



University Hospitals Bristol
NHS Foundation Trust

ANNUAL COMPLAINTS REPORT 2016/2017

Contents

Section	Page
Executive Summary	3
1. Accountability for complaints management	4
2. Complaints reporting	4
3. Total complaints received in 2016/2017	5
4. Complaint themes	6
5. Performance in responding to complaints	7
5.1 Proportion of complaints responded to within timescale	7
5.2 Numbers of complainants who are dissatisfied with our response	8
6. Parliamentary and Health Service Ombudsman	9
7. Information, advice and support	9
8. Looking back and ahead	10

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 in 2016/2017. The report also records other support provided by the Trust's Patient Support and Complaints Team¹ during the year.

In summary:

- 1,875 complaints were received by the Trust in the year 2016/2017, averaging 156 per month. Of these, 487 were managed through the formal investigation process and 1,388 through the informal investigation process. This compares with a total of 1,941 complaints received in 2015/2016, a decrease of 3%. During 2016/17, the volume of complaints received by the Trust as a proportion of patient activity was 0.23%: a decrease on 2015/2016, when 0.25% of patient episodes resulted in a complaint.
- In addition, the Patient Support and Complaints Team dealt with 814 other enquiries, including compliments, requests for support and requests for information and advice: a substantial increase on the 599 enquiries dealt with in 2015/2016.
- The Trust had eight complaints referred to the Parliamentary and Health Service Ombudsman in 2016/17, compared with 15 in 2015/16 and 12 in 2014/15. Two of the complaints referred during 2016/17 were not upheld and two were partially upheld; the remaining four cases are still being considered by the Ombudsman (as of 8 May 2017).
- 86.1% of formal complaints were responded to within the agreed timescale, an increase on the 75.2% achieved in 2015/16 and higher than the 85.9% recorded for 2014/15.
- At the time of writing, 65 complainants have expressed dissatisfaction with complaints responses sent out during 2016/17. This equates to 11.0% of the total responses sent out. This compares with 59 (9.1%) dissatisfied complaints received in 2015/16.
- During the year, the Trust's complaints service has received inspections from NHS Improvement and the Care Quality Commission, but with positive outcomes.
- In 2016/17, the Trust's Complaints Policy was comprehensively reviewed, introducing new guidance about situations in which staff may wish to seek independent input into the investigation of patients and families' concerns.
- In 2016/17 the Trust changed its complaints management system/software. As a consequence, we are not in a position to report reliable complaints equalities monitoring data for the year, however steps have been taken to ensure that comprehensive data is collected for 2017/18.

¹ 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, two full-time (one post is a fixed term contact until March 2018) and three part-time complaints officers/caseworkers (Band 5) and three part-time administrators (Band 3). The total team resource, including the manager, is currently 8.5 WTE.

2. Complaints reporting

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

- Percentage of complaints per patient attendance
- 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 2016/2017

In 2016/17, the Trust’s target was that the volume of complaints received should not exceed 0.21% of patient activity – in other words, that no more than approximately 1 in 500 patients complain about our service. We achieved 0.23% in 2016/17, compared with 0.25% in 2015/16 (see Figure 1). The total number of complaints received during the year was 1,875, a decrease of 3.4% on the 1,941 complaints received the previous year. Of these, 487 (26.0%) were managed through the formal investigation process and 1,388 through the informal investigation process; this compares with 647 (33.3%) complaints managed formally in 2015/16 and 1,294 managed formally.

Compared with 2016/17, there was a decrease of 24.7% in the number of complaints managed through the formal investigation process and a 7.4% increase in the number of complaints managed through the informal investigation process. This continues a pattern noted in last year’s annual report and is a positive change – we want to address concerns 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 concerns raised can usually be addressed quickly by means of an investigation by the divisional management team and a telephone call to the complainant. The figures below do not include informal complaints and concerns which are dealt with directly by staff in our Divisions. We are currently investigating how systems might be put in place to record and report this information in the future.

Figure 1 - Monthly complaints as a percentage of patient activity 2015/16 and 2016/17

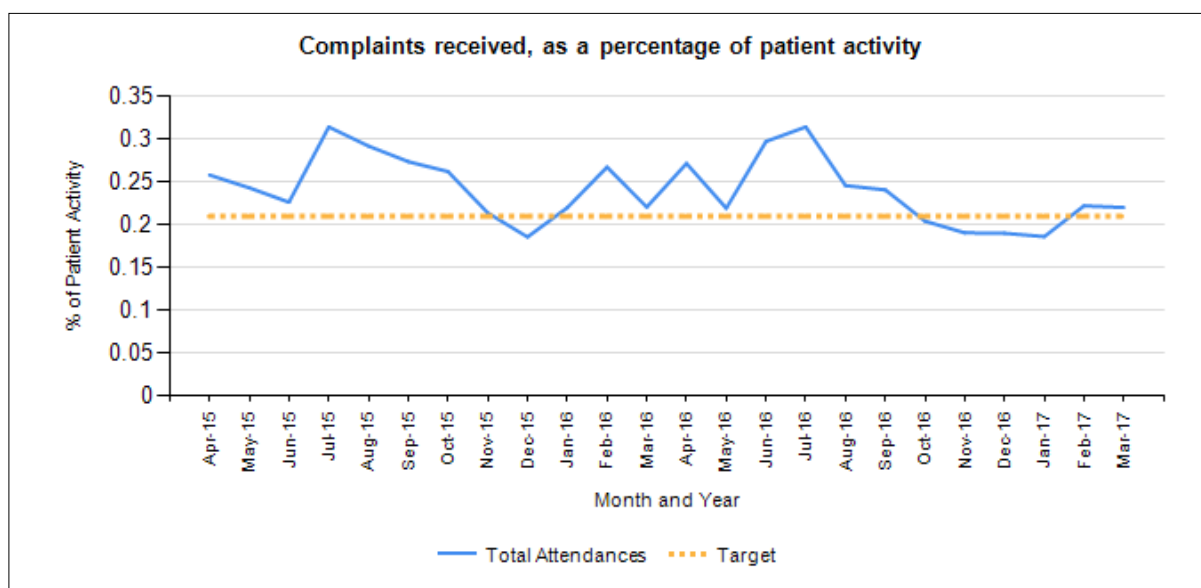


Table 1 below shows the number of complaints received by each of the Trust's clinical divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

Table 1 - Breakdown of complaints by Division

Division	Informal Complaints 2016/2017	Formal Complaints 2016/2017	Divisional Total 2016/17	Informal Complaints 2015/2016	Formal Complaints 2015/2016	Divisional Total 2015/16
Surgery, Head and Neck	553 ↓	127 ↓	680 ↓	583 ↑	212 ↓	795 ↑
Medicine	301 ↑	122 ↓	423 ↑	244 ↑	162 ↓	406 ↑
Specialised Services	209 ↑	84 ↑	293 ↑	172 ↓	66 ↓	238 ↓
Women and Children	156 ↑	121 ↓	277 ↓	142 ↓	157 ↓	299 ↓
Diagnostics and Therapies	56 =	15 ↓	71 ↓	56 ↓	24 ↓	80 ↓
Trust Services (including Facilities & Estates)	113 ↑	18 ↓	133 ↑	97 ↑	26 ↓	123 ↑
TOTAL	1388 ↑	487 ↓	1877 ↓	1294 ↑	647 ↓	1941 ↑

Table 1 shows a decrease in formal complaints received by all clinical Divisions in 2016/17 compared with 2015/16 and an increase in informal complaints received by all clinical Divisions, with the exception the Division of Surgery, Head and Neck. Complaints about the Divisions of Medicine and Trust Services have risen for consecutive years; complaints about the Division of Women's & Children's Services have fallen for consecutive years.

4. Complaint themes

In 2016/17 the Trust increased the number of high level reporting themes from six to eight, adding Discharge/Transfer/Transport and Documentation. A number of new reporting categories have also been created within each theme. A complaint may be recorded under more than one category, 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 2015/16 and 2014/15.

Table 2 - Complaint themes – Trust totals

Complaint Theme	Total Complaints 2016/17	Total Complaints 2015/16	Total Complaints 2014/15
Access	16 ↓	40 ↓	56 ↑
Appointments and Admissions	589 ↓	661 ↑	656 ↑
Attitude and Communication	454 ↓	552 ↑	444 ↑
Clinical Care	490 ↑	469 ↓	528 ↑
Facilities and Environment	89 ↓	99 ↓	116 ↑
Discharge/Transfer/Transport	89	Not available (new reporting category)	Not available (new reporting category)
Documentation	12	Not available (new reporting category)	Not available (new reporting category)
Information and Support	136 ↑	120 ↑	83 ↑
TOTAL	1875 ↓	1941 ↑	1883 ↑

In 2016/17, the total number of complaints received under the theme of Attitude and Communication decreased by 17.6%. This theme covers such categories of complaints as attitude of

medical staff, attitude of administrative staff, communication with patient/relative and communication (administrative).

Of the 454 complaints recorded under this theme, the largest sub-category was 'failure to answer the telephones' (107) followed by 'communication with patient/relative' (102), and 'attitude of medical staff' (81). Some examples of the complaints categorised as 'communication with patient/relative' were: family members not being given enough information about the patient's treatment pathway; patients not receiving adequate explanation of their diagnosis or treatment; and patients not being contacted to be advised that their appointment or procedure had been cancelled resulting in a wasted journey to the hospital. The hospital departments receiving the highest numbers of complaints relating to attitude and communication were Trauma & Orthopaedics (25), the Outpatient Department at the Bristol Heart Institute (15), and the Bristol Royal Infirmary Emergency Department (15).

Four of the previous six main complaints themes saw a decrease when compared with the previous year, including a significant reduction in complaints about Access to services, in part reflecting an initiative to remove restrictions on visiting hours throughout the Trust.

In respect of Clinical Care, the total number of complaints received by the Trust increased from 469 in 2015/16 to 490 in 2016/17. The largest numbers of complaints under this theme were in the category of 'clinical care (medical/surgical)' with 254 (192 in 2015/16). 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.

Finally, there was a notable decrease in complaints received about Appointments and Admissions in 2016/17 compared to 2015/16. The highest numbers of complaints received by the Trust under this theme were in respect of cancelled or delayed appointments and operations (264).

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 Proportion of complaints responded to within timescale

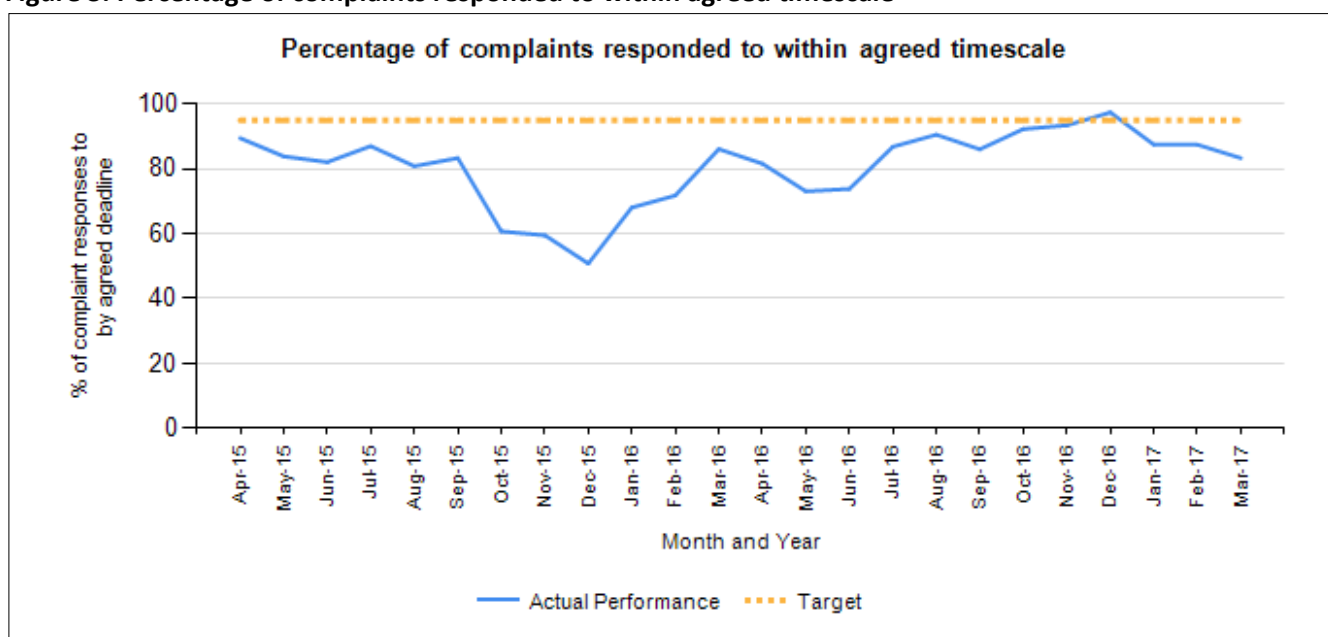
The Trust's expectation is that all complaints will be acknowledged within two working days for telephone enquiries and within three working days for written enquiries. The complainant's concerns are confirmed and the most appropriate way in which to address their complaint is agreed. A realistic timescale 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 for this in 2016/17 was 95% compliance. Over the course of the year 2016/17, 86.1% of responses were responded to within the agreed timescale, an increase on the 75.2% achieved in 2015/16 and higher than the 85.9% achieved in 2014/15.

Performance in responding to formal complaints within agreed timescales continues to be monitored closely by the Patient Experience Group and the Quality and Outcomes Committee of the Board. Towards the end of 2016/17, a new standard operating procedure was introduced to govern the circumstances in which divisions can legitimately request extensions to investigation timescales, and how this is recorded. This is designed to avoid the potential for extensions to be used inappropriately to avoid breaching agreed timescales.

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, 65 complainants have expressed dissatisfaction with complaints responses sent out during 2016/17. This equates to 11.0% of the total responses sent out, compared to 59 (9.1%) in 2015/16. 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.

The Trust had eight complaints referred to the Parliamentary and Health Service Ombudsman in 2016/17, compared with 15 in 2015/16 and 12 in 2014/15. Two of the complaints referred during 2016/17 were not upheld and two were partially upheld; the remaining four cases are still being considered by the Ombudsman (as at 8 May 2017). In respect of the two partially upheld complaints, the Trust has complied fully with the PHSO's recommendations.

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 2016/17 is shown below, together with the numbers from 2015/16 and 2014/15 for comparative purposes:

Table 3:

Type of enquiry	Total Number 2016/17	Total Number 2015/16	Total Number 2014/15
Request for advice / information	504	375	389
Request for support	20	24	43
Compliments	290	200	187
Total	814	599	619

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

University Hospitals Bristol NHS Foundation Trust 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.

During 2016/17, we carried out a comprehensive review of our Complaints Policy, introducing new guidance about situations in which staff may wish to seek independent input into the investigation of patients' and families' concerns. The Trust also put in place new guidance about the need to identify a 'case manager' as a single point of contact for families in situations where multiple investigatory processes are running concurrently (for example, complaints investigations, serious incident investigations and child death reviews).

In 2016/17, the Trust's complaints service was inspected by both NHS Improvement and the Care Quality Commission. The reports from these visits were very positive whilst also highlighting opportunities to make further improvements to the service, which have been taken into our work plan for 2017/18. Our Patient Experience Group has continued to receive regular reports providing assurance of compliance with Regulation 16 of the Health and Social Care Act (Care Quality Commission).

Looking ahead to 2017/18, we will continue a strong focus on getting the quality and tone of our complaints response letters right. As part of this work, we will be establishing a new bi-monthly Executive-led complaints review panel; each of our divisions will attend the panel once a year to reflect on learning from both successful and challenging complaints investigations and to work collectively with corporate leads to improve how we handle complaints. Alongside this, we are holding exploratory talks with the Patients Association about whether and how they might have ongoing input into the resolution of challenging complaints.

Our detailed complaints work plan for 2017/18 is available upon request.