

Patient and Client Council

Your voice in health and social care

Annual Complaints Report 2015-2016

November 2016

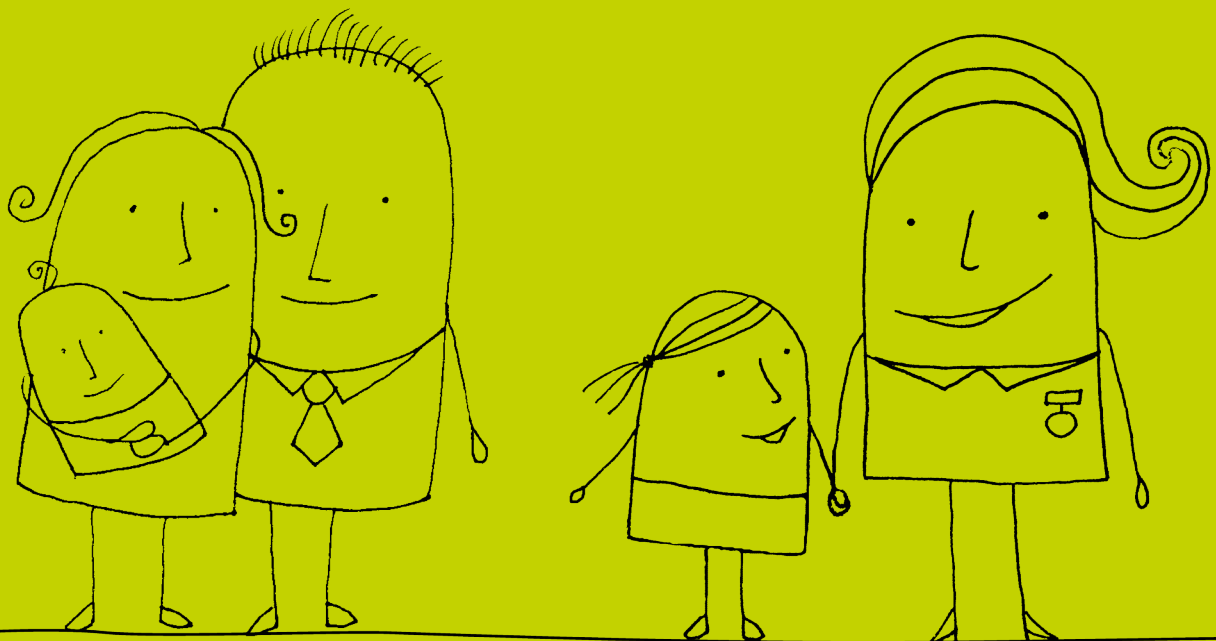


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Executive Summary

This report describes the work of the Patient and Client Council (PCC) in meeting its statutory duty in supporting people who wish to make a complaint about Health and Social Care. People seek the advice and support of the PCC Complaints Support Service (CSS) on a diverse range of issues and areas of service. The people who come to us for help are often upset, bereaved, angry or dealing with illness and infirmity affecting them or a loved one.

Our team of Complaints Support Officers will provide support to all who ask for it. Our service is independent, confidential, empathic, responsive and reliable. Our role in complaints is supported by legislation and delivered in accordance with regionally defined standards.

The purpose of this report is to give an overview of the activity of the CSS for 2015/16 including themes, issues and outcomes where applicable.

Our aim is to use this report to support Health and Social Care (HSC) organisations to:

1. Learn from complaints;
2. To promote openness and timeliness in responding to complaints; and
3. To ensure that our own CSS continues to develop in response to the needs of clients.

Developments in our reporting

The CSS has undertaken considerable work to develop its bespoke database to generate useful intelligence on complaints. As a result, there have been significant shifts in the manner in which complaints data has been collated and reported upon which are highlighted throughout this report.

Service activity

In 2015/16, the CSS dealt with 907 new complaints cases and 1,045 helpline queries. This reflects a 15.4% decrease in the number of contacts to the service from 2,308 in 2014/15 to 1,952 in 2015/16.

Awareness of the service

All socio-economic groups contacted the service in roughly the same proportions, with 18% of contacts originating from the lowest socio-economic group, who are often considered the most difficult for services to reach.

What do people complain about? - A three year review

Over the past three years the six top service areas about which people complain have remained the same. These services include: hospital inpatient; family practitioner services, Trust community services; hospital outpatient; hospital emergency department; and, social services. However, in 2015/16 the CSS has seen a shift in the top area of service from 'hospital inpatient' to 'family practitioner services'.

There is a high level of consistency in the nature of complaints. These are the same across the last three years of the service. Those that consistently arise are:

1. Treatment and Care
2. Communication

3. Staff Attitude
4. Waiting Times

Within the category of Treatment and Care, there is a wide variety of causes for complaint but issues around quality of the treatment and care whether diagnosis, the treatment itself or the outcome of it are raised most often.

Outcomes and learning

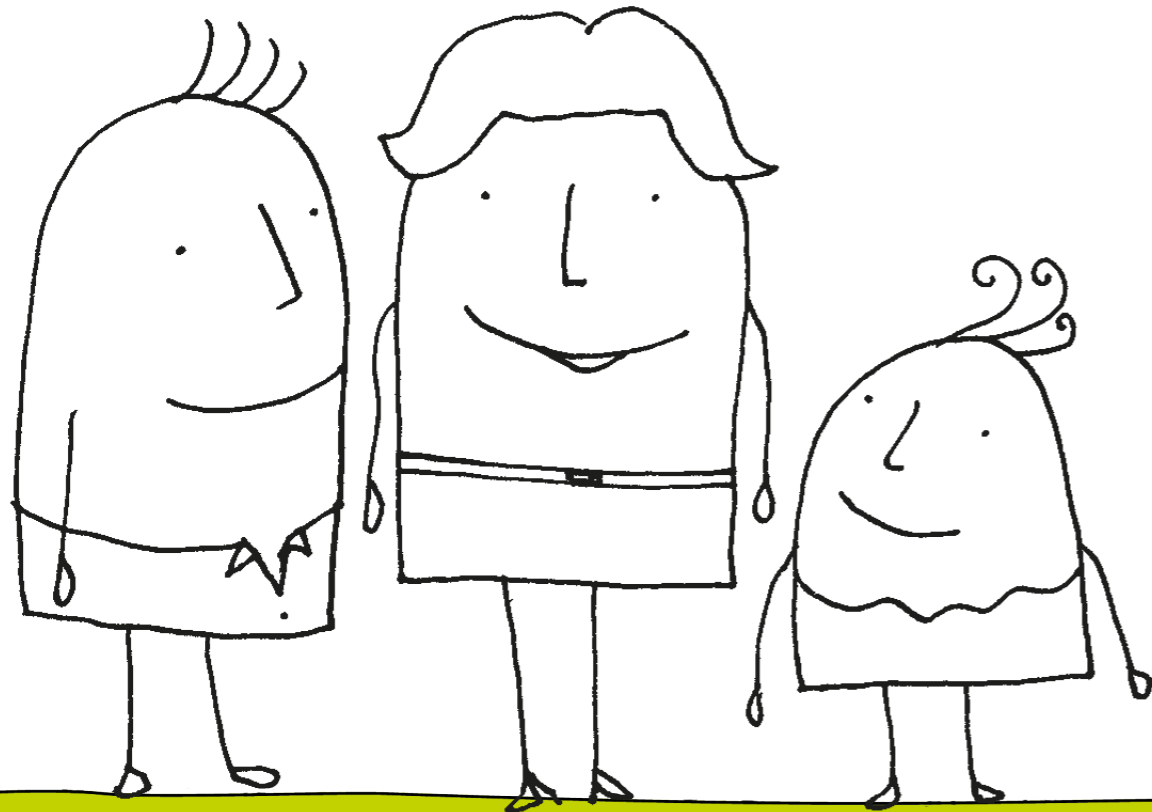
It is the nature of our service that we do not know in all cases whether or not the client proceeded to submit a complaint and what the outcome of that was. Where an outcome was reported there was a positive outcome for 29.7% of clients. These positive outcomes range from apologies, review of treatment and care and, in a small number of cases, changes to policy and procedure prompted by the complaint.

Service evaluation

Feedback on the CSS for the year 2015/16 was very positive with staff being rated very highly and clients reporting that they valued the advice and support they received. Some clients had greater expectations of the CSS ability to hold service providers to account.

This year a local independent company was employed to undertake a small survey of our clients. Of the clients interviewed as part of this survey, 70% stated that they did not think they could have pursued their complaint without our support.

Suggestions were also made by clients as part of the survey on how the CSS could ensure thorough follow up and better help clients to understand the outcome of their complaints.



1.0 Introduction: The Complaints Support Service

The CSS provides assistance to anyone in Northern Ireland who wishes to raise a complaint or concern about any HSC service. It is independent of any HSC organisation that provides services in Northern Ireland about which a complaint might be made. The service is confidential and staffed by a team of Complaints Support Officers.

The CSS does not investigate complaints. It exists to provide help and assistance to empower people to raise their own concerns with the HSC service.

1.1 Statutory role and function

The duty to provide support to people wishing to complain is supported by legislation which states that the PCC will provide: 'assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to Health and Social Care.'¹

The CSS operates in accordance with the HSC Complaints Process. The standards and guidelines in this process describe what the PCC will do for people who wish to complain. This assistance may take the form of:

- ▶ information on the complaints procedure and advice on how to take a complaint forward;
- ▶ discussing a complaint with the complainant and drafting letters;
- ▶ making telephone calls on the complainant's behalf;
- ▶ helping the complainant to prepare for meetings and going with them to meetings;
- ▶ preparing a complaint for the Ombudsman;
- ▶ referral to other agencies, for example, specialist advocacy services; and
- ▶ help in accessing medical/social services records.²

1.2 Helpline

The CSS provides a Helpline from 9.00am to 5.00pm Monday to Friday. The Helpline operator deals with all forms of contact (e.g. email, letter, telephone) from new clients. The Helpline was established to:

- ▶ act as the first point of contact for new clients of the service;
- ▶ work with the client to understand their needs;
- ▶ provide clients with information on the complaints process;
- ▶ signpost clients to other sources of support;
- ▶ provide simple advice and information;
- ▶ resolve simple complaints and concerns that do not require ongoing client support; and
- ▶ refer all clients who require ongoing support to the team of Complaints Support Officers.

Incoming queries are answered in the first instance by a Helpline operator. If it is a request for information or advice, the Helpline operator can provide what is required. If the query is more complex and requires follow up this is passed to a Complaints Support Officer.

1.3 Complaints Support Officers

The PCC has a team of Complaints Support Officers available across Northern Ireland. The role of Complaints Support Officers is to provide assistance and support to anyone who needs ongoing help and advice with their complaint. This work includes meeting with clients, drafting letters, liaison with service providers and accompanying clients to meetings.

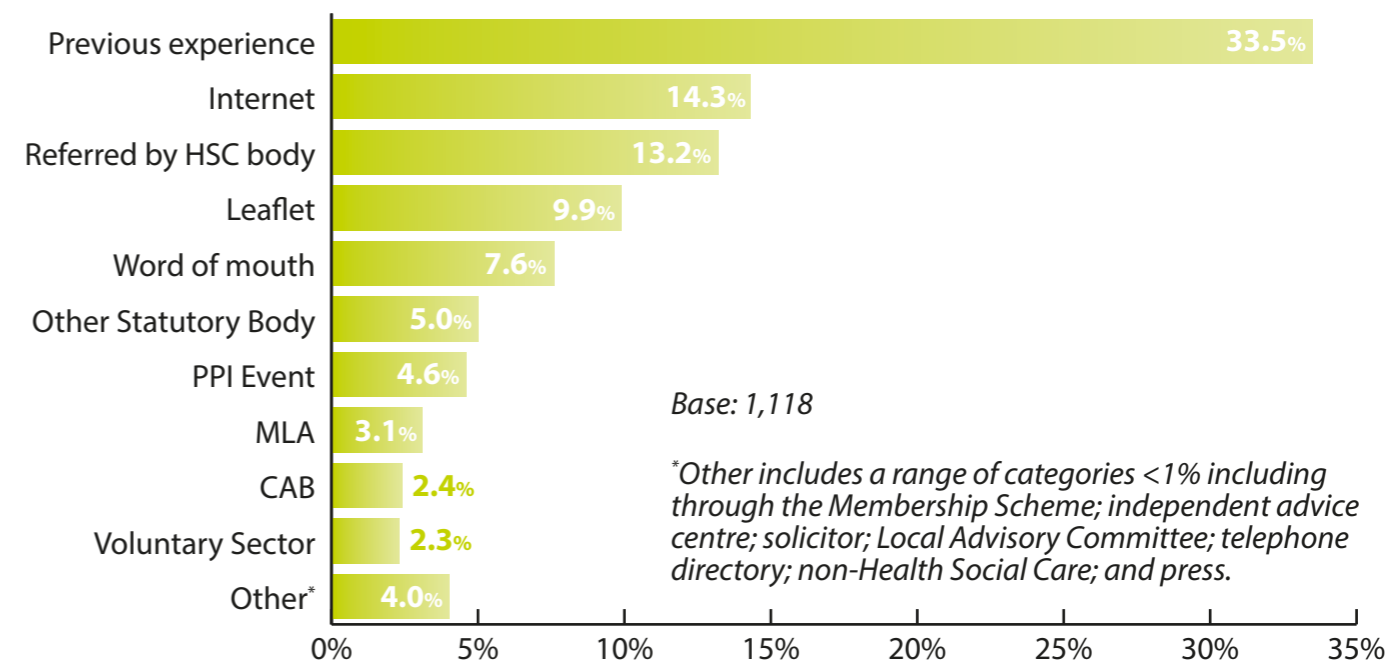


2.0 Awareness of Complaints Support Service

When people contact us, they are asked how they became aware of the CSS. As shown in **Figure 1** 'previous experience' and 'word of mouth' were major factors in influencing people to make contact with the CSS. This suggests that the service is responding to the need for support in making a complaint, given that people who used the service are willing to recommend it to others and return to the CSS when they want further advice or wish to take a complaint forward.

New contacts also became aware of the service from a variety of sources including: the internet; leaflets; agencies such as the Citizens Advice Bureau; or, through their MLA. A significant number of people were recommended to us by other HSC bodies.

Figure 1: Awareness of Complaints Support Service



The CSS collects basic data on the people who use our service. From this data we have been able to identify that contacts to the service came from across all socio-economic groups which are represented in roughly the same proportions. Interestingly, 18% of contacts to the CSS originated from the lowest socio-economic group, who are often considered the most difficult for services to reach. This demonstrates high awareness of the service in all communities of Northern Ireland and suggests the capacity of the service to respond equitably and effectively to them.

The PCC invests in raising awareness of the CSS among patients and the public who might have need of support. In 2015/16, a postcard was designed and produced giving essential information on the service. This postcard was distributed widely especially in primary health care facilities throughout Northern Ireland.

There is still a need to make more people aware of the service and the PCC will seek to develop the CSS through engagement with local people on a range of health and social care issues and through provision of information.

3.0 Service activity: 2015/16



In 2015/16 the CSS provided specific help or advocacy in relation to 907 complaints cases.



Advice and information was also provided in relation to 1,045 Helpline queries.

In addition to these contacts there were a further 645 downloads of the CSS self-help pack 'How can we help? – Your guide to making a complaint'.

For clarification - when a call to the Helpline becomes a case this is counted as a 'complaints case' and is not included in the figures presented as 'Helpline queries'.

The numbers cited do not include ongoing work by Complaints Support Officers who continue to receive calls, give support and provide advocacy in relation to cases begun before April 2015.

Table 1: Number of contacts with the CSS 2013/14 – 2015/16

Year	Number of contacts with the CSS	Percentage change from previous year
2013/14	1,935	63.8% increase from 2012/13 (largest increase from service began in 2009)
2014/15	2,308	19% increase
2015/16	1,952 (plus 645 downloads of self-help pack)	15.4% decrease (or 12.5% increase taking into account downloads of self-help pack)

Table 1 shows the trends over the past three years in relation to contacts to the CSS. This is the first year the service has seen a decrease in the number of contacts since its establishment in 2009.

This trend is echoed by the Department of Health report³ on complaint issues received by the six HSC Trusts, the HSC Board and family practitioner services within Northern Ireland for the year ending 31 March 2016. During 2015/16, HSC Trusts received 4,477 complaints relating to 6,181 complaint issues which reflect a decrease of 11.9% in complaint issues raised from the previous year (7,015 in 2014/15, 6,181 in 2015/16).

4.0 Themes in our complaints work

4.1 Analysis of new cases in 2015/16

As highlighted in the activity data in 2015/16, the CSS dealt with 907 new complaints cases. Of these 907 cases, 508 were part of a formal complaints process whilst 399 were part of an informal complaints process (**Figure 2**).

Clients going through an informal complaints process are those that have a concern and wish to resolve it but who do not wish to make a formal complaint. Support is offered by the CSS in resolving the issue – often by direct contact with the service provider for resolution by them.

Clients going through a formal complaints process are those who are considering or wish to make a complaint under the formal HSC complaints process and who receive support from the CSS in doing so.

Figure 2: Cases by type of complaint

196 complaints related to clients who wanted information in relation to a complaint (informal)



21.6%

508 complaints related to clients who went through a formal



56.0%

203 complaints related to clients who went through an informal complaints process



22.4%

The CSS uses a bespoke database to record service data. In order to generate useful, yet anonymised, intelligence on complaints considerable work has been undertaken in recent years to develop the database. As a result, there have been significant shifts in the manner in which complaints data has been collated and reported upon. This has some limiting impact on the scope of the service to produce comparable year on year data for a thematic review. However, there are some broad and significant themes within complaints data that can be considered over a three year period. It is these themes that are discussed within the following sections of this report.

4.2 Complaints by resident HSC Trust area

From 2014/15 to 2015/16 the most notable trend in relation to PCC complaint cases by resident HSC Trust area was a 44.9% decrease in the number of complaints cases in the Western HSC Trust.

Table 2: Number of complaints cases to the PCC by resident HSC Trust area* of the person who contacted the Complaints Support Service

Trust area	No. of cases in 2014-15	No. of cases in 2015-16	Difference
Belfast	248	190	-23.4% (n=-58)
Northern	223	205	-8.1% (n=-18)
South Eastern	217	211	-2.8% (n=-6)
Southern	177	150	-15.3% (n=-27)
Western	205	113	-44.9% (n=-92)
Not assigned/unknown	42	38	-9.5% (n=-4)
Total	1,112	907	-18.4% (n=-205)

4.2.1 Department of Health: Number of complaint issues to HSC Trusts

Department of Health³ figures identify that the Belfast HSC Trust had the biggest decrease in complaint issues (27.2%) from 2,772 in 2014/15 to 2,019 in 2015/16. (See table 3).

Table 3: Department of Health³ figures - number of complaint issues by HSC Trusts

Trust area	No. of issues in 2014-15	No. of issues in 2015-16	Difference
Belfast	2,772	2,019	-27.2% (n=-753)
Northern	890	786	-11.7% (n=-104)
South Eastern	1,332	1,161	-12.8% (n=-171)
Southern	1,166	1,163	-0.3% (n=-3)
Western	629	892	+41.8% (n=263)
Total	6789	6021	-11.3% (n=-768)

* The figures presented relate to the resident area of the complainant which may be different than the Trust the complaint is against.

4.3 Complaints by area of service

Of the 907 new cases dealt with in 2015/16, family practitioner services was the most common area of service about which people complained. Inpatient services were the second most common complaint area, followed by outpatient services.

Figure 3: Three year trend in complaints by area of service**

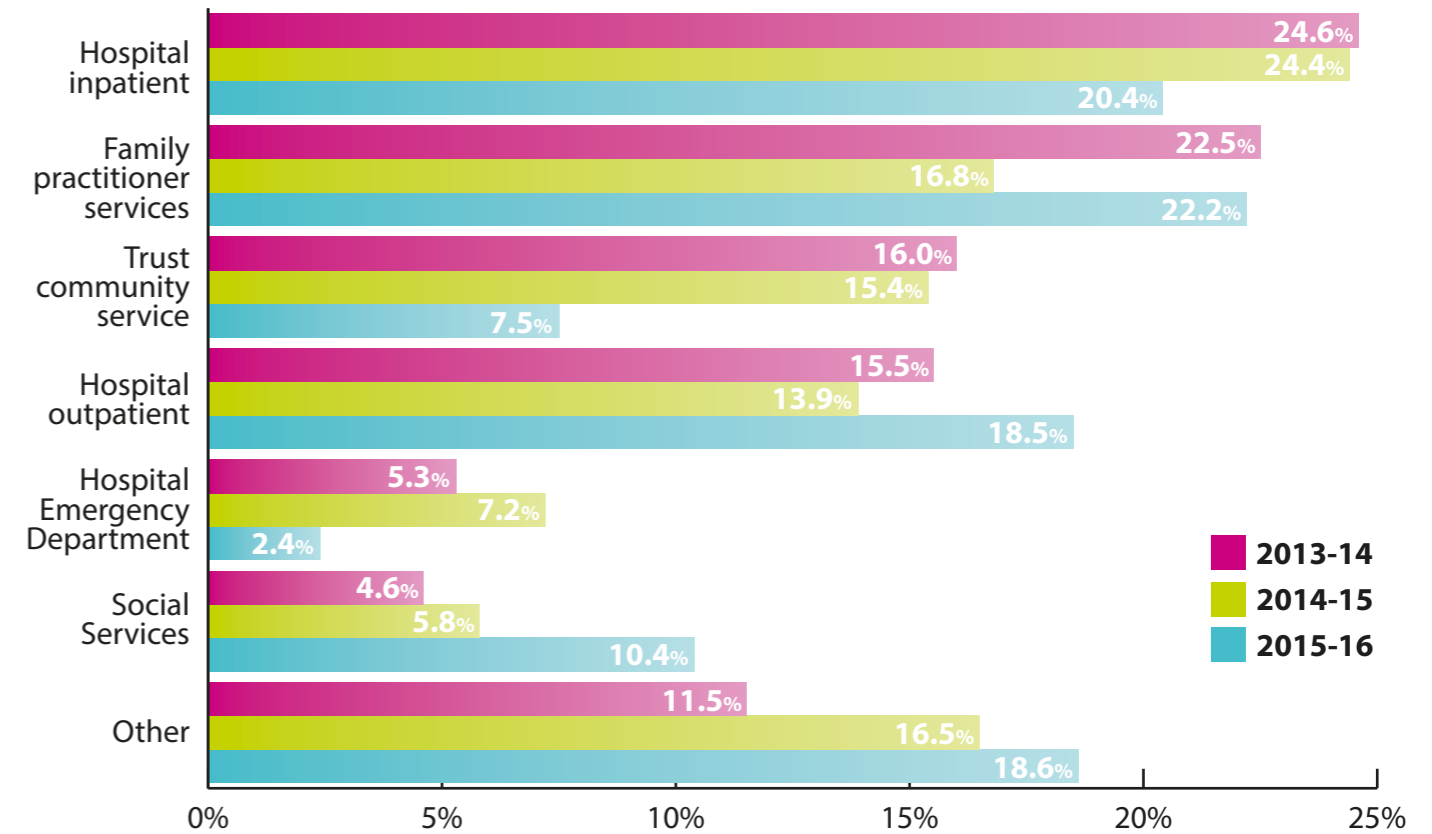


Figure 3 above highlights the areas of service about which the CSS have received the highest number of contacts over the past three years. Although the six top service areas about which people complain are the same overall in the past three years, for the first time in the past year the CSS has seen a shift in the top area of service from 'hospital inpatient' to 'family practitioner services'. Two other changes of note are: an overall decrease in the percentage of complaints related to 'Trust community services'; and, an increase in the percentage of complaints related to 'social services' moving it from being ranked 6th to the 4th most common issue which clients were contacting the CSS about.

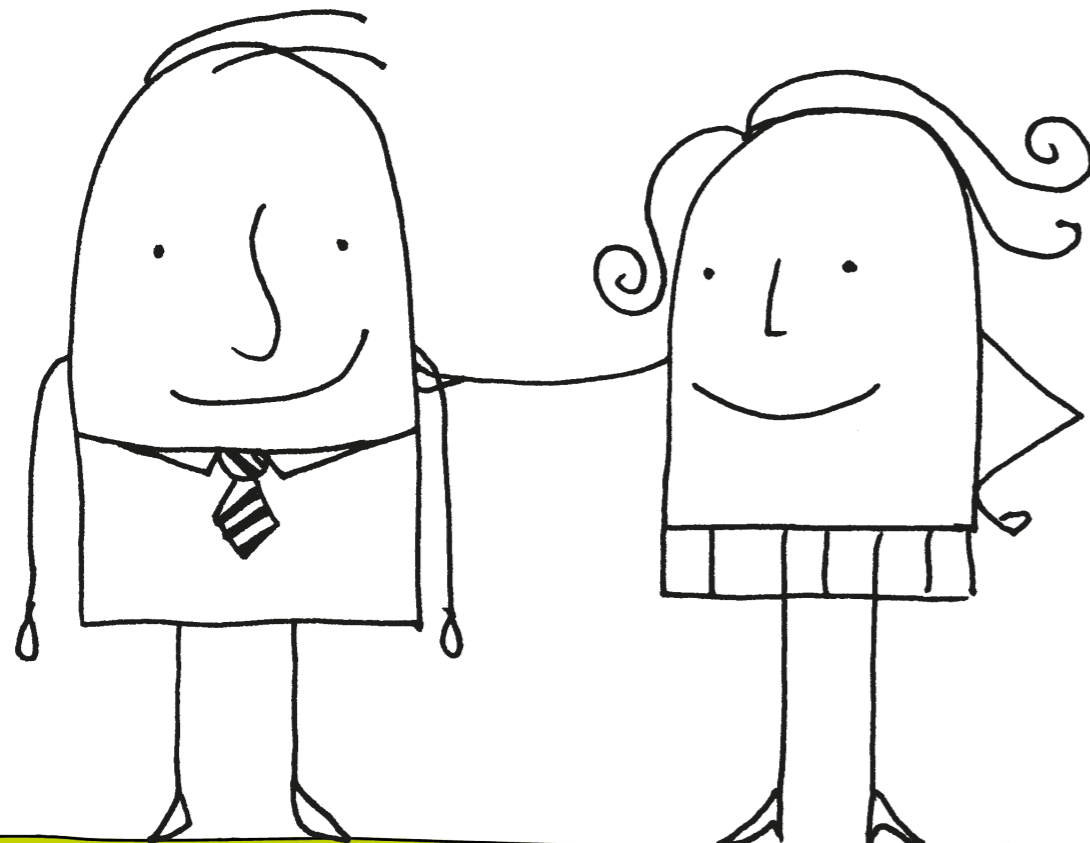
** In previous years complaints related to GPs have been analysed separately from family practitioner services. This year we looked at family practitioner services as a whole (i.e. complaints relating to GPs, dentists, opticians and pharmacists), however, complaints related to GPs account for the vast majority of this category (96.5%). Comparison with previous years was obtained by adding these two categories together. When this is done, the figures for 2015/16 reflect the shift in complaints about family practitioner services which had a higher number of complaints for this period than inpatient services.

'Other' for 2015/16 includes: residential and nursing homes (4.5%), ambulance service (0.8%), HSCNI services, independent sector, Trusts.

4.3.1 Department of Health: Complaint issues received by Programme of Care

HSC Trust complaints are categorised against 'Programmes of Care' which match the management framework in HSC services. The CSS categories of 'area of service' are currently not well aligned against 'Programme of Care' categories hence comparison of data is limited. However, the CSS database has an updated field for 2016/17 which will enable coding against Programme of Care.

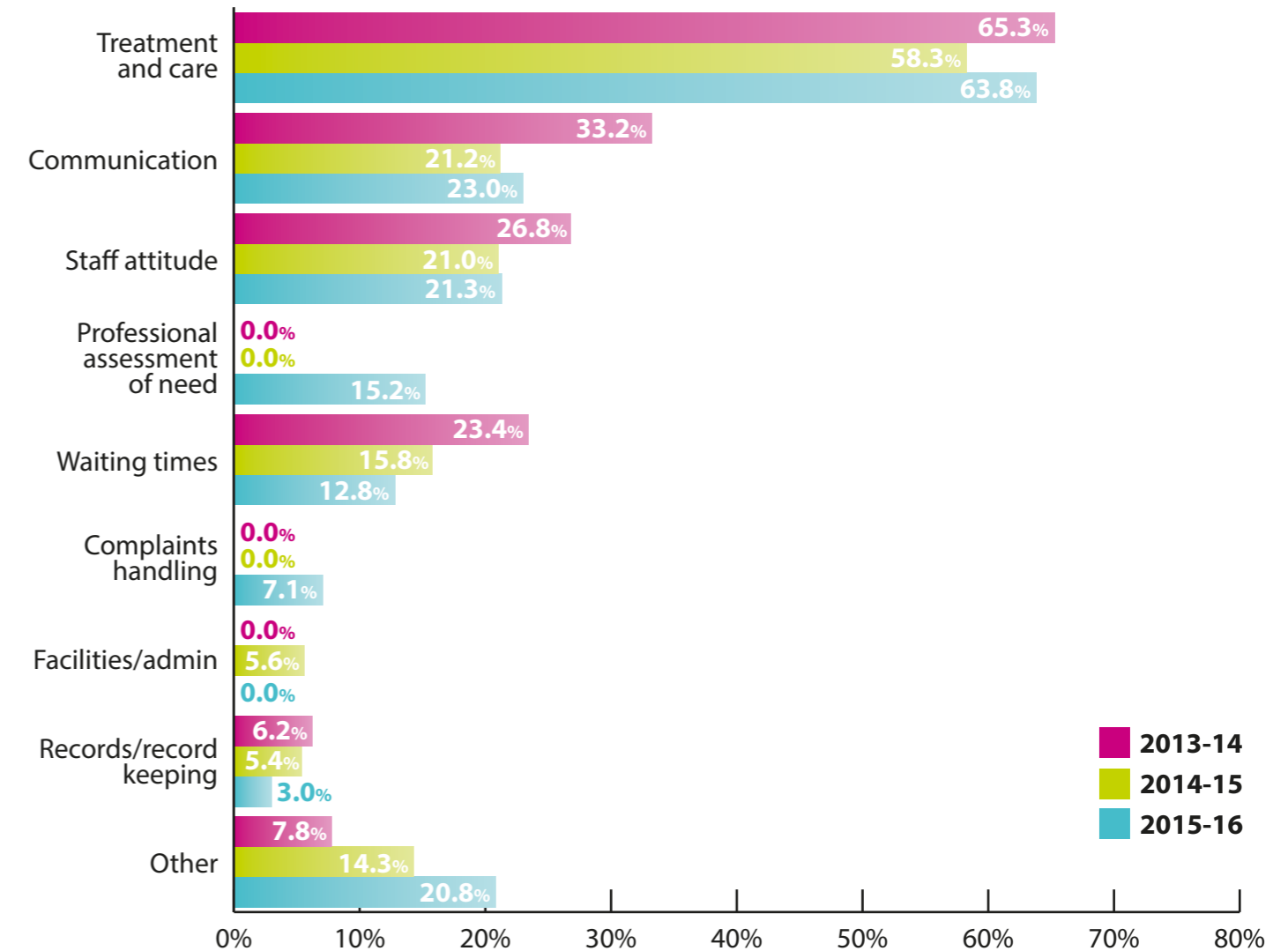
Complaints relating to family practitioner services are reported on separately in the Department of Health report on complaints. During 2015/16 there were 289 complaints made regarding family practitioner services in Northern Ireland. This is a small fraction of all complaints made about HSC providers in Northern Ireland. In comparison, family practitioner services accounted for 22.2% of complaint cases dealt with by the CSS in 2015/16.



4.4 Nature of complaints

Many complaints managed by the CSS are complex in nature with several different causes or issues identified within each individual complaint. Figure 4 shows the three year trend nature of complaints. The highest number of complaints raised in 2015/16 are related to treatment and care (63.8%) followed by communication (23.0%), staff attitude (21.3%); professional assessment of need (15.2%); waiting times (12.8%) and complaints handling (7.1%). The persistence of the themes of 'treatment and care', 'communication', 'staff attitude' and 'waiting times' is evident from our work in the last three years where these categories of complaint have not shifted or changed in any meaningful sense.

Figure 4: Three year trend in nature of complaints*



The following paragraphs provide a descriptive account of cases dealt with by the CSS, reflecting the most common nature of complaints by the top areas/specialities. While we have provided examples under each of the categories and subcategories, the complexity of most of our cases mean there are often elements of many issues within one complaint. For example, while a complaint may at first appear to be about the quality of the treatment and care provided, it is often the case that such complaints can be resolved

* Cases may include more than one cause of complaint

through meetings with clinical staff. This suggests that it is often communication that is at the root of complaints about treatment and care.

4.4.1 Treatment and care

63.8% of complaints cases involved treatment and care as an issue for our clients.



Treatment and care complaints are made up of eight detailed subcategories. Within 2015/16 just over half (55.1%) of all complaints within treatment and care related to quality. Changes to the coding of these sub-categories precludes us from making any reliable comparisons of trends in the last three years.

- | | |
|------------------------------------|-------------------------|
| ▶ Quality (55.1%); | ▶ Nursing care (10.3%); |
| ▶ Diagnosis (17.2%); | ▶ Discharge (4.8%); |
| ▶ Inappropriate treatment (14.0%); | ▶ Surgery (3.8%); and |
| ▶ Medication (12.8%); | ▶ Quantity (3.4%). |

4.4.2 Communication

23.0% of complaints cases involved communication as an issue for our clients



Issues about communication are often an aspect of complaints made about treatment and care. The learning from them is similar – families and carers do not feel that they are being kept adequately informed about the progress of their treatment and care.

Where there are issues purely around communication, however, these are almost always to do with the way in which the service keeps people informed as they progress through the HSC system from referral, to diagnosis, to treatment and aftercare.

The people who contact us do so often out of frustration at a lack of being kept up to date, delays in results being made available, last minute or late cancellations of appointments or surgeries and poor co-ordination of discharge and follow up. The provision of seamless care has long been a challenge for the service and is still reflected in the nature of complaints made about it.

Within 2015/16 'family and childcare' services and 'elderly' services were two specialities which featured heavily in complaints related to poor communication.

Family and childcare

Clients expressed the feeling that they were not being listened to when they tried to explain their situation to social workers especially where children were concerned. Many clients complained that the social worker took a partner's word against theirs and described this as discrimination.

Another frequent complaint from clients was that social workers did not explain what was happening, leaving the client unsure what was going to happen next. The complaints made about communication

and social services reflect the complicated issues which can arise through difficulties in relationships within families.

Elderly services

There were complaints made by families who described feeling left out of decision-making about their relative's treatment and care. In one complaint, relatives felt that they had not been given enough information to be aware of the likely outcomes of their relative's illness.

4.4.3 Staff attitude

21.3% of complaints cases involved staff attitude as an issue for our clients.



Complaints about the attitude of staff are rarely accusations of serious wrongdoing – for example, abuse or discrimination. They are most often to do with an apparently uncaring or dismissive attitude of staff towards patients and clients. Where patients and their families are already in an anxious and distressed state they are very sensitive to the manner in which they are treated.

The overall sense arising from these complaints is that staff are either very busy or that they treat in a routine or casual manner, a matter that is of great importance to the client. Issues around the maintenance of privacy and dignity are common within this category of complaint.

Staff attitude is commonly an area highlighted in complaints related to family practitioner services. In 2015/16 'staff attitude' accounted for approximately 21.5% of complaints related to family practitioner services.

4.4.4 Professional assessment of need

15.2% of complaints cases involved professional assessment of need as an issue for our clients.



Professional assessment of need is a new category on the CSS database, to mirror more closely the Trust categories. Three key areas came up within this theme in 2015/16:

Mental health services

Clients complained about assessment of their needs and perceived lack of support from health services as well as the length of time they had to wait to access services. One client wanted to challenge the outcome of an assessment of their relative who they believed to be at risk. Other clients made a complaint because they did not agree with the psychiatrist's assessment of their illness and wished to challenge that.

Family and childcare

An ongoing feature of family and childcare complaints was an expression of disagreement with the Social Worker's assessment of what was needed by the child/family. Assessment was particularly challenged when issues of custody of children arose or when social services had to decide whether a child needed to be taken into care or not. Other issues included complaints about the suitability of a foster placement for a child.

Residential and nursing homes

Clients complained about the lack of support in choosing an appropriate home for their relative who had been assessed for a nursing home placement. On the other hand, some clients complained it was unnecessary for their relative to go into a nursing home while others disputed whether their relative should be going to a nursing home or a residential home.

4.4.5 Waiting times

12.8% of complaints cases involved waiting times as an issue for our clients.



In spite of – or perhaps because of – the very high degree of awareness of waiting times as an issue for the service; in the past three years waiting times have been only the fourth most frequent cause of complaints.

Complaints relating to waiting times refer to many different specialties with a small number of complaints in each. The exception to this is orthopaedics, which is consistently identified as being a top area of complaint.

Complaints about orthopaedics were mostly concerned about long waiting times and complained about waiting in pain for months or even years for a procedure. Some clients decided to make a complaint when they got near the date they had been given for their procedure, only to be informed that the original schedule was not possible and a further few months had to be added to their initial waiting time.

4.4.6 Complaints handling

7.1% of complaints cases involved complaints handling as an issue for our clients.



Complaints handling was a concern for a significant number of clients in the past year. The main issue was responses from the Trusts which clients did not feel addressed the concerns raised in their original complaint. Clients spoke about the lack of detail provided in the response or the way replies from Trusts addressed some issues they had raised, but had ignored others. A small number of clients complained about delayed responses from the Trusts. When clients complained about the way GP Practices dealt with complaints, the major issue was lack of response and in one case a lack of awareness by some staff that the practice even had a complaints procedure.

5.0 Additional support

While the work of the CSS is focussed primarily on informal and formal complaints raised with Trusts and other service providers, the CSS will offer support to clients involved in other forms of investigation of concerns about HSC services.

5.1 Serious Adverse Incidents

The CSS were involved in a review of the management of Serious Adverse Incidents in 2014. New guidance issued by the Department of Health included strengthening provision for the involvement of patients and families in Serious Adverse Incident investigation, and ensuring that they received copies of the reports produced.

The CSS provides assistance to support people through a Serious Adverse Incident investigation. To date the CSS has provided support in 20 Serious Adverse Incidents.

5.2 Ombudsman

It is a part of the role of the CSS to provide support for people who wish to make a complaint to the Ombudsman. This work arises when a complaint has been answered by a Trust or other service provider but the client remains dissatisfied.

In 2015/16, the CSS assisted in six new cases where the client wished to go to the Ombudsman. Since the service was established Complaints Support Officers have assisted in 43 cases where the client wished to make a submission to the Ombudsman.

The type of support offered will be to work with the client to complete the form required by the Ombudsman for submissions. This requires a thorough review of the complaint itself and ensuring that all the relevant background information is provided. The Complaints Support Officer will work closely with the client to understand their reasons for going to the Ombudsman and help them to state their case clearly.

If the Ombudsman requires further information or clarification of points, the CSS will assist with this and will also continue to work with the client should the Ombudsman refer the complaint back to the service provider for local resolution.

6.0 Outcomes of complaints

Getting an outcome is of great importance to patients and clients who are commonly motivated by a desire to ensure that no other patient has the same experience as theirs.

To further develop the CSS database a field was added in 2015/16 to support classification of complaint case outcomes. Of the 666 cases closed in 2015/16, many people identified multiple outcomes per case. Of outcomes identified for clients 29.7% were positive including: an apology or explanation; the re-establishment of effective communication between the client and the provider; or, retraining and reminders to staff around maintaining standards. Review of the treatment and care of a patient, including securing new appointments for them, are also among the positive outcomes achieved for clients.

We are continuing to work on this categorisation to ensure that it reflects adequately the complexity of cases as demonstrated in our case studies.

Client stories are often the best way to demonstrate not only the work of the Complaints Support Service but also the difference that can be made by complaints, both for the service and for the patients and clients who use it. We have included in this report four stories based on our client work across Northern Ireland.

Confidentiality and privacy are cornerstones of effective complaints work and so these stories have been anonymised to protect the identities of all involved; consent has been obtained from each client willing to share their experience in order to promote learning from complaints.



Case studies
with examples of outcomes

Case Study 1

Complaint about the treatment and care of a vulnerable inpatient

The relative of a patient was concerned about the treatment and care received in hospital. The patient had absconded from the ward and while outside the hospital buildings sustained injuries. The complainant was concerned about their relative's treatment and care and wanted support from the CSS to make a complaint.

The CSS supported the complainant through the complaints process. The Trust informed the complainant that they were undertaking a Serious Adverse Incident Investigation (SAI) and invited the complainant to be involved. The complainant declined but with the support of the CSS our client was involved in the final reporting of the SAI so that the events were recorded accurately and reflected the issues raised by the complainant. The client also received an apology from the Trust and further measures were taken to ensure that the events experienced by the client and their relative would not happen again.

Case Study 2

Complaint about communication breakdown during an invasive procedure

A client contacted the CSS after having attended hospital for an endoscopy. Prior to the appointment the client had asked to be sedated but was advised that they would only experience some discomfort, so decided to go ahead without sedation. However, the client experienced severe pain. The client also found out that the procedure was not carried out by a consultant (as requested), but by a junior doctor under supervision of the consultant. The client subsequently made a complaint to the Trust. Although the Trust apologised for the pain the client had suffered, the client felt that the response was unsatisfactory as it did not address the main issue they had raised, namely to make sure that no one would experience the same level of discomfort.

The CSS helped the client to pursue the complaint with the relevant Trust. This involved helping the client to write a letter in response to the Trust's original reply. A meeting with the Trust was organised and the client was supported at the meeting by the Complaints Support Officer who helped to ensure that the client's voice was heard.

Staff from the Trust listened to the client's concerns and explained how the Trust would address the issues raised. The consultant concerned offered their apologies that the procedure was so painful for the client and advised the client that they have taken their experience on board and adopted some changes in order to minimise any pain or discomfort associated with this procedure for other patients.

Case Study 3

Complaint about the reporting of a patient fall in hospital

A client, whose relative had fallen when in hospital, complained that when they had queried the incident with the clinical team, the latter had denied that any such incident had taken place. A member of the clinical team later admitted that the incident had indeed taken place. The client submitted a complaint but had not received a response after several months of waiting. The client contacted the CSS to assist them in moving the matter forward.

The CSS assisted the complainant to write to the Trust to outline their concerns. Through ongoing contact with the client, the Complaints Support Officer was able to convey the client's perspective to the Trust and advocate on their behalf. The Trust service managers involved were helpful and were very open and transparent in their responses to the client. This approach was helpful in addressing the issues raised.

The client had their complaint investigated, received an apology and also acknowledgement that their concerns had been valid. It was recognised that the client's relative had fallen and appropriate action had been taken with the staff members concerned.

Case Study 4

Complaint about waiting times

A client contacted the CSS as they were concerned that they were waiting longer for a hospital appointment than they expected. The client needed this appointment as they had fallen in hospital over a year ago and had been referred for further treatment as a result of their injuries.

The client having been given an initial date, was subsequently informed that there was a delay and were told to expect a further delay of three months. The client asserted that the referral arrangements had been poorly communicated. She had understood that she had been referred several months before the referral was actually made. The client wanted the Trust to honour the original referral date.

The CSS helped the client to write a letter of complaint to the Trust. Subsequently the Complaints Support Officer played an ongoing supportive role to get a positive outcome for the complainant.

The Trust offered the client an appointment in a different hospital in order to enable the client to access the procedure they needed more quickly.

7.0 Feedback from our clients

7.1 Service user evaluation

The PCC undertakes an annual service user evaluation of the CSS. A total of 58 service user evaluations were undertaken in the year 2015/16.

The majority of people who completed a service user evaluation rated the overall service they received as good or excellent (84.0%, n=42). The Complaints Support Officers were rated highly in relation to all areas evaluated, including: treating clients with respect (good/excellent = 89.3%, n=50); having a caring attitude (good/excellent = 89.3%, n=50); listening to clients (good/excellent = 92.7%, n=55); and, providing advice/information (good/excellent = 89.1%, n=49). In addition, the vast majority of clients agreed that their privacy and confidentiality were respected by the Complaints Support Officers [96.3%, n=52/54].

The service as a whole was rated highly for: being available when clients needed it (good/excellent = 85.5%, n=47/55); keeping in contact with clients (good/excellent = 83.6%, n=46/55); and, explaining how the complaints process works (good/excellent = 86.8%, n=46/53).

When completing service user evaluations many respondents took the opportunity to provide positive comments about the service.

“Went to great lengths to explain without being condescending. If I had any questions, I was able to get answers. It is important to have PCC because a lot of people like myself, don't know where to go with complaints. Did not find (Trust) process very good – seemed as if they didn't care. PCC, very empathetic.”

The most common reasons clients had for approaching the CSS were: to get advice/guidance on making a complaint (28.6%, n=12); or, for support in getting access to treatment/services (23.8%, n=10). Three quarters of the clients who evaluated the service felt that they had got what they wanted from the CSS (74.5%, n=41).

Suggestions to improve the service included keeping in contact with clients and better follow up. Providing clients with more information regarding what they could expect from the service was also highlighted as a potential area to be addressed.

[The client had] higher expectations of service than what was actually delivered. Had different expectations of what service is and what it can do.

7.2 External evaluation of the service

In January 2016 the PCC enlisted a local independent company to conduct an independent and objective evaluation of the CSS client survey making recommendations for development.

As part of their evaluation the independent reviews spoke to a sample of clients to gather feedback on the effectiveness of the service and understand the outcomes achieved for clients that were not, perhaps, being collected in the current process.

Caseload (11 clients interviewed):

- ▶ 80% of the sample group was aware that the service was independent and respondents were supportive of the need for the service to be independent;
- ▶ Expectations and proposed outcomes were varied but the majority were seeking advice and support or to 'get to the bottom' of a complaint;
- ▶ In terms of additional support respondents suggested that they would have appreciated more guidance from the CSS on how far they could take their complaint whilst others commented that they were left unsure of the final outcome of their complaint and would have appreciated some final resolution and closure of the case from the CSS;
- ▶ There was widespread satisfaction with the service of the CSS, relative to the caller's satisfaction with the actual complaint – 90% very or fairly satisfied against just 40% very or fairly satisfied with the outcome of their complaint itself; and
- ▶ 70% of respondents claimed that they would not have been able to progress their complaint or achieved the outcome without the support of the CSS.

In response to the findings of the independent review, CSS is in the process of reviewing their protocol for service user evaluation.

7.3 Client experience of the HSC complaints process

In March 2016 the PCC completed a report sharing the stories of twelve clients' experiences of the HSC complaints process. People reported to us that it was the handling of their complaint rather than the complaints process that presented the greatest challenge. The main challenges highlighted included:

- ▶ Lack of communication during the process;
- ▶ Staff attitude during the process;
- ▶ Defensive culture to complaints;
- ▶ Formality and tone of meetings;
- ▶ Delays in receiving an outcome;
- ▶ Lack of a personal apology; and
- ▶ Fear that making a complaint could impact on future care.

Participants talked of their fear of complaining (usually in terms of consequences for their or their relative's standard of care in the future) and described the process as a battle, using language such as "taking on" or "fighting" an HSC Trust. One participant saw the process in terms of the 'little people' up against 'the big guns'. People did not feel they were believed and did not think that those investigating the complaint were really aware of the personal impact that going through a complaints process had on them. Participants also felt intimidated by meetings which tended to be very formal and by staff attitudes which lacked empathy. A lack of personal apology and delays in hearing about the outcome added to the stress and indeed in some cases, distress of going through the complaints process.

The HSC complaints policy requires HSC Trusts to provide a substantive response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response explaining the reason for the delay is sent to the complainant. All holding responses should also be issued in 20 working days or less.

During 2015/16, the Department of Health³ report that almost three fifths (2,595, 58.0%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint, with the average time being 24.1 working days.

While this data would suggest that HSC Trusts are satisfactorily resolving the majority of complaints inside the target time of 20 days in the experience of the CSS there are a number of complainants for whom the initial response is not sufficient and who raise additional queries with the provider.

Reporting an average response rate does not identify whether clients felt the response adequately acknowledged or answered their concerns. It is important that providers ensure that those staff responsible for answering complaints have the training and support they need to ensure that all complaints responses address thoroughly the issues that have been raised; highlight opportunities for learning when appropriate; and, acknowledge the distress, anxiety or concern that has led the service user to complain.

The timeliness of response to complaints is of the utmost importance to clients. For some of our clients, the complaints process can last months or in some cases years before they feel that their issue has been adequately addressed and resolved.

Where people experience a long wait for answers to the questions there is a risk that they will come to believe that the provider is seeking to avoid answering their questions and this can fuel suspicion that the provider is not being open or candid in their response. For people whose complaint has arisen from the death of a loved one a prolonged process can be a source of great distress for them.

Both the quality and timeliness of responses to complaints are areas that providers should keep under ongoing review and identify opportunities to improve on performance. The PCC will aim to contribute constructively to ongoing review and improvement and will continue to challenge itself on the quality of service provided by its CSS – particularly through the use of service user feedback.

8.0 Service developments in 2015/16

8.1 Service improvement

Learning exchange

A learning exchange took place between the CSS and an NHS Complaints Advocacy provider from England. This addressed differences and similarities between the services and the challenges they faced. Learning to be applied included management of the Helpline and use of advocacy standards.

Independent evaluation of service user feedback – See page 23

Services for children

A review of advocacy and support services available to children who might wish to make a complaint about a HSC service was completed.

Client contract

A standard contract is agreed with all clients accessing the service to ensure clarity on the function and limitations of the service.

Monthly review of cases

This allows officers to ensure that there is frequent review of all open cases and that where a case is closed there is follow up with the client to ensure that they are clear about the reason for closure.

8.2 Engagement with HSC Trusts

The PCC is establishing its links with Trusts to share information on complaints and contribute to learning from them. In 2015/16 this work included a PCC Board workshop on complaints attended by each of the HSC Trusts and the establishment of attendance by the Complaints Services Manager at the Regional Complaints Managers Forum.

8.3 Information resources

Links are now provided on the PCC website to information resources on NI Direct for frequently asked questions. In 2015/16 this included information on GP registration; obtaining medical records; and, registering with an NHS Dentist.

A quarterly dashboard has been developed on complaints intelligence for use by the organisation to inform its priorities, agendas and discussions, including with HSC Trusts.

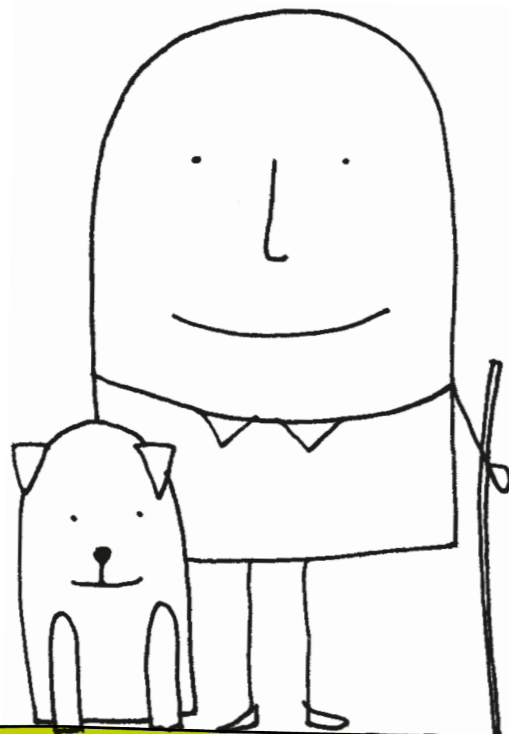
8.4 Staff training

The PCC makes a strong commitment to investing in training to ensure that its staff have the skills and the expertise to fulfil their role for patients and the public. Complaints Support Officers participate in two key programmes of ongoing training:

Level 3 City and Guilds Certificate in Independent Advocacy

Bespoke training as follows:

- ▶ Vulnerable Adults;
- ▶ Ombudsman Procedures and Legislative Changes;
- ▶ Capacity and Consent – anticipating new Mental Capacity Legislation;
- ▶ Managing Family and Childcare Complaints;
- ▶ ‘Remaining Resilient’ – dealing with the emotional impact of complaints work; and
- ▶ The Role of Independent Mental Health Advocates.



9.0 Conclusion

In 2015/16 there were 1,952 contacts with the CSS; 907 new complaints cases and 1,045 helpline queries. This reflects a 15.4% decrease in the number of contacts to the service from 2,308 in 2014/15 to 1,952 in 2015/16.

The Department of Health report³ on complaint activity shows a decrease of 11.9% in complaints received by HSC Trusts for the same period.

This report shows comparisons over the past three years. This information is available due to the improvements made to the complaints database. The trends and issues are largely the same over the three year period. This information provides greater evidence when working with the Trusts to improve outcomes and learning from complaints.

The key areas of complaint to our service in 2015/16 were:

- ▶ Family practitioner services (22.2%);
- ▶ Hospital inpatient (20.4%);
- ▶ Hospital outpatient (18.5%);
- ▶ Social services (10.4%);
- ▶ Trust community services (7.5%); and
- ▶ Hospital Emergency Department (2.4%).

The five most common causes of complaint were:

- ▶ Treatment and care (63.8%);
- ▶ Communication (23.0%);
- ▶ Staff attitude (21.3%);
- ▶ Professional assessment of need (15.2%); and
- ▶ Waiting lists (12.8%).

Regardless of what stage clients come to us, we endeavour to help them to get the most appropriate outcome from raising an issue or complaint.

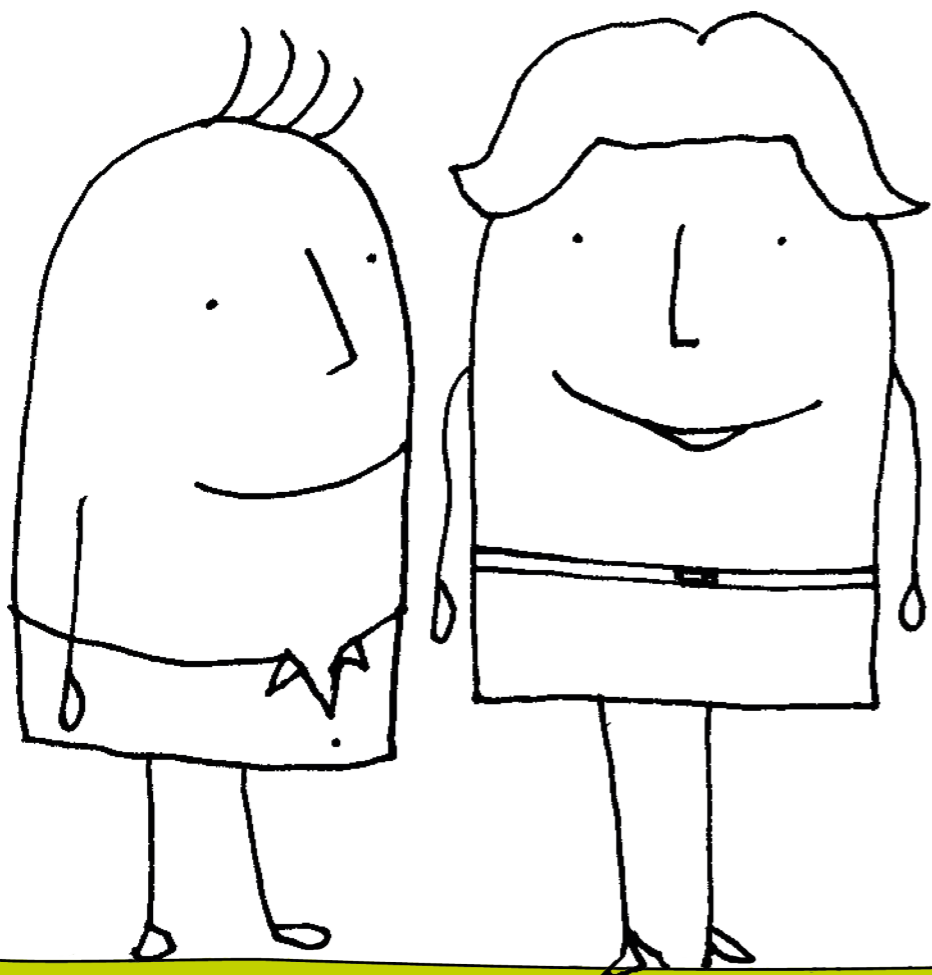
Outcomes that people want can include:

- ▶ An explanation for what went wrong;
- ▶ Reassurance that it won't happen again to either themselves or others;
- ▶ An apology; and/or
- ▶ Service change to ensure that what happened to them never happens again.

While it is not always possible to know what the outcome of each complaint is, we are putting procedures in place to better understand the final outcomes.

The CSS will continue to develop initiatives through 2016/17 to:

- ▶ Implement findings from the review of the CSS and Helpline;
- ▶ Improve information available about complaints on our website; and
- ▶ Continue to work with Trusts and decision makers to ensure that they are aware of the complaints data and urge them to respond to what people are saying.



References

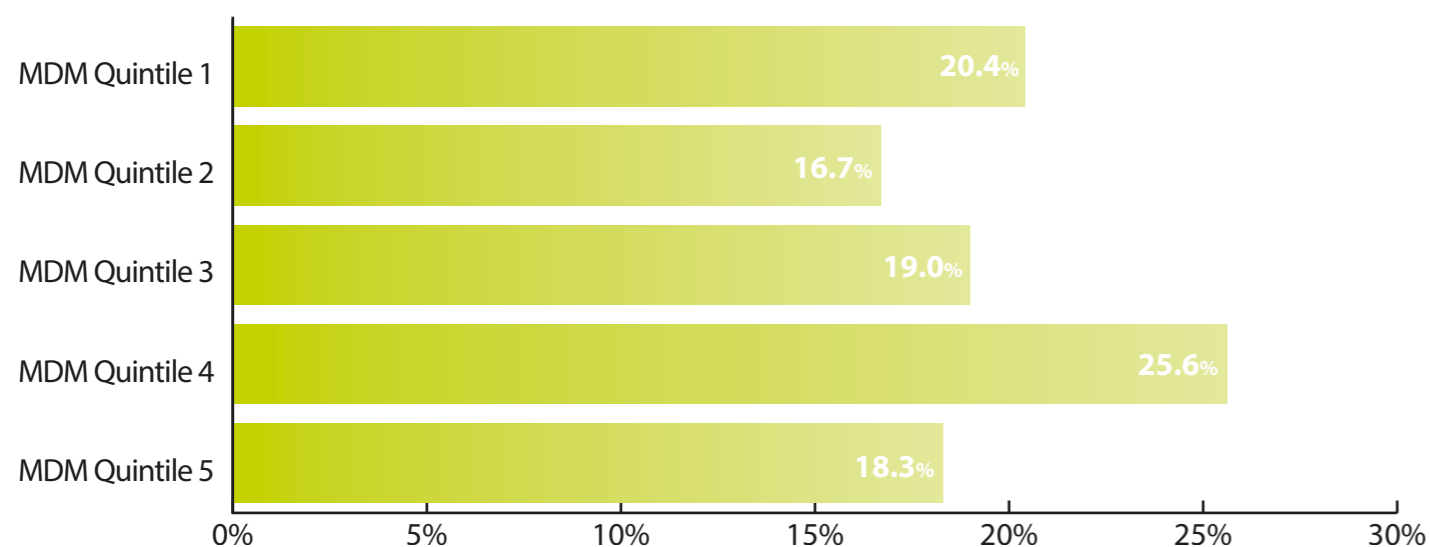
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4. Townsend, P. *Poverty in the United Kingdom*. London: Penguin; 1979.
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Appendix 1- Key tables showing complaint data

Figure A1: Awareness of CSS by MDM Quintile



Note: Deprivation refers to an unmet need, which is caused by a lack of resources of all kinds, not just financial. People are said to be deprived if they 'lack the types of diet, clothing, housing facilities, educational, working and social conditions, activities and facilities which are customary'.⁴

The Northern Ireland Multiple Deprivation Measure (NIMDM)⁵ comprises seven domains of deprivation, each developed to measure a distinct form or type of deprivation; income, employment, health, education, proximity to services, living environment and crime.

Awareness of the Complaints Support Service is highest within least deprived areas across Northern Ireland.

Figure A2: Top 4 areas of service of new cases by HSCT*

	BHSCT		NHSCT		SEHSCT		SHSCT		WHSCT		TOTAL
	n	%	n	%	n	%	n	%	n	%	
Inpatient	75	43.6%	22	24.4%	24	30.4%	34	41.5%	22	35.5%	177
Outpatient	67	39.0%	23	25.6%	23	29.1%	23	28.0%	18	29.0%	154
Social services	17	9.9%	26	28.9%	22	27.8%	14	17.1%	13	21.0%	92
Community services	13	7.6%	19	21.1%	10	12.7%	11	13.4%	9	14.5%	62
TOTAL	172	100%	90	100%	79	100%	82	100%	62	100%	485

* Family practitioner services was the top area of service. This includes complaints relating to GP, Opticians and Dentists. These complaints are managed by the practice and are therefore not provided in the table.

In 30 cases the HSC Trust which the complaint related to was unknown.

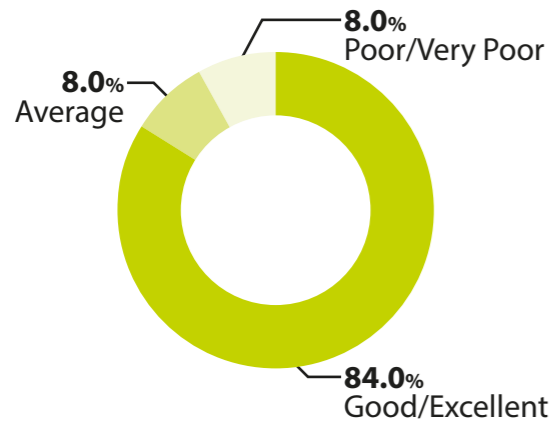
Figure A3: Specialty areas raised in complaints**

Specialty areas raised in complaints	n	%
GP	132	14.6%
MENTAL HEALTH	79	8.7%
ELDERLY	66	7.3%
FAMILY & CHILDCARE	51	5.6%
ORTHOPAEDICS	50	5.5%
PRISON HEALTHCARE	45	5.0%
RESIDENTIAL & NURSING HOMES	38	4.2%
A&E	33	3.6%
MEDICAL – GENERAL	32	3.5%
DISABILITY	29	3.2%
DENTAL	23	2.5%
DOMICILIARY CARE	22	2.4%
HOSPITAL	21	2.3%
SURGERY – GENERAL	21	2.3%
ONCOLOGY	20	2.2%
OTHER	187	20.6%
UNSPECIFIED	37	4.1%
Grand Total	907	100.0%

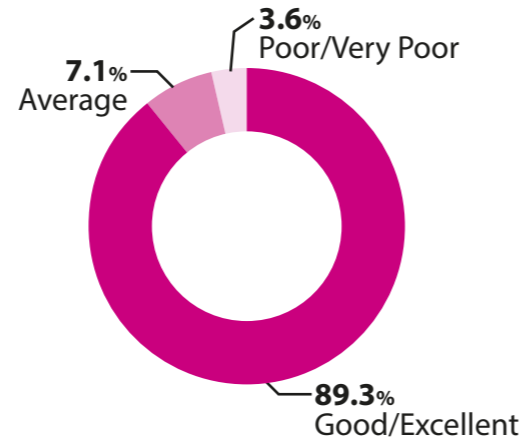
** 'Other' category refers to a range of services which individually accounted for less than 2% of complaints e.g. complaints about cardiology, maternity, gynaecology, neurology, pharmacy, podiatry and occupational therapy.

Appendix 2 - Client feedback survey results 2014/15

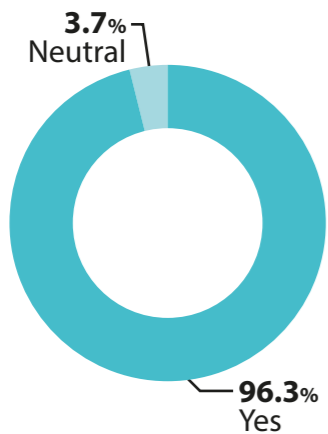
Overall how would you rate the service you received?



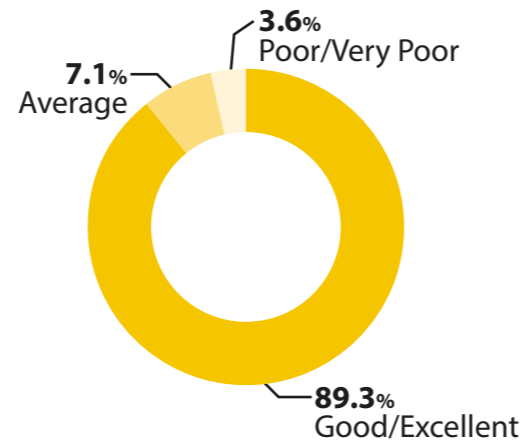
How would you rate the complaints support officer you dealt with in relation to treating you with respect?



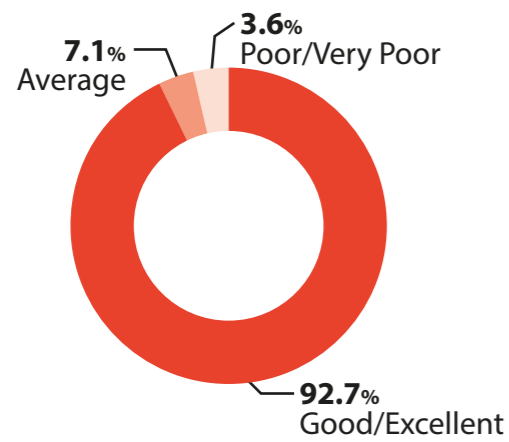
Throughout this process, did you feel that your privacy and confidentiality was respected by PCC officers?



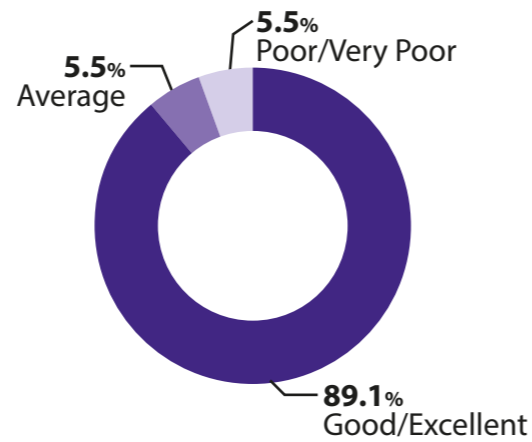
How would you rate the Complaints Support Officer you dealt with in relation to having a caring attitude?



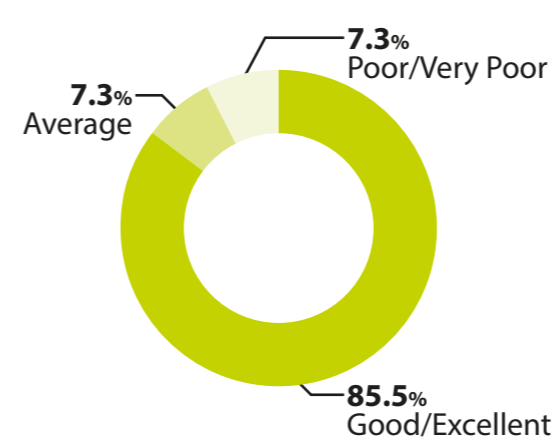
How would you rate the Complaints Support Officer you dealt with in relation to listening to you?



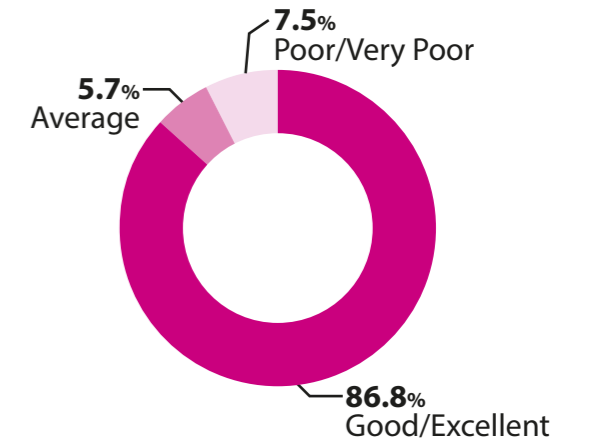
How would you rate the Complaints Support Officer you dealt with in relation to giving you advice/information?



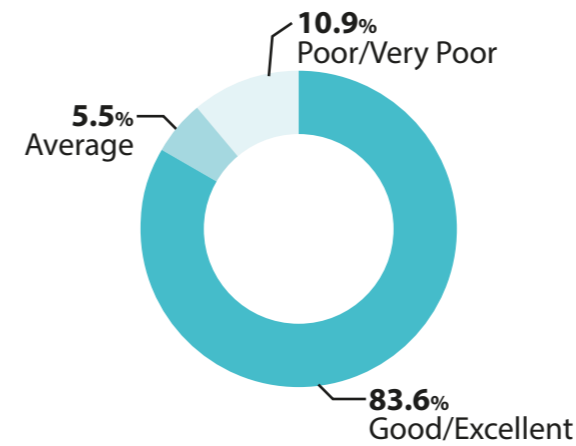
How would you rate the Complaints Support Service for being available when you needed us?



How would you rate the Complaints Support Service for explaining how the complaints process works?



How would you rate the Complaints Support Service for keeping in contact with you?



Remember you can contact us by

Telephone

0800 917 0222

Email

info.pcc@hscni.net

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