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Reiltys Ellan Vannin

REPORT TO TYNWALD ON HEALTH AND SOCIAL CARE COMPLAINTS 2016/17

Department of Health and Social Care
Rheynn Salynt as Kiarail y Theay

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Contents

Foreword by the Minister for Health and Social Care

To The Hon. Stephen Rodan, MLC, President of Tynwald, and the Hon. Council and Keys in Tynwald assembled.

A huge number of interactions take place each year between the users of Department of Health and Social Care services, our staff (in many roles) and other service providers. Overall, the level of satisfaction with our services is high. Unfortunately, sometimes our high standards slip and result in a complaint.

Most complaints are dealt with quickly through local resolution: with only a small number requiring further investigation and even less needing an independent review.

Complaints are welcomed, and can help us to learn and improve our services. Being open about what has caused people concerns is also an important aspect of this process.

Hon. David Ashford, MHK
Minister for Health and Social Care

1. Introduction

This report covers the year from April 2016 to March 2017.

The National Health Service (Complaints) Regulations 2004, which are made under the National Health Service Act 2001, require the Department of Health and Social Care (DHSC) to prepare an annual report on its handling and consideration of complaints, and to lay the report before Tynwald.

Although there is currently no similar legal obligation in respect of social care complaints, the DHSC has undertaken to also include those complaints in this year's report as, once the National Health and Care Service Act 2016 comes into operation, the DHSC is intending to introduce an amalgamated health and social care complaints process.

This report will detail by category the complaints received by the DHSC and, where relevant, by its commissioned or contracted service providers; and will summarise how those complaints have been handled.

Those complaints which have been referred for resolution to the health service Independent Review Body (IRB) are reported in its own report, which is also laid before Tynwald. This report will, therefore, comment only on how the recommendations of the IRB have been addressed by the DHSC and service providers.

The DHSC views complaints as an opportunity for service users to let us know what causes dissatisfaction, to have their concerns considered in a fair, transparent and equitable manner and for us to learn lessons and share experiences so that similar complaints are not made in the future.

2. Complaints Process

A service user who wishes to complain about any aspect of health and care services should, in the first instance, talk to the person who is most directly involved in their care. If they are being treated in hospital this may be the consultant in charge of their care or the nurse in charge of the ward. In the community it may be a GP, community nurse, social worker or a practice manager.

At that stage, as long as both parties are content, the matter can be dealt with through dialogue and does not need to be recorded in writing. However, the service user should always be made aware that they can ask for their complaint to be referred for formal local resolution through the department's internal complaints processes, or, if the matter is still not resolved, for external resolution.

Local Resolution

Once a service user has requested formal local resolution the complaint will be recorded. At this stage, both the DHSC and service providers are required to record how the complaints are managed.

Most complaints are resolved at local resolution, but service users should be made aware that they can request further investigation and/or refer their complaint to the IRB.

Further Investigation

If the service user is not satisfied after local resolution, they can request further investigation by a senior DHSC manager, unconnected with the case. Again, service users should be made aware that they can refer for a review which is completely independent of the DHSC.

Independent Review Body

The procedure to be followed by the Health IRB is set down in the Complaints Regulations and in the separate National Health Service (Independent Review Body) Regulations 2004.

There is currently no provision for most social care complaints to be referred to an IRB. After the internal DHSC investigation stage, these complaints are therefore referred to an independent person for review.

The absence of a social care IRB process will be addressed as part of the amalgamation of the complaints processes mentioned earlier.

3. Complaints Received

The following tables show the number and types of complaints received during 2016/17, and a summary of the outcomes.

It should be noted that some complaints involve more than one service area; therefore, they could be recorded as having been received more than once in these statistics. Also, in some cases the handling of the complaint will be centralised, meaning that only one outcome may be recorded in the area where the complaint was handled.

4. Community Health Services

Summary of Complaints Received

Service Area	14/15	15/16	16/17
Community Nursing	3	1	2
Salaried Dental	4	4	2
Ambulance	6	2	2
RDCH	4	3	2
Prison health care	3	1	3
SPLT	3	1	1
Podiatry	1	0	0
OT	--	1	2
Physiotherapy	--	7	7
Wheelchair Service	--	--	2
Family Planning	0	2	0
Prosthetics	--	1	0
Children & Families (health)	0	0	2
Paediatrics	0	0	3
Total	**24**	**23**	**28****

** 4 complaints were joint responses with Noble's Hospital and 1 was a joint response with a GP Practice, and therefore will be duplicated on their returns.

Complaints Topics	14/15	15/16	16/17
Care Delivery	5	12	15
Service delivery	16	2	6
Staff attitude	9	3	4
Delay in treatment/lack of service	0	5	2
Injury caused	--	3	1
Miscommunication	0	0	2
Total	**30**	**25**	**30**

Some complaints included more than one issue.

Responses to Complaints

16 of the 28 complaints received were dealt with within the required timescale of 20 working days from receipt of the complaint.

2 complaints were still open as at 31st March 2017.

5 complaints were classified as unfounded in their entirety.

A training session for managers was held during the year, stressing responsibilities with regard to responding to complaints, and the reasons for the short timeframes. Further work is required to ensure that there is improvement in turnaround times.

An audit of the Complaints Standard Operating Procedure/pathway is planned for 2017/18 to identify where within the process the key problems lie. Following this further complaints handling training will be delivered.

Summary of Action Taken

The majority of complaints received required no direct action by Community Health Services, other than an explanation and reassurance of the complainants. All complainants received explanations regarding the care and/or service they received and where appropriate, a full apology.

All complaints which identified areas for improvement have been acted upon.

Actions taken as a result of complaints received included:

- Training in basic orthopaedic competencies is now being delivered to all acute physiotherapy staff, in order they can cover immediate needs created by staff shortages
- Speech & Language Therapy Services have plans to introduce formal consent document to enable parents to consent to staff sharing information with specific health/education team members
- There has been staff reflection on perceptions of attitude, and reflection and training in communication styles and techniques to meet varying patient needs
- Training for occupational & physiotherapy staff is planned regarding basic splint management

The most common topic of complaint was about care provided. Where no issues were found in respect of care delivery, it was usually because the complaint had arisen from expectations of the public being at variance from the actual care which can be provided.

This suggests that the DHSC needs to communicate better with people about what they are entitled to, or can expect from our services.

Complaints about staff attitude remain infrequent.

The general level of complaints is low and is in line with recent patient survey results.

Independent Review Body Referrals

No reports were received from the IRB between April 2016 and March 2017 for Community Health Services.

5. General Practitioners

Summary of Complaints Received

Complaints Topics	14/15	15/16	16/17
GP Attitude	9	7	6
Treatment by clinical staff	5	10	12
Attitude of reception staff	6	2	1
Appointment system	2	4	5
Time spent in waiting room	2	0	0
Data protection issues/incorrect computer records	2	0	0
Administration errors	7	12	1
Patient confidentiality issues	1	0	0
Tests/results not acted upon in a timely manner	2	1	0
Miscommunication between GP, patient and community staff	1	0	0
Patient not meeting criteria for cosmetic treatment on NHS	1	0	0
Delay in referral	0	0	1
Lack of medication review	0	0	1
Delayed/missed diagnosis	0	0	4
Unhappy with charge for travel vaccines	0	0	1
Total	**38**	**36**	**32**

Responses to Complaints

Since August 2015, all complaints received by a GP practice must be sent to the DHSC for recording and monitoring. The practice must also subsequently provide a report to the DHSC on the outcomes and findings of the complaint investigation. This process means that the DHSC is better able to track complaints and has access to more comprehensive reports.

All of the complaints received during 2016/17 were responded to with an explanation and, where appropriate, an apology.

Summary of Action Taken

Outcomes and recommendations from complaint investigations were discussed at practice meetings and reviews of policies and procedures were undertaken where necessary.

Reports received from GP practices gave examples of specific actions that were taken following the investigations, and further steps being taken to identify vulnerable patients. Clinicians were also reminded to be mindful of their manner during consultations, and consideration was given to ways of improving the current provision of available appointments in the practice.

Where appropriate, GPs have accepted the outcomes of complaint investigations as learning experiences and have reflected on them at their appraisals.

Two complaints under the category of delayed/missed diagnosis are the subject of on-going legal claims and are currently on hold.

Independent Review Body Referrals

During 2016/17 no complaints reports were received from the IRB.

6. Manx Emergency Doctors Surgery (MEDS)

Summary of Complaints Received

Complaints Topics	15/16	16/17
Care Delivery	2	1
Service delivery	1	2
Staff attitude	5	0
Staff skills	0	0
Medication Issues	2	0
Practice Policies	0	1
Total	**10**	**4**

Figures are only available for the MEDS service since 2015/16

Responses to Complaints

Three out of the four complaints received during 2016/17 were responded to with an explanation and (where appropriate) an apology within the 20 days required by the complaints regulations. The 20 day period was extended in respect of 1 complaint.

Summary of Action Taken

In respect of both of the service delivery complaints the matter was resolved at the local resolution stage following an explanation of the processes around prescription collection, and the availability of doctors on call (including around the festive period).

In respect of the care delivery complaint, an explanation and reassurance was given around referral criteria and waiting room prioritisation.

Independent Review Body Referrals

During 2016/17 there was one report received from the IRB.

At a meeting between DHSC officers and the IRB it was noted and accepted that the MEDS telephone number was now well publicised. The complainant was notified and accepted this as resolution of their complaint.

7. Pharmacies

Summary of Complaints Received

Complaints Topics	16/17
Customer Service Complaints	2
Dispensing Issues	10
Total	**12**

Note: the above statistics do not include incidents (such as dispensing errors) which were not formally raised as complaints, although these were erroneously included in the statistics in previous versions of this report. Incidents are, however, reported to the DHSC separately for learning purposes.

Responses to Complaints

All of the complaints received during 2016/17 were fully investigated by the pharmacies concerned and were responded to with an explanation and, where appropriate, an apology.

Summary of Action Taken

Examples of complaints included:

- Availability of medication at the time anticipated by the complainant
- Lack of clarity on the prescription resulting in mis-labelling
- Dissatisfaction with information provided by pharmacist.

All complaints were investigated internally by the pharmacies involved and, where appropriate were referred to the DHSC for additional investigation, including, if necessary, with the involvement of the Pharmaceutical Advisor.

Additional assistance was provided to the complainants wherever possible to resolve the complaint and where required, additional customer care and process training was given.

In all cases, steps had been taken to avoid a recurrence and, where necessary, standard operating procedures have been revisited.

Independent Review Body Referrals

No reports were received from the IRB in respect of complaints regarding pharmacies.

8. Contracted Dentists

Summary of Complaints Received

Complaint Topics	14/15	15/16	16/17
Treatment by clinician	9	14	14
Attitude of staff	3	1	0
Patient behaviour incidents	2		0
Administration/other	24		6
Practice Policy	1	12	15
Shortage of staff		12	0
Unhappy with allocated dentist		2	1
Charges for dental treatment			2
Total	**39**	**41**	**38**

Responses to Complaints

NHS dental practices are responsible for carrying out their own local resolution into complaints and for responding directly to the patient. Any complaints received by the DHSC were acknowledged, and the complainant was advised that they needed to refer the matter to the dental practice in the first instance. As part of this response the complainant is asked if they are content for the complaint to be forwarded to the practice on their behalf, and where this consent is received this is done.

Of the 38 complaints received, 15 were resolved and responded to on the same day that they were received. A further 12 were resolved and responded to within one week, 5 within two weeks and 2 more within the required 20 days.

With regard to the remaining 4 complaints, the complainants were kept fully updated as to the reasons for not meeting the 20 day timescale, which generally related to having to obtain information from the DHSC about policies and/or extensive research of a patient's records and treatment history.

Summary of Action Taken

The majority of the complaints received by the dental practices (15 out of 38) related to practice policies and, in particular, the removal of patients from practice lists for non-attendance over a period of time, or non-attendance at appointments. Ten of the patients were reinstated by the practice in question, 3 were placed on the practice internal waiting list for a different dentist and 2 requests to change dentist were refused due to confirmed poor attendance.

It should be noted that during the period of this report all individuals waiting to be allocated to a dentist by the DHSC, were given a place at an NHS dental practice. Therefore, any patients who were not reinstated after being removed from a dentist's list would have had an option to go elsewhere.

During the period, the DHSC has also improved its dental services patient information webpage which includes an explanation of why patients need to keep regular appointments.

It is the intention of the DHSC to change the way that dental complaints are handled to ensure that all complaints are fully recorded and are auditable. Unfortunately, it was not been possible to introduce this in 2016/17. It will be a priority for 2017/18.

Independent Review Body Referrals

The Department received reports about two complaint referrals. One of these complaints was regarding a mixture of private & NHS dental treatment and unsatisfactory communication from the dentist to the patient. The IRB did not consider this was a case where they could provide a remedy but neither did they feel it was left unresolved.

The second complaint was about a patient who believed that they would not have had to have a tooth extracted if they had received treatment for an infection sooner. After speaking with the responsible contractor the IRB reported that the contractual information provided to the contractor could have been clearer and the contractor resolved the patient's complaint via local resolution. The Department has contested the report finding and is waiting for the IRB to respond.

9. Opticians

Summary of Complaints Received

Complaints Topics	14/15	15/16	16/17
Treatment by clinician	19		1
Attitude of staff			
Patients behaviour incidents			
Administration/other			
Late/availability of appointments		5	
Shortage of staff		2	
Total	**19**	**7**	**1**

Response to Complaint and Summary of Action Taken

Only one complaint was recorded in respect of the 7 practices (11 practice premises) in 2016/17. That complaint was received verbally and an apology letter was sent the following day. No further contact has been received therefore the matter was considered resolved within the 20 day timescale. Procedures at the practice were reviewed to reduce the risk of a similar complaint.

Independent Review Body Referrals

No reports were received from the IRB in respect of complaints about ophthalmic services.

10. Noble's Hospital

Summary of Complaints Received

Complaints Topics	**15/2016**	**16/17**
Access to Personal Records	0	1
All aspects of Clinical Treatment	85	81
Appointments, Delays & Cancellations	26	28
Attitude of Staff	17	19
Breach of Patient Confidentiality	2	1
Communication/Information	39	45
Consent to Treatment	1	0
Delay in Referring to UK Hospital	1	4
Delays in Treating when in Hospital	5	5
Discharge Issues	7	1
Failure to follow agreed procedures	2	3
Hotel Services (including food)	1	0
Loss of Medical Records	0	1
Loss or Damage of Personal Possessions	0	2
Nursing Care	1	0
Other	0	1
Patients Privacy and Dignity	1	1
Policy and Commercial Decisions	7	11
Premises	2	1
Safety (patient)	1	0
Transfer	0	1
Transport	1	0
Treatment (Physical)	9	9
Treatment (Verbal)	0	1
TOTAL	**208**	**216**

Responses to Complaints

Of the 216 complaints received, 81% were responded to within the 20 working day target. For those that did not meet this initial target, an apology was provided along with an explanation of the reasons which had caused the delay. The majority of delays pertained to complainants requesting meetings as part of the complaints process or were complex cases that involved more than one part of the hospital or more than one part of the DHSC.

Examples of Action Taken

Below are some examples of actions taken:

Complaint Description	Actions/ response Summary
Unhappy with aspects of clinical care	Unreserved apologies offered that the patient's symptoms had not yet resolved. Meeting held and complainant advised they were satisfied following the meeting.
Complaint about all aspects of care - parent	Apologies expressed for distress caused. Clarified the actions taken by clinicians to ensure robust communication between hospital and UK
Communication regarding child's return from theatre.	Meeting held with parents to discuss and apologies given for breakdown in communication from all staff involved.
Communication regarding referral.	Sincere apologies offered for distress experienced. Investigation demonstrated referrals were dealt with within timescales
Unhappy that planned operation was cancelled day before.	Sincere apologies offered and explanation for the reasons the cancellation was unavoidable on this occasion. Related to blood clotting issues which need to be resolved before the operation could be rescheduled.

Independent Review Body Referrals

During 2016/2017 reports were received from the IRB in respect of 6 complaints. These were noted and actioned as follows:

- Improvement actions have been taken around mental capacity, delirium dementia and the use of a particular medication. An audit of dementia has been completed and a hospital Delirium Policy was launched in May 2017. Proactive work continues to progress and improve the care of patients with delirium and/or dementia.
- The IRB made no specific recommendations for actions required by the hospital in respect of two cases.
- Improvement actions have been taken regarding GP referrals and appointment systems. A new Patient Information Centre is now in place, which continues to work to improve appointment management.
- One complaint was referred back to the hospital for local resolution.
- In one case the IRB concluded that the patient did not develop their problem whilst in Noble's Hospital, but made a recommendation for improving the quality and content of discharge letters. This continues to be developed as part of ongoing work to improve communications with other partners such as GP colleagues.

11. Mental Health

Summary of Complaints Received

Complaints Topics	15/16	16/17
Admission, transfer & discharge arrangements	1	2
Appointments delay/cancellation outpatient		1
Attitude of staff	2	2
All aspects of clinical treatment	11	11
Communication/Information to patient (written and oral)	3	1
Other	1	8
TOTAL	**18**	**25**

Prior to 2015/16 mental health complaints were included in the Noble's Hospital statistics.

Responses to Complaints

All 25 complaints received were responded to with an explanation and, where appropriate, an apology. 18 were responded to within the 20 working days required by the complaints regulations, 7 were extended beyond the 20 working days with the agreement of the complainant.

Summary of Action Taken

21 of the complaints received required no direct action by the Mental Health Service other than to provide an explanation and reassurance to complainants. All complainants received detailed explanations regarding the care and/or service delivery they received and (where appropriate) an apology. One complaint related to Noble's Hospital and required comment from the Mental Health Service; this was provided within 1 day of the request.

One request for a change of a healthcare professional was actioned and two additional expenses allowances were approved to help facilitate a family visit in an out-of-area treatment.

Independent Review Body Referrals

During 2016/17 one new report was received from the IRB. There are, however, two complaints which remain ongoing from 2015/16. For one of those, a response was submitted to the IRB after the period covered by this report and a response is awaited. For the other report the IRB recommendations are being reviewed and responses will be submitted in due course.

12. Public Health

There were no complaints received by the Public Health Directorate during 2016/17.

13. Adult Social Care

Summary of Complaints Received

Complaints Topics	**16/17**
Conduct of Staff Member (Divisional)	3
Conduct of Staff Member (Provider Service)	1
Premises	1
Provision of Care (Divisional)	1
Provision of Care (Provider Service)	1
Service provision (Provider)	3
Total	**10**

2016/17 is the first year that this service has been included in the report. Prior to this the division submitted annual complaints returns as part of the cross Government complaints report.

Responses to Complaints

Out of the 10 complaints received during 2016/17, 9 were responded to with an explanation and (where appropriate) an apology within the required 20 days.

One complaint required further investigation by an independent investigator at the time of this report. The complainant has been informed. The investigation was completed in September 2017 so will be reported in the next annual report.

Summary of Action Taken

- Further details requested by the DHSC but the complainant did not respond, and the matter remained unresolved.
- The service provider organised additional training for their staff.
- One complaint regarding the Adult Learning Disability Service was fully investigated and accepted. Immediate, interim and long term measures were put into place which the complainant has accepted. The long term recommendation, that a review of Respite Services should be undertaken, terms of reference have been drawn up and an external reviewer has been commissioned.
- An 'occasional hours' staff member tendered their resignation and this was accepted.
- Following one case, there is now more communication with the school and the family concerned.
- In 2 complaints an immediate response was issued and no further action was required.
- A service provider paid for a breakage to resolve the complaint.
- An electrical fault was rectified and no further action was required.

14. Children and Families Social Care

2016/17 is also the first year that this service has been included in the report.

The complaints recording process in Children and Families is slightly different from that in other parts of the DHSC. Therefore, the reporting in this section is compiled differently.

Summary of Complaints Received

22 complaints were made at Stage 1 (Local Resolution), with 7 on-going at the end of the reporting period.

6 complaints progressed to Stage 2 (DHSC Investigation), with 4 on-going at the end of the reporting period.

4 complaints progressed to Stage 3 (Further Investigation by an Independent Person) with 3 on-going at the end of the reporting period.

The broad categories for the complaints were as follows:

- Sharing information/breach of confidentiality (14%)
- Policies/procedures (7%)
- Social work processes (29%)
- Social workers/managers (43%)
- Service provision (7%)

Responses to Complaints

47% of Stage 1 complaints were completed within the expected timescale of 1-14 days. Where this timescale was exceeded this was normally agreed with the complainants.

The main reason for exceeding the timescales was the large amount of information needing to be gathered and analysed. For example, one complaint required 8 interviews to take place, as well as the examination of extensive files and other documents.

Regarding the two Stage 2 complaints which were completed, one was concluded within the expected timescale of 28 days. The other took 90 days to complete, this was agreed with the complainant.

The Stage 3 complaint was completed within the timescale agreed with the complainant.

Summary of Action Taken

In respect of the Stage 1 complaints examined there were a total of 37 different elements:

- 1 (3%) was partially upheld
- 4 (11%) were upheld
- 31 (83%) were not upheld
- 1 (3%) required no finding.

In respect of the Stage 2 complaints there were a total of 25 elements:

- 1 (4%) was partially upheld
- 13 (52%) were upheld
- 9 (36%) were not upheld
- 2 (8%) required no finding.

In respect of the Stage 3 complaint which was concluded, this was upheld.

Where complaints were upheld, additional guidance was provided to staff of the need to:

- meet face to face with the complainant prior to the investigation starting
- establish who has parental responsibility very early on so as to avoid any confusion between the parents and the subsequent miss-sharing of information.

Further guidance was also provided about the policies and procedures on the sharing of information. In addition, members of staff have undertaken refreshment training for dynamic risk analysis where appropriate.

In addition, there were two recommendations for practice policy changes. An updated policy for recording reviews/conferences has subsequently been drafted and has been circulated to all staff. Guidance on how better to engage with fathers is currently being drafted.

The information in this booklet can be provided in large print or audio format upon request.

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