

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

1 April 2009 – 31 March 2010

Introduction

On 1 April 2009 the Regional Health and Social Care Board (HSCB) was established, replacing the four legacy Health and Social Services Boards. On the same date, the new DHSSPS Guidance on 'Complaints in the HSC: Standards and Guidelines for Resolution and Learning' became effective.

'Complaints in the HSC' removes the previous second stage of the complaints procedure - Independent Review - and aims to provide a greater consistency and a more streamlined process that applies equally to all HSC organisations. It places increased importance on resolving complaints closer to the point of contact at HSC Trust and FPS Practice level, with complainants having direct recourse to the NI Commissioner for Complaints following consideration at local level.

The new procedure provides a revised role for the Board in the monitoring and performance management of complaints regarding HSC Trusts and FPS Practices and the dissemination of learning from these.

Context

Within the HSC there are six HSC Trusts and over 1500 FPS Practices. There are in excess of 4 million interactions with Health and Social Care each year. On an annual basis approximately 5,000 complaints are raised.

All HSC organisations must have appropriate mechanisms in place to enable patients or clients to raise a complaint regarding a service they have received and have been unhappy with and/or

been denied. The purpose of local resolution is to provide an opportunity for the complainant and the organisation complained against to attempt a prompt and fair resolution of the complaint.

Complaints in the HSC: Standards and Guidelines for Resolution and Learning

All complainants have a right to expect their complaint to be dealt with promptly and in an open and honest manner, 'Complaints in the HSC' aims to ensure that this is the case.

Complaints may be received verbally or in writing in a way in which the complainant feels comfortable and should be acknowledged within 2 working days (3 working days for FPS) and responded to within 20 working days (10 working days for FPS).

However, while emphasis should be placed on resolving complaints as promptly as possible, on some occasions it may take longer than the statutory timescales to undertake an investigation and provide a comprehensive response. Complainants should be suitably advised where this is the case.

Role of the HSC Board

Complaints in the HSC defines the HSC Board as being required to: -

- Monitor how they or those providing care on their behalf deal with and respond to complaints including the monitoring of complaints processes, outcomes and service improvements;
- Maintain an oversight of all FPS and HSC Trust complaints received and be prepared to investigate any patterns or trends of concern or clusters of complaints against individual practices or clinicians;
- Investigate and respond to complaints regarding the HSCB;
- Have in place area-wide procedures for collecting and disseminating learning and sharing intelligence;
- Provide support and advice to FPS Practices regarding complaints;
- Provide an 'honest broker' role (between the complainant and FPS Practice with both parties consent);

- Establish a regional mechanism for the engagement of independent experts, lay persons, and conciliation services.

Establishment of processes to fulfil role

In order to take forward the requirements of 'Complaints in the HSC' the HSC Board has planned and developed mechanisms for obtaining the required level of information to enable it to effectively monitor HSC Trust and FPS Complaints.

An information template has been agreed with HSC Trusts which enables the HSC Board to have an overview of all complaints received and responded to on a monthly basis. This template also provides detail on the method of investigation undertaken, the response time, actions taken and whether the complaint was reopened. The HSC Board also receives information on those complaints that have progressed to the NI Commissioner for Complaints.

In respect of FPS, Practices are required to forward to the HSC Board a copy of each letter of complaint received along with the subsequent response, within 3 working days of this being issued. These returns are assessed by FPS professionals in the Board to ensure that there are no apparent immediate issues of patient safety and/or professional practice.

To ensure comprehensive monitoring of complaints and assessment of actions taken and active learning, a Regional Complaints Group has been established in collaboration with the Public Health Agency, which has within its remit patient experience and patient safety. The Regional Complaints Group is chaired by the Director of Social Care and Children and has in membership the Director of Nursing and Patient Experience (PHA), the Director of Integrated Care, Programme Director for Corporate Management, Commissioning Leads, the Director of Public Health/Medical Director (PHA), Director of Performance Management and Service Improvement. The Patient and Client Council and the HSC Trusts are also represented at these meetings which are held on a bi-monthly basis.

The Regional Complaints Group provides an assurance to the Senior Management Team of the HSCB of compliance with the requirements of 'Complaints in the HSC'. It also ensures that FPS

Practices and HSC Trusts fulfil their obligations in terms of information returns to the HSC Board. The Group receives an analysis of information regarding each of the six HSC Trusts, FPS and complaints regarding the HSC Board at each meeting and discussion determines whether any follow up action is required through agreed routes of improvement. These follow up actions are progressed through the relevant Directorate lead.

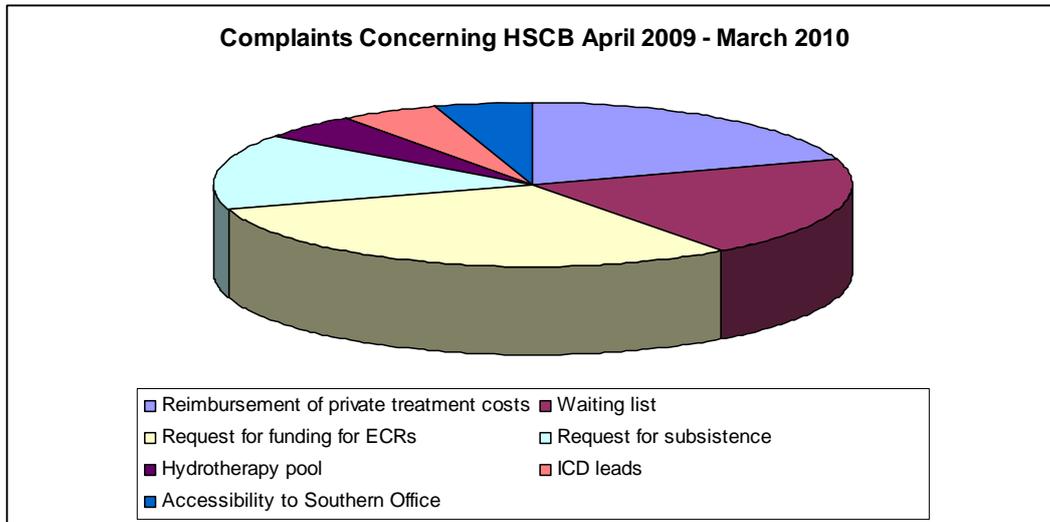
Following establishment, the Group met on three occasions during 2009/2010. There are quarterly update reports on complaints provided to SMT and reports twice a year to the Governance and Audit Committee.

Review of complaints concerning the HSC Board

Complaints regarding the functions of the HSC Board are now handled centrally at Headquarters. However, often given the regional nature, there is a requirement to liaise with local offices and with HSC Trusts as part of the investigation process. There is a member of complaints staff based at the Western and Southern Offices, but not the Northern Office. The relevant contact details are provided at the back of this report.

During the year April 2009 - March 2010 the HSC Board received 20 complaints. All of these were acknowledged within 2 working days but only 7 responded to within 20 working days as required under the Complaints Procedure. In light of the response rate processes were reviewed and to ensure more effective management, all complaints regarding the HSC Board are now being managed centrally at Headquarters. Of the 20 complaints received and responded to, we are not aware of any complainants progressing to the Ombudsman. A breakdown of the complaints received is tabled below.

Subject	Number
Reimbursement of private treatment costs	4
Waiting list	4
Request for funding for ECRs	6
Request for subsistence	3
Hydrotherapy pool	1
ICD leads	1
Accessibility to Southern Office	1
Total	20



Review of complaints concerning Family Practitioner Services (FPS)

Complaints handled under local resolution.

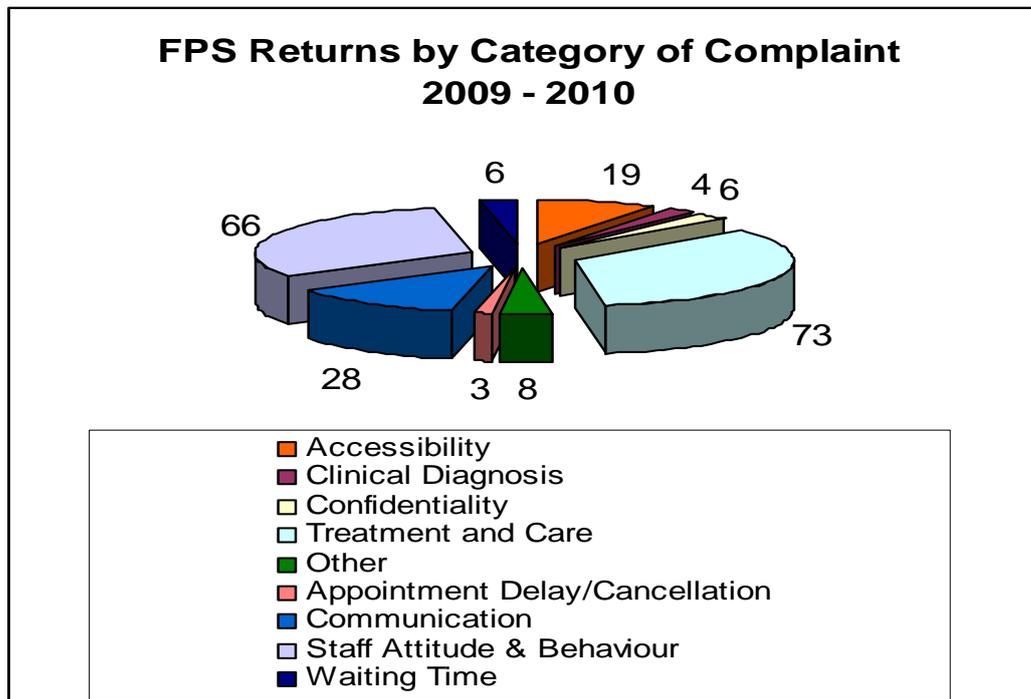
Under the Complaints Procedure all FPS Practices are required to forward to the Board anonymised copies of letters of complaint and Practice responses within 3 working days of issue.

During the year April 2009 – March 2010 the Board received copies of complaints and responses as outlined below:

	GP	Dental	Pharmacy	Ophthalmic	Total
Eastern	93	2	1	2	98
Northern	32	4	0	1	37
Southern	36	6	0	0	42
Western	30	6	0	0	36
Total	191	18	1	3	213

There are 1527 FPS Practices across Northern Ireland and despite instruction by DHSSPS in April and June 2009 and communication from the HSC Board in September 2009 and March 2010 regarding this requirement, the figures are less than were expected. Efforts will continue to be made through the FPS Practice Support Managers and through the training delivered by Complaints Officers to improve this position during 2010/2011.

The breakdown of the category of complaints is detailed below:



Each of the returns received have been forwarded to FPS lead professionals within the Board, to identify any significant concerns regarding professional practice and/or patient safety. FPS leads have confirmed that there were no issues of concern during this period in respect of the complaints information that has been forwarded to the HSC Board from FPS Practices. However information returns would suggest under reporting to the HSC Board on complaints, and work will continue with FPS on achieving fuller compliance on reporting.

During March 2010 the HSC Board corresponded with all FPS Practices requesting that copies of their Practice based Complaints Procedure be forwarded and confirmation given that posters and/or leaflets advising the public how to make a complaint were displayed and available as required under the Complaints Procedure. Information is reviewed by complaints officers, and any errors/omissions will be addressed with Practices in consultation with the Directorate of Integrated Care Services.

The HSC Board recognises that there is still considerable work to be undertaken in respect of refining the monitoring and analysis of

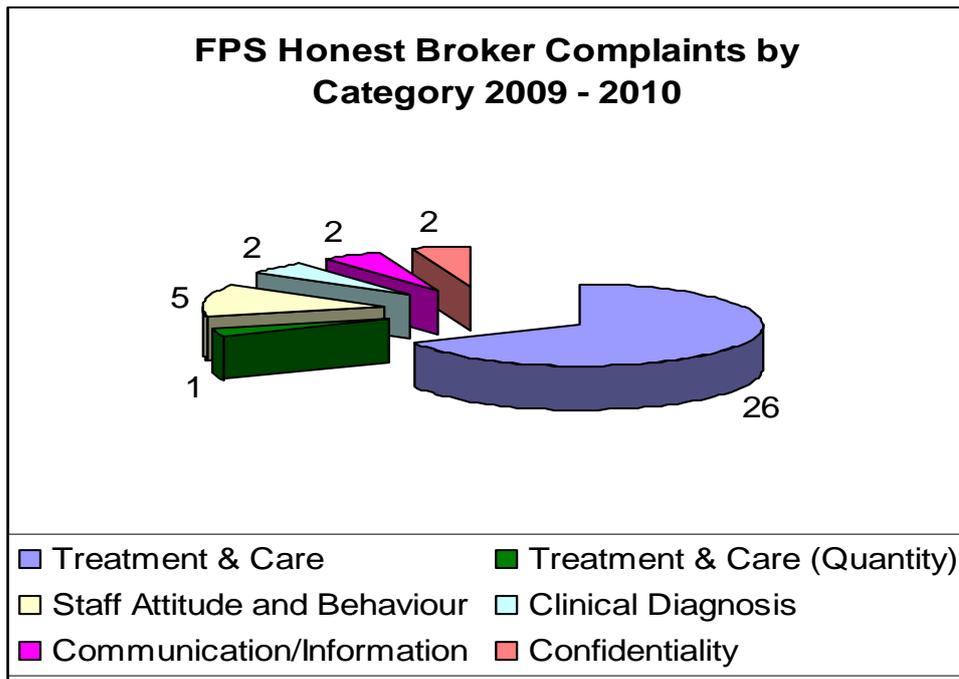
FPS complaints and raising awareness within FPS of the requirements of 'Complaints in the HSC'. Complaints staff will continue to work closely with the Directorate of Integrated Care Services in this regard. In addition, Integrated Care Services staff will collaborate with complaints staff in respect of mechanisms for sharing learning with FPS Practitioners. This work will be taken forward during 2010/11.

Honest broker role

Where a complainant does not wish to have a complaint dealt with directly by the FPS Practice, HSC Board complaints staff, with the agreement of both the Practice and complainant, may act as 'honest broker' in an attempt to resolve the complaint at Practice level. Staff acting as 'honest broker' assume the role of a facilitator or intermediary, and liaise with both parties in an attempt to resolve the complaint under local resolution. In 2009/10 the HSC Board acted as 'honest broker' in 38 complaints regarding FPS Practices; 23 concerning GP Practices and 15 concerning Dental Practices. No requests were received regarding complaints concerning Pharmacies or Opticians.

The breakdown of the category of 'honest broker' complaints is detailed below:

Subject	Number
Treatment & Care	26
Treatment & Care (Quantity)	1
Staff Attitude and Behaviour	5
Clinical Diagnosis	2
Communication/Information	2
Confidentiality	2



With 'honest broker' complaints the HSC Board aims to ensure that the complaint is responded to within 20 working days, as opposed to the 10 working days for FPS local resolution complaints. This is to allow time for liaison between Practices, complainants and the Board in an effort to resolve the complaint. In some instances meetings are arranged as part of the resolution process which Board complaints staff attend in a neutral capacity. During 2009/10, 20 'honest broker' complaints were resolved within 20 working days. In one case a meeting was held as part of this process.

Review of complaints regarding HSC Trusts

HSC Trusts forward an agreed template to the HSC Board on a monthly basis. This information relates to all complaints that have received a response. The template also captures information on complaints that have been reopened due to the complainant's continued dissatisfaction and therefore requires a further response or alternative method of resolution. The template features statistical information relating to response times; the respective locality and specialty or programme of care; the category of complaint; anonymised summary details of the complaint and the corresponding response; and any actions or changes in practice or policy that have been taken as a result.

This information enables the HSC Board to effectively monitor response times to complaints, identify any trends occurring in relation to a particular locality, specialty or programme of care or category of complaint; the methodology of response, and any actions or learning that have occurred as a result of the complaint. This format of monitoring can both be on an individual Trust basis or encompass all Trusts and, therefore, ensure appropriate dissemination of learning. Additionally, should any individual complaint raise issues of concern or interest these can be highlighted at meetings of the Regional Complaints Group for discussion and/or necessary follow up action by respective HSC Board or PHA professional staff or complaints staff. A number of individual complaints were discussed in this way throughout the year.

It must be recognised that the function of the Regional Complaints Group and the role of the HSC Board in monitoring of HSC Trust and FPS complaints is still in development and it is anticipated that the role and function will be further enhanced to fully complement the work of both the HSC Board and the PHA in its operation.

It is recognised by the HSC Board that the template may require refinement depending on, or in response to, the requirements of the Regional Complaints Group, or indeed require an additional focus on specific service areas and this will be kept under review.

An analysis of the complaints received by Trusts, ***from the information provided to the HSC Board**, during 2009/10 is summarised below.

- **Responding to Complaints**

During the year the **Belfast** Trust received 1446 complaints. This represents an 11% increase from the previous year. The Trust received approximately 120 complaints per month, responding, on average, to an equivalent volume per month, with approximately 50% being responded to within the 20 working day target timescale required under the HSC Complaints Procedure. While geographically the smallest Trust, the Belfast Trust includes in its remit the major regional teaching and receiving centres.

The **Northern** Trust received 525 complaints during 2009/10, which represents a slight reduction in the number of complaints

received in the previous year (576). On average this Trust received 40 complaints per month and responded, on average, to the same number during each month, with approximately 80% being responded to within 20 working days.

The **South Eastern** Trust received 977 complaints during 2009/10, which is a significant increase to the previous year, 734 in 2008/9. The Trust received, on average, 60 complaints per month and, again, responded to an equitable volume each month, with an average of 50% being completed within 20 working days.

In the **Southern** Trust 640 complaints were received in year, representing a 19% increase from the previous year. On average 60 complaints were received per month, with an equitable number being responded to each month, and approximately 80% within 20 working days.

During the year the **Western** Trust received 434 complaints with an average of 36 complaints being received per month and an equitable volume being responded to each month. On average, 40% were responded to within 20 working days.

The **NI Ambulance Service** Trust received 100 complaints, which is a slight increase to that received in 2008/09 (87). The overall average response time was 40 working days, with 23 complaints (approximately 27%) being responded to within the 20 working day timescale.

The issue of response times in responding to complaints is discussed at each meeting of the Regional Complaints Group. It is recognised that there are significant capacity issues affecting a number of the Trusts and in the majority of the Trusts the number of complaints received in this year increased. The Regional Complaints Group recognises the concerted efforts of Trusts in attempting to resolve complaints within the target 20 day timescale. It also accepts that it is more important for a complaint to be satisfactorily resolved than absolute adherence to the 20 working day timescale. The Regional Complaints Group will keep under review the performance of those where it appears to be consistently more difficult to achieve an acceptable percentage responded to within this timescale.

In addition it is intended in 2010/11 for the Regional Complaints Group to have an overview of those complaints that run for a significant period of time and the rationale for the delay in closing/responding to these complaints.

*There may be a slight differential between the HSC Board's figures and individual Trusts' figures contained within their Annual Reports. Our analysis is based on information provided to the HSC Board by the Trusts on issues of complaint. There may be complaints that have more than one issue of complaint contained within.

- **Significant Issues**

Throughout the year there were significant issues, both as a result of legislative and procedural changes and also the content of certain complaints that can be highlighted.

- ❖ **Hygiene/Infection Control**

The issue of hygiene or the management of infection control was noted in three Trusts throughout the year.

This issue was raised at the first meeting of the Regional Complaints Group. The timing of the meeting (November 2009) coincided with the publication of the Acute Hospital Overview Report issued by the Regulation and Quality Improvement Authority (RQIA), which by then had carried out an unannounced infection control/hygiene inspection at each acute hospital in Northern Ireland during 2008 and 2009. Areas that were visited coincided with some of those in which complaints concerning cleanliness had been raised. The RQIA report made a number of recommendations and it was noticeable that in the second half of the year, while issues relating to hygiene did on occasion arise the regularity was significantly reduced. The Director of Nursing, PHA was provided with details of the identified complaints in her lead role within the Hygiene Inspection Taskforce.

During the year some incidences of similar related issues regarding general cleanliness and hand washing were raised and again details were forwarded to the Director of Nursing for appropriate follow up.

❖ **Mental Health Services**

Complaints relating to mental health services were received by all Trusts (excluding the NI Ambulance Service Trust) and issues raised ranged from treatment and care, diagnosis, delays and cancellations of appointments, and staff attitude and behaviour.

In one Trust a particular complaint had also been recognised and reported by the Trust as a serious adverse incident. While different procedures and protocols are in place within health and social care organisations to manage complaints and adverse incidents, occurrences such as this, although not frequent, demonstrate the need for appropriate liaison between respective members of staff involved in governance processes.

The level of communication between services regarding patients with mental health problems, on occasion resulting in them not being reviewed or followed up in a timely manner, together with a lack of crisis beds in Northern Ireland is a recognised problem. This had previously been highlighted in an investigation by an Independent Review Panel under the former HPSS Complaints Procedure. A similar incident occurred in one Trust during the year and the circumstances were reviewed by the Regional Complaints Group. On this occasion, while recognising the difficulties and demands that exist within the current system, it was considered that the Trust had addressed the issues of complaint.

❖ **Prison Healthcare**

Lead responsibility for prison healthcare passed from the NI Prison Service to the DHSSPS on 1 April 2008. Responsibility was subsequently delegated by the Board on 1 April 2009 to the South Eastern Trust, which has responsibility for securing the provision of health and social care services for prisoners. Throughout the three established prison facilities, Maghaberry, Magilligan and Hydebank, prisoners are initially encouraged to raise any concerns they have with staff in the Prison Healthcare Department, which will conduct an initial informal investigation and/or provide comments before returning the 'complaints form' with these incorporated. Should the complainant remain unhappy the form,

with the complainant's reasons included, can then be forwarded to the Trust's Complaints Department for formal investigation.

A total of 50 complaints were received and responded to throughout the year, which compares to 20 received by the Prison Service in 2008/9. The majority of complaints received in this category related to delays in receiving medication or being seen by a doctor; a belief by the complainant that their medical condition is not being taken seriously; dissatisfaction with the treatment available; and the attitude of medical and nursing staff.

The Regional Complaints Group has requested that complaints regarding prison healthcare are shared with the Commissioning and Integrated Care Directorates of the HSC Board and the Director of Nursing, Public Health Agency to inform their work in this regard.

❖ Privacy and Dignity

In the report entitled 'Improving the Patient and Client Experience' published by DHSSPS, reference was made to health and social care organisations demonstrating behaviour which is consistent with high standards of care and compassion. The five standards relate to respect, attitude, behaviour, communication and privacy and dignity.

The issue of privacy and dignity of patients and their families around the time of death was highlighted in complaints received by three Trusts. These concerned the 'breaking of bad news' to families, specifically the location where this occurred, the level and manner in which the information was communicated, and care of the patient in the last moments.

In each instance apologies were given and staff reminded that when a patient has passed away or is in the end stages of life, staff must take into account good communication with the family, ensure appropriate support for the patient and family and at all times maintain patient dignity in such difficult circumstances. One Trust advised of the commencement of training for staff in the care of the bereaved family. This is a vitally important aspect of patient care and should be replicated in all Trusts if not already being done so.

❖ **Efficiency Savings**

Financial impacts on service provision became an increasing area of interest throughout the year. In all Trusts complaints were received relating to the removal or availability of a service and with increasing frequency reference was made in responses to financial circumstances or efficiency savings. In particular, 53 complaints were received by one Trust relating to the withdrawal of nursing services at a special needs school in the geographical area.

The impact of the developing financial situation on health and social care will be kept under review by the Regional Complaints Group both practically and also on how the financial implications are being explained by Trusts in responses to complainants. It is felt that there should be accuracy and consistency in terminology when making reference to such matters.

❖ **Enhanced Local Resolution**

In analysing the information from the Trusts throughout the year, it was noticeable that in some Trusts, as well as letters of response being issued to complainants and offers of meetings being made, there were also alternative or additional methods of resolving complaints being applied. Evidence of this was noted in two Trusts, where, on occasions, outside medical opinions were sought, personal apologies were offered by the individual members of staff being complained against, and in one case involving a child, the convening of a family group conference.

In addition, it was evident in some Trusts that members of staff, particularly junior medical staff, recognised that learning can be derived from a complaint having being made and had consulted with senior colleagues on how they could potentially enhance their experience.

In response to complaints relating to the late arrival of vehicles, due to increased demand at peak times, the Northern Ireland Ambulance Service Trust introduced an Immediate Care Service. This was developed for non-urgent transport for patients who have specific care needs when being transported between hospitals or to and from home to hospital.

All of these initiatives are welcome in the pursuit of resolving complaints through enhanced local resolution and, in doing so, attempting to resolve complaints as close to their source as possible and, where necessary, improve the overall service being provided.

❖ **Implementation**

All Trusts have now revised their Complaints Procedures to comply with the new standards and guidelines. Posters should be displayed throughout the various Trusts' facilities that are accessible to the public, highlighting the existence of the new Complaints Procedure. In one Trust, an additional poster, entitled "We Value your View" is also displayed throughout the Trust's facilities. Specific complaints sections have been developed within respective Trusts' Intranet and Internet websites relating to the receipt, investigation and responding of complaints. Updated Trust leaflets summarising the HSC Complaints Procedure have also been produced and are available in a number of languages, as well as Braille and audio format.

Trusts, through the services of their complaints project managers, are involved in staff training on awareness of the new Complaints Procedure. More specific training for those respective members of staff that will be tasked with investigating and compiling draft responses to complaints is also ongoing. These respective training packages have been regionally developed and approved by the DHSSPS. Trusts are also shortly due to embark on more intensive complaints investigative training, which will be facilitated by an outside agency.

• **Main Categories of Complaint**

❖ **Treatment and Care**

This remains the category of complaint that consistently achieves the highest level of complaints in all HSC organisations. In all Trusts, however, no particular specialty of programme of care was dominant throughout the year. Nevertheless, predominantly, the majority of complaints were directed towards the following specialties: accident and emergency, general medicine, maternity,

midwifery and gynaecology, cardiology, cancer services, ophthalmology, orthopaedics and mental health services.

Examples of some of the changes in practice or policy introduced in some Trusts as a result of complaints having been raised relating to treatment and care are: - the convening of monthly meetings to discuss difficult or complex cases; patients presenting with vomiting for more than two days will now have a blood test performed routinely; the introduction of a Falls Reduction Strategy in one Trust to reduce the number of falls by patients and clients; a review of standard practice to ensure that pain relief is now given to patients prior to applying plaster casts; and a review of the system for administering pain relief at the Fracture Clinic at one of this Trust's sites.

❖ **Staff Attitude/Behaviour and Communication**

Throughout the year all Trusts maintained consistent levels of complaints regarding these categories. These are invariably the second and third highest categories of complaints reported amongst all HSC organisations.

Very often such complaints can be subjective and based upon what the patient/client expected or wished to occur as opposed to a member of staff displaying a lack of respect in terms of their demeanour, engagement, attitude or behaviour. While high levels of complaints were received by all Trusts it was noted that these were not directed at any particular specialty or programme of care within any Trust, and were not significantly consistent at any particular facility within any Trust's geographical locality or any respective profession or category of staff.

As well as apologies being conveyed in the responses issued and staff reminded of the importance of politeness and courtesy; on occasions, as highlighted in one Trust, members of staff subsequently attended customer awareness training courses. Customer awareness training should, if not already, be included as part of staff induction processes in all Trusts.

It was noted that two Trusts invoked disciplinary procedures as a result of matters being raised in certain complaints.

❖ **Accessibility**

Difficulties or delays in patients/clients accessing services were a common category of complaint throughout all Trusts. Particular specialties or services in certain individual Trusts, however, did receive more attention.

At one Trust delays were experienced at the various Accident and Emergency Departments during the April - August 2009 period. It was noted, however, that despite the particularly high volume of patients that had been attending during this time, patients had been triaged appropriately. This Trust also responded to 79 complaints regarding the delays in ophthalmology services. This related to the transfer of the service for the treatment of macular degeneration from one Trust site to another and the difficulties experienced in staffing this.

One Trust also responded to 63 complaints regarding orthopaedics and acknowledged that they were unable to meet the required performance standard. In addition the Trust received a number of complaints regarding the accessing of rheumatology services. In these instances the Trust advised that the delays were the result of capacity constraints. The Trust did, however, appoint an additional member of staff to allay an increasing number of complaints (26) regarding delays and cancellations of appointments relating to mental health services.

In another Trust consistent areas highlighted throughout the year related to waiting times at the Accident and Emergency Departments at its hospital sites, and also waiting times for podiatry outpatient appointments. Recognition was given by the Trust to ensuring that patients waiting in Accident and Emergency Departments were always kept apprised of waiting times, and in relation to the podiatry service, the Trust recruited additional staff and developed a Foot Health Education Group to agree a methodology of encouraging clients into taking more personal care and therefore ease pressure on the service.

It is recognised that with the current financial austerity and requirement on all HSC organisations to make efficiency savings, regular levels of this category of complaint will continually feature.

Progress with Completion of legacy Independent Review Work

The implementation of 'Complaints in the HSC' meant the removal of the Independent Review stage of the 1996 HPSS Complaints Procedure which had been managed by the four legacy HSS Boards. Consideration of the outstanding legacy requests for independent reviews and carry forward of Panels that had been ongoing resulted in 23 Panels to be progressed, completed and reported on.

As of 31 March 2010 significant progress has been made on completion of these Panels and 12 remain outstanding. Several of which are at final stages of completion and draft report stage. Every effort will be made to have this legacy work completed by end March 2011.

Systems are in place to ensure Action Plans on the implementation of recommendations from Independent Review Panels are received, verified by the relevant professional within the HSC Board or Public Health Agency and followed up with the Trust in terms of implementation.

Any significant issues emerging from Independent Review Panel reports are reported to the Regional Complaints Group. Significant issues of concern or any difficulties in following up the implementation of the action plans with HSC Trusts are forwarded to the Directorate of Performance Management and Service Improvement for appropriate action.

There are 18 complaints arising from requests for Independent Review raised with legacy HSS Boards that are still being investigated by the Ombudsman's office. During 2009/10 in five complaints the Ombudsman found findings of maladministration in terms of the investigation of the complaints, insufficient or incomplete professional advice, lack of cogent explanation when advising of decisions not to grant independent reviews, misinterpretation or misunderstanding of the complaints guidance and avoidable delay in processing complaints.

While the Ombudsman's findings relate to a process that is no longer in place, the level of learning can be transferred to those independent review panels that have not yet completed their work

and in general terms issues regarding administrative processes and application of same can be applied.

The Ombudsman's Annual Report for the year is available from his offices (see contact details).

Audit of HSC Board's Complaints Processes

An audit of the HSC Board's processes to implement 'Complaints in the HSC' was undertaken during December 2009 and January 2010. The audit spanned the four local offices of the HSC Board and found that the Board achieved satisfactory assurance on the system of internal controls over complaints.

A work plan to implement the recommendations is underway.

Ongoing developments regarding implementation of 'Complaints in the HSC'

During 2010/2011, the HSC Board will undertake a recruitment of lay persons required to assist with 'enhanced local resolution' in complaints regarding HSC Trusts and FPS. Once recruited these persons will receive training on 'Complaints in the HSC' and on their role within the procedure. A list will be developed and maintained by the HSC Board as per DHSSPS requirements, and the use of lay persons will be monitored as part of the HSC Board's role.

It is also anticipated that the approved list of conciliation services will be finalised during 2010/2011. The procurement of this service is currently underway.

Once the structures to support the Complaints and PPI function are in place, further enhanced work in training of FPS Practice Managers and Practitioners on Complaints in the HSC will be undertaken. This will include Complaints awareness and investigation training.

Evaluation of 'Complaints in the HSC'

At the request of the DHSSPS, the HSC Board will lead on the 'process evaluation' of 'Complaints in the HSC'. This will be undertaken by means of a questionnaire being issued to key

stakeholders and to a selection of patients/clients who have utilised the new procedure. The outcome and feedback from this questionnaire will inform discussion at a focus group to be held during January/February 2011 which will be attended by key stakeholders, including a number of complainants who have had both positive and negative experiences. The aim will be to ascertain what aspects of the new procedure are working well and where improvements can be made. It is anticipated that the HSC Board will report to the DHSSPS during March 2011 on the outcome of this evaluation. It is worth noting that the original timescales for the 'process evaluation' to be undertaken have been revised by the DHSSPS.

NI Commissioner for Complaints

In his first report since the implementation of 'Complaints in the HSC', the NI Commissioner for Complaints advised that in the first year of the new procedure there has been a 120% increase in complaints being received by his office in respect of the health sector, increasing to 209 received in 2009/10 from 95 in 2008/09.

Full detail is available in the NI Commissioner for Complaints Annual Report for 2009/10.

Complaints Contact Points

HSC Board

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Complaints and PPI Manager
Complaints Department
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Mr Michael Cruikshanks
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Mrs Michele Clawson
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Mrs Shirley McReynolds
 Complaints Department
 Southern Office
 Tower Hill
 ARMAGH
 Tel: 02837 414561

Mrs Rosemary Henderson
 Complaints Department
 Western Office
 15 Gransha Park
 LONDONDERRY
 Tel: 02871 864325

Or Freephone: 0800 665 544

Contact Details for Complaints Managers, HSC Trusts.

Belfast Health and Social Care Trust	
Senior Complaints Manager	Mrs Margaret McKee
Address	Complaints Department 6 th Floor McKinney House Musgrave Park Hospital BELFAST BT9 7JB
Telephone Number	02890 630023

South Eastern Health and Social Care Trust	
Complaints/Patient Liaison Manager	Mrs Laura Algie
Address	Complaints/Patient Liaison Department Health and Care Centre 39 Regent Street Newtownards BT23 4AD
Telephone Number	02890 561427

Southern Health and Social Care Trust	
Patient and Client Safety Manager	Ms Roberta Wilson
Address	Complaints Department Firbank House Craigavon Area Hospital

	68 Lurgan Road Portadown BT63 5QQ
Telephone Number	02838 613978

Northern Health and Social Care Trust	
Clinical & Social Care Governance Manager	Mrs Martine McNally
Address	Governance Department Bush House Bush Road Antrim BT41 2QB
Telephone number	02894 424769

Western Health and Social Care Trust	
Complaints Manager	Ms Clodagh Mackey
Address	Complaints Department Trust Headquarters MDEC Altnagelvin Area Hospital Glenshane Road LONDONDERRY BT47 6SB
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Northern Ireland Ambulance Service Trust	
Complaints & Administrative Manager	Mr Frank Rafferty
Address	Site 30 Knockbracken Health Care Park Saintfield Road BELFAST

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Patient and Client Council

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Freephone: 0800 917 0222

NI Commissioner for Complaints

NI Commissioner for Complaints
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