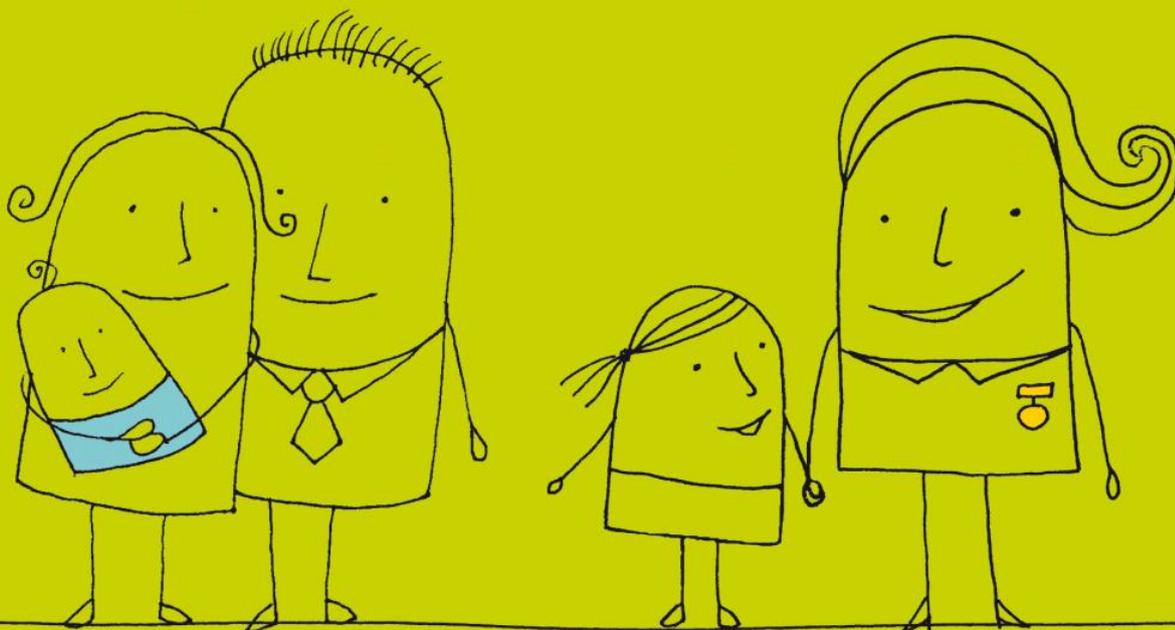


## Patient and Client Council

# Annual Complaints Report

## 2012/2013

### June 2013



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## Foreword

Dear Reader,

This has been a year of change and growth for the Patient and Client Council Complaints Service. The number of people contacting the service has risen by over 20%. We have opened an outreach complaints clinic in Derry/Londonderry and started offering a healthcare complaints service to prisoners in Northern Ireland.

The Francis Report into the Mid Staffordshire Hospital shows that it is more important than ever that health and social care services welcome and learn from complaints. Changes to services under “Transforming Your Care” are likely to be challenging for patients and the public as well as services.

It is our intention to continue to use the information which people share with us, often in distressing circumstances, to work with service planners and providers to make a difference for individuals and the public at large.

There is a real need to ensure that people feel supported to make a complaint and that the information gleaned as a result is given the importance which it deserves. The Patient and Client Council will continue to work tirelessly to ensure that this happens.

A handwritten signature in black ink, appearing to read 'Maeve Hully', written in a cursive style.

**Maeve Hully**  
**Chief Executive**

## 1.0 Introduction

This second Annual Complaints report provides an update on developments in the Patient and Client Council's service to support people who wish to make a complaint during the year 2012/2013.

During the year notable developments occurred including the establishment of a service to support people in prisons, a new outreach clinic in Derry/Londonderry and the complete implementation of a new database to help manage the service.

Demand from the public for advice and information and support with health and social care complaints continues to rise year on year. This is partly due to the continuous work of Patient and Client Council to raise awareness of the organisation and the services which we provide.

In 2013, the Complaints Service managed **1,274** contacts from patients, clients, carers and members of the public. Of these, **93** were cases carried over from the previous year and **1,181** were new contacts.

As in all previous years, the primary cause of complaint is treatment and care. The second most common cause of complaint is communication and information. Access and waiting times equal attitude and behaviour as the third most common cause of complaints to us this year.

A number of significant changes were made to how the Complaints Service is managed and delivered in 2012/2013. These include:

- The implementation of a organisational wide database for complaints management
- The establishment of a complaints service for prisoners in Northern Ireland
- The opening of an outreach complaints clinic in Derry/Londonderry.

## 2.0 The Complaints Service

This service is provided by a team of Complaints Officers based in the various offices of the Patient and Client Council.

The Complaints Officers:

- Provide advice and support to people considering making a complaint
- Manage a portfolio of complaints
- Advocate for clients with health and social care providers; and
- Maintain 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 in support of people.

This year a drop-in clinic was also established in January 2013 at the Citizens Advice Bureau office in Derry/Londonderry. This has been a very successful initiative improving access to the complaints service. People call in on a regular basis and the facility also enables the Complaints Officer to meet clients from the North West in a more accessible location.

Throughout the year we held extensive discussions with the Northern Ireland Prison Service, the South Eastern Health and Social Care Services Trust, and other stakeholders; this enabled us to implement a health care complaints support service for people in prison. Initial uptake of the support has been low and in 2013/2014 we plan to improve both service and the uptake. In June 2013 we will host a workshop with ex-prisoners and various referral agents to help take this initiative forward.

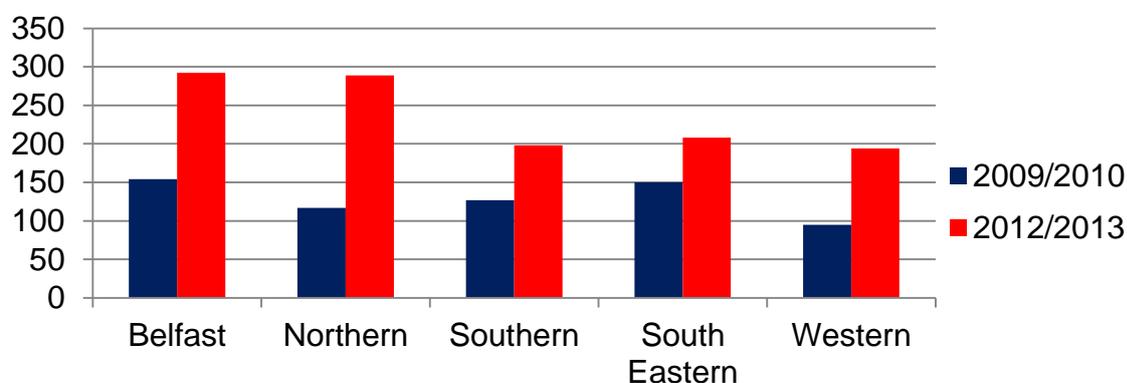
## 3.0 Numbers of People contacting the Complaints Service for help

Since April 2009, the number of people contacting the Patient and Client Council Complaints Officers for support has increased significantly. This is partly due to the fact that the Patient and Client Council staff work continuously to raise awareness of the organisation and the services it provides. **Table 1** below gives an overview of the number of contacts per area office over the past four years and Figure 1 provides a comparison between 2009/10 with 2012/13. **Table 2** provides an overview of the level of support given.

**Table 1 - Number of Contacts\* by Area Office from April 2009 to March 2013**

Area Office	2009/2010	2010/2011	2011/2012	2012/2013	Percentage Increase from 2009/2010
<b>Belfast</b>	154	209	216	292	89%
<b>Northern</b>	117	174	184	289	147%
<b>Southern</b>	127	166	136	198	55%
<b>South Eastern</b>	150	193	269	208	38%
<b>Western</b>	95	132	175	194	104%
<b>TOTAL</b>	643	875	980	1181	83%

**Figure 1 - Comparison of Contacts (2009/2010 vs 2012/2013)**



\*The figures given refer to all contacts with the Complaints Service including complaints, advice and signposting.

**Table 2 - Type of Support Given (New Contacts Only)\***

Type of Support	Western	Northern	Belfast	South Eastern	Southern	TOTAL
Advice/Signposting	56	58	113	54	47	328
Complaints (Information)	19	40	6	8	16	89
Complaints (Formal)	69	107	104	113	69	462
Complaints (Issue/Concern)	50	84	69	33	66	302
<b>TOTAL</b>	<b>194</b>	<b>289</b>	<b>292</b>	<b>208</b>	<b>198</b>	<b>1181</b>

\*Area figures relate to the resident area of the client and not to the Health and Social Care Trust

In 2012/13 the service received **1,274** contacts from patients, clients, carers and members of the public. Of these, **93** cases were carried over from the previous year and **1,181** were new contacts.

Not all the people who contact us with a concern go on to make a formal complaint. In some cases we advocate on behalf of the person and we are able to speak to the right people and have the issue resolved before it becomes a major concern or indeed a formal complaint.

**853** new callers contacted us to raise a specific issue or concern about a service they had received. Of these 853 new contacts, **89** required only information about the complaints process. **302** new contacts raised an issue or concern but did not pursue the formal complaints route at that time. **462** new contacts wished to make a formal complaint about a service.

The Complaints Service is client led. We support people to the extent that they require of us. If we draft a letter for a client in support of their complaint, we do not know whether the client proceeded with that complaint unless he/she chooses to inform us or seeks further assistance from us.

This means that the number of complaints supported by the Patient and Client Council do not directly relate to annual statistics on complaints published by the Department of Health, Social Services and Public Safety annually. They record only those complaints that were raised as part of the formal health and social care complaints procedure with service providers.

The Health and Social Care Board most recently published figures regarding the number of complaints related to 2011/2012 when, **5485**<sup>1</sup> complaints were raised with the Health and Social Care Trusts and **212**<sup>2</sup> complaints were raised with the Health and Social Care Board about Family Practitioner Services. There has been a **15.9%**<sup>2</sup> rise in complaints to Health and Social Care Trusts since 2009/2010. **Appendix 1** of this report provides a statistical overview of the number of complaints per Health and Social Care Trust, per specialty or programme of care and by subject.<sup>2</sup>

<sup>1</sup> [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm) (Accessed June 5 2013)

<sup>2</sup> <http://www.hscboard.hscni.net/publications/Complaints/003%20Annual%20Complaints%20Report%202011-2012%20-%20PDF%2079KB.pdf> (Accessed June 5 2013)

## 4.0 Nature of Complaints supported in 2012/2013

853 contacts in the last year related to actual complaints or issues raised by patients, carers and relatives. The following table illustrates the services about which concerns were raised by the people who contacted us.

**Table 3 - Areas of Service raised by Clients in Complaints<sup>+</sup>**

Area of Service	Western	Northern	Southern	South Eastern	Belfast	TOTAL
Hospital Inpatient	43	47	42	48	37	217
Hospital Outpatient	23	58	35	32	46	194
Hospital Emergency Department	8	14	8	14	13	57
Trust Community Service	16	15	15	14	24	84
Social Services (Adults and Children)	21	38	9	14	9	91
GP Services	19	35	25	21	38	138
Other Family Practitioner Service	2	4	6	2	0	14
Residential or Nursing Home	4	16	10	6	10	46
Ambulance Service	0	0	2	1	1	4
Patient Transport Service	2	0	0	0	1	3
Independent Sector / Outside N. Ireland	2	4	1	2	2	11
<b>TOTAL</b>	<b>140</b>	<b>231</b>	<b>153</b>	<b>154</b>	<b>181</b>	<b>859*</b>

+ Figures refer to the resident area of the client and not to the service provider.

\*Note that in 6 cases there was more than one area of service complained about in a single complaint.

The figures in **Table 3** above refer to the area in which the client is resident and not to the Health and Social Care Trust. As the provider of the great majority of regional specialist services, the Belfast Health and Social Care Trust receive complaints from patients and clients throughout Northern Ireland. In 2011/2012, over a third of all complaints about Health and Social Care Trusts were made to the Belfast Health and Social Care Trust<sup>1</sup>. The table following shows complaints about the Belfast Health and Social Care Trust services managed in the four Patient and Client Council offices outside Belfast.

**Table 4 - No. of Complaints about Belfast HSC Trust from people who reside in other Trust areas.**

Patient and Client Council Office	Total Complaints about Belfast HSC Trust Services 2011/2012
Western	4
Southern	15
Northern	46
South Eastern	48

54% of the complaints we received were about hospital services; inpatient, outpatient and Emergency Departments. After hospital based services, GP services are the source of most complaints at 16% of all complaints we received last year.

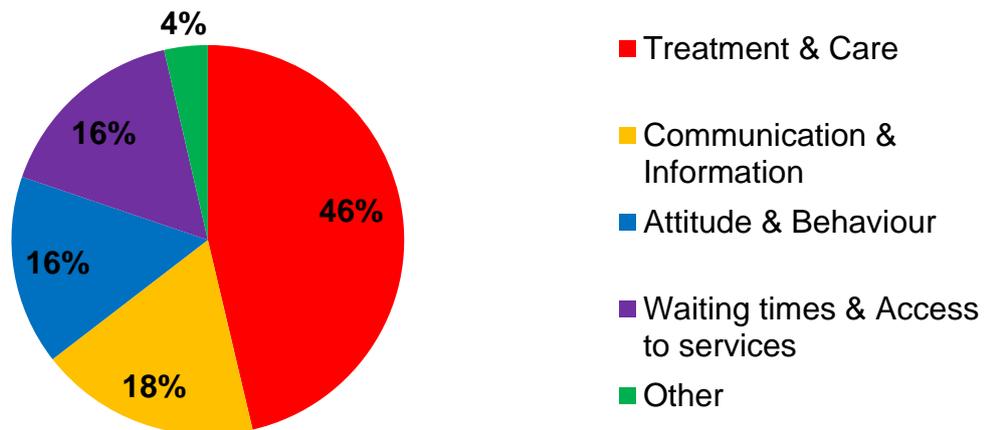
**Table 5** below summarises the most frequent cause of complaints and it is worth noting that these causes have remained as fairly constant areas of concern over the past four years.

**Table 5 – Most frequent causes of complaints raised in 2012/2013**

Nature of Complaint	Western	Northern	Southern	South Eastern	Belfast	TOTAL
Treatment and Care	79	132	106	98	115	530
Communication and Information	30	34	40	61	43	208
Attitude and Behaviour	32	23	31	56	38	180
Waiting Times and Access to Services	48	28	28	26	55	185
Other*	19	14	7	0	0	41
<b>TOTAL</b>	<b>208</b>	<b>231</b>	<b>212</b>	<b>241</b>	<b>251</b>	<b>1144**</b>

*\*This category includes charging, public transport (non HSC) and general condition of facilities. \*\*Note that complaints can be about more than one thing and this is reflected in this total – of 853 complaints 1144 areas of complaint were raised.*

**Figure 2 – Main Cause of Complaints 2012/13**



As in all previous years, the primary cause of complaint is treatment and care. The second most common cause of complaint is communication and information. Access and waiting times equal attitude and behaviour as the third most common cause of complaints to us this year.

The following paragraphs give a very brief overview of the content of complaints under the four broad headings given in the table above.

#### **4.1 Treatment and Care**

Treatment and Care is by far the greatest cause for complaint at 47% of the total. Four aspects of treatment and care were the main factor in the majority of these complaints:

*Diagnosis* – issues raised include delayed diagnosis of disease, mistaken diagnosis and patients challenging or querying their diagnosis.

*Inappropriate/Inadequate Treatment* – issues raised included queries on the adequacy of treatment in the period before death and general standards of treatment and care in mental health inpatient units.

*Nursing and Personal Care* – generally poor standards of care lay behind these complaints including concerns about dignity in personal care.

## **4.2 Communication and Information**

This is the second greatest cause for complaint at 18% of the total. Complaints raised included:

- Failure of professionals to listen adequately to patients
- Failure to respond to contacts made with various services
- Poor communication with families of patients especially about treatment and care towards the end of life, in Emergency Departments and following incidents such as falls in residential and nursing homes

## **4.3 Waiting Times and Access to Services**

At 16% of the total, waiting times and access to services rank joint third as a cause for complaint. 68% of these complaints were about delays in accessing hospital services, with orthopaedics particularly giving rise to most complaints under this heading. 16% were about delays in community-based services. 10% of complaints were about GP practices. Issues raised included:

- Apparent delays in following up “urgent” referrals
- Patient disputing being put to the bottom of the list for refusing appointments
- Long waits in Emergency Departments
- Being placed on the wrong waiting list or no waiting list

## **4.4 Attitude and Behaviour**

Attitude and behaviour are the joint third highest cause for complaint at 16% of the total. Issues which rose included:

- Rudeness by staff
- Failure to listen to patients
- Obstructive attitude and behaviour
- Patients who felt they were regarded as a nuisance and were not taken seriously

## 5.0 Top Ten Areas of Services/Specialities in Complaints

The following paragraphs give a brief summary of the issues raised by patients and clients within the ten specialties that appeared most commonly in the complaints caseload of the Patient and Client Council last year.

### General Medical Practitioners

Complaints about GPs cover a range of areas but the **attitude** of the doctor and practice staff gives rise to the majority of complaints followed closely by complaints about diagnosis, general treatment and care and communication. We received more than twice as many complaints about attitude than about waiting times to see GPs.

### Mental Health

**Treatment and Care** gives rise to the majority of complaints in this area. Diagnosis and communication are the next most common cause of complaint. Multiple doctors, changes to medication, changes to services and the quality of inpatient facilities all appear as themes within mental health complaints.

### Residential and Nursing Homes

The **quality of nursing and personal care** is the most significant factor by far in complaints about residential and nursing homes. This year, all the complaints we received were from family members of residents. Not one complaint was raised with us by a resident. Personal care, nutrition and levels of staff within homes are common issues. Several clients raised issues with the overall quality of care in the immediate aftermath of the death of their family member.

### Accident and Emergency Departments

**Diagnosis** gave rise to the most complaints about Emergency Departments raised with us this year. Treatment and Staff attitude were the next most common factors. It is interesting to note that waiting times were the sixth most common cause of complaint. Complaints about diagnosis contain within them several instances where a diagnosis appeared to be missed or mistaken. In many cases, this led to repeat attendance at an Emergency Department.

## **Care of Older People (Inpatient, Outpatient and Community Services)**

**Communication** was the main factor in most complaints we received. This reflects that in many cases the complaint was raised by a carer or family member rather than the older person themselves. Issues raised included delayed or inappropriate hospital discharge arrangements, refusal to provide information to a carer and poor communication of a terminal diagnosis. Treatment and Care and Nursing and Personal Care were the next most common cause of complaints and such complaints often refer to poor toileting, poor nutrition and general failure to attend to the patient.

### **General Medicine (Hospital Inpatient)**

**Diagnosis**, followed by attitude of staff and communication, were the most common causes of complaint in this area. In many cases, patients and carers queried the accuracy and adequacy of the diagnosis and subsequent treatment and care and felt that their concerns and questions were not adequately addressed by staff on the wards. Delays in receiving test results, a generally poor attitude of staff and poor communication between multiple doctors also gave rise to concerns.

### **General Surgery (Hospital Inpatient)**

**Waiting times** for surgery gave rise to most complaints in this area and these included late cancellations, delays in test results and long waits. Communication was the second highest cause for complaint and this included poor communication between consultants, lack of information on the procedure and its consequences and short notice of procedure dates. Diagnosis was the third most common cause of complaint including cases where clients felt they had undergone an unnecessary procedure, were not adequately informed of the seriousness of their condition or where a condition was not identified leading to serious consequences for the patient.

## **Family and Childcare Services**

**Staff attitude, communication and care** account for the majority of complaints under this heading and in almost equal measure. Almost all complaints related to the actions of social workers. Under communication, records and conclusions were often challenged by clients. Under attitude, clients felt they were not listened to, were being treated unfairly and that the provider staff were insufficiently impartial in their actions and judgements. Under care, challenges arose to the plans put in place for the children of clients and the adequacy of supervision.

## **Orthopaedics (Inpatient and Outpatient)**

**Waiting time** was the single biggest cause of complaint by far in relation to this specialty. In many cases, clients called us after lengthy periods of time in which they had heard nothing about the time of their planned procedure. In some cases, delays were caused by poor co-ordination of treatment, for example, patients attending a consultant appointment only to find that their test results were not available. Communication, diagnosis and treatment gave rise to a significant cohort of complaints. Diagnosis and treatment were often closely linked where the complainant felt an inadequate diagnosis led to inappropriate treatment.

## **Domiciliary Care**

**Attitude** of staff was by far the greatest cause for complaint in this area. In many cases, this criticism was made not only of front line staff but also of managers to whom complainants had expressed their concerns and felt they were not taken seriously. A generally poor standard of care caused a number of concerns and in some cases failure to preserve the dignity of the client particularly in personal care was the main factor.

## 6.0 The Outcomes for People

### 6.1 Advice and Signposting

328 contacts in 2012/2013 were from people who required only advice or signposting to address their issue. In most cases, the advice sought was of the “how to” variety and included registering with a GP or moving to a new practice, how to make a claim for medical negligence, the procedures for death certification and availability of services, for example, for people with dementia. Checking on appropriate standards of care, particularly how long a patient should wait is another common reason for calls to the service.

Complaints Officers maintain a list of contacts and connections that enable them to effectively provide information and to put clients in touch with the people who can help. A significant part of the work of the Complaints Service is providing advice and information.

In many instances the information provided can help the person to resolve their concern there and then thus avoiding further concern for the patient/client and in many instances preventing the need for a formal complaint.

### 6.2 Complaints Closed

853 new contacts were made in 2012/2013 and 488 cases were closed by us.

**Table 6 – Complaints cases closed 2012/13**

Cases Closed	Western	Northern	Southern	South Eastern	Belfast	TOTAL
Client Satisfied	26	95	19	31	36	207
Client Dissatisfied	0	2	1	10	2	15
Process Exhausted/Outside Timescales	0	0	0	3	2	5
No contact from client	37	52	29	66	77	261
<b>TOTAL</b>	<b>63</b>	<b>149</b>	<b>49</b>	<b>110</b>	<b>117</b>	<b>488</b>

In 53% of cases, the case was closed, as there was no further contact from the client.

The Complaints Service is client led and we offer such support to clients, as they require of us. In many cases, therefore, we will help a client to make and submit their complaint but we will not know the ultimate outcome of that complaint. We may provide a client with a letter, for example, but we will not know if the client submitted the letter to the service provider.

In many of these closed cases, the client has thanked us for their contribution so far and said they will come back to us if they require further help. Complaints Officers do important work every day to empower people to seek their own resolution to the problems they raise.

Sometimes, the client will not be satisfied with the outcome but decides not to take the matter further. Sometimes cases will be closed due to the process being exhausted or the complaint being out of time. This was the case with 5% of our cases closed this year.

Within the cases closed through no further contact there will undoubtedly be people who felt unable to continue with the case or withdrew for reasons of their own.

In the remainder of cases closed, 42%, the Patient and Client Council has supported the client through the process to an outcome with which the client is satisfied and has indicated this to us.

Outcomes can be an explanation from the service provider or an apology for distress caused. Not all outcomes in complaints require changes to services or policies. Some complaints, however, do prompt change and we work with clients to ensure any necessary changes are made.

### **6.3 Some Individual Cases**

The following paragraphs give some examples of outcomes achieved for individual clients in the past year. The cases have been described in a manner to prevent identification of the individuals concerned.

#### **General Practice – Prescribing**

A client called to complain that her GP was continuing to prescribe a generic medication to which she had a bad reaction. This was in spite of her contacting the practice and asking for the medication to be changed. The medication was changed after input from us and a note placed on the patient's medical record that this item was not to be prescribed again.

#### **Hospital Outpatients – Coordination of Treatment**

A client called to complain that she could get no information on further treatment and care following initial referral to an independent provider. Through contacting the relevant Health and Social Care Trusts, we established that there had been a breakdown in communication. As a result, a clear treatment plan was put in place for the patient and implemented.

## **Hospital Inpatient – Treatment outside Northern Ireland**

A patient complained that he had been referred to England for treatment but had not been given any information or advice on travel and accommodation for himself and a relative who would travel with him. The patient was very anxious about the treatment. We made contact with the relevant Health and Social Care Trust and made sure the patient received all the information and support he needed to make his journey for treatment.

## **Nursing Home – Communication with relatives**

A relative of a nursing home resident complained that she had not been told of a fall that her parent had in the nursing home and the introduction of a safety strap for her relative while sitting. Seeing her parent distressed the client and she had not been contacted by the home about the fall or about the use of a safety strap. The home apologised and acknowledged it had not communicated well with the family. As a result, the home reviewed and changed its procedures for keeping family members informed of changes in the care of their relatives.

## **Hospital Inpatient – Patient Information (Post-Operative Pain)**

A client complained that he was suffering a level of postoperative pain and limited movement following a procedure. He said that he had not been informed of the potential consequences of the procedure for him. The relevant Health and Social Care Trust reviewed the treatment and care and while stating that information had been provided they acknowledged that this had been inadequate in some respects. As a result, the pre and postoperative information provided for patients was reviewed and new guidance issued for future use.

## **Hospital Inpatient – Patient Information (Risk of Infection)**

A client who had been visiting a relative in hospital complained at the way in which the presence of an infectious bacterium on a ward was communicated to patients and visitors. The client felt it had been managed poorly leading to anxiety among patients, visitors, and uncertainty about what they should do to help prevent the spread of this infection. The relevant Health and Social Care Trust reviewed what had been done in this case and agreed that the matter could have been managed better. As a result, procedures for informing patients and relatives were reviewed and new standard information leaflets were placed on the ward.

## **Hospital Outpatient – Allegation of Discrimination**

A relative of a person with Alzheimer's disease complained that their relative was being discriminated against. The client stated their relative was being refused a treatment because they had Alzheimer's disease. The Complaints Officer spoke to the relevant consultant on behalf of the client. The service provider in particular explained the decision that had been taken demonstrated that the presence of Alzheimer's disease was not a factor in the decision. The relative was satisfied with the explanation they received and reassured that there was no discrimination in this case.

## **General Practice – Registration with a GP**

A client was concerned that she could not register with a GP practice, as she had no photographic identification. In this case, the client had left her home unexpectedly and at short notice because of domestic violence but had an urgent need for repeat medication. We contacted the practice and an agreement was reached which meant that the client could access treatment and care including the medication for which she had an urgent need.

## **Nursing Home – Treatment and Care**

A relative of a client in a nursing home complained that their relative was not being offered adequate pain relief following discharge from hospital and her GP was refusing to visit the home and review the medication in this case. We contacted the GP and after some negotiation, the GP agreed to visit and review this patient. As a result, the pain medication was reviewed and changed and an agreement reached between the GP, the nursing home and the family on the on-going treatment of the resident including appropriate communication with the family.

## **Hospital Inpatient – Diagnostics**

A patient complained that she had undergone a lengthy and painful examination while an inpatient in hospital and that she had not been offered pain relief for it. She stated also that the attitude of staff was dismissive of her discomfort. Because of the complaint, the relevant Health and Social Care Trust acknowledged shortcomings in this case and reviewed the management of pain for this type of examination. This included the provision of access to pain relief (gas and air) as a standard option for patients in pain on the ward.

## **Physical Disability – Help at Home**

A client called seeking help for a friend. His friend had a complex disability and had been unwell for some weeks prior to admission to hospital and unable to care for herself. As a result, her home required specialist cleaning before her discharge from hospital. Having tried Social Services and the local authority without success the client called us. We were able to identify a small grant from a charity and put the client in touch. As a result, the flat was cleaned and ready for the client's friend when she returned home from hospital.

## **Hospital Outpatient – Cancer Services**

A client contacted us as they were unhappy with the treatment plan, which they felt delayed treatment and did not take account of a change in their condition. With support from the Complaints Officer, the client relayed their concerns to the service provider. The treatment plan was revisited and treatment began immediately.

## 7.0 Looking forward 2013/2014

A number of significant changes were made in the manner in which the Complaints Service is managed and delivers its service in 2012/2013. These included:

- The implementation of an organisation wide database for complaints management was completed. This will enable us to provide more detailed reporting and intelligence on the nature of complaints coming to us and help us work with providers to bring about service improvements for people.
- Extending the prison complaints service. We have a plan in place to improve the uptake of our new service to people in prison.
- The opening of a complaints clinic in Derry/Londonderry during January 2013 has been a resounding success providing opportunity for people in the North West to drop-in and also making it easier for people to avail of an appointment with a Complaints Officer. We intend on extending this outreach model to other areas this year; starting in the South Eastern Area.
- Developing service user evaluation to the Complaints Service to ensure regular feedback from clients about their experience of the support our service offers.
- Creating a new online complaints form so that clients can contact us through the Patient and Client Council website.
- We have reorganised the team into a single function within the Patient and Client Council this enables us to make better use of our resources and develop consistency in how we deliver the service.
- We will be reviewing our ongoing engagement on complaints with service providers and will establish a programme of regular meetings to review the content and outcomes of complaints with them.

## Appendix 1

Some statistics taken from the Health and Social Care Board's Third Annual Complaints Report 2011/12

### Complaints per Health and Social Care Trust in 2011/2012

Trust	No of Complaints
Belfast	2,013
Northern	862
South Eastern	1,172
Southern	764
Western	467
NI Ambulance	98

### Composite Health and Social Care Trusts Complaints under Programme of Care during 2011/2012 and 2010/2011

Programme of Care	2011/12	2010/11
Acute	3293	3024
Maternal & Child Health	340	325
Family & Child Care		
(i) Children Order	24	24
(ii) Complaints other than Children Order	320	294
Elderly Services	306	306
Mental Health	233	247
Learning Disability	95	105
Sensory Impairment & Physical Disability	61	82
Health Promotion & Disease Prevention	4	3
Primary Health & Adult Community	191	305
None (No POC assigned)	543	340
<b>Total Complaint Issues</b>	<b>5376</b>	<b>5056</b>

## Composite Health and Social Care Trusts Complaints under Subject during 2011/2012 and 2010/2011

No	SUBJECT	2011/12	2010/11
1	Access to Premises	47	68
2	Admission into Hospital, Delay/Cancellation	171	131
3	Aids/Adaptations/Appliances	66	77
4	Appointments, Delay/Cancellation (Outpatient)	407	480
5	Clinical Diagnosis	220	195
6	Communication/Information to Patients	693	529
7	Complaints Handling	2	4
8	Confidentiality	50	55
9	Consent to Treatment	4	4
10	Contracted Regulated Establishments/Agencies	45	12
11	Other Contracted Services	16	21
12	Delayed Admission from A&E	10	15
13	Discharge/Transfer Arrangements	130	109
14	Environmental	82	55
15	Hotel/Support/Security Issues	115	55
16	Infection Control	43	37
17	Mortuary & Post Mortem	0	1
18	Patients' Privacy/Dignity	48	39
19	Patients' Property/Expenses/Finance	86	75
20	Patients' Status/Discrimination	16	16
21	Policy/Commercial Decisions	122	137
22	Professional Assessment of Need	143	196
23	Records/Record Keeping	69	55
24	Staff Attitude/Behaviour	843	771
25	Theatre/Operation/Procedure/Delay/Cancellation	52	82
26	Transport, Late of Non-arrival/Journey time	52	40
27	Transport, Suitability of Vehicle Equipment	2	11
28	Treatment & Care, Quality	1069	1055
29	Treatment & Care, Quantity	190	242
30	Waiting Lists, Community Services	44	55
31	Waiting Times, Community Services	29	20
32	Waiting Times, A&E Departments	126	115
33	Waiting Times, Outpatients Departments	77	76
34	Children Order Complaints	13	24
35	Other	120	109
36	Prison Healthcare Related Complaints	174	90
	<b>TOTAL COMPLAINT ISSUES</b>	<b>5376</b>	<b>5056</b>

Remember you can contact us by

## Telephone

0800 917 0222

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