



University Hospitals Dorset  
NHS Foundation Trust

**2021/2022**

# **ANNUAL COMPLAINTS REPORT**

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## **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. The report details the number and nature of complaints received during the year and demonstrates the Trust's commitment to learning and improvement.

## **2. THE PROCESS FOR MANAGING CONCERNS AND COMPLAINTS**

- 2.1 The legacy Trusts of UHD had two different approaches to complaint handling:
  - i) a decentralised model, where the core PALS and Complaints team managed the process and the Care Group teams on the Royal Bournemouth and Christchurch Hospitals (RBCH) site coordinated, investigated and wrote the written response to complaints about their service;
  - ii) a centralised model, where the corporate team at Poole Hospital considered the nature and severity of the complaint raised, worked with the complainant to consider options for early resolution and where required, offer impartiality in investigating and responding to complaints.
- 2.2 Both sites offered 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 provided 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 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, procedure and service delivery plans was developed during 2021/22, the model includes the following principles and standards:
  - Meets the statutory and regulatory responsibilities.
  - Provides a consistent, positive and proportionate experience for complainants.
  - Aligns the legacy systems with minimal disruption to services.
  - Promotes a culture of learning and ensures complaints are acted on to improve services.
  - Achieves or working towards achieving best practice standards (Patient Association 2013; NHSE 2015; Healthwatch 2016; Parliamentary & Health Service Ombudsman, 2020).

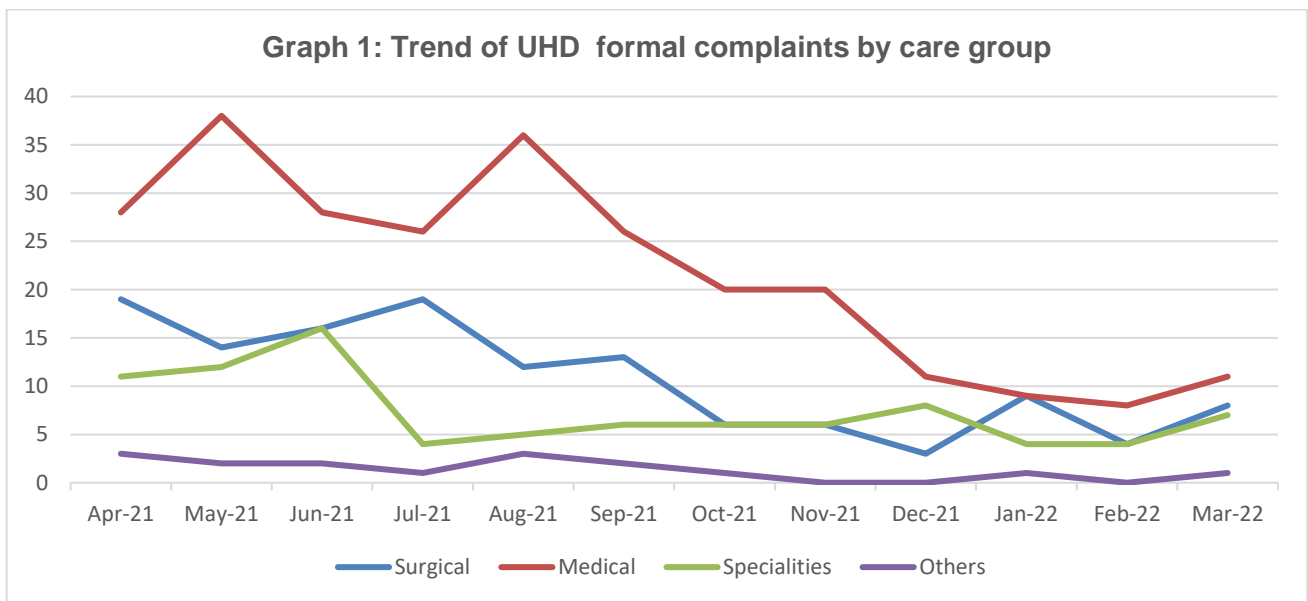
- Includes the new Parliamentary and Health Service Ombudsman (PHSO) Complaints Standards Framework currently being piloted nationally. UHD is part of the early adopter group for this work.

The model that was approved in September 2021 for UHD to follow a hybrid model of the two previous models. This involves:

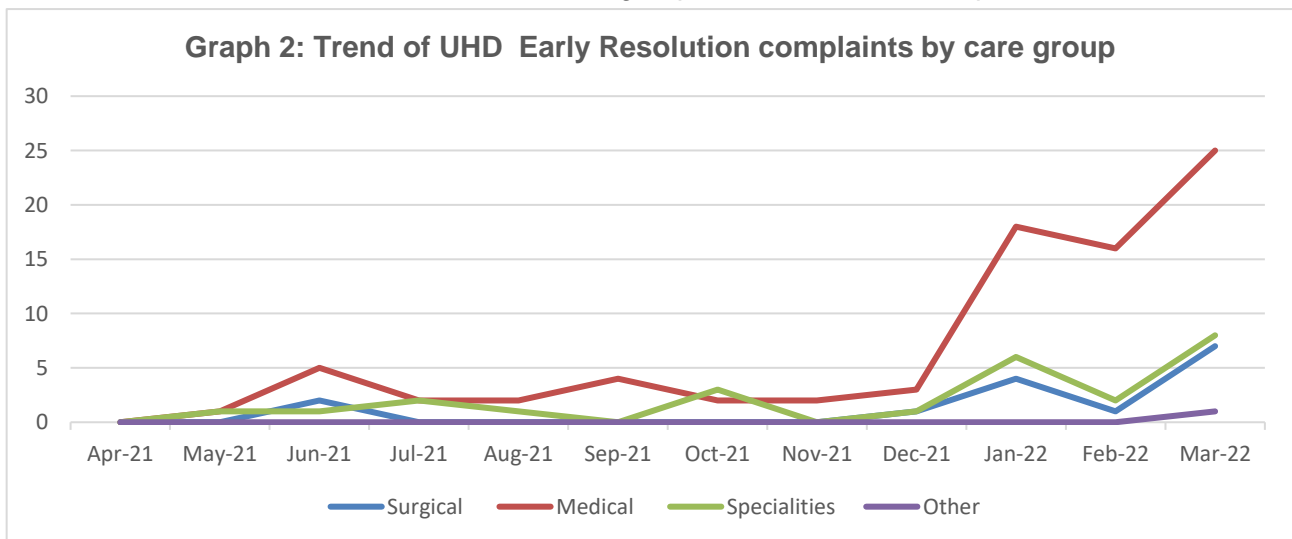
- Early Resolution complaints – complaints that are part of the complaint process but are resolved within 10 working days
- care group investigations and responses
- corporate investigations and complaints – these are the more complex and serious complaints.

### 3. COMPLAINTS RECEIVED

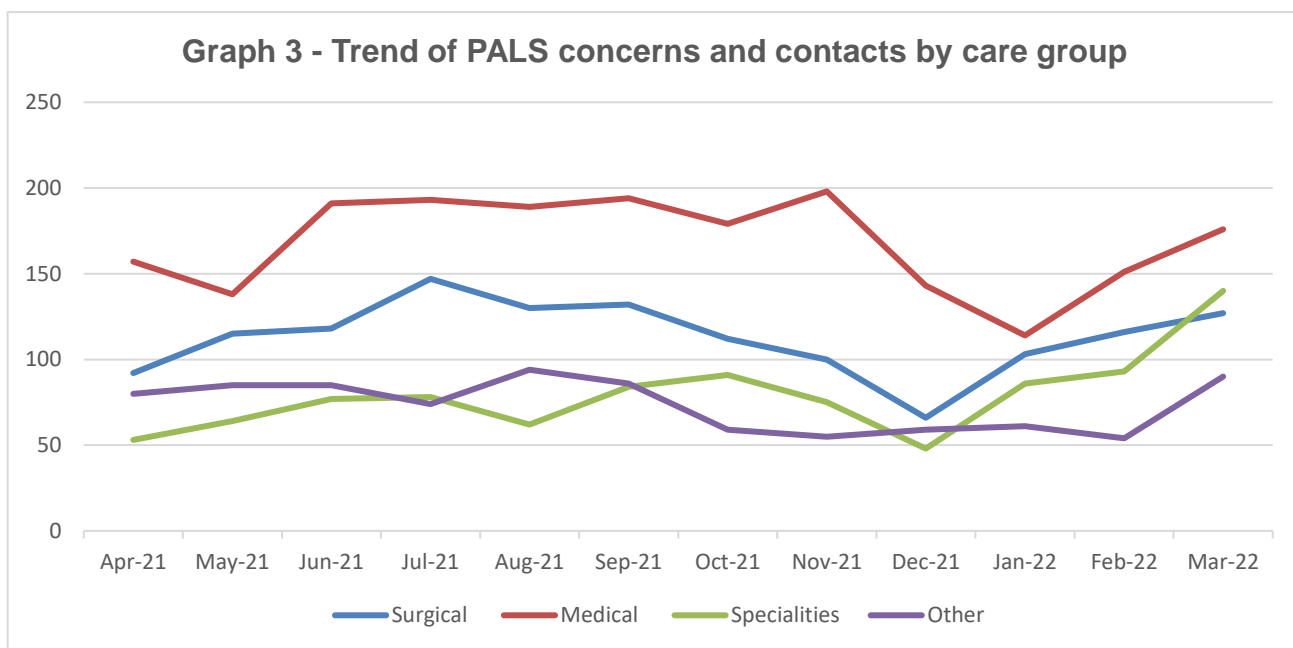
3.1 The Trust (incorporating single organisation data) received 492 complaints in 2021/2022. This is presented as a monthly trend, by care group, in graph 1.



3.2 In addition to the 492 complaints, the Trust also handled 121 early resolution complaints. This has been broken down to the care groups and is shown in Graph 2

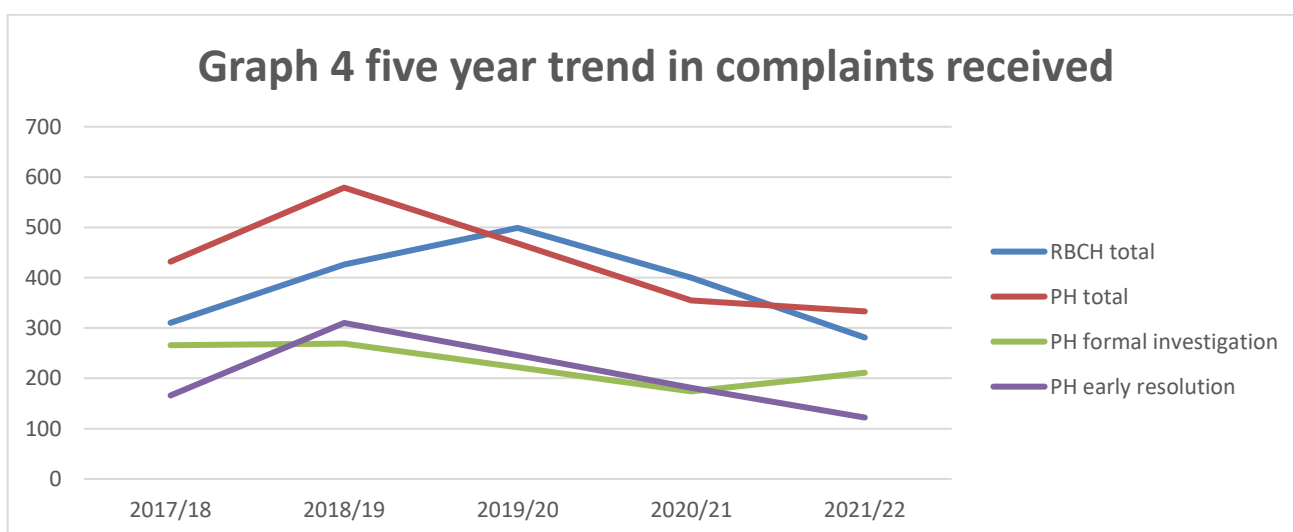


3.3 A total of 5214 PALS concerns, and contacts were processed and responded to in this year. This is detailed in Graph 3.



3.6 The 5-year trend in complaints received can be seen in Graph 4. This showed an increasing number of complaints received, peaking at PH in 2018/19 and at RBCH in 2019/20. The decrease in 2020/2021 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 its staff during this time. Graph 4 shows the introduction of the early resolution of complaints in Q4 of 21/22 not realised in the overall annual figures.

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.

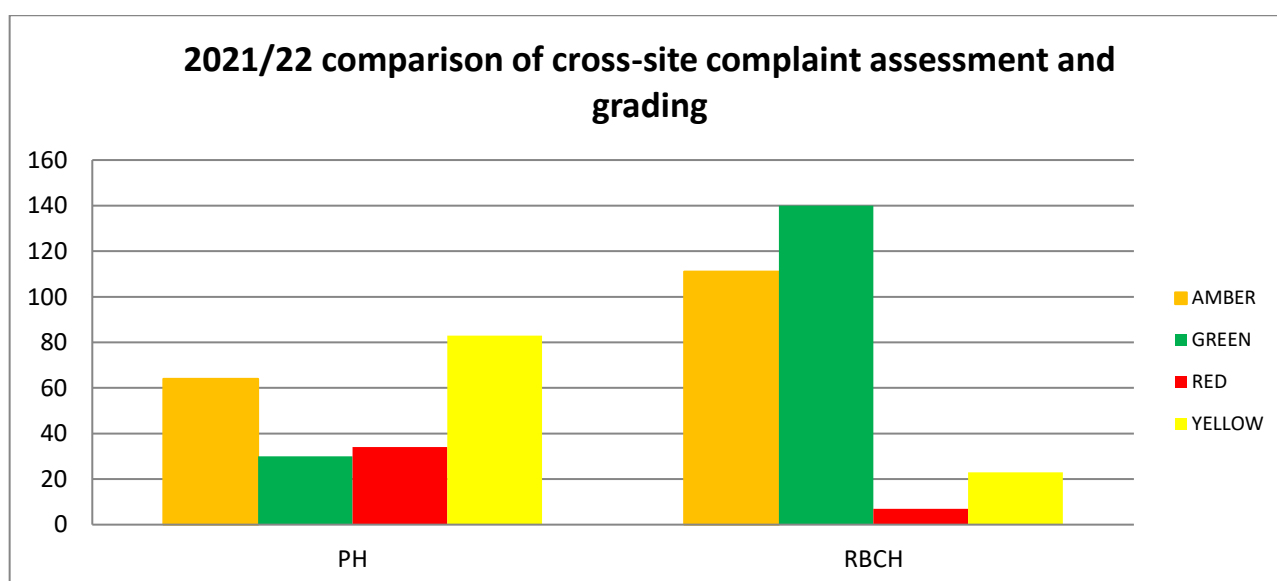


**Table 2: Complainant profile and mode of communication, 2021/22**

Person making the complaint			Mode of communication		
	RBCH	PH		RBCH	PH
Patient	90%	44%	Phone	10%	7%
Spouse	1%	13%	Email	70%	83%
Parent	0%	16%	In person	1%	0%
Relative/Carer	6%	16%	Letter	19%	9%

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 used a risk assessment-based grading tool; PH used a more subjective account of care assessed against the CQC domains; and a high proportion of the lower graded complaints were resolved informally and therefore excluded from this data set.

3.9 A standardised UHD system of assessing and grading complaints has been adopted, that reflects the level of escalation and nature of investigation required for each level of complaint, this will be reflected in the 22/23 annual report. The Healthcare Assessment Tool (HCAT) was used from April 2021; this is a validated, reliable tool for analysing healthcare complaints about secondary care (Gillespie and Reader 2016).



**Graph 5: Breakdown of complaints received, by grade**

#### 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.

<b>Table 3: National comparison of number of complaints received</b>	<b>Complaints received per 10,000 FCEs</b>	<b>Complaints received per 1,000 staff</b>
All acute Trusts	37%	16.6%
University Hospital Dorset: RBCH site	35%	20%
University Hospital Dorset: PH site	29%	10%
University Hospital Southampton	17%	7%
Portsmouth Hospitals	27%	15%

- 4.3 Key performance targets are detailed, by site, in tables 4 and 5, including 100% compliance against the statutory three-working day acknowledgement target.
- 4.4 The process for agreeing target response times differed across sites. PH focused on achieving the timeframe as agreed with the complaint, whereas RBCH focused on the internal response-day target. This has been standardised as part of the new UHD policy and as such will be reflected in next year's report. From November 2021 the corporate complaints team was merged following consultation, and the processes aligned.

<b>Table 4: Poole Hospital complaint handling performance</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Yr end</b>
Number of complaints received	71	50	46	44	211
% complaints acknowledged within 3 working days	89%	70%	65%	50%	71%
% response within timescale agreed with complainant*	100%	100%	100%	100%	100%
% response within 35 day internal target	11%	6%	4%	2%	7%
Number re-opened complaint investigations	2	3	1	0	6
Complaints under investigation by the PHSO	0	0	0	0	0
PHSO investigations closed (& upheld/partially upheld)	0	0	0	0	0

<b>Table 5: RBCH complaint handling performance</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Yr end</b>
Number of complaints received	118	103	41	19	281
% complaints acknowledged within 3 working days	100%	100%	100%	95%	99%
% response within timescale agreed with complainant*	45%	31%	29%	47%	38%
% response within 35 day internal target	45%	31%	29%	47%	38%
Number re-opened complaint investigations	2	7	4	0	13
Complaints under investigation by the PHSO	0	0	0	0	0
PHSO investigations closed (& upheld/partially upheld)	0	0	0	0	0

\*PH: response time included any subsequent extension to timeframe, if reasons explained and negotiated with complainant. RBCH: timeframe set at the outset.

- 4.5 The outcome of all closed complaints, by site, by quarter, is shown at Table 6. The data shows that UHD upholds fewer complaints when compared to the national average. Fewer upheld complaints may indicate fewer incidents where care fell below the expected standard, caution needs to be applied to this conclusion as it could also indicate that the Trust investigation potentially lacks openness and honesty. However, the PHSO looks at the way

the hospital complaint process investigations are conducted, in 2021/22 no complaints were investigated by the PHSO. 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 6: Outcome of complaints investigated and resolved					
		Upheld	National average	Partially Upheld	National average	Not upheld	National average
Q1	PH	16 (22.5%)	26.7%	25 (35.2%)	36.5%	30 (42.2%)	36.9%
	RBCH	21 (17.7%)		49 (41.5%)		48 (40.6%)	
Q2	PH	9 (18%)	27.1%	21 (42%)	36.4%	20 (40%)	36.5%
	RBCH	16 (15.5%)		37 (35%)		50 (48.5)	
Q3	PH	6 (13.3%)	27.5%	21 (46.6%)	38.4%	18 (40%)	34.1%
	RBCH	7 (17%)		13 (31.7%)		22 (53.6%)	
Q4	PH	6 (13.6%)	26%	10 (22.7%)	38.7%	28 (63.6%)	35.4%
	RBCH	2 (10.5%)		5 (26.3%)		12 (63.1%)	

4.6 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 fall below the internal target of <10%.

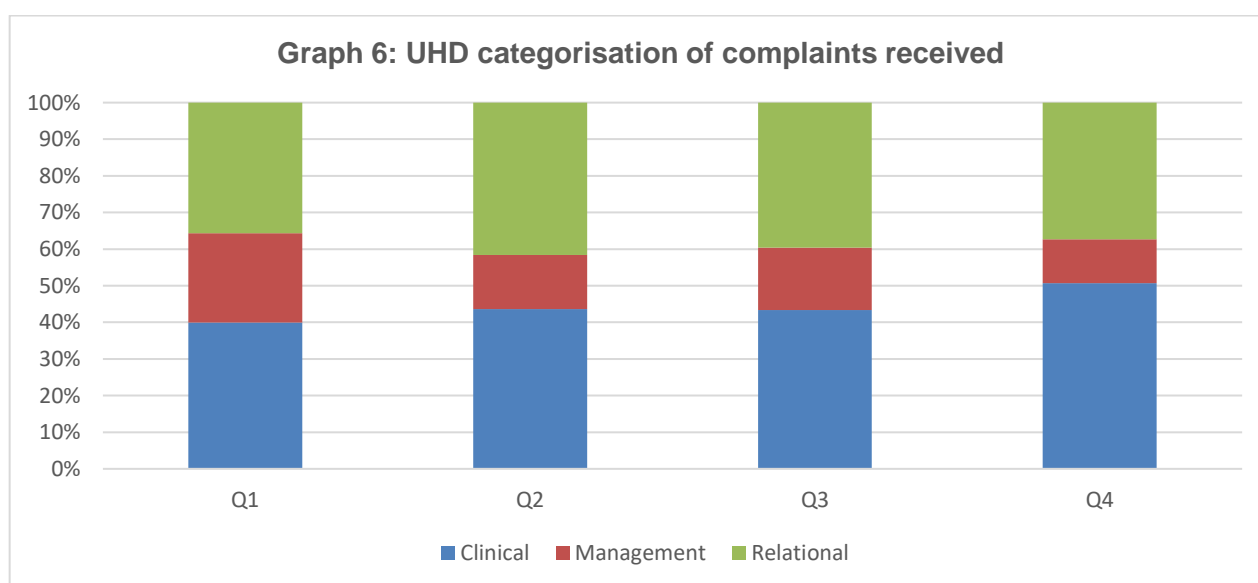
## 5 THEMES AND LEARNING FROM COMPLAINTS

- 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.
- 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.
- 5.4 From 01 April 2021, the tool used for theming complaints was aligned and the grouping of complaint themes 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 7.

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

**Table 7:** UHD complaint theming: categories and themes

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 8 overleaf, identifying 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 for trends, learning and improving. This detail will be available in the complaints dashboard, supported by the informatics team for 2022/23.



5.6 As can be seen in graph 6, the highest 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 this 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.



**Table 8: 2020/21 TOP COMPLAINT THEMES, BY QUARTER**

<b>Complaint category</b>	<b>Quarter</b>	
<b>CLINICAL</b>  <b>Quality</b> eg. Clinical standards  <b>Safety</b> eg incidents, staff competencies  <b>Effectiveness</b> eg procedural outcomes	Q1	<ul style="list-style-type: none"> <li>• Clinical skills and conduct</li> <li>• Inadequate examination and monitoring</li> <li>• Outcomes and side effects</li> </ul>
	Q2	<ul style="list-style-type: none"> <li>• Inadequate examination and monitoring</li> <li>• Outcomes and side effects</li> <li>• Clinical skills and conduct</li> </ul>
	Q3	<ul style="list-style-type: none"> <li>• Inadequate examination and monitoring</li> <li>• Making and following care plans</li> <li>• Caring and compassion</li> </ul>
	Q4	<ul style="list-style-type: none"> <li>• Inadequate examination and monitoring</li> <li>• Substandard care; neglect – personal care</li> <li>• Caring and compassion</li> </ul>
<b>MANAGEMENT</b>  <b>Environment</b> eg facilities, equipment, staffing levels  <b>Systems &amp; processes</b> eg bureaucracy, waiting times, accessing services  <b>Well led:</b> eg leadership and decision	Q1	<ul style="list-style-type: none"> <li>• Delay – access (outpatient)</li> <li>• Delay – procedure or referral</li> <li>• Discharge</li> </ul>
	Q2	<ul style="list-style-type: none"> <li>• Documentation / records</li> <li>• Trust administration and bureaucracy</li> <li>• Delay – access (outpatient)</li> </ul>
	Q3	<ul style="list-style-type: none"> <li>• Discharge</li> <li>• Delay - other</li> <li>• Delay in procedure or referral</li> </ul>
	Q4	<ul style="list-style-type: none"> <li>• Trust administration and bureaucracy</li> <li>• Documentation and records</li> <li>• Accommodation and maintenance</li> </ul>
<b>RELATIONAL</b>  <b>Communication &amp; listening</b> eg not acknowledging information given  <b>Attitude</b> eg behaviour  <b>Dignity&amp; respect</b> eg caring and patient rights	Q1	<ul style="list-style-type: none"> <li>• Communication absent</li> <li>• Caring and compassion</li> <li>• Communication breakdown</li> </ul>
	Q2	<ul style="list-style-type: none"> <li>• Communication breakdown</li> <li>• Disrespect</li> <li>• rights</li> </ul>
	Q3	<ul style="list-style-type: none"> <li>• Communication breakdown</li> <li>• Caring and compassion</li> <li>• Disrespect</li> </ul>
	Q4	<ul style="list-style-type: none"> <li>• Caring and compassion</li> <li>• Communication absent</li> <li>• Privacy and dignity</li> </ul>

## **6 CONCLUSIONS & RECOMMENDATIONS**

- 6.1 The Trust policy and procedures to manage concerns and complaints meet statutory requirements. The complaints procedure was 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 continue to work with the PHSO as an early adopter of this framework.
- 6.2 Both sites offered a combined complaint handling and PALS service, with one point of entry for service users and other stakeholders. This is now aligned with a single UHD complaint and PALS service.
- 6.3 The Trust has received 492 complaints, 121 early resolution complaints and 5214 PALS enquiries and concerns during 2021/22. This is a reduction in the number of complaints received 2020/21, primarily due to the potential impact of the pandemic, however, there has been a significant increase in the cases managed in the PALS service.
- 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 which has been realised in Q4 21/22.
- 6.5 The Trust underperformed against the statutory target for acknowledgement response time. This can, in part, be attributed to the increased clinical challenges of the pandemic, change in processes and major staffing vacancies in the corporate Patient Experience team. This will improve for the next financial year as staffing has improved with a change in leadership and management in the Patient Experience team alongside regular performance meetings with the care groups.
- 6.6 With the support of the informatics team, a new complaints dashboard has been produced to report complaint data by directorate and specialty, ensuring the data is more useful and can more easily be used to identify emerging trends. Weekly detailed reports are now sent to care group leads for discussion at weekly meetings.
- 6.7 Actions taken to improve the complainant experience have been put in place at because of a satisfaction survey.

## Appendix A: 2021/22 examples of learning from upheld complaints

You said “ I was expecting to fall asleep after having sedation ahead of an endoscopic procedure and requests leaflets be amended to reflect this is not the case.”

We did  
“Assurance given that leaflets clearly state “sedation given is unlikely to send you to sleep” and is given to ease discomfort.”

You said ““Please take some action regarding the lack of communication on your Older Persons wards. Given that frail older confused people are not allowed visitors for 3 days due to Covid restrictions, you can imagine my frustration at not getting through and being ignorant of their well-being”

We did “Apologised and offered reassurance that changes had been made to improve this service. The recruitment of additional clerical staff and adjusted routines put in place to ensure that phones are always covered on the front desk . All Multi-disciplinary teams have been reminded that they carry the same responsibility in

You said “I just felt like the doctor was not actually interested to help and was just forced to see me. I have never made a complaint to any staff in the Trust as most of the staff are very accommodating and very caring. After he saw me, it made me think that I don't matter to him.

We did “Moving forward the doctor will include this as part of his clinical reflections on the portfolio with points to change practice, highlighting the importance of allowing more time for patient communication, even during a busy on-call. Furthermore, he will discuss this with his clinical supervisor pertaining to his

<b>Further examples of learning from complaints:</b>	
<b>Complaint</b>	<b>Action/Learning</b>
I wanted to self-discharge after attending the Emergency Department with mental health problems and you stopped me from leaving	Implemented training for all Senior Nurses (Band 6 and 7) pertaining to capacity assessments by our psychiatric liaison team nurses. Improving our knowledge and skills in assessing capacity
Patient sent home from Endoscopy not having had the planned procedure as Covid-19 swab result unavailable. Patient questioned why they couldn't have swab re-taken at the Hospital before having the procedure.	Explained cancellations are always made following clinical direction from the Endoscopist on the day and are often multi-factorial. The Endoscopy Unit have now introduced a process to capture cancellation reasons which are then fed back to the patient when a cancellation is unavoidable, so they understand why
The phones are never answered on AMU	apologised, and explained the call volume on AMU has increased by 139% since Covid-19 and visiting restrictions were implemented. We have also added this to our Risk Register and commenced an improvement project
You were upset and concerned about the visiting restrictions on the maternity Unit. Your partner wasn't there to provide the support you needed; particularly so for new mums who have additional needs.	explained the requirement for restrictions to reduce the risk of spread of Covid-19, recognised the impact this has had. We have introduced a new system of visiting for new mums identified as needing additional help with physical or mental health needs
My wife was admitted to hospital with reduced Capacity. My wife has a Health and Welfare Lasting Power of Attorney with myself and two other attorney's. During admission a DNAR was applied, without the discussion with the LPOA. This was also included in the Care Plan on her discharge	Explanation that although the decision for a AAND form to be completed was appropriate, this should have not gone against the LPOA wishes and sincerest apologies given. Reassurances given that AAND form has been removed from patients medical records and further apologies given for the stress and upset caused
I asked to see my medical notes and blood results as an inpatient but was advised that I had to write to the hospital at a later date for access	We explained that the hospital records belong to the hospital and not the patient. Patient's do have a right to access their medical records, however they must do this by written request to the medico-legal department who will send the patient their own copy of their records.
I have not received results of the capsule endoscopy and do not know when I will	Reviewed information provided to patients on what happens after they have had their procedure and when they can expect to receive their results
My mother had no support, no one was there to help us through the End of Life process for my father	Sincerest apologies offered. Advised that Ward Sister has arranged to take part in an End of Life education pilot with the End of Life Specialist Nurse. This is a new service, giving the ward access and support to educate, review and offer

	feedback to help support patients through the End of Life journey
I did not receive any information about the request I had made for a letter regarding my ICD	Patient has been issued with a letter from his consultant regarding considerations to his care if he further presents to ED. This has also been added to the patient records as an alert for the staff awareness
My husband arrived home on Hospital transport following discharge still in a Hospital gown	We explained that we are often unaware of the time Hospital transport is going to arrive and there is not always time for them to wait for the patient to change, so in future we would give patients the option to change as soon as transport was booked
There was a lack of facilities for me to breastfeed my son when I attended for tests	Whilst staff tried to provide support, unfortunately there are currently no designated breastfeeding facilities. Plans are in place to build a designated area for breast feeding as part of the new Children's Unit
I was not informed that I had been discharged from the care of the Consultant	Apologised to for the lack of communication, a letter had been sent to the GP and not to them. This is being reviewed to ensure that communication is shared with the patient
My husband attended the Hospital for a colonoscopy only to be told that, as he had already had one earlier in the year, he did not need to have the procedure done again	The Endoscopy Bookings Team are working with our IT Teams on a project to make all of their referrals electronic which is expected to be completed next year; 2022 and it is hoped with these systems in place they can avoid a similar incident happening again
I am finding it very difficult to come to terms with the death of my father and struggling to grieve as a result. I was away when my father passed away at your hospital and I was unable to speak with him in the days that lead up to his death	Arranged for the family to meet with the Consultant who was caring for the patient to go through the patients notes, so the family could have an understanding of what the patients final days looked like
My diagnosis of AL amyloidosis could have been made in 2019 but you cancelled an appointment and did not reschedule it	The process has been changed in the Outpatients Department (OPD) where they are not able to cancel clinics unless the OPD team have been given rebook advice by the relevant speciality

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