

# Complaints Report

**Quarter 2, 2019/2020**

(1 July 2019 to 30 September 2019)

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## Quarter 2 Executive summary and overview

	Q2	
Total complaints received	442	↓
Complaints acknowledged within set timescale	99.8%	↑
Complaints responded to within agreed timescale – formal investigation	83.6%	↓
Complaints responded to within agreed timescale – informal investigation	87.5%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	9.9%	↓

Successes	Priorities
<ul style="list-style-type: none"> <li>99.8% of complaints were acknowledged in a timely manner.</li> <li>The percentage of complainants advising us they were dissatisfied with our response improved from 13.4% in Quarter 1 to 9.9% in Quarter 2.</li> <li>There were notable reductions in numbers of complaints received for the Bristol Dental Hospital, Queen’s Day Unit (Endoscopy), Dermatology and the Chemotherapy Day Unit/Outpatients.</li> <li>442 complaints were received in Quarter 2 compared with 511 in Q1.</li> </ul>	<ul style="list-style-type: none"> <li>Responding to complaints within the timescale agreed with the complainant remains a priority across all Divisions. Due to the majority of complaints now being responded to via the informal complaints process, breaches of timescales for informal complaints are now being reported to the Trust Board, in addition to breached formal responses. The target for both formal and informal responses is for 95% to be sent out by the deadline agreed with the complainant.</li> <li>The Trust’s 2019 CQC inspection highlighted the need to develop an overall measure of the lifetime of a complaint from the point of receipt (the measurement used in board reports – and documented above – is calculated using a starting point when the content of a complaint is agreed with a Trust caseworker, which may be sometime after the complaints was first received). This measure will be developed and introduced by April 2020.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Reporting of severity rating of complaints has commenced in this report (see section 9).</li> <li>Opportunities to exchange knowledge and learning with the complaints service at Weston General Hospital (UH Bristol’s Deputy Patient Support and Complaints Manager is currently supporting the process of aligning complaints processes across the two organisations ahead of next year’s planned merger).</li> </ul>	<ul style="list-style-type: none"> <li>In Quarter 2 the percentage of formal responses sent out by the agreed deadline was the lowest since Quarter 4 of 2017/18. Performance in the Division of Medicine was affected by a key gap in post in their Quality &amp; Patient Safety Team.</li> <li>The number of complaints received by Audiology, Boots Pharmacy (BRI), Paediatric Neurology/Neurosurgery, Paediatric Orthopaedics and the BRI Emergency Department increased in Quarter 2.</li> </ul>

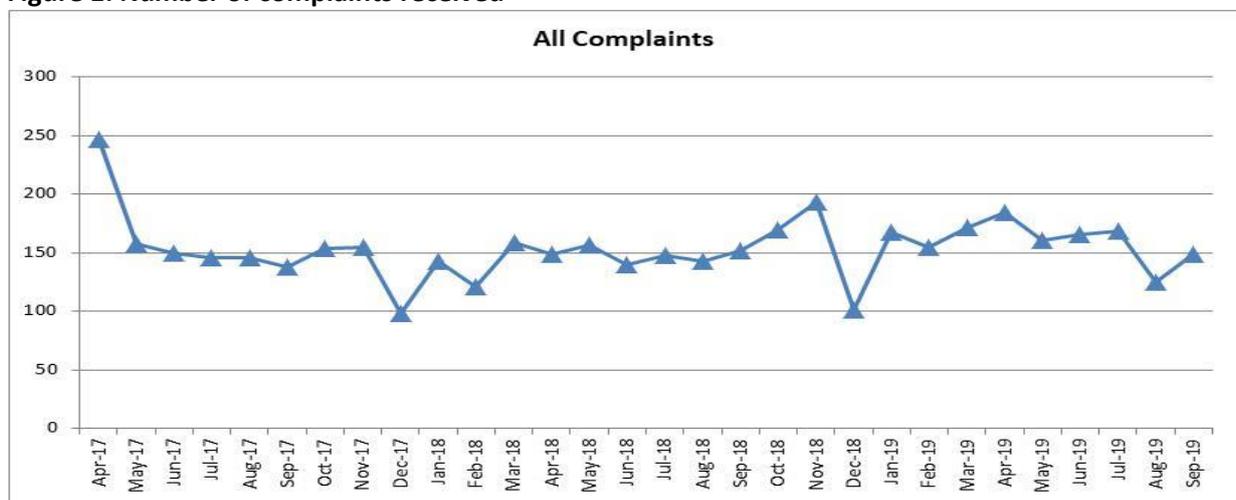
## 1. Complaints performance – Trust overview

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.

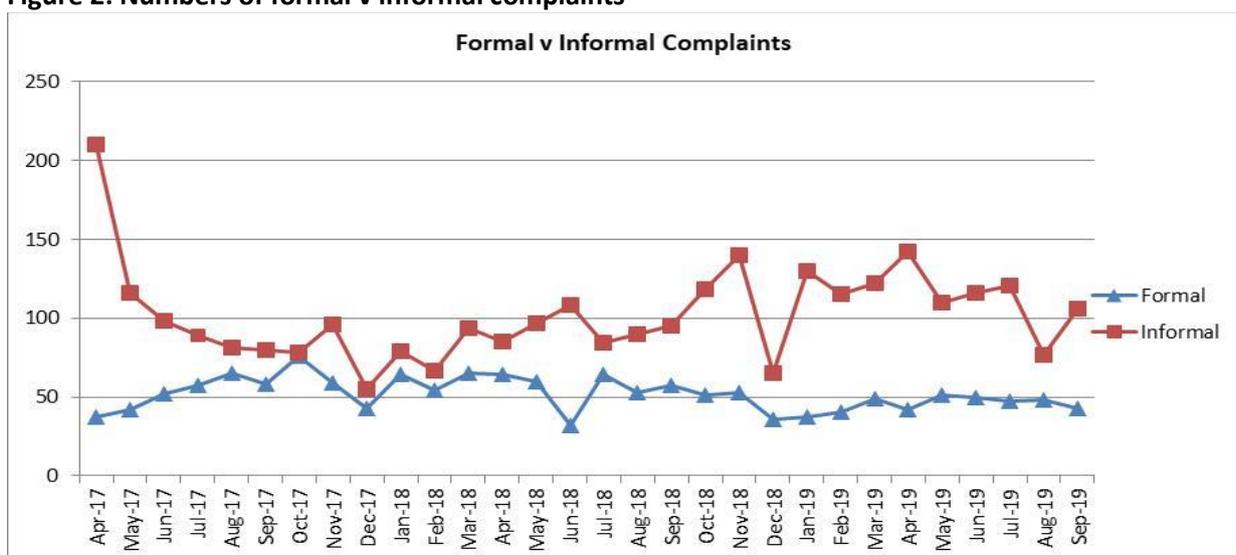
### 1.1 Total complaints received

The Trust received 442 complaints in quarter 2 (Q2) of 2019/20. 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. This shows that the Trust typically receives around 150 complaints per month. This had increased to an average of 170 per month over the last three quarters; however, Q2 saw a return to the average of 150 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 compared with those dealt with via the informal investigation process, over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.

## 1.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

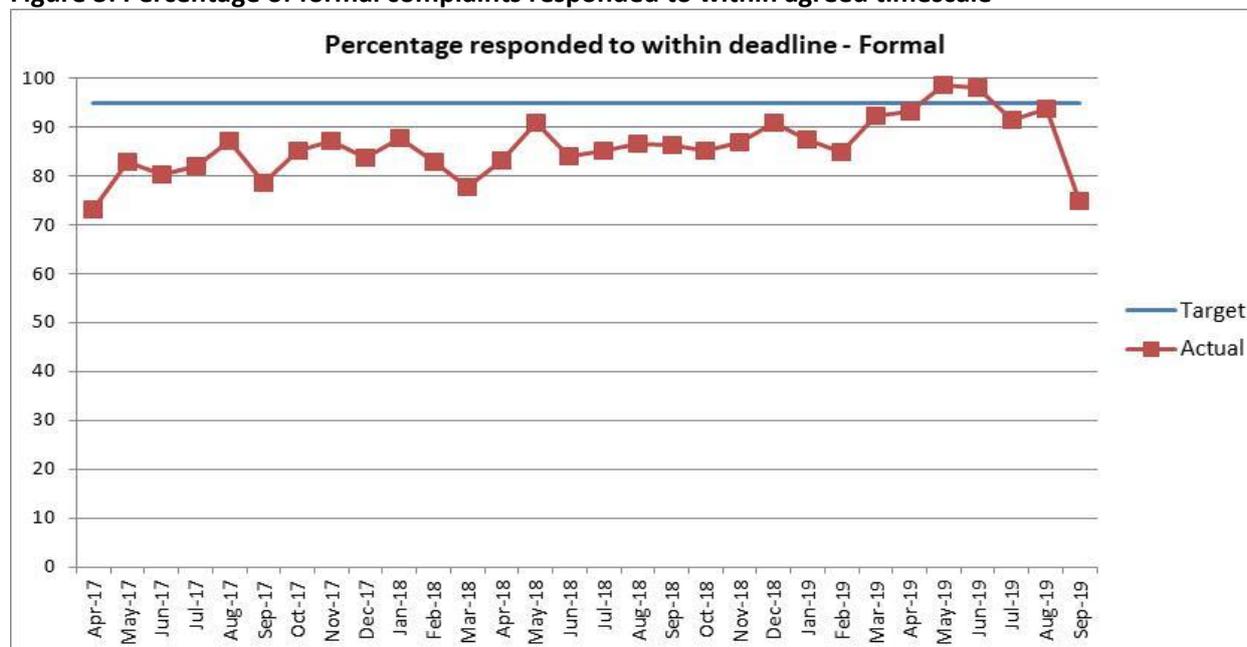
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

### 1.2.1 Formal Investigations

The Trust’s target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust’s response is posted to the complainant.

In Q2 2019/20, 83.6% of responses were posted within the agreed timescale. This represents 28 breaches out of the 171 formal complaint responses which were sent out during the quarter<sup>2</sup>. This is a deterioration of the 96.6% reported in Q1 and the lowest percentage reported since the 82.3% reported in Q4 of 2017/18. Figure 3 shows the Trust’s performance in responding to complaints since April 2017. 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**



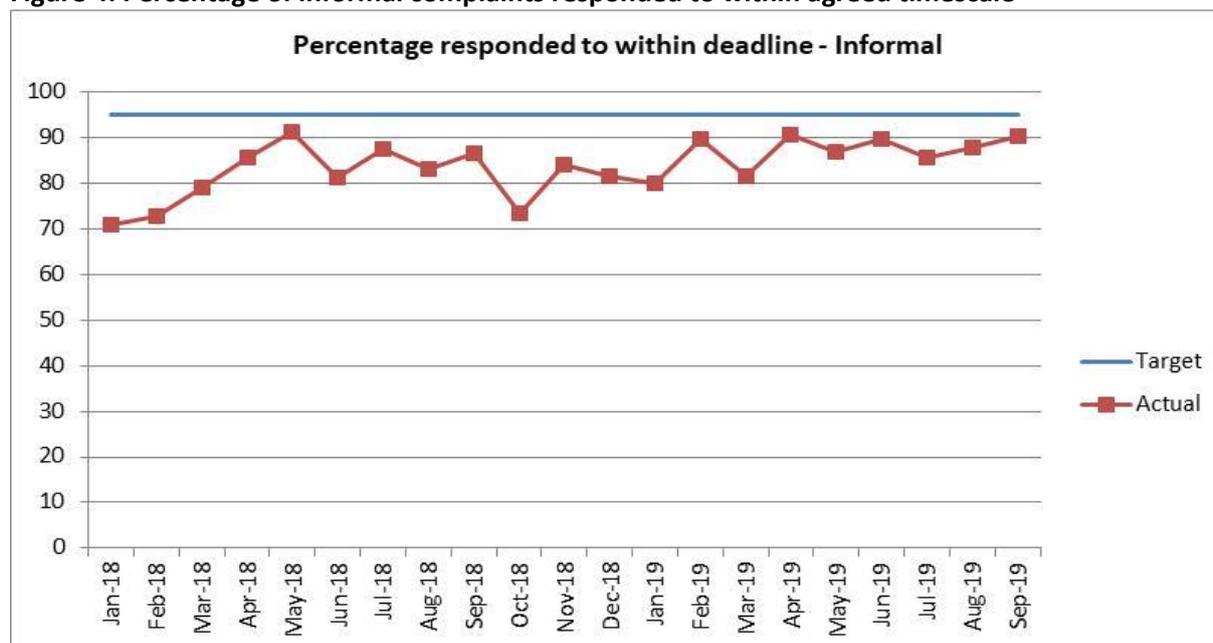
<sup>2</sup> Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

### 1.2.2 Informal Investigations

In Q2 2019/20, the Trust received 304 complaints that were investigated via the informal process. During this period, the Trust responded to 232 complaints via the informal complaints route and 87.5% (203) of these were responded to by the agreed deadline, a small decrease compared to the 89% reported in Q1.

The percentage of informal complaints resolved within the agreed deadline has been formally reported to the Board since Q4 2018/19, given that so many complaints are now resolved informally. Figure 4 (below) shows performance since April 2018, for comparison with formal complaints, although it should be noted that the 95% target was only formally set with effect from Q4 2018/19.

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



### 1.3 Dissatisfied complainants

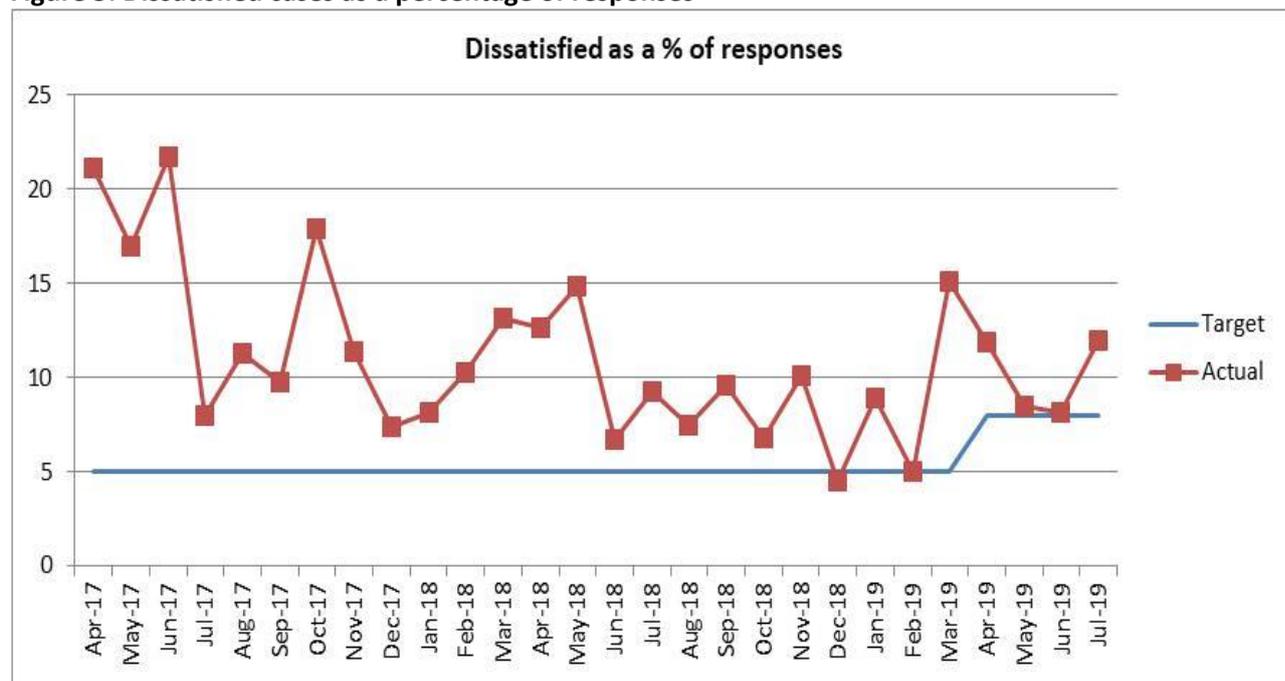
Our revised target for 2019/20 is that no more than 8% of complaints responses should lead to a dissatisfied response.

This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q2 2019/20, we are able to report dissatisfied data for May, June and July 2019. 20 complainants who received a first response from the Trust during those months have since contacted us to say they were dissatisfied. This represents 9.9% of the 203 first responses sent out during that period.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 2017.

**Figure 5: Dissatisfied cases as a percentage of responses**



## 2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q2 2019/20 compared with Q1.

Complaints in all categories either decreased or remained the same compared with Q1.

Complaints in respect of ‘appointments and admissions’ and ‘clinical care’ accounted for 65.8% of all complaints received (291 of 442).

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

Category/Theme	Number of complaints received in Q2 (2019/20)	Number of complaints received in Q1 (2019/20)
Appointments & Admissions	155 (35.1% of all complaints) ↓	190 (37.2% of all complaints) ↑
Clinical Care	136 (30.8%) ↓	141 (27.6%) ↑
Attitude & Communication	78 (17.6%) ↓	100 (19.6%) ↓
Facilities & Environment	36 (8.2%) =	36 (7.0%) ↓
Information & Support	17 (3.8%) ↓	21 (4.1%) =
Discharge/Transfer/Transport	13 (2.9%) =	13 (2.5%) ↑
Documentation	7 (1.6%) ↓	9 (1.8%) ↓
Access	0 (0%) ↓	1 (0.2%) ↓
<b>Total</b>	<b>442</b>	<b>511</b>

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most consistently reported sub-categories, which together accounted for 73% of the complaints received in Q2 (322/442).

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

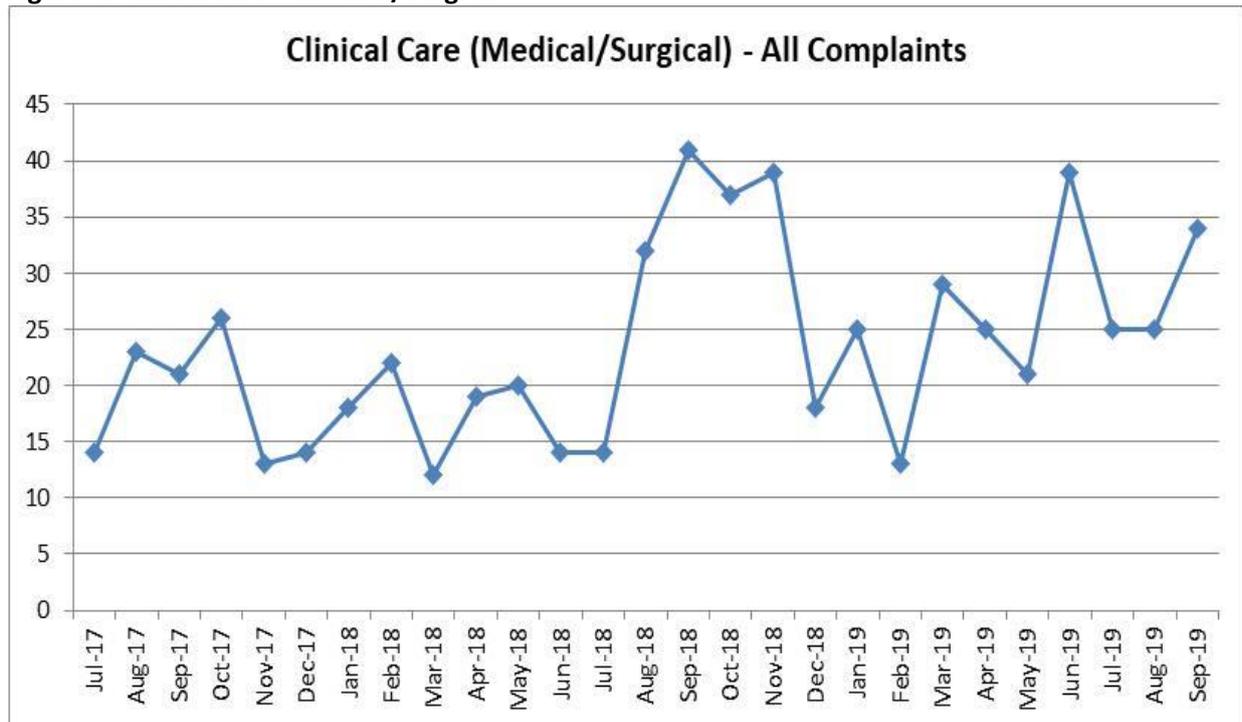
Sub-category	Number of complaints received in Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)	Q3 (2018/19)
Cancelled/delayed appointments and operations	92 (13.2% decrease compared to Q1) ↓	106	87	82
Clinical care (Medical/Surgical)	84 (1.2% decrease) ↓	85	67	94
Appointment administration issues	40 (38.5% decrease) ↓	65	42	42
Attitude of medical staff	19 (9.5% decrease) ↓	21	28	18
Failure to answer telephones/failure to respond	22 (4.8% increase) ↑	21	21	14
Car Parking	12 (25% decrease) ↓	16	25	46
Clinical care (Nursing/Midwifery)	11 (31.3% decrease) ↓	16	10	13
Diagnosis issues	11 (10% increase) ↑	10	4	5
Referral errors	11 (22.2% increase) ↑	9	11	1
Communication with patient/relative	10 (44.4% decrease) ↓	18	19	12
Medication incorrect/ not received	10 (233.3% increase) ↑	3	4	0

In Q2, the sub-categories of ‘diagnosis issues’, ‘referral errors’ and ‘medication incorrect/not received’ appeared in Table 2 for the first time. Of particular note is the large increase in complaints received in relation to medication.

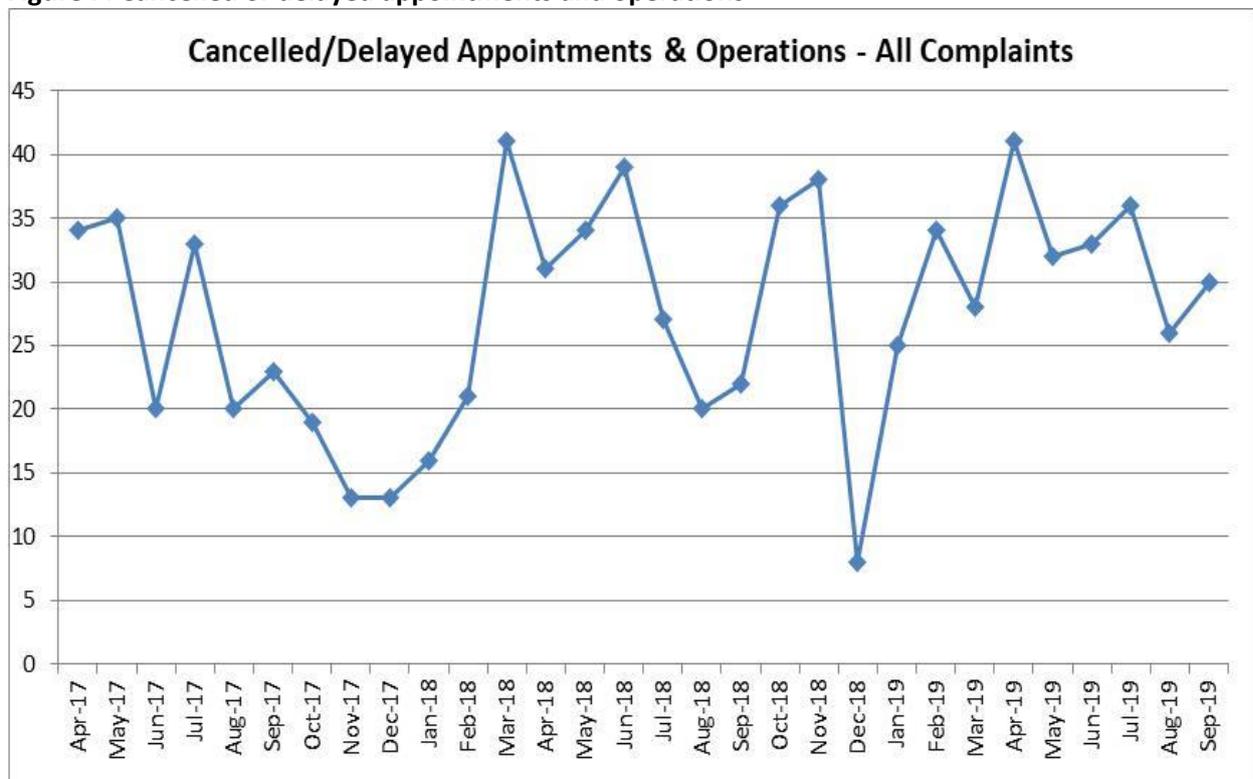
The most significant decreases were in the numbers of complaints received about ‘appointment administration issues’ and ‘car parking’.

Figures 6-9 (below) show the longer term pattern of complaints received since April 2017 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows an increase towards the end of Q2 in complaints about clinical care (medical/surgical) and Figure 7 shows an upward turn in complaints about cancelled appointments and operations towards the end of the quarter. Figure 8 shows the continued downward trend in complaints about car parking since its peak in November 2018. Trends in sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

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



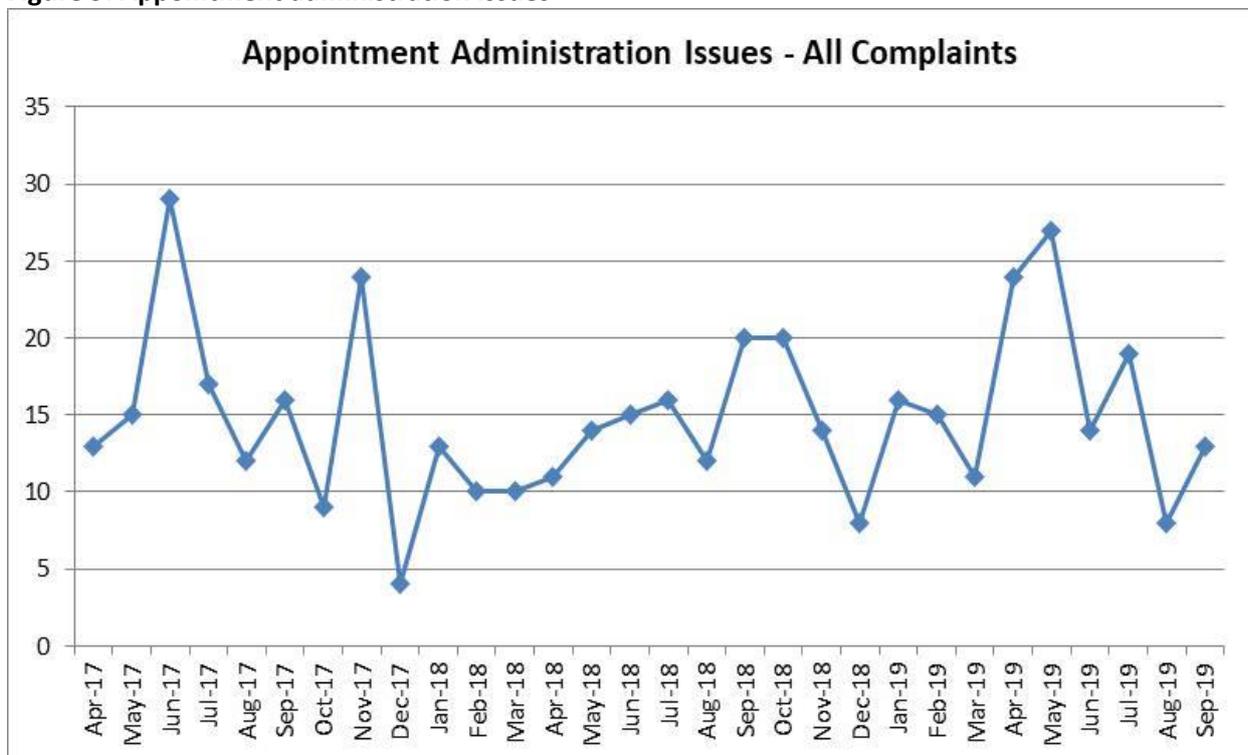
**Figure 7: Cancelled or delayed appointments and operations**



**Figure 8: Car Parking**



**Figure 9: Appointment administration issues**



### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 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>
Total number of complaints received	155 (187) ↓	97 (116) ↓	70 (82) ↓	70 (73) ↓	22 (17) ↑
Number of complaints about appointments and admissions	72 (97) ↓	22 (30) ↓	27 (35) ↓	23 (16) ↑	9 (10) ↓
Number of complaints about staff attitude and communication	25 (31) ↓	18 (26) ↓	13 (18) ↓	12 (15) ↓	5 (4) ↑
Number of complaints about clinical care	44 (46) ↓	35 (40) ↓	23 (19) ↑	27 (34) ↓	6 (2) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital (BDH) – 33 (44) (inc. Admin Dept below) Administration Department (BDH) – 10 (12) Bristol Eye Hospital (BEH) – 42 (43) (inc. Outpatients below) BEH Outpatients – 14 (17) Trauma & Orthopaedics – 19 (22) ENT – 16 (19) Upper GI – 8 (11) QDU Endoscopy – 7 (13)	Emergency Department (BRI) – 31 (25) Dermatology – 17 (27) Rheumatology – 5 (3) Clinic A410 – 5 (3)	<b>BHI (all) – 45 (53)</b> <b>BHOC (all) – 21 (25)</b> BHI Outpatients – 23 (28) BHI & BHOC Appt Depts – 16 (15) Clinical Genetics – 4 (4)	<b>BRHC (all) – 44 (48)</b> Carousel Outpatients (E301) – 8 (7) Paediatric Neurology & Neurosurgical – 8 (5) Children’s ED (E308) – 6 (6) Paediatric Orthopaedics – 6 (2) <b>StMH (all) – 25 (22)</b> Gynaecology Outpatients (StMH) – 10 (9) Ward 78 (Gynaecology) – 4 (2)	Radiology – 9 (10) Audiology – 6 (3) Boots Pharmacy – 4 (1)
Notable deteriorations compared with Q1	No notable deteriorations	Emergency Department (BRI) – 31 (25)	No notable deteriorations	Paediatric Neurology & Neurosurgical – 8 (5) Paediatric Orthopaedics – 6 (2)	Audiology – 6 (3) Boots Pharmacy – 4 (1)
Notable improvements compared with Q1	Bristol Dental Hospital (BDH) – 33 (44) QDU Endoscopy – 7 (13)	Dermatology – 17 (27)	Ward C708 – 3 (6) Chemo Day Unit / Outpatients (BHOC) – 1 (6)	Carousel Outpatients (E301) – 2 (8)	Physiotherapy – 0 (2)

### 3.1.1 Division of Surgery

There was a reduction in the total number of complaints received by the Division of Surgery in Q2; 155 compared with 187 in Q1 and 176 in Q4. Complaints received by Bristol Dental Hospital (BDH) decreased by 25% in Q2 and those received by QDU (Endoscopy) almost halved. There were no notable increases in complaints received by any departments within the Division.

Complaints about 'appointments and admissions' decreased by just over 25% following a significant increase in Q1. There were also reductions in complaints about 'attitude and communication' and 'clinical care'.

The Division achieved 94.1% against its target for responding to formal complaints within the agreed timescale in Q2 and 90% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Appointments & Admissions	72 (46.5% of total complaints) ↓	97 (51.9% of total complaints) ↑
Clinical Care	44 (28.4%) ↓	46 (24.6%) ↓
Attitude & Communication	25 (16.1%) ↓	31 (16.6%) ↓
Information & Support	6 (3.9%) ↑	5 (2.6%) ↓
Discharge/Transfer/ Transport	3 (1.9%) =	3 (1.6%) ↑
Documentation	3 (1.9%) ↑	2 (1.1%) =
Facilities & Environment	2 (1.3%) ↓	3 (1.6%) ↑
Access	0 (0%) =	0 (0%) ↓
<b>Total</b>	<b>155</b>	<b>187</b>

**Table 5: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Cancelled or delayed appointments and operations	46 ↓	57 ↑
Clinical care (medical/surgical)	28 ↓	30 ↑
Appointment administration issues	18 ↓	34 ↑
Attitude of Medical Staff	9 ↑	4 ↓
Referral errors	7 ↑	2 ↓
Diagnosis delayed / incorrect / missed	6 ↑	2 ↑
Communication with patient/relative	4 =	4 ↓
Failure to answer telephones/ failure to respond	4 ↓	6 ↓

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

Concern	Explanation	Action
<p>The number of complaints received by the ENT service remained higher than expected in Q2, on a par with Q1, when the clinical team was affected by vacancies and annual leave, resulting in the cancellation of routine patients to meet demand for fast track patients.</p> <p>In Q2, seven of the 16 complaints related to cancellations and appointment administration issues, with the remainder consisting of five complaints about 'clinical care' and three in respect of 'attitude and communication'.</p>	<p>Bed pressures during Q2 saw an increase in the cancellation of surgery.</p> <p>Appointments have been changed/cancelled to accommodate more urgent patients.</p> <p>'Clinical care' and 'attitude and communication' refer to formal complaints where patients have come away from hospital and realised that they do not have a clear understanding about the next steps on their treatment pathway.</p>	<p>During this period it should be noted that the ENT consultant team has responded promptly and effectively to the complaints received; the Division remains confident that this will continue.</p> <p>The clinical team is now established and working to reduce cancellations.</p> <p>The Division and Trust continue to try to minimise the cancellation of surgery, but it is often inevitable due to overall operational pressures.</p> <p>The booking team continues to book patients according to clinical priority and ensures communication with patients is effective when changing appointments.</p>
<p>The number of complaints received for the Bristol Eye Hospital (BEH) rose in September following reductions in the previous two months.</p> <p>Of the 42 complaints received in Q2, 19 were about 'appointments and admissions'; 10 related to 'clinical care'; and seven were in respect of 'attitude and communication'.</p> <p>Complaints about outpatient services accounted for 14 complaints in Q2, with the remainder spread across different departments in the BEH.</p>	<p>Complaints about 'appointments and admissions' were a result of increased demand on the service.</p>	<p>There is a new administrative structure in place, which will strengthen the processes in place with regards to managing the booking process and appointments and will improve patients experience. The Division will continue to maximise the utilisation of available appointments.</p>

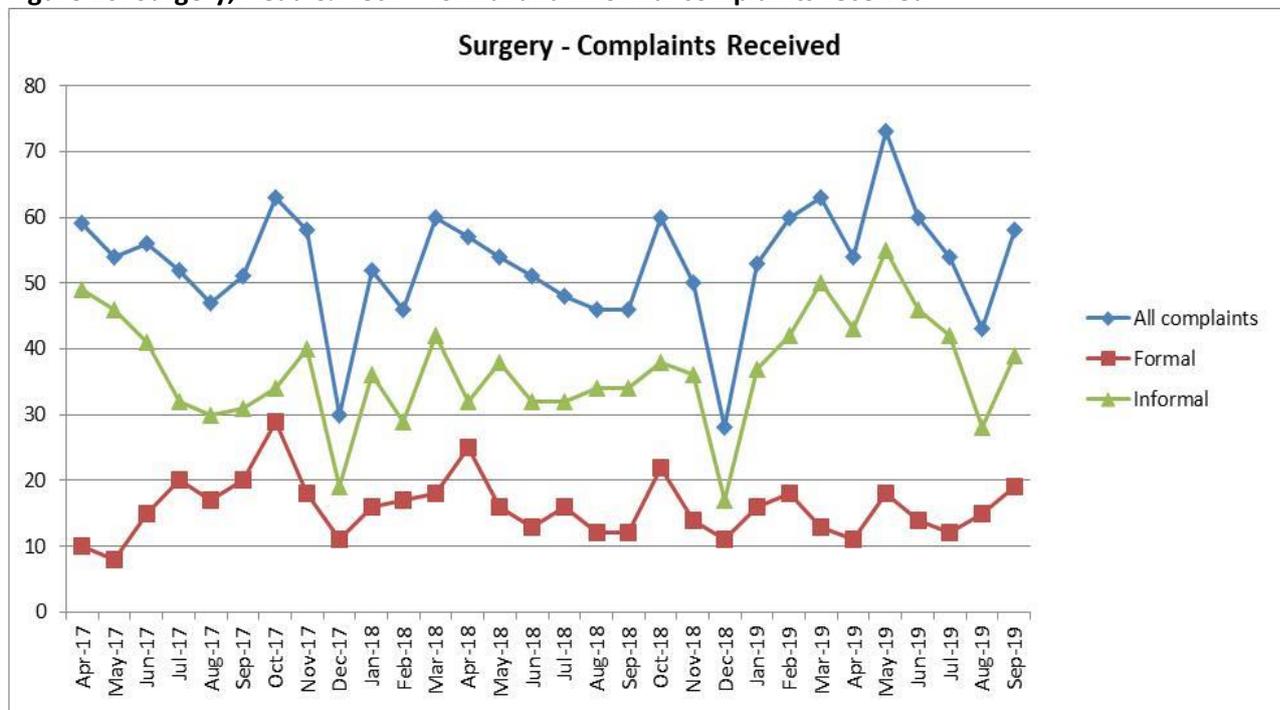
**Current divisional priorities for improving how complaints are handled and resolved**

The Division continues to encourage and monitor informal complaints using a tracker system. This is reviewed on a daily basis to promote the timely response of informal complaints within the 10 day time frame

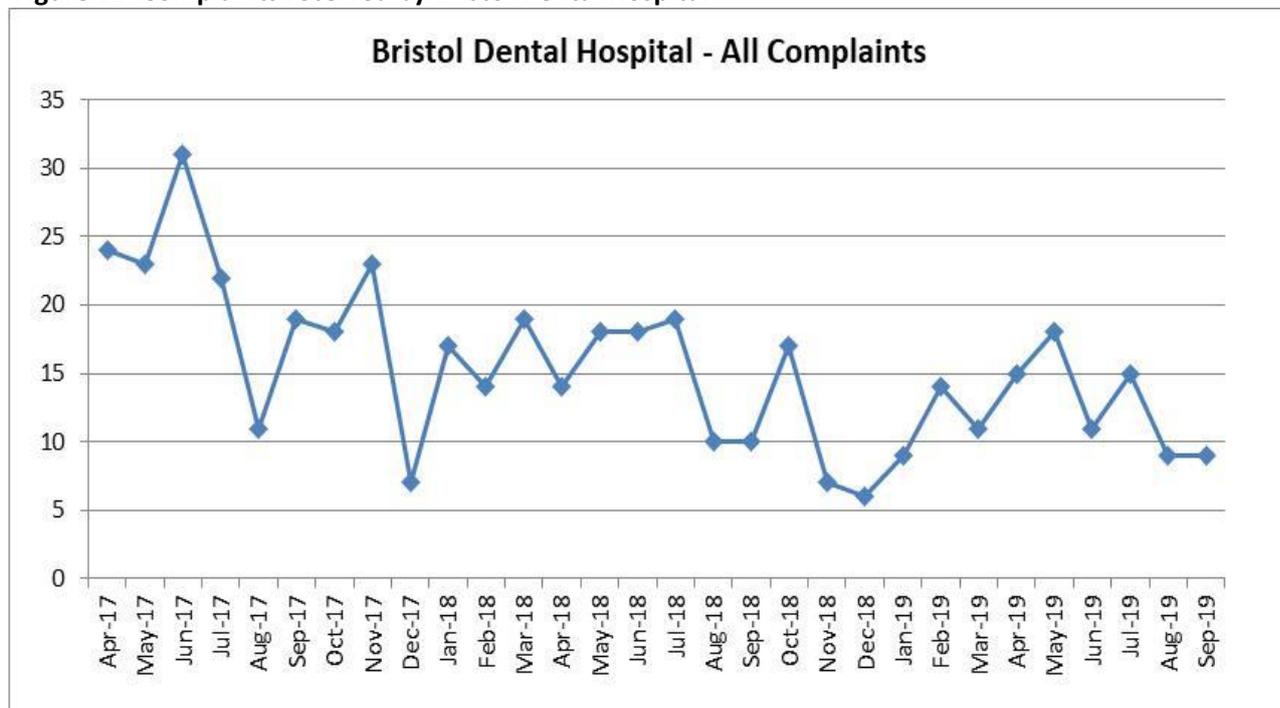
### Priority issues we are seeking to address based on learning from complaints

The Divisional Complaints Coordinator will be providing additional training to new Assistant General Managers to ensure consistent quality of written complaints responses.

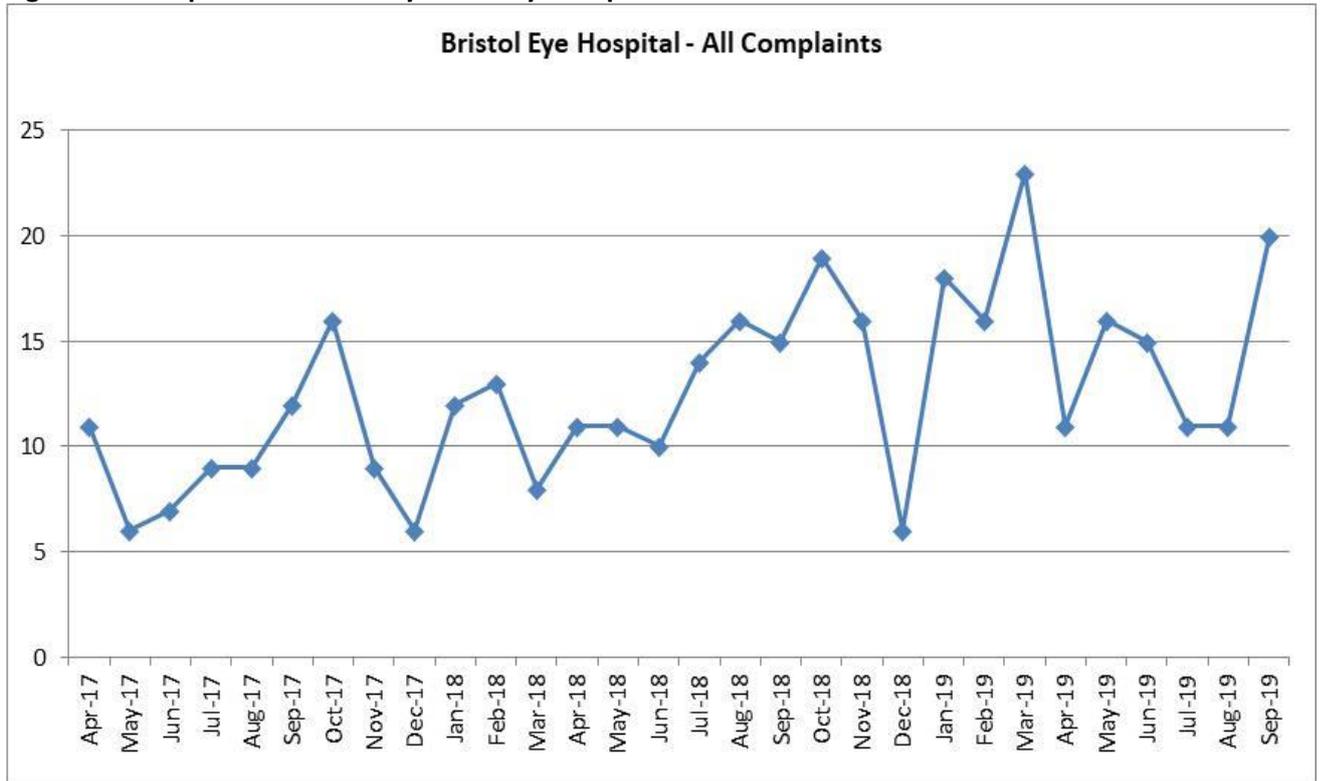
**Figure 10: Surgery, Head & Neck – formal and informal complaints received**



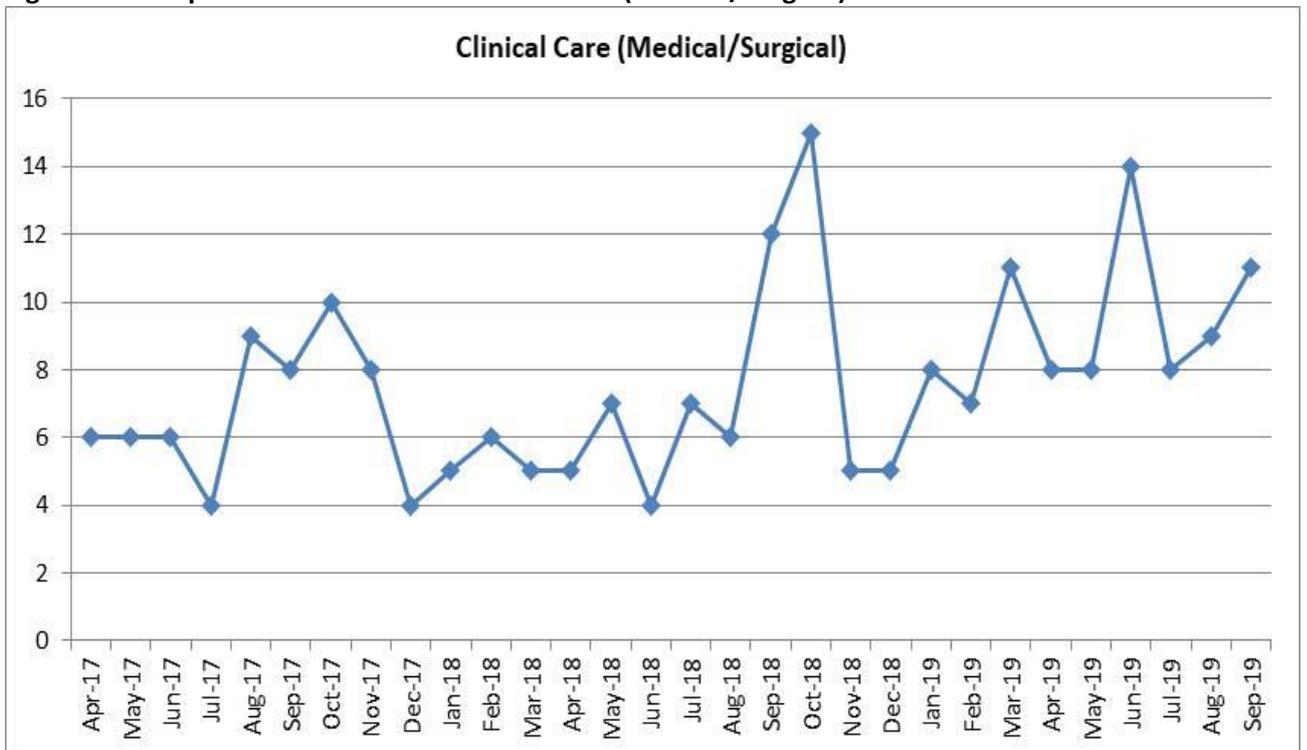
**Figure 11: Complaints received by Bristol Dental Hospital**



**Figure 12: Complaints received by Bristol Eye Hospital**



**Figure 13: Complaints received about Clinical Care (Medical/Surgical)**



### 3.1.2 Division of Medicine

In Q2, there was a reduction of 16.4% in the overall number of complaints received by the Division of Medicine compared with Q1. There was a notable reduction in the number of complaints received by the Dermatology service (down by 37%). There was an increase in complaints for the Emergency Department, which increased from 25 in Q1 to 31 in Q2.

The highest number of complaints received by the Division was in respect of 'clinical care (medical/surgical)', which remained similar to the number received in Q1. The last two quarters have seen the highest number of complaints reported under this sub-category since Q1 2017/18.

The Division achieved 76.7% against its target for responding to formal complaints within the agreed timescale in Q2 and 75.8% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 7: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Clinical Care	35 (36.1% of total complaints) ↓	40 (34.5% of total complaints) ↑
Appointments & Admissions	22 (22.7%) ↓	30 (25.9%) ↑
Attitude & Communication	18 (18.5%) ↓	26 (22.4%) =
Facilities & Environment	9 (9.3%) ↑	7 (6.1%) ↓
Discharge/Transfer/Transport	9 (9.3%) ↑	5 (4.3%) ↑
Information & Support	4 (4.1%) =	4 (3.4%) ↑
Documentation	0 (0%) ↓	4 (3.4%) ↓
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>97</b>	<b>116</b>

**Table 8: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Clinical care (medical/surgical)	27 ↑	26 ↑
Cancelled or delayed appointments and operations	15 ↓	18 ↑
Failure to answer phone/ failure to respond	7 ↑	5 ↑
Discharge arrangements	5 ↑	4 ↑
Personal (lost) property	5 ↑	4 ↓
Transfer/Transport	4 ↑	1 ↓
Waiting time in clinic	4 ↑	0 ↓
Diagnosis delayed / missed / incorrect	3 ↓	5 ↑
Attitude of A&C staff	3 ↓	5 ↑
Attitude of medical staff	3 ↓	8 ↓

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

Concern	Explanation	Action
<p>There was an increase in the number of complaints received by the Emergency Department (ED) in Q1.</p> <p>Of the 31 complaints received, 12 were recorded under the sub-category of 'clinical care (medical/surgical)'; four were specifically in respect of waiting times and the remainder was spread across a variety of sub-categories.</p>	<p>Q2 has seen an unprecedented rise in people attending the ED.</p>	<p>Addressed through existing plans enacted by the Division to address capacity challenges in ED.</p>
<p>The Division of Medicine responded to 76.3% of all complaints (formal and informal) within the agreed timescales in Q1, compared with 92.4% in Q1 and 94.4% in Q4 2018/19.</p>	<p>The resignation of the Divisional Complaints Coordinator has negatively impacted on performance due to limited capacity within the Divisional Quality and Patient Safety team.</p>	<p>The vacant post has been recruited to, however the post-holder has been on extended sick leave, so the capacity challenge remains.</p>

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

Re-establishing the Divisional Quality and Patient Safety team.

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

Care and experience of patients in the ED queue.

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

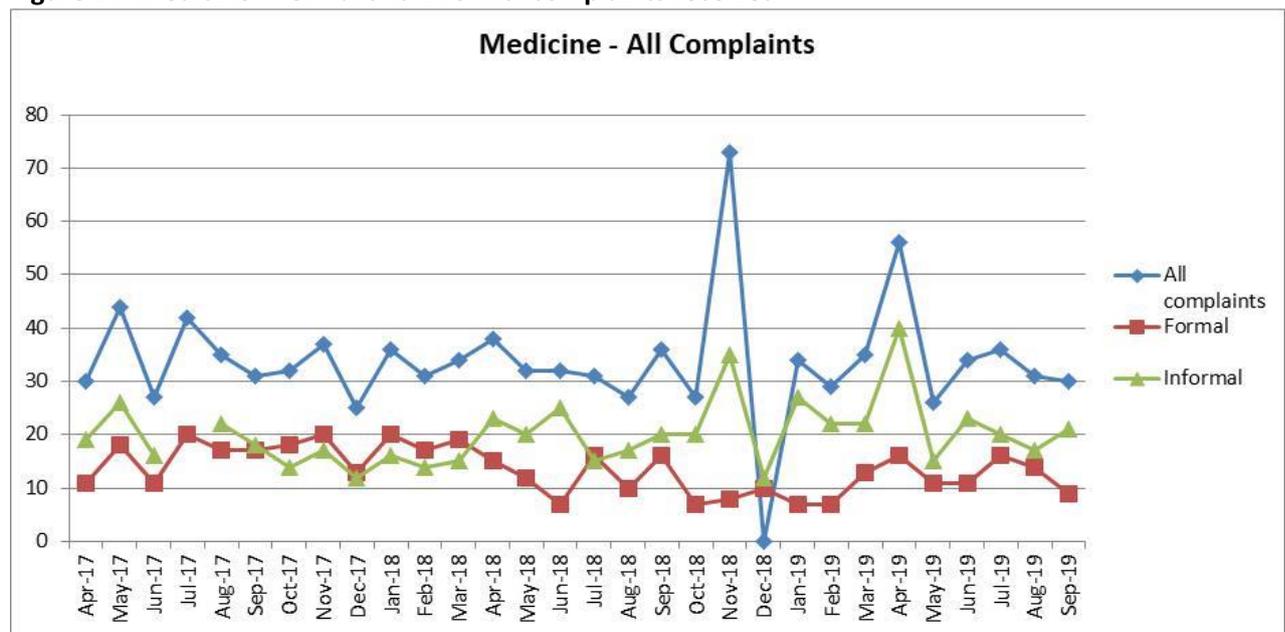


Figure 15: Complaints received by Dermatology

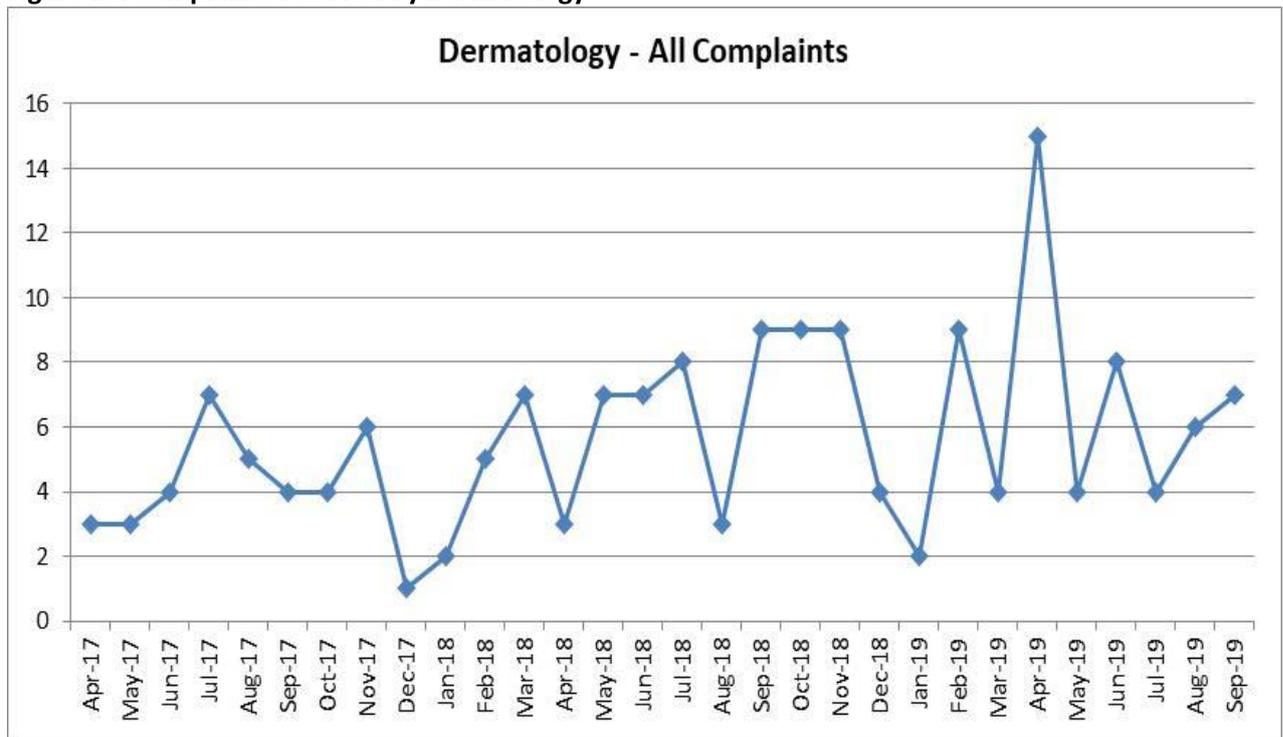


Figure 16: Complaints about attitude and communication

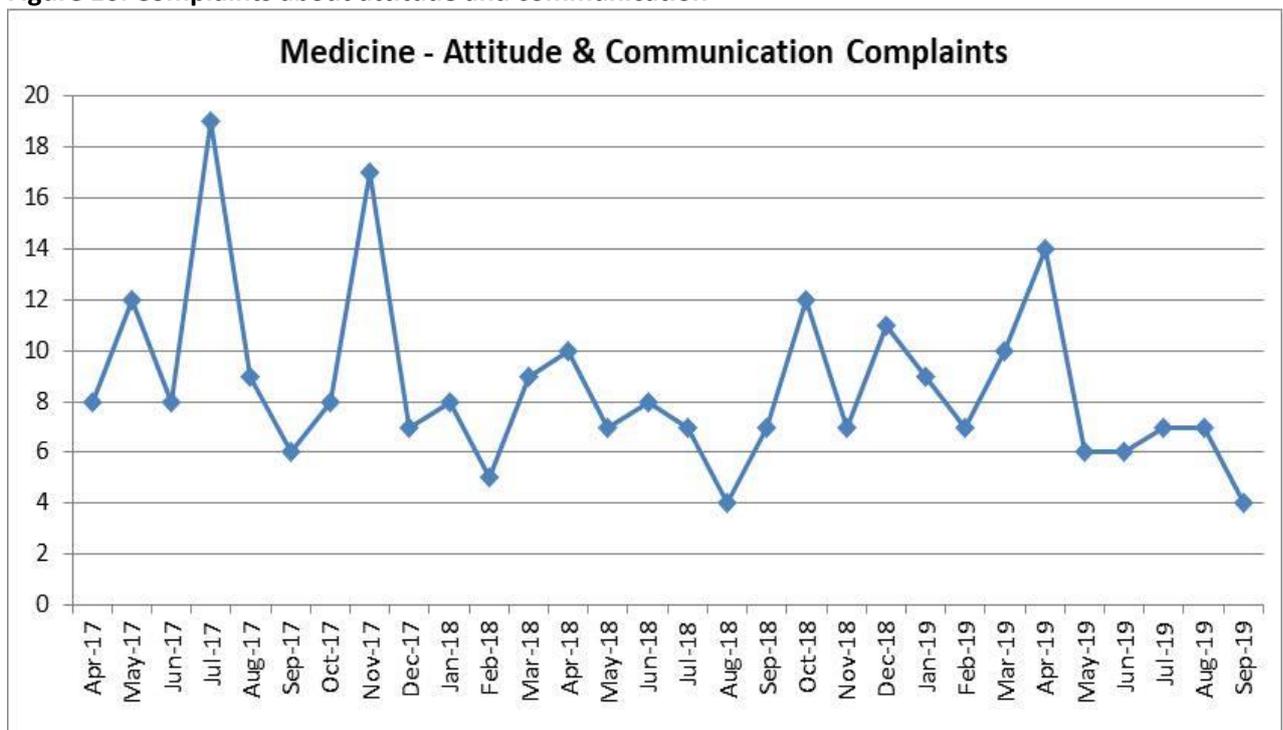
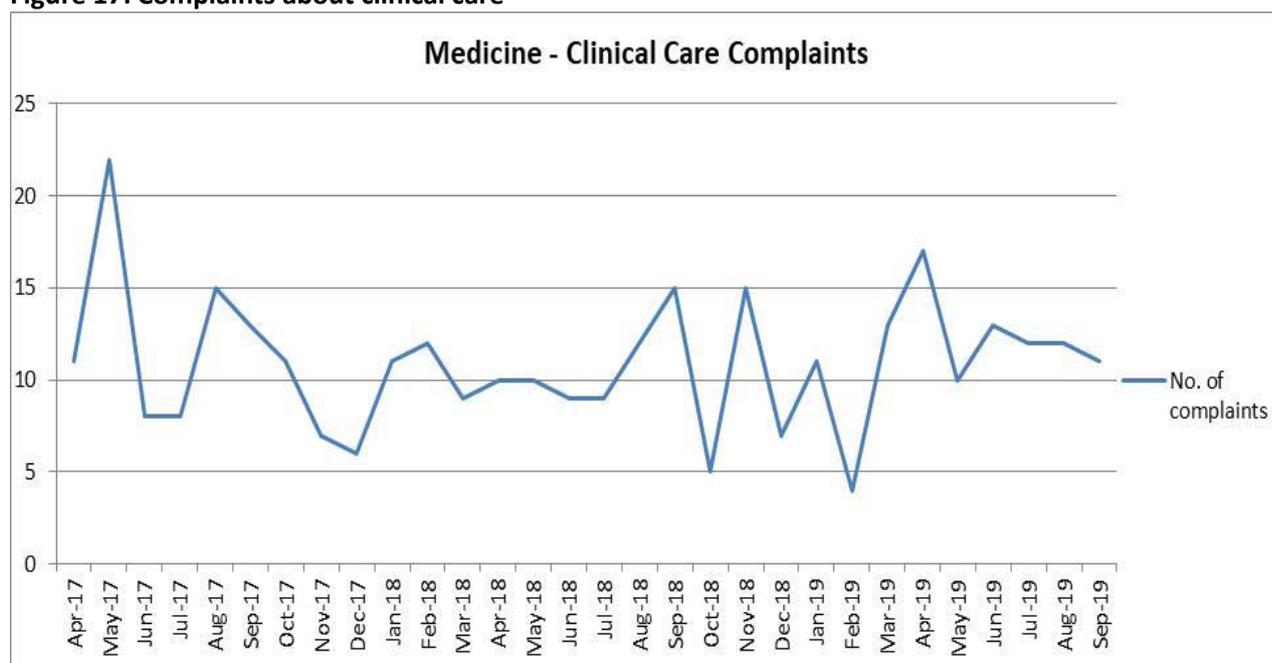


Figure 17: Complaints about clinical care



### 3.1.3 Division of Specialised Services

The Division of Specialised Services received 70 new complaints in Q2; a reduction of 14.6% compared with Q1. Of these 82 complaints, 45 were for the Bristol Heart Institute (BHI), compared with 53 in Q1; and 21 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 25 in Q1. The remaining four complaints were for the Clinical Genetics service based at St Michael’s Hospital.

The largest number of complaints received by the Division was recorded under the category of ‘appointments and admissions’ (38.6%), which includes complaints about cancelled and delayed appointments and surgery. There were small increases in the numbers of complaints relating to ‘clinical care’, ‘documentation’ and ‘facilities and environment’. However, complaints received in respect of five of the eight categories decreased compared with Q1.

The Division achieved 70.8% against its target for responding to formal complaints within the agreed timescale in Q2 and 94.9% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Appointments & Admissions	27 (38.6% of total complaints) ↓	35 (42.7% of total complaints) ↑
Clinical Care	23 (32.8%) ↑	19 (23.2%) ↑
Attitude & Communication	13 (18.6%) ↓	18 (21.9%) ↑
Documentation	3 (4.3%) ↑	2 (2.4%) ↓
Facilities & Environment	3 (4.3%) ↑	1 (1.2%) =
Information & Support	1 (1.4%) ↓	4 (4.9%) ↑
Discharge/Transfer/Transport	0 (0%) ↓	3 (3.7%) ↑
Access	0 (0%) =	0 (0%) =
<b>Total</b>	<b>70</b>	<b>82</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Cancelled or delayed appointments and operations	13 ↓	21 ↑
Appointment administration issues	11 ↓	12 =
Clinical care (medical/surgical)	12 ↑	7 ↑
Failure to answer phone/ Failure to respond	7 =	7 ↑
Lost / misplaced / delayed test results	7 ↑	2 ↓
Attitude of medical staff	3 =	3 =
Medication incorrect / not received	2 ↑	1 =

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

Concern	Explanation	Action
<p>The number of complaints received by the Appointment Departments at Bristol Heart Institute (BHI) and Bristol Haematology &amp; Oncology Centre (BHOC) increased in Q2; the fourth consecutive quarterly increase.</p> <p>11 of the 16 complaints received were for the BHI.</p>	<p><b>BHI</b></p> <p>There was one formal complaint and 10 informal complaints for the BHI.</p> <p>The formal complaint related to a patient not being aware of how long the waiting list was. The informal complaints were about patients being booked into the wrong clinics, waiting times, patients being unable to book appointments and patients being sent DNA letters incorrectly.</p>	<p><b>BHI</b></p> <p>Action has been taken to reduce waiting list times, including additional work being undertaken at a private hospital in Bristol.</p> <p>A new Cath Lab is being built in 2020 which will improve capacity.</p> <p>Referral letters are being copied to patients and GPs now have more detailed information about the correct process for referrals.</p> <p>Clinic Coordinators have been reminded to liaise with both the patient and their GP when incorrect referrals are received.</p> <p>The Echocardiogram Coordinator has been reminded to contact every patient who DNAs to establish the reason for this before discharging the patient back to their GP.</p>

<p>Complaints about 'clinical care' increased in Q2.</p> <p>Of the 23 complaints recorded under this category six each were for BHI Outpatients and BHOC Outpatients, with the remainder spread across Clinical Genetics and various wards.</p>	<p><b>BHI</b></p> <p>The over-arching theme of these complaints is communication, with different terminology used by different teams, which is confusing for patients and miscommunication around medication and listening to patients' families and carers.</p> <p><b>BHOC</b></p> <p>One complaint was about a patient not receiving adequate pain relief and another was in respect of a respiratory outlier who felt neglected as it took several days for tests to be carried out.</p>	<p><b>BHI</b></p> <p>Clinicians have been reminded to be conscious of the terminology used by other teams, to give clear explanations and rationale for treatment and to listen to their patients and to their relatives/carers.</p> <p><b>BHOC</b></p> <p>Apologies were given where appropriate and the Matron spoke to the respiratory patient concerned and followed up with the respiratory registrar.</p>
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**Current divisional priorities for improving how complaints are handled and resolved:**

A proposal and business case has been entered into the Operating Plan for additional administrative support to the team to assist with cover for the Divisional Complaints and Governance Coordinator, and with administration for the team.

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

Courses are currently available for staff via the online training portal Kallidus. Regular briefings are given at meetings, reminding staff of the importance of clear, compassionate communication and about the training currently available. The Division is also considering having this training made essential for senior medical staff through their annual appraisal and they will be carrying out a scoping exercise to ascertain what is available and whether this training would need to be outsourced or could be provided in house.

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

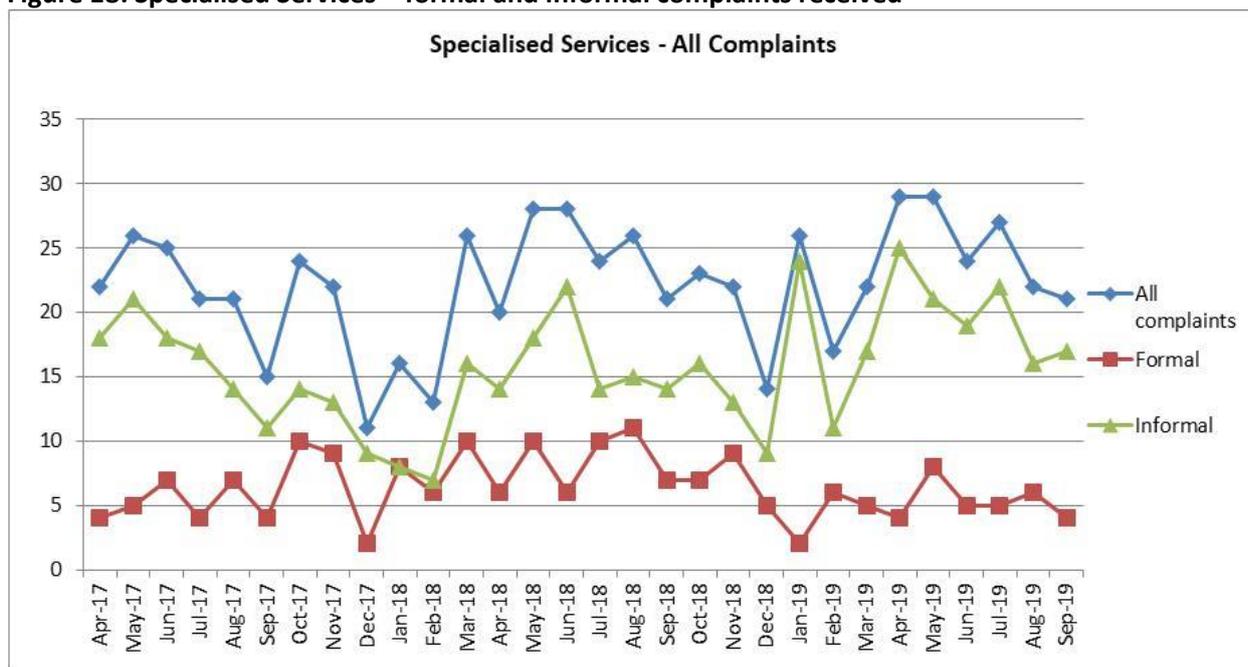


Figure 19: Complaints received by Bristol Heart Institute

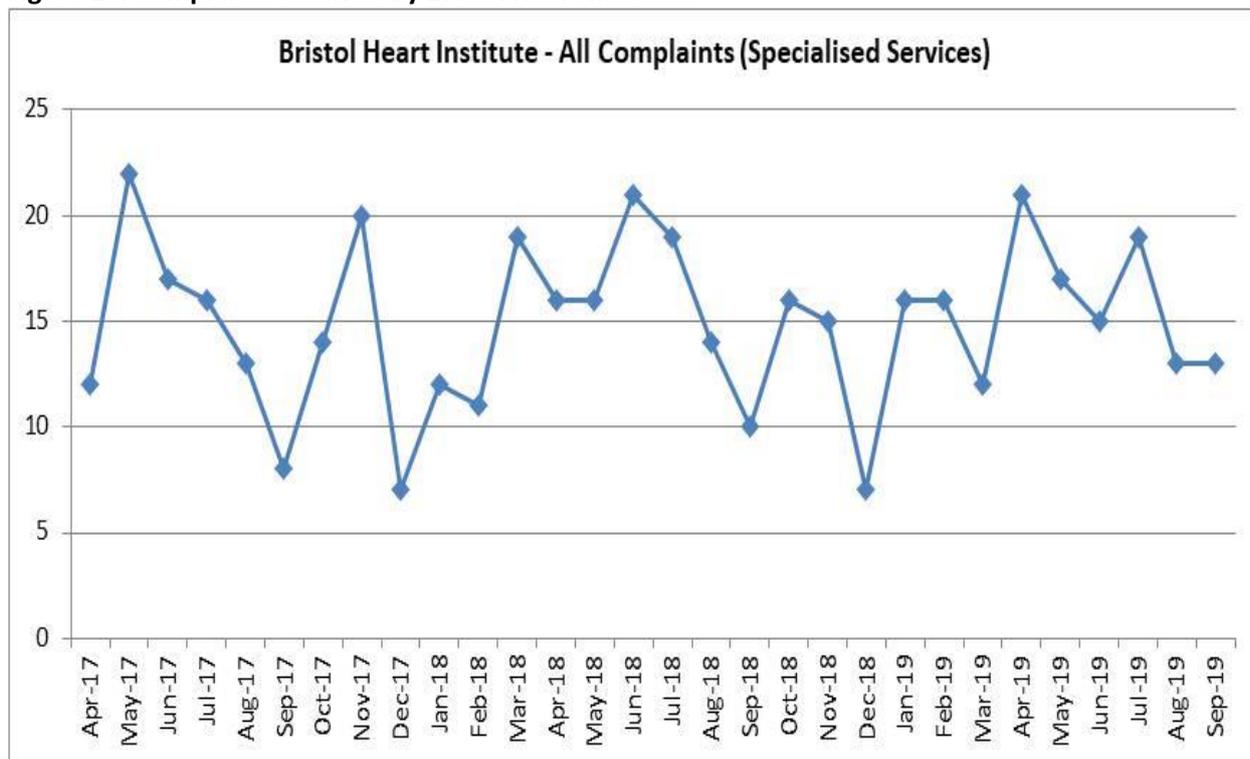
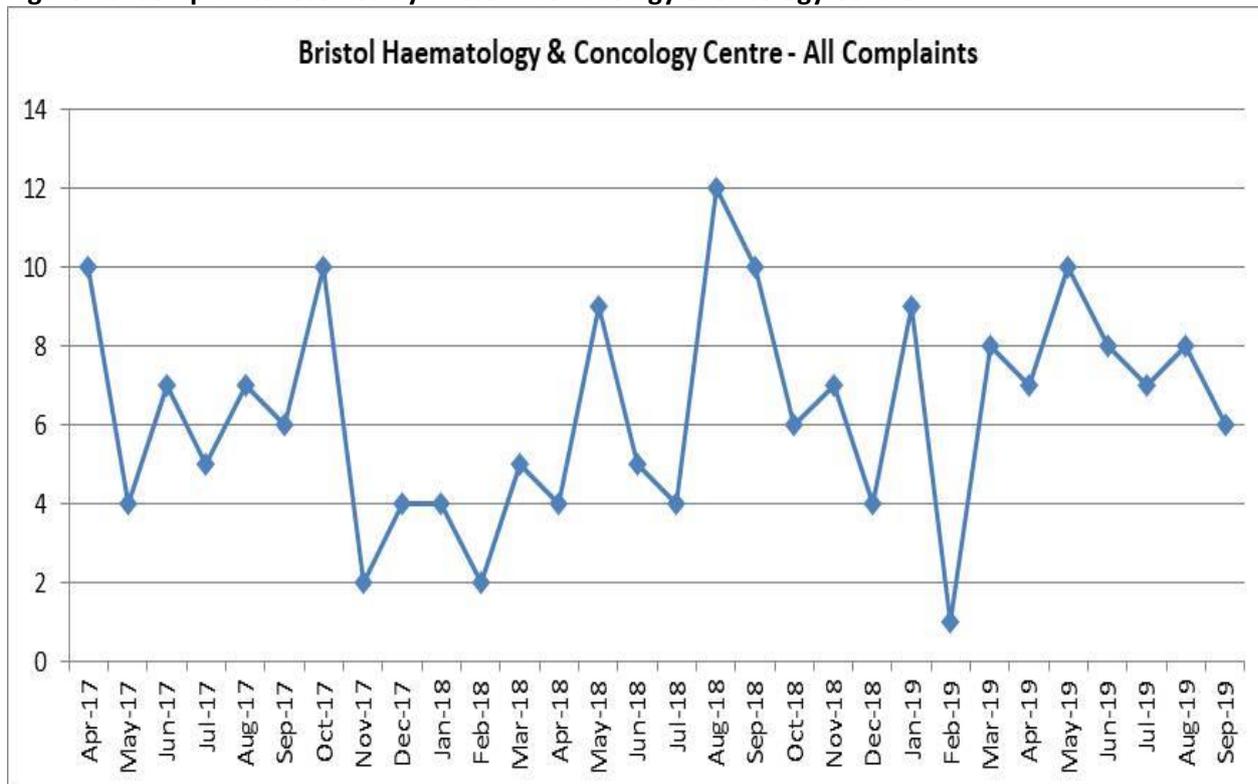
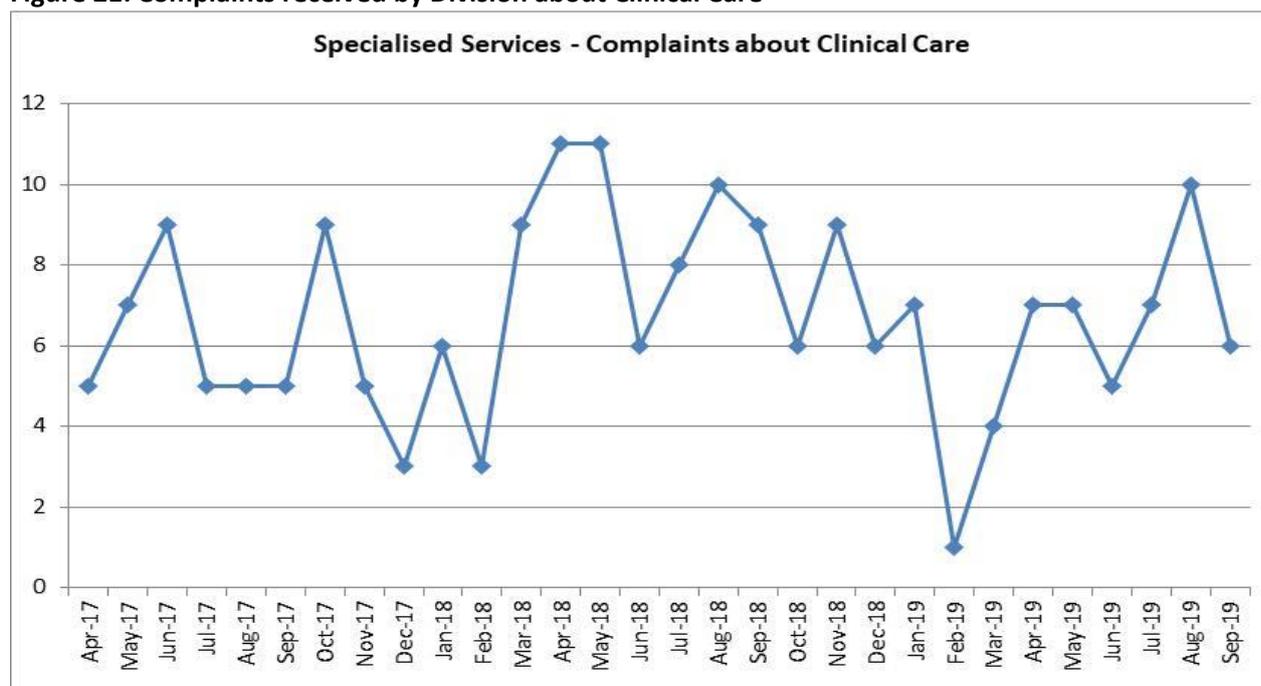


Figure 20: Complaints received by Bristol Haematology & Oncology Centre



**Figure 21: Complaints received by Division about Clinical Care**



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

The total number of complaints received by the Division in Q2 was 70. Numbers of complaints received by the Division have remained consistent for the last three quarters. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 44 of the 73 complaints, compared with 48 in Q1. There were 25 complaints for St Michael’s Hospital (StMH); a slight increase on the 22 received in Q1. There was also one complaint for the Paediatric Outpatients service at South Bristol Community Hospital.

In Q1, this was the only clinical division to see a reduction in the number of complaints about ‘appointments and admissions’; however, in Q2, they were the only clinical division to record an increase in this category.

The Division achieved 94.4% against its target for responding to formal complaints within the agreed timescale in Q2 and 88.5% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 13: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Clinical Care	27 (38.6% of total complaints) ↓	34 (46.6% of total complaints) ↑
Appointments & Admissions	23 (32.9%) ↑	16 (21.9%) ↓
Attitude & Communication	12 (17.1%) ↓	15 (20.5%) ↓
Facilities & Environment	4 (5.7%) ↑	2 (2.7%) =
Information & Support	2 (2.9%) ↓	4 (5.5%) ↑
Discharge/Transfer/Transport	1 (1.4%) =	1 (1.4%) ↑
Documentation	1 (1.4%) ↑	0 (0%) ↓
Access	0 (0%) ↓	1 (1.4%) ↑
<b>Total</b>	<b>70</b>	<b>73</b>

**Table 14: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Clinical care (medical/surgical)	17 ↓	22 ↑
Cancelled or delayed appointments and operations	15 ↑	8 ↓
Clinical care (nursing/midwifery)	5 ↓	6 ↑
Appointment administration issues	5 =	5 ↑
Communication between staff and with patient/relative	4 =	4 ↓
Attitude of medical staff	4 ↑	3 ↓
Referral errors	3 ↑	2 ↓

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

Concern	Explanation	Action
<p>In Q2, the division saw an increase in the number of complaints received in respect of ‘appointments and admissions’, which includes complaints about cancelled and delayed appointments and operations.</p> <p>Of the 23 complaints received in this category, 15 were for Children’s Services (including the one from SBCH).</p> <p>The eight complaints in this category for StMH were all for Gynaecology Outpatients.</p>	<p><b>BRHC</b> The complaints received spanned a number of departments, with no common themes within this broad category. Due to the changing clinical priority of patients requiring surgery and unforeseen clinical emergencies arising, there are times when the cancellation of appointments is unavoidable and an immediate alternative cannot always be given, especially when the procedure is complex.</p> <p><b>StMH</b> Delays for patients waiting to receive outpatient appointments have been an issue due to clinician absence.</p>	<p><b>BRHC</b> The Divisional Complaints Coordinator will monitor complaints about cancelled appointments by department to identify any emerging themes at an early stage. This will allow early actions to be taken to try and prevent a further increase of complaints in this category.</p> <p><b>StMH</b> The Division has commenced a Gold QI transformation project for antenatal clinic outpatients; learning will be transferred to the gynaecology service and waiting times will be monitored.</p>

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

We will continue to report weekly complaint status and escalate any concerns to the Divisional Director to avoid breaches of deadlines.

**BRHC**

A new Divisional Complaints Coordinator is in post and will be closely monitoring complaints for the early identification of themes and trends. The post holder will also be auditing actions taken as a result of a complaint to ensure their effectiveness in improving patient experience.

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

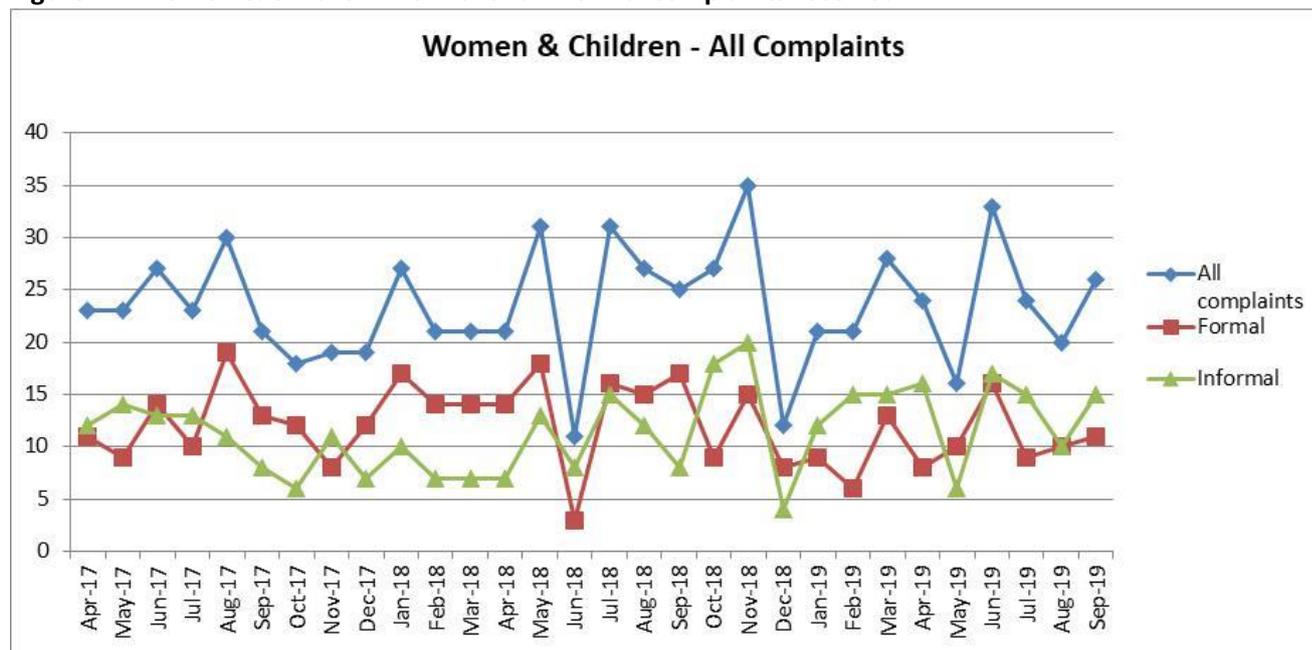
**StMH**

The gynaecology services is reviewing its policy for gynaecology patients who have diagnostic test results outstanding and our protocol for recall of patients if issues are identified from outstanding results. We are also developing robust rules for escalation to consultants for junior doctors for patients who are not improving as expected.

**BRHC**

The Divisional Complaints Coordinator will consider how best to increase staff understanding of the complaints process, including the options available to a patient or their family when they are unhappy with any element of care received. This will prevent overuse of the formal complaints process, particularly when a more immediate outcome is required.

**Figure 22: Women & Children – formal and informal complaints received**



**Figure 23: Complaints received by Bristol Royal Hospital for Children**

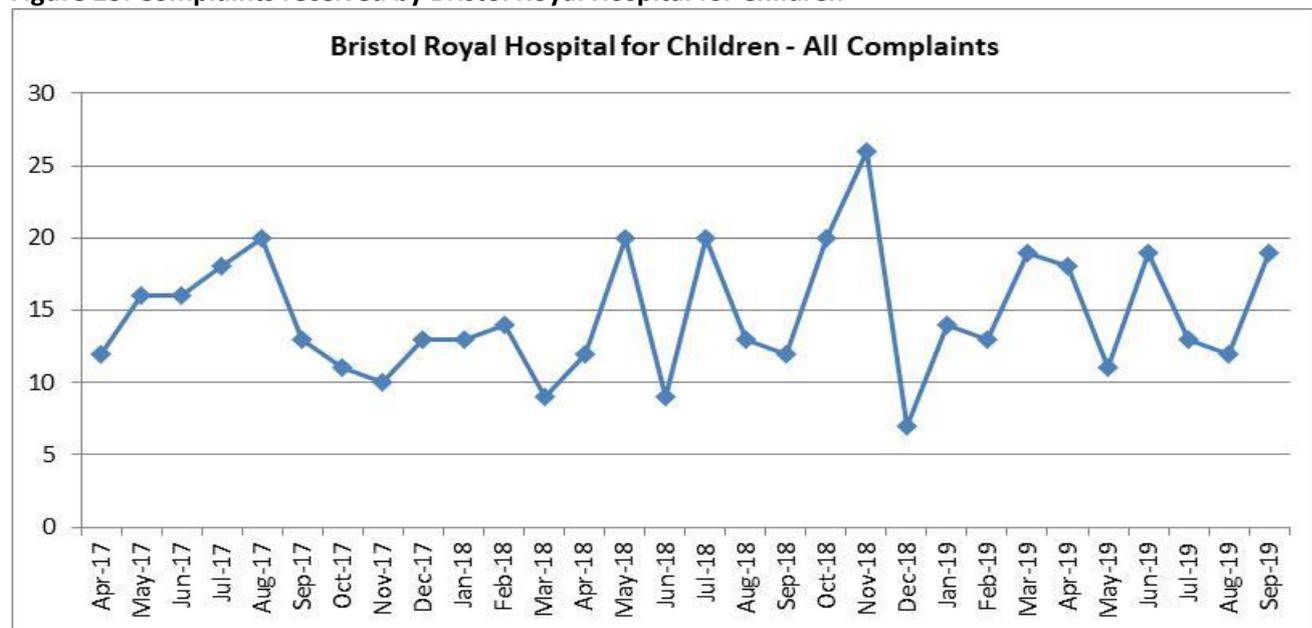


Figure 24: Complaints received by St Michael's Hospital



Figure 25: Complaints received by the Division about 'Clinical Care'



### 3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies increased from 17 in Q1 to 22 in Q2 of 2019/20. The most notable increase was in complaints categorised under 'clinical care'. Of the 22 complaints received by the Division in Q2, 86% were for Radiology (9), Audiology (6) and Boots Pharmacy (4). There were no notable deteriorations or improvements in numbers of complaints received overall in Q1. For this reason, there is no table below for the division to comment on concerns highlighted by Q2 data.

The Division achieved 87.5% against its target for responding to formal complaints within the agreed timescale in Q2 and 100% for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

**Table 16: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2019/20	Number and % of complaints received – Q1 2019/20
Appointments & Admissions	9 ↓	10 ↑
Clinical Care	6 ↑	2 ↓
Attitude & Communication	5 ↑	4 ↓
Information & Support	1 ↓	4 ↓
Facilities & Environment	1 ↑	0 ↓
Documentation	0 =	0 ↓
Access	0 =	0 ↓
Discharge/Transfer/Transport	0 =	0 =
<b>Total</b>	<b>22</b>	<b>17</b>

**Table 17: Top sub-categories**

Category	Number of complaints received – Q2 2019/20	Number of complaints received – Q1 2019/20
Appointment administration issues	4 =	4 ↓
Failure to answer phone / failure to respond	3 ↑	0 ↓
Medication not received	3 ↑	1 ↑
Waiting time in clinic / pharmacy	3 ↑	0 ↓

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

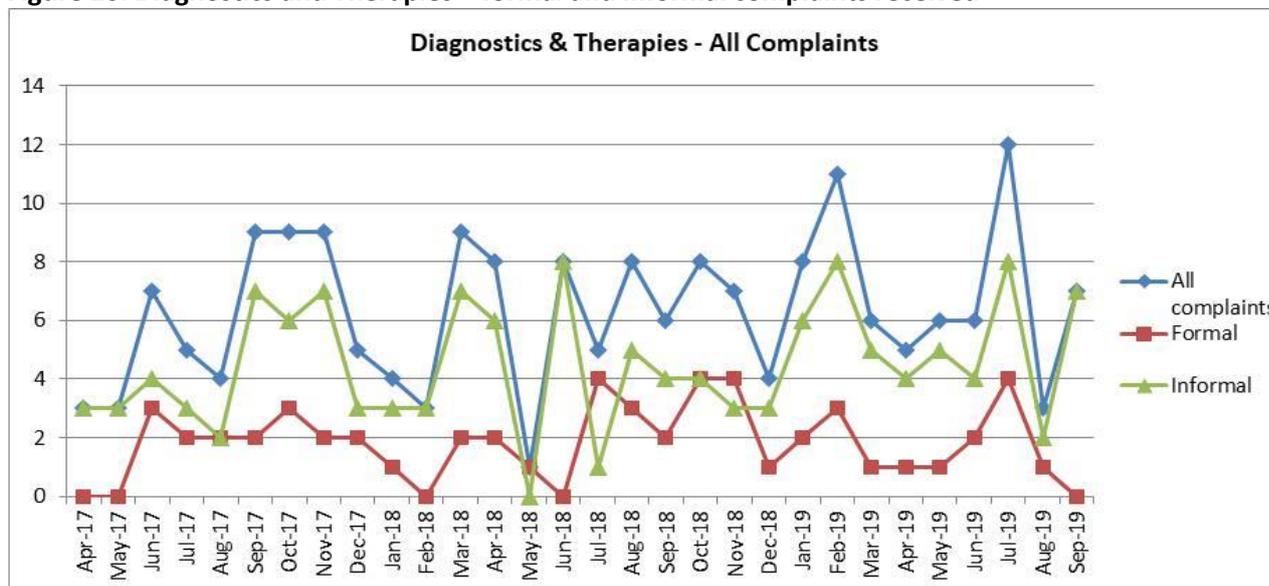
It is a high priority for the division to ensure complaints timescales are consistently met, and extensions to deadlines are rarely requested. There is a robust divisional process in place:

- Complaints coordinator who receives and disseminates the complaints to relevant individuals
- Input from all services involved
- Clearly assigned leads within the divisional management team for each complaint
- Tracking log with timescales for all complaints to ensure deadlines are met
- Final sign off and review of all formal complaints are undertaken by the Divisional Director
- Bi-monthly internal analysis and report on complaints presented at the Divisional Clinical Quality Committee

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

The division undertakes regular internal analysis on complaint responses it both leads for, and contributes to. No concerns were highlighted from the Q2 data and therefore no current priority issues have been identified.

**Figure 26: Diagnostics and Therapies – formal and informal complaints received**



**3.1.6 Division of Trust Services**

The Division of Trust Services, which includes Facilities & Estates, received 26 complaints in Q2, compared with 36 in Q1 and 57 in Q4. Of the 26 complaints received in Q2, 11 were about car parking across various Trust sites, there were for the Private & Overseas Patients Team and three were about the Welcome Centre Reception. The remainder of the complaints received was spread across various departments/areas, including issues about transport, retail outlets in the BRI and the cashiers’ office.

The Division achieved % against its target for responding to formal complaints within the agreed timescale in Q2 and % for informal complaints. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

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



### 3.2 Complaints by hospital site

Complaints reduced across all hospital sites, with the exception of St Michael's Hospital and UH Bristol services hosted at Southmead. It should be noted however that the complaints for St Michael's Hospital include the Division of Surgery (ENT) as well as Women's & Children's services.

Whilst the number of complaints received for some hospital sites reduced, the percentage share of all complaints received by the each site actually increased, as was the case for complaints about Bristol Royal Infirmary (BRI) and Bristol Heart Institute (BHI) amongst others.

**Table 18: Breakdown of complaints by hospital site<sup>3</sup>**

Hospital/Site	Number and % of complaints received in Q2 2019/20	Number and % of complaints received in Q1 2019/20
Bristol Royal Infirmary	182 (41.2%) ↓	207 (40.5% of total complaints) ↑
St Michael's Hospital	50 (11.3%) ↑	48 (9.4%) ↑
Bristol Heart Institute	47 (10.6%) ↓	54 (10.5%) ↑
Bristol Royal Hospital for Children	46 (10.4%) ↓	48 (9.4%) =
Bristol Eye Hospital	42 (9.5%) ↓	43 (8.4%) ↓
Bristol Dental Hospital	33 (7.5%) ↓	44 (8.6%) ↑
Bristol Haematology & Oncology Centre	21 (4.8%) ↓	27 (5.3%) ↑
South Bristol Community Hospital	13 (2.9%) ↓	27 (5.3%) ↓
Southmead and Weston Hospitals (UH Bristol services)	4 (0.9%) ↑	3 (0.6%) =
Central Health Clinic and Unity Community Clinics	3 (0.7%) ↓	7 (1.4%) ↓
Community Dental Sites	1 (0.2%) =	1 (0.2%) ↑
<b>TOTAL</b>	<b>442</b>	<b>511</b>

#### 3.2.1 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.

In Q2, 45.2% (\*45.6%) of complaints received were about outpatient services, 29.9% (33.3%) related to inpatient care, 9.5% (6.5%) were about emergency patients; and 15.4% (14.6%) were in the category of 'other' (as explained above).

\* Q1 percentages are shown in brackets for comparison.

<sup>3</sup> It should be noted that these figures will not all match complaints by Division as some divisional services take place at other sites. For example, ENT comes under the remit of the Division of Surgery but the clinic is based at St Michael's Hospital and some services that come under Diagnostics & Therapies are undertaken at the Children's Hospital.

Figure 28: All patient activity

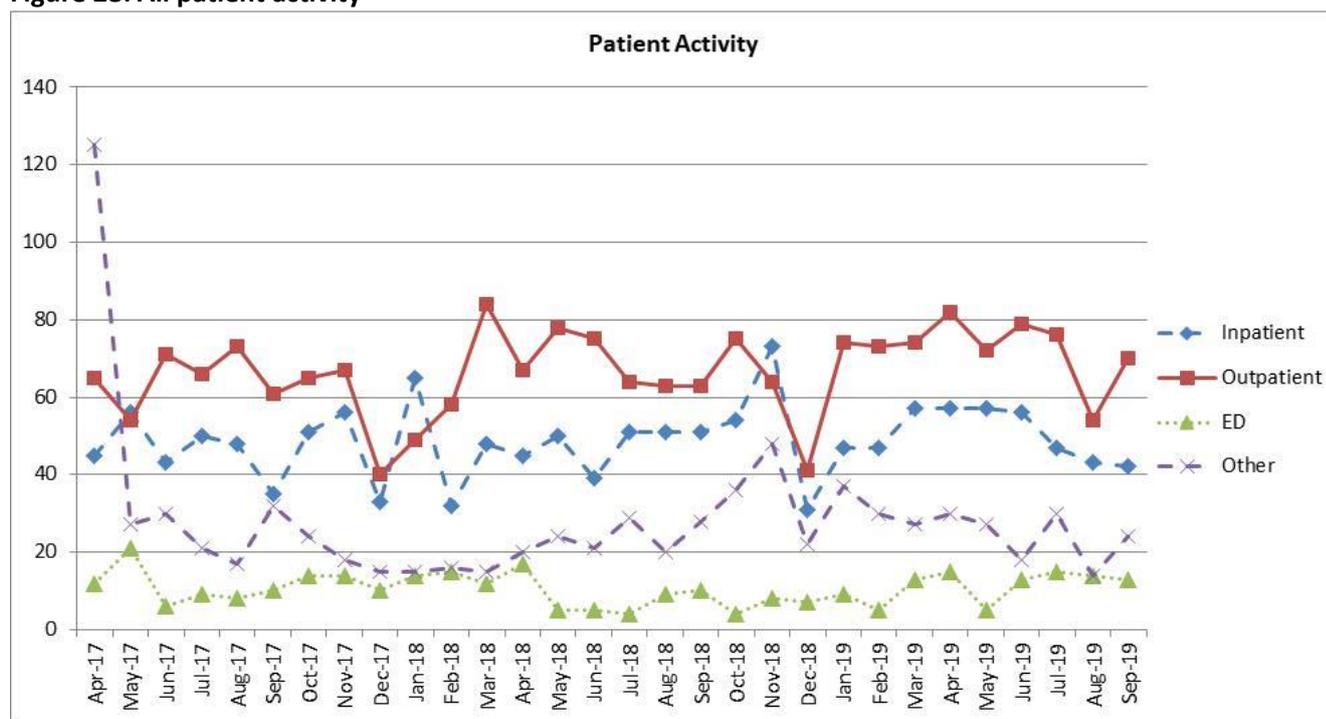


Table 19: Breakdown of Area Type

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
Jan-18	14	65	49	15	143
Feb-18	15	32	58	16	121
Mar-18	12	48	84	15	159
Apr-18	17	45	67	20	149
May-18	5	50	78	24	157
Jun-18	5	39	75	21	140
Jul-18	4	51	64	29	148
Aug-18	9	51	63	20	143
Sep-18	10	51	63	28	152
Oct-18	4	54	75	36	169
Nov-18	8	73	64	48	193
Dec-18	7	31	41	22	101
Jan-19	9	47	74	37	167
Feb-19	5	47	73	30	155
Mar-19	13	57	74	27	171
Apr-19	15	57	82	30	184
May-19	5	57	72	27	161
Jun-19	13	56	79	18	166
Jul -19	15	47	76	30	168
Aug-19	14	43	54	14	125
Sep-19	13	42	70	24	149
<b>Grand Total</b>	<b>212</b>	<b>1043</b>	<b>1435</b>	<b>531</b>	<b>3221</b>

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

All divisions reported breaches of formal complaint deadlines in Q2, with a total of 28 breaches of deadlines reported Trustwide.

The Division of Medicine reported 10 breaches of deadline, Specialised Services reported seven, Trust Services had five, Surgery had three, Women & Children reported two and Diagnostics & Therapies had one. It should however be noted that none of the breaches for Surgery or Diagnostics & Therapies were attributable to the Divisions (see Table 21 below).

This is a significant deterioration on the 8 breaches reported in Q1.

In Q2, the Trust responded to 171 complaints via the formal complaints route and 83.6% of these were responded to by the agreed deadline, against a target of 95%.

**Table 20: Breakdown of breached deadlines - Formal**

Division	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)	Q3 (2018/19)
Surgery	3 (5.9%) ↑	0 (0%)	3 (5.6%)	6 (9.5%)
Women & Children	2 (5.5%) =	2 (5.3%)	15 (31.3%)	13 (25%)
Trust Services	5 (55.6%) ↑	0 (0%)	2 (40%)	3 (27.3%)
Medicine	10 (23.3%) ↑	1 (2.2%)	1 (3.3%)	3 (6.8%)
Specialised Services	7 (29.2%) ↑	5 (23.8%)	3 (12.5%)	0 (0%)
Diagnostics & Therapies	1 (12.5%) ↑	0 (0%)	1 (11.1%)	1 (8.3%)
<b>All</b>	<b>28 breaches</b>	<b>8 breaches</b>	<b>25 breaches</b>	<b>26 breaches</b>

*(So, as an example, there were three breaches of timescale in the Division of Surgery in Q2, which constituted 5.9% of the complaint responses which were sent out by that division in Q2.)*

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

Table 21 shows a breakdown of where the delays occurred in Q2. Four of the breaches were caused by delays within the Patient Support & Complaints Team, four were attributable to delays during the Executive sign-off process and 20 were attributable to the Divisions.

**Table 21: Source of delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	0	10	5	1	0	4	20
Patient Support & Complaints Team	1	0	1	1	0	1	4
Executives/sign-off	2	0	1	0	1	0	4
<b>All</b>	<b>3</b>	<b>10</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>28</b>

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

In Q4 of 2018/19, we commenced reporting of the number of informal complaints that breached the deadline agreed with the complainant. Performance against this measure is now reported to the Trust Board. All breaches of informal complaint timescales are attributable to the Divisions as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q2, the Trust responded to 232 complaints via the informal complaints route (compared with 335 in Q1) and 87.5% of these were responded to by the agreed deadline; a slight deterioration on the 89% reported in Q1.

**Table 22: Breakdown of breached deadlines - Informal**

Division	Q2 (2019/20)	Q1 (2019/20)	Q4 (2018/19)	Q3 (2018/19)
Surgery	9 (10.0%) ↓	16 (11.0%)	10 (14.5%)	
Women & Children	3 (11.5%) ↓	4 (12.9%)	8 (33.3%)	
Trust Services	7 (24.1%) ↑	6 (20.0%)	10 (22.2%)	
Medicine	8 (24.2%) ↑	7 (11.7%)	3 (7.1%)	
Specialised Services	2 (5.1%) ↑	0 (0%)	5 (12.2%)	
Diagnostics & Therapies	0 (0%) ↓	2 (18.2%)	1 (10.0%)	
<b>All</b>	<b>29</b>	<b>35</b>	<b>37</b>	

### 3.4 Outcome of formal complaints

In Q2, the Trust responded to 171 formal complaints<sup>4</sup>. Tables 23 and 24 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q2 of 2019/20 and Q1 of 2019/20 respectively. A total of 85.4% of complaints were either upheld or partly upheld in Q2, compared with 74.3% in Q1.

**Table 23: Outcome of formal complaints – Q2 2019/20**

	Upheld	Partly Upheld	Not Upheld
Surgery	16 (31.4%) ↓	26 (51.0%) ↑	9 (17.6%) ↓
Medicine	14 (32.6%) ↑	25 (58.1%) ↑	4 (9.3%) ↓
Specialised Services	11 (45.8%) =	9 (37.5%) ↑	4 (16.7%) =
Women & Children	8 (22.2%) ↓	20 (55.6%) ↑	8 (22.2%) ↓
Diagnostics & Therapies	4 (50.0%) ↑	4 (50.0%) ↑	0 (0%) ↓
Trust Services	5 (55.6%) ↑	4 (44.4%) ↑	0 (0%) ↓
<b>Total</b>	<b>58 ↓</b>	<b>88 ↑</b>	<b>25 ↓</b>

**Table 24: Outcome of formal complaints – Q1 2019/20**

	Upheld	Partly Upheld	Not Upheld
Surgery	24 (38.1%) ↑	25 (39.7%) =	14 (22.2%) ↑
Medicine	12 (26.7%) ↑	18 (40.0%) ↓	15 (33.3%) ↑
Specialised Services	11 (52.4%) ↑	6 (28.6%) ↓	4 (19.0%) ↑
Women & Children	18 (47.3%) =	11 (29.0%) ↓	9 (23.7%) ↑
Diagnostics & Therapies	2 (40.0%) ↑	2 (40.0%) ↓	1 (20.0%) =
Trust Services	2 (28.6%) ↓	2 (28.6%) ↑	3 (42.8%) ↑
<b>Total</b>	<b>69 ↑</b>	<b>64 ↓</b>	<b>46 ↑</b>

<sup>4</sup> Note: this is different to the number of formal complaints we *received* in the quarter

#### 4. Learning from complaints

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

Below are some examples of actions which have been completed during Q2 2019/20.

- Following a complaint from a patient who underwent an angioplasty at Bristol Heart Institute (BHI), filming of a new Cardiac Rehabilitation Phase 1 film has been completed, specifically for the BHI. This is in addition to the existing film for patients who needed rehabilitation following a cardiac arrest, which caused confusion for the complainant as it did not apply to him (Specialised Services).
- A complaint about the lack of analgesia available during a gynaecology examination was discussed at the Gynaecology Governance meeting. As a result of this complaint, it was agreed that patients would be offered paracetamol during clinics and Entonox would be made available in the department so it could be prescribed if needed (Women & Children).
- The Division of Surgery received a complaint from the family of a patient who had sadly passed away in hospital and they were upset that, upon arrival at the funeral home, the patient still had lines in situ which had not been removed in hospital. As a result, the Division has ensured that all mortuary assistants receive the appropriate training so that this situation does not happen again (Surgery).

#### 5. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. A total of 228 enquiries were received in Q2, a 12% increase on the 203 received in Q1. The team also recorded and acknowledged 32 compliments received during Q2 and shared these with the staff involved and their Divisional teams. This is compared with 45 compliments reported in Q1.

Table 26 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q2.

**Table 25: Enquiries by category**

Category	Enquiries in Q2 2019/20
Information about patient	92
Hospital information request	32
Medical records	22
Appointment queries	22
Referral queries	7
Patient choice information	7
Support with access/disability support	5
Clinical care	4
Admissions/Discharge enquiries	4
Signposting	4

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints team recorded 160 enquiries that did not proceed, compared with 148 in Q1. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the

team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team continues to deal with a high volume of activity, with a total of 862 separate enquiries in Q2 2019/20, compared with 906 in Q1, 903 in Q4 of 2018/19, 865 in Q3 and 841 in Q2.

## 6. Acknowledgement of complaints by the Patient Support and Complaints Team

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

In Q2, 253 complaints were received in writing (216 by email and 37 letters) and 180 were received verbally (17 in person via drop-in service and 163 by telephone). Nine complaints were also received in Q2 via the Trust's 'real-time feedback' service. Of the 442 complaints received in Q2, 99.8% (441 out of the 442 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

The Patient Support & Complaints Manager closely monitors cases that are not acknowledged within timescale and reports to the Head of Quality (Patient Experience & Clinical Effectiveness) if there are any concerns and/or patterns.

## 7. PHSO cases

During Q2, 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. A total of four cases were closed during Q2: all four were closed with the PHSO taking no further action.

**Table 26: Complaints opened by the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
19622	NC	MC	11/03/2019 [23/07/2019]	BHI	Ward C808	Medicine
The PHSO advised the trust in July 2019 that the complaint is actually out of time so they are considering whether or not to investigate it – we are currently awaiting their decision.						
17825	CJ	DJ	03/12/2018 [16/09/2019]	BHOC	Ward D603	Specialised Services
The PHSO advised the trust in September 2019 that the complaint is actually out of time so they are considering whether or not to investigate it – we are currently awaiting their decision.						
15045	LP		19/06/2018 [05/07/2019]	BRI	Endocrinology	Medicine
The PHSO requested a copy of the Trust's complaint file in July 2019 and we are currently awaiting further contact from them.						

**Table 27: Complaints ongoing with the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
On 29/05/2019, the PHSO confirmed that they planned to partly uphold this complaint. We subsequently complied with their recommendations and we are just keeping the case open as the PHSO would like to see a copy of the Trust's action plan following a Trauma & Orthopaedics Governance meeting, which is scheduled for 3 December 2019.						
16724	GS	HS	01/10/2018 [10/01/2019]	BRHC	PICU	Women & Children
Patient tragically died in BRHC in 2015 at age of 14yrs. Long standing complaint which parents have now sent to the PHSO for investigation. Update from PHSO received on 30/10/2019 advising that they are hoping to carry out interviews with Trust staff in December 2019/January 2020, with the aim of providing their final report by February 2020. The Trust has asked the PHSO to explain the purpose of interviewing staff given that so much time has passed (four years) and the detrimental effect of this on the staff involved.						
15161	DH		25/06/2018 [04/03/2019]	BHI	Outpatients (BHI)	Specialised Services
The PHSO advised us on 13/11/2019 that they have requested further advice from one of their clinical advisers, who needs a CD or DVD copy of the procedure in order to comment on the treatment and care provided. We are currently checking whether this is available to send to the PHSO.						
4904	PM	OM	28/11/2016 [15/02/2019]	BRHC	Paediatric Neurology	Women & Children
The PHSO contacted us in October 2019 to advise that they are still reviewing the clinical advice, following which they will be in a position to share with the Trust what the evidence is showing them.						
18996 Ulysses	AC	BC	08/06/2015 [01/02/2018]	BRHC	PICU	Women & Children
The PHSO asked the Trust to review its clinical experts' reports and comment on these. The trust's comments were sent to the PHSO on 08/11/2019 and we are currently waiting to hear further from them.						

**Table 28: Complaints closed by the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
17286	AS		05/11/2018 [02/04/2019]	StMH	ENT	Surgery
Advised by PHSO in September 2019 that they would not be investigating this case and had closed it at the assessment stage. <b>No Further Action.</b>						
16661	LE	JH	26/09/2018 [16/04/2019]	BRHC	Paediatric Neurosurgery	Women & Children
Advised by PHSO in September 2019 that they would not be investigating this case and had closed it at the assessment stage. <b>No Further Action</b>						

13256	MR	WR	07/03/2018 [29/08/2018]	BRI	Ward A400 - OPAU	Medicine
PHSO suggested to complainant that he come back to the Trust for a full investigation into his concerns. He did this and we have provided a detailed written response and a meeting. Complainant has now decided to seek compensation via a legal claim. Case closed by PHSO. <b>No Further Action</b>						
9403	LD	DM	03/08/2017 [07/09/2018]	BHOC	Ward D603	Specialised Services
We last heard from the PHSO on 28/06/2019, when they advised that they were still considering whether they need to investigate this matter further and would either write to us with the scope of their investigation or email us if they decide to take no further action. We have now closed the case as we have heard nothing from the PHSO for five months. <b>No Further Action</b>						

## 8. Complaint Survey

Since February 2017, the Patient Support & Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. **The response rate to this survey is consistently low, so the results need to be interpreted with caution.**

Table 31 below shows data from the 14 responses received during Q2, compared with those received in previous quarters. Feedback in Q2 indicated that 100% of complainants felt they were treated with dignity and respect by the Patient Support & Complaints Team. Feedback also improved in respect of the number of respondents who confirmed they were told about independent advocacy services.

**Table 29: Complaints Survey Data**

Survey Measure/Question	Q2 2019/20	Q1 2019/20	Q4 2018/19	Q3 2018/19
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	53.9% ↓	80.0% ↓	94.1% ↑	67.5%
Respondents who felt that the Trust would do things differently as a result of their complaint.	7.1% ↓	14.3% =	14.3% ↓	15.8%
Respondents who found out how to make a complaint from one of our leaflets or posters.	0% ↓	12.5% ↑	8.6% ↓	15.8%
Respondents who confirmed we had told them about independent advocacy services.	57.2% ↑	48.0% ↓	54.3% ↑	46.2%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	57.1% ↓	66.7% ↑	62.9% ↓	65%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	50% ↓	70.8% ↑	65.7% ↑	63.4%
Respondents who said they did not receive their response within the agreed timescale.	21.4% ↑	13.6% ↓	14.3% ↓	17.5%
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	100% ↑	91.7% ↓	97.1% ↓	97.5%
Respondents who felt that their complaint	92.9% ↑	84% ↑	80.5% =	80.5%

was taken seriously when they first raised their concerns.				
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	61.5% ↑	12.5% ↓	17.1% ↓	20%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	0% =	0% =	0% ↓	2.9%
Respondents who said that our response addressed all of the issues that they had raised.	28.6% ↓	50.0% ↓	58.3% ↑	57.9%

In Q2, the survey included two new questions. One asked complainants if there was anything that was particularly good about our complaints process/service. One respondent noted how a senior manager at St Michael’s Hospital and an ENT consultant had taken the time to contact them personally, and that this had made a difference to their experience.

We also asked complainants how we could improve the service. Comments received included:

- “I did not feel that so many different staff needed to be involved in responding to complaint.”
- “It’s really simple, if you tell somebody you will do something, you should do it.”
- “No problem with complaints process but I didn’t get the outcome I felt was necessary.”
- “It felt like a tick box exercise had been completed and that no one genuinely understood and apologised for the inconvenience of two wasted trips to the Eye Hospital.”

## 9. Severity of Complaints

Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e. organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e. Trusts who receive high levels of low level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends what the complaint is about.

Staff in the Patient Support & Complaints Team have all received training on rating the severity of complaints, taking into account the clinical, management and relationship problems experienced by the complainant and apportioning the overall complaint as either “low”, “medium” or “high” severity. A practical example of each of these categories is shown in Table 30 below.

During the next year, 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

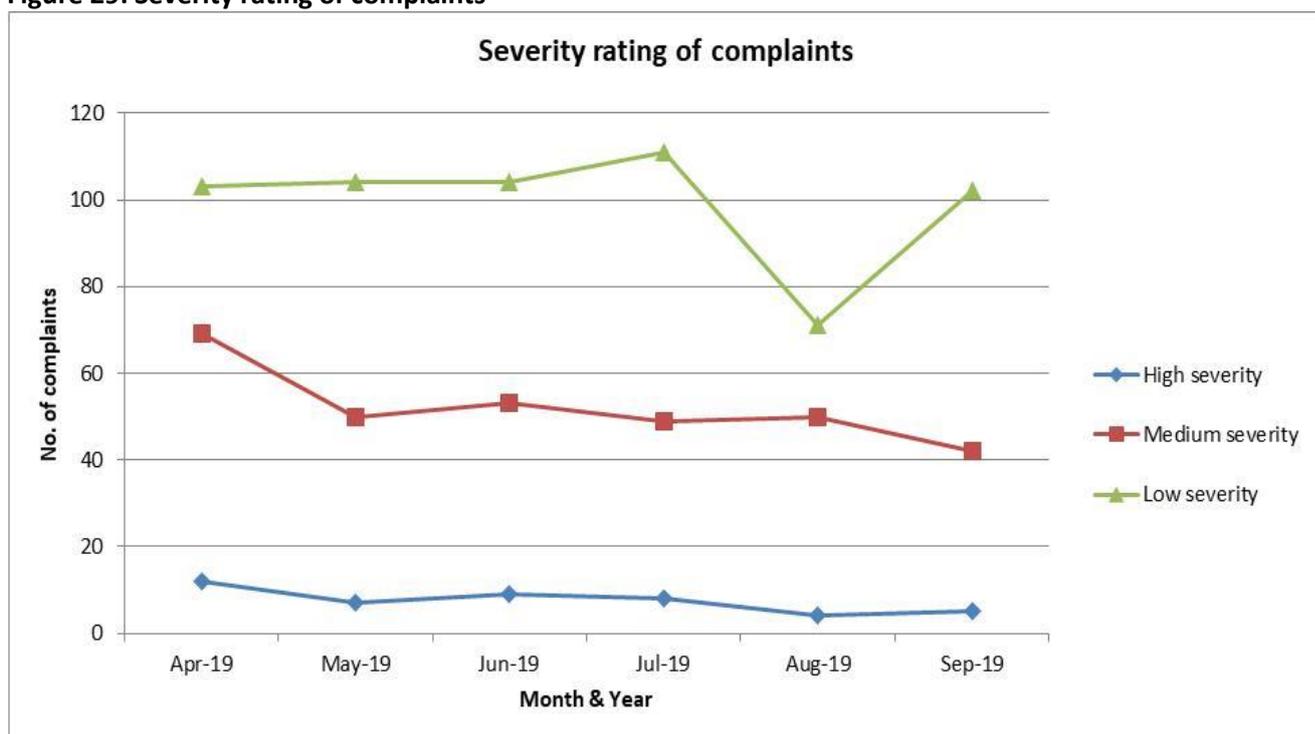
complaints reported) and to use the information to explore opportunities for quality improvement.

**Table 30: 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

Since April 2019, the Trust has received 953 complaints (511 in Q1 and 442 in Q2), all of which have been severity rated by the Patient Support & Complaints Team. Of these 953 complaints, 598 were rated as being low severity, 311 as medium and 44 as high. Figure 29 below shows a breakdown of these severity ratings by month since April 2019.

**Figure 29: Severity rating of complaints**



**Table 31: Severity rating of complaints by Division (all complaints received in Q1 and Q2 2019/20)**

<b>Division</b>	<b>High Severity</b>	<b>Medium Severity</b>	<b>Low Severity</b>	<b>Totals</b>
Women & Children	12 <b>(8.4%*)</b>	61	69	<b>142</b>
Specialised Services	11 <b>(7.1%)</b>	40	105	<b>156</b>
Medicine	10 <b>(4.8%)</b>	77	120	<b>207</b>
Surgery	10 <b>(2.9%)</b>	116	215	<b>341</b>
Trust Services	1 <b>(1.6%)</b>	8	55	<b>64</b>
Diagnostics & Therapies	0 <b>(0%)</b>	9	34	<b>43</b>
<b>Totals</b>	<b>44 (4.6%)</b>	<b>311</b>	<b>598</b>	<b>953</b>

\*i.e. 8.4% of complaints received by Women's & Children's Services in the first half of 2019/20 were rated as high severity – this compares, for example, with 2.9% of complaints about Surgery.