

ANNUAL COMPLAINTS REPORT 2013/2014

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Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the nature and number of complaints and contacts with the Patient Support & Complaints Team at University Hospitals Bristol NHS Foundation Trust during 2013/2014.

In summary:

- 1,442 complaints were received by the Trust in the year 2013/2014, averaging 120 per month. Of these, 762 were managed through the formal investigation process and 680 through the informal investigation process. This compared with a total of 1,604 complaints received in the year 2012/2013, a decrease of 10%.
- In addition, the Patient Support & Complaints Team dealt with 723 other enquiries, including compliments, requests for support and requests for information and advice, a similar figure to the 657 enquiries dealt with in 2012/2013.
- The Trust had 17 complaints referred to the Parliamentary & Health Service Ombudsman in 2013/14. Eight complaints were not upheld, one was upheld and one was partially upheld. The remaining seven cases are still being considered by the Ombudsman (as at 31/5/14).
- 62 complaints were re-opened due to complainants being dissatisfied with incomplete or factually incorrect responses. This compared with 20 the previous year.
- During 2013/14, the volume of complaints received by the Trust as a proportion of patient activity was 0.21%. This was a significant improvement on 2012/13, when 0.29% of patient episodes resulted in a complaint.
- In the fourth quarter of 2013/14, a backlog of enquiries to the Patient Support & Complaints Team developed, resulting in Executive approval for investment to strengthen the team's resources.
- Patient stories and examples of learning from complaints have been used in staff training sessions to ensure that training is customer focused; these have been reported to the Board on a monthly basis. The Patient Support & Complaints Team has continued to provide training to various staff groups in order to give them the confidence to deal with complaints as they arise and the knowledge and information required when they need to pass a complaint on.

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 Patient Support & Complaints Manager line manages a team, which as at May 2014, consists of two full-time and one part-time complaints officer/caseworker (Band 5) and two

part-time administrators (Band 3). The total team resource, including the manager, is 4.8 WTE.

The Trust Executive has recently approved three new full-time posts to strengthen the team: a Band 6 Deputy Manager, a Band 5 caseworker and a Band 3 Administrator. Recruitment to these roles is due to be completed by September 2014.

The Patient Support & Complaints Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint.
- 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.
- When a complainant requests a review by the Parliamentary & Health Service Ombudsman, all enquiries received from the Ombudsman's office are responded to in a prompt, co-operative and open manner.

2. Improvements in complaints management during 2013/14

The Trust continually seeks to improve the service it offers to all patients and visitors to its hospitals and to learn from complaints. Significant developments in complaints management during 2013/14 have included:

- Joint working with the Patient Association to enhance and roll out training on how to write a good complaint response letter. The team has also worked with the Trust's Patient & Public Involvement Lead and the Patient's Association, who have carried out in-depth interviews with past complainants to assess how their complaints were dealt with and what improvements could be made to the service. The Patients Association are also hosting two focus groups in June 2014, consisting of a random selection of people who have made a formal complaint in the last six months. The Patients Association report on these activities is anticipated in July 2014.
- A comprehensive response to complaints management recommendations published in the Francis Report, Clwyd-Hart Report, and by the Parliamentary Health Service Ombudsman and Patients Association.
- Agreement by the Trust Executive to increase resourcing of the Patient Support and Complaints Team.
- Strengthening of complaints data quality including analyst support.

3. Reporting

Each month, the Patient Support & Complaints Manager provides the following information to the Board:

- Percentage of complaints per patient attendance
- Percentage of complaints responded to within the agreed timescale
- Number of cases where the complainant is dissatisfied with the original response
- Exception reports in any instances where performance deviates from target

In addition, the following information is reported to the Patient Experience Group:

- Validated complaints data for the Trust as a whole and also for each clinical Division.
- Quarterly Complaints Report
- 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. Starting with the final quarter of 2013/14, the Quarterly Complaints Report is also now being discussed by the Board and published on the Trust's web site.

A patient story is discussed at the Patient Experience Group (PEG) each month. This is an anonymised example of an issue that has resulted in learning for the department involved, for the Division, and also for the organisation as a whole. The story may be a positive or a negative one and Divisions rotate in providing the story each month. This allows learning to be shared across the Divisions, who are all represented at the group. The story discussed by PEG is usually reported to the Board the following month.

4. Total complaints received in 2013/2014

In 2013/14, our 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 complaining about our service. We achieved 0.21%, compared to 0.29% in 2012/13.

The total number of complaints received during the year was 1,442, a decrease of 10% on the previous year. Table 1 shows the number of complaints received by each Division compared with the previous year.

Compared with 2012/13, there was a decrease of 6% in the number of complaints managed through the formal investigation process and a 13% decrease in the number of complaints managed through the informal investigation process.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. This investigation typically takes 25-30 working days and 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 occasionally a telephone call from the manager). The method of feedback is agreed with the complainant and is their choice.

An informal complaint is one where the concerns raised can usually be addressed quickly by means of an investigation by the Patient Support & Complaints 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 2011/12, 2012/13 and 2013/14

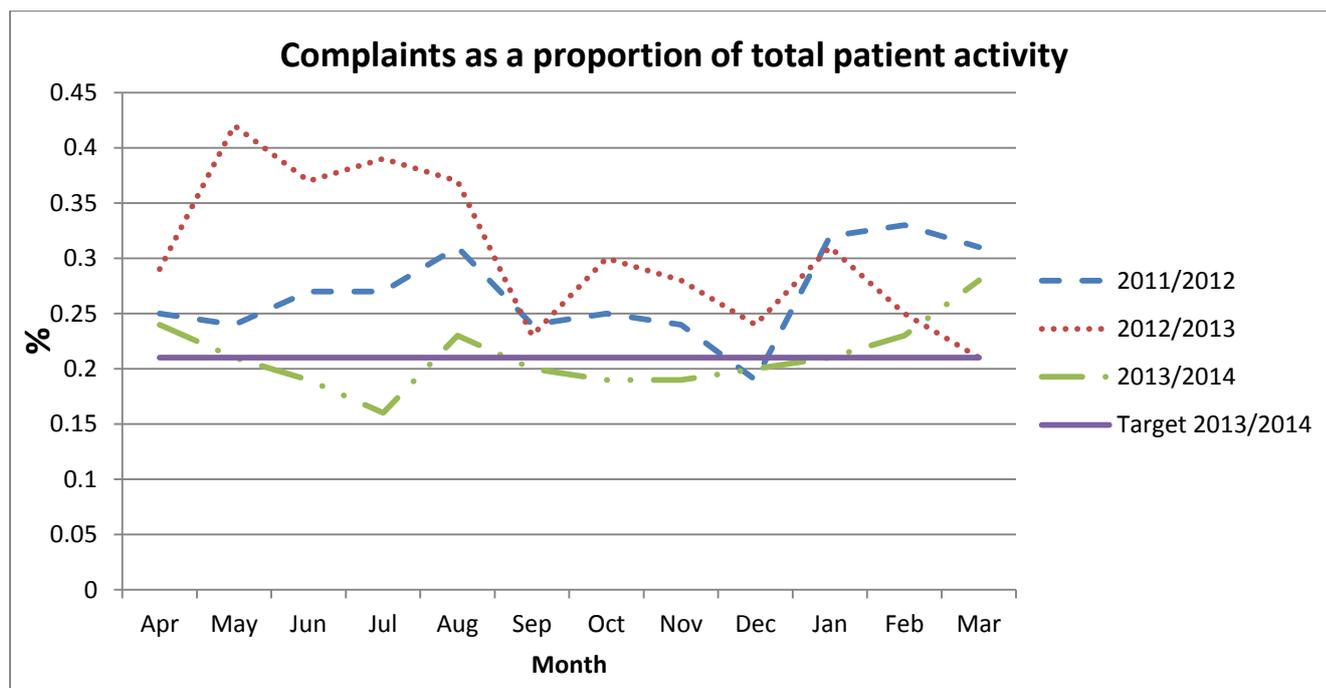


Table 1 – Breakdown of complaints by Division

Division	Informal Complaints 2012/2013	Formal Complaints 2012/2013	Divisional Total 2012/13	Informal Complaints 2013/2014	Formal Complaints 2013/2014	Divisional Total 2013/14
Surgery, Head & Neck	436	361	797	321 ↓	299 ↓	620 ↓
Medicine	137	182	319	90 ↓	171 ↓	261 ↓
Specialised Services	99	86	185	116 ↑	99 ↑	215 ↑
Women & Children	48	134	182	50 ↑	118 ↓	168 ↓
Diagnostics & Therapies	26	20	46	57 ↑	40 ↑	97 ↑
Facilities & Estates	19	16	35	22 ↑	23 ↑	45 ↑
Trust Services	24	16	40	24	12 ↓	36 ↓
TOTALS	789	815	1604	680 ↓	762 ↓	1442 ↓

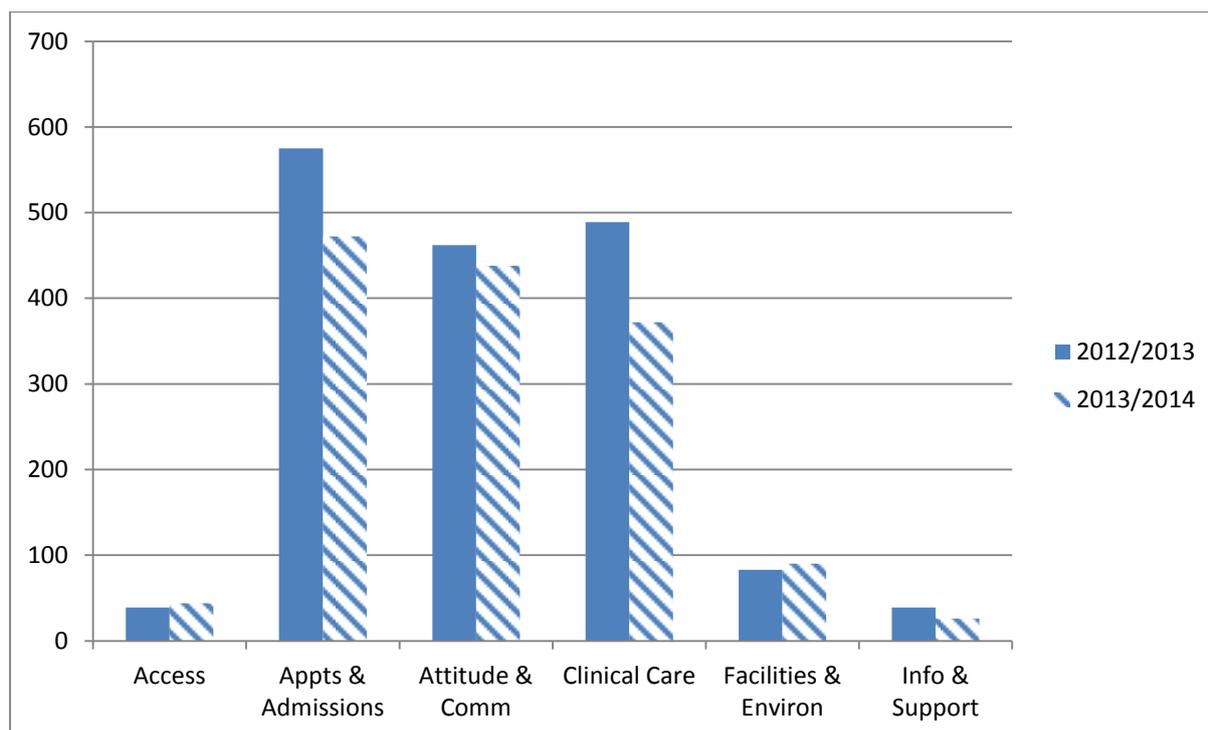
5. Complaint themes

The Trust records complaints under six main “themes” and, within each theme, by a number of specific categories. 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, again compared to 2012/2013.

Table 2 – Complaint themes by Division

Complaint Theme	Informal Complaints 2012/2013	Formal Complaints 2012/2013	Total 2012/13	Informal Complaints 2013/2014	Formal Complaints 2013/2014	Total 2013/14
Access	21	18	39	24 ↑	20 ↑	44 ↑
Appointments & Admissions	331	244	575	280 ↓	192 ↓	472 ↓
Attitude & Communication	258	204	462	206 ↓	232 ↑	438 ↓
Clinical Care	93	303	396	99 ↑	273 ↓	372 ↓
Facilities & Environment	57	36	93	53 ↓	37 ↑	90 ↓
Information & Support	29	10	39	18 ↓	8 ↓	26 ↓
TOTALS	789	815	1604	680 ↓	762 ↓	1442 ↓

Figure 2: Complaints by Theme - 2012/13 and 2013/14



In 2013/14, the total number of complaints received under the theme of Access increased by 12.8% and the total number for Facilities & Environment has increased by 8.4%. All other themes saw fewer complaints received when compared to 2012/13, with a decrease of 17.9% for Appointments & Admissions; 5.2% for Attitude & Communication; 23.9% for Clinical Care and 33.3% for Information & Support.

The decrease in Appointments & Admissions complaints was, as anticipated last year, largely due to the work carried out by the Trust's Productive Outpatients Team, which helped to reduce hospital cancellations of appointments, reduce DNAs (where the patient Did Not Attend) and improve slot utilisation by tasking Clinic Co-ordinators with not leaving any appointment slots unfilled. Work continues as part of the Trust's Transformation programme to improve the 'flow' of patients through our hospitals: the Trust's corporate quality objectives for 2014/15 are focussed on reducing numbers of cancelled appointments, minimising patient moves between wards, ensuring that patients are treated on the right ward for their clinical condition and ensuring that no patients are discharged from our hospitals out-of-hours¹.

Whilst there was a small decrease overall in the number of complaints regarding Attitude & Communication, this theme still accounts for over 30% of all complaints received by the Trust. The highest numbers of complaints under this theme were in the following categories:

- Communication with Patient/Relative - 80
- Attitude of Medical Staff – 79
- Communication (Administrative) - 75
- Attitude of Nursing/Midwifery Staff – 41

In 2014/15, the Trust will be improving its use of patient experience data. Where correlations are found between wards with a pattern of complaints coupled with lower than average patient survey feedback, including the NHS Friends and Family Test, the Trust is conducting 'deep dives' using the 15 Steps Challenge methodology and its *Face to Face* patient interview programme to gain a more detailed understanding of patient experience and to engage staff in raised standards.

5.1 Annual KO41A return

Each year, the Trust is required to submit a 'KO41A' return to the Department of Health. This is a report which gives a detailed breakdown of the number of formal complaints received and how these are spread across the various areas and departments of the Trust. The return for 2013/2014 can be found in Appendix 1.

It should be noted that the total number of formal complaints reported in the KO41A is slightly higher than the number shown in the main body of this report. This is because the data for the return was extracted from the Safeguard database as a separate report to the data used for monthly complaint reporting. This figure can sometimes change slightly throughout the course of the year due to, for example, a complaint investigation type being reclassified from "informal" to "formal" (or vice versa) following initial enquiries.

¹ Currently 10pm – 7am

5.2 Equalities data: monitoring protected characteristics

Patients' ethnicity, age and gender are recorded on the Trust's patient administration system, Medway. Where available, this information is exported into the Ulysses Safeguard database used by the Patient Support and Complaints Team. This data covers patients' age, gender and ethnic group.

Information about the age, gender and ethnicity of patients who made a complaint in 2013/14 (or on behalf of whom a complaint was made) can be found at Appendix 2. This data shows that:

- There was a broadly even distribution of complaints between men and women
- 31.6% of patients were aged 65 years or above²
- The overwhelming majority of people who complained, and whose ethnicity is recorded, were White British.

The pattern of complaints according to ethnic origin warrants further investigation. In 2013/14, there were 488 patients whose ethnicity was unknown. If that group of patients bore the same characteristics as the group whose ethnicity is known, it would be reasonable to conclude that the ethnic origin of people who complain about the Trust's services does not mirror the ethnicity of the population the Trust serves. This may be for cultural reasons, and partly it may reflect UH Bristol's role as a tertiary care centre (i.e. the population of the wider region is less diverse than in Bristol). However it may also raise questions about accessibility. As a starting point, we need to gather more reliable data. During 2014/15 the Patient Support & Complaints Team will commence the practice of routinely asking for the patient's ethnic group, age and gender if this data has not been pre-populated on the Safeguard system. In the meantime, the Trust will be making its Patient Support and Complaints Team 'How can we help?' leaflet available in several of the ethnic languages most commonly spoken by residents of Bristol.

6. 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.

6.1 Proportion of complaints responded to within timescale

All complaints are 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. This is a right enshrined in the NHS Constitution. 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

² This includes all inpatient and outpatient complaints. However, as a point of reference, 29.4% of inpatients seen by the Trust in 2013/14 were aged 65 or above, i.e. the pattern of complaints is broadly similar.

came to the attention of the complainant. These regulations and guidance from the Parliamentary & 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 2013/14 was 98% compliance with the agreed timescale. For any months when reported performance was below 90%, the Board received an exception report summarising the total number of breaches, the reasons why these breaches occurred and what steps were being taken by the Divisions and by the Patient Support & Complaints Team to improve the situation. Over the course of the year 2013/14, 76% of responses were responded to within the agreed timescale. Performance improved steadily during the year and peaked in Quarter 4 at 85%.

In order to improve performance in providing timely responses to complaints, the following actions have been taken:

- Divisions have been reminded of the importance of providing the corporate Patient Support & Complaints Team with response letters at least four working days prior to the date that they are due with complainants.
- The Patient Support & Complaints Team continues to actively follow up Divisions if responses are not received on time. Divisional staff are also reminded of the need to contact the complainant to agree an extension to the deadline if necessary.
- Longer deadlines are agreed with all Divisions should the complainant request a meeting rather than a written response. This allows for the additional time needed to coordinate the diaries of clinical staff required to attend these meetings.
- The deadlines agreed with Surgery Head & Neck and Medicine are longer than for the other Divisions, to reflect the larger patient numbers and subsequent complaints received by these Divisions.

6.2 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).

The total number of cases for 2013/14 where the complainant was dissatisfied with our response for this reason was 62, which represents 8% of all formal complaints received during the same period. This compares with the 20 cases reported in 2012/13 (which represented approximately 3% of formal complaints received). No theme or trend has been identified which would clearly explain this increase, however it is hoped that, in particular, the introduction of the new response letter template (mentioned below in procedures in place to improve performance) will help to reduce the number of complainants who are dissatisfied with the response they receive. The Trust has benchmarked its performance against other large teaching trusts: published data suggests that a dissatisfaction rate of 8-10% is typical. Nonetheless our aspiration is for nobody to be unhappy with the quality of our original response.

The cases were spread across all Divisions, approximately in line with the total number of complaints that each received during the year:

Division of Surgery, Head & Neck – 30 cases

Division of Medicine – 13 cases

Division of Women & Children – 8 cases

Division of Specialised Services – 7 cases

Division of Diagnostics & Therapies – 2 cases

Division of Facilities & Estates – 1 case

Division of Trust Services – 1 case

In order to further improve our performance, the following procedures are in place:

- Divisions are notified of any case where the complainant is dissatisfied. Cases are reviewed by a senior manager, reinvestigated where appropriate and resolved either by way of a further written response or a meeting with the complainant.
- The Patient Support & Complaints Team monitors draft response letters to ensure that all aspects of the complaint have been fully addressed.
- Trust-level complaints metrics are replicated at Divisional level to enable Divisions to identify the specific areas for improving performance and implement appropriate actions. Divisional complaints dashboards will also be used for quarterly performance reviews.
- Training has taken place with staff in Divisions who carry out investigations and/or write response letters, so that staff are supported to improve the quality of their investigations and letters. This training has been enhanced by the involvement of the Patients Association in rolling out this training to senior staff across the Trust.
- A new form is attached to each response letter sent for Executive sign-off. This includes details of who investigated the complaint, who drafted the response letter and who was the senior manager responsible for signing off the letter at divisional level. This enables the Executive to discuss the response letter directly with those members of staff should they have any queries.

6.3 Backlog of enquiries to Patient Support and Complaints Team

In the final quarter of 2013/14, a backlog of work developed in the Patient Support and Complaints Team. The receipt of complaints continued to be acknowledged in a timely way (within a maximum of three working days), and the majority of investigations continued to be carried out in a timely manner (as per section 6.1 above), however at the peak of the backlog it was taking up to four weeks for a caseworker from the Patient Support and Complaints Team to follow up the initial enquiry to agree the terms of the investigation that would take place. The backlog resulted from a combination of an increase in enquiries following the team's relocation to the BRI Welcome Centre, a notable increase in the complexity of enquiries, and staff sickness. Agency staff were employed as a short term measure to provide additional support to the team, resulting in a steady reduction in the backlog. Benchmarking data identified that the Trust's Patient Support and Complaints Team was notably smaller than complaints and 'PALS' teams in peer teaching trusts and the Trust Executive agreed to create three new permanent posts to enable the team to provide a robust and reliable service in the future (also see sections 1 and 2 of this report). A monthly quality metric will be developed in 2014/15 to enable the Board to monitor progress alongside existing complaints performance indicators.

7. Parliamentary & Health Service Ombudsman (PHSO)

The Trust had 17 complaints referred to the Parliamentary & Health Service Ombudsman in 2013/14. Eight complaints were not upheld, one was upheld and one was partially upheld. The remaining seven cases are still being considered by the Ombudsman (as at 31/5/14).

In the upheld case, the PHSO recommended that a letter of apology be sent to the patient together with a compensation payment of £750 and a copy of the action plan implemented by the Division. All of these actions have been completed. The partially upheld case involved problems experienced by a patient receiving injections into the eyes at Bristol Eye Hospital. The PHSO recommended that a letter of apology be sent to the patient, which has now been done. The complaint has been shared with the appropriate staff in order that they understand the implications of their actions when injecting patients. Staff have also been advised that they are able to use the counselling room for patients who may take a little longer to recover from the procedure and the senior nurse in charge will be available to help non-nursing staff to care for these patients.

Compared with 2012/13, there was a substantial increase in the number of complaints investigated by the PHSO. This was as a direct result of a change in the PHSO's practice, which has seen an increase in the total number of complaints cases they investigate across the NHS.

8. Being customer focused

The Patient Support & Complaints Team moved to its new office in the redeveloped Welcome Centre at the front of the Bristol Royal Infirmary Queen's Building on 6th December 2013. This has meant that a regular drop-in service has been reinstated following the provision of a limited service whilst the team were located in Trust Headquarters and the Bristol Dental Hospital's Chapter House. Since reopening, the team has received an average of around 25 drop-in enquiries per week. Throughout the year, the team has also continued to provide support to anyone wishing to make a complaint by telephone, email and in writing.

The team ensures that people are made aware of the independent complaints advocacy service offered by SEAP (Support Empower Advocate Promote) by providing a copy of SEAP's leaflet with every complaint acknowledgement letter and on an ad hoc basis as appropriate. SEAP can provide help and support to people who wish to make a complaint about NHS services. This service was formerly known as ICAS (Independent Complaints Advocacy Service).

A new patient information leaflet has been produced for the Patient Support & Complaints Team, advising people of the services offered by the team and the various ways in which the service can be accessed. In response to requests from staff and patients, the leaflet now also includes a simple complaints form, which people can complete and either drop into the office or put in the post. In addition, new posters are being designed by the Communications Team, to be displayed around the Trust, advising people of how they can make a complaint or raise a concern.

8.1 Information, advice & support

In addition to managing complaints, the Patient Support & Complaints Team also deals with information, advice and support requests. The total number of enquiries received during

2013/2014 is shown below, together with the numbers from 2012/2013 for comparative purposes:

Type of enquiry	Total Number 2012/2013	Total Number 2013/2014
Request for advice / information	405	323
Request for support	98	64
Compliments	154	336
Total	657	723

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

- Their treatment and care
- 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.

8.1.1 Request for Advice/Information

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?

8.1.2 Request for Support

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?

8.2 Training

The Patient Support & Complaints Team undertook training for staff at all levels across the organisation in 2013/2014 to increase their confidence in dealing with complaints directly and to help resolve problems quickly for patients. Examples of training included:

- Responding to complaints for front line staff – Bristol Eye Hospital outpatient staff, Emergency Department staff, Dental Consultants.
- Complaints update training for Consultant Medical staff – delivered via Consultant Away Days and using learning from complaints and PHSO investigation outcomes.
- Investigating and responding to written complaints – for senior management and senior nursing staff involved with formal complaint investigation. This training has been further enhanced with input from the Patients Association and these sessions were well attended and well received by staff.

During 2013/14, the Patient Support & Complaints Team also continued to support the Communications Team by contributing relevant materials for *Living the Values* training. Examples of patient stories and complaints were used in this training to enable staff to understand the impact their behaviours and communications have on patient experience.

9. Learning from complaints and other sources of patient feedback

In line with recent reports from the Parliamentary & Health Service Ombudsman³, the much publicised Francis Report, and the Clwyd/Hart Report, it is clear that a number of things need to happen to ensure effective complaint handling: leaders need to take responsibility for embedding effective complaint handling and learning; and organisations need effective mechanisms to manage and learn from all complaints.

Patients' first-hand experiences tell us most about the quality of care they receive and identify those areas where we need to make improvements. Compliments as well as complaints continue to be used to highlight areas of good practice that can be shared with others, as well as leading to changes in the way we work.

One way in which the Trust learns from complaints is by way of sharing patient stories, i.e. anonymised versions of real complaints and compliments which evidence how learning has been shared across a department/ward, a Division and/or the Trust. These stories are shared each month at the Patient Experience Group, with contributions alternating between the Divisions on a rotational basis. After a story has been received by PEG and reviewed for wider learning, it is usually reported to the Board the following month as a preface to the monthly Quality & Performance report. These stories are an invaluable way of helping us to understand how the services we deliver impact on our patients. They are recognised as an effective way of making sure the patient's voice is heard and that improvement of services is centred on the needs of the patient.

The Trust also learns a great deal about patient experience from patient surveys that are carried out throughout the year. We regularly collect, monitor and analyse feedback that

³ The NHS hospital complaints system – *A case for urgent treatment?* (April 2013)

people give us about our services in order to understand and improve their experience of hospital care. The main methods that we use to collect feedback are:

- A monthly inpatient survey, which is sent to approximately 1200 recently-discharged inpatients;
- Participation in the annual National Inpatient Survey to ensure our care compares favourably with other Trusts across the country.
- Comment cards available on every ward for people to provide feedback about the service they received.
- A programme of *Face to Face* interviews with inpatients about their experience whilst in our care.
- Focus groups and patient events around specific topics.
- Surveys, interviews and focus groups carried out by clinical staff.
- Comments posted on the NHS Choice and our own website.
- The NHS Friends and Family Test

Where appropriate, Divisions now produce action plans as part of responding to the findings of their investigations of individual complaints. Where persistent themes emerge from complaints and other forms of feedback, this learning may also be fed into divisional quality objectives as part of operating plans.

10. Looking ahead

University Hospitals Bristol NHS Foundation Trust continues to be proactive in its management of complaints and enquiries, acknowledging that all concerns are a valuable source of information. The way patients experience our services is vitally important to them, and the Trust actively encourages patients and service users to comment through the mechanisms described in this report. The improvements made this year in complaints data collection, together with collaborative and streamlined working practices, will enhance the quality of data we gather in 2014/15, enabling the Trust to react to this information.

The Trust recognises that important lessons can be learned from all complaints and the trust-wide value in sharing these.

A complaints work plan for 2014 has been developed following an internal review of recently-published national guidance from the Parliamentary and Health Service Ombudsman and the Patients Association, plus relevant recommendations from Francis and Clwyd/Hart. A copy of this plan is available upon request.

Appendix 1

2013/2014 KO41A return

		Total Number of Formal Complaints Received
1	Hospital acute services: Inpatient	275
2	Hospital acute services: Outpatient	339
3	Hospital acute services: A&E	81
4	Elderly (geriatric) services	8
6	Maternity services	17
13	Other	55
Total		775

		Total Number of Formal Complaints Received
Medical (including surgical)		579
Dental (including surgical)		45
Professions supplementary to medicine		35
Nursing, midwifery and health visiting		70
Scientific, technical and professional		3
Maintenance and ancillary staff		29
Trust administrative staff/members		14
Other		0
Total		775

		Total Number of Formal Complaints Received
1	Admissions, discharge and transfer arrangements	38
2	Aids and appliances, equipment, premises (including access)	2
3	Appointments delay/cancellation: Outpatients	43
4	Appointments delay/cancellation: Inpatients	94
7	Attitude of staff	128
8	All aspects of clinical treatment	227
9	Communication/information to patients (written and oral)	81
10	Consent to treatment	2
11	Complaints handling	1
12	Patients' privacy and dignity	1
13	Patients' property and expenses	8
17	Personal records (including medical and/or complaints)	2
18	Failure to follow agreed procedures	0
19	Patients' status discrimination (e.g. racial, gender, age)	2
20	Mortuary and post mortem arrangements	1
21	Transport (ambulances and other)	12

22	Policy and commercial decisions of Trusts	0
23	Code of openness - complaints	0
24	Hotel services (including food)	4
25	Other	129
Total		775

Appendix 2

Equalities data

Information about the protected characteristics of people who complained about our services (or on behalf of whom a complaint was made) in 2013/14

Information about patients' ethnicity, age and gender which has been recorded on the Trust's patient administration system Medway can be extracted into the Ulysses Safeguard database used by the Patient Support and Complaints Team. However this information is not always available. Therefore, during 2014/15, the Patient Support and Complaints Team will commence the practice of routinely asking for the patient's ethnic group, age and gender if this data has not been pre-populated from Medway. Data for 2013/14 is provided below.

Ethnic group of patient	Number
White British	930
Any Other White Background	6
White Irish	4
African or British African	3
Caribbean or British Caribbean	2
White and Black Caribbean	2
Pakistani or British Pakistani	1
Indian or British Indian	1
White and Black African	1
Any Other Asian Background	1
Any Other Ethnic Group	3
Unknown	488
Total	1442

Age Group of Patient	Number
0-15	127
16-24	66
25-29	68
30-34	65
35-39	69
40-44	66
45-49	79
50-54	90
55-59	93
60-64	105
65+	455
Prefer not to say or Unknown	159
Total	1442

Gender of Patient	Number
Male	657
Female	764
Prefer not to say or Unknown	21
Total	1442