

Complaints Report

Quarter 4, 2016/2017

(1 January 2017 to 31 March 2017)

Authors: Louise Townsend, Acting Patient Support and Complaints Manager
Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)

Overview

Successes	Priorities
<ul style="list-style-type: none"> • Although the total number of complaints received in Quarter was 11% more than in Quarter 3, it was significantly less than in Quarter 2, and 8% less than the corresponding quarter one year previously. • In quarter 4, complaints about cancelled/delayed appointments and operations fell to a historical low of 54. The Trust also received only 66 complaints in quarter 3; this was the first time the quarterly total for this reporting theme had fallen below 100 since the third quarter of 2013/14. • Complaints about failure to answer telephones fell for a third consecutive quarter, returning to its lowest (best) point since the third quarter of 2015/16. • Complaints about Trauma and Orthopaedics fell significantly to 14 in quarter 4 compared to 37 in quarter 3. • No formal complaints were received by the Diagnostics and Therapies division in February and March 2017. • No cases referred to the Ombudsman were upheld against the Trust in quarter 4. 	<ul style="list-style-type: none"> • To re-focus on ensuring timely complaints responses – in quarter 4, 86.0% of formal complaints were responded to within the agreed timeframe. • To continue to focus on getting the tone and substance of response letters right. Despite our efforts, in 2016/17 as a whole, more complainants expressed dissatisfaction with our initial response to their formal complaints than in 2015/16 (65 compared to 59).
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • To bring more detailed monitoring of informal complaints into the quarterly reporting process. From Quarter 1 2017/18 onwards, we will start to report on divisional performance in responding to informal complaints within timescale. • To establish a new complaint review panel. • To continue to work with the Patients Association to develop a potential model for external patient advocacy for high-risk complaints. 	<ul style="list-style-type: none"> • Complaints about Specialised Services division increased significantly in Q4, driven largely by increases in complaints about outpatient services and the waiting list office, both at the Bristol Heart Institute. • Complaints about Bristol Dental Hospital rose in quarter 4 following previous reductions. This was largely driven by increases in complaints about the Administration Department and Oral Surgery Department.

1. 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; and
- Numbers of complainants who are dissatisfied with our response.

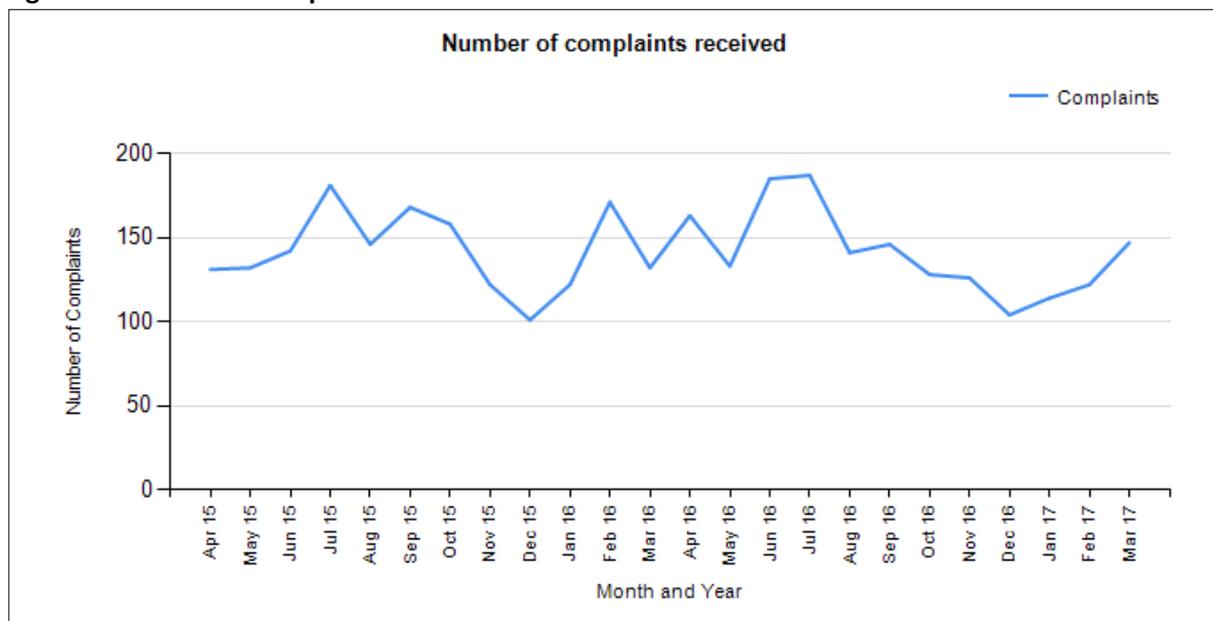
1.1 Total complaints received

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 441 complaints in Q4, which equates to 0.20% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹. This figure does not include concerns which may have been raised by patients and dealt with immediately by front line staff. The number of complaints received in Q4 represents an increase of 11% compared to Q3 and an 8% decrease on the corresponding period one year previously.

Figure 1 shows the pattern of complaints received in the last 22 months. Figure 2 shows the complaints received as a percentage of patient activity and Figure 3 shows the numbers of complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process.

Figure 1: Number of complaints received



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.

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

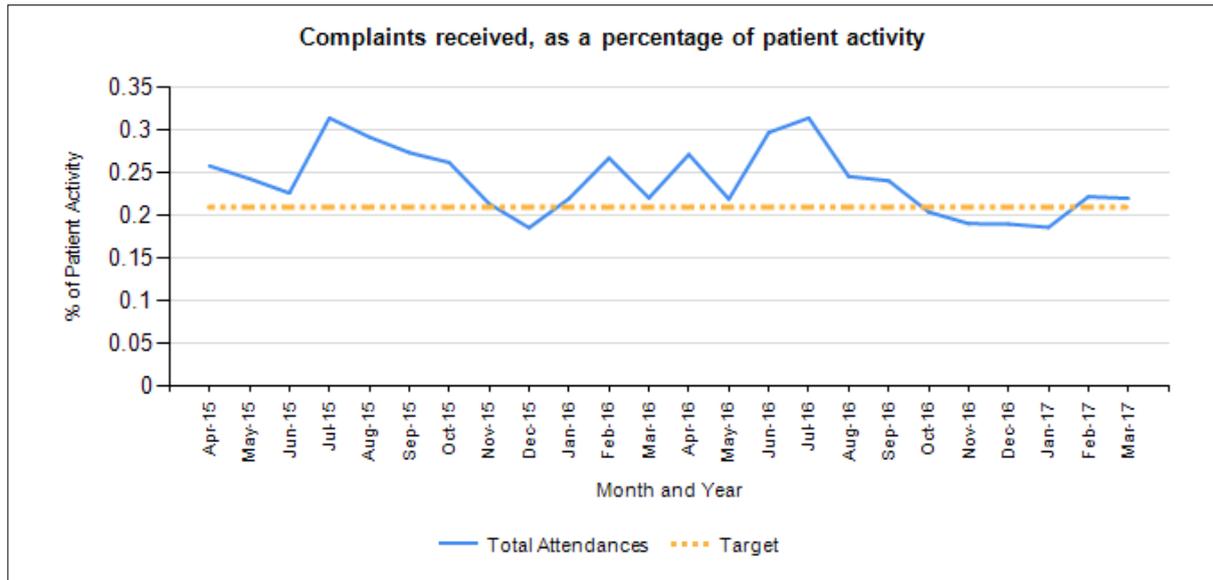
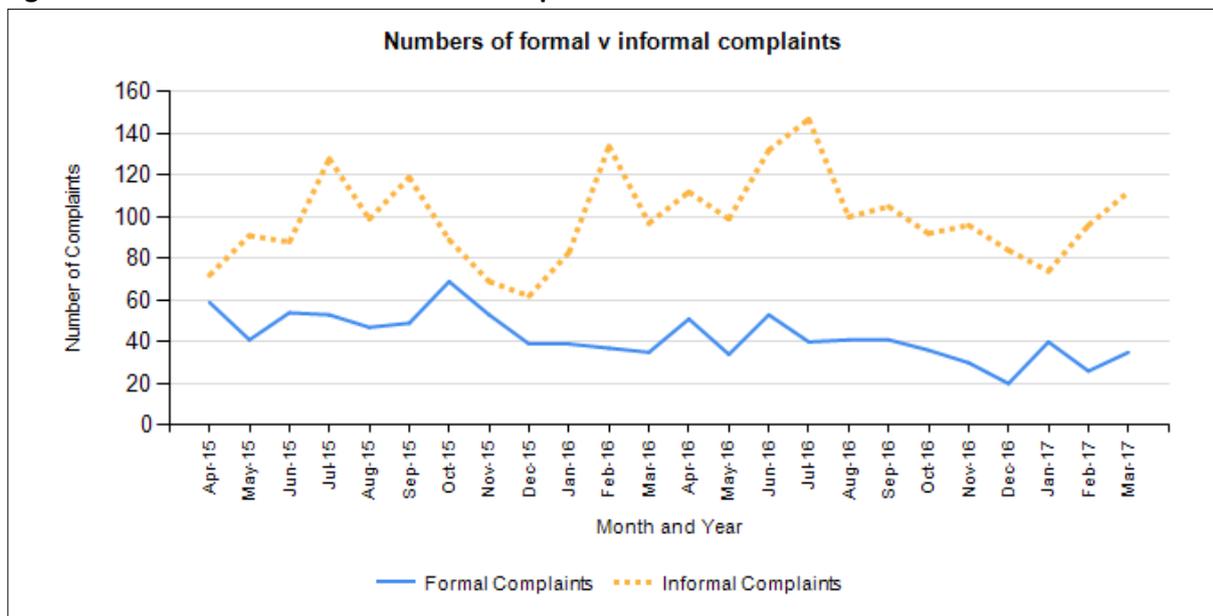


Figure 3: Numbers of formal v informal complaints



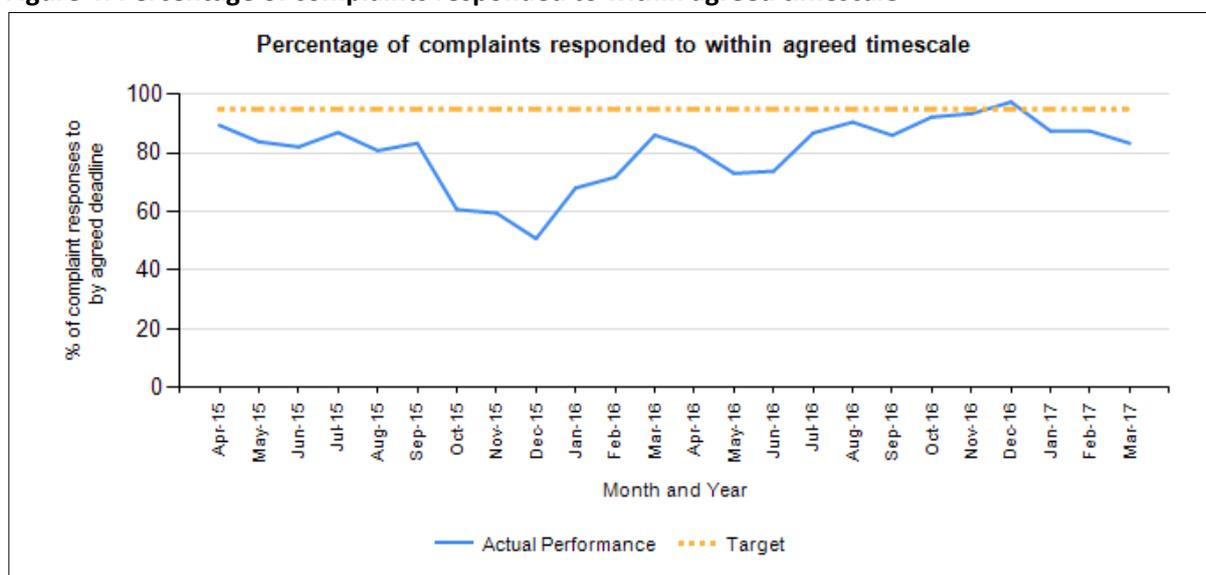
1.2 Complaints responses within agreed timescale

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 complaints within the agreed timescale. The end point is measured as the date when the Trust’s response is posted to the complainant. In Q4, 86.0% of responses were posted within the agreed timescale, compared to 94.2% in Q3, 88.1% in Q2, and 76.2% in Q1. This represents 19 breaches out of 136 formal complaints which were due to receive a

response during Q4². Figure 4 shows the Trust’s performance in responding to complaints since February 2016.

Figure 4: Percentage of complaints responded to within agreed timescale



1.3 Dissatisfied complaints

Reducing numbers of dissatisfied complainants was one of the Trust’s corporate quality objectives for 2015/16 and has remained a priority throughout 2016/17. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are then dissatisfied with the quality of our investigation into and response to 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 to 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 complaint³.

The way in which dissatisfied cases are reported is expressed as a percentage of the responses the Trust has sent out in any given month. Since Q3 2015/16, our target has been for less than 5% of complainants to be dissatisfied. This data is now reported two months’ in arrears in order to capture the majority of cases where complainants tell us they were not happy with our response.

In Q4, of the 48 responses sent out in January 2017 and by the cut-off point of mid-April 2017 (the date on which the dissatisfied data for January 2017 was finalised), seven people had contacted us to say they were dissatisfied. This represents 14.6% of the responses sent out that month. Previously, in Q3, of a total of 139 responses sent out in the quarter, 15 had received a dissatisfied response at the point when monthly data was frozen for board reporting. This represents 10.1% of the responses sent out.

Figure 5 shows the percentage of complainants who were dissatisfied with aspects of our complaints response up until January 2017.

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

³ Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

Table 2: Complaints performance

Items in italics are reportable to the Trust Board. Other data items are for internal monitoring/reporting to the Patient Experience Group where appropriate.

		Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Total complaints received (inc. TS and F&E from April 2013)	TOTAL	150	176	147	199	200	155	162	140	139	118	129	144	168
	Formal	39	54	36	57	44	45	45	41	32	24	40	30	39
	Informal	111	122	111	142	156	110	117	99	107	94	89	114	129
<i>Number & % of complaints per patient attendance in the month</i>	%	0.22%	0.27%	0.22%	0.30%	0.31%	0.25%	0.24%	0.20%	0.19%	0.19%	0.19%	0.22%	0.22%
	<i>Complaints</i>	150	176	147	199	200	155	162	140	139	118	129	144	168
	<i>Attendances</i>	67,932	64,750	66,973	66,816	63,580	63,073	67,371	68,647	73,004	62,047	69,202	64,798	76,321
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	%	86.1%	81.6%	73.1%	73.8%	86.8%	90.6%	86.0%	92.3%	93.4%	97.4%	87.5%	87.5%	83.3%
	<i>Within timescale</i>	31	40	38	31	33	48	37	36	57	38	42	35	40
	<i>Total</i>	36	49	52	42	38	53	43	39	61	39	48	40	48
% responded to by <u>Division</u> within required timescale for executive review	%	100.0%	87.8%	92.3%	95.2%	89.5%	94.3%	81.4%	92.3%	85.2%	76.9%	85.4%	85.0%	72.9%
	Within timescale	36	43	48	40	34	50	35	36	52	30	41	34	35
	Total	36	49	52	42	38	53	43	39	61	39	48	40	48
Number of breached cases where the breached deadline is attributable to Division	Attributable to Division	5	3	8	7	4	4	4	2	3	1	3	1	5
	Total Breaches	5	9	14	11	5	5	6	3	4	1	6	5	8
Number of extensions to originally agreed timescale (formal investigation process only)		25	21	8	11	15	18	12	15	16	13	16	11	15
Informal Complaints														
% responded to within the agreed timescale (i.e. Division to make contact with the complainant)	%	-	-	-	-	-	-	-	-	-	-	-	-	-
	Within timescale	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-
Number of breached cases	Total Breaches	-	-	-	-	-	-	-	-	-	-	-	-	-
Number of extensions to originally agreed timescale (<i>Informal investigation process only</i>)		-	-	-	-	-	-	-	-	-	-	-	-	-
<i>% of complainants dissatisfied with response and case re-opened</i>	%	8.3%	8.2%	9.6%	16.7%	10.5%	13.2%	18.6%	0.0%	14.8%	12.8%	14.6%	10.0%	-
	<i>Reopened Dissatisfied</i>	3	4	5	7	4	7	8	0	9	5	7	4	-
	<i>Total Responses Due</i>	36	49	52	42	38	53	43	39	61	39	48	40	-

For each case where a complainant advises they are dissatisfied, the case is reviewed by a Patient Support and Complaints Officer, leading to one of the following courses of action, according to the complainant’s preference:

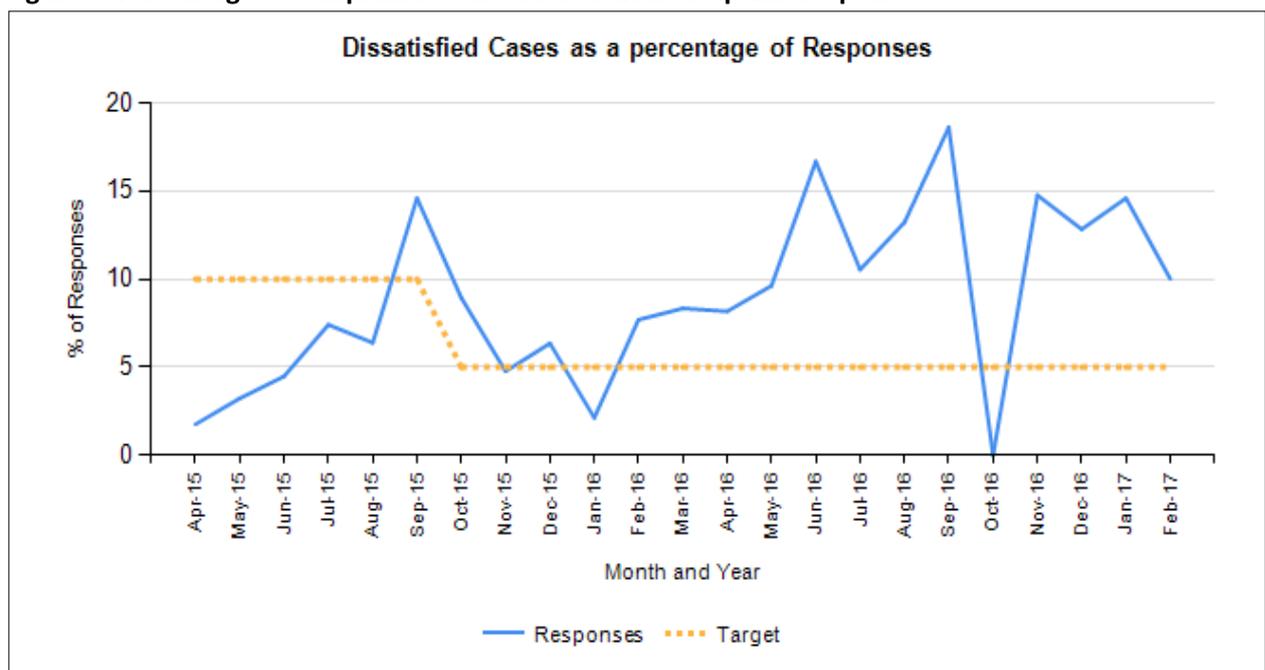
- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues;
- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues
- On rare occasions, a letter may be 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 Ombudsman to independently review their complaint. This option might be appropriate if, for example, if a complainant was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

In the event that we do not have enough information to initiate the process outlined above, the allocated caseworker from the Patient Support and Complaints Team will contact the complainant to clarify which issues remain unresolved and, where possible, identify 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, the draft is reviewed by the Patient Support and Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to an Executive Director 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 an Executive Director (usually the Chief Nurse) to review. As part of the escalation, Divisions are asked to consider whether some form of independent input might assist with achieving resolution and to discuss this with the Executive Director.

Figure 5: Percentage of complainants dissatisfied with complaint response



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 3 provides a breakdown of complaints received in Q4 2016/17 compared to Q3 2016/17. In Q4, complaints in most of the major categories/themes increased, including appointments and admissions (increased from 118 complaints to 132), attitude and communication (99 to 104) and clinical care (104 to 126). Complaints about discharge/transfer/transport reduced in Q4 (20 to 15). However the level of complaints reported in each category was lower than in Q2, when a total of 517 complaints were received.

Table 3: Complaints by category/theme

Category/Theme	Number of complaints received in Q4 (2016/17)	Number of complaints received in Q3 (2016/17)
Access	0 (0%) ↓	1 (0.2%) ↓
Appointments & Admissions	132 (29.9%) ↑	118 (29.7%) ↓
Attitude & Communication	104 (23.6%) ↑	99 (24.9%) ↓
Clinical Care	126 (28.6%) ↑	104 (26.2%) ↓
Discharge/Transfer/Transport	15 (3.4%) ↓	20 (5.3%) ↓
Documentation	4 (0.9%) ↑	3 (0.7%) =
Facilities & Environment	21 (4.8%) ↑	20 (5.3%) ↓
Information & Support	39 (8.8%) ↑	32 (8.6%) =
Total	441	397

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 4 lists the ten most consistently reported sub-categories. In total, these sub-categories account for approximately two thirds of the complaints received in Q4 (397/517).

Table 4: Complaints by sub-category

Sub-category	Number of complaints received in Q4 (2016/17)	Q3 (2016/17)	Q2 (2016/17)	Q1 (2016/17)
Cancelled/delayed appointments and operations	54 ↓ (18.2% decrease compared to Q3)	66	106	142
Communication with patient/relative	20 ↓ (20% decrease compared to Q3)	25	23	34
Clinical Care (Medical/Surgical)	70 ↑ (29.6% increase compared to Q3)	54	60	70
Failure to answer telephones/failure to respond	22 ↓ (8.3% decrease compared to Q3)	24	27	34
Clinical Care (Nursing/Midwifery)	13 =	13	19	22
Attitude of Medical Staff	27 ↑ (92.8% increase compared to Q3)	14	24	23
Attitude of Admin/Clerical Staff	18 ↑ (63.6% increase compared to Q3)	11	11	16

Attitude of Nursing Staff	4 ↓ (20% decrease compared to Q3)	5	17	12
Appointment Administration Issues (<i>new sub-category</i>)	35 ↑ (57.1% increase compared to Q3)	15	38	20
Transport (Late/Non Arrival/Inappropriate)	2 =	2	11	6

Complaints about ‘cancelled or delayed appointments or operations/procedures’ and ‘failure to answer telephones/failure to respond’ have reduced for three consecutive quarters. In other sub-categories, levels of complaints in Q4 tended to revert to those reported prior to Q3. The data in Table 3 suggests a possible upturn in complaints about staff attitude – we will continue to monitor this and will undertake a more detailed analysis if the reporting pattern is sustained in Q1 of 2017/18.

Figures 6, 7, and 8 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since March 2016.

Figure 6: Cancelled or delayed appointments and operations

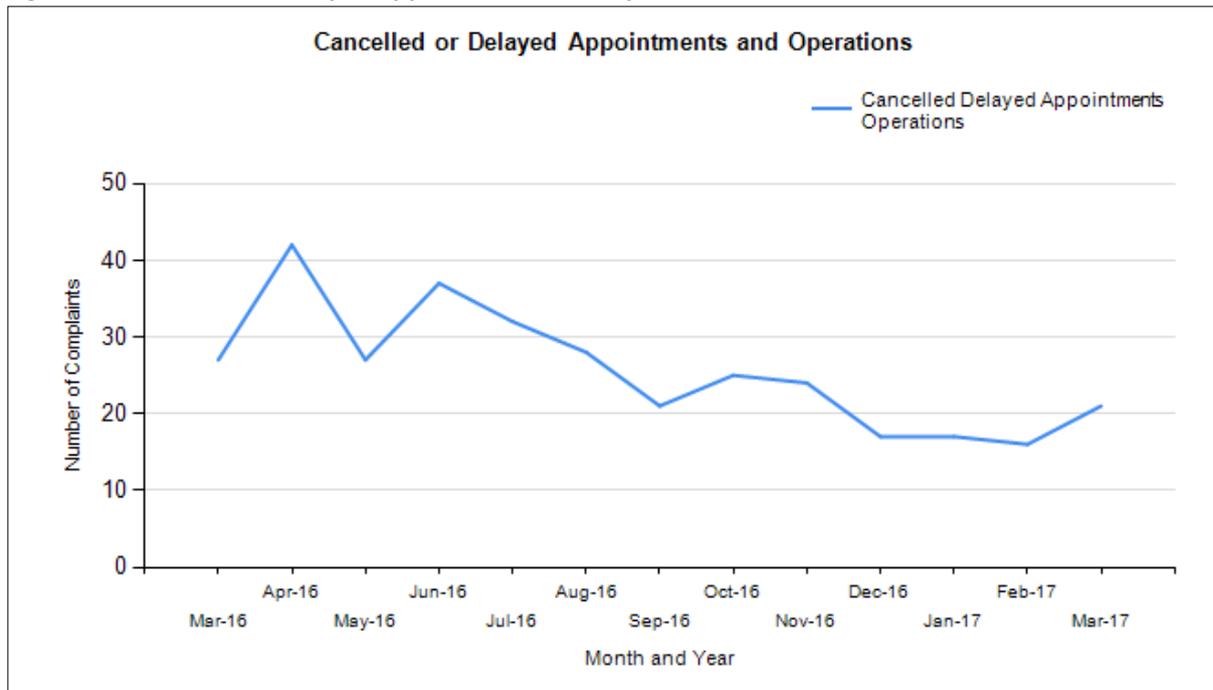


Figure 7: Clinical care – Medical/Surgical

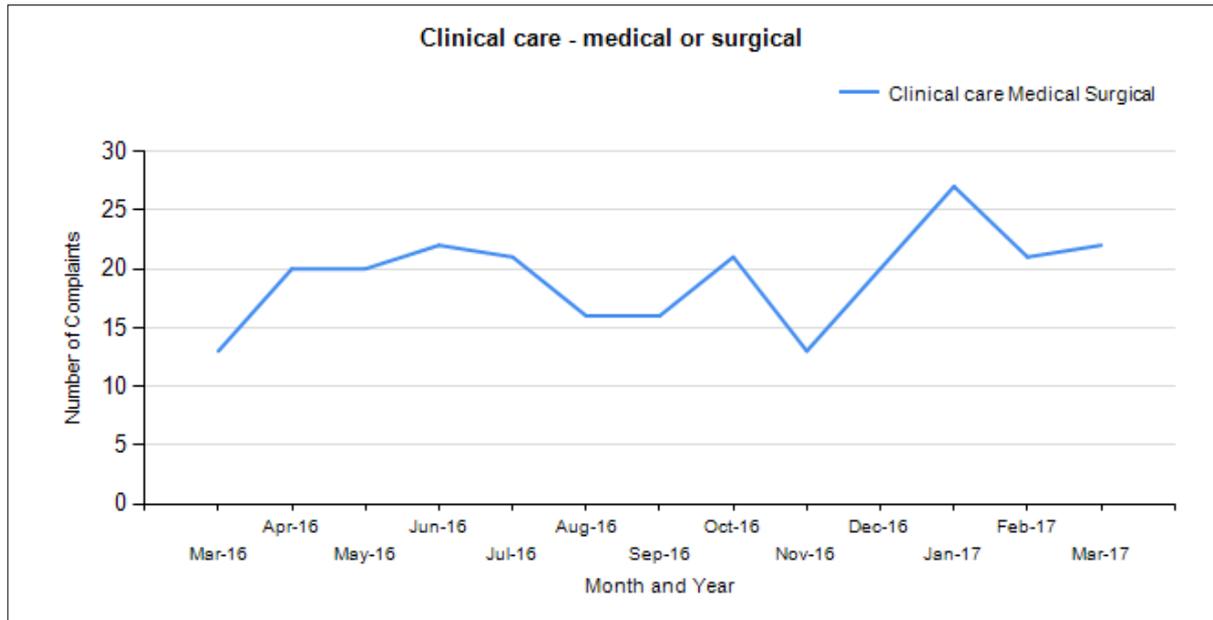
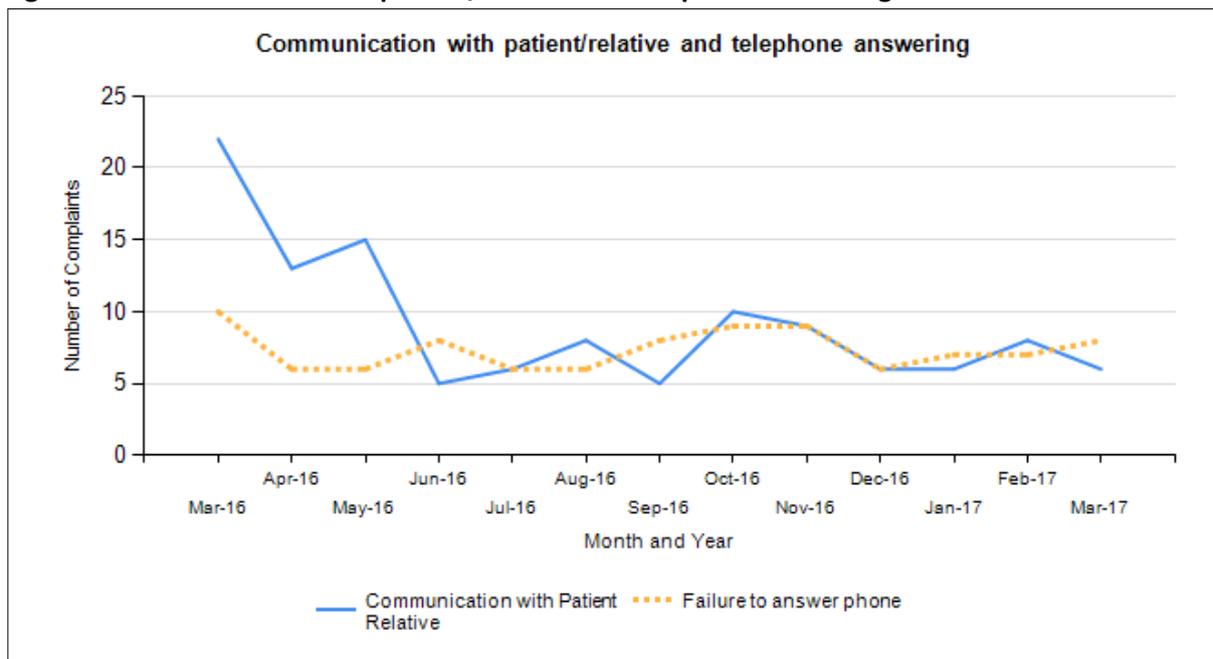


Figure 8: Communication with patient/relative and telephone answering

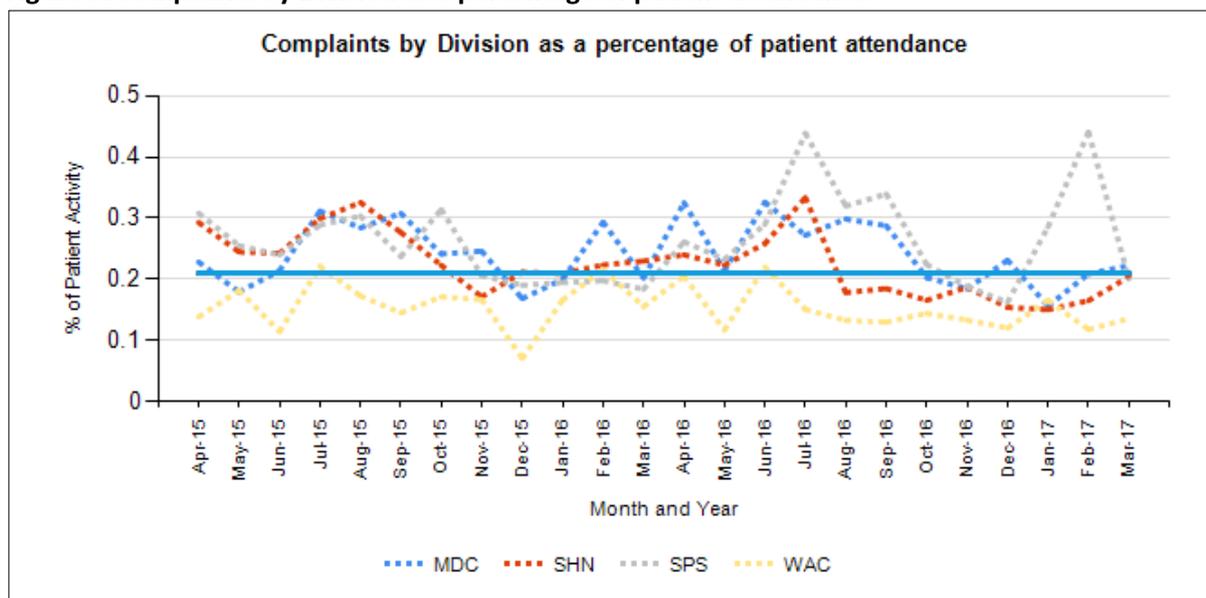


3. Divisional performance

3.1 Total complaints received

A divisional breakdown of the percentage of complaints per patient attendance is provided in Figure 9. The overall increase in complaints received by the bed holding Divisions during Q4 was driven largely by an increase in complaints about Specialised Services (see analysis later in this report).

Figure 9: Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies is excluded from Figure 9 because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Overall, reported Trust-level data includes Diagnostics and Therapies complaints, but it is not appropriate to draw comparisons with other Divisions. Since January 2016, the number of complaints received by the division has been as follows:

Table 5: Complaints received by Division of Diagnostics and Therapies

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
No. of complaints received	5	13	6	5	7	12	4	9	6	7	3	7	3	4	3

3.2 Divisional analysis of complaints received

Table 6 provides an analysis of Q4 complaints performance by Division. In addition to providing an overall view, 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 6	Surgery, Head & Neck	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	155 (145) ↑	88 (89) ↓	82 (49) ↑	67 (64) ↑	11 (17) ↓
Total complaints received as a proportion of patient activity	44.6% (0.19%) ↑	22.4% (0.21%) ↑	13.6% (0.2%) ↑	23.9% (0.13%) ↑	1% (0) ↑
Number of complaints about appointments and admissions	72 (60) ↑	19 (20) ↓	17 (11) ↑	15 (15) =	7 (11) ↓
Number of complaints about staff attitude and communication	37 (41) ↓	17 (25) ↓	17 (7) ↑	22 (15) ↑	2 (3) ↓
Number of complaints about clinical care	29 (28) ↑	34 (30) ↑	35 (21) ↑	27 (23) ↑	1 (2) ↓
Area where the most complaints have been received in Q4	Bristol Dental Hospital – 48 (29) Bristol Eye Hospital – 44 (33) Trauma & Orthopaedics – 15 (37) ENT – 10 (13) Upper GI – 12 (10)	Emergency Department (BRI) – 18 (20) Dermatology – 10(9) Sleep Unit 7 (5) Ward A300 (AMU) – 5(5)	BHI (all) – 64(41) BHI Outpatients – 20 (11) BHI Waiting List Office 8 (5) Ward C708 – 6 (5) GUCH Services – 0 (7)	Children's ED & Ward 39 (BRHC) – 9 (9) Gynaecology Outpatients (StMH) – 7 (9) Paediatric Orthopaedics –7 (5)	Radiology – 3 (3) Physiotherapy – 2 (5) Audiology – 1 (3)
Notable deteriorations compared to Q3	Bristol Eye Hospital 44 (33) Bristol Dental Hospital 48 (31)	None	BHI (all) 64(41) BHI Outpatients 20 (11) BHI Waiting List Office 8 (5)	None	None
Notable improvements compared to Q3	Trauma & Orthopaedics – 14 (37)	None	None ⁴	None	Physiotherapy – 2 (5) Audiology – 1 (3)

⁴ Complaints about GUCH Services appear as a reduction however this is due to a change in reporting categories: GUCH is now recorded as a speciality rather than a sub category.

3.2.1 Division of Surgery, Head & Neck

In Q4, the Division of Surgery Head & Neck experienced an increase in complaints about appointments and admissions, but an improvement in complaints about cancelled or delayed appointments and operations. There was a significant decrease in complaints about trauma and orthopedics (previously down from 37 in Q3 to 14 in Q4). Complaints relating to the Bristol Eye Hospital and the Bristol Dental Hospital both rose in Q4, breaking previous long term downwards (improving) trends.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q4 2016/17	Number and % of complaints received – Q3 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	72 (46.6%) ↑	60 (41.4%) ↓
Attitude & Communication	37 (23.9%) ↓	41 (28.3%) ↑
Clinical Care	29 (18.7%) ↑	28 (19.3%) ↓
Facilities & Environment	2 (1.29%) =	2 (1.4%) ↓
Information & Support	13 (8.39%) ↑	8 (5.5%) ↑
Discharge/Transfer/Transport	1 (0.64%) ↓	6 (4.1%) ↓
Documentation	1 (0.64%) ↑	0 (0%) ↓
Total	155	145

Table 8: Top sub-categories

Category	Number of complaints received – Q4 2016/17	Number of complaints received – Q3 2016/17
Cancelled or delayed appointments and operations	30 ↓	35 ↓
Clinical Care (Medical/Surgical)	16 =	16 =
Communication with patient/relative	6 ↓	15 ↑
Attitude of Medical Staff	10 ↑	4 =
Attitude of Nursing/Midwifery	0 ↓	1 ↓
Attitude of Admin/Clerical Staff	7 ↑	2 ↓
Clinical Care (Nursing/Midwifery)	0 ↓	1 ↓
Failure to answer telephones	9 ↓	14 ↑
Transport (late/non arrival/inappropriate)	0 ↓	2

Table 9: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Complaints about the Bristol Dental Hospital increased in Q4 (31 to 50). Of these the most noticeable single increases related to the Administration Department (8 to 17) and the	A number of BDH's formal complaints Quarter 4 related to communication about dental care and treatment plans, however there were no common themes in terms of	All complaints are shared monthly with the BDH team. As part of the monthly validation process, all informal complaints continue to be shared with the divisional teams, for accuracy,

<p>Oral Surgery Department (5 to 12).</p>	<p>the precise circumstances and staff involved. An increase with informal complaints during Quarter 4 related to appointments and referrals.</p>	<p>learning/themes of if there are any actions to be taken/prevention.</p>
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Figure 10: Surgery, Head & Neck – formal and informal complaints received

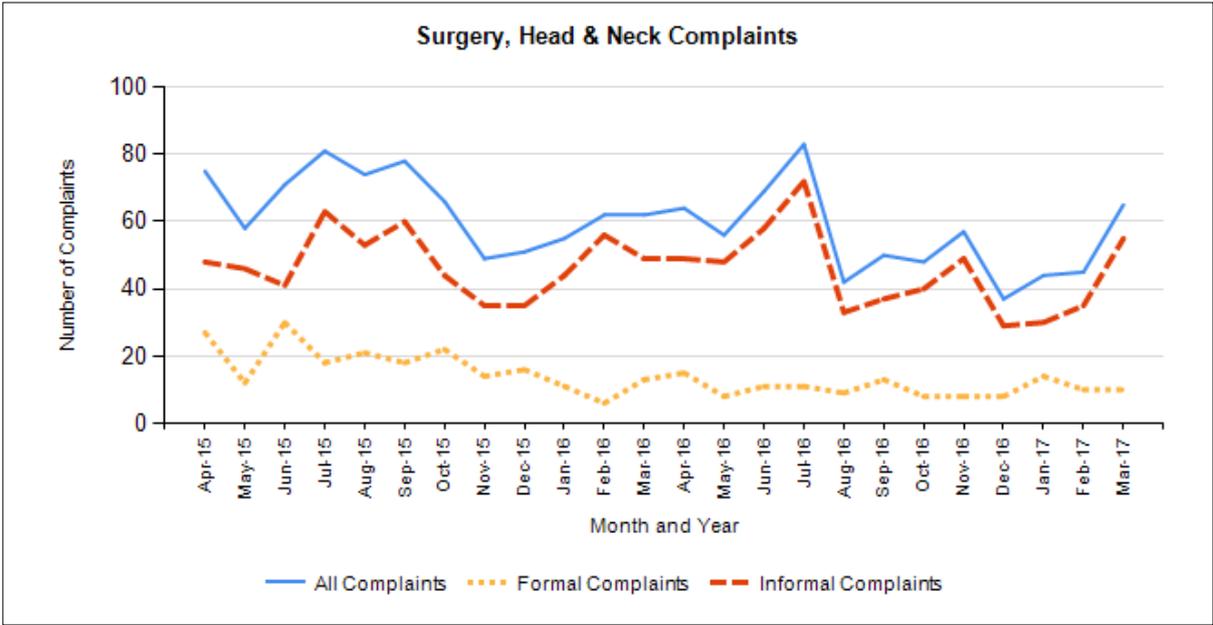
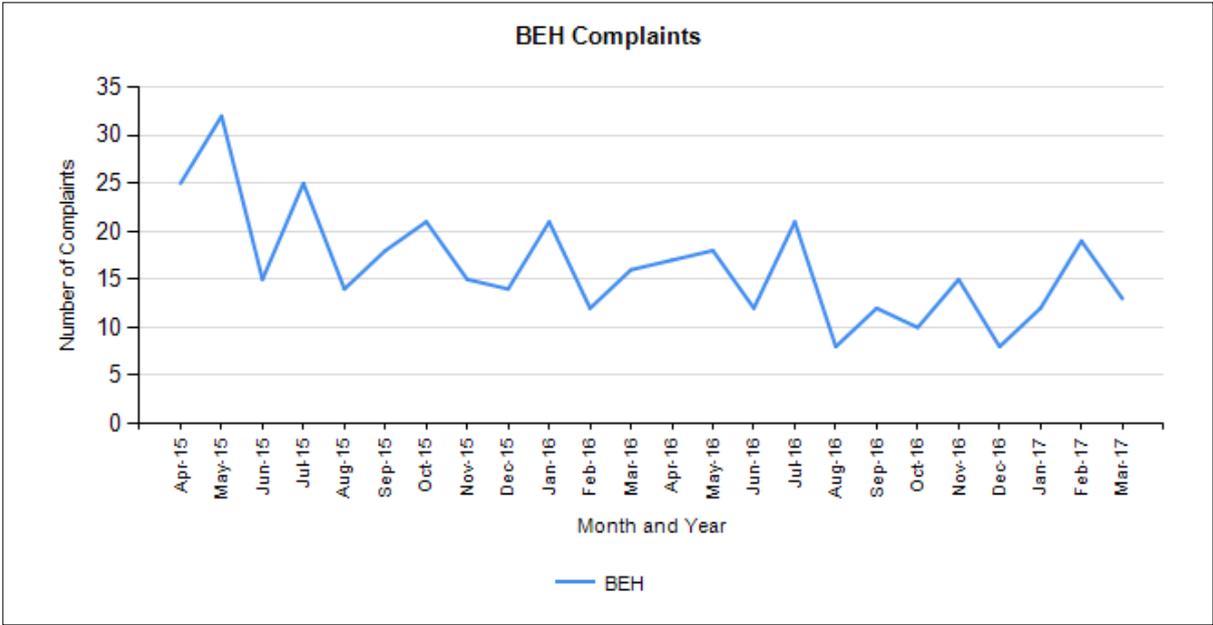


Figure 11: Complaints received by Bristol Eye Hospital



3.2.2 Division of Medicine

In Q4, the pattern of complaints received by the Division of Medicine was similar to Q3 across all major reporting categories. Q4 data also shows a continued concerted shift toward informal resolution of concerns.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q4 2016/17	Number and % of complaints received – Q3 2016/17
Access	0 (0%) =	0 (0%) ↓
Appointments & Admissions	19 (21.6%) ↓	20 (22.5%) ↓
Attitude & Communication	17 (19.3%) ↓	25 (28.1%) ↓
Clinical Care	34 (38.6%) ↑	30 (33.7%) ↑
Facilities & Environment	6 (6.8%) =	6 (6.7%) ↓
Information & Support	4 (4.5%) ↑	3 (3.4%) ↓
Discharge/Transfer/ Transport	6 (6.8%) ↑	5 (5.6%) ↓
Documentation	2 (2.3%) ↑	0 (0%) ↓
Total	88	89

Table 11: Top sub-categories

Category	Number of complaints received – Q4 2016/17	Number of complaints received – Q3 2016/17
Cancelled or delayed appointments and operations	6 ↓	9 ↓
Clinical Care (Medical/Surgical)	17 ↑	15 ↑
Communication with patient/relative	3 ↓	4 ↓
Attitude of Medical Staff	7 ↑	3 ↓
Attitude of Nursing/Midwifery	0 ↓	1 ↓
Attitude of Admin/Clerical Staff	2 ↓	3 ↓
Clinical Care (Nursing/Midwifery)	4 ↓	6 ↓
Failure to answer telephones	4 ↓	5 ↓

Figure 12: Medicine – formal and informal complaints received

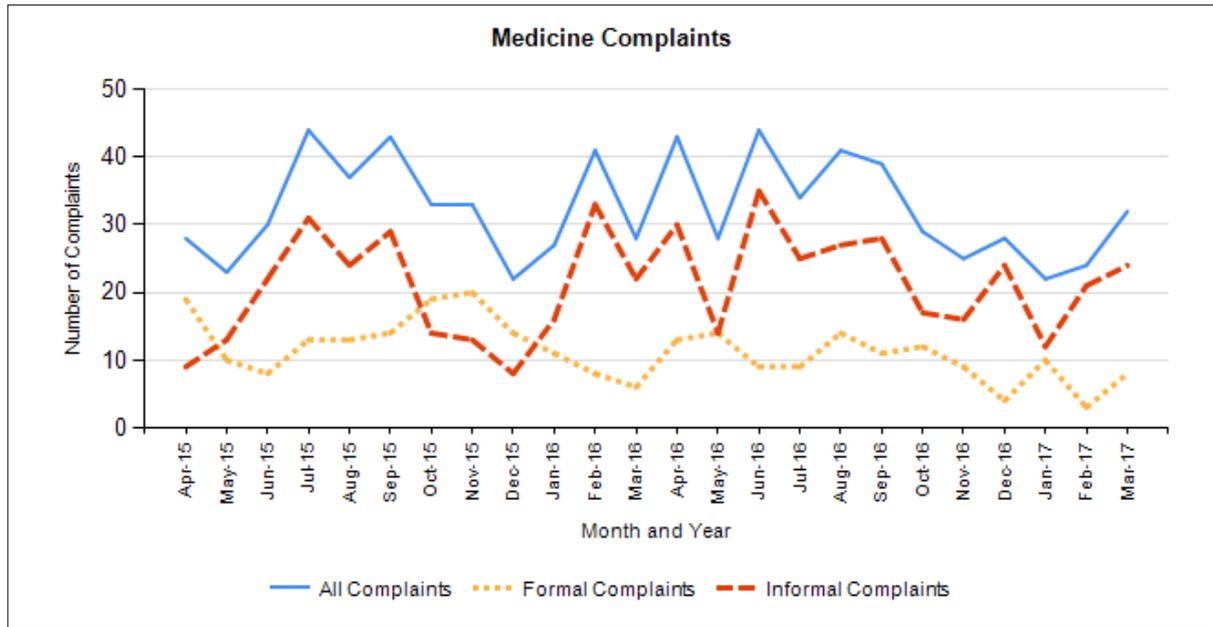
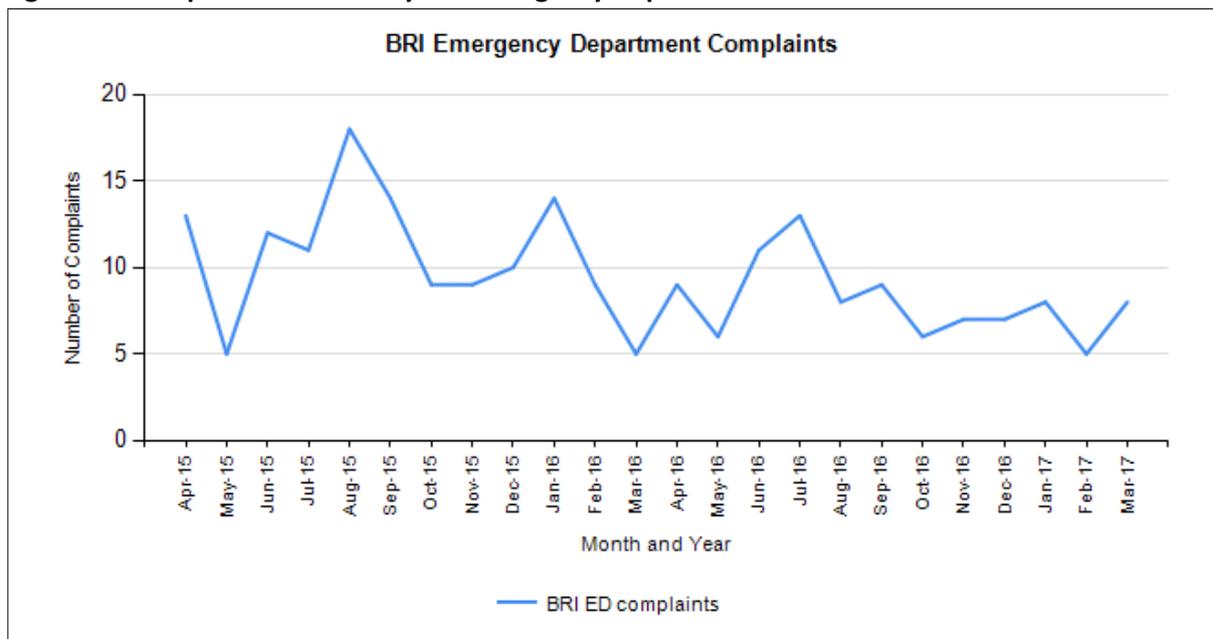


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q4, the Division of Specialised Services experienced a significant increase in complaints from 49 in Q3 to 82 in Q4, including a notable spike in February 2017. This follows a correspondingly large fall in Q3 which suggests we may simply be seeing natural fluctuation in reporting data rather than significant changes in patient experience.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q4 2016/17	Number and % of complaints received – Q3 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	17 (20.7%) ↑	11 (22.4%) ↓
Attitude & Communication	17 (20.7%) ↑	7 (14.3%) ↓
Clinical Care	35 (42.7%) ↑	21 (43.8%) ↓
Facilities & Environment	1 (1.2%) ↓	2 (4.0%) ↓
Information & Support	7 ↓	4 (8.2%) ↓
Discharge/Transfer/Transport	5 ↓	4 (8.2%) ↓
Documentation	0 =	0 (0%) ↓
Total	82	49

Table 13: Top sub-categories

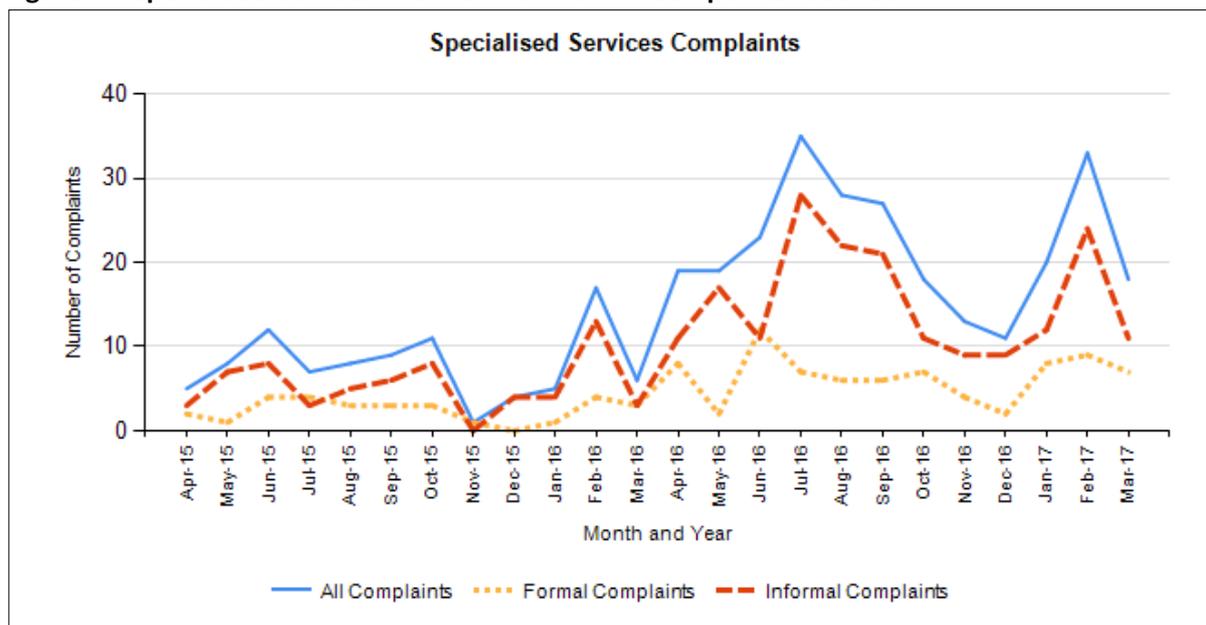
Category	Number of complaints received – Q4 2016/17	Number of complaints Q3
Appointment & Administration Issues	3 =	3
Cancelled or delayed appointments and operations	8 =	8 ↓
Clinical Care (Medical/Surgical)	3 ↓	10 ↓
Communication with patient/relative	5 ↑	3 ↓
Attitude of Medical Staff	3 ↑	2 ↓
Attitude of Nursing/Midwifery	1 ↑	0 ↓
Attitude of Admin/Clerical Staff	0 =	0 ↓
Clinical Care (Nursing/Midwifery)	1 ↓	3 ↓
Failure to answer telephones	7 ↑	0 ↓

Table 14: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Complaints about the BHI (all) increased in Q4 (41 to 64). The most noticeable increases related to the Outpatients Department 20 (11). 5 (5) complaints related to the Waiting List Office.	Delays in accessing mobile cardiac monitoring systems and in accessing subsequent test results increased within the BHI outpatients department across Q4.	The division has invested in a number of new cardiac monitors to reduce the delays for patients. Further to this, the General Manager is currently reviewing the processes for analysing these tests and communicating these results with the senior medical staff.

	Unexpected staff shortages within the waiting list office led to significant issues with the staff's ability to respond to questions and queries from patients during a period within Q4.	Although action was taken immediately and staff were moved to support the waiting list office, there remained a shortage of staff over a period of time. Short term staffing issues have now been resolved within the department.
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Figure 14: Specialised Services – formal and informal complaints received



3.2.4 Division of Women’s and Children’s Services

In Q4, the Division of Women’s and Children’s Services received a similar number of complaints to Q3. Complaints about Attitude and Communication rose (up from 15 to 22), however, there were no discernable patterns within this group of complaints.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q4 2016/17	Number and % of complaints received – Q3 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	15 (22.4%) =	15 (23.4%) ↓
Attitude & Communication	22 (32.8%) ↑	15 (23.4%) =
Clinical Care	27 (40.3%) ↑	23 (35.9%) ↑
Facilities & Environment	1 (1.5%) =	1 (1.6%) ↓
Information & Support	1 (1.5%) ↓	6 (9.4%) ↑
Discharge/Transfer/Transport	0 (0%) ↓	4 (6.2%) ↑
Documentation	1 (1.5%) ↑	0 (0%) ↓
Total	67	64

Table 16: Top sub-categories

Category	Number of complaints received – Q4 2016/17	Number of complaints received – Q3 2016/17
Cancelled or delayed appointments and operations	8 ↑	7 ↓
Clinical Care (Medical/Surgical)	15 ↑	13 ↓
Communication with patient/relative	6 ↑	2 ↓
Attitude of Medical Staff	6 ↑	5 ↓
Attitude of Nursing/Midwifery	3 =	3 ↓
Attitude of Admin/Clerical Staff	3 ↑	2 ↑
Clinical Care (Nursing/Midwifery)	8 ↑	3 ↓
Failure to answer telephones	1 =	1 =

Figure 15: Women & Children – formal and informal complaints received

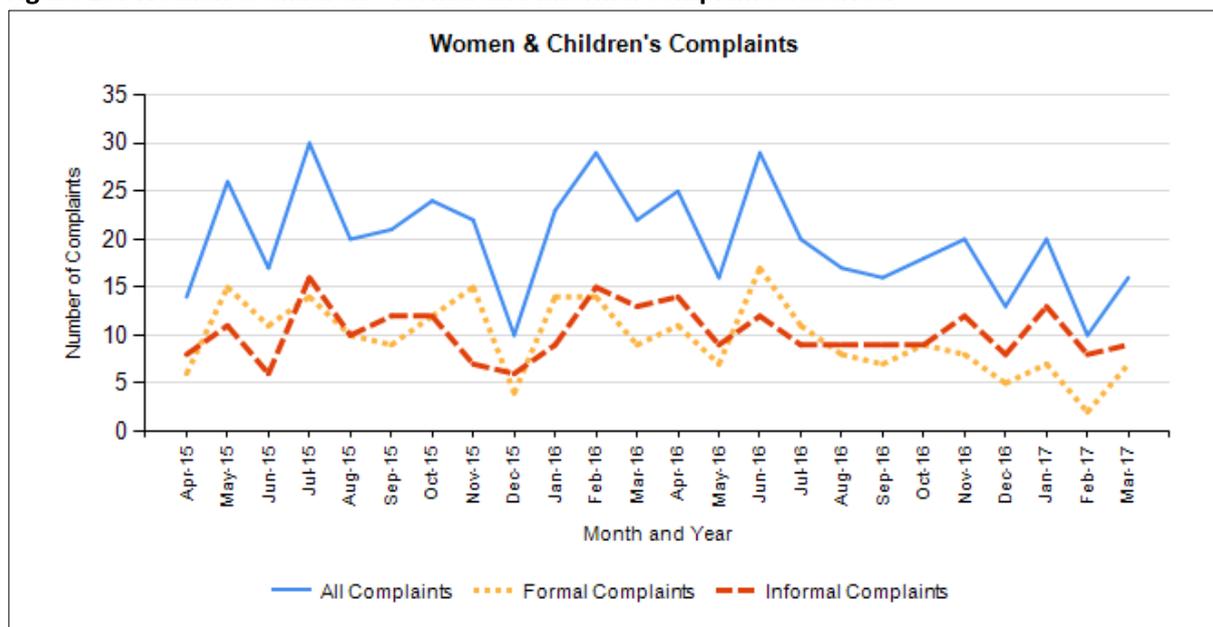
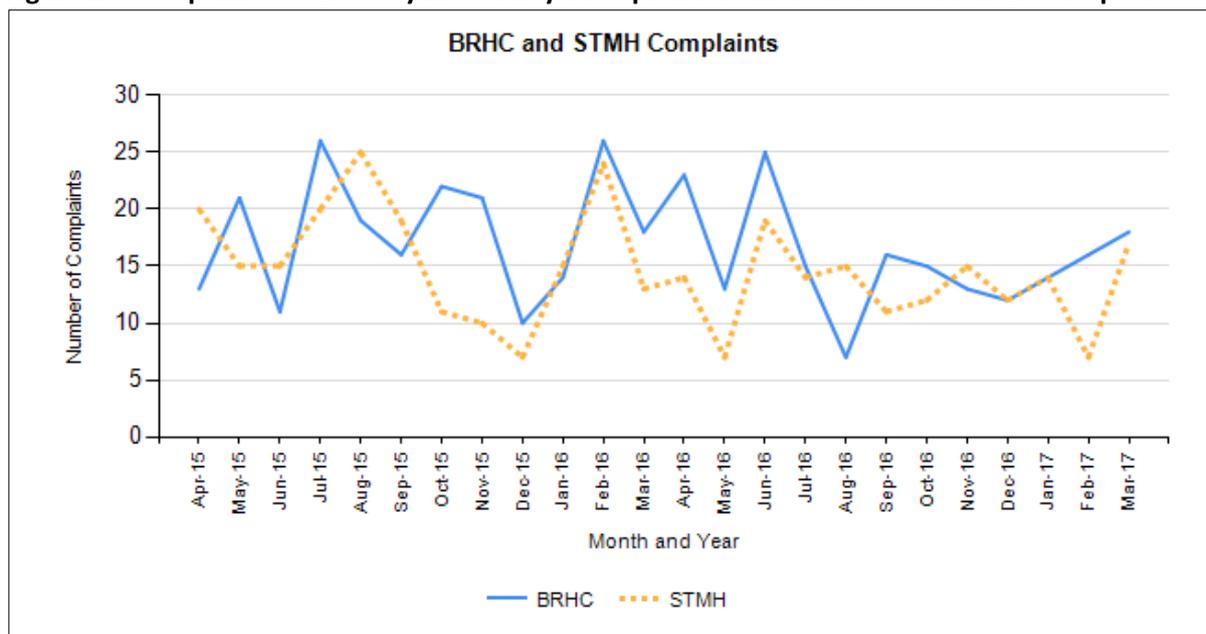


Figure 16: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



3.2.5 Division of Diagnostics & Therapies

In Q4, complaints received by the Diagnostics and Therapies Division continued to fall; 11 in Q4, compared to 17 in Q3 and 19 in Q4. In February and March the division received zero formal complaints.

Table 17: Complaints by category type

Category Type	Number and % of complaints received – Q4 2016/17	Number and % of complaints received – Q3 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	7 (63.6%) ↓	11 (64.7%) ↑
Attitude & Communication	2 (18.9%) ↓	3 (17.6%) =
Clinical Care	1 (9%) ↓	2 (11.7%) ↓
Facilities & Environment	0 (0%) =	0 (0%) ↓
Information & Support	0 (0%) ↓	1 (5.9%)
Discharge/Transfer/Transport	1 (9%) ↑	0 (0%) ↓
Documentation	0 (0%) =	0 (0%) =
Total	11	17

Figure 17: Diagnostics and Therapies – formal and informal complaints received

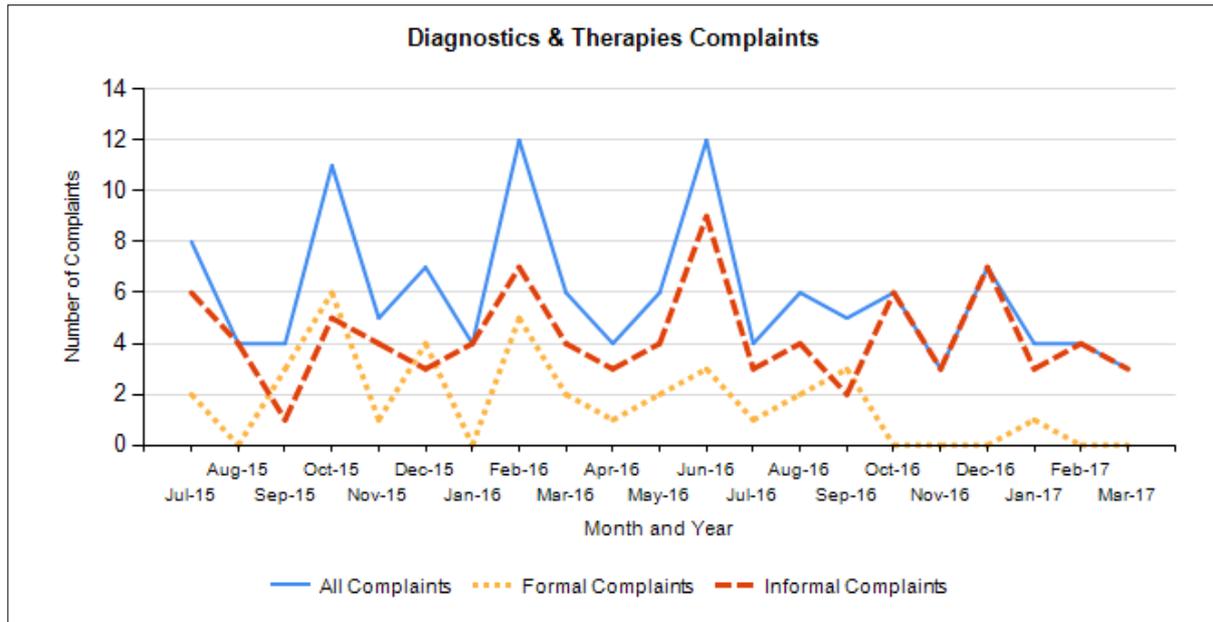
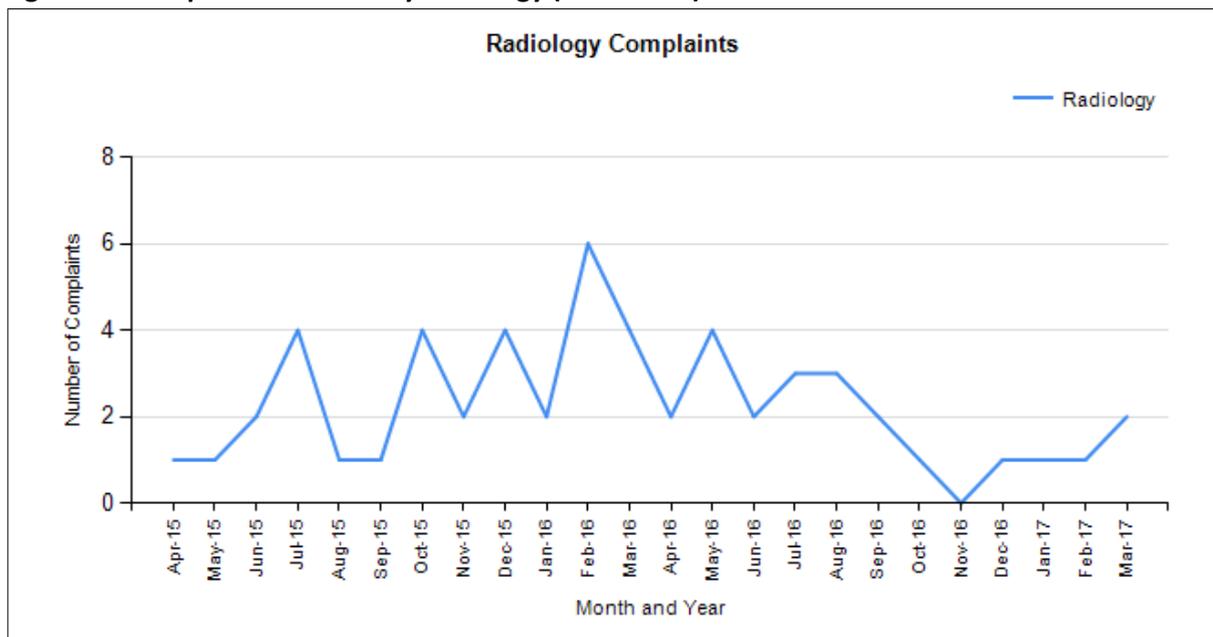


Figure 18: Complaints received by Radiology (Trust-wide)



3.3 Complaints by hospital site

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

Table 18: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q4 2016/17	Number and % of complaints received in Q3 2016/17
Bristol Royal Infirmary (BRI)	164 (37.2%) ↓	178 (44.9%) ↓
Bristol Eye Hospital (BEH)	44 (9.8%) ↑	33 (8.3%) ↓
Bristol Dental Hospital (BDH)	48 (10.9%) ↑	29 (7.3%) ↓
St Michael's Hospital (StMH)	38 (8.6%) ↓	39 (9.8%) ↓
Bristol Heart Institute (BHI)	64 (14.5%) ↑	41 (10.3%) ↓
Bristol Haematology & Oncology Centre (BHOC)	20 (4.5%) ↑	13 (3.3%) ↓
Bristol Royal Hospital for Children (BRHC)	48 (10.9%) ↑	40 (10.1%)
South Bristol Community Hospital (SBCH)	7 (1.6%) ↓	11 (2.8%) ↓
Trust Headquarters	1 (0.2%) ↓	2 (0.5%) ↑
Southmead Hospital (UH Bristol services)	0 (0%) ↓	1 (0.2%) ↑
Central Health Clinic	3 (0.7%) ↑	2 (0.5%) ↓
Car parks	2 (0.4%) =	2 (0.5%)
Community Midwifery Services	1 (0.2%) ↑	0 (0%) ↓
Community Sexual Health	0 (0%) =	0 (0%) ↓
Community Dental Service	1 (0.2%) ↑	0 (0%) =
Other Trust Concerns	0 (0%) ↓	6 (1.5%) ↑
Total	441	397

Table 19 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 each hospital site receives is broadly in line with its proportion of attendances. For example, in Q4, the BRI accounted for 30.2% of all attendances and 37.2% of all complaints.

Table 19: Complaints rates by main hospital sites

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	164	63,467	0.26%	30.2%	37.2%
BEH	44	34,511	0.13%	16.4%	10.0%
BDH	48	23,902	0.20%	11.4%	10.9%
StMH	38	23,728	0.16%	11.3%	8.6%
BHI	64	5,518	1.24%	2.6%	14.5%
BHOC	20	19,496	0.10%	9.3%	4.5%
BRHC	48	32,176	0.15%	15.3%	10.9%
SBCH	7	7,895	0.09%	3.8%	1.6%
Other	8				
Total	441	210,333			

Figures 19 and 20 below show that the Bristol Royal Infirmary consistently receives more complaints than other UH Bristol sites, measured in terms of total complaints received. However the Bristol Heart Institute receives more complaints than other sites when measured as a proportion of patient attendances. Reasons for this longstanding difference at the BHI continue to be explored, one hypothesis being that this may be statistical artefact of a different inpatient to outpatient activity ratio (inpatients are statistically more likely to make a complaint than outpatients). However patient feedback scores for the BHI (reported in the Trust's quarterly Patient Experience & Involvement report) are positive; we therefore do not believe that the pattern of complaints is a reflection of poor patient experience per se.

Figure 19: Complaints received by hospital site

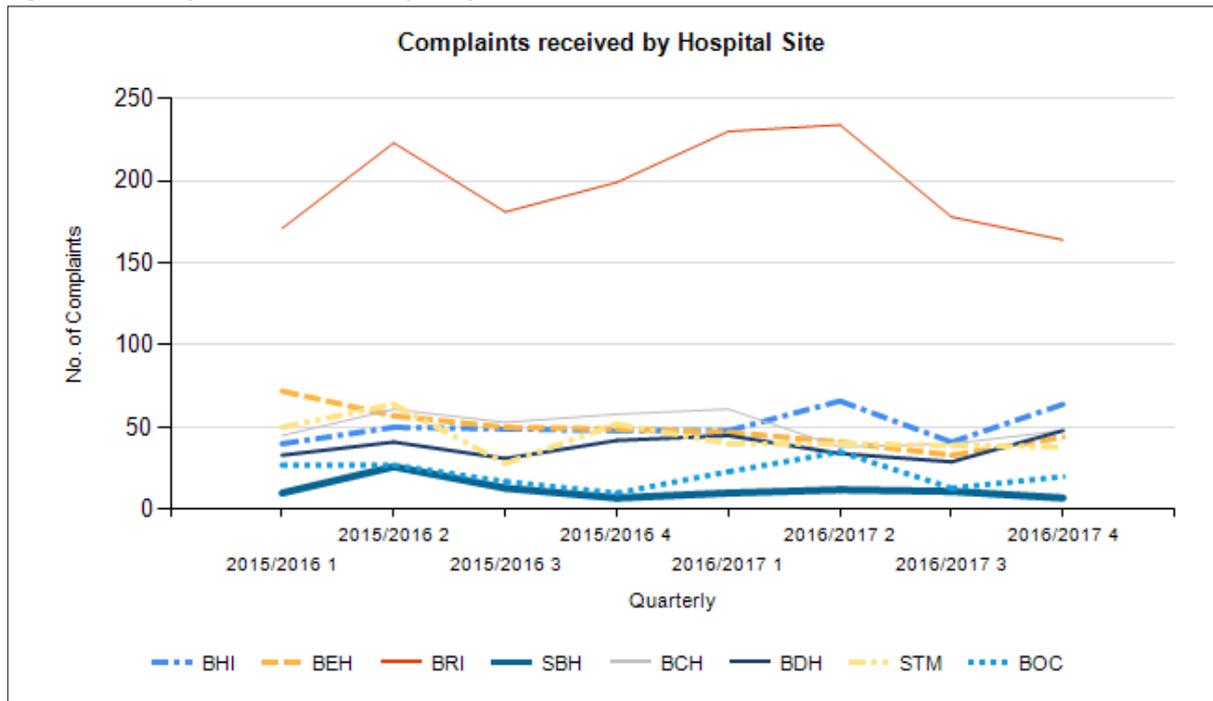
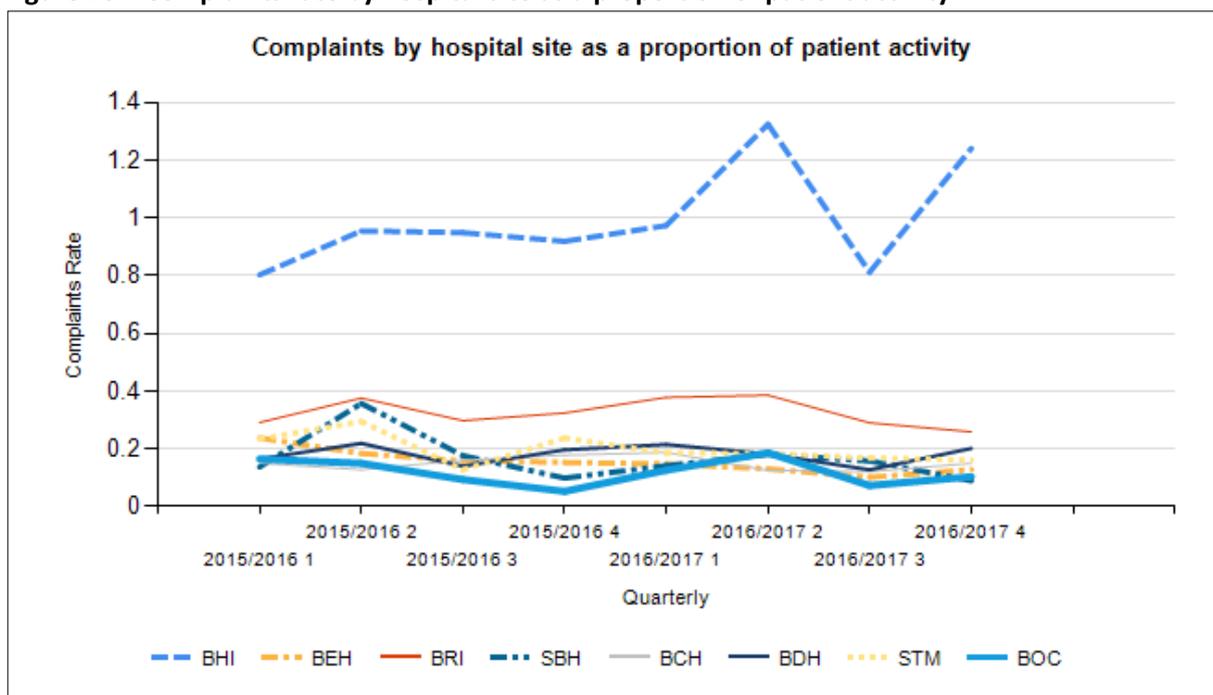


Figure 20 – Complaints rate by hospital site as a proportion of patient activity



3.4 Complaints responded to within agreed timescale

The Divisions of Surgery, Head and Neck, Medicine, Specialised Services and Women and Children reported breaches in Q4, totalling 19, which is an increase on the eight breaches recorded in Q3.

Table 20: Breakdown of breached deadlines

Division	Q4 (2016/17)	Q3 (2016/17)	Q2 (2016/17)	Q1 2016/17
Surgery, Head & Neck	7 (14.3%)	1 (0.69%)	0 (0%)	6 (14.6%)
Medicine	4 (15.4%)	0 (0%)	4 (11.1%)	12 (36.4%)
Specialised Services	2 (6.4%)	4 (8.9%)	1 (4.5%)	2 (15.4%)
Women & Children	6 (24%)	3 (4.7%)	5 (16.7%)	12 (30.8%)
Diagnostics & Therapies	0 (0%)	0 (0%)	0 (0%)	2 (18.2%)
Trust Services	0 (0%)	0 (0%)	2 (66.7%)	0 (0%)
All	19 breaches	8 breaches	12 breaches	34 breaches

(So, as an example, there were seven breaches of timescale in the division of Medicine in Q4, which constituted 15.4% of the complaints responses which had been due in that division in Q4).

Breaches of timescale were caused either by late receipt of 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; delays during the sign-off process itself; and/or responses being returned for amendment following Executive review. Sources of delay are shown in the table below.

Table 21: Source of delays

	Source of delays in Q4 2016/17				Totals
	Division	PSCT	Executive sign-off	Other	
Surgery, Head & Neck	3	2	2	0	7
Medicine	1	2	1	0	4
Specialised Services	2	0	0	0	2
Women & Children	3	1	2	0	6
Diagnostics & Therapies	0	0	0	0	0
Trust Services	0	0	0	0	0
All	9	5	5	0	19 breaches

Ongoing actions to improve the quality of responses and reduce the number of breaches include have been described in previous quarterly reports.

3.5 Outcome of formal Complaints

In Q4 we responded to 136 formal complaints⁵. Table 22 below shows a breakdown, by Division, of how many cases were upheld, partially upheld or not upheld.

Table 22: Outcome of formal complaints

	Upheld	Partially Upheld	Not Upheld
Surgery, Head & Neck	3	31	12
Medicine	3	21	2
Specialised Services	1	26	4
Women & Children	2	17	6
Diagnostics & Therapies	0	1	1
Trust Services	0	3	1
Total	9	99	28

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 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 193 such enquiries, compared to 151 in Q3. These enquiries can be categorised as:

- 142 requests for advice and information (117 in Q3)
- 47 compliments (34 in Q3)⁶
- 4 request for support (1 in Q3)

The table below shows a breakdown of the 142 requests for advice, information and support dealt with by the team in Q4.

Table 23: Enquiries by category

Category	Number of enquiries
Hospital information request	42
Information about patient	24
Signposting	12
Appointments administration issues	12
Clinical care	9
Medical records requested	7
Clinical information request	3

⁵ Note: this is different to the number of formal complaints we *received* in the quarter

⁶ This figure includes compliments added directly to the Datix system by Divisions.

Accommodation enquiry	3
Transport request	2
Employment and volunteering	2
Communication with patient/relative	2
Benefits and social care	2
Personal property	2
Patient choice information	2
Failure to answer phone	2
Admissions arrangements	2
Delayed operation	2
Freedom of information request	1
Support with access	1
Confidentiality	1
Aids and appliances	1
Cancelled appointments	1
Car park	1
Delayed procedure	1
Delayed treatment	1
Diagnosis incorrect	1
Lost/misplaced test results	1
Disability Support	1
Family support referral	1
Total	142

In addition to the enquiries detailed above, in Q4 the Patient Support and Complaints team recorded 167 enquiries that did not proceed. This is where someone contacts the department to make a complaint but does not leave enough information to enable the team to carry out an investigation, or they subsequently decide that they no longer wish to proceed with the complaint.

5. Acknowledgement of complaints by the Patient Support and Complaints Team

One of the Key Performance Indicators (KPIs) used to monitor the performance of the Patient Support and Complaints Team is the length of time between receipt of a complaint and sending an acknowledgement.

The Trust's Complaints and Concerns Policy states that when the Patient Support and 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 Coordinator for investigation; and
- An acknowledgement letter confirming how the complaint will be managed will be sent to the complainant.

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and

that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q4, 261 complaints were received in writing (email, letter or complaint form) and 180 were received orally (44 in person via drop-in service and 136 by telephone). Of the 180 oral complaints, 175 (97.2%) met the Trust's standard of being acknowledged within two working days. Of the 261 complaints received in writing, 246 (94.3%) met the NHS standard of being acknowledged within three working days (the remaining 15 cases were all acknowledged within four working days). Overall compliance in Quarter 4 was therefore 96.6% (426/441).

The reasons why 15 cases submitted in writing missed the NHS standard have been investigated. Although the Patient Support and Complaints Team ensure that an acknowledgement letter is sent for all complaints received in writing, it has become apparent that when a complaint letter or email has been forwarded to the team via another department in the Trust or if the Trust has received website feedback raising a complaint, these complaints have not been directly acknowledged by the complainant. Processes have now been put in place to ensure that all written complaint communications receive an acknowledgement letter or email.

6. PHSO cases

During Q4, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in two complaints. During the same period, one existing case was closed (the Trust was removed from the investigation). As of 31 March 2017, the PHSO had ongoing interest in five other UH Bristol complaints, as detailed below.

Table 24: Complaints opened by the PHSO in Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
3604	GV	PV	16/9/16 [17/1/17]	BRI/St Michael's	Lower GI/Ward 78	Surgery, Head & Neck and Women and Children
Copy of complaint file and medical records sent to the PHSO. The PHSO have advised the Trust that their draft decision is not to uphold this complaint. Pending the PHSO's final report.						
2870	AM	PM	3/11/16 [7/3/17]	BHOC	Ward D603	Specialised Services
Copy of complaint file and medical records sent to the PHSO. Pending further contact from the PHSO.						

Table 25: Complaints ongoing with the PHSO during Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
2095	NH	MH	16/6/16 [26/10/16]	BRI	Lower GI	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO. Pending further contact from the PHSO.						
3983	AG	LCY	29/9/15 [7/9/16]	BRI	Trauma and Orthopaedics	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO. The PHSO have advised the Trust that their draft decision is not to uphold this complaint. Pending the PHSO's final report.						
4841	AJ		9/11/15 [30/9/16]	BEH	Outpatients	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO on 17 November 2016. Currently awaiting PHSO response.						
17173	DF	DJ	29/10/14 [21/9/15]	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Currently awaiting further contact from the PHSO.						
18856	SC	VP	22/5/15 [15/2/16]	BRI	Ward B501	Medicine
Information relating to this case was most recently submitted to the PHSO in July 2016. The PHSO have advised the Trust that their draft decision is not to uphold this complaint. Pending the PHSO's final report.						

Table 26: Complaints formally closed by the PHSO in Q4

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
984	MR		24/3/16 [27/2/17]	BEH	Administration	Surgery, Head and Neck
The PHSO advised the Trust on 27 March 2017 that they have decided to remove the Trust from this complaint and will be liaising directly with Royal Cornwall Hospitals NHS Trust. No further action required by the Trust.						