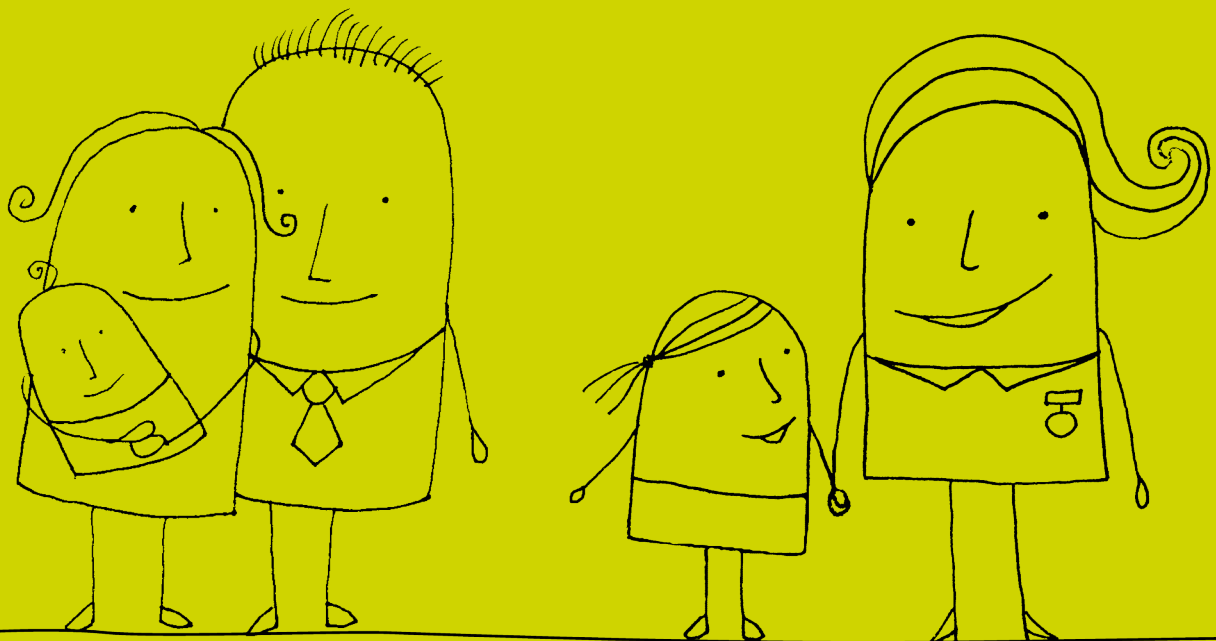


Patient and Client Council

Your voice in health and social care

# Annual Complaints Report 2016-2017

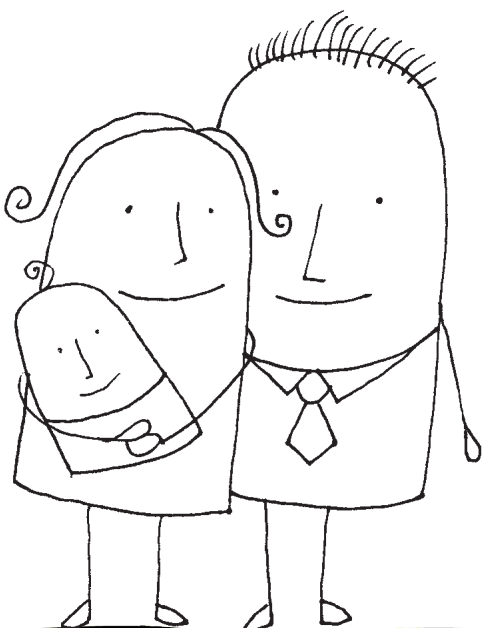
November 2017





# Table of Contents

<b>Foreword</b> .....	<b>3</b>
<b>1.0 Introduction</b> .....	<b>4</b>
1.1 What the PCC Complaints Support Service does.....	4
1.2 The PCC Complaints Support Service team.....	4
1.3 Snapshot of the year.....	5
<b>2.0 Service activity: 2016-17</b> .....	<b>6</b>
2.1 Comparison of activity data from previous years .....	7
<b>3.0 Themes in our complaints cases</b> .....	<b>8</b>
3.1 Complaints by organisation.....	8
3.2 Complaints by specialty .....	9
3.3 Complaints by nature of complaints .....	10
3.4 Key themes .....	11
3.4.1 Treatment and care – quality.....	11
3.4.2 Staff attitude .....	12
3.4.3 Communication.....	12
3.4.4 Professional Assessment of Need.....	12
3.4.5 Waiting times.....	13
<b>4.0 Processes through which complaints are managed</b> .....	<b>14</b>
<b>5.0 What difference our service makes to clients</b> .....	<b>15</b>
<b>6.0 Feedback from our clients</b> .....	<b>22</b>
<b>7.0 Service developments in 2016/17</b> .....	<b>24</b>
7.1 Informing organisational priorities .....	24
7.2 Maximising learning .....	24
7.3 Ensuring access .....	24
7.4 Continuous professional development of the service .....	25
7.5 Cost of the service .....	25
<b>8.0 Conclusion</b> .....	<b>26</b>
<b>References</b> .....	<b>28</b>



# Foreword

Dear Reader

I am pleased to present the 6th Annual Complaints Report.

Every day thousands of people access health and social care services. Most people receive high quality services. For others, services fall short of their expectations. Having the opportunity to feed back is important. When things go wrong, people deserve an explanation, and assurances that steps have been taken to prevent the same mistakes from happening again. Every compliment, concern and complaint is an opportunity to learn and improve services.

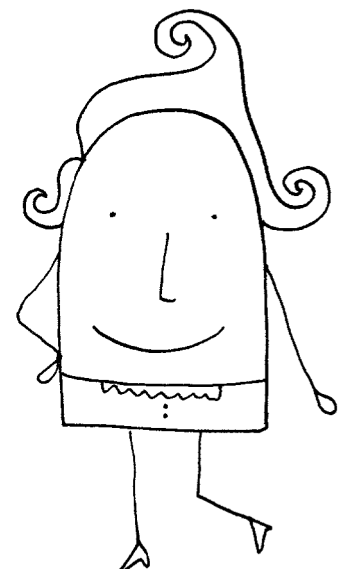
This report provides a summary of the work of the Patient and Client Council Complaints Support Service during 2016/17. It summarises the main themes and describes the work undertaken to resolve issues, concerns and formal complaints. This report also identifies some of the outcomes, service change and improvement that Trusts have made as a result of listening to and acting upon complaints.

Improvements are not the responsibility of just one organisation or one set of professionals; they require a collective effort and a willingness to listen and respond to feedback both good and bad.

Yours sincerely



Maeve Hully  
Chief Executive



# 1.0 Introduction

The sixth Patient and Client Council (PCC) Annual Complaints report provides an overview of the work of the Complaints Support Service from 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017.

## 1.1 What the PCC Complaints Support Service does

The complaints support role of the PCC is specifically defined in the Health and Social Care Reform Act 2009<sup>1</sup> as:

*'Providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care...'*

All Health and Social Care complaints are managed in accordance with the same Health and Social Care complaints procedure. This procedure sets guidelines and standards for the effective management of complaints by the service as a whole. The PCC is the only patient/service user representative organisation named in the guidelines and standards, and its role and function is described in detail.

The PCC Complaints Support Service is a confidential, independent and free service that can help patients and clients to make a complaint about any Health and Social Care service. The PCC Complaints Support Service provides support to our clients in a number of ways, including:

- ▶ Giving our clients information on the complaints procedure and advice on how to take a complaint forward;
- ▶ Discussing a complaint with a client and drafting letters on their behalf;
- ▶ Making telephone calls for clients about their complaint on their behalf;
- ▶ Helping clients prepare for and going with them to meetings about their complaint and making sure their concerns are heard and responded to;
- ▶ Helping and supporting clients to prepare a complaint for submission to the Ombudsman or other regulatory bodies;
- ▶ Referral to other agencies, for example, specialist advocacy services; and
- ▶ Help in accessing medical/social services records.

## 1.2 The PCC Complaints Support Service team

The PCC has a dedicated team of Complaints Support Officers with an overall service manager. The PCC Complaints Support Officers manage a caseload of client complaints across all Health and Social Care (HSC) Trust areas. Each member of the team also works on a rota basis as a 'First Responder' on the PCC Complaints Support Service Helpline, which is the initial contact point for all new clients.

## 1.3 Snapshot of the year

The PCC Complaints Support Service provided support in relation to:

- ▶ **733** new cases\*
  - **596** formal complaints
  - **137** issues or concerns
- ▶ **1,038** requests for advice or information.

The PCC Complaints Support Service supported 17 cases for submission to the NI Public Service Ombudsman process.

92% of clients who responded to our service evaluation rated their experience with the PCC Complaints Support Service as positive or very positive.

---

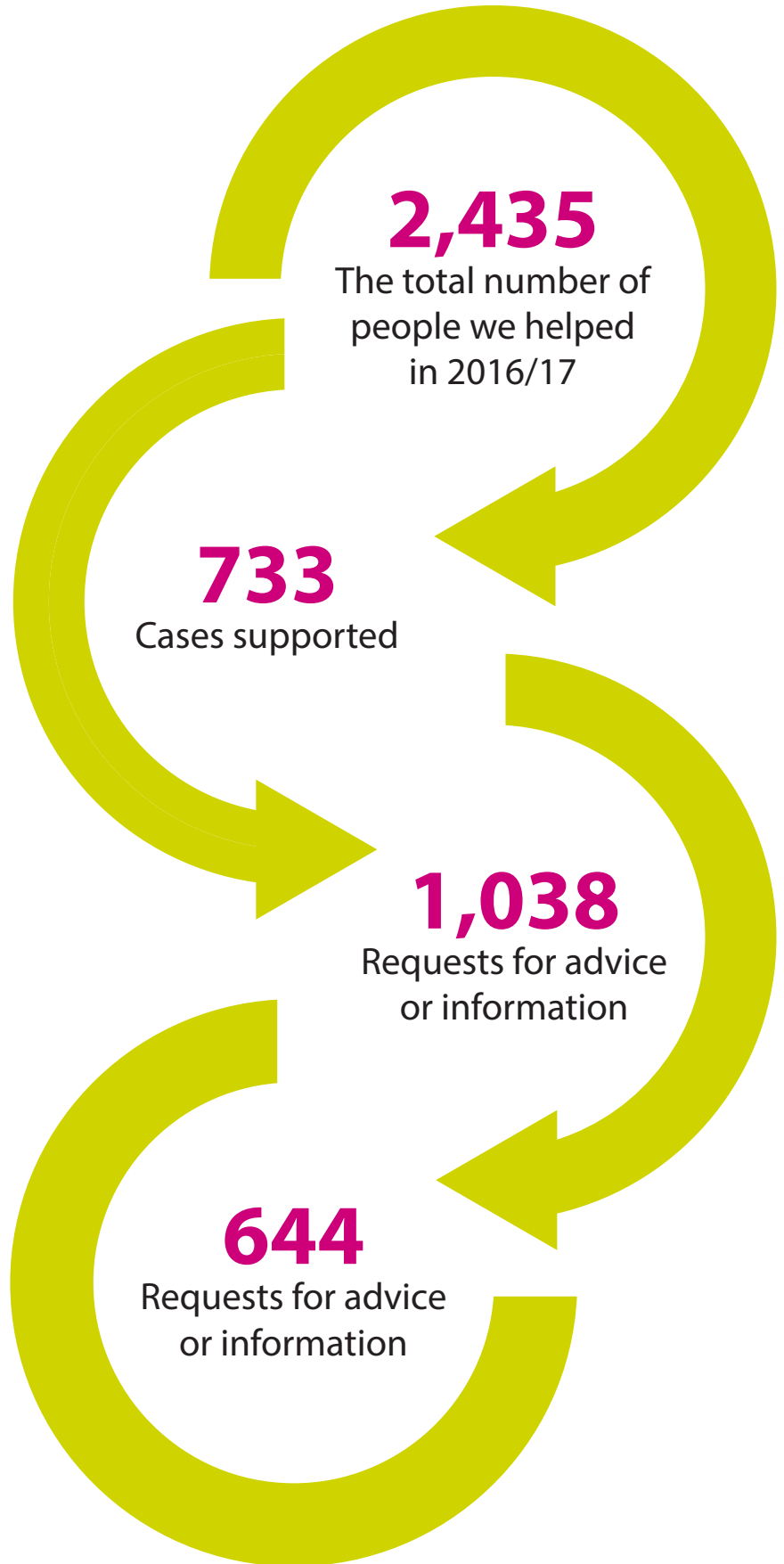
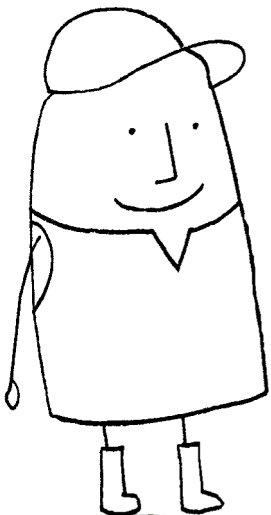
\* Throughout this report 'cases' refer to both formal complaints and issues or concerns raised with the PCC Complaints Support Service.

## 2.0 Service activity: 2016-17

In 2016/17 the PCC Complaints Support Service provided specific help or advocacy in relation to 733 new cases. These included 596 formal complaint cases and 137 issues or concerns.

Not all cases that our service deals with are formal complaints raised under the Health and Social Care complaints process. Some people contact us with an issue or concern that they wish to resolve, but not through a formal complaints process.

Often, our Complaints Support Officers are able to work with these clients to have their concerns resolved, for instance, by putting clients in touch with, or advocating on their behalf with, local Health and Social Care teams.





In addition to case management, 1,038 requests for advice and information were dealt with and there were 664 downloads of the PCC Complaints Support Service self-help pack 'How can we help? Your guide to making a complaint'. The self-help pack was developed as a means of supporting service users to make a complaint by providing them with easy access to the relevant information on how to do so.

The activity data presented above relates only to new cases and requests dealt with between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017. It does not include continuing work by PCC Complaints Support Officers on cases opened before 1<sup>st</sup> April 2016.

It is of course fully acknowledged that the number of complaints made by patients about services are small in comparison with the volume of patient interactions with services throughout the year overall. That the good services provided by Health and Social Care are valued highly by patients is not in doubt. However, it is of crucial importance that the service responds effectively to the complaints that it does receive and that any opportunity to learn and to improve as a result of complaints is taken by the service.

## 2.1 Comparison of activity data from previous years

The PCC Complaints Support Service showed a year-on-year increase in activity from when reporting started until 2015/16 where activity dropped 15.4%.<sup>2</sup> While there has been a further drop in activity during 2016/17 this is smaller than 2015/16, with a decrease of 9.3% overall. A detailed breakdown in activity between 2015/16 and 2016/17 is shown in **Table 1**.

**Table 1: Detailed comparison of activity in 2015/16 and 2016/17**

(Table does not include downloads of self-help packs)

Activity 2015/16	Number	Activity 2016/17	Number	Difference
Formal complaint	508	Formal complaint	596	+88 (17.3%)
Issue or concern	203	Issue or concern	137	-66 (32.5%)
Advice and information	1,241	Advice and information	1,038	-203 (16.4%)
<b>Total</b>	<b>1,952</b>	<b>Total</b>	<b>1,771</b>	<b>-181 (9.3%)</b>

A possible explanation for some of the reduction in advice and information requests is the availability of the online self-help pack, which was downloaded 664 times in 2016/17 in comparison to 645 downloads in 2015/16. In addition, the PCC Complaints Support Service has also begun to publish on its website direct links to NI Direct for information on issues that were commonly the subject of calls to the service, for example, 'how to obtain medical records' and 'how to register with a GP'. Calls about these matters have been fewer since these links were placed on the website.

Through recruitment and the ongoing review of procedures, the PCC Complaints Support Service has ensured that it can respond effectively to anyone who contacts it for assistance. The shift in activity away from advice and information work to formal complaint case management indicates that the service is better recognised as a source of independent advocacy for people with concerns.

## 3.0 Themes in our complaints cases

An analysis of cases (N=733) in 2016/17 was undertaken to help identify key issues arising from the data. Findings are categorised under the following headings:

- ▶ Complaints by organisation;
- ▶ Complaints by specialty; and
- ▶ Complaints by nature of complaint.

A commentary on key issues arising from the data is then presented.

### 3.1 Complaints by organisation

**Table 2: Complaints by organisation**

2015/16		2016/17		Difference
HSC Trust	Number	HSC Trust	Number	Number (%)
Belfast	177	Belfast	206	+29 (16.4%)
Northern	99	Northern	112	+13 (13.1%)
South Eastern	140	South Eastern	107	-33 (23.6%)
Western	68	Western	104	+36 (52.9%)
Southern	77	Southern	58	-19 (22.1%)
Unspecified	28	Unspecified	5	-23 (82.1%)
<b>Total</b>	<b>589</b>	<b>Total</b>	<b>592</b>	<b>+3 (0.5%)</b>
<b>Other</b>		<b>Other</b>		
GP	101	GP	122	+21 (20.8%)
Dentist	8	Dentist	9	+1 (12.5%)
Other HSC	7	Other HSC	6	-1 (14.3%)
Northern Ireland Ambulance Service	6	Northern Ireland Ambulance Service	3	-3 (50%)
		Voluntary	1	+1 (100%)
<i>Total</i>	<i>122</i>	<i>Total</i>	<i>141</i>	<i>+19 (15.6%)</i>
<b>Grand total</b>	<b>711</b>	<b>Grand total</b>	<b>733</b>	<b>+22 (3.1%)</b>

Similar trends can be observed across the two years with Belfast HSC Trust featuring as the organisation named in most complaints dealt with by the PCC Complaints Support Service, followed by general practice (GP). As the main provider of regional specialist services, it is not surprising that Belfast HSC Trust is the Health and Social Care organisation that receives the most complaints.

Overall, similar trends are seen in the figures published by the Department of Health for 2016/17,<sup>3</sup> the only difference being that they witnessed a very small decrease (0.6%) in complaints to Belfast HSC Trust between 2015/16 and 2016/17.

## 3.2 Complaints by specialty

There is much consistency in the specialty areas most frequently raised in cases dealt with by the PCC Complaints Support Service. General practice, elderly, mental health, and family and childcare complaints feature in the top five areas raised in both 2015/16 and 2016/17.

**Table 3: Top 10 specialty areas raised in complaints**

2015/16		Number	%	2016/17		Number	%
1	GP	98	14.1%	GP	122	17.0%	
2	Mental Health	66	9.5%	Elderly*	57	7.9%	
3	Elderly	56	8.1%	Mental Health*	57	7.9%	
4	Family and Childcare*	44	6.3%	Family and Childcare	44	6.1%	
	Prison Healthcare*	44	6.3%	Medical-General	38	5.3%	
5	Orthopaedics	35	5.0%	Accident & Emergency	37	5.2%	
6	Residential and Nursing Homes	31	4.5%	Orthopaedics	36	5.0%	
7	Medical-General	28	4.0%	Disability	32	4.5%	
8	Accident & Emergency*	24	3.5%	Residential and Nursing Homes	28	3.9%	
	Disability Services*	24	3.5%	Maternity	20	2.8%	
9	Domiciliary Care	19	2.7%	Neuro-medicine/ Neurosurgery	18	2.5%	
10	Hospital	18	2.6%				
Base: 694. Other specialties featuring in 10 or more cases: Children's Services, Dental, Oncology, General Surgery, Gynaecology, Neuro-medicine/Neurosurgery, Cardiology/Cardiac surgery, Maternity, Urology.				Base: 718. Other specialties featuring in 10 or more cases: Domiciliary Care, Oncology, General Surgery, Gynaecology, Cardiology/Cardiac Surgery, Gastroenterology, Children's services, Prison Healthcare, ENT.			

\* Rank in joint position.

### 3.3 Complaints by nature of complaints

**Table 4: Complaints by Nature of Complaint 2015/16 and 2016/17**

2015/16	Number	%	2016/17	Number	%
Treatment and care	412	33.7%	Treatment and care	425	32.6%
<i>Quality</i>	206	16.8%	<i>Quality</i>	179	13.7%
<i>Diagnosis</i>	66	5.4%	<i>Diagnosis</i>	84	6.4%
<i>Inappropriate treatment</i>	51	4.2%	<i>Inappropriate treatment</i>	75	5.7%
<i>Nursing care</i>	41	3.3%	<i>Nursing care</i>	39	3.0%
<i>Discharge</i>	21	1.7%	<i>Quantity</i>	17	1.3%
<i>Surgery</i>	15	1.2%	<i>Surgery</i>	17	1.3%
<i>Quantity</i>	12	1.0%	<i>Discharge</i>	14	1.1%
Communication	168	13.7%	Staff attitude	188	14.4%
Staff attitude	154	12.6%	Communication	184	14.1%
Professional assessment of need	116	9.5%	Professional assessment of need	151	11.6%
Waiting times	82	6.7%	Waiting times	99	7.6%
<i>Waiting times</i>	58	4.7%	<i>Waiting times</i>	62	4.8%
<i>Community services</i>	11	0.9%	<i>Outpatient department</i>	28	2.1%
<i>Outpatient department</i>	11	0.9%	<i>Community services</i>	7	0.5%
<i>Emergency department</i>	2	0.2%	<i>Emergency department</i>	2	0.2%
Base: 1224 – This figure is greater than 711 as there are often multiple issues per case			Base: 1305 – This figure is greater than 733 as there are often multiple issues per case		

**OTHER < 5% in both 2015/16 and 2016/17:** Access to premises; admission into hospital delay/cancellation (Inpatient); aids/adaptations/appliances; appointments delay/cancellation (Outpatients); children order complaints; complaints handling; confidentiality; consent to treatment; contracted regulated establishments & agencies; delayed admission from A&E; discharge/transfer arrangements; ECR / funding; environmental; infection control; hotel/support/security services; medication; mortuary and post mortem; other contracted services; patients privacy and dignity; patients property/expenses/finances; patients status/discrimination; policy/commercial decisions; records/record keeping; theatre operations/procedure, delay/cancellation; transport late or non arrival/travel time; transport suitability of vehicle/equipment.

As with the most common specialty areas arising in complaints there is also considerable consistency in the nature of complaints dealt with by the PCC Complaints Support Service between 2015/16 and 2016/17.

The most notable change was the growth in ‘staff attitude’, ‘communication’ and ‘professional assessment of need’ being recorded as the nature of complaint. As shown in **Table 4**, the growth of cases where ‘staff attitude’ was an issue of concern meant it overtook ‘communication’ to rank as the second most common issue. However, as in the previous year, it is ‘treatment and care’ that is the primary cause of complaint and the ‘quality’ of service provided that is the primary concern for our clients.

## 3.4 Key themes

The following paragraphs provide a commentary on the top nature of complaints that we managed in 2016/2017 with explanations drawn from the most common specialty areas. The commentaries describe the lived experience of patients, that is, how they felt as a result of the service they received and what they perceived the actions of the service towards them to have been.

### 3.4.1 Treatment and care – quality

Concerns over the quality of treatment or care feature prominently in a number of specialties including: elderly services, medical-general services, orthopaedics, disability services, and maternity services.



Within elderly services many complaints are about the quality of treatment and care provided at certain points on the service user's journey. For example, families will complain that a relative deteriorated sharply during a temporary hospital or nursing home admission to the extent that they could not be discharged home. Complaints in this area relate to treatment and care provided in a variety of settings including hospital, the service user's home, and respite and nursing homes. When highlighting issues with treatment and care family members often seek to challenge the limitations on services in terms of level of provision or resource availability, for example, the capacity of staff to respond to complex need, such as the management of PEG tubes or behavioural challenges arising from dementia.

With regard to medical-general services (i.e. inpatient treatment and care in non-specialist wards in hospitals) complaints usually involve an older person admitted to hospital for management of an infection, recovery after treatment following a fall or another immediate health need – such as hydration. Complaints regarding the quality of treatment and care are often due to delays in ordering tests, initiating treatment, and poor management of nutrition and hydration. A number of the complaints dealt with by the PCC Complaints Support Service were made as a result of the death of the patient. In these cases, the family raising the complaint often question whether a generally poor standard of treatment and care was responsible for the death of their loved one.

While waiting times is the predominant concern arising within complaints about orthopaedic services clients also complain about the quality of the treatment they have received and how this has impacted on their outcome. For example, some clients reported being left with remaining disability and/or pain. In a small number of cases, the patient's condition will have progressed over an extended period of time and the patient will be seeking information as to whether earlier treatment and care might have led to a different outcome. In a number of these cases clients will be seeking review and revision of surgery.

Complaints around the quality of treatment and care in disability services centre on the need for increased and improved support and services, including residential, respite and day care suitable for younger people. In the majority of cases the service user has a degree of cognitive disability and the complaint is made on their behalf by a carer – usually a family member. People who complain are frustrated and concerned at the lack of options or of progress towards an acceptable solution. In some cases, the impression is given that limitations on available services are making agreement on a suitable care plan difficult. A couple of complaints related to extended stays in hospital for the service user made necessary by a lack of community-based services. Others relate to a lack of options that will provide an adequate quality of life for the service user from the point of view of the carer.

Issues related to the poor quality of treatment and care in maternity services include poor management of pain; infection following episiotomy and caesarean section, and lack of information and support in the management of stillbirth and miscarriage. Where there has been a tragic outcome, the parents of the child are seeking answers as to why their child died and whether or not the death was avoidable. In a couple of cases disability undiagnosed prior to birth or apparently arising from the birth was the cause of complaint.

### 3.4.2 Staff attitude

Mental health and A&E services are two specialties where complaints about staff attitude feature more commonly.



In terms of mental health services, a number of clients who approached the PCC Complaints Support Service expressed the belief that there had been an inadequate assessment of their needs arising from the attitude of a mental health professional to the client, i.e. not taking them seriously or believing them. Requests to change Social Workers, Community Psychiatric Nurses, Psychologists or Psychiatrists are often a feature of these complaints. A small number of staff attitude complaints arise from inpatient experiences as a detained patient. The patient will often complain that they were treated poorly, demeaned, ignored or otherwise badly managed while an inpatient.

Within complaints regarding A&E services the top nature of complaint was staff attitude. The attitude complained about will be of a general dismissiveness or failure to attend to the patient on the part of staff. Such claims of dismissiveness are made in several instances by patients and/or carers of people with a long term or pre-existing condition attending Emergency Departments. In certain cases, patients and families felt that they had been discriminated against by staff due to a history of alcohol misuse by the person at the heart of the complaint while, in other cases, patients presenting with a mental health crisis felt they were not responded to appropriately.

### 3.4.3 Communication

Poor communication is the most common issue in complaints about GP and family and childcare services.



Within complaints about GP services there is an underlying theme of poor communication between patients and practices, and of poor attitude from practice staff. Patients report feeling dismissed, ignored or even mocked by the doctor or practice staff. These clients often state that they have not been given adequate information on their treatment and, in some cases, believe that the practice is just not listening to them. Some clients also report feeling threatened by removal from the practice list when they complain.

On the whole, complaints regarding communication within family and childcare complaints relate to the degree to which the individual/family is kept informed and involved as to what is happening and why. Clients will state that they are not listened to or believed; and that unfair and misleading conclusions are drawn by social workers.

### 3.4.4 Professional Assessment of Need

Concerns over assessed level of need are most commonly raised by clients in relation to elderly, mental health, family and childcare, and disability services.



Within the specialty area of elderly services most of the complaints are focused on disagreements arising between families and service providers on the assessed level of need of an elderly person and the plans on how best to meet this need. It is a feature of these complaints that people want to be informed about their rights and those of their relatives – in particular, who has the right to decide where and how their relative will live. Issues of capacity and consent are very important in these complaints. The PCC Complaints Support Service works closely with the Law Centre NI in many of these cases.

Complaints raised about mental health services most commonly relate to the assessment of the need of the patient and the treatment and care put in place as a result of this assessment. The majority of these complaints relate to community-based care. However, a number do relate to hospitalisation – including from patients detained under the Mental Health Act.

Family and Childcare complaints relating to professional assessment of need often relate to a parent or family's objection to demands and requirements made on them by social workers where those social workers are acting in response to a concern raised about the care and welfare of a child. Allegations and counter-allegations of abuse of children by ex-partners and parents of children - and their wider families - are common in these complaints and it is often the process of investigation by social services that has prompted the complaint.

Similarly to complaints raised about elderly services complaints raised about disability services are often due to discrepancy between the patients' or carers' wishes and expectations of the service versus the professional's assessment of that need and the appropriate means to meet it. Complaints arise at a time of transition – for example, arranging discharge from a period of hospital care – but also when the complaint involves a child or young person changing school or transferring to adult programmes of care. In a small number of complaints, the carer will state that they no longer feel able to cope with the care needs of their loved one – usually an adult child – and require additional support.

### 3.4.5 Waiting times

Complaints over waiting times are most frequently raised in relation to orthopaedics and neuro-medicine/neurosurgery.



Orthopaedics in general – and spinal surgery in particular - is the specialty about which the majority of complaints and queries about waiting times are made. Patients will complain at long waiting times during which their condition deteriorates and they live with constant pain. Some clients are concerned that they will lose their livelihood as a result of long waiting times. It is important to note that we also receive a significant number of calls on the PCC Complaints Support Service Helpline, on an almost daily basis, about waiting times for orthopaedic services. People often tell us they have been waiting for a number of years and this is negatively affecting their long-term health, their ability to work and their personal life. This is undoubtedly a serious matter of concern for the public.

Complaints in the area of Neuro-medicine/Neurosurgery are about communication and the impact of poor communication in decision-making and referral between specialists for people with a range of neurological and spinal conditions. It is not the quality of treatment and care that is the issue – but the difficulty of the process of referral and accessing treatment and care. Clients report delays and at times confusion in making and following up referrals, leading to elongated waits for assessment and specialist treatment.

## 4.0 Processes through which complaints are managed

The majority of clients managed by the PCC Complaints Support Service are supported through the Health and Social Care complaints process (77%) or are supported through an informal complaints process (17.2%). However, it is important to note the work done by the PCC Complaints Support Service to support clients involved in other formal processes in operation within Health and Social Care to investigate and resolve concerns raised by patients and the public.

The PCC Complaints Support Service seeks to provide continuity of support to clients. Therefore, where a complaint or a concern leads to investigation and action under processes other than the HSC Complaints Process the Complaints Support Officer will continue to support clients in the resolution of their concerns where the client requests this. The range of other processes through which clients were supported in 2016/17 are outlined in **Table 5**.

**Table 5: Formal complaints process through which clients are supported**

Process	Number	%
Ombudsman	17	2.2%
Legal Process*	10	1.3%
Serious Adverse Incident	6	0.8%
Professional Regulator**	6	0.8%
Vulnerable Adults Procedure	3	0.4%
Regulation and Quality Improvement Authority (RQIA)	2	0.3%
Coroner	1	0.1%
<b>Grand total</b>	<b>768***</b>	<b>100.00%</b>

\* It is important to note that the PCC Complaints Support Service does not offer legal support to clients. This category refers to those clients who - as a result of engagement with the PCC Complaints Support Service and/or making a formal complaint - elect to resolve their issues by taking legal action.

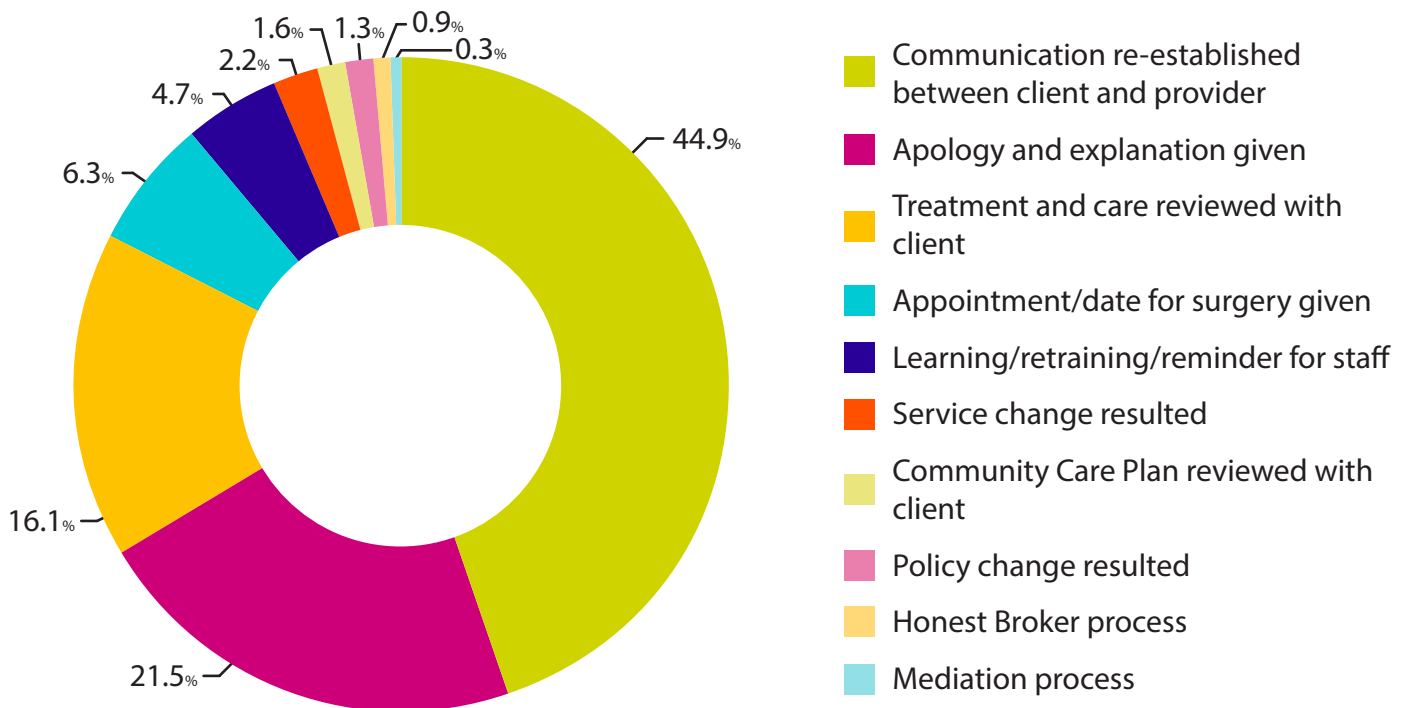
\*\* GDC, GMC, HPC, NISCC.

\*\*\* Cases often go through more than one process which explains why the total number of processes is greater than 733.



## 5.0 What difference our service makes to clients

**Figure 1: Outcome of closed cases\*\*\*\***



The PCC Complaints Support Service – by the nature of its work – will not always know the outcome of the complaints with which it is involved. This is because the clients of the service choose when and how to involve the PCC Complaints Support Service. However, we are informed of some outcomes from our work which are outlined in **Figure 1**.

For a number of our clients, our assistance does not go further than providing information on the complaints process; talking the problem through with the client and working with them to produce a letter of complaint which the client may or may not submit to the provider. In other instances, where the Health and Social Care complaints process is exhausted or where the complaint is outside the scope of the PCC Complaints Support Services, clients will be referred to other agencies, such as professional regulators.

The following case studies give some anonymised examples of cases managed by the service in 2016/2017 for illustration of the work done. In all cases, the consent of our client has been sought and obtained before inclusion in this report.

\*\*\*\* 316 positive outcomes recorded across 508 closed cases.



# Case studies

with examples of outcomes

## Case Study 1

<b>Programme of Care:</b>	Mental Health
<b>Specialty:</b>	Mental Health (Community Services)
<b>Nature of Complaint:</b>	Professional Assessment of Need; Policy/Commercial Decisions

### Background

---

Our client is a carer for her sister who required assistance and support as a result of poor mental health. At the time of contact with the PCC Complaints Support Service, our client had been trying without success to access respite services for her sister. She was prompted to call us as her sister had been turned down recently for respite at a home they had visited and felt was ideal for her sister's needs and wishes. Our client's sister had found it difficult to find appropriate respite as she was in a younger age group than those for whom the facilities catered. She also felt that the range of activities offered would not be of benefit to her sister. As a result, it had been a considerable time since our client's sister had accessed a respite service and our client had had a break herself.

### Outcome

---

- ▶ Communication re-established between client and provider
- ▶ Community care plan reviewed and agreed with client
- ▶ Client accessed additional services

The Trust responded in writing to our client's letter of complaint after which our client requested a meeting to resolve the outstanding issues. The PCC Complaints Support Officer accompanied our client to the meeting with the Trust and supported her in stating clearly her and her sister's needs and wishes. During the meeting, our client was made aware of several options for support of which she had not had prior knowledge. The Trust also undertook to provide additional information after the meeting and support our client to access services for her sister. As a result of her complaint and the subsequent engagement with the Trust, our client and her sister were able to identify a respite provider with which both were happy. At the time of her last contact with us, our client's sister had enjoyed one respite stay and was looking forward to a further break later in the year.

## Case Study 2

<b>Programme of Care:</b>	Primary Health and Adult Community
<b>Specialty:</b>	GP
<b>Nature of Complaint:</b>	Treatment and Care (Diagnosis); Complaints Handling

### Background

---

Our client had made a complaint about a GP practice. Having attended an appointment at the practice he had felt his symptoms had not been adequately investigated and the proposed course of treatment did not alleviate his symptoms. He was concerned sufficiently to make a complaint to the practice and was surprised that having discussed his concerns with the practice there was no apparent follow up on his complaint or written response to his complaint after several months. Our client contacted the PCC Complaints Support Service to seek answers to his initial complaint as he felt he had not been listened to.

### Outcome

---

- ▶ Communication re-established between client and provider
- ▶ Apology and explanation received
- ▶ Staff reminder/learning/retraining

The PCC Complaints Support Officer responsible for this case contacted the practice and a meeting was arranged, which they attended with the client. A positive meeting with the practice took place, at which our client's concern over his diagnosis, treatment and care were discussed. The client received information and assurances at the meeting. Our client was complimentary of some of the clinical staff at the practice and it was noted that he had – albeit after several attendances – received treatment and care appropriate to his needs. The practice acknowledged that there had been shortcomings in their management of our client's complaint and undertook to ensure that the arrangements for making a complaint within the practice were clear to patients and staff alike and that all practice staff received training in responding to complaints. Our client later wrote to the PCC Complaints Support Officer to thank her for her assistance and noted in this letter that the practice had taken the steps it said it would to ensure that patients were informed about how to complain.

## Case Study 3

<b>Programme of Care:</b>	Acute
<b>Specialty:</b>	Neurosurgery/Neuro-medicine
<b>Nature of Complaint:</b>	Quality of Treatment and Care; Communication

### Background

---

Our client complained with the support of a family member. Our client had been hospitalised following a stroke. She had complex needs and had a number of hospital transfers to manage these. At times during the episode of care she had an extremely poor prognosis for recovery. During the period of inpatient care there were a number of incidents about which she wanted answers. Our client fell more than once and one of these falls resulted in serious injury. In addition, some of her personal property was destroyed accidentally. There was poor communication between teams about agreements on the level of family assistance to our client – for example, with feeding. Towards the end of the inpatient stays a decision was made to end active rehabilitation. However, after discharge, our client was given ongoing rehabilitation and had responded well to this with continuous improvement evident.

### Outcome

---

- ▶ Apology and explanation given
  - ▶ Learning/training/reminder for staff
  - ▶ Service change resulted
- 

On receipt of the response to our client's letter of complaint, our client had unanswered questions. The PCC Complaints Support Officer attended a meeting between the provider and our client where all the issues of concern were discussed in depth and apologies, explanations and assurances provided to our client. Changes arose from the complaint. These included a review of how staff would be informed of patient care agreements with families. A new system was introduced so that families could highlight queries and questions to the clinical team and obtain a timely response. The provider also initiated a review of aspects of the treatment and care of our client to see if the issue of rehabilitation and mobilisation of the patient might have been managed differently. Our client was pleased with this outcome and with the actions proposed by the provider.

## Case Study 4

<b>Programme of Care:</b>	Primary Health and Adult Community
<b>Specialty:</b>	General Medical Practitioner
<b>Nature of Complaint:</b>	Communication; Staff Attitude; Diagnosis

### Background

---

Our client wished to complain about the treatment and care of her adult children by a GP. She wished to complain in particular about the manner in which the practice had managed the mental health of a male child. He had been experiencing bouts of severe mental ill health and had ultimately needed a referral to a crisis team. Our client had felt that she had to pursue the practice for an adequate response to her son's needs. She felt that her concerns at his state of mind had not been taken seriously or addressed adequately by the practice.

### Outcome

---

- ▶ Learning/training/reminder for staff
- ▶ Apology and explanation given
- ▶ Assurances on review of aspects of service received

The practice wrote a considered and detailed response to the concerns raised by our client. In the response, the practice offered apologies, explanations and clarification on the treatment and care they had provided.

The practice assured our client that they had learnt from the complaint. The practice took particular note of the need to ensure effective communication with concerned parents in such circumstances. They cited professional guidance on managing concerns raised by parents of adult patients with mental health problems. The practice assured our client that it would have particular regard to this guidance in its learning in order to avoid future complaints.

## Case Study 5

<b>Programme of Care:</b>	Sensory Impairment and Physical Disability
<b>Specialty:</b>	Disability (Social Services and Community Services)
<b>Nature of Complaint:</b>	Treatment and Care - Quality; Policy/Commercial Decisions; Professional Assessment of Need

### Background

---

Our client had been providing lifelong care for her daughter who had profound disabilities and had been prompted to call the PCC Complaints Support Service due to recent difficulties in caring for her daughter. The community service had experienced difficulties managing a feeding tube. This had led to our client's daughter having this done in hospital. Our client had lost confidence that the community service would be able to maintain the feeding tube at home. Also, a change in policy in the purchase and issuing of continence products had caused problems for the client. She had no space to keep the stock of continence pads the new arrangements required. She also found out that she was to be charged for an item she used regularly over many years. In discussion, it emerged that our client had sought little, if any, support in her care for her daughter through the years and there had been no recent review of needs or offers of further assistance.

### Outcome

---

- ▶ Communication re-established between client and provider
- ▶ Community care plan reviewed with client
- ▶ Client accessed improved services that addressed concerns

The provider gave a detailed response to our client's letter of complaint outlining the changes that had taken place. In order to address the issues raised more fully the provider proposed a visit from a social worker and an occupational therapist to her home to undertake a thorough review of the care needs and support for our client. Our client accepted this offer. By this new engagement with provider community services, our client was able to reach new agreements with them on care for her daughter and to have her immediate concerns addressed. The client was satisfied with this outcome and thanked the PCC Complaints Support Officer for their help.

## 6.0 Feedback from our clients

The PCC Complaints Support Service undertakes an annual service user evaluation. A total of 51 clients completed and returned a feedback questionnaire during 2016/17 to rate various aspects of the service and their experience of it.

A high proportion of clients rated the service good or excellent in terms of:

- ▶ Being easy to contact (N=43; 86%);
- ▶ Being available when needed (N=42; 87.5%);
- ▶ Explaining the complaints process (N=43; 90%);
- ▶ Providing advice and/or support (N=46; 94%);
- ▶ Respecting privacy (N=46; 96%); and
- ▶ Keeping in contact with them (N=44; 90%).

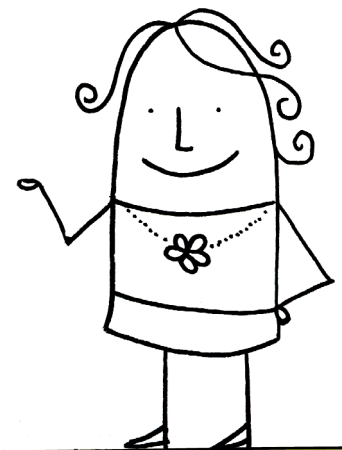
The PCC Complaints Support Service was seen by most clients as extremely or very important in helping them:

- ▶ Articulate their complaint (N=43; 92%);
- ▶ Have their complaint heard (N=43; 94%); and
- ▶ Get a quick resolution to their complaint (N=38; 90%).

Clients also had high levels of satisfaction with the way that the PCC Complaints Support Service helped them achieve an outcome to their complaint, with 88% (N=38) of those who responded reporting that they were satisfied or very satisfied.

In summary, the vast majority of clients who responded (N=43; 92%) rated their overall experience of the PCC Complaints Support Service as positive or very positive. We also received many letters and emails thanking the PCC Complaints Support Service for their support.

The Complaints Services manager will review with the team those individual cases where the feedback was not positive and identify any actions that might be taken by the service to remedy the causes of dissatisfaction.





*"Complaints Support Service listened to my complaint/concern and understood that while I contacted them for advice and support, they respected that I didn't want to be seen as a complainer as I enjoy good relations with staff at the Health Centre... Eventually [the concern] got resolved but I was glad I knew I had your support if I needed you to intervene."*

*"I would speak very highly of the service provided by the Patient and Client Council to anyone seeking help in these matters. I was very impressed by the positivity, expertise and knowledge displayed by the personnel involved with my complaint."*

*"If it wasn't for the support and help from the PCC I would never have had the courage to go through with my complaint or to persist in getting a satisfactory outcome. [PCC Complaints Support Officer] was extremely helpful and responded to me very quickly."*

*"I imagine most people wouldn't have a clue about how to make a complaint in the correct formal fashion, I know I didn't. The PCC provided first class help and advice thus making the process much easier and less stressful. [PCC Complaints Support Officer's] warmth and understanding was very much appreciated."*

## 7.0 Service developments in 2016/17

Since its establishment in 2013/2014, the PCC Complaints Support Service has been in a process of continuous development and improvement. In 2016/17 we have seen the culmination of this work in regard to some important aspects. Specifically:

### 7.1 Informing organisational priorities

Intelligence from complaints led to the agreement of several organisational priorities on which work was initiated in 2016/2017 and which will continue through 2017/2018. These are:

- ▶ a report on the experience of families at end of life [http://www.patientclientcouncil.hscni.net/uploads/research/End\\_of\\_Life\\_Care\\_29-8-17.pdf](http://www.patientclientcouncil.hscni.net/uploads/research/End_of_Life_Care_29-8-17.pdf)
- ▶ commissioned research on the service user experience of family and childcare social services
- ▶ an initiative to obtain patient and public feedback on their experience of waiting times
- ▶ a joint initiative with RQIA to review complaints about residential and nursing homes.

The purpose of these reviews is to identify themes and issues arising from common complaints and, as a result, to promote wider service learning and improvement.

### 7.2 Maximising learning

In 2016/2017, the PCC Complaints Support Service finalised arrangements with providers and with other statutory bodies to ensure that its intelligence was part of the system-wide conversation on learning from complaints.

In 2016/2017, the PCC reached agreement with the five main provider Trusts on representation at their complaints monitoring groups – the means by which Trusts drive learning from complaints through their own service areas.

This presence at provider committees complements the PCC Complaints Support Service presence at Department of Health, and Health and Social Care Board committees committed to promoting learning from – and effective management of – complaints.

### 7.3 Ensuring access

In 2016/2017, the PCC Complaints Support Service reviewed two areas of its work and produced review reports on them. These were:

- ▶ Services for Children and Young People
- ▶ The operation of the Complaints Support Service Helpline.

The PCC Complaints Support Service is implementing the recommendations of these reports in 2017/2018. The actions we take will ensure that the service responds well to any child or young person who wants to make a complaint on their own behalf and that the Helpline is able to respond immediately to a greater proportion of people who call us.

## 7.4 Continuous professional development of the service

A core training programme is in hand and at the end of 2017/2018 all PCC Complaints Support Officers will hold the City and Guilds Diploma in Independent Advocacy.

## 7.5 Cost of the service

The average cost of the PCC Complaints Support Service during 2016/17 was approximately £230 per client. While an average cost per client has been presented, it is important to note that the workload of each case differs considerably.



## 8.0 Conclusion

Throughout this year, the PCC Complaints Support Service has continued to provide a service that is valued by its clients as a means of seeking and finding answers to their concerns about health and social care.

The majority of those cases that were supported through a formal complaints process were complex in nature involving death, serious illness and the support for people with long-term conditions.

As a resource for the support of patients with concerns, the Complaints Support Service benefits uniquely in Northern Ireland from its statutory status within the PCC. This brings benefits for our clients in that:

- ▶ the PCC Complaints Support Service is independent of the organisations about which clients will be making their complaint

---

- ▶ the PCC has legislative support that requires these organisations to engage with it and to respond to the concerns that it brings to their attention

---

- ▶ the PCC Complaints Support Officers – as members of staff in Health and Social Care – are bound to maintain standards of confidentiality and professionalism in all that they do – and can be held to account if they fall short of those standards

---

- ▶ the PCC Complaints Support Service has through its work in the past four years developed a considerable depth of knowledge and expertise in all aspects of the management of complaints within Health and Social Care and in the structures and working of the Health and Social Care services themselves

---

- ▶ For many people who complain, their wish is to ensure that learning follows and that their experience benefits others. As part of the PCC, the Complaints Support Service is positioned uniquely to influence change and service improvement arising from complaints through its wider involvement work and its permanent engagement throughout the Health and Social Care system.

---

The PCC Complaints Support Service has the confidence and recognition of patients and the public as a professional, skilled and compassionate resource for them in dealing with events and circumstances that are often very distressing. This is evidenced by the service user feedback and by the high percentage of new clients who approach us based on word of mouth and previous experience.

In addition, the PCC Complaints Support Service receives referrals from a variety of organisations and individuals who have confidence in our ability to help. This includes elected representatives; other advocacy and support organisations and other statutory bodies. Referrals from other Health and Social Care organisations accounted for 13.3% of our new clients in 2016/17.

### **Key points for further discussion with service providers:**

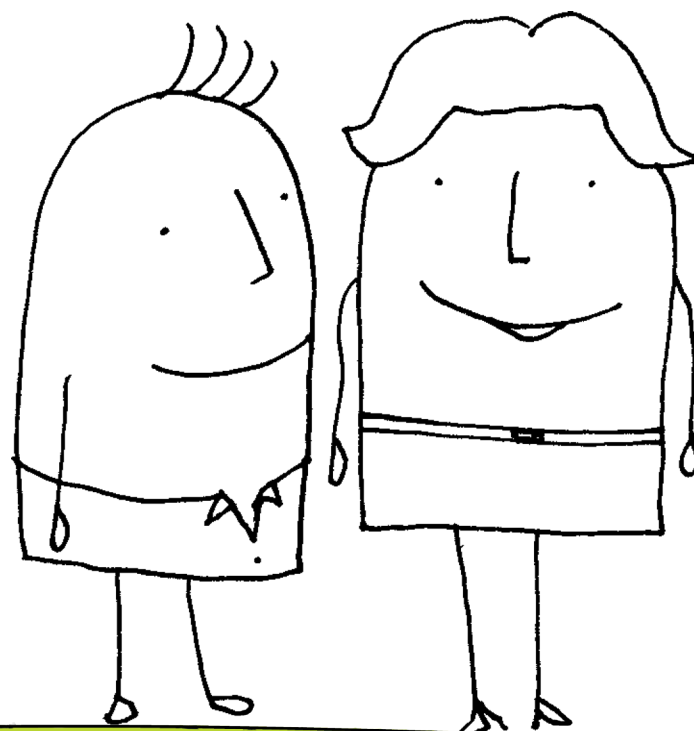
- ▶ Issues arising from poor communication are continually brought to the attention of the PCC. It is necessary that service providers use all the means at their disposal to address this issue. Providing patients with access to their Electronic Health Care Records and implementing innovative communication pathways between service users and providers, especially in primary care, could enable a number of people to become more involved in decisions about their care and avoid a significant number of complaints.

---

- ▶ While there do appear to be many standards and guidelines across aspects of care that encourage individualised, person-centred care planning, the recurrence of 'professional assessment of need' as a recurring theme in our complaints work would suggest that there are many cases when patients and families are at odds with healthcare professionals. This suggests that more could be done to ensure that healthcare professionals are engaging with patients and carers at a meaningful level during care planning to avoid these types of complaints.
- ▶ From exploring complaints arising due to 'family and childcare services' it is apparent that there is a need to find a way to support families who are engaged with social services. In an attempt to find solutions to this issue the PCC has partnered with Northern Ireland Social Care Council (NISCC) and Queen's University Belfast (QUB) to undertake an in-depth review of complaints related to 'family and childcare services'. It is hoped this piece of work will result in recommendations on how to improve services.

In the coming year, work will continue in areas identified as priorities through our complaints work, with the aim of augmenting our complaints intelligence and producing meaningful recommendations for service change and improvement to the service as a whole. Intelligence from complaints suggest that further work could also be done to understand the experience of service users and families in receipt of domiciliary care and those managing changes that require key decisions to be made on the treatment and care plan – and place of residence – of older people with progressive illness and frailty.

The PCC Complaints Support Service will consider what more it can do to reach out to people who do not contact us for support at present. This report demonstrates the importance of carers and families in ensuring that concerns about health and social care are raised on behalf of service users – in particular older people and people with disabilities. For those without a network of support like this it is important to understand what potential barriers exist to them to seek information, support and improvement to the services that they receive.



## References

1. Northern Ireland Assembly. *Health and Social Care Reform Act*. London: Stationary Office; 2009.
2. Patient and Client Council. *Annual Complaints Report 2015/16*. Belfast: PCC; 2014. Available at: [http://www.patientclientcouncil.hscni.net/uploads/research/Annual\\_Complaints\\_Report\\_2015-161.pdf](http://www.patientclientcouncil.hscni.net/uploads/research/Annual_Complaints_Report_2015-161.pdf)
3. Department of Health. *Complaints Received by HSC Trusts, Board and Family Practitioner Services in Northern Ireland (2016/17)*. Belfast: DoH; 2017. Available at: <https://www.health-ni.gov.uk/articles/complaints-statistics>



Remember you can contact us by

## **Telephone**

0800 917 0222

## **Email**

info.pcc@hscni.net

## **Post**

FREEPOST

PATIENT AND CLIENT COUNCIL

Follow us on



/PatientAndClientCouncil



@PatientClient