

# Complaints Report

**Quarter 3, 2019/2020**

(1 October 2019 to 31 December 2019)

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### Quarter 3 Executive summary and overview

	Q3	
Total complaints received	388	↓
Complaints acknowledged within set timescale	100%	↑
Complaints responded to within agreed timescale – formal investigation	88.3%	↑
Complaints responded to within agreed timescale – informal investigation	90.1%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	5.7%	↓

Successes	Priorities
<ul style="list-style-type: none"> <li>100% of complaints were acknowledged in a timely manner.</li> <li>The percentage of complainants advising the Trust that they were dissatisfied with the response to the issues they raised reduced to 5.7% in Q3, compared with 9.9% in Q2 and 13.4% in Q1.</li> <li>Complaints about 'Appointments and Admissions' reduced for the second consecutive quarter.</li> <li>Complaints received for Bristol Eye Hospital fell by 31% compared with Q2.</li> <li>The Division of Surgery achieved an impressive 97.4% against its target for responding to formal complaints within the agreed timescale in Q3</li> </ul>	<ul style="list-style-type: none"> <li>Responding to complaints within the timescale agreed with the complainant remains a priority across all Divisions.</li> <li>Identified knowledge gap amongst line managers in Division of Medicine relating to handling and responding to complaints – training to be provided. The division is also piloting an informal process where all informal complaints are addressed in “real time” i.e. within 24 hours. The divisional duty matron is bleeped by the Patient Support &amp; Complaints Team with informal complaints and these are allocated appropriately to be actioned and any issues “nipped in the bud”.</li> <li>The Division of Specialised Services is trialling recording of complaints resolution meetings, which has been well received by complainants.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Opportunities to exchange knowledge and learning with the complaints service at Weston General Hospital and build relationships between the two teams ahead of the merger in April 2020.</li> </ul>	<ul style="list-style-type: none"> <li>In Q3 the percentage of formal responses sent out by the agreed deadline showed an improvement on the 83.6% reported in Q2; however, at 88.3%, this remains below the Trust target of 95% and performance in the Division of Medicine remains a concern.</li> <li>Complaints about communication with patients/relatives doubled in Q3 compared with Q2.</li> </ul>

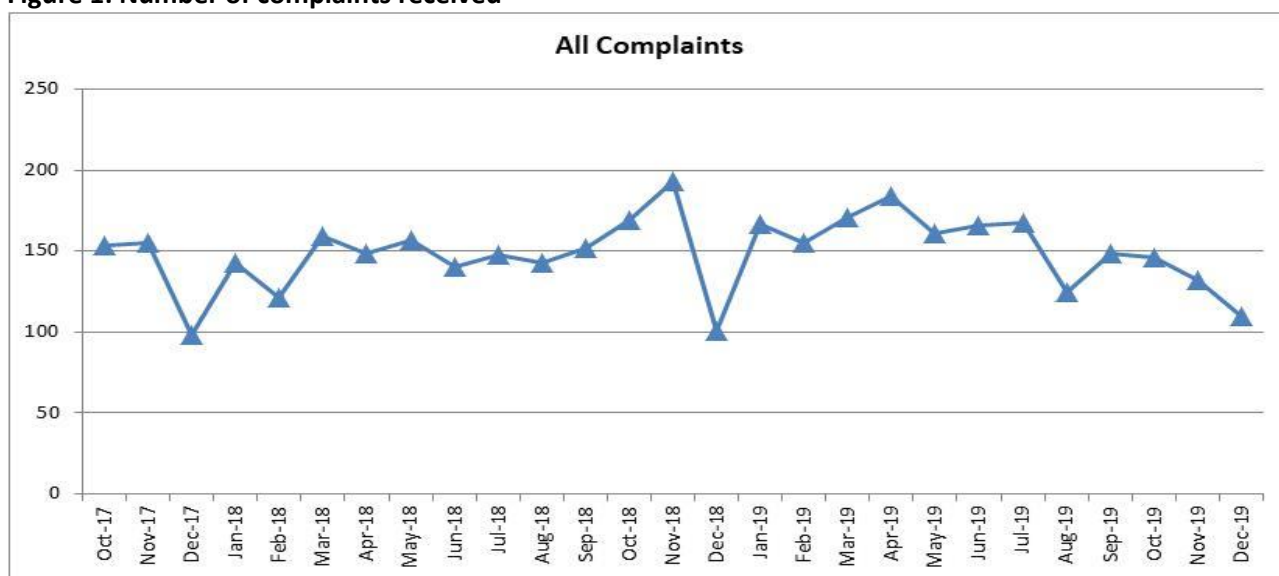
## 1. Complaints performance – Trust overview

The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

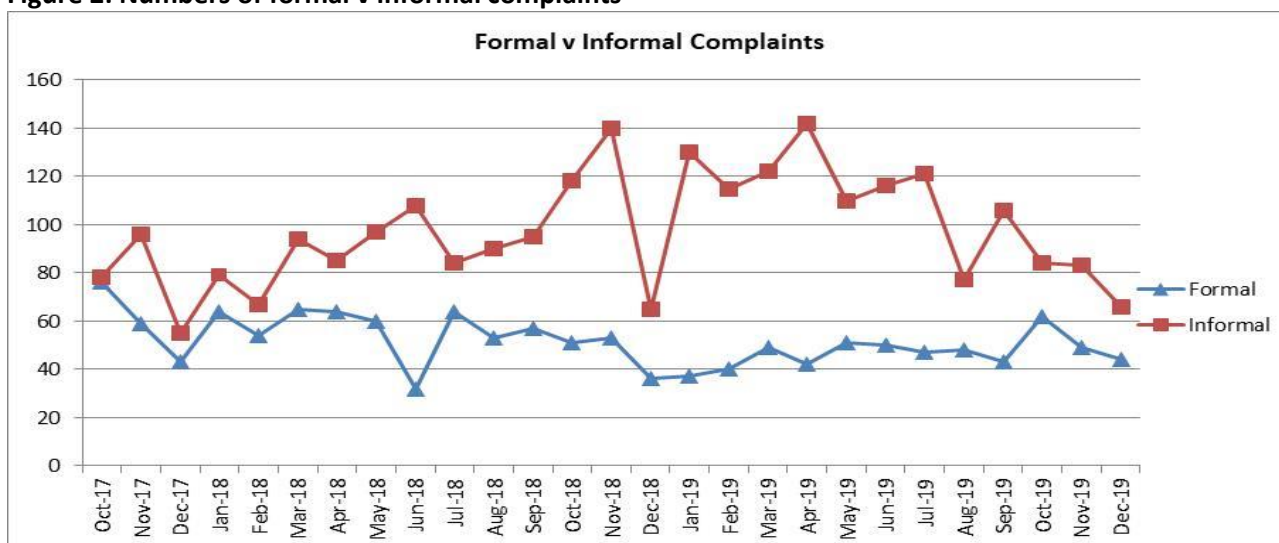
### 1.1 Total complaints received

The Trust received 388 complaints in quarter 3 (Q3) of 2019/20. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>1</sup> but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month. Whilst this shows a return to around 150 complaints per month, December is historically a quiet month for complaints, which has lowered the average for Q3.

**Figure 1: Number of complaints received**



**Figure 2: Numbers of formal v informal complaints**



<sup>1</sup> 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.

Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.

## 1.2 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, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

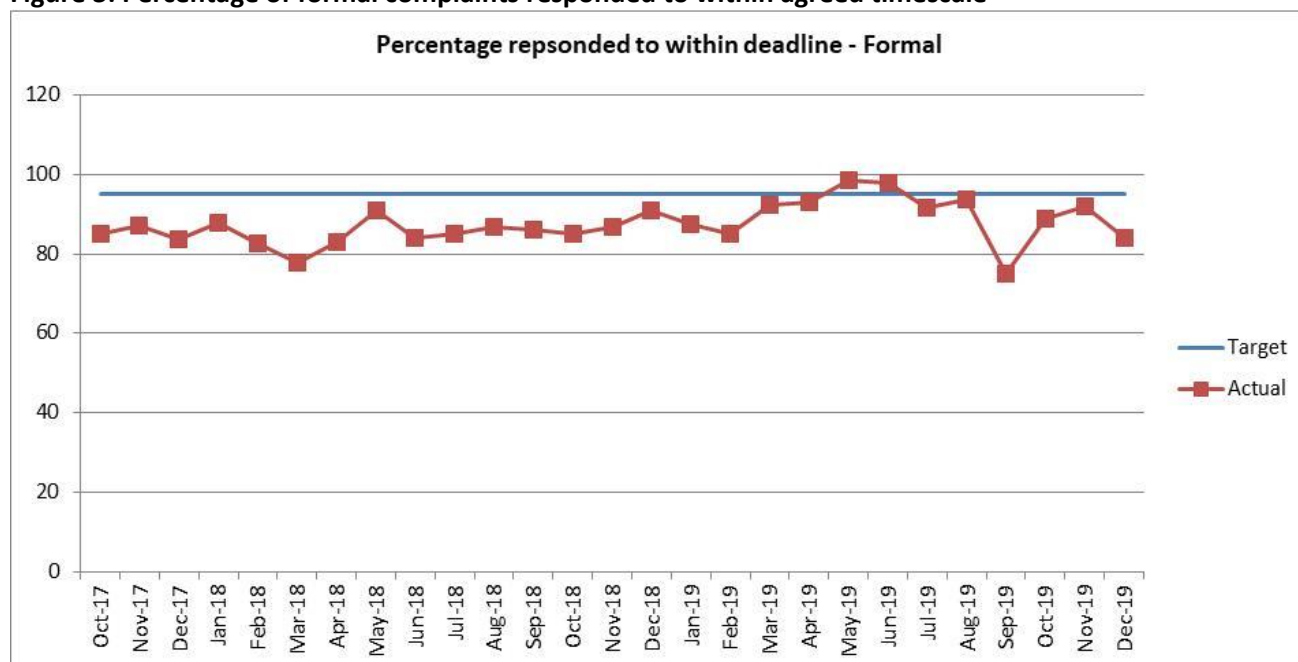
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

### 1.2.1 Formal Investigations

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is sent to the complainant.

In Q3 2019/20, 88.3% of responses were sent to complainants within the agreed timescale. This represents 23 breaches out of the 196 formal complaint responses which were sent out during the quarter<sup>2</sup>. This is only a slight improvement on the 83.6% reported in Q2. Figure 3 shows the Trust's performance in responding to complaints since October 2017. Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

**Figure 3: Percentage of formal complaints responded to within agreed timescale**



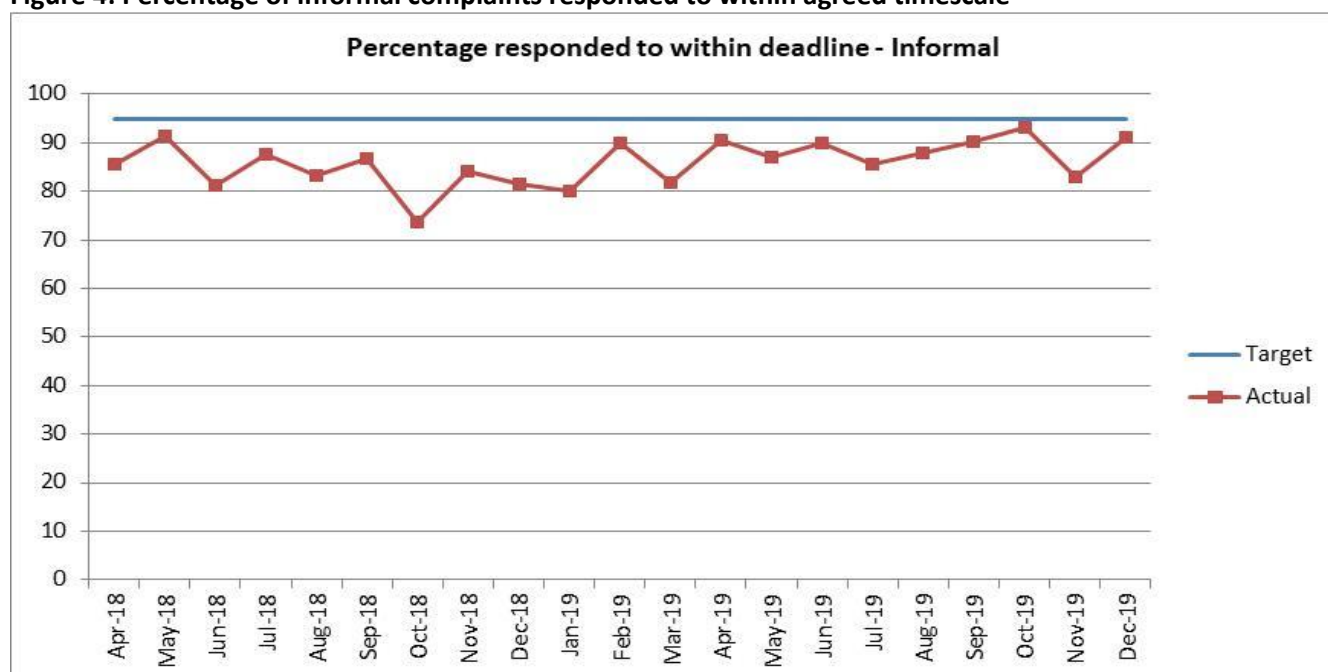
<sup>2</sup> Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

### 1.2.2 Informal Investigations

In Q3 2019/20, the Trust received 263 complaints that were investigated via the informal process. During this period, the Trust responded to 213 complaints via the informal complaints route and 90.1% (192) of these were responded to by the agreed deadline, an improvement to the 87.5% reported in Q2.

The percentage of informal complaints resolved within the agreed deadline has been formally reported to the Board since Q4 2018/19, given that so many complaints are now resolved informally. Figure 4 (below) shows performance since April 2018, for comparison with formal complaints, although it should be noted that the 95% target was only formally set with effect from Q4 2018/19.

**Figure 4: Percentage of informal complaints responded to within agreed timescale**



### 1.3 Dissatisfied complainants

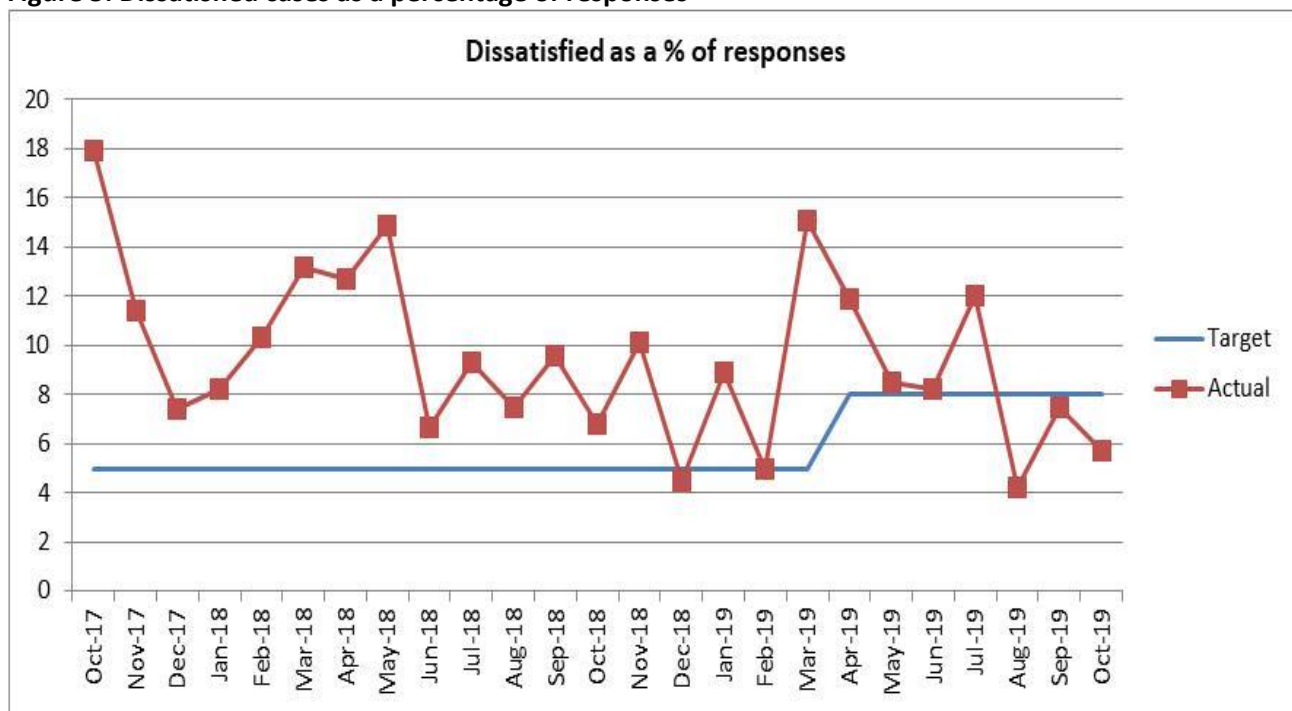
Our revised target for 2019/20 is that no more than 8% of complaints responses should lead to a dissatisfied response.

This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q3 2019/20, we are able to report dissatisfied data for August, September and October 2019. Nine complainants who received a first response from the Trust during those months have since contacted us to say they were dissatisfied. This represents 5.7% of the 158 first responses sent out during that period, compared with 9.9% during the previous quarter. This is the first time that the Trust has been below (i.e. better than) target (8%) for three consecutive months.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since October 2017.

Figure 5: Dissatisfied cases as a percentage of responses



## 2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q3 2019/20 compared with Q2.

Complaints recorded under the categories of ‘attitude and communication’, ‘documentation’ and ‘access’ all increased slightly in Q3. Complaints about all other categories decreased compared with Q2.

Complaints in respect of ‘appointments and admissions’, ‘clinical care’ and ‘attitude and communication’ accounted for 84.5% of all complaints received (328 of 388).

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q3 (2019/20)	Number of complaints received in Q2 (2019/20)
Appointments & Admissions	124 (32.1% of all complaints) ↓	155 (35.1% of all complaints) ↓
Clinical Care	122 (31.4%) ↓	136 (30.8%) ↓
Attitude & Communication	82 (21.1%) ↑	78 (17.6%) ↓
Facilities & Environment	22 (5.7%) ↓	36 (8.2%) =
Information & Support	16 (4.1%) ↓	17 (3.8%) ↓
Documentation	11 (2.8%) ↑	7 (1.6%) ↓
Discharge/Transfer/Transport	9 (2.3%) ↓	13 (2.9%) =
Access	2 (0.5%) ↑	0 (0%) ↓
<b>Total</b>	<b>388</b>	<b>442</b>

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most consistently reported sub-categories, which together accounted for 75.5% of the complaints received in Q3 (293/388).

**Table 2: Complaints by sub-category**

Sub-category	Number of complaints received in Q3 (2019/20)	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)
Cancelled/delayed appointments and operations	95 ↑	92	106	87
Clinical care (Medical/Surgical)	73 ↓	84	85	67
Appointment administration issues	21 ↓	40	65	42
Failure to answer telephones/failure to respond	21 ↓	22	21	21
Communication with patient/relative	20 ↑	10	18	19
Attitude of medical staff	17 ↓	19	21	28
Clinical care (Nursing/Midwifery)	11 =	11	16	10
Diagnosis issues	10 ↓	11	10	4
Attitude of Nursing/Midwifery	9 ↑	4	7	9
Attitude of A&C staff	8 ↑	6	11	13
Medication incorrect/ not received	8 ↓	10	3	4

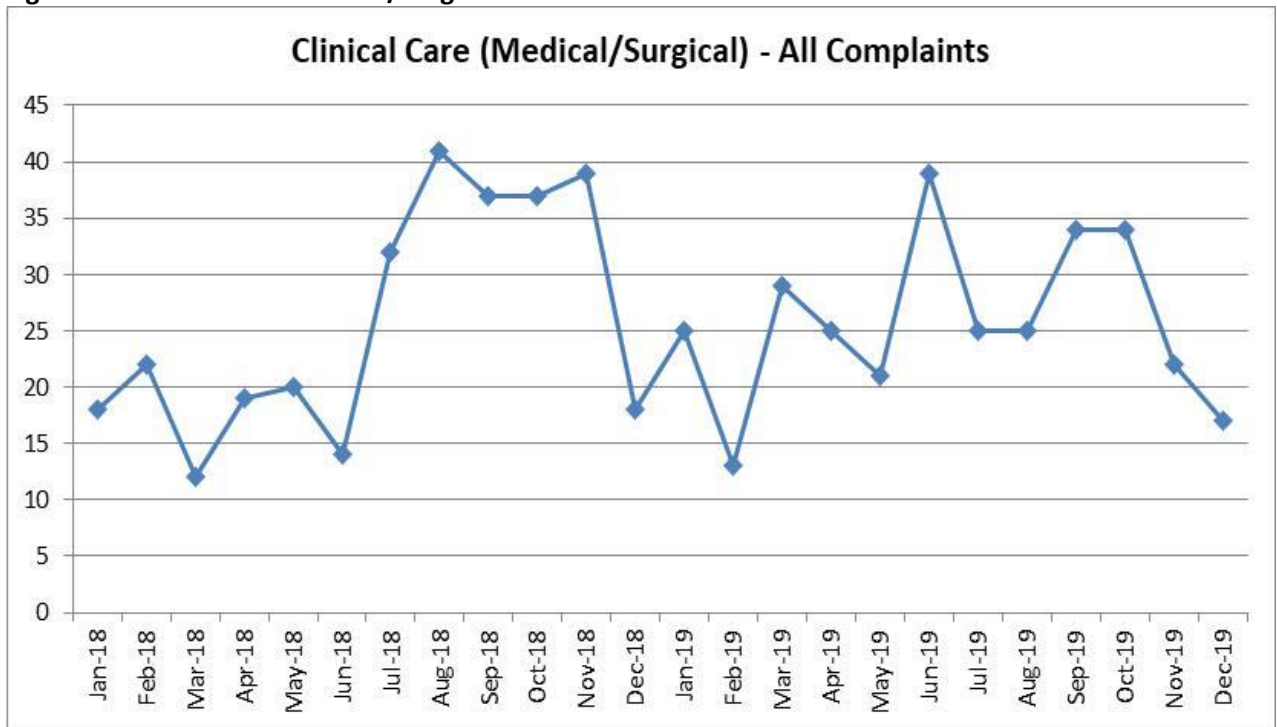
In Q3, the sub-category of ‘communication with patient/relative’ showed the largest increase compared with Q2. Complaints about ‘cancelled/delayed appointments and operations’ remains the sub-category with the highest number of complaints received.

The most significant decrease was in the number of complaints received about ‘appointment administration issues’ for the second successive quarter.

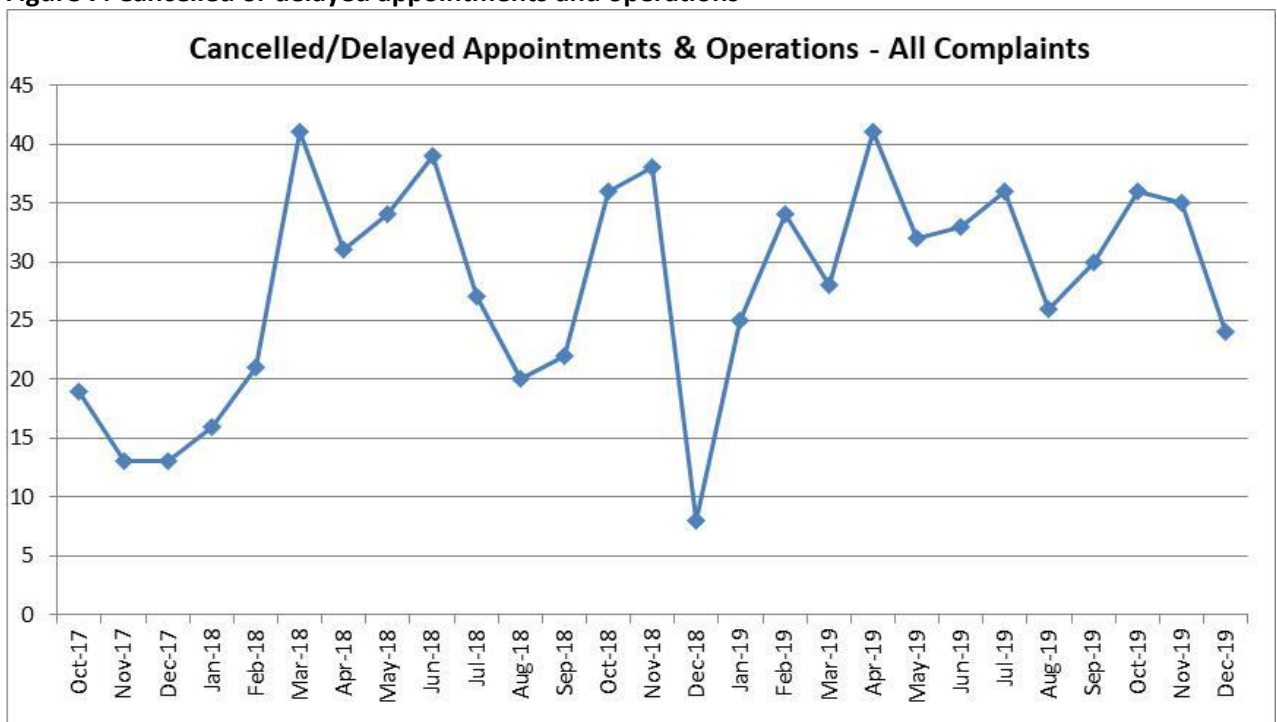
Figures 6-9 (below) show the longer term pattern of complaints received since October 2017 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows a steady decrease in Q3 in complaints about ‘clinical care (medical/surgical)’ and Figure 7 shows a downward turn in complaints about ‘cancelled/delayed appointments and operations’ towards the end of the quarter. Figures 8 and 9 show the upward trend in complaints about ‘clinical care (nursing/midwifery)’ and ‘communication with patient/relative’ respectively.

Trends in sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

**Figure 6: Clinical care – Medical/Surgical**

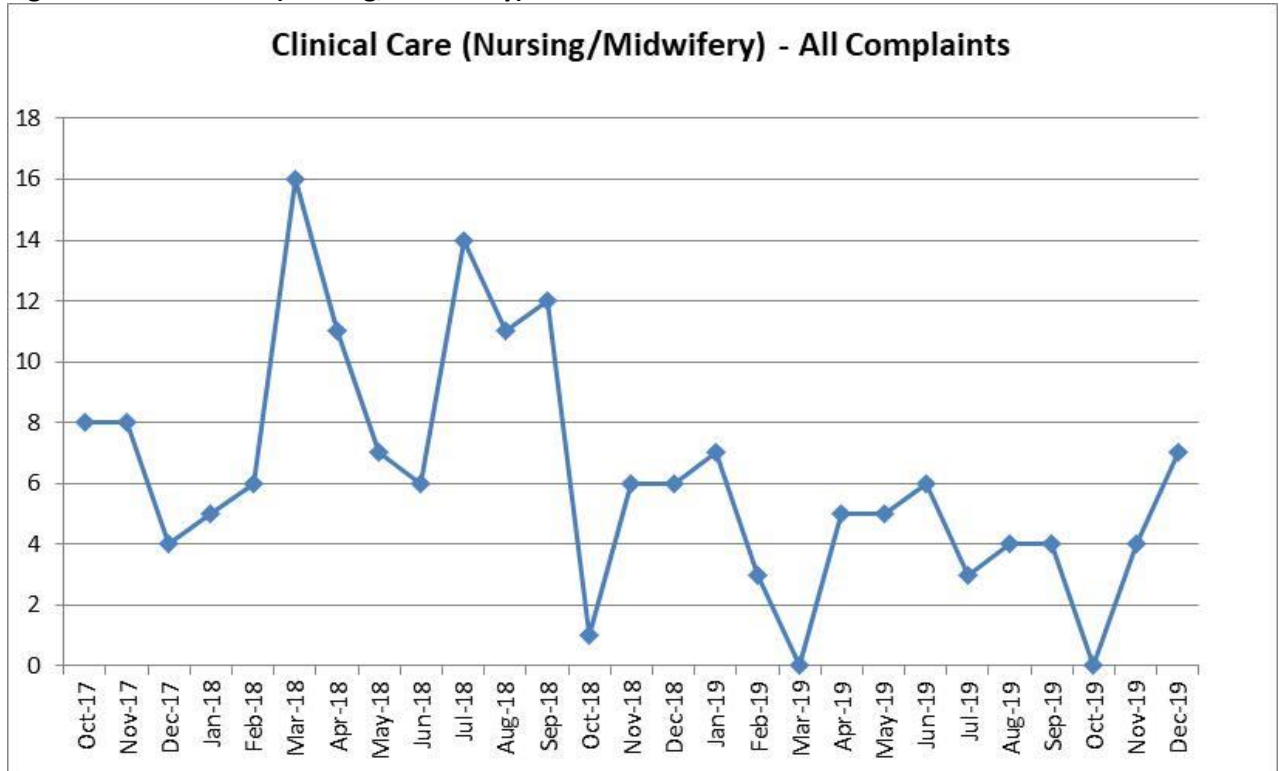


**Figure 7: Cancelled or delayed appointments and operations**

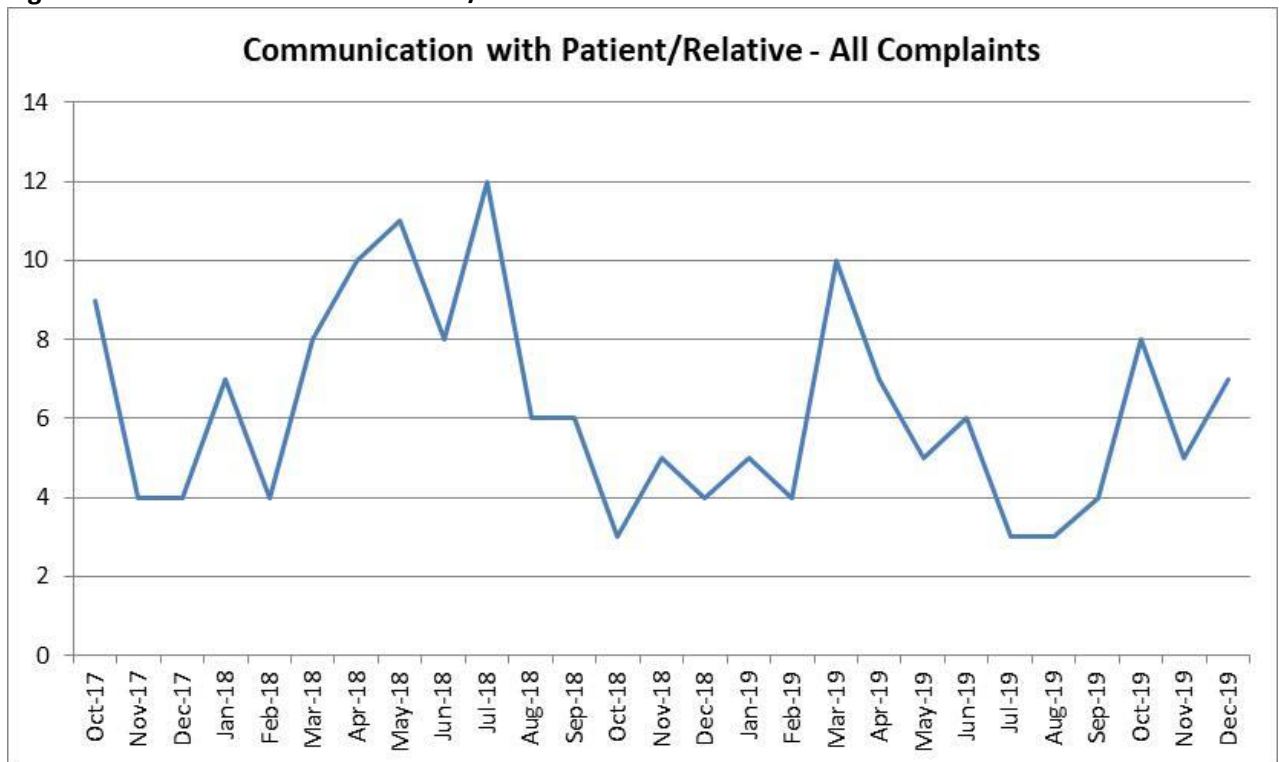




**Figure 8: Clinical Care (Nursing/Midwifery)**



**Figure 9: Communication with Patient/Relative**



### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

<b>Table 3</b>	<b>Surgery</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women &amp; Children</b>	<b>Diagnostics &amp; Therapies</b>
Total number of complaints received	127 (155) ↓	72 (97) ↓	66 (70) ↓	78 (70) ↑	17 (22) ↓
Number of complaints about appointments and admissions	56 (72) ↓	20 (22) ↓	28 (27) ↑	17 (23) ↓	2 (9) ↓
Number of complaints about staff attitude and communication	24 (25) ↓	21 (18) ↑	13 (13) =	17 (12) ↑	5 (5) =
Number of complaints about clinical care	37 (44) ↓	25 (35) ↓	18 (23) ↓	32 (27) ↑	9 (6) ↑
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 34 (33) Bristol Eye Hospital – 29 (42) ENT – 15 (16) Trauma & Orthopaedics – 10 (19) BEH Outpatients – 9 (14) Oral & Maxillofacial Surgery – 10 (8) Oral Medicine – 8 (1)	Emergency Department (BRI) (inc. A413) – 19 (23) Dermatology – 14 (17) Ward A300 (AMU) – 5 (3) Rheumatology – 4 (5)	<b>BHI (all) – 49 (45)</b> <b>BHOC (all) – 15 (21)</b>  BHI Outpatients – 28 (23) Ward C705 – 5 (1) Ward C604 (CICU) – 4 (2) Ward C708 – 4 (2) BHOC Outpatients – 7 (6)	<b>BRHC (all) – 47 (44)</b> Children’s ED (E308) – 10 (6) Carousel Outpatients (E301) – 5 (8) Paediatric Neurology & Neurosurgical – 7 (8) Paediatric Orthopaedics – 1 (6) <b>StMH (all) – 29 (25)</b> Gynaecology Outpatients (StMH) – 7 (10) Ward 73 (Maternity) – 7 (3) Ward 78 (Gynaecology) – 4 (4)	Boots Pharmacy – 7 (4) Radiology – 6 (9) Audiology – 3 (6)
Notable deteriorations compared with Q2	Oral Medicine – 8 (1)	No notable deteriorations	BHI all wards – 15 (6)	Children’s ED (E308) – 10 (6) Ward 73 (Maternity) – 7 (3)	Boots Pharmacy – 7 (4)
Notable improvements compared with Q2	BDH Administration Department – 1 (10) Bristol Eye Hospital – 29 (42)	Emergency Department (BRI) (inc. A413) – 19 (23)	BHOC (all) – 15 (21)	Paediatric Orthopaedics - 1 (6)	Audiology – 3 (6)

### 3.1.1 Division of Surgery

There was a notable reduction in the total number of complaints received by the Division of Surgery in Q3; 127 compared with 155 in Q2 and 187 in Q1. Complaints received by Bristol Dental Hospital (BDH) increased very slightly, whilst complaints about Bristol Eye Hospital fell.

There were reductions in the number of complaints about ‘appointments and admissions’, ‘clinical care’ and ‘attitude and communication’, although these three categories account for 92% of the Division’s complaints during Q3.

The Division achieved an impressive 97.4% against its target for responding to formal complaints within the agreed timescale in Q3 and 88.6% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Appointments & Admissions	56 (44.1% of total complaints) ↓	72 (46.5% of total complaints) ↓
Clinical Care	37 (29.1%) ↓	44 (28.4%) ↓
Attitude & Communication	24 (18.9%) ↓	25 (16.1%) ↓
Documentation	4 (3.1%) ↑	3 (1.9%) ↑
Information & Support	3 (2.4%) ↓	6 (3.9%) ↑
Discharge/Transfer/ Transport	1 (0.8%) ↓	3 (1.9%) =
Facilities & Environment	1 (0.8%) ↓	2 (1.3%) ↓
Access	1 (0.8%) ↑	0 (0%) =
<b>Total</b>	<b>127</b>	<b>155</b>

**Table 5: Top sub-categories**

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Cancelled or delayed appointments and operations	44 ↓	46 ↓
Clinical care (medical/surgical)	25 ↓	28 ↓
Appointment administration issues	10 ↓	18 ↓
Failure to answer telephones/ failure to respond	8 ↑	4 ↓
Attitude of Medical Staff	7 ↓	9 ↑
Medication issues	4 ↑	2 ↑

**Table 6: Divisional response to concerns highlighted by Q3 data**

Concern	Explanation	Action
<p>The number of complaints received by the ENT service remained at 15 in Q3, slightly lower than the 16 recorded in Q2 and 19 in Q1.</p> <p>In Q3, six of the 15 complaints related to 'attitude and communication' five were in respect of 'appointments and admissions' and the remaining four were about 'clinical care'.</p>	<p>Although the clinical team is now established and working hard to reduce cancellations caused by previous vacancies and annual leave, this is not as yet reflected in a reduction in the number of complaints received.</p> <p>ENT service at St Michael's Hospital represents the only ENT provision for Bristol and therefore receives a high volume of referrals. This necessitates the dynamic prioritisation of patients to ensure patients are seen due to clinical urgency.</p> <p>Complaints about clinical care predominantly refer to patients whose care and treatment have been complex.</p>	<p>We will continue to monitor complaints carefully and respond appropriately to trends and themes</p> <p>We will be holding a Strategic Workforce Planning Workshop to ensure we have a workforce that meets demand and is fit for purpose.</p> <p>We will continue to review our processes to ensure the impact on patients around cancellation is minimised. We will also strive to improve our communication with patients when needing to cancel appointments and admissions to minimise distress.</p> <p>Complaints about consultant attitude are shared with the Clinical Director, who discusses with the doctor involved. Complaints with regard to attitude have been shared with the staff member and line manager. The division continues to monitor for any specific trends.</p>
<p>Complaints received by Bristol Dental Hospital (BDH) increased again in Q3, albeit only by one additional complaint compared with Q2.</p> <p>The majority of the 34 complaints received (24) were categorised under 'appointments and admissions', which includes cancelled and delayed appointments and operations.</p> <p>There were notable increases in complaints received by Oral &amp; Maxillofacial Surgery.</p>	<p>The Bristol Dental Hospital continues to have significant capacity challenges. This inevitably leads to cancelled or delayed appointments.</p> <p>Appointments have been delayed due to admin staff vacancies and sickness across the whole of the BDH</p> <p>Maxfax operations were cancelled due to Trust bed pressures.</p>	<p>Recruitment of new admin staff is currently taking place and once recruited will improve the booking of patient appointments.</p> <p>Additional max fax clinics are being held on weekends to reduce the waiting list. And the division is recruiting to vacancies in the team.</p>

Figure 10: Surgery – formal and informal complaints received

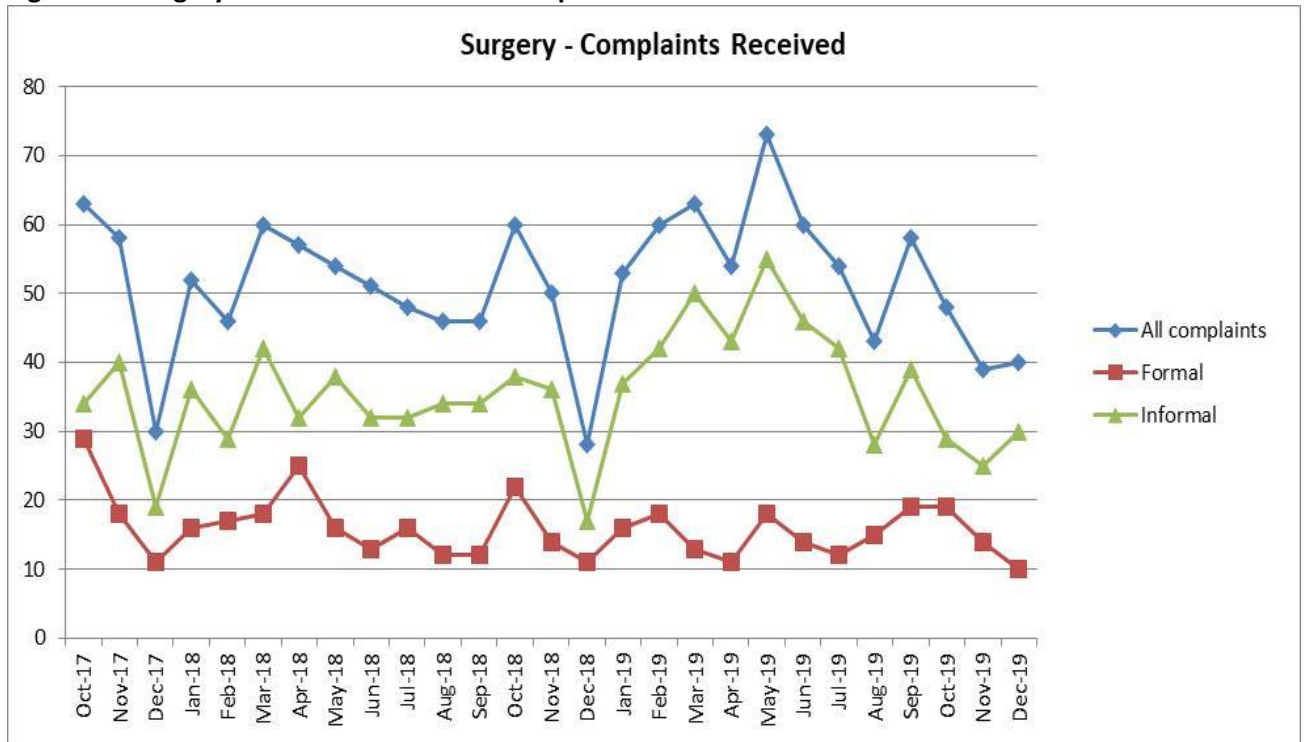
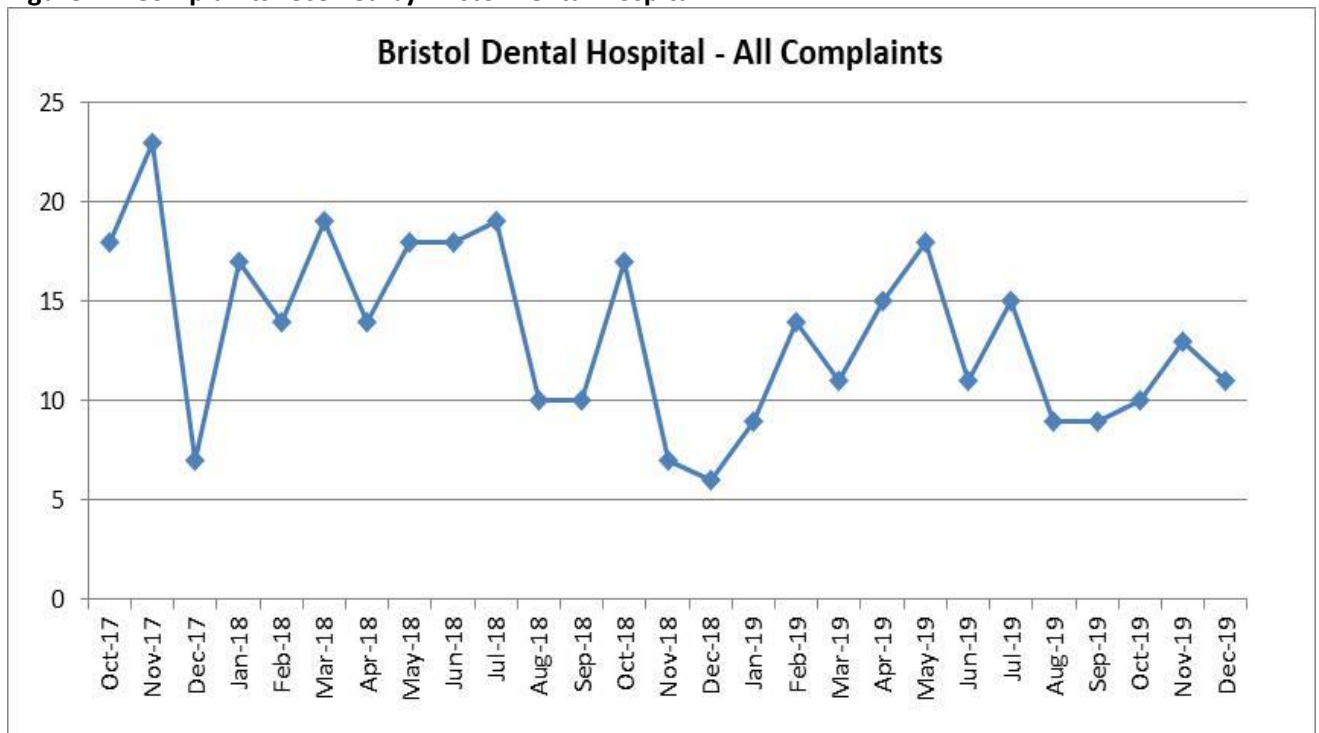
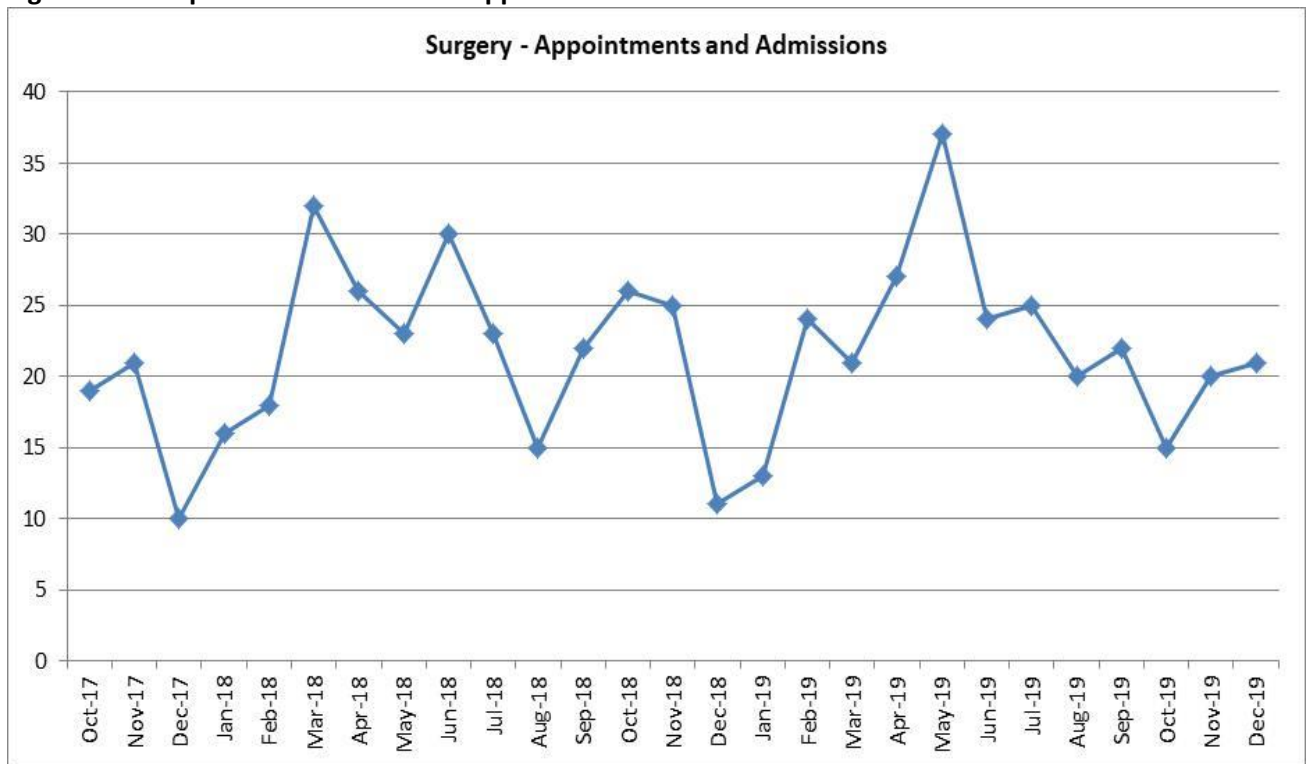


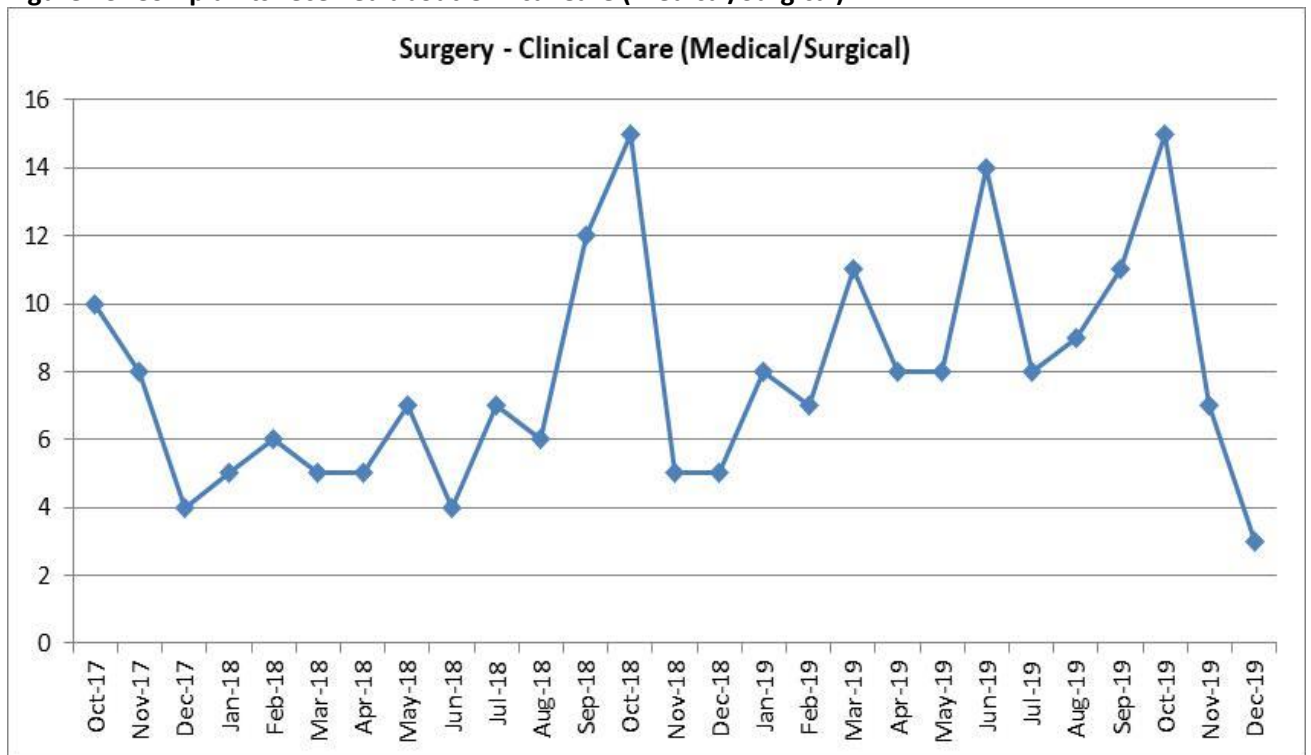
Figure 11: Complaints received by Bristol Dental Hospital



**Figure 12: Complaints received about Appointments and Admissions**



**Figure 13: Complaints received about Clinical Care (Medical/Surgical)**



### 3.1.2 Division of Medicine

In Q3, the Division of Medicine received 72 complaints, a notable reduction compared with 97 in Q2. There were no notable deteriorations in the number of complaints received by any particular service or department and complaints received by the Emergency Department decreased for the second consecutive quarter.

The biggest increase in complaints received, compared with Q2, was for those recorded as 'communication with patient/relative' and the most notable decrease was in complaints received about 'clinical care (medical/surgical)'.

The Division achieved only 70.7% against its target for responding to formal complaints within the agreed timescale in Q3 and 82.5% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

**Table 7: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Clinical Care	25 (34.7% of total complaints) ↓	35 (36.1% of total complaints) ↓
Attitude & Communication	21 (29.2%) ↑	18 (18.5%) ↓
Appointments & Admissions	20 (27.7%) ↓	22 (22.7%) ↓
Facilities & Environment	2 (2.8%) ↓	9 (9.3%) ↑
Discharge/Transfer/ Transport	2 (2.8%) ↓	9 (9.3%) ↑
Documentation	2 (2.8%) ↑	0 (0%) ↓
Information & Support	0 (0%) ↓	4 (4.1%) =
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>72</b>	<b>97</b>

**Table 8: Top sub-categories**

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Clinical care (medical/surgical)	17 ↓	27 ↑
Cancelled or delayed appointments and operations	14 ↓	15 ↓
Communication with patient/relative	11 ↑	2 ↓
Administration issues	4 ↑	3 ↓
Attitude of medical staff	4 ↑	3 ↓
Diagnosis delayed / missed / incorrect	3 =	3 ↓



**Table 9: Divisional response to concerns highlighted by Q3 data**

<b>Concern</b>	<b>Explanation</b>	<b>Action</b>
<p>The number of complaints received by the Dermatology service remained high in Q2, with 14 complaints; although this is slightly lower than reported in Q2.</p> <p>Of the 14 complaints received, 10 related to ‘appointments and admissions’, with six of the 10 being about cancelled or delayed appointments.</p> <p>There were two complaints about ‘attitude and communication’ and two about ‘clinical care’.</p>	<p>There was sickness in the booking team responsible for Dermatology appointments and 1.53 wte vacancies.</p> <p>Performance issues within the booking team, which resulted in the erroneous cancellation of a number of appointments, has now been addressed.</p>	<p>The booking team will be fully resourced as of 17 February 2020 and an experienced member of the team is returning to the department.</p> <p>This has been addressed in line with the Trust’s performance management policy.</p>
<p>The Division of Medicine responded to 76.5% of all complaints (formal and informal) within the agreed timescales in Q3, compared with 76.3% in Q2 and 92.4% in Q1. In addition, the deadlines for eight formal complaint responses were extended by the Division.</p>	<p>There was long term sickness in the team and a new complaints coordinator in post. The new line manager did not start in post until the beginning of November 2019.</p> <p>The team was unable to meet the deadlines due to lack of staffing capacity during this period.</p>	<p>The divisional team is now fully resourced and new team members are developing in their roles, with support from complaints leads in the Division of Surgery and in the Patient Support &amp; Complaints Team and no further problems are anticipated in this respect.</p>

**Current divisional priorities for improving how complaints are handled and resolved:**

- As the team is now fully resourced and can keep abreast of progress of complaint responses, no further problems are anticipated.
- The divisional management/complaints team offer help and support to managers tasked with writing response letters.
- The Division is piloting an informal process where all informal complaints are addressed in “real time” i.e. within 24 hours. The divisional duty matron is bleeped by the Patient Support & Complaints Team with informal complaints and these are allocated appropriately to be actioned and any issues “nipped in the bud”.
- We have identified that there is a knowledge gap for line managers in handling and responding to complaints. This need for training has been escalated to the Patient Support & Complaints Team who are in the process of booking further dates to deliver these sessions.

**Priority issues we are seeking to address based on learning from complaints:**

- Informal complaints process as above.
- Training needs for line managers/senior managers.



Figure 14: Medicine – formal and informal complaints received

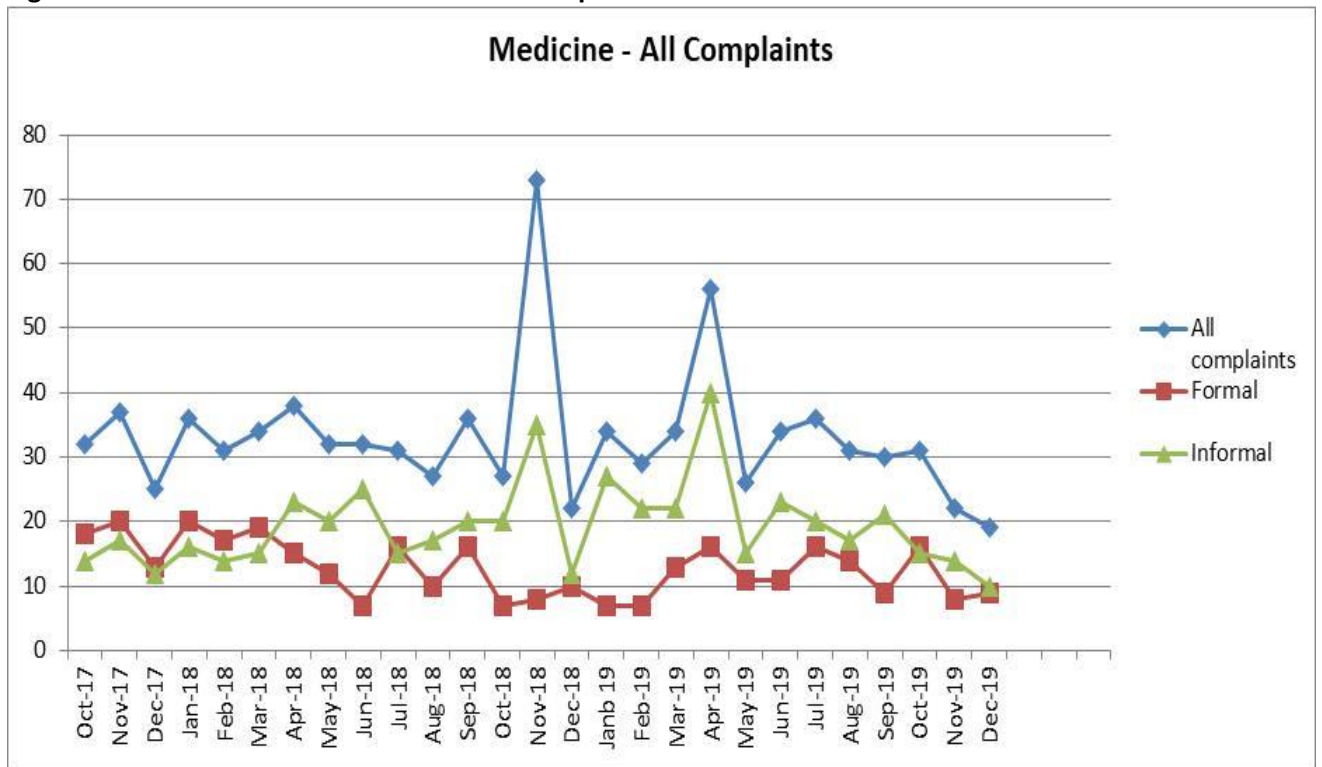
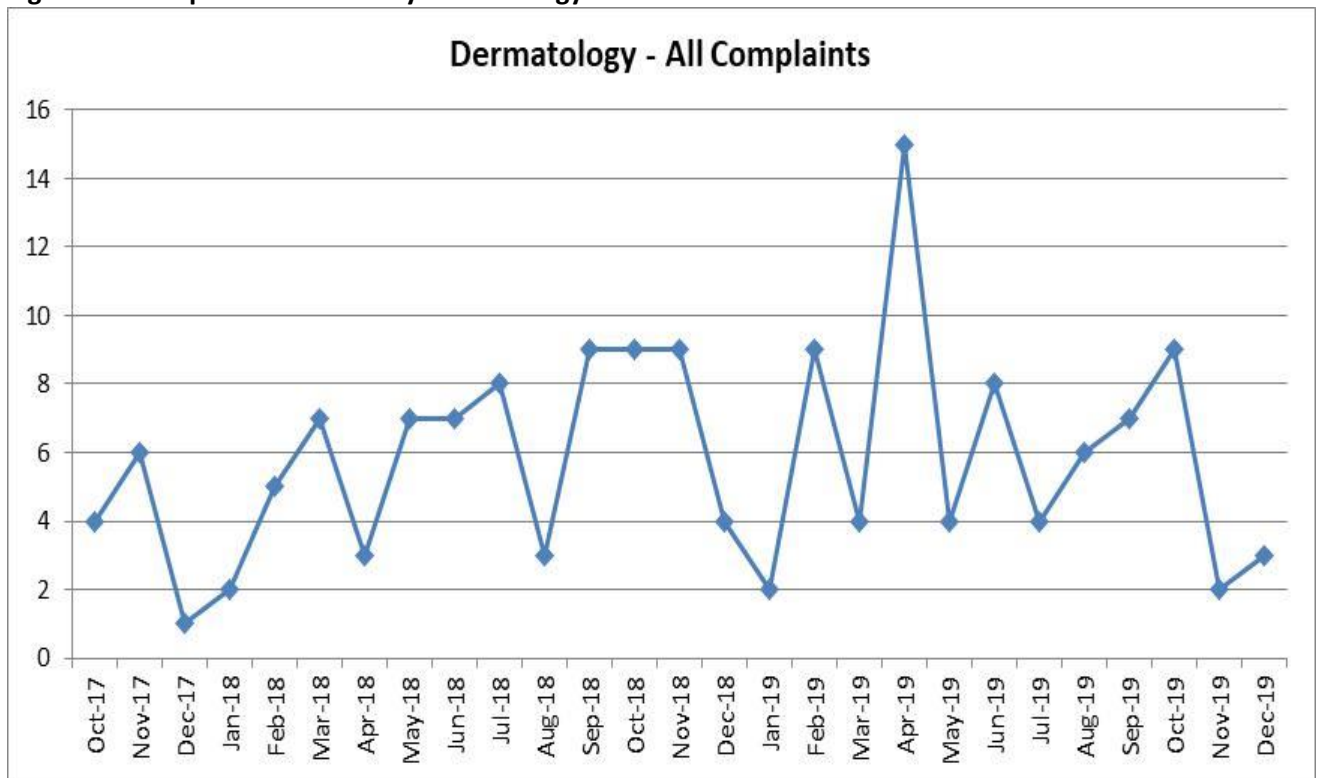
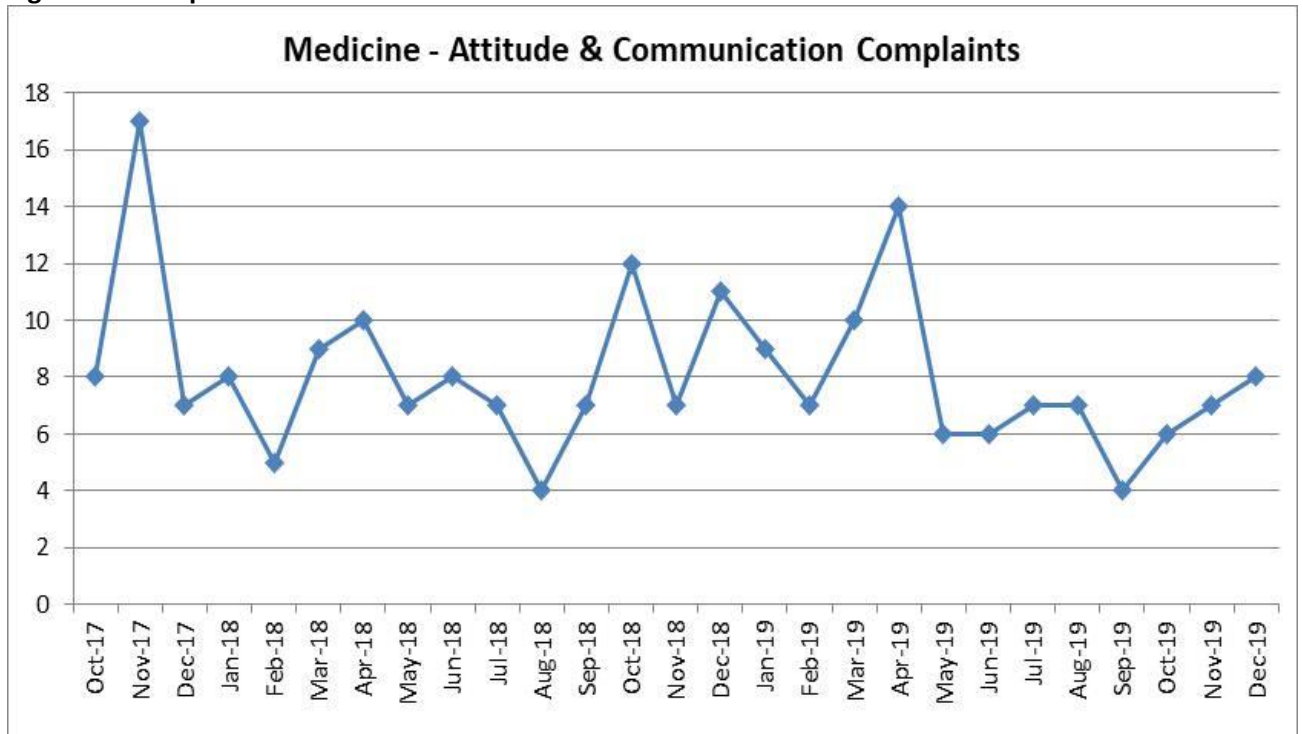


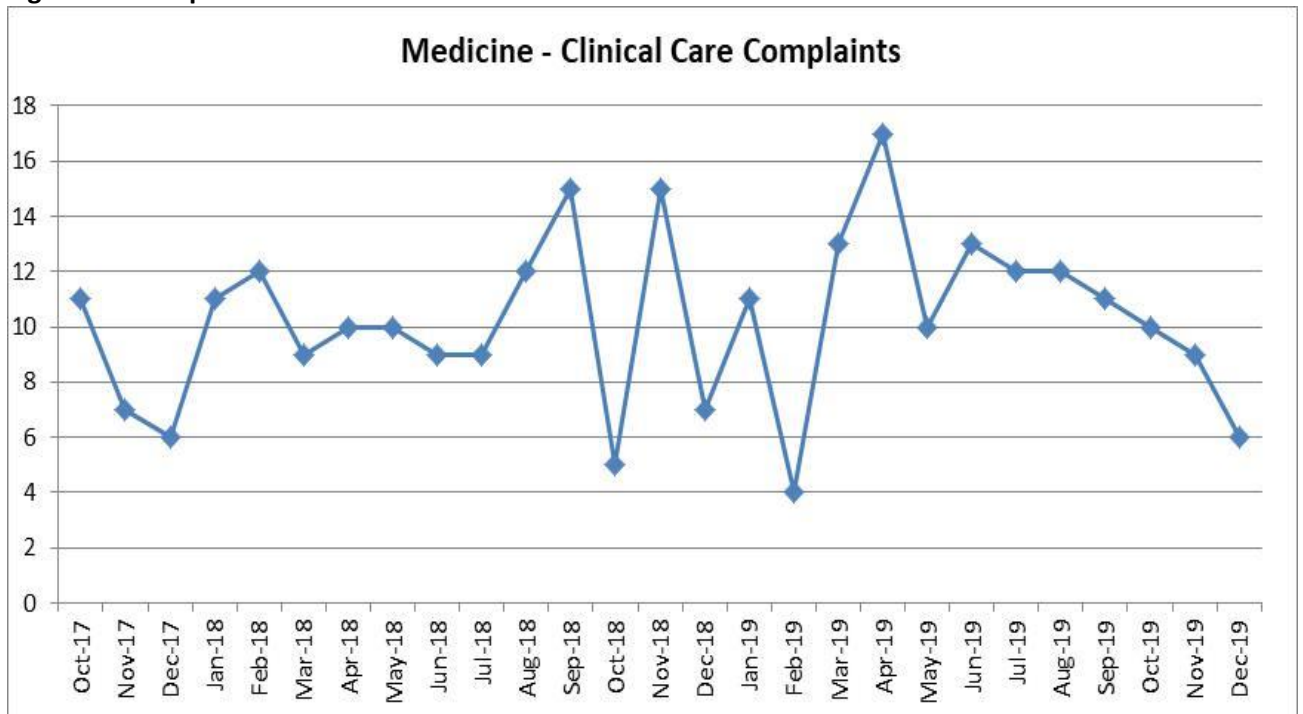
Figure 15: Complaints received by Dermatology



**Figure 16: Complaints about attitude and communication**



**Figure 17: Complaints about clinical care**



### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 66 new complaints in Q3; a slight reduction on the 70 received in Q2. Of these complaints, 49 were for the Bristol Heart Institute (BHI), compared with 45 in Q2; and 15 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 21 in Q2. The remaining two complaints were for the Clinical Genetics service based at St Michael's Hospital.

The largest number of complaints received by the Division was again recorded under the category of 'appointments and admissions' (42.4%), with the majority (24 of 28) being about cancelled and delayed appointments and surgery. There was a noticeable decrease in complaints about 'appointment administration issues', from 11 in Q2 to just one in Q3.

The Division achieved 80.8% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 70.8% in Q2, and 95.8% for informal complaints, compared with 94.9% in Q2. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Appointments & Admissions	28 (42.4%) ↑	27 (38.6% of total complaints) ↓
Clinical Care	18 (27.4%) ↓	23 (32.8%) ↑
Attitude & Communication	12 (18.2%) ↓	13 (18.6%) ↓
Discharge/Transfer/Transport	3 (4.5%) ↑	0 (0%) ↓
Documentation	2 (3.0%) ↓	3 (4.3%) ↑
Facilities & Environment	2 (3.0%) ↓	3 (4.3%) ↑
Information & Support	1 (1.5%) =	1 (1.4%) ↓
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>66</b>	<b>70</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Cancelled or delayed appointments and operations	24 ↑	13 ↓
Clinical care (medical/surgical)	11 ↓	12 ↑
Failure to answer phone/ Failure to respond	5 ↓	7 =
Attitude of medical staff	3 =	3 =
Communication with patient/relative	3 ↑	1 ↓
Referral errors	3 ↑	1 ↓
Discharge arrangements	2 ↑	0 ↓
Lost/misplaced/delayed test results	2 ↓	7

**Table 12: Divisional response to concerns highlighted by Q3 data**

<b>Concern</b>	<b>Explanation</b>	<b>Action</b>
<p>The number of complaints received for BHI Outpatients increased from 23 in Q2 to 28 in Q3.</p> <p>The majority of these (20 of 28) were in respect of cancelled and delayed appointments.</p>	<p>During Q3 the BHI has seen increased pressure in the outpatients department with the demand for cardiology appointments exceeding capacity.</p>	<p>The BHI is focusing on reducing cancellations and delays for patients in outpatients, reviewing the waiting list and increasing capacity where necessary in the outpatient setting.</p>
<p>The number of complaints received for wards in the BHI is normally low, with no patterns or trends identified. However, there was a notable increase in Q3, with 15 complaints relating to wards, compared with eight in Q2.</p> <p>These were broken down as follows:</p> <ul style="list-style-type: none"> <li>• Ward C705 – 5</li> <li>• Ward C604 (CICU) – 4</li> <li>• Ward C708 – 4</li> <li>• Ward C805 – 2</li> </ul> <p>Complaints were about a variety of issues, including ‘clinical care’ (6); ‘attitude and communication’ (5); ‘discharge arrangements’ (2); and one for ‘incorrect letter’.</p>	<p>As above, during Q3 the wards in the BHI have experienced high demand with an increase in the patients’ acuity and dependency.</p>	<p>Ward C705 has refocused on the discharge process for patients.</p> <p>CICU has had complex complaints that were associated with the need for further explanations for families; this has resulted in meetings which have been positively received by families.</p> <p>Ward C708 has had complaints around communication and has shared the patients’ experiences with the staff to ensure learning.</p> <p>Ward C805 has had complaints around clinical care and has shared the patients’ experiences with the staff to ensure learning.</p>

**Current divisional priorities for improving how complaints are handled and resolved:**

The division is continuing to record meetings with complainants as this is well received. Meetings are encouraged as a way of resolving issues for complainants, along with proactive discussions with complainants to resolve issues quickly in line with the informal complaints process.

**Priority issues we are seeking to address based on learning from complaints.**

Complaint themes are discussed at governance meetings across the division to share learning that is then shared out to the teams across the division. As part of improving the pathway of patients who have cardiac surgery, the division has a six month post, which is starting mid-February, with an aim of reducing cardiac surgery cancellations and improving the delays to patients who are on the waiting list.

Figure 18: Specialised Services – formal and informal complaints received

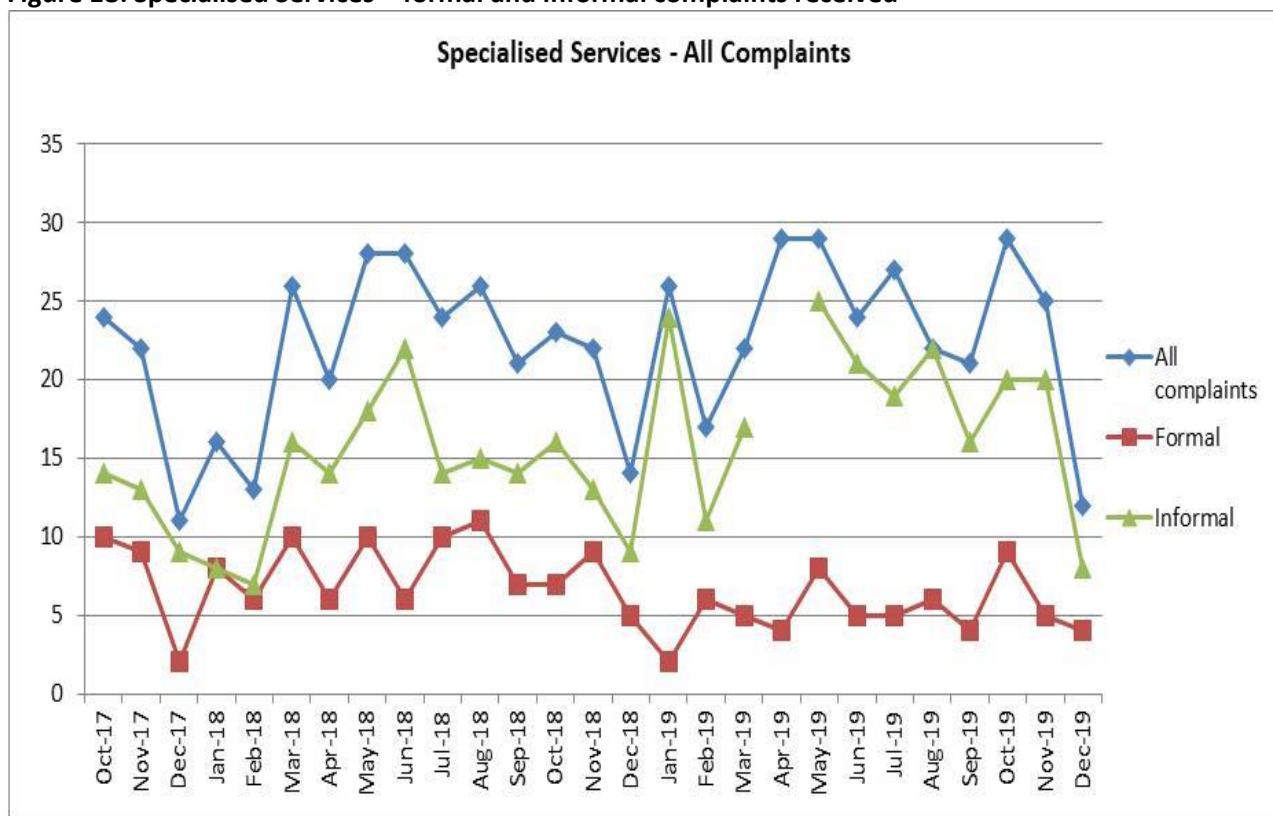


Figure 19: Complaints received by Bristol Heart Institute

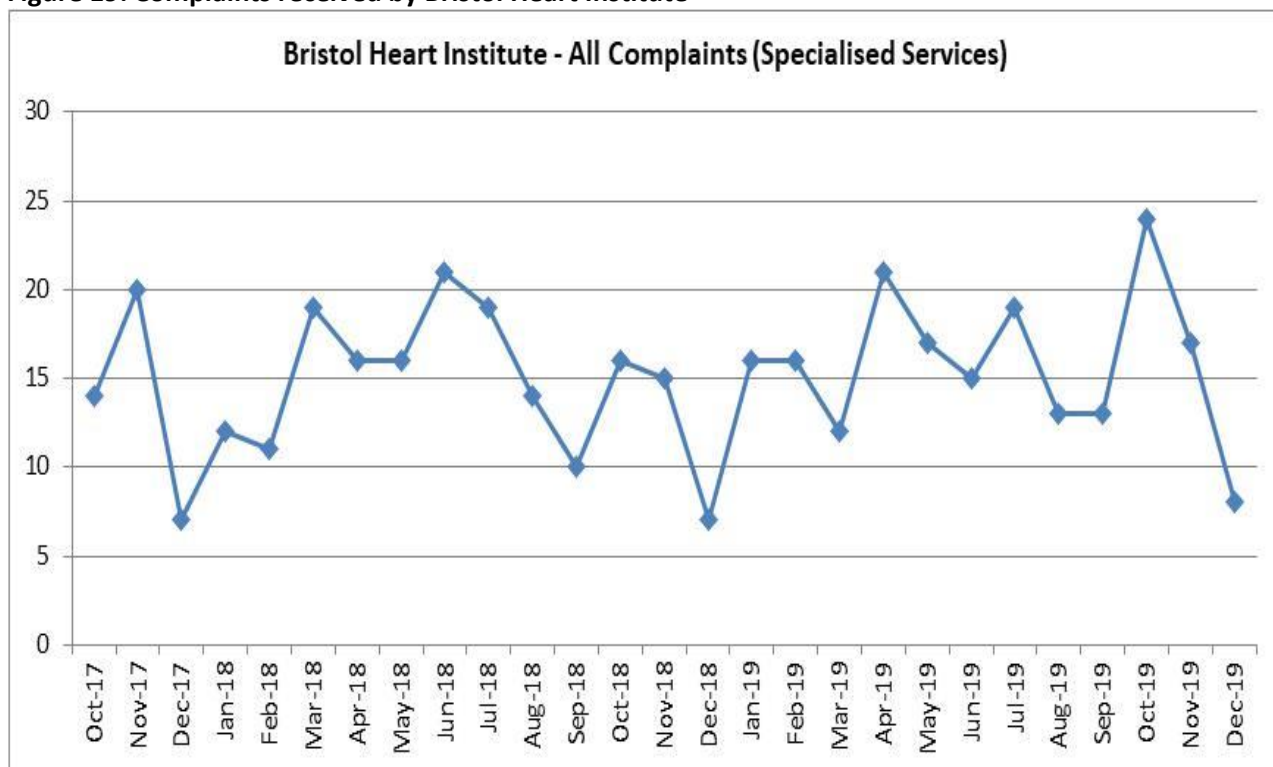


Figure 20: Complaints received by Bristol Haematology & Oncology Centre

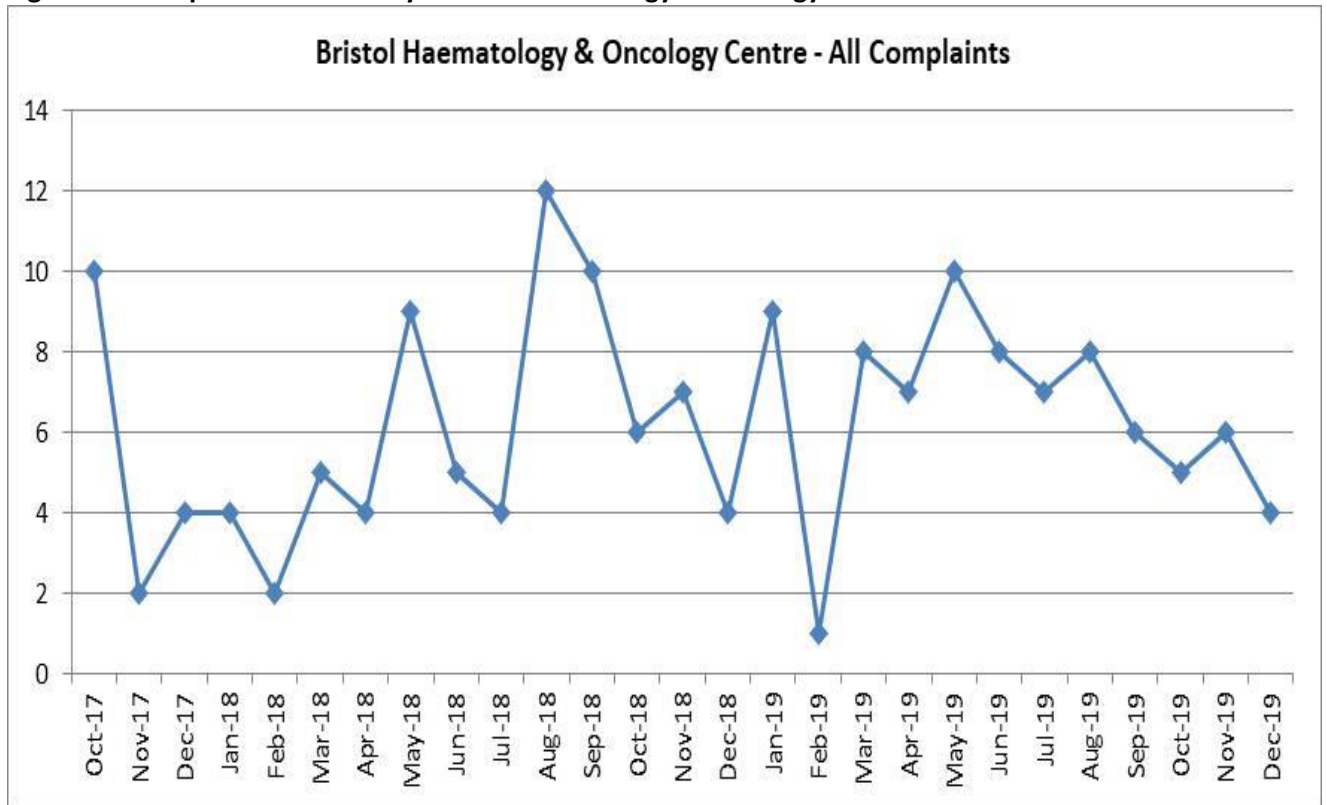
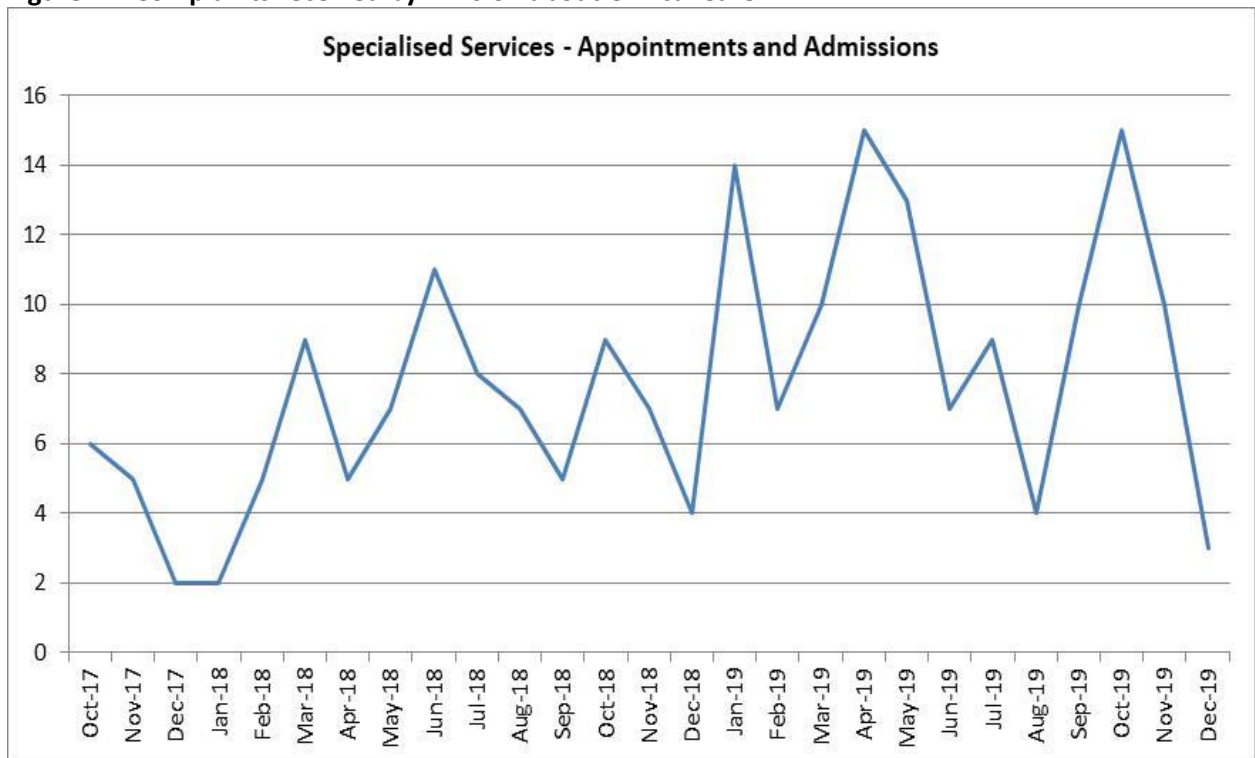


Figure 21: Complaints received by Division about Clinical Care





### 3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division in Q3 was 78, compared with 70 in Q2.

Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 46 of the 78 complaints, compared with 44 in Q2. There were 28 complaints for St Michael's Hospital (StMH), compared with the 25 received in Q1. In addition, there were two complaints for the Community Midwifery Service, one for the Gynaecology Consultant Clinic at South Bristol Community Hospital and one for the Paediatric Outpatient Clinic at Southmead Hospital.

The Division saw increases in all categories of complaint with the exception of 'appointments and admissions'. There were increases to complaints about nursing/midwifery staff, including 'attitude and communication' and 'clinical care'.

The Division achieved 94.4% against its target for responding to formal complaints within the agreed timescale in Q2 and 88.5% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

**Table 13: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Clinical Care	32 (41% of total complaints) ↑	27 (38.6% of total complaints) ↓
Appointments & Admissions	17 (21.8%) ↓	23 (32.9%) ↑
Attitude & Communication	17 (21.8%) ↑	12 (17.1%) ↓
Facilities & Environment	4 (5%) =	4 (5.7%) ↑
Information & Support	4 (5%) ↑	2 (2.9%) ↓
Discharge/Transfer/Transport	2 (2.6%) ↑	1 (1.4%) =
Documentation	1 (1.3%) =	1 (1.4%) ↑
Access	1 (1.3%) ↑	0 (0%) ↓
<b>Total</b>	<b>78</b>	<b>70</b>

**Table 14: Top sub-categories**

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Clinical care (medical/surgical)	17 =	17 ↓
Cancelled or delayed appointments and operations	13 ↓	15 ↑
Clinical care (nursing/midwifery)	8 ↑	5 ↓
Attitude of nursing/midwifery	5 ↑	3 ↑
Communication between staff and with patient/relative	4 =	4 =
Attitude of medical staff	3 ↓	4 ↑
Diagnosis incorrect / delayed / missed	3 ↑	1 =
Appointment administration issues	2 ↓	5 =

**Table 15: Divisional response to concerns highlighted by Q3 data**

Concern	Explanation	Action
<p><b>BRHC</b> Of the 32 complaints relating to 'clinical care', 17 were received by the BRHC, with seven of these being for inpatient care, five for the Children's ED, and five for other outpatient services.</p> <p>The majority of these complaints (12) were recorded under 'clinical care (medical/surgical).</p> <p>The BRHC received eight of the 17 complaints recorded under 'attitude and communication'. Three of these related to the Children's ED, three were for outpatient services and two were about inpatient episodes.</p> <p><b>StMH</b> StMH received 15 complaints about 'clinical care'. In total, 11 of the 15 complaints related to inpatient episodes, with six of these being for Ward 73.</p>	<p><b>BRHC</b> The Division has reviewed the complaints relating to these categories and notes the following:</p> <p><b>Clinical Care</b></p> <ul style="list-style-type: none"> <li>• Three of the four complaints for the Children's ED were attributable to viral infections which later developed and required antibiotics. This could not have been foreseen and was the reason for the complaints being made.</li> <li>• The remaining complaints were spread across a range of areas within the BRHC and coincided with the winter period when activity reached unprecedented levels.</li> </ul> <p><b>Attitude and Communication</b></p> <ul style="list-style-type: none"> <li>• Of the eight complaints attributed to the BRHC, two related to safeguarding processes. On both occasions the confusion had not been caused by the BRHC and was due to a miscommunication with the complainant by a third party outside of the BRHC.</li> <li>• The remaining complaints were spread across a variety of areas and no specific theme could be identified.</li> </ul> <p><b>StMH</b> No common themes identified</p>	<p><b>BRHC</b> Where individual complaints were investigated, actions were taken where it was identified that something had not gone as we would have expected. The completion and impact of these actions is being monitored by the Division.</p> <p>Complaints and their associated actions are shared with the relevant clinical teams to ensure wider awareness of the concerns being raised and the lessons being learnt as a result.</p> <p>Complaints activity is also being monitored on a monthly and a quarterly basis by various Committees within the Division, including the Divisional Board and Quality Assurance Committee. Where themes and trends are identified, these are being followed up as necessary.</p> <p>When winter pressures are next being planned for, the nature of the concerns raised in Q3 2019-20 will be taken into consideration, and where possible, steps taken to prevent the same issues arising.</p> <p><b>StMH</b> All complaints are reviewed by Head of Midwifery/Nursing and checked against incidents and Root Cause Analyses to ensure that there have been no major unknown failings in care and that actions are taken where appropriate.</p> <p>Within Women's services, where a midwife or nurse has been identified with regard to poor attitude, the Matrons will ensure</p>



<p>There were nine complaints about 'attitude and communication' for StMH, with six of these relating to inpatient care.</p>	<p>No common themes identified</p>	<p>that the nurses or midwives write a reflection and relate this to the Nursing &amp; Midwifery Council code.</p> <p>The Division continues to work with Local Maternity Services with regards to patients' expectations of post-natal care.</p> <p>The Maternity CQC survey demonstrates that our scores for post-natal care are in line with the national norm and for births we scored better than the national average.</p> <p>We have had more complaints about clinical care in labour, with women not understanding clinical decisions made at the time or the birth not going as they had hoped in their birth plan.</p>
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**Current divisional priorities for improving how complaints are handled and resolved:**

**BRHC**

We are continuing to develop our senior clinical staff in complaint investigation and identification of learning opportunities. This will enable us to streamline our internal process ensuring the maximum time is available for the investigation to be undertaken, and for all concerns to be responded to.

**Priority issues we are seeking to address based on learning from complaints.**

**StMH**

StMH are working with the transport and ambulance service to improve delays when patients go from St Michael's Hospital to the BRI for procedures.

**BRHC**

Processes are in place to ensure that any agreed actions are completed within agreed timeframes, themes and trends are being monitored and specific actions will be developed as themes become evident.

Figure 22: Women & Children – formal and informal complaints received

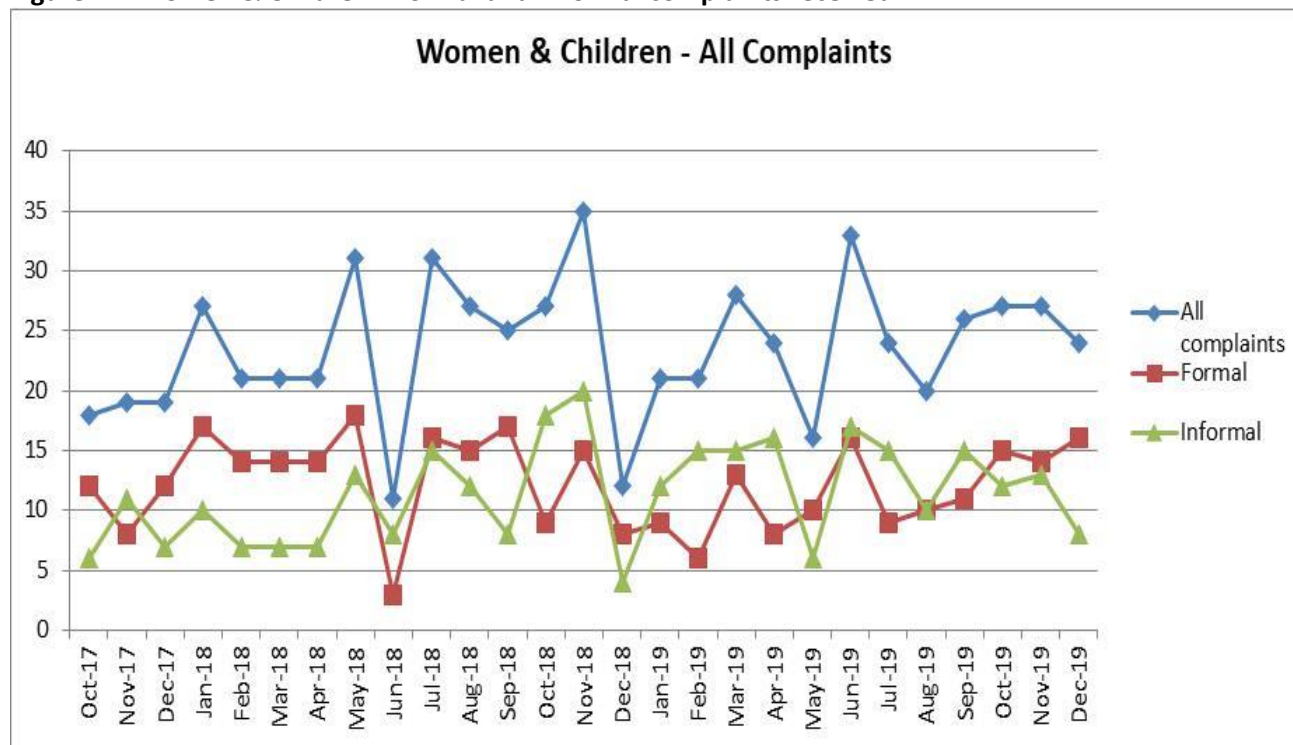
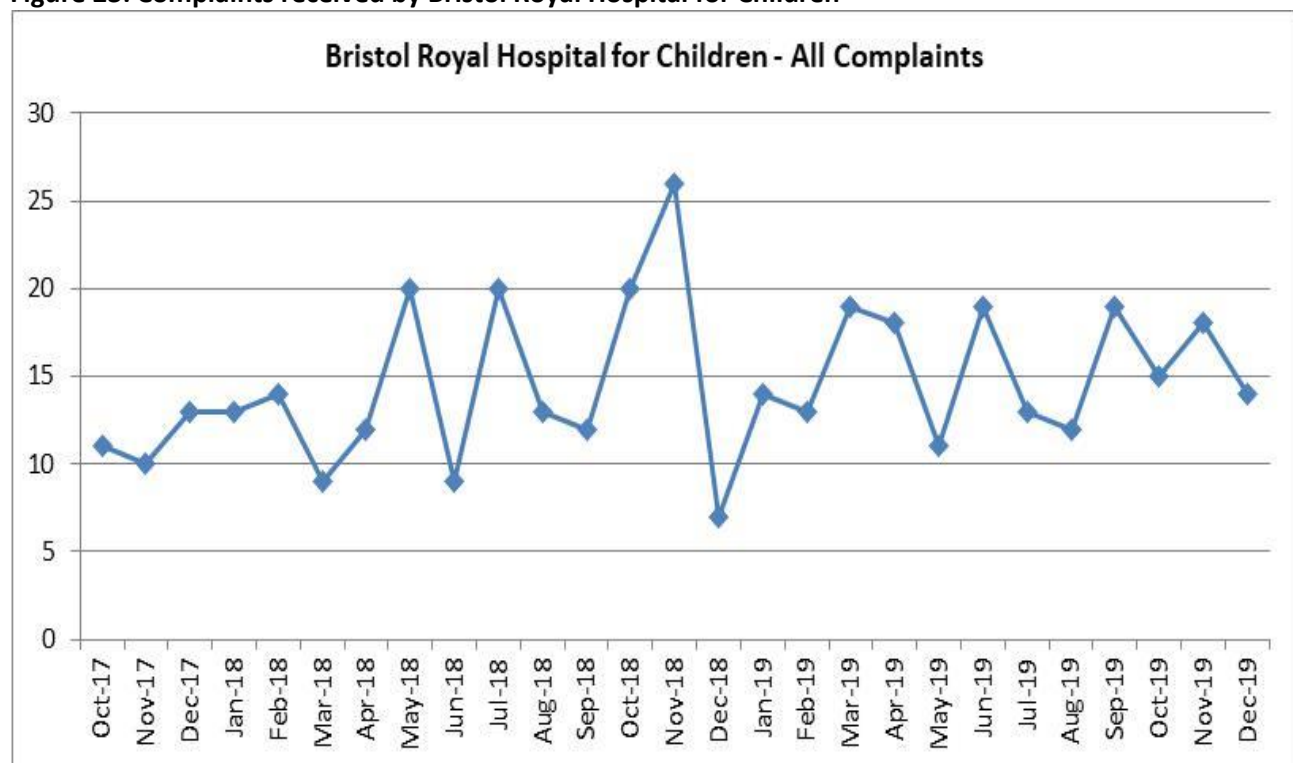
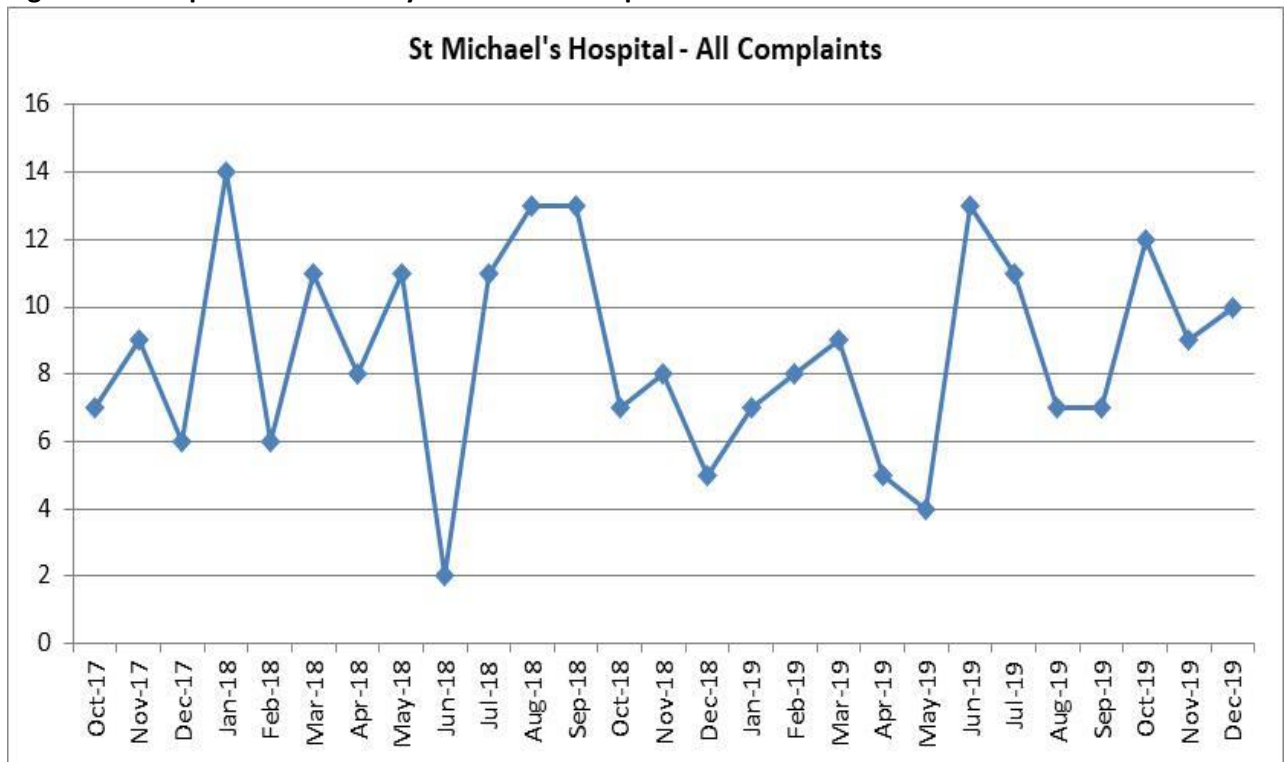


Figure 23: Complaints received by Bristol Royal Hospital for Children



**Figure 24: Complaints received by St Michael's Hospital**



**Figure 25: Complaints received by the Division about 'Clinical Care'**

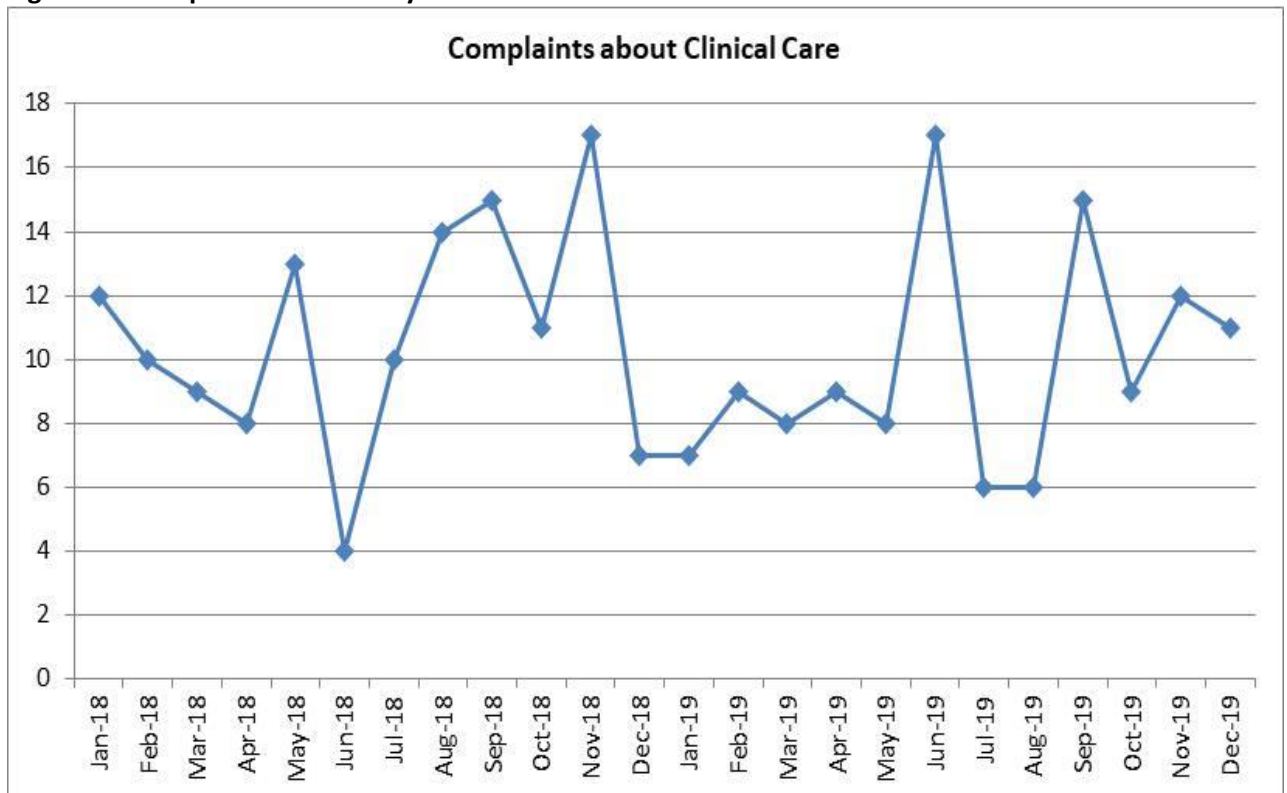
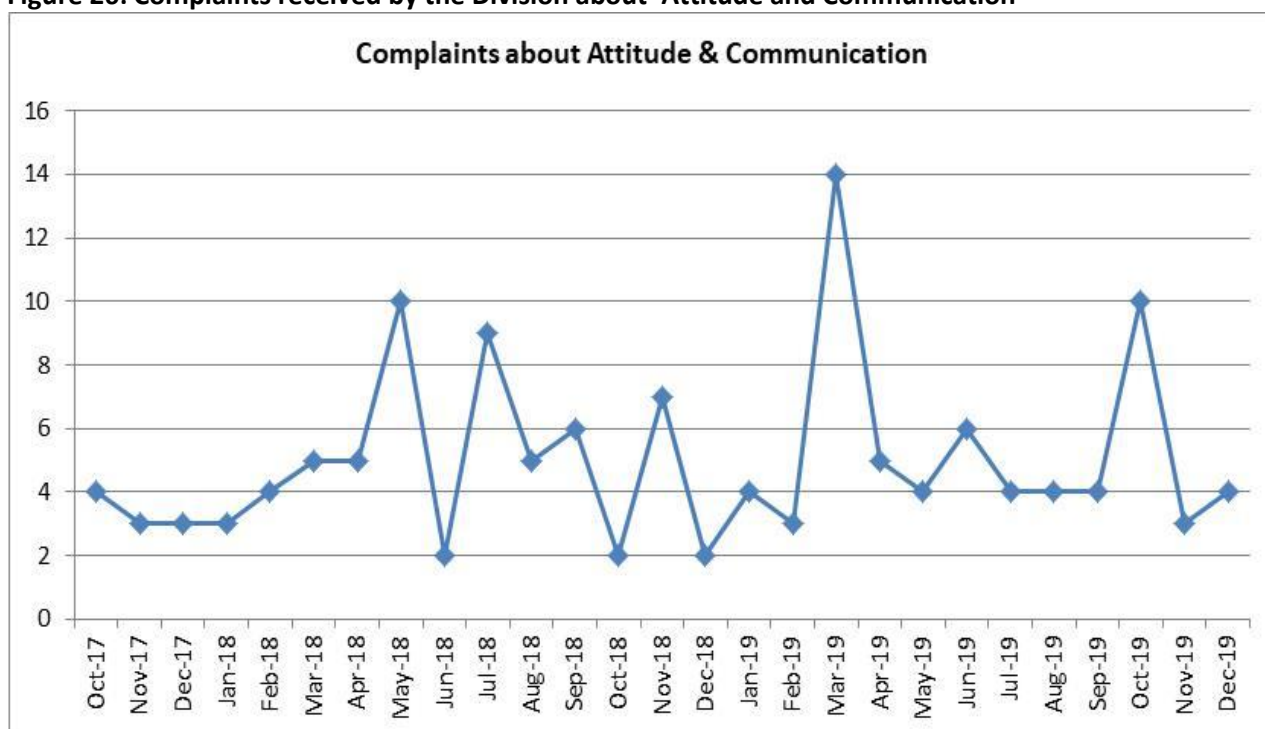


Figure 26: Complaints received by the Division about 'Attitude and Communication



### 3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies reduced from 22 in Q2 to 17 in Q3. The most notable increase was in complaints received for Boots Pharmacy in the BRI, which have increased for the third consecutive quarter and in Q2 represent 41.2% of all complaints received by the Division.

Of the remaining 10 complaints, six were for Radiology and three were for Audiology, the latter of which was half the amount received in the previous quarter.

The Division achieved 88.9% against its target for responding to formal complaints within the agreed timescale in Q3 and 83.3% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q3 2019/20	Number and % of complaints received – Q2 2019/20
Clinical Care	9 ↑	6 ↑
Attitude & Communication	5 =	5 ↑
Appointments & Admissions	2 ↓	9 ↓
Information & Support	1 =	1 ↓
Facilities & Environment	0 ↓	1 ↑
Documentation	0 =	0 =
Access	0 =	0 =
Discharge/Transfer/Transport	0 =	0 =
<b>Total</b>	<b>17</b>	<b>22</b>

**Table 17: Top sub-categories**

Category	Number of complaints received – Q3 2019/20	Number of complaints received – Q2 2019/20
Failure to answer phone / failure to respond	3 =	3 ↑
Medication incorrect/not received	3 =	3 ↑
Appointment administration issues	2 ↓	4 =
Lost/misplaced/delayed test results	2 ↑	0 ↓

**Table 18: Divisional response to concerns highlighted by Q3 data**

Concern	Explanation	Action
Complaints received for Boots Pharmacy (BRI) have increased for the third consecutive quarter.	Boots were experiencing some staffing shortages owing to long term sickness with several members of the team during Q3.	Additional staff were drafted in from Bournemouth to support the team. All complaints are discussed at the monthly meeting between Pharmacy and Boots and a recovery plan is in place and ongoing.
Of the seven complaints about Boots received in Q3, four were in respect of medication being incorrect or not received and three were about failure to answer the phone.	8mg tablets were unavailable to a patient during both her admission and discharge as they were out of stock.  Upon receiving the child's appointment summary letter the parent found the dosage written differed to the one given on discharge. An error was made by Boots dispensing staff and this was not picked up in the checks, leading to incorrect dosage being put on the label.	4mg tablets were provided with instructions to take 2 each time instead. Reminder to staff to ensure instructions are clearly explained and understood by patients.  Boots Store Manager spoke directly to parent and apologised for error. Boots staff members involved have been identified and spoken to with a requirement to review their current practice and working procedures to prevent any future mistakes of this nature. The complaint has also been discussed at the monthly meeting between Boots and UHB Pharmacy to share the learning.

**Current divisional priorities for improving how complaints are handled and resolved:**

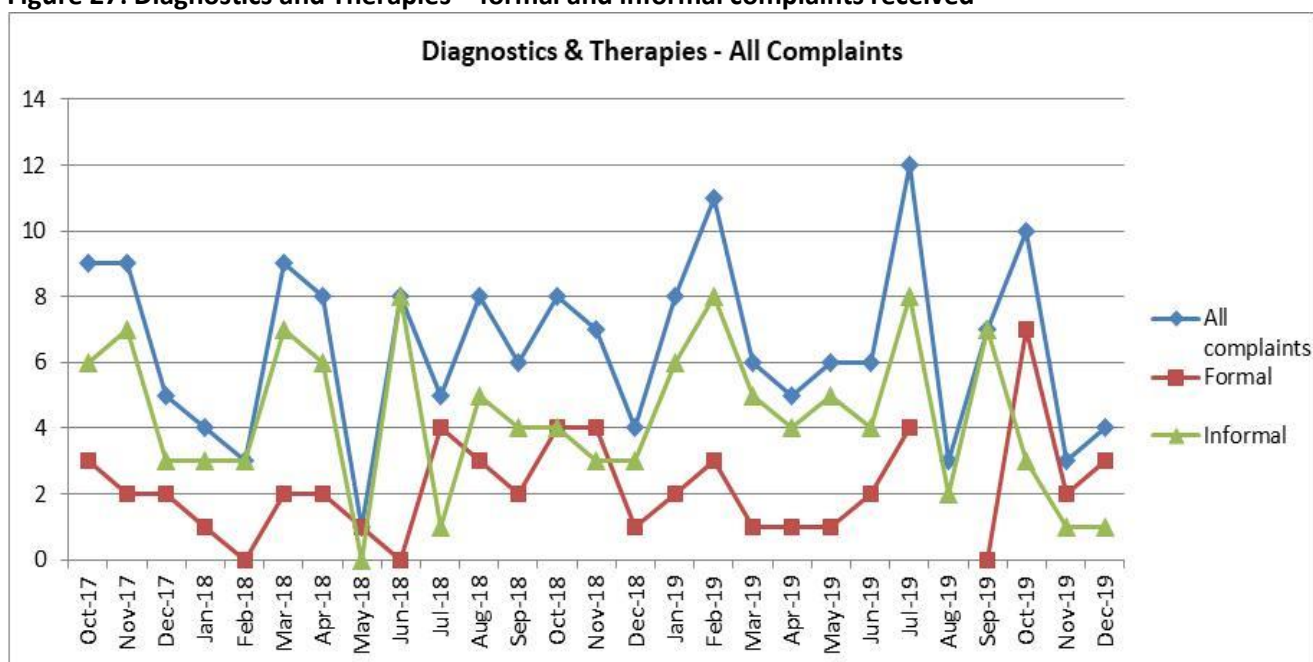
There was one formal complaint breach was in relation to a delay with THQ sign off – all information was sent by Diagnostics & Therapies within the required timeframes.

Only one informal complaint breached in Q3 relating to pharmacy. This was due to extreme pressures around patient flow, resulting in the management of the service being the priority and so the response was delayed in order to allow the manager to cover the essential duties at this time.

**Priority issues we are seeking to address based on learning from complaints.**

Boots have an ongoing recovery plan in place that is being monitored and supported by the UHB Head of Pharmacy, with regular updates provided at the monthly meeting between the teams.

**Figure 27: Diagnostics and Therapies – formal and informal complaints received**

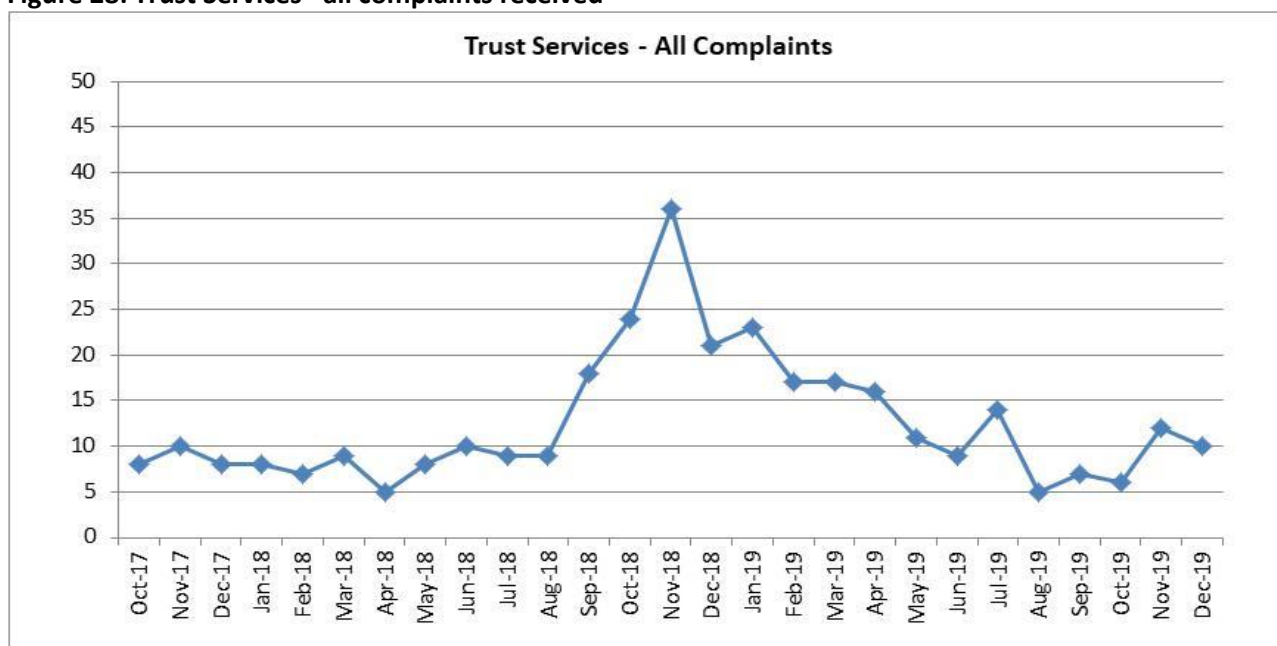


### 3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 28 complaints in Q3, the same as for Q2 and compared with 36 in Q1. Of the 28 complaints received in Q3, seven were about car parking across various Trust sites, there were six for the Private & Overseas Patients Team and the remaining 15 were spread across various departments with no common themes or trends.

The Division achieved 100% against its target for responding to formal complaints within the agreed timescale in Q3 and 90.5% for informal complaints. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

**Figure 28: Trust Services –all complaints received**





### 3.2 Complaints by hospital site

Complaints decreased across four of the main hospital sites, including Bristol Royal Infirmary, where complaints fell by 23%. There was also a significant reduction in the number of complaints received by Bristol Eye Hospital, with a decrease of 31%.

It should be noted that the complaints for St Michael's Hospital include the Division of Surgery's ENT service, as well as Women's & Children's services; and complaints for Bristol Heart Institute include the Division of Medicine's Ward C808.

**Table 19: Breakdown of complaints by hospital site<sup>3</sup>**

Hospital/Site	Number and % of complaints received in Q3 2019/20	Number and % of complaints received in Q2 2019/20
Bristol Royal Infirmary	140 (36.1%) ↓	182 (41.2%) ↓
St Michael's Hospital	50 (12.8%) =	50 (11.3%) ↑
Bristol Royal Hospital for Children	47 (12.1%) ↑	46 (10.4%) ↓
Bristol Heart Institute	52 (13.4%) ↑	47 (10.6%) ↓
Bristol Dental Hospital	34 (8.8%) ↑	33 (7.5%) ↓
Bristol Eye Hospital	29 (7.5%) ↓	42 (9.5%) ↓
Bristol Haematology & Oncology Centre	15 (3.9%) ↓	21 (4.8%) ↓
South Bristol Community Hospital	15 (3.9%) ↓	13 (2.9%) ↓
Southmead, Weston, Clevedon and Bridgwater (UH Bristol services)	4 (1.0%) =	4 (0.9%) ↑
Central Health Clinic and Unity Community Clinics	2 (0.5%) ↓	3 (0.7%) ↓
Community Midwifery Services	2 (0.5%) ↑	0 (0%) ↓
Community Dental Sites	1 (0.3%) =	1 (0.2%) =
<b>TOTAL</b>	<b>388</b>	<b>442</b>

#### 3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 28 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q3, 45.6% (\*45.2%) of complaints received were about outpatient services, 33% (29.9%) related to inpatient care, 7.2% (9.5%) were about emergency patients; and 14.2% (15.4%) were in the category of 'other' (as explained above).

\* Q2 percentages are shown in brackets for comparison.

<sup>3</sup> It should be noted that these figures will not all match complaints by Division as some divisional services take place at other sites. For example, ENT comes under the remit of the Division of Surgery but the clinic is based at St Michael's Hospital and some services that come under Diagnostics & Therapies are undertaken at the Children's Hospital.

Figure 29: All patient activity

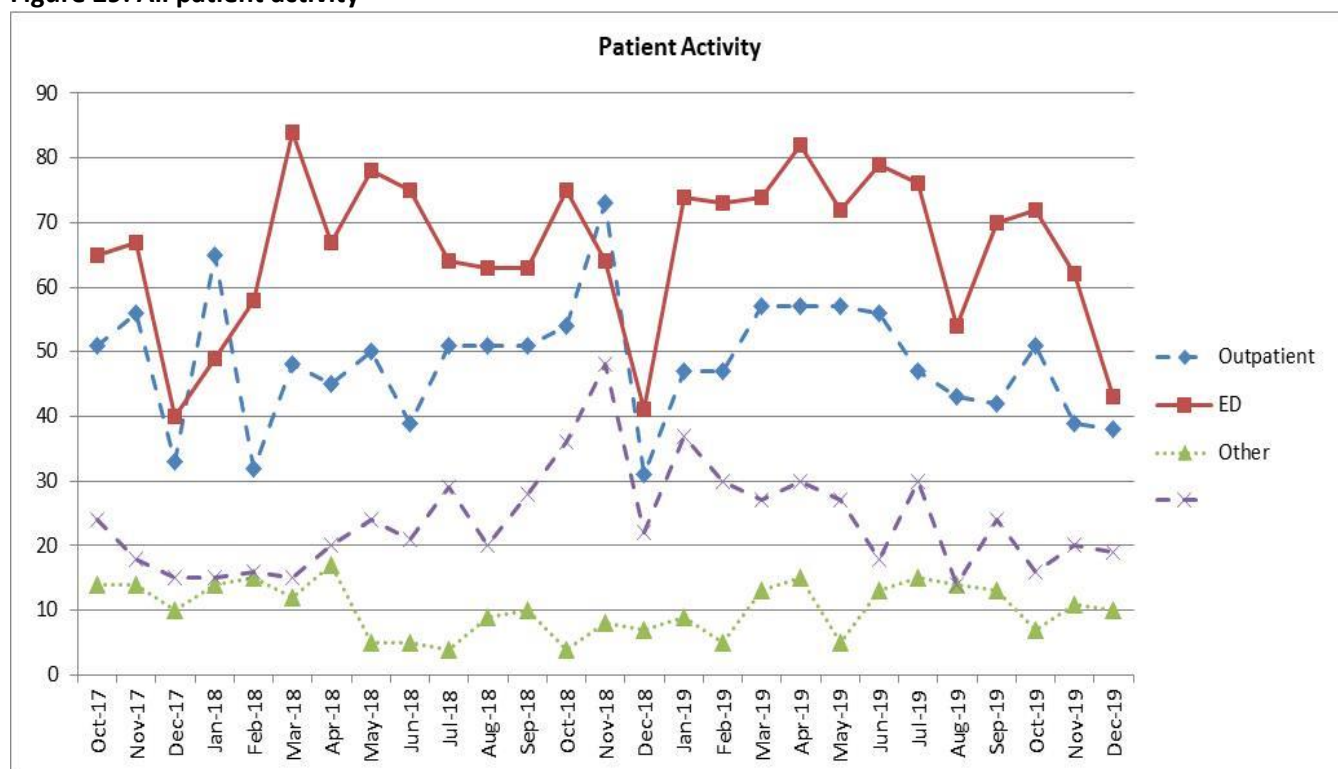


Table 20: Breakdown of Area Type

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
Apr-18	17	45	67	20	149
May-18	5	50	78	24	157
Jun-18	5	39	75	21	140
Jul-18	4	51	64	29	148
Aug-18	9	51	63	20	143
Sep-18	10	51	63	28	152
Oct-18	4	54	75	36	169
Nov-18	8	73	64	48	193
Dec-18	7	31	41	22	101
Jan-19	9	47	74	37	167
Feb-19	5	47	73	30	155
Mar-19	13	57	74	27	171
Apr-19	15	57	82	30	184
May-19	5	57	72	27	161
Jun-19	13	56	79	18	166
Jul -19	15	47	76	30	168
Aug-19	14	43	54	14	125
Sep-19	13	42	70	24	149
Oct-19	7	51	72	16	146
Nov-19	11	39	62	20	132
Dec-19	10	38	43	19	110
<b>Grand Total</b>	<b>199</b>	<b>1026</b>	<b>1421</b>	<b>540</b>	<b>3186</b>



### 3.3 Complaints responded to within agreed timescale for formal resolution process

All divisions reported breaches of formal complaint deadlines in Q3, with a total of 23 breaches of deadlines reported Trustwide.

The Division of Medicine reported 12 breaches of deadline; Specialised Services reported five, Trust Services and Surgery had two each, and Women & Children and Diagnostics & Therapies had one breach each. It should however be noted that only one of the breaches for Specialised Services and for Surgery were attributable to the Division and none for Diagnostics & Therapies (see Table 22 below).

The breaches for Q3 (23) and for Q2 (28) represent a significant deterioration on the 8 breaches reported in Q1.

In Q3, the Trust responded to 196 complaints via the formal complaints route and 88.3% of these were responded to by the agreed deadline, against a target of 95%.

**Table 21: Breakdown of breached deadlines - Formal**

Division	Q3 (2019/20)	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)
Medicine	12 (29.3%) ↑	10 (23.3%)	1 (2.2%)	1 (3.3%)
Specialised Services	5 (19.2%) ↓	7 (29.2%)	5 (23.8%)	3 (12.5%)
Surgery	2 (2.6%) ↓	3 (5.9%)	0 (0%)	3 (5.6%)
Trust Services	2 (40%) ↓	5 (55.6%)	0 (0%)	2 (40%)
Women & Children	1 (2.6%) ↓	2 (5.5%)	2 (5.3%)	15 (31.3%)
Diagnostics & Therapies	1 (11.1%) =	1 (12.5%)	0 (0%)	1 (11.1%)
<b>All</b>	<b>23 breaches</b>	<b>28 breaches</b>	<b>8 breaches</b>	<b>25 breaches</b>

*(So, as an example, there were 12 breaches of timescale in the Division of Medicine in Q3, which constituted 29.3% of the complaint responses which were sent out by that division in Q3.)*

Breaches of timescale in respect of formal complaints were caused either by late receipt of 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; delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 22 shows a breakdown of where the delays occurred in Q3. Four of the breaches were caused by delays within the Patient Support & Complaints Team, four were attributable to delays during the Executive sign-off process and 20 were attributable to the Divisions.

**Table 22: Source of delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	1	11	1	1	0	1	15
Patient Support & Complaints Team	1	1	3	0	0	1	6
Executives/sign-off	0	0	1	0	1	0	2
<b>All</b>	<b>2</b>	<b>12</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>23</b>

### 3.3.1 Complaints responded to within agreed timescale for informal resolution process

In Q4 of 2018/19, we commenced reporting of the number of informal complaints that breached the deadline agreed with the complainant. Performance against this measure is now reported to the Trust Board. All breaches of informal complaint timescales are attributable to the Divisions as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q3, the Trust responded to 213 complaints via the informal complaints route (compared with 232 in Q2) and 90.1% of these were responded to by the agreed deadline; an improvement on the 87.5% reported in Q2.

**Table 23: Breakdown of breached deadlines - Informal**

Division	Q3 (2019/20)	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)
Surgery	8 (11.4%)	9 (10.0%)	16 (11.0%)	10 (14.5%)
Medicine	7 (17.5%)	8 (24.2%)	7 (11.7%)	3 (7.1%)
Trust Services	2 (9.5%)	7 (24.1%)	6 (20.0%)	10 (22.2%)
Specialised Services	2 (4.2%)	2 (5.1%)	0 (0%)	5 (12.2%)
Women & Children	1 (3.6%)	3 (11.5%)	4 (12.9%)	8 (33.3%)
Diagnostics & Therapies	1 (16.7%)	0 (0%)	2 (18.2%)	1 (10.0%)
<b>All</b>	<b>21</b>	<b>29</b>	<b>35</b>	<b>37</b>

### 3.4 Outcome of formal complaints

In Q3, the Trust responded to 196 formal complaints<sup>4</sup>. Tables 24 and 25 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q3 of 2019/20 and Q2 of 2019/20 respectively. A total of 88.8% of complaints were either upheld or partly upheld in Q3, compared with 85.4% in Q2.

**Table 24: Outcome of formal complaints – Q3 2019/20**

	Upheld	Partly Upheld	Not Upheld
Surgery	14 (18.5%) ↓	53 (69.2%) ↑	9 (12.3%) =
Medicine	11 (26.8%) ↓	27 (65.9%) ↑	3 (7.3%) ↑
Specialised Services	9 (33.3%) ↓	14 (56.7%) ↑	3 (10%) ↓
Women & Children	12 (30.8%) ↑	23 (59%) ↑	4 (10.2%) ↓
Diagnostics & Therapies	3 (38.5%) ↓	5 (53.8%) ↑	1 (7.7%) ↑
Trust Services	0 (0%) ↓	3 (60%) ↓	2 (40%) ↑
<b>Total</b>	<b>49 (25%) ↓</b>	<b>125 (63.8%) ↑</b>	<b>22 (11.2%) ↓</b>

**Table 25: Outcome of formal complaints – Q2 2019/20**

	Upheld	Partly Upheld	Not Upheld
Surgery	16 (31.4%) ↓	26 (51.0%) ↑	9 (17.6%) ↓
Medicine	14 (32.6%) ↑	25 (58.1%) ↑	4 (9.3%) ↓
Specialised Services	11 (45.8%) =	9 (37.5%) ↑	4 (16.7%) =
Women & Children	8 (22.2%) ↓	20 (55.6%) ↑	8 (22.2%) ↓
Diagnostics & Therapies	4 (50.0%) ↑	4 (50.0%) ↑	0 (0%) ↓
Trust Services	5 (55.6%) ↑	4 (44.4%) ↑	0 (0%) ↓
<b>Total</b>	<b>58 (33.9%) ↓</b>	<b>88 (51.5%) ↑</b>	<b>25 (14.6%) ↓</b>

<sup>4</sup> Note: this is different to the number of formal complaints we *received* in the quarter

#### 4. Learning from complaints

All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made. Actions resulting from complaints are monitored and reviewed by our Divisions; the Patient Support and Complaints Team also monitor progress.

Below are some examples of actions which have been completed during Q3 2019/20.

- A complaint was received from a patient who had returned to the ward in the early evening following surgery, having been 'nil by mouth' since that morning, to be told that the only food available was a ham sandwich. The patient had a sore throat and mouth and swollen lips from four hours with an ERCP tube in situ and he had a distended abdomen. He is also prone to duodenal ulcers and has a gastroma and pancreatic disease so he was unable to eat a sandwich. As a result of this complaint, a poster was developed by the Matron, outlining the out of hours food provisions arrangements, and this has been shared with all surgical ward sisters (Surgery).
- The Division of Women & Children received a complaint from an expectant mother who had a very upsetting experience when trying to book antenatal classes with the community midwives at Keynsham. As a result, the Community Midwifery Matron undertook to share learning from this complaint with all appropriate staff, to ensure that all women are made aware of how to book antenatal classes, who to call, and that calls to Keynsham Health Centre are diverted to St Martin's Hospital out of hours (Women & Children).
- As a result of a complaint from a patient who had experienced numerous problems with the delivery of care at Bristol Haematology and Oncology Centre (BHOC), staff met with the patient to get a thorough and detailed understanding of the issues she faced. The Clinical Nurse Specialist followed this up with a letter to the patient with a detailed summary of the care and support available to her, including around the areas of patient care, supportive care and medication care (Specialised Services).

#### 5. 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 help and support. A total of 137 enquiries were received in Q3, a significant reduction on the 228 received in Q2. The team also recorded and acknowledged 51 compliments received during Q3 and shared these with the staff involved and their Divisional teams. This is compared with 32 compliments reported in Q2 and 45 in Q1.

Table 26 below shows a breakdown of the most common requests for advice, information and support dealt with by the team in Q3.

**Table 26: Enquiries by category**

Category	Enquiries in Q3 2019/20
Information about patient	41
Hospital information request	34
Medical records	19
Appointment queries	12
Clinical care	10
Clinical information request	6
Facilities and environment	5

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints team recorded 146 enquiries that did not proceed, compared with 160 in Q2. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team continues to deal with a high volume of activity, with a total of 722 separate enquiries in Q3 2019/20, compared with 862 in Q2 and 906 in Q1.

## 6. Acknowledgement of complaints by the Patient Support and Complaints Team

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q3, 233 complaints were received in writing (196 by email and 37 letters) and 148 were received verbally (4 in person via drop-in service<sup>5</sup> and 144 by telephone). 10 complaints were also received in Q3 via the Trust's 'real-time feedback' service. Of the 388 complaints received in Q3, 100% met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

The Patient Support & Complaints Manager closely monitors cases that are not acknowledged within timescale and reports to the Head of Quality (Patient Experience & Clinical Effectiveness) if there are any concerns and/or patterns.

## 7. PHSO cases

During Q3, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in six new complaints. During the same period, five existing cases remain ongoing. A total of four cases were closed during Q2: all four were closed with the PHSO taking no further action.

**Table 27: Complaints opened by the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
22446	BB		16/09/2019 [31/12/2019]	StMH	Gynaecology Outpatients	Women & Children
The PHSO contacted us on 31/12/2019 asking for a copy of our response to the complaint and asking if this was the Trust's final response. We confirmed that this was our final response on this matter and provided a copy of the response letter. Currently awaiting further contact from the PHSO.						
20494	LS	AB	23/04/2019 [23/10/2019]	BRHC	Paediatric Gastroenterology	Women & Children

<sup>5</sup> It should be noted that the drop-in service was closed for the majority of Q3 due to staffing issues/capacity within the team. It has since fully re-opened.

The PHSO asked for further information as the complainant had not received a response to her email with outstanding concerns. It transpired that the email had not been received so the complainant was contacted and a copy of the outstanding concerns has now been received and will be responded to. The PHSO will not take any further action unless the complainant contacts them again following our second response.						
19096	TH	JH	07/02/2019 [13/11/2019]	BRI	Lower GI	Surgery
PHSO asked for a copy of our response to this complaint, which was sent to them on 14/11/2019. We also confirmed that this was our final response and that we had nothing further to add. Currently awaiting further contact from the PHSO.						
16621	SG	TC	24/09/2018 [02/12/2019]			
On 02/12/2019, the PHSO requested a copy of the patient's medical records, which were sent to them on 10/12/2019. On 06/01/2020, they advised that they would be investigating this complaint and provided details of the scope of their investigation and requested further information, which was sent to them on 15/01/2020.						
15887	AM	SG	06/08/2018 [01/10/2019]	StMH	Central Delivery Suite	Women & Children
The PHSO requested a copy of our complaint file and the medical records. The complaint file was sent to them on 02/10/2019 and the medical records on 04/10/2019. We last heard from the PHSO on 20/01/2020 when they confirmed that they were waiting for their assessment of the complaint to be approved and they will then let us know if they intend to investigate.						
4172	CN	JN	24/10/2016 [11/12/2019]	BHOC	Radiotherapy	Specialised Services
A copy of the complaints file and the relevant medical records were sent to the PHSO on 27/01/2020. We are currently waiting to hear further from the PHSO, who have confirmed that they are investigating this complaint.						

**Table 28: Complaints ongoing with the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
16724	GS	HS	01/10/2018 [10/01/2019]	BRHC	PICU	Women & Children
The patient tragically died in BRHC in 2015 at age of 14 years. Long standing complaint which parents have now sent to the PHSO for investigation. Update from PHSO received on 30/10/2019 advising that they are hoping to carry out interviews with Trust staff in December 2019/January 2020, with the aim of providing their final report by February 2020. The Trust has asked the PHSO to explain the purpose of interviewing staff given that so much time has passed (four years) and the detrimental effect of this on the staff involved. The PHSO have responded to say that they will not interview staff unless absolutely necessary.						
15161	DH		25/06/2018 [04/03/2019]	BHI	Outpatients (BHI)	Specialised Services
The PHSO advised us on 13/11/2019 that they had requested further advice from one of their clinical advisers, who needs a CD or DVD copy of the procedure in order to comment on the treatment and care provided. This was sent to the PHSO on 21/11/2019 and we are currently awaiting an update from the PHSO.						
4904	PM	OM	28/11/2016	BRHC	Paediatric	Women &

			[15/02/2019]		Neurology	Children
An update was received from the PHSO on 14/02/2020, advising that they had now shared the clinical advice that they have so far with everyone involved and were planning to meet with the parents to discuss next steps.						
18996 Ulysses	AC	BC	08/06/2015 [01/02/2018]	BRHC	PICU	Women & Children
Update received from the PHSO on 14/02/2020, advising that following extensive comments from the complainant, they are going back to their clinical advisers with some further questions. They would find it helpful to speak to two members of Trust staff who were looking after the patient on 17/04/2015 and have asked for their contact details.						
19622	NC	MC	11/03/2019 [23/07/2019]	BHI	Ward C808	Medicine
The PHSO advised the Trust in July 2019 that the complaint is actually out of time so they are considering whether or not to investigate it – we are still awaiting their decision.						
17825	CJ	DJ	03/12/2018 [16/09/2019]	BHOC	Ward D603	Specialised Services
The PHSO advised the Trust in December 2019 that the complaint is now with their assessment team and is waiting to be allocated to a caseworker. We are currently awaiting a further update.						

**Table 29: Complaints closed by the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Updated action plan sent to PHSO on 07/01/2020 – we have now fulfilled all of the recommendations made by the PHSO and the case is closed. The PHSO have advised that the patient does not accept the recommendations they made. <b>Partly Upheld</b>						
15045	LP		19/06/2018 [05/07/2019]	BRI	Endocrinology	Medicine
The PHSO requested a copy of the Trust's complaint file in July 2019 and have now closed it without a full investigation. <b>No further action</b>						

## 8. Complaint Survey

Since February 2017, the Patient Support & Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. **The response rate to this survey is consistently low, so the results need to be interpreted with caution.**

Table 30 below shows data from the 19 responses received during Q3, compared with those received in previous quarters. Feedback in Q3 improved in a number of areas, with significant increases in respondents who:

- confirmed that a timescale for responding to their complaint had been agreed with them;
- confirmed that our complaints process made it easy for them to make a complaint;
- felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team; and
- felt that our response had addressed all of the issues they had raised.

**Table 30: Complaints Survey Data**

Survey Measure/Question	Q3 2019/20	Q2 2019/20	Q1 2019/20	Q4 2018/19
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	94.1% ↑	53.9% ↓	80.0% ↓	94.1% ↑
Respondents who felt that the Trust would do things differently as a result of their complaint.	27.8% ↑	7.1% ↓	14.3% =	14.3% ↓
Respondents who found out how to make a complaint from one of our leaflets or posters.	5.26% ↑	0% ↓	12.5% ↑	8.6% ↓
Respondents who confirmed we had told them about independent advocacy services.	61.1% ↑	57.2% ↑	48.0% ↓	54.3% ↑
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	79.0% ↑	57.1% ↓	66.7% ↑	62.9% ↓
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	61.1% ↑	50% ↓	70.8% ↑	65.7% ↑
Respondents who said they did not receive their response within the agreed timescale.	22.2% ↑	21.4% ↑	13.6% ↓	14.3% ↓
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	88.9% ↓	100% ↑	91.7% ↓	97.1% ↓
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	79.0% ↓	92.9% ↑	84% ↑	80.5% =
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	27.8% ↓	61.5% ↑	12.5% ↓	17.1% ↓
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	0% =	0% =	0% =	0% ↓
Respondents who said that our response addressed all of the issues that they had raised.	63.2% ↑	28.6% ↓	50.0% ↓	58.3% ↑

In Q3, we asked respondents to tell us, based on their experience, what the Trust could do to improve its complaints service and any particularly good aspects of the service. Comments received included:

- “I felt there were some inconsistencies in your reply to how I experienced things. All I wanted was for what happened to me to never happen to another service user. I was not blaming anyone; I just wanted to let you know how I felt about how I was treated.”
- “Complaint service dealt with the problem very well.”
- “Stop covering each other’s backs; admit there was a problem and deal with it.”
- “Making a complaint was made very easy and I had thought you were going to take the complaint seriously. You were initially very kind and supportive and made me feel like you understood.”

## 9. Severity of Complaints



Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e. organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e. Trusts who receive high levels of low level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends what the complaint is about.

Staff in the Patient Support & Complaints Team have all received training on rating the severity of complaints, taking into account the clinical, management and relationship problems experienced by the complainant and apportioning the overall complaint as either “low”, “medium” or “high” severity. A practical example of each of these categories is shown in Table 31 below.

During the next year, as we build our dataset, we hope that this will enable us to begin to differentiate between higher and lower performing areas within the Trust (in terms of the severity of complaints reported) and to use the information to explore opportunities for quality improvement.

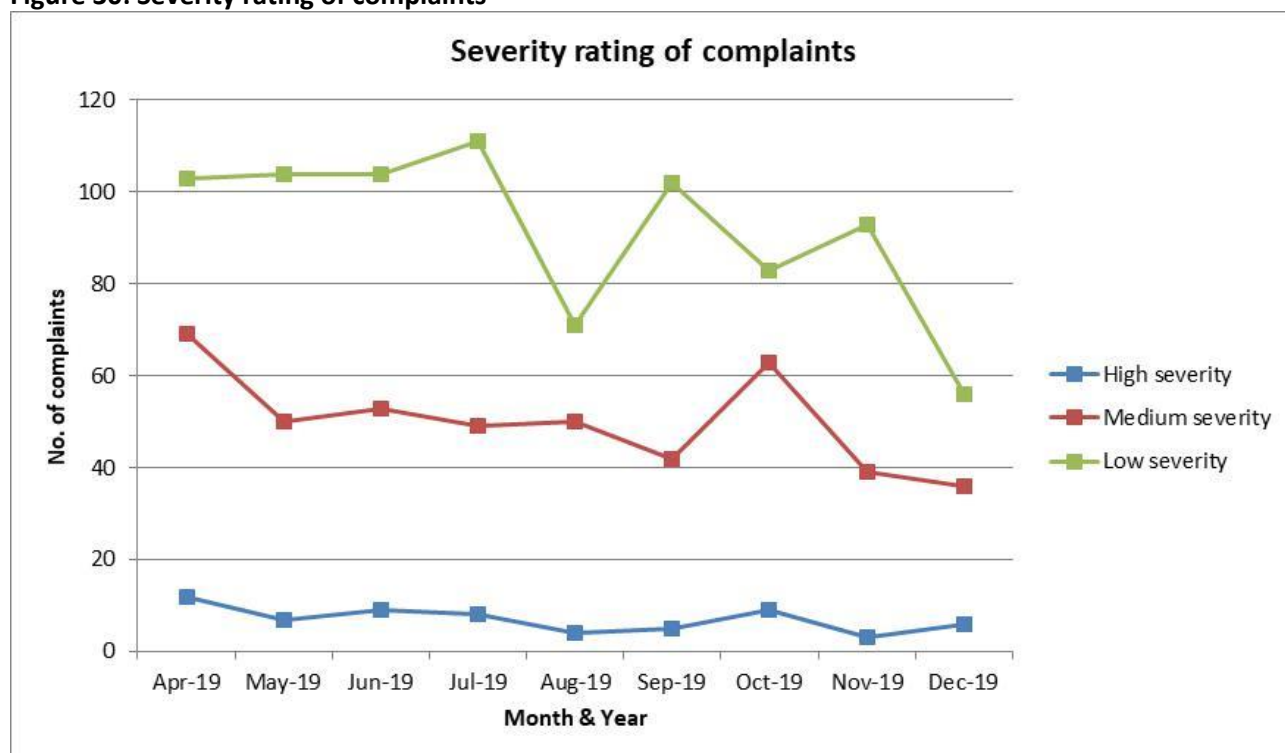
**Table 31: Examples of severity rating of complaints**

	<b>Low severity</b>	<b>Medium severity</b>	<b>High severity</b>
<b>Clinical problem</b>	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
<b>Clinical problem</b>	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
<b>Management problems</b>	Patient bed not ready on arrival	Patient was cold and uncomfortable	Patient relocated due to bed shortage
<b>Management problems</b>	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
<b>Relationship problems</b>	Staff ignored question from patient	Staff ignored mild patient pain	Staff ignored severe distress
<b>Relationship problems</b>	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence

Since April 2019, the Trust has received 1,341 complaints (511 in Q1, 442 in Q2 and 388 in Q3), all of which have been severity rated by the Patient Support & Complaints Team. Of these 1,341 complaints, 830 were rated as being low severity, 449 as medium and 62 as high. Figure 30 below shows a breakdown of these severity ratings by month since April 2019.



**Figure 30: Severity rating of complaints**



**Table 31: Severity rating of complaints by Division (all complaints received in Q3 2019/20)**

Division	High Severity	Medium Severity	Low Severity	Totals
Women & Children	5 (6.4%)	40	33	<b>78</b>
Specialised Services	3 (4.5%)	24	39	<b>66</b>
Medicine	5 (6.9%)*	25	42	<b>72</b>
Surgery	3 (2.4%)	40	84	<b>127</b>
Trust Services	1 (3.6%)	4	23	<b>28</b>
Diagnostics & Therapies	1 (5.9%)	5	11	<b>17</b>
<b>Totals</b>	<b>18 (4.6%)</b>	<b>138</b>	<b>232</b>	<b>388</b>

\*i.e. 6.9% of complaints received by the Division of Medicine in the Q3 of 2019/20 were rated as high severity – this compares, for example, with 2.4% of complaints about the Division of Surgery.