



SOUTHERN  
health & social services  
COUNCIL

# Focus 2002

Southern Health & Social Services Council Annual Report 2001-02

## No-show patients cost area £2 million a year

OUTPATIENTS who did not turn up for hospital appointments last year cost the health service in the Southern Board's area over £2 million.

This was revealed in a discussion paper, *Non-Attendance at Outpatient Appointments*, published by the Southern Health & Social Services Council.

The paper highlighted that 32,495 people did not attend outpatient appointments made for them in the area last year. This represented 13 per cent of all appointments made.

### KNOCK-ON EFFECTS

Delia van der Lenden, the Council's Chief Officer, spell out the knock-on effects this has had on local NHS services.

"Non-attendance is not just about inefficiency and wasted resources. It also impacts upon services by wasting appointment slots which other patients could utilise."

Mrs van der Lenden said that Trust management had a key role in reducing non-



*Roisin Foster, SHSSC Chairman, and Delia van der Lenden, Chief Officer, discuss non-attendance problems at Craigavon Area Hospital.*

attendance since some of the problem could be attributed to hospital communication and administrative systems.

"Our paper recommends ways in which non-attendance

can be reduced, such as issuing reminders, asking patients to confirm attendance, making it easier for patients to cancel appointments, and following up instances of non-attendance

### A challenging year for us

Welcome to the annual report of the Southern Health and Social Services Council in which we highlight the issues we tackled on behalf of health and social care users in the Southern Board's area.

Now in our eleventh year, this was one of the most challenging we ever faced, with changes in both our Chairman and Chief Officer positions.

Your comments on our work are always welcomed – see back page for details on how to contact us.

to see if a subsequent appointment is needed.

"Trusts must take steps to minimise the problem and patients need to be made aware of their responsibility to give adequate notice if they cannot make an appointment or no longer need it."

2 Dealing with uncertainty

4 Is it best for consumers?

6 What patients think

10 Who's who

### WHAT'S INSIDE



3 While patients wait

5. We're up and running

8 The nature of complaints

11 Financial facts

Roisin Foster, SHSSC Chairman, says that hospital services have faced uncertainty about their future for far too long. Now, with further political uncertainty ahead, the prospect of an early decision on changes to the way services are delivered is fading. As Roisin says, health service staff and the people they serve deserve better from our politicians.

*“To provide a modern hospital system that will meet the needs of all our people, well into the future, will require a fundamental change in the way services are delivered and administered. Otherwise we will see services continue to decline and fall behind standards elsewhere.”*

So says the Minister Bairbre de Brun in her foreword to the consultation document *Developing Better Services*. The argument for change is laid out cogently in the document.

### WE FACE A CRISIS

We face a crisis in Northern Ireland in relation to hospital waiting lists. Not only have we more people on hospital waiting lists than any other part of the UK but we are waiting in excess of Charter Standard times significantly more than other areas.

Increasing specialisms among health professionals means that hospitals must work with enlarged catchment areas to enable staff to care for sufficient numbers of patients to maintain their skills.

The implications for our

smaller hospitals are obvious.

The success of our health services in improving life expectancy for older people and enabling premature babies and children with complex health needs to survive to adulthood comes at a cost since many will require care and treatment throughout their lives.

Funding has not kept pace with the new demands placed on our services.

New advances in medical and surgical techniques means the demand for health care intervention is increasing and the cost of treatment is escalating.

Telemedicine, which can

enable professionals to communicate with each other, and with their patients, over distances of hundreds of miles, brings both exciting new opportunities and increased need for change.

These factors, and others, combine to make a powerful argument for changes to the way services are delivered.

Hospital and health and social care facilities however are not impersonal institutions. They are communities of people; the people who use the services, their relatives and carers, and the staff who work there. Change, particularly where it is a lengthy process and surrounded with uncertainty

can be debilitating and demotivating.

Our hospital services in particular have faced uncertainty about their future for too long. It is important that the right decisions are made about the future of acute services but it is also important that we bring an end to a decade of uncertainty.

As I write, at a time when the suspension of the NI Executive leaves everyone guessing about the future, the prospect of an early decision on the hospitals issue is fading. The health service depends on the commitment and motivation of its staff to deliver a quality service. They and the people they serve deserve better from our politicians.



Roisin Foster, Chairman

# Let's reduce the uncertainty



## NEW CHAIR BRINGS WEALTH OF EXPERIENCE IN VOLUNTARY SECTOR

ROISIN FOSTER was elected to serve as SHSSC Chairman for the next two years at the Council's annual meeting held in June 2002.

A native of Banbridge and now resident in Scarva, Mrs Foster has spent most of her professional career in the voluntary sector.

She is currently the NI Director of Leonard Cheshire, an organisation providing services for people with disabilities, and has previously worked

with the learning disability charity MENCAP.

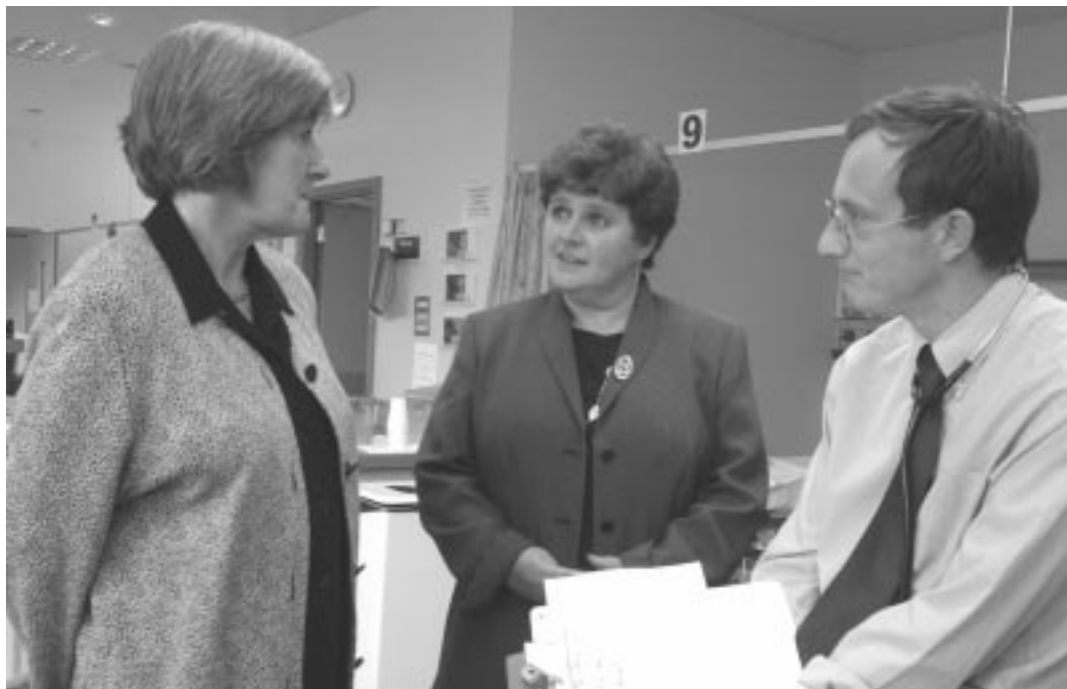
As Chairwoman, Mrs Foster takes on responsibility for leading the Council in its task of representing the interests of patients and users of health and social care services in the Southern Board's area.

She has served as a member of the Council for six years and held the post of Vice Chairman for the two years prior to her election as Chairman.

Reflecting on the task ahead of her in the next two years, Mrs Foster paid tribute to her predecessor Fionnuala Cook who chaired the Council for over 10 years.

“It was a privilege to have had the opportunity to serve as a Council member during Mrs Cook's term of office,” she said.

“Fionnuala set exceptionally high standards for leadership of the Council which I will do my very best to maintain.”



*Delia van der Lenden, SHSSC Chief Officer, and Roisin Foster, Council Chairman, with Mr Paul Kerr, Consultant in A&E at Craigavon Area Hospital.*

## Pressures for beds persist at Craigavon

THE Council's regular Casualty Watch exercises have again highlighted that Craigavon Area Hospital continued to face extreme pressure in demand for beds and was finding it difficult to cope.

Along with the other three Councils in Northern Ireland, the SHSSC undertook three Casualty Watch exercises at Craigavon Area Hospital and Daisy Hill A&E departments during the year 2000. These occurred in June, September and December.

### WAITING ON TROLLEYS

Each of these monitoring exercises revealed regular occurrences of patients waiting on trolleys and beds in A&E corridors at Craigavon Area Hospital. Some patients had been waiting for a place to become available on a ward from the previous day.

Fewer pressures were evident at Daisy Hill Hospital. While waiting times were significant, most were within Charter standards.

### CASUALTY WATCH

Casualty Watch involves a Southern Health and Social

Services Council officer attending the A&E department of each hospital and monitoring the number of patients waiting to be seen, how long they have been waiting, whether they need to be admitted to hospital and, if so, how long it takes for beds to become available.

## SEAMUS AND FIONNUALA SAY ADIEU

**SEAMUS Magee, Chief Officer, and Fionnuala Cook, Chairwoman, who have successfully led the Council for the ten years since its inception in 1991, said farewell to the SHSSC in 2001.**

**We were saddened by the death of June Allister of Portadown in January 2002. June had served as a Council Member since 1993.**

**During the year a number of Council members completed their terms of office. These were Robert Cummings of Killylea, Margaret Campbell of Banbridge, Angela Gray of Newry and Joseph Loughran of Lurgan as well as Councillors Joan Baird, Gordon Frazer, Samuel Gardiner, Jim McCammick and Charles Smyth.**



*Fionnuala Cook presents a farewell gift to Seamus Magee.*

## Stakeholder Group assists planning

Last year we reported that the Council set up a Stakeholder Advisory Group to ensure that the views of users, carers and their representatives were taken into account in the development of the Southern Board's strategic plan of services for older people for 2002-07.

Between September 2001 and May 2002 the group met with representatives of the Board on four occasions. At each meeting members raised issues they felt should be addressed in the Board's strategic plan and made comments and suggested changes to draft versions of the plan.

The end product of this approach was that the Stakeholder Group contributed to and shaped the development of the Board's strategic plan.

One issue members raised from the outset was the importance of the inclusion of dementia services in the review. In response, the Board decided to add a second phase to the review which would examine the provision of dementia services.

# A threat to consumer representation?

SHSSC Chief Officer Delia van der Lenden says the proposal to replace the four Health and Social Services Councils with a single regional body will reduce community involvement and make the provision of local consumer support services problematic.

There is a general public awareness that changes are afoot in the arrangements for hospital services, and for the Boards and Trusts who have responsibility for planning and delivering services.

Those with a special interest in the subject will be familiar with the Hayes Report on acute hospitals and with Minister de Brun's sequel to it, *Developing Better Services*.

## LITTLE ATTENTION

While the debate on what is to happen to services rather than changes to the structures has understandably caught media and public attention, one important proposal has received little attention.

Both documents devote only a few lines to the debate on how consumers should be represented in a changed service but put forward similar proposals; that the current four Health and Social Services Councils should be replaced by a single regional consumer body.

Users of health and social care services have been well served by HSSCs since their formation in 1991. Councils have had to respond to significant developments and changes in services while playing a vital role in increasing public awareness of consumer rights in health and social care.

An important ingredient in their success has been the contribution of the unpaid Council members, who give of their time voluntarily to serve their communities.

Councils have championed the rights of consumers through the provision of information services, by providing support to users of the HPSS complaints systems, through its research and fact finding activities, all of which inform its ongoing dialogue with decision makers in the service on behalf of patients and service users.

Health and Social Services Councils themselves are acutely aware of the need for changes. While the equivalent bodies for England, Scotland and Wales, the Community Health Councils (CHCs) have been structured and funded so that each of the three countries had an additional country wide body to deal with issues of general concern, no such arrangement currently obtains in Northern Ireland.

Yet many of the important decisions affecting health and social care are made, not by the Boards and Trusts, but by the Department, and some crucial health and social care services are provided on a regional basis.

The four HSSCs have sought to take on this additional regional remit throughout the past ten years by working in co-operation, but have done so in a situation where neither the resources available nor

the structures of the organisations were suited to the task.

While the current arrangements present problems in terms of representing consumers at a regional level they are arguably not sufficiently local to facilitate meaningful community identity.

In the Southern Council we have sought to overcome the limitations of having one location for the whole of the Southern Area by the development of outreach services. However, the relationship we have been able to develop with our local community in Lurgan points to the need for a presence in each of our main centres of population.

## LOCAL MECHANISMS

The Southern Health and Social Service Council welcomes the Minister's proposal for a regional consumer body for health and social care, irrespective of the decision on a single regional authority.

If it to be effective this must be linked to local mechanisms for ensuring consumer participation in decision making.

The active involvement of the

population in decision-making processes is seen as an important plank in the building of the new order in Northern Ireland. Yet on the face of it the proposal to replace the four Councils with a single regional consumer body takes us in the opposite direction.

This proposal would significantly reduce opportunities for community involvement as well as rendering problematic the provision of local consumer support services.

## MORE ACCESSIBLE

Just how local is a point for debate but to be effective the local consumer organisation must mirror as far as possible the arrangements for planning and delivering services, whilst being more accessible to service users than the current one Council per Board configuration.

Above all the new structures must be adequately resourced. Council budgets represent a mere 50p per head of population, well below the level of spending of consumer issues in other parts of the UK.

Active involvement of service users is vital in ensuring that services are responsive to needs. The small investment of time and resources needed to get this part of the structure right could result in much greater returns on investments elsewhere in the service.



## Delia looks forward to playing her part

DELIA van der Lenden, the SHSSC's new Chief Officer, has extensive experience in the public and voluntary sectors.

She spent the early part of her career working with health and social services in the Southern Area before moving in 1988 to the voluntary sector. For the past three years, she was Director of Childline Northern Ireland.

A native of Dromintee in South Armagh and now resident in Belfast, Mrs van der Lenden served as a member of the SHSSC during the early years of the organisation. She was a Non-Executive Director of the Newry and Mourne Health and Social Services Trust between 1994 and 2000.

"I'm looking forward to playing

my part with the SHSSC. Over the years, the Council has been particularly effective in ensuring that the voice of the consumer is heard in the decision-making process," she said.

"These are challenging times, but it is vital in ensuring an effective and responsive service that the views of consumers are fully heard."

## OBE for Fionnuala

FIONNUALA Cook, SHSSC Chairwoman until last year, was awarded an OBE in June 2002 for her contribution to health and social services.

Mrs Cook was Chairwoman from the Council's inception in 1991 until her term of office ended in November 2001. She was widely involved in the development of health and social services, including membership of the Acute Hospitals Review Group led by Dr Maurice Hayes.

### WELL DESERVED

Congratulating Mrs Cook, the Council's Chief Officer Delia van der Lenden said the award was well deserved.

"Fionnuala has worked tirelessly to improve the provision of health and social services for the people in the Southern Board's area," she explained.

"I'm sure Fionnuala would wish me to acknowledge on her behalf that, while this is a personal recognition of her commitment and individual hard work, her award is also a recognition of the important role of the Southern Health and Social Services Council.

"The Council works together as a team – both staff and members – to represent the interests of health and social care users in the Southern Board's area and this OBE is acknowledgement of the importance of this role."



Fionnuala Cook OBE



Pictured at the launch of the SHSSC website are (standing left to right) Fionnuala Cook, Chairwoman; Lisa McCool, Clerical Officer; Nancy Downard, Office Manager; Karen McCoy, Research Officer; and (seated) Seamus Magee, Chief Officer.

# SHSSC website is now up and running

THE Council launched its own website in October 2001. Aimed at making SHSSC services more accessible to the public, the website offers advice and guidance on health and social care matters as well as information on the Council.

Chief officer Seamus Magee explained that people could now use the Internet to access the Council's services from the comfort of their own homes.

"The website contains advice

The Council's website is at [www.shsscouncil.net](http://www.shsscouncil.net)

and information on what you can do if you have a complaint about a health and social care issue.

"If you live in the Southern Board's area and you are unhappy with the service provided by your GP, dentist, hospital or social worker, you can log onto our site and get advice, either by downloading

some of our leaflets or contacting Colette Hart, our Complaints Officer."

The website also has information on the Council's work, including its research programme and responses to consultative documents.

"All our reports are free and can be downloaded from our website," Seamus Magee added. "Alternatively browsers can request by email copies of reports."

## PATIENT FEEDBACK ON CLANRYE SURGERY

During the year the Council was requested by Clanrye GP practice in Newry to facilitate the analysis of a patient satisfaction questionnaire.

The practice wished to find out patients' views of the services provided at their surgery and they developed a questionnaire which sought views on a number of different issues.

In total 400 questionnaires were distributed.

Overall patient feedback demonstrated high levels of satisfaction with the services provided. However patients also identified a number of difficulties and dislikes.

Sizeable proportions had difficulty in making a convenient appointment and ordering a repeat prescription. Nearly half said there wasn't enough privacy at reception and some thought the appointment

times were too short.

Some of the suggestions for improvement included:

- Shorter waiting times.
- Changing or extending surgery hours to include open, evening and Saturday surgeries.
- Improving the level of privacy at the reception desk.
- Improving facilities for patients waiting in the surgery.

## USERS' VIEWS OF PROSTHETICS SERVICE

The four Health and Social Services Boards and the Health and Social Services Councils commissioned an independent health audit consultancy *Quality Health* to examine the views of users throughout Northern Ireland of the prosthetics service.

The prosthetics service is a regional service for people who use artificial limbs and is provided by Green Park Healthcare Trust. Research consisted of a survey of 1,084 patients between December 2000 and March 2001, to which 589 responded. The audit also involved a number of focus groups of users.

Most patients had had an amputation (88%) but seven per cent were born with an incomplete limb.

Key overall findings of the survey were that:

- A number of improvements could be made to the current service that could raise the quality of life of some severely

*BELOW – Members and staff of the four Health and Social Services Boards and the Health and Social Services Councils at the launch of the report on users' views of the prosthetics service,*

Research continues to be a very important tool for the Council in our efforts to represent the views of patients, users and carers of health and social services.

This year the Council worked on a variety of research projects.

We concentrated on finishing a number of projects started last year, such as attitudes towards breast screening and hospital care for older patients.



Report by  
**KAREN MCCOY**  
Research Officer

During the course of the year we also saw the publication of reports of research conducted on a Northern Ireland wide basis with partners such as the other Health and Social Services Councils, the Boards and Green Park Healthcare Trust.

New issues of concern addressed during the last year included day hospital care for older people and non-attendance at hospital outpatient appointments.

# Research is a key

disabled service users.

- Many service users said they did not wear their limbs – only 3 out of 4 said they always wore their limb outdoors (76%) with two thirds (67%) saying they always wore their limb indoors. Reasons for not wearing their limb included: it felt uncomfortable, was too heavy, caused pain or did not fit properly.

- Half of all users said that their limb caused them some pain, with a further 7 per cent saying it caused them a great deal of pain.

- Almost 1 in 3 users said that

their limb did not help them as much as they would like.

- Some younger service users were concerned about the appearance of limbs and their incompatibility with modern clothing and footwear.

- Some people experienced long waiting times for certain kinds of modern limbs because of financial limitations and other policy issues.

- There were differentials between the nature and quality of limbs available to people and whether they were funding these through private insurance or through the NHS.

## SERVICES FOR OLDER PEOPLE AT DAISY HILL

In May 2000 the Council launched a report which detailed the views of 40 patients (and relatives) who had stayed on the Elderly Care and Rehabilitation wards of Daisy Hill Hospital. Overall there was a high level of positive feedback about patients' experiences.

Positive comments were made about nursing and medical staff, the benefits of therapeutic treatments and the ward environment. However some areas where improvements could be made were identified.

Key findings of the research were:

### Staff

- Nearly half the patients and relatives interviewed said there were times when staff were not visible on the ward.

- Over a quarter said they had to wait for long periods of time when they asked staff to help them.

- Positive comments were made about the services provided by the professions allied to medicine and the social worker.

However patients and relatives commonly perceived that they did not have adequate contact with these staff groups.





*Council Members Peter Murray and John McArdle with Sister Harris and Sister Moates at the reception area of the Elderly Care Ward in Daisy Hill Hospital.*

## factor

### *Information and communication*

■ Nearly half those interviewed said the doctor and nurses did not talk to them about their health and treatment while in hospital and a higher proportion did not receive any written information or leaflets.

■ Some relatives would have liked to have had regular feedback on the patient's progress.

■ Some patients felt unable to ask questions because they had no opportunity to do so, unsure who to ask or thought staff were too busy.

### *Ward environment*

■ Most patients on both wards thought the décor was very pleasant or reasonable and all thought cleanliness was good.

■ Eight of the 25 patients on the Elderly Care ward thought the temperature was too hot.

■ Some patients commented that they did not get on well with other patients because of their disruptive behaviour.

■ In some cases patients' sleep was disturbed by others on the ward.

### *Activities*

■ Most patients had access to a TV on the ward but in practice

many could not watch it because of where it was located.

■ Most patients spent their day in hospital doing very little and over half said they were bored.

### *Food*

■ The quality of food was considered to have been very good by the patients and relatives.

■ 14 patients required assistance to eat their meals. Six of these reported that they didn't always receive help due to staff sometimes being busy with other tasks.

### *Assistance required at home*

■ All patients leaving hospital required some sort of assistance to be provided at home.

On the basis of these findings, a total of 27 recommendations for improvement were made and are contained within the report. In response to this research Newry and Mourne Trust has developed an action plan to take forward the recommendations.

## WOMEN'S EXPERIENCES AND ATTITUDES TOWARDS ROUTINE BREAST SCREENING IN NEWRY AND MOURNE

This year the Council concluded its research on women's attitudes towards routine breast screening in the Newry and Mourne area.

The main findings included:

■ High levels of satisfaction with recent experience of breast screening.

■ 82% of women who attended had previously attended whereas a smaller proportion (59%) of women who did not attend had done so previously.

■ Non-attenders were more likely than attenders to have found the previous experience of screening quite or very distressing and less likely to have found it very worthwhile.

■ The majority of women considered it important to attend for breast screening.

■ 92% believed breast

screening enables women to have a better chance of being cured.

■ Reasons for not attending included; some had attended a short while before receiving the invitation, work/home commitments, fear, not wanting to think about negative things and not having received the invitation.

■ Reasons for attending included: feeling susceptible to developing breast cancer, recognising the benefits of screening, to seek reassurance, influence by family, GP or publicity, because the service was offered to them and as a common sense approach to maintaining one's own health.

■ 22% of women who had previously attended made suggestions as to how the breast screening process could be improved. These included; making it less painful, shorter waiting time to get the results, extending the age group and frequency of screening, improving privacy and dignity and improving staff attitude.

On the basis of the research findings 12 recommendations were made aimed at improving attendance rates. These recommendations related to three key areas – administration, the actual screening process and information, promotion and education.

*Karen McCoy, Research Officer, and Mary Ferris, Council Member, with the report on breast screening.*



Colette Hart, SHSSC Complaints Advisor, looks at the range of complaints the Council handled during the year on behalf of consumers and compares these with figures for previous years to identify trends.

## Treatment and care main causes of dissatisfaction

**I**n the year under review 112 complainants asked us for help, a rise of 27 on the previous year. The number is comparable with the year 1999-2000.

The outcomes achieved in respect of the complaints were as follows:

The majority of complaints did not proceed beyond the local resolution stage. At year-end, however, seven complainants had applied for Independent Review.

Two of these were turned down by the Convenor, one

was referred back to the Trust concerned and four were awaiting a decision by the Convenor. One complainant was referred to the Law Centre (NI) and legal advice was sought in relation to four other matters.

Of the three complainants who raised issues under the Children Order Representation and Complaints Procedure, two progressed to Stage 2: at year end one was beginning Stage 2 while the other had completed this stage and was considering whether to continue to Stage 3.

A number of matters are ongoing.

Since only a percentage of complainants approach us for assistance, our figures should not be regarded as an accurate reflection of the number of complaints about services in the Southern Board's area. They do, however, indicate what is giving cause for concern.

### MOST COMPLAINTS

Treatment and care is still the greatest cause for dissatisfaction. There were also a significant number of complaints about clinical diagnosis, staff attitude and behaviour and communication. This continues trends observed in previous years.

Medical staff was the group most complained about, followed by general practitioners and general

management. These have been the staff groups most complained about for the last four years.

### ASSISTANCE

It is our view that the complaint is owned by the complainant. We take no steps that are not agreed with the complainant.

The onus is on complainants to come back to us if they require further assistance. Our help is independent, confidential and free.

The complaints we assist with vary in seriousness and complexity – they cover everything from having to wait too long in A&E to concerns surrounding the death of a family member. The help we offer varies too, depending on the nature of the complaint and the individual circumstances of the complainant.

### Summary of complaints received by SHSSC

REASON FOR COMPLAINT	2001/02	2000/01
Access to records	1	1
Admissions/delays/ cancellations (inpatients)	3	4
Aids/adaptations & appliances	4	2
Appointments/delays/ cancellations (outpatients)	2	3
Children Order	3	2
Clinical diagnosis	11	5
Communication to patients/relatives	7	6
Confidentiality	2	2
Discharge & transfer arrangements	1	1
Hotel/support Services	1	-
Independent sector purchasing by Trusts	1	-
Mortuary/PM arrangements	1	1
Policy/commercial decisions	-	1
Professional assessment	-	1
Staff attitude/behaviour	7	11
Transport, late/non-arrival	-	1
Transport, suitability of vehicle	-	1
Treatment and care	41	27
Waiting list community services	4	2
Waiting times in outpatient depts	1	1
Waiting times, A&E depts	3	2
Other	19	11
<b>TOTAL</b>	<b>112</b>	<b>85</b>

## HOW WE CAN HELP WITH COMPLAINTS

We do not investigate complaints but can provide support and advice to those wishing to make a complaint. Depending on the nature of the complaint and the level of support required, we can:

- Provide advice or information
- Contact an organisation on a complainant's behalf
- Draft letters of complaint for complainants
- Prepare an application

for Independent Review

- Attend meetings or Independent Review panels with complainants
- Draft applications for investigation by the Ombudsman.

There is now another way to get advice on how to make a complaint – in addition to ringing, writing or visiting the office you can now log on to the Council's new website

[www.shsscouncil.net](http://www.shsscouncil.net)

TRUST	2001/02	2000/01	1999/00
Armagh & Dungannon HSS Trust	84	98	105
Craigavon Area Hospital Group Trust	225	210	99
Craigavon & Banbridge Community HSS Trust	106	97	84
Newry & Mourne HSS Trust	158	118	102

## Complaints up almost a third in Newry & Mourne

COMPLAINTS rose by 10 per cent across the Board's area. All Trusts showed a rise in complaints with the exception of Armagh & Dungannon HSS Trust where complaints fell for the second year in a row.

The most significant rise was in Newry & Mourne HSS Trust where complaints were

up by almost a third.

Trusts are obliged to provide the Department and the Board with quarterly statistics on complaints received. The four Trusts in the Southern Health and Social Services Board's area also forward this information to the Council and publish details in their annual reports.

Dental complaints have almost trebled. 2000/01 saw 19 complaints about dentists – this rose to 48 in the year past. There was a more modest rise in complaints to GP practices – up from 74 to 80.

A rise in complaints does not necessarily signify lower standards. It can mean that practices are more open to complaints and are better at providing patients with information on how to make a complaint.

Under the current arrangements, however, there is no way of analysing complaints about Family Health Service Practitioners as practices are not required to disclose the reason for the complaint or provide details of how long it took them to respond to the complainant.

Trusts are obliged to provide this information. The Council hopes that the recently established Regional Complaints Group will look at this anomaly.

### Outreach points make service more accessible to the public

THIS year the Council set up complaints outreach points at the South Tyrone Hospital in Dungannon and Ballybot House in Newry.

The aims are to raise our profile in these areas and to make the service more accessible. Members of the public can speak to the Council's complaints officer at each of the venues on one morning each month.

While uptake has been slow, we feel it has proved useful for some members of the public who may not have known about the Council or who would have had difficulty in coming to our office in Lurgan. Contact the Council for details of the next session in your area.

We plan to evaluate the scheme at the end of the coming year with a view to continuing to improve our service to the public.

## GOOD PRACTICE REVIEW WELCOMED

THE Council has welcomed moves to improve the handling of complaints.

As part of the Equality agenda, a Good Practice Review will be carried out in each of the Health and Social Services Board areas. The subject of the Review in this Board's area is complaints.

The aim is to look at how complaints are handled and to come up with recommendations for improvement within the current system. This review will be conducted by the Board in partnership with the Council, Trusts, Registration and Inspection Unit and Family Health Service Practitioners and is due for completion at the end of 2002.

The National Evaluation of Complaints indicated that there were high levels of dissatisfaction with the current system. The Minister for Health has set up a Regional Complaints Group to consider the Report's findings.



Members of the Southern Area Complaints Forum which is facilitating the Good Practice Review. Left to right: Marian Fitzsimons (N&M Trust), Edel Corr (CAHGT), Kenny McMahon (NIAS), Irene Knox (A&D Trust), Karen Braithwaite (SHSSB) and Colette Hart (SHSSC).

## Complaints system operates too slowly, says Human Organs Inquiry

THE Human Organs Inquiry, chaired by Mr John O'Hara QC, criticised the complaints system in its report published in June.

One area the Inquiry looked at was the service's handling of enquiries and complaints. It recommended that "the Department should move swiftly to improve the complaints system because currently it operates too slowly and does not always secure

complete co-operation from those complained against".

The Inquiry was struck by how little is known by the public about the role of Health and Social Services Councils in advising and assisting complainants, and recommended that the Department should fund a multi-media publicity campaign to ensure that the Councils' services are made known to the public.



SHSSC Members pictured after a Council meeting in January 2002. Standing, left to right: Peter Murray, Pat Brannigan, Yvonne McKnight, Isaac Hanna, Jim Cavanagh, Nazy Harris, Brendan Montague, John McArdle and Clive Henning. Seated, left to right: Delia van der Lenden (Chief Officer), Charles Rollston, Imelda Clarke, Mary Ferris, Roisin Foster, Adrian McKinney and Mary McNally.

### MEMBERS OF THE SHSSC 2001/2002 AND MEETINGS ATTENDED

		Possible attendance	Attended	
<b>Mrs Fionnuala Cook</b>	Gilford – Chairwoman	Term ended Nov 2001	5	5
<b>Mrs Roisin Foster</b>	Scarva – Acting Chairwoman from Dec 2001	Re-appointed Jun 2000	9	8
<b>Mrs Lynne Cairns</b>	Banbridge	Appointed Nov 2001	5	3
<b>Mrs Imelda Clarke</b>	Armagh	Appointed Dec 2001	4	3
<b>Mr John Coulter</b>	Lisburn	Appointed Nov 2001	5	0
<b>Mr Robert Cummings</b>	Killylea	Term ended Nov 2001	5	5
<b>Mrs Sue Cunningham</b>	Newry	Re-appointed Jun 2000	9	1
<b>Mrs June Allister</b>	Portadown – <b>deceased January 2002</b>		5	3
<b>Mrs Margaret Campbell</b>	Banbridge	Term ended Nov 2001	5	5
<b>Mrs Mary Ferris</b>	Newry	Appointed Nov 2001	5	4
<b>Mrs Angela Gray</b>	Newry	Term ended Nov 2001	5	5
<b>Mrs Nazy Harris</b>	Tandragee	Appointed Nov 2001	5	4
<b>Mr Clive Henning</b>	Portadown	Appointed Dec 2001	4	3
<b>Mr Joseph Loughran</b>	Lurgan	Term ended Nov 2001	5	5
<b>Mr Peter Murray</b>	Newry	Appointed Dec 2001	4	4
<b>Mr Brendan Montague</b>	Dungannon	Appointed Dec 2001	4	4
<b>Mr Adrian McKinney</b>	Tandragee	Appointed Nov 2001	5	3
<b>Mrs Yvonne McKnight</b>	Dromore	Appointed Nov 2001	5	2
<b>Cllr Sydney Anderson</b>	Craigavon Borough Council	Appointed Aug 2001	7	6
<b>Cllr Joan Baird</b>	Banbridge District Council	Term ended Aug 2001	2	2
<b>Cllr Brendan Curran</b>	Newry & Mourne District Council	Re-appointed Aug 2001	9	5
<b>Cllr Jim Cavanagh</b>	Dungannon & South Tyrone Borough Council	Re-appointed Aug 2001	9	5
<b>Cllr Gordon Frazer</b>	Armagh City & District Council	Term ended May 2001	1	1
<b>Cllr Samuel Gardiner</b>	Craigavon Borough Council	Term ended May 2001	2	0
<b>Cllr Isaac Hanna</b>	Newry & Mourne District Council	Re-appointed Aug 2001	9	6
<b>Cllr John McArdle</b>	Newry & Mourne District Council	Appointed Aug 2001	7	5
<b>Cllr Jim McCammick</b>	Craigavon Borough Council	Term ended May 2001	1	1
<b>Cllr Wilfred McFadden</b>	Banbridge District Council	Appointed Nov 2001	4	4
<b>Cllr Mary McNally</b>	Craigavon Borough Council	Re-appointed Aug 2001	9	6
<b>Cllr Pat Brannigan</b>	Armagh City & District Council	Re-appointed Oct 2001	9	8
<b>Cllr Charles Rollston</b>	Armagh City & District Council	Appointed Oct 2001	6	3
<b>Cllr David Simpson</b>	Craigavon Borough Council	Appointed Aug 2001	7	6
<b>Cllr Charles Smyth</b>	Newry & Mourne District Council	Term ended Aug 2001	1	0

## HOW WE RESPONDED

### SHSSC Responses 2001-02

Response to SHSSB - New TSN Draft Action Plan. Acting Fairly To Protect Patients' Fitness To Practice. Roll Forward Inspection Programme 2002-2005. Human Organs Inquiry; Best Practice - Best Care. Submission to DHSSPS into the Delivery of Cancer Services in Northern Ireland. Inquiry into the Delivery of Cancer Service in Northern Ireland. Inquiry Into Early Years Provision. Equality Impact Assessment - STH. Response to Acute Hospitals' Review Group. Response to Cardiology and Cardiac Surgery Reviews. Securing our Future Health - Taking a Long term view. Making a Bill of Rights for Northern Ireland. Response to Consultation Paper on New Primary Care Arrangements within H&PSS. Implementation of Strategic Review of the Ambulance Service. Strengthening the Cardiac Medical Services - N/M Trust. Guidance For Boards In Considering An Application For Closure of A Branch Surgery.

### Joint Councils' Responses 2001-02

The SHSSC, in conjunction with the other three HSS Councils, responded to 12 other consultation documents.

## Southern Health & Social Services Council STATEMENT OF EXPENDITURE TO 31 MARCH 2002

	£	£
<b>Salaries</b>		<b>122,203</b>
<b>Members Expenses</b>	<b>1,654</b>	<b>1,654</b>
<b>Premises</b>		
Rent	<b>16,195</b>	
Rates	<b>6,148</b>	
Electricity	<b>2,658</b>	
Insurance	<b>341</b>	<b>25,342</b>
<b>General Administration</b>		
Computer Services	<b>1,220</b>	
Cleaning	<b>1,915</b>	
Telephone	<b>3,803</b>	
Postage	<b>2,864</b>	
Printing & Stationery	<b>8,037</b>	
Reprographics	<b>1,182</b>	
Advertising (recruitment) & Training	<b>1,159</b>	
Hospitality	<b>1,318</b>	
Furniture & Capital	<b>404</b>	
Staff Travel & Expenses	<b>9,163</b>	
Miscellaneous	<b>86</b>	<b>31,151</b>
<b>Other expenses</b>		
Research, Education & Promotion	<b>15,348</b>	<b>15,348</b>
<b>OVERALL TOTAL</b>		<b>195,698</b>

## Meet the staff team

**SEAMUS MAGEE**  
Chief Officer  
(resigned 26 October 2001)

**DELIA VAN DER LENDEN**  
Chief Officer  
(appointed 11 February 2002)

**KAREN McCOY**  
Research Officer

**COLETTE HART**  
Complaints Advisor

**NANCY DOWNARD**  
Office Manager

**LISA McCOOL**  
Clerical Officer

**VICTORIA WARD**  
Research Assistant  
Student Placement, UU  
(finished July 2001)

**RICKY McALLISTER**  
Research Assistant  
Student Placement, UU  
(finished September 2001)

**SUSIE LIGGETT**  
Research Assistant  
Student Placement, UU  
(commenced July 2001)

**LISA GLENDINNING**  
NVQ Level III, LCFE  
Student Placement

## PUBLICATIONS AVAILABLE FROM THE COUNCIL

*Breast Screening in Newry and Mourne - Women's Experience and Attitudes* June 2002

*NI Prosthetics Services Survey - Management Report* Joint project for NI Health Boards and HSS Councils May 2002



*Non-attendance at Outpatient Appointments - A Discussion Paper* May 2002

*Services for Older People at Daisy Hill Hospital* May 2002

*New Targeting Social Need (TSN) Action Plan* June 2001

*Equality Scheme - Northern Ireland Act Section 75 - Statutory Equality Obligations* May 2001

*A Survey of the Southern Health and*

*Social Services Council's Performance in Assisting Complainants* March 2001

*Relatives' Voices - Relatives Views on the Quality of Care Provided to Older People in Nursing and Residential Homes* January 2001

*Opening the Door to Health - Access to Primary Healthcare Services for Single Homeless People in Northern Ireland* December 2000

*Women's Voices - Women's Experiences of Maternity Services at Craigavon Area Hospital following Transfer from South Tyrone Hospital* June 2000

*Replying to Consultation Documents - a guide to making your voice heard* March 2000

*Patients' and Relatives' Experiences of Services Provided at Craigavon Area*

*Hospital* September 1999

*GP Out Of Hours Service at moylinn*

*Medical Centre - Experiences and Perceptions of Patients* September 1999

*Northern Ireland's Health & Social Services Councils' Three-Year Strategy 1999-2002* April 1999

*The Wheelchair Service - Experiences and Perceptions of Users* February 1999

*Accommodation Needs*

*Assessment of People (18-64) with Physical or Sensory Disabilities in the Southern Board's Area* December 1998

*Influencing the Future Pattern of Acute Hospital Services - The Views of Southern Board Residents* February 1998

Reports published 1992-97 are available on request.



# We're here to represent you

Need advice, information or support concerning health and social services? Or maybe you're unhappy with the services provided by your GP, dentist, hospital or social worker. We're here to help you. Just phone, write, e-mail, visit our website or call to see us.

Our offices, open to the public 9.30am to 4.30pm Monday to Friday, are in a central position in Lurgan. Car parking is available at the front of the building which has access for wheelchairs.

## ESTABLISHED IN 1991

Established in 1991 as one of four Health and Social Service Councils in Northern Ireland, we are an independent organisation.

We have 24 members who are appointed by the Department of Health, Social Services and Public Safety (DHSSPS). Ten are representatives from the five local Councils covering the Southern Board's area. The others come from voluntary organisations with an interest in the services in our area or are independent representatives with an interest in health and social care issues.

Representatives, except those from local Councils, are appointed for four years under the Nolan principles, whereby public appointments are made on merit through advertising. We have five full-time staff and our Chief Officer is the senior official.

The Council is funded by the DHSSPS. For the 2001-02 tax year we had a budget of £185,000 – any increase in budget must be negotiated with the DHSSPS. Over 80 per

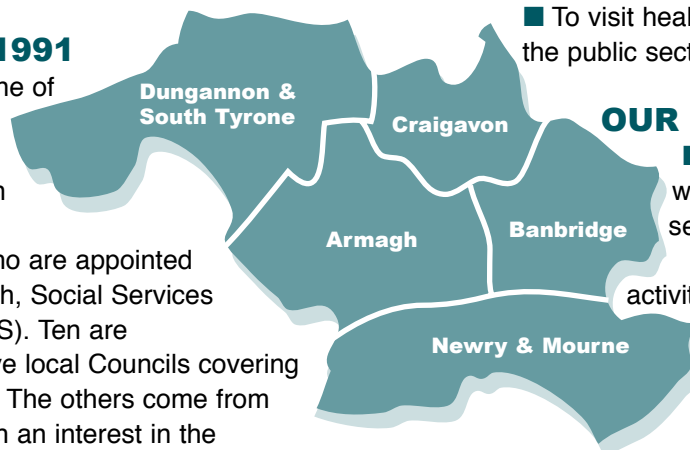
cent of our budget is spent on salaries and premises costs.

## OUR LEGAL RIGHTS

- To be consulted by the Southern Health and Social Services Board on any major development in or changes to the service.
- To receive information from the Board about the planning and running of services.
- To visit health and social services facilities in the public sector.

## OUR MAIN ACTIVITIES

- To represent the public's views when decisions are made about services.
- To influence the Board's activities which relate to introducing services.
- To respond to any proposals or plans put forward by the Board.
- To offer support and guidance to patients or members of the public who want to complain about any part of the services.
- To carry out research into how patients view the services and their experiences of them.
- To monitor the performance of services against the standards set out in their charters.
- To give the public a range of information about the services.
- To visit health and social services facilities run by the Board or Trust.



**SOUTHERN**  
health & social services  
**COUNCIL**

**The Southern Health & Social Services Council**  
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Lurgan, Co Armagh BT66 8BB  
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Fax: 028 3834 9858  
Minicom: 028 3834 6488  
Email: [admin.shssc@dnet.co.uk](mailto:admin.shssc@dnet.co.uk)  
Website: [www.shsscouncil.net](http://www.shsscouncil.net)