



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

# Complaints Report

**Quarter 2, 2021/2022**

(1 July 2021 to 30 September 2021)

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## Quarter 2 Executive summary and overview

	Q2	
Total complaints received	533	↑
Complaints acknowledged within set timescale	70.4%	↓
Complaints responded to within agreed timescale – formal investigation	68.2%	↓
Complaints responded to within agreed timescale – informal investigation	88.4%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	9.2%	↑

Successes	Risks & Threats
<ul style="list-style-type: none"> <li>There was a further 22.6% increase in complaints dealt with informally, ensuring that the majority of complaints (78.4%) are resolved more quickly for complainants.</li> <li>In Q2 of 2021/22, the Division of Surgery continued to perform strongly in respect of meeting deadlines for complaint responses, achieving 87.8% of responses sent out by the agreed deadline, with <i>none</i> of the five breaches being attributable to delays by the division.</li> </ul>	<ul style="list-style-type: none"> <li>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 have been identified to address this and the risk has been increased to high on the Trust Risk Register.</li> <li>In addition to the 533 complaints received by PSCT in Q2, the team also dealt with 612 other enquiries (including compliments, requests for information/advice, etc.). In addition, the team also checked and processed 255 formal complaint responses in Q2.</li> <li>The Division of Weston received 107 PALS concerns in Q2, a further increase on the 84 recorded in Q1.</li> <li>In Q2 there were 81 breaches of formal complaint deadlines that had been agreed with complainants, representing almost 32% of all responses sent out during this period.</li> <li>Of the 81 breaches of deadlines noted above, 43 were for the Division of Weston, from the 66 formal responses sent out by the division in Q2.</li> </ul>
Priorities	
<ul style="list-style-type: none"> <li>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.</li> <li>To successfully conclude the recruitment process for additional staff resource in the Patient Support and Complaints Team.</li> </ul>	
Opportunities	
<ul style="list-style-type: none"> <li>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 Division of Weston.</li> </ul>	

## 1. Complaints performance – Trust overview

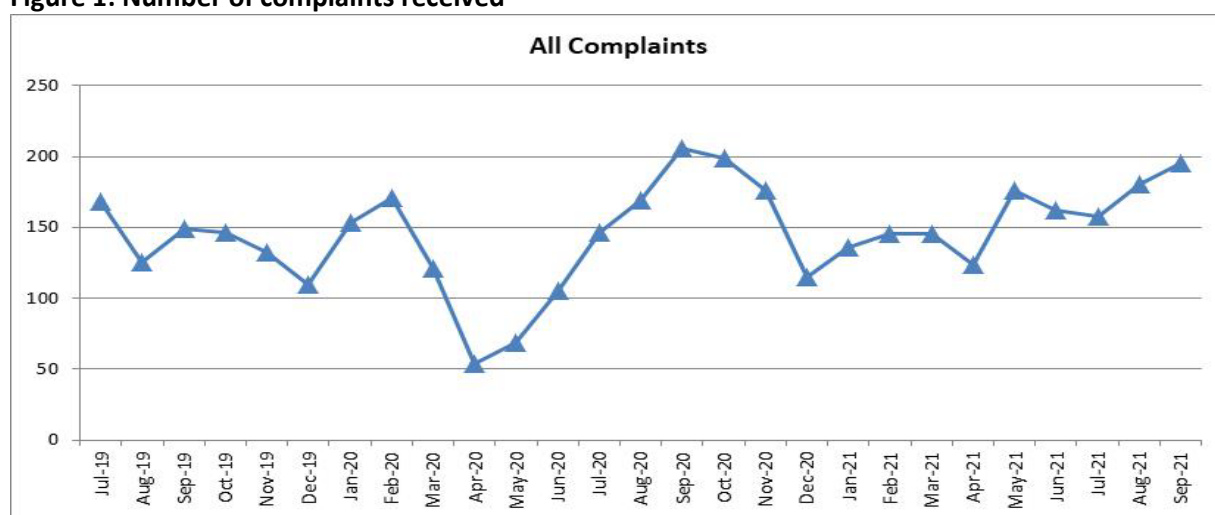
The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

During Quarter 2 (Q1) of 2021/22, the Trust received 533 complaints, a further 15.4% increase on the 462 received in Q1. The Patient Support and Complaints service has remained very busy, receiving 612 other enquiries in addition to the 533 complaints and checking and processing 255 formal complaint responses.

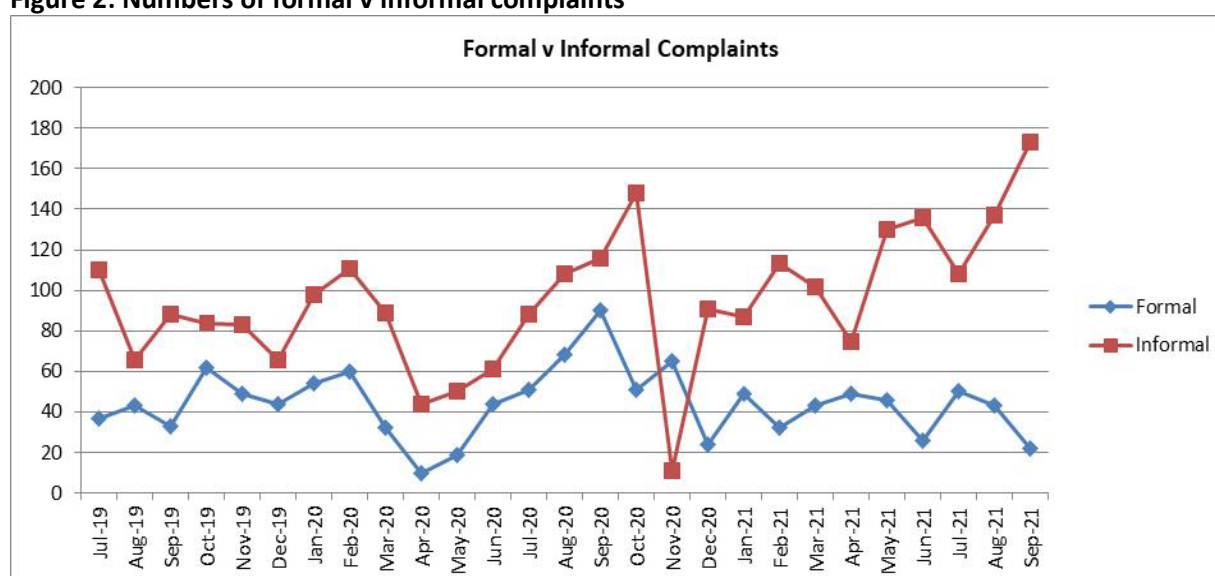
### 1.1 Total complaints received

The Trust received 533 complaints in Q2. 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.

**Figure 1: Number of complaints received**



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



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

Figure 2 (above) shows complaints dealt with via the formal investigation process (115 in Q2) compared with those dealt with via the informal investigation process (418 in Q2), over the same period. Whilst we have consistently dealt with a higher proportion of complaints via the informal process, there was a significant 22.6% increase in Q2 (418) compared with Q1 (341). This means that these issues are being dealt with as quickly as possible and by the specialty managers and senior nursing staff 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.

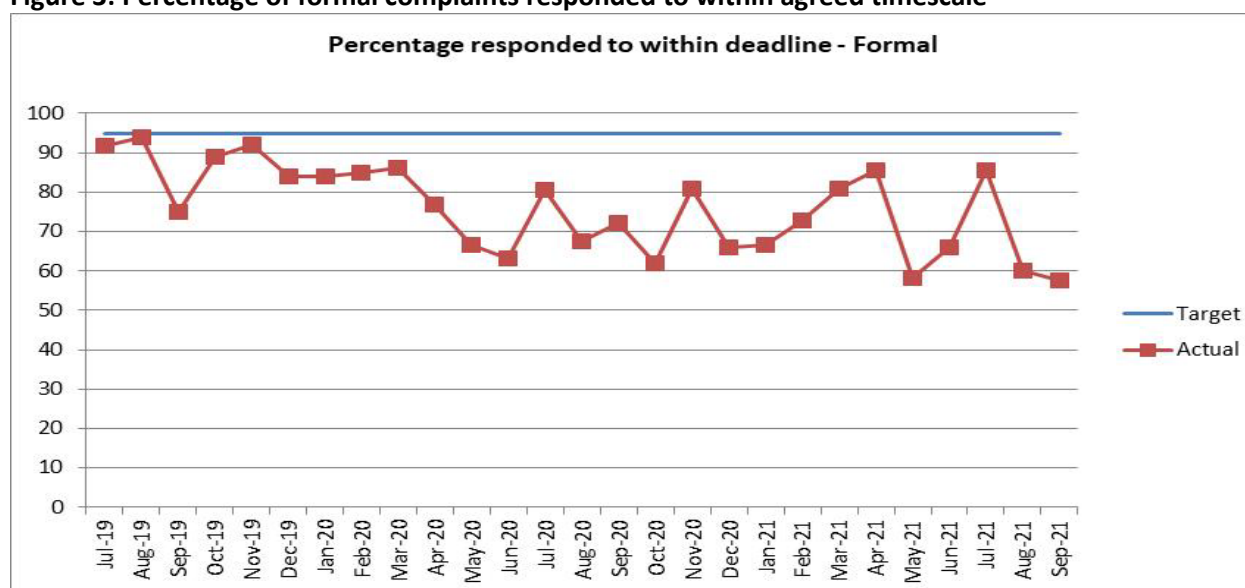
### 1.2.1 Formal Investigations

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 Q2 of 2021/22, 68.2% of responses were sent to complainants within the agreed timescale. This represents 81 breaches out of the 255 formal complaint responses which were sent out during the quarter<sup>2</sup>. This is a further deterioration on the 68.4% reported in Q1 and 72.5% in Q4 of 2020/21, and remains significantly below the Trust target of 95%.

Figure 3 shows the Trust's performance in responding to complaints since July 2019 and Figure 4 shows year-on-year performance since 2011/12. The low percentage in 2012/13 was due to an anomaly identified in how this data was reported and the subsequent adjustment that was made part way through the year.

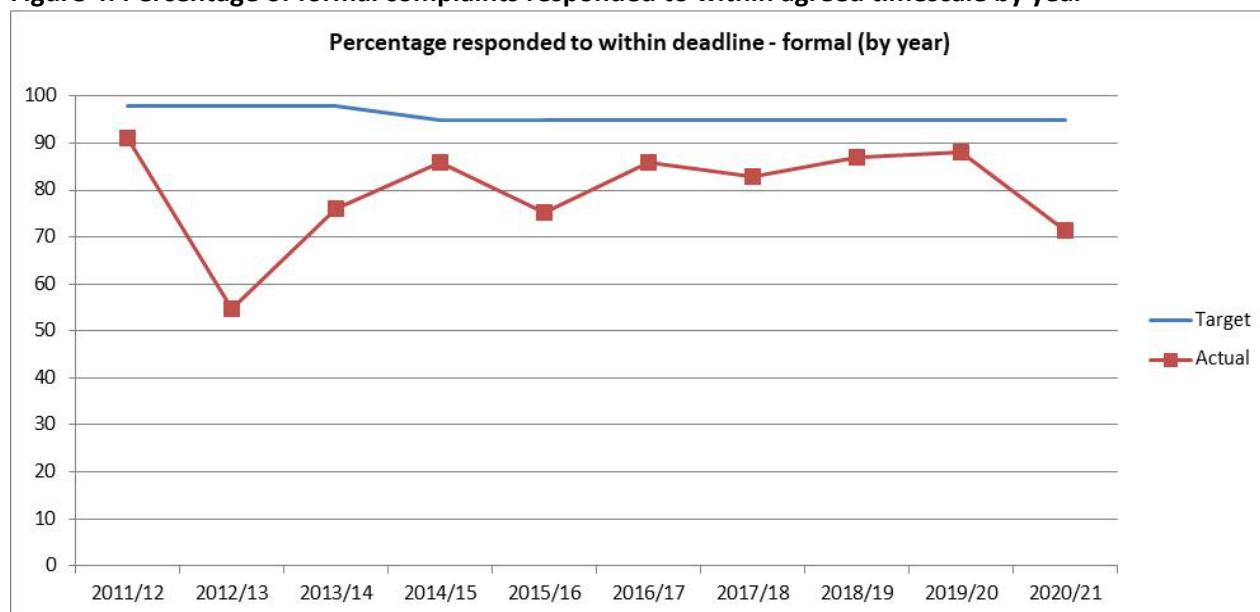
Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

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



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

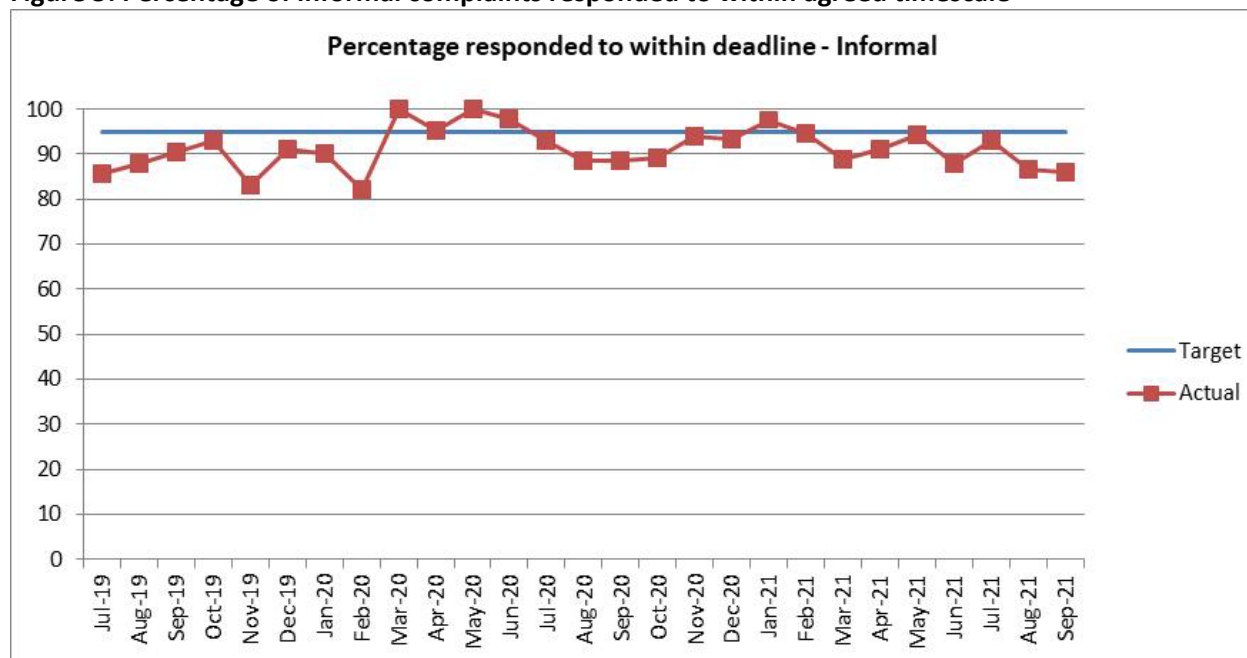
**Figure 4: Percentage of formal complaints responded to within agreed timescale by year**



### 1.2.2 Informal Investigations

In Q2 of 2021/22, the Trust received 418 complaints that were investigated via the informal process. During this period, the Trust responded to 173 complaints via the informal complaints route and 88.4% (153) of these were responded to by the agreed deadline, a deterioration on the 91.5% reported in Q1 and 92.9% in Q4 of 2020/21. Figure 5 (below) shows performance since July 2019, for comparison with formal complaints.

**Figure 5: Percentage of informal complaints responded to within agreed timescale**



### 1.3 Dissatisfied complainants

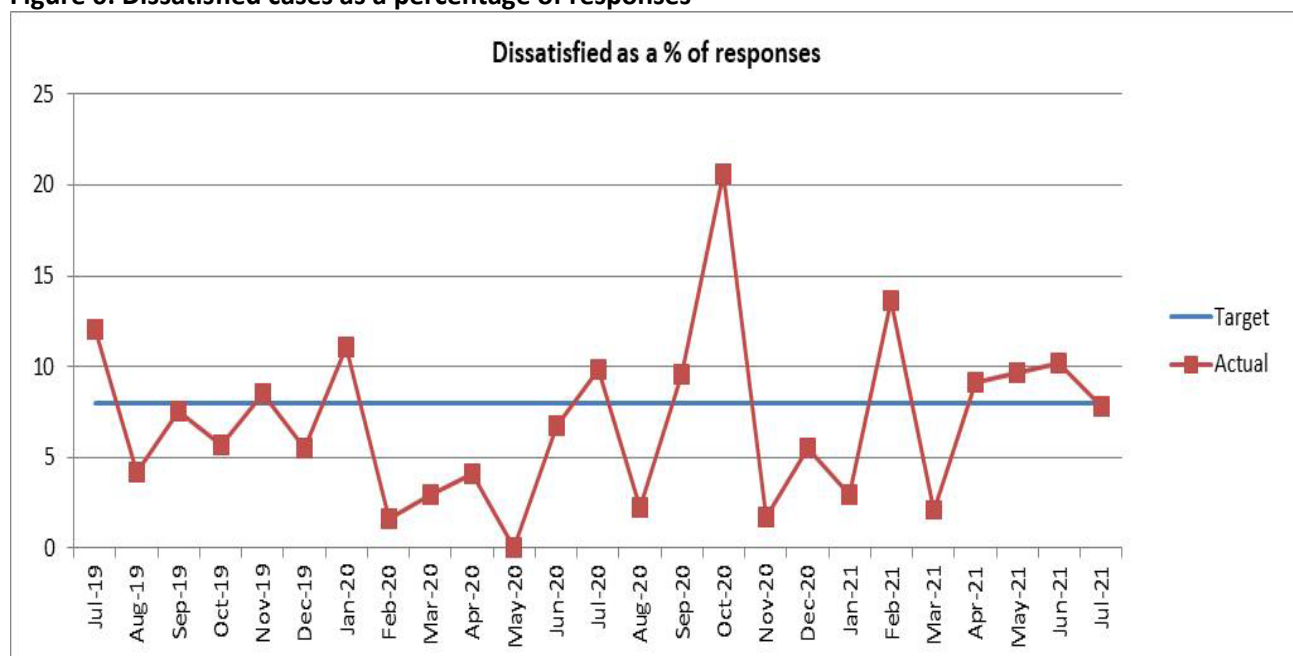
The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response.

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 Q2 of 2021/22, we are able to report dissatisfied data for May, June and July 2021. Of the 250 complainants who received a first response from the Trust during those months, 23 have since contacted us to say they were dissatisfied. This represents 9.2% of the 250 first responses sent out during that period, an increase on the 8.2% reported in Q1.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since July 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 6: 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 Q2 of 2021/22 compared with Q1. There was a 15.4% increase in the total number of complaints received, compared with the previous quarter.

Complaints increased in the majority of categories in Q2, with the exception of 'attitude and communication' and 'information and support'. The top three categories consistently remain as 'clinical care', 'attitude and communication' and 'appointments and admissions'. These three categories accounted for 76.7% (409/533) of all complaints received, as detailed in Table 1 below.

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

Category/Theme	Number of complaints received in Q2 (2021/22)	Number of complaints received in Q1 (2021/22)
Clinical Care	177 (33.2% of total complaints) ↑	141 (30.5% of total complaints) ↑
Appointments & Admissions	132 (24.8%) ↑	113 (24.5%) ↑
Attitude & Communication	100 (18.8%) ↓	117 (25.3%) ↑
Facilities & Environment	35 (6.5%) ↑	29 (6.3%) ↓
Information & Support	32 (6%) ↓	37 (8%) ↓
Discharge/Transfer/Transport	23 (4.3%) ↑	13 (2.8%) ↓
Documentation	20 (3.8%) ↑	4 (0.9%) ↓
Access	14 (2.6%) ↑	8 (1.7%) ↑
<b>Total</b>	<b>533</b>	<b>462</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 81% of the complaints received in Q2 (431/533).

There are notable increases in several sub-categories, including complaints about ‘incorrect documentation’, ‘visiting hours’ and ‘discharge arrangements’. Complaints in respect of ‘clinical care (medical/surgical)’ and ‘cancelled/delayed appointments and operations’ remained high in Q2.

The largest decrease, compared with Q1, was in complaints recorded under the sub-category of ‘communication with patient/relative’. 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 Q2 (2021/22)	Q1 (2021/22)	Q4 (2020/21)	Q3 (2020/21)
Clinical care (medical/surgical)	104 (35.1% increase) ↑	77	68	74
Cancelled/delayed appointments and operations	99 (17.9% increase) ↑	84	69	77
Clinical care (Nursing/Midwifery)	36 (38.5% increase) ↑	26	20	33
Communication with patient/relative	27 (37.2% decrease) ↓	43	42	40
Appointment administration issues	22 (8.3% decrease) ↓	24	7	23
Discharge arrangements	22 (120% increase) ↑	10	15	12
Attitude of medical staff	21 (23.5% increase) ↑	17	16	17
Incorrect documentation	17 (750% increase) ↑	2	10	10
Attitude of nursing/midwifery	16 (33.3% increase) ↑	12	14	17
Clinical/hospital information request	15 (16.7% decrease) ↓	18	23	14
Failure to answer phones / failure to respond	14 (12.5% decrease) ↓	16	15	20
Lost personal property	14 (6.7% decrease) ↓	15	21	9
Medication issues	13 =	13	3	11
Visiting hours	11 (120% increase) ↑	5	4	14

Figures 7-10 (below) show the longer term pattern of complaints received since July 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. 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, apart from a one-off decrease in July 2021, complaints in this sub-category have continued to rise again over the last three quarters.

Figure 8 shows the number of complaints received in respect of ‘clinical care (medical/surgical)’ and how these have increased, in comparison with the relatively low numbers of complaints about ‘clinical care (nursing/midwifery)’.

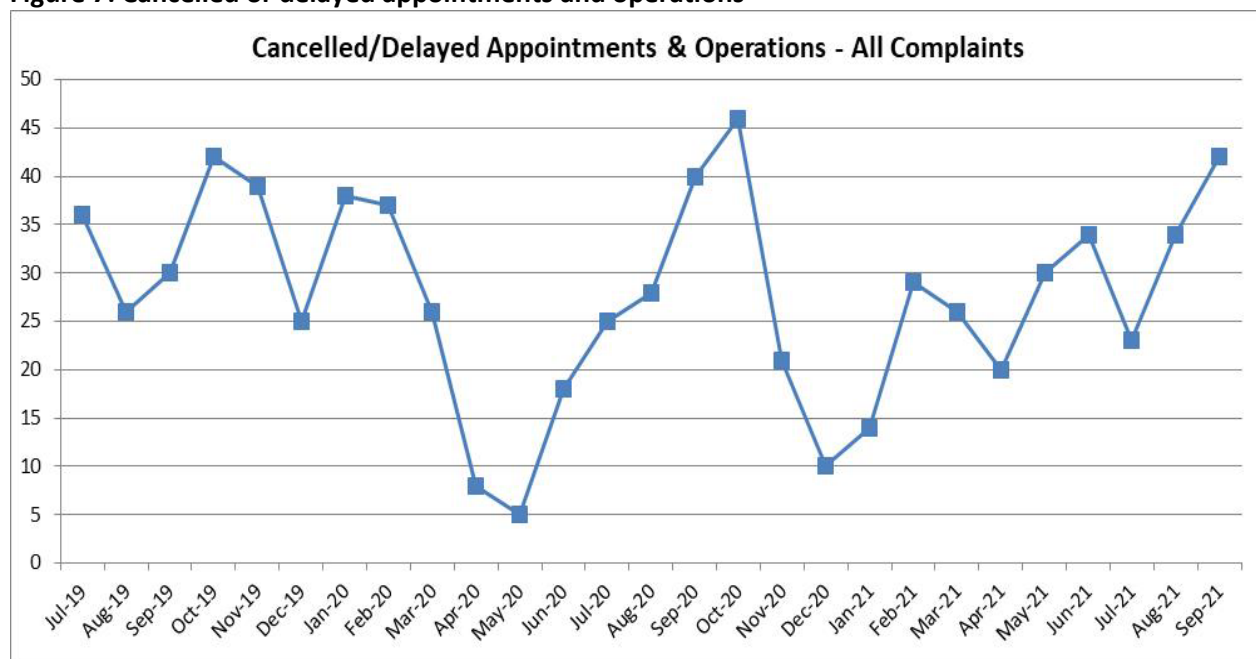
Figure 9 shows that complaints about ‘attitude and communication’ increased again over Q2, after peaking in November 2020, when it was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee. A detailed review was carried out by the Patient Support & Complaints Manager, which 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 decreased towards the end of Q1, they have started to rise again in Q2.

The Divisions of Medicine and Women & Children again had the highest numbers of ‘attitude and communication’ complaints overall, with 27 and 26 complaints respectively in Q2. For the Division of Medicine, a third of these complaints were for the Bristol Royal Infirmary Emergency Department. For Women & Children, 16 of these complaints were for children’s services and 10 were for women’s services.

In Q2, 42 of the 100 complaints received in this category were for outpatient services, with 37 complaints from inpatients.

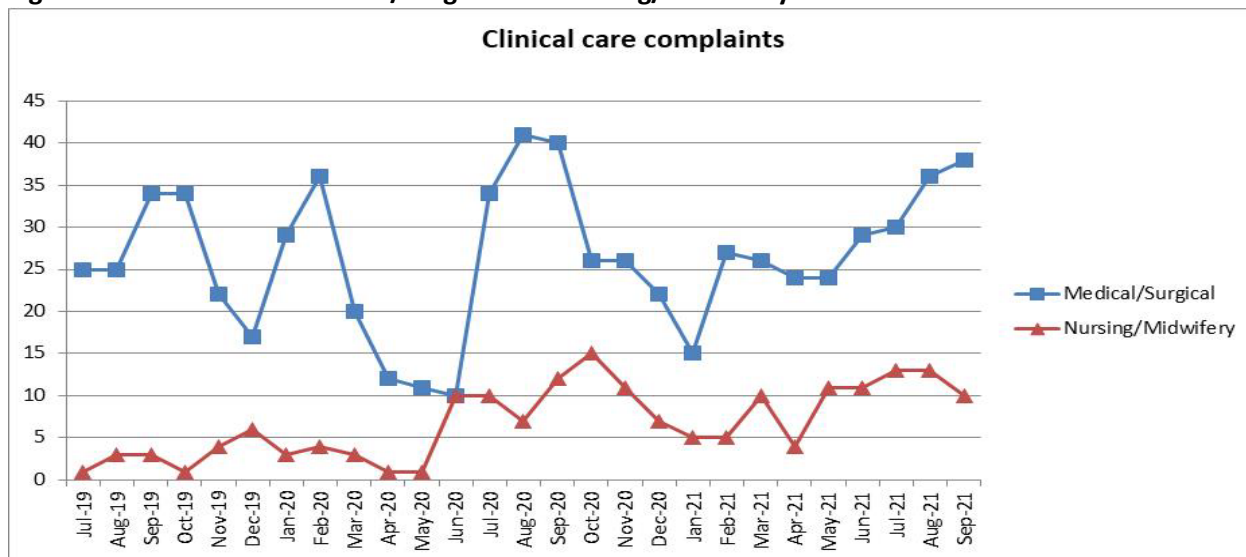
Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

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

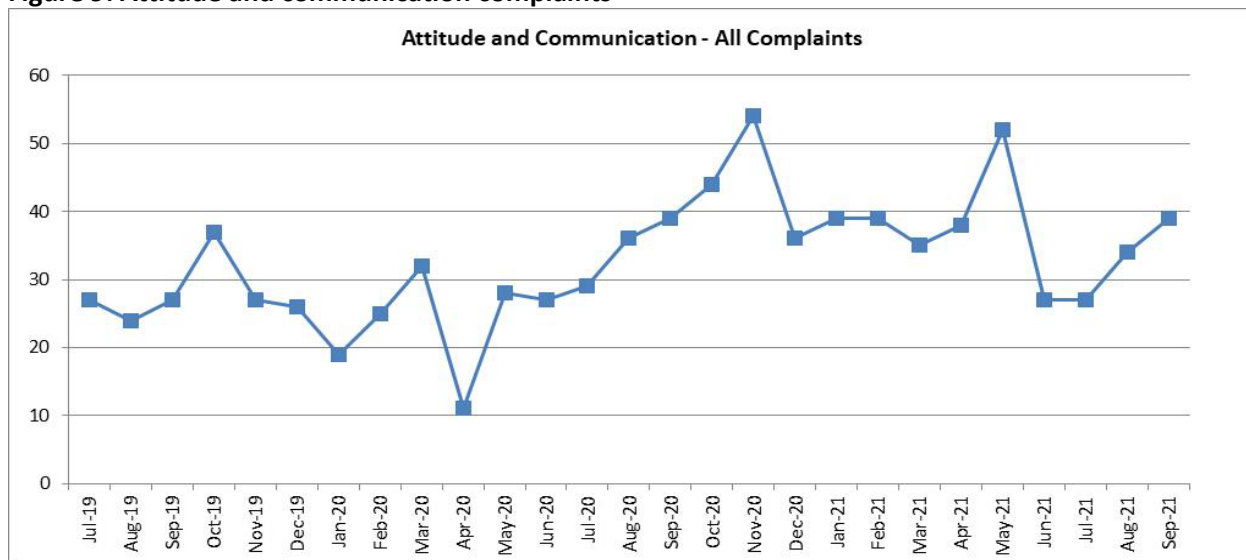




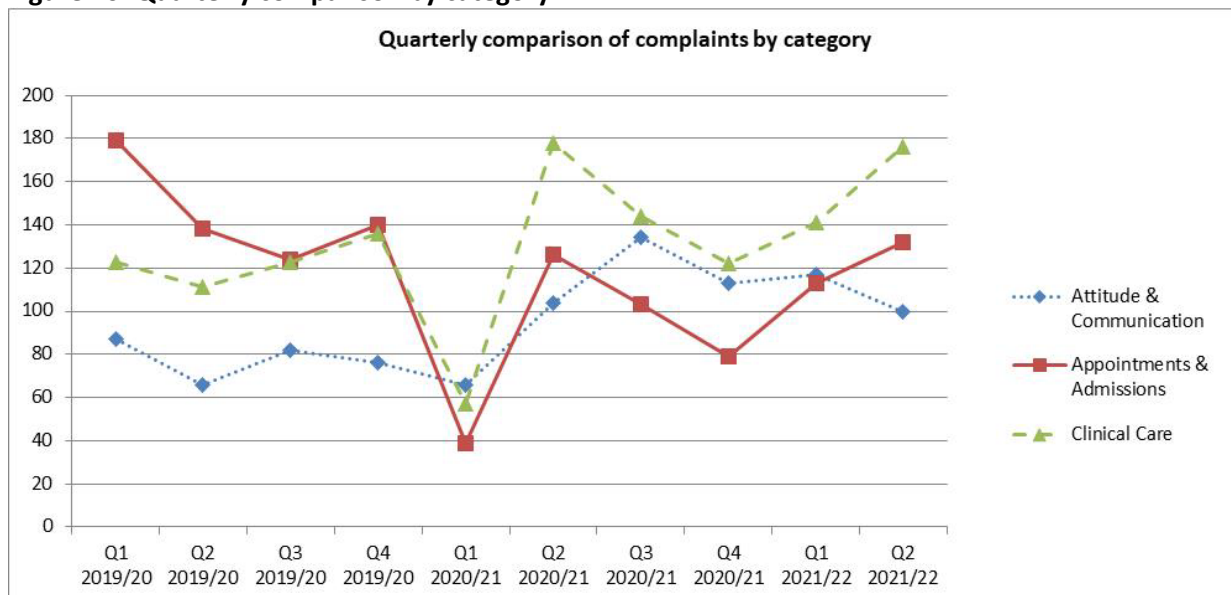
**Figure 8: Clinical care – Medical/Surgical and Nursing/Midwifery**



**Figure 9: Attitude and communication complaints**



**Figure 10: Quarterly comparison by category**



### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 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 18 complaints received by the Division of Trust Services (including Estates & Facilities) 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 Q2	129 (111) ↑	110 (92) ↑	55 (76) ↓	123 (88) ↑	18 (17) ↑	77 (51) ↑
Number of complaints about appointments and admissions	55(40) ↑	20 (12) ↑	20 (26) ↓	25 (16) ↑	4 (6) ↓	5 (11) ↓
Number of complaints about staff attitude and communication	19 (25) ↓	27 (26) ↑	10 (20) ↓	26 (26) =	6 (4) ↑	9 (10) ↓
Number of complaints about clinical care	39 (24) ↑	32 (31) ↑	13 (24) ↓	49 (38) ↑	4 (4) =	38 (19) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital (BDH) – 31 (22) Bristol Eye Hospital (BEH) – 34 (20) ENT – 18 (13) Oral & MaxFax Surgery – 18 (13) Trauma & Orthopaedics – 8 (16)	Emergency Department (BRI) (inc. A413 AMU) – 38 (40) Dermatology – 18 (12) Rheumatology – 7 (1) Clinic A410 – 6 (4) Unity – 6 (6)	<b>BHI (all) – 38 (58)</b> <b>BHOC (all) – 16 (16)</b> (plus one for Clinical Genetics)  BHI Outpatients (inc. Outpatient Echo) – 23 (41) BHOC Outpatients & Chemo Day Unit – 9 (7) Ward C805 – 5 (5)	<b>BRHC (all) – 70 (63)</b> (plus two each for SBCH and Southmead and one for Weston Seashore Centre) Children’s ED – 11 (13) Paediatric Neurology / Neurosurgery – 6 (8) Carousel Outpatients – 6 (5) <b>StMH (all) – 48 (21)</b> Ward 73 (Maternity) – 9 (5) Ward 76 – 8 (1) Gynae Outpatients – 7 (6)	Radiology –10 (10) = Audiology – 3 (1)	Accident & Emergency – 30 (10) Outpatients (Main, Orthopaedics & Quantock) – 10 Hutton Ward - 6 (2)
Notable deteriorations compared with Q1	BDH – 31 (22) BEH – 34 (20)	Dermatology – 18 (12) Rheumatology – 7 (1)	No notable deteriorations	Ward 76 – 8 (1)	No notable deteriorations	Accident & Emergency – 30 (10)
Notable improvements compared with Q1	Trauma & Orthopaedics – 8 (16)	No notable improvements	BHI Outpatients (inc. Outpatient Echo) – 23 (41)	Bluebell Ward – 0 (6)	No notable improvements	No notable improvements

### 3.1.1 Division of Surgery

The Division of Surgery received 129 new complaints in Q2 2021/22; an increase on the 111 received in Q1. Of these 129 complaints, 56 were in respect of inpatient services and 62 were about outpatient services. The largest number of complaints received by the Division was again recorded under the category of ‘appointments and admissions’ (42.6%), with all 55 being about cancelled or delayed appointments and operations. The largest percentage increase was in complaints about ‘clinical care’, with 20 of the 39 complaints in this category being in respect of ‘clinical care (medical/surgical)’.

The Division achieved 87.8% against its target for responding to formal complaints within the agreed timescale in Q2, compared with 93.3% in Q1 and 96.8% in Q4 of 2020/21. 92.6% of informal complaints were responded to within the agreed timescale, compared with 96.4% in Q1 and 97.1% reported in Q4. It should be noted that, of the five breaches of deadline for the division in respect of formal complaints in Q2, **none** 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 – Q2 2021/22	Number and % of complaints received – Q1 2021/22
Appointments & Admissions	55 (42.6% of total complaints) ↑	40 (36.1% of total complaints) ↓
Clinical Care	39 (30.2%) ↑	24 (21.6%) ↑
Attitude & Communication	19 (14.7%) ↓	25 (22.5%) ↓
Information & Support	6 (4.7%) ↓	12 (10.8%) ↓
Facilities & Environment	4 (3.1%) ↓	5 (4.5%) ↑
Documentation	3 (2.3%) ↑	0 (0%) =
Discharge/Transfer/Transport	2 (1.6%) ↓	5 (4.5%) ↓
Access	1 (0.8%) ↑	0 (0%) ↓
<b>Total</b>	<b>129</b>	<b>111</b>

**Table 5: Top sub-categories**

Category	Number of complaints received – Q2 2021/22	Number of complaints received – Q1 2021/22
Cancelled or delayed appointments and operations	43 ↑	31 ↓
Clinical care (medical/surgical)	20 ↑	13 ↑
Communication with patient/relative	6 ↓	10 ↑
Appointment administration issues	5 ↓	7 ↑
Clinical care (dental)	5 ↑	4 ↓
Clinical care (nursing/midwifery)	5 ↑	0 ↓
Referral errors	5 ↑	2 ↑

**Table 6: Divisional response to concerns highlighted by Q2 data**

<b>Concern</b>	<b>Explanation</b>	<b>Action</b>
<p>Complaints for Bristol Dental Hospital (BDH) increased by 41% in Q2, compared with Q1.</p> <p>Of the 31 complaints received, 18 were for Oral &amp; Maxillofacial Surgery. The reasons for this were highlighted in the Q1 report, along with the actions being taken by the division to resolve the situation.</p> <p>It is raised again here to keep the topic in the spotlight as the number of complaints continues to increase.</p>	<p>Delayed appointments/surgery: The service is currently facing challenges with elective restoration, more frequently for inpatients awaiting surgery at the BRI due to BRI bed capacity and the challenging staffing issues. 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>OMFS outpatient capacity is back at 120% capacity compared to 2019/20 numbers. Saturday Waiting List Initiatives are taking place as well as clinical validation of patients.</p> <p>Shared learning of clinical care complaints at OMFS weekly meeting.</p> <p>Review underway in the Dental Hospital with the IPC team to review aerosol generating procedures and social distancing alongside chair capacity.</p> <p>Continue to review at governance and oversight provided to the Divisional Clinical Quality Committee.</p>
<p>Complaints for Bristol Eye Hospital (BEH) increased by 70% in Q2, compared with Q1.</p> <p>Of the 34 complaints received, the majority (28) were for outpatient clinics in the BEH. 13 of these 28 complaints were about cancelled/delayed appointments or procedures and six were in respect of clinical care (medical/surgical).</p>	<p>Complaint reports are discussed at departmental clinical governance meetings and complaint themes were discussed as an agenda item at the 07/12/2021 BEH's hospital-wide audit and governance session. Complaints have increased in Q1, but activity has also increased.</p>	<p>Whilst complaints remain high regarding delayed follow ups, it is important to note that the total number of patients overdue for follow up appointments has reduced from 16,540 to 10,906 since Sept 2021. This reflects increased activity, which is driven by increased utilisation in-week, the restoration of the diagnostic imaging hub at the Education Centre, and ongoing Waiting List Initiative activity in various ophthalmic sub-specialties.</p> <p>Learning from complaints regarding clinical care is fed back directly to the sub-specialty teams, in order to share learning.</p>

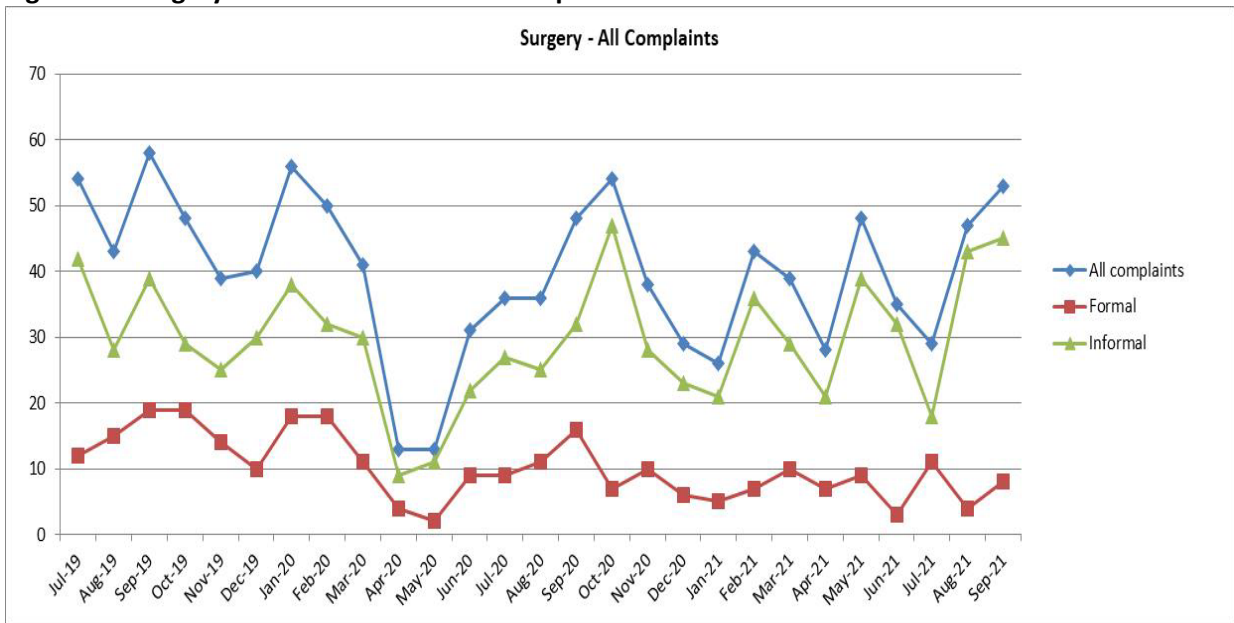
**Current divisional priorities for improving how complaints are handled and resolved:**

The Division continues to review and respond to complaints in a timely matter. All actions from complaint responses are logged and followed up by the divisional complaints lead to ensure actions are completed. Complaint reports are then discussed at each specialty meeting to share any learning and document updates/actions.

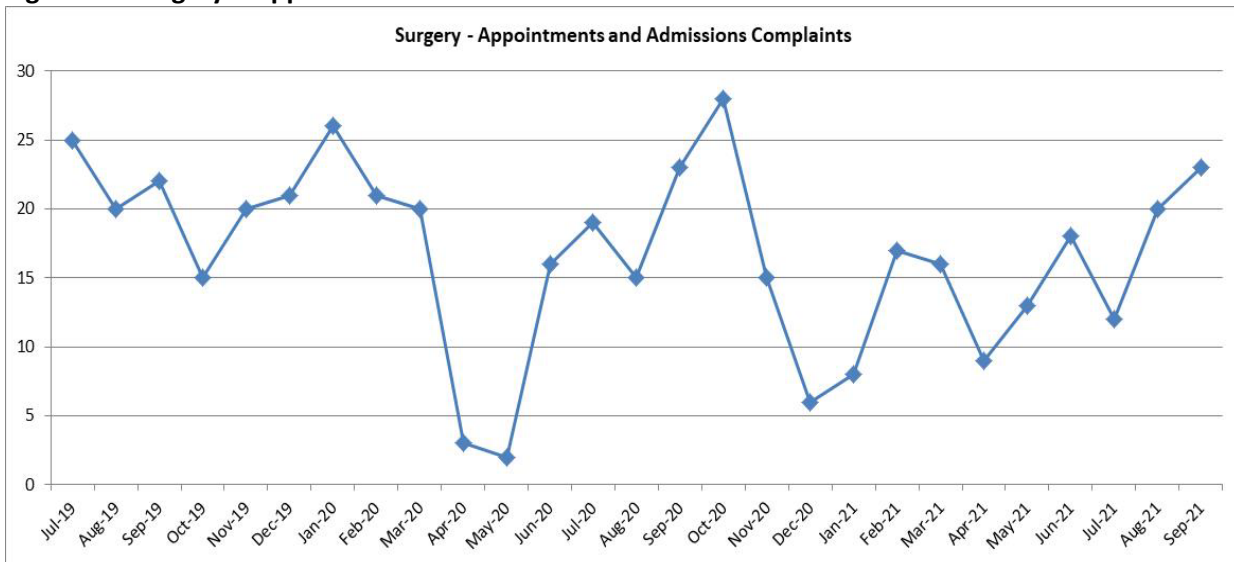
**Priority issues we are seeking to address based on learning from complaints:**

The current main aim for the Division is to focus on the restoration programme to reduce waiting lists, which is understandably one of the main reasons for complaints.

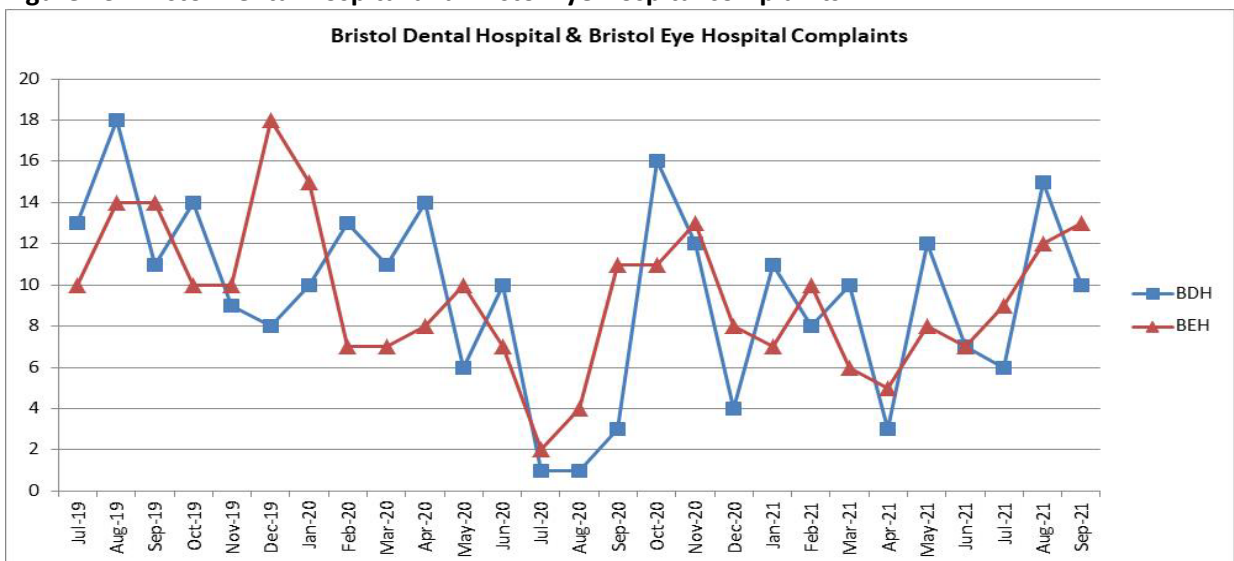
**Figure 11: Surgery – formal and informal complaints received**



**Figure 12: Surgery – Appointments and admissions**



**Figure 13: Bristol Dental Hospital and Bristol Eye Hospital complaints**



### 3.1.2 Division of Medicine

The Division of Medicine received 110 new complaints in Q2 of 2021/22; an increase on the 92 received in Q1. The largest number of complaints received by the Division is consistently in the category of 'clinical care' and this remained the case in Q2, accounting for a third of all complaints received by the division, with 69.8% of these being about 'clinical care (medical/surgical)'. The most notable increases compared with Q1, were in complaints under the category of 'appointments and admissions' and 'access'.

The Division achieved 73.8% against its target for responding to formal complaints within the agreed timescale in Q2, an improvement on the 65.6% reported in Q1. For informal complaints, the Division achieved 89.7% for responding within the agreed timescale; a slight deterioration on the 90.9% reported in Q1. 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 – Q2 2021/22	Number and % of complaints received – Q1 2021/22
Clinical Care	32 (29.1% of total complaints) ↑	31 (33.7% of total complaints) ↑
Attitude & Communication	27 (24.5%) ↑	26 (28.3%) ↓
Appointments & Admissions	20 (18.2%) ↑	12 (13%) ↑
Facilities & Environment	8 (7.3%) ↓	12 (13%) ↑
Discharge/Transfer/ Transport	7 (6.4%) ↑	3 (3.3%) ↓
Access	6 (5.5%) ↑	1 (1.1%) ↑
Documentation	5 (4.5%) ↑	2 (2.2%) ↓
Information & Support	5 (4.5%) =	5 (5.4%) ↓
<b>Total</b>	<b>110</b>	<b>92</b>

**Table 8: Top sub-categories**

Category	Number of complaints received – Q2 2021/22	Number of complaints received – Q1 2021/22
Clinical care (medical/surgical)	22 ↑	20 ↑
Cancelled or delayed appointments and operations	12 ↑	4 ↓
Attitude of medical staff	9 ↑	4 ↑
Discharge arrangements	7 =	7 ↓
Failure to answer phone/failure to respond	7 ↑	5 ↑
Communication with patient/relative	6 ↓	9 ↑
Clinical care (nursing/midwifery)	6 =	6 ↓

**Table 9: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>Complaints received by the Dermatology Service increased in Q1.</p> <p>Seven of the 18 complaints received related to 'appointments and admissions' which includes complaints about cancelled and delayed appointments.</p> <p>There were also six complaints in respect of 'clinical care' of which five were recorded under the sub-category of 'clinical care (medical/surgical)'.</p>	<p>The category of 'appointments and admissions' in these instances relates to the surgical booking referrals by consultants to the nurse practitioners, who are unable to carry out some of the procedures being requested.</p> <p>One patient was not notified that their appointment was cancelled – the patient was known to be verbally abusive and there was no alternative clinic to book them into. A further patient complained about a delay of four weeks to be booked.</p> <p>The complaints around clinical care related in part to poor communication between patients and consultants. Some felt rushed or not listened to and two reported having a history of anxiety which was not taken into account.</p> <p>One patient was unable to collect their prescription from Boots, which caused additional anxiety and one complaint related to expectations on the outcome of a surgical procedure.</p>	<p>The surgical booking form has been amended to reiterate the criteria for referrals to the nurse practitioners and in due course, surgical bookings will be made via Careflow and not on a workspace form which is the current practice. The clinical team has since discussed a pathway to refer to a specific consultant who is able to manage these patients better.</p> <p>The GP referral was routine and was booked within the 18 week RTT target.</p> <p>Consultants have had the feedback on these complaints and have been able to reflect on their practice.</p> <p>Delays identified with regards to the Boots Pharmacy in the BRI are being addressed and clinical staff are aware of the need to outline possible delays with patients and, where necessary, the process available for issuing prescriptions for collection at other Boots pharmacies. The division has added a risk to the Risk Register for a number of specialties.</p>
<p>Seven complaints were received by the Rheumatology Service in Q2. Whilst not a high number, it is unusual for this department to receive more than one or two complaints in a quarter.</p> <p>Over half of these complaints</p>	<p>The department has experienced long waiting times due to the Covid-19 pandemic and social distancing in waiting room has restricted the number of face to face appointments.</p> <p>Patients have continued to be</p>	<p>A successful recruitment campaign has helped to reduce long waiting times.</p>

<p>(4) were about cancelled or delayed appointments.</p>	<p>offered telephone appointments, although this is not appropriate for this group of patients, resulting in a deterioration in their condition.</p> <p>The team has also been affected by a depleted consultant workforce due to sickness and vacancies.</p>	
<p>Of the 110 complaints received by the division in Q1, 34.5% (38 of 110) were for the Bristol Royal Infirmary Emergency Department (BRI ED).</p> <p>13 of these complaints related to 'clinical care' and nine were about 'attitude and communication'.</p>	<p>The BRI ED continues to see an increased numbers of patients in the department, leading to 12 hour trolley breaches and overcrowding in the department.</p> <p>This has had a significant effect on waiting times for patients to be seen by clinicians.</p> <p>The majority of the formal complaints received, have contained an element of seeking further information about the clinical care that a patient or relative received whilst in the department.</p> <p>One patient not happy about receiving an unacceptable behaviour letter from the department following their attendance.</p> <p>Correct redirection of patients has resulted in an increase in complaints.</p>	<p>The Trust's Wellbeing Team continues to work with all teams in the Division of Medicine, providing support where needed.</p> <p>The senior nursing team in the division (Matrons and Sisters) are being supported to undertake coaching and leadership courses to build resilience and enable reflection on what the staff have experienced during the pandemic.</p>

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

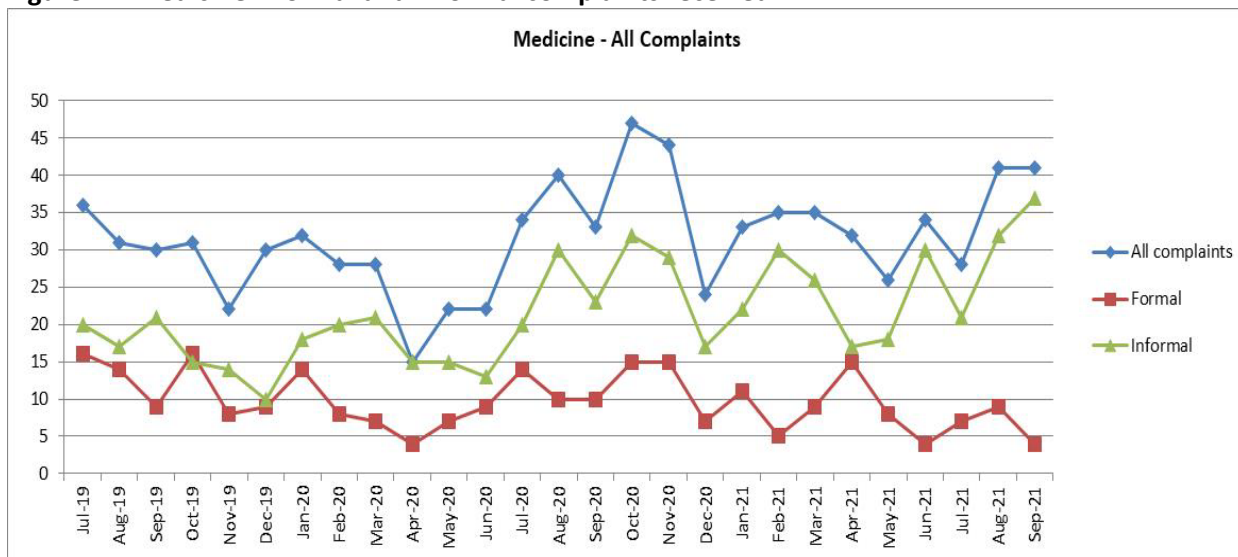
- The importance of nipping issues in the bud has been shared with the teams.
- Responding to informal complaints is a priority in the division.

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

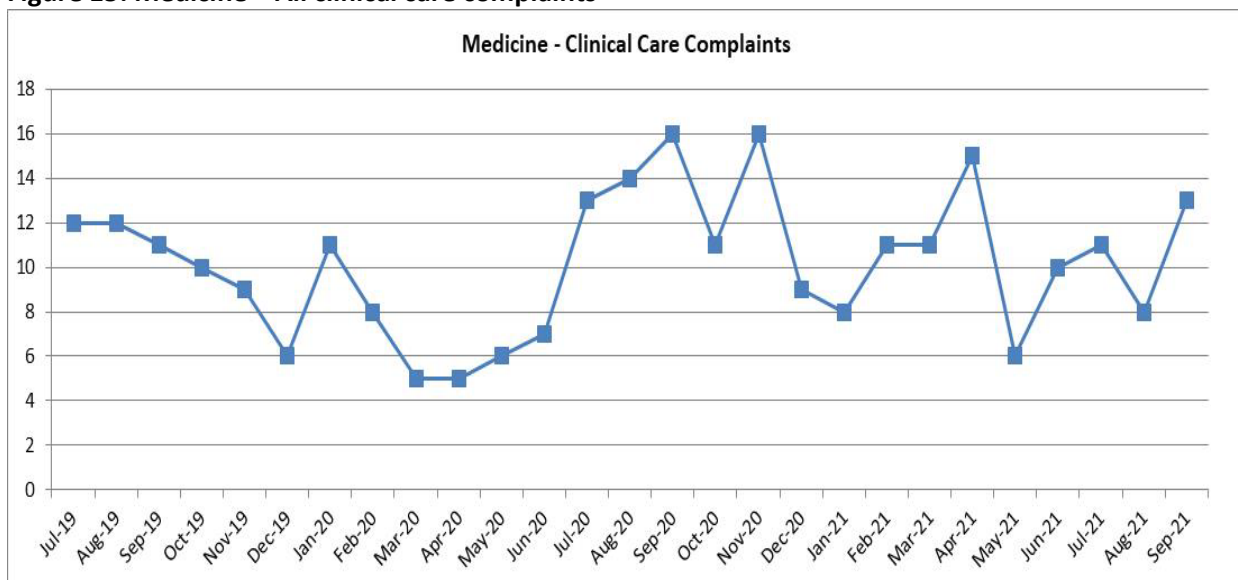
- Three modules of focused "customer care" training have been implemented and carried out across the division.



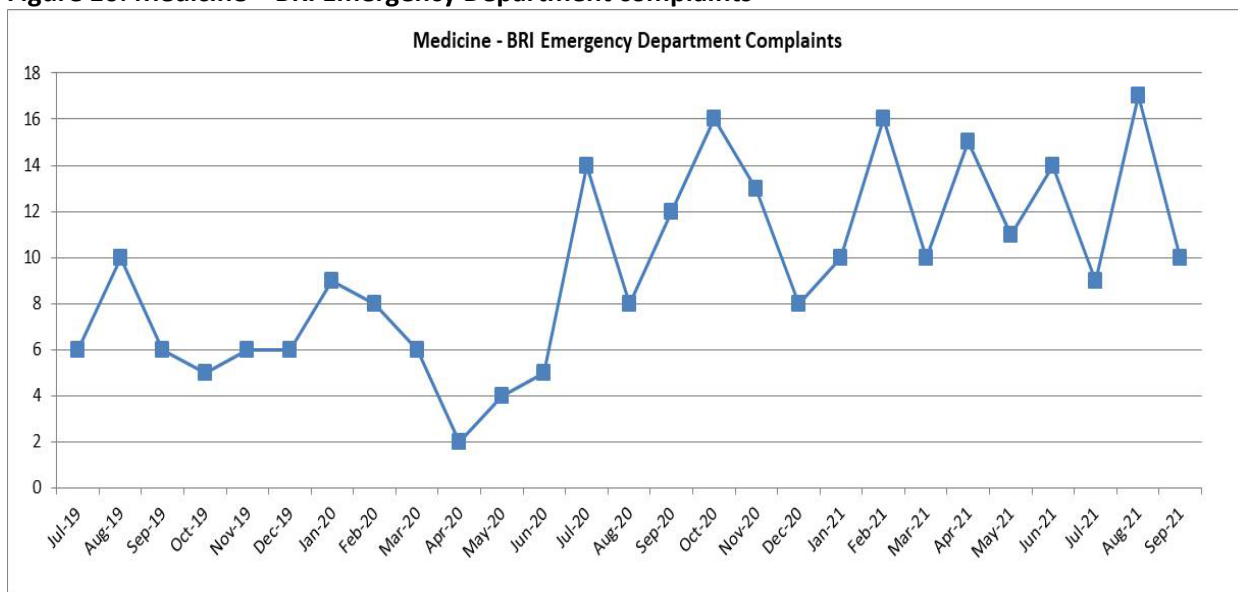
**Figure 14: Medicine – formal and informal complaints received**



**Figure 15: Medicine – All clinical care complaints**



**Figure 16: Medicine – BRI Emergency Department complaints**



### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 55 new complaints in Q2; a decrease on the unusually high 79 received in Q1. Of these complaints, 38 were for the Bristol Heart Institute (BHI), compared with 58 in Q1; and 16 were for the Bristol Haematology & Oncology Centre (BHOC), the same number as received in Q1. In addition, there was one complaint for Clinical Genetics.

The largest number of complaints received by the Division in Q2 was recorded under the category of ‘appointments and admissions’ (36.4%), with the majority (14 of 20) being in respect of cancelled/delayed appointments or operations.

Following a spike in complaints for BHI Outpatients in Q1 (41 complaints), there was a significant 44% decrease in Q2 (23 complaints).

The Division achieved 70.6% against its target for responding to formal complaints within the agreed timescale in Q2, a further deterioration compared with 72% in Q1 and 77.8% in Q4 of 2020/21. For informal complaints, the division achieved 86.4%, the same percentage as reported in Q1. 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 – Q2 2021/22	Number and % of complaints received – Q1 2021/22
Appointments & Admissions	20 (36.4% of total complaints) ↓	26 (32.8% of total complaints) ↑
Clinical Care	13 (23.6%) ↓	24 (30.4%) ↑
Attitude & Communication	10 (18.2%) ↓	20 (25.3%) ↑
Information & Support	5 (9.1%) ↑	1 (1.3%) ↓
Facilities & Environment	3 (5.5%) ↑	1 (1.3%) =
Discharge/Transfer/Transport	2 (3.6%) ↑	1 (1.3%) ↓
Documentation	1 (1.8%) ↓	4 (5.1%) ↑
Access	1 (1.8%) ↓	2 (2.5%) ↑
<b>Total</b>	<b>55</b>	<b>79</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q2 2021/22	Number of complaints received – Q1 2021/22
Cancelled or delayed appointments and operations	14 ↓	22 ↑
Clinical care (medical/surgical)	7 ↓	10 ↑
Appointment administration issues	5 =	5 ↑
Lost/misplaced/delayed test results	4 ↓	8 ↑
Communication with patient/relative	4 ↓	7 =

**Table 12: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>Despite a significant decrease in Q2 when compared with Q1, the number of complaints received by the BHI Outpatients still account for 42% of all complaints received by the division.</p> <p>12 of the 23 complaints received are in the category of ‘appointments and admissions’, which includes cancelled and delayed appointments.</p>	<p>Of the 12 complaints received under the category of ‘appointments and admissions’, three related to numerous cancellations of the patients’ procedures, due to the unprecedented number of patients in hospital during this period, combined with difficulties discharging them and additional pressure on ICU staffing and beds.</p> <p>Three complaints were about delayed scan appointments, at a time when lists for CT scans had been reduced to two per week.</p> <p>Two complaints were in respect of delayed referrals, of which one had not been received and the other was found to have been filed inappropriately.</p>	<p>The division has appointed two new call handler posts in the Outpatient Department, who are checking telephone numbers ahead of appointments with the aim of reducing DNAs.</p> <p>Ongoing discussions to minimise cancellations of procedures in the current climate.</p> <p>Reminder to secretarial staff to process referrals received.</p>

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

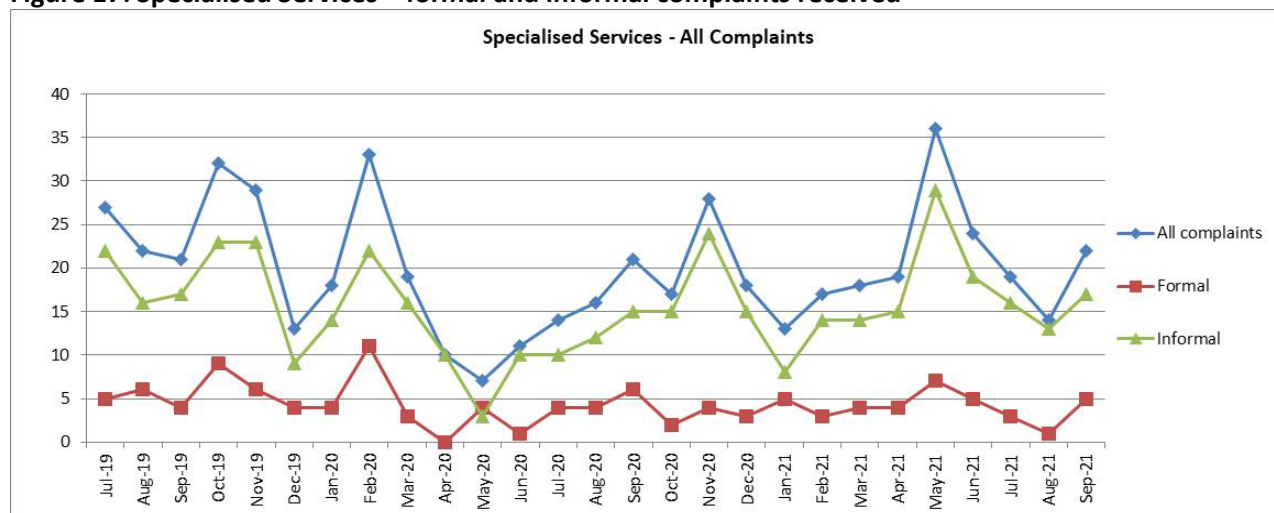
Additional administrative support to be identified, in order to assist with the management of complaints within the Division.

Review of formal complaints and establishment with clinical teams whether meetings are more appropriate to address complainants’ concerns.

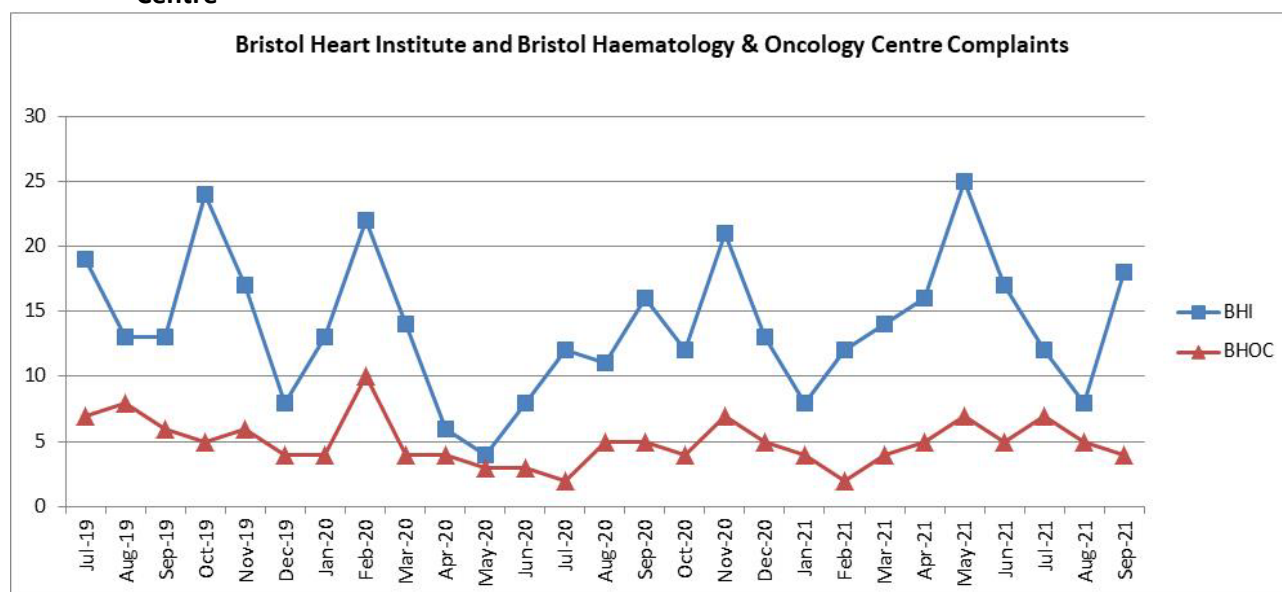
**Priority issues we are seeking to address based on learning from complaints.**

Meeting timescales and communicating with the complainants to inform them of progress.

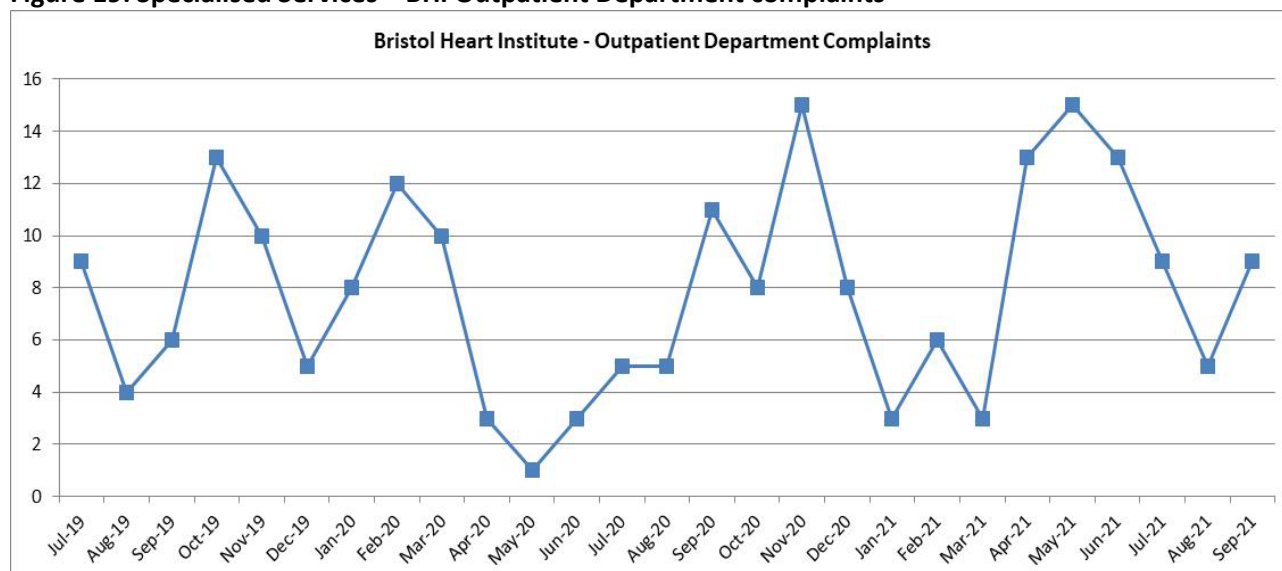
**Figure 17: Specialised Services – formal and informal complaints received**



**Figure 18: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre**



**Figure 19: Specialised Services – BHI Outpatient Department complaints**



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

The Division of Women & Children received 123 new complaints in Q2 of 2021/22; an increase on the 88 received in Q1. Of these complaints, 70 were for Bristol Royal Hospital for Children (BRHC), compared with 63 in Q1; and 48 were for St Michael’s Hospital (StMH), compared with 21 in Q1. There were also two complaints each for paediatric outpatient clinics at South Bristol Community Hospital and Southmead Hospital and one for the Seashore Centre at Weston General Hospital.

Complaints recorded under the primary category of ‘clinical care’ accounted for 40.7% of all complaints received by the Division in Q2 (50 of 123); complaints in this category are consistently the highest for the division. Complaints about ‘attitude and communication’ remained at the same level as for Q1 and there was a 56.3% increase in complaints about ‘appointments and admissions’.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of ‘clinical care’ (22), followed by ‘appointments and admissions’ (20) and ‘attitude and communication’ (14). For St Michael’s Hospital, the highest number of complaints received in Q2 (26

of 48) were in respect of 'clinical care', whilst there were 10 complaints categorised under 'attitude and communication'.

The Division achieved 84.5% against its target for responding to formal complaints within the agreed timescale in Q2, compared with 90.5% in Q1 and 92.5% in Q4 of 2020/21. For informal complaints, the division achieved 85.2% after three consecutive quarters at 100%. 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 – Q2 2021/22	Number and % of complaints received – Q1 2021/22
Clinical Care	50 (40.7% of total complaints) ↑	39 (43.8% of total complaints) =
Attitude & Communication	26 (21.1%) =	26 (29.9%) ↑
Appointments & Admissions	25 (20.3%) ↑	16 (18.4%) ↑
Access	6 (4.9%) ↑	3 (3.4%) ↓
Documentation	6 (4.9%) ↑	1 (1.1%) ↓
Information & Support	5 (4.1%) ↑	3 (3.4%) ↑
Facilities & Environment	4 (3.3%) ↑	0 (0%) =
Discharge/Transfer/Transport	1 (0.7%) ↑	0 (0%) =
<b>Total</b>	<b>123</b>	<b>88</b>

**Table 14: Top sub-categories**

Category	Number of complaints received – Q2 2021/22	Number of complaints received – Q1 2021/22
Clinical care (medical/surgical)	29 ↑	22 ↑
Cancelled or delayed appointments and operations	18 ↑	15 ↑
Clinical care (nursing/midwifery)	16 ↑	11 ↑
Attitude of nursing/midwifery staff	8 ↑	6 ↑
Communication with patient/relative	7 ↓	10 ↑
Attitude of medical staff	7 ↑	5 ↑
Appointment administration issues	7 ↑	1 ↑

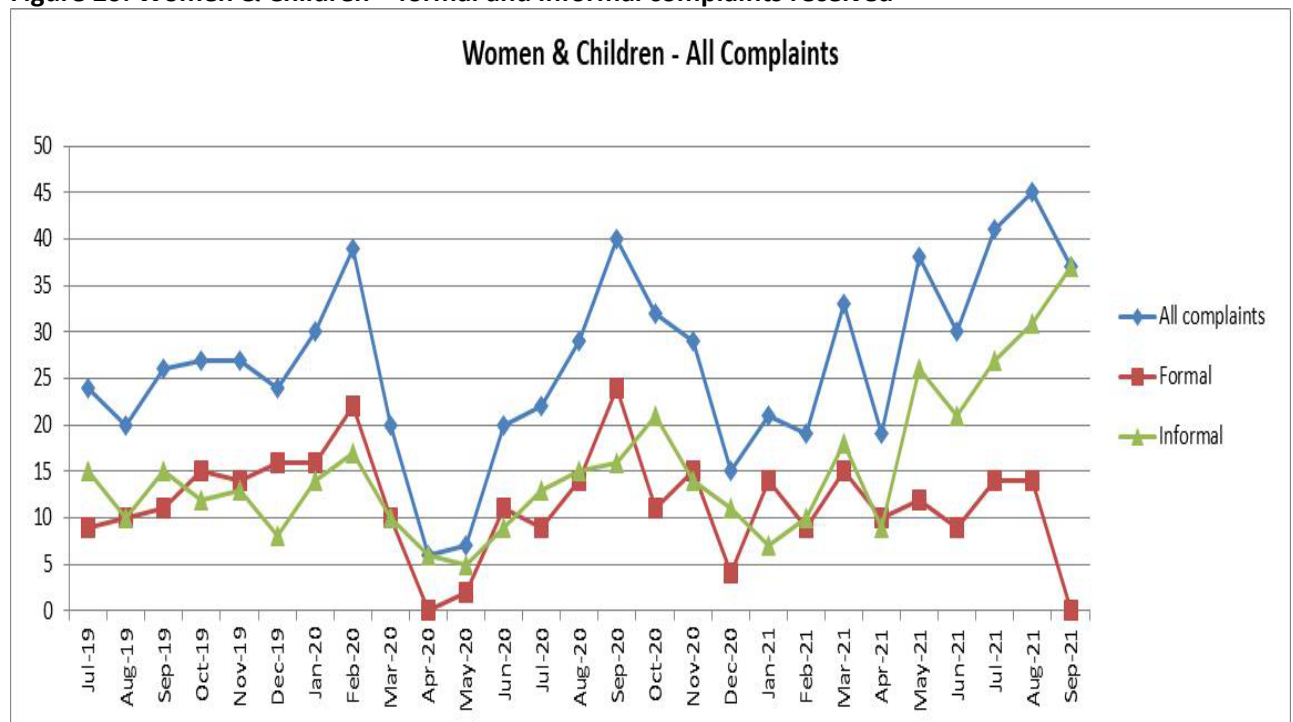
**Table 15: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p><b>BRHC</b> Complaints relating to 'clinical care' remained high in Q2.</p> <p>Of the 22 complaints received in this category, 14 were in the sub-category of 'clinical care (medical/surgical)' and five for 'clinical care (nursing/midwifery)'. Seven of the 'clinical care' complaints were for the Children's Emergency</p>	<p><b>BRHC</b> Due to the continued high number of attendances to the BRHC, it is not unexpected that complaint figures remain higher than expected. It should be noted however that three of the 22 complaints recorded, have not yet reached the Division.</p> <p>Of the remaining complaints, the majority of them related to the Children's Emergency Department (CED). On occasions, it was identified</p>	<p><b>BRHC</b> The CED Governance Group continues to review the complaints received and the actions taken, and these are also monitored by the Deputy Head of Nursing and Divisional Complaints Coordinator.</p>

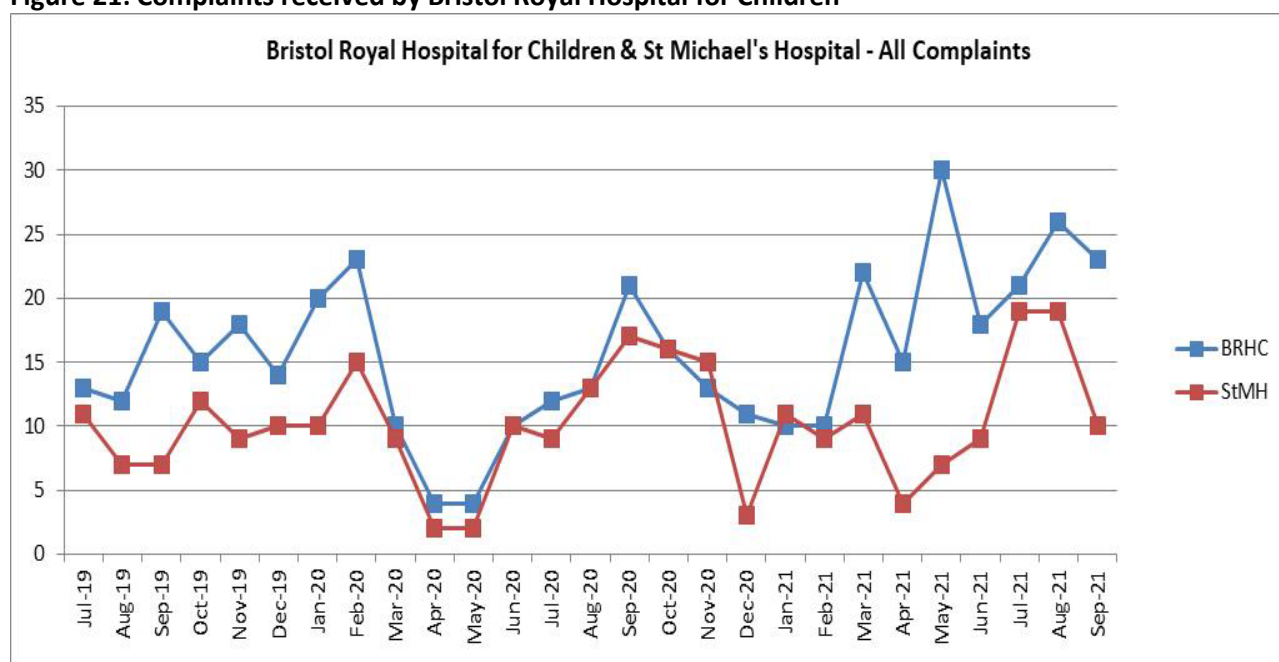
<p>Department (CED).</p>	<p>that care had fallen below the expected standard; however, it was equally identified that on occasions, there had been no wrongdoing and the concern was that the care provided had not been in line with parent's expectations.</p>	
<p><b>BRHC</b> By department, the highest number of complaints (11) received by BRHC were for the Children's Emergency Department (CED), which accounted for 15.7% of BRHC's overall complaints.</p>	<p><b>BRHC</b> The CED is receiving an extremely high number of attendances compared to previous years, and it is unclear whether the rise in the number of complaints is proportionate to this increase compared to the lower number of attendances in previous years.</p> <p>However, the Division continues to be conscious of the number of complaints made against the CED, and remains vigilant in trying to identify any clear themes or trends which would help to address this increase.</p>	<p><b>BRHC</b> The CED Governance Group continues to review the complaints received and the actions taken, and these are also monitored by the Deputy Head of Nursing and Divisional Complaints Coordinator.</p>
<p><b>StMH</b> Women's Services saw a 128% increase in complaints in Q2 – 48 complaints compared with 21 in Q1.</p> <p>Over half of these complaints (54.2%) were in respect of 'clinical care'. Of the 26 complaints received in this category, 13 were in the sub-category of 'clinical care (medical/surgical)' and 11 were 'clinical care (nursing/midwifery)'.</p>	<p><b>StMH</b> Similarly to the rest of the Trust, StMH is seeing a higher than average number of patients. Of the complaints received, there were five each for Ward 76, Ward 73 and Gynaecology Outpatients. There were four each for Ward 78 and Central Delivery Suite.</p>	<p><b>StMH</b> The Head of Midwifery and General Manager for StMH continue to monitor the data to determine any wider themes and trends in the feedback received.</p> <p>For all complaints however, actions are taken where possible to address the concerns raised.</p>
<p><b>StMH</b> By department, 23 of the overall complaints received were inpatient complaints and were spread across Ward 73 (9), Ward 76 (8) and Ward 78 (6).</p>	<p><b>StMH</b> Wards 73 and 76 are the post-natal wards and women go from having 1:1 care in labour to then having a ratio of 8 patients to one midwife, which does have an impact. Also, a lack of parental education due to Covid-19 has meant that the women are not prepared for the expectations on the ward e.g. mobilising early after a caesarean section and caring for their baby. Some additional concerns about staff attitude and delayed inductions were also noted.</p>	<p><b>StMH</b> The team have re-started parent education, and produced videos, including a virtual tour.</p> <p>Some customer care work with staff in partnership with MVP and the Patient Support and Complaints Team will also be planned.</p>

	<p><b>Ward 78</b> Of the six complaints attributed to Ward 78, two did not reach the division for investigation. The remaining four did not identify any clear theme or trend, although it is noted that despite being recorded as relating to clinical care, there was an element of poor communication within each, which will be monitored.</p>	<p>General Manager and Divisional Complaints Coordinator to monitor future complaints relating to Ward 78 for emerging themes / trends.</p>
<p><b>StMH</b> With regards to outpatient services, the highest number of complaints was for Gynaecology Outpatients, with seven complaints, five of which were about 'clinical care'.</p>	<p><b>StMH</b> On review, two of these complaints did not reach the division.  Of the remaining five complaints, there was no clear theme other than recognising that for some women their procedure was painful, and the poor communication regarding how this was handled.</p>	<p><b>StMH</b> The General Manager will continue to review and monitor feedback relating to Gynaecology Outpatients, and actions will be taken as necessary to ensure an improved patient experience.</p>

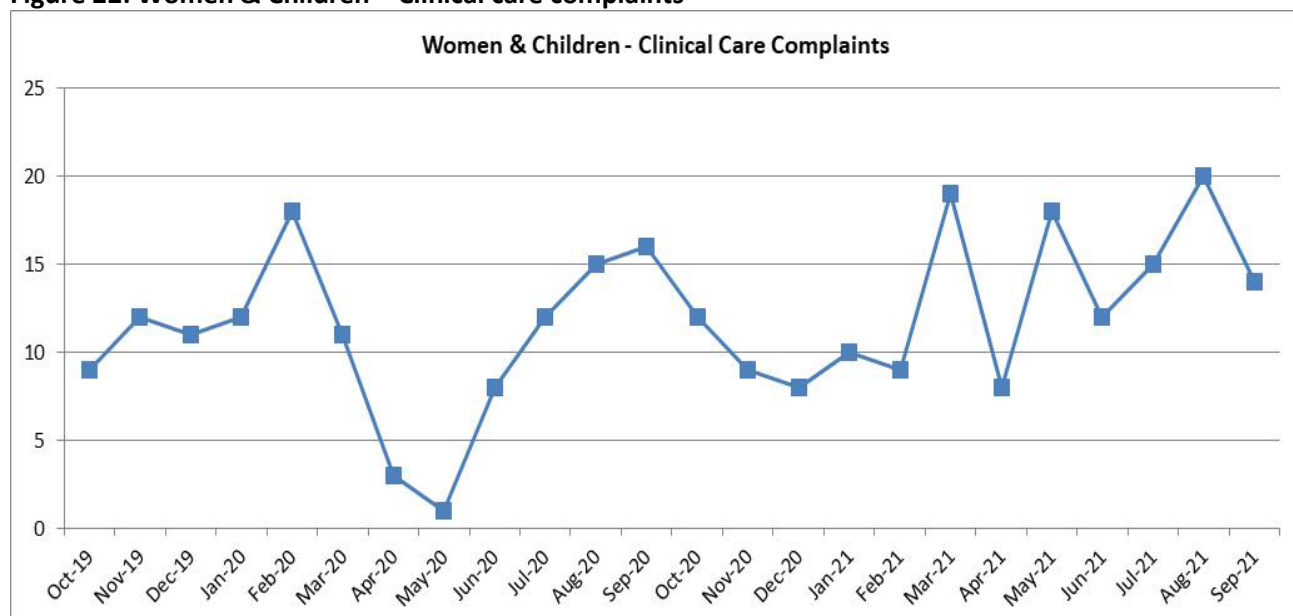
**Figure 20: Women & Children – formal and informal complaints received**



**Figure 21: Complaints received by Bristol Royal Hospital for Children**



**Figure 22: Women & Children – Clinical care complaints**



### 3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 18 new complaints in Q2, compared with 17 in Q1 and eight in Q4 of 2020/21. The majority of these complaints were recorded for Radiology (10) and Audiology (3), representing 72.2% of all complaints received by the Division. Complaints about ‘attitude and communication’ were the highest by category, closely followed by those with a primary category of ‘appointments and admissions’ and ‘clinical care’.

The Division achieved 100% against its target, sending out all four of its formal complaint responses within the agreed timescale in Q2; compared with its 66.7% in Q1. The division achieved 90% for informal complaints responded to by the agreed deadline in Q2, compared with 100% in Q1 and for Q4 of 2020/21.



**Table 16: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2021/22	Number and % of complaints received – Q1 2021/22
Attitude & Communication	6 (28.6%) ↑	4 (23.5%) ↑
Appointments & Admissions	4 (33.3%) ↑	6 (35.3%) ↑
Clinical Care	4 (19%) =	4 (23.5%) ↑
Information & Support	3 (14.3%) ↑	1 (5.9%) ↓
Facilities & Environment	1(4.8%) =	1 (5.9%) =
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Access	0 (0%) ↓	1 (5.9%) ↑
Documentation	0 (0%) =	0 (0%) =
<b>Total</b>	<b>18</b>	<b>17</b>

**Table 17: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
There were 10 complaints for Radiology in Q2 and these were split as follows:  Radiology BRI – 5 Radiology BRHC – 2 Ultrasound (StMH) – 2 Radiology SBCH – 1	This compares with 18 complaints received during the same period in 2020/21.  There were no themes with regards to the categories of these complaints.	Teams to continue to communicate clearly with patients and their families during busy periods and to ‘nip in the bud’ any informal and minor complaints.

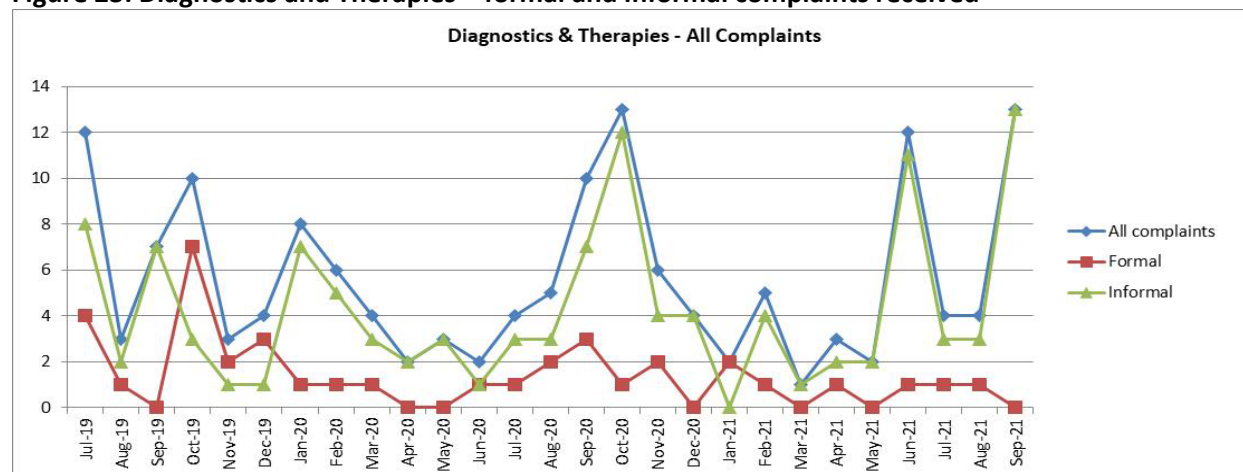
**Current divisional priorities for improving how complaints are handled and resolved:**

To continue working with services to maintain 100% compliance with deadlines for formal complaints, and to aim to achieve 100% compliance for informal complaints; which is the usual standard for the division. The additional resource in the divisional management team, with the recruitment of a second Assistant General Manager, should support this.

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

- Following receipt of some complaints about Covid protocols and visiting restrictions in the Ultrasound Department, a new risk (5581) has been added to the Trust’s Risk Register, to manage this risk and support the team with improving the controls around this issue.
- All teams across the division have been reminded of the importance of communicating with patients and families around any clinical decisions and concerns expressed; particularly when teams are dealing with staffing issues, which may impact the level of service available.

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



### 3.1.6 Division of Weston

The Division of Weston received 77 new complaints in Q2 of 2021/22; an increase on the 51 complaints received in Q1 and 65 in Q4 of 2020/21. The highest number of complaints received by the division was again those recorded under the category of ‘clinical care’, which doubled from 19 in Q1 to 38 in Q2. Weston also saw a sharp rise in complaints about ‘discharge arrangements’; from three in Q1 to 11 in Q2.

Unlike all other divisions (with the exception of Specialised Services) the number of complaints received by Weston in the category of ‘appointments and admissions’ decreased in Q2.

For the third quarter in succession, the largest number of complaints received by one department was 29 for the Accident & Emergency Department, compared with 12 in Q1, and representing 37.7% of all complaints received by the division.

The Division achieved 34.8% (43 of 66 responses) against its target for responding to formal complaints within the agreed timescale in Q2, an improvement on the 10% reported in Q1 and 31.3% in Q4 of 2020/21, although still significantly below the target of 95%. The division responded to 78.9% of informal complaints within the agreed timescale in Q2, compared with 75% in Q1 and 82.4% in Q4 of 20/21. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

**Table 18: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2021/22	Number and % of complaints received – Q1 2021/22
Clinical Care	38 (49.4%) ↑	19 (37.3% of total complaints) ↓
Discharge/Transfer/Transport	11 (14.3%) ↑	3 (5.9%) ↑
Attitude & Communication	9 (11.7%) ↓	10 (19.6%) ↓
Information & Support	7 (9%) ↑	4 (7.8%) ↑
Appointments & Admissions	5 (6.5%) ↓	11 (21.6%) ↑
Facilities & Environment	4 (5.2%) =	4 (7.8%) ↓
Documentation	3 (3.9%) ↑	0 (0%) =
Access	0 (0%) =	0 (0%) ↓
<b>Total</b>	<b>77</b>	<b>51</b>

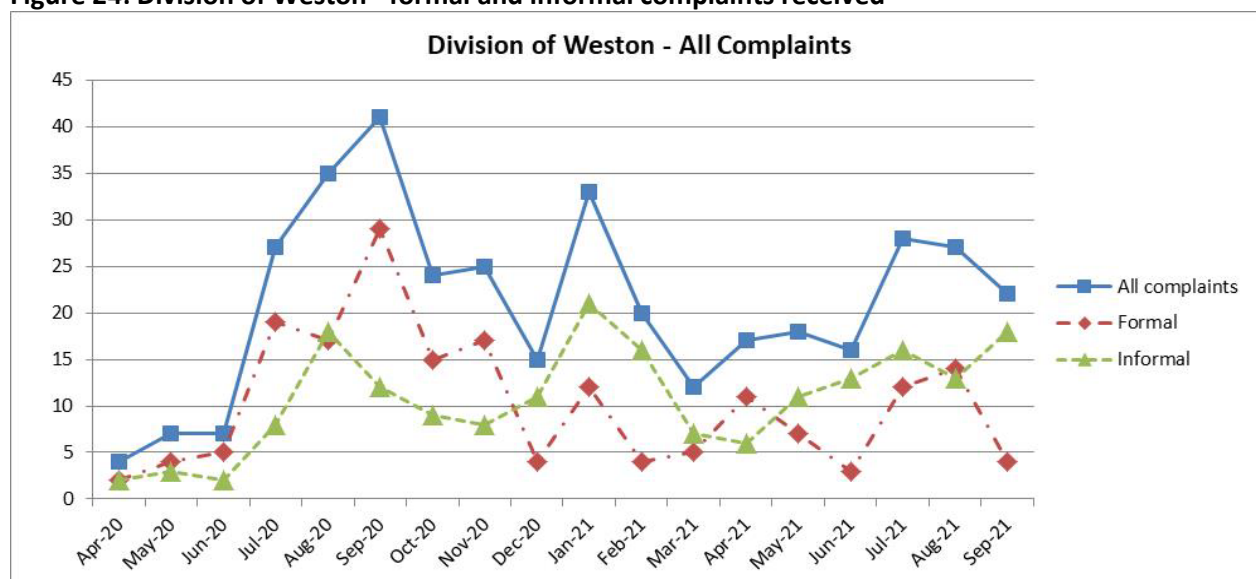
**Table 19: Top sub-categories**

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	26 ↑	12 ↑
Discharge arrangements	11 ↑	3 ↑
Clinical care (nursing/midwifery)	9 ↑	5 ↑
Cancelled or delayed appointments and operations	5 ↓	7 ↓
Clinical/Hospital Information Request	5 ↑	1 =

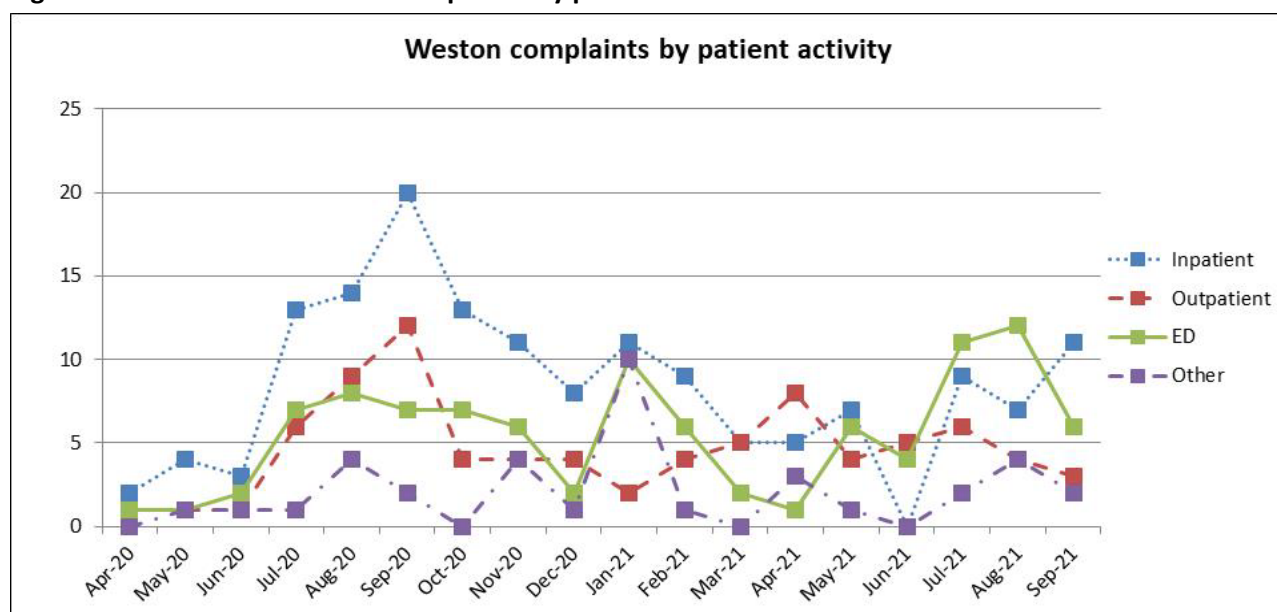
**Table 20: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
Complaints about the Emergency Department (ED) increased again in Q2, with the department continuing to receive the highest number of complaints for the division (37.7% of all complaints). The majority of these complaints (21) were in the primary category of 'clinical care'.	The increased number of attendances and pressure on the ED would appear to explain the rise in complaints from service users.	It is reassuring that a large number of the complaints received were processed informally and the new Matron is working alongside the Specialty Manager to try to resolve informal complaints more quickly.
Complaints received by the division about 'clinical care' doubled from 19 in Q1 to 38 in Q2, with the majority of these being for the Accident & Emergency Department, as noted above.	As above, the rise in attendances could account for the rise in complaints from service users.	A new member of agency staff has been working closely with the Matron and Specialty Manager for the last four weeks and the division has been able to see that a number of the complaints logged under ED should have in fact been referred to other specialties. The Complaints Lead in WGH will now try to triage complaints prior to referring them straight to ED in future.
Only 34.8% of formal complaint responses were sent out by the deadline agreed with the complainant in Q2.  Although this is an improvement on the 10% reported in Q1, it is still far below the Trust target of 95%.	Due to staff absence and pressure within the specialties, the division has not been able to achieve the improvements that they are working towards.	Work is still continuing on improving the division's performance in meeting the deadlines for responses.  A new substantive Complaints Coordinator will take up post in early January and their priority will be to work with the team to achieve improvements in timescales.

**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 18 new complaints in Q2; a decrease compared with the 24 received in Q1.

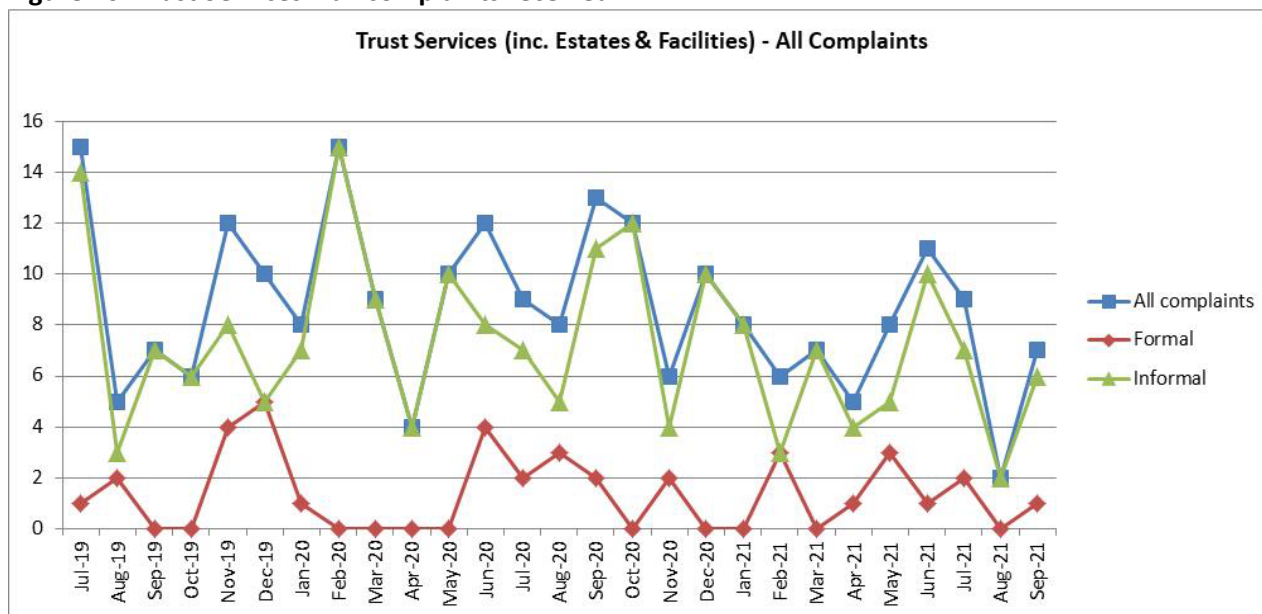
The largest number of complaints received by the Division was recorded under the category of ‘facilities and environment’, eight of which related to car parking, and which accounted for 61.1% of all complaints received by the division. The remaining complaints were split between the Private & Overseas Patients Team, Finance/Cashiers, Security and Legal Services.

The Division achieved 70% against its target for responding to formal complaints within the agreed timescale in Q2; a notable improvement when compared with 44.4% in Q1 and 42.9% in Q4 of 2020/21. They achieved 91.7% for informal complaints; exactly the same percentage as reported in Q1. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 21: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2021/22	Number and % of complaints received – Q1 2021/22
Facilities & Environment	11 ↑	6 ↓
Attitude & Communication	3 ↓	6 ↓
Documentation	2 ↑	0 (0%) =
Clinical Care	1 =	1 ↑
Information & Support	1 ↓	8 ↑
Appointments & Admissions	0 ↓	2 ↑
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Access	0 (0%)	1 ↑
<b>Total</b>	<b>18</b>	<b>24</b>

**Figure 26: Trust Services – all complaints received**



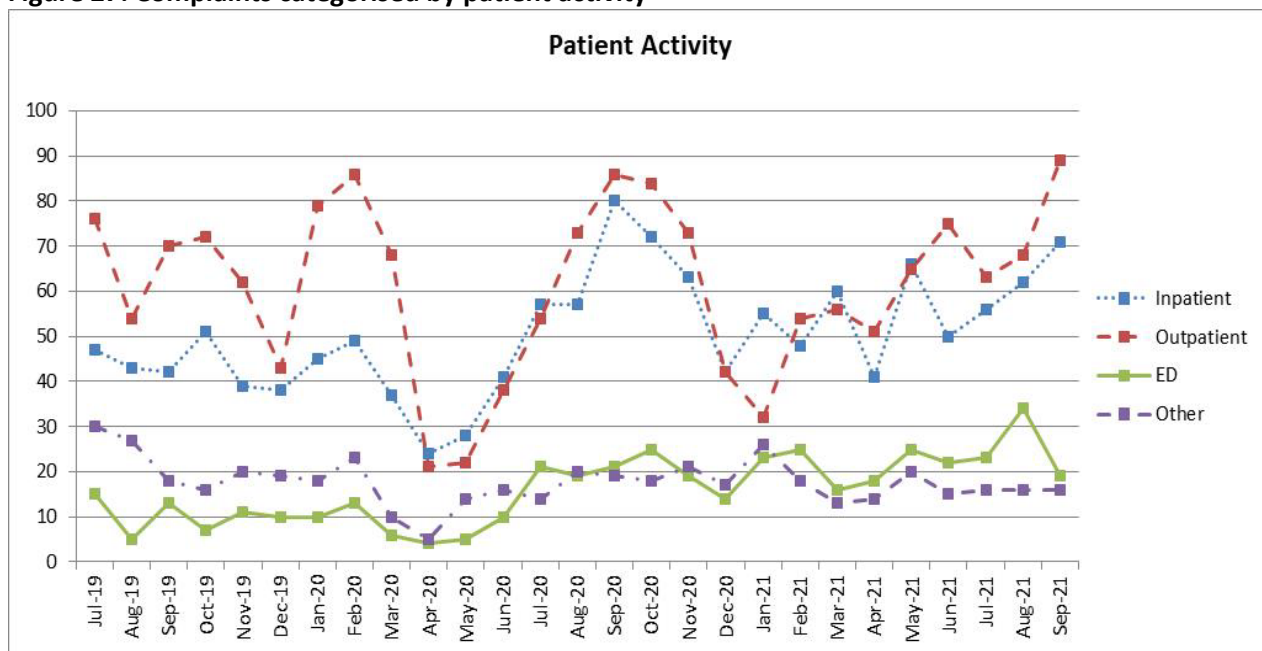
With effect from May 2020, Estates & Facilities complaints have been reported separately, as well as being included in the data produced for Trust Services. Figure 23 above shows all complaints received for Trust Services, including Estates & Facilities.

**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 Q2, 41.3% (\*41.3%) of complaints received were about outpatient services, 35.5% (34%) related to inpatient care, 14.3% (14.1%) were about emergency patients; and 9% (10.6%) were in the category of ‘other’ (as explained above). \* Q1 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

With the exception of Diagnostics & Therapies, all divisions reported breaches of formal complaint deadlines in Q2, with a total of 81 breaches reported Trustwide. This is a further deterioration on the 68 breaches reported in Q1 and 44 breaches in Q4 of 2020/21. This is the highest number of breaches recorded since this report commenced.

The Division of Weston reported 43 breaches of deadline, Medicine reported 11, there were 10 for Specialised Services, nine for Women & Children, five for Surgery, three for Trust Services (two of which were for Estates & Facilities), and Diagnostics & Therapies had no breaches at all. Please see Table 22 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q2 the Trust responded to 255 complaints via the formal complaints route and 68.2% (174) of these were responded to by the agreed deadline, against a target of 95%, compared with 68.4% in Q1 and 72.5% in Q4 of 2020/21.

**Table 22: Breakdown of breached deadlines – Formal**

Division	Q2 2021/22	Q1 2021/22	Q4 2020/21	Q3 2020/21
Weston	43 (65.2%)	27 (90%)	22 (68.8%)	28 (70%)
Medicine	11 (26.2%)	21 (34.4%)	10 (35.7%)	20 (60.6%)
Specialised Services	10 (29.4%)	7 (28%)	4 (22.2%)	3 (21.4%)
Women & Children	9 (15.5%)	4 (9.5%)	3 (7.5%)	3 (5.6%)
Surgery	5 (12.2%)	3 (6.7%)	1 (3.2%)	4 (9.8%)
Trust Services	3 (30%)	5 (55.6%)	4 (57.1%)	2 (28.6%)
Diagnostics & Therapies	0 (0%)	1 (33.3%)	0 (0%)	0 (0%)
<b>All</b>	<b>81 breaches</b>	<b>68 breaches</b>	<b>44 breaches</b>	<b>60 breaches</b>

*(So, as an example, there were nine breaches of timescale in the Division of Women & Children in Q2, which constituted 15.5% of the 58 complaint responses which were sent out by that division in Q2).*

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 Q2. During this period, 68 breaches were attributable to the Divisions, seven were caused by delays in the Patient Support & Complaints Team, and six occurred during the Executive sign-off.

**Table 23: Source of delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	0	10	6	6	0	3	43	68
PSCT	4	1	2	0	0	0	0	7
Execs/sign-off	1	0	2	3	0	0	0	6
Other Trust	0	0	0	0	0	0	0	0
<b>All</b>	<b>5</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>0</b>	<b>3</b>	<b>43</b>	<b>81</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 Q2, the Trust responded to 177 complaints via the informal complaints route (a similar number to the 177 reported in Q1) and 88.4% of these were responded to by the agreed deadline; a decrease on the 91.5% reported in Q1.

**Table 24: Breakdown of breached deadlines - Informal**

Division	Q2 2021/22	Q1 2021/22	Q4 2020/21	Q3 2020/21
Specialised Services	3 (13.6%)	5 (13.5%)	0 (0%)	2 (5%)
Weston	4 (21.1%)	4 (25%)	3 (17.6%)	2 (13.3%)
Medicine	3 (10.3%)	3 (9.1%)	4 (11.1%)	1 (11.1%)
Surgery	4 (7.4%)	2 (3.6%)	1 (2.9%)	2 (2.9%)
Trust Services	1 (8.3%)	1 (8.3%)	2 (10.5%)	4 (20%)
Diagnostics & Therapies	1 (10%)	0 (0%)	0 (0%)	1 (5%)
Women & Children	4 (14.8%)	0 (0%)	0 (0%)	0 (0%)
<b>All</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>12</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 Q2 2021/22.

- A complaint was received from a patient of Bristol Eye Hospital (BEH) about the failure of the BEH appointments system to communicate with patients in an accessible way. The patient had requested accessible communications from the BEH several times but felt it necessary to make a formal complaint as he has missed some appointments as a result of his requests not being met and the apparent inability of the BEH to send accessible communications to its patients, for example in braille or by email.

As a direct result of this complaint, the Assistant General Manager for the BEH worked closely with the Trust's Patient Experience Manager to resolve this patient's issues and to look more widely at the Trust's responsibilities in terms of the NHS Accessible Information Standard (AIS) and the Equality Act 2010 and the following actions were taken:

- Training sessions have been developed and delivered to BEH staff regarding the NHS AIS so that staff are aware of how to document AIS requests and the correct methods for processing these;
- Large format posters and slides for BEH display screens have been developed with the Patient Experience Team, to inform BEH patients of how AIS requirements can be met. Braille copies of these posters and slides have also been produced and distributed to reception areas and to the BEH patient support nurses;
- E-learning has been developed in partnership with the Sight Loss Council, to include understanding of the AIS standard for BEH patients and to raise awareness of visual impairment.

The Patient Experience Team and BEH management team continue to explore further opportunities for the BEH and Trustwide teams to learn from this patient's experience and to improve the Trust's adherence to the NHS AIS. (Division of Surgery).

- Following receipt of a formal complaint from a respiratory medicine patient about an anonymous and partially completed ReSPECT form found on her medical records, the division committed to ensuring that all of its ward clinical and nursing teams had completed the mandatory e-learning training on ReSPECT forms and to highlight the importance of any forms/instructions in place during handovers. The patient was also assured that all clinical staff are expected to attend annual patient safety update training, at which any changes to the ReSPECT process are highlighted and discussed. (Division of Medicine).
- A complaint was received from the mother of a patient who was concerned that her transfer from Intensive Care Unit (ICU) to the ward took five hours, during which time she was lying flat on the bed and when she arrived on the ward, there was not a suitable mattress available. There were also delays with the administration of pain relieving medication and the patient felt "uncared for".

As a result of this complaint, all ICU medication notes are now cross-referenced with the ward drug chart by a registered nurse on receiving a patient to the ward and bed allocation and transfer times are now captured with the development and implementation of a 'Tap to Transfer' Standard Operating Procedure (SOP). (Division of Medicine).

- The Trust received a complaint from the mother of a 13 year old patient with leukaemia, who had called ahead to the ward where her daughter was receiving treatment, to let them know she was bringing her to the Children's Emergency Department (CED) with a high temperature. On arrival at the CED, a nurse took the patient's temperature with an underarm thermometer and said that it was normal. When the mother asked her to take it again with an (tympanic (in ear) thermometer, the nurse said she could not find one. She also asked several times for a sheet to be placed on her daughter's bed as it was uncomfortable and sticky due to her temperature but this never arrived. When her temperature was finally taken with a tympanic thermometer some two hours later, it showed a very high temperature of 40 degrees plus. The patient's mother is concerned about the protocols for the admission of oncology patients via the CED.

As a result of this complaint, the following actions have been identified and completed:

- The CED Sister issued a reminder to all staff of the need to place a sheet on the bed for each patient who arrives;
- The nurse who could not find the tympanic thermometer has received further familiarisation training in the department and has been reminded of expectations in such circumstances;
- CED managers are exploring the potential for additional systems in the department, including a 'Task Board' that can be implemented to support staff efficiency and ensure there are no oversights with medication, etc;
- The family's experience has been anonymously shared with the CED nursing staff so that they can use this to inform their communication with patients and their parents. (Division of 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 380 enquiries were received in Q2, another notable 18.4% increase on the 321 received in Q1. This figure includes 107 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a further increase on the 84 recorded in Q1.

In addition, the Patient Support and Complaints Team also recorded and acknowledged 61 compliments received during Q2 (not included in the 380 noted above) and shared these with the staff involved and their Divisional teams. This is an increase compared with the 54 compliments reported in Q1, although this does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints Team recorded 171 enquiries that did not proceed, compared with 205 in Q1. 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 1,145 separate **new** enquiries in Q2 of 2021/22, compared with 1,042 in Q1 and 944 in Q4 of 2020/21. This represents a further 10% increase in activity (including concerns logged by the Weston PALS team).

### 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 Q2, 305 complaints were received in writing (252 by email, 38 via website feedback and 15 letters) and 213 were received verbally by telephone. 15 complaints were also received in Q2 via the Trust's 'real-time feedback' service.

Of the 533 complaints received in Q2, 70.4% (375/533) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). The team's ability to acknowledge all complaints within the specified timescale is due to a combination of factors; including the continuing increase in the number of enquiries being received, long-term sickness of two members of the team, and vacancies in the team, which have now been advertised.

### 5.3 PHSO (Ombudsman) cases

During Q2, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in one new complaint. During the same period, six existing cases remain ongoing. No cases were closed during Q2.

**Table 25: Complaints opened by the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
32960	JM	N/A	09/07/2021	BRI	Emergency Dept.	Medicine
Prior to carrying out a full investigation, the PHSO contacted the Trust, seeking a voluntary financial payment of between £100-£450, due to the severity of the injustice and the impact on the complainant; the division is currently considering this.						

**Table 26: Complaints ongoing with the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
16724	GS/HC	HS	10/01/2019	BRHC	Apollo Ward	W&C
Long-standing complaint for which the PHSO's provisional report has been received and the Trust has provided comments and requested clarification on a number of issues. Once these issues have been resolved, the PHSO's final report will be issued.						
18996	AC	BC	05/01/2018	BRHC	PICU	W&C
The Trust has agreed with the PHSO's provisional report and is waiting for the final report to be issued.						
34127	RR	N/A	02/08/2020	WGH and StMH	Maternity	W&C
The PHSO is in the process of investigating two complaints made by the patient in 2018 – one to WGH pre-merger and one to UHBristol. Both complaints have been linked and are being managed by the corporate complaints team, who have sent all of the information requested by the PHSO.						
20388	LT	MT	04/05/2021	BHOC	BHOC Outpatients	SpS
All information requested has been sent to PHSO and we are currently awaiting their provisional report.						
22146	FT	JT	13/07/2020	BRI	Upper GI	Surgery
All information requested by the PHSO has been sent to them and we are currently awaiting their provisional report.						
21583	JT	JT	08/12/2020	BRI	A524 - Respiratory	Medicine
Provisional report received, intending to partly uphold the complaint. Trust comments sent accepting the findings and recommendation in respect of communication with the patient's daughter. Awaiting final report.						
25054	MM	EM	19/01/2021	BHI	C604 - CICU	SpS
Copy of complaint and medical records sent to PHSO end of Jan 2021. They then requested additional medical records in March, June, October and November 2021, which have all been sent. We are currently awaiting further contact from the PHSO.						

## 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 27: Examples of severity rating of complaints**

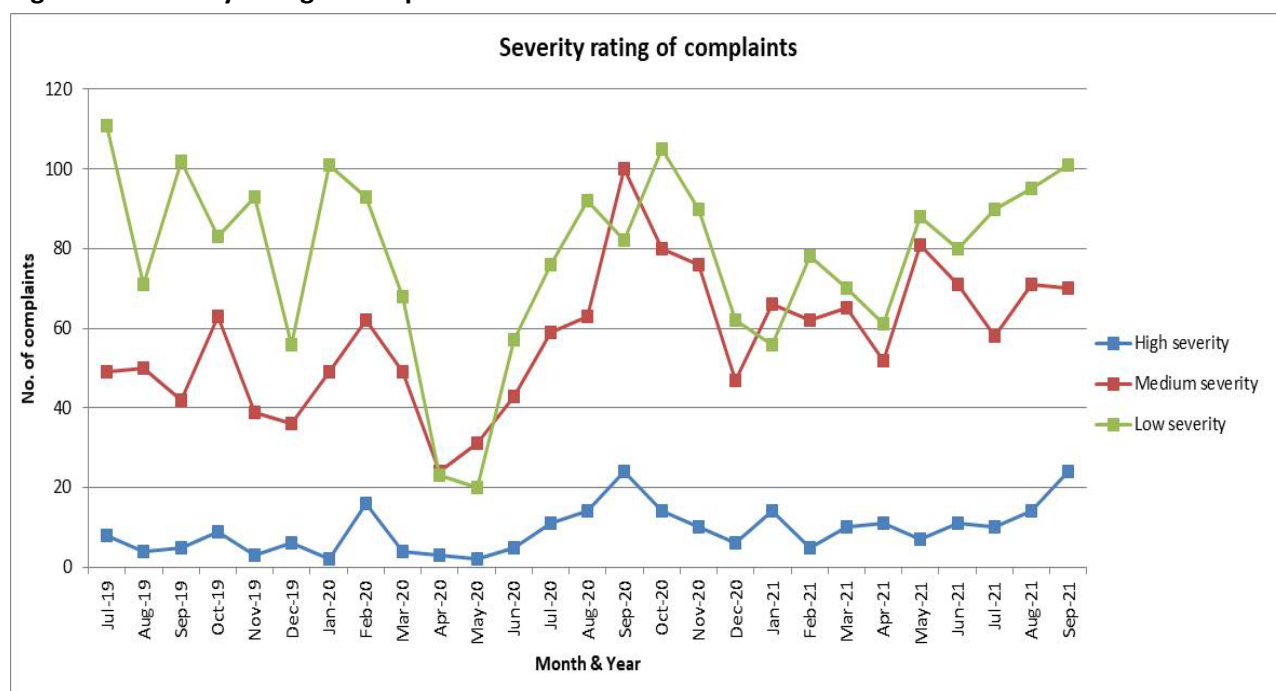
	<b>Low severity</b>	<b>Medium severity</b>	<b>High severity</b>
<b>Clinical problem</b>	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
<b>Clinical problem</b>	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication 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 Q2, the Trust received 533 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 533 complaints, 288 were rated as being low severity, 200 as medium and 45 as high.

Figure 25 below shows a breakdown of these severity ratings by month since April 2019.

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.

**Figure 28: Severity rating of complaints**



The number of complaints received since July 2019, by severity is shown below, with the average shown in brackets:

- High severity – 252 (av. 9 )
- Medium severity – 1,558 (av. 58)
- Low severity – 2,104 (av. 78)

A breakdown by Division is shown in Table 28 below.

**Table 28: Severity rating of complaints by Division (all complaints received in Q1 2021/22)**

Division	High Severity	Medium Severity	Low Severity	Totals
Weston	17 (22%)	36 (46.8%)	24 (31.2%)	<b>77</b>
Specialised Services	5 (9%)	25 (45.5%)	25 (45.5%)	<b>55</b>
Women & Children	11 (9%)	48 (39%)	64 (52%)	<b>123</b>
Trust Services	1 (5.5%)	5 (27.8%)	12 (66.7%)	<b>18</b>
Surgery	7 (5.4%)	40 (31%)	82 (63.6%)	<b>129</b>
Diagnostics & Therapies	1 (4.8%)	7 (33.3%)	13 (61.9%)	<b>21</b>
Medicine	3 (2.7%)	40 (36.4%)	67 (60.9%)	<b>110</b>
<b>Totals</b>	<b>45 (8.5%)</b>	<b>201 (37.7%)</b>	<b>287 (53.8%)</b>	<b>533</b>

\*i.e. only 2.7% of complaints received by the Division of Medicine in Q2 of 2021/22 were rated as high severity – this compares, for example, with 22% of complaints for the Division of Weston.