



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

# Complaints Report

**Quarter 4, 2020/2021**

(1 January 2021 to 31 March 2021)

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## Quarter 4 Executive summary and overview

|  | Q4    |   |
|--|-------|---|
| Total complaints received  | 426   | ↓ |
| Complaints acknowledged within set timescale                                     | 73.5% | ↓ |
| Complaints responded to within agreed timescale – formal investigation           | 72.5% | ↑ |
| Complaints responded to within agreed timescale – informal investigation         | 92.9% | ↑ |
| Proportion of complainants dissatisfied with our response (formal investigation) | 3.5%  | ↓ |

| Successes  | Priorities   |
|--|--|
| <ul style="list-style-type: none"> <li>In Q4, the Divisions of Women &amp; Children and Surgery continued to perform strongly in respect of meeting deadlines for complaint responses.</li> <li>The vast majority of complaints were dealt with informally, leading to quick resolution.</li> <li>Levels of dissatisfaction with formal complaints responses have been lower than (i.e. better than) the Trust's target for 13 out of the last 17 months</li> <li>Complaints about staff attitude and communication reduced for the second consecutive quarter.</li> <li>Complaints related to the contract security staff, employed by the Trust during the pandemic, have reduced in Q4.</li> <li>Complaints about Dermatology reduced significantly in Q4 (from 23 complaints down to only 7).</li> <li>New Complaints/PALS/Bereavement Coordinator successfully appointed for the Division of Weston.</li> </ul> | <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Urgent review of overdue complaints responses in Weston Division</li> </ul>   |
| Opportunities  | Risks & Threats  |
| <ul style="list-style-type: none"> <li>Opportunity for significant improvement in complaints performance in Weston Division following recruitment to roles in the new divisional complaints, PALS and bereavement team</li> </ul>  | <ul style="list-style-type: none"> <li>In Q4, the Trust's ability to conduct timely complaints investigations continued 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 a third of responses were sent out on time for the second consecutive quarter. The Division of Medicine also struggled with timely responses in Q4, with 64% of responses meeting the agreed deadline; however, this was a marked improvement on the 40% reported in Q3.</li> <li>The volume of complaints being received by the Trust post-merger, coupled with staff sickness 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 and a plan has been put in place to clear the backlog by the end of Q1 2021/22.</li> <li>Similarly, not all complaints were acknowledged in a timely way during Q4 – again, the recovery trajectory is for the end of Q1.</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.

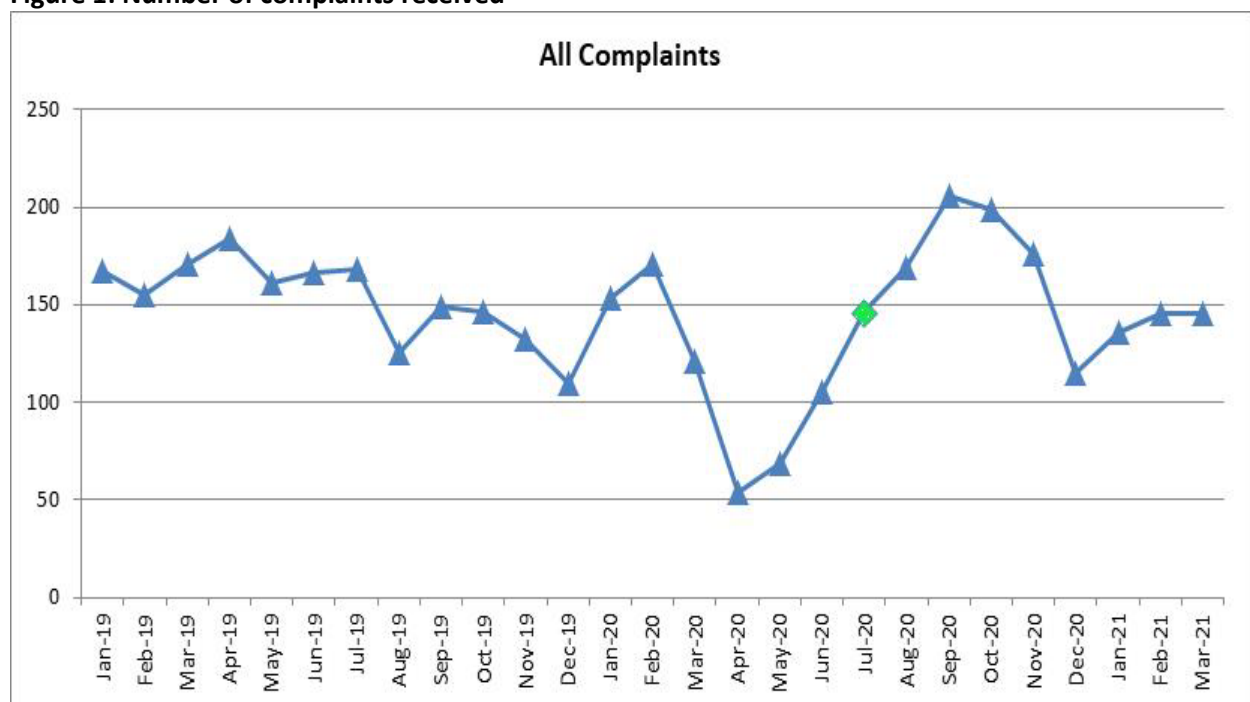
During Quarter 4 (Q3) of 2020/21, the Trust received 426 complaints, a reduction on the 490 received in Q3 and similar to the 444 received during the same period a year ago. The service has remained very busy, receiving 381 other enquiries in addition to the 426 complaints.

### 1.1 Total complaints received

The Trust received 426 complaints in Q4. 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.

In figures 1 to 5, the point at which Weston Area Health NHS 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**



<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: Numbers of formal v informal complaints**

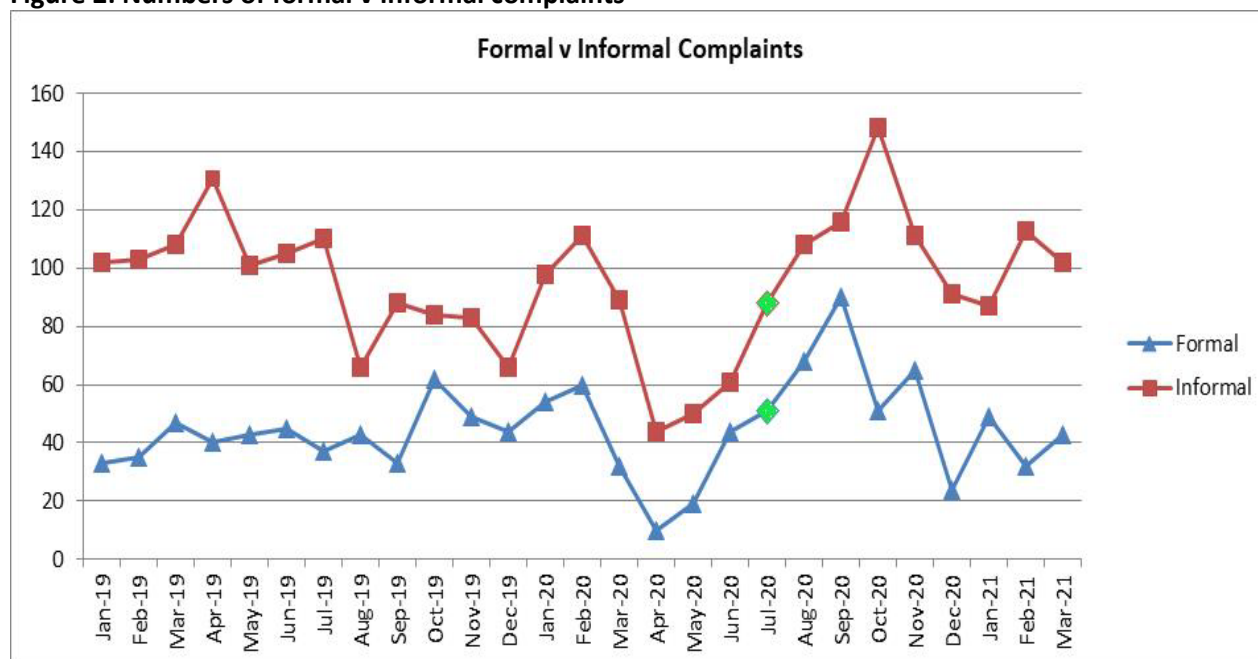


Figure 2 (above) shows complaints dealt with via the formal investigation process (124) compared with those dealt with via the informal investigation process (302), over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that these issues 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.

During Q4, divisions were given longer timescales for responding to complaints, in order to help mitigate the impact of the additional operational pressures on them due to the Covid-19 pandemic. With the exception of the Division of Women & Children (who adhered to the usual timescales), divisions were given 15 working days to respond to informal complaints and 45 working days for formal complaints.

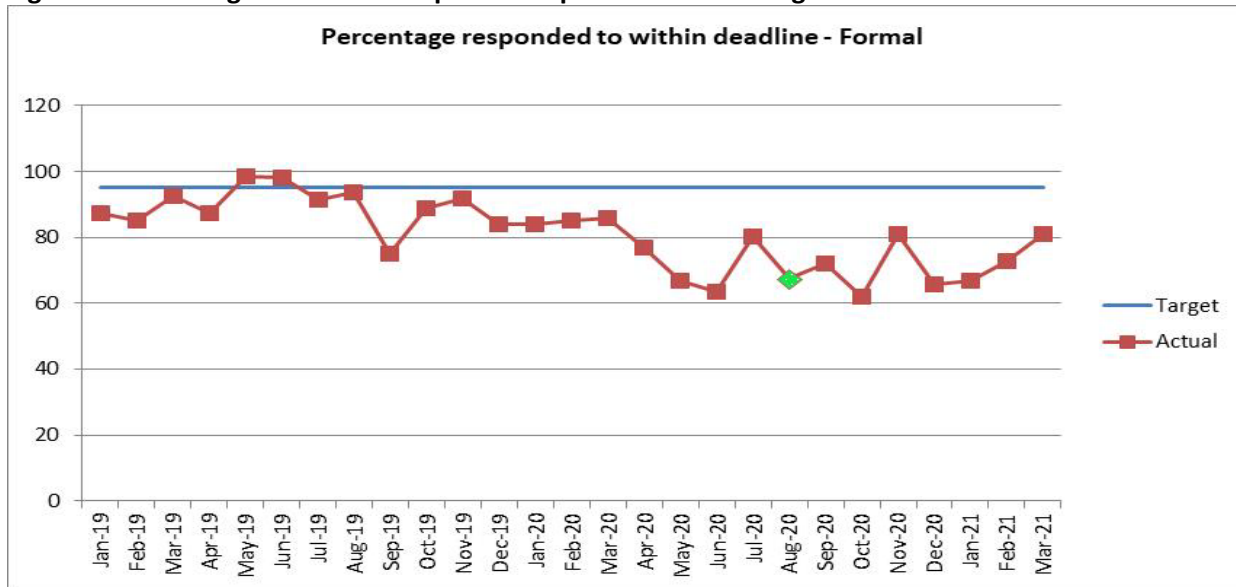
### 1.2.1 Formal Investigations

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 Q4 2020/21, 72.5% of responses were sent to complainants within the agreed timescale. This represents 40 breaches out of the 160 formal complaint responses which were sent out during the

quarter<sup>2</sup>. This is a slight improvement on the 69.1% reported in Q3, although still significantly below the Trust target of 95%.

Figure 3 shows the Trust’s performance in responding to complaints since January 2019. 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.

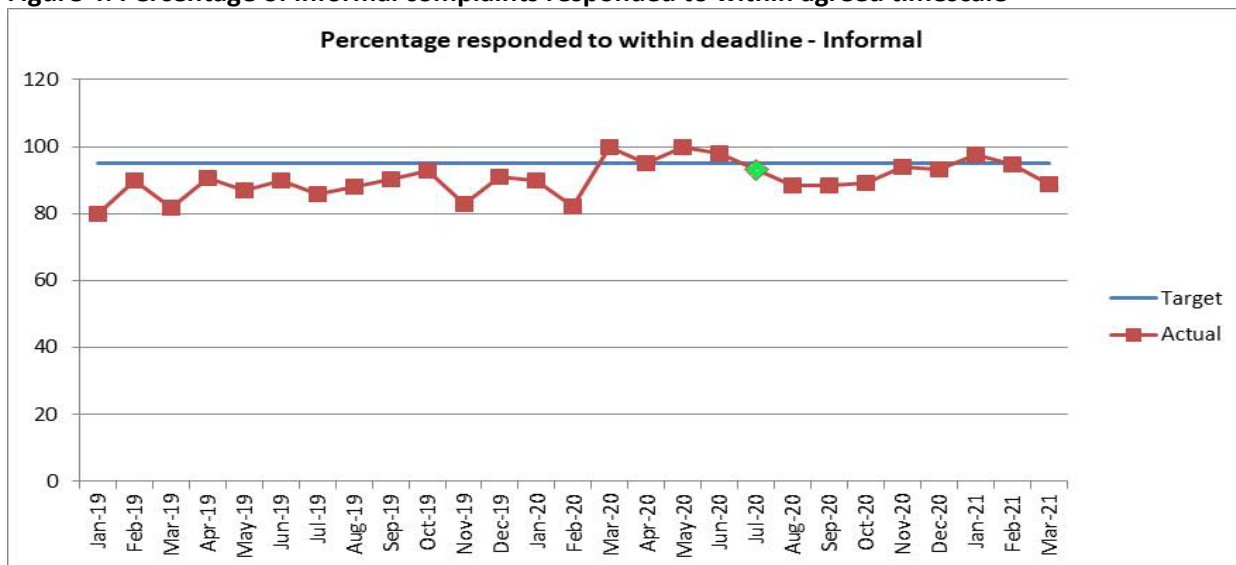
**Figure 3: Percentage of formal complaints responded to within agreed timescale**



### 1.2.2 Informal Investigations

In Q4 2020/21, the Trust received 302 complaints that were investigated via the informal process. During this period, the Trust responded to 140 complaints via the informal complaints route and 92.9% (130) of these were responded to by the agreed deadline, a marginal improvement on the 92.1% reported in Q3. Figure 4 (below) shows performance since January 2019, for comparison with formal complaints.

**Figure 4: Percentage of informal 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.

### 1.3 Dissatisfied complainants

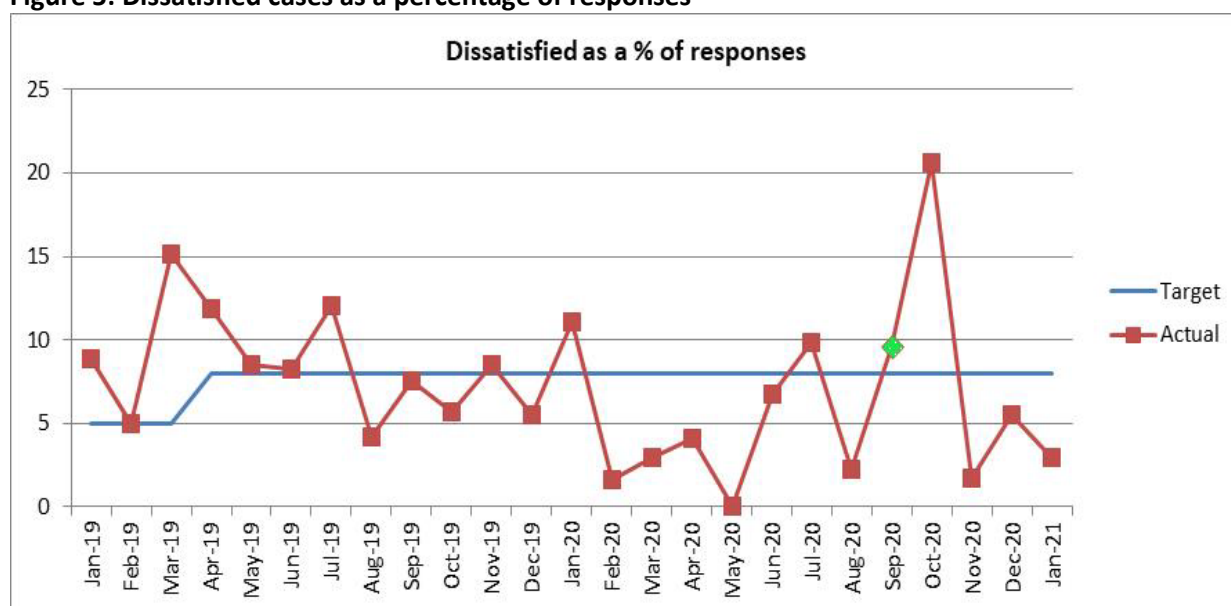
The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response.

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 Q4 2020/21, we are able to report dissatisfied data for November and December 2020 and January 2021. Of the 200 complainants who received a first response from the Trust during those months, seven have since contacted us to say they were dissatisfied. This represents 3.5% of the 200 first responses sent out during that period and compares favourably with the 11.5% reported in Q3.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since January 2019. 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.

**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 Q4 2020/21 compared with Q3.

Complaints decreased in the majority of categories in Q4, with the exception of 'Information & Support' and 'Facilities & Environment', which saw slight increases. The top three categories of 'clinical care', 'appointments and admissions' and 'attitude and communication' accounted for 73.7% (314/426) of all complaints received, as detailed in Table 1 below.

**Table 1: Complaints by category/theme**

| Category/Theme               | Number of complaints received in Q4 (2020/21) | Number of complaints received in Q3 (2020/21) |
|------------------------------|---|---|
| Clinical Care                | 122 (28.6% of total complaints) ↓             | 144 (29.4% of total complaints) ↓             |
| Attitude & Communication     | 113 (26.5%) ↓                                 | 134 (27.3%) ↑                                 |
| Appointments & Admissions    | 79 (18.5%) ↓                                  | 103 (21%) ↓                                   |
| Information & Support        | 45 (10.6%) ↑                                  | 32 (6.5%) ↓                                   |
| Facilities & Environment     | 33 (7.8%) ↑                                   | 31 (6.3%) ↓                                   |
| Discharge/Transfer/Transport | 17 (4%) =                                     | 17 (3.5%) ↓                                   |
| Documentation                | 11 (2.6%) ↓                                   | 14 (2.9%) ↑                                   |
| Access                       | 6 (1.4%) ↓                                    | 15 (3.1%) ↑                                   |
| <b>Total</b>                 | <b>426</b>                                    | <b>490</b>                                    |

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 79.6% of the complaints received in Q4 (339/426).

There are some significant increases in several sub-categories. Of particular note are the increases in complaints about lost personal (patient) property, incorrect entries in patient notes and medication errors. Where themes or trends have been identified in these areas, the appropriate divisions have been asked to comment in section 3 of this report. The largest percentage decrease was seen in complaints about 'clinical care (nursing/midwifery)'.

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

| Sub-category                                   | Number of complaints received in Q4 (2020/21) | Q3 (2020/21) | Q2 (2020/21) | Q1 (2020/21) |
|--|---|--------------|--------------|--------------|
| Cancelled/delayed appointments and operations  | 69 (10.4% decrease compared with Q3) ↓        | 77           | 93           | 31           |
| Clinical care (Medical/Surgical)               | 68 (8.1% decrease) ↓                          | 74           | 115          | 33           |
| Communication with patient/relative            | 42 (5% increase) ↑                            | 40           | 34           | 18           |
| Lost personal property                         | 21 (133.3% increase) ↑                        | 9            | 10           | 12           |
| Clinical care (Nursing/Midwifery)              | 20 (39.4% decrease) ↓                         | 33           | 29           | 12           |
| Attitude of medical staff                      | 16 (5.9% decrease) ↓                          | 17           | 17           | 7            |
| Discharge arrangements                         | 15 (25% increase) ↑                           | 12           | 19           | 10           |
| Failure to answer phones / failure to respond  | 15 (25% decrease) ↓                           | 20           | 14           | 6            |
| Attitude of Nursing/Midwifery                  | 14 (17.6% decrease) ↓                         | 17           | 17           | 12           |
| Clinical information request                   | 13 (62.5% increase) ↑                         | 8            | 7            | 3            |
| Infection control / infectious disease enquiry | 10 (42.9% increase) ↑                         | 7            | 13           | 7            |
| Information about patient                      | 10 (42.9% increase) ↑                         | 7            | 9            | 2            |
| Incorrect entry in notes                       | 9 (125% increase) ↑                           | 4            | 2            | 2            |
| Confidentiality                                | 9 (28.6% increase) ↑                          | 7            | 2            | 1            |
| Medication incorrect / not received            | 8 (100% increase) ↑                           | 4            | 3            | 2            |



Figures 6-9 (below) show the longer term pattern of complaints received since January 2019 for a number of the complaints categories and sub-categories reported in Tables 1 and 2.

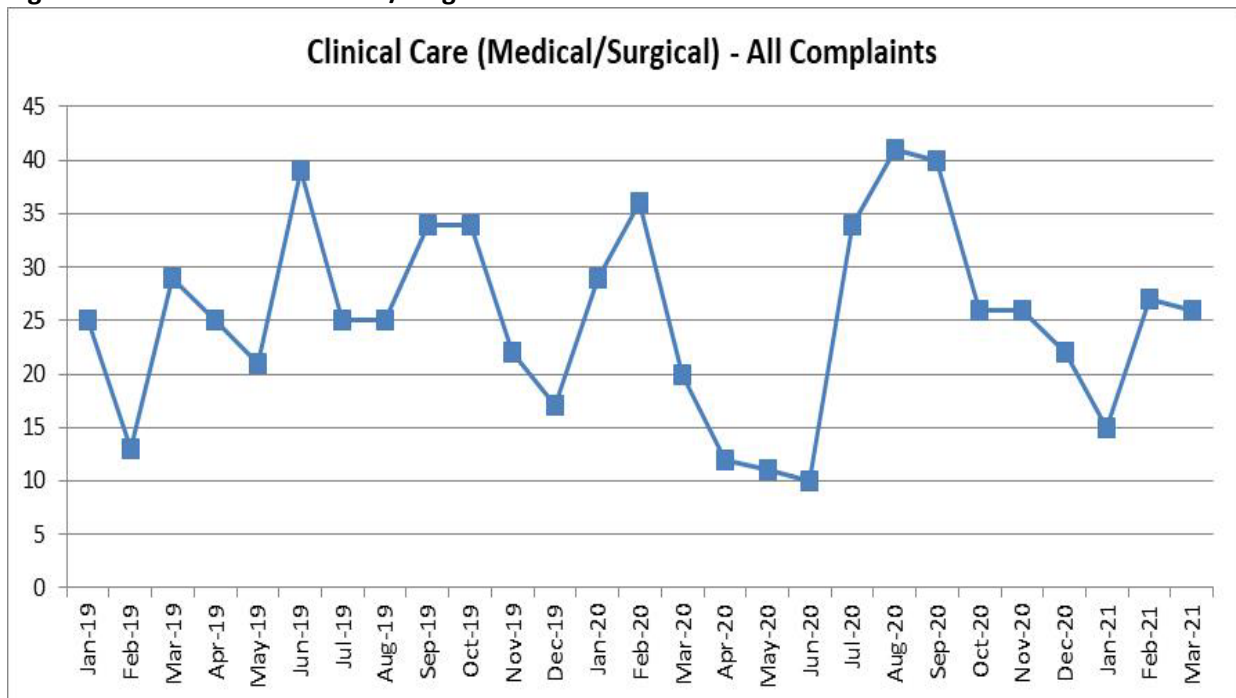
Figure 7 shows that complaints about ‘cancelled/delayed appointments and operations’ began to climb significantly from May 2020 and followed this trajectory until there was a significant reduction in the latter part of Q3.

Figures 8 and 9 show an 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 Trust’s Quality and Outcomes Committee, which prompted a detailed review by the Patient Support & Complaints Manager. This is being closely monitored and, whilst no particular trends or themes have been identified in respect of particular departments or services, complaints in this category are 48.7% higher than for the same period one year ago. The Division of Surgery has the highest percentage of ‘attitude and communication’ complaints overall, with 25.7% (29 of 113) of all complaints in this category. However, as a percentage of each division’s own complaints, Trust Services has the highest percentage in this category at 33.3% or seven of the 21 complaints they received. The number of complaints in this category was very similar across inpatient (47) and outpatient (42) services.

There was, however, a further 15.7% decrease Trustwide in complaints in this category in Q4 and this reduction was reflected across all divisions, with the exception of Women & Children, which saw a small increase.

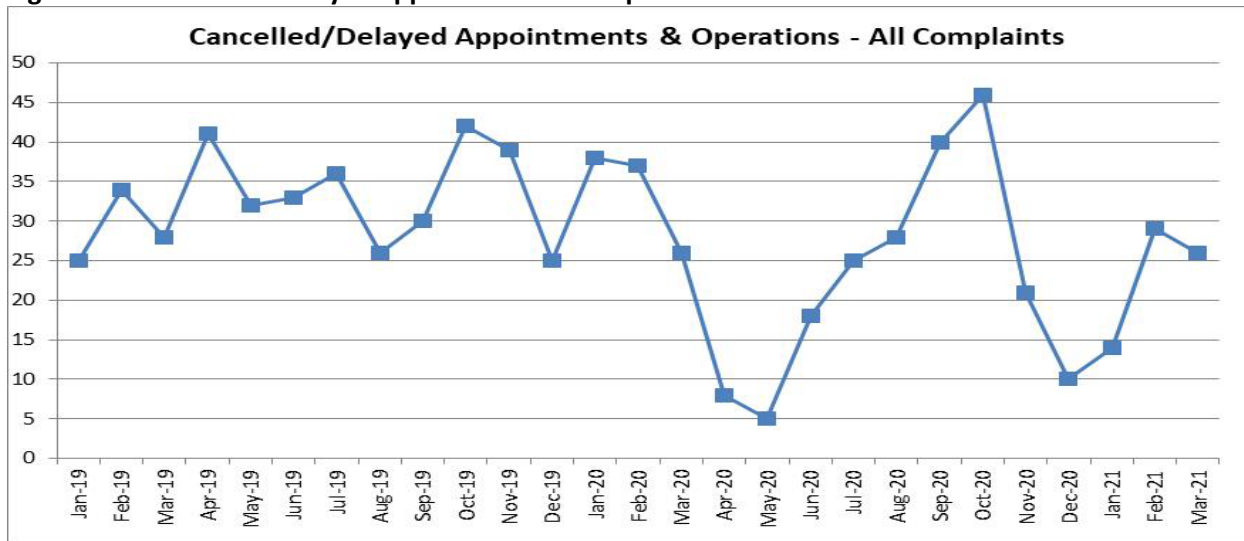
Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

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

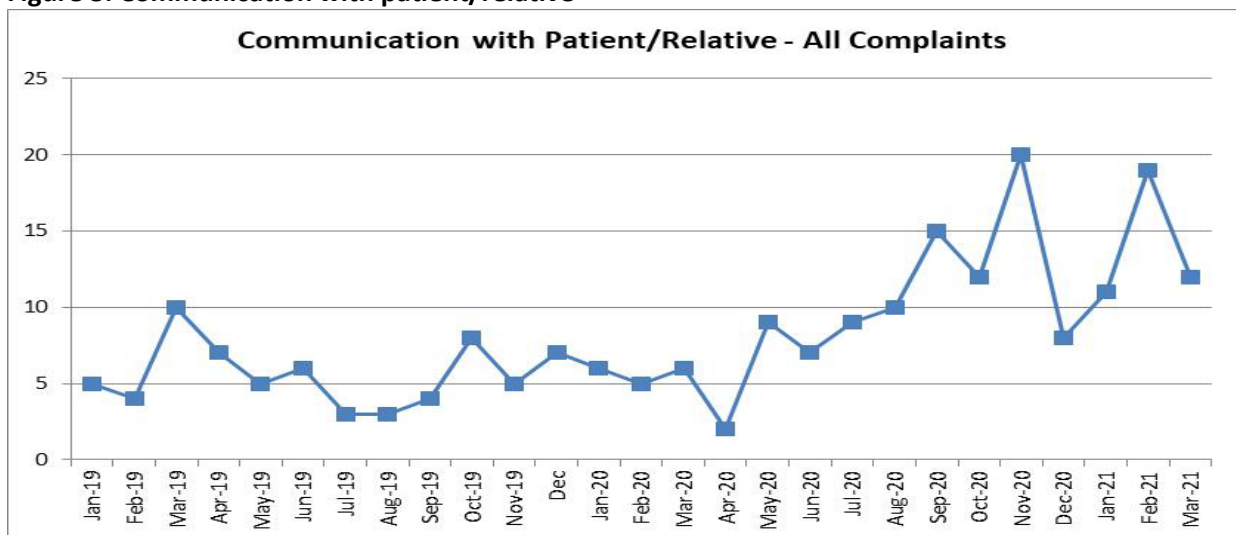




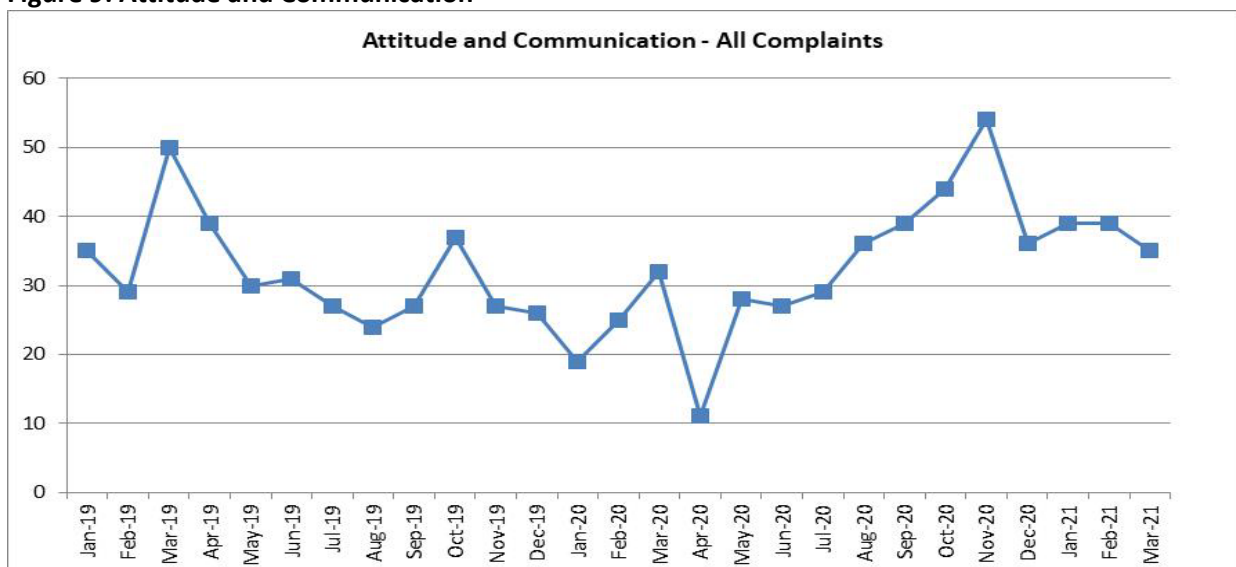
**Figure 7: Cancelled or delayed appointments and operations**



**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 Q4 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 (21 complaints) is not included in this table but is summarised in section 3.1.7 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>                           | <b>Weston</b>  |
|---|---|---|--|--|--|--|
| Total number of complaints received in Q4                   | 108 (121) ↓   | 103 (115) ↓   | 48 (63) ↓  | 73 (76) ↓  | 8 (23) ↓   | 65 (64) ↑  |
| Number of complaints about appointments and admissions      | 41 (49) ↓   | 7 (18) ↓  | 11 (21) ↓  | 8 (9) ↓  | 2 (3) ↓  | 10 (3) ↑   |
| Number of complaints about staff attitude and communication | 29 (32) ↓   | 27 (31) ↓   | 14 (19) ↓  | 17 (15) ↑  | 1 (6) ↓  | 18 (20) ↓  |
| Number of complaints about clinical care                    | 21 (29) ↓   | 30 (36) ↓   | 14 (16) ↓  | 38 (29) ↑  | 2 (6) ↓  | 20 (28) ↓  |
| Area where the most complaints have been received in Q4     | Bristol Eye Hospital (BEH) – 23 (32)<br>Bristol Dental Hospital (BDH) – 29 (32)<br>Queens Day Unit – 9 (6)<br>ENT – 8 (14)<br>Oral & MaxFax Surgery – 10 (12) | Emergency Department (BRI) (inc. A413 EMU) – 37 (39)<br>Dermatology – 7 (23)<br>Unity Sexual Health – 6<br>Ward A800 – 6 (0)<br>Ward A522 – 5 (2) | <b>BHI (all) – 35 (46)</b><br><b>BHOC (all) – 10 (16)</b><br>(plus two for Clinical Genetics and one for Clinical Trials Unit)<br><br>BHI Outpatients – 12 (31)<br>BHOC Outpatients – 6 (6)<br>Ward C708 – 5 (5) | <b>BRHC (all) – 42 (40)</b><br>Paediatric Neurology / Neurosurgical – 7 (3)<br>Children’s ED – 6 (2)<br>Carousel Outpatients – 4 (7)<br>Caterpillar Ward – 4 (1)<br><br><b>StMH (all) – 31 (34)</b><br>NICU – 7 (0)<br>Gynae Outpatients – 6 (4) | Radiology – 5 (13)   | Accident & Emergency – 18 (15)<br>Hutton Ward – 5 (3)<br>Kewstoke Ward – 5 (2)<br>Outpatients (Quantock) – 4 |
| Notable deteriorations compared with Q3                     | No notable deteriorations   | Ward A800 – 6 (0)   | No notable deteriorations  | NICU – 7 (0)<br>Paediatric Neurology / Neurosurgical – 7 (3)   | No notable deteriorations                                    | No notable deteriorations  |
| Notable improvements compared with Q3                       | ENT – 8 (14)<br>BEH – 23 (32)   | Dermatology – 7 (23)  | BHI Outpatients – 12 (31)  | No notable improvements  | Radiology – 5 (13)<br>Speech & Language Clinic Rooms – 0 (6) | Harptree Ward – 0 (4)<br>Steepleholme Ward – 0 (3)   |

### 3.1.1 Division of Surgery

The Division of Surgery received 108 new complaints in Q4; a small reduction on the 121 received in Q3. Of these 108 complaints, 47 were in respect of outpatient services and 42 were about inpatient services. The largest number of complaints received by the Division was again recorded under the category of ‘appointments and admissions’ (38%), with the majority (33 of 41) being about cancelled or delayed appointments and operations. There was a noticeable increase in complaints about ‘Information & Support’, which includes concerns raised about patient, hospital or clinical information not being provided in a timely manner. Complaints in this category increased from 4 in Q3 to 15 in Q4.

The Division achieved 96.8% against its target for responding to formal complaints within the agreed timescale in Q4, compared with 90.2% in Q3, and 97.1% for informal complaints, the same percentage that was reported in Q3. It should be noted that there was one breach of deadline for the division in respect of formal complaints and this was due to a delay in in the Patient Support and Complaints Team – if not for this, the Division would have achieved 100%. 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 – Q4 2020/21 | Number and % of complaints received – Q3 2020/21 |
|----------------------------------|--|--|
| Appointments & Admissions        | 41 (38% of total complaints) ↓                   | 49 (40.5% of total complaints) ↓                 |
| Attitude & Communication         | 29 (26.9%) ↓                                     | 32 (26.4%) ↑                                     |
| Clinical Care                    | 21 (19.4%) ↓                                     | 29 (24%) ↓                                       |
| Information & Support            | 15 (13.9%) ↑                                     | 4 (3.3%) ↑                                       |
| Discharge/Transfer/<br>Transport | 1 (0.9%) ↓                                       | 2 (1.7%) ↓                                       |
| Access                           | 1 (0.9%) ↓                                       | 2 (1.7%) ↑                                       |
| Documentation                    | 0 (0%) ↓   | 2 (1.7%) =                                       |
| Facilities & Environment         | 0 (0%) ↓   | 1 (0.7%) ↓                                       |
| <b>Total</b>                     | <b>108</b>                                       | <b>121</b>                                       |

**Table 5: Top sub-categories**

| Category   | Number of complaints received – Q4 2020/21 | Number of complaints received – Q3 2020/21 |
|--|--|--|
| Cancelled or delayed appointments and operations | 33 ↓                                       | 34 ↓                                       |
| Clinical/hospital/patient information            | 14 ↑                                       | 4 ↑  |
| Clinical care (medical/surgical)                 | 11 ↓                                       | 14 ↓                                       |
| Communication with patient/relative              | 7 =  | 7 ↑  |
| Failure to answer phone/<br>Failure to respond   | 6 ↓  | 7 ↑  |
| Appointment administration issues                | 6 ↓  | 11 ↑                                       |
| Attitude of medical staff                        | 5 ↓  | 7 ↑  |
| Clinical care (dental)                           | 5 =  | 5 =  |

**Table 6: Divisional response to concerns highlighted by Q4 data**

| <b>Concern</b>   | <b>Explanation</b>  | <b>Action</b>  |
|--|---|--|
| <p>The Division received 29 complaints about Bristol Dental Hospital (BDH) in Q4. This represents 26.9% of all complaints received by the Division. Of these 29 complaints, 15 were recorded under the category of 'appointments and admissions' and there were five each for 'attitude and communication' and 'clinical care'. Nine complaints were received for Child Dental Health (CDH).</p> | <p>A number of the complaints were in relation to patients who reported they had not received letters asking them to call us for an appointment to be made.</p> <p>CDH is not yet back to pre-Covid capacity, and there was further reduced capacity due to workforce challenges.</p>   | <p>This was investigated with the company who post letters for the Trust (Synertec) and no delays were reported. Some letters were sent via Royal Mail, who were experiencing delays, so the call back time was extended.</p> <p>Additional weekend clinics have been happening and a consultant returned from maternity leave late last year, resulting in more appointments being made available.</p>  |
| <p>A total of 23 complaints were received about Bristol Eye Hospital (BEH) in Q4. Of the 23 complaints received, 10 were about cancelled or delayed appointments/operations; six were in respect of 'attitude and communication' and four were about 'clinical care'.</p>  | <p>For a large part of Q3 and 4, BEH theatres were closed due to the second Covid wave and staff needed to be redeployed into ITU and wards on the main BRI site. Outpatient appointments were also reduced due to the need to redeploy staff and also due to Covid-related absences. Inevitably this led to cancelled or delayed care.</p> <p>It is possible that the stress that the workforce was under in Q4 has contributed to complaints relating to attitude, communication and clinical care.</p> | <p>Theatres and clinics have now been restored, although continue to be impacted by social distancing. Waiting List Initiatives are in place, which partly compensate for lost capacity. Work is underway to find a new location for the Diagnostic Hub (diagnostic testing centre). Transformation resource is in place to improve theatre efficiency, specifically focusing on cataracts, with the aim of increasing throughput.</p> <p>All complaints relating to communication, attitude and clinical care are discussed with the individuals concerned where they remain employed by UHBW. Individuals are asked to reflect on behaviour where appropriate, to prevent similar incidences. Training is offered where required and if it is available.</p> |
| <p>Nine complaints were received for the Queen's Day Unit in Q4, with eight being in respect of Endoscopy and one for the waiting list team.</p>   | <p>Extremely high volume of calls due to very high volume of patients on the waiting list, which has severely increased due to the pandemic.</p>  | <p>Increased administrative support has been provided, with two whole time equivalents appointed to the bookings team in March 2021. The management team regularly monitor the call handling in the bookings team and produce a monthly call handling report to ensure the appropriateness and timeliness of calls. Recruitment is also</p>  |

|  |  |  |
|--|--|--|
|  |  | <p>underway for one additional whole time equivalent to the endoscopy Pre-Assessment nursing team due to the increase in demand and pressures on the team.</p> <p>It will be reiterated to all staff that they ensure clear communications and actions to the patients if, for an unforeseen circumstance, the patients has had to be cancelled last minute.</p> <p>An in-patient bleep has been implemented, which takes out clinical calls to the phone line, freeing it up for the outpatient incoming calls.</p> |
|--|--|--|

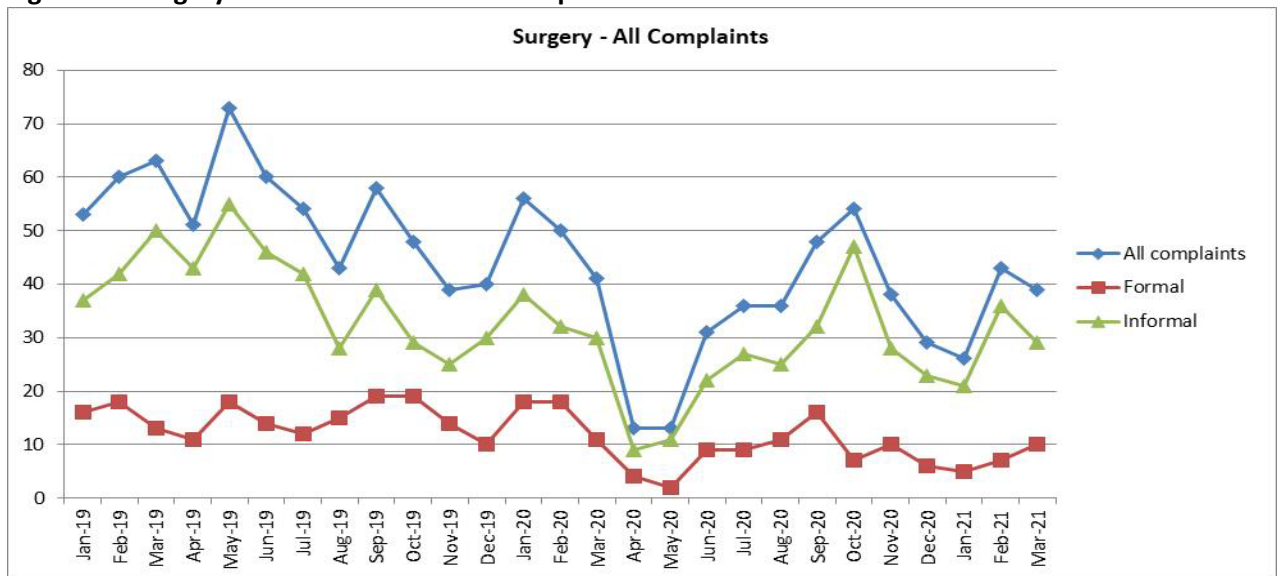
**Current divisional priorities for improving how complaints are handled and resolved:**

The Division has not identified any problems in the investigation journey of their complaints. They continue to manage all complaints in a timely way, ensuring patients’ concerns are addressed appropriately.

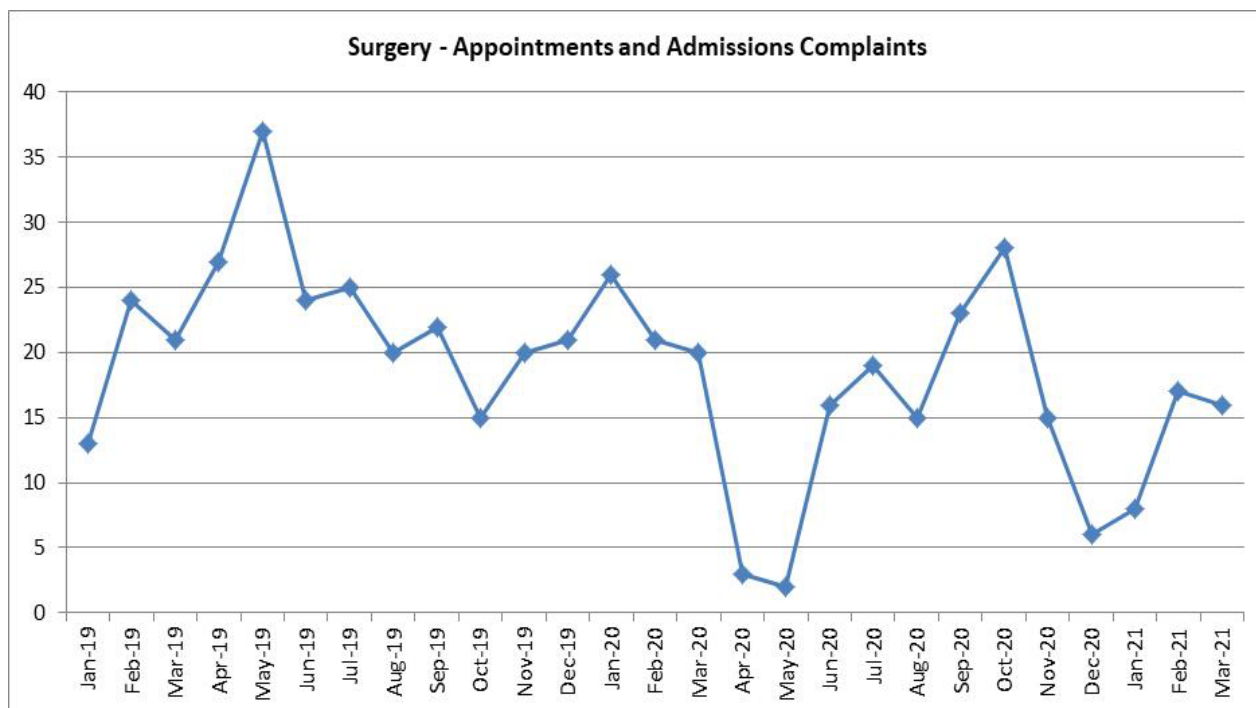
**Priority issues we are seeking to address based on learning from complaints.**

The Division proactively monitors any themes and trends identified as a result of complaints received. For example, a trend was identified in a previous report in respect of complaints received about Covid-19 measures in place to protect staff and patients in the ENT Outpatient Clinic. As a result of this, a number of steps were taken to ensure improved communication between staff and patients around face covering and social distancing in the waiting area was improved. This led to a notable reduction in complaints received by the service in Q4 and offers assurance that the Division manages complaints in a ways that enables trends to be identified and acted upon at an early stage.

**Figure 10: Surgery – formal and informal complaints received**



**Figure 11: Surgery – Appointments and admissions**



### 3.1.2 Division of Medicine

The Division of Medicine received 103 new complaints in Q4; a slight reduction on the 115 received in Q3. The largest number of complaints received by the Division was recorded under the category of 'clinical care' (29.1%), with more than half (16 of 30) being about 'clinical care (medical/surgical)'. There was a noticeable decrease in complaints about cancelled or delayed appointments/operations decreasing from 15 in Q3 to seven in Q4. Complaints about lost patient property increased to the highest number recorded since March 2016 when complaints were first recorded on Datix.

The Division achieved 64.3% against its target for responding to formal complaints within the agreed timescale in Q4, a significant improvement on 39.4% reported in Q3, although still below the 95% target. For informal complaints, the Division achieved 88.9% for responding within the agreed timescale; again an improvement compared with 84.9% in Q3. 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 – Q4 2020/21 | Number and % of complaints received – Q3 2020/21 |
|------------------------------|--|--|
| Clinical Care                | 30 (29.1% of total complaints) ↓                 | 36 (31.3% of total complaints) ↓                 |
| Attitude & Communication     | 27 (26.2%) ↓                                     | 31 (27%) ↑                                       |
| Information & Support        | 14 (13.6%) ↑                                     | 6 (5.2%) ↓                                       |
| Facilities & Environment     | 11 (10.7%) ↑                                     | 9 (7.8%) ↑                                       |
| Discharge/Transfer/Transport | 10 (9.7%) ↑                                      | 7 (6.1%) ↓                                       |
| Appointments & Admissions    | 7 (6.8%) ↓                                       | 18 (15.7%) ↑                                     |
| Documentation                | 4 (3.9%) ↓                                       | 7 (6.1%) ↑                                       |
| Access                       | 0 (0%) ↓   | 1 (0.8%) ↓                                       |
| <b>Total</b>                 | <b>103</b>                                       | <b>115</b>                                       |

**Table 8: Top sub-categories**

| Category   | Number of complaints received – Q4 2020/21 | Number of complaints received – Q3 2020/21 |
|--|--|--|
| Clinical care (medical/surgical)                 | 16 ↓                                       | 17 ↓                                       |
| Lost personal property                           | 9 ↑  | 5 ↑  |
| Communication with patient/relative              | 8 ↑  | 7 ↑  |
| Attitude of nursing staff                        | 8 ↑  | 7 ↑  |
| Discharge arrangements                           | 8 ↑  | 5 ↓  |
| Clinical care (nursing/midwifery)                | 7 ↓  | 13 ↑                                       |
| Cancelled or delayed appointments and operations | 7 ↓  | 15 ↑                                       |
| Infection Control / Infectious disease enquiry   | 5 ↑  | 2 =  |

**Table 9: Divisional response to concerns highlighted by Q4 data**

| Concern  | Explanation  | Action   |
|--|--|--|
| There has been a marked increase in the number of complaints received about lost patient property, with the majority for the Divisions of Medicine and Weston. In Q4, there were nine complaints about this issue for Medicine, five of which were about property lost in the BRI Emergency Department (ED). | Due to the increasing pressure in the ED and the fact that the department operates out of A300 and the old ED estate, patient property has been an issue and the speed in which patients are moved from ED to the wards is having an impact on this.   | The process of ensuring patient property remains with the patient is being reviewed and a LASER poster (Learning After Significant Event Recommendation) is being shared within the division to highlight the issue of lost and missing property.  |
| In Q4, there were 30 complaints with a primary category of 'clinical care'. Over half of these complaints (16) were for the BRI Emergency Department with the remainder spread across a variety of inpatient and outpatient settings.  | The ED is seeing increased numbers of patients, which is being described as the numbers of patients that would typically be seen in the winter. The team has also seen an increase in patients with mental health issues, which has been very challenging and the correct redirection of patients has resulted in an increase in complaints. | <p>Due to the increased number of patients being seen in the ED, and across the Division of Medicine, the Trust wellbeing team are working with all teams and providing support.</p> <p>The senior nursing team in the Division of Medicine (Matrons and Sisters) is being supported to undertake coaching and leadership courses to build resilience and enable reflection on what staff have been through during the pandemic.</p> <p>It is anticipated that these two measures to support staff wellbeing, will in turn help to reduce the number of complaints being received, particularly in the</p> |



|  |  |  |
|--|--|--|
|  |  | ED, by staff who are struggling to cope with the increased workload and pressures caused by the pandemic, which can understandably impact on the level of service they are able to offer our patients. |
|--|--|--|

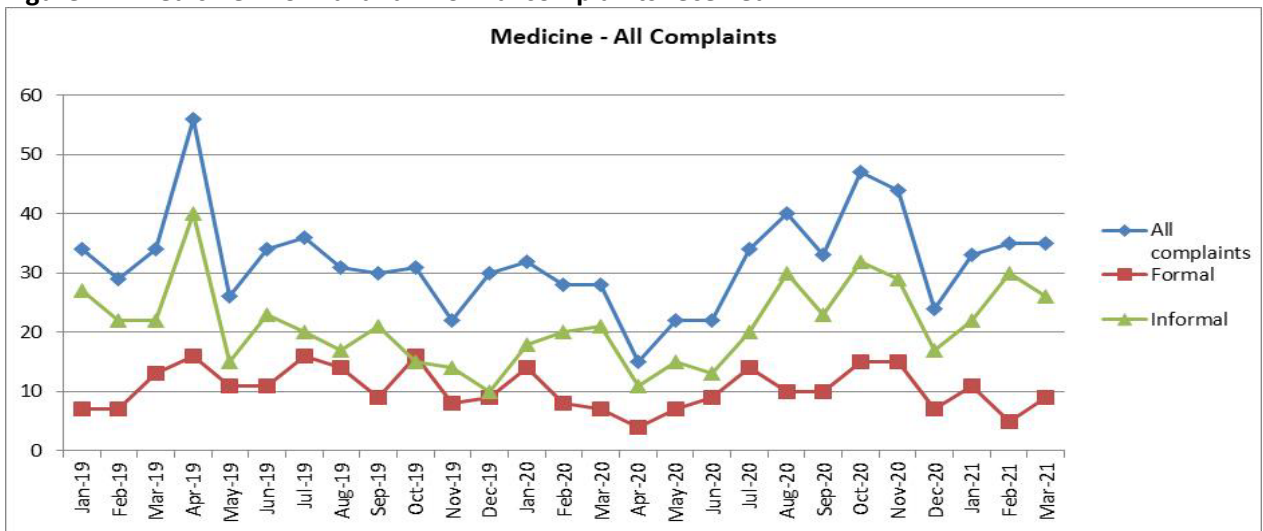
**Current divisional priorities for improving how complaints are handled and resolved:**

- The importance of ‘nipping issues in the bud’ has been shared with the teams.
- Responding to informal complaints is a priority in the division.

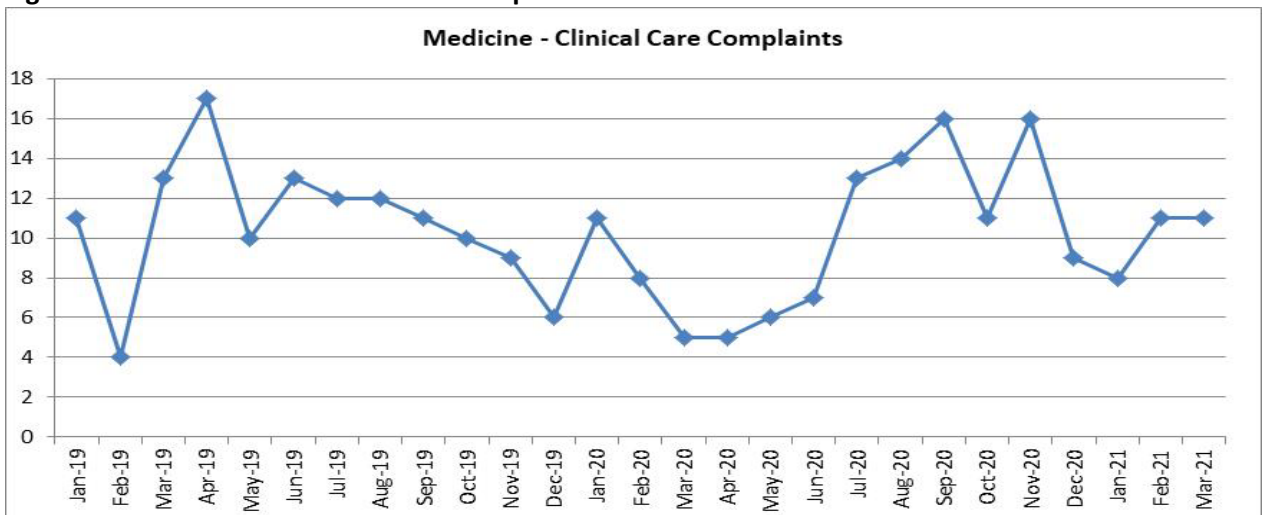
**Priority issues we are seeking to address based on learning from complaints.**

- The division is pulling together some customer service training for staff in the division.
- A LASER poster (Learning After Significant Event Recommendation) has been produced, to share with staff, about the loss of patient property.

**Figure 12: Medicine – formal and informal complaints received**



**Figure 13: Medicine – All clinical care complaints**



### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 48 new complaints in Q4; a decrease on the 63 received in Q3. Of these complaints, 35 were for the Bristol Heart Institute (BHI), compared with 46 in Q3; and 10 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 16 in Q3. In addition, there were two complaints for Clinical Genetics and one for the Clinical Trials Unit.

The largest number of complaints received by the Division was recorded under the category of 'attitude and communication' (29.2%), with the majority (8 of 14) being about communication with the patient/relative or between staff. There was a noticeable decrease in complaints about 'appointments and admissions', from 21 in Q3 to 11 in Q4. There was also a significant (61.3%) reduction in complaints received for BHI Outpatients, from 31 in Q3 to 12 in Q4.

The Division achieved 77.8% against its target for responding to formal complaints within the agreed timescale in Q4, compared with 78.6% in Q3, and 100% for informal complaints, compared with 95% in Q3. 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 – Q4 2020/21 | Number and % of complaints received – Q3 2020/21 |
|------------------------------|--|--|
| Attitude & Communication     | 14 (29.2% of total complaints) ↓                 | 19 (30.2%) ↑                                     |
| Appointments & Admissions    | 11 (22.9%) ↓                                     | 21 (33.3%) ↑                                     |
| Clinical Care                | 11 (22.9%) ↓                                     | 16 (25.4%) ↑                                     |
| Information & Support        | 4 (8.3%) ↑                                       | 2 (3.2%) ↓                                       |
| Discharge/Transfer/Transport | 4 (8.3%) ↑                                       | 2 (3.2%) =                                       |
| Documentation                | 3 (6.3%) ↑                                       | 1 (1.5%) =                                       |
| Facilities & Environment     | 1 (2.1%) ↓                                       | 2 (3.2%) ↓                                       |
| Access                       | 0 (0%) =   | 0 (0%) ↓   |
| <b>Total</b>                 | <b>48</b>  | <b>63</b>  |

**Table 11: Top sub-categories**

| Category   | Number of complaints received – Q4 2020/21 | Number of complaints received – Q3 2020/21 |
|--|--|--|
| Cancelled or delayed appointments and operations | 11 ↓                                       | 17 ↑                                       |
| Clinical care (medical/surgical)                 | 8 ↓  | 9 ↓  |
| Failure to answer phone/<br>Failure to respond   | 4 ↓  | 6 =  |
| Communication with patient/relative              | 7 =  | 7 ↑  |
| Discharge arrangements                           | 4 ↑  | 1 ↓  |

**Table 12: Divisional response to concerns highlighted by Q4 data**

| Concern   | Explanation  | Action   |
|---|--|--|
| <p>The Division received 12 complaints for the Outpatient Department at the BHI. This represents a quarter of all complaints received.</p> <p>Complaints were recorded under a number of categories, including ‘appointments and admissions’, ‘attitude and communication’ and ‘documentation’.</p>   | <p>Whilst there were no consistent themes emerging, the complaints received were as follows:</p> <p>Three complaints related to chasing MRI and heart monitor results; two relate to chasing new medication and sharing of information with GPs; two were about clinic letters sent out with inaccuracies (both letters sent by same Registrar); and there was one complaint each about - a member of staff requiring guidance on their return to work, a patient who had been discharged from the service but had requested a review, a patient chasing a telephone appointment which had not gone ahead, and one complainant was chasing paperwork to be sent to the DVLA, which is undertaken by consultants as part of their private work.</p> | <p>Investigations into each complaint showed that delayed results had been sent to the patients’ GPs and letters were resent to GPs where appropriate.</p> <p>The registrar who sent inaccurate letters has discussed with their Medical Supervisor and plan put in place going forward to check that all records and all letters are accurate.</p> <p>Appointments were made or rescheduled as necessary and a reminder was sent to the consultant who needed to complete the DVLA paperwork.</p> |
| <p>Complaints received about the BHOC Outpatients Department, whilst not high in terms of numbers (6), they do represent 60% of all complaints received by BHOC. The complaints are recorded under a variety of categories, including communication with patient/relative and appointment issues.</p> | <p>The complaints made have been investigated and no themes or trends were identified. The complaints included the misdiagnosis of the spread of metastatic cancer; concerns about brachytherapy treatment; and delayed results for an MRI scan.</p>   | <p>No themes were identified but all complaints have been thoroughly investigated and action taken as appropriate. Two of the six complaints did not proceed to investigation due to patient consent not being returned.</p>   |

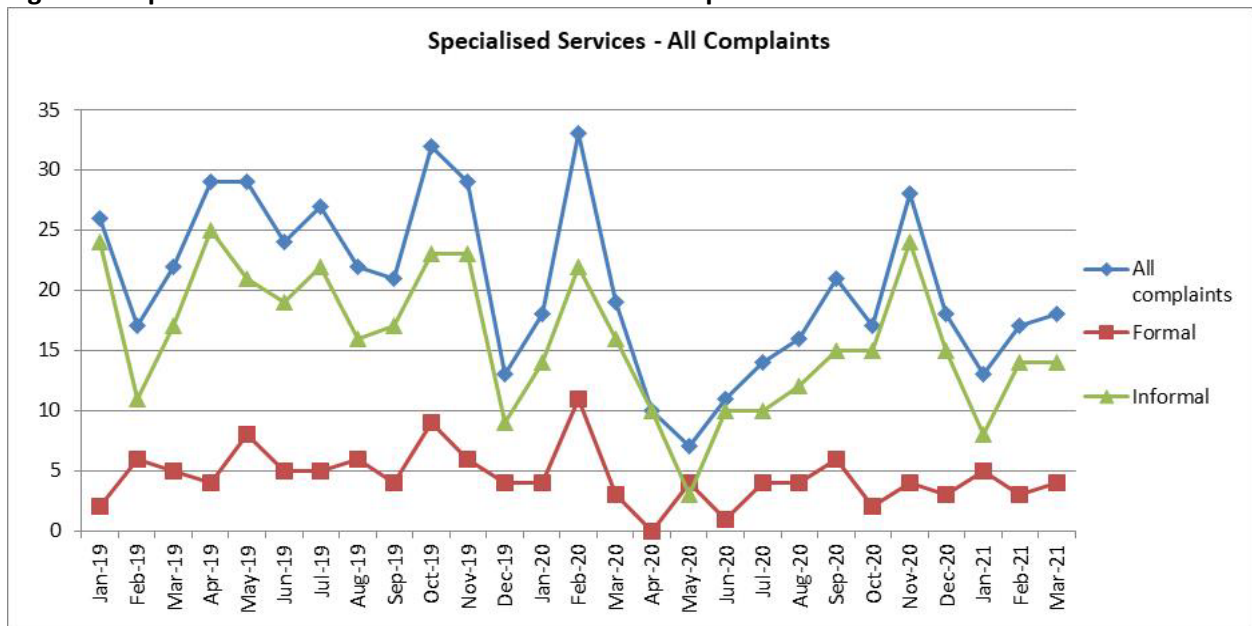
**Current divisional priorities for improving how complaints are handled and resolved:**

Issues through Q4 and into Q1 relate to staff movement/leavers leaving gaps in the Specialised Services Management Team, particularly with the BHOC team and BHI matron team. This has resulted in an impact on ability to investigate and respond in timely fashion. All vacancies have been recruited to and once in post, the Division should improve on its ability to investigate and respond in timely fashion.

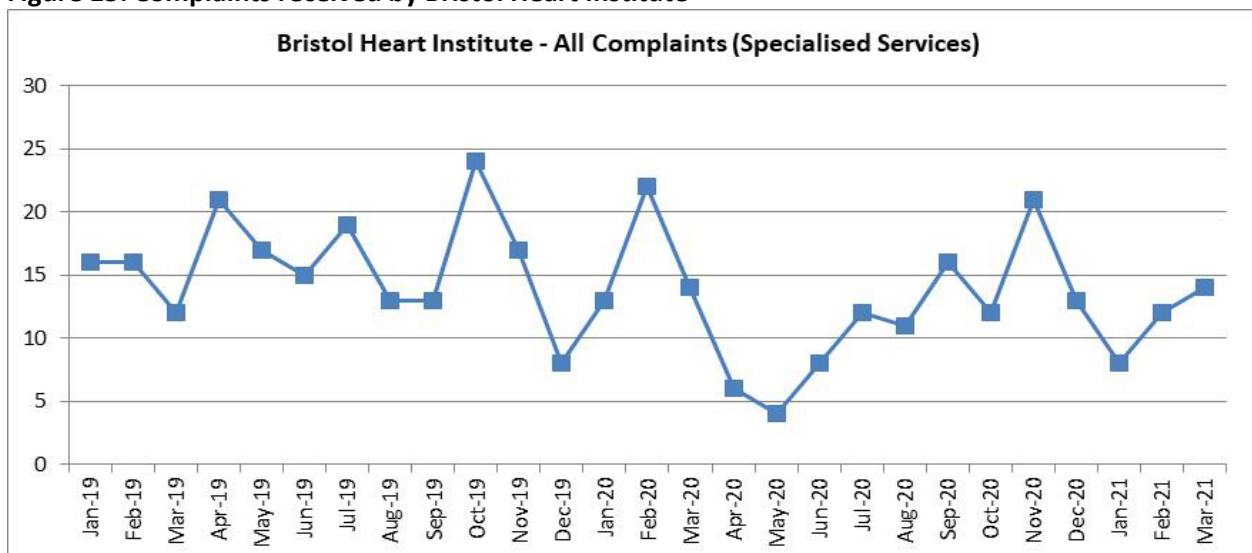
**Priority issues we are seeking to address based on learning from complaints.**

- Accuracy of clinic letters and documentation – reminder to be added to Divisional Patient Safety/Patient Experience newsletter.
- Details of Kallidus online training for ‘Handling Complaints with Confidence’ to be added to newsletter.
- Communication with families and patients on wards to be included in Ward Safety Briefs and newsletter.
- Improvement to be made to discharge process from ward; including discharge summaries, and communication with family.

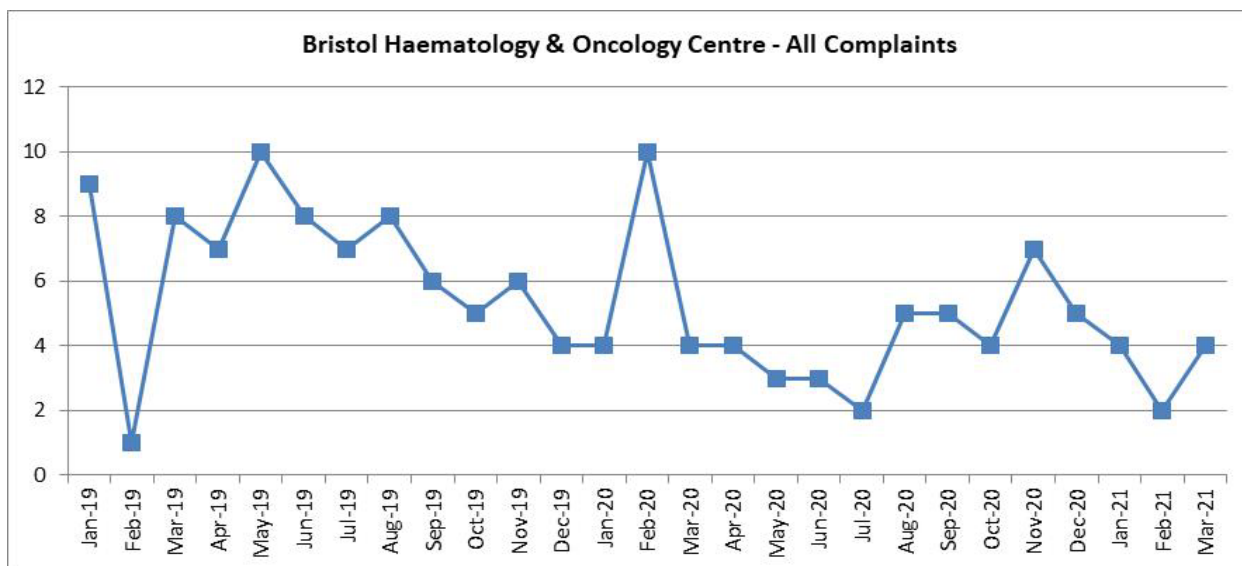
**Figure 14: Specialised Services – formal and informal complaints received**



**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 Division of Women & Children received 73 new complaints in Q4; a similar number to the 76 received in Q3. Of these complaints, 42 were for Bristol Royal Hospital for Children (BRHC), compared with 40 in Q3; and 31 were for St Michael's Hospital (StMH), compared with 34 in Q3.

Complaints recorded under the primary category of 'clinical care' accounted for more than half of all complaints received by the Division in Q4 (38 of 73). Numbers of complaints in all other categories remained similar to the previous quarter. There was a 70% reduction in complaints received about visiting restrictions, following an increase in these complaints due to restrictions imposed by Covid-19 national guidance.

The Division achieved 92.5% against its target for responding to formal complaints within the agreed timescale in Q4, compared with 94.4% in Q3, and 100% for informal complaints for the second consecutive quarter. It should be noted that none of the three breaches of deadline in respect of formal complaints were due to complaints by the division. 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 – Q4 2020/21 | Number and % of complaints received – Q3 2020/21 |
|----------------------------------|--|--|
| Clinical Care                    | 38 (52.1% of total complaints) ↑                 | 29 (38.2%) ↓                                     |
| Attitude & Communication         | 17 (23.3%) ↑                                     | 15 (19.7%) ↓                                     |
| Appointments & Admissions        | 8 (11%) ↓  | 9 (11.8%) ↓                                      |
| Access                           | 4 (5.5%) ↓                                       | 10 (13.2%) ↑                                     |
| Documentation                    | 4 (5.5%) ↑                                       | 2 (2.6%) ↑                                       |
| Information & Support            | 2 (2.6%) ↓                                       | 8 (10.5%) ↑                                      |
| Discharge/Transfer/<br>Transport | 0 (0%) ↓   | 1 (1.3%) ↑                                       |
| Facilities & Environment         | 0 (0%) ↓   | 2 (2.6%) ↑                                       |
| <b>Total</b>                     | <b>73</b>  | <b>76</b>  |

**Table 14: Top sub-categories**

| Category   | Number of complaints received – Q4 2020/21 | Number of complaints received – Q3 2020/21 |
|--|--|--|
| Clinical care (medical/surgical)                 | 21 ↑                                       | 14 ↓                                       |
| Clinical care (nursing/midwifery)                | 9 ↓  | 13 ↓                                       |
| Cancelled or delayed appointments and operations | 7 ↑  | 5 ↓  |
| Communication with patient/relative              | 5 ↓  | 9 ↑  |
| Attitude of nursing staff                        | 4 ↑  | 2 =  |
| Attitude of medical staff                        | 4 ↑  | 1 ↓  |
| Incorrect entry in notes                         | 4 ↑  | 0 =  |
| Visiting hours/restrictions                      | 3 ↓  | 10 ↑                                       |

**Table 15: Divisional response to concerns highlighted by Q4 data**

| Concern   | Explanation   | Action  |
|---|---|---|
| <p><b>BRHC</b><br/>23 of the 38 'clinical care' complaints received by the division were for BRHC. These accounted for over half of all complaints they received. The majority of these (17) were recorded under 'clinical care (medical/surgical)'. Of those 17 complaints, four were for the Children's Emergency Department; there were three each for Paediatric Gastroenterology and Paediatric Neurology; and two for Starlight Ward.</p> | <p><b>BRHC</b><br/>During Q4 the Division does recognise that the number of complaints received has escalated, and clinical care has become the predominant reason for this. The Division has been unable to identify a specific reason for this, and there is no specific theme that can be seen, for which action can be taken.</p> | <p><b>BRHC</b><br/>Whilst it has not been possible to identify an all-encompassing action to address the complaints made about clinical care, the Division is actively monitoring the complaints received, to ensure trends are not being overlooked. Individual actions are taken where appropriate, including arranging appointments when this has not been forthcoming, having direct telephone calls between the clinician and complainant to ensure clear explanations are provided and reflective discussions so that individuals can learn from the feedback received.</p> |
| <p><b>StMH</b><br/>St Michael's received 15 complaints about 'clinical care', representing almost half of all complaints received by the hospital in Q4. Seven of these were about 'clinical care (nursing/midwifery)' and four were for 'clinical care (medical/surgical)'.</p>  | <p><b>StMH</b><br/>No themes have been identified in these complaints. The patients dealt with are often complex and this can lead to high levels of anxiety in patients, due to the nature of the service.</p>   | <p><b>StMH</b><br/>All complaints have been reviewed and medicines and pain relief guidelines have been reiterated to all midwifery staff.</p> <p>The clinic letter in respect of the complaints for Reproductive Medicine has been reviewed with the staff involved.</p>   |



|   |   |  |
|---|---|--|
| <p><b>BRHC</b><br/>Seven complaints were received for Paediatric Neurology/Neurosurgical, compared with three in Q3. Four of these complaints were about 'clinical care (medical/surgical)'; two were in respect of a lack of a follow-up appointment; and one was about communication.</p> <p><b>StMH</b><br/>Nine complaints were received about 'attitude and communication'. There were three complaints each for 'attitude of medical staff', 'attitude of nursing/midwifery' and 'communication with patient/relative'.</p> | <p><b>BRHC</b><br/>The neurology/neurosurgical teams treat some very complex patients, many of whom are also under the care of other specialties, or require input from other specialties. Where this is the case, there can sometimes be delays in follow up appointments due to input needed from elsewhere, which is not always clearly communicated to families.</p> <p><b>StMH</b><br/>Again, no themes have been identified and patients are unhappy with care at times from all disciplines.</p> | <p><b>BRHC</b><br/>The specific cases for which complaints were received, have been addressed on an individual level and appointments were arranged as appropriate. Explanations were also provided accordingly. The General Manager for Neurosciences and Cardiac is aware of the increase in complaints within this specialty and is closely monitoring this, alongside the Divisional Complaints Coordinator so that any trends can be identified and acted upon.</p> <p><b>StMH</b><br/>Complaints are always discussed with the staff involved and staff are urged to write their reflections. The Patient Safety Group has written guidelines for Venefor infusion as a result of a complaint. The Trust's Head of Midwifery is cross-city working with the Head of Midwifery in North Bristol to improve communication.</p> |
| <p><b>BRHC</b><br/>There was a spike in the number of complaints received by the hospital at the end of the quarter, with the highest monthly total since February 2020.</p> <p>Of the 22 complaints received in March 2021, five complaints were received for Paediatric Neurology/Neurosurgery; three for the Children's Emergency Department; and two each for Paediatric Cardiology, Paediatric Orthopaedics and Starlight Ward (E700).</p>   | <p><b>BRHC</b><br/>The spike at the end of March cannot be definitely explained but may be partially impacted by the slow lifting of Covid-19 restrictions and therefore an increase in patient/parent expectations. That said, from the complaints made, there were genuine concerns raised and there were times when the patient experience fell below the standard expected.</p>   | <p><b>BRHC</b><br/>The BRHC continues to monitor the feedback received and takes action where possible, to help prevent the same difficulties from reoccurring. Where this is applicable across the hospital, it is shared more widely. The teams and General Managers also continue to observe for trends and themes, and will take appropriate action as soon as these become apparent, to prevent the issue from escalating.</p>  |

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



## BRHC

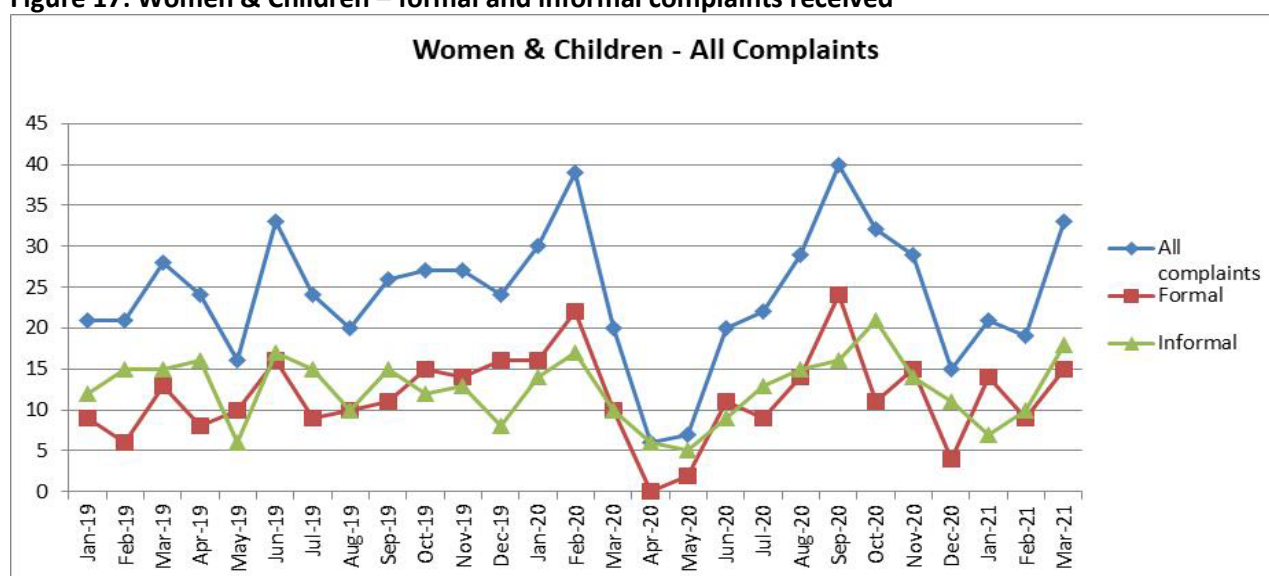
The BRHC has a robust policy for handling and resolving complaints, and actions are taken as necessary to address the concerns that are raised. Our priority is to continue to provide the best service and care we can to our patients and their families by fully investigating and responding to the feedback we receive in a constructive manner, whilst recognising that, despite the best efforts of those involved, inevitably there will be occasions when we don't get it right.

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

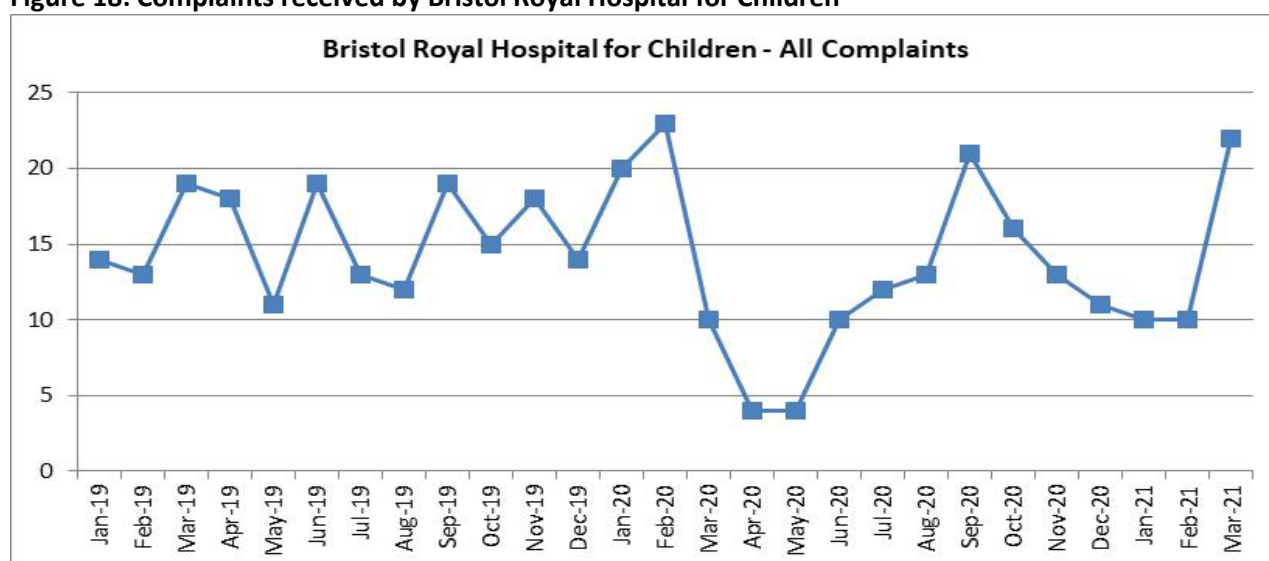
## BRHC

- Monitoring the increase in the number of complaints received as a whole, to identify if this is a blip or is indicative of a wider problem.
- Particularly monitor the feedback received for the Children's Emergency Department and Neurology/Neurosciences and address any trends identified.

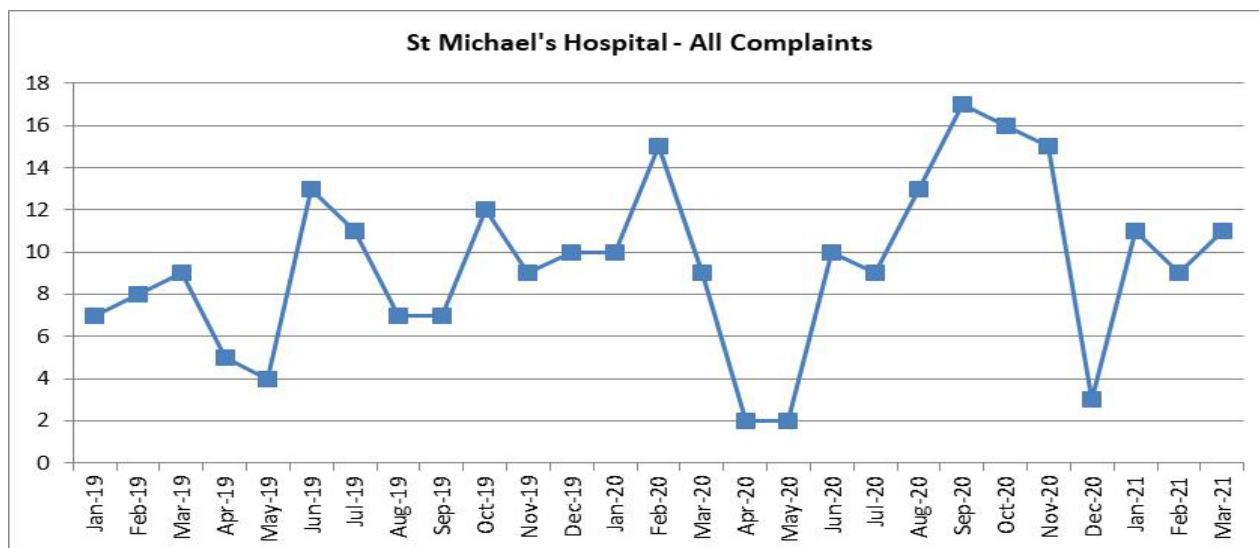
**Figure 17: Women & Children – formal and informal complaints received**



**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

The Division of Diagnostics & Therapies received eight new complaints in Q4; a significant reduction on the 23 received in Q3. There were no notable increases or decreases or any areas of concern identified in terms of themes or trends. The Division achieved 100% against its target for responding to formal complaints within the agreed timescale in Q4 for the fourth successive quarter, and 100% for informal complaints, compared with 95% in Q3.

**Table 16: Complaints by category type**

| Category Type                    | Number and % of complaints received – Q4 2020/21 | Number and % of complaints received – Q3 2020/21 |
|----------------------------------|--|--|
| Appointments & Admissions        | 2 (25% of total complaints) ↓                    | 3 (13.1%) ↓                                      |
| Clinical Care                    | 2 (25%) ↓  | 6 (26.1%) ↑                                      |
| Information & Support            | 2 (25%) ↓  | 5 (21.8%) ↑                                      |
| Attitude & Communication         | 1 (12.5%) ↓                                      | 6 (26.1%) =                                      |
| Facilities & Environment         | 1 (12.5%) =                                      | 1 (4.3%) ↑                                       |
| Discharge/Transfer/<br>Transport | 0 (0%) =   | 0 (0%) ↓   |
| Documentation                    | 0 (0%) ↓   | 1 (4.3%) ↓                                       |
| Access                           | 0 (0%) ↓   | 1 (4.3%) =                                       |
| <b>Total</b>                     | <b>8</b>   | <b>23</b>  |

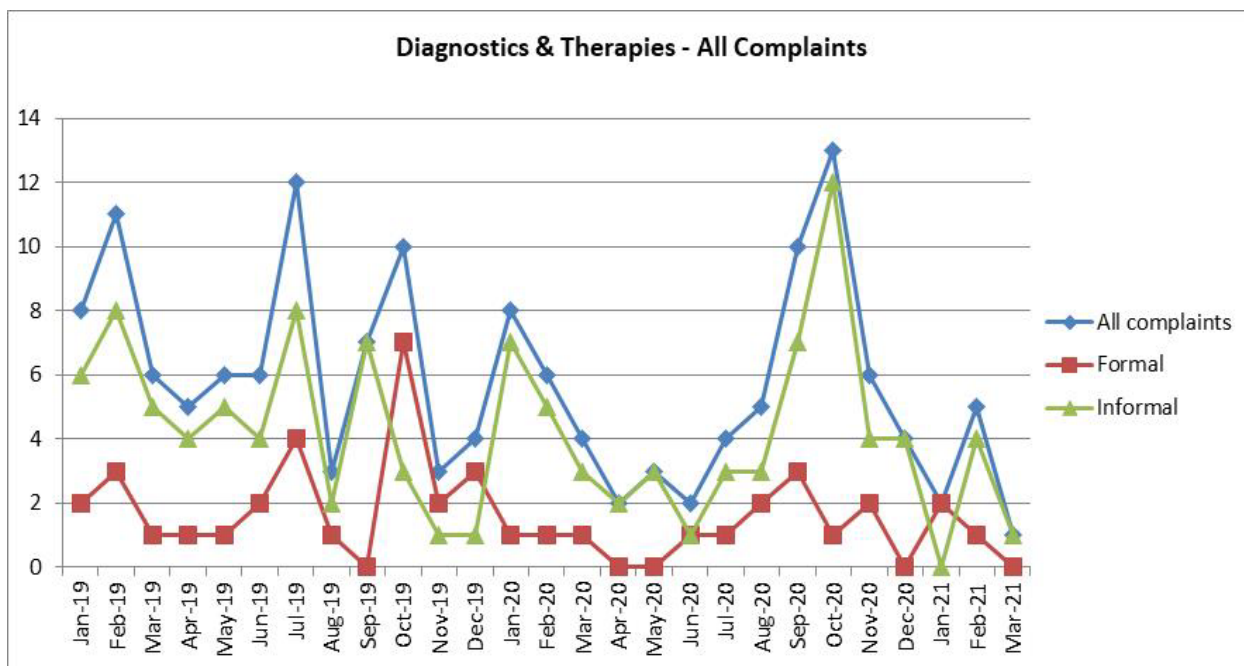
#### Current divisional priorities for improving how complaints are handled and resolved:

In Q4, the division achieved 100% compliance in responding to formal and informal complaints within the timeframe. As such, we have not identified any areas of concern when dealing with and investigating complaints. We aim to continue this standard of timely response into the next quarter.

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

- Improved communication with maternity services and ultrasound regarding the partners of patients being able/not able to attend scans; and
- Ensure robust means of communicating and documenting patients who are under the care of the mental health midwives within the ultrasound department.

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



### 3.1.6 Division of Weston

The Division of Weston received 65 new complaints in Q4; a similar number to the 64 received in Q3. The highest number of complaints received were those recorded under the category of ‘clinical care’ (20), closely followed by ‘attitude and communication’ (18). There were 12 complaints about ‘facilities and environment’ and 10 related to ‘appointments and admissions’.

The largest number of complaints received by one department was 18 (27.7%) for the Accident & Emergency Department. There was a marked increase in complaints received about ‘lost personal property’, with the highest number reported since the merger of the trusts in April 2020. Complaints about ‘clinical care (medical/surgical)’ decreased for the third quarter in succession.

The Division achieved 31.3% against its target for responding to formal complaints within the agreed timescale in Q4, compared with 30% in Q3, and 82.4% for informal complaints, a slight deterioration on the 86.7% reported in Q3. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

**Table 17: Complaints by category type**

| Category Type                | Number and % of complaints received – Q4 2020/21 | Number and % of complaints received – Q3 2020/21 |
|------------------------------|--|--|
| Clinical Care                | 20 (30.8% of total complaints) ↓                 | 28 (43.8% of total complaints) ↓                 |
| Attitude & Communication     | 18 (27.7%) ↓                                     | 20 (31.3%) ↑                                     |
| Facilities & Environment     | 12 (18.5%) ↑                                     | 5 (7.8%) ↓                                       |
| Appointments & Admissions    | 10 (15.4%) ↑                                     | 3 (4.7%) ↓                                       |
| Discharge/Transfer/Transport | 2 (3.1%) ↓                                       | 4 (6.3%) ↓                                       |
| Information & Support        | 2(3.1%) =  | 2 (3.1%) ↓                                       |
| Access                       | 1 (1.4%) =                                       | 1 (1.5%) ↑                                       |
| Documentation                | 0 (0%) ↓   | 1 (1.5%) ↓                                       |
| <b>Total</b>                 | <b>65</b>  | <b>64</b>  |

**Table 18: Top sub-categories**

| Category   | Number of complaints received – Q4 2020/21 | Number of complaints received – Q3 2020/21 |
|--|--|--|
| Communication with patient/relative              | 13 ↑                                       | 8 =  |
| Clinical care (medical/surgical)                 | 11 ↓                                       | 20 ↓                                       |
| Lost personal property                           | 10 ↑                                       | 3 ↓  |
| Cancelled or delayed appointments and operations | 10 ↑                                       | 3 ↓  |
| Diagnosis issues                                 | 3 ↑  | 1 ↓  |
| Clinical care (nursing/midwifery)                | 3 =  | 3 ↓  |

**Table 19: Divisional response to concerns highlighted by Q4 data**

| Concern  | Explanation  | Action  |
|--|--|---|
| <p>The Division has seen a marked increase in complaints about lost patient property in Q4. Of the 10 complaints recorded, five were about personal property that went missing in the Emergency Department; three were for Hutton Ward; and one each for Kewstoke and Cheddar Wards. These 10 complaints make up the majority of the 12 recorded under 'facilities and environment', making this the category with the highest increase in complaints for the Division compared with the previous quarter.</p> | <p>Bedding can often hide patient property, i.e. rings that have slipped off and glasses. Prior to Covid-19 infection control, bedding would be gently shaken out to reveal any misplaced property but this action has ceased.</p> <p>Patients have not been able to hand property to their visiting family members due to Covid-19 restrictions not allowing visitors and wards do not have a safe for property or a robust system for storing valuable items.</p> <p>There is a property disclaimer for all wards but these are not routinely completed, meaning that there is no evidence available to indicate whether or not a patient had the item on admission.</p> <p>Patients also sometimes ask family members to bring property in when visiting, which would bypass the property disclaimer process that should take place on admission.</p> | <p>The Divisional Complaints Coordinator is exploring the possibility of displaying leaflets and posters, alerting patients and their relatives to leave valuables at home, including bank cards and cash, and bringing only essentials onto the ward.</p> <p>All staff to be reminded of the importance of ensuring that a disclaimer has been completed and signed if personal property is brought in by the patient. Staff also to be reminded of the importance of items of sentimental value to patients and the anguish this can cause if these items are lost.</p> <p>Head of Nursing to look into whether a lockable safe can be placed on each ward.</p> |
| <p>The department with the highest number of complaints in Q4 was the Emergency Department (ED) with 18 complaints. Of these 18 complaints, 10 were about 'clinical care' and five related</p>   | <p>Communication between doctors and patients continues to feature in these complaints. This could be due to language barriers or cultural differences, including where English is not the first language of a doctor or</p>   | <p>These complaints are monitored and further training on empathy/bedside manner might be appropriate for the doctors in question.</p>  |

|   |  |   |
|---|--|---|
| <p>to lost patient property.</p>  | <p>a patient. There can also be an issue with patients' expectations of care in an ED, which can sometimes be unrealistic, with many people attending for issues that a not urgent or an emergency.</p> <p>As above, there are issues with property disclaimers not being completed and scanned onto the system, resulting in difficulties locating lost property.</p>                           | <p>All staff on ED to be reminded of the importance of completing patient property disclaimers for all patients admitted to the department. This should be done even where the patient has no property with them, so that there is evidence of this if required at a later date.</p> <p>As above, the possibility of displaying posters stating ED processes regarding property is being explored by the Divisional Complaints Coordinator, in order to manage patient expectations.</p>                                      |
| <p>The Division continues to experience problems with the timeliness of their formal complaint responses, with less than a third being issued within the timescale agreed with the complainant in Q4. Approximately 45 of these delayed responses have been outstanding for some considerable time and discussions are taking place for a specific plan to deal with these.</p> | <p>Staff turnover in respect of complaints management in the division was high during Q4, along with the team administrator being on maternity leave.</p> <p>The new Complaints Coordinator is now in the role; however, she has inherited over 60 outstanding and overdue complaint investigations and responses, in addition to the new enquiries and complaints coming into the division.</p> | <p>Following discussion around the various options for managing the backlog of overdue complaint responses, the senior divisional management team have put a plan in place whereby each overdue complaint has been allocated to an appropriate specialty manager or matron, who has contacted the complainant to update them and agree a new deadline for the Trust to respond. The results of this plan will be reported in the next quarterly complaints report, although positive outcomes are already being reported.</p> |

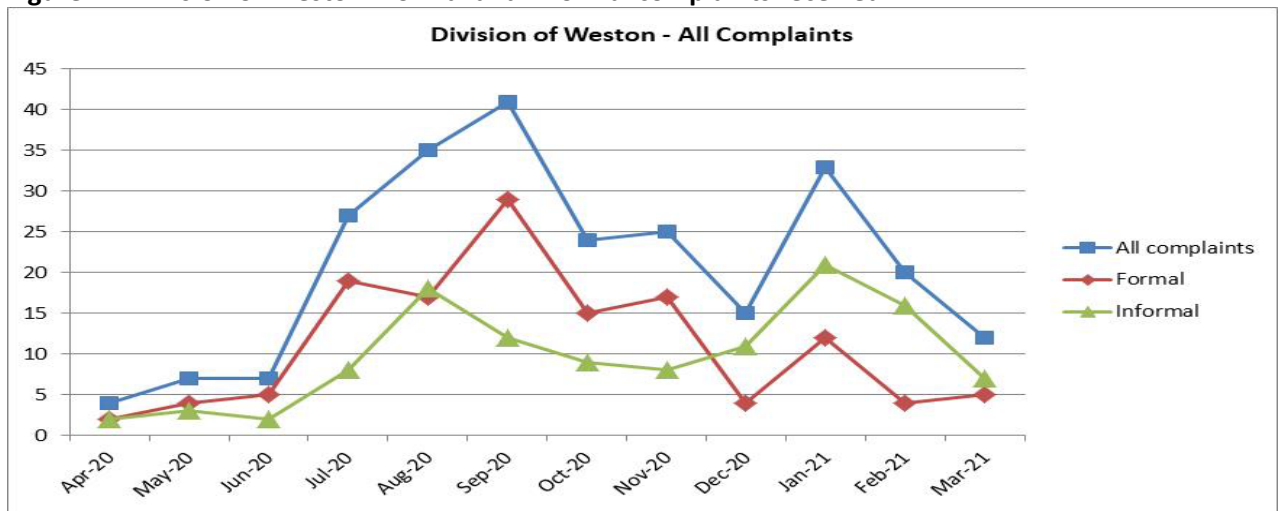
**Current divisional priorities for improving how complaints are handled and resolved:**

The processing of all new complaints for the division is considered a priority and is managed in a timely manner with open communication between the co-ordinator and the investigators, to ensure the flow of information is accurate, supportive and within given timescales.

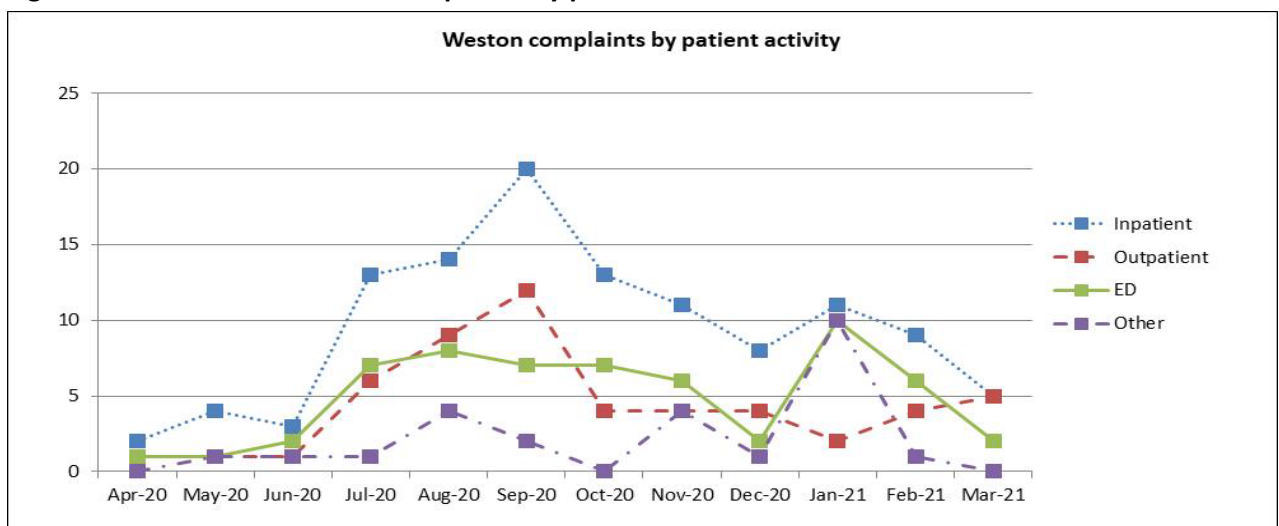
**Priority issues we are seeking to address based on learning from complaints.**

- Monitor complaints about the attitude, empathy and listening skills of doctors about whom complaints are received;
- Improve communication between staff and patients/relatives/carers in order to meet patients' expectations; Divisional Coordinator is exploring ways in which this can be done, including displaying posters in the ED outlining why patients should and should not attend and the pathway through the department. Similar plans are being considered for posters in wards in respect of personal property, with the emphasis on patients not keeping valuable items in hospital with them and also acting as a reminder for staff to complete disclaimer forms.
- Improve lost property processes, to include training of staff regarding property disclaimers where necessary.

**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 21 new complaints in Q4; a decrease on the 28 received in Q3.

The largest number of complaints received by the Division was recorded under the category of 'facilities and environment' (38.1%), with complaints split between 'catering choice/quality', 'smoking' and 'security'.

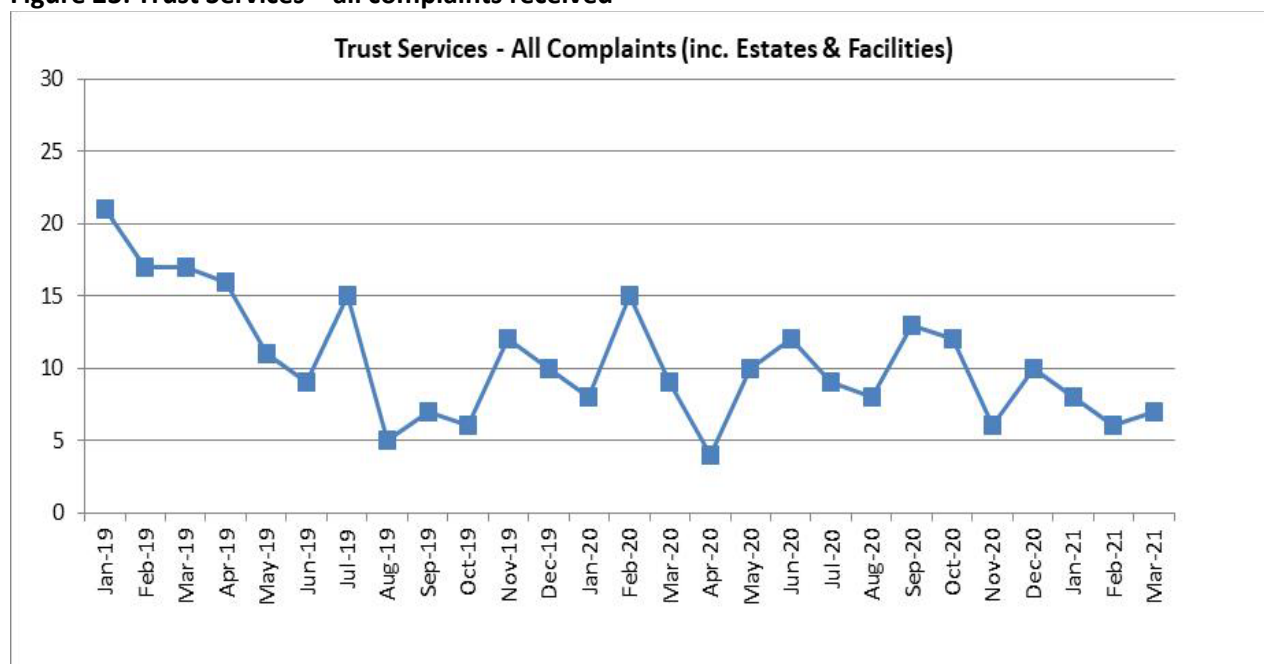


The Division achieved 42.9% against its target for responding to formal complaints within the agreed timescale in Q4, compared with 71.4% in Q3, and 89.5% for informal complaints; an improvement on the 80% achieved in Q3. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 20: Complaints by category type**

| Category Type                    | Number and % of complaints received – Q4 2020/21 | Number and % of complaints received – Q3 2020/21 |
|----------------------------------|--|--|
| Facilities & Environment         | 8 (38.1% of total complaints) ↓                  | 11 (39.2% of total complaints) ↓                 |
| Attitude & Communication         | 7 (33.3%) ↓                                      | 11 (39.2%) ↑                                     |
| Information & Support            | 6 (28.6%) ↑                                      | 5 (17.9%) =                                      |
| Access                           | 0 (0%) =   | 0 (0%) ↓   |
| Appointments & Admissions        | 0 (0%) ↓   | 0 (0%) =   |
| Clinical Care                    | 0 (0%) =   | 0 (0%) =   |
| Discharge/Transfer/<br>Transport | 0 (0%) =   | 1 (3.7%) ↓                                       |
| Documentation                    | 0 (0%) =   | 0 (0%) ↓   |
| <b>Total</b>                     | <b>21</b>  | <b>28</b>  |

**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 above shows all complaints received for Trust Services, including Estates & Facilities.

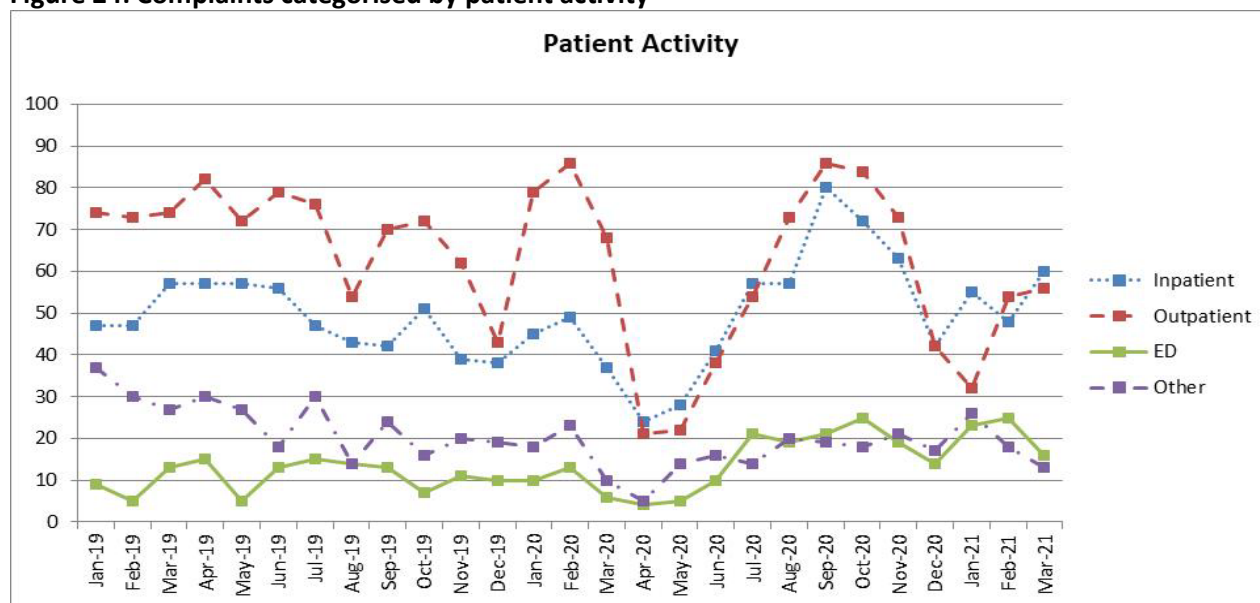
### 3.2 Breakdown of complaints by inpatient/outpatient/ED status

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 Q4, 33.3% (\*40.6%) of complaints received were about outpatient services, 38.3% (36.2%) related to inpatient care, 15% (11.8%) were about emergency patients; and 13.4% (11.4%) were in the category of 'other' (as explained above). \* Q3 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 Q4, with a total of 44 breaches reported Trustwide. This is an improvement on the 60 breaches reported in Q3, which was the highest number of breaches recorded since this report commenced.

The Division of Weston reported 22 breaches of deadline, Medicine reported 10, there were four breaches each for Specialised Services and Trust Services (including one for Estates & Facilities), Women & Children had three breaches and Surgery had just one. It should be noted that none of the breaches for the Divisions of Surgery and Women & Children were due to delays by the Divisions. Please see Table 22 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q4, the Trust responded to 160 complaints via the formal complaints route and 72.5% (116) of these were responded to by the agreed deadline, against a target of 95%, compared with 69.1% in Q3 and 73.4% in Q2.

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

| Division             | Q4 2020/21 | Q3 2020/21 | Q2 2020/21 | Q1 2020/21 |
|----------------------|------------|------------|------------|------------|
| Weston               | 22 (68.8%) | 28 (70%)   | 19 (55.9%) | 2 (33.3%)  |
| Medicine             | 10 (35.7%) | 20 (60.6%) | 14 (36.8%) | 5 (26.3%)  |
| Specialised Services | 4 (22.2%)  | 3 (21.4%)  | 0 (0%)     | 3 (33.3%)  |
| Trust Services       | 4 (57.1%)  | 2 (28.6%)  | 1 (14.3%)  | 1 (50%)    |
| Women & Children     | 3 (7.5%)   | 3 (5.6%)   | 2 (6.5%)   | 5 (20.8%)  |
| Surgery              | 1 (3.2%)   | 4 (9.8%)   | 9 (23.1%)  | 11 (33.3%) |

|                         |                    |                    |                    |                    |
|-------------------------|--------------------|--------------------|--------------------|--------------------|
| Diagnostics & Therapies | 0 (0%)             | 0 (0%)             | 0 (0%)             | 0 (0%)             |
| <b>All</b>              | <b>44 breaches</b> | <b>60 breaches</b> | <b>45 breaches</b> | <b>27 breaches</b> |

(So, as an example, there were 10 breaches of timescale in the Division of Medicine in Q4, which constituted 35.7% of the 28 complaint responses which were sent out by that division in Q4).

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 Q4. 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 22: Source of delay**

| Breach attributable to | Surgery  | Medicine  | Specialised Services | Women & Children | Diagnostics & Therapies | Trust Services | Weston    | All       |
|------------------------|----------|-----------|----------------------|------------------|-------------------------|----------------|-----------|-----------|
| Division               | 0        | 9         | 2                    | 0                | 0                       | 4              | 22        | <b>37</b> |
| PSCT                   | 1        | 0         | 0                    | 2                | 0                       | 0              | 0         | <b>3</b>  |
| Execs/sign-off         | 0        | 1         | 2                    | 1                | 0                       | 0              | 0         | <b>4</b>  |
| Other Trust            | 0        | 0         | 0                    | 0                | 0                       | 0              | 0         | <b>0</b>  |
| <b>All</b>             | <b>1</b> | <b>10</b> | <b>4</b>             | <b>3</b>         | <b>0</b>                | <b>4</b>       | <b>22</b> | <b>44</b> |

### 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 Q4, the Trust responded to 140 complaints via the informal complaints route (compared with 240 in Q3) and 92.9% of these were responded to by the agreed deadline; a marginal improvement on the 92.1% reported in Q3.

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

| Division                | Q4 2020/21 | Q3 2020/21 | Q2 2020/21 | Q1 2020/21 |
|-------------------------|------------|------------|------------|------------|
| Medicine                | 4 (11.1%)  | 1 (11.1%)  | 11 (22.9%) | 0 (0%)     |
| Weston                  | 3 (17.6%)  | 2 (13.3%)  | 2 (6.1%)   | 1 (20%)    |
| Trust Services          | 2 (10.5%)  | 4 (20%)    | 3 (20%)    | 2 (9.5%)   |
| Surgery                 | 1 (2.9%)   | 2 (2.9%)   | 3 (4.2%)   | 0 (0%)     |
| Diagnostics & Therapies | 0 (0%)     | 1 (5%)     | 0 (0%)     | 0 (0%)     |
| Specialised Services    | 0 (0%)     | 2 (5%)     | 0 (0%)     | 0 (0%)     |
| Women & Children        | 0 (0%)     | 0 (0%)     | 0 (0%)     | 0 (0%)     |
| <b>All</b>              | <b>10</b>  | <b>12</b>  | <b>19</b>  | <b>3</b>   |

## 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 Q4 2020/21.

A complaint was received regarding the rushed discharge of a patient from South Bristol Community Hospital (SBCH), including the patient having to be readmitted several hours later, mistakes on the discharge summary and the patient's family not knowing who to contact for help and advice. As a direct result of this complaint, the division implemented the use of a business-style card to be given to patients on discharge, containing contact details for the specific ward, for help and advice in the first 24 hours post-discharge. (Medicine)

Following the discharge of a patient from the Bristol Heart Institute (BHI), her daughter went through the paperwork her mother had been sent home with and discovered a completed ReSPECT form. The form included a statement that the patient did not want to be resuscitated and included DNR and DNACPR orders. Despite the form stating that this had been discussed with the patient by a doctor, this took the family completely by surprise. As a result of this complaint, the Head of Nursing discussed this with the specific staff involved on this occasion to ensure that they understood the correct process for completing the ReSPECT form. In addition, an article was published in the divisional Patient Safety, Governance and Complaints Newsletter and on the Bristol and Weston intranet pages, reminding all staff of the correct process. (Specialised Services)

A complaint was received for Bristol Royal Hospital for Children (BRHC) about a number of problems experienced by the family of a young patient who fell and broke his arm. He had been referred to the 'hot' fracture clinic at BRHC and his parents were told to expect a call which they never received; an appointment letter was sent to the wrong address and contained the wrong first name for the patient; when they did attend the appointment, they felt rushed; a follow-up call was not responded to despite several messages being left; and when a doctor did finally call, he contradicted the advice given to them at the appointment. As a result of this complaint, the doctor who originally saw the patient was asked to reflect on his communication and approach in order to embed learning in his future practice; the Paediatric Trauma & Orthopaedics team contacted the local minor injuries unit that had referred the patient to BRHC to provide them with up to date information about the 'hot' clinic (including timeframes and expectations for parents); and work was undertaken with the administrative team to ensure that name and address details are always cross-checked and parents' calls are returned promptly. (Women & Children)

## **5. Patient Support & Complaints Team activity**

### **5.1 Information, advice and support**

In addition to dealing with complaints, the Patient Support and Complaints Team are also responsible for providing patients, relatives and carers with help and support. A total of 298 enquiries were received in Q4, a decrease on the 346 received in Q3. This figure includes 29 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, compared with 26 recorded in Q2. As reported in Q3, the Division of Weston continued to divert calls and emails to the PALS service to the corporate complaints team in Bristol during Q4, so many 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 83 compliments received during Q4 and shared these with the staff involved and their Divisional teams. This is a reduction on the 106 compliments reported in Q3, but does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints Team recorded 137 enquiries that did not proceed, compared with 126 in Q3. 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 944 separate **new** enquiries in Q4. In addition, the Division of Weston directly recorded 29 concerns.

## **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 Q4, 234 complaints were received in writing (181 by email, 36 via website feedback and 17 letters) and 183 were received verbally by telephone. Nine complaints were also received in Q4 via the Trust's 'real-time feedback' service. Of the 426 complaints received in Q4, 73.5% (313/426) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This reduction, compared with 98.8% in Q3 was due to a combination of the overall high volume of enquiries coming into the Patient Support and Complaints Team and the long-term sickness of two members of the service, including its full time administrator. A recovery plan has been agreed and implemented which should see a recovery to normal levels of performance (98%+) from July 2021 onwards.

## **5.3 PHSO (Ombudsman) cases**

During Q4, the PHSO notified the Trust of its interest in two new complaints, for which copies of the complaint file and medical records have been sent to them.

One case was closed by the PHSO during Q4, when the Trust agreed to make a payment of £200 to the patient to cover the cost of some scans that she paid for privately. The PHSO suggested this as a quick resolution of the case, rather than them carrying out a full investigation.

There are currently 13 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.

## **6. 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. A practical example of each of these categories is shown in Table 24 below.

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 24: Examples of severity rating of complaints**

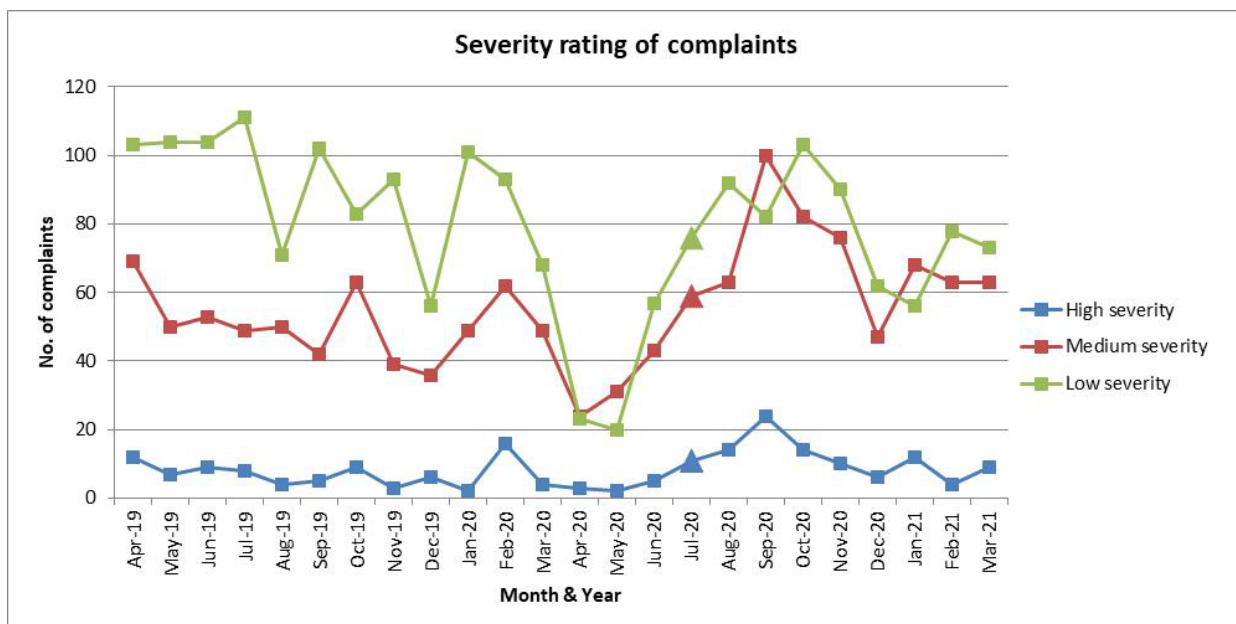
|                              | <b>Low severity</b>                   | <b>Medium severity</b>                 | <b>High severity</b>                    |
|------------------------------|---------------------------------------|--|---|
| <b>Clinical problem</b>      | Isolated lack of food or water        | 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 |

In Q4, the Trust received 426 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 426 complaints, 208 were rated as being low severity, 194 as medium and 24 as high.

Figure 25 below shows a breakdown of these severity ratings by month since April 2019. The significant drop shown for April and May 2020 reflects the much lower numbers of complaints (50 and 53 respectively) received during those months due to the Covid-19 pandemic.

In July 2020, the corporate Patient Support and Complaints Team commenced the management of complaints for the Division of Weston and therefore started recording the severity of their complaints at the same time. Figure 25 therefore includes severity ratings for the Division of Weston's complaints from July 2020 onwards, indicated by the larger triangular markers.

**Figure 25: Severity rating of complaints**



Since recording of the severity of complaints commenced in April 2019 (24 months), the number of complaints received by severity is shown below, with the average per month across that period shown in brackets:

- High severity – 199 (av. 8)
- Medium severity – 1,330 (55 av.)
- Low severity – 1,901 (79 av.)

A breakdown by Division is shown in Table 25 below.

**Table 25: Severity rating of complaints by Division (all complaints received in Q4 2020/21)**

| Division                | High Severity    | Medium Severity | Low Severity | Totals     |
|-------------------------|------------------|-----------------|--------------|------------|
| Specialised Services    | 8 (16.7%)        | 17              | 23           | <b>48</b>  |
| Women & Children        | 6 (8.2%)         | 47              | 20           | <b>73</b>  |
| Medicine                | 6 (5.8%)         | 36              | 61           | <b>103</b> |
| Weston                  | 4 (6.2%)         | 31              | 30           | <b>65</b>  |
| Surgery                 | 1 (0.9%)         | 52              | 55           | <b>108</b> |
| Trust Services          | 0 (0%)           | 10              | 11           | <b>21</b>  |
| Diagnostics & Therapies | 0 (0%)           | 4               | 4            | <b>8</b>   |
| <b>Totals</b>           | <b>25 (5.9%)</b> | <b>197</b>      | <b>204</b>   | <b>426</b> |

\*i.e. 16.7% of complaints received by the Division of Specialised Services in Q4 of 2020/21 were rated as high severity – this compares, for example, with 0.9% of complaints about the Division of Surgery.