



# Complaints Report

**Quarter 3, 2021/2022**

(1 October 2021 to 31 December 2021)

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### Quarter 3 Executive summary and overview

	Q3	
Total complaints received	490	↓
Complaints acknowledged within set timescale	95.1%	↑
Complaints responded to within agreed timescale – formal investigation	51.3%	↓
Complaints responded to within agreed timescale – informal investigation	87.4%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.7%	↓

Successes	Opportunities	
<ul style="list-style-type: none"> <li>Complaints received by the Emergency Department at Weston General Hospital decreased by half in Q3, from 30 to 15, in Q3, compared with Q2 and complaints about 'clinical care' in Weston Division reduced from 38 to 22.</li> <li>The large backlog of complaints and enquiries waiting to be allocated to a Complaints Officer was cleared by the end of Q3, meaning that all complainants were being contacted and their complaints progressed in a timely manner.</li> <li>A new section has been added to this report for the first time in Q3, outlining the successful new process, whereby the Patient Support &amp; Complaints Manager and Deputy Head of Patient Safety carry out a weekly review of all complaints received, in order to identify any potential patient safety issues and cases requiring early escalation to Executive Directors. See section 4 for further details.</li> <li>A new part-time administrator has been recruited to the Patient Support &amp; Complaints Team, providing additional cover in this role, helping to ensure the timely acknowledgement of complaints and enquiries.</li> <li>Acknowledgement of complaints within the national standard of three working days in increased from 70.4% in Q2 to 95.1% in Q3</li> </ul>	<ul style="list-style-type: none"> <li>The Patient Support &amp; Complaints Manager is working closely with all divisions to look at ways of reducing breaches of complaint response deadlines. This remains difficult due to operational pressures on the divisions and on the Patient Support &amp; Complaints Team, to process the high volume of complaints and enquiries being received by the Trust.</li> </ul>	
	Priorities	<ul style="list-style-type: none"> <li>To successfully conclude recruitment to a vacant Complaints Officer post in the Patient Support and Complaints Team, following the withdrawal of a successful applicant at a very late stage of the process.</li> <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> </ul>
	Risks & Threats	<ul style="list-style-type: none"> <li>The Division of Weston received 169 PALS concerns in Q3, a further significant (57.9%) increase on the 107 recorded in Q2. Further information about this can be found in section 3.1.6.</li> <li>In Q3 there were 94 breaches of formal complaint deadlines that had been agreed with complainants, representing almost half (48.7%) of all responses sent out during this period. Of the 94 breaches, 32 were due to delays during the Executive signing process.</li> </ul>

## 1. Complaints performance – Trust overview

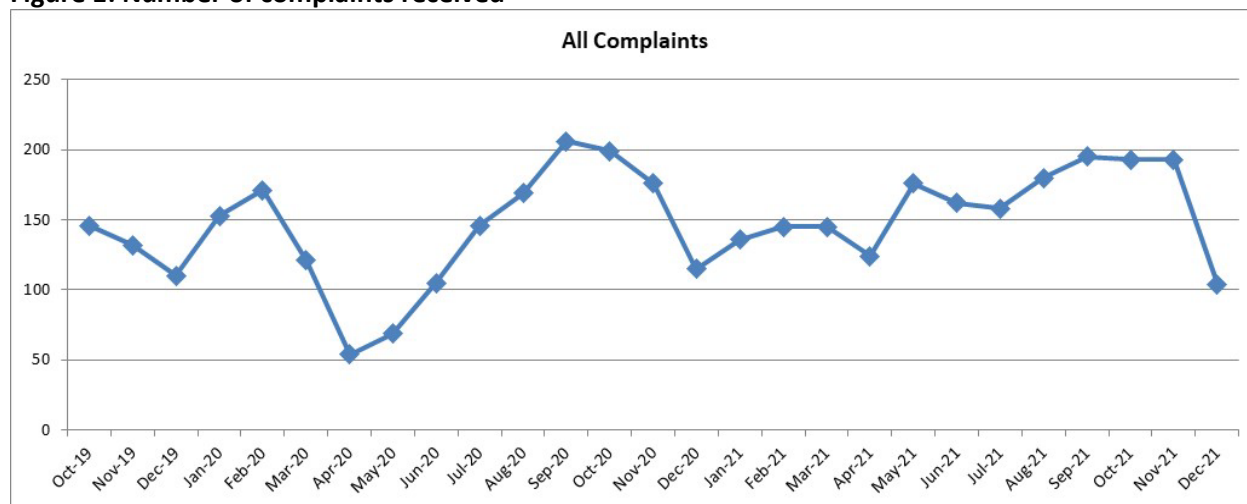
The Trust is committed to supporting patients, relatives, and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

During Quarter 3 (Q3) of 2021/22, the Trust received 490 complaints, an 8.1% decrease on the 533 received in Q2. The usual seasonal reduction in complaints received in December is clearly shown in Figure 1 below. The Patient Support and Complaints service has remained very busy, receiving 594 other enquiries in addition to the 490 complaints and checking and processing 193 formal complaint responses.

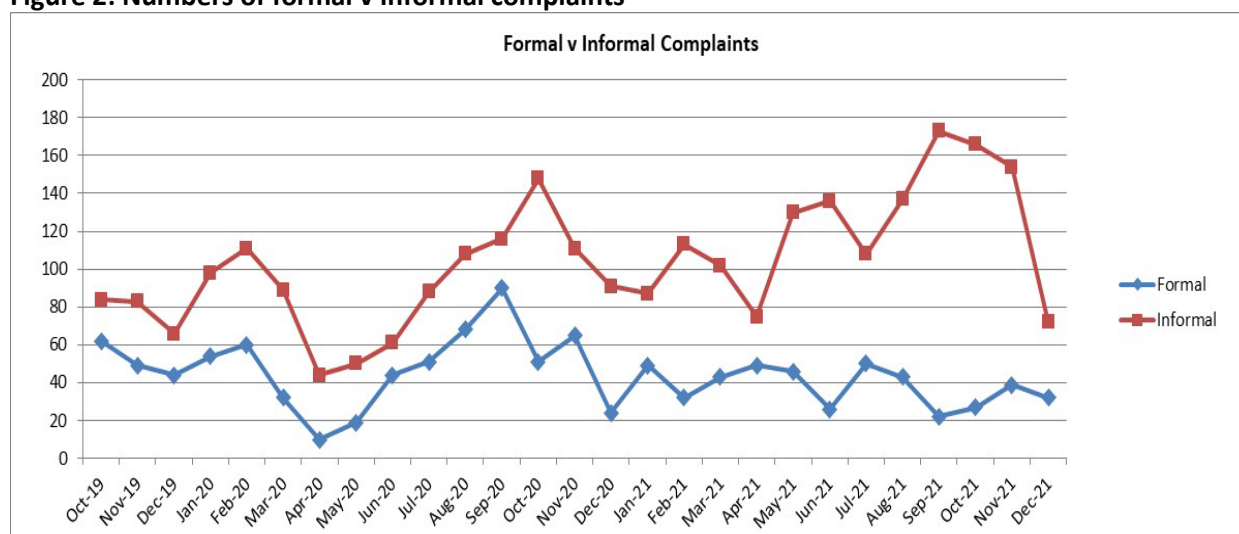
### 1.1 Total complaints received

The Trust received 490 complaints in Q3. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<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 (98 in Q3) compared with those dealt with via the informal investigation process (392 in Q3), over the same period. We have consistently dealt with a higher proportion of complaints via the informal process, meaning 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.

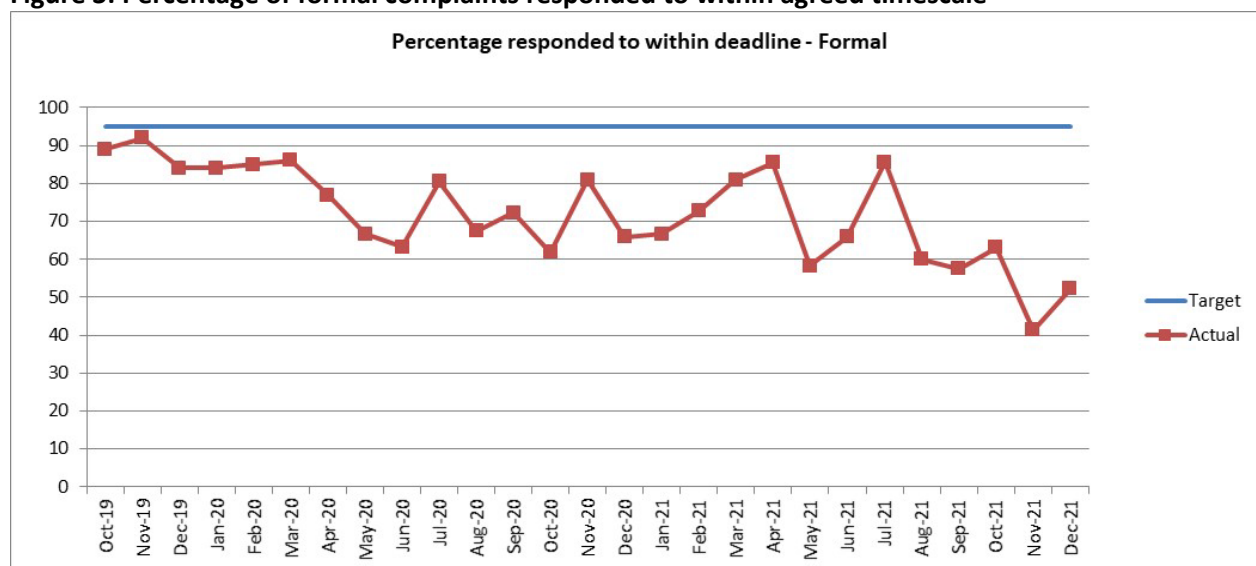
### 1.2.1 Formal Investigations

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 Q3 of 2021/22, only 51.3% of responses were sent to complainants within the agreed timescale. This represents 94 breaches out of the 193 formal complaint responses which were sent out during the quarter<sup>2</sup>. This is the highest number of breaches reported in one quarter and a further deterioration on the 68.2% reported in Q2 and 68.4% in Q1.

Figure 3 shows the Trust's performance in responding to complaints since October 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. The 2021/22 data shown in Figure 4 is for the year to date at the time of this report, i.e., April 2021 to December 2021, and gives a clear indication of the deterioration in performance so far this year.

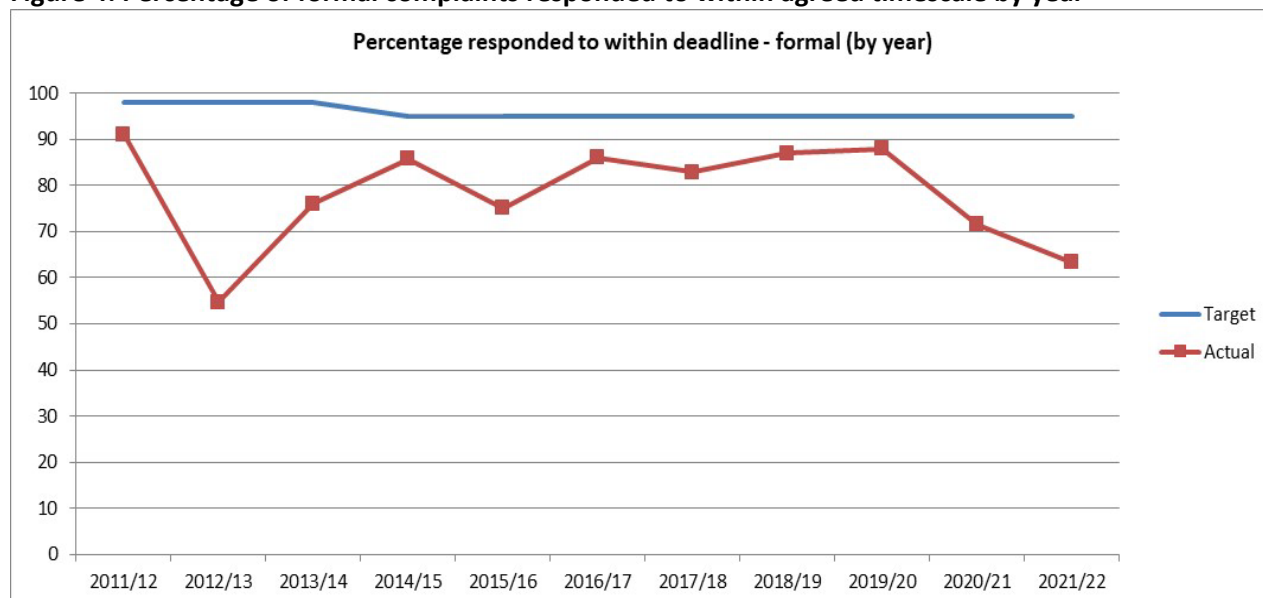
Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

**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.

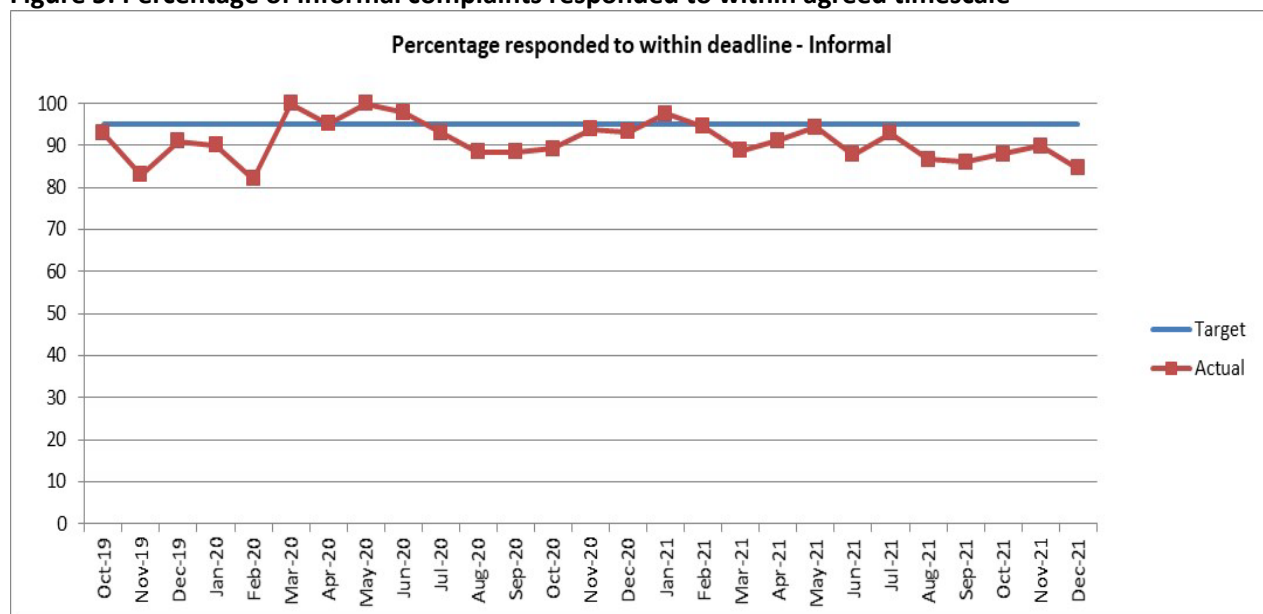
**Figure 4: Percentage of formal complaints responded to within agreed timescale by year**



### 1.2.2 Informal Investigations

In Q3 of 2021/22, the Trust received 392 complaints that were investigated via the informal process. During this period, the Trust responded to 215 complaints via the informal complaints route and 87.4% (188) of these were responded to by the agreed deadline, a slight deterioration on the 88.4% reported in Q2 and 91.5% in Q1. Figure 5 (below) shows performance since October 2019, for comparison with formal complaints.

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



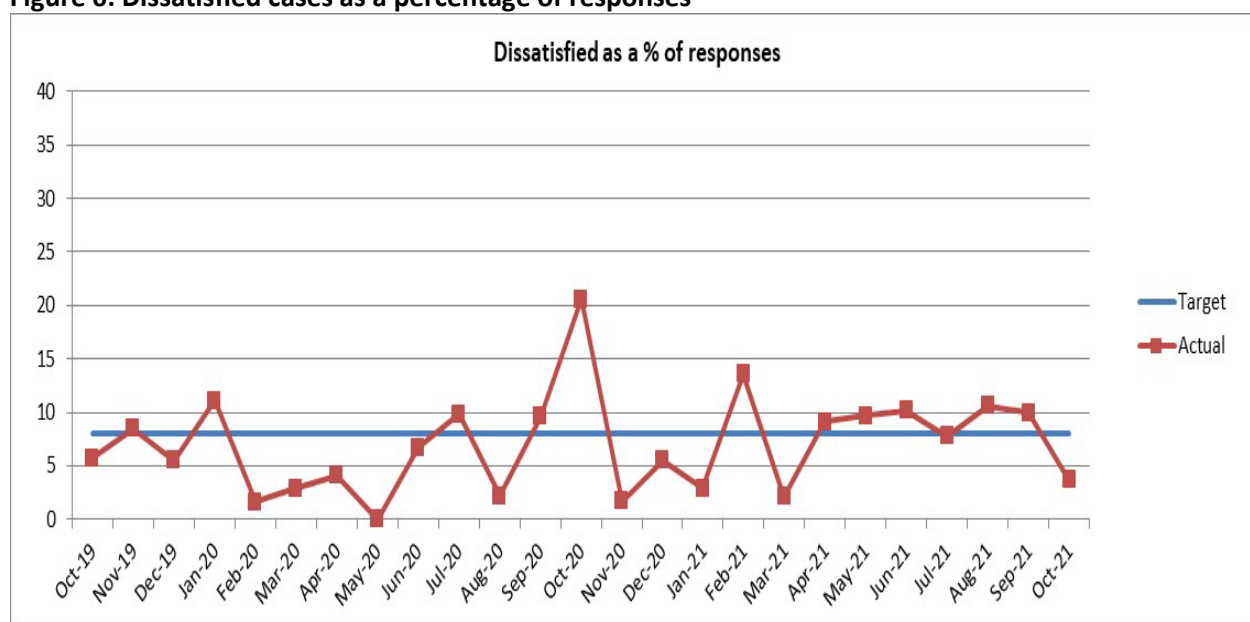
### 1.3 Dissatisfied complainants

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 Q3 of 2021/22, we are able to report dissatisfied data for August, September, and October 2021. Of the 219 complainants who received a first response from the Trust during those months, 19 have since contacted us to say they were dissatisfied. This represents 8.7% of the 219 first responses sent out during that period, a reduction on the 9.2% reported in Q2.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since October 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 Q3 of 2021/22 compared with Q2. There was an 8.1% decrease in the total number of complaints received, compared with the previous quarter.

Complaints decreased in all categories in Q3, with the exception of ‘attitude and communication’, which increased slightly. The top three categories consistently remain as ‘clinical care’, ‘attitude and communication’ and ‘appointments and admissions’. These three categories accounted for 81.2% (398/490) of all complaints received, as detailed in Table 1 below.

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

Category/Theme	Number of complaints received in Q3 (2021/22)	Number of complaints received in Q2 (2021/22)
Clinical Care	170 (34.7% of total complaints) ↓	177 (33.2% of total complaints) ↑
Appointments & Admissions	126 (25.7%) ↓	132 (24.8%) ↑
Attitude & Communication	102 (20.9%) ↑	100 (18.8%) ↓
Facilities & Environment	31 (6.3%) ↓	35 (6.5%) ↑
Information & Support	22 (4.5%) ↓	32 (6%) ↓
Discharge/Transfer/Transport	18 (3.7%) ↓	23 (4.3%) ↑
Documentation	11 (2.2%) ↓	20 (3.8%) ↑
Access	10 (2%) ↓	14 (2.6%) ↑
<b>Total</b>	<b>490</b>	<b>533</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 76% of the complaints received in Q3 (373/490).

There are small increases in several sub-categories, with the most notable being ‘medication issues’, which includes complaints about medication being incorrect or not being received. Almost half (12) of these were due to complaints about Boots Pharmacy, which is covered in more detail in section 3.1.5 about the Division of Diagnostics & Therapies.

Complaints in respect of ‘clinical care (medical/surgical)’ and ‘cancelled/delayed appointments and operations’ remained high in Q3, although lower overall than reported in Q2.

The largest decrease, compared with Q2, was in complaints recorded under the sub-category of ‘attitude of medical staff’, which decreased by 43%. 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 Q3 (2021/22)	Q2 (2021/22)	Q1 (2021/22)	Q4 (2020/21)
Cancelled/delayed appointments and operations	90 (18.4% of total complaints) ↓	99	84	69
Clinical care (medical/surgical)	83 (16.9%) ↓	104	77	68
Clinical care (Nursing/Midwifery)	39 (8%) ↑	36	26	20
Communication with patient/relative	24 (4.9%) ↓	27	43	42
Appointment administration issues	23 (4.7%) ↑	22	24	7
Medication issues	23 (4.7%) ↑	13	13	3
Attitude of nursing/midwifery	17 (3.5%) ↑	16	12	14
Failure to answer phones / failure to respond	16 (3.3%) ↑	14	16	15
Discharge arrangements	15 (3.1%) ↓	22	10	15
Attitude of medical staff	12 (2.4%) ↓	21	17	16
Attitude of A&C staff	11 (2.2%) ↑	9	9	2
Lost personal property	10 (2%) ↓	14	15	21
Information about patient	10 (2%) ↓	11	7	10

Figures 7-10 (below) show the longer-term pattern of complaints received since October 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 continued to rise again over the last three quarters before decreasing throughout Q3 of 2021/22.

Figure 8 shows the number of complaints received in respect of ‘clinical care (medical/surgical)’ in comparison with those about ‘clinical care (nursing/midwifery)’. Whilst the numbers of complaints in the latter sub-category are consistently much lower than the former, they do follow a similar trajectory, and both decreased through Q3.

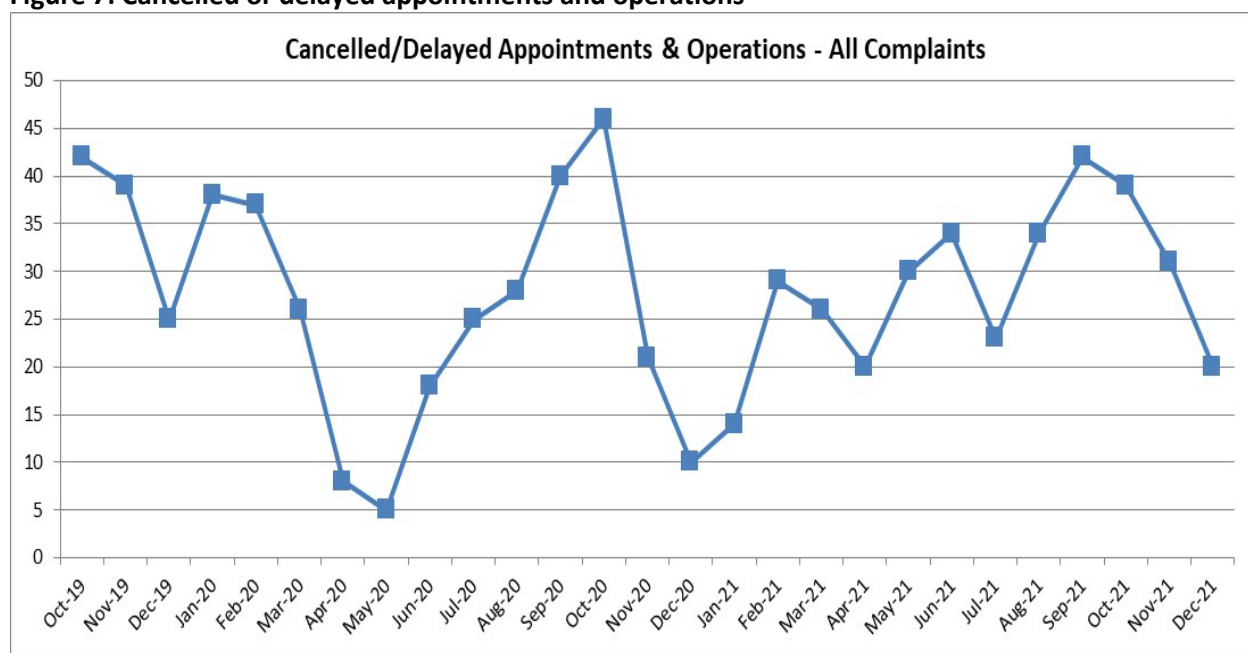


Figure 9 shows that complaints about ‘attitude and communication’ increased again over Q3, after peaking in November 2020, when it was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee. There followed a further peak in May 2021, followed by a notable decrease at the end of Q1 2021/22. Since then, complaints in the category have steadily increased again, only dropping towards the end of Q3. Complaints in this category continue to be closely monitored by the Patient Support and Complaints Manager, in order to identify and report on any themes and trends. The manager also reports all complaints about the attitude of medical staff to the Medical Director’s Team on a monthly basis.

The Divisions of Surgery and Women & Children had the highest numbers of ‘attitude and communication’ complaints overall, with 24 and 23 complaints respectively in Q3. For the Division of Surgery, there was no pattern of high numbers within a particular department/specialty, but there were four complaints each for Bristol Dental Hospital (BDH), Bristol Eye Hospital (BEH) and the ENT Outpatient Clinic. For Women & Children, there were no discernible themes by department, with the complaints spread across various areas. However, 17 of the complaints (74%) were for children’s services, with six for women’s services.

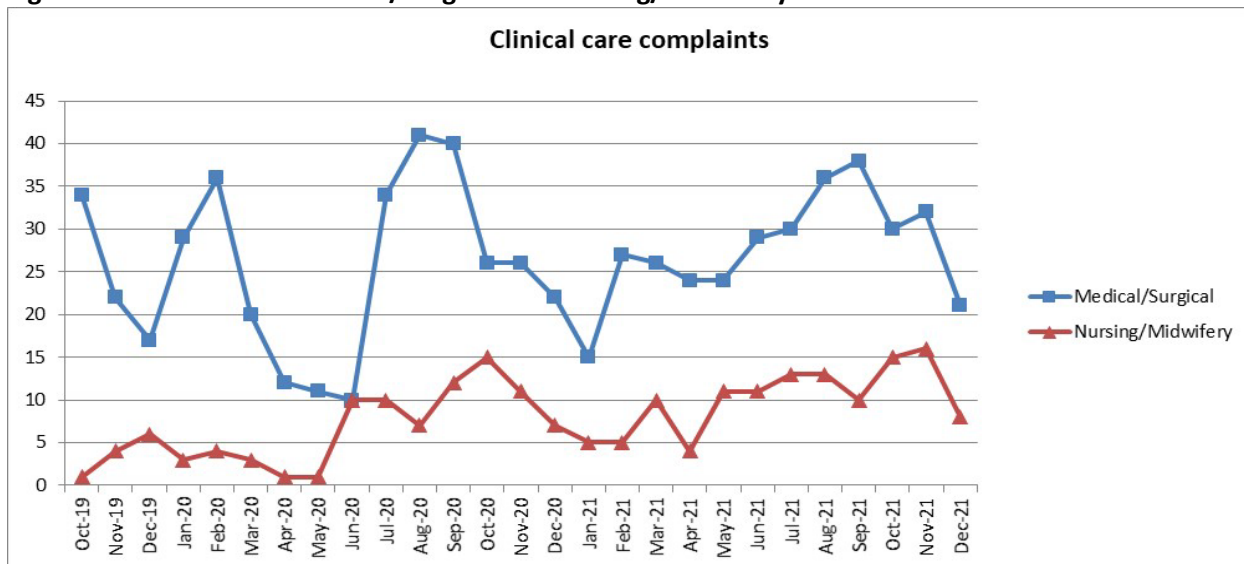
In Q3, 40 of the 102 complaints received in this category were for outpatient services, with 25 for emergency care and 24 complaints from inpatients. The remaining 13 complaints come under ‘other’, including administrative services and car parking. Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

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

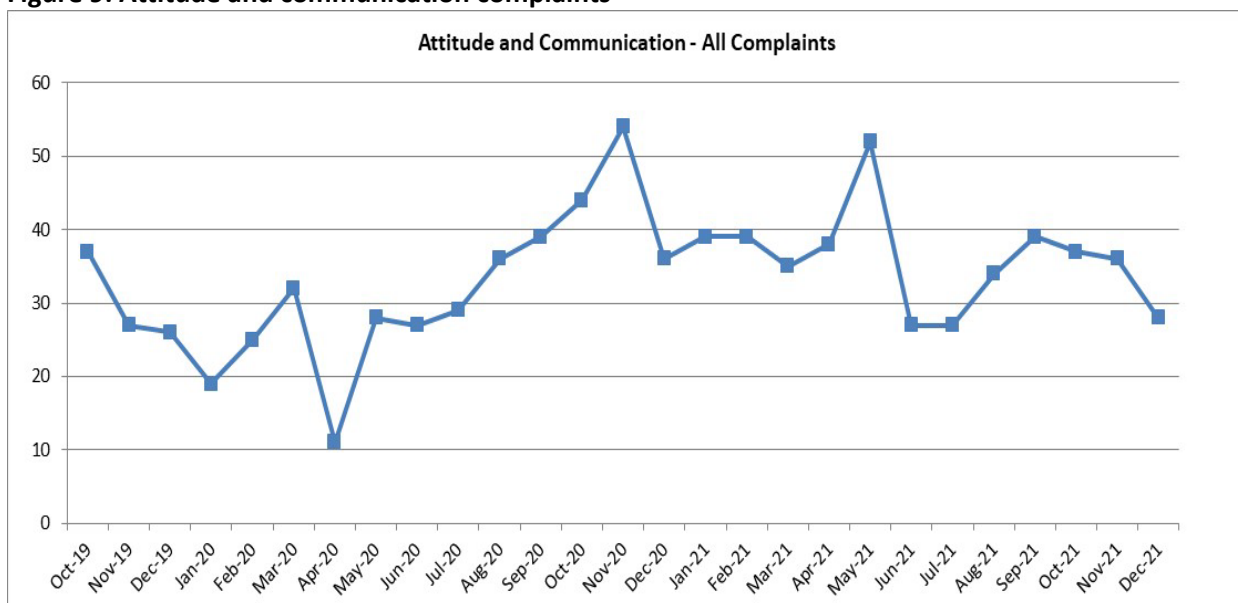




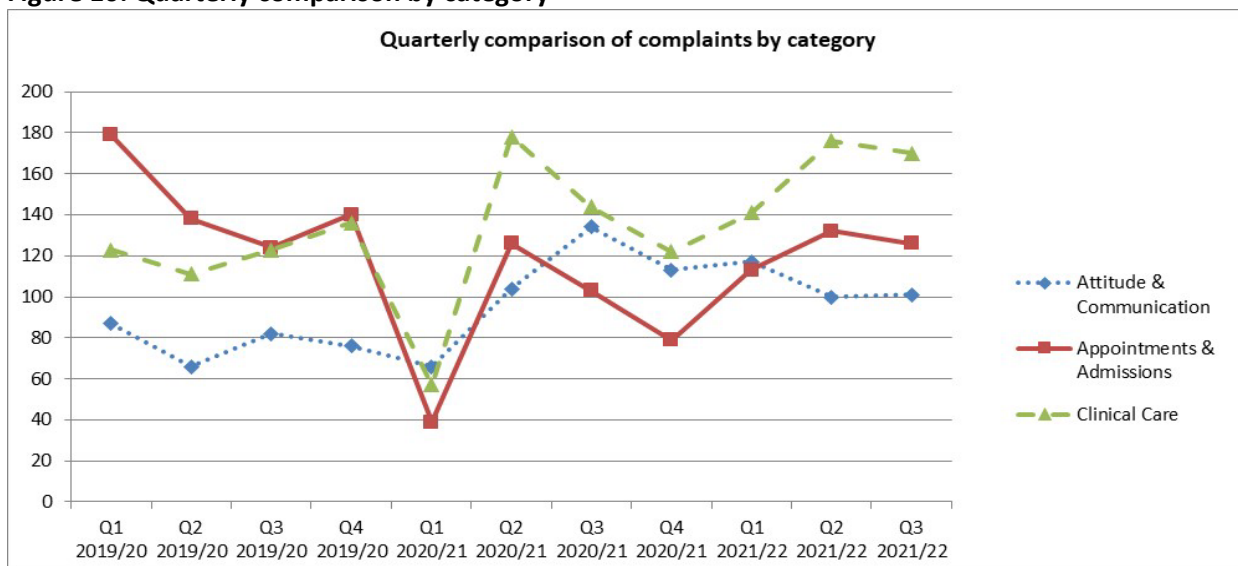
**Figure 8: Clinical care – Medical/Surgical and Nursing/Midwifery**



**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 Q3 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the 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 Q3	127 (129) ↓	93 (110) ↓	63 (55) ↑	99 (123) ↓	42 (18) ↑	48 (77) ↓
Number of complaints about appointments and admissions	48 (55) ↓	9 (20) ↓	26 (20) ↑	19 (25) ↓	14 (4) ↑	10 (5) ↑
Number of complaints about staff attitude and communication	24 (19) ↑	22 (27) ↓	10 (10) =	23 (26) ↓	7 (6) ↑	10 (9) ↑
Number of complaints about clinical care	38 (39) ↓	31 (32) ↓	16 (13) ↑	45 (49) ↓	17 (4) ↑	22 (38) ↓
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 22 (31) Bristol Eye Hospital (BEH) – 31 (34) Ward 41 (BEH) – 7 (0) QDU – 9 (4) ENT (inc. A609) – 24 (17)	Emergency Department (BRI) (inc. A413 AMU) – 35 (36) Dermatology – 11 (18) Ward A524 – 7 (2) Unity – 5 (6)	<b>BHI (all) – 47 (38)</b> <b>BHOC (all) – 15 (16)</b> (Plus one for Clinical Genetics) BHI Outpatients (inc. Outpatient Echo) – 28 (23) BHOC Outpatients & Chemo Day Unit – 8 (9) Ward C708 – 4 (4) Ward C805 – 4 (5)	<b>BRHC (all) – 60 (70)</b> (Plus one for SBCH paediatric outpatients) Children’s ED – 15 (11) Paediatric Neurology / Neurosurgery – 8 (6) <b>StMH (all) – 38 (48)</b> Ward 73 (Maternity) – 11 (9) Gynae Outpatients – 6 (7)	Boots Pharmacy – 17 (1) Audiology – 11 (3) Radiology – 11 (10)	Accident & Emergency – 15 (30) Outpatients (Main, Orthopaedics & Quantock) – 12 (10)
Notable deteriorations compared with Q2	ENT (inc. A609) – 22 (17) QDU – 9 (4) Ward 41 (BEH) – 7 (0)	Ward A524 – 7 (2)	No notable deteriorations	No notable deteriorations	Boots Pharmacy – 17 (1) Audiology – 11 (3)	No notable deteriorations
Notable improvements compared with Q2	Oral & MaxFax Surgery – 6 (18)	Rheumatology – 1 (7) Clinic A410 – 1 (6)	No notable improvements	Carousel Outpatients – 2 (6)	No notable improvements	Accident & Emergency – 15 (30)

### 3.1.1 Division of Surgery

The Division of Surgery received 127 new complaints in Q3 2021/22; a similar number to those received in Q2. Of these 127 complaints, 51 were in respect of inpatient services, 67 were about outpatient services and the remaining nine were in respect of administrative/reception services. The largest number of complaints received by the Division was again recorded under the category of ‘appointments and admissions’ (37.9%), with 35 of the 48 complaints received being about cancelled or delayed appointments and operations and 11 in respect of appointment administration issues. The largest percentage increase was in complaints about ‘attitude and communication’, with half of the complaints in this category being made up of complaints about failure to answer the phone /respond and communication with patient/relative.

There was an unusual spike in complaints for Ward 41 at Bristol Eye Hospital, from one in Q4 of 2020/21, to none in Q2 and seven in Q3. Six of the seven complaints were about ‘clinical care’ with one about a delayed operation.

The Division achieved 69.2% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 87.8% in Q2 and 93.3% in Q1. 88.6% of informal complaints were responded to within the agreed timescale, compared with 93.3% in Q2 and 96.4% in Q1.

It should be noted that, of the eight breaches of deadline for the division in respect of formal complaints in Q3, only two were attributable to delays in the division, which is an excellent achievement given the operational pressures the divisions continue to be under. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Appointments & Admissions	48 (37.9%) ↓	55 (42.6% of total complaints) ↑
Clinical Care	38 (29.9%) ↓	39 (30.2%) ↑
Attitude & Communication	24 (18.9%) ↑	19 (14.7%) ↓
Information & Support	6 (4.7%) =	6 (4.7%) ↓
Discharge/Transfer/Transport	5 (3.9%) ↑	2 (1.6%) ↓
Facilities & Environment	4 (3.1%) =	4 (3.1%) ↓
Access	2 (1.6%) ↑	1 (0.8%) ↑
Documentation	0 (0%) ↓	3 (2.3%) ↑
<b>Total</b>	<b>127</b>	<b>129</b>

**Table 5: Top sub-categories**

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Cancelled/delayed appointments & operations	35 ↓	43 ↑
Clinical care (medical/surgical)	23 ↑	20 ↑
Appointment administration issues	11 ↑	5 ↓
Clinical care (dental)	8 ↑	5 ↑
Failure to answer phone/respond	7 ↑	4 ↑
Communication with patient/relative	5 ↓	6 ↓

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

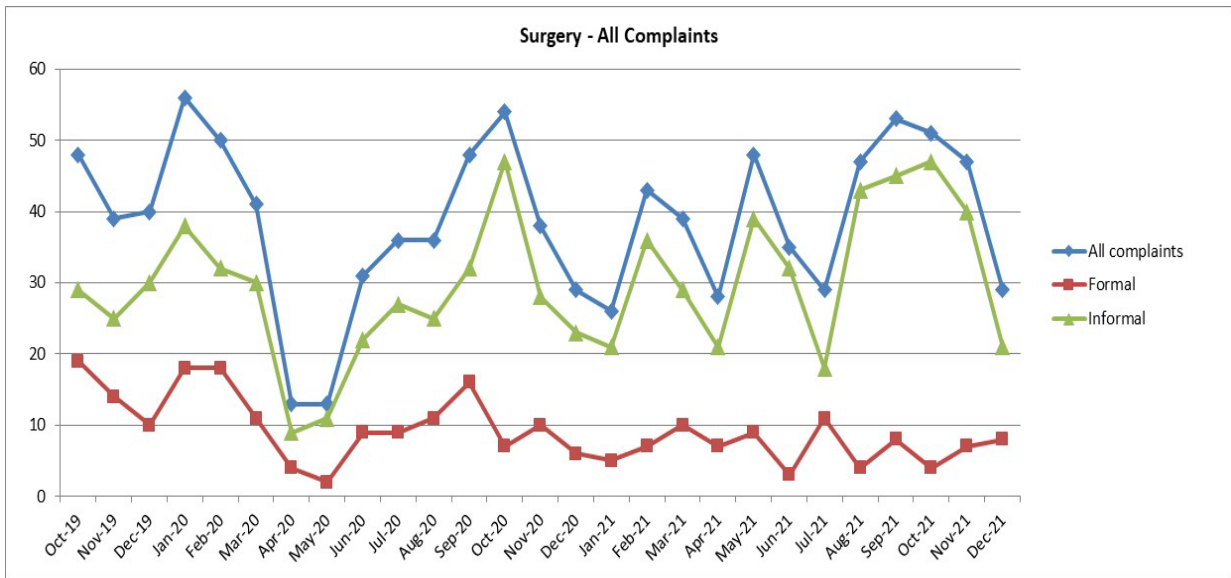


Figure 12: Surgery – Appointments and admissions

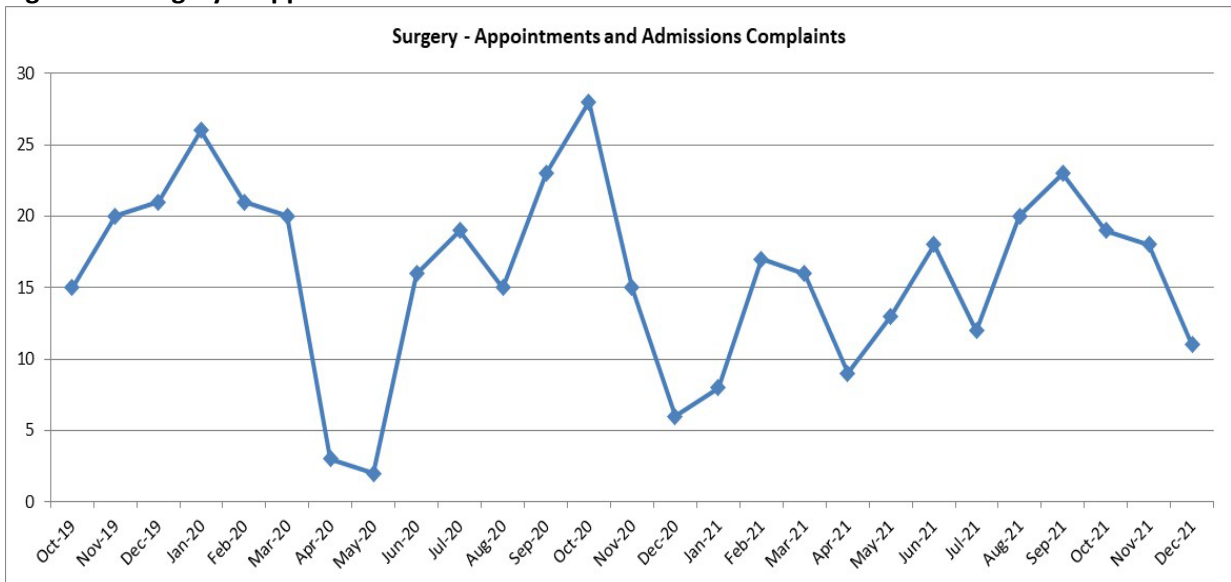
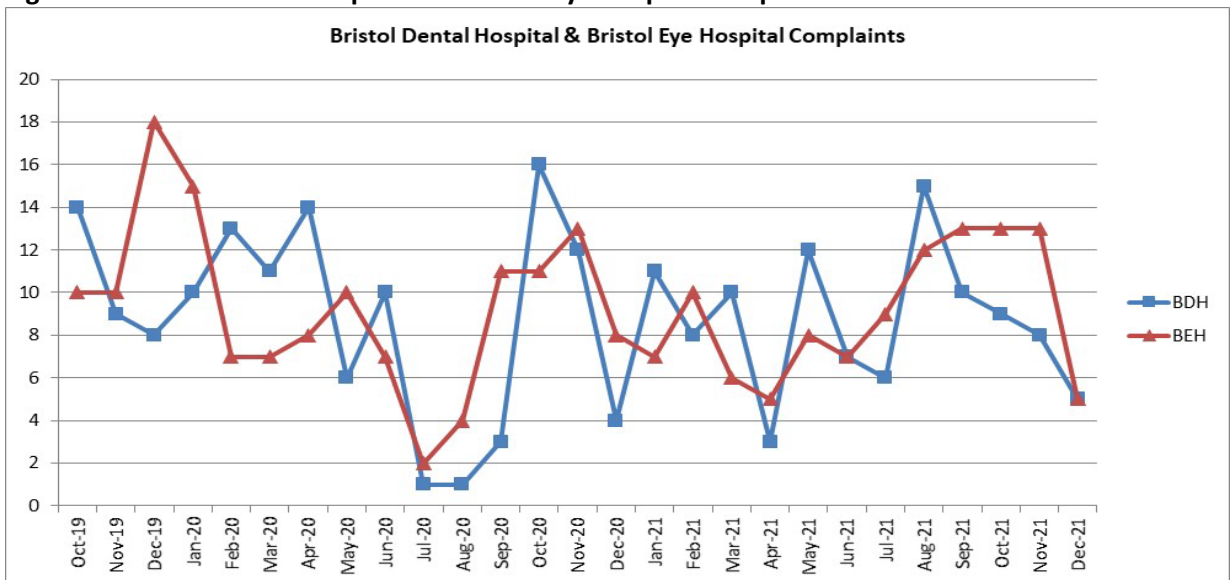


Figure 13: Bristol Dental Hospital and Bristol Eye Hospital complaints



3.1.2 Division of Medicine

The Division of Medicine received 93 new complaints in Q3 of 2021/22; a decrease compared with the 110 received in Q2. The largest number of complaints received by the Division is consistently in the category of 'clinical care' and this remained the case in Q3, again accounting for a third of all complaints received by the division, with 58.1% of these being about 'clinical care (medical/surgical)'. The most notable decrease compared with Q2, was in the number of complaints received in respect of 'appointments and admissions', which saw a decrease of 55%.

The Division achieved 56.4% against its target for responding to formal complaints within the agreed timescale in Q3, a deterioration on the 73.8% reported in Q2 and 65.6% in Q1. For informal complaints, the Division achieved 85.7% for responding within the agreed timescale; a slight deterioration on the 89.7% reported in Q2 and 90.9% in Q1. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 6: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	31 (33.3% of total complaints) ↓	32 (29.1% of total complaints) ↑
Attitude & Communication	22 (23.7%) ↓	27 (24.5%) ↑
Appointments & Admissions	9 (9.7%) ↓	20 (18.2%) ↑
Facilities & Environment	9 (9.7%) ↑	8 (7.3%) ↓
Discharge/Transfer/Transport	8 (8.5%) ↑	7 (6.4%) ↑
Information & Support	6 (6.5%) ↑	5 (4.5%) =
Access	5 (5.4%) ↓	6 (5.5%) ↑
Documentation	3 (3.2%) ↓	5 (4.5%) ↑
<b>Total</b>	<b>93</b>	<b>110</b>

**Table 7: Top sub-categories**

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	18 ↑	22 ↑
Clinical care (nursing/midwifery)	8 ↑	6 =
Discharge arrangements	7 =	7 =
Attitude of nursing staff	7 ↑	3 =
Lost personal property	6 ↑	5 ↓
Visiting hours	5 ↑	4 ↑
Cancelled or delayed appointments and operations	5 ↓	12 ↑

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

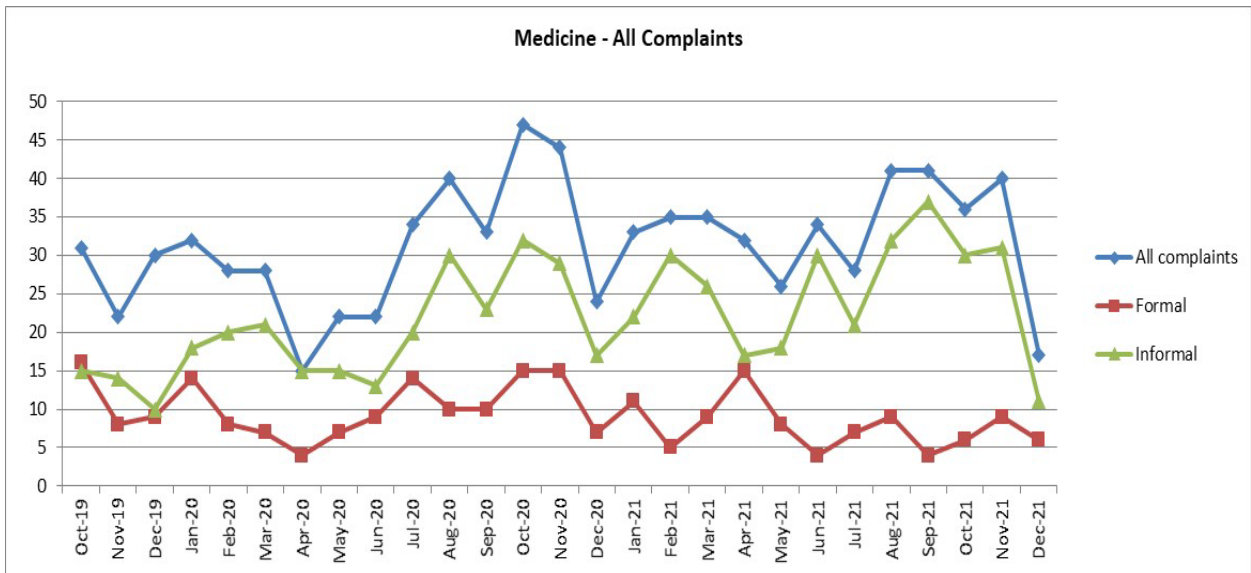


Figure 15: Medicine – All clinical care complaints

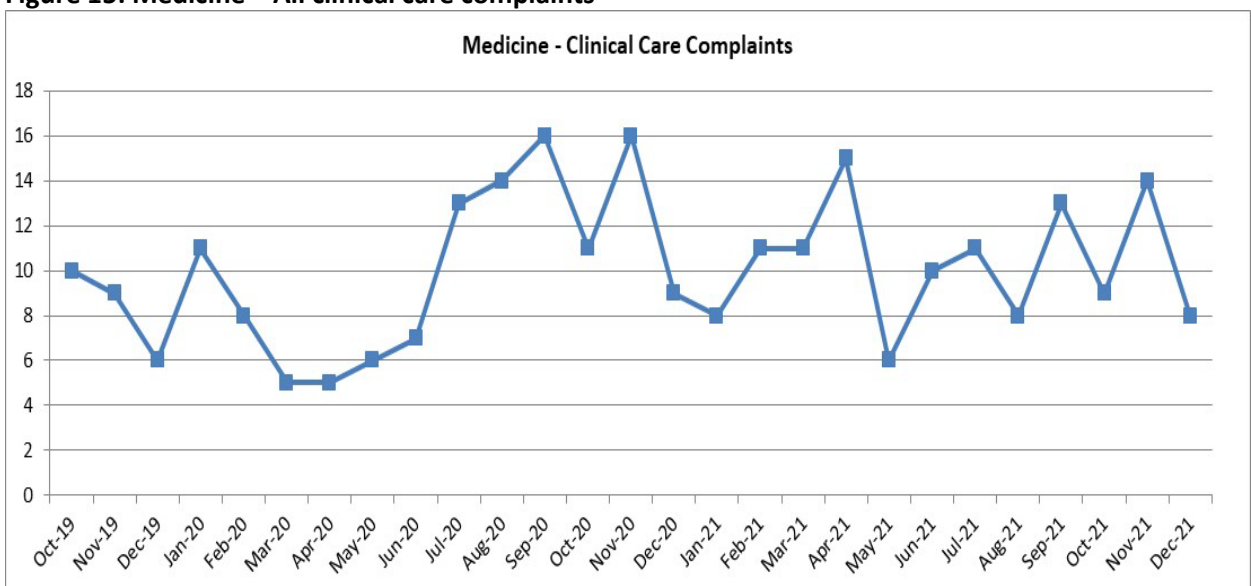
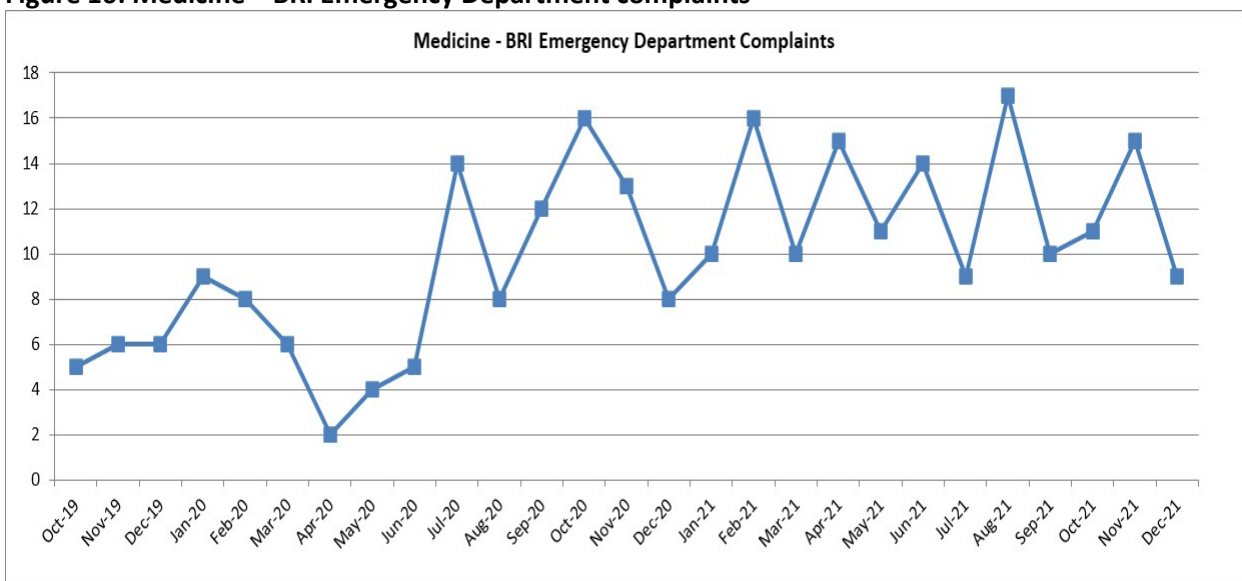


Figure 16: Medicine – BRI Emergency Department complaints



3.1.3 Division of Specialised Services



The Division of Specialised Services received 63 new complaints in Q3; an increase on the 55 received in Q2 but a reduction on the 79 in Q1. Of these complaints, 47 were for the Bristol Heart Institute (BHI), compared with 38 in Q2; and 15 were for the Bristol Haematology & Oncology Centre (BHOC), a similar number to the 16 received in Q2. In addition, there was one complaint for Clinical Genetics.

The largest number of complaints received by the Division in Q3 was again recorded under the category of 'appointments and admissions' (41.3%), with the majority (21 of 26) being in respect of cancelled/delayed appointments or operations.

Complaints in respect of outpatient services are consistently higher in the division, with low numbers by comparison each quarter for inpatient services. In Q3, there was a 70%/30% split in favour of outpatient complaints.

The Division achieved 57.1% against its target for responding to formal complaints within the agreed timescale in Q3, a notable further deterioration compared with 70.6% reported in Q2 and 72% in Q1. For informal complaints, the division achieved 77.8%, compared with 86.4% reported in Q2 and Q1. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 8: Complaints by category type**

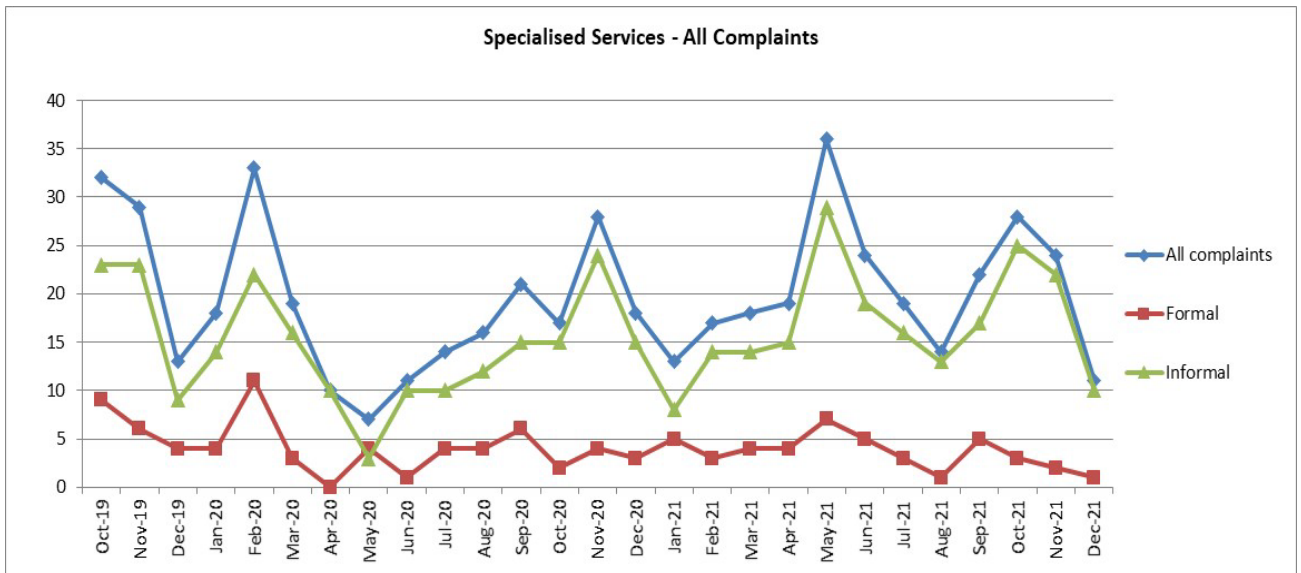
Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Appointments & Admissions	26 (41.3% of total complaints) ↑	20 (36.4% of total complaints) ↓
Clinical Care	16 (25.4%) ↑	13 (23.6%) ↓
Attitude & Communication	10 (15.9%) =	10 (18.2%) ↓
Documentation	3 (4.7%) ↑	1 (1.8%) ↓
Facilities & Environment	3 (4.7%) =	3 (5.5%) ↑
Information & Support	2 (3.2%) ↓	5 (9.1%) ↑
Discharge/Transfer/Transport	2 (3.2%) =	2 (3.6%) ↑
Access	1 (1.6%) =	1 (1.8%) ↓
<b>Total</b>	<b>63</b>	<b>55</b>

**Table 9: Top sub-categories**

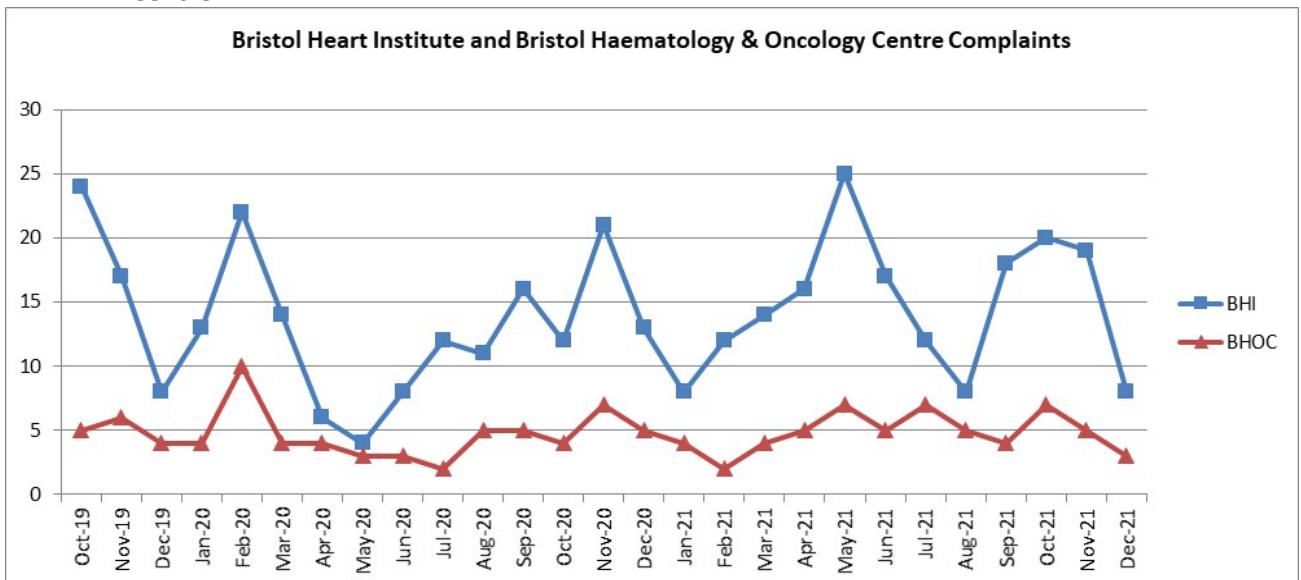
Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Cancelled or delayed appointments and operations	21 ↑	14 ↓
Clinical care (medical/surgical)	8 ↑	7 ↓
Appointment administration issues	4 ↓	5 =
Failure to answer phone/respond	4 ↑	2 ↓

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

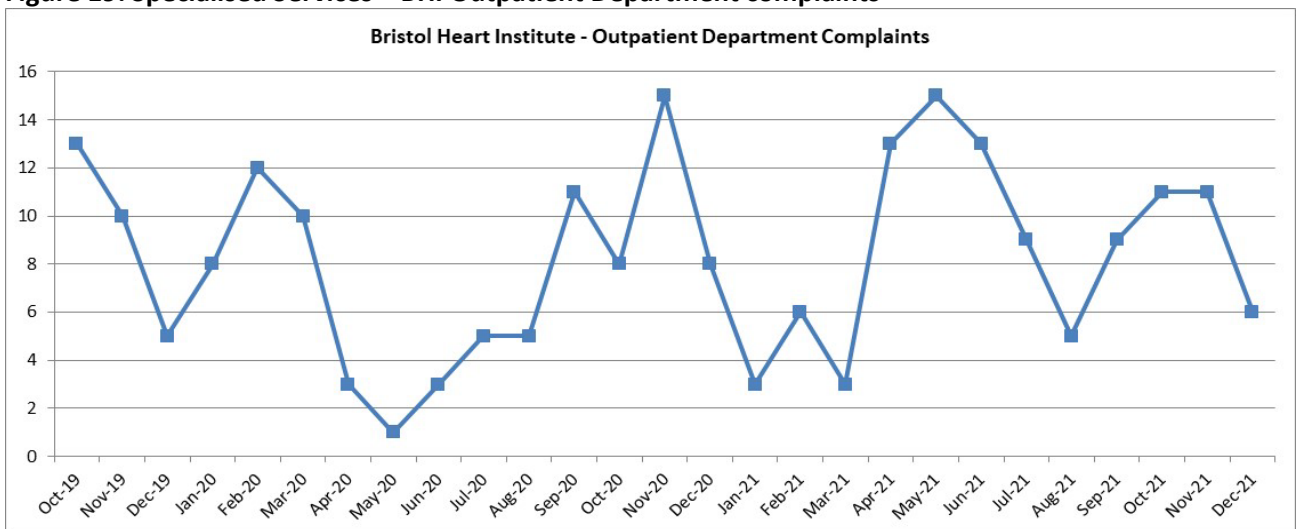




**Figure 18: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre**



**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 99 new complaints in Q3 of 2021/22; a decrease on the 123 received in Q2 and higher than the 88 received in Q1. Of these complaints, 60 were for Bristol Royal Hospital for Children (BRHC), compared with 70 in Q2; and 38 were for St Michael’s Hospital (StMH), compared with 48 in Q2. There was also one complaint for the paediatric outpatient clinic at South Bristol Community Hospital (SBCH).

Complaints recorded under the primary category of ‘clinical care’ accounted for 45.6% of all complaints received by the Division in Q3 (45 of 99); complaints in this category are consistently the highest for the division. Complaints about ‘appointments and admissions’ decreased slightly following a spike in Q2.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of ‘clinical care’ (21), closely followed by ‘attitude and communication’ (17). Whilst St Michael’s Hospital had fewer complaints overall than BRHC, the highest number of complaints received in Q3 (23 of 38) were in respect of ‘clinical care’, representing 60.5% of all complaints received by the hospital.

The Division achieved 55.8% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 84.5% in Q2 and 90.5% in Q1. For informal complaints, the division achieved an impressive 96.3% compared with 85.2% in Q2, after three consecutive quarters at 100%. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	45 (45.6% of total complaints) ↓	50 (40.7% of total complaints) ↑
Attitude & Communication	23 (23.2%) ↓	26 (21.1%) =
Appointments & Admissions	19 (19.2%) ↓	25 (20.3%) ↑
Information & Support	4 (4%) ↓	5 (4.1%) ↑
Facilities & Environment	4 (4%) =	4 (3.3%) ↑
Documentation	2 (2%) ↓	6 (4.9%) ↑
Discharge/Transfer/Transport	1 (1%) =	1 (0.7%) ↑
Access	1 (1%) ↓	6 (4.9%) ↑
<b>Total</b>	<b>99</b>	<b>123</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	21 ↓	29 ↑
Clinical care (nursing/midwifery)	16 =	16 ↑
Cancelled or delayed appointments and operations	13 ↓	18 ↑
Communication with patient/relative	8 ↑	7 ↓
Infection control/infectious disease enquiry	5 ↑	0 ↓

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

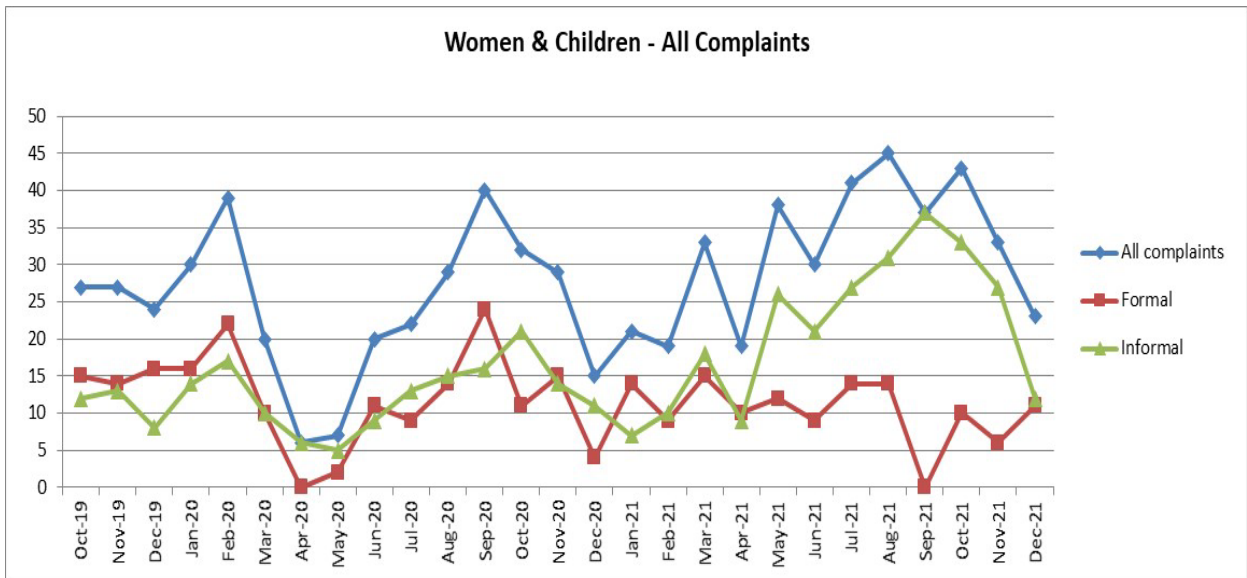


Figure 21: Complaints received by Bristol Royal Hospital for Children

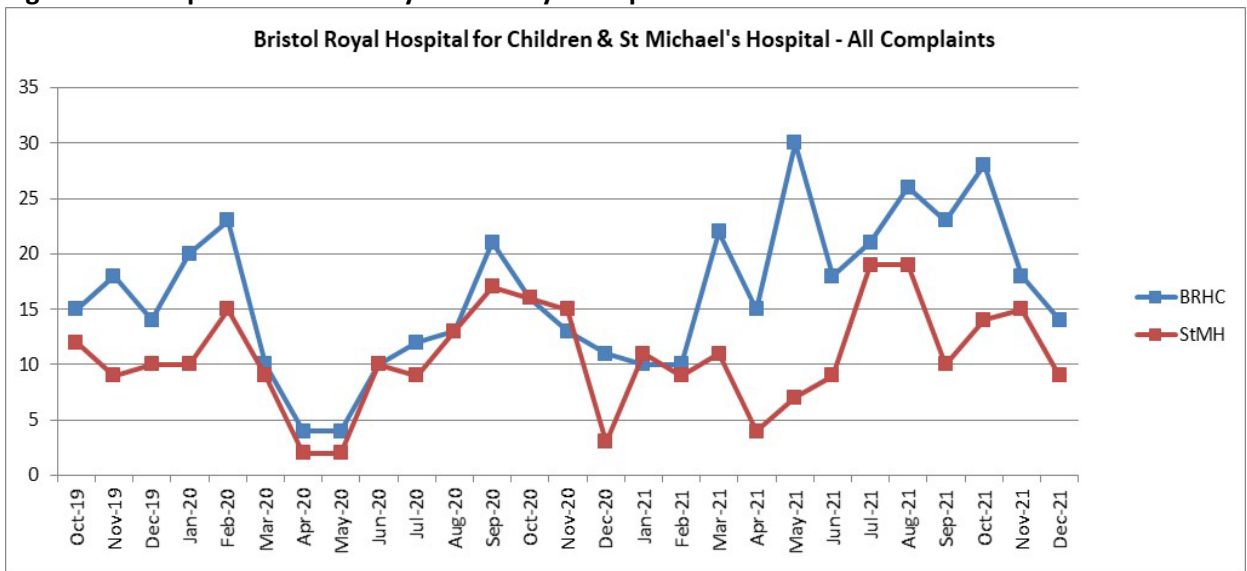
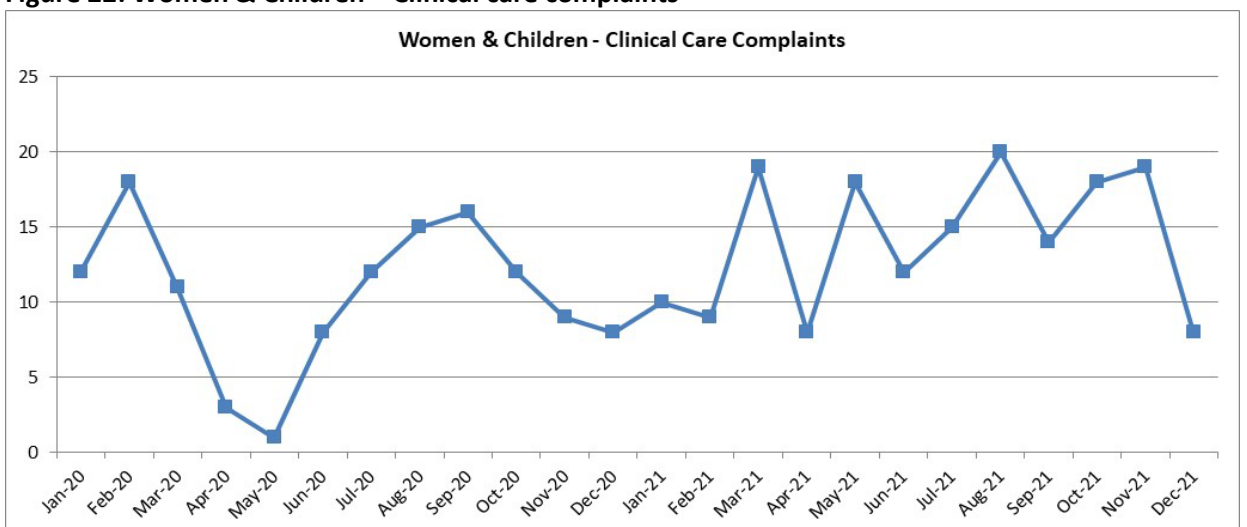


Figure 22: Women & Children – Clinical care complaints



### 3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 42 new complaints in Q3, a significant increase on the 18 received in Q2 and 17 in Q1, and when compared with the usual volume of complaints received by the division. The majority of these complaints were about ‘clinical care’, which accounted for over 40% of all complaints received. This included the 12 complaints for Boots Pharmacy mentioned in section 2, Table 2. Complaints about ‘appointments and admissions’ also increased notably, from four in Q2 to 14 in Q3.

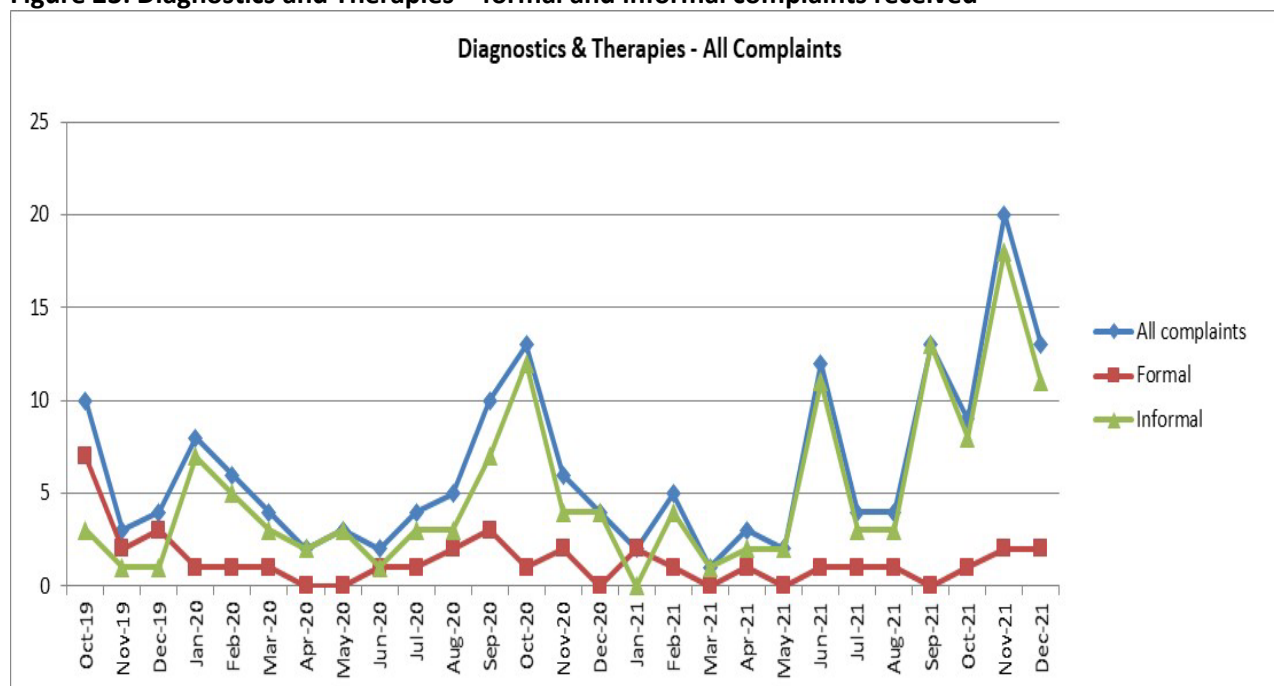
The division received 17 complaints about the Boots Pharmacy in the BRI, and 11 each for the audiology service and for radiology.

The Division achieved 75% against its target for formal complaint responses in Q3, compared with 100% in Q2 and 66.7% in Q1. 91.7% of informal complaints were responded to by the agreed deadline in Q3, compared with 90% in Q2 and 100% in Q1. See section 3.3 Table 17 for details of where in the process the delays occurred.

**Table 12: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	17 (40.5%)	4 (19%) =
Appointments & Admissions	14 (33.3%)	4 (33.3%) ↑
Attitude & Communication	7 (16.6%)	6 (28.6%) ↑
Information & Support	2 (4.8%)	3 (14.3%) ↑
Facilities & Environment	1 (2.4%)	1(4.8%) =
Access	1 (2.4%)	0 (0%) ↓
Documentation	0 (0%) =	0 (0%) =
Discharge/Transfer/Transport	0 (0%) =	(0%) =
<b>Total</b>	<b>42</b>	<b>18</b>

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



### 3.1.6 Division of Weston

The Division of Weston received 48 new complaints in Q3 of 2021/22; a notable decrease on the 77 complaints received in Q2 and similar to the 51 received in Q1. The highest number of complaints received by the division was again those recorded under the category of 'clinical care', which whilst notable lower than in Q2, still accounted for almost half of all complaints received by the Division. The sharp rise in complaints about 'discharge arrangements' in Q2 was not repeated in Q3, with complaints in this category decreasing from 11 to just two. There were small increases in complaints about 'appointments and admissions' (which includes cancelled/delayed appointments and operations) and 'attitude and communication', with no discernible trends identified in either category.

The largest number of complaints received by one department has consistently been the Emergency Department, with 15 complaints in Q3, 27 in Q2, 10 in Q1 and 18 in Q4 of 2020/21. Complaints for this department represented almost a third of all complaints received by the division in Q3 (15 of 48).

The Division achieved 34.5% (19 of 55 responses) against its target for responding to formal complaints within the agreed timescale in Q3, a similar figure to the 34.8% reported in Q2 and a sustained improvement on the 10% reported in Q1, although still significantly below the target of 95%. The division responded to 75% of informal complaints within the agreed timescale in Q3, compared with 78.9% in Q2 and 75% in Q1. However, it should be noted that many complaints processed via the informal process by other divisions, are dealt with as 'concerns' by the PALS team at Weston, meaning that numbers of informal complaints for the division are low.

As noted in the Executive Summary of this report, the Weston PALS team saw an increase in these concerns, from 84 in Q2 to 169 in Q3. Of the 169 concerns, 42 were about 'attitude and communication'; 33 were in respect of 'appointments and admissions', including cancelled and delayed appointments; and 26 were about 'clinical care'. Full details of any themes and trends identified from these concerns will be reported separately by the Division of Weston.

Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 13: Complaints by category type**

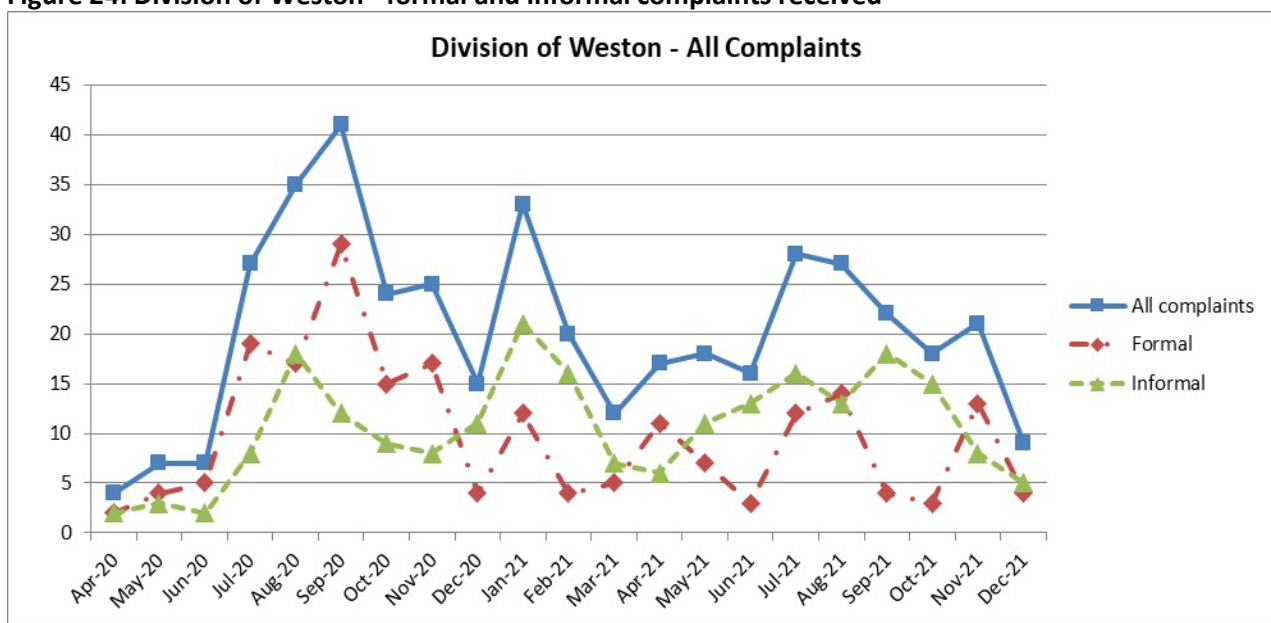
Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	22 (45.8% of total complaints) ↓	38 (49.4%) ↑
Attitude & Communication	10 (20.8%) ↑	9 (11.7%) ↓
Appointments & Admissions	10 (20.8%) ↑	5 (6.5%) ↓
Facilities & Environment	2 (4.2%) ↓	4 (5.2%) =
Discharge/Transfer/Transport	2 (4.2%) ↓	11 (14.3%) ↑
Documentation	1 (2.1%) ↓	3 (3.9%) ↑
Information & Support	1 (2.1%) ↓	7 (9%) ↑
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>48</b>	<b>77</b>

**Table 14: Top sub-categories**

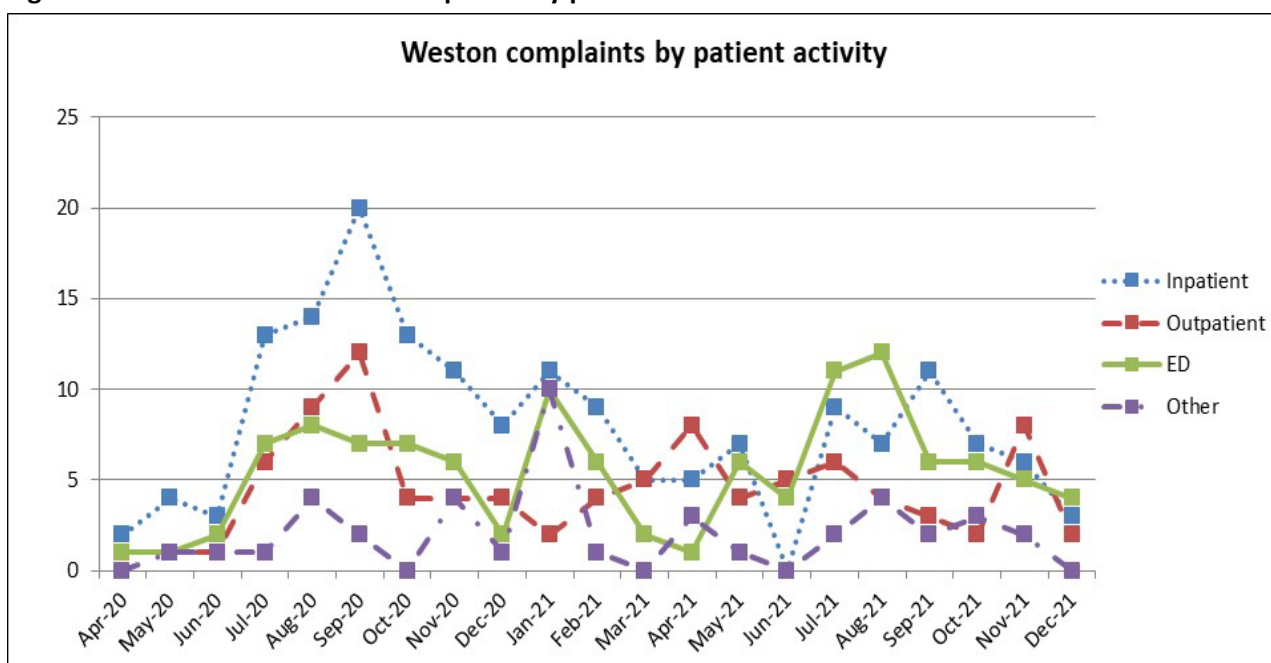


Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	10 ↓	26 ↑
Clinical care (nursing/midwifery)	8 ↓	9 ↑
Cancelled or delayed appointments and operations	8 ↑	5 ↓
Attitude of nursing/midwifery	3 ↑	1 ↓
Communication with patient / relative	3 =	3 ↓

**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 Q3; the same number as reported in Q2.

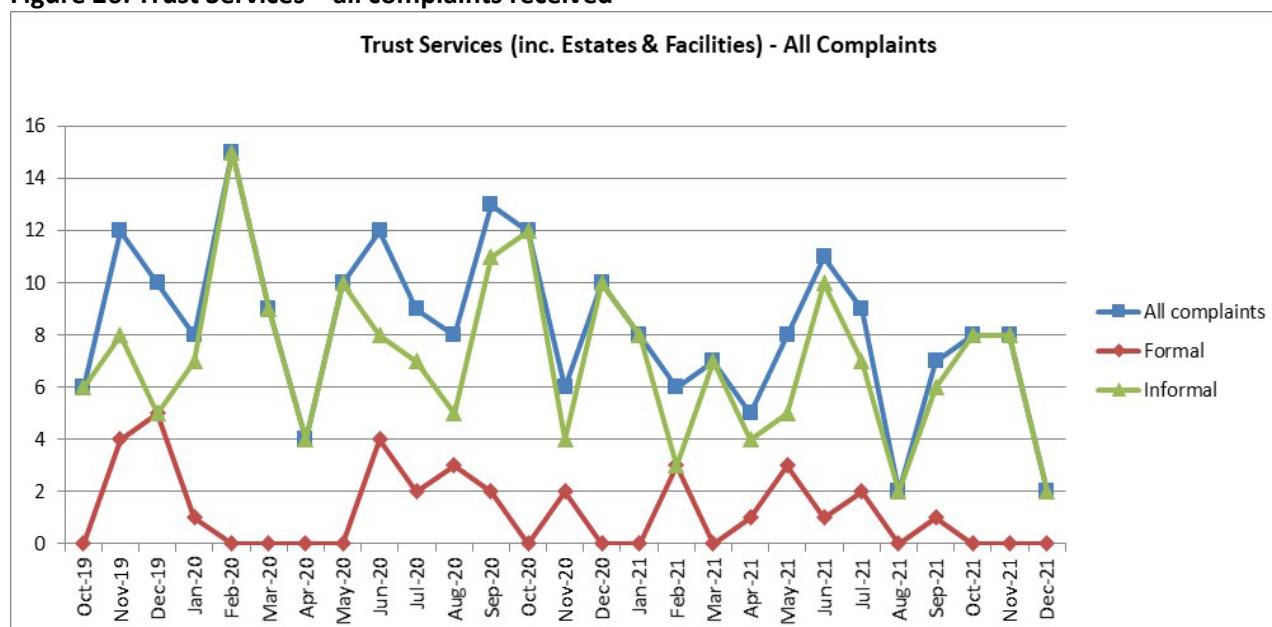
The largest number of complaints received by the Division was recorded under the category of ‘facilities and environment’, four of which (50%) related to car parking. Four of the six complaints recorded under the category of ‘attitude and communication’ were about security staff. The remaining complaints were split between Medical Records, the Private & Overseas Patients Team, Hotel Services and the Trust website.

The Division achieved only 20% against its target for responding to formal complaints within the agreed timescale in Q3; a notable deterioration on the 70% reported in Q2 and significantly below the 95% target. They achieved 100% for informal complaints; an excellent achievement and an improvement on the 91.7% reported in Q2. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 15: Complaints by category type**

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Facilities & Environment	8 (44.5% of total complaints) ↓	11 ↑
Attitude & Communication	6 (33.3%) ↑	3 ↓
Documentation	2 (11.1%) =	2 ↑
Information & Support	2 (11.1%) ↑	1 ↓
Clinical Care	0 (0%) ↓	1 =
Appointments & Admissions	0 (0%) =	0 ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>18</b>	<b>18</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 26 above shows all complaints received for Trust Services, including Estates & Facilities.

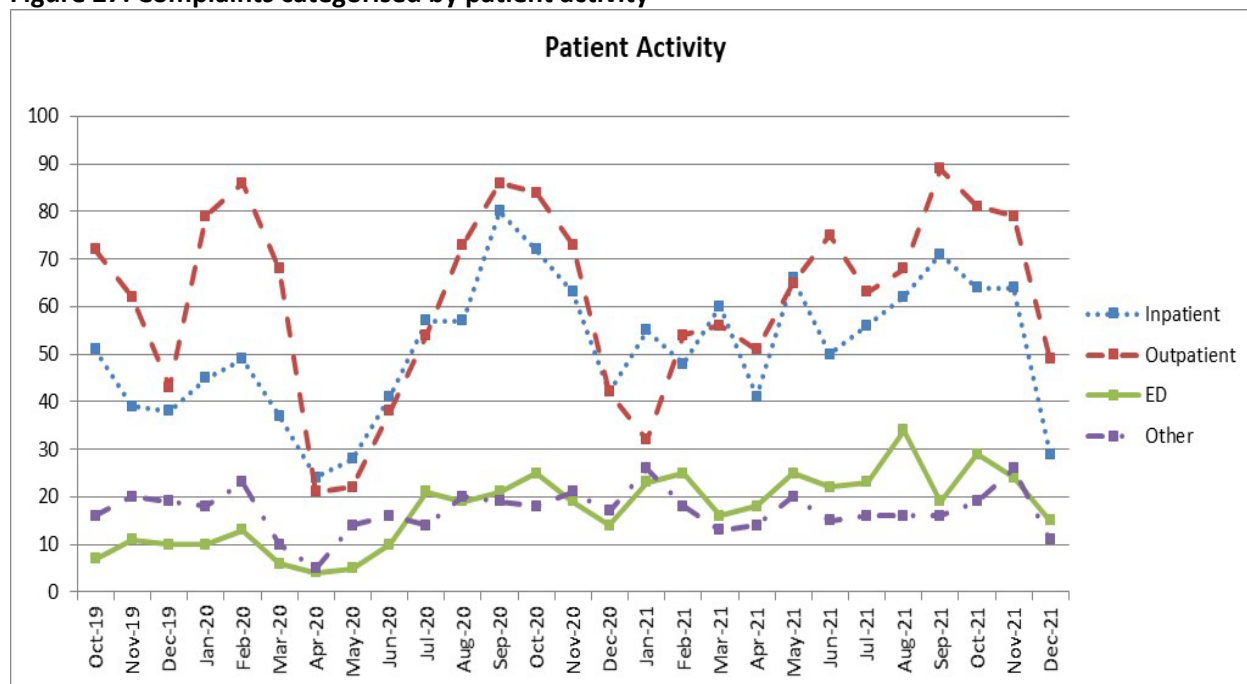
### 3.2 Breakdown of complaints by inpatient/outpatient/ED status



In order to more clearly identify the number of complaints received by the type of service, Figure 27 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q3, 42.7% (\*41.3%) of complaints received were about outpatient services, 32% (35.5%) related to inpatient care, 13.9% (14.3%) were about emergency patients; and 11.4% (9%) were in the category of 'other' (as explained above). \* Q2 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

In Q3, all divisions reported breaches of formal complaint deadlines, with a total of 94 breaches reported Trustwide. This is a further deterioration on the 81 breaches reported in Q2 and 68 breaches in Q1. This is the highest number of breaches recorded since this report commenced and is reflective of the operational pressures being experienced across the Trust due to the pandemic, in addition to the usual Winter pressures.

The Division of Weston reported 36 breaches of deadline, there were 19 for Women & Children, Medicine reported 17, there were nine for Specialised Services, eight for Surgery, four for Trust Services (none of which were for Estates & Facilities), and just one for Diagnostics & Therapies. Please see Table 22 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q3 the Trust responded to 193 complaints via the formal complaints route and 51.3% (99) of these were responded to by the agreed deadline, against a target of 95%, compared with 68.2% in Q2 and 68.4% in Q1.

**Table 16: Breakdown of breached deadlines – Formal**

Division	Q3 2021/22	Q2 2021/22	Q1 2021/22	Q4 2020/21
Weston	36 (65.5%)	43 (65.2%)	27 (90%)	22 (68.8%)

Women & Children	19 (44.2%)	9 (15.5%)	4 (9.5%)	3 (7.5%)
Medicine	17 (43.6%)	11 (26.2%)	21 (34.4%)	10 (35.7%)
Specialised Services	9 (42.9%)	10 (29%)	7 (28%)	4 (22.2%)
Surgery	8 (30.8%)	5 (12.2%)	3 (6.7%)	1 (3.2%)
Trust Services	4 (80%)	3 (30%)	5 (55.6%)	4 (57.1%)
Diagnostics & Therapies	1 (25%)	0 (0%)	1 (33.3%)	0 (0%)
<b>All</b>	<b>94 breaches</b>	<b>81 breaches</b>	<b>68 breaches</b>	<b>44 breaches</b>

(So, as an example, there were 17 breaches of timescale in the Division of Medicine in Q3, which constituted 43.6% of the complaint responses which were sent out by that division in Q3).

Breaches of timescale in respect of formal complaints were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 17 shows a breakdown of where the delays occurred in Q3. During this period, 53 breaches were attributable to the Divisions, nine were caused by delays in the Patient Support & Complaints Team, and 32 occurred during Executive sign-off.

The nine breaches due to delays whilst responses were being checked by PSCT have been reviewed and were due to the team's capacity to deal with the high volume of new complaints and enquiries coming into the service, combined with the large caseloads being managed by each Complaints Officer.

Delays during the Executive sign-off process have been discussed with the Chief Nurse; this has resulted in a review of which members of the Executive team are able to sign responses and the process by which this is appropriately escalated in the absence of the Chief Nurse and Chief Executive.

**Table 17: Source of delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
<b>Division</b>	2	3	5	3	0	4	36	<b>53</b>
<b>PSCT</b>	1	3	2	3	0	0	0	<b>9</b>
<b>Execs/sign-off</b>	5	11	2	13	1	0	0	<b>32</b>
<b>Other Trust</b>	0	0	0	0	0	0	0	<b>0</b>
<b>All</b>	<b>8</b>	<b>17</b>	<b>9</b>	<b>19</b>	<b>1</b>	<b>4</b>	<b>36</b>	<b>94</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 Q3, the Trust responded to 215 complaints via the informal complaints route (a notable 21.5% increase on the 177 reported in Q2) and 87.4% of these were responded to by the agreed deadline; a slight deterioration on the 88.4% reported in Q2.

**Table 18: Breakdown of breached deadlines - Informal**

Division	Q3 2021/22	Q2 2021/22	Q1 2021/22	Q4 2020/21
Specialised Services	8 (22.2%)	3 (13.6%)	5 (13.5%)	0 (0%)
Surgery	8 (11.4%)	4 (7.4%)	2 (3.6%)	1 (2.9%)

Medicine	6 (14.3%)	3 (10.3%)	3 (9.1%)	4 (11.1%)
Weston	2 (25%)	4 (21.1%)	4 (25%)	3 (17.6%)
Diagnostics & Therapies	2 (8.3%)	1 (10%)	0 (0%)	0 (0%)
Women & Children	1 (3.7%)	4 (14.8%)	0 (0%)	0 (0%)
Trust Services	0 (0%)	1 (8.3%)	1 (8.3%)	2 (10.5%)
<b>All</b>	<b>27</b>	<b>20</b>	<b>15</b>	<b>10</b>

#### 4. Highly sensitive complaints and links with patient safety

When a patient is involved in a patient safety incident, it is possible that additional investigatory processes will run in parallel, alongside the patient safety investigation. This might include the patient or their family making a complaint, or another statutory process requiring a form of investigation, such as the Child Death Review process. Since 2016, the Trust has had Standard Operating Procedures (SOPs) in place, in respect of identifying incidents from complaints and the link between the different types of investigations.

If it is clear the investigations will run concurrently, an overall Case Manager is appointed by the relevant Division, with responsibility for ensuring that the patient/family, and also the staff involved, have an understanding of the statutory requirements the Trust is working to, how the Trust will bring in objectivity, the timescales that each investigation will be working to, what information they will consider, how the patient/family can input into the process and how they would like to receive feedback.

There is another SOP that links into the processes described above; for early escalation of 'Highly Sensitive' complaints to an Executive Director. This SOP applies to all complaints received by the Patient Support and Complaints Team (PSCT) which meet one or more of the following criteria:

- All child deaths;
- All unexpected adult deaths;
- All complaints containing serious allegations about a specific member of staff;
- All complaints where serious harm to a patient is alleged;
- All complaints where the complainant is threatening to contact a third party such as the press, media, or a healthcare regulator;
- Possible legal claim;
- The Trust has been notified of a complainant being dissatisfied with our response for a second (or subsequent) time.

With effect from November 2021, the Patient Support & Complaints Manager and the Deputy Head of Patient Safety, meet weekly to review all complaints received the previous week and identify any potential patient safety issues within those complaints and whether they need to be escalated to Executive level at an early stage, in line with the SOPs described above.

This "belt and braces" approach provides assurance that (a) cases subject to more than one investigatory process are always assigned a Case Manager; (b) all patient safety incidents and/or serious incidents contained in complaints are identified at the outset; and (c) any potentially highly sensitive cases are escalated to Executive Directors at an early stage.

Some examples of issues successfully identified during Q3 are shown below.

##### Example 1

A complaint about the erroneous dispensing of medication by Boots Pharmacy was discussed at the weekly meeting. This was then linked into a more general analysis of Boots Pharmacy errors made in October and November 2021, being carried out by the Trust's Pharmacy Governance Lead. As a

result of this analysis and the subsequent review of processes with Boots Pharmacy, the Pharmacy Governance Lead was confident that the actions taken were robust enough to minimise the risk of similar incidents recurring.

### **Example 2**

At the weekly review meeting, a complaint was discussed about a patient who suffered a fracture whilst she was an inpatient at Weston General Hospital. She had needed to go to the toilet and a commode was brought to her, but the nurse did not apply the brake and when the patient sat down, the commode moved and the patient, who has significant osteoporosis, injured herself, sustaining a new fracture. Although a patient safety incident had been recorded at the time of the event (three weeks earlier) it had not been correctly rated as 'moderate harm' and was still at the stage of 'being reviewed'. The Deputy Head of Patient Safety arranged for the staff involved to be contacted and asked to validate the incident in terms of the harm caused to the patient and, as a direct result of this, the matter was discussed at the Rapid Incident Review meeting for Executive review.

### **Example 3**

A complaint was received from the wife of a patient who had been discharged prematurely from Bristol Royal Infirmary (BRI) and had passed away. Following discussion of the complaint at the weekly review meeting, it was ascertained that the BRI Emergency Department had in fact referred the patient to Sirona for 'virtual ward' monitoring at home, but Sirona had not picked this up, so the patient had not been seen in the community. By the time the patient came back into hospital, he had severe Covid-19 and died. Sirona have now reported this on STEIS as a Serious Incident, and it will be discussed at the UHBW Rapid Incident Review meeting. In the meantime, the element of the complaint relating to the patient's discharge is being investigated by the Division of Medicine via the formal complaints process.

## **5. Learning from complaints**

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

Below are some examples of actions taken by the Trust in response to complaints during Q3 2021/22. These two complaints have been included in this report due to the large number of actions identified, which provides assurance that the concerns were listened to and taken seriously, and that lessons have been learned.

- A complaint was received from the parent of a paediatric patient, who was brought to the Children's Emergency Department (CED) with a broken Percutaneous Endoscopic Gastronomy (PEG) feeding tube, which was migrating into her stomach, leaving her stoma exposed. The parent described a very poor experience, which was in stark contrast to previous attendance to the department; including long waits to be seen, being asked to wait in an unsuitable room, inaccurate record-keeping, poor communication with the patient, failure to provide pain relief; ignoring the parent's concerns around the long period since the patient had food or fluids; and a reliance on the parent to carry out certain aspects of care. The actions identified as a result of this complaint were as follows:
  - Where a child presents with a period of reduced fluid/food intake beyond a normal feeding interval, the CED team will implement a process to routinely check their blood sugar levels;
  - CED team to provide an update to the patient's GP, which can be attached as an addendum to the discharge summary, confirming that reference to cardiac checks being undertaken was incorrect;

- Ensure that the surgical team is more proactive in their communication with parents/families/carers when carrying out gastrostomy procedures, and that they ensure parents/families/carers are happy to be present and hold their child if required;
  - The CED Team and the Surgical Team have been reminded about the importance of listening to parents, documenting any concerns raised and ensuring that these are addressed at the time, or that an explanation is provided when the concern cannot be addressed;
  - Family Room to be reviewed to ensure that bereavement boxes are put away to prevent any inadvertent distress being caused, and for a sign to be placed on the door to indicate when it is in use;
  - The BRHC Paediatric Disability Team were asked to contact the parent to ensure that the patient's hospital passport is updated;
  - The CED Sister has met with the Reception Team to highlight the poor experience and to remind them of the 'Escalation of Parental Concerns' policy;
  - The Matron has reiterated to the CED Team that all expected patients (patients who are brought in to see a particular team, so in this case the surgical team) who attend the department, must be triaged and have an allocated nurse assigned to them. This will be monitored to ensure consistency; and
  - A mechanism to be established by which expected patients for another specialty are treated in the CED going forward, including the clear definition of clinical duties of the different teams. (Women & Children)
- The mother of a current adult inpatient was extremely concerned that her son's pain relief was not being adequately managed, as he had called her several times screaming in agony. He had also advised his mother that whenever he pressed his call bell, the nursing staff came and switched it off without even speaking to him. As a result of this complaint, the following actions were identified:
    - The external nurse staffing agency was informed of the allegation regarding the manner in which another patient was spoken to by an agency nurse, in order that the agency could investigate this with the Registered Nurse involved;
    - Ward staff have been reminded of the process for escalating concerns to the Senior Nursing Team out of hours;
    - A formal debrief and feedback session has been held with all nursing staff involved, specifically to discuss the perceived lack of care, kindness and compassion; and
    - All Registered Nurses working on the ward in question now have to attend Complex Analgesic Techniques (CAT) training, provided by the Pain Specialist Team, and to have completed the CAT assessment. (Surgery)

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

### **6.1 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 376 enquiries were received in Q3, a similar number to the 380 received in Q2. This figure includes 169 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a significant 57.9% increase on the 107 recorded in Q2 and more than double the 84 received in Q1.

In addition, the Patient Support and Complaints Team also recorded and acknowledged 37 compliments received during Q3 (not included in the 376 noted above) and shared these with the staff involved and their Divisional teams. This is a decrease on the 61 compliments reported in Q2, although this does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints Team recorded 181 enquiries that did not proceed, compared with 171 in Q2. This is where someone

contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments, feedback, 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 1,084 separate **new** enquiries in Q3 of 2021/22, compared with 1,145 in Q2 and 1,042 in Q1. Although this represents a decrease in activity when compared with the previous quarter, it should be noted that, despite the service consistently receiving a significantly lower number of enquiries in December, this is almost 30% higher than the same period a year ago.

## 5.2 Acknowledgement of complaints by the Patient Support and Complaints Team

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

In Q3, 284 complaints were received in writing (216 by email, 43 via website feedback and 25 letters), 190 were received verbally by telephone and five in person. 11 complaints were also received in Q3 via the Trust’s ‘real-time feedback’ service.

Of the 490 complaints received in Q3, 95.1% (466/490) met the Trust’s standard of being acknowledged within two working days (verbal) and three working days (written). This is a significant improvement on the 70.4% reported in Q2.

## 5.3 PHSO (Ombudsman) cases

During Q3, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints. During the same period, five existing cases remain ongoing, and four cases were closed during Q3.

**Table 19: Complaints opened by the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
32437	N/A	JD	29/01/2021 [04/10/2021]	BDH	Primary Care Unit (BDH)	Surgery
We have not heard anything further from the PHSO since they asked if local resolution had been exhausted, and understand they are currently taking upwards of 12 months to commence investigations due to a backlog.						
35115	AM	GM	11/06/2021 [22/10/2021]	BDH	Community Dental Sites	Surgery
PHSO made contact to ask if the Trust had exhausted local resolution with this case. The PHSO caseworker advised that it would be at least 12 months before they commence an investigation.						
28356	IN	PD	18/06/2020 [08/11/2021]	WGH	Cheddar Ward	Weston
A copy of the complaint file and relevant medical records was sent to the PHSO, who reviewed this documentation and decided to close the case with ‘no further action’ – see also cases closed during Q3.						



**Table 20: Complaints ongoing with the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
34127	RR	N/A	02/08/2020	WGH & 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. We contacted the PHSO for an updated in December 2021 and they advised that there had been delays in obtaining information from the complainant, but they hoped to be in a position to proceed with their investigation soon.						
20388	LT	MT	04/05/2021	BHOC	BHOC Outpatients	SpS
The PHSO had initially advised the Trust that they were closing the case with 'no further action' to be taken. However, they then contacted us again in October 2021 to say that they would actually be carrying out an investigation. The last update from the PHSO was received at the beginning of February 2022, advising that they are awaiting some final advice from one of their advisors and then should be in a position to provide us with their provisional thoughts.						
22146	FT	JT	13/07/2020	BRI	Upper GI	Surgery
Update received from PHSO in January 2022, advising that they were still waiting on clinical advice and hoped to receive this soon in order to share their provisional findings with us.						
21583	JT	JT	08/12/2020	BRI	A524 - Respiratory	Medicine
PHSO's provisional report received, and the intention is to partly uphold the complaint, with recommendations to be made to the Trust. Awaiting final report.						
25054	MM	EM	19/01/2021	BHI	C604 - CICU	SpS
Update received from PHSO at the end of January 2022, advising that they had been awaiting clinical advice and hoped to be in a position to send the Trust their provisional report shortly.						

**Table 21: Complaints closed by the PHSO during Q3**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
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. Having considered this, the division agreed to a payment of £100 and this was made, and the case closed, on 30/12/2021.						
18996	AC	BC	05/01/2018	BRHC	PICU	W&C
The PHSO's final report was received on 04/10/2021, with a decision to 'Uphold' the complaint, as failings were found in several areas, most prominently in communication with the parents in the aftermath of their baby's tragic death. Several recommendations have been made by the PHSO, which the Trust is carrying out with the assistance of an external consultant in order to provide assurance of learning from the findings of the PHSO.						
16724	GS/HC	HS	10/01/2019	BRHC	Apollo Ward	W&C
The PHSO's final report was received on 18/11/2021, with the decision to 'Partly Uphold' the complaint. Recommendations made by the PHSO were that the Trust acknowledged the failings identified, confirmed the learning taken from the report and made a payment of £500.						
28356	IN	PD	08/11/2021	WGH	Cheddar Ward	Weston



Following initial contact from the PHSO, we sent them a copy of the complaint file and relevant medical records. The PHSO reviewed this documentation and decided to close the case with 'no further action' – see also cases closed during Q3 below.

## 7. 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 on what the complaint is about. A practical example of each of these categories is shown in Table 22 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.

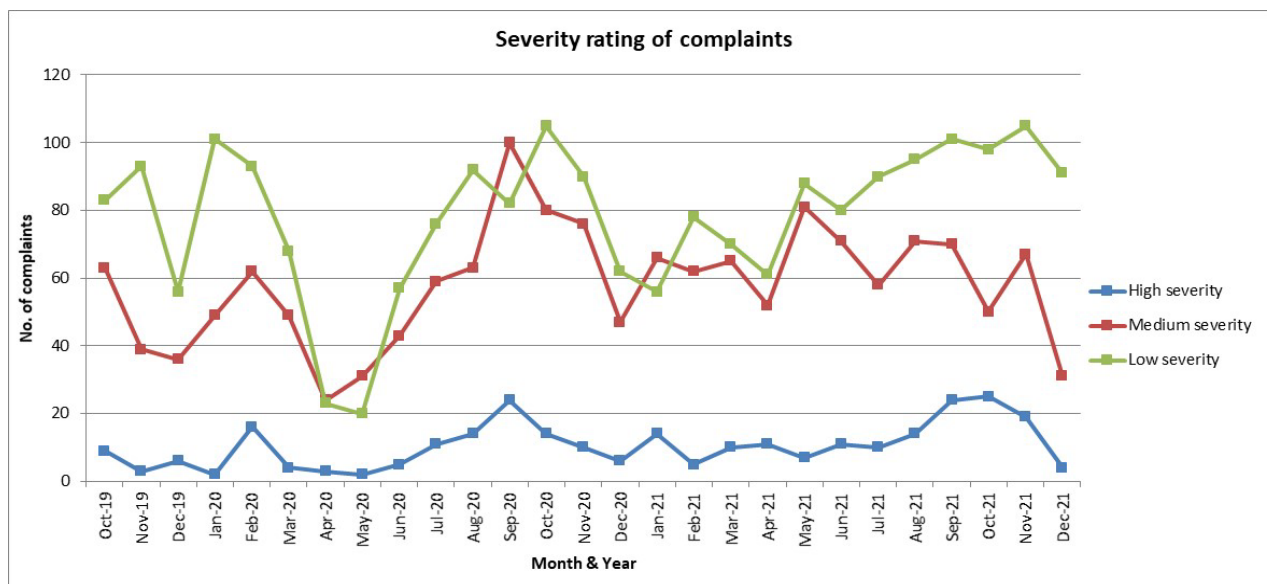
**Table 22: Examples of severity rating of complaints**

	<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 Q3, the Trust received 490 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 490 complaints, were rated as being low severity, as medium and as high. Figure 28 below shows a breakdown of these severity ratings by month since October 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 28 therefore includes severity ratings for the Division of Weston's complaints from July 2020 onwards.

**Figure 28: Severity rating of complaints**



Whilst numbers of medium and low severity complaints remained consistent with previous quarters, there was an increase in the number of complaints rated as high severity between September and November 2021. Notably, in this category were some of the complaints previously mentioned in this report for Boots Pharmacy, including complaints about incorrect medication or medication not being received. There were also some high severity complaints about ‘clinical care’, including a patient’s allegation that nerve damage had been caused during surgery, a family’s opposition to the patient’s life support machine being switched off and a patient alleging that a radioactive metallic object had been left inside her following a procedure.

The number of complaints received since October 2019, by severity is as follows, with the average shown in brackets: High severity – 283 (av. 10.5); Medium severity – 1,565 (av. 58); Low severity – 2,114 (av. 78). A breakdown by Division is shown in Table 23 below.

**Table 23: Severity rating of complaints by Division (all complaints received in Q3 2021/22)**

Division	High Severity	Medium Severity	Low Severity	Totals
Weston	11 (22.9%)	17 (35.4%)	20 (41.7%)	<b>48</b>
Specialised Services	6 (9.5%)	17 (27%)	40 (63.5%)	<b>63</b>
Women & Children	14 (14.1%)	32 (32.3%)	53 (53.5%)	<b>99</b>
Trust Services	0 (0%)	5 (27.8%)	13 (72.2%)	<b>18</b>
Surgery	6 (4.7%)	35 (27.6%)	86 (67.7%)	<b>127</b>
Diagnostics & Therapies	3 (7.1%)	15 (35.7%)	24 (57.2%)	<b>42</b>
Medicine	11 (11.8%)	25 (26.9%)	57 (61.3%)	<b>93</b>
<b>Totals</b>	<b>51 (10.4%)</b>	<b>146 (29.8%)</b>	<b>293 (59.8%)</b>	<b>490</b>

\*i.e., only 4.7% of complaints received by the Division of Surgery in Q3 of 2021/22 were rated as high severity – this compares, for example, with 22.9% of complaints for the Division of Weston.