



Let's make
complaints
count!

Complaints Quarterly Report

Q2 (July 2023 – September 2023)

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Please use the tabs along the top
to navigate through this report

Total complaints received	595	↑
Complaints acknowledged within set timescale	85.%	↓
Complaints responded to within agreed timescale – formal investigation	76.5%	↑
Complaints responded to within agreed timescale – informal investigation	87.4%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	12.1%	↑

Successes

- By the end of Q2, the PSCT had successfully cleared the backlog of new cases waiting to be logged and acknowledged, with 99% acknowledged within the set timescale in the last month of the quarter.
- 60% of all complaints received in Q2 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 for both formal and informal investigations.
- Divisional complaints review panels recommenced as planned.
- St Michael's Hospital was the only UHBW site to record less complaints in Q2 than in Q1, when all other sites saw significant increases.

Priorities

- Now that the backlog of enquiries waiting to be logged and acknowledged has been cleared, the priority is to agree and implement an achievable trajectory to clear the backlog of complaints waiting to be allocated to a complaints officer and sent to the divisions for investigation.
- 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.

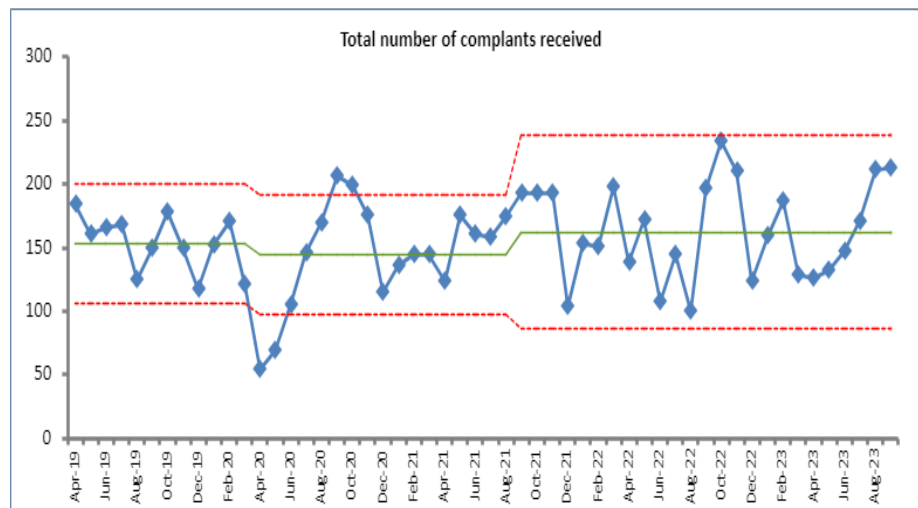
Risks & Threats

- The number of complaints received by the Trust increased from 405 in Q1 to 595 in Q2, a significant 46.9% increase and the highest number of complaints recorded in one quarter since Trust merger.
- During Q2, the PSCT continued to operate with a significant backlog in respect of cases waiting to be allocated to a caseworker. A detailed trajectory and recovery plan has been submitted to the Executive Team.
- Data continues to show a slow upward trajectory in the proportion of complainants who tell us they are unhappy with our response, although levels of dissatisfaction decreased at the end of the quarter.
- The Division of Diagnostics & Therapies received more complaints than in any previously reported quarter year.

Opportunities

- The PHSO (Ombudsman) has developed a comprehensive training offer for NHS Trusts, supporting its 'principles of good complaint handling'.
- During the Covid-19 pandemic, the PSCT drop-in service closed and had not reopened since. As part of the rebranding of the team at the beginning of Q3 2023/24 to the PALS and Complaints Team, the drop-in service is being reopened, so that patients/complainants/members of the public can visit to see a member of the team in person.
- The Head of PALS and Complaints has been invited to join the Elective Cancellations Task and Finish Group to provide advice and input on complaints generated as a result of cancellations of elective surgery.

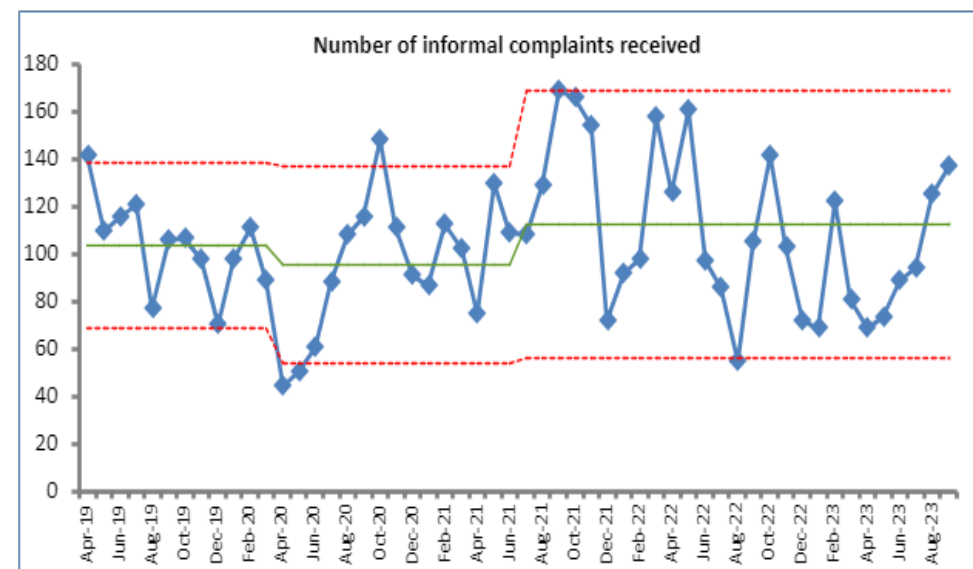
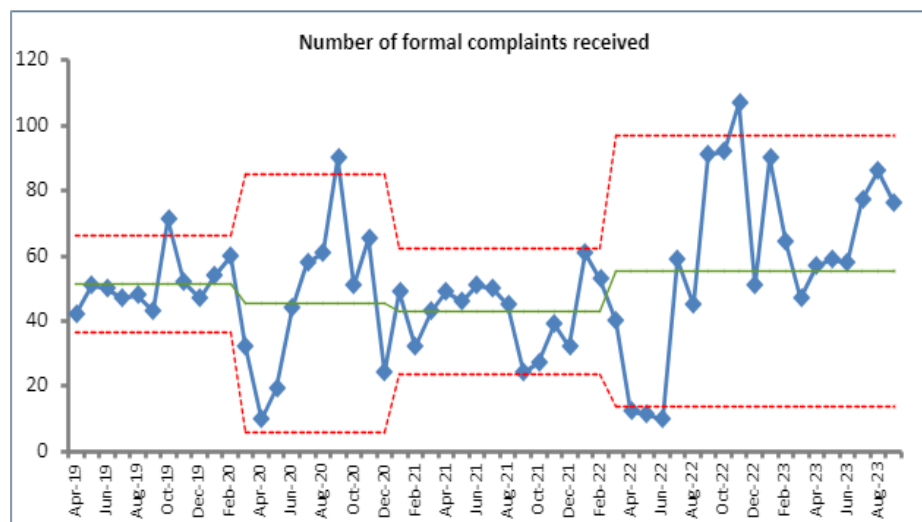
Complaints received



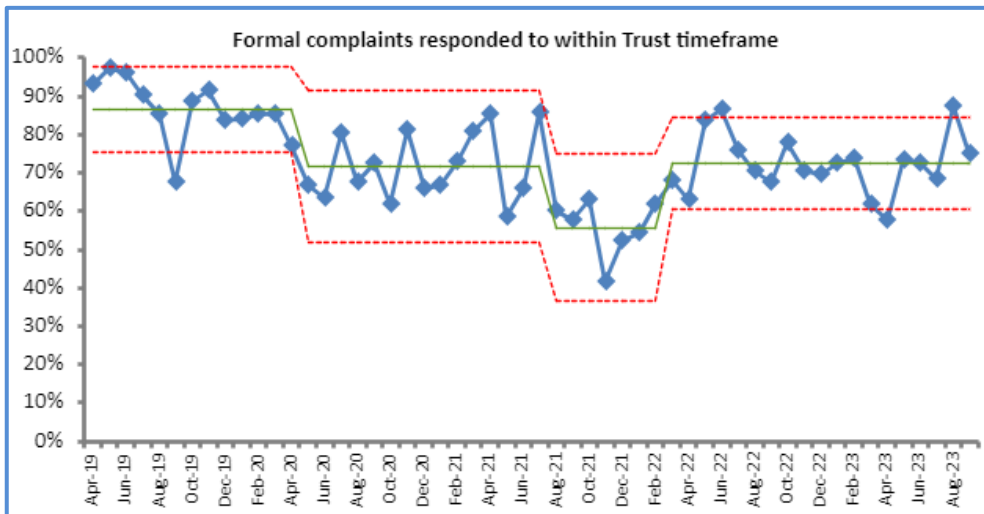
What does this tell us?

The Trust received 595 complaints in Q2 of 2023/24, a significant increase on the 405 reported in Q1. 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 show that since September 2021, when there was a step increase, the variation in the number of complaints received, whilst stable and within these expected “new” parameters, is at the top end of this variation during Q2.

The reasons why people complained in Q2 are explored in slides 7 and 8.



Timely investigation - Divisional performance

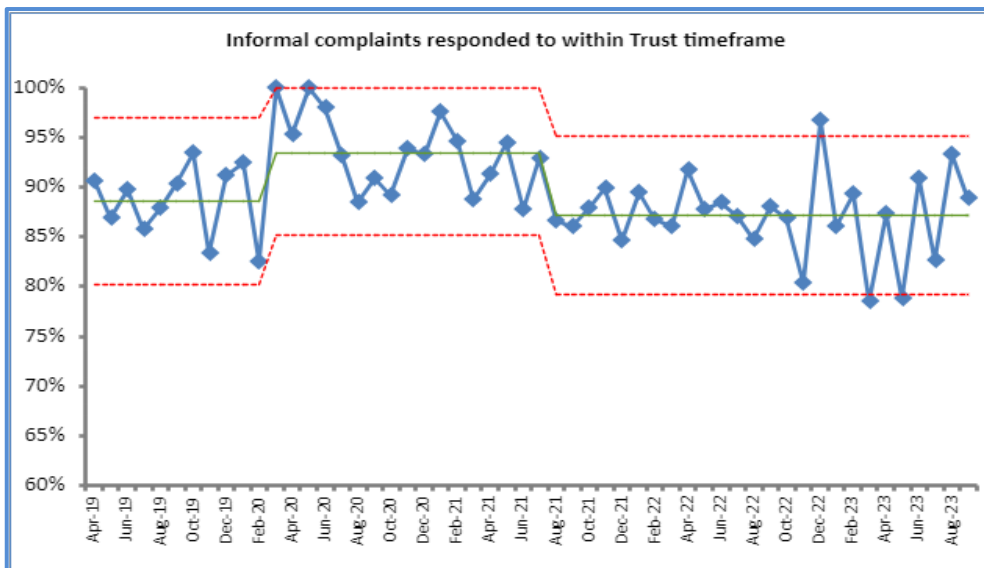


What does this tell us?

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 of 2023/24, 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. These extended investigation timescales will remain in place until at least the end of 2023.

In Q2, 76.5% of formal responses were sent out within the agreed timescale, meaning that 27 responses breached the agreed deadline. This compares with 67.1% in Q1 and 71% during the same period a year ago.

During the same period, 87.4% of informal complaints were resolved within the agreed timescale, with 20 breaches of the agreed deadline. This is an improvement on the 85.6% reported in Q1 and compares with 86.7% during the same period one year ago.



Corporate performance – Patient Support & Complaints Team (PSCT)

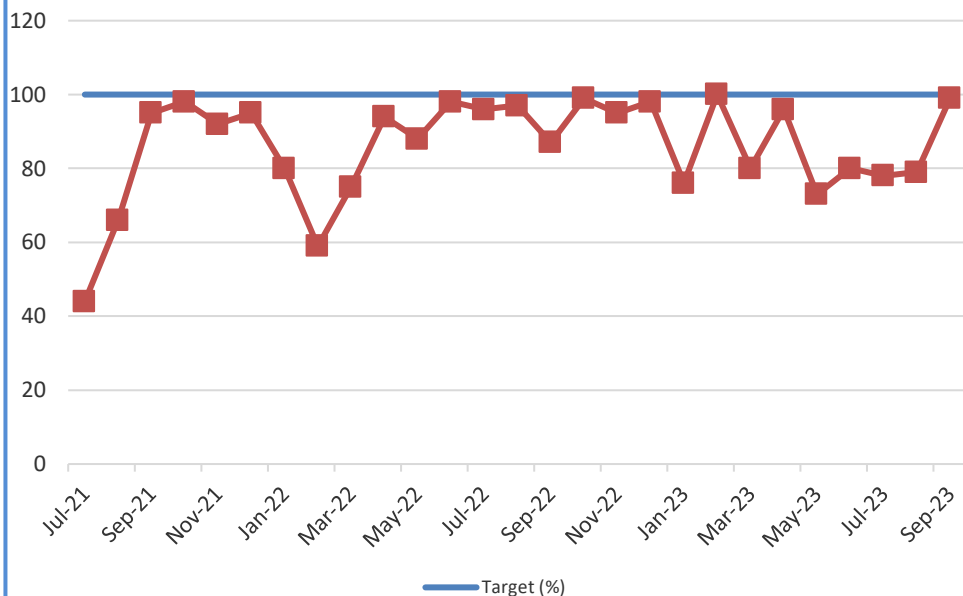
Acknowledgement of new complaints received

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, the PSCT acknowledged 85.9% of all new complaints within the nationally agreed timescale, an improvement on the 82.7% reported in Q1. Improved performance reached 99% in September 2023.

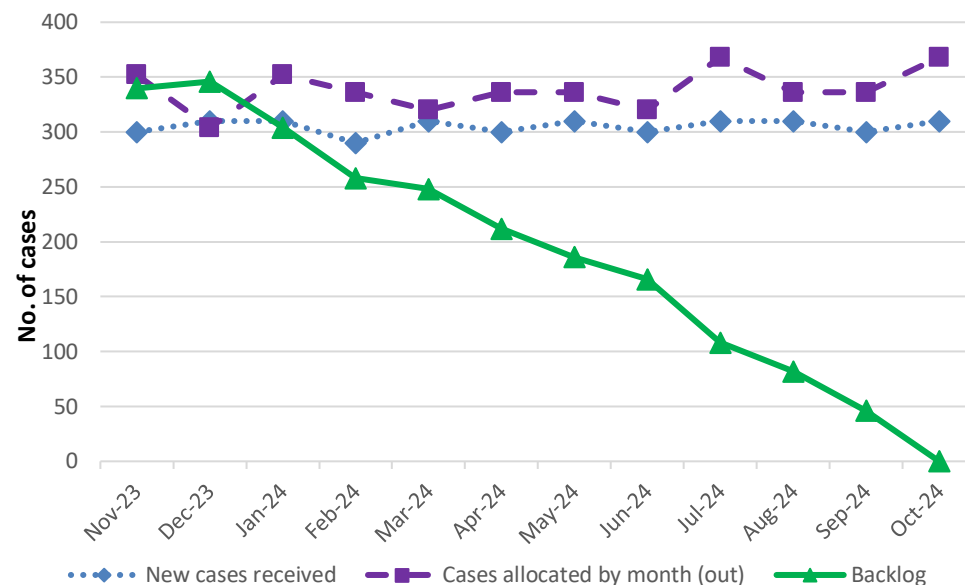
PSCT backlogs

During Q2, a backlog of new enquiries waiting to be logged onto Datix and acknowledged was cleared, following a concerted effort by the team. However, clearing one backlog at the 'front end' of the complaints process has, as expected, led to an increase in the backlog of cases waiting to be allocated to a Complaints Officer and sent to the divisions for investigation. This backlog was in excess of 350 complaints at the end of Q2. A recovery plan has been proposed to clear this backlog, subject to the agreement of Executive Directors. The provisional trajectory is shown in the chart below.

Percentage of complaints acknowledged in three days



Predicted cases and proposed trajectory for clearing backlog



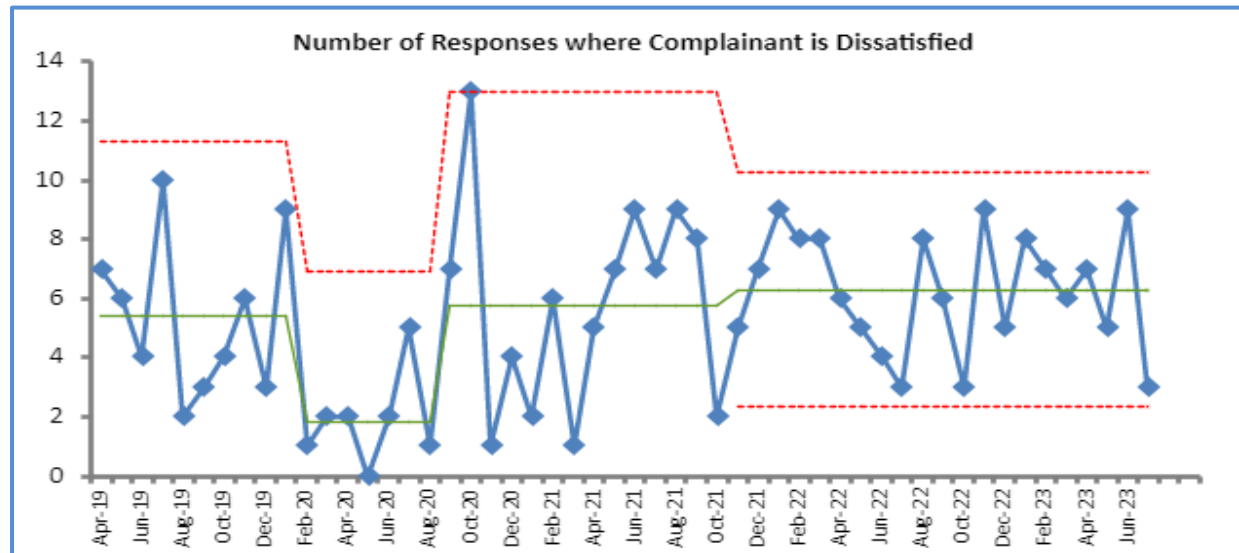
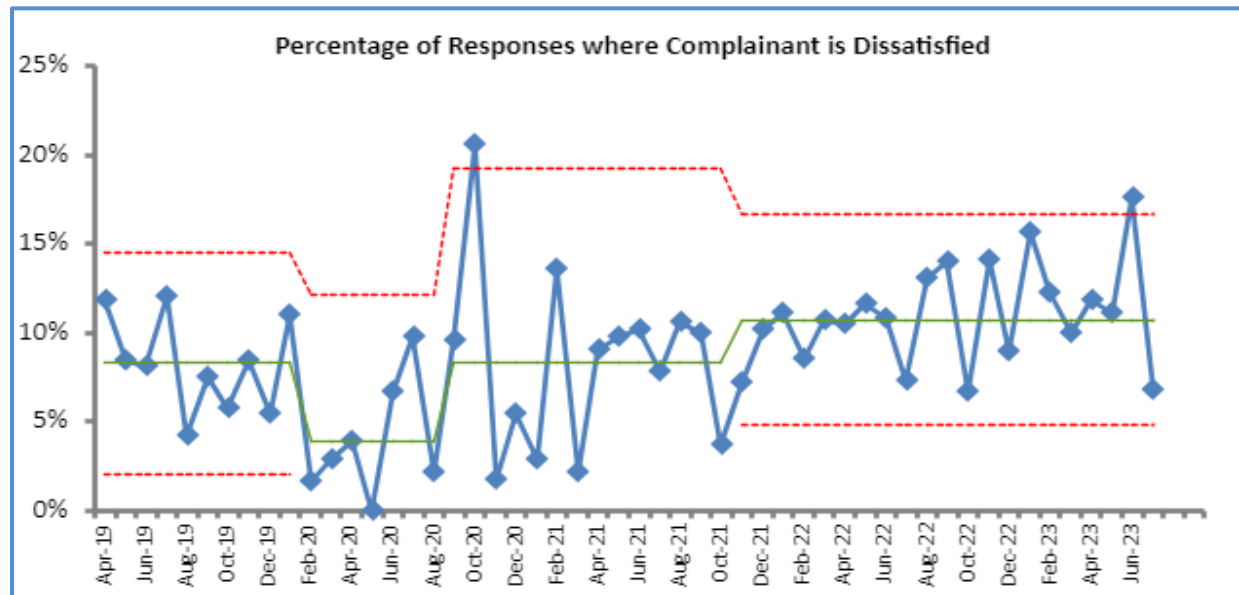
Dissatisfied complainants

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 Q2, we are therefore reporting dissatisfied data for May, June and July 2023. Of the complainants who received a first response from the Trust during those months, 17 contacted us to say they were dissatisfied, representing 12.1% of the 140 first responses sent out during that period, compared with 11.4% in Q1. However, levels of dissatisfaction reduced markedly in September 2023.

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 recommenced in September 2023 and learning from these panels has been shared across all divisions. Further panels are scheduled to take place during Q3.

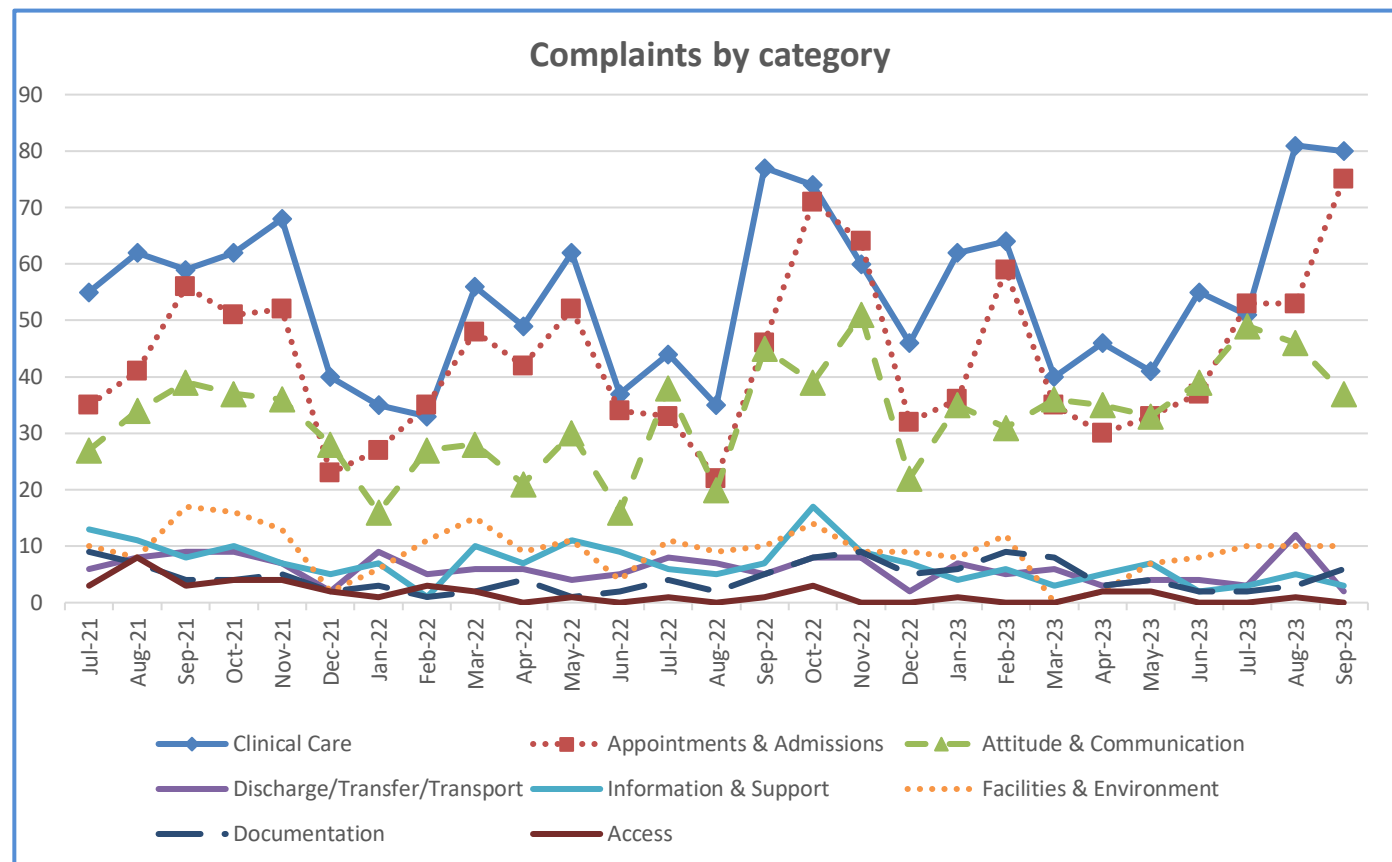


Thematic analysis

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 88.2% (525 of 595) of all complaints received in Q2 of 2023/24. In Q2, the highest number of complaints received by sub-category within each of these three primary categories were 'clinical care – medical/surgical' (108 of 212), 'cancelled or delayed appointment/operation' (145 of 181) and 'communication with patient/relative' (44 of 132).

Complaints received in the category of Appointments and Admissions continued to be high, especially in the sub-category of cancelled and delayed appointments. By way of context for this increase, the Trust has lost approximately 10,000 outpatient appointments through cancellations due to the recent industrial action alone.



SPORT	Complaints metrics	Complaint themes	Divisional data	Learning and looking forward	Other activity
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Divisional complaints metrics

Q2 2023/24	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q1	153 (107) ↑	130 (101) ↑	72 (45) ↑	92 (71) ↑	56 (24) ↑	53 (36) ↑
Number of complaints about appointments and admissions	68 (34) ↑	35 (23) ↑	28 (12) ↑	31 (20) ↑	14 (7) ↑	3 (3) =
Number of complaints about staff attitude and communication	30 (24) ↑	30 (30) =	15 (17) ↓	20 (16) ↑	18 (9) ↑	10 (5) ↑
Number of complaints about clinical care	43 (37) ↑	51 (36) ↑	26 (11) ↑	35 (29) ↑	19 (6) ↑	37 (21) ↑
Area where the most complaints have been received in Q4	Bristol Dental Hospital (BDH) – 37 (25) Bristol Eye Hospital (BEH) – 33 (24) BEH Outpatients – 19 (15) ENT Outpatients – 18 (6) Trauma & Orthopaedics – 12 (3) Wards A602/A604 (Trauma & Orthopaedics) - 7	Emergency Department (BRI) (inc. EMU & Ambulatory Care) - 39 (21) Dermatology – 19 (12) Sleep Unit – 11 (12) Clinic A410 – 6 (5) Respiratory (Clinic A221) - 7 Ward A512 (Respiratory) – 3 (1)	BHI (all) - 48 (32) (Plus one each for cardiology clinics at SBCH and WGH) BHI Outpatients (inc. Outpatient Echo) – 29 (14) BHOC (all) – 22 (10) BHOC Outpatients & Chemo Day Unit – 9 (5) Ward D603 – Oncology – 5 (0)	BRHC (all) – 62 (35) (Plus two for WGH Seashore Centre) Children’s ED – 10 (6) Paediatric Neurology / Neurosurgery- 7 (5) Carrousel Outpatients – 6 (9) StMH (all) – 24 (33) (Plus one for community midwifery and three for gynae outpatients at WGH) Central Delivery Suite – 5(2) Gynae Outpatients – 10 (8)	Boot Pharmacy BRI – 17 (2) Radiology – 17 (9) Audiology – 11 (7) Physiotherapy – 6 (4)	Accident & Emergency (inc. AMU and Ambulatory Care) – 22 (12)
Notable deteriorations compared with Q1	ENT Outpatients – 18 (6) Trauma & Orthopaedics – 12 outpatient / 7 inpatient BDH – 37 (25) BEH – 33 (24)	Emergency Department (BRI) – 39 (21) Dermatology – 19 (12) Respiratory – 7 outpatient / 3 inpatient	BHI Outpatients (inc. Outpatient Echo) – 29 (14) Ward D603 – Oncology – 5 (0)	BRHC (all) – 62 (35) Children’s ED – 10 (6)	Boot Pharmacy BRI – 17 (2) Radiology – 17 (9)	Accident & Emergency (inc. AMU and Ambulatory Care) – 21 (12)
Notable improvements compared with Q1	No notable improvements	No notable improvements	No notable improvements	StMH (all) – 24 (33)	No notable improvements	No notable improvements

“Before the covid pandemic, you offered walk-in STI testing. These have not been reintroduced and now, no matter how severe or urgent your situation is, your only option is to wait three weeks or more to obtain a postal testing kit, which then contains equipment that is difficult to use. The alternative is trying to get an appointment on the day which mostly proves impossible.”

Patient of Unity Sexual Health, Central Health Clinic



1. An additional member of staff has been employed to help make up the self-testing kits so these can be sent out much more quickly.
2. A new leaflet is included with the kits, including a link to a video showing service users how to take the blood test.
3. A new telephone triage system is now in place to ensure everyone who needs an appointment receives one more quickly, with priority given based on urgency and patient vulnerability.

“The hospital systems are inadequate in recognising the deterioration of a frail elderly patient, who went from being moderately mobile, able to eat and drink and hold conversations, to being bed-ridden, needing help eating and drinking, only wanting to sleep and having an unnaturally distended abdomen.”

Daughter of patient admitted to surgical ward in BRI



1. Patient's experience to be used as a case study for staff training.
2. All patients to be weighed within six hours of admission.
3. Any changes in patient's baseline to be verbally handed over and documented in their notes.
4. Nursing staff empowered to escalate any concerns to a clinician once patient declared fit for discharge.

“My eight-year-old grandson has numerous special needs, and the repeated cancellations of his back surgery are impacting his mental health. The latest cancellation was due to faulty equipment, but the surgery was only cancelled the day before – why give us a date if they knew the equipment was faulty?”

Grandmother of paediatric neurosurgical patient, BRHC



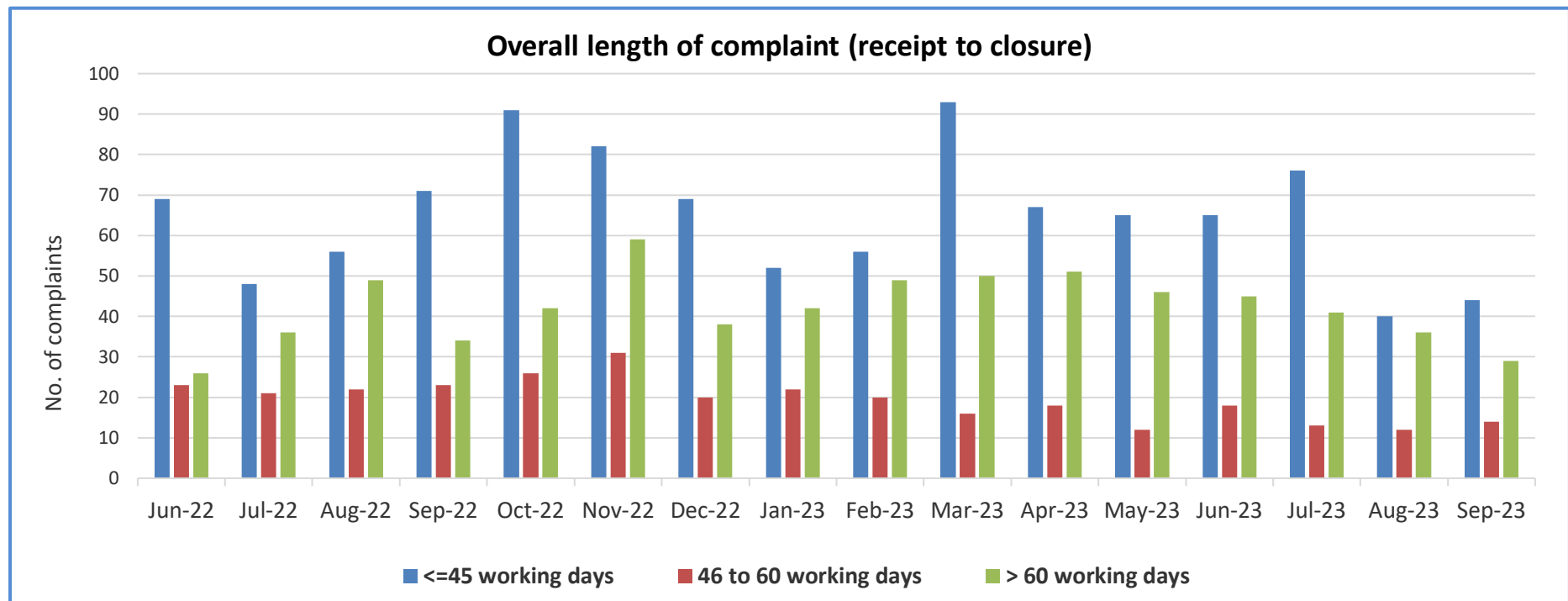
1. Malfunctioning monitoring equipment fixed by manufacturer as soon as possible, and surgery rescheduled.
2. Application submitted for replacement of the faulty neurophysiology monitoring equipment.
3. Learning shared around joined up communication between admissions booking teams and surgical teams when there is faulty equipment that is essential to the operation.

Spotlight on complaint timescales and the PSCT backlog

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.

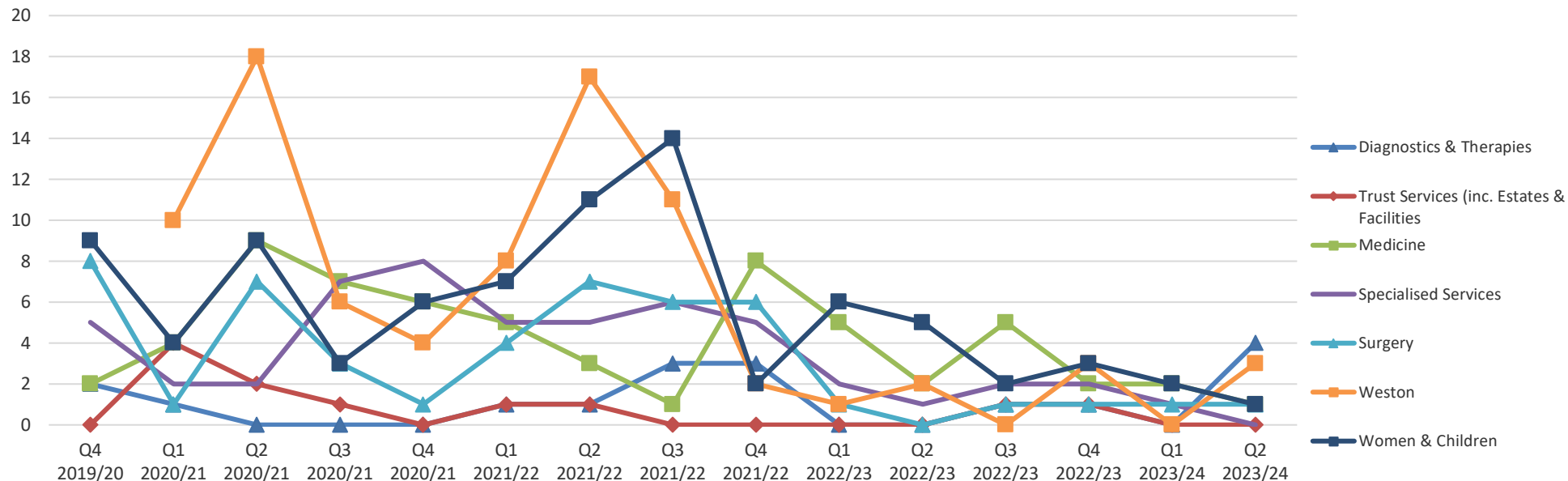
Whilst complaints are resolved in less than 45 working days, the challenge is to reduce the number of complaints which take 60 working days or more. There are several factors that contribute to the timeline of a complaint, even before it is sent to the division, including the backlog in PSCT, along with waiting for patient consent, and the time taken to agree full details of the issues and questions the complainant wishes us to address. The chart below shows the reduction in Q2 in the numbers of complaints being resolved more quickly, which corresponds with the aforementioned PSCT backlog.



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 notable change in Q2 is the increase in the number of high severity complaints for the Division of Diagnostics & Therapies. This reflects the high number of complaints received about Boots Pharmacy (see Slide 8), which included complaints involving cancer patients not receiving their medication.

High severity complaints by division



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 1,028 new enquiries in Q2 of 2023/24, as shown in the chart below. This is a significant 21.2% increase compared with the total of 848 reported in Q1.

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 requested a more detailed analysis of DNP cases due to the significant impact on PSCT capacity. Initial interrogation of the data shows that of the 284 DNP cases since April 2023, 130 were due to withdrawal of the complaint/enquiry; 109 were due to insufficient information being provided to progress the complaint/enquiry; 43 were closed due to the appropriate consent not being received, and just two were closed due to being 'out of time' (NHS Regulations 2009 state that a complaint must be made within 12 months of the event occurring).

Parliamentary & Health Service Ombudsman

During Q2, the Trust was advised by the Parliamentary and Health Service Ombudsman (PHSO) of their interest in three new complaints – two of which were for the Division of Women & Children (both St Michael's Hospital) and one was for the Division of Surgery (Bristol Dental Hospital). During the same period, eight cases remained under review by the PHSO, and none were closed.

