

THE EIGHTH ANNUAL COMPLAINTS REPORT OF THE HEALTH AND SOCIAL CARE BOARD (HSC BOARD)

April 2016 – March 2017

Introduction

This is the eighth Annual Complaints Report of the HSC Board and provides a review of events during the year 2016/17, and an overview of the complaints activity throughout this period.

This year has again shown an overall decrease in the number of complaints received by Health and Social Care (HSC) organisations. Nonetheless, in respect of HSC Trusts, there has been a very marginal increase from 6,181 complaints in 2015/16 to 6,189 in 2016/17. In terms of complaints regarding Family Practitioner Services (FPS), complaints received directly at Practice level have continued to remain consistent. The number of occasions when the HSC Board has been formally involved as an ‘honest broker’ or intermediary fell this year. However, the level of contact from FPS Practices seeking advice and support in terms of handling complaints at local level has continued to rise, highlighting that Practices are seeking to resolve at complaints locally and honest broker remains an option for what may be considered more complex complaints.

At the time of publishing this report, it is not possible to compare how these figures relate to the number of complaints received by the NI Public Services Ombudsman as her report for 2016/17 has yet to be published. The Public Services Ombudsman (NI) Act received Royal Assent on 19 February 2016 and this new legislation modernised and reformed both the offices of the NI Commissioner for Complaints and the Assembly Ombudsman for NI. The new legislation extends the number of bodies within the jurisdiction of the Ombudsman, who, from April 2018, will have the power to investigate at her own initiative.

Following on from the success of the previous two annual Learning from Complaints events, the Board held its third event in June 2016, again at Mossley Mill, Newtownabbey. This event again was very well attended by various HSC organisations and focussed on complaints associated with privacy and dignity, dignity in death and dealing with patients suffering from dementia and the Regional Dementia Strategy. The determination of this theme was as a consequence of the repeated high volume of complaints relating to dignity and respect, including families expressing concern at the lack of dignity and respect being extended to the care of the dying and poor understanding in how to deal with grieving families. Additionally, with the increase in the number of patients suffering from dementia and the interventions being made to help both patients, carers and families treat, cope and understand and manage this condition, it was felt appropriate to also highlight this at the event.

The Board has again sought to promote the use and availability of the 'honest broker' role in Family Practitioner Services (FPS) complaints, recognising the important contribution this role can make to successfully resolving complaints at Practice level; by giving space to both parties, the opportunity to speak openly and honestly as well as providing advice and guidance. This can be facilitated through correspondence or, more frequently, through joint meetings facilitated by Board complaints staff or by separate meetings with each party. Board complaints staff give complainants the opportunity to be met in their own homes, in an environment in which they are comfortable, and will also visit Practices. It is vital that both complainants and Practices have confidence in the ability of the Board's complaints staff to act impartially and objectively, and that these members of staff act in the best interests of both parties in terms of the successful resolution of complaints at local level. This involves on-going communication with complainants and family practitioners and requires them to be fully aware of the options available within the HSC Complaints Procedure under local resolution.

Although there has been a slight reduction in the number of Lay Persons this year, due to personal availability; the Board has again utilised independent Lay Persons in the local resolution of complaints. This has again related to involvement in complaints concerning family practices. Although not used this year, the

Board can also make use of independent clinical/professional opinions to help reach a resolution to the complaint. While the Board may be the contact point for these particular complaints, the investigation and response to the complaint remains solely the responsibility of the respective HSC organisations being complained about. This is in keeping with the ethos of the HSC Complaints Procedure, but also gives cognisance to its flexibility.

The Board's Deputy Complaints Manager met again with the Regional Trusts' Complaints Forum in September 2016. Throughout the year he was also invited to speak at a number of events being held by organisations or bodies both inside and outside of the HSC.

Following the high level of 35 complaints received in 2014/15 concerning the Board, the number of complaints received in 2016/17 was again more in line with that received in previous years; 12 this year compared with 8 in 2015/16.

The Board has also maintained its responsibility for the monitoring of complaints handling within the six HSC Trusts, FPS throughout Northern Ireland, and also those received from the Public Health Agency (PHA).

The Board receives relevant information from all of these HSC organisations for monitoring purposes. Trends, themes and updates continue to be fed through to the joint Board/PHA Quality, Safety and Experience Group (QSE), via the Regional Complaints sub-Group (a sub-group to QSE). The Board's Complaints Department also continues to submit quarterly reports to the Senior Management Team and the Board's Governance Committee, which include real examples of complaints, details of actions taken and any areas of concern.

The Year in Detail

- Complaints Learning Event

The Board hosted its third Annual Complaints Learning Event, which again took place at Mossley Mill, Newtownabbey in June 2016. This year's event featured representation from the Board, PHA, Patient and Client Council, HSC Trusts, FPS Practices,

independent Lay Persons, Community and Voluntary Groups, complainants and service users.

This year's event focussed on privacy and dignity, particularly dignity in death, and also dealing with patients suffering from dementia and the dementia strategy. The keynote speakers were Dr Melissa McCullough, Non-Executive Director at the Board; Mr Seamus McErlean, Social Care Commissioning Lead at the Board; Dr Tony Stevens, Chief Executive, Northern Trust; Dr Clodagh McElhinny, Consultant Obstetrician, South Eastern Trust; Mrs Heather Russell, Bereavement Coordinator, Belfast Trust; and Mrs Cathy Glass, Service Manager (Trauma and Orthopaedics), Western Trust.

The packed agenda for the day centred on the specific complaint examples, the involvement and impact of the service users present and what changes in practice, policy or protocol had occurred as a result of their experiences. In brief:

- Mrs Russell outlined her role and responsibility as a bereavement coordinator and the importance of staff understanding grief and in particular having an awareness of the different ways in which grief affects patients and service users. This was supplemented by a patient, Jacqueline, speaking about the dignity and respect that was provided to her mother and family members following her mother's death.
- A second service user, Mary, emotionally described the experiences of her late mother who had been diagnosed with dementia, and outlined the difficulties experienced throughout the assessment and diagnosis process, treatment and care in both hospital and community settings, as well as the difficulties that had been encountered when seeking to secure an appropriate nursing home placement.

Following this, Mr McErlean explained how the Board in conjunction with the Public Health Agency (PHA) have implemented the Regional Dementia Strategy across Northern Ireland which will assist patients, staff and carers and provide them with necessary support and knowledge in respect of dementia.

- Dr McElhinny's presentation focussed on the lack of privacy and dignity shown by staff in an early pregnancy unit to a mother and her unborn baby, during and following a miscarriage. This very powerful and hugely emotional complaint acutely conveyed the patient's stress, anxiety and upset; and Dr McElhinny went on to outline and describe the improvements in practice that have occurred as a consequence.
- Mrs Glass highlighted a complaint from a family regarding the quality of medical and nursing care and lack of communication provided to their father and the key learning that had been identified from that.
- Dr McCullough relayed her own personal experiences of hospital admission and the lack of privacy, dignity and compassion shown towards her and how, as a senior lecturer in clinical and biomedical ethics and law, this has influenced the content of her lectures to her students.
- Dr Stevens highlighted the Human Rights Inquiry into treatment and care provided in Emergency Departments, emphasising the importance of maintaining a patient's dignity prior to and following death.

Miss Clare Toland, a graduate intern with the Belfast Trust, also provided a presentation on the methodology and findings of a complaints satisfaction survey, which the Trust has undertaken in 2015/16 and which she has coordinated.

The output and key messages/learning from this event was circulated widely in HSC organisations.

Independent Lay Persons

The involvement of an independent Lay Person is one of the potential options available within the HSC Complaints Procedure to resolve complaints at local resolution. These persons do not act as investigators, conciliators or advocates, but can be valuable in testing key issues that are part of a complaint, such as communication issues, the quality of written documents, attitudes and relationships. Their role is one of bringing independence,

impartiality and trust to a situation where relationships have been damaged.

While the number of available Lay Persons decreased this year, due to some not wishing to re-new their contracts, the Board made use of the pool on a further occasion this year. Again this complaint concerned a GP Practice. The GP Practice had initially received and investigated the complaint itself and issued a response to this. The complainant (being assisted by the Patient and Client Council) remained dissatisfied and approached the Board and requested use of the 'honest broker' service. Following meetings with both complainant and GP Practice, the option of a Lay Person was made and accepted by both parties as an impartial and independent way to resolve the complaint. Agreement was obtained from the complainant and the GP Practice for the Lay Person to review all of the complaints documentation and have access, where necessary, to relevant clinical/professional records, and also to meet with key personnel.

The Board coordinated the process and the Lay Person met separately with all parties, at mutually accessible venues, before issuing a report of their opinion and suggestions/recommendations for resolution by both the Practice and the Trust. Regrettably resolution could not be achieved on this occasion and the complainant progressed the complaint to the NI Public Services Ombudsman, where this remains under consideration.

Independent medical opinions were not sought in 2016/17, but their availability remains an option to help resolve complaints at Practice-level. The Board is seeking to increase the pool of potential practitioners willing to act in this role.

Resolution has not been possible on all occasions, whether with the involvement of a Lay Person and/or with independent medical professionals. However, the clear impression given is that both complainants and practitioners welcome the independence and impartiality that the introduction of such persons/professionals brings to the process of local resolution and to date the process has functioned very well.

The NI Guardian Ad-Litem Agency has also made use of the pool of independent Lay Persons, although none were involved this year.

Regional Complaints sub-Group

The joint Board and PHA Quality, Safety and Experience Group (QSE) meets on a monthly basis and incorporates issues arising from complaints, Serious Adverse Incidents, patient and client experience, medicines alerts, vulnerable adults' investigations, safeguarding, coroner's reports, as well as other matters. The Group is chaired by the Director of Nursing and Allied Health Professionals.

The Regional Complaints sub-Group (RCsG) is chaired by the Board's Complaints and Litigation Manager, and is a sub-group of QSE and meets on a bi-monthly basis. It reviews complaints information received from HSC Trusts and FPS Practices, and also any complaints received by the Board and the PHA. Membership comprises representatives from the Board, the PHA and the PCC. The Board's complaints staff circulate specific categories of complaint to designated professionals within the Board and PHA for comment at upcoming RCsG meetings. These include complaints concerning Emergency Departments, maternity and gynaecology, social services, Out of Hours services, allied health professions, and issues associated with patient and client experience. Complaints relating to FPS are reviewed by the Board's respective professional advisers and a summary of all FPS complaints is circulated on a quarterly basis to this Directorate.

Actions arising from the sharing of this documentation; has meant that complaints information now links into existing work streams/professional groups, for example: -

- Food and Nutrition Strategy;
- Falls Strategy;
- Development of Pathways for Bereavement from Stillbirths; Miscarriages and Neonatal Deaths;
- Transforming Your Palliative and End of Life Care Programme;
- Maternity Commissioning Group.

A standing item on the QSE agenda requires the RCsG to provide monthly updates on complaints issues and/or developments. A

quarterly report advising of any key issues or trends arising from complaints and any learning identified from individual complaints is also submitted.

Learning and Actions and/or Service Improvements

Maternity & Gynaecology

- *As a consequence of a patient, admitted for iron infusion during pregnancy, having a line inserted incorrectly, which subsequently 'tissued' leaving her with a mark on her arm; and staff not reacting promptly enough, the Trust has put in place measures: -*
- *When a patient has an intravenous iron infusion in situ and complains of pain around the IV site, it should be examined straight away and appropriate action taken.*
- *Patients should be advised not to undertake any movement that could dislodge the cannula during the infusion (approx. 1 hour).*
- *Patients should be advised that iron infusions can cause 'skin staining' and patient information leaflets should be updated to include this.*

Emergency Departments

- *A complainant, who was frail and incontinent, raised concern at the length of time they had to wait for a bed to become available. The Trust's response outlined the reason for the delay and also advised of the regional project being facilitated by NIPEC involving all Emergency Departments and developing a patient centred nursing care record aimed at patients who are frail and require basic nursing care.*
- *Following a complaint regarding the length of time a patient had to wait to receive treatment, as well as apologising for the delay and that several areas of the Chest Pain Pathway failed to identify manage the patient's care appropriately, it*

was confirmed that the case would be discussed and used as an illustration at the next Morbidity and Mortality meeting, which is used to share learning amongst the Emergency Department team. It was further confirmed that this would help to reinforce and streamline the Cardiac Investigation Pathway to allow it to be sufficiently robust to function under extreme pressure.

Palliative Care

- *A terminally ill patient (who did not meet the criteria for hospice) was discharged from hospital and the service area met with the family and gave an overview of the process for discharging tracheostomy patients. There is a pathway in place which includes; self-care at home, family support at home, nursing home placement and the Northern Ireland Hospice at end of life. The family were reassured that the relevant ward had very clear training competencies and referral pathways. An apology was given that the family felt under pressure to be trained in tracheostomy care and that a suction machine had been delivered to the house (these are routinely ordered to provide teaching regardless of where the patient goes to). As a consequence of this complaint, the ward has changed its protocol in that patients' discharge will not take place until the family has been trained and are competent in managing the feeding tube.*

General Medical Practice

- *As a result of a complaint, which progressed to the Ombudsman, a Practice has reviewed its procedures for referral to the District Nursing Service. The complaint related to the failure of the Practice to arrange for the patient's flu vaccination, which the complainant, believed was contributory to the patient's death. The death certificate detailed the disease or condition directly relating to a death as bronchopneumonia and chronic renal failure as a significant other condition.*

The Independent Medical Adviser appointed by the Ombudsman during her investigation determined that there was no evidence that the failure to administer the vaccination caused the death from bronchopneumonia.

Nonetheless, in response to Ombudsman's recommendations and in collaboration with the HSC Board, the Practice now ensures that all referrals are emailed to call management – thus a record is readily available. Once the referral is forwarded it is recorded in the patient medical and immunisation record.

In collaboration with the HSC Board, the Practice has also reviewed its Practice-based Complaints Procedure and its accessibility within the Practice and online.

General

- As a consequence of requests being made regarding measures for learning disabled patients having elective procedures, a project has been undertaken to improve the knowledge of staff on caring for a person with learning disability. The plan is to continue the learning across each ward team in the Surgery Directorate and roll out to the Medical Directorate.*
- Issues raised highlighting a lack of activities for patients with dementia has resulted in the purchase of distraction aids and 'break out' areas being introduced within the elderly care wards. Patients with a diagnosis of dementia can now use doll therapy, music therapy, fidget aids, puzzle books, adult colouring books and reminiscence therapy.*
- In terms of issues concerning getting information to children, an information leaflet has been introduced for parents to explain the boundaries of confidentiality and the importance of information sharing between professionals where there may be child protection concerns.*
- Concerns raised by patients/relatives regarding difficulties in accessing staff to gain information or discuss issues with, has resulted in a member of the medical team now being dedicated to the ward every weekday morning; nursing staff being actively available during visiting; and improved information notices for patients and relatives.*

Training

One of the Board's roles and responsibilities is to support FPS Practices in the resolution of individual complaints and also to provide training in respect of complaints handling and complaints management.

This year the Board's Deputy Complaints Manager presented at a complaints event – 'Complaints Management: A Practical Guide' – hosted by Carson and McDowell, Solicitors, which was held on the evening of 19 October 2016 at Titanic, Belfast. The presentation concentrated on the Board's role as an 'honest broker' in FPS complaints as well as giving general advice and pointers on the management and handling of complaints.

Also presenting were Mrs Marie Anderson, NI Public Services Ombudsman, who spoke on the role of her office the new powers bestowed on it following new legislation and His Honour Judge Pearl, who outlined the role of the Medical Practitioners Tribunal Service. This event was open to all interested parties and present were clinicians from both hospital and FPS settings as well as Trust complaints managers and GP Practice Managers, Investigating Officers from the Ombudsman's office and solicitors from the hosts, Carson and McDowell.

On 1 February 2017 the Deputy Complaints Manager was invited to present at a White Paper Conference at the Hilton Hotel, Belfast. This presentation was entitled 'Reasonable Adjustments' and related to handling complaints received from vexatious or potentially vexatious or aggressive/abusive patients/clients and/or those suffering from mental health issues; and the reasonable steps that may need to be taken in these instances. This all day event featured a number of speakers, some of whom regularly present at these conferences, as well the Deputy Ombudsman, Mr Paul McFadden, who presented on his work on complaints standards when based in the Scottish Public Services Ombudsman's office. This is an area the NI Public Services Ombudsman's office is seeking to influence not only in respect of Health and Social Care, but throughout the public sector.

Following on from meeting with some Practice Manager Forums and the Eastern Local Dental Committee in 2015/16, the Deputy Complaints Manager met with the Causeway Coast Practice

Managers Forum on 3 February 2017 and the Eastern Area Practice Managers Forum at La Mon House Hotel on 16 February 2017. These sessions, as well as outlining the responsibilities and requirements for family practices under the HSC Complaints Procedure and providing insight into effective complaints handling, also provide opportunity to provide an update on any developments that may occurred during the year and/or are imminent, for example the formation of the new NI Public Services Ombudsman.

These sessions are informal and always prove to be invaluable in terms of gaining insight into complaints handling at individual Practice level. It also offers opportunity in terms of networking between Practice representatives, but more importantly enables relationships to be built between Board and Practice staff, which is essential for an effective 'honest broker' service to be in existence.

The Board's Deputy Complaints Manager, supported by complaints staff also continue to provide training on the HSC Complaints Procedure to family practices through other mechanisms, including support and advice provided on a day to day basis, meetings/discussions with individual Practices and presentations to groups of Practice Managers and GP Practitioners. Board complaints staff continue to remain available to visit individual FPS Practices or groups of Practices to provide a more 'hands on' and informal and individualised approach. These can be held as part of Practice Manager Forums, individual Practice-Based Learning days or on an ad-hoc basis as required. Those present at these visits include GPs, Practice nurses, Practice managers and administrative and receptionist staff. The availability of this assistance has been publicised on the Primary Care Intranet website for all FPS Practices, which also details the advice and support Board complaints staff can provide to Practices generally or through 'honest broker' or other available options under local resolution.

Complaints Analysis

- **Complaints concerning the HSC Board**

During 2016/17 the HSC Board received 12 complaints. This is an increase from the 8 complaints received in 2015/16 and in line with

previous years: 2013/14 (9); 2012/13 (11); 2011/12 (14); and 2010/11 (9).

The Board received its highest volume in 2014/15 as a result of the pausing of treatment due to the financial constraints within health and social care requiring the Board to pause treatment provided within the Independent Sector in a range of medical specialties. The Board subsequently authorised Independent Sector Providers to proceed with the treatment of all paused patients assessed as urgent as at the end of October 2014 and the treatment of any additional patients who became urgent from November 2014, with all other patients to be treated within the first quarter of 2015/16.

The majority of the 12 complaints received in 2016/7 again related to commissioning decisions affecting individuals and 50% of the complaints were responded to within 20 working days.

Complaints concerning Family Practitioner Services (FPS)

- **Complaints handled under Local Resolution**

There are in excess of 1500 FPS Practices across Northern Ireland. Under the HSC Complaints Procedure all of these are required to forward to the Board anonymised copies of any letters or statements of complaint together with the respective responses, within three working days of the response having been issued.

Following on from the slight decrease in the number of complaints and responses being received by the Board from FPS Practices, in 2015/16 (210), this trend continued with 206 complaints being received in 2016/17. Overall, levels have remained relatively consistent - 230 in 2014/15; 255 in 2013/14; 247 in 2012/13; 212 in 2011/12 and 216 in 2010/11 – despite the increasing pressures, particularly within General Medical Practice, which again accounted for the 80-90% of FPS complaints.

The relative consistency of the number of formalised complaints would suggest that the process of resolving complaints '*on the spot*' is continuing to flourish even with increasing demands. This is testament to the invaluable work undertaken by all FPS staff to successfully address or settle questions, concerns and

dissatisfaction without patients (or relatives) feeling the need or compulsion, or being advised, to formally submit a complaint.

Board complaints staff would encourage Practices to seek to resolve complaints in this way and effectively de-escalate the situation and reach a resolution, provided the complainant is content with this approach. This is in line with the ethos of local resolution within the HSC Complaints Procedure and seeking to resolve complaints as close to their source as possible.

As in previous years, during 2016/17 treatment and care again accounted for the majority of all complaints handled under local resolution. In line with other years, complaints concerning staff attitude/behaviour and communication were the next highest categories.

Through the normal course of business Board's complaints staff regularly remind FPS Practices of the requirements of the Guidance to ensure full reporting of complaints. In addition, this is also referred to during the various training forums in place and the e-learning package, which continues to receive interest from FPS Practices following its update and re-issue last year.

The Ombudsman's legislation makes provision to share with the Board investigation reports relating to any provider of general health services. One such report was received this year relating to a GP Practice. The complaint related to a death and the Ombudsman made a finding of maladministration both in relation to some aspects of the treatment and care and also the complaints handling.

As well assisting the Practice updating its complaints leaflet and Practice-based complaints procedure, the Board's medical advisers also liaised with the Practice on clinical and contractual issues.

- **'Honest broker' complaints**

On occasions where complainants do not wish to approach the FPS Practice directly, the Board's complaints staff can act as an 'honest broker' between both parties. This intermediary role may arise due to a patient's or relative's concern about the impartiality of the FPS Practice to investigate the complaint, or because of a

breakdown in the relationship between the patient and the practitioner. However, for the Board's complaints staff to act in this role, with the aim of assisting local resolution and/or in helping restore relationships, both parties must be in agreement to this occurring.

Board complaints staff very much tailor their handling and/or involvement in these complaints specific to the complainant's own requirements and adopt a 'complainant-centred' approach. Not all complaints can be resolved by an exchange of written communication and on many occasions this can involve meetings with the complainant to discuss the issues involved, the response subsequently received and what further action can/should be taken, as well separately meeting with the Practice being complained about, or facilitating joint meetings of both parties.

In 2016/17 the Board acted as an 'honest broker' in 43 complaints concerning FPS Practices. This is considerably less than 2015/16 when 79 complaints were received and continues the reduction in numbers; 96 complaints being received in 2014/15. In previous years normally around 70+ complaints are received, with the highest level recorded in 2012/13 (116). Figures for the previous years are as follows: - 2014/15 (96); 2012/13 (116); 2010/11(86); 2011/12 (70). The total of 43 in 2016/17 is made up of 34 concerning GP practices; 7 concerning dental practices and 2 relating to pharmacies.

Of the 43 'honest broker' complaints received, 17 were responded to within 20 working days. This is a better return compared with the figures for 2015/16 and 2014/15 when 79 and 96 complaints were received and 26 and 30 responded to within 20 working days. While it is regrettable that more complaints were not completed within the DoH target timescale, the role of 'honest broker' demands continued contact and liaison between the relevant parties and this ensures that timely and accurate updates are provided.

It is also evident that Practices themselves, as they become more familiar with the services of the Board as a result of the training methods referred to earlier, are increasingly approaching the Board's complaints staff for advice and support in helping them to resolve complaints at a local level and this may also have impacted on the reduction in 'honest broker' complaints. This

increased contact being requested of Board complaints staff includes details of the options/methods available for resolving complaints, reviewing draft letters, dealing with difficult complainants and record keeping.

The role of 'honest broker' can extend to the Board's complaint staff facilitating meetings between complainants and the respective practitioners and this has again occurred on a number of occasions this year. The facilitation of a meeting by the Board's Deputy Complaints Manager between complainant and GP and Practice Manager successfully resolved the complaint after a previous written response had been unsuccessful. Conversely, separate meetings with a complainant and the Practice and a further written response to the complainant resolved the issues in question.

In either of the above scenarios such complaints may have arisen due to a communication breakdown and on some occasions the separate meetings may be scheduled on the one day, with a return visit to the complainant, usually in their own home. This has proved successful with both sides welcoming the opportunity to discuss their views and express opinions openly with Board complaints staff. However, it does not always result in resolution. On some occasions the complainant remains dissatisfied and progresses their complaint to the Ombudsman.

Of the three instances where this occurred, only one was formally investigated by the Ombudsman.

On occasions operating as an 'honest broker' has also required the input of independent medical opinions and the availability of independent Lay Persons. Agreement to the respective Lay Person being appointed and their role and remit is sought in advance of any meetings with relevant personnel. The Board had further occasion to seek an independent medical opinion this year and following receipt of the report and a further response from the GP Practice, the complaint was successfully resolved.

The Board is still awaiting the outcome of two GP complaints in which an independent Lay Person was appointed and involved and which progressed to the Ombudsman.

Review of Complaints regarding HSC Trusts

In 2016/17 a total of 6,189 issues of complaint were received by the six HSC Trusts, which is a very minimal increase from the total of 6,181 issues received in 2015/16. These totals seem to show that 7,015 in 2014/15 was the peak and that numbers are reducing. Figures for the preceding years are as follows: - 4,733 being received in 2009/10; 5,053 in 2010/11; 5,485 in 2011/12; 5,998 in 2012/13; 6,836 in 2013/14; and 7,015 in 2014/15.

These figures, and also those previously concerning FPS Practices, should be viewed in the context of the considerable volume of interactions between service users and health and social care professionals on a daily basis.

In terms of programme of care, the top six were: -

2015/16

1. Acute Services	(59%)
2. Family & Child Care	(8%)
3. Elderly Services	(7%)
4. Mental Health	(5%)
5. Learning Disability	(3%)
6. Primary Health & Adult Community	(3%)

2016/17

1. Acute Services	(59%)
2. Family & Child Care	(7%)
3. Mental Health	(7%)
4. Elderly Services	(6%)
5. Maternity/Child Health	(6%)
6. Primary Health & Adult Community	(3%)

*Approximate figures

The three most common categories of complaint continue to be quality of treatment and care (1,286), staff attitude/behaviour (932) and communication/information (876). Combining the complaints regarding attitude/behaviour and poor communication, or lack of it, is more than the level of complaints regarding treatment and care. This, again, is a continuing trend.

Further details on complaints concerning the six HSC Trusts can be found in their own respective Annual Complaints Reports.

NI Public Services Ombudsman

At the time of publishing this report, the Ombudsman's 2016/17 annual report has yet to be published.

Further information on the NI Public Services Ombudsman can be found on the website: -

nipso@nipso.org.uk

Looking Forward to 2017/18

A number of measures have been identified for implementation next year, such as: -

- The fourth Annual Complaints Learning Event, focussing on the themes of palliative care will be held in June 2017. This will include contributions from service users and/or their families in respect of their own experiences; as well as having key speakers from within HSC organisations and also from outside to provide examples and perspective on good communication.
- The Board intends scheduling a training/learning session with family practitioners focussing on complaints relating or associated with removal from Practice lists; difficult/persistent complainants and complaints arising from social media.
- A further training session for independent Lay Persons.
- Amendments to the Guidance

The Board awaits a draft revised version of the Department of Health (NI) Guidance – ‘Complaints in HSC: Standards and Guidelines for Resolution and Learning’ – which will include various amendments to process and best practice.

STATISTICAL INFORMATION

FPS LOCAL RESOLUTION COMPLAINTS – 2016/17

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	57	8	0	0	65
Staff Attitude & Behaviour	35	3	0	0	38
Communication/Information	47	2	0	0	49
Confidentiality	7	0	0	0	7
Other	46	0	1	0	47
Total	192	13	1	0	206

FPS 'HONEST BROKER' COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	18	4	1	0	23
Staff Attitude & Behaviour	4	0	0	0	4
Communication/Information	4	2	0	0	6
Confidentiality	0	0	0	0	0
Complaints Handling	0	1	0	0	1
Other	8	0	1	0	9
Total	34	7	2	0	43

NUMBER OF COMPLAINTS PER HSC TRUST in 2015/16 and 2016/17

Trust	2015/16	% in 20 working days	2016/17	% in 20 working days
Belfast	1,773	56.8%	1,747	55.3%
Northern	670	70.1%	720	81.4%
South Eastern	767	53.7%	771	45.9%
Southern	717	50.8%	692	63.2%
Western	450	72.2%	512	72.5%
NI Ambulance	160	31.9%	161	31.7%
Total	6,181	58.0%	6,189	60.1%

COMPOSITE HSC TRUSTS COMPLAINTS UNDER PROGRAMME OF CARE DURING 2015/16 AND 2016/17

(i)

Programme of Care	2015/16	2016/17
Acute	3,666	3,703
Maternal & Child Health	272	354
Family & Child Care	496	459
Elderly Services	439	378
Mental Health	440	431
Learning Disability	166	134
Sensory Impairment & Physical Disability	77	61
Health Promotion & Disease Prevention	1	5
Primary Health & Adult Community	194	167
None (No POC assigned)	368	451
Prison Healthcare*	62	46
Total Complaint Issues	6,181	6,189

*South Eastern HSC Trust only

HSC TRUSTS COMPLAINTS UNDER SUBJECT DURING 2016/17

Subject	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Access to Premises	19	4	22	25		0	70
Aids/Appliances/Adaptations	26	6	15	25	1	0	73
Clinical Diagnosis	46	31	24	14	65	0	180
Communication/Information	285	85	153	155	198	0	876
Complaints Handling	0	0	4	3	1	0	8
Confidentiality	6	12	10	11	15	0	54
Consent to Treatment/Care	0	0	1	3	2	0	4
Children Order complaints	0	0	1	3	4	0	8
Contracted Regulated Domiciliary Services	1	7	2	4	0	0	14
Contracted Regulated Residential Nursing	3	10	9	5	0	0	27
Contracted Independent Hospital Services	2	0	14	0	0	0	16
Other Contracted Services	1	6	3	2	0	0	12
Delay/Cancellation for Inpatients	3	1	4	8	73	0	89
Delayed Admission from A&E	0	0	0	0	2	1	3
Discharge/Transfer Arrangements	29	17	15	39	23	1	124
Discrimination	7	2	5	2	2	0	18
Environmental	27	8	14	11	12	0	72
Hotel/Support/Security Services	21	16	10	6	2	0	55
Infection Control	1	3	6	3	5	0	18
Mortuary and Post Mortem	0	0	0	1	0	0	1
Policy/Commercial	4	62	24	32	3	0	125

Decisions							
Privacy/Dignity	3	12	8	6	21	0	50
Professional Assessment of Need	12	16	4	178	66	0	276
Property/Expenses/Finance	16	13	21	31	4	0	85
Records/Record Keeping	11	12	32	8	8	1	72
Staff Attitude/Behaviour	253	159	214	118	114	74	932
Transport, Late of Non-arrival/Journey Time	3	0	2	3	1	59	68
Transport, Suitability of Vehicle/Equipment	1	2	1	1	0	5	10
Quality of Treatment & Care	385	229	237	186	243	6	1,286
Quantity of Treatment & Care	91	12	21	45	71	7	247
Waiting List, Delay/Cancellation Community Based Appts	20	43	27	16	0	0	106
Waiting List, Delay/Cancellation Outpatient Appts	437	30	87	34	9	0	597
Waiting List, Delay/Cancellation Planned Admission to Hospital	224	11	25	22	20	0	302
Waiting Times, A&E Departments	23	16	10	16	10	3	78
Waiting Times, Community Services	6	1	2	10	2	0	21
Waiting Times, Outpatient Departments	30	25	11	9	22	0	97
Other	11	18	38	11	33	4	115
Total	2,007	869	1,076	1,046	1,030	161	6,189

Corresponding figures for 2015/16 are available at: -

www.health-ni.gov.uk/articles/complaints-statistics.

Complaints Contact Points: -

HSC Board

Mrs Liz Fitzpatrick
Complaints & Litigation Manager
Complaints Department
12-22 Linenhall Street
BELFAST
BT2 8BS
Tel: (028) 9536 3224

Mr Michael Cruikshanks
Deputy Complaints Manager
Complaints Department
12-22 Linenhall Street
BELFAST
BT2 8BS
Tel: (028) 9536 3266

Mrs Frances McNicholl
Complaints Officer
Complaints Department
12-22 Linenhall Street
BELFAST
BT2 8BS
Tel: (028) 9536 3131

Mrs Michele Clawson
Complaints Officer
Complaints Department
12-22 Linenhall Street
BELFAST
BT2 8BS
Tel: (028) 9536 3273

Contact Details for Complaints Managers, HSC Trusts.

Belfast Health and Social Care Trust

Ms Rachel Maxwell
Senior Manager of Complaints
Complaints Department
6th Floor McKinney House
Musgrave Park Hospital
BELFAST
BT9 7JB
Tel: (028) 9504 8000

Northern Health and Social Care Trust

Mrs Martine McNally
Clinical & Social Care Governance Manager
Governance Department
Bush House
Bush Road
ANTRIM
BT41 2QB
Tel: (028) 9442 4769

South Eastern Health and Social Care Trust

Mrs Laura Algie
Head of Complaints and Patient Liaison Services
Complaints/Patient Liaison Department
Lough House (Old Home)
Ards Hospital
Church Street
NEWTOWNARDS
BT23 4AS
Tel: (028) 9056 1427

Southern Health and Social Care Trust

Mrs Margaret Marshall
Assistant Director Clinical & Social Care Governance
Complaints Department
Firbank House
Craigavon Area Hospital
68 Lurgan Road
PORTADOWN
BT63 5QQ
Tel: (028) 3861 3977

Western Health and Social Care Trust

Ms Mandy Gormley
Clinical & Social Care Governance Manager
Complaints Department
Trust Headquarters
MDEC, Altnagelvin Area Hospital
Glenshane Road
LONDONDERRY
BT47 6SB
Tel: (028) 7161 1226

Northern Ireland Ambulance Service Trust

Mr Andrew Watterson
Complaints & Administrative Manager
Site 30
Knockbracken Health Care Park
Saintfield Road
BELFAST
BT8 8SG
Tel: (028) 9040 0724

Patient and Client Council

Complaints.PCC@hscni.net
Freephone: 0800 917 0222

NI Public Services Ombudsman

Progressive House
33 Wellington Place
BELFAST

BT1 6HN
Freephone: 0800 34 34 24