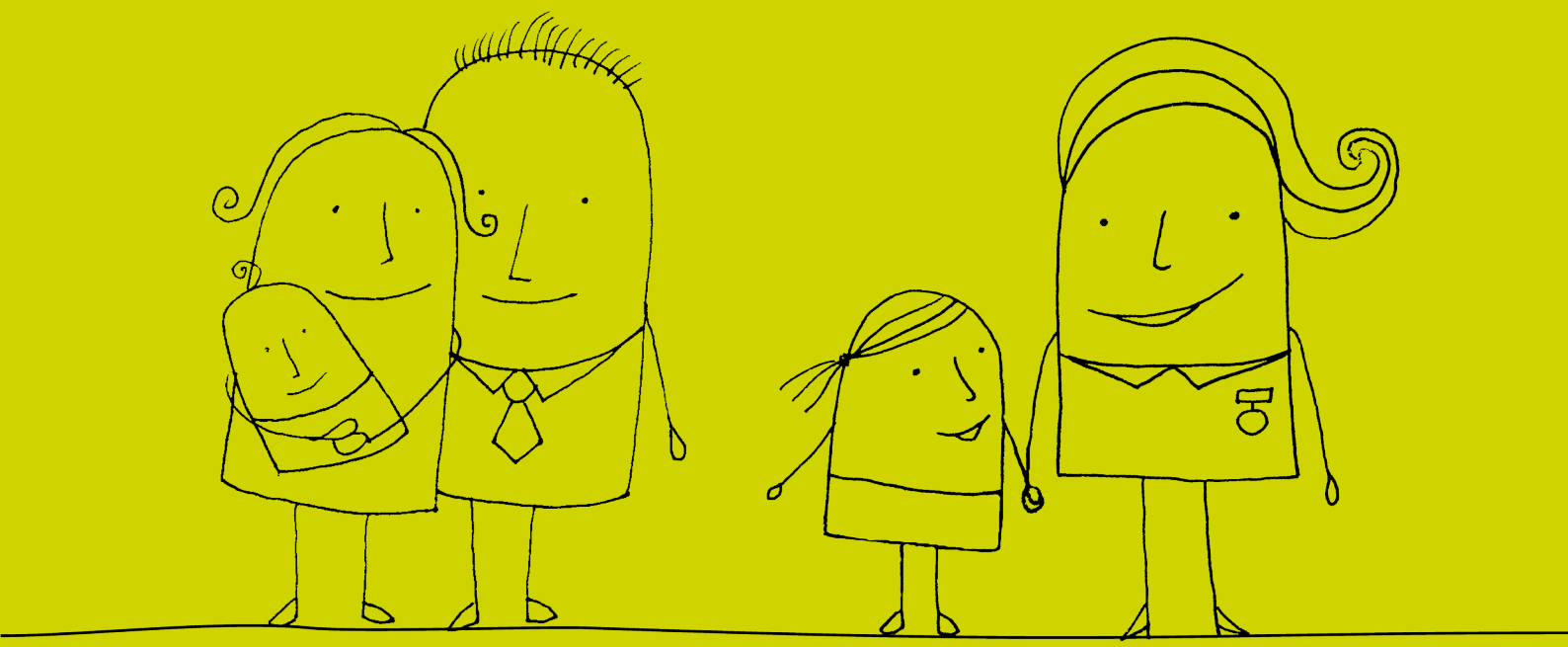
Patient and Client Council

Your voice in health and social care

Annual Complaints Report 2018-2019

January 2020



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Foreword

Dear Reader,

This report is published at an exciting time of change for the Patient and Client Council. In our tenth year of operation, it is time to reflect on what we have learned and to look forward to the future. During the coming year, we expect wide-ranging recommendations for change based on findings from the Inquiry into Hyponatraemia-related Deaths, the Independent Neurology Inquiry and the reviews of care in nursing homes and in Muckamore Abbey Hospital. Learning will set the direction for change, and the PCC will continue to support learning through our participation in these programmes.

We are also committed to supporting the public to engage in the change process. We have established the Make Change Together project as the vehicle to support this engagement. The aim of this project is to recruit, train and support citizens of Northern Ireland to enable them to take part in programmes of work that will transform Health and Social Care services.

During 2018/19, the PCC Complaints Support Service supported 721 people to address concerns or resolve issues around Health and Social Care. Many of the detailed findings this year reflect trends from previous years. The rise in cases concerning neurology – particularly in the Belfast Trust – is notable, and likely reflects the ongoing Independent Neurology Inquiry and associated patient recall. The areas in which people were most likely to raise concerns during 2018/19 were:

- **Organisation:** Belfast Trust (28% of all cases) - as the provider of a significant proportion of regional services, more complaints are typically made to the Belfast Trust than to other service providers;
- **Specialty:** GP Services (17% of all cases); and
- **Area of complaint:** Quality of treatment and care (28% of all cases), communication (26% of all cases) and staff attitude (26% of all cases).

82% of our new cases this year involved formal complaints, while 18% involved an informal process. The PCC are committed to reducing this reliance on the formal complaint process. We believe that the resolution process can be improved by identifying concerns as early as possible and working directly with service providers and clients to address them. Talking to the public and service providers has evidenced the desire and need for change. In the coming year, we will reach out to the public and to the Health and Social Care family and invite them to work in partnership with us to improve people's experience of raising concerns.

Vivian McConvey
Chief Executive

Executive Summary

The eighth Annual Complaints Report outlines the work of the Patient and Client Council (PCC) in meeting its statutory duty, supporting people who wish to make a complaint about Health and Social Care. It gives an overview of the activity of the Complaints Support Service during 2018/19.

Awareness of Complaints Support Service

When clients contact the Complaints Support Service they are asked how they became aware of the service. Just under half (44.9%) indicated that they learned of the service via the internet (22.7%) or from previous experience (22.0%). Just over one quarter (27.7%) were referred by either a Health and Social Care (HSC) body (14.5%), other statutory body (7.1%) or the Citizens Advice Bureau (CAB)/Advice NI (6.1%).

Service Activity 2018/19

During 2018/19, the Complaints Support Service provided support for a total of 1,506 new contacts, down from 1,815 in 2017/18. This is a 17.0% decline in the number of contacts to the service.

In 2018/19, 721 (47.9%) of these contacts were either supported to make a formal complaint (590) or supported with an issue or concern (131). The remaining 785 (52.1%) requests made were for information and advice.

Profile of our complaints cases

As in previous annual reports, the Belfast Trust was the organisation with the highest number of cases (204), followed by GPs (123).

The top five specialty areas raised in complaints were:

- GP Services (123; 17.1%);
- Mental Health (54; 7.5%);
- Older People's Services (51; 7.1%);
- Family and Childcare (49; 6.8%); and
- Neuromedicine/neurosurgery (38; 5.3%).

What do people complain about?

The five most common areas of complaint were:

- Treatment and Care (453; 36.9%);
- Communication (191; 15.6%);
- Staff attitude (190; 15.5%);
- Professional assessment of need (87; 7.1%); and
- Waiting times (72; 5.9%).

The difference our service makes to clients

By the nature of our work, we do not always know the outcomes for our clients. However, where cases have been closed (596 in 2018/19) and outcomes reported (581 cases had an at least one outcome reported), the most common positive outcomes reported were:

- Communication being re-established between the client and provider (125);
- An apology and explanation given (38); and
- Treatment and care reviewed with the client (31).

Feedback from our clients

The vast majority (96%; N=23) of clients who returned their service user evaluation form rated their overall experience of the PCC Complaints Support Service as positive or very positive. However, bearing in mind, only 25 clients returned a feedback form (response rate of 12%); this does not provide a representative sample.

Influencing HSC Improvement

During 2018/19 two reports were published by the Patient and Client Council based in whole or in part on data from complaints supported by the Patient and Client Council. These were on the subjects of nursing home care; and of people's experience of having involvement with social workers. The production of thematic reviews on complaints contributes to the evidence base for change and improvement in the management and delivery of health and social care services. This work enables the Patient and Client Council to use patient and service user experience in partnership with service providers and with policy makers.

2018/19 was a time of significant change for the organisation and for the Complaints Support Service. It was involved in the implementation of the recommendations of the report of the Inquiry into Hyponatraemia Related deaths. It also provided evidence to independent reviews into Neurology services and Dunmurry Manor Care home. Following on from this work, the Patient and Client Council have begun preparing for the significant changes to the manner in which people are supported to raise their concerns.

1.0 Introduction

The eighth Patient and Client Council (PCC) Annual Complaints report provides an overview of the work of the Complaints Support Service from 1st April 2018 to 31st March 2019.

1.1 What the PCC Complaints Support Service does

The Complaints support role of the PCC is defined in the Health and Social Care (HSC) Reform Act 2009[1] as:

> ***'Providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care…'***

All HSC complaints made to or about HSC services are managed in accordance with the HSC Complaints Procedure[2]. This procedure sets guidelines and standards for the effective management of complaints by HSC services as a whole. The PCC is the only patient/service user representative organisation named in the procedure, and its role and function is described in detail[2].

The PCC Complaints Support Service is a confidential, independent and free service that can help patients and clients to make a complaint about any HSC service. The PCC has a team of six Complaints Support Officers (CSO's) and a Service Manager. The PCC Complaints Support Officers manage a caseload of client complaints across the five HSC Trust areas (Belfast, Northern, Southern, South Eastern, and Western) and also the Northern Ireland Ambulance Service (NIAS).

The PCC Complaints Support Service supports clients to get resolution to their complaints in a number of ways, including:

- Giving clients information on the complaints procedure, and advice on how to take a complaint forward;
- Discussing a complaint with a client and drafting letters on their behalf;
- Making telephone calls on behalf of clients about their complaint;
- Helping clients prepare for, and going with them to meetings about their complaint and making sure their concerns are heard and responded to;
- Helping and supporting clients to prepare a complaint for submission to the Ombudsman or other regulatory bodies;
- Referral to other agencies, for example specialist advocacy services; and
- Help in accessing medical/social services records.

For a number of clients, our assistance does not go further than providing information on the complaints process; or talking the problem through with the client and working with them to produce a letter of complaint that the client may choose to submit to the provider. However, other clients are supported in their engagement with the provider about which they have concerns, including attending meetings with them.

The Complaints Support Service provides a Freephone Helpline from 9.00am to 5:00pm Monday to Friday, which is answered by a CSO. The helpline deals with all forms of contact (e.g. email, letter, telephone) from new clients. The helpline was established to:

- Act as the first point of contact to the service for new clients;
- Work with the client to understand their needs;
- Provide clients with information on the complaints process;
- Signpost clients to other sources of support;
- Provide simple advice and information;
- Resolve simple complaints and concerns that do not require ongoing support; and
- Refer all clients who require ongoing support to the team of CSOs.

Incoming queries are answered in the first instance by the CSO on the Helpline. If it is a request for information or advice, the CSO can provide what is required. If the query is more complex and requires follow up, it is referred to the local Complaints Support Officer.

1.2 Snapshot of the year

During 2018/19 the PCC Complaints Support Service provided support in relation to a total of **1,506** new contacts:

721[(i)] New cases were supported in 2018/19. This included:
- **590** formal complaints
- **131** issues or concerns

785 Requests for advice and information

The PCC Complaints Support Service supported **21** cases for submission to the NI Public Service Ombudsman process.

The Complaints Support Service received feedback from **25** clients who completed a Service User Evaluation. While the comments made were positive, the response rate is low. During 2019/20, the PCC will put in place new arrangements for obtaining feedback from Complaints Support Service clients.

(i) Throughout this report 'cases' refers to both formal complaints (where a client has pursued a complaint through formal HSC processes) and issues or concerns (where a client has not submitted a formal complaint but has an issue or concern they would like help addressing) raised with the PCC Complaints Support Service.

2.0 Methodology

This report presents information on complaints that were received by the Patient and Client Council (PCC) in the financial year 2018/19 (1st April – 31st March). Whilst Complaints Support Officers continue to work on cases opened in previous years, this report focuses solely on the new cases opened in 2018/19.

Throughout 2018/19 a total of 1,506 new contacts were provided with support. However, this included 785 requests for advice and information that did not follow through to a formal complaint, issue or concern. This report presents data based only on the remaining 721 new cases that led to either a formal complaint (590) or an issue or concern (131).

2.1 Data Analysis

The Complaints Support Service has its own bespoke database which CSO's use to record information provided to them by clients. This database is securely protected and only CSOs and the Complaints Services Manager have access to it. In April 2019, a download of the data collected from April 2018 - March 2019 was provided in Excel format to a PCC Research Officer for data cleaning and analysis.

The data file was cleaned, which means any inaccuracies/incomplete/duplicate data was detected and queries raised with the CSO's to investigate, as well as generally making the data more user friendly for analysis i.e. tidying up individual fields. This ensured more accurate and consistent data when it came to analysis.

When the Research Officer was content that the data was clean, analysis took place. As the data was in Excel format; analysis was carried out using pivot tables and filters. Charts were also designed in Excel. Percentages were rounded to one decimal place and as a consequence some totals may not round to 100.

Chapter six of this report presents the top five issues that clients complain about. Within each of these, the specialties with the most complaints relating to each issue were filtered out. This identified what parts of the health and social care system are most likely to generate certain types of complaint. Pivot tables were used to provide data relating to the service areas under each of the five 'nature of complaint' issues. Once the main service areas had been identified, filters were used to extract the appropriate case summaries relating to each service area. This data was analysed and key themes written up to form the content for chapter six.

2.2 Reporting

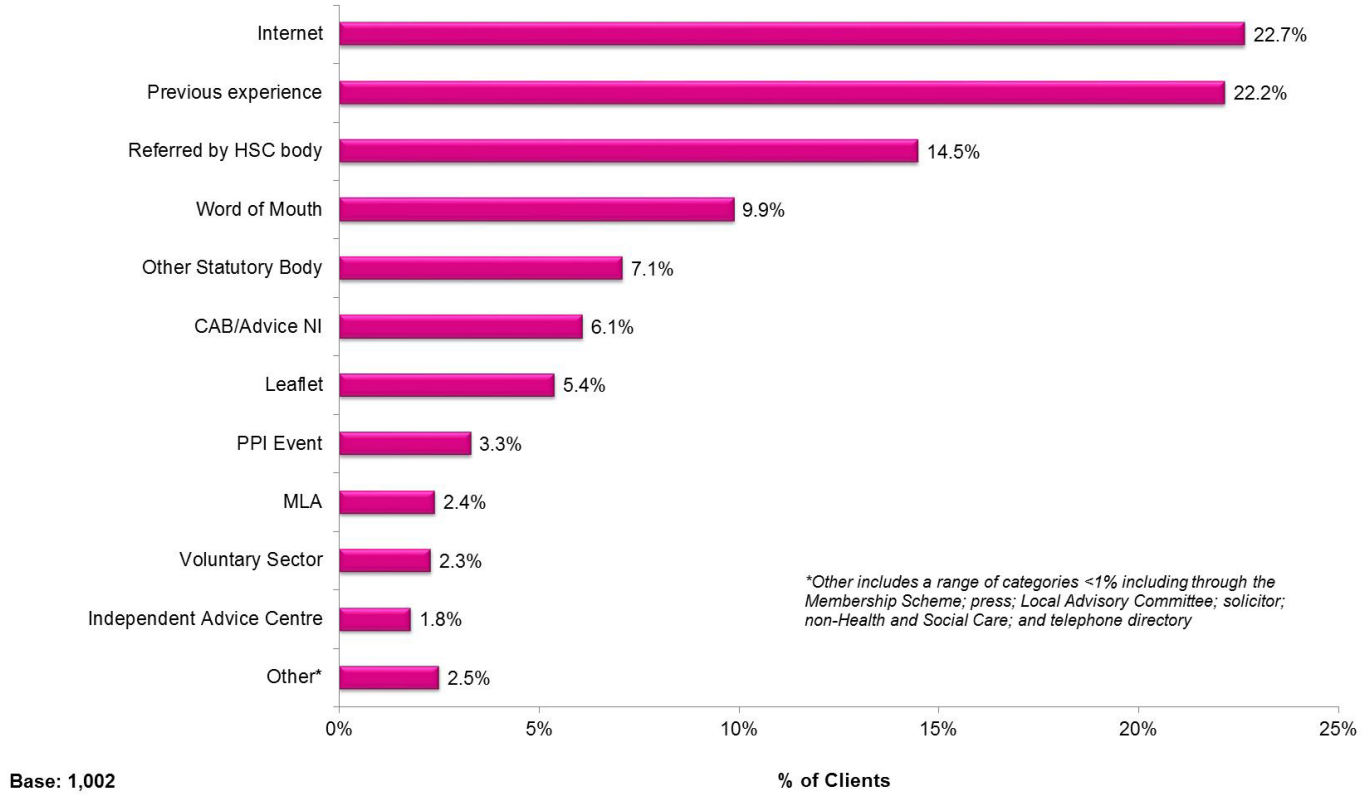
Following analysis, this report, largely following the format of previous PCC Annual Complaint Reports was written. The PCC's Research Team worked closely with the Complaints Support Team in the development of this report. This was particularly the case concerning chapter seven, where each CSO selected a maximum of three clients to be included as case studies. The Research Officer interviewed each of the CSOs about their individual clients and a selection of case studies were chosen to be written up.

Each case study was selected by the CSOs to provide examples of how our service makes a difference to clients. Initially, CSOs sought verbal consent from their clients to have their case study published in the report. This was then followed up with written consent, after which the clients were sent their case study to review and confirm they were happy with the content prior to inclusion in the published report. All clients have reviewed their individual case study and provided consent for it to be published in the report.

3.0 Awareness of Complaints Support Service

When people contact us, they are asked how they became aware of the Complaints Support Service. As shown in **Figure 1** the 'internet' (22.7%) and having 'previous experience' (22.2%) were the two main channels through which people became aware of the Complaints Support Service. The latter would suggest that people are returning to the service when they want further advice or wish to take a complaint forward, presumably due to positive perceptions and experiences of the service. This is further supported by the one in ten (9.9%) people being referred to the service by 'word of mouth'. This suggests that those who use the service are willing to recommend it to others.

Figure 1: Awareness of Complaints Support Service[(ii)]



It can be seen from **Figure 1** that 14.5% of new contacts were referred by an HSC Body. All HSC organisations provide information on the Patient and Client Council to people making complaints. New contacts also became aware of the service from a variety of other sources including the Citizens Advice Bureau/Advice NI, leaflets, PPI events, MLA's, voluntary sector organisations and Independent Advice Centres.

(ii) The base is recorded as 1,002 which is lower than the overall total (1,506) of new cases/advice and information provided by the PCC in 2018/19. This is due to this question not being asked in all cases as it may not be appropriate when a client is in distress or in some cases CSO's forgot to ask the question during the initial phone-call.

4.0 Service Activity: 2018/19

In 2018/19 the PCC Complaints Support Service provided specific help or advocacy in relation to **721** new cases. These included **590** formal complaint cases and **131** issues or concerns.

Not all cases that our service deals with are formal complaints raised under the Health and Social Care complaints process. Some people contact us with an issue or concern that they wish to resolve, but not through a formal complaints process. Often, our Complaints Support Officers are able to work with these clients to have their concerns resolved, for instance, by putting clients in touch with, or advocating on their behalf with, local Health and Social Care teams. Throughout this report, 'cases' refer to both formal complaints and issues or concerns raised with the PCC Complaints Support Service.

The PCC has also provided support to **785** requests for advice or information. These requests are dealt with through the PCC Helpline.

The data presented throughout this report only relates to new cases and requests dealt with between 1st April 2018 and 31st March 2019. It does not include continuing work by PCC Complaints Support Officers on cases opened before 1st April 2018.

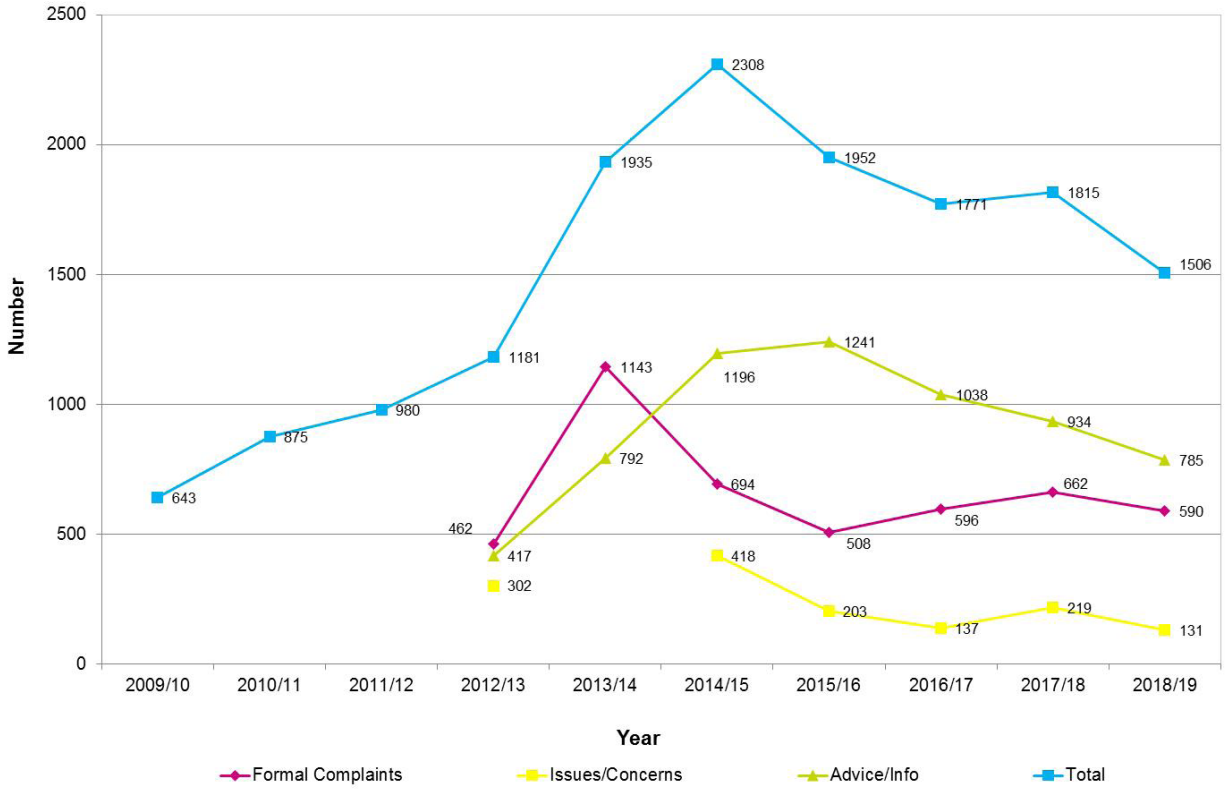
As in previous years the PCC fully acknowledges that the number of complaints made by patients about services is small in comparison with the overall volume of patient interactions with services throughout the year. However, the PCC believes that by studying complaints and reporting this information, there is an opportunity to learn and to improve services.

4.1 Comparison of activity data from previous years

The Complaints Support Service showed a year on year increase in activity since reporting started in 2009/10 until 2015/16 where activity dropped 15.4%[3] followed by a further drop in 2016/17 of 9.3%[4]. Last year (2017/18) there was a slight increase of 2.5% in overall activity[5]. However, this year there has been a considerable decrease in overall activity of 17.0%.

Figure 2 outlines the complaints activity since 2009. However, figures for formal complaints, issues/concerns and advice/info are not available for 2009/10 – 2011/12 and in 2013/14, figures were provided for formal complaints, advice and information but not issues/concerns. Therefore, the data for formal complaints and information and advice for 2013/14 are not comparable to the data for other years.

Figure 2: Comparison of complaints activity since 2009



A detailed comparison in activity between 2017/18 and 2018/19 is shown in **Table 1**.

Table 1: Detailed comparison of activity in 2017/18[5] and 2018/19

Activity 2017/18		Number		Activity 2018/19		Number		Difference	
Cases	Formal complaint	662	881	Cases	Formal complaint	590	721	-72 (-10.9%)	-160 (-18.2%)
	Issue or concern	219			Issue or concern	131		-88 (-40.2%)	
Advice and information		934		Advice and infomation		785		-149 (-16.0%)	
Total		**1815**		**Total**		**1506**		**-309 (-17.0%)**	

The past three years have also seen a reduction in the number of advice and information requests dealt with by the Complaints Support Service (see **Figure 2**). In 2016/17[4] there were 203 fewer requests than in 2015/16 and a reduction of 104 requests was noted in 2017/18[5] in comparison to 2016/17. This year's data show a larger decrease in advice and information requests (see **Table 1**) with the Complaints Support Officers having dealt with 149 fewer advice and information requests compared to 2017/18.

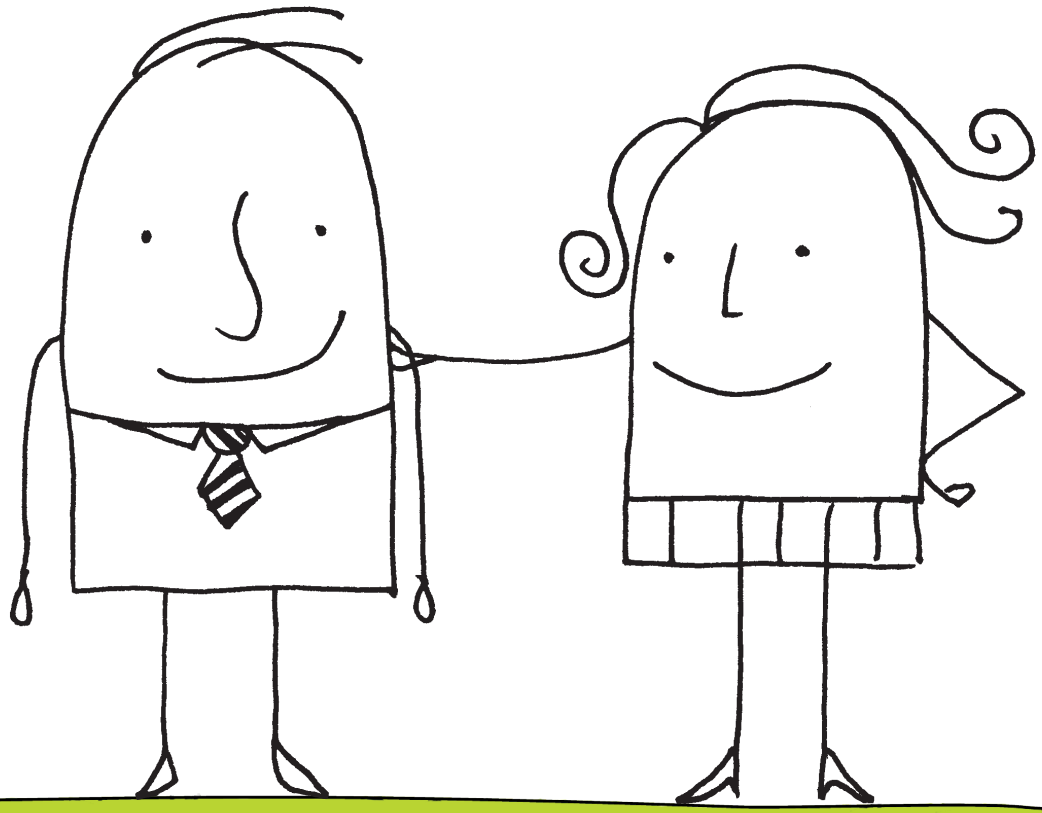
The figures shown above demonstrate a reduction in new contacts of all types – whether advice, information, signposting or formal complaints. In previous years, annual complaints reports had noted a reduction in advice and information calls but calls that led to formal and informal complaints work were

maintained. This was ascribed to improved awareness of the work of the service and the provision of online resources to guide and signpost clients.

It is difficult to be definitive about the reasons for reduced activity; however, it is likely that a combination of factors could explain this drop in activity for 2018/19. These factors might include:

- The current model of service (where callers are triaged by a Helpline) has limitations. Too often callers are required to leave a message rather than to speak directly to someone who can help. The Patient and Client Council will change its model of service in 2019/20.
- 2018/19 has been a time of significant organisational change for the Patient and Client Council. This may have had an impact on public awareness of the service where media activity and general awareness raising through events and initiatives were not maintained throughout the year to the usual extent.

However, the overall reduction in activity across all categories is more likely indicative of issues around general awareness of and access to the Complaints Support Service in 2018/19.



5.0 Profile of our complaints cases

An analysis of cases (N=721) in 2018/19 was undertaken to help identify key issues arising from the data. Findings are categorised under the following headings:

- Complaints by organisation;
- Complaints by specialty; and
- Complaints by nature of complaint.

5.1 Complaints by organisation

Table 2 below provides an overview of the number of complaints by organisation in 2017/18 compared to 2018/19.

Table 2: Complaints by Organisation

2017/18		2018/19		Difference
HSC Trust	**Number**	**HSC Trust**	**Number**	**Number (%)**
Belfast	234	Belfast	204	-30 (-12.8%)
South Eastern	147	South Eastern	92	-55 (-37.4%)
Northern	132	Northern	98	-34 (-25.8%)
Southern	107	Southern	83	-24 (-22.4%)
Western	103	Western	90	-13 (-12.6%)
Unspecified	3	Unspecified	6	+3 (+100%)
Total	726	Total	573	-153 (-21.1%)
Other		**Other**		
GP	129	GP	123	-6 (-4.7%)
Dentist	9	Dentist	10	+1 (+11.1%)
NIAS	9	NIAS	8	-1 (-11.1%)
Other	8	Other	7	-1 (-12.5%)
Total	155	Total	148	-7 (-4.5%)
Grand Total	**881**	**Grand Total**	**721**	**-160 (-18.2%)**

Historical PCC complaints data from 2009 to 2019 show that the Belfast HSC Trust has consistently been the organisation with the highest number of complaints each year (except in 2011/12 when the South Eastern Trust had the highest number). However, as the main provider of regional specialist services, it is not surprising that Belfast HSC Trust is the Health and Social Care organisation that receives the most complaints.

In 2017/18 the South Eastern HSC Trust ranked second in the organisations being named in complaints; however, this year (2018/19) General Practice (GP) was more frequently named in complaints dealt with by the PCC. This is similar to what was reported in 2016/17.

Compared to 2017/18, the number of complaints dealt with by the PCC relating to the South Eastern Trust has decreased by just over one third (36.7%) and the Northern Trust complaints have decreased by one quarter (25.0%).

There are no specific reasons for the reduction in complaints in these two Trusts, other than the reasons stated previously around awareness of the PCC and the organisation going through a period of significant change. Nonetheless, the overall pattern is clear showing a reduction in the number of complaints supported by the Patient and Client Council generally and all areas have seen a reduction. Aside from Belfast, in the past the Northern and South Eastern areas were the Trusts showing the largest number of complaints for the Patient and Client Council. However, in 2018/19 GPs were the subject of more complaints than either of these Trusts (see **Table 2**). It is to be expected that in a service used by everyone, i.e. GP services, there will inevitably be more complaints about this service as a proportion of all complaints.

In contrast, the statistics published by the Department of Health NI regarding complaints received by HSC Trusts, the HSC Board and Family Practitioner Services are similar to their figures published in 2017/18 with 4,441 complaints recorded in 2017/18 compared to 4,473 in 2018/19[6,7]. A breakdown of Department figures for **complaint issues**[(iii)] is shown in **Table 3**.

Table 3: Department of Health figures – complaint issues[6, 7]

2017/18		2018/19		Difference
HSC Trust	**Number**	**HSC Trust**	**Number**	**Number (%)**
Belfast	2,026	Belfast	2,356	+330 (+16.3%)
South Eastern	1,140	South Eastern	1,269	+129 (+11.3%)
Northern	814	Northern	760	-54 (-6.6%)
Southern	955	Southern	850	-105 (-11.0%)
Western	746	Western	690	-56 (-7.5%)
Total	5,681	Total	5,925	+244 (+4.3%)
Other		**Other**		
GP	215	GP	252	+37 (17.2%)
Dentist	17	Dentist	60	+43 (+252.9%)
NIAS	133	NIAS	124	-9 (-6.8%)
Other	8	Other	5	-3 (-37.5%)
Total	373	Total	441	+68 (+18.2%)
Grand Total	**6,054**	**Grand Total**	**6,366**	**+312 (5.2%)**

There is little consistency between the trends seen in the figures for complaints supported by the PCC Complaints Support Service and those recorded by the Department of Health.

(iii) A single communication regarding a complaint may refer to more than one issue and therefore each individual complaint issue is recorded separately for the Programme of Care, Subject and Specialty to which it relates.

5.2 Complaints by specialty

General practice and mental health service complaints continue to feature in the top five specialty areas raised in 2018/19. As can be seen from **Table 4**, the top ten specialties identified in the complaints raised with the PCC Complaints Support Service have remained mostly the same as in 2017/18. The only difference was that Orthopaedics and Gynaecology have fallen out of the top ten and have been replaced by Neuro-medicine/Neurosurgery, which has shown a steady increase over the past 3 years (18 complaints in 2016/17; 26 in 2017/18; rising to 38 in 2018/19).

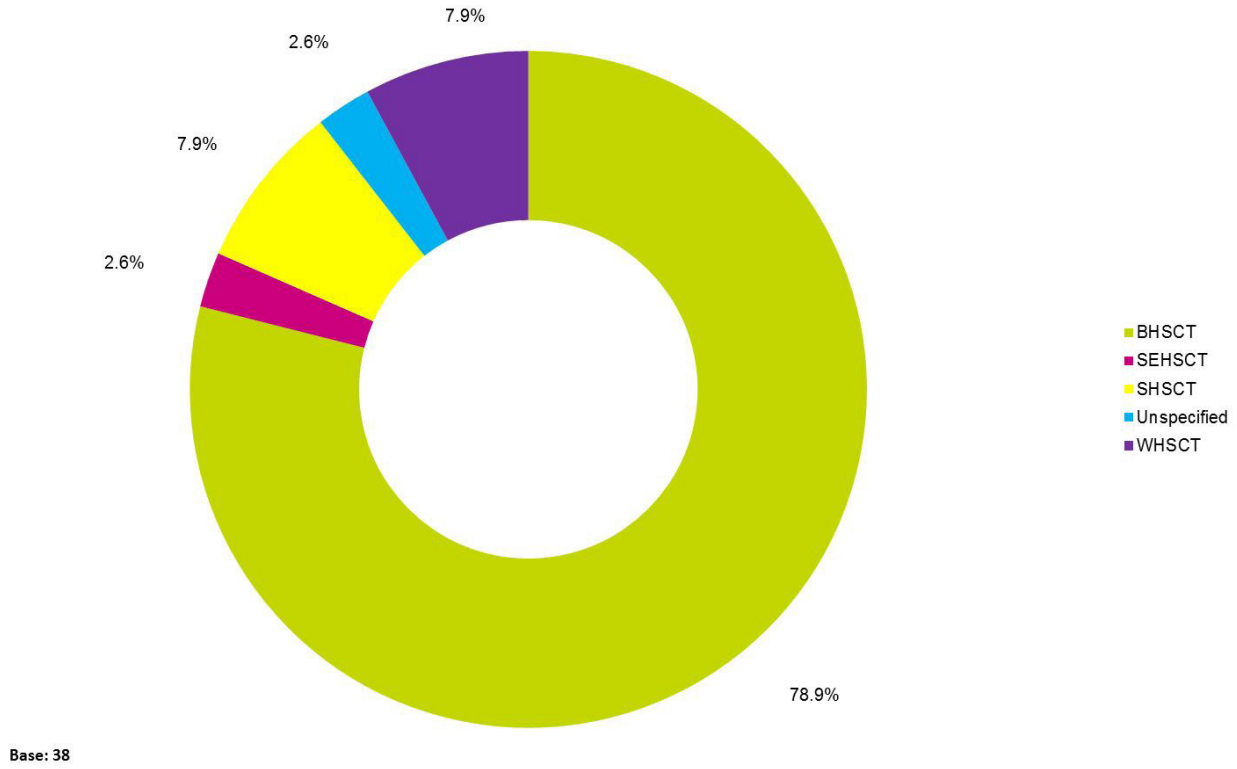
Table 4: Top 10 specialty areas raised in complaints

	2017/18	Number	%	2018/19	Number	%
1	GP	126	14.3%	GP	123	17.1%
2	Mental Health	56	6.4%	Mental Health	54	7.5%
3	Family and childcare	54	6.1%	Older People's Services	51	7.1%
4	Orthopaedics	51	5.8%	Family and childcare	49	6.8%
5	Residential and nursing homes	50	5.7%	Neuromedicine/ neurosurgery	38	5.3%
6	Older People's Services	49	5.6%	Accident and Emergency	36	5.0%
7	Accident and Emergency	46	5.2%	Residential and nursing home	34	4.7%
8	Gynaecology	33	3.8%	Disability	32	4.4%
9	Medical – general	32	3.6%	Medical - General	30	4.2%
10	Disability[iv]	31	3.5%	Domiciliary Care	24	3.3%
	Domiciliary care[iv]	31	3.5%			
	Base: 881. Other specialties featuring in 10 or more cases: Neuromedicine/Neurosurgery, Oncology, Urology, Prison healthcare, Maternity, Surgery-general, Children's, Cardiology/Cardiac Surgery, Dental, Gastroenterology, Occupational Therapy.			Base: 721. Other specialties featuring in 10 or more cases: Hospital, Maternity, Orthopaedics, Surgery-general, Children's, Dental, ENT, Gynaecology, Urology		

The vast majority of the Neuromedicine/Neurosurgery complaints relate to the Belfast HSC Trust (see **Figure 3**).

[iv] Joint position

Figure 3: Neuromedicine/Neurosurgery complaints by HSC Trust area[v]



The increase in complaints regarding Neuromedicine/Neurosurgery is in conjunction with the ongoing Neurology patient recall process which has been taking place within the Belfast HSC Trust. The recall was undertaken after "*concerns in relation to a small number of patients were raised in late 2016 and early 2017 regarding the care and treatment provided by a Consultant Neurologist*". As a result, the Belfast HSC Trust undertook a process that led to a wider independent review of the Consultant's practice by the Royal College of Physicians. The Consultant ceased all patient care and treatment from the summer of 2017[8].

"*The Royal College of Physicians delivered its report in April 2018 and acting on its expert findings and recommendations, the Belfast Trust recalled some 2,500 patients, between May and August 2018, who were still attending the Consultant's clinics prior to his cessation of active practice.*" A second recall phase was also undertaken in October 2018[8].

The Permanent Secretary of the Department of Health also announced the establishment of an Independent Inquiry in May 2018. The Inquiry panel was set up "to *review the recall of neurology patients by the Belfast Health and Social Care Trust" and to "carry out an independent non-statutory inquiry of an inquisitorial nature*"[9].

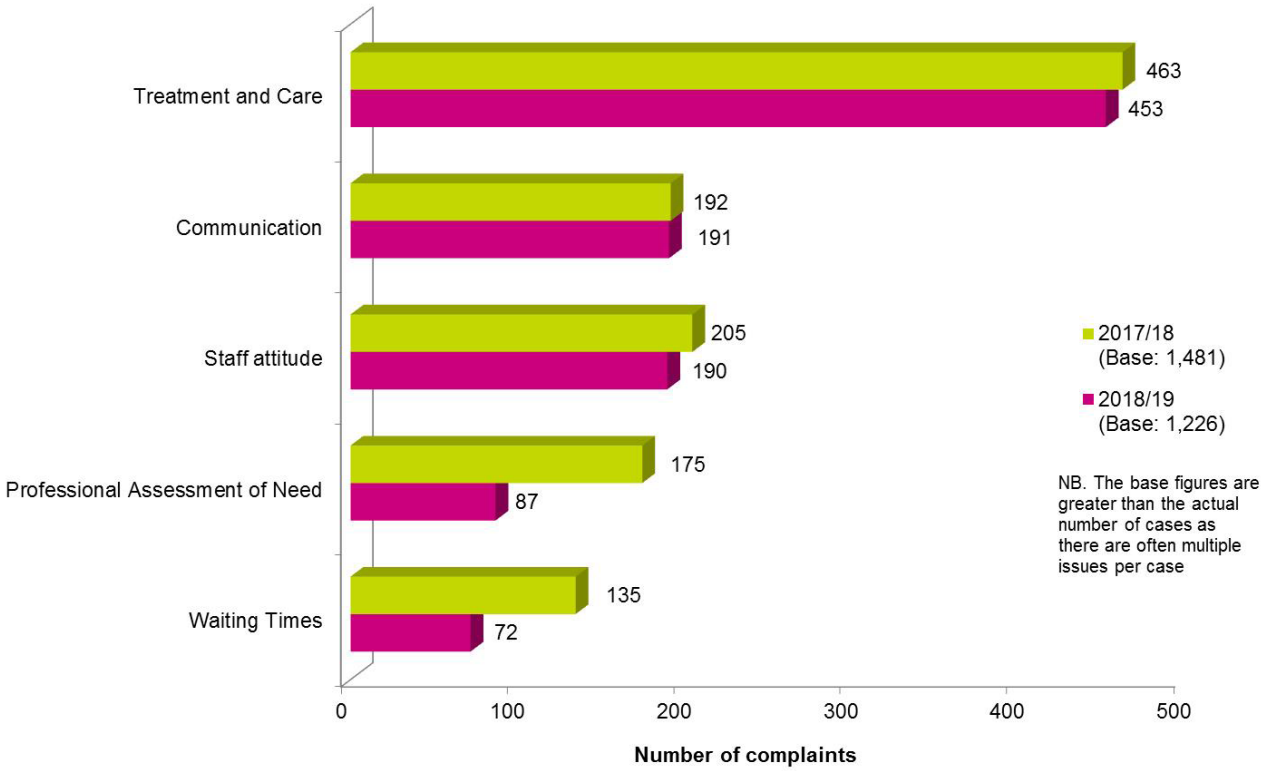
5.3 Complaints by nature of complaint

There continue to be similarities in the nature of complaints[vi] dealt with by the Complaints Support Service between 2017/18 and 2018/19. The top five areas remain the same; however, in 2018/19 communication moved to second place and staff attitude to third. In 2018/19 there is a difference of only one complaint between staff attitude (191) and communication (190) (see **Figure 4).**

[v] There were no neuromedicine/neurosurgery complaints in the Northern HSC Trust area in 2018/19

[vi] Complaints Support Officers categorise the nature of complaints using a finite list of options which have been developed over the years.

Figure 4: Top five complaints by Nature of Complaint 2017/18 and 2018/19



The most notable change was the decline in the number of complaints regarding 'professional assessment of need'[(vii)] and 'waiting times'. Both of these areas received approximately half the number of complaints in 2018/19 compared to 2017/18. However, as in previous years, it is 'treatment and care' that is the primary source of complaint and the 'quality' of treatment and care provided that is the primary concern for clients.

(vii) To receive health and social care support or services, an assessment of patient needs is often required. A health and social care assessment with the social services department of a patient's local trust is often the first step towards getting the help and support they need. The assessment is an 'assessment of need'[10].

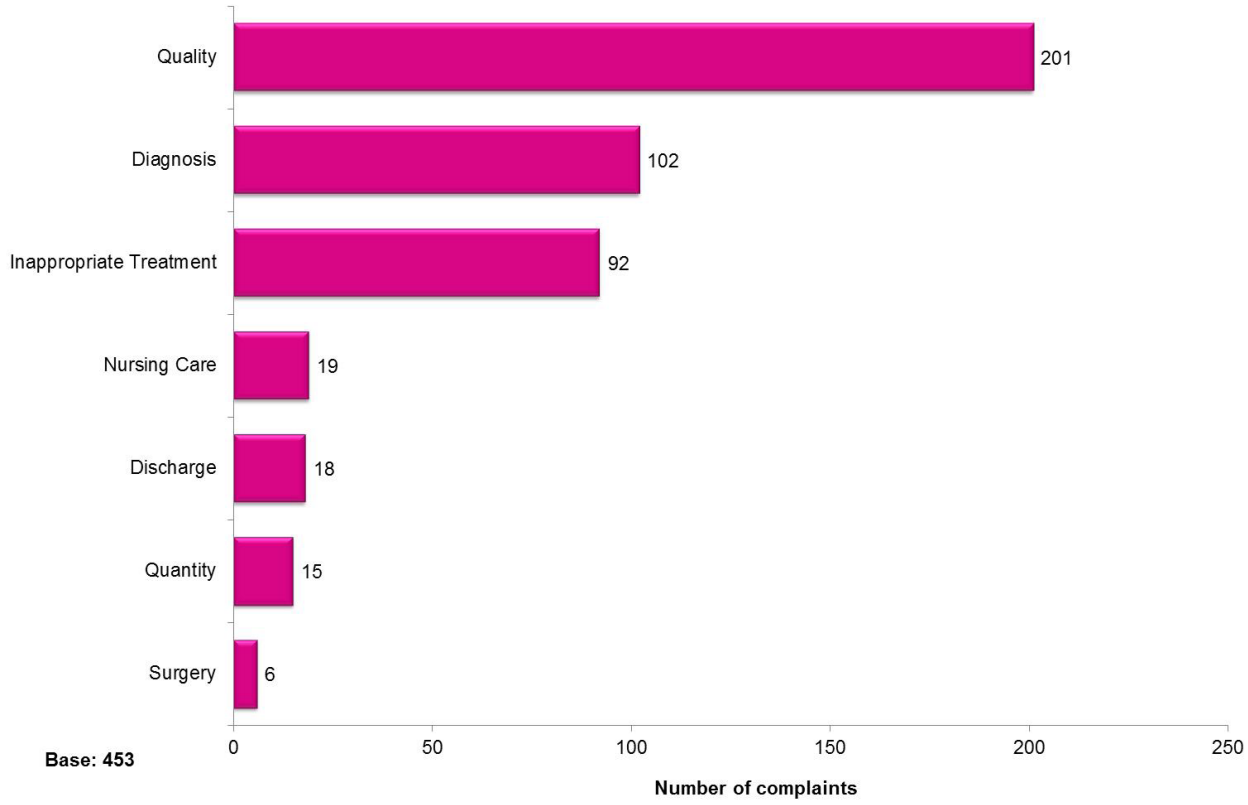
6.0 What do people complain about?

The following sections provide a descriptive account of the top five complaint areas dealt with by the Complaints Support Service. These areas were filtered to identify the top specialties within each area. The key issues within each specialty have been summarised to reflect the most common nature of complaints in 2018/19.

6.1 Treatment and Care

Within the theme of 'treatment and care' there are seven subcategories. **Figure 5** shows the number of complaints within each subcategory.

Figure 5: Treatment and care complaint subcategories



6.1.1 Treatment and care – quality

The quality of treatment and care was the most common area of complaint within Treatment and Care, with nearly twice as many complaints as Diagnosis. Concerns over quality of treatment or care feature prominently in a number of specialties including: Older People's Services, GP Services, Medical – General Services, Mental Health and Neuromedicine/Neurosurgery.

Older People's Services

Within Older People's services, most complaints were about the quality of the treatment and care received by relatives in nursing homes. Often clients had concerns about the level of care their relative was receiving at the home with reports of inadequate care and treatment, falls and regular infections. In some cases, their health deteriorating so badly in the home that they became dependent on care home staff and could not return home if living on their own. In a small number of cases it was felt that inadequate care or a fall resulted in the untimely death of a relative in a nursing home.

A smaller number of complaints within Older People's Services focused on domiciliary care. In particular these were focused on, the time when carers visited, how long they spent on each visit and in some cases calls not being carried out. Complaints with regard to domiciliary care also focused on inadequate care and clients often felt that their relative was not treated appropriately or with dignity.

GP

Complaints involving the quality of GP treatment and care revolved around the GP not taking the patient seriously, not doing enough to help them with treatment, or not listening to the patient. There were also a number of complaints around the GP not providing appropriate treatment and missing a diagnosis, which in some cases delayed treatment. In two cases, the clients believed this had led to the death of their relative.

Medical – General Services

With regards to Medical – General Services (i.e. inpatient treatment and care in non-specialist wards in hospitals) the vast majority of these complaints related to poor/lack of treatment and care on a ward. In a small number of complaints, poor care was believed by the family to have led to the death of the patient. A smaller number of complaints related to a lack of communication, lack of explanation of a condition and a lack of monitoring, which resulted in falls.

Mental Health

Complaints involving the quality of treatment and care for those with mental health issues were a mix concerning those who had a stay as a mental health inpatient, had issues with the Community Mental Health Teams or the general lack of access to Mental Health Services. Complaints about inpatient care focused on inadequate care and supervision whilst on the ward, with some patients able to walk the corridors or make their way outside. Complaints about the Community Mental Health Team focused on the patient not getting the support that they needed. There was also some concern over the lack of Mental Health Services provided in one particular Trust and the ability to gain access to Mental Health Services when they were needed.

Neuromedicine/Neurosurgery

As reported in **section 5.2** there has been an increase in the number of complaints regarding Neuromedicine/Neurosurgery due to the ongoing Neurology patient recall process which has been taking place within the Belfast HSC Trust. When looking more closely at the complaints in this area, most were around how the recall and review process has been managed and how treatment will be managed going forward. There were also a number of more general complaints involving inadequate care and treatment received within Neuromedicine/Neurosurgery.

6.1.2 Treatment and care - Diagnosis

The second most common subcategory of treatment and care complaints falls under diagnosis. Complaints about diagnosis most frequently related to GP services, followed by Neuromedicine/ Neurosurgery.

GP

Complaints about diagnosis with regards to GPs mainly focused on a missed or incorrect diagnosis and failure to diagnose cancer/failure to diagnose it at an early stage. In a number of cases where a misdiagnosis was believed to have been made by a GP, two clients felt their relative died as a result, one client had a miscarriage and another was left paralysed. Other complaints around diagnosis focused on GPs:

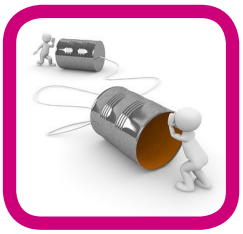
- Failing to refer patients for appropriate treatment or tests;
- Taking a long time to diagnose a condition; or
- Not making a diagnosis and leaving patients unsure of what was wrong with them.

Neuromedicine/Neurosurgery

Similar to the GP complaints around diagnosis, the Neuromedicine/Neurosurgery complaints also focused on a missed or incorrect diagnosis. In some cases, this resulted in a patient being given inappropriate care or medication and in one case was believed to have led to death.

6.2 Communication

Complaints about communication were most commonly raised by clients in relation to GPs, Older People's Services, Disability, Family and Childcare and Mental Health Services.



GP

There was a wide range of complaints with regards to communication in relation to GPs. The most common involved patients reporting that they are not being taken seriously/ not listened to by the GP and as a result are not receiving adequate care/treatment/medication. A further complaint was around the communication between GPs and Medical staff at hospitals e.g. consultants. On a number of occasions there had been a breakdown in communication between these two parties, which meant that patients did not get medication on time or were not referred on as quickly as they should have been.

Others reported that when they had raised an issue with their GP, the GP had written to them and stated there had been a breakdown in communication and as a result they would be unable to treat them and requested that the patient move to another GP practice.

Older People's Services

Communication complaints regarding Older People's Services mainly focused on Social Workers having very little contact with families. For example, in some cases there was liaison between the Social Worker and nursing home but the family was not informed. Other complaints were around Social Workers not listening to families and ignoring their views. Complaints were also made about Nursing Home staff not communicating with families.

Disability Services

Like Older People's Services, those with complaints around disability issues centred on social workers and their lack of communication with the client. However, disability complaints focused more on the social workers' ineffectiveness in putting in place and managing a care plan for those with a disability. Clients reported that due to issues with the Social Worker, they were unable to access services, had no support available to them or had missed out on respite. One individual had lost their work placement because of the lack of support provided by their Social Worker.

Family and Childcare

Those with complaints around Family and Childcare issues also focused on Social Workers. Complaints related to Social Workers having little or no contact with the client or having a poor relationship with little communication. Family and Childcare complainants were more likely to say that their Social Worker was rude, had a bad attitude, behaved poorly or was unprofessional. The majority of these complaints were about the actions of Social Workers with families where there has been a concern raised about the welfare of a child/ren. This area of work is particularly challenging as the social work intervention is not usually sought or desired by the clients.

Mental Health

Complaints about Mental Health Services mainly centred around a lack of communication/contact from a wide range of professionals including consultants, psychiatrists, social workers, key workers, Mental Health Primary Care Team and the Trust complaints department. The challenges presented by these complaints are around the adequacy and effectiveness of community based care plans for people with a complex need. The client's illness itself can mean that significant support is required for them to raise their concerns and have them addressed.

6.3 Staff attitude

Complaints about staff attitude appear across a number of specialties. Specialties with the highest number of staff attitude complaints included GPs, Family and Childcare, A&E, and Mental Health Services.

GP

The majority of the complaints regarding staff attitude and GPs related to the attitude of the GP themselves. Clients reported that the GP was 'not listening' to them, was 'rude', 'dismissive', did not take the patient seriously or fobbed them off, was 'abrupt' or made 'derogatory' comments. In many of these cases the GP had refused to prescribe medication, changed medications or in the clients' opinion was not providing the care or further referrals that they needed.

A smaller number of complaints related to other members of staff working within GP practices e.g. reception staff, practice managers and healthcare assistants. Clients reported that these staff members were 'rude', 'nasty', 'sarcastic', 'condescending' and did not treat them with respect. As was the case with the GPs, this usually stemmed from a prior situation e.g. prescriptions being withheld or a patient being removed from the GP list after an incident, such as a patient asking for their notes or an appointment being cancelled at short notice and the patient being recorded as a "Did not Attend".

Family and Childcare

As noted previously, many Family and Childcare complaints arose in the context of intervention from social services and often related to Social Workers. While there was a wide range of complaints, the more frequent complaints about staff attitudes centred around the Social Worker making inappropriate comments about the client, the Social Worker being biased against the client or providing poor information about the client which resulted in clients not getting as much access to their children as they would like. Other complaints centred on the social worker being 'unprofessional', 'rude', 'patronising' and tried to turn their partner against them. As noted above, generally, in these cases the clients do not seek social worker intervention.

A&E

Complaints with regard to staff attitude in A&E focused mainly on clients reporting that staff were 'rude', 'impatient' and 'ignorant'. One person complained that they had been 'scolded' by ambulance staff before they were taken to hospital. Other complaints focused on an overall poor experience and treatment within A&E as well as not being informed of decisions made about their care and feeling discriminated against.

Mental Health

Attitudinal complaints about Mental Health Services focused on the Community Psychiatrists and Community Psychiatric Nurses who were reported to be 'rude', unprofessional', and 'forceful', to have 'spoken inappropriately', and to have a 'bad attitude'. Other complaints were around the general care and treatment within Mental Health Services, the attitude of a hospital secretary and a Social Work Team who were overheard laughing and talking about a client at the end of a call.

6.4 Professional Assessment of Need

The most common specialties mentioned in complaints about professional assessment of need included Older People's Services, Mental Health Services, Disability, Family and Childcare and Residential and Nursing Home.

Older People's Services

Complaints within Older People's Services focused mainly on the assessment of the level of care/support provided. In the majority of cases, the client disagreed with the assessment and felt that more support should be provided or there was a disagreement between the Social Worker and the client over what was best for the client or the client's relative. For example, a reduction in a care package, removal of respite and wanting a reassessment of needs were some of the issues raised around perceived inadequate provision. When there were disagreements, these tended to centre on patients being discharged from a nursing home when the client thought they should stay or being told that they had to stay in a nursing home when they wanted to go home. Other complaints were around a carer not being able to cope any longer and wanting a needs assessment carried out to get the care and support they require.

Mental Health

Complaints of this nature arose when clients were unhappy with the outcome of assessments and as a result felt that inadequate support was being provided to the client or the client's relative. One client reported that, had they been assessed earlier and seen by the relevant team, they may not have tried to take an overdose.

Disability Services

All of the complaints relating to 'professional assessment of need' in Disability Services were made on behalf of a relative. Half of these complaints related to cases where a reassessment of needs was undertaken and issues arose as a result. For example, one client moved Trust area and as a result their disabled daughter had to be reassessed and await new referrals for services instead of being automatically transferred to a similar service in the new Trust area.

Another clients' daughter was reassessed and it was found that the day centre she currently attended no longer met her needs, so a more suitable day centre had to be found. However, the new centre could not provide a place for a number of months, meaning the daughter could not attend a day centre in the interim.

Other complaints related to:

- A care manager not taking on board suggestions for the care of a relative;
- Difficulties accessing support and advice regarding available services; and
- Carers refusing to assist because what was asked of them was not on the care plan.

6.5 Waiting times

Waiting time complaints are self-explanatory as a category of complaint and are raised in a range of specialties with a relatively small number of complaints in each. However, the exception to this is orthopaedics where waiting times consistently emerge as a common area of complaint. This year, orthopaedics was closely followed by waiting times in GPs.

Orthopaedics

Just over half of the complaints about Orthopaedics related to a wait for surgery. One person had originally been told they would have to wait six months but when they enquired about it again they were then told this had changed and it was now a 19 month wait. Another person had been waiting over three years for surgery on their shoulder and yet another was told their surgery had to be rescheduled as the surgeon was off sick and there was no other surgeon to replace them. Other complaints included the length of time a clients' daughter had to wait to be reviewed by a consultant and another person complained about having to wait nearly eight months for a new appointment after a previous appointment was cancelled due to snow.

GP

Approximately half of the complaints regarding GPs in relation to waiting times focused on how long it took to get an appointment with the GP. One person reported that when they call the GP surgery all the appointments are gone by the time they get through. Other complaints focused on waiting over one hour past their appointment time to be seen by the GP and the GP not referring a patient straight away, resulting in a 46 week wait for treatment.

7.0 Processes through which complaints are managed

The majority of clients supported by the PCC Complaints Support Service are supported through the Health and Social Care complaints process (85.6%) or are supported through an informal complaints process (15.8%).

The PCC Complaints Support Service also supports clients involved in other formal processes within HSC to investigate and resolve concerns. **Table 5** shows the range of processes through which clients were supported in 2018/19.

Table 5: Complaints process through which clients are supported

Process	Number	%
HSC Complaint Process	617	85.6%
Informal Complaint	114	15.8%
Ombudsman	21	2.9%
Serious Adverse Incident	13	1.8%
Professional Regulator[(viii)]	4	0.6%
Vulnerable Adults Procedure	2	0.3%

Base: 721 – Individual clients often go through more than one process which explains why the total number of processes is greater than 721 – Percentage is calculated using the base figure of 721 (total number of new cases).

In a small number of cases there are processes where clients elect to resolve their issues by taking another form of action. This may be a result of engagement with the PCC Complaints Support Service and/or making a formal complaint. In 2018/19 this included legal processes (5, 0.7%); Child Protection Procedures (3, 0.4%); Coroner (2, 0.3%); and Children's Order Complaint (1, 0.1%).

(viii) Regulation and Quality Improvement Authority (RQIA), General Medical Council (GMC), Health and Care Professions Council (HCPC) and Northern Ireland Social Care Council (NISCC)

8.0 The difference our service makes to clients

The PCC Complaints Support Service, by the nature of its work, will not always know the outcome of the complaints with which it is involved. This is because the clients of the service choose when and how to involve the PCC Complaints Support Service. The client may choose not to engage with us beyond initial discussion of their concerns, or the provision by us of a letter of complaint for the client.

Also, in analysing data for this report, only new cases that were opened in 2018/19 were selected. As a result, quite a number of these cases remain open/unresolved and reporting outcomes for these cases is not yet possible. Therefore, the outcomes that we are aware off and report arise where the client has sought our services throughout their complaint, to the point that it was resolved. There were 596 closed cases in 2018/19 and positive outcomes were recorded for 222 **(Figure 6)**. In other cases, outcomes such as the PCC providing advice on the complaints process (502) and drafting letters on behalf of the client were recorded (164).

Figure 6: Positive outcomes of closed cases [ix]

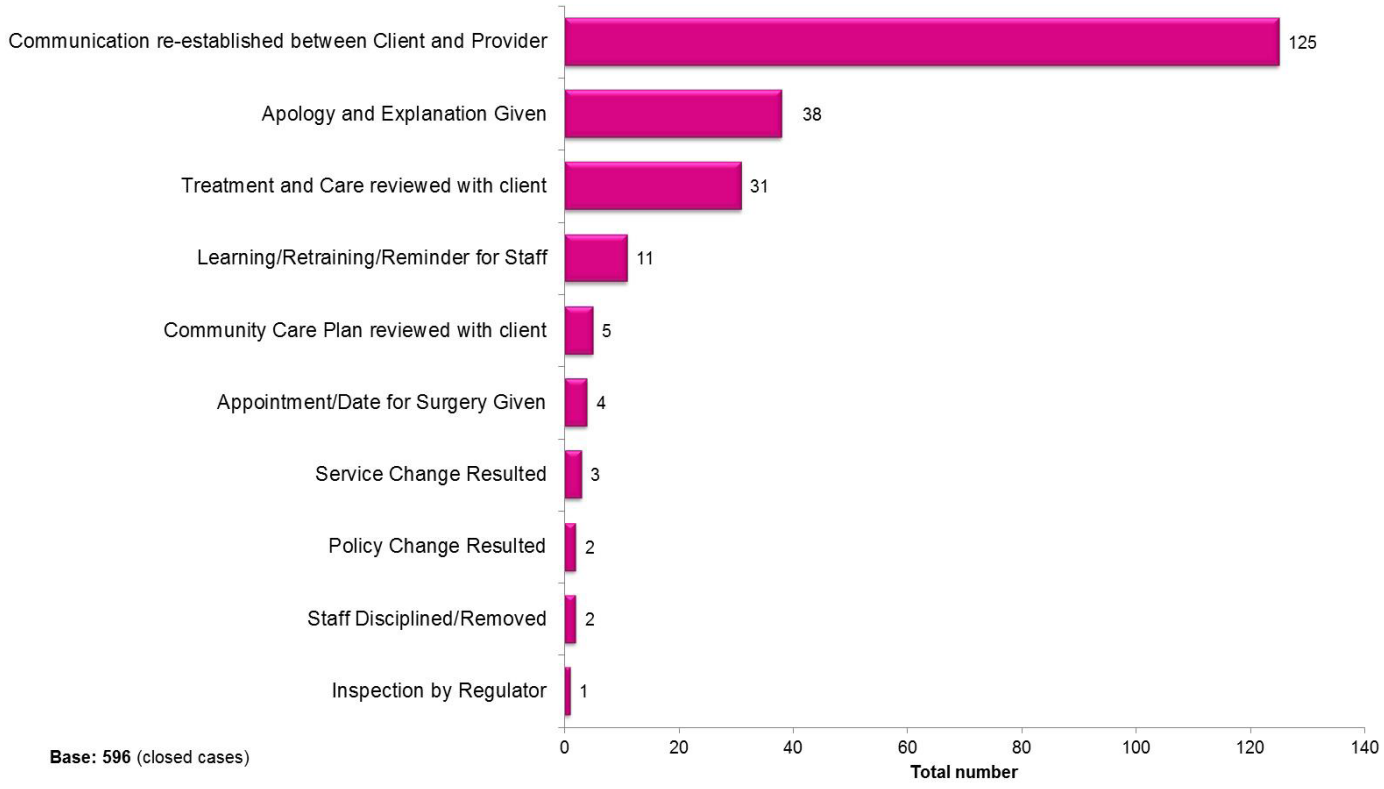


Figure 6 illustrates the large number of complaints that can be resolved simply by re-establishing effective communication between patients and clients and service providers. It also illustrates that receiving an apology, having treatment plans or community care plans reviewed and staff learning are other common outcomes reported by our clients.

The following case studies give some anonymised examples of cases managed by the service in 2018/19 as illustrations of the work carried out. In all cases, the consent of our client has been sought and obtained before inclusion as a case study. In order to be considered, a case had to be closed in 2018/19, but not necessarily opened within this year. This takes into account the prolonged nature of the complaints process.

(ix) 222 positive outcomes recorded across 596 closed cases

Case studies

with examples of outcomes

Case Study 1

Programme of Care: Acute; Primary and Adult Community
Specialty: Cardiology and GP
Nature of Complaint: Communication; Treatment & Care – Quality; Medication

Background

The client in this case contacted us on behalf of his son who has a complex medical history. The client explained that the family experienced difficulty establishing and maintaining effective communication with the patient's consultants and there was a lack of communication between the different consultants and GPs treating his son. He also reported a lack of information shared with the family, leading to confusion as to how the illnesses were being treated and how they were linked. There was also confusion as to who they should contact in an emergency if the usual consultant was not available.

The patient has a chronic heart condition and in an emergency, was told to call the cardiology department. However, when the patient used this number, he was never able to make contact with someone who was in a position to advise. This resulted in repeated visits to A&E as a 'default' option, but as this department was not used to treating the patient, misunderstandings arose about how to proceed. On at least two occasions this led to the patient's hospitalisation for prolonged periods.

The patient also has ulcerative colitis and the consultant informed the patient that when a flare up occurs, a course of antibiotics would help manage his condition. However, the client explained that the GPs in their small local practice would not prescribe the steroids needed, which again resulted in trips to A&E and a stay in hospital. The client had raised these issues numerous times in the past but there was no response to his complaints. He also spoke to the consultants at his son's appointments but felt that he was 'shot down'.

Outcome

The PCC Complaints Support Officer assisted the client in drafting and submitting a letter of complaint. In response, the Trust offered the client a multi-disciplinary meeting that they accepted and the CSO also attended.

Outcomes from the meeting included a consultant being identified as the designated lead to co-ordinate the patients care and provide feedback to the patient. The family was provided with contact details for the consultants' secretaries, as well as the name and telephone number of the heart nurse specialist and the inflammatory bowel disease nurse. The lead co-ordinator provided a letter to the GPs regarding medication advice and clinic letters to GPs are to be copied to the patient to give them an insight into what is happening. Issues relating to A&E were also fed back to the service area.

In addition, a meeting was held with the GPs, which the CSO also attended. This meeting resulted in the GPs reporting that they did not have a great deal of knowledge about the patients conditions and stated they would familiarise themselves with each condition. The GPs also agreed to follow the Consultant's advice and changed their prescribing practice to take on board the patient's individual health needs.

The client was happy that effective communication had been established between the patient, his family and the Trust/GP practice. Treatment and care had also been reviewed with the patient and his family and adequate explanations and information were provided on his conditions and treatment plans.

- Complaints letter drafted for client and response received.
- Communication re-established between client and provider.
- Treatment and care reviewed.
- Apology and explanation given.

Case Study 2

Programme of Care: Older People's Services
Specialty: Older People's Services
Nature of Complaint: Professional assessment of need; Communication

Background

The client has diabetes as well as other conditions and requires adaptions made to her home. Having had an assessment carried out by the Occupational Therapist (OT), the decision was made not to provide a stair lift as requested by the client but to install an elevator instead.

It was suggested that the elevator would be installed in her dining room and would go up into the back bedroom. The client was unhappy with this decision as she has friends who come and stay, therefore losing the spare bedroom would cause isolation for her. The OT made the statement that 'one day you might need a wheelchair' indicating that the elevator was a more feasible long term option. The client contacted the PCC as she was unhappy with this decision and did not feel the OT was listening to her concerns.

Outcome

The PCC Complaints Support Officer responsible for the case drafted a letter of complaint. In response to this letter, a meeting took place with the OT in the lady's home to discuss the matter. The client asked the Complaints Support Officer to attend this meeting. The CSO outlined the client's concerns to the Occupational Therapist and discussed the option of installing a stair lift instead of an elevator.

An outcome of the meeting was that contractors would visit the clients' home and assess the feasibility of installing a stair lift. As a result, the stair lift was approved and fitted within two months of the contractor's feasibility assessment being conducted.

- Complaints letter drafted for client and response received.
- Communication re-established between client and provider.
- Treatment and Care reviewed with client.

Case Study 3

Programme of Care: Mental Health
Specialty: Mental Health
Nature of Complaint: Treatment and Care – Inappropriate treatment; Professional assessment of need; staff attitude; policy/commercial decisions

Background

The client was going through a mental health crisis when she attended the mental health assessment unit and was seen by the Community Psychiatric Nurse (CPN) on duty. From the outset the client, who was in a fragile and agitated state, felt the CPN was being dismissive. Due to the client's life experiences, she always needs to be close to a door (which would be recorded in her medical notes). However, when she moved her chair the CPN made her move it back and said she was blocking the door. As a result the client felt even more anxious.

When conducting the assessment the nurse insisted that the client talk about historical sexual abuse. The client insisted this was in her notes and was discussed previously and she did not want to discuss it again. The CPN advised that in line with Trust Policy she would have to report the abuse to the Police for follow up.

The client left in an even more distressed state and walked out in front of traffic on the way home. She got home safely but was in a distressed state and could not contact her GP, as it was a bank holiday weekend. The Police contacted her a few days later and did not pursue the matter at the client's request but she still had the distress of waiting for and taking the phone-call. The client called the assessment unit to complain about the CPN's attitude but felt the manager of the unit had been dismissive and in her opinion the nurse was doing their job.

Outcome

The Complaints Support Officer responsible for the case assisted the client in drafting and submitting a letter of Complaint. The client was unhappy with the response from the Trust and the CSO drafted and submitted a further response. A senior manager for Mental Health Services phoned the client and left a voicemail; however, the client did not feel comfortable returning a call. The CSO offered to contact the manager on the client's behalf. The manager wanted to advise the client that she was welcome to attend the assessment centre anytime but if she would prefer to attend another clinic within the Trust this would be arranged. The client said that this would be helpful and appreciated the gesture.

The manager stated that in her opinion the historical abuse being raised was inappropriate. The Trust practice has since been reviewed and amended and currently the Trust is going through processes to change the policy with the potential of it becoming a Regional Policy. The client also did not want to attend her GP as the CPN said they would send a record of the assessment to her GP and she did not know what was recorded about her. The senior manager sent the client a copy of this report, which meant the client could happily go back to her GP. After the call, the manager recorded everything that was discussed with the CSO and sent it as a letter, with an apology to the client.

- Complaints letter drafted for client and response received.
- Apology and explanation given.
- Communication re-established between client and provider.
- Policy change resulted.
- Treatment and Care reviewed.

Case Study 4

Programme of Care: Acute
Specialty: Medical - General
Nature of Complaint: Treatment and Care - Quality

Background

The client called the PCC as they had made a complaint to the Trust about the treatment and care their mother received in hospital. However, the client was unhappy with the response received from the Trust and wanted advice on what to do next.

The clients' mother was admitted with pneumonia and a consultant had started her on a course of antibiotics and a saline drip to try to get the pneumonia under control; this was to be reviewed in three days. The family had a rota in place to ensure there was always someone with their mother and when the drip went up a family member shared with the others how the Dr had reported that their mother was looking brighter and seemed to be doing better. However, later on that day another family member arrived and was shocked to see the mothers IV lines had all been removed. The nurses informed them that this was due to bad tissue build up and another Dr had told the nurses to remove them. The family begged the nurses to contact the original Dr but the nurses said 'no' as another Dr had made this decision and had spoken to a family member about it. However, the family members stated that no-one had been informed of this.

Within a matter of hours, the mother's condition started to deteriorate and the family were begging the nurses to put the antibiotics back up. One of the nurses made a nasty comment to a family member about putting the mother through more pain and why would they do that to her. The family member was really upset and felt the nurse continued to make nasty remarks to them and was disgusted with the family. When the original Dr came back on duty he was dismayed and agreed that the line should not have been removed. The family went to meet with the ward manager to make a complaint. They discussed how they felt that their mother had been put on the Liverpool Care Pathway (LCP – for dying patients) and had taken a seizure when the antibiotics were removed and also the nasty comments and unobliging attitude from the nurses. The family submitted a formal complaint after this but were unhappy with the response as it did not answer all their questions.

Outcome

The Complaints Support Officer helped the client draft a response to the Trust specifically outlining the outstanding issues. The Trust offered to meet with the family, and the CSO joined this meeting. The original consultant apologised for how there had been a breakdown in communication with regards to the removal of medication. The nurse was also asked to carry out reflective practice and the family member who was spoken to in a nasty way was given a personal written apology. The nurses are also now aware that they can contact the Dr in question at any time to query any decisions.

It was also recommended that going forward it would be beneficial for trainee nurses to sit in on complaints meetings. This would allow them to understand the full impact of the way they speak to people, especially when families are in distress. The family were happy with the outcome and felt relief that all their concerns had been addressed and positive learning had been taken from the complaint.

- Complaints letter drafted for client and response received.
- Apology and explanation given.
- Learning/retraining/reminder for staff.

Case Study 5

Programme of Care: Acute
Specialty: Emergency Ambulance
Nature of Complaint: Staff Attitude; Complaints Handling

Background

The client came to the PCC after waiting approximately six months for a response to a complaint they had made. Their daughter who has selective mutism fell at a trampoline park and came down badly on her leg and the parents were certain by the sound of the fall that the leg was broken. The first rapid response paramedic who arrived on the scene was reported to be "rude" and "tutted dismissively". The parents explained their daughter's mutism and while the child communicated with the mother, the paramedic "kept their distance" and was "stand offish", which meant the parents did not feel supported either. After a lengthy period of time the clients had to beg the paramedic to give their daughter pain relief. They felt that because the child was not screaming, the paramedic thought that she was not in pain. The parents put this down to the child's selective mutism.

The child's leg was in an awkward position behind her back, the client could see it was swollen and the child was in a lot of pain. The paramedic stated that it was "muscular damage" and moving her leg and repositioning the muscle would give her ease. The client then described how the paramedic 'yanked her [the child's] leg' at which stage the child screamed, which was very unusual for her because of her selective mutism. When the ambulance arrived and the second paramedic arrived on the scene, they looked at the leg and had no difficulty in recognising instantly that the femur was broken and took appropriate action.

Outcome

The PCC Complaints Support Officer supported the client to draft a letter of complaint that was submitted to the Northern Ireland Ambulance Service (NIAS). A response was received; however, the client was unhappy as they felt the response took the side of the paramedic and stated how she had done her best in the circumstances. The CSO explained that in response a further letter could be drafted and submitted to the NIAS or a meeting could be arranged. The family were clear on the benefits of having a meeting. However, they were concerned about the accuracy of notes taken and therefore asked if they could leave a list of questions with attendees requesting a written response.

A lengthy meeting took place with the CSO, the clients and the NIAS. NIAS Senior managers admitted that there had been a failure to diagnose and to provide treatment and areas of retraining had been identified for the paramedic in question. The family wanted assurance that the retraining would make a difference to the paramedic as based on her attitude on the day, they wondered if she would take the training seriously. Senior managers reassured that the paramedic's line manager would be checking and questioning her during her appraisals to ensure learning had been taken on board and there was a change in her practice. This was reassuring for the family.

- Complaints letter drafted for client and response received.
- Apology and explanation given.
- Learning/retraining/reminder for staff.

Case Study 6

Programme of Care: Acute
Specialty: Oncology
Nature of Complaint: Treatment & Care - Diagnosis; Communication; Treatment & Care - Quality

Background

The client in this case study came to the PCC in May 2014 when her mother was an inpatient and no diagnosis was forthcoming about her condition, although the family remained convinced that something serious was wrong. The patient had previously been a cancer patient and had two relapses with similar symptoms, which the family felt was an indicator in itself. The mother was told on several occasions she was constipated. However, the family persisted and she got an appointment with an oncologist, at which point a CT scan was carried out but no signs of cancer were present. The mother was told by the oncologist "I don't know what it is but it isn't cancer".

Another CT scan was carried out a number of weeks later which showed fluid around the lungs and heart. The fluid was drained and analysis showed it was cancer. The mother was told 'you will get some chemotherapy and we will get you back on your feet', unfortunately, approximately two weeks later the mother died. The family were angry and upset that the cancer had not been diagnosed sooner and their mother had been given false hope.

Outcome

The CSO met with the client and drafted a letter, which was sent to the Trust. A response was received approximately six months later, which the client felt was unsatisfactory. The CSO arranged for the client to meet with the consultant and other Trust staff to discuss the response and what she should do next. As a result of this meeting it was agreed that an independent review should be conducted. The CSO had constant communication with the Trust for updates throughout the review. Nonetheless, the review had many delays and approximately 15 months later it was complete. The client felt that the review was not independent as it was conducted by a colleague in the same department as the consultant in question and after two years of trying to meet to discuss this review the client took matters to the Ombudsman.

The Ombudsman agreed that the review was not independent and another review was to be conducted. The CSO acted as a liaison throughout the process and a year later the 2nd review was complete, after which a meeting was arranged to discuss the outcomes. As a result a full apology and semi-explanation of the five year delay in the complaints process was given. The review identified communication with the patient throughout her relapses had been lacking as well as communication between departments and suggested that some scans should have been repeated earlier than they had been. The review also identified that an 'Acute Oncology Clinic' would be of use for cancer patients, similar to what exists in Scotland. This Clinic now exists in part because of this complaint and a number of other experiences.

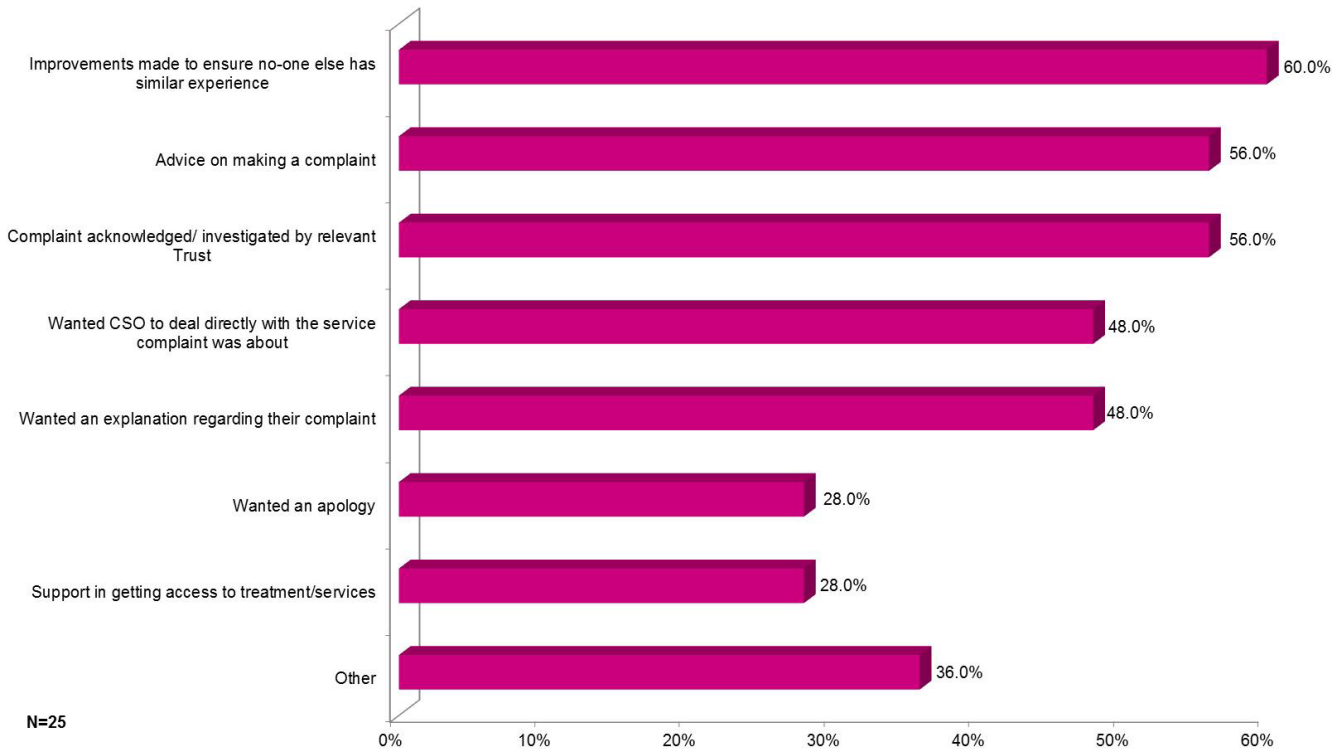
- Complaints letter drafted for client and response received.
- Apology and explanation given.
- Service change resulted.

9.0 Feedback from our clients

The PCC Complaints Support Service undertakes an annual service evaluation. Out of 217 Service User Evaluation forms issued in 2018/19, 25 clients completed and returned a questionnaire to rate various aspects of the service and their experience of it[(x)]. This is a low response rate in comparison to the number of evaluations sent to clients. The Patient and Client Council will review its practice with regards to seeking user feedback in 2019/20.

Clients were asked why they contacted the Complaints Support Service and the most common reasons given were to see improvements made on the basis of their complaint to ensure no-one else has a similar experience (N=15; 60%); to seek advice on making a complaint (N=14, 56%); and wanting their complaint acknowledged/investigated by the relevant HSC Trust (N=14, 56%). Other reasons for contacting the PCC Complaints Support Service are shown in **Figure 7**:

Figure 7: Reasons for contacting the PCC Complaints Support Service



The vast majority of clients rated the service good or excellent in terms of:

- Being easy to contact (N=24; 100%);
- Being available when needed (N=22; 100%);
- Explaining the complaints process (N=23; 96%);
- Providing advice and/or support (N=24; 100%);

(x) Due to the low response rate (12%) it is important to note that the data produced in this chapter represents only a small proportion of the clients the Complaints Support Service has dealt with in 2018/19.

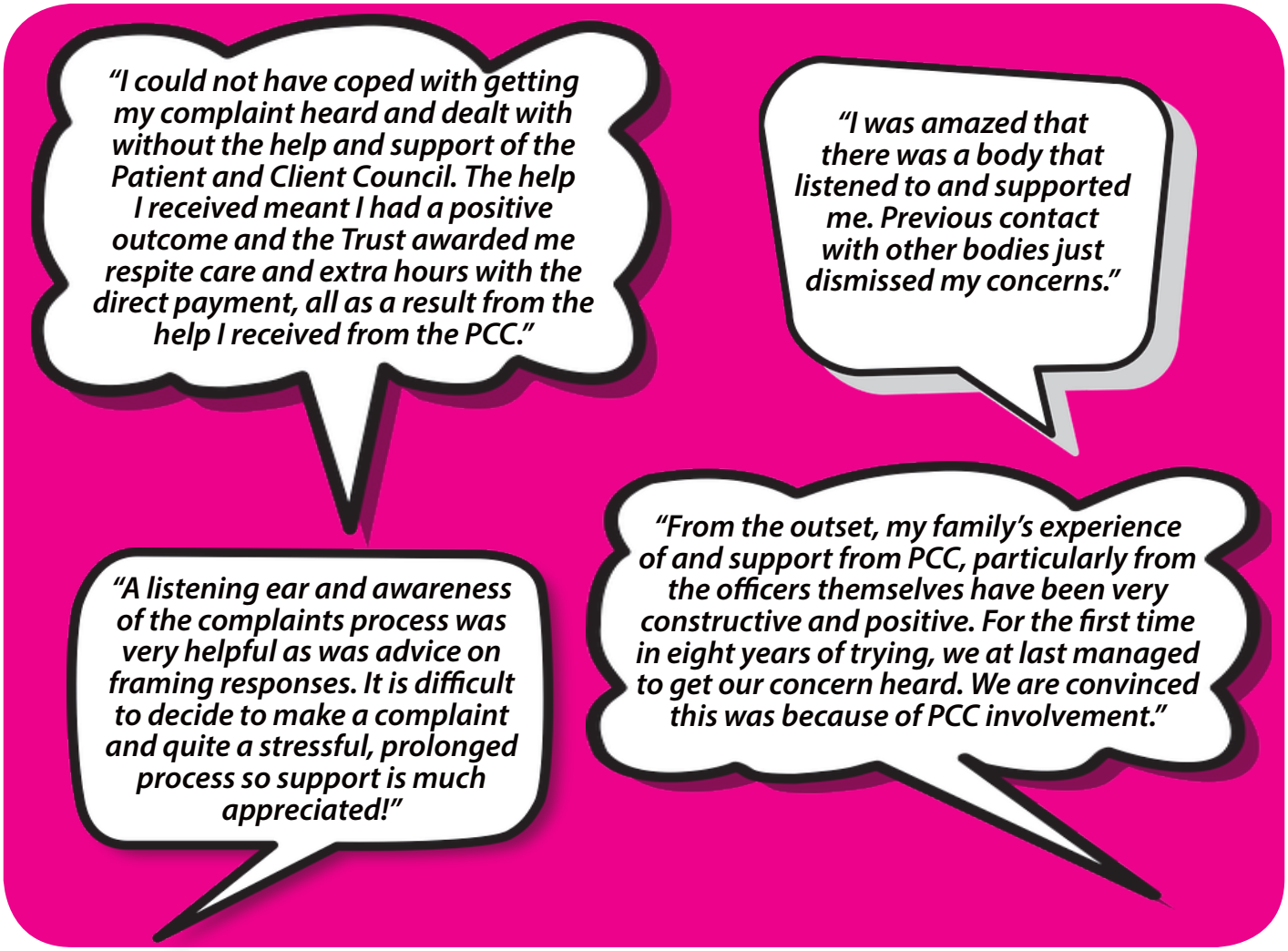
- Respecting privacy and confidentiality (N=24; 100%); and
- Keeping in contact with them (N=23; 96%).

The PCC Complaints Support Service was seen by most clients as extremely or very important in helping them:

- Articulate their complaint (N=23; 100%);
- Get their complaint heard (N=24; 100%); and
- Get a quicker resolution to their complaint (N=20; 85%).

Clients also had high levels of satisfaction with the way that the PCC Complaints Support Service helped them achieve an outcome to their complaint, 95% (N=22) of those who responded reported that they were satisfied or very satisfied.

In summary, the vast majority of clients who responded (N=23; 96%) rated their overall experience of the PCC Complaints Support Service as positive or very positive.



Where feedback was not positive, the Complaints Services Manager will review the cases to identify any actions that might be taken by the service to remedy the causes of dissatisfaction.

10.0 Influencing HSC improvement

2018/19 was a very significant year for all organisations and people tasked with responding to complaints and concerns raised by patients and families and how this should impact on services and lead to change and improvement. Four major areas of concern arose:

- The establishment of a major change programme by the Department of Health following the publication of the report of the inquiry into Hyponatraemia Related Deaths;
- The publication of "Home Truths" by the Commissioner for Older People on the provision of services to residents of Dunmurry Manor Care Home;
- Serious concerns raised about the treatment and care of patients at Muckamore Abbey Hospital; and
- The recall of neurology patients following concerns about the practice of a consultant neurologist.

The Patient and Client Council has been very active in support of health and social care through individual client work, the presentation of evidence and participation in groups established to drive change. This work has included:

- The presentation of evidence based on its complaints work to the Independent Neurology Inquiry;
- The presentation of evidence based on its complaints work to the Independent Review of Safeguarding and Care at Dunmurry Manor Care Home; and
- Active participation in the Department of Health Hyponatraemia Implementation Programme and in particular its work on Duty of Candour; Serious Adverse Incidents; and Advocacy and Patient Experience.

As part of the Serious Adverse Incidents work, the Patient and Client Council helped to produce a document detailing the rights of patients and families involved in Serious Adverse Incident reviews. Consultation on this document took place in March 2019.

The Patient and Client Council publish the regular bulletins produced by the Department of Health regarding the independent Inquiry into Hyponatraemia Related Deaths on its website and through its Membership Scheme. The PCC encourages patients and the public to stay informed and involved as this vital work progresses.

In 2019/20 the Patient and Client Council will continue to work with Health and Social Care organisations, the Department of Health, colleagues in the Third Sector and with patients, clients and the public as the changes required by these important inquiries are implemented across Health and Social Care.

During 2018/19, the Patient and Client Council published two reports based on its complaints intelligence. These were:

- The Experience of Living in a Nursing Home (June 2018)[11]

  This report reviewed a number of complaints cases managed by the Patient and Client Council over a two year period. The report made a number of recommendations about complaints management in care homes. The Patient and Client Council is actively pursuing work with key stakeholders on improving advocacy and support for residents of nursing homes and this will be a priority in our work in 2019/20 and beyond.

- Relationships Matter – An Analysis of Complaints about Social Workers (December 2018)[12]

  This report was produced in partnership with the Northern Ireland Social Care Council, the British Association of Social Workers Northern Ireland and Queens University Belfast. Recommendations of the report included improved information for families working with a Social Worker. The Patient and Client Council will work with its research partners and others to address this recommendation in 2019/20.

Through regular attendance at Service User Experience Committees in the Health and Social Care Trusts, the Patient and Client Council continues to support improvements in complaints management and in learning from complaints across Health and Social Care.

11.0 Conclusion

Between 2017/18 and 2018/19 there has been a decline of 17% in overall contacts supported by the PCC Complaints Support Service. This is in contrast to the Department of Health's figures, which show a 5.2% increase over the same period in complaints recorded by HSC Trusts, the HSC Board and Family Practitioner Services.

When comparing the number of formal complaints dealt with by the Complaints Support Service in 2017/18 compared to 2018/19 there is a smaller decline of approximately 10% (662 formal complaints in 2017/18 compared to 590 in 2018/19). While the reason for the overall decline in activity is uncertain there has been significant organisational change within the past year, which has led to complete turnover in staff at senior management level. While difficult to quantify, it could be said that the profile of the organisation in terms of outreach activity, media activity and published reports has been impacted by this change.

New management is putting in place a significant programme of change for the organisation through 2019/20 and beyond. At the heart of this change process will be an enhanced public awareness of the PCC and an active response to those who seek our help.

The Belfast Trust has consistently been the organisation with the highest number of complaints each year and this is also true for 2018/19. GPs were the second most common focus for complaints, replacing the South Eastern Trust which held second position last year. There was very little change in the complaints by Specialty with the top ten specialties remaining mostly the same. However, complaints about neuromedicine/neurosurgery have entered the top ten in fifth place. This is almost certainly due to the ongoing Neurology recall process that has been taking place within the Belfast HSC Trust.

Treatment and care, communication, staff attitudes, professional assessment of need and waiting times remain the top five areas which people complained about in 2018/19. These are the same issues that have been in the top five since 2013/14 and Professional Assessment of need has been in the top five since 2015/16.

Whilst feedback from clients in 2018/19 was presented in this report, we received a response rate of 12% (25 clients) which represents only a small proportion of clients with which the Complaints Support Service has dealt in that time period. Management within the PCC is aware that the current system of service user evaluation is not effective and plans have been put in place to review the arrangements for seeking service user feedback, beginning in 2019/20.

The PCC Complaints Support Service will continue to strive to deliver a high quality service to all clients and to use learning derived from complaints data to influence learning and quality improvement across a range of services.

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