

Patient and Client Council

Annual Complaints Report 2013/14

September 2014

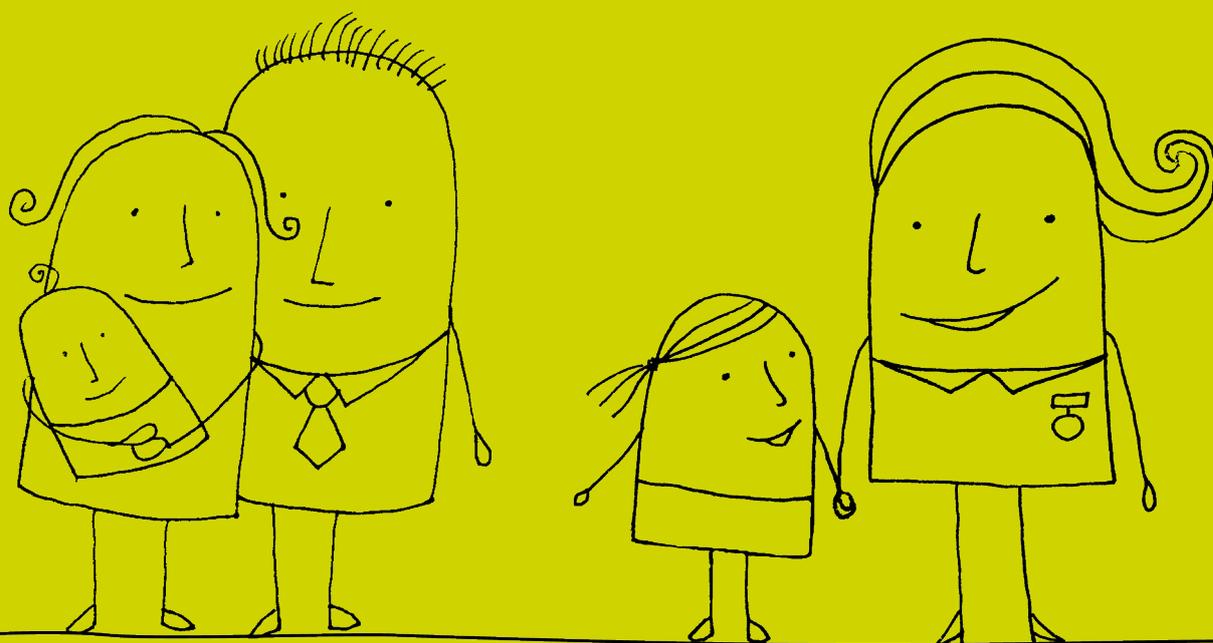


Table of contents

Foreword	5
Executive Summary	6
Complaints Support Service activity 2013/14	6
Complaints by service type and specialty	6
Nature of complaints	7
Client outcomes and their feedback	7
1.0 Introduction	9
1.1 Background	9
1.2 The PCC Complaints Support Service	9
1.2.1 The Work of a PCC Complaints Support Officer	9
1.2.2 Assistance provided by the Complaints Support Service	10
1.3 Improvements and developments to the service 2013/14	10
1.3.1 Summary of developments throughout 2013/14	10
1.3.2 Service performance and quality	11
1.4 The Annual Complaints Report 2013/14	11
2.0 Complaints Support Service activity 2013/14	12
2.1 Overview of activity	12
2.2 Type of activity	13
2.3 Complaints Support Service for prisoners	15
3.0 Complaints by service type and specialty	16
3.1 Summary of areas of service raised	16
3.2 Summary of complaints by specialty	19
4.0 Nature of complaints	20
4.1 Treatment and care	21
4.2 Case studies – Treatment and care	23
4.3 Communication	26
4.4 Case studies – Communication	26
4.5 Staff attitude	28
4.6 Case studies – Staff attitude	29

4.7	Waiting time	32
4.8	Summary of the nature of complaints by specialty	32
4.9	Nature of complaints - General Practice	33
4.10	Mental Health.....	34
4.11	Accident and Emergency Departments (A&E).....	34
4.12	General medical.....	35
4.13	Orthopaedics	35
5.0	Client outcomes and their feedback.....	36
5.1	Positive outcomes.....	36
5.1.1	Outcomes - Service Change and Improvement.....	36
5.1.2	Outcomes – Explanation and Communication.....	37
5.1.3	Outcomes – Information, advice and signposting	38
5.2	Client feedback	38
6.0	Conclusions and actions	42
6.1	Complaints Support Service activity 2013/14.....	42
6.2	The nature of complaints.....	42
6.3	Client outcomes and their feedback.....	43
6.4	Actions for the Patient and Client Council in 2014/15	43
	Appendix 1 – Key tables by Health and Social Care Trust area.....	46
	Appendix 2 – List of Abbreviations	48

Foreword

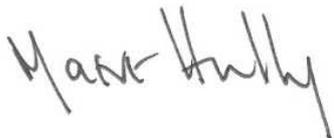
I am very pleased to publish this, our third, Annual Report on the Complaints Support Service of the Patient and Client Council.

Over the last 12 months 1,935 people contacted us for advice and support with a complaint or a concern. This is an increase of 64% on last year and the single biggest annual increase since 2009.

Complaining about Health and Social Care services remains a complex process; there is evidence that many people are reluctant to make a complaint. Some people find the process of complaining long and difficult. There is a view that nothing ever changes. There is also a fear that the person complaining will experience a lesser service as a result of speaking out.

Complaints remain an important measure of people's experiences and service providers should be proactive in their approach to complaints and view them as an opportunity to learn and change practice.

I hope that this report which gives service providers vital information about the areas that are of concern will continue to contribute to the service improvement which is required to improve the experience of people who use health and social care services.



Maeve Hully

Chief Executive

Executive Summary

The third Annual Complaints report provides an update of the work carried out by the Patient and Client Council Complaints Support Service from the 1st April 2013 to the 31st March 2014.

Complaints Support Service activity 2013/14

1,935 people contacted the Complaints Support Service in 2013/14. 1,143 of these people were supported through a formal complaints case. The type of support provided to those who contacted our service included information, informal support with a complaint and formal support with a complaint. By complaint breakdown, complaints were as follows:

- In 28.5% of cases the client required information about the complaints process;
- In 30.4% of cases the client raised an issue or concern but did not pursue a formal complaint; and
- In 41.1% of cases the client wished to make a formal complaint*.

Complaints by service type and speciality

The areas of service within health and social care raised by the 1,143 people who were supported by the Complaints Support Service in 2013/14 were:

- Hospital inpatient (24.5%)
- GP services (19.2%)
- Trust community services (15.9%)
- Hospital outpatient (15.4%)
- Hospital emergency department (5.2%)

As with previous years, hospital inpatient was the area of service most frequently identified by clients in complaints. The percentage of complaints relating to Trust community services and GP services have increased in the past year, while the percentage of complaints about hospital outpatient and social services have decreased since 2012/13.

The top five specialty areas raised in complaints in 2013/14 were:

- General Practitioners (17.8%)
- Mental Health (7.0%)
- Accident and Emergency Departments (5.2%)
- General medical (5.2%)
- Orthopaedics (4.7%)

* In addition, a small number of cases (n=8, <1.0% of total complaints cases 2013/14) were part of a formal complaints process but required advice and signposting only.

Nature of complaints

Many cases supported by the Complaints Support Service are complex in nature, as a client's decision to make a complaint is often influenced by a number of issues or concerns. As with previous years, the four most common causes of complaints in 2013/14 were treatment and care, communication, staff attitude, and waiting times. Many of the complaints raised in the past year include a combination of these four factors.

Treatment and care was the most common cause of complaint, an issue in 65.3% of cases. Areas of complaint within treatment and care that were frequently identified include treatment, diagnosis, and nursing care.

Communication was a contributing factor in a third of complaints in the past year (33.2%). Poor communication was usually one of several issues highlighted within a complaint, often alongside associated concerns such as staff attitude and waiting times. Staff attitude or behaviour was an issue in 26.8% of cases and waiting time in 23.4% of cases.

Client outcomes and their feedback

For most people who called the Complaints Support Service in 2013/14 the outcome they sought was an apology, an explanation and an assurance of change so that others do not have the same experience as them.

Service user evaluations are a new development for the Complaints Support Service in 2013/14. A total of 147 clients completed a service user evaluation to rate their experiences of using the service. The majority of people (83.6%) rated the overall service they received as 'good' or 'excellent'.

However, 11.7% of people rated the service they received as 'poor' or 'very poor'. A small number of our clients indicated that the Complaints Support Service could have done more for them. The most common comment provided was that the service could have been more involved in their case and taken more action to pursue a response or resolution to their complaint. Other suggestions were that the Complaints Support Officer could have contacted them more frequently with updates and that the Complaints Support Officer could have followed-up on cases where the Trust had not responded to a complaint or where actions outlined by a Trust in response to a complaint had not materialised.

Most people rated the service provided by the Complaint Support Officer they dealt with very highly, particularly how they treated the client with respect, listened to their complaint, and showed a caring attitude. The majority of respondents were also happy with ease of contact and availability of Complaints Support Officers, the standard of information provided, and the level of confidentiality and privacy they received. Just over half (50.8%) of people who completed an evaluation said they

achieved the outcome they wanted when they first contacted the Complaints Support Service for advice or support.

1.0 Introduction

1.1 Background

The third Patient and Client Council (PCC) Annual Complaints Report provides an update of the work carried out by the PCC Complaints Support Service from the 1st April 2013 to the 31st March 2014.

The provision of support for anyone who wishes to make a complaint about a Health and Social Care service they have received is one of the four statutory functions of the Patient and Client Council[†]. The Complaints Support Role is specifically defined in the Health and Social Care (HSC) Reform Act 2009 as:

providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which a body to which this section applies is responsible;

It is also one of the key means by which the Patient and Client Council hears from patients about what is important and what should change within their Health and Social Care services.

1.2 The PCC Complaints Support Service

All Health and Social Care complaints are managed in accordance with the same Health and Social Care Complaints Procedure. This procedure sets guidelines and standards for the effective management of complaints by the service as a whole. The PCC is the only patient representative organisation named in the guidelines and standards and its role and function is described in detail.

1.2.1 The Work of a PCC Complaints Support Officer

The PCC Complaints Support Service is provided by a dedicated team of Complaints Support Officers with the support of an overall service manager. There are five Complaints Support Officers in the team at present divided between “First Responder” for new clients and “Case Management” for callers who require any kind of on-going support from us.

On average, each Complaints Support Officer:

- manages a caseload of 75 clients at any one time;
- deals with 18 new cases each month;
- makes and receives 159 client phone calls each month;
- sends or receives 70 client e-mails each month;

[†] The four statutory functions of the PCC are to (1) represent the interests of the public, (2) promote involvement of the public, (3) providing assistance to individuals making or intending to make a complaint and (4) promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care services.

- attends 7 client and case meetings each month.

In 2013/14 the Complaints Support Service dealt overall with approximately 1,286 client related contacts every month – a total of around 15,432 each year[‡].

1.2.2 Assistance provided by the Complaints Support Service

Patients, clients and carers who require support in making a complaint can expect the PCC Complaints Support Service will offer the following assistance:

- information on the complaints procedure and advice on how to take a complaint forward;
- discussing a complaint with the complainant and drafting letters;
- making telephone calls on the complainants behalf;
- helping the complainant prepare for meetings and going with them to meetings;
- support with helping clients to make a complaint to the Ombudsman;
- referral to other agencies, for example, specialist advocacy services; and/or
- help in accessing medical/social services records.

All advice, information and assistance with complaints is provided free of charge and is confidential.

1.3 Improvements and developments to the service 2013/14

The Complaints Support Service is an on-going process of development and growth to meet increased demand for support from patients and to promote wider learning from complaints.

1.3.1 Summary of developments throughout 2013/14

In the past year, developments implemented by the Complaints Support Service have included:

- the first full year of use of a bespoke database to manage the service and the intelligence it generates;
- a 'Lean Review' - as part of its commitment to improve its service to complainants the PCC undertook this review of the processes in its Complaints Support Service. The aim of the review was to map the "customer" experience and find ways to improve that experience and streamline the process. A series of recommendations have been developed and will be mainstreamed into the service in 2014/15;
- the introduction of routine service user evaluation to ensure that service development is based on feedback from clients;
- the introduction of a new online complaints facility;

[‡] These figures relate to the total number of separate communication events via telephone, letter, email correspondence or face to face with clients, rather than actual total number of clients.

- the establishment of satellite clinics (in Derry/Londonderry and in Downpatrick)[§];
- the establishment of six monthly complaints review meetings with all Health and Social Care Trusts to help to ensure learning follows from complaints;
- piloting of a new “First Responder” Complaints Support Officer role^{**} to ensure the service responds equally well to first time callers and established clients of the service;
- the first full year of a limited Complaints Support Service to prisoners^{††};
- strengthening of quality measures including additional staff training and the introduction of an escalation policy.

1.3.2 Service performance and quality

An audit of the operation of the Complaints Support Service was carried out during 2013/14. The audit scrutinised a number of key performance indicators for the service including responsiveness to clients, adequacy of advice and information given to clients, adequacy of support offered to clients, protection of client confidentiality and staff training and development. The audit concluded that the service provided an adequate and effective system of governance, risk management and control. As part of continual development, the service will further develop Key Performance Indicators throughout 2014/15.

1.4 The Annual Complaints Report 2013/14

This report provides an update of the work carried out by the PCC Complaints Support Service from 1st April 2013 to 31st March 2014 including overall activity, the type and nature of contacts made to the service and outcomes and feedback from our clients. In addition, this report includes a selection of patient stories to illustrate how Complaints Support Officers have been able to assist the people who have contacted the service in the last year. Only stories from clients who indicated that they were happy for these to be told were included in this report.

Percentages detailed in this report may not add to 100% due to rounding.

[§] The Derry/Londonderry clinic has been running for the whole of the year and will be evaluated in 2014/15. However, early feedback suggests that this clinic has led to increased use of the PCC Complaints Support Service in the Derry/Londonderry area and that clients value the availability of a locally based clinic service.

^{**} The “First Responder” Complaints Support Officer is the first point of contact for all new clients and will provide advice, guidance and signposting if this is all that the client requires. If the client wants action taken on their behalf the “First Responder” Complaints Support Officer will refer the client on to Case Management colleagues.

^{††} From March 2013, the Patient and Client Council began to offer its Complaints Support Service to prisoners in Northern Ireland. Use of the service throughout the year was low with a total of 15 contacts in 2013/14.

2.0 Complaints Support Service activity 2013/14

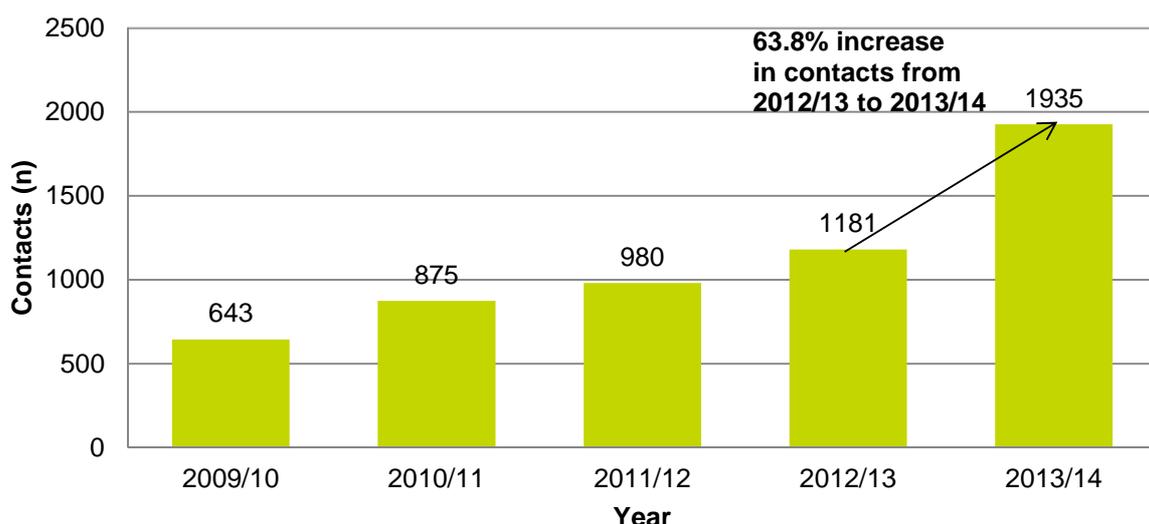
Chapter Summary

- 1,935 people contacted the Complaints Support Service from the 1st April 2013 to the 31st March 2014. Of these, 1,143 people were supported through a formal complaints process.
- Type of support provided included information, informal support with a complaint and formal support with a complaint.
- By complaint percentage breakdown, complaints cases were as follows-
 - In 28.5% of cases the client required information about the complaints process;
 - In 30.4% of cases the client raised an issue or concern but did not pursue a formal complaint; and
 - In 41.1% of cases the client wished to make a formal complaint.

2.1 Overview of activity

The number of people contacting the Complaints Support Service for support has increased each year since 2009/10. Between 2012/13 to 2013/14 the total number of contacts to the service increased from 1,181 to 1,935, representing an increase of 63.8% in activity from the previous year - see **Figure 2.1**.

Figure 2.1: Number of contacts with the Complaints Support Service 2009/10 – 2013/14



Base: 2009/10 n=643, 2010/11 n=875, 2011/12 n=980, 2012/13 n=1181, 2013/14 n=1935

Source: PCC Complaints Support Service Database

Table 2.1 shows the annual increase in number of contacts managed by HSC Trust area from 2009/10 to 2013/14. Note that Table 2.1 relates to the HSC Trust area where the contact is resident, which may not always correspond to the Trust area where the complaint incident took place as people contacting the Complaints Support Service for advice or signposting do not always provide this level of information.

Table 2.1: Number of contacts by resident HSC Trust area of the person who contacted the Complaints Support Service, 2009/10 – 2013/14

	09 / 10	10 / 11	11 / 12	12 / 13	13 / 14*	Percentage increase 2012/13 to 2013/14 (%)
Belfast	154	209	216	292	464	+58.9%
Northern	117	174	184	289	362	+25.3%
South Eastern	150	193	269	208	452	+117.3%
Southern	127	166	136	198	321	+62.1%
Western	95	132	175	194	321	+65.5%
Not assigned	-	1	-	-	15	-
TOTAL	643	875	980	1181	1935	+63.8%

**In 2013/14, 15 contacts did not wish to state the HSC Trust area in which they were resident*

Source: PCC Complaints Support Service Database

2.2 Type of activity

When a client contacts the PCC, the Complaints Support Officer will establish with them the nature of their complaint, the level of support they require from the PCC and the outcome they are seeking. Not everyone who contacts the service with a concern goes on to make a formal complaint however. Some of our clients call the Complaints Support Service for information only. In these instances, it is often possible for our Complaints Support Officers to resolve their issue there and then. This helps to resolve complaints at the earliest stage and avoids the need for people to go through the formal complaints process for the resolution they seek. An example of this type of support provided to a client within the past year is detailed in the patient story overleaf.

Patient Story 1

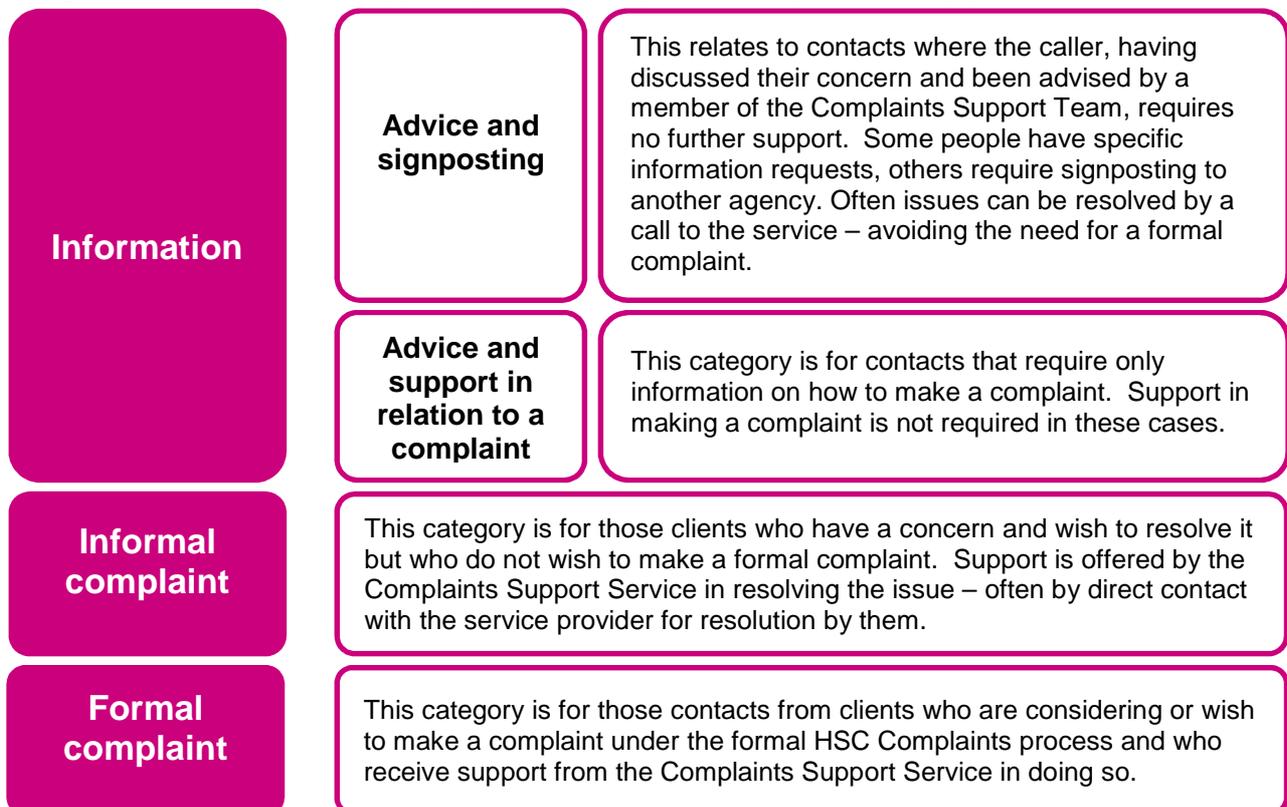
A client contacted us for advice on changing their child's paediatrician. After writing to the paediatrician to say they would like to change doctor, their child was discharged from the paediatrician's care and they were informed that they would have to go back to their GP and seek a new referral. The concern for the parent was that their child would be back to the bottom of the waiting list.

Our client required some informal support to help resolve this issue. A Complaints Support Officer contacted the relevant paediatrics booking service on the client's behalf to explain the situation. New channels of communication were established between our client and a contact at the paediatrics booking service, so that they could discuss what had happened and try to resolve the issue.

The client got in touch to let us know that their concern had been resolved; their child had been referred to a new paediatrician without going back to the bottom of the waiting list. What is more, the HSC Trust involved introduced a new system to allow a request for a change of paediatrician to go through without the patient having to be discharged first and referred again by a GP.

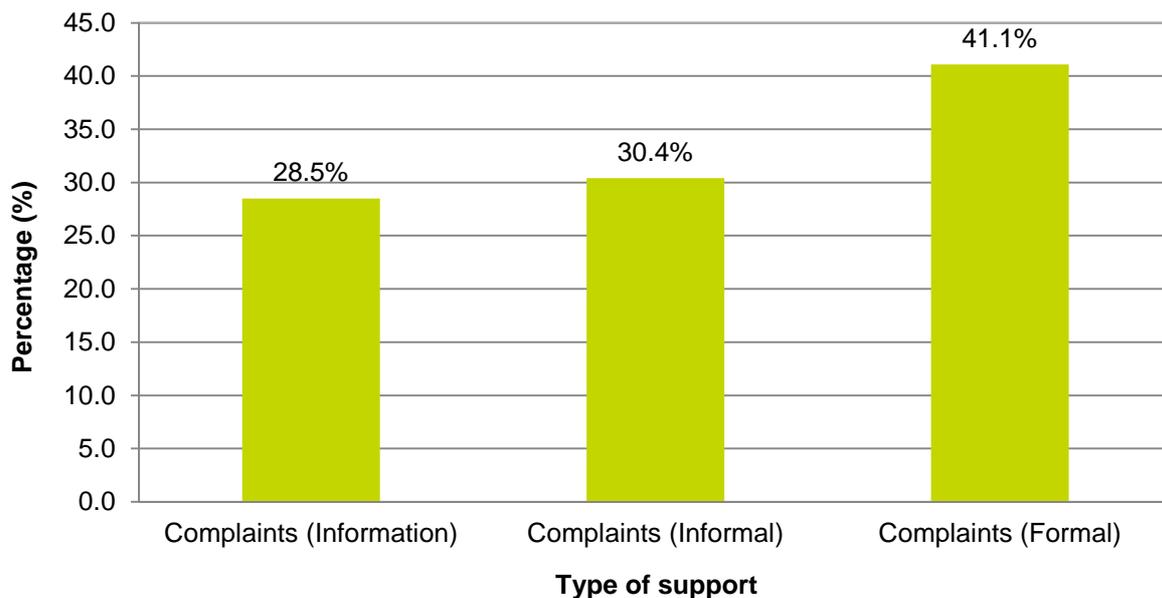
A summary description of the types of support provided by the Complaints Support Service during 2013/14 is provided in **Figure 2.2** below.

Figure 2.2: Types of support provided by the Complaints Support Service



Of the total contacts that required support with a complaint 28.5% required only information about the complaints process; 30.4% raised an issue or concern but did not pursue the formal complaints route at that time; and 41.1% wished to make a formal complaint about a service. **Figure 2.3** gives a full breakdown on the type of support given to people who contacted the service in 2013/14 in relation to making a complaint.

Figure 2.3: Breakdown of type for total contacts who required support with a complaint, 2013/14*



**In addition, a small number of cases (n=8, <1.0% of total complaints cases) were part of a formal complaints process but required advice and signposting only.*

Base = 1143 (Total number of people who contacted the Complaints Support Service)

Source: PCC Complaints Support Service Database

2.3 Complaints Support Service for prisoners

From March 2013, the Patient and Client Council began to offer its Complaints Support Service to prisoners in Northern Ireland, using a dedicated Patient and Client Council Freephone number. During 2013/14, there were a total of 15 contacts, all of which were provided with advice and information support by our Complaints Support Officers.

3.0 Complaints by service type and specialty

Chapter Summary

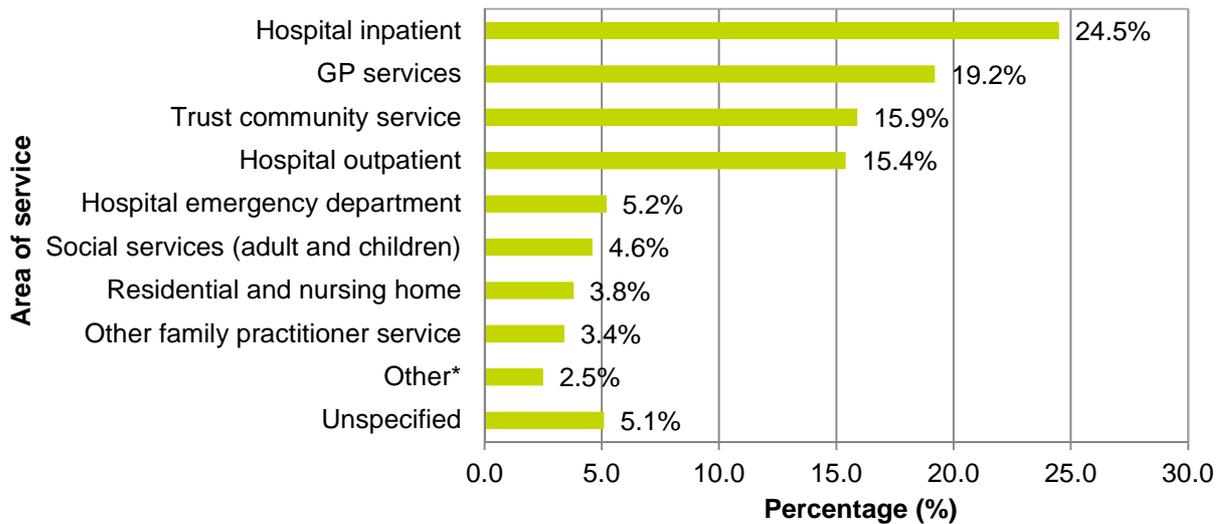
- 1,143 new cases in 2013/14 relate to actual complaints or issues raised by patients, carers and relatives.
- Hospital inpatient was the area of service most frequently identified in complaints in 2013/14; 24.5% of cases related to hospital inpatient services.
- The top 5 areas of service raised in complaints in 2013/14 were:
 - Hospital inpatient (24.5%)
 - GP services (19.2%)
 - Trust community services (15.9%)
 - Hospital outpatient (15.4%)
 - Hospital emergency department (5.2%)
- By HSC specialty, the top five areas identified in complaints in the last year were:
 - General practitioners (17.8%)
 - Mental health (7.0%)
 - Accident and emergency departments (5.2%)
 - General medical (5.2%)
 - Orthopaedics (4.7%)

3.1 Summary of areas of service raised

1,143 contacts in the last year related to actual complaints or issues raised by patients, carers and relatives. The complaints supported by the Complaints Support Service last year relate to a range of areas of service within health and social care.

Figure 3.1 shows the areas of service which were of concern to people who contacted us for support with a complaint in 2013/14.

Figure 3.1: Areas of service raised by clients in complaints



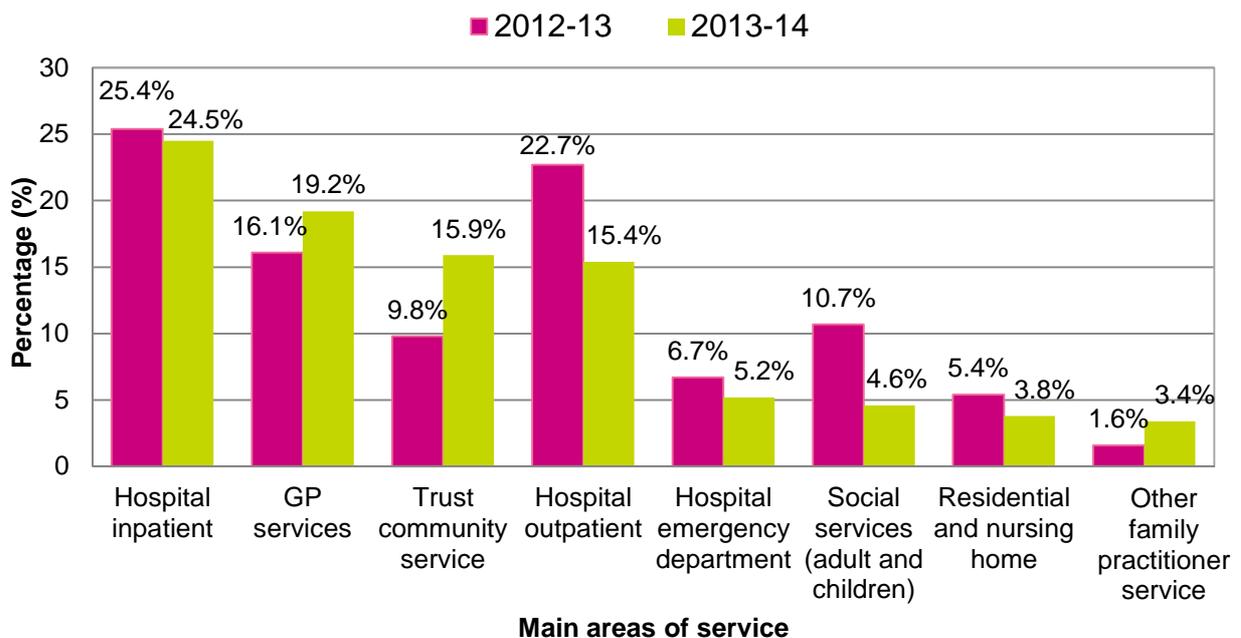
**Other refers to facilities, prison healthcare, ambulance service, and patient transport*

Base = 1143 (Based on all cases)

Source: PCC Complaints Support Service Database

As with the previous year, hospital inpatient was the area of service most frequently raised in complaints in 2013/14. **Figure 3.2** compares the areas of service most frequently identified in complaints raised in 2013/14, with figures for the same areas of service in 2012/13.

Figure 3.2: Areas of service raised in complaints 2012/13 and 2013/14



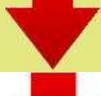
Base = 2012/13 – 853, 2013/14 – 1143 (Based on all cases)

Source: PCC Complaints Support Service Database

While the total percentage of complaints relating to hospital inpatient services has not changed significantly since 2012/13, Figure 3.2 does show increases and decreases in complaints relating to a number of areas of service in the last year. For example, there has been a percentage increase in complaints relating to Trust community services and GP (general practice) services, while the percentage of complaints about hospital outpatient services and social services have fallen considerably since 2012/13.

Table 3.1 outlines the total number of complaints and increases and decreases in complaints relating to key areas of service from 2012/13 to 2013/14.

Table 3.1: Total number of complaints relating to areas of service from 2012/13 and 2013/14 and associated % increase/decrease

Area of service	2012 / 13	2013 / 14	Increase / decrease from previous year (%)	
Hospital Inpatient	217	280		+29.0%
GP Services	138	220		+59.4%
Trust community service	84	182		+116.7%
Hospital outpatient	194	177		-8.8%
Hospital emergency department	57	60		+5.3%
Social services (adult and children)	91	53		-41.8%
Residential and nursing home	46	44		-4.3%
Other family practitioner service	14	39		+178.6% (Note: small bases)
TOTAL*	841	1055		

*Excluding other / unspecified (7 cases in 2012/13, 88 cases in 2013/14)
PCC Complaints Support Service Database

3.2 Summary of complaints by specialty

By HSC specialty, the top five areas identified in complaints in the last year were as follows:

- General practitioners (17.8%, n=204)
- Mental health (7.0%, n=80)
- Accident and emergency departments (5.2%, n=59)
- General medical (5.2%, n=59)
- Orthopaedics (4.7%, n=54)

The top five areas within complaints by specialty represented 39.9% of all complaints during 2013/14.

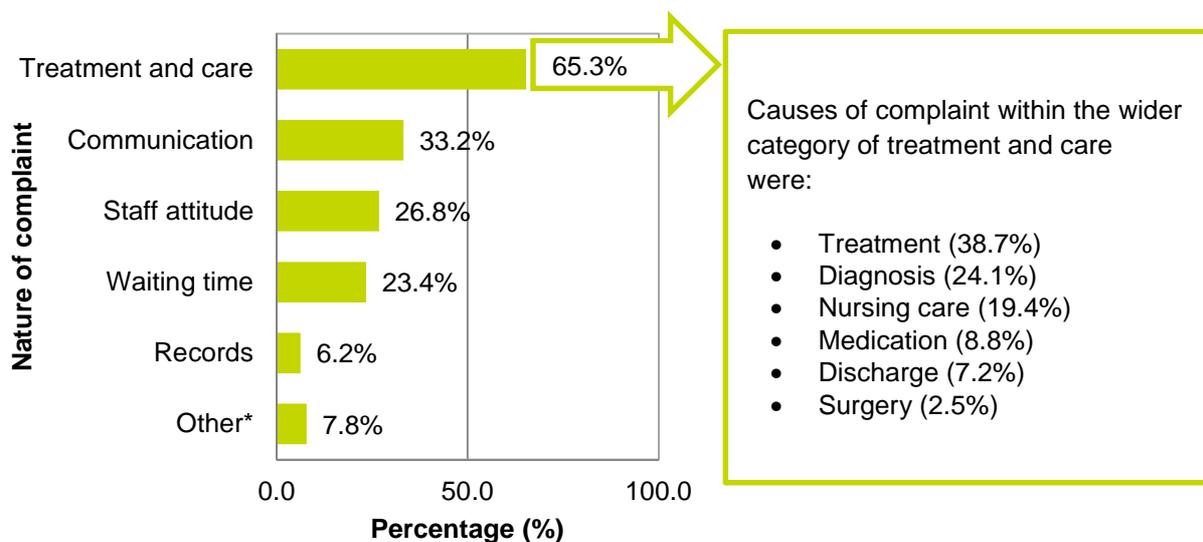
4.0 Nature of complaints

Chapter Summary

- Treatment and care was the most common cause of complaint, a factor in 65.3% (n=746) of cases in 2013/14. The three most frequent areas of complaint within treatment and care were:
 - Treatment;
 - Diagnosis; and
 - Nursing care
- Other frequently mentioned causes of complaint were communication 33.2% (n=380), staff attitude 26.8% (n=306) and waiting time 23.4% (n=268)

Many cases managed by the Complaints Support Service are complex in nature, with several different causes or issues identified within each individual complaint. **Figure 4.1** gives a breakdown of the nature of complaints raised in 2013/14. Note that cases can include more than one cause of complaint.

Figure 4.1: Nature of complaints raised in 2013/14



Base: 1143 (Based on all cases, multiple areas of complaint per case)

***Other includes support services and funding**

Source: PCC Complaints Support Service Database

Table 4.1 below gives an outline of the nature of complaints by the HSC Trust to which the case relates and shows that treatment and care and communication were the top two issues in relation to complaints across each HSC Trust area.

Table 4.1: Nature of complaints raised in 2013-14 by HSC Trust area*

	Belfast HSC T		Northern HSC T		South Eastern HSC T		Southern HSC T		Western HSC T		Total (n)
	%	n	%	n	%	n	%	n	%	n	
Treatment and care	62.9%	214	60.2%	129	75.1%	151	74.2%	139	55.2%	110	743
Communication	35.2%	120	30.8%	66	33.3%	67	34.4%	66	30.6%	61	380
Staff attitude	23.8%	81	28.0%	60	31.8%	64	27.4%	51	25.1%	50	306
Waiting time	31.4%	107	18.6%	40	24.8%	50	17.2%	32	19.0%	38	268
Records	6.7%	23	3.7%	8	8.9%	18	7.5%	14	3.5%	7	70
Other	4.4%	15	14.4%	31	4.4%	9	5.3%	10	12.5%	25	90

HSC Trust relates to the Trust in which the complaint incident took place.

Cases can include more than one nature of complaint so percentages may not total 100%, bases are calculated by total number of cases.

*Note that in 3 cases the HSC Trust was not stated

The following sections provide a brief overview of the content of complaints in the four key areas of treatment and care; communication; staff attitude; and waiting time.

4.1 Treatment and care

Treatment and care was the most common cause of complaint in cases supported by the Complaints Support Service in 2013/14. Our clients raised a range of issues and concerns about the treatment and care they received. The most common types of complaint about treatment and care are summarised below:

- **Treatment**

Treatment is the primary cause of complaint within the wider area of treatment and care. The nature of complaints relating to treatment are, understandably, wide-ranging however there are a number of recurring issues. Many clients raised concerns about medication, examples include inappropriate medication leading to unwelcome side-effects, the administration of pain relief, and medication and care for end of life patients. Another recurring issue was the inadequate or complete lack of follow-up treatment and care after discharge from hospital inpatient care.

Some clients felt they were poorly informed about tests and treatment they received and in a few cases questioned the necessity of undergoing multiple tests that did not result in a diagnosis. The poor management of treatment for long-term conditions and inadequate care plans for community services for people with disabilities are both recurring issues. In some cases, clients asked for support when they faced difficulties accessing appropriate treatment or specialist care for their condition.

- **Diagnosis**

Most cases concerning diagnosis relate to a failure or delay in diagnosis by healthcare professionals which has serious implications for the patient such as readmission to hospital, delays in receiving appropriate treatment, the progression of the illness, and, in a few cases, the client believed that poor diagnosis contributed to the death of the patient. A smaller number of cases refer to misdiagnosis and the inadequate assessment of home care needs.

- **Nursing care**

Many complaints which identify nursing care as a cause relate to poor experiences of nursing care in hospital. Common concerns about nursing care received on hospital wards, or in some instances Accident and Emergency departments, include lack of supervision resulting in falls or injury, poor hygiene and continence care, the administration of medication, patient nutrition, and the failure of nursing staff to address infection or underlying illness before discharging the patient. Some complaints in this area relate to nursing home care; in these cases the client is usually a relative of the nursing home resident and has concerns about an aspect of their relative's care such as basic hygiene or supervision. A smaller number of cases relate to community nursing care and access to specialist nursing care.

- **Discharge**

There are two main issues identified in cases in which discharge is a cause of complaint. Some clients contacted the Complaints Support Service for support or advice when they felt that they, or a relative, had been discharged from hospital before they had recovered or without diagnosis. The second issue is often connected to the first; clients, or their relative, were discharged from hospital or from another service without an adequate care plan in place or an on-going treatment plan. A smaller number of complaints relate to the practicalities of the hospital discharge process such as transport for patients.

- **Surgery**

There are some recurring themes in surgery related complaints. Communication was a factor in many cases, particularly in relation to discussion with health professionals about a patient's options regarding surgery or other treatment, and difficulties communicating with independent service providers to which clients were referred for surgical procedures. Some clients contacted the Complaints Support Service when they were unhappy with the outcome of surgery and the follow-up care they received, or for advice and support on travel outside Northern Ireland for surgery.

4.2 Case studies – Treatment and care

Concerns about treatment and care featured in almost two thirds of the complaints raised by people who contacted us last year. Many complaints about treatment and care are complex in nature and can relate to a range of concerns such as inappropriate treatment, nursing care or diagnosis. Treatment and care is often accompanied by communication and staff attitude as causes of a complaint.

The following patient stories reflect some of the issues involved in cases in which clients asked for our support with concerns about their treatment and care. These stories illustrate that whilst treatment and care is an aspect of each complaint, these cases reflect more than one single concern, with other issues emerging such as inappropriate treatment, communication and issues with negative staff attitude.

Patient Story 2

A patient was referred to the Complaints Support Service by their local MLA office. The patient had been suffering from a rare condition for about 7 years and after a consultation with a private specialist had been referred to a clinic where they paid privately for treatment. They sought our help when they could no longer continue to pay for their treatment and their GP had been unsuccessful in making a referral to a HSC service in Northern Ireland with experience of treating this condition.

Our client asked for support in finding a consultant or clinic where they could receive the appropriate treatment without having to pay for it privately. A Complaints Support Officer contacted a number of health service organisations until they had established the name of an experienced consultant who was happy to take a referral from the patient's GP. The Complaints Support Officer passed these details onto the GP, along with information for the patient on access to funding for any future treatment.

Patient Story 3

An older person with a long-term pain condition contacted us for support when they faced issues with the referral process to a pain management service. The client had the condition for 5 years and previously received treatment at a hospital in their local HSC Trust. Several months before contacting us the client had been referred for further pain management treatment, however on receiving the appointment letter they found that they had been referred to an independent service provider and would receive their treatment at a clinic in Belfast rather than the local hospital.

The client had two major concerns; firstly travel to Belfast for treatment was challenging as they were an older person with chronic pain and mobility issues, and secondly the appointment letter gave very little information about the procedure and when they attempted numerous times to phone the provider for more information their calls were never answered. Our client was also concerned with the lack of continuity in care they felt was essential to pain management for a long-term condition.

When the client contacted us they had already written a letter of complaint to the relevant HSC Trust outlining these concerns, but had not yet received a reply. However, they were distressed by the situation and feared that they would miss out on treatment that could improve their quality of life because they could not attend the appointment in Belfast. Furthermore, our client was prepared to wait longer for their appointment if they could continue their treatment at the local hospital.

By way of support, a Complaints Support Officer contacted the HSC Trust to reinforce the client's concerns. As a result of this communication and the client's original letter of complaint, the HSC Trust agreed to transfer the client's treatment from the independent service provider to the local Trust. Our client was very pleased with this outcome and shortly afterwards received an appointment for pain management at their local hospital.

Patient Story 4

The relative of a patient who had recently spent time in hospital contacted us to request support with a complaint in process regarding the treatment and care their family member had received. Their complaint related to an incident that occurred when their relative was recovering in hospital following surgery for a brain haemorrhage. Our client explained that their relative started displaying symptoms similar to those experienced at the time of the first brain haemorrhage, so they quickly informed a nurse who administered pain killers to the patient. The symptoms worsened so our client spoke to a doctor to ask that their relative be given a brain scan, however the doctor assured them that the patient was just disorientated. The patient's condition deteriorated further until they needed further surgery.

When the patient's relative contacted us they had already written a letter of complaint to the relevant HSC Trust but were completely dissatisfied with the response they received. The HSC Trust offered to hold a meeting to discuss the complaint further, which would be attended by the doctor involved in their relative's care and the clinical co-ordinator of the hospital where the incident took place. Our client came to us for additional support at the meeting.

At the meeting the health professionals in attendance acknowledged that our client's relative had been failed and that the indicators of the patient's condition had not been acted on when first brought to the attention of the medical team. They assured our client that the case had been shared at a directorate level and that learning had also been shared with colleagues within the broader hospital setting. Furthermore, the case was to be used during induction training for junior doctors. Our client was pleased with the outcome of the meeting.

4.3 Communication

Communication was a factor in a third of the complaints raised in 2013/14. Poor communication is usually one of several causes within an individual complaint, often identified as a cause of complaint alongside issues such as staff attitude, waiting time, treatment and care, discharge and diagnosis. The Complaints Support Service often gives support in cases where communication has broken down between the client and a service or individual healthcare professional, such as a GP, consultant, or social worker. In these types of cases issues with communication sometimes result from disagreement over treatment, referrals to other services, or assessment of care needs. However, some clients simply have difficulties making contact with the service or healthcare provider involved in their care, often in cases where a patient has been referred to an independent service provider for treatment.

In many cases concerning communication the client is a relative of a vulnerable or elderly person who felt that health care staff involved in their relative's care did not communicate adequately with family members. Cases of this nature usually relate to nursing or residential home care or hospital inpatient care, particularly discharge from hospital. In other cases about communication, clients contacted the Complaints Support Service for support after an incident in which they had voiced concerns about their own health, or that of a relative, to health care staff which were not acted on at the time. The client often believed that this lack of action had implications for the patient, such as readmission to hospital or the deterioration of their health.

In some cases the complaint was about poor communication between two different services involved in a patient's care, where a client felt that this had impacted negatively on the health and wellbeing of the patient. A few clients contacted the Complaints Support Service when they had not been informed about the results of diagnostic tests, outcomes of care assessments, or changes to their services. Other complaints relating to communication include, information and advice for patients following discharge from hospital, regular communication on the progress of a referral, and regular, updated information for patients waiting at A&E.

4.4 Case studies – Communication

Poor communication is a key theme of many of the complaints raised by people who contact the Complaints Support Service. Communication was a factor in almost a third of complaints raised in 2013/14. Poor communication was identified in many cases as a cause of complaint alongside issues such as poor staff attitude, waiting time and areas of treatment and care such as discharge and diagnosis. The following patient stories include some of these issues, showing how poor communication negatively affected the treatment and care experienced by the patients involved.

Patient Story 5

A client came to us with concerns about the quality of care their relative received as a hospital inpatient after being admitted to a ward on attending A&E. Over three days family members noted to nursing staff that the patient was confused and had become incontinent – unusual symptoms in their relative. Despite this, on the fourth day a consultant attending the patient for the first time said they were medically fit for discharge. The family were distressed at this development as they did not feel they were able to care for the patient at home in their current condition. Poor communication between the patient, relatives, and social worker involved added to the distress. Delayed test results confirmed that the patient needed further treatment and could not be discharged.

Our client was concerned about a number of aspects of their relative's care during their hospital stay. There was little continuity of care as a different consultant carried out the ward round alone each day, without a member of nursing staff who might have more detailed information on the patient. Basic levels of patient hygiene were not met and medical and nursing staff failed to communicate with the patient's family or consider their needs when it came to discharging their relative from hospital. Our client described the discharge process as poorly organised and distressing for both patient and family.

A community social worker secured a respite place for the patient at a residential home; but the family were advised by nursing staff that in order to get to the home before admissions closed they would have to transport the patient themselves rather than wait for an ambulance, which was a considerable challenge. What is more, medication and discharge papers were not ready on their departure, nursing staff discussed the patient's medical details loudly with no regard for confidentiality, and it became evident to our client that their relative had still not been washed. Our client felt that their family member had entered hospital with no confusion or incontinence and was being sent home a different person.

Our client had written a letter of complaint to the HSC Trust involved and requested our support at a meeting with Trust and hospital representatives. At the meeting our client was offered a full apology. Hospital representatives outlined some actions they would be taking on the ward as a result of the complaint. For example, either a nurse would be present with the consultant during ward rounds or specific patient needs would be discussed at a daily staff meeting; daily safety briefings would be implemented, and all staff would undertake a Well Organised Ward module. The social work team would be reminded of procedures surrounding discharge, particularly communicating with family when a confused, vulnerable adult is involved. Finally, our client was thanked for bringing the case to the attention of the HSC Trust, as a lot had been learnt from issues identified in their complaint.

Patient Story 6

A patient, who does not have English as a first language, contacted us for help when they encountered issues trying to register with a GP. The client had recently contacted their GP practice in order to obtain a sick-line to cover their absence from work following a hospital admission. However, after several unsuccessful attempts to make an appointment they discovered that they had been removed from the practice list the previous year. The client reported that reception staff at the GP practice offered very little explanation as to why this was the case or advice as to what to do next and as a result they felt very frustrated with the situation.

A family member helped the client to fill out a new registration form, only to be informed by a GP when the form was received that the practice would not re-register the patient. The client perceived this to be a case of discrimination due to their nationality, but their focus was to register with a new GP practice in order to have their sickness leave certified. However, when they tried to register with another clinic in the area they were told that the registration process would take up to two weeks.

While our client was unhappy about the way their GP practice had handled the matter, their priority on contacting us for support was getting registered with a GP. A Complaints Support Officer began by approaching the original GP practice; they were informed that the patient had been removed from the practice list as the length of stay stated on their registration form had elapsed and that the practice would not re-register the patient. The Complaints Support Officer then contacted the second GP practice to see if the two week wait for registration could be avoided as it was a matter of urgency that the client's illness related absence from work was certified by a GP. After liaising closely with the practice manager the Complaints Support Officer was able to secure an emergency appointment for the client the following morning. The client was happy to attend and satisfied with this outcome.

4.5 Staff attitude

There are common themes in complaints relating to staff attitude across all services and areas of care. Patients, clients and carers will complain if they find the attitude of the staff member to be dismissive, uncaring or disrespectful. This applies whether it is a doctor, a nurse or a receptionist who is the cause of complaint. Complaints about an attitude that is offensive, intimidating or bullying are extremely rare in the complaints received by the Complaints Support Service.

In the most serious of cases raised with the Complaints Support Service relating to staff attitude the complainant will assert that a diagnosis was missed or the standard of care offered was poor as a result of simply not listening to the patient or the carer.

In the main, however, it is relatively subtle things like inattention to the patient, apparent impatience or lack of a caring attitude that leads to complaints. Patients, clients and carers are highly attuned to the attitude and behaviour of their care givers and often complain about an attitude at a time of particular stress or concern for them, such as a significant illness in a relative.

Many of the complaints about staff attitude are from carers who complain at being under-informed by the service about what is happening with their relative or dismissed and ignored when they try to offer information and advice on the care of their relative. At least half of all complaints relating to GP services are about reception staff that patients have found to be rude or obstructive.

Attitude and behaviour is a long standing common issue in complaints in which further action is needed. A review of the operation of the HSC Complaints Process carried out in 2011 by the Health and Social Care Board recommended action across HSC to address the issue of attitude and behaviour as a cause for complaint.

4.6 Case studies – Staff attitude

Many people who contact us with a complaint are concerned with the attitude or behaviour of some healthcare professionals involved in their care. Staff attitude was noted as a concern in just over a quarter of all complaints raised last year. The following patient stories illustrate the impact that uncaring or disrespectful attitudes from staff can have on someone's experience of using a service.

Patient Story 7

A relative of someone with advanced mixed dementia contacted us to talk about their experiences when accompanying their family member to A&E. The client described the A&E department on arrival as “in chaos”. After being triaged they waited in a corridor for a considerable period of time, the patient sitting in a wheelchair and the relative left to stand beside them. The noise, crowds, and unfamiliar surroundings led the patient to feel agitated and upset, so they were moved into what the client described as a small ‘storage area’.

After another long wait, the client noticed that their relative was wet; their pad was soaked and needed changed. When the client asked a passing member of nursing staff for assistance, the nurse curtly replied that they didn’t have time. Worried about the growing discomfort of their family member the client asked another member of nursing staff for help. On this occasion, the nurse and a colleague attended to the patient immediately, speaking to them kindly and ensuring they felt comfortable.

The patient’s relative contacted the Complaints Support Service because they felt let down by the manner in which the first nurse had spoken to them and left their family member in such discomfort. The client questioned why this member of staff was so unkind and unwilling to help, when other nursing and medical staff that day were understanding and professional. They were also concerned about older, vulnerable people who might attend A&E with no relative there for support or to speak up for them when they needed help.

We supported the client in putting these concerns and questions into writing to the relevant HSC Trust. The Complaints Manager at the HSC Trust responded to the client’s letter, offering a full apology on behalf of the nurse involved for their unacceptable attitude. They also gave the assurance that people with advanced dementia attending A&E alone without a carer or relative would be kept in close proximity to nursing staff. The client was happy with this response and the apology they received.

Patient Story 8

A client came to us for support after a close family member had a poor experience as a hospital patient. Their relative was a terminally ill elderly person with Parkinson's disease, who passed away shortly after the incident took place. The client approached us after the family had made a complaint to the relevant HSC Trust, to ask for some support at a meeting with hospital representatives to discuss the complaint further.

The family had raised a range of issues about the treatment and care their relative received while in hospital. Firstly, they questioned some of the nursing care received; for example the difficulty finding a nurse willing or able to assist the patient to use the toilet. Secondly, the family also had concerns about the monitoring and administration of medication on the ward, particularly as their relative had specific needs around medication due to Parkinson's disease.

A lack of caring and compassionate attitude amongst hospital staff was apparent to the patient's family, who came to feel that staff simply did not care about an older person who did not have long to live. The family also raised issues about the delivering of bad news to their relative without family consent and the lack of organisation surrounding the patient's discharge.

A Complaints Support Officer accompanied our client to the meeting. Firstly, hospital representatives offered our client an unreserved apology; they acknowledged that on this occasion the hospital had not got the patient's care right and that a lot of learning had resulted from their case. They assured our client that actions would be taken on this basis – particularly in the areas of communication, staff attitude, the administration of medication, and the delivery of bad news to vulnerable patients – so that the experience of our client's relative would make a difference for future patients. They also outlined some practical actions they planned to put in place, such as name badges for staff, a daily staff briefing to communicate the specific needs of patients on the ward and a new Visitor's Clinic on the ward where carers and family members could make an appointment with nursing staff to discuss any queries with their relative's care. A follow-up by a Complaints Support Officer confirmed that the new Visitor's Clinic was very popular with relatives and the hospital was considering extending the idea to other wards.

Finally, our client had raised issues with complaints information on the HSC Trust website, which they found difficult to navigate and unclear in advice about making a complaint. The website has now been altered so it is easier for people to get information about making a complaint.

4.7 Waiting time

Waiting time complaints are straightforward in nature – the patient will complain that they have been waiting too long for treatment and care. What is regarded as an acceptable wait by patients varies depending on the service involved. In accident and emergency departments, waits of between four and seven hours were cause for complaint. In GP services waits of four weeks for an appointment triggered complaints, while for elective specialties, such as orthopaedics, waits of between six months and one year were the point at which the complaints were made.

Many complaints are caused by a lack of clarity for patients on what they can expect from the service in terms of waiting time. People often come to the Complaints Support Service when they have heard nothing further from the service about a booked surgery or outpatient follow up. It is striking in some complaints how long patients will wait without news – either for months in elective specialities or several hours in a casualty department. Lack of communication between the patient and the service is a common theme of many of these cases; whether the complaint is about a service required urgently such as A&E or more long term such as a wait for an orthopaedic procedure.

Many of these complaints can be quickly resolved with the Complaints Support Officer putting the patient back in touch with the service. In some cases, the Complaints Support Officer has been able to resolve the issue simply by confirming the waiting time standard for the service with the patient.

4.8 Summary of the nature of complaints by specialty

Table 4.2 shows the most common complaints by type for the top five specialty areas. There were differences in main nature of complaint by specialty. The most common cause of complaint relating to General Practitioners was staff attitude, whilst within accident and emergency and orthopaedic specialties, waiting times was the most common reason for complaint. Communication was the most common reason for complaint within mental health and general medical specialties.

Table 4.2 Summary of nature of complaints by top five specialty, 2013/14

Specialty	Top five causes of complaint*				
	1st	2nd	3rd	4th	5th
General Practice (Base: 204)	Staff attitude (42.6%)	Communication (33.3%)	Diagnosis (21.1%)	Treatment (21.1%)	Waiting time (16.2%)
Mental health (Base: 80)	Communication (42.5%)	Treatment (31.3%)	Staff attitude (31.3%)	Nursing care (11.3%)	Diagnosis (11.3%)
Accident and emergency departments (Base: 59)	Waiting time (44.1%)	Diagnosis (35.6%)	Staff attitude (28.8%)	Treatment (28.8%)	Communication (25.4%)
General medical (Base: 59)	Communication (49.2%)	Diagnosis (32.2%)	Nursing care (27.1%)	Staff attitude (23.7%)	Treatment (22.0%)
Orthopaedics (Base: 54)	Waiting time (63.0%)	Communication (40.7%)	Staff attitude (20.4%)	Treatment (16.7%)	-

*Multiple areas of complaint per case.

Source: PCC Complaints Support Service Database

4.9 Nature of complaints - General Practice

General Practice is the clinical specialty which gave rise to the most complaints during 2013/14, (17.8%, n=204). Staff attitude (42.6%) and communication (33.3%) were the top two causes of complaints relating to this specialty.

The attitude of doctors and their practice staff was the most common single factor in causing complaints about GPs. Patients complained of obstructive, dismissive and disinterested attitudes of doctors and reception staff. However, complaints about staff attitude were linked in the majority of cases to other issues, particularly communication, diagnosis and waiting times. Issues around waiting times to see a doctor, home visits, and contacting the practice by phone appear frequently in complaints about this service.

Communication was the second most common cause of complaints relating to GPs. Complaints in this area included getting through to the practice by phone and delays

in providing referrals, test results and benefit claim forms. In several cases, the Complaints Support Service was able to help a client resolve their issue through discussion with the practice without the need for any further action.

Other causes of complaints relating to GPs were diagnosis and treatment; common issues identified here were in relation to prescriptions, management of long-term conditions, lack of treatment, and the failure to diagnose a condition for which the patient ends up receiving treatment in a hospital emergency department.

4.10 Mental Health

Mental Health was the specialty area in 7.0% (n=80) of complaints cases during 2013/14. Most complaints relating to Mental Health came under one of three areas of service - Trust community service (55.0%), hospital inpatient (31.3%), and hospital outpatient (12.5%).

Communication, treatment, and staff attitude were the most common causes of complaints about Mental Health services. Many of the complaints relating to Mental Health were made by carers or relatives, rather than the person receiving care. This can, in part explain the importance of communication; often family members complained of exclusion from the decision-making processes and some wanted to challenge decisions made about their relative's care such as discharge to community care or the adequacy of a community care package.

Complaints from clients who were mental health service users were varied in nature; recurring issues include diagnosis, statements made in clinical records, and inconsistency in or interruption of a service such as missed appointments by clinicians or changes in clinician. In complaints where staff attitude was a factor, clients talked about dismissive, disrespectful, and even hostile attitudes from staff. It may be that there are specific relationship challenges for patients and staff in cases relating to mental health services.

4.11 Accident and Emergency Departments (A&E)

Pressure on A&E departments and the impact of this on waiting times for patients has been widely reported throughout 2013/14. In 5.2% (n=59) of cases managed by the Complaints Support Service last year patients or carers requested assistance with a complaint about an A&E department. Waiting time is the most common cause of complaints about A&E departments.

In relation to waiting times, the degree of pain, distress and discomfort clients experienced (or reported to have experienced by family members making a complaint) while waiting at A&E was an important factor in these complaints. Diagnosis was another common aspect of complaints about A&E; in several cases clients said that they suffered on-going pain and illness due to inadequate, delayed, or lack of diagnosis. In complaints which identified staff attitude as a cause, clients

frequently mentioned uncaring, dismissive, or impatient staff who were unresponsive to requests from patients for information or assistance.

The environment of the A&E department is an important underlying theme. For example, some of our clients described the A&E department as a chaotic environment in which the privacy and dignity of patients was not maintained.

4.12 General medical

In 5.2% (n=59) of cases last year clients asked for support with a complaint in the General Medical specialty. Most General Medical complaints relate to inpatient care in general wards of hospitals. The majority of patients involved in these cases were older people and many complaints were raised by a carer or relative of the patient.

Communication was the primary cause of General Medical complaints (49.2% of complaints had this as a cause). Diagnosis, nursing care or staff attitude were often accompanying factors to complaints about communication.

The picture that emerges from General Medical complaints is of unsatisfactory experiences on the ward, which include inadequate attention to basic care, poor communication with carers, and the failure to account for a degree of cognitive impairment in patients. Some clients also raised concerns about discharge from hospital, such as discharge without adequate diagnosis or resolution of the problem and lack of follow-up appointments and after care which in some cases lead to re-admission.

4.13 Orthopaedics

Waiting times and communication were the most dominant causes of the 54 complaints (4.7%) the Complaints Support Service received relating to orthopaedics. 63.0% of complaints relating to orthopaedics had waiting times as a factor and 40.7% had communication as a factor.

In many cases about orthopaedic services, patients contacted the Complaints Support Service because they had not received any recent communication from the service provider or had experienced some difficulty making contact with the service. Cases of poor communication between patients and independent service providers, to which patients had been referred to avoid long waits, were particularly noticeable.

These kinds of complaint were often quickly resolved by one of our officers contacting the service provider, making enquiries on the patient's behalf, and reconnecting the client with the service so that their treatment plan could continue. However, that people need to seek our support to reconnect with the service in this way is a concern.

5.0 Client outcomes and their feedback

Chapter Summary

- For most people who called the Complaints Support Service in 2013/14 the outcome they sought was an apology, an explanation and an assurance of change so that others do not have the same experience as them.
- A total of 147 clients completed and returned a feedback questionnaire to rate their experiences of using the Complaints Support Service, representing a response rate of 12.9%.
- The majority of people who completed a questionnaire (88.3%) rated the overall service they received as 'excellent' (58.6%), 'good' (25.0%) or 'average' (4.7%).
- Most clients indicated that they were happy with the service they received from the Complaints Support Officer who dealt with their case, indicating either 'good' or 'excellent' to a range of areas of service that clients were provided.
- When questioned about the service more generally, most people who completed a questionnaire said that their confidentiality and privacy was respected and they were provided with a good or excellent explanation of how the complaints process worked.

5.1 Positive outcomes

When a client contacts the PCC, the Complaints Support Officer will establish with them the nature of their complaint, the level of support they require from the PCC and the outcome they are seeking. For most people who complain the outcome they seek will be an apology, an explanation and an assurance of change so that others do not have the same experience as them.

5.1.1 Outcomes - Service Change and Improvement

In a number of cases during 2013/14, the outcomes secured for clients included a commitment to learning or change by the provider about which the complaint was made. Change and service improvements arising from complaints work in 2013/14 included:

- **The review and production of additional patient information** – An example included a relative of a patient who complained that their family member saw many different consultants and believed this contributed to the patient's death through poor care. The complainant was satisfied with an explanation of how the clinical team worked together and the Trust undertook to produce new patient information on this to prevent any further concern for any patient or relative.

- **Ensuring the implementation of relevant standards** – An example involved a complaint about the care of a person with a cognitive impairment which led to the HSC Trust committing to ensuring that standards contained within the Dementia Strategy were applied to all vulnerable adults.
- **Ensuring staff learning and development** – An example included a complaint about failing to notice a patient’s deteriorating condition due to infection, leading to a reminder to all relevant staff to listen to carers and relatives as well as relying on clinical observations in the care of patients.
- **Changes to procedures** – An example involved a General Practice committed to making changes to the manner in which intimate examinations were carried out by applying best practice, changing diagnostic tools and improving information for patients.

Further examples of service learning and improvement are outlined in some of the case studies within this report (see Chapter 4).

5.1.2 Outcomes – Explanation and Communication

Some complaints or issues can be resolved by promotion of explanation and communication; in these cases an actual service change or development is rare and often unnecessary. This however raises a broader question about effective communication with service users by the Health and Social Care system as a whole and is a theme that will be raised by the PCC as a general issue with all providers.

Some examples of such complaints and their resolution with the support of the PCC include:

- A client contacted us concerned that they could not travel to attend a day procedure which had been scheduled for early in the morning. They could not drive and could not get to the hospital in time on public transport. An officer contacted the Trust and it was established that arrangements could be made for the transport of such patients. The patient had not been aware of these arrangements and was subsequently able to attend the appointment.
- A client contacted us seeking a change in Consultant. The client was vulnerable and felt they could not make this request themselves. An officer contacted the provider and the client was referred to a new Consultant.
- A client contacted us a year after the death of their partner as she had unanswered questions about the treatment and care their loved one had received during their final inpatient stay. The client had been too upset to raise these at the time. An officer accompanied the client to a meeting with the clinical team who answered their questions and provided reassurance to the client.

5.1.3 Outcomes – Information, advice and signposting

It is noted elsewhere in this report (see Chapter 2) that a large number of clients use the Complaints Support Service simply to talk through their issue and to seek some advice and guidance, including on how to make a complaint. This type of client has contributed to the growth in the activity of the service in the past year. The outcome in these cases is often that satisfactory advice and guidance is given to the client.

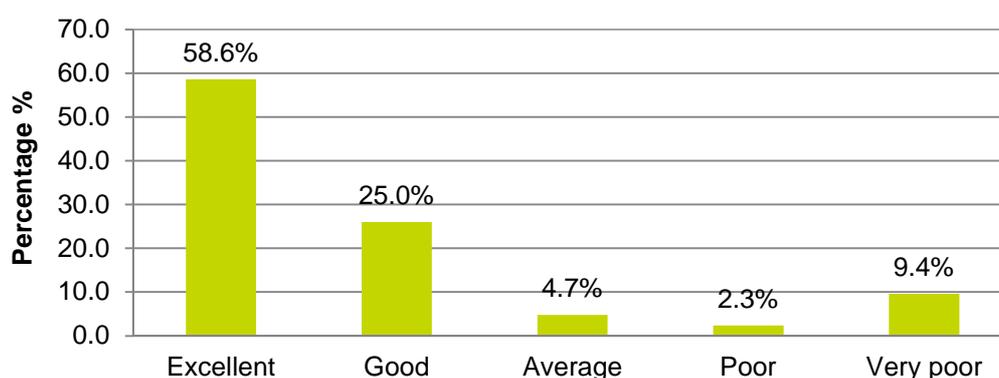
All HSC Trusts have structures in place for the dissemination of learning throughout their organisations and in several instances, where consent is obtained, patients' stories regarding a complaint are shared among clinical teams to ensure learning is incorporated to how services are delivered in the future.

5.2 Client feedback

A new development in 2013/14 was the introduction of routine evaluation survey of the Complaints Support Service via a short feedback questionnaire sent to clients once their case has been closed. A total of 147 clients completed and returned a feedback questionnaire to rate their experiences of using the service, representing a response rate of 12.9% (based on 1,143 clients being supported through a complaints process in 2013/14).

The majority of people who completed a questionnaire (83.6%, n=107) rated the overall service they received as 'excellent' or 'good'. 11.7% (n=15) rated the service as 'poor' or 'very poor', (see **Figure 5.1**).

Figure 5.1: Overall, how would you rate the service you received from the Patient and Client Council Complaints Support Service?



Base: 128 (based on the number of respondents who answered this question)

Source: PCC Complaints Support Service feedback survey, 2013/14

Whilst the majority of clients who provided feedback about our service indicated that they would rate it as either excellent or good, 15 clients who completed a feedback questionnaire rated the service as either 'poor' (2.3%, n=3) or 'very poor' (9.4%, n=12). Some comments in relation to clients who felt we could have done more for them are provided below.

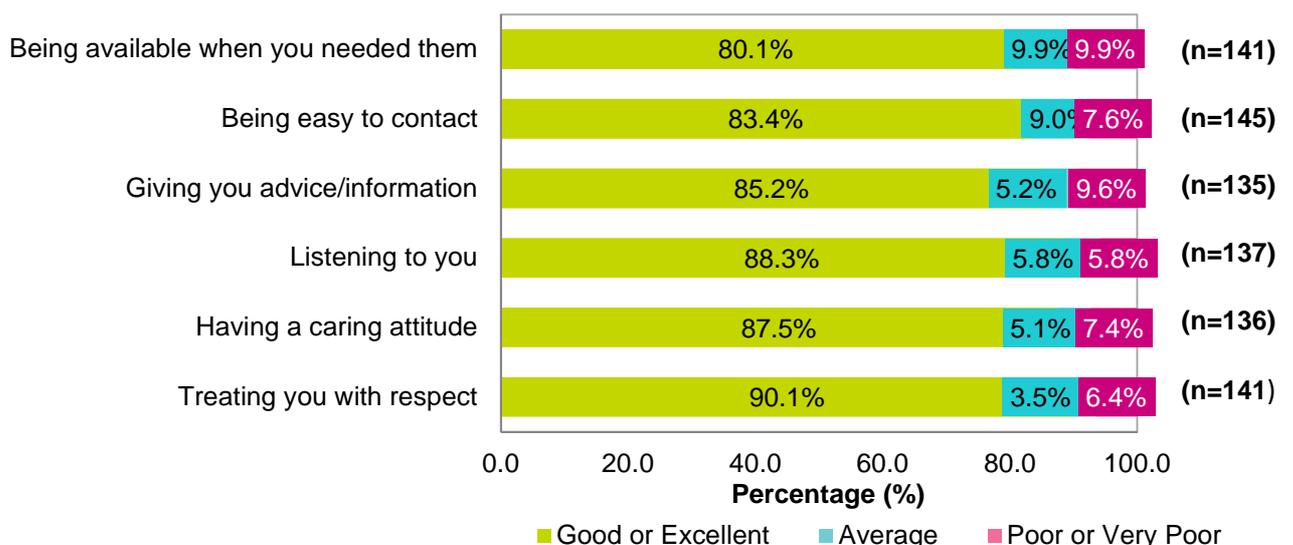
“I would like them ... to have done more for me and having more information, the things I was told I already knew.”

“I feel if I had known sooner you would have been definitely able to help my family and I. Perhaps more awareness about your role would be good. I am now able to make others aware. Both staff I spoke to were really lovely it was just too late for us.”

“I would have liked the PCC to have been more involved with my complaint which concerned transport and the failure of the Health Service to provide transport for my elderly mother (aged 93 with advanced dementia) after surgery to her nursing home. I had to organise transport even though she is immobile.”

Most clients indicated that they were happy with the service they received from the Complaints Support Officer who dealt with their case, indicating either ‘good’ or ‘excellent’ to a range of areas of service that clients were provided. The way in which the Complaint Support Officer treated the client with respect (90.1% good or excellent rating), listened to their complaint (88.3% good or excellent rating), and showed a caring attitude (87.5% good or excellent rating) were rated particularly highly. The majority of people were also satisfied with ease of contact and availability of the Complaints Support Officer, and the standard of information provided. See **Figure 5.2** below.

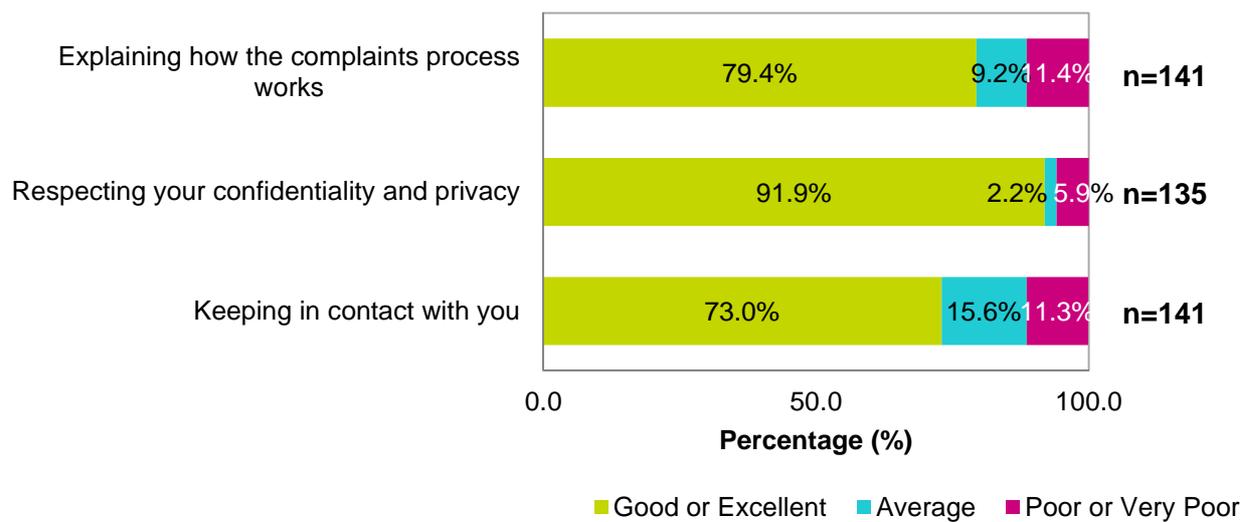
Figure 5.2: How would you rate the Complaints Support Officer you dealt with?



Source: PCC Complaints Support Service feedback survey, 2013/14

When questioned about the service more generally, most people who completed a questionnaire said that their confidentiality and privacy was respected and they were provided with a good or excellent explanation of how the complaints process works. While the majority of people were also happy with how well the Complaints Support Service kept in contact with them during the process (73.0% giving a 'good' or 'excellent' rating), 15.6% of respondents indicated this to be 'average' and 11.3% 'poor or very poor', (see **Figure 5.3**).

Figure 5.3: How would you rate the Complaints Support Service for...?



Source: PCC Complaints Support Service feedback survey, 2013/14

Within the feedback questionnaire, respondents were asked what outcome they wanted when they first contacted the Complaints Support Service. Almost a third of people (32.8%, n=39) said that when they contacted the service for support they wanted their complaint to be either acknowledged or investigated by the HSC Trust, and to receive an explanation, and in some cases an apology, for the poor treatment and care they experienced.

Just over a fifth of people (21.0%, n=25) said they contacted the Complaints Support Service for advice or guidance on how to make a complaint. A similar number of people (21.8%, n=26) wanted support from the service in getting access to treatment and services; many had been on a waiting list for surgery or specialist consultation for a considerable period of time and the practical outcome they wanted was a date for their appointment.

Other desired outcomes respondents mentioned that they wanted when contacting the service were for a Complaints Support Officer to communicate directly with a service on the person's behalf in order to resolve an issue with that service (12.6%, n=15) and to see improvements to a service as a result of their complaint to ensure that no one else has the same poor experience in the future (10.9%, n=13).

Just over half (50.8%, n=69) of people who completed and returned a feedback questionnaire said they achieved the outcome they wanted.

When asked if there were other things the Complaints Support Service could have done to help, 28.7% (n=39) of people responded 'yes'. Only a small number of people (n=19) explained this response. The most common explanation was that the Complaints Support Service could have been more involved in their case and taken more action to pursue a response or resolution to their complaint. Other suggestions were that the Complaints Support Officer could have contacted them more frequently with updates and that the Complaints Support Officer could have followed-up on cases where the Trust had not responded to a complaint or where actions outlined by a Trust in response to a complaint had not materialised.

It is therefore clear that, for a minority of respondents who provided feedback, they would have liked us to have done more for them. There is learning for the Complaints Support Service in the small number of respondents who had critical views of our service. These responses will help to inform how we continue to improve the service we provide.

Many respondents took the opportunity, throughout the feedback questionnaire however to provide positive comments about their experiences of using the Complaints Support Service. A selection of these comments are provided in summary below.

“I felt the...Trust was not listening to my concerns...when I contacted the Complaints Support Service they liaised with the Trust and I received fast feedback from them...”

“Communication between (hospital department)...after your intervention this was resolved in a week.”

“I had your support officer and I was extremely impressed with the advice.”

“I was really pleased I got a second opinion very soon after speaking to you.”

“12 weeks waiting...your officer started things moving in 24 hours.”

“They lost letters from me over a 10 week period, your rep started the ball rolling quickly...”

“I was waiting on an operation for a very long time as soon as you were contacted I had a new consultant & op within 2 months.”

6.0 Conclusions and actions

6.1 Complaints Support Service activity 2013/14

The number of people contacting the PCC Complaints Support Service has increased each year since it was established in 2009/10. Overall, 1,935 people contacted the service in 2013/14 which represented the highest annual % increase in contacts for the service in any one year.

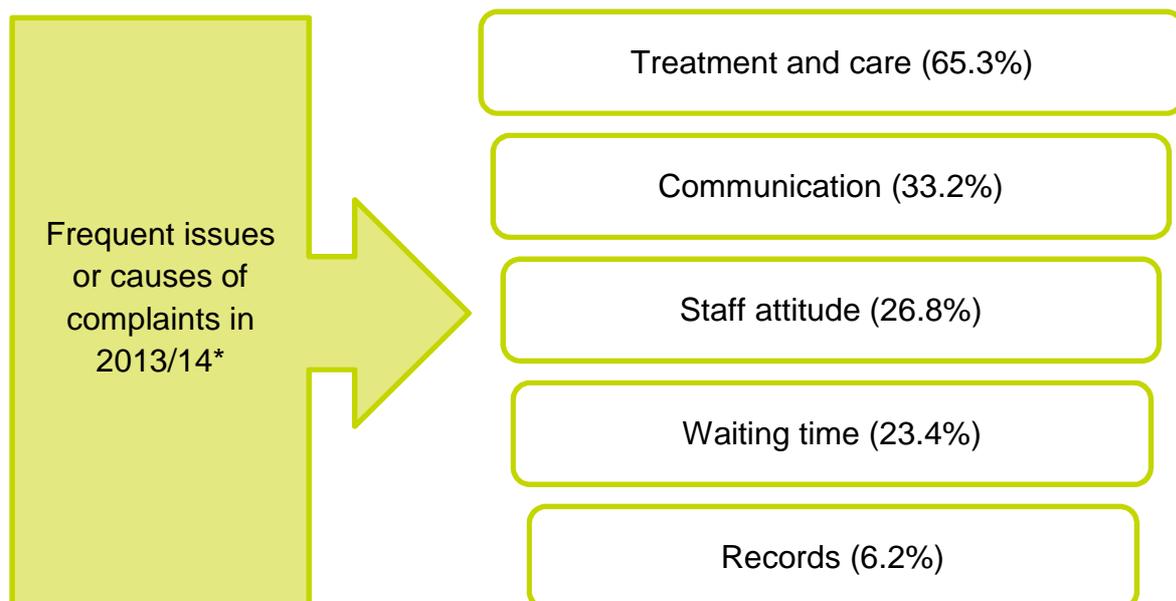
Overall, as with 2012/13 'Hospital inpatient' services represented the highest total number of complaints in any one service in 2013/14 (n=217 2012/13, n=280 2013/14).

By areas of service, in comparison with 2012/13 there were a number of services in particular which had a high percentage increase in complaints contacts, and therefore contributed to increased demand in 2013/14. These services included 'Trust community services' (from n=84 2012/13 to n=182 2013/14, +116.7% increase) and 'GP services' (from n=138 2012/13 to n=220 2013/14, +59.4% increase).

6.2 The nature of complaints

There were often a number of different causes or issues identified within individual complaints received in 2013/14 with many cases being complex in nature. However, there were a number of key issues which clients regularly contacted us about, as summarised in **Figure 6.1** below.

Figure 6.1 Summary of nature of complaints received in 2013/14



*There are often multiple areas of complaint per case
Source: PCC Complaints Support Service Database

The nature of complaints received varied when looked at by the top five specialties which attracted the most complaint cases for the Complaints Support Service in 2013/14. For instance, complaints in relation to staff attitude was the most frequent issue for those who contacted us in relation to General Practice (42.6% of complaints in this specialty included staff attitude issues). Communication was a key factor in mental health and general medical specialties (42.5% of complaints in mental health, 49.2% in general medical). Issues relating to waiting times were most frequently raised in accident and emergency department (44.1%) and orthopaedic (63.0%) specialties.

6.3 Client outcomes and their feedback

The Complaints Support Service supported 1,935 clients who called the complaints process in 2013/14. Regardless of whether the client pursued a formal complaints process or not, for most people who called the service the outcome they sought most often was an apology, an explanation, and/or an assurance of change so that others do not have the same experience as them.

Over one tenth of our clients who completed a feedback questionnaire (11.7%) felt that we had provided a poor service to them. Comments received from these clients indicated that greater awareness of our service and how it could have supported them at an earlier stage would have been beneficial. A small number of people also felt that the service could have been more responsive and more involved to help meet their needs. However, most people were satisfied with the service we provided to them. The majority who completed a feedback questionnaire rated the Complaints Support Service as either 'excellent' (58.6%), 'good' (25.0%) or 'average' (4.7%). In particular, our Complaints Support Officers were rated highly in terms of treating clients with respect (90.1% good or excellent), listening to clients (88.3% good or excellent) and having a caring attitude (87.5% good or excellent).

6.4 Actions for the Patient and Client Council in 2014/15

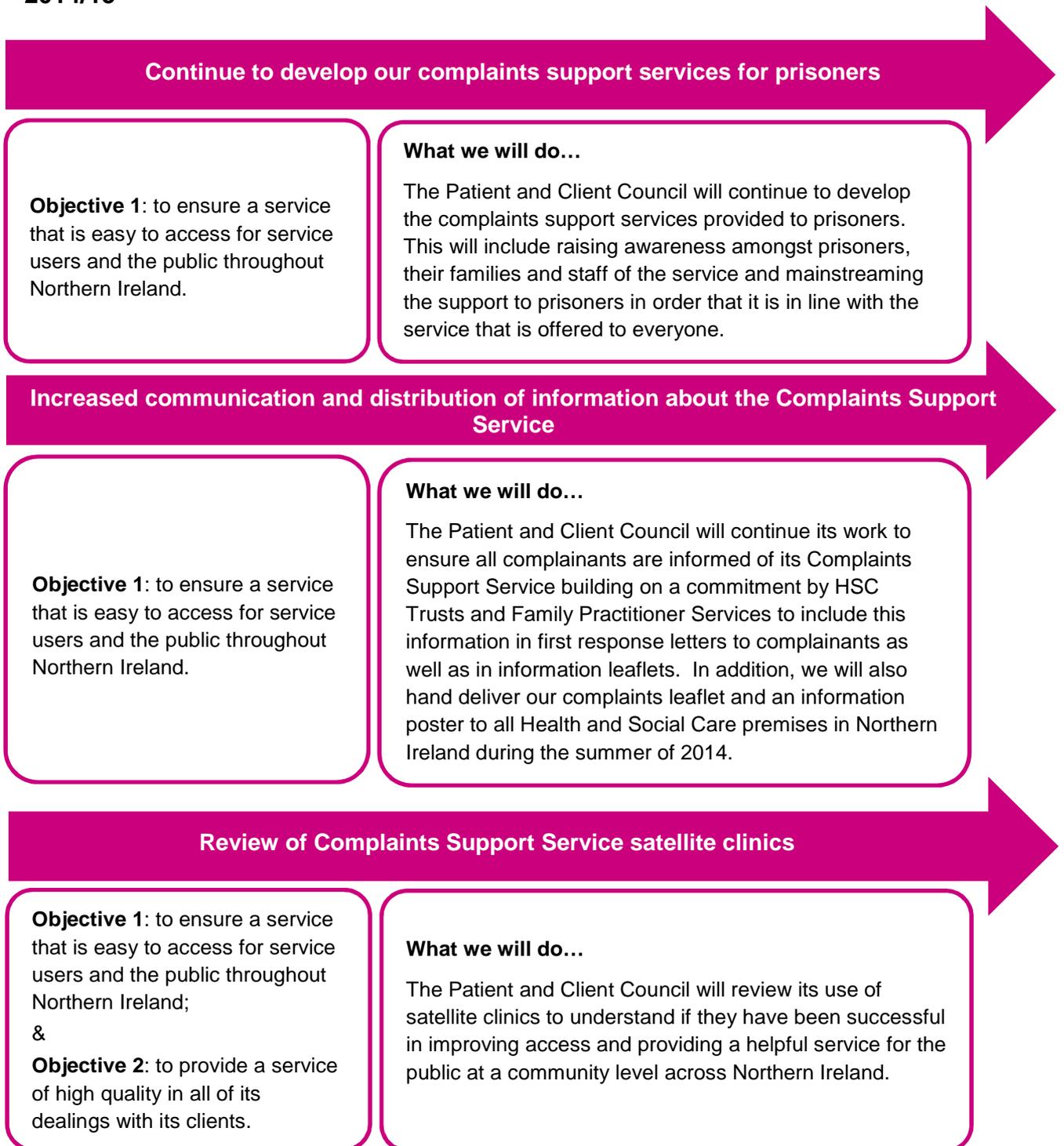
There are three core objectives for the PCC in developing its Complaints Support Service. These are:

- **Objective 1:** to ensure a service that is easy to access for patients and the public throughout Northern Ireland;
- **Objective 2:** to provide a service of high quality in all of its dealings with its clients; and
- **Objective 3:** to provide a service that helps maximise learning from complaints throughout Health and Social Care.

The PCC will build further on its work in 2014/15 to ensure that it continues to develop in line with its core objectives and seek to address any areas where the service can be improved for our clients. **Figure 6.2** provides a summary of the actions which the Complaints Support Service will pursue by each core objective

throughout 2014/15 based on what our clients have told us this year needs to change for them.

Figure 6.2 Actions which the Patient and Client Council will undertake in 2014/15



Review feedback from clients not satisfied with our service

Objective 2: to provide a service of high quality in all of its dealings with its clients.

What we will do...

The Patient and Client Council will consider in depth the feedback it has received from clients who were not satisfied with the Complaints Support Service and will draw up and implement a plan for change in response to the feedback we have received from our clients.

Continue to ensure that the Complaints Support Service is working efficiently and provides value for money

Objective 2: to provide a service of high quality in all of its dealings with its clients.

What we will do...

Consider and implement the findings of the Lean Review.

Further development of our information recording systems

Objective 3: to provide a service that helps maximise learning from complaints throughout Health and Social Care.

What we will do...

The Patient and Client Council will further develop its bespoke database, particularly by adopting coding principles in use across Health and Social Care. This will enable the Patient and Client Council to make even greater use of the data it holds on complaints to promote change across the whole of the Health and Social Care system.

Appendix 1 – Key tables by Health and Social Care Trust area

Table A.1: Areas of service raised in complaints by HSC Trust

	Belfast HSCT		Northern HSCT		South Eastern HSCT		Southern HSCT		Western HSCT		Total (n)
	%	n	%	n	%	n	%	n	%	n	
Ambulance service	0.3%	1	0.5%	1	-	-	0.5%	1	0.5%	1	4
Facilities	1.5%	5	3.7%	8	0.5%	1	-	-	1.0%	2	16
GP services	13.2%	45	24.3%	52	16.9%	34	25.3%	47	20.1%	40	218
Hospital emergency dept.	7.6%	26	4.7%	10	6.5%	13	4.3%	8	1.5%	3	60
Hospital inpatient	26.8%	91	21.5%	46	17.9%	36	23.1%	43	32.2%	64	280
Hospital outpatient	22.1%	75	8.9%	19	13.4%	27	15.6%	29	13.6%	27	177
Other family practitioner	5.3%	18	3.3%	7	2.0%	4	2.2%	4	3.0%	6	39
Patient transport service	0.3%	1	0.5%	1	0.5%	1	-	-	-	-	3
Prison healthcare*	-	-	-	-	3.5%	7	-	-	-	-	7
Residential or nursing home	2.6%	9	3.7%	8	6.0%	12	5.4%	10	2.5%	5	44
Social services (adult and child)	2.9%	10	6.1%	13	5.5%	11	4.3%	8	5.5%	11	53
Trust community service	11.2%	38	18.7%	40	22.9%	46	13.4%	25	16.6%	33	182
Unspecified	6.2%	21	4.2%	9	4.5%	9	5.9%	11	3.5%	7	57
TOTAL (n)	100%	340	100%	214	100%	201	100%	186	100%	199	1140**

* All Prison Healthcare is managed by the South Eastern HSC

**Note that in 3 cases the HSC Trust about which the complaint referred was not stated

Table A.2: Top 4 areas of service identified in complaints by HSC Trust

	Belfast HSCT		Northern HSCT		South Eastern HSCT		Southern HSCT		Western HSCT	
	%	n	%	n	%	n	%	n	%	n
Hospital Inpatient	36.5	91	29.3	46	25.2	36	29.9	43	39.0	64
GP Services	18.1	45	33.1	52	23.8	34	32.6	47	24.4	40
Trust Community Service	15.3	38	25.5	40	32.2	46	17.4	25	20.1	33
Hospital Outpatient	30.1	75	12.1	19	18.8	27	20.1	29	16.5	27
TOTAL	100%	249	100%	157	100%	143	100%	144	100%	164

Table A.3: Top 5 specialty areas raised in complaints by HSC Trust

	General practitioners		Mental Health		Accident and Emergency		General Medical		Orthopaedics		Total
	%	n	%	n	%	n	%	n	%	n	(n)
Belfast	20.3%	41	25.0%	20	42.5%	25	33.9%	20	48.1%	26	132
Northern	24.3%	49	25.0%	20	16.9%	10	23.7%	14	7.4%	4	97
South Eastern	16.3%	33	13.8%	11	23.7%	14	10.2%	6	9.3%	5	69
Southern	20.8%	42	27.5%	22	11.8%	7	13.6%	8	9.3%	5	84
Western	18.3%	37	8.7%	7	5.1%	3	18.6%	11	25.9%	14	72
TOTAL (n)	100%	202*	100%	80	100%	59	100%	59	100%	54	454

* Note that in 2 cases relating to General Practitioners the HSC Trust was not given

Appendix 2 – List of Abbreviations

PCC	-	Patient and Client Council
HSC	-	Health and Social Care
GP Services	-	General Practice Services
GPs	-	General Practitioners
MLA	-	Members of the Legislative Assembly
A&E	-	Accident and Emergency (sometimes also referred to as an Emergency Department)

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