



Complaints Report

Quarter 1, 2021/2022

(1 April 2021 to 30 June 2021)

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Quarter 1 Executive summary and overview

	Q1	
Total complaints received	462	↑
Complaints acknowledged within set timescale	83.1%	↑
Complaints responded to within agreed timescale – formal investigation	68.4%	↓
Complaints responded to within agreed timescale – informal investigation	91.5%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.2%	↑

Successes	Risks & Threats
<ul style="list-style-type: none"> In Q1 of 2021/22, the Divisions of Women & Children and Surgery continued to perform strongly in respect of meeting deadlines for complaint responses, both achieving over 90% of responses sent out by the agreed deadline. The majority of complaints (73.8%) were dealt with informally, leading to quicker resolution. 	<ul style="list-style-type: none"> Due to the consistently high volume of enquiries being received by PSCT, along with continued staff sickness absence, the backlog of cases waiting to be assigned to Complaints Officers remains high. Additional resources are being identified to address this. In addition to the 462 complaints received by PSCT in Q1, the team also dealt with 375 other enquiries (including compliments, requests for information/advice, etc.). This represents a 25.8% increase on the 298 received in Q4. The team also received and logged 205 initial enquiries which did not then proceed (see section 5.1 for further details), compared with 137 in Q4 of 2020/21. The Division of Weston received 84 PALS concerns in Q1, a significant increase on the 29 recorded in Q4. In Q1, the Division of Weston continued to experience significant delays in responding to formal complaints, with only 10% (3 of 30) responses being sent to complainants by the agreed deadline. The Division of Medicine also continued to struggle in Q1, reporting 21 breaches of response deadlines from the 61 formal responses sent out during the quarter. The resignation of the interim PALS/Complaints/Bereavement Manager for the Division of Weston. Figures 7 (complaints about communication with patient/relative) and 14 (complaints about the Bristol Royal Infirmary Emergency Department) both show signs of a negative step-change since the start of the COVID-19 pandemic in 2020. This data will be subject to further analysis during Q3.
Priorities	
<ul style="list-style-type: none"> To review the complaints service in Weston Division, to ensure that it is adequately resourced and supported in achieving targets for the timely response to complaints. To continue to support all divisions in returning to their pre-pandemic levels of performance in sending out complaint responses by the deadlines agreed with complainants. 	
Opportunities	
<ul style="list-style-type: none"> A range of service improvement opportunities have previously been identified, for example, through self-assessment against CQC Regulation 16 and the Good Governance Institute's complaints maturity matrix, however the Trust's complaints service remains in 'recovery' mode, with significant backlogs of cases waiting for caseworker follow-up by the corporate team, and continued delays to complaints investigations in the divisions of Medicine and Weston. 	

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.

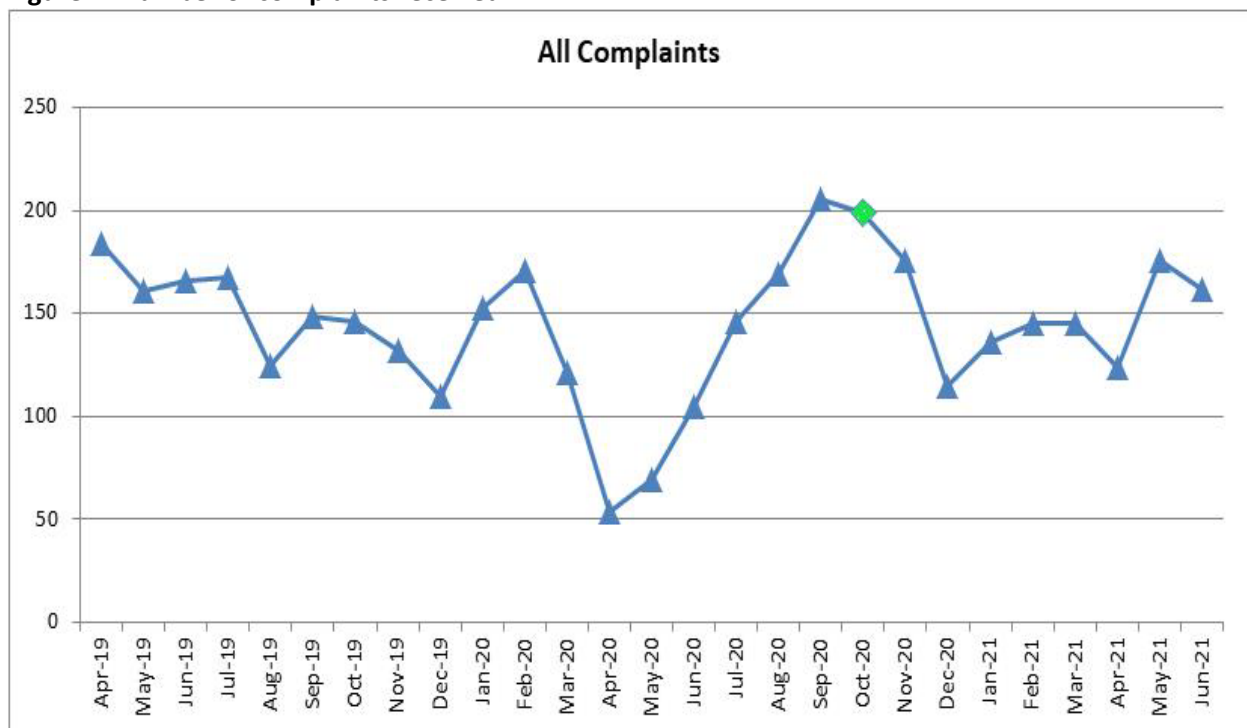
During Quarter 1 (Q1) of 2021/22, the Trust received 462 complaints, an 8.5% increase on the 426 received in Q4 of 2020/21. The Patient Support and Complaints service has remained very busy, receiving 372 other enquiries in addition to the 462 complaints.

1.1 Total complaints received

The Trust received 462 complaints in Q1. 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 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



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

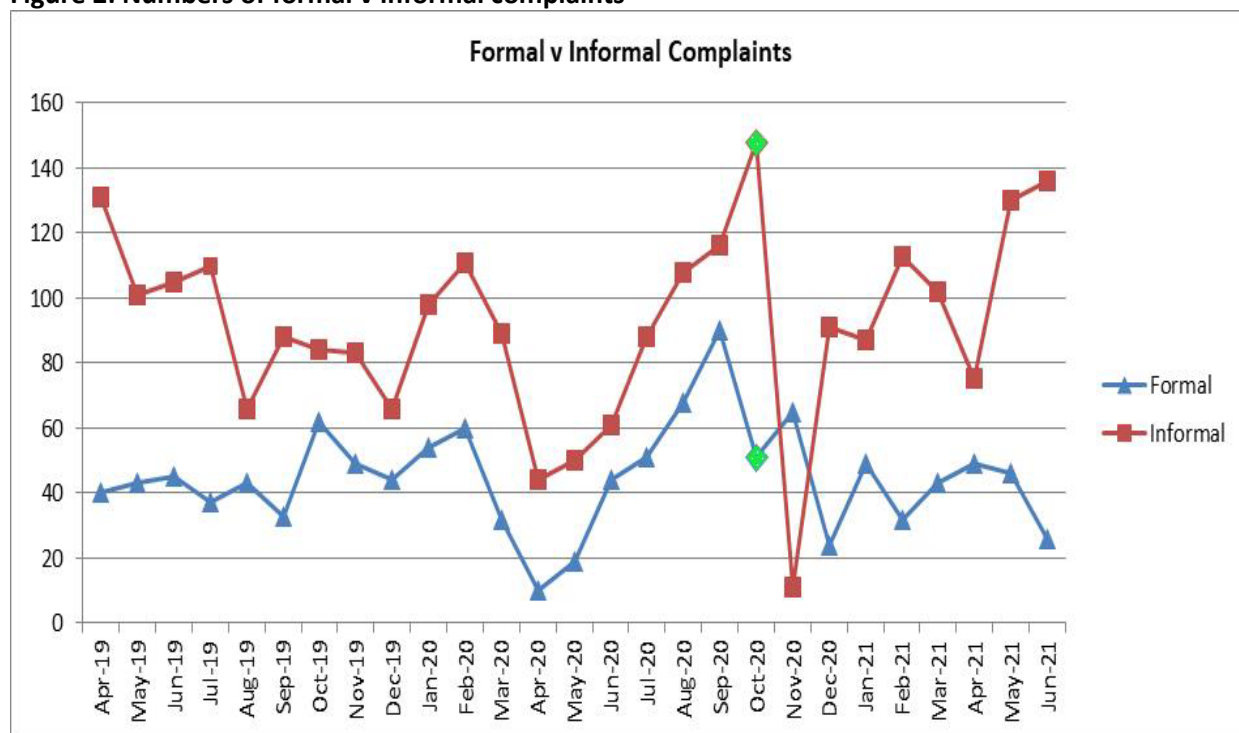


Figure 2 (above) shows complaints dealt with via the formal investigation process (121 in Q1) compared with those dealt with via the informal investigation process (341 in Q1), over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that 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.

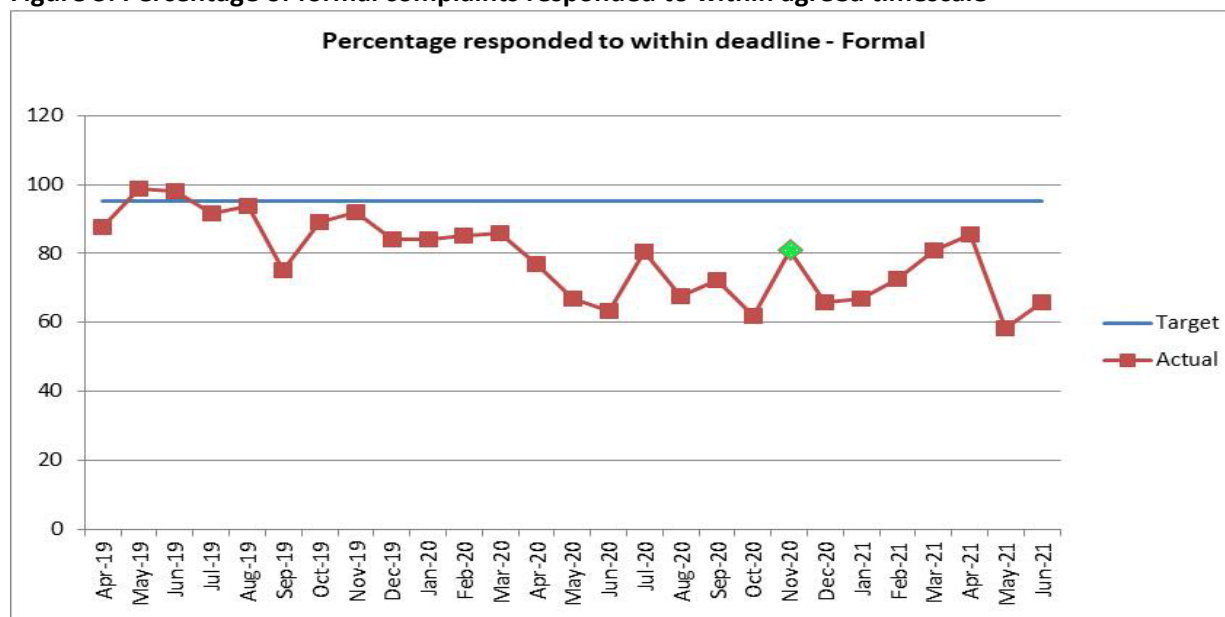
1.2.1 Formal Investigations

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 Q1 of 2021/22, 68.4% of responses were sent to complainants within the agreed timescale. This represents 68 breaches out of the 215 formal complaint responses which were sent out during the quarter². This is a further deterioration on the 72.5% reported in Q4 of and 69.1% in Q3 of 2020/21, and is still significantly below the Trust target of 95%.

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 April 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.

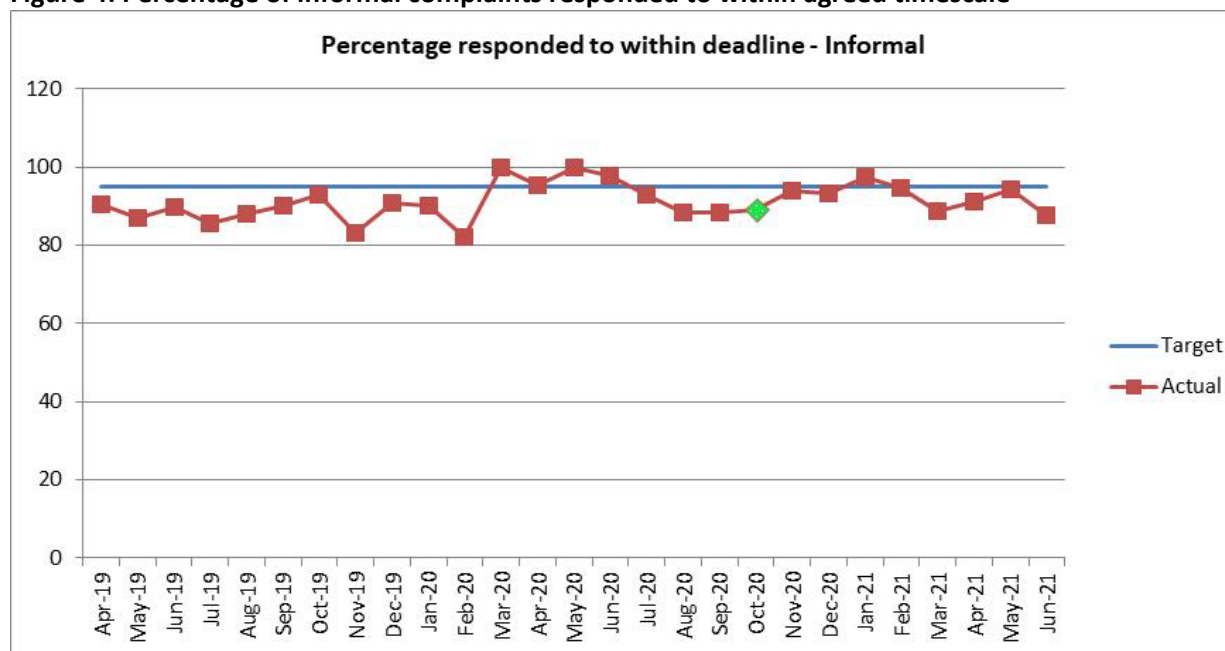
Figure 3: Percentage of formal complaints responded to within agreed timescale



1.2.2 Informal Investigations

In Q1 2021/22, the Trust received 341 complaints that were investigated via the informal process. During this period, the Trust responded to 177 complaints via the informal complaints route and 91.5% (162) of these were responded to by the agreed deadline, a slight deterioration on the 92.9% reported in Q4 and 92.1% in Q3 2020/21. Figure 4 (below) shows performance since April 2019, for comparison with formal complaints.

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



1.3 Dissatisfied complainants

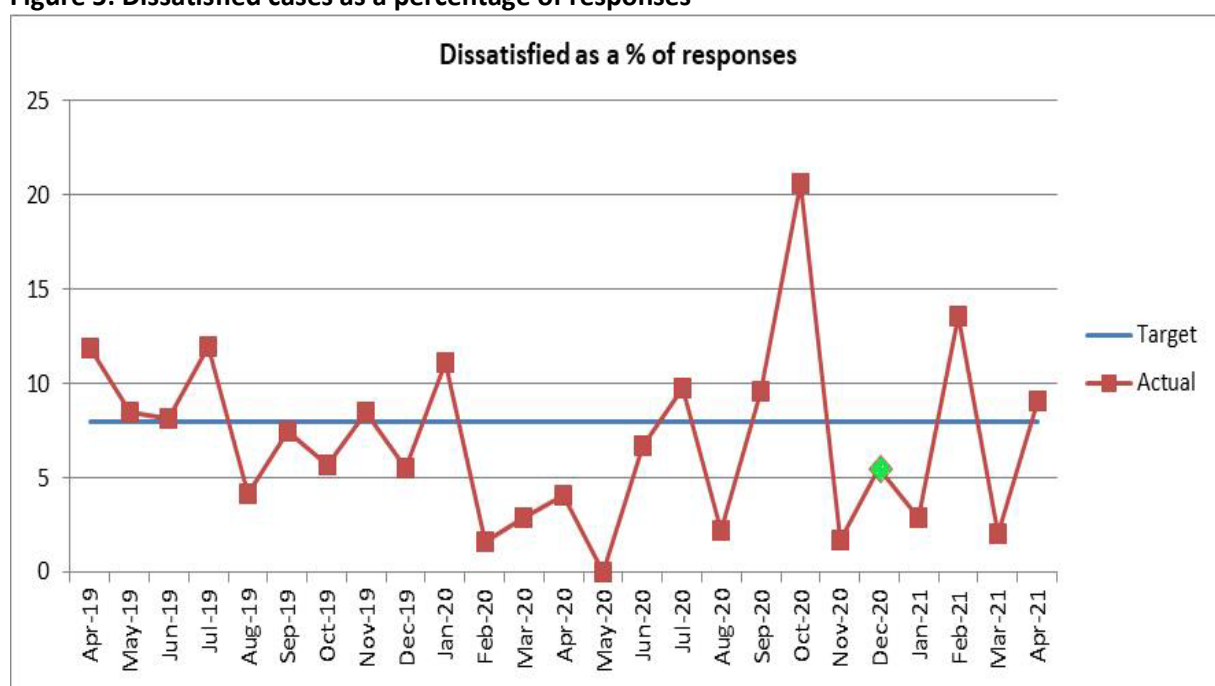
The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response.

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 Q1 of 2021/22, we are able to report dissatisfied data for February, March and April 2021. Of the 146 complainants who received a first response from the Trust during those months, 12 have since contacted us to say they were dissatisfied. This represents 8.2% of the 146 first responses sent out during that period, an increase on the 3.5% reported in Q4 of 2020/21.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 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 Q1 2021/22 compared with Q4 of 2020/21.

Complaints decreased in half of the categories in Q1, with the top three categories consistently remaining as 'clinical care', 'attitude and communication' and 'appointments and admissions'. These three accounted for 80.3% (371/462) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2021/22)	Number of complaints received in Q4 (2020/21)
Clinical Care	141 (30.5% of total complaints) ↑	122 (28.6% of total complaints) ↓
Attitude & Communication	117 (25.3%) ↑	113 (26.5%) ↓
Appointments & Admissions	113 (24.5%) ↑	79 (18.5%) ↓
Information & Support	37 (8%) ↓	45 (10.6%) ↑
Facilities & Environment	29 (6.3%) ↓	33 (7.8%) ↑
Discharge/Transfer/Transport	13 (2.8%) ↓	17 (4%) =
Access	8 (1.7%) ↑	6 (1.4%) ↓
Documentation	4 (0.9%) ↓	11 (2.6%) ↓
Total	462	426

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 77.1% of the complaints received in Q1 (356/462).

There are notable increases in several sub-categories, including complaints about ‘appointment administrations issues’ and ‘cancelled/delayed appointments and operations’. In Q4 of 2020/21, the largest decrease was in the sub-category of ‘clinical care (nursing/midwifery)’, which conversely saw a 30% increase in Q1 of 2021/22. Where themes or trends have been identified in these areas, the appropriate divisions have been asked to comment in section 3 of this report.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q1 (2021/22)	Q4 (2020/21)	Q3 (2020/21)	Q2 (2020/21)
Cancelled/delayed appointments and operations	84 (21.7% increase compared with Q4) ↑	69	77	93
Clinical care (Medical/Surgical)	77 (13.2% increase) ↑	68	74	115
Communication with patient/relative	43 (2.4% increase) ↑	42	40	34
Clinical care (Nursing/Midwifery)	26 (30% increase) ↑	20	33	29
Appointment administration issues	24 (242.9% increase) ↑	7	23	20
Attitude of medical staff	17 (6.3% increase) ↑	16	17	17
Failure to answer phones / failure to respond	16 (6.7% increase) ↑	15	20	14
Lost personal property	15 (28.6% decrease) ↓	21	9	10
Lost/misplaced/delayed test results	13 (333.3% increase) ↑	3	11	6
Attitude of Nursing/Midwifery	12 (14.3% decrease) ↓	14	17	17
Discharge arrangements	10 (33.3% decrease) ↓	15	12	19
Clinical information request	10 (23.1% decrease) ↓	13	8	7
Attitude of A&C staff	9 (350% increase) ↑	2	11	11

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

Figure 6 shows that complaints about ‘cancelled/delayed appointments and operations’ began to climb significantly from May 2020. This spike was largely due to the volume of appointments being necessarily cancelled at the start of the Covid-19 pandemic and followed this trajectory until there was a significant reduction in the latter part of Q3 of 2020/21. However, complaints in this sub-category increased again in Q4 of 2020/21 and this has continued in Q1 of 2021/22.

Figures 7 and 8 show an increase in complaints about ‘attitude and communication’, which peaked in November 2020. After this was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee, a detailed review was carried out by the Patient Support & Complaints Manager. This review concluded that there were no particular themes or trends in respect of the departments, divisions or staff groups receiving these complaints. However, data has continued to be closely monitored and, whilst complaints in this category were particularly high in February and May 2021, they had started to decrease again towards the end of Q1.

The Divisions of Medicine and Women & Children have the highest numbers of ‘attitude and communication’ complaints overall, with 26 complaints each in Q1. For Women & Children, 19 of these complaints were for Bristol Royal Hospital for Children and seven were for St Michael’s Hospital. However, as a percentage of each division’s own complaints, Estates & Facilities had the highest percentage in this category at 46.2% (6 of 13) of all complaints they received, of which five were in respect of security staff. Also of note, were the 11 complaints in this category for the Bristol Heart Institute Outpatients Department.

In Q1, 52 of the 117 complaints received in this category were for outpatient services, with 40 complaints from inpatients.

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: Cancelled or delayed appointments and operations

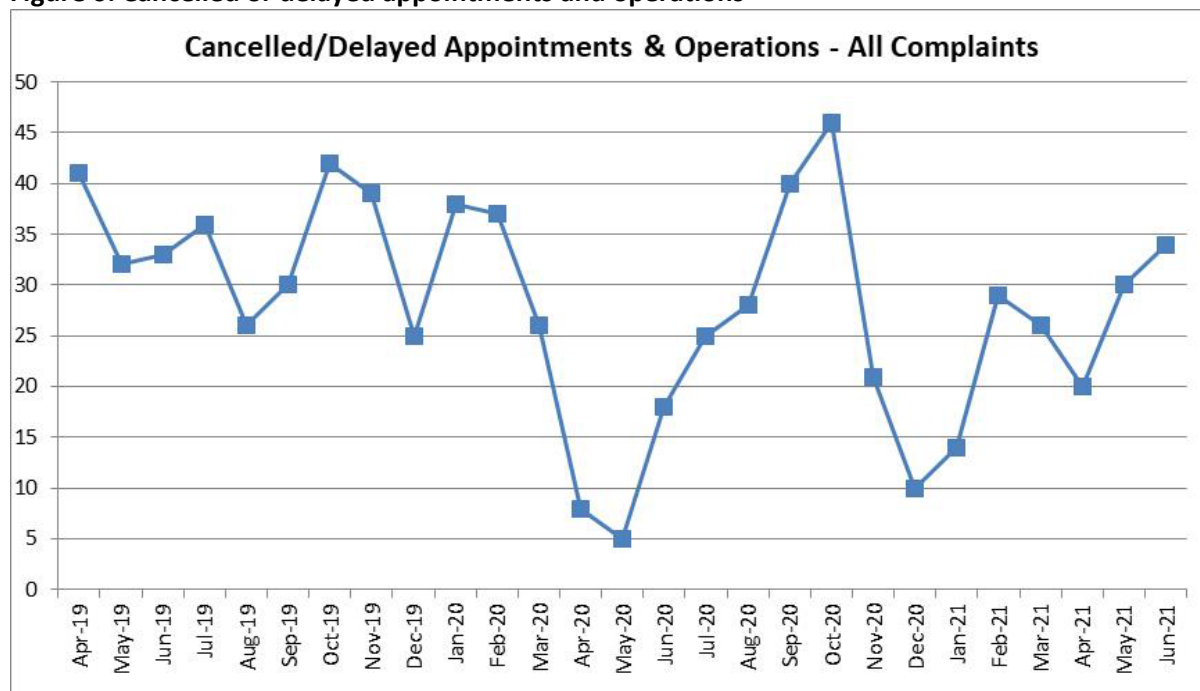


Figure 7: Communication with patient/relative

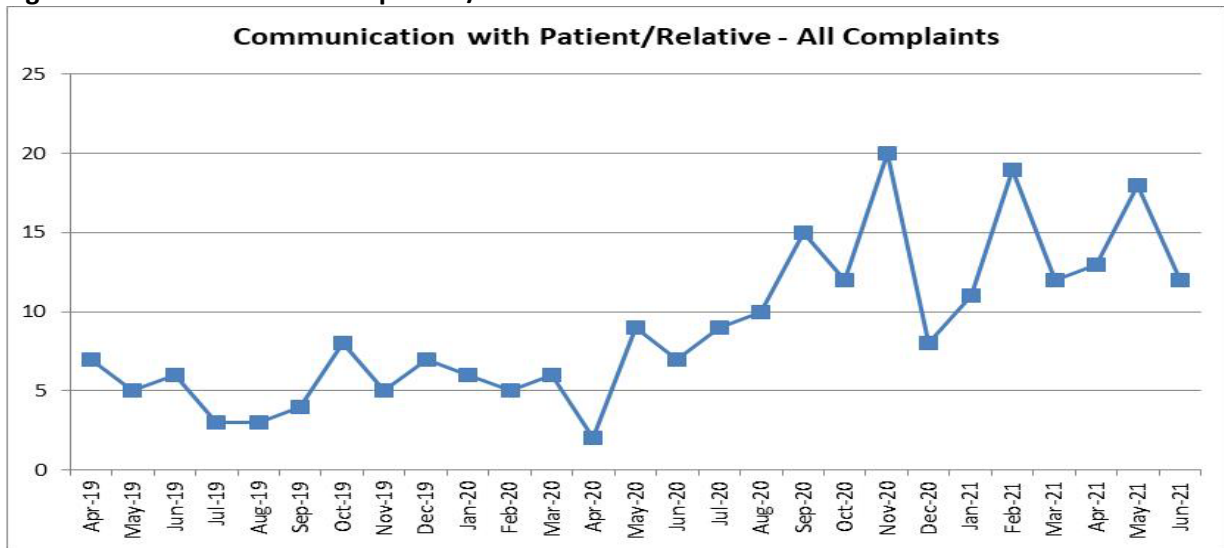


Figure 8: Attitude and Communication

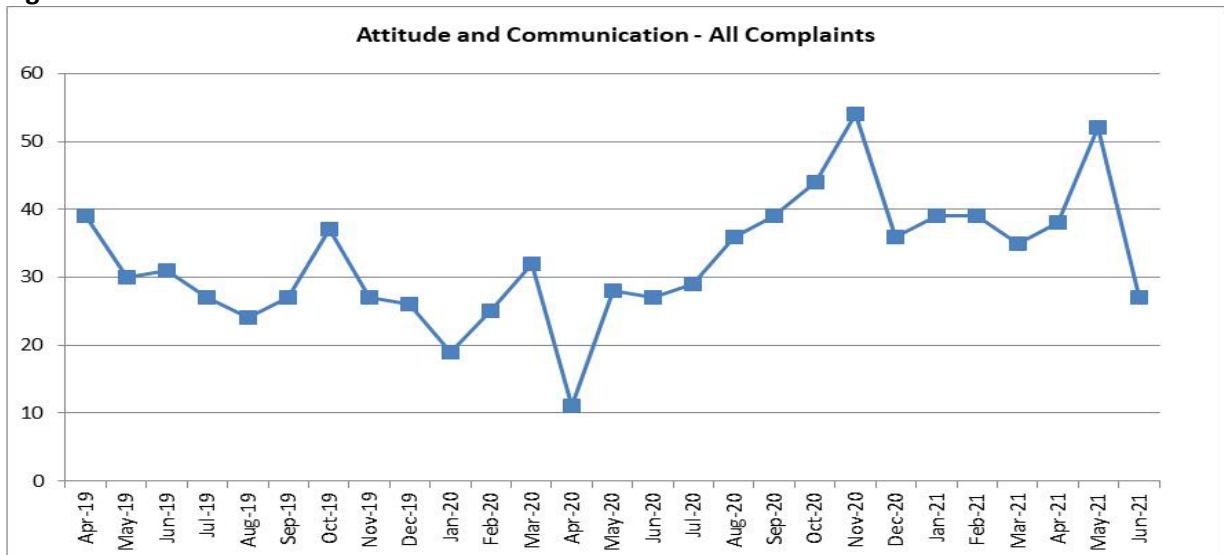
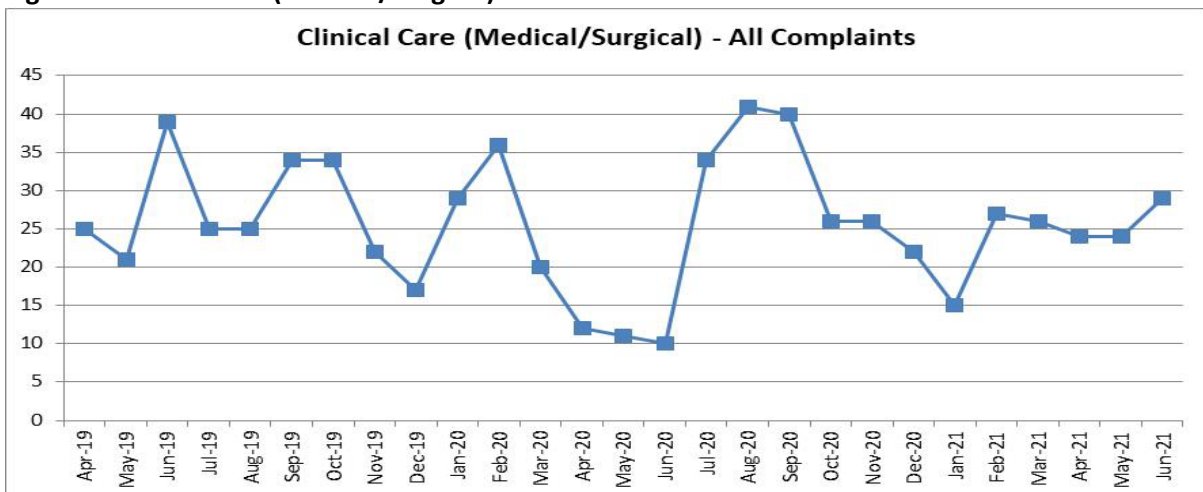


Figure 9: Clinical Care (Medical/Surgical)



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 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 (24 complaints) 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 in Q1	111 (108) ↑	92 (103) ↓	76 (48) ↑	88 (73) ↑	17 (8) ↑	51 (65) ↓
Number of complaints about appointments and admissions	40 (41) ↓	12 (7) ↑	25 (11) ↑	16 (8) ↑	6 (2) ↑	11 (10) ↑
Number of complaints about staff attitude and communication	25 (29) ↓	26 (27) ↓	20 (14) ↑	26 (17) ↑	4 (1) ↑	10 (18) ↓
Number of complaints about clinical care	24 (21) ↑	31 (30) ↑	23 (14) ↑	38 (38) =	4 (2) ↑	19 (20) ↓
Area where the most complaints have been received in Q1	Bristol Dental Hospital (BDH) – 22 (29) Bristol Eye Hospital (BEH) – 20 (23) ENT – 13 (8) Oral & MaxFax Surgery – 13 (10) Queens Day Unit (Endoscopy) – 5 (8)	Emergency Department (BRI) (inc. A413 EMU) – 40 (37) Dermatology – 12 (7) Respiratory Dept – 5 (3) Unity Sexual Health – 4 (6)	BHI (all) – 58 (34) BHOC (all) – 14 (10) (plus three for Clinical Genetics and one for Clinical Trials Unit) BHI Outpatients (inc. Outpatient Echo)– 41 (12) BHOC Outpatients & Chemo Day Unit – 9 (6) Ward C805 – 5 (3)	BRHC (all) – 63 (42) Children’s ED – 13 (6) Paediatric Neurology / Neurosurgery – 8 (7) Bluebell Ward – 6 (1) Carousel Outpatients – 5 (4) StMH (all) – 21 (31) (plus two for Weston Maternity and two for Community Midwifery) Gynae Outpatients – 6 (6) Ward 73 – 5 (1)	Radiology – 10 (5)	Accident & Emergency – 11 (18) Outpatients – Trauma & Orthopaedics – 5 (3) Outpatients – Quantock – 5 (4) Berrow Ward – 4 (3) Harptree Ward – 4 (4)
Notable deteriorations compared with Q4	ENT – 13 (8) Oral & MaxFax Surgery – 13 (10)	Dermatology – 12 (7)	BHI Outpatients – 41 (12)	Children’s ED – 13 (6) Bluebell Ward – 6 (1) Ward 73 – 5 (1)	Radiology – 10 (5)	Accident & Emergency – 11 (18)
Notable improvements compared with Q4	Bristol Dental Hospital (BDH) – 22 (29)	No notable improvements	No notable improvements	No notable improvements	No notable improvements	No notable improvements

3.1.1 Division of Surgery

The Division of Surgery received 111 new complaints in Q1 2021/22; a marginal increase on the 108 received in Q4 of 2020/21. Of these 111 complaints, 56 were in respect of inpatient services and 46 were about outpatient services. The largest number of complaints received by the Division was again recorded under the category of ‘appointments and admissions’ (36.1%), with the majority (31 of 40) being about cancelled or delayed appointments and operations. Although the number of complaints was low, the most noticeable increase was in complaints about ‘facilities and environment’, with four of the five complaints received being about patients’ lost personal property.

The Division achieved 93.3% against its target for responding to formal complaints within the agreed timescale in Q1, compared with 96.8% in Q4 and 90.2% in Q3. 96.4% of informal complaints were responded to within the agreed timescale, compared with 97.1% reported in Q4 and Q3. It should be noted that none of the three breaches of deadline for the division in respect of formal complaints in Q1 were attributable to delays in the division. 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 – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Appointments & Admissions	40 (36.1% of total complaints) ↓	41 (38% of total complaints) ↓
Attitude & Communication	25 (22.5%) ↓	29 (26.9%) ↓
Clinical Care	24 (21.6%) ↑	21 (19.4%) ↓
Information & Support	12 (10.8%) ↓	15 (13.9%) ↑
Discharge/Transfer/Transport	5 (4.5%) ↓	1 (0.9%) ↓
Facilities & Environment	5 (4.5%) ↑	0 (0%) ↓
Access	0 (0%) ↓	1 (0.9%) ↓
Documentation	0 (0%) =	0 (0%) ↓
Total	111	108

Table 5: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Cancelled or delayed appointments and operations	31 ↓	33 ↓
Clinical/hospital/patient information	12 ↓	14 ↑
Clinical care (medical/surgical)	13 ↑	11 ↓
Communication with patient/relative	10 ↑	7 =
Appointment administration issues	7 ↑	6 ↓
Attitude of medical staff	5 =	5 ↓
Clinical care (dental)	4 ↓	5 =
Lost personal property	4 ↑	0 ↓

Table 6: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>Complaints for Oral and Maxillofacial Surgery (OMFS) at Bristol Dental Hospital (BDH) continue to increase, with 13 complaints received in Q1, accounting for just under 60% of all complaints for the BDH.</p> <p>Of these 13 complaints, almost half (6/13) were about cancelled or delayed appointments and surgery.</p> <p>Four complaints were in respect of 'clinical care'.</p>	<p>Delayed appointments/surgery: Due to bed capacity and difficult staffing issues at the BRI, the service is facing challenges in elective restoration, with inpatients more frequently awaiting surgery at the BRI.</p> <p>Clinical prioritisation takes place and the clinicians are currently prioritising P2 patients. This means that there is a large backlog of P3 and P4 patients who are awaiting surgery.</p> <p>During the winter period, the BDH teams were unable to provide AGP (aerosol generated procedures) due to the open environment; they were therefore unable to run their clinics at full capacity and this has impacted on the number of appointments now available.</p>	<p>This issue is currently recorded on the risk register.</p> <p>The possibility of outsourcing to the Nuffield Hospital is being explored.</p> <p>Saturday waiting list initiatives are being explored, but cautiously, given the current staffing issues within the BRI site. The position is to be discussed at the weekly theatre scheduling meeting.</p> <p>OMFS outpatient capacity is back at 120% capacity compared to 2019/20 numbers. Saturday waiting lists are taking place as well as clinical validation of patients.</p> <p>Shared learning of clinical care complaints takes place at the OMFS weekly meetings.</p>
<p>Complaints received about the ENT Outpatient Clinic at St Michael's Hospital (StMH) are consistently high compared with other departments/ services in the division.</p> <p>In Q1, seven of the 13 complaints for the service were about cancelled or delayed appointments and operations, with four complaints about 'attitude and communication', two related to 'clinical care' and one where an ENT patient was asking for someone to consider all of her symptoms together rather than in isolation of each other.</p>	<p>Cancelled or Delayed Appointments: The service is currently limited by its waiting room capacity to ensure adequate social distancing.</p> <p>Prioritisation of these clinics has been for Head & Neck and two week wait (2WW) referrals as well as urgent and follow-up appointments. This has meant there are increased backlogs of referrals and delayed appointments.</p> <p>North Bristol NHS Trust (NBT) clinic services have also been limited and there have been issues raised around the decontamination of scopes, which has now been resolved. Sickness and other staffing issues have created a lack of</p>	<p>The StMH Outpatient Department is under review between the Nurse in Charge and Infection Prevention & Control (IP&C) to see if any other capacity can safely be gained through the use of clear separating boards.</p> <p>Instructions are awaited on the validation of non-admitted waiting lists.</p> <p>NBT clinics are agreed to start as of 04/10/2021 to create further capacity.</p> <p>Tristel wipes are to be used on scopes (agreed with NBT IP&C).</p> <p>Telephone appointments are being used where possible /appropriate.</p>

	<p>WTE capacity within the outpatient team, causing delays in administering clinics.</p> <p>Delayed Operations: Operations have been impacted by bed and theatre capacity. Clinical prioritisation has taken place to ensure prioritisation by clinical urgency, meaning there is a large waiting list of routine patients who still require operations.</p> <p>Attitude & Communication of staff: Some complaints refer to the attitude and communication of nursing and medical teams. These included a patient not feeling that they were listened to. Another felt that nurses on the ward were staring at them.</p>	<p>Members of staff have now returned to post. An additional WTE has been put into the department to provide additional support and assist with avoiding delays to patient appointments.</p> <p>Clinical prioritisation of patients has taken place.</p> <p>Additional activity picked up where possible, including in-week vacant session uncovered by other specialties.</p> <p>Doctors have been made aware of issues and meetings with supervisors have taken place to ensure learning is shared.</p> <p>Appropriate immediate actions took place including moving patient to areas where they did not feel anxious.</p>
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Figure 10: Surgery – formal and informal complaints received

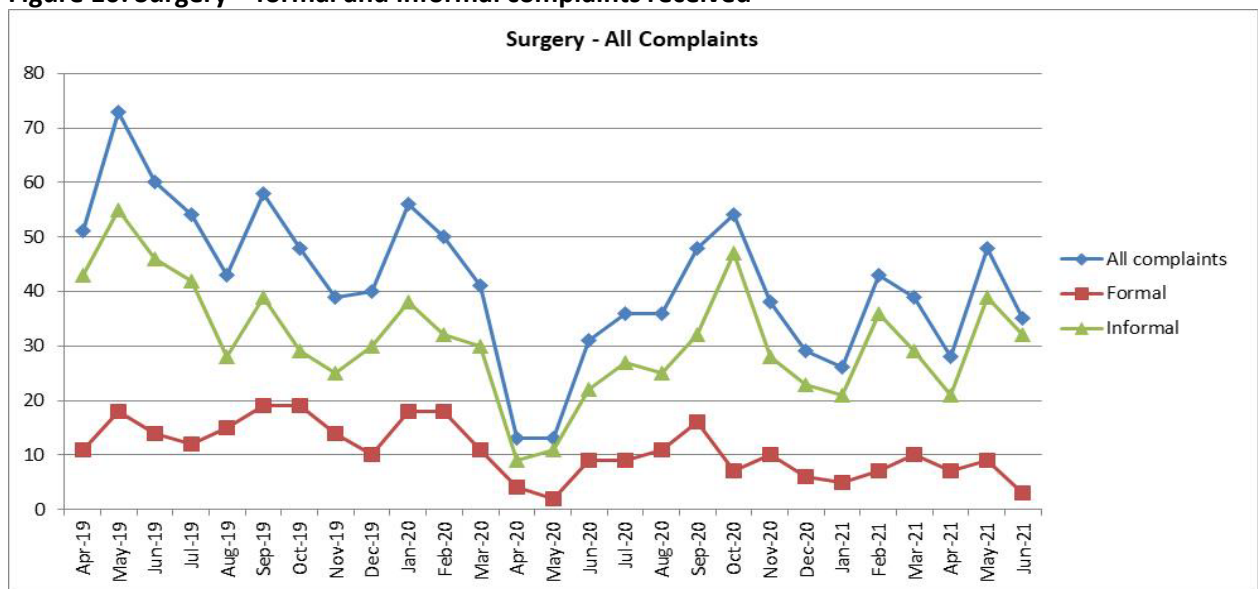
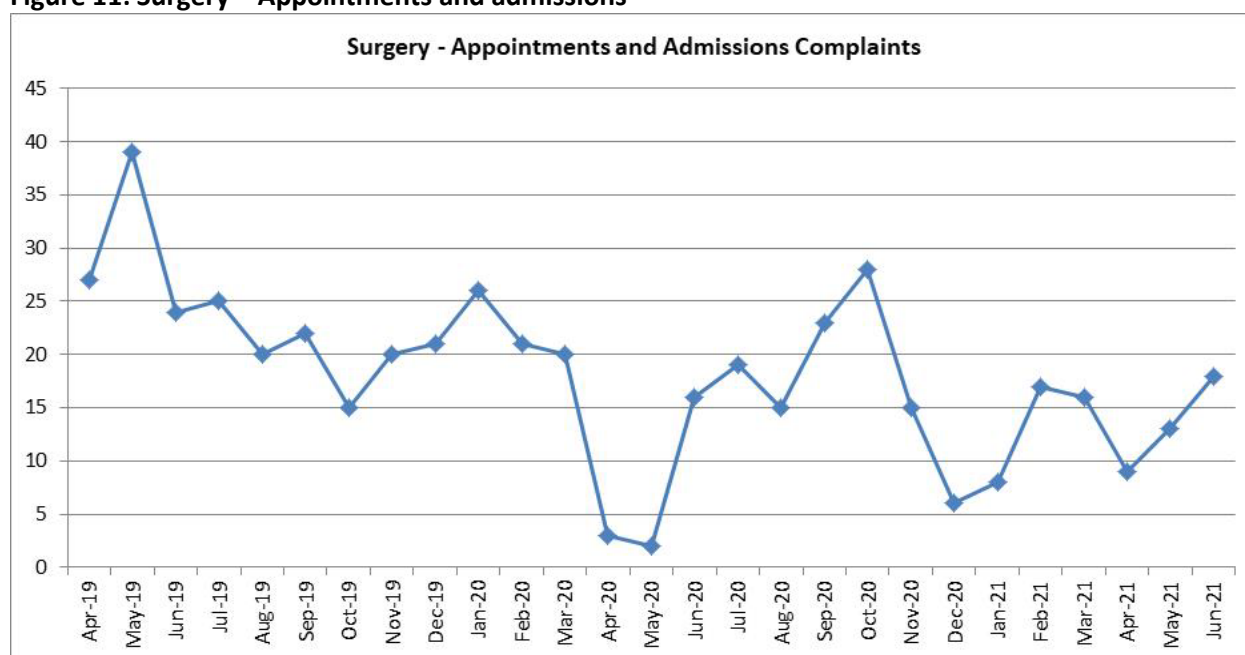


Figure 11: Surgery – Appointments and admissions



3.1.2 Division of Medicine

The Division of Medicine received 92 new complaints in Q1 of 2021/22; a reduction on the 103 received in Q4 of 2020/21 and the lowest number since the height of the Covid-19 pandemic in Q1 of 2020/21. The largest number of complaints received by the Division is consistently in the category of ‘clinical care’ and this remained the case in Q1, accounting for a third of all complaints received by the division, with 64.5% of these being about ‘clinical care (medical/surgical)’. Complaints about cancelled or delayed appointments/operations increased slightly after a notable decrease the previous quarter. There was a small decrease in complaints about lost patient property compared with the highest number on record being reported for the previous quarter.

The Division achieved 65.6% against its target for responding to formal complaints within the agreed timescale in Q1, a similar percentage as reported in Q4 (64.3%). For informal complaints, the Division achieved 90.9% for responding within the agreed timescale; a small improvement on the 88.9% reported in Q4. 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 – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Clinical Care	31 (33.7% of total complaints) ↑	30 (29.1% of total complaints) ↓
Attitude & Communication	26 (28.3%) ↓	27 (26.2%) ↓
Facilities & Environment	12 (13%) ↑	11 (10.7%) ↑
Appointments & Admissions	12 (13%) ↑	7 (6.8%) ↓
Information & Support	5 (5.4%) ↓	14 (13.6%) ↑
Discharge/Transfer/Transport	3 (3.3%) ↓	10 (9.7%) ↑
Documentation	2 (2.2%) ↓	4 (3.9%) ↓
Access	1 (1.1%) ↑	0 (0%) ↓
Total	92	103

Table 8: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Clinical care (medical/surgical)	20 ↑	16 ↓
Communication with patient/relative	9 ↑	8 ↑
Lost personal property	7 ↓	9 ↑
Appointment administration issues	6 ↑	4 =
Clinical care (nursing/midwifery)	6 ↓	7 ↓
Failure to answer phone/failure to respond	5 ↑	3 ↓
Cancelled or delayed appointments and operations	4 ↓	7 ↓
Attitude of administrative staff	4 ↑	1 ↓

Table 9: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>As in Q4 of 2020/21, there continued to be a high number of complaints received for the Bristol Royal Infirmary Emergency Department (BRI ED) in Q1 of 2021/22.</p> <p>The department received 43.5% of all complaints for the division (40 of 92) in Q1, with 19 of the 40 being about 'clinical care'; 10 were recorded in the category of 'facilities and environment'; and six were about 'attitude and communication'</p> <p>The majority of the clinical care complaints (14 of 19) were recorded in the sub-category of 'clinical care (medical/surgical)'.</p> <p>The 'facilities and environment' complaints included seven complaints about lost patient property, which was highlighted as a concern in Q4 2020/21. At that</p>	<p>ED continue to be under enormous pressure with an unrelenting high volume of attendances and long waits to be seen and to be admitted, due to the large number of patients medically fit for discharge.</p> <p>As above, the ED team continues to be under extreme pressure and is struggling to cope with the amount of patients who are in ED at any one time.</p> <p>Due to the pressure that the hospital is under, patients are waiting for inpatient beds for extended periods of time.</p> <p>Patients are currently waiting for extended periods of time to be seen in 'fast flow', as patients are triaged and seen in priority order with regards to their clinical care requirements, with other groups of less urgent patients having to wait for</p>	<p>The ED Senior Team has re-instated the monthly governance meeting with the divisional triumvirate, who review patient experience reports and learning.</p> <p>Along with the improvement of the waiting area in ED, the remaining facilities will improve once the building work has been completed, to include an increase in the size of the waiting area and associated facilities.</p> <p>The ED nursing team is working with the staff at the reception desk to support their wellbeing as they continue to see high volumes of patients.</p> <p>The ED team is looking at ways to keep the patients up to date with delays and communicate that the sickest patient will be seen first and that at peak times this will cause delays.</p> <p>ED is also carrying out a targeted</p>

<p>time, the division planned to review processes for managing patient property and sharing a poster to highlight the issue.</p>	<p>extended periods of time.</p>	<p>response to the loss of patient property and has the senior band 7 staff presenting a month's safety brief message about the property process in ED, along with ideas to improve and change the existing process where necessary.</p> <p>As reported in Q4 of 2020/21, a reminder about the division's patient property process has been circulated to all staff in the division and sent to the Heads of Nursing as a reminder for all teams/divisions Trustwide.</p>
<p>Following a concerted effort by the division, there was a significant reduction in complaints received by the dermatology service in Q4. However, these have started to increase again, with 12 complaints received in Q1.</p> <p>There were eight complaints about cancelled/delayed appointments and appointment administration issues; three complaints about not answering telephones and one about communication with the patient's GP about which blood tests were needed before the next appointment.</p>	<p>Following a high number of complaints, the dermatology team has re-introduced the 'Phonership' project for answering telephone calls. The outpatient team dedicate a member of staff each day and additional staff at peak times.</p> <p>Appointment letters were reviewed to ensure correct contact numbers shown with the Appointment Centre listed as the first point of contact for general queries. This leaves dermatology staff available to answer more urgent or complex enquires.</p> <p>An increased number of patient complaints were received due to the wrong location being added to letters following short notice changes.</p> <p>The service is restricted in the number of face to face appointments they can offer and have introduced telephone appointments for the majority of patients, whilst recognizing that this may not be suitable for all patients.</p>	<p>Ongoing focus on telephone answering across all remaining dermatology departments in the surgery and fast track teams.</p> <p>The team is looking at alternative methods of communication for patients e.g. web form or email.</p> <p>A patient survey is being developed with Patient Experience team, with support from the Transformation team.</p> <p>The services continue to work with the Careflow (Medway) Support team to ensure appointment letter accuracy. However, response times can be slower than optimum for these small but essential changes, due to high demand across the Trust. Contact is made by telephone wherever possible, in order to mitigate against these delays.</p> <p>The clinical team regularly reviews the waiting lists to ensure patients are clinically prioritised for face to face appointments. Some consultants and CNSs have also been providing additional face to face clinics in an attempt to manage the backlog.</p>

<p>The Division continues to struggle with providing timely responses to formal complaints, with 21 breaches of deadlines in Q1.</p>	<p>This has been caused by the increased volume of complaints received, in tandem with the large number of patients being seen and operational pressures on the teams involved.</p>	<p>The Patient Support & Complaints Manager is working closely with the Head of Nursing and divisional team to offer support and assistance with this issue, including reviewing all overdue responses and assessing whether extended timescales might be necessary, particularly in respect of complaints for the BRI Emergency Department.</p>
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Current divisional priorities for improving how complaints are handled and resolved:

The Division continues to strive to improve on the timeliness of complaints and is actively trying to resolve complaints informally where possible.

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

- Staff attitude – increased psychological support is being provided for staff in the ED that are on the front line of the increased and unrelenting pressure.
- Clinical care – reconfiguration of the wards in the Division of Medicine will improve getting “the right patient, in the right ward at the right time”, which will ultimately result in an improved patient experience.

Figure 12: Medicine – formal and informal complaints received

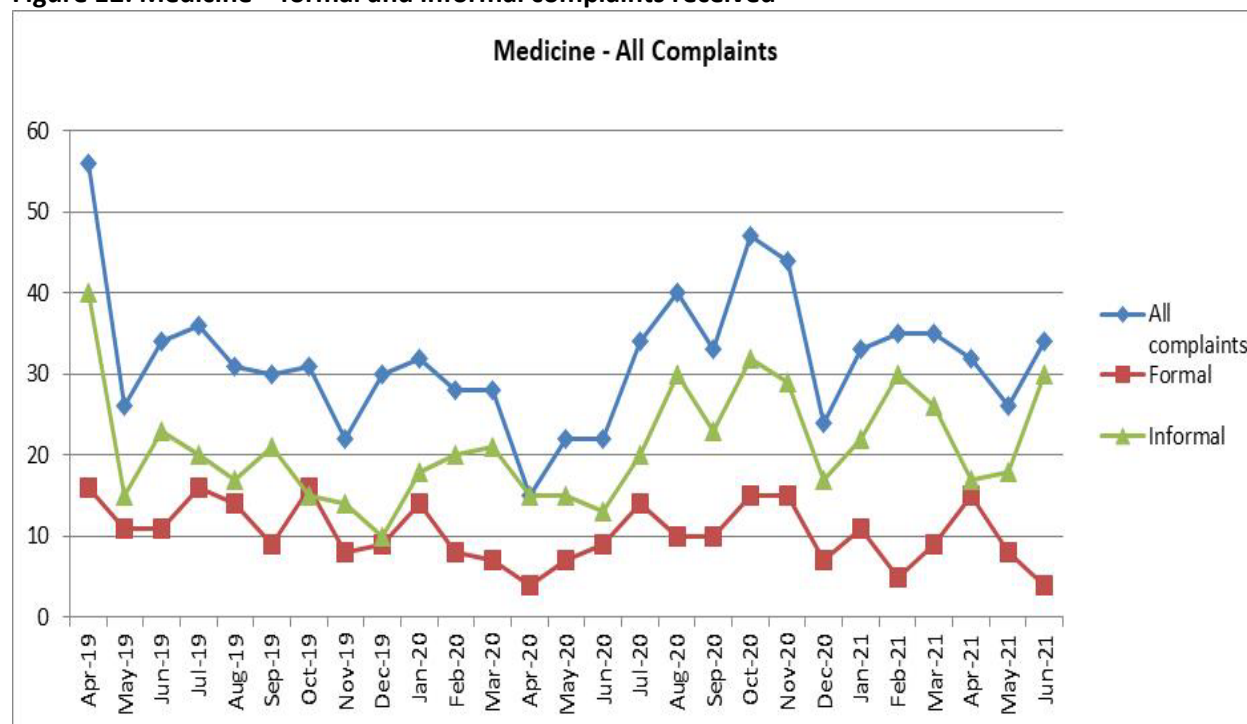


Figure 13: Medicine – All clinical care complaints

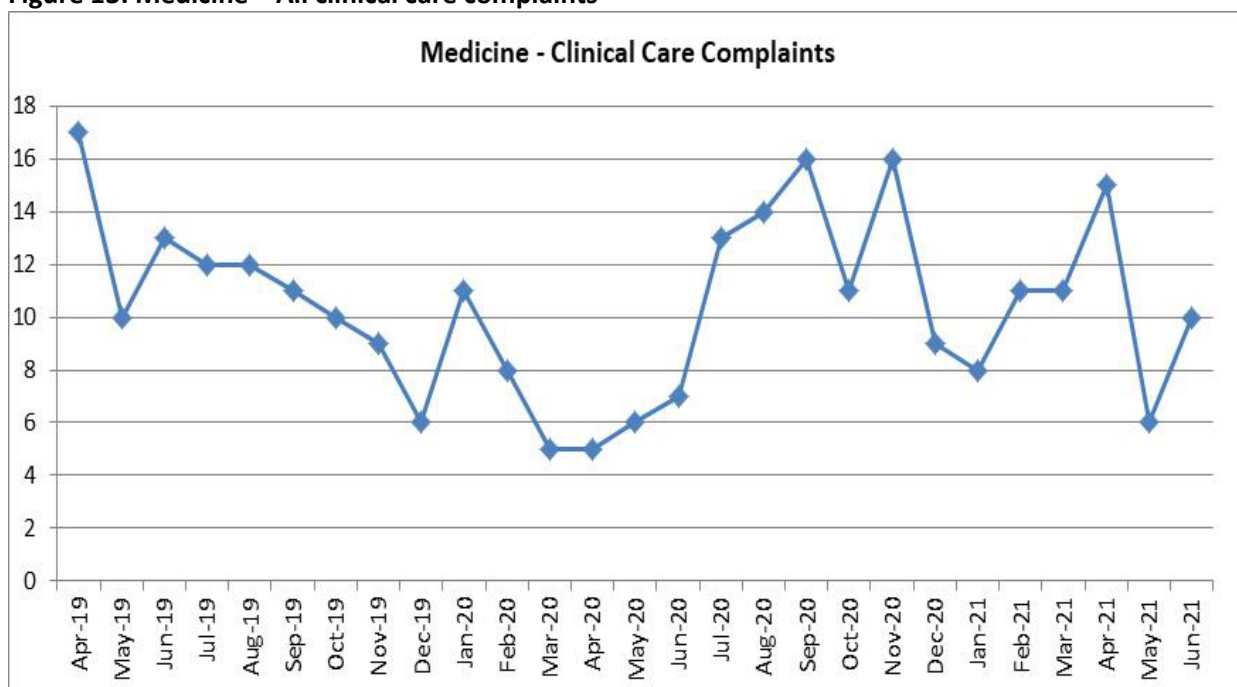
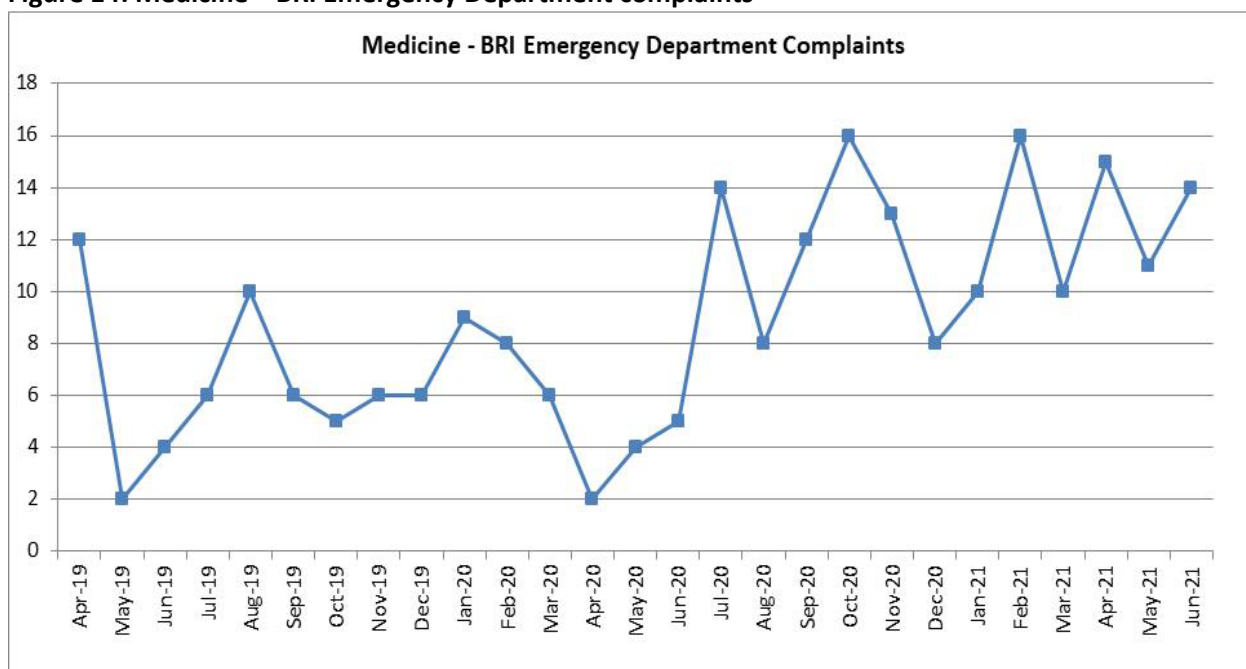


Figure 14: Medicine – BRI Emergency Department complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 79 new complaints in Q1; a notable increase on the 48 received in Q4 of 2020/21. Of these complaints, 58 were for the Bristol Heart Institute (BHI), compared with 35 in Q4; and 17 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 10 in Q4. In addition, there were three complaints for Clinical Genetics and one for the Clinical Trials Unit.

Following the noticeable decrease reported in Q4, the largest number of complaints received by the Division in Q1 was recorded under the category of ‘appointments and admissions’ (34.2%), with the majority (22 of 26) being in respect of cancelled/delayed appointments or operations. There were also notable increases in complaints about ‘clinical care’ and ‘attitude and communication’. In a similar vein, following a large reduction in Q4, there was a significant (241.7%) increase in complaints received for BHI Outpatients, from 12 in Q4 to 41 in Q1.

The Division achieved 72% against its target for responding to formal complaints within the agreed timescale in Q1, a deterioration compared with 77.8% in Q4, and 86.5% for informal complaints, compared with 100% in Q4. 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 – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Appointments & Admissions	26 (32.8% of total complaints) ↑	11 (22.9% of total complaints) ↓
Clinical Care	24 (30.4%) ↑	11 (22.9%) ↓
Attitude & Communication	20 (25.3%) ↑	14 (29.2%) ↓
Documentation	4 (5.1%) ↑	3 (6.3%) ↑
Access	2 (2.5%) ↑	0 (0%) =
Information & Support	1 (1.3%) ↓	4 (8.3%) ↑
Facilities & Environment	1 (1.3%) =	1 (2.1%) ↓
Discharge/Transfer/Transport	1 (1.3%) ↓	4 (8.3%) ↑
Total	79	48

Table 11: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Cancelled or delayed appointments and operations	22 ↑	11 ↓
Clinical care (medical/surgical)	10 ↑	8 ↓
Lost/misplaced/delayed test results	8 ↑	2 ↓
Communication with patient/relative	7 =	7 =
Failure to answer phone / failure to respond	7 ↑	4 ↓
Appointment administration issues	5 ↑	0 ↓

Table 12: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The division saw an overall 58.3% increase in complaints received in Q1, compared with Q4, with significant increases in the 'top three' categories.</p> <p>In particular, a large number of complaints (26) were received about 'appointments and admissions', with the majority (22) being in respect of cancelled or delayed appointments and operations. 18 of the 22 complaints were about appointment cancellations and delays in the Bristol Heart Institute (BHI) Outpatients Department.</p>	<p>It should be noted that the risk associated with delays in the Division of Specialised Services caused by the Covid pandemic, is currently rated as '20' on the divisional risk register.</p> <p>Of these complaints for BHI, all but two were resolved via the informal complaints process.</p> <p>Four of the complaints involved patients chasing scans and tests. However, two of these did not need to be investigated by the division as they had already been resolved.</p> <p>There were 10 complaints about delayed cardiology follow up appointments. However, two of these did not reach the division as had received appointment dates since submitting their complaints. In addition, there were two complaints each for cardiac surgery follow-up and procedure dates for GUCH patients.</p> <p>There were issues with the Waiting List Office phone lines.</p> <p>Capacity issues were identified within the Cardiology Registrar Team, with one registrar covering both on-call and clinic, another working from home.</p>	<p>Appointments were subsequently made for all of these patients.</p> <p>The issue with the phone lines in the Waiting List Office has been resolved.</p> <p>Recruitment of registrars has been undertaken; however there have been some delays to start dated due to Covid-19 travel restrictions.</p>
<p>Of the 76 complaints received by the Division, 41 of these were received by BHI Outpatients (including Outpatient Echo).</p> <p>As noted above, 18 of these complaints were in respect of cancelled and delayed appointments.</p>	<p>Please see above for BHI Outpatients (including Outpatient Echo).</p> <p>As above.</p>	

<p>There were also 11 complaints about 'attitude and communication' and 10 in respect of 'clinical care'.</p>	<p>Five of the 'attitude and communication' complaints were in respect of the issues with the phone lines in the Admissions/Waiting List Office.</p> <p>Due to a backlog in the Patient Support & Complaints Team, some of these complaints had not yet reached the division for investigation at the time of this report. Once such complaint related to an information request regarding Mycobacterium Chymeria.</p> <p>Two complaints were received in respect of communication with patients and their next of kin.</p>	<p>The issue with the phones lines has now been resolved.</p> <p>An RCA had been completed and a robust action plan put in place for patients with Mycobacterium.</p> <p>The issue of communication with patients and their next of kin has been highlighted in the divisional newsletter.</p>
<p>At Bristol Haematology & Oncology Centre, nine of the 14 complaints received were for outpatient services, including the Outpatient Department (D501) and the Chemotherapy Day Unit (D502). The complaints received were in a variety of categories.</p>	<p>Four of the complaints received related to 'appointments and admissions'. Another four were received in respect of delayed scan results and follow-up appointments.</p> <p>Two complaints were about 'attitude and communication', including the abrupt and dismissive attitude of a consultant and a letter being sent to the wrong GP and address.</p> <p>There were three complaints received about 'clinical care' and one complaint, being led by NBT, about the communication of a poor prognosis to the patient's next of kin.</p>	<p>New colleagues have been appointed to the BHOC administrative team. including a new Performance & Operations Manager to support the booking processes.</p> <p>A review of administration systems is on the current work plan for the BHOC team.</p>

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

Currently the division are working hard to maintain a timely response rate, given the pressures on the clinical teams during the pandemic response and the resultant internal critical issues.

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

Staff communication with patients and their family members, making sure communication is clear and understood. Also that communication styles are highlighted especially highlighting the need to be aware of how we portray ourselves and being mindful of unconscious bias.

Figure 15: Specialised Services – formal and informal complaints received

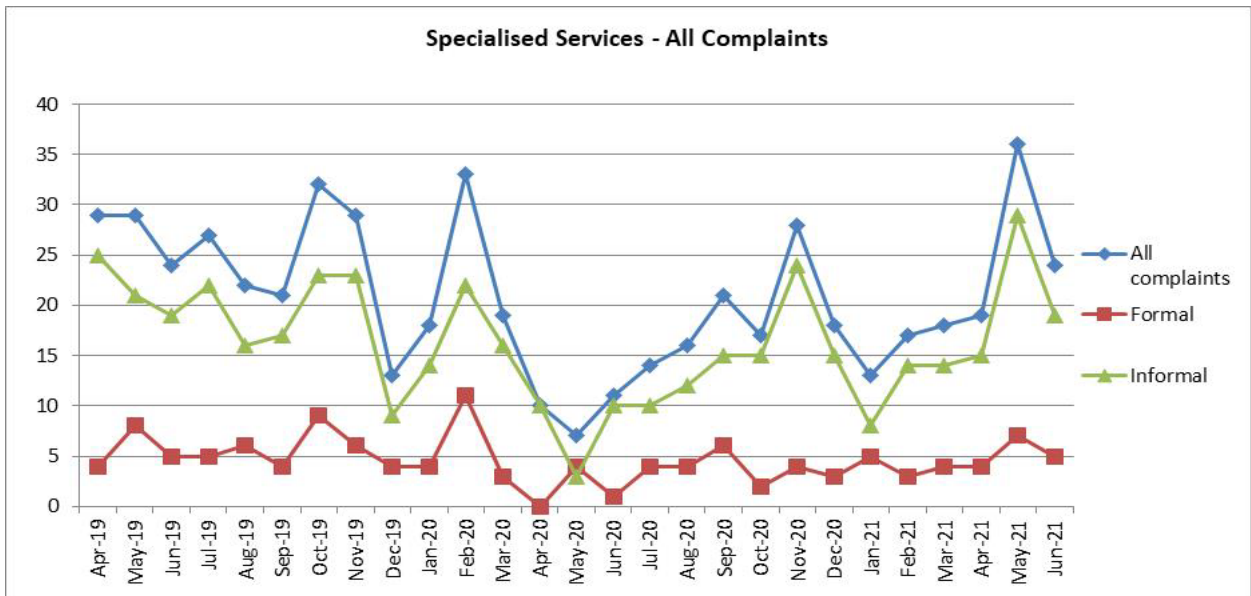


Figure 16: Complaints received by Bristol Heart Institute

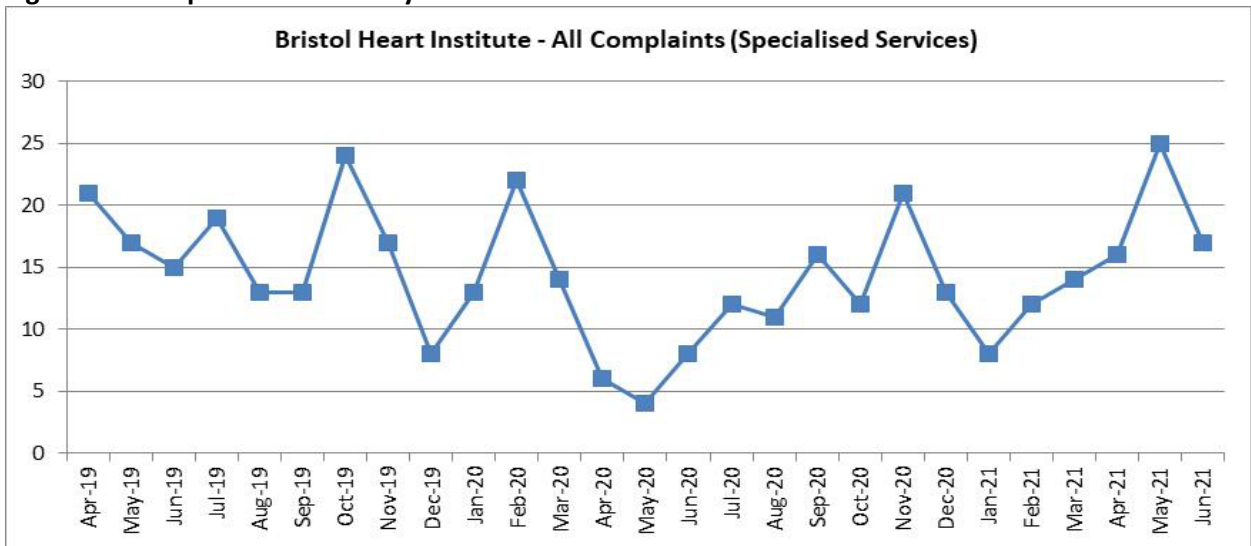


Figure 17: Complaints received by Bristol Haematology & Oncology Centre

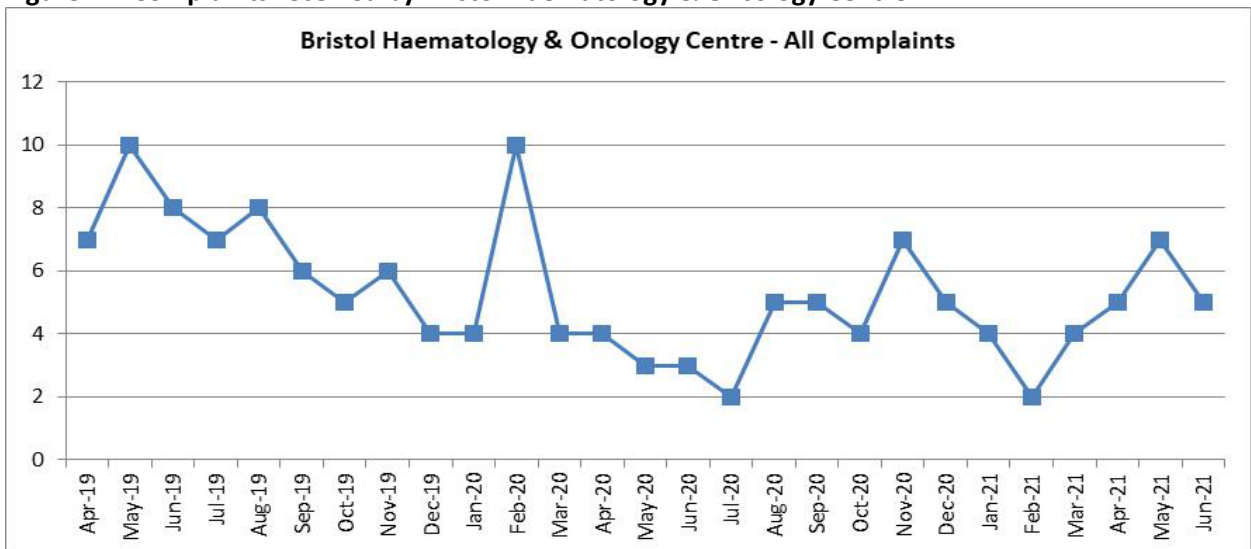
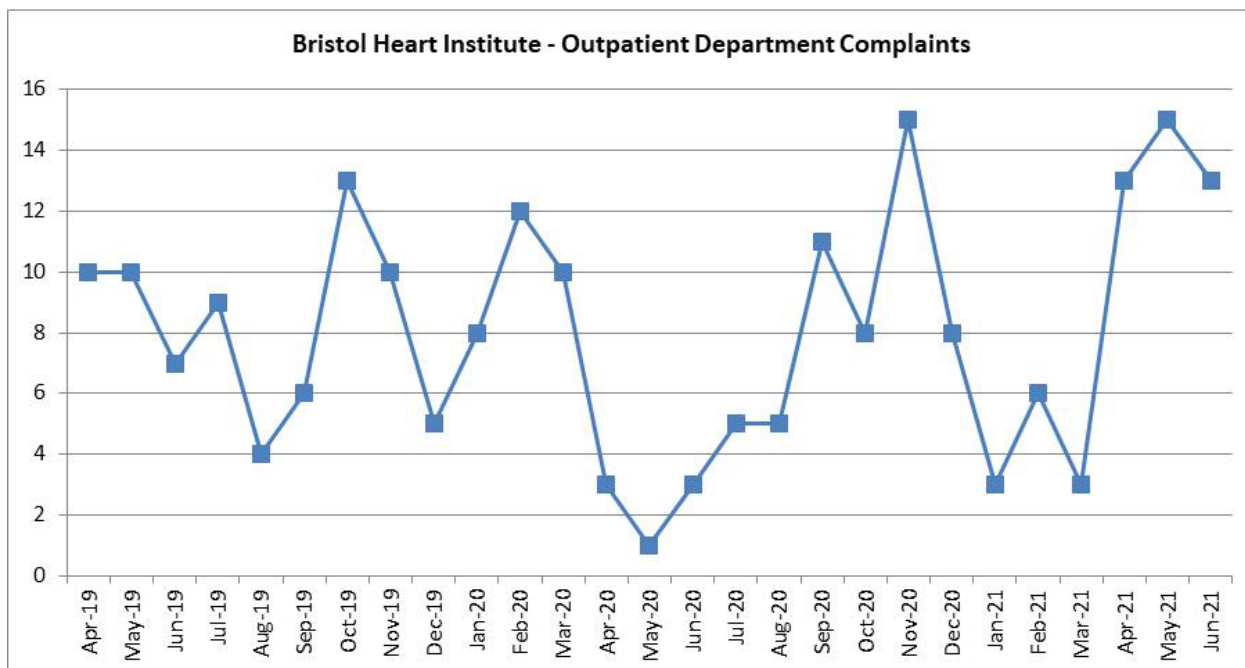


Figure 18: Specialised Services – BHI Outpatient Department complaints



3.1.4 Division of Women’s and Children’s Services

The Division of Women & Children received 88 new complaints in Q1 of 2021/22; an increase on the 73 received in Q4 of 2020/21. Of these complaints, 63 were for Bristol Royal Hospital for Children (BRHC), compared with 42 in Q4; and 21 were for St Michael’s Hospital (StMH), compared with 31 in Q3. There were also two complaints for Community Midwifery and two for Weston Maternity.

Complaints recorded under the primary category of ‘clinical care’ accounted for almost half of all complaints received by the Division in Q1 (38 of 88). Complaints in this category are consistently the highest for the division. There were also significant increases in complaints about ‘attitude and communication’ and ‘appointments and admissions’. Numbers of complaints in all other categories remained similar to the previous quarter.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) were in the category of ‘clinical care’(26), followed by ‘attitude and communication (19) and ‘appointments and admissions’ (12). For St Michael’s Hospital, the highest number of complaints (received in Q1 (10 of 21) were in respect of ‘clinical care’, whilst ‘attitude and communication’ and ‘appointments and admissions’ accounted for six and four complaints respectively.

The Division achieved 90.5% against its target for responding to formal complaints within the agreed timescale in Q1, compared with 92.5% in Q4, and 100% for informal complaints for the third consecutive quarter. It should be noted that only one of the four breaches of deadline in respect of formal complaints were due to a delay 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 – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Clinical Care	39 (43.8% of total complaints) =	38 (52.1% of total complaints) ↑
Attitude & Communication	26 (29.9%) ↑	17 (23.3%) ↑
Appointments & Admissions	16 (18.4%) ↑	8 (11%) ↓
Access	3 (3.4%) ↓	4 (5.5%) ↓
Information & Support	3 (3.4%) ↑	2 (2.6%) ↓
Documentation	1 (1.1%) ↓	4 (5.5%) ↑
Discharge/Transfer/ Transport	0 (0%) =	0 (0%) ↓
Facilities & Environment	0 (0%) =	0 (0%) ↓
Total	88	73

Table 14: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Clinical care (medical/surgical)	22 ↑	21 ↑
Cancelled or delayed appointments and operations	15 ↑	7 ↑
Clinical care (nursing/midwifery)	12 ↑	9 ↓
Communication with patient/relative	10 ↑	5 ↓
Attitude of nursing/midwifery staff	6 ↑	4 ↑
Attitude of medical staff	5 ↑	4 ↑
Confidentiality	3 ↑	2 ↑

Table 15: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>BRHC</p> <p>Whilst complaints relating to ‘clinical care’ have remained consistently high for the hospital, there has been a notable increase in Q1 of complaints about ‘attitude and communication’, with 19 complaints in this category in Q1.</p> <p>In Q1, there were four complaints in this category for Carousel Outpatients; and three each for the Children’s Emergency Department and Paediatric Neurology/Neurosurgery.</p>	<p>BRHC</p> <p>The Division recognises that 19 complaints is a high number. The majority of these complaints are more about communication than attitude.</p> <p>The four complaints pertaining to Carousel Outpatients were relating to different specialties and there were no common themes between the issues raised.</p> <p>The three complaints for the Children’s ED were unfortunate and related to the attitude of an agency nurse, the application of a chaperone policy, and the third complaint did not reach the division.</p> <p>The three neurology complaints related to a breach of confidentiality which was being taken forward by the Quality and Patient Safety team; there</p>	<p>BRHC</p> <p>The Division continues to review complaints data on a monthly and quarterly basis, and where trends are identified, these are followed up with the relevant Manager / Team to determine any actions to be taken.</p>

	<p>was an issue raised about delayed test results which did not reach the Division, and there was an issue with poor communication for which information from the complainant is still awaited.</p>	
<p>Complaints received for the Children's Emergency Department more than doubled in Q1 compared with Q4.</p> <p>Of the 13 complaints received, 10 were about 'clinical care' and the remaining three were recorded with a primary category of 'attitude and communication'.</p>	<p>The increased number of complaints may be reflective of the increased number of patients currently being seen and treated in the Children's Emergency Department at the current time. It should be noted that 2 of the 10 complaints about clinical care did not reach the division.</p> <p>Not all complaints that were investigated were upheld, although the Division still tried to ensure learning from these regardless. On some occasions it was a lack of understanding, despite extensive discussions and explanations being given, that led to the complaint being made. However, for all complaints received a thorough investigation was undertaken and actions were taken where necessary. This included additional training for staff and staff members reflecting on the feedback with their managers to ensure learning going forward.</p>	<p>The CED governance group has reviewed the complaints received during Q1 but aside from the categorisation, there were no wider themes or trends that could be identified.</p> <p>Complaints relating to the CED will continue to be monitored at Divisional level by the Complaints Coordinator and Deputy Head of Nursing, in conjunction with the CED Governance Group, and wider actions will be taken where necessary.</p>
<p>Six complaints were received for Bluebell Ward (E500) in Q1. Whilst not a high number, this is a noticeable increase on the single complaint reported in Q4 and no complaints in Q3 of 2020/21</p> <p>Four of the six complaints received in Q1 were about 'clinical care'.</p>	<p>Having reviewed the six cases attributable to Bluebell Ward, 4 of the complaints were closed due to insufficient information before the Division had a chance to investigate these.</p>	<p>The Division will monitor the feedback received relating to Bluebell Ward and will take action where required.</p>
<p>StMH In Q1, five complaints were received about Ward 73 (Maternity). Whilst this is a low number, it is a noticeable increase from the single complaint received for this ward in Q4 of 2020/21.</p> <p>Three of the five complaints</p>	<p>StMH No themes emerging from these complaints. Varying factors leading to the complaints.</p>	<p>StMH All complaints reviewed for themes and where actions can be taken to prevent further adverse patient experience.</p>

related to 'clinical care' and two were about 'attitude and communication'.		
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Current divisional priorities for improving how complaints are handled and resolved:

BRHC

Update the Divisional Standard Operating Procedure to reflect current processes.
Continue to review emerging themes and trends.

StMH

Aim to resolve complaints before formal process required by Matron and senior midwives/nurses being visible in clinical areas.

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

BRHC

There are no specific priority issues, but the Division is currently considering how learning can be better shared across the Division, and not just within the area to which it relates. This will enable other teams to reflect on the learning implemented, and to consider whether the actions taken would also be beneficial for them to consider in their own area of work.

StMH

- Patient Experience has been added to the daily safety briefing and 'Close Encounters' monthly newsletter.
- Patient story (anonymised) to be added to in-house suturing workshop.
- Availability of a more appropriate specialist scan couch in gynaecology outpatients to be explored. Junior doctors to be reminded to tell patients how to obtain more Clexane in the ante natal period when prescribed, to inform the GP and add to the Maternal Medicine continuation sheet.

Figure 19: Women & Children – formal and informal complaints received

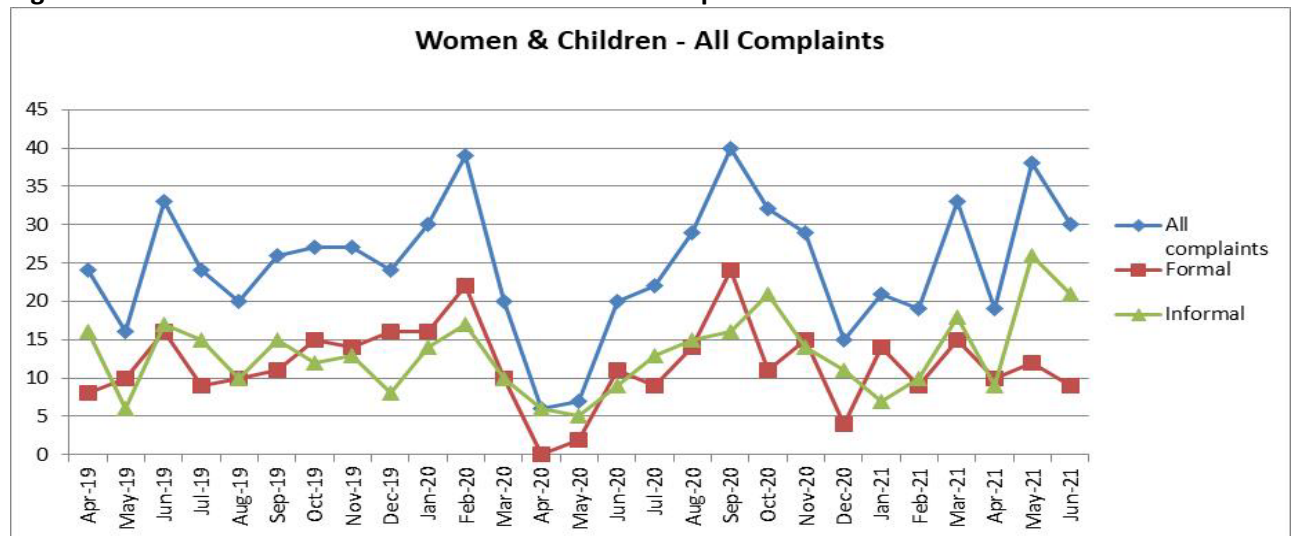


Figure 20: Complaints received by Bristol Royal Hospital for Children

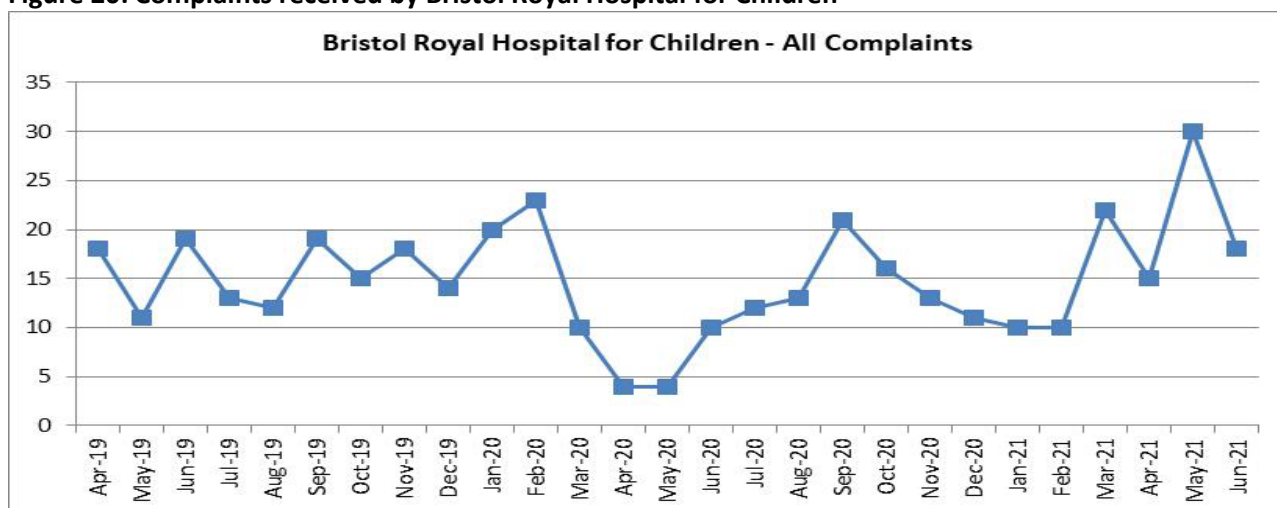
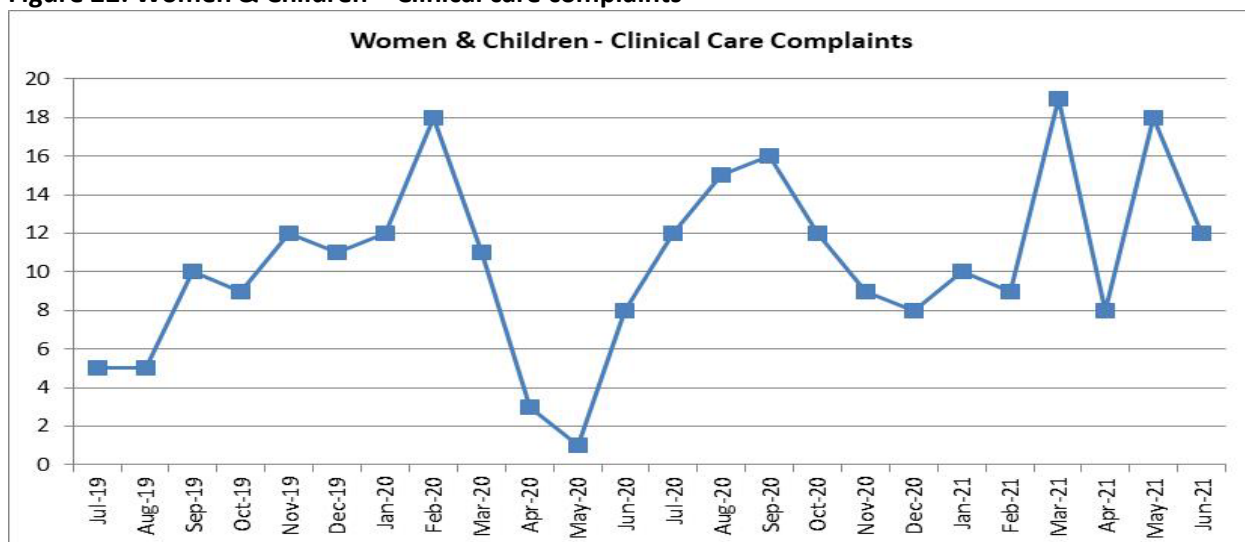


Figure 21: Complaints received by St Michael's Hospital



Figure 22: Women & Children – Clinical care complaints



3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 17 new complaints in Q1; more than double the number (eight) received in Q4 and with a steep rise at the end of the quarter.

The Division achieved 66.7% against its target for responding to formal complaints within the agreed timescale in Q1; compared with its usual 100%. However, it should be noted that, due to the division only sending out three formal responses in Q1, this represents only one breach of deadline, which was for a complex dissatisfied response. The division achieved 100% for informal complaints responded to by the agreed deadline in Q1, as they did for Q4 of 2020/21.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Appointments & Admissions	6 (35.3% of total complaints) ↑	2 (25% of total complaints) ↓
Clinical Care	4 (23.5%) ↑	2 (25%) ↓
Attitude & Communication	4 (23.5%) ↑	1 (12.5%) ↓
Information & Support	1 (5.9%) ↓	2 (25%) ↓
Facilities & Environment	1 (5.9%) =	1 (12.5%) =
Access	1 (5.9%) ↑	0 (0%) ↓
Discharge/Transfer/ Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) ↓
Total	17	8

Table 17: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The number of complaints received by radiology services doubled from five in Q4 to 10 in Q1.</p> <p>Of the 10 complaints received, there were four about ‘appointments and admissions’; three in respect of ‘clinical care’; two related to ‘attitude and communication’ and one about ‘facilities and environment’.</p>	<p>Of the complaints categorised as ‘appointments and admissions’, two related to patients chasing their appointments. One of these patients received their appointment letter shortly after making their complaint before it had been investigated, and the other had been misinformed that they would be given a date for a second injection. The patient was informed that if they required another injection they would need to get a referral for this. There was no theme across the other complaints in this category.</p> <p>There was a trend in the category relating to ‘clinical care’ of either a breakdown of, or poor communication with, patients during their scans.</p>	<p>To address the theme in clinical care complaints, the radiographers who had been involved in the complaints were asked to complete a reflective exercise around communication with patients. In addition, all staff in Radiology were reminded to explain to patients all medications and treatments they are receiving, and why.</p>

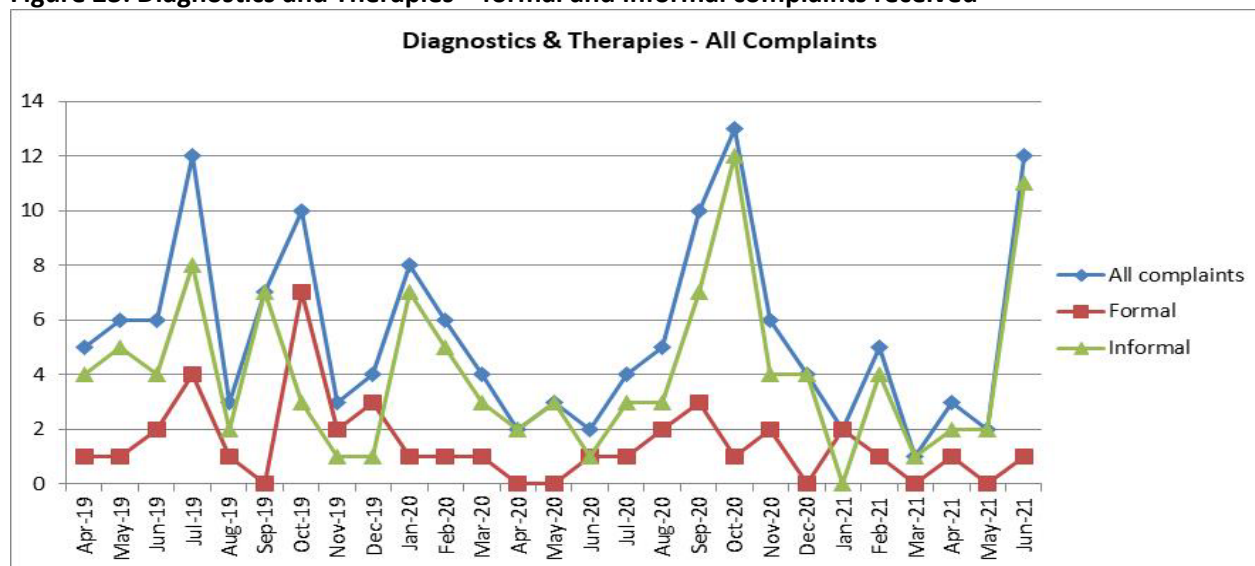
Current divisional priorities for improving how complaints are handled and resolved:

With the exception of a complex dissatisfied response which required collaboration with another division, the Division has continued to respond to complaints within the timeframe and are working to ensure that this standard is maintained.

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

Clear communication with patients regarding medication and treatment even if a patient has had the medication before.

Figure 23: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Weston

The Division of Weston received 51 new complaints in Q1 of 2021/22; a decrease on the 65 received in Q4 of 2020/21.

The highest number of complaints received were those recorded under the category of ‘clinical care’ (19), followed by ‘appointments and admissions’ (11). Complaints about ‘attitude and communication’ decreased from 18 in Q4 to 10 in Q1. The most significant reduction was in complaints about ‘facilities and environment’, which decreased by 66.7% compared with Q4.

The largest number of complaints received by one department was 12 for the Accident & Emergency Department, representing almost a quarter (23.5%) of all complaints received by the division. The marked increase in complaints received about ‘lost personal property’ in Q4 of 2020/21 reduced to two complaints in Q1 of 2021/22. Following three successive quarterly reductions, complaints about ‘clinical care (medical/surgical)’ increased marginally in Q1.

The Division achieved just 10% (three of 30 responses) against its target for responding to formal complaints within the agreed timescale in Q1, compared with 31.3% in Q4 and 30% in Q3. This is the lowest percentage against target ever recorded for any division. 75% of informal complaints were responded to within the agreed timescale in Q1, compared with 82.4% in Q4 and 86.7% 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	Number and % of complaints
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	received – Q1 2021/22	received – Q4 2020/21
Clinical Care	19 (37.3% of total complaints) ↓	20 (30.8% of total complaints) ↓
Appointments & Admissions	11 (21.6%) ↑	10 (15.4%) ↑
Attitude & Communication	10 (19.6%) ↓	18 (27.7%) ↓
Facilities & Environment	4 (7.8%) ↓	12 (18.5%) ↑
Information & Support	4 (7.8%) ↑	2 (3.1%) =
Discharge/Transfer/Transport	3 (5.9%) ↑	2 (3.1%) ↓
Access	0 (0%) ↓	1 (1.4%) =
Documentation	0 (0%) =	0 (0%) ↓
Total	51	65

Table 18: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Clinical care (medical/surgical)	12 ↑	11 ↓
Communication with patient/relative	7 ↓	13 ↑
Cancelled or delayed appointments and operations	7 ↓	10 ↑
Clinical care (nursing/midwifery)	5 ↑	3 =
Attitude of medical staff	3 =	3
Discharge arrangements	3 ↑	2 ↓

Table 19: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>The Accident & Emergency Department continued to receive the highest number of complaints for the division (almost a quarter of all complaints received).</p> <p>The majority of these complaints were in the primary category of 'clinical care'.</p>	<p>The division has experienced complaints in ED regarding clinical care, communication and lost property. Some clinical care and communication complaints have been upheld and related to one particular doctor who has since left the trust. Other communication-related complaints were linked to patients being advised they couldn't bring someone in with them, and felt reception staff were rude.</p> <p>Medically expected patients have not anticipated a wait and go through the same triage process.</p>	<p>The Division continues to review complaints data on a monthly and quarterly basis, and where trends are identified, these are followed up with the relevant Manager / Team to determine any actions to be taken.</p> <p>Medically expected patients are given a leaflet explaining the process once they have checked in to ED reception, however this relies on the patient telling the reception staff they are medically expected.</p>

<p>Only 10% of formal complaint responses were sent out by the deadline agreed with the complainant in Q1. This is the lowest ever reported for any division.</p> <p>In Q4 of 2020/21, the divisional plan to clear the backlog of approximately 45 long overdue cases was reported. As this was not entirely successful, a temporary agency complaints professional has now been appointed to work alongside the current Complaints / PALS / Bereavement Coordinator to clear this backlog.</p> <p>Performance against target for informal complaints also fell in Q1, with 75% of cases being responded to within the agreed timescale; compared with 80%+ in all previous quarters since April 2020.</p>	<p>A new staff member started in post at the beginning of the quarter and received no formal handover, due to the previous agency professional leaving. She inherited 67 outstanding complaints from 2020-21 and continued to receive new formal complaints. This hindered the flow of complaints responses due to the volume involved.</p>	<p>The initial plan to help process the long outstanding cases did not address the backlog sufficiently and therefore a temporary agency professional has been employed and is currently working successfully alongside the substantive team.</p>
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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 complaints co-ordinator and the investigators, to ensure the flow of information is accurate, supportive and within given timescales.

When complaints are received from the Patient Support and Complaints Team in Bristol, they are processed on the day of receipt to ensure the time allowed for investigation is at a premium. The investigating manager is given a timeframe to work to and the divisional complaints team makes contact with the manager before the deadline to ensure the investigation is progressing as anticipated.

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; suggested action for ED for posters displayed explaining simply, possibly using a flow diagram with easy to understand artwork and language: the reasons for attending ED and the reasons not to attend, the pathway through ED, admittance or discharge home with follow-up from a patient's GP. Suggested action for to display posters alerting patients and their relatives to leave valuables at home, including bank cards and cash, and bringing only essentials onto the ward, and if brought in at any point, to complete and sign

the Disclaimer Form.

- Improve lost property processes, to include training of staff regarding property disclaimers where necessary.

Figure 24: Division of Weston - formal and informal complaints received

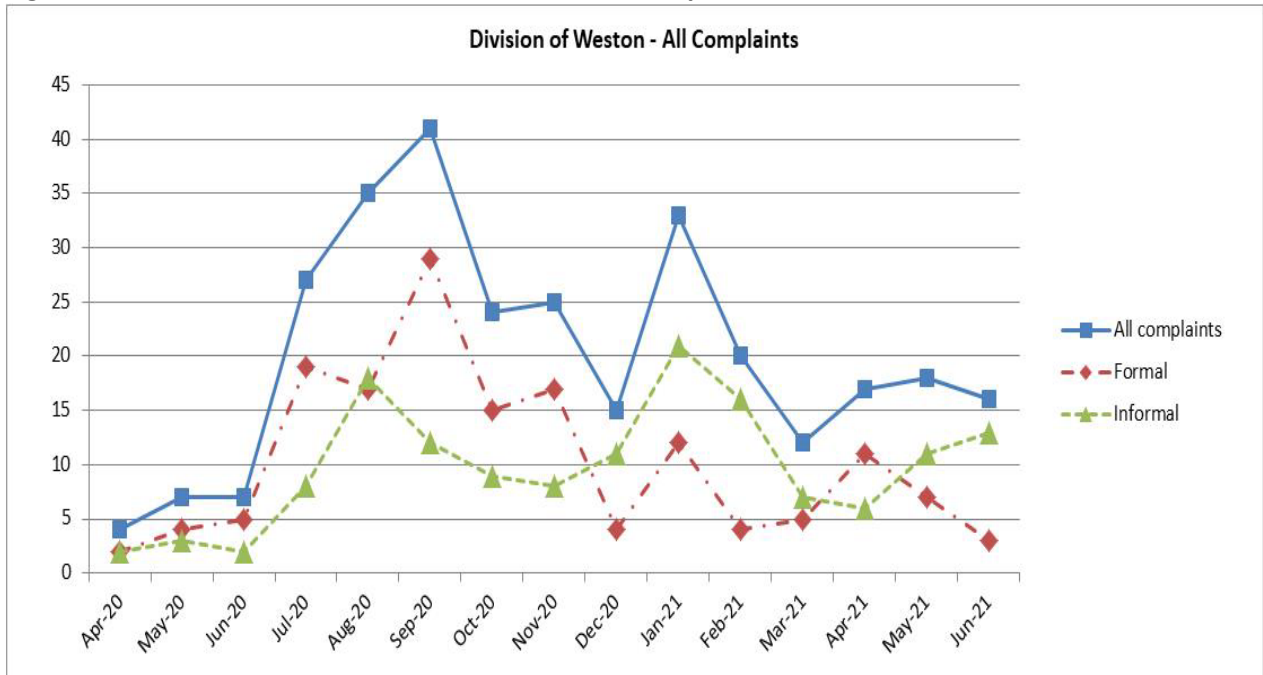
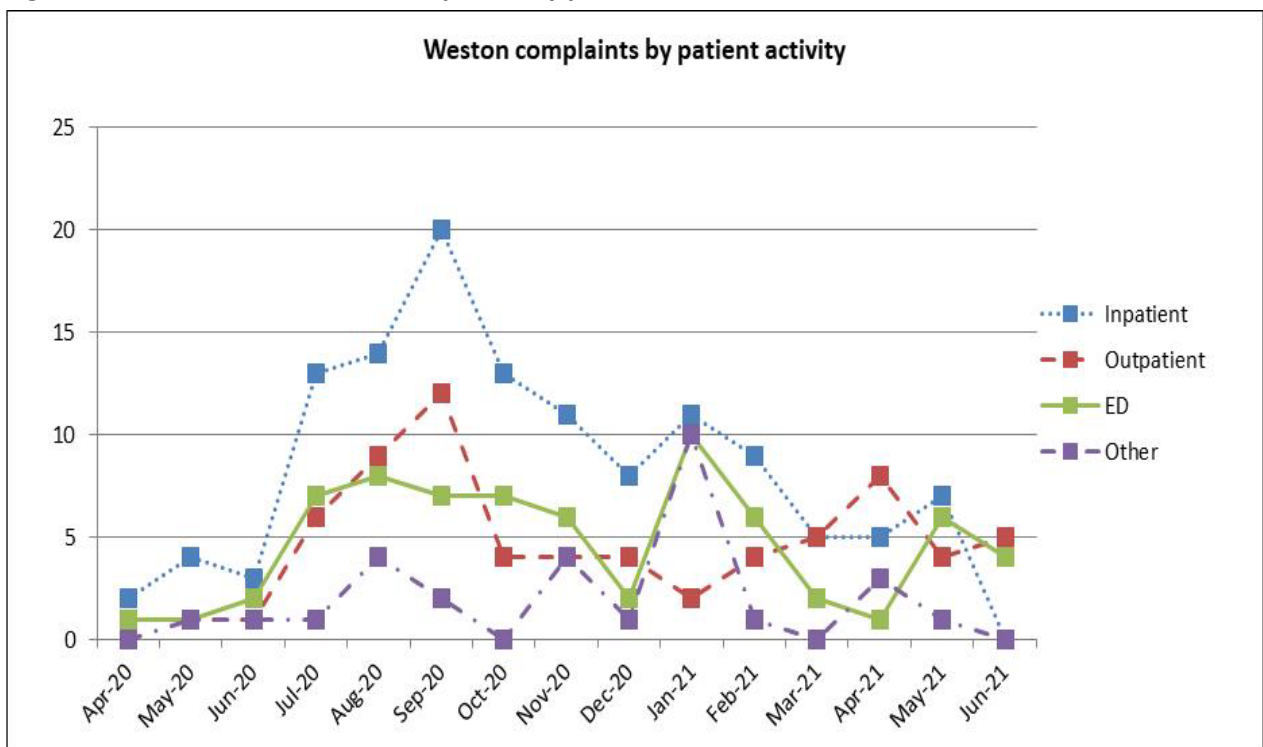


Figure 25: Division of Weston – complaints by patient area



3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 24 new complaints in Q1; a slight increase on the 21 received in Q4.

The largest number of complaints received by the Division was recorded under the category of 'information and support' (33.3%), with complaints split between the Private & Overseas Patients Team, Finance/Cashiers, Communications and StMH Reception.

The Division achieved 44.4% against its target for responding to formal complaints within the agreed timescale in Q1, compared with 42.9% in Q4 and 71.4% in Q3 of 2020/21. They achieved 91.7% for informal complaints; an improvement on the 89.5% achieved in Q4. 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 – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Information & Support	8 ↑	6 (28.6%) ↑
Facilities & Environment	6 ↓	8 (38.1% of total complaints) ↓
Attitude & Communication	6 ↓	7 (33.3%) ↓
Appointments & Admissions	2 ↑	0 (0%) ↓
Access	1 ↑	0 (0%) =
Clinical Care	1 ↑	0 (0%) =
Discharge/Transfer/ Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) =
Total	24	21

Figure 26: 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.

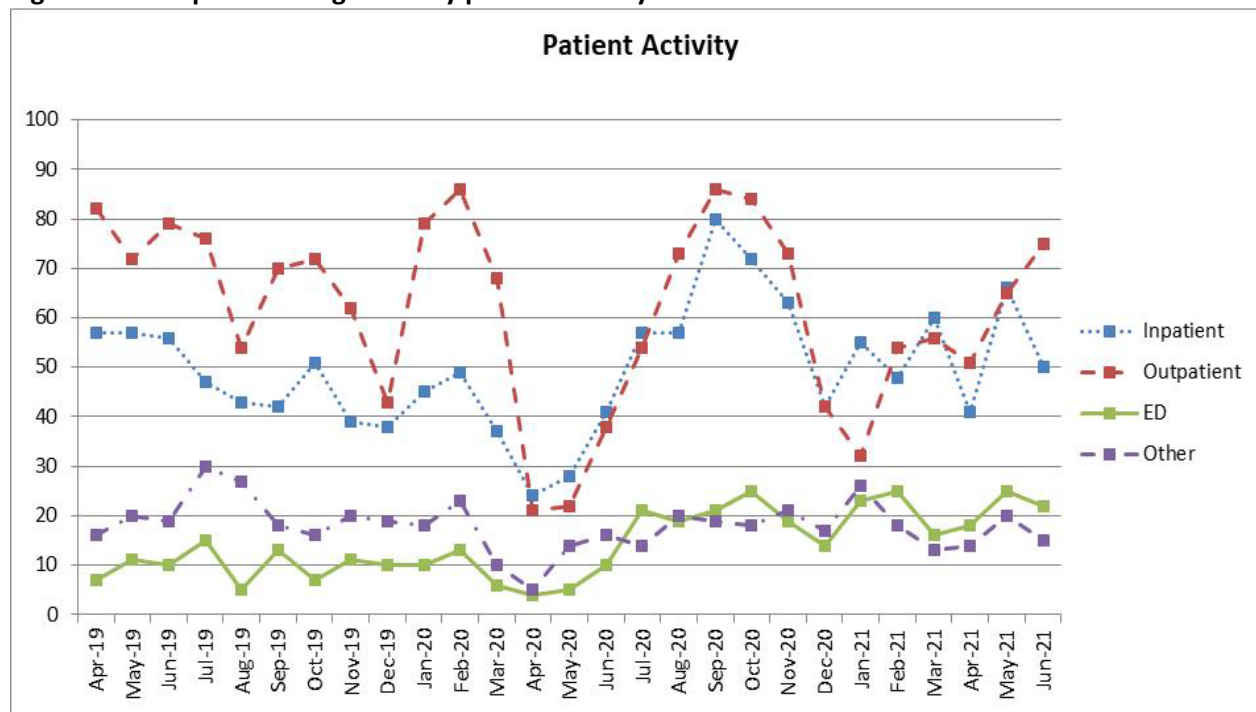
3.2 Breakdown of complaints by inpatient/outpatient/ED status

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 Q1, 41.3% (*33.3%) of complaints received were about outpatient services, 34% (38.3%) related to inpatient care, 14.1% (15%) were about emergency patients; and 10.6% (13.4%) were in the category of 'other' (as explained above). * Q4 percentages are shown in brackets for comparison.

Figure 27: Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

All divisions reported breaches of formal complaint deadlines in Q1, with a total of 68 breaches reported Trustwide. This is a further deterioration on the 44 breaches reported in Q4 and 60 in Q3. This is the highest number of breaches recorded since this report commenced.

The Division of Weston reported 27 breaches of deadline, Medicine reported 21, there were seven for Specialised Services, five for Trust Services (including two for Estates & Facilities), Women & Children had four breaches, Surgery had three and Diagnostics & Therapies had just one. It should be noted that none of the breaches for the Division of Surgery were due to delays within the Division. Please see Table 22 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q1, the Trust responded to 215 complaints via the formal complaints route and 78.9% (147) of these were responded to by the agreed deadline, against a target of 95%, compared with 72.5% in Q4 and 69.1% in Q3.

Table 21: Breakdown of breached deadlines – Formal

Division	Q1 2021/22	Q4 2020/21	Q3 2020/21	Q2 2020/21
Weston	27 (90%)	22 (68.8%)	28 (70%)	19 (55.9%)
Medicine	21 (34.4%)	10 (35.7%)	20 (60.6%)	14 (36.8%)
Specialised Services	7 (28%)	4 (22.2%)	3 (21.4%)	0 (0%)
Trust Services	5 (55.6%)	4 (57.1%)	2 (28.6%)	1 (14.3%)

Women & Children	4 (9.5%)	3 (7.5%)	3 (5.6%)	2 (6.5%)
Surgery	3 (6.7%)	1 (3.2%)	4 (9.8%)	9 (23.1%)
Diagnostics & Therapies	1 (33.3%)	0 (0%)	0 (0%)	0 (0%)
All	68 breaches	44 breaches	60 breaches	45 breaches

(So, as an example, there were 27 breaches of timescale in the Division of Weston in Q1, which constituted 90% of the 30 complaint responses which were sent out by that division in Q1).

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 Q1. 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	18	5	1	1	5	27	57
PSCT	1	2	1	1	0	0	0	5
Execs/sign-off	2	1	1	2	0	0	0	6
Other Trust	0	0	0	0	0	0	0	0
All	3	19	7	4	1	5	27	68

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 Q1, the Trust responded to 177 complaints via the informal complaints route (compared with 140 in Q4) and 91.5% of these were responded to by the agreed deadline; a marginal decrease on the 92.9% reported in Q4.

Table 23: Breakdown of breached deadlines - Informal

Division	Q1 2021/22	Q4 2020/21	Q3 2020/21	Q2 2020/21
Specialised Services	5 (13.5%)	0 (0%)	2 (5%)	0 (0%)
Weston	4 (25%)	3 (17.6%)	2 (13.3%)	2 (6.1%)
Medicine	3 (9.1%)	4 (11.1%)	1 (11.1%)	11 (22.9%)
Surgery	2 (3.6%)	1 (2.9%)	2 (2.9%)	3 (4.2%)
Trust Services	1 (8.3%)	2 (10.5%)	4 (20%)	3 (20%)
Diagnostics & Therapies	0 (0%)	0 (0%)	1 (5%)	0 (0%)
Women & Children	0 (0%)	0 (0%)	0 (0%)	0 (0%)
All	15	10	12	19

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 Q1 2021/22.

- A patient was admitted to the Bristol Royal Infirmary with a Deep Vein Thrombosis (DVT) and during the medication round, was given the wrong medication for his renal impairment. Following a thorough investigation, it was ascertained that he had been given medication from another drug with a similar name and packaging, during a very busy time on the ward with the dispensing nurse experiencing many interruptions. The patient was reassured that the drug he was given had not affected his kidney function or caused him any harm. The Ward Manager has confirmed that nursing staff will be given protected time during medication rounds, in order to prevent interruptions during such an important task. Nurses will now also wear red tabards whilst doing medication rounds, to highlight to other staff that they are not to be interrupted. The Trust has also appointed Practice Development Nurses, who will be working closely with the Pharmacy team to review the safe management and distribution of medication to prevent similar errors in future. The Ward Manager also raised the complaint at the Acute Medicine Governance meeting, to highlight the importance of protected time for nursing staff during medication rounds. (Medicine)
- A seven year old patient was brought to the Children's Emergency Department (ED) at Bristol Royal Hospital for Children (BRHC) following a fall in which he injured his arm. A fracture was diagnosed and the parents were asked to be ready to bring their son back into the hospital for surgery first thing the following morning and to keep him 'nil by mouth' from 22:00hrs the night before. When no phone call was received, his parents brought him back to the hospital later that morning, only to be told they were very busy and he would not be having surgery that day. He was admitted to a ward to wait and eventually had to be treated for low blood sugar levels after being kept nil by mouth for so long and becoming thirsty, tired, dizzy and dehydrated. As a result of the complaint, the Paediatric Orthopaedic Team has created a patient information leaflet to explain the trauma pathway, timelines, and relevant contact numbers to ensure two-way communication. The orthopaedic team training has also been reviewed to ensure the team understand how to clearly and consistently communicate the urgency of the treatment that is required to patients and their parents. In addition, the ward team will now undertake a further set of observations four hours after the first set and this has been included in the daily safety brief. (Women & Children)
- A complaint was received from a patient in respect of her colonoscopy procedure as she could not get through to the number provided to her in advance of the procedure as instructed. She tried the number several times on consecutive days without success and was also told when ringing the Queen's Day Unit, that the pre-assessment nurse was not there but would ring her back, but this did not happen. The patient then received conflicting advice from two different sources. As a result of this complaint, the endoscopy pre-assessment workforce has been increased to ensure timely responses to patient queries. In addition, alternative numbers have been added to the patient information leaflets, and the patient letter has been amended so that patients are advised that if they suffer with particular conditions or take certain medications, they will be contacted seven days prior to their procedure to advise of any changes needed. It will also be made clear that if no changes are required, they will not be contacted. (Surgery)

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 375 enquiries were received in Q1, a 25.8% increase on the 298 received in Q4. This figure includes 84 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a significant increase on the 29 recorded in Q4.

The Patient Support and Complaints Team also recorded and acknowledged 54 compliments received during Q1 (included in the 375 noted above) and shared these with the staff involved and their Divisional teams. This is a reduction on the 83 compliments reported in Q4, but does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q1 the Patient Support and Complaints Team recorded 205 enquiries that did not proceed, compared with 137 in Q4. 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 1,042 separate **new** enquiries in Q1 of 2021/22, compared with 944 in Q4 of 2020/21, representing a 10% increase. In addition, the Division of Weston directly recorded 84 concerns as noted above.

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 Q1, 254 complaints were received in writing (222 by email, 13 via website feedback and 19 letters) and 198 were received verbally by telephone. 10 complaints were also received in Q1 via the Trust's 'real-time feedback' service. Of the 462 complaints received in Q1, 83.1% (384/462) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This improvement, compared with the 73.5% reported in Q4 was due to a concerted effort by the Patient Support and Complaints Team to catch up with the backlog of enquiries coming into the service, which had been further exacerbated by the long-term sickness absence of a key member of the team. A recovery plan was agreed in Q4 and implemented in Q1, which has seen normal levels of performance returning (98%+) from July 2021 onwards.

5.3 PHSO (Ombudsman) cases

During Q1, the PHSO notified the Trust of its interest in two new complaints, for which copies of the complaint file and medical records were sent to them. With both of these new cases, the PHSO came back to us within Q1 to advise that they would be taking no further action and did not intend to carry out a full investigation, as there were no signs of any failings on the part of the Trust.

Two further cases were closed by the PHSO during Q1, both of which were closed as requiring no further action and without them carrying out a full investigation.

There are currently eight 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

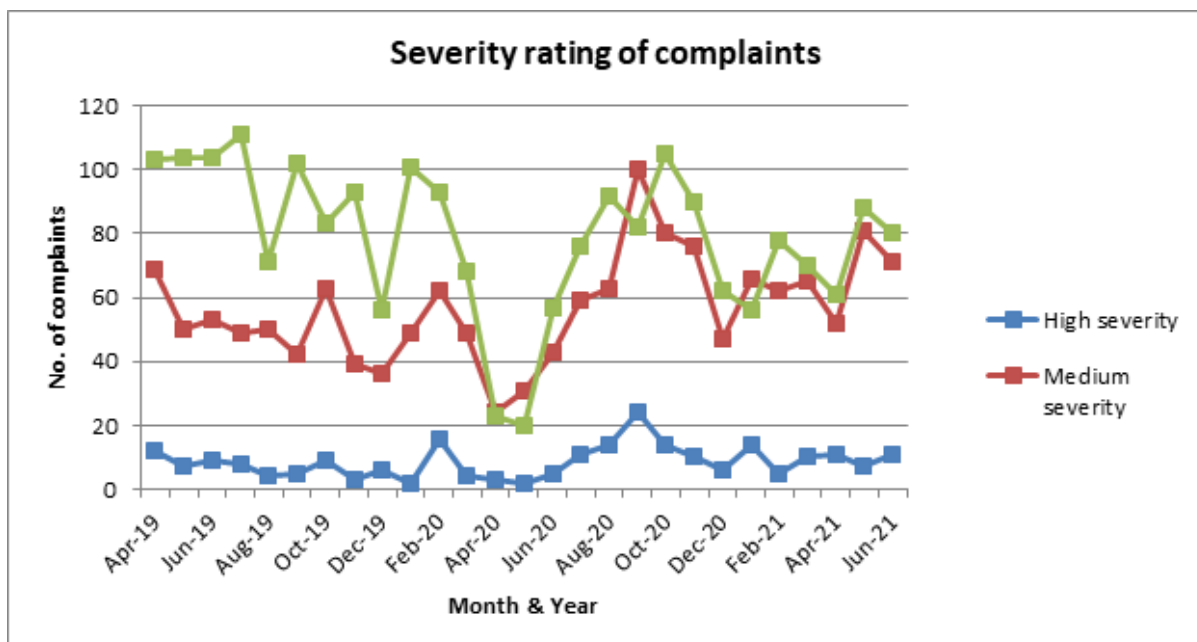
	Low severity	Medium severity	High severity
Clinical problem	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
Clinical problem	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
Management problems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

In Q1, the Trust received 462 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 462 complaints, 220 were rated as being low severity, 211 as medium and 31 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 28: Severity rating of complaints



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

- High severity – 232 (av. 9)
- Medium severity – 1,531 (av. 57)
- Low severity – 2,129 (av. 79)

A breakdown by Division is shown in Table 25 below.

Table 25: Severity rating of complaints by Division (all complaints received in Q1 2021/22)

Division	High Severity	Medium Severity	Low Severity	Totals
Specialised Services	5 (6.3%)	45 (57%)	29 (36.7%)	79
Women & Children	7 (8%)	41 (46.6%)	40 (45.4%)	88
Medicine	5 (5.4%)	47 (51.1%)	40 (43.5%)	92
Weston	8 (15.7%)	25 (49%)	18 (35.3%)	51
Surgery	4 (3.6%)	37 (33.3%)	70 (63.1%)	111
Trust Services	1 (4.2%)	7 (29.2%)	16 (66.6%)	24
Diagnostics & Therapies	1 (5.9%)	9 (52.9%)	7 (41.2%)	17
Totals	31 (6.7%)	211 (45.7%)	220 (47.6%)	462

*i.e. 15.7% of complaints received by the Division of Weston in Q1 of 2021/22 were rated as high severity – this compares, for example, with 3.6% of complaints about the Division of Surgery.