

INFORMATION
ANALYSIS
DIRECTORATE



Complaints and Compliments Received by HSC Trusts in Northern Ireland (2018/19)



Department of
Health

An Roinn Sláinte

Máinnstríe O Poustie

www.health-ni.gov.uk

Published 4th July 2019

Reader Information

Purpose:	This publication monitors and reports the number of HSC Trust complaint issues received, by the programme of care, category, subject and specialty of the complaint issue, as well as demographic information and the time taken to provide a substantive response to complaints received. It also includes information on compliments received by HSC Trusts regarding the services they provide.
Authors	Carol Murphy, Jacqui Liddicoat, Kieran Taggart, Siobhan Morgan
Publication Date	4 th July 2019
Reporting Period	1 st April 2018 – 31 st March 2019
Issued by	Hospital Information Branch Information & Analysis Directorate Department of Health Stormont Estate Belfast, BT4 3SQ
Statistician	Carol Murphy Carol.Murphy@health-ni.gov.uk
Statistical Quality	Information detailed in this release has been provided by HSC Trusts / Board and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.
Target Audience	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
Further Copies	statistics@health-ni.gov.uk
Website	https://www.health-ni.gov.uk/articles/complaints-statistics
Price	Free
Copyright	This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

CONTENTS

Key Points	4
-------------------	---

Section 1: Complaint Issues Received by HSC Trusts

What's the Difference between a Complaint and a Complaint Issue?	5
Complaint Issues Received by HSC Trusts	5
Complaint Issues Received by Programme of Care (POC)	7
Complaint Issues Received by POC and HSC Trust	8
Complaint Issues Received by Category	9
Complaint Issues Received by Category and HSC Trust	10
Complaint Issues Received by Specialty	12

Section 2: Complaints Received by HSC Trusts

Age and Gender of Patient / Client	13
Relationship of Complainant to Patient / Client	16
Method of Complaint	17

Section 3: Time Taken to Provide a Substantive Response to Complaints Received

Average Number of Working Days to Substantive Response	19
--	----

Section 4: Family Practitioner Service (FPS) Complaints

Local Resolution	21
Honest Broker	22

Section 5: Compliments Received by HSC Trusts

Subject of Compliment Received	24
Method of Compliment	25

Section 6: Additional Tables	26
-------------------------------------	----

Section 7: Appendices	35
------------------------------	----

KEY POINTS

Latest Year (2018/19)

- A total of 4,473 complaints, relating to 6,049 complaint issues, were received by HSC Trusts in 2018/19 (Tables 1 & 9); equating to 86 complaints per week or 12 complaints a day.
- Almost 6 in 10 (3,626, 59.9%) complaint issues received during 2018/19 related to the 'Acute' POC (Table 2, Figure 3).
- During 2018/19, almost a third (1,920, 31.7%) of complaint issues concerned patient's 'Diagnosis/Operation/Treatment' (Table 5).
- The highest percentage of complaint issues received in 2018/19 related to the 'Accident & Emergency' (691, 11.4%) specialty (Table 7).
- Of the 4,473 complaints received in 2018/19, the median age of the patient / client was 48.0 years (Figure 8).
- On average HSC Trusts took 31.8 working days to provide a substantive response to complaints received in 2018/19 (Table 9, Figure 13).
- During 2018/19, 16,757 compliments (via card, email, feedback form, letter or social media) were received by HSC Trusts in Northern Ireland.
- Of the 16,757 compliments received, 8,489 (50.7%) related to 'Quality of Treatment & Care', 5,628 (33.6%) to 'Staff Attitude & Behaviour', 1,471 (8.8%) to 'Information & Communication', 497 (3.0%) to 'Environment', and 672 (4.0%) to 'Other' subjects.

Last Five Years (2014/15 to 2018/19)

- Since 2014/15, the number of complaints issues received by HSC Trusts decreased by 13.8% (966), from 7,015 to 6,049 in 2018/19 (Table 1, Figure 2).
- Over the last five years all HSC Trusts, with the exception of the Western HSC Trust, reported a decrease in complaint issues received; however between 2017/18 and 2018/19, the Belfast and South Eastern HSC Trusts reported increases (330, 16.3% and 129, 11.3%, respectively) in complaint issues received (Table 1, Figure 2).
- Between 2014/15 and 2018/19, the largest reduction in the number of complaint issues (563, 13.4%) was observed in the 'Acute' POC (4,189 to 3,626) (Table 3).
- Complaints handled in 2018/19 against Family Practitioner Services increased by almost a third (77, 32.1%) compared to the previous year (240 in 2017/18) and only just remained below that reported in 2014/15 (326) (Table 10, Figure 14).

SECTION 1

COMPLAINT ISSUES RECEIVED BY HSC TRUSTS

What's the Difference between a Complaint and a Complaint Issue?

A **complaint** is defined as an 'expression of dissatisfaction' received from or on behalf of patients, clients or other users of HSC Trust and/or Family Practitioner Services or facilities.

A single communication regarding a complaint, however, may refer to more than one issue. In such cases each individual **complaint issue** is recorded separately for the Programme of Care, Subject and Specialty to which it relates.

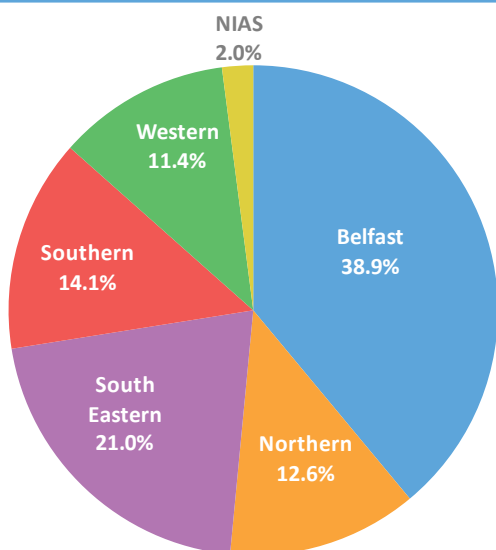
Complaint Issues Received by HSC Trusts

During 2018/19, HSC Trusts received 4,473 complaints relating to 6,049 complaint issues (Tables 1 & 9).

Of the 6,049 complaint issues, almost two fifths (2,356, 38.9%) were received by the Belfast HSC Trust, 1,269 (21.0%) by the South Eastern HSC Trust, 850 (14.1%) by the Southern HSC Trust, 760 (12.6%) by the Northern HSC Trust, 690 (11.4%) by the Western HSC Trust and 124 (2.0%) by the Northern Ireland Ambulance Service (NIAS) (Tables 1 & 2, Figure 1).

Almost two fifths of complaint issues were received by the Belfast HSC Trust

Figure 1: Complaint Issues Received by HSC Trusts (2018/19)

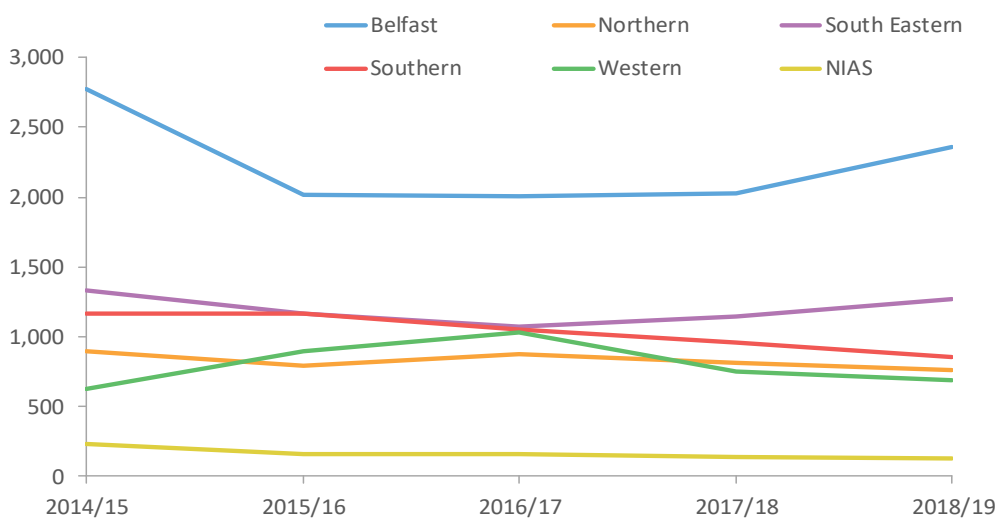


14% decrease in complaint issues received since 2014/15

During the last five years, the highest number of complaint issues received by HSC Trusts was in 2014/15 (7,015) and the lowest in 2017/18 (5,814) (Table 1, Figure 2).

Since 2014/15, the number of complaint issues received decreased in five of the six HSC Trusts, with Belfast reporting the most notable decrease (416, 15.0%), from 2,772 to 2,356 in 2018/19 (Table 1, Figure 2).

Figure 2: Complaint Issues Received by HSC Trusts (2014/15 - 2018/19)



Complaint Issues Received by Programme of Care (POC)¹

Each complaint issue received is recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

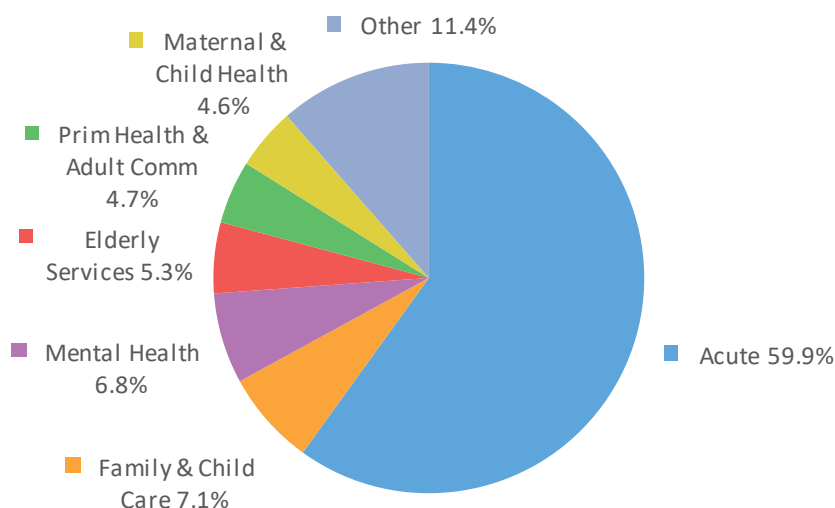
Of the 6,049 complaint issues received by HSC Trusts in 2018/19, 6 in 10 (3,626, 59.9%) related to the Acute POC (Table 2)

Four POCs accounted for almost 80% (4,789, 79.2%) of all complaint issues received during 2018/19; the Acute POC (3,626, 59.9%), Family & Child Care POC (429, 7.1%), Mental Health POC (412, 6.8%) and Elderly Services POC (322, 5.3%) (Table 2 & Fig 3).

Since 2014/15, the number of complaint issues received by HSC Trusts relating to the Primary Health & Adult Community POC increased by 34.1% (73), from 214 to 287 (Table 3).

60% of complaint issues received during 2018/19 related to the Acute POC

Figure 3: Complaint Issues by POC (2018/19)²



¹ Refer to Appendix 2: Definitions for full list of Programmes of Care (POCs)

² The 'Other' category includes all complaint issues not included within the six named POCs above.

Complaint Issues Received by POC and HSC Trust

There is variation across HSC Trusts in the distribution of complaint issues across POCs. During 2018/19:

- Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (1,745, 48.1%), Mental Health POC (128, 31.1%), and the Elderly Services POC (92, 28.6%) (Table 2).
- South Eastern HSC Trust reported the highest number of complaint issues relating to the Primary Health & Adult Community POC (162, 56.4%) and the Sensory Impairment & Physical Disability POC (16, 27.6%). The South Eastern HSC Trust, the sole provider of Prison Healthcare in Northern Ireland, reported 39 complaint issues in relation to this POC (Table 2).
- Southern HSC Trust reported the highest number of complaint issues relating to the Family & Child Care POC (104, 24.2%) and the Learning Disability POC (22, 23.7%) (Table 2).
- The Western HSC Trust reported the highest number of complaint issues relating to the Maternal & Child Health POC (66, 23.5%) (Table 2).

74%

of complaint issues received in the Belfast HSC Trust related to the Acute POC

Complaint Issues Received by Category

The category of each complaint issue is based on the subject³ which best describes the nature of the patient’s / client’s concern. To enable the category of the complaint issue to be presented, the subject area of each complaint issue has been grouped into one of 15 main categories⁴.

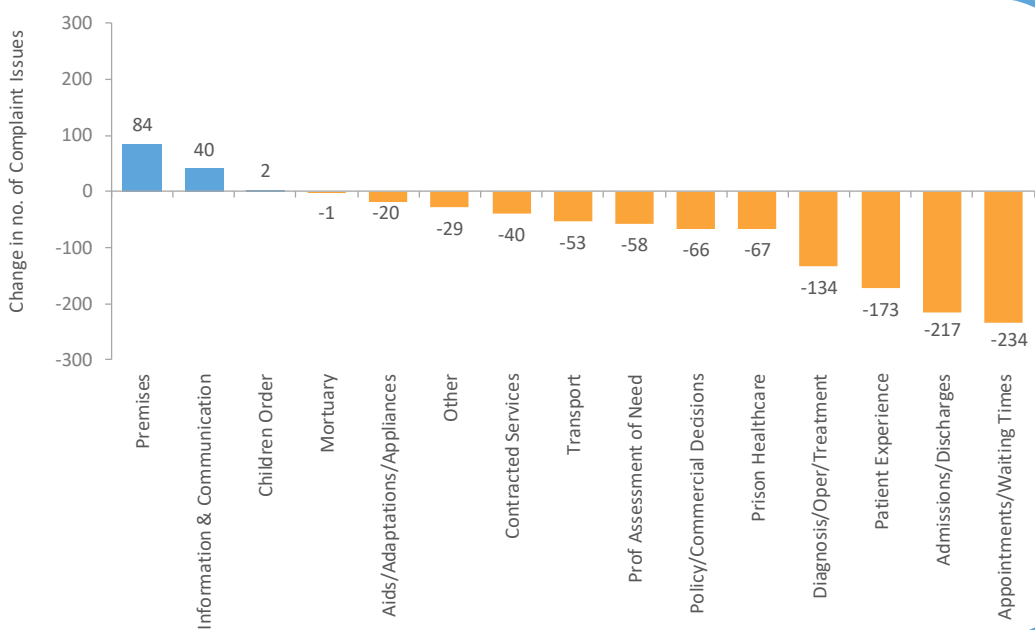
During 2018/19, HSC Trusts reported that the highest number of complaint issues related to ‘Diagnosis/Operation/Treatment’ (1,920, 31.7%), ‘Information & Communication’ (1,075, 17.8%), ‘Patient Experience’ (1,068, 17.7%) and ‘Appointments/Waiting Times’ (711, 11.8%) (Table 5, Figure 4).

Between 2014/15 and 2018/19, three categories reported increases in the number of complaint issues received, the ‘Premises’ category increased by 36.1% from 233 to 317, ‘Information & Communication’ by 3.9% from 1,035 to 1,075 and ‘Children Order’ from 0 to 2 (Figure 4, Table 5).

The ‘Appointments/Waiting Times’ and ‘Admissions/Discharges’ categories reported the largest decrease in the number of complaint issues received, 234 (24.8%) and 217 (38.4%), respectively (Figure 4, Table 5).

63% reduction
in Prison Healthcare
related complaint
issues received

Figure 4: Change in the Number of Complaint Issues Received, by Category of Complaint (2014/15 - 2018/19)



³ A complete list of complaint issue subjects is detailed in Appendix 3, whilst an analysis of complaint issues by subject can be found in Table 5.

⁴ A list of complaint issue subjects grouped by general category is detailed in Appendix 4.

Complaint Issues Received by Category and HSC Trust

During 2018/19:

- In the Belfast HSC Trust, a third (787, 33.4%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category. The next largest categories were 'Appointments/Waiting Times' (371, 15.7%), 'Patient Experience' (365, 15.5%) and 'Information & Communication' (363, 15.4%) (Figure 5, Table 6).
- In the Northern HSC Trust, the largest category of complaint issues related to 'Diagnosis/Operation/Treatment' (278, 36.6%). The second largest category was 'Patient Experience' (152, 20.0%) (Figure 5, Table 6).
- The 'Diagnosis/Operation/Treatment' category accounted for the largest number (354, 27.9%) of complaint issues received in the South Eastern HSC Trust followed by 'Information & Communication' (283, 22.3%) and Patient Experience (228, 18.0%) (Figure 5, Table 6).
- In the Southern HSC Trust, the largest number (197, 23.2%) of complaint issues were related to the 'Information & Communication' category. The next largest categories were 'Diagnosis/Operation/Treatment' (166, 19.55) and 'Patient Experience' (146, 17.2%) (Figure 5, Table 6).
- Over two fifths (308, 44.6%) of complaint issues received by the Western HSC Trust related to 'Diagnosis/Operation/Treatment'. The next largest categories were 'Information & Communication' (141, 20.4%) and 'Patient Experience' (131, 19.0%) (Figure 5, Table 6).
- NIAS received 46 (37.1%) complaint issues regarding 'Patient Experience' and 45 (36.3%) relating to 'Transport' issues (Table 6).

Almost **2,000** complaint issues related to **Diagnosis/Operation/Treatment**

Figure 5 below presents a summary of the four largest categories, accounting for 78.9% (4,774) of complaint issues received during 2018/19 for each HSC Trust. In the charts below complaint issues not in the four largest categories are referred to as 'Other'.

Figure 5: Main Category of Complaint Issues Received by HSC Trusts (2018/19)⁵



⁵ Information for Northern Ireland includes complaint issues received by all HSC Trusts including the NIAS.

Complaint Issues Received by Specialty

During 2018/19, HSC Trusts reported that the highest number of complaint issues received related to the 'Accident & Emergency' (691, 11.4%), 'Trauma & Orthopaedics' (430, 7.1%) and Children & Young People's Services' (369, 6.1%) specialties (Table 7).

These three specialties accounted for a quarter (1,490, 24.6%) of all complaint issues received during this time (Table 7).

Figure 6: Top 3 Complaint Issues Received by Specialty



A&E
691



**Trauma &
Orthopaedics**
430



**Children & Young
People's Services**
369

SECTION 2

COMPLAINTS RECEIVED BY HSC TRUSTS

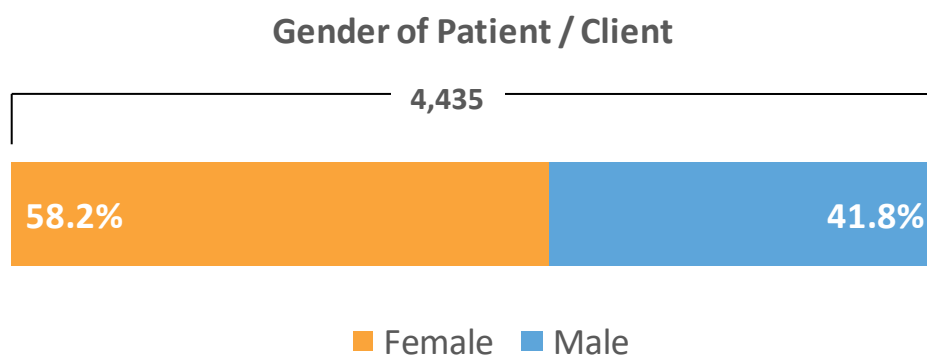
During 2018/19, HSC Trusts received 4,473 complaints relating to 6,049 complaint issues. Section 2 presents a summary of information relating to these 4,473 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 5.

Age and Gender of Patient / Client

During 2018/19, the gender of the patient / client was recorded in 4,435 (99.2%) of the complaints received by HSC Trusts (Figure 7).

Of those complaints where the gender of the patient / client was recorded, 2,579 (58.2%) were for females and 1,856 (41.8%) for males (Figure 7).

Figure 7: Gender of Patient / Client (2018/19)



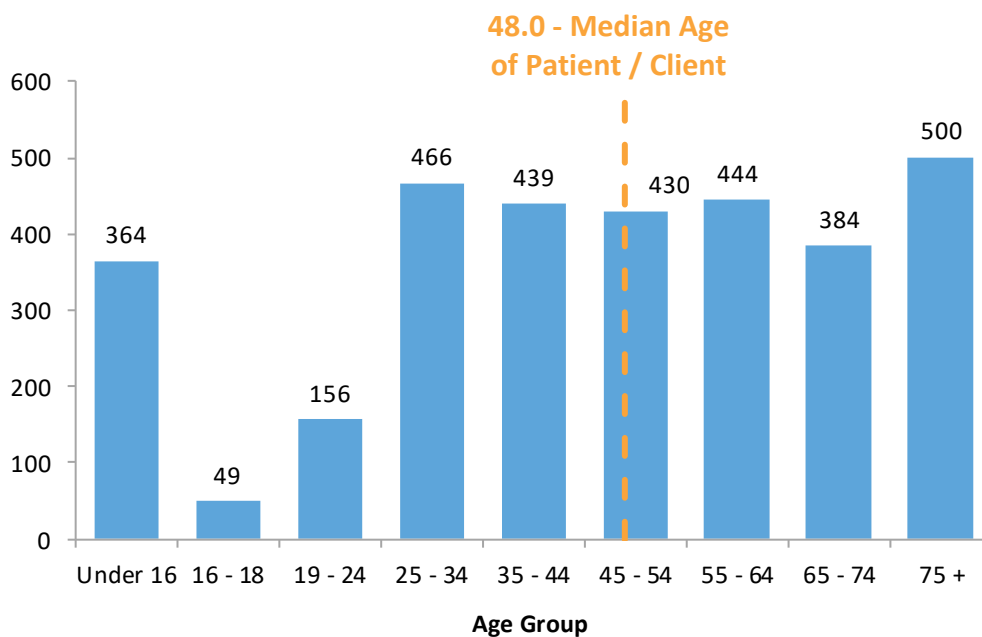
During 2018/19, both the age and gender of the patient / client was recorded in 3,232 (72.3%) of the complaints received by HSC Trusts.

For those complaints where the age and gender of the patient / client was recorded, 500 (15.5%) related to patients / clients aged 75 & over and 364 (11.3%) to those aged under 16 (Figure 8).

Of the complaints received by HSC Trusts during 2018/19, the median age of the patient / client was 48.0 years (Figure 8).

48 years
the median age
of patient / client
complaints received
in 2018/19

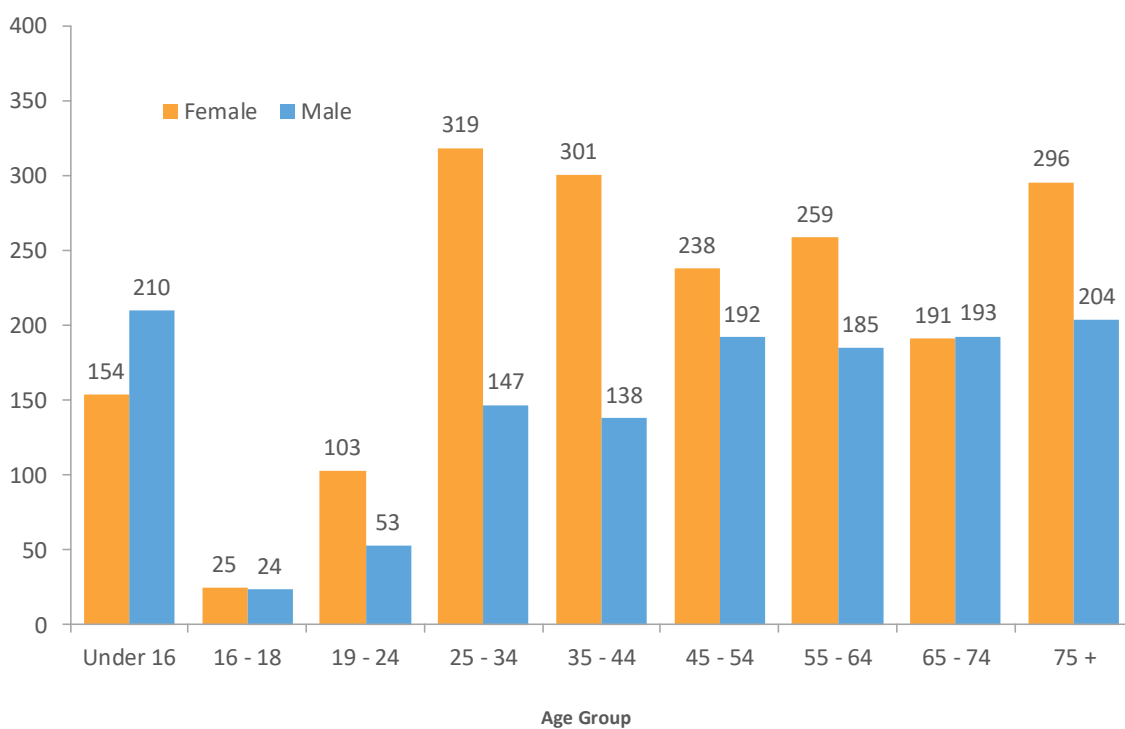
Figure 8: Complaints Received by Age Group of Patient / Client (2018/19)



Of the 3,232 complaints where the age and gender of the patient / client was recorded, 1,886 (58.4%) were females and 1,346 (41.6%) were males (Table 8, Figure 9).

There were over twice as many complaints received relating to females than males in the 25-34 and 35-44 age groups (Table 8, Figure 9).

Figure 9: Complaints Received by Age Group and Gender of Patient / Client (2018/19)



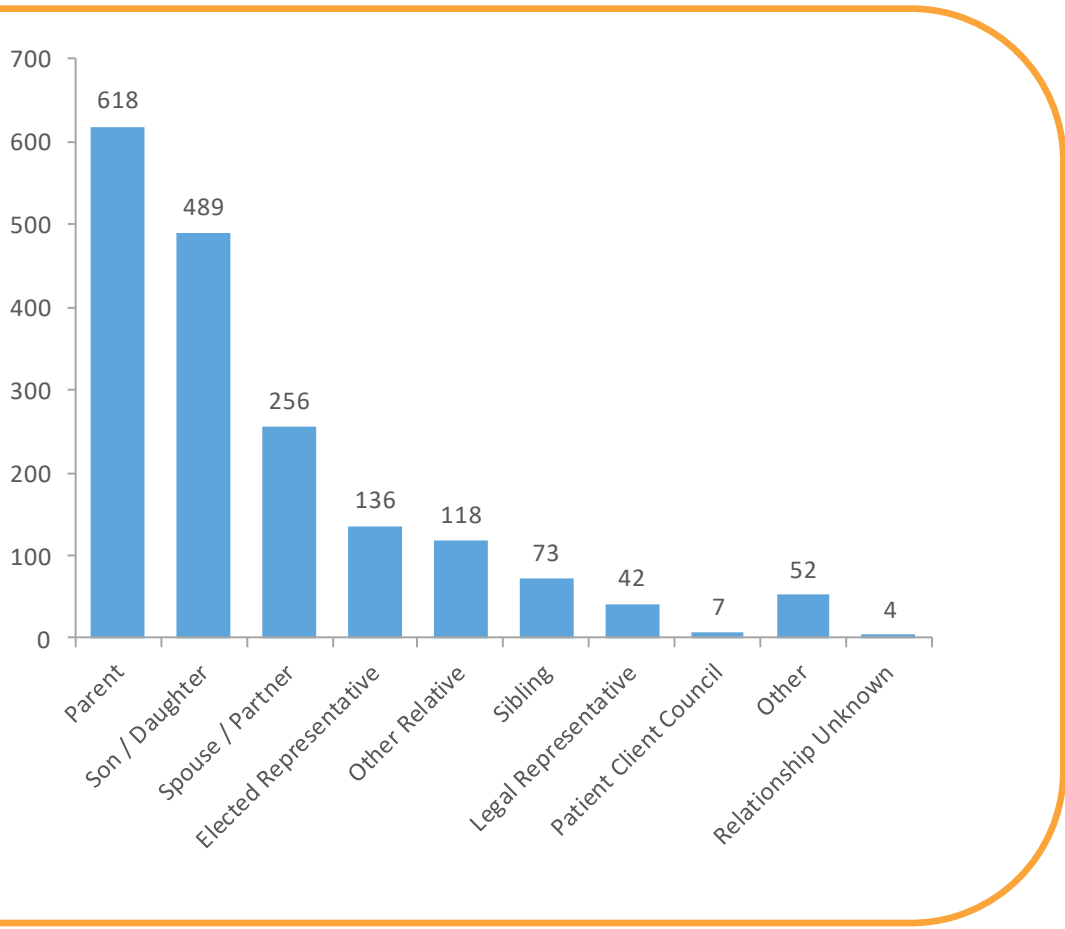
Relationship of Complainant to Patient / Client

Three fifths (2,678, 59.9%) of all complaints received in 2018/19 were from the patient / client, with 1,789 (40.0%) complaints from persons acting on behalf of the patient / client and 6 (0.1%) complaints where no particular patient / client was identified.

Of the 1,789 complaints received from persons acting on behalf of the patient / client, over a third (618, 34.5%) were from the parents of the patient / client, 489 (27.3%) from the son / daughter, 256 (14.3%) from a spouse / partner and 136 (7.6%) from an elected representative (Figure 10).

60%
of complaints were received from the patients / clients themselves in 2018/19

Figure 10: Complaints Received by Relationship of Complainant (2018/19)

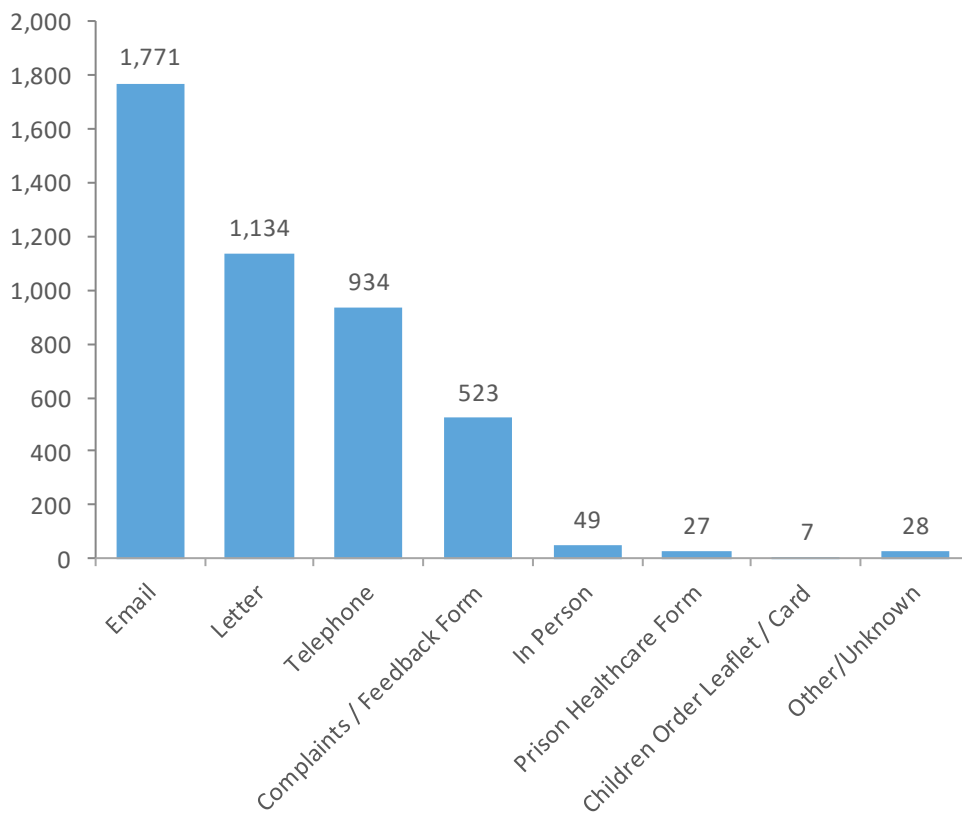


Method of Complaint

Of the 4,473 complaints received during 2018/19, two fifths (1,771, 39.6%) were sent by email, 1,134 (25.4%) by letter and 934 (20.9%) by telephone. These three methods accounted for over four fifths (85.8%, 3,839) of all complaints received during the year (Figure 11).

40%
of complaints
received were
sent by email in
2018/19

Figure 11: Complaints Received by Method of Complaint (2018/19)



SECTION 3

TIME TAKEN TO PROVIDE A SUBSTANTIVE RESPONSE TO COMPLAINTS RECEIVED

A substantive response is defined as a communication of the outcome of the complaint to the complainant following an investigation. It should be noted that a single substantive response will be provided to a complaint which may include a number of complaint issues.

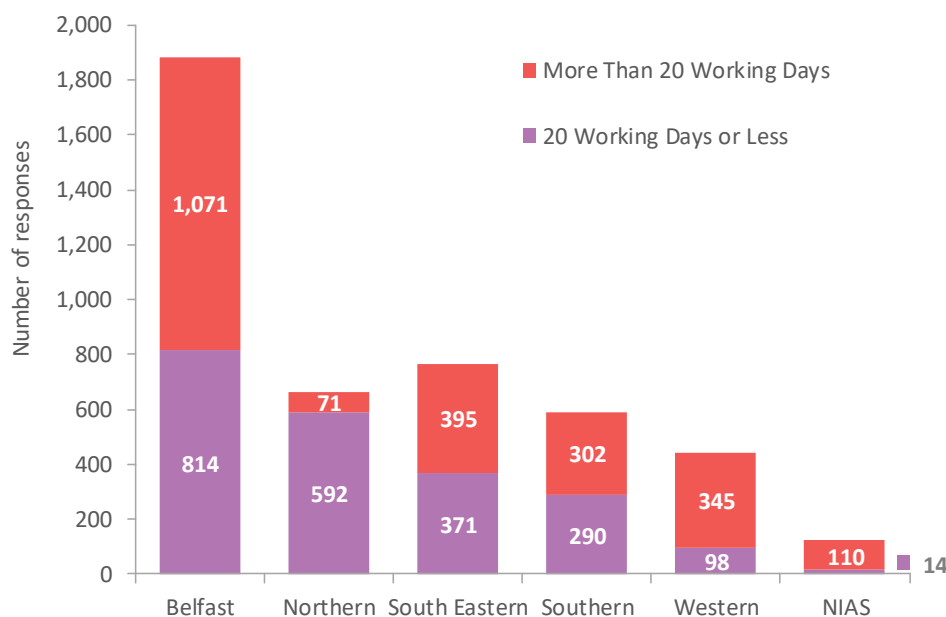
The HSC Complaints Policy requires HSC Trusts to provide a substantive response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response explaining the reason for the delay is sent to the complainant. **All holding responses are issued in 20 working days or less.**

During 2018/19, just under a half (2,179, 48.7%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 9, Figure 12).

The Northern HSC Trust provided the highest proportion of substantive responses within 20 working days (592, 89.3%) during 2018/19, whilst the NIAS provided the lowest (14, 11.3%) (Table 9, Figure 12).

49%
of complaints
received a substantive
response within 20
working days

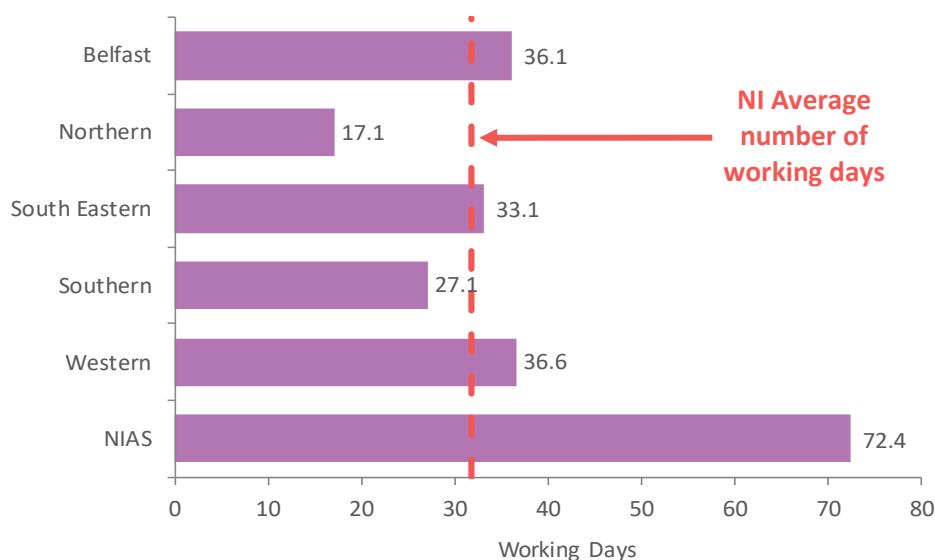
Figure 12: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trusts (2018/19)



Average Number of Working Days to Substantive Response

On average HSC Trusts took 31.8 working days to provide a substantive response to a complaint received in 2018/19 (Table 9, Figure 13)

Figure 13: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2018/19)⁶



On average substantive responses were provided within **32** working days

⁶ Where it is not possible to provide a substantive response within 20 working days, a holding response explaining the reason for the delay is sent to the complainant. All holding responses are issued in 20 working days or less.

SECTION 4

FAMILY PRACTITIONER SERVICE (FPS)

COMPLAINTS

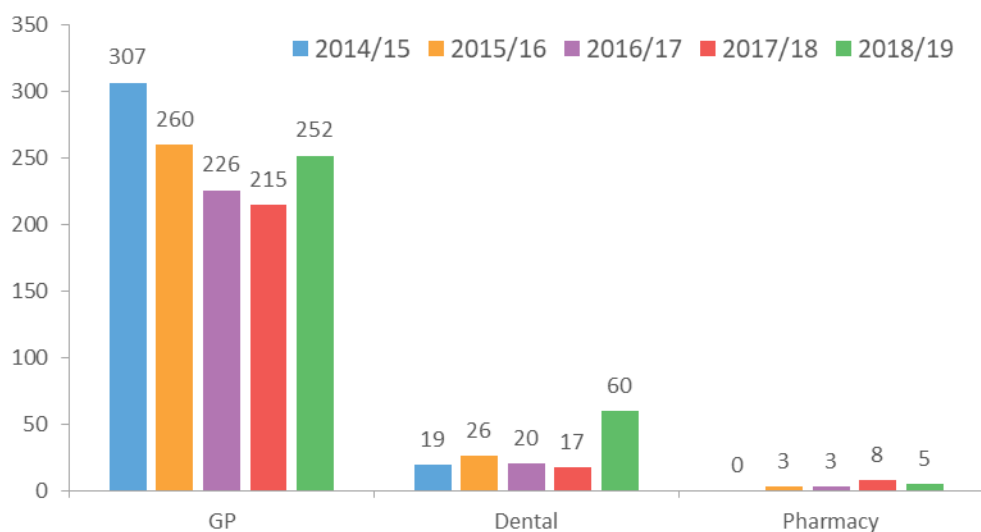
Information in this section refers to complaints received by the HSCB⁷ regarding FPS practices in Northern Ireland.

There are over 1,500 FPS practices across Northern Ireland encompassing general practitioners, dental practitioners, pharmacists and optometrists. Under HSC Complaints Procedure all FPS practices are required to forward to the HSC Board anonymised copies of each letter of complaint received along with the subsequent response, within 3 working days of this being issued.

Although the five-year period has seen a small reduction of 2.8% in the number of complaints made against FPS practices in Northern Ireland, from 326 in 2014/15 to 317 in 2018/19 (Table 10, Figure 14), the figures for 2018/19 show an increase of 32.1% (77) on the previous year.

32% increase in
FPS complaints
in the last year

Figure 14: FPS Complaints Handled (2014/15 - 2018/19)⁸



⁷ Refer to Appendix 5 for further details.

⁸ There have been no ophthalmic complaints handled over the last 5 years.

Local resolution

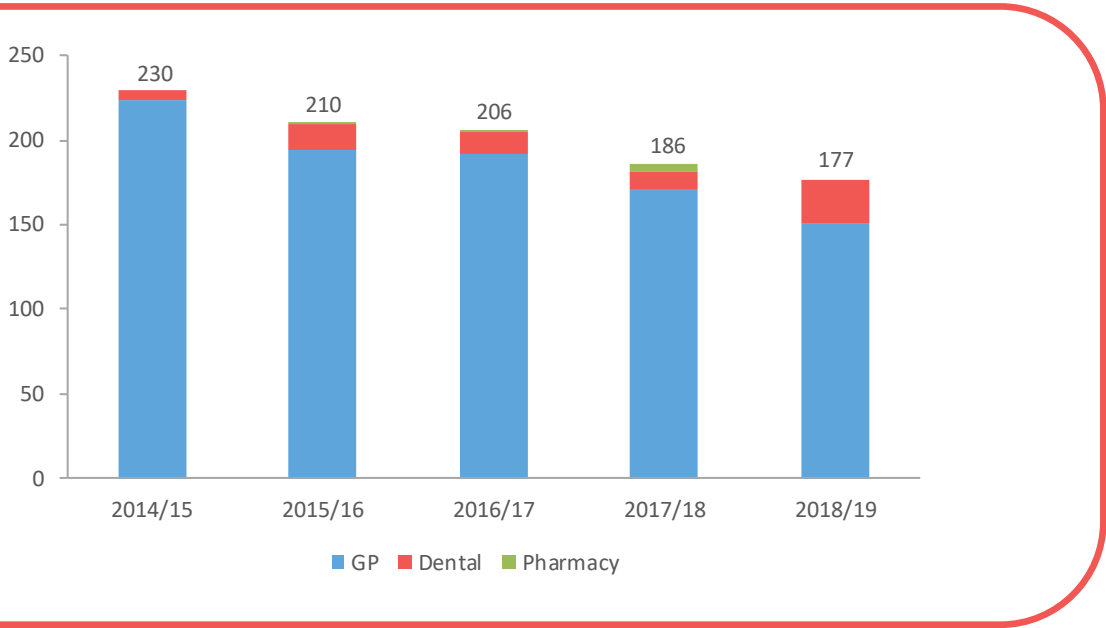
The first stage of the HSC Complaints Procedure is known as ‘local resolution’. The purpose of local resolution is to provide an opportunity for the complainant and the organisation to attempt a prompt and fair resolution of the complaint. In the case of FPS practices, local resolution involves a practitioner seeking to resolve the complaint through discussion and negotiation.

Of the 317 complaints received by the HSCB regarding FPS practices in 2018/19, 177 (55.8%) were handled under Local Resolution and the HSCB acted as an Honest Broker in 140 (44.2%) (Tables 11 – 14, Figures 15 & 17).

Between 2014/15 and 2018/19, the number of complaints handled under local resolution decreased year on year, from 230 in 2014/15 to 177 in 2018/19 (Table 11, Figure 15).

85%
of complaints
handled under
Local Resolution
related to GPs in
2018/19

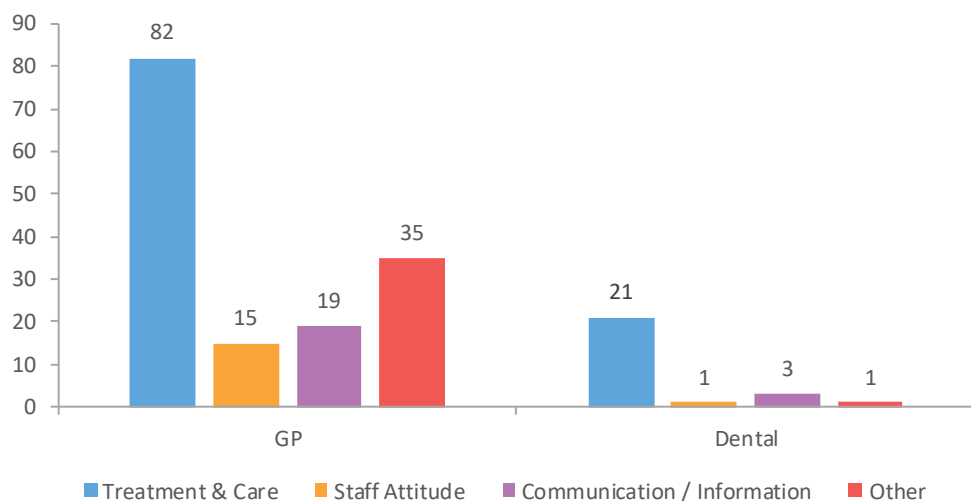
Figure 15: FPS Complaints Handled Under Local Resolution, by Year and Practice Type (2014/15 - 2018/19)⁹



⁹ There have been no ophthalmic complaints handled over the last 5 years.

During 2018/19, 'Treatment & Care' accounted for 58.2% (103) of all complaints handled under local resolution, 30 (41.1%) more than in the previous year (Table 12, Figure 16).

Figure 16: FPS Complaints Handled Under Local Resolution by Subject (2018/19)¹⁰



Honest Broker

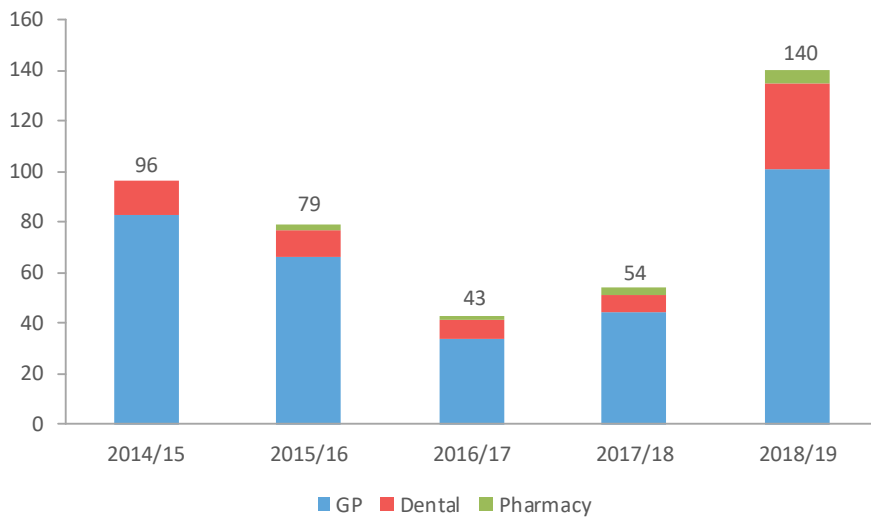
Where a complainant does not wish to approach the FPS practice directly, HSC Board Complaints staff, with the agreement of both the practice and complainant, may act as an intermediary or 'honest broker' with the aim of assisting in the local resolution of the complaint.

The number of complaints where the HSC Board acted as an honest broker increased, from 54 in 2017/18 to 140 in 2018/19 (Table 13, Figure 17), the highest it has been in the past five years.

72%
of complaints, where
the HSCB acted as an
Honest Broker,
related to GPs in
2018/19

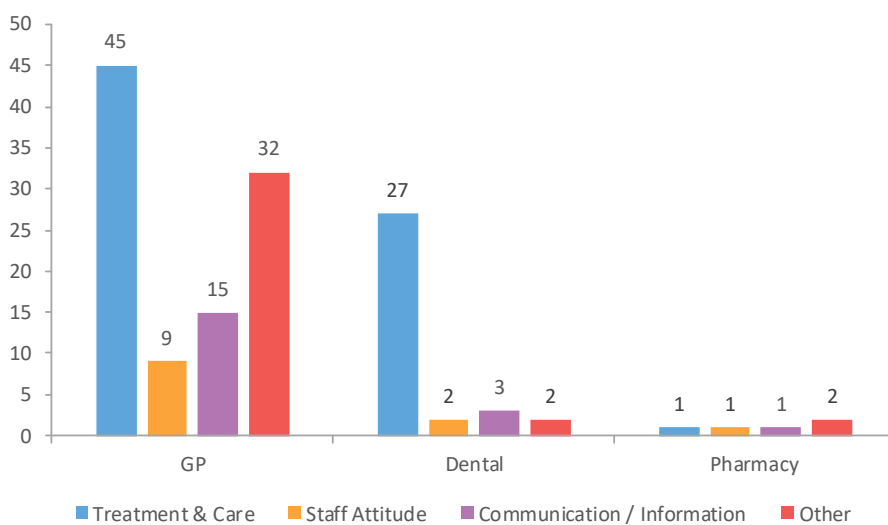
¹⁰ There were no ophthalmic or pharmacy complaints handled under local resolution.

Figure 17: FPS Complaints where the HSC Board Acted as an Honest Broker (2014/15 - 2018/19)¹¹



‘Treatment & Care’ accounted for over half (52.1%, 73), of all complaints in which the HSC Board acted as an honest broker during 2018/19 (Table 14, Figure 18).

Figure 18: FPS Complaints where the HSC Board Acted as an Honest Broker by Subject (2018/19)¹²



¹¹ There were no ophthalmic complaints handled over the last 5 years.

SECTION 5

COMPLIMENTS

A statistical information return to collate information on compliments received by HSC Trusts was introduced in December 2017¹², followed by a pilot collection for the quarter ending 31st March 2018.

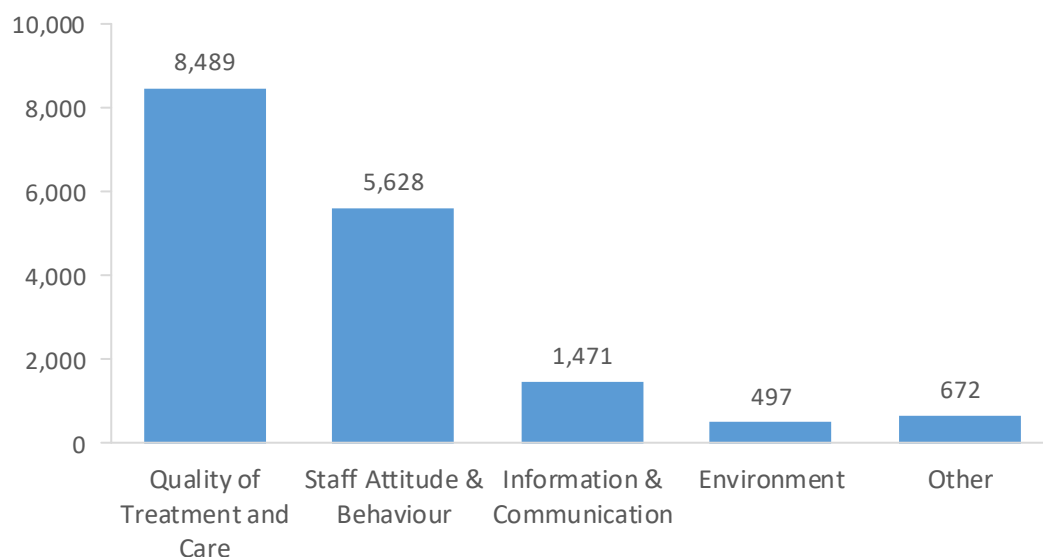
For the purposes of this statistical collection, a compliment may be understood as ‘an expression of praise, commendation or admiration’. In addition, only compliments received by: Card, Email, Feedback Form, Letter or Social Media (Facebook & Twitter only) should be included.

Subject of Compliment Received

Figure 19 below presents information on the number of compliments received by HSC Trusts between 1st April 2018 and 31st March 2019, by the subject of the compliment.

Almost
17,000
Compliments
received by HSC
Trusts in 2018/19

Figure 19: Compliments Received by HSC Trusts (2018/19) ¹²



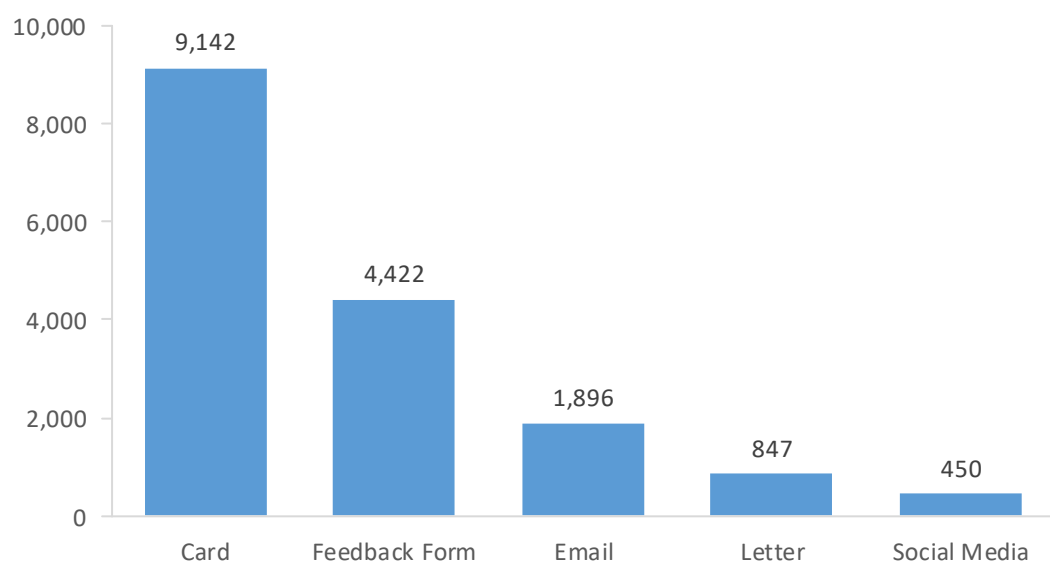
¹² Additional information on the compliments information collection is detailed in Appendix 1 & 6.

During 2018/19, almost 17,000 compliments were received by HSC Trusts in Northern Ireland, of which 8,489 (50.7%) related to 'Quality of Treatment & Care', 5,628 (33.6%) to 'Staff Attitude & Behaviour', 1,471 (8.8%) to 'Information & Communication', 497 (3.0%) to 'Environment', and 672 (4.0%) to 'Other' subjects (Figure 19).

Method of Compliment

Figure 20 below presents a summary of the methods by which compliments were received by HSC Trusts during 2018/19.

Figure 20: Compliments received by HSC Trusts by Method (2018/19)



Over half (9,142, 54.6%) of compliments received during 2018/19 were made by card, 4,422 (26.4%) by feedback form, 1,896 (11.3%) by email, 847 (5.1%) by letter and 450 (2.7%) by social media¹³ (Figure 20).

¹³ Only Facebook posts / Tweets linked to the Official organisational Facebook / Twitter accounts are included as social media compliments.

SECTION 6

ADDITIONAL TABLES

Table 1: Complaint Issues Received by HSC Trusts (2014/15 - 2018/19)

HSC Trust	2014/15	2015/16	2016/17	2017/18	2018/19
Belfast	2,772	2,019	2,007	2,026	2,356
Northern	890	786	869	814	760
South Eastern	1,332	1,161	1,076	1,140	1,269
Southern	1,166	1,163	1,046	955	850
Western	629	892	1,030	746	690
NIAS	226	160	161	133	124
Northern Ireland	7,015	6,181	6,189	5,814	6,049

Table 2: Complaint Issues Received by HSC Trusts, by POC (2018/19)¹⁴

Programme of Care	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Acute	1,745	368	700	428	385	0	3,626
Maternal & Child Health	46	63	51	55	66	0	281
Family & Child Care	93	76	91	104	65	0	429
Elderly Services	92	86	37	76	31	0	322
Mental Health	128	81	72	89	42	0	412
Learning Disability	18	16	16	22	21	0	93
Sens Impair & Phys Dis	9	11	16	13	9	0	58
Health Prom & Disease Prev	1	0	0	1	2	0	4
Prim Health & Adult Comm	5	22	162	61	37	0	287
Prison Healthcare			39				39
None (No POC assigned)	219	37	85	1	32	124	498
Total	2,356	760	1,269	850	690	124	6,049

¹⁴ The South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland.

Table 3: Complaint Issues Received by HSC Trusts, by POC (2014/15 - 2018/19)¹⁵

Programme of Care	2014/15	2015/16	2016/17	2017/18	2018/19
Acute	4,189	3,666	3,703	3,371	3,626
Maternal & Child Health	399	272	354	361	281
Family & Child Care	495	496	459	466	429
Elderly Services	457	439	378	370	322
Mental Health	366	440	431	390	412
Learning Disability	160	166	134	119	93
Sens Imp & Phys Disability	114	77	61	73	58
Health Prom & Disease Prev	0	1	5	2	4
Prim Health & Adult Comm	214	194	167	190	287
Prison Healthcare	109	62	46	51	39
None (No POC assigned)	512	368	451	421	498
Total	7,015	6,181	6,189	5,814	6,049

¹⁵ Prison Healthcare was previously included within 'None (No POC assigned)' but from 2014/15 this information is now recorded separately.

Table 4: Subject of Complaint Issues by Trust (2018/19)

Subject	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Access to Premises	99	4	43	10	2	0	158
Aids/Adaptations/Appliances	19	4	7	16	5	0	51
Children Order Complaints	0	0	1	0	1	0	2
Clinical Diagnosis	111	31	58	6	41	0	247
Communication/Information	335	69	245	175	128	0	952
Complaints Handling	1	0	5	3	0	0	9
Confidentiality	16	7	10	9	7	1	50
Consent to Treatment/Care	3	0	3	2	0	0	8
Contracted Regulated Domiciliary Services	0	7	2	0	0	0	0
Contracted Regulated Residential Nursing	12	8	12	4	0	0	36
Contracted Independent Hospital Services	12	0	0	0	0	0	12
Other Contracted Services	2	3	0	1	0	0	6
Delay/Cancellation for Inpatients	0	1	8	0	5	0	14
Delayed Admission from A&E	0	0	2	0	0	0	2
Discharge/Transfer Arrangements	37	17	19	19	12	0	104
Discrimination	3	4	6	1	1	0	15
Environmental	38	15	23	8	6	0	90
Hotel/Support/Security Services (Excludes Contracted Services)	22	23	7	6	2	0	60
Infection Control	1	4	3	0	1	0	9
Mortuary & Post-Mortem	0	1	1	0	0	0	2
Policy/Commercial Decisions	6	41	22	30	0	0	99
Privacy/Dignity	5	5	18	9	10	2	49
Professional Assessment of Need	7	23	16	130	17	1	194
Property/Expenses/Finances	28	12	12	12	5	0	69
Records/Record Keeping	11	14	28	10	6	0	69
Staff Attitude/Behaviour	329	131	195	124	115	44	938
Transport, Late or Non-arrival/Journey Time	3	1	7	1	0	44	56
Transport, Suitability of Vehicle/Equipment	1	0	0	1	0	1	3
Quality of Treatment & Care	526	233	297	144	209	26	1,435
Quantity of Treatment & Care	147	13	14	14	53	1	242
Waiting List, Delay/Cancellation Community Based Appointments	15	19	22	6	13	0	75
Waiting List, Delay/Cancellation Outpatient Appointments	295	35	65	34	8	0	437
Waiting List, Delay/Cancellation Planned Admission to Hospital	180	10	20	23	9	0	242
Waiting Times, A&E Departments	19	10	18	25	9	0	81
Waiting Times, Community Services	6	4	20	6	1	0	37
Waiting Times, Outpatient Departments	36	3	18	18	8	0	83
Other	31	8	42	3	16	4	104
Total Number of Complaint Issues	2,356	760	1,269	850	690	124	6,049

Table 5: Category of Complaint Issue (2014/15 - 2018/19)

Category of Complaint Issue	2014/15		2015/16		2016/17		2017/18		2018/19	
	No.	%	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	565	8.1%	442	7.2%	429	6.9%	374	6.4%	348	5.8%
Aids/Adaptations/Appliances	71	1.0%	83	1.3%	72	1.2%	62	1.1%	51	0.8%
Appointments/Waiting Times	945	13.5%	785	12.7%	896	14.5%	737	12.7%	711	11.8%
Children Order	0	0.0%	4	0.1%	8	0.1%	5	0.1%	2	0.0%
Contracted Services	103	1.5%	59	1.0%	69	1.1%	64	1.1%	63	1.0%
Diagnosis/Oper/Treatment	2,054	29.3%	1,905	30.8%	1,775	28.7%	1,733	29.8%	1,920	31.7%
Information & Communication	1,035	14.8%	939	15.2%	1,007	16.3%	1,035	17.8%	1,075	17.8%
Mortuary	3	0.0%	1	0.0%	1	0.0%	0	0.0%	2	0.0%
Patient Experience	1,241	17.7%	1,108	17.9%	1,080	17.5%	1,030	17.7%	1,068	17.7%
Policy/Commercial Decisions	165	2.4%	127	2.1%	125	2.0%	111	1.9%	99	1.6%
Premises	233	3.3%	182	2.9%	214	3.5%	238	4.1%	317	5.2%
Prison Healthcare	106	1.5%	59	1.0%	46	0.7%	51	0.9%	39	0.6%
Prof Assessment of Need	249	3.5%	280	4.5%	275	4.4%	237	4.1%	191	3.2%
Transport	112	1.6%	91	1.5%	78	1.3%	61	1.0%	59	1.0%
Other	133	1.9%	116	1.9%	114	1.8%	76	1.3%	104	1.7%
Total	7,015	100.0%	6,181	100.0%	6,189	100.0%	5,814	100.0%	6,049	100.0%

Table 6: Category of Complaint Issue by Trust (2018/19)¹⁶

Category of Complaint Issue	BHSCT	NHSCT	SEHSC	SHSCT	WHSCT	NIAS	Northern Ireland
Admissions/Discharges	217	27	41	42	21	-	348
Aids/Adaptations/Appliances	19	4	7	16	5	-	51
Appointments/Waiting Times	371	71	141	89	39	-	711
Children Order	-	-	1	-	1	-	2
Contracted Services	26	18	14	5	-	-	63
Diagnosis/Operation/Treatment	787	278	354	166	308	27	1,920
Information & Communication	363	90	283	197	141	1	1,075
Mortuary	-	1	1	-	-	-	2
Patient Experience	365	152	228	146	131	46	1,068
Policy/Commercial Decisions	6	41	22	30	-	-	99
Premises	160	46	76	24	11	-	317
Prison Healthcare			39				39
Professional Assessment of Need	7	23	13	130	17	1	191
Transport	4	1	7	2	-	45	59
Other	31	8	42	3	16	4	104
Total	2,356	760	1,269	850	690	124	6,049

¹⁶The South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland.

Table 7: Specialty of Complaint Issues by Trust (2018/19)

Specialty	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Accident & Emergency	165	97	137	111	101	80	691
Allied Health Professions	63	38	61	40	22	0	224
Anaesthetics & Pain Management	15	6	30	9	10	0	70
Burns Plastic and Maxillofacial Surgery	3	0	19	0	2	0	24
Cardiology	29	9	19	15	4	0	76
Child & Adolescent Psychiatry	21	2	0	5	12	0	40
Children & Young Peoples Services	72	72	104	59	62	0	369
Community Nursing/Midwives	0	8	0	17	7	0	32
Community Paediatrics	18	7	1	3	2	0	31
Dentistry	25	3	0	1	0	0	29
Dermatology	9	2	8	6	13	0	38
Domicillary Services	16	9	2	17	7	0	51
ENT	0	4	31	5	19	0	59
General Medicine	85	40	105	51	48	0	329
General Surgery	62	53	40	52	68	0	275
Geriatric Medicine	50	23	17	0	7	0	97
Gynaecology	93	18	37	26	17	0	191
Joint Consultant Clinics	0	33	0	0	0	0	33
Learning Disability	13	16	14	22	12	0	77
Mental Health Acute	117	26	19	37	19	0	218
Mental Health Community	2	36	44	48	15	0	145
Neurology	338	0	10	3	10	0	361
Obstetrics	63	30	68	64	31	0	256
Old Age Psychiatry	0	16	12	4	1	0	33
Oncology	39	5	7	2	10	0	63
Ophthalmology	81	0	3	3	15	0	102
Other	443	170	367	143	61	44	1,228
Paediatrics	95	14	18	14	19	0	160
Physical Disability/ Sensory Support	9	1	11	13	3	0	37
Radiology	45	12	25	27	15	0	124
Residential Care	4	6	13	9	13	0	45
Trauma & Orthopaedics	318	4	35	27	46	0	430
Urology	35	0	12	17	19	0	83
Vascular	28	0	0	0	0	0	28
Total Number of Complaint Issues	2,356	760	1,269	850	690	124	6,049

Table 8: Complaints by Age Group and Gender of Patient / Client (2018/19)

Age Group	Female	Male	Total
Under 16	154	210	364
16 - 18	25	24	49
19 - 24	103	53	156
25 - 34	319	147	466
35 - 44	301	138	439
45 - 54	238	192	430
55 - 64	259	185	444
65 - 74	191	193	384
75 +	296	204	500
Total	1,886	1,346	3,232

Table 9: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2018/19)

HSC Trust	20 Working Days or Less		More Than 20 Working Days		Total No.	Mean No. of Working Days
	No.	%	No.	%		
Belfast	814	43.2%	1,071	56.8%	1,885	36.1
Northern	592	89.3%	71	10.7%	663	17.1
South Eastern	371	48.4%	395	51.6%	766	33.1
Southern	290	49.0%	302	51.0%	592	27.1
Western	98	22.1%	345	77.9%	443	36.6
NIAS	14	11.3%	110	88.7%	124	72.4
Northern Ireland	2,179	48.7%	2,294	51.3%	4,473	31.8

Table 10: FPS Complaints Handled (2014/15 - 2018/19)

FPS Complaints	2014/15	2015/16	2016/17	2017/18	2018/19
GP	307	260	226	215	252
Dental	19	26	20	17	60
Pharmacy	0	3	3	8	5
Ophthalmic	0	0	0	0	0
Total	326	289	249	240	317

Table 11: FPS Complaints Handled Under Local Resolution (2014/15 - 2018/19)

Local Resolution	2014/15	2015/16	2016/17	2017/18	2018/19
GP	224	194	192	171	151
Dental	6	15	13	10	26
Pharmacy	0	1	1	5	0
Ophthalmic	0	0	0	0	0
Total	230	210	206	186	177

Table 12: FPS Complaints Handled Under Local Resolution, by Subject (2018/19)

Local Resolution	GP	Dental	Ophthalmic & Pharmacy	Total
Treatment & Care	82	21	0	103
Staff Attitude	15	1	0	16
Communication / Information	19	3	0	22
Other	35	1	0	36
Total	151	26	0	177

Table 13: FPS Complaints where the HSC Board Acted as an Honest Broker (2014/15 - 2018/19)

Honest Broker	2014/15	2015/16	2016/17	2017/18	2018/19
GP	83	66	34	44	101
Dental	13	11	7	7	34
Pharmacy	0	2	2	3	5
Ophthalmic	0	0	0	0	0
Total	96	79	43	54	140

Table 14: FPS Complaints where the HSC Board Acted as an Honest Broker, by Subject (2018/19)

Honest Broker	GP	Dental	Pharmacy	Total
Treatment & Care	45	27	1	73
Staff Attitude	9	2	1	12
Communication / Information	15	3	1	19
Other	32	2	2	36
Total	101	34	5	140

APPENDIX 1: TECHNICAL NOTES

This statistical release presents information on complaint issues received by HSC Trusts in Northern Ireland. It details the number of HSC Trust complaint issues received, by the programme of care, category, subject, specialty of the complaint and the time taken to provide a substantive response.

Information is also included on the number of complaints received by the HSC Board regarding Family Practitioner Services in Northern Ireland.

Data Collection

The information presented in this statistical release derives from the Departmental CH8 Revised statistical return provided by the six HSC Trusts, (including the NIAS) in Northern Ireland. The CH8 return was originally introduced in 1998 and updated in 2007 to take account of the structural changes within the HSC system following the Review of Public Administration (RPA). In 2014, the CH8 return was redesigned to allow the collection of patient level data on all complaints received by HSC Trusts. The patient level collection was titled CH8 Revised to distinguish it from the original CH8 aggregate return. This return is submitted on a quarterly basis by HSC Trusts, in respect of the services for which they have responsibility.

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed at the following link:

<https://www.health-ni.gov.uk/publications/trust-complaints-form-ch8>

Information presented on FPS complaints forwarded to the HSC Board derives from CHB statistical return. The CHB is collected on a quarterly basis by the HSC Board, in respect of the services for which they have responsibility.

Data presented on compliments is collected from the six HSC Trusts on a quarterly basis using the compliments information return which was introduced in December 2017. The compliments information return was developed in consultation with HSC Trusts to ensure regional consistency, and enable comparisons across HSC Trusts.

Rounding

Percentages have been rounded to one decimal place and as a consequence some totals may not sum to 100.

Data Quality

All information presented in this bulletin has been provided by HSC Trusts / Board and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.

For the CH8 Revised information collection, HSC Trusts are given a set period of time to submit the information. Following submission, HIB carry out a series of validation checks to verify that information submitted is consistent both within and across returns.

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted. This report incorporates all returns and amendments received up to 20th June 2019.

For the compliments information reported in section 5, information has been estimated for some Trusts as they were only able to provide a partial return for the 2018/19 year because their monitoring systems had not been fully implemented. For 2018/19, compliments data for the Southern and Western HSC Trusts were estimated as data was only provided for the periods 1st November 2018 – 30th April 2019 and 1st January – 31st March 2019 respectively.

Main Uses of Data

The main uses of these data are to monitor and report the number of HSC Trust and FPS complaint issues received during the year, to help assess performance, for corporate monitoring, to inform and monitor related policy, and to respond to assembly questions and ad-hoc queries from the public.

Contextual Information for Using Complaint Statistics

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to read while using statistics from this publication.

This includes information on the current and future population, structures within the Health and Social Care system, the vision for future health services as well as targets and indicators. This information is available at the following link:

<https://www.health-ni.gov.uk/publications/contextual-information-using-hospital-statistics>

Contact Information

As we want to engage with users of our statistics, we invite you to feedback your comments on the publication to:

Carol Murphy

Email: Carol.Murphy@health-ni.gov.uk

APPENDIX 2: DEFINITIONS

Programme of care

Programmes of care are divisions of health care, into which activity and finance data are assigned, so as to provide a common management framework. They are used to plan and monitor the health service, by allowing performance to be measured, targets set and services managed on a comparative basis. There are nine programmes of care as follows:

POC1 Acute	POC6 Learning Disability
POC2 Maternity and Child Health	POC7 Sensory Impairment and Physical Disability
POC3 Family and Child Care	POC8 Health Promotion and Disease Prevention
POC4 Elderly Services	POC9 Primary Health and Adult Community
POC5 Mental Health	

Complaint Issues

For the purposes of the CH8 return, a complaint may be understood as ‘an expression of dissatisfaction requiring a response’. This return includes information on all formal complaints only, informal complaints or communications criticising a service or the quality of care but not adjudged to require a response, are not included on this form.

A single communication regarding a complaint may refer to more than one issue. In such cases each individual complaint issue is recorded separately for Programme of Care (POC) and Subject.

Only complaints received from/on behalf of patients/clients or other ‘existing or former users of a Trust’s services and facilities’ are included. Complaints from staff are not included.

Where separate communications in respect of a single patient / client refer to one episode, they are treated as a single complaint issue for the purposes of this publication. In other words, if two relatives complain about the same subject/episode in respect of the same patient, this will be treated as one complaint issue only. However, if two relatives complain about separate subjects/episodes but in the care of the same patient, these will be treated as separate complaint issues.

Where separate unconnected communications refer to the same episode/issue, they will be treated as separate complaint issues. In other words, if separate individuals complain about a matter they have all experienced, this would be treated as separate complaint issues, e.g. if ten clients complain individually about conditions in a day centre, these will be treated as ten separate complaint issues.

The logic of the complaints procedure is that it should afford a speedy resolution of cases of individual dissatisfaction of service. This differs from the case of petitions where the concern is primarily the collective representation of views, e.g. if a single complaint is received from a group of users, it will be treated as a single complaint issue.

Where a complainant is dissatisfied with the Trust's response to his/her complaint and enters into further communications about the same matter/s, this is not a new complaint, rather it will be the same complaint reopened. Such a complaint would only be recorded once in the CH8 Revised, i.e. in the quarter it was initially received. However, if this complainant were to then complain about a separate/different matter, this would be a new complaint.

APPENDIX 3: SUBJECT OF COMPLAINT ISSUES

1. Access to Premises

This heading includes all issues concerning ease of movement inside and outside the buildings, e.g. signage, car parking, etc. Problems of wheelchair access / disabled parking etc. should also be included under this heading, if not covered under '*Discrimination*' (17).

2. Aids / Adaptations / Appliances

This heading refers to the suitability / availability of any aids / adaptations, once they have been recommended. Complaint issues about waiting for assessment should be included under '*Waiting Lists, Delay/Cancellation Community Based Appointments*' (32).

3. Children Order Complaints

This heading refers to all formal complaint issues received under the Children Order Representations and Complaint Issues Procedure, irrespective of their subject or content.

4. Clinical Diagnosis

This heading covers clinical diagnosis only and is to be distinguished from '*Professional Assessment of Need*' (24).

5. Communication / Information

This heading includes all issues of communication and information provided to patients / clients / families / carers regarding any aspect of their contact with staff. However, this should be distinguished from complaint issues about the attitude of staff when communicating with patients / clients, which would be logged under '*Staff Attitude / Behaviour*' (27).

6. Complaint Handling

This refers to handling of a complaint issue at any point up to and including the conclusion of local resolution stage, e.g. a complainant complains that he/she did not receive a response within the timescale. However, a complaint issue would not be included under this heading if it obviously falls under another heading, e.g. if the complaint issue is about attitude of staff handling the complaint issue, it would be logged under '*Staff Attitude / Behaviour*' (27).

7. Confidentiality

This heading includes any issues of confidentiality regarding patients / clients, e.g. (i) complaint by a patient regarding a breach of confidentiality or (ii) complaint by the parents of a young adolescent who are denied information by staff on the grounds of that adolescent's right to confidentiality.

8. Consent to Treatment / care

This refers to complaint issues made regarding consent to treatment/care.

9. Contracted Regulated Children's Services

10. Contracted Regulated Domiciliary Agency

11. Contracted Regulated Residential Nursing

These three headings refer to complaints about services that are provided by Trusts via contractual / commissioned arrangements. Establishments may be children's homes, nursing or residential homes, while Agencies may be a domiciliary care agency, fostering agency or nursing agency. For a full list of Regulated Establishments and Agencies please refer to 'Quality & Improvement Regulation NI Order 2003, Article 8'.

In the first instance, the service provider is expected to deal with complaints, however, where the complainant, Trust or RQIA wishes, the matter may be investigated by the Trust under the HSC Complaint Procedure.

Examples: (i) the Trust (as the commissioner) is asked by either RQIA or a relative, to investigate a complaint about the care or treatment provided to a resident in a Residential Home; (ii) a patient / client asks the Trust (as the commissioner) to investigate a complaint about the attitude of a member of staff of a Voluntary Agency with whom the Trust has contracted a home care service (e.g. personal care).

12. Contracted Independent Hospital Services

This heading refers to complaints about services that are provided by Trusts via contractual / commissioned arrangements with independent hospitals.

13. Contracted Services – Other

This heading refers to complaint issues about services that are provided by Trusts via contractual / commissioned arrangements that are not captured in *'Contracted Regulated Children's Services/Domiciliary Agency/Residential Nursing'* (9, 10 & 11). In the first instance, the service provider is expected to deal with complaint issues, however, where the complainant or Trust wishes, the matter may be investigated by the Trust under the HSC Complaint Procedure.

Example: Attitude of a member of staff of facilities services operating under contract on Trust premises, (e.g. car clamping company or catering).

14. Delay/Cancellation for Inpatients

This heading includes all aspects of delay or cancellation of operation or procedure once the patient is in hospital, e.g. Radiology investigation cancelled, or theatre cancelled due to lack of ICU beds, theatre overrun, no anaesthetist, etc. This should be distinguished from the cancellation or delay of admission for the procedure captured under *'Waiting List, Delay/Cancellation Planned Admission to Hospital'* (34).

15. Delayed Admission from A&E

This refers to patients waiting in Accident & Emergency, following decision to 'admit', before being allocated a bed in a ward. This should be distinguished from *'Waiting Times, A&E Departments'* (35) and *'Waiting List, Delay/Cancellation Planned Admission to Hospital'* (34).

16. Discharge / Transfer Arrangements

This heading refers to the adequacy of arrangements and includes early discharges or delayed discharges. It does not include failure to communicate discharge arrangements, which would be included under *'Communication / Information'* (5).

17. Discrimination

This heading refers to complaint issues regarding disadvantageous treatment. It includes discrimination under the 9 Equality categories (i.e. age, gender, marital status, political opinions, religious belief, racial group, sexual orientation, persons with or without a disability, persons with or without dependents) and under the Human Rights Act (e.g. Article 1, Right to Life; Article 3, Right to Freedom from Torture, Inhuman or Degrading Treatment; Article 8, Right to Respect for Private or Family Life). Complaint issues about patient choice should also be included under this heading.

18. Environmental

Complaint issues referring to the general condition or repair of the premises should be included under this heading. It also covers wider environmental issues, e.g. smoking.

19. Hotel / Support / Security Services

This heading includes any complaint issue referring to ancillary or support services, e.g. portering, facilities, catering. It also refers to security issues, e.g. stolen vehicles parked on Trust property.

20. Infection Control

This heading refers to compliance with infection control standards, e.g. hand hygiene; aseptic procedures; inappropriate use of personal protective equipment; incorrect disposal of waste or soiled linen; equipment / furniture not decontaminated. It covers issues around all infections but especially resistant micro-organism infections, e.g. MRSA, VRE. However, complaint issues about lack of information or not being informed would not be included in this heading, but would be logged under '*Communication / Information*' (5).

21. Mortuary & Post-Mortem

This category refers to complaint issues in relation to the mortuary and/or post-mortem.

22. Policy / Commercial Decisions

This category refers to complaint issues related to policy and/or commercial decisions.

23. Privacy / Dignity

This heading includes complaint issues specifically relating to the privacy or personal dignity of patients/clients.

24. Professional Assessment of Need

This heading refers to the assessment of need in either clinical or non-clinical contexts, however, should be distinguished from '*Clinical Diagnosis*' (4).

25. Property / Expenses / Finance

This heading refers to issues of the personal property, expenses or finance of patients/clients, e.g. due money for fostering; issues around direct payments; concerns about Trust charging / invoicing for

clients in Nursing/Residential Home (either Private or Trust Home); broken hearing aid; lost spectacles / dentures.

Property damaged by staff arising in the course of care / treatment would fall into this category; however, property stolen from a patient's locker (as not being entrusted to or in the custodianship of staff and not known to be attributable to staff) would come under the heading of *'Hotel/Support/Security Services'* (19). Complaint issues about stolen vehicles (visitor or patient) and property lost or stolen from visitors should similarly be logged as a *'Hotel/Support/Security Services'* (19).

26. Records / Record Keeping

This refers to cases where records (such as medical notes, case files, X-rays) are unavailable, e.g. records have been mislaid or misfiled. Complaint issues about access rights to deceased patients' health records (governed by Access to Health Records (1993) NI Order) should be included under this heading. Complaint issues about any aspect of content of records or right of access should only be included under this heading, if they are not more appropriately dealt with under other procedures, such as Data Protection Act or Freedom of Information Act appeals processes.

27. Staff Attitude / Behaviour

This category refers to complaint issues related to staff attitude and/or staff behaviour.

28. Transport, Late or Non-arrival / Journey Time

This heading refers to complaint issues about the late arrival or non-arrival of transport or about the length of journey.

29. Transport, Suitability of Vehicle / Equipment

This heading refers to the appropriateness of the vehicle assigned and will include issues such as comfort, ease of access for the client group served. Complaint issues about the appropriateness of equipment would also be logged under this heading.

30. Quality of Treatment & Care

This refers to the quality or standard of treatment and care provided. It also covers complaint issues relating to patient / client safety. However, it is to be distinguished from *'Quantity' of Treatment & Care, (31)* which refers to the quantity or amount of treatment and care.

31. Quantity of Treatment & Care

This refers to the amount of treatment and care provided or available, e.g. someone receiving good quality home help but feel they are receiving inadequate number of hours.

32. Waiting Lists, Delay/Cancellation Community Based Appointments

This heading refers to the time spent waiting for either assessment or for the delivery of services following assessment, e.g. waiting list for an OT assessment, waiting list for a care package. 'Unmet need' should also be logged under this heading. This heading should be distinguished from *'Waiting Times, Community Services' (36)*.

33. Waiting Lists, Delay/Cancellation Outpatient Appointments

This heading refers to delay or cancellation in securing an outpatient appointment, i.e. outpatient waiting lists. It is to be distinguished from *'Waiting Lists, Delay/Cancellation Community Based Appointments' (32)* and *'Waiting Times, Outpatient Departments' (37)*.

34. Waiting Lists, Delay/Cancellation Planned Admission to Hospital

This refers to delay or cancellation of a planned admission to hospital, e.g. waiting list for surgery. Delayed admissions from A&E should not be included in this category but under *'Delayed Admission from A&E' (15)*.

35. Waiting Times, A&E Departments

Complaint issues regarding waiting time for initial assessment or waiting time to be treated should all be logged under this heading. Complaint issues about delayed admission from A&E are not included here but should be listed under *'Delayed Admission from A&E' (15)*.

36. Waiting Times, Community Services

This heading refers to waiting time during delivery of community services. It would include such issues as erratic timing, failure of professional staff to turn up at the specified time for an appointment. It should be distinguished from *'Waiting Lists, Delay/Cancellation Community Based Appointments' (32)*.

37. Waiting Times, Outpatient Departments

This heading refers to the time waiting at an outpatient appointment, other than at A&E. It should be distinguished from '*Waiting Lists, Delay/Cancellation Outpatient Appointments (33)*'.

38. Other

This is a residual heading for any complaint issues, which do not fall into any categories listed above.

APPENDIX 4: SUBJECT GROUPED BY GENERAL CATEGORY

Admissions/Discharges

Delayed Admission from A&E
Discharge/Transfer Arrangements
Waiting Lists, Delay/Cancellation Planned Admission to Hospital

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments/Waiting Times

Waiting Lists, Delay/Cancellation Community Based Appointments
Waiting Lists, Delay/Cancellation Outpatient Appointments
Waiting Times, A&E Departments
Waiting Times, Community Services
Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Contracted Services

Contracted Regulated Children's Services
Contracted Regulated Domiciliary Agency
Contracted Regulated Residential Nursing
Contracted Independent Hospital Services
Other Contracted Services

Diagnosis/Operation/Treatment

Clinical Diagnosis
Consent to Treatment/Care
Delay/Cancellation for Inpatients
Treatment & Care, Quality
Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients

Complaints Handling

Confidentiality

Records/Records Keeping

Mortuary

Mortuary & Post-Mortem

Patient Experience

Discrimination

Privacy/Dignity

Property/Expenses/Finance

Staff Attitude/Behaviour

Policy/Commercial Decisions

Policy/Commercial Decisions

Premises

Access to Premises

Environmental

Hotel/Support/Security Services

Infection Control

Prison Health Care

Prison Healthcare Related Complaint Issues

Professional Assessment of Need

Professional Assessment of Need

Transport

Transport, Late or Non-arrival/Journey Time

Transport, Suitability of Vehicle/Equipment

Other

Other

APPENDIX 5: HSC BOARD COMPLAINTS

The information presented within this release relating to FPS complaints derives from the HSC Board CHB statistical return. The CHB is collected on a quarterly basis by the HSC Board, in respect of the services for which they have responsibility.

Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning sets out how HSC organisations should deal with complaints raised by people who use or are waiting to use their services.

Under HSC Complaints Procedure all FPS practices are required to forward to the HSC Board anonymised copies of each letter of complaint received along with the subsequent response, within 3 working days of this being issued.

The first stage of the HSC Complaints Procedure is known as 'local resolution'. The purpose of local resolution is to provide an opportunity for the complainant and the organisation to attempt a prompt and fair resolution of the complaint. In the case of FPS practices, local resolution involves a practitioner seeking to resolve the complaint through discussion and negotiation.

Where a complainant does not wish to approach the FPS practice directly, HSC Board Complaints staff, with the agreement of both the practice and complainant, may act as an intermediary or 'honest broker' with the aim of assisting in the local resolution of the complaint.

The HSC Board has a responsibility to record and monitor the outcome of all complaints lodged with them. It will provide support and advice to FPS in relation to the resolution of complaints and it will also appoint independent experts, lay persons or conciliation services, where appropriate.

Introduction

1. The purpose of this form is to record the number of compliments received by Trusts during the quarter, the subject areas to which they referred and how the compliment was received.
2. The form should be returned quarterly by Trusts in respect of services for which they have responsibility. Deadline for receipt by Hospital Information Branch is not later than one month and 10 working days after the end of the quarter to which the return refers. For example, figures for the quarter April – June will be provided not later than 10 working days into August.

Compliments

3. For the purposes of this return a compliment may be understood as ‘an expression of praise, commendation or admiration’.
4. Only compliments received from/on behalf of patients/clients or other ‘existing or former users of a Trust’s services and facilities’ should be included. Compliments from staff should not be included on this form.
5. A single communication may include more than one compliment. In such cases each distinct compliment should be recorded separately on the return.
6. Compliments received by a Trust which properly refer to the services of another Trust or party should be recorded on the return of that relevant Trust/party and not on the return of the Trust of first receipt.
7. Where separate communications (whether from a single party or from several parties in respect of a single patient) refer to one subject only, they should be treated as one compliment for the purposes of this form.
8. In other words, if two relatives submit a compliment about the same subject/episode in respect of the same patient, this should be treated as one compliment only.
9. However, if two relatives submit compliments about separate subjects/episodes in the care of the same patient, these should be treated as separate compliments.

Subjects

10. This part deals with the subject of the compliment. The subject of the compliment is to be assigned on the basis of the subject that best describes the nature of the patient / client's praise.

Definitions of Subjects:

i. Quality of Treatment & Care

This refers to the quality or standard of treatment and care provided. It also covers compliments relating to patient/client safety.

ii. Staff Attitude & Behaviour

This category refers to compliments related to staff attitude and/or staff behaviour.

iii. Information & Communication

This heading includes all issues of communication and information provided to patients / clients / families / carers regarding any aspect of their contact with staff. However, this should be distinguished from compliments about the attitude of staff when communicating with patients / clients, which should be logged under '*Staff Attitude & Behaviour*'.

iv. Environment

Compliments referring to the general condition or repair of the premises should be included under this heading.

v. Other

This is a residual heading for any compliments which do not fall into any of the categories listed above.

11. Where the subject is recorded as '*Other*' a brief description of the compliment should be provided in part 2 of the return.

Method of Compliment

12. Only written compliments received by (i) Card, (ii) Email, (iii) Feedback Form, (iv) Letter or (v) Social Media (Facebook & Twitter only) should be included in this return.
13. Only Facebook posts / Tweets linked to the official organisational Facebook/Twitter accounts should be included.

APPENDIX 7: ABOUT HOSPITAL INFORMATION BRANCH

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics, Cancer and Emergency Care). A detailed list of these publications is available from:

<https://www.health-ni.gov.uk/topics/doh-statistics-and-research>

APPENDIX 8: ADDITIONAL INFORMATION

Further information on HSC Trust Complaint Issues and Compliments in Northern Ireland are available from:

Carol Murphy

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

Email: Carol.Murphy@health-ni.gov.uk