



University Hospitals Dorset
NHS Foundation Trust

2022/2023

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

- 2.6 A preferred model of complaint handling, procedure and service delivery plans was developed during 2021/22, the model included 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, Care Quality Commission 2022).
 - 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 was for UHD to align the two legacy NHS Foundation Trusts. This involved:

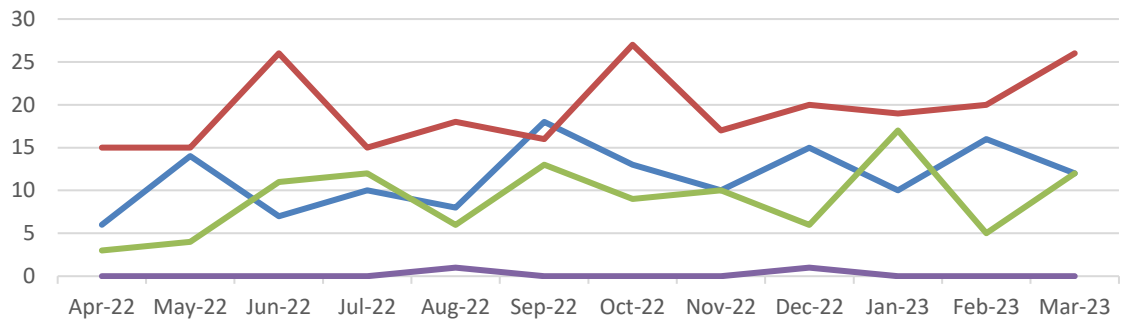
- Early Resolution complaints – complaints that are part of the complaint process but are resolved within 10 working days
- care group investigations and responses
- corporate investigations and complaints – these are the more complex and serious complaints.

3. COMPLAINTS RECEIVED

- 3.1 The Trust (incorporating single organisation data) received a total of 984 complaints in 2022/2023. This includes the Early Resolution complaints that had not been counted in complaints received previously. However, as they form part of the complaint process their figures are now included.

The Trust managed 483 formal complaints. This is presented as a monthly trend, by care group, in Graph 1.

Graph 1: Trend of UHD formal complaints by care group

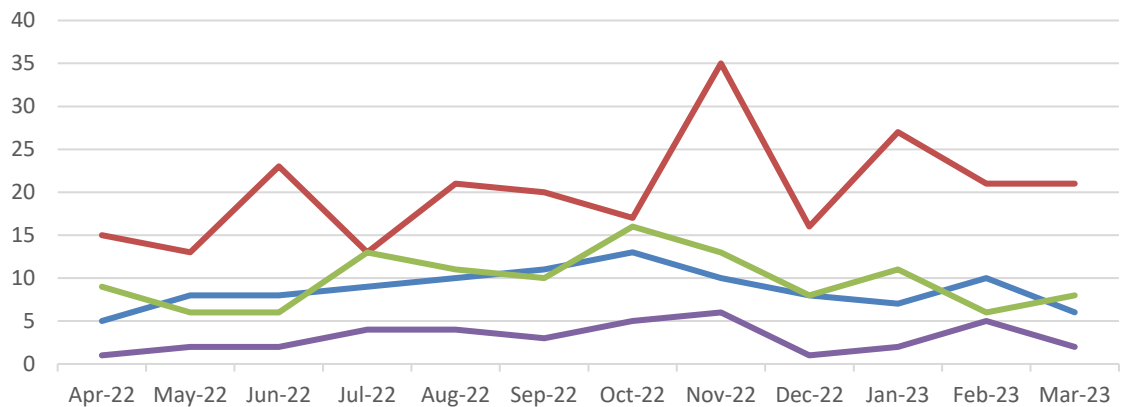


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Surgical	6	14	7	10	8	18	13	10	15	10	16	12
Medical	15	15	26	15	18	16	27	17	20	19	20	26
Specialities	3	4	11	12	6	13	9	10	6	17	5	12
Other	0	0	0	0	1	0	0	0	1	0	0	0

— Surgical — Medical — Specialities — Other

3.2 In addition to the 483 complaints, the Trust also handled 501 early resolution complaints. This has been broken down to the care groups and is shown in Graph 2

Graph 2: Trend of UHD Early Resolution complaints by care group

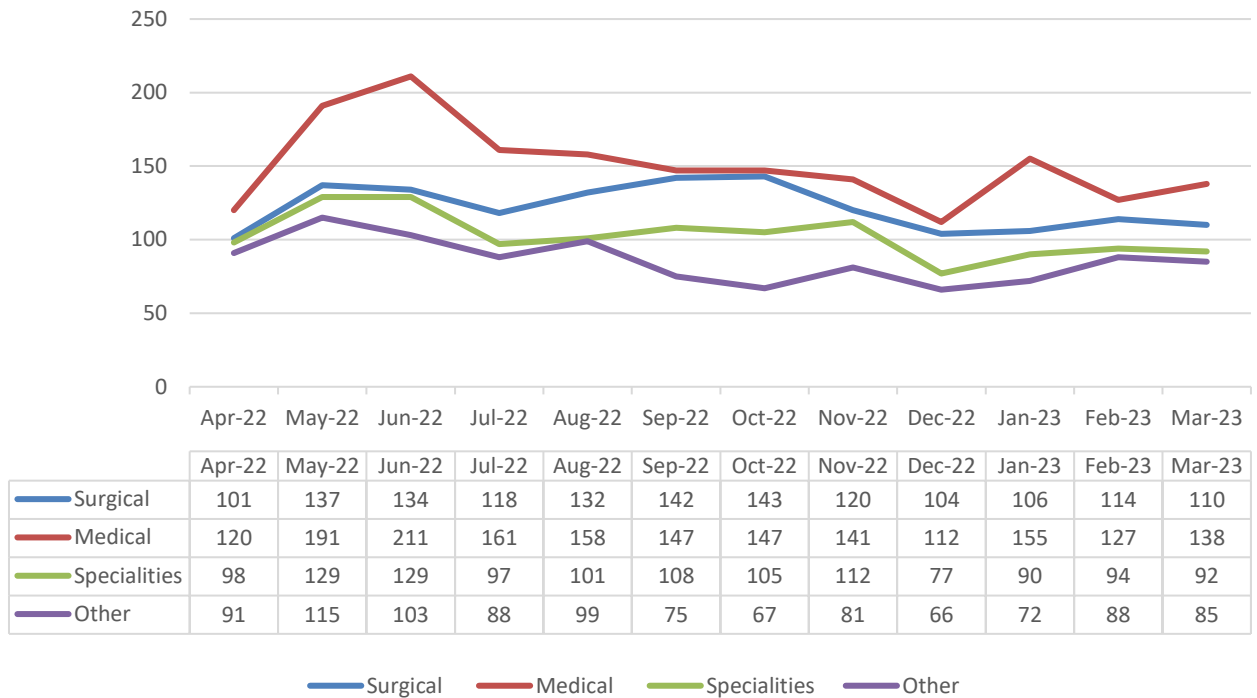


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Surgical	5	8	8	9	10	11	13	10	8	7	10	6
Medical	15	13	23	13	21	20	17	35	16	27	21	21
Specialities	9	6	6	13	11	10	16	13	8	11	6	8
Other	1	2	2	4	4	3	5	6	1	2	5	2

— Surgical — Medical — Specialities — Other

3.3 A total of 5531 PALS concerns, and contacts were processed and responded to in this year, via the UHD Patient Advice and Liaison Service (PALS). This is detailed in Graph 3.

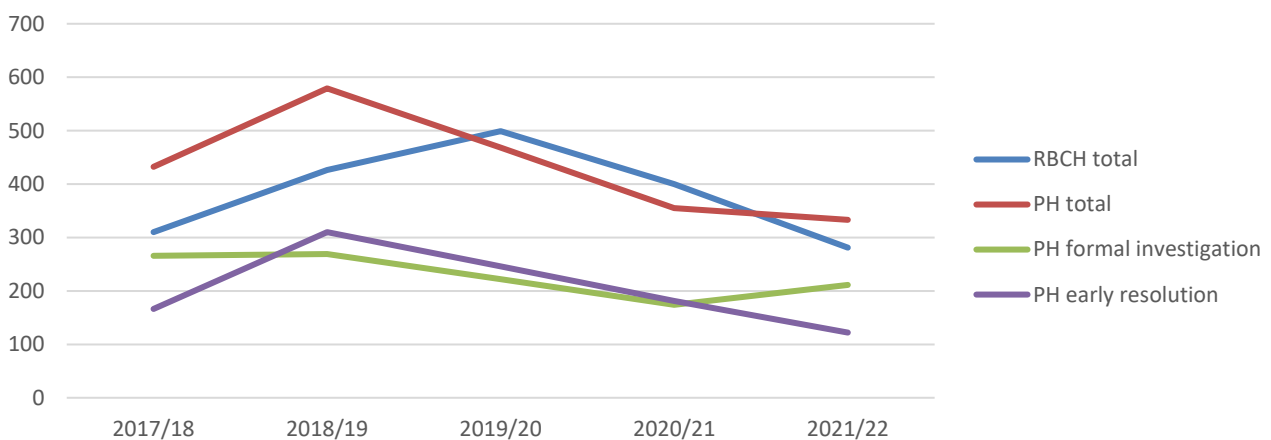
Graph 3 - Trend of PALS concerns and contacts by care group

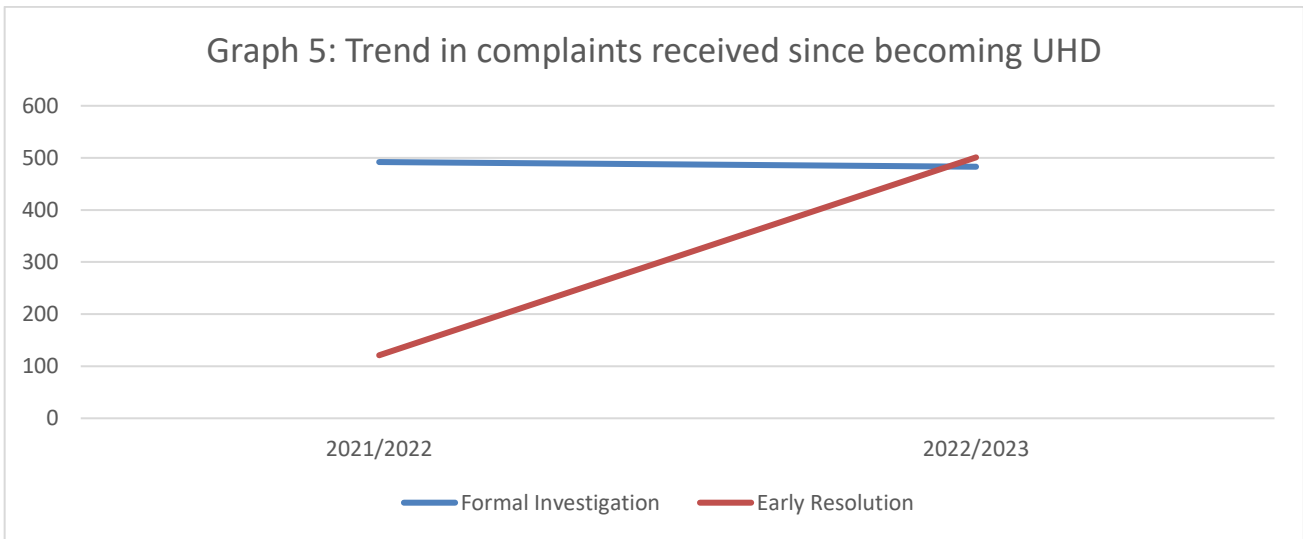


3.6 The 5-year trend in complaints received can be seen in Graph 4. This showed an increasing number of complaints received, peaking at Poole Hospital Foundation Trust (PH) in 2018/19 and at the Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCH) in 2019/20. The decrease in 2020/2021 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 trend in complaints received prior to the merger of the legacy Trusts. Graph 5 shows the trend since the merger, which demonstrates the increase in early resolution complaints since the Trusts merged and became University Hospitals Dorset (UHD).

Graph 4: trend in complaints received for legacy Trusts



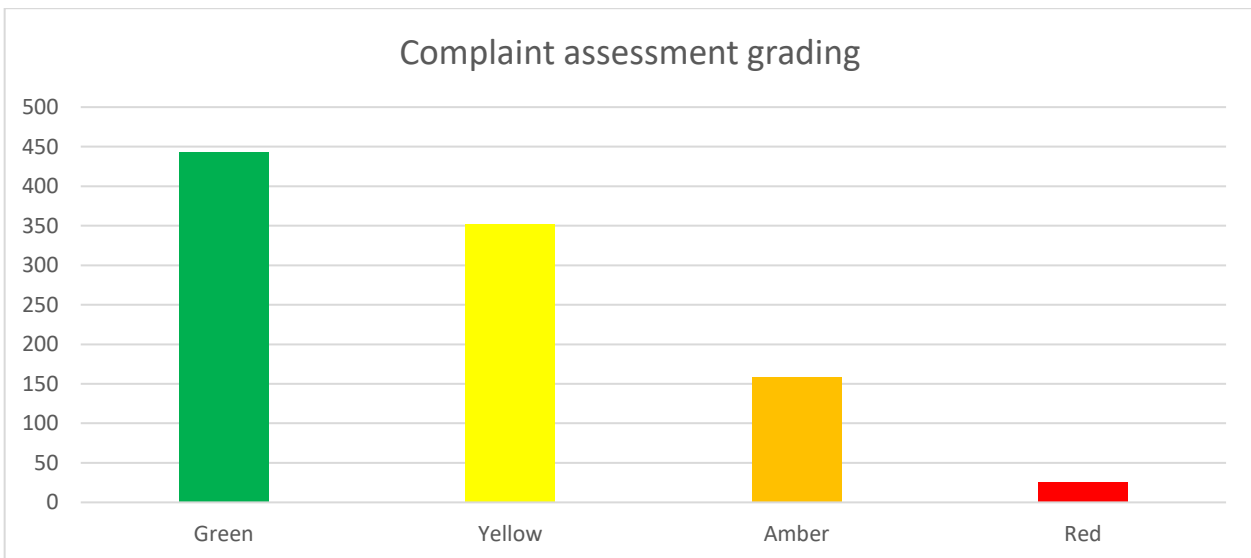


3.7 Table 2 shows the breakdown of persons making a complaint and their method of communication. The low 'In Person' mode of communication reflects the impact of the Covid-19 pandemic and temporary pause on receiving face-to-face PALS callers.

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

Person making the complaint		Mode of communication	
Patient	54%	Phone	9.8%
Spouse	10%	Email	80%
Parent	10%	In person	1.2%
Relative / Carer	1%	Letter	10%

3.9 Graph 6 shows the breakdown of complaints grading. 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). The HCAT breaks down the complaint into three types of “problem”, “clinical problems”, “management problems” and “relational problems”. It then subsequently breaks the complaint down into themes and severity indicators. The complaint severity assessment used at UHD using the HCAT can be located as an appendix of this report



Graph 6: Breakdown of complaints received, by grade

4 RESPONSIVENESS AND PERFORMANCE

- 4.1 Trust performance is monitored locally (recorded via Datix, an electronic database that enables us to use the information as a reporting tool) and via national KO41a submissions. The data is reported by NHS Digital who through development and operation of national IT and data services help patients get the best care and use data to improve treatment. The information obtained via this collection monitors written complaints received by the NHS regarding Hospital and Community Health Services. This data is published and enables comparison with other Trusts.
- 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, which is planned for the coming year.

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	35%	20%
University Hospital Dorset: PH site	29%	10%

- 4.3 Key performance indicator (KPI) targets are detailed, in tables 4 and 5
- 4.4 The response timescale was reviewed and as part of the UHD model extended to 55 working days. This was to enable a more thorough review of the complaint and align the investigation processes, to provide a more detailed response to people who unfortunately needed to raise a complaint.

Table 4: complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	203	246	276	259	984
% complaints acknowledged within 3 working days (KPI 100%)	73%	79%	88%	82%	81%
% response within 55 day internal target (KPI 75%)	47%	58%	57%	41%	52%
Number re-opened complaint investigations (KPI <10%)	1	4	16	26	47
Complaints under investigation by the PHSO	0	0	2	10	0
PHSO investigations closed (& upheld/partially upheld)	0	0	0	2	0

- 4.5 The outcome of all closed complaints, by quarter, is shown at Table 5, the numbers will be lower than the information in the previous table as there are complaints received that remain under investigation. 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 a lack of robustness within the Trust investigation process. However, it is assuring that the Parliamentary Health Service Ombudsman (PHSO) looks at the way the hospital complaint process investigations are conducted as part of the review. In 2022/23 12 complaints were investigated by the PHSO and 2 upheld or partially upheld. The lower

number of upheld complaints at UHD may in part be due to the number of complaints addressed through the Patient Advice and Liaison Service and therefore not included in this data set; the data will continue to be monitored and reported.

Quarter	Table 5: Outcome of complaints investigated and resolved						
	Closed	Upheld	National average	Partially Upheld	National average	Not upheld	National average
Q1	203	34 (16.7%)	26.7%	94 (46.3%)	36.5%	75 (37%)	36.9%
Q2	245	36 (15%)	27.1%	101 (41%)	36.4%	108 (44%)	36.5%
Q3	263	44 (17%)	27.5%	91 (34%)	38.4%	128 (49%)	34.1%
Q4	136	32 (13.6%)	26%	27 (22.7%)	38.7%	77 (63.6%)	35.4%

- 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 fell well below the internal target of <10%.

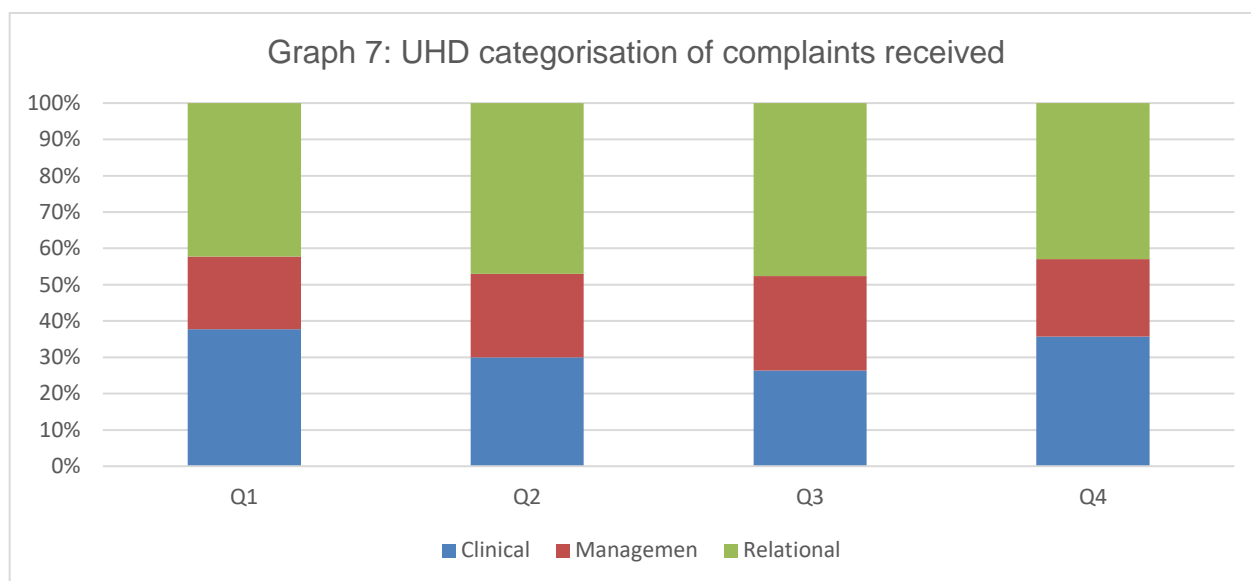
5 THEMES AND LEARNING FROM COMPLAINTS

- 5.1 Learning from the detail of individual upheld complaints is monitored on Datix and was 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 6.

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

Table 6: UHD complaint theming: categories and themes

5.5 As can be seen in graph 6, the highest proportion of UHD complaints consistently fall into the relational 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.



5.6 The data, by complaint category is shown by quarter in Graph 7. The top 3 complaint themes, by category, by quarter are shown in Table 7 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.

5.7 Moving forward into 2023/24 patient first will be implemented across the Trust with a drive to put patients first in all aspects of their care. This will include using wider patient feedback such as the Friends and Family Test (FFT) and Have your say feedback to understand the perspective of our patients, their family and carers.

Currently it is felt that we do not get enough valuable and useful feedback in from our patients and on review it has been identified that:

- Not all patients are asked to comment on their care
- Not all teams across the Trust have access to enough patient feedback to make improvements
- There is not always evidence of learning or continuous improvement as demonstrated in the complaint trend at the Trust

Our aim is to substantially improve our standing in the “overall experience” section in all CQC national surveys of NHS Acute Hospital Trusts over the next three years. Increase FFT and Have your say feedback rates. This will be supported by every clinical area using the data to show continuous improvement.

Whilst this is a longer term plan, once this is in place we should see a reduction in PALS concerns and complaints being raised.

Table 8: 2022/23 TOP COMPLAINT THEMES, BY QUARTER

Complaint category	Quarter	
CLINICAL Quality eg. Clinical standards Safety eg incidents, staff competencies Effectiveness eg procedural outcomes	Q1	<ul style="list-style-type: none"> • Error - diagnosis • Inadequate examination and monitoring • Clinical skills and conduct
	Q2	<ul style="list-style-type: none"> • Inadequate examination and monitoring • Error - diagnosis • Clinical skills and conduct
	Q3	<ul style="list-style-type: none"> • Clinical skills and conduct • Error - other • Team work
	Q4	<ul style="list-style-type: none"> • Clinical skills and conduct • Substandard care; neglect – personal care • Inadequate examination and monitoring
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"> • Delay – access (outpatient) • Discharge • Documentation / records
	Q2	<ul style="list-style-type: none"> • Discharge • Trust administration and bureaucracy • Delay in accessing emergency / urgent care
	Q3	<ul style="list-style-type: none"> • Discharge • Administration and bureaucracy • Documentation / records
	Q4	<ul style="list-style-type: none"> • Discharge • Administration and bureaucracy • Delay in procedure or referral
RELATIONAL Communication & listening eg not acknowledging information given Attitude eg behaviour Dignity& respect eg caring and patient rights	Q1	<ul style="list-style-type: none"> • Communication absent • Communication breakdown • Caring and compassion
	Q2	<ul style="list-style-type: none"> • Communication absent • Communication breakdown • Caring and compassion
	Q3	<ul style="list-style-type: none"> • Communication breakdown • Caring and compassion • Communication absent
	Q4	<ul style="list-style-type: none"> • Communication breakdown • Caring and compassion • Communication absent

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.
- 6.2 The Trust has received 483 complaints, 501 early resolution complaints and 5531 PALS enquiries and concerns during 2022/23. This is an increase in the number of complaints received from 2021/22, which is a reflection of the fully merged systems and teams. There continues to be a significant increase in the cases managed in the PALS service.
- 6.3 A national comparison of complaints received (NHS Digital) shows that UHD is not an outlier with regards to the number of complaints received but reiterated some opportunity to increase the volume of early resolution complaints which has been realised in 2022/23.
- 6.4 The Trust underperformed against the statutory target for acknowledgement response time. This can, in part, be attributed to the 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.
- 6.5 The Trust also underperformed with the final response timescale of 55 working days. This in part can be attributed to the high clinical demand on our staff that were needed to have input into the responses. A shift to a corporate team investigation and responses should start to minimise these delays and an improvement should start to be seen in the next year.
- 6.6 With the support of the informatics team, a new enhanced complaints dashboard has been produced to report concern and 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.

Appendix A: 2022/23 examples of learning from upheld complaints

You said “ Concerns raised regarding uneven steps by Longfleet Road entrance of Poole Hospital”

We did “Estates Department have conducted a Health & Safety Review and are in the early stages of implementing the addition of further painted signage on the concrete to advise caution”

You said “Concerns were raised about patient’s being discharged from hospital in gowns and nightclothes as they did not have suitable clothes with them during their admissions”

We did “In conjunction with our physiotherapy and occupational therapy teams, we are in the early stages of trialing a charity funded project. Patients will be provided with new clothing and shoes free of charge to help patients to be discharged in more appropriate clothing and footwear.”

You said “Concerns raised regarding the Parkinson’s service and the impacts of reduced staff in the service”

We did “Further administration staff have been recruited to support the team and changes have been made to ways of working in order to improve the service, including the uploading of all correspondence to the electronic patient record so these are immediately accessible for GPs”

Further examples of learning from complaints:		
Complaint	Action/Learning	Status of learning
Patient information leaflets regarding post-surgery discharge care and given to patients on their discharge lacked detail and could be more clear	Surgical matron has reviewed the leaflets, and these have been updated, with clearer and more specific advice. The 'Information Following General Anaesthesia' leaflet has also been updated.	We now have a named individual for patient information at the Trust and have secured short term funding for support with this.
Concerns raised regarding lack of updates from ward when father in law was an inpatient at Bournemouth Hospital	Complaint has been shared with staff anonymously for learning and staff training has been revisited with regard to communication	Completed
Concerns raised as mother of patient found a needle and syringe left in a cubicle in the Emergency Department, and the way in which it was handled.	Staff members were identified, and additional training has been given regarding sharps safety and their disposal. Apologies given to patient and her mother.	Completed training
Patient and his father were upset by the manner of the doctor when they saw him in clinic. They were also unhappy that they had not yet receive the results of a recent MRI	The feedback regarding communication was passed on to the locum doctor for reflection. Another consultant reviewed the MRI results and wrote to the patient and the GP with the findings. A further appointment with an alternative consultant was offered.	Completed
A local GP raised concerns that there were delays in the pathway when trying to admit patients their patients to the Royal Bournemouth Hospital in emergency situations	There is now a dedicated Emergency Admissions Team which answers calls across the whole Trust and continuous work is undertaken to improve the service further. Feedback from GPs have already noted improvements and quicker responses.	Completed
Concerns raised that a taxi organised by the hospital did not take the patient directly to his door, and left him at the end of a long driveway	The Transport Manager contacted the Taxi company with whom UHD holds a contract, which includes safely delivering patients to their front door. The taxi company have spoken to the driver involved and will also remind all drivers of their responsibility towards patients when they hold their driver	Completed

	awareness and feedback meetings. Sincere apologies were made to the patient.	
Concerns were raised that a leaflet on the UHD website containing sleep advice for children was outdated	The leaflet was removed and will be updated. Therapy Services have also implemented a new system to ensure all patient information is reviewed at set intervals.	We now have a named individual for patient information at the Trust and have secured short term funding for support with this.

Appendix 1

PATIENT EXPERIENCE TEAM

COMPLAINT ASSESSMENT - SEVERITY CATEGORY

Category	Theme	Severity Indicators		
CLINICAL	Quality & Effective-ness	1. Low severity Delay changing dirty bedding Isolated lack of food or water Wound not dressed properly Rough handling patient Patient monitoring delayed Patient not involved in care plan Patient left with some scarring	2. Medium severity Patient dressed in dirty clothes Nothing to eat or drink for one day Seeping wound ignored Patient briefly without pain relief Patient not monitored properly Aspect of care plan overlooked Patient required follow-up operation	3. High severity Patient left in own waste in bed Patient dehydrated/ malnourished Infected wound not tended to Force feeding baby, resulting in vomiting Discharge without sufficient examination Failing to heed warnings in patient notes Patient left with unexpected disability
	Safety	1. Low severity Slight delay in making diagnosis Slight delay administering medication Minor error in recording patient progress Not responding to bell (isolated) Minor misunderstanding among clinicians A minor error filling-out the patient notes	2. Medium severity Clinician failed to diagnose a fracture Staff forgot to administer medication Delay noticing deteriorating condition Not responding to bell (multiple) Test results not shared with clinicians Clinician overlooked information (eg, previous experience of an illness)	3. High severity Clinician misdiagnosed critical illness Incorrect medication was administered Onset of severe sepsis was not identified Not responding to heart attack Failure to coordinate timecritical decision Clinician overlooked critical information (eg, serious drug allergy)

Category	Theme	Severity Indicators		
MANAGEMENT	Environ-ment	1. Low severity Noisy ward surroundings Patient bed not ready upon arrival Dirt and cigarette ends on main floor	2. Medium severity Patient was cold and uncomfortable Patient placed in bed in corridor Blood stains in bathroom	3. High severity Fleas, bed bugs, rodents Patient relocated due to bed shortage Overflowing toilet, faeces on floor

	<p>Parking meter not working</p> <p>Midwife repeatedly called away</p> <p>Argument between patients</p>	<p>A temporary malfunction in an IT system</p> <p>Specialist not available</p> <p>One patient bullying another patient</p>	<p>Medical equipment malfunctioned</p> <p>Severe staff shortages</p> <p>Patient assaulted by another patient</p>
	Systems & processes. Well led	<p>1. Low severity</p> <p>Difficulty phoning healthcare unit</p> <p>Non-urgent medical procedure delayed</p> <p>Phone calls not returned</p> <p>Appointment cancelled and rescheduled</p> <p>Visiting times unclear</p> <p>Patient notes not ready for consultation</p>	<p>2. Medium severity</p> <p>Waited in emergency room for hours</p> <p>Medical procedure delayed</p> <p>Complaint not responded to</p> <p>Chasing departments for an appointment</p> <p>Visiting unavailable</p> <p>Patient notes temporarily lost</p>
			<p>3. High severity</p> <p>Unable to access specialist care</p> <p>Acute medical procedure delayed</p> <p>Emergency phone call not responded to</p> <p>Refusal to give appointment</p> <p>Family unable to visit dying patient</p> <p>Another patient's notes used as basis for consultation</p>

Category	Theme	Severity Indicators		
RELATIONAL	Listening	<p>1. Low severity</p> <p>Staff ignored question</p> <p>Patient's dietary preferences were dismissed</p> <p>Question acknowledged, but not responded to</p>	<p>2. Medium severity</p> <p>Staff ignored mild patient pain</p> <p>Patient-provided information dismissed</p> <p>Patient anxieties acknowledged, but were not addressed</p>	<p>3. High severity</p> <p>Staff ignored severe distress</p> <p>Critical patient-provided information repeatedly dismissed</p> <p>Patient pain acknowledged, but no follow through on pain relief</p>
	Communication	<p>1. Low severity</p> <p>Short delay communicating test results</p> <p>Patient received incorrect directions</p> <p>Staff did not communicate a ward change</p>	<p>2. Medium severity</p> <p>Long delay communicating test results</p> <p>Patient received conflicting diagnoses</p> <p>Staff did not communicate care plan</p>	<p>3. High severity</p> <p>Urgent test results delayed</p> <p>Patient given wrong test results</p> <p>Dementia patient discharged without the family being informed</p>

	1. Low severity	2. Medium severity	3. High severity
Dignity, respect & staff attitude	<p>Staff spoke in condescending manner</p> <p>Private information divulged to the receptionist</p> <p>Staff member lost temper</p> <p>Unclear information for consent</p> <p>Lack of privacy during discussion</p>	<p>Rude behaviour</p> <p>Private information divulged to family members</p> <p>Patient intimidated by staff member</p> <p>Consent was obtained just prior to a procedure, giving no discussion time</p> <p>Lack of privacy during examination</p>	<p>Humiliation in relation to incontinence</p> <p>Private information shared with members of the public</p> <p>Patient discriminated against</p> <p>Do-not-resuscitate decision without obtaining consent</p> <p>Patient experienced miscarriage without privacy</p>

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May 2023