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SUMMARY REPORT ON COMMUNITY HEALTH COUNCIL (CHC) COMPLAINTS DATA FOR THE NATIONAL ASSEMBLY FOR WALES PUBLIC ACCOUNTS COMMITTEE

Introduction

On 28th April 2015 the Interim Director of the Board of CHCs in Wales and other CHC colleagues gave evidence to the Public Accounts Committee of the National Assembly of Wales relating to Wales Audit Office reports on NHS Wales waiting times and key performance indicators. During the course of its questioning, the committee asked for the Board of CHCs to provide it with supplementary information relating to the number of enquiries, concerns and complaints received by the CHCs across Wales relating to NHS waiting times issues. This report furnishes the committee with the information it seeks.

Definitions

The *Datix Risk Management System* (Datix) is web-based patient safety computer software for healthcare risk management application. It is used by all the Health Boards across Wales to record patient-related incidents that occur in the NHS. The Board of CHCs in Wales uses a modified version of Datix to record all enquiries, concerns and complaints that are received via the seven CHC Independent Advocacy Services across Wales.

For clarification, the key terms that were used at the Public Accounts Committee evidence session may be defined as follows:

Enquiry:

A brief question or enquiry raised by a member of the public with a CHC about NHS Wales services which can be resolved quickly by telephone or an e-mail response.

Concern:

Any complaint, claim or reported patient safety incident (about NHS treatment or services) made to a CHC by a member of the public. Such concerns are recorded and may be pursued with a Health

Board by the Independent Advocacy Service, but they do not amount to “formal complaints” to be dealt with under NHS complaints procedures.

Complaint:

A formal expression of concern about NHS treatment or services, whether verbal or written, which requires a formal investigation by and a formal response from a Local Health Board within the context of the NHS Wales complaints process.

Data Sought by the Public Accounts Committee

The data that informs this report (and on which the oral evidence to the Public Accounts Committee was based) is taken from all enquiries, concerns and complaints raised with the CHCs across Wales between April 1st 2013 and April 1st 2015.

Over that two year period there were 8,679 pieces of data inputted by the CHC advocacy teams across Wales relating to enquiries, concerns or complaints raised by members of the public in Wales about NHS services. As the table below shows, only 3,514 of these cases were submitted to the UHBs as formal complaints. The remaining “enquiries” and “concerns” were satisfactorily dealt with at a local level (something that the CHCs are keen to encourage).

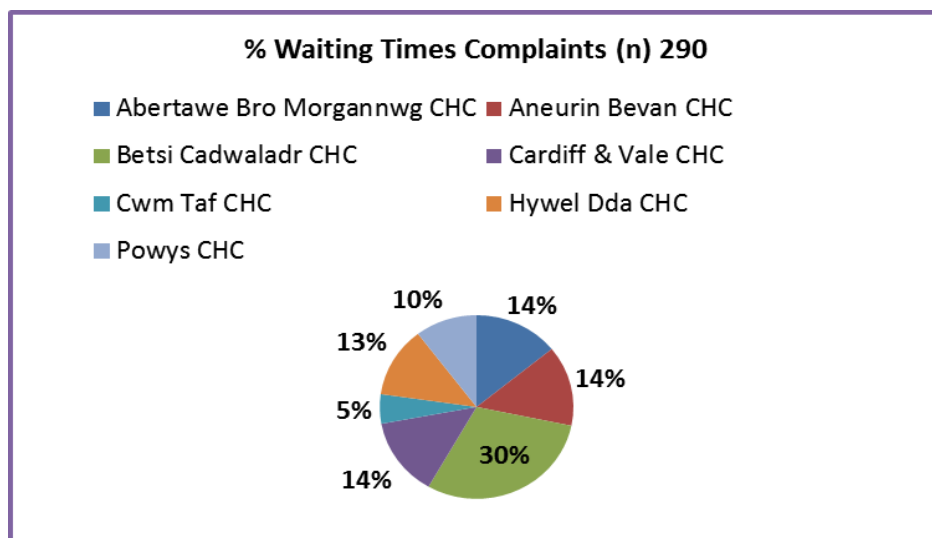
**Table: Overall Data Set
01/04/2013 - 01/04/2015**

CHC	Enquiries	Concerns	Complaints	Totals
Abertawe Bro Morgannwg CHC	413	243	361	1017
Aneurin Bevan CHC	259	692	466	1417
Betsi Cadwaladr CHC	726	499	1296	2521
Cardiff & Vale CHC	766	123	450	1339
Cwm Taf CHC	441	110	278	829
Hywel Dda CHC	400	170	416	986
Powys CHC	285	38	247	570
Totals	3290	1875	3514	8679

Waiting Times

As far as complaints supported by the CHC Independent Advocacy Service relating to “Waiting Times” are concerned, the CHCs across Wales received 290 formal complaints in the relevant 2 year period, as follows:

Waiting Times Complaints	
CHC	No
Abertawe Bro Morgannwg CHC	41
Aneurin Bevan CHC	41
Betsi Cadwaladr CHC	87
Cardiff & Vale CHC	40
Cwm Taf CHC	15
Hywel Dda CHC	36
Powys CHC	30
Total	290



Nature of Complaints (as per the issues of interest to the PAC)

Around 40 % of the complaints regarding waiting times related to delays in initial and/or follow-up appointments.

There is no evidence to suggest in our data that patients have been moved to ‘the back of a waiting list’ as a consequence of missing a scheduled appointment.

We have several cases recorded where the patient believes that their condition worsened due to delays in being given appointments. However, the case descriptions that we have are based on patient testimony and not on medical evidence.