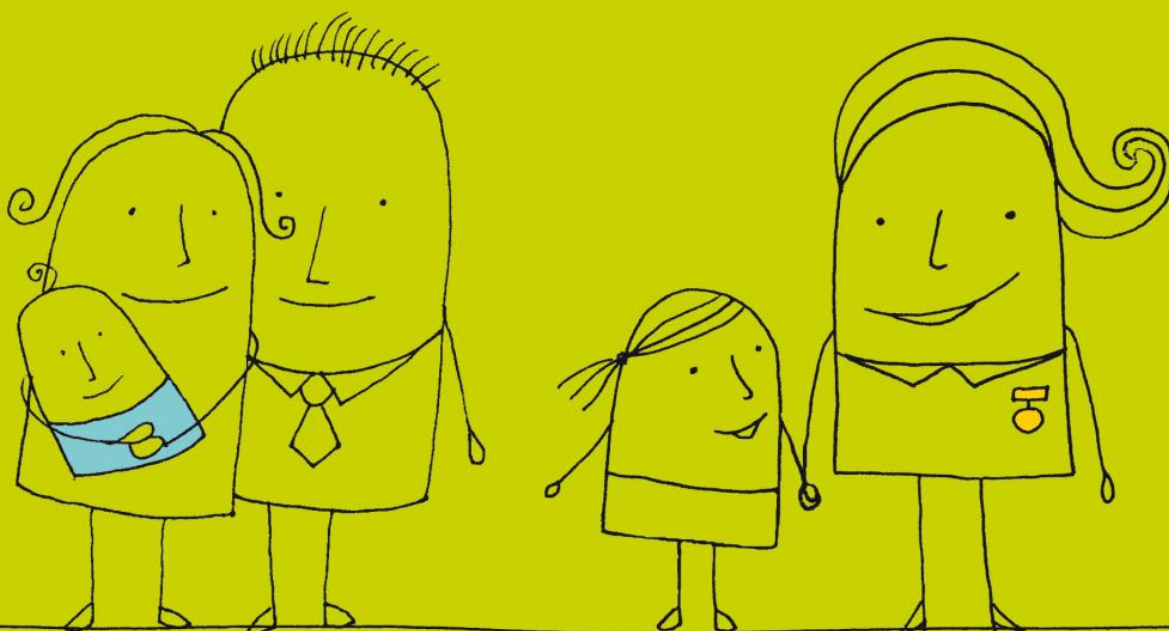


## Patient and Client Council

# Complaints Support Service

## Six Monthly Report

April to September 2013



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## 1.0 Introduction

The 2013-2014 Business Plan states that the Patient and Client Council (PCC) will provide complaints support service to people wishing to make a complaint about health and social care organisations in NI.

This report tracks progress against this objective for the first six months from April to September 2013. The report is divided into three main headings:

- Activity Data
- Outcomes and Key Themes Arising from Complaints
- Developments in the Complaints Support Service

## 2.0 Activity Data

### 2.1 New Contacts

The table following gives the total number of new client contacts between April 1 2013 and September 30 2013 by area and in total.

**Table 1 - New Contacts**

Type	Belfast	S. East	North	South	West	Total
Advice	54	79	49	45	57	284
Complaints (Information)	22	26	26	28	34	136
Complaints (Formal)	52	47	73	35	48	255
Complaints (Issue/Concern)	42	49	46	46	44	227
Signposting	9	2	2	6	1	20
<b>TOTAL</b>	<b>179</b>	<b>203</b>	<b>196</b>	<b>160</b>	<b>184</b>	<b>922</b>

### 2.2 Terms Used in the Table

For the purposes of reporting, the Complaints Support Service divides contacts into categories as shown above. These are:

- **Advice**  
This relates to contacts where advice only is required by the client. For example, on how to change General Practitioner.
- **Complaints (Information)**  
This category is for contacts that require only information on how to make a complaint. Support in making a complaint is not required in these cases.

- **Complaints (Formal)**

This category is for those contacts from clients who are considering or wish to make a complaint under the formal HSC Complaints process and who receive support from the Complaints Support Service in doing so.

- **Complaints (Informal)**

This category is for those clients who have a concern and wish to resolve it but who do not wish to make a formal complaint. Support is offered by the Complaints Support Service in resolving the issue – often by direct contact with the service provider.

- **Signposting**

This category is for those contacts where directions to another organisation are all that is needed – the Benefits Agency, for example.

## 2.3 Projected increase in activity

922 new contacts were made during this period (1 April to 30 September 2013). This is an average of 154 new contacts per month. Over 12 months, at the same rate of contact, this extrapolates to 1,848 contacts by March 2014. In 2012/2013, the service managed 1,147 contacts of all types. This is a 60% increase.

618 new complaints contacts were made in this six months period. This is an average of 103 per month. This extrapolates to 1,236 new complaints contacts by March 2014. This is a 44% increase on 2012/2013.

## 2.4 Types of Contact

Table 2 below describes all contacts into and out of the service by area and type. It should be noted that the greater part of the activity is by telephone and e-mail.

**Table 2. Types of Contact with Clients**

Type	Belfast	S. East	North	South	West	TOTAL
Telephone	1146	1096	769	771	520	4302
Letter	76	117	111	108	46	458
E-Mail	330	503	272	479	486	2070
Drop In	7	8	12	25	8	60
Meeting (In)	18	15	11	11	5	60
Meeting (Out)	8	14	24	5	8	59
Event	2	8	11	8	5	34
<b>TOTAL</b>	<b>1587</b>	<b>1761</b>	<b>1210</b>	<b>1407</b>	<b>1078</b>	<b>7043</b>

## 2.5 Signposting of Complainants to Professional Regulators and Other Agencies

In addition people may seek information and advice about the fitness to practice of a Clinician. In this instance PCC will signpost people to the relevant Professional Regulator for information, support and advice. The agency involved will then be responsible for triaging and progressing the complaint with the complainant.

PCC Complaints Support Officers have a good working knowledge of the work of the Professional Regulators and other Agencies, however, it is not their role to assess clinical practice.

Over the period from September to March 2013 we have provided advice to people in relation to the following regulatory bodies:

- Northern Ireland Ombudsman (NIO) - 50 people
- General Medical Council (GMC) - 7 people
- Nursing and Midwifery Council (NMC) - 0 people
- Regulation and Quality Improvement Authority (RQIA) – 17 people
- NI Social Care Council (NISCC) – 2 people

We do not refer clients to these bodies but we advise them of their role, and in relation to the NIO, we advise if it is too soon for them to make an application. It is then the client's choice whether to pursue or not, therefore these numbers do not indicate actual figures of people who have contacted these bodies.

The Complaints Support Service will continue to provide support to clients who wish to approach a Professional Regulator or other Agency.

## 2.6 Nature of Complaints

Complaints are divided into four main categories. Treatment and Care remains the greatest cause for complaint. The category "Treatment and Care" is very diverse and includes misdiagnosis; inadequate care planning; poor quality of service in specific instances and failure to address basic care needs adequately. Future reports by the Complaints Support Service will include sub-categories of "Treatment and Care".

**Table 3 Nature of Complaint (New Complaints Only)**

Type	Belfast	S. East	North	South	West	TOTAL
Treatment and Care	79	97	70	60	74	380
Communication	22	34	49	38	30	173
Attitude/Behaviour	27	46	29	16	20	138
Waiting Times/Access	37	27	52	25	30	171
<b>TOTAL</b>	<b>165</b>	<b>204</b>	<b>200</b>	<b>139</b>	<b>154</b>	<b>862</b>

*\* Note that individual complaints can be about more than one issue. The total number of new complaints in this period was 618.*

## 2.7 Area of Service

Complaints about hospital services of all types remain the largest category of complaint.

The increase in activity noted at **Paragraph 2.3** above is across all categories of complaints – it is a general increase - not driven noticeably by a specific issue or “spike” in a specific area.

Three areas are worth noting and will be reviewed further to see if any trend or issue is indicated:

- **Western Area Inpatient and Outpatient Complaints** – this may be because of the increased accessibility to the Complaints Support Service through the Derry/Londonderry Clinic. A report on the impact of this clinic is in preparation.
- **Northern Area GP Complaints** – there is no immediate trend or issue notable from the complaints other than the higher numbers. However, this will be explored in more depth to ensure that there is no specific trend with which we need to be concerned.
- **South Eastern Area Social Services and Residential/Nursing Homes** – the number of these complaints in the past six months is noticeable and will be explored in more depth. The issue will be raised with the Trust and further information sought as needed.

**Table 4 Area of Service (New Complaints Only)**

Type	Belfast	S. East	North	South	West	TOTAL
Hospital Inpatient	27	29	27	30	52	165
Hospital Outpatient	22	20	28	22	22	114
Hospital Emergency Department	14	10	10	2	4	40
Trust Community Service	14	17	13	17	8	69
Trust Social Services	6	15	11	5	9	46
GP	20	16	31	19	20	106
Out of Hours	1	1	3	2	1	8
Other Family Practitioner Services (FPS)	6	0	3	0	3	12
Residential/Nursing Home	4	22	7	7	1	41
Ambulance	1	0	2	1	1	5
Patient Transport	1	0	0	0	0	1
Prison Complaints	0	8	0	0	0	8
Other <sup>1</sup>	2	1	10	4	6	23
<b>TOTAL</b>	<b>118</b>	<b>138</b>	<b>145</b>	<b>109</b>	<b>127</b>	<b>637</b>

<sup>1</sup>includes Independent Provider; Travel Costs; Independent Living Fund; Laboratories; Patient Records; Hospice and General Facilities.

<sup>2</sup>Note that individual complaints can be about more than one issue. The total number of new complaints in this period was 618.

## **3.0 Outcomes and Key Themes arising from Complaints**

### **3.1 Outcomes**

Some of the notable outcomes arising from complaints are described below.

- **Dental – Access to Treatment for a Rare Condition**

A patient had been told that a specialist doctor was required to treat their condition and no treatment was available in Northern Ireland. The Complaints Support Officer was able to identify an appropriate local specialist and the patient was referred by their GP to this specialist.

- **Mental Health – Access to an alternative doctor**

A patient complained they had been told they could not change their Consultant Psychiatrist. The Complaints Support Officer negotiated with the patient's current psychiatrist and a referral was made to an alternative doctor.

- **Learning Disability – Access to dental services**

The parent of a child with behavioural problems was concerned that his son was missing routine dental care because he was referred to regional specialist services. A meeting with the Trust led to a referral to an appropriate local service. The parent called to tell the Complaints Support Officer they had attended their first appointment and all had gone well.

- **Emergency Department – Quality of Treatment and Care**

The client's mother had died in hospital following an emergency admission, which had been poorly managed in terms of care, communication and pain management. The Complaints Support Officer drafted a letter for the client and a meeting took place at which the issues were discussed, fault acknowledged and apologies made which were accepted by the client. The letter was highly praised and recognised for the impact it had made. With the client's consent, the letter was circulated to relevant staff as a learning tool.

- **Hospital Services – Outpatient**

A client complained that having been referred to a Rapid Access Chest Clinic she was told that the referral could not be accepted because it had come from an Emergency Department consultant. As a result, the policy has been reviewed and referrals are now accepted from GPs and Emergency Department Consultants.

- **Hospital Services – General Environment**

A client complained that the main entrance to the hospital was in an extremely dirty and untidy state. As a result, the Trust agreed to review its rota arrangements and put in place an improved system for checking.

- **Residential/Nursing Home**

An Adult Safeguarding investigation was carried out in response to the complaint and appropriate action taken with regard to the care worker in this case. In addition, all staff received training in Vulnerable Adults policies.

- **Hospital Services – Emergency Department and Children**

The parents of a child diagnosed with meningitis complained about the treatment and care they had received. They were given advice and support in advance of their meeting with the Trust by the Complaints Support Officer. The clients contacted the Complaints Support Officer after the meeting to say they were very satisfied with the outcome, which included making a paediatric nurse available to the Accident and Emergency Department.

- **Hospital Services – Mental Health**

The client complained that his wife – who had been an inpatient for several weeks – was seeing several different doctors and that the quality of her care was poor because of lack of co-ordination. A single doctor was named for the patient and the name given to the client.

- **Hospital Services – Inpatient (General Medicine)**

The mother of man with a learning disability complained about his treatment and care in the period leading up to his death. Outcomes from the complaint include better patient information on how the consultant team are co-ordinated and additional training on managing people with cognitive deficits and behavioural problems on the ward.

- **Hospital Services – Learning Disability**

A client was given and accepted an apology from the Trust for Treatment and Care received by her daughter and reimbursement of private diagnostic fees she had



incurred to prove that her daughter was unwell. The client accepted assurances given by the Trust on staff training.

- **Social Services – Community Based Care**

A client with long term care needs had complained as she was anxious that a transfer to another service would lead to a loss of support for her. With the support of the Complaints Support Officer, the client met with the relevant Social Worker and was able to receive assurances and information which meant that she withdrew her complaint.

- **Patient Transport – Day Procedure**

The client contacted us as a clinic he attended had been moved from to a different hospital at some distance. He was concerned given the nature of his condition at journey times and using public transport. The Complaints Support Officer established that Red Cross transport had been arranged by the Trust for patients affected by the service change. The client accessed his treatment.

- **Outpatient Service – Referral to an Independent Provider**

The client was unhappy about being referred to an Independent Service Provider in Belfast for pain management. The concern related to continuity of care and transport. The client lives in the Southern area and could not see the sense of attending a clinic in Belfast when there was a Trust facility closer in which she had confidence in and which she could access. The client made a complaint to the Trust. Following representations from Complaints Support Officer, the Trust agreed to see the patient locally.

## **3.2 Key Themes Arising From Complaints**

Below are the key themes arising from complaints. These will be raised with the Health and Social Care Board and Health and Social Care Trusts to share the learning and opportunity for service improvement.

Key themes include:

- **Use of Independent Providers**

A number of clients have complained that they are being referred to the independent hospitals in Ballykelly and Belfast and told that if they do not accept the appointment they will be put to the bottom of the waiting list. The locations and the appointments are inaccessible for some patients – particularly those who use public transport.

- **Complaints by residents in Nursing and Residential Homes**

The PCC did not receive one complaint from a resident in 2012/2013. All complaints were made by carers. PCC may wish to look at this further and to follow up on its publication in 2012/2013 of the advocacy toolkit for staff of residential and nursing homes “Someone to Stand Up for Me”.

- **Cancer services – Equity of Access**

The PCC continues to work with two clients whose complaint is related to this wider issue. The Rarer Cancer Foundation and Cancer Focus assert that people in Northern Ireland are 8 times less likely to access specialist cancer services than people in England.

- **GP Practice Lists**

A number of complaints have been received by us from patients put off the list of their GP. Other contacts have stated that fear of being taken off the practice list is a factor in whether or not they complain.

- **Access to services for newly released prisoners**

The Prison Healthcare Workshop identified this as an issue. Prisoners discharged may wait up to six weeks to receive a form of ID that enables them to access benefits, housing and other services. It may affect also on their ability to access health and social care services – particularly GP services. Work on Prison Healthcare Services is described in detail at **Paragraph 4.3** below.

- **Provision of Wheelchairs, Aids and Appliances on Discharge from Hospital**

A couple of complaints have arisen around the supply of wheelchairs on discharge from hospital. The standard appears to be nine weeks post discharge leaving clients at risk of being housebound and immobile for a period following discharge.

- **Social Services – Child Care Issues (Northern)**

There is a small cluster of complaints in this area arising from parents of children with social services involvement. It may be appropriate to seek briefing and assurances about practice in this area.

- **Direct Payments**

Two complaints raise possible issues in this area. In the first, the client was unable to purchase care to the same level as he had lost the volume discount available to the Trust from the provider. In the second case, a family was presented with an unexpected redundancy bill of several thousand pounds after their relative died.

## Developments in the Complaints Support Service

The ongoing development work within the Complaints Support Service and the progress made in the first six months of 2013/2014 is outlined below.

### **4.0 Developments in the Complaints Support Service**

#### **4.1 Service User Feedback**

A service user evaluation has been introduced since 1 April 2013.

To date, 50 evaluation forms have been returned with 78% of respondents rating the service overall as “Good” or “Excellent”. The full report on Service User Evaluation is attached at **Appendix A**.

#### **4.2 Making a Complaint On-line**

In response to requests from service users the relaunch of the PCC website in October 2013, will include an online opportunity for people to leave details of their complaint and to request assistance from the Complaints Support Service.

#### **4.3 Complaints Support Service for Prisoners**

Usage of this service has remained low, with just eight contacts during the period of this report. Work is ongoing to promote the availability and improve the uptake of this service. This has included working with stakeholders to:

- enable prisoners to contact the PCC at any stage of their complaint – this is subject to further discussion with the South Eastern HSC Trust and with the Northern Ireland Prison Service
- provide the same telephone access to prisoners as to any potential client – i.e. during normal office hours
- review the information provided to prisoners by the PCC in partnership with service users facilitated by NIACRO
- improve continuity of services following discharge.

## 4.4 Learning from Complaints

- **Health and Social Care Board**

The Complaints Support Services Manager has met with the Health and Social Care Board Director with responsibility for action on the regional review of the complaints process and subsequent action plan.

The Complaints Services Manager represents the PCC on the six-monthly complaints review committee of the Health and Social Care Board. This committee identifies regional trends and themes in complaints, seeks further information, and recommends action arising from these.

Themes and issues identified by the PCC through its complaints work can be raised at this meeting.

In addition work is ongoing to include information on the support available from the PCC, in all correspondence with complainants from the HSC Trusts.

- **HSC Trusts**

The Complaints Services Manager is seeking agreement from each HSC Trust to a six monthly meeting to review together complaints information from the Trust and the PCC. The aim is to identify and resolve general issues and themes arising from complaints, including learning from complaints and service change arising from such learning. The first round of meetings will take place late October/early November following the publication of all Trust Complaints Annual Reports and the PCC Complaints Annual Report in October. Individual Complaints Support Officers liaise directly with Trust staff to support complainants and achieve notable outcomes such as those listed in 3.1.

- **Audit**

An internal audit of the PCC Complaints Support Service was completed in September 2013. This audit reviewed all of the procedures and activity of the service in managing clients. The service achieved a “satisfactory” assurance rating.

Recommendations from this audit included:

- I. In advance of closing cases the PCC will send out an evaluation form to the client for them to complete and return - completed
- II. Full implementation of the findings from the HSC Leadership Centre Skills Audit – completed

## **4.5 Complaints Support Service Steering Group**

In 2013/2014 a Complaints Support Service Steering Group will be established. The focus of the group will be on two main areas:

- a. To ensure that the PCC has effective mechanisms in place with the HSCB and HSC Trusts to provide the opportunity to share learning from complaints, so that providers can take action to improve services accordingly.
- b. The Steering Group will consider and make recommendations on the management of cases of particular complexity including cases on which the Complaints Support Service recommends closure without the agreement of the client. This will include an escalation process to the PCC Board which will provide a level of assurance regarding the operational approach to those exceptionally complex cases.

## **4.6 Strategic Links**

The Complaints Services Manager has established links with the Ombudsman; the Older People's Commissioner; the General Medical Council; the Vulnerable Adults Team and the Children's Commissioner to ensure that appropriate referrals from these organisations are made to the PCC.

In addition, a meeting has been held with the Board of Community Health Councils in Wales. This relationship will be developed for benchmarking; sharing of mutual data and information on working with prisoners (established in Cardiff and Vale Community Health Council).

Further meetings with key stakeholders will take place in the remainder of the year.

## **4.7 Satellite Complaints Clinic**

The Derry/Londonderry clinic has been a very successful initiative for the PCC. Since the drop-in clinic opened in March 2013, 15 people have attended the clinic.

A formal request has been made to establish a similar arrangement in the Downpatrick Citizens Advice Bureau with the aim of establishing a weekly clinic during the Autumn of 2013.

## **4.8 Database Development**

Training and development of the database will be ongoing.

## **4.9 Staff Development and Training**

Complaints Support Officers are provided with comprehensive and diverse training to support them in the effective delivery of their role. Each Complaints Support Officer maintains a personal learning and development portfolio and this is reviewed with them regularly.

Training received by Complaints Support Officers to date has included:

- Bereavement Awareness
- Complaints Handling
- Lay Advocacy Training
- Health and Rights Services for Older People
- Equality Awareness
- Handling Aggression
- Mental Health Detention Law
- Assist
- Mental Health First Aid
- Transgender Awareness
- LGBT Awareness

In 2012, the PCC commissioned a training needs analysis for Complaints Support Officers. Based on this report, further training will be commissioned for these officers in 2013/2014.

## **5.0 Costs**

The annual projected costs for the service were set out in the annual business plan at £180,000. This cost is made up of salary costs for staff. The spend, as at 30<sup>th</sup> September 2013, is £90,000.

## **6.0 Conclusion**

This report outlines the activity and development of the Complaints Support Service over the last six months. It identifies the significant growth in this service and it will be essential that the resourcing and funding of this service is considered in the PCC Business Plan for 2014/2015.

## APPENDIX A

### Summary of the first Service User Evaluation of the Complaints Support Service

An objective of the Complaints Support Service for 2013/2014 is to implement service user evaluation as a routine part of the service we offer.

We designed a questionnaire and submitted it to the Research Advisory Group, which approved it. We started issuing the questionnaires in August 2013. This report describes the comments made on the 50 questionnaires returned so far.

### Rating of the Complaints Support Officer

Question 1 asked service users to rate the Complaints Support Officer against four criteria.

	Excellent	Good	Average	Poor	Very Poor	No Answer	TOTAL
Respect	37	10	0	0	3	0	50
Caring	33	8	3	1	0	5	50
Listening	34	9	2	0	0	5	50
Advising	31	9	3	1	1	5	50

### Ratings of the Complaints Support Service

Question 2 asked users to rate the service against five criteria.

	Excellent	Good	Average	Poor	Very Poor	No Answer	TOTAL
Ease of Contact	23	22	3	1	1	0	50
Availability	29	11	4	4	1	1	50
Maintaining contact	27	9	7	1	4	2	50
Respect for privacy and confidentiality	31	14	0	1	1	3	50
Explanation of the Complaints process	24	16	3	3	2	2	50

Question 3 asked service users to rate the service overall:

Excellent	27	(54%)
Good	12	(24%)
Average	2	(4%)
Poor	1	(2%)
Very Poor	2	(4%)
Blank	6	(12%)

**Outcomes**

Question 4 asked service users what outcome they wanted when they approached the service and Question 5 asked whether they got the outcome they wanted.

**Did you get the outcome you wanted?**

Yes	25
No	24
No answer	1

**Could we have done more?**

Question 6 asked service users whether they thought we could have done more to help.

**Could we have done more to help?**

Yes	10	(20%)
No	39	(78%)
No answer	1	(2%)

Those who said they thought we could have done more to help were asked to provide comments on their response. Comments made raised the following issues.

- Two were from clients who felt we took insufficient interest in their case and one stated they felt we spent more time with the Social Services staff than with them as the client.



- Two comments mentioned our failing to maintain adequate contact.
- One comment stated they would have liked us to meet the manager about whom they were complaining rather than deal with the complaint by letters.
- One comment stated that they thought there should have been greater awareness of our service.

### **Other Comments**

10 respondents provided positive comments about the Complaints Support Service. These include:

- *“I wanted the hospital consultant to recognise that my daughter was not looked after or treated properly, this has happened thanks to your officer who was just wonderful”*
- *“If I had known sooner you would definitely have been able to help my family and perhaps more awareness about your role would be good. I am now able to make others aware. Both staff I spoke to were lovely.”*
- *“We would like to express our sincere appreciation and gratitude...You helped us immensely in our fight for future older people and relatives to highlight how better procedures could be implemented”*
- *“12 weeks waiting..your officer started things moving in 24 hours”*

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