

# **ANNUAL COMPLAINTS REPORT 2015/2016**

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## Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol NHS Foundation Trust in 2015/2016. The report also records other support provided by the Trust's Patient Support and Complaints Team<sup>1</sup> during the year.

In summary:

- 1,941 complaints were received by the Trust in the year 2015/2016, averaging 162 per month. Of these, 647 were managed through the formal investigation process and 1,294 through the informal investigation process. This compares with a total of 1,883 complaints received in 2014/2015, an increase of 3%. During 2015/16, the volume of complaints received by the Trust as a proportion of patient activity was 0.25%: a marginal decrease on 2014/15, when 0.26% of patient episodes resulted in a complaint.
- In addition, the Patient Support and Complaints Team dealt with 597 other enquiries, including compliments, requests for support and requests for information and advice: a small decrease on the 619 enquiries dealt with in 2014/2015.
- The Trust had 15 complaints referred to the Parliamentary and Health Service Ombudsman in 2015/16, compared with 12 in 2014/15 and 17 in 2013/14. Nine of the complaints referred during 2015/16 were not upheld and one was partially upheld; the remaining five cases are still being considered by the Ombudsman (as at 07/07/2016).
- 75.2% of complaints (formal resolution) were responded to within the agreed timescale, a decrease on the 85.9% achieved in 2014/15 and lower than the 76% recorded for 2013/14.
- At the time of writing, 59 complainants have expressed dissatisfaction with complaints responses sent out during 2015/16. This equates to 9.1% of the total responses sent out.

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<sup>1</sup> 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;
- 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, three full-time and one part-time complaints officers/caseworkers (Band 5) and three part-time administrators (Band 3). The total team resource, including the manager, is currently 7.8 WTE.

## **2. Complaints reporting**

Each month, the Patient Support and Complaints Manager reports the following information to the Patient Experience Group and 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
- Headline Indicator Report providing further detail of all cases where the complainant is dissatisfied with our response.

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

- 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. The Quarterly Complaints Report is also reported to the Trust Board and published on the Trust's web site.

### 3. Total complaints received in 2015/2016

In 2015/16, 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 0.25% in 2015/16, compared with 0.26% in 2014/15 and 0.21% in 2013/14 (see Figure 1). The total number of complaints received during the year was 1,941, an increase of 3% on the previous year. Of these, 647 were managed through the formal investigation process and 1,294 through the informal investigation process.

Compared with 2014/15, there was a decrease of 23% in the number of complaints managed through the formal investigation process and a 25% increase in the number of complaints managed through the informal investigation process. This is a positive change – we want to address concerns quickly and as close to 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. This 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 Patient Support and 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 2013/14, 2015/15 and 2015/16**

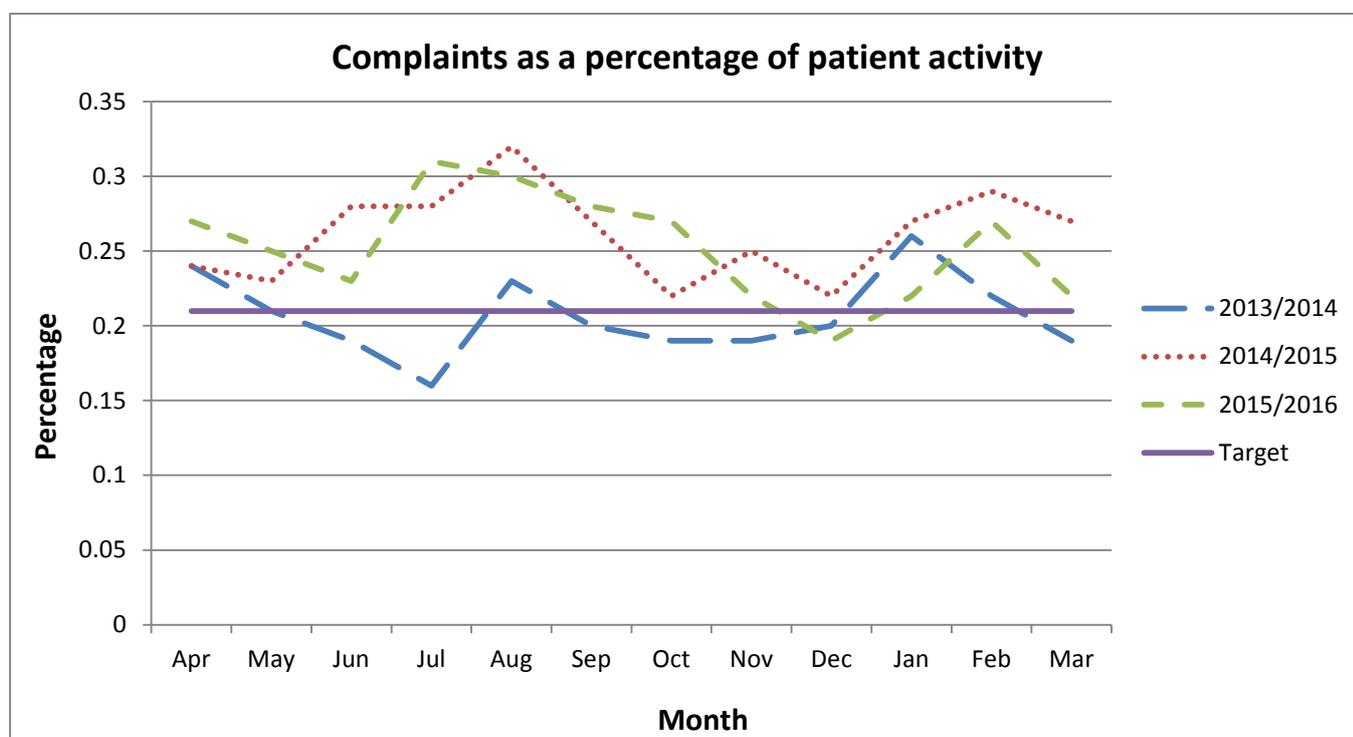


Table 1 below shows the number of complaints received by each of the Trust's clinical divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

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

Division	Informal Complaints 2015/2016	Formal Complaints 2015/2016	Divisional Total 2015/16	Informal Complaints 2014/2015	Formal Complaints 2014/2015	Divisional Total 2014/15
Surgery, Head and Neck	583 ↑	212 ↓	795 ↑	407 ↑	293 ↓	700 ↑
Medicine	244 ↑	162 ↓	406 ↑	174 ↑	176 ↑	350 ↑
Specialised Services	172 ↓	66 ↓	238 ↓	184 ↑	101 ↑	285 ↑
Women and Children	142 ↓	157 ↓	299 ↓	146 ↑	204 ↑	350 ↑
Diagnostics and Therapies	56 ↓	24 ↓	80 ↓	67 ↑	35 ↓	102 ↑
Trust Services (including Facilities & Estates)	97 ↑	26 ↓	123 ↑	61 ↑	35 ↑	96 ↑
<b>TOTAL</b>	<b>1294 ↑</b>	<b>647 ↓</b>	<b>1941 ↑</b>	<b>1039 ↑</b>	<b>844 ↑</b>	<b>1883 ↑</b>

Table 1 shows increases in the number of complaints received by Surgery, Head & Neck, Medicine and Trust Services (including Facilities and Estates) compared with 2014/15 and decreases in the number of complaints received by Specialised Services, Women and Children and Diagnostics and Therapies.

#### 4. 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 2014/2015.

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

Complaint Theme	Total Complaints 2015/2016	Total Complaints 2014/15	Total Complaints 2013/14
Access	40 ↓	56 ↑	44 ↑
Appointments and Admissions	661 ↑	656 ↑	472 ↓
Attitude and Communication	552 ↑	444 ↑	438 ↓
Clinical Care	469 ↓	528 ↑	372 ↓
Facilities and Environment	99 ↓	116 ↑	90 ↓
Information and Support	120 ↑	83 ↑	26 ↓
<b>TOTAL</b>	<b>1941 ↑</b>	<b>1883 ↑</b>	<b>1442 ↓</b>

In 2015/16, the total number of complaints received under the theme of Attitude and Communication increased by 24%. 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 552 complaints recorded under this theme, the largest sub-category was 'communication with patient/relative' (170), followed by 'failure to answer telephones' (90) and 'attitude of medical staff' (71). 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 and having a wasted journey to the hospital.

Complaints received in this category were spread across our hospital sites, with Bristol Royal Infirmary receiving 40% of all complaints relating to attitude and communication and Bristol Eye Hospital receiving 12.5%. The hospital departments receiving the highest numbers of complaints relating to attitude and communication were Bristol Eye Hospital Outpatients (52), Trauma & Orthopaedics (32) and Bristol Royal Infirmary Emergency Department (32).

Four of the six main complaints themes saw increases when compared with the previous year, although there was an encouraging 29% reduction in complaints relating to Access. This theme includes complaints about transport, visiting hours and services being unavailable.

In respect of Clinical Care, the total number of complaints received by the Trust decreased from 528 in 2014/15 to 469 in 2015/16. The largest numbers of complaints under this theme were in the category of 'clinical care (medical/surgical)' with 192 (234 in 2014/15).

In respect of complaints categorised as 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.

There was a slight increase in complaints received about Appointments and Admissions. The highest numbers of complaints received by the Trust under this theme were in respect of cancelled or delayed appointments and operations 489 (504 in 2014/15).

## **5. Equalities data: monitoring protected characteristics**

Patients' ethnicity, age, gender, religion and civil status are recorded on the Trust's patient administration system, Medway. Since 1<sup>st</sup> October 2014, where available, this information has been exported onto the Ulysses Safeguard database used by the Patient Support and Complaints Team and the data reported in the Trust's Quarterly Complaints Reports.

In February 2016, the Trust changed from Safeguard to a new Datix system for recording complaints. Unfortunately, the protected characteristics recorded on the Trust's Medway system do not match the fields within Datix. This is currently under investigation but means that for the purposes of this report, data is only available for the first three quarters of the year, i.e. April 2015 to December 2015.

Information about the age, gender, ethnicity, religious beliefs and civil status of patients who have made a complaint in Quarters 1, 2 and 3 of 2015/16 (or on behalf of whom a complaint was made) shows that:

- There was a broadly even distribution of complaints between men (677) and women (778)
- 36% of patients were aged 65 years or above

- The overwhelming majority of people who complained, and whose ethnicity is recorded (70%), were White British.
- 49% of complainants stated their religious affiliation as Christian.
- The civil status of the majority of complainants was Married/Civil Partnership (39%), followed by Single (27%)

## 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

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 2015/16 was 95% compliance. Over the course of the year 2015/16, 75.2% of responses were responded to within the agreed timescale, a decrease on the 85.9% achieved in 2014/15 and lower than the 76% recorded for 2013/14.

The main reason identified for the reduction in the number of responses sent out within the agreed timescale is the extra scrutiny of response letters to ensure that they are of a consistently high quality. This has meant that more amendments are being made to response letters by the Patient Support and Complaints Team and by the Executive Team, which can in turn lead to delays in responses being posted to complainants.

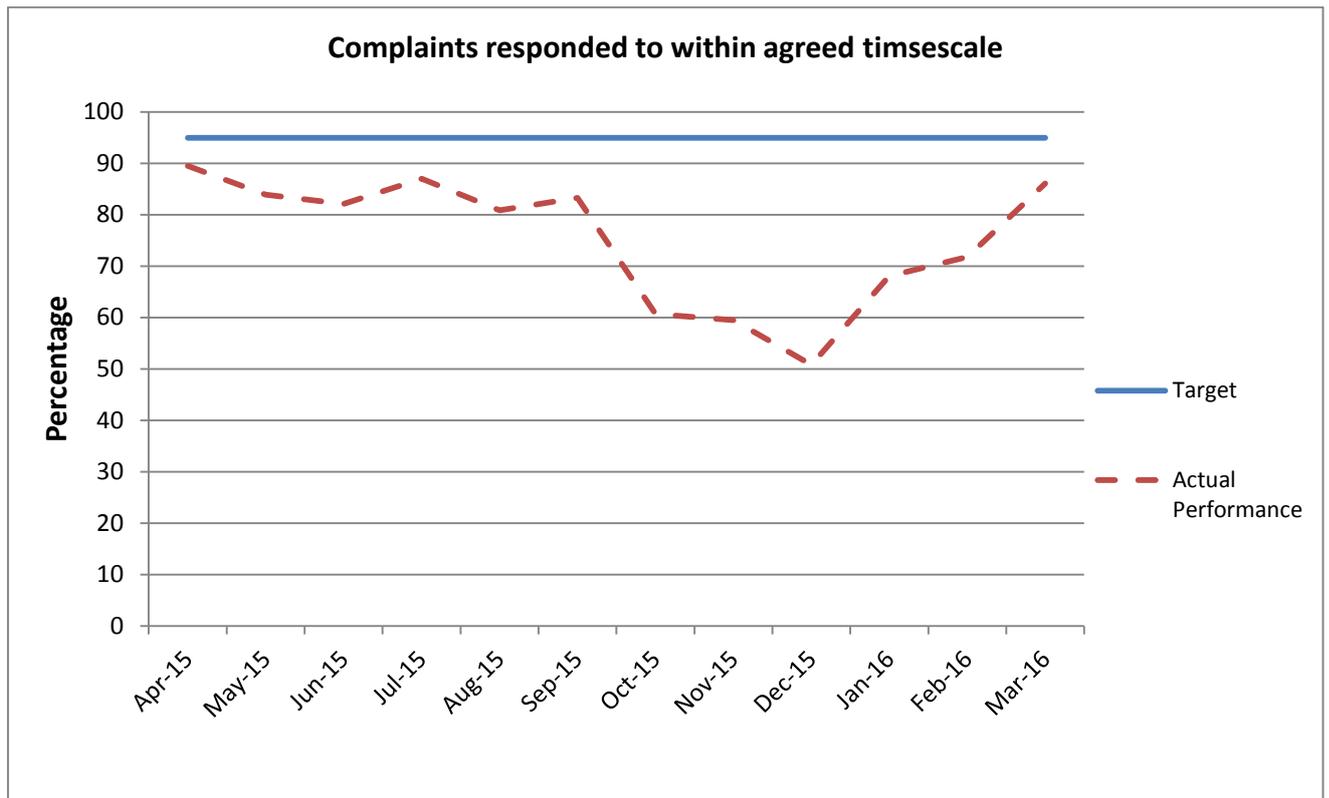
It is anticipated that the rate of responses being sent out on time will increase due to the following steps being taken:

- Training in how to write a good response letter continues to be rolled out Trustwide;
- The timescale for the review and sign-off process for complaint responses has been increased from four working days to seven working days, to allow more time for amendments to be made prior to responses being signed at Executive level;
- The Patient Support and Complaints Team must ensure that the response letter is checked and sent to the Executive Directors for sign-off within 24 hours of receipt from the Division (subject to weekends and Bank Holidays). The exception to this would be if the response has

been received from the Division very early, which allows additional time for the response to be checked if needed.

- All Divisions are now working to the same target of 30 working days.
- 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.
- Finally, divisions have the option of seeking the agreement of the complainant to extend their deadline if additional time is required to complete the investigation.

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



## 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 reported in 2014/15 where the complainant was dissatisfied with our response for this reason was 84, which represented 10% of all formal complaints received during the same period. However, with effect from 2015/16, the Trust changed the way in which it reported dissatisfied cases and now reports the number of complainants dissatisfied with our original response as a percentage of response letters sent out that month (as opposed to the number of dissatisfied responses received *in* a given month). At the time of writing, 59 complainants have expressed dissatisfaction with complaints responses sent out during 2015/16. This equates to 9.1% of the total responses sent out. Informal benchmarking against other NHS trusts indicates 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.

## 7. 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 15 complaints referred to the Parliamentary and Health Service Ombudsman in 2015/16, compared with 12 in 2014/15 and 17 in 2013/14. Nine of these complaints were not upheld and one was partially upheld; the remaining five cases are still being considered by the Ombudsman (as at 07/07/2016). In respect of the one partially upheld complaint, the Trust has complied fully with the PHSO's recommendations.

## 8. Information, advice and support

In addition to managing complaints, the Patient Support and Complaints Team also deals with information, advice and support requests. The total number of enquiries received during 2015/2016 is shown below, together with the numbers from 2014/2015 for comparative purposes:

**Table 3:**

Type of enquiry	Total Number 2015/2016	Total Number 2014/2015
Request for advice / information	375	389
Request for support	24	43
Compliments	200	187
<b>Total</b>	<b>599</b>	<b>619</b>

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.

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?'

## 9. 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. One of the Trust's nine key corporate quality objectives for 2015/16 was to improve the quality of complaints responses letters, and in turn to reduce the number of complainants who were dissatisfied with our complaints responses.

A further Trust quality objective for 2016/17 is to achieve a reduction in the number of complaints received relating to communication. Progress will be monitored by the Trust Board throughout the year.

The Trust's complaints work plan for 2016/17 is available upon request.