



Let's make  
complaints  
count!

# Complaints Quarterly Report

Q3 (October 2023 – December 2023)

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

Total complaints received	542	
Complaints acknowledged within set timescale	96.4%	↑
Complaints responded to within agreed timescale – formal investigation	74.6%	↓
Complaints responded to within agreed timescale – informal investigation	81.2%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	9.2%	↓

## Successes

- The Patient Support & Complaints Team rebranded as the PALS & Complaints Team and the drop-in service re-opened so that patients/complainants/members of the public can visit to see a member of the team in person. All cases previously recorded as requests for advice/information/support *and a proportion of those previously recorded as informal complaints*, are now recorded as PALS Enquiries and dealt with entirely by the PALS & Complaints Team within a maximum of five days, a change which is reducing the investigative burden on our Divisions.
- There was a reduction in the percentage of complainants who told us they were unhappy with our original response to their complaint, from 12.1% in Q2 to 9.2% in Q3.
- There was a 38% reduction in complaints about Attitude and Communication in Q3 compared with Q2 (from 132 to 82).

## Opportunities

- The PHSO (Ombudsman) has developed a comprehensive training offer for NHS Trusts, supporting its 'principles of good complaint handling'.
- The Head of PALS and Complaints has taken an active role in the Elective Cancellations Task and Finish Group, providing advice and input on complaints generated as a result of cancellations of elective surgery and drafting a new patient information leaflet for patients whose surgery is cancelled at short notice or on the day.

## Priorities

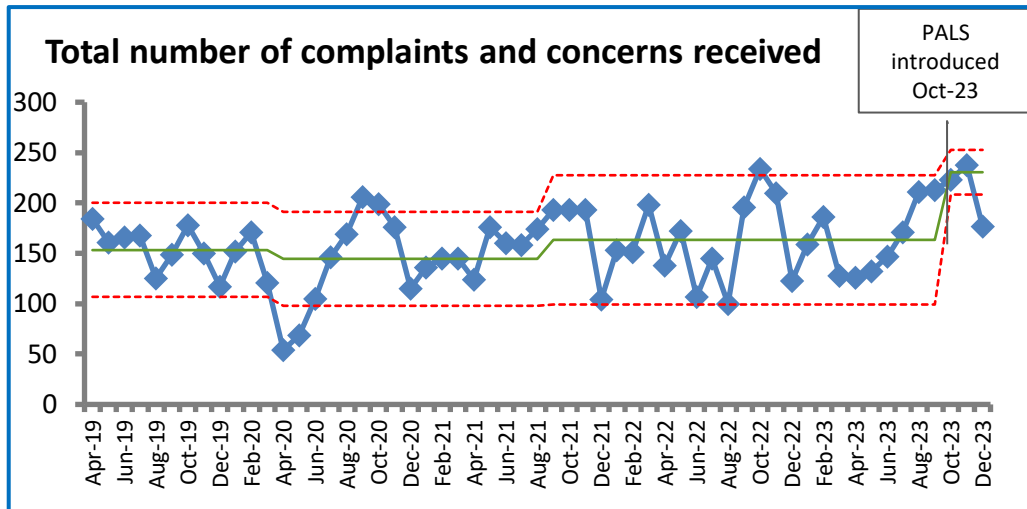
- To clear the backlog of complaints waiting to be allocated to a complaints officer and sent to divisions for investigation.
- To continue to improve performance in sending out complaint responses by the deadlines agreed with complainants.
- The Head of PALS & Complaints is working with the Head of Performance Reporting to recalibrate the reporting of complaints data to include PALS Enquiries.

## Risks &amp; Threats

- During Q3, the PALS & Complaints Team continued to operate with a significant backlog in respect of cases waiting to be allocated to a caseworker.
- Unity Sexual Health (part of Division of Medicine), saw an increase in complaints from one in Q2 to 11 in Q3.
- Women's Services saw a 54% increase in complaints compared with Q2.
- No improvement in the number of complaints about Boots Pharmacy (BRI) in Q3.

# Complaints and PALS enquiries received

Total number of complaints and concerns received



## What does this tell us?

In Q3, the Trust received 588 new PALS & Complaints Enquiries. These included:

- 161 formal complaints
- 286 informal complaints,
- 95 PALS concerns *that would previously have been recorded as informal complaints*
- 46 other PALS enquiries which were requests for advice, information and support.

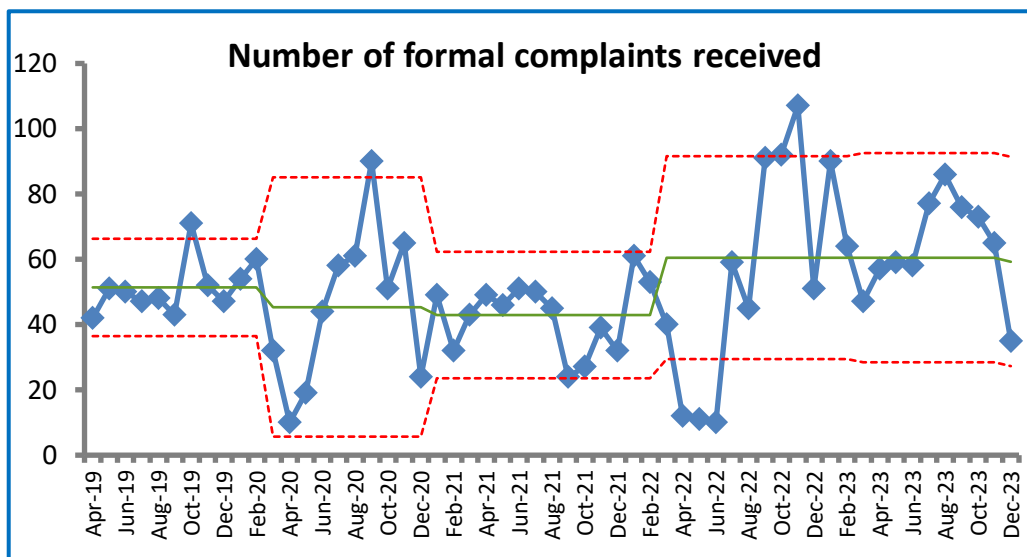
In Q2, the Trust had received 595 complaints. The equivalent total of complaints and concerns for Q3 was 542.

It should be noted that the 95 PALS enquiries that would previously have been recorded as informal complaints represent a shift of the investigatory burden from Divisions to the PALS & Complaints Team. PALS Enquiries have a deadline of five working days and are investigated and responded to directly by a PALS & Complaints Officer, i.e. this represents significant additional support to our Divisions.

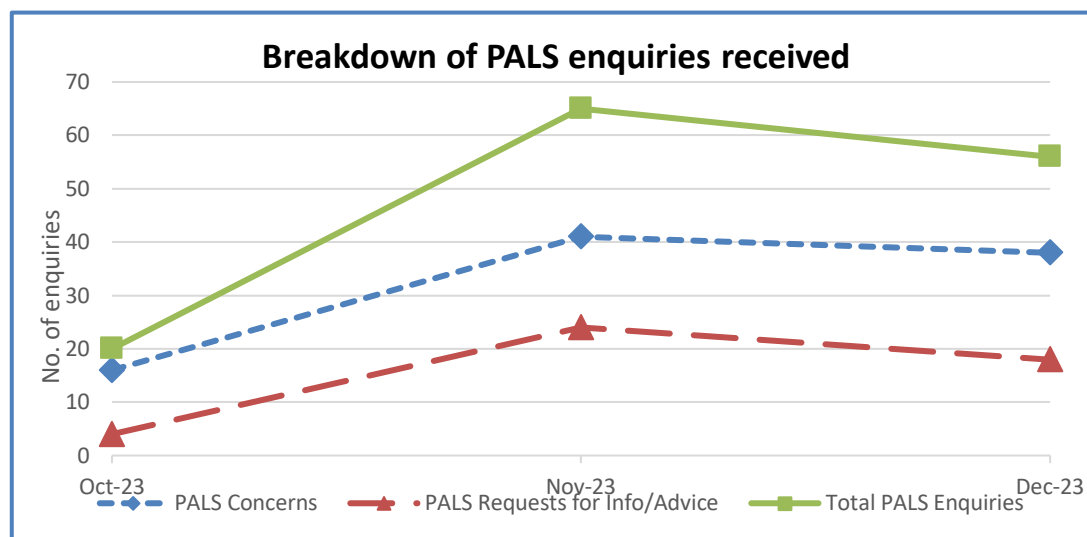
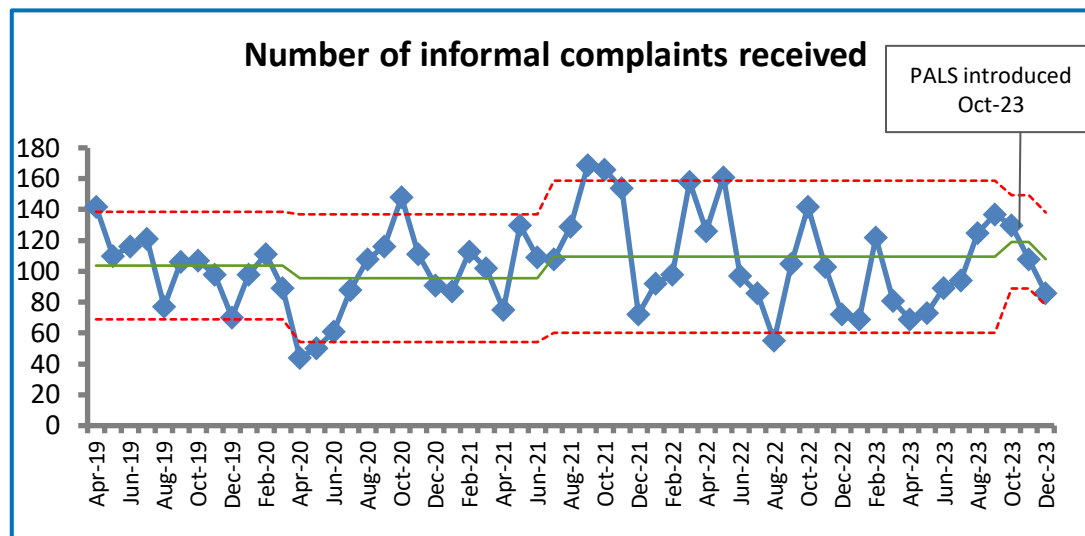
The charts on slides 3 and 4 show:

- Total complaints and concerns
- Formal complaints
- Informal complaints
- PALS enquiries

Number of formal complaints received

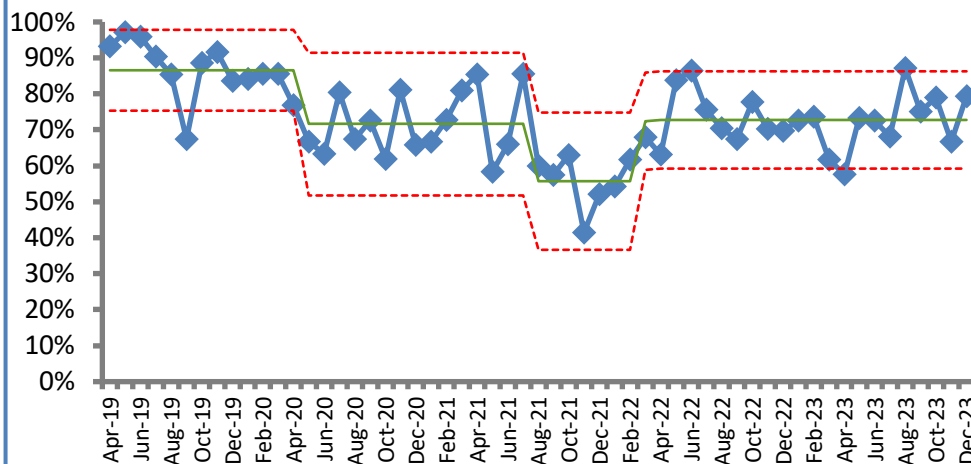


# Complaints and PALS enquiries received (continued)



## Timely investigation - Divisional performance

Formal complaints responded to within Trust timeframe



### 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.

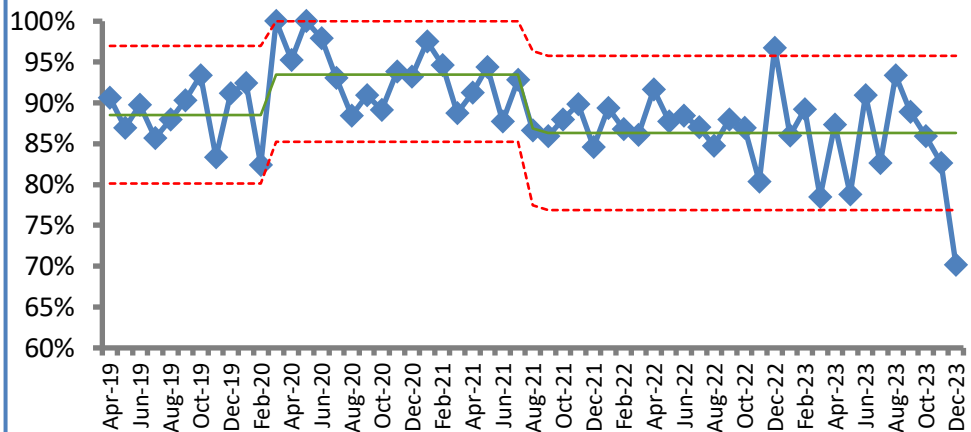
These extended investigation timescales remained in place until the end of Q3 when they changed on a permanent basis to 35 working days, with a revised target of 90%. These changes will be reflected in Q4 data.

In Q3, 74.6% of formal responses were sent out within the agreed timescale, meaning that 29 responses breached the agreed deadline. This compares with 76.5% in Q2 and 72.1% during the same period a year ago.

In Q3, 81.2% of informal complaints were resolved within the agreed timescale, with 45 breaches of the agreed deadline. This is a deterioration on the on the 87.4% reported in Q2 and compares with 86.7% during the same period one year ago.

The large number of breaches of deadline for complaints resolved informally is disappointing. Of the 45 breaches, 19 were for Medicine, 10 were for Surgery and seven were for Diagnostics & Therapies.

Informal complaints responded to within Trust timeframe



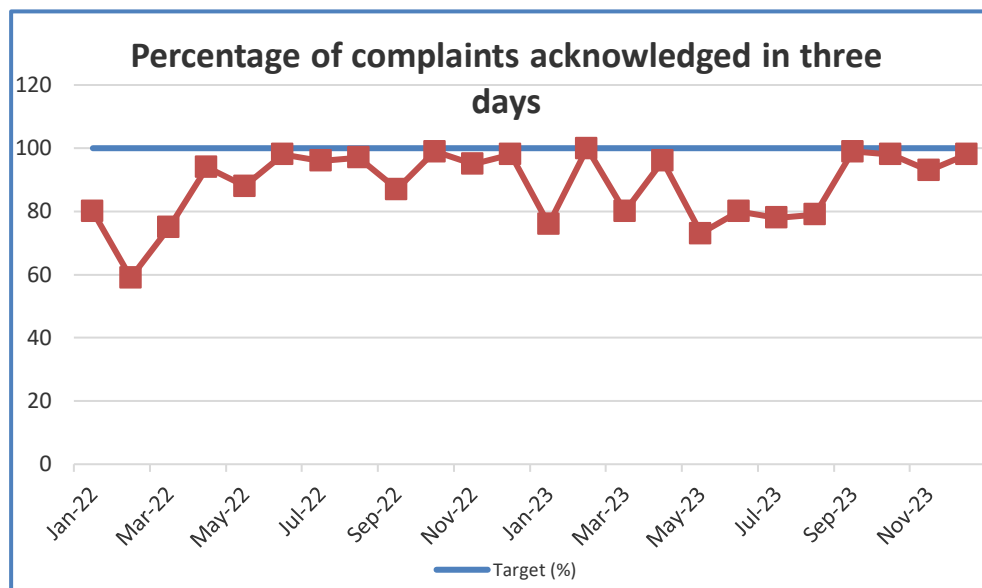
## Corporate performance – PALS & Complaints Team

### 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 Q3, the PALS & Complaints Team acknowledged 96.4% of all new complaints within the nationally agreed timescale, a further improvement on the 85.9% reported in Q2 and 82.7% reported in Q1.

### PALS & Complaints backlog

At the end of Q3, the PALS & Complaints Team had an administrative backlog (at the 'front end' of the complaints process) of 250 enquiries and a second backlog of 200 cases waiting to be allocated to a Complaints Officer and sent to the divisions for investigation. In early Q4, the administrative backlog was successfully cleared, resulting in an increase in the Officer backlog. A number of process changes are being introduced to streamline the PALS & Complaints service, improve efficiency and help tackle the Officer backlog. A trajectory for clearing the Officer backlog will be calculated in March 2024 as we begin to see the benefits of changes filter through.



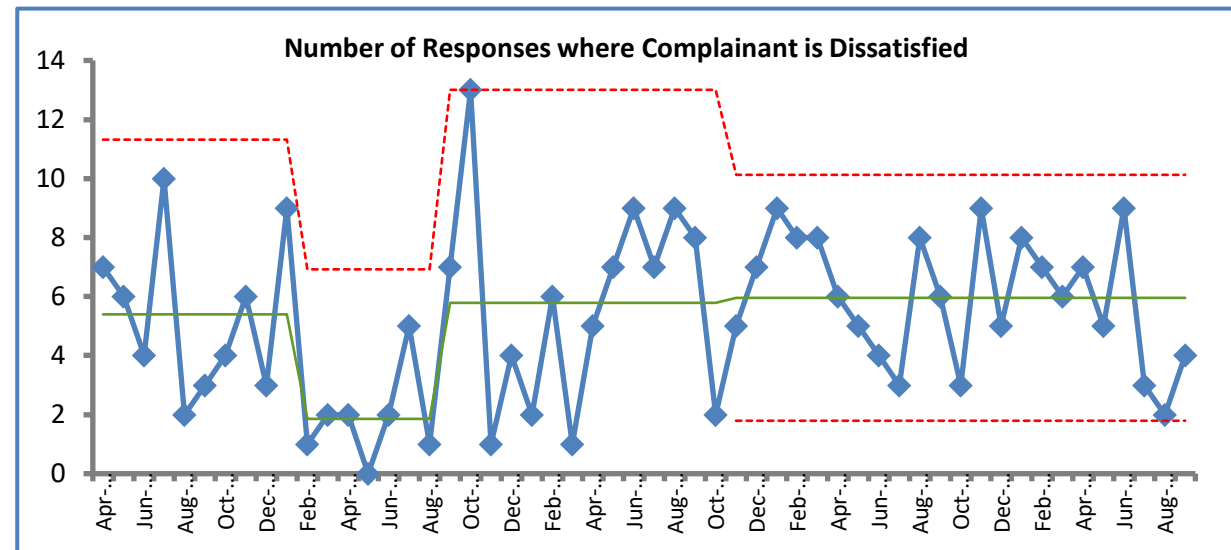
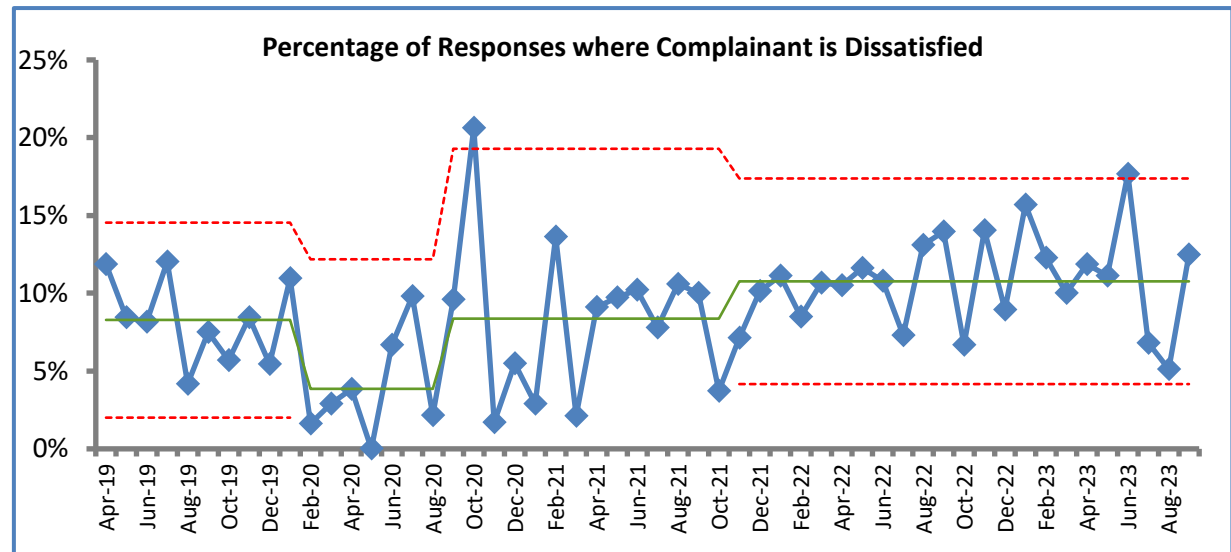
## Dissatisfied complainants

### 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 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 Q3, we are therefore reporting dissatisfied data for August, September and October 2023. Of the complainants who received a first response from the Trust during those months, 10 contacted us to say they were dissatisfied, representing 9.2% of the 109 first responses sent out during that period, an improvement on the 12.1% reported in Q2 and 11.4% in Q1.

### 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. Divisional complaints review panels, which focus on learning from dissatisfied complaints, continued in Q3. Panels currently being planned for 2024/25 will include lay representation.



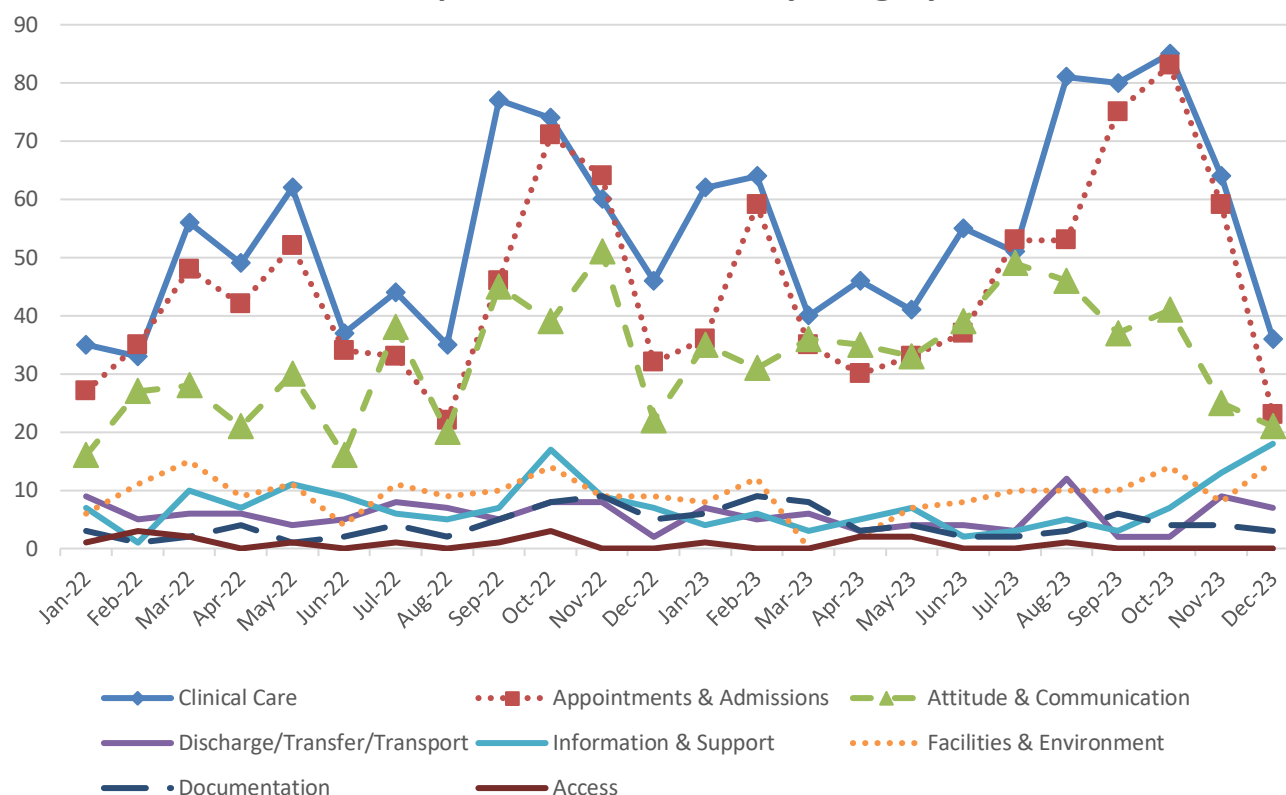
# Thematic analysis

## What does this tell us?

The highest numbers of complaints and concerns 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 81% (437 of 542) of all complaints and concerns received in Q3 of 2023/24. In Q3, the highest number of complaints and concerns received by sub-category within each of these three primary categories were 'clinical care – medical/surgical' (87 of 173), 'cancelled or delayed appointment/operation' (101 of 154) and 'communication with patient/relative' (25 of 76).

Complaints and concerns received in the category of Appointments and Admissions continued to be high in Q3, especially in the sub-category of cancelled and delayed appointments. However, there was a 38% reduction in complaints and concerns in the category of Attitude and Communication, from 132 in Q2 to 82 in Q3.

### Complaints and concerns by category





## Divisional complaints metrics

Q3 2023/24	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q2	140 (153) <span>↓</span>	140 (130) <span>↑</span>	57 (72) <span>↓</span>	100 (92) <span>↑</span>	42 (56) <span>↓</span>	26 (53) <span>↓</span>
Number of complaints about appointments and admissions	61 (68) <span>↓</span>	38 (35) <span>↑</span>	18 (28) <span>↓</span>	32 (31) <span>↑</span>	12 (14) <span>↓</span>	1 (3) <span>↓</span>
Number of complaints about staff attitude and communication	18 (30) <span>↓</span>	19 (30) <span>↓</span>	12 (15) <span>↓</span>	14 (20) <span>↓</span>	10 (18) <span>↓</span>	5 (10) <span>↓</span>
Number of complaints about clinical care	43 (43) =	52 (51) <span>↑</span>	16 (26) <span>↓</span>	43 (35) <span>↑</span>	13 (19) <span>↓</span>	15 (37) <span>↓</span>
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 28 (37) Bristol Eye Hospital (BEH) – 22 (33) BEH Outpatients – 20 (19) ENT Outpatients – 25 (18) Trauma & Orthopaedics – 8 (12)	Emergency Department (BRI) (inc. EMU & Ambulatory Care) – 41 (39) Dermatology – 16 (19) Sleep Unit – 14 (11) Unity Sexual Health – 11 (1) Respiratory (Clinic A221) – 8 (7) Clinic A410 – 6 (6)	<b>BHI (all) - 38 (48)</b> BHI Outpatients (inc. Outpatient Echo) – 21 (29) Ward C708 – Cardiac Surgery – 6 (1) <b>BHOC (all) – 19 (22)</b> BHOC Outpatients & Chemo Day Unit – 11 (9)	<b>BRHC (all) – 57 (62)</b> (Plus one for WGH Seashore Centre)  Children’s ED – 11 (10) Paediatric Neurology / Neurosurgery – 7 (5) Carrousel Outpatients – 7 (6) Caterpillar Ward – 5 (3)  <b>StMH (all) – 37 (24)</b> (Plus five for gynae outpatients at WGH)  Gynae Outpatients (inc. WGH) – 15 (10)	Boot Pharmacy BRI – 17 (17) Radiology – 14 (17) Audiology – 4 (11)	Accident & Emergency (inc. AMU and Ambulatory Care) – 10 (22)
Notable deteriorations compared with Q3	ENT Outpatients – 25 (18)	Unity Sexual Health – 11 (1)	Ward C708 – Cardiac Surgery – 6 (1)	Gynae Outpatients (inc. WGH) – 15 (10) StMH (all) – 37 (24)	Boot Pharmacy BRI – 17 (17) – no improvement	No notable deteriorations
Notable improvements compared with Q3	Wards A602/A604 (T&O) – 1 (7)	No notable improvements	No notable improvements	No notable improvements	Audiology – 4 (11) Physiotherapy – 2 (6)	Accident & Emergency (inc. AMU and Ambulatory Care) – 10 (22)

"I walked into MAU to find him lying on a bed with no drip attached and very confused/tired. His eye was firmly closed, and the pupil fully dilated but this did not seem to concern the medical staff. We were told it was a large pituitary tumour and he needed to be transferred to Southmead. During the three days he was in WGH, he was unwashed, uncared for, no fluids were given, and he was in terrible pain. It was a nightmare."

*Wife of patient on MAU, Harptree Ward and ITU at WGH*



1. All nursing staff on MAU have received refresher training on pain management.
2. Complaint shared with MAU medical and nursing teams, ED, Harptree and the Outreach Critical Care nursing teams for learning and to ensure improvements are made in respect of communication, provision of meals and drinks, and pain management.
3. Internal newsletter circulated to Harptree nursing team with information about patient safety risks and aspects of medicine dispensing on the ward.

"Dad has a phobia of lifts, and this had not been a problem for the night staff, who helped him via the stairs. When he was being moved to A800, the nurse was very rude and told me and my dad that it was "this way or the highway". Dad was not offered any reassurance by staff during his stay, and thought he was going to die in hospital."

*Daughter of patient admitted to Ward A400 in BRI*



1. The RN involved has completed a reflection on communication and conduct.
2. Staff have received refresher training on ways to help support and communicate with patients and their families during difficult situations.
3. The processes in place to transfer patients from the AMU to medical wards has been reviewed and simplified to make sure it is patient-centred.

"An ultrasound showed a mass in my right ovary, and following an MRI scan, no one contacted me for over two weeks to let me know what would happen next. At my three month follow up, an ultrasound again showed the same mass, and the doctor could not understand why it had not shown up on the MRI. The doctor discovered that I had been scanned incorrectly and I ended up having surgery to remove the mass and both my ovaries.

*Patient with history of cancer who had MRI scan at WGH*



1. Gynaecology consultant team to ensure robust systems are in place to review urgent diagnostics undertaken at WGH in absence of clinicians on site.
2. Process reviewed in respect of patient contact via the clinical nurse specialist team, with information about plans and proposed treatment to avoid patients being left uninformed or asked to attend for investigations they are not aware of.

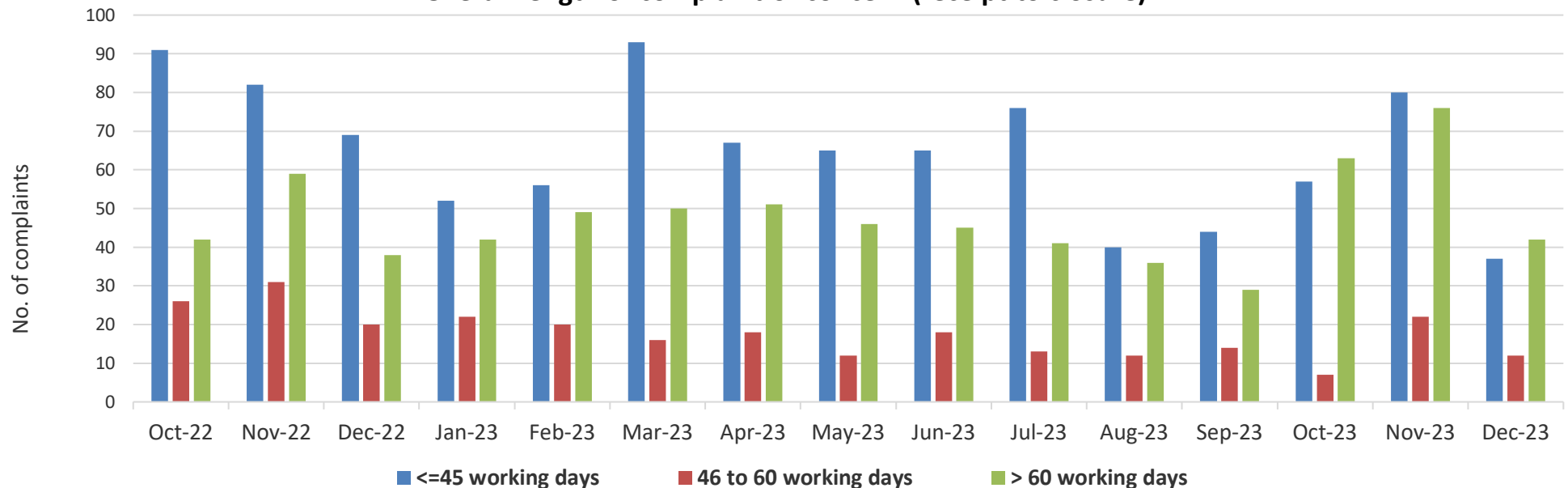
## Overall timescales for complaints and concerns

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

On slide 5, we looked at how the Trust performs against its target of responding to complaints and concerns within the timescale agreed with the complainant. However, this only tells part of the story, as the 'clock only starts ticking' for formal and informal complaints when they are sent to the division for investigation. The chart below shows how long it takes the Trust to resolve complaints and concerns from the moment they are received until we respond to the issues raised, either via the formal or informal complaints process or as a PALS concern.

Whilst most complaints and concerns are resolved in less than 45 working days, the challenge is to reduce the number 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 any backlog in PALS & Complaints, 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 that an increased numbers of complaints that were closed in October and November had taken more than 60 working days to resolve, which reflects the impact of the backlogs in the PALS & Complaints Team.

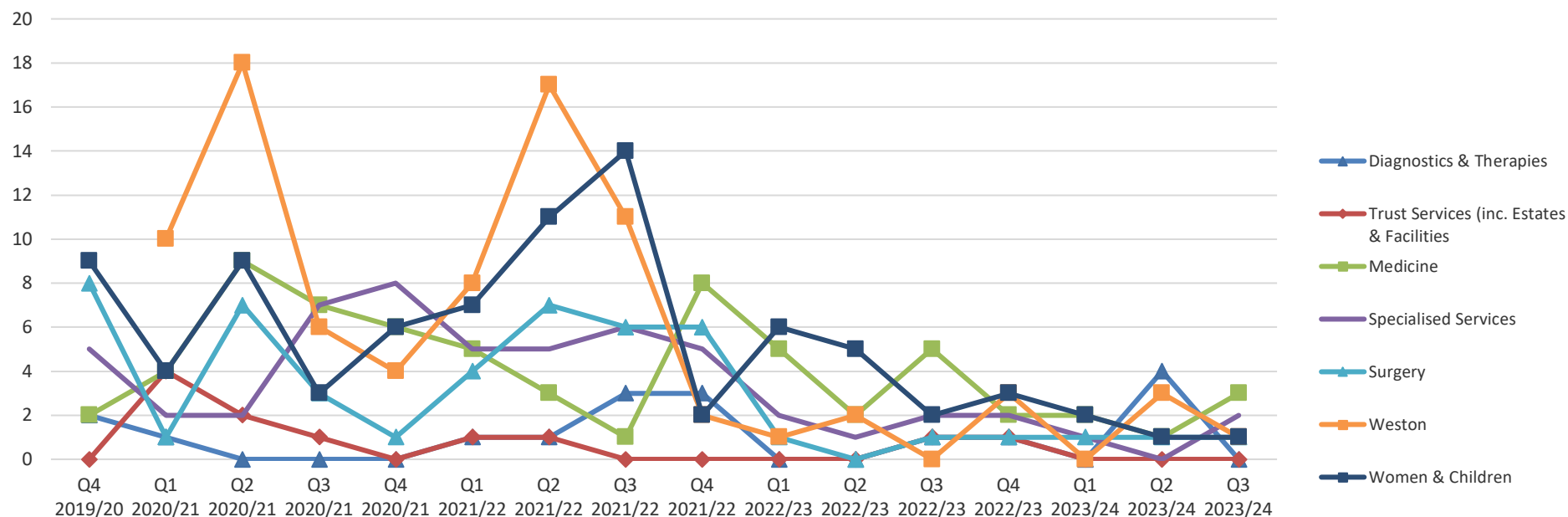
Overall length of complaint or concern (receipt to closure)



## 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. PALS & Complaints record 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. A total of eight complaints received during Q3 were classed as 'high severity', representing 1.5% of all complaints received in that period; there were no notable increases for any division compared with Q2 as numbers across all divisions remain very low.

High severity complaints by division



## PALS & Complaints Team activity and PHSO cases

### Overall PALS & Complaints Team activity

Including complaints, concerns, requests for information or advice, requests for support, compliments, feedback, and cases that did not proceed, the PALS & Complaints Team received 860 new enquiries in Q3 of 2023/24, as shown in the chart below. This is a decrease on the 1,028 enquiries received in Q2, which is due to the fact that the team is no longer recording compliments received directly into the service; instead, these are being passed straight to the relevant division to acknowledge and share. Requests for medical records and other enquiries that simply need to be signposted to the correct area are also no longer being logged by the team. There are examples of the process efficiency changes highlighted on page 6.

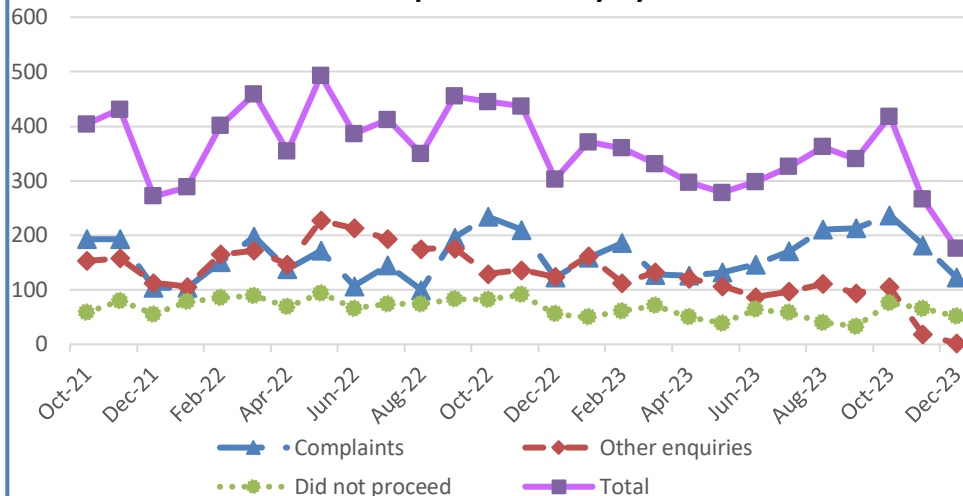
### Did Not Proceed (DNP) enquiries

Each month, the PALS & Complaints Team 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. In Q3, there were 193 cases which did not proceed. The long-term goal is to significantly reduce the number of DNP cases and some of the process changes being made by the team should have a positive impact on this.

### Parliamentary & Health Service Ombudsman

During Q3, the Trust was not advised by the Parliamentary and Health Service Ombudsman (PHSO) of new interest in any UHBW complaints. During the same period, four cases remained under review by the PHSO, and none were closed.

PALS & Complaints activity by month



Did Not Proceed

