

INFORMATION
ANALYSIS
DIRECTORATE



Complaints and Compliments Received by HSC Trusts (2021/22)

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Health

An Roinn Sláinte

Mánnystrie O Poustie

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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.
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Latest Year (2021/22)

During 2021/22, 4,011 complaints relating to 6,210 complaint issues were received by HSC Trusts; equating to 77 complaints per week or almost 11 complaints per day (Tables 1 & 9).

Over half (3,221, 51.9%) of complaint issues received during 2021/22 related to the 'Acute' POC (Table 2, Figure 3).

During 2021/22, the highest number (1,441, 23.2%) of complaint issues related to a patient's 'Quality of Treatment & Care' (Table 4).

The highest percentage of complaint issues received in 2021/22 related to the 'Accident & Emergency' specialty (1,097, 17.7%) (Table 7).

Of the 4,011 complaints received, the median age of the patient / client was 42 years (Figure 8).

On average HSC Trusts took 30.1 working days to provide a substantive response to complaints received in 2021/22 (Table 9, Figure 13).

During 2021/22, 18,789 compliments (via card, email, feedback form, care opinion, letter, social media or telephone) were received by HSC Trusts in Northern Ireland.

Of the 18,789 compliments received by HSC Trusts, 10,545 (56.1%) related to 'Quality of Treatment & Care', 5,247 (27.9%) to 'Staff Attitude & Behaviour', 1,494 (7.9%) to 'Information & Communication', 708 (3.8%) to 'Environment', and 804 (4.3%) to 'Other' subjects (Table 15, Figure 20).

Last Five Years (2017/18 to 2021/22)

Since 2017/18, the number of complaint issues received by HSC Trusts increased from 5,814 to 6,210 in 2021/22 (Table 1, Figure 2).

Over the last five years, four of the six HSC Trusts reported an increase in the number of complaint issues received; with the largest increase (37.9%) reported by the Southern Trust (Table 1, Figure 2).

Between 2017/18 and 2021/22, the largest increase in the number of complaint issues (208, 53.3%) was reported in the 'Mental Health' POC (390 to 598) (Table 3).

Complaints issues relating to Family Practitioner Services decreased (10, 4.2%) in 2021/22 compared to the 2017/18 year (Table 10, Figure 14).

Section 1: Complaint Issues Received By HSC Trusts

What is 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.

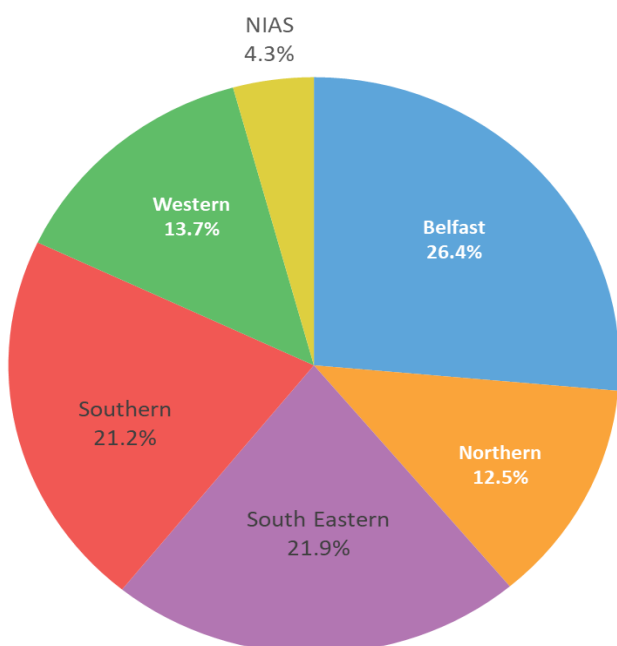
Quarter of complaint issues were received by the Belfast HSC Trust

Complaint Issues Received by HSC Trusts

During 2021/22, HSC Trusts received 4,011 complaints relating to 6,210 complaint issues (Tables 1 & 9).

Of the 6,210 complaint issues, more than a quarter (1,640, 26.4%) were received by the Belfast HSC Trust, 1,359 (21.9%) by the South Eastern HSC Trust, 1,317 (21.2%) by the Southern HSC Trust, 852 (13.7%) by the Western HSC Trust, 777 (12.5%) by the Northern HSC Trust and 265 (4.3%) by the Northern Ireland Ambulance Service (NIAS) (Tables 1 & 2, Figure 1).

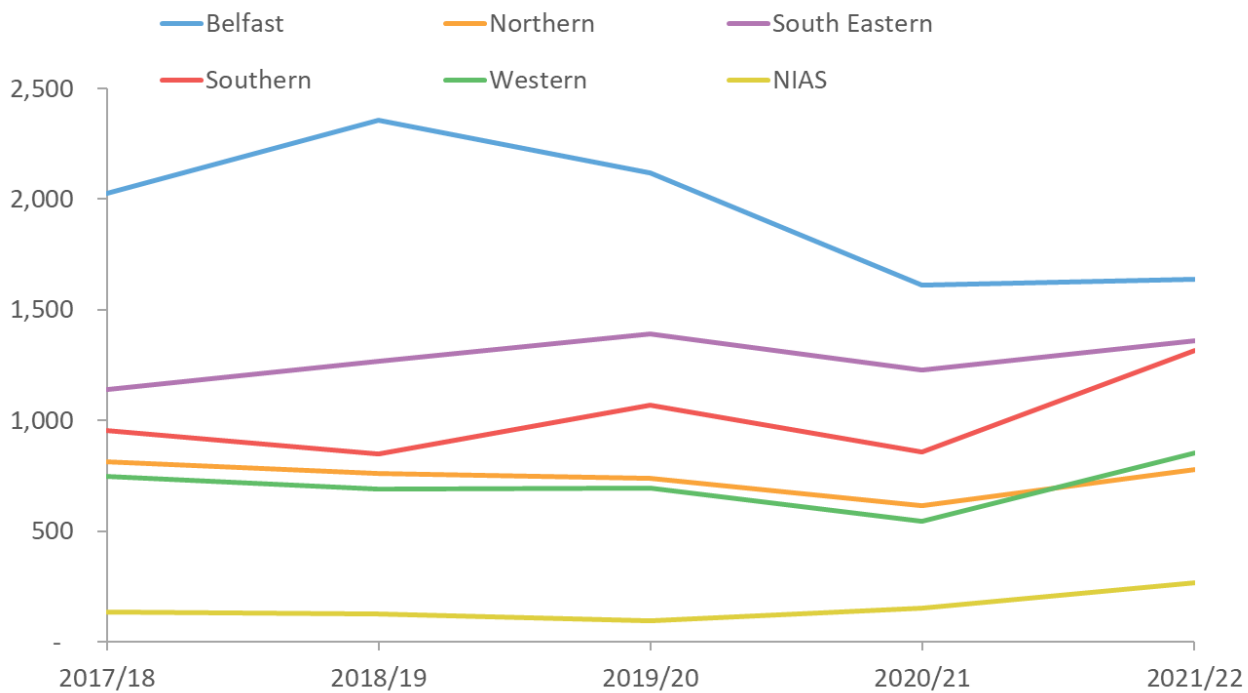
Figure 1: Complaint Issues Received by HSC Trusts



During the last five years, the highest number of complaint issues received by HSC Trusts was in 2021/22 (6,210) and the lowest was in 2020/21 (5,005) (Table 1, Figure 2).

Since 2017/18, the number of complaint issues received decreased in two of the six HSC Trusts, with the Belfast HSC Trust reporting the largest decrease (386, 19.1%) from 2,026 in 2017/18 to 1,640 in 2021/22 (Table 1, Figure 2).

Figure 2: Complaint Issues Received by HSC Trusts (2017/18 – 2021/22)



Half of complaint issues related to the Acute POC

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.

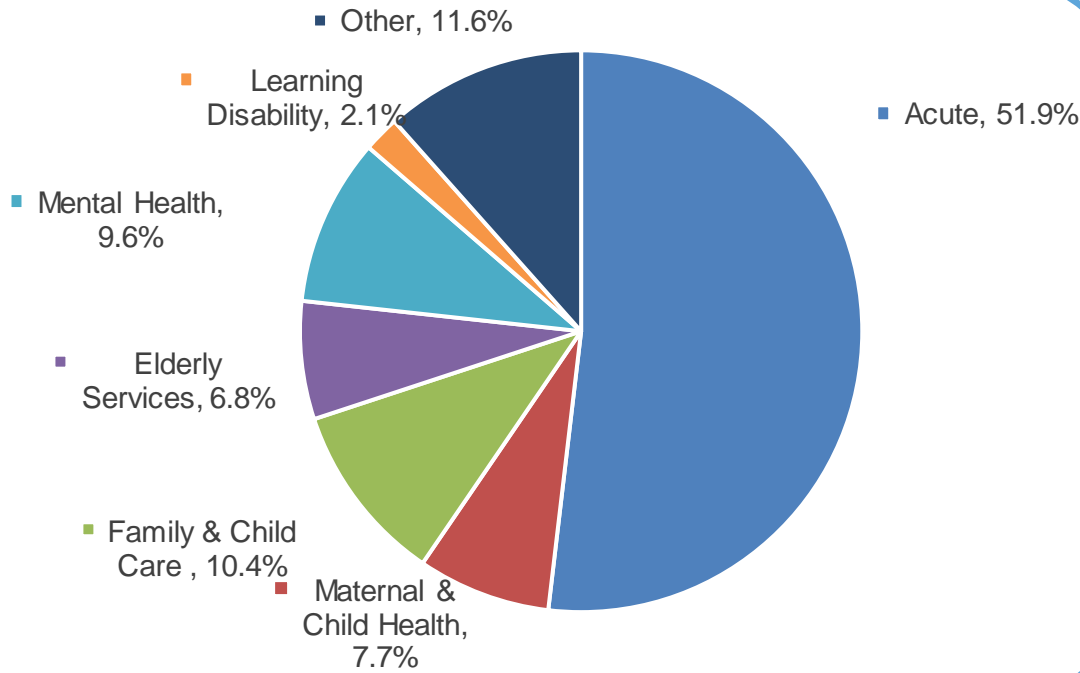
Of the 6,210 complaint issues received by HSC Trusts in 2021/22, more than half (3,221, 51.9%) related to the Acute POC (Table 2)

Four POCs accounted for almost 80% (4,941, 79.6%) of all complaint issues received during 2021/22; Acute POC (3,221, 51.9%), Family & Child Care POC (646, 10.4%), Mental Health POC (598, 6.8%) and Maternal & Child Health POC (476, 7.7%) (Table 2 & Figure 3).

Since 2017/18, the number of complaint issues received by HSC Trusts relating to the Mental Health POC increased by 53.3% (208), from 390 to 598 (Table 3).

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

Figure 3: Complaint Issues by POC (2021/22)



Complaint Issues Received by POC and HSC Trust

During 2021/22:

- Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (924, 28.7%), Mental Health POC (222, 37.1%), Maternal and Child Health POC (165, 34.7%) and the Learning Disability POC (38, 29.5%). Of all complaints received across Northern Ireland, the Belfast HSC Trust Acute POC accounted for more than a tenth (924, 14.9%).
- South Eastern HSC Trust reported the highest number of complaint issues relating to the Elderly Care POC (124, 29.4%), Primary Health & Adult Community POC (56, 50.9%) and Sensory Impairment & Physical Disability POC (53, 55.2%). The South Eastern HSC Trust, the sole provider of Prison Healthcare in Northern Ireland, reported 49 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 (256, 39.6%) (Table 2).
- The Northern HSC Trust reported the highest number of complaint issues relating to the Health Promotion & Disease Prevention POC (18, 81.8%) (Table 2).

15% of complaint issues received related to the Acute POC in the Belfast HSC Trust

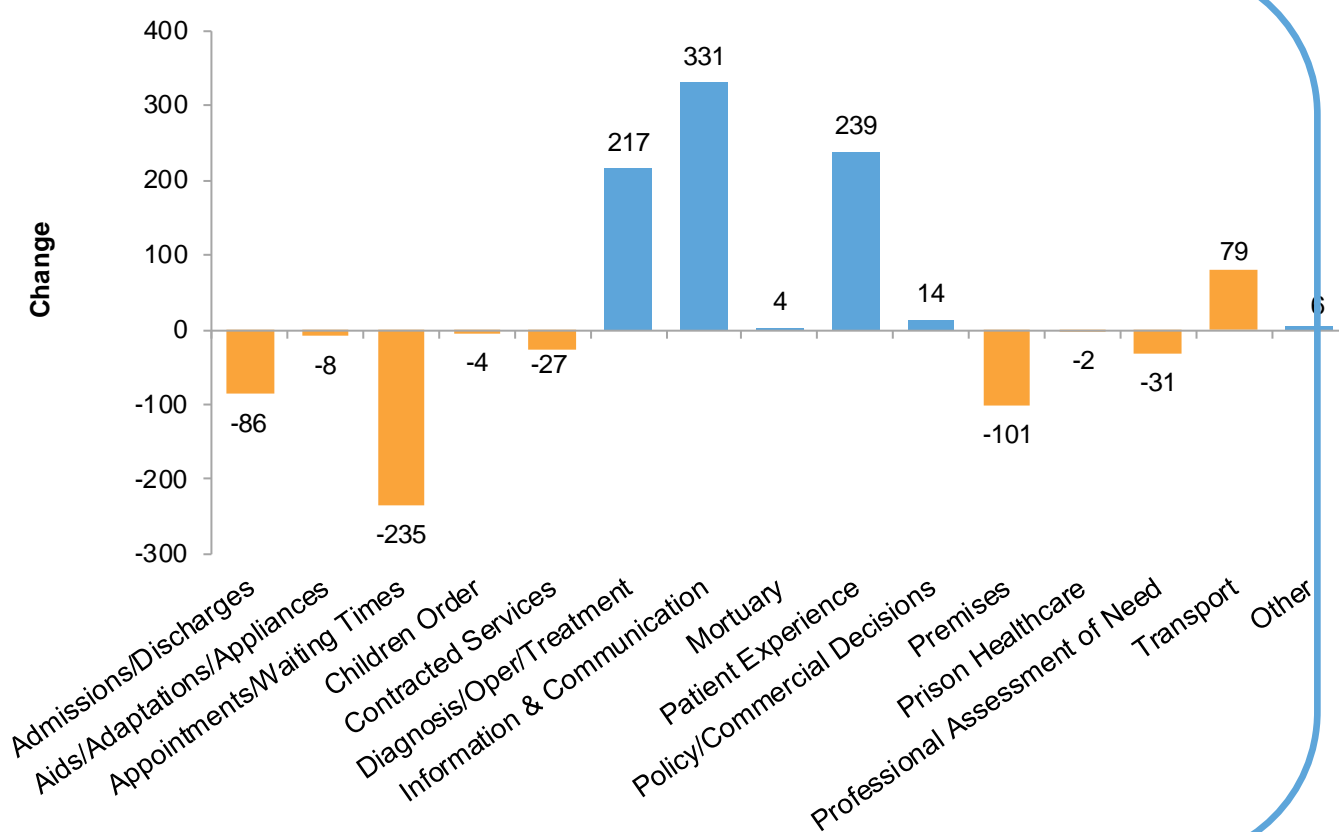
Complaint Issues Received by Category

The category of each complaint issue is based on the subject² 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 categories³.

53% increase in Mental Health complaint issues received

During 2021/22, HSC Trusts reported that the highest number of complaint issues related to Diagnosis, Operation and Treatment (1,950, 31.4%), Information & Communication (1,366, 22.0%) and Patient Experience (1,269, 20.4%) (Table 5).

Figure 4: Change in the Number of Complaint Issues, by Category of Complaint (2017/18 – 2021/22)



Between 2017/18 and 2021/22, six categories reported increases in the number of complaint issues received, the 'Information and Communication' category increased by 32.0% from 1,035 to 1,366 and 'Patient Experience' increased by 23.2% from 1,030 to 1,269 (Figure 4, Table 5).

32% decrease in 'Appointments / Waiting Times' complaint issues

The 'Appointments/Waiting Times' and 'Premises' categories had the largest decrease in the number of complaint issues received; 235 (31.9%) and 101 (42.4%), respectively (Figure 4, Table 5).

² A complete list of complaint issue subjects is detailed in Appendix 3, and an analysis of complaint issues by subject can be found in Table 4.

³ A list of complaint issue subjects grouped by general category is detailed in Appendix 4.

Complaint Issues Received by Category and HSC Trust

Figure 5 overleaf presents a summary of the four largest categories, accounting for 81.9% (5,087) of complaint issues received during 2021/22 for each HSC Trust. In Figure 5 complaint issues not in the four largest categories are referred to as 'Other'.

During 2021/22:

In the Belfast HSC Trust, almost three tenths (484, 29.5%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category. The next largest categories were 'Information & Communication' (400, 24.4%) and 'Patient Experience' (298, 18.2%) (Figure 5, Table 6).

In the Northern HSC Trust, the largest category of complaint issues related to 'Diagnosis/Operation/Treatment' (298, 38.4%). The second largest category was 'Patient Experience' (146, 18.8%) (Figure 5, Table 6).

The 'Diagnosis/Operation/Treatment' category accounted for the largest number (424, 31.2%) of complaint issues received in the South Eastern HSC Trust followed by 'Information & Communication' (325, 23.9%) and Patient Experience (289, 21.3%) (Figure 5, Table 6).

In the Southern HSC Trust, the largest number (345, 26.2%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category. The next largest categories were 'Information & Communication' (332, 25.2%) and 'Patient Experience' (304, 23.1%) (Figure 5, Table 6).

The highest number (366, 43.0%) of complaint issues received by the Western HSC Trust related to 'Diagnosis/Operation/Treatment'. The next largest category was 'Information & Communication' (174, 20.4%) (Figure 5, Table 6).

Complaint issues received by NIAS mainly related to 'Transport' (126, 47.5%) followed by 'Patient Experience' (70, 26.4%) and 'Diagnosis/Operation/Treatment' (33, 12.5%) (Table 6).

**Diagnosis /
Operation /
Treatment** main
reason of complaint
issues received in all
Trusts

Figure 5: Main Category of Complaint Issues Received by HSC Trusts (2021/22)

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



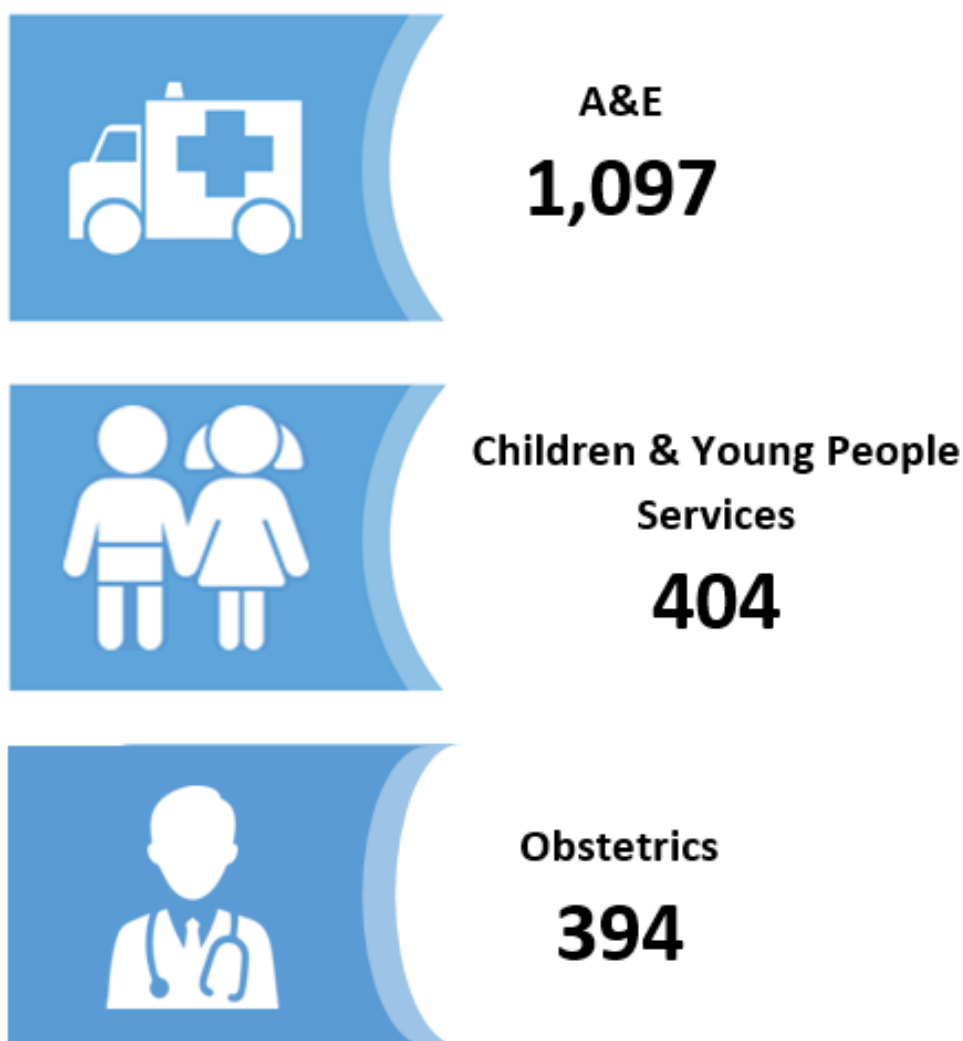
Complaint Issues Received by Specialty

During 2021/22, HSC Trusts reported that the highest number of complaint issues received related to the 'Accident & Emergency' (1,097, 17.7%), 'Children & Young People's Services' (404, 6.5%) and 'Obstetrics' (394, 6.3%) (Table 7).

These three specialties accounted for almost a third (1,810, 29.1%) of all complaint issues received during this time (Table 7).

**Almost a fifth
of complaint issues
related to A&E**

Figure 6: Complaint Issues Received by Specialty



SECTION 2: COMPLAINTS RECEIVED BY HSC TRUSTS

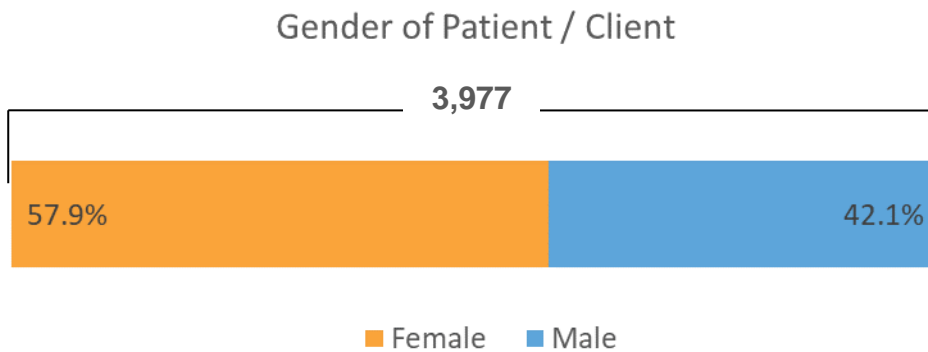
During 2021/22, HSC Trusts received 4,011 complaints, relating to 6,210 complaint issues. Section 2 presents a summary of information relating to these 4,011 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 5.

Age and Gender of Patient / Client

During 2021/22, a patient/client's gender was recorded in 3,977 (99.2%) of complaints received by HSC Trusts (Figure 7).

Of those complaints where the gender of the patient / client was recorded, 2,303 (57.9%) were females and 1,674 (42.1%) were males (Figure 7).

Figure 7: Gender of Patient / Client (2021/22)



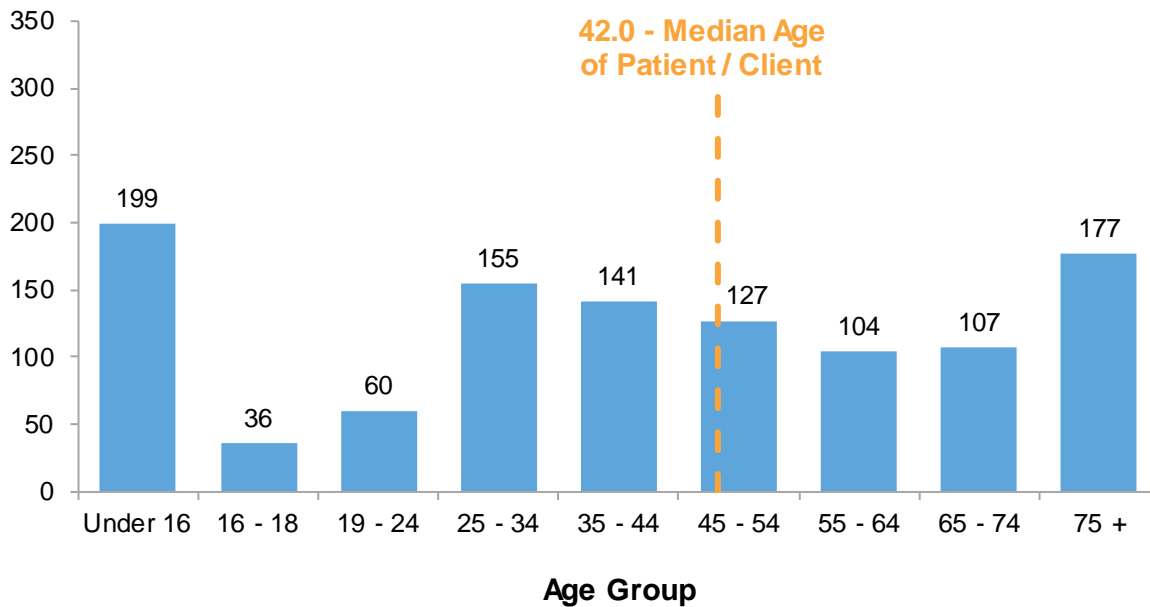
During 2021/22, both the age and gender of the patient / client was recorded in 1,106 (27.6%) of the complaints received by HSC Trusts.

For those complaints where the age and gender of the patient / client was recorded, 177 (16.0%) related to patients / clients aged 75 & over and 199 (18.0%) to those aged under 16 (Figure 8, Table 8).

Of the complaints received by HSC Trusts during 2021/22, the median age of the patient / client was 42 years (Figure 8).

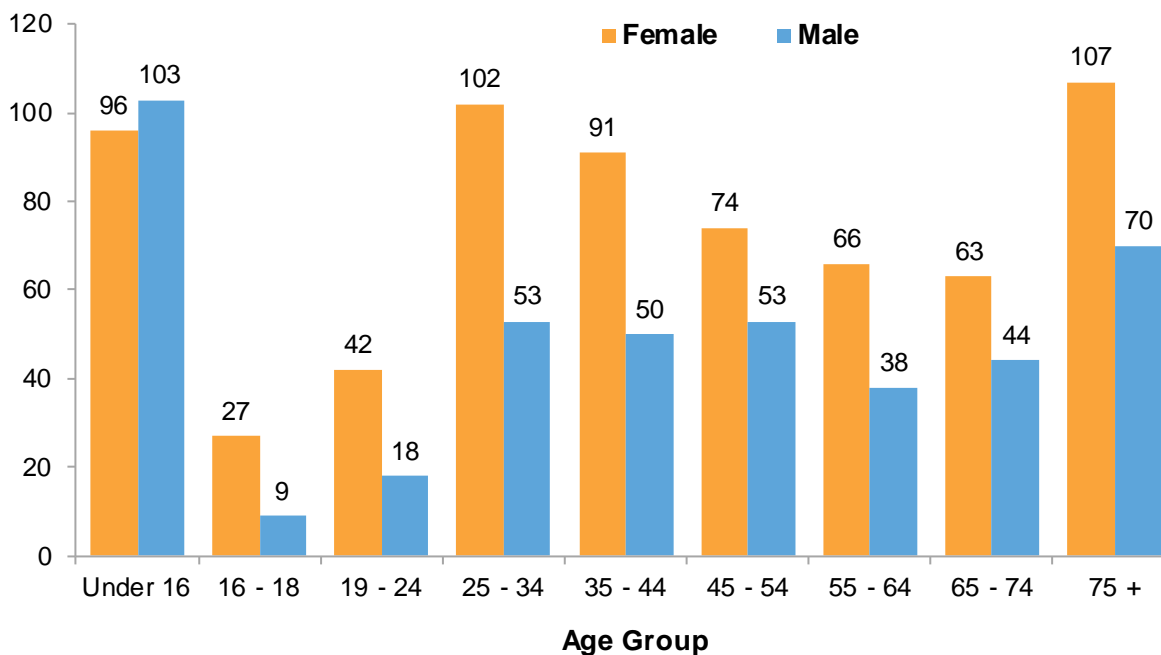
42 years the median age of patient / client complaints received in 2021/22

Figure 8: Complaints Received by Age Group of Patient / Client (2021/22)



Of the 1,106 complaints where the age and gender of the patient/client was recorded, 668 (60.4%) were females and 438 (39.6%) were males (Table 8, Figure 9). There were almost twice as many complaints received relating to females than males in the 25-34 age group, with females outnumbering males in each age group except under 16's (Table 8, Figure 9).

Figure 9: Complaints Received by Age Group and Gender of Patient / Client (2021/22)



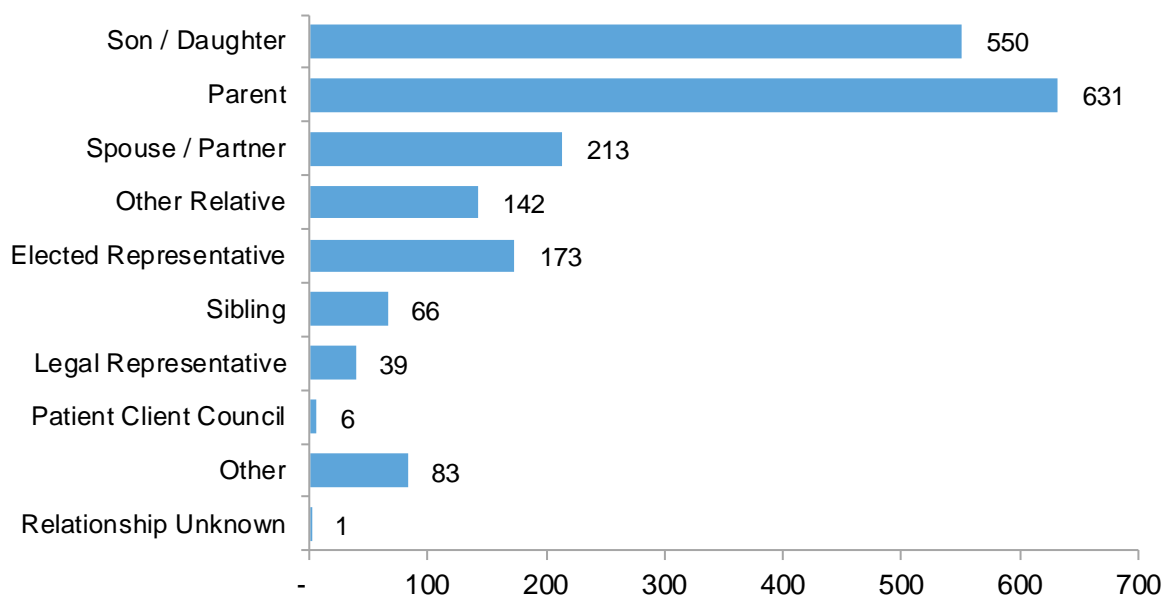
Relationship of Complainant to Patient / Client

More than half (2,105, 52.5%) of all complaints received in 2021/22 were identified as being from the patient / client, with 1,904 (47.5%) complaints from persons acting on behalf of the patient / client.

Of the 1,904 complaints received from persons acting on behalf of the patient / client, a third (631, 33.1%) were from the parent, 550 (28.9%) from the son / daughter of the patient / client, 213 (11.2%) from a spouse / partner and 173 (9.1%) from an elected representative (Figure 10, Tables 15a and 15b).

53% of complaints were received from those acting on behalf of patients / clients

Figure 10: Complaints Received by Relationship of Complainant (2021/22)⁵

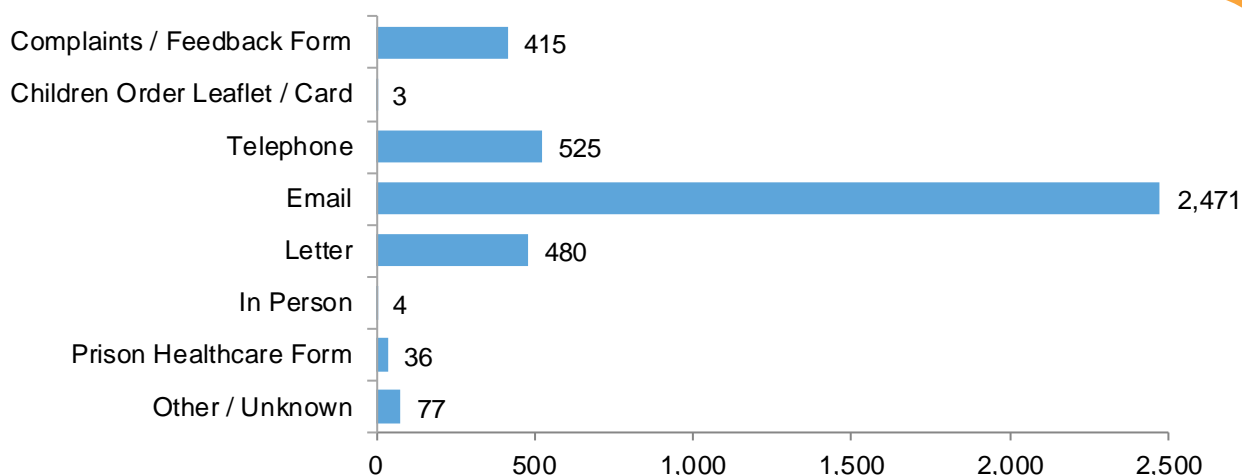


Method of Complaint

Of the 4,011 complaints received during 2021/22, more than three fifths (2,471, 61.6%) were sent by email, 525 (13.1%) by telephone and 480 (12.0%) by letter (Figure 11).

62% of complaints received were sent by email in 2021/22

Figure 11: Complaints Received by Method of Complaint (2021/22)



SECTION 3: TIME TAKEN TO PROVIDE A SUBSTANTIVE RESPONSE TO COMPLAINTS RECEIVED

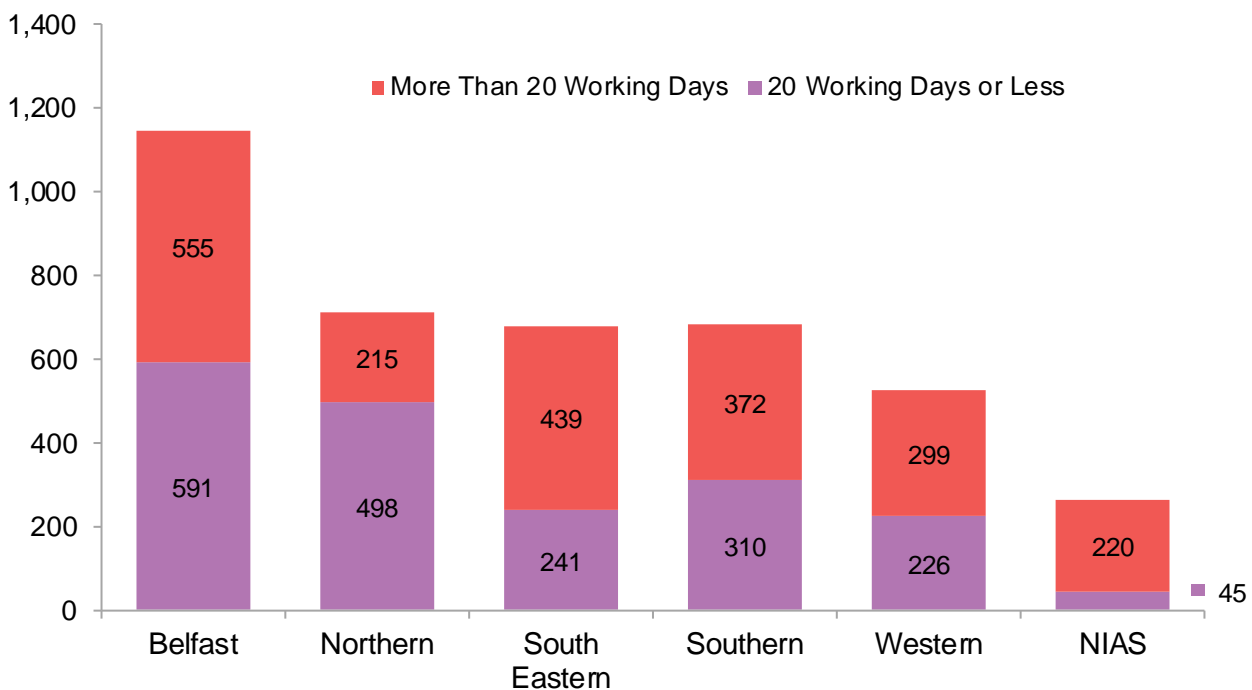
A substantive response is defined as a communication of the outcome of the complaint to the complainant following an investigation. It should be noted that a single substantive response will be provided to a complaint which may include a number of complaint issues.

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 2021/22, just under half (1,881, 46.9%) 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 (498, 69.8%) during 2021/22, whilst the NIAS provided the lowest (45, 17.0%) (Table 9, Figure 12).

Figure 12: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trusts (2021/22)



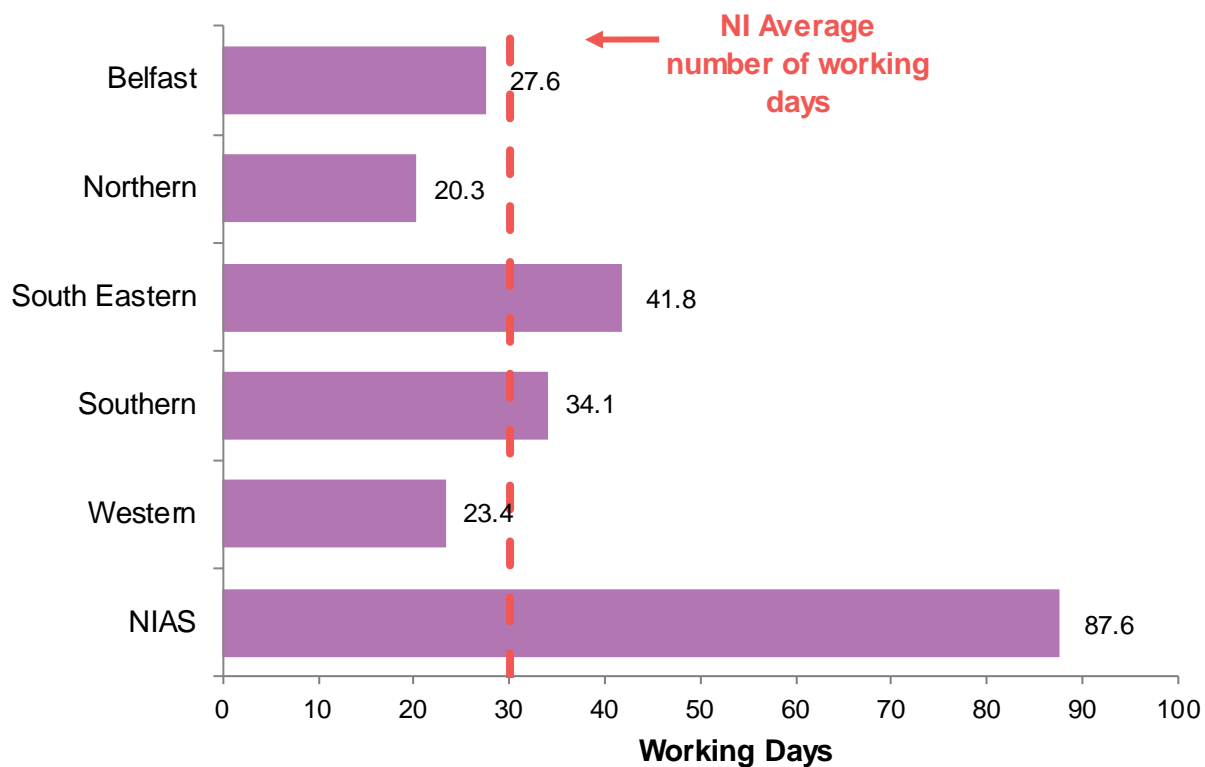
47% of complaints received a substantive response within 20 working days

Average Number of Working Days to Substantive Response

On average HSC Trusts took 30.1 working days to provide a substantive response to a complaint received in 2021/22 (Table 9, Figure 13)

30 working days
average time for
substantive response

Figure 13: Average Number of Working Days to Provide a substantive Response to Complaints Received, by HSC Trusts (2021/22)



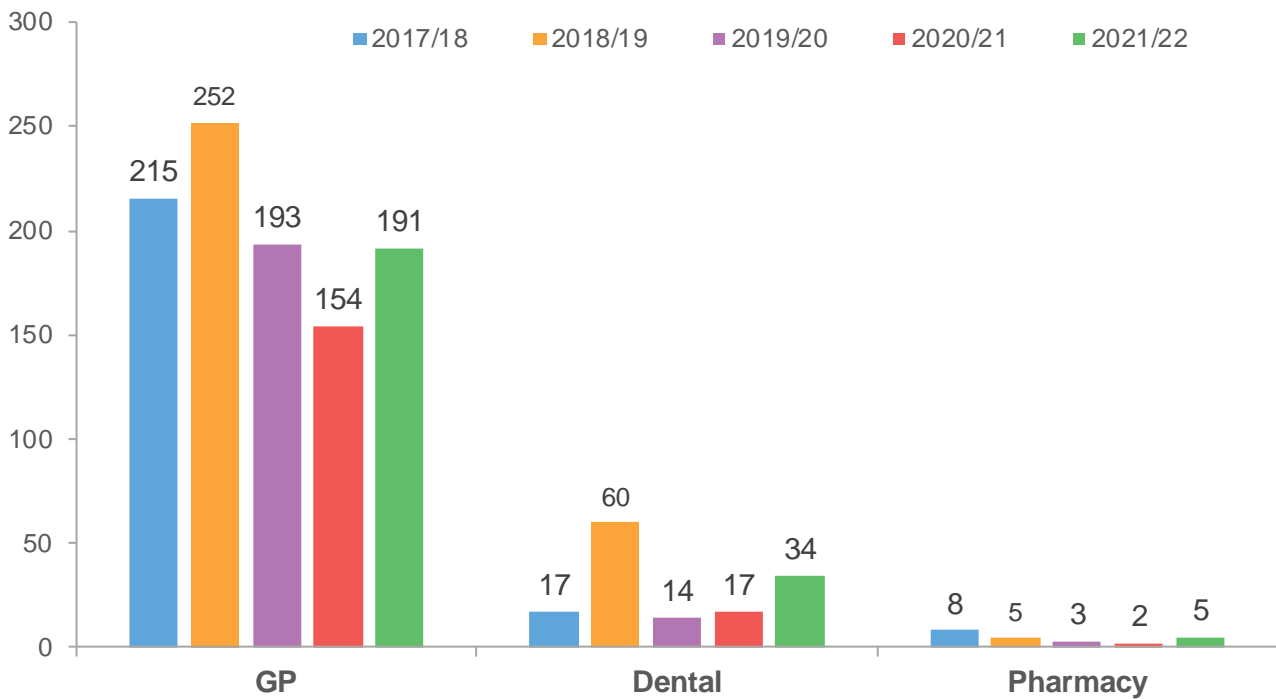
SECTION 4: FAMILY PRACTITIONER SERVICE (FPS) COMPLAINTS

Information in this section refers to complaints received by the HSCB⁴ 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.

33% increase
in FPS complaints
in the last year

Figure 14: FPS Complaints Handled by Practice Type (2017/18 – 2021/22)⁵



Between 2017/18 and 2021/22, the number of complaints made against FPS practices in Northern Ireland decreased by 4.2%, from 240 to 230 (Table 10, Figure 14), but 32.9% (57) more than 2020/21 (173).

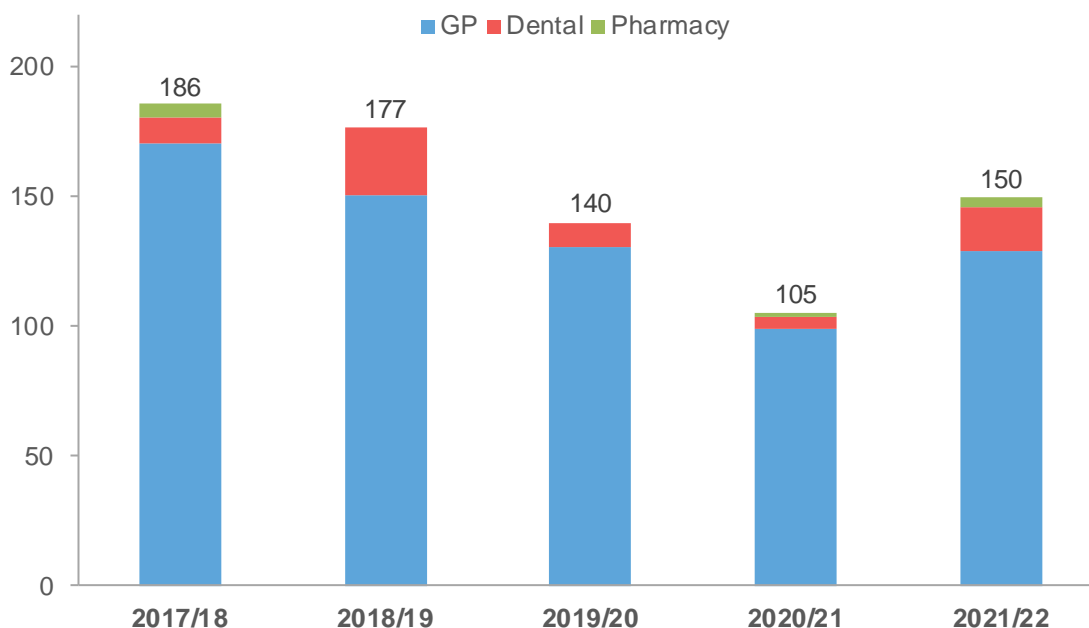
⁴ Refer to Appendix 5 for further details.

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.

86% of complaints handled under Local Resolution related to GPs

Figure 15: FPS Complaints Handled Under Local Resolution, by Year and Practice Type (2017/18 - 2021/22)⁵

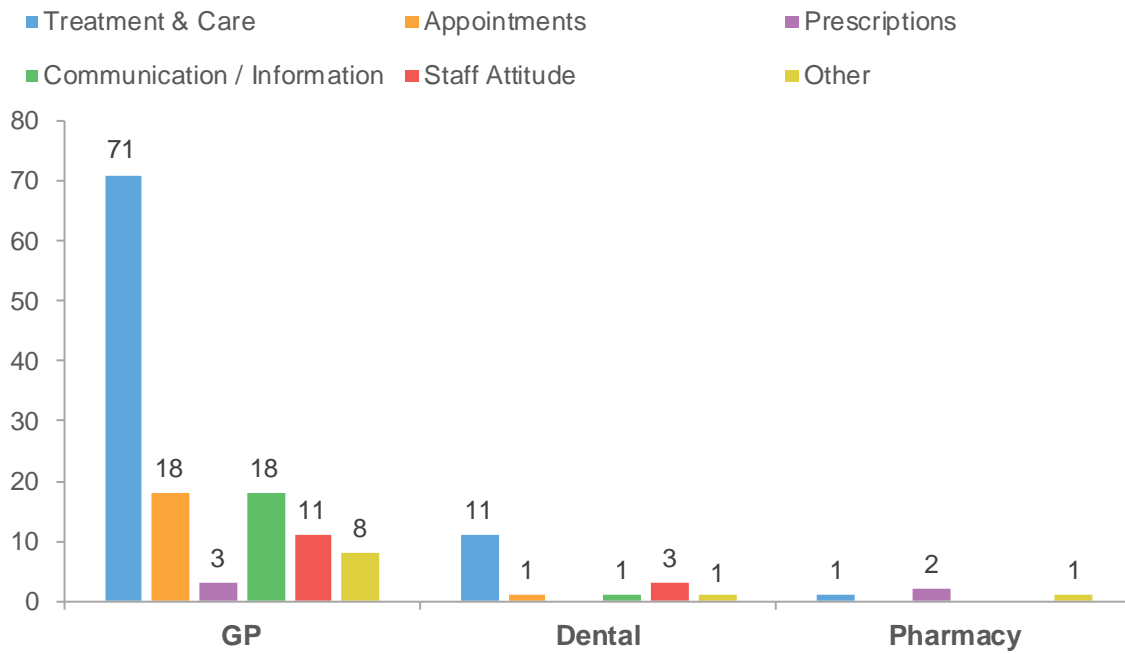


Of the 230 complaints received by the HSCB regarding FPS practices in 2021/22, 150 (65.2%) were handled under Local Resolution and the HSCB acting as an Honest Broker in 80 (34.8%) (Tables 11 & 14, Figures 15 & 17).

In 2021/22, 86.0% of complaints handled under local resolution related to GPs (Table 11, Figure 15).

During 2021/22, 'Treatment & Care' accounted for 55.3% (83) of all complaints handled under local resolution, 3 more than in the previous year (Table 12, Figure 16).

Figure 16: FPS Complaints Handled Under Local Resolution, by Subject and Practice Type (2021/22)⁵

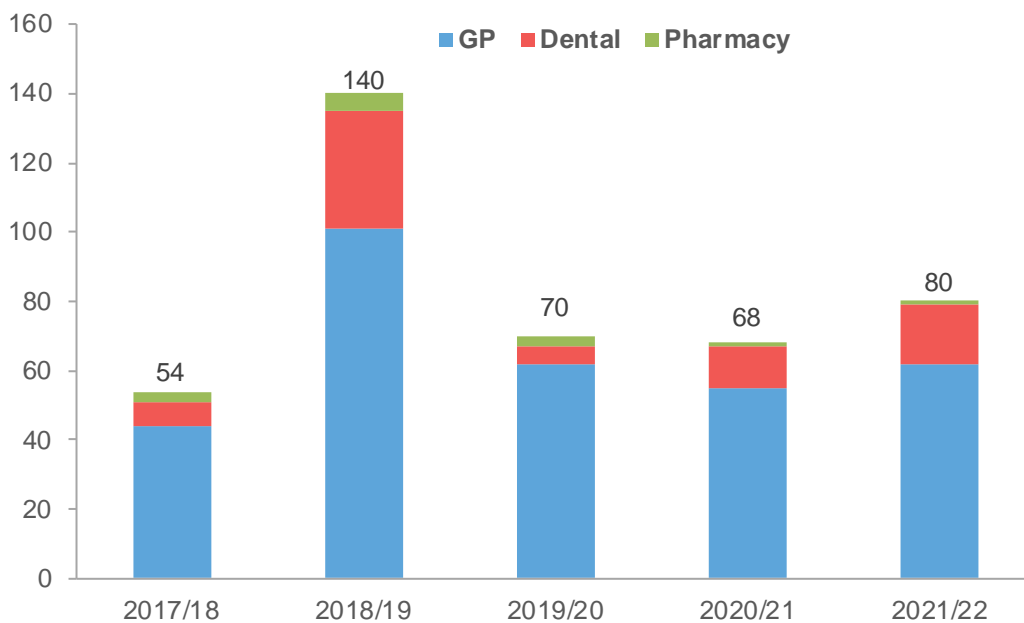


Honest Broker

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.

78% of complaints, where the HSCB acted as an Honest Broker, related to GPs

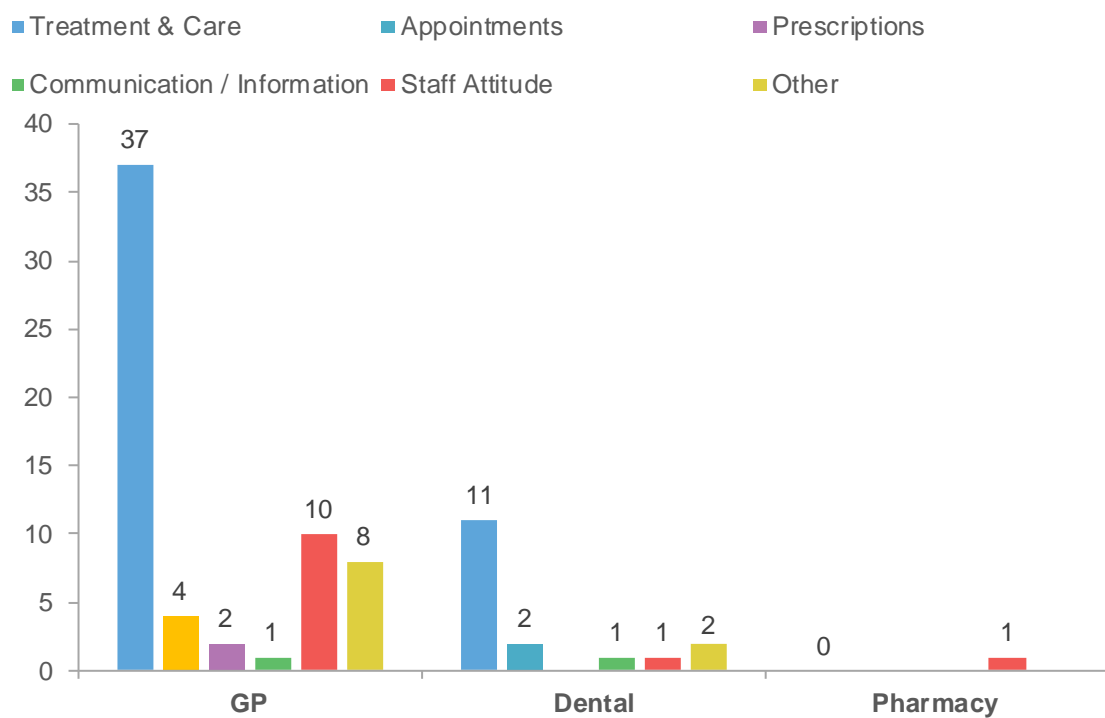
Figure 17: FPS Complaints where the HSC Board Acted as an Honest Broker, by Year and Practice Type (2017/18 –2021/22)⁵



The number of complaints where the HSC Board acted as an honest broker rose, with 68 in 2020/21 and 80 in 2021/22 (Table 13, Figure 17).

'Treatment & Care' accounted for three fifths (48, 60.0%), of all complaints in which the HSC Board acted as an honest broker during 2021/22 (Table 14, Figure 18).

Figure 18: FPS Complaints where the HSC Board Acted as an Honest Broker, by Subject and Practice Type (2021/22)¹²



SECTION 5: COMPLIMENTS RECEIVED BY HSC TRUSTS

A statistical information return to collate information on compliments received by HSC Trusts was introduced in December 2017⁵, with data first being published in the 2018/19 report.

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, Social Media (Facebook & Twitter only) or Telephone should be included.

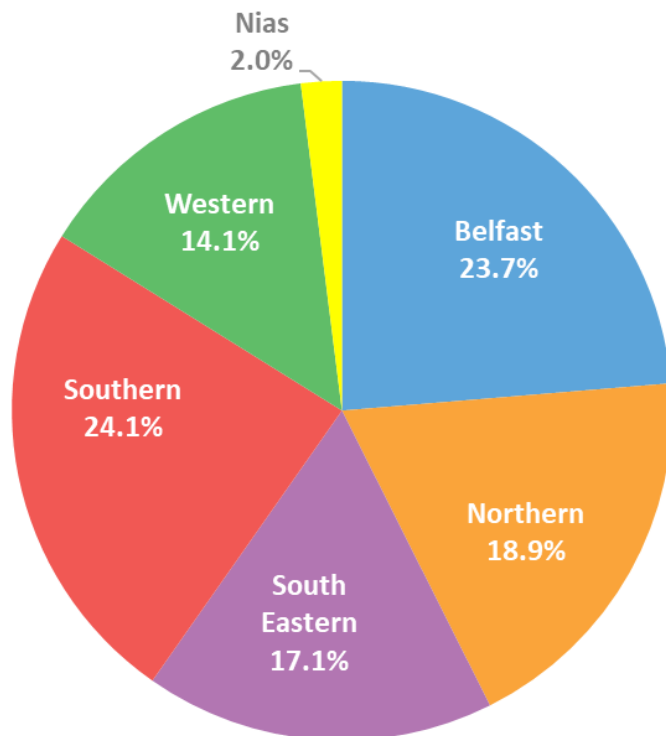
Almost **19,000**
compliments
received by HSC
Trusts

Compliments Received by HSC Trusts

During 2021/22, HSC Trusts received 18,798 compliments.

Almost a quarter (4,537, 24.1%) were received by the Southern HSC Trust, 4,451 (23.7%) by the Belfast HSC Trust, 3,557 (18.9%) by the Northern HSC Trust, 3,221 (17.1%) by the South Eastern HSC Trust, 2,657 (14.1%) by the Western HSC Trust and 375 (2.0%) by NIAS (Table 16, Figure 19).

Figure 19: Compliments Received by HSC Trusts (2021/22) ¹²

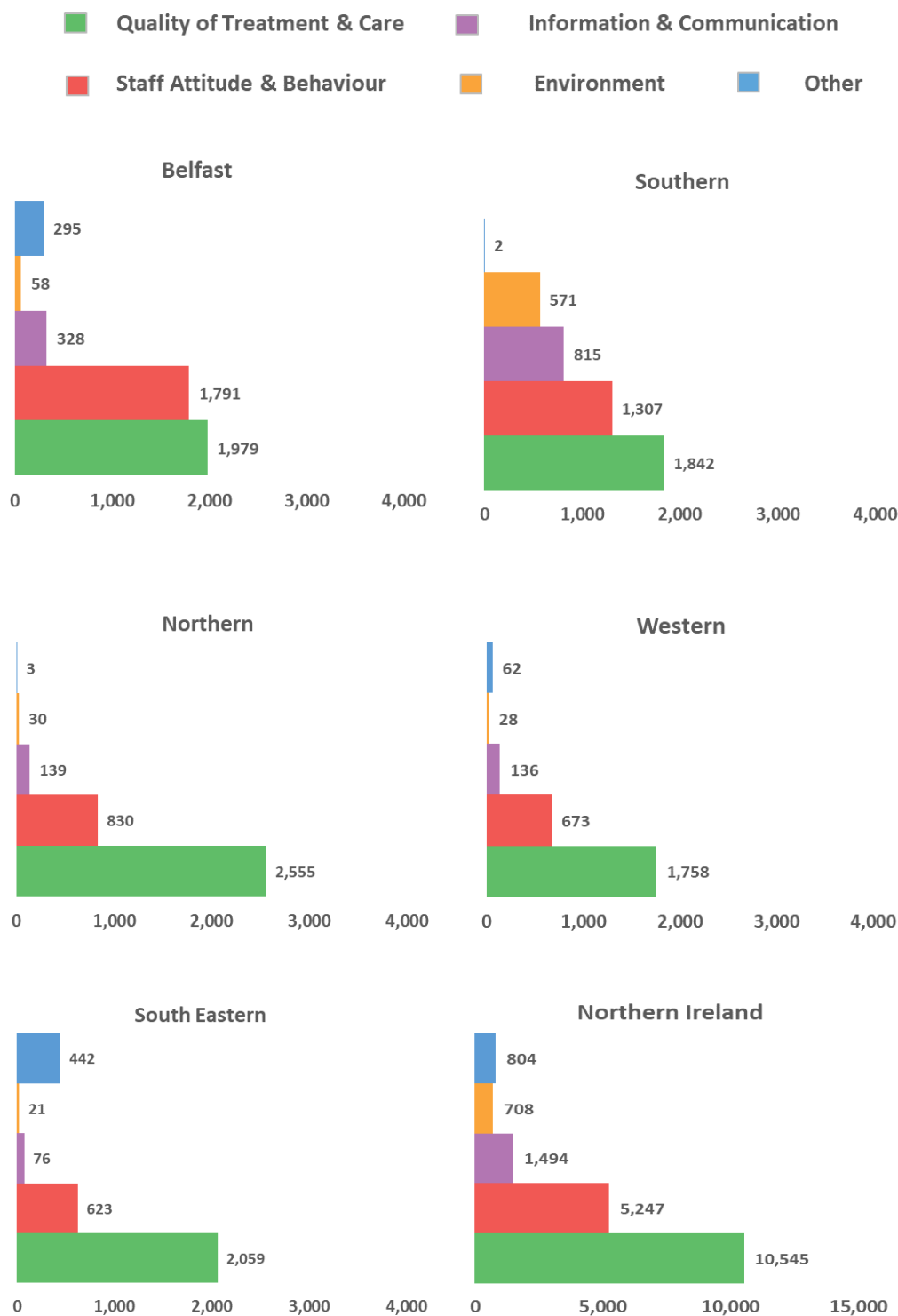


⁵ Additional information on the compliments information collection is detailed in Appendix 1 & 6.

Subject of Compliment Received

Of the 18,798 compliments received by HSC Trusts, 10,545 (56.1%) related to 'Quality of Treatment & Care', 5,247 (27.9%) to 'Staff Attitude & Behaviour', 1,494 (7.9%) to 'Information & Communication', 708 (3.8%) to 'Environment', and 804 (4.3%) to 'Other' subjects (Table 16, Figure 20).

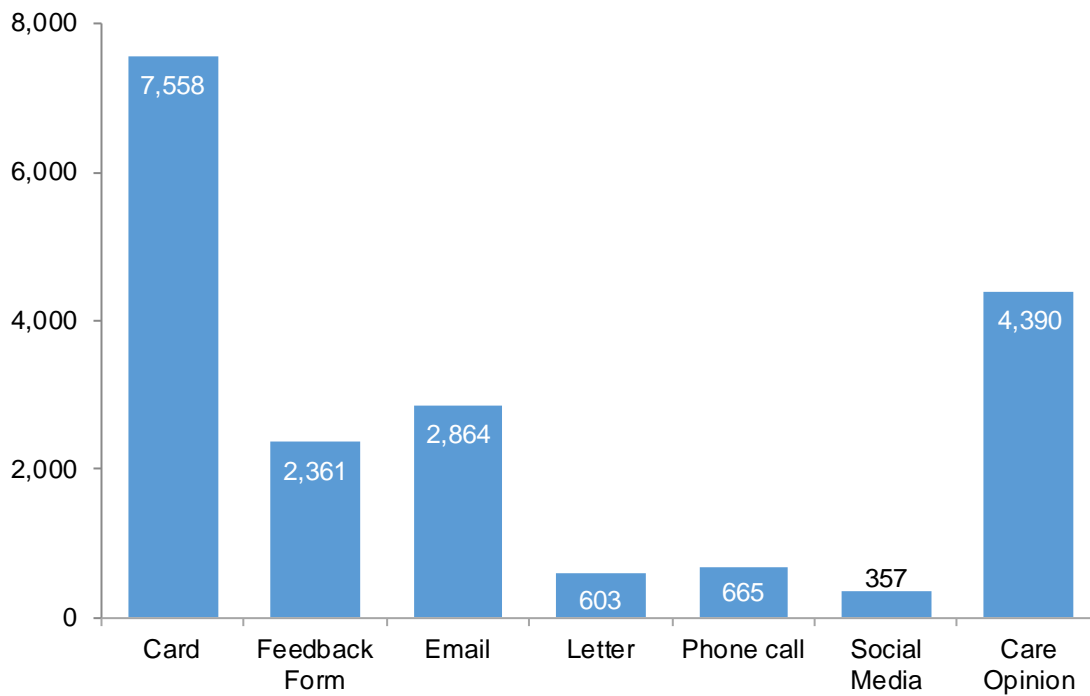
Figure 20: Compliments received by HSC Trusts, by Subject and HSC Trust 2021/22)⁶



Method of Compliment

Two fifths (7,558, 40.2%) of compliments received during 2021/22 were made by card, 4,390 (23.4%) by Care Opinion, 2,864 (15.2%) by email, 2,361 (12.6%) by Feedback Form, 665 (3.5%) by telephone, 603 (3.2%) by letter and 357 (1.9%) by social media⁶ (Figure 21).

Figure 21: Compliments received by HSC Trusts by Method (2021/22)¹⁴



⁶ 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 (2017/18 - 2021/22)

HSC Trust	2017/18	2018/19	2019/20	2020/21	2021/22
Belfast	2,026	2,356	2,118	1,610	1,640
Northern	814	760	739	614	777
South Eastern	1,140	1,269	1,392	1,228	1,359
Southern	955	850	1,067	857	1,317
Western	746	690	696	545	852
NIAS	133	124	93	151	265
Northern Ireland	5,814	6,049	6,105	5,005	6,210

Table 2: Complaint Issues Received by HSC Trusts, by POC (2021/22)⁷

Programme of Care	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Acute	924	370	590	843	494	-	3,221
Maternal & Child Health	165	70	154	-	87	-	476
Family & Child Care	95	90	144	256	61	-	646
Elderly Care	109	70	124	36	83	-	422
Mental Health	222	94	118	103	61	-	598
Learning Disability	38	24	22	35	10	-	129
Sens Impairment & Physical Disability	9	7	53	22	5	-	96
Health Promotion & Disease Prevention	2	18	-	-	2	-	22
Primary Health & Adult Community	7	26	56	20	1	-	110
Prison Healthcare	-	-	49	-	-	-	49
None (No POC assigned)	69	8	49	2	48	265	441
Total	1,640	777	1,359	1,317	852	265	6,210

⁷ 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 (2017/18 - 2021/22)

Programme of Care	2017/18	2018/19	2019/20	2020/21	2021/22
Acute	3,371	3,626	3,576	2,695	3,221
Maternal & Child Health	361	281	367	394	476
Family & Child Care	466	429	458	524	646
Elderly Care	370	322	426	413	422
Mental Health	390	412	474	368	598
Learning Disability	119	93	113	82	129
Sens Impairment & Physical Disability	73	58	40	28	96
Health Promotion & Disease Prevention	2	4	24	12	22
Primary Health & Adult Community	190	287	113	51	110
Prison Healthcare	51	39	40	62	49
None (No POC assigned)	421	498	474	376	441
Total	5,814	6,049	6,105	5,005	6,210

Table 4: Subject of Complaint Issues by HSC Trust (2021/22)

Subject	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Access to Premises	11	-	5	2	1	2	21
Aids/Adaptations/Appliances	22	3	21	7	-	1	54
Children Order Complaints	-	-	-	-	1	-	1
Clinical Diagnosis	58	27	47	44	62	-	238
Communication/Information	364	98	267	307	161	7	1,204
Complaints Handling	2	-	4	2	-	2	10
Confidentiality	20	14	35	11	7	1	88
Consent to Treatment/Care	7	-	2	2	1	-	12
Contracted Regulated Domiciliary Services	1	9	3	-	-	-	13
Contracted Regulated Residential Nursing	-	10	7	-	-	-	17
Other Contracted Services	-	3	3	-	1	-	7
Delay/Cancellation for Inpatients	6	-	3	4	20	-	33
Delayed Admission from A&E	2	-	-	2	-	-	4
Discharge/Transfer Arrangements	47	20	39	22	9	2	139
Discrimination	14	2	10	3	5	-	34
Environmental	15	1	16	11	10	2	55
Hotel/Support/Security Services (Excludes Contracted Services)	9	6	3	4	3	-	25
Infection Control	-	5	5	18	6	2	36
Mortuary & Post-Mortem	2	-	-	2	-	-	4
Policy/Commercial Decisions	20	40	22	31	12	-	125
Privacy/Dignity	10	3	11	12	12	-	48
Professional Assessment of Need	48	19	27	98	13	1	206
Property/Expenses/Finances	30	11	25	38	8	1	113
Records/Record Keeping	14	12	22	12	6	1	67
Staff Attitude/Behaviour	244	130	251	251	137	69	1,082
Transport, Late or Non-arrival/Journey Time	4	3	2	1	-	123	133
Transport, Suitability of Vehicle/Equipment	3	-	-	1	-	3	7
Quality of Treatment & Care	307	262	358	261	220	33	1,441
Quantity of Treatment & Care	106	9	44	34	62	-	255
Waiting List, Delay/Cancellation Community Based Appointments	24	18	38	18	11	-	109
Waiting List, Delay/Cancellation Outpatient Appointments	100	37	50	22	13	-	222
Waiting List, Delay/Cancellation Planned Admission to Hospital	83	9	14	14	25	-	145
Waiting Times, A&E Departments	21	17	10	30	13	-	91
Waiting Times, Community Services	6	-	3	16	-	-	25
Waiting Times, Outpatient Departments	20	2	3	22	16	-	63
Palliative Care	-	-	-	-	1	-	1
Other	20	7	9	15	16	15	82
Total Number of Complaint Issues	1,640	777	1,359	1,317	852	265	6,210

Table 5: Category of Complaint Issue (2017/18 - 2021/22)

Category of Complaint Issue	2017/18		2018/19		2019/20		2020/21		2021/22	
	No.	%	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	374	6.4%	348	5.8%	372	6.1%	280	5.6%	288	4.6%
Aids/Adaptations/Appliances	62	1.1%	51	0.8%	62	1.0%	34	0.7%	54	0.9%
Appointments/Waiting Times	737	12.7%	711	11.8%	688	11.3%	351	7.0%	502	8.1%
Children Order	5	0.1%	2	0.0%	1	0.0%	5	0.1%	1	0.0%
Contracted Services	64	1.1%	63	1.0%	60	1.0%	32	0.6%	37	0.6%
Diagnosis/Oper/Treatment	1,733	29.8%	1,920	31.7%	1,855	30.4%	1,631	32.6%	1,950	31.4%
Information & Communication	1,035	17.8%	1,075	17.8%	1,176	19.3%	1,177	23.5%	1,366	22.0%
Mortuary	0	0.0%	2	0.0%	1	0.0%	1	0.0%	4	0.1%
Patient Experience	1,030	17.7%	1,068	17.7%	1,077	17.6%	962	19.2%	1,269	20.4%
Policy/Commercial Decisions	111	1.9%	99	1.6%	83	1.4%	67	1.3%	125	2.0%
Premises	238	4.1%	317	5.2%	302	4.9%	160	3.2%	137	2.2%
Prison Healthcare	51	0.9%	39	0.6%	40	0.7%	62	1.2%	49	0.8%
Professional Assessment of Need	237	4.1%	191	3.2%	196	3.2%	130	2.6%	206	3.3%
Transport	61	1.0%	59	1.0%	117	1.9%	60	1.2%	140	2.3%
Other	76	1.3%	104	1.7%	75	1.2%	53	1.1%	82	1.3%
Total	5,814	100.0%	6,049	100.0%	6,105	100.0%	5,005	100.0%	6,210	100.0%

Table 6: Category of Complaint Issue by HSC Trust (2021/22)⁸

Category of Complaint Issue	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Northern Ireland
Admissions/Discharges	132	29	53	38	34	2	288
Aids/Adaptations/Appliances	22	3	21	7	0	1	54
Appointments/Waiting Times	171	74	96	108	53	0	502
Children Order	0	0	0	0	1	0	1
Contracted Services	1	22	13	0	1	0	37
Diagnosis/Operation/Treatment	484	298	424	345	366	33	1,950
Information & Communication	400	124	325	332	174	11	1,366
Mortuary	2	0	0	2	0	0	4
Patient Experience	298	146	289	304	162	70	1,269
Policy/Commercial Decisions	20	40	22	31	12	0	125
Premises	35	12	29	35	20	6	137
Prison Healthcare			49			0	49
Professional Assessment of Need	48	19	27	98	13	1	206
Transport	7	3	2	2	0	126	140
Other	20	7	9	15	16	15	82
Total	1640	777	1359	1317	852	265	6,210

⁸The South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland.

Table 7: Specialty of Complaint Issues by HSC Trust (2021/22)

Specialty	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Accident & Emergency	167	127	154	275	167	207	1,097
Allied Health Professions	38	16	69	.	11	.	134
Anaesthetics & Pain Management	6	3	10	.	17	.	36
Cardiology	32	7	23	12	13	.	87
Child & Adolescent Psychiatry	44	1	.	.	30	.	75
Children & Young Peoples Services	78	89	148	.	89	.	404
Community Nursing/Midwives	.	27	5	.	8	.	40
Community Paediatrics	20	8	12	.	9	.	49
Dentistry	16	3	6	.	4	.	29
Dermatology	9	5	16	4	4	.	38
Domicillary Services	13	9	8	.	16	.	46
ENT	45	4	18	16	23	.	106
General Medicine	73	51	120	.	65	.	309
General Surgery	39	49	34	85	81	.	288
Geriatric Medicine	87	11	5	.	19	.	122
Gynaecology	70	17	41	30	32	.	190
Joint Consultant Clinics	.	25	25
Learning Disability	19	21	25	.	4	.	69
Mental Health Acute	80	22	52	.	10	.	164
Mental Health Community	.	56	71	.	20	.	147
Neurology	57	.	17	3	7	.	84
Obstetrics	71	37	128	111	47	.	394
Old Age Psychiatry	.	18	8	.	.	.	26
Oncology	21	1	13	.	5	.	40
Ophthalmology	45	.	.	.	11	.	56
Paediatrics	88	13	24	27	18	.	170
Physical Disability/ Sensory Support	7	2	26	.	3	.	38
Radiology	27	12	22	20	12	.	93
Rehabilitation	.	9	3	6	4	.	22
Residential Care	12	9	11	.	3	.	35
Supported Living	1	.	4	.	15	.	20
Trauma & Orthopaedics	119	6	33	.	32	.	190
Urology	34	.	14	.	17	.	65
Other	322	119	239	728	56	58	1,522
Total	1640	777	1359	1317	852	265	6,210

Table 8: Complaints by Age Group and Gender of Patient / Client (2021/22)⁹

Age Group	Female	Male	Total
Under 16	96	103	199
16 - 18	27	9	36
19 - 24	42	18	60
25 - 34	102	53	155
35 - 44	91	50	141
45 - 54	74	53	127
55 - 64	66	38	104
65 - 74	63	44	107
75 +	107	70	177
Total	668	438	1,106

Table 9: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2021/22)

HSC Trust	20 Working Days or Less		More Than 20 Working Days		Total No.	Mean No. of Working Days
	No.	%	No.	%		
Belfast	591	51.6%	555	48.4%	1,146	27.6
Northern	498	69.8%	215	30.2%	713	20.3
South Eastern	241	35.4%	439	64.6%	680	41.8
Southern	310	45.5%	372	54.5%	682	34.1
Western	226	43.0%	299	57.0%	525	23.4
NIAS	45	17.0%	220	83.0%	265	87.6
Northern Ireland	1,881	46.9%	2,130	53.1%	4,011	30.1

Table 10: FPS Complaints Handled (2017/18 - 2021/22)

FPS Complaints	2017/18	2018/19	2019/20	2020/21	2021/22
GP	215	252	193	154	191
Dental	17	60	14	17	34
Pharmacy	8	5	3	2	5
Ophthalmic	0	0	0	0	0
Total	240	317	210	173	230

⁹ Includes only those complaints where both age and gender of the patient / client was recorded.

Table 11: FPS Complaints Handled Under Local Resolution (2017/18 - 2021/22) ¹⁰

Local Resolution	2017/18	2018/19	2019/20	2020/21	2021/22
GP	171	151	131	99	129
Dental	10	26	9	5	17
Pharmacy	5	0	0	1	4
Ophthalmic	0	0	0	0	0
Total	186	177	140	105	150

Table 12: FPS Complaints Handled Under Local Resolution, by Subject (2021/22)

Local Resolution	GP	Dental	Pharmacy	Total
Treatment & Care	71	11	1	83
Appointments	18	1		19
Prescriptions	3		2	5
Communication / Information	18	1		19
Staff Attitude	11	3		14
Other	8	1	1	10
Total	129	17	4	150

Table 13: FPS Complaints where the HSC Board Acted as an Honest Broker (2017/18 - 2021/22) ¹¹

Honest Broker	2017/18	2018/19	2019/20	2020/21	2021/22
GP	44	101	62	55	62
Dental	7	34	5	12	17
Pharmacy	3	5	3	1	1
Ophthalmic	0	0	0	0	0
Total	54	140	70	68	80

Table 14: FPS Complaints where the HSC Board Acted as an Honest Broker, by Subject (2021/22)

Honest Broker	GP	Dental	Pharmacy	Total
Treatment & Care	37	11	0	48
Appointments	4	2		6
Prescriptions	2			2
Communication / Information	1	1		2
Staff Attitude	10	1	1	12
Other	8	2		10
Total	62	17	1	80

¹⁰ There were no ophthalmic complaints handled under local resolution in 2021/22.

¹¹ There were no ophthalmic complaints handled in 2021/22.

Table 15a: Source of Complaint (2021/22)

Is Complainant the Patient/Client	No.
Yes	2,105
No	1,904
Total	4,009

Table 15b: Source of those complaints not from the Patient/Client (2021/22)

Relationship of Complainant	No.	%
Son / Daughter	550	28.9%
Parent	631	33.1%
Spouse / Partner	213	11.2%
Other Relative	142	7.5%
Elected Representative	173	9.1%
Sibling	66	3.5%
Legal Representative	39	2.0%
Patient Client Council	6	0.3%
Other	83	4.4%
Relationship Unknown	1	0.1%
Total	1,904	100.0%

Table 16: Subject of Compliments by HSC Trust (2021/22)

Subject of Compliment	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCCT	NIAS	Northern Ireland
Quality of Treatment and Care	1,979	2,555	2,059	1,842	1,758	352	10,545
Staff Attitude & Behaviour	1,791	830	623	1,307	673	23	5,247
Information & Communication	328	139	76	815	136	-	1,494
Environment	58	30	21	571	28	-	708
Other	295	3	442	2	62	-	804
Total	4,451	3,557	3,221	4,537	2,657	375	18,798

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.

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 (CP1). The compliments information return was developed in consultation with HSC Trusts to ensure regional consistency, and enable comparisons across HSC Trusts.

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>

<https://www.health-ni.gov.uk/publications/trust-compliments-form-cp1>

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. At the end of the financial year HIB carry out a detailed series of validations to verify that the information is consistent both within and across returns. 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 22nd July 2022.

The compliments information collection was introduced in December 2017 and took some time to embed, with data first being published in the 2018/19 report. In 2018/19, information had to be estimated for two of the six Trusts as they were only able to provide a partial return for the year because their monitoring systems had not been fully implemented. For 2020/21, full year's data was available for all Trusts. However for 2019/20, it should be noted that Belfast HSC Trust's telephone system to capture compliments was only effective from 1 October 2019, Western HSC Trust did not have a system in place to record compliments received by phone call and NIAS did not monitor compliments via social media.

Main Uses of Data

The main uses of these data are to monitor and report the number of HSC Trust compliments, HSC Trust and FPS complaints 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 and Compliment 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:

Hospital Information Branch Email: statistics@health-ni.gov.uk

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 Care	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.

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

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.

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 the CP1 return 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 no later than the last working day of the month after the end of the quarter to which the information refers.

Compliments

1. For the purposes of this return a compliment may be understood as 'an expression of praise, commendation or admiration'.
2. 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.
3. A single communication may include more than one compliment. In such cases each distinct compliment should be recorded separately on the return.
4. Only compliments pertaining to the services of the Trust returning the form to Hospital Information Branch (DoH) should be recorded on the CP1 return. Compliments received by a Trust, which properly refer to the services of another Trust, should be recorded on the return of the relevant Trust to which the compliment/s pertains.
5. 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. 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. 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

1. 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. 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

The CP1 return should include (A) written compliments received by (i) Card, (ii) Email, (iii) Feedback Form, (iv) Letter or (v) Social Media (Facebook & Twitter only), or (B) compliments received by telephone, whereby the primary purpose of the phone call is to express a compliment. 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>

The 'Complaints and Compliments Received by HSC Trusts in Northern Ireland (2021/22)' publication was originally due to be published on 8th July but was delayed due to pressures associated with the COVID-19 outbreak.

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

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

Email: statistics@health-ni.gov.uk