

INFORMATION  
ANALYSIS  
DIRECTORATE



# Complaints Received by HSC Trusts, Board and Family Practitioner Services in Northern Ireland (2014/15)

## 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.
Authors	Michael O'Donnell, Kieran Taggart, Ruth Fulton
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Issued by	Hospital Information Branch Information & Analysis Directorate Department of Health, Social Services & Public Safety Stormont Estate Belfast, BT4 3SQ
Statistician	Michael O'Donnell (028) 90 5200064
Email	<a href="mailto:Michael.O'Donnell@dhsspsni.gov.uk">Michael.O'Donnell@dhsspsni.gov.uk</a>
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## KEY POINTS

### Latest Year (2014/15)

- During 2014/15, HSC Trusts received 5,154 complaints relating to 7,015 complaint issues (Tables 1 & 5, Figure 1).
- Three fifths (4,189, 59.7%), of complaint issues received during 2014/15 related to the Acute POC (Tables 2 & 3, Figure 3).
- During 2014/15, one in ten (743, 10.6%) complaint issues received by HSC trusts related to the 'Accident & Emergency' specialty (Appendix 4).
- Of the 5,154 complaints received in 2014/15, the median age of the patient/client was 49.4 years (Figure 7).
- On average HSC Trusts took 24.9 working days to provide a substantive response to complaints received in 2014/15 (Table 5, Figure 11).

### Last Five Years (2010/11 to 2014/15)

- Over the last five years, the number of complaint issues received by HSC Trusts has increased by 1,962 (38.8%), from 5,053 in 2010/11 to 7,015 in 2014/15 (Table 1, Figure 1).
- Between 2010/11 and 2014/15, the number of complaint issues received relating to the Acute POC has increased by 1,167 (38.6%), from 3,022 to 4,189 (Table 2).
- Since 2010/11, the number of complaint issues received has increased in all six HSC Trusts, with Belfast HSC Trust reporting the most notable increase (917, 49.4%), from 1,855 to 2,772 in 2014/15 (Table 1, Figure 1).
- Almost three in ten (29.5%) complaint issues received during each of the last five years related to the 'Diagnosis/Operation/Treatment' category (Appendix 2).

### Revision Note

This publication was revised on Wednesday 12<sup>th</sup> August 2015 to take account of a coding error. This has resulted in small changes to Section 3 'Time Taken to Provide a Substantive Response to Complaints Received'.

## 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 and 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:

<http://www.dhsspsni.gov.uk/index/statistics/safetyquality/patient-safety/complaints-safety-and-quality.htm>

Information presented on HSC Board and 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.

### Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages 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 17<sup>th</sup> July 2015.

## **Main Uses of Data**

The main uses of these data are to monitor and report the number of HSC Trust, Board 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:

<http://www.dhsspsni.gov.uk/index/statistics/safetyquality/patient-safety/complaints-safety-and-quality.htm>

## **Contact Information**

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

**Michael O'Donnell**

**Email:** [Michael.O'Donnell@dhsspsni.gov.uk](mailto:Michael.O'Donnell@dhsspsni.gov.uk)

**Tel:** (028) 90 520064

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# SECTION 1

## COMPLAINT ISSUES RECEIVED BY HSC TRUSTS

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

In this statistical brief a **complaint** is defined as an 'expression of dissatisfaction' received from or on behalf of patients, clients or other users of HSC Trust, HSC Board 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 (POC), Subject and Specialty it relates to.

### Complaint Issues

Table 1 details the number of complaint issues received by HSC Trusts in each of the last five years.

**Table 1: Complaint Issues Received by HSC Trusts (2010/11 - 2014/15)**

HSC Trust	2010/11	2011/12	2012/13	2013/14	2014/15
Belfast	1,855	2,122	2,113	2,514	2,772
Northern	697	862	856	997	890
South Eastern	1,182	1,172	1,459	1,343	1,332
Southern	777	764	839	1,032	1,166
Western	450	467	591	800	629
NIAS	92	98	140	150	226
<b>Northern Ireland</b>	<b>5,053</b>	<b>5,485</b>	<b>5,998</b>	<b>6,836</b>	<b>7,015</b>

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**Since 2010/11, the number of complaint issues received increased in all six HSC Trusts**

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Over the last five years, the number of complaint issues received by HSC Trusts has increased by 1,962 (38.8%), from 5,053 in 2010/11 to 7,015 in 2014/15 (Table 1, Figure 1).

Since 2010/11, the number of complaint issues received has increased in all six HSC Trusts, with the most notable increase reported by the Belfast HSC Trust (917, 49.4%), from 1,855 to 2,772 in 2014/15 (Table 1, Figure 1).

Between 2010/11 and 2014/15, the number of complaint issues received by the NIAS has more than doubled (145.7%), from 92 to 226 (Table 1, Figure 1).

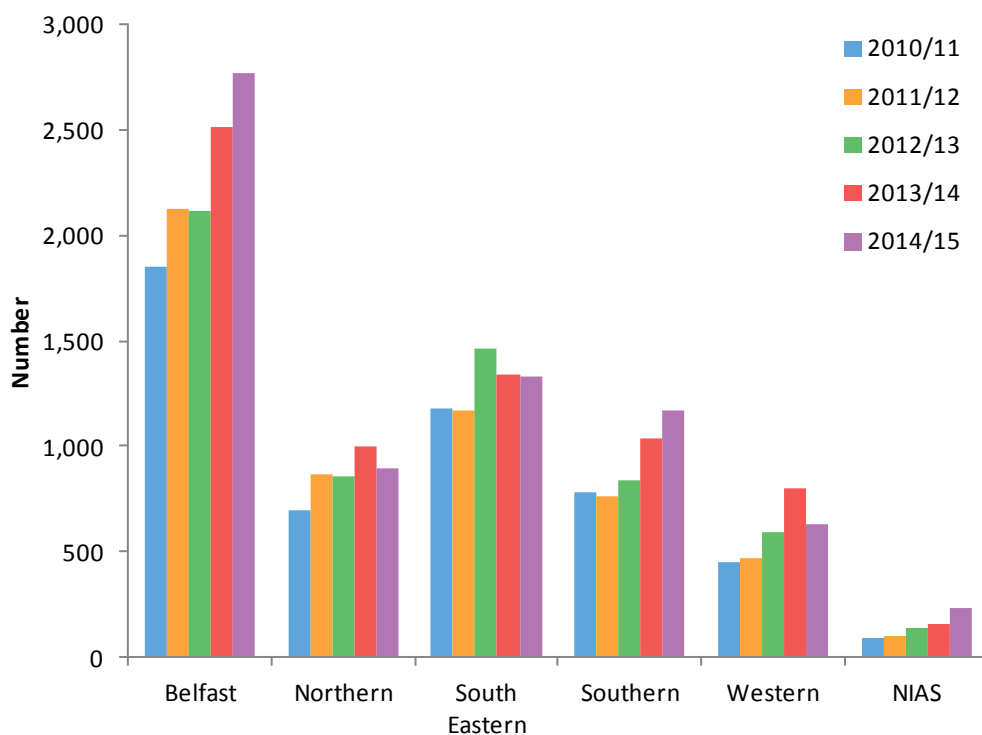
During 2014/15, almost two fifths of all complaint issues (2,772, 39.5%) were received by the Belfast HSC Trust, 1,332 (19.0%) by the South Eastern HSC Trust, 1,166 (16.6%) by the Southern HSC Trust, 890 (12.7%) by the Northern HSC Trust, 629 (9.0%) by the Western HSC Trust and 226 (3.2%) by the NIAS (Table 1, Figure 1).

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**Belfast HSC Trust reported the most notable increase in complaint issues received over the last five years**

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**Figure 1: Complaint Issues Received by HSC Trusts (2010/11 - 2014/15)**





## Complaint Issues Received by Programme of Care (POC)<sup>1</sup>

Table 2 details the number of complaint issues received by HSC Trusts in each of the last five years broken down by POC. 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.

**Table 2: Complaint Issues Received by HSC Trusts, by POC (2010/11 - 2014/15)<sup>2</sup>**

Programme of Care	2010/11	2011/12	2012/13	2013/14	2014/15
Acute	3,022	3,393	3,575	4,135	4,189
Maternal & Child Health	323	340	316	291	399
Family & Child Care	317	318	361	492	495
Elderly Services	307	302	320	437	457
Mental Health	247	236	315	354	366
Learning Disability	105	96	132	218	160
Sens Imp & Phys Disability	82	61	89	118	114
Health Prom & Disease Prev	3	4	2	5	0
Prim Health & Adult Comm	293	191	222	178	214
None (No POC assigned)	354	554	666	608	512
Prison Healthcare					109
<b>Total</b>	<b>5,053</b>	<b>5,495</b>	<b>5,998</b>	<b>6,836</b>	<b>7,015</b>

Between 2010/11 and 2014/15, the number of complaint issues received by HSC Trusts relating to the Acute POC increased by 1,167 (38.6%), from 3,022 to 4,189 (Table 2).

During 2014/15, 7,015 complaint issues were received by the HSC Trusts, of which, almost three fifths (4,189, 59.7%) related to the Acute POC (Table 2)

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**Three fifths of complaint issues received during 2014/15 related to the Acute POC**

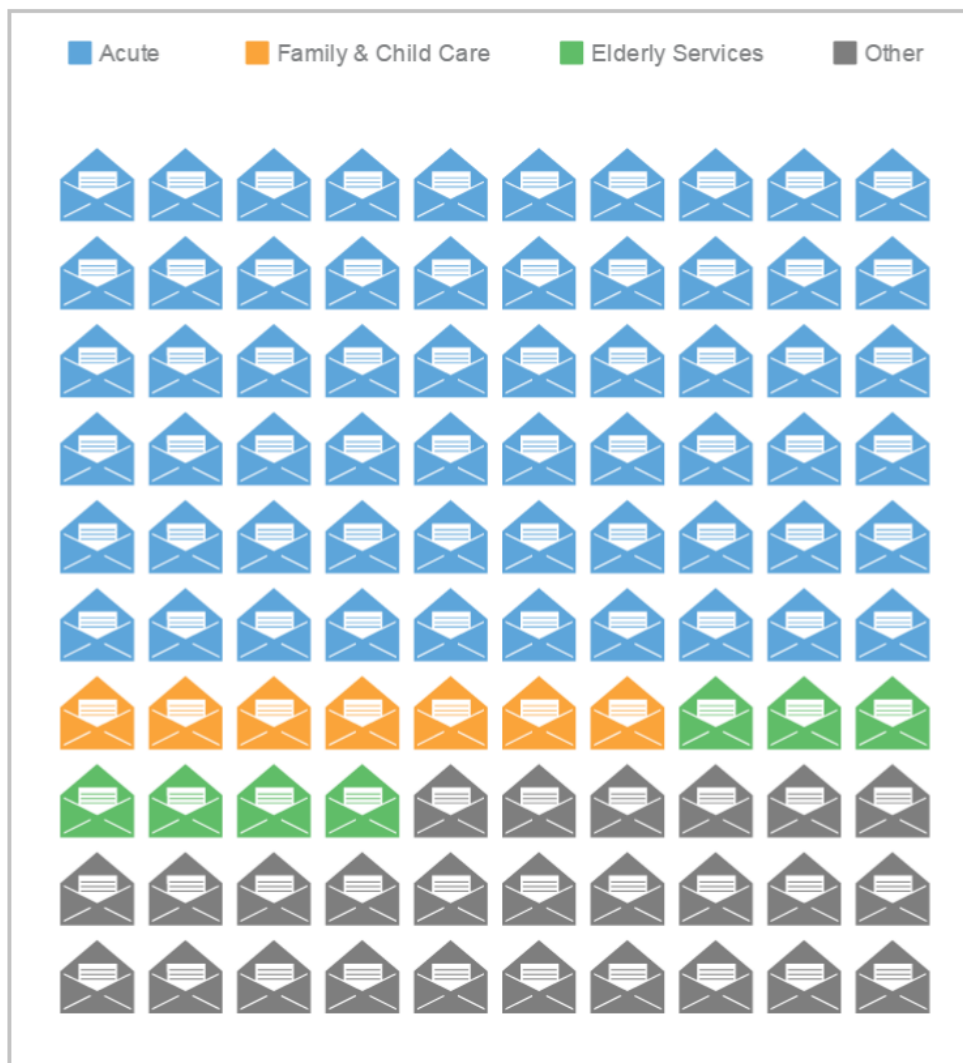
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<sup>1</sup> Refer to Appendix 6: Definitions for full list of Programmes of Care (POC's)

<sup>2</sup> Prison Healthcare was previously included within 'None (No POC assigned)' but from 2014/15 this information is now recorded separately.

Three POC's accounted for almost three quarters (5,141, 73.3%) of all complaint issues received during 2014/15; the Acute POC (4,189, 59.7%), the Family & Child Care POC (495, 7.1%) and the Elderly Services POC (457, 6.5%) (Table 2, Figure 2).

**Figure 2: Three POCs Receiving the Largest Number of Complaint Issues (2014/15)<sup>3</sup>**



<sup>3</sup> The 'Other' category includes all complaint issues not included within the three named POCS above.

## Complaint Issues Received by POC and HSC Trust

Table 3 presents information on the number of complaint issues received by each HSC Trust during 2014/15 by the POC of the complaint issue.

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

Programme of Care	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Acute	2,205	441	746	471	326	0	<b>4,189</b>
Maternal & Child Health	140	29	76	74	80	0	<b>399</b>
Family & Child Care	89	124	82	142	58	0	<b>495</b>
Elderly Services	81	120	62	152	42	0	<b>457</b>
Mental Health	77	86	76	100	27	0	<b>366</b>
Learning Disability	13	15	14	67	51	0	<b>160</b>
Sens Impair & Phys Dis	13	30	24	37	10	0	<b>114</b>
Health Prom & Disease Prev	0	0	0	0	0	0	<b>0</b>
Prim Health & Adult Comm	11	12	71	117	3	0	<b>214</b>
None (No POC assigned)	143	33	72	6	32	226	<b>512</b>
Prison Healthcare	0	0	109	0	0	0	<b>109</b>
<b>Total</b>	<b>2,772</b>	<b>890</b>	<b>1,332</b>	<b>1,166</b>	<b>629</b>	<b>226</b>	<b>7,015</b>

During 2014/15:

- Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (2,205, 52.6%) and the Maternal & Child Health POC (140, 35.1%) (Table 3, Figure 3).
- Belfast HSC Trust also reported the highest number of complaint issues with No POC assigned (143, 27.9%) (Table 3, Figure 3).
- South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland and reported 109 complaint issues relating to this POC (Table 3, Figure 3).

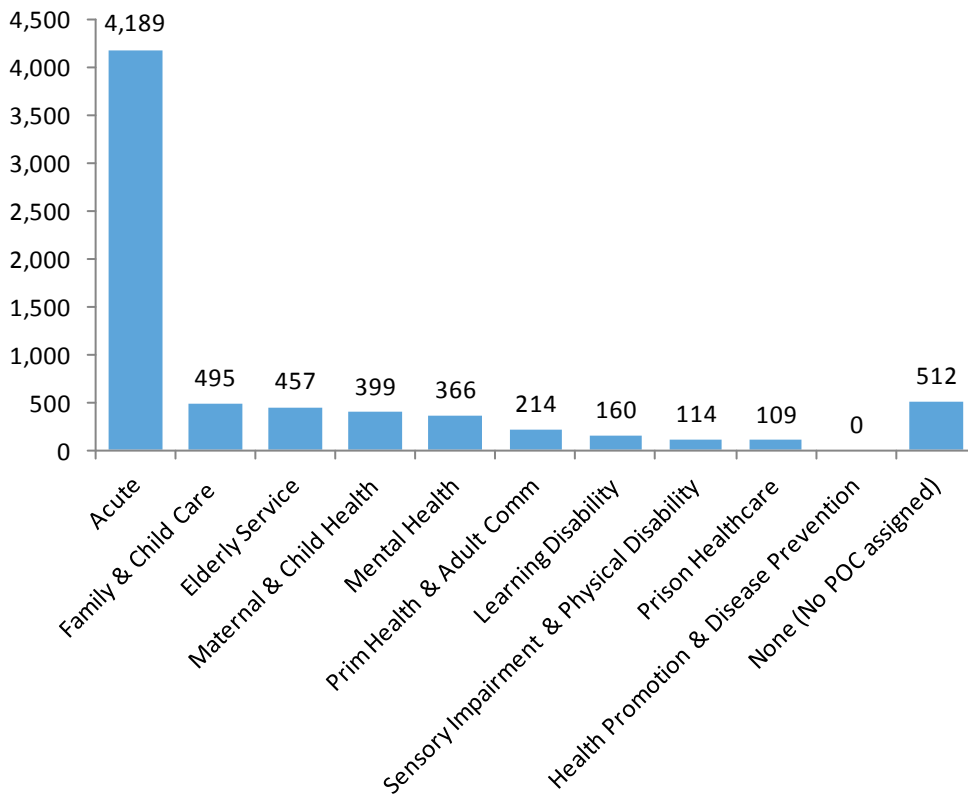
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**A quarter of complaint issues received in the Southern HSC Trust related to the Family & Child Care or Elderly POC's**

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- Southern HSC Trust reported the highest number of complaint issues relating to the Elderly Services POC (152, 33.3%), Family & Child Care POC (142, 28.7%), Primary Health & Adult Community POC (117, 54.7%), Mental Health POC (100, 27.3%), Learning Disability POC (67, 41.9%) and the Sensory Impairment & Physical Disability POC (37, 32.5%) (Table 3, Figure 3).

**Figure 3: Complaint Issues Received by HSC Trusts, by POC (2014/15)**



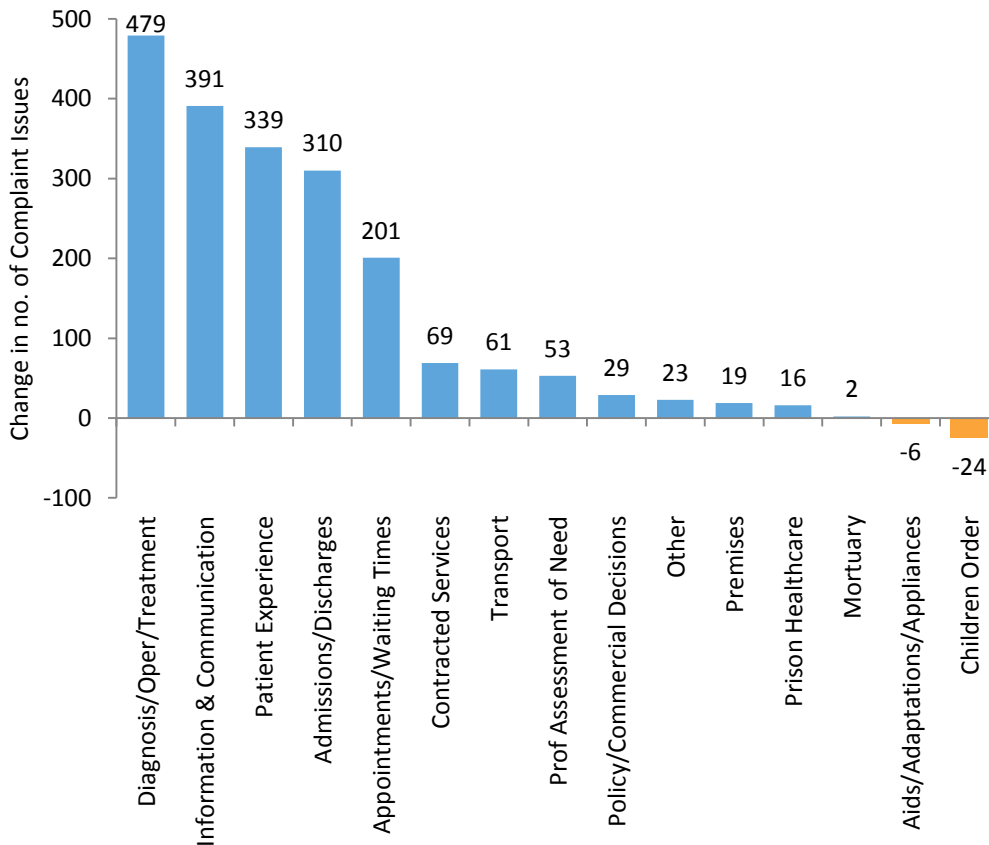
## Complaint Issues Received by Category

The category of each complaint issue is based on the subject<sup>4</sup> 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 categories<sup>5</sup>.

During 2014/15, HSC Trusts reported that the highest number of complaint issues related to 'Diagnosis/Operation/Treatment' (2,054, 29.3%), 'Patient Experience' (1,241, 17.7%), 'Information & Communication' (1,035, 14.8%) and 'Appointments/Waiting Times' (945, 13.5%) (Appendix 2).

Figure 4 below presents an analysis of the change in the number of complaint issues received between 2010/11 and 2014/15, for the 15 main categories of complaint.

**Figure 4: Change in the Number of Complaint Issues Received, by Category of Complaint (2010/11 - 2014/15)**




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**Complaint issues relating to Admissions / Discharges more than doubled since 2010/11**

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<sup>4</sup> A complete list of complaint issue subjects is detailed in Appendix 7, whilst an analysis of complaint issues by subject can be found in Appendix 1.

<sup>5</sup> A list of complaint issue subjects grouped by general category is detailed in Appendix 8.

Since 2010/11, all but two categories reported an increase the number of complaint issues received (Figure 4, Appendix 2).

Between 2010/11 and 2014/15, the 'Diagnosis/Operation/Treatment' category reported the highest increase in the number of complaint issues received, from 1,575 to 2,054 (Figure 4, Appendix 2).

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**Almost three in ten  
complaint issues  
received during each  
of the last five years  
related to  
Diagnosis/Operation  
/ Treatment**

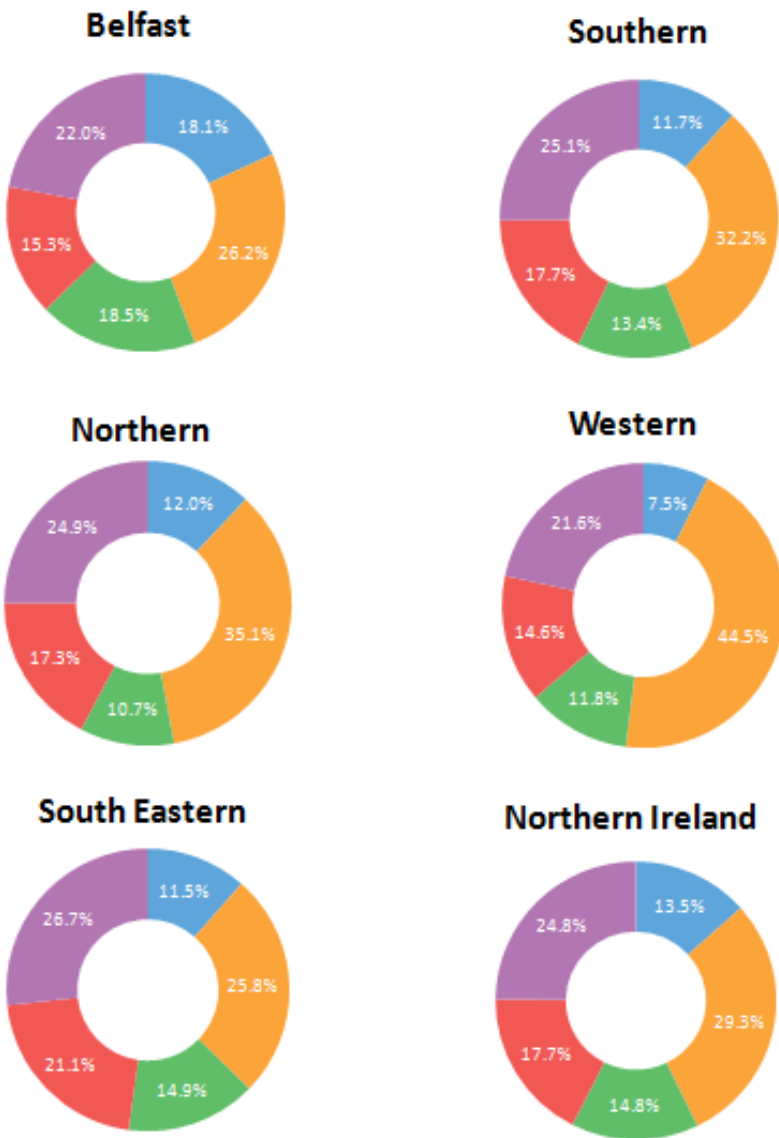
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## Complaint Issues Received by Category and HSC Trust

Figure 5 below presents a summary of the four largest categories of complaint issues received during 2014/15, by the category of the complaint for each HSC Trust. In the charts below complaint issues not in the four largest categories have been referred to as 'Other'.

**Figure 5: Main Category of Complaint Issues Received by HSC Trusts (2014/15)<sup>6</sup>**

- Appointments/Waiting Times
- Patient Experience
- Diagnosis/Operation/Treatment
- Other
- Information & Communication




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**Over two fifths of complaint issues received by the Western HSC Trust related to Diagnosis/Operation /Treatment**

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<sup>6</sup> Information for Northern Ireland includes complaint issues received by all HSC Trusts including the NIAS.

During 2014/15:

- In the Belfast HSC Trust, almost a fifth (512, 18.5%) of complaint issues related to the 'Information & Communication' category (Figure 5, Appendix 3).
- In the Northern HSC Trust, over a third (312, 35.1%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category (Figure 5, Appendix 3).
- Over a fifth (281, 21.1%) of complaint issues received by the South Eastern HSC Trust related to 'Patient Experience' (Figure 5, Appendix 3).
- In the Southern HSC Trust, almost a third (375, 32.2%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category (Figure 5, Appendix 3).
- Over two fifths (280, 44.5%) of complaint issues received by the Western HSC Trust related to 'Diagnosis/Operation/Treatment' (Figure 5, Appendix 3)
- Across all HSC Trusts, these four largest categories accounted for three quarters (5,275, 75.2%) of all complaint issues received (Figure 5, Appendix 3).

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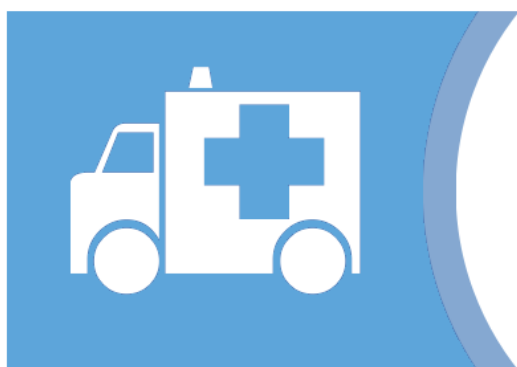
**Over a fifth of complaint issues received by the South Eastern HSC Trust related to Patient Experience**

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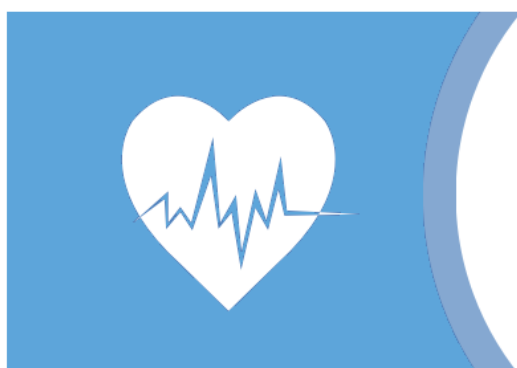


## Complaint Issues Received by Specialty and HSC Trust

During 2014/15, HSC Trusts reported that the highest number of complaint issues received related to the 'Accident & Emergency' (743, 10.6%), 'Trauma & Orthopaedics' (602, 8.6%) and 'General Medicine' (480, 6.8%) specialties (Appendix 4).



**A & E**  
**743**



**Trauma & Ortho**  
**602**



**General Medicine**  
**480**

These three specialties accounted for over a quarter (1,825, 26.0%) of all complaint issues received during this time (Appendix 4).

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# SECTION 2

## COMPLAINTS RECEIVED BY HSC TRUSTS

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During 2014/15, HSC Trusts received 5,154 complaints relating to 7,015 complaint issues. Section 2 presents a summary of information relating to these 5,154 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 7.

### Age of Patient / Client

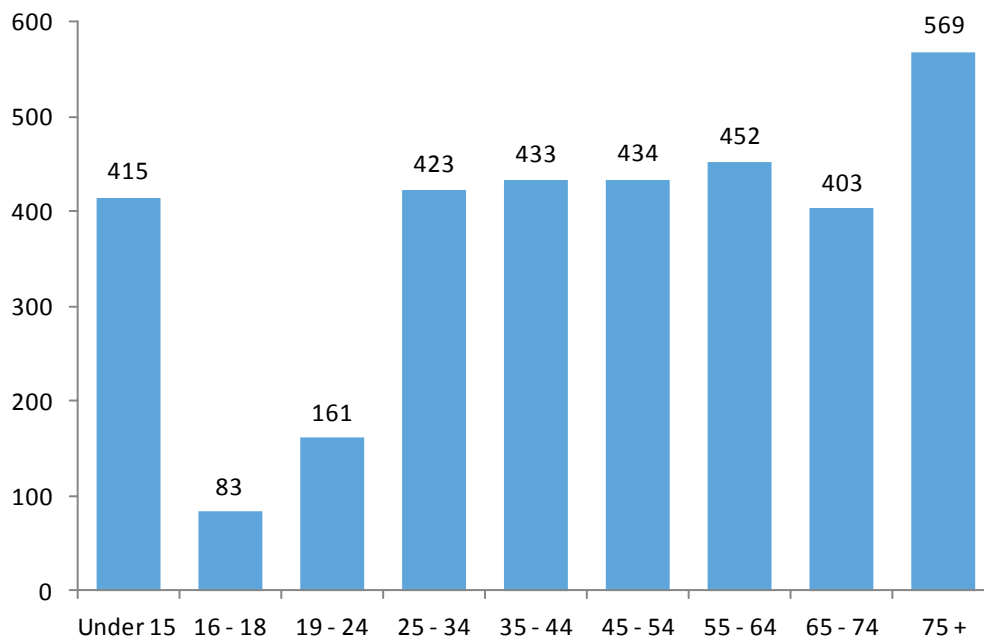
Figure 6 below presents a summary of the number of complaints received during 2014/15, by the age group of the patient/client at the time the complaint was received.

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**Of complaints received in 2014/15, the median age of the patient / client was 49.4 years**

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**Figure 6: Complaints Received, by Age Group of Patient / Client (2014/15)**

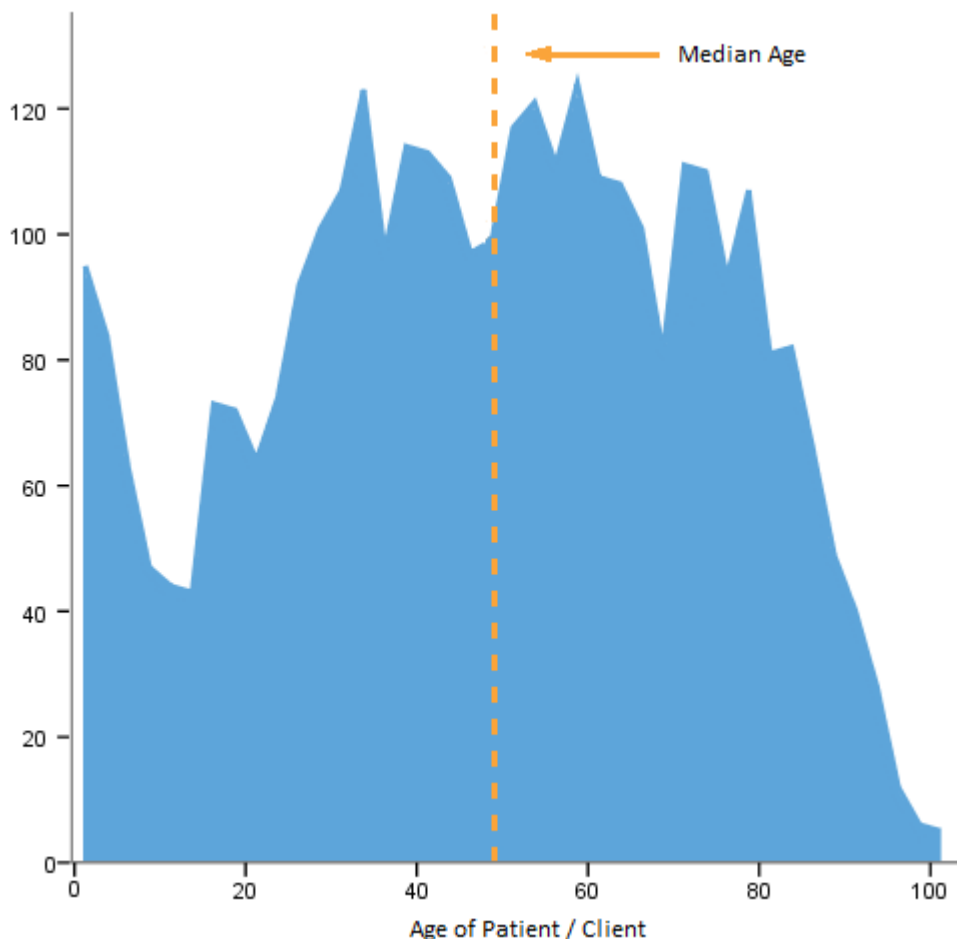


During 2014/15, the age of the patient/client was recorded for 3,373 (65.4%) of the complaints received by HSC Trusts.

For those complaints where the age of the patient/client was recorded, 569 (16.9%) related to patients/clients aged 75 & over, whilst 415 (12.3%) were for those aged 15 & under (Figure 6).

Figure 7 below presents information on the number of complaints received by the age of the patient / client at the time the complaint was received. The median age represents the middle value when all patient / client ages are arranged from the lowest to the highest value.

**Figure 7: Complaints Received, by Age of Patient / Client (2014/15)**



Of the complaints received by HSC Trusts during 2014/15, the median age of the patient/client was 49.4 years (Figure 7).

## Relationship of Complainant to Patient/Client

Over half (2,753, 53.4%) of all complaints received in 2014/15 were from the patient/client and a further 2,397 (46.5%) from persons acting on behalf of the patient/client. It was not possible to identify the relationship of the complainant in four cases.

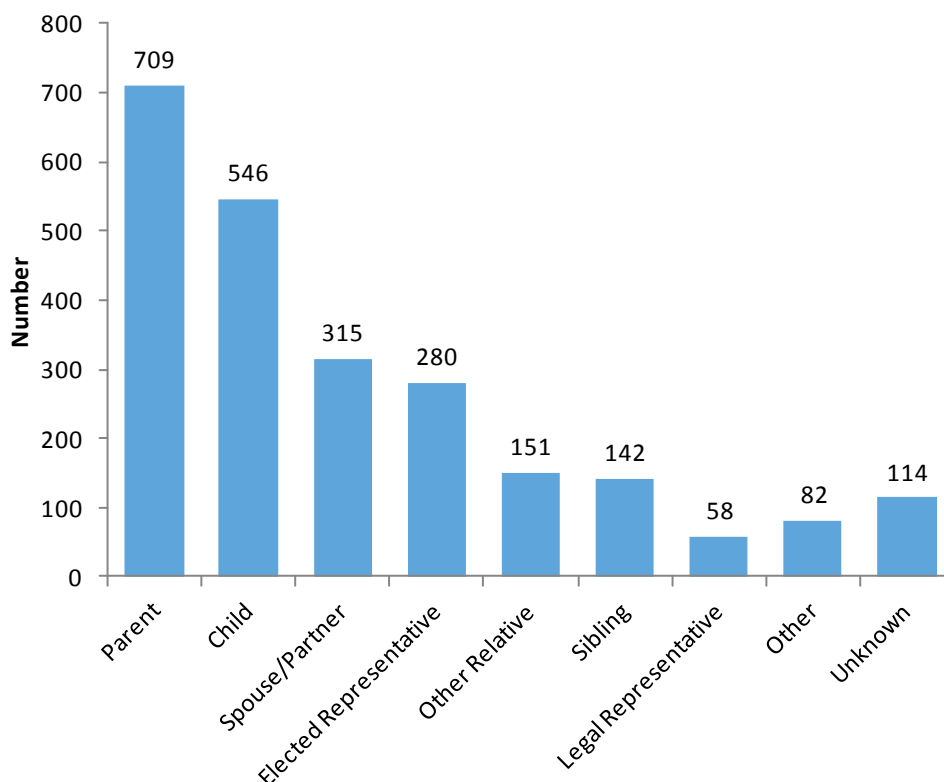
Figure 8 below details the relationship of the complainant to the patient/client for those complaints not made by the patient/client themselves.

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**Over half of complaints received in 2014/15, were from the patients/clients themselves**

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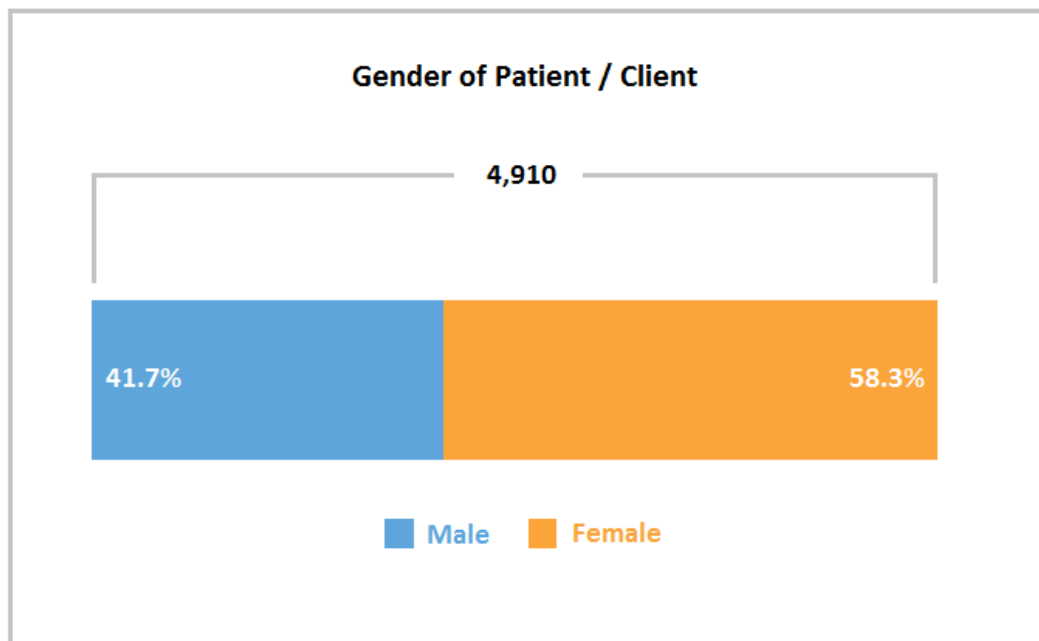
**Figure 8: Complaints Received, by Relationship of Complainant (2014/15)**



Of the 2,397 complaints received from persons acting on behalf of the patient/client, almost a third (709, 29.6%) were from the parents of the patient/client, 546 (22.8%) from the children of the patient/client, 315 (13.1%) from a spouse/partner and 280 (11.7%) from an elected representative (Figure 8).

## Sex of Patient / Client

During 2014/15, the sex of the patient/client was recorded for 4,910 (95.3%) of the complaints received by HSC Trusts.



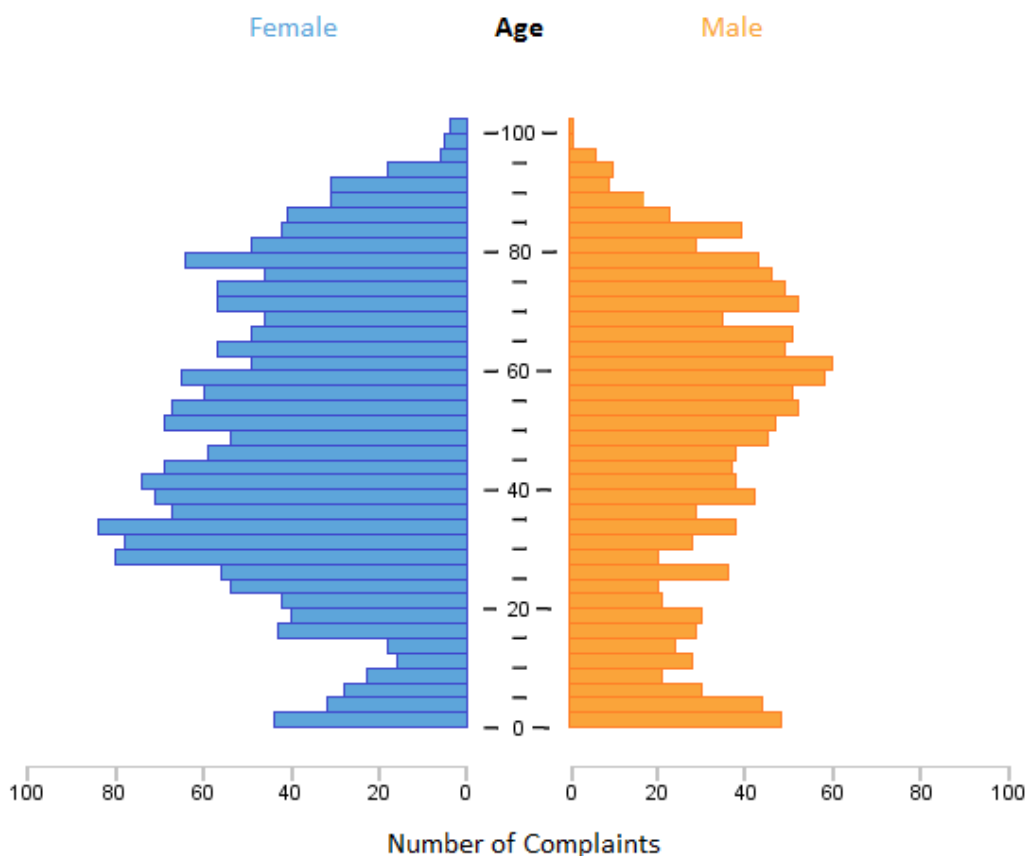
Of those complaints where the sex of the patient/client was recorded, 2,864 (58.3%) were for female patients/clients and 2,046 (41.7%) for male patients/clients.

## Age and Sex of Patient / Client

The age and sex of the patient/client was recorded for 3,319 (64.4%) of the 5,154 complaints received by HSC Trusts during 2014/15. Of the 3,319 complaints where the age and sex of the patient/client was recorded, 1,945 (58.6%) were for female patient/clients and 1,374 (41.4%) were male patient/clients (Figure 9).

Figure 9 below details the number of complaints received in 2014/15 for each age band (2.5 years), for the 3,319 complaints which have the age and sex of the patient/client recorded.

**Figure 9: Complaints Received, by Age and Sex of Patient / Client (2014/15)**

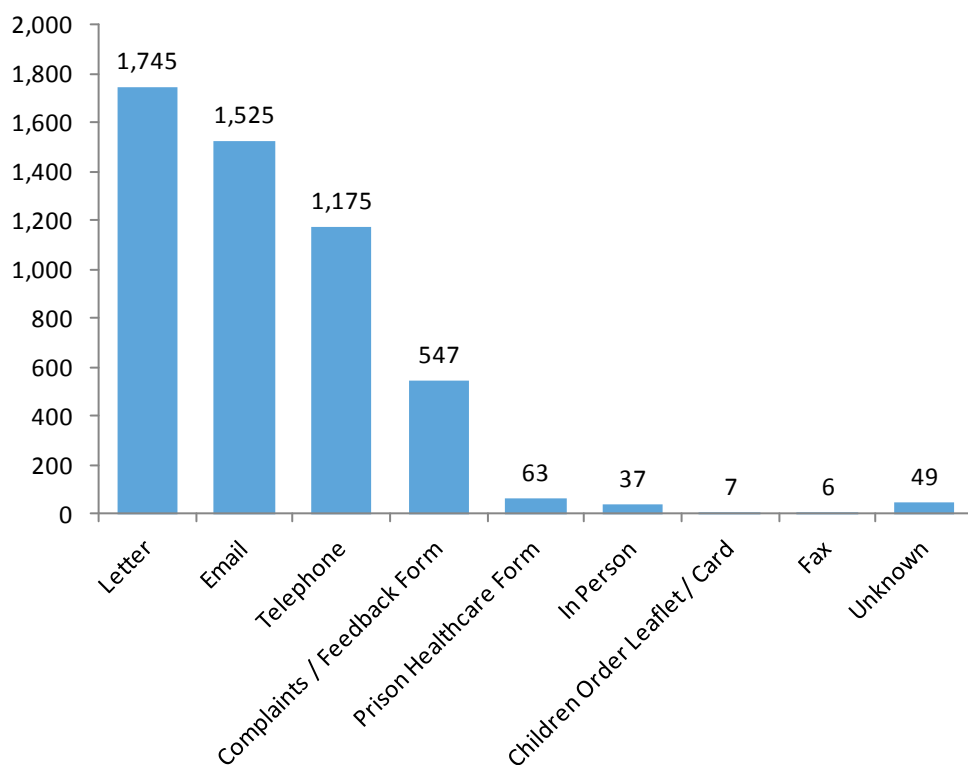


More complaints were received by HSC Trusts relating to female patient/clients than males in all age groups, except the '15 & Under' age group (Figure 9, Appendix 5).

## Method of Complaint

Figure 10 details the method by which complaints were received in 2014/15.

**Figure 10: Complaints Received, by Method of Complaint (2014/15)**



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**A third of complaints were received by letter in 2014/15**

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During 2014/15, over a third (1,745, 33.9%) of complaints received were received by letter, 1,525 (29.6%) by email and 1,175 (22.8%) by telephone. These three methods accounted for over four fifths (86.2%, 4,445) of all complaints received during the year (Figure 10).

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## SECTION 3

### TIME TAKEN TO PROVIDE A SUBSTANTIVE RESPONSE TO COMPLAINTS RECEIVED

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Table 5 below details the length of time taken by HSC Trusts 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, i.e. 5,154 complaints were received during 2014/15 relating to 7,015 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.

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**Over half of all complaints received a substantive response within 20 working days**

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**Table 5: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2014/15)**

HSC Trust	20 Working Days or Less		More Than 20 Working Days		Total No.	Mean No. of Working Days
	No.	%	No.	%		
Belfast	1,122	52.1%	1,032	47.9%	<b>2,154</b>	27.3
Northern	490	69.8%	212	30.2%	<b>702</b>	20.0
South Eastern	448	53.7%	387	46.3%	<b>835</b>	26.2
Southern	339	43.4%	442	56.6%	<b>781</b>	21.9
Western	344	75.4%	112	24.6%	<b>456</b>	21.0
NIAS	35	15.5%	191	84.5%	<b>226</b>	34.3
<b>Northern Ireland</b>	<b>2,778</b>	<b>53.9%</b>	<b>2,376</b>	<b>46.1%</b>	<b>5,154</b>	<b>24.9</b>

Revision Note: Figures in the above table were updated on 12 August 2015



During 2014/15, over half (2,778, 53.9%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 5).

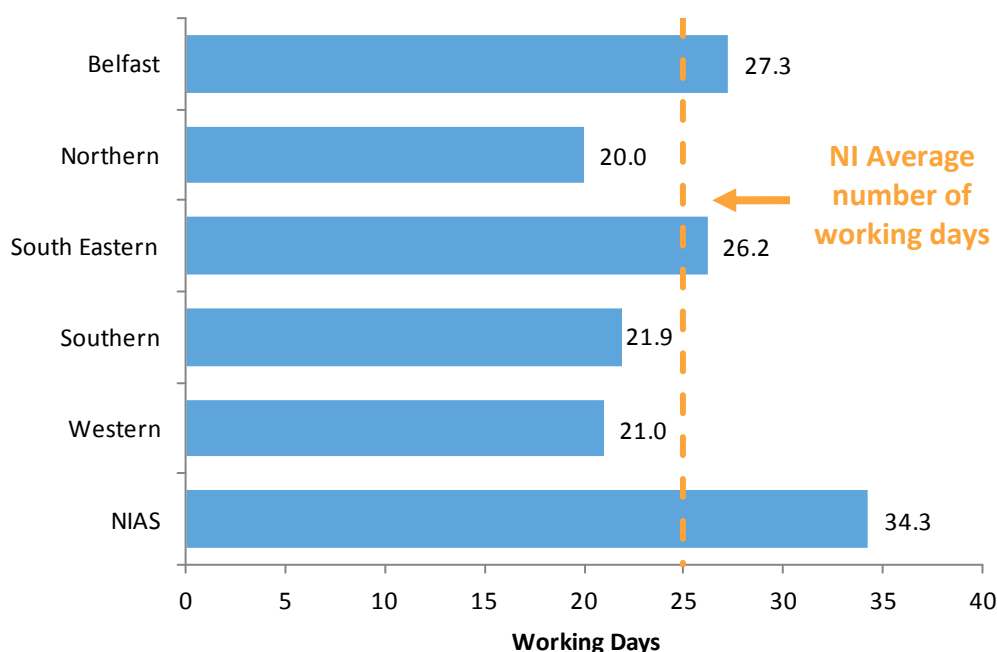
The Western HSC Trust provided the highest proportion of substantive responses within 20 working days (344, 75.4%) during 2014/15, whilst the NIAS provided the lowest (35, 15.5%) (Table 5).

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

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**Figure 11: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2014/15)<sup>7</sup>**



Revision Note: Figures in the above graph were updated on 12 August 2015

On average HSC Trusts took 24.9 working days to provide substantive responses to complaints received in 2014/15 (Table 7, Figure 11).

<sup>7</sup> 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.

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# SECTION 4

## FAMILY PRACTITIONER SERVICE (FPS)

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Information in this section refers to complaints received by the HSCB<sup>8</sup> 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.

Between 2010/11 and 2014/15, the number of complaints made against FPS practices in Northern Ireland has increased by 24 (7.9%), from 302 to 326 (Tables 6 and 8).

Of the 326 complaints received by the HSCB regarding FPS practices in 2014/15, 230 were handled under Local Resolution and 96 where the HSCB acted as an Honest Broker (Tables 6 – 9).

### 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.

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**Almost all  
complaints  
handled under  
local resolution in  
2014/15 related to  
GPs**

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<sup>8</sup> Refer to Appendix 9 for further details.

**Table 6: FPS Complaints Handled Under Local Resolution (2010/11 - 2014/15)**

Subject	2010/11	2011/12	2012/13	2013/14	2014/15
GP	199	189	228	241	224
Dental	13	19	14	12	6
Pharmacy	3	3	5	2	0
Ophthalmic	1	1	0	0	0
<b>Total</b>	<b>216</b>	<b>212</b>	<b>247</b>	<b>255</b>	<b>230</b>

The number of complaints handled under local resolution increased by 39 (18.1%), from 216 in 2010/11 to 255 in 2013/14, but decreased by 25 (9.8%) to 230 in 2014/15 (Table 6).

**Table 7: FPS Complaints Handled Under Local Resolution (2014/15)**

Subject	GP	Dental	Pharmacy & Ophthalmic	Total
Treatment & Care	83	5	0	88
Staff Attitude	56	0	0	56
Communication / Info	59	0	0	59
Clinical Diagnosis	3	0	0	3
Other	23	1	0	24
<b>Total</b>	<b>224</b>	<b>6</b>	<b>0</b>	<b>230</b>

During 2014/15, 'Treatment & Care' accounted for almost two fifths (88, 38.3%) of all complaints handled under local resolution (Table 7).

## 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.

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**During 2014/15, almost 9 in 10 complaints where the HSCB acted as an honest broker related to GPs**

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**Table 8: FPS Complaints where the HSC Board Acted as an Honest Broker (2010/11 - 2014/15)**

Subject	2010/11	2011/12	2012/13	2013/14	2014/15
GP	47	50	87	57	83
Dental	36	18	20	13	13
Pharmacy	0	1	8	2	0
Ophthalmic	3	1	1	0	0
<b>Total</b>	<b>86</b>	<b>70</b>	<b>116</b>	<b>72</b>	<b>96</b>

The number of complaints where the HSC Board acted as an honest broker increased by 30 (34.9%), from 86 in 2010/11 to 116 in 2012/13, but decreased by 20 (17.2%) to 96 in 2014/15 (Table 8).

**Table 9: FPS Complaints where the HSC Board Acted as an Honest Broker (2014/15)**

Subject	GP	Dental	Pharmacy & Ophthalmic	Total
Treatment & Care	54	8	0	62
Staff Attitude	3	2	0	5
Communication / Info	16	0	0	16
Clinical Diagnosis	1	1	0	2
Other	9	2	0	11
<b>Total</b>	<b>83</b>	<b>13</b>	<b>0</b>	<b>96</b>

‘Treatment & Care’ accounted for almost two thirds half (62, 64.6%), of all complaints in which the HSC Board acted as an honest broker during 2014/15 (Table 9).

## APPENDIX 1: SUBJECT OF COMPLAINT ISSUES BY TRUST (2014/15)

Subject	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Access to Premises	28	3	23	5	0	0	59
Aids/Adaptations/Appliances	27	1	17	26	0	0	71
Clinical Diagnosis	70	33	44	20	48	2	217
Communication/Information	468	65	151	133	60	0	877
Complaints Handling	0	0	5	2	0	0	7
Confidentiality	27	13	16	5	6	0	67
Consent to Treatment/Care	5	1	2	0	3	0	11
Contracted Regulated Childrens Services	0	1	0	0	0	0	1
Contracted Regulated Domiciliary Services	2	17	1	0	1	0	21
Contracted Regulated Residential Nursing	1	10	5	2	0	0	18
Contracted Regulated Independent Services	31	1	5	0	0	0	37
Other Contracted Services	17	2	4	0	3	0	26
Delay/Cancellation for Inpatients	25	10	4	13	0	0	52
Delayed Admission from A&E	0	0	4	0	29	0	33
Discharge/Transfer Arrangements	60	18	32	24	7	0	141
Discrimination	3	1	9	5	1	0	19
Environmental	38	8	25	13	4	0	88
Hotel/Support/Security Services (Ex Contracted Services)	15	22	16	5	8	0	66
Infection Control	5	1	6	1	7	0	20
Mortuary & Post-Mortem	3	0	0	0	0	0	3
Policy/Commercial Decisions	3	64	34	22	43	0	166
Privacy/Dignity	10	6	20	8	4	0	48
Professional Assessment of Need	24	52	17	144	12	0	249
Property/Expenses/Finances	47	4	20	14	0	1	86
Records/Record Keeping	17	17	31	16	8	0	89
Staff Attitude/Behaviour	363	143	256	179	87	84	1,112
Transport, Late or Non-arrival/Journey Time	3	0	1	2	1	101	108
Transport, Suitability of Vehicle/Equipment	0	1	0	1	0	2	4
Quality of Treatment & Care	461	256	337	242	188	16	1,500
Quantity of Treatment & Care	164	12	24	100	41	0	341
Waiting List, Delay/Cancellation Community Based Apps	6	39	13	2	0	0	60
Waiting List, Delay/Cancellation Outpatient Appointments	376	36	80	49	16	0	557
Waiting List, Delay/Cancellation Planned Admission to Hosp	337	6	22	28	0	0	393
Waiting Times, A&E Departments	42	13	22	21	10	0	108
Waiting Times, Community Services	22	1	8	37	1	0	69
Waiting Times, Outpatient Departments	56	18	37	27	20	0	158
Other	16	15	41	20	21	20	133
<b>Total Number of Complaint Issues</b>	<b>2,772</b>	<b>890</b>	<b>1,332</b>	<b>1,166</b>	<b>629</b>	<b>226</b>	<b>7,015</b>

## APPENDIX 2: CATEGORY OF COMPLAINT ISSUE BY TRUST (2010/11 - 2014/15)

Category of Complaint Issue	2010/11		2011/12		2012/13		2013/14		2014/15	
	No.	%	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	255	5.0%	307	5.6%	356	5.9%	433	6.3%	565	8.1%
Aids/Adaptations/Appliances	77	1.5%	69	1.3%	85	1.4%	76	1.1%	71	1.0%
Appointments/Waiting Times	744	14.7%	692	12.6%	699	11.7%	844	12.3%	945	13.5%
Children Order	24	0.5%	12	0.2%	13	0.2%	43	0.6%	0	0.0%
Contracted Services	34	0.7%	67	1.2%	78	1.3%	118	1.7%	103	1.5%
Diagnosis/Oper/Treatment	1,575	31.2%	1,572	28.7%	1,802	30.0%	1,971	28.8%	2,054	29.3%
Information & Communication	644	12.7%	852	15.5%	920	15.3%	1,074	15.7%	1,035	14.8%
Mortuary	1	0.0%	0	0.0%	2	0.0%	0	0.0%	3	0.0%
Patient Experience	902	17.9%	1,009	18.4%	1,076	17.9%	1,267	18.5%	1,241	17.7%
Policy/Commercial Decisions	136	2.7%	121	2.2%	124	2.1%	188	2.8%	165	2.4%
Premises	214	4.2%	289	5.3%	214	3.6%	278	4.1%	233	3.3%
Prison Healthcare	90	1.8%	174	3.2%	267	4.5%	163	2.4%	106	1.5%
Prof Assessment of Need	196	3.9%	145	2.6%	153	2.6%	188	2.8%	249	3.5%
Transport	51	1.0%	54	1.0%	82	1.4%	84	1.2%	112	1.6%
Other	110	2.2%	122	2.2%	127	2.1%	109	1.6%	133	1.9%
<b>Total</b>	<b>5,053</b>	<b>100.0%</b>	<b>5,485</b>	<b>100.0%</b>	<b>5,998</b>	<b>100.0%</b>	<b>6,836</b>	<b>100.0%</b>	<b>7,015</b>	<b>100.0%</b>

## APPENDIX 3: CATEGORY OF COMPLAINT ISSUE BY TRUST (2014/15)

Category of Complaint Issue	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Northern Ireland
Admissions/Discharges	397	24	56	52	36	0	565
Aids/Adaptations/Appliances	27	1	17	26	0	0	71
Appointments/Waiting Times	502	107	153	136	47	0	945
Children Order	0	0	0	0	0	0	0
Contracted Services	51	31	15	2	4	0	103
Diagnosis/Operation/Treatment	725	312	344	375	280	18	2,054
Information & Communication	512	95	198	156	74	0	1,035
Mortuary	3	0	0	0	0	0	3
Patient Experience	423	154	281	206	92	85	1,241
Policy/Commercial Decisions	3	64	33	22	43	0	165
Premises	86	34	70	24	19	0	233
Prison Healthcare			106				106
Professional Assessment of Need	24	52	17	144	12	0	249
Transport	3	1	1	3	1	103	112
Other	16	15	41	20	21	20	133
<b>Total</b>	<b>2,772</b>	<b>890</b>	<b>1,332</b>	<b>1,166</b>	<b>629</b>	<b>226</b>	<b>7,015</b>

## APPENDIX 4: SPECIALTY OF COMPLAINT ISSUES BY TRUST (2014/15)

Specialty	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Accident & Emergency	205	99	176	100	78	85	743
Allied Health Professions	81	19	52	25	8	0	185
Anaesthetics & Pain Management	37	6	15	4	6	0	68
Burns Plastic and Maxillofacial Surgery	10	0	36	0	0	0	46
Cardiac Surgery	24	0	0	0	0	0	24
Cardiology	76	9	41	14	4	0	144
Child & Adolescent Psychiatry	22	127	0	16	0	0	165
Children & Young Peoples Services	59	1	108	44	65	0	277
Community Paediatrics	30	7	2	3	0	0	42
Day Care Services	0	135	0	8	5	0	148
Dentistry	27	1	0	0	0	0	28
Dermatology	26	3	20	8	2	0	59
ENT	0	5	22	3	10	0	40
General Medicine	193	43	134	71	39	0	480
General Surgery	112	83	53	55	55	0	358
Geriatric Medicine	28	37	20	0	2	0	87
Gynaecology	131	24	48	36	31	0	270
Joint Consultant Clinics	0	41	0	0	0	0	41
Learning Disability	11	13	12	49	40	0	125
Mental Health Acute	57	89	43	37	4	0	230
Mental Health Community	3	0	28	49	20	0	100
Neurology	110	0	2	7	3	0	122
NIAS - Patient Care Service	0	0	0	0	0	28	28
NIAS - Emergency Ambulance Control	0	0	0	0	0	56	56
NIAS - Non-Emergency Ambulance Control	0	0	0	0	0	42	42
Obstetrics	89	46	69	74	28	0	306
Oncology	42	5	3	3	6	0	59
Ophthalmology	114	0	3	3	8	0	128
Paediatrics	101	0	26	16	16	0	159
Physical Disability/ Sensory Support	8	16	13	25	4	0	66
Radiology	63	12	24	14	9	0	122
Residential Care	5	0	21	0	0	0	26
Supported Living	0	0	12	6	2	0	20
Trauma & Orthopaedics	516	6	22	24	34	0	602
Urology	88	0	3	22	12	0	125
Vascular	29	0	0	0	0	0	29
Other	461	63	323	424	138	14	1,423
Unknown	14	0	1	26	0	1	42
<b>Total Number of Complaint Issues</b>	<b>2,772</b>	<b>890</b>	<b>1,332</b>	<b>1,166</b>	<b>629</b>	<b>226</b>	<b>7,015</b>



## APPENDIX 5: COMPLAINTS BY AGE GROUP AND SEX OF PATIENT/CLIENT (2014/15)

Age Group	Female	Male	Total
Under 15	187	208	<b>395</b>
16 - 18	43	37	<b>80</b>
19 - 24	110	50	<b>160</b>
25 - 34	298	122	<b>420</b>
35 - 44	281	146	<b>427</b>
45 - 54	249	182	<b>431</b>
55 - 64	231	218	<b>449</b>
65 - 74	209	187	<b>396</b>
75 +	337	224	<b>561</b>
<b>Total</b>	<b>1,945</b>	<b>1,374</b>	<b>3,319</b>

## APPENDIX 6: 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 7: 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 Complaint

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 Issue 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**

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 8: 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 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

### **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

### **Contracted Services**

Contracted Regulated Children's Services

Contracted Regulated Domiciliary Agency

Contracted Regulated Residential Nursing

Contracted Independent Hospital Services

Other Contracted Services

## **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 9: 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.

## APPENDIX 10: 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 Head of Branch is Principal Statistician, Ms. Ruth Fulton. 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 DHSSPS, 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:

<http://www.dhsspsni.gov.uk/index/statistics.htm>

## APPENDIX 11: ADDITIONAL INFORMATION

**Further information** on HSC Trust Complaint Issues in Northern Ireland, is available from:

**Michael O'Donnell**

Hospital Information Branch

Information & Analysis Directorate

Department of Health, Social Services & Public Safety

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 905 20064

☎ Fax: 028 905 23288

☎ Email: [statistics@dhsspsni.gov.uk](mailto:statistics@dhsspsni.gov.uk)