

INFORMATION
ANALYSIS
DIRECTORATE



Complaints Received by HSC Trusts, Board and Family Practitioner Services in Northern Ireland (2016/17)



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 (2016/17)

- During 2016/17, HSC Trusts received 4,603 complaints relating to 6,189 complaint issues (Tables 1 & 10, Figure 1).
- Three fifths (3,703, 59.8%), of complaint issues received during 2016/17 related to the Acute POC (Tables 2 & 3, Figure 3).
- During 2016/17, over a quarter (1,775, 28.7%) of complaint issues received related to the 'Diagnosis/Operation/Treatment' category (Table 6).
- Over one tenth (684, 11.1%), of complaint issues received by HSC Trusts in 2016/17 related to the 'Accident & Emergency' specialty (Table 8).
- Of the 4,603 complaints received in 2016/17, the median age of the patient / client was 50.0 years (Figure 8).
- On average HSC Trusts took 24.7 working days to provide a substantive response to complaints received in 2016/17 (Table 10, Figure 14).

Last Five Years (2012/13 to 2016/17)

- During the last five years, the highest number of complaint issues received by HSC Trusts was in 2014/15 (7,015) and the lowest in 2012/13 (5,998) (Table 1).
- Between 2012/13 and 2016/17, the number of complaint issues received relating to the Mental Health POC increased by 116 (36.8%), from 315 to 431 (Table 3).
- The number of complaint issues relating to Prison Healthcare more than halved (63, 57.8%) over the past three years, from 109 in 2014/15 to 46 in 2016/17 (Table 3).
- Since 2012/13, the number of complaint issues received increased in four of the six HSC Trusts, with Western HSC Trust reporting the most notable increase (439, 74.3%), from 591 to 1,030 in 2016/17. (Table 1, Figure 2).

SECTION 1

COMPLAINT ISSUES RECEIVED BY HSC TRUSTS

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

A **complaint** is defined as an 'expression of dissatisfaction' received from or on behalf of patients, clients or other users of HSC Trust, 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, Subject and Specialty it relates to.

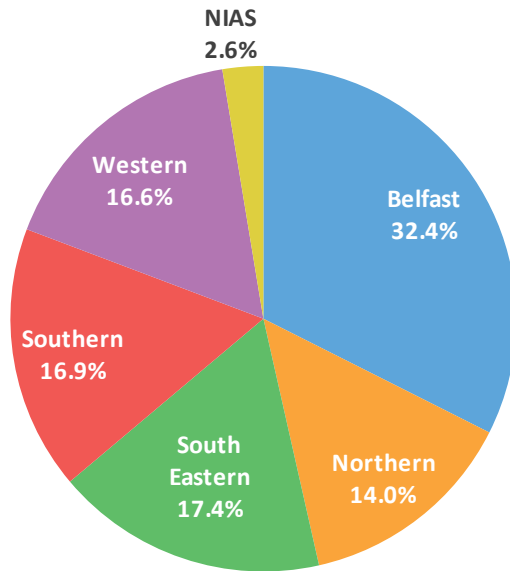
Complaint Issues Received by HSC Trusts

During the last five years, the highest number of complaint issues received by HSC Trusts was in 2014/15 (7,015) and the lowest in 2012/13 (5,998) (Table 1, Figure 2).

Almost a third (2,007, 32.4%) were received by the Belfast HSC Trust, 1,076 (17.4%) by the South Eastern HSC Trust, 1,046 (16.9%) by the Southern HSC Trust, 1,030 (16.6%) by the Western HSC Trust, 869 (14.0%) by the Northern HSC Trust and 161 (2.6%) by the NIAS (Tables 1 & 2, Figure 1).

3.2%
Increase in
complaint issues
received since
2012/13

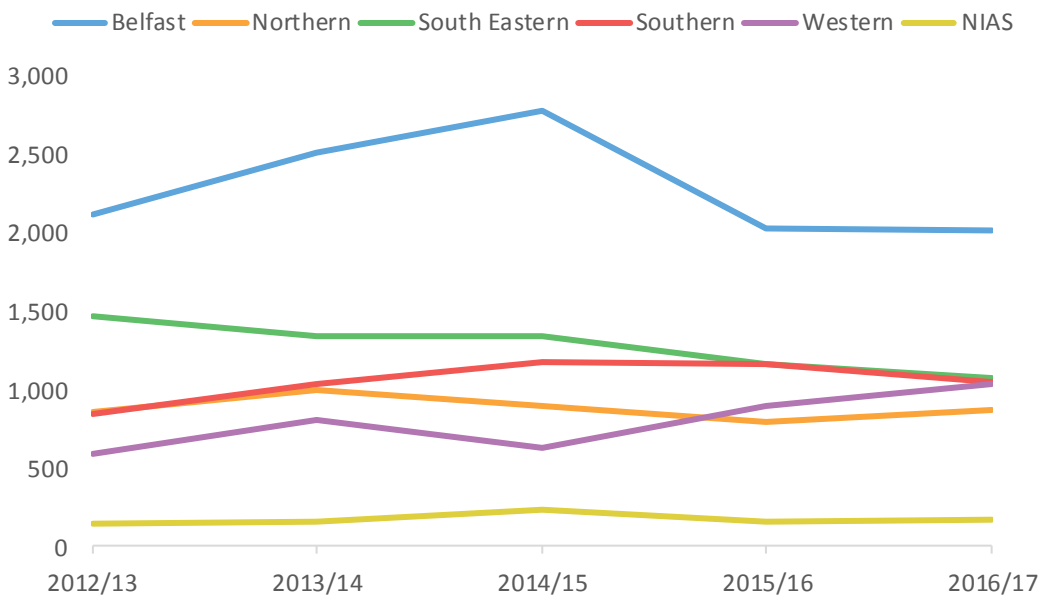
Figure 1: Complaint Issues Received by HSC Trusts (2016/17)



Complaint issues received by the Western HSC Trust almost doubled since 2012/13

Since 2012/13, the number of complaint issues received increased in four of the six HSC Trusts, with the Western HSC Trust reporting the most notable increase (439, 74.3%), from 591 to 1,030 in 2016/17. The South Eastern HSC Trust reported the most notable decrease during this period (383, 26.3%), from 1,459 to 1,076 (Table 1, Figure 2).

Figure 2: Complaint Issues Received by HSC Trusts (2012/13 - 2016/17)



Complaint Issues Received by Programme of Care (POC)¹

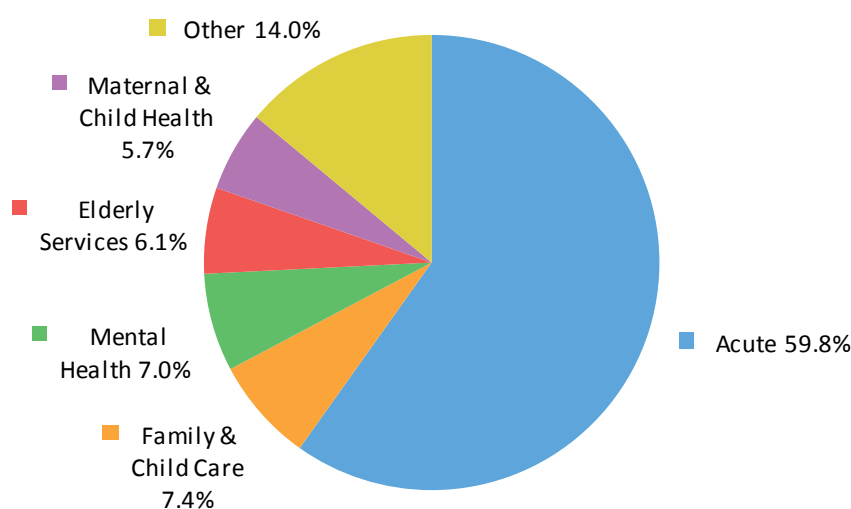
Each complaint issue received is recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

During 2016/17, 6,189 complaint issues were received by the HSC Trusts, of which, three fifths (3,703, 59.8%) related to the Acute POC (Table 2)

Five POC's accounted for over four fifths (5,325, 86.0%) of all complaint issues received during 2016/17; the Acute POC (3,703, 59.8%), Family & Child Care POC (459, 7.4%), Mental Health POC (431, 7.0%), Elderly Services POC (378, 6.1%) and Maternal & Child Health POC (354, 5.7%) (Table 2 & Fig 3).

Since 2012/13, the number of complaint issues received by HSC Trusts relating to the Mental Health POC increased by 116 (36.8%), from 315 to 431 (Table 3).

Figure 3: POC's Receiving the Largest Number of Complaint Issues (2016/17)²



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

² The 'Other' category includes all complaint issues not included within the five named POC's above.

**60% of
complaint issues
received during
2016/17 related
to the Acute POC**

Complaint Issues Received by POC and HSC Trust

There is variation across HSC Trusts in the distribution of complaint issues across POC's. During 2016/17:

- Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (1,623, 43.8%) (Table 2).
- South Eastern HSC Trust reported the highest number of complaint issues relating to the Primary Health & Adult Community POC (72, 43.1%) and Prison Healthcare 46 (100%) of which it is the sole provider in Northern Ireland (Table 2).
- Southern HSC Trust reported the highest number of complaint issues relating to the Family & Child Care POC (145, 31.6%), Mental Health POC (133, 30.9%), Elderly Services POC (93, 24.6%), Learning Disability POC (46, 34.3%) and Sensory Impairment & Physical Disability POC (22, 36.1%) (Table 2).
- Western HSC Trust reported the highest number of complaint issues relating to the Maternal & Child Health POC (126, 35.6%) (Table 2).

27%
of complaint
issues received in
the Southern HSC
Trust related to
the Mental Health
or Family & Child
Care POC's

Performance against the Complaint Issues Target

The 2016/17 Departmental target on complaint issues received by HSC Trusts in Northern Ireland states that:

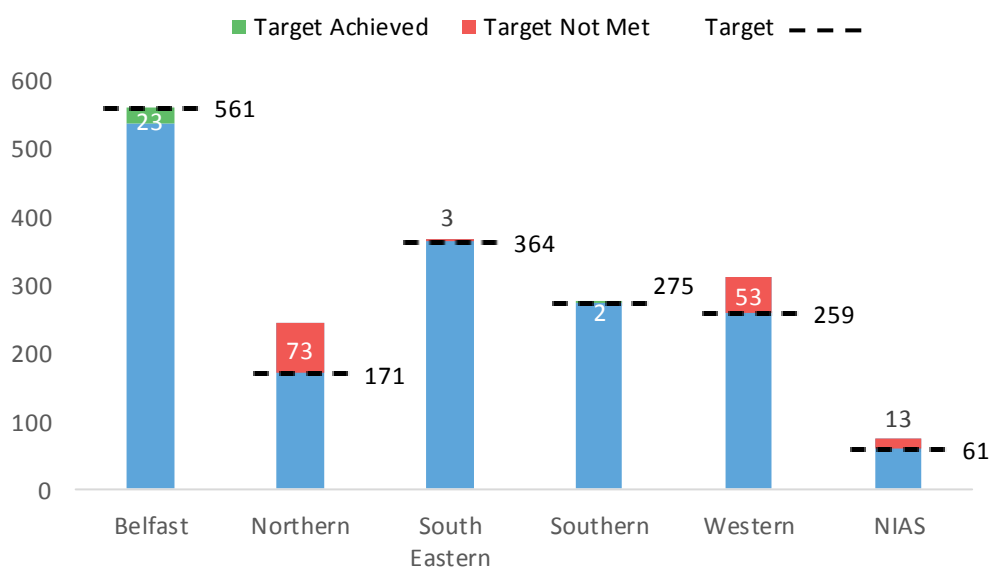
'By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared with 2015/16.'

Both the Belfast and Southern HSC Trusts achieved the target on staff attitude / behaviour and communication / information.

Since 2015/16, complaint issues relating to staff attitude / behaviour and communication / information decreased by 53 (9.0%) in the Belfast HSC Trust, 23 fewer than the target, and decreased by 16 (5.5%) in the Southern HSC Trust, 2 fewer than the target (Table 4, Figure 4).

The number of complaint issues relating to staff attitude / behaviour and communication / information exceeded the target by 73 in Northern HSC Trust, 53 in the Western HSC Trust, 13 in the NIAS and 3 in the South Eastern Trust (Table 4, Figure 4).

Figure 4: Complaint Issues Received Relating to Staff Attitude / Behaviour & Communication / Information (2016/17)



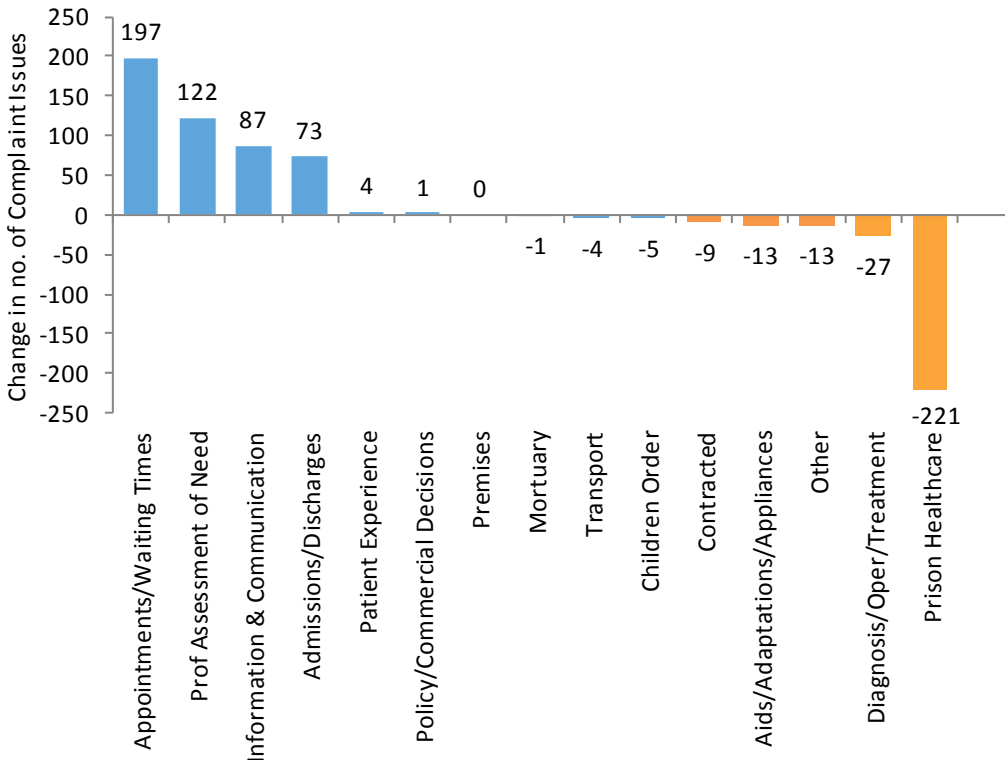
Complaint Issues Received by Category

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

During 2016/17, HSC Trusts reported that the highest number of complaint issues related to ‘Diagnosis/Operation/Treatment’ (1,775, 28.7%), ‘Patient Experience’ (1,080, 17.5%), ‘Information & Communication’ (1,007, 16.3%) and ‘Appointments/Waiting Times’ (896, 14.5%) (Table 6, Figure 6).

Between 2012/13 and 2016/17, the ‘Appointments/Waiting Times’ category reported the highest increase (197, 28.2%) in the number of complaint issues received, from 699 to 896 (Figure 5, Table 6).

Figure 5: Change in the Number of Complaint Issues Received, by Category of Complaint (2012/13 - 2016/17)



Complaint issues relating to Professional Assessment of Need almost doubled since 2012/13

30% of complaint issues received during each of the last five years related to **Diagnosis/Operation / Treatment**

³ A complete list of complaint issue subjects is detailed in Appendix 2, whilst an analysis of complaint issues by subject can be found in Table 5.

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

Complaint Issues Received by Category and HSC Trust

During 2016/17:

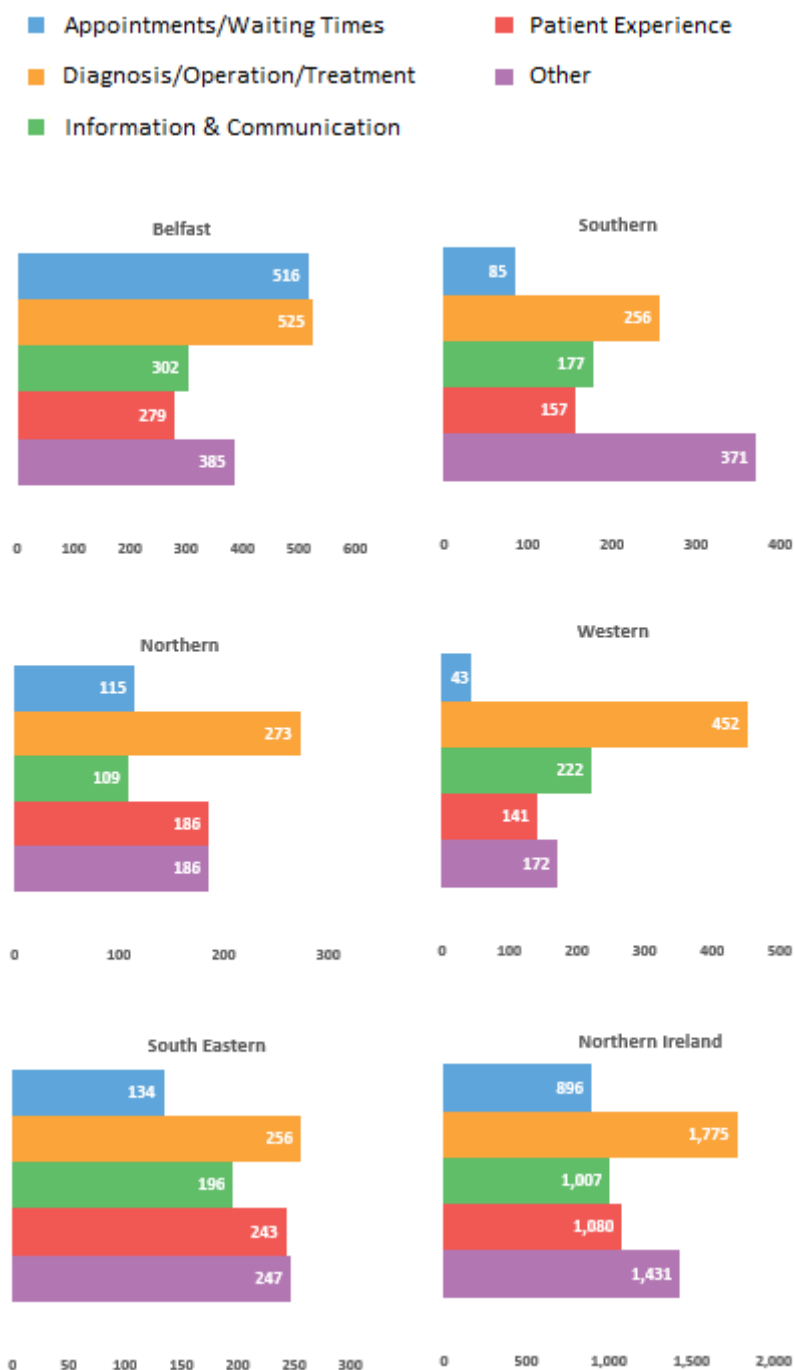
- In the Belfast HSC Trust, over a quarter (516, 25.7%) of complaint issues related to the 'Appointments/Waiting Times' category (Figure 6, Table 7).
- In the Northern HSC Trust, almost a third (273, 31.4%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category (Figure 6, Table 7).
- Over a fifth (243, 22.6%) of complaint issues received by the South Eastern HSC Trust related to 'Patient Experience' (Figure 6, Table 7).
- In the Southern HSC Trust, almost a quarter (256, 24.5%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category. It is also worth noting that 178 (17.0%) complaint issues related to the 'Professional Assessment of Need' category (Figure 6, Table 7).
- Over two fifths (452, 43.9%) of complaint issues received by the Western HSC Trust related to 'Diagnosis/Operation/Treatment' (Figure 6, Table 7).

23%

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

Figure 6 below presents a summary of the four largest categories, accounting for over three quarters (4,758, 76.9%), of complaint issues received during 2016/17 for each HSC Trust. In the charts below complaint issues not in the four largest categories are referred to as 'Other'.

Figure 6: Main Category of Complaint Issues Received by HSC Trusts (2016/17)⁵



44%
of complaint issues received by the Western HSC Trust related to Diagnosis/Operation /Treatment

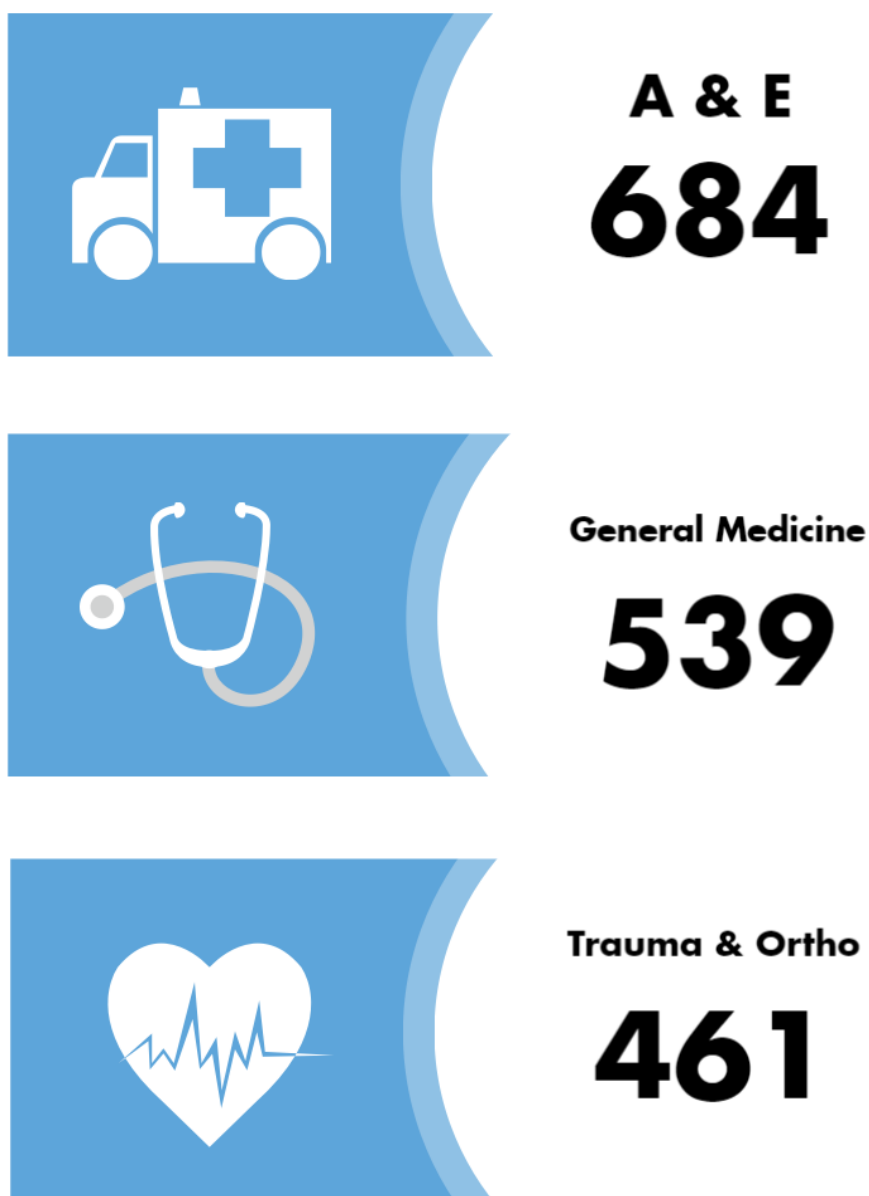
⁵ Information for Northern Ireland includes complaint issues received by all HSC Trusts including the NIAS.

Complaint Issues Received by Specialty

During 2016/17, HSC Trusts reported that the highest number of complaint issues received related to the 'Accident & Emergency' (684, 11.1%), 'General Medicine' (539, 8.7%) and 'Trauma & Orthopaedics' (461, 7.4%) specialties (Table 8).

These three specialties accounted for over a quarter (1,684, 27.2%) of all complaint issues received during this time (Table 8).

Figure 7: Top 3 Complaint Issues Received by Specialty



SECTION 2

COMPLAINTS RECEIVED BY HSC TRUSTS

During 2016/17, HSC Trusts received 4,603 complaints relating to 6,187 complaint issues. Section 2 presents a summary of information relating to these 4,603 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 5.

Age and Gender of Patient / Client

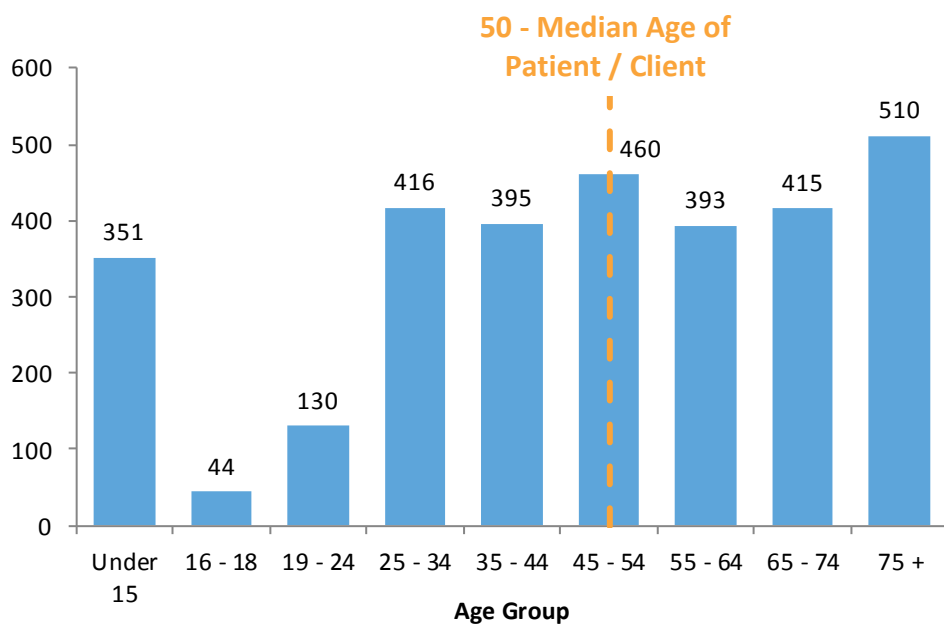
During 2016/17, the age of the patient / client was recorded in 3,114 (67.7%) of the complaints received by HSC Trusts.

For those complaints where the age of the patient / client was recorded, 510 (16.4%) related to patients / clients aged 75 & over, whilst 351 (11.3%) were for those aged 15 & under (Figure 8).

Of the complaints received by HSC Trusts during 2016/17, the median age of the patient / client was 50.0 years (Figure 8).

50 years
the median age of
patient / client
complaints
received in
2016/17

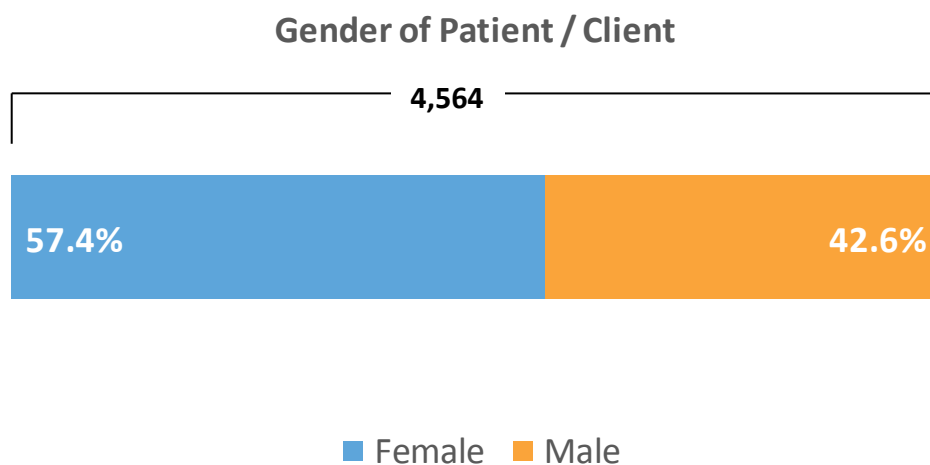
Figure 8: Complaints Received by Age Group of Patient / Client (2016/17)



During 2016/17, the gender of the patient / client was recorded in 4,564 (99.2%) of the complaints received by HSC Trusts (Figure 9).

Of those complaints where the gender of the patient / client was recorded, 2,622 (57.4%) were for females and 1,942 (42.6%) for males (Figure 9).

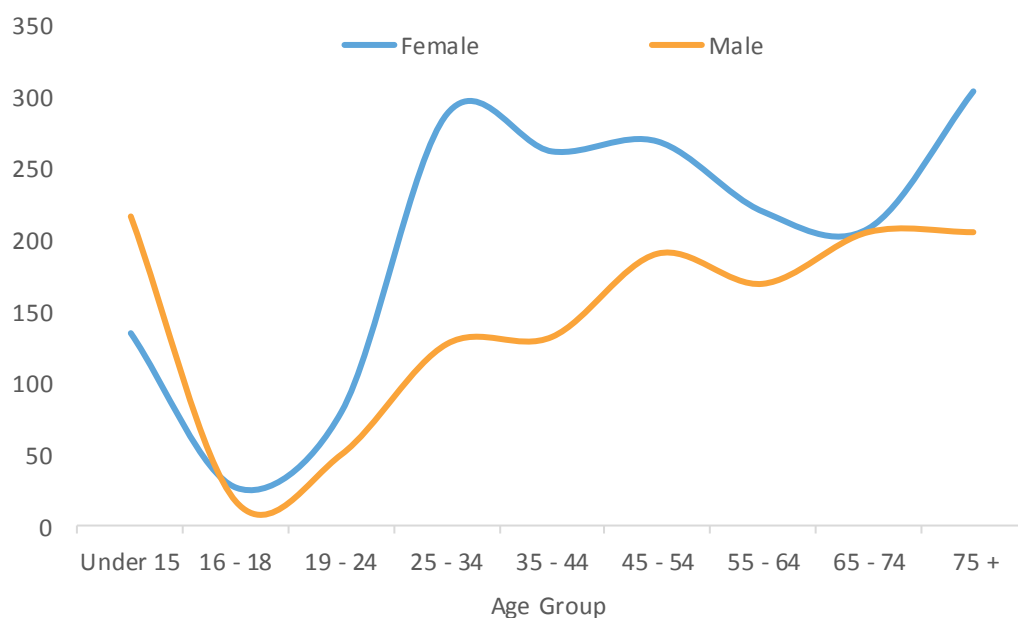
Figure 9: Gender of Patient / Client (2016/17)



The age and sex of the patient / client was recorded in 3,104 (67.4%) of the 4,603 complaints received by HSC Trusts during 2016/17. Of the 3,104 complaints where the age and gender of the patient / client was recorded, 1,793 (57.8%) were for females and 1,311 (42.2%) were males (Table 9, Figure 10).

More complaints were received relating to females than males in all age groups with the exception of those aged '15 & Under' (Table 9, Figure 10).

Figure 10: Complaints Received by Age Group and Gender of Patient / Client (2016/17)



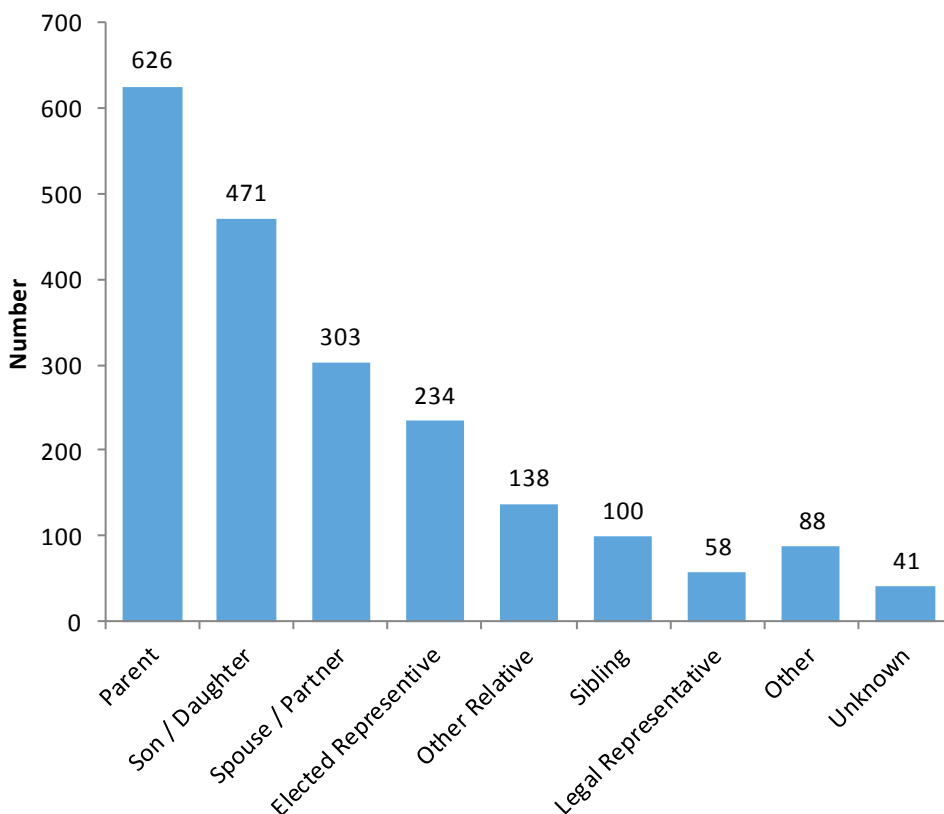
Relationship of Complainant to Patient / Client

Over half (2,544, 55.3%) of all complaints received in 2016/17 were from the patient / client, with the remaining 2,059 (44.7%) from persons acting on behalf of the patient / client.

Of the 2,059 complaints received from persons acting on behalf of the patient / client, almost a third (626, 30.4%) were from the parents of the patient / client, 471 (22.9%) from the son / daughter, 303 (14.7%) from a spouse / partner and 234 (11.4%) from an elected representative (Figure 11).

55%
of complaints
received in
2016/17, were
from the patients /
clients themselves

Figure 11: Complaints Received by Relationship of Complainant (2016/17)

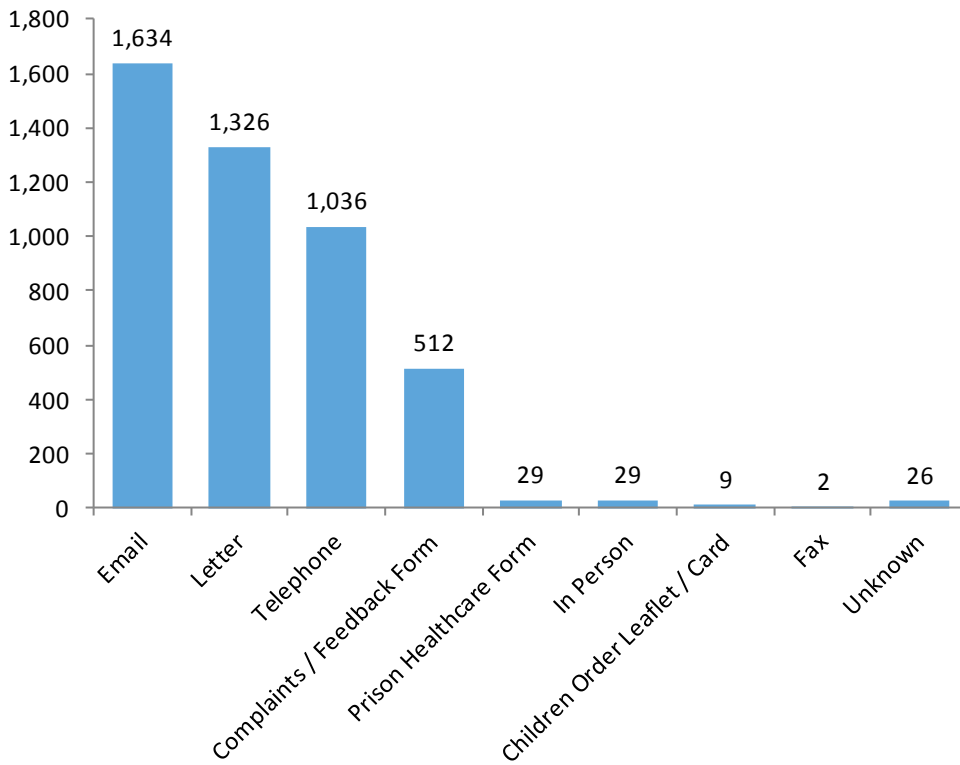


Method of Complaint

During 2016/17, over a third (1,634, 35.5%) of complaints received were sent by email, 1,326 (28.8%) by letter and 1,036 (22.5%) by telephone. These three methods accounted for over four fifths (86.8%, 3,996) of all complaints received during the year (Figure 12).

35%
of complaints
received were sent
by email in
2016/17

Figure 12: Complaints Received by Method of Complaint (2016/17)



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.

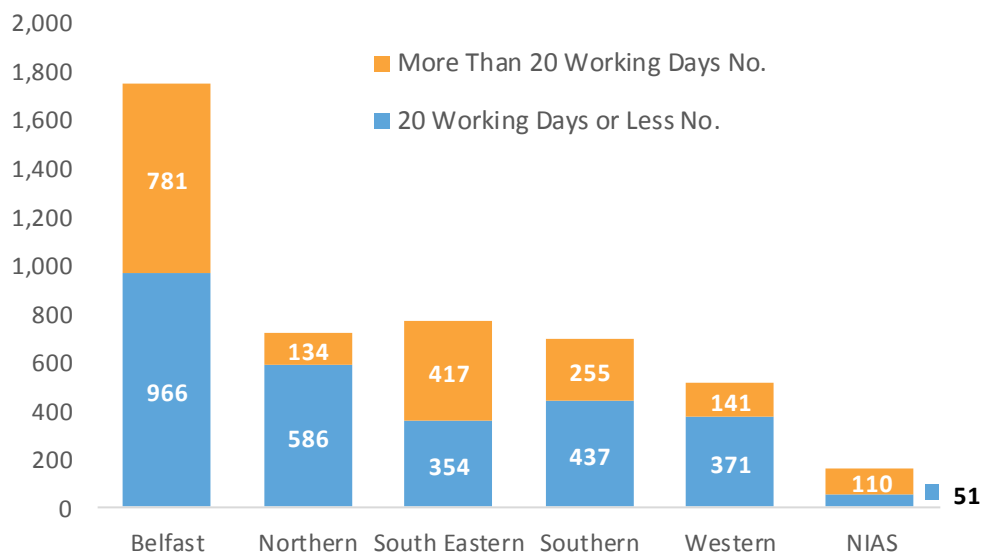
The HSC Complaints Policy requires HSC Trusts to provide a substantive response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response explaining the reason for the delay is sent to the complainant. **All holding responses are issued in 20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

During 2016/17, three fifths (2,765, 60.1%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 10, Figure 13).

The Northern HSC Trust provided the highest proportion of substantive responses within 20 working days (586, 81.4%) during 2016/17, whilst the NIAS provided the lowest (51, 31.7%) (Table 10, Figure 13).

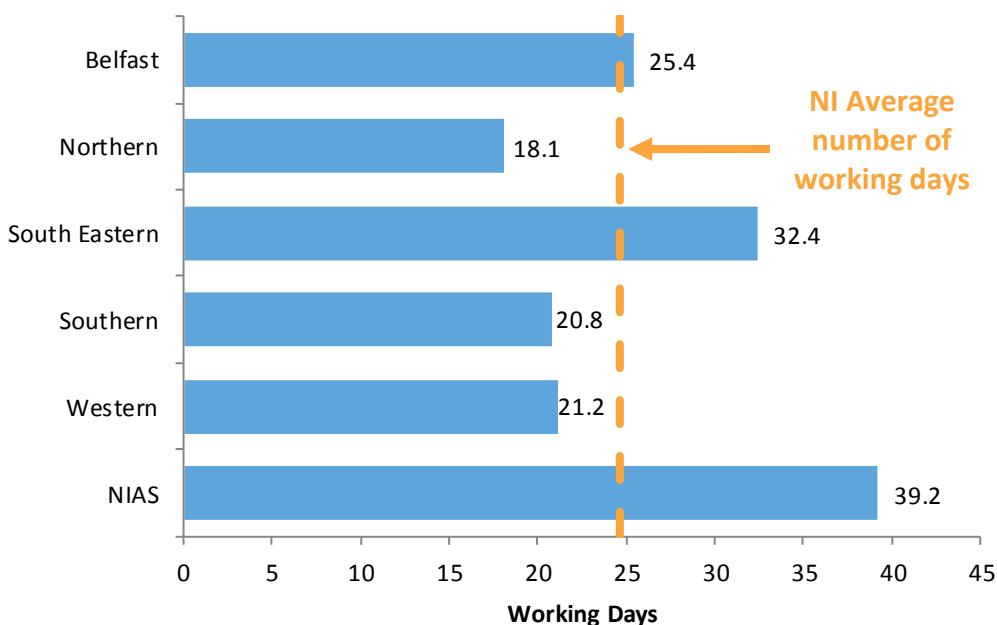
60%
**of complaints
received a
substantive
response within 20
working days**

Figure 13: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trusts (2016/17)



On average HSC Trusts took 24.7 working days to provide a substantive response to a complaint received in 2016/17 (Table 10, Figure 14)

Figure 14: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2016/17)⁶



On average substantive responses were provided within 25 working days

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

SECTION 4

FAMILY PRACTITIONER SERVICE (FPS)

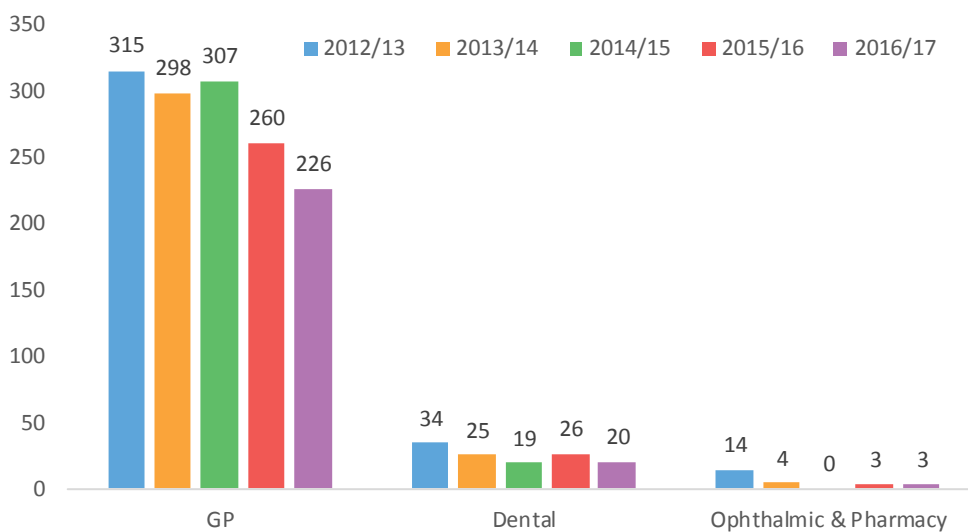
Information in this section refers to complaints received by the HSCB⁷ regarding FPS practices in Northern Ireland.

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

Since 2012/13, the number of complaints made against FPS practices in Northern Ireland has decreased year on year, from 363 to 249 in 2016/17, a reduction of 31.4% (114) (Table 11, Figure 15).

83%
of FPS complaints
were handled
under Local
Resolution

Figure 15: FPS Complaints Handled (2012/13 - 2016/17)



⁷ Refer to Appendix 4 for further details.

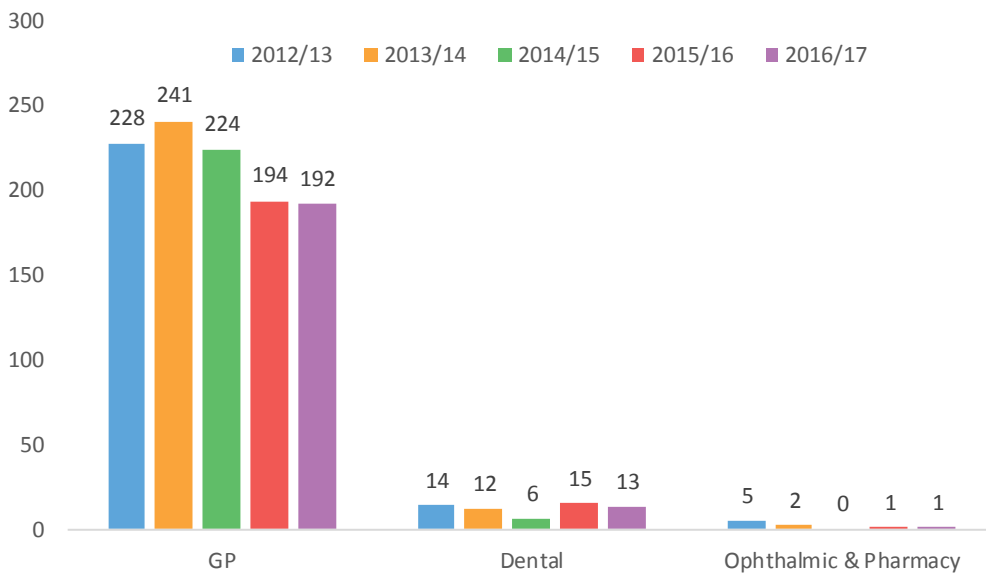
Local resolution

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.

Of the 249 complaints received by the HSCB regarding FPS practices in 2016/17, 206 (82.7%) were handled under Local Resolution and 43 (17.3%) were the HSCB acted as an Honest Broker (Tables 12 – 15, Figures 16 & 18).

Despite a slight increase between 2012/13 and 2013/14, the number of complaints handled under local resolution has decreased year on year, from 255 in 2013/14 to 206 in 2016/17 (Table 12, Figure 16).

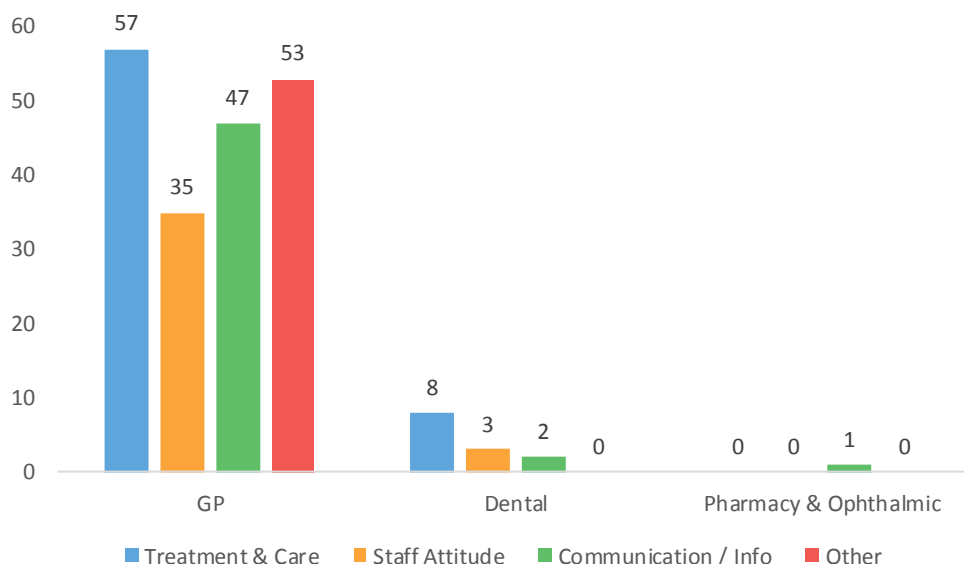
Table 16: FPS Complaints Handled Under Local Resolution, by Year and Practice Type (2012/13 - 2016/17)



93%
of complaints
handled under
local resolution in
2016/17 related to
GPs

During 2016/17, 'Treatment & Care' accounted for almost a third (65, 31.6%) of all complaints handled under local resolution (Table 13, Figure 17).

Figure 17: FPS Complaints Handled Under Local Resolution by Subject (2016/17)



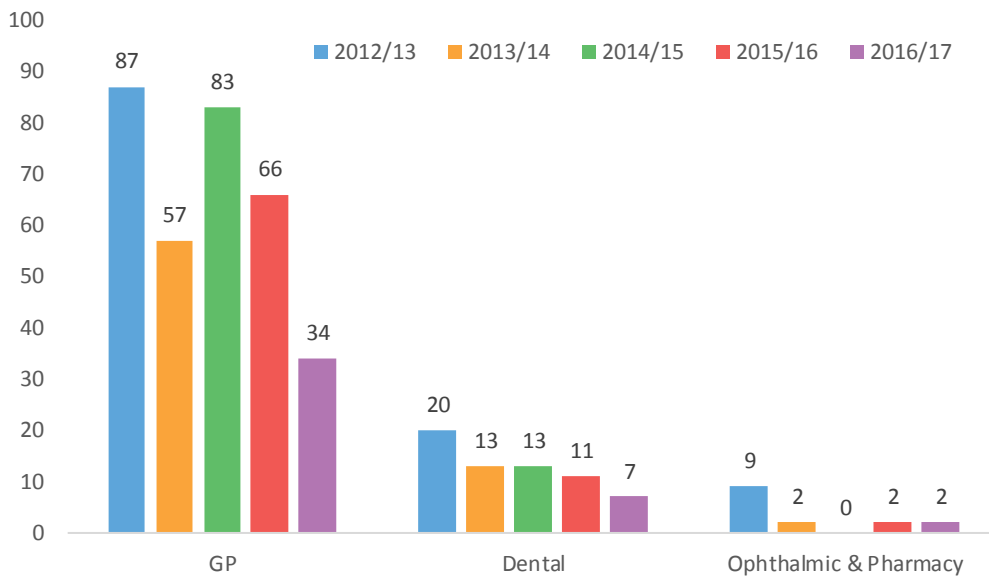
Honest Broker

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.

Since 2012/13, the number of complaints where the HSC Board acted as an honest broker decreased markedly, from 116 to 43 in 2016/17, a reduction of 62.9% (73) (Table 14, Figure 18).

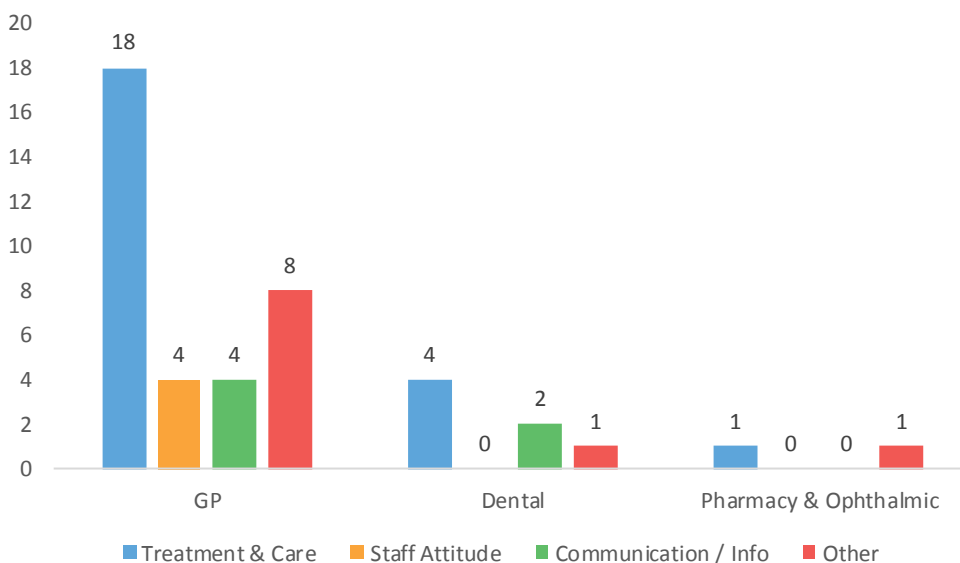
79%
of complaints
where the HSCB
acted as an
honest broker
related to GPs

Figure 18: FPS Complaints where the HSC Board Acted as an Honest Broker (2012/13 - 2016/17)



'Treatment & Care' accounted for over half (53.5%, 23), of all complaints in which the HSC Board acted as an honest broker during 2016/17 (Table 15, Figure 19).

Figure 19: FPS Complaints where the HSC Board Acted as an Honest Broker by Subject (2016/17)



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

ADDITIONAL TABLES

Table 1: Complaint Issues Received by HSC Trusts (2012/13 - 2016/17)

HSC Trust	2012/13	2013/14	2014/15	2015/16	2016/17
Belfast	2,113	2,514	2,772	2,019	2,007
Northern	856	997	890	786	869
South Eastern	1,459	1,343	1,332	1,161	1,076
Southern	839	1,032	1,166	1,163	1,046
Western	591	800	629	892	1,030
NIAS	140	150	226	160	161
Northern Ireland	5,998	6,836	7,015	6,181	6,189

Table 2: Complaint Issues Received by HSC Trusts, by POC (2016/17)⁸

Programme of Care	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Acute	1,623	449	555	520	556	0	3,703
Maternal & Child Health	44	73	59	52	126	0	354
Family & Child Care	45	73	105	145	91	0	459
Elderly Services	72	83	57	93	73	0	378
Mental Health	64	93	71	133	70	0	431
Learning Disability	19	23	22	46	24	0	134
Sens Impair & Phys Dis	1	19	12	22	7	0	61
Health Prom & Disease Prev	1	0	0	0	4	0	5
Prim Health & Adult Comm	2	18	72	33	42	0	167
Prison Healthcare			46				46
None (No POC assigned)	136	38	77	2	37	161	451
Total	2,007	869	1,076	1,046	1,030	161	6,189

⁸ 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 (2012/13 - 2016/17)⁹

Programme of Care	2012/13	2013/14	2014/15	2015/16	2016/17
Acute	3,575	4,135	4,189	3,666	3,703
Maternal & Child Health	316	291	399	272	354
Family & Child Care	361	492	495	496	459
Elderly Services	320	437	457	439	378
Mental Health	315	354	366	440	431
Learning Disability	132	218	160	166	134
Sens Imp & Phys Disability	89	118	114	77	61
Health Prom & Disease Prev	2	5	0	1	5
Prim Health & Adult Comm	222	178	214	194	167
Prison Healthcare			109	62	46
None (No POC assigned)	666	608	512	368	451
Total	5,998	6,836	7,015	6,181	6,189

Table 4: Complaint Issues Received Relating to Staff Attitude / Behaviour & Communication / Information (2015/16 - 2016/17)

HSC Trust	2015/16	Target	2016/17	Target Achieved
Belfast	591	561	538	Green
Northern	180	171	244	Red
South Eastern	383	364	367	Red
Southern	289	275	273	Green
Western	273	259	312	Red
NIAS	64	61	74	Red
Northern Ireland	1,780	1,691	1,808	Red

⁹ Prison Healthcare was previously included within 'None (No POC assigned)' but from 2014/15 this information is now recorded separately.

Table 5: Subject of Complaint Issues by Trust (2016/17)

Subject	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Access to Premises	19	4	22	25	0	0	70
Aids/Adaptations/Appliances	26	6	15	25	1	0	73
Children Order Complaints	0	0	1	3	4	0	8
Clinical Diagnosis	46	31	24	14	65	0	180
Communication/Information	285	85	153	155	198	0	876
Complaints Handling	0	0	4	3	1	0	8
Confidentiality	6	12	10	11	15	0	54
Consent to Treatment/Care	0	0	1	3	0	0	4
Contracted Regulated Domiciliary Services	1	7	2	4	0	0	14
Contracted Regulated Residential Nursing	3	10	9	5	0	0	27
Contracted Independent Hospital Services	2	0	14	0	0	0	16
Other Contracted Services	1	6	3	2	0	0	12
Delay/Cancellation for Inpatients	3	1	4	8	73	0	89
Delayed Admission from A&E	0	0	0	0	2	1	3
Discharge/Transfer Arrangements	29	17	15	39	23	1	124
Discrimination	7	2	5	2	2	0	18
Environmental	27	8	14	11	12	0	72
Hotel/Support/Security Services (Ex Contracted Services)	21	16	10	6	2	0	55
Infection Control	1	3	6	3	5	0	18
Mortuary & Post-Mortem	0	0	0	1	0	0	1
Policy/Commercial Decisions	4	62	24	32	3	0	125
Privacy/Dignity	3	12	8	6	21	0	50
Professional Assessment of Need	12	16	4	178	66	0	276
Property/Expenses/Finances	16	13	21	31	4	0	85
Records/Record Keeping	11	12	32	8	8	1	72
Staff Attitude/Behaviour	253	159	214	118	114	74	932
Transport, Late or Non-arrival/Journey Time	3	0	2	3	1	59	68
Transport, Suitability of Vehicle/Equipment	1	2	1	1	0	5	10
Quality of Treatment & Care	385	229	237	186	243	6	1,286
Quantity of Treatment & Care	91	12	21	45	71	7	247
Waiting List, Delay/Cancellation Community Based Apps	20	43	27	16	0	0	106
Waiting List, Delay/Cancellation Outpatient Appointments	437	30	87	34	9	0	597
Waiting List, Delay/Cancellation Planned Admission to Hosp	224	11	25	22	20	0	302
Waiting Times, A&E Departments	23	16	10	16	10	3	78
Waiting Times, Community Services	6	1	2	10	2	0	21
Waiting Times, Outpatient Departments	30	25	11	9	22	0	97
Other	11	18	38	11	33	4	115
Total Number of Complaint Issues	2,007	869	1,076	1,046	1,030	161	6,189

Table 6: Category of Complaint Issue by Trust (2012/13 - 2016/17)

Category of Complaint Issue	2012/13		2013/14		2014/15		2015/16		2016/17	
	No.	%	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	356	5.9%	433	6.3%	565	8.1%	442	7.2%	429	6.9%
Aids/Adaptations/Appliances	85	1.4%	76	1.1%	71	1.0%	83	1.3%	72	1.2%
Appointments/Waiting Times	699	11.7%	844	12.3%	945	13.5%	785	12.7%	896	14.5%
Children Order	13	0.2%	43	0.6%	0	0.0%	4	0.1%	8	0.1%
Contracted Services	78	1.3%	118	1.7%	103	1.5%	59	1.0%	69	1.1%
Diagnosis/Oper/Treatment	1,802	30.0%	1,971	28.8%	2,054	29.3%	1,905	30.8%	1,775	28.7%
Information & Communication	920	15.3%	1,074	15.7%	1,035	14.8%	939	15.2%	1,007	16.3%
Mortuary	2	0.0%	0	0.0%	3	0.0%	1	0.0%	1	0.0%
Patient Experience	1076	17.9%	1,267	18.5%	1,241	17.7%	1,108	17.9%	1,080	17.5%
Policy/Commercial Decisions	124	2.1%	188	2.8%	165	2.4%	127	2.1%	125	2.0%
Premises	214	3.6%	278	4.1%	233	3.3%	182	2.9%	214	3.5%
Prison Healthcare	267	4.5%	163	2.4%	106	1.5%	59	1.0%	46	0.7%
Prof Assessment of Need	153	2.6%	188	2.8%	249	3.5%	280	4.5%	275	4.4%
Transport	82	1.4%	84	1.2%	112	1.6%	91	1.5%	78	1.3%
Other	127	2.1%	109	1.6%	133	1.9%	116	1.9%	114	1.8%
Total	5,998	100.0%	6,836	100.0%	7,015	100.0%	6,181	100.0%	6,189	100.0%

Table 7: Category of Complaint Issue by Trust (2016/17)

Category of Complaint Issue	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Northern Ireland
Admissions/Discharges	253	28	40	61	45	2	429
Aids/Adaptations/Appliances	26	6	14	25	1	0	72
Appointments/Waiting Times	516	115	134	85	43	3	896
Children Order	0	0	1	3	4	0	8
Contracted Services	7	23	28	11	0	0	69
Diagnosis/Operation/Treatment	525	273	256	256	452	13	1,775
Information & Communication	302	109	196	177	222	1	1,007
Mortuary	0	0	0	1	0	0	1
Patient Experience	279	186	243	157	141	74	1,080
Policy/Commercial Decisions	4	62	24	32	3	0	125
Premises	68	31	51	45	19	0	214
Prison Healthcare	0	0	46	0	0	0	46
Professional Assessment of Need	12	16	3	178	66	0	275
Transport	4	2	3	4	1	64	78
Other	11	18	37	11	33	4	114
Total	2,007	869	1,076	1,046	1,030	161	6,189

Table 8: Specialty of Complaint Issues by Trust (2016/17)

Specialty	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Accident & Emergency	126	131	98	113	129	87	684
Allied Health Professions	73	23	57	14	24	0	191
Anaesthetics & Pain Management	27	4	10	13	3	0	57
Burns Plastic and Maxillofacial Surgery	2	0	31	0	2	0	35
Cardiology	42	1	19	9	5	0	76
Child & Adolescent Psychiatry	10	3	0	7	8	0	28
Children & Young Peoples Services	31	27	126	22	84	0	290
Community Nursing/Midwives	0	7	1	0	4	0	12
Community Paediatrics	26	6	1	6	3	0	42
Day Care Services	0	46	0	0	7	0	53
Dentistry	36	14	0	0	4	0	54
Dermatology	18	8	8	1	0	0	35
Domicillary Services	4	11	4	0	18	0	37
ENT	0	2	24	2	30	0	58
General Medicine	126	77	94	106	136	0	539
General Surgery	112	76	50	58	111	0	407
Genito-Urinary Medicine	15	0	0	0	0	0	15
Geriatric Medicine	26	35	17	0	20	0	98
Gynaecology	97	2	28	22	30	0	179
Joint Consultant Clinics	0	35	0	0	0	0	35
Learning Disability	14	23	9	25	18	0	89
Mental Health Acute	46	37	31	24	7	0	145
Mental Health Community	14	43	33	84	40	0	214
Neurology	71	0	14	0	11	0	96
NIAS - Emergency Ambulance Control	0	0	0	0	0	22	22
NIAS - Non-Emergency Ambulance Control	0	0	0	0	0	29	29
Obstetrics	49	48	59	53	52	0	261
Old Age Psychiatry	0	10	2	2	17	0	31
Oncology	18	7	7	12	5	0	49
Ophthalmology	96	0	6	3	15	0	120
Paediatrics	107	6	22	16	36	0	187
Physical Disability/ Sensory Support	1	8	10	21	3	0	43
Radiology	65	12	15	0	14	0	106
Residential Care	5	0	9	0	23	0	37
Trauma & Orthopaedics	342	2	16	27	74	0	461
Urology	52	0	13	21	24	0	110
Vascular	24	0	0	0	0	0	24
Other	330	165	262	385	73	14	1,229
Unknown	2	0	0	0	0	9	11
Total Number of Complaint Issues	2,007	869	1,076	1,046	1,030	161	6,189

Table 9: Complaints by Age Group and Gender of Patient / Client (2016/17)

Age Group	Female	Male	Total
Under 15	135	216	351
16 - 18	27	17	44
19 - 24	80	50	130
25 - 34	288	127	415
35 - 44	262	132	394
45 - 54	269	190	459
55 - 64	220	169	389
65 - 74	208	205	413
75 +	304	205	509
Total	1,793	1,311	3,104

Table 10: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2016/17)

HSC Trust	20 Working Days or Less		More Than 20 Working Days		Total No.	Mean No. of Working Days
	No.	%	No.	%		
Belfast	966	55.3%	781	44.7%	1,747	25.4
Northern	586	81.4%	134	18.6%	720	18.1
South Eastern	354	45.9%	417	54.1%	771	32.4
Southern	437	63.2%	255	36.8%	692	20.8
Western	371	72.5%	141	27.5%	512	21.2
NIAS	51	31.7%	110	68.3%	161	39.2
Northern Ireland	2,765	60.1%	1,838	39.9%	4,603	24.7

Table 11: FPS Complaints Handled (2012/13 - 2016/17)

FPS Complaints	2012/13	2013/14	2014/15	2015/16	2016/17
GP	315	298	307	260	226
Dental	34	25	19	26	20
Pharmacy	13	4	0	3	3
Ophthalmic	1	0	0	0	0
Total	363	327	326	289	249

Table 12: FPS Complaints Handled Under Local Resolution by Subject (2012/13 - 2016/17)

Local Resolution	2012/13	2013/14	2014/15	2015/16	2016/17
GP	228	241	224	194	192
Dental	14	12	6	15	13
Pharmacy	5	2	0	1	1
Ophthalmic	0	0	0	0	0
Total	247	255	230	210	206

Table 13: FPS Complaints Handled Under Local Resolution (2016/17)

Local Resolution	GP	Dental	Pharmacy & Ophthalmic	Total
Treatment & Care	57	8	0	65
Staff Attitude	35	3	0	38
Communication / Info	47	2	1	50
Other	53	0	0	53
Total	192	13	1	206

Table 14: FPS Complaints where the HSC Board Acted as an Honest Broker (2012/13 - 2016/17)

Honest Broker	2012/13	2013/14	2014/15	2015/16	2016/17
GP	87	57	83	66	34
Dental	20	13	13	11	7
Pharmacy	8	2	0	2	2
Ophthalmic	1	0	0	0	0
Total	116	72	96	79	43

Table 15: FPS Complaints where the HSC Board Acted as an Honest Broker, by Subject (2016/17)

Honest Broker	GP	Dental	Pharmacy & Ophthalmic	Total
Treatment & Care	18	4	1	23
Staff Attitude	4	0	0	4
Communication / Info	4	2	0	6
Other	8	1	1	10
Total	34	7	2	43

APPENDIX 1: 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 2: 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 3: 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 4: 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 5: 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 6: ADDITIONAL INFORMATION

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

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Stormont Estate

Belfast, BT4 3SQ

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