

Complaints Report

Quarter 4, 2015/2016

(1st January 2016 to 31st March 2016)

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Overview

Successes	Priorities
<ul style="list-style-type: none"> • Surgery Head & Neck – zero complaints about nursing/midwifery staff or clinical care from nursing/midwifery staff; reduction in complaints received by the Upper GI service • Medicine – increase in information resolution of complaints • Specialised Services – zero complaints in respect of access or facilities and environment issues or with regards to attitude of medical or nursing staff; reduction in complaints received by Bristol Heart Institute Outpatients and the Chemotherapy Day Unit/Outpatients • Women’s & Children’s Services – reduction in the number of complaints received in respect of cancelled or delayed appointments/operations for the second successive quarter • Training has been rolled out by the Patient Support & Complaints Team tailored to the theme of how to write a good response letter (sessions are currently arranged through to September 2016) • Recovery in overall response rate performance towards the end of Q4 	<ul style="list-style-type: none"> • Continue to improve the quality of response letters and in doing so, reduce the amount of dissatisfied cases • Reduce the number of complaint responses that breach the agreed deadline • Reduce the number of cases where the deadline agreed with the complainant is extended • Scope out detail of corporate quality objective for 2016/17 to reduce the number of people who complain about aspects of how we communicate with them (focus on telephone communications) • Refresh Complaints and Concerns Policy, with focus on customer care
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Continue to provide training sessions on how to write a good response letter, across all Divisions • Review learning from national complaints symposium attended in June 2016 – in particular, explore potential to record severity of complaints to enable future benchmarking • For next report (Q1), include more information about local learning from upheld PHSO cases • Patient Support & Complaints Manager to continue working closely with Divisions in order to identify themes and trends in complaints and to share learning from complaints Trust-wide 	<ul style="list-style-type: none"> • Complaints investigations and responses not being given appropriate priority due to other conflicting pressures • Managers not responding to informal complaints in a timely manner • Managers responsible for investigating complaints and drafting response letters not having received the most up to date training on this topic • Q4 increase in complaints about attitude and communication in Women’s & Children’s Services. No common themes identified – continue to monitor.

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 476 complaints in Q4, which equates to 0.24% 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 approximately 7% compared to Q3 and an 8% decrease on the corresponding period one year previously.

Figure 1 shows the increase in the number of complaints received in Q4 (2015/16) compared to Q3 and the decrease when compared to the corresponding period last year. 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.

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, 74.6% of responses were posted within the agreed timescale, compared to 56.5% in Q3 and 83.9% in Q2. This represents 31 breaches out of 122 formal complaints which were due to receive a response during Q4². Figure 4 shows the Trust's performance in responding to complaints since January 2015. By March 2016, performance had recovered to 86.1%.

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.

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

Figure 1: Number of complaints received

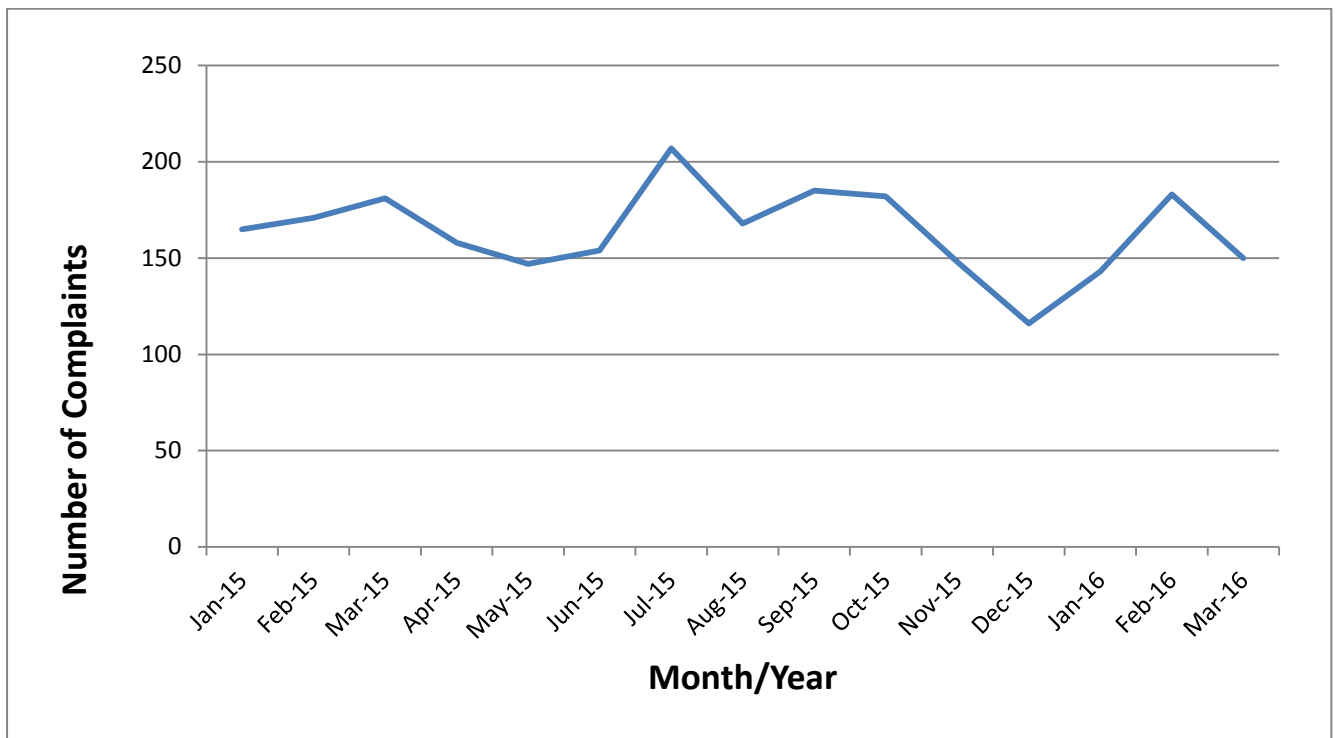


Figure 2: Complaints received, as a percentage of patient activity

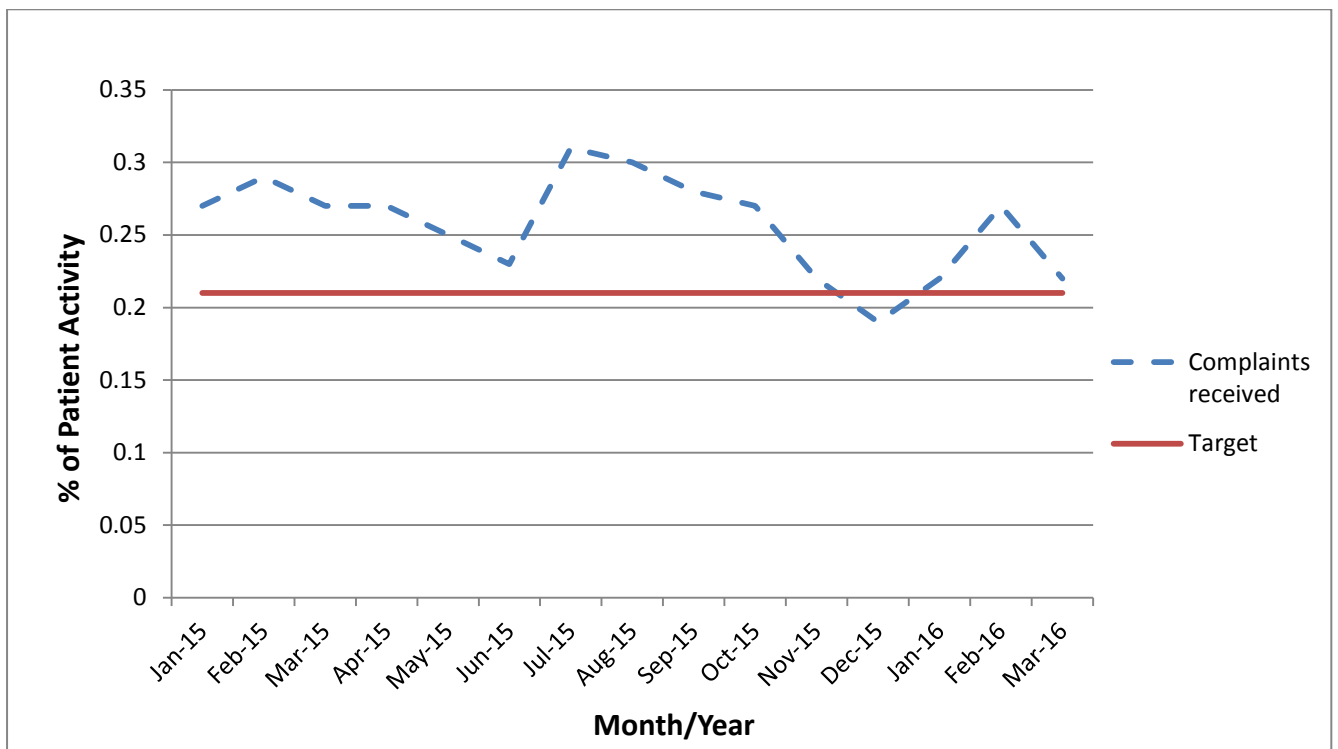


Figure 3: Numbers of formal v informal complaints

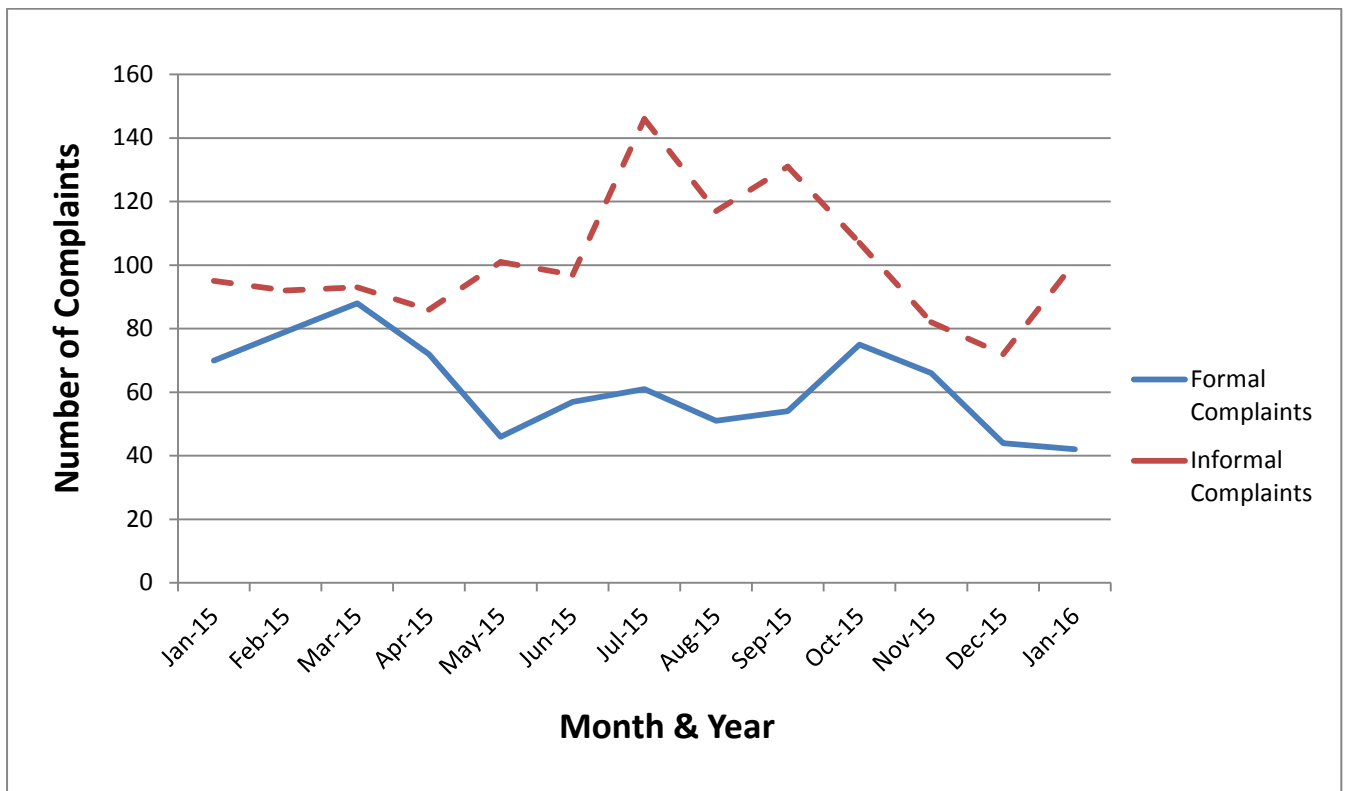


Figure 4: Percentage of complaints responded to within agreed timescale

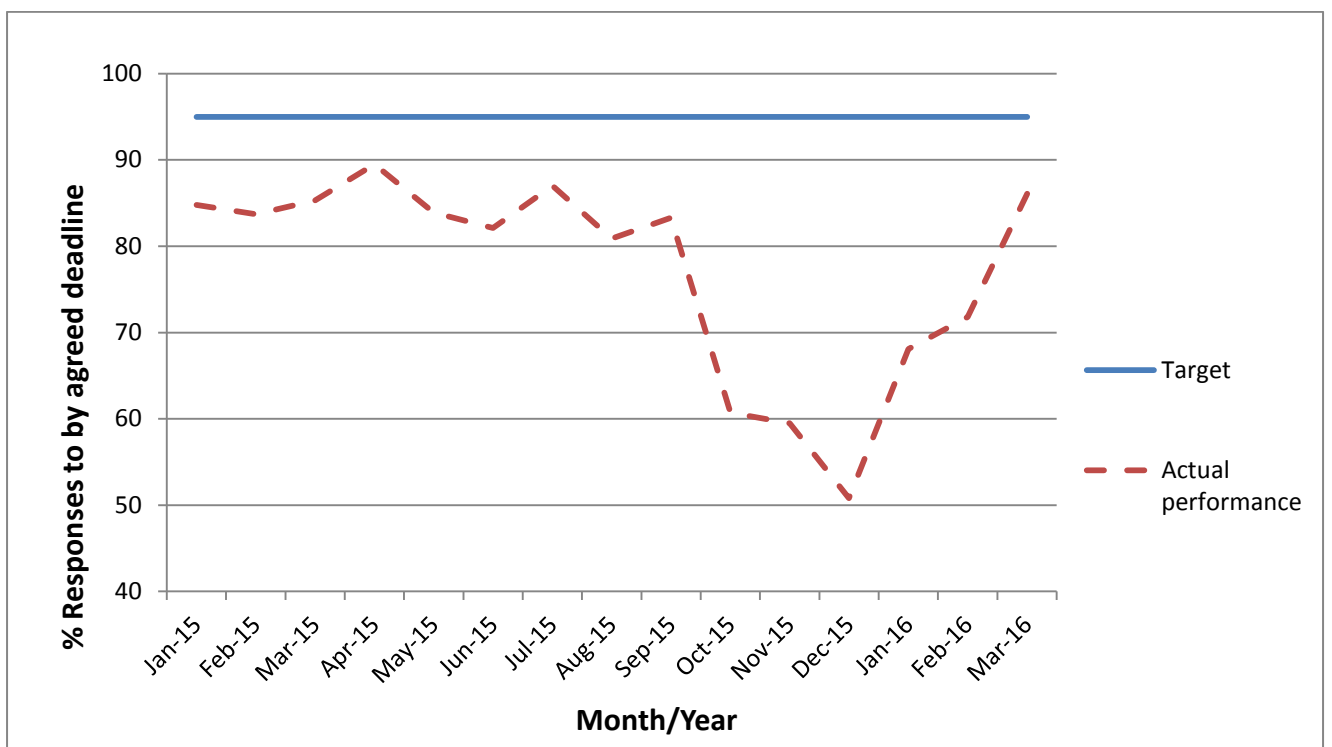


Table 1: Complaints performance

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

		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Total complaints received (inc. TS and F&E from April 2013)	TOTAL	181	158	147	154	207	168	185	182	148	116	143	183	150
	Formal	88	72	46	57	61	51	54	75	66	44	42	39	40
	Informal	93	86	101	97	146	117	131	107	82	72	101	144	110
<i>Number and % of complaints per patient attendance in the month</i>	%	0.27%	0.27%	0.25%	0.23%	0.31%	0.30%	0.28%	0.27%	0.22%	0.19%	0.22%	0.27%	0.22%
	Complaints	181	158	147	154	207	168	185	182	148	116	143	183	150
	Attendances	66,317	59,419	58,716	66,548	65,810	55,657	66,285	68,131	67,434	61,126	63,582	68,391	67,932
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	%	85.3%	89.5%	83.9%	82.1%	87.0%	80.9%	83.3%	60.7%	59.5%	50.8%	68.1%	71.8%	86.1%
	Within timescale	58	51	52	55	47	38	40	34	25	32	32	28	31
	Total	68	57	62	67	54	47	48	56	42	63	47	39	36
<i>% responded to by Division within required timescale for executive review</i>	%	92.6%	87.7%	91.9%	94.0%	98.1%	93.6%	95.8%	80.4%	81.0%	90.5%	91.5%	84.6%	100.0%
	Within timescale	63	50	57	63	53	44	46	45	34	57	43	33	36
	Total	68	57	62	67	54	47	48	56	42	63	47	39	36
Number of breached cases where the breached deadline is attributable to Division	Attributable to Division	8	3	9	6	6	3	2	7	7	20	12	10	5
	Total Breaches	10	6	10	12	7	9	8	22	17	31	15	11	5
Number of extensions to originally agreed timescale (formal investigation process only)		7	7	21	16	11	14	10	23	13	26	21	14	25
<i>% of complainants dissatisfied with response and case re-opened</i>	%	-	1.8%	1.6%	9.0%	13.0%	12.8%	16.7%	10.7%	4.8%	7.9%	6.4%	7.7%	-
	Reopened Dissatisfied	-	1	1	6	7	6	8	6	2	5	3	3	-
	Total Responses Due	-	57	62	67	54	47	48	56	42	63	47	39	-

1.3 Dissatisfied complaints

Reducing numbers of dissatisfied complainants was one of the Trust's corporate quality objectives for 2015/16 and remains a priority moving into 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. From Q3 2015/16 onwards, our target has been for less than 5% of complainants to be dissatisfied.

In Q4, a total of 122 responses were sent out. By the cut-off point of mid-May 2016 (the date on which the dissatisfied data for March 2016 was finalised), nine people had contacted us to say they were dissatisfied with our response. This represents 7.4% of the responses sent out and is an increase on the 6.2% (10 of 161) reported in Q3. Figure 5 shows the percentage of complainants who were dissatisfied with aspects of our complaints response.

Each case where a complainant advises they are dissatisfied, the case is reviewed by the Patient Support and Complaints Manager. This review leads 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
- A letter is sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the Ombudsman to independently review their complaint.

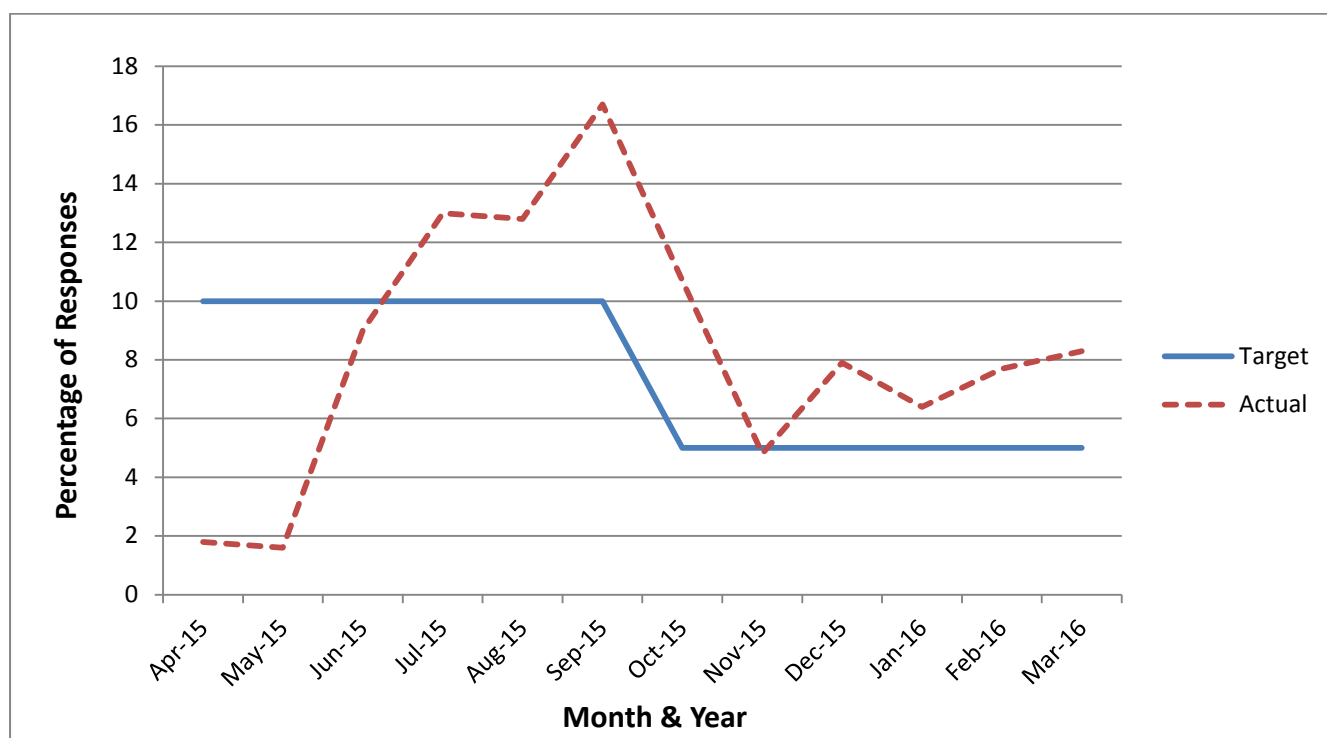
In the event that we do not have enough information to initiate the process outlined above, the allocated caseworker from the Patient Support and Complaints Team will contact the complainant to clarify which issues remain unresolved and, where possible, identify some specific questions that the complainant 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 the Chief Nurse for review.

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

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 six major categories, or themes. Table 2 provides a breakdown of complaints received in Q4 compared to Q3. Complaints in all categories, except ‘clinical care’ and ‘access’ increased in Q4 in real terms. Most notably, complaints about ‘attitude and communication’ increased by a third, following a previous reduction in Q3.

Table 2: Complaints by category/theme

Category/Theme	Number of complaints received in Q4 (2015/16)	Number of complaints received in Q3 (2015/16)
Access	7 (1% of total complaints) ↓	9 (2% of total complaints) ↓
Appointments & Admissions	150 (32%) ↑	139 (31%) ↓
Attitude & Communication	154 (33%) ↑	125 (28%) ↓
Clinical Care	112 (23%) ↓	127 (29%) ↑
Facilities & Environment	25 (5%) ↑	23 (5%) ↓
Information & Support	28 (6%) ↑	23 (5%) ↓
Total	476	446

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 3 lists the eight⁴ most consistently reported sub-categories. In total, these sub-categories account for approximately 65% of the complaints received in Q4 (307/476).

⁴ Please note that an eighth sub-category of ‘attitude of admin/clerical staff’ has been included for the first time in Q4 as the number of complaints received in this sub-category is now greater than for ‘attitude of nursing/midwifery staff’

Table 3: Complaints by sub-category

Sub-category	Number of complaints received in Q4 (2015/16)	Q3 2015/16	Q2 2015/16	Q1 2015/16
Cancelled/delayed appointments and operations	111 (8% increase compared to Q3)	103	151	124
Communication with patient/relative	62 (51% increase)	41	31	33
Clinical Care (Medical/Surgical)	41 (24% decrease)	54	48	49
Failure to answer telephones/failure to respond	29 (71% increase)	17	22	34
Clinical Care (Nursing/Midwifery)	25 (39% increase)	18	20	24
Attitude of Medical Staff	18 (13% increase)	16	24	11
Attitude of Admin/Clerical Staff	13 (44% increase)	9	10	6
Attitude of Nursing Staff	8 (38% decrease)	13	14	10

Complaints about cancelled or delayed appointments or operations/procedures have increased slightly from 103 in Q3 to 111 in Q4. This consists of 69 complaints about cancelled or delayed appointments and 42 complaints about cancelled or delayed operations/procedures.

Most notably, however, there was a 51% increase in the number of complaints received in Q4 about communication with patients or relatives, with 62 complaints received compared to 41 in Q3. Complaints in respect of failure to answer telephones or to respond to patients also saw a significant increase from 17 complaints in Q3 to 29 in Q4.

Figures 6, 7, and 8 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since January 2015. These graphs suggest an improving trend in respect of complaints about clinical care (medical/surgical), but a deteriorating trend for complaints about communication with patients/relatives. One of the Trust's corporate quality objectives for 2016 is to reduce complaints about failures in communication.

Figure 6: Cancelled or delayed appointments and operations

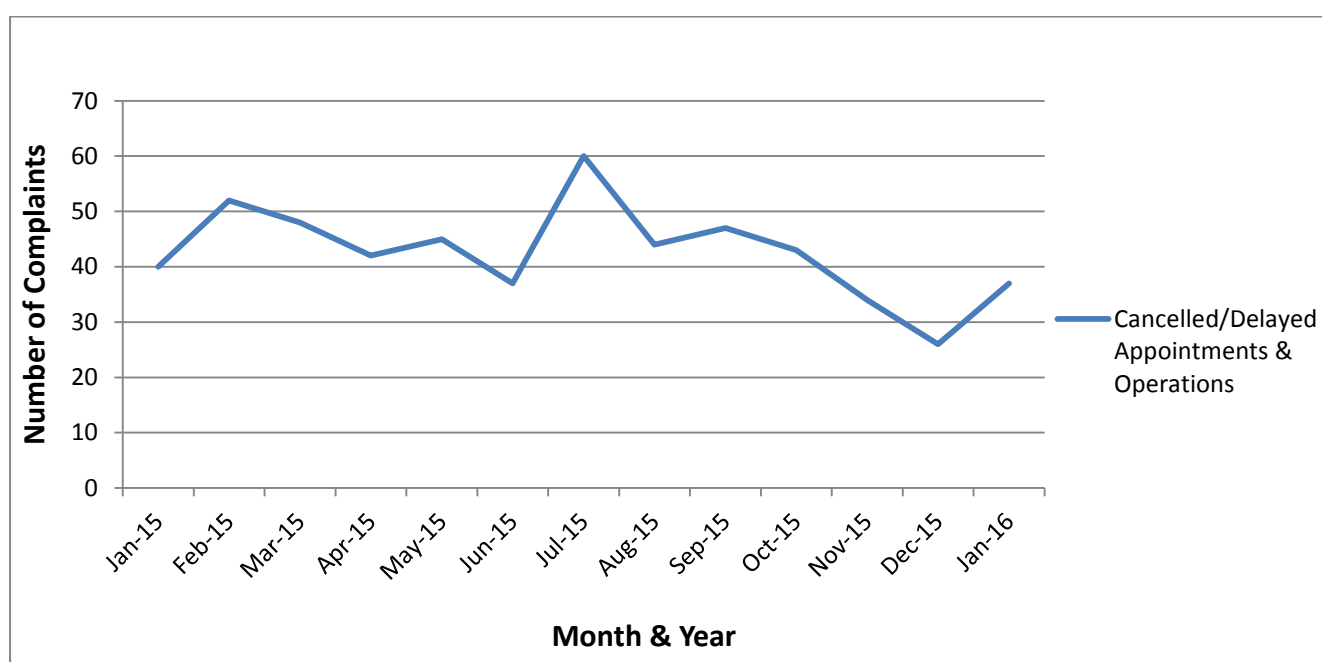


Figure 7: Clinical care – medical/surgical

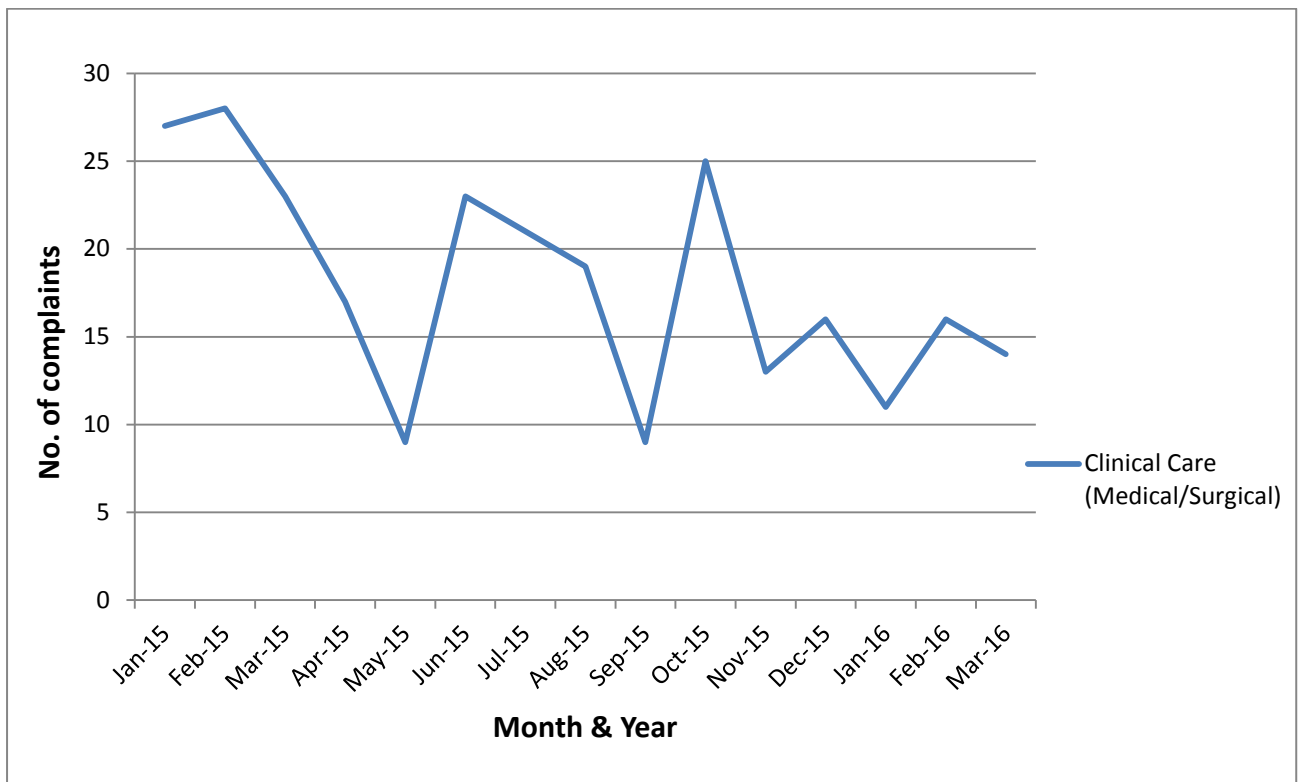
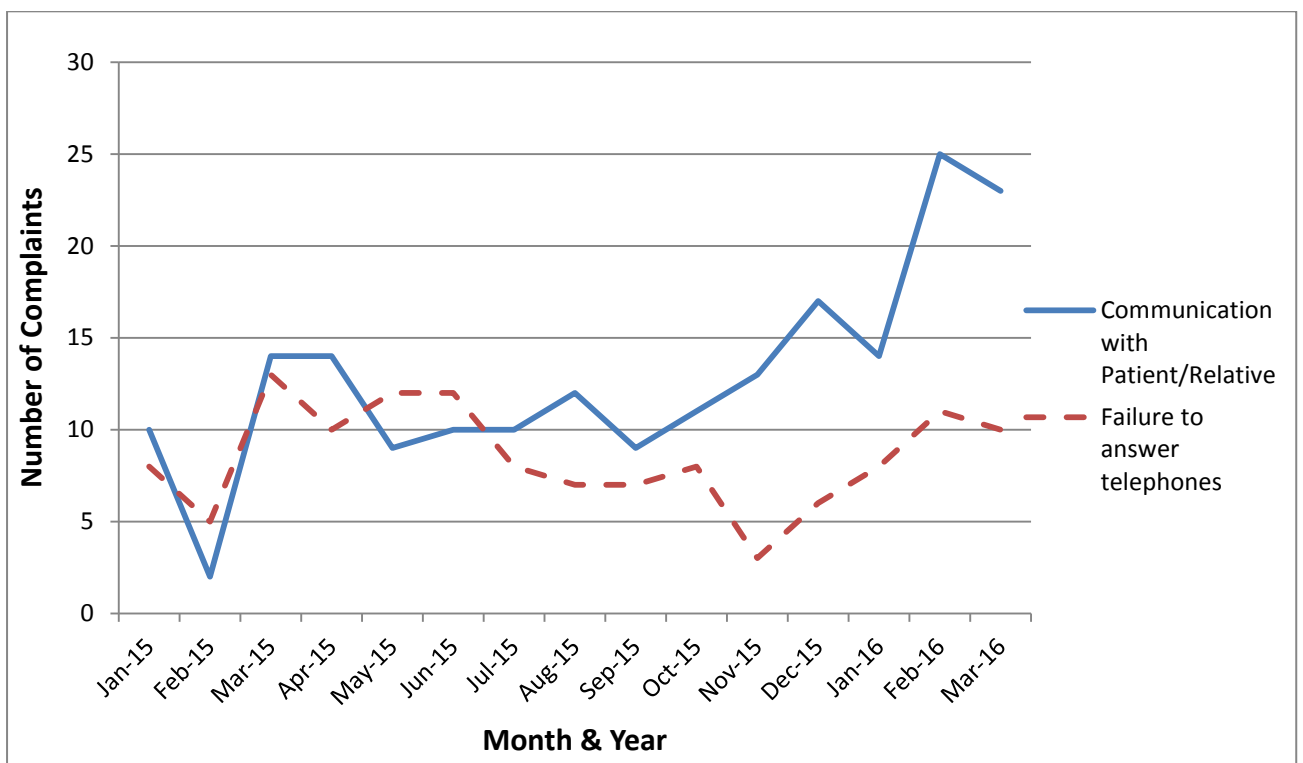


Figure 8: Communication with patient/relative and telephone answering

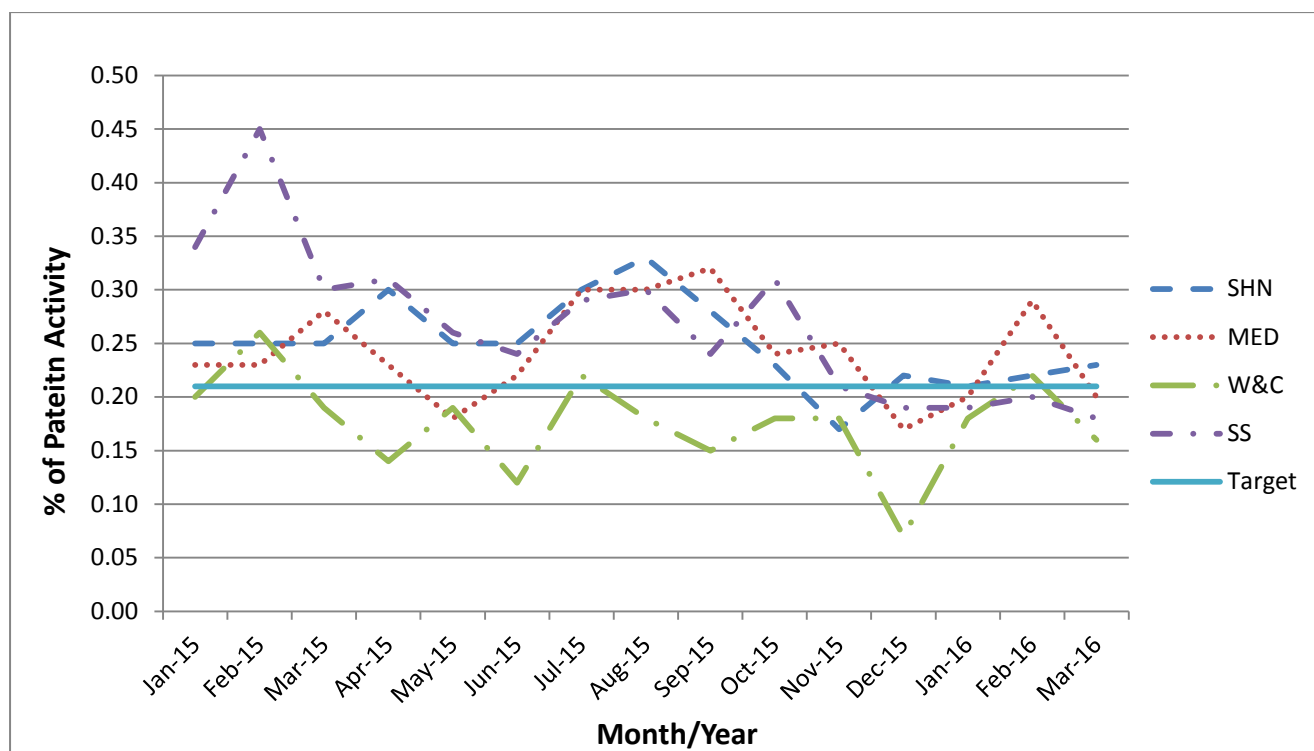


3. Divisional performance

3.1 Total complaints received

A divisional breakdown of the percentage of complaints per patient attendance is provided in Figure 9. This shows an overall increase in the volume of complaints received in the bed holding Divisions during Q4, with only Specialised Services showing a decrease in the number of complaints received.

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. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since January 2015 have been as follows:

Table 4: Complaints received by Division of Diagnostics and Therapies

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
No. of complaints received	7	5	11	2	5	7	10	4	5	12	5	7	5	13	6

3.2 Divisional analysis of complaints received

Table 5 provides an analysis of Q4 complaints performance by Division⁵. 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 5	Surgery, Head & Neck	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	182 (169) ↑	102 (94) ↑	49 (59) ↓	87 (67) ↑	24 (24) =
Total complaints received as a proportion of patient activity	0.22% (0.20%) ↑	0.23% (0.22%) ↑	0.19% (0.24%) ↓	0.18% (0.14%) ↑	N/A
Number of complaints about appointments and admissions	80 (70) ↑	19 (17) ↑	21 (21) ↓	23 (25) ↓	6 (6) =
Number of complaints about staff attitude and communication	56 (48) ↑	40 (38) ↑	11 (15) ↓	30 (10) ↑	11 (7) ↑
Number of complaints about clinical care	35 (38) ↓	28 (35) ↓	14 (19) ↓	29 (27) ↑	6 (8) ↓
Area where the most complaints have been received in Q4	Bristol Eye Hospital - 52 (49) Bristol Dental Hospital – 44 (31) Trauma & Orthopaedics - 34 (31) ENT - 17 (13) Thoracic Surgery - 7 (4)	Emergency Department (BRI) – 25 (14) Gastroenterology & Hepatology - 11 (7) Ward A300 (AMU) - 7 (4) Ward A800 - 6 (4)	BHI Outpatients - 15 (16) GUCH Services - 9 (10)	Gynaecology Outpatients – 9 (2) Paediatric Neurology - 7 (9) Paediatric Orthopaedics - 7 (4) Ward 31 - 5 (1)	Radiology – 12 (10) Pharmacy – 7 (5)
Notable deteriorations compared to Q3	Bristol Dental Hospital - 44 (31)	Emergency Department (BRI) - 25 (14) Dermatology - 19 (8)	None	Gynaecology Outpatients - 9 (2) Antenatal Clinic - 6 (1)	None
Notable improvements compared to Q3	Upper GI - 6 (14)	Respiratory - 1 (5)	Chemo Day Unit / Outpatients - 2 (9)	Children’s ED & Ward 39 - 4 (9)	None

⁵ It should be noted that the overall percentage of complaints against patient activity as shown in Table 5 differs slightly from the overall Trust percentage of 0.24% as the latter includes complaints from non-bed-holding Divisions.

3.2.1 Division of Surgery, Head & Neck

Most notably in Q4, the number of complaints received by Bristol Eye Hospital and Bristol Dental Hospital remained high and there was an increase in the number of complaints received about communication with patients/relatives. However, no complaints at all received in respect of attitude of nursing/midwifery staff or clinical care from nursing/midwifery staff throughout the Division.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q4 2015/16	Number and % of complaints received – Q3 2015/16
Access	2 (1.1% of total complaints) =	2 (1.2% of total complaints) ↓
Appointments & Admissions	80 (44%) ↑	71 (42%) ↓
Attitude & Communication	56 (30.8%) ↑	48 (28.4%) ↓
Clinical Care	35 (19.2%) ↓	38 (22.5%) ↓
Facilities & Environment	4 (2.2%) ↑	3 (1.8%) ↓
Information & Support	5 (2.7%) ↓	7 (4.1%) ↓
Total	182	169

Table 7: Top sub-categories

Category	Number of complaints received – Q4 2015/16	Number of complaints received – Q3 2015/16
Cancelled or delayed appointments and operations	69 (16.9% increase compared to Q3) ↑	59 (33% decrease compared to Q2) ↓
Clinical Care (Medical/Surgical)	14 =	14 =
Communication with patient/relative	24 (60% increase) ↑	15 (25% increase) ↑
Attitude of Medical Staff	9 (12.5% increase) ↑	8 (33.3% increase) ↑
Attitude of Nursing/Midwifery	0 (100% decrease) ↓	2 (75% decrease) ↓
Clinical Care (Nursing/Midwifery)	0 (100% decrease) ↓	2 (77.8% decrease) ↓
Failure to answer telephones	9 (50% increase) ↑	6 (60% decrease) ↓

Table 8: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
There has been an increase in the number of complaints received in respect of attitude and communication (56 complaints compared to 48 in Q3) and in particular, a 60% increase in complaints about communication with	<p>Within the Eye Hospital, this has been identified as concerns/dissatisfaction from patients regarding their diagnosis and the treatment plan presented.</p> <p>Within Trauma &</p>	<p>Actions to be taken include:</p> <ul style="list-style-type: none"> In all cases, feedback has been provided to the clinical areas regarding the complaints received and the themes identified. Themes identified are already raised at Divisional and specialty

<p>patients/relatives. Of the complaints in respect of attitude and communication, 23 were about the BEH; eight were received by Trauma and Orthopaedics; seven were for the BDH and three each were received for ward A800 and ENT outpatients.</p>	<p>Orthopaedics, the complaints all relate to delays in surgery, waiting for admissions and failure to respond to telephone calls promptly.</p> <p>Within A800, three complaints related to communication with family members and one was around the discharge process.</p>	<p>governance meetings and at the Surgery, Head & Neck Divisional Board.</p> <ul style="list-style-type: none"> • A Division-wide secret shopper exercise is to be undertaken in August regarding the answering of telephones. • During July 2016, a review will be undertaken on A800 as to the way the communications between healthcare professionals and the patient/relative are recorded and documented.
<p>Complaints received about the Bristol Dental Hospital increased from 31 in Q3 to 48 in Q4, with 20 of these being about Adult Restorative Dentistry and six in respect of Child Dental Health.</p>	<p>All complaints relate to diagnosis and the treatment plan presented to the patient.</p>	<p>The Divisional governance lead and matron will investigate this pattern of concerns.</p>
<p>Trauma & Orthopaedics complaints remained high at 34 (compared to 31 in Q3).</p> <p>The majority of these complaints (15) were in respect of cancelled or delayed appointments or procedures, with five about failure to answer telephones and three regarding clinical care (medical/surgical).</p>	<p>Five of these complaints were about telephone calls not being answered promptly. This has been identified and discussed in previous reports and was attributed to staff vacancies.</p> <p>In respect of cancelled/ delayed appointments, the Division continues to focus on ensuring timely discharges and review of pathways to ensure capacity for patient admissions is available.</p>	<p>Trauma & Orthopaedics has been identified as an area with increased complaints relating to telephone calls. Since May 2016, the area has been fully staffed and the number of complaints will be monitored.</p>

Figure 10: Surgery, Head & Neck – formal and informal complaints received

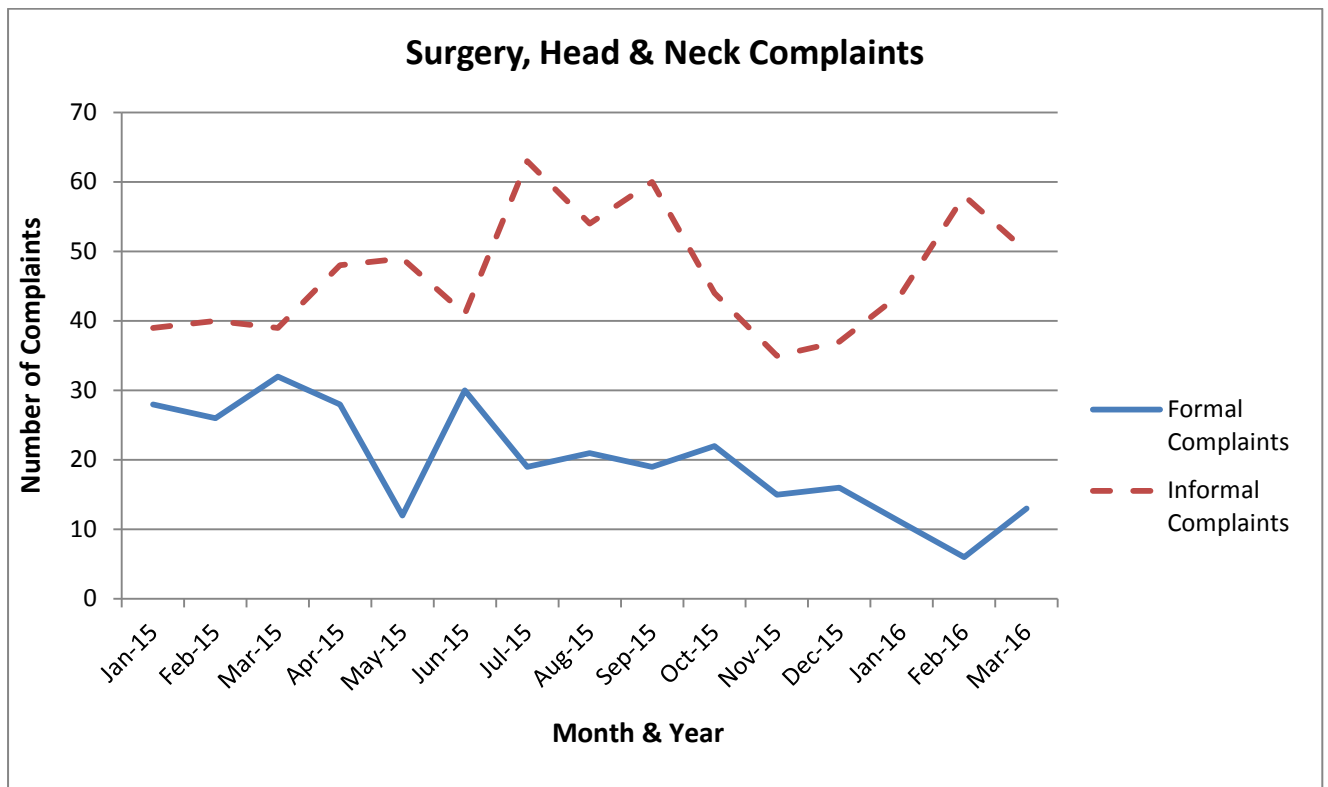
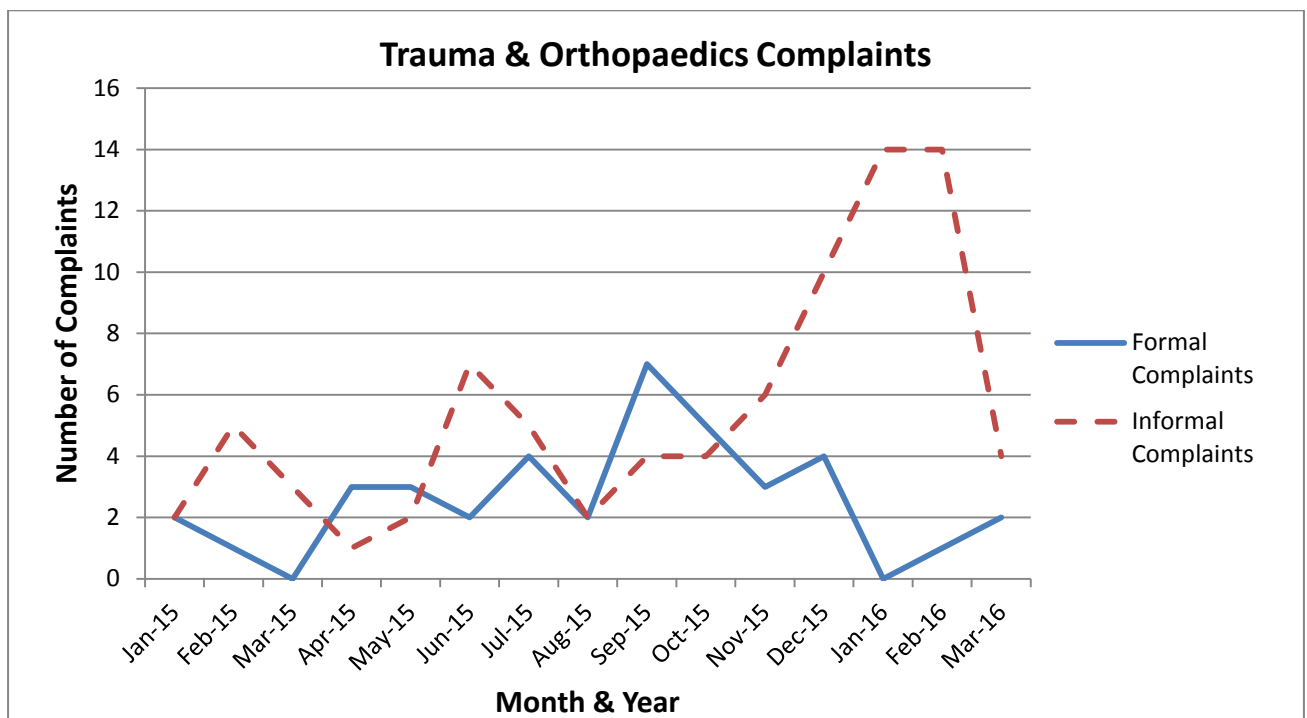


Figure 11: Complaints received by Trauma & Orthopaedics



3.2.2 Division of Medicine

Most notably in Q4, the number of complaints received by the BRI Emergency Department and the Dermatology service remained high and there was an increase in the number of complaints received under all category types, with the exception of clinical care. The majority of complaints continued to be resolved via the informal complaints (76 compared to 26 managed through the formal process).

Table 9: Complaints by category type

Category Type	Number and % of complaints received – Q4 2015/16	Number and % of complaints received – Q3 2015/16
Access	1 (1% of total complaints) ↑	0 (0% of total complaints) ↓
Appointments & Admissions	19 (18.6%) ↑	16 (17%) ↓
Attitude & Communication	40 (39.2%) ↑	36 (38.3%) ↑
Clinical Care	28 (27.5%) ↓	33 (35.1%) ↑
Facilities & Environment	8 (7.8%) ↑	4 (4.3%) ↓
Information & Support	6 (5.9%) ↑	5 (5.3%) ↓
Total	102	94

Table 10: Top sub-categories

Category	Number of complaints received – Q4 2015/16	Number of complaints received – Q3 2015/16
Cancelled or delayed appointments and operations	12 (71.4% increase compared to Q3) ↑	7 (68.2% decrease compared to Q2) ↓
Clinical Care (Medical/Surgical)	8 (55.6% decrease) ↓	18 (157.1% increase) ↑
Communication with patient/relative	12 (14.3% decrease) ↓	14 (55.6% increase) ↑
Attitude of Medical Staff	6 (100% increase) ↑	3 (40% decrease) ↓
Attitude of Nursing/Midwifery	4 (50% decrease) ↓	8 (100% increase) ↑
Clinical Care (Nursing/Midwifery)	12 (71.4% increase) ↑	7 (16.7% increase) ↑
Failure to answer telephones	9 (50% increase) ↑	6 (200% increase) ↑

Table 11: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>The ED received 25 complaints in Q4, compared with 14 in Q3. Of these 25 complaints, 10 were in respect of attitude and communication; seven were about clinical care, four were about information and support and there were two each related to facilities and environment and appointments and admissions.</p>	<p>Q4 saw sustained pressure in the ED, often with patients queuing to get into the department. This will have had an impact on the positive patient experience we would wish for our patients, many of whom waited for longer than the target four hours.</p>	<p>The new communications board for the ED waiting room is being developed and funding has been agreed. This will help those waiting to understand the delays and improve the experience of those in the department.</p>
<p>Dermatology saw a significant increase in complaints received, from eight in Q3 to 19 in Q4. Most significantly, 13 of the 19 complaints were in respect of attitude and communication.</p>	<p>All are informal complaints and mostly relate to access to or changed appointments and finding it difficult to make contact with the department. This has been impacted on by changes to appointments due to the junior doctors' strikes and performance issues of one of the administrative team.</p>	<p>The performance issues are being addressed via formal HR routes and the impact of the junior doctors' strikes should now be resolved and will not have a further impact.</p>
<p>Ward A300 (AMU) received seven complaints in Q4, compared to four in Q3. Six of these complaints related to clinical care and one was in respect of facilities and environment.</p>	<p>There are no common themes within these six clinical complaints; they were diverse in nature and each one involved a different clinical team.</p>	<p>Local action plans have been agreed and delivered where necessary.</p>

Figure 12: Medicine – formal and informal complaints received

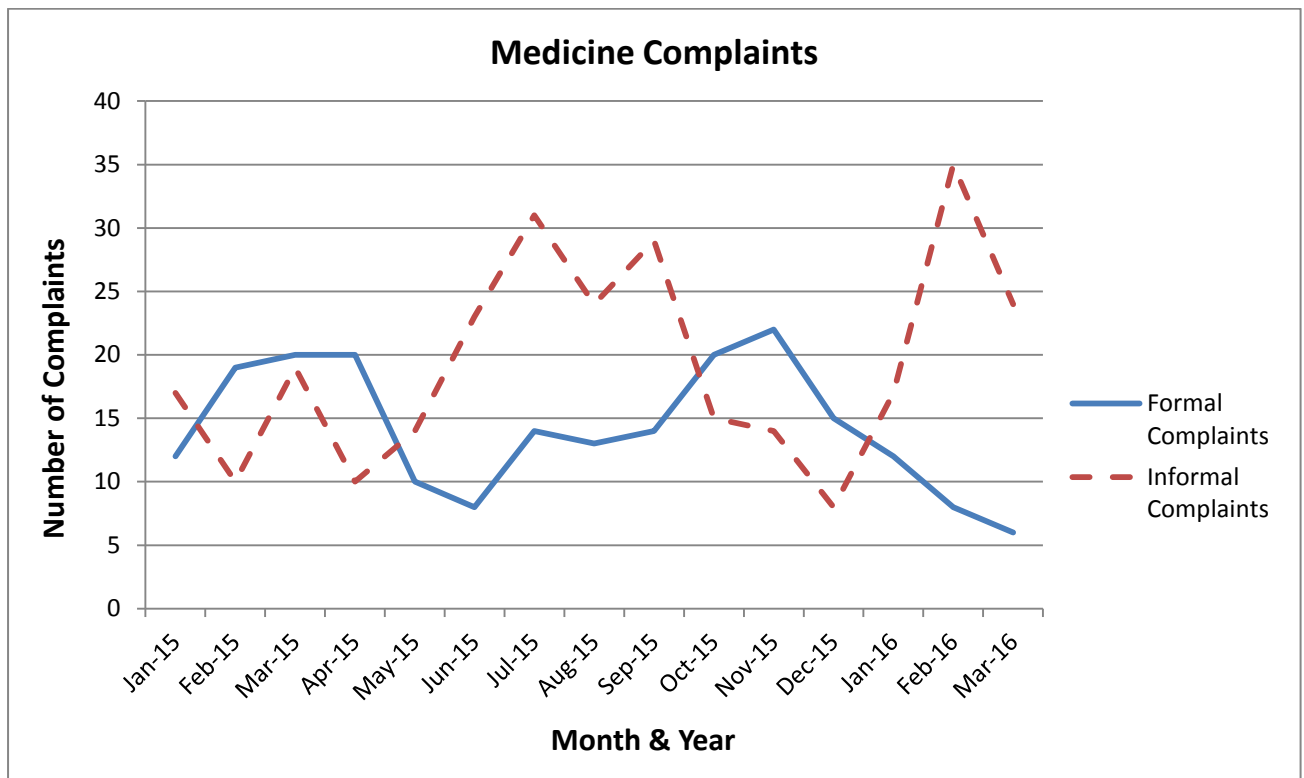
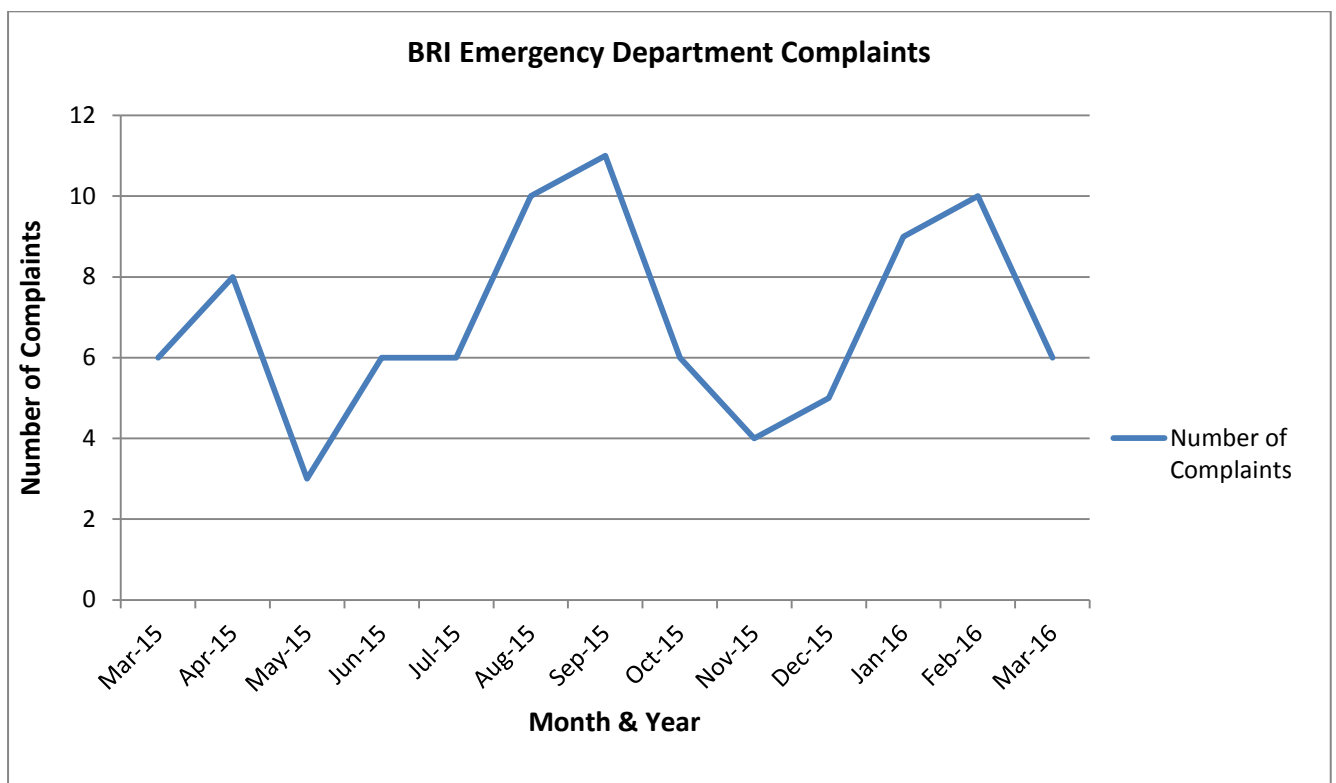


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q4, the Division did not receive any complaints in respect of access or facilities and environment issues or with regards to attitude of medical or nursing staff. Additional positive points to note are the reduction in the number of complaints received by Bristol Heart Institute Outpatients and the Chemotherapy Day Unit/Outpatients.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q4 2015/16	Number and % of complaints received – Q3 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	21 (42.9%) =	21 (35.6%) ↓
Attitude & Communication	11 (22.4%) ↓	15 (25.4%) ↓
Clinical Care	14 (28.6%) ↓	18 (30.5%) ↑
Facilities & Environment	0 (0%) ↓	2 (3.4%) ↓
Information & Support	3 (6.1%) =	3 (5.1%) ↓
Total	49	59

Table 13: Top sub-categories

Category	Number of complaints received – Q4 2015/16	Number of complaints received – Q3 2015/16
Cancelled or delayed appointments and operations	16 (14.3% increase compared to Q3) ↑	14 (26.3% increase compared to Q2) ↑
Clinical Care (Medical/Surgical)	5 (44.4% decrease) ↓	9 (28.6% increase) ↑
Communication with patient/relative	3 (50% decrease) ↓	6 (500% increase) ↑
Attitude of Medical Staff	0 (100% decrease) ↓	1 (80% decrease) ↓
Attitude of Nursing/Midwifery	0 =	0 =
Clinical Care (Nursing/Midwifery)	3 =	3 (200% increase) ↑
Failure to answer telephones	3 =	3 (57.1% decrease) ↓

Table 14: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
21 complaints were received about appointments and admissions. Of the complaints recorded under this category, five were in respect of delayed appointments at the BHI; four were about delayed operations or procedures at BHI; two were related to admissions arrangements at the BHI and two were regarding delayed procedures at BHOC.	<p>Of the five complaints about delayed appointments, one related to a patient awaiting a cardiac surgery outpatient appointment, two were related to cardiac device checks, one was about a delay with an MRI scan appointment and one was in respect of a cardiology outpatient appointment.</p> <p>The four delayed operations or procedures reported highlight an extended wait for ablations and patient foramen ovale (PFO) closures. NHS England allocates a set number of PFO closures it is able to undertake within a 12 month period. The Division has undertaken the allotted numbers of procedures and is awaiting the allocation for the new financial year.</p>	<p>The Division has reduced the waiting times for ablation procedures from 52 weeks to 40 weeks over the last few months. The Division is working closely with the Spire Hospital in addition to implementing weekend waiting list initiatives to further reduce the waiting time for this procedure.</p> <p>The Deputy Divisional Director has communicated to NHS England that there are further patients awaiting PFO closures.</p>

Figure 14: Specialised Services – formal and informal complaints received

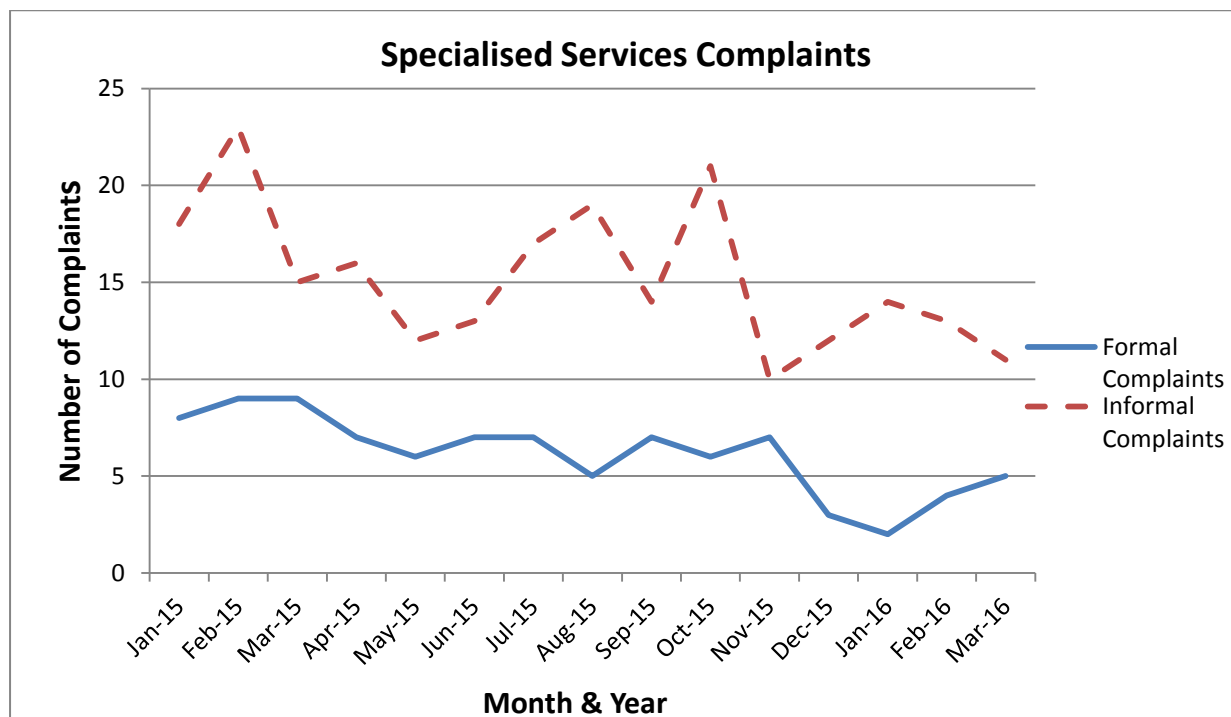
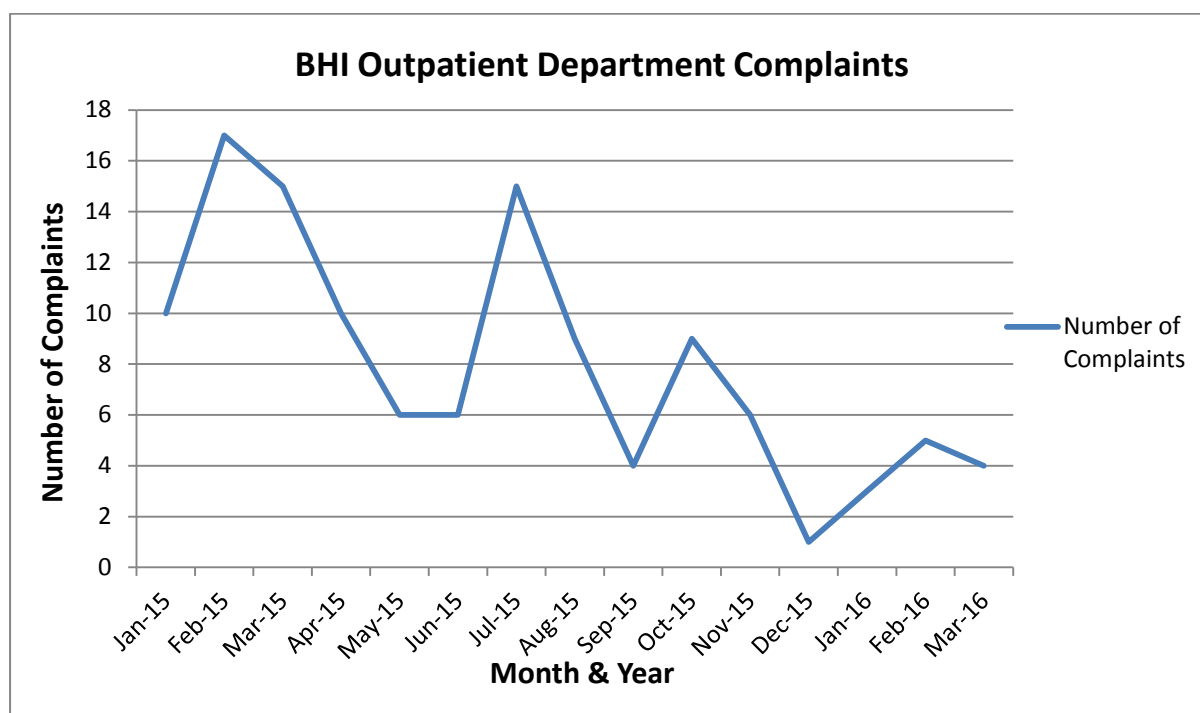


Figure 15: Complaints received by BHI Outpatients



3.2.4 Division of Women’s and Children’s Services

Most notably in Q4, the Division saw a significant increase in complaints about attitude and communication, however there was also a sizeable reduction in the number of complaints received in respect of cancelled or delayed appointments/operations for the second successive quarter.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q4 2015/16	Number and % of complaints received – Q3 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	23 (26.4%) ↓	26 (38.8%) ↓
Attitude & Communication	30 (34.5%) ↑	11 (16.4%) ↓
Clinical Care	29 (33.3%) ↑	27 (40.3%) ↑
Facilities & Environment	2 (2.3%) =	2 (3%) =
Information & Support	3 (3.4%) ↑	1 (1.5%) ↓
Total	87	67

Table 16: Top sub-categories

Category	Number of complaints received – Q4 2015/16	Number of complaints received – Q3 2015/16
Cancelled or delayed appointments and operations	12 (36.8% decrease compared to Q3) ↓	19 (24% decrease compared to Q2) ↓
Clinical Care (Medical/Surgical)	12 =	12 (9.1% increase) ↑
Communication with patient/relative ⁶	18 (260% increase) ↑	5 (28.6% decrease) ↓
Attitude of Medical Staff	2 (33.3% decrease) ↓	3 (50% decrease) ↓
Attitude of Nursing/Midwifery	3 (50% increase) ↑	2 (33.3% decrease) ↓
Clinical Care (Nursing/Midwifery)	10 (66.7% increase) ↑	6 (20% increase) ↑
Failure to answer telephones	1 =	1 ↑

Table 17: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
In Q4, there was a significant increase in the number of complaints relating to attitude and communication, with 30 complaints compared to 11 in Q3. 17 of complaints in this category were received by BRHC and 13 by STMH. Communication with patient/relative accounted for 18 of these complaints; four were in respect of attitude of nursing/midwifery staff and three were regarding attitude of medical staff.	<p>St Michael's Hospital</p> <p>Many of the complaints received were in respect of complex clinical care and women having a misunderstanding of what had happened to them or their baby.</p> <p>Some of the patients do not always understand what has been communicated to them or they have unrealistic expectations about what can be offered or what labour will be like.</p> <p>There were also some issues raised with regards to the role of the ambulance service attending a BBA (born before arrival) and the requirement for a midwife to attend.</p> <p>Q4 complaints were also</p>	<p>St Michael's Hospital</p> <p>Encouragement will continue to be given to midwives to debrief patients about their labour.</p> <p>A meeting is being organised with the ambulance service to discuss the issues identified about the role of the community midwives in cases where the baby is BBA. Attempts are currently underway to arrange this meeting for August 2016.</p> <p>Learning from complaints is part of the midwifery specific patient safety day, which midwives attend every other year.</p>

⁶ The other twelve complaints about attitude and communication were made up of four complaints about the attitude of nursing/midwifery staff, three about the attitude of medical staff, two about failure to answer telephones and one each about confidentiality, attitude of administrative staff and attitude of another patient.

	<p>affected by dissatisfaction expressed by BRI 'outlier' patients who were accommodated at St Michael's Hospital during a period of acute winter pressures.</p> <p>Bristol Royal Hospital for Children</p> <p>In Q3, the Division received a total of 67 complaints, against patient attendance of 46,316 (0.14%).</p> <p>During Q4, it was an incredibly busy period and winter pressures were high. The Division received a total of 87 complaints against patient attendances of 47,546 (0.17%).</p> <p>The formal and informal complaints received that related to attitude and communication were spread across many specialties (over 15 individual areas) with no discernible trends identified.</p>	<p>Bristol Royal Hospital for Children</p> <p>Complaints received are shared with the teams or individuals involved, who investigate these and reflect and share learning.</p> <p>Themes are reviewed and will be actioned through the Bristol Royal Hospital for Children's Patient Experience Group which has multi-specialty staff membership.</p>
<p>The Division received 10 complaints about clinical care provided by nursing/midwifery staff.</p>	<p>These complaints were spread across various departments without a discernible trend, other than that one was received by BRHC and the remaining nine were received by STMH.</p>	<p>N/A</p>

Figure 16: Women & Children – formal and informal complaints received

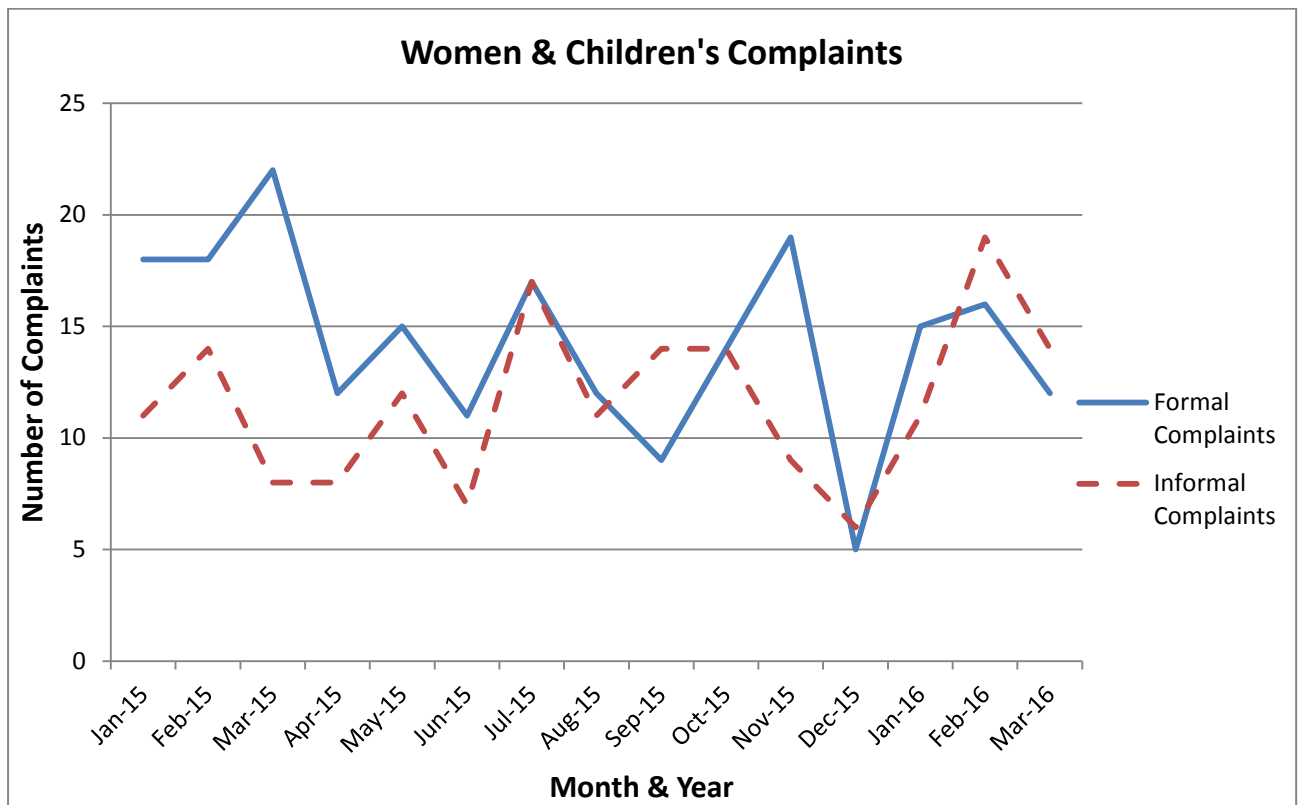
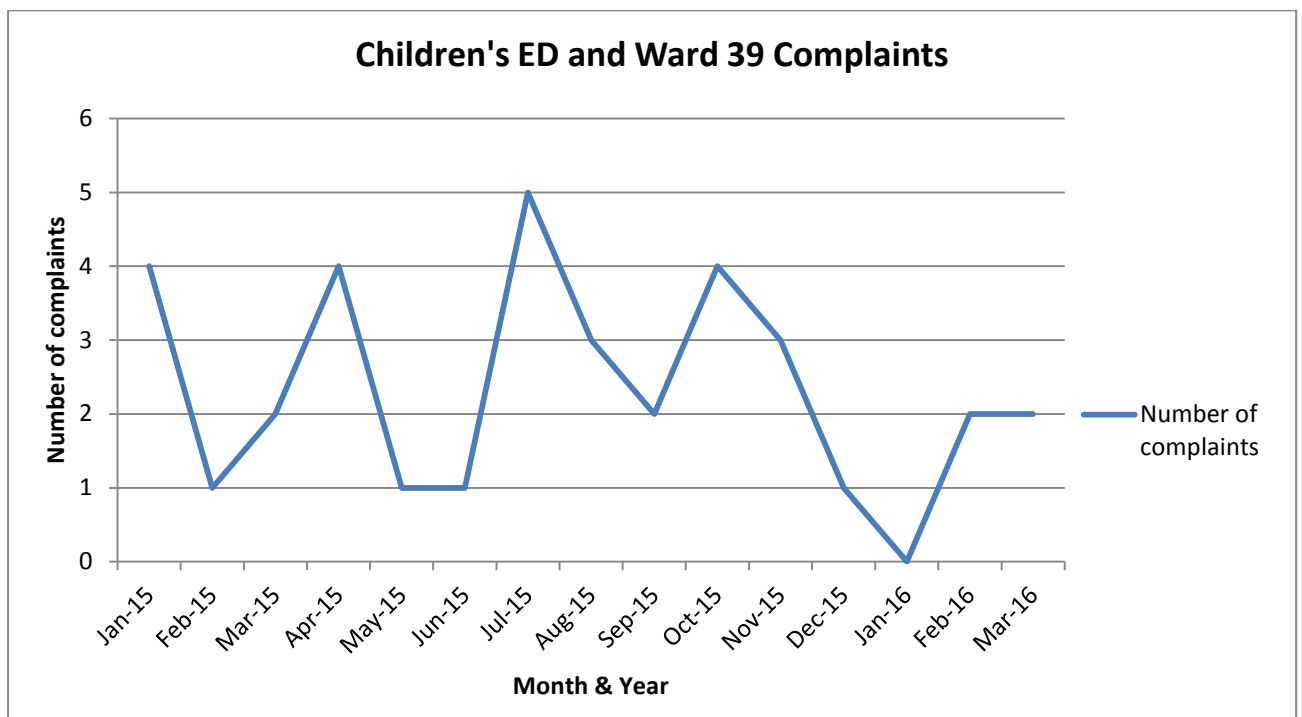


Figure 17: Complaints received by Children’s Emergency Department and Ward 39⁷



⁷ Ward 39 is included with the Emergency Department as it provides observational care to patients attending the Emergency Department.

3.2.5 Division of Diagnostics & Therapies

Most notably in Q4, the Division saw an increase in complaints about Radiology and Pharmacy services (Trust-wide). In common with all other Divisions (except Specialised Services), the Division received an increased number of complaints in relation to attitude and communication.

Table 18: Complaints by category type

Category Type	Number and % of complaints received – Q4 2015/16	Number and % of complaints received – Q3 2015/16
Access	0 (0% of total complaints)	0 (0% of total complaints) =
Appointments & Admissions	6 (25%) =	6 (25%) =
Attitude & Communication	11 (45.8%) ↑	7 (29.2%) ↑
Clinical Care	6 (25%) ↓	8 (33.3%) ↑
Facilities & Environment	0 (0%) ↓	2 (8.3%) ↑
Information & Support	1 (4.2%) =	1 (4.2%) ↑
Total	24	24

Table 19: Top sub-categories

Category	Number of complaints received – Q4 2015/16	Number of complaints received – Q3 2015/16
Cancelled or delayed appointments and operations	6 (50% increase compared to Q3) ↑	4 (33.3% decrease compared to Q2) ↓
Clinical Care (Medical/Surgical)	2 (100% increase) ↑	1 (75% decrease) ↓
Communication with patient/relative	4 (300% increase) ↑	1 (50% decrease) ↓
Attitude of Medical Staff	0 (100% decrease) ↓	1 (50% decrease) ↓
Attitude of Nursing/Midwifery	0 (100% decrease) ↓	1
Clinical Care (Nursing/Midwifery)	0 =	0 =
Failure to answer telephones	2 (100% increase) ↑	1 ↑

Table 20: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>Radiology services received 12 complaints in total for Q4, seven of which were formal and 5 informal.</p> <p>There were five complaints in respect of attitude and communication; four about appointments and admissions; two regarding clinical care and one in respect of information and support.</p>	<p>The complaints in respect of radiology services were spread across the Trust with five being in respect of BRI Radiology, four about radiology services at the Children’s Hospital and one each about Bristol Haematology & Oncology Centre, the MRI scanner and the BRI ultrasound.</p>	<p>All complaints were thoroughly investigated through either the formal or informal complaints process and the following actions have been taken:</p> <ul style="list-style-type: none"> • Staff are undertaking regular audits to ensure no duplicate requests for scans are made; • Patient leaflets have been redesigned to reiterate the possible side effects of taking bowel preparations prior to scans; • The radiology administration manager has reiterated the importance of complying with the Trust values to all administrative staff; • An action plan has been developed to improve referral processes and referring electronically through ICE where possible, rather than sending paper referrals; • Changes have been made to a patient information leaflet about scans, with the help of the patient involved in the complaint; • Capacity has been increased in order to speed up the turnaround of radiology reporting.

<p>Adult Therapies received three complaints in Q4, all of which were dealt with via the informal process.</p>	<p>One of these complaints was in respect of attitude and communication; one was about clinical care and one was regarding appointments and admissions.</p> <p>The clinical care complaint related to a patient feeling they had not been fully assessed in physiotherapy.</p>	<p>All complaints have been thoroughly investigated and apologies issued where appropriate.</p> <p>In one case the patient advised that they had been waiting for 30 weeks when in fact they had been waiting for four weeks and one patient was contacted on the Monday and an apology issued after they had failed to get through to the department on the Friday.</p> <p>The patient had received a full assessment on three separate occasions. The patient did not attend they last appointment and did not respond to the department's attempts to resolve the complaint.</p>
<p>Audiology received three complaints in Q4, two of which were dealt with informally and one formally.</p>	<p>Two of the complaints were regarding attitude and communication and one was in respect of appointments and admissions.</p> <p>One complaint was in respect of a potential breach of patient confidentiality.</p>	<p>As a result of these complaints, the following actions have been taken:</p> <ul style="list-style-type: none"> • Appointment letters have been updated to include clearer directions to the department; signage to the audiology department has been improved. <p>A formal investigation found no evidence of information being provided to a third party. Information Governance and IM&T were involved in the investigation.</p>

<p>Pharmacy received 3 complaints in Q4, two of which were dealt with through the formal complaint process and one through the informal process.</p>	<p>Two complaints were received in respect of clinical care, both of which related to the BRHC pharmacy.</p> <p>One complaint was regarding attitude and communication and was about the Boots pharmacy at the BRI.</p>	<p>All complaints were thoroughly investigated and apologies issued where appropriate.</p> <p>As a result of the complaints, the following actions have been taken:</p> <ul style="list-style-type: none"> • Additional safeguards have been agreed and put in place across all hospital dispensaries; • A new process has been agreed between the Trust and one of its external providers regarding dosage checking.
<p>There was a significant increase in the number of complaints in Q4 relating to attitude and communication.</p> <p>Five of these complaints were received by radiology services, three by adult therapy services and two by the audiology service.</p>	<p>The individual complaints have been investigated.</p>	<p>The Division is establishing a Clinical Quality Committee which will review complaints/trends and patient experience to ensure themes and learning are being shared and actioned across the whole Division, as well as within individual services.</p>

Figure 18: Diagnostics and Therapies – formal and informal complaints received

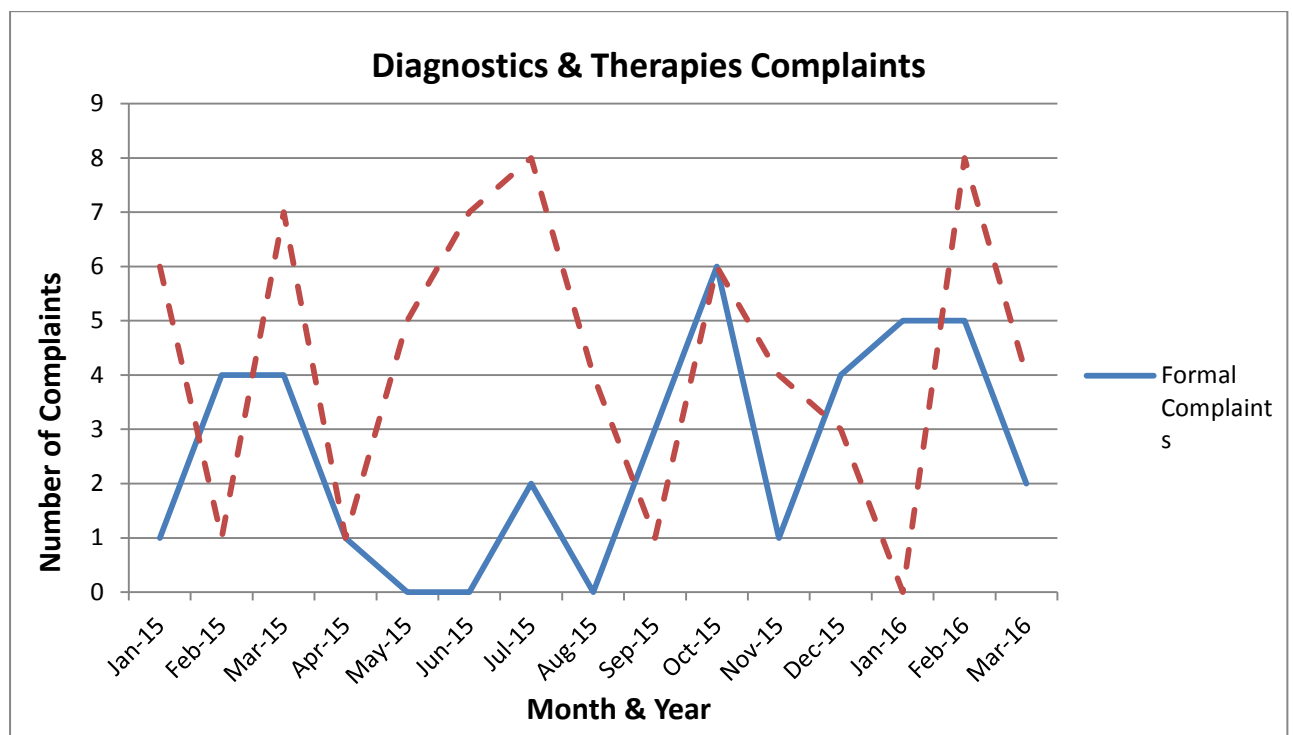
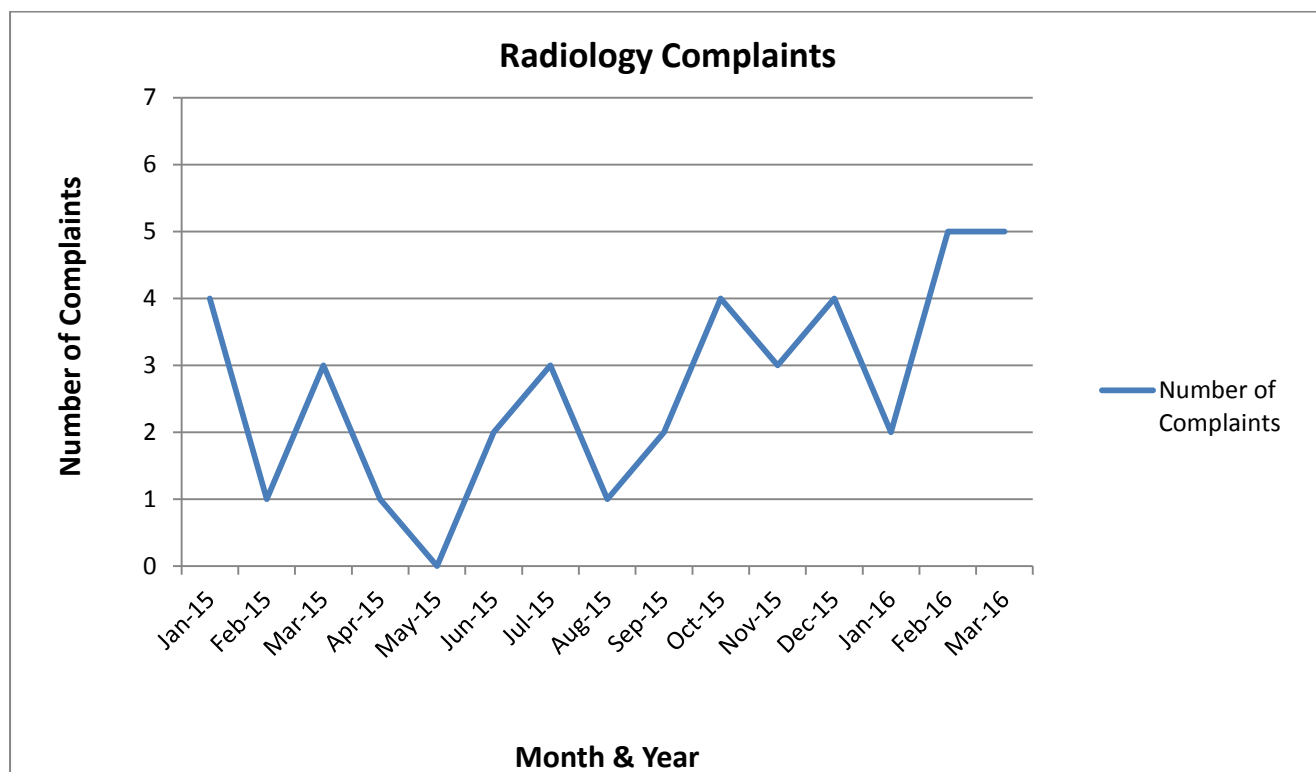


Figure 19: Complaints received by Radiology (Trustwide)



3.3 Complaints by hospital site

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

Table 21: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q4 2015/16	Number and % of complaints received in Q3 2015/16
Bristol Royal Infirmary (BRI)	209 (43.9% of total complaints)	196 (43.8% of total complaints)
Bristol Eye Hospital (BEH)	52 (10.9%)	49 (11%)
Bristol Dental Hospital (BDH)	44 (9.2%)	31 (7%)
St Michael's Hospital (StMH)	52 (10.9%)	31 (7%)
Bristol Heart Institute (BHI)	45 (9.5%)	52 (11.7%)
Bristol Haematology & Oncology Centre (BHOC)	10 (2.1%)	17 (3.8%)
Bristol Royal Hospital for Children (BRHC)	59 (12.4%)	55 (12.3%)
South Bristol Community Hospital (SBCH)	5 (1.1%)	15 (3.4%)
Total	476	446

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 each hospital site receives is broadly in line with its proportion of attendances. For example, in Q4, BRHC accounted for 16.2% of all attendances and 12.4% of all complaints.

Table 22: Complaints rates by hospital site

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	209	61,311	0.34%	30.5%	43.9%
BEH	52	32,160	0.16%	16%	10.9%
BDH	44	21,425	0.21%	10.6%	9.2%
StMH	52	21,963	0.24%	10.9%	10.9%
BHI	45	5,216	0.86%	2.6%	9.5%
BHOC	10	19,227	0.05%	9.6%	2.1%
BRHC	59	32,643	0.18%	16.2%	12.4%
SBCH	5	7,147	0.07%	3.6%	1.1%
Total	476	201,092	0.24%		

This analysis shows that Bristol Royal Infirmary and Bristol Heart Institute continue to receive the highest rates of complaints and that they both receive a disproportionately high volume of complaints compared to their share of patient activity.

3.4 Complaints responded to within agreed timescale

All of the clinical Divisions, with the exception of Diagnostics & Therapies, reported breaches in Q4, totalling 31 breaches, which represents a significant improvement on the 65 breaches reported in Q3. The table below shows how these breaches were broken down by Division.

Table 23: Breakdown of breached deadlines

Division	Q4 2015/16	Q3 2015/16	Q2 2015/16	Q1 2015/16
Surgery, Head & Neck	10 (24.4%)	16 (31.4%)	12 (22.6%)	9 (12.9%)
Medicine	10 (28.6%)	18 (48.6%)	3 (8.8%)	9 (20%)
Specialised Services	3 (23.1%)	8 (36.4%)	6 (30%)	2 (11.1%)
Women & Children	8 (34.8%)	21 (65.6%)	2 (5.1%)	7 (17.1%)
Diagnostics & Therapies	0 (0%)	2 (22.2%)	0 (0%)	1 (10%)
All	31 breaches	65 breaches	23 breaches	28 breaches

(So, as an example, there were eight breaches of timescale in the Division of Women & Children in Q4, which constituted 34.8% of the complaints responses that 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; or any delays during the sign-off process itself. Sources of delay are shown in the table below.

Table 24: Source of delays

	Source of delays in Q4 2015/16			Totals
	Division	PSCT	Executive sign-off	
Surgery, Head & Neck	7	2	1	10
Medicine	9	0	1	10
Specialised Services	3	0	0	3
Women & Children	5	1	2	8
Diagnostics & Therapies	0	0	0	0
All	24	3	4	31 breaches

Although the majority of responses were prepared by the Division within the time agreed (112 out of 122 responses or 91.8%), the need for changes/improvements following executive review led to 31 cases breaching the deadline by which they were sent to the complainant. Therefore only 74.6% of responses were actually sent out on time, against a target of 95%.

Actions being taken to improve the quality of responses and reduce the number of breaches include:

- All response letters received from Divisions are checked by the caseworker managing the complaint and then reviewed by the Patient Support & Complaints Manager prior to Executive sign-off.
- A random selection of complaint responses are also reviewed by the Head of Quality (Patient Experience & Clinical Effectiveness) prior to Executive sign-off.
- Training aimed at improving the quality of written complaint responses is being rolled out to all Divisions, with two sessions having already been delivered at the time of writing this report.
- Standard Operating Procedures (SOPs) have been produced in respect of the process for checking and signing off response letters and for the escalation of more serious or complex complaints for Executive review.
- During Q4, the process was changed to allow seven working days for the review and sign-off process. This has resulted in a reduction in the number of breaches from 65 in Q3 to 31 in Q4.

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 135 such enquiries, compared to 153 in Q3. These enquiries can be categorised as:

- 95 requests for advice and information (104 in Q3)
- 37 compliments (41 in Q3)
- 3 requests for support (8 in Q3)

The table below shows a breakdown of the 98 requests for advice, information and support dealt with by the team in Q4.

Table 25: Enquiries by category

Category	Number of enquiries
Information about patient	27
Hospital information request	23
Signposting	11
Accommodation enquiry	6
Clinical information request	6
Medical records requested	4
Travel arrangements	3
Patient choice information	2
Freedom of Information request	2
Clinical care (medical/surgical)	2
Waiting time in clinic	1
Transport request	1
Personal property	1
Benefits and social care	1
Bereavement support	1
Disability support	1
Communication with patient/relative	1
Complaints handling	1
Discharge arrangements	1
Emotional support	1
Follow-up treatment	1
Medication not received	1
Total	98

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

One of the Key Performance Indicators (KPIs) used by 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.

In line with the NHS Complaints Procedure (2009), the Trust's policy states that this review will take place within three working days of receipt of written complaints (including emails), or within two working days of receipt of verbal complaints (including PSCT voicemail).

In Q4, 195 complaints were received verbally and 281 were received in writing. Of the 195 verbal complaints, 180 (92.3%) were acknowledged within two working days. The remaining 15 cases were all acknowledged within three working days.

Of the 281 written complaints, 280 (99.6%) were acknowledged within three working days. The remaining case was acknowledged within four working days.

6. PHSO cases

During Q4, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in five new complaints (two of which are from the same complainant), compared to five in Q3 and three in Q2. Tables 26 to 28 list these new cases, cases with existing PHSO interest and cases now closed by the PHSO. Of the six cases that were closed in Q4, one was upheld, two were partly upheld and three were not upheld.

Table 26: New PHSO cases

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
18315	SOC		19/03/2015	BRI	Rheumatology	Medicine
Contacted by PHSO in January 2016. Copy of complaints file and medical records sent to PHSO; Division had no comments to make at this stage. PHSO contacted us 6 June 2016 to confirm that they would be investigating this complaint and the patient's other complaint (see below) together and requesting copies of patient's x-rays. Disc containing the requested images sent to the PHSO on 9 June 2016. PHSO have asked for Division to comment by 15 June 2016 as complainant has added further information to his complaint.						
18318	SOC		27/03/2015	BRI	Adult Therapy	Diagnostics & Therapies
See case 18315 above – complaints being dealt with together by PHSO.						
18856	SC	VP	22/05/2015	BRI	Ward B501	Medicine
Contacted by PHSO in February 2016. Copy of complaints file and medical records sent to PHSO; Division had no comments to make at this stage. Currently waiting to hear further from PHSO.						
19541	AA	LA	13/08/2015	BRI	Gastroenterology & Hepatology	Medicine
Contacted by PHSO in March 2016. Copy of complaints file and medical records sent to PHSO; Division had no comments to make at this stage. Currently waiting to hear further from PHSO.						

16841	JA	RA	17/09/2014	BHOC	Ward D603	Specialised Services
Contacted by PHSO in March 2016. Copy of complaints file and medical records sent to PHSO; Division had no comments to make at this stage other than to confirm that complainant had not come back to us to say they were dissatisfied following our original response. Received final report from PHSO on 6 June 2016, advising that they were not upholding the complaint.						
15534	AN		22/04/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in March 2016. Copy of complaints file and medical records sent to PHSO; Division had no comments to make at this stage. Currently waiting to hear further from PHSO.						

Table 27: Existing PHSO cases

18420	MK		31/03/2015	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
PHSO draft report received 14 March 2016 stating that they did not uphold the complaint. However, the patient is appealing this and we are currently awaiting the PHSO's final report following this appeal.						
16474		CM	05/08/2014	BRI	Ward A604	Surgery, Head & Neck
PHSO contacted us in June 2016 requesting for further information. This has been provided to the PHSO, who state that we should receive their final report by the end of June 2016.						
16977	LG	KG	30/09/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
PHSO requested copies of some x-rays – these were sent to them in March 2016. Currently waiting to hear further from the PHSO with their findings.						
17173	DF	DJ	29/10/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Currently awaiting further contact from the PHSO.						

Table 28: Closed PHSO cases

15213	WE	VE	10/03/2014	BHOC	Chemotherapy Outpatients	Specialised Services
PHSO final report received in January 2016 and complaint upheld. Recommendation made that Trust writes to the complainant acknowledging the failings identified and apologising for these and the impact they had. The Trust also had to produce an action plan detailing what actions would be taken to avoid a recurrence.						
15952	KH	JH	09/06/2014	BRI	Ward 11	Medicine
PHSO final report received March 2016 confirming that they would not be upholding the complaint.						
12124 & 11500		SM	21/11/2012 & 13/08/2012	BRI & BHI	Urology & Cardiology	Surgery, Head & Neck and Specialised Services
PHSO final report received on 29 January 2016, partially upholding the complaint. PHSO recommended that we write to the patient acknowledging the failings identified and apologising for these and to produce a joint action plan with North Bristol Trust (NBT) in order to address the points raised and prevent a recurrence.						

17584	LT	CT	19/12/2014	BRI	Trauma & Orthopaedics	Surgery, Head & Neck
PHSO's final report received in February 2016, partially upholding the complaint. PHSO recommended that the Trust should write an apology to the patient, completes an RCA to identify why the failing happened and pay the patient compensation of £150. The PHSO also asked the Trust to provide evidence of learning from this case and make changes to its procedures to ensure that flexibility would be applied to similar cases in future.						
17400	NM	KT	26/11/2014	BHOC	Ward D603	Specialised Services
PHSO's final report received in February 2016 and they did not uphold the complaint.						
15464	JR	LM-J	10/04/2014	BHI	Ward C708	Specialised Services
PHSO's final report received on 30 March 2016 confirming that they are not upholding the complaint.						

7. Protected Characteristics

We are unable to report on protected characteristics in Q4 2015/16 as the information held on the new Datix system, which is now used to record complaints, does not match the information held on Medway and is therefore not transferring across. This issue is currently being investigated by the Risk Management Team responsible for the Datix system.