Healthcare Complaints Analysis Tool report:
SAMPLE HOSPITAL Trust

Executive Summary

The Healthcare Complaints Analysis Tool (HCAT) was used to analyse a sample of 94 complaints at SAMPLE HOSPITAL Trust. Its purpose is to support organisational learning by analysing complaints in an aggregate and objective way, rather than individually. SAMPLE HOSPITAL's complaints data was compared to national benchmarking data collected from 969 complaints in 44 acute NHS hospital Trusts. Key results were:

- SAMPLE HOSPITAL receives a slightly lower proportion (28%) of high severity complaints, relative to other Trusts (vs 32% average), which is a good thing.
- Conversely, few complaints are of a low severity (7% vs 17% average), indicating that service users are primarily reporting more serious problems; the vast majority of complaints (65%) are medium severity.
- Compared to the average, the Trust receives more medium and high severity complaints about examinations, and discharge; these stages of the care pathway should therefore be an area of focus for the Trust.
- Positively, SAMPLE HOSPITAL receives fewer than average medium and high severity complaints about procedures (e.g. operations) and care on the ward.
- Most high and medium severity complaints relate to the medical staffing group.
- The majority of severe complaints relate to the quality and safety of clinical care (as opposed to management or relationship issues).
- Learning opportunities are expected in the areas of diagnosis, nursing care and monitoring, as these were consistent themes in many complaints.

Structure of the report

This report provides SAMPLE HOSPITAL Trust with insights on the profile and nature of their patient complaints, evaluated using the Healthcare Complaints Analysis Tool (HCAT) developed by the London School of Economics (LSE). The report begins with an introduction to HCAT and our approach. It then looks at complaints in terms of the following characteristics:

- Severity
- Stage of care (i.e. along the patient pathway from admissions through to discharge)
- Staff group
- Problem category (as well as breadth and depth of complaints)

Introduction to HCAT

Organisations usually analyse complaints in relation to the number received. However, this only provides part of the story. If a Trust receives a high number of complaints, this could signal that poor care is being provided, or conversely it could simply be a product of the complaints process being easier to navigate than in other Trusts.

Rather than looking at number of complaints, HCAT facilitates an analysis of complaints by severity[1], which helps to provide a richer picture. A Trust may have a large number of overall complaints, but if the majority are low severity, this is a positive thing; indeed it can be illustrative of a healthy complaints system where patients and their families feel able to complain about a diverse set of issues because they trust that they will be listened to.

Further to this, the tool is innovative since it:

- is based on a systematic review of the complaints literature[2], has established high reliability[3], and a systematic procedure for analysis[4];
- provides both high-level analytics on hospital/Trust complaint profiles, and insight on specific areas for local-level learning and improvement;
  facilitates benchmarking (e.g. comparing the profiles of Trusts in terms of complaint severity, identifying outliers).

HCAT can be used as an early warning system and a means to support organisational learning since it allows complaints to be analysed in an aggregate and objective way, rather than individually.

[1] See Appendix 1 for a full definition of severity, as defined by HCAT.
[2] Reader, T. W., Gillespie, A., & Roberts, J. (2014). Patient complaints in healthcare systems: A systematic review and coding taxonomy. *BMJ Quality & Safety,* 23(8), 678–89.
[3] Gillespie, A., & Reader, T. W. (2016). The Healthcare Complaints Analysis Tool: development and reliability testing of a method for service monitoring and organisational learning. *BMJ Quality & Safety,* 25(12), 937–946.
[4] Gillespie, A., & Reader, T. W. (2018). Patient-Centered Insights: Using Health Care Complaints to Reveal Hot Spots and Blind Spots in Quality and Safety. *The Milbank Quarterly,* 96(3), 530-567.

Method

The analysis team received 100 formal complaints from SAMPLE HOSPITAL, 94 of which were deemed to be usable[5]. The figure of 100 was chosen as it was deemed to provide a sufficiently large sample in order to draw robust conclusions about the pattern of complaints. The sample of complaints was analysed by two coders using HCAT, facilitating the development of a complaints profile for SAMPLE HOSPITAL, compared to a benchmark group of Trusts[6].

More information on how complaints were analysed, the different components of HCAT (e.g. severity and how this interacts with patient harm), as well as the data used for benchmarking can be found in Appendix 1.

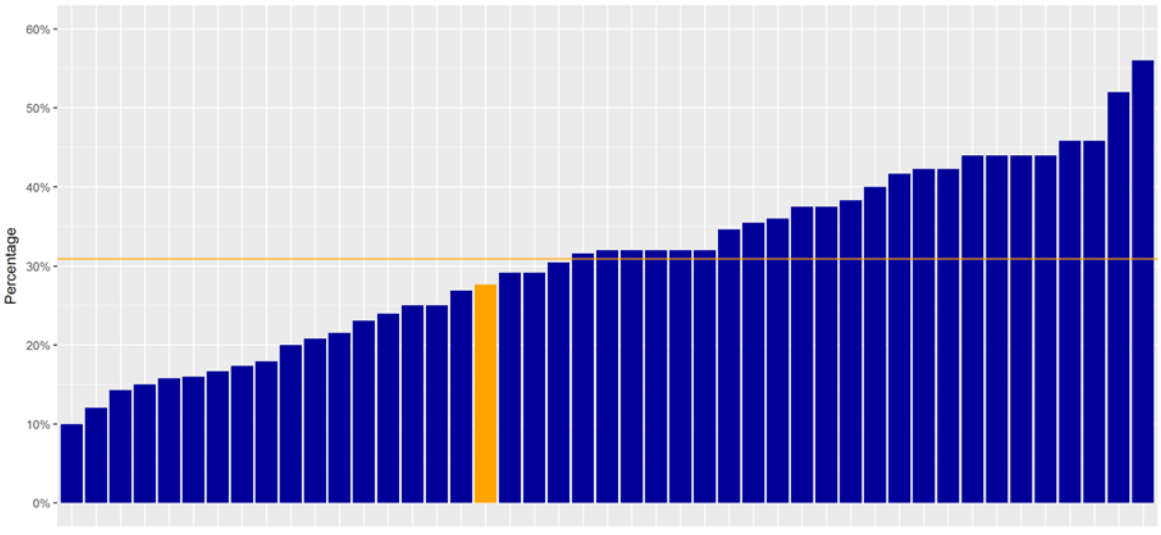
Results

High severity complaints

A high severity complaint is a complaint letter that has at least one 'high severity' problem reported within it. High severity problems reflect the most extreme types of issues relating to each problem category[7] (please see Appendix 1 for further details). HCAT compares Trusts in terms of the proportion of high severity complaints they receive because this indicates, in general, patients and their families are experiencing more serious issues in that Trust.

SAMPLE HOSPITAL receives a high number of complaints per year (ranking in the bottom third, 32/44). However, the number of complaints per thousand admissions is low (ranking in the top third, 9/44). In terms of the proportion of complaints reporting a high severity problem, SAMPLE HOSPITAL performs slightly better than average. Overall, 28% of the complaints contain a high severity problem (vs 32% average). (SAMPLE HOSPITAL is indicated in yellow.)

Figure 1: Proportion of Complaints that were High Severity



[5] Complaints were excluded because they were unreadable, did not have enough information to code, or they were not a complaint.

[6] Benchmark data consists of 969 complaints received in 2013 by 44 acute NHS Trusts.

[7] HCAT defines 7 problem categories: quality, safety, environment, institutional processes, listening, communication, respect and patient rights.

It is particularly important to explore the themes in relation to the Trust's high severity complaints. Most pertain to quality and safety problems (i.e. they fall in the "clinical" domain of HCAT, as opposed to management or relationships concerns). See Appendix 2 for an analysis of all high severity complaints received, however, particular issues include:

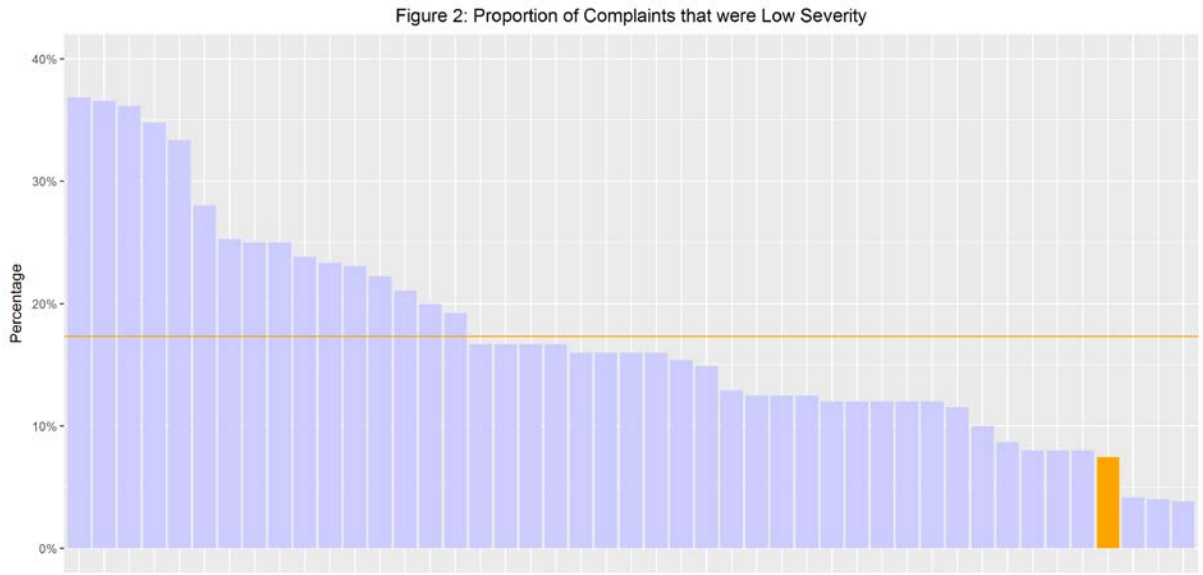
- diagnostic error (failure to carry out and/or correctly analyse tests and scans)
- nursing care and monitoring (patient neglect at A&E and on the ward)

The Trust receives a slightly smaller proportion of high severity complaints, relative to other

Low severity complaints

HCAT also compares Trusts in terms of the proportion of low severity complaints received (i.e. problems reflecting the least concerning types of issues relating to a particular problem category - see Appendix 1). This is because, in some cases, a Trust can receive a high number of complaints, yet a large proportion of these are actually of a low severity nature. This can be indicative of a well-functioning complaints system that people feel able to use, with patients using it to improve the system rather than raise serious issues.

Figure 2 below shows that, relative to other Trusts, SAMPLE HOSPITAL receives a small proportion (7%) of low severity complaints.



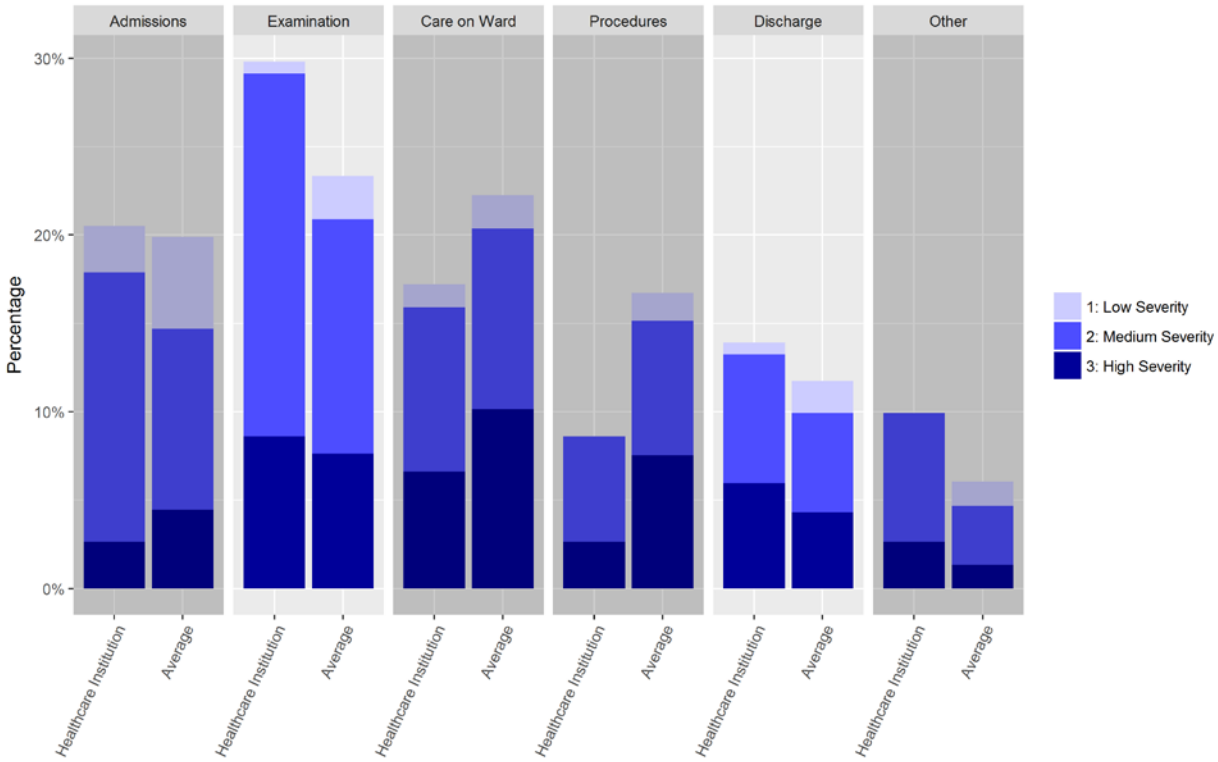
This is a somewhat mixed indicator. A small proportion of low severity complaints may indicate that patients and their representatives are simply not observing these types of problems. Alternatively, it may instead indicate that patients have a higher threshold for complaining (i.e. things have to be serious in order for them to act), or that they do not feel it worthwhile to report smaller issues.

The Trust receives a small proportion of low severity complaints: this indicates that patients are reporting more serious issues than on average

Stage of care

Figure 3 below illustrates the stage in the care pathway that complaints refer to. Note: some stages are greyed out, since these are not specific areas of focus for the Trust.

Figure 3: Complaints by Stage of Treatment



SAMPLE HOSPITAL receives most complaints, by number, in the area of examinations. Furthermore, the majority of these are medium or high severity. It also receives a slightly higher number of complaints than average in relation to discharge and 'other' (i.e. where the stage was unspecified). However, for care on the ward and procedures, SAMPLE HOSPITAL receives fewer complaints (and of a lower severity) than average.

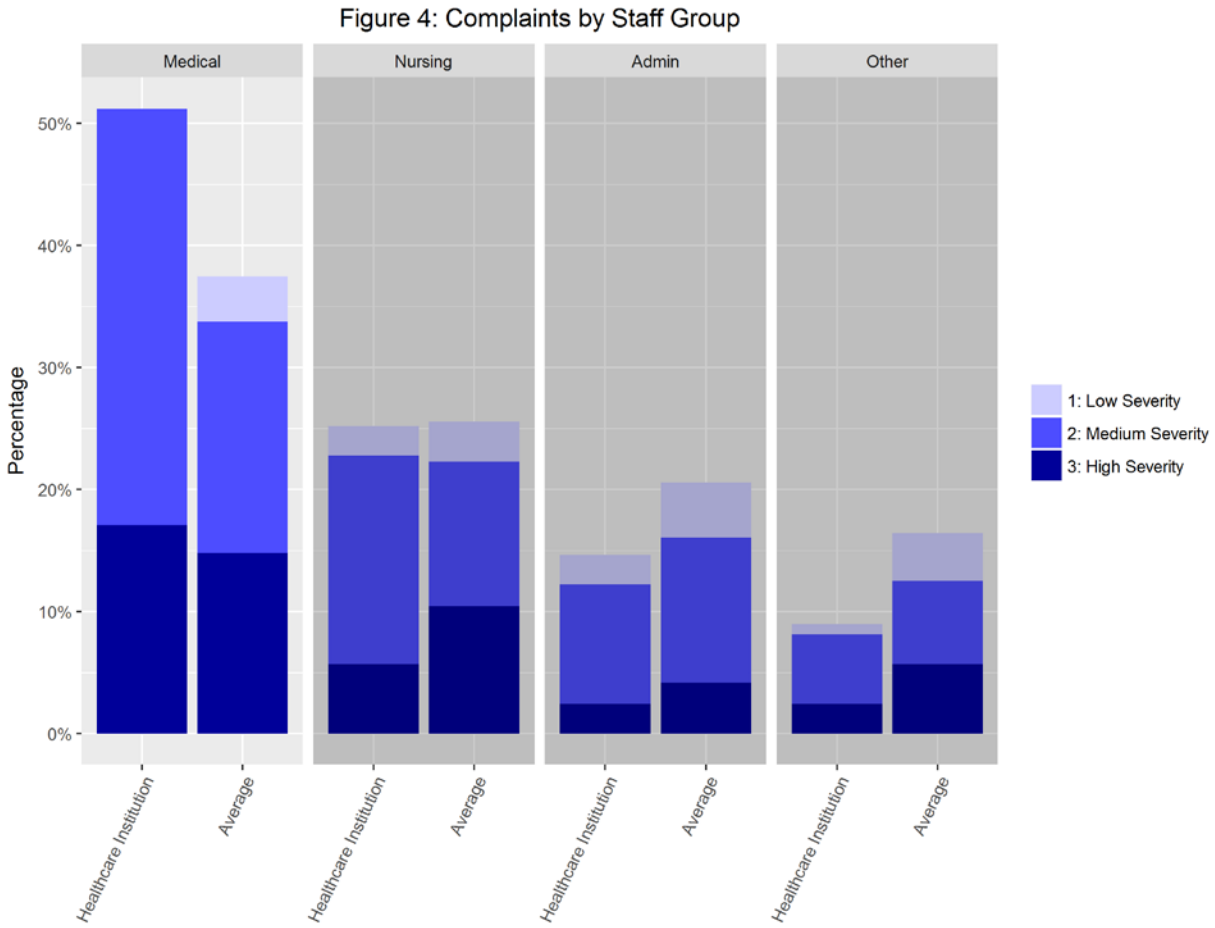
Focussing on high and medium severity complaints only, SAMPLE HOSPITAL performs:

- worse in relation to examinations compared to the national average;
- moderately worse on average for discharge;
- better than average for procedures (e.g. operations) and care on the ward.

The Trust's focus for improvement should be on examinations and the discharge stages of the patient pathway.

Staff group

Figure 4 below illustrates which staff group are complained about compared to the average Trust. Again, some staff groups are greyed out, since these are not specific areas of focus for the Trust.



Compared to average Trusts, SAMPLE HOSPITAL's medical staff receive more complaints, with all complaints either being of a medium or high severity. This should therefore be an area of focus for improvement for the Trust.

Nursing staff receive a similar number of complaints to the national average, however relatively few are of a high severity nature, which is positive.

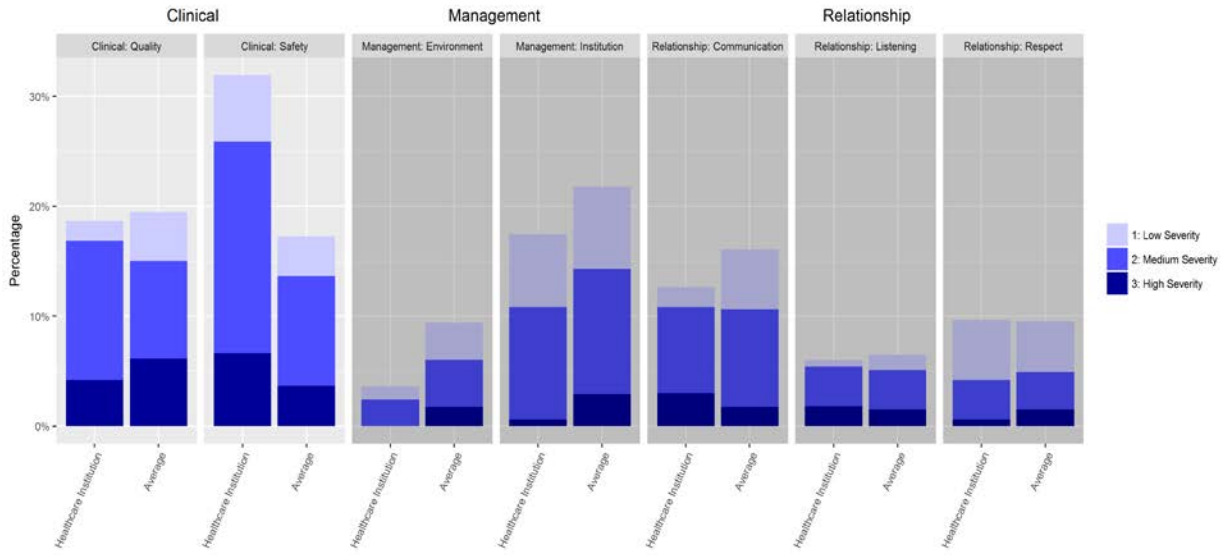
The Trust's focus for learning opportunities should be on medical staff.

Complaints by problem category

HCAT categorises patient complaints in relation to 3 domains: clinical, management and relationships. These domains are then further classified into 7 problem categories: quality, safety, environment, institutional processes, communication, listening, respect and patient rights.

Figure 5 below illustrates the split of SAMPLE HOSPITAL's complaints by problem category, compared to the average Trust. Again, some categories are greyed out, since these are not specific areas of focus for the Trust.

Figure 5: Category of Complaints



Most complaints, by absolute number, relate to clinical safety problems. Furthermore, compared to the average, SAMPLE HOSPITAL receives a relatively high proportion of medium and high severity complaints about safety. This is also the case, albeit to a lesser degree, for clinical quality.

See Appendix 3 for a consolidation of all the clinical safety and quality complaints received by the Trust. The data suggests that most quality problems relate to patient neglect upon admission to A&E and a lack of monitoring and care on the ward. More importantly, the majority of medium and high severity safety issues can be explained by errors in examination and diagnosis, in which complainants refer to medical staff failing to carry out the necessary tests or scans, or failing to pick up on medical conditions when analysing test results. This is a point of learning for staff working in these clinical areas.

On a positive note, SAMPLE HOSPITAL receives relatively fewer complaints about environment and institutional processes, and around average for relationship issues (communication, listening and respect) compared to the average Trust.

The Trust's focus for learning opportunities should be on clinical safety and clinical quality, with a particular focus in the areas of diagnostic error, nursing care and monitoring.

Breadth and depth of complaints

We have also performed some analysis to ascertain how many different problems were referred to in an average complaint. This provides us with an idea as to how deep-rooted or otherwise the Trust's complaints are. On average, SAMPLE HOSPITAL had 2.1 problems per complaint, which is greater than the national average of 1.82 problems. This indicates that problems at SAMPLE HOSPITAL might be more widespread in nature.

Qualitative analysis of the Trust's complaints has identified some systematic problems (i.e. issues frequently-mentioned in complaints). These problems are summarised in Figure 6 below, together with representative quotes from the complaints.

Figure 6: Systematic problems identified through qualitative analysis

	Description	Number of mentions
Misdiagnosis	**The most frequent problem relates to diagnostic errors, mainly across medium and high severity levels.** The issue seems to be grounded in medical staff incorrectly analysing tests (present in 20 complaints) or overlooking patient symptoms and therefore failing to carry out necessary scans (present in 10 complaints). Within diagnosis, a significant number of problems relate to fractures missed on x-rays (present in 8 complaints) and failure to diagnose cardiac issues (present in 6 complaints). These problems are reflected within the relationship domain, where critical information from patients is dismissed during examination (present in 7 complaints). *"I was told that I had suffered a miscarriage and that my baby had been dead 6 days. If appropriate tests and an immediate scan had taken place whilst in A&E I would have known this news sooner and action could have been taken"*	37
Patient neglect	**Most of the clinical quality complaints concern issues with nursing care both on the ward (present in 13 complaints) and during admissions at A&E (present in 7 complaints).** Patients repeatedly describe neglect while waiting for examination at A&E and not being offered pain relief, food or general attention. There are also problems in monitoring and controlling the ward, with reports of a lack of oversight of patient's well-being and a careless attitude towards patients, resulting in rough handling and further neglect. *"These ladies were both incontinent and were left too long at times as the smell was awful for me and the patient next to me - and we both felt very sick and could not eat at times."*	20

Summary

Overall, HCAT analysis indicates that SAMPLE HOSPITAL has strengths in some areas, and potential for improvement in others. Most positively, SAMPLE HOSPITAL receives a lower proportion of high severity complaints on average compared to other Trusts. It also receives a relatively low proportion of medium and high severity complaints about procedures and care on the ward.

In terms of areas for improvement, SAMPLE HOSPITAL receives a relatively large proportion of medium and high severity complaints about problems in relation to clinical quality and safety of care: with patients and their representatives primarily reporting problems in admissions (primarily A&E), examinations, and discharge.

The Trust should focus on the following areas for opportunities to improve care:

- **Safety and quality (clinical) issues, as opposed to management or relationship issues;**
- **Medical staff complaints, particular in relation to admissions (A&E), examinations, and discharge;**
- **Specifically, diagnostic error, nursing care and monitoring.**

Next steps

This report is an illustration of how HCAT could be used by Trusts to analyse and learn from their complaints. The report has been limited by the relatively small number of complaints has been sampled. With more extensive data, the report could include:

Trend analysis – illustrating how the Trust's complaint profiles changes over time using longitudinal data, which would allow any improvements to be evaluated.

Tailored benchmarking – in time you could choose a subset of Trusts to be compared against that are more similar to your own (rather than the national benchmark used here). Trusts with similar HCAT profiles could also potentially be paired in order to share insights on service improvement.

Further granularity – providing insights on particular directorates, departments or units and in relation to high severity complaints only (the sample size here did not allow for this).

Direct quotes linked to trends – the tool facilitates the extraction of specific quotes from a complaint, that are representative of a trend, and which could be used to inform patient stories.

Appendix 1: Key HCAT definitions

***Complaint*:** service-user dissatisfaction about healthcare provision that is communicated to the institution and documented within the institution. A complaint can report multiple problems.

***Healthcare Complaints Analysis Tool* (HCAT):** HCAT is a theoretically based and reliable method for coding the subject and severity of problems reported within healthcare complaints. The tool allows for a single complaint to report multiple problems within three domains and seven associated problem categories: clinical (safety and quality), management (environment and institutional), and relationship (communication, listening and patient respect & rights). Within each of these domains, and associated categories, problems are graded on a severity scale from not present (0) to high severity (3). The most severe problems reported within each category, domain and letter are used to provide severity scores for each category, domain and letter. HCAT is free and can be accessed here. There is also a free online training tool that can be accessed here.

***Severity ratings*:** This relates to how severe problems are within a given category. For example, in the problem category of "Quality", a low severity problem would be: *Delay in changing bedding*; a medium severity problem: *patient dressed in dirty clothes*; and a high severity problem: *patient left in own waste*. Severity ratings were developed through analysing a sample of 1000 complaints, and identifying the range of problem types within each problem category. Published research by the LSE shows the severity ratings to be highly reliable. It is notable that severe problems in some categories (e.g. safety, institutional processes) have clear implications for patient outcomes. Severity problems in other categories (e.g. communication) relate more to unexpected or unpleasant experiences that might not have directly caused patient harm, but are highly problematic (from the perspective of patients) nonetheless, and provide insight for learning.

***Harm*:** This relates to the actual harm experienced by patients as a consequence of their complaint. The NHS 2008 "Risk matrix for managers" was used to calculate this, with the following categories being evaluated: N/A. No information on harm is reported; 1. Minimal harm: minimal intervention or treatment required; 2. Minor harm: minor intervention required to ameliorate harm; 3. Moderate harm: significant intervention required to ameliorate harm; 4. Major harm: patent experienced, or faces, long-term incapacity; 5. Catastrophic harm: death or multiple/permanent injuries.

In terms of the incidences of harm reported in complaints received by SAMPLE HOSPITAL, 10% of complaints described an outcome of major or catastrophic harm (below the average of 14%). 32% of complaints described an outcome of minor or moderate harm. The remainder reported near misses, or issues around management and relationships. Problems that have high severity but do not result in harm include: malfunction of key medical equipment, inability to access care, mix-up of patient notes, ignoring patient in distress, breaching confidentiality, patient provided with wrong test results, not obtaining consent, disrespect for deceased patient, and patient humiliation.

Harm and severity have a moderate association (Cramer's V = .341, $p < .001$). This association is driven mainly by Clinical Severity (Cramer's V = .351), and weaker for Management Severity (Cramer's V = .22) and Relationship Severity (Cramer's V = .219).

***Hospital profiles*:** Hospital profiles for complaint severity were calculated by considering the severity of all the complaints reported within the given hospital's sample of complaints, and calculating the proportion of complaints that were i) low severity, ii) medium severity, and iii) high severity. This was also done for complaints referring to different types of problems (e.g. safety), stages of care, and staff groups. We focus on proportions, and not raw numbers of complaints (or complaints per admissions), because receiving a high number of complaints can indicate either i) systemic problems

in patient care, or ii) a healthy complaint system where patients and their families raise a diverse set of issues (e.g. low severity) because they know they will be listened to. Analysing the severity of complaints (and what they refer to) allows for a more precise analyse in terms of capturing clear and problematic trends, and opportunities/priorities for learning.

***Benchmarking data*:** The benchmarking data is based on 969 complaints from 44 acute NHS hospital Trusts in England. The study cohort had on average 108 (range 63 to 235) thousand admissions per year and received on average 624 (range 73-2451) complaints annually. The sample included 11 teaching hospitals.

Coding: Trained coders used HCAT to codify 100 complaints from 5 pilot Trusts. Complaints were masked (to the coders) in terms of the Trust they referred to. Data were then qualitatively analysed in order to identify common trends across complaints within a Trust. Reliability has been found to be substantial for the problem categories (0.69-0.91), largely moderate for stages of care (0.38-0.66), substantial for staff group (0.62-0.64), and substantial for harm (0.68).

Appendix 2: Qualitative data on complaints reporting high severity problems*

Domain	Problem Category	Problem
Clinical	Quality	1. Patient with skin cancer: lack of scans to monitor spread of cancer; no alternative treatment given after light therapy was proven to cause severe burning. 2. Patient with lymphoma: failure to take biopsy despite severely deteriorating health 3. Severe lack of control and oversight on the ward: failure to control misbehaving patients and apparent unawareness of patients in critical condition 4. Deceased patient left without aftercare for days (incl. tubing and catheter) 5. Rough-handling nurses on the ward causing extreme distress to elderly patient (nightgown covered in blood; wrists bandaged; stating she "nearly died last night") 6. A&E: discharge without sufficient examination - emergency re-admission 7. Discharge of heart patient while exhibiting signs of being unresponsive together with respiratory issues
	Safety	Misanalysis of scans/tests: 1. Cancer: repeatedly misdiagnosing cysts on MRI, ultra-sounds and x-rays as 'non-cancerous' 2. Cancer: failing to recognise growth lump on scans (preventing decision to carry out biopsy) 3. Heart failure: non-referral to cardiologist despite diverse tests indicating heart issues 4. Heart failure: misdiagnosed as iron deficiency Not carrying out necessary scans/tests: 5. Miscarriage: taking blood tests to examine gall bladder rather than checking baby 6. Heart failure: symptoms explained as complication of epilepsy over 2-3 years 7. Medication prescribed for haemorrhoids which should specifically not be given to patients with haemorrhoids 8. Loss of iced fingertip due to be reattached 9. 5-hour delay in surgery for patient with intra-abdominal perforation 10. Inactivity after diverse tests and symptoms indicating catastrophic infection (e.g. severe lack of white blood cells) 11. Cutting bladder during C-section without subsequent rectification (stitching)
Management	Environment	N/A – no severe complaints in this problem category
	Institutional processes	1. Frail heart patient being sent from pillar to post – causing extensive delays
Relationship	Listening	Dismissal of critical patient information leading to incorrect examination / misdiagnosis: 1. Patient suggesting symptoms are caused by water infection 2. Patient explaining pain feels identical to previous experience of kidney stones 3. Patient repeatedly requesting revision diagnosis - heart failure
	Communication	1. Family of deceased patient not informed on seriousness of condition 2. Six-year delay in diagnosis - scan results in 2009 already showed evidence of condition 3. Family of patient not informed re. diagnosis of COPD – ultimate cause of death 4. Staff planning withdrawal of treatment if condition deteriorated without informing next of kin 5. Consultant bluntly commenting on the terminal nature of a patient's condition during routine check (not communicated before)
	Respect and patient rights	1. Consultant signing do-not-resuscitate order against family's will

*note, in some cases, more than one high severity problem is reported in a single complaint

Appendix 3: Qualitative data focussing on clinical problems

Quality: Clinical standards of healthcare staff behaviour			
	Low Severity	**Medium Severity**	**High Severity**
Neglect – hygiene & personal care	- Unhygienic clothing of staff - A&E: left in dirty wet clothes - Ward: neglect - redressing wound	Ward (2x): - Staff abandoning patient on commode - Delays in changing soiled bedding	N/A
Neglect - nourishment & hydration	N/A	- Failure to monitor (lack of) food intake - No food assistance for paralysed patients	N/A
Neglect – general	- Staff not reacting to elderly patient falling off trolley	A&E (4x): - Ignoring patient in severe pain (2x) - Neglectful examination, no food/pain relief - Discharge of patient without sufficient treatment - 'see own GP' Ward (4x): - Nurses failing to act on developing ileus - Delay in removing catheter and follow-up - Lack of oversight: strangers coming in to room, excessive amount of filled bed pans - Failure to change soiled bedding, lack of hydration, delay in pain relief	- Ward: severe lack of control and oversight - Deceased patient left without aftercare
Rough handling & discomfort	N/A	- Rough removal of bandaging - Forceful scope leading to infection (2x)	- Ward: rough handling, causing extreme distress
Examination & monitoring	- A&E: leaving dependent patient by herself without emergency button	Ward (2x): - Nurses unaware of patient deteriorating - Insufficient monitoring of patient after TIA - Home care repeatedly failing to show up - Discharge of medically unfit patient - No examination during follow-up fracture	- Missed severe deterioration: catastrophic delay in biopsy - Absence of scans to monitor spread of cancer - Discharge without sufficient examination (2x)
Making & following care plans	- Physiotherapist giving exercises that increase pain	- Absence of rehabilitation exercises (physiotherapy)	- Failure to provide treatment for skin cancer
Outcomes & side effects	N/A	N/A	N/A
Safety: Errors, incidents and staff competencies			
	Low Severity	**Medium Severity**	**High Severity**
Error - diagnosis	- Misanalysis of scans - subsequent diagnosis of fracture	Misanalysis of scans/tests (12x): - Missing fracture – x-ray (7x) - Infected wound - swab - Low blood pressure – ECG - Gastric Volvulus – CT - Deep vein thrombosis – blood tests - Tumour - MRI Not carrying out necessary scans/tests (4x): - Ruptured ulcer - Problem with root nerve and spinal disc - Arterial aneurism - Kidney stones	Misanalysis of scans/tests (3x): - Cancer – diverse tests - Cancer – 'scans' - Heart failure – diverse tests Not carrying out necessary scans/tests (2x): - Miscarriage - Heart failure
Error - general	- Error taking OCT scan - Failure to bring sample bottles to blood test - Inappropriate choice of scan (unsuitable for patient with irregular heartbeat) - Failure to cap off catheter bag - Failure to take blood test - Blockage in catheter tube	Error in procedures (4x): - Haemorrhoidectomy - Acupuncture - Eye procedure - Fitting coil Failure to read patient file (2x): - Mistaking analysis of CT-scan - Mistaking treatment home care - Insufficient anaesthesia (2x) - Improper disinfection of wound - Transfer of patient by unauthorised student - Bandaging open fracture	- Staff losing iced fingertip - Bladder cut during C-section – no subsequent stitching
Error – medication	- Two-day delay in prescription - Insufficient fluids given - Incorrect timing of medication	- Erroneous combination of medication (2x) - Insufficient medication prescribed on discharge	- Prescribing adverse medication