



**University Hospitals Bristol**  
NHS Foundation Trust

# **ANNUAL COMPLAINTS REPORT 2017/2018**

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## Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol NHS Foundation Trust (UH Bristol) in 2017/2018. The report also records other support provided by the Trust's Patient Support and Complaints Team<sup>1</sup> during the year.

In summary:

- 1,817 complaints were received by the Trust in the year 2017/2018, averaging 151 per month. Of these, 674 were managed through the formal investigation process and 1,143 through the informal investigation process. This compares with a total of 1,874 complaints received in 2016/2017, a decrease of 3.1%.
- In addition, the Patient Support and Complaints Team dealt with 701 other enquiries, including compliments, requests for support and requests for information and advice; this represents a 13.9% decrease on the 814 enquiries dealt with in 2016/2017.
- In 2017/18, the Trust had 11 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO). Six cases were not upheld and one was partly upheld; the remaining four cases are still being considered by the Ombudsman (as of 8 May 2018). Three cases referred to the PHSO in 2016/17 were ongoing at the time of last year's annual report; two were subsequently partly upheld and one case was not upheld.
- 83.0% of formal complaints were responded to within the agreed timescale, a decrease compared to the 86.1% achieved in 2016/17.
- At the time of writing, 9.7% complainants have expressed dissatisfaction with complaints responses sent out during 2017/18. This compares with 11.8% dissatisfied complaints received in 2016/17.
- Developments in 2017/18 included the introduction of a new Executive-led complaints review panel to identify learning and share good practice in complaints handling.

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<sup>1</sup> i.e. UH Bristol's integrated 'PALS' and complaints team

## **1. Accountability for complaints management**

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints. The Chief Executive delegates responsibility for the management of complaints to the Chief Nurse.

The Trust's Patient Support and Complaints Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint, in line with the complainants wishes;
- All formal complaints receive a comprehensive written response from the Chief Executive or his nominated deputy or a local resolution meeting with a senior clinician and senior member of the divisional management team;
- Complaints are resolved within the timescale agreed with each complainant at a local level wherever possible;
- Where a timescale cannot be met, an explanation is provided and an extension agreed with the complainant; and
- When a complainant requests a review by the Parliamentary and Health Service Ombudsman, all enquiries received from the Ombudsman's office are responded to in a prompt, co-operative and open manner.

The Patient Support and Complaints Manager line manages a team which consists of one full time Band 6 Deputy Manager, one full-time and four part-time complaints officers/caseworkers (Band 5) and three part-time administrators (Band 3). The total team resource, including the manager, is currently 7.64 WTE.

## **2. Complaints reporting**

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

- Total number of complaints received
- Percentage of complaints responded to within the agreed timescale
- Percentage of cases where the complainant is dissatisfied with the original response

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

- Validated complaints data for the Trust as a whole and also for each Division
- Quarterly Complaints Report, identifying themes and trends
- Annual Complaints Report (which is also received by the Board).

The Quarterly Complaints Report provides an overview of the numbers and types of complaints received, including any trends or themes that may have arisen, including analysis by Division and information about how the Trust is responding. The Quarterly Complaints Report is also reported to the Trust Board and published on the Trust's web site.

### 3. Total complaints received in 2017/2018

The total number of complaints received during the year was 1,817, a decrease of 3.1% on the 1,875 complaints received the previous year. Of these, 674 (37%) were managed through the formal investigation process and 1,143 through the informal investigation process; this compares with 487 (26%) complaints managed formally in 2016/17 and 1,388 managed informally. Understanding possible reasons for this apparent shift towards formal resolution – breaking the pattern of the previous two years – will form part of the Trust’s complaints work plan for 2018/19. We want to be addressing concerns raised as quickly and as close to the point of care as possible.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. A senior manager is appointed to carry out the investigation and gather statements from the appropriate staff. These statements are then used as the basis for either a written response to, or a meeting with, the complainant (or sometimes a telephone call from the manager). The method of feedback is agreed with the complainant and is their choice. The Trust’s target is that this process should take no more than 30 working days in total.

An informal complaint is one where the issues raised can usually be addressed quickly by means of an investigation by the divisional management team and a telephone call to the complainant.

Figure 1 provides a long-term view of complaints received per month that were dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. The figures below do not include informal concerns which are dealt with directly by staff in our Divisions. The spike in complaints in April 2017 related to a one-off event: a story about security officers’ uniforms which drew attention from local and national media at the time.

**Figure 1 – Numbers of formal v informal complaints**

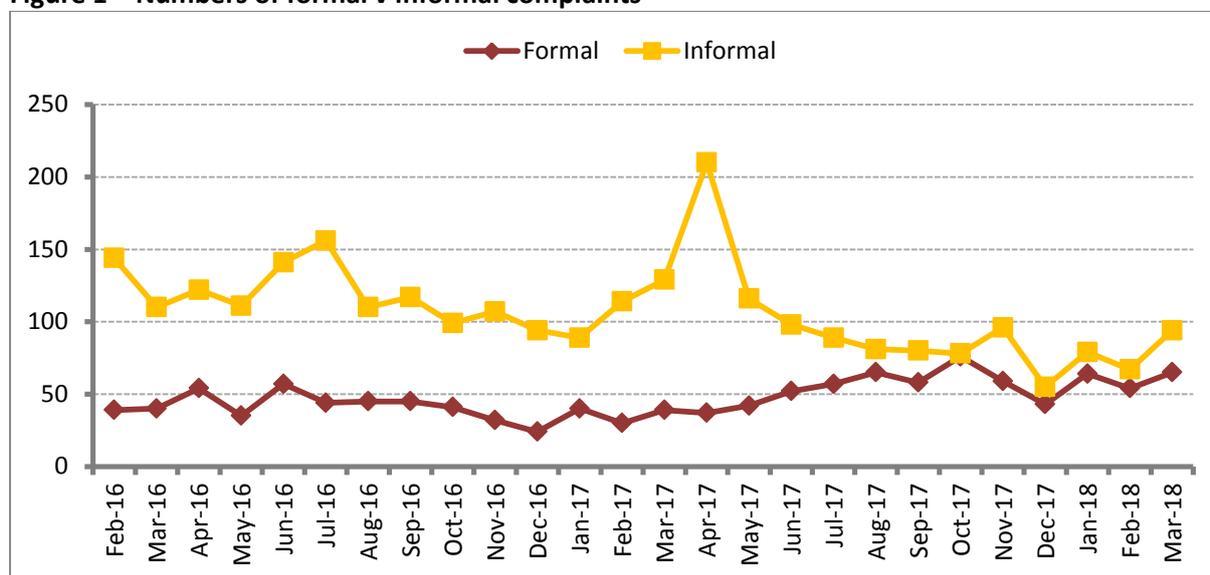


Table 1 below shows the number of complaints received by each of the Trust's clinical divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

**Table 1 - Breakdown of complaints by Division**

| Division  | Informal Complaints 2017/2018 | Informal Complaints 2016/2017 | Formal Complaints 2017/2018 | Formal Complaints 2016/2017 | Divisional Total 2017/18 | Divisional Total 2016/17 |
|---|-------------------------------|-------------------------------|-----------------------------|-----------------------------|--------------------------|--------------------------|
| Surgery   | 429 ↓                         | 553 ↓                         | 199 ↑                       | 127 ↓                       | 628 ↓                    | 680 ↓                    |
| Medicine  | 203 ↓                         | 301 ↑                         | 202 ↑                       | 122 ↓                       | 405 ↓                    | 423 ↑                    |
| Specialised Services                            | 166 ↓                         | 209 ↑                         | 77 ↓                        | 84 ↑                        | 243 ↓                    | 293 ↑                    |
| Women and Children                              | 119 ↓                         | 156 ↑                         | 154 ↑                       | 121 ↓                       | 273 ↓                    | 277 ↓                    |
| Diagnostics and Therapies                       | 59 ↑                          | 56 =                          | 19 ↑                        | 15 ↓                        | 78 ↑                     | 71 ↓                     |
| Trust Services (including Facilities & Estates) | 167 ↑                         | 113 ↑                         | 23 ↑                        | 18 ↓                        | 190 ↑                    | 133 ↑                    |
| <b>TOTAL</b>                                    | <b>1143 ↓</b>                 | <b>1388 ↑</b>                 | <b>674 ↑</b>                | <b>487 ↓</b>                | <b>1817 ↓</b>            | <b>1877 ↓</b>            |

Table 1 shows an increase in formal complaints received by all clinical Divisions, with the exception of the Division of Specialised Services and a decrease in informal complaints received by all clinical Divisions, with the exception of Diagnostics and Therapies and Trust Services.

#### 4. Complaint themes

The Trust records all complaints under one or more of eight high-level reporting themes, depending upon the nature and complexity of the complaint. This data helps us to identify whether any trends or themes are developing when matched against hospital sites, departments, clinics and wards.

Table 2 and Figure 2 show complaints received by theme, compared to 2016/17 and 2015/16.

**Table 2 - Complaint themes – Trust totals**

| Complaint Theme              | Total Complaints 2017/18 | Total Complaints 2016/17 | Total Complaints 2015/16               |
|------------------------------|--------------------------|--------------------------|--|
| Access                       | 12 ↓                     | 16 ↓                     | 40 ↓                                   |
| Appointments and Admissions  | 519 ↓                    | 589 ↓                    | 661 ↑                                  |
| Attitude and Communication   | 492 ↑                    | 454 ↓                    | 552 ↑                                  |
| Clinical Care                | 491 ↑                    | 490 ↑                    | 469 ↓                                  |
| Facilities and Environment   | 82 ↓                     | 89 ↓                     | 99 ↓                                   |
| Discharge/Transfer/Transport | 73 ↓                     | 89                       | Not available (new reporting category) |
| Documentation                | 31 ↑                     | 12                       | Not available (new reporting category) |
| Information and Support      | 116 ↓                    | 136 ↑                    | 120 ↑                                  |
| <b>TOTAL</b>                 | <b>1817</b>              | <b>1875 ↓</b>            | <b>1941 ↑</b>                          |

In 2017/18, five of the previous eight main complaints themes saw a decrease when compared with the previous year. Complaints about 'Appointments and Admissions' fell for the second consecutive year. However complaints about 'Attitude and Communication' increased by 8.3%, having fallen the previous year. The largest sub-category within 'Attitude and Communication' was 'Attitude of Medical Staff' (95 complaints). The Associate Medical Director (AMD) oversees a system to monitor

complaints where individual doctors or surgeons are cited; staff are interviewed by the AMD or Medical Director if patterns of repeated behaviour are identified which give cause for concern.

## 5. Performance in responding to complaints

In addition to monitoring the volume of complaints received, the Trust also measures its performance in responding to complainants within agreed timescales, and the number of complainants who are dissatisfied with responses.

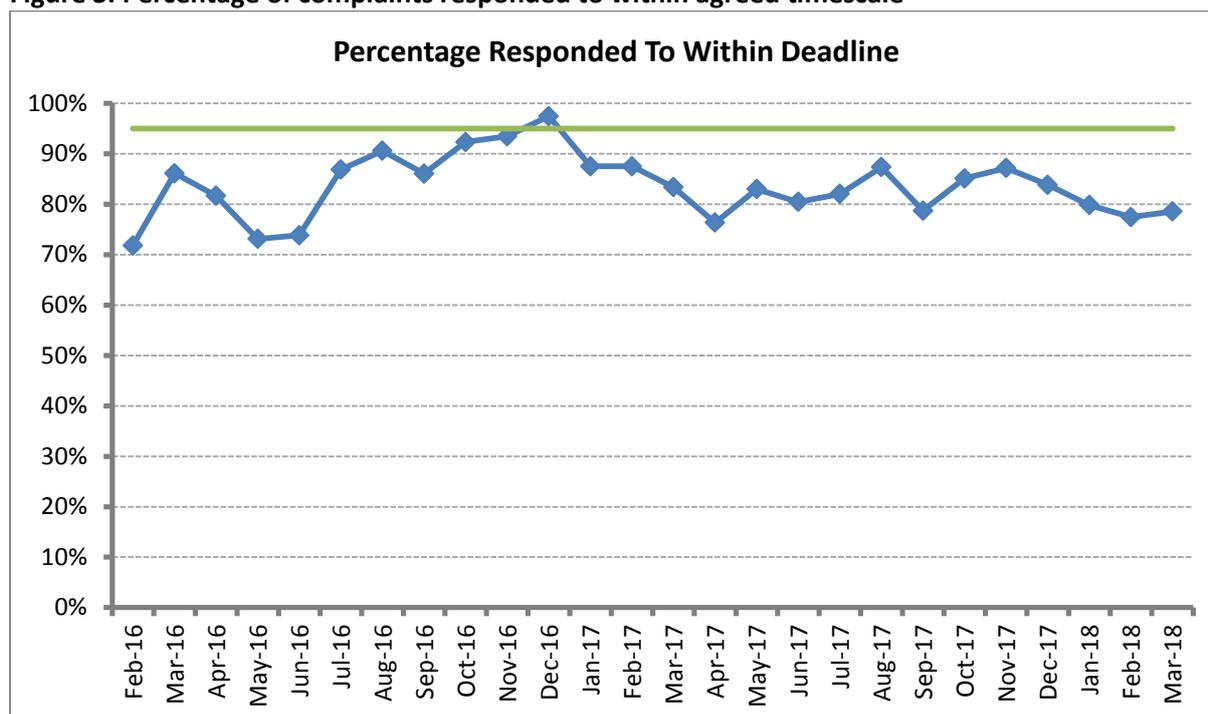
### 5.1 Percentage of complaints responded to within timescale

The Trust's expectation is that all complaints will be acknowledged within two working days for telephone enquiries and within three working days for written enquiries. The complainant's concerns are confirmed and the most appropriate way in which to address their complaint is agreed. A realistic timescale in which the complaint is to be resolved is agreed, based on the complexity of the complaint whilst responding in a timely manner.

The time limit for making a complaint, as laid down in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, is currently 12 months after the date on which the subject of the complaint occurred or the date on which the matter came to the attention of the complainant. These regulations and guidance from the Parliamentary and Health Service Ombudsman indicate that the Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed.' When a response is not possible within the agreed timescale, the Trust must inform the complainant of the reason for the delay and agree a new date by which the response will be sent.

The Trust captures data about the numbers of complaints responded to within the agreed timescale. The Trust's performance target continues to be 95% compliance. Over the course of the year 2017/18, 83.0% of responses were responded to within the agreed timescale, a decrease compared to the 86.1% achieved in 2016/17, although better than the 75.2% achieved in 2015/16. This is a disappointing outcome; achieving sustained improvement will be a priority in 2018/19.

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



## 5.2 Numbers of complainants who are dissatisfied with our response

The Trust also measures performance in respect of the number of complainants who are dissatisfied with the response provided to their complaint due to the original investigation being incomplete or inaccurate (which we differentiate from follow-up enquiries where a complainant raises additional questions).

At the time of writing, 9.7% of complainants have expressed dissatisfaction with complaints responses sent out during 2017/18. This compares with 11.8% measured at the corresponding point in time for 2016/17. Informal benchmarking against other NHS trusts indicates that a dissatisfaction rate of 8-12% is typical. Nonetheless, our aspiration is for nobody to be unhappy with the quality of our original response.

## 6. Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is unhappy with the way in which their complaint has been dealt with by the Trust and feels that local resolution of their complaint has not been satisfactory, they have the option of asking the PHSO to carry out an independent review of their complaint.

In 2017/18, the Trust had 11 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO). Six cases were not upheld and one was partly upheld; the remaining four cases are still being considered by the Ombudsman (as of 8 May 2018). Three cases referred to the PHSO in 2016/17 were ongoing at the time of last year's annual report; subsequently, two were partly upheld and one case was not upheld.

## 7. Information, advice and support

In addition to managing complaints, the Patient Support and Complaints Team also deal with information, advice and support requests. The total number of enquiries received during 2017/18 is shown below, together with the numbers from 2016/17 and 2015/16 for comparative purposes:

**Table 3:**

| Type of enquiry                          | Total Number 2017/18 | Total Number 2016/17 | Total Number 2015/16 |
|--|----------------------|----------------------|----------------------|
| Request for advice / information/support | 576                  | 524                  | 399                  |
| Compliments                              | 125                  | 290                  | 200                  |
| <b>Total</b>                             | <b>701</b>           | <b>814</b>           | <b>599</b>           |

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

- Services which the Trust provides
- Signposting to other local or voluntary services
- Outpatient clinic appointments (patients may occasionally ask a member of the team to attend with them)
- Liaison for carers and patients who have additional support needs and complex health problems
- Communication with patients' healthcare teams to facilitate both parties being able to work together in the future.
- Assisting families who arrive in Bristol with a patient but do not live locally and require local orientation and signposting to further help about finding somewhere to stay.

Examples of typical enquiries about advice and information include:

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

Examples of typical enquiries about support include:

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

## **8. Looking back and ahead**

UH Bristol continues to be proactive in its management of complaints and enquiries, recognising that the way we respond to concerns is part of our commitment to excellence in customer service and acknowledging that all complaints are a valuable source of learning.

In 2017/18, for example:

- We introduced a new Executive-led complaints review panel. The purpose of the panel is to look back at specific complaints cases, through the lens of the panel's two lay members, to identify any ways in which the Trust's handling of these complaints could have been improved, and to share this learning with our clinical Divisions.
- We undertook a significant piece of work with the Patients Association which has resulted in the development of a complaints 'toolkit' for staff. The toolkit includes guidance to help staff to think about ways of developing objectivity when seeking to resolve complaints and, where appropriate, for obtaining independent views. We will be introducing the toolkit in the second quarter of 2018/19; the Patients Association are considering options for making this resource available to a wider NHS audience.
- We made improvements to facilities in the Patient Support and Complaints Team office to create a new reception desk and improve the visibility of the service in the Bristol Royal Infirmary Welcome Centre.
- We supported an NHS Improvement review of complaints handling at another NHS Trust

Looking ahead to 2018/19, our focus will be on ensuring that we significantly improve performance in responding to complaints within the timescale agreed with complainants. In effect, we will be adopting a 'zero tolerance' approach to breaches.

Our detailed complaints work plan for 2018/19 is available upon request.