

**2020/2021
ANNUAL COMPLAINTS REPORT**

1. INTRODUCTION

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), requires that all Trusts provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report.
- 1.2 The Chief Executive is responsible for ensuring compliance with the arrangements made under these regulations. The responsibility for the handling and considering of complaints in accordance with these regulations is delegated, via the Chief Nurse, to the Head of Patient Experience.
- 1.3 This report describes how complaints have been managed at University Hospitals Dorset; prior to and subsequent to the merger on 01 October 2020 of The Royal Bournemouth and Christchurch Hospitals (RBCH) and Poole Hospital (PH). The report details the number and nature of complaints received during the year and demonstrates the Trust's commitment to learning and improvement. Where it has been feasible to do so, the merged data for the full year data is presented.

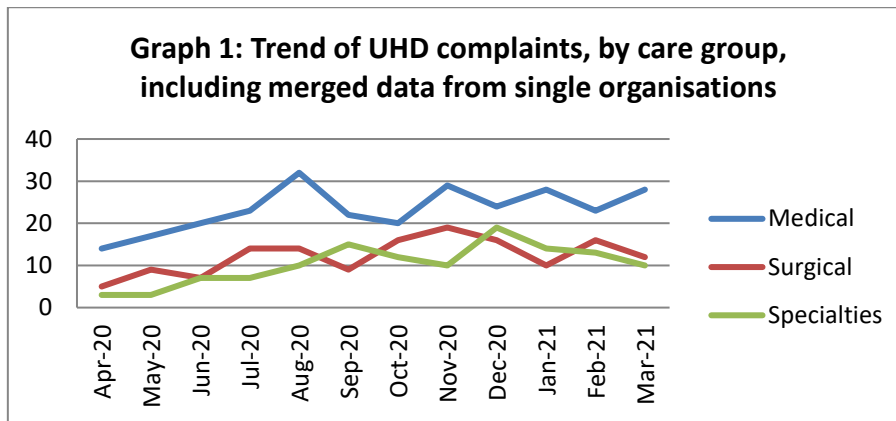
2. THE PROCESS FOR MANAGING CONCERNS AND COMPLAINTS

- 2.1 UHD has two different approaches to complaint handling: i) a decentralised model, where the Care Group teams on the RBCH site coordinate, investigate and write the written response to complaints about their service; ii) a centralised model, where the corporate team at PH consider the nature and severity of the complaint raised, work with the complainant to consider options for early resolution and where required, offer impartiality in investigating and responding to complaints.
- 2.2 Both sites offer a combined complaint handling and PALS service, with one point of entry for service users and aim to provide a full, fair and honest response that also meets the expectations of the complainant. Both policies provide clear guidance for staff on the procedure and standards for the handling of complaints.
- 2.3 'Have Your Say' posters and leaflets are available across the Trust, reflecting the principles of PALS, the opportunity to give feedback, and information about making a complaint. All complainants are routinely offered independent support through complaint advocacy services.
- 2.4 Whilst considering the preferred model of complaint handling for UHD, the RBCH and PH policy and procedure for the management of complaints have remained in place. Both policies meet the statutory NHS regulations for England, the responsibilities set out in the NHS Constitution and CQC regulations.
- 2.6 A preferred model of complaint handling, associated policy and procedure and service delivery plans will be developed during 2021/22, that will:
 - Meet the statutory and regulatory responsibilities.
 - Provide a consistent, positive and proportionate experience for complainants.
 - Align our legacy systems with minimal disruption to services.

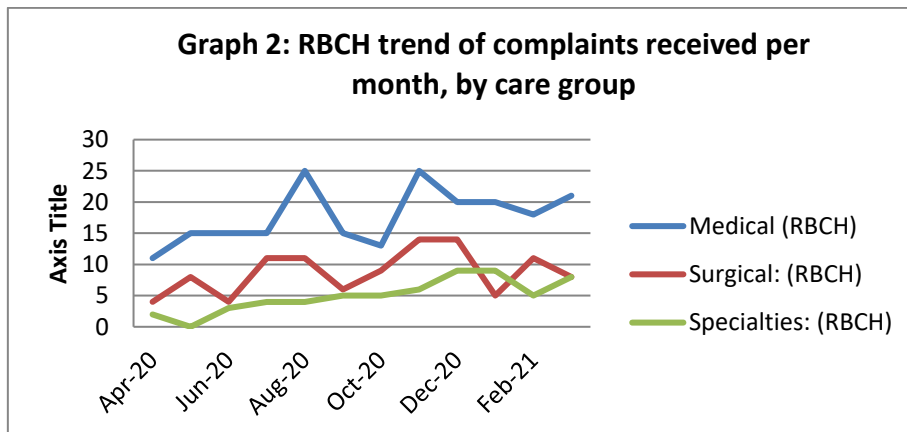
- Promote a culture of learning and ensures complaints are acted on to improve services.
- Achieve or working towards achieving best practice standards (Patient Association 2013; NHSE 2015; Healthwatch 2016; Parliamentary & Health Service Ombudsman, 2020). This includes the new Parliamentary and Health Service Ombudsman (PHSO) Complaints Standards Framework currently being piloted nationally. UHD is part of the early adopter group for this work.

3. COMPLAINTS RECEIVED

3.1 The Trust (incorporating single organisation data) received 574 complaints during 2020/21. This is presented as a monthly trend, by care group, in graph 1. The lower numbers received Q1 reflects the NHSE system wide pause of the complaints process in response to the COVID-19 pandemic.

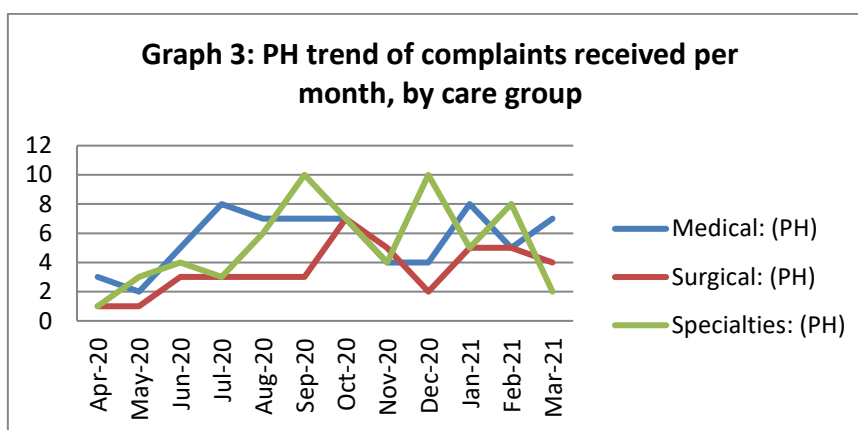


3.2 The data is broken down by site in graphs 2 and 3. A higher number of complaints received about services in the medical care group can be seen on the RBCH site; however, this data is not presented in the context of activity. Complaints as a % of activity will be presented in future reports, when service reorganisation post-merger is complete.



3.3 Graph 3 shows the trend of complaints across the care groups on the PH site; the overall higher numbers in the specialist care group, a reflection of maternity, children's and cancer services.

3.4 In addition to 574 complaints, the Trust also handled 196 complex concerns (early resolution or diffused complaints) and 4,797 PALS enquiries and concerns. This is detailed, by site in Table 1.



3.5 Table 1 also provides a comparison of number of complaints received per 10,000 FCE's. The lower number of complaints received by PH reflects the volume of complaints resolved through early resolution and not recorded as part of the KO41a submission.

Table 1: complaints & concerns received 2020/21	Q1		Q2		Q3		Q4		Complaints per 10,000 FCEs (NHS Digital)
	PH	RBCH	PH	RBCH	PH	RBCH	PH	RBCH	
Enquiries	339		266		206		255		RBCH 36
PALS concerns	214		375		444		333		
Sub-total	553	449	641	623	650	688	588	605	
Complex concerns	42		54		47		38		PH 22
Complaints	23		52		50		49		
Sub-total	65	70	106	98	97	123	87	109	
Total concerns & complaints by site	618	519	721	721	747	811	675	714	National Ave 37

3.6 The 5-year trend in complaints received can be seen in Graph 4. This shows an increasing number of complaints received, peaking at PH in 2019/20 and at RBCH in 2020/21. The decrease this year can be attributed to the COVID-19 pandemic: the overall reduction in activity at the start on the pandemic; the national NHSE pause in complaint handling; and the considerable strong support for the NHS and it's staff during this time. Graph 4 also shows the introduction of the early resolution of complaints at PH and the concomitant reduction in complaints requiring more formal investigation, to approximately 50% of total.

3.7 Table 2 shows the breakdown of persons making a complaint and their method of communication. The low 'In Person' mode of communication reflects the impact of the Covid-19 pandemic and temporary pause on receiving face-to-face PALS callers. The legacy of this may impact on the organisation of future service delivery.

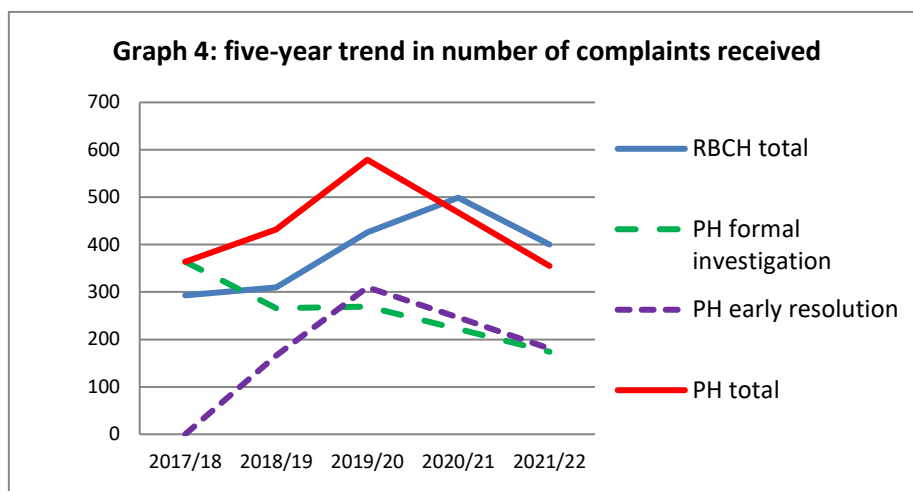
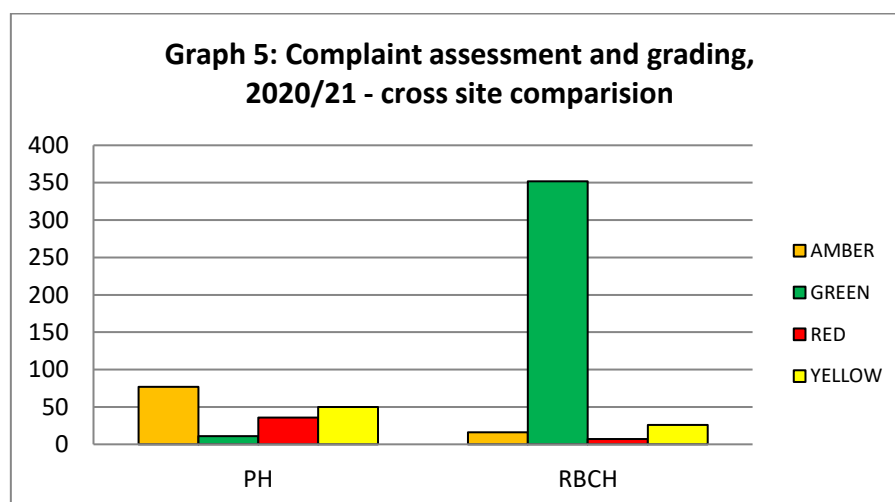


Table 2: Complainant profile and mode of communication, 2020/21

	Person making the complaint		Mode of communication		
	RBCH	PH		RBCH	PH
Patient	60%	44%	Phone	9%	7%
Spouse	4%	10%	Email	72%	77%
Parent	2%	16%	In person	1%	0%
Relative/Carer	27%	31%	Letter	18%	17%

3.8 Graph 5 shows the breakdown of complaints received, by grade. The cross site comparison reflects the different approaches to assessing complaints across our sites, rather than a significant difference in the severity of complaints received. RBCH use a risk assessment based grading tool; PH use a more subjective account of care assessed against the CQC domains; and a high proportion of the lower graded complaints are resolved informally and therefore excluded from this data set.

3.9 A standardised UHD system of assessing and grading complaints will be adopted, that reflects the level of escalation and nature of investigation required for each level of complaint. The Healthcare Assessment Tool (HCAT) is currently being considered; a validated, reliable tool for analysing healthcare complaints about secondary care (Gillespie and Reader 2016).



3.10 Equality monitoring forms are sent to all PH complainants at the point the complaint is acknowledged. A total of 31% (54 out of 174 people) responded. The equality profile of complainants on the PH site can be summarised as:

- 72% of respondents were over 50.
- 73% were female.
- 51% have a long standing health problem.
- 24% have a disability.
- 94% describe themselves as White British; 2% as White any other; 2% Mixed any other; 2% Asian/British Asian.

3.11 It is important to understand the equality profile of our complainants, to help identify if the profile is reflective of our local population and therefore demonstrate the accessibility and inclusivity of our service. Going forwards, the questionnaire will be sent to all UHD complainants and further analysis undertaken as cross-site data becomes available.

4 RESPONSIVENESS AND PERFORMANCE

4.1 Trust performance is monitored locally (Datix) and via national KO41a submissions, reported by NHS Digital.

4.2 National comparison of the number of complaints received at UHD can be seen in Table 3. The data suggests that UHD is not an outlier when compared with the number of complaints received nationally, but when compared to peer group, who more consistently promote opportunities for early resolution, there is more work the Trust can do in this regard.

Table 3: National comparison of number of complaints received	Complaints received per 10,000 FCEs	Complaints received per 1,000 staff
All acute Trusts	37%	16.6%
University Hospital Dorset: RBCH site	36%	20%
University Hospital Dorset: PH site	22%	10%
University Hospital Southampton	13%	7%
Portsmouth Hospitals	26%	15%

4.3 Key performance targets are detailed, by site, in tables 4 and 5, including 100% compliance against that statutory three-working day acknowledgement target.

4.4 The process for agreeing target response times differs across our sites. PH focus on achieving the timeframe as agreed with the complainant, whereas RBCH focus on the internal response-day target. This will be standardised as part of the new UHD policy.

Table 4: Poole Hospital complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	23	52	50	49	174
% complaints acknowledged within 3 working days	100%	100%	100%	100%	100%
% response within timescale agreed with complainant*	100%	100%	100%	100%	100%
% response within 35 day internal target	47%	62%	26%	11%	37%
% investigations overdue from Care Groups	61%	58%	52%	48%	55%
Number re-opened complaint investigations	3	5	3	2	13
Complaints under investigation by the PHSO	1	0	0	0	0
PHSO investigations closed (& upheld/partially upheld)	0	1 (0)	0	0	1(0)

4.5 The % investigations overdue from care groups and the subsequent impact this has on response times is an area of underperformance and needs corrective action. There are many reasons for this but a key cause has been the impact of COVID-19 on clinical staff time to complete work that takes them away from direct clinical care. A greater level of

oversight will be introduced as part of our complaint performance monitoring in the new UHD model of complaint handling. Nonetheless, the Trust has worked within the 6-month timeframe set out in the statutory regulations.

Table 5: RBCH complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	70	98	123	109	400
% complaints acknowledged within 3 working days	100%	100%	100%	100%	100%
% response within timescale agreed with complainant*	78%	68%	61%	68%	69%
% response within 35 day internal target	78%	68%	61%	68%	69%
% investigations overdue from Care Groups	22%	32%	39%	32%	31%
Number re-opened complaint investigations	7	13	6	8	34
Complaints under investigation by the PHSO	1	3	3	5	5
PHSO investigations closed (& upheld/partially upheld)	0	0	0	1(1)	1(1)

*PH: response time agreed with complainant at the outset and can include subsequent extension to timeframe, if reasons explained and negotiated with complainant. RBCH: timeframe set at the outset and no opportunity built in to system to negotiate an extension to this.

4.6 A deep dive of the data regarding overdue investigations can be seen at tables 6 and 7. By care group, the data shows that overall, the Poole site has been less responsive to complaints than the RBCH site; specifically, surgery has done less well at Poole and medicine less well at RBCH. Due to the significant challenges this year, this may not be typical of performance and therefore a new baseline of trends will be reassessed 21/22.

Table 6: complaint investigations overdue, Poole Hospital site	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Care Group Totals	As % of total complaints Closed
	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue		
Medical	1	3	3	2	2	3	1	3	4	1	1	3	27	45%
Surgical	4	2	2	1	1	0	2	2	2	1	5	6	28	68%
Specialities	2	1	0	1	1	3	1	2	4	1	1	7	24	42%
Trust Total	7	6	5	4	4	6	4	7	10	3	7	16	79	50%

Table 7: complaint investigations overdue, RBCH site	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Care Group Totals	As % of total complaints Closed
	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue		
Medical	11	1	2	6	7	8	9	5	8	15	3	8	83	21%
Surgical	1	1	0	1	0	2	1	3	2	3	0	0	14	3%
Specialities	7	2	0	1	1	1	3	3	1	5	6	2	32	8%
Trust Total	19	4	2	8	9	11	13	11	12	24	9	11	133	33%

4.7 Table 8 shows that overall, the number of complaints closed in quarter, compared to the number under investigation, exceeds national average. The exception to this is Q3; this reflects a significantly higher number of complaints received on the RBCH at that time.

4.8 The outcome of all closed complaints, by site, by quarter, is shown at Table 9. The data shows that UHD upholds fewer complaints when compared to national average. Fewer upheld complaints may indicate fewer complaints where care fell below the expected standards; or could indicate Trust investigations lack openness and honesty. The lower

number of upheld complaints at UHD may in part be due to the number of complaints diffused through early resolution and therefore not included in this data set; but the data will continue to be monitored and reported.

Quarter	Hospital site	Table 8: UHD complaints received, under investigation and closed, by quarter				Complaints closed as % of complaints under investigation	
		B/F from previous quarter	New complaints received	Total resolved/closed	Total complaints open	UHD	National (NHS Digital)
Q1	PH	28	23	34	51	75%	52%
	RBCH	67	70	108	137		
Q2	PH	17	52	36	69	57%	50%
	RBCH	29	98	75	127		
Q3	PH	37	50	50	87	47%	53%
	RBCH	53	123	74	176		
Q4	PH	37	49	41	86	60%	50%
	RBCH	80	109	125	189		

Quarter	Hospital site	Table 9: Outcome of complaints investigated and resolved					
		Upheld	<i>National average</i>	Partially Upheld	<i>National average</i>	Not upheld	<i>National average</i>
Q1	PH	6 (18%)	27%	9 (26%)	35%	19 (56%)	38%
	RBCH	18 (17%)		38 (35%)		52 (48%)	
Q2	PH	4 (11%)	28%	10 (28%)	35%	19 (53%)	37%
	RBCH	9 (12%)		30 (40%)		36 (48%)	
Q3	PH	9 (18%)	28%	25 (50%)	36%	16 (32%)	36%
	RBCH	13 (18%)		21 (28%)		40 (54%)	
Q4	PH	9 (21%)	27%	17 (42%)	37%	15 (37%)	38%
	RBCH	13 (18%)		21 (28%)		40 (54%)	

4.9 The results of the most recent complainant satisfaction survey undertaken at PH were reported in Q1. 15 out of 23 responded, a 23% return rate. In summary:

Positive experiences

- People were aware they could complain in a variety of ways
- 80% people felt they were taken seriously
- 80% found it easy to make a complaint

Actions for improvement

- 40% reported that the Trust did not summarise all key points of their complaints. From Q2, all complaint acknowledgement letters include a summary of the key points under investigation.
- 40% reported they did not receive an explanation of how their complaint will be used to improve services. From Q2, learning and improvements have been made clearer, and

- response letters are more explicit about complaints not upheld, where no specific action or change has been made.
- 4.10 The number of reopened investigations and upheld/partially upheld PHSO investigations are measures of the quality of complaint handling. During 2020/21, the number of reopened investigations, 13 (7.4% of total) at PH and 34 (8.5% of total) at RBCH, fall below the internal target of <10%.
- 4.11 This year, the Trust has had a total of 6 complaints under investigation by the PHSO; 2 investigations have been completed and closed, 1 of which was upheld. Currently, there is no national benchmarking data available from the PHSO.

Summary of complaint upheld by the PHSO: the complaint alleged inappropriate touching, which was subsequently raised as a safeguarding alert. The PHSO investigated and concluded that the Trust: failed to ask for consent to send a safeguarding referral or share the patient’s telephone number; failed to respond to all aspects of the complaint; and acted harshly when warning the patient of the nature of her correspondence. The Trust has acknowledged and apologised for the failures and the impact this had on the complainant and paid the recommended £300 financial remedy in recognition of this.

5 THEMES AND LEARNING FROM COMPLAINTS

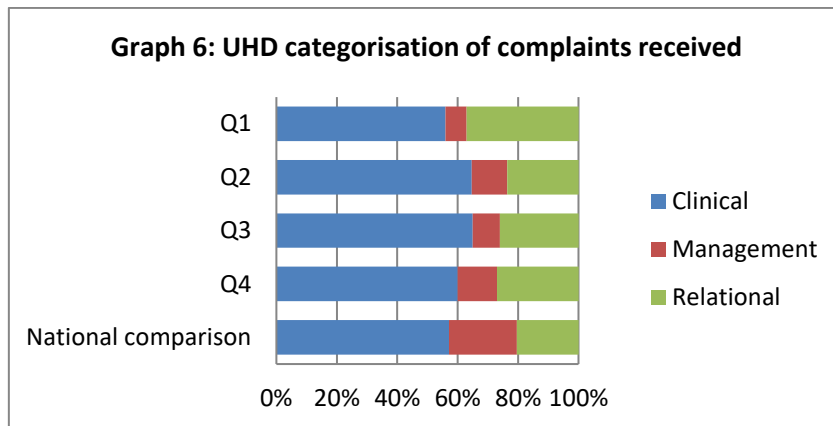
- 5.1 Learning from the detail of individual upheld complaints is monitored on Datix and reported via the quarterly patient experience report to the Nursing and Midwifery Forum and Quality Committee. The evaluation of learning and monitoring of improvements are reported in care group governance reports to the Quality Committee.
- 5.2 A high level summary of examples of learning can be found at Appendix A and are shared on the public website. To encourage wider dissemination of learning from complaints with Trust staff, a UHD Learning from Complaints newsletter will be developed and made available on the intranet.
- 5.3 The data collected from complaints is analysed to help identify themes and emerging trends. The themes are extracted from the complaint narrative, taken from the perspective of the patient or their representative. For example, in Poole Hospital, a total of 483 themes were extrapolated from the 174 complaints received.
- 5.4 The coding and system of theming complaints differ across site; RBCH use a system based on KO41a themes and the system in PH incorporates elements of the HCAT tool. From 01 April 2021, the tool used for theming complaints will be aligned and the grouping of complaint themes will be based on the HCAT tool; 3 over-arching categories, 9 themes and beneath this, over 50 sub-themes. A summary can be seen at Table 10.

Table 10: UHD complaint theming: categories and themes

CLINICAL	MANAGEMENT	RELATIONAL
<ul style="list-style-type: none"> •Quality •Safety •Effectiveness 	<ul style="list-style-type: none"> •Environment •Systems & processes •Well led 	<ul style="list-style-type: none"> •Communication/listening •Attitude •Dignity & respect

- 5.5 The data, by complaint category is shown by quarter in Graph 6 (to note: Q1 data is Poole

Hospital only). The top 3 complaint themes, by category, by quarter are shown in Table 12, showing consistency in many of the top themes reported at Trust level. It is recognised that reporting themes and sub-themes by directorate or specialty will generate more relevant and useable data showing trends, learning and improving and work is underway to achieve this 2021/22, supported by the informatics team.



5.6 Graph 6 shows that the larger proportion of UHD complaints consistently fall into the clinical category; this is similar to the national picture. It should be noted that there are caveats regarding reliability of the national comparison: it is collated from the KO41a data collection (community services and NHS hospitals); and secondly, the categories have been manually extrapolated and therefore subjective. Nevertheless, the data suggests that relational complaints are consistently higher at UHD (29%) compared to the national picture (20%).

5.7 A deep dive into top themes in the relational category, by hospital can be seen in Table 11.

Table 11: UHD: top 3 relational themes	
RB & C Hospitals	Poole Hospital
Staff attitude (43)	Unprofessional attitude or manner (47)
Communication – verbal (34)	Poor or inadequate information (34)
Consent (2)	Not involved in decisions or plan (20)

5.8 The top theme on both sites relates to staff attitude. This has been broken down further, by staff group (graphs 7 and 8), showing a higher number of complaints about the attitude of medical staff at PH and a higher number relating in nursing and midwifery staff at RBCH.

5.9 The way this thematic data is disseminated and used to learn and inform our quality improvement work requires review across UHD, to ensure consistency and to ensure that learning and the evaluation of learning is embedded.

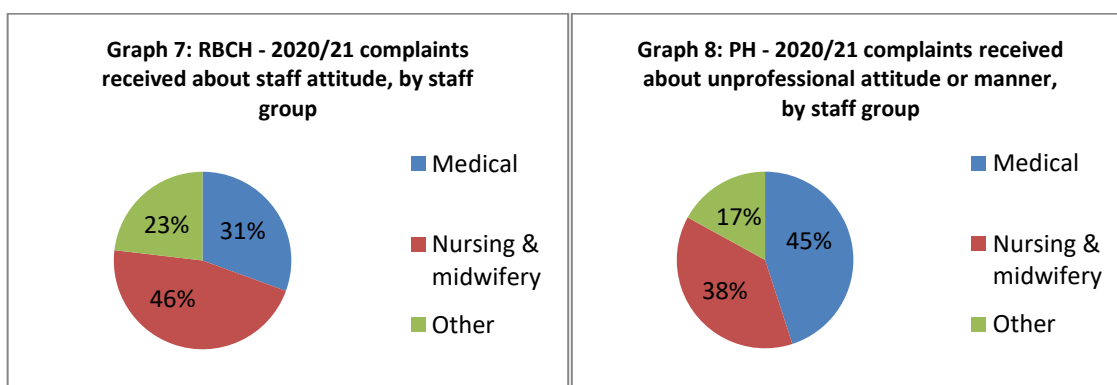


Table 12: 2020/21 TOP COMPLAINT THEMES, BY QUARTER, BY SITE

Complaint category	Quarter	RBCH site	Poole Hospital site
CLINICAL Quality eg. Clinical standards Safety eg incidents, staff competencies Effectiveness eg procedural outcomes	Q1	<ul style="list-style-type: none"> Quality/suitability of care or treatment Incorrect diagnosis Delay in diagnosis 	<ul style="list-style-type: none"> Disputing appropriateness of treatment Delay in having treatment or procedure Failure to assess, monitor or meet care needs
	Q2	<ul style="list-style-type: none"> Clinical assessment Infection prevention and control Implementation of care 	<ul style="list-style-type: none"> Missed/delay in observation, assessment or diagnosis Disputing appropriateness of treatment Delay or inappropriate discharge (clinical decision)
	Q3	<ul style="list-style-type: none"> Clinical assessment Incorrect diagnosis Implementation of care 	<ul style="list-style-type: none"> Disputing appropriateness of treatment Missed/delay in observation, assessment or diagnosis Post procedure complication/dissatisfaction
	Q4	<ul style="list-style-type: none"> Quality/suitability of care or treatment Incorrect diagnosis Infection Prevention & Control 	<ul style="list-style-type: none"> Disputing appropriateness of treatment Missed/delay in observation, assessment or diagnosis Failure to assess, monitor or meet care needs
MANAGEMENT Environment eg facilities, equipment, staffing levels Systems & processes eg bureaucracy, waiting times, accessing services Well led: eg leadership and decision	Q1	<ul style="list-style-type: none"> Access, admission or discharge Access: booking Security 	<ul style="list-style-type: none"> Accuracy of records Environment and equipment Length of time on waiting list
	Q2	<ul style="list-style-type: none"> Access, admission or discharge Security Food safety 	<ul style="list-style-type: none"> Accuracy of records Delay/inappropriate discharge (managerial decision) Length of time on waiting list
	Q3	<ul style="list-style-type: none"> Access: booking Admission, discharge or transfer Access: referral 	<ul style="list-style-type: none"> Waiting times Accuracy of records Access, parking, signage, security
	Q4	<ul style="list-style-type: none"> Access: booking Admission, discharge or transfer Access: referral 	<ul style="list-style-type: none"> Accuracy of records Waiting times Environment & equipment
RELATIONAL Communication & listening eg not acknowledging information given Attitude eg behaviours Dignity& respect eg caring and patient rights	Q1	<ul style="list-style-type: none"> Verbal communication Staff attitude Consent, communication and confidentiality 	<ul style="list-style-type: none"> Unprofessional attitude or manner Poor or inadequate information Not involved in decisions or plans
	Q2	<ul style="list-style-type: none"> Consent, communication and confidentiality Staff attitude Verbal communication 	<ul style="list-style-type: none"> Poor or inadequate information Not involved in decisions or plans Conflicting information
	Q3	<ul style="list-style-type: none"> Staff attitude Verbal communication Records or documentation 	<ul style="list-style-type: none"> Unprofessional attitude or manner Poor or inadequate information Inappropriate behaviour
	Q4	<ul style="list-style-type: none"> Verbal communication Staff attitude Records or documentation 	<ul style="list-style-type: none"> Unprofessional attitude or manner Poor or inadequate information Inappropriate behaviour

6 CONCLUSIONS & RECOMMENDATIONS

- 6.1 The Trust policy and procedures to manage concerns and complaints meet statutory requirements. The policy and procedure will be aligned 2021/22, adopting best practice from both sites as well as phased implementation of national best practice recommendations, and the new PHSO complaints standards framework. UHD will be working with the PHSO as an early adopter of this framework.
- 6.2 Both sites offer a combined complaint handling and PALS service, with one point of entry for service users and other stakeholders.
- 6.3 The Trust has received 574 complaints, 196 complex concerns and 4,797 PALS enquiries and concerns during 2020/21. This is a reduction in the number of complaints received 2019/20, primarily due to the impact of the pandemic.
- 6.4 A national comparison of complaints received (NHS Digital) shows that UHD is not an outlier with regards to the number of complaints received, but demonstrates some opportunity to increase the volume of early resolution complaints.
- 6.5 The Trust is achieving the statutory targets for acknowledgement and response time; but is underperforming against the internal targets for response. This can in part be attributed to the increased clinical challenges of the pandemic. Performance needs to be better understood as a merged organisation and care group performance meetings will be set up 2021/22, to monitor and improve this position.
- 6.6 Complaints have been themed under the broad categories of clinical (61%), relational (29%) and Managerial (10%). Of the 61% (350) complaints received by the Trust relating to clinical care, 52% (182) were upheld or partially upheld. Examples of learning are included in the report; implemented and evaluated by the care groups; and reported in their governance reports to the Quality Committee.
- 6.7 A deep dive into relational complaints shows staff attitude and communication/information to be the most common causal factors. Medical staff received more complaints about staff attitude on the RB site and a higher % attributed to nursing and midwifery site on the PH site. Further work is required to understand these trends.
- 6.8 With the support of the informatics team, plans are in place 2021/22 to report complaint data by directorate and specialty, ensuring the data is more useful and can more easily be used to identify emerging trends. This will be presented as a % of activity.
- 6.9 As a consequence of the COVID-19 pandemic and the merger, the 5 workstreams in the 2019/20 patient experience improvement plan, derived from triangulating complaints and other sources of patient insight, have been scaled down, but will be used to inform improvement plans 2021/22.
- 6.10 The rate of complaints re-opened this year has been, on average, 8%; an improved 3-year trend, from 16% to 10% to 8%.
- 6.11 This year, the Trust has had a total of 6 complaints under investigation by the PHSO; 2 investigations have been completed and closed, 1 of which was upheld.

- 6.7 Complainant equality monitoring is in place at PH and will be rolled out across the Trust during 2021/22, to facilitate a more detailed analysis and to assess service accessibility and inclusion.
- 6.8 Actions taken to improve the complainant experience have been put in place at PH as a result of a satisfaction survey. These will be evaluated 2021/22 when the survey is rolled out across all sites.

Appendix A: 2020/21 examples of learning from upheld complaints

PH: examples of learning from complaints		RBH: examples of learning from complaints	
Complaint	Acton/Learning	Complaint	Acton/Learning
Lack of communication between different members of staff and the patient. Information has been contradictory and has resulted in wasted trips to the hospital and additional visits required. Patient has lost confidence in her care.	Matron to work with staff regarding correct referral process and indications for paternal blood samples. Hospital Facebook page amended regarding rules for making recordings during sonograms.	I have been waiting for my procedure for a long time, I am in a lot of pain and my life is being compromised by the wait for my operation. Dorset didn't have a high prevalence of Covid-19 so why can't I be rescheduled imminently? Isn't the hospital back to 'normal	We are following Government and GMC and our focus is ensuring your safety. Owing to safety measures, we are not yet able to treat as many patients per day as we once did. If you are struggling, please contact your GP practice who may advise us of clinical changes and offer medication to help control your symptoms. You will not have to start your treatment programme again. We are working hard to offer you your treatment as soon as we safely can. PALS cannot expedite your treatment, they will liaise with the Orthopaedic Admissions team
Concerns about assessment and treatment in ED following a fall. Patient says a neck dislocation was missed and questions whether a neck x-ray should have been taken.	Case to be discussed at the Emergency Medicine Consultant Meeting. Staff reminded to ensure that the patient understands the discharge advice and to share this with the next of kin if appropriate.	Discharge guidance is not clear when discharged from Nuffield Hospital where I was under the care of Royal Bournemouth hospital and the follow up care has not been entirely smooth	The Matron for Ambulatory Care and Ward Manager for Nuffield are working closely to ensure the correct information is given to patients following surgery. They will endeavour to make sure that safety netting advice is clear and accurate
Discharged home without a care package in place and without it being discussed with the family.	Therapist instructed that full stairs assessment could have been carried out, rather than a step-ups assessment at the bedside. Observation machines can also be taken to stairwell if needed. Therapy team reminded of the importance of communication with care givers, particularly with regards to discharge planning. Therapy team reminded of the importance of completing community referrals.	I did not receive holistic care that was responsive to my mental health history and needs and the side rooms on the ward were unpleasant	Ward in the process of advertising for a dual trained adult/mental health nurse. Funding requested for staff to complete mental health specific university modules Review with estates to see if possible to add mural to wall of side rooms
Questioning appropriateness of discharge	Therapists involved in the care have received 1:1 support from supervisors to review and reflect on the care and will consider seeking senior support in the event of a similar case Therapy staff reminded of the importance of documenting all case discussions and clinical reasoning of any changes to therapy plans. Families to be encouraged to nominate an individual to be the primary contact between themselves and hospital staff, who can then feedback to others	I have been waiting for my procedure for a long time, I am in a lot of pain and my life is being compromised by the wait for my operation. Dorset didn't have a high prevalence of Covid-19 so why can't I be rescheduled imminently? Isn't the hospital back to 'normal	We are following Government and GMC and our focus is ensuring your safety. Owing to safety measures, we are not yet able to treat as many patients per day as we once did. If you are struggling, please contact your GP practice who may advise us of clinical changes and offer medication to help control your symptoms. You will not have to start your treatment programme again. We are working hard to offer you your treatment as soon as we safely can. PALS cannot expedite your treatment, they will liaise with the Orthopaedic Admissions team

PH: examples of learning from complaints		RBH: examples of learning from complaints	
Complaint	Acton/Learning	Complaint	Acton/Learning
Daughter concerned at the treatment her mother received	Patient should have been referred directly to the diabetes	You said "We were unable to spend the last moments with	We did "Met with the family to discuss their concerns in person.

<p>when she attended with a foot injury. She states that the wound was not cleaned and is concerned whether oral antibiotics were the correct treatment. Additionally, there was a week delay to be followed up in the diabetes clinic and the x-ray now shows that the infection has spread to the bone.</p>	<p>foot clinic within 24 hours (NICE guidance). Consultant will be presenting case anonymously to clinical staff (both consultants and nurse practitioners), as an example of the importance of aggressively managing this condition and the policies regarding this. The case in an anonymised form will be added to the information documents given to all new clinical staff to read when starting in the department.</p>	<p>our loved one as we were unable to access the ward out of hours”</p>	<p>Explained that staff should have been expecting the family to arrive and offered sincerest apologies that this was not the situation. Confirmed that the Clinical Lead has discussed out of hours emergency access to the ward with the ward team and the importance of this and will be carrying out ward doorbell spot checks in the future.”</p>
<p>Transferred to PHFT from RBCH for an urgent MRI that could not be performed at RBCH, with concerns of cauda equina. This wasn't completed until the next day. Questions whether this was appropriate and why not kept informed of plan of care</p>	<p>The RBCH & PHFT pathways for requesting urgent MRI scans in cases of suspected Cauda Equina Syndrome differ. Furthermore, the urgent MRI pathways between PHFT Orthopaedics & Radiology differ. Pathways for requesting urgent MRI scans in cases of suspected CES is currently under review by Consultant in Emergency Medicine at RBCH and Consultant Orthopaedic Surgeon at PHFT to ensure that the pathways work in unison and adhere to national standards.</p> <p>Staff to be reminded of the importance of communication treatment plans to patients and documenting this accurately on the medical notes.</p>	<p>You said “I was expecting a local anaesthetic prior to having a biopsy taken. The biopsy hurt and I would like to understand why I did not have the anaesthetic.”</p>	<p>We did “As stated in the Patient information leaflet you were given prior to the procedure, you did have a local anaesthetic. You would have felt a sharp scratch and then felt nothing until the anaesthetic wore off. We will do all we can to communicate that the administration of a local anaesthetic may be uncomfortable but that it is much less uncomfortable than the biopsy itself.”</p>
<p>Concerned at errors in medication prescribing and administration whilst patient on the ward. Concerned at affect this could have.</p>	<p>Pharmacy Team ensured that Valganciclovir is stocked on all of the Trust sites. This drug has also been added to the Critical Medicines List.</p> <p>A Critical Medicines list is being developed which will be integrated with the electronic prescribing system. This will flag to the pharmacy teams when they are prescribed and will help them to prioritise the supply of these.</p> <p>EPMA eye drop prescribing has been unified as generic/use rather than by brand name so as to reduce the risk of selecting the wrong drug.</p> <p>Ward pharmacist and junior doctor informed of the above errors and will improve practice.</p> <p>Scenario discussed with all ward pharmacists for educational purposes.</p> <p>Lead Pharmacist for Cancer Services producing report to make it easier for nurses to effectively check medications on discharge.</p> <p>The importance of ensuring that discharge medications are correct has been communicated to the nursing staff, as well as the</p>	<p>You said “You were disappointed that you were told several times that your family member hadn't been admitted to the hospital, when in fact he had been admitted 2 hours prior to your first enquiry. This caused further anxiety to your family during an already very distressing situation”</p>	<p>We did ” apologised for the distress this caused to the whole family and explained that the person that answer your call may not have had the relevant skills to fully investigate the electronic patient record which led to you being given the incorrect information. We will aim for all staff to receive the necessary training to ensure that this doesn't happen again and advise them that they should ask for help if they are unsure of how to interrogate the system.”</p>

	<p>junior doctors.</p> <p>Medication locker checks on Durlston Ward have been increased.</p> <p>Valganciclovir prescribing times to be updated on EPMA</p>		
<p>Patient questioning the appropriateness of the procedure and the grade of doctor that performed the procedure. Treated in a surgical assessment room on which she found to be dirty</p>	<p>Recruitment or secondment of a dedicated Oral and Maxillofacial Surgical Auxiliary Assistant for SAU to be discussed at the next general managers meeting.</p> <p>Cleanliness of medical equipment: All staff reminded of importance of cleaning equipment between uses.</p> <p>Spot checks to be completed regularly by Matron to ensure that standards have been maintained.</p>	<p>You said "On Wednesday 23rd September I received a letter from Bournemouth Hospital, informing me I had a telephone consultation with a Consultant from cardiology at 10am on Monday 28th September. On Monday 28th, no phone call came, so I rang the hospital, only to be informed that the consultation had been cancelled and that a letter had been sent out on Friday 25th September. The letter did not arrive until Tuesday 29th September, a day after the appointment."</p>	<p>We did " The Health Records Appointments Team Leader has discussed this with the appointments clerk involved and learning has been shared and clerks reminded that when an appointment is cancelled at short notice, the clerk must telephone the patient to advise them of the cancellation."</p>