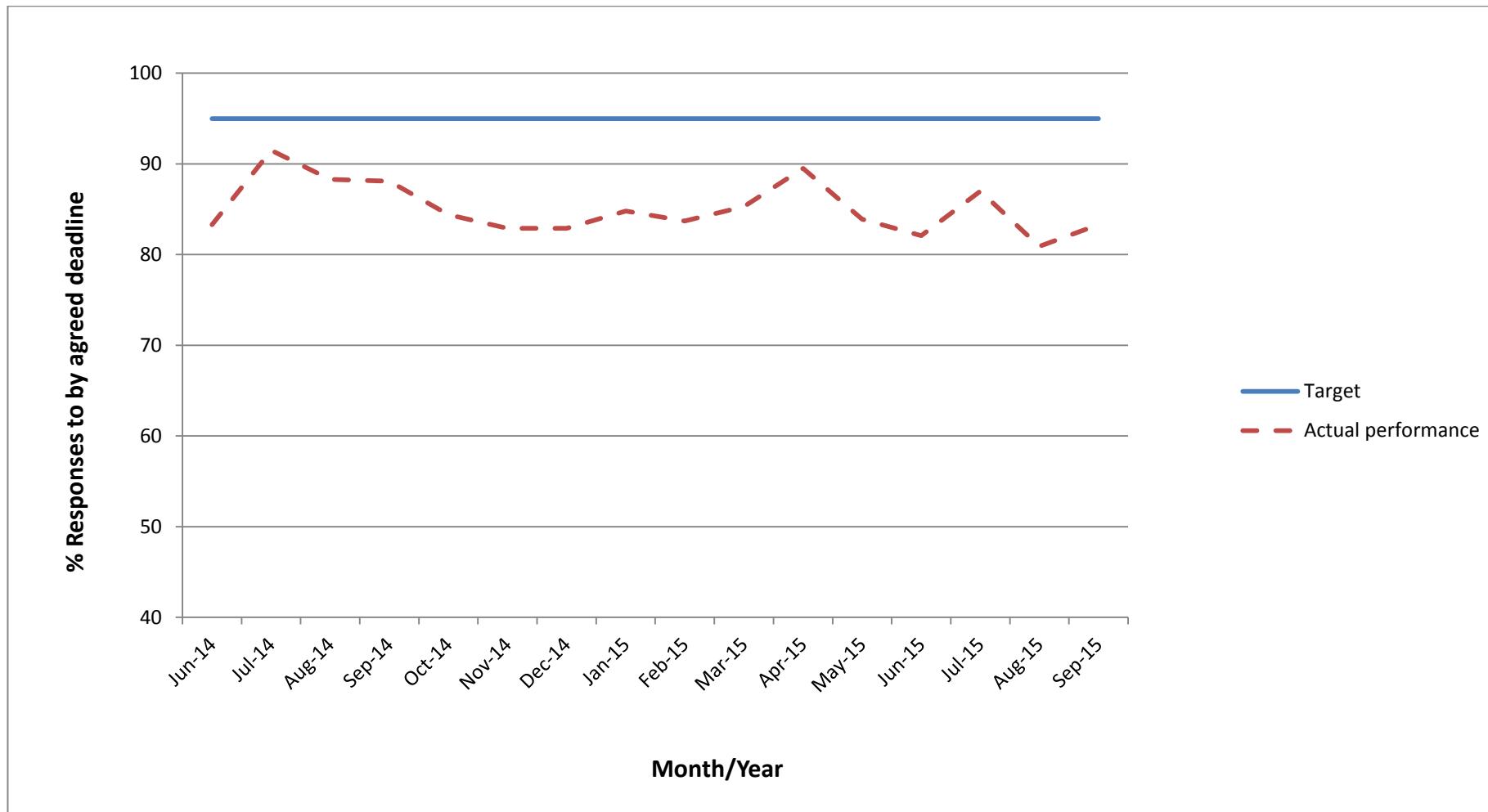
The Trust's target is to respond to at least 95% of complainants within the agreed timescale . The end point is measured as the date when the Trust's response is posted to the complainant. In Q2, 83.9% of responses were posted within the agreed timescale, compared to 84.9% in Q1. This represents 24 breaches out of 149 formal complaints which were due to receive a response during Q2<sup>3</sup>. Figure 1 shows the Trust's performance in responding to complaints since June 2014.

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<sup>2</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.

<sup>3</sup> Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

**Figure 1. Percentage of complaints responded to within agreed timescale**



**Table 1 – Complaints performance**

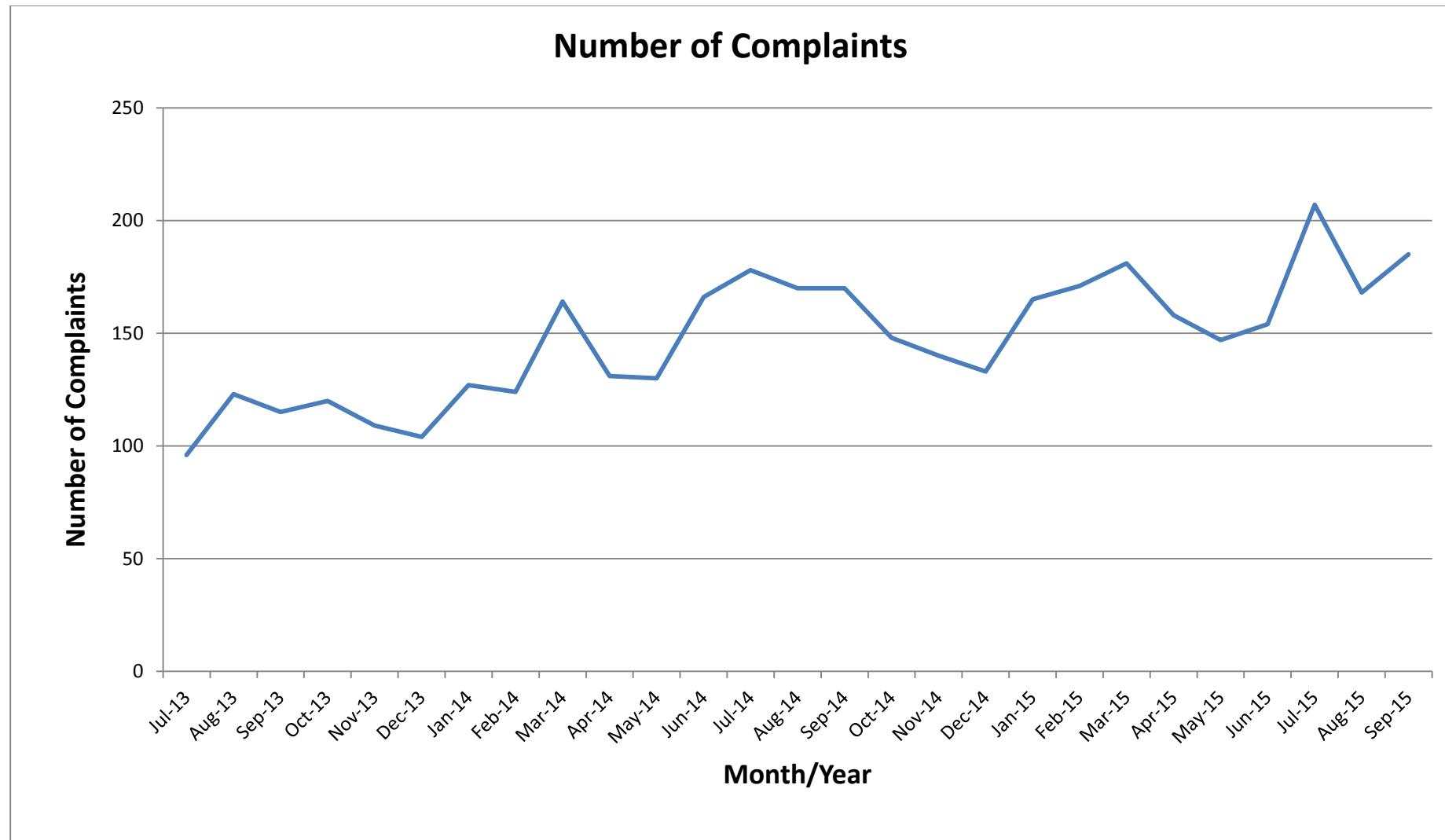
Items in italics are reportable to the Trust Board.

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

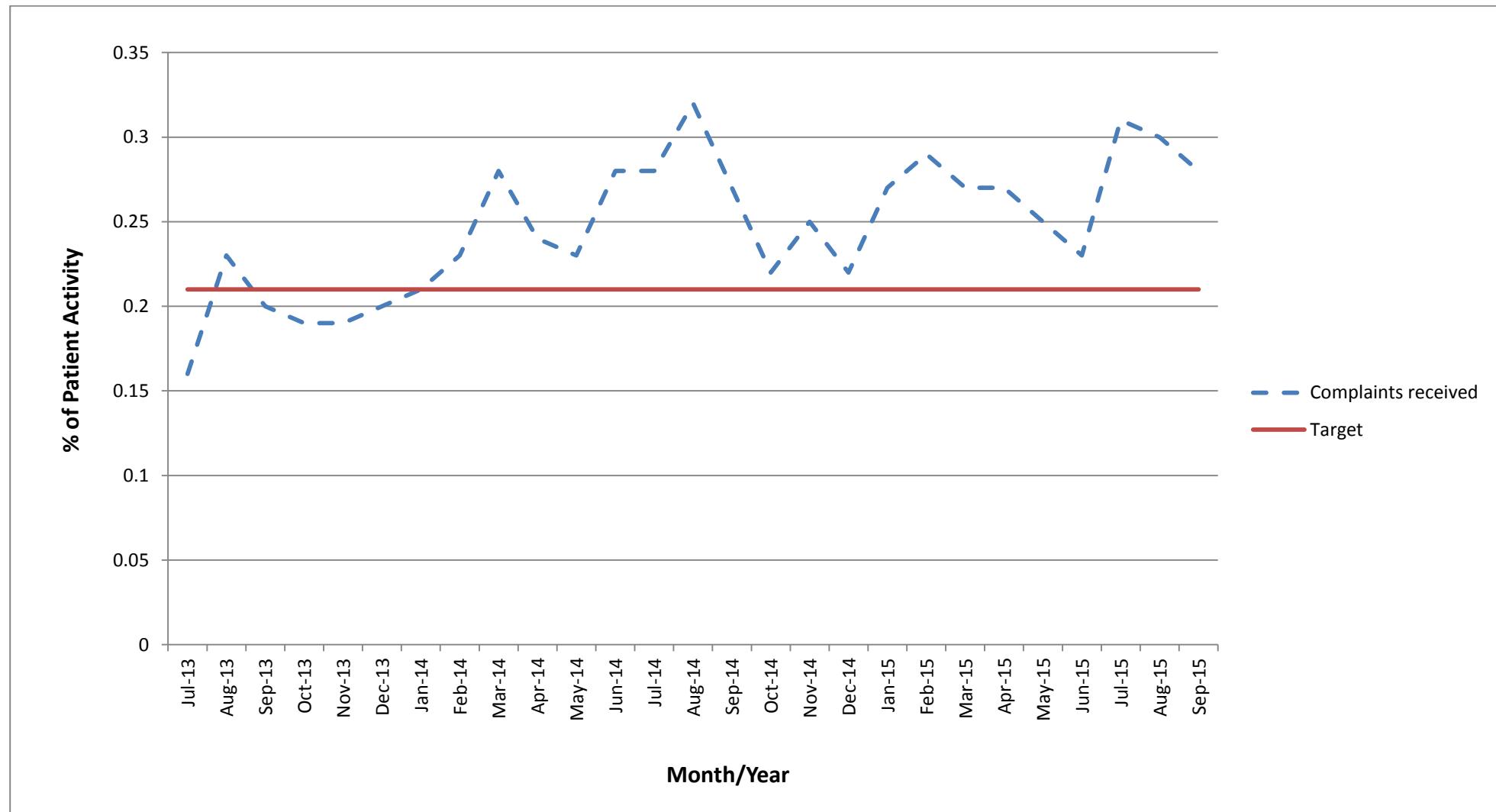
	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total complaints received (inc. TS and F&E from April 2013)	170	148	14	133	165	171	181	158	147	154	207	168	185
Formal/Informal split	86/84	68/80	61/79	52/81	70/95	79/92	88/93	72/86	46/101	57/97	61/146	51/117	54/131
<i>Number &amp; % of complaints per patient attendance in the month</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>0.31% (207 of 65,810)</i>	<i>0.30% (168 of 55,657)</i>	<i>0.28% (185 of 66,285)</i>
% responded to within the agreed timescale (i.e. response posted to complainant)	88.1% (52 of 59)	84.4% (65 of 77)	82.9% (58 of 70)	82.9%	84.8% (56 of 66)	83.7% (36 of 43)	85.3% (58 of 68)	89.5% (51 of 57)	83.9% (52 of 62)	82.1% (55 of 67)	87.0% (47 of 54)	80.9% (38 of 47)	83.3% (40 of 48)
% responded to by <u>Division</u> within required timescale for executive review	81.4% (48 of 59)	77.9% (60 of 77)	78.6% (55 of 70)	87.1%	87.9% (61 of 70)	81.4% (58 of 66)	92.6% (35 of 43)	87.7% (63 of 68)	91.9% (57 of 62)	94.0% (63 of 67)	98.1% (53 of 54)	93.6% (44 of 47)	95.8% (46 of 48)
Number of breached cases where the breached deadline is attributable to the Division	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	6 of 7	3 of 9	2 of 8
Number of extensions to originally agreed timescale (formal investigation process only)	17	20	15	11	16	4	7	7	21	16	11	14	10
<i>Percentage of Complainants Dissatisfied with Response</i>								<i>1.8% (1 case)</i>	<i>1.6% (1 case)</i>	<i>1.5% (1 case)</i>	<i>1.9% (1 case)</i>	<i>4.3% (2 cases)</i>	<i>14.6% (7 cases)</i>

Figures 2 and 3 show the increase in the volume of complaints received in Q2 (2015/16) compared to Q1 (2015/16) and also when compared to the corresponding period last year.

**Figure 2: Number of complaints received**



**Figure 3: Complaints received, as a percentage of patient activity**



## **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 do not 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 has been for less than 10% of complainants to be dissatisfied, reducing to less than 5% from Q3 onwards.

In Q2, a total of 149 responses were sent out. By the cut-off point of 12<sup>th</sup> November 2015 (the date on which the complaints data for September was finalised), 10 people had contacted us to say they were dissatisfied with our response. This represents 6.7% of the responses sent out.

This compares to six cases out of 186 responses (3.2%) in Q1 of 2015/16.

In each case where a complainant comes back to us to advise they are dissatisfied with our response, the case is reviewed by the Patient Support & Complaints Manager. This review leads to one of the following courses of action:

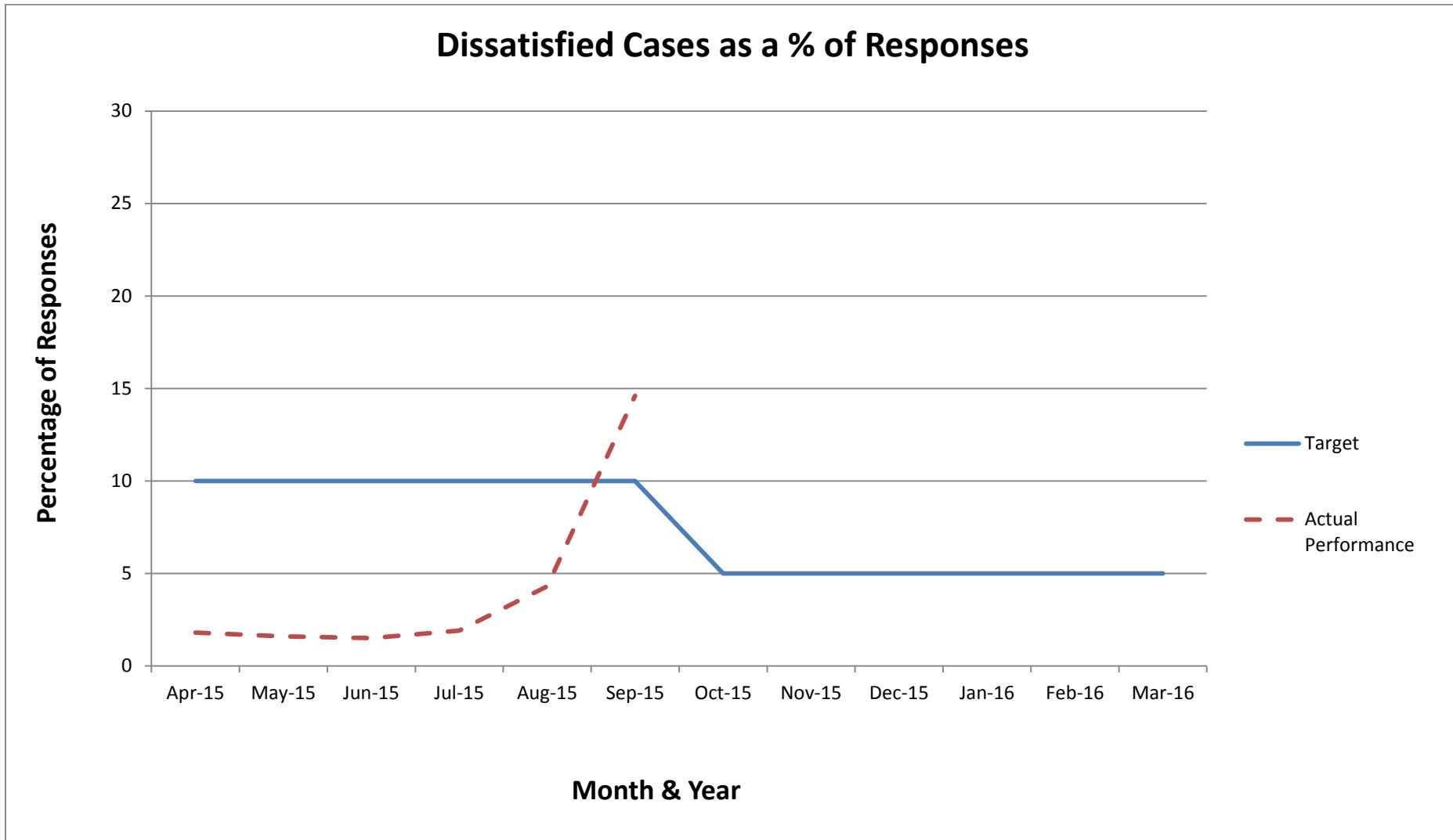
- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues.
- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues.
- A letter is sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the PHSO to independently review their complaint.

In the event that it is not clear at this stage, a caseworker from the Patient Support & Complaints Team will contact the complainant for clarification of which issues remain unresolved and, where possible, collate some specific questions that the complainant wishes to be answered. Following this, the process noted above would then be followed.

In all cases where a further written response is produced, this response is reviewed by the Patient Support & Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to the Executives for signing.

In the event that a complainant comes back to us again, having received two responses (whether in writing or by way of a meeting) the case will be escalated to the Chief Nurse for review.

**Figure 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 Q2 compared to Q1. Complaints about all category types, with the exception of ‘clinical care’, increased in Q2 in real terms, although ‘appointments and admissions’, ‘attitude and communication’ and ‘clinical care’ all showed a slight decrease when measured as a proportion of complaints received.

Category Type	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Appointments & Admissions	202 (36% of total complaints) ↑	170 (37% of total complaints) ↓
Attitude & Communication	146 (26%) ↑	127 (28%) ↓
Clinical Care	112 (20%) ↓	118 (26%) ↓
Facilities & Environment	39 (7%) ↑	12 (3%) ↓
Access	16 (3%) ↑	8 (2%) ↓
Information & Support	45 (8%) ↑	24 (4%) ↓
<b>Total</b>	<b>560</b>	<b>459</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 55% of the complaints received in Q2 (310/560).

Sub-category	Number of complaints received – Q2 2015/16	Q1 2015/16	Q4 2014/15	Q3 2014/15
Cancelled or delayed appointments and operations	151 ↑ (22% increase compared to Q1)	124	140	124
Clinical Care (Medical/Surgical)	48 ↓ (2% decrease)	49	78	58
Communication with patient/relative	31 ↓ (6% decrease)	33	26	28
Clinical Care (Nursing/Midwifery)	20 ↓ (17% decrease)	24	26	26
Attitude of Nursing/Midwifery	14 ↑ (40% increase)	10	10	14
Attitude of Medical Staff	24 ↑ (118% increase)	11	21	15
Failure to answer telephones	22 ↓ (35% decrease)	34	26	19

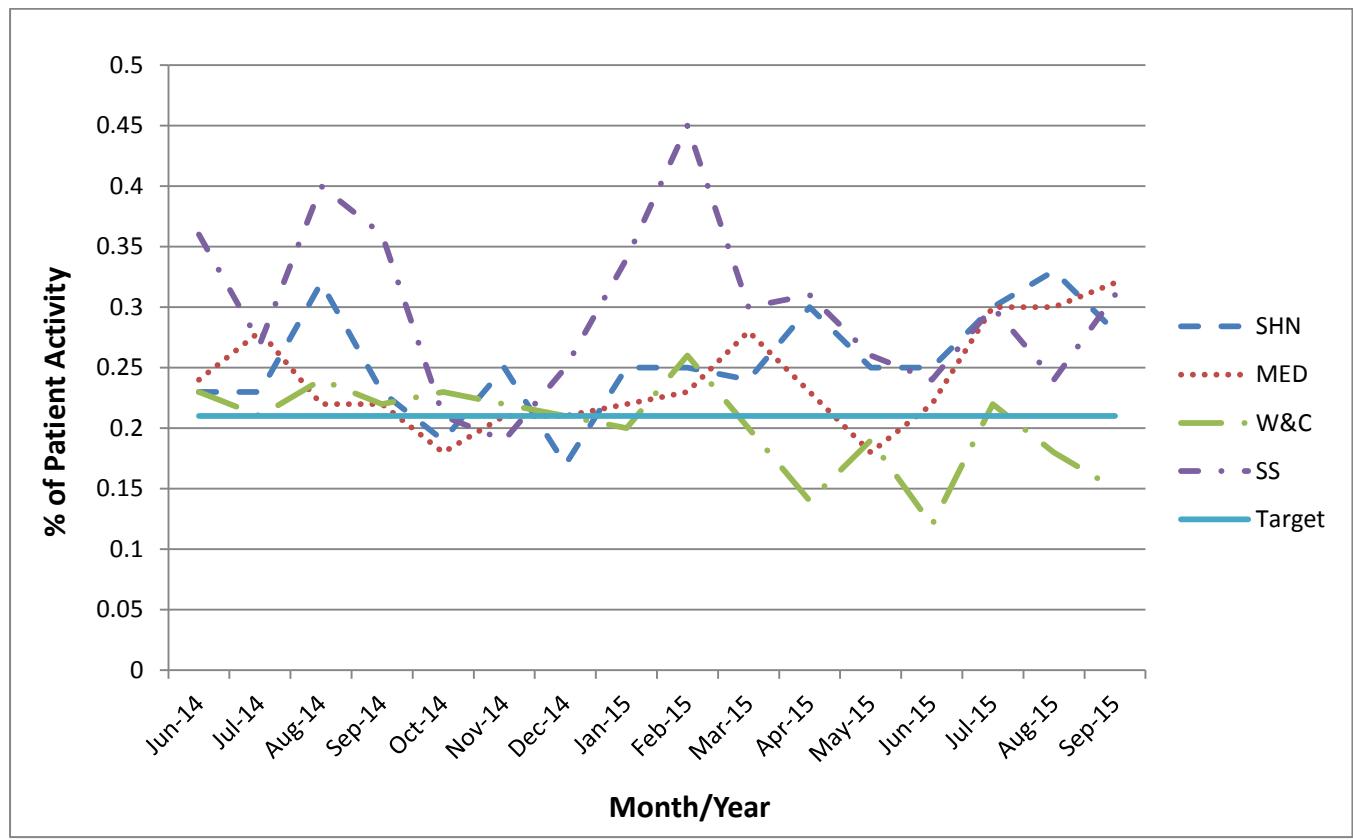
The issue of cancelled or delayed appointments and operations has seen a 22% increase in Q2, following an 11% decrease in the previous quarter. There have been significant increases in complaints about the attitude of both medical/surgical staff and nursing/midwifery staff. Complaints regarding the failure to answer telephones decreased by 35% in Q2, following consecutive increases in the previous five quarters.

## 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 upturn in the volume of complaints received in the bed-holding Divisions during Q2.

**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 October 2014 have been as follows:

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

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Number of complaints received	7	7	8	7	5	11	2	5	7	10	4	4

### 3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 complaints performance by Division. The table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

**Table 3.**

	Surgery Head and Neck	Medicine	Specialised Services	Women and Children	Diagnostics and Therapies
Total number of complaints received	236 (208) ↑	125 (85) ↑	69 (61) ↑	80 (65) ↑	18 (14) ↑
Total complaints received as a proportion of patient activity	0.30% (0.26%) ↑	0.31% (0.21%) ↑	0.27% (0.27%) =	0.18% (0.15%) ↑	N/A
Number of complaints about appointments and admissions	103 (101) ↑	37 (19) ↑	26 (26) =	30 (22) ↑	6 (3) ↑
Number of complaints about staff attitude and communication	64 (56) ↑	33 (25) ↑	22 (18) ↑	22 (16) ↑	5 (5) =
Number of complaints about clinical care	45 (45) =	27 (34) ↓	11 (14) ↓	22 (24) ↓	7 (2) ↑
Areas where the most complaints have been received in Q2	Bristol Dental Hospital – 41 (33) ↑ Ear Nose and Throat – 36 (25) ↑ Trauma & Orthopaedics – 24 (18) ↑ Queens Day Unit (Endoscopy) – 6 (5) ↑ Ward A800 – 6 (2) ↑ Bristol Eye Hospital – 57 (71) ↓ Upper GI – 8 (11) ↓	A&E – 27 (18) ↑ Gastroenterology & Hepatology – 12 (8) ↑ Ward A300 (MAU) – 6 (4) ↑ Diabetic Clinic – 7 (2) ↑ Dermatology – 9 (14) ↓	BHI Outpatients – 26 (21) ↑ GUCH Services – 5 (2) ↑ Chemo Day Unit / Outpatients – 15 (16) ↓ Ward C708 – 4 (6) ↓	Children's ED & Ward 39 - 10 (6) ↑ Paediatric Neurosurgical – 5 (1) ↑ ENT (Paediatric) – 9 (2) ↑ Clinical Genetics – 5 (1) ↑ Ward 71/74 – 4 (1) ↑ Paediatric Orthopaedics – 5 (9) ↓	Radiology – 6 (3) ↑ Orthotics – 3 (0) ↑ Adult Therapy – 3 (3) = Pharmacy – 2 (3) ↓

Notable deteriorations compared to Q1	Ear Nose & Throat – 36 (25) Trauma & Orthopaedics – 24 (18) Bristol Dental Hospital – 41 (33)	A&E – 27 (18) Gastroenterology & Hepatology – 12 (8)	BHI Outpatients – 26 (21)	Paediatric Neurosurgical – 5 (1) Clinical Genetics – 5 (1) ENT (Paediatric) – 9 (2)	Radiology – 6 (3) Orthotics – 3 (0)
Notable improvements compared to Q1	Bristol Eye Hospital – 57 (71)	Dermatology – 9 (14)	None	Paediatric Orthopaedics – 5 (9)	None

### 3.3 Areas where the most complaints were received in Q2 – additional analysis

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

##### Complaints by category type<sup>4</sup>

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	6 (2.5% of total complaints)	1 (0.5% of total complaints) ↓
Appointments & Admissions	103 (43.6%) ↑	101 (48.6%) ↑
Attitude & Communication	64 (27.1%) ↑	56 (26.9%) ↑
Clinical Care	45 (19.1%) =	45 (21.6%) ↑
Facilities & Environment	6 (2.5%) ↑	1 (0.5%) ↓
Information & Support	12 (5.1%) ↑	4 (1.9%) ↓
<b>Total</b>	<b>236</b>	<b>208</b>

##### Top sub-categories

Sub-category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	88 (11.4% increase compared to Q1) ↑	79 (2.6% increase compared to Q4) ↑
Clinical Care (Medical/Surgical)	14 (22.2% decrease) ↓	18 (14.3% decrease) ↓
Communication with patient/relative	12 (29.4% decrease) ↓	17 (88.9% increase) ↑
Attitude of Medical Staff	6 (500% increase) ↑	1 (85.7% decrease) ↓
Attitude of Nursing/Midwifery	8 (100% increase) ↑	4 (20% decrease) ↓
Clinical Care (Nursing/Midwifery)	9 (50% increase) ↑	6 (33.3% decrease) ↓
Failure to answer telephones	15 (11.8% decrease) ↓	17 (54.5% increase) ↑

##### Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
There was a significant (44%) increase in complaints about the ENT outpatient service. Of the 36 complaints received, 17 were in respect of appointments and admissions and 15 came under the category of attitude and communication (with eight of these specifically for failure to answer the telephone)	The ENT administration team has experienced a period of significant long term sick leave particularly amongst the administrative staff. This has been compounded by vacancies in the department.	The ENT Performance and Operations Manager is working with the team to address the gaps in service in order to maximise staff availability. Recruitment is in progress to fill the vacancies, with staff expected to be in post within three months in line with Trust recruitment timescales
Complaints about Bristol Dental Hospital increased to 41 in Q2. 17 of these complaints were received by Adult Restorative Dentistry. 11 of the complaints related to appointments and admissions and six to attitude	The adult restorative team continues to be challenged with the availability of appointments due to large numbers of vacancies; recruitment has been extremely challenging with one consultant post having	The two new consultants take up their positions in January 2016. One new consultant was able to start in September and has been extremely flexible in providing additional sessions. Plans are also in place to fill the gaps resulting from maternity leave, with a small reduction in

<sup>4</sup> Arrows in Q2 column denote increase or decrease compared to Q1. Arrows in Q4 column denote increase or decrease compared to Q3. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

and communication.	<p>been vacant for well over a year whilst active recruitment has been ongoing. A second post became vacant in July 2015; both consultant posts were appointed to in July but, due to difficulties in being released from their university contracts, these staff will take up their positions in January 2016. In addition to these vacancies, there have been gaps in the junior staff rotas due to maternity leave.</p>	<p>capacity anticipated.</p> <p>We have had a small number of patients who have complained about a change in the treatment plan they were expecting; this is particularly in relation to implants. Unfortunately, a number of patients were offered implants by a former clinician, who had a different threshold for offering implants than the remainder of the restorative team. As a result, the offer of treatment has been withdrawn. Although the rationale for this decision has been explained to the patients concerned, they are of course disappointed and in some cases have raised formal complaints.</p> <p>The hospital matron continues to provide training for each cohort of junior doctors and for all prospective consultants about the most common causes of complaints and how to improve patient experience.</p> <p>An action plan is being developed following Delivering Best Care in Outpatients week in November 2015, and will be presented to divisional board in early January.</p>
There was an increase in Trauma and Orthopaedic complaints from 18 in Q1 to 24 in Q2. Seven of these complaints fell under the category of cancelled and delayed appointments, with the remainder split across a range of categories, including attitude of staff and waiting time in clinic.		<p>This report has been fed back to the team via the clinical executive meeting and through the monthly performance meetings with the departmental sister, matron and Head of Nursing. The team has been asked to consider influencing factors and to come up with actions to help reduce this level of complaints. This will be monitored through the aforementioned meetings and fed back through the divisional governance meeting.</p> <p>The recent Delivering Best Care audit week has highlighted some relevant issues which will be addressed via an action plan (as per above).</p>

### 3.3.2 Division of Medicine

#### Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	2 (1.6% of total complaints) ↑	0 (0% of total complaints) ↓
Appointments & Admissions	37 (29.6%) ↑	19 (22.4%) ↓
Attitude & Communication	33 (26.4%) ↑	25 (29.4%) ↓
Clinical Care	27 (21.6%) ↓	34 (40%) ↑
Facilities & Environment	15 (12%) ↑	2 (2.4%) ↓
Information & Support	11 (8.8%) ↑	5 (5.8%) ↓
<b>Total</b>	<b>125</b>	<b>85</b>

#### Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	22 (144.4% increase compared to Q1) ↑	9 (18.2% decrease compared to Q4) ↓
Clinical Care (Medical/Surgical)	7 (41.7% decrease) ↓	12 (9.1% increase) ↑
Communication with patient/relative	9 (12.5% increase) ↑	8 (33.3% increase) ↑
Attitude of Medical Staff	5 (25% increase) ↑	4 (42.9% decrease) ↓
Attitude of Nursing/Midwifery	4 (100% increase) ↑	2 =
Clinical Care (Nursing/Midwifery)	6 (57.1% decrease) ↓	14 (133.3% increase) ↑
Failure to answer telephones	2 (50% decrease) ↓	4 (33.3% decrease) ↓

#### Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
Complaints received about the Emergency Department increased to 24 in Q2, a 33% increase on Q1. Of these 24 complaints, nine were in respect of attitude and communication, eight related to clinical care and five complaints were made in respect of the facilities and environment.	<p>Attitude/Communication:</p> <p>The majority of these relate to patients feeling that staff are being dismissive or disrespectful or staff being overheard talking about patients or situations in an unprofessional manner.</p> <p>Some patients feel that staff do not care or are flippant and do not attend to them as they feel they should be.</p> <p>Clinical care:</p> <p>One complaint related to a patient not being given an ambulance to transport them home (not appropriate or needed) in circumstances where the South West Ambulance service had indicated to the patient that ambulance transport home was provided routinely.</p>	<p>For all complaints, the staff involved have either written individual reflective pieces as part of their personal learning, or conversations have been had with members of staff to enable them to reflect upon what they would do differently in future.</p> <p>Learning from complaints in ED is further reinforced via weekly safety briefings which each member of the team has to read and sign to say that they have read, understood and will implement the briefing.</p> <p>The Supervisory Sister and Matron for ED has met with the staff concerned to discuss</p>

	<p>Complaints about patients and relatives not being kept up to date with their journey or not being told the plan of action/care.</p> <p>Relatives not being informed of incidents that happen, patients going missing off ward or staff not passing on messages relating to medications.</p> <p><b>Facilities/ Environment:</b> These complaints relate to patients not being offered food and drink, or lack of communication that they are Nil By Mouth (NBM) or their NBM status not being reviewed in a timely manner.</p> <p>One complaint related to a patient being disturbed at night by noisy relatives visiting a dying patient, and one to patients reporting a breach of privacy and dignity on the ward. There were two complaints where patients reported theft of valuables and one where a set of dentures were lost in the laundry.</p>	<p>their recollection of events and what they would do in future if faced with similar scenarios.</p> <p>The Shine checklist has been implemented (a patient safety checklist for patients in ED which ensures that all elements of care are delivered even when the department is under extreme pressure) which is completed hourly should address the main issues around communication and keeping the patient and their relatives up to date and the offering of food and drinks.</p>
<p>The department of Gastroenterology and Hepatology saw an increase to 12 complaints in Q2. Half of these complaints were in respect of cancelled and delayed appointments and four were related to attitude and communication.</p>	<p>Some informal complaints relate to patients on the partial booking list contacting the department for an update rather than to complain about their care.</p> <p>Partial booking letters had been sent out but then clinic cancellation requests were submitted prior to the patient calling back to book their appointment, causing further delays in offering an appointment.</p>	<p>The department will be introducing a letter to inform patients that they are still on the partial booking follow up list. By the end of December</p> <p>Consultants are happy to see general Inflammatory Bowel Disease (IBD) patients in each other's clinics, which will assist with reducing the partial booking list. New Clinics being added for IBD nurses in January</p> <p>A new IBD nurse has been appointed, which will also assist with reducing waiting times for suitable patients as there will be two additional</p>

	<p>The clinic co-ordinator had sent out the incorrect letter to a couple of patients, resulting in them attending SBCH for their appointments instead of the BRI.</p>	<p>clinics from January 2016.</p> <p>The issue has been highlighted to the clinic co-ordinator and careful checking of letters is being carried out.</p> <p>Clinic Coordinator checking correct letter selected. Letter project to streamline letters available for each clinic to be carried out in January/February 2016 which will reduce the risk of incorrect letters being sent.</p>
<p>There was a sharp rise in the number of complaints received by the Diabetic Clinic, with seven complaints received, compared to just two in Q1. Three of these complaints were about delayed appointments, one related to a referral error, one was about a failure to book hospital transport and two were in respect of administrative communication.</p>	<p>Two patients wished to be seen sooner (although appointments had been booked for them within 11 weeks, which is the accepted timeframe within the Trust).</p> <p>Two complaints related to a delay in clinic letters being sent out.</p> <p>One complaint was about transport issues</p> <p>One patient was incorrectly referred to us instead of North Bristol NHS Trust (NBT).</p> <p>One complaint was formal and concerned referral processes between UH Bristol and NBT.</p>	<p>Appointments were brought forward as a gesture of goodwill to the complainants.</p> <p>Sickness absence in the secretarial team had led to a typing delay. The backlog has now been cleared and additional staff are going to be helping the team going forward.</p> <p>It appears that all usual processes were followed correctly by UH Bristol; currently awaiting statements from NBT.</p>

### 3.3.3 Division of Specialised Services

#### Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	1 (1.4% of total complaints) ↑	0 (0% of total complaints) ↓
Appointments & Admissions	26 (37.7%) =	26 (42.6%) ↓
Attitude & Communication	22 (31.9%) ↑	18 (29.5%) ↓
Clinical Care	11 (15.9%) ↓	14 (23%) ↑
Facilities & Environment	3 (4.3%) ↑	2 (3.3%) ↓
Information & Support	6 (8.7%) ↑	1 (1.6%) ↓
<b>Total</b>	<b>69</b>	<b>61</b>

#### Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	19 (5.6% increase compared to Q1) ↑	18 (30.8% decrease compared to Q4) ↓
Clinical Care (Medical/Surgical)	7 (16.7% increase) ↑	6 (14.3% decrease) ↓
Communication with patient/relative	1 (75% decrease) ↓	4 (=)
Attitude of Medical Staff	5 (400% increase) ↑	1
Attitude of Nursing/Midwifery	0 (100% decrease) ↓	1 (50% decrease) ↓
Clinical Care (Nursing/Midwifery)	1 ↑	0 =
Failure to answer telephones	7 (22.2% decrease) ↓	9 =

#### Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
The Division has worked very hard to reduce complaints received by the Outpatients Department at Bristol Heart Institute (previously from 41 in Q4 2014/15 to 21 in Q1 2015/16). There has been a light increase in Q2 to 26 complaints. 14 of these complaints were in respect of appointments and admissions (mainly delayed appointments); and seven fell under the category of attitude and communication – all of these being specifically about a failure to answer telephones or respond to enquiries.	<p>The Division has been experiencing a number of pressures in relation to maintaining the flow of patients through their required surgical procedures, which at times has led to miscommunication. In addition, there is a high turnover of staff in administration and clerical roles, including the Bristol Heart Institute Outpatients Department.</p> <p>The Division has developed a specific e-mail address for the bookings and outpatient team to improve communication with patients. Emails sent to this address are actively monitored</p>	<p>Since November, the waiting list office has taken action to reduce the number of telephone calls by contacting patients to agree admission dates (whereas previously they were contacted by letter).</p> <p>Appointments are now only booked six weeks in advance to reduce the numbers of cancellations and delays.</p>

	<p>and responded to on a daily basis.</p> <p>The Division has also funded a temporary post to focus upon answering telephones and responding to messages.</p>	
Cardiology GUCH services saw an increase in complaints from just two in Q1 to 5 in Q2. Four of these complaints were in respect of cancelled or delayed procedures.	<p>There has been an increase in the numbers of emergency cases which has in turn effected elective admissions. There have been some communication issues around the process of cancellation when staff have been unable to contact patients at short notice, as many patients travel long distances to access these services.</p>	<p>The Division has developed a more robust communication process which involves handing over the communication for cancellations to the day case team. If the booking office team have not been able to contact the patient during office hours, this is communicated by a formal handover.</p>
Complaints received by BHOC Outpatients remained high at 15 complaints. Six of these complaints came under the category of attitude and communication and five related to appointments and admissions.	<p>The BHOC Outpatient Department includes the Chemotherapy Day Unit (CDU).</p> <p>The Division identified that the CDU is an area which required a review of the way appointments and admissions are booked; this has formed part of the Division's quality objectives for 2015/16. Concerns raised by patients include delays in treatment or admission to CDU, messages not being returned, and staff not following up patients' queries.</p>	<p>The Transformation team is currently supporting the Division in reviewing the processes and systems currently in place across CDU and the bookings and admissions teams. This is a long term piece of work which commenced in the summer of 2015 and will continue into 2016.</p>

### 3.3.4 Division of Women & Children

#### Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	1 (1.25% of total complaints) =	1 (1.5% of total complaints) ↓
Appointments & Admissions	30 (37.5%) ↑	22 (33.9%) ↓
Attitude & Communication	21 (26.3%) ↑	16 (24.6%) ↓
Clinical Care	21 (26.3%) ↓	24 (37%) ↓
Facilities & Environment	2 (2.5%) ↑	1 (1.5%) ↑
Information & Support	5 (6.3%) ↑	1 (1.5%) ↓
<b>Total</b>	<b>80</b>	<b>65</b>

### Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	25 (38.9% increase compared to Q1) ↑	18 (25% decrease compared to Q4) ↓
Clinical Care (Medical/Surgical)	11 (15.4% decrease) ↓	13 (23.5% decrease) ↓
Communication with patient/relative	7 (133.3% increase) ↑	3 (50% decrease) ↓
Attitude of Medical Staff	6 (20% increase) ↑	5 (28.6% decrease) ↓
Attitude of Nursing/Midwifery	3 =	3 =
Clinical Care (Nursing/Midwifery)	5 (25% increase) ↑	4 (66.7% decrease) ↓
Failure to answer telephones	0 =	0 =

### Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
There were five complaints received by the Paediatric Neurosurgical Department at Bristol Royal Hospital for Children, compared to just one in Q1. Three of these complaints related to delayed appointments; one related to clinical care and one was in respect of delayed test results.	Most of these complaints were compounded by communication issues, both between hospital teams and then each team communicating these decisions to the families. Communication needed to be timely and manage parent/relative expectations in terms of the length of wait for tests, results or appointments.	We are currently working on reducing our backlog of patients, both admitted and non-admitted, with an RTT trajectory to bring us back in line with the RTT standards, which will help to alleviate the length of wait for outpatient appointments and surgery dates. Work is ongoing regarding the practice of bringing in neurology patients for observation and then to see which tests are needed. The plan is to ensure that at least two tests are booked before any patients are admitted. The Neurology team has met and agreed a plan for timely communications with families in circumstances where appointments are delayed.
Clinical Genetics saw a sharp rise in complaints in Q2, with five complaints, compared to just one in Q1. Three of these complaints related to delayed appointments, with the remaining two being in respect of communication with patients.	The Genetics Department has had a number of temporary staff employed to support some backlogs, including typing and the management of appointments. Some of these staff needed further support to ensure they were meeting Trust expectations regarding appropriate communication on the telephone.	Substantive appointments have been advertised and partly recruited to in order to reduce the reliance on temporary staff. Departmental support has been given internally to ensure all staff communicate appropriately with patients.
The ENT (Paediatric) Department received nine complaints in Q2, compared	The majority of these have been due to a delay in admission for patients on the elective waiting	Clearance of the backlog is on track with additional SPIRE activity and waiting list initiatives; a new ENT

with just two in Q1. Seven of the nine complaints were in respect of delayed appointments or treatment.	list.	consultant has been appointed and commences in January 2016.
There was an increase in the number of complaints received by the Children's ED & Ward 39, from six in Q1 to 10 in Q2. These complaints were a mixture of complaints about waiting times and attitude and communication of staff.	A variety of complaints were received by Children's ED, with no single theme emerging. The department has continued to experience an unusually high level of attendances in Q2 (12% more patients than for the same period last year).	Actions taken which should address these concerns include: additional support for families waiting to be seen by a doctor by having a Nurse Assistant based in the waiting area during peak times of activity; an increase in Registered nurse presence overnight; and information given to parents about how they can escalate their concerns to a more senior medical team member if they need to.

### 3.3.5 Division of Diagnostics & Therapies

#### Complaints by category type

Category Type	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Access	0 (0% of total complaints) ↓	2 (14.3% of total complaints) =
Appointments & Admissions	6 (33.3%) ↑	3 (21.4%) ↓
Attitude & Communication	5 (27.8%) =	5 (35.7%) ↓
Clinical Care	7 (38.9%) ↑	2 (14.3%) ↓
Facilities & Environment	0 =	0 ↓
Information & Support	0 ↓	2 (14.3%) ↑
<b>Total</b>	<b>18</b>	<b>14</b>

#### Top sub-categories

Category	Number of complaints received – Q2 2015/16	Number of complaints received – Q1 2015/16
Cancelled or delayed appointments and operations	6	5 =
Clinical Care (Medical/Surgical)	4	2 ↑
Communication with patient/relative	2	4 ↑ (33.3% increase)
Attitude of Medical Staff	2	1 ↑
Attitude of Nursing/Midwifery	0	0 =
Clinical Care (Nursing/Midwifery)	0	0 =
Failure to answer telephones	0	0 ↓ (100% decrease)

**Divisional response to concerns highlighted by Q2 data**

<b>Concern</b>	<b>Explanation</b>	<b>Action</b>
Radiology services saw an increase in complaints from three in Q1 to six in Q2. Three of these complaints related to attitude and communication (one each in Paediatric x-ray and two in Bristol Dental Hospital).	The first complaint regarding attitude and communication related to a letter being sent to the wrong address and subsequently being opened, photographed and sent to the patient's father via the internet.	GPs usually advise the department of patients' up to date address details when they notice they are incorrect on the ICE system. Unfortunately, on this occasion the department was not alerted, and consequently the appointment letter for the patient was sent to the wrong address. Confirmation was sent to the complainant to advise that all of our hospitals systems were updated with the correct address on 2 <sup>nd</sup> September.
	The second complaint regarding attitude and communication related to the carers of a patient with learning difficulties being unhappy with the manner in which a Radiographer in the Dental Hospital communicated with, and handled the patient.	The complaint was discussed with the Radiographer involved who asked for their apologies to be passed on to the patient. An incident form was raised at the time and the case was discussed with Bristol City Council (in line with section 42 of the Care Act of 2014), who confirmed that the matter would not be pursued as a safeguarding issue. The department is working with the Learning Disability Specialist Nurse to develop a learning disabilities training package to be rolled out for radiology dental department staff by the end of December 2015.
	The third complaint regarding attitude and communication related to a patient who was unhappy with the treatment she received when being examined by a clinician in the Dental Hospital.	The complaint was discussed with the Consultant and the Dental Nurse who had been present during the consultation with the patient, and in the response letter the Consultant apologised for any discomfort the patient suffered during the consultation, and for unintentionally giving the patient the impression that their concerns were unimportant and being dismissed.
One complaint related to a missed diagnosis at South Bristol Community Hospital (SBCH), one was about delayed MRI results (Bristol Heart Institute) and one was in respect of a delayed	The complaint regarding clinical care related to a missed diagnosis of the patient's broken ankle at SBCH.	The Clinical Director for Radiology (Consultant Radiologist) reviewed the X-rays the patient had whilst under the care of the Trust, including the X-rays taken at SBCH. The review confirmed that the fracture was visible in the X-ray

<p>appointment at the Bristol Royal Hospital for Children.</p>	<p>The informal complaint related to delayed Cardiac MRI results at the BHI.</p>	<p>taken on 27<sup>th</sup> October, and an apology was offered to the patient that it was missed at that time. It is part of the Radiology Department's practice to hold 'discrepancy' meetings where the Radiology Consultants review any missed diagnoses. When it was found that the fracture had been missed, the scans were discussed in that forum to ensure that the learning was taken from this case.</p> <p>The Consultant Cardiologist rang the patient to explain the timescales around their report and the reasons for the delay in their referrer receiving them. It was primarily down to a communication error between an internal referring Consultant, and the Consultant Cardiologist, whereby an email sent by the referring Consultant was missed by the Consultant Cardiologist, and in addition, a letter sent by them by referrer was never received.</p>
	<p>The informal complaint regarding appointment and admissions related to concerns expressed by South West Commissioning Support Unit about delays in referrals being received and actioned by UH Bristol from Weston General Hospital, specifically relating to children's MRI.</p>	<p>The Radiology Department confirmed that the referral was received on 23<sup>rd</sup> April and that an appointment was offered to the family for 9th June, which was cancelled by the family due to other commitments. The appointment subsequently took place on 24th June.</p>
<p>The Orthotics Team received three complaints in Q2, although no trends were identified. One complaint related to clinical care, one was in respect of communication with the patient and the third was about a referral error.</p>	<p>The informal complaint regarding clinical care related to the clinician not being helpful and being dismissive of the patient's concerns.</p> <p>The informal complaint regarding attitude and communication related to a patient having to pay for a sling without prior knowledge of</p>	<p>Apologies were made regarding the clinician's manner and lack of clarity about the patient's treatment plan. A further appointment with one of the Orthotists was made, and the GP practice was contacted to add details of the current plan to the patient's medical record.</p> <p>Apologies were made to the complainant, as a new member of staff had mistaken two different types of sling. Arrangements were made to reimburse the patient for</p>

	<p>charges.</p> <p>The informal complaint regarding appointments and admissions related to referral difficulties.</p>	<p>the charges made.</p> <p>The department arranged for the patient to be booked into an urgent appointment with one of the Orthotists to reassess the patient's footwear provision. Feedback was given to the administration team to ensure that all patient enquiries are appropriately triaged by the clinical staff prior to patients being discharged from the service.</p>
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### 3.4 Complaints by hospital site

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

Hospital/Site	Number and % of complaints received – Q2 2015/16	Number and % of complaints received – Q1 2015/16
Bristol Royal Infirmary (BRI)	225 (40.2% of total complaints) ↑	183 (39.9% of total complaints) ↓
Bristol Eye Hospital (BEH)	57 (10.2%) ↓	71 (15.5%) =
Bristol Dental Hospital BDH)	41 (7.3%) ↑	33 (7.2%) ↓
St Michael's Hospital (STMH)	66 (11.8%) ↑	46 (10%) ↓
Bristol Heart Institute (BHI)	52 (9.3%) ↑	43 (9.4%) ↓
Bristol Haematology & Oncology Centre (BHOC)	29 (5.2%) ↑	28 (6.1%) ↑
Bristol Royal Hospital for Children (BRHC)	64 (11.4%) ↑	44 (9.5%) ↓
South Bristol Community Hospital (SBCH)	26 (4.6%) ↑	11 (2.4%) ↑
<b>Total</b>	<b>560</b>	<b>459</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 Q2, Bristol Children's Hospital accounted for 15.5% of the total attendances and received 11.4% of all complaints

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
<b>BRI</b>	225	58,279	0.39%	31.3%	<b>40.2%</b>
<b>BEH</b>	57	30,564	0.19%	16.4%	<b>10.2%</b>
<b>BDH</b>	41	18,531	0.22%	9.9%	<b>7.3%</b>
<b>STMH</b>	66	19,654	0.34%	10.5%	<b>11.8%</b>
<b>BHI</b>	52	5,042	1.03%	2.7%	<b>9.3%</b>
<b>BHOC</b>	28	18,150	0.15%	9.7%	<b>5.0%</b>
<b>BRHC</b>	64	28,857	0.22%	15.5%	<b>11.4%</b>
<b>SBCH</b>	26	7,365	0.35%	4.0%	<b>4.6%</b>
<b>TOTAL</b>	<b>560</b>	<b>186,442</b>	<b>0.30%</b>		

This analysis shows that the Bristol Royal Infirmary and Bristol Heart Institute receive the highest rates of complaints and that the BHI receives a disproportionately high volume of complaints compared to its shares of patient activity.

### **3.5 Complaints responded to within agreed timescale**

All of the clinical Divisions reported breaches in Quarter 2, totalling 23 breaches, which represents a decrease on the 28 reported in Q1. There was also one breach by the Division of Facilities & Estates, which is not included in the table below.

	<b>Q2 2015/16</b>	<b>Q1 2015/16</b>	<b>Q4 2014/15</b>	<b>Q3 2014/15</b>
Surgery Head and Neck	12 (22.6%)	9 (12.9%)	8 (11.6%)	12 (14.6%)
Medicine	3 (8.8%)	9 (20%)	5 (14.7%)	10 (23.8%)
Specialised Services	6 (30%)	2 (11.1%)	1 (5.6%)	4 (15.4%)
Women and Children	2 (5.1%)	7 (17.1%)	11 (23.9%)	6 (12.5%)
Diagnostics & Therapies	0 (0%)	1 (10%)	0 (0%)	0 (0%)
All	<b>23 breaches</b>	<b>28 breaches</b>	<b>25 breaches</b>	<b>32 breaches</b>

(So, as an example, there were six breaches of timescale in the Division of Specialised Services in Q2, which constituted 30% of the complaints responses that had been due in that Division in Q2.)

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 relates to delays in other organisations providing their input to the Trust's response.

	<b>Source of delays (Q2, 2015/2016)</b>			<b>Totals</b>
	<b>Division</b>	<b>Patient Support and Complaints Team</b>	<b>Executive sign-off</b>	
Surgery Head and Neck	6	2	4	<b>12</b>
Medicine	1	0	2	<b>3</b>
Specialised Services	4	1	1	<b>6</b>
Women and Children	0	0	2	<b>2</b>
Diagnostics & Therapies	0	0	0	<b>0</b>
All	<b>11 breaches</b>	<b>3 breaches</b>	<b>9 breaches</b>	<b>23</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 (143 out of 149 responses or 96%), however the need for significant changes/improvements following executive review led to 23 cases breaching the deadline by which they were sent to the complainant.

For the first time, this quarterly report includes information about the length of time by which each breached case exceeded its due date and whether any of those cases had been extended but still breached the deadline. The following table provides this information in respect of the 23 cases which breached the agreed deadline in Q2. The number of days is shown as total days, rather than working days, as this is the delay that the complainant will have experienced.

Date originally agreed with complainant	Date deadline extended to	Date response posted to complainant	Number of days deadline breached by
25/06/2015	23/07/2015	28/07/2015	5
01/07/2015	N/A	02/07/2015	1
03/07/2015	N/A	09/07/2015	6
21/07/2015	N/A	23/07/2015	2
24/07/2015	N/A	28/07/2015	4
29/07/2015	N/A	06/08/2015	8
29/07/2015	N/A	03/08/2015	5
31/07/2015	N/A	14/08/2015	14
03/08/2015	N/A	10/08/2015	7
04/08/2015	07/08/2015	10/08/2015	3
05/08/2015	N/A	06/08/2015	1
05/08/2015	21/08/2015 and 07/09/2015	14/09/2015	7
06/08/2015	N/A	10/08/2015	4
12/08/2015	N/A	17/08/2015	5
14/08/2015	N/A	26/08/2015	12
14/08/2015	N/A	17/08/2015	3
08/09/2015	N/A	15/09/2015	7
08/09/2015	15/09/2015	18/09/2015	3
10/09/2015	N/A	14/09/2015	4
10/09/2015	24/09/2015	29/09/2015	5
14/09/2015	N/A	18/09/2015	4
21/09/2015	N/A	29/09/2015	8
22/09/2015	N/A	25/09/2015	3

The average (mean) delay was 5.3 days, the median was 5 days and the range was 1-14 days.

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. The training delivered so far has been well received, with positive feedback from attendees. Improvements have been made to the training based on feedback received.
- The Patient Support & Complaints Manager is in the process of reviewing the process around the checking and signing off of response letters and, as part of this review, will draft a new Standard Operating Procedure (SOP) to cover this process. The review will look at timescales for the various parts of the process, along with a review of the practical steps involved in the checking and signing of the response letters.

### **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 changed with effect from Q1. In Q2, a total of 149 responses were sent out. By the cut-off point of 14<sup>th</sup> November 2015 (the date on which the complaints data for September was finalised) 10 people had contacted us to say that they were dissatisfied with our response. This represents 6.7% of the responses issued during that period, compared to 3.2% in Q1.

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 Q2, the team dealt with 138 such enquiries, compared to 171 in Q1. These enquiries can be categorised as:

- 74 requests for advice and information (100 in Q1)
- 57 compliments (65 in Q1)
- 7 requests for support (6 in Q1)

The table below shows a breakdown of the 81 requests for advice, information and support dealt with by the team in Q2.

<b>Category</b>	<b>Number of Enquiries</b>
Hospital Information Request	15
Information about Patient	11
Medical Records Enquiries	8
Bereavement Support	6
Clinical Information Request	5
Appointment Enquiries	5
Wayfinding	5
Complaints Handling	4
Car Parking	3
Emotional Support	3
Freedom of Information Request	3
Signposting	3
Travel Arrangements	3
Personal Property	2
Medical Equipment	2
Expenses Claim	2
Accommodation Enquiry	1
<b>Total</b>	<b>81</b>

## **5. Acknowledgement of complaints by the Patient Support & Complaints Team**

One of the Key Performance Indicators (KPIs) that the Patient Support & Complaints Team is measured against is the length of time between receipt of a complaint and sending an acknowledgement.

The Complaints and Concerns Policy states that when the Patient Support & Complaints Team reviews a complaint following receipt: a risk assessment will be carried out; agreement will be reached with the complainant about how we will proceed with their complaint and a timescale for doing so; the appropriate paperwork will be produced and sent to the Divisional Complaints Co-ordinator for investigation; an acknowledgement letter confirming how the complaint will be managed will be sent to the complainant. In line with the NHS Complaints Procedure (2009), the Trust's policy states that this review will take place within three working days of receipt of written complaints (including emails), or within two working days of receipt of verbal complaints (including PSCT voicemail).

In Q2, 232 complaints were received verbally and 328 were received in writing. Of the 232 verbal complaints, 230 (99.1%) were acknowledged within two working days. The remaining two cases were acknowledged within three working days. In both cases, the team had attempted to contact the enquirer within two working days but had not managed to speak to them, although voicemail messages were left for the enquirers.

Of the 328 written complaints, 319 (97.3%) were acknowledged within three working days. All of the remaining nine cases were acknowledged within four working days. In one case, the caseworker had made some telephone calls trying to resolve the issue before contacting the enquirer, in another case the enquirer had not provided full contact details and in one case there was a delay in the case being logged by the team's administrators; the remaining six delays were due to team workload/capacity.

## **6. PHSO cases**

During Q2, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints (compared to three in Q1 and four in Q4) as follows:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
17584	LT	CT	19/12/2014	BRI	Trauma & Orthopaedics	Surgery, Head & Neck
Contacted by PHSO in July 2015. Copy of complaints file, medical records and Division's comments sent to PHSO, who have since advised that they anticipate providing their draft report for comment by January 2016.						
16474		CM	05/08/2014	BRI	Ward A604	Surgery, Head & Neck
Contacted by PHSO in July 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
17173	DF	DJ	29/10/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in September 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						

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. Trust's comments on PHSO's draft report sent 19/11/2015.						
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. Further documentation requested by and sent to PHSO in October 2015. Currently awaiting further contact from the PHSO.						
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. Contacted by PHSO November 2015 to advise unlikely they will uphold complaint but requested some further information from the Trust. At the time of writing this report, this request was with the Division and will be sent to the PHSO shortly.						
17608	JR	AH	19/12/2014	BRI	Ward A604	Surgery, Head & Neck
Received PHSO's final report 26/11/2015 – complaint not upheld.						
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. Advised by PHSO on 06/11/2015 that they have now allocated the case to an investigator. Currently awaiting further contact from the PHSO.						

One case was closed during Q2 and was partly upheld by the PHSO:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
12548		CM	05/02/2013	BRI	Upper GI	Surgery, Head & Neck
PHSO's final report received 16/10/2015 – complaint partially upheld and recommendations made that the Trust apologises to the patient, pays the patient the sum of £200 and advise the PHSO of actions taken in respect of the failings identified.						

## **7. 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).

### **7.1 Age**

<b>Age Group</b>	<b>Number of Complaints Received – Q2 2015/16</b>
0-15	90
16-24	37
25-29	18
30-34	22
35-39	18
40-44	30
45-49	29
50-54	34
55-59	38
60-64	43
65+	201
<b>Total Complaints</b>	<b>560</b>

### **7.2 Ethnic Group**

<b>Ethnic Group</b>	<b>Number of Complaints Received – Q2 2015/16</b>
Asian or British Asian	6
Bangladeshi or British Bangladeshi	1
Black Or Black British - African	1
Black Or Black British - Caribbean	2
Indian or British Indian	1
Mixed - Any Other Mixed Background	1
Mixed - White And Black African	1
Mixed - White And Black Caribbean	6
Pakistani or British Pakistani	4
White - British	355
White – Irish	3
White - Any Other White Background	11
Any Other Ethnic Group	23
Not Collected At This Time	66
Not Stated/Given	79
<b>Total Complaints</b>	<b>560</b>

### 7.3 Religion

<b>Religion</b>	<b>(Christian denomination)</b>	<b>Number of Complaints Received – Q2 2015/16</b>
Christian	Anglican	2
	Baptist	4
	'Christian'	26
	Church of England	199
	Methodist	12
	Protestant	4
	Roman Catholic	27
	United Reform	2
	<i>(Total Christian)</i>	<i>(276)</i>
Atheist		6
Buddhist		4
Muslim		9
No Religious Affiliation		127
Sikh		3
Unknown		135
<b>Total Complaints</b>		<b>560</b>

### 7.4 Civil Status

<b>Civil Status</b>	<b>Number of Complaints Received – Q2 2015/16</b>
Co-habiting	22
Divorced/Dissolved Civil Partnership	26
Married/Civil Partnership	218
Separated	4
Single	154
Widowed/Surviving Civil Partner	32
Unknown	104
<b>Total Complaints</b>	<b>560</b>

### 7.5 Gender

Of the 560 complaints received in Q2 2015/16, 307 (55%) of the patients involved were female and 253 (45%) were male.