

INFORMATION
ANALYSIS
DIRECTORATE



Complaints Received by HSC Trusts, Board and Family Practitioner Services in Northern Ireland (2015/16)



Department of
Health
An Roinn
Sláinte

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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.
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KEY POINTS

Latest Year (2015/16)

- During 2015/16, HSC Trusts received 4,477 complaints relating to 6,181 complaint issues (Tables 1 & 5, Figure 1).
- Three fifths (3,666, 59.3%), of complaint issues received during 2015/16 related to the Acute POC (Tables 2 & 3, Figure 3).
- One in nine (683, 11.0%) complaint issues received by HSC Trusts in 2015/16 related to the 'Accident & Emergency' specialty (Appendix 4).
- Of the 4,477 complaints received in 2015/16, the median age of the patient / client was 51.0 years (Figure 7).
- On average HSC Trusts took 24.1 working days to provide a substantive response to complaints received in 2015/16 (Table 5, Figure 11).

Last Five Years (2011/12 to 2015/16)

- Between 2011/12 and 2014/15, the number of complaint issues received by HSC Trusts increased by 1,530 (27.9%), but decreased by 834 (11.9%) since 2014/15 to 6,181 in 2015/16 (Table 1, Figure 1).
- Between 2011/12 and 2015/16, the number of complaint issues received relating to the Acute POC increased by 273 (8.0%), from 3,393 to 3,666 (Table 2).
- Since 2011/12, the number of complaint issues received increased in three HSC Trusts, with Western HSC Trust reporting the most notable increase (425, 91.0%), from 467 to 892 in 2015/16. (Table 1, Figure 1).
- During 2015/16, three in ten (1,905, 30.8%) complaint issues received related to the 'Diagnosis/Operation/Treatment' category (Appendix 2).

SECTION 1

COMPLAINT ISSUES RECEIVED BY HSC TRUSTS

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 (2011/12 - 2015/16)

HSC Trust	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast	2,122	2,113	2,514	2,772	2,019
Northern	862	856	997	890	786
South Eastern	1,172	1,459	1,343	1,332	1,161
Southern	764	839	1,032	1,166	1,163
Western	467	591	800	629	892
NIAS	98	140	150	226	160
Northern Ireland	5,485	5,998	6,836	7,015	6,181

11.9% decrease in complaint issues received since 2014/15

Between 2011/12 and 2014/15, the number of complaint issues received by HSC Trusts increased by 1,530 (27.9%), but decreased by 834 (11.9%) since 2014/15, to 6,181 in 2015/16 (Table 1, Figure 1).

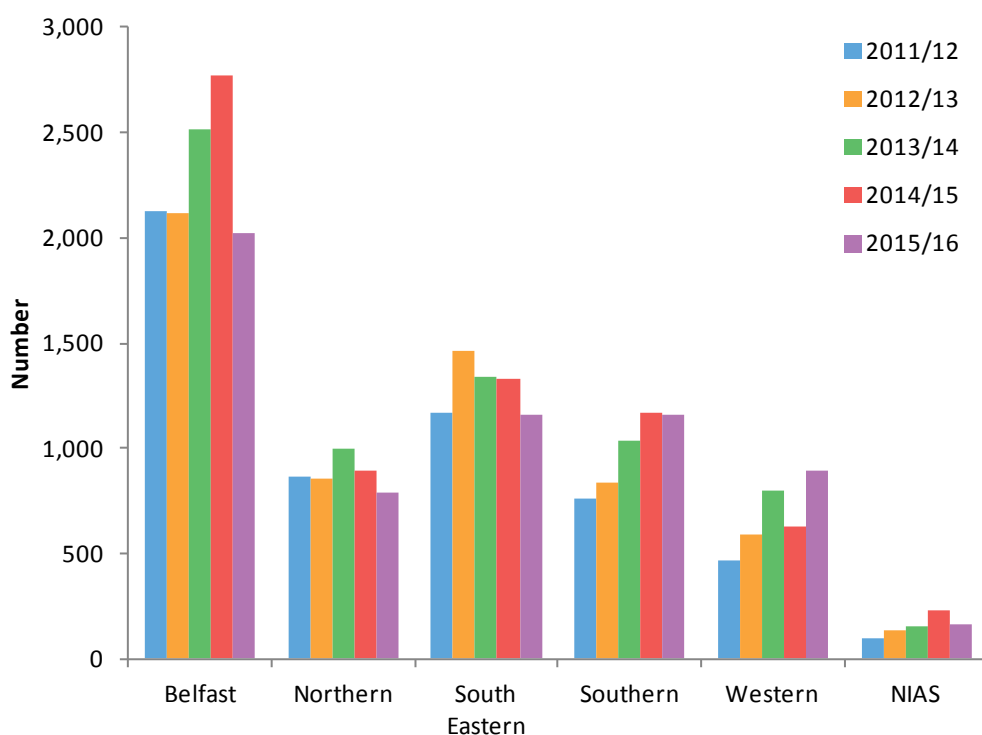
Since 2011/12, the number of complaint issues received increased in three of the six HSC Trusts, with the Western HSC Trust reporting the most notable increase (425, 91.0%), from 467 to 892 in 2015/16. The Belfast HSC Trust reported the most notable decrease during this period (103, 4.9%), from 2,122 to 2,019 (Table 1, Figure 1).

Between 2011/12 and 2015/16, the number of complaint issues received by the NIAS increased by 62 (63.3%), from 98 to 160 (Table 1, Figure 1).

During 2015/16, almost a third of all complaint issues (2,019, 32.7%) were received by the Belfast HSC Trust, 1,163 (18.8%) by the Southern HSC Trust, 1,161 (18.8%) by the South Eastern HSC Trust, 892 (14.4%) by the Western HSC Trust, 786 (12.7%) by the Northern HSC Trust and 160 (2.6%) by the NIAS (Table 1, Figure 1).

Complaint issues received by the Western HSC Trust almost doubled since 2011/12

Figure 1: Complaint Issues Received by HSC Trusts (2011/12 - 2015/16)



Complaint Issues Received by Programme of Care (POC)¹

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 (2011/12 - 2015/16)²

Programme of Care	2011/12	2012/13	2013/14	2014/15	2015/16
Acute	3,393	3,575	4,135	4,189	3,666
Maternal & Child Health	340	316	291	399	272
Family & Child Care	318	361	492	495	496
Elderly Services	302	320	437	457	439
Mental Health	236	315	354	366	440
Learning Disability	96	132	218	160	166
Sens Imp & Phys Disability	61	89	118	114	77
Health Prom & Disease Prev	4	2	5	0	1
Prim Health & Adult Comm	191	222	178	214	194
None (No POC assigned)	554	666	608	512	368
Prison Healthcare				109	62
Total	5,495	5,998	6,836	7,015	6,181

During 2015/16, 6,181 complaint issues were received by the HSC Trusts, of which, almost three fifths (3,666, 59.3%) related to the Acute POC (Table 2)

Between 2014/15 and 2015/16, the number of complaint issues received by HSC Trusts relating to the Acute POC decreased by 523 (12.5%), from 4,189 to 3,666 (Table 2).

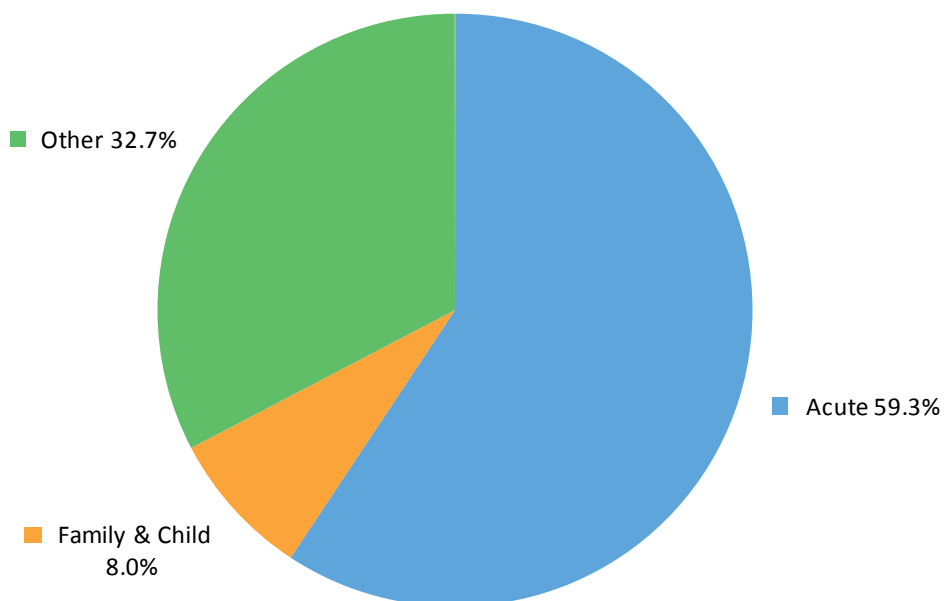
Three fifths of complaint issues received during 2014/15 related to the Acute POC

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

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

Two POC's accounted for over two thirds (4,162, 67.3%) of all complaint issues received during 2015/16; the Acute POC (3,666, 59.3%) and Family & Child Care POC (496, 8.0%) (Table 2, Figure 2).

Figure 2: Two POCs Receiving the Largest Number of Complaint Issues (2015/16)³



³ The 'Other' category includes all complaint issues not included within the two 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 2015/16 by the POC of the complaint issue.

Table 3: Complaint Issues Received by HSC Trusts, by POC (2015/16)

Programme of Care	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Acute	1,626	388	643	488	521	0	3,666
Maternal & Child Health	25	31	57	49	110	0	272
Family & Child Care	87	82	80	172	75	0	496
Elderly Services	76	92	98	126	47	0	439
Mental Health	55	98	56	173	58	0	440
Learning Disability	13	30	17	77	29	0	166
Sens Impair & Phys Dis	6	30	14	18	9	0	77
Health Prom & Disease Prev	1	0	0	0	0	0	1
Prim Health & Adult Comm	0	16	98	59	21	0	194
None (No POC assigned)	130	19	36	1	22	160	368
Prison Healthcare	0	0	62	0	0	0	62
Total	2,019	786	1,161	1,163	892	160	6,181

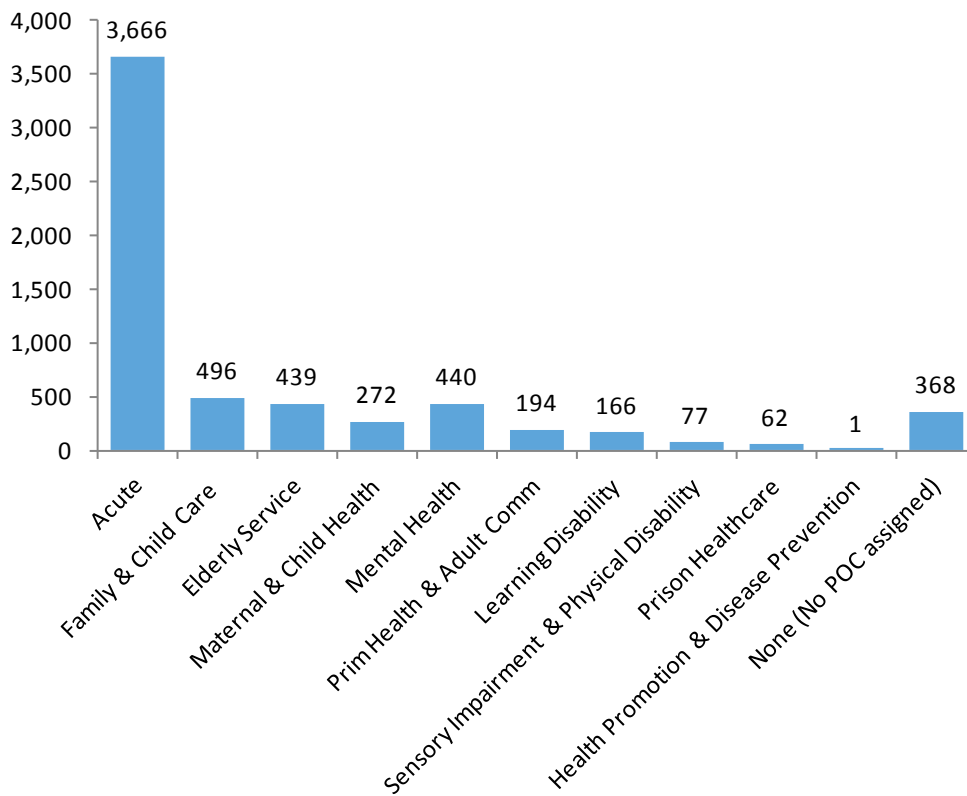
During 2015/16:

- Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (1,626, 44.4%) and Health Promotion & Disease Prevention POC (1, 100%) (Table 3, Figure 3).
- Northern HSC Trust reported the highest number of complaint issues relating to the Sensory Impairment & Physical Disability POC (30, 39.0%) (Table 3, Figure 3).
- South Eastern HSC Trust reported the highest number of complaint issues relating to the Primary Health & Adult Community POC (98, 50.5%) and Prison Healthcare 62 (100%) of which it is the sole provider in Northern Ireland (Table 3, Figure 3).

Three in ten complaint issues received in the Southern HSC Trust related to the Mental Health or Family & Child Care POC's

- Southern HSC Trust reported the highest number of complaint issues relating to the Mental Health POC (173, 39.3%), Family & Child Care POC (172, 34.7%), Elderly Services POC (126, 28.7%) and the Learning Disability POC (77, 46.4%) (Table 3, Figure 3).
- Western HSC Trust reported the highest number of complaint issues relating to the Maternal & Child Health POC (110, 40.4%) (Table 3, Figure 3).

Figure 3: Complaint Issues Received by HSC Trusts, by POC (2015/16)



Complaint Issues Received by Category

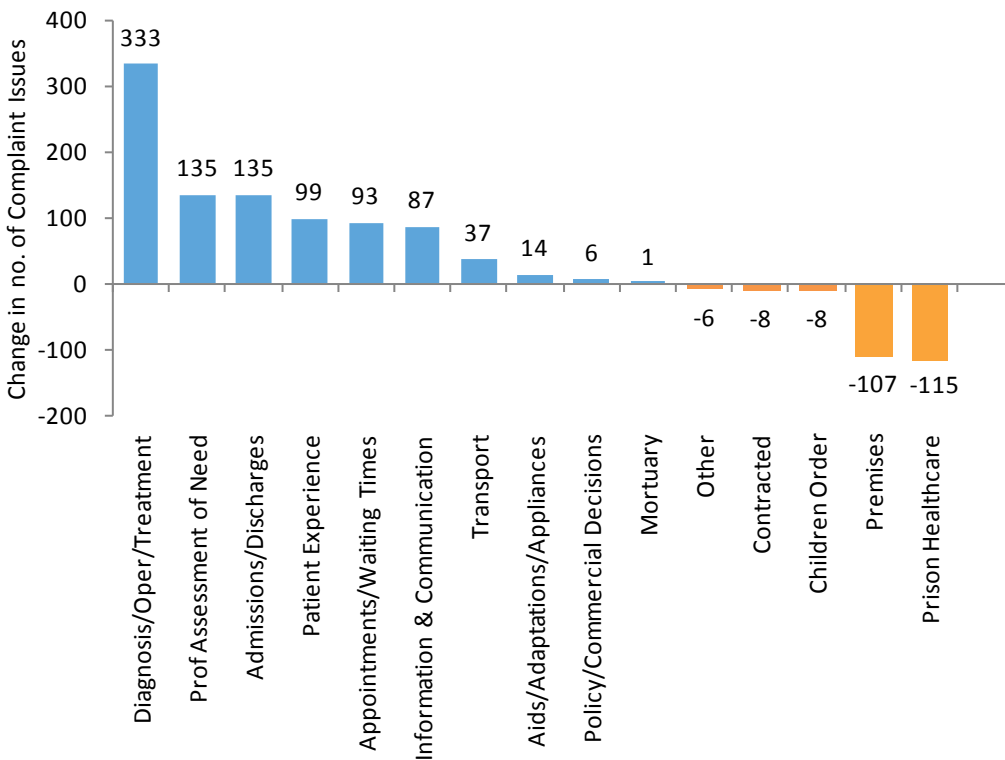
The category of each complaint issue is based on the subject⁴ which best describes the nature of the patient’s / client’s concern. To enable the category of the complaint issue to be presented, the subject area of each complaint issue has been grouped into one of 15 main categories⁵.

During 2015/16, HSC Trusts reported that the highest number of complaint issues related to ‘Diagnosis/Operation/Treatment’ (1,905, 30.8%), ‘Patient Experience’ (1,108, 17.9%), ‘Information & Communication’ (939, 15.2%) and ‘Appointments/Waiting Times’ (785, 12.7%) (Appendix 2).

Between 2011/12 and 2015/16, the ‘Diagnosis/Operation/Treatment’ category reported the highest increase (333, 21.2%) in the number of complaint issues received, from 1,572 to 1,905 (Figure 4, Appendix 2).

Figure 4 below presents an analysis of the change in the number of complaint issues received between 2011/12 and 2015/16.

Figure 4: Change in the Number of Complaint Issues Received, by Category of Complaint (2011/12 - 2015/16)



Complaint issues relating to Professional Assessment of Need almost doubled since 2011/12

Almost a third of complaint issues received during each of the last five years related to Diagnosis/Operation / Treatment

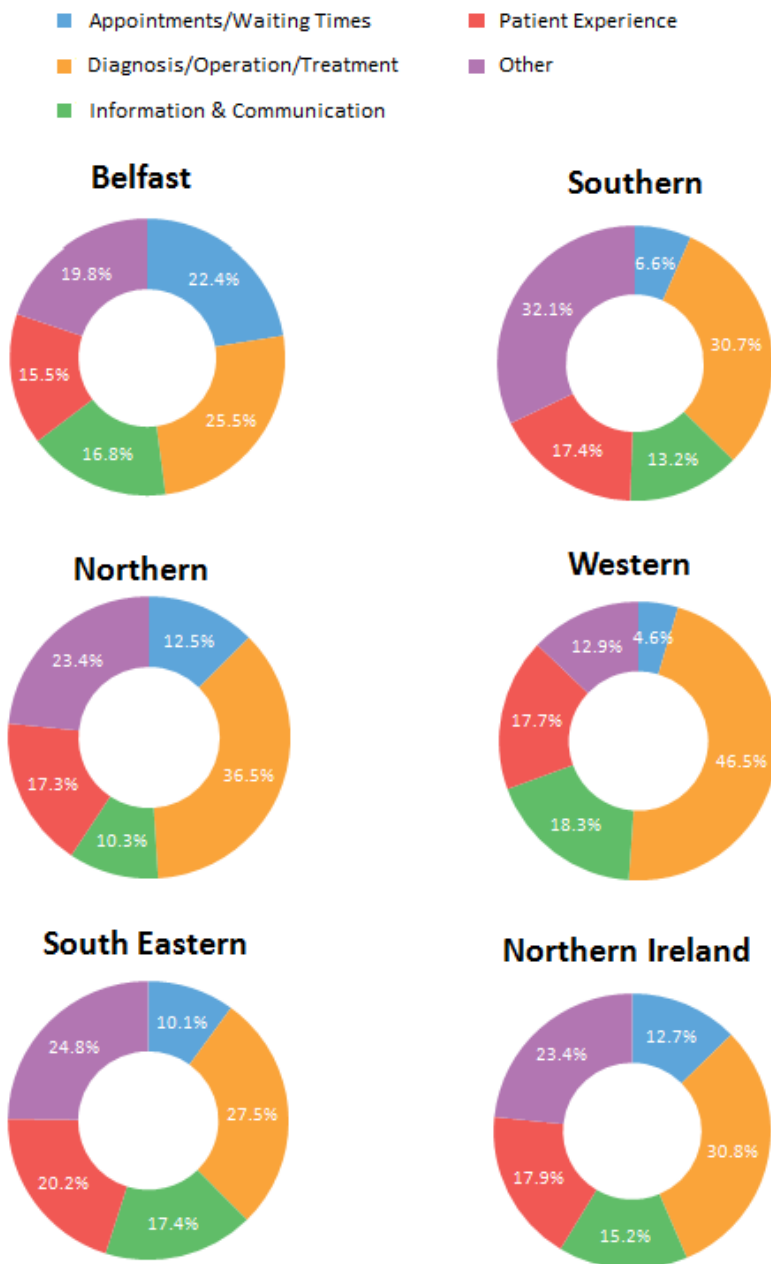
⁴ A complete list of complaint issue subjects is detailed in Appendix 7, whilst an analysis of complaint issues by subject can be found in Appendix 1.

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

Complaint Issues Received by Category and HSC Trust

Figure 5 below presents a summary of the four largest categories of complaint issues received during 2015/16 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 (2015/16)⁶



Almost half of complaint issues received by the Western HSC Trust related to Diagnosis/Operation/Treatment

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

During 2015/16:

- Across all HSC Trusts, these four categories accounted for over three quarters (4,737, 76.6%) of all complaint issues received (Figure 5, Appendix 3).
- In the Belfast HSC Trust, over a quarter (452, 22.4%) of complaint issues related to the 'Appointments/Waiting Times' category (Figure 5, Appendix 3).
- In the Northern HSC Trust, over a third (287, 36.5%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category (Figure 5, Appendix 3).
- A fifth (235, 20.2%) 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 (357, 30.7%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category. It is also worth noting that 168 (14.4%) complaint issues related to the 'Professional Assessment of Need' category (Figure 5, Appendix 3).
- Almost half (415, 46.5%) of complaint issues received by the Western HSC Trust related to 'Diagnosis/Operation/Treatment' (Figure 5, Appendix 3)

A fifth of complaint issues received by the South Eastern HSC Trust related to Patient Experience

Complaint Issues Received by Specialty and HSC Trust

During 2015/16, HSC Trusts reported that the highest number of complaint issues received related to the 'Accident & Emergency' (683, 11.0%), 'Trauma & Orthopaedics' (519, 8.4%) and 'General Medicine' (422, 6.8%) specialties (Appendix 4).



A & E
683



Trauma & Ortho
519



General Medicine
422

These three specialties accounted for over a quarter (1,624, 26.3%) of all complaint issues received during this time (Appendix 4).

SECTION 2

COMPLAINTS RECEIVED BY HSC TRUSTS

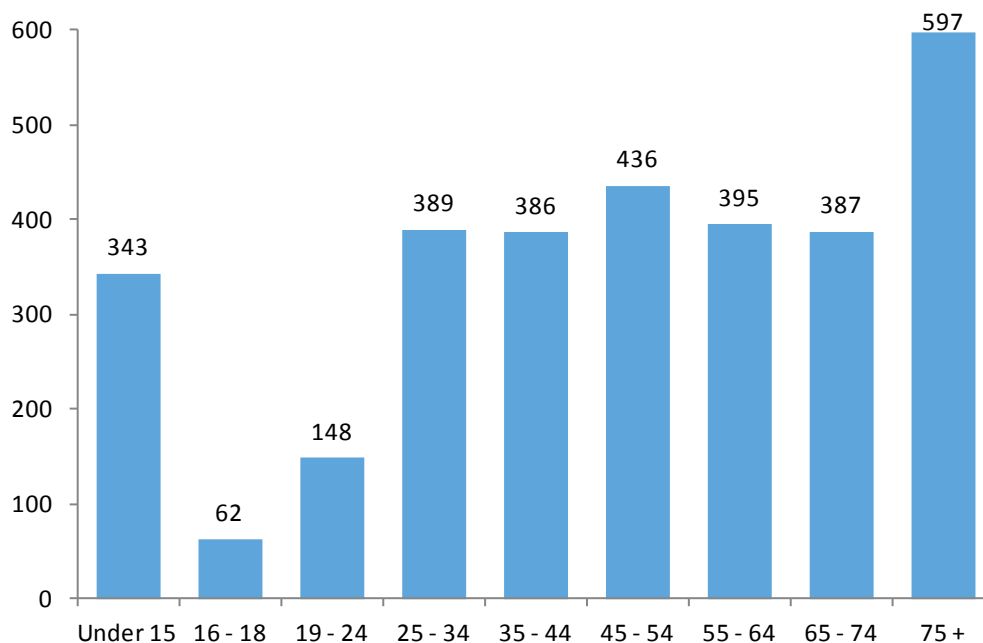
During 2015/16, HSC Trusts received 4,477 complaints relating to 6,181 complaint issues. Section 2 presents a summary of information relating to these 4,477 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 7.

Age of Patient / Client

Figure 6 below presents a summary of the number of complaints received during 2015/16, by the age group of the patient / client at the time the complaint was received.

Of complaints received in 2015/16, the median age of the patient / client was 51 years old

Figure 6: Complaints Received, by Age Group of Patient / Client (2015/16)

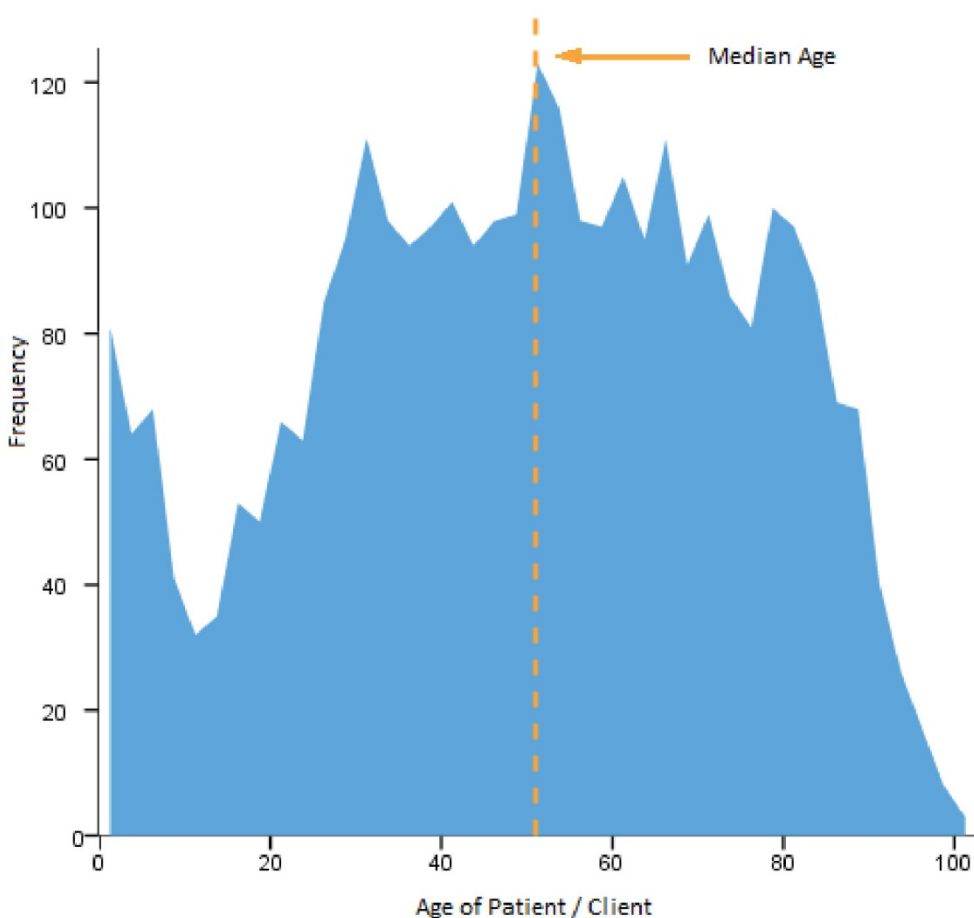


During 2015/16, the age of the patient / client was recorded for 3,143 (70.2%) of the complaints received by HSC Trusts.

For those complaints where the age of the patient / client was recorded, 597 (19.0%) related to patients / clients aged 75 & over, whilst 343 (10.9%) 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 (2015/16)



Of the complaints received by HSC Trusts during 2015/16, the median age of the patient / client was 51.0 years (Figure 7).

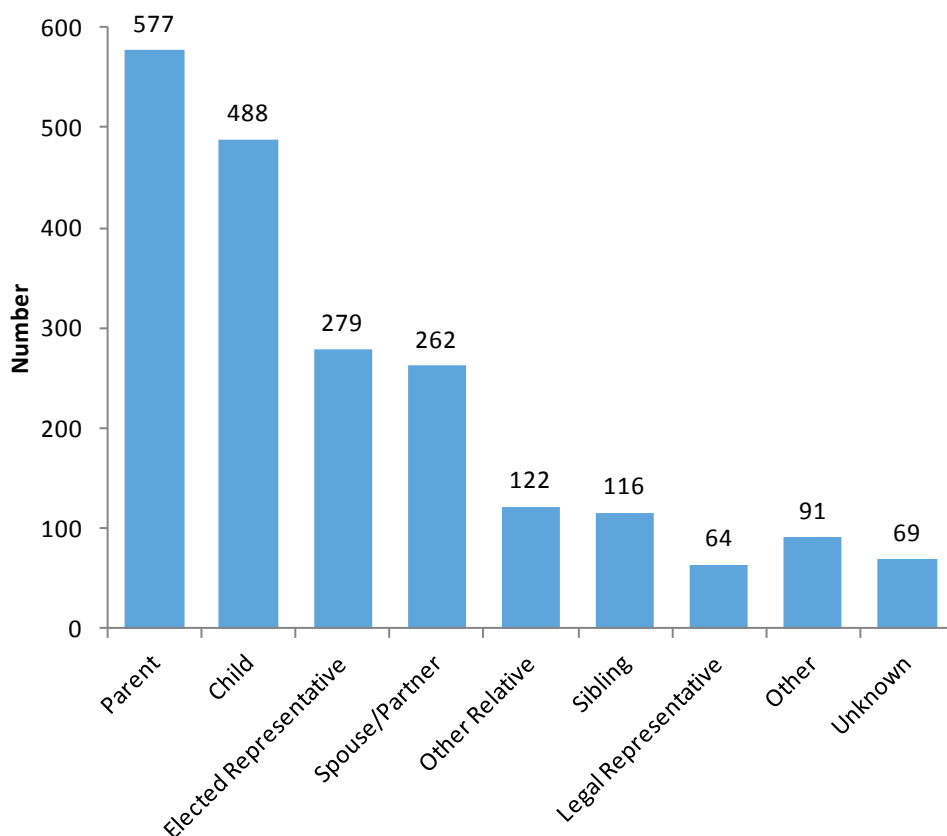
Relationship of Complainant to Patient / client

Over half (2,409, 53.8%) of all complaints received in 2015/16 were from the patient / client, with a further 2,068 (46.2%) from persons acting on behalf of the patient / client.

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

Over half of complaints received in 2015/16, were from the patients / clients themselves

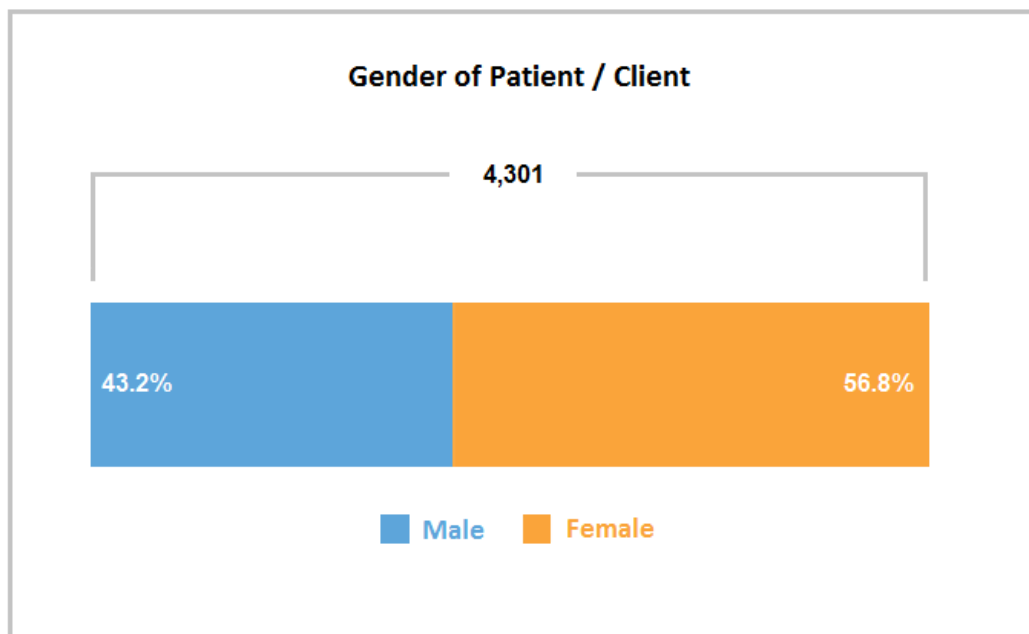
Figure 8: Complaints Received, by Relationship of Complainant (2015/16)



Of the 2,068 complaints received from persons acting on behalf of the patient / client, over a quarter (577, 27.9%) were from the parents of the patient / client, 488 (23.6%) from the children of the patient / client, 279 (13.5%) from an elected representative and 262 (12.7%) from a spouse / partner (Figure 8).

Sex of Patient / Client

During 2015/16, the sex of the patient / client was recorded for 4,301 (96.1%) of the complaints received by HSC Trusts.



Of those complaints where the sex of the patient / client was recorded, 2,444 (56.8%) were for female patients / clients and 1,857 (43.2%) for male patients/clients.

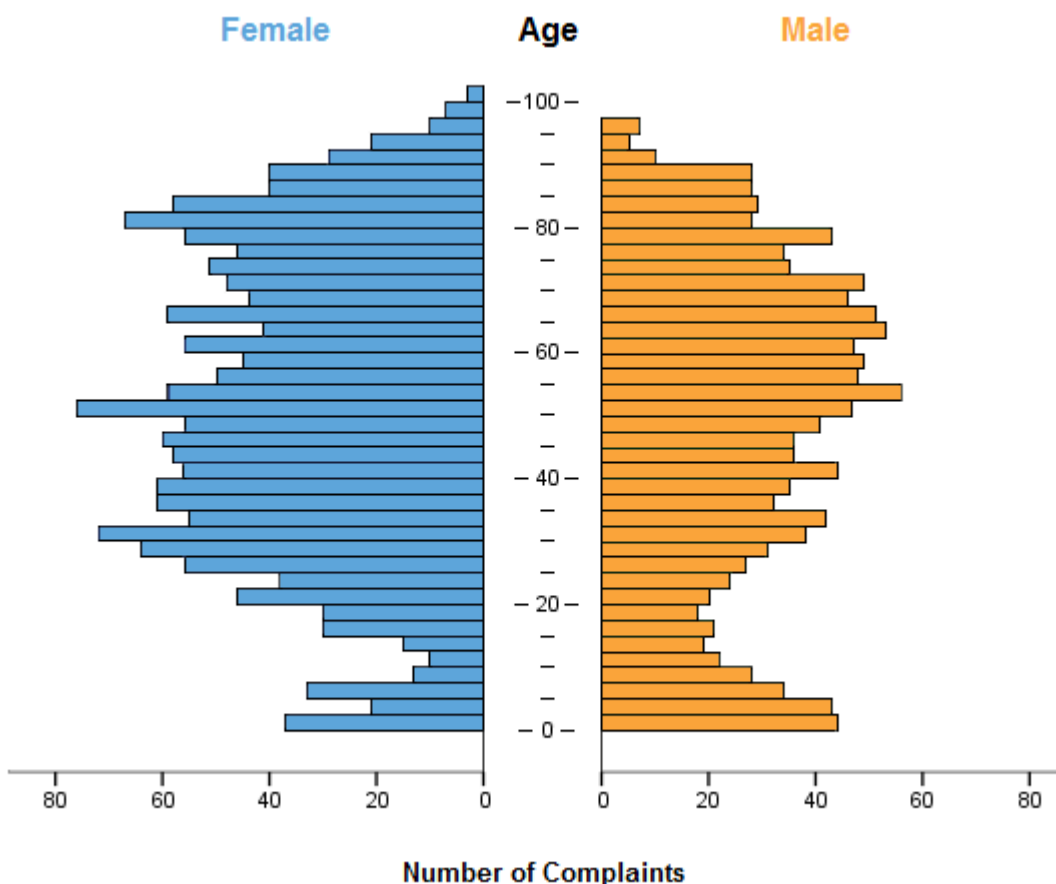
Since 2014/15, the proportion of complaints received regarding female patients / clients decreased by 1.5 percentage points, from 58.3% to 56.8% in 2015/16.

Age and Sex of Patient / Client

The age and sex of the patient / client was recorded for 3,106 (69.4%) of the 4,477 complaints received by HSC Trusts during 2015/16. Of the 3,106 complaints where the age and sex of the patient / client was recorded, 1,778 (57.2%) were for female patient / clients and 1,328 (42.8%) were male patient / clients (Figure 9).

Figure 9 below details the number of complaints received in 2015/16 for each age band (2.5 years), for the 3,106 complaints which have the age and sex of the patient / client recorded.

Figure 9: Complaints Received, by Age and Sex of Patient / Client (2015/16)

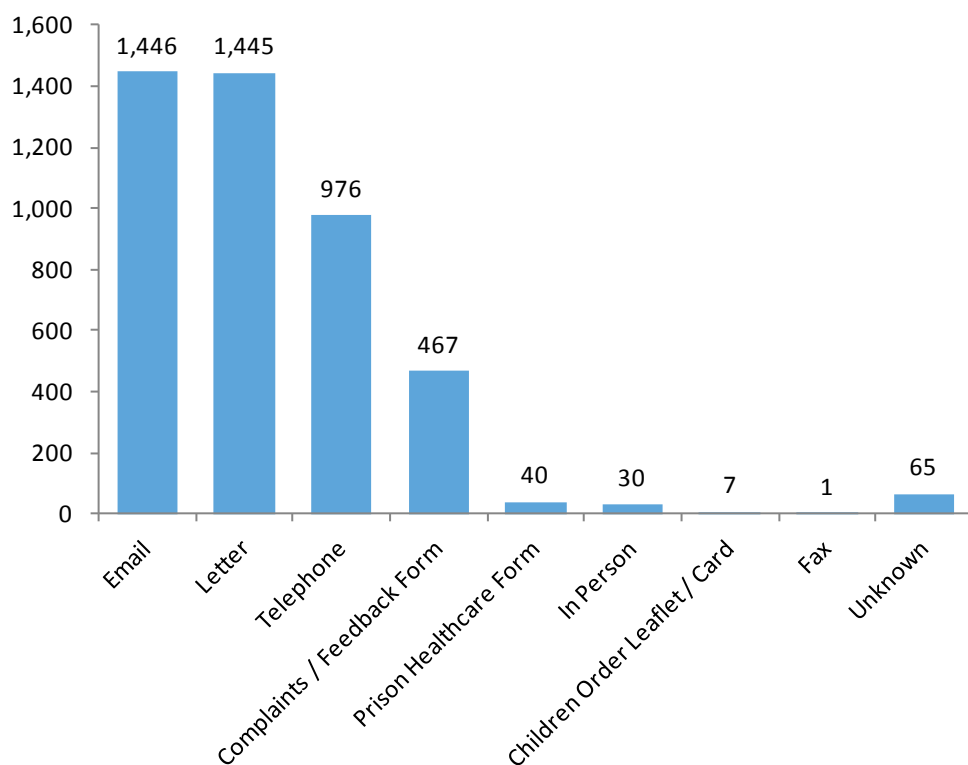


More complaints were received by HSC Trusts relating to female patient / clients than males in all age groups, except the '15 & Under' and '55 – 64' age groups (Figure 9, Appendix 5).

Method of Complaint

Figure 10 details the method by which complaints were received in 2015/16.

Figure 10: Complaints Received, by Method of Complaint (2015/16)



Almost a third of complaints were received by email in 2015/16

During 2015/16, almost a third (1,446, 32.3%) of complaints received were received by email, 1,445 (32.3%) by letter and 976 (21.8%) by telephone. These three methods accounted for over four fifths (86.4%, 3,867) of all complaints received during the year (Figure 10).

SECTION 3

TIME TAKEN TO PROVIDE A SUBSTANTIVE RESPONSE TO COMPLAINTS RECEIVED

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. 4,477 complaints were received during 2015/16 relating to 6,181 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.**

Almost three fifths of all complaints received a substantive response within 20 working days

Table 5: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2015/16)

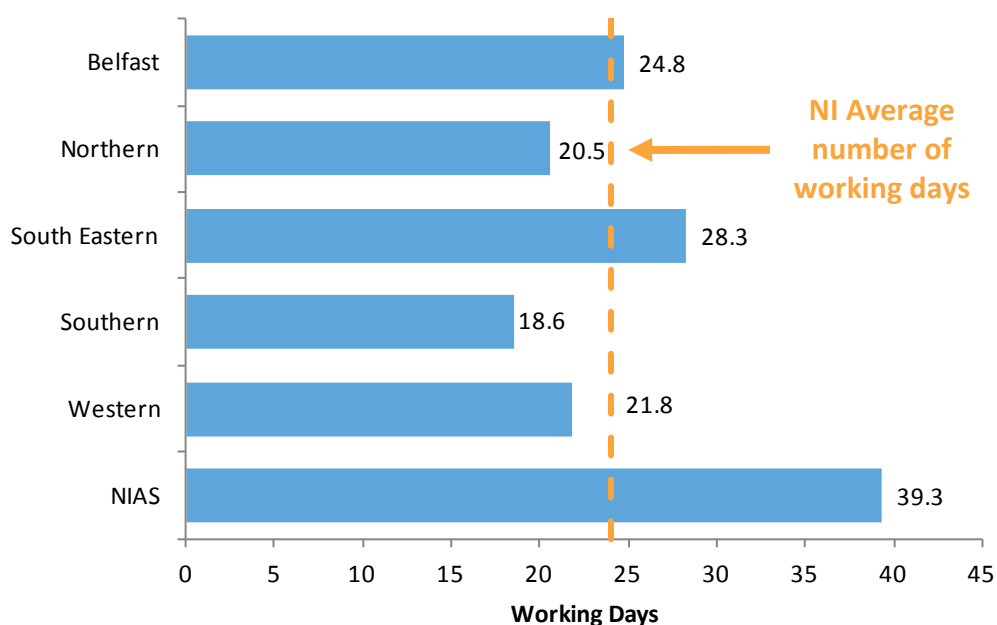
HSC Trust	20 Working Days or Less		More Than 20 Working Days		Total No.	Mean No. of Working Days
	No.	%	No.	%		
Belfast	973	56.8%	740	43.2%	1,713	24.8
Northern	470	70.1%	200	29.9%	670	20.5
South Eastern	412	53.7%	355	46.3%	767	28.3
Southern	364	50.8%	353	49.2%	717	18.6
Western	325	72.2%	125	27.8%	450	21.8
NIAS	51	31.9%	109	68.1%	160	39.3
Northern Ireland	2,595	58.0%	1,882	42.0%	4,477	24.1

During 2015/16, almost three fifths (2,595, 58.0%) 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 (325, 72.2%) during 2015/16, whilst the NIAS provided the lowest (51, 31.9%) (Table 5).

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

Figure 11: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2015/16)⁷



On average HSC Trusts took 24.1 working days to provide a substantive response to a complaint received in 2015/16 (Table 7, Figure 11).

⁷ Where it is not possible to provide a substantive response within 20 working days, a holding response explaining the reason for the delay is sent to the complainant. All holding responses are issued in 20 working days or less.

SECTION 4

FAMILY PRACTITIONER SERVICE (FPS)

Information in this section refers to complaints received by the HSCB⁸ 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.

The number of complaints made against FPS practices in Northern Ireland was similar in 2015/16 (289) to 2011/12 (282), despite increasing to 363 in 2012/13 (Table 6).

Almost three quarters of FPS complaints were handled under Local Resolution

Table 6: FPS Complaints Handled (2011/12 - 2015/16)

Subject	2011/12	2012/13	2013/14	2014/15	2015/16
GP	239	315	298	307	260
Dental	37	34	25	19	26
Pharmacy	4	13	4	0	3
Ophthalmic	2	1	0	0	0
Total	282	363	327	326	289

Of the 289 complaints received by the HSCB regarding FPS practices in 2015/16, 210 were handled under Local Resolution and 79 where the HSCB acted as an Honest Broker (Tables 7 – 10).

⁸ Refer to Appendix 9 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.

**Over 9 in 10
complaints
handled under
local resolution in
2015/16 related to
GPs**

Table 7: FPS Complaints Handled Under Local Resolution (2011/12 - 2015/16)

Subject	2011/12	2012/13	2013/14	2014/15	2015/16
GP	189	228	241	224	194
Dental	19	14	12	6	15
Pharmacy	3	5	2	0	1
Ophthalmic	1	0	0	0	0
Total	212	247	255	230	210

The number of complaints handled under local resolution was similar in 2015/16 (210) to 2011/12 (212), despite increasing to 255 in 2013/14 (Table 7).

Table 8: FPS Complaints Handled Under Local Resolution (2015/16)

Subject	GP	Dental	Pharmacy & Ophthalmic	Total
Treatment & Care	60	7	0	67
Staff Attitude	35	0	0	35
Communication / Info	43	5	0	48
Clinical Diagnosis	0	0	0	0
Other	56	3	1	60
Total	194	15	1	210

During 2015/16, 'Treatment & Care' accounted for almost a third (67, 31.9%) of all complaints handled under local resolution (Table 8).

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.

Over four fifths of complaints where the HSCB acted as an honest broker related to GPs

Table 9: FPS Complaints where the HSC Board Acted as an Honest Broker (2011/15 - 2015/16)

Subject	2011/12	2012/13	2013/14	2014/15	2015/16
GP	50	87	57	83	66
Dental	18	20	13	13	11
Pharmacy	1	8	2	0	2
Ophthalmic	1	1	0	0	0
Total	70	116	72	96	79

Between 2011/12 and 2015/16, the number of complaints where the HSC Board acted as an honest broker increased slightly from 70 to 79, despite increasing to 116 in 2012/13 (Table 9).

Table 10: FPS Complaints where the HSC Board Acted as an Honest Broker (2015/16)

Subject	GP	Dental	Pharmacy & Ophthalmic	Total
Treatment & Care	38	9	0	47
Staff Attitude	6	0	1	7
Communication / Info	12	0	1	13
Clinical Diagnosis	1	0	0	1
Other	9	2	0	11
Total	66	11	2	79

‘Treatment & Care’ accounted for almost three fifths half (47, 59.5%), of all complaints in which the HSC Board acted as an honest broker during 2015/16 (Table 10).

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:

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

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 totals may not sum to 100.

Data Quality

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

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

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted. This report incorporates all returns and amendments received up to 14th July 2016.

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:

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

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@health-ni.gov.uk

APPENDICES

APPENDIX 1: SUBJECT OF COMPLAINT ISSUES BY TRUST (2015/16)

Subject	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Access to Premises	25	2	9	10	3	0	49
Aids/Adaptations/Appliances	24	6	15	38	0	0	83
Children Order Complaints	0	0	1	0	3	0	4
Clinical Diagnosis	56	29	42	29	62	1	219
Communication/Information	309	58	159	123	139	0	788
Complaints Handling	0	0	9	1	3	0	13
Confidentiality	23	8	13	12	12	0	68
Consent to Treatment/Care	0	0	0	7	2	0	9
Contracted Regulated Domiciliary Services	1	19	3	0	2	0	25
Contracted Regulated Residential Nursing	0	11	6	4	0	0	21
Contracted Independent Hospital Services	2	0	3	0	0	0	5
Other Contracted Services	0	4	1	3	0	0	8
Delay/Cancellation for Inpatients	4	4	5	9	55	0	77
Delayed Admission from A&E	1	0	2	0	0	0	3
Discharge/Transfer Arrangements	23	22	21	55	22	0	143
Discrimination	2	3	7	4	2	0	18
Environmental	18	7	13	13	4	0	55
Hotel/Support/Security Services (Ex Contracted Services)	26	21	12	5	2	0	66
Infection Control	1	5	5	1	0	0	12
Mortuary & Post-Mortem	0	0	0	1	0	0	1
Policy/Commercial Decisions	5	47	33	31	11	0	127
Privacy/Dignity	3	6	4	8	21	0	42
Professional Assessment of Need	22	15	27	168	48	0	280
Property/Expenses/Finances	26	5	14	24	1	0	70
Records/Record Keeping	7	16	26	18	9	0	76
Staff Attitude/Behaviour	282	122	224	166	134	64	992
Transport, Late or Non-arrival/Journey Time	0	1	1	2	5	77	86
Transport, Suitability of Vehicle/Equipment	2	0	0	1	1	1	5
Quality of Treatment & Care	346	238	296	232	237	11	1,360
Quantity of Treatment & Care	109	15	13	80	59	0	276
Waiting List, Delay/Cancellation Community Based Apps	1	41	11	7	0	0	60
Waiting List, Delay/Cancellation Outpatient Appointments	330	34	72	24	0	0	460
Waiting List, Delay/Cancellation Planned Admission to Hosp	236	9	27	24	0	0	296
Waiting Times, A&E Departments	9	12	10	10	13	0	54
Waiting Times, Community Services	5	3	10	23	0	0	41
Waiting Times, Outpatient Departments	107	8	17	13	28	0	173
Other	14	15	50	17	14	6	116
Total Number of Complaint Issues	2,019	786	1,161	1,163	892	160	6,181

APPENDIX 2: CATEGORY OF COMPLAINT ISSUE BY TRUST (2011/12 - 2015/16)

Category of Complaint Issue	2011/12		2012/13		2013/14		2014/15		2015/16	
	No.	%	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	307	5.6%	356	5.9%	433	6.3%	565	8.1%	442	7.2%
Aids/Adaptations/Appliances	69	1.3%	85	1.4%	76	1.1%	71	1.0%	83	1.3%
Appointments/Waiting Times	692	12.6%	699	11.7%	844	12.3%	945	13.5%	785	12.7%
Children Order	12	0.2%	13	0.2%	43	0.6%	0	0.0%	4	0.1%
Contracted Services	67	1.2%	78	1.3%	118	1.7%	103	1.5%	59	1.0%
Diagnosis/Oper/Treatment	1,572	28.7%	1,802	30.0%	1,971	28.8%	2,054	29.3%	1,905	30.8%
Information & Communication	852	15.5%	920	15.3%	1,074	15.7%	1,035	14.8%	939	15.2%
Mortuary	0	0.0%	2	0.0%	0	0.0%	3	0.0%	1	0.0%
Patient Experience	1009	18.4%	1,076	17.9%	1,267	18.5%	1,241	17.7%	1,108	17.9%
Policy/Commercial Decisions	121	2.2%	124	2.1%	188	2.8%	165	2.4%	127	2.1%
Premises	289	5.3%	214	3.6%	278	4.1%	233	3.3%	182	2.9%
Prison Healthcare	174	3.2%	267	4.5%	163	2.4%	106	1.5%	59	1.0%
Prof Assessment of Need	145	2.6%	153	2.6%	188	2.8%	249	3.5%	280	4.5%
Transport	54	1.0%	82	1.4%	84	1.2%	112	1.6%	91	1.5%
Other	122	2.2%	127	2.1%	109	1.6%	133	1.9%	116	1.9%
Total	5,485	100.0%	5,998	100.0%	6,836	100.0%	7,015	100.0%	6,181	100.0%

APPENDIX 3: CATEGORY OF COMPLAINT ISSUE BY TRUST (2015/16)

Category of Complaint Issue	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Northern Ireland
Admissions/Discharges	260	31	50	79	22	0	442
Aids/Adaptations/Appliances	24	6	15	38	0	0	83
Appointments/Waiting Times	452	98	117	77	41	0	785
Children Order	0	0	1	0	3	0	4
Contracted Services	3	34	13	7	2	0	59
Diagnosis/Operation/Treatment	515	287	319	357	415	12	1,905
Information & Communication	339	81	202	154	163	0	939
Mortuary	0	0	0	1	0	0	1
Patient Experience	313	136	235	202	158	64	1,108
Policy/Commercial Decisions	5	47	33	31	11	0	127
Premises	70	35	39	29	9	0	182
Prison Healthcare	0	0	59	0	0	0	59
Professional Assessment of Need	22	15	27	168	48	0	280
Transport	2	1	1	3	6	78	91
Other	14	15	50	17	14	6	116
Total	2,019	786	1,161	1,163	892	160	6,181

APPENDIX 4: SPECIALTY OF COMPLAINT ISSUES BY TRUST (2015/16)

Specialty	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Accident & Emergency	129	111	102	91	175	75	683
Allied Health Professions	67	25	51	24	10	0	177
Anaesthetics & Pain Management	18	5	23	4	7	0	57
Burns Plastic and Maxillofacial Surgery	9	0	29	0	2	0	40
Cardiology	45	2	15	23	13	0	98
Child & Adolescent Psychiatry	8	4	0	41	2	0	55
Children & Young Peoples Services	73	81	101	47	72	0	374
Community Nursing/Midwives	0	3	0	0	32	0	35
Community Paediatrics	21	8	6	2	16	0	53
Day Care Services	0	76	0	0	5	0	81
Dentistry	25	2	0	0	0	0	27
Dermatology	14	1	5	7	4	0	31
Domicillary Services	11	37	6	0	12	0	66
ENT	0	7	18	0	17	0	42
General Medicine	101	40	113	99	69	0	422
General Surgery	105	70	41	70	84	0	370
Genito-Urinary Medicine	22	0	0	0	0	0	22
Geriatric Medicine	34	37	27	0	9	0	107
Gynaecology	77	10	32	25	40	0	184
Joint Consultant Clinics	0	36	0	0	0	0	36
Learning Disability	12	26	14	64	7	0	123
Mental Health Acute	49	24	41	61	11	0	186
Mental Health Community	0	42	20	62	39	0	163
Neurology	56	0	14	0	8	0	78
NIAS - Emergency Ambulance Control	0	0	0	0	0	41	41
NIAS - Non-Emergency Ambulance Control	0	0	0	0	0	25	25
Obstetrics	47	20	73	57	7	0	204
Old Age Psychiatry	0	15	13	0	0	0	28
Oncology	16	4	5	6	6	0	37
Ophthalmology	84	0	4	2	8	0	98
Paediatrics	94	7	19	10	32	0	162
Physical Disability/ Sensory Support	4	19	16	13	12	0	64
Radiology	46	14	15	11	19	0	105
Residential Care	3	9	22	0	11	0	45
Trauma & Orthopaedics	381	0	31	30	77	0	519
Urology	63	4	11	17	7	0	102
Vascular	23	0	0	0	0	0	23
Other	376	47	294	385	79	19	1,200
Unknown	6	0	0	12	0	0	18
Total Number of Complaint Issues	2,019	786	1,161	1,163	892	160	6,181

APPENDIX 5: COMPLAINTS BY AGE GROUP AND SEX OF PATIENT / CLIENT (2015/16)

Age Group	Female	Male	Total
Under 15	142	198	340
16 - 18	35	25	60
19 - 24	96	50	146
25 - 34	247	138	385
35 - 44	236	147	383
45 - 54	251	180	431
55 - 64	192	197	389
65 - 74	202	181	383
75 +	377	212	589
Total	1,778	1,328	3,106

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

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

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

APPENDIX 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

Stormont Estate

Belfast, BT4 3SQ

Fax: 028 905 23288

Email: statistics@health-ni.gov.uk