

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

April 2013 – March 2014

Introduction

This is the fifth Annual Complaints Report of the HSC Board and provides an update on developments in the complaints process during the year 2013/14 and an overview of the complaints activity throughout this period.

This year has seen the completion of the implementation of the action plan developed to take forward the recommendations arising from the 'Process Evaluation' of Complaints in HSC: Standards and Guidelines for Resolution and Learning (April 2009) ('Complaints in HSC') undertaken by the Board in 2010 at the request of DHSSPS. It is expected that this work will enhance recognition of the value of complaints and good complaints management, and the continued evaluation by all HSC organisations of their own complaints handling and management arrangements. The Board would wish to express its appreciation to all of those who have participated and/or contributed to this important piece of work. This includes other HSC organisations and also service users who provided direct feedback through various forums. Following the positive service user workshop in Belfast in May 2013, the Board intends organising these events on a bi-annual basis to continue to seek the opinions of service users, with a view to continually enhance the effectiveness of the complaints arrangements.

The Board has continued to promote the use of the independent Lay Persons in the local resolution of complaints and they have again been involved in complaints both within family practices and HSC Trusts this year. To assist these individuals in fulfilling this role and to enhance their competence, a further training session

was organised for them focussing specifically on data protection, security and records management.

Promotion of the 'honest broker' role in respect of complaints concerning family practitioners has again featured strongly this year. The Board recognises the important contribution this role can make to successfully resolve complaints at Practice level. 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 they act in the best interests of both parties in terms of the successful resolution of complaints at local level. This requires 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.

The Board has continued its responsibilities of investigating and responding to those complaints that are raised against it; maintained its responsibility for the monitoring of complaints handling within the six HSC Trusts and 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.

There have been developments in regard to the structures and arrangements within the Board for the monitoring of complaints. This has come about due to the establishment in November 2013 of the joint HSC Board/PHA Quality, Safety and Experience Group (QSE), which meets on a monthly basis. The Regional Complaints Group is a sub-group to QSE and now also meets on a monthly basis and has been reconstituted as the Regional Complaints sub-Group.

There is also an enhancement in how complaints information is shared within the Board with regular quarterly reports also now being submitted to the Senior Management Team and the Board's Governance Committee including real examples of complaints, actions taken and any areas of concern. These reports provide a greater level of detail to take cognisance of the recommendations of the 'Francis Report'.

Developments regarding Complaints in the HSC

Implementation of the recommendations arising from the 'Process Evaluation'

The Process Evaluation of 'Complaints in the HSC', published in February 2011, outlined 14 recommendations to further enhance the effectiveness of the HSC Complaints Procedure. In 2012, a Complaints Evaluation Implementation Group (EIG) was established to oversee the implementation of all recommendations pertaining to the HSC. This group was chaired by the Board's Director of Social Care and Children and comprises of representatives from the Board, Public Health Agency (PHA), HSC Trusts, Family Practitioner Services (FPS), Patient and Client Council (PCC) and the Regulatory and Quality Improvement Authority (RQIA). Three work streams were established to take forward specific pieces of work in relation to three of the recommendations which include: -

- the importance of disseminating learning arising from complaints (recommendation 10);
- the establishment of a mechanism for receiving user satisfaction feedback (recommendation 11) ;
- promoting positive attitudes and behaviours in HSC services (recommendation 12).

Completion of Recommendation 10

The Board recognises that learning occurs from complaints, and the dissemination of learning across HSC organisations is an essential part of ensuring patient and client safety and of ensuring that quality of service is improved.

A successful pilot exercise was trialled amongst HSC Trusts in identifying substantive learning arising from complaints, which may be applicable for regional learning. Subsequently, a joint Board/PHA newsletter has now been established entitled – 'Learning Matters'. This is issued bi-annually and involves learning from complaints, as well as learning arising from other areas such as, Serious Adverse Incidents, safety and quality issues and medicines alerts.

Completion of Recommendation 11

In order to establish a regional mechanism to receive user satisfaction feedback, a pilot service user workshop was held in February 2013 in Craigavon Civic Centre. On 14 May 2013 a further workshop was held in Belfast in the Board's Headquarters. Significant efforts were made to promote this workshop including: - a press release in the local papers; advertisements in regional newspapers and the 'Belfast City Matters' magazine; an interview with the Board's complaints manager on 'On your Behalf' a consumer radio programme; requests to GP Practices to promote the workshop within their Practices; and advertisements on HSC organisations' websites.

In the lead up to this event, Board complaints staff also met with the Belfast City Council Senior Citizens' Forum to discuss the issue of complaints and the value to the service that these can bring. It is recognised that some people, particularly amongst older persons, may have a reluctance to complain. Continued work with groups such as this will be taken forward in the future.

The event was facilitated by a representative from the Leadership Centre and attended by complaints staff from the Board and HSC Trusts, Practice Managers, Patient and Client Council (PCC), representatives from the PHA and other parties with an interest in complaints handling and service user concerns. Over 25 service users attended the workshop including persons who had made complaints post –April 2009 and also those who despite having a negative experience, chose not to. Feedback was also received from those service users who had expressed an interest in attending, but had been unable to do so.

The themes arising from the workshop echoed many of those raised at the initial event in Craigavon and included the importance of monitoring of complaints and learning from them; knowledge of the existence of the HSC Complaints Procedure and accessibility to this; accountability for mistakes; communication with relatives and amongst staff; support and/or advocacy to complainants; and adherence to response times. Issues such as barriers to complaining, improving the complaints process and also the importance of the establishment of a regional mechanism to receive service user feedback were added to this. As stated above, it is recognised that some people are reluctant to complain

for fear of repercussions, such as effects on treatment and/or care currently being provided or removal from a Practice list of patients. Continued work is, therefore, needed to ensure that members of the public feel confident in being able to complain, and that HSC organisations fully embrace the ethos that people have a right to complain and to ask questions and seeks answers; and also recognise that this may improve the quality and standard of service they currently provide.

It is always important to seek the views of service users on the process that is designed to enable them to raise concerns about the services they receive. The feedback from this workshop was that forums such as this should be held on a bi-annual basis and be facilitated by senior Board/HSC Trust managers thus demonstrating their interest in listening to the public. This has been taken on board and future events will be organised at various venues throughout Northern Ireland. The report on the outcomes of both the Belfast and Craigavon events are available on the Board's website.

Completion/developments to Recommendation 12

Statistics published by all HSC organisations highlight the continued rise in the number of complaints concerning staff attitude/behaviour and communication/information to patients/relatives. Taken together these categories of complaint account for a greater number than those received concerning treatment and care. Initial work conducted through scoping exercises both within the HSC and other organisations had been commenced to determine how a change in this development could be achieved or similar practices adopted.

It is recognised however, that this is a significant task and one that extends beyond the remit of complaints. Moreover, with the establishment of Quality 2020, it was felt that this may be a more appropriate forum for positive attitudes to be taken forward, with complaints staff feeding information into this work. At the first meeting of the joint Board/PHA Quality, Safety and Experience Group it was recommended that this work stream be subsumed within the respective Quality 2020 task.

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. 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.

A pool of 17 Lay Persons was established in 2011/12 and the Board has appointed a Lay Person on 10 occasions. 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 any 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.

It is notable that of these 10 complaints only one has progressed to the NI Commissioner for Complaints (Ombudsman) and was rejected by that office. The Commissioner determined that the complaint had been fully and satisfactorily been addressed at local resolution.

Some HSC Trusts have also appointed Lay Persons and this has also proved successful. A current complaints investigation, close to completion, and which has been co-ordinated by the Board through an independent Lay Person, involves two different HSC Trusts and a GP Practice.

The NI Guardian Ad-Litem Agency has also accessed the pool of Lay Persons on occasions.

As Lay Persons have access to confidential information, a training day was organised for them in June 2013, targeted at data protection, security and records management. This was facilitated by the Board's Assistant Information Governance Manager. As well as the Board's complaints staff, complaints managers from the

HSC Trusts were also invited to attend this session and time was also taken to allow the Lay Persons to share their experiences of complaints dealt with to date, and discuss the benefits of Lay Person involvement in suitable complaints.

Conciliation

The Board has developed an approved list of two conciliation services providers, which 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 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 sub-Group

Following the establishment of the joint Board and PHA Quality, Safety and Experience Group (QSE), which meets on a monthly basis, the Regional Complaints Group (RCG) has been reconstituted as a sub-group of this overarching group. QSE 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 and is jointly chaired by the Director of Nursing and AHPs, Director of Performance and Corporate Services, and Medical Director/Director of Public Health.

The Regional Complaints sub-Group (RCG) meets on a monthly basis and is chaired by the Board's Complaints and Litigation Manager. 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 the Food and Nutrition Strategy, Falls Strategy, Development of Pathways for Bereavement from Stillbirths, Miscarriages and Neonatal Deaths.

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

The monthly monitoring reports of complaints received by HSC Trusts continue to show evidence of efforts being made to resolve complaints through meetings, involvement of senior clinicians, clinical leads or directors. On occasions other service managers, independent of the service being complained about, in an attempt to provide 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, and in some instances independent Lay Persons have been involved.

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

- Following a complaint about care of a patient with dementia, the ward introduced the 'butterfly scheme' which was devised by a carer whose mother had dementia. Its purpose is to improve patient safety and wellbeing in hospitals. The scheme enables staff to respond appropriately and positively not only to people with dementia but also to those with memory impairment or temporary confusion.
- Complaints that raised concerns about the quality of care to patients have been used in training/education sessions with staff to ensure learning and improvement to treatment and care in the future.
- As a result of a complaint about the lack of appropriate support information on discharge for mental health patients, the discharge pack was amended and now includes relevant contact details and a 'zip card' with a directory of services.
- Following a complaint about the delay in diagnosing a stroke, out of hours doctors have been updated to ensure any potential strokes are managed promptly in future and recommendations given that where there is the possibility of a stroke being the cause of the presenting symptoms, the best course of action is to immediately arrange a 999 ambulance for immediate admission to the nearest stroke unit, and that a home visit is not appropriate.

- As a result of a complaint, at the point of admission to care, all looked after children will now have a dental assessment and their carers and social worker will be provided with any necessary advice and guidance and management of their dental needs.
- Following a complaint about a child that was given the wrong treatment in theatre and the family not given clear information from ward staff when the child suffered an infection, changes have been made in paediatric theatres whereby emergency drugs are now kept in a red container, other drugs in a blue container and standard drugs in a white container. An information leaflet has also been reworded so that it is much clearer for parents.
- Due to a complaint being made about a patient attending an Emergency Department who then suffered from allergies to latex, record taking in the Emergency Department has been redesigned to prompt staff to ask if the patient has any allergies. A window will appear on the computer screen which staff will be required to complete before moving on with gathering information from the patient. The Emergency Department has developed a policy on Management of Latex and Glove Selection as well as replacing all gloves for latex free ones.
- When a concern was raised by families/carers of patients with a learning disability of the difficulties they were having in trying to communicate with health care staff in acute hospitals, a DVD was created to contribute to a training programme for staff. The 'traffic light' system is being reviewed and a patient passport is to be developed for patients with a learning disability outlining the normal everyday needs of the individual.

In respect of FPS Practitioners: -

- Following a complaint in respect of patient registered with a GP Practice as a temporary resident, due to an initial respite placement in a nursing home, the Practice undertook a Significant Event Analysis. Consequently, they undertook to ensure that more information is obtained in future, such as a

summary medical history from the parent GP and that copies of all acute medication requests from the nursing home will be scanned into the temporary GP records. This will ensure the GP records are commensurate with the nursing home records.

Training

Board complaints staff continue to provide training on 'Complaints in the HSC' through a number of mechanisms.

The new e-learning package for FPS Practices launched in early 2013 is directed at all GPs, dentists, pharmacists and optometrists and is accessible via the Board's Primary Care Intranet site. The e-learning highlights standards which will assist in monitoring the effectiveness of complaints as well as a methodology for complaint investigation and a checklist for preparing a draft response and is in response to one of the recommendations of the Evaluation of the HSC Complaints Procedure, namely to remind FPS practitioners of their requirements under the Guidance and that the Board should make tangible efforts to ensure practitioners are aware of and have access to the support and advice that can be provided by the Board in respect of complaints resolution and implementation of the Guidance.

The Board is able to monitor the uptake from FPS Practices in terms of accessing the package and this was very positive. At the end of December 2013 the response was as follows: - GP Practices (137); Dentists (120); Pharmacies (49) and Optometrists (127).

Board Complaints staff again also made presentations on complaints handling at the annual training sessions for dental care professionals in conjunction with the NI Medical and Dental Training Agency (NIMDTA) and the annual training sessions for pre-registration pharmacists scheduled in conjunction with the Pharmaceutical Society NI.

Board complaints staff 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-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 Board complaints staff can provide to Practices generally or through ‘honest broker’ or other available options under local resolution. Visits to Practices were again sought on occasions throughout the year.

Complaints Analysis

Complaints concerning the HSC Board

During 2013/14 the HSC Board received 9 complaints compared to 11 in 2012/13; 14 in 2011/12 and 9 in 2010/11.

The majority of these related to commissioning decisions. Six of the nine complaints responded to were done so within 20 working days.

There were three complaints received by the Public Health Agency.

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 2013/14 there has been a slight increase in complaints and responses being received by the Board from FPS Practices, with 255 being received this year compared to 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 documentation. In order to ensure full reporting of complaints the Board’s 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 and the e-learning package, which received a significant interest from 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 the role, with the aim of assisting local resolution and/or in helping restore relationships, both parties must be in agreement to this occurring.

In 2013/14 the Board acted as ‘honest broker’ in 72 complaints concerning FPS Practices. This is a reduction in the number of occasions on 2012/13 (116) and is more consistent with the volume in previous years with 86 complaints in 2010/11 and 70 in 2011/12. The total of 72 in 2013/14 is made up of 57 concerning GP practices, 13 concerning dental practices and 2 concerning pharmacies. There were none relating to ophthalmic practices.

During 2013/14, 29 ‘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 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 occurred on a number of occasions again this year. Board complaints staff on occasions visited complainants and

practitioners separately, before then meeting again with the complainant in an attempt to resolve complaints locally and particularly those where there is 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.

The availability of independent Lay Persons continues to be of benefit, with a further three 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.

Review of Complaints regarding HSC Trusts

A total of 6,836 issues of complaints were received by the six HSC Trusts in 2013/14. 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; and 5,998 in 2012/13.

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: -

2012/13

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

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%)

*Approximate figures

NI Commissioner for Complaints

In his Annual Report of 2013/14 the Commissioner advised of an overall increase of 31% in complaints to his office – a significant increase on the previous year (4%). The Commissioner states that this surge was driven largely by a 46% increase in complaints relating to health and social care bodies – a trend, he states, which has been developing over recent years. He continues that as well as the increase in volume, it is also noteworthy that the gravity of these cases is increasingly profound and cites that many involve serious adverse clinical incidents or tragically the death of a loved one which understandably gives rise to deep anxiety and distress on the part of relatives. The Commissioner highlights the health and social care sector is being increasingly challenged to demonstrate openness and transparency in the way it investigates complaints and thus maintain the trust and confidence of patients and their families, and that it is therefore essential that it meets the challenge of delivering rigorous and professional standards of complaints handling.

Complaints regarding health and social care represented 38% of the total number of complaints received by the Commissioner. However, of these complaints the vast majority 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 46% represents a rise in complaints from 208 in 2011/12 and 253 in 2012/13 to 370 in 2013/14, an increase of 117 complaints. Of these 370 complaints, 288 were determined at the complaint validation stage; 31 were determined at the preliminary investigation stage; 21 were determined at the detailed investigation stage, with 120 complaints remaining on-going at 31 March 2014.

Following an investigation the Commissioner may recommend that the body complained about apologises or makes a change in practice, and/or include a recommendation for financial redress (consolatory payment). This redress 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 2013/14 the main issue of complaint continue to be clinical care and treatment; which represented 50% of the overall health and social care issues determined by him, with social care accounting for 18%. He also stressed the importance of providing complainants with specific responses which directly answer all of the issues raised within a complaint, stating his concern that, particularly in health and social care cases, complainants are being provided with inadequate and at times evasive responses by HSC bodies. The Commissioner stated that responses should address all of the concerns raised, with all necessary reasons for decisions expressed in clear language so as to aid understanding. He states that a 'complainant centred' approach will help to ensure that complainants get the answers they are seeking to all their issues of concern at source. He has also again stressed the importance of a coordinated approach to dealing with complaints which involve more than one Trust or a Trust and a GP Practice.

Looking Forward to 2014/15

The Regional Complaints Sub-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. Quarterly reports on trends and real examples of complaints will continue to be submitted to QSE.

More specifically:

- (i) Work will continue in terms of developing the learning from complaints, including the coordination of an annual regional complaints workshop for all HSC organisations – focussing on the findings and recommendations of the Francis Report and involving input from service users as to their experiences of the HSC Complaints Procedure.
- (ii) In respect of a regional mechanism for receiving user satisfaction feedback in relation to complaints resolution, a further workshop will be scheduled during 2014/15, which it is envisaged will be held in the Western LCG

area. This workshop will again involve direct engagement with service users who have complained and also those who had a negative experience but chose not to complain. The workshops will continue to be publicly advertised through various press and media forums and also within the HSC itself to ensure maximum exposure and knowledge and also endorse the commitment to Personal and Public Involvement (PPI) with direct contact and collation of views and feedback.

In respect of (i) and (ii) above these were highlighted during June 2014 under the umbrella of a campaign entitled 'Complaints Awareness Month'. This was advertised extensively through local media and a new leaflet designed to highlight the contact points for members of the public to address complaints, therefore responding to the assertion of a lack of accessibility and knowledge of how to complain. This leaflet was distributed Province-wide through various local facilities such as shopping centres, transport stations and leisure facilities within the 'Complaints Awareness Month'.

- (iii) Continued work in collaboration with colleagues in terms of submitting examples of learning from complaints for inclusion within 'Learning Matters'.
- (iv) Collaboration with colleagues in Quality 2020 in taking forward concerns regarding the volume of complaints concerning staff attitude/behaviour and communication/information to patients and clients and the task of promoting positive attitudes and positive culture within the HSC.

STATISTICAL INFORMATION

FPS LOCAL RESOLUTION COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	119	8	0	0	127
Staff Attitude & Behaviour	29	1	1	0	31
Communication/Information	59	3	0	0	62
Confidentiality	3	0	0	0	3
Clinical Diagnosis	6	0	0	0	6
Other	25	0	1	0	26
Total	241	12	2	0	255

FPS 'HONEST BROKER' COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	37	11	2	0	50
Staff Attitude & Behaviour	10	1	0	0	11
Confidentiality	0	0	0	0	0
Communication/Information	4	1	0	0	5
Clinical Diagnosis	3	0	0	0	3
Other	3	0	0	0	3
Total	57	13	2	0	72

NUMBER OF COMPLAINTS PER HSC TRUST in 2012/13 and 2013/14

Trust	2012/13	% in 20 working days	2013/14	% in 20 working days
Belfast	2,113	44.9%	2,514	50%
Northern	856	65.7%	997	59.5%
South Eastern	1,459	43.1%	1,343	42.6%
Southern	839	58.9%	1,032	50.4%
Western	591	76.9%	800	76.7%
NI Ambulance	140	30.7%	150	32.4%
Total	5,998	52%	6,836	52.3%

COMPOSITE HSC TRUSTS COMPLAINTS UNDER (i) PROGRAMME OF CARE AND (ii) SUBJECT DURING 2012/13 and 2013/14

(i)

Programme of Care	2012/13	2013/14
Acute	3,575	4,135
Maternal & Child Health	316	291
Family & Child Care	361	492
Elderly Services	320	437
Mental Health	315	354
Learning Disability	132	218
Sensory Impairment & Physical Disability	89	118
Health Promotion & Disease Prevention	2	5
Primary Health & Adult Community	222	178
None (No POC assigned)	666	608
Total Complaint Issues	5,998	6,836

(ii)

No	SUBJECT	2012/13	2013/14
1	Access to Premises	60	79
2	Admission into Hospital, Delay/Cancellation	206	273
3	Aids/Adaptations/Appliances	85	76
4	Appointments, Delay/Cancellation (Outpatient)	403	486
5	Clinical Diagnosis	197	206
6	Communication/Information to Patients	787	896
7	Complaints Handling	3	8
8	Confidentiality	56	72
9	Consent to Treatment	5	2
10	Contracted Regulated Establishments/Agencies	54	90
11	Other Contracted Services	24	28
12	Delayed Admission from A&E	21	5
13	Discharge/Transfer Arrangements	129	155
14	Environmental	74	87
15	Hotel/Support/Security Services	56	93
16	Infection Control	24	19
17	Mortuary & Post Mortem	2	0
18	Patients' Privacy/Dignity	56	41
19	Patients' Property/Expenses/Finance	86	111
20	Patients' Status/Discrimination	21	12
21	Policy/Commercial Decisions	124	188
22	Professional Assessment of Need	153	188
23	Prison Healthcare Related Complaints	267	163
24	Records/Record Keeping	74	98
25	Staff Attitude/Behaviour	913	1,103
26	Theatre/Operation/Procedure/Delay/Cancellation	38	72
27	Transport, Late or Non-arrival/Journey Time	75	80
28	Transport, Suitability of Vehicle Equipment	7	4

29	Treatment & Care, Quality	1,403	1,463
30	Treatment & Care, Quantity	159	228
31	Waiting Lists, Community Services	30	99
32	Waiting Times, Community Services	18	10
33	Waiting Times, A&E Departments	120	110
34	Waiting Times, Outpatient Departments	128	139
35	Children Order Complaints	13	43
36	Other	127	109
	TOTAL COMPLAINT ISSUES	5,998	6,836

Complaints Contact Points:

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