

Complaints Report

Quarter 4, 2014/2015

(1 January to 31 March 2015)

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1. Executive summary

- 517 complaints were received in Quarter 4 (Q4; 0.28% of activity), compared to 421 complaints (0.23%) in Q3 and 518 (0.29%) in Q2.
- The Trust's performance in responding to complaints within the timescales agreed with complainants was 84.7% in Q4 compared to 83.4% in Q3 and 89.5% in Q2. 63% of breaches (17/27) were attributed to Divisions in Q4 compared to 36% (13/36) in Q3.
- The number of cases where the original response deadline was extended fell to 27 in Q4, compared to 46 cases in Q3 and 41 in Q2.
- There was a very small increase in the number of complainants telling us that they were unhappy with our investigation of their concerns: 25 in Q4 compared to 24 in Q3; however 17 of the 25 cases were from the Division of Surgery Head and Neck.
- In Q4, 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. Complaints about cancelled or delayed appointments and operations increased in Q4 (140) having previously decreased in Q3 (124).
- Complaints about failure to answer telephones rose for the fourth consecutive quarter (from 4 in Q1 to 26 in Q4).
- Complaints about Bristol Eye Hospital increased significantly from 38 in Q3 to 69 in Q4.
- Complaints about outpatient services in the Bristol Heart Institute also increased significantly from 9 in Q3 to 41 in Q4.

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

2. Complaints performance – Trust overview

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

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

The table on page 3 of this report provides a comprehensive 13 month overview of complaints performance including these three key indicators.

2.1 Total complaints received

The Trust's preferred way of expressing the volume of complaints it receives is as a proportion of patient activity, i.e. inpatient admissions and outpatient attendances in a given month.

We received 517 complaints in Q4, which equates to 0.28% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹; the figures do not include concerns which may be raised by patients

(continues on page 6)

¹ Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Table 1 – Complaints performance

Items in italics are reportable to the Trust Board.

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

	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total complaints received (inc. TS and F&E from April 2013)	164	131	130	166	178	170	170	148	14	133	165	171	181
Formal/Informal split	89/75	60/71	64/66	64/102	79/99	73/97	86/84	68/80	61/79	52/81	70/95	79/92	88/93
<i>Number & % of complaints per patient attendance in the month</i>	<i>0.28%</i> <i>164 of</i> <i>58180</i>	<i>0.24%</i> <i>131 of</i> <i>54981</i>	<i>0.23%</i> <i>130 of</i> <i>57463</i>	<i>0.28%</i> <i>166 of</i> <i>60027</i>	<i>0.28%</i> <i>178 of</i> <i>63,039</i>	<i>0.32%</i> <i>170 of</i> <i>52,879</i>	<i>0.27%</i> <i>170 of</i> <i>63,794</i>	<i>0.22%</i> <i>148 of</i> <i>66,104</i>	<i>0.25%</i> <i>140 of</i> <i>55,703</i>	<i>0.22%</i> <i>133 of</i> <i>59,487</i>	<i>0.27%</i> <i>165 of</i> <i>61,683</i>	<i>0.29%</i> <i>(171 of</i> <i>58,687)</i>	<i>0.27%</i> <i>(181 of</i> <i>66,317)</i>
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	<i>88.7%</i> <i>(47 of 53)</i>	<i>93.1%</i> <i>(54 of 58)</i>	<i>82.5%</i> <i>(47 of 57)</i>	<i>83.3%</i> <i>(50 of 60)</i>	<i>91.5%</i> <i>(65 of 71)</i>	<i>88.3%</i> <i>(53 of 60)</i>	<i>88.1%</i> <i>(52 of 59)</i>	<i>84.4%</i> <i>(65 of 77)</i>	<i>82.9%</i> <i>(58 of 70)</i>	<i>82.9%</i> <i>(58 of 70)</i>	<i>84.8%</i> <i>(56 of 66)</i>	<i>83.7%</i> <i>(36 of 43)</i>	<i>85.3%</i> <i>(58 of 68)</i>
% responded to by <u>Division</u> within required timescale for executive review	71.7% (38 of 53)	82.8% (48 of 58)	86.0% (49 of 57)	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)
Number of breached cases where the breached deadline is attributable to the Division	3 of 6	2 of 4	2 of 10	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
Number of extensions to originally agreed timescale (formal investigation process only)	11	5	21	8	19	5	17	20	15	11	16	4	7
<i>Number of Complainants Dissatisfied with Response</i>	<i>5*</i> <i>2**</i>	<i>6*</i> <i>10**</i>	<i>4*</i> <i>2**</i>	<i>11*</i> <i>4**</i>	<i>8*</i> <i>2**</i>	<i>4*</i> <i>5**</i>	<i>2*</i> <i>4**</i>	<i>7*</i> <i>2**</i>	<i>9*</i> <i>3**</i>	<i>8*</i> <i>2**</i>	<i>11*</i> <i>4**</i>	<i>7*</i> <i>1**</i>	<i>7*</i> <i>5**</i>

* Dissatisfied – original investigation incomplete / inaccurate

** Dissatisfied – original investigation complete / further questions asked

Figures 1 and 2 show the increase in the volume of complaints received in Q4 compared to Q3 and also when compared to the corresponding period last year.

Figure 1: Number of complaints received

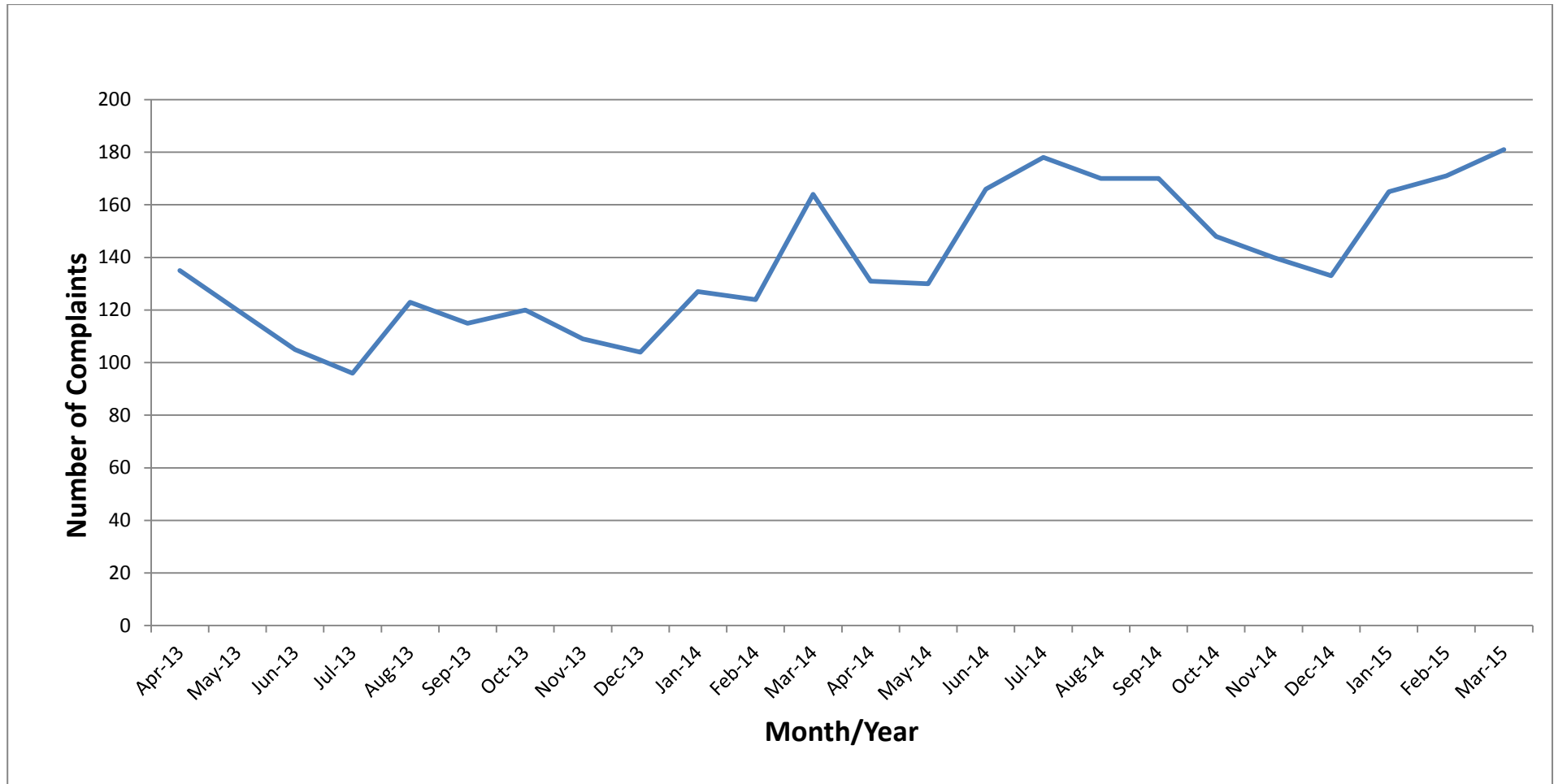
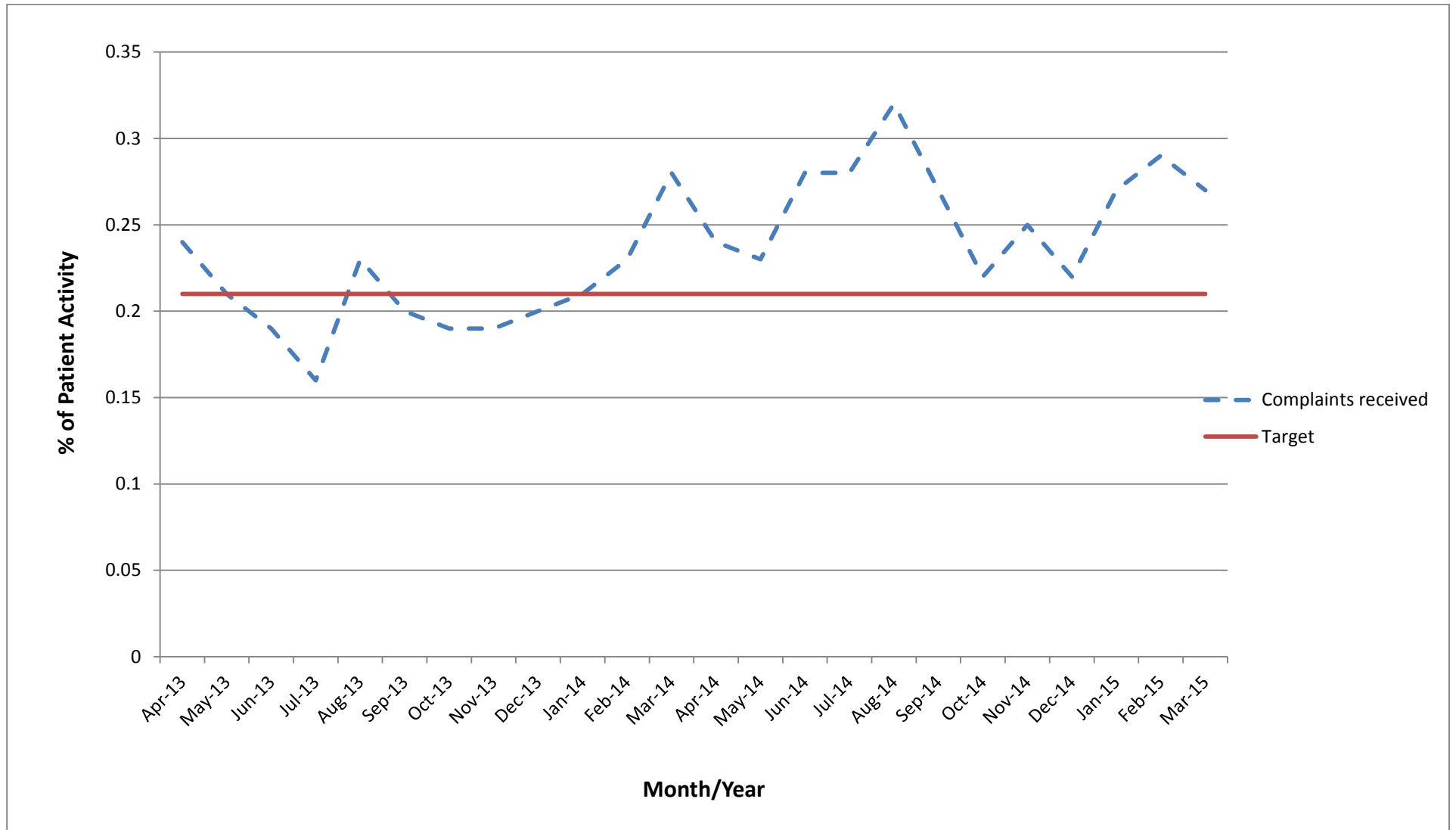


Figure 2: Complaints received, as a percentage of patient activity



and dealt with immediately by front line staff. The volume of complaints received in Q4 represents an increase of approximately 23% compared to Q3 (421) and a 25% increase on the corresponding period a year ago.

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

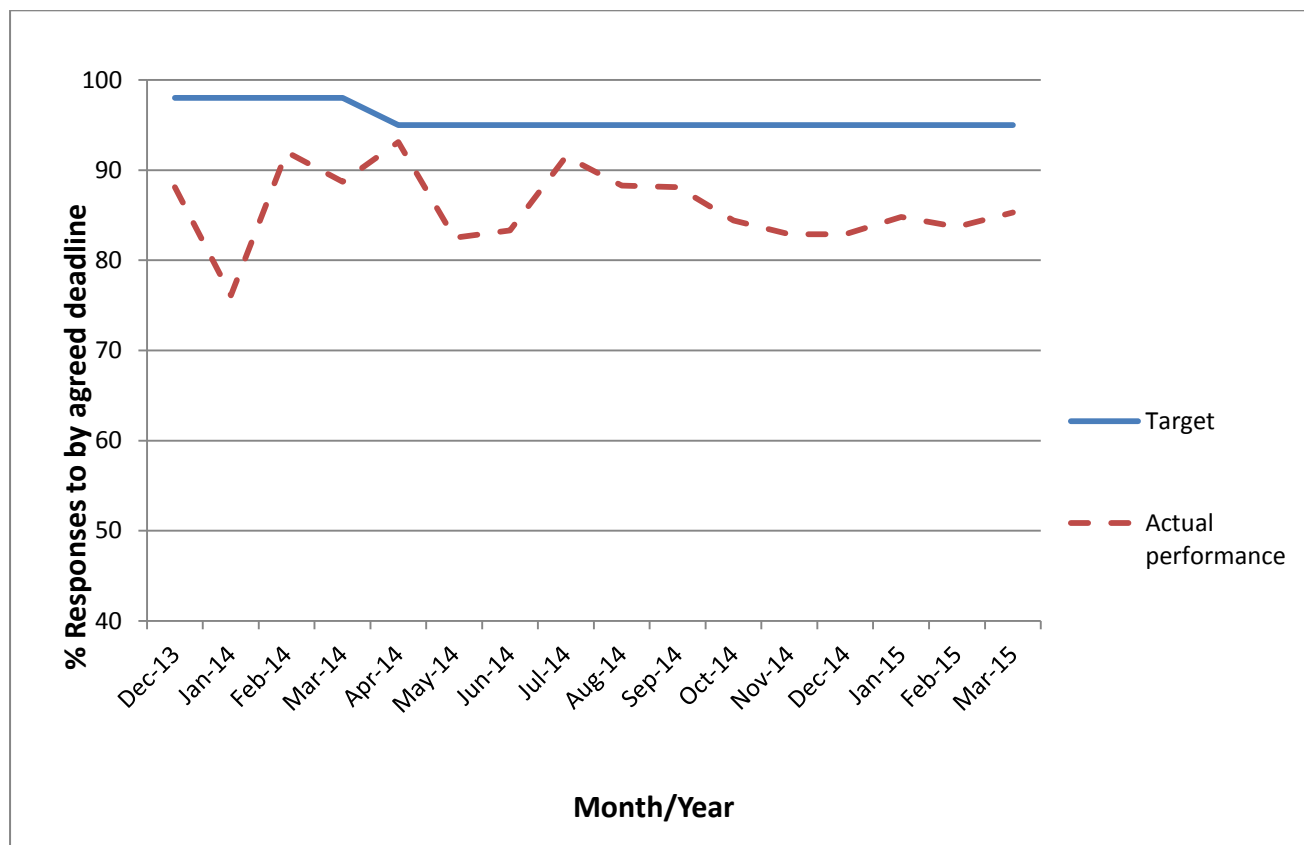
2.2 Complaints responses within agreed timescale

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.

Prior to April 2014, our target was to respond to at least 98% of complainants within the agreed timescale. Since 1st April 2014, this target has been 95%. The end point is measured as the date when the Trust's response is posted to the complainant. In Q4, 84.7% of responses were made within the agreed timescale, compared to 83.4% in Q3. This represents 27 breaches out of 177 formal complaints which were due to receive a response during Q4². Figure 3 shows the Trust's performance in responding to complaints since December 2013.

Although overall performance in Q3 and Q4 was very similar, more breaches were attributed to Divisions in Q4 than in Q3: 63% (17/27) compared to 36% (13/36) in Q3. Following the April 2015 Patient Experience Group meeting, the criteria for who breaches are allocated to was clarified with all Divisions.

Figure 3. Percentage of complaints responded to within agreed timescale



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

2.3 Number of dissatisfied complainants

We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation so that we don't make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

In Q3, there were 25 cases where the complainant felt that the investigation was incomplete or inaccurate. This represents a slight increase on Q3 (24 cases). There were a further 10 cases where new questions were raised, compared to 7 cases in Q3.

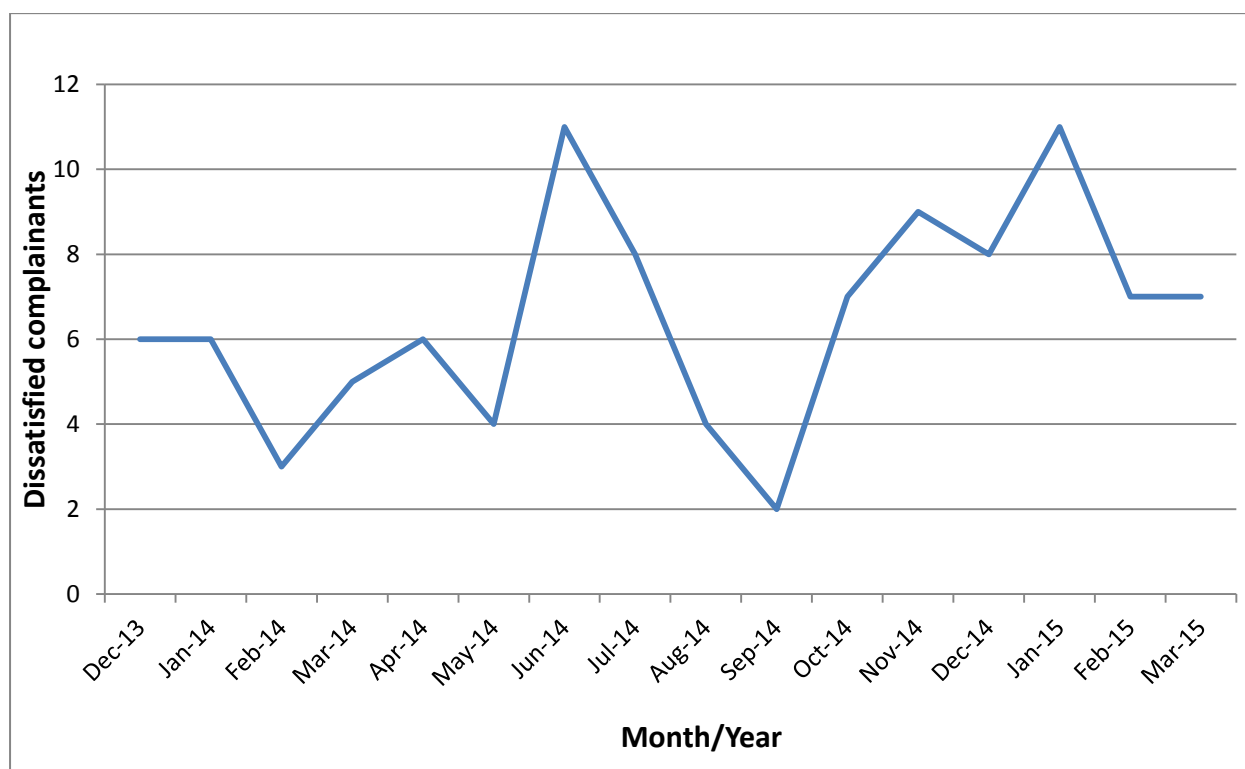
The 25 cases where the complainant was dissatisfied were associated with the following lead Divisions:

- 17 cases for the Division of Surgery, Head & Neck (compared to 11 in Q3) ↑
- 3 cases for the Division of Medicine (compared to 1 case in Q3) ↑
- 4 cases for the Division of Women & Children (compared to 7 in Q3) ↓
- 1 case for the Division of Specialised Services (compared to 4 in Q3) ↓
- 0 cases for the Division of Diagnostics & Therapies (compared to 1 in Q3) ↓
- 0 cases for the Division of Facilities & Estates (compared to 0 in Q3) =

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

The number of dissatisfied complainants has increased again in Q4, with the largest increase again being seen in the Division of Surgery, Head & Neck (see section 3.6).

Figure 4. Number 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 Q4 compared to Q3. Complaints about all category types increased in Q4 in real terms, although ‘clinical care’ and ‘facilities and environment’ showed a slight decrease when measured as a proportion of complaints received and ‘attitude and communication’ remained the same.

Category Type	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Appointments & Admissions	186 (36% of total complaints) ↑	140 (33% of total complaints) ↓
Attitude & Communication	129 (25%) ↑	105 (25%) ↓
Clinical Care	124 (24%) ↑	122 (29%) ↓
Facilities & Environment	26 (5%) ↑	25 (6%) ↓
Access	21 (4%) ↑	12 (3%) ↓
Information & Support	31 (6%) ↑	17 (4%) ↓
Total	517	421

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 63% of the complaints received in Q4 (327/517).

Sub-category	Number of complaints received – Q4 2014/15	Q3 2014/15	Q2 2014/15	Q1 2014/15
Cancelled or delayed appointments and operations	140 ↑ (13% increase compared to Q3)	124	152	129
Clinical Care (Medical/Surgical)	78 ↑ (34% increase)	58	62	54
Communication with patient/relative	26 ↓ (7% decrease)	28	35	27
Clinical Care (Nursing/Midwifery)	26 =	26	34	30
Attitude of Nursing/Midwifery	10 ↓ (29% decrease)	14	22	16
Attitude of Medical Staff	21 ↑ (40% increase)	15	21	20
Failure to answer telephones	26 ↑ (37% increase)	19	12	4

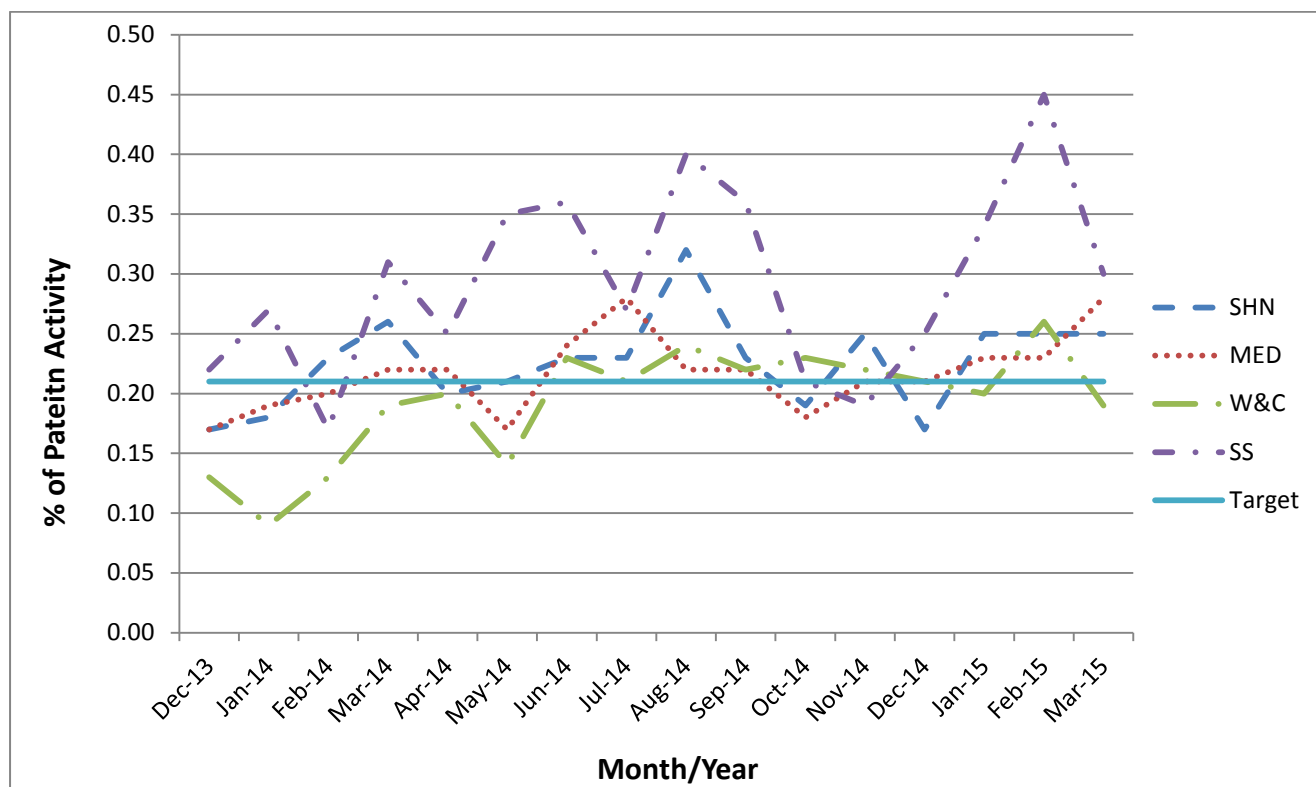
The issue of cancelled or delayed appointments and operations has seen an increase of 13% in Q4, following a significant decrease in the previous quarter. There have been significant increases in complaints about the failure to answer telephones, clinical care, and the attitude of medical staff.

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 towards the end of Q3, although the Division of Surgery, Head & Neck did show a fairly significant downturn at the end of Q3.

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 April 2014

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints received	9	6	8	17	6	10	7	7	8	7	5	11

3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q4 complaints performance by Division. The table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 3.

	Surgery Head and Neck	Medicine	Specialised Services	Women and Children	Diagnostics and Therapies
Total number of complaints received	204 (147) ↑	98 (79) ↑	82 (51) ↑	90 (97) ↓	23 (22) ↑
Total complaints received as a proportion of patient activity	0.25% (0.20%) ↑	0.25% (0.20%) ↑	0.36% (0.22%) ↑	0.22% (0.22%) =	N/A
Number of complaints about appointments and admissions	93 (54) ↑	30 (22) ↑	34 (17) ↑	23 (33) ↓	4 (7) ↓
Number of complaints about staff attitude and communication	46 (40) ↑	29 (23) ↑	25 (10) ↑	22 (21) ↑	6 (6) =
Number of complaints about clinical care	42 (38) ↑	22 (25) ↓	11 (20) ↓	39 (37) ↑	9 (4) ↑
Areas where the most complaints have been received in Q4	Bristol Eye Hospital – 69 (38) ↑ Bristol Dental Hospital – 38 (26) ↑ Ear Nose and Throat – 16 (16) = Upper GI – 16 (12) ↑ Trauma & Orthopaedics – 13 (19) ↓ Thoracic Surgery – 6 (5) ↑	A&E – 18 (16) ↑ Ward A300 (MAU) – 9 (4) ↑ Gastroenterology & Hepatology – 8 (10) ↓ Ward A400 – 6 (2) ↑	BHI Outpatients – 41 (9) ↑ Chemo Day Unit/Outpatients – 9 (8) ↑ Ward C708 – 9 (9) =	Paediatric Gastro Clinic – 7 (1) ↑ Paediatric Neurology – 7 (4) ↑ Ward 31 – 4 (3) ↑	Pharmacy – 5 (4) ↑
Notable deteriorations compared to Q3	Bristol Eye Hospital - 69 (38) Bristol Dental Hospital - 38 (26) ↑	Ward A300 (MAU) – 9 (4) ↑	BHI Outpatients – 41 (9) ↑	Paediatric Orthopaedics – 12 (7) ↑	Adult Therapy – 4 (2) ↑
Notable improvements compared to Q3	Trauma & Orthopaedics 13 (19) ↓	Dermatology 7 (10) ↓	Cardiology GUCH Services – 4 (9) ↓	Children’s ED & W39 – 7 (17) ↓	Audiology – 3 (9) ↓

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

3.3.1 Division of Surgery, Head & Neck

Complaints by category type³

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	6 (2.9% of total complaints) ↑	5 (3.4% of total complaints) ↑
Appointments & Admissions	93 (45.6%) ↑	54 (36.7%) ↓
Attitude & Communication	46 (22.5%) ↑	40 (27.2%) =
Clinical Care	42 (20.6%) ↑	38 (25.9%) ↓
Facilities & Environment	11 (5.4%) ↑	5 (3.4%) ↑
Information & Support	6 (2.9%) ↑	5 (3.4%) ↑
Total	204	147

Top sub-categories

Sub-category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	77 (67.4% increase compared to Q3) ↑	46 ↓ (52.6% decrease compared to Q2)
Clinical Care (Medical/Surgical)	21 (12.5% decrease) ↓	24 ↑ (20% increase)
Communication with patient/relative	9 (35.7% decrease) ↓	14 ↑ (27.3% increase)
Attitude of Medical Staff	7 (16.7% increase) ↑	6 ↑ (20% increase)
Attitude of Nursing/Midwifery	5 (66.7% increase) ↑	3 ↓ (57.1% decrease)
Clinical Care (Nursing/Midwifery)	9 (125% increase) ↑	4 ↑ (33.3% increase)
Failure to answer telephones	11 (22.2% increase) ↑	9 ↑ (50% increase)

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Complaints regarding a failure to answer telephones saw a further increase in Q4. Assurances were provided in the Q3 report that Bristol Dental Hospital had appointed further call centre staff and hoped to see a decrease in complaints in this category – they increased slightly to four complaints for Q4. Complaints in this category for Bristol Eye Hospital increased from just one in Q3 to six in Q4. There was an improvement for ENT, who saw complaints in this category decrease from four	<p>Many long term patients of Bristol Dental Hospital (BDH) still have old phone numbers for the reception desk and are continuing to ring these; the Division is trying to direct all enquiries through the call centre, which has an excellent answering rate.</p> <p>Bristol Eye Hospital (BEH) continues to experience significant pressure on telephone calls, particularly in the Emergency Department, where there are recruitment difficulties but the phones are required to be answered by a</p>	<p>A project is underway at BDH to review all patient letters, to ensure that only the call centre number is being sent to patients. A project is also underway to review activity on the reception desks (partly with a view to the centralisation of medical records) in order to try and support these areas at peak times.</p> <p>At BEH, a further skill mix review will be undertaken for the Emergency Department by the end of June 2015, in order to identify the staffing required for telephone triage of calls, due to the volume and complexity of call details – this is not in the divisional operating plan and</p>

³ 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>to one.</p> <p>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.</p>	<p>clinical member of staff in order to triage the call. This triaging service is frequently used by general practitioners who are requesting advice on some complex matters necessitating significant time on the telephone. Unfortunately, the department is not funded to provide a GP information service and these enquiries can make it difficult for patients to contact the department. In addition, during Q4, the main call centre had new staff members in post who were undergoing training. Also, as there is not an electronic patient record available to call centre staff, they often have to go and retrieve patient records in order to respond to queries appropriately.</p>	<p>alternatives therefore need to be considered, such as reducing the opening hours of the Accident & Emergency Department.</p> <p>We have reviewed the information given to patients about call centre options provided, and it would appear that this is confusing patients, resulting in them being incorrectly directed, thereby extending their calls. The options being given to patients are being reviewed by the Performance and Operations Manager during May/June 2015. The electronic patient record should help significantly, but this is not scheduled for roll-out at the Eye Hospital until the end of the phased implementation programme.</p>
<p>There was a significant increase in Q4 of complaints regarding cancelled or delayed appointments and operation, rising from 46 complaints in Q3 to 77 complaints in Q4. Of particular note were the 24 complaints in this category received by Bristol Eye Hospital; 12 by Bristol Dental Hospital, 11 by Upper GI and 10 in ENT.</p>	<p>At BDH, most of the cancellations relate to the Adult Restorative Dentistry department and this is due to long term recruitment problems.</p> <p>At BEH, complaints in this category are mostly associated with the medical retina, glaucoma and cataract clinics.</p>	<p>At BDH, interviews have been scheduled and three further members of senior staff will be recruited. This will replace two staff who have left the service and one additional post. This should have a significant positive impact upon waiting times for patients in this speciality.</p> <p>The recovery plan, to address the capacity deficit for these services at BEH is in the operating plan and recruitment is ongoing. We continue to look for alternative locations to outsource services – a mobile unit has been ordered but has a lead-in time of six months, therefore we will continue to provide additional weekend capacity wherever possible. Additional glaucoma clinics are now provided at South Bristol Community Hospital.</p> <p>We are also looking at an additional site in Weston-Super-Mare and in North Bristol / South Gloucestershire for glaucoma and medical retina services. Cataract services continue to be a challenge, with low uptake for</p>

		<p>the option to be treated at Emerson's Green. Weekend sessions are planned with a private company for cataract operations – pay rates are currently under discussion.</p>
<p>There was a small increase in Q4 in the number of complaints under the Category Type "Attitude & Communication", although there was a reduction in complaints as a proportion of activity.</p> <p>The majority of complaints in this category type were for Bristol Eye Hospital, with 18 complaints (compared to seven in Q3), followed by Bristol Dental Hospital with 11 (10 in Q3). The remainder were spread across various sites and department, with no discernible trends identified.</p>	<p>Patient expectations of what service can be offered by Bristol Dental Hospital (BDH) is a challenge. We continue to see a rise in referrals of patients with significant mental health conditions and we struggle to meet the expectations of these patients but continue to work with them on an individual basis.</p> <p>Patients attending Bristol Eye Hospital (BEH) do not always understand the role of the Emergency Department, resulting in confusion what some patients are told that they do not require our services on an emergency basis.</p> <p>Patients continue to complain about the system of referral at BEH for cataracts, as we cannot directly refer patients for cataract surgery if they are not referred to the Eye Hospital for this, due to commissioning rules.</p> <p>We continue to see a lack of understanding from patients regarding our guarded prognosis for their visual outcomes following significant pathology or surgery, i.e. they expect to have perfect sight following surgery or infection and this is often not possible.</p> <p>Another ongoing complaint theme at BEH relates to the move of pharmacy facilities to Boots in the Bristol Royal Infirmary – patients are not</p>	<p>BDH is producing a patient information leaflet to help manage patients' expectations about what can be offered - this will be enclosed with appointment letters with effect from August 2015. Individual patient issues will continue to be managed as they arise as they are all different.</p> <p>BEH is producing a new patient information leaflet for the accident and emergency service by the end of July 2015.</p> <p>The hospital has little influence over cataract referrals as we are required to manage them in this way.</p> <p>The Bristol Eye Hospital governance team is recommending that patients are copied into all correspondence regarding their condition, however there is a concern that these letters can be quite technical and that patients may not understand what is written – this will be discussed by the BEH Executive team in July 2015 in respect of giving patients a worst case scenario and documenting this at the time.</p> <p>(see response to pharmacy complaints received by Diagnostics and Therapies later in this report)</p>

	<p>happy that the pharmacy based in the Eye Hospital has closed (also see response to pharmacy complaints received by Diagnostics and Therapies later in this report)</p> <p>In addition, we find that many patients are unwilling to attend appointments outside of BEH. We have several other facilities where these services are delivered, however most patients wish to have their care needs met at BEH.</p> <p>With regards to complaints about the environment at BEH, the ground floor, third floor and theatre areas have all been the subject of ongoing negative comments around the heating/cooling system being inefficient, resulting in complaints from patients and staff.</p>	<p>The following web page has been added to the Trust site under the Bristol Eye Hospital pages. http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-eye-hospital/eye-clinic-liaison It directs patients to all of the support services available to them in the hospital and also externally – the link is being added to the new patient information leaflet as well.</p>
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3.3.2 Division of Medicine

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	4 (4.1% of total complaints) ↑	0 (0% of total complaints)
Appointments & Admissions	30 (30.6%) ↑	22 (27.8%) ↑
Attitude & Communication	29 (29.6%) ↑	23 (29.1%) ↓
Clinical Care	22 (22.4%) ↓	25 (31.6%) ↓
Facilities & Environment	7 (7.1%) ↑	4 (5.2%) ↓
Information & Support	6 (6.1%) ↑	5 (6.3%) ↑
Total	98	79

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	11 ↓ (42.1% decrease compared to Q3)	19 ↑ (280% increase compared to Q2)
Clinical Care (Medical/Surgical)	11 ↑ (22.2% decrease)	9 ↓ (30.8% decrease)
Communication with patient/relative	6 ↓ (14.3% decrease)	7 ↓ (22.2% decrease)
Attitude of Medical Staff	7 =	7 ↑ (16.7% increase)
Attitude of Nursing/Midwifery	2 ↓ (60% decrease)	5 ↓ (54.4% decrease)
Clinical Care (Nursing/Midwifery)	6 ↓ (40% decrease)	10 ↓ (37.5% decrease)

Failure to answer telephones	6 ↑ (500% increase)	1 =
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Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>There has been a significant increase in the number of complaints received in relation to a failure to answer telephones, rising from one complaint in Q3 to seven in Q4. However, apart from two complaints in this category about Ward A300 (MAU), there were no trends to suggest that this is a problem in any particular ward or department. As the complaints received about A300 (MAU) stated that phones had been “switched off”, divisional comments on this would be helpful.</p>	<p>The problem arose on Ward A300 (MAU) because the telephone had been turned to ‘mute’ during the night shift. This was the main ward telephone that is answered by the Ward Clerk and, at the end of her shift, she redirects calls so that they go to the main desk.</p>	<p>All staff have been made aware that it is not acceptable to mute any telephones.</p> <p>The Ward Clerk is now responsible for checking all telephones daily, to ensure that none are muted and that they are set at an audible level.</p>
<p>There was an increase of 36% in complaints about appointments and admissions, with a total of 30 complaints in Q4 compared to 22 in Q3 (and only 12 in Q2). This category type covers categories such as cancelled and delayed appointments and cancelled or delayed operations.</p>	<p>No discernable trends have as yet been identified within the category of appointments and admissions.</p> <p>A small number of gastroenterology clinics had to be cancelled at short notice in Q4 due to staff sickness, which contributed to overall increase.</p>	<p>The Specialty Managers are now receiving and reviewing all of the formal and informal complaints for their specialties to determine whether there are any common themes and to ensure that each complaint is individually managed to the patient’s satisfaction.</p> <p>Additional clinic sessions have been put on in identified specialties to meet demand and clinic co-ordinators have a list of patients who would like earlier appointments for when slots become available.</p>
<p>There were 10 complaints received under the category of “Discharge Arrangements”. These were spread across a variety of wards, with two relating to Ward A400 (OPAU) and two for the Emergency Department.</p>	<p>A number of these complaints relate to less than ideal communication between staff and patients.</p> <p>A small number of complaints in Q4 related to the late arrival of transport, or patients not meeting the criteria for hospital transport.</p>	<p>Improving this is a divisional patient experience objective for 2015/16, particularly around discharge planning.</p> <p>Issues around hospital transport are escalated to the South Western Ambulance Service (our commissioned provider) to ensure the information we share with</p>

		them is timely, appropriate and meets the needs of the patients.
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3.3.3 Division of Specialised Services

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	3 ↑ (3.7% of total complaints)	0 (0% of total complaints)
Appointments & Admissions	34 ↑ (41.5%)	17 (33.3%) ↓
Attitude & Communication	25 ↑ (30.5%)	10 (19.6%) ↓
Clinical Care	11 ↓ (13.4%)	20 (39.3%) ↓
Facilities & Environment	3 ↑ (3.7%)	2 (3.9%) ↓
Information & Support	6 ↑ (7.3%)	2 (3.9%) ↓
Total	82	51

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	26 ↑ (85.7% increase compared to Q3)	14 ↓ (41.7% decrease compared to Q2)
Clinical Care (Medical/Surgical)	7 ↓ (12.5% decrease)	8 ↓ (20% decrease)
Communication with patient/relative	4 ↑ (300% increase)	1 ↓ (85.7% decrease)
Attitude of Medical Staff	0 ↓ (100% decrease)	1 ↓ (66.7% decrease)
Attitude of Nursing/Midwifery	2 =	2 ↑ (100%)
Clinical Care (Nursing/Midwifery)	0 ↓ (100% decrease)	1 ↓ (83.3% decrease)
Failure to answer telephones	9 ↑ (200% increase)	3 ↑ (50% increase)

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
The Outpatient Department at Bristol Heart Institute saw a significant increase in complaints in Q4, with 41 complaints in total, compared to just nine in Q3. Of these complaints, 16 were in relation to cancelled or delayed appointments, and nine were in respect of a failure to answer telephones.	There has been an increase in the number of complaints received by this department and a review of workload and work practices is required as a result.	In response to feedback received from patients, the Waiting List Office staff have reviewed their processes and workload. Consequently, the teams have altered their timeframes that they book against, in order to reduce the number of cancelled clinics. Workload has been reviewed and realigned so that specific staff are available to answer telephones. In addition, an email address has been set up for patients to use to contact the bookings team with queries, as an alternative to the telephone.
Ward C708 received nine complaints in Q4, equal to the	These complaints reflect wider pressures in the Division with	The Division has a number of actions in place to reduce the

number received in Q3. Of these complaints, six were about appointments and admissions.	respect to the high number of cancelled operations. The high acuity and dependency within the Cardiac Intensive Care Unit has led to reduced availability for patients post-operatively, and therefore an elevated number of patients have had their operations cancelled.	number of cancellations and thereby improve patient experience. In addition, the matrons work closely with senior medical and nursing staff to see all patients who have had a procedure or surgery cancelled, to ensure that the patient is able to talk through any issues and concerns.
The Chemotherapy Day Unit/Outpatients at Bristol Haematology and Oncology Centre (BHOC) received nine complaints, a slight increase on the eight received in Q3. Of these, three complaints each were in relation to attitude and communication and clinical care and two were about appointments and admissions.	The Chemotherapy Day Unit has been experiencing an elevated percentage of vacancies and sickness, which is reflected in the patients' experience in the BHOC outpatient department.	The clinical care and staff attitude issues have been addressed directly and there is a current plan in place to resolve the staffing issues. It is therefore expected that the number of complaints will reduce. The General Manager at the BHOC is working with the administration teams to resolve the issues with booking appointments.

3.3.4 Division of Women & Children

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	4 ↑ (4.4% of total complaints)	1 (1% of total complaints) ↑
Appointments & Admissions	23 ↓ (25.6%)	33 (34.1%) ↑
Attitude & Communication	22 ↑ (24.4%)	21 (21.6%) ↑
Clinical Care	39 ↑ (43.3%)	37 (38.1%) ↓
Facilities & Environment	0 ↓ (0%)	5 (5.2%) ↑
Information & Support	2 ↑ (2.2%)	0 (0%) ↓
Total	90	97

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	24 ↓ (20% decrease compared to Q3)	30 ↓ (9.1% decrease compared to Q2)
Clinical Care (Medical/Surgical)	17 ↓ (10.5% decrease)	19 ↑ (26.7% increase)
Communication with patient/relative	6 ↑ (100% increase)	3 ↓ (62.5% decrease)
Attitude of Medical Staff	7 ↑ (600% increase)	1 ↓ (83.3% decrease)
Attitude of Nursing/Midwifery	3 ↓ (25% decrease)	4 ↓ (20% decrease)
Clinical Care (Nursing/Midwifery)	12 ↑ (9.1% increase)	11 ↓ (8.3% decrease)
Failure to answer telephones	0 ↓ (100%)	3 ↑ (200% increase)

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>The Paediatric Orthopaedic Clinic received 12 complaints in Q4. Of these, seven complaints were in respect of appointments and admissions, and two each were about attitude and communication and clinical care.</p> <p>In total, there were 35 complaints about paediatric outpatient services in Q4, which equates to almost 40% of the total complaints received by the Division.</p>	<p>Complaints have focused on delays/waiting times for appointments and admissions.</p> <p>Complaints about attitude, communication and clinical care do not seem to be recurring themes.</p> <p>A lot of our services are largely outpatient based; there is no one clear theme emerging but a range of issues under this umbrella term (as the services named are largely outpatient based).</p>	<p>Additional capacity is being created in outpatients and theatres to reduce waiting times. We are also expediting appointments when families have concerns. Feedback is given to the families concerned and we continue to monitor complaints for any trends.</p> <p>Complaints themes are reviewed with speciality teams with particularly high complaint numbers; in surgery, these relate to paediatric orthopaedics and in medicine they relate to neurology and gastroenterology.</p>
<p>There were no discernible trends for complaints received by St Michael's Hospital with the exception of Gynaecology Outpatients, who received five complaints, one of which was a formal complaint. Of these complaints, two each were in respect of appointments and admissions and attitude and communication and one was about clinical care.</p> <p>Maternity services received nine complaints, five of which were in respect of clinical care.</p>	<p>The formal complaint about the delayed appointment for the gynaecology patient was due to a referral to the urology team at North Bristol NHS Trust (NBT) that was mislaid on the system.</p> <p>The complaints about clinical care are often about patients not understanding what and why certain procedures have happened to them.</p>	<p>NBT is aware of the issue and is dealing with it.</p> <p>The Head of Midwifery/Nursing meets when appropriate with the complainant and the consultant to explain and clarify procedures. Community midwives are also being encouraged to ask women about their labour at the first post-natal visit and explain anything that the woman does not understand.</p> <p>All complaints are fed back to staff at team meetings and action plans are written where appropriate.</p>

3.3.5 Division of Diagnostics & Therapies

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	2 = (8.7% of total complaints)	2 (9.1% of total complaints) ↓
Appointments & Admissions	4 ↓ (17.4%)	7 (31.8%) ↓
Attitude & Communication	6 = (26.1%)	6 (27.3%) ↓
Clinical Care	9 ↑ (39.1%)	4 (18.2%) ↓
Facilities & Environment	1 ↑ (4.3%)	0 (0%) ↓
Information & Support	1 ↓ (4.3%)	3 (13.6%) ↑
Total	23	22

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 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 Q4 data

Concern	Explanation	Action
Radiology services received eight complaints, four of which were in respect of attitude and communication, three were about clinical care and one was a request for information and support.	<p>Of the four complaints relating to attitude and communication, one was formal and related to the attitude of an agency sonographer towards a patient. The patient requested not to be seen by that sonographer again.</p> <p>Of the three informal complaints regarding attitude and communication, the first related to communication with a patient regarding the outsourcing of their scan to Emerson's Green. They were unhappy that their details had been passed to a third party and did not wish to have their scan there.</p> <p>The second informal complaint</p>	<p>The sonographer apologised, reflected on the impact of their behaviour on the patient and has made improvements to ensure no other patients are treated in the same manner. A different sonographer scanned patient when they next attended the department in line with the patient's request.</p> <p>For the first informal complaint, the patient was called by Superintendent Radiographer. Their appointment was rearranged at the Bristol Royal Infirmary (BRI). Practice has been changed so that appointment staff now call patients to check if they are willing to go to Emerson's Green before their details are passed on.</p> <p>For the second informal complaint</p>

	<p>related to a patient who had received an MRI appointment letter that was not for her.</p> <p>The third informal complaint related to a patient's over-exposure to radiation and was brought to the department's attention through the Patient Support and Complaints Team, who had received an email from the Care Quality Commission.</p> <p>Of the three clinical care complaints, two were formal and one was informal. The first formal complaint related to a patient who had fallen whilst getting onto a CT table. The second formal complaint related to a telephone call received about a patient scan where the results had not been received.</p> <p>The informal complaint regarding clinical care related to a member of staff treating a patient roughly when putting in a cannula.</p>	<p>it was found that the patient's details had been changed on Medway (which feeds Radiology's CRIS) by a clerk in the Eye Hospital. The complaint was subsequently reassigned to the Eye Hospital for investigation.</p> <p>The third informal complaint was referred to the Patient Safety Team as an incident. The patient did not wish to pursue this through the complaints process and the Patient Safety Team has therefore followed this up with the Division and the investigation is ongoing.</p> <p>Upon investigating the first formal clinical care complaint, the radiology department was unable to find any record of the patient having had a CT on the day in question, and staff could not recollect any incident involving the patient. The complainant was informed that based on the Trust's information it was not possible to corroborate their husband's fall. They were advised of the Fallsafe programme that is in place and that where incidents such as falls do occur, they are recorded and appropriate action is taken to prevent reoccurrences.</p> <p>For the second formal complaint the department gave the Patient Support and Complaints Team information on how the patient could contact the referrer who would be able to pass on their results. For this complaint an apology was made and a losses and compensation claim form was processed to cover expenses claimed.</p> <p>For the informal clinical care complaint, the department apologised for the poor patient experience, explained how the cannulation process should usually work and the difficulties associated with her case, and offered further</p>
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<p>Pharmacy services received five complaints, three of which were about the service not being available at Bristol Eye Hospital and two were in respect of medication not being received.</p>	<p>The outpatient dispensing service for UH Bristol is now provided by Boots the Chemist at a purpose-built facility in the recent development at the entrance of Bristol Royal Infirmary (BRI). The service was introduced during 2014, with the service to Bristol Eye Hospital (BEH) commencing in June. Prior to this, patient groups were consulted about the proposed changes, and plans were adapted from the feedback received. A monthly performance review meeting is held with Boots, at which all aspects of service delivery, including patient complaints, are reviewed and addressed. A number of patient complaints received in Q4 related to the decision by the Trust to outsource the outpatient dispensing service, whilst others related to the delivery of the service. The complaints relating to the Trust's decision mainly arose from patients being treated at BEH, so the focus of attention has been to meet the specific needs of patients being treated in this area.</p> <p>The two complaints concerning medication not being received related to patients who were being treated at Bristol Haematology and Oncology Centre (BHOC). When these complaints were investigated, it was noted that the medicines had been issued to the correct clinical area but could not be located in the clinic when the patients arrived for their appointments.</p>	<p>support.</p> <p>The service provided by Boots PLC aims to deliver a better experience for patients in a number of ways, with options including delivery of the prescription to a local branch of Boots for collection at a convenient time, or prompt dispensing in a comfortable patient waiting area. We received comments about the vulnerability of a number of visually impaired patients so have worked to improve our communication with staff and patients regarding the range of options available. There are 'drop boxes' in clinic areas to avoid patients having to visit the BRI Boots location, and the hospital pharmacy service at BEH can still be used for urgently required items where patients find difficulty accessing the Boots service. There is also a home delivery service available if necessary. Our feedback has been that since these measures have been more clearly understood, the needs of the majority of patients are being met.</p> <p>In the context of the two prescriptions that could not be located in the clinical area by hospital staff, the department has reviewed the supply arrangements with the BHOC team to ensure that there is clarity with regard to all aspects of ordering and supply. This has reduced the likelihood of any reoccurrence of such problems.</p>
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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 – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Bristol Royal Infirmary (BRI)	192 (37.1% of total complaints) ↑	180 (42.8% of total complaints) ↓
Bristol Eye Hospital (BEH)	71 (13.7%) ↑	36 (8.6%) ↓
Bristol Dental Hospital (BDH)	37 (7.2%) ↑	25 (5.9%) ↓
St Michael's Hospital (STMH)	50 (9.7%) ↓	54 (12.8%) ↑
Bristol Heart Institute (BHI)	67 (13%) ↑	41 (9.7%) ↓
Bristol Haematology & Oncology Centre (BHOC)	21 (4.1%) ↑	13 (3.1%) ↓
Bristol Royal Hospital for Children (BRHC)	71 (13.7%) ↑	70 (16.6%) ↓
South Bristol Community Hospital (inc. Homeopathic Outpatients) (SBCH)	8 (1.5%) ↑	2 (0.5%) ↓
Total	517	421

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 Q4, the Bristol Royal Hospital for Children (BRHC) accounted for 14.2% of the total attendances and received 13.7% of all complaints

Site	No. of Complaints	No. of Attendances	Complaints Rate	Percentage of Attendances	Percentage of Complaints
BRI	192	56,745	0.34%	30.4%	37.1%
BEH	71	30,031	0.24%	16.1%	13.7%
BDH	37	22,897	0.16%	12.3%	7.2%
STMH	50	22,214	0.23%	11.9%	9.7%
BHI	67	4,476	1.50%	2.4%	13.0%
BHOC	21	16,153	0.13%	8.7%	4.1%
BRHC	71	26,479	0.27%	14.2%	13.7%
SBCH	8	7,725	0.10%	4.1%	1.5%
TOTAL	517	186,720	0.28%		

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, with the exception of Diagnostics and Therapies, reported breaches in Quarter 4, totalling 25 breaches, which represents an improvement on Quarter 3.

	Q4 2014/15	Q3 2014/15	Q2 2014/15	Q1 2014/15
Surgery Head and Neck	8 (11.6%)	12 (14.6%)	5 (7.1%)	9 (14.3%)
Medicine	5 (14.7%)	10 (23.8%)	4 (11.1%)	7 (21.2%)
Specialised Services	1 (5.6%)	4 (15.4%)	1 (4.3%)	2 (8.7%)
Women and Children	11 (23.9%)	6 (12.5%)	8 (17%)	6 (19.4%)
Diagnostics & Therapies	0 (0%)	0 (0%)	1 (11.1%)	0 (0%)
All	25 breaches	32 breaches	19 breaches	24 breaches

(So, as an example, there were 11 breaches of timescale in the Division of Women & Children in Q4, which constituted 23.9% of the complaints responses that had been due in Q4.)

Breaches of timescale were caused either by late receipt of final draft responses from Divisions which did not allow adequate time for Executive review and sign-off, delays in processing by the Patient Support and Complaints team, or by delays during the sign-off process itself. Sources of delay are shown in the table below. In Q4, the three 'other' breaches were due to delays in other organisations providing their input to the Trust's response.

	Source of delays (Q4, 2014/2015)				Totals
	Division	Patient Support and Complaints Team	Executive sign-off	Other	
Surgery Head and Neck	6	0	1	1	8
Medicine	3	0	2	0	5
Specialised Services	1	0	0	0	1
Women and Children	7	0	2	2	11
Diagnostics & Therapies	0	0	0	0	0
All	17 breaches	0 breaches	5 breaches	3 breaches	25

Ongoing actions previously agreed via Patient Experience Group:

- Key Performance Indicators have been agreed in respect of turnaround times for the Patient Support and Complaints Team and for the Executives, in addition to the four working days allowed for the Divisions. The Patient Support and Complaints Team must send the response letter to the Executives for signing within 24 hours of receipt from the Division. The Executives then have up to three working days (maximum) to review, sign and return the response to the Patient Support and Complaints Team. Compliance with these KPIs will be reported on with effect from the Q1 2015/16 Complaints Report.
- Divisions have been reminded of the importance of providing the Patient Support and Complaints Team with draft final response letters at least four working days prior to the date they are due with the complainant. The deadline for receipt of the response by the Patient Support & Complaints Team is 10am on the due date.
- The Patient Support and Complaints Team continues to actively follow up Divisions if responses are not received on time; Divisional staff are also reminded of the need to contact the complainant to agree an extension to the deadline if necessary.
- Longer deadlines are agreed with Divisions if the complainant requests a meeting rather than a written response. This allows for the additional time needed to co-ordinate the diaries of clinical staff required to attend these meetings.

- An escalation process is in place, to be followed by the Patient Support and Complaints Team in the event that divisional staff fail to respond by agreed deadlines to requests for assistance in resolving informal complaints. The agreed process is that the PSCT caseworker will chase the relevant person once if they have not responded (or updated on progress) by the agreed date, and they will then escalate to the relevant Head of Nursing. If the Head of Nursing does not respond, the PSCT caseworker will again chase them once before escalating to the relevant Divisional Director. If there is still no response, the PSCT caseworker will refer the complaint to the Divisional Director once and then escalate to the Chief Nurse if no response is received. Common sense and discretion are applied when invoking this process, to allow for the possibility that someone may be on annual leave, off sick or otherwise unavailable.
- Ongoing vigilance to avoid any delays by Patient Support and Complaints Team.

3.6 Number of dissatisfied complainants

As reported in section 1, there were 25 cases in Q4 where complainants were dissatisfied with the quality of the Trust's response: a slight increase on the 24 received in Q3.

	Q4 2014/15	Q3 2014/15	Q2 2014/15	Q1 2014/15
Surgery Head and Neck	17	11	6	8
Medicine	3	1	1	5
Specialised Services	1	4	5	2
Women and Children	4	7	2	5
Diagnostics & Therapies	0	1	0	1
All	25	24	14	21

The Division of Surgery, Head & Neck have commented as follows regarding the high number of dissatisfied cases they dealt with in Q4:

“The Division is disappointed to see this level of dissatisfied cases, particularly in view of rigorous checking of draft complaints responses at divisional and corporate level. This will be discussed at the Division's clinical governance meeting in July 2015, with a view to reviewing the dissatisfied cases to identify themes and share learning from them. There is also an opportunity to discuss these cases further at the divisional complaints training sessions booked for September and October 2015. The decrease in dissatisfied cases for the Division in April and May 2015 (only two cases in each month) suggests that the high numbers in Q4 were a non-recurring anomaly which the Division will work hard to avoid repeating.”

Ongoing actions previously agreed via Patient Experience Group:

- Divisions are notified of any case where the complainant is dissatisfied. The 25 cases recorded in Q4 have now either been responded to in full, or have had revised response deadlines agreed with the complainants.
- The Patient Support and Complaints Team continues to monitor response letters to ensure that all aspects of each complaint have been fully addressed – there has recently been an increase in the number of draft responses which the Patient Support and Complaints Team has queried with Divisions prior to submitting for sign-off.
- 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 letter signed

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

- Training on investigating complaints and writing response letters has been delivered to the Divisions of Specialised Services and Facilities & Estates, with dates confirmed for the remainder of Divisions to receive this training between June and October 2015. The training delivered so far has been well received, with positive feedback from attendees.
- Trust-level complaints data is replicated at divisional level to enable Divisions to monitor progress and identify areas where improvements are needed. This data is also used in quarterly Divisional performance reviews.

4. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with the help and support including:

- Non-clinical information and advice;
- A contact point for patients who wish to feedback a compliment or general information about the Trust's services;
- Support for patients with additional support needs and their families/carers; and
- Signposting to other services and organisations.

In Q4, the team dealt with 178 such enquiries, compared to 135 in Q3. These enquiries can be categorised as:

- 110 requests for advice and information (96 in Q3)
- 49 compliments (32 in Q3)
- 19 requests for support (7 in Q3)

5. PHSO cases

During Q4, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in four new complaints (compared to two in Q3 and one in Q2), as follows:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
15464	JR	LM-J	10/04/2014	BHI	Ward C708	Specialised Services
Contacted by PHSO January 2015. PHSO reviewed complaints file and felt that it was premature to investigate at that stage and that the Trust should have the opportunity to provide a further response. Currently waiting for Division to provide dissatisfied response.						
15213	WE	VE	10/03/2014	BHOC	Chemotherapy Day Unit/ Outpatients	Specialised Services
Copy of complaint file, correspondence and medical records sent to PHSO on 23/03/2015. Currently awaiting further contact as to their decision whether to investigate.						
12548		CM	05/02/2013	BRI	Upper GI	Surgery, Head & Neck
Copy of complaint file, correspondence and medical records sent to PHSO on 23/03/2015 and acknowledged by them on 25/03/2015. Currently awaiting further contact as to their decision whether to investigate.						

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 15/05/2015. Further letter from PHSO 22/05/2015 outlining the scope of their investigation and advising that they will contact us again if they require any further information from us.						

One PHSO case (13987) was closed in Q4 with the PHSO confirming that the Trust had complied with all of their recommendations and that no further action would be taken.

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 – Q4 2014/15
0-15	77
16-24	28
25-29	24
30-34	22
35-39	22
40-44	18
45-49	34
50-54	32
55-59	44
60-64	34
65+	182
Not Known	0
Total Complaints	517

6.2 Ethnic Group

Ethnic Group	Number of Complaints Received – Q4 2014/15
Any Other Ethnic Group	2
Any Other Mixed Background	2
Any Other White Background	17
Asian - Indian or British Indian	1
Asian - Pakistani or British Pakistani	1
Asian Or Asian British - Any Other Asian Background	1
Asian Or Asian British - Pakistani	3

Black - any other black background	1
Black Or Black British - African	3
Black Or Black British - Any Other Black Background	1
Black Or Black British - Caribbean	3
Chinese	2
Indian or British Indian	2
Mixed - Any Other Mixed Background	3
Mixed - White And Asian	3
Mixed - White And Black African	1
Mixed - White And Black Caribbean	3
White - British	407
White - Irish	3
Not Collected At this Time	32
Not Stated/Given	23
Unknown	3
Total Complaints	517

6.3 Religion

Religion	(Christian denomination)	Number of Complaints Received – Q4 2014/15
Christian	Anglican (1) / Church of England (170)	171
	Baptist	8
	Catholic – Not Roman Catholic	3
	'Christian'	32
	Congregationalist	1
	Elim Pentecostalist	1
	Greek Orthodox	1
	New Apostolic Church	1
	Protestant	1
	Roman Catholic	33
	United Reformed	3
	<i>(Total Christian)</i>	<i>(255)</i>
Buddhist		2
Hindu		2
Jehovah's Witness		2
Methodist		9
Muslim		6
Pagan		1
Atheist		5
No Religious Affiliation		124
Other		2
Unknown		109
Total Complaints		517

6.4 Civil Status

Civil Status	Number of Complaints Received – Q4 2014/15
Co-habiting	12
Divorced/Dissolved Civil Partnership	24
Married/Civil Partnership	200
Separated	3
Single	180
Unknown	73
Widowed/Surviving Civil Partner	25
Total Complaints	517

6.5 Gender

Of the 517 complaints received in Q4 2014/15, 269 (52%) of the patients involved were female and 248 (48%) were male.
