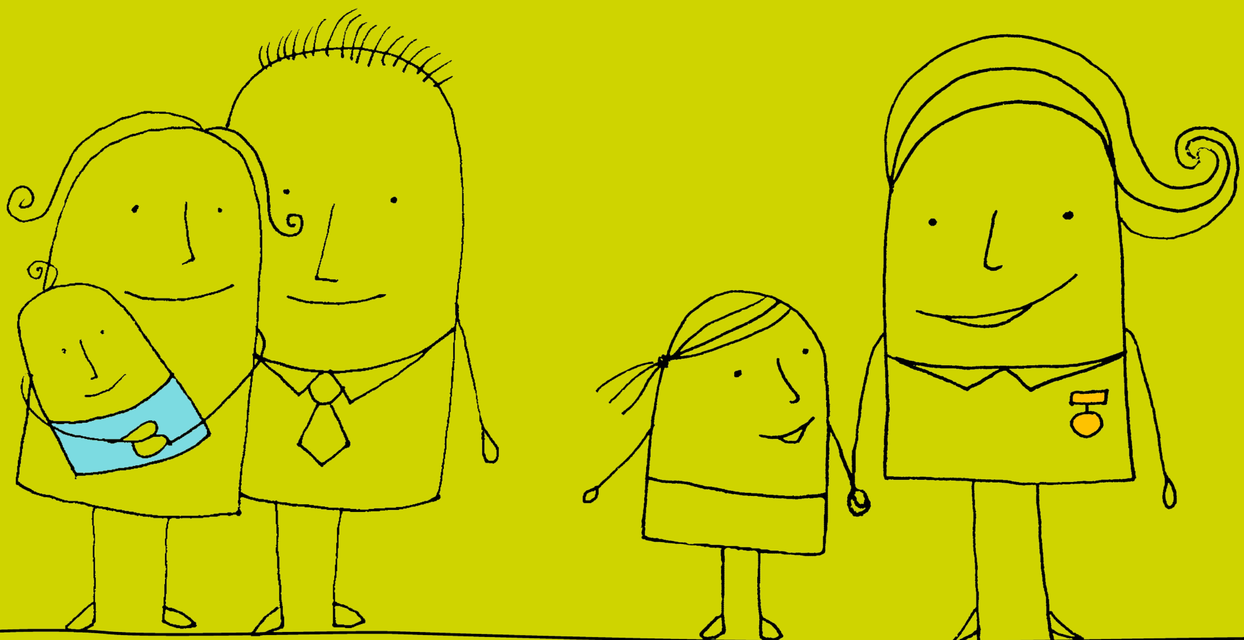
Patient and Client Council

Your voice in health and social care

Annual Complaints Report 2017-2018

November 2018



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1.0 Introduction

This report provides an overview of the work of the Patient and Client Council Complaints Support Service from 1st April 2017 to 31st March 2018.

1.1 What the PCC Complaints Support Service does

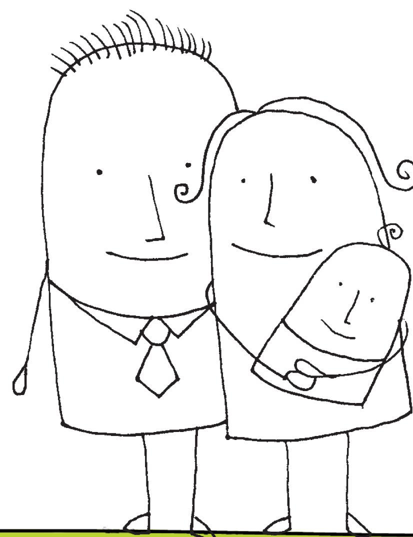
The complaints support role of the PCC is specifically defined in the Health and Social Care (HSC) Reform Act 2009[1] as:

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

All HSC complaints are managed in accordance with the same HSC 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 HSC service. The PCC Complaints Support Service provides support to our clients to get resolution to their complaints 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 team of six Complaints Support Officers with an overall service manager. The PCC Complaints Support Officers manage a caseload of client complaints across all 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.

2.0 Service Activity: 2017/18

In 2017/18 the PCC Complaints Support Service provided specific help or advocacy in relation to 881 new cases. These included 662 formal complaint cases and 219 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. Throughout this report 'cases' refer to both formal complaints and issues or concerns raised with the PCC Complaints Support Service.

The PCC Complaints Support Service also provided support to 934 requests for advice or information. These requests are dealt with through the PCC Helpline.

The activity data presented in Table 1 relates only to new cases and requests dealt with between 1st April 2017 and 31st March 2018. It does not include continuing work by PCC Complaints Support Officers on cases opened before 1st April 2017.

As in previous years the PCC fully acknowledges that the number of complaints made by patients about services are small in comparison with the volume of patient interactions with HSC services throughout the year overall. However, the PCC believes that by studying complaints and reporting this information there is an opportunity to learn and to improve services.

2.1 Comparison of activity data from previous years

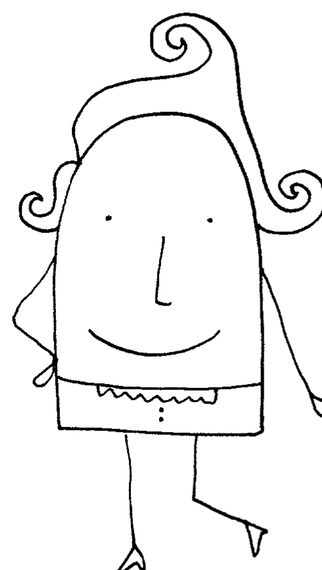
The PCC Complaints Support Service supported a steadily increasing number of complaints from 2009/2010 until 2015/16 where activity dropped by 15.4% followed by a further drop in 2016/17 of 9.3% overall.[2] This year there has been a small upturn in overall activity of 2.5%. A detailed comparison in activity between 2016/17 and 2017/18 is shown in Table 1.

Table 1: Detailed comparison of activity in 2016/17 and 2017/18

Activity 2016/17		Number		Activity 2017/18		Number		Difference	
Cases	Formal complaint	596	733	Cases	Formal complaint	662	881	+ 66 (11.1%)	+ 148 (20.2%)
	Issue or concern	137			Issue or concern	219		+ 82 (59.9%)	
Advice and information		1038		Advice and information		934		- 104 (10.0%)	
Total		**1771**		**Total**		**1815**		**+ 44 (2.5%)**	

Between 2015/16 and 2016/17 the PCC Complaints Support Service observed a reduction in advice and information requests (N=203, 16.4%). This year there has been a further reduction in advice and information requests, as shown in Table 1. It is likely that the availability of the online self-help pack and the ongoing development of online signposting on the PCC website contribute to this drop in activity. It is also possible that better information provision by service providers and through sites like NIDirect is also having an impact.

The activity data in Table 1 demonstrates the continued shift in activity of the PCC Complaints Support Service away from advice and information work to case management.



3.0 Key issues in our complaints cases

An analysis of cases (N=881) in 2017/18 was undertaken to help identify key issues arising from the data. Findings are categorised under the following headings:

- Complaints by organisation,
- Complaints by specialty,
- 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

2016/17		2017/18		Difference
HSC Trust	**Number**	**HSC Trust**	**Number**	**Number (%)**
Belfast	206	Belfast	234	+28 (13.6%)
South Eastern	107	South Eastern	147	+40 (37.4%)
Northern	112	Northern	132	+20 (17.9%)
Southern	58	Southern	107	+49 (84.5%)
Western	104	Western	103	-1 (1.0%)
Unspecified	5	Unspecified	3	-2 (0.4%)
Total	592	Total	726	+134 (22.6%)
Other		**Other**		
GP	122	GP	129	+7 (5.7%)
Dentist	9	Dentist	9	0 (0.0%)
NIAS	3	NIAS	9	+6 (200.0%)
Other	7	Other	8	+1 (14.3%)
Total	141	Total	155	+14 (9.9%)
Grand total	**733**	**Grand total**	**881**	**+148 (20.2%)**

In both 2016/17 and 2017/18 Belfast HSC Trust has featured as the organisation named in most complaints dealt with by the PCC Complaints Support Service. Being the main provider of regional services, it is not surprising that numbers are higher in the Belfast HSC Trust.

In 2016/17 general practice (GP) ranked second in the organisations being named in complaints; whereas this year, 2017/18, both South Eastern HSC Trust and Northern HSC Trust were more frequently named in complaints dealt with by the PCC.

It is difficult to attribute the large increase of over 80% in cases made about the SHSCT to any one factor. It can be partly attributed to the appointment of a Complaints Support Officer during this time to cover this Trust area following a period when the post was vacant due to staff changes. From previous years data it can be identified that where a Trust is not covered by a full time Complaints Support Officer this is reflected by a reduction in the activity for that area, this is likely due to a lack of continuity for clients and subsequent disengagement from the service.

In comparison, the statistics published by the Department of Health NI regarding complaints received by HSC Trusts, the HSC Board and Family Practitioner Services show a 3.5% decrease in complaints in recent years from 4,603 in 2016/17 to 4,441 in 2017/18. A breakdown of Department figures for ***complaint issues*** is shown in **Table 3**.

Table 3: Department of Health figures – complaint issues

2016/17		2017/18		Difference
HSC Trust	**Number**	**HSC Trust**	**Number**	**Number (%)**
Belfast	2,007	Belfast	2,026	+19 (0.9%)
South Eastern	1,076	South Eastern	1,140	+64 (5.9%)
Northern	869	Northern	814	-55 (6.3%)
Southern	1,046	Southern	955	-91 (8.7%)
Western	1,030	Western	746	-284 (27.6%)
Total	*6,028*	*Total*	*5,681*	*-347 (5.8%)*
Other		**Other**		
GP	226	GP	215	-11 (4.9%)
Dentist	20	Dentist	17	-3 (15.0%)
NIAS	161	NIAS	133	-28 (17.4%)
Other	3	Other	8	+5 (166.7%)
Total	*410*	*Total*	*373*	*-37 (9.0%)*
Grand total	**6,438**	**Grand total**	**6,054**	**-384 (6.0%)**

There is little consistency between the trends seen in the figures for complaints managed by the PCC Complaints Support Service and those managed by the Department of Health. A possible explanation for this is that while the Department of Health figures shown an overall reduction in complaint issues there are still a core set of difficult cases where our services are increasingly sought after by individuals in supporting them.

3.2 Complaints by specialty

General practice, mental health, and family and childcare complaints continue to feature in the top five specialty areas raised in 2017/18. As can be seen from Table 4, the top ten specialties identified in the complaints raised with the PCC Complaints Support Service have remained mostly the same as in 2016/17, with the only difference being the introduction of Gynaecology and Domiciliary Care into the top ten in 2017/18.

Table 4: Top 10 specialty areas raised in complaints

	2015/16	Number	%	2016/17	Number	%
1	GP	122	17.0%	GP	126	14.3%
2	Elderly Mental Health*	57 57	7.9% 7.9%	Mental health	56	6.4%
3	Family and Childcare	44	6.1%	Family and childcare	54	6.1%
4	Medical-general	38	5.3%	Orthopaedics	51	5.8%
5	Accident & Emergency	36	5.2%	Residential and nursing homes	50	5.7%
6	Orthopaedics	32	5.0%	Elderly	49	5.6%
7	Disability	28	4.5%	Accident and Emergency	46	5.2%
8	Residential and nursing homes	20	3.9%	Gynaecology	33	3.8%
9	Maternity		2.8%	Medical-general	32	3.6%
10	Neuro-medicine/ Neurosurgery	18	2.5%	Disability Domiciliary care+	31 31	3.5% 3.5%
	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.			Base: 881. Other specialties featuring in 10 or more cases: Neuromedicine/Neurosurgery, Oncology, Urology, Prison healthcare, Maternity, Surgery-general, Childrens, Cardiology/Cardiac surgery, Dental, Gastroenterology, Occupational Therapy.		

* Mental Health
\+ Joint Position

3.3 Complaints by nature of complaint

Table 5: Table 5: Complaints by Nature of Complaint 2016/17 and 2017/18

2016/17	Number	%	2017/18	Number	%
Treatment and care	425	32.6%	Treatment and care	463	31.3%
Quality	179	13.7%	*Quality*	182	12.3%
Diagnosis	84	6.4%	*Diagnosis*	100	6.8%
Inappropriate treatment	75	5.7%	*Inappropriate treatment*	83	5.6%
Nursing care	39	3.0%	*Nursing care*	40	2.7%
Discharge	17	1.3%	*Quantity*	32	2.2%
Surgery	17	1.3%	*Surgery*	15	1.0%
Quantity	14	1.1%	*Discharge*	11	0.7%
Communication	188	14.4%	Staff attitude	205	13.8%
Staff attitude	184	14.1%	Communication	192	13.0%
Professional assessment of need	151	11.6%	Professional assessment of need	175	11.8%
Waiting times	99	7.6%	Waiting times	135	9.1%
Waiting times	62	4.8%	*Waiting times*	102	6.9%
Community services	28	2.1%	*Outpatient department*	21	1.4%
Outpatient department	7	0.5%	*Community services*	10	0.7%
Emergency department	2	0.2%	*Emergency department*	2	0.1%
Base: 1305 – This figure is greater than 733 as there are often multiple issues per case			Base: 1481 – This figure is greater than 881 as there are often multiple issues per case		

There continues to be consistency in the nature of complaints dealt with by the PCC Complaints Support Service between 2016/17 and 2017/18. The top five areas have all remained the same; however, in 2017/18 the ranking has changed slightly with 'communication' and 'professional assessment of need' being raised more frequently as the nature of complaint and 'staff attitude' raised less frequently.

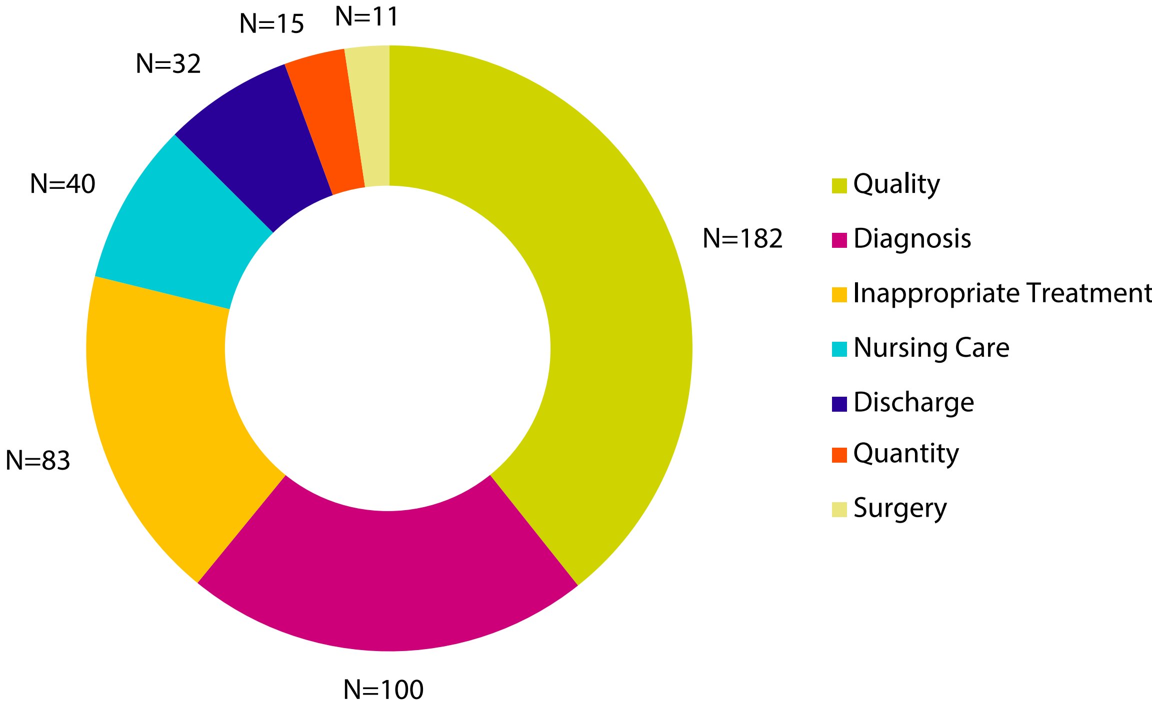
3.4 Key themes

The following paragraphs provide a commentary on the nature of complaints that were managed by the PCC Complaints Support Service in 2017/2018, with explanations drawn from the most common specialty areas. All themes discussed have been raised in more than ten new cases in 2017/18.

The commentaries describe the lived experience of patients, that is, how they felt as a result of the service they received and their perceptions of the actions of the service towards them.

3.4.1 Treatment and Care

Figure 1: Treatment and care complaint subcategories



Treatment and care - quality

Within the theme of 'treatment and care' there are several subcategories, the most common of which is 'treatment and care – quality'. Complaints in this subcategory relate to treatment and care that fell below the standard expected by the patient or family.

Complaints about 'treatment and care – quality' feature most frequently in the category of nursing and residential home complaints. In 2018/2019, the PCC published an in-depth report based on the content of nursing homes complaints.[3] The report was based on the review of 48 cases raised between 1st April 2015 and 21st March 2017.

Complaints about the quality of treatment and care in nursing homes are most frequently about the alleged poor care of residents leading to falls and injures, poor maintenance of fragile skin leading to sores and infections, and poor communication with families and relatives. In the majority of such complaints the resident will have a high level of need with increasing debility, including dementia. In approximately one third of complaints made about nursing and residential homes in the last year the person who was the subject of complaint had passed away.

'Treatment and care – quality' is also a common cause of complaints about GP practice. These complaints often centre on the role of the GP in ensuring appropriate assessment and follow up care for patients; for example, the perception of clients that the GP has failed to act appropriately when the patient has reported their symptoms or in light of certain test results.

Treatment and care - diagnosis

The second most common subcategory of treatment and care complaints fall under 'diagnosis'. 'Treatment and care – diagnosis' is a wide ranging theme applying to all instances of alleged failure to diagnose a condition in any part of the HSC system and at any stage of treatment and care.

Complaints about diagnosis are seen most frequently in relation to GP services. Almost all of these complaints are to do with patients presenting with symptoms resulting from a serious condition, most commonly cancer.

Frequently these complaints were about patients who had presented to their doctor on multiple occasions with symptoms such as upset stomachs and bowel problems and were treated with a first line treatment such as laxatives or antibiotics. Only later, either after frequent GP attendances or a visit to an emergency department, was the more serious underlying cause of the illness discovered.

3.4.2 Communication

Complaints about communication appear across a number of specialties. A proportion of these complaints dealt with by the PCC Complaints Support Service are able to be resolved by the PCC Complaints Support Officer making direct contact with the relevant provider on behalf of the client. This does prompt the question as to why, in these cases, the relevant provider had not already responded directly to the client.

Family and Childcare

Communication complaints are most frequently raised in the specialty of family and childcare. In these cases all of the complaints were made about poor communication on the part of social workers when interacting with parents and other family members with regards to the interests of a child or children. The families concerned are often under considerable stress. The involvement of the social worker may be voluntary or ordered by a court where a concern for the welfare of a child has been raised at some level. Within this intense environment, complainants assert communication breakdown in a number of key areas – often within the same complaint:

- Failure to provide information or explanation of processes and powers – families will often express confusion at the actions of social workers and complain that no effort has been made to explain what is happening and why.
- Failure to respond to communication from the family – There are two aspects to this. First, there is failure to answer correspondence or to respond to telephone messages. These are instances where there is no communication apparent at all. Second, there is the failure to respond or act upon information provided by the family to the social worker. In these instances, the complainant is often the estranged partner without access to the children raising concerns about the children's current carer.
- Failure to outline expectations or any plan of care for the child – In these instances, family members will be frustrated at a lack of clarity on what they can do to address the problem and to meet the expectations of social workers. For example, where a person has undertaken training and education on parenting at the request of the social worker, yet they appear no closer to regaining access to their children once they have met such requests.

It is acknowledged that these are often complex circumstances. Conflict between estranged partners over the welfare of children is frequently part of the overall situation and there is the risk of conflict being played out between parents through complaints about social workers.

The PCC has recognised the particular challenges of complaints in this area and the difficulty of achieving satisfactory resolution. As a result, the PCC commissioned specific research to identify any action that could be taken to alleviate these situations. The results from this work will be published in a joint report by QUB, NISCC and PCC.

GP

The majority of complaints about communication with GP practices in 2017/18 have been from clients complaining about being removed from practice lists. In some cases, clients have called because the practice has informed them that they now live outside the practice boundary and they are required to register with another practice. Callers felt aggrieved at this decision and also about the manner in which it was communicated to them.

During the year, the PCC Complaints Support Service was approached by a small number of organisations representing people at risk of exclusion from GP services for a number of reasons. These were primarily people who had arrived in Northern Ireland from other countries and who found it difficult to register as they felt a number of conditions were placed on them before registration. These groups included Syrian, Romanian and Ukrainian people as well as people recently released from prison or people living in short term accommodation.

To have a number of complaints about removal from one practice and registration with another is unusual. In previous years, communication complaints have been about onward referral and co-ordination of care by general practices. It may be that this increase in registration complaints suggests that additional information should be made available, including information to meet the specific needs of people at risk of exclusion from services.

Mental Health

All communication complaints relating to the specialty of mental health were made by/or on behalf of clients at a time of transition within long term treatment and care.

Where complaints related to a change prompted by the service provider, the issues raised were about a failure of the service to effectively communicate or manage the change. For example, a patient being informed that a long term therapeutic process was to end but being given no information on what would be done to replace the service or account for its impact on the patient.

Where complaints related to a change, or a request for change, prompted by the patient the issues raised included: that the service was slow to respond, for example, a prolonged delay in the transfer of records when a patient moved from one Trust area to another leading to a break in service provision. Another example is where clients were fearful or lacked the confidence to request the change that they wished, usually a change in Psychiatrist or key worker due to dissatisfaction with the service offered.

Domiciliary Care

The most common reason for communication complaints within the specialty of domiciliary care is the withdrawal of services by a care provider. The issue for clients in these cases was that the problem leading to withdrawal of services; for example, the inability of care staff to manage the challenging behaviour of a patient had not been communicated to the client in advance. Therefore, the decision to withdraw services often came as a shock.

Clients are dependent on these services to meet their daily needs and can be profoundly upset by the knowledge that they can be withdrawn with little notice. Thankfully it is the experience of the PCC Complaints Support Service that where these complaints are raised, the relevant Trust will aim to identify an alternative provider swiftly to ensure continuity of care.

3.4.3 Professional Assessment of Need

This category refers to complaints made by patients, carers and families over decisions made by professionals on the type and amount of service that they should receive.

Elderly

The majority of complaints under this heading are about the assessment of the amount and range of services needed by an older person living at home. Complaints included:

- A care plan that left the service user virtually bed bound. The service user requested additional support to give her a quality of life,
- A care plan that was inadequate in terms of maintaining personal care and hygiene for a service user, and
- Failure to update a care package when the carer's own partner also became unwell.

A number of these complaints related to decisions to place a person in a nursing home on discharge from hospital or from the community based setting. Such complaints were made by families distressed at such decisions and wishing to challenge them and ask that their relative remained at home. Families who call with this concern are often anxious to understand their decision making rights for an older relative in these circumstances. In some instances different members of the same family will not be in agreement with each other over the provision of care. The Complaints Support Service has continued to seek the advice of the Law Centre NI for families in these circumstances.

Only one of these complaints related to inpatient treatment and care. In this case the concern was a decision to place Do Not Resuscitate (DNR) on a patient record.

Family and Childcare

These complaints relate to families disputing the assessment by social services of risk to children; for example, where social services have required actions of parents or where there have been decisions made on the placement of children, including putting children up for adoption.

The clients involved in these cases are either the mother or father or, in a number of cases, grandparents with kinship foster arrangements or grandparents seeking these arrangements.

Complaints under the specialty of family and childcare are quite different in nature to other complaints about professional assessment of need. In these cases Social Workers are often enacting the decision of a Court or making application to a Court to uphold their assessment. For this reason, the complaints process is often unable to be of much assistance to such families, due to the fact that the HSC Complaints Process is suspended where there is litigation.

Disability

All of the complaints falling under 'professional assessment and need' and 'disability' related to domiciliary care and to respite. In the majority of cases the complaint was made by a parent or sibling on behalf of the disabled person. There is almost an even division between complaints where the subject is a person with learning disability and where the subject has a physical disability. In all of the cases, the focus of the complaint was the process or outcome of an assessment by a social services member of staff where the family have felt that the needs of their relative have not been sufficiently understood.

Residential and Nursing Homes

Almost all of the complaints in relation to 'residential and nursing homes' and 'professional assessment of need' arise where decisions need to be taken as a result of a resident's needs changing. Often the resident's needs have progressed to a point where the current nursing home feels unable to meet the need. In contrast, in some cases it is the family of the resident who challenge the decision to place their relative in a nursing home that was not, in their view, suitable to meet the resident's needs.

Families in these cases challenged whether an adequate assessment of need had been carried out. In almost all cases, it was a Social Worker who was the focus of a complaint although decisions made by nursing home management were challenged also.

GP

There are two main areas of complaint in this category, specifically:

- Medication management – allegations that the doctor refused to prescribe a medication; that the dose that they prescribed was insufficient or that the doctor had reduced the strength of a prescription. The purpose of the medication in most of these cases was to help to manage pain or to manage depression or anxiety
- That the doctor failed to take symptoms seriously or respond appropriately.

Mental Health

These complaints arise where client believes that insufficient priority and attention has been given to the symptoms the patient is displaying and their level of distress.

More of these complaints are made by family members than by the patients themselves. This impacts the capacity of the service to respond if the patient themselves do not wish the concern to be raised.

Almost half of the complaints under this heading were made by families where a relative had completed suicide or caused themselves permanent harm by attempting suicide. In all of the former cases, the family believed that the suicide might have been avoided if there had been a more adequate assessment of the individual prior to their death. It should be noted that all instances of suicide by current or recent users of mental health services are investigated by Trusts under Serious Adverse Incident arrangements. Families are involved in such investigations and have the opportunity to raise their concerns as part of the investigation.

3.4.4 Staff attitude

Complaints about staff attitude arise where patients feel they have been treated dismissively, rudely or without empathy by HSC staff.

GP

Complaints about staff attitude in GP services are commonly made as much against GP practice staff as they are against doctors. Often, the issue is not only about the decision made by the practice but also how it is communicated to the patient. Where they are made about practice staff they will usually be in the context of booking appointments. For example, the staff member is resistant to offering the patient an urgent appointment, or is applying practice rules rigidly and inflexibly such as refusal to provide test results or to provide another appointment when the patient has missed their scheduled appointment.

Where patients complain about the doctors themselves it will be because in the patients' view the doctor has not shown sufficient empathy or willingness to understand the patients' issue and as a result has refused to provide treatment that the patient believes they need.

Family and Childcare

As noted previously in this report, family and childcare complaints arise in the context of intervention from social services where there is concern for the health and wellbeing of a child. These interventions are mostly unsought and unwanted from the parents'/families' perspective and in many cases this will inevitably be reflected in complaints about the social workers involved and their attitudes to families.

Complaints made this year about the attitude of social workers included:

- Allegations of hostility and threats - for example, threatening to remove children from the parent; shouting at and ignoring parents and family members;
- Allegations of lying, manipulation of children and dismissing evidence that does not accord with the Social Workers' own assessment of the situation in the family;
- Perceived judgemental attitudes – in particular failure to accept where an allegation has been unfounded or that a parent has addressed issues with alcohol and drugs in the past.

3.4.5 Waiting Times

Waiting time complaints are self-explanatory as a category of complaint. The issues with waiting times across the service are very well known and debated publicly. The possibility of change being brought about by a response to an individual complaint is very small. A complaint will usually lead to a change in a waiting time only when the complaint reveals that there has been a genuine breakdown in communication.

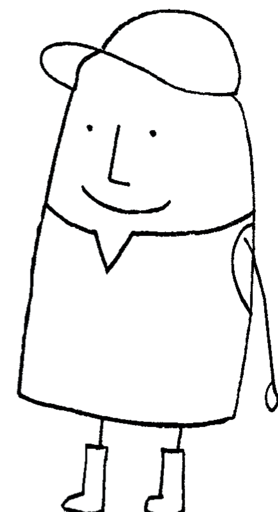
In 2017/2018, the PCC undertook a substantial exercise to engage with patients and the public and published a report on this subject.[4] Recognising the limitations on change in the current environment, this report made recommendations focussed on improving patient access to reliable information on waiting times and, through better information, mitigating at least some of the concern that leads people to make complaints.

Orthopaedics

Orthopaedic services are the leading cause of complaints about waiting times by a considerable margin. All but one of the complaints made was about a wait for surgery. Only one was made about waiting for a scan. Patients typically require surgery to their hip, knee and spine with one or two requiring surgery to a wrist or an ankle. It is the length of time patients are told they might be waiting, and increasing difficulties in daily life, that prompt them to complain.

No complainant was told that they would have to wait less than a year. Most were told the wait might be eighteen months to two years but in some cases patients were warned of waits of three to five years. For the majority of callers, their condition was making life very difficult for them. The length of time waiting could in their view only make matters worse.

For some complainants, their concern was exacerbated by a lack of communication and contact from the service to inform and keep them informed of the length of time they might have to wait. The complaints were from people of a wide range of ages including, growing children with scoliosis, adults with fractures and older people in need of hip and knee replacement.



4.0 Processes through which complaints are managed

The majority of clients of the PCC Complaints Support Service are supported through the HSC complaints process (71.7%) or are supported through an informal complaints process (21.9%).

The PCC Complaints Support Service also supports clients involved in other formal processes in operation within HSC to investigate and resolve concerns raised by patients and the public. The range of other processes through which clients were supported in 2017/18 are outlined in Table 6.

Table 6: Formal complaints process through which clients are supported

Process	Number	%
Ombudsman	25	2.7%
Legal Process*	13	1.4%
Serious Adverse Incident	7	0.8*
Regulation and Quality Improvement Authority (RQIA)	5	0.5%
Professional Regulator**	4	0.4%
Vulnerable Adults Procedure	4	0.4%
Minister/DoH	4	0.1%
Grand total	**926*** **	**100.00%**

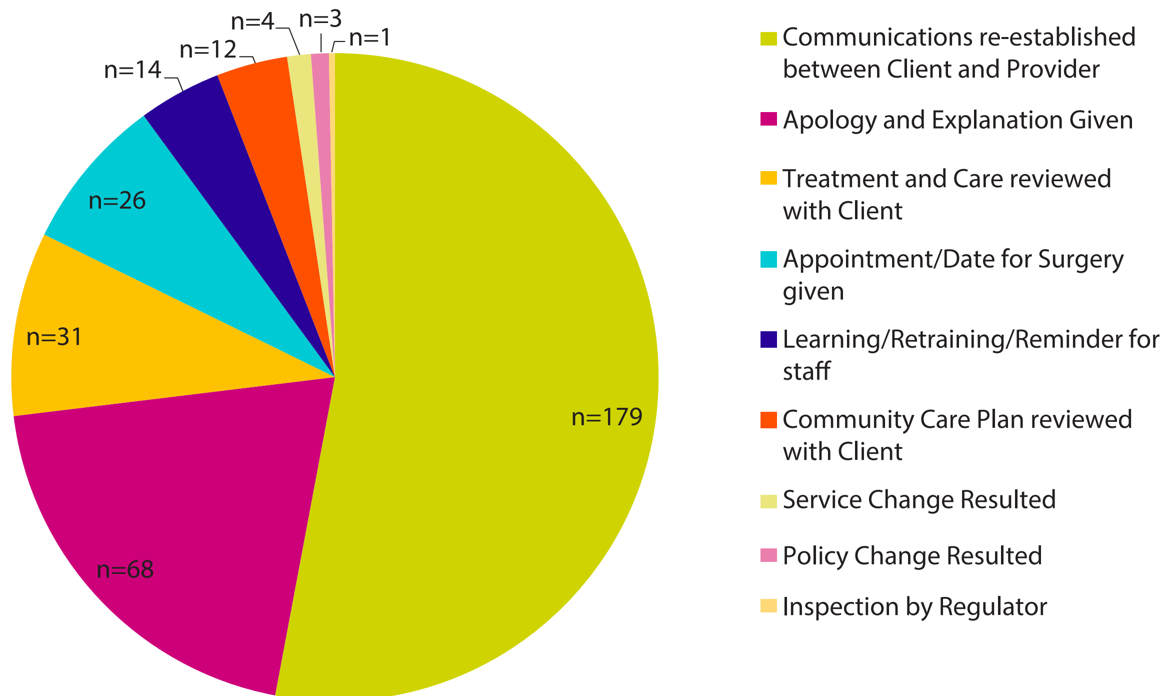
* It is important to note that the PCC Complaints Support Service does not offer legal support to clients. This category refers to those clients who - as a result of engagement with the PCC Complaints Support Service and/or making a formal complaint - elect to resolve their issues by taking legal action.

** 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 2: Outcome of closed cases****



The PCC Complaints Support Service 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 2.

The case studies outlined in Section 5.1 give some anonymised examples of cases managed by the service in 2017/2018. In all cases, the consent of our client has been sought and obtained before inclusion in this report.

**** 670 closed cases

Case studies
with examples of outcomes

Case Study 1

Programme of Care: Acute
Specialty: Medical-General
Nature of Complaint: Treatment and Care – Quality; Medication; Staff Attitude

Background

The client contacted us regarding their grandparent who had died a year previously. The family of the deceased individual had lodged a complaint through the HSC Trust complaints procedure regarding the end of life care that had been provided.

The client had raised their complaint because they felt their relative had not had adequate pain management in the days leading up to their death. Although the patient had had a syringe driver prescribed there had been delays in commencing this treatment and the family felt they had to repeatedly ask staff for the pain management to be started. During this time the individual was in extreme pain and agitation which was distressing for the family to witness.

The family had raised their concern with nursing staff at the time but did not feel the situation was dealt with appropriately. There had been a few interactions between the family and nursing staff where family members reported a poor attitude on behalf of the staff and which made a difficult time all the more stressful for the family.

When their relative passed away the client reported that communication between nursing staff and family was very poor. The hospital rang to inform the family that their relative had deteriorated and the client was the first family member to arrive at the hospital. There was no staff member available to meet the client and the family were not offered a quiet area to sit or given any explanation which the client felt was not satisfactory. The individual's granddaughter later walked into the room to find them deceased.

The client felt they needed to raise their complaint as they did not want any other family to go through the same experience. They wanted assurances that action would be taken and lessons learned. At the point of contacting the PCC Complaints Support Service the client's complaint had progressed to a stage where the client and their family had been offered a face to face meeting by the Trust.

Outcome

A PCC Complaints Support Officer attended the complaints meeting to support the client and their family. At the meeting the Trust advised that the issues raised by the client were avoidable which they apologised for and accepted that there were lessons to be learned. One of the actions to be taken as a result of the complaint being raised was education of staff in end of life care by a palliative care team. At the meeting the client asked for reassurances that changes would be made and a service manager present at the meeting agreed they would provide written feedback.

- ► Communication re-established between client and provider
- ► Apology and explanation given
- ► Learning/retraining/reminder for staff

Case Study 2

Programme of Care: Acute
Specialty: Elderly
Nature of Complaint: Treatment and Care - Quality

Background

The client in this case contacted the PCC Complaints Support Service on behalf of a parent who was an inpatient. The client explained that their parent had been assaulted by other patients on more than one occasion during their period as an inpatient. The client understood that the incidents had occurred as the other patients were suffering from dementia. The client explained that the incidents had been recorded and investigated as serious events and wanted to stress that the staff involved in their parent's care were "fantastic". However, the client wished to raise the issue as a formal complaint as they believed that it might help to ensure better protection for other patients against this sort of incident.

Outcome

The client was offered a meeting with the Trust in question to discuss the issue. The Trust apologised to the client and explained that actions were being put in place to address their concerns. Two actions that were being progressed were the adoption of 'John's Campaign' the focus of which is to promote the right of people with dementia to be supported by their carers in hospital. In addition, the ward had secured extra staffing resources to undertake therapy with patients and it was expected that this intervention could improve the behavior of patients.

- Complaints letter drafted for client and response received
- Apology and explanation given
- Learning/retraining/reminder for staff
- Service change resulted

Case Study 3

Programme of Care: Acute
Specialty: Oncology
Nature of Complaint: Treatment and Care - Diagnosis

Background

The client in this case contacted us after the death of their spouse from cancer. The deceased individual had been receiving treatment for over a decade for a condition. The condition necessitated regular check-ups which ranged from six monthly to two yearly. Approximately two years before their death the individual had been diagnosed with cancer but at this point they received treatment and were given the all clear. After this the individual received three monthly check ups. Despite getting the all clear from cancer the individual was very ill and medications did not appear to make an impact on the symptoms. After over a year the doctor in charge of their care referred the individual for a scan and biopsy. However, before the appointments were due the individual ended up in A&E and was admitted to hospital. During this admission it was discovered that the individual had cancer in a number of sites and the medical team confirmed the cancer was terminal. The individual died several months later.

The client wanted to raise their concern with the Trust as they believed that the doctor who was in charge of their partner's treatment missed diagnosing the cancer and they wanted reassurances that the same thing wouldn't happen to anyone else.

Outcome

The PCC Complaints Support Officer responsible for the case assisted the client in drafting and submitting a letter of complaint. In response, the Trust offered the client a meeting which they accepted and the PCC Complaints Support Officer also attended. The client had a number of questions they wanted to raise at the meeting in particular whether an earlier scan would have shown the cancer and whether earlier treatment would have made a difference.

The Doctor in charge of the deceased's treatment was present at the meeting and explained to the client that an earlier scan may have shown the cancer. The doctor explained how they had reflected on the case and how they were taking learning from it to inform the treatment of future patients.

The client stated that all they had wanted was learning to be taken from the case so that a similar situation wouldn't be repeated. They were satisfied with the Doctor's explanation and the outcome.

- Complaints letter drafted for client and response received
- Communication re-established between client and provider
- Apology and explanation given
- Learning/retraining/reminder for staff

Case Study 4

Programme of Care: Sensory Impairment and Physical Disability
Specialty: Occupational Therapy
Nature of Complaint: Communication; Record keeping

Background

The client in this case wished to raise a complaint about the lack of support from a healthcare professional in trying to resolve housing needs for their disabled partner. The client explained that after a change of Occupational Therapist (OT), contact with the new OT was very poor. The client found it very difficult to contact the OT and on the few occasions visits were arranged they found the individual's attitude to be poor and unhelpful. The OT had carried out a complex needs housing assessment for the client's partner but had provided incorrect information regarding their medical conditions/disabilities. The client's concern was that the house was supposed to be designed around their partner's needs yet they had not been involved in agreeing requirements or provided with updates regarding the progress of the build. They had been waiting 4-5 years for appropriate housing and were very concerned that the house would not reflect their partner's needs.

The client contacted the PCC Complaints Support Service for assistance and the Complaints Support Officer assisted the client to make formal complaint and advised them regarding Trust response and way forward.

Outcome

The PCC Complaints Support Officer supported the client to attend two meetings with regards their complaint. The first meeting was with Trust representatives where the clients were able to fully discuss their dissatisfaction and concerns for the future if they continued to experience the same level of poor communication and support from the OT. They were provided with a sincere apology from the Trust for their poor experience; reassured that appropriate information would form the basis of the housing needs assessment and allocation of a new OT to ensure effective communication and access to services going forward.

The PCC Complaints Support Officer attended a further meeting with the clients along with local MLA, Trust staff, Housing Association staff and Housing Executive staff. As a result of this meeting the clients were again afforded the opportunity to view their concerns. Changes were agreed to the layout of the house to ensure it met the client's assessed needs. Timescale for completion of the build was provided and reassurance that the client would be kept informed of progress.

- Complaints Letter drafted for client and response received
- Communication re-established between client and provider
- Apology and explanation given
- Treatment and care reviewed
- Service change resulted

Case Study 5

Programme of Care: Acute
Specialty: Medical- General; Elderly
Nature of Complaint: Treatment and Care - Quality

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

The PCC Complaints Support Officer supported the client to draft a letter of complaint and to attend a meeting with Trust representatives. The client was pleased with the outcome of the complaint. They felt they had been able to voice their concerns and that they had been listened to and taken seriously. Trust representatives apologised and acknowledged that communication had been poor and that a conversation with a senior member of the medical team should have taken place earlier in their parent's admission to ensure the family were aware of/understood the treatment plan. An explanation was provided regarding the patient's negative reactions to medication and how this had been managed on the ward. Reassurances were given that steps would be taken to ensure more timely communication would be initiated with a patient's family by a senior member of the medical team in future and all dietary needs would be more closely monitored for patients receiving similar treatment.

It was also acknowledged that the ward was staffed by a young medical and nursing team and that it was a very busy ward. Reassurance was provided that the team had a wealth of experience in their speciality and had the support of a strong senior management team; however, staff would be reminded regarding their responsibility to treat all patients in a caring and respectful manner.

- Complaints letter drafted for client and response received
- Communication re-established between client and provider
- Apology and explanation given
- Learning/retraining/reminder for staff

6.0 Feedback from our clients

The PCC Complaints Support Service undertakes an annual service user evaluation. A total of 57 clients completed and returned a feedback questionnaire during 2017/18 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=52; 91.3%),
- Being available when needed (N=50; 87.8%),
- Explaining the complaints process (N=48; 87.3%),
- Providing advice and/or support (N=50; 89.3%),
- Respecting privacy (N=49; 92.4%), and
- Keeping in contact with them (N=50; 87.7%).

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

- Articulate their complaint (N=46; 83.7%),
- Have their complaint heard (N=51; 92.7%), and
- Get a quick resolution to their complaint (N=47; 88.7%).

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 90.0% (N=45) of those who responded reporting that they were satisfied or very satisfied.

In summary, the vast majority of clients who responded (N=50; 90.9%) rated their overall experience of the PCC Complaints Support Service as positive or very positive.

Where feedback was not positive the cases will be reviewed by the Complaints Services manager, who will identify any actions that might be taken by the service to remedy the causes of dissatisfaction.

I would recommend people to use this service when they are not happy with the treatment they received. Very supportive, helped clarify things and gave me the confidence to move forward with my complaint.

Fantastic and helpful service. I was treated with respect and felt supported throughout. I would highly recommend this service to anyone needing help with the complaints service.

Very efficient and professional service. I felt without their intervention that my complaint would not have received the proper response - (which was dealt with appropriately). I wish to conclude with a big thank you to all the team.

Even though my complaint was totally justified, I initially was reluctant to contact the Patient and Client Council, however the sympathetic and rapid response I received made me feel that it was certainly worthwhile. Thank you so much.

7.0 Influencing HSC improvement

7.1 Analysis of complaints intelligence

In 2017/18 the PCC has undertaken three in depth pieces of work to review themes arising from the data of the Complaints Support Service. The aim of these thematic reviews is to identify learning from complaints that can be used to promote service change and improvement.

The three reports resulting from this work are:

- End of Life – Key Issues arising from Complaints about End of Life Care (April 2017);
- The Experience of Living in a Nursing Home (June 2018);
- Relationships Matter: An Analysis of Complaints about Social Workers (to be published Autumn 2018).

7.1.1 End of Life

This report was based on 55 cases where families complained as a result of the care provided at the end of life of a relative. Its recommendations included:

- Measures to improve communication between staff, patients and families at the end of life – including the provision of structured time for staff to talk to families in the days and hours immediately before death and an offer by staff to meet with all bereaved families whose relative died in hospital.
- Improved training for all staff who would be required to provide care and support at the end of life.
- Ensuring that where a bereaved family make a complaint about the treatment and care of their loved one that the complaint is dealt with in a timely manner and is not allowed to become an extended process over months and years.

The report was presented in 2017/2018 to the annual Regional Complaints Learning event, attended by those dealing with complaints throughout HSC in Northern Ireland and its recommendations were considered as part of the Regional Palliative Care Action Plan. The report was also used as a contribution to the 10,000 Voices engagement project on bereavement.

7.1.2 The experience of living in a nursing home

This report was based on 48 cases where residents of nursing home and/or their families had been supported by the PCC to raise their concerns. The recommendations include:

- Review of termination clauses in contracts between residents and nursing home providers to address the widespread concern among residents and their families that making a complaint might lead to a request to leave the nursing home.
- Actions to ensure that complaints made about nursing homes are dealt with objectively; to an agreed standard and that actions arising from complaints are followed up.
- Actions to ensure that residents of nursing homes know how to complain and are supported to do so.
- Actions to ensure that nursing homes are clear with residents and families on the sort of service they can expect before moving in and to ensure that there is clarity on how the family wish to be contacted and kept informed about the wellbeing of their relative.

The PCC launched the report in June 2018 at a round table discussion with key stakeholders – including representatives from HSC Trusts and care home providers. The PCC has since begun the process of engaging with policy makers and with HSC Trusts on the implementation of the report recommendations.

In response to the Commissioner for Older People's report on Dunmurry Manor Care Home issued on 27 June 2018, the Department of Health has outlined a series of actions and has commissioned an independent review of actions by the HSC system in relation to care failings at Dunmurry Manor. The PCC will submit the Nursing Home Report to the review and ask that consideration be given to the 'termination of contract' clauses in nursing home contracts. The evidence from the report is also being used to form a response to the Competition and Markets Authority consultation on draft consumer law advice for UK care home providers.

7.1.3 Relationships Matter: An Analysis of Complaints about Social Workers

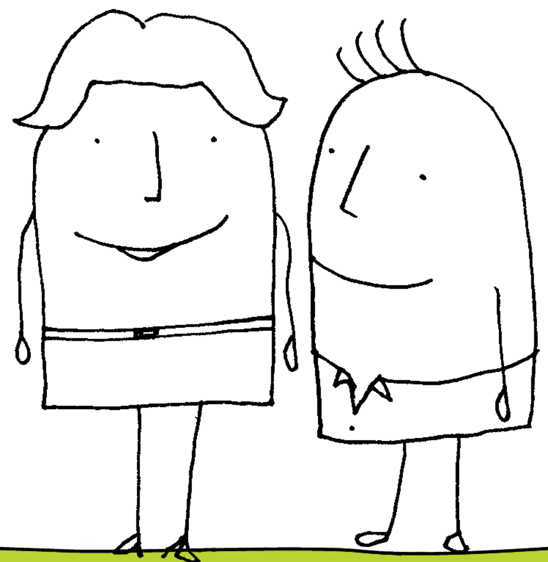
This research was conducted in partnership with Queen's University, the Northern Ireland Social Care Council and the Northern Ireland Association of Social Workers. As part of the project 58 cases managed by the PCC Complaints Support Service were reviewed to identify key issues in family and childcare social work complaints.

The report on this project is due to be published in Autumn 2018.

7.2 Engagement with HSC Trusts

The thematic reports along with the annual report published by the PCC form an agenda for engagement with HSC Trusts to support learning from complaints throughout the HSC system.

Each of the five main provider Trusts has a committee or group which meet to ensure that these organisations keep complaints under review and that learning and change follows from complaints. The PCC is represented on each of these groups or committees and takes an active part in them. Membership ensures that there is a continuous constructive dialogue between the PCC Complaints Support Service and service providers. This includes the opportunity to raise and to follow up actions on the reports described above.



8.0 Conclusion

Between 2016/17 and 2017/18 there has been growth of approximately 20% in the number of complaints cases managed by the PCC Complaints Support Service. This is in contrast to Department of Health figures that show a 3.5% drop over the same period in complaints managed by HSC Trusts, the HSC Board and Family Practitioner Services. This growth suggests that the PCC is providing a service that is increasingly sought after by individuals in supporting them to raise issues or concerns about HSC services in Northern Ireland.

As well as supporting clients to have their individual issues heard and addressed, the PCC is committed to promoting learning from complaints to the wider HSC system. As outlined in Section 7, the PCC have published reports on complaints across three thematic areas and made recommendations on how to address the issues identified. It is also outlined in Section 7 how the PCC share these recommendations with various HSC Trusts and key decision makers and stakeholders through ongoing engagement aimed at influencing service improvement.

The PCC is undertaking a research project over the next year to explore the impact of the Complaints Support Service. The aim of the project will be to illustrate the role of the service in the HSC Complaints Process and our influence on outcomes at both an individual and organisational level.

The issue of poor communication has been a consistent and growing theme within the work of the PCC Complaints Support Service. From our evidence it would appear that a key contributing factor to communication issues is a lack of information provision on the side of the service providers. This has a significant impact on the ability of individuals to be active partners in their care and to navigate the health and social care system. As a consequence people are often left dissatisfied with their experience.

Health literacy is defined as people having the knowledge, skills, understanding and confidence to use health information, to be active partners in their care, and to navigate health and social care systems.[5] PCC believe that a health literacy plan for Northern Ireland would ensure that service providers are required to share relevant, accurate and accessible information with patients, carers and the wider community and we will be challenging the Health and Social Care system to ensure that any barriers to good health literacy are identified and addressed. Progressing this work will be part of the PCC business planning for 2019/2020.

The PCC Complaints Support Service will continue to strive to deliver a high quality service to all clients and to use learning derived from complaints data to influence quality improvement across a range of services.

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