



# Complaints Annual Report

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## 1.0 Introduction

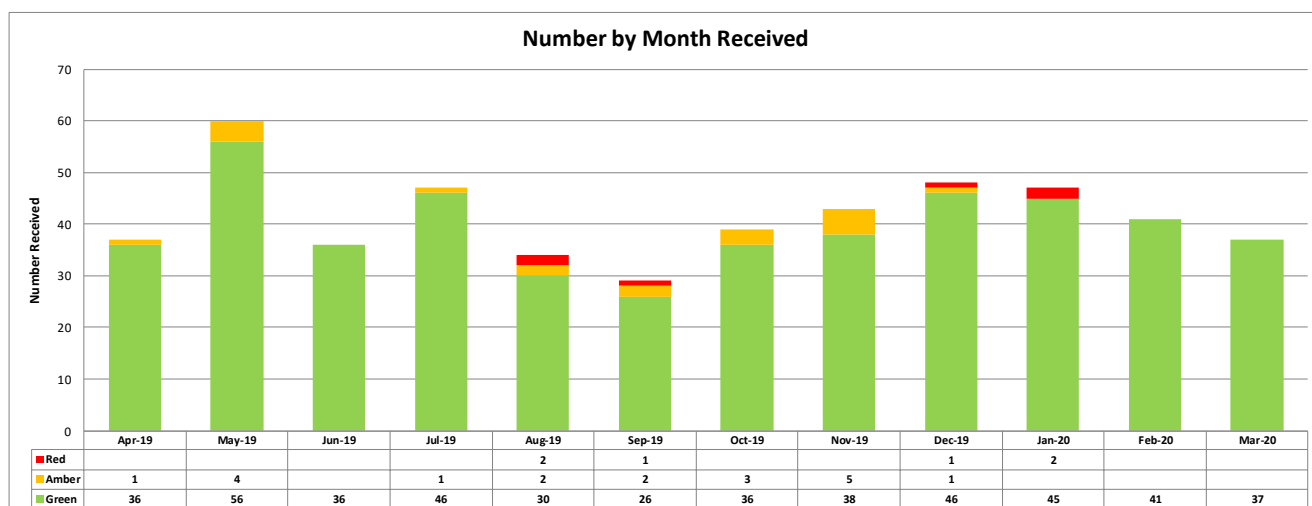
We are an organisation that is committed to learning from complaints and implementing this learning through continual improvement. Complaints made to the Trust are managed within the terms of the Trust's complaints procedure and national complaint regulations for the NHS. The overriding objective is to resolve each complaint with the complainant through explanation and discussion in a timely manner. Following an increase of patient throughput in the Trust the number of complaints has also shown an increase over 2019/2020 compared to previous years. This increase can be attributed to greater advertisement of how to make a complaint as it was found in a recent inpatient survey that only 18% of all patients knew how to raise a complaint or concern.

Taking into consideration when looking at the number of patients treated at the hospital, a total of 615807, the percentage of complaints received is 0.08%.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the trust must prepare an annual Learning from Complaints report each year. The report must specify the number of complaints received and the number of complaints which the trust decided were well-founded. It must also summarise the subject matter of complaints and any matters of general importance arising from those complaints. It must also include the way in which the complaints have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints. The report will be publicly available on our website.

## 2.0 Number of Complaints Received

There were 499 formal complaints received by the Trust for 2019/20, which is an increase on the previous year (see table 2.1).



In 2019/20 there was an overall annual rolling average compliance response time of 64%. This falls below the Trust Policy of the response performance being at or above 75%. Of note the Trust achieved this for three of the past twelve months, see table below. Complaints compliance data is discussed at the Complaints Performance meeting on a monthly basis.

As there has been an increase in the number of complaints processed since 2019/20 and a decrease in the response rates the individual care groups felt that the timescales provided for the responses to be completed in time were too short. Following discussion with the

investigating managers in the Care Groups and local / national benchmarking it was decided that the Trust would extend the basic response timescale from 25 working days to 35 working days, this aligns with our neighboring Trusts. This change was brought in on 01 September 2019

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Rolling 12 months
1st Responses Due in Month	33	49	54	46	37	32	22	33	36	50	47	44	483
Number Where 1st Response Completed On	20	31	26	22	15	18	17	22	28	45	33	31	308
Percent With 1st Response On Time	61%	63%	48%	48%	41%	56%	77%	67%	78%	90%	70%	70%	64%

2.1 Table depicting volume of formal complaints and rolling average annual response time

Reporting Years	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Volume of Formal Complaints	214	314	293	310	426	499
Response time Annual Rolling Average 25 working days	Previous reporting method- not comparable	54%	76%	72%	68%	Not comparable due to change in response timescales

As previously explained the standard response timescale was extended from 25 working days to 35 working days on 01 September 2019. The rolling average response with the changes in timescales included was 68%

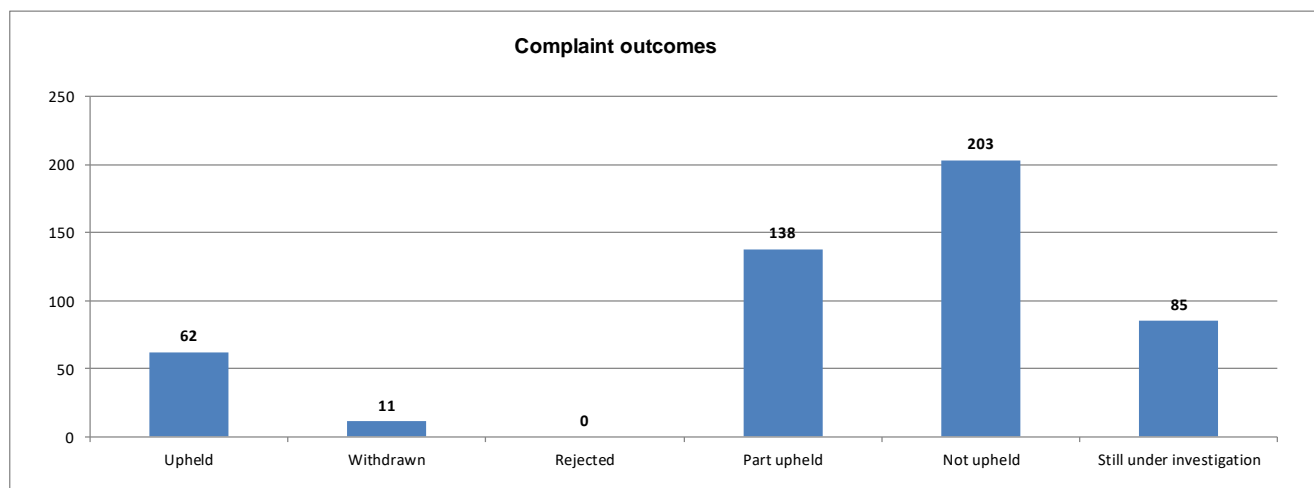
2.2 Reopened complaints

Since implementing the new Complaints and Concerns policy the trust has seen a reduction in the number of reopened complaints. This is believed to be due to the investigation timescales being adapted to reflect the complexity / severity of the complaint.

Reporting Years	2017/18	2018/19	2019/20
Volume of formal complaints reopened	77	40	48
Percentage of total complaints received	25%	9%	10%

3.0 Complaint Outcomes

There were 499 formal complaints reported into the Trust with appropriate apologies offered and the outcome of the investigation provided in the letter of response from the Chief Executive.



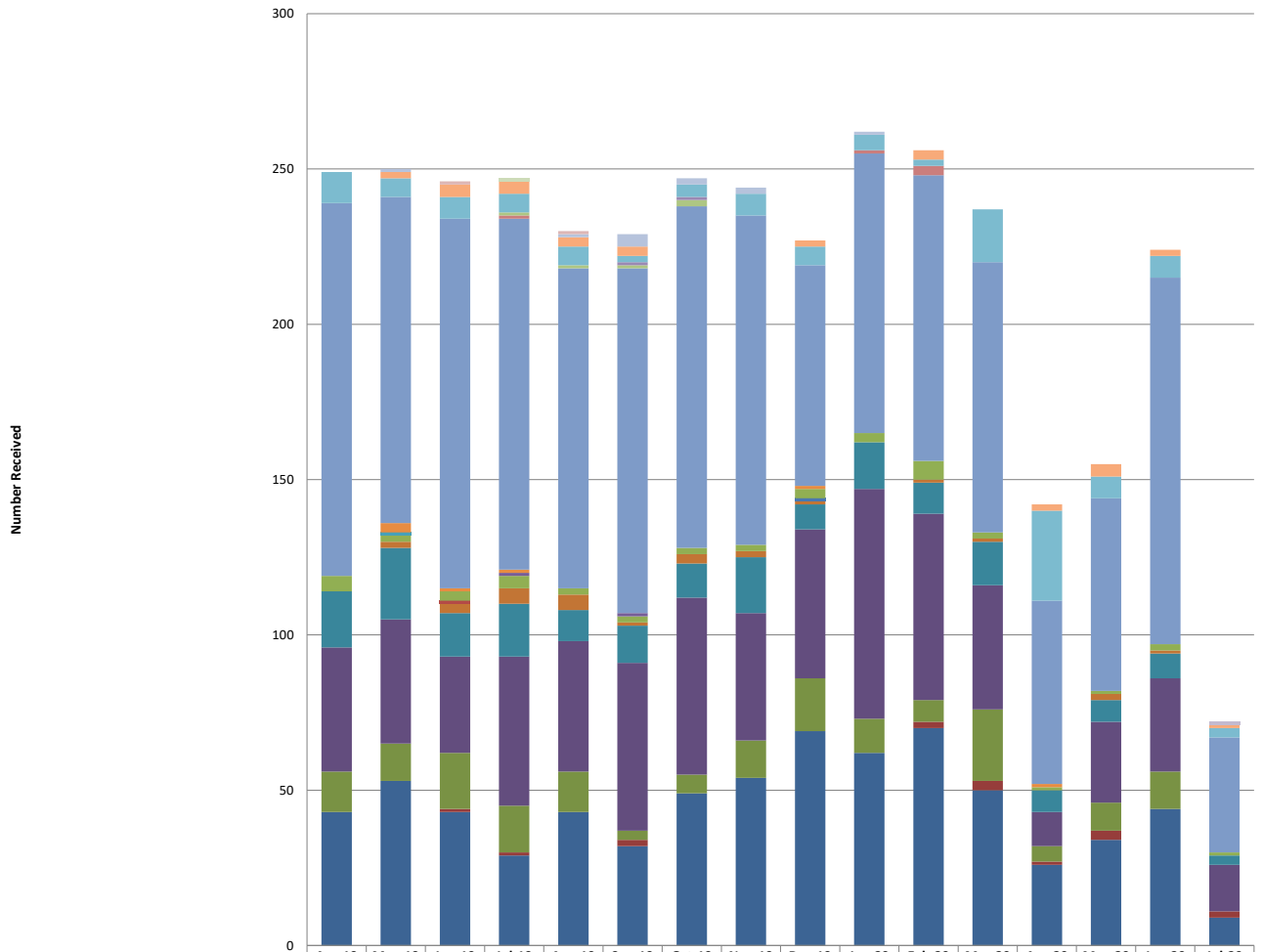
The above table shows the final outcome after the investigation has been completed and response sent. This is separated into the above categories. Upheld complaints are complaints that have been found to be true and correct. Withdrawn complaints are complaints that the complainants have decided they no longer wish to pursue. Rejected complaints are complaints that on review the Trust will not investigate, this may be due to the complaint being out of time or the complaint has previously been responded to. Part upheld complaints are on investigation found to be partially true and correct. Not upheld complaints are on investigation found to be incorrect or untrue.

#### 4.0 Subjects of Complaints

The main proportion of complaints are within the following categories or types (in order of magnitude);

- Implementation of care
- Communication and consent
- Access, admission and discharge

**Type by Month Received**

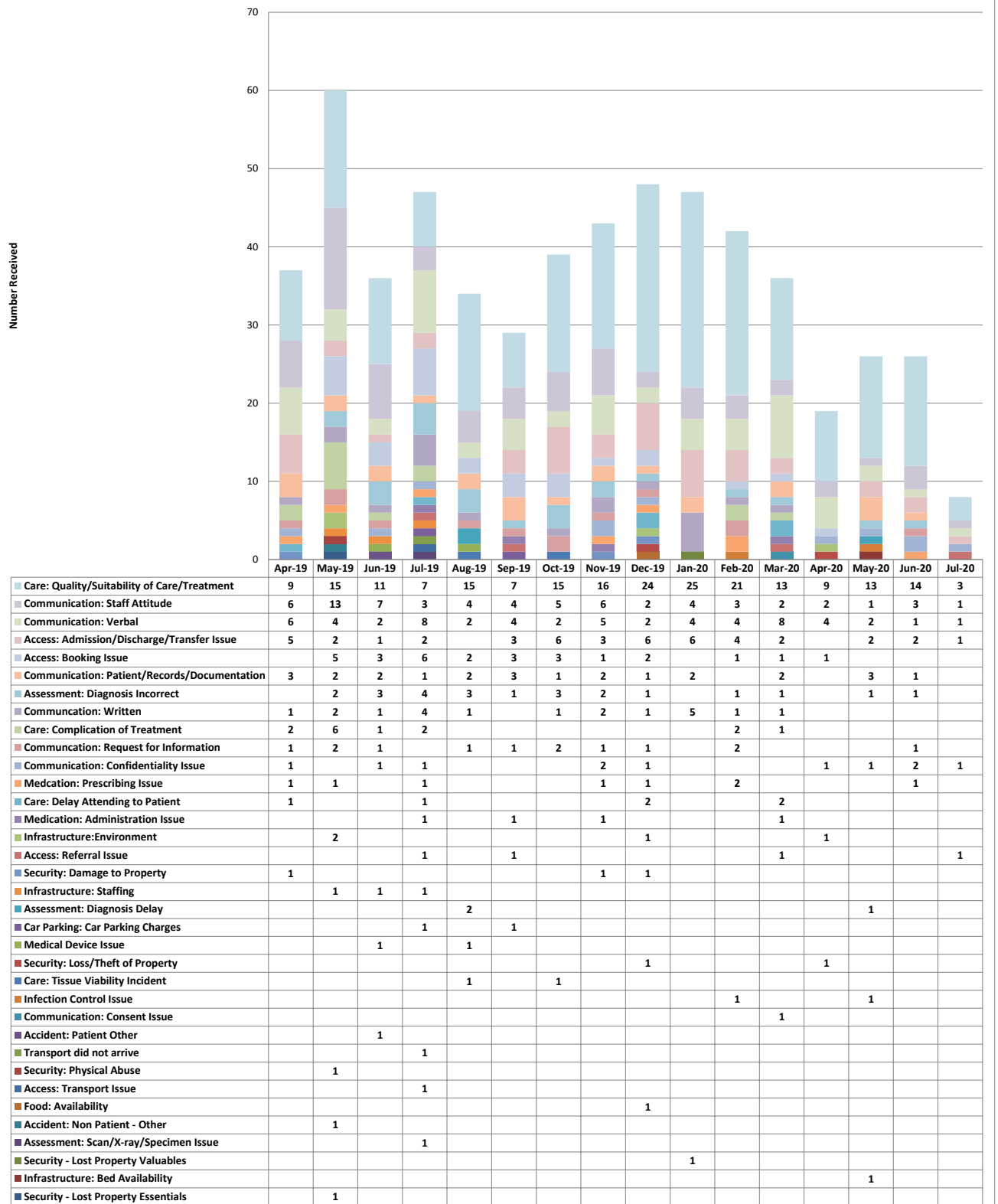


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Not Recorded				1												1
Transport																
Medical Device or Equipment			1		1											
Food safety and service		1			1	4	2	2		1						
Assessment - clinical		2	4	4	3	3			2		3		2	4	2	1
Resources: infrastructure, staffing, facilities	10	6	7	6	6	2	4	7	6	5	2	17	29	7	7	3
Accident - other						1	1									
Medical devices				1	1	1	2									
Accident - patient				1						1	3					
Communication, confidentiality and consent	120	105	119	113	103	111	110	106	71	90	92	87	59	62	118	37
Resources, Infrastructure, staffing facilities		3	1	1					1				1			
Accident to Visitor		1														
Car Parking				1		1										
Medication	5	2	3	4	2	2	2	2	3	3	6	2	1	1	2	1
Accident to Patient			1													
Food Safety / Provision									1							
Clinical Assessment		2	3	5	5	1	3	2	1		1	1		2	1	
Consent, Communication, Confidentiality	18	23	14	17	10	12	11	18	8	15	10	14	7	7	8	3
Access, admission and discharge	40	40	31	48	42	54	57	41	48	74	60	40	11	26	30	15
Security	13	12	18	15	13	3	6	12	17	11	7	23	5	9	12	
Infection Control			1	1		2					2	3	1	3		2
Implementation of Care	43	53	43	29	43	32	49	54	69	62	70	50	26	34	44	9

The above categories are broken down into various subtypes with the main proportion being;

- Implementation of care
  - Quality / Suitability of Care / Treatment
- Communication and consent
  - Staff Attitude
  - Verbal
- Access, admission and discharge
  - Admission Transfer and Discharge

Subtype by Month Received



This data is reflective of the top three themes from both 2018/19 and 2017/18 in similar volumes.

The Complaints performance meeting reviews the themes. The complaint prevalence and themes are also discussed in the Care Group governance meetings. The themes are also included in the assurance papers provided to the Healthcare Assurance Committee and to the Trust Board. There is a broad variability of the themes which are looked at in more detail in section 4.1

A number of complaint resolution meetings were held with complainants and key staff to assist with resolving complaints. The majority of these were effective in resolving concerns as advised by the complainants.

4.1 The main categories of complaint were as follows:

Type	2015/16	2016/17	2017/18	2018/19	2019/20
Admission, transfer and discharge	62	52	46	67	72
Communication and consent	55	61	105	131	171
Clinical Assessment	58	25	22	25	24
Environment	0	3	0	0	8
Equipment	2	2	1	0	2
Food Safety and Service	1	0	0	1	1
Implementation of care	113	135	122	173	200
Infection Control	0	2	4	2	1
Medication [inc medical gases]	9	1	7	13	11
Patient accident [other than falls]/self harm	7	5	2	5	1
Security	3	2	1	8	7
Staff incident	1	0	0	0	0
Treatment, procedure, care	1	0	0	0	0
Visitor incidents/accidents	1	1	0	0	1
Not Recorded	1	1	0	1	0
<b>Grand Total</b>	<b>314</b>	<b>293</b>	<b>310</b>	<b>426</b>	<b>499</b>

4.2 Breakdown of two top categories

**Communication and Consent**

The main volume of complaints in the communication theme relates to staff attitude and patient / records / documentation which shows an increase to the previous year.

	2016/17	2017/18	2018/19	2019/20
<b>Communication: Staff Attitude</b>	<b>30</b>	<b>42</b>	<b>43</b>	<b>59</b>
<b>Communication: Patient/Records/Documentation</b>	<b>9</b>	<b>23</b>	<b>43</b>	<b>21</b>
Communication: Verbal	7	11	15	51
Communication: Confidentiality Issue	5	7	7	6
Communication: Written	5	6	5	20
Communication: Request for Information	3	12	10	13
Not Recorded	0	2	3	0



Communication: Privacy / dignity	0	1	3	0
Communication: Consent Issue	2	1	2	1
<b>Communication and consent total</b>	<b>61</b>	<b>105</b>	<b>131</b>	<b>171</b>

### Implementation of Care

Implementation of Care is mainly around quality and suitability but also complications of treatment, the data shows an increase to previous years.

	2016/17	2017/18	2018/19	2019/20
Care: Complication of Treatment	22	23	32	13
Care: Delay Attending to Patient	9	11	15	6
Care: Privacy/Dignity	1	0	0	0
<b>Care: Quality/Suitability of Care/Treatment</b>	<b>101</b>	<b>88</b>	<b>124</b>	<b>179</b>
Care: Tissue Viability Incident	0	0	2	2
Not Recorded	2	0	0	0
<b>Implementation of care total</b>	<b>135</b>	<b>122</b>	<b>173</b>	<b>200</b>

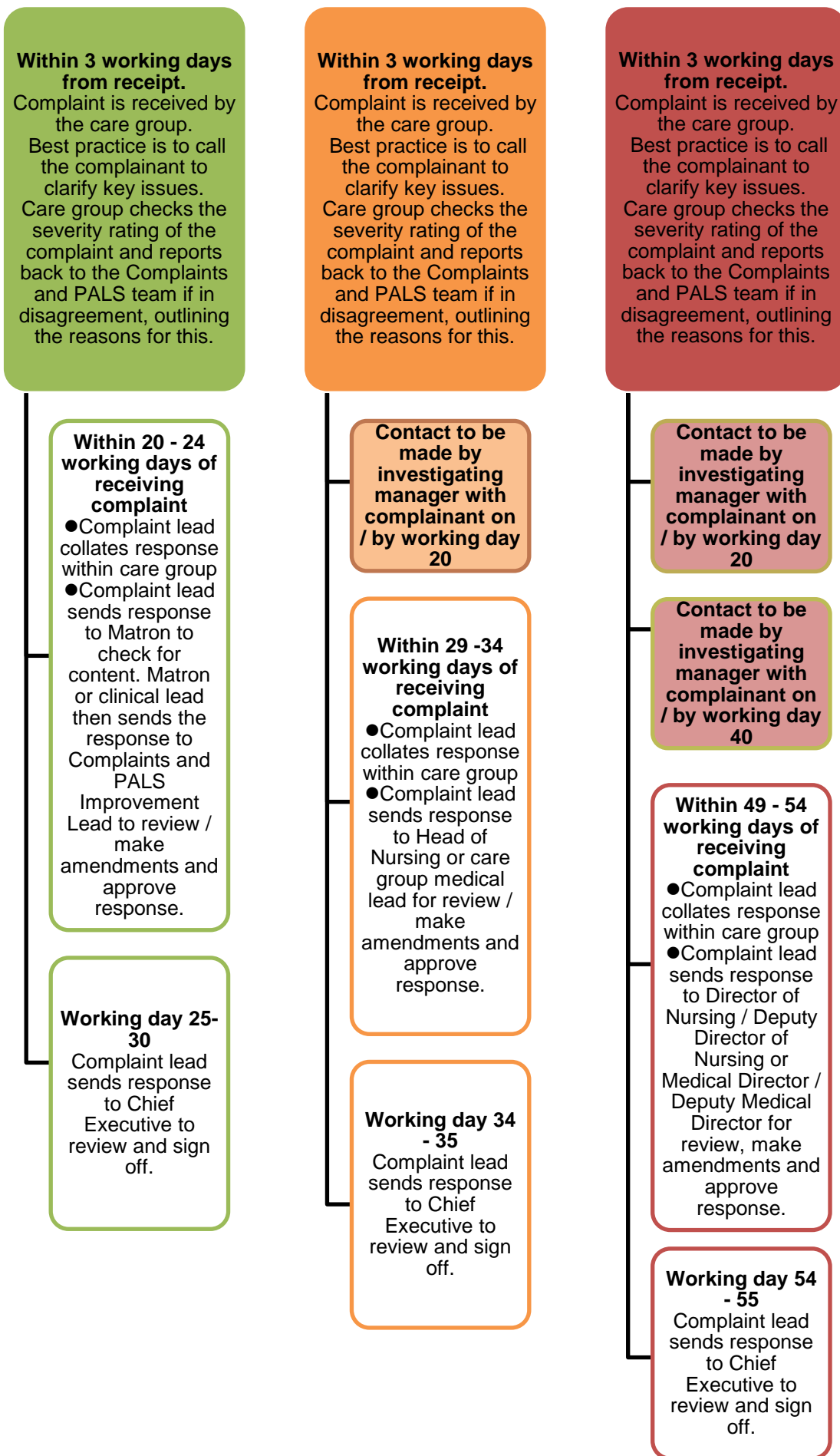
Complaints within these categories remain the focus of the improvements within the Complaints Performance Meeting. Learning from Complaints within the system will support the required improvement too.

## 5.0 Complaint process

On 1 September 2018 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust implemented a new complaint and concern policy which changed the way that complaint responses were completed. All complaints and concerns received from this date were complexity / severity rated and based on the rating for each complaint; there were three complaint response timescales introduced. A green rated complaint was given a response timescale of 25 working days, an amber rated complaint was given a response timescale of 40 working days and a red rated complaint was given a response timescale of 60 working days.

Due to a decrease in response timescale rates we looked again at the green rated complaint timescale and following information from our neighbouring NHS Trusts it was decided to align our response timescales with other local Trusts. From 1 September 2019 we extended our basic response timescale from 25 working days to 35 working days.

Meetings with complainants continue to be offered and taken up by complainants and staff remain responsive in terms of resolving an arising concern.



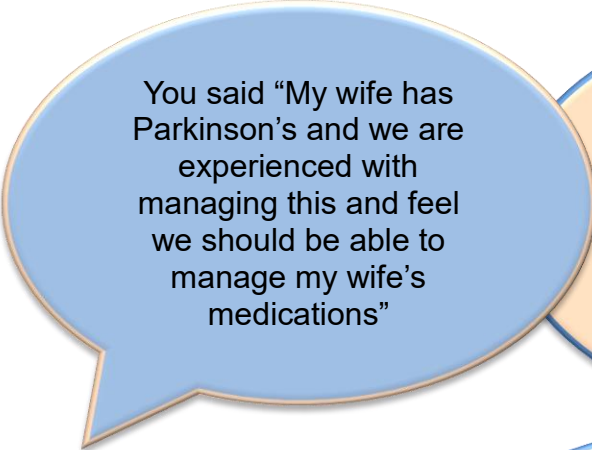
Complexity / severity rated response time scales and expected contact points

## 6.0 Improvements and learning resulting from Complaints

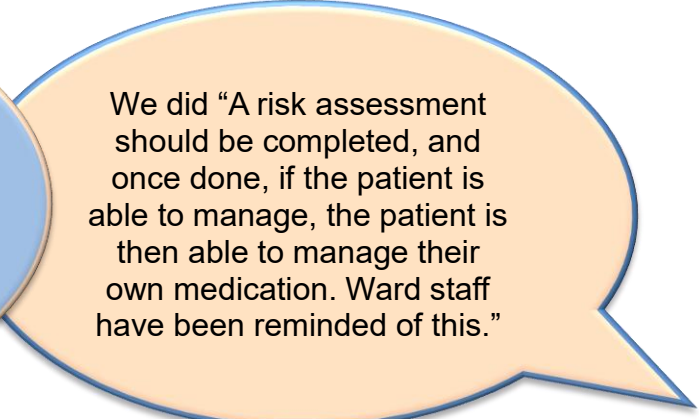
Directorates are required to follow through changes resulting from complaints within their own risk and governance meetings, recording these and reporting them into their governance meetings. Part of the complaints process is that the manager completes a Complaints Outcome Audit (COA) form which becomes part of the complaint file. The Trust Complaints Performance meeting convenes monthly to review complaints response times, key themes and shared learning from complaints. This has enabled stronger engagement with the directorate teams.

It is important that lessons are learnt and improvements made from complaints, with this in mind two regular items on the agenda for the monthly Complaints Performance meeting are key learning from complaints and Care Group sharing – reflective practice. During these sessions there is a rotation for the directorates to bring a detailed example of lessons learned from a complaint that they had investigated. For example, one directorate explained how they encountered difficulties in staff providing an apology when a complaint has been received. It was discussed how people feel that saying sorry is an admission of guilt when it is in fact an effort to show acknowledgement that the person has not had the experience that they were expecting and to manage the perception of the person raising the complaint. Another directorate explained that following a complaint investigation they visited the patient's home to meet with them and that this helped to personalise the situation and enhance their understanding of the impact the issue had on them.

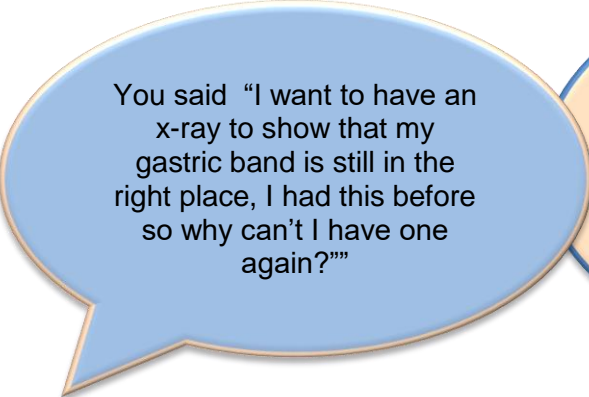
One of the main purposes in investigating complaints is to identify opportunities for learning and change in practice to improve services for patients. Examples of changes brought about through complaints are as follows and have been reported on the Trust website. Whilst the Trust reorganised the Team structure and processes around complaints and their management, focus was maintained on improving performance. Performance is monitored at the monthly Complaints Performance Meeting. Here are some examples of changes made as a result of the complaint and the subsequent investigation:



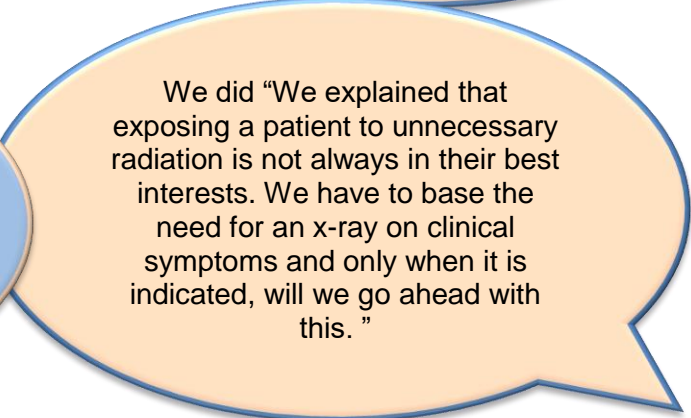
You said “My wife has Parkinson’s and we are experienced with managing this and feel we should be able to manage my wife’s medications”



We did “A risk assessment should be completed, and once done, if the patient is able to manage, the patient is then able to manage their own medication. Ward staff have been reminded of this.”



You said “I want to have an x-ray to show that my gastric band is still in the right place, I had this before so why can’t I have one again?””



We did “We explained that exposing a patient to unnecessary radiation is not always in their best interests. We have to base the need for an x-ray on clinical symptoms and only when it is indicated, will we go ahead with this.”

You said “Patient contracted compartment syndrome during a procedure and it was felt that his care was not escalated appropriately.”

We did “We now have better handovers and clear documentation from lab staff to ward staff. We have changed the World Health Organisation (WHO) check list to reflect this.”

Here is a further selection of learning from complaints over the past year.

You said	We did
I do not feel that all staff were aware of my husband’s dementia during his admission	The electronic system, “health of the ward” that the Trust is rolling out across the wards allows a forget me not flower icon to be added to a patient to raise awareness for the staff. The deputy ward sister will ensure that until the electronic system arrives she will have a stock of laminated forget me not flowers available
My father had a failed discharge from hospital and he died shortly after what will you do to avoid failed discharges for other patient’s	Reviewed the discharge pathways for Ward 11 and introduced a discharge coordinator role
My mother, who has dementia attended an appointment and was seen by one of the Doctors. I do not think that they had any dementia understanding	Met with the complainant and the Doctor apologised for the experience. The department is now ensuring that dementia awareness training is completed by all staff
Patient has been put onto the wait list for surgery and informed that the current wait is approximately 6 months. Patient questioned “is there anything I can do to speed up the process, I thought there was a legal right to surgery within 18 weeks	Explained the NHS 18 week guidelines and that the patient’s pathway had been reviewed by a Consultant and the patient was considered “routine”. Explained the steps that the Trust is taking to reduce the waiting times
My relative had difficulties accessing dialysis when they were unexpectedly admitted to this hospital whilst on holiday.	There had been internal concern raised that about the dialysis and renal service capacity on site at RBH that is operated by another Trust and about the pathways into this service, and this complaint unfortunately highlighted the problems that this could cause. The Trust is therefore going to renegotiate the arrangements and the clinical pathways reviewed & redesigned by Consultants in the Medical Directorate

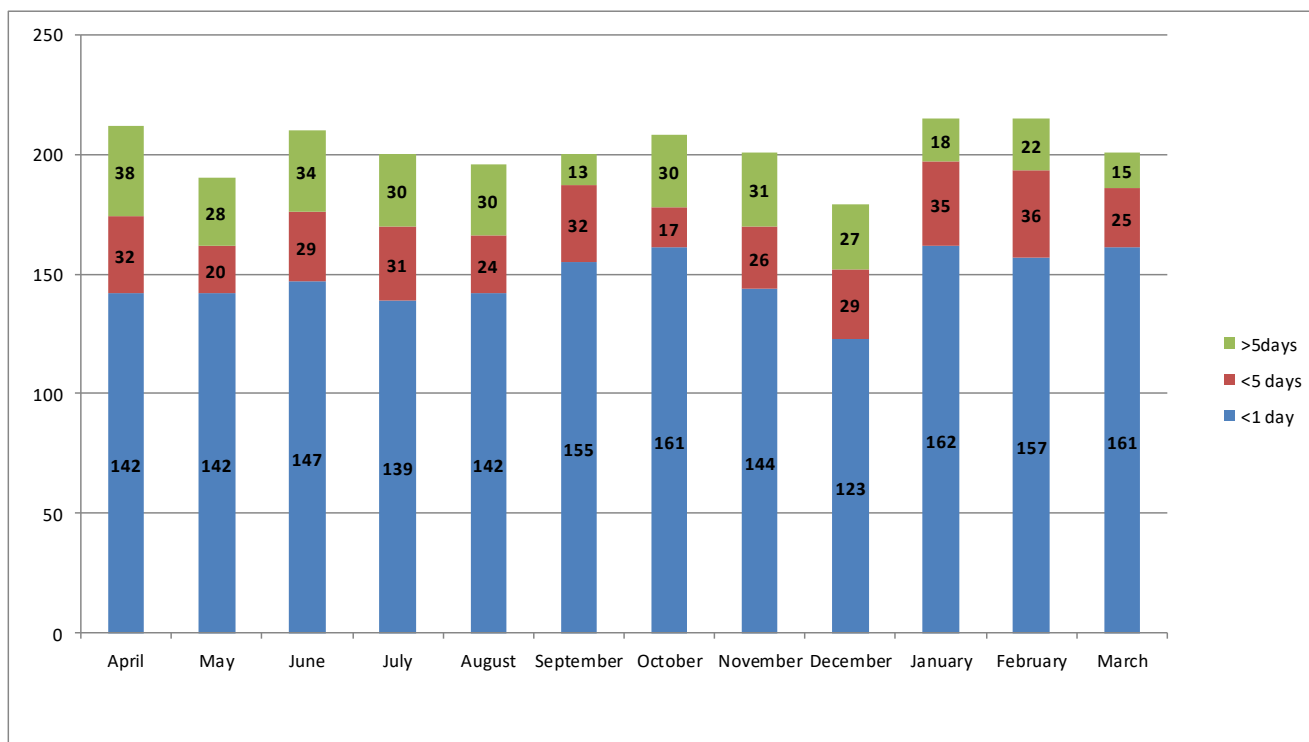
<p>My elective operation has been cancelled and I had organised childcare and made arrangements for my recovery after surgery.</p>	<p>Explained sometimes owing to circumstances outside of our control and to ensure safety and wellbeing, we may have to postpone operations. Operational pressures such as availability of beds can be a factor and patients requiring emergency surgery, who take a priority over patients having elective procedures. We aim to improve communication with patients having elective surgery to align their expectations and fully inform them of this.”</p>
<p>Post discharge my mother was bleeding and in a lot of pain, and I rang the ward as I had been told to by the doctor. A member of staff said that my mother had to go to A&amp;E. We attended and 4 hours later we were seen, the doctor said we should have gone straight to the ward. Why were we told by the member of staff to go to A&amp;E?</p>	<p>Matron has highlighted this issue to the Cardiac wards to ensure that all patients are given discharge information with the telephone numbers to call In Hours (08:00 to 17:00) and Out of Hours clearly highlighted to ensure the correct help in the correct setting is given to patients, especially after discharge</p>

## 7.0 Patient Advice and Liaison Service (PALS)

The focus of the Patient Advice and Liaison Service (PALS) in resolving concerns informally with front line staff continues to be constructive and relationships within the Trust have also supported early resolution.

Care Group	Concerns															Change	Trend
	Number Due	Number on time	% on time April 2019	% on time May 2019	% on time June 2019	% on time July 2019	% on time August 2019	% on time September 2019	% on time October 2019	% on time November 2019	% on time December 2019	% on time January 2020	% on time February 2020	% on time March 2020			
CGRPA	33	28	76	87	76	89	87	92	78	85	94	87	84	▼			
CGRPB	75	58	75	76	74	71	77	81	81	74	75	89	85	77	▼		
CGRPC	29	26	80	87	93	90	80	88	92	91	90	86	90	▲			
OTHER	63	61	91	94	96	98	94	92	93	91	97	98	97	▼			
PRIVATE	1	1	0	0	0	100	0	0	0	0	0	0	0	100	▲		
GRAND TOTAL	201	174	80	85	84	85	84	89	86	84	86	91	89	87	▼		

With the implementation of the new Complaint and Concerns policy on 1 September 2018 the expected timescale for responding to the PALS concern was lowered from 25 working days to 5 working days. The graph below shows the response rates for PALS concerns in number of days it took to get resolved, a high proportion of these are resolved on the day of receipt.



## 8.0 Referrals to the Parliamentary Health Service Ombudsman (PHSO)

Complainants who remain dissatisfied with the response to their complaint at local resolution level were able to request an independent review to be undertaken by the Parliamentary Health Service Ombudsman (PHSO).

After receiving a response from the Trust, complainants are advised to contact the PHSO if they remain unhappy. In 2019/20 twelve cases were investigated by the PHSO with 1 fully or partially upheld, 1 not upheld, 6 not investigated following review and 4 cases still in progress. This shows a slight decrease in the number taken to the PHSO and a decrease in the number upheld.

Year	Investigated	Upheld (fully or partially)	Not Upheld	Not investigated
2019/20	12	1	1	6
2018/19	16	3	8	1
2017/18	19	8	7	4
2016/17	20	10	9	1

## 9.0 Summary

In summary, in 2019/20 the management and resolution of complaints for our patients, their relatives and carers has seen an improvement. The adjustment of our standard response timescale to align with other Trust's in the area has assisted in improving our response rate. A further improvement has been shown by the use of resolution meetings providing successful outcomes for the complainants and the drop in reopened complaints. It has also been demonstrated that more complex complaints need more time to investigate thoroughly. Through streamlined processes and staff engagement the response rate for non-complex

complaints has improved and this has been sustained.

Learning from complaints is an integral part of the process and this has been managed and supported through the governance and Directorate structures. However further work is needed to ensure that this continues to be embedded across the Trust in particular a focus on communication.

As demonstrated when under scrutiny by the Parliamentary Health Service Ombudsman (PHSO) we are investigating and responding to complaints at a high quality level.