2023/2024

ANNUAL COMPLAINTS REPORT

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1.0   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.

2.0   THE PROCESS FOR MANAGING CONCERNS AND COMPLAINTS

2.1   The 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.

This model was again revised in 2023 due to delays with the care group investigation and responses. All complaints are now managed centrally by the corporate complaints team.

3.0   COMPLAINTS RECEIVED

3.1   The Trust (incorporating single organisation data) received a total of 800 complaints in 2023/2024. This includes the Early Resolution complaints that had not been counted in complaints total received previously. However, as they form part of the complaint process their figures are now included.

The Trust managed 581 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
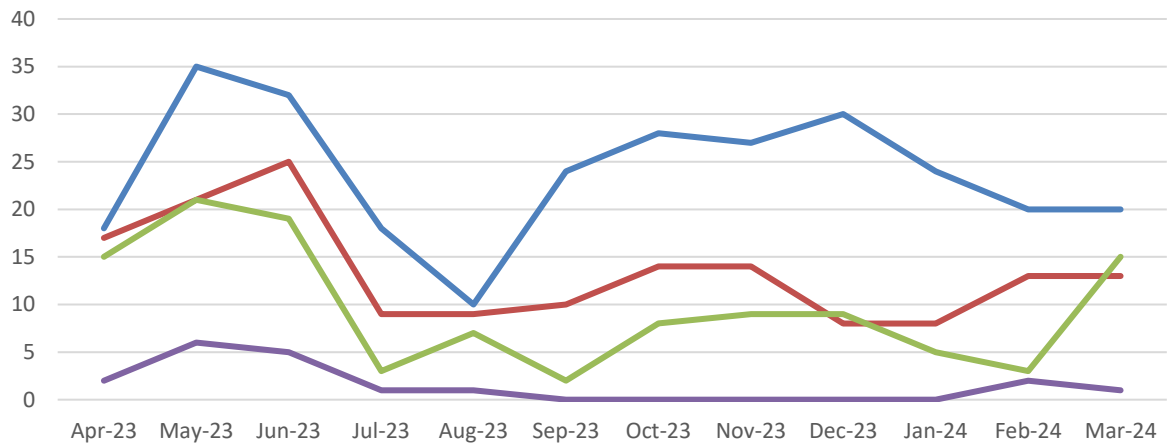
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Medical	18	35	32	18	10	24	28	27	30	24	20	20
Surgical	17	21	25	9	9	10	14	14	8	8	13	13
WCCSS	15	21	19	3	7	2	8	9	9	5	3	15
Other	2	6	5	1	1	0	0	0	0	0	2	1

3.2   In addition to the 581 formal complaints, the Trust also handled 219 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
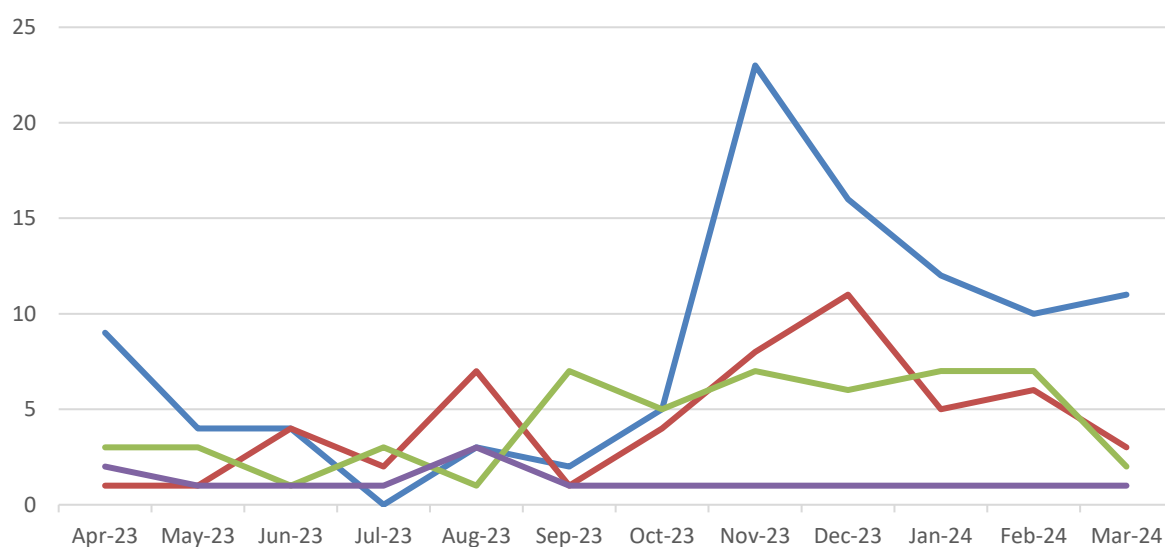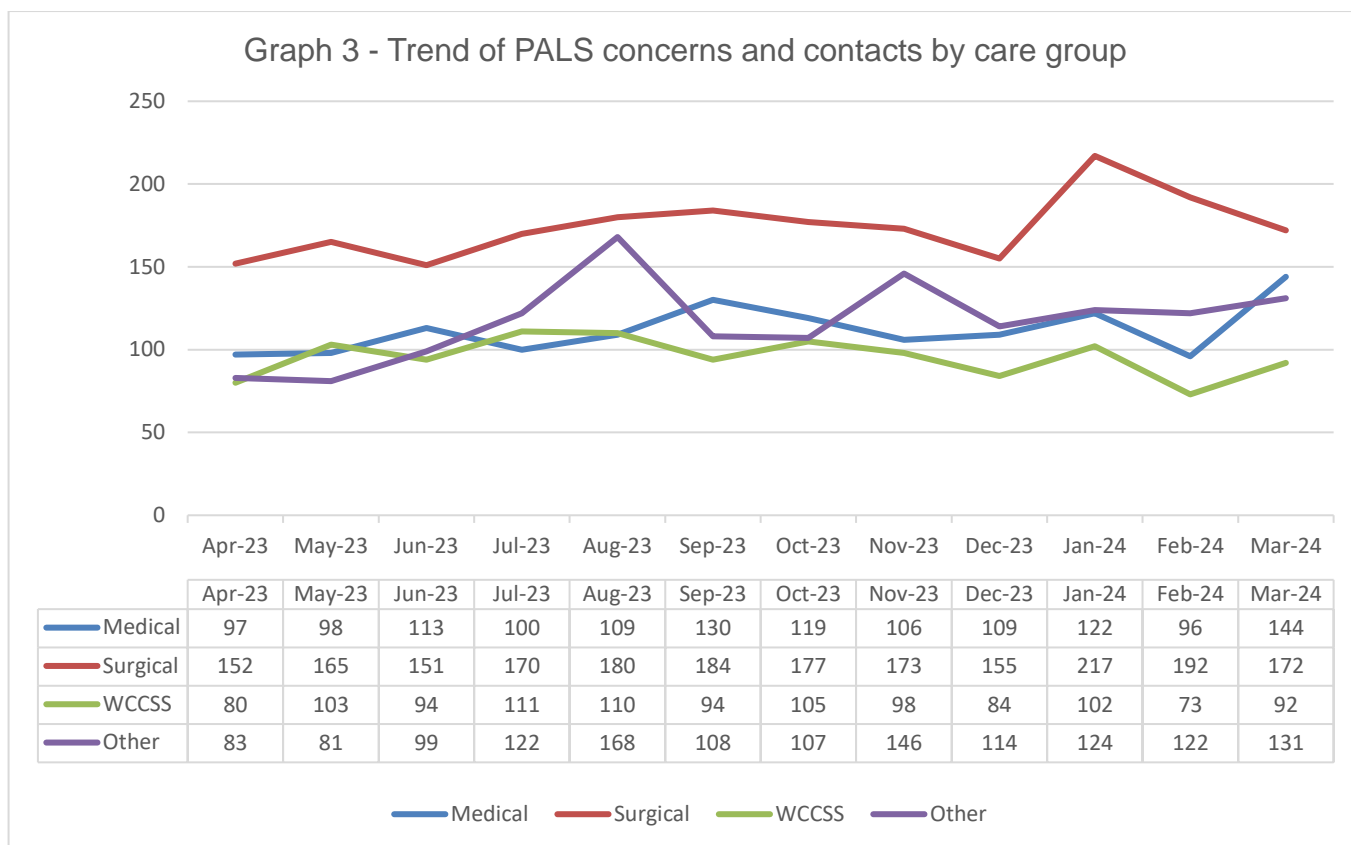
|	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Medical	9	4	4	0	3	2	5	23	16	12	10	11
Surgical	1	1	4	2	7	1	4	8	11	5	6	3
WCCSS	3	3	1	3	1	7	5	7	6	7	7	2
Other	2	1	1	1	3	1	1	1	1	1	1	1

3.3 A total of 5981 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.

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

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Medical	97	98	113	100	109	130	119	106	109	122	96	144
Surgical	152	165	151	170	180	184	177	173	155	217	192	172
WCCSS	80	103	94	111	110	94	105	98	84	102	73	92
Other	83	81	99	122	168	108	107	146	114	124	122	131

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

Graph 5: Trend in complaints received since becoming UHD
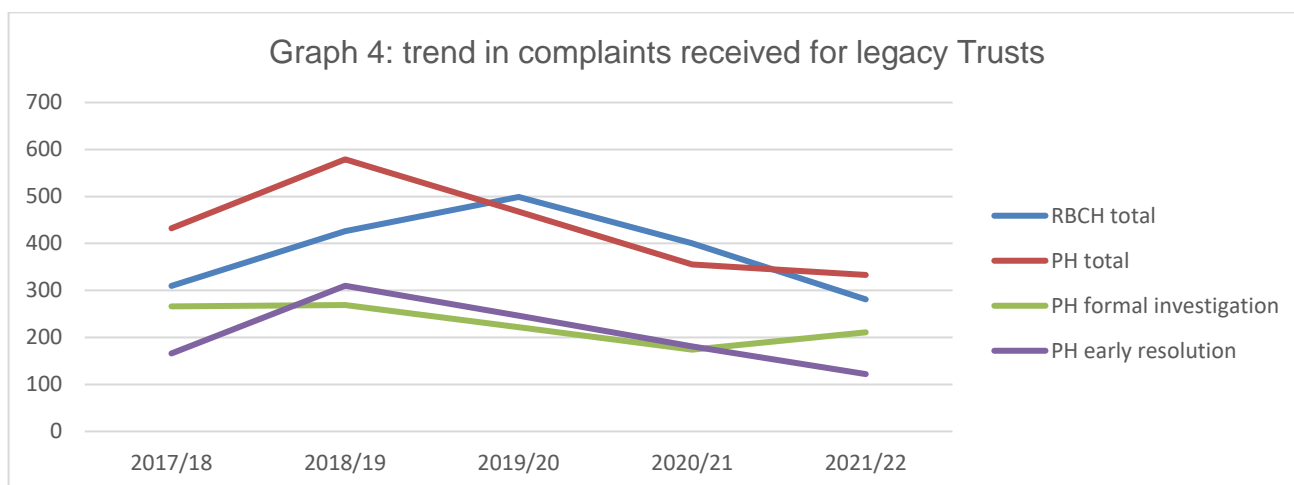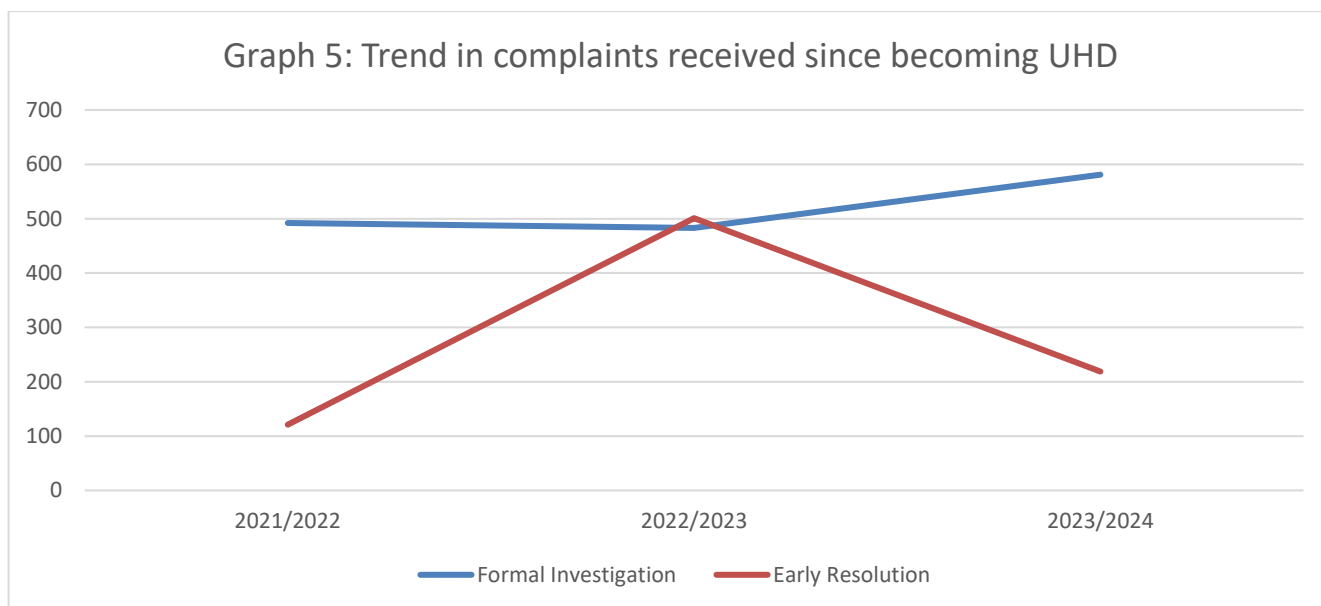
3.7   Table 2 shows the breakdown of persons making a complaint and their method of communication. The low 'In Person' mode of communication reflects the impact of the Covid-19 pandemic and temporary pause on receiving face-to-face PALS callers.

Table 2: Complainant profile and mode of communication, 2023/24

Person making the complaint		Mode of communication	
Patient	**51.9%**	Phone	8.1%
Spouse	**10.1%**	Email	83.1%
Parent	**10.2%**	In person	2.8%
Relative / Carer	**25.5%**	Letter	6.0%

3.8   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.
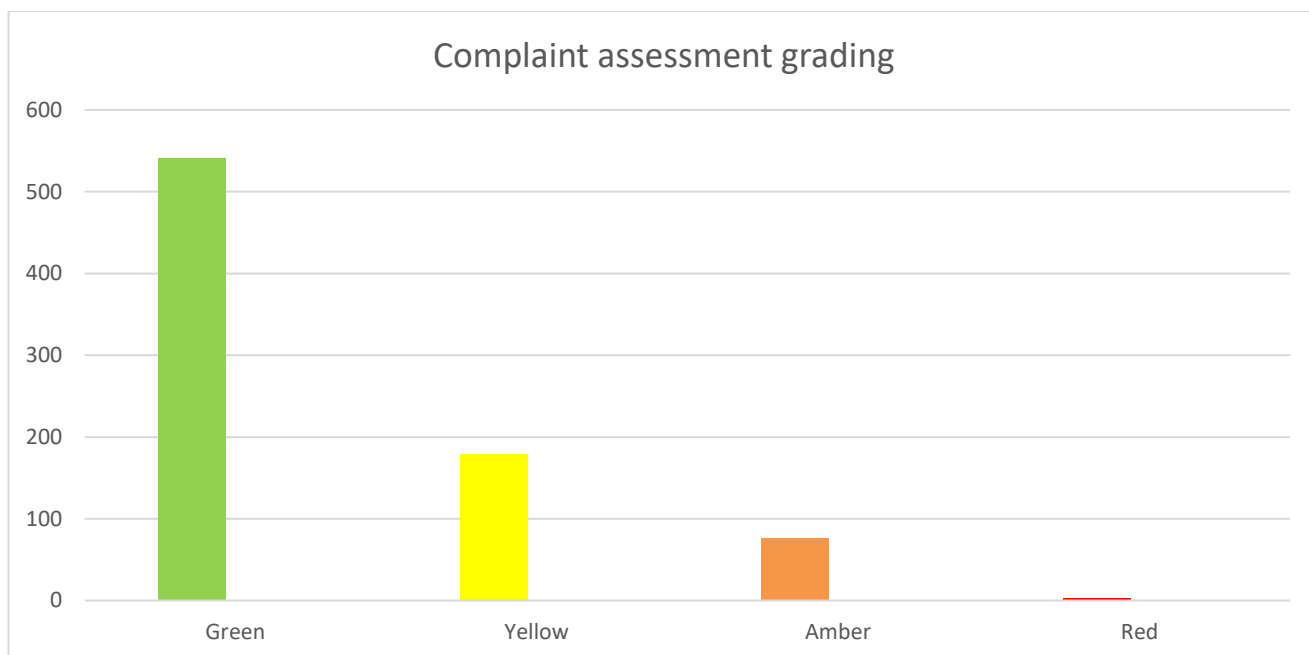
Graph 6: Breakdown of complaints received, by grade

4.0 RESPONSIVENSS 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 Key performance indicator (KPI) targets are detailed, in tables 4 and 5

4.3 The response timescale remained set 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. The intention is to start reducing this during 2024/25 to a response timescale of 35 working days.

Table 4: complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	250	125	235	190	800
% complaints acknowledged within 3 working days (KPI 100%)	69.6%	96.8%	98.7%	98.9%	89.3%
% response within 55 day internal target (KPI 75%)	40.8%	26.4%	46.4%	44.7%	41.1%
Number re-opened complaint investigations (KPI <10%)	9	7	8	11	35
Complaints opened for investigation by the PHSO	5	2	3	3	13
PHSO investigations closed (& upheld/partially upheld)	4	0	1	2	7

4.4 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 2023/24 13 complaints were opened for investigation by the PHSO and 7 upheld or partially upheld. The remaining cases were all closed without investigation progressing once the complaint casefile and records were supplied.

Quarter	Table 5: Outcome of complaints investigated and resolved						
	Closed	Upheld	*National average*	Partially Upheld	*National average*	Not upheld	*National average*
Q1	258	35 (13.5%)	*27.6%*	57 (22.2%)	*39.6%*	166 (64.3%)	*32.7%*
Q2	163	37 (22.7%)	*27.6%*	35 (21.5%)	*39.6%*	91 (55.8%)	*32.7%*
Q3	179	47 (26.2%)	*27.6%*	46 (25.7%)	*39.6%*	86 (48.1%)	*32.7%*
Q4	263	68 (25.8%)	*27.6%*	74 (28.1%)	*39.6%*	121 (46.1%)	*32.7%*

4.5   The number of reopened investigations and upheld/partially upheld PHSO investigations are measures of the quality of complaint handling. During 2023/24, the number of reopened investigations fell well below the internal target of <10%.

5.0   BDO AUDIT

5.1   An Audit was carried out in 2023 by partners in BDO and was published in September 2023. There were some actions that the Trust were recommended to take as detailed in the below table.

Recommendation	Action Agreed	Priority level	Progress
1 The Trust should set a trajectory to get complaints response times back in line with policy by a realistic date acknowledging operational and resource pressures 2 Where appropriate, complaint acknowledgements could indicate that there may be a delay	Additional actions taken are as follows; a. PALS and Complaints team are to merge to reduce duplication of process and effort to improve complainants experience. The team will be merging on 2 October 2023 with staff all working to the same job description. b. The team focus will be on resolution with	Medium	A trajectory has been set and numbers of overdue complaints are declining. Internal process has been changed with more ownership being taken. Progress is being made, a) Several of the team are already hybrid working (mix of complaints and PALS work) there still remains a backlog of complaints work that is slowly being cleared to allow the rest of the team

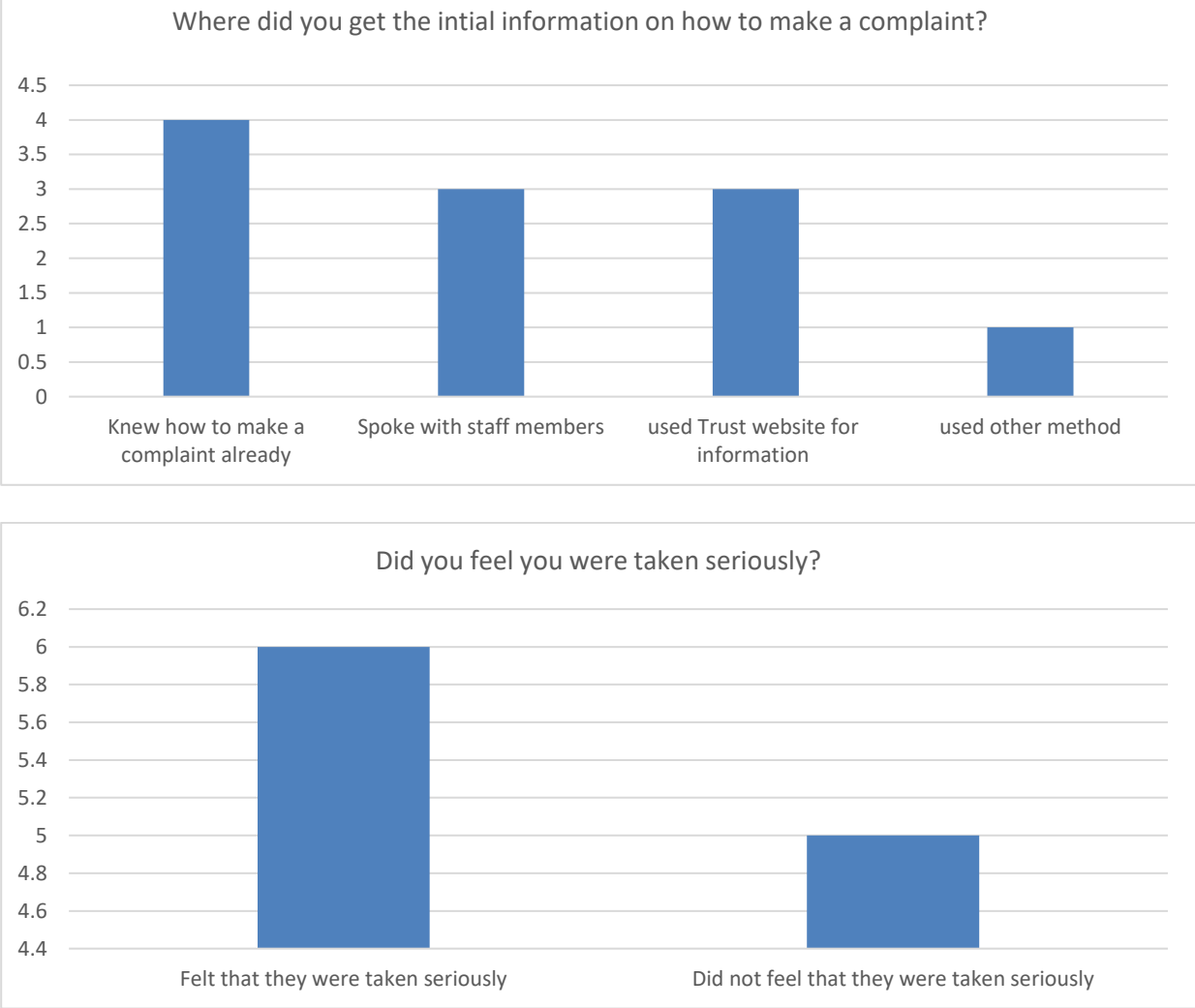|			
in response to manage patient expectations	all members of staff aiming to resolve concerns without needing to process a formal investigation. This is in line with the PHSO guidance. c. Recruitment into complaints team is now completed with a start date end of September. d. Aligning the complaints process with care Group leads for oversight through continuation of weekly care group complaints meetings. e. Improved clarity and escalation of sign off process for complaint responses.		to move over to fully hybrid working b) all staff continue to have a focus on resolution of concerns and are limiting the formal investigation process if at all possible c) Aligning process is in process, once fully staffed and merged there will be a member of the corporate team assigned to each care group for continuity d) All staff are aware of the escalation for complaint responses
1. The Trust should design an online survey for users to complete. This should then be available on the Trust website for users to access. Furthermore, a link to the feedback survey should be sent to all complainants upon resolution 2. All responses to the survey should be collated, and then on a quarterly or biannual basis these responses should be reviewed by the Complaints team to understand any learnings that can be identified.	• The survey will be sent out to complainants to get feedback on the process of their complaint from Q3 23/24 • Feedback on the service will be used to generate improvement as part of the Patient First initiative and reviewed within PEG. • Reports to be included in Q4 report to the Quality Committee.	Medium	Completed and responses received for Q4.
The Trust to ensure that the Complaints Policy is reviewed and updated in line with the agreed frequency, as outlined in the policy. Once updated the policy should be ratified by an appropriate committee	The Complaints policy has been reviewed and updated to a UHD policy and approved by the Patient Experience Group. The complaints policy has been reviewed by the Policies and Procedures Group and	Low	Completed July 2023

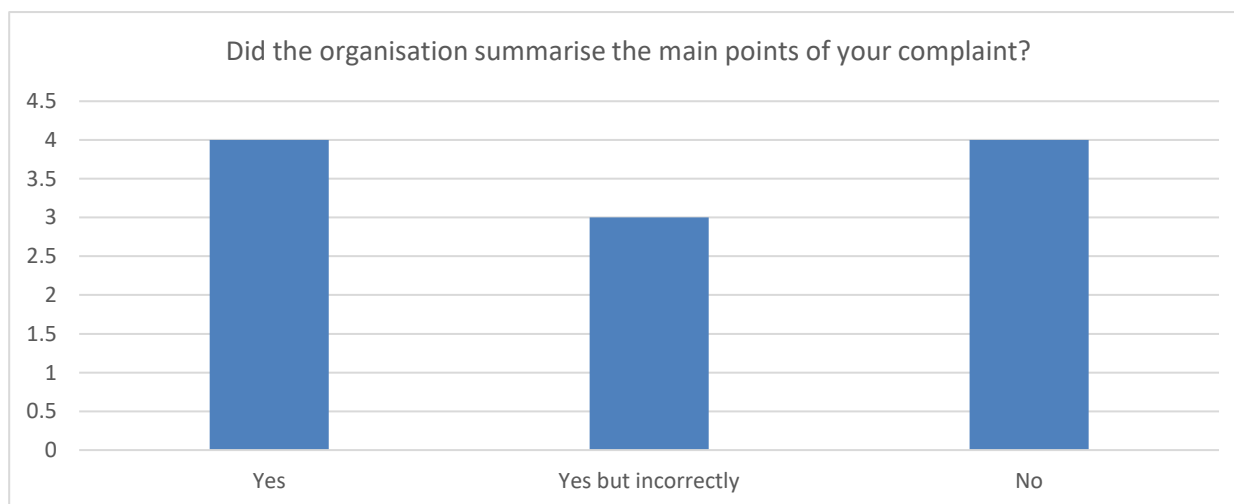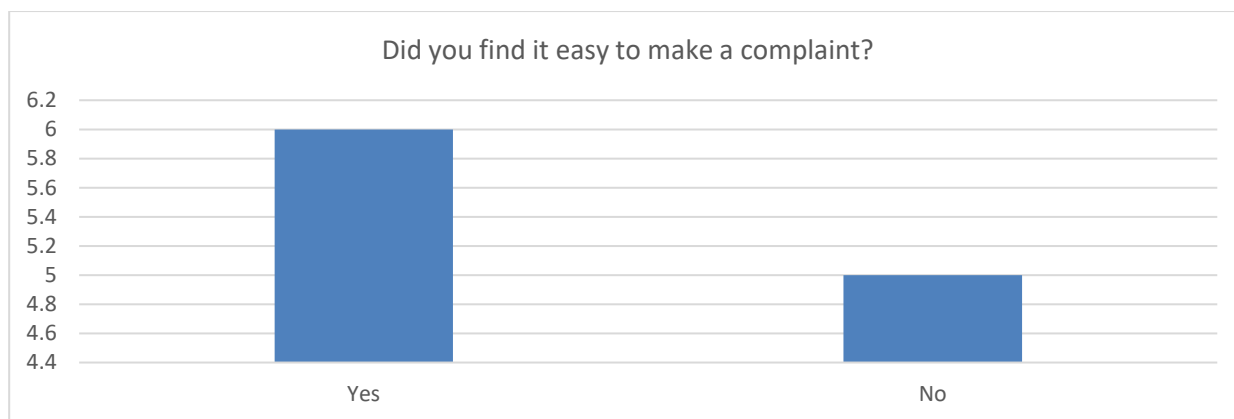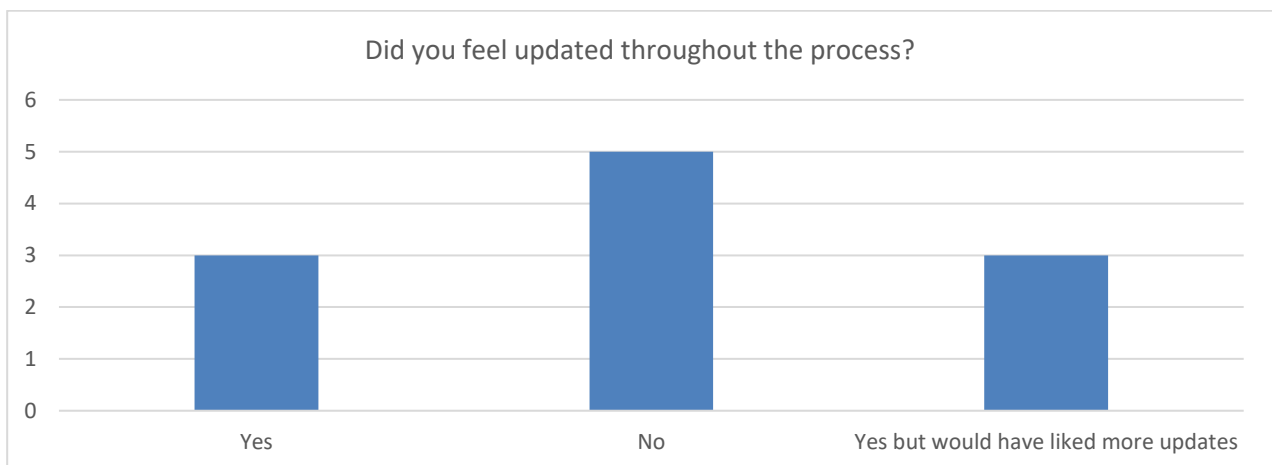| or Executive within the Trust.	uploaded onto the Trust intranet for staff to access. Old		

5.2 Complaint handling feedback survey results

The survey which comprised of 13 questions was sent out to 36 complainants following the completion of the complaint process in Q4. We received 11 responses to the survey. The responses received are below in Fig 13:

The survey is anonymous. 11 out of 11 responders advised that they submitted their complaint via e-mail.

Fig 13: results from complaint handling feedback survey

Where did you get the intial information on how to make a complaint?

Did you feel you were taken seriously?

Did you find it easy to make a complaint?

A bar chart with the vertical axis ranging from 4.4 to 6.2.
- Yes: 6
- No: 5

Did a member of staff contact you to give you the opportunity to discuss your complaint?

A bar chart with the vertical axis ranging from 0 to 7.
- Yes: 3
- No but would have like this: 6
- No: 2

Did the organisation summarise the main points of your complaint?

A bar chart with the vertical axis ranging from 0 to 4.5.
- Yes: 4
- Yes but incorrectly: 3
- No: 4

Were you informed of the timescale for responding to your complaint?

Response	Count
Yes	2
Yes but unhappy with the timescale	3
No	6

Did you have a single point of contact?

Response	Count
Yes	3
No and did not want one	2
No	6

Did you feel updated throughout the process?

Response	Count
Yes	3
No	5
Yes but would have liked more updates	3

Did you receive the response to your complaint within the given timescales?

Response	Count
Yes	2
No	5
Not given a timescale	4

Was the outcome of your complaint provided in a way you could understand?

Response	Count
Yes	7
No	3

Did you feel that the response addressed the points raised?

Response	Count
Yes	6
No	5

Has the care provided changed since making the complaint?

Response	Count
Yes	1
No	3
No further care has been received	6

On reviewing the responses provided we have looked at the information shared with complainants when the complaints team receive their complaints and progress them.

Currently the corporate team make every effort to speak with the complainant to talk through the complaint issues being raised. It is believed that the complainants that reported that they did not receive this but would have liked to, had not provided contact telephone numbers when requested by the complaints team and as such the complaints team would have received communication via e-mail. All complaints are formally acknowledged in writing, via the same method as contact was received, which is usually via e-mail.

All complaints are summarised by the corporate team and these summaries are sent to the complainant for their agreement, if the complainant disagrees then the summary is amended and again sent to the complainant. We are therefore unable to identify why the complainants reported that they did not receive summaries of their complaints.

Previously due to the intended short investigation process associated to an Early Resolution Complaint, within 10 working days, the staff members who were managing this side of the process were not providing the complainant with an expected response date. They were simply advising that a response would be provided within a couple of weeks. This has been amended and the team now provide an expected response date for the final response to the points raised.

It has not been possible to provide a named caseworker to all complainants, however if possible the same caseworker that sent the formal acknowledgement does follow the case through to completion. Complainants are provided the team generic e-mail address should they wish to make contact; this is done so that if the caseworker is not available due to annual leave or unplanned sickness another caseworker is able to review and provide updates on the complaint progress.

We recognise that there have been issues in managing the responses within the given timescales. The complaints team have worked extremely hard to reduce this and since this survey was sent out the team are now providing a high number of final responses to complaints prior to the given response timescales and have

reduced the number of complaints that have been waiting over the given timescale.

6.0 THEMES AND LEARNING FROM COMPLAINTS

6.1 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.

6.2 A high level summary of examples of learning can be found at Appendix A and are shared on the public website.

6.3 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.

6.4 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**
•Quality •Safety •Effectiveness	•Environment •Systems & processes •Well led	•Communication/listening •Attitude •Dignity & respect

Table 6: UHD complaint theming: categories and themes

6.5 As can be seen in graph 7, 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.

Graph 7: UHD categorisation of complaints received
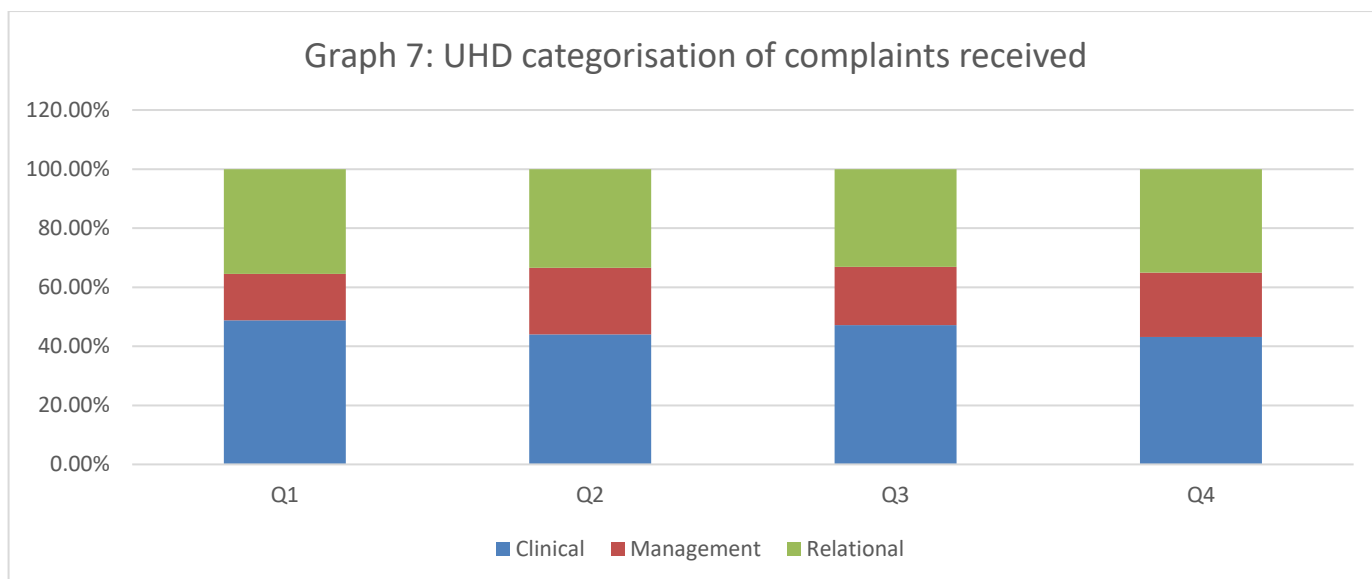
6.6 The data, by complaint category is shown by quarter in Graph 7. The top 3 complaint themes, by category, by quarter are shown in Table 8 overleaf, identifying consistency in many of the top themes reported at Trust level. It is recognised that reporting themes and sub-themes by directorate or specialty will generate more relevant and useable data for tends, learning and improving.

6.7 Patient first has started to be implemented across the Trust in 2023/24 with a drive to put patients first in all aspects of their care. This includes using wider patient feedback such as the Friends and Family Test (FFT) and Have Your Say (HYS) feedback to understand the perspective of our patients, their family and carers.

It remains to be 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: 2023/24 TOP COMPLAINT THEMES, BY QUARTER		
Complaint category	**Quarter**	
CLINICAL **Quality** eg. Clinical standards	Q1	- Error - diagnosis - Inadequate examination and monitoring - Clinical skills and conduct
	Q2	- Inadequate examination and monitoring - Error - diagnosis

Safety eg incidents, staff competencies		• Clinical skills and conduct
	Q3	• Clinical skills and conduct • Error - other • Team work
Effectiveness eg procedural outcomes	Q4	• 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	• Delay – access (outpatient) • Discharge • Documentation / records
	Q2	• Discharge • Trust administration and bureaucracy • Delay in accessing emergency / urgent care
	Q3	• Discharge • Administration and bureaucracy • Documentation / records
	Q4	• 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	• Communication absent • Communication breakdown • Caring and compassion
	Q2	• Communication absent • Communication breakdown • Caring and compassion
	Q3	• Communication breakdown • Caring and compassion • Communication absent
	Q4	• Communication breakdown • Caring and compassion • Communication absent

7.0   CONCLUSIONS & RECOMMENDATIONS

7.1   The Trust policy and procedures to manage concerns and complaints meet statutory requirements. The complaints procedure was aligned in 2021/22 following the merger of the legacy Trusts, 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. This was modified early in 2023 due to staffing and delays and again reviewed and modified mid-2023.

7.2   The Trust has received 581 complaints, 219 early resolution complaints and 5981 PALS enquiries and concerns during 2023/24. This is an increase in the number of complaints received from 2022/23, which is a reflection of the fully merged systems and teams. There continues to be an increase in the cases managed in the PALS service.

7.3   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 was delayed in 2022/23 but is now being realised in 2024. The delays were caused by the department becoming short staffed, this has now been resolved.

7.4   The Trust underperformed against the statutory target for acknowledgement response time. This was, in part, due to the staffing vacancies in the corporate Patient Experience team. This has improved over the year and the team are now achieving 100%.

7.5   The Trust previously 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 has resulted in the minimisation of these delays and an improvement has been seen throughout the year.

7.6   The complaints team will also be adding demographic information within our quarterly reports to understand any specific themes or trends in relation to health inequalities.

7.7   A focus moving to a 35-day timeline for answering complaints as a trust standard will be introduced in 24/25 in partnership with our complaints process working closely with the care groups and corporate teams.

7.8   The complaints process will be subject to a further BDO internal audit in the later part of 24/25.

Appendix A: 2023/24 examples of learning from upheld complaints

You said " Patient reported difficulties in collecting a medication prescribed from the Urgent Treatment Centre as it was a bank holiday and the pharmacies were shut"

We did "The clinical lead is meeting with pharmacy to discuss keeping supplies of antibiotics on the unit to be given to patients out of hours."

You said "Patient reported feeling uncomfortable moving around in only a hospital gown following day surgery"

We did "Unit has ordered a supply of dressing gowns for patients who did not bring their own."

You said "Patient attending for an ultrasound reported anxiety about procedure and not knowing what to expect"

We did "Radiology have reviewed and updated the patient information leaflet"

Further examples of learning from complaints:		
Complaint	**Action/Learning**	**Status of learning**
Patient who attended for radiotherapy reported the experience was daunting and that they did not fully understand the process on the day	A new patient information screen is being installed in one of the waiting areas and radiotherapy are also increasing the number of staff on duty at reception so that they are able to spend more time supporting and providing explanations to patients.	We now have a named individual for patient information at the Trust and have secured short term funding for support with this.

Concerns raised by family of a patient regarding a lack of support from staff when their relative was nearing the end of their life	Staff on the ward have received advanced end of life training from the practice educator and there are now six end of life care champions on the ward who can in turn share learning with their colleagues to improve care in this area. One nurse has also recently completed a QUELCA course which is a nationally recognised qualification in end of life care.	Completed
Concerns raised by family that a patient's communication difficulties were not being taken into consideration by staff on the ward	Multi-professional education sessions are being arranged for the whole ward team to enable junior team members to develop their skills and understanding, and emphasising the need to regularly liaise with relatives, modifying care according to an individual patient's needs. Trust has launched Oliver McGowan training for all staff and will also continue to offer learning disability training as part of safeguarding training.	Completed
Patient attending for a radiology procedure raised concerns that there were too many trainees present in the room (4).	Moving forwards, radiology will restrict the number of trainees present in examination rooms to a maximum of 2, in order to restore a more relaxed atmosphere to the room.	Completed
Information regarding a patient was conveyed to the wrong family in error.	Care Plans on the ward are now kept in individual patient folders rather than in one folder for the whole bay. It has been reiterated to staff that contact with relatives should be by the nurse looking after the patient for that shift and should not be delegated.	Completed
Patient reported that their endoscopy procedure was cancelled on the day as the correct blood tests had not been carried out.	It was highlighted this occurred as a result of lack of knowledge on a staff members part. A training afternoon was therefore organised for the whole team to increase staff knowledge and prevent future similar occurrences.	Completed
Patient Raised concerns regarding difficulties in contacting the maternity	This has been raised with the labour ward matron and lead obstetrician to highlight the	Completed

team after her son's birth in order to discuss her experience.	importance of women being provided with information on how to contact the Birth Afterthoughts Service. The Maternity Matters website is also being upgraded to make this easier to navigate and to make the Birth Afterthoughts contact information clearer.	
Mother of a patient received a text message reminder about her daughter's ultrasound appointment, as her number was incorrectly listed under 'home telephone number'	Obstetric scans will be removed from the Doctor Doctor reminder system to avoid such confidentially breaches in the future. All obstetric ultrasound appointments can be viewed in the Badgernet app therefore text message reminders are not required.	Completed
Concerns raised by relatives that nurses did not have time to appropriately assist in feeding patients.	Food is now plated up on the ward, with patients able to choose their own portion sizes. Different plate colours have been introduced for patients who require assistance, enabling staff to identify who requires additional support. Volunteers have also been trained in patient feeding and are now in place across areas in the Trust.	Completed
Concerns raised about the limited drinks options available on the ward and the effect on patient's hydration.	Hydration project was launched on the ward and the frequency of hydration rounds was increased. There is now also a more varied drink selection for patients.	Completed

Appendix B - COMPLAINT ASSESSMENT - SEVERITY CATEGORY

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

Category	Theme	Severity Indicators		
		1. Low severity	**2. Medium severity**	**3. High severity**
MANAGEMENT	**Environment**	Noisy ward surroundings	Patient was cold and uncomfortable	Fleas, bed bugs, rodents
		Patient bed not ready upon arrival	Patient placed in bed in corridor	Patient relocated due to bed shortage
		Dirt and cigarette ends on main floor Parking meter not working	Blood stains in bathroom	Overflowing toilet, faeces on floor Medical equipment malfunctioned
			A temporary malfunction in an IT system	
		Midwife repeatedly called away	Specialist not available	Severe staff shortages
		Argument between patients	One patient bullying another patient	Patient assaulted by another patient
		1. Low severity	**2. Medium severity**	**3. High severity**

		1	2	3
	Systems & processes. Well led	Difficulty phoning healthcare unit	Waited in emergency room for hours	Unable to access specialist care
		Non-urgent medical procedure delayed	Medical procedure delayed	Acute medical procedure delayed
		Phone calls not returned	Complaint not responded to	Emergency phone call not responded to
		Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
		Visiting times unclear	Visiting unavailable	Family unable to visit dying patient
		Patient notes not ready for consultation	Patient notes temporarily lost	Another patient's notes used as basis for consultation

Category	Theme	Severity Indicators		
		1. Low severity	**2. Medium severity**	**3. High severity**
	Listening	Staff ignored question	Staff ignored mild patient pain	Staff ignored severe distress
		Patient's dietary preferences were dismissed	Patient-provided information dismissed	Critical patient-provided information repeatedly dismissed
		Question acknowledged, but not responded to	Patient anxieties acknowledged, but were not addressed	Patient pain acknowledged, but no follow through on pain relief
		1. Low severity	**2. Medium severity**	**3. High severity**
	Communication	Short delay communicating test results	Long delay communicating test results	Urgent test results delayed
		Patient received incorrect directions	Patient received conflicting diagnoses	Patient given wrong test results
		Staff did not communicate a ward change	Staff did not communicate care plan	Dementia patient discharged without the family being informed
RELATIONAL		**1. Low severity**	**2. Medium severity**	**3. High severity**
	Dignity, respect & staff attitude	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence
		Private information divulged to the receptionist	Private information divulged to family members	Private information shared with members of the public
		Staff member lost temper	Patient intimidated by staff member	Patient discriminated against
		Unclear information for consent	Consent was obtained just prior to a procedure, giving no discussion time	Do-not-resuscitate decision without obtaining consent
		Lack of privacy during discussion	Lack of privacy during examination	Patient experienced miscarriage without privacy

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