

INFORMATION
ANALYSIS
DIRECTORATE



Complaints Received by HSC Trusts, Board and Family Practitioner Services in Northern Ireland (2017/18)

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 (2017/18)

- 4,441 complaints, relating to 5,814 complaint issues, were received by HSC trusts in 2017/18 (Tables 1 & 9). This is equivalent to 85 complaints a week or 12 complaints per day.
- Over half (3,371, 58.0%) of complaint issues received during 2017/18 related to the Acute POC (Table 2, Figure 3).
- During 2017/18, over a quarter (1,733, 29.8%) of complaint issues raised were related to the 'Diagnosis/Operation/Treatment' category, whilst 737 (12.7%) concerned appointments/waiting times (Table 5).
- Of the 5,814 complaint issues received by HSC Trusts in 2017/18, 625 (10.7%) concerned the 'Accident & Emergency' specialty (Table 7).
- Of the 4,441 complaints received in 2017/18, the median age of the patient / client was 49.6 years (Figure 7).
- On average HSC Trusts took 26.7 working days to provide a substantive response to complaints received in 2017/18 (Table 9, Figure 13).

Last Five Years (2013/14 to 2017/18)

- More than a thousand (1,022) fewer complaint issues were received by HSC Trusts in 2017/18 compared to 2013/14, a reduction of 15.0% from 6,836 to 5,814. (Table 1, Figure 2).
- The number of complaint issues decreased in all six HSC Trusts; the Belfast HSC Trust reported the most notable decrease (19.4%), 2,514 in 2013/4 to 2,026 in 2017/18 (Table 1, Figure 2).
- Between 2013/14 and 2017/18, the largest reduction in number of complaint issues (764, 18.5%) was observed in the Acute POC, from 4,135 to 3,371. However, complaint issues relating to the Maternal and Child Health POC increased by 70 (24.1%), from 291 to 361 (Table 3).
- Over the last five years, complaints made against FPS practices (GPs/Dentists/Pharmacists/Optometrists) in Northern Ireland have fallen by 26.6% (87), from 327 in 2013/14 to 240 in 2017/18 (Table 10, Figure 14).

SECTION 1

COMPLAINT ISSUES RECEIVED BY HSC TRUSTS

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

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

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

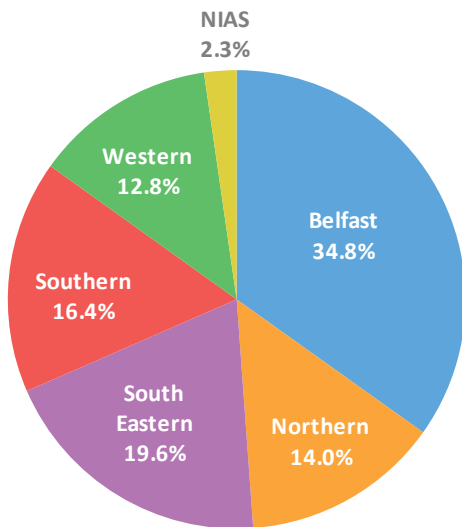
Complaint Issues Received by HSC Trusts

During 2017/18, HSC Trusts received 4,441 complaints relating to 5,814 complaint issues (Tables 1 & 9).

Of the 5,814 complaint issues, over a third (2,026, 34.8%) were received by the Belfast HSC Trust, 1,140 (19.6%) by the South Eastern HSC Trust, 955 (16.4%) by the Southern HSC Trust, 814 (14.0%) by the Northern HSC Trust, 746 (12.8%) by the Western HSC Trust and 133 (2.3%) by the Northern Ireland Ambulance Service (NIAS) (Tables 1 & 2, Figure 1).

In 2017/18 more than a third of all complaint issues were received by the Belfast HSC Trust

Figure 1: Complaint Issues Received by HSC Trusts (2017/18)

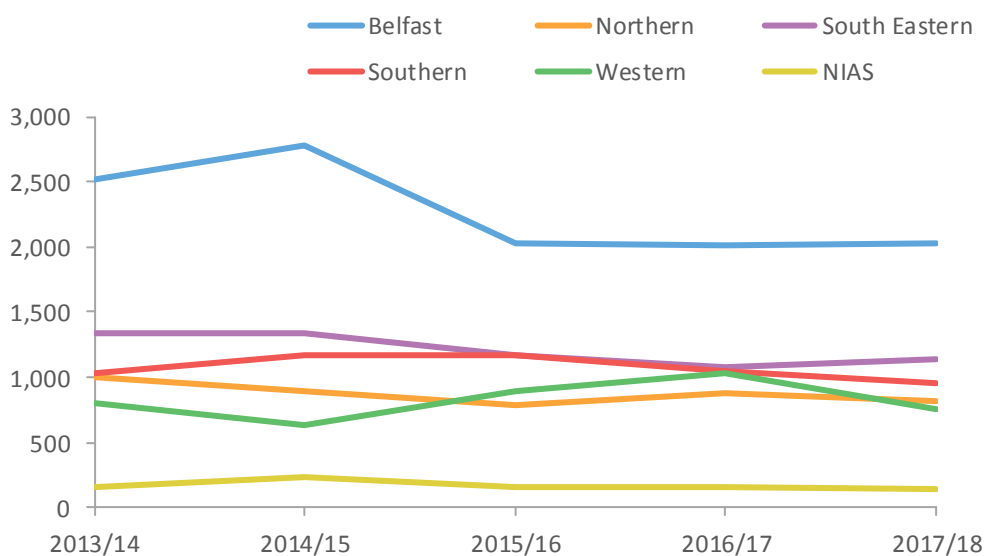


Since 2013/14,
complaint issues
have fallen by
15%

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

Since 2013/14, the number of complaint issues received decreased in all six HSC Trusts, with Belfast HSC Trust reporting the most notable decrease (488, 19.4%), from 2,514 to 2,026 in 2017/18 (Table 1, Figure 2).

Figure 2: Complaint Issues Received by HSC Trusts (2013/14 - 2017/18)



Complaint Issues Received by Programme of Care (POC)¹

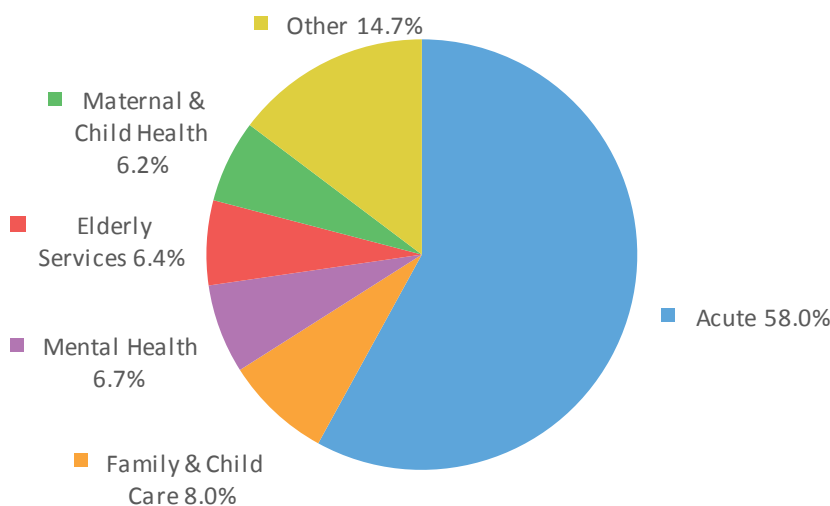
Each complaint issue received is recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

Of the 5,814 complaint issues received by HSC Trusts in 2017/18, more than half (3,371, 58.0%) related to the Acute POC (Table 2)

Five POCs accounted for over four fifths (4,958, 85.3%) of all complaint issues received during 2017/18; the Acute POC (3,371, 58.0%), Family & Child Care POC (466, 8.0%), Mental Health POC (390, 6.7%), Elderly Services POC (370, 6.4%) and Maternal & Child Health POC (361, 6.2%) (Table 2 & Fig 3).

Since 2013/14, the number of complaint issues received by HSC Trusts relating to the Maternal & Child Health POC increased by 24.1% (70), from 291 to 361 (Table 3).

Figure 3: POC's Receiving the Largest Number of Complaint Issues (2017/18)²



58% of complaint issues received during 2017/18 related to the Acute POC

¹ Refer to Appendix 2: 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.

Complaint Issues Received by POC and HSC Trust

There is variation across HSC Trusts in the distribution of complaint issues across POC's. During 2017/18:

- Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (1,490, 44.2%), Mental Health POC (106, 27.2%), Elderly Services POC (98, 26.5%) and the Learning Disability POC (30, 25.2%) (Table 2).
- South Eastern HSC Trust reported the highest number of complaint issues relating to the Primary Health & Adult Community POC (105, 55.3%). The South Eastern HSC Trust, the sole provider of Prison Healthcare in Northern Ireland, reported 51 complaint issues in relation to this POC (Table 2).
- Southern HSC Trust reported the highest number of complaint issues relating to the Family & Child Care POC (142, 30.5%) and the Sensory Impairment & Physical Disability POC (24, 32.9%) (Table 2).
- The Western and Southern HSC Trusts reported the highest number of complaint issues relating to the Maternal & Child Health POC (82 each), accounting for 45.4% of complaint issues within this POC (Table 2).

74%
of complaint issues
received in the
Belfast HSC Trust
related to the
Acute POC

Complaint Issues Received by Category

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

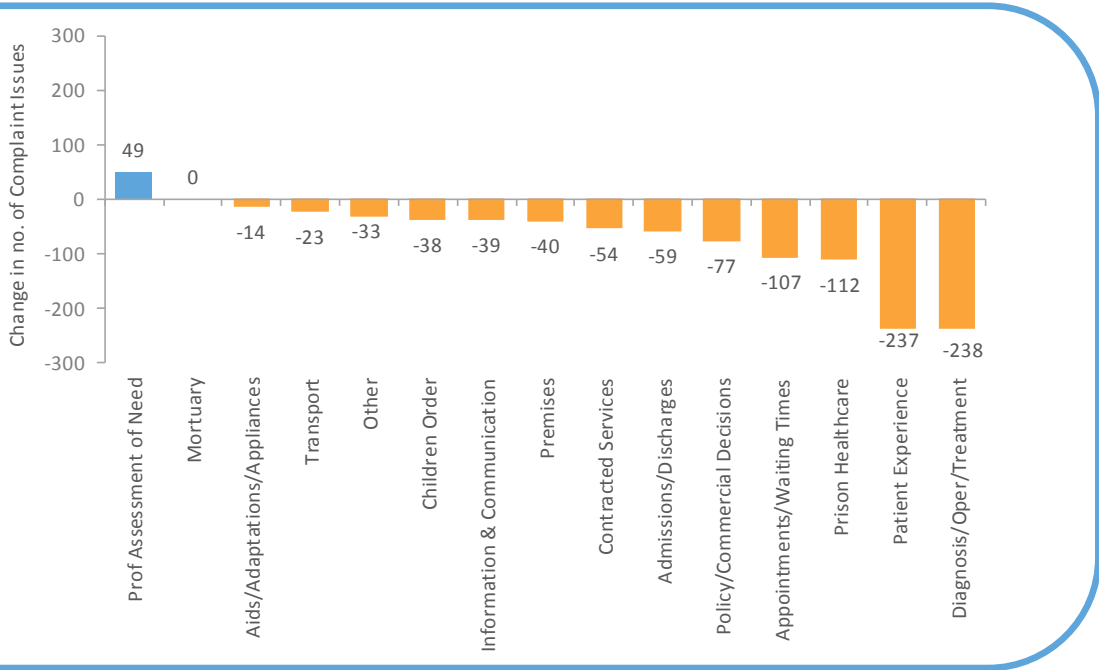
During 2017/18, HSC Trusts reported that the highest number of complaint issues related to ‘Diagnosis/Operation/Treatment’ (1,773, 29.8%), ‘Information & Communication’ (1,035, 17.8%), ‘Patient Experience’ (1,030, 17.7%) and ‘Appointments/Waiting Times’ (737, 12.7%) (Table 5, Figure 5).

Between 2013/14 and 2017/18, ‘Professional Assessment of Need’ was the only category that saw a rise in the number of complaint issues received, increasing by 26.1% (49) from 188 to 237 (Figure 4, Table 5).

The ‘Diagnosis/Operation/Treatment’ and ‘Patient Experience’ categories reported the largest decrease in number of complaint issues received, 238 (12.1%) and 237 (18.7%), respectively (Figure 4, Table 5).

Since 2012/13, there has been a **46%** reduction in complaint issues received in relation to Contracted Services

Figure 4: Change in the Number of Complaint Issues Received, by Category of Complaint (2013/14 - 2017/18)



³ A complete list of complaint issue subjects is detailed in Appendix 3, whilst an analysis of complaint issues by subject can be found in Table 5.
⁴ A list of complaint issue subjects grouped by general category is detailed in Appendix 4.

Complaint Issues Received by Category and HSC Trust

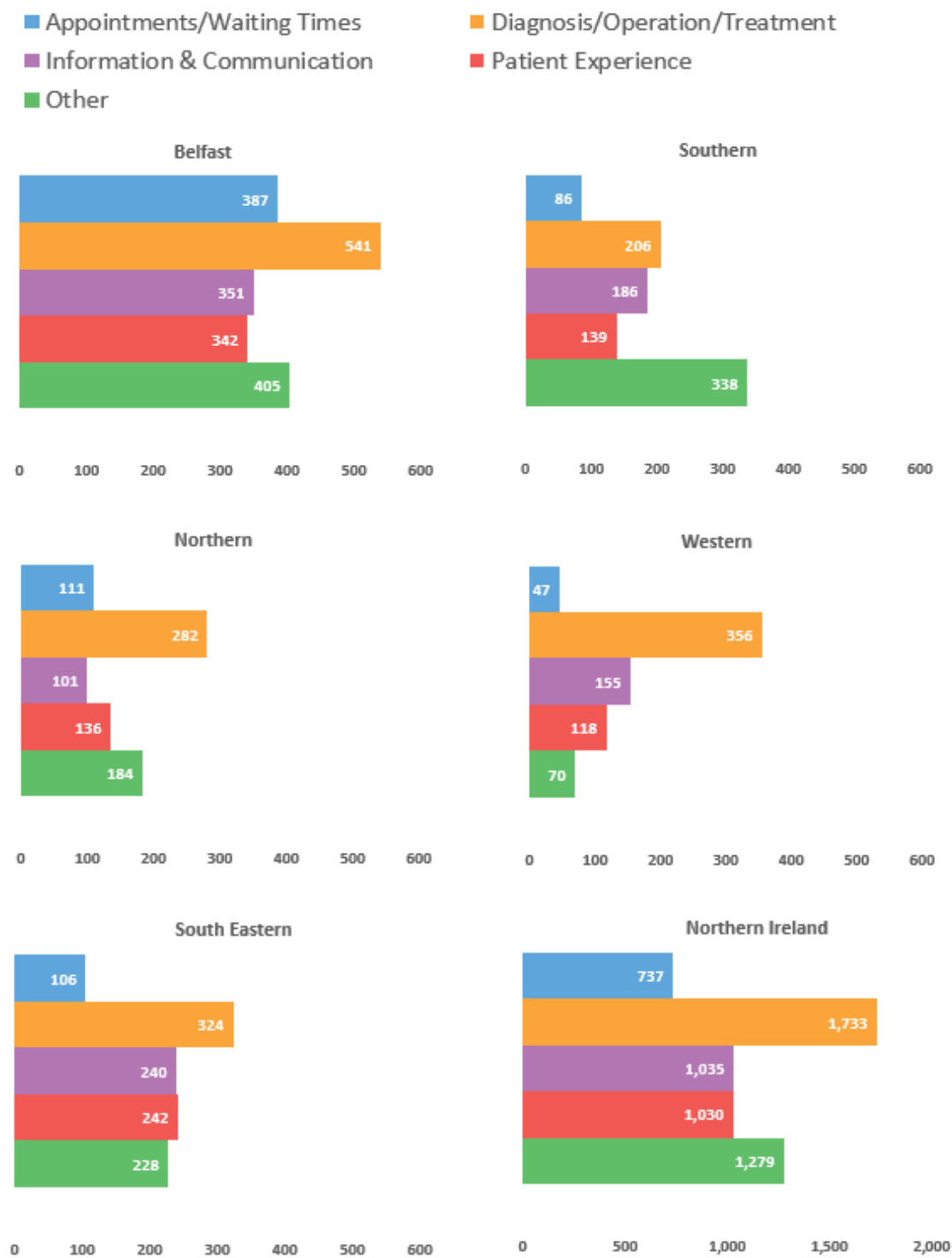
During 2017/18:

- In the Belfast HSC Trust, over a quarter (541, 26.7%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category. The second largest category of complaint issues related to 'Appointments/Waiting Times' (387, 19.1%) and the third was 'Information & Communication' (351, 17.3%) (Figure 5, Table 6).
- In the Northern HSC Trust, the largest category of complaint issues related to 'Diagnosis/Operation/Treatment' (282, 34.6%). The next two largest categories were 'Patient Experience' (136, 16.7%) and 'Appointments/Waiting Times' (111, 13.6%) (Figure 5, Table 6).
- The 'Diagnosis/Operation/Treatment' category received the largest number (324, 28.4%) of complaints in the South Eastern HSC Trust. Approximately a fifth (242, 21.2%) of complaint issues received by the South Eastern HSC Trust related to 'Patient Experience', a similar proportion (240, 21.1%) related to 'Information & Communication' (Figure 5, Table 6).
- In the Southern HSC Trust, the largest number (206, 21.6%) of complaint issues were related to the 'Diagnosis/Operation/Treatment' category and almost a fifth (186, 19.5%) were related to the 'Information & Communication' category. It is also worth noting that 175 (18.3%) complaint issues related to the 'Professional Assessment of Need' category, the third largest category of complaint issues in this HSC Trust (Figure 5, Table 6).
- Almost half (356, 47.7%) of complaint issues received by the Western HSC Trust related to 'Diagnosis/Operation/Treatment'. The second and third largest categories of complaint issues were 'Information & Communication' (155, 20.8%) and 'Patient Experience' (118, 15.8%) (Figure 5, Table 6).
- Almost two fifths (53, 39.8%) of complaint issues received by NIAS related to 'Patient Experience', over a third (46, 34.6%) concerned 'Transport' issues with the third largest category being 'Diagnosis/Operation/Treatment' (24, 18.0%) (Table 6).

Figure 5 below presents a summary of the four largest categories, accounting for 78% (4,535) of complaint issues received during 2017/18 for each HSC Trust. In the charts below complaint issues not in the four largest categories are referred to as 'Other'.

Most complaint issues related to Diagnosis/Operation/Treatment in all Trusts

Figure 5: Main Category of Complaint Issues Received by HSC Trusts (2017/18)⁵



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

Complaint Issues Received by Specialty

During 2017/18, HSC Trusts reported that the highest number of complaint issues received related to the 'Accident & Emergency' (625, 10.7%), 'General Medicine' (412, 7.1%) and 'Trauma & Orthopaedics' (410, 7.1%) specialties (Table 7).

These three specialties accounted for a quarter (1,447, 24.9%) of all complaint issues received during this time (Table 7).

Figure 6: Top 3 Complaint Issues Received by Specialty



A & E
625



General Medicine
412



Trauma & Ortho
410

SECTION 2

COMPLAINTS RECEIVED BY HSC TRUSTS

During 2017/18, HSC Trusts received 4,441 complaints relating to 5,814 complaint issues. Section 2 presents a summary of information relating to these 4,441 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 5.

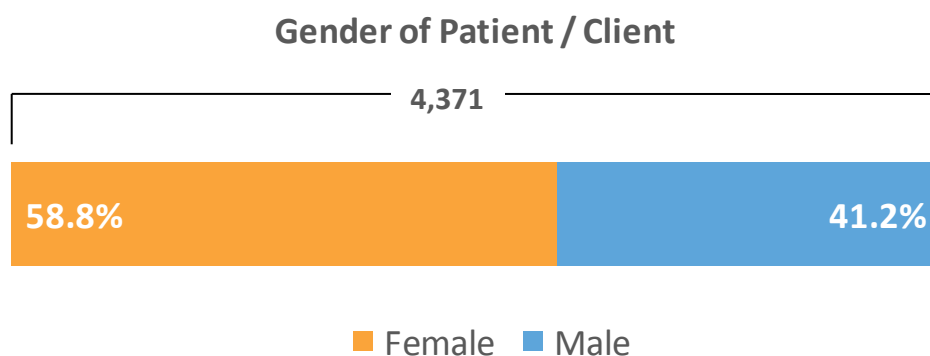
Age and Gender of Patient / Client

During 2017/18, the gender of the patient / client was recorded in 4,371 (98.4%) of the complaints received by HSC Trusts (Figure 7).

Of those complaints where the gender of the patient / client was recorded, 2,571 (58.8%) were for females and 1,800 (41.2%) for males (Figure 7).

49.6 years
the median age
of patient / client
complaints received
in 2017/18

Figure 7: Gender of Patient / Client (2017/18)

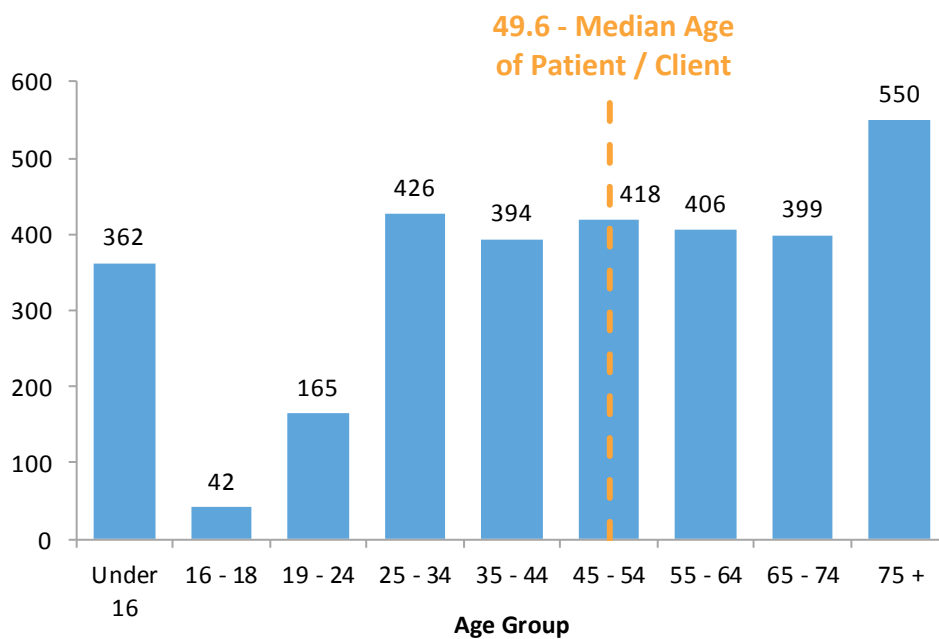


During 2017/18, both the age and gender of the patient / client was recorded in 3,162 (71.2%) of the complaints received by HSC Trusts.

For those complaints where the age and gender of the patient / client was recorded, 550 (17.4%) related to patients / clients aged 75 & over, whilst 362 (11.4%) were for those aged under 16 (Figure 8).

Of the complaints received by HSC Trusts during 2017/18, the median age of the patient / client was 49.6 years (Figure 8).

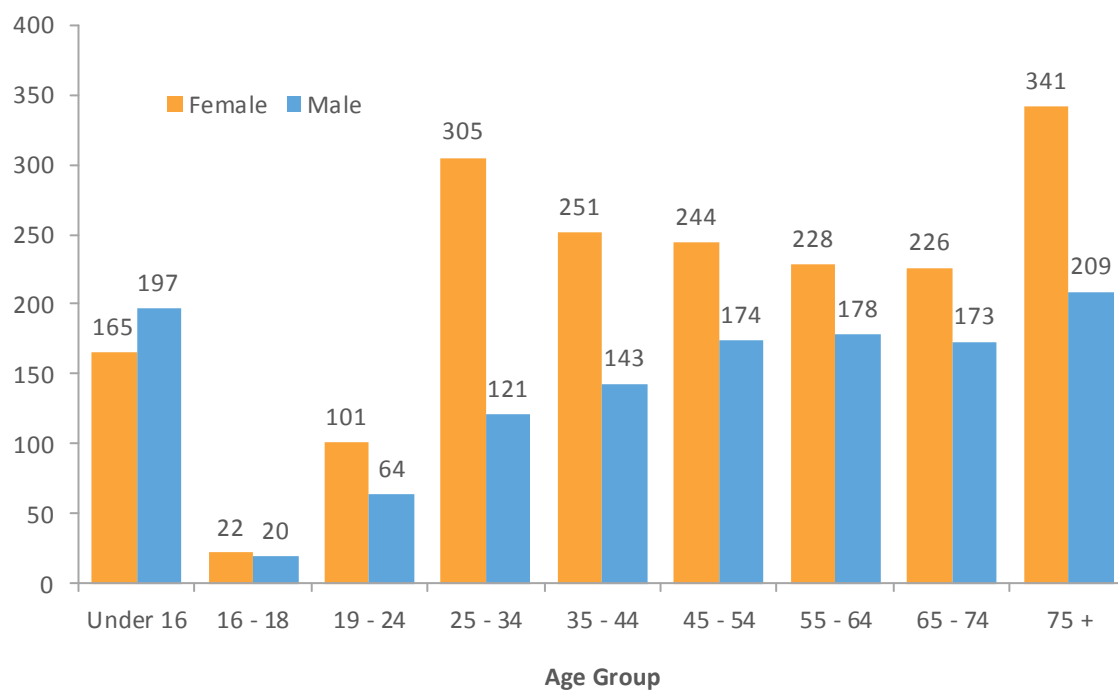
Figure 8: Complaints Received by Age Group of Patient / Client (2017/18)



Of the 3,162 complaints where the age and gender of the patient / client was recorded, 1,883 (59.6%) were females and 1,279 (40.4%) were males (Table 8, Figure 9).

More complaints were received relating to females than males in all age groups with the exception of those aged 'Under 16' (Table 8, Figure 9).

Figure 9: Complaints Received by Age Group and Gender of Patient / Client (2017/18)



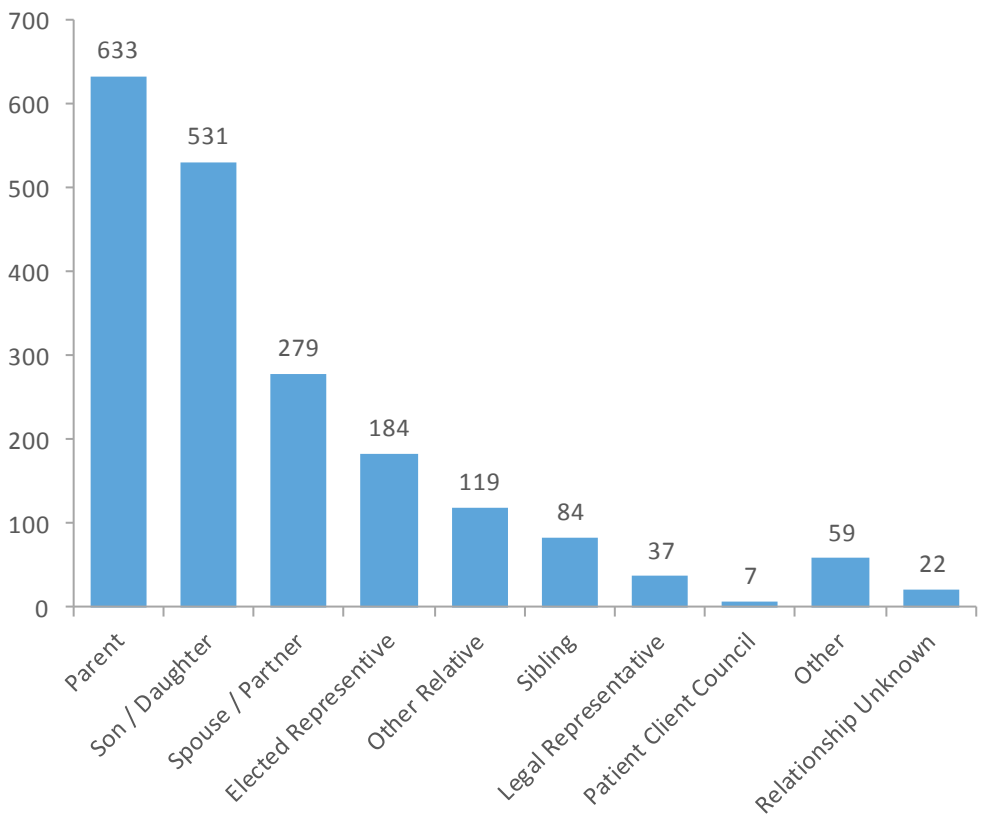
Relationship of Complainant to Patient / Client

Over half (2,468, 55.6%) of all complaints received in 2017/18 were from the patient / client, whilst 1,955 (44.0%)⁶ were from persons acting on behalf of the patient / client.

Of the 1,955 complaints received from persons acting on behalf of the patient / client, almost a third (633, 32.4%) were from the parents of the patient / client, 531 (27.2%) from the son / daughter, 279 (14.3%) from a spouse / partner and 184 (9.4%) from an elected representative (Figure 10).

56%
of complaints
received in 2017/18
were from the
patients / clients
themselves

Figure 10: Complaints Received by Relationship of Complainant (2017/18)



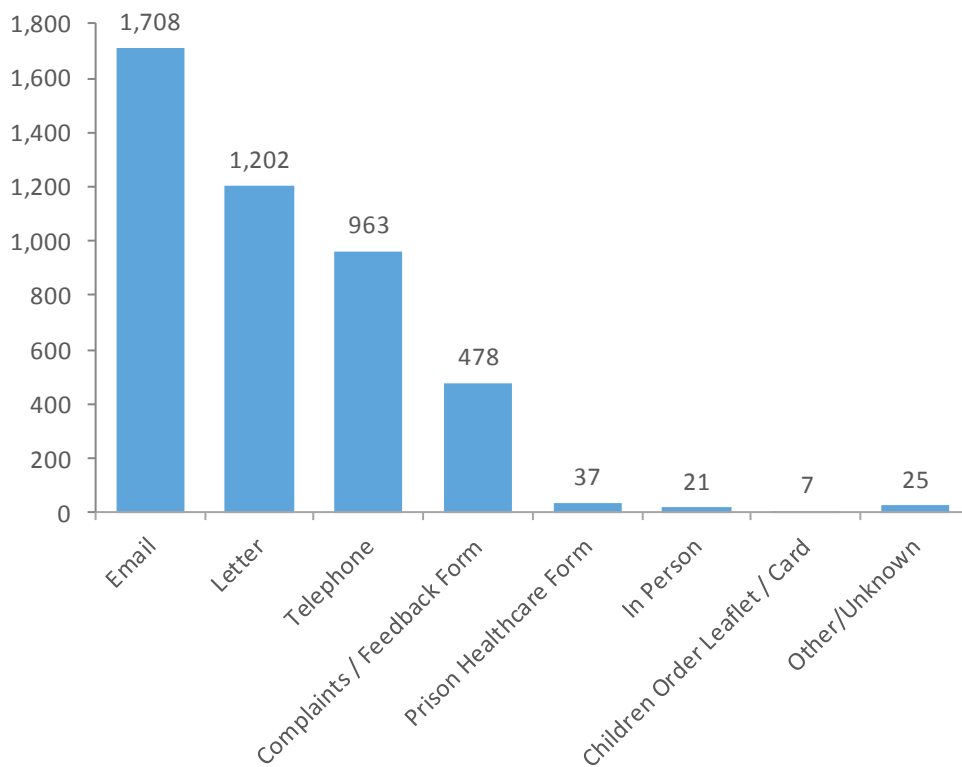
⁶ There were 18 (0.4%) complaints where it was not possible to determine if the complaint was made by the patient / client themselves or if the complaint was made on behalf of a patient / client.

Method of Complaint

Of the 4,441 complaints received during 2017/18, over a third (1,708, 38.5%) were sent by email, 1,202 (27.1%) by letter and 963 (21.7%) by telephone. These three methods accounted for over four fifths (87.2%, 3,873) of all complaints received during the year (Figure 11).

38%
of complaints
received were
sent by email in
2017/18

Figure 11: Complaints Received by Method of Complaint (2017/18)



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.

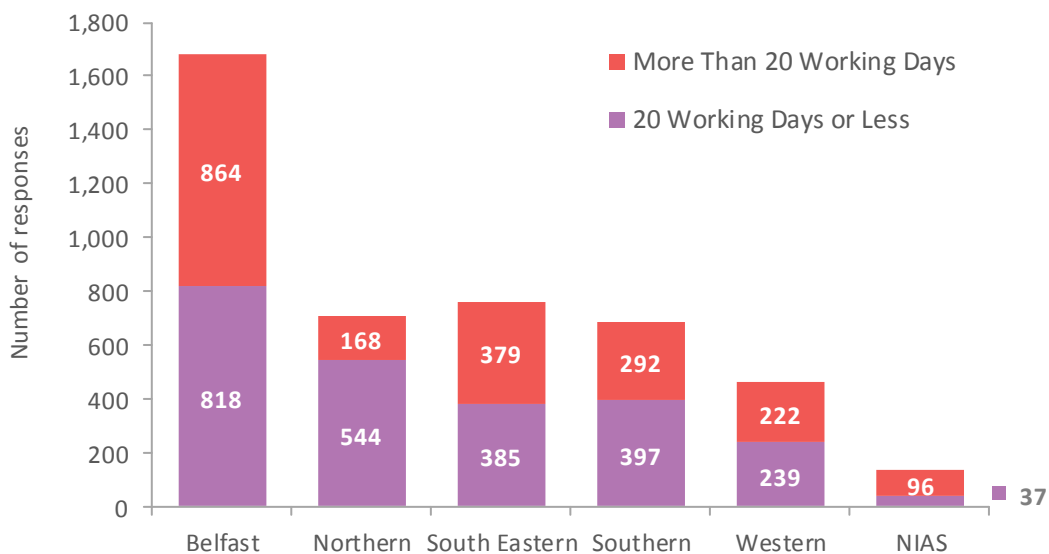
The HSC Complaints Policy requires HSC Trusts to provide a substantive response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response explaining the reason for the delay is sent to the complainant. **All holding responses are issued in 20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

During 2017/18, just over a half (2,420, 54.5%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 9, Figure 12).

The Northern HSC Trust provided the highest proportion of substantive responses within 20 working days (544, 76.4%) during 2017/18, whilst the NIAS provided the lowest (37, 27.8%) (Table 9, Figure 12).

55%
of complaints
received a substantive
response within 20
working days

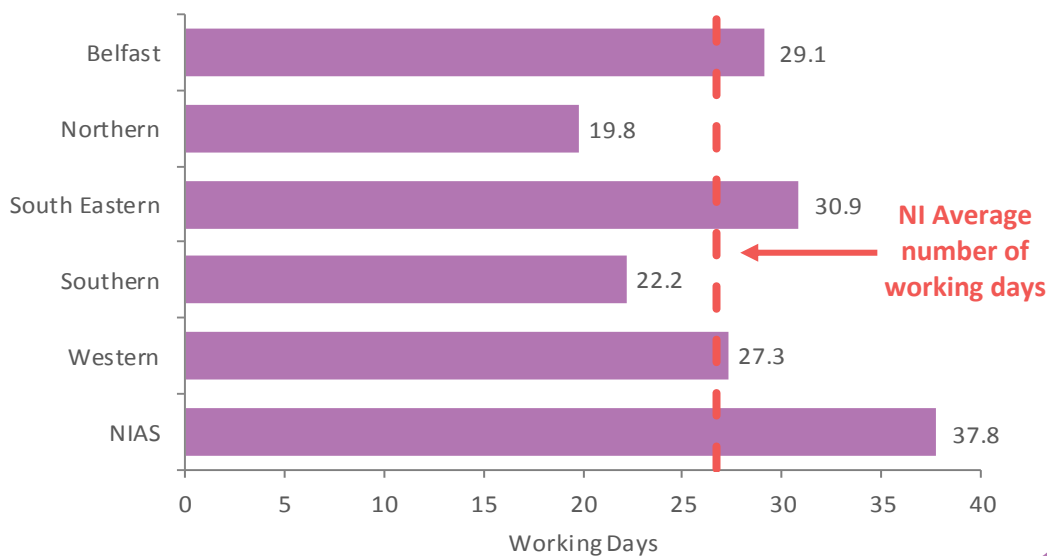
Figure 12: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trusts (2017/18)



Average Number of Working Days to Substantive Response

On average HSC Trusts took 26.7 working days to provide a substantive response to a complaint received in 2017/18 (Table 9, Figure 13)

Figure 13: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2017/18)⁷



On average substantive responses were provided within **27** working days

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)

COMPLAINTS

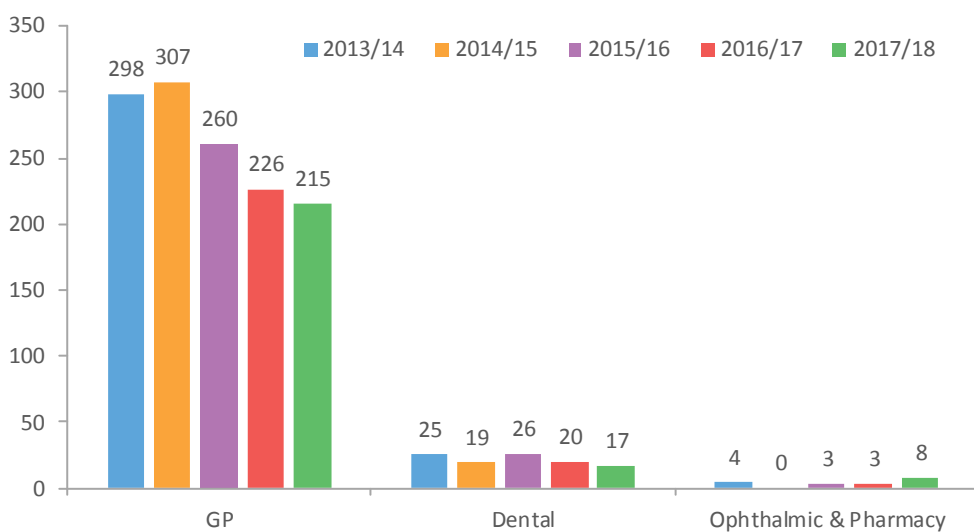
Information in this section refers to complaints received by the HSCB⁸ regarding FPS practices in Northern Ireland.

There are over 1,600 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 2013/14, the number of complaints made against FPS practices in Northern Ireland decreased year on year, from 327 to 240 in 2017/18, a reduction of 26.6% (87) (Table 10, Figure 14).

There has been a **27%** reduction in FPS complaints since 2013/14

Figure 14: FPS Complaints Handled (2013/14 - 2017/18)



⁸ Refer to Appendix 5 for further details.

Local resolution

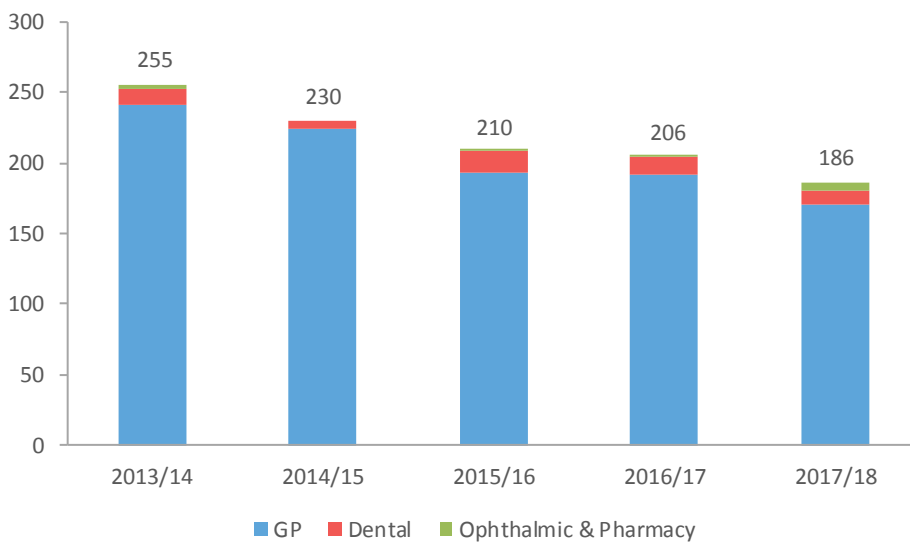
The first stage of the HSC Complaints Procedure is known as ‘local resolution’. The purpose of local resolution is to provide an opportunity for the complainant and the organisation to attempt a prompt and fair resolution of the complaint. In the case of FPS practices, local resolution involves a practitioner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

Of the 240 complaints received by the HSCB regarding FPS practices in 2017/18, 186 (77.5%) were handled under Local Resolution and the HSCB acted as an Honest Broker in 54 (22.5%) (Tables 11 – 14, Figures 15 & 17).

Between 2013/14 and 2017/18, the number of complaints handled under local resolution decreased year on year, from 255 in 2013/14 to 186 in 2017/18 (Table 11, Figure 15).

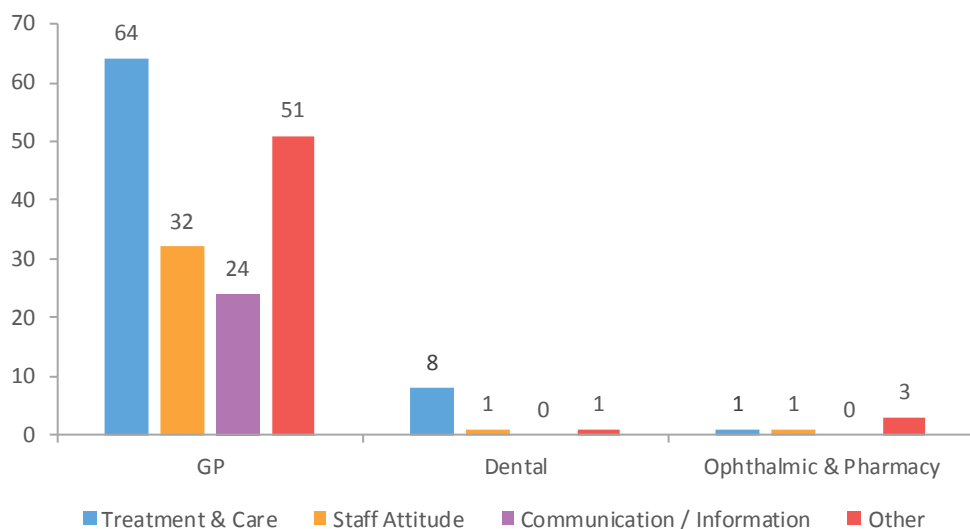
92%
of complaints
handled under
Local Resolution in
2017/18 related
to GPs

Figure 15: FPS Complaints Handled Under Local Resolution, by Year and Practice Type (2013/14 - 2017/18)



During 2017/18, 'Treatment & Care' accounted for 39.2% (73) of all complaints handled under local resolution (Table 12, Figure 16).

Figure 16: FPS Complaints Handled Under Local Resolution by Subject (2017/18)



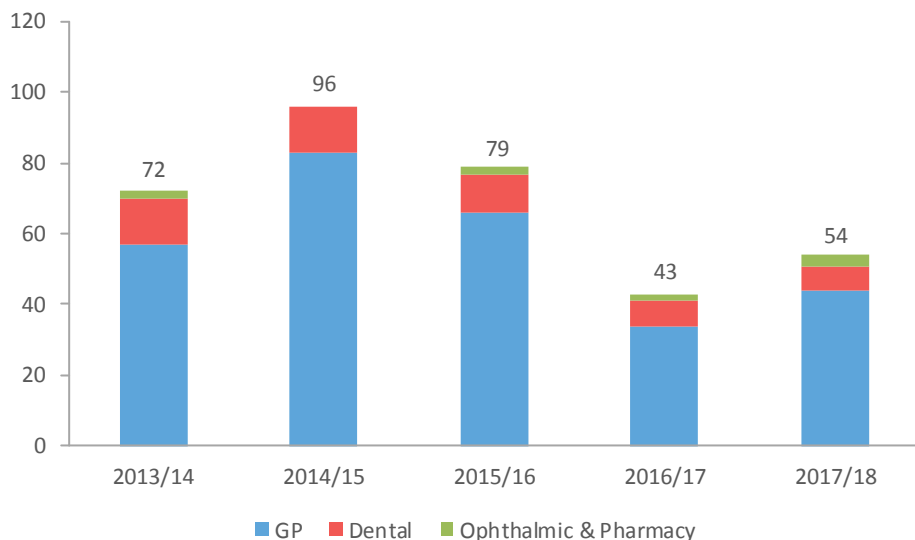
Honest Broker

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

The number of complaints where the HSC Board acted as an honest broker increased, from 43 in 2016/17 to 54 in 2017/18 (Table 13, Figure 17).

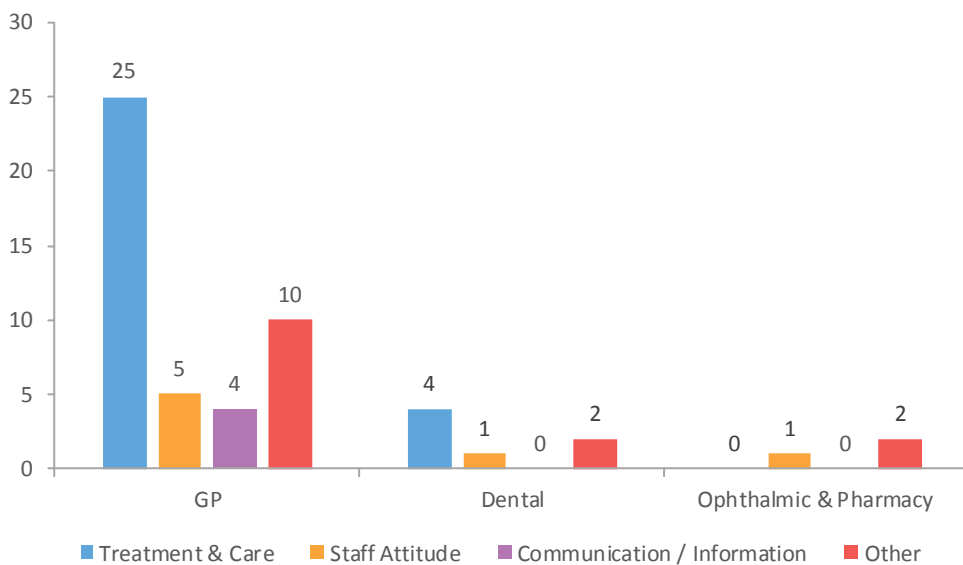
81%
of complaints, where
the HSCB acted as an
Honest Broker,
related to GPs in
2017/18

Figure 17: FPS Complaints where the HSC Board Acted as an Honest Broker (2013/14 - 2017/18)



‘Treatment & Care’ accounted for over half (53.7%, 29), of all complaints in which the HSC Board acted as an honest broker during 2017/18 (Table 14, Figure 18).

Figure 18: FPS Complaints where the HSC Board Acted as an Honest Broker by Subject (2017/18)



SECTION 5

ADDITIONAL TABLES

Table 1: Complaint Issues Received by HSC Trusts (2013/14 - 2017/18)

HSC Trust	2013/14	2014/15	2015/16	2016/17	2017/18
Belfast	2,514	2,772	2,019	2,007	2,026
Northern	997	890	786	869	814
South Eastern	1,343	1,332	1,161	1,076	1,140
Southern	1,032	1,166	1,163	1,046	955
Western	800	629	892	1,030	746
NIAS	150	226	160	161	133
Northern Ireland	6,836	7,015	6,181	6,189	5,814

Table 2: Complaint Issues Received by HSC Trusts, by POC (2017/18)⁹

Programme of Care	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Acute	1,490	387	644	481	369	0	3,371
Maternal & Child Health	57	74	66	82	82	0	361
Family & Child Care	83	74	83	142	84	0	466
Elderly Services	98	75	59	64	74	0	370
Mental Health	106	84	54	92	54	0	390
Learning Disability	30	23	11	29	26	0	119
Sens Impair & Phys Dis	5	15	11	24	18	0	73
Health Prom & Disease Prev	0	0	0	0	2	0	2
Prim Health & Adult Comm	1	33	105	38	13	0	190
Prison Healthcare			51				51
None (No POC assigned)	156	49	56	3	24	133	421
Total	2,026	814	1,140	955	746	133	5,814

⁹ 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 (2013/14 - 2017/18)¹⁰

Programme of Care	2013/14	2014/15	2015/16	2016/17	2017/18
Acute	4,135	4,189	3,666	3,703	3,371
Maternal & Child Health	291	399	272	354	361
Family & Child Care	492	495	496	459	466
Elderly Services	437	457	439	378	370
Mental Health	354	366	440	431	390
Learning Disability	218	160	166	134	119
Sens Imp & Phys Disability	118	114	77	61	73
Health Prom & Disease Prev	5	0	1	5	2
Prim Health & Adult Comm	178	214	194	167	190
Prison Healthcare		109	62	46	51
None (No POC assigned)	608	512	368	451	421
Total	6,836	7,015	6,181	6,189	5,814

¹⁰ Prison Healthcare was previously included within 'None (No POC assigned)' but from 2014/15 this information is now recorded separately.

Table 4: Subject of Complaint Issues by Trust (2017/18)

Subject	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Access to Premises	19	3	20	13	1	1	57
Aids/Adaptations/Appliances	26	5	8	20	3	0	62
Children Order Complaints	0	0	1	3	1	0	5
Clinical Diagnosis	39	30	38	6	31	0	144
Communication/Information	329	85	191	155	144	2	906
Complaints Handling	0	0	5	0	1	0	6
Confidentiality	10	9	18	14	6	0	57
Consent to Treatment/Care	1	0	1	0	0	0	2
Contracted Regulated Children's Services	0	0	0	0	0	0	0
Contracted Regulated Domiciliary Services	5	10	4	2	0	0	21
Contracted Regulated Residential Nursing	3	11	5	3	0	0	22
Contracted Independent Hospital Services	6	0	3	1	0	0	10
Other Contracted Services	3	5	2	1	0	0	11
Delay/Cancellation for Inpatients	2	0	5	3	49	0	59
Delayed Admission from A&E	0	0	6	0	0	0	6
Discharge/Transfer Arrangements	27	16	18	33	12	1	107
Discrimination	11	3	6	3	0	0	23
Environmental	48	20	20	24	3	0	115
Hotel/Support/Security Services (Excludes Contracted Services)	19	24	6	5	0	0	54
Infection Control	1	3	4	1	3	0	12
Mortuary & Post-Mortem	0	0	0	0	0	0	0
Policy/Commercial Decisions	5	50	22	33	2	0	112
Privacy/Dignity	6	8	4	7	9	1	35
Professional Assessment of Need	15	15	8	175	24	0	237
Property/Expenses/Finances	31	12	11	11	2	1	68
Records/Record Keeping	12	7	31	17	4	0	71
Staff Attitude/Behaviour	294	113	228	118	107	51	911
Transport, Late or Non-arrival/Journey Time	4	0	4	2	0	44	54
Transport, Suitability of Vehicle/Equipment	2	1	1	1	0	2	7
Quality of Treatment & Care	391	228	298	139	242	22	1,320
Quantity of Treatment & Care	108	24	18	58	34	2	244
Waiting List, Delay/Cancellation Community Based Appointments	16	27	15	4	0	0	62
Waiting List, Delay/Cancellation Outpatient Appointments	298	48	55	30	30	0	461
Waiting List, Delay/Cancellation Planned Admission to Hospital	208	10	23	20	0	0	261
Waiting Times, A&E Departments	9	21	10	14	3	0	57
Waiting Times, Community Services	4	1	3	11	2	0	21
Waiting Times, Outpatient Departments	60	14	24	27	12	0	137
Other	14	11	24	1	21	6	77
Total Number of Complaint Issues	2,026	814	1,140	955	746	133	5,814

Table 5: Category of Complaint Issue by Trust (2013/14 - 2017/18)

Category of Complaint Issue	2013/14		2014/15		2015/16		2016/17		2017/18	
	No.	%	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	433	6.3%	565	8.1%	442	7.2%	429	6.9%	374	6.4%
Aids/Adaptations/Appliances	76	1.1%	71	1.0%	83	1.3%	72	1.2%	62	1.1%
Appointments/Waiting Times	844	12.3%	945	13.5%	785	12.7%	896	14.5%	737	12.7%
Children Order	43	0.6%	0	0.0%	4	0.1%	8	0.1%	5	0.1%
Contracted Services	118	1.7%	103	1.5%	59	1.0%	69	1.1%	64	1.1%
Diagnosis/Oper/Treatment	1,971	28.8%	2,054	29.3%	1,905	30.8%	1,775	28.7%	1,733	29.8%
Information & Communication	1,074	15.7%	1,035	14.8%	939	15.2%	1,007	16.3%	1,035	17.8%
Mortuary	0	0.0%	3	0.0%	1	0.0%	1	0.0%	0	0.0%
Patient Experience	1,267	18.5%	1,241	17.7%	1,108	17.9%	1,080	17.5%	1,030	17.7%
Policy/Commercial Decisions	188	2.8%	165	2.4%	127	2.1%	125	2.0%	111	1.9%
Premises	278	4.1%	233	3.3%	182	2.9%	214	3.5%	238	4.1%
Prison Healthcare	163	2.4%	106	1.5%	59	1.0%	46	0.7%	51	0.9%
Prof Assessment of Need	188	2.8%	249	3.5%	280	4.5%	275	4.4%	237	4.1%
Transport	84	1.2%	112	1.6%	91	1.5%	78	1.3%	61	1.0%
Other	109	1.6%	133	1.9%	116	1.9%	114	1.8%	76	1.3%
Total	6,836	100.0%	7,015	100.0%	6,181	100.0%	6,189	100.0%	5,814	100.0%

Table 6: Category of Complaint Issue by Trust (2017/18)¹¹

Category of Complaint Issue	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Northern Ireland
Admissions/Discharges	235	26	47	53	12	1	374
Aids/Adaptations/Appliances	26	5	8	20	3	0	62
Appointments/Waiting Times	387	111	106	86	47	0	737
Children Order	0	0	1	3	1	0	5
Contracted Services	17	26	14	7	0	0	64
Diagnosis/Operation/Treatment	541	282	324	206	356	24	1,733
Information & Communication	351	101	240	186	155	2	1,035
Mortuary	0	0	0	0	0	0	0
Patient Experience	342	136	242	139	118	53	1,030
Policy/Commercial Decisions	5	50	21	33	2	0	111
Premises	87	50	50	43	7	1	238
Prison Healthcare			51				51
Professional Assessment of Need	15	15	8	175	24	0	237
Transport	6	1	5	3	0	46	61
Other	14	11	23	1	21	6	76
Total	2,026	814	1,140	955	746	133	5,814

¹¹ The South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland.

Table 7: Specialty of Complaint Issues by Trust (2017/18)

Specialty	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Accident & Emergency	129	111	116	120	70	79	625
Allied Health Professions	64	18	56	5	16	0	159
Anaesthetics & Pain Management	21	3	31	4	1	0	60
Burns Plastic and Maxillofacial Surgery	6	0	26	0	0	0	32
Cardiology	39	10	10	24	5	0	88
Child & Adolescent Psychiatry	12	0	0	4	9	0	25
Children & Young Peoples Services	67	72	95	45	88	0	367
Community Paediatrics	19	4	3	5	0	0	31
Dentistry	12	8	0	0	2	0	22
Dermatology	10	4	7	3	2	0	26
Domicillary Services	23	12	2	11	18	0	66
ENT	0	9	19	5	19	0	52
General Medicine	106	59	113	61	73	0	412
General Surgery	66	44	45	70	75	0	300
Geriatric Medicine	38	19	53	0	15	0	125
Gynaecology	91	13	36	19	18	0	177
Joint Consultant Clinics	0	42	0	0	0	0	42
Learning Disability	19	25	4	27	17	0	92
Mental Health Acute	87	19	20	18	23	0	167
Mental Health Community	13	37	31	35	29	0	145
Neurology	103	0	11	3	6	0	123
Obstetrics	90	30	69	83	40	0	312
Old Age Psychiatry	0	28	9	0	10	0	47
Oncology	13	11	10	5	12	0	51
Ophthalmology	104	0	3	6	4	0	117
Paediatrics	83	22	18	13	23	0	159
Pharmacology	2	19	3	0	0	0	24
Physical Disability/ Sensory Support	5	4	11	24	11	0	55
Radiology	48	14	17	27	15	0	121
Residential Care	11	3	14	21	17	0	66
Trauma & Orthopaedics	321	1	28	18	42	0	410
Urology	54	0	6	18	28	0	106
Vascular	20	0	0	0	0	0	20
Other	346	173	274	281	58	50	1,182
Unknown	4	0	0	0	0	4	8
Total Number of Complaint Issues	2,026	814	1,140	955	746	133	5,814

Table 8: Complaints by Age Group and Gender of Patient / Client (2017/18)

Age Group	Female	Male	Total
Under 16	165	197	362
16 - 18	22	20	42
19 - 24	101	64	165
25 - 34	305	121	426
35 - 44	251	143	394
45 - 54	244	174	418
55 - 64	228	178	406
65 - 74	226	173	399
75 +	341	209	550
Total	1,883	1,279	3,162

Table 9: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2017/18)

HSC Trust	20 Working Days or Less		More Than 20 Working Days		Total No.	Mean No. of Working Days
	No.	%	No.	%		
Belfast	818	48.6%	864	51.4%	1,682	29.1
Northern	544	76.4%	168	23.6%	712	19.8
South Eastern	385	50.4%	379	49.6%	764	30.9
Southern	397	57.6%	292	42.4%	689	22.2
Western	239	51.8%	222	48.2%	461	27.3
NIAS	37	27.8%	96	72.2%	133	37.8
Northern Ireland	2,420	54.5%	2,021	45.5%	4,441	26.7

Table 10: FPS Complaints Handled (2013/14 - 2017/18)

FPS Complaints	2013/14	2014/15	2015/16	2016/17	2017/18
GP	298	307	260	226	215
Dental	25	19	26	20	17
Pharmacy	4	0	3	3	8
Ophthalmic	0	0	0	0	0
Total	327	326	289	249	240

Table 11: FPS Complaints Handled Under Local Resolution (2013/14 - 2017/18)

Local Resolution	2013/14	2014/15	2015/16	2016/17	2017/18
GP	241	224	194	192	171
Dental	12	6	15	13	10
Pharmacy	2	0	1	1	5
Ophthalmic	0	0	0	0	0
Total	255	230	210	206	186

Table 12: FPS Complaints Handled Under Local Resolution, by Subject (2017/18)

Local Resolution	GP	Dental	Ophthalmic & Pharmacy	Total
Treatment & Care	64	8	1	73
Staff Attitude	32	1	1	34
Communication / Information	24	0	0	24
Other	51	1	3	55
Total	171	10	5	186

Table 13: FPS Complaints where the HSC Board Acted as an Honest Broker (2013/14 - 2017/18)

Honest Broker	2013/14	2014/15	2015/16	2016/17	2017/18
GP	57	83	66	34	44
Dental	13	13	11	7	7
Pharmacy	2	0	2	2	3
Ophthalmic	0	0	0	0	0
Total	72	96	79	43	54

Table 14: FPS Complaints where the HSC Board Acted as an Honest Broker, by Subject (2017/18)

Honest Broker	GP	Dental	Ophthalmic & Pharmacy	Total
Treatment & Care	25	4	0	29
Staff Attitude	5	1	1	7
Communication / Information	4	0	0	4
Other	10	2	2	14
Total	44	7	3	54

APPENDIX 1: TECHNICAL NOTES

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

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

Data Collection

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

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

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

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

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 25th June 2016.

Main Uses of Data

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

Contextual Information for Using Complaint Statistics

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

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

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

Contact Information

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

Carol Murphy

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

APPENDIX 2: DEFINITIONS

Programme of care

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

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

Complaint Issues

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

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

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

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

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

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

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

APPENDIX 3: SUBJECT OF COMPLAINT ISSUES

1. Access to Premises

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

2. Aids / Adaptations / Appliances

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

3. Children Order Complaints

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

4. Clinical Diagnosis

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

5. Communication / Information

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

6. Complaint Handling

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

7. Confidentiality

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

8. Consent to Treatment / care

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

9. Contracted Regulated Children's Services

10. Contracted Regulated Domiciliary Agency

11. Contracted Regulated Residential Nursing

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

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

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

12. Contracted Independent Hospital Services

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

13. Contracted Services – Other

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

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

14. Delay/Cancellation for Inpatients

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

15. Delayed Admission from A&E

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

16. Discharge / Transfer Arrangements

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

17. Discrimination

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

18. Environmental

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

19. Hotel / Support / Security Services

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

20. Infection Control

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

21. Mortuary & Post-Mortem

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

22. Policy / Commercial Decisions

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

23. Privacy / Dignity

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

24. Professional Assessment of Need

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

25. Property / Expenses / Finance

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

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

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

26. Records / Record Keeping

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

27. Staff Attitude / Behaviour

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

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

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

29. Transport, Suitability of Vehicle / Equipment

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

30. Quality of Treatment & Care

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

31. Quantity of Treatment & Care

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

32. Waiting Lists, Delay/Cancellation Community Based Appointments

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

33. Waiting Lists, Delay/Cancellation Outpatient Appointments

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

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

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

35. Waiting Times, A&E Departments

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

36. Waiting Times, Community Services

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

37. Waiting Times, Outpatient Departments

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

38. Other

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

APPENDIX 4: SUBJECT GROUPED BY GENERAL CATEGORY

Admissions/Discharges

Delayed Admission from A&E

Discharge/Transfer Arrangements

Waiting Lists, Delay/Cancellation Planned Admission to Hospital

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments/Waiting Times

Waiting Lists, Delay/Cancellation Community Based Appointments

Waiting Lists, Delay/Cancellation Outpatient Appointments

Waiting Times, A&E Departments

Waiting Times, Community Services

Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Contracted Services

Contracted Regulated Children's Services

Contracted Regulated Domiciliary Agency

Contracted Regulated Residential Nursing

Contracted Independent Hospital Services

Other Contracted Services

Diagnosis/Operation/Treatment

Clinical Diagnosis

Consent to Treatment/Care

Delay/Cancellation for Inpatients

Treatment & Care, Quality

Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients

Complaints Handling

Confidentiality

Records/Records Keeping

Mortuary

Mortuary & Post-Mortem

Patient Experience

Discrimination

Privacy/Dignity

Property/Expenses/Finance

Staff Attitude/Behaviour

Policy/Commercial Decisions

Policy/Commercial Decisions

Premises

Access to Premises

Environmental

Hotel/Support/Security Services

Infection Control

Prison Health Care

Prison Healthcare Related Complaint Issues

Professional Assessment of Need

Professional Assessment of Need

Transport

Transport, Late or Non-arrival/Journey Time

Transport, Suitability of Vehicle/Equipment

Other

Other

APPENDIX 5: HSC BOARD COMPLAINTS

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

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

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

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

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

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

APPENDIX 6: 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 7: ADDITIONAL INFORMATION

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

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