



Let's make
complaints
count!

Complaints Quarterly Report

Q1 (April 2023 - June 2023)

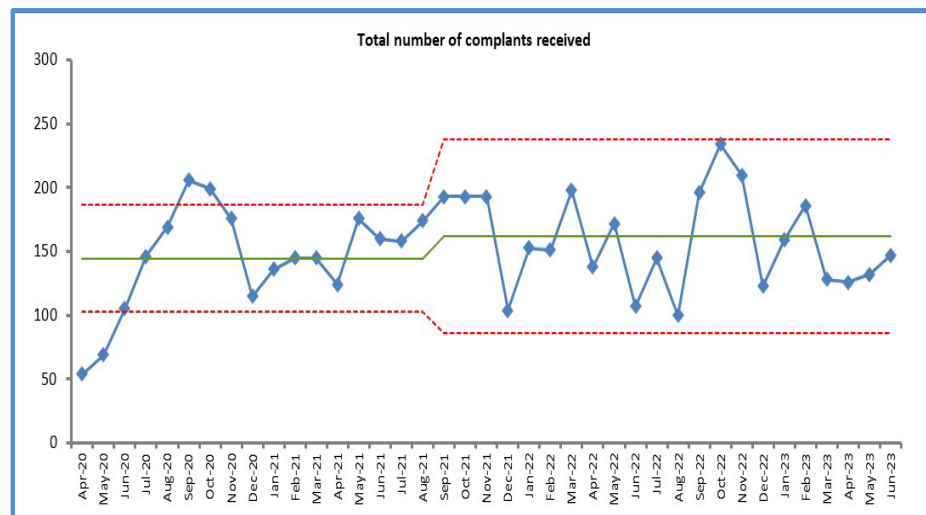
Report author:
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Please use the tabs along the top
to navigate through this report

Total complaints received	405	↓
Complaints acknowledged within set timescale	86.5%	↓
Complaints responded to within agreed timescale – formal investigation	67.1%	↑
Complaints responded to within agreed timescale – informal investigation	85.6%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	11.4%	↓

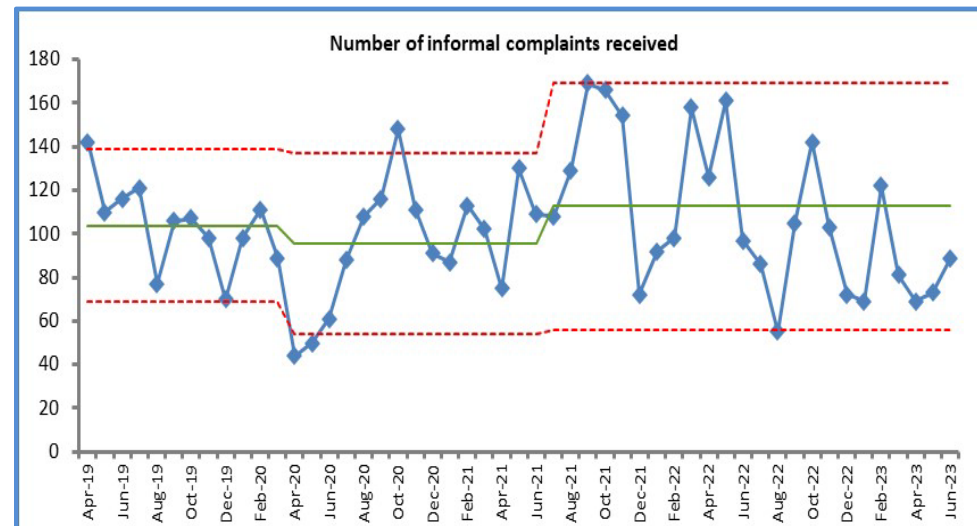
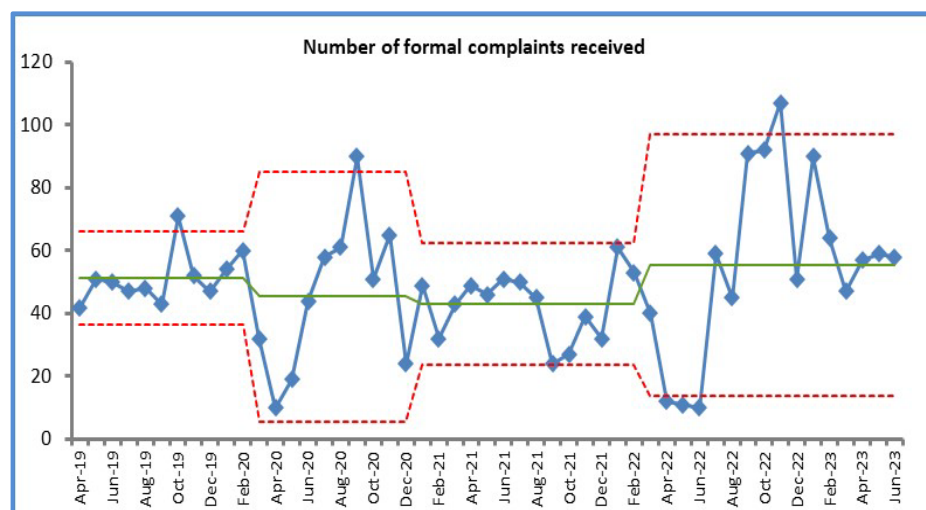
Successes	Priorities
<ul style="list-style-type: none"> The total number of complaints received by the Trust decreased (from 473 in Q4 to 405 in Q1) and the overall number of new enquiries dealt with by the Patient Support & Complaints Team (PSCT) also decreased (from 1,061 in Q4 to 848 in Q1). More than half (57%) of all complaints were dealt with via the informal investigation process, leading to quicker resolution for complainants. Divisional performance against targets for responding to complaints within agreed timescales improved. 	<ul style="list-style-type: none"> To clear the backlog of enquiries and complaints received by PSCT and waiting to be acknowledged and allocated to a complaints officer. To ensure consistent quality of draft complaints responses letters by offering high-quality training for divisional and corporate complaints staff. To continue to improve performance in sending out complaint responses by the deadlines agreed with complainants.
Risks & Threats	Opportunities
<ul style="list-style-type: none"> Throughout Q1, continuing into Q2, the PSCT has continued to operate with significant backlogs in respect of acknowledging new complaints and in cases waiting to be allocated to a caseworker. This has been due to high levels of staff sickness in the PSCT and the volume of new enquiries coming into the service. Data indicates a slow but steady upward trajectory in respect of the numbers of complainants advising us they are unhappy with our response to their complaint. Despite overall reductions in complaints received, complaints about staff attitude and communication increased in Surgery and Specialised Services. 	<ul style="list-style-type: none"> Since the end of Q1, the Trust has appointed a new Complaints Manager to work alongside the Head of Complaints. From 2nd October the PSCT will be re-branded as 'PALS & Complaints' and the drop-in service in the Bristol Royal Infirmary will be re-opened (the drop-in facility has been closed since the pandemic). Divisional complaints review panels will recommence from September 2023. The PHSO (Ombudsman) has developed a comprehensive training offer for NHS Trusts, supporting its 'principles of good complaint handling'

Complaints Received

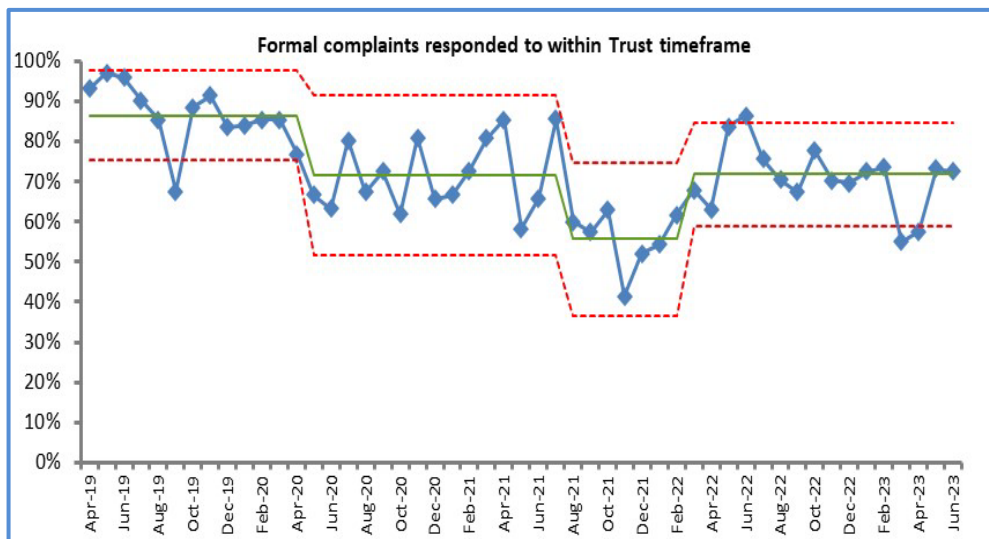


What does this tell us?

The Trust received 405 complaints in Q1 of 2023/24, a reduction on the 473 reported in Q4 of 2022/23. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant) but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. These charts provide assurance that the variation shown in terms of numbers of complaints received is relatively stable and predictable (common cause variation). The graphs also show encouraging signs of more complaints being investigated informally, enabling quicker resolution.



Divisional performance

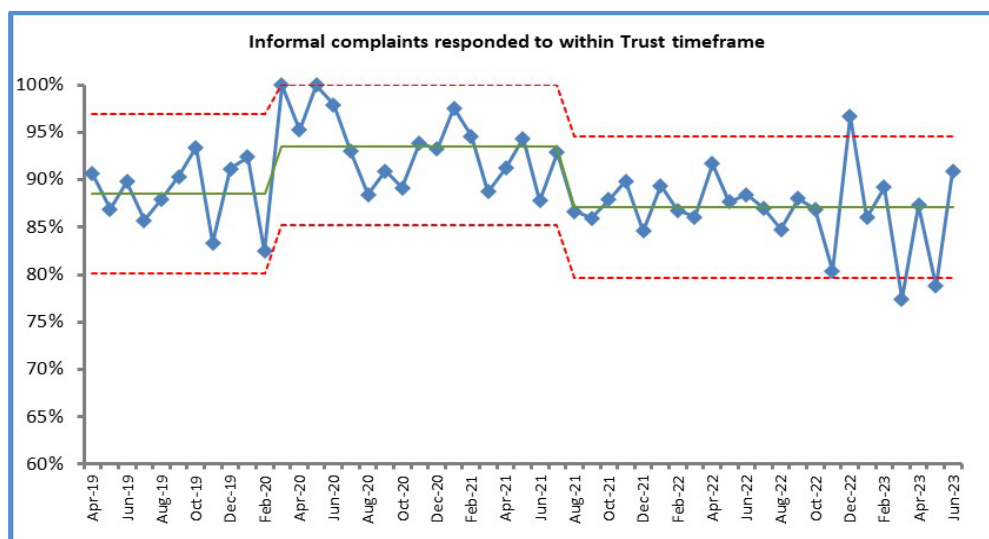


What does this tell us?

The Trust's target is for 95% of complaints to be responded to within the timeframe agreed with the complainant. This is usually 30 working days for formal complaints and 10 working days for informal resolution. However, in Q1, this was temporarily extended to 45 working days and 15 working days respectively, to allow for the additional operational pressures on divisions caused by ongoing industrial action.

In Q1, 67.1% of formal responses were sent out within the agreed timescale, meaning that 51 responses breached the agreed deadline. This compares with 66.7% in Q4 and 75.2% during the same period one year ago.

During the same period, 85.6% of informal complaints were resolved within the agreed timescale, with 28 breaches of the agreed deadline. This is a small improvement on the 83.2% reported in Q4 and compares with 88.8% during the same period one year ago.



Corporate performance – Patient Support & Complaints Team

Acknowledgement of new complaints

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

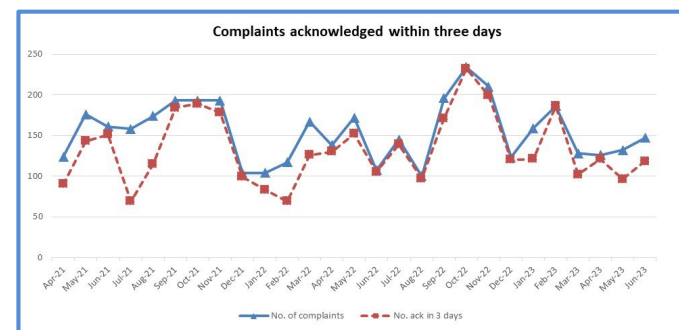
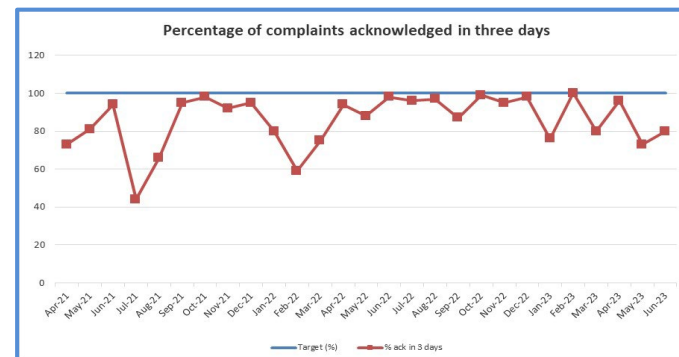
In Q1, the Patient Support & Complaints Team acknowledged 82.7% of all new complaints within the nationally agreed timescale. This is a deterioration on the 86.5% reported in Q4 and reflects the recognised backlog of new complaints waiting to be acknowledged by the team, due to the high volume of new enquiries coming into the service overall.

PSCT Backlogs

For some time, there has been a backlog of new complaints and enquiries waiting to be allocated to complaints officers and forwarded to divisions for investigation. There has been related risk on the Trust's Risk Register since 2018 (risk 2680) – backlogs typically emerge when high volumes of new enquiries coincide with sickness absence within the PSCT.

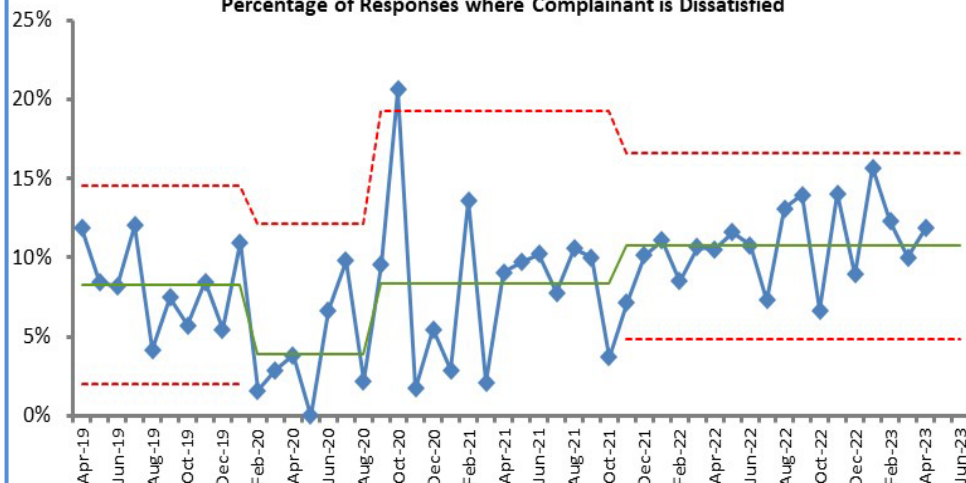
During Q1, a second backlog developed, at the 'front end' of the complaints process. This backlog consisted of new enquiries (some of which will be complaints) waiting to be logged onto Datix and an acknowledgment sent to the enquirer. Again, this backlog arose due to the consistently high number of new enquiries being received by the team, exacerbated by the long-term sickness absence of a key member of staff in this administrative role.

In order to reduce the administrative backlog and ensure that all service users know we have safely received their enquiry, overtime was offered to the team's part time administrators, help has been provided from outside of the team, and other members of the complaints team have focused on logging new enquiries and acknowledging the new complaints amongst them. This plan has proved successful in steadily reducing the backlog of cases awaiting acknowledgement, however as new cases are logged, the backlog of cases awaiting allocation and investigation has inevitably increased. Clearing both backlogs will be the primary focus on the PSCT during the remainder of 2023.



Dissatisfied complainants

Percentage of Responses where Complainant is Dissatisfied



What does this tell us?

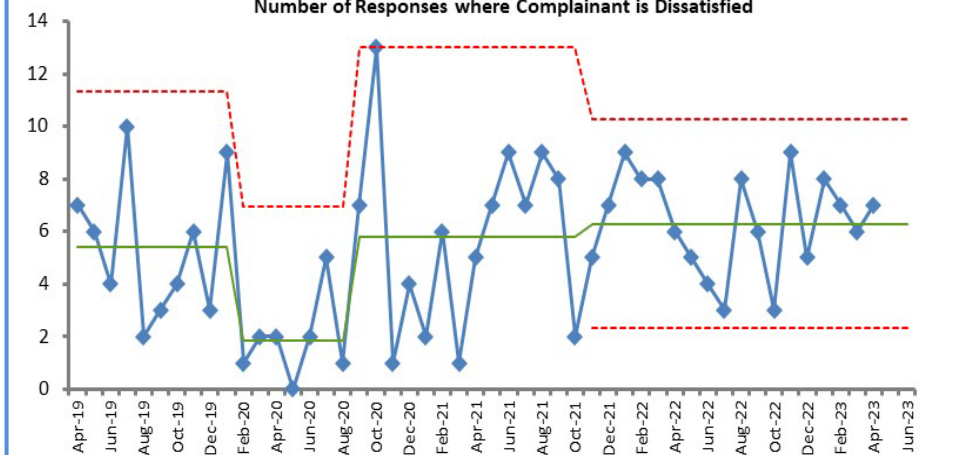
The Trust's current target is that no more than 8% of complaints responses should lead to a dissatisfied response. This target is based on previous analysis of dissatisfied responses received by the Trust. Data is reported two months in arrears to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response. In Q1, we are therefore reporting dissatisfied data for February, March and April 2023. Of the complainants who received a first response from the Trust during those months, 20 have since contacted us to say they were dissatisfied, representing 11.4% of the 176 first responses sent out during that period, compared with 12.9% in Q4.

Actions planned or taken:

The Head of Complaints or the Associate Director for Quality continue to review all draft responses to dissatisfied complainants and work closely with divisions to identify any learning in terms of whether anything could have been improved in the original response that would have prevented the complainant from having outstanding concerns.

Divisional complaints review panels, which focus on learning from dissatisfied complaints, will recommence from September 2023.

Number of Responses where Complainant is Dissatisfied



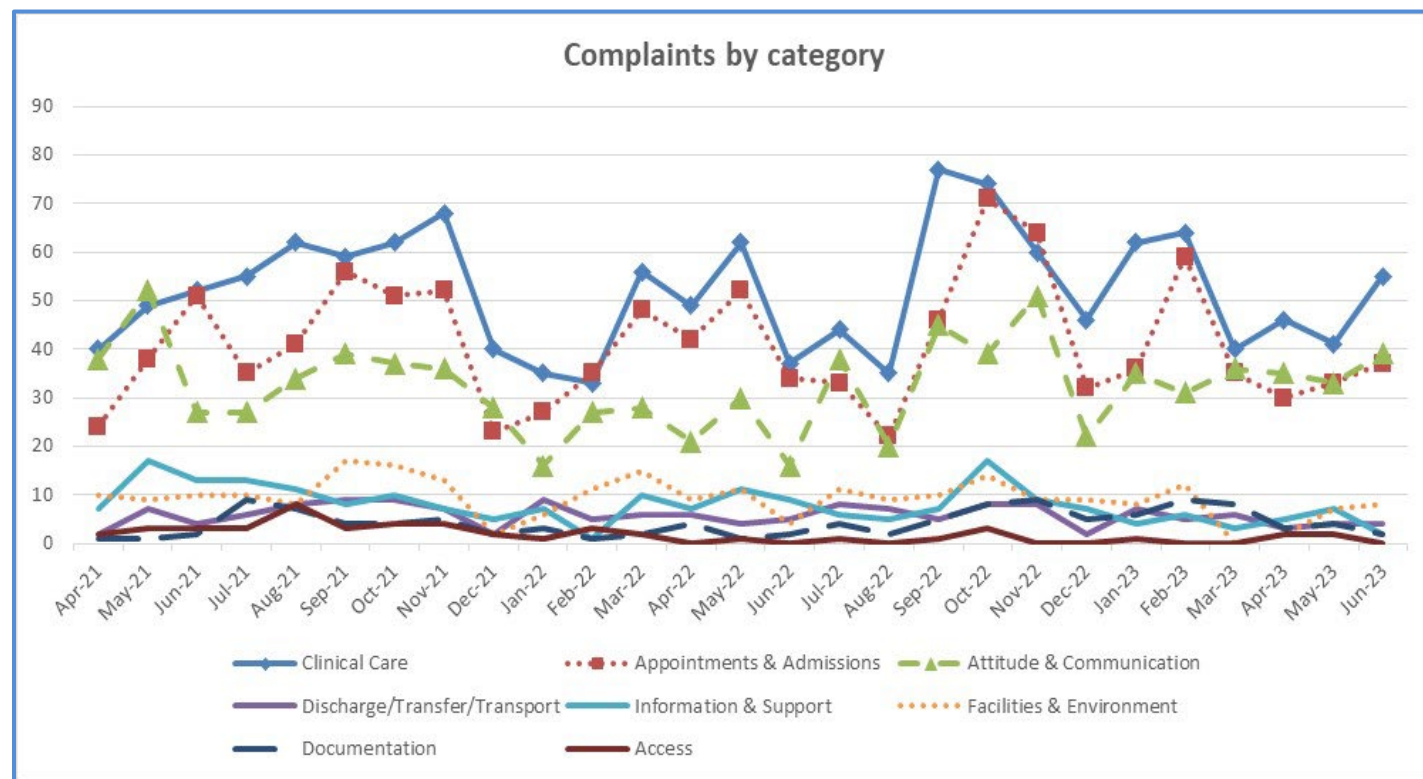
Thematic Analysis

What does this tell us?

The highest numbers of complaints received by the Trust are consistently in three of the eight primary categories, those being 'Clinical Care', 'Appointments and Admissions' and 'Attitude and Communication'. These three categories accounted for 86.2% (349 of 405) of all complaints received in Q1 of 2023/24. In Q1, the highest number of complaints received by sub-category within each of these three primary categories were 'clinical care – medical/surgical' (73 of 142), 'cancelled or delayed appointment/operation' (80 of 100) and 'attitude of medical staff' (35 of 107).

Actions:

A more detailed breakdown of categories and sub-categories of complaints is shared with divisions on a monthly as well as quarterly basis to help identify areas of improvement. Improving communication has been agreed as the year 1 'breakthrough objective' for the forthcoming deployment of Patient First.



Divisional complaints metrics

Q4 2022/23	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q1	107 (109)	101 (129)	45 (60)	71 (92)	24 (29)	36 (31)
Number of complaints about appointments and admissions	34 (46)	23 (19)	12 (13)	20 (37)	7 (11)	3 (3) =
Number of complaints about staff attitude and communication	24 (19)	30 (35)	17 (9)	16 (15)	9 (9) =	5 (9)
Number of complaints about clinical care	37 (31)	36 (47)	11 (26)	29 (35)	6 (9)	21 (16)
Area where the most complaints have been received in Q4	Bristol Dental Hospital (BDH) – 25 (21) Bristol Eye Hospital (BEH) – 24 (23) BEH Outpatients – 20 (21) ENT Outpatients – 6 (15) Trauma & Orthopaedics – 2 (8) Upper GI – 6 (2)	Emergency Department (BRI) (inc. EMU & Ambulatory Care) – 21 (32) Dermatology – 12 (6) Sleep Unit – 12 (18) Clinic A410 – 5 (9) Ward A900 – 3 (6)	BHI (all) – 32 (34) BHOC (all) – 10 (21) (Plus one each for Clinical Genetics, WGH Oncology and WGH Cardiology) BHI Outpatients (inc. Outpatient Echo) – 14 (22) BHOC Outpatients & Chemo Day Unit – 7 (10) Ward D603 – Oncology – 0 (5)	BRHC (all) – 35 (62) (Plus two for WGH Seashore Centre) Children's ED – 6 (3) Carrousel Outpatients – 9 (9) StMH (all) – 33 (27) (Plus one for WGH EPC) Central Delivery Suite – 2 (7) Gynae Outpatients – 8 (8)	Radiology – 9 (9) Audiology – 7 (12) Physiotherapy – 4 (1)	Accident & Emergency (inc. AMU and Ambulatory Care) – 12 (15)
Notable deteriorations compared with Q4	Upper GI – 6 (2)	Dermatology – 12 (6)		No notable deteriorations	No notable deterioration	No notable deteriorations
Notable improvements compared with Q4	ENT Outpatients – 6 (15)	Clinic A410 – 5 (9) Ward A900 – 3 (6)	Ward D603 – Oncology – 0 (5) BHI Outpatients – 14 (22) BHOC (all) – 10 (21)	BRHC (all) – 35 (62)	Audiology – 7 (12)	No notable improvements

"I had an outpatient appointment at Bristol Eye Hospital and my complaint is about the lack of interest, awareness and administrative systems to deal with visually impaired patients' access requirements. I want my complaint to result in demonstrable change, compliance with the Equality Act (2010) and the NHS Accessible Information Standard (AIS)."

Patient of Bristol Eye Hospital



1. Development, with the Sight Loss Council, of an e-learning package for all patient-facing administrative staff at BEH, including a module on AIS.
2. Outcome of complaints investigation shared with Trust's AIS communications group to support sharing of learning.
3. Exploration of potential external accreditation called Disability Confident.

"A doctor called me to say my mother had had a fall whilst in the ED and as a result sustained a brain haemorrhage and they could not stop the bleeding as she is on blood thinners. When I saw her, the injuries she had sustained were horrific and she was understandably terrified."

Daughter of patient admitted to medical ward via BRI ED



1. New training and education package developed to raise awareness of the risk of falls with staff in the ED.
2. Practice Education Facilitator now required to liaise with Palliative Care Team to ensure competencies completed regarding PRN medication.
3. Patient's story shared with Trust's End of Life steering group.

"I received excellent care, but one nurse was rude and unprofessional. She was supposed to be showing me how to use an epi-pen but completely ignored my fear of needles and repeatedly pushed the epi-pen against my leg (with the lid on) and then injected me with the contents of the pen which I was not supposed to have as this was an extra dose."

BRI ED patient



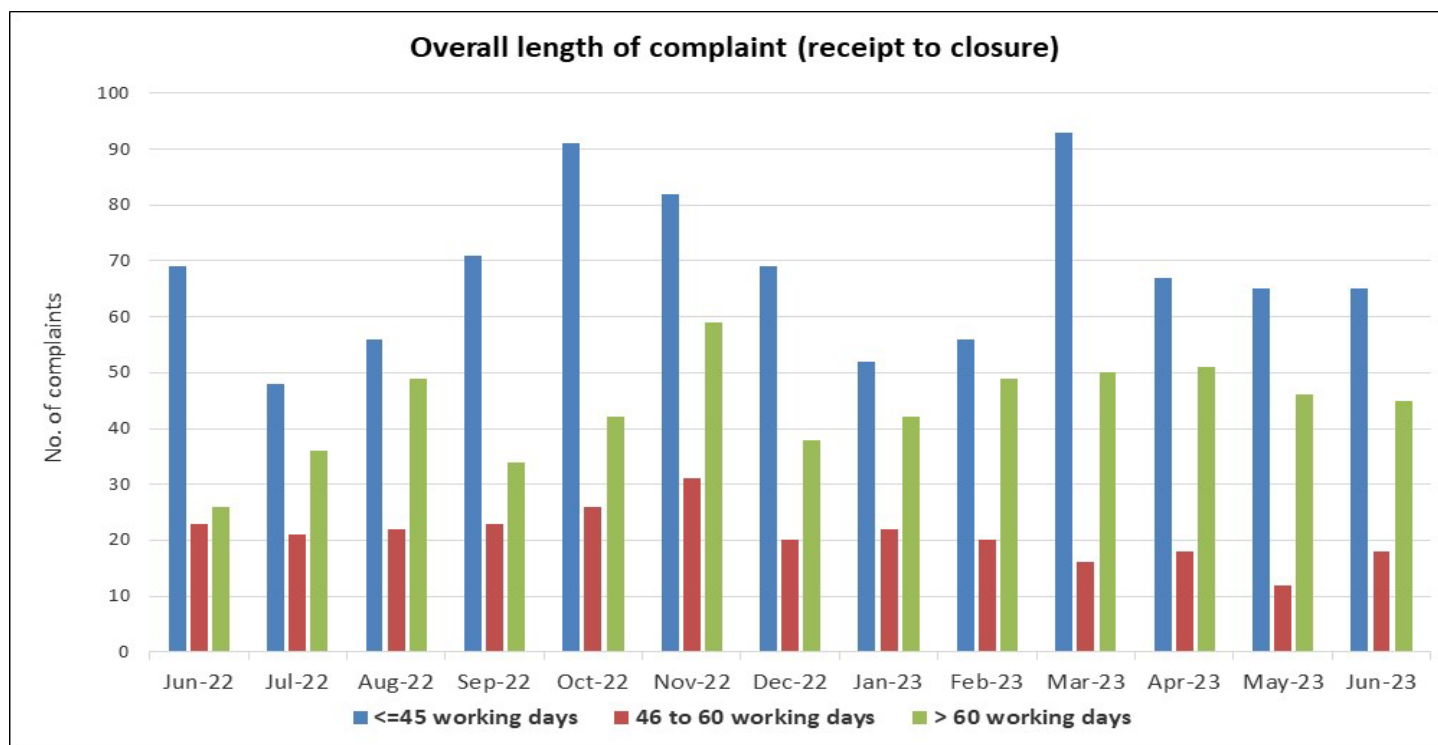
1. Rapid Incident Review and subsequent formal patient safety investigation carried out (already underway when complaint received).
2. Trust training sessions completed for staff in department in respect of the anaphylaxis algorithm, the drug, dose and route.
3. Alert added to patient's medical record in respect of their needle phobia.
4. Safety Brief for team regarding whereabouts of TTO epi-pens in the department.

Spotlight on complaint timescales

How long does it *really* take to resolve complaints?

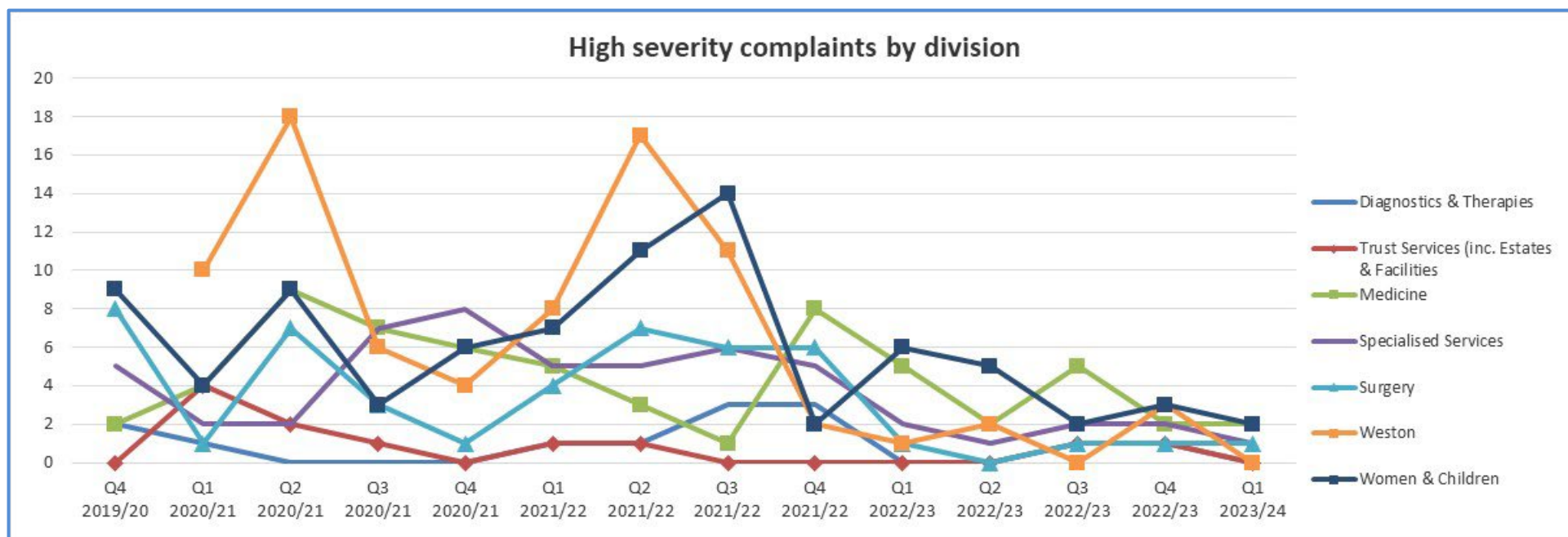
On slide 4, we looked at how the Trust performs against its target of responding to complaints within the timescale agreed with the complainant. However, this only tells part of the story, as the 'clock only starts ticking' when the complaint is sent to the division for investigation. The chart below shows how long it takes the Trust to resolve complaints from the moment they are received, until we respond to the issues raised, either via the formal or informal complaints process.

Most complaints are resolved in less than 45 working days. The challenge is to reduce the number of complaints which take 60 working days or more. There are a number of factors that contribute to the timeline of a complaint, even before it is sent to the division. As detailed on slide 5, this includes PSCT backlogs. Other factors include waiting for the appropriate patient consent to be received and the time taken to agree full details of the issues and questions the complainant wishes us to address.



Severity of complaints

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. London School of Economics (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*; rather it depends what the complaint is about. The PSCT records the severity rating of all complaints, as either high, medium or low severity. The chart below shows the number of complaints rated as being 'high severity', by division. The long-term trend in all divisions is towards lower levels of severity in reported complaints, which is a key source of assurance about quality of care, learning and improvement. The most striking long-term reduction in severity of complaints is in Weston and Women & Children, which are now on a par with the other divisions in this respect.



PSCT activity and PHSO cases

Overall PSCT Activity

Including complaints, requests for information or advice, requests for support, compliments, feedback, and cases that did not proceed. The PSCT received 848 new enquiries in Q1 of 2023/24, as shown in the chart below. The apparent 20% reported reduction compared with Q4 of 2022/23 is in fact due to the administrative backlog mentioned in slide 5, which meant that not all enquiries received by the team had been logged on Datix at the time the figures were calculated. At the time of updating this report (Sept 2023) the PSCT backlog of cases awaiting acknowledgement and logging onto Datix has been cleared, which will allow retrospective adjustment of the monthly data in time for the Q2 2023/24 complaints report.

Did Not Proceed (DNP) enquiries

Each month, PSCT records a number of enquiries and complaints which subsequently do not proceed. These are cases where following initial receipt, the team has been unable to establish contact with the enquirer to obtain enough information to proceed, or where they have not received the appropriate consent and therefore cannot proceed. The Trust's Experience of Care Group has requested a more detailed analysis of DNP cases due to the significant impact on PSCT capacity.

Parliamentary & Health Service Ombudsman

During Q1, the Trust was advised by the Parliamentary and Health Service Ombudsman (PHSO) of their interest in four new complaints – three for the Division of Medicine and one for Weston Management Team. During the same period, eight cases remained under review by the PHSO, and one was closed with no further action taken.

