

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

April 2017 – March 2018

Introduction

This is the Ninth Annual Complaints Report of the HSC Board and provides a review of events during the year 2017/18, and an overview of the complaints activity throughout this period.

This year has again shown a decrease in the number of complaints received by Health and Social Care (HSC) organisations. Numerically, the majority of this reduction has occurred in complaints relating to HSC Trusts, a decline of almost 400 complaints, exceeding the reduction of almost 300 complaints in 2016/17. In respect of complaints concerning Family Practitioner Services, there has again been a slight reduction in the number of complaints received, but again a rise in the number handled with the Board acting as an ‘honest broker.’

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 2017/18 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 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. To date we are not aware of any such investigations.

Following on from the success of the previous three Complaints Annual Learning events, the Board held its fourth event in June 2017, again at Mossley Mill, Newtownabbey. This event again was very well attended by various HSC organisations and focussed on complaints associated with palliative care and in dignity in death.

The determination of this theme was as a consequence of the number of complaints relating to families expressing concern and dismay at the lack of dignity being extended to the care of the dying and understanding in how to deal with grieving families. This included insight into the Regional Palliative Care Programme and referencing how complaints are making a difference, as well as decisions having to be taken in Intensive Care Units and the moral distress regarding end of life decisions from the perspectives of relatives, nurses and doctors. The event also featured contribution from Patient and Client Council in respect of their experiences as an advocate in these matters.

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.

This year the Board has been involved as an 'honest broker' on a number of occasions. The majority of these were managed through correspondence and contact by telephone. However, in some instances this has extended to meeting with the complainant and Practices concerned either separately or jointly. This has not always been successful and complainants maintain the right to approach the NI Public Services Ombudsman should they wish to pursue their complaint.

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 FPS Practices being complained about. This is in keeping with the ethos of the HSC Complaints Procedure, but also gives cognisance to its flexibility.

The Board still maintains the availability of independent Lay Persons to assist in the resolution of complaints. Instances where Lay Persons have been involved are where the complaint primarily relates to communication or a breakdown of this. As well as the involvement of independent Lay Persons, independent clinical/professional opinions were sought on two occasions this year. In each of these occasions the GP Practice had made attempts to resolve the complaints without success, before approaching the Board for assistance. In each of these cases as the issues related to clinical and/or professional decision making, an independent medical opinion was sought to help resolve the complaint.

When Lay Persons or involved and/or independent medical opinions sought, the FPS Practice concerned is required to respond to any recommendations that have been made.

In terms of training, the Board's Complaints team met with both the Board's Medical and Pharmacy Advisers to re-emphasise their involvement in the monitoring of FPS complaints and in the case of the latter work through example scenarios. The Medical Advisers and administrative and managerial staff were met in each of the Board's local offices; with the Pharmacy Advisers being met with as part of their 'Away Day' a scheduled annual four local offices event.

Following the high level of complaints regarding the HSC Board received in 2014/15, the number of complaints received in 2017/18 (9) was again more in line with that received in previous years: 12 in 2016/17 and 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 and responses to by 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 Team also continue to submit quarterly reports to the Senior Management Team and the Board's Governance Committee. These reports 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 fourth Annual Complaints Annual Learning Event, which again took place at Mossley Mill, Newtownabbey on 29 June 2017. This year's event featured representation from the Board, PHA, PCC, HSC Trusts, FPS Practices and independent Lay Persons.

The event focussed on end of life care and privacy and dignity in death, and examined the handling of this both from a professional and patient point of view. The Patient and Client Council's experiences of this subject through its role as an advocate were also presented. The keynote speakers were:

- Mr Richard Dixon, Complaints Services Manager, PCC;
- Ms Loretta Gribben, Nurse Consultant, Public Health Agency;
- Ms Una St Ledger, Nursing Development Lead, Belfast Trust;
- Ms Diane McCaffrey, Emergency Care Co-ordinator, Western Trust;
- Ms Nicki Hazlett, Senior Sister, Western Trust.

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

- Mr Dixon - provided details of the numbers of complaints the PCC had been involved in which had been received from bereaved people and highlighted the obstacles to high quality end of life care such as capacity and timeliness of discussions; sharing and availability of information and training.
- Ms Loretta Gribben - referenced the Regional Palliative Care Programme and its structures and how information from complaints was making a difference in respect of this ongoing work. She identified the key themes arising from complaints, highlighting that in an individual's end of life care, there is only one chance to get it right and that "how people die remains in the memory of those who live on" (Dame Cecily Saunders). She discussed examples of when the care had both been right and not been right and the tools for advance care planning, and highlighted that peoples last years should be as important as their first.

- Ms St Ledger - explained and outlined the existence and relevance of moral distress, where a state of immense anguish may be caused by a sense of wrongdoing by an individual who knows the right thing to do, but is constrained from acting in accordance with their moral judgement and moral responsibility; how this impacts on doctors, nurses and families and ultimately reaching agreement with the end of life decision and the duty to ensure patients experience 'a good death.'
- Ms Diane McCaffrey/Ms Nicki Hazlett - referenced the number of complaints that had been made in respect of discharge arrangements in the South West Acute Hospital and the learning that has been gained from these.

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.

The Board still maintains a list of Lay Persons and their involvement in a number of occasions has successfully resolved complaints or assisted in a position of understanding being reached. This year Lay Persons were not involved in any complaints

Independent Medical Opinions

Similar to the above, the acquiring of an independent medical opinion is further option available under the HSC Complaints Procedure as a means of seeking to resolve complaints under local resolution.

Independent medical opinions were sought by the Board on two occasions in 2017/18 both in respect of complaints concerning GP Practices to assist in resolving complaints at Practice-level.

In such complaints, both parties have to be in agreement to the appointment of an independent medical opinion, and also to the terms of reference that are set for the respective clinician to respond to. In its role as 'honest broker' or intermediary, the Board will usually draft these. The independent GP will review the complaints correspondence and the medical records and provide responses to the agreed terms of reference, making reference also to good medical practice where appropriate, in a report including recommendations they feel are necessary.

The report is then made available in full to both the complainant and the Practice concerned, which is then tasked with responding to the complainant in respect of the recommendations made.

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.

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.
- Patient Experience Working Group: 10,000 Voices (discharge arrangements)

The monitoring also now highlights specific complaints concerning stroke and sepsis.

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

- *An independent medical opinion sought in respect of a complaint recommended that persistent headache should result in a neurological assessment and a full headache history, and that patients with persisting symptoms of any nature should be offered a face to face contact after their second contact about the same symptoms. Also, that all new diagnoses of significance (any diagnosis which has an MDM letter /unusual diagnosis) be discussed at a time protected and minuted meeting on a monthly basis and that a doctor be designated to contact a patient and assess their needs clinically and also offer support. It was also recommended that*

reflecting on all new diagnosis is a very good learning tool and an excellent way to offer support to ill patients, and clinicians should consider more assertive review strategies if symptoms are persisting or if there is a change in health seeking behaviour.

Maternity & Gynaecology

- *After the Regional Complaints sub-Group reviewing a complaint in which a mother was not referred to the Early Pregnancy Clinic, but discharged only to find at her 20 week scan that she had lost the baby; it was agreed that an article on the ED pathway for pregnant women be drafted for inclusion in 'Learning Matters' and also the Obs/Gynae specific edition of 'Learning Matters'.*

GP OOHs (Out of Hours)

- *An article on atypical stroke presentation was also included in 'Learning Matters' as a result of a patient diagnosed as having vertigo was later found to have had a stroke. All GPs in the OOH service are to be provided with information on the unusual signs presented in this case. Additionally, the respective stroke consultant will meet clinicians regarding case presentations on the management of dizziness.*

Dementia

- *As a consequence of a complaint regarding the risk of choking it was confirmed that the complaint had prompted the potential need to train staff in the first aid actions of caring for choking patients. Plans to start with those Home Care Workers who are currently providing assistance with feeding to patients with a SALT assessment and care plan. The relevant professional confirmed no further action was required.*

The Dementia Project Team has also published a guide on Eating, Drinking and Swallowing and this guide was shared HSC Trusts and is available online at the following link:

www.publichealth.hscni.net/publications

Training

This year the Board's Deputy Complaints Manager and Complaints Officers met with the Medical Advisers and Administrative staff within each of the Board's local offices. The purpose of this was to reaffirm their assistance to the Complaints team in terms of the monitoring of complaints both in reviewing complaints received and the respective responses issued. The Board received anonymised - in terms of patient details - copies of complaints and responses from FPS Practices and review these in terms of professional, medical and regulatory issues. This process also applies to Honest Broker complaints, including those where an independent medical opinion has been sought and/or an Independent layperson has been deployed.

The Deputy Complaints Manager and one of the Complaints Officers also participated in an 'Away Day' with the Board's Pharmacy Advisers at Oxford Island on 5 March 2018 to outline and explain the HSC Complaints Procedure and participate in working examples of pharmacy instances and how and when these should be dealt with as complaints against a pharmacy, a complaint against the Board in terms of the guidance the Board has set, or pharmaceutical type queries, which can be handled by the Pharmacy Advisers.

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.

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.

The Board's Deputy Complaints Manager is due to meet with the Eastern Area Practice Managers' Forum in January 2019 to discuss the

handling of complaints, violent and aggressive patients, use of the unacceptable actions policy within the HSC Complaints Procedure, reasonable adjustments that can or need to be made in dealing with such patients, and links with the Zero tolerance policy.

Complaints Analysis

Complaints concerning the HSC Board

During 2017/18 the HSC Board received 9 complaints. This is in line with previous years: 2016/17 (12); 2013/14 (9); 2012/13 (11); 2011/12 (14); and 2010/11 (9).

The Board received its highest volume (35) 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 9 complaints received in 2017/18 again related to commissioning decisions affecting individuals, the majority of which 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 2016/17 (206), this trend continued with 186 complaints being received in

2017/18. Overall, levels have remained relatively consistent – 206 in 2016/17; 210 in 2015/16; 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. However, this year the numbers have fallen below 200 for the first time.

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 2017/18 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. Another area which was notable was the number of complaint being received regarding patients receiving warnings from GP Practices for their behaviour of failure to attend to for appointments without notifying of their non-attendance, and patients being removed from Practices.

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.

Previously, the legislation governing the Ombudsman, or NI Commissioner for Complaints as it was known, made provision to share with the Board investigation reports relating to any provider of general health services. Under, the new NIPSO legislation, discretion is left to the Ombudsman to determine who she feels should have sight of the Investigation Report. The Board received copies of two reports this relating to two GP Practices. Both cases concerned the treatment and care afforded patients prior to their death, and in both cases

maladministration was found. The Board had been involved as an honest broker in one of these complaints, which had also related to an HSC Trust. An Independent Lay Person was appointed to help seek to resolve this complaint. This complaint was outlined in more detail in a previous annual report. Resolution was not achieved at local resolution and the complaint was progressed to the Ombudsman. In making such a decision, the relatives nevertheless, praised the Board:

"We would like to thank you for the dedication you have shown us in your pursuit of our complaint. We greatly appreciate your relentless pursuit of the Practice and the Trust in reaching this stage and would like to thank you for the compassion and respect you have shown to us at all times."

The findings of maladministration in respect of the Practice related to the maintaining a complaints file and updating training and procedures involving CCG referrals, issuing a defensive response when first replying to the family. Both the Practice and the Trust were asked to pay a solatium of £750.

- **‘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, or reaching a position of understanding, both parties must be in agreement to this occurring.

Board complaints staff always respect the positions of both parties in such circumstances. 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 as meeting separately with the Practice being complained about, or facilitating joint meetings of both parties.

In 2017/18 the Board acted as an ‘honest broker’ in 54 complaints concerning FPS Practices compared to 43 in 2016/17. While this is an increase of over 10 complaints, the total remains some distance from

2015/16 when 79 complaints were received and 2014/15 when 96 complaints were received. The increase recorded, in all but one, relates to GPs. Figures in other years range from 116 (2012/13) to 70 in 2011/12. The total of 54 in 2017/18 is made up of 44 concerning GP practices; 7 concerning dental practices and 3 relating to pharmacies.

Of the 54 'honest broker' complaints received, 23 out of 54 were responded to within 20 working days; and 17 out of 43 within 20 days in 2016/17. 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. This includes helping them to resolve complaints at a local level, assist them in the composition and tone of letters and this may also have impacted on the reduction in 'honest broker' complaints over the years.

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 on two occasions this year.

Review of Complaints regarding HSC Trusts

In 2017/18 a total of 5,814 issues of complaint were received by the six HSC Trusts, which is a reduction of almost 400 complaints from the 6,189 received in 2016/17 and 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: -

2016/17

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

2017/18

1. Acute Services (58%)
2. Family & Child Care (8%)
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 (1,320), staff attitude/behaviour (911) and communication/information (906). Again, this year, 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 trend continues. However, the level of complaints regarding staff attitude is slightly down, with the number regarding quality of treatment and care slightly increased.

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

NI Public Services Ombudsman

The NI Public Services Ombudsman has published her 2017/18 annual report.

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

nipso@nipso.org.uk

Looking Forward to 2018/19

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

- Scheduling a further Complaints Learning Event focusing on another significant area of complaint. Discussions are ongoing about this being a joint complaints/SAI event.
- Attendance at the Eastern Area Complaints Forum in January 2019.
- Potentially scheduling 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 – 2017/18

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	64	8	1	0	73
Staff Attitude & Behaviour	32	1	1	0	34
Communication/Information	24	0	0	0	24
Confidentiality		0	0	0	0
Other	51	1	3	0	55
Total	171	10	1	5	186

FPS ‘HONEST BROKER’ COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	25	4	0	0	29
Staff Attitude & Behaviour	5	1	1	0	7

Communication/Information	4	0	0	0	4
Confidentiality	2	0	0	0	2
Complaints Handling	0	0	0	0	0
Clinical Diagnosis	1	0	0	0	1
Other	7	2	2	0	11
Total	44	7	3	0	54

NUMBER OF COMPLAINTS PER HSC TRUST in 2016/17 and 2017/18

**Taken from the Department of Health, Information Analysis Directorate figures, published on 6 July 2018*

Trust	2016/17	% in 20 working days	2017/18	% in 20 working days
Belfast	1,747	55.3%	1,682	48.6%
Northern	720	81.4%	712	76.4%
South Eastern	771	45.9%	764	50.4%
Southern	692	63.2%	689	57.6%
Western	512	72.5%	461	51.8%
NI Ambulance	161	31.7%	133	27.8%
Total	6,189	60.1%	6,189	54.5%

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

Programme of Care	2016/17	2017/18
Acute	3,703	3,371
Maternal & Child Health	354	361
Family & Child Care	459	466
Elderly Services	378	370
Mental Health	431	390
Learning Disability	134	119
Sensory Impairment & Physical Disability	61	73
Health Promotion & Disease Prevention	5	2
Primary Health & Adult Community	167	190

None (No POC assigned)	451	421
Prison Healthcare*	46	51
Total Complaint Issues	6,189	5,814

***South Eastern HSC Trust only**

HSC TRUSTS COMPLAINTS UNDER SUBJECT DURING 2017/18

Subject	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Access to Premises	19	3	20	13	1	1	57
Aids/Appliances/Adaptations	26	5	8	20	3	0	62
Clinical Diagnosis	39	30	38	6	31	0	144
Communication/Information	329	85	191	155	144	2	906
Complaints Handling	0	0	5	0	1	0	6
Confidentiality	10	9	18	14	6	0	57
Consent to Treatment/Care	1	0	1	0	0	0	2
Children Order complaints	0	0	1	3	1	0	5
Contracted Regulated Domiciliary Services	5	10	4	2	0	0	21
Contracted Regulated Residential Nursing	3	11	5	3	0	0	22
Contracted Independent Hospital Services	6	0	3	1	0	0	10
Other Contracted Services	3	5	2	1	0	0	11
Delay/Cancellation for Inpatients	2	0	5	3	49	0	59
Delayed Admission from A&E	0	0	6	0	0	0	6
Discharge/Transfer Arrangements	27	16	18	33	12	1	107
Discrimination	11	3	6	3	0	0	23
Environmental	48	20	20	24	3	0	115
Hotel/Support/Security Services	19	24	6	5	0	0	54
Infection Control	1	3	4	1	3	0	12
Mortuary and Post Mortem	0	0	0	0	0	0	0
Policy/Commercial Decisions	5	50	22	33	2	0	112
Privacy/Dignity	6	8	4	7	9	1	35
Professional Assessment of Need	15	15	8	175	24	0	237
Property/Expenses/Finance	31	12	11	11	2	1	68
Records/Record Keeping	12	7	31	17	4	0	71
Staff Attitude/Behaviour	294	113	228	118	107	51	911
Transport, Late of Non-arrival/Journey Time	4	0	4	2	0	44	54
Transport, Suitability of Vehicle/Equipment	2	1	1	1	0	2	7
Quality of Treatment & Care	391	228	298	139	242	22	1,320
Quantity of Treatment & Care	108	24	18	58	34	2	244
Waiting List,	16	27	15	4	0	0	62

Delay/Cancellation Community Based Appts							
Waiting List, Delay/Cancellation Outpatient Appts	298	48	55	30	30	0	461
Waiting List, Delay/Cancellation Planned Admission to Hospital	208	10	23	20	0	0	261
Waiting Times, A&E Departments	9	21	10	14	3		57
Waiting Times, Community Services	4	1	3	11	2	0	21
Waiting Times, Outpatient Departments	60	14	24	27	12	0	137
Other	14	11	24	1	21	6	77
Total	2,026	814	1,140	955	746	133	5,814

Corresponding figures for 2016/17 are available at: -

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

Complaints Contact Points: -

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Contact Details for Complaints Managers, HSC Trusts.

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Northern Health and Social Care Trust

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South Eastern Health and Social Care Trust

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