THE TENTH ANNUAL COMPLAINTS REPORT OF THE HEALTH AND SOCIAL CARE BOARD (HSC BOARD)

1 April 2018 – 31 March 2019

Introduction

This is the tenth Annual Complaints Report of the HSC Board and provides a review of events during the year 2018/2019, and an overview of complaints activity throughout the period.

Position at a glance

- This year has shown a slight increase in the number of issues of complaint received by the Health and Social Care Trusts (HSC Trusts) at 6,049, compared with 5,814 in the previous year. This figure is in keeping with statistics recorded in 2016/17 (6,189) and 2015/16 (6,181).
- The top three categories of complaint remain quality of treatment and care, communication/information and staff attitude/behaviour.
- In relation to Family Practitioner Services (FPS) there continues to be a downward trend in the number of complaints and responses being received by the Board from FPS Practices. In 2018/2019 177 local resolution returns were received by the HSC Board. This compares with 186 in the previous year.
- This year has, however seen a significant increase in the number of complaints in which the HSC Board has acted in the role of 'honest broker'. This has increased to 115 during 2018/2019 from 54 recorded in 2017/2018. This is the highest number of complaints that the HSC Board has acted as 'honest broker' since the introduction of the 2009 revised complaints arrangements.
- The number of complaints received by the HSC Board during 2018/2019 was 25. This represents a significant increase from 9 complaints received during 2017/2018. Fifteen of these complaints were responded to within 20 working days.

Almost 17,000 compliments were received by HSC Trusts in 2018/2019. Of note, the top three categories of compliments are the same as the top three categories of complaints.

The Year in Detail

HSC Trusts - Monitoring

In keeping with the requirements of the HSC Complaints Procedure, the Board receives information from all of the HSC Trusts for monitoring purposes. This information is categorised into specific areas of complaint and shared with designated professionals within the Board and PHA, who sit as members of the Regional Complaints Sub Group (RCSG). Trends, themes and updates continue to be fed through to the Joint Board/PHA Quality, Safety and Experience Group (QSE) via the RCSG. This monitoring process ensures that complaints information is routinely linked into existing work streams/professional groups, for example:-

- Food and Nutrition;
- Falls;
- Development of Pathways for Bereavement from Stillbirths, Miscarriages and Neonatal Deaths;
- Development of Pathways for End of Life Care/Palliative Care;
- Maternity Commissioning Group;
- Patient Experience Working Group (10,000 more voices).

The monitoring also now highlights specific complaints concerning sepsis and stroke.

Quarterly reports from the RCSG are shared with the Board Senior Management Team, and with the Board's Governance Committee on a twice yearly basis.

Review of Complaints regarding HSC Trusts

During the period 6,049 issues of complaint were received by the six HSC Trusts. This represents a slight increase from 5,814 issues received in 2017/2018; and is similar to 6,189 received in 2016/2017 and 6,181 in 2015/2016.

These figures should be viewed in the context of the considerable volume of interactions between service users and HSC professionals on a daily basis.

Number of Complaints issues received per HSC Trust in 2018/2019 and 2017/2018 and percentage responded to within 20 working days

TRUST	2017/2018	% in 20 working days	2018/2019	% in 20 working days
Belfast	2,026	48.6%	2,356	43.2%
Northern	814	81.4%	760	89.3%
South	1,140	50.4%	1,269	48.4%
Eastern				
Southern	955	57.6%	850	49.0%
Western	746	51.8%	690	22.1%
NI	133	27.8%	124	11.3%
Ambulance				
TOTAL	5,814	52.9% av	6,049	43.9% av

In terms of programme of care, the top six service areas of complaint were:

2017/2018

- 1. Acute Services (58%)
- 2. Family & Child Care (8%)
- 3. Mental Health (7%)
- 4. Elderly Services (6%)
- 5. Maternity/Child Health (6%)
- 6. Primary Health & Adult Community (3%)

2018/2019

- Acute Services (59.9%)
- Family & Child Care (7.1%)
- Mental Health (6.8%)
- Elderly Services (5.3%)
- Primary Health & Adult Community (4.7%)
- Maternity/Child Health (4.6%)

Composite HSC Trusts Complaints by Programme of Care during 2017/2018 and 2018/2019

Programme of Care	2017/2018	2018/2019
Acute	3371	3626
Maternal & Child	361	281
Health		
Family & Child Care	466	429
Elderly Services	370	322
Mental Health	390	412
Learning Disability	119	93
Sensory Impairment	73	58
and Physical Disability		
Health Promotion &	2	4
Disease Prevention		
Primary Health &	190	287
Adult Community		
No POC Assigned	421	498
Prison Healthcare*	51	39
Total	5814	6049

*The number of complaints regarding prison healthcare has reduced this year to 39 compared with 51 recorded in 2017/2018. Prison healthcare complaints are handled by the South Eastern HSC Trust.

HSC Trust Complaints by Subject during 2018/2019

Subject	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Access to Premises	99	4	43	10	2	0	158
Aids/ Adaptations/ Appliances	19	4	7	16	5	0	51
Children Order Complaints	0	0	1	0	1	0	2
Clinical Diagnosis	111	31	58	6	41	0	247
Communication/ Information*	335	69	245	175	128	0	952
Complaints Handling	1	0	5	3	0	0	9
Confidentiality	16	7	10	9	7	1	50
Consent to Treatment/Care	3	0	3	2	0	0	8
Contracted	0	7	2	0	0	0	9

Regulated							
Domiciliary							
Services							
Contracted	12	8	12	4	0	0	36
Regulated							
Residential							
Nursing							
Contracted	12	0	0	0	0	0	12
Independent							
Hospital Services							
Other Contracted	2	3	0	1	0	0	6
Services							
Delay/	0	1	8	0	5	0	14
Cancellation for							
inpatients							
Delayed	0	0	2	0	0	0	2
admission from							
ED							
Discharge/	37	17	19	19	12	0	104
Transfer							
Arrangements							
Discrimination	3	4	6	1	1	0	15
Environmental	38	15	23	8	6	0	90
Hotel/Support/	22	23	7	6	2	0	60
Security							
Infection Control	1	4	3	0	1	0	9
Mortuary and	0	1	1	0	0	0	2
Post mortem	-				_		
Policy/	6	41	22	30	0	0	99
Commercial							
decisions		-	10		10	0	10
Privacy/Dignity	5	5	18	9	10	2	49
Professional	7	23	16	130	17	1	194
Assessment of							
Need Dreportu/	20	10	10	10	F	0	60
Property/ Expenses/	28	12	12	12	5	0	69
Finance							
Records/	11	14	28	10	6	0	69
Record Keeping		'-	20				03
Staff Attitude/	329	131	195	124	115	44	938
Behaviour*							
Transport/late	3	1	7	1	0	44	56
Or non arrival/	-						
Journey time							
Transport/	1	0	0	1	0	1	3
Suitability of							
Vehicle/							
equipment	<u> </u>						
Quality of	526	233	297	144	209	26	1435
Treatment and							
Care*							
Quantity of	147	13	14	14	53	1	242

Treatment and Care							
Waiting List Delay/ Cancellation Community based appointments	15	19	22	6	13	0	75
Waiting List Delay, Cancellation Outpatient appointments	295	35	65	34	8	0	437
Waiting List Delay, Cancellation Planned Admission to Hospital	180	10	20	23	9	0	242
Waiting times, ED Department	19	10	18	25	9	0	81
Waiting times, Community services	6	4	20	6	1	0	37
Waiting times, Outpatients	36	3	18	18	8	0	83
Other	31	8	42	3	16	4	104
TOTAL	2356	760	1269	850	690	124	6049

*The three most common 'subject of complaint' issues continue to be quality of treatment and care (1,435), staff attitude/behaviour (938) and communication/information (952).

Consideration of Issues by the Regional Complaints SubGroup -

Local Learning

Following a complaint regarding treatment and care/administration of medication regarding a child on the Paediatric ward and issues relating to discharge, the Trust included an article on administration of IV paracetamol within its Paediatric Newsletter. Learning was also presented at the Medicines Governance Meeting.

Regarding communication issues associated with the discharge arrangements, the Trust reminded local GPs of the referral process to the short stay unit and introduced a policy that should a paediatric patient return for a second time to the short stay unit, the case would be reviewed by a Senior Paediatric Registrar or Consultant.

In response to a complaint that parents were not communicated with effectively regarding their baby's low blood sugar condition, the Trust developed an information leaflet on neonatal hypoglycaemia for use in the post-natal ward

Regional Learning

- Information from complaints has continued to inform regional work on the End of Life/Palliative Care, including Do Not Resuscitate policy discussions. This work is ongoing.
- Following a number of complaints involving Trust Emergency Departments and GP Out of Hours (OOH) regarding patients with atypical presentation of stroke, an article was published in the September 2018 edition of 'Learning Matters'. The article, while emphasising the FAST campaign, focussed on some symptoms of atypical stroke. LINK TO LEARNING MATTERS/ARTICLE

Review of Family Practitioner Services (FPS) Complaints

• Complaints handled under Local Resolution

There are in excess of 1500 FPS Practices across Northern Ireland. Under the HSC Complaints Procedure all of these Practices are required to forward to the Board anonymised copies of any letters or statements of complaint together with the respective responses, within three working days of the response having been issued.

Following on from the decreasing trend in the number of complaints and responses having been received by the Board from FPS Practices in 2016/2017 (206) and in 2017/2018 (186), in the period 2018/2019 the Board received 177 complaints and responses.

From day to day contact with FPS Practices, it is apparent that the process of resolving complaints 'on the spot' continues to flourish across FPS, with practice staff successfully addressing issues/queries and concerns from patients and families without the need for formal submission of a complaint. This is to be welcomed and the Board would

encourage Practices to seek to resolve complaints in this way and effectively de-escalate the situation and reach resolution, provided the complainant is content with this approach. This is in line with the ethos of local resolution within the HSC Complaints Procedure and seeking to resolve complaints as close to their source as possible.

However, the Board also strives to remind FPS Practices of their obligations in terms of the HSC Complaints Procedure, in relation to the requirement to share complaints and responses with the Board. During the period, the e-learning package for FPS was updated and relaunched on a new platform. In addition through the normal course of business, FPS Practices are reminded of these requirements.

While many Practices are content to deal with complaints directly, there is an increasing number of Practices contacting the Board complaints staff for 'support and advice' in relation to resolving complaints at local level.

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment &	82	21	0	0	103
Care					
Staff Attitude &	15	1	0	0	16
Behaviour					
Communication/I	19	3	0	0	22
nformation					
Confidentiality	1	0	0	0	1
Clinical	1	0	0	0	1
Diagnosis					
Other	9	1	0	0	10
Administrative	2	0	0	0	2
Error					
Appointments	9	0	0	0	9
Medication	2	0	0	0	2
Prescriptions	5	0	0	0	5
Registration	2	0	0	0	2
Removal	4	0	0	0	4
Total	151	26	0	0	177

FPS Local Resolution Complaints – 2018/19 (Statistics)

• 'Honest Broker' complaints

On occasions where complainants do not wish to approach the FPS Practice directly, the Board's complaints staff can act as an 'honest broker' between both parties. This intermediary role may arise due to a patient's or relative's concern about the impartiality of the FPS Practice to investigate the complaint, or because of a breakdown in the relationship between the patient and the practitioner. However, for the Board's complaints staff to act in this role, with the aim of assisting local resolution and/or helping restore relationships (where possible), or reaching a position of understanding, both parties must be in agreement to this occurring.

Not all complaints can be resolved by an exchange of written communication and on many occasions this can involve meetings with the complainant to discuss the issues involved, the response subsequently received and what further action can/should be taken, as well as meeting separately with the Practice being complained about, as well as facilitating joint meetings of both parties.

While the Board may become involved as an 'honest broker' the responsibility for investigation of the complaint lies with the Practice. In this regard, there is an option for the Practice to respond directly to the complainant, or via the Board.

In the period 2018/2019, the number of instances where the Board acted as an 'honest broker' has increased significantly to 115. This represents an increase from the previous year (2017/2018) of 54 complaints and 43 in 2016/2017.

The Board attributes this to a continued awareness of the role the Board can play, both among complainants and Practices. The number of Practices suggesting the Board become involved as an honest broker is continuing to rise.

Of the 115 'honest broker' complaints received, 67 of the 115 were responded to within 20 working days. While this position is disappointing, it reflects an increase of over 50% in volume of 'honest broker' complaints being considered by a significantly reduced staffing quota in the complaints team.

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment &	43	8	1	0	52
Care					
Staff Attitude &	7	1	1	0	9
Behaviour					
Communication/I	16	0	1	0	17
nformation					
Confidentiality	1	0	1	0	2
Clinical	3	0	0	0	3
Diagnosis					
Other	9	0	1	0	10
Appointments	1	0	0	0	1
Medication	5	0	0	0	5
Prescriptions	3	0	0	0	3
Registration	3	0	0	0	3
Removal	8	0	0	0	8
Warnings	1	0	0	0	1
Policy and	1	0	0		1
Commercial					
Decision					
Total	101	9	5	0	115

FPS Honest Broker Complaints – 2018/19 (Statistics)

Independent Lay Persons

The involvement of an independent Lay Person is one of the potential options available within the HSC Complaints Procedure to resolve complaints at local resolution. This year the Board did not involve any Independent Lay Persons in 'honest broker' complaints.

Independent Experts

Similarly, the acquiring of an independent medical opinion/professional expert is a further option available under the HSC Complaints Procedure as a means of seeking to resolve complaints under local resolution.

During the period 2018/2019, the Board sought independent medical opinions in two complaints. At the time of reporting, these opinions had not been finalised and will be included in the next Annual report should learning be identified in respect of the complaints.

Learning from FPS Complaints

As part of the monitoring process, complaints concerning clinical/professional/and regulatory issues are shared with respective professional staff in the Directorate of Integrated Care. During this period Medical Advisers met with a General Medical Practice to discuss a complaint which related to the availability of interpreters for patients. Medical advisers reviewed the Practice's own leaflet to take into consideration interpreting services. In addition, all staff took part in an online training course for Equality and Diversity.

Complaints regarding the HSC Board

During 2018/2019 the HSC Board received 25 complaints. This is a significant increase from the previous year (2017/2018) when nine complaints were received, which would be in keeping with normal activity regarding complaints to the HSC Board.

A previous high of 35 in 2014/2015 was attributed to a commissioning decision to 'pause' treatment due to financial constraints.

In relation to the 25 complaints received by the Board in this reporting period, these can be attributed to generic prescribing, the availability of cancer drugs, availability of palliative care medication out of hours, decisions in respect of individual funding requests; level of reimbursement of patient travel claims, decisions not to support ECRs and allocation of patients following the closure of a Practice in the Dungannon area.

Fifteen of the Board complaints were responded to within 20 working days. Four complaints were responded to just outside this timescale. Additionally, on six occasions the complainants contacted the Board again for further clarification, which resulted in the complaints being reopened. This is reflected in the timescales.

Other Developments

On 27 March 2019, the Department of Health (DOH) issued HSC organisations with a redraft of the HSC Complaints Procedure following a review, which will become effective from 1 April 2019.

The key principles remain unchanged, however updates include:

- Changes in the role of the Northern Ireland Public Services Ombudsman (NIPSO) further to the introduction under the Public Services Ombudsman Act (Northern Ireland) 2016;
- The removal of the restriction on providing electronic responses to complainants;
- The removal of the ability for HSC staff to complain to the NIPSO about the way they have been dealt with under the Complaints Guidance; and
- Clarity on the role and remit of 'honest broker' in complaints handling*.

*This clarification is particularly in relation to when independent experts are involved in the resolution of complaints, specifically around agreeing the remit of the involvement and the sharing of the independent expert reports with the Practice and complainant.

Looking Ahead

During the year 2018/2019, planning for a Joint Learning from Serious Adverse Incidents and Complaints Events was underway, with input from HSC Trusts, FPS and service users. The event is due to be held in May 2019, and the output of this event will be included in next year's Annual Report on Complaints.

Northern Ireland Public Services Ombudsman (NIPSO)

The NIPSO has published her third Annual Report on complaints (for 2018/2019). This report notes that of the 762 complaints received by her office, the majority relate to HSC issues. Of these 242 were in relation to HSC Trusts, with 41 progressing to full investigation. The issues progressing to the NIPSO relate to delays in treatment and care, misdiagnosis of medical conditions, premature discharge from hospital and poor communication with patients and their families. The full report can be accessed at <u>nipso@nipso.org.uk</u>

As part of the monitoring role of the RCSG, the NIPSO website is reviewed in advance of the quarterly RCSG meetings, and any reports that have been published relating to HSC are considered in terms of learning.

Complaints Contact Points:-

HSC Board

Tel: 028 95 363893 Email: <u>complaints.hscb@hscni.net</u>

Belfast Health and Social Care Trust

Tel: 028 95 048000 Email: <u>complaints@belfasttrust.hscni.net</u>

Northern Health and Social Care Trust

Tel: 028 94 424655 Email: <u>user.feedback@northerntrust.hscni.net</u>

South Eastern Health and Social Care Trust

Tel: 028 90 561427

Southern Health and Social Care Trust

Tel: 028 38 614150 Email: <u>complaints@southerntrust.hscni.net</u>

Western Health and Social Care Trust

Tel: 028 71 611226 Email: <u>complaints.department@westerntrust.hscni.net</u>

Northern Ireland Ambulance Service

Tel: 028 90 400999 Email: <u>complaints@nias.hscni.net</u>

Patient and Client Council

Tel: FREEPHONE 0800 917 0222 Email: <u>complaints.pcc@hscni.net</u>

Northern Ireland Public Services Ombudsman

Tel: FREEPHONE 0800 34 34 34 Email: <u>nipso@nipso.org.uk</u>