

## **THE SEVENTH ANNUAL COMPLAINTS REPORT OF THE HEALTH AND SOCIAL CARE BOARD (HSC BOARD)**

**April 2015 – March 2016**

### **Introduction**

This is the seventh Annual Complaints Report of the HSC Board and provides a review of events during the year 2015/16, and an overview of the complaints activity throughout this period.

There has been a decrease of almost a thousand in the number of complaints received by Health and Social Care (HSC) organisations during 2015/16 compared to the previous year. Numerically, the majority of this reduction has occurred in complaints relating to HSC Trusts, a decline of almost 12%; and, there has been a similar percentage reduction in the number of complaints received concerning Family Practitioner Services. However, the number of complaints received by the Office of the NI Commissioner for Complaints, that is complaints that have progressed from the HSC Complaints Procedure to that office as a consequence of the patient/client's continued dissatisfaction, fell by only 1.5%. This demonstrates that while the number of complaints being received may be decreasing, the level progressing to the Commissioner remained broadly unchanged.

The Public Services Ombudsman (NI) Act received Royal Assent on 19 February 2016 and this new legislation modernises and reforms 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.

In seeking to target particular groups, the Board held a further service user workshop in Belfast in November 2015. This was

specifically aimed at older persons and again gave an opportunity for service users and/or their relatives to voice their views and opinions on experiences both in terms of health and social care and also of raising complaints. As in the other workshops previously organised, a representative from the Patient and Client Council (PCC) was again in attendance.

Following on from the success of the inaugural event, the Board held its second Complaints Annual Learning event in June 2015 at Mossley Mill, Newtownabbey. This event again was well attended by various HSC organisations and focussed on complaints associated with or concerning communication. The decision to focus on this theme was as a consequence of the repeated high volume of complaints relating to this issue and also the feedback received from members of the public during the complaints awareness exercise undertaken in June 2014.

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, or in another 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.

This year the Board has again utilised independent Lay Persons in the local resolution of a number of complaints. This has related to involvement in complaints concerning family practices and, on occasions, has also included independent clinical and/or professional opinions being sought to assist them in their deliberations. Again, as occurred last year, the Board has been

involved as an 'honest broker', in a complaint concerning a Family Practice, but which also includes/incorporates issues relating to an HSC Trust. After initial attempts by both the Practice and Trust to resolve the complaint the Board became involved as an honest broker and suggested the use of an independent Lay Person. With the agreement of all parties – complainants, Practice and Trust – the Board acted as the contact point for a further coordinated attempt at local resolution. This involved a report being compiled by the Lay Person outlining recommendations as to a means to potential resolution to which both the Practice and Trust responded on to the complainant.

As well as the involvement of independent Lay Persons, independent clinical/professional opinions have also been sought on some of these occasions. While the Board may be the contact point for the complainants, the investigation and response to these complaints 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.

There has been a significant reduction in the number of complaints received by the Board this year (8) compared to last year (35), with numbers mirroring those received in previous years commencing in 2009/10. The high level received in 2014/15 was mainly due to the suspension of accessing services from the Independent Sector. 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 second Complaints Annual Learning Event took place at Mossley Mill, Newtownabbey in June 2015, with representation from the Board, Department of Health (NI), PHA, PCC, HSC Trusts, FPS Practices, independent Lay Persons, Community and Voluntary Groups, complainants and service users.

The theme of the event was communication and keynote speakers on the day were Mrs Marie Anderson, Deputy Commissioner for Complaints (and the newly appointed NI Public Services Ombudsman), Mr Hugh McCaughey, Chief Executive, South Eastern Health and Social Care Trust, Ms Mary Lynch and Mr Sean O’Baioill from Mediation NI, and Dr David Johnston, a General Medical Practitioner.

The day was highlighted by, firstly, the very powerful and emotional presentation given by two complainants who had suffered a family bereavement. The complaint concerned a GP Practice and due to the complainants unavailability on the day, their views were shown via a pre-recorded video presentation. This gave details of the events that had occurred and their experience in engaging the Complaints Procedure. Secondly, and in response to this, the practitioner to whom the complaint related (and with the prior consent of the complainants) provided his own personal perspective on the circumstances. This ensured that a complete picture of the complaint and the perspectives of all of those involved were captured. The Board had been involved in this complaint as an ‘honest broker’ and following the event, again visited the complainants, at their own home, and advised of how the presentation had been received by attendees on the day, what the practitioner had relayed and how this had been received, and details of any further comments made by those present.

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

- Older Persons Service- User Workshop

This was held on 16 November 2015 at the Board's Eastern office and related specifically to older persons. It again gave service users and/or their relatives opportunity to voice their views and opinions on experiences both in terms of health and social care and also of raising complaints. As in the other workshops previously organised, a representative from the PCC was again in attendance.

- Audits of complaints handling

Following the recommendation of the inclusion of complaints handling in Internal Audit programmes; the Board underwent an audit of complaints and incidents in pharmacies and this was quickly followed by a similar GMS Audit concerning GP Practices, a similar audit relating to dental practices and also an audit of complaints handling within the Board. Findings and recommendations were made and these have been fully implemented.

### **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.

The Board made use of the pool of Lay Persons on a further two occasions this year. Both of these complaints involved GP Practices, however, one complaint also encompassed issues relating to an HSC Trust. In both of these complaints the Practice – and in the latter, both the Practice and Trust - had previously responded separately before the Board became involved as an 'honest broker'. In the latter, while the Board became involved in respect of the GP aspects, when the introduction of a Lay Person was suggested, as some of the issues were interlinked between

the Practice and Trust, agreement was obtained from the complainants, the Practice and the Trust 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 from the Trust as well as with the Practice and complainants.

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.

In a further two complaints, the Board sought independent medical opinions from General Medical Practitioners in an attempt to help resolve complaints at Practice level.

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. A further development, however, has been the involvement of the Lay Persons in Serious Adverse Incidents (SAIs). The majority of the Lay Persons completed a training course, facilitated by the Royal College of Nursing, in regard to Root Cause Analysis investigative techniques and some Lay Persons have now been involved at Trust level in the investigation of SAIs.

### **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**

### *General Medical Practice*

- As a result of a complaint regarding, amongst other issues, the lack of contact from the GP Practice with the family

following the death of patient suffering from cancer, the GP Practice conducted a Significant Event Analysis. The Practice, while cognisant that time constraints prohibited a home visit in every case, agreed in future to review all deaths within the Practice and seek to respond sensitively and sympathetically in all cases, potentially making use of a standardised 'sympathy card'.

### *Maternity & Gynaecology*

- A patient complained that she and her unborn baby were not treated with dignity and respect within an Early Pregnancy Unit. She felt that there was poor communication with her, no understanding by staff of what was happening; that she was not listened to when she indicated she was experiencing labour pains, and was upset by comments made by a nurse. Unfortunately, the patient suffered a miscarriage and was distressed that her baby was delivered into a kidney dish and showed signs of life for several minutes. In addition she complained that she was not contacted by a bereavement counsellor and that she was scheduled for routine follow up by community midwifery who was not aware of her loss. The respective HSC Trust apologised for the poor communication with her and with the community midwife and that the Bereavement Midwife had been on leave at the time of her baby's birth.

As a result of this complaint a number of improvements have been made by the respective HSC Trust. These include additional training for staff when caring for a patient who has had a miscarriage, including bereavement care. In addition (early pregnancy) baby pouches, blankets and 'Moses' baskets have been introduced within the unit to preserve the dignity of the baby. Arrangements are also in place to ensure that community midwives are aware of circumstances when they receive referrals following miscarriage.

### *Stroke Assessment*

- A patient was discharged home following attendance at an Emergency Department (ED) having had a neurological assessment undertaken, which was normal. The patient returned to the ED later that day with similar symptoms. As a result of this complaint, the respective HSC Trust has

advised ED staff that where a FAST (stroke) assessment has been undertaken, and a normal neurological assessment presents, should symptoms persist, it is important not to rule out the possibility of a further CVA event by undertaking a repeat FAST assessment.

#### *GP OOHs (Out of Hours)*

- A complaint was received from a relative of a patient who attended GP OOHs with cardiac symptoms. The patient was assessed by the doctor but unfortunately died less than two hours later. Guidance was issued to doctors within the OOH Practice to ensure ECG tests are undertaken, when a patient presents with/advises of a history of chest discomfort.

#### *Communication surrounding Bereavement*

- Following a family raising concerns about communication with them regarding their relative's poor prognosis, deteriorating condition and health, the respective Trust arranged bespoke bereavement training for the staff involved to highlight the importance of timely communication with families and how to deal with these difficult situations and conversations. The training proved to be successful with staff feeling better equipped to support bereavement and families.

#### *Administration of Medication*

- Following a number of complaints regarding patients not receiving their prescribed medication while inpatients, refresher training on administration of medicines was commissioned and attended by staff within a respective HSC Trust. Regular audits will also now take place on omitted medications across all mental health units.

#### *Discharge Arrangements*

- As a result of difficulties experienced in relation to a patient's complex discharge, the respective Trust is developing a flowchart between the nursing teams on the wards and in community which will prompt nursing staff to ensure the

referrals run smoothly and with transfer of patients between hospital and community.

### *Dermatology*

- Following the failure to diagnose a rare form of tumour in a patient, medical and nursing staff within the respective Trust have been made aware of the potential of a melanoma arising on a finger. In addition to the weekly medical staff meetings, the Trust is expanding its teledermatology triage capacity to ensure that serious or potentially serious skin lesions are not waiting on routine waiting lists for appointments.

### **Training**

The Board has a requirement to support FPS Practices in the resolution of individual complaints and also to provide training in respect of complaints handling and complaints management.

The Board's Deputy Complaints Manager met with both the Southern and Eastern Practice Managers' Forums (17 June 2015 and 16 February 2016 respectively) as well as with the Eastern Area Local Dental Committee (30 November 2015) during the year. 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 2015/16 the HSC Board received 8 complaints. This is a considerable decrease from the 35 complaints received in 2014/15 and more in line with those recorded in previous years: - 2013/14 (9); 2012/13 (11); 2011/12 (14); and 2010/11 (9).

The spike in number in 2014/15 was 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 (16). 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 8 complaints received in 2015/16 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, last year, there was a further reduction in 2015/16 with 210 complaints being received compared to 230 in 2014/15; 255 in 2013/14; 247 in 2012/13; 212 in 2011/12 and 216 in 2010/11.

During 2015/16 treatment and care accounted for almost a third of all complaints handled under local resolution. In line with other years, complaints concerning staff attitude/behaviour and communication were the next highest categories.

It is recognised that a large number of complaints or concerns made known to FPS Practices can be resolved 'on the spot' without the need for formal written correspondence or personal communication. The relative consistency of the number of formalised complaints would suggest that this process is continuing to flourish even with increasing demands being placed on general medical practices.

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.

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 received a significant interest from FPS Practices. This package has recently been updated and re-issued to all FPS Practices.

- **‘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 2015/16 the Board acted as an ‘honest broker’ in 79 complaints concerning FPS Practices. This is a slight decrease to 2014/15 when 96 complaints were received and is more in sequence with previous years averaging around 70+ complaints, 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 79 in 2015/16 is made up of 66 concerning GP practices; 11 concerning dental practices and 2 relating to pharmacies.

During 2015/16, 26 ‘honest broker’ complaints were responded to within 20 working days. This is commensurate with figures from 2014/15 when 96 complaints were received and 30 responded to within 20 working days. While it is regrettable that more complaints were not completed within the DHSSPS 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 assistance in helping them to resolve complaints at a local level. 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. Board complaints staff, on frequent occasions, visited complainants and practitioners separately, before then meeting again with the complainant in an attempt to resolve complaints locally. This approach has been adopted in those situations where there has been a communication breakdown. This has proved successful with both sides welcoming the opportunity to discuss their views and express opinions openly with Board complaints staff.

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.

One complaint in which an independent Lay Person was involved has progressed to the NI Commissioner for Complaints (Ombudsman) and the outcome is awaited.

### **Review of Complaints regarding HSC Trusts**

A total of 6,181 issues of complaint were received by the six HSC Trusts in 2015/16, which is a substantial reduction from that received in 2014/15 and is more in sequence with the numbers received in 2012/13. 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:

### **2014/15**

1. Acute Services	(60%)
2. Family & Child Care	(7%)
3. Elderly Services	(7%)
4. Mental Health	(5%)
5. Learning Disability	(3%)
6. Primary Health & Adult Community	(3%)

### **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%)

\*Approximate figures

The three most common categories of complaint continue to be quality of treatment and care (1,360), staff attitude/behaviour (992) and communication/information (788). 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 Commissioner for Complaints (Ombudsman)**

In her Annual Report of 2015/16 the Commissioner advised of an 11% decrease in formal complaints being received by her office. However, in terms of complaints concerning health and social care (HSC), which is the most significant area of casework, only a 1.5% reduction was noted with 332 complaints being received compared to 337 in 2014/15, 370 in 2013/14 and 253 in 2012/13. While the Commissioner stated that the general trend in HSC complaints since 2009/10 to 2014/15 has been on the increase, she acknowledged that it would appear the upward trend has now halted.

The Commissioner has commented that because of the complexity of the issues, health complaints are less likely to be resolved quickly and advised that at the end of 2015/16 they comprised 64% of all of her ongoing complaints. Furthermore, she also stated that health and social care complaints continue to be the most significant area of work for her office, accounting for 45% of the complaints received and 80% of the workload.

In terms of decisions made, in 2015/16 the Commissioner upheld 42 of the issues of complaint raised with her office with 64 either not being upheld or a finding not being able to be made. Of the 332 complaints received in 2015/16 (plus 89 carried forward from 2014/15), 231 were cleared at the determining 'can we investigate?' stage; 73 at the 'should we investigate?' stage; and 44 determined at full investigation. At the end of March 2016, the Commissioner had 73 complaints concerning HSC organisations ongoing compared with 89 in 2014/15 and 120 at the end of 2013/14. The split between HSC organisations in terms of the 332 complaints received in 2015/16 is HSC Trusts (285); GPs (23); Private Nursing Homes (9); RQIA (2); HSC Board (4); and other (9).

The Commissioner advised that as in previous years the overriding issue of complaint was failures in clinical care and treatment. She also highlights complaints handling as a significant issue and, again in keeping with previous years, states that the majority of HSC complaints warranting full investigation (56%) related to HSC Trusts, but that a significant number of investigations this year (26%) related to GP Practices.

Further information on the Commissioner's Annual Report can be found on the new NI Public Services Ombudsman's website: -

[nipso@nipso.org.uk](mailto:nipso@nipso.org.uk)

### **Looking Forward to 2016/17**

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

- The Board's Deputy Complaints Manager intends meeting with the HSC Trusts Regional Complaints Forum (comprising complaints managers from each HSC Trust) in September 2016 to discuss the reasoning behind the delays in complaints responding. Again, opportunity will be taken to express the importance of examples of learning and potential regional learning being reported to the Board via the 'learning template' and the learning from complaints email inbox; and also the accuracy and detail of information being

included within the monthly Trust summaries of complaints received and responded to.

- The third Annual Complaints Learning Event, focussing on the themes of privacy and dignity and dignity in death will be held in June 2016. 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.
- Complaints Management: a practical guide – this is an event open to medical and dental practitioners from both primary and secondary care scheduled for October 2016, at which the Deputy Complaints Manager will be presenting alongside, NI Public Services Ombudsman and His Honour Judge Pearl.
- Amendments to the Guidance

Following receipt of two reports conveying the decision of the NI Commissioner for Complaints, in which questions regarding the Board's interpretation of the Guidance in respect of the 'honest broker' role, particularly when independent clinical/professional opinions were sought, the Board welcomes the opportunity to liaise with the Department of Health (NI) in ensuring that the Guidance and accompanying regulations, are more finely detailed and that clear understanding and agreement on the remit of the role is attained.

## **STATISTICAL INFORMATION**

### **FPS LOCAL RESOLUTION COMPLAINTS – 2015/16**

<b>Subject</b>	<b>GP</b>	<b>Dental</b>	<b>Pharmacy</b>	<b>Ophthalmic</b>	<b>Total</b>
Treatment & Care	60	7	0	0	67
Staff Attitude & Behaviour	35	0	0	0	35
Communication/Information	43	5	0	0	48
Clinical Diagnosis	0	0	0	0	0
Other	56	3	1	0	60
<b>Total</b>	<b>194</b>	<b>15</b>	<b>1</b>	<b>0</b>	<b>210</b>

### **FPS 'HONEST BROKER' COMPLAINTS**

<b>Subject</b>	<b>GP</b>	<b>Dental</b>	<b>Pharmacy</b>	<b>Ophthalmic</b>	<b>Total</b>
Treatment & Care	38	9	0	0	47
Staff Attitude & Behaviour	6	0	1	0	7
Communication/Information	12	0	1	0	13
Clinical Diagnosis	1	0	0	0	1
Other	9	2	0	0	11
<b>Total</b>	<b>66</b>	<b>11</b>	<b>2</b>	<b>0</b>	<b>79</b>

### **NUMBER OF COMPLAINTS PER HSC TRUST in 2014/15 and 2015/16**

<b>Trust</b>	<b>2014/15</b>	<b>% in 20 working days</b>	<b>2015/16</b>	<b>% in 20 working days</b>
Belfast	2,772	51.7%	1,713	56.8%
Northern	890	69.4%	670	70.1%
South Eastern	1,332	53.4%	767	53.7%
Southern	1,166	42.8%	717	50.8%
Western	629	63.8%	450	72.2%
NI Ambulance	226	15.5%	160	31.9%
<b>Total</b>	<b>7,015</b>	<b>52.5%</b>	<b>6,181</b>	<b>58.0%</b>

## COMPOSITE HSC TRUSTS COMPLAINTS UNDER PROGRAMME OF CARE DURING 2014/15 AND 2015/16

(i)

Programme of Care	2014/15	2015/16
Acute	4,189	3,666
Maternal & Child Health	399	272
Family & Child Care	495	496
Elderly Services	457	439
Mental Health	366	440
Learning Disability	160	166
Sensory Impairment & Physical Disability	114	77
Health Promotion & Disease Prevention	0	1
Primary Health & Adult Community	214	194
None (No POC assigned)	512	368
Prison Healthcare*	109	62
<b>Total Complaint Issues</b>	<b>7,015</b>	<b>6,181</b>

\*South Eastern HSC Trust only

## HSC TRUSTS COMPLAINTS UNDER SUBJECT DURING 2015/16

Subject	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Access to Premises	25	2	9	10	3	0	49
Aids/Appliances/Adaptations	24	6	15	38	0	0	83
Clinical Diagnosis	56	29	42	29	62	1	219
Communication/Information	309	58	159	123	139	0	788
Complaints Handling	0	0	9	1	3	0	13
Confidentiality	23	8	13	12	12	0	68
Consent to Treatment/Care	0	0	0	7	2	0	9
Children Order complaints	0	0	1	0	3	0	4
Contracted Regulated Domiciliary Services	1	19	3	0	2	0	25
Contracted Regulated Residential Nursing	0	11	6	4	0	0	21
Contracted Independent Hospital Services	2	0	3	0	0	0	5
Other Contracted Services	0	4	1	3	0	0	8
Delay/Cancellation for Inpatients	4	4	5	9	55	0	77
Delayed Admission from A&E	1	0	2	0	0	0	3
Discharge/Transfer Arrangements	23	22	21	55	22	0	143
Discrimination	2	3	7	4	2	0	18
Environmental	18	7	13	13	4	0	55
Hotel/Support/Security Services	26	21	12	5	2	0	66
Infection Control	1	5	5	1	0	0	12
Mortuary and Post Mortem	0	0	0	1	0	0	1

<b>Policy/Commercial Decisions</b>	5	47	33	31	11	0	<b>127</b>
<b>Privacy/Dignity</b>	3	6	4	8	21	0	<b>42</b>
<b>Professional Assessment of Need</b>	22	15	27	168	48	0	<b>280</b>
<b>Property/Expenses/Finance</b>	26	5	14	24	1	0	<b>70</b>
<b>Records/Record Keeping</b>	7	16	26	18	9	0	<b>76</b>
<b>Staff Attitude/Behaviour</b>	282	122	224	166	134	64	<b>992</b>
<b>Transport, Late of Non-arrival/Journey Time</b>	0	1	1	2	5	77	<b>86</b>
<b>Transport, Suitability of Vehicle/Equipment</b>	2	0	0	1	1	1	<b>5</b>
<b>Quality of Treatment &amp; Care</b>	346	238	296	232	237	11	<b>1,360</b>
<b>Quantity of Treatment &amp; Care</b>	109	15	13	80	59	0	<b>276</b>
<b>Waiting List, Delay/Cancellation Community Based Appts</b>	1	41	11	7	0	0	<b>60</b>
<b>Waiting List, Delay/Cancellation Outpatient Appts</b>	330	34	72	24	0	0	<b>460</b>
<b>Waiting List, Delay/Cancellation Planned Admission to Hospital</b>	236	9	27	24	0	0	<b>296</b>
<b>Waiting Times, A&amp;E Departments</b>	9	12	10	10	13	0	<b>54</b>
<b>Waiting Times, Community Services</b>	5	3	10	23	0	0	<b>41</b>
<b>Waiting Times, Outpatient Departments</b>	107	8	17	13	28	0	<b>173</b>
<b>Other</b>	14	15	50	17	14	6	<b>116</b>
<b>Total</b>	<b>2,019</b>	<b>786</b>	<b>1,161</b>	<b>1,163</b>	<b>893</b>	<b>160</b>	<b>6,181</b>

*Corresponding figures for 2014/15 are available at: -*

*[www.health-ni.gov.uk/articles/complaints-statistics](http://www.health-ni.gov.uk/articles/complaints-statistics).*

## **Complaints Contact Points: -**

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## **Contact Details for Complaints Managers, HSC Trusts.**

### **Belfast Health and Social Care Trust**

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