

# **INDEPENDENT REVIEW BODY**

**(Investigating Complaints of NHS Treatment)**



## **REPORT 2016-2020**

### **INTRODUCTION**

This report covers the period 1 April 2016 – 31 March 2020. It provides an overview of the work of the NHS Independent Review Body (IRB) and contains information on the role, membership, meetings, *modus operandi*, nature of complaints and observations on NHS provision.

### **PURPOSE**

The IRB was established in accordance with the National Health Service (Complaints) Regulations 2004 to investigate complaints made in relation to the NHS which have not been dealt with to the satisfaction of complainants by the local resolution process of the NHS. Such complaints can be in respect of the Hospitals or a Practitioner (e.g. a G.P., Pharmacist, Dentist or Optometrist). Complaints can relate to purely process or procedural matters such as traffic management at a hospital and clinic organisation OR to clinical practice, competence or any other aspect of care which fails to meet a service user's expectation. According to the IRB's statutory purpose and obligation, it is entitled to investigate in any manner, which seems to it appropriate, all matters that relate to a health service complaint that are unresolved.

'Appendix 1' to this report is the public information leaflet which gives full details of the manner in which the IRB operates.

### **MEMBERSHIP**

There have been various adjustments to the original membership roles since 2004. Initially the IRB consisted of three lay members acting in a learning capacity plus three convenors being the longer serving more experienced members who undertook the actual investigation of complaints.

In 2018 because of the increased number and complexity of complaints with the consequential effects on individual Member's time commitment, approval was given for all members to be convenors from appointment. Intensive training and support is in place to ensure new convenors are fully assisted and supported throughout their initial review of complaints.

For some time, Members of the Body have commented on the fact that at the selection stage they have not been prepared for, and made fully aware of the amount of work and time involved in undertaking the role of a convenor. This problem has been explained to the relevant Government personnel on several occasions and, at one point, the IRB Chair was permitted to be involved in the selection process, albeit as an observer. He was able to explain at interview exactly what was required, which the appointee later commented was

extremely helpful. The arrangement was discontinued until March 2020. During this period, following misunderstandings at interviews held in September 2019, the convenor appointed, being advised fully at the initial welcoming and explanatory IRB meeting of the commitment, resigned before duties had commenced. As a postscript, it should be noted that the Chair of the IRB took a full part in two interviews held in April 2020 which was considered should be the way forward for new appointments.

Over the period there have been several changes in the membership as set out in the table below; the highlighted names are those currently in post.

<b>Member's Name</b>	<b>Role</b>	<b>Date of Resignation/ Expiry of Term of Office</b>
Chris Barr	Appointed Lay Member 02.01.2014 Convenor 01.03.2017-17.06.2018; thereafter Lay Member	Resigned 01.01.2019 at end of 1st term
Colin Brown	Appointed Lay Member 16.02.2012 Convenor 01.01.2015	Resigned 15.02.2017 at end of 1st term
<b>Philip Dunne</b>	<b>Appointed Convenor 28.10.2019</b>	<b>Expiry (first term) 27.10.2024</b>
Andy Guy	Appointed Lay Member 02.01.2010 Convenor 01.01.2012 Vice Chair 07.01.2013 Chair 14.10.2013	Resigned 12.10.2019 (2nd term expiry 01.01.2020)
<b>Brian Holt</b>	<b>Appointed Lay Member 02.01.2013</b> <b>Convenor (4<sup>th</sup>) 01.04.2015</b> <b>Vice Chair 01.04.17</b> <b>Chair 09.2019</b>	<b>Expiry (second term) 01.01.2023</b>
Helen Kneale	Appointed Convenor 06.02.2019	Expiry (first term) 05.02.2024
Harry Messenger	Appointed Lay Member 02.01.2015 Convenor 01.03.2017	Resigned 05.08.2019 (1 <sup>st</sup> Term expiry 01.01.2020)
Francis Masserick	Appointed Lay Member 01.02.2011 Convenor 01.01.2014 Vice Chair 13.10.2014	Resigned 31.03.2017 (2 <sup>nd</sup> Term expiry 28.01.2021)
<b>Heather Norman</b>	<b>Appointed Lay Member 28.02.2017</b> <b>Convenor 01.02.2019</b> <b>Vice Chair 10.01.2020</b>	<b>Expiry (first term) 01.03.2022</b>
<b>Jeremy Theobald</b>	<b>Appointed Lay Member 28.02.2017</b> <b>Convenor 18.06.2018</b>	<b>Expiry (first term) 01.03.2022</b>
Geraldine Watterson	Appointed Convenor 28.10.2019	Resigned 10.01.2020 (1 <sup>st</sup> term expiry 27.10.2024)

## **MEETINGS**

Business meetings take place quarterly and extra events are arranged when deemed necessary; for example, to assist new members, case study meetings can be held. Each IRB member is totally independent in reaching decisions on complaints, albeit as witnessed at meetings the IRB operates together as a supportive team.

Whilst meetings focus on the status of complaints and domestic matters such as the updating of IRB procedures, related subjects are discussed. For example, the revision of the complaints scheme as referred to in the National Health and Care Act 2016 and the subject first considered some six plus years ago concerning the possible integration of the NHS Independent Review Body and Social Care Review Body [established 2011].

Where it is considered helpful, relevant DHSC personnel are invited to attend meetings including: -

15.04.2016 Dr Malcolm Couch, then Chief Executive, DHSC

October 2016 to Oct 2017 Ms Amanda Craig, Director of Strategy and Policy, DHSC, provided pre meeting updates on the current NHS initiatives

13.01.2017 Mr Paul Edge, Information Officer, DHSC

06.04.2017 Ms Gaye Miller, DHSC Head of Information and Records Management, regarding the Government's digital Strategy to scan and digitise medical records in order to enable faster access to patients' records.

14.07.2017 Mr Gary Williams, in his role as DHSC Project Manager, overseeing the implementation of the DHSC Digital Record

12.10.2018 The Hon. David Ashford, MHK, Minister for Health & Social Care

01.02.2019 Ms Nicci Igoea, Healthcare Review Manager in respect of the Sir Jonathan Michael Review

### **ATTENDANCE AT EVENTS**

The IRB has earlier in the period participated in various events: DHSC Quality Strategy Presentations, Patient Safety Conferences, and various Noble's Hospital in-house training modules. Similarly, presentations on the role and remit of the IRB have been given to NHS Staff.

It is hoped that such interaction will result in a greater understanding of the IRB's role as well as an appreciation by Members of the challenges being encountered by DHSC staff.

### **NATURE OF COMPLAINTS**

As referred to previously, it is notable that the contents and complexity of complaints presented to the IRB have increased significantly since its inception. This appears to be due to a number of factors: the growth in the Island's population with a high percentage of older people requiring greater clinical intervention, the more litigious nature of people with less faith in the professions; for example, the expectation that the medical profession should be able to diagnose quickly and avoid adverse results. As the Public becomes more aware of its rights and the standard of service that should be provided by the NHS, they are not prepared to tolerate what they consider is second-rate care and treatment.

The considerable and ongoing changes to the mode of operation of the DHSC in general, and noticeably the Health Services, with upheaval in staff structure and organization, has been reflected in the review of complaints. Hence in some quarters there does appear to be a lack of knowledge of the role of the IRB and the correct procedures to be followed. This has had an adverse effect on individual complainants who consequently are wrongly advised.

Additionally, in the view of the IRB, there is a less effective performance of the local resolution system on complex and contentious cases. This is reflected by the number of hours each Convenor spends in examining often several hundred pages of medical records, notes, letters, emails, and other supporting material. There are regularly more points in cases that require additional information from clinical personnel and further clarification from complainants, which result in a longer time spent analysing the contents and inevitably delays in completing reports. Indeed, the quality of investigations at local level resulted in Dr Malcolm Couch, then DHSC Chief Executive, issuing a Department-wide checklist on how to undertake the review of a complaint together with the procedure to be followed when compiling a complaint management file. It is apparent that this directive has not been fully followed and, possibly due to staff resources/changes within one Division, documentation received by the IRB has been incomplete. As a consequence many recent IRB reports have included a recommendation that best practice needs to be followed in dealing with complaints at local level including recording meticulously the processes undertaken and providing to the IRB exact copies of all papers.

### **Recurrent factors in complaints**

**(a) Communication:** This is apparent in a number of areas of service provision: between Consultants on Island and those based in tertiary centres in the UK; between different clinical specialties; between Hospitals and GPs and different parts of the health and social service with electronic records not accessible to all; between patients and clinicians; and between complainants and those overseeing complaints. Regarding the latter, it is apparent that some complaints would never have reached the IRB if such interaction had been effective.

**(b) Tertiary Care:** There does not appear to be a central strategy for monitoring arrangements whereby care is supplied for Island residents in UK Hospitals/Units. In this connection, on occasion flights to the UK for appointments are cancelled at the last minute resulting in already paid-for flights not being utilised. Also, where patients have attended, the requisite Isle of Man records have not been available for the receiving Consultant.

**(c) Care Pathways:** These are not available or clearly defined with policies/protocols non-existent or out of date. Leaflets on display for the public are similarly often not available or out of date.

**(d) General Dental Services:** This service appears to be managed without a clear knowledge of the limits of the operation, with NHS and private dental treatment being offered side by side, leading to much confusion.

**(e) Lack of Uniformity:** It is apparent that there is a lack of uniformity across all areas with no consistency in health care provision.

### **DIGEST OF COMPLAINTS**

The status of cases reviewed during the period of this report is attached as 'Appendix 2'. As will be appreciated, arrangements for investigating complaints are ongoing and do not

fall neatly into a yearly cycle. Complaints made or received in one year may not always be resolved within that year, and year on year comparisons are rarely easily made. Similarly, IRB data may not be readily comparable with records kept by NHS Units for similar reasons.

The recommendations by the IRB for DHSC action can cover a whole gamut of service areas and patient experience. Whilst confidentiality aspects do not allow the full facts of issues considered by the IRB or in which specific environment, set out below is a synopsis of recommendations from the IRB which have resulted in action by DHSC service providers to improve and amend arrangements for its service users. It is emphasized that these were in relation to incidents in specific areas of care and not to the whole of DHSC remit.

- Record keeping and documentation
- Transfers/arrangements for Tertiary Care
- Revision and introduction of new protocols, schemes and pathways
- Updating to comply with NICE guidelines
- Introduction of statistical information for future comparison
- Modification of rota plans
- Increases in training programmes to assist staff knowledge
- Additional purchase of equipment
- Communications with patients and relatives

The IRB has taken note that, following the issue of the Sir Jonathan Michael report, the resultant introduction of Manx Care will seek with the Department of Health and Social Care the continuous improvement in the quality of services provided to the service user who will be central to all initiatives. It is within this area that the IRB can continue to play a positive role in advancing the promotion of enhanced care.



Brian Holt  
Chair, NHS Independent Review Body

**INDEPENDENT REVIEW BODY**  
(Investigating Complaints of NHS Treatment)



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**INFORMATION**

**Who we are**

We were set up by Government in accordance with the National Health Service (Complaints) Regulations 2004 to provide an independent complaint handling service for complaints that have not been resolved by the National Health Service (NHS) in the Isle of Man.

We are not part of Government or the Isle of Man NHS. We consider all complaints impartially, neither acting as a defender of the service provider nor as an advocate of the complainant.

**Our Members**

We are appointed by the Isle of Man Council of Ministers in accordance with the NHS (Independent Review Body) 2004 Regulations and consist of six members, who come from diverse professional backgrounds and bring a wide range of experience.

We are totally independent lay citizens and are not permitted to be or have been healthcare professionals. We are able to seek advice on clinical information from an expert.

We do not have an office. We are supported by a Clerk, who is not a Government employee, and who, like the members, works from home.

**What to do before you come to us**

You should raise your concerns regarding care and treatment early on with the NHS provider, i.e. Dentists, General Practitioners, NHS Hospitals, Optometrists, Pharmacists and all those supplying a service under the NHS. It may be that it will be possible to sort the problem quickly.

Where this is not the case, your complaint should formally be directed to the relevant service provider, e.g. Hospital, who will look at the matters raised and take steps to resolve whether via conciliation, mediation, or other means. This process is called 'local resolution'.

Details of whom to contact is contained in the leaflet entitled 'Complaints Procedure for Health Services – A Patient's Guide' which can be obtained from the Department of Health and Social Care public reception areas or can be found on the Department's website under the side heading 'Complaint and compliments'.

**When to complain to us**

You can complain to us when 'local resolution' has been unsuccessful and if you are not happy with the way in which your complaint has been handled by the NHS.

You may consider the investigation by the NHS was inadequate, incomplete or unsatisfactory.

You may have reason to believe that the underlying issues, which led to the complaint, have not been fully uncovered or understood. You may believe that the response from the NHS did not address all the issues raised in the complaint.

## Time limits

It is a good idea to get your complaint to us as soon as possible and **within 28 days** after you have had a final response from the organisation with which you are not happy.

Normally, if we receive a complaint outside this time limit, we cannot investigate. However, the Regulations do allow some flexibility and in certain circumstances we may be able to investigate even if your complaint is outside this time limit.

If you were not able to complain to us in time, please explain what happened to delay contacting us and we will decide whether it is still possible to investigate.

## Who can complain to us

A current or former patient.

Someone on behalf of a patient (eg a relative or carer) where the patient has given consent.

Someone on behalf of a patient where the patient has died, is a child, or is unable because of mental or physical incapacity to make the complaint themselves.

Visitors or family members who are unhappy with the service they have received.

## How to lodge your complaint

You should contact us at either of the addresses at the beginning of this leaflet giving your full name, postal and e-mail addresses and date of birth. Where you are complaining on behalf of another individual, also list their full name, postal and e-mail addresses, date of birth and your relationship to that individual, e.g. mother, son, friend, etc.

You should explain the issues about which you are complaining, the dates they occurred and which service they concern.

You should give particulars as to which parts of the complaint you consider have not been addressed by the service provider.

If you are able to do so, you should include copies of any related documentation.

## What we can and can't do

We can

1. investigate complaints concerning care and treatment provided under the National Health Service but we cannot review complaints regarding treatment supplied under a private arrangement.
2. investigate all complaints but not those where legal proceedings have commenced.
3. make recommendations to put things right, but we cannot award compensation or make recommendations about staff disciplinary action.
4. ask the NHS to improve its services to avoid the same things happening again. This includes asking the organisation to review its policies or procedures, guidance or standards.

## How we deal with complaints

**Step 1** When we first receive your complaint we have to make sure that it relates to NHS provision, that you have been through the service provider's own complaint process already, that you have the patient's permission to make the complaint and that your complaint has been received within the specified time limit or there is a valid reason for the delay in submission.

**Step 2** We will acknowledge receipt of your complaint and send an explanatory letter. You will be asked to complete and return consent forms for the IRB to receive copies of the relevant NHS

records. The copy files will then be requested from the NHS; the photocopy process can take up to eight weeks.

**Step 3** Your complaint will be allocated to one of the IRB members (convenors) who will consider the material you have provided and all the documentation received from the service provider including its file containing particulars of how the complaint has been managed.

**Step 4** The convenor will investigate what has happened and may request additional information from you or the NHS. Current NHS guidelines will be considered and, where necessary, independent expert advice will be sought. A convenor can decide to uphold your complaint, reject your complaint, refer the matter back for further action as part of local resolution or call for an Independent Review Panel.

*(Please note a Panel is only established where it is deemed that the issues raised need further investigation to determine the facts and will involve your attendance and that of the relevant NHS staff as well as any required independent clinical experts. A Panel report will be issued containing details of the proceedings, the decision and any recommendations. The complaints process ends following the NHS Provider's response to the Panel's report.)*

**Step 5** You and the NHS Provider will receive a copy of the report containing the convenor's decision and, where applicable, any recommendations as to how the service can be improved.

**Step 6** Should you be unhappy with the contents, you can appeal within 28 days for review by a second IRB convenor. You should explain fully why you are requesting a second review and with which aspects of the first convenor's report you disagree. In such circumstances, the second convenor will examine the facts and provide a report on findings.

**Step 7** Where recommendations are made for improvements to the service, the NHS is required to respond to the IRB and the complainant listing the action to be taken and when completed.

You will be kept fully informed throughout the IRB process.

**COMPLAINTS PROCEDURE COMPLETED** The complaints procedure ends at **Step 7**. There is no further appeal process or recourse to any other Body or Organization.

### **What you can expect from the review of your complaint**

The IRB is committed to resolving complaints in a fair and consistent manner for both you and the NHS. Where necessary it will seek an explanation and acknowledgement of what went wrong, action to put matters right and, where warranted, an apology. It may recommend changes in the way the service is provided to avoid a recurrence in the future and that lessons are learned where things have gone wrong.

### **Further advice and support**

The above gives an overview of the role and remit of the Independent Review Body (IRB). If you require clarification of any points, please contact the Clerk, who will assist by answering any queries.





## Status of complaint investigations for the period 1 April 2016 – 31 March 2020

### Table interpretation:-

'**Result**' is not a precise definition but provides some indication of the elements of the complaint that have been upheld by the Convenor. Some of these aspects may have already been resolved during the local resolution process.

'**Recommendations**' can also be made where the content of the complaint is not upheld but it is recognised that improvements are required to the system to ensure a more efficient and improved experience for other patients.

**Shading** has been used to indicate the cases received during each 12 monthly period and includes details of reports issued during 2016-2020 where the complaints had been received prior to 1 April 2016.

<b>10</b>	Cases received prior to April 2016-31 March 2020 and completed within that period
<b>9</b>	Complaints received 1 April 2016-31 March 2017
<b>18</b>	Complaints received 1 April 2017-31 March 2018
<b>18</b>	Complaints received 1 April 2018-31 March 2019
<b>15</b>	Complaints received 1 April 2019-31 March 2020

**Note regarding duration of case investigation:** As will be noted from the information below, there is no set period for the completion of an investigation albeit the IRB aims to provide a report as swiftly as possible. The provision of copies of the records, the input required from a convenor to forensically examine what can be many hundreds of pages of those documents, the time taken for responses to be received where a convenor seeks further information from a complainant and/or the service provider, plus consultation where expert clinical advice is required, are amongst the factors which affect the timing of the provision of reports. This is particularly notable where a panel hearing is called and completion can be much extended in as much that arrangements need to be put in process for appointing independent clinical experts (where applicable), and the location of a date then agreed dependent on the availability of all parties involved: the IRB panel, independent clinical experts, complainant(s) and service provider attendees.

<b>IRB ID</b>	<b>Commenced</b>	<b>DHSC Division(s)</b>	<b>Convenor(s)/ Panel Hearing</b>	<b>Report issued</b>	<b>Result (upheld/ not upheld)</b>	<b>Recomm- endations</b>	<b>Outcome and comments as appropriate</b>
IRB 120	28.10.12	Noble's Hospital	Panel Hearing	17.05.18	<b>5 of 6 upheld</b>	<b>13</b>	Extremely involved case.
IRB 140	30.05.14	Noble's Hospital	Panel Hearing	27.04.17	<b>3 of 3 upheld</b>	<b>3</b>	
IRB 143	22.07.14	Noble's Hospital	Panel Hearing	14.05.16	<b>5 of 5 upheld</b>	<b>7</b>	
IRB 145	25.07.14	Noble's Hospital	1 <sup>st</sup> Convenor	27.04.16	<b>Upheld</b>	<b>0</b>	Hospital had already instigated changes.
IRB 146	31.07.14	Noble's Hospital	Panel Hearing	20.12.16	<b>3 of 3 not upheld</b>	<b>3</b>	<b>2</b> recommendations relating private care; one DHSC administration.
IRB 147 (159)	07.08.14	Mental Health Service	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	16.01.15 24.01.18	<b>3 of 3 upheld</b>	<b>5</b>	
IRB 148	28.07.14	Mental Health Service	1 <sup>st</sup> Convenor	18.05.16	<b>7 of 8 upheld</b>	<b>7</b>	
IRB 152	26.01.15	Dental Practice	1 <sup>st</sup> Convenor	27.10.16	<b>Upheld</b>	<b>3</b>	Recommendations included further local resolution action.
IRB 155	09.05.15	Dental Practice	1 <sup>st</sup> Convenor	30.11.16	<b>Not upheld</b>		
IRB 163	15.03.16	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	31.08.16 25.11.16	<b>Upheld</b>	<b>2</b>	Hospital had already taken action. Recommendations in respect of administrative matters.

<b>IRB ID</b>	<b>Commenced</b>	<b>DHSC Division(s)</b>	<b>Convenor(s)/ Panel Hearing</b>	<b>Report issued</b>	<b>Result (upheld/ not upheld)</b>	<b>Recomm- endations</b>	<b>Outcome and comments as appropriate</b>
IRB 165	29.04.16	Noble's Hospital	1 <sup>st</sup> Convenor	12.10.18	<b>4 of 4 upheld</b>	<b>6</b>	
IRB 166	16.05.16	Noble's Hospital	1 <sup>st</sup> Convenor	14.09.16	<b>Upheld</b>	<b>4</b>	Hospital had already taken action. Recommendations regarding administrative processes.
IRB 167	31.08.16	Noble's Hospital	1 <sup>st</sup> Convenor				IRB requested further information from Complainant, not received, review closed.
IRB 168	31.08.16	DHSC	1 <sup>st</sup> Convenor				On investigation it appeared the majority of the complaint related to the Department of Education and Social Care; the NHS aspect having been addressed. Case closed.
IRB 169	13.01.17	Dental Practice/DHSC administrative staff	1 <sup>st</sup> Convenor	27.04.17	<b>Not upheld</b>		Action taken to address issues during local resolution process.
IRB 170	02.02.17	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	15.01.18 27.12.19	<b>Upheld</b>	<b>7</b>	
IRB171	07.02.17	Hospital	Panel Hearing	14.10.19	<b>3 of 4 upheld</b>	<b>9</b>	
IRB 172	11.02.17	MEDS	1 <sup>st</sup> Convenor	17.03.17	<b>Upheld</b>	<b>3</b>	
IRB 173	13.03.17	Noble's Hospital	1 <sup>st</sup> Convenor				Investigation delayed as Hospital offered additional local resolution. No further IRB contact from Complainant.

IRB ID	Commenced	DHSC Division(s)	Convenor(s)/ Panel Hearing	Report issued	Result (upheld/not upheld)	Recommendations	Outcome and comments as appropriate
IRB 174	26.04.17	Prison Healthcare System	1 <sup>st</sup> Convenor				Review commenced; then Complainant indicated legal process being undertaken and asked to clarify. No response and advised case closed.
IRB 175	10.05.17	Noble's Hospital	1 <sup>st</sup> Convenor	18.09.17			Referred back for further local resolution.
IRB 176	18.05.17	DHSC/Ambulance Service	1 <sup>st</sup> Convenor	12.07.17	<b>2 of 3 upheld</b>	<b>1</b>	
IRB 177	02.11.17	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	07.04.18 03.04.19	<b>4 of 13 upheld</b>	<b>3</b>	
IRB 178	02.11.17	Noble's Hospital	1 <sup>st</sup> Convenor	10.01.19	<b>6 of 6 upheld</b>	<b>4</b>	
IRB 179	28.11.17	Noble's Hospital	1 <sup>st</sup> Convenor	28.05.18	<b>Not upheld</b>		
IRB 180	02.01.18	Noble's Hospital	1 <sup>st</sup> Convenor	25.09.18	<b>Not upheld</b>		Aspects already addressed during local resolution.
IRB 181	04.01.18.	Noble's Hospital	1 <sup>st</sup> Convenor	05.03.18	<b>Not upheld</b>	<b>3</b>	Recommendations for patient and family to pursue further support.
IRB 182	28.01.18	Noble's Hospital	1 <sup>st</sup> Convenor	01.09.18	<b>3 of 3 upheld</b>	<b>2</b>	
IRB 183	27.01.18	Dental Practice	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	13.05.18 22.09.19	<b>Not upheld</b>		
IRB 184	13.02.18	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	22.04.18 24.10.19	<b>Not upheld</b>		Aspects already addressed during local resolution.
IRB 185	06.03.18	Noble's Hospital	1 <sup>st</sup> Convenor	25.04.19	<b>4 of 4 upheld</b>	<b>4</b>	
IRB 186	07.03.18	DHSC, ? Division	1 <sup>st</sup> Convenor				IRB requested further information from Complainant, not received, advised review closed.
IRB 187	12.03.18	Noble's Hospital	1 <sup>st</sup> Convenor	07.01.19	<b>2 of 2 not upheld</b>	<b>3</b>	Recommendations concerning Hospital's responses to complaint.
IRB 188	14.03.18	Mental Health Service	1 <sup>st</sup> Convenor	29.01.20	<b>5 of 9 upheld</b>	<b>6</b>	
IRB 189	15.03.18	Noble's Hospital	Panel Hearing	11.03.19	<b>5 of 5 upheld</b>	<b>5</b>	
IRB 190	18.03.18	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	05.11.19			Investigation in progress with 2 <sup>nd</sup> Convenor review.
IRB 191	23.03.18	G.P. Practice	1 <sup>st</sup> Convenor	27.09.18	<b>1 of 3 upheld</b>		

IRB ID	Commenced	DHSC Division(s)	Convenor(s)/ Panel Hearing	Report issued	Result (upheld/not upheld)	Recomm- endations	Outcome and comments as appropriate
IRB 192	03.05.18	Noble's Hospital	1 <sup>st</sup> Convenor	10.10.18	<b>Upheld</b>	<b>2</b>	
IRB 193	15.05.18	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	11.01.19 31.07.19	<b>3 of 3 not upheld</b>	<b>5</b>	Recommendations in respect of administrative arrangements.
IRB 194	28.05.18	Noble's Hospital	1 <sup>st</sup> Convenor				Complainant subsequently died; response in progress.
IRB 195	31.05.18	Prison Healthcare System	1 <sup>st</sup> Convenor	14.11.18	<b>Not upheld</b>		Addressed during local resolution.
IRB 196	23.06.18	Dental Practice	1 <sup>st</sup> Convenor	20.03.19	<b>5 of 5 not upheld</b>	<b>2</b>	Recommendations in respect of administrative arrangements.
IRB 197	28.07.18	G.P. Practice	1 <sup>st</sup> Convenor	08.03.19	<b>Not upheld</b>		
IRB 198	02.08.18	Mental Health Service	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	10.04.19 12.11.19	<b>Not upheld</b>		
IRB 199	29.08.18	Noble's Hospital	1 <sup>st</sup> Convenor	15.01.20	<b>Upheld</b>	<b>2</b>	
IRB 200	25.09.18	G.P. Practice	1 <sup>st</sup> Convenor	01.07.19	<b>Upheld</b>	<b>3</b>	
IRB 201	03.10.18	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	07.06.19 09.12.19	<b>5 of 9 upheld</b>	<b>5</b>	
IRB 202	12.10.18	Noble's Hospital	1 <sup>st</sup> Convenor				IRB requested further information from Complainant, not received, review closed.
IRB 203	12.11.18	Community Dental Service	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	25.02.19 04.11.19	<b>Not upheld</b>	<b>3</b>	Recommendations in respect of administrative arrangements.
IRB 204	20.11.18	Mental Health Service	1 <sup>st</sup> Convenor				Review commenced, the Complainant then indicated legal process being undertaken. Advised case closed.
IRB 205	22.11.18	Dental Practice	1 <sup>st</sup> Convenor	28.10.19	<b>Not upheld</b>	<b>3</b>	Recommendations in respect of administrative arrangements.
IRB 206	31.12.18	Noble's Hospital	1 <sup>st</sup> Convenor				Investigation in progress.
IRB 207	21.01.19	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	20.08.19	<b>2 of 4 upheld</b>	<b>3</b>	Recommendations in respect of administrative arrangements.
IRB 208	06.03.19	Noble's Hospital	1 <sup>st</sup> Convenor				Investigation in progress.
IRB 209	08.03.19	Noble's Hospital	1 <sup>st</sup> Convenor	16.09.19	<b>1 of 3 upheld</b>	<b>3</b>	

IRB ID	Commenced	DHSC Division(s)	Convenor(s)/ Panel Hearing	Report issued	Result (upheld/not upheld)	Recomm- endations	Outcome and comments as appropriate
IRB 210	04.04.19	Noble's Hospital	1 <sup>st</sup> Convenor	25.06.19			Referred back for further local resolution.
IRB 211	17.05.19	Noble's Hospital	1 <sup>st</sup> Convenor	02.01.20	<b>2 of 3 upheld</b>	<b>3</b>	
IRB 212	14.06.19	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	28.03.20			Investigation in progress with 2 <sup>nd</sup> Convenor review.
IRB 213	18.07.19	Noble's Hospital	1 <sup>st</sup> Convenor	08.12.19	<b>5 of 5 not upheld</b>	<b>2</b>	Recommendations in respect of administrative arrangements.
IRB 214	29.07.19	G.P. Practice	1 <sup>st</sup> Convenor	22.04.20	<b>Upheld</b>		It may be that the Complainant will request a second review; case therefore not completed.
IRB 215	02.09.19	Noble's Hospital	1 <sup>st</sup> Convenor 2 <sup>nd</sup> Convenor	03.02.20			Investigation in progress with 2 <sup>nd</sup> Convenor review.
IRB 216	24.09.19	Mental Health Service	1 <sup>st</sup> Convenor	22.01.20	<b>1 of 2 upheld</b>	<b>1</b>	
IRB 217	21.10.19	Health Visitor Service	1 <sup>st</sup> Convenor	19.03.20	<b>Not upheld</b>		Further local resolution suggested.
IRB 218	31.10.19	Noble's Hospital	1 <sup>st</sup> Convenor				Investigation in progress.
IRB 219	31.10.19		1 <sup>st</sup> Convenor				Not pursued as further correspondence showed local resolution not fully completed.
IRB 220	23.12.19	DHSC	1 <sup>st</sup> Convenor				Complicated issues, not pursued through local resolution in first instance, referred back.
IRB 221	28.12.19	Noble's Hospital	1 <sup>st</sup> Convenor				Referred back for further local resolution.
IRB 222	17.01.20	Noble's Hospital	1 <sup>st</sup> Convenor				Investigation in progress.
IRB 223	05.02.20	Noble's Hospital	1 <sup>st</sup> Convenor				First part of complaint referred IRB; second part of complaint awaiting local resolution.
IRB 224	03.03.20	Noble's Hospital	1 <sup>st</sup> Convenor				Investigation in progress.