



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

# **Complaints Report**

**Quarter 4, 2021/2022**  
(1 January 2022 to 31 March 2022)

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### Quarter 4 Executive summary and overview

	Q4	
Total complaints received	502	↑
Complaints acknowledged within set timescale	76.3%	↓
Complaints responded to within agreed timescale – formal investigation	61.2%	↑
Complaints responded to within agreed timescale – informal investigation	87.4%	=
Proportion of complainants dissatisfied with our response (formal investigation)	7.4%	↓

Successes	Opportunities
<ul style="list-style-type: none"> <li>In Q4, complaints reduced by half for Weston General Hospital Outpatients Departments from 12 in Q3 to six in Q4. Bristol Heart Institute Outpatients saw a similar reduction, from 28 in Q3 to 16 in Q4.</li> <li>Complaints for the Children’s Emergency Department reduced significantly, from 15 in Q3 to 5 in Q4.</li> <li>In Q4, the proportion of complainants who were dissatisfied with the Trust’s response to their complaint was the lowest level for the whole of 2021/22.</li> <li>The Division of Surgery continued to perform very well in respect of investigating and responding to formal complaints within the timescales agreed with complainants, achieving 91.7%. Of the four breaches of deadline for the Division, none were due to delays within the division. This is an exceptional achievement given the continued operational pressures on Divisions.</li> </ul>	<ul style="list-style-type: none"> <li>The Patient Support &amp; Complaints Team continues to work closely with Divisions to explore ways of reducing breaches of complaint response deadlines. This remains challenging due to operational pressures in clinical services, and capacity in the Patient Support &amp; Complaints Team to process the high volume of enquiries being received by the Trust.</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> </ul>
	Risks & Threats
	<ul style="list-style-type: none"> <li>In Q4 there were 97 breaches of formal complaint deadlines that had been agreed with complainants, representing almost 40% of all responses sent out during this period. Of the 97 breaches, 69 were due to divisions being late sending draft responses to PSCT to be checked and passed to the Executive Team for signing.</li> </ul>

## 1. Complaints performance – Trust overview

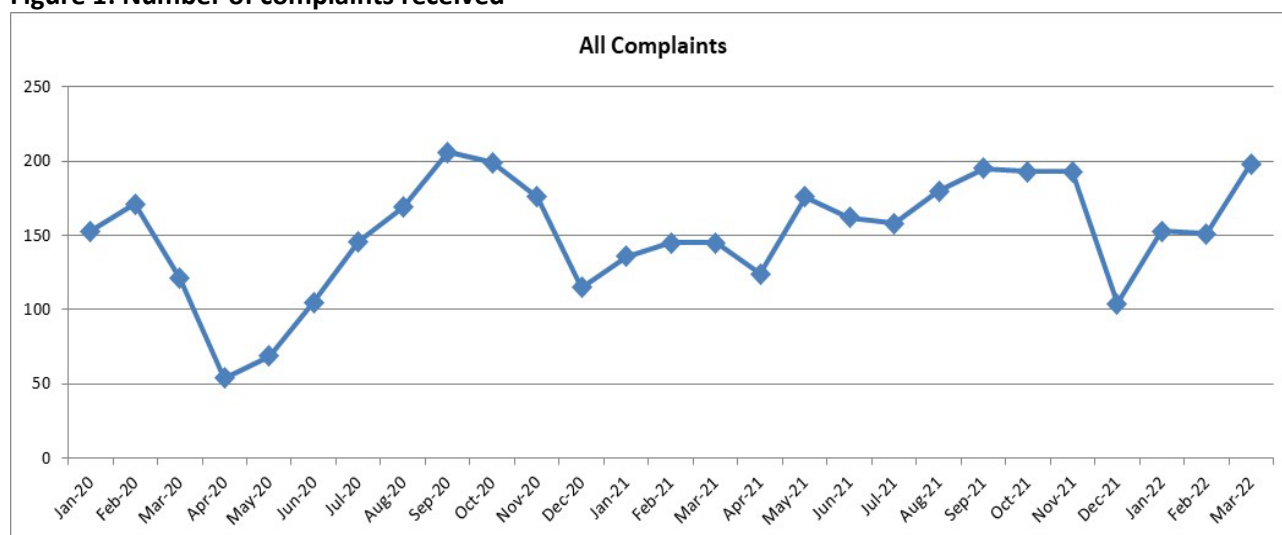
The Trust is committed to supporting patients, relatives, and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

During Quarter 4 (Q4) of 2021/22, the Trust received 502 complaints, a small 2.5% increase on the 490 received in Q3. The Patient Support and Complaints service remained very busy, receiving 436 other enquiries in addition to the 502 complaints and checking and processing 250 formal complaint responses, which itself represents a 30% increase on the previous quarter.

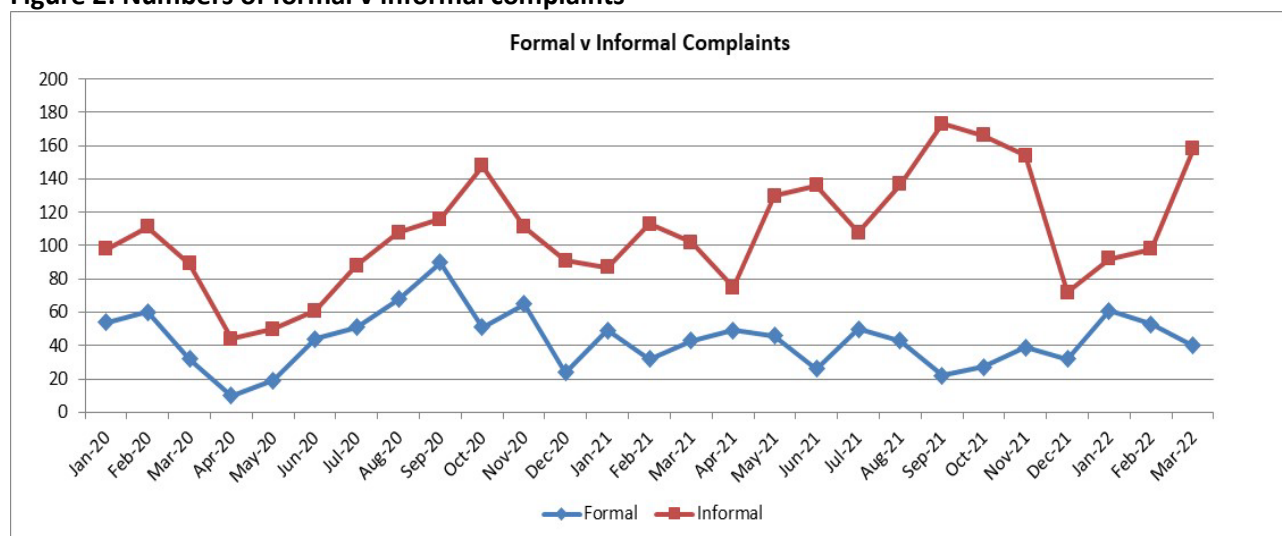
### 1.1 Total complaints received

The Trust received 502 complaints in Q4. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>1</sup> but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month.

**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 (154 in Q4) compared with those dealt with via the informal investigation process (348 in Q4), 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.<sup>2</sup>

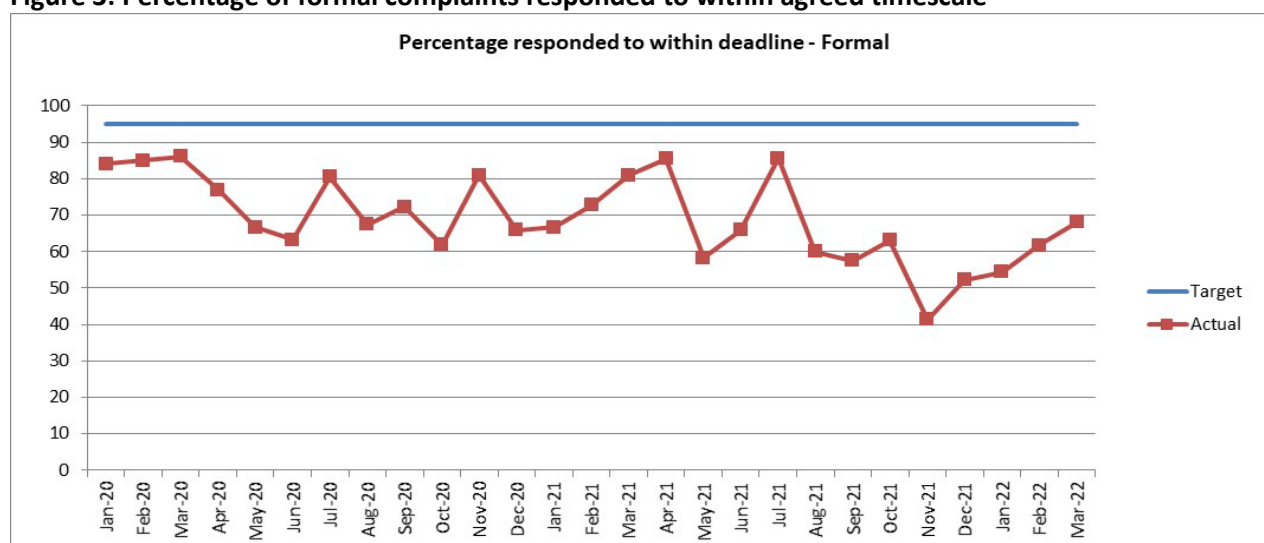
### 1.2.1 Formal Investigations

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q4 of 2021/22, 61.2% of responses were sent to complainants within the agreed timescale. This represents 97 breaches out of the 250 formal complaint responses which were sent out during the quarter<sup>3</sup>. This is the highest number of breaches ever reported in one quarter, although an improvement on the percentage rate of 51.3% reported in Q3.

Figure 3 shows the Trust's performance in responding to complaints since January 2020 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 gives a clear indication of the deterioration in performance since 2019/20.

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.

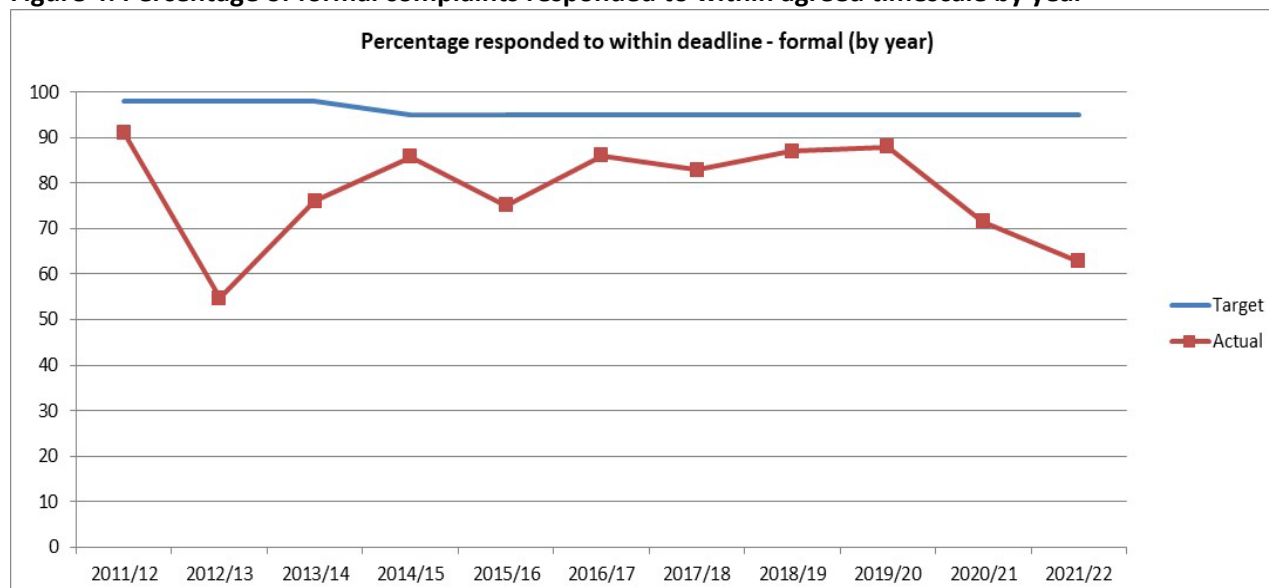
**Figure 3: Percentage of formal complaints responded to within agreed timescale**



<sup>2</sup> It should be noted that throughout Q4, the Division of Medicine has worked to extended deadlines of 45 working days for formal complaints and 15 working days for informal complaints.

<sup>3</sup> Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

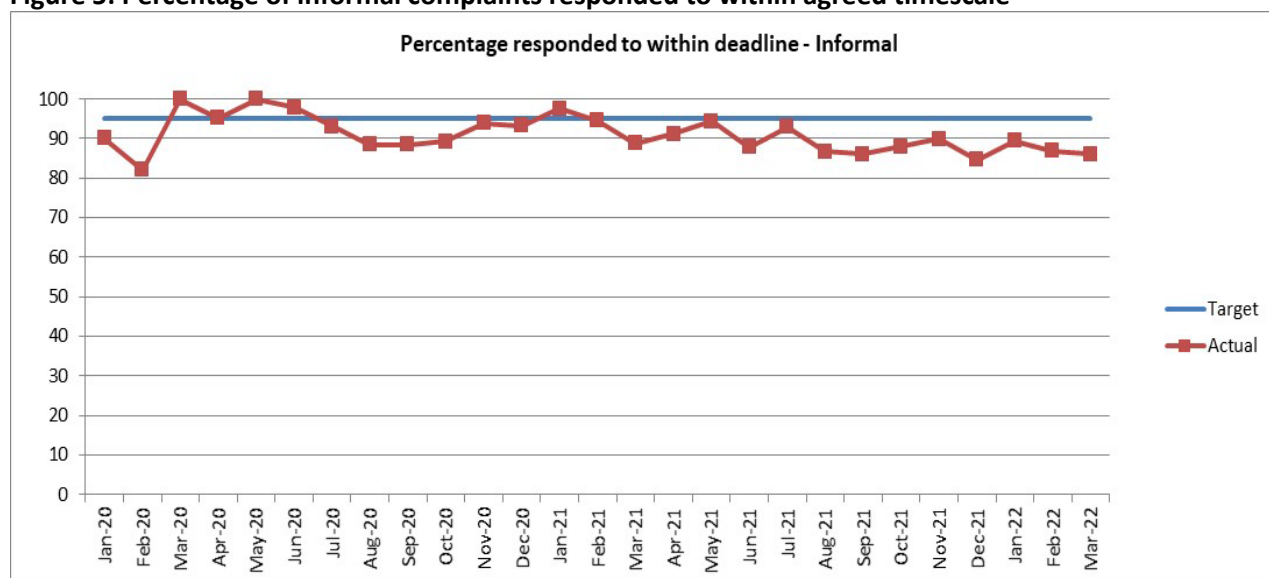
**Figure 4: Percentage of formal complaints responded to within agreed timescale by year**



### 1.2.2 Informal Investigations

In Q4 of 2021/22, the Trust received 348 complaints that were investigated via the informal process. During this period, the Trust responded to 198 complaints via the informal complaints route and 87.4% (173) of these were responded to by the agreed deadline, the same percentage as reported in Q3 and a slight deterioration on the 88.4% reported in Q2. Figure 5 (below) shows performance since January 2020, for comparison with formal complaints.

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



### 1.3 Dissatisfied complainants

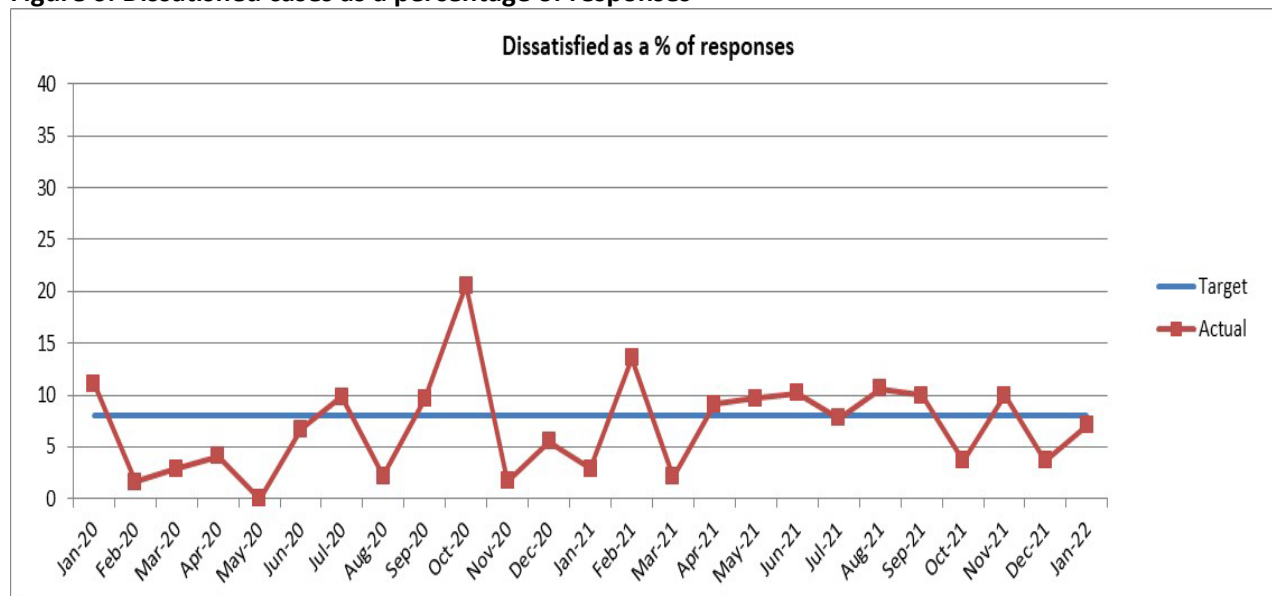
The Trust’s target is that no more than 8% of complaints responses should lead to a dissatisfied response. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q4 of 2021/22, we are able to report dissatisfied data for November and December 2021 and January 2022. Of the 204 complainants who received a first response from the Trust during those

months, 15 have since contacted us to say they were dissatisfied. This represents 7.4% of the 219 first responses sent out during that period, a reduction (improvement) on the 8.7% reported in Q3 and 9.2% in Q2.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since January 2020. 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 Q4 of 2021/22 compared with Q3. There was a 2.5% increase in the total number of complaints received, compared with the previous quarter.

Complaints increased in half of all categories in Q4, with the biggest increase being in the category of ‘facilities and environment’, with the largest volume of these being about lost personal property (19) and car parking (11). The top three categories consistently remain as ‘clinical care’, ‘attitude and communication’ and ‘appointments and admissions’. These three categories accounted for 79.1% (397/502) of all complaints received, as detailed in Table 1 below.

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

Category/Theme	Number of complaints received in Q4 (2021/22)	Number of complaints received in Q3 (2021/22)
Clinical Care	158 (31.5% of total complaints)	170 (34.7% of total complaints)
Appointments & Admissions	138 (27.5%)	126 (25.7%)
Attitude & Communication	101 (20%)	102 (20.9%)
Facilities & Environment	48 (9.6%)	31 (6.3%)
Information & Support	23 (4.6%)	22 (4.5%)
Discharge/Transfer/Transport	20 (4%)	18 (3.7%)
Documentation	9 (1.8%)	11 (2.2%)
Access	5 (1%)	10 (2%)
<b>Total</b>	<b>502</b>	<b>490</b>

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most commonly reported sub-categories, which together accounted for 80.3% of the complaints received in Q4 (403/502). There are small increases in several sub-categories, with the most notable being ‘communication with patient/relative’, which saw an 80% increase compared with Q3. There was also a significant increase in complaints about ‘car parking’, of which the majority related to the closure of the drop-off area at the front of Bristol Royal Infirmary and the temporary loss of disabled parking spaces in the same area.

Complaints in respect of ‘clinical care (medical/surgical)’ and ‘cancelled/delayed appointments and operations’ remained high in Q4, although the former is at its lowest level for the whole of 2021/22, which saw one of the biggest decreases compared with Q3, along with ‘attitude of nursing/midwifery’.

Where themes or trends have been identified in these areas, further detail is provided in the divisional section of this report (section 3).

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

Sub-category	Number of complaints received in Q4 (2021/22)	Q3 (2021/22)	Q2 (2021/22)	Q1 (2021/22)
Cancelled/delayed appointments and operations	101 (20.1% of total complaints) ↑	90	99	84
Clinical care (medical/surgical)	71 (14.1%) ↓	83	104	77
Communication with patient/relative	43 (8.6%) ↑	24	27	43
Clinical care (Nursing/Midwifery)	38 (7.6%) ↓	39	36	26
Appointment administration issues	34 (6.8%) ↑	23	22	24
Discharge arrangements	19 (3.8%) ↑	15	22	10
Lost personal property	19 (3.8%) ↑	10	14	15
Attitude of medical staff	16 (3.2%) ↑	12	21	17
Failure to answer phones / failure to respond	15 (3%) ↓	16	14	16
Lost/misplaced/delayed test results	14 (2.8%) ↑	6	7	13
Attitude of nursing/midwifery	11 (2.2%) ↓	17	16	12
Information about patient	11 (2.2%) ↑	10	11	7
Car parking	11 (2.2%) ↑	4	5	3

Figures 7-10 (below) show the longer-term pattern of complaints received since January 2020 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 decrease in July 2021 and the usual seasonal reduction in December 2021, complaints in this sub-category continued to rise throughout 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 these sub-categories have followed a similar trajectory, the former increased significantly towards the end of Q4, whilst the latter started to reduce.

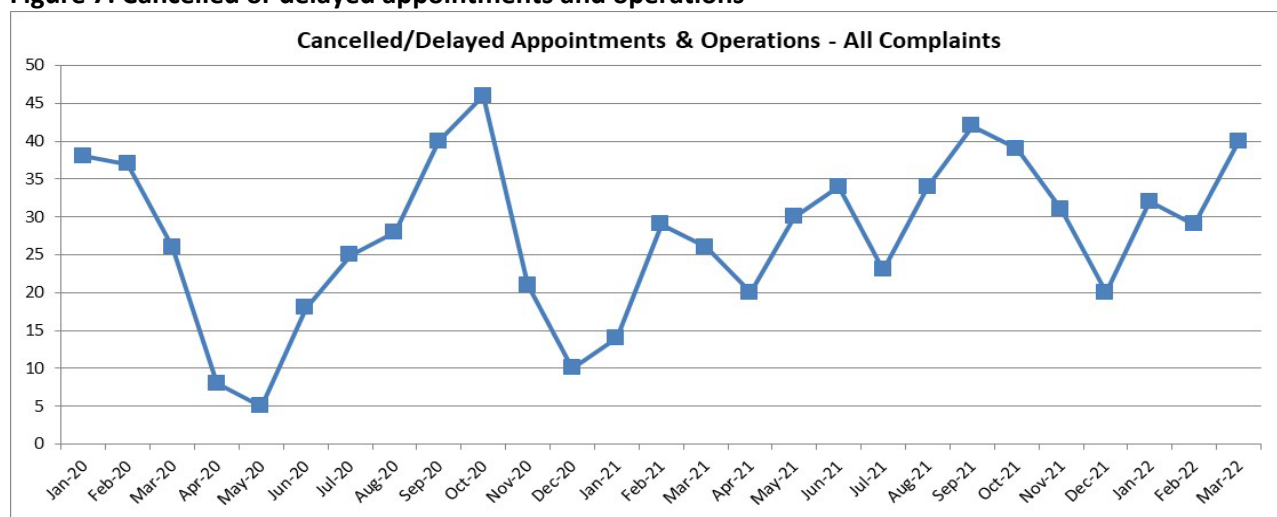
Figure 9 shows that complaints about ‘attitude and communication’ increased again over the course of Q4, after peaking in November 2020, when it was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee. Complaints in this category have fluctuated on a monthly basis but the data suggests a gradual increase in complaints over the last 18 months. Complaints about attitude and communication 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.

Figure 10 shows complaints about ‘attitude and communication’ by division. The Divisions of Medicine and Surgery had the highest numbers of ‘attitude and communication’ complaints overall, with 30 and 24 complaints respectively in Q4. However, only Medicine and Specialised Services saw an increase in this category when compared with Q3.

In Q4, 51 of the 101 complaints received in this category were for outpatient services, with 30 from inpatients and 13 for emergency care, the latter of which was a notable reduction on the 25 complaints reported in Q3. The remaining seven 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.

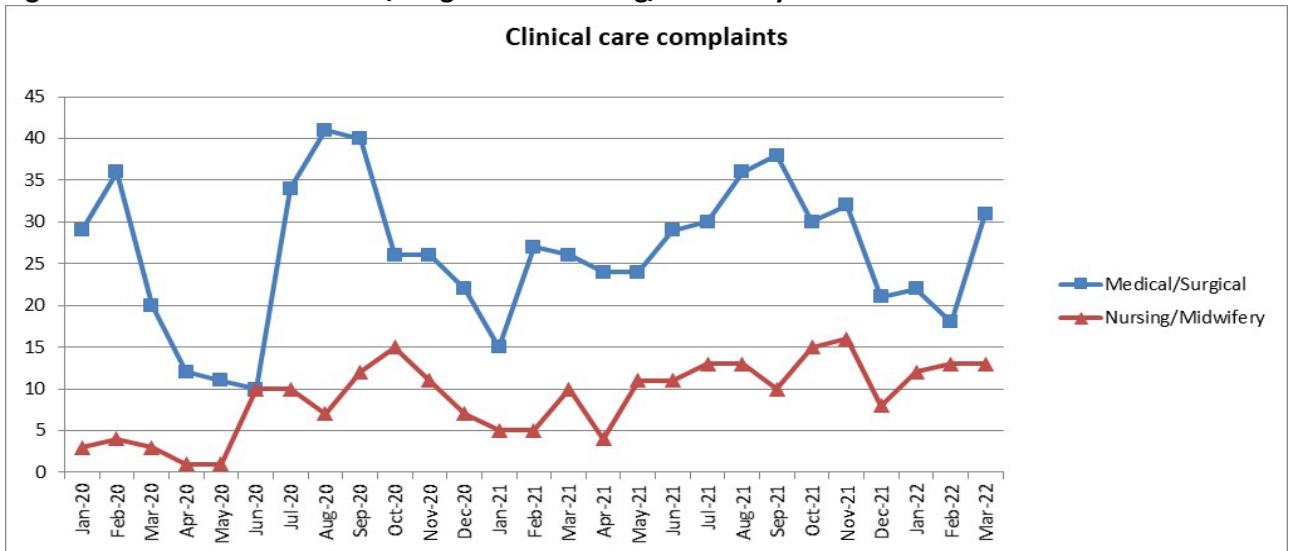
Figure 11 shows the three consistently highest categories of complaints by quarter.

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

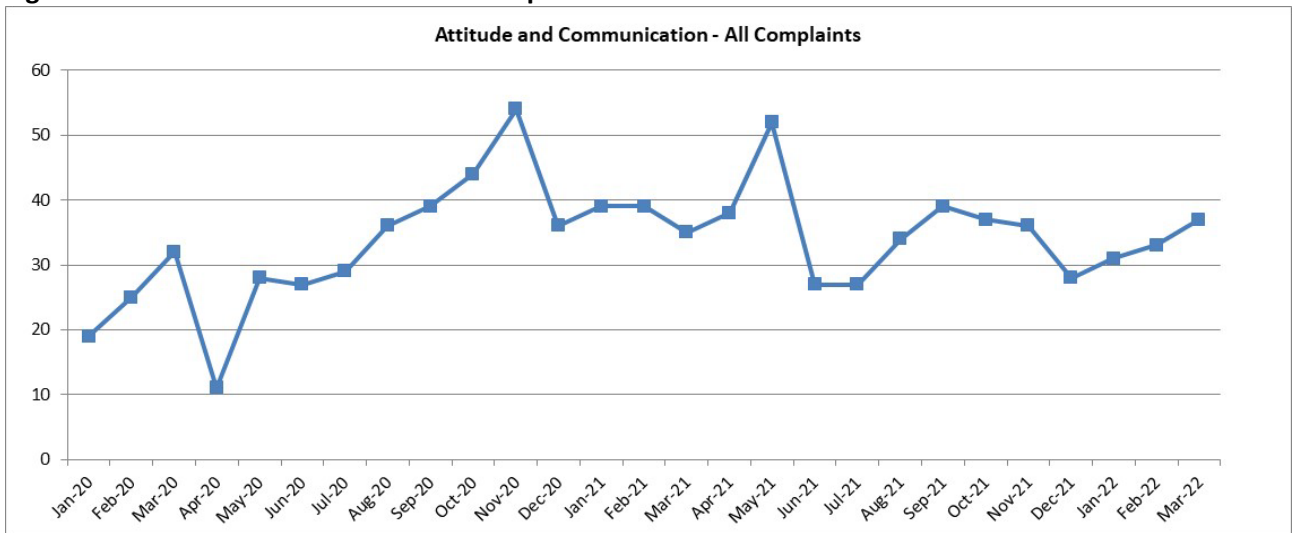




**Figure 8: Clinical care – Medical/Surgical and Nursing/Midwifery**



**Figure 9: Attitude and communication complaints**



**Figure 10: Attitude and communication complaints by division**

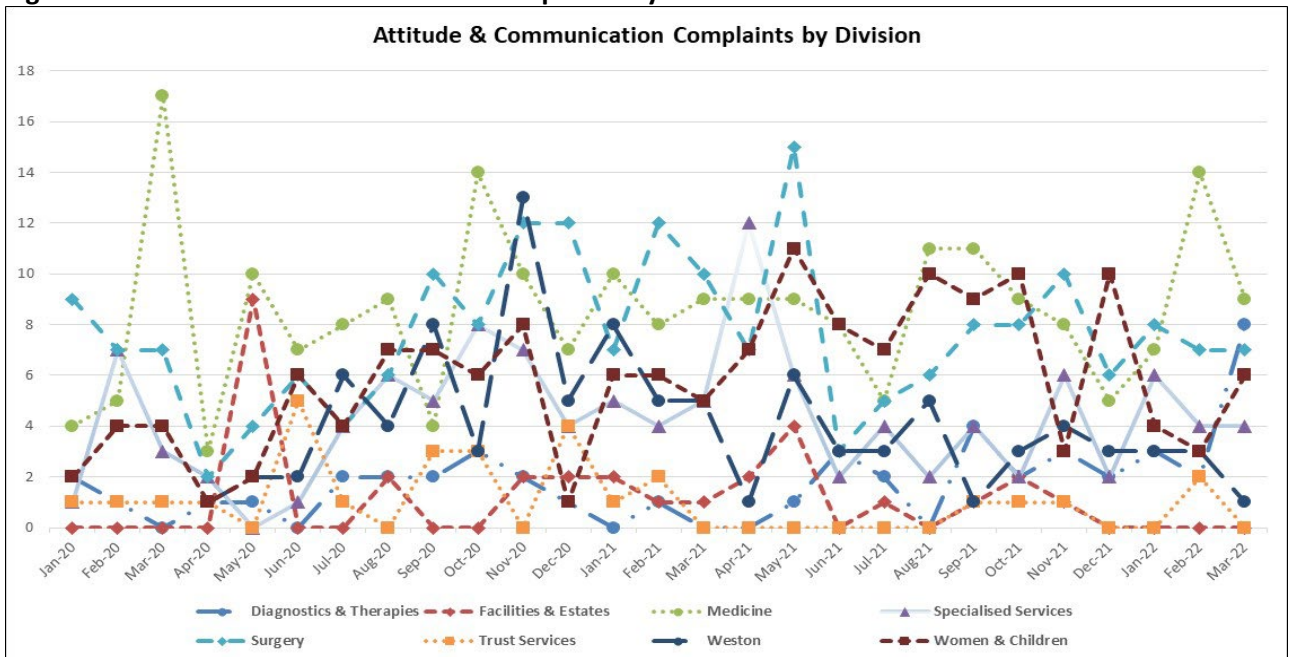
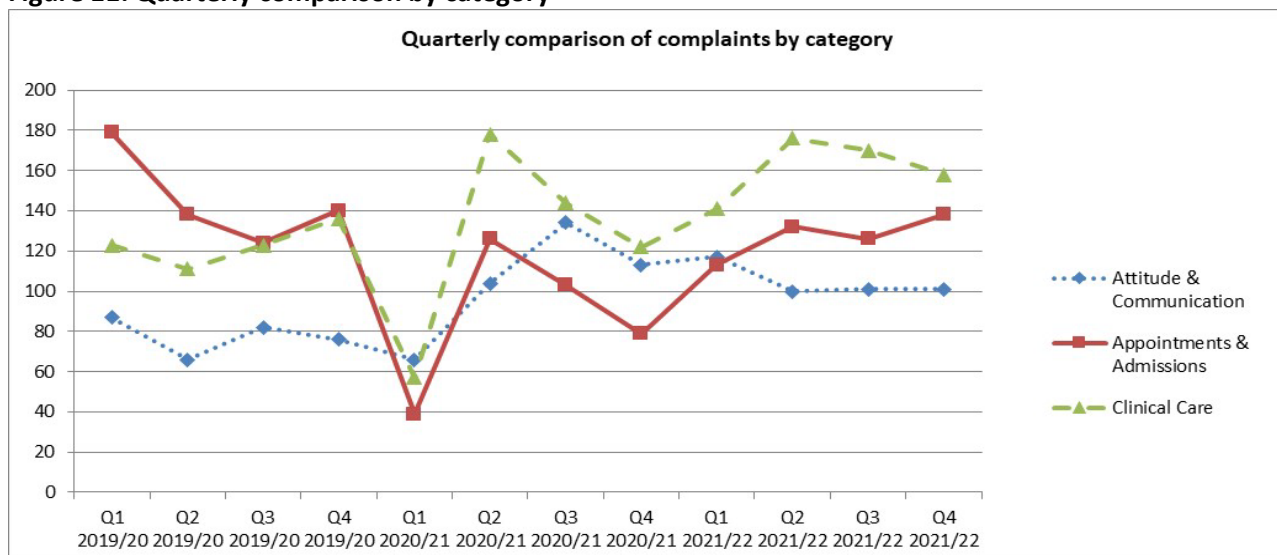


Figure 11: Quarterly comparison by category



### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q4 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the 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 Q4	135 (127) ↑	119 (93) ↑	63 (63) =	88 (99) ↓	28 (42) ↓	47 (48) ↓
Number of complaints about appointments and admissions	67 (48) ↑	15 (9) ↑	14 (26) ↓	30 (19) ↑	5 (14) ↓	7 (10) ↓
Number of complaints about staff attitude and communication	22 (24) ↓	30 (22) ↑	14 (10) ↑	13 (23) ↓	13 (7) ↑	7 (10) ↓
Number of complaints about clinical care	28 (38) ↓	40 (31) ↑	24 (16) ↑	35 (45) ↓	9 (17) ↓	22 (22) =
Area where the most complaints have been received in Q4	Bristol Dental Hospital (BDH) – 31 (22) Bristol Eye Hospital (BEH) – 39 (31) BEH Outpatients – 22 (10) Oral Surgery - 14 ENT (inc. A700) – 19 (24)	Emergency Department (BRI) (inc. A413 & A300) – 49 (35) Sleep Unit - 10 Dermatology – 10 (11) Clinic A410 – 9 (1) Ward A900 - 6	<b>BHI (all) – 43 (47)</b> <b>BHOC (all) – 19 (15)</b> (Plus one for Clinical Genetics) BHI Outpatients (inc. Outpatient Echo) – 16 (28) BHOC Outpatients & Chemo Day Unit – 8 (8) Cath Labs (C602) – 6 (1)	<b>BRHC (all) – 58 (60)</b> Paediatric Neurology / Neurosurgery – 8 (8) Carousel Outpatients – 6 (2) Caterpillar Ward – 6 (3) Paediatric Orthopaedics – 6 (6) <b>StMH (all) – 28 (38)</b> (Plus two for Community Midwifery) Gynae Outpatients – 11 (6)	Boots Pharmacy – 5 (17) Audiology – 8 (11) Radiology – 10 (11)	Accident & Emergency – 14 (15) Outpatients (Main, Orthopaedics & Quantock) – 6 (12) Hutton Ward - 5 (2)
Notable deteriorations compared with Q3	BEH Outpatients – 22 (10)	Emergency Department (BRI) – 49 (35) Clinic A410 – 9 (1)	Cath Labs (C602) – 6 (1)	Gynae Outpatients – 11 (6) Carousel Outpatients – 6 (2)	No notable deteriorations	No notable deteriorations
Notable improvements compared with Q3	BEH – Wards 41. 42 & 44 – 0 (8)	No notable improvements	BHI Outpatients (inc. Outpatient Echo) – 16 (28)	Children’s ED – 5 (15)	Boots Pharmacy – 5 (17)	Outpatients (Main, Orthopaedics & Quantock) – 6 (12)

### 3.1.1 Division of Surgery

The Division received 135 new complaints in Q4 2021/22; a slight increase on the 127 received in Q3. Of these 135 complaints, 48 were in respect of inpatient services, 73 were about outpatient services, three were for emergency services (BEH) and the remaining 11 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’ (49.6%), with 45 of the 67 complaints being about cancelled or delayed appointments and operations and 19 in respect of appointment administration issues. Complaints in the sub-category of ‘communication with patient/relative’ doubled compared with Q3 and the most notable decrease was in the number of complaints received in the category of ‘clinical care’, with a 26.3% reduction compared with the previous quarter.

There was a spike in complaints for the Bristol Eye Hospital (BEH) towards the end of Q4. Of the 39 complaints received, 16 were in respect of ‘appointments and admissions’ none were about ‘clinical care’ and there were seven regarding ‘attitude and communication’.

The Division achieved 91.7% against its target for responding to formal complaints within the agreed timescale in Q4, a significant improvement on the 69.2% reported in Q3 and higher than the 87.8% reported in Q2. It should also be noted that, for the first time since June 2021, the division achieved 100% in March 2022. 83.9% of informal complaints were responded to within the agreed timescale, compared with 88.6% in Q3 and 93.3% in Q2. It should be noted that, of the four breaches of deadline for the division in respect of formal complaints in Q3, none 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.

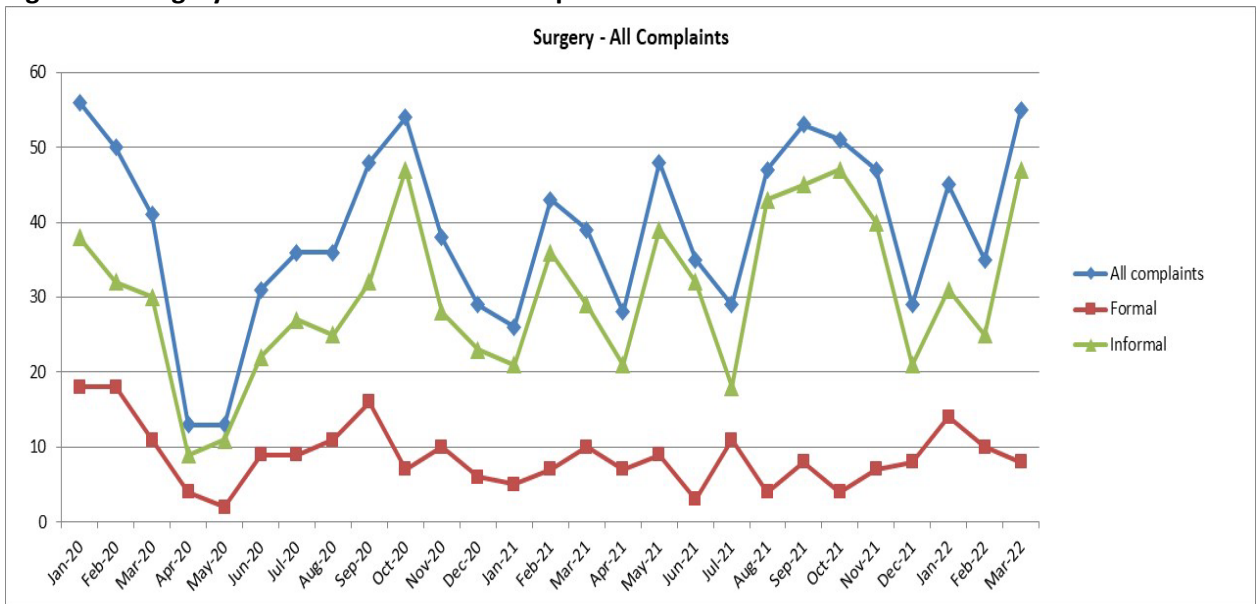
**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Appointments & Admissions	67 (49.6% of total complaints) ↑	48 (37.9%) ↓
Clinical Care	28 (20.7%) ↓	38 (29.9%) ↓
Attitude & Communication	22 (16.3%) ↓	24 (18.9%) ↑
Discharge/Transfer/Transport	5 (3.7%) =	5 (3.9%) ↑
Facilities & Environment	5 (3.7%) ↑	4 (3.1%) =
Information & Support	3 (2.2%) ↓	6 (4.7%) =
Documentation	3 (2.2%) ↑	0 (0%) ↓
Access	2 (1.6%) =	2 (1.6%) ↑
<b>Total</b>	<b>135</b>	<b>127</b>

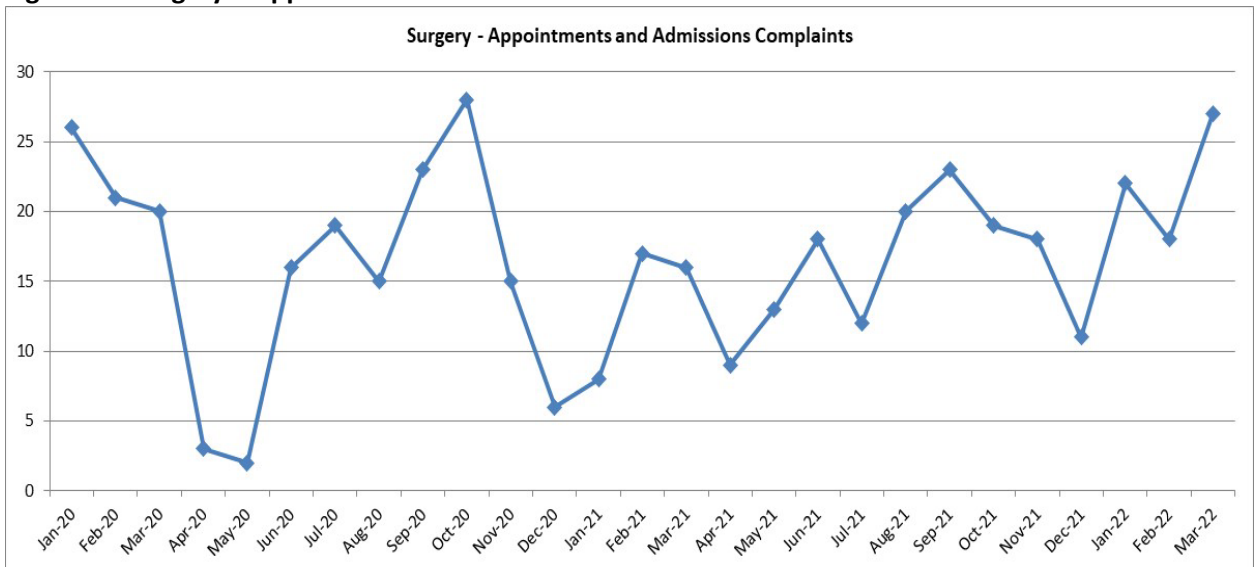
**Table 5: Top sub-categories**

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Cancelled/delayed appointments & operations	45 ↑	35 ↓
Appointment administration issues	19 ↑	11 ↑
Clinical care (medical/surgical)	13 ↓	23 ↑
Communication with patient/relative	10 ↑	5 ↓
Clinical care (dental)	7 ↓	8 ↑
Discharge arrangements	5 ↑	4 ↑

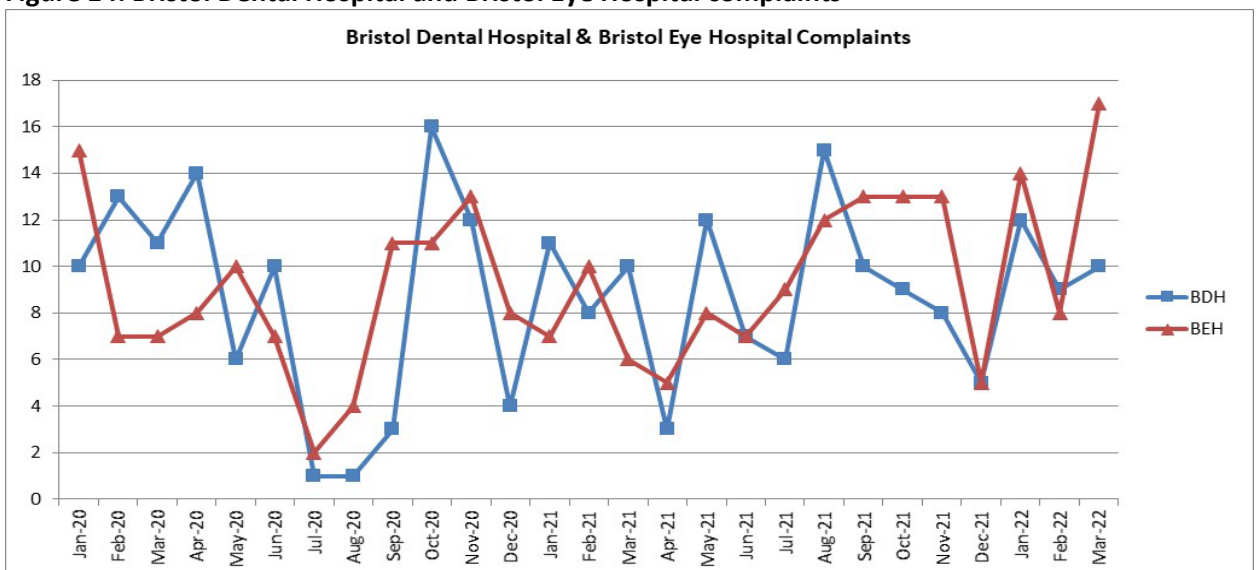
**Figure 12: Surgery – formal and informal complaints received**



**Figure 13: Surgery – Appointments and admissions**



**Figure 14: Bristol Dental Hospital and Bristol Eye Hospital complaints**



**3.1.2 Division of Medicine**

The Division of Medicine received 119 new complaints in Q4 of 2021/22; an increase on the 93 received in Q3 and 110 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 Q4, again accounting for a third of all complaints received by the division, with almost half (47.5%) of these being about ‘clinical care (medical/surgical)’. The most notable increases compared with Q3, were in the percentage of complaints received about ‘facilities and environment’ and ‘attitude and communication’, which saw increases of 89% and 36.4% respectively. Increases were most notable in the sub-categories of ‘communication with patient/relative’ and ‘clinical care (nursing/midwifery).’

The Division achieved 55.9% against its target for responding to formal complaints within the agreed timescale in Q4, a further slight deterioration on the 56.4% reported in Q3 and more notably when compared with 73.8% in Q2. For informal complaints, the Division achieved 88.9% for responding within the agreed timescale; an improvement on the 85.7% reported in Q3 and similar to the 89.7% reported in Q2. It should be noted that throughout Q4, the division has been working to extended deadlines of 45 working days for formal complaints and 15 working days for informal complaints – this compares with 30 working days and 10 working days respectively for all other divisions. 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 – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	40 (33.6% of total complaints) ↑	31 (33.3% of total complaints) ↓
Attitude & Communication	30 (25.2%) ↑	22 (23.7%) ↓
Facilities & Environment	17 (14.3%) ↑	9 (9.7%) ↑
Appointments & Admissions	15 (12.6%) ↑	9 (9.7%) ↓
Information & Support	7 (5.9%) ↑	6 (6.5%) ↑
Discharge/Transfer/Transport	5 (4.2%) ↓	8 (8.5%) ↑
Documentation	4 (3.4%) ↑	3 (3.2%) ↓
Access	1 (0.8%) ↓	5 (5.4%) ↓
<b>Total</b>	<b>119</b>	<b>93</b>

**Table 7: Top sub-categories**

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Clinical care (medical/surgical)	19 ↑	18 ↑
Clinical care (nursing/midwifery)	13 ↑	8 ↑
Communication with patient / relative	13 ↑	4 ↓
Lost personal property	10 ↑	6 ↑
Cancelled or delayed appointments and operations	10 ↑	5 ↓
Information about patient	6 ↑	3 ↑
Discharge arrangements	5 ↓	7 =
Attitude of nursing staff	5 ↓	7 ↑
Attitude of medical staff	5 ↑	3 ↓

**Figure 15: Medicine – formal and informal complaints received**

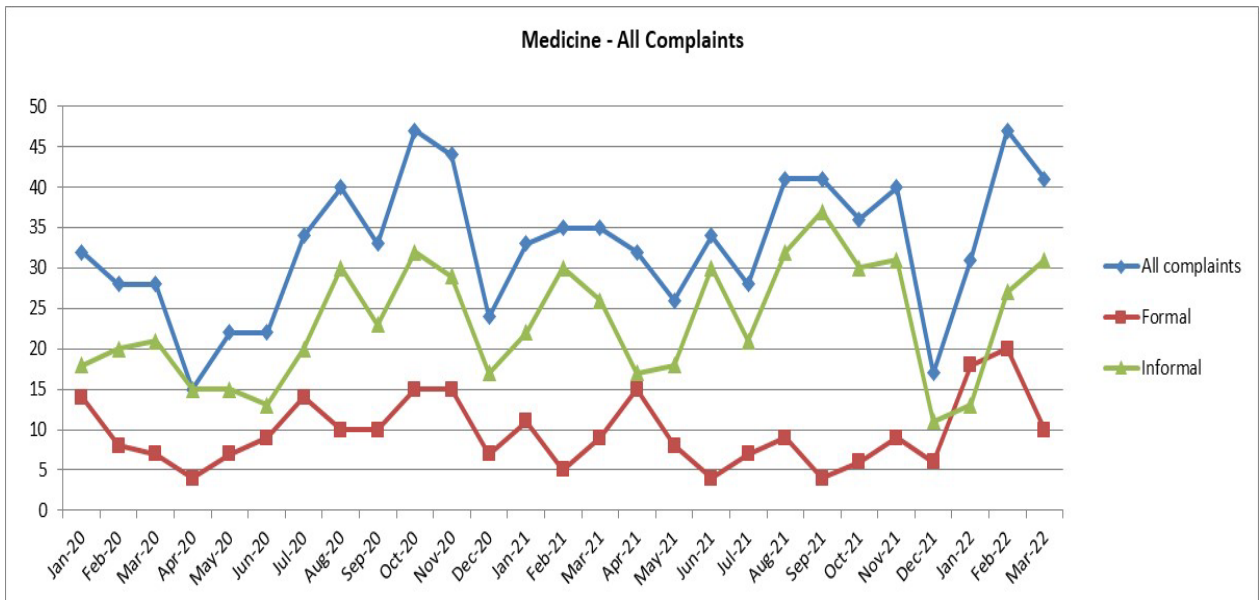


Figure 16: Medicine – All clinical care complaints

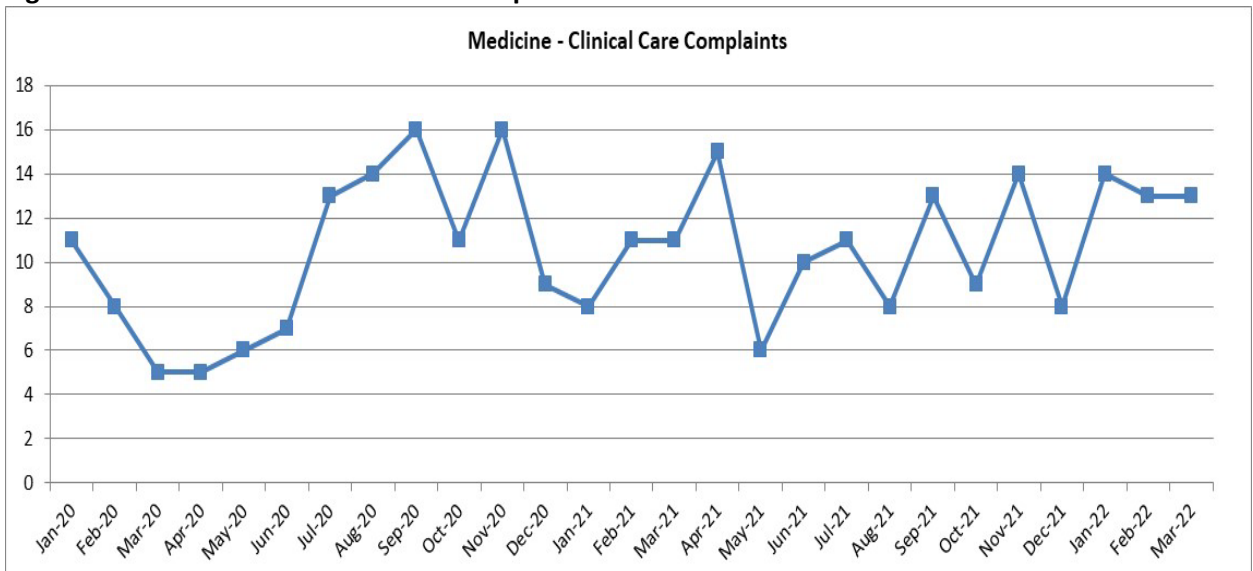
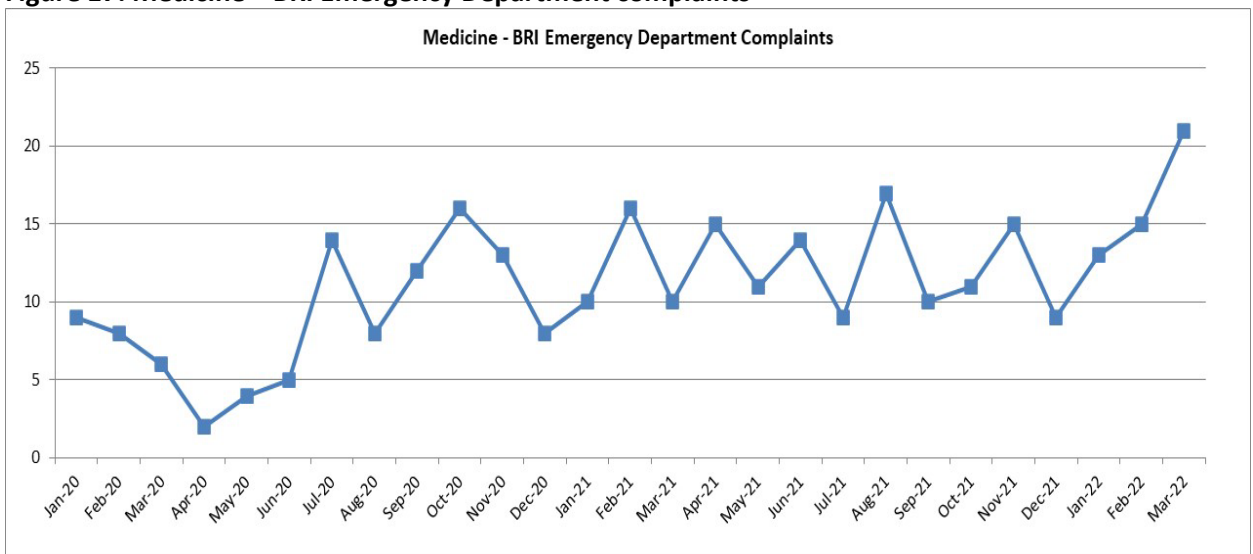


Figure 17: Medicine – BRI Emergency Department complaints



### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 63 new complaints in Q4; the same number as received in Q3. Of these complaints, 43 were for the Bristol Heart Institute (BHI), compared with 47 in Q3; and 19 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 15 received in Q3. In addition, there was one complaint for Clinical Genetics.

The largest number of complaints received by the Division in Q4 was under the category of 'clinical care' (38%), with almost half (11 of 24) being in respect of 'clinical care (medical/surgical).

Complaints in respect of outpatient services are consistently higher in the division, with low numbers by comparison each quarter for inpatient services. However, in Q4, whilst over half (33 of 63) of all complaints received were in respect of outpatient services, this was closely followed by complaints from or on behalf of inpatients (28 of 63).

The Division achieved 45% against its target for responding to formal complaints within the agreed timescale in Q4, a further deterioration compared with 57.1% reported in Q3 and 70.6% in Q2. By comparison, for informal complaints, the division achieved 95.1%, compared with 77.8% in Q3 and 86.4% reported in Q2. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

**Table 8: Complaints by category type**

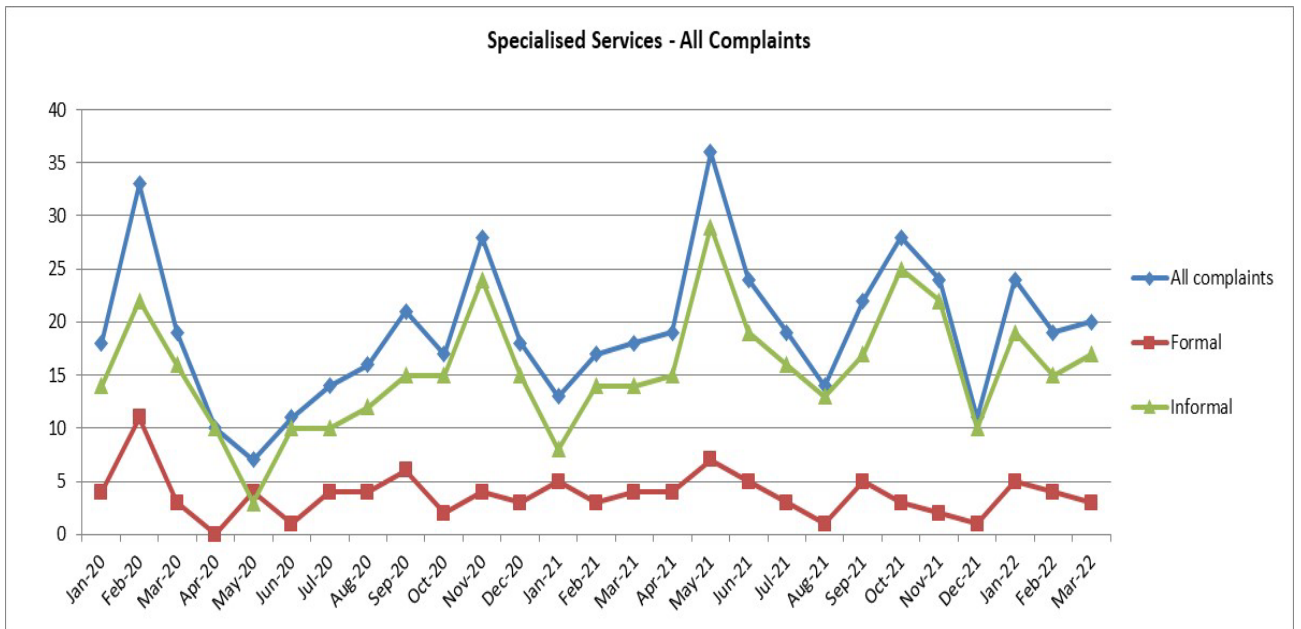
Category Type	Number and % of complaints received – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	24 (38% of total complaints) ↑	16 (25.4%) ↑
Appointments & Admissions	14 (22.2%) ↓	26 (41.3%) ↑
Attitude & Communication	14 (22.2%) ↑	10 (15.9%) =
Facilities & Environment	3 (4.8%) =	3 (4.7%) =
Information & Support	3 (4.8%) ↑	2 (3.2%) ↓
Discharge/Transfer/Transport	3 (4.8%) ↑	2 (3.2%) =
Documentation	2 (3.2%) ↓	3 (4.7%) ↑
Access	0 (0%) ↓	1 (1.6%) =
<b>Total</b>	<b>63</b>	<b>63</b>

**Table 9: Top sub-categories**

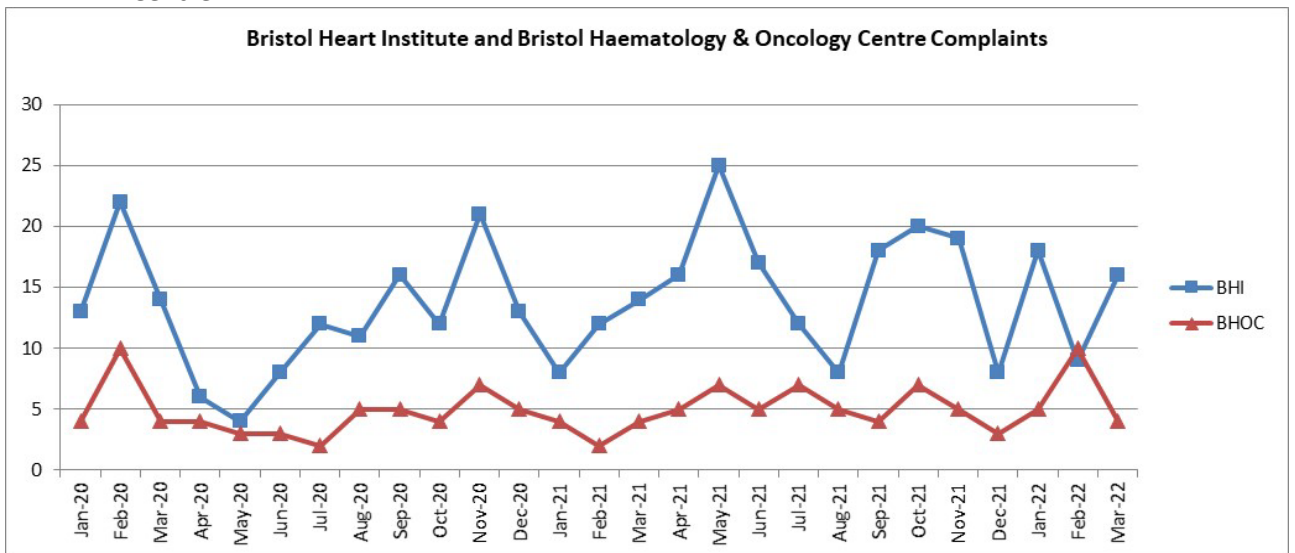
Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Cancelled or delayed appointments and operations	12 ↓	21 ↑
Communication with patient / relative	12 ↑	2 ↓
Clinical care (medical/surgical)	11 ↑	8 ↑
Clinical care (nursing/midwifery)	5 ↑	3 =
Lost/misplaced/delayed test results	5 ↑	2 ↓

**Figure 18: Specialised Services – formal and informal complaints received**

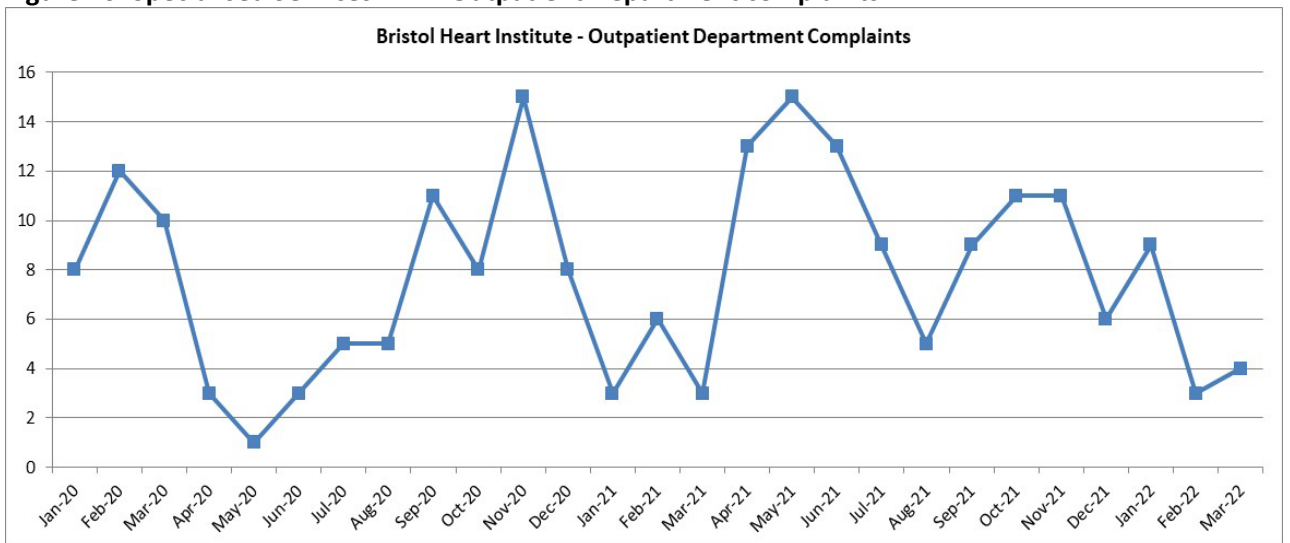




**Figure 19: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre**



**Figure 20: Specialised Services – BHI Outpatient Department complaints**



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

The Division of Women & Children received 88 new complaints in Q4 of 2021/22; a decrease on the 99 received in Q3 and 123 in Q2. Of these complaints, 58 were for Bristol Royal Hospital for Children (BRHC), compared with 60 in Q3; and 28 were for St Michael’s Hospital (StMH), compared with 38 in Q3. There were also two complaints for Community Midwifery Services.

Complaints recorded under the primary category of ‘clinical care’ accounted for 39.8% of all complaints received by the Division in Q4 (35 of 88); complaints in this category are consistently the highest for the division. Complaints about ‘appointments and admissions’ rose again from 19 in Q3 to 30 in Q4, representing a 58% increase.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of ‘appointments and admissions’ (24), closely followed by ‘clinical care’ (21). Whilst St Michael’s Hospital had fewer complaints overall than BRHC, the highest number of complaints received in Q4 (14 of 28) were in respect of ‘clinical care’, representing 50% of all complaints received by the hospital, followed by nine about ‘attitude and communication’.

The Division achieved 80.6% against its target for responding to formal complaints within the agreed timescale in Q4, a notable improvement compared with 55.8% in Q3 and only slightly lower than the 84.5% reported in Q2. For informal complaints, the division achieved an impressive 93.8%, compared with 96.3% in Q3 and 85.2% in Q2. 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 – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	35 (39.8% of total complaints) ↓	45 (45.6% of total complaints) ↓
Appointments & Admissions	30 (34.1%) ↑	19 (19.2%) ↓
Attitude & Communication	13 (14.7%) ↓	23 (23.2%) ↓
Facilities & Environment	3 (3.4%) ↓	4 (4%) =
Discharge/Transfer/Transport	3 (3.4%) ↑	1 (1%) =
Information & Support	2 (2.3%) ↓	4 (4%) ↓
Access	2 (2.3%) ↑	1 (1%) ↓
Documentation	0 (0%) ↓	2 (2%) ↓
<b>Total</b>	<b>88</b>	<b>99</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Cancelled or delayed appointments and operations	26 ↑	13 ↓
Clinical care (medical/surgical)	15 ↓	21 ↓
Clinical care (nursing/midwifery)	13 ↓	16 =
Attitude of medical staff	6 ↑	4 ↓

**Figure 21: Women & Children – formal and informal complaints received**

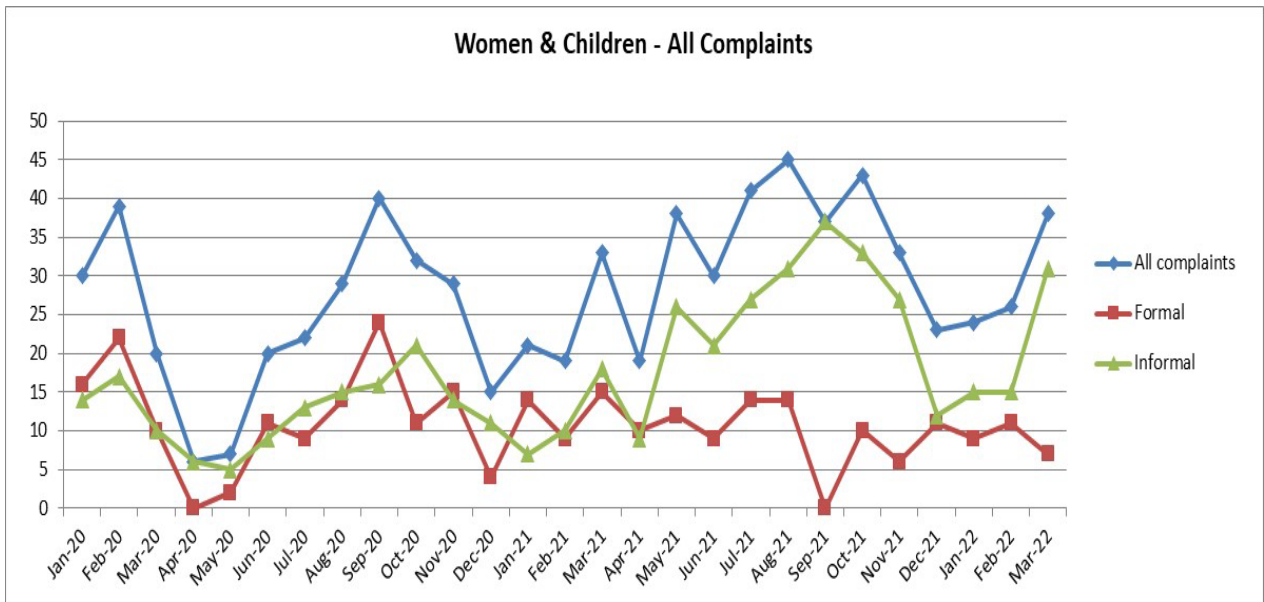


Figure 22: Complaints received by Bristol Royal Hospital for Children

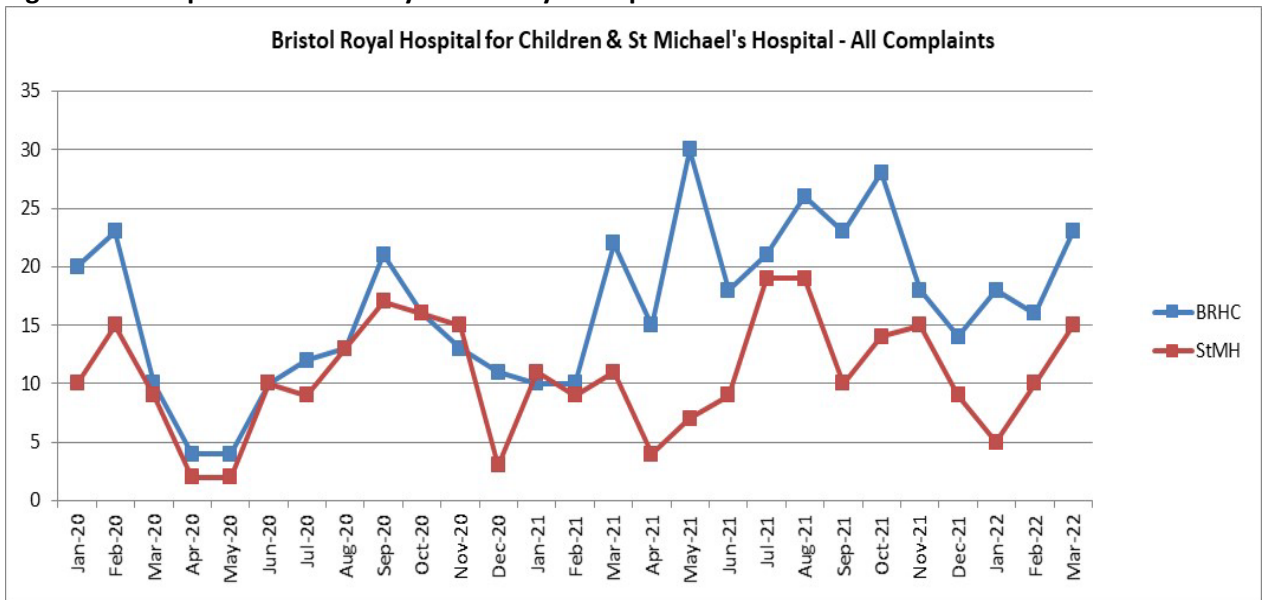
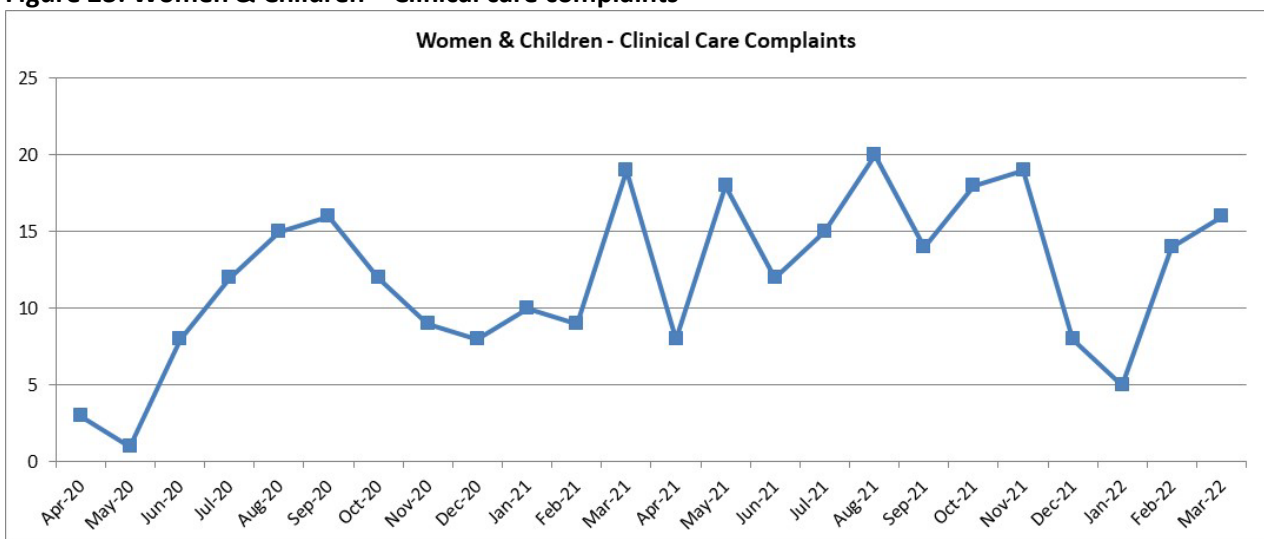


Figure 23: Women & Children – Clinical care complaints



3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 28 new complaints in Q4, a notable reduction on the 42 received in Q3, although still greater than the 18 received in Q2 and 17 in Q1. 13 of the 28 complaints were about ‘attitude and communication’, with nine recorded under the primary category of ‘clinical care’.

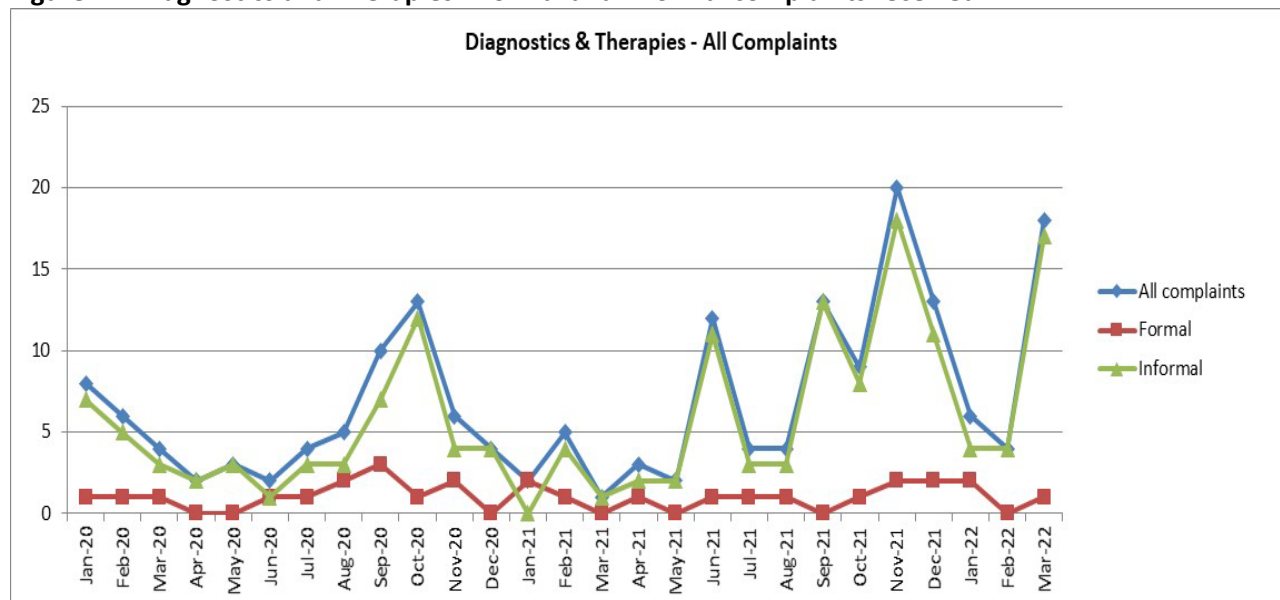
After receiving 17 complaints about the Boots Pharmacy in Q3, this reduced to five in Q4. There were also 10 complaints for Radiology and eight for Audiology in Q4.

The Division again achieved 75% against its target for formal complaint responses in Q4, the same as in Q3. 86.7% of informal complaints were responded to by the agreed deadline in Q4, compared with 91.7% in Q3 and 90% in Q2. 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 – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Attitude & Communication	13 (46.4% of total complaints) ↑	7 (16.6%) ↑
Clinical Care	9 (32.1%) ↓	17 (40.5%) ↑
Appointments & Admissions	5 (17.9%) ↓	14 (33.3%) ↑
Information & Support	1 (3.6%) ↓	2 (4.8%) ↓
Facilities & Environment	0 (0%) ↓	1 (2.4%) =
Access	0 (0%) ↓	1 (2.4%) ↑
Documentation	0 (0%) =	0 (0%) =
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
<b>Total</b>	<b>28</b>	<b>42</b>

**Figure 24: Diagnostics and Therapies – formal and informal complaints received**



### 3.1.6 Division of Weston

The Division of Weston received 47 new complaints in Q4 of 2021/22; similar to the 48 received in Q3 and representing a sustained decrease compared to the 77 complaints received in Q2. The highest number of complaints received by the division was again those recorded under the category of 'clinical care,' which accounted for almost half of all complaints received. There were no significant increases or decreases in any of the categories compared with Q3. Complaints about lost personal property increased slightly in Q4 (5), although it should be noted that there were a further 16 dealt with as PALS concerns by the team at Weston. The largest number of complaints received by one department has consistently been the Emergency Department, with 14 complaints in Q4, 15 in Q3, and 27 in Q2. Complaints for this department represented almost a third of all complaints received by the division in Q4 (14 of 47).

The Division achieved just 20.3% (12 of 59 responses) against its target for responding to formal complaints within the agreed timescale in Q4, a further deterioration on the 34.5% reported in Q3 and 34.8% in Q2, and still significantly below the target of 95%. The division responded to 50% of informal complaints within the agreed timescale in Q4 (4 of 8), compared with 75% in Q3 and 78.9% in Q2.

The Weston PALS team again saw high volumes of concerns, with 143 received in Q4, compared with 169 in Q3 and 84 in Q2. Of the 143 concerns received, 49 were about 'attitude and communication'; 22 were about 'clinical care'; 21 were received in respect of 'facilities and environment' (including lost personal property); 20 were categorised under 'information and support'; 18 were in respect of 'appointments and admissions', including cancelled and delayed appointments; and 13 were about 'discharge arrangements'. 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 – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Clinical Care	22 (46.8% of total complaints) =	22 (45.8% of total complaints) ↓
Attitude & Communication	7 (14.9%) ↓	10 (20.8%) ↑
Appointments & Admissions	7 (14.9%) ↓	10 (20.8%) ↑
Facilities & Environment	6 (12.7%) ↑	2 (4.2%) ↓
Information & Support	3 (6.4%) ↑	1 (2.1%) ↓
Discharge/Transfer/Transport	2 (4.3%) =	2 (4.2%) ↓
Documentation	0 (0%) ↓	1 (2.1%) ↓
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>47</b>	<b>48</b>

**Table 14: Top sub-categories**

Category	Number of complaints received – Q4 2021/22	Number of complaints received – Q3 2021/22
Clinical care (medical/surgical)	12 ↑	10 ↓
Cancelled or delayed appointments and	6 ↓	8 ↑
Lost personal property	5 ↑	1 ↓
Communication with patient / relative	4 ↑	3 =
Clinical care (nursing/midwifery)	4 ↓	8 ↓

**Figure 25: Division of Weston - formal and informal complaints received**

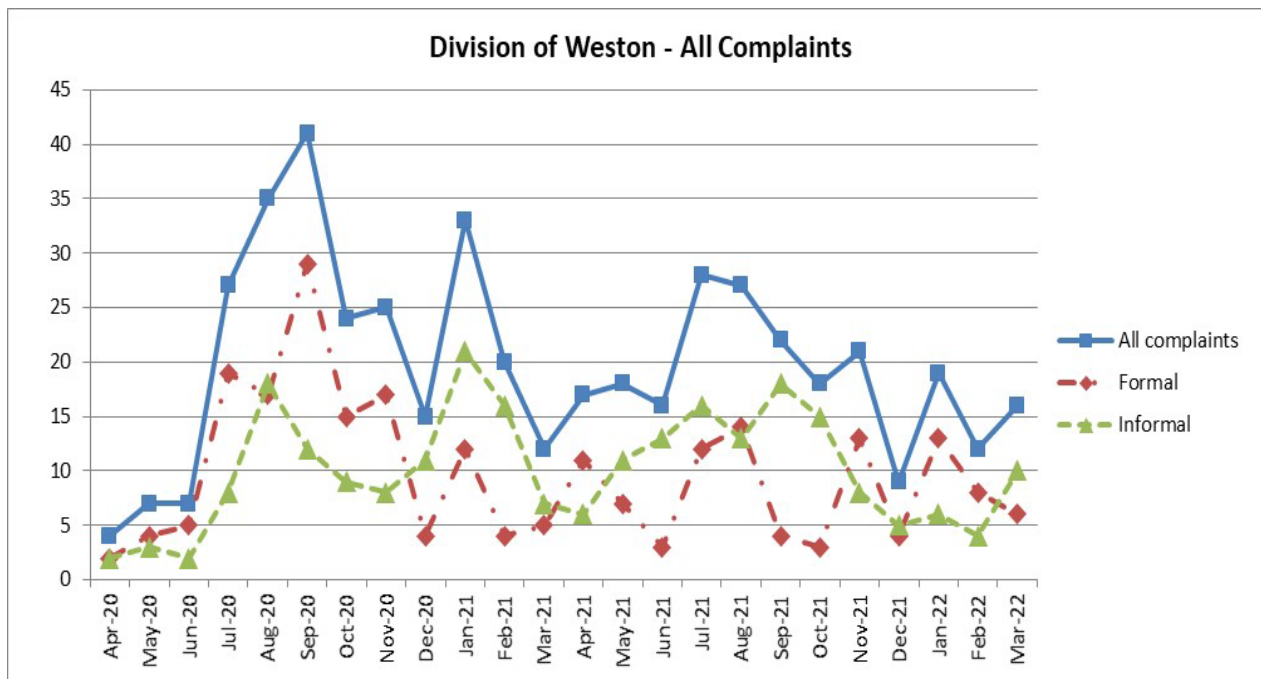
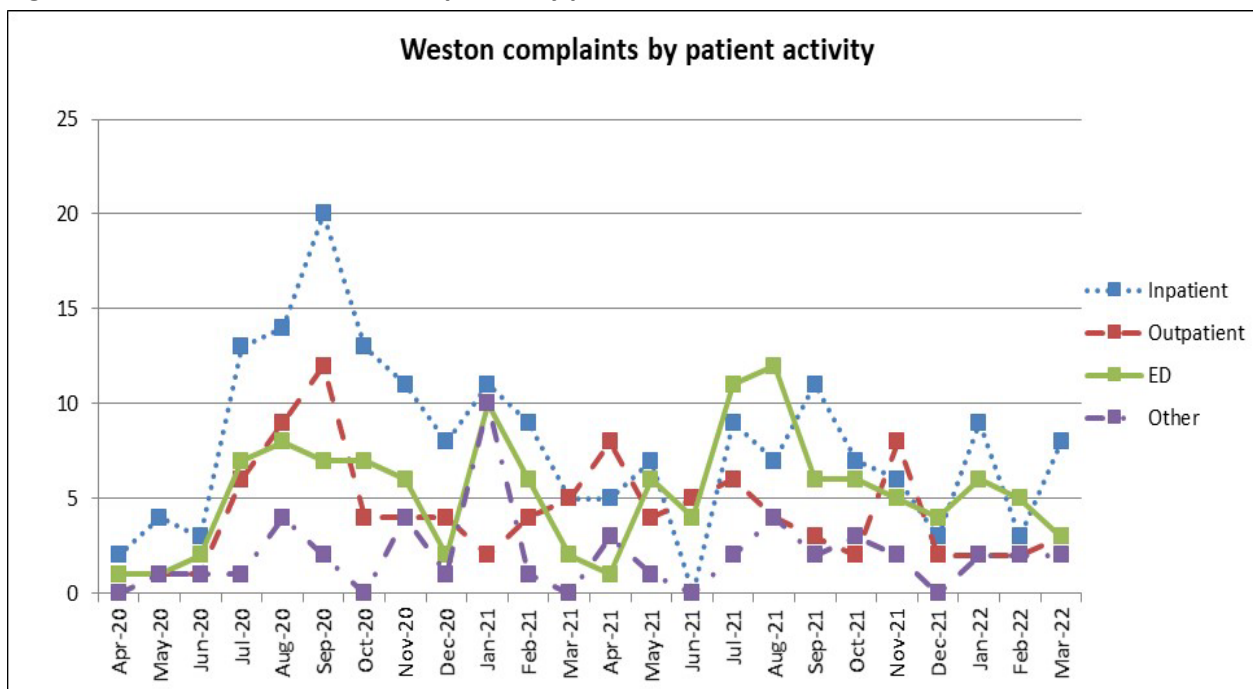


Figure 26: Division of Weston – complaints by patient area



### 3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 22 new complaints in Q4; a slight increase on the 18 received in Q3.

The largest number of complaints received by the Division (14) was recorded under the category of ‘facilities and environment’, eight of which (57.1%) related to car parking. The remaining complaints were split between the Private & Overseas Patients Team, Hotel Services, and the Hospital Discharge Team.

The Division achieved 60% against its target for responding to formal complaints within the agreed timescale in Q4; an improvement on the 20% reported in Q3, but still significantly below the 95%

target. They achieved 80% for informal complaints; a notable deterioration on the 100% achieved in Q3. 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 – Q4 2021/22	Number and % of complaints received – Q3 2021/22
Facilities & Environment	14 (63.6% of total complaints) ↑	8 (44.5% of total complaints) ↓
Information & Support	4 (18.2%) ↑	2 (11.1%) ↑
Attitude & Communication	2 (9.1%) ↓	6 (33.3%) ↑
Discharge/Transfer/Transport	2 (9.1%) ↑	0 (0%) =
Documentation	0 (0%) ↓	2 (11.1%) =
Clinical Care	0 (0%) =	0 (0%) ↓
Appointments & Admissions	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>22</b>	<b>18</b>

**Figure 27: Trust Services – all complaints received**

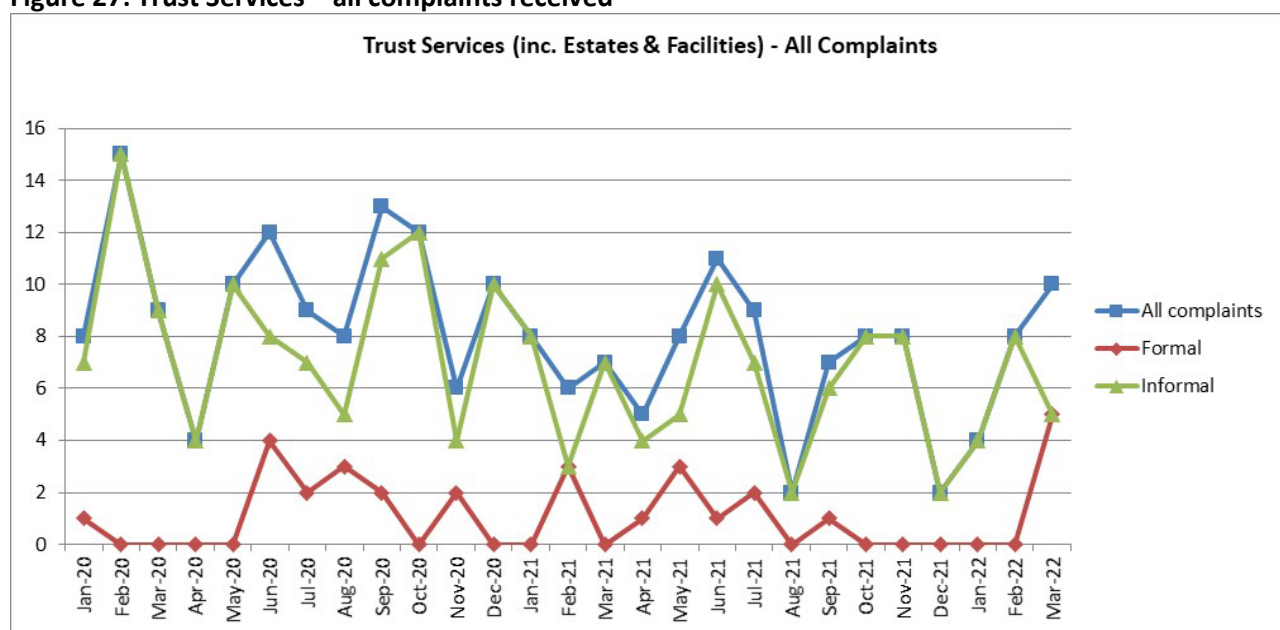


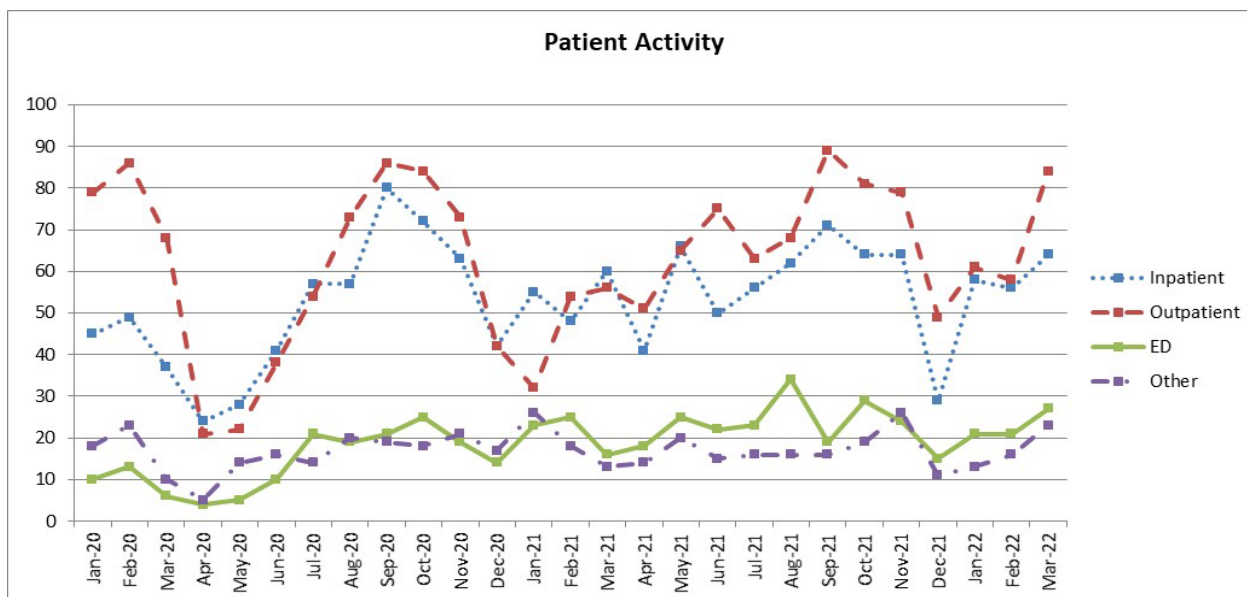
Figure 27 above shows all complaints received for Trust Services, including Estates & Facilities.

### 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 28 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. There was a sharp increase in outpatient complaints at the end of Q4, with 84 complaints received in March 2022, compared with 58 in February 2022 and 61 in January 2022.

In Q3, 40.4% (\*42.7%) of complaints received were about outpatient services, 35.5% (32%) related to inpatient care, 13.7% (13.9%) were about emergency patients; and 10.4% (11.4%) were in the category of ‘other’ (as explained above). \* Q3 percentages are shown in brackets for comparison.

**Figure 28 : Complaints categorised by patient activity**



### 3.3 Complaints responded to within agreed timescale for formal resolution process

In Q4, all divisions reported breaches of formal complaint deadlines, in Q4, with a total of 97 breaches reported Trustwide. This is a further deterioration on the 94 breaches reported in Q3 and 81 breaches in Q2. This once again usurps the highest number of breaches recorded since this report commenced and is reflective of the operational pressures being experienced across the Trust.

The Division of Weston reported 47 breaches of deadline, there were 15 for Medicine, 13 for Women & Children, 11 for Specialised Services, four each for Surgery and Trust Services, and three for Diagnostics & Therapies. Please see Table 17 below for details of where in the process the delays occurred/who the breaches were attributable to. It is important to note that for some of the divisions with lower numbers of breaches, this reflects a higher percentage of their overall responses, for example, over half (55%) of Specialised Services formal responses breached the agreed deadline. Please also note that none of the breaches for the Divisions of Surgery and Diagnostics & Therapies were attributable to delays by the divisions.

In Q4 the Trust responded to 250 complaints via the formal complaints route and 61.2% (153) of these were responded to by the agreed deadline, against a target of 95%, and compared with 51.3% in Q3 and 68.2% in Q2.

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

Division	Q4 2021/22	Q3 2021/22	Q2 2021/22	Q1 2021/22
Weston	47 (79.7%)	36 (65.5%)	43 (65.2%)	27 (90%)
Medicine	15 (44.1%)	17 (43.6%)	11 (26.2%)	21 (34.4%)
Women & Children	13 (19.4%)	19 (44.2%)	9 (15.5%)	4 (9.5%)
Specialised Services	11 (55%)	9 (42.9%)	10 (29%)	7 (28%)
Surgery	4 (8.3%)	8 (30.8%)	5 (12.2%)	3 (6.7%)
Trust Services	4 (40%)	4 (80%)	3 (30%)	5 (55.6%)
Diagnostics & Therapies	3 (25%)	1 (25%)	0 (0%)	1 (33.3%)
<b>All</b>	<b>97 breaches</b>	<b>94 breaches</b>	<b>81 breaches</b>	<b>68 breaches</b>

*(So, as an example, there were 47 breaches of timescale in the Division of Weston in Q4, which constituted 79.9% of the complaint responses which were sent out by that division in Q4).*

Breaches of timescale in respect of formal complaints were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off;



delays in processing by the Patient Support and Complaints Team (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 17 shows a breakdown of where the delays occurred in Q4. During this period, 69 breaches were attributable to the Divisions, 12 were caused by delays in the Patient Support & Complaints Team, and 16 occurred during Executive sign-off.

The Patient Support & Complaints Manager has reviewed the delays attributed to the team and these delays were all due to their capacity to deal with the volume of responses (250) that were received from the divisions during this period. The manager has also met with the Deputy Chief Nurse and representatives from the Executive PA team to discuss and agree improvements to the process for responses sent to the Executive team for signing, with the aim of reducing delays at this end of the process.

**Table 17: Source of delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	0	9	7	3	0	3	47	69
PSCT	1	4	2	3	2	0	0	12
Execs/sign-off	3	2	2	7	1	1	0	16
Other Trust	0	0	0	0	0	0	0	0
<b>All</b>	<b>4</b>	<b>15</b>	<b>11</b>	<b>13</b>	<b>3</b>	<b>4</b>	<b>47</b>	<b>97</b>

### 3.3.1 Complaints responded to within agreed timescale for informal resolution process

All breaches of informal complaint timescales are attributable to the Divisions, as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q4, the Trust responded to 198 complaints via the informal complaints route (an 8% reduction compared with 215 reported in Q3) and 87.4% of these were responded to by the agreed deadline; the same percentage as reported in Q3.

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

Division	Q4 2021/22	Q3 2021/22	Q2 2021/22	Q1 2021/22
Surgery	9 (7.1%)	8 (11.4%)	4 (7.4%)	2 (3.6%)
Medicine	4 (11.1%)	6 (14.3%)	3 (10.3%)	3 (9.1%)
Weston	4 (50%)	2 (25%)	4 (21.1%)	4 (25%)
Diagnostics & Therapies	2 (13.3%)	2 (8.3%)	1 (10%)	0 (0%)
Women & Children	2 (6.3%)	1 (3.7%)	4 (14.8%)	0 (0%)
Trust Services	2 (20%)	0 (0%)	1 (8.3%)	1 (8.3%)
Specialised Services	2 (4.9%)	8 (22.2%)	3 (13.6%)	5 (13.5%)
<b>All</b>	<b>25</b>	<b>27</b>	<b>20</b>	<b>15</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.

Since November 2021, the Patient Support & Complaints Manager and the Deputy Head of Patient Safety, have met 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 Q4 are shown below.

#### **Example 1**

The patient's daughter made a complaint about her father's care as an inpatient before he sadly passed away. He had been in hospital for nine weeks and had a fall in the bathroom. It had been decided that he needed to be escorted to and from the bathroom, but no one stayed with him in the bathroom, and he fell. His daughter explained that he is elderly and frail and should not have been left alone and she wished to know who made this decision to leave him alone. She added that he had also since contracted pneumonia.

During the discussion at the weekly meeting, it was identified that the patient had actually been assessed as ECO2, which did not indicate that he needed to be escorted at all times. This enabled the complaints team to confirm this to the division when sending the complaint to them for investigation and to highlight with them that an incident had been recorded (and linked to the complaint record) on Datix in respect of this fall.

#### **Example 2**

The patient, who has a history of overdosing and self-harm, attended the BRI Emergency Department (ED), and was told categorically that her partner could not stay with her, despite her being very unwell physically and mentally (having taken an overdose the night before). The patient was told she would not be treated if her boyfriend did not leave, so she called her mother, who then rang the ED for her and spoke to the receptionist and then to a charge nurse, who were both unsympathetic and said there was no way he could stay with her. The patient's mother then asked

to be put through to the psychiatric team, who immediately agreed she should be allowed to have someone with her. After waiting for six hours without being seen, the patient felt so unwell she went home. Her mother arranged for her to go to a walk-in centre the next day, from where she was admitted to the BRI with pneumonia, septic shock and kidney failure.

During discussion at the weekly meeting, it was confirmed that the events, as reported in the complaint, would constitute a “miss”. However, upon checking the incident that had been recorded, there were some anomalies with what had been reported by the patient and her mother. The incident was linked to the complaint and a note about the discussion was shared with division when the complaint was sent to them.

## **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 Q4 2021/22. These complaints have been included in this report due to the actions identified, which provides assurance that the concerns were listened to and taken seriously, and that lessons have been learned.

- The patient was referred to the Emergency Department (ED) via NHS 111 and then 999, who advised her to attend the ED after experiencing heavy bleeding during a miscarriage. Following her arrival to the ED, she was not given a private space to stay in until around six hours after she arrived. Whilst in the waiting room, she was left bleeding through her clothes and sitting on a towel. She was worried about standing, getting water, or walking to the toilet because of leaking and when in the toilet, she had to clean the blood off the floor with paper towels. This was a distressing experience at a frightening and emotionally sad time.

As a result of this complaint, a dedicated cubicle will be allocated in the new build Fast Flow area for patients attending with gynaecological or obstetric emergencies. In addition, improved staff teaching and training is to be provided to ED staff regarding gynaecological and obstetric presentations at triage (Women & Children).

- The patient was diagnosed with cancer and advised that he would require chemotherapy fortnightly. He is self-employed and had to arrange his work around his appointments, which was difficult. When the bookings department at Bristol Haematology and Oncology Centre sent the patient details of his appointments, he noticed they were three-weekly not fortnightly. He queried this with a doctor who said they would look into it, but no one ever got back to him, so he rearranged his work around the appointment dates he had been given.

A meeting was arranged between the patient and senior divisional staff, when an apology was given to the patient for the errors he had experienced throughout his chemotherapy regime. They explained that, whilst the booking team were the source of the original error, they had worked to agreed processes. There then followed a further breakdown in communication, this time from clinicians who had agreed a change in protocol, which resulted in poorly coordinated care.

As a result of this complaint, it was agreed at the meeting with the patient that the Assistant General Manager would commit to the following actions:

- To discuss with the consultant whether he had been aware of the original error, which had bumped the regime from two to three weekly and that by cancelling the patient's chemotherapy, this would have moved his regime again from a three-week cycle to a four-week cycle.
- To feedback to the administration manager on the booking team's communication style, the standards that are expected from the team, and to identify training in customer service for individuals or the team as a whole.
- Complaint to be presented to the BHOC Clinical Governance Committee to share issues and identified learning, especially in relation to the importance of effective and clear communication from clinical teams, with other teams, including administrative teams.
- To take forward the suggestion that all calls should commence with clear introduction of the person calling and ended with a summary and reiteration of the name of the caller. This will also be included in the Divisional Newsletter.
- To provide a named point of contact for the patient going forward, should he experience any further issues with the booking team or any other team. The names and team email address for the administration team leaders were given to the patient at the meeting.
- General Manager to put processes in place for staff to identify, highlight and escalate issues and problems as they arise. In order to facilitate this, the management team have introduced monthly 'drop-in sessions/briefings', where the management team meet to discuss issues and concerns with the staff (Specialised Services).

## **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 436 enquiries were received in Q4, a 16% increase on the 376 received in Q3. This figure includes 143 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a 15% reduction on the 169 recorded in Q3, but higher than the 107 recorded in Q2.

In addition, the Patient Support and Complaints Team also recorded and acknowledged 31 compliments received during Q4 (not included in the 436 noted above) and shared these with the staff involved and their Divisional teams. This is a slight decrease on the 34 compliments reported in Q3, although this does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q4 the Patient Support and Complaints Team recorded 224 enquiries that did not proceed, compared with 181 in Q3 and 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 1,193 separate new enquiries in Q4 of 2021/22, compared with 1,084 in Q3, 1,145 in Q2 and 1,042 in Q1. This represents a further 10% increase in activity when compared with the previous quarter and is 26.4% 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 Q4, 320 complaints were received in writing (235 by email, 68 via website feedback and 17 letters), 178 were received verbally by telephone and two in person. Two complaints were also received in Q4 via the Trust's 'real-time feedback' service.

Of the 502 complaints received in Q4, 76.3% (383/502) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This is a deterioration on the 95.1% reported in Q3 and is due to the volume of enquiries being received by the team, creating a backlog at this early part of the process. This backlog has since been cleared and the picture has improved at the start of Q1 of 2022/23.

## 5.3 PHSO (Ombudsman) cases

During Q4, the Trust was not advised by the Parliamentary and Health Service Ombudsman (PHSO) of their interest in any new complaints. During the same period, four existing cases remain ongoing, and one case was closed during Q4.

**Table 19: Complaints ongoing with the PHSO during Q4**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
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 20: Complaints closed by the PHSO during Q4**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust	Site	Department	Division
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			<b>[and date notified by PHSO]</b>			
34127	RR	N/A	20/04/2018 [02/08/2020]	StMH	Central Delivery Suite	W&C
PHSO's final report received with a decision to Partly Uphold the complaint. Recommendations made about the advice given to the ambulance crew by staff on Ashcombe Unit, as well as sending a letter of apology and £500 to the complainant in recognition of the failings identified and the distress caused.						

## 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 21 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.

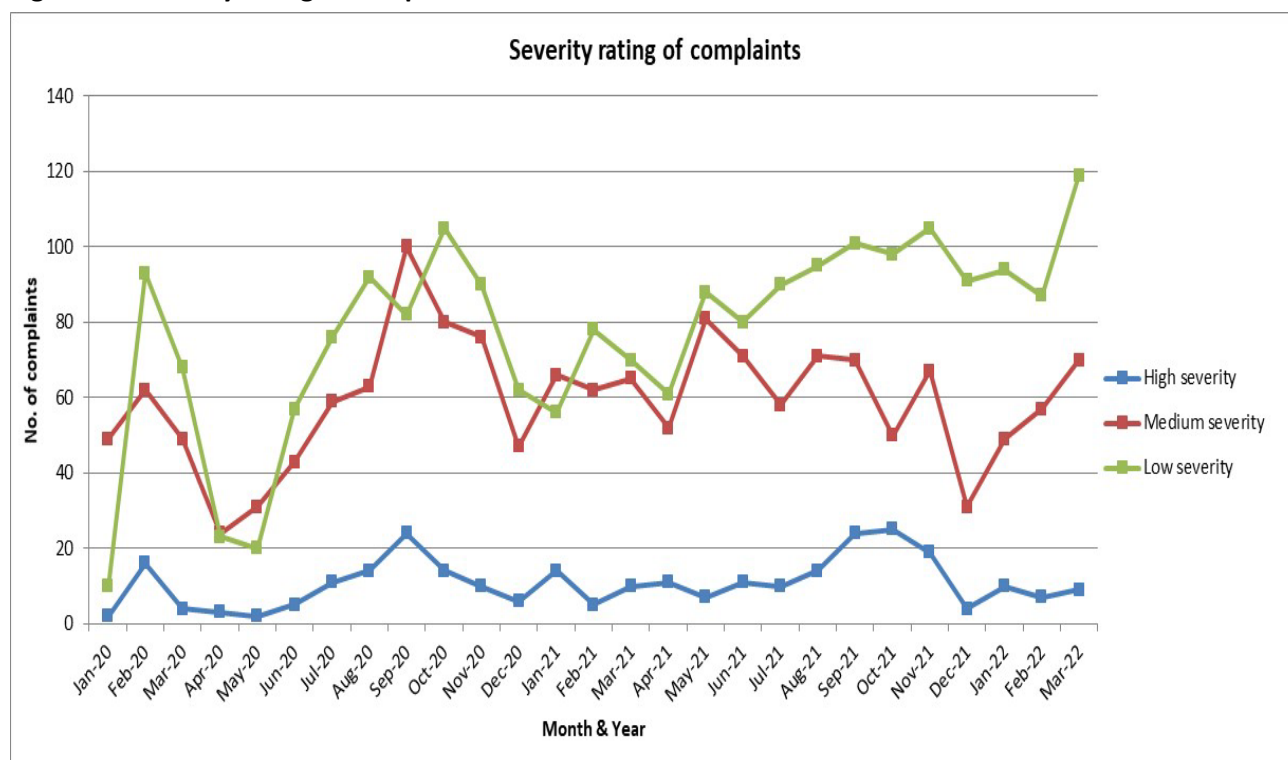
**Table 21: Examples of severity rating of complaints**

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

In Q4, the Trust received 502 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 502 complaints, 314 were rated as being low severity, 164 as medium and 24 as high. Figure 29 below shows a breakdown of these severity ratings by month since January 2020.

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 29 therefore includes severity ratings for the Division of Weston's complaints from July 2020 onwards.

**Figure 29: Severity rating of complaints**



At the end of Q2 and beginning of Q3 of 2021/22, the number of complaints rated as ‘high severity’ spiked when compared with previous quarters. However, in Q4, this returned to normal levels across all divisions. Complaints rated as medium and low severity were consistent with previous quarters during Q4.

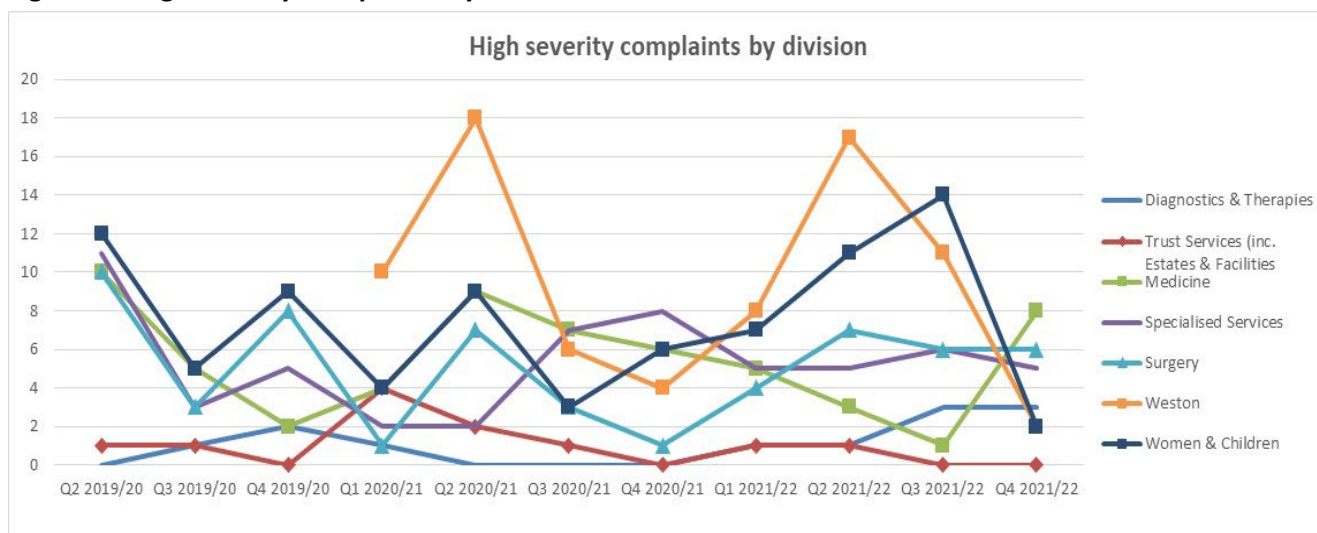
The number of complaints received since January 2020, by severity is as follows, with the average shown in brackets: High severity – 291 (av. 10.8); Medium severity – 1,603 (av. 59.4); Low severity – 2,091 (av. 77.4). A breakdown by Division is shown in Table 23 below.

**Table 22: Severity rating of complaints by Division (all complaints received in Q4 2021/22)**

Division	High Severity	Medium Severity	Low Severity	Totals
Diagnostics & Therapies	3 (10.7%)	10 (35.7%)	15 (53.6%)	<b>28</b>
Specialised Services	5 (7.9%)	19 (30.1%)	39 (62%)	<b>63</b>
Medicine	8 (6.7%)	47 (39.5%)	64 (53.8%)	<b>119</b>
Surgery	6 (4.4%)	36 (26.7%)	93 (68.9%)	<b>135</b>
Weston	2 (4.3%)	17 (36.2%)	28 (59.5%)	<b>47</b>
Women & Children	2 (2.3%)	38 (43.2%)	48 (54.5%)	<b>88</b>
Trust Services (inc. Estates & Facilities)	0 (0%)	9 (41%)	13 (59%)	<b>22</b>
<b>Totals</b>	<b>26 (5.2%)</b>	<b>176 (35.1%)</b>	<b>300 (59.7%)</b>	<b>502</b>

\*i.e., although only a very low number of complaints received by the Division of Diagnostics & Therapies were rated as ‘high severity’, this represented 10.7% of all complaints received by the division, the highest percentage of all divisions.

**Figure 30: High severity complaints by division**





## APPENDIX TO Q4 2021/22 COMPLAINTS REPORT

### APPENDIX 1 – ATTITUDE & COMMUNICATION

#### Context

Complaints about staff attitude and communication peaked in November 2020, at which time the Trust’s Quality and Outcomes Committee requested a ‘deep dive’ review of the related data. This review did not identify any specific themes or trends in respect of the departments, divisions or staff groups receiving these complaints. In March 2022, in response to the Quarter 3 complaints report, QOC again requested further insights into this reporting category.

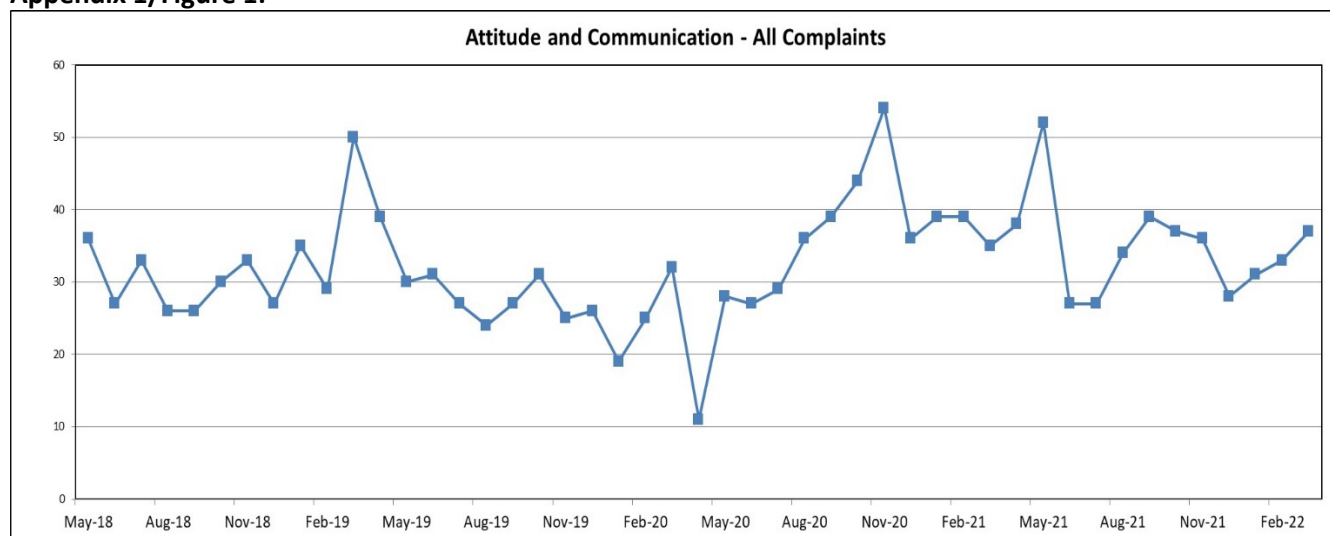
#### Analysis

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Each complaint is also assigned to a more specific sub-category, of which there are over 100. The categories and sub-categories are recorded by the Patient Support & Complaints Officer, based on the nature of the complaint. There may be more than one category recorded, with the primary category being the one related to the main issue or concern raised.

“Attitude and communication” is consistently one of the top three high-level reporting categories for complaints received; the other two being “clinical care” and “appointments and admissions”.

The figure below shows how many complaints about attitude and communication have been received since April 2018.<sup>4</sup>

**Appendix 1/Figure 1:**



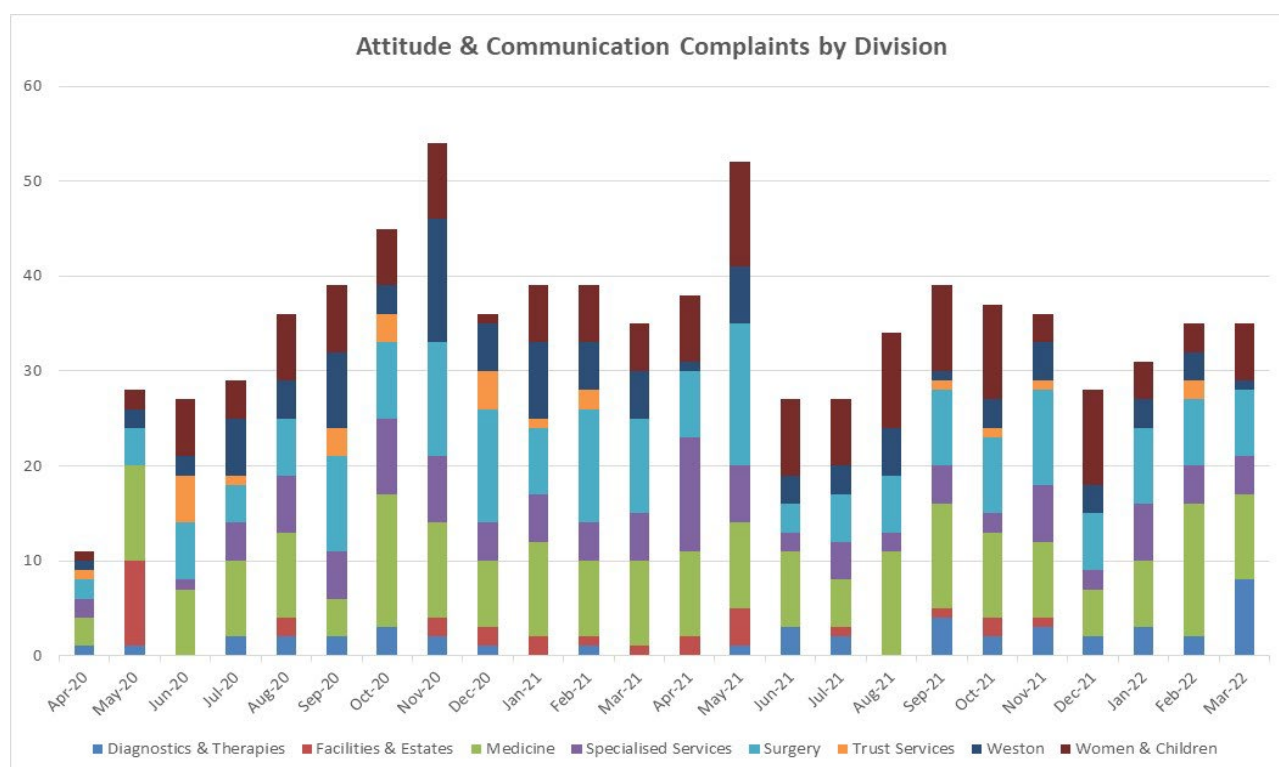
The average number of complaints per month between April 2018 and March 2022, was 32. The average for the 18 months prior to the COVID-19 pandemic was lower than the average since then; the pattern of monthly complaints in this category appears to be restabilising within a range of 30-40 complaints per month. This adjustment is broadly in line with other sources of patient feedback, e.g. via our patient surveys; we know that communication with the Trust has been impacted significantly by the pandemic and during ongoing recovery phase.

Looking more closely at the peak months reported above, there were no more than three complaints about attitude and communication for any single department Trust-wide.

<sup>4</sup> It should be noted that not every month between April 2018 and March 2022 is shown on the horizontal axis, due to the amount of data included in this chart. There is however a marker for each month in the actual chart.

In the latest quarterly data for Q4 2021/22, the number of complaints about attitude and communication remained the same as reported in Q3 (101). A breakdown of the Q4 complaints by division shows that the Division of Medicine received the highest number of complaints in this category, followed by Surgery and then Women & Children. However, when measured as a percentage of each division's overall complaints received, the Divisions of Estates & Facilities (33.7%) and Trust Services (28.4%) have the highest percentage of their total complaints received recorded under this category, with Surgery having the lowest percentage, at 20.2% of their total complaints. See figure 2 below.

**Appendix 1/Figure 2: Complaints about 'attitude and communication' by Division**



**Appendix 1/Table 1**

	Diagnostics & Therapies	Estates & Facilities	Medicine	Specialised Services	Surgery	Trust Services	Weston	Women & Children
<b>Apr 2020</b>	1	0	3	2	2	1	1	1
<b>May 2020</b>	1	9	10	0	4	0	2	2
<b>Jun 2020</b>	0	0	7	1	6	5	2	6
<b>Jul 2020</b>	2	0	8	4	4	1	6	4
<b>Aug 2020</b>	2	2	9	6	6	0	4	7
<b>Sep 2020</b>	2	0	4	5	10	3	8	7
<b>Oct 2020</b>	3	0	14	8	8	3	3	6
<b>Nov 2020</b>	2	2	10	7	12	3	13	8
<b>Dec 2020</b>	1	2	7	4	12	0	5	1
<b>Jan 2021</b>	0	2	10	5	7	4	8	6
<b>Feb 2021</b>	1	1	8	4	12	1	5	6
<b>Mar 2021</b>	0	1	9	5	10	2	5	5
<b>Apr 2021</b>	0	2	9	12	7	0	1	7
<b>May 2021</b>	1	4	9	6	15	0	6	11
<b>Jun 2021</b>	3	0	8	2	3	0	3	8
<b>Jul 2021</b>	2	1	5	4	5	0	3	7
<b>Aug 2021</b>	0	0	11	2	6	0	5	10

<b>Sep 2021</b>	4	1	11	4	8	1	1	9
<b>Oct 2021</b>	2	2	9	2	8	1	3	10
<b>Nov 2021</b>	3	1	8	6	10	1	4	3
<b>Dec 2021</b>	2	0	5	2	6	0	3	10
<b>Jan 2022</b>	3	0	7	6	8	0	3	4
<b>Feb 2022</b>	2	0	14	4	7	2	3	3
<b>Mar 2022</b>	8	0	9	4	7	0	1	6
<b>TOTAL</b>	<b>45</b>	<b>30</b>	<b>204</b>	<b>105</b>	<b>183</b>	<b>25</b>	<b>98</b>	<b>147</b>
<b>% OF TOTAL COMPLAINTS</b>	<b>27.3%</b>	<b>33.7%</b>	<b>25.6%</b>	<b>23.3%</b>	<b>20.2%</b>	<b>28.4%</b>	<b>20.7%</b>	<b>21.9%</b>

In response to QOC's request, the Patient Support & Complaints Manager has also reviewed complaints received in Q3 and Q4 of 2021/22 which were assigned a 'high severity' rating; this revealed that most high severity cases relate to complaints about 'clinical care', however additional data showing the relationship between categories of complaints and severity will be reported in quarterly complaints reports in the future.

Complaints in this category continue to be monitored by the Patient Support and Complaints Manager 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 Trust's Head of Quality & Patients Experience and the HR Business Partner for Women's & Children's Services are also scheduled to have an exploratory conversation about the relationship between Trust Values and complaints about attitude and communication.

## **APPENDIX TO Q4 2021/22 COMPLAINTS REPORT**

### **APPENDIX 2 – LOST PERSONAL PROPERTY**

## **Context**

At the April 2022 meeting of the Trust's Quality and Outcomes Committee, a concern was raised by the Non-Executive Directors about the number of complaints received about lost patient property.

## **Analysis**

As can be seen from the figure below, the numbers of complaints about this issue are low Trust-wide, with the highest number of complaints received in any one month since April 2020 being nine (in January 2021 and March 2022). However, the Emergency Departments (ED) at both Bristol Royal Infirmary (BRI) and to a lesser extent, Weston General Hospital (WGH) have a higher-than-average number of complaints about patient property going missing. Of the 110 complaints received between April 2020 and March 2022, 29 were for the BRI ED (26.4%) and the next highest by number was nine for WGH ED (8.2%).

Although these numbers are small, each complaint represents the loss of an item belonging to a patient, which might be something of a practical nature, for example, hearing aids or glasses, which can be expensive to replace, or of great sentimental value, such as a wedding or engagement ring, which is very difficult to put a price on.

A number of the related complaint investigations found that the appropriate patient property paperwork had not been completed by staff, leading to a protracted claims process for reimbursement in respect of the lost item, placing the onus on the patient or their family members to provide evidence of value when original receipts were not available.

The Patient Support & Complaints Manager is working with the Deputy Chief Nurse and Deputy Director of Finance to review the SOPs and processes in place for dealing with patient property on the wards/departments and for reimbursements where the Trust was responsible for the safekeeping of the item/s lost.

### **Appendix 2/Figure 1: All complaints about 'lost personal property'**



### **Appendix 2/Figure 2: Complaints about 'lost personal property' by Division**



The Trust Division with the most lost property complaints is the Division of Medicine, which includes the BRI ED.