C.9 SUBMISSION TO IHRD IN RESPECT OF THE HSC COMPLAINTS PROCEDURE

Background

1. A complaint is described as an expression of dissatisfaction that requires a response. Effective complaints handling is an important aspect of clinical and social care governance arrangements and, as such, will help organisations to continue to improve the quality of their services and safeguard high standards of care and treatment.

2. Each year, there are over 4 million interactions within Health and Social Care across Northern Ireland and approximately 6000 complaints are raised by those who have accessed Health and Social Care Services.

3. Complaints are a significant source of learning within Health and Social Care and provide opportunities to improve:
    - Outcomes for services users
    - The quality of services
    - Service user experiences

Role of the Ombudsman

4. The Office of the Northern Ireland Ombudsman was established in 1969, but its current governing statutes are the Ombudsman (Northern Ireland) Order 1996 and the Commissioner for Complaints (Northern Ireland) Order 1996. His role is to deal with complaints of maladministration by government and public bodies in Northern Ireland. The Office will:

    - Consider complaints independently and in confidence
    - Be fair and impartial
    - Behave professionally and with integrity
    - Communicate clearly and effectively
    - Be thorough and efficient
    - Treat people with respect

The Evolution of the Complaints Process

5. The narrative below indicates the process of the evolution of the complaints handling process in terms of DHSSPS documents and also other UK wide guidance which will have influenced the revision over time. Where appropriate, the deaths of children are recorded in the chronology to allow the Inquiry to identify changes which occured in the context of that passage of time.

6. ***The Citizen's Charter 1992*** (UK and NI versions) signalled the Government's commitment to improve the quality of public services in Northern Ireland and make services more responsive to the needs of individual citizens.

7. ***The Charter for Patients and Clients (1992)*** set out the standards of care and treatment that citizens have the right to expect, the information they are entitled to receive and what to do if things go wrong.

8. The establishment of the Charter set the context for a more formal procedure for complaints and from 1992 onwards the development of the complaints procedure and its subsequent review on several occasions, has allowed the process to evolve over time, in light of emerging best practice.

November 1995 – Death of Adam Strain

9. ***Complaints: Listening, Acting, Improving - Guidance on implementation of the NHS Complaints Procedure (DoH, 1996)*** - Prior to 1996, complaints about NHS services were handled under a number of separate procedures. Complaints involving clinical judgement were dealt with separately from those involving other aspects of service delivery. Due to differences in their

contractual status, complaints about family health service contractors were handled separately from those relating to hospital staff.

10. The introduction of the new NHS Complaints Procedure in April 1996 followed the report of a review committee chaired by Professor Alan Wilson (Wilson, 1994) and the Government's response (*Acting on Complaints*, March 1995).

11. The Northern Ireland Ombudsman was only able to look at clinical complaints after the 1996 procedure came into operation, and only following the amendment of his own legislation in 1997. In 1996, Directions and Regulation were introduced to provide the statutory and mandatory framework of the Complaints Procedures.

12. ***Guidance on Implementation of the HPSS Complaints Procedure (DHSSPS, 1996)*** - The guidance was designed to compliment the Directions and Regulations which provide the statutory and therefore mandatory framework of the Complaints Procedures.

October 1996 – Death of Claire Roberts
April 2000 – Death of Lucy Crawford

13. ***Guidance on Handling HPSS Complaints: Hospital & Community Health & Social Services (April, 2000)*** - This guidance dealt with complaints about hospital and community health and social services. The target audience was those dealing directly with the complaints process at HSS Board and HPSS Trust levels. It was not designed to be all-embracing and Boards and Trusts were expected to operate the complaints procedure within the spirit of the Guidance, while adhering to the legal requirements of the appropriate Directions and Regulations.

14. ***NHS Complaints Procedure National Evaluation Report (DoH, 2001)*** - The purpose of the report was to deliver a practical and realistic analysis, based as far as possible on the actual experiences of those using and operating the procedure (i.e. complainants and staff respectively).

15. The objective of the study was to provide an evaluation of how the new complaints procedures (including the HPSS') are operating across all parts of the NHS and to meet the information needs of policy makers and managers concerned with the future development of the system (Research Brief).

June 2001 – Death of Raychel Ferguson

16. During 2002, as part of its wider quality agenda, the Department embarked on a review of the HPSS Complaints Procedure. This saw the start of a lengthy review of all the HPSS Complaints Procedures.

17. ***Report on Good Practice Review of Complaints Procedures in the HPSS (February 2003) -*** The Southern Area Complaints Forum, on behalf of the Department of Health and Personal Social Services (DHPSS) family of organisations, conducted a best practice review of complaints management within the Health and Personal Social Services. The report set out the findings of this review along with best practice principles for future complaints management which were integrated into subsequent policy.

18. ***NHS Complaints Reform – Making Things Right (DoH, April 2003)*** - This set out a comprehensive programme for reform – elements of which will be subject to primary legislation – to underpin the Department of Health's commitment to providing a fair, effective, consistent and efficient complaints management system. The planned changes built on the existing procedure and introduced operational improvements to ensure it lived up to patient, public and professional expectations.

May 2003 – Death of Conor Mitchell

19. ***Equality Good Practice Reviews (2004)*** - The HPSS family, working through its Equality Steering Group, undertook a series of four Equality Good Practice Reviews (GPRs). These were designed to provide recommendations and practical actions that can be implemented promptly to address the specific needs of patients, clients, service users and carers.

20. Each of the four Health and Social Services Boards took the lead on one of the four Reviews, as follows:

    - Access to Information - Eastern Board
    - Handling Complaints - Southern Board
    - User Involvement - Western Board
    - Promoting Positive Staff Attitudes to Diversity - Northern Board

21. ***Complaints in the HPSS: A Consultation Paper –*** This was issued for public consultation in 2007**.** The final document provided a unified and streamlined complaints procedure which applied equally to all HPSS organisations, including Family Practitioner Services, HSS Boards and Trusts, Special Agencies and Out of Hours Services. As such, it was designed to provide a simple, consistent approach for staff handling complaints and for complainants in raising complaints across all health and personal social services.

22. The new proposals sought to raise the standard of complaints handling by removing the barriers to access, strengthening local resolution, clarifying roles and responsibilities and emphasising the importance of learning and improving. In addition the new proposals aimed to improve support services by encouraging conciliation and advocacy and ensuring appropriate training was provided.

23. ***Complaints in HSC: Guidelines for Resolution and Learning (April 2009)*** - Initially, this was made available to the HSC Trusts only, to enable them to put in place plans to implement the new arrangements. A publicity campaign was developed in late 2008 to alert the general public to the forthcoming changes.

24. The new complaints procedure came into effect from 1 April 2009. It applied to services commissioned by the HSC Board, including Family Practitioner Services (FPS) and Out of Hours Services; all HSC Trusts, including hospital and community services, registered establishments and agencies where care was funded by HSC; HSC-funded staff or facilities in private pay beds; HSC prison healthcare; the Northern Ireland Blood Transfusion Service and elements of the Business Services Organisation and the Public Health Agency.

25. It was developed based on the following four key principles:

- Openness and Accessibility
- Responsiveness
- Fairness and Independence
- Learning and Improvement

26. The new single-tier process aimed to provide speedy and effective local resolution of complaints as close to the source as possible. It aimed to promote quality improvement and shared learning across the HSC to prevent problems recurring. Integral to the new system was the promotion of public confidence in an effective HSC Complaints Procedure.

27. Where a complainant remained dissatisfied with the outcome of the HSC Complaints Procedure they had a right to take their complaint to the NI Commissioner for Complaints (the Ombudsman).

28. The new system aimed to make it easier for the public to complain about any aspect of health and social care services, including hospital care or treatment from a GP, health service dentist, pharmacist or optician.

29. The Guidance also placed greater emphasis upon resolving complaints close to the point of contact, at a Health and Social Care Trust or Family Practitioner Service level, and allowing complainants to have direct recourse to the NI Commissioner for Complaints if local resolution is unsuccessful. All Health and Social Care Organisations have appropriate mechanisms in place to enable patients or clients to raise complaints regarding services which they have received, which they have been unhappy with, and/or have been denied. This provides an opportunity for the complainant and the organisation to attempt a prompt and fair resolution of the complaint.

30. In June 2010 the Department of Health, Social Services and Public Safety (DHSSPS) issued the Health and Social Care Board (the Board) with Terms of Reference to undertake a 'Process Evaluation' of the Guidance. The Board was asked to establish if the new complaints handling arrangements have been fully implemented and identify any strengths and/or weaknesses of the new arrangements. This Evaluation highlighted 14 recommendations to further enhance the effectiveness of the Guidance. Recommendation 11 highlights the importance of establishing a regional mechanism to receive user satisfaction feedback to ensure that the complaints process is continually improved and enhanced.

31. In 2011, DHSSPS established the HSC Complaints Policy Liaison Group. Its membership and Terms of Reference are included as Appendix 1. The aim of the Group is:

    - To provide a forum that brings together all those organisations (stakeholders) involved in (or with an interest in) the implementation of the HSC Complaints Procedure.
    - To facilitate sharing of information, the identification of issues relevant to policy implementation and to address issues relevant to policy development including advising on policy evaluation.

32. The Group continues to meet and consider emerging issues and the ongoing review of the complaints procedure.

33. ***HSCB publishes Report on the Process Evaluation of the Complaints in HSC: Standards and Guidelines for Resolution and Learning (November 2011)*** - The aim of the report was to ascertain if the new complaints handling arrangements have been fully implemented and to identify areas for improvement.

34. The report acknowledged that, whilst significant progress had been made to implement the principles within the Guidance, improvements could be made. It outlined 14 recommendations to further enhance its effectiveness. A Complaints Evaluation Implementation Group has been established to oversee implementation of all recommendations pertaining to the HSC organisations.

35. The Health & Social Care Board has been carrying out a series of public workshops, to help incorporate the views of people who use services, into future complaints processes. A key theme emerging from the work is that, in some cases, people are not aware of how to complain and of the support which is available to them through the complaints process. This theme and others will be taken forward over the next year. The DHSSPS has commissioned Regulation and Quality Improvement Authority (RQIA) to review HSC governance arrangements (to include complaints handling) and to review adverse incident management and reporting & learning (taking account of arrangements for handling complaints) during 2013/14 and 2014/15 respectively. This will form part of future improvements to the HSC Complaints Procedure.

36. In addition, the DHSSPS intends to initiate a specific exercise to focus on the evaluation of the policy outcomes in relation to the HSC Complaints Procedure which is aimed at assessing the impact of the new procedure on improving quality. The DHSSPS anticipate commencing this activity in early 2013 for completion by March 2014**.**

37. On 23 October 2012 the Northern Ireland Audit Office (NIAO) published a report on the "***Safety of Services Provided by Health and Social Care Trusts***". Following the report's publication a PAC hearing was held on 14

November 2012. The Public Accounts Committee (PAC) report was published on Wednesday 17 April 2013 setting out the views, conclusions and 14 recommendations of the Committee, together with the witness evidence and further follow-up correspondence in respect of the above-mentioned NIAO report. Recommendation 10 stated that *"The recipients of health and social care services must be assured that their views on the safety and quality of the services they receive are important. The Committee recommends that Trusts become more proactive in obtaining feedback on the services they provide, encouraging patients and clients to identify areas for potential improvement or to highlight good practice. Improving links between data on complaints with other safety data, such as risk and incident reporting data, can lead to complaints being taken more seriously as a source of information and feedback on the standard of service or care being provided".*

38. DHSSPS has accepted this recommendation and considers that the views of the recipients of health and social care services on the safety and quality of services provided are considered important. There is a range of mechanisms in place which are used to obtain feedback on user experience against a set of standards launched by DHSSPS in 2008 including patient surveys and the collection of patient stories. DHSSPS will work with HSC organisations and patients and clients to develop and enhance existing mechanisms to further encourage feedback, including areas for improvement and good practice, and ensure that this feeds into overall learning.

39. Patient and user experience, Serious Adverse Incidents and patient complaints are all recognised by DHSSPS and HSC sector as significant sources of information regarding the safety and quality of services. DHSSPS and the HSC care sector remain fully committed to identifying and developing such sources of evidence, including complaints within the context of a whole systems approach, to continually improve outcomes of patient care.

40. The Third Annual Complaints Report of the Health & Social Care Board (http://www.hscboard.hscni.net/publications/complaints/003%20Annual%20Complaints%20Report%202011-2012%20-%20PDF%2079KB.pdf) provided an

update on development in the complaint process in 2011/12 together with an overview of complaints activity during this period.

41. The Health & Social Care Board held a regional service user workshop on the 14 May 2013, in Board Headquarters. The aims of the workshop included a review on:

- What works well within the complaints process, what improvements are required and what are the perceived barriers to making a complaint and
- How a regional mechanism to receive user satisfaction feedback should be created and how it can be implemented.

42. It was advised that the workshop was not an opportunity to raise a complaint or re-open closed complaints. The Board enlisted the assistance of the Health and Social Care Leadership Centre, to provide an independent element to the process in facilitating, providing feedback and collating information.

43. Significant efforts were made to promote this workshop to include: a press release in the local papers; advertisements in the regional papers; an interview with the Health and Social Care Board Complaints Manager on 'On your Behalf'; an advertisement in the 'Belfast City Matters' Magazine; a request to General Practitioners to promote the workshop within their practices and advertisements on Health and Social Care Organisations websites, i.e. the Board, Health and Social Care Trusts and the Patient and Client Council.

44. Response levels from service users were relatively positive. 38 members of the public registered their interest, 27 of which attended on the evening. On average, 21 service users had made a complaint, compared to 6 individuals who did not use the complaints process following negative experiences.

45. Furthermore, those which expressed an interest in attending, but were unable to, contributed their comments via written communication, telephone conversations and face to face meetings. In addition, 23 members of staff attended, to include: representation from the Patient and Client Council; the South Eastern Health and Social Care Trust; the Belfast Health and Social

Care Trust; the Northern Ireland Ambulance Service; Family Practitioner Services and the Health and Social Care Board.

46. A number of themes were reviewed on the evening to include:

- Accessibility
- Communication
- Support
- Resolution of complaints
- Learning from complaints
- Perceived barriers to complaining
- Improving the complaints process
- The establishment of a regional mechanism to receive service user feedback

47. To ensure that a representative sample of the population have had their chance to share their views on the complaints process and to discuss how a regional mechanism to obtain user feedback can be created, it is envisaged that an additional workshop will be held within the Western Local Commissioning Area in October 2013.

Compliments

48. It is also important to note that improving services for patients/clients is not simply a case of cataloguing, investigating and learning from complaints. Early resolution at a local level is a most important aspect of the business of delivering good health and social care. Whilst the majority of patients/clients will neither complain nor write to express their satisfaction, the Health & Social Care Board reviewed information in respect of formal compliments in 2011/12. Their data only accounted for formal compliments which were received in the Chief Executive's Office in the five Health & Social Care Trusts and the NI Ambulance Service Trust. The data showed that there were 21,533 compliments. This was approximately three times the number of complaints that were received in the same period. This represented valuable positive affirmation of the good experiences which many patients/clients received and was also useful feedback for the staff who planned those services.

Appendix 1

HSC COMPLAINTS POLICY LIAISON GROUP

TERMS OF REFERENCE

The HSC Complaints Policy Liaison Group is convened by Safety, Quality & Standards Directorate, DHSSPS.

Purpose

To provide a forum that brings together all those organisations (stakeholders) involved in (or with an interest in) the implementation of the HSC Complaints Procedure; and

To facilitate sharing of information, the identification of issues relevant to policy implementation and to address issues relevant to policy development including advising on policy evaluation.

Membership

DHSSPS
HSC Board
HSC Trusts
PCC
RQIA
NI Ombudsman's Office
PHA
BSO

Frequency of Meetings & Timeframe

It is anticipated that members will meet bi-annually.

Documents to be provided:

1992	The Citizens Charter (UK and NI versions)	**TAB 2**
1992	A Charter for Patients and Clients, DHSSPS	**TAB 3**
1996	Complaints: Listening, Acting, Improving - Guidance on implementation of the NHS complaints procedure, DoH	**TAB 4**
1996	Guidance on Implementation of the HPSS Complaints Procedure, DHSSPS	**TAB 5**
2000	Guidance on Handling HPSS Complaints: Hospital & Community Health & Social Services, DHSSPS	**TAB 6**
2001	NHS Complaints Procedure National Evaluation Report, DoH	**TAB 7**
2003	Governance in the HPSS – Clinical and Social Care Governance: Guidelines for Implementation (HSS (PPM) 10/2002 refers), DHSSPS	**TAB 8**
2003	Report on Good Practice Review Of Complaints Procedures in the HPSS, DHSSPS	**TAB 9**
2003	NHS Complaints Reform – Making Things Right	**TAB 10**
2004	Implementing the Equality Good Practice Reviews	**TAB 11**
2006	Complaints in the HPSS A Consultation Paper issued. Public consultation period extended by 4 weeks – closing 23 March 2007	**TAB 12**
2009	Complaints in HSC: Standards and Guidelines for Resolution and Learning	**TAB 13**
2011	HSCB publishes Report on the Process Evaluation of Complaints in HSC: Standards and Guidelines for Resolution and Learning	**TAB 14**