

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

April 2012 – March 2013

Introduction

This fourth Annual Complaints Report of the HSC Board provides an update on developments in the complaints process during the year 2012/13 and an overview of the complaints activity during this period.

This year has seen continued progress in 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. The support and commitment of all HSC organisations is paramount in taking forward this action plan. Part of this programme of work has involved obtaining direct feedback from patients, clients and relatives in regard to their experiences of the complaints procedure.

In addition to continuing to progress the implementation of the recommendations from the complaints evaluation, the Board has sought to increase the profile of the independent Lay Persons and also further promote the 'honest broker' role in respect of complaints concerning family practitioners. In regard to the latter, this involves striving to work closely with complainants and family practitioners to attempt to achieve successful resolution of complaints. This requires ongoing communication with complainants and family practitioners to ensure they are aware of the options available within the HSC Complaints Procedure. The Board has also continued its responsibilities of investigating and responding to those complaints that are raised against it – and maintained its responsibility for the monitoring of complaints handling within the six HSC Trusts and the many family health services practices (FPS) throughout Northern Ireland, and also

those received from the Public Health Agency (PHA). The Board receives relevant information from these HSC organisations for monitoring purposes.

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 is 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). The EIG has also established three work streams to take forward specific pieces of work in relation to three of the recommendations which include: -

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

The EIG meets biannually in full and is supported by quarterly sub-group meetings. Work is on-going to implement all 14 recommendations, however, during 2012/13 the following has been completed:

Recommendations 1 and 13

The Process Evaluation noted that the term 'enhanced local resolution' was potentially ambiguous and could lead of interpretations of a staged approach to local resolution. The DHSSPS has therefore removed such references and clarified that local resolution should be a robust process, and be conducted as close to the source as possible making use of the options available

within the HSC Complaints Procedure. Different complaints can be resolved by different methods as part of a robust local resolution process.

In addition, the DHSSPS has confirmed that 'Honest Broker' complaints, ie where the Board's complaints staff are acting as an intermediary between the complainant and practitioner, should be responded to within 20 working days. If FPS Practices are responding directly to the complainant, the timescale is 10 working days.

Recommendations 7, 8 and 9

All HSC Trusts have confirmed that they are compliant with recommendations 7, 8 and 9. These recommendations seek an assurance from HSC Trusts that they maintain clear lines of communication with the complainant; promote learning arising from complaints and ensure that, where possible, all staff are knowledgeable of the complaint handling arrangements.

Recommendation 10

The dissemination of learning across HSC organisations is an essential part of ensuring patient and client safety and quality of service is improved. The Board recognises that learning does occur from complaints. However, the level of detail contained within HSC Trusts' monthly monitoring reports to the Board, does not always enable a judgement to be made in respect of the applicability of the learning for wider dissemination on a regional basis. A pilot exercise has, therefore, been immediately trialled in which HSC Trusts highlight any substantive learning arising from complaints, which may be applicable for regional learning. These examples will then contribute to a 'learning newsletter' for regional dissemination.

Recommendation 11

In order to establish a regional mechanism to receive user satisfaction feedback, a pilot service user workshop was held on 4 February 2013 at the Craigavon Civic Centre for those patients, clients or relatives who had raised a complaint post-April 2009 or those who despite having a negative experience, chose not to. The workshop was facilitated by Board complaints staff, with

representation from the PCC in attendance. Key themes arising from the event 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.

Initial feedback indicated that further work is required to promote the HSC Complaints Procedure and ensuring that patients/client and relatives are aware that they have a right to complaint and are confident to do so and of how to go about doing so. It was particularly notable that some of those attending made reference to a fear of complaining due to a perception of potential repercussions, such as a reduction or lack of access to a particular service; the quality of service they would receive or removal from registered lists; lack of support to complainants and having to pursue the process themselves.

Recommendation 12

Recent statistical evidence across the HSC demonstrates that, taken together, complaints concerning the attitude and behaviour of staff and communication, account for a greater number than those received concerning treatment and care. A scoping exercise is, therefore, currently ongoing to investigate how other healthcare organisations attempt to improve staff attitude and behaviour. Linkages will also be made with other organisations within Northern Ireland who have experienced significant improvements in staff/service user relations to determine if the HSC can adopt similar practices.

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. Last year, the Board appointed 17 Lay Persons to assist in the local resolution of complaints. These persons cannot 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 and access

arrangements (appointment systems). Their role is one of bringing independence, impartiality and trust to a situation where relationships have been damaged.

The Board has now appointed a Lay Person on 10 occasions, two in 2011/12 and five in 2012/13, with a further three currently ongoing. Of the seven completed complaints, these have all involved GP Practices. As well 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 possible suggestions/recommendations for resolution. While resolution has not been possible on all occasions, complainants and practitioners have welcomed the independency and impartiality that a Lay Person brings and to date the process has functioned well. It is notable that none of the complaints where a Lay Person has been involved has progressed to the NI Commissioner for Complaints (Ombudsman).

One Trust has used a Lay Person on two occasions; and one of the ongoing complaints referred to above, involves two different HSC Trusts and a GP Practice. Two of those appointed have also assisted in complaints training presentations for FPS Practice Managers (GP Practices). The Board also sought the assistance of one of the Lay Persons in conducting a review of complaints and serious adverse incidents relating to older persons.

In addition, the Board was approached by the NI Guardian Ad-Litem Agency in respect of its own complaints procedure and making use of Lay Persons appointed. In 2012/13 two of the Lay Persons assisted the Agency in one of their complaints.

In summary, of the 17 Lay Persons appointed, 13 have now been involved in some capacity with complaints or complaints handling.

The Board continues to actively promote the benefits of the use of independent Lay Persons.

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 completely understand that this is a process leading to a 'meeting of minds' as opposed to a ruling in favour of one party's version and/or recollection of events.

The two providers selected are:

Mediation NI
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BELFAST
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Tel: 02890 438 614
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Hayes Healthcare Consulting
171 Malone Road
BELFAST
BT9 6TA

Tel: 02890 661 544
Email: eleanor@hayeshealthcareconsulting.com

Regional Complaints Group

The Regional Complaints Group (RCG) has continued to meet quarterly to review complaints information received from HSC Trusts and FPS Practices, and also any complaints received by

the Board and the PHA. Membership comprises representatives from the Board, the PHA and the PCC. The RCG informs established professional or commissioning groups and other specific forums within the Board and PHA on key issues or trends arising from complaints and also on any learning identified from individual complaints. The RCG is chaired by the Director of Social Care and Children in the Board.

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:

- Emergency Department discharge letters reviewed to ensure that they include all essential information for General Practitioners.
- Introduction of a triage system at the dental pain clinic at the Belfast City Hospital, which comprises a short face to face consultation on arrival as opposed to a first come first served basis.
- Development of a package of care for women suffering bereavement in childbirth and which includes details of suitable accommodation; and the bereavement support midwife working with maternity outpatients sisters to develop pathway of care.
- Importance of the prompt replacement of venflons re-emphasised to staff.

- Monthly audits of omitted medicines introduced as a key performance indicator for nursing staff.
- Customer care training and safety briefings introduced to reinforce the importance of attitude and interaction with patients. This will include age appropriate communication with very young children to minimise distress and ensure parents receive information leaflets on conditions.
- Opening of a new clinical area and designation of an ambulance receiving nurse to alleviate delays in the Emergency Department.
- Review of triage processes for patients who are at a palliative stage of illness. This includes curtains in the Majors area of the Emergency Department to remain open when possible to ensure patients can be observed visually at all times.
- Erection of notices within the radiology department waiting areas advising patients to inform reception if a member of staff has not attended within a specified time.
- Opening of medical assessment area to allow GPs to refer appropriate patients to avoid referral to the Emergency Department.
- Ongoing training programmes on the care and management of persons with dementia, including availability of Dementia Awareness Manuals in wards.
- Infection control and hygiene importance reinforced.
- Anonymising and presenting of complaints at clinical education meetings, safety briefings and staff meetings to highlight learning.

In respect of FPS Practitioners: -

- Encouraging greater and more frequent liaison with district nursing staff in respect of patients receiving significant care packages at home.

Training

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

Recently a new e-learning package for FPS Practices was launched. This is directed at all GPs, dentists, pharmacists and optometrists and is accessible via the Board's Primary Care Intranet site and uptake can be monitored by the Board. This work follows the Board's evaluation of the HSC Complaints Procedure, one of the recommendations of which was 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 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.

In addition, interactive sessions as part of Practice Based Learning (PBL) days in local office areas (Northern and Southern) as well as a presentation at Royal College of General Practitioners' Practice Managers' Forum, were scheduled. Board Complaints staff also attended 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 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.

Complaints Analysis

Complaints concerning the HSC Board

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

Of the 11 complaints received, five related to requests for a pharmacy being established in Carrowdore; two related to the process for reimbursing expenses claims for patients travelling outside of NI for medical treatment. Two related to waiting time for treatment and two complaints were later withdrawn. All of the nine complaints responded to were done so within 20 working days.

There were no 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 3 working days of the response having been issued.

During 2012/13 there has been an increase in complaints and responses being received by the Board from FPS Practices, with 247 being received this year compared to 212 in 2011/12 and 216 the previous year. 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.

- **‘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 2012/13 the Board acted as ‘honest broker’ in 116 complaints concerning FPS Practices. This continues the steady increase in complainants utilising this role with numbers rising from 38 in 2009/10 to 86 in 2010/11 and 70 in 2011/12. The total of 116 in 2012/12 is made up of 87 concerning GP practices, 20 concerning dental practices, 8 concerning pharmacies – an increase from one the previous year – and one concerning an ophthalmic practice.

During 2012/13 68 ‘honest broker’ complaints were responded to within 20 working days. It is unfortunate that more complaints were not completed within the DHSSPS target timescale. However, 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 this year (6). Board complaints staff have also on occasions this year visited complainants and practitioners separately before then meeting again with the complainant in an attempt to resolve complaints locally. This has usually been on occasions where a communication breakdown has occurred and when a meeting may cause existing friction to increase. Meeting both parties separately has mostly proved successful with both sides welcoming the

opportunity to discuss their views and express opinions openly with impartial Board complaints staff.

The availability of independent Lay Persons has also again proved to be of benefit, with a further three being involved this year. In total 5 Lay Persons reported this year (two carried over from 2011/12) with all complaints relating to 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.

A further three Lay Persons have been appointed to complaints received in 2013/14 and which are currently ongoing, one of which involves two HSC Trusts and a FPS Practice.

Review of Complaints regarding HSC Trusts

Following review of the information received from HSC Trusts, a total of 5,998 issues of complaint were received by the six HSC Trusts. This continues the increasing trend of complaints and compares with 4,733 being received in 2009/10; 5,053 in 2010/11 and 5,485 in 2011/12.

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

2012/13

1. Acute Services	(60%)
2. Maternal & Child Health	(5%)
3. Family & Child Care	(6%)
4. Elderly Services	(5%)
5. Mental Health	(5%)
6. Primary Health & Adult Community	(4%)
	(5.5%)

2011/12

1. Acute Services	(62%)
2. Maternal & Child Health	(6%)
3. Primary Health & Adult Community	(4.5%)
4. Elderly Services	(5.5%)
5. Family & Child Care	(6%)
6. Mental Health	(4.3%)

*Approximate figures

Progress of legacy Independent Review Panels

At the end of 31 March 2012 one Independent Review Panel still remains to be completed from the previous HPSS Complaints Procedure and there have been some regrettable and unforeseen delays with this Panel. One Panel reported in 2012/13.

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

NI Commissioner for Complaints

In his Annual Report of 2012/13 the Commissioner advised of an overall increase of 4% in complaints to his office, and an increase of 22% in complaints concerning health and social care (a 10% rise on the increase reported in 2011/12). 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 22% represents a rise from 208 complaints in 2011/12 to 253 in 2012/13, an increase of 45 complaints. Of these 253 complaints, 237 were determined at the complaint validation stage; 69 were determined at the preliminary investigation stage; 31 were determined at the detailed investigation stage, with 71 complaints remaining ongoing at 31 March 2013.

The Commissioner has indicated in his Annual Report of 2011/12 that his recommendations following investigation may be that the body complained about apologises or makes a change in practice, or that it may include a recommendation for financial redress (consolatory payment). This redress, the Commissioner states, may take account of issues such as loss, distress and frustration caused to the complainant in pursuing the complaint.

The Commissioner has highlighted that in 2012/13 the main issues for complaint put to him continued to be clinical care and treatment with the second most frequent issue being social care.

Looking Forward to 2013/14

The Evaluation Implementation Group (EIG) will continue to meet and co-ordinate the actions arising from the report of the evaluation of the HSC Complaints Procedure. In regard to the three sub-groups affiliated to the main group:

- work will continue in the development of a regionally agreed method of disseminating learning from complaints, including the coordination of annual regional complaints workshop – possibly focussing on the findings and recommendations of the ‘Francis Report’ - and agreed shared methods of communication regarding learning such as newsletters;
- in respect of a regional mechanism for receiving user satisfaction feedback in relation to complaints resolution, further workshops will be scheduled during 2013/14. These workshops will continue to 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. These events will be specifically targeted at not re-opening complaints or creating a forum for doing so, but concentrate on how service users felt they had been treated throughout the complaints process; whether it was accessible, worthwhile and delivered; or whether they encountered a lack of explanation and openness; defensiveness by the HSC organisation, delay and a lack of resolution. The convening of these focus groups/workshops will endorse the commitment to Personal and Public Involvement (PPI) with direct contact and collation of views and feedback; and
- Progress will continue to be pursued in seeking to identify innovative methods to attempt to address the increasing levels of complaint concerning staff attitude/behaviour and communication across the HSC.

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

In terms of ongoing development of the independent Lay Persons, a further training and information session has been arranged to focus on areas such as Freedom of Information legislation, records management, security of confidential information. As a number of Lay Persons have now been appointed to review complaints, this session is also intended to give opportunity for feedback and sharing of respective experiences of the role as a Lay Person within the HSC Complaints Procedure.

With Board complaints staff now being members of the Patient and Client Experience Steering Group, it is also intended to further develop the relationship and learning between complaints and information accumulated through work associated with the patient and client experience (led by the PHA) including the programme of 10,000 voices.

The Regional Complaints Group will continue to monitor trends in complaints being received both in terms of the issues being raised, the specialties and localities involved, but most importantly, also increase the emphasis on concentrating on what and how HSC organisations have learned from complaints, changes in practice and protocol that have been implemented and how this has been cascaded to relevant staff throughout the organisation.

STATISTICAL INFORMATION

FPS LOCAL RESOLUTION COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	69	7	0	0	76
Staff Attitude & Behaviour	51	4	1	0	56
Communication/Information	76	1	1	0	78
Confidentiality	5	0	1	0	6
Clinical Diagnosis	5	0	0	0	5
Other	22	2	2	0	26
Total	228	14	5	0	247

FPS 'HONEST BROKER' COMPLAINTS

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	42	12	0	1	55
Staff Attitude & Behaviour	21	2	0	0	23
Confidentiality	1	0	0	0	1
Communication/Information	11	3	1	0	15
Clinical Diagnosis	1	0	0	0	1
Other	11	3	7	0	5
Total	87	20	8	1	116

COMPLAINTS PER HSC TRUST in 2012/13

Trust	No of complaints	% in 20 working days*
Belfast	2,113	45%
Northern	856	66%
South Eastern	1,459	43%
Southern	839	59%
Western	591	77%
NI Ambulance	140	31%
Total	5,998	52% (approx)

*Approximate figures

COMPOSITE HSC TRUSTS COMPLAINTS UNDER (i) PROGRAMME OF CARE AND (ii) SUBJECT DURING 2012/13 and 2011/12

(i)

Programme of Care	2012/13	2011/12
Acute	3575	3393
Maternal & Child Health	316	340
Family & Child Care	361	318
Elderly Services	320	302
Mental Health	315	236
Learning Disability	132	96
Sensory Impairment & Physical Disability	89	61
Health Promotion & Disease Prevention	2	4
Primary Health & Adult Community	222	191
None (No POC assigned)	666	544
Total Complaint Issues	5998	5485

(ii)

No	SUBJECT	2012/13	2011/12
1	Access to Premises	60	47
2	Admission into Hospital, Delay/Cancellation	206	170
3	Aids/Adaptations/Appliances	85	69
4	Appointments, Delay/Cancellation (Outpatient)	403	414
5	Clinical Diagnosis	197	222
6	Communication/Information to Patients	787	726
7	Complaints Handling	3	2
8	Confidentiality	56	52
9	Consent to Treatment	5	4
10	Contracted Regulated Establishments/Agencies	54	51
11	Other Contracted Services	24	16
12	Delayed Admission from A&E	21	11
13	Discharge/Transfer Arrangements	129	126
14	Environmental	74	83
15	Hotel/Support/Security Services	56	116
16	Infection Control	24	43
17	Mortuary & Post Mortem	2	0
18	Patients' Privacy/Dignity	56	49
19	Patients' Property/Expenses/Finance	86	88
20	Patients' Status/Discrimination	21	15
21	Policy/Commercial Decisions	124	121
22	Professional Assessment of Need	153	145
23	Prison Healthcare Related Complaints	267	174
24	Records/Record Keeping	74	72
25	Staff Attitude/Behaviour	913	857
26	Theatre/Operation/Procedure/Delay/Cancellation	38	56
27	Transport, Late or Non-arrival/Journey Time	75	52
28	Transport, Suitability of Vehicle Equipment	7	2
29	Treatment & Care, Quality	1403	1093

30	Treatment & Care, Quantity	159	197
31	Waiting Lists, Community Services	30	44
32	Waiting Times, Community Services	18	29
33	Waiting Times, A&E Departments	120	126
34	Waiting Times, Outpatient Departments	128	79
35	Children Order Complaints	13	12
36	Other	127	122
	TOTAL COMPLAINT ISSUES	5998	5485

Complaints Contact Points:

HSC Board

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Contact Details for Complaints Managers, HSC Trusts.

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