

Complaints Report

Quarter 1, 2014/2015

(1st April – 30th June 2014)

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1. Executive summary

The Trust received 427 complaints in Quarter 1 of 2014/15 (Q1), which equates to 0.25% of patient activity, against a target of 0.21%. In the previous quarter, the Trust had received 415 complaints, representing 0.24% of patient activity.

The Trust's performance in responding to complaints within the timescales agreed with complainants was 86.3% compared to 84.7% in Q4 of 2013/14.

In Q1, there was an increase in complaints relating to appointments and admissions; these accounted for more than a third of complaints received by the Trust. There was also a significant rise in complainants telling us that they were unhappy with our investigation of their concerns: 21 compared to 14 in Q4.

This report includes an analysis of the themes arising from complaints received in Q1, possible causes, and details of how the Trust is responding.

2. Complaints performance – Trust overview

The Board currently 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
- Numbers of complainants who are dissatisfied with our response

The table on page 3 of this report provides a comprehensive 12 month overview of complaints performance including these three key indicators.

2.1 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. inpatient admissions and outpatient attendances in a given month.

We received 427 complaints in Q1, which equates to 0.25% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹; the figures do not include concerns which may be raised by patients and dealt with immediately by front line staff. The volume of complaints received in Q1 represented an increase of approximately 3% compared to Q4 (415), a 28% increase on Q3 (333) and a 19% increase on the corresponding period a year ago.

The Trust's current target is to achieve a complaints rate of less than 0.21% of patient activity, i.e. broadly-speaking, for no more than 1 in every 500 patients to complain about our services (although every complaint we receive is one too many).

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.

Table 1 – Complaints performance

Items in italics are reportable to the Trust Board.

Other data items are for internal monitoring / reporting to Patient Experience Group where appropriate.

	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Total complaints received (inc. TS and F&E from April 2013)	105	96	123	115	120	109	104	127	124	164	131	130	166
Formal/Informal split	73/32	49/47	68/55	60/55	54/66	63/46	55/49	55/72	62/62	89/75	60/71	64/66	64/102
<i>Number & % of complaints per patient attendance in the month</i>	<i>0.19% 105 of 53853</i>	<i>0.16% 96 of 59079</i>	<i>0.23% 123 of 53002</i>	<i>0.20% 115 of 56869</i>	<i>0.19% 120 of 62480</i>	<i>0.19% 109 of 58783</i>	<i>0.20% 104 of 52194</i>	<i>0.21% 127 of 59288</i>	<i>0.23% 124 of 54507</i>	<i>0.28% 164 of 58180</i>	<i>0.24% 131 of 54981</i>	<i>0.23% 130 of 57463</i>	<i>0.28% 166 of 60027</i>
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	<i>66.67% (42 of 63)</i>	<i>80.28% (57 of 71)</i>	<i>77.20% (44 of 57)</i>	<i>87.8% (43 of 49)</i>	<i>84.9% (62 of 73)</i>	<i>82.2% (37 of 45)</i>	<i>88.1% (37 of 42)</i>	<i>76.1% (51 of 67)</i>	<i>92.0% (46 of 50)</i>	<i>88.7% (47 of 53)</i>	<i>93.1% (54 of 58)</i>	<i>82.5% (47 of 57)</i>	<i>83.3% (50 of 60)</i>
<i>% responded to by Division within required timescale for executive review</i>	<i>55.55% (35 of 63)</i>	<i>74.65% (53 of 71)</i>	<i>92.98% (53 of 57)</i>	<i>83.7% (41 of 49)</i>	<i>69.9% (51 of 73)</i>	<i>66.7% (30 of 45)</i>	<i>57.1% (24 of 42)</i>	<i>77.6% (52 of 67)</i>	<i>86.0% (43 of 50)</i>	<i>71.7% (38 of 53)</i>	<i>82.8% (48 of 58)</i>	<i>86.0% (49 of 57)</i>	<i>91.7% (55 of 60)</i>
Number of breached cases where the breached deadline is attributable to the Division ²		4 of 14	1 of 13	4 of 6	10 of 11	5 of 8	3 of 5	7 of 16	2 of 4	3 of 6	2 of 4	2 of 10	6 of 10
Number of extensions to originally agreed timescale (formal investigation process only)	5	10	9	7	14	14	9	16	13	11	5	21	8
<i>Number of Complainants Dissatisfied with Response</i>	<i>6*</i>	<i>6* 2**</i>	<i>11* 1**</i>	<i>1* 4**</i>	<i>7* 8**</i>	<i>2* 3**</i>	<i>6* 6**</i>	<i>6* 3**</i>	<i>3* 5**</i>	<i>5* 2**</i>	<i>6* 10**</i>	<i>4* 2**</i>	<i>11* 4**</i>

* Dissatisfied – original investigation incomplete / inaccurate ** Dissatisfied – original investigation complete / further questions asked

² The total number of cases where the complainant did not receive their response on time was 7. Of these, 5 delays were attributable to the Divisions. The remaining 2 cases were delayed at Exec level during the sign-off procedure.

Figures 1 and 2 show the increase in the volume of complaints received towards the end of 2013/14 continuing into the first quarter of 2014/15.

Figure 1: Number of complaints received

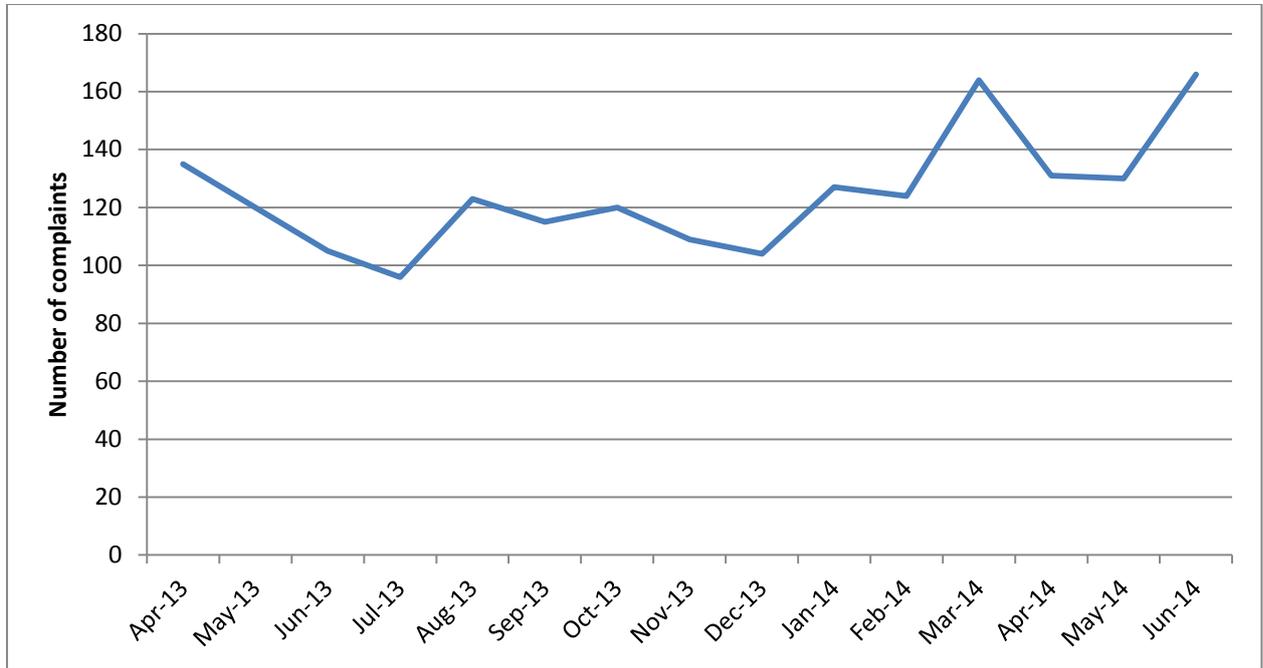
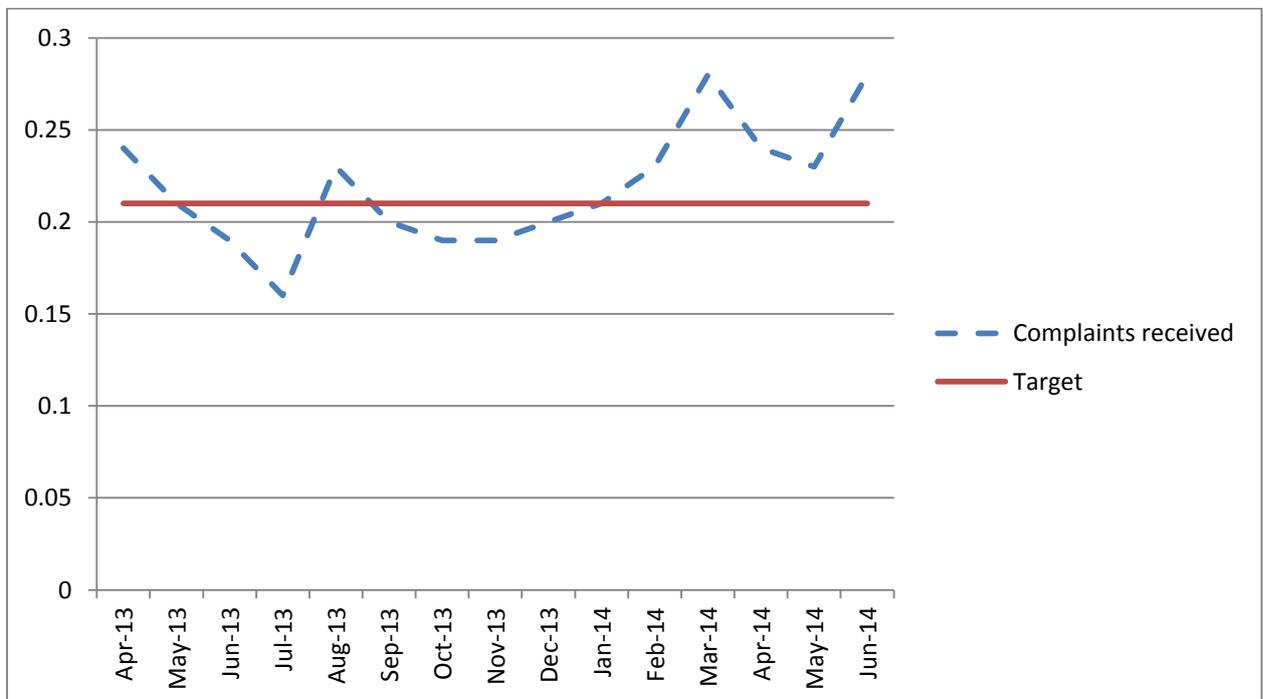


Figure 2: Complaints received, as a percentage of patient activity

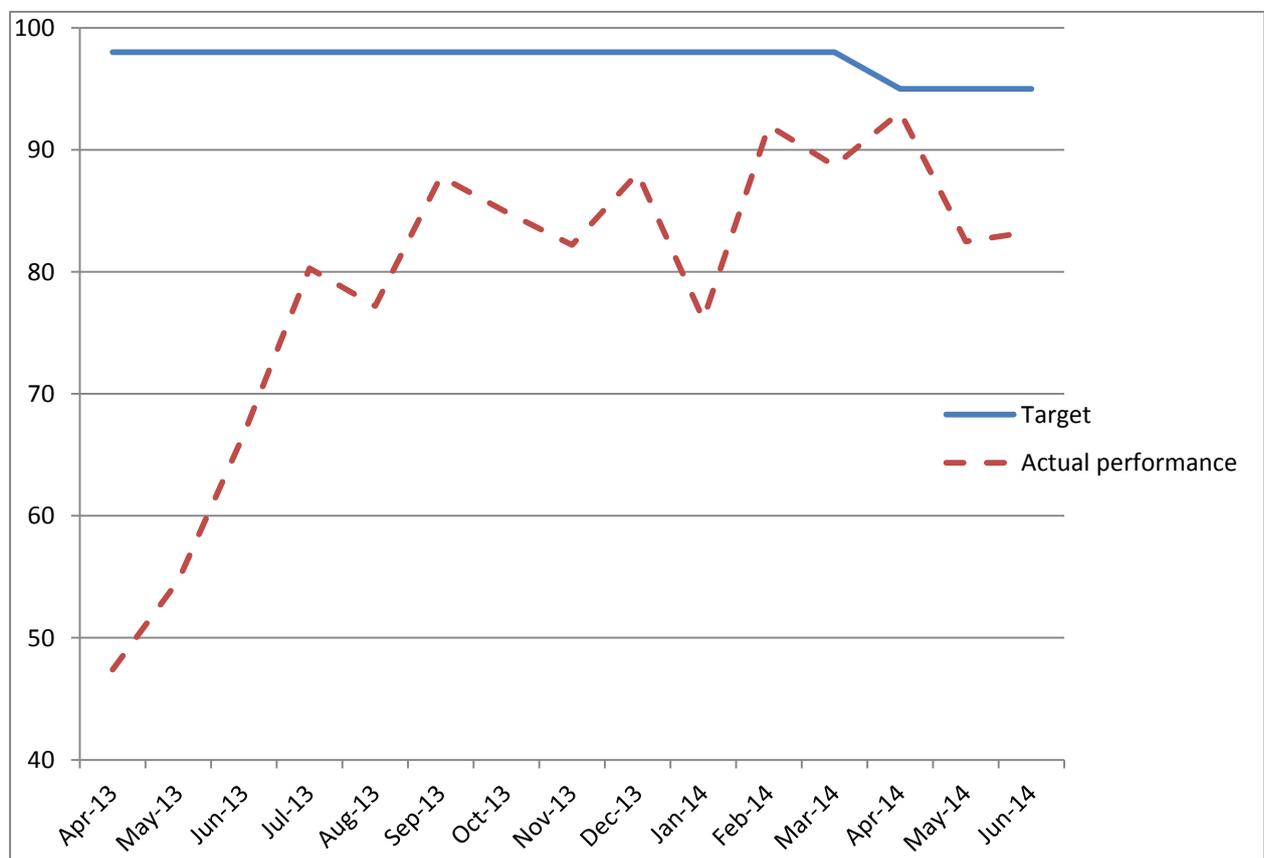


2.2 Complaints responses within agreed timescale

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 our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days in Medicine and Surgery Head and Neck³ and 25 working days in other areas⁴.

Until Q1 2014/15, our target was to respond to at least 98% of complainants within the agreed timescale. From Q1, this target has been adjusted slightly downwards to 95%. The end point is measured as the date when the Trust's response is posted to the complainant. In Q1 86.3% of responses were made within the agreed timescale, compared to 84.7% in Q4. This represents 24 breaches out of 175 formal complaints which were due to receive a response during Q1⁵. Divisional management teams remain focussed on improving the quality and timeliness of complaints responses. Figure 3 shows the Trust's performance in responding to complaints in Q1.

Figure 3. Percentage of complaints responded to within agreed timescale



³ Based on experience, due to relative complexity

⁴ 25 working days used to be an NHS standard

⁵ Note that this will be a slightly different figure to the number of complainants who *made* a complaint in that quarter.

2.3 Number of dissatisfied complainants

We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of 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 so that we don't make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

In Q1, there were 21 cases where the complainant felt that the investigation was incomplete or inaccurate. This represents a significant increase on Q4 (14 cases). There were a further 16 cases where new questions were raised, compared to Q4 (10 cases).

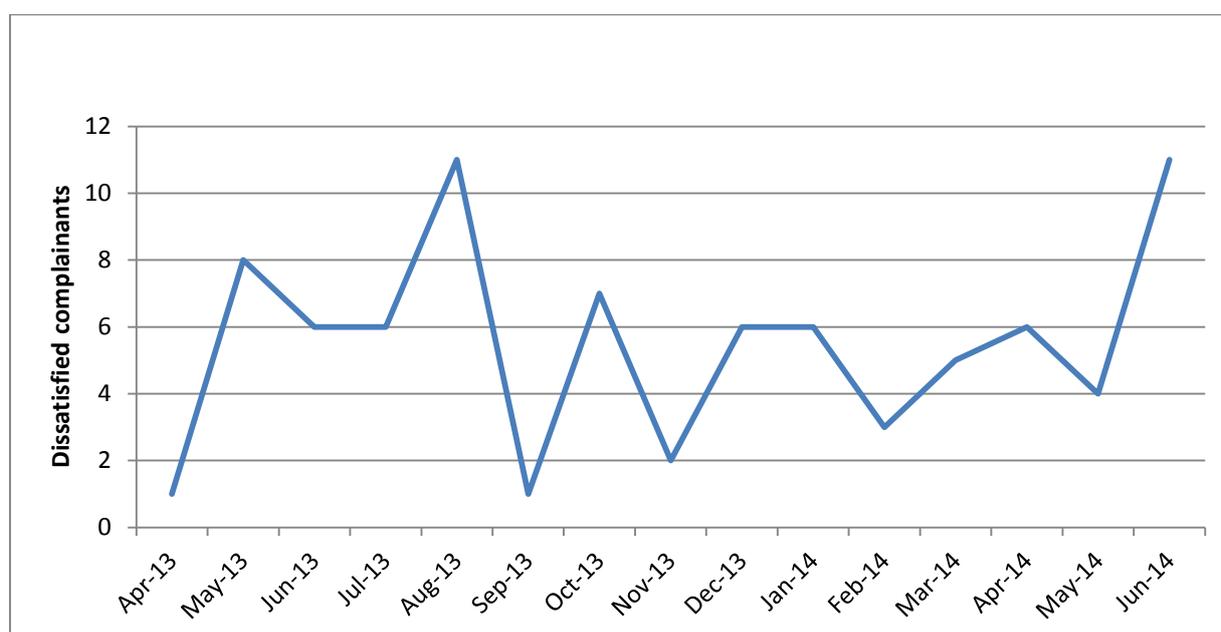
The 21 cases where the complainant was dissatisfied were associated with the following lead Divisions:

- 8 cases for the Division of Surgery, Head & Neck (compared to 5 in Q4);
- 5 cases for the Division of Medicine (compared to 4 cases in Q4);
- 5 cases for the Division of Women & Children (compared to 3 in Q4);
- 2 cases for the Division of Specialised Services (compared to 1 in Q4);
- 1 case for the Division of Diagnostics & Therapies (compared to 1 in Q4); and
- 0 cases for the Division of Facilities & Estates (compared to 0 in Q4).

A validation report is sent to the lead Division for each case where an investigation is considered to be incomplete or inaccurate. This allows the Division to confirm their agreement that a reinvestigation is necessary or to advise why they do not feel the original investigation was inadequate.

The number of dissatisfied complainants increased overall in 2013/14 and, despite a decrease in the second month of Q1, has increased again towards the end of the quarter. No discernible reason has been identified for this increase and there is no particular trend identified within any of the Divisions or in particular departments. Although the Division of Surgery, Head & Neck has seen an increase in the number of dissatisfied complainants, this has been in proportion with the increase in the number of complaints received overall by the Division. However, actions agreed to address this increase are detailed in section 3.6 of this report.

Figure 4. Number of complainants who were dissatisfied with aspects of our complaints response



2.4 Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of six major themes. The table below provides a breakdown of complaints received in Q1 compared to Q4. Complaints about ‘appointments and admissions’ and ‘clinical care’ increased in Q1, both in real terms and as a proportion of total complaints received. The reverse was true of complaints about ‘attitude and communication’.

Category Type	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Appointments & Admissions	152 (35.6% of total complaints) ↑	133 (32% of total complaints)
Attitude & Communication	91 (21.3%) ↓	119 (28.7%)
Clinical Care	132 (30.9%) ↑	115 (27.7%)
Facilities & Environment	27 (6.3%) ↓	30 (7.2%)
Access	9 (2.2%) ↓	10 (2.4%)
Information & Support	16 (3.7%) ↑	8 (2%)
Total	427	415

Each complaint is then assigned to a more specific category (of which there are 121 in total). The table below lists the six most consistently reported complaint categories. In total, they account for 78% of the complaints received in Q1 (335/427). Two other complaints categories were notable in Q1: Communication – Administrative (17) and Attitude of Nursing Staff (16). These themes will be included in the next quarterly report if significant numbers of related complaints continue to be reported.

Sub-category	Number of complaints received – Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14
Cancelled or delayed appointments and operations	129 ↑ (16 % increase compared to Q4)	111	86	95
Clinical Care (Medical/Surgical)	54 ↑ (15% increase)	47	45	30
Communication with patient/relative	27 ↓ (15% decrease)	32	14	15
Attitude of Medical Staff	20 ↓ (33% decrease)	30	13	18
Clinical Care (Nursing/Midwifery)	30 ↑ (15% increase)	26	23	32
Failure to answer telephones	4 ↓ (78% decrease)	18	16	19

This data reveals an increase in complaints about cancelled or delayed appointments and operations for the second successive quarter; and for the third successive quarter, an increase in complaints about clinical care (medical/surgical). On the positive side, there has been a significant decrease in complaints about failure to answer telephones (down 78% compared to Q4).

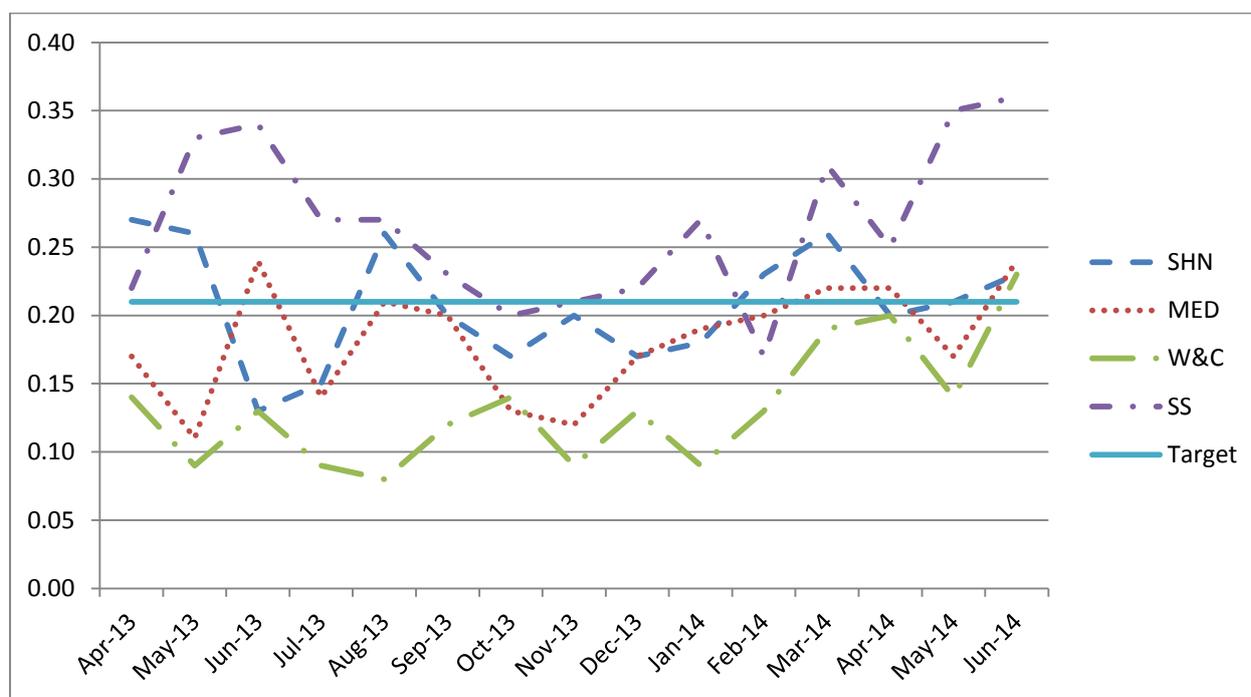
Concern	Action
Increase in complaints about cancelled or delayed appointments.	These issues are being addressed through the Trust’s Transformation programme, and in the case of outpatients, through improvement activities which originated from the Productive Ward project. Divisions have been asked to comment about the increases in complaints about clinical care later in this report (Section 3.3).
Increase in complaints regarding clinical care (medical/surgical)	The Associate Medical Director (AMD) oversees a system to monitor complaints where individual medical staff are cited. Medical staff are interviewed by the AMD or Medical Director if patterns of repeated behaviour are identified which give cause for concern. Divisions have been asked to comment about the increases in complaints about clinical care later in this report (Section 3.3).

3. Divisional performance

3.1 Total complaints received

A divisional breakdown of percentage of complaints per patient attendance is provided in Figure 5. This shows an upturn in the volume of complaints received in all bed-holding Divisions at the end of Q1.

Figure 5. Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies has been excluded from Figure 5. This is because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Complaints are more likely to occur as elements of complaints within bed-holding Divisions. Overall reported Trust-level data includes Diagnostic and Therapy 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 July 2013 have been as follows:

Table 2. Complaints received by Diagnostics and Therapies Division since July 2013

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Number of complaints received	3	6	4	12	9	11	14	11	7	9	6	8

3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 complaints performance by Division. 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 3.

	Surgery Head and Neck	Medicine	Specialised Services	Women and Children	Diagnostics and Therapies
Total number of complaints received	156 (169) ↓	81 (77) ↑	73 (56) ↑	69 (48) ↑	23 (32) ↓
Total complaints received as a proportion of patient activity	0.21% (0.22%) ↓	0.21% (0.21%) =	0.33% (0.25%) ↑	0.19 (0.14%) ↑	N/A
Number of complaints about appointments and admissions	80 (83) ↓	24 (23) ↑	26 (23) ↑	19 (8) ↑	6 (10) ↓
Number of complaints about staff attitude and communication	34 (47) ↓	32 (20) ↑	15 (13) ↑	11 (20) ↓	5 (16) ↓
Number of complaints about clinical care	44 (39) ↑	19 (34) ↓	26 (20) ↑	37 (20) ↑	10 (6) ↑
Areas where the most complaints have been received in Q1	Ear Nose and Throat – 28 (20) ↑ Bristol Eye Hospital – 38 (62) ↓ Trauma & Orthopaedics – 29 (30) ↓ Upper Gastro-Intestinal – 12 (14) ↓ Bristol Dental Hospital – 25 (19) ↑	A&E – 15 (15) = Diabetes/Endocrinology Clinic – 2 (3) ↓ Ward 15 – 2 (5) ↓ Ward 26 – 3 (5) ↓ Respiratory Department (including Sleep Unit) 10 – (8) ↑ Dermatology – 8 (7) ↑ Ward 17 (MAU) – 7 (4) ↑	Chemotherapy Day Unit and Outpatients – 7 (11) ↓ Bristol Heart Institute Outpatients – 16 (11) ↑ Cardiology GUCH Services – 11 (6) ↑ Ward 52 – 5 (5) = Ward 53 – 4 (8) ↓ Ward 61 – 5 (5) = Ward 62 & 62a – 7 (4) ↑	Outpatient clinics – 35 (16) ↑ Ward 78 – 5 (4) ↑ Ward 30 – 0 (7) ↓ Children’s ED & Ward 39 – 8 (6) ↑	Audiology – 2 (12) ↓ Physiotherapy (Adult) – 4 (5) ↓ Radiology – 12 (7) ↑
Notable deteriorations compared to Q4	ENT and Bristol Dental Hospital	Ward 17 (MAU)	Cardiology GUCH Services BHI Outpatients	Outpatient clinics	Radiology
Notable improvements compared to Q4	Bristol Eye Hospital	Ward 26	Ward 53	Ward 30	Audiology

3.3 Areas where the most complaints were received in Q1 – additional analysis

3.3.1 Division of Surgery, Head & Neck

Complaints by category type ⁶

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	3 (1.8% of total complaints) =	3 (1.8% of total complaints) =
Appointments & Admissions	76 (48.5%) ↓	79 (46.7%) ↑
Attitude & Communication	32 (20.6%) ↓	45 (26.6%) ↑
Clinical Care	41 (26.7%) ↑	38 (22.5%) ↑
Facilities & Environment	3 (1.8%) =	3 (1.8%) ↑
Information & Support	1 (0.6%) =	1 (0.6%) ↓
Total	156	169

Top six sub-categories

Sub-category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	76 ↑ (7% increase compared to Q4)	71 ↑ (58% increase compared to Q3)
Clinical Care (Medical/Surgical)	19 =	19 ↓ (24% decrease)
Communication with patient/relative	10 ↓ (37.5% decrease)	16 ↑ (300% increase)
Attitude of Medical Staff	9 ↓ (18% decrease)	11 ↑ (38% increase)
Clinical Care (Nursing/Midwifery)	8 ↑ (14% increase)	7 ↑
Failure to answer telephones	1 ↓ (85% decrease)	7 ↑

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
The Ear Nose & Throat Service received 28 complaints, an increase of 40% compared to Q4. This follows a previous improvement in Q4 compared to Q3, i.e. data has fluctuated. All complaints received in Q1 related to cancelled or delayed appointments, the majority of which were appointments for the nurse-led ear cleaning /suction clinic.	This is due to a chronic understaffing issue in the nurse led clinics due to long term sickness and difficulty recruiting suitable candidates.	Staff nurse who was on long term sick leave is now back at work on a staged return. The unit is undertaking a capacity diagnostic to understand what extra resources are needed to resolve this problem.
Bristol Dental Hospital received 25 complaints in Q1; an increase of 31% compared to Q4. 13 (52%) of these	Due to difficulty in recruiting to a restorative consultant, there has been a lack of availability of clinic slots and	Recruitment is ongoing – additional clinics have been arranged during the undergraduate holidays to clear the backlog. Complaints are being

⁶ Arrows in Q1 column denote increase or decrease compared to Q4. Arrows in Q4 column denote increase or decrease compared to Q3. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

complaints were for Adult Restorative Dentistry. Of the total complaints received by BDH, 12 were in respect of cancelled or delayed appointments, 10 related to clinical care and three were about attitude of staff.	this has led to a backlog of patients waiting to be seen.	managed on a case by case basis and urgent clinical issues are being addressed immediately.
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3.3.2 Division of Medicine

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	1 (1.2% of total complaints) =	1 (1.3% of total complaints) ↓
Appointments & Admissions	22 (27.2%) ↑	19 (24.7%) ↑
Attitude & Communication	30 (37%) ↑	18 (23.4%) ↑
Clinical Care	17 (21%) ↓	32 (41.5%) ↑
Facilities & Environment	7 (8.6%) ↑	6 (7.8%) ↑
Information & Support	4 (5%) ↑	1 (1.3%) ↑
Total	81	77

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	9 ↓ (40% decrease compared to Q4)	15 ↑ (36% increase compared to Q3)
Clinical Care (Medical/Surgical)	10 ↓ (9% decrease)	11 ↑ (83% increase)
Communication with patient/relative	7 ↑ (75% increase)	4 ↓
Attitude of Medical Staff	4 ↓ (20% decrease)	5 ↑
Clinical Care (Nursing/Midwifery)	5 ↓ (44% decrease)	9 ↓
Failure to answer telephones	1 ↓ (66% decrease)	3 ↑

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
Complaints received by the Respiratory Department (including the Sleep Unit) have continued to increase. There were 10 complaints in Q1 compared to eight in Q4 and four in Q3. Four of the complaints received in Q1 were in respect of clinical care; two were attributed to staff attitude and two to cancelled or delayed	Two complaints were for the Respiratory Department, four for the Sleep Unit and four for Ward 10. In respect of the outpatient complaints, one was closed as a patient misunderstood the information they had been given and four related to appointment issues and Outpatient departments. There were four complaints in respect	A process mapping review is underway in respect of the Sleep Unit and will be completed by the end of 2014/15.

appointments.	of the ward – one of these was a request for information (which was subsequently managed in a meeting); one related to a family requiring support following a bereavement; one was about cigarette usage and one remains under investigation and appears to be a misunderstanding around the provision of a waiting area.	
Ward 17 (MAU) received seven complaints in Q1. These were spread across a number of categories, with four being about staff attitude and communication.	Two of the complaints related to food quality and pathway information, so were not ward specific. Other complaints related to ward noise, the attitude of nursing and medical staff, and communication with a patient involving the need to move them to a side room.	The ward will soon be moving to a new environment with more side room provision. Issues around specific staff involved in complaints have been managed locally.
<i>Note: in the Trust's monthly survey, Ward 17 achieves a high patient-reported score for kindness and understanding and a mid-range aggregate patient experience tracker score.</i>		
The number of complaints received by Dermatology increased slightly again to eight in Q1, compared to seven in Q4 and three in Q3. Five of the complaints received in Q1 were about cancelled or delayed appointments and procedures.	The service is experiencing some pressures at the moment with an increase in activity, some of which is related to the service transfer from Weston General Hospital. Concerns have been raised around new appointment waiting times and difficulties contacting the clinic co-ordinator.	A new locum consultant is starting in the department on 1 st September 2014. Issues around nursing vacancies have been addressed. One 1.0WTE clinic coordinator has been appointed. A capacity review of the department is currently being undertaken.

3.3.3 Division of Specialised Services

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	1 (1.4% of total complaints) =	1 (1.8% of total complaints)
Appointments & Admissions	26 (35.6%) ↑	21 (37.5%)
Attitude & Communication	15 (20.6%) ↑	12 (21.4%)
Clinical Care	26 (35.6%) ↑	19 (33.9%)
Facilities & Environment	3 (4.1%) =	3 (5.4%)
Information & Support	2 (2.7%) ↑	0 (0%)
Total	73	56

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	24 ↑ (41% increase compared to Q4)	17 ↑ (42% increase compared to Q3)
Clinical Care (Medical/Surgical)	10 ↑ (43% increase)	7 ↑

Communication with patient/relative	7 ↑ (40% increase)	5 ↑
Attitude of Medical Staff	1 ↓ (50% decrease)	2 ↑
Clinical Care (Nursing/Midwifery)	8 ↑ (166% increase)	3 ↑
Failure to answer telephones	2 ↑ (100% increase)	1 ↓

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
The number of complaints received in Cardiology GUCH Services increased again to 11 in Q1 compared to six in Q4 and two in Q3. Five of the complaints received in Q1 were attributed to cancelled or delayed appointments or procedures. A further three were in respect of communication and two were about lost or delayed test results.	The recent growth in the outpatient follow-up backlog has led to patients' routine follow-ups being delayed. This has been compounded by long term secretarial vacancies.	The service has now appointed a fourth ACHD (Adults with Congenital Heart Defects) consultant, who will commence in post on 24 th August and will focus on addressing the follow-up backlog. The ACHD service also appointed a replacement support secretary to cover the vacant post. Unfortunately the individual appointed chose not to take up the post and therefore the department will be re-advertising.
Complaints for Bristol Heart Institute increased from 11 to 16 in Q1. Nine of these complaints related to cancelled or delayed appointments or procedures. Two each were attributed to communication and clinical care.	During Q1, the BHI received three formal and 13 informal complaints categorised as "BHI OPD". Of these, three related to the waiting times for complex heart procedures and three related to non-OPD administrative issues. Difficulties with the administration service in Q1 were caused by long term sickness in the secretarial team.	Of the two posts affected by long term sickness, one has been resolved and the member of staff is back in work. The other post is currently being recruited into following the withdrawal of a previously appointed candidate. We anticipate this post being filled substantively by October 2014 and interim arrangements are in place.

3.3.4 Division of Women & Children

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	0 (0% of total complaints) ↓	2 (4.2% of total complaints) ↑
Appointments & Admissions	19 (27.5%) ↑	6 (12.4%) ↑
Attitude & Communication	11 (16%) ↓	19 (39.6%) ↓
Clinical Care	36 (52.2%) ↑	19 (39.6%) ↑
Facilities & Environment	2 (2.9%) ↑	1 (2.1%) =
Information & Support	1 (1.4%) =	1 (2.1%) =
Total	69	48

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	15 (50% increase compared to Q4) ↑	10 ↓ (29% decrease compared to Q3)
Clinical Care (Medical/Surgical)	14 (55.5% increase) ↑	9 ↑
Communication with patient/relative	3 (40% decrease) ↓	5 ↑
Attitude of Medical Staff	6 (25% decrease) ↓	8 ↑
Clinical Care (Nursing/Midwifery)	9 (50% increase) ↑	6 =
Failure to answer telephones	0 (100% decrease) ↓	1 =

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
There has been a significant increase in the number of complaints received by outpatient clinics in the Children's Hospital, from 16 in Q4 to 35 in Q1. The majority of these complaints (10) were in respect of cancelled or delayed appointments or procedures, with nine attributed to clinical care.	Children's outpatient activity has grown substantially since the Centralisation of Specialist Paediatrics (CSP) in May this year. T&O pathways have been particularly challenging and a high number of concerns have been raised. Data quality from North Bristol NHS Trust has been inconsistent, contributing to confusion for our staff and patients.	Work taking place to address teething issues and improve new processes. Working with clinical teams to prioritise patients based on clinical need post-CSP. Ongoing work with NBT to sign off data transfer. Transformation project launching in outpatients to improve many aspects, including patient experience.
Complaints received by The Children's Emergency Department (CED) and Ward 39 (observation unit) increased again in Q1 to eight, compared with six in Q4 and two in Q3. Of the complaints received in Q1, 75% (six) were in respect of clinical care. The remaining two cases were attributed to attitude and communication.	CED has seen an increase in activity of around 20% since May 2014 so a proportional increase in complaints, although not desirable, is not unexpected	Lead Clinician sighted on all complaints to ensure systematic review and learning, with aim of avoiding similar events occurring in future.
<i>Note: in the Trust's monthly survey, Ward 39 achieves high patient-reported scores for kindness & understanding and the aggregate patient experience tracker.</i>		

3.3.5 Division of Diagnostics & Therapies

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	1 (4.4% of total complaints) ↓	2 (6.2% of total complaints) =
Appointments & Admissions	6 (26%) ↓	7 (21.9%) ↑
Attitude & Communication	5 (21.8%) ↓	14 (43.8%) ↑
Clinical Care	9 (39%) ↑	4 (12.5%) ↓
Facilities & Environment	2 (8.8%) ↓	3 (9.4%) ↑
Information & Support	0 (0%) ↓	2 (6.2%) ↑
Total	23	32

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	5 =	5 ↓
Clinical Care (Medical/Surgical)	1 ↑	0 ↓
Communication with patient/relative	0 =	0 ↓
Attitude of Medical Staff	0 ↓	4 ↑
Clinical Care (Nursing/Midwifery)	0 =	0 =
Failure to answer telephones	0 ↓	5 ↑

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
The number of complaints received by Radiology rose from seven in Q4 to 12 in Q1. These were spread across a number of categories, with three each relating to clinical care, attitude of staff and lost or delayed test results.	Of the 12 complaints in Q1, four were formal and eight were informal. The four formal complaints included an incorrect diagnosis at Avon Breast Screening Unit (now managed by North Bristol NHS Trust), damaged personal property (patient removed hearing aid and it fell under an MRI scanner), failure of a radiographer to follow a scanning protocol correctly, and delay in reporting a test result. The informal complaints were all dealt with at the time and appropriate action was taken.	In the case of the incorrect diagnosis, the service apologised that the potential diagnosis was not delivered clearly and for the distress caused. Part of the learning was to ensure that there is greater diligence in giving patients clear information. The Audiology Department has offered to source a replacement hearing aid for the patient whose hearing aid was lost underneath the MRI scanner in the BRI. The radiographer who failed to follow the correct procedure has been reminded of the protocol, and learning from the event has been disseminated within the department. The delayed report related to a CT scan and was due to a reporting capacity issue at that time. The service has recruited an additional consultant in this area and plans are in place for further capacity to be introduced.

3.4 Complaints by hospital site

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

Hospital/Site	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Bristol Royal Infirmary	170 (39.8% of total complaints) ↓	193 (46.5% of total complaints) ↑
Bristol Eye Hospital	38 (8.9%) ↓	60 (14.5%) ↑
Bristol Dental Hospital	26 (6%) ↑	19 (4.6%) ↓
St Michael's Hospital	57 (13.3%) ↑	46 (11%) ↓
Bristol Heart Institute	50 (11.7%) ↑	33 (8%) ↑
Bristol Haematology & Oncology Centre	25 (5.9%) ↑	20 (4.8%) ↓
Bristol Royal Hospital for Children	50 (11.7%) ↑	36 (8.7%) ↑
South Bristol Community Hospital	11 (2.7%) ↑	8 (1.9%) ↓
Total	427	415

3.5 Complaints responded to within agreed timescale

The Trust's aim is to respond to complaints within the timescale we have agreed with the complainant. Four of the five clinical Divisions reported breaches in Quarter 1, totalling 24 breaches. The Division of Diagnostics & Therapies did not record any breaches for Q1.

	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14
Surgery Head and Neck	9 (14.3%)	8 (11%)	6 (10%)	9 (12%)
Medicine	7 (21.2%)	7 (21.2%)	11 (25%)	9 (25%)
Specialised Services	2 (8.7%)	0	2 (11%)	4 (12.5%)
Women and Children	6 (19.4%)	9 (36%)	4 (17%)	7 (28%)
Diagnostics & Therapies	0 (0%)	1 (8.3%)	0	0
All	24 breaches	25 breaches	23 breaches	29 breaches

(So, as an example, there were seven breaches of timescale in the Division of Medicine in Q1, which constituted 21.2% of the complaints responses that had been due in Q1.)

Breaches of timescale were caused either by late receipt of final 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 by delays in during the sign-off process itself. Sources of delay are shown in the table below.

	Source of delays (Q4, 2013/14)		
	Division	Patient Support and Complaints Team	Executive sign-off
Surgery Head and Neck	3	0	6
Medicine	2	0	5
Specialised Services	0	1	1
Women and Children	5	0	1
Diagnostics & Therapies	0	0	0
All	10 breaches	1 breach	13 breaches

Actions agreed via Patient Experience Group:

- New KPIs have been agreed in respect of turnaround times for the Patient Support and Complaints Team and for the Executives, in addition to the four working days allowed for the Divisions. The Patient Support and Complaints Team must send the response letter to the Executives for signing within 24 hours of receipt from the Division. The Executives then have up to three working days (maximum) to review, sign and return the response to the Patient Support and Complaints Team.
- Divisions have been reminded of the importance of providing the Patient Support and Complaints Team with draft final response letters at least four working days prior to the date they are due with the complainant.
- The Patient Support and 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 Divisions if the complainant requests a meeting rather than a written response. This allows for the additional time needed to co-ordinate the diaries of clinical staff required to attend these meetings. (Note that deadlines agreed with Surgery, Head and Neck and Medicine are longer than for the other Divisions, to reflect the larger patient numbers and subsequent complaints received by these Divisions).
- Ongoing vigilance to avoid any delays by Patient Support and Complaints Team.

3.6 Number of dissatisfied complainants

As reported in section 1.3, there were 14 cases in Q4 where complainants were dissatisfied with the quality of our response (in addition to the figures shown in the table below, one case was attributable to the Division of Diagnostics & Therapies).

	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14
Surgery Head and Neck	8	5	8	10
Medicine	5	4	4	3
Specialised Services	2	1	3	1
Women and Children	5	3	0	2
Diagnostics & Therapies	1	1	0	1
All	21	14	15	17

Actions agreed via Patient Experience Group:

- Divisions are notified of any case where the complainant is dissatisfied. The 21 cases recorded in Q1 have now either been responded to in full, or have had revised response deadlines agreed with the complainants.
- The Patient Support and Complaints Team continues to monitor response letters to ensure that all aspects of each complaint have been fully addressed – there has recently been an increase in the number of draft responses which the Patient Support and Complaints Team has queried with the Division prior to submitting for sign-off.
- Trust-level complaints data is now replicated at divisional level to enable Divisions to monitor progress and identify areas where improvements are needed. This data will also be used for quarterly Divisional performance reviews.
- Response letter cover sheets are now sent to Executive Directors with each letter to be signed off. This includes details of who investigated the complaint, who drafted the letter and who at senior divisional level signed it off as ready to be sent. The Executive signing the responses can then make direct contact with these members of staff should they need to query any of the content of the response.

- Training on writing response letters has been delivered to key staff across all Divisions with input from the Patients Association. This training was well received and further training on this subject matter is being planned (training plan to be drafted by end of October 2014).

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 the 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 Q1, the team dealt with 174 such enquiries, compared to 161 in Q4. These enquiries can be categorised as:

- 104 requests for advice and information (83 in Q4)
- 60 compliments (70 in Q4)
- 10 requests for support (8 in Q4)

5. PHSO cases

During Q1, the Trust has been advised of new Parliamentary & Health Service Ombudsman (PHSO) interest in five complaints (compared to seven in Q4). Two of these cases were subsequently not upheld and one was partially upheld; we are currently awaiting a decision from the PHSO for the two remaining cases.

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
14650	CF	MS	23/12/2013	BRI	Upper GI	Surgery, Head And Neck
Not upheld: The PHSO allowed the Trust further opportunity to resolve the issues raised. A meeting was subsequently held with the complainant on 8 th May 2014. An action plan was generated and sent to the patient at the beginning of June 2014 and the complainant appears to be satisfied.						
13223	CP		16/05/2013	BEH	Outpatients	Surgery, Head & Neck
Not upheld: Final report received, complaint not upheld and no failings identified.						
10805	AJ	MM-L	17/05/2012	BRI	Ward 9	Surgery, Head & Neck
Open: The Trust has sent copies of all requested documentation to the PHSO – currently waiting to hear whether they wish to investigate.						

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
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13173	MD	JS	08/05/2013	BRI	A&E (BRI)	Medicine
Partially upheld: Some failings were found, specifically in relation to the lack of food and drink provided to the patient. However, the PHSO are satisfied that the Trust has apologised and that the remedial action taken was appropriate and proportionate.						

13987	AB	DJ	10/09/2013	BRI	QDU (Endoscopy)	Surgery, Head & Neck
Open: The Trust has sent the PHSO a copy of our complaint response letter - currently waiting to hear whether they require further information or intend to investigate.						

6. Corporate developments in Q4

During Q4 of 2013/14, a backlog of enquiries to the Patient Support and Complaints Team developed. Causal factors included the re-opening of the drop-in service in a prominent location within the Bristol Royal Infirmary Welcome Centre, staff sickness and an observed increase in the complexity of complaints received. Whilst all enquiries were acknowledged in a timely manner, it was taking up to four weeks for a caseworker to contact the complainant to discuss their concerns and to agree how and when these would be investigated. The Trust agreed to the appointment of three new members of staff to strengthen the team: recruitment is due to be completed by mid-October 2014. In the interim, two temporary caseworkers were initially appointed to enable the team to address the backlog. At the end of Q1, the backlog had reduced significantly, although it has since increased (at the time of writing, in mid-September, it is taking approximately two weeks for caseworker follow-up of complaints enquiries, following the Trust's initial acknowledgement). Operational performance indicators have been introduced to ensure that any deterioration in future performance is identified and escalated for appropriate action. Estates works have been carried out during August to facilitate the arrival of new staff members; this includes provision of a new meeting room for drop-in enquiries.

A formal update of the 2014/15 complaints work plan is being reported separately to the Senior Leadership Team in September.