

THE SECOND ANNUAL COMPLAINTS REPORT OF THE HEALTH AND SOCIAL CARE BOARD

April 2010 – March 2011

Introduction

This second Annual Complaints Report of the HSC Board provides an overview of the complaints activity during the year 2010/11.

As well as investigating and responding to those complaints that are made against it, the HSC Board also has responsibility for the monitoring of complaints handling within the six HSC Trusts and the many family health services practices (FPS) throughout Northern Ireland. The HSC Board receives relevant information from HSC Trusts and FPS practices for monitoring purposes.

Regional Complaints Group

A Regional Complaints Group was established to fulfil this role and to provide assurance to the Senior Management Team in this regard. Membership comprises representatives from the HSC Board, the Public Health Agency (PHA), the Patient and Client Council (PCC) and Trust representation and the Group met on a bi-monthly basis.

Following a review of the role and remit of the Group it was decided to revise the membership and frequency of the meetings to ensure a consistent attendance of key personnel and the ability for trends to be identified. The terms of reference of the Group were revised to reflect its role to inform established professional or commissioning groups and forums within the HSC Board and PHA on key issues or trends. Consequently nominations were sought from relevant directorates in the HSC Board and PHA, and from the PCC. The frequency of meetings was revised to quarterly.

Complaints concerning the HSC Board

The HSC Board received and responded to nine complaints throughout the year. This compares to 20 complaints received in 2009/10, indicating a considerable reduction. Of these nine complaints, three related to the eligibility criteria associated with IVF treatment; and one each concerned the funding of Thyrogen (thyroid medication), bariatric surgery, reimbursement of private treatment costs, the amalgamation of GP practices, medication that had been prescribed privately and a request to fund Transcatheter Aortic Valve Implantation (TAVI), which is an alternative to standard surgical aortic valve replacement.

Five complaints were responded to within the 20 working day target timescale and where delays occurred, this was due to further clarification/information awaited from other sources. No further communication was received from the complainants, which may indicate that they were content with the outcome.

Complaints concerning Family Practitioner Services (FPS)

o Complaints handled under local resolution

There are in excess of 1500 family practitioner services practices (FPS Practices) across Northern Ireland encompassing general practitioners, dental practitioners, pharmacists and optometrists.

'Complaints in the HSC' places an increased emphasis on trying to resolve complaints at local resolution. The purpose of local resolution is to provide an opportunity for the complainant and the organisation to attempt a prompt and fair resolution of the complaint. In the case of FPS Practices, local resolution involves a practitioner seeking to resolve the complaint through discussion and negotiation, and where possible, immediately. On certain occasions more formal methods of resolution may be required, such as on receipt of a formal letter of complaint when a written response may be required.

Under the HSC Complaints Procedure all FPS Practices are required to forward to the Board anonymised copies of letters of complaint and Practice responses within three working days of issue. The number of complaints (and responses) received from FPS Practices during 2010/11 (216) is consistent with that

received in 2009/10 (213). Complaints staff within the HSC Board continue to regularly liaise with FPS practices to ensure all complaints and their responses are appropriately reported.

A breakdown of the complaints by category and profession is detailed in the statistics section at the end of this report.

Quarterly reports summarising the complaints and their responses are forwarded to the HSC Board's Directorate of Integrated Care for clinical governance purposes. Complaints that may demonstrate an immediate concern to patient safety or potential breach of professional practice are immediately sent to respective professional leads in Integrated Care for assessment on whether any action is required by the HSC Board.

As part of its remit of monitoring complaints processes, the HSC Board is undertaking a review of practice-based complaints procedures to ensure the content is compliant with the HSC Complaints Procedure. This will include issues such as contact details of the designated complaints officer, timescales for responding, options available should the complainant wish to progress the matter, details of the availability of support and advice, and their requirements in providing information to the HSC Board.

- **'Honest broker' complaints**

HSC Board complaints staff can act as an intermediary or 'honest broker' in situations where complainants do not wish to approach the FPS Practice directly. The agreement of the FPS Practice is also required for the HSC Board to act in this role to assist in resolving complaints at local resolution.

2010/11 saw a substantial increase in the number of 'honest broker' complaints rising from 38 in 2009/10 to 86. Again these are detailed by category and profession in the statistics section at the back of this report.

It is too early to be able to identify the reason for this increase, or if it is a trend, however it may be due to the new procedure having now been operational for two years, and therefore an increased knowledge and awareness of the role of the HSC Board to provide advice and assistance and maintain neutrality.

A number of training sessions and workshops have been undertaken by HSC Board complaints staff with FPS personnel and staff continue to promote this role as an option to assist resolution in day to day contact with FPS Practices.

Complaints concerning FPS Practices should be responded to within 10 working days. However, on those occasions where the HSC Board is acting as an 'honest broker' the aim is for the HSC Board to respond to the complainant within 20 working days. This allows time for liaison between the Practice, complainant and the HSC Board.

In 2010/11, 41 'honest broker' complaints were responded to within 20 working days. In eight complaints follow-up meetings were arranged as part of the local resolution process, which HSC Board complaints officers attended and facilitated in an independent capacity.

Outcomes of 'honest broker' complaints are also reviewed by relevant professional leads in Integrated Care.

Review of Complaints regarding HSC Trusts

Based on information received from HSC Trusts, there were a total of 5,056 issues of complaint received by the six HSC Trusts during 2010/11. This represents a slight increase from 2009/10 when 4,733 issues were received. In the two years since implementation of the new procedure, complaints have been most frequent in the following programmes of care:

2009/10	2010/11
1. Acute Services; (56%)	1. Acute Services; (60%)
2. Family & Child Care; (8%)	2. Maternal and Child Health; (6%)
3. Primary Health & Adult Community; (6%)	3. Primary Health & Adult Community (6%)
4. Maternal & Child Health;(6%)	4. Elderly Services; (6%)
5. Mental Health; (5%)	5. Family & Child Care; (6%)
6. Elderly Services; (5%)	6. Mental Health; (5%)

Notably, in this time there have been increases in complaints relating to maternal and child health and elderly services and a reduction in those concerning family and child care.

In terms of subject of complaint, issues relating to treatment and care; staff attitude or behaviour; and communication were again identified as the three main categories, which is the same as 2009/10. Across all HSC Trusts (excluding the NI Ambulance Service Trust) complaints regarding treatment and care arose predominantly in the specialties of Accident and Emergency Medicine; General Medicine; Maternity and Gynaecology; Mental Health Services. All Trusts received considerable levels of complaints raising concerns associated with these specialties. On occasions disciplinary proceedings have been initiated as a consequence of staff actions, behaviour or comments. Staff within Trusts are now required to undergo Customer Care Awareness Training.

❖ **Other Common Themes**

▪ **Accessibility**

Complaints regarding issues such as waiting times for outpatient appointments, cancellation of appointments, delays in admission for elective surgery and breaches of target times featured in all HSC Trusts. It should be noted that although waiting times have increased over the past year, and a number of outpatient appointments and elective admissions were postponed during the severe winter of 2010/11 the level of complaints for this reason was largely unchanged from previous years.

▪ **Privacy and Dignity**

Some HSC Trusts received complaints that raised concerns regarding a patient's or client's privacy, respect or dignity. These included issues relating to the manner or state of dress patients were discharged from hospital or that their personal belongings did not accompany them; the gender of carers attending to female clients; the lack of attention and cognisance given to patients' personal hygiene.

▪ **Prisoner Healthcare**

Complaints from prisoners increased from levels recorded in 2009/10. Maghaberry Prison received the highest level of complaints and throughout all three facilities, complaints predominantly related to issues associated with medication, including prescribing and dosage levels.

▪ **Other**

Concerns regarding professional assessment of need, withdrawal or reduction of domiciliary services and incidences concerning infection control also featured amongst the complaints received and responded to by HSC Trusts.

There is evidence within the monitoring returns received from HSC Trusts of attempts to use enhanced or alternative methods of resolution. This has involved a greater tendency to engage in meetings with complainants (and relatives) and the use of independent clinical and/or professional opinions (which HSC Trusts operate on a reciprocal basis). In some HSC Trusts there is also evidence of individual members of staff making personal apologies to complainants.

Various statistical information relating to HSC Trusts complaints is contained in the relevant section towards the end of this report.

Learning and Actions and/or Service Improvements

In information submitted by HSC Trusts there is evidence of actions being taken as a result of issues identified in complaints to improve services. There is also evidence of clinical directors, programme leads and other staff making use of complaints in training settings for junior and/or other staff; specialist staff meetings and other similar forums. This is positive and an indication of an understanding that learning can result from complaints.

Throughout the year there is evidence that actions have been taken as a consequence of complaints having been raised.

Examples include: -

- Refresher training for triage nurses in respect of the provision of pain relief.
- Electronic screens being erected in certain Accident and Emergency Departments to indicate the current waiting time.
- Posters introduced to ask members of the public to alert staff to any spillages in the interests of infection control.

- The induction manual for new doctors now including reference to ensuring timely examinations in the context of suspected fall with injury.
- New documentation being introduced and training instigated for care home staff regarding end of life and palliative care.
- Oncology staff being encouraged to attend the NICaN Advanced Communications Skills Training.

Progress of legacy Independent Review Panels

At the end of 31 March 2010, 12 Independent Review Panels remained outstanding. In the year 2010/11 three Panels were completed and a further two have since been completed. The remaining seven panels are all at the final stages of completion or at draft report stage. It is anticipated that all Panels will have reported by December 2011.

Summaries of Independent Review Panels are reported to the Regional Complaints Group and any significant issues of concern and/or appropriateness of action plans completed by HSC Trusts in response to Panel recommendations are considered by relevant professionals within the HSC Board or Public Health Agency.

NI Commissioner for Complaints

In his Annual Report 2010/11 the Commissioner advised that a total of 186 written complaints were received by his office, which represents a reduction of 23 complaints on the total received in 2009/10. He states that this is not unsurprising bearing in mind that the new procedure was implemented two years ago; the focus of which was enhanced to ensure a reduction in the number of unresolved complaints. Of the 186 complaints that were received by his office, 53% were not accepted for investigation. The Commissioner has also commented that his office should be viewed as one of 'last resort' and highlighted the significant number of complaints referred 'prematurely', that is, prior to the HSC body being complained of being notified of the complaint or having had an opportunity to respond.

Ongoing Developments regarding Complaints in the HSC

➤ Evaluation of 'Complaints in the HSC'

At the request of the DHSSPS, the HSC Board was asked to lead on the 'process evaluation' of the HSC Complaints Procedure. As part of this the HSC Board developed questionnaires to be issued to key stakeholders based on the Terms of Reference set by DHSSPS. Key stakeholders to receive the questionnaires were identified as HSC staff, FPS Practice staff and service users (patient/clients) that had utilised and experienced the new Complaints Procedure. The questionnaires were available from 2 March 2011 until 31 March 2011 (extended to the end of April 2011 in respect of service users) and were used to scope the agenda for discussion at the scheduled stakeholder workshop and subsequent service user focus group.

The HSC Board will report to DHSSPS on the outcome of the 'process evaluation' in November 2011.

➤ Training

HSC Board complaints staff continue to provide training on Complaints in the HSC through a number of mechanisms. This includes interactive sessions as part of Clinical Governance workshops organised in Local Commissioning Group areas; presentations at Practice Manager Forums; annual training sessions for dental care professionals scheduled in conjunction with NIMDTA; and annual training sessions for pre-registration pharmacists scheduled in conjunction with the Pharmaceutical Society NI; as well as ad hoc visits to individual practices.

In addition to maintaining these group/forum sessions, which will now also include training sessions arranged via the four Local Dental Committees for dental practitioners, arrangements are being made to increase the emphasis on visits to practices and provide a more 'hands-on' and individualised approach. This offer has been publicised on the Primary Care Intranet website for all FPS Practices.

Conclusion

It is considered that the HSC Board has appropriate arrangements in place to record statistical information relating to all those HSC

organisations it is required to monitor, and also in regard to the issues of complaint being raised, the responses that are being made and the timeliness of these. However, it is recognised that more stringent efforts are required to be made to ensure that all FPS practices conform with the HSC Complaints Procedure in providing appropriate and timely information to the HSC Board, particularly in regard to dental, pharmaceutical and ophthalmic practices. This can be pursued through ongoing training sessions.

While the numbers of complaints being received in terms of HSC Trusts complaints show a slight increase and some fluctuations in volume in regard to certain programmes of care, the main subjects of complaint remain consistent; these being treatment and care, staff attitude/behaviour and communication/information.

Next Steps

The Regional Complaints Group intends placing more emphasis on formally following up specific complaints where issues of concern have been raised; focussing on complaints where clear learning has been identified which potentially could be disseminated to other HSC Trusts or FPS Practices; completing areas of work on specific programmes of care or subjects of complaint. In regard to the latter, the initial focus will be on complaints relating to the elderly services. This will include complaints relevant to this programme of care but also those concerning other programmes where the patient or client is an older person.

In addition, greater collaboration will be established with colleagues within the HSC Board, Public Health Agency and HSC Trusts involved in the work associated with the patient/client experience. This can be focussed on some of the emerging themes arising both from complaints being raised and aspects of collated 'patient stories' (as part of the patient/client experience agenda) such as communication, attitude, respect and dignity.

The impact of this change in focus will be reflected in future annual complaints reports.

STATISTICAL INFORMATION

FPS LOCAL RESOLUTION COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	62	4	0	0	66
Staff Attitude	70	3	1	1	75
Communication/Information	41	3	2	0	46
Clinical Diagnosis	3	0	0	0	3
Confidentiality	4	1	0	0	5
Waiting Times	4	0	0	0	4
Privacy & Dignity	1	0	0	0	1
Removal from Practice List	2	0	0	0	2
Accessibility	5	1	0	0	6
Other	7	1	0	0	8
Total	199	13	3	1	216

FPS 'HONEST BROKER' COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	27	27	0	2	56
Staff Attitude	7	7	0	1	15
Clinical Diagnosis	1	0	0	0	1
Communication/Information	5	1	0	0	6
Waiting Times	1	0	0	0	1
Removal from Practice List	4	0	0	0	4
Other	2	1	0	0	3
Total	47	36	0	3	86

COMPLAINTS PER HSC TRUST in 2010/11

Trust	No of complaints	% in 20 working days*
Belfast	1,855	50%
Northern	697	65%
South Eastern	1,183	50%
Southern	777	70%
Western	452	30%
NI Ambulance	92	25%
Total	5,056	50% (approx)

*Approximate figures

COMPOSITE HSC TRUSTS COMPLAINTS UNDER (i) PROGRAMME OF CARE AND (ii) SUBJECT DURING 2010/11 and 2009/10

(i)

Programme of Care	2010/11	2009/10
Acute	3024	2682
Maternal & Child Health	325	275
Family & Child Care	1	0
(i) Children Order	24	66
(ii) Complaints other than Children Order	294	335
Elderly Services	306	233
Mental Health	247	253
Learning Disability	105	103
Sensory Impairment & Physical Disability	82	82
Health Promotion & Disease Prevention	3	3
Primary Health & Adult Community	305	284
None (No POC assigned)	340	417
Total Complaint Issues	5056	4733

(ii)

No	SUBJECT	2010/11	2009/10
1	Access to Premises	68	74
2	Admission into Hospital, Delay/Cancellation	131	138
3	Aids/Adaptations/Appliances	77	70
4	Appointments, Delay/Cancellation (Outpatient)	480	389
5	Clinical Diagnosis	195	143
6	Communication/Information to Patients	529	498
7	Complaints Handling	4	11
8	Confidentiality	55	55
9	Consent to Treatment	4	5
10	Contracted Regulated Establishments/Agencies	12	25
11	Other Contracted Services	21	76
12	Delayed Admission from A&E	15	10
13	Discharge/Transfer Arrangements	109	82
14	Environmental	55	46
15	Hotel/Support/Security Services	55	60
16	Infection Control	37	40
17	Mortuary & Post Mortem	1	0
18	Patients' Privacy/Dignity	39	42
19	Patients' Property/Expenses/Finance	75	77
20	Patients' Status/Discrimination	16	19
21	Policy/Commercial Decisions	137	159
22	Professional Assessment of Need	196	147
23	Records/Record Keeping	55	62
24	Staff Attitude/Behaviour	771	790
25	Theatre/Operation/Procedure/Delay/Cancellation	82	35
26	Transport, Late or Non-arrival/Journey Time	40	53
27	Transport, Suitability of Vehicle Equipment	11	10
28	Treatment & Care, Quality	1055	967
29	Treatment & Care, Quantity	242	192

30	Waiting Lists, Community Services	55	54
31	Waiting Times, Community Services	20	21
32	Waiting Times, A&E Departments	115	82
33	Waiting Times, Outpatient Departments	76	71
34	Children Order Complaints	24	66
35	Other	109	114
36	Prison Healthcare Related Complaints	90	50
	TOTAL COMPLAINT ISSUES	5056	4733

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