

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING
TUESDAY 18 FEBRUARY 2014**

Title:	QUARTERLY CARE QUALITY REPORT (Quarter 3: 1 October to 31 December 2013)
Responsible Director:	Philip Norman, Executive Chief Nurse
Contact:	Derek Ball, Head of Patient Relations Ext 13924

Purpose:	To present the Council of Governors with an update on complaints within the Trust for the period 1 October 2013 to 31 December 2013	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	Relevant to all of the Trust's strategic aims.	
Key Issues Summary:	Number of complaints received, ratio of complaints to activity, analysis by division, learning and Parliamentary and Health Service Ombudsman contacts.	
Recommendations:	The Council of Governors is requested to RECEIVE the complaints update.	
Approved by:	Philip Norman	Date: 6 February 2014

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QUARTERLY CARE QUALITY REPORT
(Quarter 3: 1 October to 31 December 2013)

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Number of Complaints Received

The number of complaints received in the third quarter of 2013/14 was 163, which represents a decrease of 9 cases compared to the preceding quarter.

Table 1: Total number of complaints received in the last 2 quarters

	Q2 2013/14	Q3 2013/14
Total number of complaints	172	163

Year to date (April to December 2013), 497 complaints have been received. This is an average of 55 complaints per month. The number of complaints received per month as remained relatively stable over the last 2-3 years despite the increases seen in patient activity. The ratio of complaints received against patient activity is outlined below.

Table 2: Ratio of complaints to activity

Ratio of complaints to activity		Q2 2013/14	Q3 13/14
Inpatients	Finished Consultant Episodes (FCEs)*	32649	33187
	Complaints	86	106
	Rate per 100 FCEs	0.26	0.32
Outpatients	Appointments	177974	181143
	Complaints	58	46
	Rate per 100 appointments	0.03	0.02
Emergency Department	Attendances	24600	24265
	Complaints	28	11
	Rate per 100 attendances	0.11	0.05

* FCE = Finished Consultant Episode – which denotes the time spent by a patient under the continuous care of a consultant.

2. Complaints Analysis

2.1 Total complaints received by Division

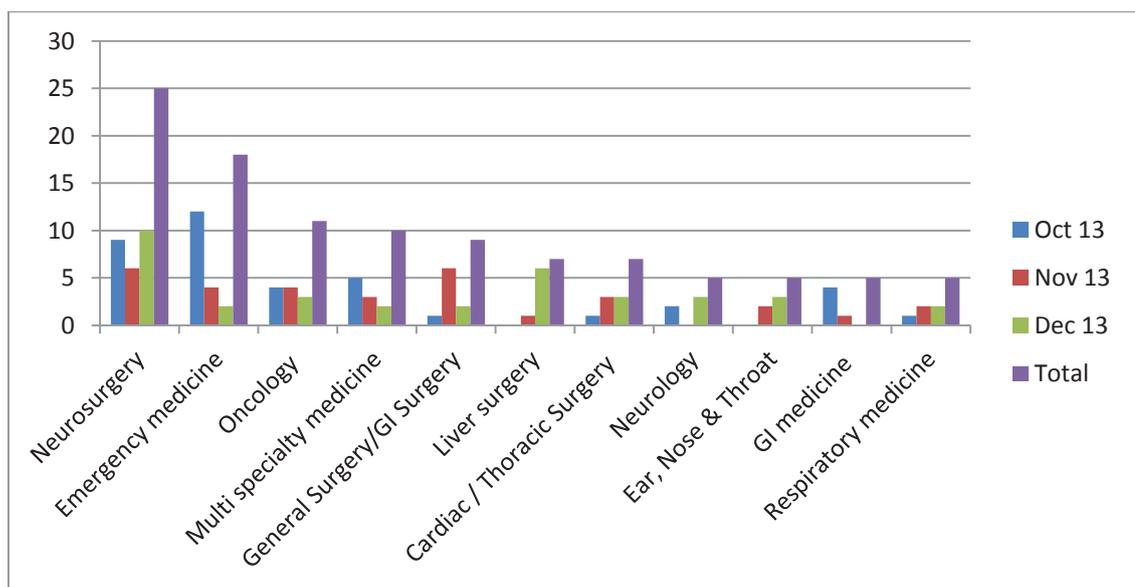
Table 3 summarises complaints received by each clinical division during quarter 3. Overall the number of complaints received each month remains relatively stable; however Division D experienced a rise in the number of complaints received in December 2013, compared to the previous month. This primarily related to complaints regarding patient's operations being cancelled in Neurosurgery as a result of increased emergency admission which impacted on the available bed capacity. The Division is taking action to improve this position, with plans in place to increase the available bed capacity within neurosurgery, especially for elective procedure.

Table 3: Total complaints received by Division for Quarter 3

Division	Number of Complaints Oct 13	Number of Complaints Nov 13	Number of Complaints Dec 13	Total Complaints
Division A	6	5	1	12
Division B	13	15	14	42
Division C	24	10	11	45
Division D	21	14	25	60
Corporate Services	0	3	1	4
Total Complaints	64	47	52	163

2.2 Total complaints received by specialty

Top specialties by complaints received by month



The above chart shows the total number of complaints received by main specialty, by month, during quarter 3. The specialties receiving the highest number of complaints are noted on the chart.

Complaints for Neurosurgery increased to 10 in December, compared to 6 in November. Of these, 8 complaints related to delays or cancellation of surgery or related issues. This was flagged to the senior divisional management team, who advised that a plan had been agreed to ring-fence a number of beds on ward 411 (Neurology/Stroke) specifically for elective Neurosurgery patients. The reduction in Emergency Medicine complaints continued in December, when 2 complaints were received. Complaints for Liver Surgery increased from 1 in November to 6 in December. These complaints reflected a mix of issues including 2 which mentioned cancelled surgery, communication issues, delayed treatment and nursing care. In Oncology, one of the 3 complaints received in December reflected cancelled surgery, another delayed chemotherapy and the third about inadequate communication about treatment.

2.3 Top 5 Main subjects of complaints

Top 5 Main subjects of complaints	Q2 2013/14	Q3 2013/14
Clinical treatment	85	65
Communication & information	22	27
Staff Attitude	12	18
Inpatient appointment cancelled or delayed	13	16
Outpatient appointment cancelled or delayed	17	10

2.4 Learning from complaints

The Trust takes a number of steps to review learning from complaints and to take action as necessary. Learning and actions from individual complaints are shared with the complainant in our written response or complaints resolution meeting. Complaints are reported monthly to the Care Quality Group, as part of a wider Patient Experience report. A monthly complaints report is also presented to the Chief Executive's Advisory Group, the Board of Directors and the Clinical Commissioning Group.

A more detailed analysis of complaints trends, themes and associated learning by clinical division is reported at Divisional Clinical Quality Group meetings. This is the forum where learning/actions identified following a complaint investigation are reported and any such learning/actions which have not been completed are highlighted and followed up until the Division confirm that the specific learning/action has been completed.

3. Parliamentary and Health Service Ombudsman (PHSO) - Independent review of complaints

The Trust aims to resolve all complaints at a local level. This may involve telephone calls, written responses, meetings or a combination of all of these. All complainants are given information about the PHSO service when their complaint is first acknowledged and again when a response is sent to them. Complainants can refer their complaint to the PHSO if they feel it has not been handled or resolved satisfactorily by the Trust. The role of the PHSO is to assess the original complaint and responses provided by the Trust to determine whether an independent review of the complaint and its handling is required.

The number of complaints referred to the PHSO relating to the Trust increased to 2 in the last quarter, compared to 1 in the previous quarter.

4. Improving Process, Learning and Reporting

The complaints process, learning from complaints and the reporting format are currently under review to enable further improvements to be made.

5. Recommendations

The Council of Governors is requested to **RECEIVE** the complaints update.

Philip Norman
Executive Chief Nurse
6 February 2014