



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Complaints Report

Quarter 3, 2020/2021

(1 October 2020 to 31 December 2020)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 3 Executive summary and overview

| | Q3 | |
|--|-------|---|
| Total complaints received | 490 | ↓ |
| Complaints acknowledged within set timescale | 84.5% | ↓ |
| Complaints responded to within agreed timescale – formal investigation | 69.1% | ↓ |
| Complaints responded to within agreed timescale – informal investigation | 92.1% | ↑ |
| Proportion of complainants dissatisfied with our response (formal investigation) | 11.5% | ↑ |

| Successes | Priorities |
|--|--|
| <ul style="list-style-type: none"> The Patient Support & Complaints Team has worked closely with all Divisions during the second wave of the Covid-19 pandemic, providing support and allowing 'breathing space' around complaint resolution for the divisions during a time of enormous operational pressure for them. The number of complaints received by the Trust in December 2020 reduced, although it should be noted that this follows a familiar seasonal pattern. The number of compliments received by the Trust via the PSCT doubled in Q3. Complaints received by Weston Emergency Department (ED) reduced by 28%, which is particularly notable during a period of intense pressure for EDs around the country, including the Bristol Royal Infirmary ED, for which the number of complaints remained relatively high. The Division of Women & Children continued to perform strongly in respect of meeting deadlines for complaint responses and the Division saw a significant decrease in complaints about cancelled/delayed appointments and operations. A new staff e-learning package, Handling Complaints with Confidence, has been successfully launched and is available for all staff working in Bristol and Weston. | <ul style="list-style-type: none"> To support divisions to return to pre-pandemic levels of compliance with the important target of sending out 95% of complaint responses by the time agreed with the complainant. To re-open the PSCT 'drop in' service in the Bristol Royal Infirmary as soon as this can safely be done in 2021 once lockdown restrictions and hospital visiting arrangements are eased. |
| Opportunities | Risks & Threats |
| <ul style="list-style-type: none"> Opportunity to review the format of this report in 2021 as part of post-merger plans. Opportunity for significant improvement in complaints performance in Weston Division following recruitment to roles in the new divisional complaints, PALS and bereavement team. | <ul style="list-style-type: none"> The Trust's ability to conduct timely complaints investigations continues to be significantly impacted by wider divisional operational capacity in the face of the ongoing pandemic. Of particular note is the significant reduction in formal complaints responded to within the agreed timeframe by the Division of Weston where only 30% of responses were sent out on time in Q3. The Division of Medicine also struggled with timely responses in Q3, with only 40% of formal responses meeting their agreed deadline. The volume of complaints being received by the Trust post-merger, coupled with staff sickness and long-standing vacancies in the corporate complaints team, has resulted in a backlog of cases waiting to be assigned to a PSCT Complaints Officer and shared with Divisions for investigation. This backlog is being closely monitored by the PSCT Manager and the Head of Quality; interim agency staff continue to be employed to create the necessary additional temporary capacity to maintain the service whilst staff are recruited to new complaints posts (both in Bristol and Weston). Complaints about Trust staff attitude and communication increased again in Q3. The PSCT Manager is actively monitoring this pattern, however no obvious themes or 'hot spots' emerge from the data. The increase in complaints about security staff is also being monitored by the PSCT Manager and the Trust Security Manager, although it should be noted that the rise in complaints in Q3 related to contracted temporary security staff and not the substantively employed Trust Security Officers. These complaints also contributed to the overall increase in complaints received by Bristol Eye Hospital and Bristol Dental Hospital. |

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.

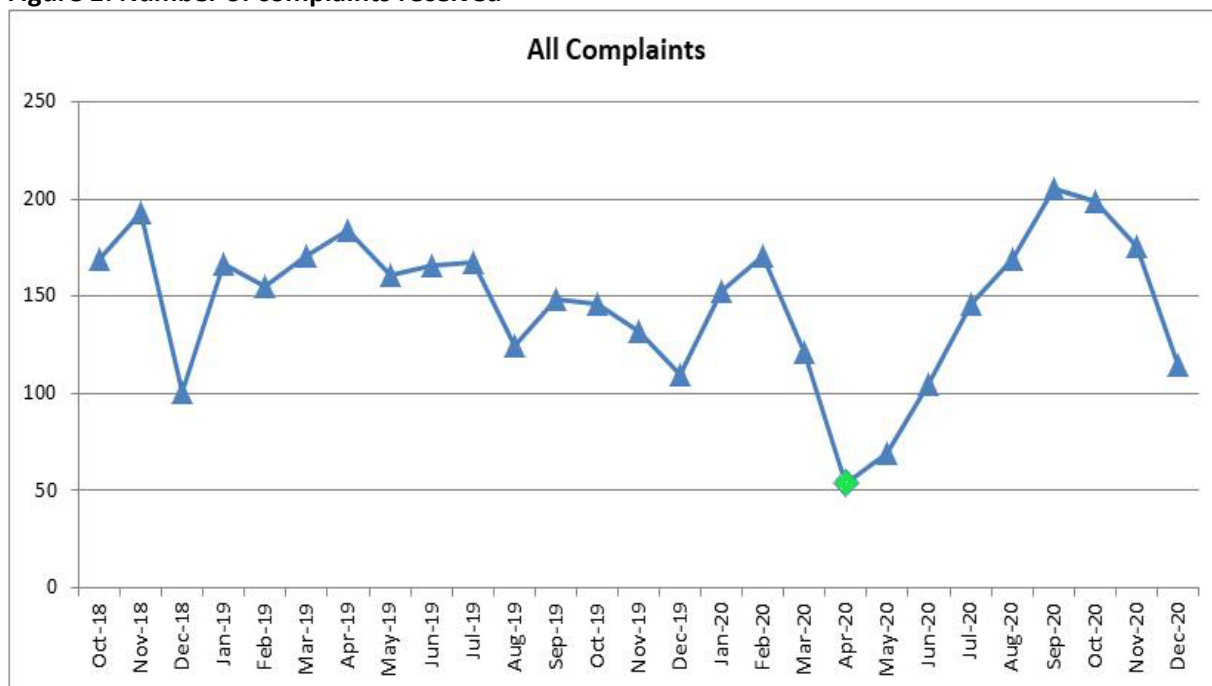
During Quarter 3 (Q3) of 2020/21, the Trust received 490 complaints, a slight reduction on the 521 received in Q2 but 26.3% higher than during the same period a year ago. As reported previously, Q1 of 2020/21 was very quiet for the complaints service, during the height of the first wave of the Covid-19 pandemic. In Q2, there was a 128% increase compared with Q1 and the service has remained very busy during the second wave of the pandemic and throughout Q3. December is traditionally a quieter month for complaints received, which was again the case in 2020.

1.1 Total complaints received

The Trust received 490 complaints in Q3. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ 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.

In figures 1 to 5, the point at which Weston Area Health Trust (WAHT) merged with University Hospitals Bristol NHS Foundation Trust (UH Bristol) is indicated by a green diamond-shaped marker.

Figure 1: Number of complaints received



¹ Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Figure 2: Numbers of formal v informal complaints

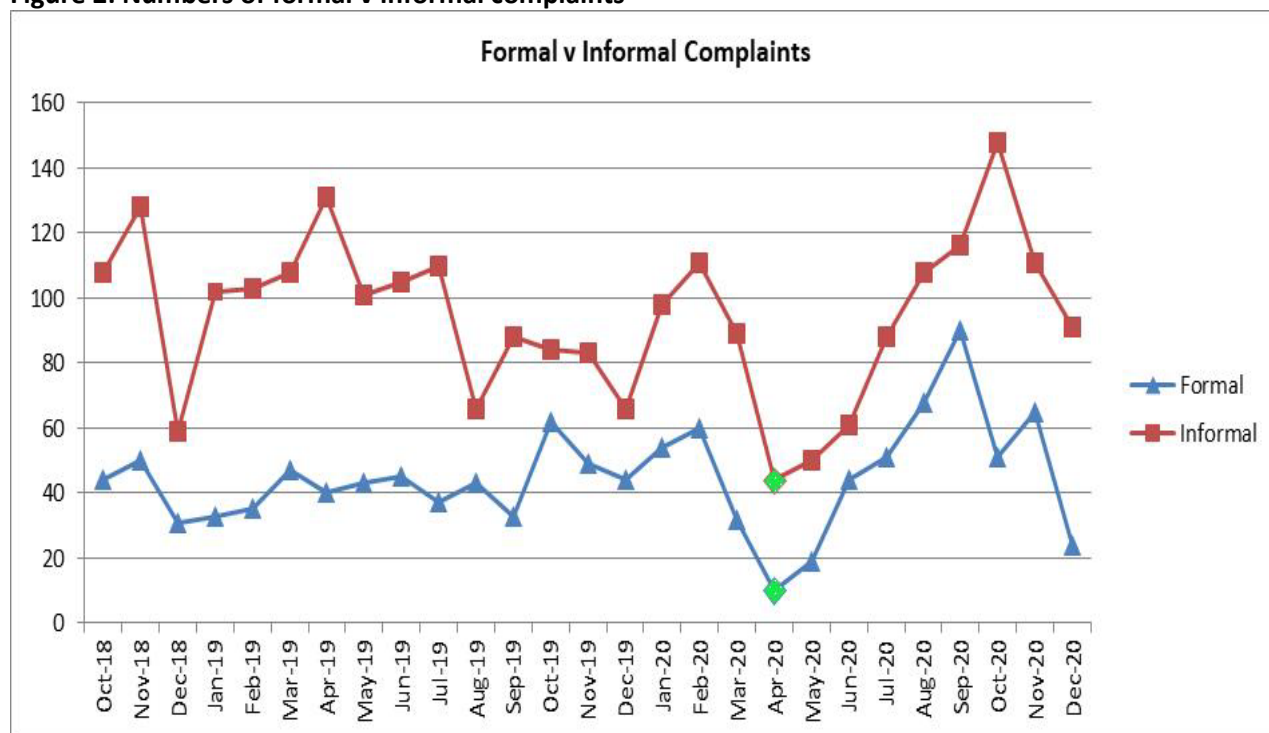


Figure 2 (above) shows complaints dealt with via the formal investigation process (140) compared with those dealt with via the informal investigation process (350), over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that these issues 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

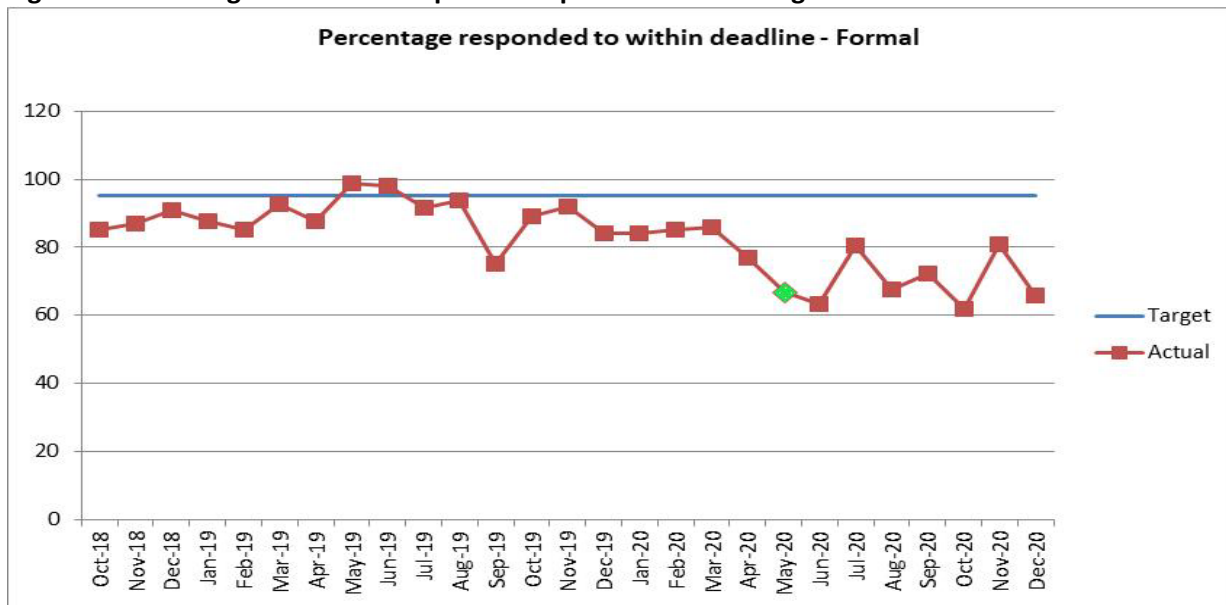
The Trust’s target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust’s response is posted to the complainant.

In Q3 2020/21, 69.1% of responses were sent to complainants within the agreed timescale. This represents 60 breaches out of the 194 formal complaint responses which were sent out during the quarter². This is a further deterioration on the 73.4% reported in Q2.

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

Figure 3 shows the Trust’s performance in responding to complaints since October 2018. 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

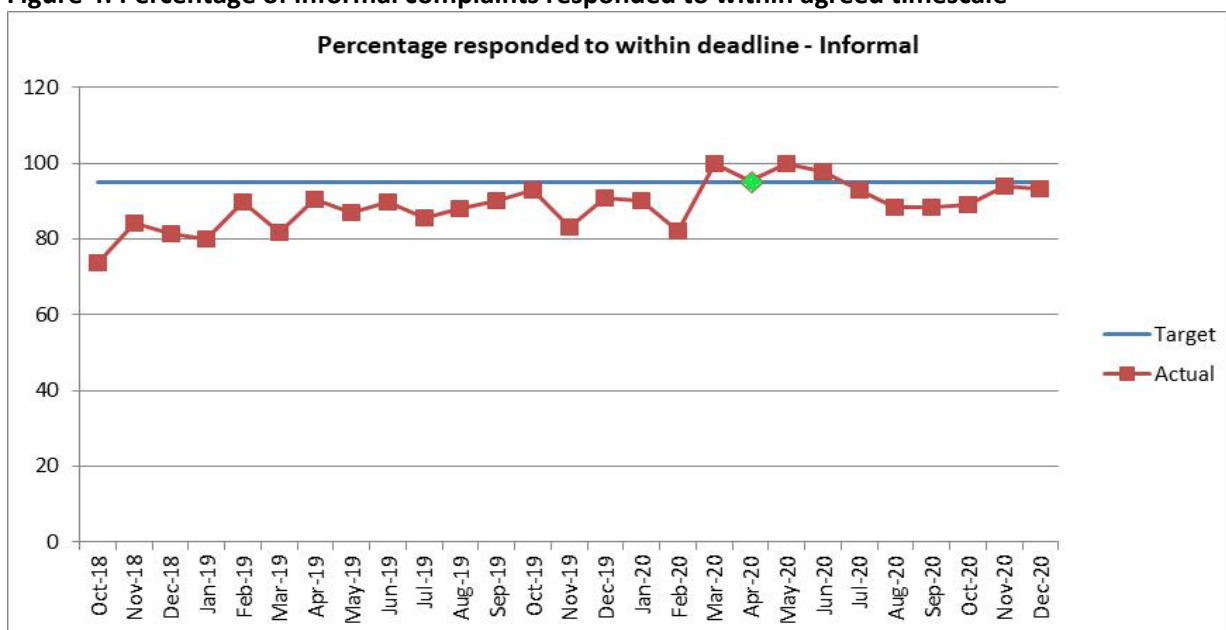


1.2.2 Informal Investigations

In Q3 2020/21, the Trust received 350 complaints that were investigated via the informal process. During this period, the Trust responded to 240 complaints via the informal complaints route and 92.1% (221) of these were responded to by the agreed deadline, a slight improvement on the 90% reported in Q2.

Figure 4 (below) shows performance since October 2018, for comparison with formal complaints.

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



1.3 Dissatisfied complainants

The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response.

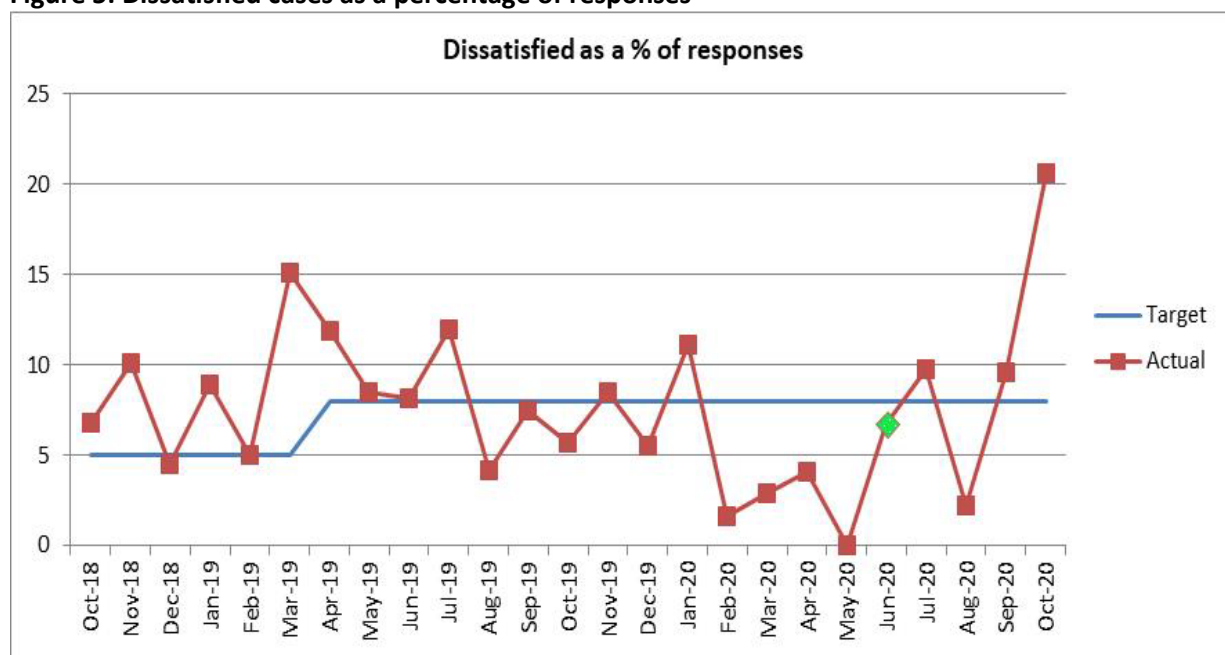
This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q3 2020/21, we are able to report dissatisfied data for August, September and October 2020. Of the 182 complainants who received a first response from the Trust during those months, 21 have since contacted us to say they were dissatisfied. This represents 11.5% of the 182 first responses sent out during that period and compares with 7.7% reported in Q2.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since October 2018. This data includes dissatisfied cases for the Division of Weston since June 2020, relating to responses sent out in April 2020, as this is reported two months in arrears.

The sharp rise in cases reported in December, for complainants who had a first response in October 2020, was reviewed by the Patient Support & Complaints Manager and no themes or trends were identified - this appears to have been a one-off spike in numbers but will be monitored closely.

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 2020/21 compared with Q2.

Complaints decreased in the majority of categories in Q3, with the exception of 'Attitude & Communication', 'Access' and 'Documentation'. The top three categories of 'clinical care',

‘appointments and admissions’ and ‘attitude and communication’ accounted for 77.8% (381/490) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

| Category/Theme | Number of complaints received in Q3 (2020/21) | Number of complaints received in Q2 (2020/21) |
|------------------------------|---|---|
| Clinical Care | 144 (29.4% of total complaints) ↓ | 178 (34.2% of all complaints) ↑ |
| Attitude & Communication | 134 (27.3%) ↑ | 104 (19.9%) ↑ |
| Appointments & Admissions | 103 (21%) ↓ | 126 (24.2%) ↑ |
| Information & Support | 32 (6.5%) ↓ | 35 (6.7%) ↑ |
| Facilities & Environment | 31 (6.3%) ↓ | 37 (7.1%) ↑ |
| Discharge/Transfer/Transport | 17 (3.5%) ↓ | 23 (4.4%) ↑ |
| Access | 15 (3.1%) ↑ | 8 (1.5%) ↑ |
| Documentation | 14 (2.9%) ↑ | 10 (2%) ↑ |
| Total | 490 | 521 |

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most commonly reported sub-categories, which together accounted for 74.7% of the complaints received in Q3 (366/490).

There are large increases in all sub-categories for the same reason as given above for categories.

Table 2: Complaints by sub-category

| Sub-category | Number of complaints received in Q3 (2020/21) | Q2 (2020/21) | Q1 (2020/21) | Q4 (2019/20) |
|---|---|--------------|--------------|--------------|
| Cancelled/delayed appointments and operations | 77 (17.2% decrease compared with Q2) ↓ | 93 | 31 | 101 |
| Clinical care (Medical/Surgical) | 74 (35.7% decrease) ↓ | 115 | 33 | 85 |
| Communication with patient/relative | 40 (17.6% increase) ↑ | 34 | 18 | 17 |
| Clinical care (Nursing/Midwifery) | 33 (13.8% increase) ↑ | 29 | 12 | 10 |
| Appointment administration issues | 23 (21.1% increase) ↑ | 19 | 5 | 30 |
| Failure to answer phones / failure to respond | 20 (42.9% increase) ↑ | 14 | 6 | 17 |
| Attitude of Nursing/Midwifery | 17 = | 17 | 12 | 9 |
| Attitude of medical staff | 17 = | 17 | 7 | 12 |
| Visiting hours/restrictions | 14 (100% increase) ↑ | 7 | 0 | 0 |
| Discharge arrangements | 12 (36.8% decrease) ↓ | 19 | 10 | 6 |
| Lost/misplaced/delayed test results | 11 (83.3% increase) ↑ | 6 | 2 | 10 |
| Attitude of A&C staff | 11 = | 11 | 6 | 5 |
| Lost personal property | 9 (10% decrease) ↓ | 10 | 12 | 10 |
| Attitude of security staff | 8 (300% increase) ↑ | 2 | 1 | 2 |

The largest increases in percentages of complaints received were in the sub-categories of ‘attitude of security staff’ and ‘visiting hours/restrictions’, although the absolute numbers remained small. It should be noted that the complaints about security staff were all in respect of the temporary contracted security staff and not the Trust’s permanent Security Officers. The complaints received

have been discussed with the Trust’s Security Manager and will continue to be closely monitored. The increase in complaints about visiting was to be expected given the restrictions on visiting due to the Covid-19 pandemic.

Complaints about the attitude of medical, nursing and administrative staff all remained at the same level as reported the previous quarter.

Figures 6-9 (below) show the longer term pattern of complaints received since October 2018 for a number of the complaints categories and sub-categories reported in Tables 1 and 2.

Figure 6 shows that, following a sharp increase during Q2, complaints about ‘clinical care (medical/surgical)’ reduced during Q3.

Figure 7 shows that complaints about ‘cancelled/delayed appointments and operations’ began to climb significantly from May 2020 and followed this trajectory until there was a significant reduction in the latter part of Q3.

Figures 8 and 9 demonstrate the increase in complaints about ‘attitude and communication’, which peaked in November 2020. The increase in complaints reported in this category was raised as a concern during the December 2020 meeting of the Quality Outcomes Committee, which prompted a detailed review by the Patient Support & Complaints Manager. No themes or trends were identified in this category of complaints, i.e. there were not any particular divisions or departments with high numbers of complaints; however, this will continue to be closely monitored.

Trends in categories and 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

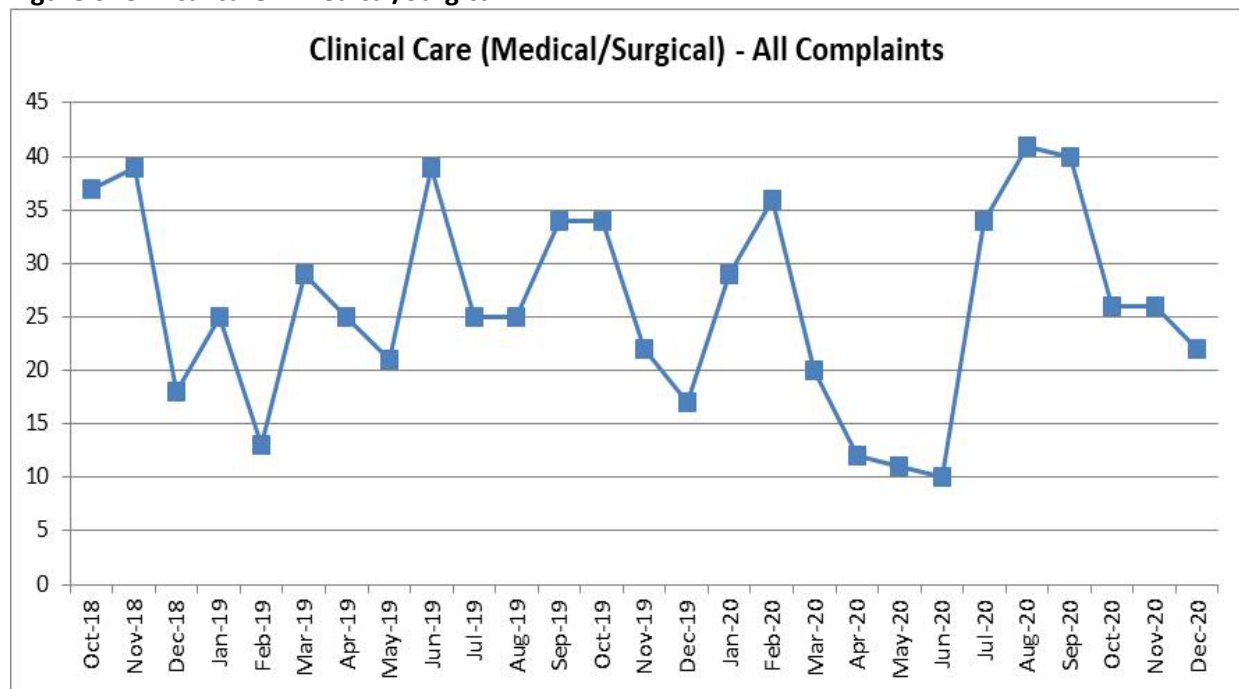


Figure 7: Cancelled or delayed appointments and operations

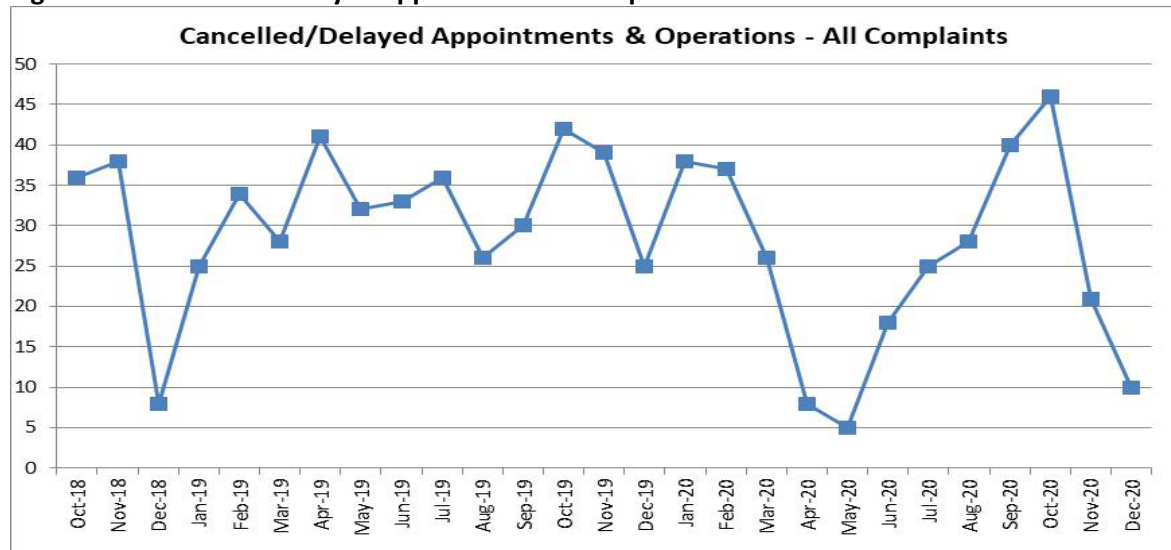


Figure 8: Communication with patient/relative

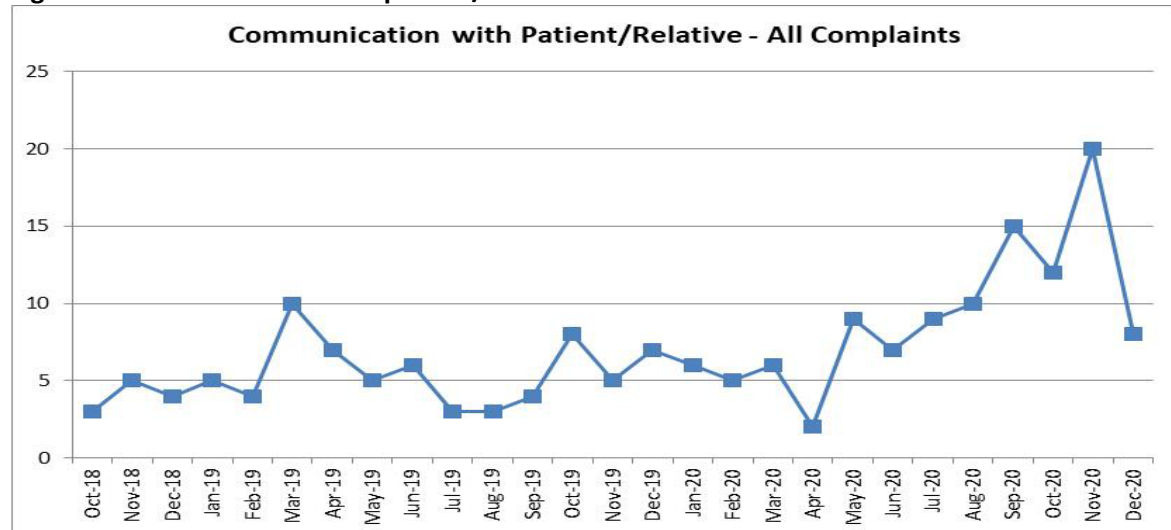
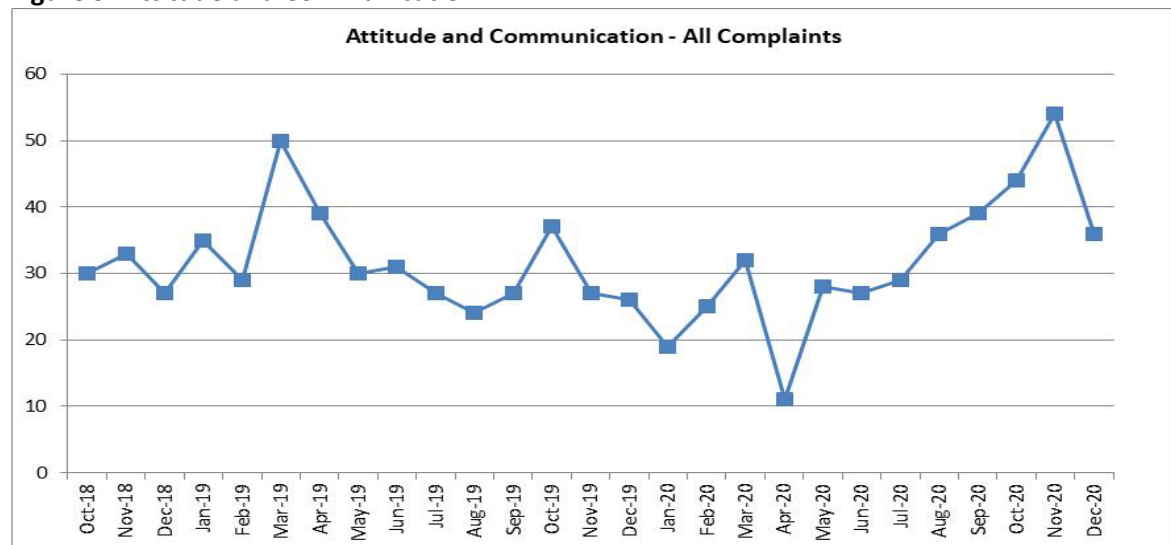


Figure 9: Attitude and Communication



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 3.1.7 of the report.

| Table 3 | Surgery | Medicine | Specialised Services | Women & Children | Diagnostics & Therapies | Weston |
|---|---|---|---|--|--|---|
| Total number of complaints received | 121 (120) ↑ | 115 (107) ↑ | 63 (51) ↑ | 76 (91) ↓ | 23 (19) ↑ | 64 (103) ↓ |
| Number of complaints about appointments and admissions | 49 (57) ↓ | 18 (15) ↑ | 21 (14) ↑ | 9 (19) ↓ | 3 (6) ↓ | 3 (15) ↓ |
| Number of complaints about staff attitude and communication | 32 (20) ↑ | 31 (21) ↑ | 19 (15) ↑ | 15 (18) ↓ | 6 (6) = | 20 (18) ↑ |
| Number of complaints about clinical care | 29 (32) ↓ | 36 (44) ↓ | 16 (11) ↑ | 29 (43) ↓ | 6 (2) ↑ | 28 (48) ↓ |
| Area where the most complaints have been received in Q3 | Bristol Eye Hospital (BEH) – 32 (23) Bristol Dental Hospital (BDH) – 32 (21) ENT – 14 (21) Oral & MaxFax Surgery – 12 (12) Trauma & Orthopaedics – 8 (10) | Emergency Department (BRI) (inc. A413 EMU) – 37 (35) Dermatology – 23 (24) Ward A400 – 6 (8) Clinic A410 – 7 (5) | BHI (all) – 46 (39) BHOC (all) – 16 (12) BHI Outpatients – 31 (21) BHOC Outpatients – 6 (4) Ward C708 (Cardiac Surgery) – 5 (3) | BRHC (all) – 40 (46) Carousel Outpatients – 7 (7) Penguin Ward (E602) – 5 (1) StMH (all) – 34 (41) (plus 2 community midwifery) Central Delivery Suite – 8 (8) Ward 73 (Maternity) – 9 (6) | Radiology – 13 (13) Speech & Language Clinic Rooms – 6 (0) | Accident & Emergency – 15 (21) Berrow Ward – 3 (7) Outpatients (Main) – 5 (7) Cancer Services – 4 (1) Hartree Ward – 4 (4) Steepleholme Ward – 3 (2) |
| Notable deteriorations compared with Q2 | Bristol Eye Hospital (BEH) – 32 (23) Bristol Dental Hospital (BDH) – 32 (21) | No notable deteriorations, although numbers remain high for the BRI ED and Dermatology | BHI Outpatients – 31 (21) | Penguin Ward (E602) – 5 (1) Ward 73 (Maternity) – 9 (6) | Speech & Language Clinic Rooms – 6 (0) Numbers remain high for Radiology, which includes Ultrasound at StMH | No notable deteriorations |
| Notable improvements compared with Q2 | ENT – 14 (21) | No notable improvements | No notable improvements | Apollo Ward – 1 (5) Caterpillar Ward – 1 (7) Gynae Outpatients – 4 (11) | No notable improvements | Waterside Ward – 2 (7) Sandford Ward – 2 (6) Outpatients (Quantock) – 4 (9) |

3.1.1 Division of Surgery

Complaints received by the Division of Surgery in Q3 remained similar to the number received in Q2 and is in line with the same period a year ago. The majority of these complaints were investigated via the informal complaints process (98) compared with 23 which were investigated through the formal process.

The categories of complaints received remained largely in line with those received in Q2, with the largest increase in complaints about 'attitude and communication'. Although complaints about 'appointments and admissions' remained the largest category of complaints for the Division, figure 11 shows that these peaked in October and reduced significantly towards the end of the quarter.

The Division achieved 90.2% (37/41) against its target for responding to formal complaints within the agree timescale in Q3 and 97.1% (66/68) for informal complaints. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

Table 4: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2020/21 | Number and % of complaints received – Q2 2020/21 |
|------------------------------|--|--|
| Appointments & Admissions | 49 (40.5% of total complaints) ↓ | 57 (47.5% of total complaints) ↑ |
| Clinical Care | 32 (26.4%) ↑ | 31 (25.7%) ↑ |
| Attitude & Communication | 29 (24%) ↑ | 20 (16.7%) ↑ |
| Information & Support | 4 (3.3%) ↑ | 2 (1.7%) ↓ |
| Discharge/Transfer/Transport | 2 (1.7%) ↓ | 3 (2.5%) ↑ |
| Documentation | 2 (1.7%) = | 2 (1.7%) = |
| Access | 2 (1.7%) ↑ | 0 (0%) ↓ |
| Facilities & Environment | 1 (0.7%) ↓ | 5 (4.2%) = |
| Total | 121 | 120 |

Table 5: Top sub-categories

| Category | Number of complaints received – Q3 2020/21 | Number of complaints received – Q2 2020/21 |
|--|--|--|
| Cancelled or delayed appointments and operations | 34 ↓ | 40 ↑ |
| Clinical care (medical/surgical) | 14 ↓ | 20 ↑ |
| Appointment administration issues | 11 = | 11 ↑ |
| Attitude of medical staff | 7 ↑ | 4 ↑ |
| Communication with patient/relative | 7 ↑ | 4 ↑ |
| Failure to answer phone/respond | 7 ↑ | 3 ↓ |
| Clinical Care (dental) | 5 = | 5 ↑ |
| Referral errors | 3 ↓ | 8 ↑ |
| Attitude of A&C staff | 3 ↓ | 4 ↑ |

Figure 10: Surgery – formal and informal complaints received

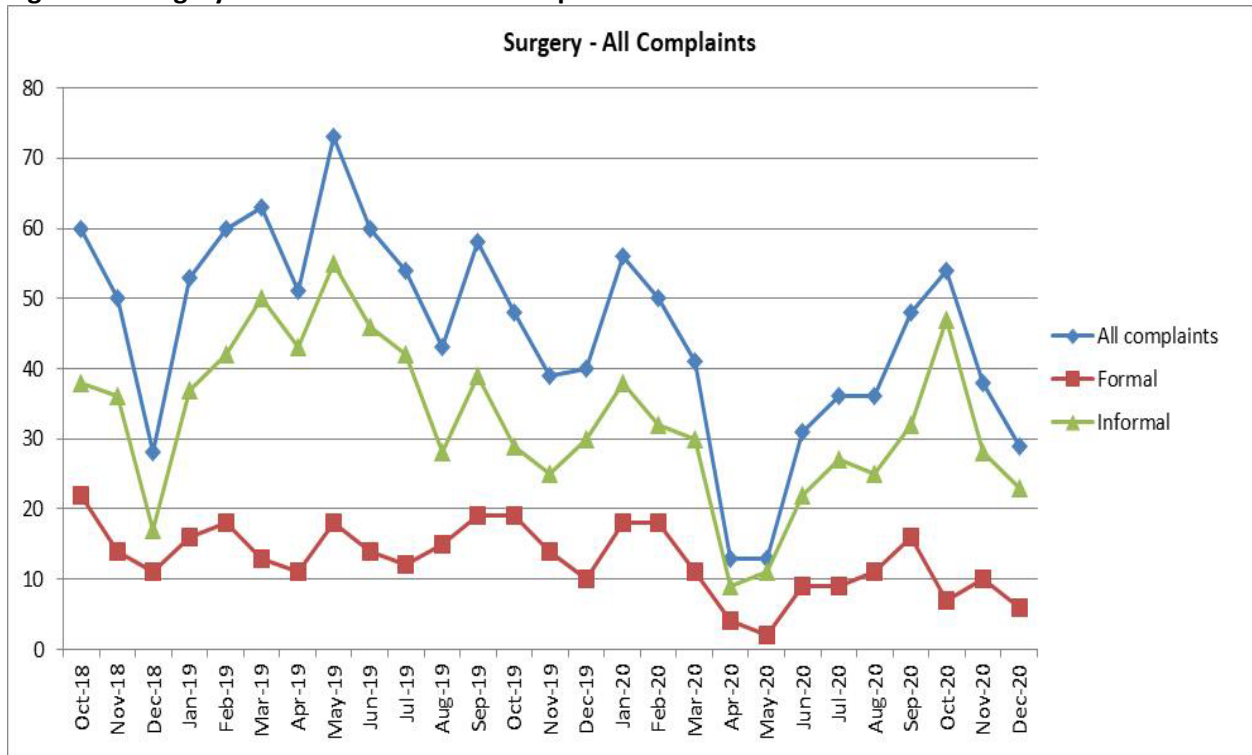
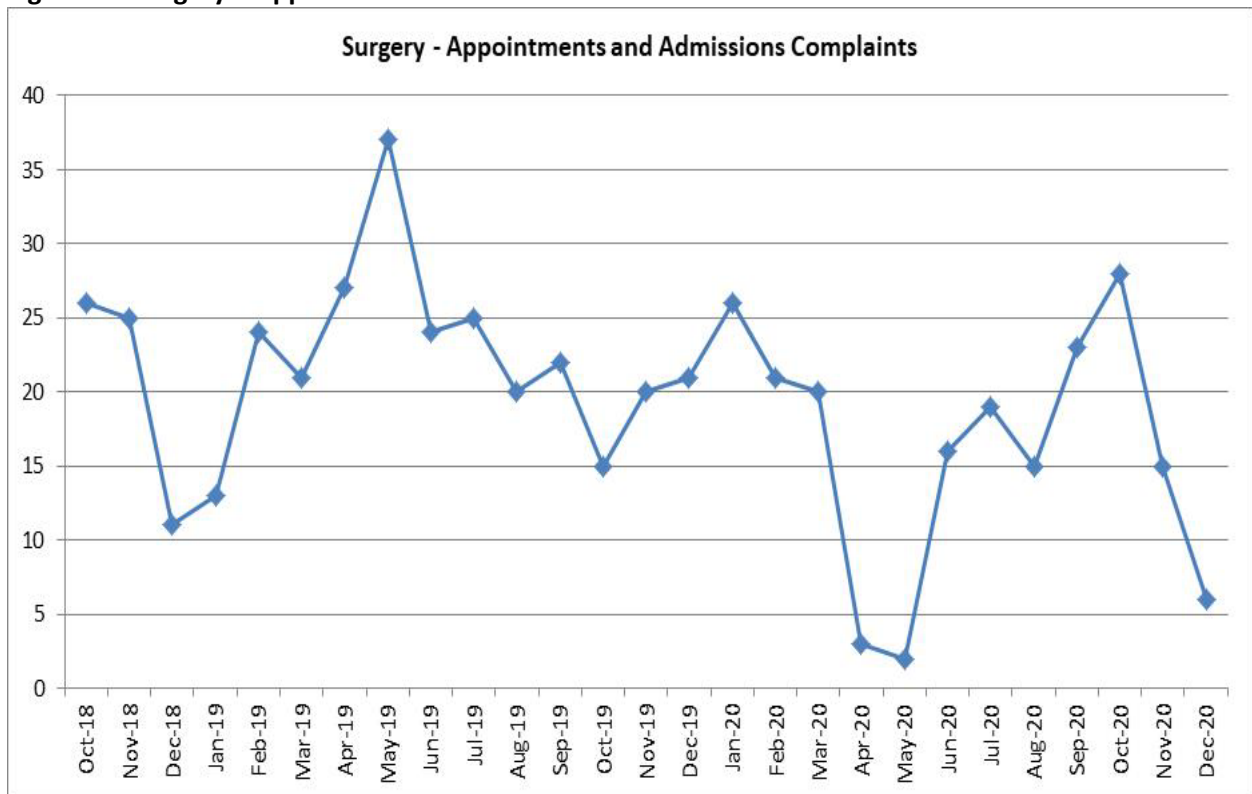


Figure 11: Surgery – Appointments and admissions



3.1.2 Division of Medicine

There was a slight increase in the number of complaints received by the Division of Medicine in Q3 (115) compared with 107 in Q2.

Of the 115 complaints received by the Division in Q3, 37 were investigated via the formal complaints process and 78 via the informal route.

The Division achieved just 39.4% (13/33) against its target for responding to formal complaints within the agreed timescale in Q3, a further deterioration on the 63.2% reported in Q2 and 73.7% in Q1. There was however a significant improvement in the number of informal complaints being responded to within the agreed deadline in Q3, with 84.9% (45/53), compared with 72.9% in Q2. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

The largest increase in in complaints was in those recorded in the category of ‘clinical care’ with a 138.9% increase compared with Q1. There was however only a very small increase in complaints about ‘attitude and communication’, with reductions in some of the sub-categories in this category.

Table 6: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2020/21 | Number and % of complaints received – Q2 2020/21 |
|-------------------------------|--|--|
| Clinical Care | 36 (31.3% of total complaints) ↓ | 43 (40.2% of total complaints) ↑ |
| Attitude & Communication | 31 (27%) ↑ | 21 (19.6%) ↑ |
| Appointments & Admissions | 18 (15.7%) ↑ | 15 (14%) ↑ |
| Facilities & Environment | 9 (7.8%) ↑ | 7 (6.5%) ↑ |
| Discharge/Transfer/ Transport | 7 (6.1%) ↓ | 9 (8.4%) ↑ |
| Documentation | 7 (6.1%) ↑ | 2 (1.9%) = |
| Information & Support | 6 (5.2%) ↓ | 8 (7.5%) ↑ |
| Access | 1 (0.8%) ↑ | 2 (1.9%) ↑ |
| Total | 115 | 107 |

Table 7: Top sub-categories

| Category | Number of complaints received – Q3 2020/21 | Number of complaints received – Q2 2020/21 |
|--|--|--|
| Clinical care (medical/surgical) | 17 ↓ | 32 ↑ |
| Cancelled or delayed appointments and operations | 15 ↑ | 10 ↑ |
| Clinical care (nursing/midwifery) | 13 ↑ | 3 ↓ |
| Communication with patient/relative | 7 ↑ | 6 ↓ |
| Attitude of nursing/midwifery | 7 ↑ | 5 ↓ |
| Discharge arrangements | 5 ↓ | 7 ↑ |
| Attitude of medical staff | 5 ↑ | 4 = |
| Lost property | 5 ↑ | 3 ↓ |
| Failure to answer phone / respond | 5 ↑ | 4 ↑ |

Figure 12: Medicine – formal and informal complaints received

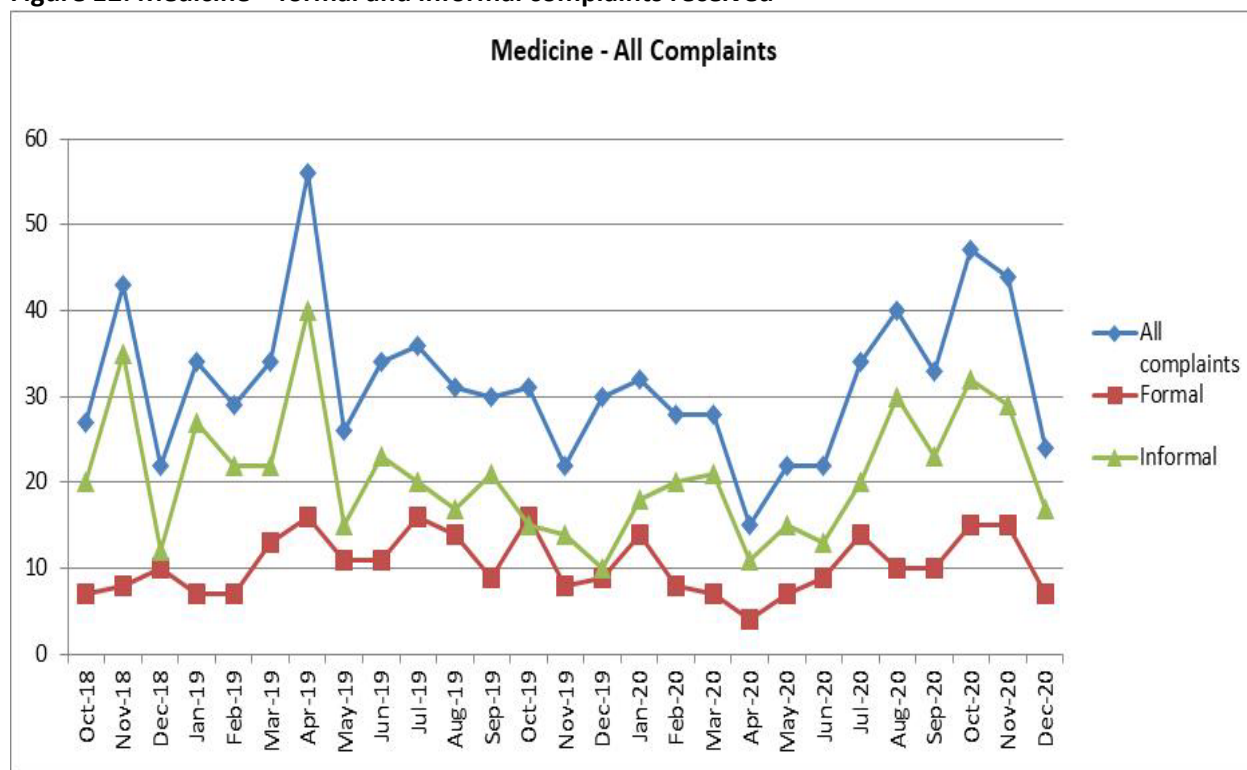
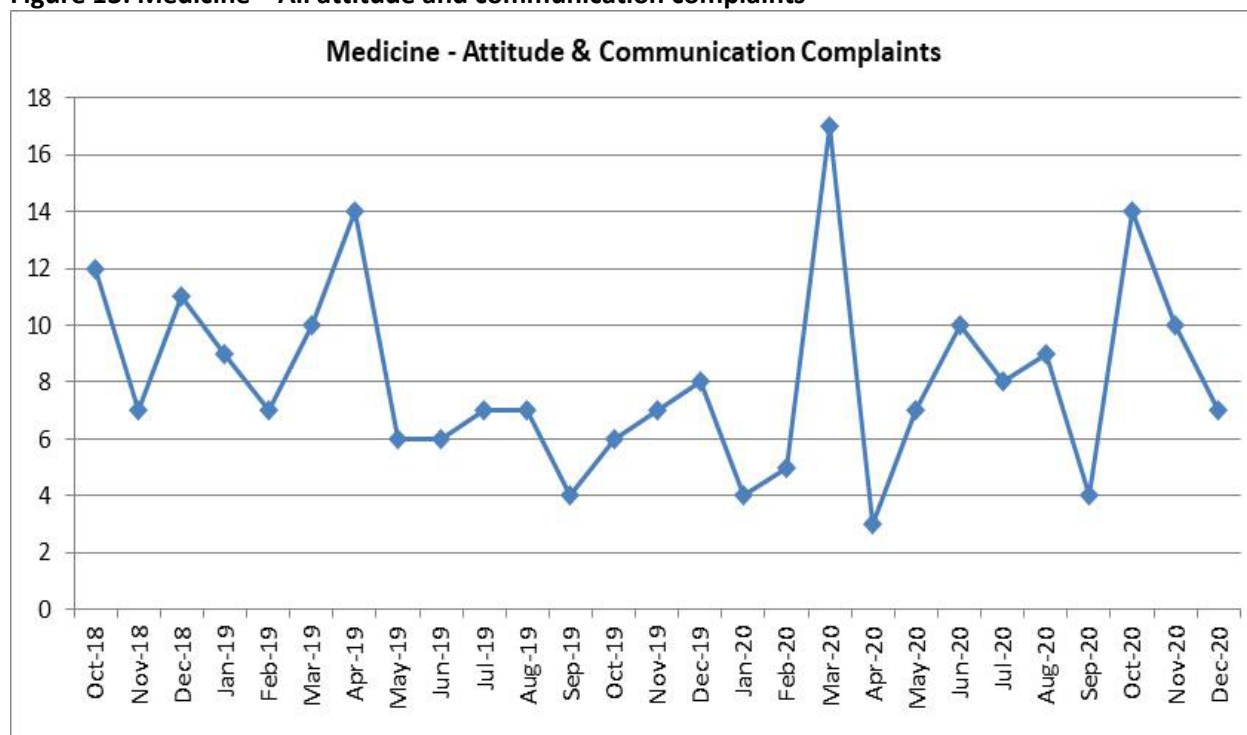


Figure 13: Medicine – All attitude and communication complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 63 new complaints in Q3, compared with 51 in Q2. Over half of the complaints received in Q3 (63.5%) were about ‘appointments and admissions’ or ‘attitude and communication’.

Of the 63 complaints received, nine were investigated via the formal complaints process, whilst the majority (54) were dealt with informally.

Specialised Services achieved 78.6% (11/14) against its target for responding to formal complaints within the agreed timescale in Q3. This is a significant deterioration on their achievement of 100% in Q2. The Division did however achieve 95% (38/40) performance for responding to informal complaints.

Table 8: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2020/21 | Number and % of complaints received – Q2 2020/21 |
|------------------------------|--|--|
| Appointments & Admissions | 21 (33.3% of total complaints) ↑ | 14 (27.5% of total complaints) ↑ |
| Attitude & Communication | 19 (30.2%) ↑ | 15 (29.4%) ↑ |
| Clinical Care | 16 (25.4%) ↑ | 11 (21.7%) ↑ |
| Information & Support | 2 (3.2%) ↓ | 4 (7.8%) ↑ |
| Facilities & Environment | 2 (3.2%) ↓ | 3 (5.9%) ↓ |
| Discharge/Transfer/Transport | 2 (3.2%) = | 2 (3.9%) ↑ |
| Documentation | 1 (1.5%) = | 1 (1.9%) ↓ |
| Access | 0 (0%) ↓ | 1 (1.9%) ↑ |
| Total | 63 | 51 |

Table 9: Top sub-categories

| Category | Number of complaints received – Q3 2020/21 | Number of complaints received – Q2 2020/21 |
|--|--|--|
| Cancelled or delayed appointments and operations | 15 ↑ | 9 ↑ |
| Clinical care (medical / surgical) | 9 ↓ | 10 ↑ |
| Communication with patient / relative | 7 ↑ | 4 ↑ |
| Failure to answer phone / failure to respond | 6 = | 6 ↑ |
| Appointment administration issues | 4 = | 4 = |

Figure 14: Specialised Services – formal and informal complaints received

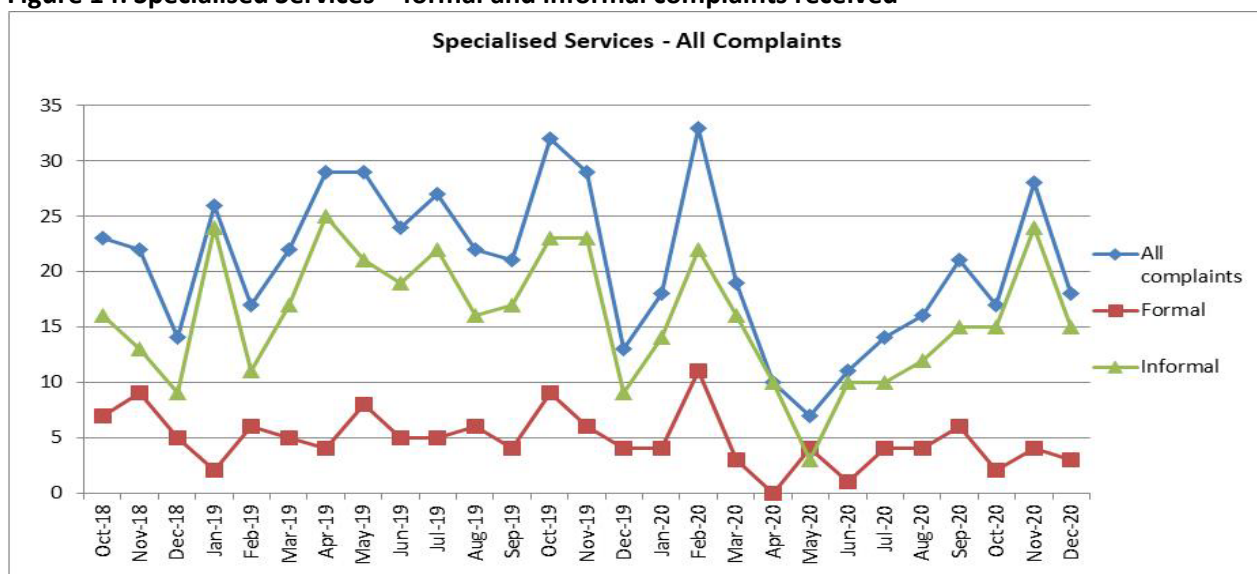


Figure 15: Complaints received by Bristol Heart Institute

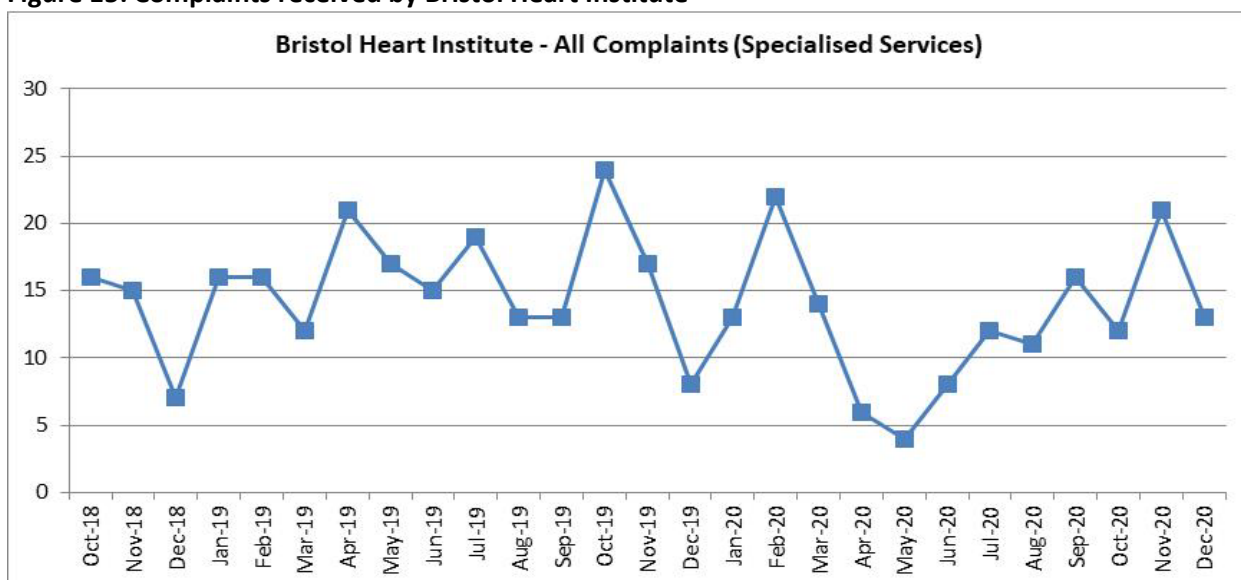
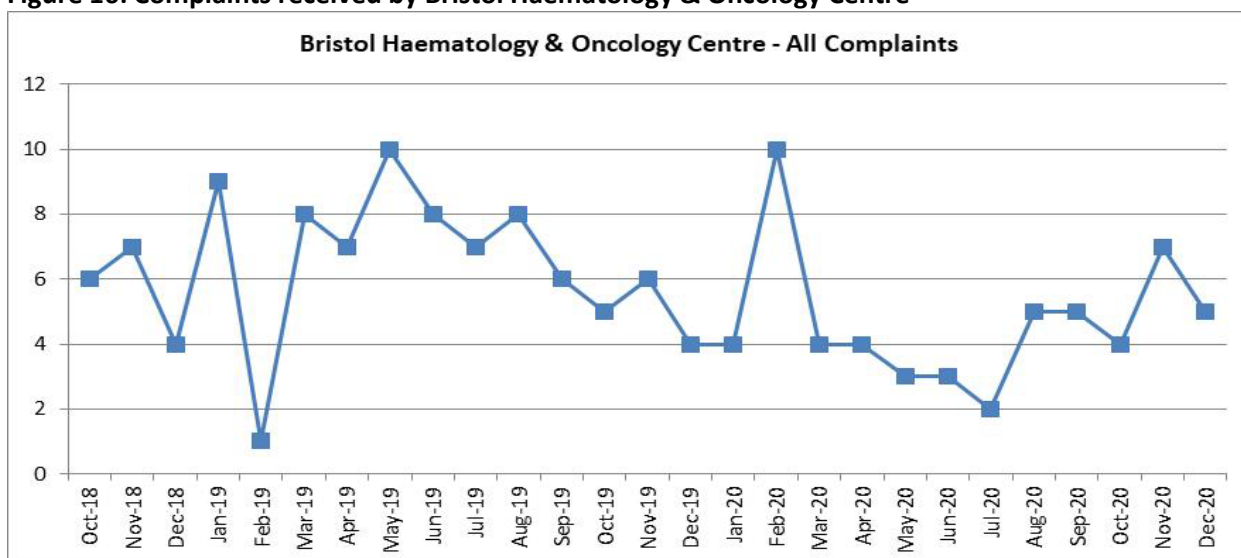


Figure 16: Complaints received by Bristol Haematology & Oncology Centre



3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division in Q3 was 76, compared with 91 in Q2. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 40 of the 76 complaints and 34 were received by St Michael's Hospital (StMH). In addition, there were two complaints for community midwifery services.

Of the 76 new complaints received in Q3, the Division managed 30 through the formal complaints process and 46 were investigated via the informal complaints process.

There was a significant reduction in the number of complaints received in respect of 'clinical care' and the largest increase was in complaints under the category of 'access', which were all in respect of visiting restrictions at StMH. There was also a significant reduction in complaints about cancelled/delayed appointments and operations, with only four reported in Q3, compared with 18 in Q2.

The Division achieved 94.4% (51/54) against its target for responding to formal complaints within the agreed timescale in Q3, a slight improvement on the 93.3% reported in Q2. However, none of the three breaches were attributable to the Division and they would have achieved 100% if it were not for delays in other parts of the process outside of their control. They achieved 100% (24/24) of target for informal responses within the agreed timescale, compared with 97.1% in Q2. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

Table 10: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2020/21 | Number and % of complaints received – Q2 2020/21 |
|----------------------------------|--|--|
| Clinical Care | 29 (38.3% of total complaints) ↓ | 43 (47.3% of total complaints) ↑ |
| Attitude & Communication | 15 (19.7%) ↓ | 18 (19.8%) ↑ |
| Access | 10 (13.2%) ↑ | 3 (3.3%) ↑ |
| Appointments & Admissions | 9 (11.8%) ↓ | 19 (20.8%) ↑ |
| Information & Support | 8 (10.5%) ↑ | 7 (7.7%) ↑ |
| Documentation | 2 (2.6%) ↑ | 1 (1.1%) = |
| Facilities & Environment | 2 (2.6%) ↑ | 0 (0%) = |
| Discharge/Transfer/ Transport | 1 (1.3%) ↑ | 0 ↓ |
| Total | 76 | 91 |

Table 11: Top sub-categories

| Category | Number of complaints received – Q3 2020/21 | Number of complaints received – Q2 2020/21 |
|---|--|--|
| Clinical Care (medical/surgical) | 14 ↓ | 21 ↑ |
| Cancelled or delayed appointment or operation | 4 ↓ | 18 ↑ |
| Clinical Care (nursing/midwifery) | 13 ↓ | 17 ↑ |
| Visiting | 10 ↑ | 9 ↑ |
| Communication with patient/relative | 9 ↑ | 7 ↑ |

Figure 17: Women & Children – formal and informal complaints received

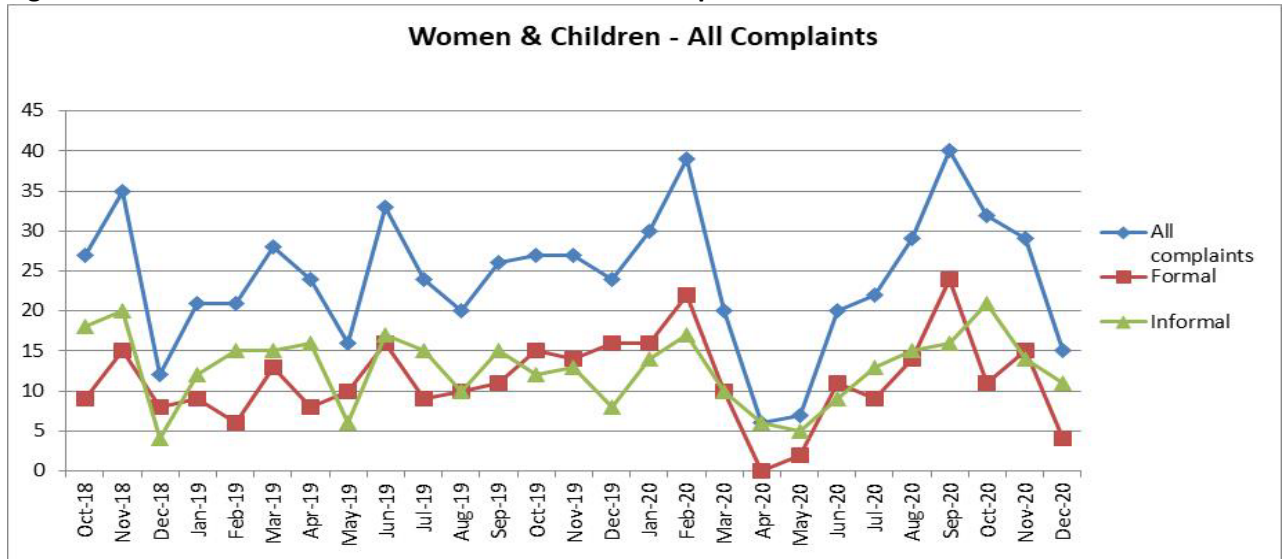


Figure 18: Complaints received by Bristol Royal Hospital for Children

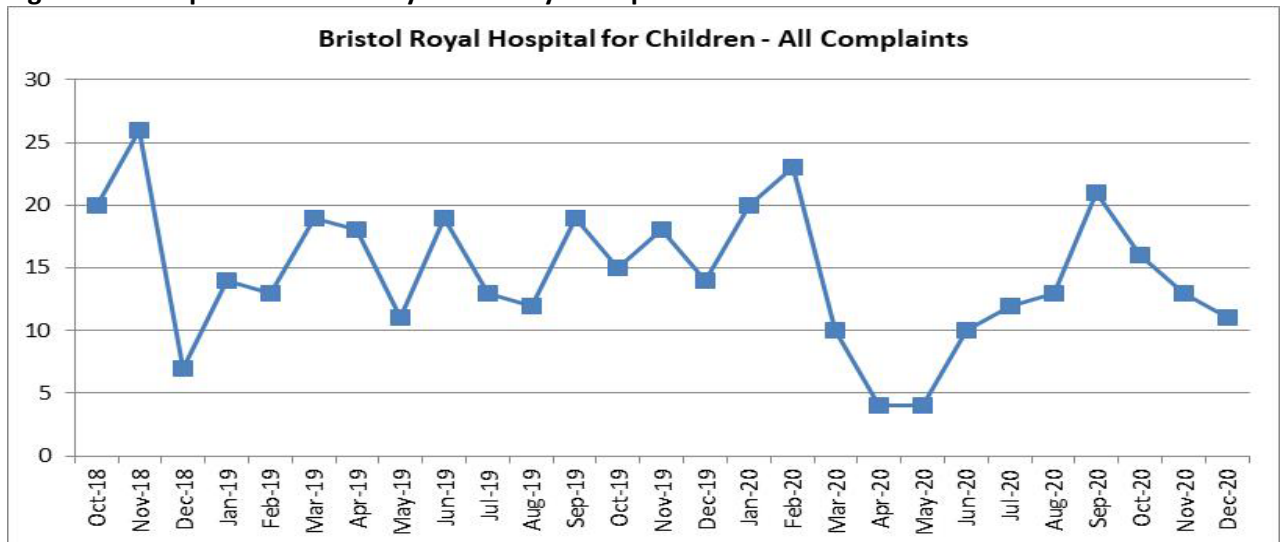
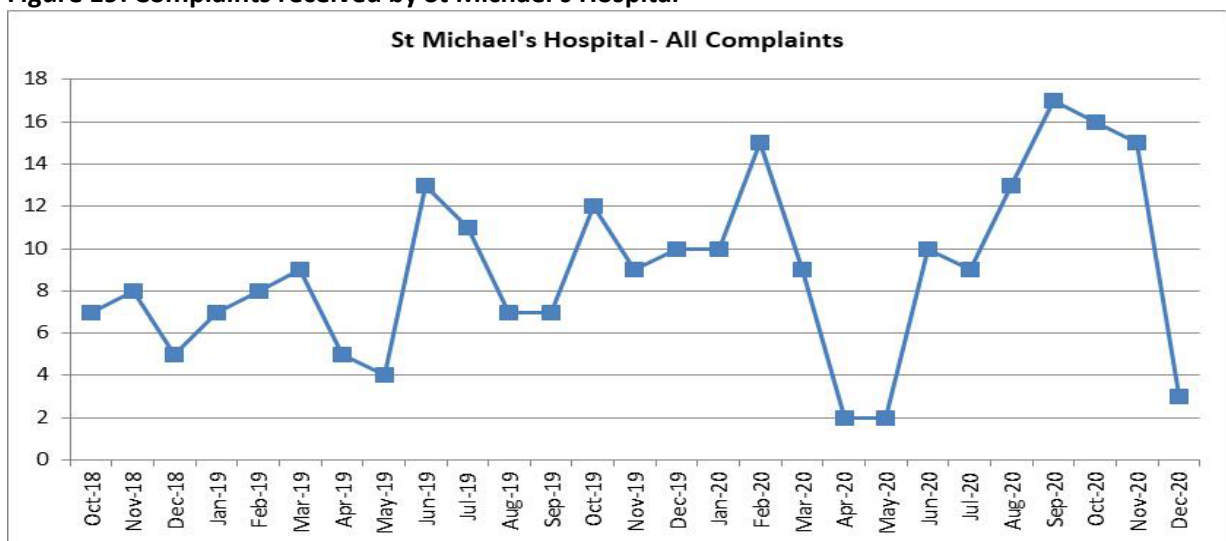


Figure 19: Complaints received by St Michael's Hospital



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies increased from 19 in Q2 to 23 in Q3.

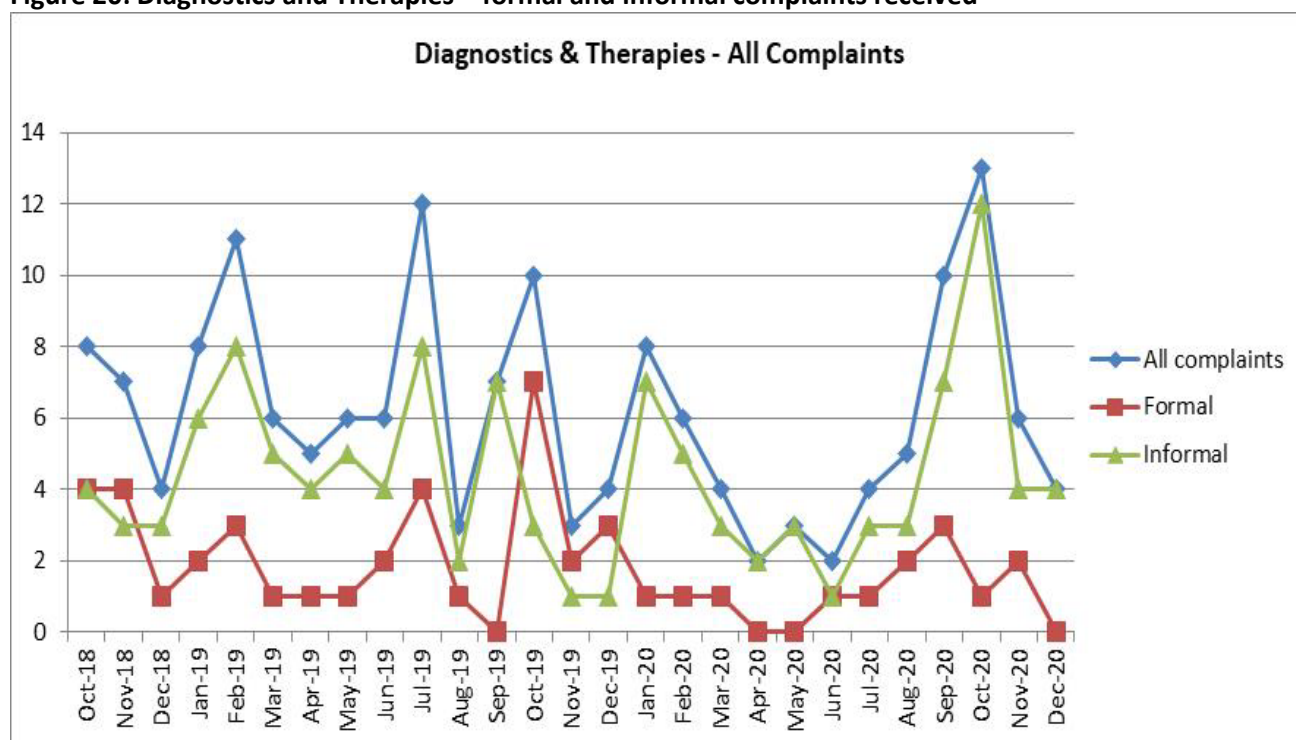
Numbers of complaints across all categories and sub-categories are very low, although the number of complaints about Radiology remained high at 56.5% of all complaints received (13/23). Three complaints were investigated via the formal complaints process, with the remaining 20 investigated through the informal process.

During Q3, the Division responded to five formal complaints, which were all sent to the complainant within the agreed timescale, meaning that the Division achieved 100% against its target for the third quarter in succession. They responded to 95% (19/20) of informal complaints within the agreed timescale, missing out on 100% for the third quarter in succession by just one case, but still meeting the overall target of 95%.

Table 12: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2020/21 | Number and % of complaints received – Q2 2020/21 |
|------------------------------|--|--|
| Attitude & Communication | 6 = | 6 ↑ |
| Clinical Care | 6 ↑ | 2 = |
| Information & Support | 5 ↑ | 3 = |
| Appointments & Admissions | 3 ↓ | 6 ↑ |
| Access | 1 = | 1 ↑ |
| Facilities & Environment | 1 ↑ | 0 = |
| Documentation | 1 ↑ | 0 = |
| Discharge/Transfer/Transport | 0 | 1 ↑ |
| Total | 23 | 19 |

Figure 20: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Weston

The Division of Weston received 64 new complaints in Q3, which is a significant reduction on the 103 complaints received in Q2. The most notable decrease was in complaints received about 'clinical care' and, in particular 'clinical care (medical/surgical)'.

Of these 64 complaints, 36 were managed through the formal complaints process and the remaining 28 via the informal process.

During the same period, the Division responded to 40 formal complaints, achieving 30% (12/40) of responses being sent to complainants within the agreed timescale, compared with 44.1% (15/34) in Q2 and 66.7% (4/6) in Q1. The Division achieved 86.7% in respect of informal responses being responded to on time (13/15), compared with 90.5% (19/21) in Q2 and 80% (4/5) in Q1. See section 3.3 Table 16 for details of where delays occurred.

More information about complaints for the Division of Weston will be included in future Quarterly Complaints Reports, as data is gathered, including identification of themes and trends.

Table 13: Complaints by category type

| Category Type | Number and % of complaints received – Q3 2020/21 | Number and % of complaints received – Q2 2020/21 |
|----------------------------------|--|--|
| Clinical Care | 28 (43.8% of total complaints) ↓ | 48 (46.6% of total complaints) ↑ |
| Attitude & Communication | 20 (31.3%) ↑ | 18 (17.5%) ↑ |
| Facilities & Environment | 5 (7.8%) ↓ | 15 (14.6%) ↑ |
| Discharge / Transfer / Transport | 4 (6.3%) ↓ | 6 (5.8%) ↑ |
| Appointments & Admissions | 3 (4.7%) ↓ | 15 (14.6%) ↑ |
| Information & Support | 2 (3.1%) ↓ | 6 (5.8%) ↑ |
| Documentation | 1 (1.5%) ↓ | 2 (1.9%) ↑ |
| Access | 1 (1.5%) ↑ | 0 = |
| Total | 64 | 103 |

Table 14: Top sub-categories

| Category | Number of complaints received – Q3 2020/21 | Number of complaints received – Q2 2020/21 |
|---|--|--|
| Clinical care (medical/surgical) | 20 ↓ | 32 ↑ |
| Communication with patient /relative | 8 = | 8 ↑ |
| Attitude of nursing/midwifery | 4 ↑ | 3 ↑ |
| Discharge arrangements | 3 ↓ | 6 ↑ |
| Clinical care (nursing/midwifery) | 3 ↓ | 6 ↑ |
| Lost personal property | 3 ↓ | 5 ↑ |
| Cancelled or delayed appointment or operation | 3 ↓ | 10 ↑ |

Figure 21: Division of Weston - formal and informal complaints received

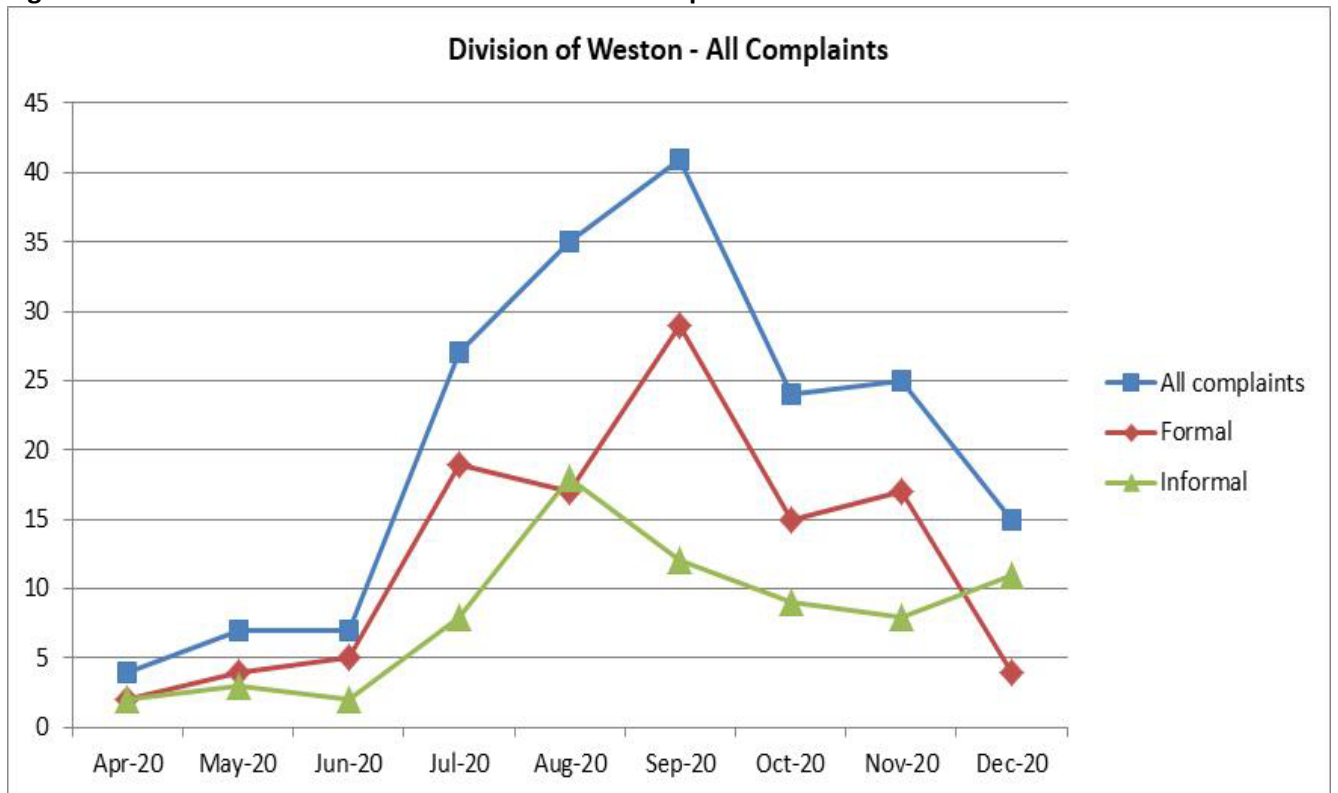
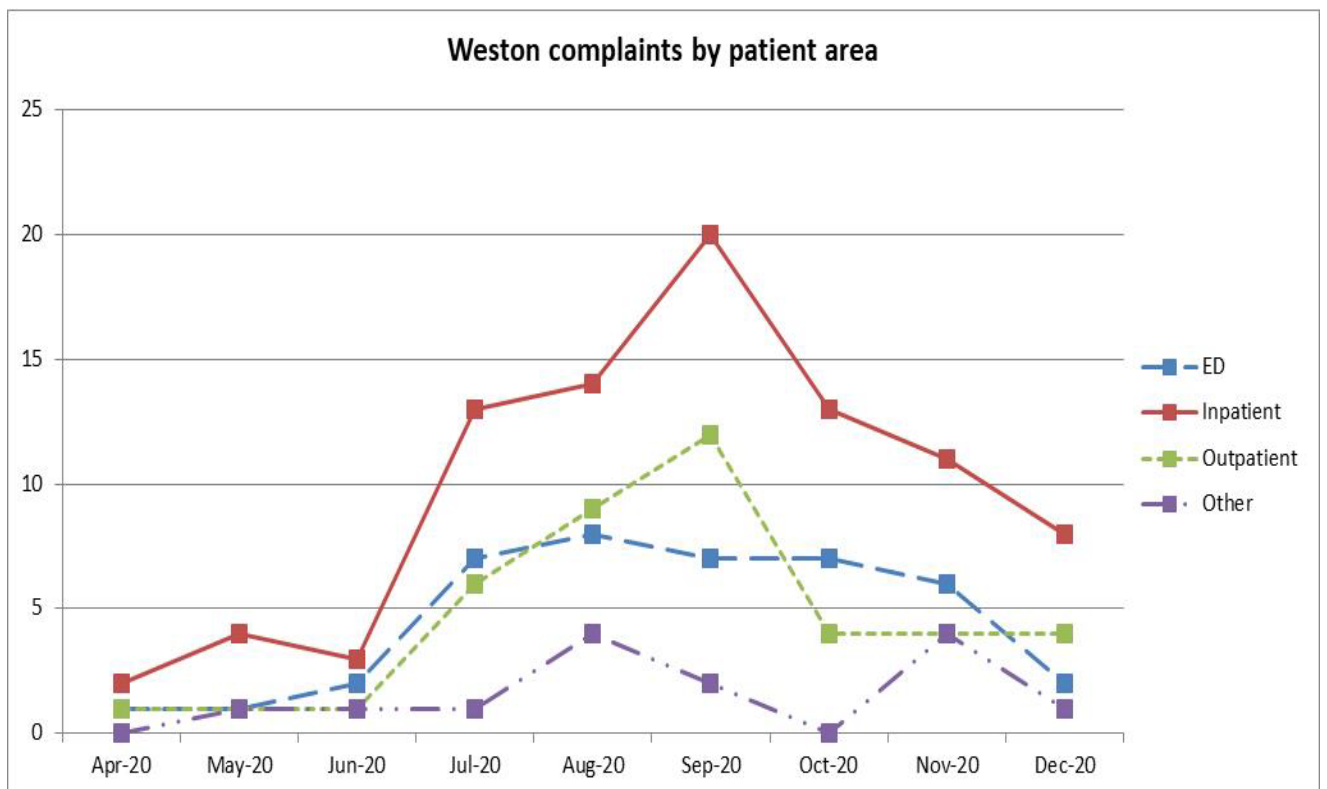


Figure 22: Division of Weston – complaints by patient area

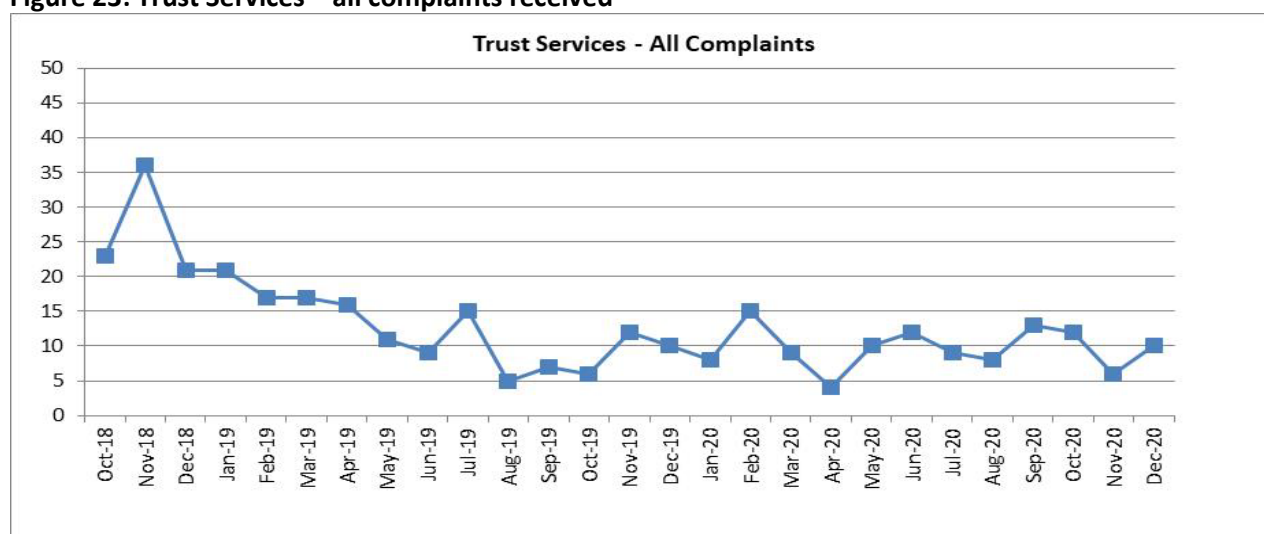


3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 28 complaints in Q3 of 2020/21, compared with 30 in Q2. Of the 28 complaints received in Q3, eight were about the attitude of contracted security staff (not Trust security officers), and seven were in respect of car parking issues. Of the 28 new complaints received, two were investigated via the formal complaints process, with the majority (26) being managed informally.

The Division achieved 71.4 (5/7) against its target for responding to formal complaints within the agreed timescale in Q3; a deterioration on the 85.7% achieved in Q2. Of the 20 complaints resolved by the Division informally in Q3, 80% (16) were resolved by the agreed timescale, the same percentage as reported in Q2. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

Figure 23: Trust Services – all complaints received



With effect from May 2020, Estates & Facilities complaints have been reported separately, as well as being included in the data produced for Trust Services. Figure 23 below shows all complaints received for Estates & Facilities – it should however be noted that these are also included in the overall Trust Services data reported above and are not *in addition* to these.

Figure 23: Estates & Facilities – all complaints received

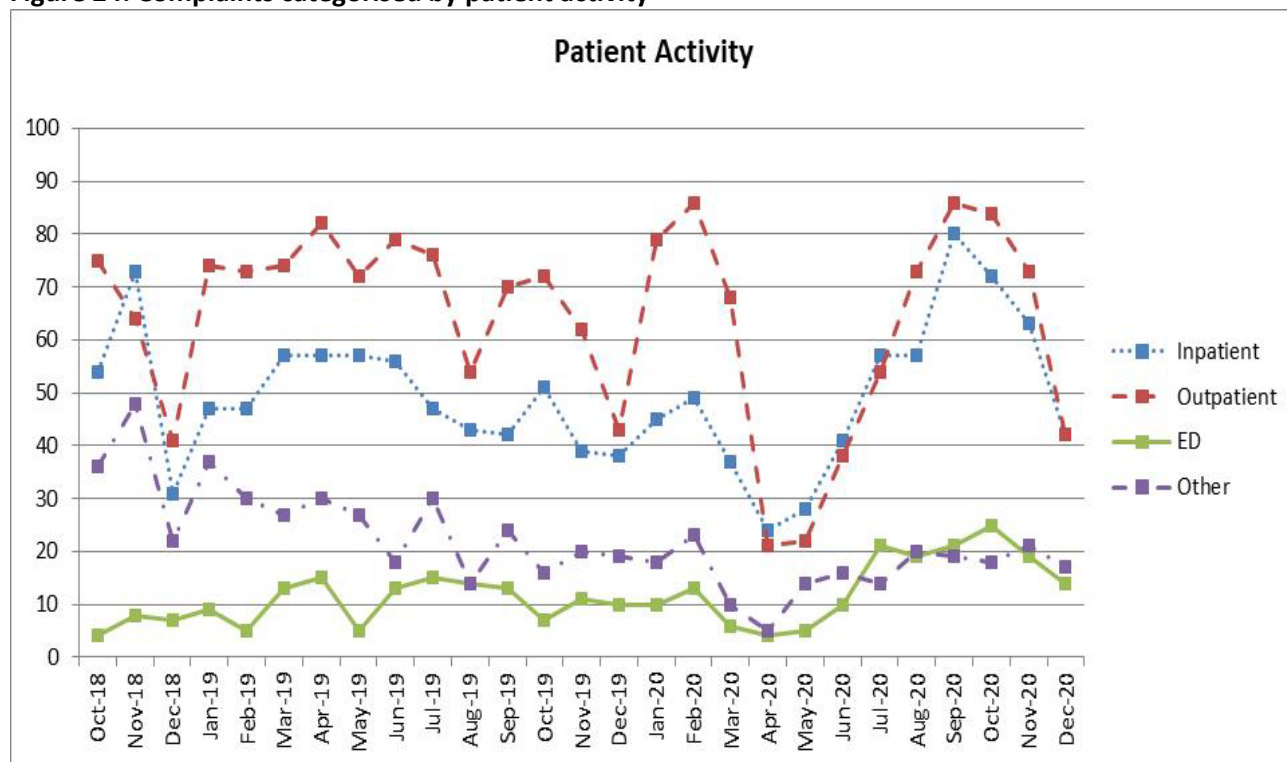


3.2 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 24 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, 40.6% (*41%) of complaints received were about outpatient services, 36.2% (37.2%) related to inpatient care, 11.8% (11.6%) were about emergency patients; and 11.4% (10.2%) were in the category of 'other' (as explained above). * Q2 percentages are shown in brackets for comparison.

Figure 24: Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

All divisions, with the exception of Diagnostics & Therapies, reported breaches of formal complaint deadlines in Q3, with a total of 60 breaches reported Trustwide. This is the highest number of breaches since this report commenced, surpassing the previous highest number of 45 breaches reported in Q2.

The Division of Weston reported 28 breaches of deadline, Medicine reported 20, Surgery had four, Women & Children and Specialised Services reported three each and Trust Services reported one breach. Please see Table 15 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q3, the Trust responded to 194 complaints via the formal complaints route and 73.4% (134) of these were responded to by the agreed deadline, against a target of 95%, compared with 73.4% in Q2 and 71.3% in Q1.

Table 15: Breakdown of breached deadlines – Formal

| Division | Q3 2020/21 | Q2 2020/21 | Q1 2020/21 | Q4 2019/20 |
|-------------------------|--------------------|--------------------|--------------------|--------------------|
| Weston | 28 (70%) | 19 (55.9%) | 2 (33.3%) | |
| Medicine | 20 (60.6%) | 14 (36.8%) | 5 (26.3%) | 14 (28%) |
| Surgery | 4 (9.8%) | 9 (23.1%) | 11 (33.3%) | 4 (6.7%) |
| Women & Children | 3 (5.6%) | 2 (6.5%) | 5 (20.8%) | 3 (5.4%) |
| Specialised Services | 3 (21.4%) | 0 (0%) | 3 (33.3%) | 6 (22.2%) |
| Trust Services | 2 (28.6%) | 1 (14.3%) | 1 (50%) | 4 (26.7%) |
| Diagnostics & Therapies | 0 (0%) | 0 (0%) | 0 (0%) | 1 (20%) |
| All | 60 breaches | 45 breaches | 27 breaches | 32 breaches |

(So, as an example, there were 28 breaches of timescale in the Division of Weston in Q3, which constituted 70% of the 40 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 (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 16 shows a breakdown of where the delays occurred in Q3. During this period, 54 breaches were attributable to the Divisions, three were caused by delays in the Patient Support & Complaints Team, two occurred during the Executive sign-off process and one was due to a delay in another Trust providing input for a response.

Table 16: Source of delay

| Breach attributable to | Surgery | Medicine | Specialised Services | Women & Children | Diagnostics & Therapies | Trust Services | Weston | All |
|------------------------|----------|-----------|----------------------|------------------|-------------------------|----------------|-----------|-----------|
| Division | 3 | 18 | 3 | 0 | 0 | 2 | 28 | 54 |
| PSCT | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 3 |
| Execs/sign-off | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| Other Trust | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| All | 4 | 20 | 3 | 3 | 0 | 2 | 28 | 60 |

3.3.1 Complaints responded to within agreed timescale for informal resolution process

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 240 complaints via the informal complaints route (compared with 219 in Q2) and 92.1% of these were responded to by the agreed deadline; a slight improvement on the 90% reported in Q2.

Table 17: Breakdown of breached deadlines - Informal

| Division | Q3 2020/21 | Q2 2020/21 | Q1 2020/21 | Q4 2019/20 |
|-------------------------|------------|------------|------------|------------|
| Trust Services | 4 (20%) | 3 (20%) | 2 (9.5%) | 1 (4.2%) |
| Specialised Services | 2 (5%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Surgery | 2 (2.9%) | 3 (4.2%) | 0 (0%) | 7 (8.9%) |
| Weston | 2 (13.3%) | 2 (6.1%) | 1 (20%) | |
| Diagnostics & Therapies | 1 (5%) | 0 (0%) | 0 (0%) | 1 (6.7%) |
| Medicine | 1 (11.1%) | 11 (22.9%) | 0 (0%) | 0 (0%) |
| Women & Children | 0 (0%) | 0 (0%) | 0 (0%) | 2 (6.3%) |
| All | | 19 | 3 | 11 |

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 taken by the Trust in response to complaints during Q3 2020/21.

- A patient who had a wonderful experience both before and during the birth of her baby at St Michael's Hospital, was very disappointed by her experience on the ward post-natally. She found the midwives on duty during the night to be uncaring and unsupportive, stating that they separated her from her baby against her wishes and failed to help her with breast-feeding. As a result of the complaint, all ward staff were reminded of the importance of carrying out 'comfort rounds' to ensure the wellbeing of new mothers. Laminated information cards have also been created for all new mothers admitted to the ward, which contain information about meal times, drug rounds, where to make hot drinks, etc. (Women & Children).
- As the result of a complaint made about a doctor not wearing his PPE mask properly (the patient had to keep asking him to put it over his nose when it kept slipping down), not only were clinicians reminded of the importance of wearing PPE correctly, but weekly walk-rounds have also been implemented to check clinician compliance with infection control protocol (Surgery).
- A number of actions were identified and actioned following a complaint from a patient's daughter following her mother-in-law's numerous admissions to Weston General Hospital. These actions included the implementation of a checklist to ensure patient allergies are recorded on their drug chart and the patient is wearing a red wristband; a change of process to ensure that contact with the patient's next of kin in respect of the discharge arrangements is clearly documented; and 'Focus of the Month' posters are clearly displayed to remind staff of the importance of the correct handling of patient data and information (Weston).

5. Patient Support & Complaints Team activity

5.1 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 346 enquiries were received in Q3, an increase of 28.6% on the 269 received in Q2. This figure includes 26 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, compared with 37 recorded in Q2. The number of concerns recorded decreased again Q3 as Weston had diverted callers to the PALS service to the corporate complaints team in Bristol so numerous cases that had previously been recorded as 'concerns' were recorded as informal (or occasionally formal) complaints.

The Patient Support and Complaints Team also recorded and acknowledged 106 compliments received during Q3 and shared these with the staff involved and their Divisional teams. This is a significant increase when compared with 50 compliments reported in Q2 and 31 in Q1.

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints Team recorded 126 enquiries that did not proceed, compared with 172 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 an increasingly high volume of activity, with a total of 1,068 separate enquiries in Q3. In addition, the Division of Weston directly recorded 26 concerns in Q3.

5.2 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, 284 complaints were received in writing (269 by email and 15 letters) and 199 were received verbally by telephone. Seven complaints were also received in Q3 via the Trust's 'real-time feedback' service. Of the 490 complaints received in Q3, 98.8% (484/490) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

5.3 PHSO (Ombudsman) cases

During Q3, the PHSO notified the Trust of its interest in six new complaints, for which copies of the complaint file and medical records have been sent to them.

Two cases were closed by the PHSO during Q3, one of which was recorded with an outcome of 'No Further Action' (this means that, based on their review of the Trust's complaint file and the patient's medical records, the Ombudsman decided not to carry out a full investigation) and the other was 'Not Upheld' following a full investigation.

There are currently 14 cases that are open with the PHSO whilst they decide whether or not to carry out a full investigation or for which a decision is awaited following their investigation.

5.4 Complaint Survey

The Patient Support & Complaints team sends a complaint survey to all complainants six weeks after their complaint is resolved and closed.

Data/feedback has not been included in the report again for this quarter, due to the very small number of completed surveys being returned, which would render the results inconclusive. The survey has however been extended into Weston Division with effect from 1st July 2020.