

THE SIXTH ANNUAL COMPLAINTS REPORT OF THE HEALTH AND SOCIAL CARE BOARD

April 2014 – March 2015

Introduction

This is the sixth Annual Complaints Report of the HSC Board and provides an update on developments in the complaints process during the year 2014/15, and an overview of the complaints activity throughout this period. This year has shown a slight increase in the number of complaints received throughout Health and Social Care.

Following the very positive service user workshop held in Belfast in May 2013, a further workshop was organised by the Board in Londonderry in June 2014. This was again organised to obtain the views and opinions of service users, and endeavoured to enhance the effectiveness of the complaints arrangements. This event formed part of the 'Complaints Awareness Month' campaign, which was coordinated by the Board to promote the existence and accessibility of the HSC Complaints Procedure. The Awareness Campaign included a number of activities, and was headed by the inaugural, and very successful, Complaints Annual Learning Event, held at Mossley Mill, Newtownabbey.

Promotion of the 'honest broker' role in respect of complaints concerning family practitioners has again featured strongly, with an increase in the numbers received this year. The Board recognises the important contribution this role can make to successfully resolving complaints at Practice level; by giving space to both parties, the opportunity to speak openly and honestly as well as providing advice and guidance. This can be facilitated through correspondence or, more frequently, through joint meetings facilitated by Board complaints staff or by separate meetings with each party. Board complaints staff give complainants the opportunity to be met in their own homes, in an environment in

which they are comfortable, and will also visit Practices. It is vital that both complainants and Practices have confidence in the ability of the Board's complaints staff to act impartially and objectively, and that these members of staff act in the best interests of both parties in terms of the successful resolution of complaints at local level. This involves on-going communication with complainants and family practitioners and requires them to be fully aware of the options available within the HSC Complaints Procedure under local resolution. On occasions this year, in respect of these honest broker complaints, this has also involved securing independent medical opinions.

This year the Board has again utilised independent Lay Persons in the local resolution of a number of complaints. This has related to involvement in complaints concerning family practices and, on occasions, has also included independent clinical and/or professional opinions being sought to assist them in their deliberations. In addition, when the Board has been involved in a complaint as an 'honest broker', which incorporates issues relating to an HSC Trust(s); if resolution has not been attained after initial attempts, due to continued dissatisfaction by the complainant and/or family; the Board has, with the prior agreement of all parties, acted as the contact point for a further coordinated attempt at local resolution. As well as the involvement of independent Lay Persons, independent clinical/professional opinions have also been sought on some of these occasions. While the Board may be the contact point for the complainants, the investigation and response to these complaints remains solely the responsibility of the respective HSC organisations being complained about. This is in keeping with the ethos of the HSC Complaints Procedure, but also gives cognisance to its flexibility.

The Board has investigated and responded to an increased number of complaints this year, mainly due to the suspension to accessing services from the Independent Sector. The Board has also maintained its responsibility for the monitoring of complaints handling within the six HSC Trusts, family health services practices (FPS) throughout Northern Ireland, and also those received from the Public Health Agency (PHA). The Board receives relevant information from all of these HSC organisations for monitoring purposes. Trends, themes and updates continue to be fed through to the joint Board/Public Health Agency Quality, Safety and Experience Group (QSE), via the Regional Complaints sub-Group

(a sub-group to QSE). The Board's Complaints Department also continues to submit quarterly reports to the Senior Management Team and the Board's Governance Committee, which include real examples of complaints, details of actions taken and any areas of concern.

The Year in Detail

HSC Complaints Awareness Month

Continued implementation of the recommendations from the Evaluation of 'Complaints in Health and Social Care' remains a focus for the HSC Board. In response to clear messages from service users, this year the HSC Board led on a Complaints Awareness Campaign during June 2014. This was designated as 'Complaints Awareness Month' and a variety of activities were orchestrated during the month, with the aims of promoting the existence and availability of the Complaints Procedure, the value and benefits of this to the HSC as a whole, and also enhancing its accessibility to the public at large.

The campaign was supported by HSC Trusts and representatives from their respective complaints departments, who, along with FPS Practices and other HSC organisations, participated in events throughout the month. There were three key aspects of the campaign: -

- Signposting Leaflet

A new Complaints 'Signposting' leaflet was developed and distributed to members of the public at 16 'Complaints Awareness Posts' throughout the month and facilitated across Northern Ireland in non-healthcare facilities. While this was a handing out of leaflets to passers-by, as opposed to individuals being directly approached and engaged with in conversation; the particular venues were chosen to ensure there would be a high public presence as well as minimal inconvenience to the public. An initial draft of the leaflet was shared with service users and then subsequently amended following their feedback in terms of some of the terminology or language being used. In distributing the leaflets during the awareness posts, as well as members of the public frequently volunteering comments about the helpfulness of

the leaflet itself, there were also many compliments offered as to the high regard in which health and social care was, and is, held; as well as the standard of service provided by HSC professionals.

Leaflets were also distributed to various other outlets following the 'awareness month' including offices of various political representatives, some local councils and councillors, public libraries and some leisure centres/facilities. This amounted to over 8,000 leaflets and the HSC Board intends continuing to share these widely throughout the community and/or relevant or associated organisations in the coming year and/or as and when opportunities arise.

- Public Focus Group

A public focus group was conducted with service users in the Western Health and Social Care Trust area on 9 June 2014. This invited service users to express their views and opinions on the Complaints Procedure and initial feedback from those present, demonstrated that staff attitude and communication still remain issues of significance. The outcome from this workshop and others in the future, help inform the Board in determining: -

- how the public perceive their experience of Health and Social Care services;
- how to improve the complaints process; and
- how to attempt to address the reluctance on the part of some service users to make a complaint, possibly due to fear of impact on their on-going treatment and care.

The Board has agreed that workshops of this nature will be held on a bi-annual basis and based in differing locations to ensure equal opportunity for public attendance.

- Complaints Learning Event

An inaugural Complaints Annual Learning Event took place at Mossley Mill, Newtownabbey, with representation from the Board, Department of Health, Social Services and Public Safety, Public Health Agency, Patient and Client Council (PCC), HSC Trusts, FPS Practices, Community and Voluntary Groups, complainants and service users.

The aim of the event was to highlight how the Complaints Procedure had developed and evolved since it was revised and implemented in April 2009; and how it has been successfully, or not, integrated into health and social care. A number of speakers from various HSC organisations outlined how their respective organisations manage and handle complaints generally within their systems. As well as HSC staff, those present also had opportunity to listen, reflect and learn from some very powerful and emotional messages from a number of service users present. These messages concerned both hospital and GP care and were presented either in person by the complainants or via pre-recorded video. Service users (and/or partners or relatives on their behalf) outlined the experiences they had encountered, what had caused them to complaint, how this was then dealt with, and most importantly, what the HSC organisation had learned from their complaint and what actions had been taken as a result.

In recognition of the current level of complaints being received and one of the key messages emerging on the day, it was agreed that the event scheduled for 2015/16 would focus on the theme of 'communication'.

Independent Lay Persons

One of the potential options available within the HSC Complaints Procedure to resolve complaints at local resolution is the availability of independent Lay Persons. These persons do not act as investigators, conciliators or advocates, but can be valuable in testing key issues that are part of a complaint, such as communication issues, quality of written documents, attitudes and relationships. Their role is one of bringing independence, impartiality and trust to a situation where relationships have been damaged.

The Board made use of the pool of Lay Persons on a further two occasions this year. In both of these complaints independent clinical and/or professional advice was also sought. The first complaint related to a GP Practice, while the second combined issues relating to a GP Practice, two HSC Trusts and a private nursing home. In the second example the Board undertook this coordinating role in light of the family's breakdown in trust with the various HSC organisations and enabled one HSC contact point to

be identified, rather than the family having to continue to approach four separate organisations.

As well as a review of the complaints documentation and, where necessary, access to clinical/professional records, the Lay Person also meets with both parties, at mutually accessible venues, before issuing a report of their opinion and suggestions/recommendations for resolution. While resolution has not been possible on all occasions, complainants and practitioners have welcomed the independence and impartiality that a Lay Person brings and to date the process has functioned well.

The NI Guardian Ad-Litem Agency also makes use of the pool of Lay Persons and to date has used this facility on three occasions.

Conciliation

Conciliation is a further option available under local resolution. As with other options available, both the complainant and those complained against have to be in agreement to the engagement of conciliation.

With the agreement of both conciliation services providers an advisory leaflet was developed to ensure that complainants and those complained about are fully informed of the purpose of conciliation.

It is imperative that parties agreeing to the engagement of conciliation fully understand that this is a process leading to a 'meeting of minds' as opposed to a ruling in favour of one party's version and/or recollection of events.

The two providers of conciliation services are:

Mediation NI
83 University Street
BELFAST
BT7 1HP

Tel: 02890 438 614

Email: maire@mediationnorthernireland.org

Hayes Healthcare Consulting
171 Malone Road
BELFAST
BT9 6TA

Tel: 02890 661 544

Email: eleanor@hayeshealthcareconsulting.com

Regional Complaints sub-Group

The joint Board and PHA Quality, Safety and Experience Group (QSE) meets on a monthly basis and incorporates issues arising from complaints, Serious Adverse Incidents, patient and client experience, medicines alerts, vulnerable adults' investigations, safeguarding, coroner's reports, as well as other matters. The Group is chaired by the Director of Nursing and Allied Health Professionals.

The Regional Complaints sub-Group (RCG) is chaired by the Board's Complaints and Litigation Manager and is a sub-group of QSE. It reviews complaints information received from HSC Trusts and FPS Practices, and also any complaints received by the Board and the PHA. Membership comprises representatives from the Board, the PHA and the PCC. The Board's complaints staff circulate specific categories of complaint to designated professionals within the Board and PHA for comment at upcoming RCG meetings. These include complaints concerning Emergency Departments, maternity and gynaecology, social services, Out of Hours services, allied health professions, and issues associated with patient and client experience. Complaints relating to FPS are reviewed by the Board's respective professional advisers and a summary of all FPS complaints is circulated on a quarterly basis to this Directorate.

Actions arising from the sharing of this documentation; has meant that complaints information now links into existing work streams/professional groups, for example: -

- Food and Nutrition Strategy;

- Falls Strategy;
- Development of Pathways for Bereavement from Stillbirths; Miscarriages and Neonatal Deaths;
- Transforming Your Palliative and End of Life Care Programme;
- Maternity Commissioning Group.

A standing item on the QSE agenda requires the RCG to provide monthly updates on complaints issues and/or developments. A quarterly report advising of any key issues or trends arising from complaints and any learning identified from individual complaints is also submitted.

Learning and Actions and/or Service Improvements

- Following a complaint regarding palliative care on a Trust ward, twice daily safety briefs were introduced, which are attended by both medical and nursing staff. The 'Productive Ward' programme was also undertaken by the ward to identify improvements to the ways of working. The 'Productive Ward' focuses on improving ward processes and environments to help nurses spend more time on patient care and at the same time improve levels of safety and efficiency. The programme has 'common sense' methods, and uses an approach that empowers frontline staff to design their own solutions and improvements.
- A complaint regarding a pregnant mother attending the Emergency Department and enduring a long waiting time due to the Obstetric and Gynaecology staff having to be contacted on four occasions, and resulting in the patient leaving the department, was progressed to a Serious Adverse Incident. As a consequence the respective Trust has put in place an updated and robust care pathway, agreed by staff in the Emergency Department, which covers the management of patients presenting to the department with a gynaecological or obstetric problem.
- A patient informed that they were unhappy with some general issues on the ward around communal areas and lack of privacy. The respective Trust changed office space in the respective ward to allow it to be used as quiet or visitor

rooms. The Trust also changed the way checks are carried out, to help ensure privacy; and has introduced a new system for dispensing of medication to allow for patients' privacy.

- Following a complaint about communication around the adoption processes, joint training between teams within the respective Trust, to include enhancing communication, greater understanding of each other's roles and responsibilities, and agreeing a clear process of who communicates statutory decisions to foster carers, and how this is undertaken was introduced. Information leaflets for service users were developed to explain the different processes and each social work role within these.
- After a deaf patient highlighted that the only method noted on the letter for contacting a hospital to make an appointment was via telephone, documentation was amended to include a text phone option.

Training

The Board's Deputy Complaints Manager, supported by complaints staff continue to provide training on the HSC Complaints Procedure to family practices through a number of mechanisms. This includes support and advice provided on a day to day basis, meetings/discussions with individual Practices and presentations to groups of Practice Managers and GP Practitioners.

During the year the Board's Deputy Complaints Manager was asked to speak at the Royal College of General Practitioner's Practice Managers' Forum in November 2014. This event was entitled 'Protecting your Practice' and opportunity was taken on this occasion to provide more insight into the Unacceptable Actions Policy contained within 'Complaints in HSC: Standards and Guidelines for Resolution and Learning' as well as provide update on certain complaints related matters. One of these concerned the changes being made by the General Medical Council in respect of complaints received by them that do not meet their criteria for investigation under fitness to practice; referred to as 'Stream 2' complaints. As of January 2015 these complaints will now be re-

directed to individual Practices for investigation under the HSC Complaints Procedure (or equivalent regional procedures). The Deputy Complaints Manager also met again with the Eastern Area Practice Managers' Forum in February 2014 and provided update on various complaints related matters.

Board complaints staff again made presentations on complaints handling at the annual training sessions for pre-registration pharmacists scheduled in conjunction with the Pharmaceutical Society NI and continue to remain available to visit individual FPS Practices or groups of Practices to provide a more 'hands on' and informal and individualised approach. These can be held as part of Practice Manager Forums, individual Practice-Based Learning days or on an ad-hoc basis as required. Those present at these visits include GPs, Practice nurses, Practice managers and administrative and receptionist staff. This year Board complaints staff attended sessions such as these on various occasions within the Northern, South Eastern and Southern areas.

The availability of this assistance has been publicised on the Primary Care Intranet website for all FPS Practices, which also details the advice and support Board complaints staff can provide to Practices generally or through 'honest broker' or other available options under local resolution.

In addition Board complaints staff availed of update training on complaints management facilitated by an outside organisation.

Complaints Analysis

Complaints concerning the HSC Board

During 2014/15 the HSC Board received 35 complaints. This is a considerable increase from previous years, with the corresponding figures in those preceding years being 2013/14 (9); 2012/13 (11); 2011/12 (14); and 2010/11 (9).

The majority of these related to commissioning decisions, which affected individuals wherein treatment was paused due to the financial constraints within health and social care requiring the Board to pause treatment provided within the Independent Sector in a range of medical specialties (16). Subsequent responses

issued in these circumstances confirmed that the Board had authorised Independent Sector Providers to proceed with the treatment of all paused patients assessed as urgent as at the end of October 2014 and the treatment of any additional patients who became urgent from November 2014, with all other patients to be treated within the first quarter of 2015/16.

14 of the 35 complaints were responded to within 20 working days.

Complaints concerning Family Practitioner Services (FPS)

- **Complaints handled under Local Resolution**

There are in excess of 1500 FPS Practices across Northern Ireland. Under the HSC Complaints Procedure all of these 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.

During 2014/15 there was a slight decrease in complaints and responses being received by the Board from FPS Practices, with 230 being received this year compared to 255 in 2013/14; 247 in 2012/13; 212 in 2011/12 and 216 in 2010/11.

It is recognised that a large number of complaints or concerns made known to FPS Practices can be resolved 'on the spot' without the need for formal written correspondence or personal communication. The relative consistency of the number of formalised complaints would suggest that this process is continuing to flourish even with increasing demands being placed on general practices.

Board complaints staff would encourage Practices to seek to resolve complaints in this way and effectively de-escalate the situation and reach a 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.

Through the normal course of business Board's complaints staff regularly remind FPS Practices of the requirements of the Guidance to ensure full reporting of complaints. In addition, this is

also referred to during the various training forums in place and the e-learning package, which received a significant interest from FPS Practices. This package has recently been updated and re-issued to all FPS Practices.

- **‘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 in helping restore relationships, both parties must be in agreement to this occurring.

Board complaints staff very much tailor their handling and/or involvement in these complaints specific to the complainant’s own requirements and adopt a ‘complainant-centred’ approach. 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 separately meeting with the Practice being complained about, or facilitating joint meetings of both parties.

In 2014/15 the Board acted as an ‘honest broker’ in 96 complaints concerning FPS Practices. This is an increase in the number of occasions during 2013/14 (72) and equals the second highest volume since the implementation of the HSC Complaints Procedure. Figures for the previous years are as follows: - 2012/13 (116); 2010/11(86); 2011/12 (70). The total of 96 in 2014/15 is made up of 83 concerning GP practices and 13 concerning dental practices. There were none relating to pharmacies or ophthalmic practices.

During 2014/15, 30 ‘honest broker’ complaints were responded to within 20 working days. While it is regrettable that more complaints were not completed within the DHSSPS target timescale, the role of ‘honest broker’ demands continued contact

and liaison between the relevant parties and this ensures that timely and accurate updates are provided.

It is also evident that Practices themselves, as they become more familiar with the services of the Board as a result of the training methods referred to earlier, are increasingly approaching the Board's complaints staff for advice and assistance in helping them to resolve complaints at a local level. The role of 'honest broker' can extend to the Board's complaint staff facilitating meetings between complainants and the respective practitioners and this has again occurred on a number of occasions this year. Board complaints staff on frequent occasions visited complainants and practitioners separately, before then meeting again with the complainant in an attempt to resolve complaints locally. This approach has been adopted in those situations where there has been a communication breakdown. This has proved successful with both sides welcoming the opportunity to discuss their views and express opinions openly with Board complaints staff.

On occasions operating as an 'honest broker' has also required the input of independent medical opinions. The availability of independent Lay Persons continues to be of benefit, with a further two being involved this year. Two Lay Persons provided reports both of which related to complaints concerning general medical practitioners. Agreement to the respective Lay Person being appointed and their role and remit is sought in advance of any meetings with relevant personnel.

Two complaints in which either an independent medical opinion and/or an independent Lay Person were involved have progressed to the NI Commissioner for Complaints (Ombudsman) and the outcome is awaited.

Review of Complaints regarding HSC Trusts

A total of 7,015 issues of complaint were received by the six HSC Trusts in 2014/15. This continues the increasing trend of complaints and compares with 4,733 being received in 2009/10; 5,053 in 2010/11; 5,485 in 2011/12; 5,998 in 2012/13 and 6,836 in 2013/14.

These figures, and also those previously concerning FPS Practices, should be viewed in the context of the considerable

volume of interactions between service users and health and social care professionals on a daily basis.

In terms of programme of care, the top six were: -

2013/14

1. Acute Services	(61%)
2. Family & Child Care	(7%)
3. Elderly Services	(6%)
4. Mental Health	(5%)
5. Learning Disability	(6%)
6. Primary Health & Adult Community	(3%)

2014/15

1. Acute Services	(60%)
2. Family & Child Care	(7%)
3. Elderly Services	(7%)
4. Mental Health	(5%)
5. Learning Disability	(3%)
6. Primary Health & Adult Community	(3%)

*Approximate figures

Further details on complaints concerning the six HSC Trusts can be found in their own respective Annual Complaints Reports.

NI Commissioner for Complaints (Ombudsman)

In his Annual Report of 2014/14 the Commissioner advised of a 15% decrease in formal complaints being received by his office. In terms of complaints concerning health and social care (HSC), which is the most significant area of casework for his office, a 9% reduction was noted with 337 complaints being received compared to 370 in 2013/14 and 253 in 2012/13. Nonetheless, the Commissioner states that the general trend in these complaints is upwards with the numbers having increased by 81% over the last five years. In 2014/15 complaints relating to health and social care represented 41% of the total complaints received by the Commissioner's office.

He states that given the sensitive, complex and challenging nature of the interactions which take place within the health and social care system, his experience is that complainants often value the opportunity of discussion and dialogue. The Commissioner states that it humanises what can otherwise seem like a very bureaucratic and paper-based complaints process and is often an opportunity for complainants to receive 'real' acknowledgement of any wrongs that have occurred in their case.

The Commissioner states that his focus is on ensuring that his office uses its resources where judged to be most effective, and in order to do this fairly, consistently and transparently, the “3 Ps” policy is applied: -

Proportionality - an investigation is appropriate and necessary in the circumstances;

Practical outcome – an investigation by the Commissioner would directly bring about a solution or adequate remedy;

Public interest – investigating the issues of complaint could be of potential benefit to the general public.

Of the 337 health and social care complaints received this year, 50 (15%) were accepted for investigation; 34% were closed on the basis that the complainant had not raised the issues with the relevant HSC organisation beforehand; and 21% were closed due to insufficient information being provided by the complainant about their complaint. In numerical terms of the 337 (plus 114 carried forward from 2013/14), 249 were cleared at the determining ‘can we investigate?’ stage; 39 at the ‘should we investigate?’ stage; and 74 determined at full investigation. At the end of March 2015, the Commissioner had 89 complaints concerning HSC organisations ongoing compared with 120 at the end of 2013/14.

The split between HSC organisations is HSC Trusts (288); GPs (31); GDPs (1); and HSC Board (3).

The Commissioner states that it is essential that HSC organisations use the guidelines of the HSC Complaints Procedure appropriately and rigorously investigate issues of complaint. He refers to there frequently being unacceptable delays in providing detailed responses to complaints and in some cases a lack of or insufficient rigour having been applied in the investigation.

The Commissioner refers to an underlying issue in many complaints being a breakdown in trust between the patient/family and the HSC organisation. He continues that independence and fairness are fundamental to his role and that the Human Rights values of Fairness, Respect, Equality, Dignity and Autonomy are very important in dealing with what can be very complex and challenging HSC issues.

Once again the Commissioner refers to the increasing frequency of HSC organisations agreeing to a composite report where a complaint relates to more than one HSC organisation, which is considered to be reflective of the patient experience and of the HSC service delivery and allows for a greater understanding of the issues and of the care pathway.

As in 2013/14 the main issue of complaint was clinical and social care and treatment, representing 62% of the HSC issues determined by him. The Commissioner again reiterated his concern that complaints handling by HSC organisations continues to feature highly among the issues of concern brought to him, citing that all but one of the issues of complaint brought to him concerning complaints handling were upheld at detailed investigation stage, indicating a need for HSC organisations to do more to ensure that they have a rigorous and efficient complaints handling process. He again refers to providing complainants with comprehensive responses which directly answer all the issues of complaint and that complaints are investigated in an open and transparent way, as opposed to being defensive and evasive, or not properly addressing all issues of complaint and in a clear language, which prolongs the complaints process leading to further frustration and distress. He emphasises the importance of adopting a 'complainant centred' approach.

Other issues referred to by the Commissioner relate to poor record keeping, which he states is commonly identified during his investigations and which has the potential to have a significant detrimental impact on patient care. Clear communication between those involved in a patient's care and/or their family is an important element in determining how individuals view the quality of care provided them of their family. He refers to a lack of communication in a number of complaints and urges those involved in providing care to ensure accurate and timely communication with patients and/or their families which can assist in reducing distress and uncertainty at difficult and stressful times.

Other Developments

Other events that occurred this year was a staff training session for some of the Board's complaints staff, which was facilitated by an outside organisation; discussions and liaison between the Board's

complaints staff, the Board's Contracts Department and HSC Trusts and Independent Service Providers (ISPs) in clarifying and coordinating the handling, reporting and the accuracy of monitoring of complaints concerning the Independent Sector; cooperation with the BSO Internal Audit of pharmacy complaints and the taking forward the relevant recommendations; and the onset of complaints being received directly by the General Medical Council and deemed as not meeting the criteria for fitness to practice, being re-directed through the relevant regional health service complaints procedure.

Looking Forward to 2015/16

A number of measures have been identified for implementation next year, such as: -

- The Regional Complaints sub-Group will now meet on a bi-monthly basis, which will enable more fulsome scrutiny of trends and/or clusters of complaints.
- The Board's Deputy Complaints Manager intends meeting with the HSC Trusts Regional Complaints Forum (comprising complaints managers from each HSC Trust) to discuss the level of information being detailed in the HSC Trusts' monitoring returns; and seek assurances/clarification as to the consistency in coding of complaints under various programmes of care and subjects of complaint; and to restate the importance of examples of learning and potential regional learning to be reported to the Board via the 'learning template' and the learning from complaints email inbox.

Other key events/activities for the year ahead are as follows: -

- Building on the success of the inaugural Annual Complaints Learning Event, work will continue in terms of planning and coordinating the second event, focussing on the theme of 'communication'. The Board would again intend the event to include contributions from service users and/or their families in respect of their own experiences; as well as having key speakers from within HSC organisations and also from outside to provide examples and perspective on good communication.

- The Board intends scheduling further Focus Groups during 2015/16 and also seeking to target these to particular groups, potentially older persons and section 75 groups.
- Following on from consideration by the Permanent Secretaries Group (PSG) of the reports from the Parliamentary Health Services Ombudsman on complaints handling by UK government departments under the Ombudsman's remit and the report of the inter-departmental group, which recommended the inclusion of complaints handling in Internal Audit programmes; the outcome and recommendations of the audit of complaints and incidents at pharmacies will be implemented; and will be followed by a GMS Audit concerning GP Practices, which will include the handling of complaints both at Practice and Board level.
- Following agreement with the Board's Contracts Department and colleagues within HSC Trusts, a regular and consistent mechanism of reporting of complaints concerning Independent Sector Providers (ISPs) has been agreed.
- Discussions are already underway in adopting a similar approach in respect of complaints concerning publicly funded residents in private nursing and residential facilities, which should be finalised in 2015/16; and potentially extending to other contracted out services, such as domiciliary care.

STATISTICAL INFORMATION

FPS LOCAL RESOLUTION COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	83	5	0	0	88
Staff Attitude & Behaviour	56	0	0	0	56
Communication/Information	59	0	0	0	59
Clinical Diagnosis	3	0	0	0	3
Other	23	1	0	0	24
Total	224	6	0	0	230

FPS 'HONEST BROKER' COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	54	8	0	0	62
Staff Attitude & Behaviour	3	2	0	0	5
Communication/Information	16	0	0	0	16
Clinical Diagnosis	1	1	0	0	2
Other	9	2	0	0	11
Total	83	13	0	0	96

NUMBER OF COMPLAINTS PER HSC TRUST in 2013/14 and 2014/15

Trust	2013/14	% in 20 working days	2014/15	% in 20 working days
Belfast	2,514	50%	2,772	51.7%
Northern	997	59.5%	890	69.4%
South Eastern	1,343	42.6%	1,332	53.4%
Southern	1,032	50.4%	1,166	42.8%
Western	800	76.7%	629	63.8%
NI Ambulance	150	32.4%	226	15.5%
Total	6,836	52.3%	7,015	52.5%

COMPOSITE HSC TRUSTS COMPLAINTS UNDER PROGRAMME OF CARE DURING 2013/14 AND 2014/15

(i)

Programme of Care	2013/14	2014/15
Acute	4,135	4,189
Maternal & Child Health	291	399
Family & Child Care	492	495
Elderly Services	437	457
Mental Health	354	366
Learning Disability	218	160
Sensory Impairment & Physical Disability	118	114
Health Promotion & Disease Prevention	5	0
Primary Health & Adult Community	178	512
None (No POC assigned)	608	608
Prison Healthcare*	163	109
Total Complaint Issues	6,836	7,015

*South Eastern HSC Trust only

HSC TRUSTS COMPLAINTS UNDER SUBJECT DURING 2014/15

Subject	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Access to Premises	28	3	23	5	0	0	59
Aids/Appliances/Adaptations	27	1	17	26	0	0	71
Clinical Diagnosis	70	33	44	20	48	2	217
Communication/Information	468	65	151	133	60	0	877
Complaints Handling	0	0	5	2	0	0	7
Confidentiality	27	13	16	5	6	0	67
Consent to Treatment/Care	5	1	2	0	3	0	11
Contracted Regulated Children's Services	0	1	0	0	0	0	1
Contracted Regulated Domiciliary Services	2	17	1	0	1	0	21
Contracted Regulated Residential Nursing	1	10	5	2	0	0	18
Contracted Regulated Independent Nursing	31	1	5	0	0	0	37
Other Contracted Services	17	2	4	0	3	0	26
Delay/Cancellation for Inpatients	25	10	4	13	0	0	52
Delayed Admission from A&E	0	0	4	0	29	0	33
Discharge/Transfer Arrangements	60	18	32	24	7	0	141
Discrimination	3	1	9	5	1	0	33
Environmental	38	8	25	13	4	0	88
Hotel/Support/Security Services	15	22	16	5	8	0	66
Infection Control	5	1	6	1	7	0	20
Mortuary and Post Mortem	3	0	0	0	0	0	3

Policy/Commercial Decisions	3	64	34	22	43	0	166
Privacy/Dignity	10	6	20	8	4	0	48
Professional Assessment of Need	24	52	17	144	12	0	249
Property/Expenses/Finance	47	4	20	14	0	1	86
Records/Record Keeping	17	17	31	16	8	0	89
Staff Attitude/Behaviour	363	143	256	179	87	84	1,112
Transport, Late of Non-arrival/Journey Time	3	0	1	2	1	101	108
Transport, Suitability of Vehicle/Equipment	0	1	0	1	0	2	4
Quality of Treatment & Care	461	256	337	242	188	16	1,500
Quantity of Treatment & Care	164	12	24	100	41	0	341
Waiting List, Delay/Cancellation Community Based Appts	6	39	13	2	0	0	60
Waiting List, Delay/Cancellation Outpatient Appts	376	36	80	49	16	0	557
Waiting List, Delay/Cancellation Planned Admission to Hospital	337	6	22	28	0	0	393
Waiting Times, A&E Departments	42	13	22	21	10	0	108
Waiting Times, Community Services	22	1	8	37	1	0	69
Waiting Times, Outpatient Departments	56	18	37	27	20	0	158
Other	16	15	41	20	21	20	133
Total	2,772	890	1,332	1,166	629	226	7,015

Due to changes in the issues of concern being raised, different subject categories have been added to the standardised list of subjects or amendments made to this. Consequently, a comparison cannot be made between the previous and current year.

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