

Complaints Report

Quarter 1, 2022/2023
(1 April 2022 to 30 June 2022)

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Quarter 4 Executive summary and overview

	Q1	
Total complaints received	417	↓
Complaints acknowledged within set timescale	92.8%	↑
Complaints responded to within agreed timescale – formal investigation	75.2%	↑
Complaints responded to within agreed timescale – informal investigation	88.8%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	9.7%	↑

Successes	Opportunities
<ul style="list-style-type: none"> Total complaints received reduced from 502 in Q4 to 417 in Q1. 92% of all complaints received in Q1 were dealt with via the informal investigation process. The total number of breaches of deadline for formal complaints reduced from 97 in Q4 2021/22 to 34 in Q1 2022/23, with 75.2% of responses being sent out within the agreed timescale. The Divisions of Trust Services (inc. Estates & Facilities) and Women & Children performed well against the target for timely responses. The Division of Weston achieved 53.8% against its target for responding to formal complaints within the agreed timescale in Q1, a significant improvement on the 20.3% reported in Q4 and 34.5% in Q3. This also represents the best quarterly performance by the division for two years. Complaints received in all-but-one major reporting category decreased in Q1, with complaints about 'attitude and communication' reducing by a third. The Division of Specialised Services saw the most notable decrease in this category, from 14 complaints in Q4 to two in Q1, closely followed by a reduction from 13 complaints to six for the Division of Diagnostics & Therapies. Complaints in the sub-category of 'communication with patients/relatives' reduced by 63%, from 43 in Q4 to 16 in Q1. For the Division of Surgery, there were notable reductions in complaints for Bristol Eye Hospital (BEH), Bristol Dental Hospital (BDH) and the Ear, Nose & Throat service (ENT). There was a notable reduction in the number of complaints received for the BRI Emergency Department, from 49 in Q4 to 36 in Q1. There was a 53% reduction in complaints received by Bristol Haematology & Oncology Centre (BHOC) in Q1. 	<ul style="list-style-type: none"> The Trust's Patient Support & Complaints Manager has instigated a new quarterly meeting with the Divisional Complaints Coordinators from all divisions, to share ideas for improving practice and to answer questions – this will commence in September 2022 and has been welcomed by the divisions. Monthly reporting of the total length of time a complaint takes to resolve, from receipt to closure, commenced at the end of Q1 and data will be available in the Q2 2022/23 report.
	Priorities
	<ul style="list-style-type: none"> 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.
	Risks & Threats
	<p>Divisions:</p> <ul style="list-style-type: none"> Although complaints recorded in the category of 'clinical care' reduced overall, those in the sub-category of 'clinical care (medical/surgical)' increased in Q1. The Division of Medicine saw a 50% rise in complaints about cancelled/delayed appointments. The Division of Weston was the only division which saw an increase in complaints about 'attitude and communication' in Q1. Ongoing challenge of releasing staff to attend complaints training. <p>Corporate:</p> <ul style="list-style-type: none"> The Patient Support & Complaints Team is continuing to operate with significant backlogs: currently this is both in respect of enquiries received via email and in caseworker follow-up before complaints are released for investigation.

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 1 (Q1) of 2022/23, the Trust received 417 complaints, a 16.9% decrease on the 502 received in Q4 2021/22. The Patient Support and Complaints service remained very busy, receiving 523 other enquiries in addition to the 417 complaints, and checking and processing 137 formal and 206 informal complaint responses. Excluding responses, this is a 15.8% overall increase in new enquiries received by the team.

1.1 Total complaints received

The Trust received 417 complaints in Q1. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ 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

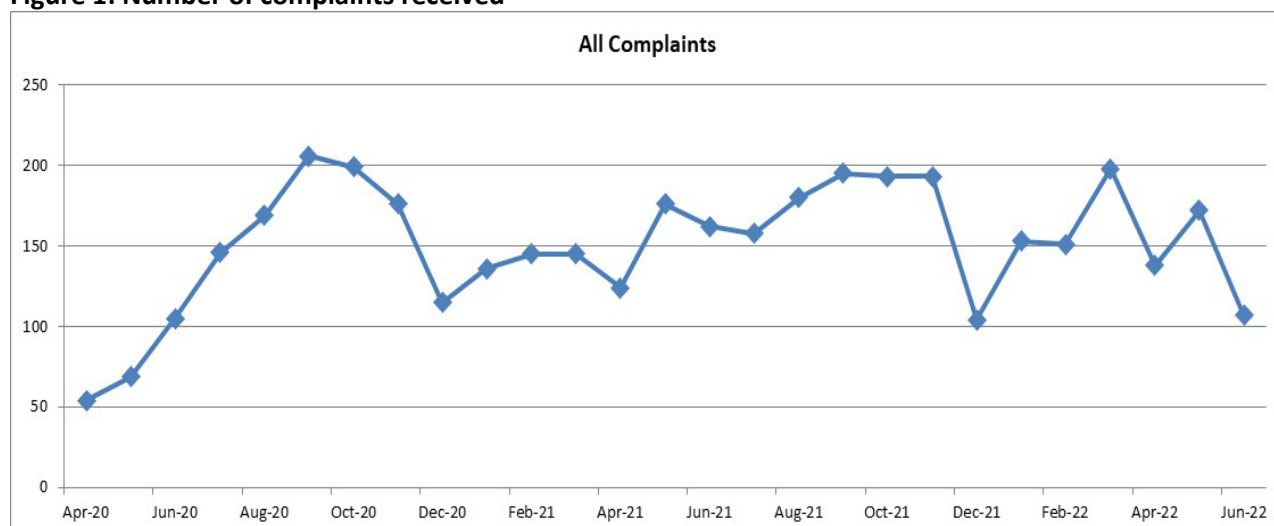
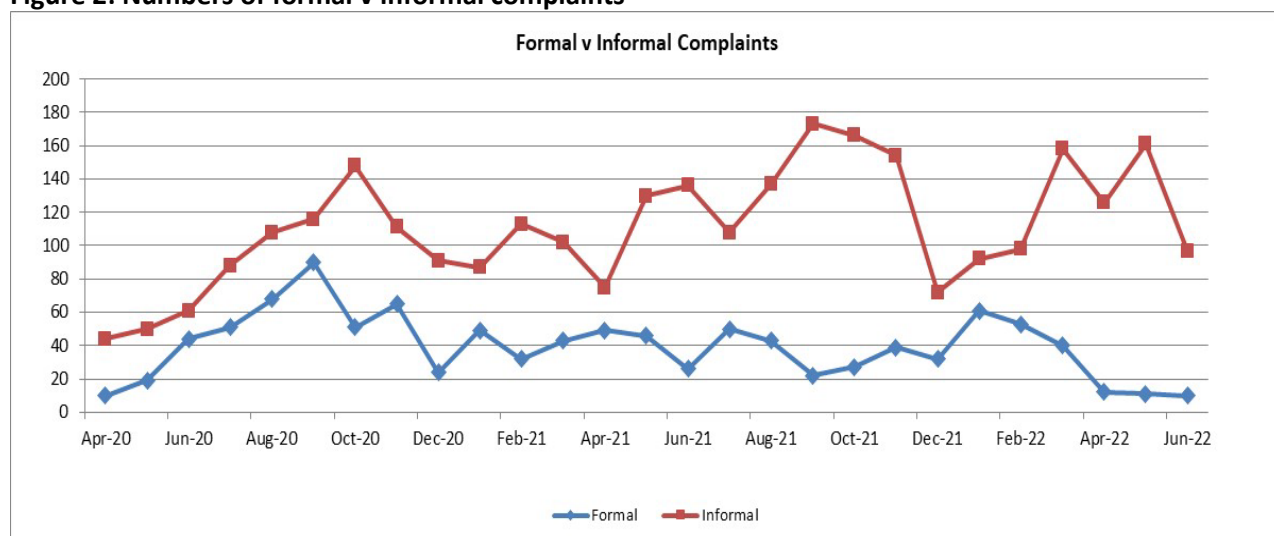


Figure 2: Numbers of formal v informal complaints



¹ 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 (33 in Q1) compared with those dealt with via the informal investigation process (384 in Q1), 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.

However, it should be noted that when new complaints are received by the service, they have historically always been logged as informal initially (as this is a mandatory field in Datix) but may then be changed to formal once allocated to a Patient Support & Complaints Officer and following a conversation with the complainant. Due to the ongoing backlog of complaints waiting to be allocated to a Complaints Officer during Q1, it is likely that some of the 417 complaints received will be changed to formal once allocated.

The overall number of complaints received is accurate and in order to allow for this discrepancy, a new option has been added to Datix, so that new cases not yet allocated to a Complaints Officer can initially be logged as 'not yet allocated' rather than 'formal' or 'informal' prior to the conversation between the Complaints Officer and the complainant.

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.²

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 Q1 of 2022/23, 75.2% of responses were sent to complainants within the agreed timescale. This represents 34 breaches out of the 137 formal complaint responses which were sent out during the quarter³. This is a notable improvement on the 61.2% and 97 breaches reported in Q4 of 2021/22, although it should be noted that there was a 45.2% reduction in the number of formal responses produced and sent out in Q1.

Figure 3 shows the Trust's performance in responding to complaints since April 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.

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

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

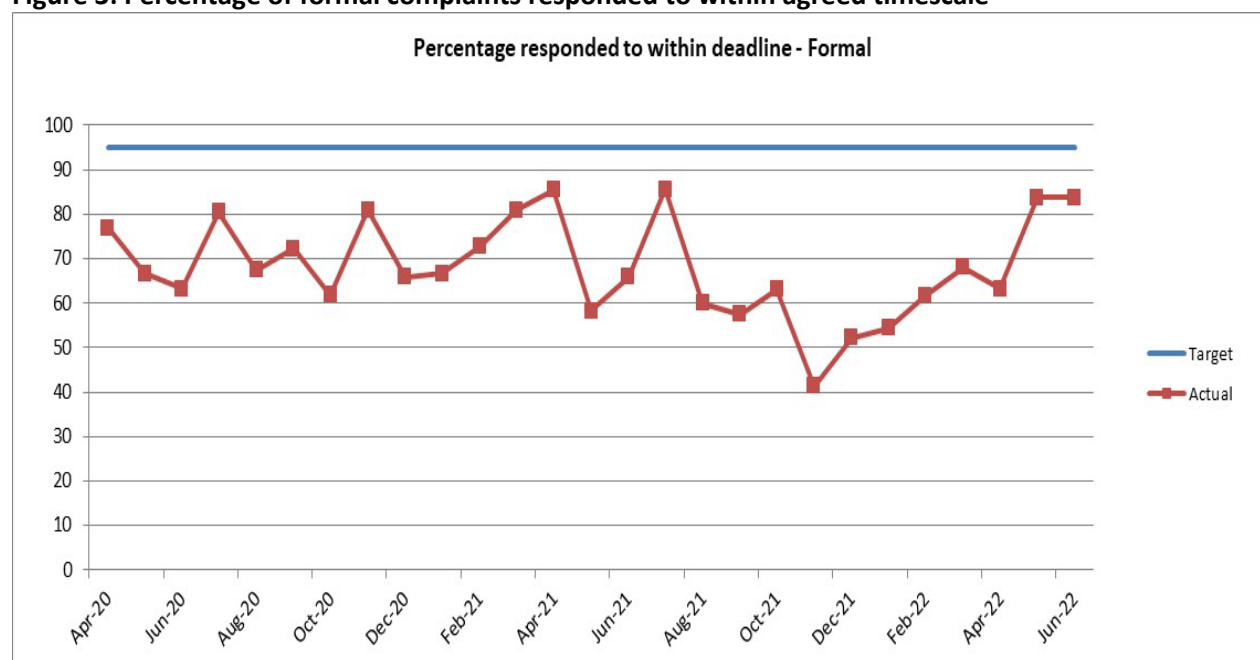
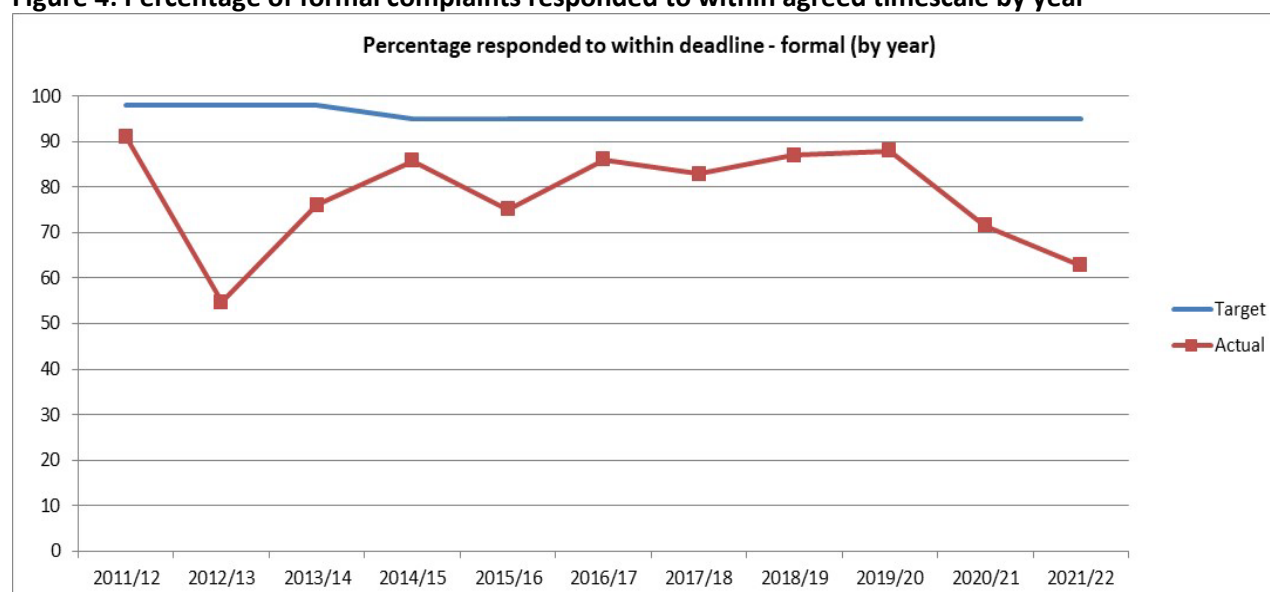


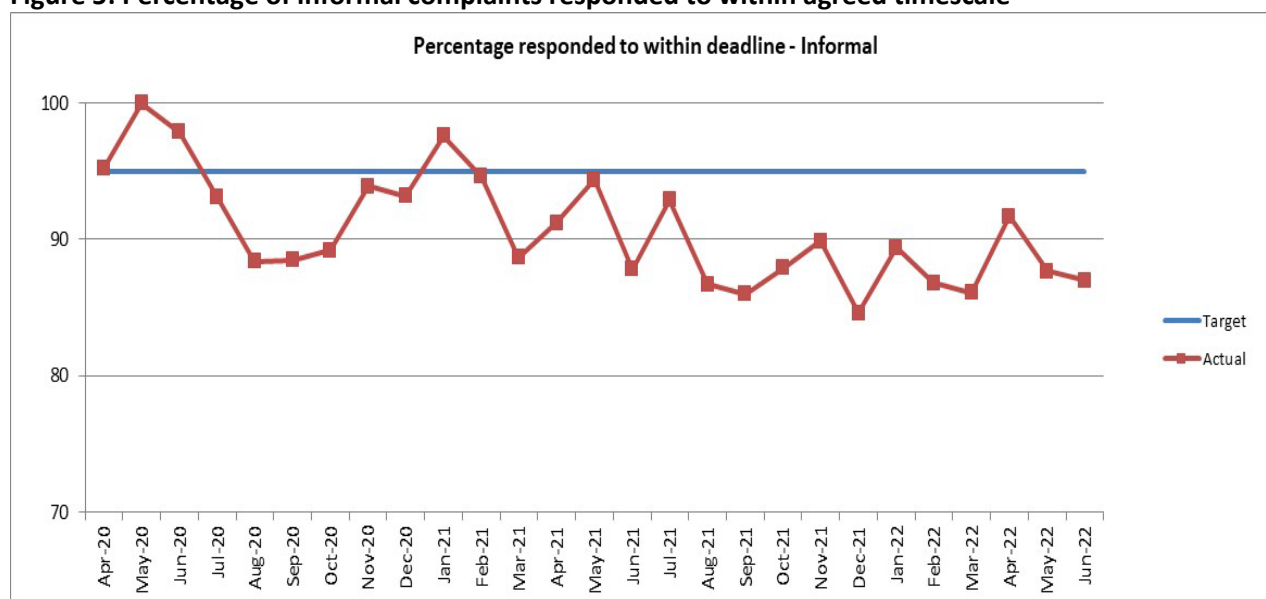
Figure 4: Percentage of formal complaints responded to within agreed timescale by year



1.2.2 Informal Investigations

In Q1 of 2022/23, the Trust received 384 complaints that were investigated via the informal process. During this period, the Trust responded to 206 complaints via the informal complaints route and 88.8% (183) of these were responded to by the agreed deadline, a slight improvement on the 87.4% reported in Q4 of 2021/22. Figure 5 (below) shows performance since April 2020, for comparison with formal complaints.

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



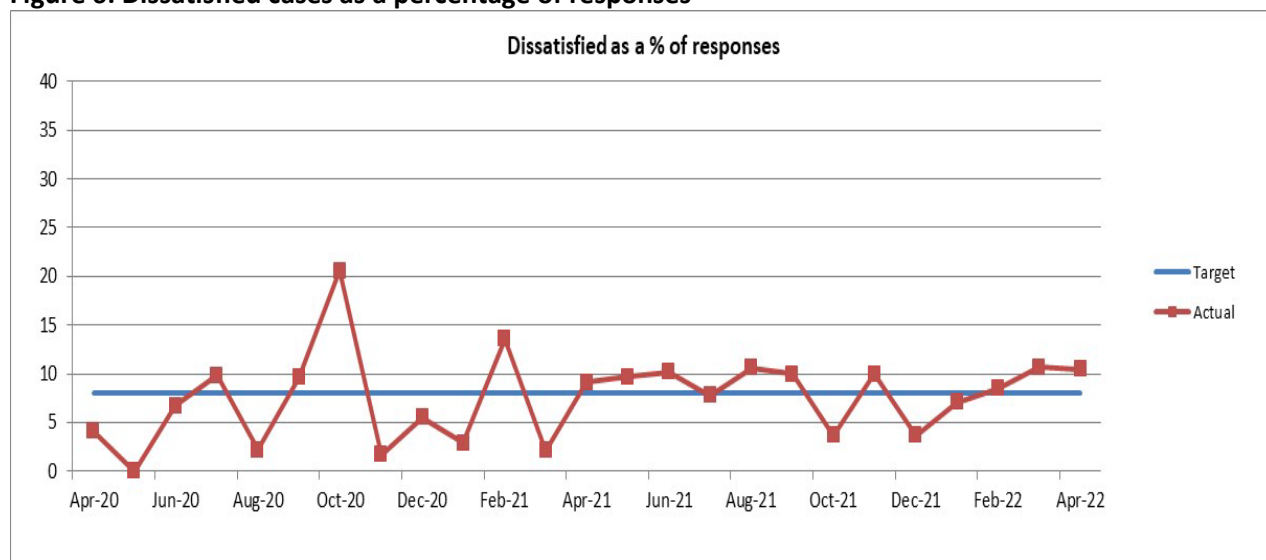
1.3 Dissatisfied complainants

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 Q1 of 2022/23, we are able to report dissatisfied data for February, March and April 2022. Of the 226 complainants who received a first response from the Trust during those months, 22 have since contacted us to say they were dissatisfied. This represents 9.7% of the 226 first responses sent out during that period, an increase (deterioration) on the 7.4% reported in Q4 of 2021/22 and 8.7% in Q3.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 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 Q1 of 2022/23 compared with Q4 of 2021/22. There was an 16.9% decrease in the total number of complaints received, compared with the previous quarter.

Complaints either decreased or remained similar in all categories in Q1, with the biggest decrease being in the category of ‘attitude and communication’ with a 33.7% reduction compared with Q4. The top three categories consistently remain as ‘clinical care’, ‘appointments and admissions’, and ‘attitude and communication’. These three categories accounted for 82.3% (343/417) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2022/23)	Number of complaints received in Q4 (2021/22)
Clinical Care	148 (35.5% of total complaints) ↓	158 (31.5% of total complaints) ↓
Appointments & Admissions	128 (30.7%) ↓	138 (27.5%) ↑
Attitude & Communication	67 (16.1%) ↓	101 (20%) ↓
Facilities & Environment	27 (6.5%) ↓	48 (9.6%) ↑
Information & Support	24 (5.7%) ↑	23 (4.6%) ↑
Discharge/Transfer/Transport	15 (3.6%) ↓	20 (4%) ↑
Documentation	7 (1.7%) ↓	9 (1.8%) ↓
Access	1 (0.2%) ↓	5 (1%) ↓
Total	417	502

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 almost 84% of the complaints received in Q1 (349/417). There are small decreases in several sub-categories, with the most notable being ‘communication with patient/relative’, which saw a 62.8% reduction compared with Q4, despite this sub-category seeing the largest increase (80%) in Q4 when compared with Q3. The most significant increase was in complaints about ‘clinical care (medical surgical)’, which rose by 15.5% compared with Q4.

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 Q1 (2022/23)	Q4 (2021/22)	Q3 (2021/22)	Q2 (2021/22)
Cancelled/delayed appointments and operations	88 (21.1% of total complaints) ↓	101 ↑	90	99
Clinical care (medical/surgical)	82 (19.7%) ↑	71 ↓	83	104
Clinical care (Nursing/Midwifery)	34 (8.2%) ↓	38 ↓	39	36
Appointment administration issues	33 (7.9%) ↓	34 ↑	23	22
Hospital Information Request / Information about patient	19 (4.6%) ↑	14 ↑	11	16
Communication with patient/relative	16 (3.8%) ↓	43 ↑	24	27
Lost/misplaced/delayed test results	16 (3.8%) ↑	14 ↑	6	7
Discharge arrangements	14 (3.4%) ↓	19 ↑	15	22
Attitude of medical staff	14 (3.4%) ↓	16 ↑	12	21
Lost personal property	11 (2.6%) ↓	19 ↑	10	14

Failure to answer phones / failure to respond	11 (2.6%) ↓	15 ↓	16	14
Attitude of nursing/midwifery	11 (2.6%) =	11 ↓	17	16

Figures 7-10 (below) show the longer-term pattern of complaints received since April 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. In Q1 of 2022/23, complaints in this category have started to decrease and by the end of the quarter were at their lowest number since December 2021.

Figure 7: Cancelled or delayed appointments and operations

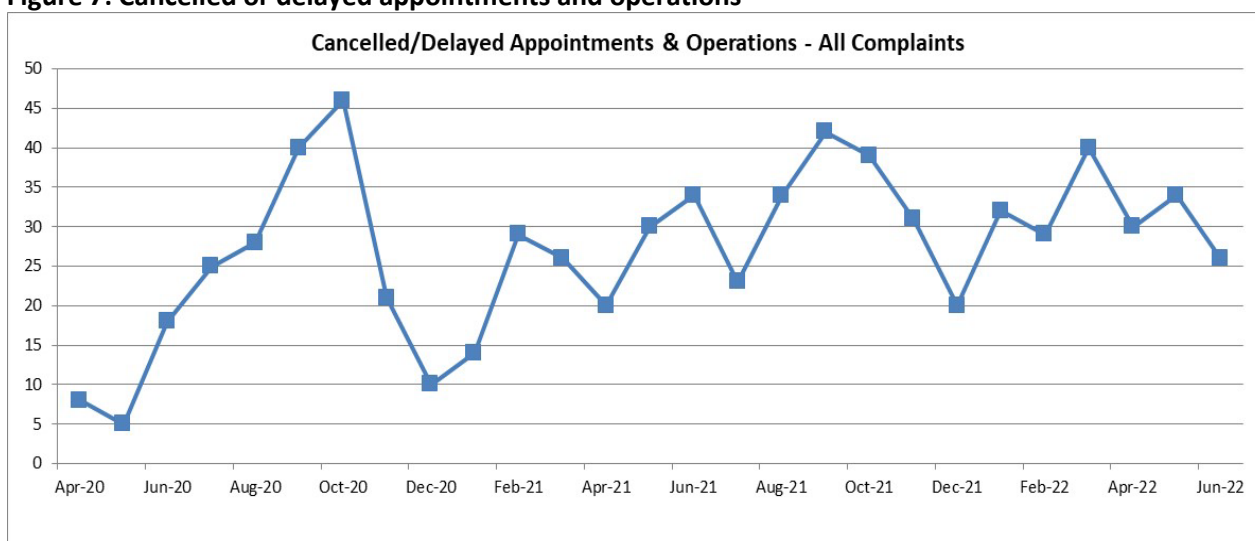


Figure 8 shows the number of complaints received in respect of 'clinical care (medical/surgical)' in comparison with those about 'clinical care (nursing/midwifery)'. The numbers of complaints in these sub-categories have followed a similar trajectory, and have both decreased in Q1 of 2022/23, with those about 'clinical care (nursing midwifery)' at their lowest since April 2021 by the end of the quarter.

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

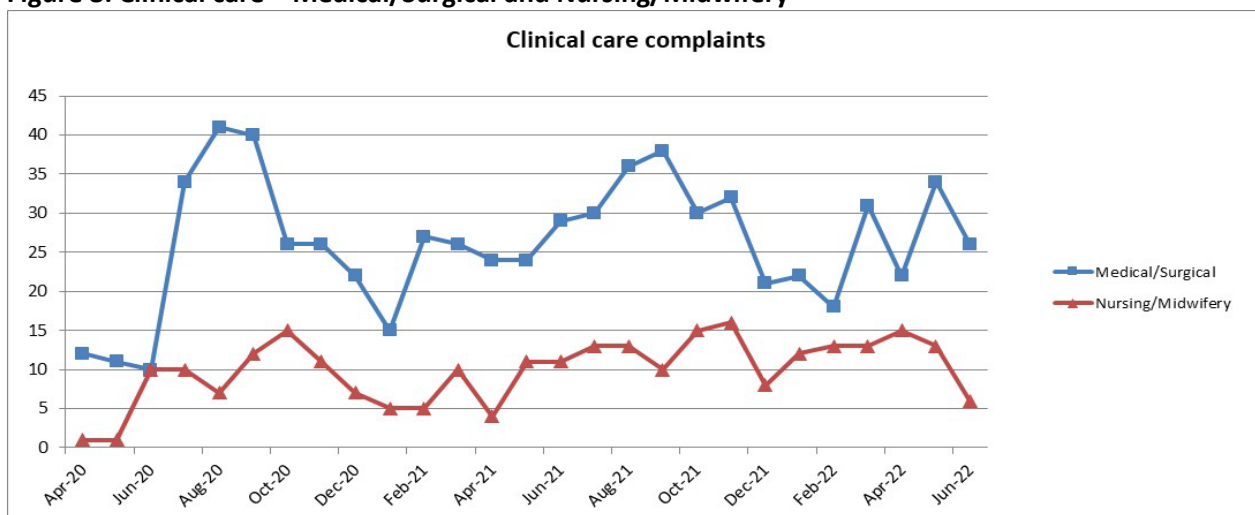


Figure 9 shows that complaints about 'attitude and communication' decreased significantly in Q1 of 2022/23 after peaking in November 2020 and again in May 2021. Complaints in this category have fluctuated on a monthly basis but the data suggests a downward trajectory in 2022 to date. Complaints about 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 9: Attitude and Communication – all complaints

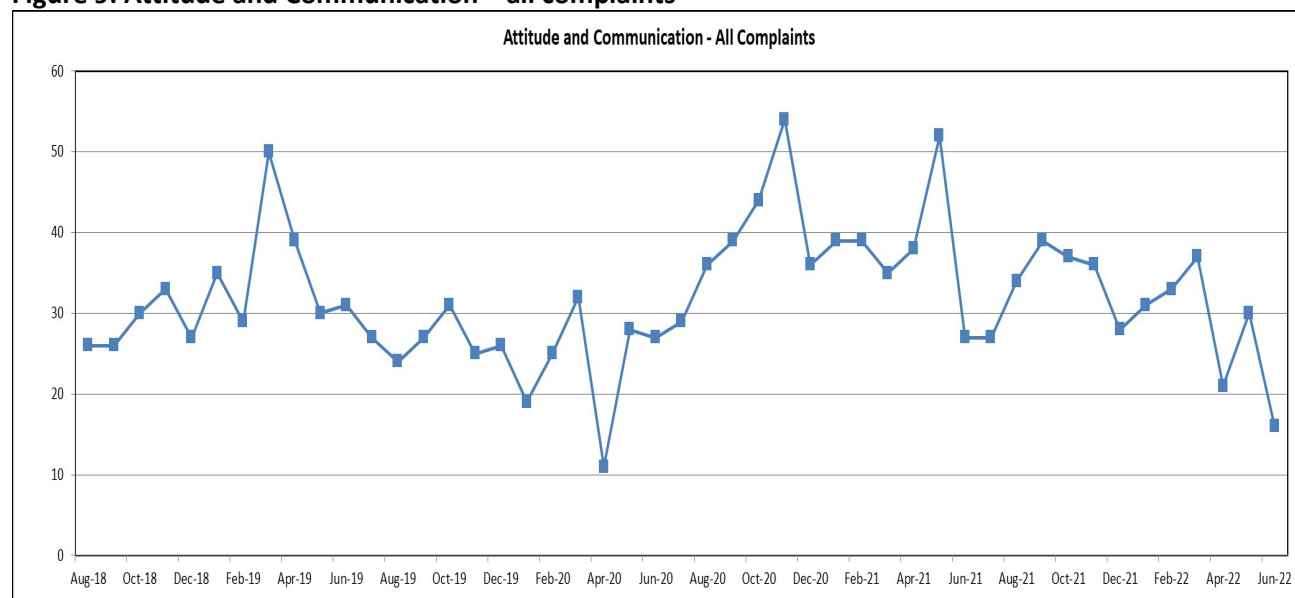
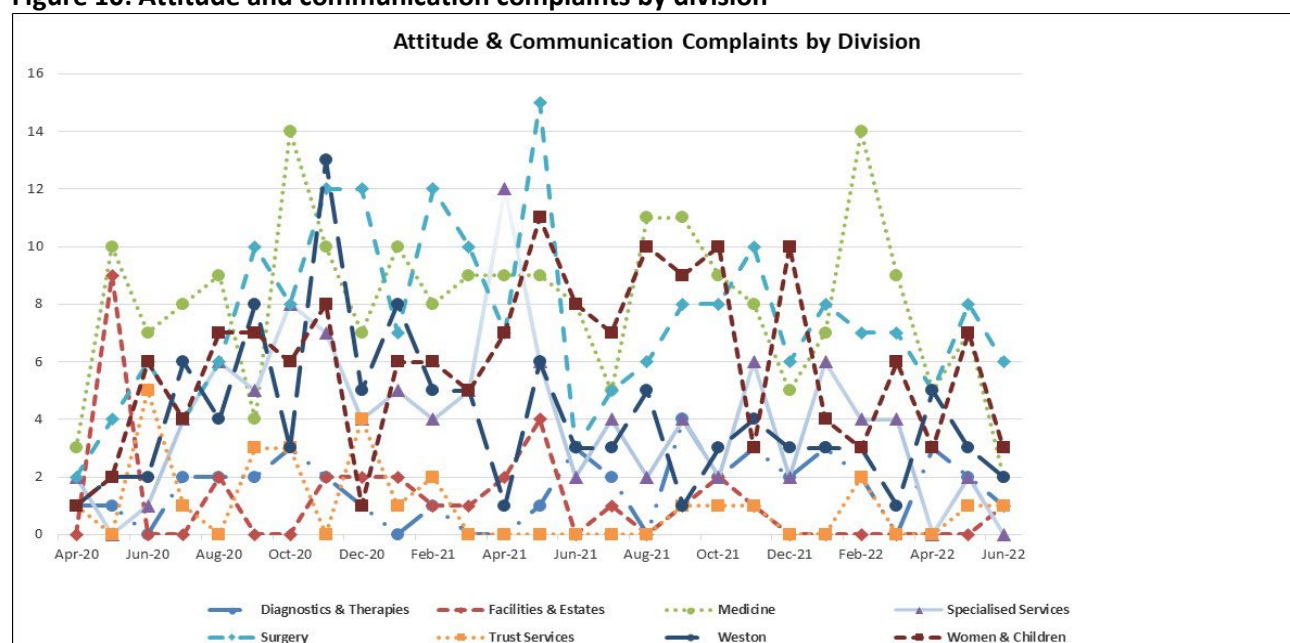


Figure 10 shows complaints about 'attitude and communication' by division. The Divisions of Medicine and Surgery again had the highest numbers of 'attitude and communication' complaints in Q1, although these decreased from 30 and 24 complaints respectively in Q4 to 14 and 19 respectively in Q1. Only the Divisions of Weston and Diagnostics & Therapies saw an increase in complaints in this category in Q1 and the most notable decrease was in the Division of Specialised Services.

Figure 10: Attitude and communication complaints by division

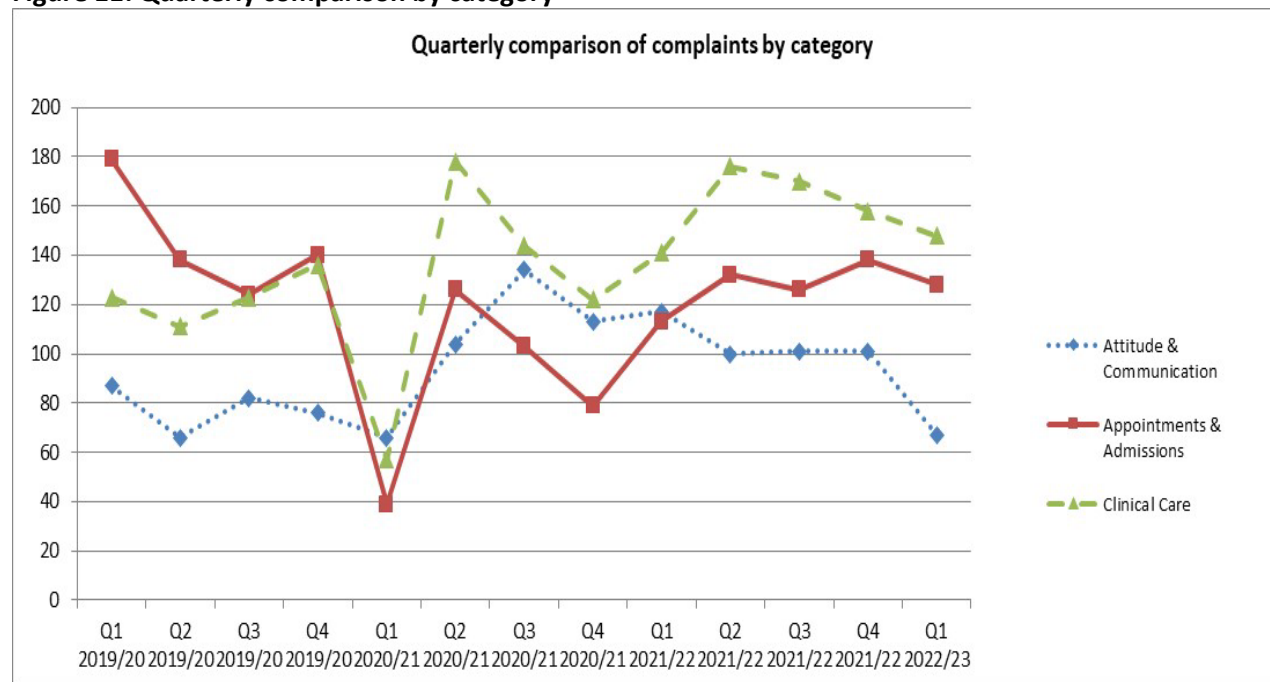


In Q1, 29 of the 67 complaints received in this category were for outpatient services, closely followed by 28 from inpatients and seven for emergency care, the latter of which was a further reduction from nine complaints in Q4 and the 25 reported in Q3. The remaining three complaints come under 'other', with one each for patient transport, security and the cashiers' office.

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 11: Quarterly comparison by category



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 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 14 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.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q1	97 (135) ↓	110 (119) ↓	49 (63) ↓	69 (88) ↓	33 (28) ↑	45 (47) ↓
Number of complaints about appointments and admissions	42 (67) ↓	21 (15) ↑	20 (14) ↑	24 (30) ↓	14 (5) ↑	7 (7) =
Number of complaints about staff attitude and communication	19 (22) ↓	14 (20) ↓	2 (14) ↓	13 (13) =	6 (13) ↓	10 (7) ↑
Number of complaints about clinical care	25 (28) ↓	46 (40) ↑	18 (24) ↓	27 (35) ↓	11 (9) ↑	21 (22) ↓
Area where the most complaints have been received in Q1	Bristol Dental Hospital (BDH) – 20 (31) Bristol Eye Hospital (BEH) – 22 (39) BEH Outpatients – 15 (22) Child Dental Health – 7 (6) ENT (inc. A700) – 8 (19)	Emergency Department (BRI) (inc. A413 & A300) – 36 (49) Sleep Unit – 8 (10) Dermatology – 13 (10) Clinic A410 – 11 (9) Ward A515 (AMU) – 5 (1) Ward A528 – 5 (2) Ward A900 – 5 (6)	BHI (all) – 38 (43) BHOC (all) – 9 (19) (Plus two for Clinical Genetics) BHI Outpatients (inc. Outpatient Echo) – 19 (16) BHOC Outpatients & Chemo Day Unit – 5 (8) Ward C705 - 6 Cath Labs (C602) – 4 (6)	BRHC (all) – 41 (58) (Plus one each for SBCH paediatric clinic and one for Weston Seashore Centre) Children's ED – 10 (4) Meadow Ward – 4 (0) StMH (all) – 26 (28) Gynae Outpatients – 8 (11) Central Delivery Suite (CDS) - 7 (2) Ward 73 – 5 (2)	Physiotherapy – 8 (1) Audiology – 10 (8) Radiology – 13 (10)	Accident & Emergency – 14 (14) Outpatients (Main, Orthopaedics & Quantock) – 9 (6)
Notable deteriorations compared with Q4	No notable deteriorations	Ward A515 (AMU) – 5 (1)	No notable deteriorations	Children's ED – 10 (4) Meadow Ward – 4 (0) CDS – 7 (2)	Physiotherapy – 8 (1)	No notable deteriorations
Notable improvements compared with Q4	BEH – 22 (39) BDH – 20 (31) ENT – 8 (19)	Emergency Department (BRI) (inc. A413 & A300) – 36 (49)	BHOC (all) – 9 (19)	BRHC (all) – 41 (58)	Boots Pharmacy – 1 (5)	No notable improvements

3.1.1 Division of Surgery

The Division received 97 new complaints in Q1 2022/23; a reduction on the 135 received in Q4 2021/22. Of these 97 complaints, 40 were in respect of inpatient services, 52 were about outpatient services, two were for emergency services (BEH) and the remaining three 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' (43.3%), with 31 of the 42 complaints being about cancelled or delayed appointments and operations and 10 in respect of appointment administration issues. Conversely, the most notable decrease in Q1 was also in this category, with a 37.3% reduction compared with the previous quarter. Complaints in all categories decreased in Q1, with the exception of 'information and support', which consists of complaints about hospital and patient information.

Following a sharp rise in complaints for the Bristol Eye Hospital (BEH) towards the end of Q4, there was a significant 43.6% decrease to 22 complaints in Q1. Similarly, Bristol Dental Hospital (BDH) saw a 35.5% reduction from 31 complaints in Q4 to 20 in Q1.

The Division achieved 80.8% against its target for responding to formal complaints within the agreed timescale in Q1, a notable deterioration on the 91.7% reported in Q4. 83.6% of informal complaints were responded to 83.6% of informal complaints were responded to within the agreed timescale, compared with 83.9% in Q4.

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 – Q1 2022/23	Number and % of complaints received – Q4 2021/22
Appointments & Admissions	42 (43.3% of total complaints) ↓	67 (49.6% of total complaints) ↑
Clinical Care	25 (25.8%) ↓	28 (20.7%) ↓
Attitude & Communication	19 (19.5%) ↓	22 (16.3%) ↓
Information & Support	5 (5.2%) ↑	3 (2.2%) ↓
Discharge/Transfer/Transport	3 (3.1%) ↓	5 (3.7%) =
Facilities & Environment	3 (3.1%) ↓	5 (3.7%) ↑
Documentation	0 (0%) ↓	3 (2.2%) ↑
Access	0 (0%) ↓	2 (1.6%) =
Total	97	135

Table 5: Top sub-categories

Category	Number of complaints received – Q1 2022/23	Number of complaints received – Q4 2021/22
Cancelled/delayed appointments & operations	32 ↓	45 ↑
Appointment administration issues	10 ↓	19 ↑
Clinical care (medical/surgical)	15 ↑	13 ↓
Communication with patient/relative	4 ↓	10 ↑
Attitude of medical staff	4 ↑	3 ↑
Attitude of A&C staff	4 ↑	1 =

Figure 12: Surgery – formal and informal complaints received

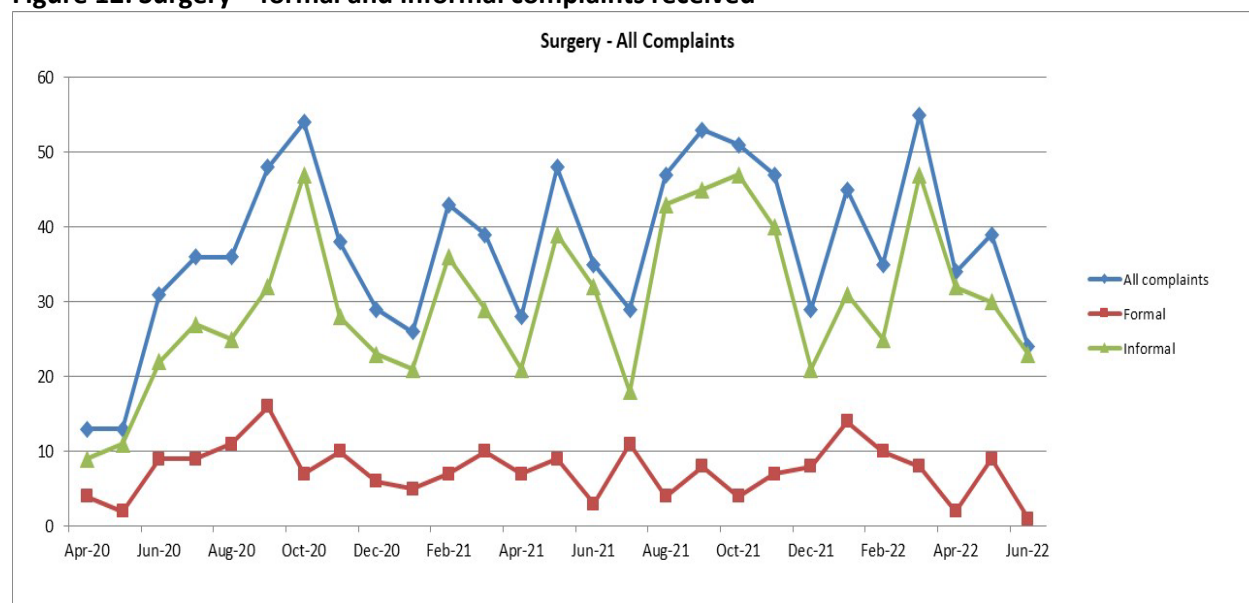


Figure 13: Surgery – Appointments and admissions

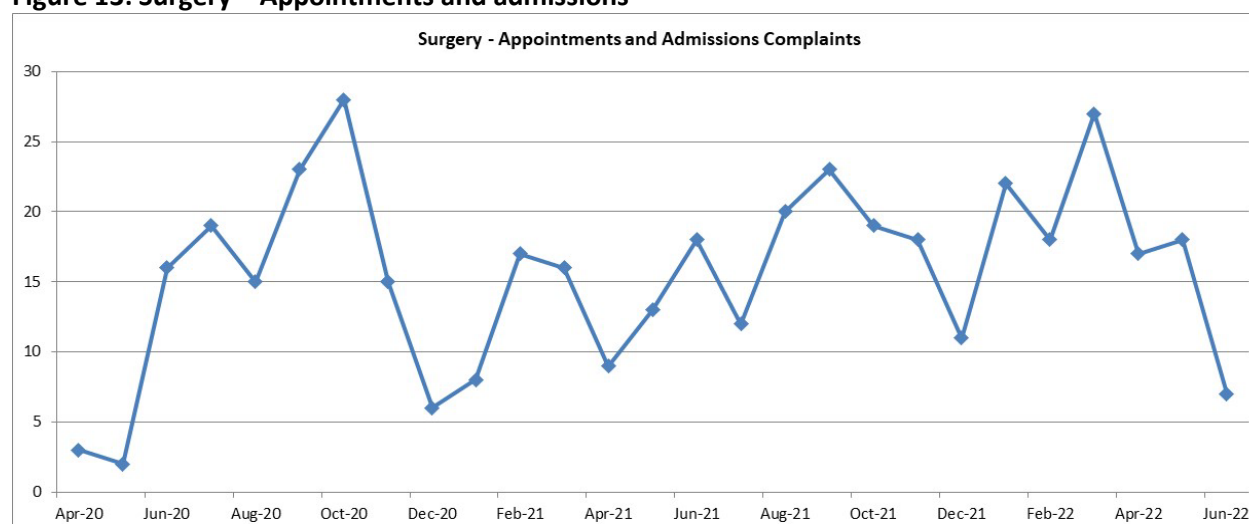
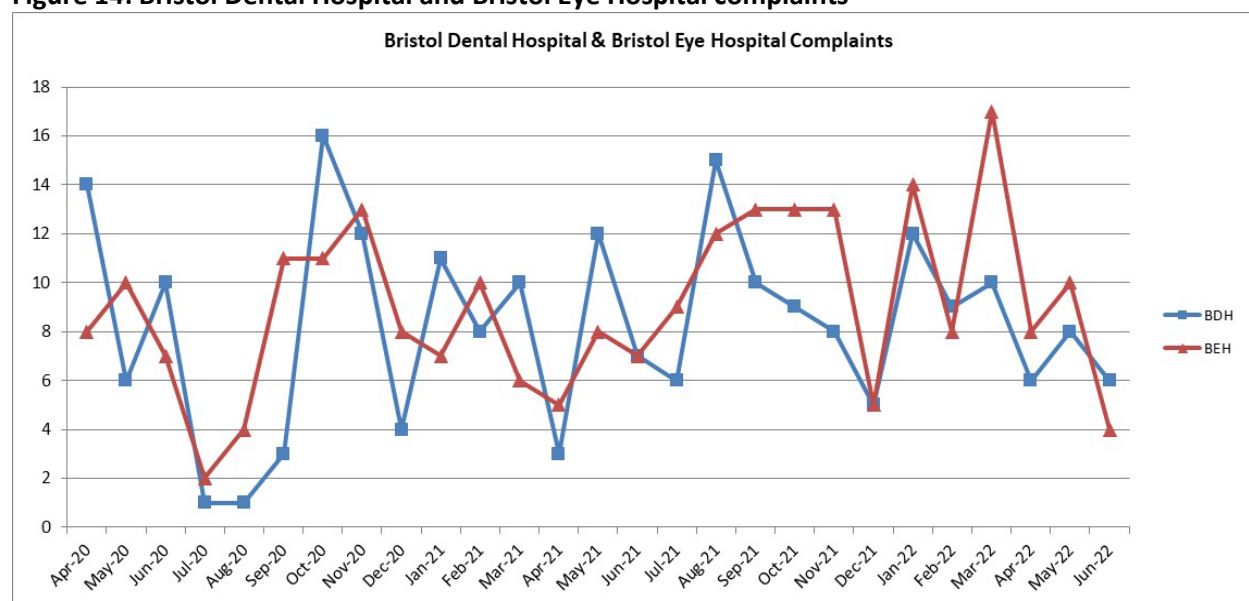


Figure 14: Bristol Dental Hospital and Bristol Eye Hospital complaints



3.1.2 Division of Medicine

The Division of Medicine received 110 new complaints in Q1 of 2022/23; a slight reduction on the 119 reported in Q4 of 2021/22. The largest number of complaints received by the Division is consistently in the category of 'clinical care' and this remained the case in Q1, again accounting for over 40% of all complaints received by the division, with more than half (52.2%) of these being about 'clinical care (medical/surgical)'. The most notable increase compared with Q4, was in the percentage of complaints received about 'appointments and admissions' which increased by 40%. There was a further 50% increase in complaints about cancelled or delayed appointments/operations to 15 in Q1. This is the highest number of complaints reported for the Division in this sub-category since Q3 of 2020/21.

There was a notable reduction in the number of complaints received for the Emergency Department, from 49 in Q4 to 36 in Q1.

The Division achieved 69.7% against its target for responding to formal complaints within the agreed timescale in Q1, a notable improvement on the 55.9% reported in Q4 and 56.4% in Q3. For informal complaints, the Division achieved 90% for responding within the agreed timescale; a further improvement on the 88.9% reported in Q4 and 85.7% in Q3. As reported in Q4 of 2021/22, the Division had been working to extended deadlines of 45 working days for formal complaints and 15 working days for informal complaints. This reverted to the standard 30 working days and 10 working days respectively from the beginning of June 2022. 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 – Q1 2022/23	Number and % of complaints received – Q4 2021/22
Clinical Care	46 (41.8% of total complaints) ↑	40 (33.6% of total complaints) ↑
Appointments & Admissions	21 (19.1%) ↑	15 (12.6%) ↑
Attitude & Communication	14 (12.7%) ↓	30 (25.2%) ↑
Facilities & Environment	12 (10.9%) ↓	17 (14.3%) ↑
Discharge/Transfer/Transport	7 (6.4%) ↑	5 (4.2%) ↓
Information & Support	6 (5.5%) ↓	7 (5.9%) ↑
Documentation	4 (3.6%) =	4 (3.4%) ↑
Access	0 (0%) ↓	1 (0.8%) ↓
Total	110	119

Table 7: Top sub-categories

Category	Number of complaints received – Q1 2022/23	Number of complaints received – Q4 2021/22
Clinical care (medical/surgical)	24 ↑	19 ↑
Clinical care (nursing/midwifery)	18 ↑	13 ↑
Cancelled or delayed appointments and operations	15 ↑	10 ↑
Lost personal property	8 ↓	10 ↑
Appointment administration issues	6 ↑	3 =
Discharge arrangements	5 =	5 ↓
Communication with patient / relative	4 ↓	13 ↑

Figure 15: Medicine – formal and informal complaints received

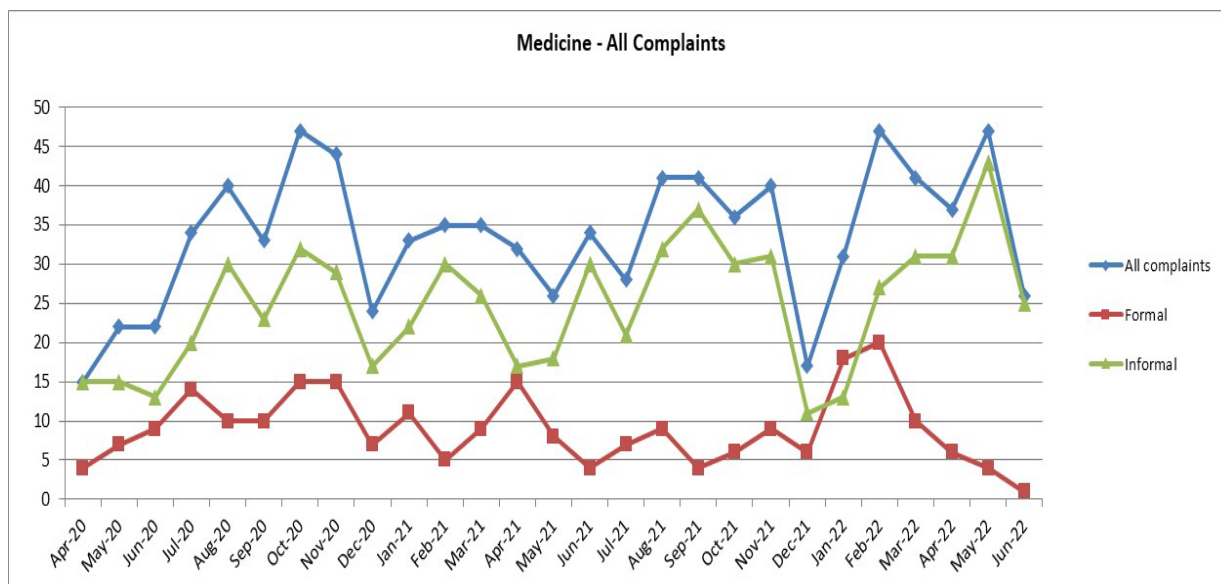


Figure 16: Medicine – All clinical care complaints

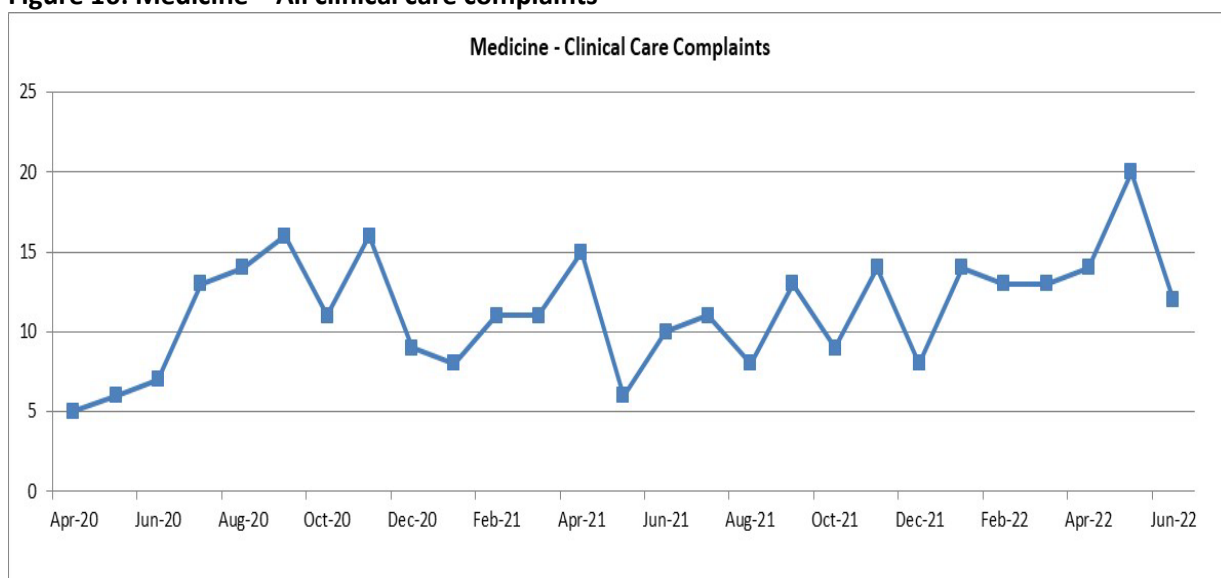
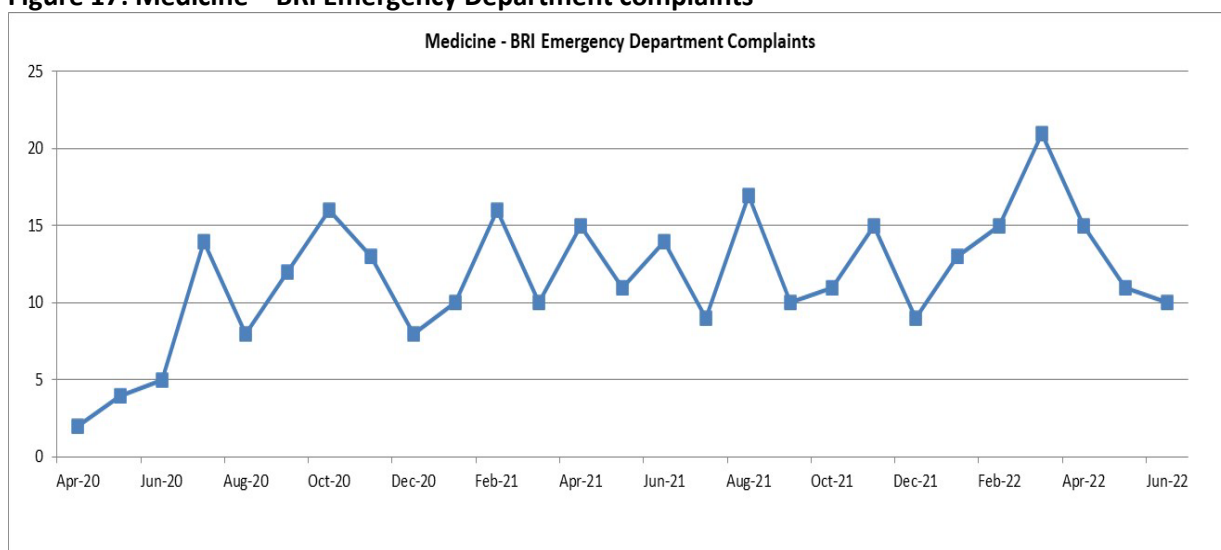


Figure 17: Medicine – BRI Emergency Department complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 49 new complaints in Q1; a notable reduction on the 63 reported in Q4 and Q3. Of these 49 complaints, 38 were for the Bristol Heart Institute (BHI), compared with 43 in Q4; and nine were for the Bristol Haematology & Oncology Centre (BHOC), compared with 19 received in Q4. In addition, there were two complaints for Clinical Genetics.

The largest number of complaints received by the Division in Q1 was under the category of 'appointments and admissions' (40.8%), with 70% (14 of 20) of these being about cancelled or delayed appointments and operations.

The significant reduction in complaints about 'attitude and communication' should be noted, which decreased from 14 in Q4 to just two in Q1. Similarly, in the sub-category of 'communication with patients/relatives' the reduction was even more notable, going from 12 in Q4 to just one in Q1.

Complaints in respect of outpatient services have historically been consistently higher in the division; however, in Q4 and Q1, the number of complaints received about inpatient services was much closer to those received in outpatient services, with 29 complaints for outpatients and 20 for inpatients in Q1.

The Division achieved 85.7% against its target for responding to formal complaints within the agreed timescale in Q1, a notable improvement on the 45% reported in Q4 and 57.1% in Q3. By comparison, for informal complaints, performance dropped slightly, with the division achieving 84.2%, compared with 95.1% in Q4. 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 – Q1 2022/23	Number and % of complaints received – Q4 2021/22
Appointments & Admissions	20 (40.8% of total complaints) ↑	14 (22.2%) ↓
Clinical Care	18 (36.7%) ↓	24 (38%) ↑
Information & Support	4 (8.2%) ↑	3 (4.8%) ↑
Attitude & Communication	2 (4.1%) ↓	14 (22.2%) ↑
Facilities & Environment	2 (4.1%) ↓	3 (4.8%) =
Discharge/Transfer/Transport	2 (4.1%) ↓	3 (4.8%) ↑
Documentation	1 (2%) ↓	2 (3.2%) ↓
Access	0 (0%) =	0 (0%) ↓
Total	49	63

Table 9: Top sub-categories

Category	Number of complaints received – Q1 2022/23	Number of complaints received – Q4 2021/22
Cancelled or delayed appointments and operations	15 ↑	12 ↓
Clinical care (medical/surgical)	10 ↓	11 ↑
Appointment administration issues	4 ↑	3 ↓
Lost/misplaced/delayed test results	3 ↓	5 ↑
Communication with patient / relative	1 ↓	12 ↑

Figure 18: Specialised Services – formal and informal complaints received

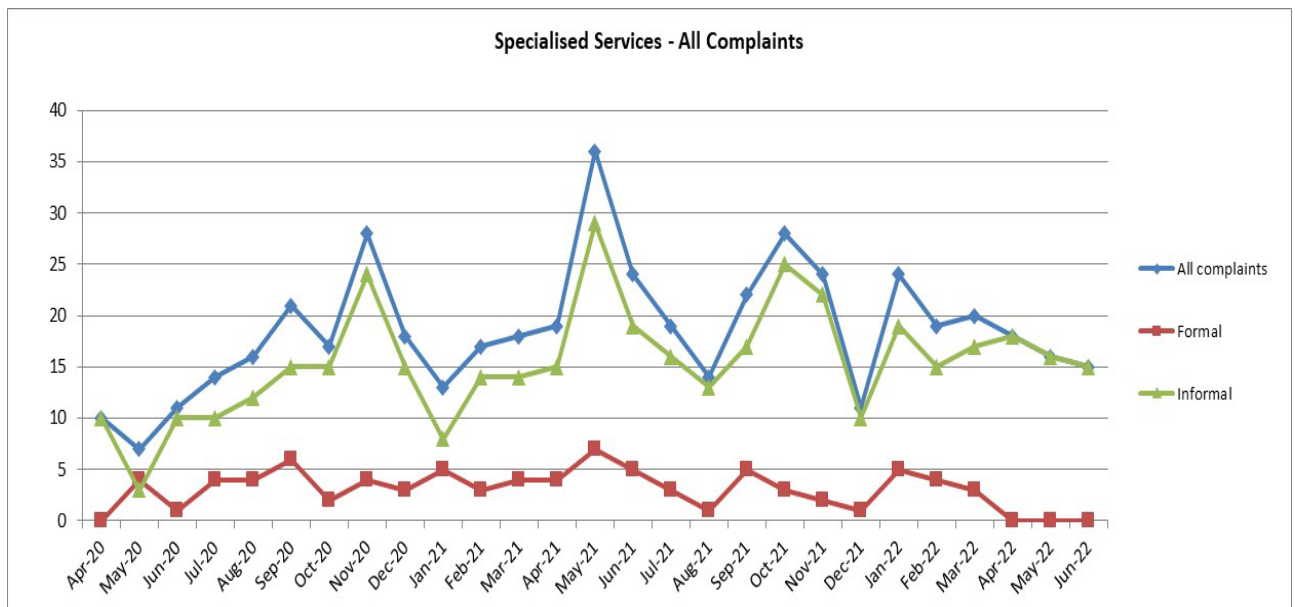


Figure 19: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre

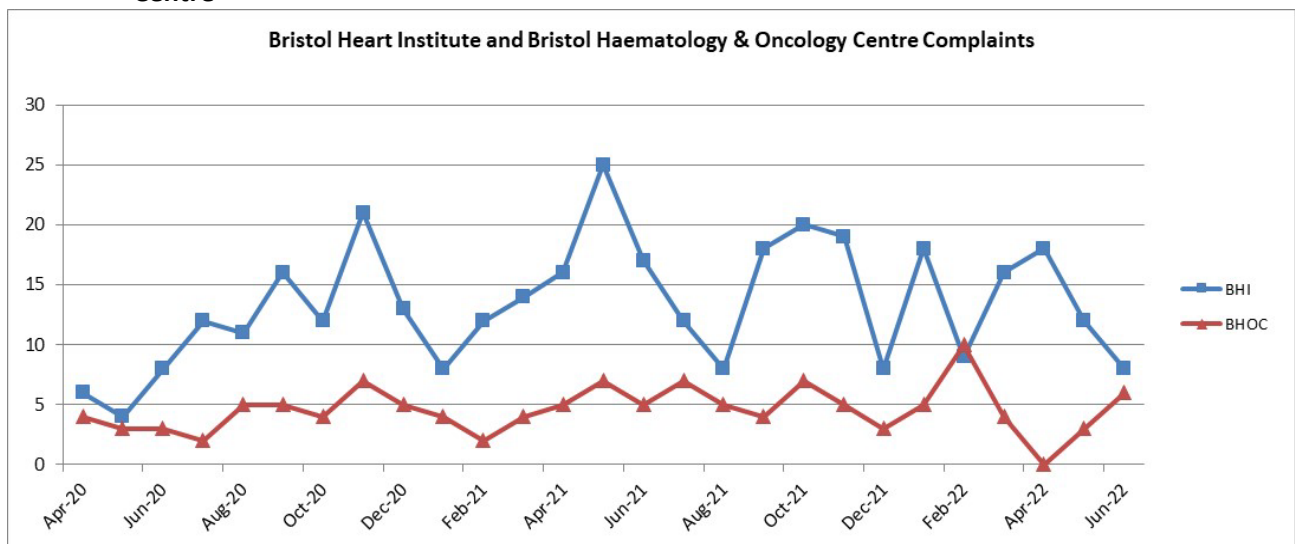
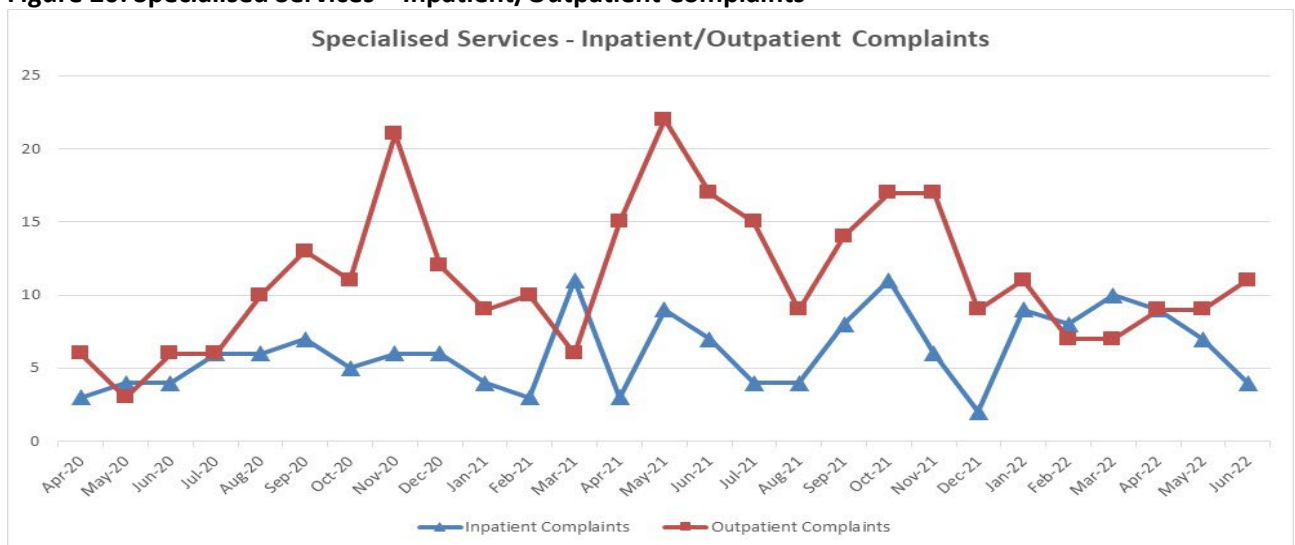


Figure 20: Specialised Services – Inpatient/Outpatient Complaints



3.1.4 Division of Women's and Children's Services

The Division of Women & Children received 69 new complaints in Q1 of 2022/23; a notable decrease on the 88 received in Q4 of 2021/22 and the 99 received in Q3. Of these complaints, 41 were for Bristol Royal Hospital for Children (BRHC), compared with 58 in Q4; and 26 were for St Michael's Hospital (StMH), compared with 28 in Q4. There was also one complaint for the paediatric outpatient clinic at South Bristol Community Hospital and one for the Seashore Centre at Weston General Hospital.

Complaints recorded under the primary category of 'clinical care' accounted for 39.2% of all complaints received by the Division in Q1 (27 of 69); complaints in this category are consistently the highest for the division. Complaints about 'appointments and admissions' decreased to 24 in Q1, from a peak of 30 complaints in Q4.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of 'appointments and admissions' (19), followed by 'clinical care' (13). The highest number of complaints received for St Michael's Hospital were in the category of 'clinical care' (14 of 26), representing 53.8% of all complaints received by the hospital, with five complaints each in respect of 'attitude and communication' and 'appointments and admissions.'

The Division achieved 90% against its target for responding to formal complaints within the agreed timescale in Q1, a further improvement on the 80.6% reported in Q4. For informal complaints, the division achieved 100%, which is even more impressive than the 93.8% achieved in Q4. 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 – Q1 2022/23	Number and % of complaints received – Q4 2021/22
Clinical Care	27 (39.2% of total complaints) ↓	35 (39.8% of total complaints) ↓
Appointments & Admissions	24 (34.9%) ↓	30 (34.1%) ↑
Attitude & Communication	13 (18.8%) =	13 (14.7%) ↓
Information & Support	2 (2.9%) =	2 (2.3%) ↓
Facilities & Environment	1 (1.4%) ↓	3 (3.4%) ↓
Discharge/Transfer/Transport	1 (1.4%) ↓	3 (3.4%) ↑
Documentation	1 (1.4%) ↑	0 (0%)
Access	0 (0%) ↓	2 (2.3%) ↑
Total	69	88

Table 11: Top sub-categories

Category	Number of complaints received – Q1 2022/23	Number of complaints received – Q4 2021/22
Cancelled or delayed appointments and operations	19 ↓	26 ↑
Clinical care (medical/surgical)	12 ↓	15 ↓
Clinical care (nursing/midwifery)	11 ↓	13 ↓
Attitude of medical staff	5 ↓	6 ↑
Appointment administration issues	4 ↓	6 ↑

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

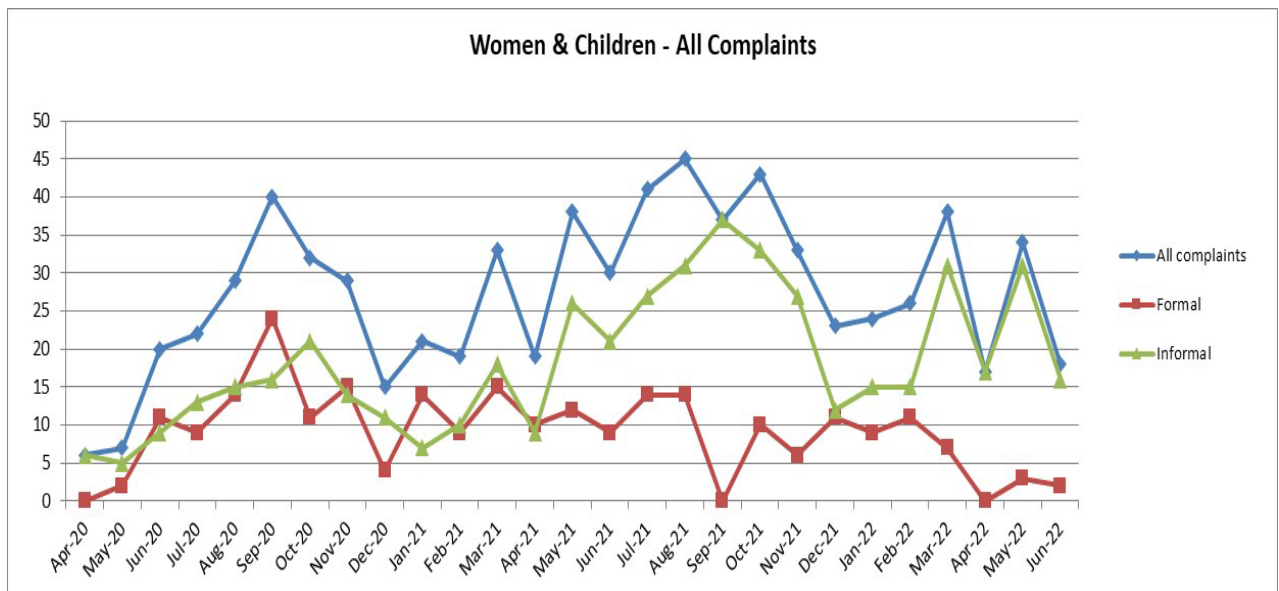


Figure 22: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital

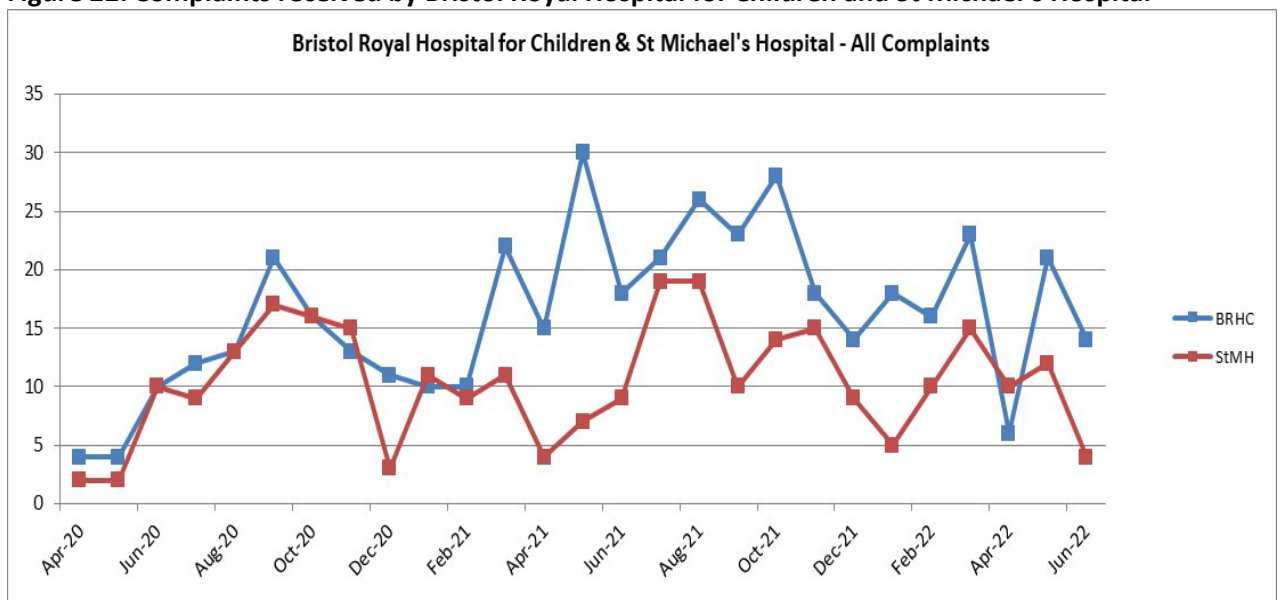
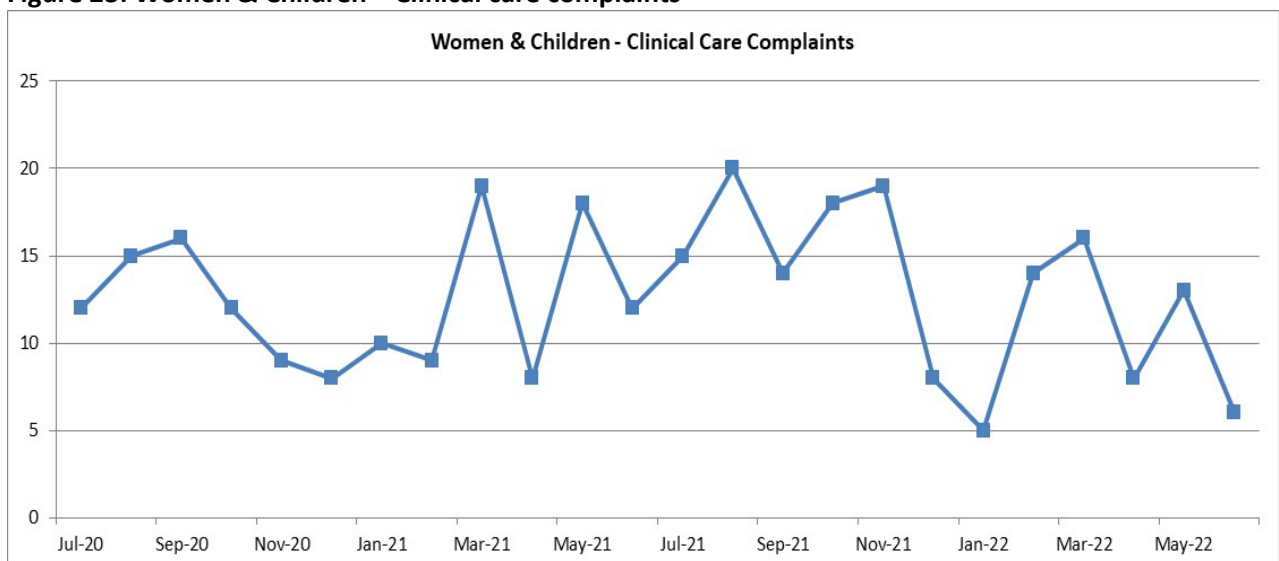


Figure 23: Women & Children – Clinical care complaints



3.1.5 Division of Diagnostics & Therapies

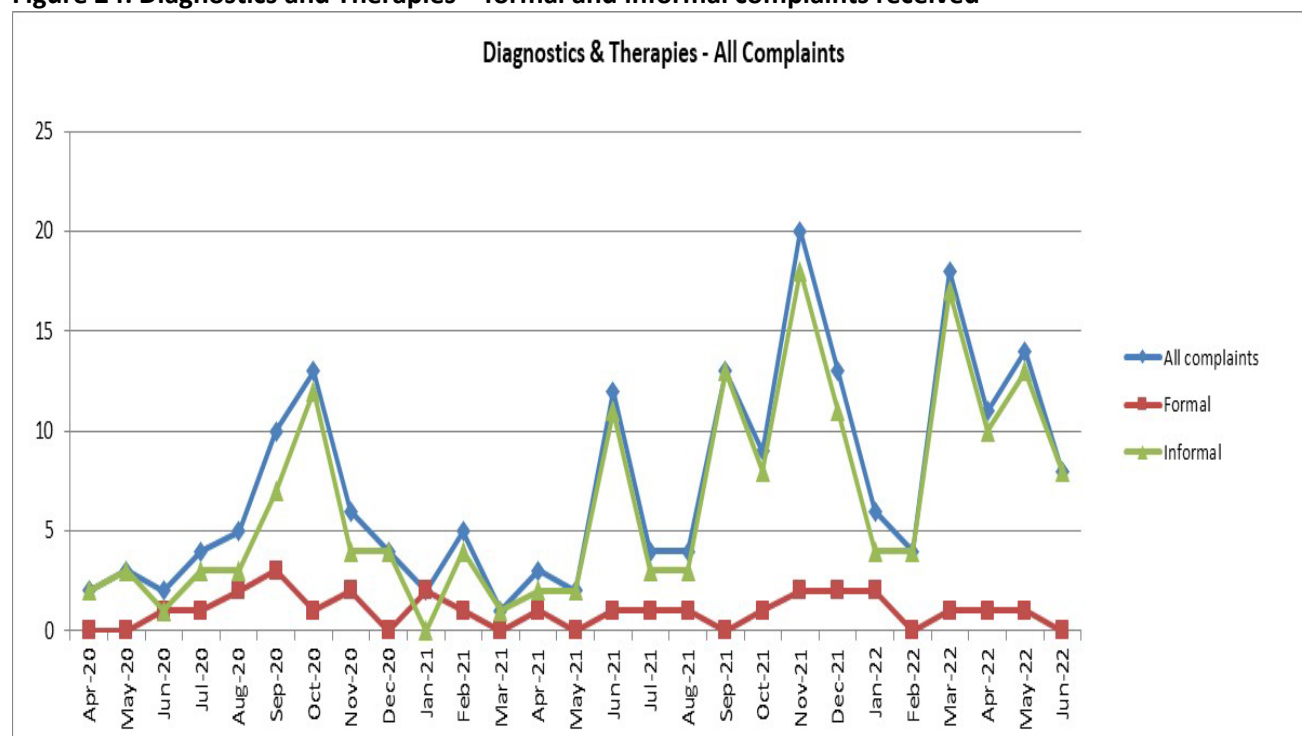
The Division of Diagnostics & Therapies received 33 new complaints in Q1, a small increase on the 28 received in Q4. Complaints about 'attitude and communication' which spiked at 13 in Q4, decreased to six in Q1. The most notable increase was in complaints about 'appointments and admissions,' from five in Q4 to 14 in Q1. Of these 14 complaints, half (7) were about appointment administration issues and five were in respect of cancelled or delayed appointments.

The Division achieved 50% against its target for formal complaint responses in Q1, a significant deterioration on the 75% reported in Q4 and Q3. However, it should be noted that only four formal complaints responses were due out from the division in Q1. 90.9% of informal complaints were responded to by the agreed deadline in Q1, with 20 of 22 informal complaints being responded to by the agreed deadline. This compares favourably with the compared with 86.7% reported in Q4. 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 – Q1 2022/23	Number and % of complaints received – Q4 2021/22
Appointments & Admissions	14 (42.5% of total complaints) ↑	5 (17.9%) ↓
Clinical Care	11 (33.3%) ↑	9 (32.1%) ↓
Attitude & Communication	6 (18.2%) ↓	13 (46.4%) ↑
Information & Support	1 (3%) =	1 (3.6%) ↓
Documentation	1 (3%) ↑	0 (0%) =
Facilities & Environment	0 (0%) =	0 (0%) ↓
Access	0 (0%) =	0 (0%) ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Total	33	28

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



3.1.6 Division of Weston

The Division of Weston received 45 new complaints in Q1 of 2022/23; similar to the 47 received in Q4 and 48 in Q3. 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 was a small rise in complaints received by the division about 'attitude and communication,' the only division which saw an increase in this category. The largest decrease was in complaints about 'facilities and environment,' a category which includes complaints about lost personal property and privacy and dignity. The PALS Team at Weston dealt directly with 11 lost personal property concerns during Q1, which are not included in this data.

The Emergency Department remained the department with the largest number of complaints in Q1, with a third of all complaints received by the division (14 or 45).

The Division achieved 53.8% (14 of 26 responses) against its target for responding to formal complaints within the agreed timescale in Q1, a significant improvement on the 20.3% reported in Q4 and 34.5% in Q3. This is excellent progress, although should be tempered by the fact that only half the number of formal responses were sent out by the division in Q1 compared with the previous three consecutive quarters. The division responded to 72.7% (8 of 11) of informal complaints within the agreed timescale in Q1, another improvement on the 50% reported in Q4 and slightly lower than the 75% in Q3.

The Weston PALS team again saw high volumes of concerns, with 133 received in Q1, compared with 143 in Q4 and 169 in Q3. Of the 133 concerns dealt with by the team, 36 were about 'attitude and communication', closely followed by 35 and 33 in respect of 'clinical care' and 'appointments and admissions' respectively. There were also 12 concerns raised in the category of 'facilities and environment' (including lost personal property); 10 about 'information and support'; five regarding 'discharge arrangements' and two relating to 'documentation'. 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 – Q1 2022/23	Number and % of complaints received – Q4 2021/22
Clinical Care	21 (46.7% of total complaints) ↓	22 (46.8% of total complaints) =
Attitude & Communication	10 (22.2%) ↑	7 (14.9%) ↓
Appointments & Admissions	7 (15.6%) =	7 (14.9%) ↓
Information & Support	4 (8.9%) ↑	3 (6.4%) ↑
Discharge/Transfer/Transport	2 (4.4%) =	2 (4.3%) =
Facilities & Environment	1 (2.2%) ↓	6 (12.7%) ↑
Documentation	0 (0%) =	0 (0%) ↓
Access	0 (0%) =	0 (0%) =
Total	45	47

Table 14: Top sub-categories

Category	Number of complaints received – Q1 2022/23	Number of complaints received – Q4 2021/22
Clinical care (medical/surgical)	17 ↑	12 ↑
Cancelled or delayed appointments and	4 ↓	6 ↓
Attitude of medical staff	4 ↓	5 ↑

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

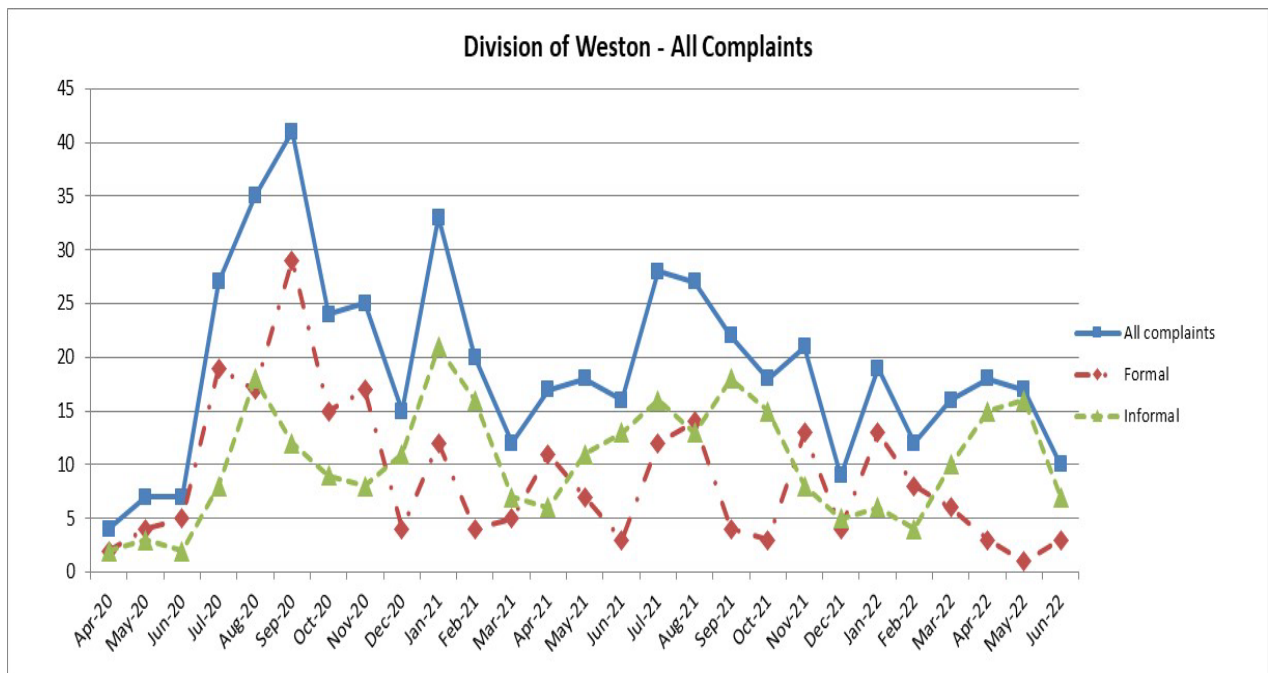
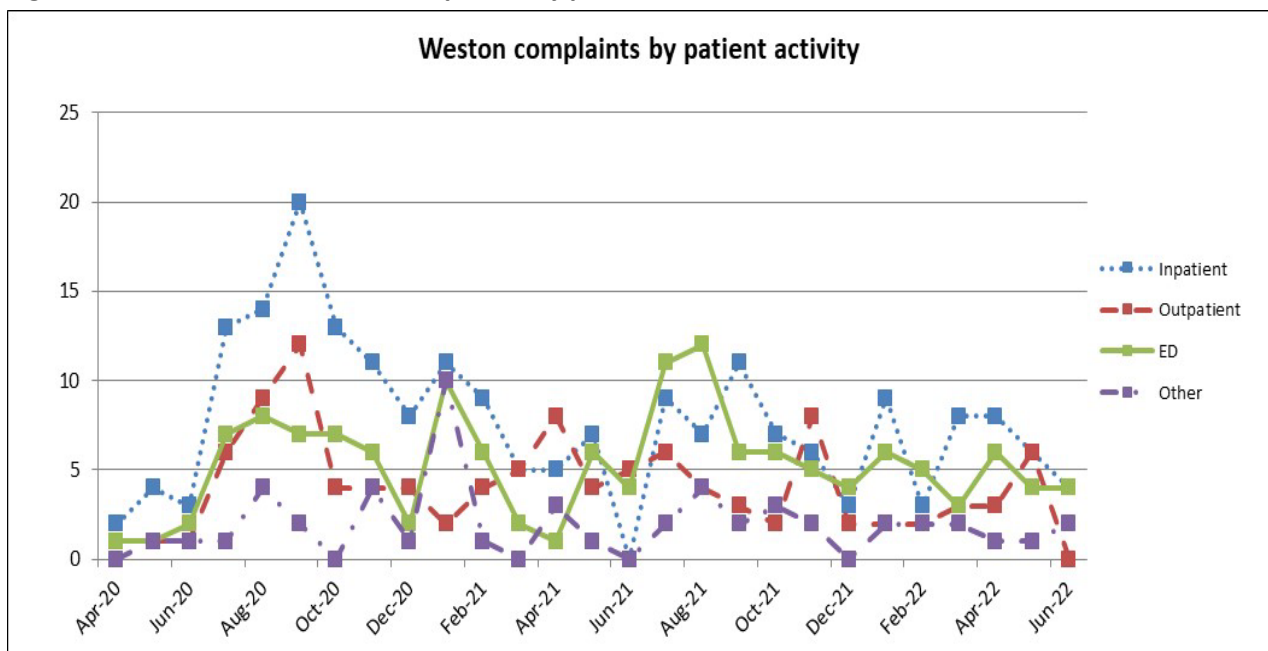


Figure 26: Division of Weston – complaints by patient area



3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 14 new complaints in Q1; a notable decrease on the 22 received in Q4.

The largest number of complaints received by the Division (10 in total) were recorded under the categories of 'facilities and environment' and 'information and support', four of which related to Trust-wide hospital policy.

The Division achieved 100% against its target for responding to formal complaints within the agreed timescale in Q1; a significant improvement on the 60% reported in Q4 and 20% in Q3. They also achieved 100% for informal complaints, compared with 80% in Q4. 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 – Q1 2022/23	Number and % of complaints received – Q4 2021/22
Facilities & Environment	5 (35.7% of total complaints) ↓	14 (63.6% of total complaints) ↑
Information & Support	5 (35.7%) ↑	4 (18.2%) ↑
Attitude & Communication	3 (21.4%) ↑	2 (9.1%) ↓
Access	1 (7.2%) ↑	0 (0%) =
Discharge/Transfer/Transport	0 (0%) ↓	2 (9.1%) ↑
Documentation	0 (0%) =	0 (0%) ↓
Clinical Care	0 (0%) =	0 (0%) =
Appointments & Admissions	0 (0%) =	0 (0%) =
Total	14	22

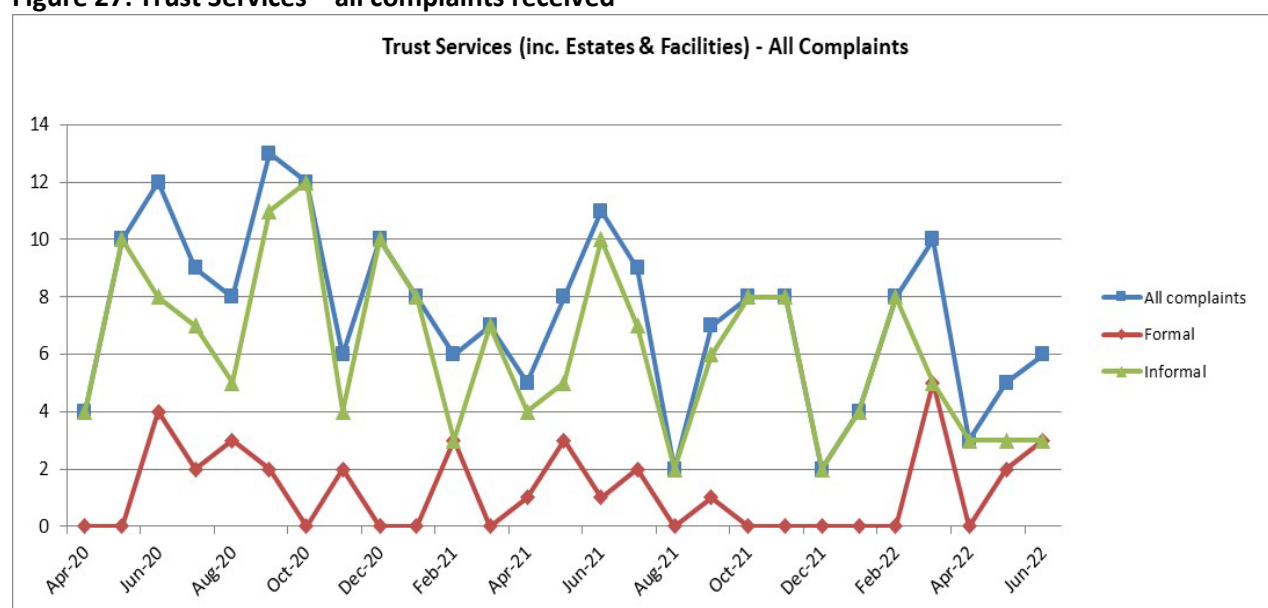
Figure 27: Trust Services – all complaints received

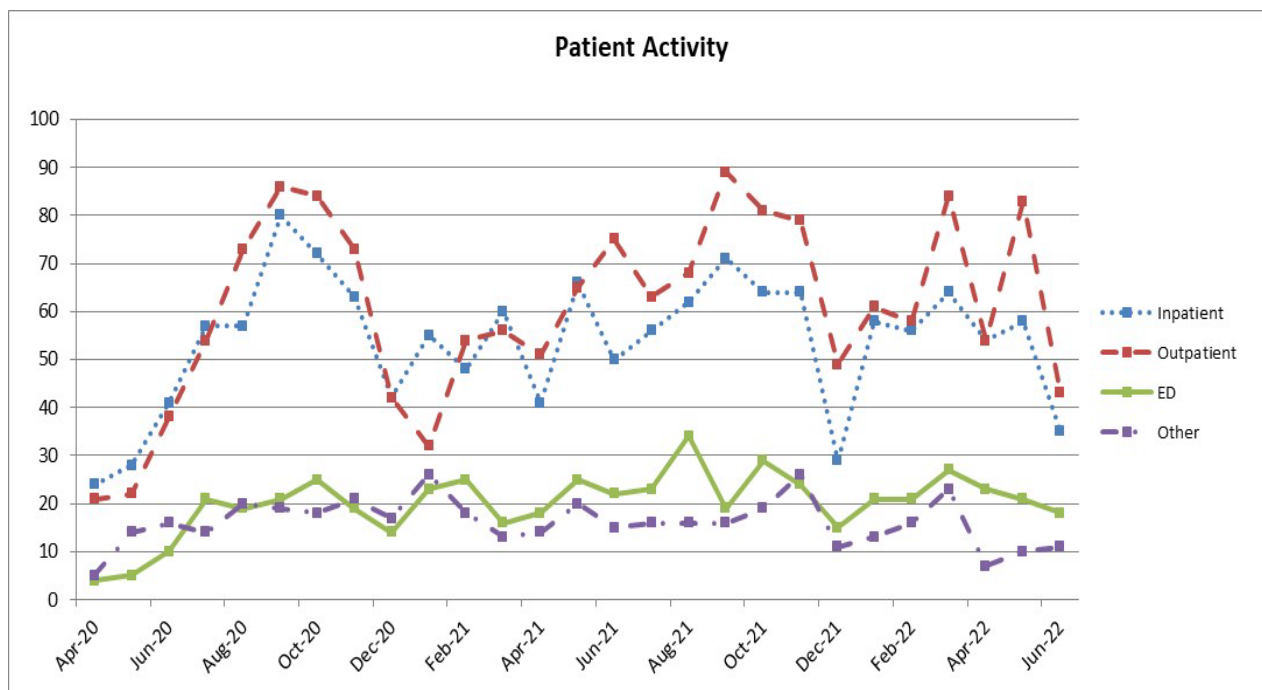
Figure 27 above shows all complaints received for Trust Services, including Estates & Facilities.

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 notable 32% increase in Emergency Department complaints over the course of Q1, with 62 complaints, compared with 47 in Q4. Complaints about outpatient services also increased from 156 in Q4 to 180 in Q1; a 15.4% increase, whilst complaints about inpatient and 'other' services remained similar to the previous quarter.

In Q1, 43.2% (*40.4%) of complaints received were about outpatient services, 35.2% (35.5%) related to inpatient care, 14.9% (13.7%) were about emergency patients; and 6.7% (10.4%) were in the category of 'other' (as explained above). * Q4 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 Q1, all divisions reported breaches of formal complaint deadlines, with the exception of Trust Services, with a total of 34 breaches reported Trust-wide. This is a significant improvement on the 97 reaches reported in Q4 and 93 in Q3.

The Division of Weston reported 12 breaches of deadline, there were 10 for Medicine, five for Surgery, three for Women & Children, and two each for Specialised Services and Diagnostics & Therapies. Please see Table 17 below for details of where in the process the delays occurred/to whom the breaches were attributable. 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, half (50%) of Diagnostics & Therapies formal responses breached the agreed deadline. Please also note that only one of the breaches for the Division of Women & Children was attributable to a delay by the division.

In Q1 the Trust responded to 137 complaints via the formal complaints route and 75.2% (103) of these were responded to by the agreed deadline, against a target of 95%. This compares with 61.2% of 250 formal responses in Q4.

Table 16: Breakdown of breached deadlines – Formal

Division	Q1 2022/23	Q4 2021/22	Q3 2021/22	Q2 2021/22
Weston	12 (46.2%)	47 (79.7%)	36 (65.5%)	43 (65.2%)
Medicine	10 (30.3%)	15 (44.1%)	17 (43.6%)	11 (26.2%)
Surgery	5 (19.2%)	4 (8.3%)	8 (30.8%)	5 (12.2%)
Women & Children	3 (10%)	13 (19.4%)	19 (44.2%)	9 (15.5%)
Specialised Services	2 (14.3%)	11 (55%)	9 (42.9%)	10 (29%)
Diagnostics & Therapies	2 (50%)	3 (25%)	1 (25%)	0 (0%)
Trust Services	0 (0%)	4 (40%)	4 (80%)	3 (30%)
All	34 breaches	97 breaches	94 breaches	81 breaches

(So, as an example, there were 10 breaches of timescale in the Division of Medicine in Q1, which constituted 30.3% of the complaint responses which were sent out by that division in Q1).

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 Q1. During this period, 29 breaches were attributable to the Divisions, two were caused by delays in the Patient Support & Complaints Team, and three occurred during Executive sign-off.

The Patient Support & Complaints Manager has reviewed the delays attributed to the team, and one delay was due to the capacity of the caseworker to process the response in a timely manner, and one was due to an administrative error with the wrong version of the response being sent to the Executive team for signing.

Table 17: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	2	10	2	1	2	0	12	29
PSCT	1	0	0	1	0	0	0	2
Execs/sign-off	2	0	0	1	0	0	0	3
Other Trust	0	0	0	0	0	0	0	0
All	5	10	2	3	2	0	12	34

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 Q1, the Trust responded to 206 complaints via the informal complaints route (a 4% increase compared with the 198 reported in Q4) and 88.8% of these were responded to by the agreed deadline; a small improvement on the 87.4% reported in Q4.

Table 18 below shows these breaches by division, again with the percentage of total informal responses for each division in Q1.

Table 18: Breakdown of breached deadlines - Informal

Division	Q1 2022/23	Q4 2021/22	Q3 2021/22	Q2 2021/22
Surgery	10 (16.4%)	9 (7.1%)	8 (11.4%)	4 (7.4%)
Medicine	5 (10%)	4 (11.1%)	6 (14.3%)	3 (10.3%)
Weston	3 (27.3%)	4 (50%)	2 (25%)	4 (21.1%)
Specialised Services	3 (15.8%)	2 (4.9%)	8 (22.2%)	3 (13/6%)
Diagnostics & Therapies	2 (9.1%)	2 (13.3%)	2 (8.3%)	1 (10%)
Women & Children	0 (0%)	2 (6.3%)	1 (3.7%)	4 (14.8%)
Trust Services	0 (0%)	2 (20%)	0 (0%)	1 (8.3%)
All	23	25	27	20

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, which have been updated in agreement with the Trust's Head of Legal Services since the Q4 2021/22 report:

- Cases where there is already an aligned investigation taking place. For example: Child Death Review (CDR) / Rapid Incident Review (RIR) / Patient Safety Incident Investigation (PSII) / legal claim / inquest / safeguarding issue, etc.
- Significant reputational risk. For example: Complainant indicates they will contact the press, or the complaint relates to an issue currently in the press, such that it presents a reputational risk to the Trust.
- Significant risk of regulatory action. For example: complainant has indicated they intend to report to GMC/CQC/other regulatory body.
- Significant risk of a legal claim.
- Any complaint that may potentially be linked to a known group legal action (where several patients are taking legal action about the same issue).
- Serious allegation/s made about a specific member of staff.
- Other: For example, a complaint where there may be a high risk of a recurrence of the events reported / high complexity complaint requiring senior oversight, etc.

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 Q1 are shown below.

Example 1

A complaint had been received from a patient who had stitches following the birth of her baby and was told by midwife that the stitches would dissolve after 10-14 days. When it was still very painful after two weeks, she returned to the community midwife, who advised that the stitches had formed into a clump, and they had to be cut out. The patient later discovered when seeing her GP for her eight-week check-up, that the stitches were not dissolvable but nylon stitches, some of which were still in place and had to be removed by the GP, meaning that the patient had been in discomfort unnecessarily for eight weeks. During the patient safety/complaints meeting, it was confirmed that this event had not been recorded as an incident and this was rectified during the complaint investigation.

Example 2

A complaint was received about a patient who was brought to the Emergency Department (ED) at Bristol Royal Infirmary by ambulance, after suffering a non-epileptic seizure, which had been occurring since she sustained a head injury. She was left unattended on a trolley in the ED and was then moved to a chair, from which she fell, gashing her arm. The patient was subsequently declared medically fit for discharge, despite having blurred vision and loss of sensation in her legs.

Although a patient safety incident had been recorded on Datix about a similar event in January 2022, there was nothing recorded in respect of this incident, which occurred in May. The Patient Safety team advised that an incident should have been recorded and investigated and the Patient Support and Complaints Team were able to share this advice with the division when sending the complaint to them for investigation.

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 Q1 of 2022/23. 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.

- A complaint was received from the parents of a three-year-old who was admitted to Bristol Royal Hospital for Children (BRHC) due to poor oral intake following an adenotonsillectomy and bilateral grommets. Whilst in the Children's Emergency Department (CED) there were three attempts by two members of staff to place a cannula in the child's arm, which he found very traumatic.

Whilst waiting for a bed on the ward, the child's fluid pump alarm sounded, indicating 'high pressure' and a member of staff had to forcefully flush the line before it was running again. The patient was then transferred to a ward in the early hours of the morning when his father noticed that his son's arm was significantly swollen, and his hand was discoloured. The child was also complaining of discomfort and staff therefore stopped the fluids running and cut the sleeve on his t-shirt to prevent it acting as a tourniquet. He was reviewed by the plastics team, who were able to provide some assurance that the solution going through the cannula was not an irritant to the surrounding skin and tissue, and the vascularity to the patient's hand appeared to be intact. They advised a further 24 hours in hospital with conservative management and that they would need to review him before he was discharged.

As a direct result of this complaint, strategies to help children and their families during interventions such as cannulation have been added to the induction programme and given more emphasis in junior doctors' training within the department. (Women & Children)

- A complaint was received from a patient who was in hospital awaiting planned surgery. Whilst she was still in the hospital, she was concerned about the correct use and removal of Personal Protective Equipment (PPE) by a nurse and her surgeon.

As a result of this complaint, the Supervisory Sister for the Surgical Day Unit committed to auditing PPE compliance of staff in the unit on a weekly basis for a period of two months, to ensure practice is embedded and compliant with PPE standards. In addition, all SDU staff

were directed to ensure completion of the teaching and education session on correct PPE use and removal when attending patients in a clinical setting. (Surgery)

- A complaint was received from the primary carer of a gentleman with severe learning difficulties who was under the care of the Palliative Care Team. He was admitted to Bristol Royal Infirmary for a biopsy of a large mass on his tongue, which was diagnosed as a squamous cell carcinoma. The patient remained in hospital until he sadly passed away three weeks later. During his admission, the patient was under the care of the Learning Disabilities (LD) Team, Supportive & Palliative Care Team, Speech & Language Therapy Team, dieticians and his consultant team. His carer had a number of concerns about his care and treatment prior to his death, particularly in respect of a delay in the patient being seen by the LD Team, poor communication with the patient's carer and his social worker, issues around the 'best interest' meeting which had been overwhelming for the patient, and three pressure ulcers being allowed to develop during the admission.

As a result of the complaint, daily safety briefings on the ward have been used to remind nursing staff that pressure area care must be prioritised and documented on the care log for each shift and the Ward Sister has committed to ensuring that pressure ulcer training compliance is above 85%. The Palliative Care Team committed to promoting use of the Trust's pro forma to optimise best interest meetings and to ensure adjustments are considered in advance of meetings to ensure enhanced advocacy for each patient's individual needs. (Surgery)

6. Patient Support & Complaints Team activity

6.1 Information, advice, and support

As well as dealing with complaints, the Patient Support and Complaints Team are also responsible for providing patients, relatives and carers with help and support. In addition to complaints, a total of 243 requests for information/advice/support and feedback were received in Q1, and the Patient Advice & Liaison Service (PALS) in Weston dealt with 133 concerns, a 7% reduction on the 143 recorded in Q4.

The Patient Support and Complaints Team also recorded and acknowledged 69 compliments received during Q1 and shared these with the staff involved and their Divisional teams. This is a significant 91.7% increase on the 36 compliments reported in Q4, although this does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q1 the Patient Support and Complaints Team recorded 193 enquiries that did not proceed, compared with 224 in Q4 and 181 in Q3. 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 955 separate new enquiries in Q1 of 2022/23. 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 Q1, 258 complaints were received in writing (158 by email, 78 via website feedback and 22 letters) and 150 were received verbally by telephone. Nine complaints were also received in Q1 via the Trust's 'real-time feedback' service. Of the 417 complaints received in Q1, 92.8% (387/417) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This improvement, compared with the 83.1% reported in Q4 and 73.5% in Q3, was due to a concerted effort by the Patient Support and Complaints Team to catch up with the backlog of enquiries coming into the service. The recovery plan agreed in Q4 and implemented in Q1, has seen normal levels of performance returning in this area.

5.3 PHSO (Ombudsman) cases

During Q1, the Trust was advised by the Parliamentary and Health Service Ombudsman (PHSO) of their interest in two new complaints. During the same period, one additional existing case remains ongoing, and four cases were closed during Q1.

Table 19: New complaints with the PHSO during Q1

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
25741	SB	Y-YB	30/01/2020 [16/05/2022]	BRI	Emergency Department	Medicine
The PHSO contacted the Trust on 16/05/2022, asking for information about the Trust's complaints service during the Covid-19 pandemic in respect of this complaint and more generally about whether complaint meetings continued to be held. This information was provided, and the complaint was closed a few days later (see closed cases below).						
31235	AD		19/11/2020 [27/05/2022]	StMH	Ultrasound Clinic	Diagnostics & Therapies
The Trust was contacted by the PHSO on 27/05/2022, when they advised that they would be investigating this complaint and they requested a copy of the complaint file and patient's medical records. These were subsequently sent to them by the deadline stated of 09/06/2022. We are currently awaiting further information/a provisional report from the PHSO.						

Table 20: Complaints ongoing with the PHSO during Q1 (in addition to the new cases in Table 19)

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
32437	JD		29/01/2021 [04/10/2021]	BDH	Primary Care Unit (BDH)	Surgery
The PHSO contacted the Trust to ask if we had exhausted local resolution with this complaint. We confirmed on 05/10/2021 that as we had already sent a formal written response and a further dissatisfied response, we were happy for them to investigate. We have not heard anything further from PHSO since then.						

Table 21: Complaints closed by the PHSO during Q1

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	17/04/2019 [04/05/2021]	BHOC	BHOC Outpatients	SpS
The PHSO produced their final report on 13/04/2022, confirming that they had completed their investigation and the complaint was 'Not Upheld'.						
25054	MM	EM	03/12/2019 [19/01/2021]	BHI	C604 - CICU	SpS
The PHSO's final report was received on 26/04/2022 and their decision was that the complaint was 'Partly Upheld'. Whilst they did not find that anything went wrong with the patient's surgery, they found that the Trust provided conflicting information in its complaint responses and got some of its facts wrong, which led to a loss of faith in the answers provided and left the complainant feeling that she was not being taken seriously. The Trust was advised to send a letter of apology to the complainant, acknowledging the failings identified and apologising for the impact this had, and to make a payment of £300 in recognition of the loss of faith caused by the inconsistencies and inaccuracies in its complaints responses.						
22146	FT	JT	13/07/2020	BRI	Upper GI	Surgery
The PHSO's final report was received on 22/06/2022 and their decision was that the complaint was 'Partly Upheld'. Failings were found in how the Trust acted on two occasions once the patient's gallstones began to cause symptoms. They found that the Trust failed to remove the patient's gallbladder within the recommended timescale, which denied her the chance to have her cancer identified at the earliest opportunity. The Trust was advised to write a letter of apology to the complainant, acknowledging that it failed to provide appropriate follow-up and failure to take appropriate action, thus denying the patient the best possible opportunity to have timely surgery to remove her gallbladder, and for the uncertainty and frustration caused. A further recommendation was made by the PHSO for the Trust to review what happened to this patient, in order to identify why the failings occurred and to provide an action plan, setting out what action it will take to prevent this from occurring again.						
25741	SB	Y-YB	30/01/2020 [16/05/2022]	BRI	Emergency Department	Medicine
The PHSO confirmed on 23/05/2022 that they had concluded their consideration of this complaint, and had closed it without a full investigation, and would be taking 'No Further Action'.						

The Patient Support & Complaints Manager has committed to producing a briefing highlighting PHSO findings over the last two years and the learning that has been taken from these findings where the PHSO has identified failings by the Trust.

7. Severity of Complaints

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

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e., organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e., Trusts who receive high levels of low-level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends on what the complaint is about. A practical example of each of these categories is shown in Table 22 below.

As we build our dataset, we hope that this will enable us to begin to differentiate between higher and lower performing areas within the Trust (in terms of the severity of complaints reported) and to use the information to explore opportunities for quality improvement.

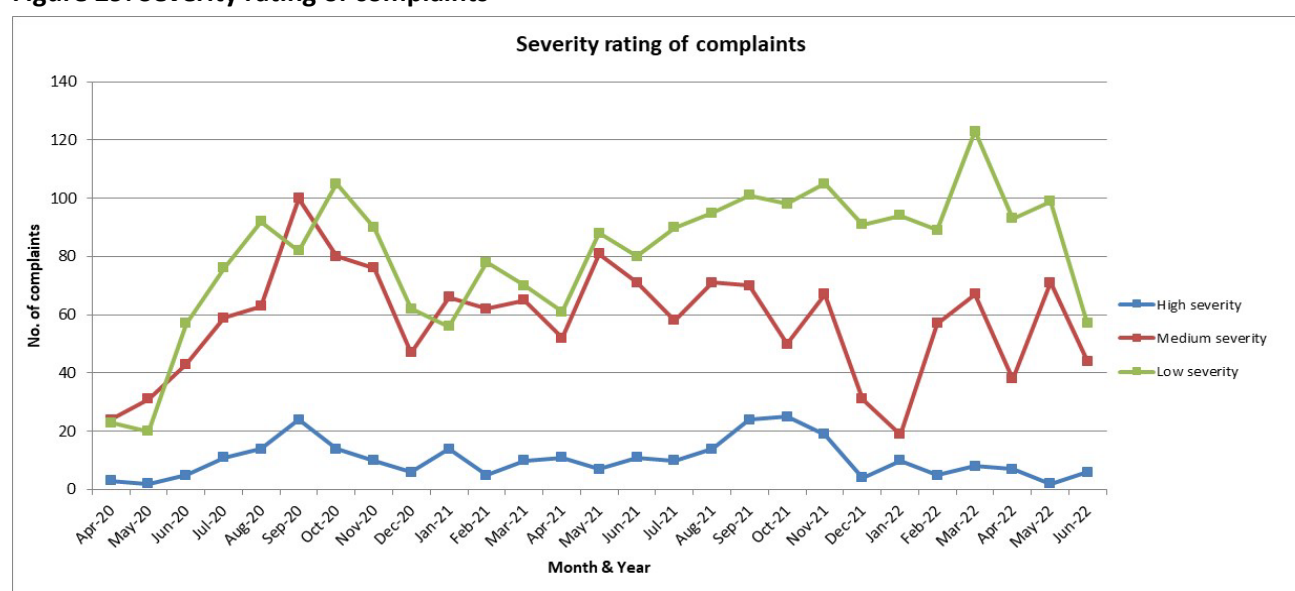
Table 22: Examples of severity rating of complaints

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

In Q1, the Trust received 417 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 417 complaints, 249 were rated as being low severity, 153 as medium and 15 as high. Figure 29 below shows a breakdown of these severity ratings by month since April 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 and reduced by a further 37.5% overall in Q1. Complaints rated as medium in Q1 increased slightly, whilst those rated as low severity decreased by 17% compared with Q4.

The number of complaints received since April 2020, by severity is as follows, with the monthly average shown in brackets: High severity – 284 (av. 10.5); Medium severity – 1,596 (av. 59.1); Low severity – 2,169 (av. 80.3). A breakdown by Division is shown in Table 23 below.

Table 23: Severity rating of complaints by Division (all complaints received in Q1 2022/23)

Division	High Severity	Medium Severity	Low Severity	Totals
Diagnostics & Therapies	0 (0%)	14 (42.4%)	19 (57.6%)	33
Specialised Services	2 (4.1%)	18 (36.7%)	29 (59.2%)	49
Medicine	5 (4.6%)	37 (33.6%)	68 (61.8%)	110
Surgery	1 (1%)	29 (29.9%)	67 (69.1%)	97
Weston	1 (2.2%)	21 (46.7%)	23 (51.1%)	45
Women & Children	6 (8.7%)	31 (44.9%)	32 (46.4%)	69
Trust Services (inc. Estates & Facilities)	0 (0%)	3 (21.4%)	11 (78.6%)	14
Totals	15 (3.6%)	153 (36.7%)	249 (59.7%)	417

From Table 23 above, it can be seen that, although only a very low number of complaints received by the Division of Women & Children were rated as ‘high severity’, this represented 8.7% of all complaints received by the division, the highest percentage of all divisions.

Figure 30: High severity complaints by division

