

Patient and Client Council

PATIENT AND CLIENT COUNCIL FIRST ANNUAL REPORT ON HEALTH AND SOCIAL CARE COMPLAINTS 2011 / 2012

November 2012

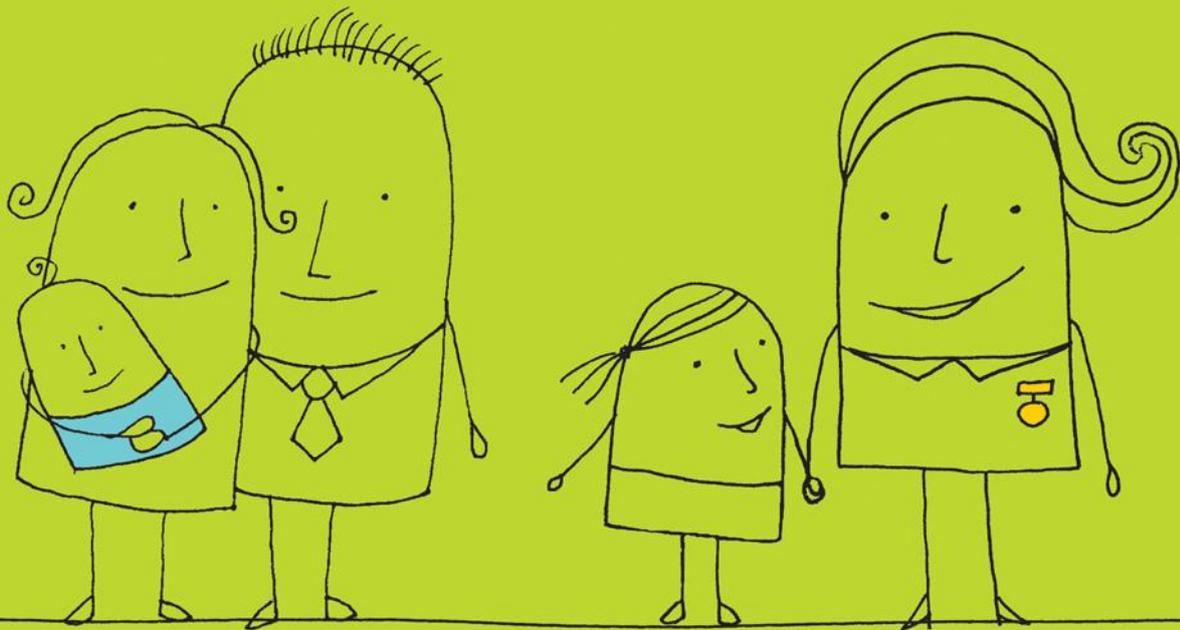


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Foreword

Dear Reader,

I am pleased to present the first annual report of our work to support people who want to make a complaint about Health and Social Care services in Northern Ireland.

While many people have had a positive experience of dealing with the Health and Social Care system, it is clear from the experiences of the people who have used the services that sometimes the Health and Social Care system can be difficult to navigate and the nature of their complaints can be complex.

In 2011/2012 the Patient and Client Council supported almost 1,000 people who wished to make a complaint about their experiences of various Health and Social Care services. Despite the fact that the overall number of complaints to Health and Social Care bodies remains fairly static, (approximately 5,000) it is clear from our workload that patients, service users and their families increasingly seek support from the Patient and Client Council's complaints service.

This report presents an overview of the number of complaints that were supported by the Patient and Client Council, the type of Health and Social Care service complaints addressed, as well as brief case studies from each Health and Social Care Trust area. Hospital services were the main subjects of complaints; this included complaints about access to and the quality of care and treatment. There were many other issues raised that cover a diverse range of Health and Social Care service issues.

I would like to thank our Complaints Officers for their efforts during 2011 / 2012. The short accounts of individual cases they have chosen for inclusion in this report illustrate not only the challenges of their work and the benefit it can bring to people who complain but also the capacity of Health and Social Care organisations to listen and act when a complaint is made. It is particularly pleasing for the complainant whenever a complaint has led to learning and service improvement.

During the next 12 months and beyond, we will see a significant change in the way our Health and Social Care services are delivered. This report will help to ensure that the voice of people in Northern Ireland who make complaints about Health and Social Care is heard, listened to and acted upon.

A handwritten signature in black ink that reads "Maeve Hully". The signature is written in a cursive, flowing style.

Maeve Hully

Chief Executive of the Patient and Client Council

Summary

This is the first annual report of the work done by the Patient and Client Council to support people who want to make a complaint about Health and Social Care services. Since this is the first Annual Complaints report, it outlines the number of complaints supported by each Health and Social Care Trust area since the Patient and Client Council's inception in April 2009.

In 2011/2012 the Complaints Officers supported 980 people through the Health and Social Care complaints process. This represents a 12% increase in workload, compared with 2010/2011.

Despite the fact that the overall number of complaints to Health and Social Care bodies remain fairly static, (approximately 5,000) it is clear from our workload that patients, service users and their families want to be heard and increasingly seek support from the Patient and Client Council complaints service. Service improvements have been made as a result of the issues raised.

Hospital services were the main area covered in the complaints. This included complaints about access to and the quality of care and treatment. Many other service issues were raised, including: GPs; social care; community; mental health and dental services; and issues related to nursing homes.

This report provides some anonymous examples of case studies from each of the different area offices, including those where there has been a positive improvement to services as a result of a complaint. The brief case studies outlined provided examples of issues within: access to urgent care; access to surgery; community care package; wheelchair provision; accident and emergency (communicable disease); home adaptations; access to long term condition services; patient and involvement in decisions; maternity services; and bereavement (queries on treatment and care).

1.0 ROLE OF THE PATIENT AND CLIENT COUNCIL

The Patient and Client Council was established in April 2009 to provide a powerful, independent voice for patients. It has four statutory duties which can be summarised as:

1. Listen and act on people's views
2. Encourage people to get involved
3. Help people make a complaint
4. Provide advice and information

2.0 COMPLAINTS SUPPORT SERVICE

This service is provided by a small team of Complaints Officers who are based in each area office of the Patient and Client Council. These officers are supported locally by the Area Managers. Local offices are co-terminus with Health and Social Care Trust areas.

The Complaints Officer:

- provides advice and signposting to people considering making a complaint (in many cases they are able to resolve issues before it becomes a complaint);
- manages a caseload;
- advocates for clients within local Health and Social Care providers; and
- maintains effective communication with Health and Social Care organisations to enable complainants to have their voice heard.

Complaints Officers meet people, provide advice and guidance over the telephone, draft and advise on correspondence and attend meetings with Health and Social Care providers.

The majority of cases can be managed within a short time by telephone calls and correspondence. A smaller, but significant number of complaints develop into complex cases that require support by the Complaints Officers over a period of months.

In 2011/2012 a new complaints database was introduced. This will enable better management of complaints and more effective use of staff time.

During 2011/2012, arrangements were made to provide a complaints support service to prisoners. In line with the arrangements made for Health and Social Care to provide the Prison Healthcare Service from 2008/2009, prisoners have the same right of access to complaints support as the general population. All Prison Healthcare Services are provided by the South Eastern Health and Social Care Trust. Mirroring this agreement, the South Eastern Area Office will provide all complaints support to prisoners.

As with the majority of complaints cases, prisoner complaints will be managed largely by correspondence and telephone conversations. During 2012/2013, arrangements, including staff training, will be made to allow Patient and Client Council staff to support prisoners for the purposes of pursuing a complaint.

Arrangements are in hand to include contact details for the Patient and Client Council in information provided to prisoners during 2012/2013.

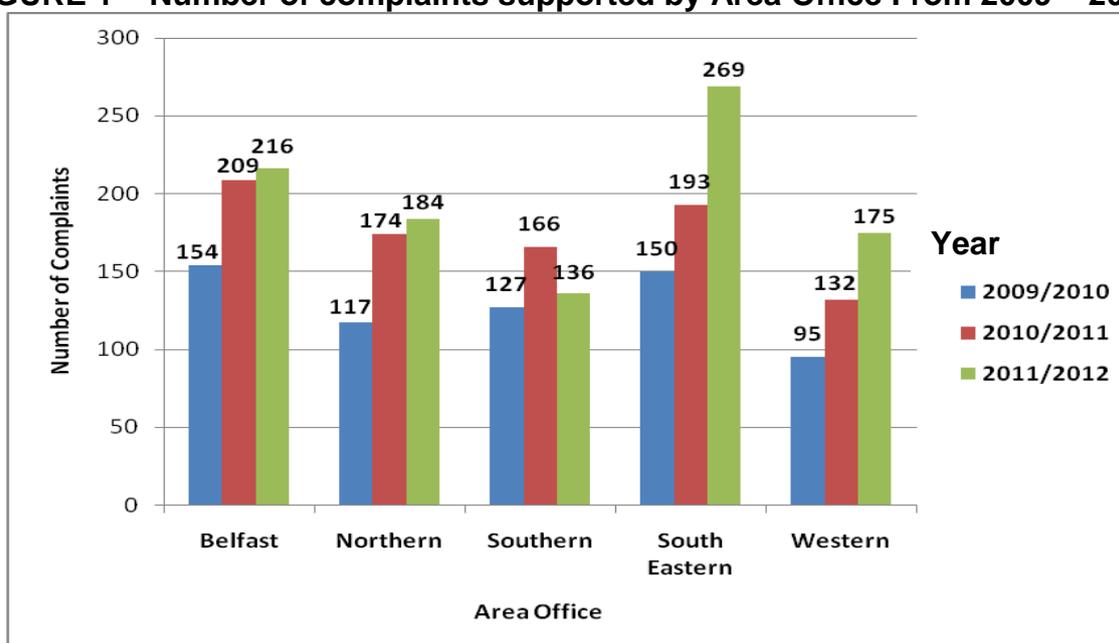
3.0 COMPLAINTS SUPPORTED

Since this is the first Annual Complaints report, it outlines the number of complaints supported by each Health and Social Care Trust area since the Patient and Client Council's inception in April 2009.

3.1 THE COMPLAINTS SUPPORT SERVICE FROM 2009 TO 2012

Figure 1 below provides a breakdown of total complaints supported by area office service from 2009 to 2012.

FIGURE 1 – Number of complaints supported by Area Office From 2009 – 2012



Area Office	09/10	10/11	+/-	11/12	+/-
Belfast	154	209	+55	216	+7
Northern	117	174	+58	184	+9
Southern	127	166	+39	136	-30
South Eastern	150	193	+43	269	+76
Western	95	132	+37	175	+43
TOTAL	643	875	232	980	105

The number of complaints supported has increased by over 50% since the first year of operation. Some of this can be attributed to the public facing work of the Patient and Client Council staff.

3.2 THE COMPLAINTS SUPPORT SERVICE IN 2011/2012

3.2.1 Breakdown of Complaints by Area Office in 2011/2012

Breakdown of complaints by Area Office of the Patient and Client Council for the period 1st April 2011 to 31st March 2012.

Area Office	No.
South Eastern Office	269
Belfast Office	216
Northern Office	184
Western Office	175
Southern Office	136
Total complaints	980

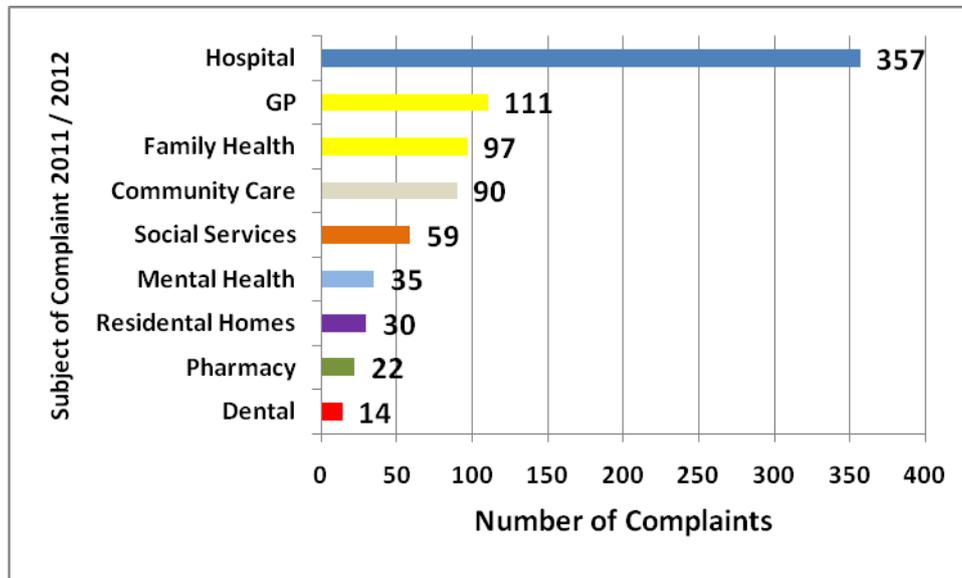
In 2011/2012, the Patient and Client Council carried out a comprehensive organisational review. The review indicated a move to a more peripatetic than area based working by Complaints Support Officers, combined with management arrangements that would enable them to work more closely as a single team, rather than by area.

While local links are important to maintain the confidence both of clients and Health and Social Care providers, the table above illustrates the need for a more flexible allocation of workload among Complaints Support Officers that is not just area based.

3.2.2 The Number and Type of Complaints

Figure 2 below provides an overview of the type of complaints supported during 2011/2012.

FIGURE 2 – Number and Type of Complaints during 2011/2012



Note, many of the complaints in the family health category (not broken down) are GPs.

The implementation of the new complaints database will enable future reports to provide more detailed analysis of the trends with complaints. However, we know that the care and treatment in hospital is the main area of concern and waiting times for hospital care features highly within this. Communication with and attitude of GPs is also a recurring theme.

3.2.3 The Number and Type of Complaints by Area Office

The following tables give short summaries of complaints support activity by area office.

The manner in which complaints data is currently collated varies between offices. Reporting arrangements and data collection will be harmonised in 2012/2013. However, variations in subheadings will be noted in the following information.

Southern Area Office (Complaints by Provider)

Service Provider	No.
Hospital Services	67
Family Health Service Practitioners	28
Community Care	16
Social Services	13
NIAS	2
Residential Care	1
Health and Social Care Board	1
Other	7
Non – specific	1
Total	136

Northern Area Office (Complaints by Provider)

Service Provider	No.
Hospital – Inpatient/Outpatient	95
Social Services	29
Pharmacy	14
General Practitioner	26
Dental	6
Residential Homes	5
Mental Health Services	3
Community Care	3
Not disclosed	2
NIAS	1
Total	184

Western Area Office (Complaints by Provider)

Service Provider	No.
Western HSC Trust	106
FHS Practitioners	31
Out of Area Complaints	5
Other	30
Nursing/Residential Homes	3
Total	175

Belfast Area Office (Complaints by Provider)

Service Area	No.
Hospital	91
General Practitioners	39
Community Services	18
Social Services	16
Nursing/Residential Homes	12
Dental	9
Mental health	7
Other	24
Total	216

South Eastern Area Office (Complaints by Provider)

Service Area	No.
Hospital inpatient /outpatient care	104
General Practitioner Services	46
Social services	32
Community Services	30
Mental Health Services	20
Nursing/residential Homes	18
Dental	7
Other	12
Total	269

4.0 CASE STUDIES

The following short case studies were selected by the Complaints Support Officers as illustrative of their work in 2011/2012.

- ***Access to Services (Long Term Condition)***

An elderly client with chronic back pain had been referred to a Consultant for treatment and care. Having heard nothing for several months, the client spoke to her GP and to her Physiotherapist. It appeared that the referral had not been made and that the client was not on the list to see the Consultant.

The Complaints Support Officer, on behalf of the client, pursued this matter through a series of telephone calls to the hospital appointments managers, the Physiotherapist and to the Consultant. The physiotherapist had made the referral but it had apparently been lost in the system. The Complaints Support Officer received an undertaking from the physiotherapist to bring the matter to the urgent attention of the consultant.

The client subsequently called the Complaints Support Officer to inform her that she had received an appointment for three weeks' time.

- ***Patient Information and Involvement in Decisions***

A family member of the client contacted the Patient and Client Council. The client was in a life threatening condition in hospital and severely compromised being unable to speak, eat or drink. The family member was very distressed, feeling dismissed by staff when they requested information on the likely outcome for the client and on the plan for treatment and care.

The Complaints Support Officer contacted the Trust and helped to facilitate a meeting between the family, the client and the lead Consultant. This involved the meeting taking place on the ward so that the client could attend.

The meeting took place, and whilst the family were distressed as the options for the client are limited, they felt they are now in a position to make informed decisions with him. The lead Consultant has agreed to regular meetings with the family to keep them up to date at each stage of treatment and care of the client.

- ***Accident and Emergency/Communicable Disease***

A client who attended an accident and emergency department with a communicable disease made a complaint about the infection control procedures of the Trust and the attitude of a member of staff. They also complained about their confidentiality and dignity being compromised by the manner in which the Trust managed their care whilst in the accident and emergency department. The Trust had displayed notification of the communicable disease in a way that everyone in the department could see.

The Complaints Support Officer discussed the circumstances with the client via telephone and advised them how to draft a letter of complaint. The Complaints Support Officer also attended a meeting with the relevant Head of Department in support of the client.

The outcome of this was a reminder to a staff member of appropriate Trust procedures. The Trust agreed that its method of sharing information on communicable disease in accident and emergency was inappropriate and agreed to review its documentation. An additional recommendation was that an anonymised account of the case should be used in staff training to emphasise the need to deal sensitively with patients with communicable disease and to protect their confidentiality and dignity.

- ***Home Adaptations***

A client was unhappy with an assessment made of his needs by an Occupational Therapist which meant major adaptations to his home to account for his disability. He wished to propose an alternative that was more acceptable to him.

The Complaints Support Officer, through telephone conversations and correspondence, assisted the client in expressing clearly his needs and aided his understanding of the assessment process and his options within it. This included contacting the Trust, with the client's permission, and gaining information on the decision that had been made and the reasons for it.

With this support, the client was able to meet again with the Trust and to advocate for himself. As a result, the Trust revised its recommendation in line with the client's wishes.

- ***Community Care Package***

A quadriplegic client, who required a ventilator to breathe, had numerous concerns with the community care package he was receiving.

The Complaints Support Officer assisted the client in writing and submitting his letter of complaint. The client was unhappy with the initial response from the Health and Social Care Trust, feeling that his concerns were being dismissed. The Complaints Support Officer facilitated a meeting with the Trust. The outcome of the meeting was an action plan agreed with the client.

The client stated that he felt that he had been listened to at the meeting and he felt confident that the changes that had been agreed would improve the quality of the service he received in future.

- ***Wheelchair Provision***

A client did not meet the regional criteria for the provision of a wheelchair as her home was judged too small to accommodate a wheelchair. The client, a frail older person, was very keen to maintain her independence.

The Complaints Support Officer assisted the client in drafting and submitting her letter of complaint.

As a result, the client was reassessed. It was agreed that the criteria had been applied too strictly in this case and a wheelchair was provided. The case was discussed at the regular service meeting of the Trust and at a relevant Service User Forum. As a result of this, all staff have been advised to consider both the clinical and social needs of the client and long term needs when prescribing a standard level wheelchair. All staff were reminded to consider social needs in the context of the regional criteria.

- ***Maternity Services***

A client had a very traumatic experience of giving birth and two years later was off work and in counselling to try to come to terms with it. She came to the Patient and Client Council on the recommendation of a friend who had used the Complaints Support Service.

The Complaints Support Officer met with her and helped her to write a letter of complaint to the Trust and accompanied her to a meeting with the Lead Midwife, the Head of Service for Maternity services and the Consultant in charge of her care.

The Trust accepted that her standard of care fell below an acceptable level and that there were learning points from her experience which they would use in staff training sessions to try to bring about improvements in the service.

The outcome was very positive for the client. She subsequently contacted the Complaints Support Officer to tell her of the positive impact going through the complaints procedure has had for her. She has returned to work and is doing well.

- ***Bereavement/Queries on Treatment and Care***

The relatives of a patient who had died were finding it very difficult to come to terms with his death as they felt very confused about conflicting information they had been given and had many unanswered questions around his care which they felt was not of an acceptable standard.

The Complaints Support Officer assisted them in getting copies of his records and helped them to write their questions in a clear and precise manner to the Trust. The Complaints Support Officer then accompanied them to a meeting with the Head of Surgery and the Consultant in charge of their relative's care, which was extremely positive in clarifying the issues they had raised.

The outcome for the clients was very positive; they subsequently contacted the Complaints Support Officer to describe the relief that having their complaint dealt with has brought and that they are finally able to move on with their lives.

- ***Access to Surgery (Cancer)***

A client was going through treatment for breast cancer. She was at the reconstruction surgery stage of treatment but had been told that her final procedure may be delayed because she was no longer in a life threatening condition. The client was concerned that her final treatment would be delayed by a considerable time if she was classed as non-urgent.

The Complaints Support Officer contacted the Trust and raised the client's concerns. An assurance was given that treatment would proceed as soon as possible but the pressure on services was reiterated. The client was given a cancelled session and completed her treatment.

The Complaints Support Officer was advised by their Area Manager to raise the issue as a matter of general principle with the Trust as it seemed likely other patients could experience the same problem. The Complaints Support Officer wrote to the responsible Director in the Trust and in a meeting arranged subsequently, the Area Manager was assured by the Trust Director that care of breast cancer would be treated as a single programme of treatment and that this patients experience should not be repeated for other patients.

5.0 SUPPORTING THE DEVELOPMENT OF THE HEALTH AND SOCIAL CARE COMPLAINTS PROCEDURE

A new Health and Social Care Complaints Procedure was introduced in April 2009. The key features of this new procedure were:

- the removal of a formal Stage 2 Process through which patients or clients could continue to pursue a complaint if they remained dissatisfied following a Health and Social Care provider response to their initial complaint;
- the introduction of local resolution supported by access to a conciliation service, to independent lay people and to independent experts in order that complaints could be fully resolved at the provider level; and
- recourse to the Ombudsman if the patients or clients remained dissatisfied at the end of this process.

These changes had clear impact for the work of the Complaints Support Service. The degree of negotiation and advocacy for clients with providers was enhanced by the new process as were the client's expectations of the extent to which a local Trust would seek to resolve their complaint.

The Complaints Support Service has participated in the on-going implementation of this new process. In 2011/2012, this included:

- providing client feedback to the Health and Social Care Board Review of the Complaints Process;
- membership of the Regional Complaints Committee; and
- membership of some Health and Social Care Trust Complaints Committees.

Throughout 2011 / 2012 the Patient and Client Council Complaints Support Service contributed to discussions about the development of:

- Conciliation – two independent conciliation providers have been approved. This process is one with a significant financial cost. The Patient and Client Council

will seek assurances that cost considerations will not take priority when the process of conciliation will aid or deliver resolution.

- Lay Persons - Seventeen independent lay persons have now been appointed. The Patient and Client Council discussed its role in providing information and training to these people.
- Independent Experts - A reciprocal arrangement across some Trusts is in place to exchange the use of independent experts. The Regional Health and Social Care Board is beginning the process of compiling an approved central list of independent experts to service the region.
- Response Times - There is the potential that the twenty day response time associated with the Provider's "first" response to a complaint will be extended. There is also the potential for the patient response time to be introduced to allow Health and Social Care Providers to close cases where there has been no patient contact for a significant period of time.

All of these are issues that will develop further through 2012/2013 and in which the Patient and Client Council will wish to make its views and experience known on behalf of its clients.

6.0 CONCLUSIONS

The Health and Social Care complaints process can be difficult to navigate and the nature of complaints can be complex.

In 2012/2013 the Patient and Client Council will continue to develop and improve the Complaints Support service.

The specific aims for 2012/2013 will include:

- Working with Health and Social Care providers to ensure learning from complaints is a priority for the provider;
- Fully implementing a Patient and Client Council Complaints Service for prisoners;
- The implementation of an organisation wide Complaints Support database and the harmonisation of reporting on activity;
- Engagement with key stakeholders to raise awareness of the Complaints Service among patients, service users and the public, including elected representatives and community and voluntary organisations who may refer clients to the service;
- Participation in the implementation of the action plan resulting from the review of the operation of the new complaints process carried out in 2010/2011 which recommends initiatives on Health and Social Care wide learning from complaints, on complaints training and on addressing the issues of attitude, behaviour and communication that underlie many complaints;
- Continuing to provide complaints support to patients and the public throughout Northern Ireland and advocating for changes to services that arise from this work; and,
- The publication of a comprehensive Annual Report on the work of the Complaints Support Service.

Health and Social Care needs to consider the findings of this report and make the necessary changes so that if people do wish to complain they get a timely and adequate response to their concerns.

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