

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

April 2011 – March 2012

Introduction

This third Annual Complaints Report of the HSC Board provides an update on developments in the complaints process during the year 2011/12 and an overview of the complaints activity during this period.

During the year some notable developments have occurred in terms of the HSC Complaints Procedure – ‘Complaints in HSC’ (April 2009) and also in the assessment of its implementation to date, its accessibility, impact and value to service users.

The HSC Board has now formally reported on the ‘process evaluation’ it was asked to undertake by DHSSPS and this has resulted in a comprehensive action plan being developed. This will be taken forward over the next couple of years in collaboration with HSC Trusts, Public Health Agency (PHA), representatives from various family health service practices and pharmacies, the Regulation and Quality Improvement Authority (RQIA) and the Patient and Client Council (PCC).

The HSC Board has now established a ‘pool’ of 17 independent lay persons to assist in the local resolution of complaints in all HSC organisations. Similar to the involvement of HSC Board complaints staff as an ‘honest broker’ or the introduction of an independent medical or professional expert, both parties need to be agreed that the appointment of an independent lay person is appropriate.

As well as taking forward the above measures, the HSC Board has continued its role in investigating and responding to those complaints that are made against it - and maintained its responsibility for the monitoring of complaints handling within the

six HSC Trusts and the many family health services practices (FPS) throughout Northern Ireland, and also those received by the PHA. The HSC Board receives relevant information from these HSC organisations for monitoring purposes.

Developments regarding Complaints in the HSC

Evaluation of 'Complaints in HSC'

The HSC Board was asked by DHSSPS to lead on the process evaluation of the HSC Complaints Procedure ('Complaints in HSC: Standards and Guidelines for Resolution and Learning' (the Guidance)) and following analysis of questionnaires received from key stakeholders, a subsequent stakeholder workshop and service user focus group; the HSC Board issued its report in February 2012. This was formally approved at the HSC Board meeting in November 2011 and submitted to DHSSPS. The report contains 14 recommendations aimed at further improving implementation of the procedure.

Some of the key findings of the Evaluation were that some service users felt the HSC Complaints Procedure is not well publicised and, staff and service users alike, both indicated that some service users feel discouraged from making complaints because of a fear of repercussions, such as reduction in access to or provision of a service.

There also appears to be a general lack of understanding and clarity in respect of the roles and responsibilities of the various HSC organisations, including the HSC Board's role in dealing with Family Practitioner Service (FPS) complaints (GPs, dentists, pharmacists and opticians), while discussion at the stakeholder workshop also indicated a lack of clarity or understanding in relation to the role provided by the Patient and Client Council (PCC) in respect of supporting service users through the process. A further finding was a lack of understanding of the specific roles provided by complaints managers and complaints departments across the HSC.

More positively, however, accountability arrangements throughout HSC organisations were considered to be clearly identified by service users and staff and deemed to be important. There was

also a clear desire for complaints to be responded to by management, preferably the manager responsible for the service area or the complaints manager. Furthermore, and very importantly, there is evidence that there is learning arising from complaints. Nonetheless, service users felt that they were not always informed of improvements to services or changes in policy or procedure as a result of their complaints, a point which needs to be rectified. There is also the need for shared learning and information across all HSC organisations, a point also identified as being significant and important.

The HSC Complaints Procedure places a greater emphasis on resolving complaints at local level and, while there is evidence of alternative methods of complaints resolution being adopted both by HSC Trusts and in FPS settings, it would appear that, in the main, the concept of 'enhanced' or more robust local resolution is often only considered after an initial written response has been issued and further contact from the complainant has been made. It could be argued that there is a level of misunderstanding or a lack of clarity and guidance as to the flexibility that 'enhanced' local resolution can offer and when it can be considered and instigated.

Of concern was the finding that, taken together, communication and staff attitude and/or behaviour account for the largest majority of complaints raised. This has resulted in a specific recommendation to seek to address this essential and vital matter.

From the analysis undertaken, while it was established that 'Complaints in HSC' has not yet been fully implemented in all HSC organisations, there is evidence that significant steps have been taken to implement the principles of the Guidance and to demonstrate good practice. There was a high level of awareness among staff and service users that a complaints procedure exists, although feedback indicates that efforts are still required to efficiently achieve more robust local resolution arrangements. There is evidence that organisations learn from complaints, and continued engagement with, and feedback from service users who wish to make a complaint, should be encouraged as a means of continued learning by HSC organisations.

Recommendations:

The Evaluation identified 14 recommendations: -

- The DHSSPS should review the Guidance in order to provide greater clarity in respect of achieving more robust local resolution arrangements in order to ensure a better understanding by staff and service users.
- The HSC Board should consider co-ordinating training for HSC/FPS staff on a regional basis, as a method to improve the understanding of how more robust local resolution arrangements may be delivered, and improve recognition as to how and when to apply alternative techniques in the resolution of complaints.
- The DHSSPS should review the Guidance to provide a better understanding and provide clarification to HSC organisations and service users, as to the responsibilities of the various organisations in relation to complaints and more specifically the provision of support and advice to service users wishing to raise a complaint and regarding the sequencing of the complaints process.
- The HSC Board should, with HSC organisations, seek to develop further definition and clarification with respect to the role of the complaints manager in order to provide a greater understanding and appreciation by staff and service users of the role in terms of providing support and advice.
- The HSC Board should remind FPS Practitioners of their requirements under the Guidance and should make tangible efforts to ensure that FPS Practices are aware of and have access to the support and advice that can be provided by the HSC Board in respect of complaints resolution and implementation of the Guidance;
- The HSC Board should further develop and promote the role of 'honest broker' as a means to resolution of complaints within FPS, in order to provide greater clarity and understanding within HSC organisations, FPS and services users;

- HSC organisations should ensure that they comply with the Guidance to improve their communications with service users who have made a complaint by developing processes to maintain regular proactive contact with users. This system should include the ability to provide users with a rationale for not being able to respond within the agreed timescales, detail of progress, a projected timescale for completion of investigation and/or timescales for issue of the response;
- Recognising the practical difficulties in ensuring all staff receive mandatory complaints training, and in an attempt to increase the staff uptake in this requirement, HSC organisations should explore the further roll out of the current e-learning complaints training package. The Board should also ensure that this includes FPS Practices;
- HSC organisations and FPS Practices should ensure that where changes to policy, procedure, or improvements to services have occurred as a result of a complaint being raised, the service user is informed of this within the response to them, including details regarding implementation of associated actions plans, etc, where appropriate;
- A regionally agreed method of disseminating learning from complaints should be developed by the HSC Board and Public Health Agency (PHA). This should include the co-ordination of an Annual Regional Complaints Workshop event and agreed ad hoc/scheduled communications, such as Newsletters etc;
- A regional mechanism for receiving user satisfaction feedback in relation to complaint resolution should be developed by HSC organisations, recognising the sensitivities involved in such an area. The HSC Board/PHA should lead on this with input from the PCC, the Trusts and service users. Consideration should be given to engaging with key stakeholders in this regard through focus groups across the Trust/Local Commissioning Group areas;
- Recognising that communication, staff attitude and behaviour are among the highest categories of complaints received across the HSC, innovative methods in attempting to

address this at the core of staff/service user interactions should be explored led by the PHA and the HSC Board;

- There may be merit in further regional discussions, led by DHSSPS, regarding the 20 working day response timescale. Any discussions and agreements should include clarification of the timescales associated with honest broker complaints;
- HSC organisations should review their Complaints Policies and Procedures to reflect any clarification/amendment to the Guidance.

Appointment of Independent Lay Persons

One of the potential options available within the HSC Complaints Procedure to resolve complaints at local resolution is the availability of an independent Lay Person. While these persons cannot act as investigators, conciliators or advocates, they can be valuable in testing key issues that are part of a complaint, such as communication issues, quality of written documents, attitudes and relationships and access arrangements (appointment systems). Their role is one of bringing independence and trust to a situation where relationships have been damaged.

Lay Persons are available to all HSC organisations and can be engaged at the request of a complainant or the HSC organisation being complained about. Both parties, however, need to be in agreement to their involvement. There is the potential and ability to involve Lay Persons at an earlier stage of the process were it is, perhaps, particularly contentious or emotive.

The HSC Board was tasked with the responsibility of recruiting personnel to fulfil this role and following public advertising and a successful recruitment process, 17 independent lay persons were appointed. Those appointed come from a range of backgrounds and encompass a gender and age balance, and also a geographical and religious balance throughout the Province. Some also have experience of bereavement counselling, working with community or voluntary groups, charities or organisations associated with disabilities and/or medical conditions.

An initial introductory briefing session was arranged in December 2011, giving those appointed an opportunity to meet with each

other and receive relevant information on the HSC Complaints Procedure and the Lay Person's role. This briefing was facilitated by HSC Board complaints staff and also attended by complaints managers from HSC Trusts. This was subsequently followed up with a formal training session attended by all Lay Persons, HSC Board complaints staff, complaints managers from HSC Trusts, FPS Practice Managers, and representatives from DHSSPS and PCC. The event was facilitated by HSC Complaints staff, and included input from Dr Melissa McCullough, Non-Executive Director of the HSC Board and Mr Hugh McCaughey, Chief Executive of the South Eastern Trust as the key note speaker. It included training on the HSC Complaints Procedure and, specifically, the role and remit of an independent Lay Person. The training event also involved real example case studies where the involvement of a Lay Person possibly would or could have enabled or expedited resolution.

To date the HSC Board has appointed a Lay Person on four occasions. Two of these relate to complaints received in 2012/13 and will feature in next year's annual report. However, two complaints received in 2011/12 did involve the engagement of a Lay Person, both of which related to GP practices. One HSC Trust has also used the services of a Lay Person.

The first of these related to the immediate removal of a patient from the Practice list and the second concerned an allegation of breach of confidentiality by a member of staff within the practice. In both instances the involvement of an independent and impartial view was welcomed by all parties. There was full cooperation and respect for the Lay Person in regard to their role and remit, which was agreed before any meetings with relevant personnel, and for their attempts to reach a satisfactory resolution.

The HSC Board will continue to promote the utilisation of this option of assisting in complaints resolution and will monitor their use.

Conciliation

In 2011/12 the HSC Board tendered for the provision of an approved list of conciliation services providers, which is also an option available under local resolution. As with other options

available, both parties have to be in agreement to the engagement of conciliation.

Two providers applied and were selected onto the approved list to provide conciliation services. With the agreement of both 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 completely 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 selected 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 Group

The Regional Complaints Group (RCG) has continued to meet quarterly to review complaints information received from HSC Trusts and FPS Practices, and also any complaints received by the HSC Board and the Public Health Agency (PHA). Membership comprises representatives from the HSC Board, the PHA and the PCC. The RCG informs established professional or commissioning groups and other specific forums within the HSC

Board and PHA on key issues or trends arising from complaints and also on any learning identified from individual complaints.

Learning and Actions and/or Service Improvements

The monthly monitoring reports of complaints received by HSC Trusts show evidence of efforts being made to resolve complaints through meetings, involvement of senior clinicians or clinical leads or directors. On occasions other service managers, independent of the service being complained about, in an attempt to give impartiality, have been asked to review the level of care afforded and the HSC Trust's response(s) to the complaint. On a few occasions outside independent clinical/professional expert opinions have been sought.

Some examples of changes implemented as a result of complaints raised are summarised below:

- Discharge planning meetings to be scheduled for all complex gastroenterology patients including liaison with community teams.
- Joint working group established to look at ways of improving communication between departments when dealing with patients who have suffered pregnancy loss.
- Training for staff in a statutory nursing home regarding end of life and palliative care, wound management and communication with patients who have hearing impairments.
- Training for district nursing team on bowel care for adults with established spinal cord injuries, eg theory, risks, consent, techniques, legal position, maintaining dignity, raising concerns and documentation. Shared learning/case presentation delivered at the district nursing forum.
- Presentation regarding the management of PEG tubes across the HSC Trust acute hospital sites to both medical and nursing staff to improve management of this equipment.
- Introduction of touch screen 'way finding' kiosks within the hospital to give on screen directions.

- Refresher training for various professionals, including hygiene and infection control, dementia awareness training for healthcare assistants, communication.
- Introduction of a Nursing Assessment Booklet which will allow for patients' preferred name to be included, and continued work with Practice Educators and Mentors to ensure a high level of professional behaviour from all student nursing staff.
- The Chairperson of the Regional Complaints Group wrote to all HSC Trust Chief Executives regarding a recurring communication problem between hospitals and General Practitioners when a death occurred in hospital. This letter reminded hospitals to inform respective FPS practices, initially by telephone and followed up in writing.

In respect of FPS Practitioners: -

- Anonymised extracts of a recent finding by the Commissioner for Complaints regarding the removal of patients from GP Practice lists was circulated to all GP Practices. This highlighted that Practices can immediately remove patients from their lists, but that there are requirements on the Practice to demonstrate why this action was taken and that it is in accord with the HPSS Regulations (General Medical Services Contract) 2000.

Training

HSC Board complaints staff continued to provide training on Complaints in the HSC through a number of mechanisms. This has previously included interactive sessions as part of Clinical Governance workshops organised in Local Commissioning Group areas, and continues to include presentations at Practice Manager Forums, annual training sessions for dental care professionals scheduled in conjunction with the NI Medical and Dental Training Agency (NIMDTA), and annual training sessions for pre-registration pharmacists scheduled in conjunction with the Pharmaceutical Society NI. This year also included training

sessions arranged via the four Local Dental Committees for general dental practitioners.

HSC Board complaints staff are 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-Based Learning days or on an ad-hoc basis as required. Present on many of these visits would be all staff within the Practice – GPs, practice nurses, practice manager and administrative and receptionist staff. 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 HSC Board complaints staff can provide to Practices generally or through 'honest broker' or other available options under local resolution.

Complaints Analysis

Complaints concerning the HSC Board

During the year 2011/12 the HSC Board received 14 complaints compared with 9 in the previous year.

Once again these complaints largely related to funding issues, such as for the treatment of MS, cancer and neurological treatments or to the decisions made in respect of treatments being sought outside of Northern Ireland. Concerns were also raised regarding the changes in the prescribing arrangements for benzodiazepines, the lack of specialist nurses trained in the treatment of Parkinson's Disease, and the HSC Board's guidelines for the prescribing of gluten free products.

Eleven of these complaints were responded to within the target 20 working day timescale. Delays on occasions occurred due to further clarification/information being awaited from other sources.

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 their respective responses, within 3 working days of the response having been issued. During 2011/12 there has been a consistent level in the numbers being reported to the HSC Board: 212 in 2011/12 compared to 216 in the previous year. It is recognised that the large proportion of complaints or concerns made known to FPS Practices can very often be resolved 'on the spot' without the need for formal written correspondence. Nonetheless, it is also recognised that there may still be under-reporting and HSC Board complaints staff continue to make the requirements of the Guidance known to FPS Practices through daily contacts in the normal course of business and also through the various training forums and mechanisms in place.

It is also noteworthy that independent professional opinions were sought on two occasions involving complaints fully conducted at local resolution. These related, separately, to a medical practice and a dental practice. On both occasions the HSC Board's complaints staff were consulted with in terms of securing an independent professional opinion. Those appointed then reviewed the complaints correspondence and relevant clinical/dental records and provided a professional opinion in order to assist in the successful resolution of the complaint at Practice level.

- **'Honest broker' complaints**

On occasions where complainants do not wish to approach the FPS Practice directly, HSC Board complaints staff can act as a 'link' or 'honest broker' between both parties. This intermediary role may arise due to the patient's or relative's loss of confidence or faith in the FPS Practice to impartially investigate the complaint, or because of a breakdown in the relationship between the patient and the practitioner. However, for the HSC Board to act in this role, with the aim of assisting in local resolution and/or in helping restore relationships, both parties must be in agreement to this occurring. The role of 'honest broker' requires HSC Board

complaints staff to have essential communication skills in liaising with complainants and also those complained about.

In 2010/11 there was a substantial increase in the number of occasions where the Board acted as an 'honest broker', rising from 38 in 2009/10 to 86 the following year. This level has largely been maintained in 2011/12, albeit with a slight decrease, with 70 complaints this year. These are made up of 50 concerning GP practices, 18 concerning dental practices, and one each relating to an optician and pharmacy.

In relation to complaints being handled under this format, the HSC Board aims to ensure that the Practice provides a report within 10 working days, and that from receipt of the complaint, the process is completed and a response with the complainant, together with details of the options to progress the matter (if desired) within 20 working days. The additional time expended is to allow for liaison between Practices, complainants and the HSC Board in an effort to resolve the complaint.

In year, 41 'honest broker' complaints were responded to within 20 working days. The role of 'honest broker' can extend to the HSC Board complaints staff facilitating meetings between the complainants and practitioner(s) to build or restore relationships. This requires a degree of mediation and diplomacy on the part of HSC Board complaints staff and two such meetings were convened in 2011/12.

Review of Complaints regarding HSC Trusts

Following review of the information received from HSC Trusts, a total of 5,376 issues of complaint were received by the six HSC Trusts. This continues the increasing trend of complaints and compares with 4,733 being received in 2009/10 and 5,056 in 2010/11; a rise of approximately 12% in two years.

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

2011/12

1. Acute Services (61%)
2. Maternal & Child Health (6%)

2010/11

1. Acute Services (60%)
2. Maternal & Child Health (6%)

3. Family & Child Care	(6%)	3. Primary Health	
4. Elderly Services	(5%)	& Adult Community	(6%)
5. Mental Health	(4%)	4. Elderly Services	(6%)
6. Primary Health	(4%)	5. Family & Child Care	(6%)
& Adult Community	(3.5%)	6. Mental Health	(5%)

*Approximate figures

The most dominant programme of care continues to be acute services.

In terms of subject of complaint, issues relating to treatment and care, staff attitude or behaviour, and communication/information to patients/clients continue to be the predominant categories of complaint. It is worth noting that, again, since 2009/10 the cumulative number of complaints regarding staff attitude and/or behaviour and communication/information, exceeds that concerning treatment and care. This highlights and reinforces the importance of valuing the patient or client, and treating them in a manner we would expect for ourselves, and also ensuring they are fully aware of what is happening and why.

Complaints relating to HSC Trusts again concentrated on specialties such as Accident and Emergency Medicine; general medicine; and maternity and gynaecological services (excluding the NI Ambulance Service Trust). Complaints relating to personal and human issues such as attitude, communication, hygiene (both personal and facilities), nutrition, pain relief, toileting, privacy and dignity (such as mixed sex wards, trolley waits and around death) continue to consistently feature highly within the hospital and community settings and within monitoring reports to the RCG. More system or performance-based issues such as waiting times for appointments (both hospital and community), delayed admission from Accident and Emergency, waiting lists and/or appointment delays or cancellations continue to maintain high level of complaints.

Various statistical information relating to HSC Trusts' complaints is contained at the end of this report.

Other Issues

Progress of legacy Independent Review Panels

At the end of 31 March 2012, two Independent Review Panels still remain to be completed. Regrettably, there has been some delay in these being finalised. However, of these two Panels, one is at the report writing stage, with the final Panel also nearing completion. It is anticipated that both Panels will be completed by December 2012. Three Panels reported in 2011/12, with two Panels having to cease investigation due to the instigation of legal proceedings.

Summaries of Independent Review Panels are reported to the Regional Complaints Group and any significant issues of concern and/or appropriateness of action plans completed by HSC Trusts in response to Panel recommendations are considered by relevant professionals within the HSC Board or Public Health Agency.

NI Commissioner for Complaints

In his Annual Report of 2011/12 the Commissioner advised that there had been an overall decrease in complaints to his office, but an upward trend of 12% in complaints concerning health and social care. However, 60% of these were not accepted for investigation for a number of reasons, the primary one being that the complaint was premature, ie the complaint had not been put to the relevant HSC organisation in the first instance to be considered under the HSC Complaints Procedure.

In numerical terms this 12% was a rise from 186 complaints in 2010/11 to 208 in 2011/12, an increase of 22 complaints. When including those brought forward from the previous year (89), of the total 208 complaints, 125 were cleared at the validation stage; 58 were cleared at the investigation stage (including those withdrawn and discontinued); 7 were settled; and 58 complaints constituted a full report or letter of report, with 48 complaints remaining ongoing.

The Commissioner has indicated in his Annual Report of 2011/12 that his recommendations following investigation may be that the body complained about apologises or makes a change in practice, or that it may include a recommendation for financial redress (consolatory payment). This redress, the Commissioner states,

may take account of issues such as loss, distress and frustration caused to the complainant in pursuing the complaint.

The Commissioner has highlighted that in 2011/12 his recommendations have not been met in four cases, and the issue of financial redress in cases involving general health services providers (FPS) is currently the subject of a judicial review challenge, the judgement of which is awaited.

Looking Forward to 2012/13

Following on from the recommendations of the Evaluation of the HSC Complaints Procedure, the HSC Board developed an action plan to take forward the implementation of these. This will culminate in the establishment of an Evaluation Implementation Group that will comprise complaints staff from the HSC Board; HSC Trust complaints managers; representatives from the PHA involved in work associated with patient and client experience; representatives from family practices and pharmacies; and from RQIA and the PCC; and also some of the recently appointed independent Lay Persons. The group will be chaired by the HSC Board's Director of Social Care and Children.

Affiliated to this main group three sub-groups will also be established to take forward the separate recommendations regarding:

- the development of a regionally agreed method of disseminating learning from complaints, including the coordination of annual regional complaints workshop and agreed shared methods of communication regarding learning such as newsletters;
- a regional mechanism for receiving user satisfaction feedback in relation to complaints resolution. Initially this will involve the coordination of a series of workshops and focus groups within Trust/LCG areas involving direct engagement with service users who have complained and also those who had a bad experience but chose not to complain. These focus groups will be publicly advertised through various press and media forums and also within the HSC itself to ensure maximum exposure and knowledge. These events

will be specifically targeted at not re-opening complaints or creating a forum for doing so, but concentrate on how service users felt they had been treated throughout the complaints process; whether it was accessible, worthwhile and delivered; or whether they encountered a lack of explanation and openness; defensiveness by the HSC organisation, delay and a lack of resolution. The convening of these focus groups/workshops will endorse the commitment to Personal and Public Involvement (PPI) with direct contact and collation of views and feedback; and

- in light of the consistently and increasing levels of complaint concerning staff attitude/behaviour and communication across the HSC, the development of innovative methods in attempting to address this at the core of staff/service user interactions.

It is expected that the significant volume of work associated with taking forward the implementation of the recommendations arising from the Evaluation will ensure full implementation of the HSC Complaints Procedure, reinforce and enhance its accessibility and ultimately lead to better complaints handling arrangements throughout all HSC organisations.

In terms of ongoing development of the independent Lay Persons, it is also intended to schedule a further training day focussing on topics that can be associated with the handling of complaints and having access to personal and confidential information. This will include areas such as Freedom of Information legislation, equality legislation and records management as well as sharing experiences of involvement to date as a lay person in the HSC Complaints Procedure.

In further developing the relationship and learning between complaints and information accumulated through work associated with the patient and client experience, led by the PHA, HSC Board complaints staff are now members of the Patient and Client Experience Steering Group.

The Regional Complaints Group will continue to monitor trends in complaints being received both in terms of the issues being raised, the specialties and localities involved, but most importantly, also increase the emphasis on concentrating on what and how HSC

organisations have learned from complaints, changes in practice and protocol that have been implemented and how this has been cascaded to relevant staff throughout the organisation.

STATISTICAL INFORMATION

FPS LOCAL RESOLUTION COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	49	11	1	1	62
Staff Attitude & Behaviour	45	0	0	0	45
Communication/Information	78	5	0	0	83
Confidentiality	5	0	0	0	5
Medical Records Accuracy	2	0	0	0	2
Clinical Diagnosis	1	0	0	0	1
Other	9	3	2	0	16
Total	189	19	3	1	212

FPS 'HONEST BROKER' COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	29	14	0	1	44
Staff Attitude & Behaviour	6	2	0	0	8
Confidentiality	2	0	1	0	3
Communication/Information	4	1	0	0	5
Clinical Diagnosis	1	0	0	0	1
Removal from a Practice List	3	0	0	0	3
Other	4	1	0	0	5
Total	50	18	1	1	70

COMPLAINTS PER HSC TRUST in 2011/12

Trust	No of complaints	% in 20 working days*
Belfast	2,013	50%
Northern	862	65%
South Eastern	1,172	50%
Southern	764	70%
Western	467	30%
NI Ambulance	98	25%

Total	5,376	50% (approx)
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*Approximate figures

COMPOSITE HSC TRUSTS COMPLAINTS UNDER (i) PROGRAMME OF CARE AND (ii) SUBJECT DURING 2011/12 and 2010/11

(i)

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

(ii)

No	SUBJECT	2011/12	2010/11
1	Access to Premises	47	68
2	Admission into Hospital, Delay/Cancellation	171	131
3	Aids/Adaptations/Appliances	66	77
4	Appointments, Delay/Cancellation (Outpatient)	407	480
5	Clinical Diagnosis	220	195
6	Communication/Information to Patients	693	529
7	Complaints Handling	2	4
8	Confidentiality	50	55
9	Consent to Treatment	4	4
10	Contracted Regulated Establishments/Agencies	45	12
11	Other Contracted Services	16	21
12	Delayed Admission from A&E	10	15
13	Discharge/Transfer Arrangements	130	109
14	Environmental	82	55
15	Hotel/Support/Security Services	115	55
16	Infection Control	43	37
17	Mortuary & Post Mortem	0	1
18	Patients' Privacy/Dignity	48	39
19	Patients' Property/Expenses/Finance	86	75

20	Patients' Status/Discrimination	16	16
21	Policy/Commercial Decisions	122	137
22	Professional Assessment of Need	143	196
23	Records/Record Keeping	69	55
24	Staff Attitude/Behaviour	843	771
25	Theatre/Operation/Procedure/Delay/Cancellation	52	82
26	Transport, Late or Non-arrival/Journey Time	52	40
27	Transport, Suitability of Vehicle Equipment	2	11
28	Treatment & Care, Quality	1069	1055
29	Treatment & Care, Quantity	190	242
30	Waiting Lists, Community Services	44	55
31	Waiting Times, Community Services	29	20
32	Waiting Times, A&E Departments	126	115
33	Waiting Times, Outpatient Departments	77	76
34	Children Order Complaints	13	24
35	Other	120	109
36	Prison Healthcare Related Complaints	174	90
	TOTAL COMPLAINT ISSUES	5376	5056

Complaints Contact Points:

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South Eastern Health and Social Care Trust
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