



Gloucestershire Hospitals
NHS Foundation Trust

Annual Complaints Report 2021/2022

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Executive summary

In accordance with the NHS Complaints Regulations (2009) this report sets out a detailed analysis of the number and nature of complaints received by Gloucestershire Hospitals NHS Foundation Trust during the 2021/2022 financial year.

In summary:

- 869 complaints were received by the Trust during 2021/2022 giving an average of 72 (51) complaints per month. This number compares to 614 during 2020/2021; an average increase of 21 complaints per month.
- 96% of the time, acknowledgements were sent within the national target of 3 days. 100% was not achieved due to administrative pressures within the complaints team. A generic automatic email response is in place. .
- 22% of responses were sent within agreed timescales; this is a decrease of 20% on the previous year (42%). See Section 6.
- During 2021/2022 the Trust had 4 complaints referred to the Parliamentary and Health Service Ombudsman (15 in 2020/21). During 2021/22 a decision was received for 6 cases. Three cases were partly upheld and three not upheld
- Divisions continue to ensure that actions (one or more) are identified for every upheld and partially upheld complaint. The Complaints Department endeavour to record each of those actions (and responsible lead) on the action module of Datix. The use of this module provides Divisional Governance Teams the ability to run reports providing oversight and the ability to monitor and assure those actions.
- In March 2022, following a meeting between the Head of Complaints, CEO, Chief Nurse and Divisional Directors for Quality and Nursing, clinical (Governance or Specialty lead Consultants) and Nursing (Matrons) lead investigators were allocated to assist with the investigation of complaints. Whilst this change in approach occurred toward the end of the financial year to which this report relates, this change in process was introduced in order to reduce the administrative burden of complaint management whilst improving the oversight of senior leaders within the Division, thereby enhancing the quality of the Trust's response and increasing opportunities for learning and improvement.
- The Complaint Department continue to identify complaints that meet the criteria for moderate harm and Serious Incidents, referring those to both SI panel and Safety Experience and Review Group (where SI criteria are met). Where complaints do meet moderate harm or SI Criteria, the B7 Patient Safety Investigation Manager (Complaints) undertakes a comprehensive investigation that meets the required standard for moderate harm and SI investigation processes. This approach continues to reduce duplication, increase efficiency, improve staff and patient experience (of multiple investigation processes), whilst maintaining maximum opportunity for learning and improvement.
- The Head of Complaints is contributing to the Trust's Patient Safety Incident Response Framework, implementation plan so as to ensure a consistent and collaborative approach with the management of complaints and patient/family engagement.

- This Annual Complaints report will be published on the Trust website as required to meet our quality reporting requirements for the Quality Account.

1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Director of Quality & Chief Nurse.

The Complaints Department sits within the Patient Investigation and Learning Team and is managed by the Head of Claims, Complaints and Patient Safety Investigations, reporting to the Quality Improvement and Safety Director.

The Head of Claims, Complaints and Patient Safety Investigations is responsible for ensuring that:

- All complaints are fully investigated appropriate to the complaint
- All complaints receive a comprehensive written response from the Chief Executive or their nominated deputy in their absence
- Complaints are responded to within local standard response times of 35 or 65 days
- Where the timescale cannot be met, an explanation is provided and an extension agreed
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

The complaints team consists of 1WTE Band 7 Patient Safety Investigation Manager (Complaints), 1.8 WTE Band 6 Complaints Managers; 1 WTE Band 5 Assistant Complaint Manager who are responsible for the coordination of staff investigating and the final response to the complainant, supported by 1WTE band 4 and 1WTE band 3 administrators. The administrative function is further supported by the Band 7, Family Liaison and Investigation Co-ordinator.

2. Complaints reporting

In 2021/2022, the Quality Improvement and Safety Director reported the following information to the Quality and Performance Committee monthly:

- Number of written complaints received per 1000 episodes of care and broken down by division
- Number of PHSO cases received during the quarter and the resolution during that quarter of any existing cases

Divisional Quality Leads receive a monthly report from the Patient Investigation and Learning Team comprising; new complaints, complaints overdue, new Letters of Claim, moderate and serious incidents.

The Annual Complaints Report will be received by the Quality and Performance Committee and this report will be published in the public domain via the Trust website.

The Safety and Experience Review Group will continue to monitor action plans arising from serious complaints and those reported to the PHSO on a monthly basis. Action plans are developed with the Division\Specialty and form most of the change and learning required within the departments.

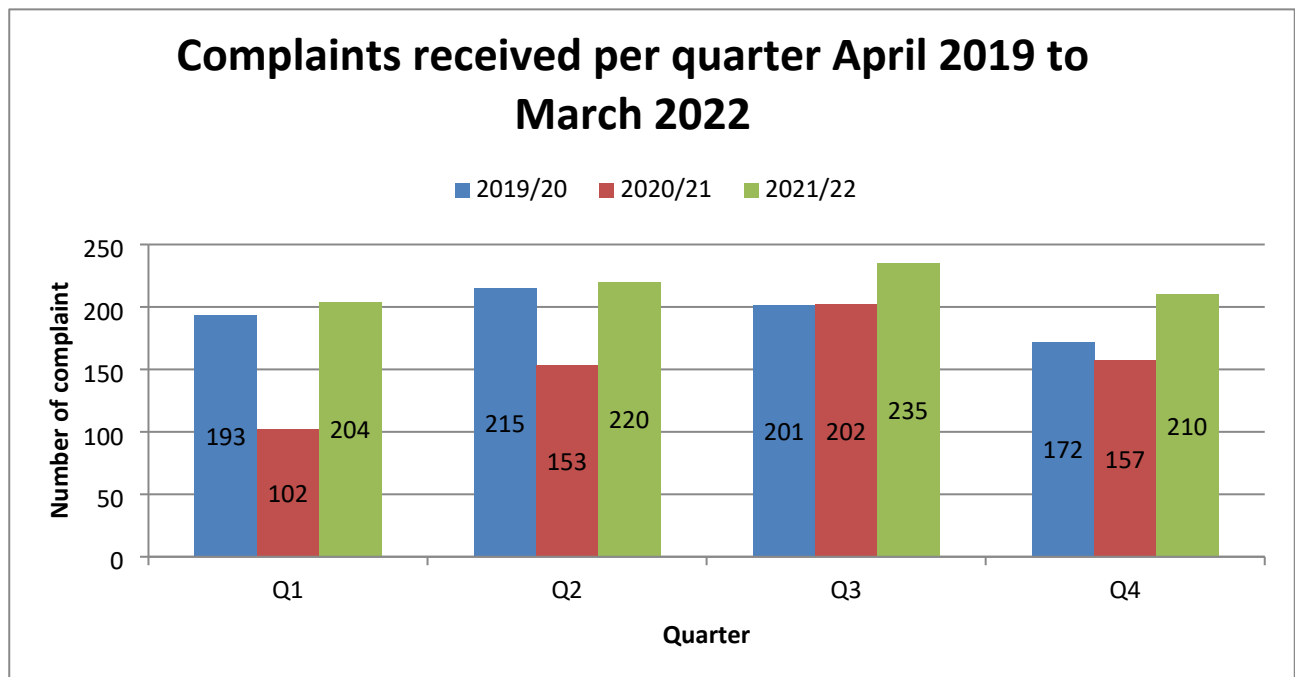
As part of the Quality Strategy programme key quality information (including complaints that are upheld or partially upheld) is provided to each specialty governance meeting. The data provided includes both performance management information on the quality system and links to outcomes

and learning. This enhances the specialties ability to visualise the full spectrum of quality rather than just specific system (complaints\incidents) learning and performance.

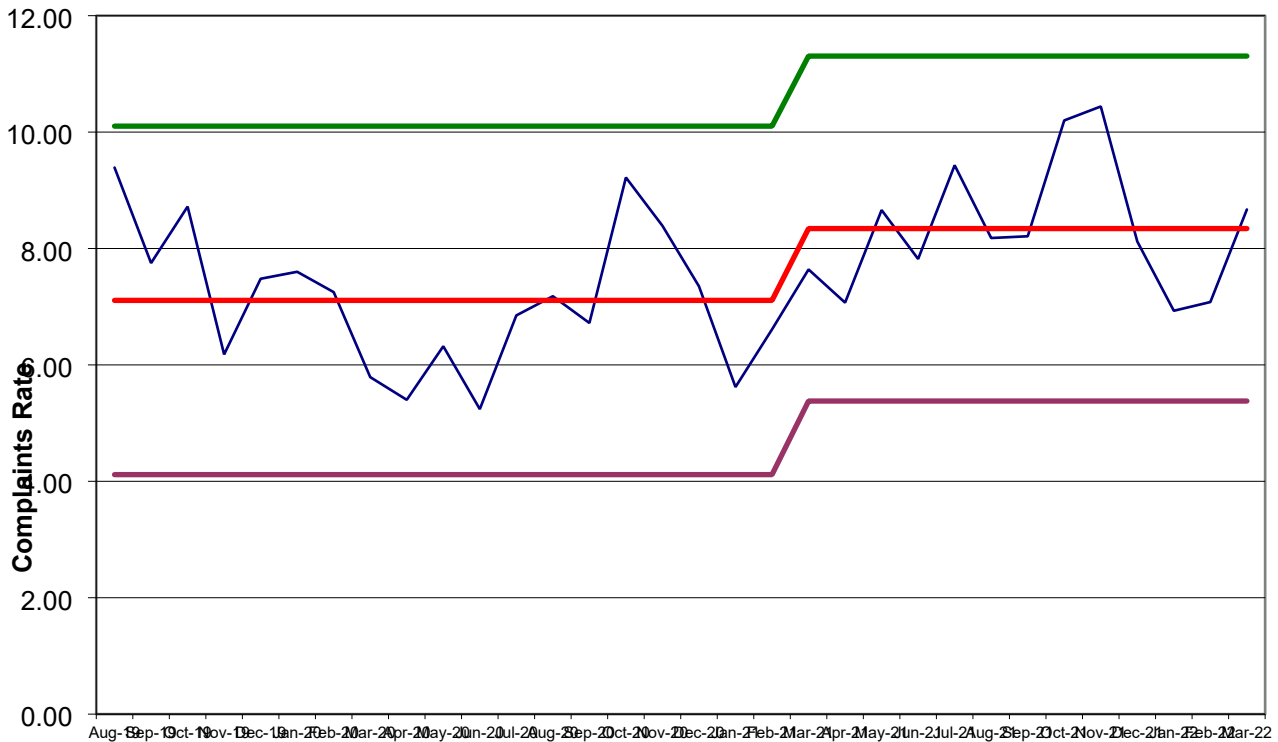
3. Total complaints received in 2021/22

During 2020/21 the Trust received a total number of 869 complaints which equates to an average of approximately 17 complaints received per week. There has been an average increase of 21 complaints a month, 5 complaints per week when compared to the 2020/2021 This increase should be however be considered alongside the fact that complaints decreased in number in the previous financial year; this being the height of the COVID 19 pandemic. When compared to the 2019/2020, perhaps as a more appropriate comparator, 781 complaints were reported. Figure 1 below provides a breakdown of the number of complaints received per quarter over the last three financial years.

Figure 1



Trust Complaints Rate - Per 1000 contacts Annual 869 - ave 73 per month (2021-22)



August 2019 - March 2022



3.1 Complaints by Division

Complaints per 10,000 Contacts

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Diagnostic & Specialist	4.48	1.63	3.49	3.09	3.81	3.61	5.51	2.99	1.13	2.12	2.27	4.54
Medical	9.37	12.63	10.19	13.38	12.31	9.91	14.07	16.41	11.12	6.48	8.20	9.99
Surgical	5.73	6.17	5.89	5.36	6.21	7.75	7.48	8.25	6.71	8.99	6.88	7.46
Women & Children	5.48	7.47	9.60	13.97	3.22	9.37	12.82	10.24	10.55	9.02	10.83	8.49
Grand Total	7.07	8.66	7.82	9.43	8.18	8.21	10.20	10.44	8.12	6.93	7.08	8.67

Total Contacts

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Diagnostic & Specialist	17,876	18,384	20,047	19,388	18,376	19,415	18,135	20,068	17,660	18,897	17,622	19,837
Medical	28,813	30,096	31,399	30,652	28,439	30,261	29,147	29,860	26,081	27,766	25,625	30,027
Surgical	26,197	27,552	28,868	27,959	25,756	28,378	26,734	30,319	25,337	26,684	26,152	29,505
Women & Children	9,125	9,372	10,422	10,018	9,321	9,603	9,358	9,762	8,533	8,868	8,310	9,425
Grand Total	82,011	85,404	90,736	88,017	81,892	87,657	83,374	90,009	77,611	82,215	77,709	88,794

Total Complaints by Division

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Diagnostic & Specialist	8	3	7	6	7	7	10	6	2	4	4	9	73
Medical	27	38	32	41	35	30	41	49	29	18	21	30	391
Surgical	15	17	17	15	16	22	20	25	17	24	18	22	228
Women & Children	5	7	10	14	3	9	12	10	9	8	9	8	104
Other	3	9	5	7	6	4	2	4	6	3	3	8	60
Total	58	74	71	83	67	72	85	94	63	57	55	77	856

Table 1 below shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous fiscal year.

Division	Complaints 2021/2022	Complaints 2020/2021
Corporate	37 ↑	33
Diagnostics & Specialties	77 ↑	68
Estates & Facilities	18 ↑	12
Medicine	398 ↑	258
Surgery	232 ↑	148
Women & Children	107 ↑	95
TOTAL	869	614

Table 1

As the data demonstrates, complaint numbers have increased across all Divisions. The most notable increase has been in the medical division. Accurate analysis of the increase in complaints by Division remains adversely affected by the operational response to the COVID 19 pandemic, that was continuing through the 2021/2022 financial year.

In order to support the processes in place for medical staff and junior doctors our complaints are broken down by staff group. The three groups receiving the majority of complaints during 2021/2022 are Medical (965), Nursing (1074) and Clinical Support (204). These figures represent the number of issues, rather than number of complaints so totals are higher than total complaints received. Whilst 2021/2022 has seen an increase across all staff groups, when compared to 2020/2021 it is noteworthy that the largest increase has been in the nursing staff group.

Complaints involving senior medical staff are recorded and doctors must submit this information for review and discussion at their appraisal. All complaints involving junior doctors are highlighted to the Deanery for further consideration with the doctor's educational supervisor.

4. Outcomes

Table 2 below demonstrates the breakdown, by quarter, of complaint outcomes during 2021/2022.

Outcome	Q1	Q2	Q3	Q4	2020/2021 Total
Upheld	50	60	61	37	208
Partially	77	77	72	54	280
Not Upheld	77	81	96	74	328
Not Closed	0	2	6	45	53
Total	204	220	235	210	869

Table 2

The outcome is determined by the division and/or CEO indicating if the complaint is considered to be:

Upheld: If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.

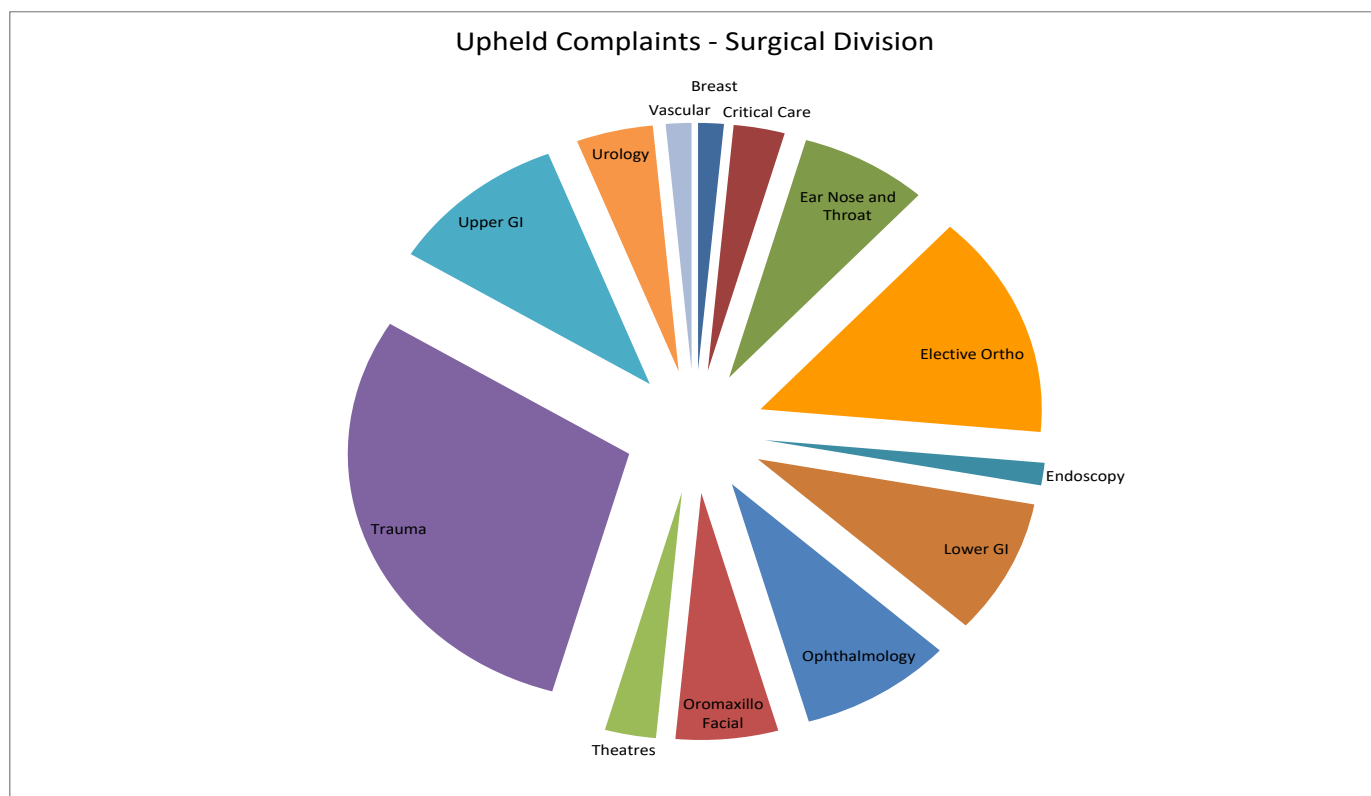
Not upheld: Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

Partially upheld: Where a complaint is made about several issues, if one or more of these, (but not all), are upheld then the complaint should be recorded as partially upheld.

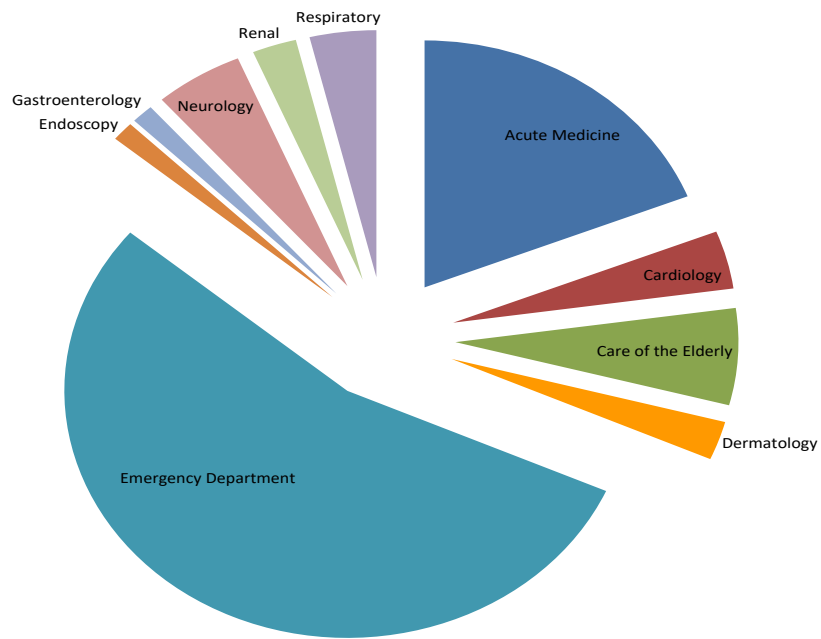
24% of closed complaints were upheld in 2021/2022. This represents a 3% increase in the percentage number of upheld complaints in 2020/20201. 32% of complaints were considered to have been partially upheld in 2021/2022, representing a 7% decrease in the partially upheld complaints in 2019/2020. 37% of complaints were considered not upheld in 2021/2022. When compared with the percentage number of complaints not upheld in 2020/2021, a decrease of 1% is noted.

Upheld Complaints by Specialty

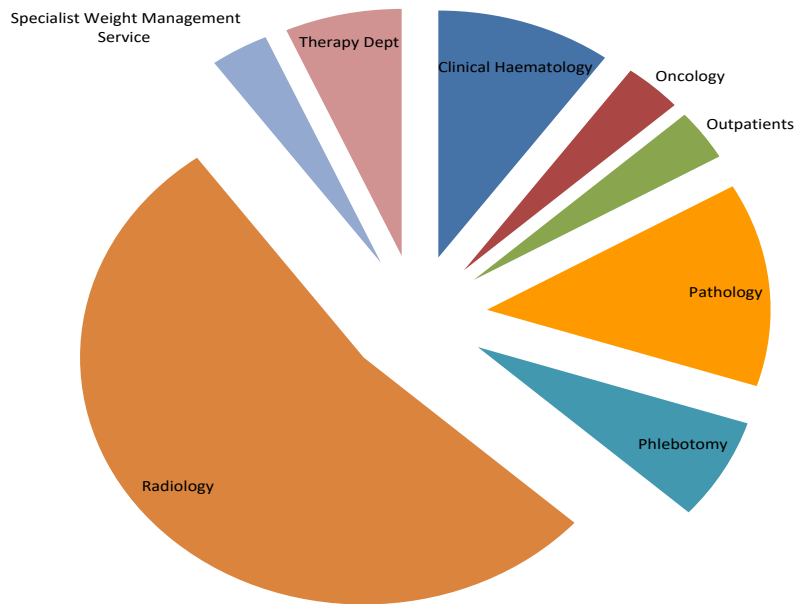
The following graphs demonstrate the breakdown of upheld complaints by specialty.



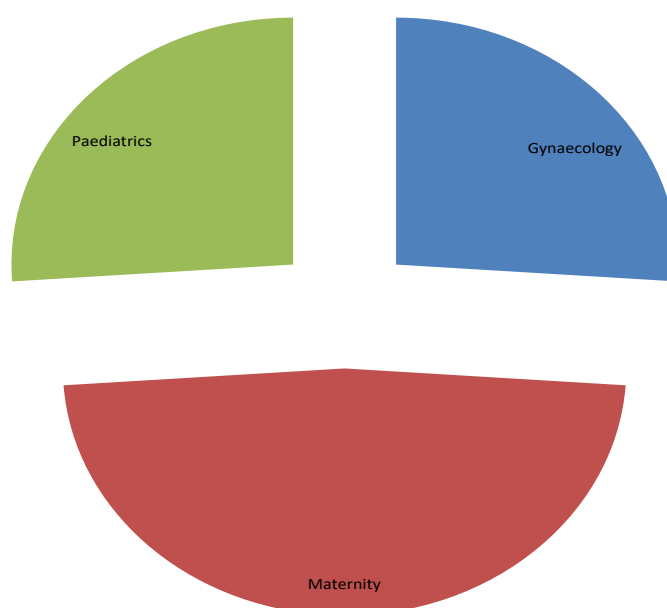
Upheld Complaints - Medical Division



Upheld Complaints - Diagnostics & Specialties



Upheld Complaints - Women and Children



5. Complaint Themes

The Trust follows the issue categories as stipulated by the Department of Health. Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By coding our complaints it allows us to identify whether any trends are developing. **Table 3** below identifies the themes and trends from our complaints; the top 5 themes are highlighted along with a directional arrow to denote the change on the previous year.

Table 3

Complaint Theme	Total complaints 2021/2022	Total complaints 2020/2021	Total complaints 2019/2020
Clinical Treatment (Medical)	603 ↑	384	314
Access to Treatment or drugs	8 ↓	20	17
Admissions, Discharge and Transfers	183 ↑	114	113
Appointments	107 ↑	77	115
Communications	480 ↑	297 ↓	390
Consent to treatment	15 ↓	19	10
End of Life care	11 ↑	3	3
Facilities	84 ↑	49	48

Integrated care	4 ↑	2	0
Patient Care (including nutrition and hydration)	347 ↑	226	181
Prescribing errors	41 ↑	24	25
Privacy, Dignity and Wellbeing	39 ↑	22	15
Restraint	1 ↓	2	2
Staffing Numbers	9 ↑	2	3
Transport	0 ↓	1	0
Trust Administration	63 ↑	46	38
Values and Behaviour	393 ↑	227	177
Waiting Times	100 ↑	19	26
Other	18 ↓	23	12

Table 3

Please note complaints can involve multiple themes, hence the disparity between issues and numbers of complaints. It is of note that the number of issues has increased in 2021/2022 in comparison to the number of issues in 2020/2021. Whilst this can in part be explained by the increase in numbers of complaints received, there remains an increase in complaints that involve multiple areas of concern.

5.1 Top Five Themes

Whilst the top five themes (set out below) remain largely consistent with the top five themes in 2020/2021, it is of note that concerns relating to admissions, discharge and transfer now feature in this top five. It is also of note that concerns relating to communication are the 2nd largest of concerns reported, previously being the

1. Clinical Treatment (medical)
2. Communications
3. Values and Behaviour
4. Patient Care (including nutrition and hydration)
5. Admissions, discharge and transfer

5.2 Increased Categories of Complaint

There has been an increase in all categories of complaint, save for transport, consent to treatment, restraint and access to drugs/treatment.

The “**Clinical Treatment**” category relates to service user concern with diagnosis, access to and timeliness of treatment and complications following surgery. 2021/2022 saw a significant increase in the number of concerns raised in this category, compared to a 3% increase in this category in 2020/2021.

Concerns reported in the “**Communications**” category generally relate to communication between staff and patients or staff and relatives/ carers/ visitors. This can include a lack of communication, incorrect method of communication, and timeliness of communications. The Trust saw a decrease in this category of complaint in 2020/2021 and the significant increase in 2021/2022 is noteworthy. Review of this category of complaint confirms that Intermittent suspension of visiting due to COVID 19 outbreaks continues to be difficult for family members. In addition we continue to see concerns relating to inadequate communication during lengthy admissions, difficulties with speaking with staff on the telephone and receiving updates on patient conditions, particularly where patients are subjected to multiple ward moves.

Complaints relating to staff attitude, kindness and compassion are generally attributed to the “**Values and Behaviour**” category. 2021/2022 saw a significant increase in the number of concerns raised in this category. Concerns raised in this category had also increased in 2020/2021. In the two preceding years, there had been a significant reduction in complaints falling into this category; 20% decrease in 2019/2020 and 25% decrease in 2018/2019.

The “**Patient Care**” category covers much of the general nursing care, including providing help to eat meals if needed, answering the call bell, responding to the needs of the patient, providing help with washing and personal hygiene. 2021/2022 saw a significant increase in the number of concerns raised in this category, compared to a 2% increase in this category in 2020/2021.

The category of “**Admissions, discharge and transport**” generally relate to concerns over discharge from hospital. 2021/2022 saw a noteworthy increase in the number of complaints reported in this category. There had been a small increase in 2020/2021. Patients/their relatives continue to raise concerns in respect of their inability to cope at home following discharge resulting in re-admission to hospital within a short period of time and delayed/lack of transport following discharge from hospital. The slight increase in 2020/2021 was explained by concerns related to admission to COVID and Non-COVID wards, delayed discharge due to the need for isolation and in the early stages of the pandemic, premature discharge of patients with COVID 19 symptoms. Review of this category of complaint in 2021/2022 are consistent with the themes in previous years.

Complaints relating to “**Appointment times**” increased considerably in 2021/2022. This category of complaint had been decreasing in the preceding three years. This category of complaint commonly relates to administration of appointment letters, including not being sent/ received or not sent in a timely way. Review of complaints within this category in 2021/2022 notes concerns relating to delayed appointments and waiting lists.

6. Performance in responding to complaints

In addition to monitoring the number of complaints received by our Trust we also monitor our performance against nationally and locally set timescales (3 working days for an acknowledgement – nationally set and 35 or 65 working days for a response – locally set).

Guidance from the Parliamentary and Health Service Ombudsman recommends that a Trust must investigate a complaint ‘in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed’. Therefore when a response is not going to be completed in the set timeframe then an explanation must be given, by the Trust, to the complainant and a new timeframe agreed.

Table 4 below shows the breakdown of response within 35 or 65 working days by Division and demonstrated by quarter through 2020/2021

	Q1	Q2	Q3	Q4	YTD Rate
Corporate	100%	86%	36%	50%	58%
D&S	58%	41%	39%	52%	47%
GMS	100%	50%	25%	50%	50%
Medicine	63%	42%	22%	26%	35%
Surgery	61%	50%	35%	39%	44%
W&C	87%	52%	41%	35%	49%
Total	68%	48%	31%	35%	42%

Table 4

Table 5 below shows the breakdown of response within 35 or 65 working days by Division and demonstrated by quarter through 2021/2022

	Q1	Q2	Q3	Q4	YTD Rate
Corporate	75%	56%	33%	30%	51%
D&S	37%	25%	10%	22%	23%
E&F	25%	50%	0%	20%	28%
Medicine	33%	25%	11%	9%	20%
Surgery	32%	24%	10%	22%	22%
W&C	23%	22%	4%	30%	20%
Total	34%	26%	10%	19%	22%

Table 5

The complaints process is such that the impact of a significant event features in response statistics some months after the event itself. The decrease in 2020/2021, particularly in Q3 and Q4 demonstrated the adverse impact of the pandemic on the Trust's ability to investigate and respond to complaints within expected timeframes. The continuing decline in response rates when moving in to financial year 2021/2022 was further impacted by significant workforce issues across the complaint team. In summary the workforce issues were such that the complaint department were operating without a WTE B3 and B4 for a considerable period of time, whilst also managing both short and long term sickness across the team. An update and recovery plan was submitted in July 2021. Regrettably this plan was negatively impacted by subsequent workforce issues that arose in September 2021. In addition, the number of complaints were increasing whilst clinical and nursing staff were needing to manage competing clinical priorities alongside their responsibilities within complaint investigation.

The following actions were taken in response to the reduction in complaint response times:

- Weekly reports sent to DDQN's highlighting overdue complaints
- Staff who had not been able to respond to complaints were chased after 5 days, their service line management team copied in at 10 days, both chased again at 15 days and any delay over 15 days was escalated to the Head of Complaints who chased directly, copying in the Divisional Management team, thereafter.
- The Head of Complaints met weekly with the Complaint Department; during which a weekly plan for each Complaint Manager and the Assistant Complaint Manager was agreed. Priorities were discussed and barriers to the previous weeks agreed work plan, reviewed. This weekly meeting remains in place while backlogs are worked through

- In March 2022, following a meeting between the Head of Complaints, CEO, Chief Nurse and Divisional Directors for Quality and Nursing, clinical (Governance or Specialty lead Consultants) and Nursing (Matrons) lead investigators were allocated to assist with the investigation of complaints. Whilst this change in approach occurred toward the end of the financial year to which this report relates, this change in process was introduced in order to reduce the administrative burden of complaint management whilst improving the oversight of senior leaders within the Division, thereby enhancing the opportunity for learning and improvement.

The complaints department monitor the reasons for not meeting the target and those are set out in Table 6, below.

	Q1	Q2	Q3	Q4	YTD Rate
Annual Leave	0%	1%	1%	0%	1%
Complaints Department	11%	20%	34%	10%	21%
Clearing process	39%	27%	13%	21%	24%
Receipt of Consent	0%	0%	0%	0%	0%
Health Records availability	1%	0%	0%	0%	0%
Division	45%	46%	46%	57%	48%
Other Division	4%	4%	4%	9%	5%
Other Organisation	0%	1%	1%	4%	2%

Table 6

Table 6 demonstrates that delays in receiving information required from the relevant Division (so nursing and clinical comment) as well as delays in the clearing (senior management sign off) process continue to be the main barriers to providing our response within the agreed (35 or 65 working day) deadline.

The most commonly cited reason for staff delaying responses to complaints is the inability to access patient health records within timescales required. The implementation of EPR will help long term with this. In the meantime, the Patient Investigation and Learning Team have purchased additional scanning equipment and the help of volunteers. This has improved the ability to scan and securely send relevant medical records to clinical staff involved in complaints.

In order to improve response rates, the complaints department:

- Send monthly reports to the Director of Quality/Chief Nurse and Divisional Chief Nurses highlighting delays
- An enhanced escalation process for clearing with the Divisional Chief Nurses and thereafter after the Director of Quality/Chief Nurse and CEO
- A maximum 65 day response rate for serious complaints (in conjunction with/ agreement with the patient/carer/NOK)

Whilst these steps had started to see a significant improvement by January 2020 (80% of responses were sent on time in Q4 of 2019/2020), the ability to maintain this improvement was significantly affected by the COVID-19 pandemic. As above response times continue to be affected through 2021/2022.

7. Complainant satisfaction with complaint response

Our Trust currently uses three measures to assess the satisfaction of the complainant with their final response, these are:

- Comebacks: where a complainant submits further questions or correspondence requiring further investigation and response. There were 86 comebacks received during the year (9% of all complaints received). This represents a decrease of 6% on the previous year.
- Meetings: where a complainant requests to meet with staff to ask additional questions, or discuss the content of their response. There were 16 meetings held with complainants. This represents a slight decrease on the previous year and a potential indication that whilst responses are delayed, an increased proportion of service users are satisfied with the initial written response.
- Parliamentary and Health Service Ombudsman (PHSO): where a complainant refers the matter to the PHSO for independent review. There were 4 cases referred by complainants to the PHSO during the year (0.4% of all complaints received). This is a decrease on the previous year (9).

8. Parliamentary and Health Service Ombudsman (PHSO)

4 cases were referred to the PHSO during 2020/21. A decision has been received during the year on 3 cases (decisions may relate to cases referred in the previous year). 3 were not upheld and 3 were partially upheld. The PHSO do not inform us of complaint referrals that do not meet their threshold and are, therefore, not formally investigated through the second stage resolution process.

All cases referred to the PHSO are monitored by the Safety and Experience Review Group (SERG). This group has responsibility for signing off actions plans for partially upheld and upheld cases before they are returned to the PHSO. All action plans are developed by the relevant division. SERG is used as a mechanism to cascade any learning to other areas.

The Head of Complaints, Claims and Patient Safety Investigations has previously reviewed the increase in comeback complaints, meetings and referral to the Parliamentary Health Service Ombudsman and worked with the Complaints Department to:

- Improve personal contact between the service user and complaint manager (telephone and meeting) in order to better understand the rationale for the complaint upon receipt of it
- Ensure that complex (serious) complaints are identified early on and agreement reached to undertake a 65 working day investigation. A complaint's complexity will not always relate to the perceived or alleged adverse effect on the patient. The complexity for example may be in the number of specialties involved in the patient's treatment pathway and may require multiple staff to investigate and respond to the patient's concerns.
- Provide Complaints Managers protected time to review complaints referred to the PHSO so as to ensure that the PHSO are informed, early on, of the Trust's position and findings within our local investigation.
- Encourage Complaints Managers to develop relationships with PHSO case handlers where complaints referred to them are complex and/or vexatious.

The continued decline in the number of complaints referred to the PHSO is an indicator that these steps, despite the challenges faced in complaint management as described above, are having a positive impact on resolution of concerns.

9. Learning from Complaints

The Patient Investigation and Learning Team continue to contribute to the Trust's Quality Strategy and Quality Framework, particularly in relation to learning from complaints, claims and Patient Safety Incidents (SI and Moderate Harm).

In terms of action currently taken;

1. An investigation report style (similar to that of moderate harm and Serious Incident reports) with recommendations for learning is completed for relevant serious complaints. A report is not used where a formal report structure may be unhelpful to the complainant. Where the issues are significant, the Complaint Investigation Report is referred to the Safety Experience and Review Group who review the recommendations/actions and decide whether the same require monitoring and assurance through SERG or can be passed back to the Division to be monitored/assured by their local governance structure.
2. Divisions have signed up to ensuring that actions (one or more) are identified for every upheld and partially upheld complaint.
3. The Complaints Department are recording each of those actions (and responsible lead) on the action module of Datix. The use of this module will enable Divisional Governance Teams to run reports providing oversight and the ability to monitor and assure those actions.
4. The Complaints Department are notifying Divisional Risk Managers and Quality Leads of themes/trends as they arise and therefore in real time. A Datix is being raised so that the theme can be reviewed and where possible, action taken to address it.

The following provides a snapshot of learning from complaints:

Poor Experience in Emergency Department
<ul style="list-style-type: none"> • Employment of a Patient Experience Lead to ensure all patients have the best holistic care whilst within the department, • Introduction of hot meals to the department at meal times, • New tea trolleys, frequent and encouraged fluids/tea rounds • Increased recruitment of hospital volunteers to support these services.
Delay in Diagnosing Testicular Torsion (ED/Urology)
<ul style="list-style-type: none"> • Feedback to surgical registrars of the importance of seeing patients with suspected torsion symptoms, in person; encouraging the registrars to have a low threshold to discuss the cases with the urology consultant on call. • Case presented at Urology Governance meeting to highlight that such patients need a formal review by a surgical registrar as a minimum. • CCG Deputy Director of Nursing and Quality Lead to remind primary care of the referral pathways for urology patients
Poor experiences in early pregnancy assessment/treatment whilst Gynae bed base on 2b (action initiated following incidents and complaints) (Gynaecology)
<ul style="list-style-type: none"> • A protected bay of beds for the use by the gynaecology services with signage to make it clear this is the Gynaecology Unit. • Implementation of a fully functional examination room and a separate waiting area to support the Gynaecology Unit. • Increasing the presence of the gynaecology nursing team to enable provision initially into part of the night shift /twilight shifts immediately, with the aim of 24hr cover.

- Any future prescription of medical management for patient's suffering a miscarriage will include that 'the patient needs to be assessed by the Gynaecology Team prior to giving next dose', in order to remove any decision making and responsibility, as to whether miscarriage has been successful.
- Pans containing blood passed by women who are experiencing miscarriage will be kept and checked by gynaecology nurses.
- Written guidance has been placed on the ward about care and advice for gynaecological conditions/procedures.
- The Gynaecology Team will continue to provide teaching sessions to the staff on Ward 2b

Additional (unnecessary) doses of chemotherapy (Paediatrics)

- Filling in the cycle week's dates has now started to be completed at the weekly chemotherapy planning meeting.
- End of treatment dates have now been added to the MDT (Multi-Disciplinary Team Meeting) minutes.
- The Paediatric Oncology nursing team is also taking action to ensure that signing off of chemotherapy on the flowsheet and Chemocare becomes standard practice

Delay in diagnosing basal cell carcinoma (Surgery; Head and Neck)

- All secretarial team have an "await results document that they keep updated with patients who have had diagnostics undertaken.
- Review of follow up process for patients who have had procedures -secretarial team would now completing those letters
- Training for all secretaries on accessing results, ensuring they are flagged to Consultants
- H&N and pathology laboratory to streamline processes for receiving diagnostic test results

10. Looking Forward

Gloucestershire Hospitals NHS Foundation Trust continues to be proactive in its management of its complaints process despite challenging times. It is of note that the Trust have seen a significant increase in new complaints through 2021/2022. This increase in complaints is reflective of the national picture.

The following represent the objectives of the Complaint Department for 2021/2022:

1. To clear existing backlogs and improve response times
2. To continue to contribute to the quality and frequency of reports (data/themes/trends) to Divisional Quality Teams, through the Quality Strategy.
3. To continue with support, training and roll out of the new Datix Cloud software, thereby enabling speciality leads and general managers to easily access key information relating to complaints.
4. Improve communication of our complaints processes to the public. Complaint leaflets and the complaints section of the public website, require updating. In the meantime, signposting to the Complaints Department via the Patient Advice and Liaison service, is both appropriate and effective. Review of communication in respect of the formal complaint process is a priority for the Complaints Department when the Complaint Standard Framework is implemented.

5. Make use of professional training for complaints managers when available via the Ombudsman as part of the Complaints Standard Framework.
6. In line with the Complaints Standard Framework identify how all staff Trust wide can be trained to support patients who are unhappy with their care and may wish to raise a concern.
7. Consider (through consultation with the Quality Improvement Academy and Divisional Quality Teams) the publication of upheld/partially upheld complaints on the Trust website. This could be achieved through anonymous case reports and/or a “you said, we did” page on the Trust website that sets out changes made recently and the Trust’s overall approach to improvement. **(Action rolled over from 2020/2021)**
8. To contribute to the Trust’s objective of improving our current CQC rating - *“R.4: People who use the service and others are involved in regular reviews of how the service manages and responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews and that learning is shared with other services. Investigations are comprehensive and the service uses innovative ways of looking into concerns, including using external people and professionals to make sure there is an independent and objective”*)

