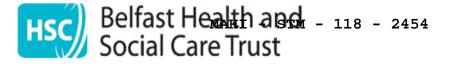
Issue No.4



1 April 13 – 31 March 14

COMPLAINTS & COMPLIMENTS ANNUAL REPORT

APRIL 2013—MARCH 2014

"A health service that does not listen to complaints is unlikely to reflect its patients' needs" The Francis Report

The Belfast Trust welcomes and actively encourages Complaints and Compliments about our services. We recognise the importance of working with our patients, clients, their families, carers and others to deliver, develop and improve the services we provide. To do this we need to listen, and take their views seriously.

The Complaints Department is an integral part of the Trust's Corporate Governance Service. Good complaints management is fully dependent on joint working with the Service Directorates. Staff within the Department will work closely with colleagues in the Service Directorates to ensure that, where possible, complaints are satisfactorily resolved at an early stage to the satisfaction of the Complainant. I would like to thank everyone for their hard work and ask that all staff continue to work in a positive and proactive manner in the management of complaints.

It has been a busy and productive year for the Complaints Department. This Report will provide a summary of the work undertaken by the Department with an analysis of the type of Complaints and Enquiries received and our responses to them.

During the period 1st April 2013 to 31st March 2014 the Complaints Department managed **1924** Formal Complaints.

645 Enquiries were received and successfully resolved at Service Directorate level.

302 Complaints were recorded as being resolved at local level by the Service Directorates.

194 Complaints first received during 2013-14 which were revisited (reopened).

Approximately **5403** recorded Compliments were also received during the 2013-14 year.

The Complaints Team can be contacted at:

Complaints Department Musgrave Park Hospital 6th Floor McKinney House Stockman's Lane Belfast BT9 7JB Tel: (028) 9504 8000 E

Email: complaints@belfasttrust.hscni.net

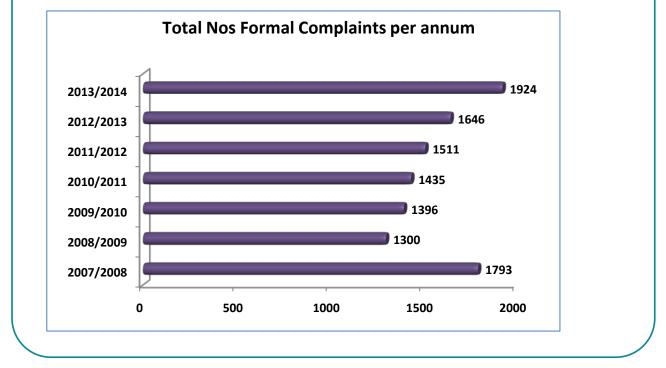


1 April 13 – 31 March 14

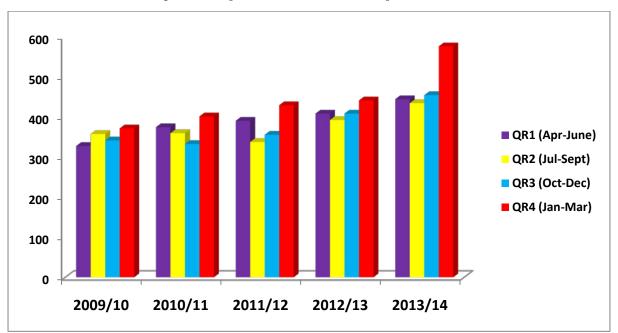


Annual Comparison of Complaints

At the year ending 31 March 2014 a total of 1924 Formal Complaints were managed. This is an increase of 278 on last year's figure of 1646.



Quarterly Comparison of Complaints 2013-14



The data continues to highlight a trend of an annual increase in the numbers of complaints managed by the Trust, with the highest volume of complaints being received within Quarter (QR) 4.



Total Number of Complaints by Service Directorate 2013-14

*Since 2012/13, there have been changes to the Service Directorate structure. This has led to the formation of Unscheduled & Acute Care and Surgery & Specialist Services Service Directorates. The increase in the volume of Surgery & Specialist Services complaints reflects the inclusion of Surgery within this Directorate. *

Unscheduled & Acute Care and Specialist Hospitals & Women's Health jointly generated 58% of all complaints received (29% each) followed by Surgery & Specialist Services 20%. This distribution reflects the range and complexity of specialties provided by these Service Directorates.

Service Directorate	2013-14	2012-13	2011-12	2010-11	2009-10	5 YR TOTALS
Adult Social & Primary Care Services	193	170				363
Social & Primary Care Services	*SEE	*SEE				
Social & Filling Cale Services	ABOVE*	ABOVE*	178	165	192	535
Children's Community Services	60	49				109
Finance	45	23	4	4	5	81
Human Resources	0	0	1	0	0	1
Medical	1	0	0	1	1	3
Nursing and User Experience	58	36	41	41	44	220
Performance & Delivery	*SEE	*SEE				
Performance & Delivery	ABOVE*	ABOVE*	30	15	30	75
Performance, Planning &						
Informatics	58	36				94
Planning and Development	*SEE	*SEE				
	ABOVE*	ABOVE*	37	42	75	154
Specialist Hospitals & Child Health	566	493	203	178	171	1610
Surgery & Specialist Services	380	140	168	128	131	947
Unscheduled & Acute Care	563	699	849	861	747	3719
Totals:	1924	1646	1511	1435	1396	7912

What our Service Users complained about 2013-14

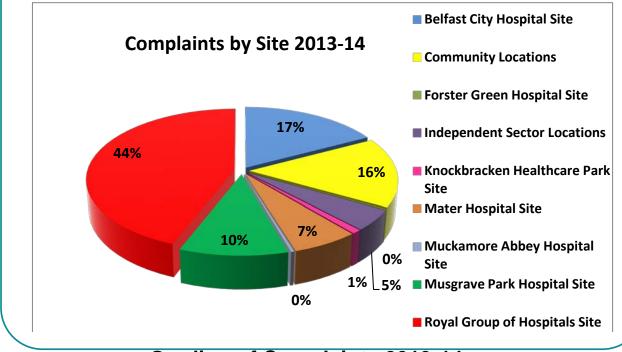
Formal Complaints - Top 5 Subjects	2013/14	2012/13	2011/12
Communication/Information	455	337	364
Treatment & Care, Quality	404	399	280
Staff Attitude/Behaviour	357	323	321
Appointments, Delay/Cancellation (Outpatient)	318	267	291
Admissions into Hospital Delay/Cancellation	199	145	131
(Inpatients)			

Overall, a total of 2499 subjects were recorded as being raised by our service users. There is a rising trend on the top five subjects. The "Communication/ Information" was the top complaint subject matter for this year, closely followed by the "Treatment & Care, Quality" subject, which was the top complaint subject last year.



Annual Comparison Complaints by Site

The Royal Hospital site continues to generate the largest percentage of Complaints **848 (44%)** which is a reflection on the geographical make up of the Trust and location of our high volume of acute services. Breakdown across all sites is as follows:



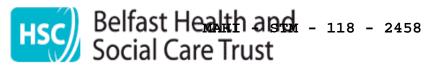
Grading of Complaints 2013-14

All complaints are graded by the Complaints Managers using the Trust Risk Matrix. The grading determines the response action at the outset of complaints' handling; this may include immediate notification to the appropriate Director, the Medical Director and the Director of Nursing.

A review of complaints' grading for the 2013-14 indicates that 2% of complaints are graded as 'High' - this figure has not changed from 2012-13 reporting period.

In 2013-14, there has been a shift of 8% from 'Medium' grade complaints to 'Low' grade complaints which means that 'Low grade' complaints now account for 58% of all complaints received.

It is important that appropriate consent is received. However, where a Patient Safety issue is identified via a complaint, the Complaints Manager will liaise with the Service Directorate to ensure that an appropriate investigation is carried out and any learning is identified. If consent has not been received after three requests, the response is recorded on file and the complaint closed. If the Complaints Department considers that a complaint may be identified as a Serious Adverse Incident (SAI), they will liaise with the Corporate Governance Department and the Service Directorate to agree appropriate management and the Complainant will be kept informed.



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Response Times

Category	2009/10	2010/11	2011/12	2012/13	2013/14
Acknowledgement Times < 2 days	79%	93%	95%	95%	96%
Response Times < 20 days	49%	55%	63%	51%	50%
Response Times 30 days	63%	70%	79%	68%	64%

There was a 1% decrease in our 20 day response time to complaints from last year. This may be attributed to the changes within the Directorates, the complexity of complaints received, and the increase in the total number of complaints year on year and increasing demands on limited resources. The Complaints Department, along with the Service Directorates, are committed to working together to provide comprehensive and full responses to all our complaints in a timely manner. We continue to review how we might improve our performance without compromising quality of response in the face of increasing challenges.

Comparison of General Enquiries

645 General Enquiries were handled by the Complaints Department in 2013-14; this numbers remains almost unaltered since 2012-13 with 640 General Enquires.

The 2013-14 year saw a 3% increase in General Enquiries made by telephone (42%). Complaints received by email have also increased, with 29% received by this mode compared to 23% in the preceding year. Service User contact by letter has consequently reduced from 35% to 26% in the 2013-14 year.

The subjects raised broadly reflect the same top five subjects of formal complaints, with 'Communication/Information' the highest, similar to formal complaints.

General Enquiries - Top 5 Subjects	2013/14
Communication/Information	190
Treatment & Care, Quality	72
Appointments, Delay/Cancellation (Outpatient)	71
Treatment & Care, Quantity	49
Staff Attitude/Behaviour	43

The Complaints Department continues to work with the Service Directorates to ensure a speedy resolution of issues at a local level without going through a formal complaint investigation. The Trust aims to effectively resolve complaints locally, working closely with the service user. Staff use the "Local Resolution" forms which are available on the Hub to record local resolution of complaints. The Complaints Department thanks staff for their continued support and assistance in resolving matters locally.



Children's Order Complaints

13 Complaints (covering 16 subject reasons) were received and investigated under the Problem Solving Stage of the Children (NI) Order 1995 Representation and Complaints Procedure (CORCP). These complaints relate to issues pertaining to:

4	Decision Making Process	1	Services to support children
			within the family home
2	Denial of Service	2	Decision about a placement of
			a child

4 Accommodation of a child

All of these Complaints were successfully resolved under the Problem Solving stage, with the service to be monitored in 2 cases.

Compliments Received

The Complaints Department recorded 5403 compliments received; this is a decrease of 1738 from the 2012-13 year. Staff are reminded to report any compliments received to the Complaints Department for our records. In response to comments received from service users, we are currently reviewing how to assist service users report compliments.

Service users have commended the professionalism and compassion of staff across the Trust; in particular, the Emergency Department staff received compliments for their dedication, commitment, skill and quality of care.

Compliments 2013/14 QR1 (Apr-June) QR2 (Jul-Sept) QR3 (Oct-Dec) 0 500 1000 1500 2000

The Complaints Department have also received compliments in the professional way that they handled the issues in the complaint raised.



Monitoring and Reporting

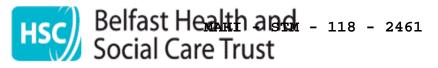
- The DHSSPSNI receives Quarterly Monitoring CH8 Subject and Programme of Care Reports.
- The HSC Board receives redacted Monthly Reports of all Formal Complaints.
- The Trust Board receives Internal Performance Reports on a quarterly basis; these include the Complaints' Department acknowledgement and response timeframes.
- The Governance Managers for the Service Directorates receive regular Complaint Reports. These are discussed at their particular Service Directorate Governance Meetings and any lessons identified can be shared for learning.
- The Complaints Review Group meets 3 or 4 times a year. This Group is chaired by a Non-Executive Director and membership includes representation from the Service Directorates, the Complaints Department and the Risk and Governance Department. The Group reviews and monitors how complaints are managed and considers any lessons learned to provide assurances to Trust Board via the Learning from Experience Assurance Committee.

Learning, Service Improvements and Actions

Throughout 2013-2014, as a result of complaints received and investigated, learning, service improvements and actions are identified. Ombudsman Reports and some 'High' or 'Medium' graded complaints may also require the Service Directorates to develop and implement an Action Plan.

The outcome of all complaints investigations are recorded under the following headings as follows;

01.04.13-31.03.14 - CLOSED CASES	TOTAL
Training need identified	41
Review/Change of service	36
Review/Change of system	23
Monitoring of service	15
Resource Issue (staff)	12
Referred to Other Agency	10
Litigation commenced by complainant	8
Further assessment	5
Equipment approved/required	4
Ex-Gratia Payment	4
Resource Issue (non-staff)	4
Procedural Change Required	3
SAI commenced	3



Issue Macto-276

Ombudsman's Report 2013-14

There were 22 requests for information received from the Northern Ireland Commissioner for Complaints. ('The Ombudsman'). This is a 38% increase in comparison to the year 2012-13 when 6 requests were received.

Breakdown of 2013-14 Ombudsman cases:	2013-14	2012-13
Requests for information / Consideration stage Proceed to Investigation	22 9	16
Not Upheld	4	2
Upheld	4	4
Transferred to Litigation	1	1

Please note that some of the above 2013-2014 cases were not opened in this financial year; some of the cases are ongoing from the previous financial year.

Of those cases that were upheld by the Ombudsman, 3 attracted consolatory payments with a number of recommendations. However, 1 of the cases which required a consolatory payment of £17500 was not paid as the Complainant subsequently proceeded down the legal route. In another case the Ombudsman suggested consolatory payment of £12500. However, the legal powers of the Ombudsman to award consolatory payments has been challenged and the Trust is awaiting the outcome of the Ombudsman's challenge to this High Court decision before it can proceed with payment. The total amount of consolatory payments this financial year 2013-14 was 1 payment of £250 compared to £5,100 in 2012-13 which is a significant decrease from the previous year 2012-2013.

Recommendations include;

- Review of medical record keeping
- Apology letter for poor communication
- Unacceptable delays and inadequate guidance provided to the family

Consolatory payments were made in relation to:

- Distress and upset caused to the family
- Delay in a meeting
- Lack of guidance/information/process
- Handling of complaint

Staff Training

There were 24 'Complaints Awareness' courses with 599 staff who have received Complaints training this year; this is a 26% increase from 2012-2013. 32 managers also attended 2 courses on 'Complaints Investigations, Response Writing and Ombudsman's Cases'

The Complaints Department is currently reviewing the provision of training to all staff including cascade and the development of computer based training.





COMPLAINTS RECEIVED BY HSC TRUSTS IN NORTHERN IRELAND (2011/12)

This statistical release summarises information collected on complaint issues received by the six Health & Social Care (HSC) Trusts in Northern Ireland, including the Northern Ireland Ambulance Service (NIAS), during the year ending 31st March 2012.

Issue No: 1

Date of Publication: 26 March 2013

Theme:

HSC Trust Complaint Issues in Northern Ireland

Issued by

Hospital Information Branch Information & Analysis Directorate Department of Health, Social Services & Public Safety Stormont Estate Belfast, BT4 3SQ

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Internet http://www.dhsspsni.gov.uk/index/stats_r esearch/hospital-stats.htm

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Background

In this statistical report a complaint is defined as an 'expression of dissatisfaction' received from or on behalf of patients, clients or other users of a HSC Trust's services or facilities.

Readers are asked to note that 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.

Key Points

- Across Northern Ireland, a total of 5,485 complaint issues were reported by the six HSC Trusts during 2011/12 (Table 1, Figure 1).
- Over the last three years, the number of complaint issues received by HSC Trusts increased by 752 (15.9%), from 4,733 in 2009/10 to 5,485 in 2011/12 (Table 1, Figure 1).
- During 2011/12, over a third of all complaint issues (2,122, 38.7%) were received by the Belfast HSC Trust (Table 1, Figure 1).
- Of the 5,485 complaint issues received by the HSC Trusts during 2011/12, over three fifths (3,393, 61.9%) related to the Acute POC (Table 2, Figure 2).
- During 2011/12, almost three in ten (1,572, 28.7%) complaint issues related to the 'Diagnosis/Operation/Treatment' category (Tables 3 & 4).
- Over nine in ten (95.0%, 3,721) complaint issues received by HSC Trusts had been provided with a substantive response in 2011/12 (Table 11).
- During 2011/12, over three fifths (2,268, 61.0%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 12).

Deeder	Information.
Reader	Information

Purpose	Monitor and report the number of HSC Trust complaint issues received during the year, by the programme of care, category, subject of the complaint issue and the time taken to provide a substantive response.
Authors	Michael O'Donnell, Kieran Taggart, Laura Smyth.
Publication Date	Tuesday 26 th March 2013
Reporting Period	1 st April 2011 – 31 st March 2012
Publication Issue	1
Statistical Quality	Information detailed in this release has been quality assured with HSC Trusts prior to release.
Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
Further copies from	statistics@dhsspsni.gov.uk
Internet address	http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm
Price	Free
Copyright	This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

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

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

Website: http://www.dhsspsni.gov.uk/index/stats research/hospital-stats.htm

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 of the complaint and the time taken to provide a substantive response for complaints received during 2011/12.

Data Collection

The Information presented within this release derives from the Departmental CH8 statistical return provided by the six HSC Trusts, (including the NIAS) in Northern Ireland. The CH8 return was introduced in 1998 but was revised in 2007 to take account of the structural changes within the HSC system following the Review of Public Administration (RPA). The CH8 is returned quarterly by HSC Trusts in respect of the services for which they have responsibility.

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

http://www.dhsspsni.gov.uk/index/stats_researc h/hospital-stats/hib_guidance_manuals.htm

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

Data Quality

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

For each information collection, HSC Trusts are given a set period of time to submit the information. Following submission, HIB perform 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.

Main Uses of Data

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

Contextual Information for Using Complaint Statistics

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

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

http://www.dhsspsni.gov.uk/index/stats_research/hospi tal-stats/contextual_information_hopsital_statistics.htm

MAHI - STM - 118 - 2466 Total Number of Complaint Issues (2009/10 - 2011/12)

Table 1 details the number of complaint issues received by HSC Trusts over the last three years.

		Year							
HSC Trust	2009	2009/10		0/11	2011/12				
	No.	%	No.	%	No.	%			
Belfast	1,772	37.4%	1,855	36.7%	2,122	38.7%			
Northern	658	13.9%	697	13.8%	862	15.7%			
South Eastern	977	20.6%	1,182	23.4%	1,172	21.4%			
Southern	741	15.7%	777	15.4%	764	13.9%			
Western	487	10.3%	450	8.9%	467	8.5%			
NIAS	98	2.1%	92	1.8%	98	1.8%			
Northern Ireland	4,733	100.0%	5,053	100.0%	5,485	100.0%			

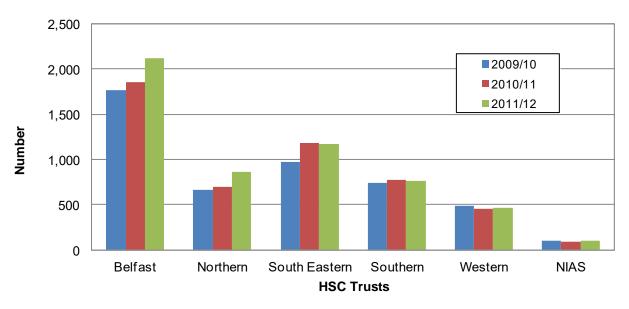
Table 1: Total Number of Complaint Issues Received by HSC Trusts (2009/10 – 2011/12)

Over the last three years, the number of complaint issues received by HSC Trusts increased by 752 (15.9%), from 4,733 in 2009/10 to 5,485 in 2011/12 (Table 1, Figure 1).

Since 2009/10, the number of complaint issues received increased or remained the same in five of the six HSC Trusts, with the most notable increase reported by the Belfast HSC Trust (350, 19.8%), from 1,772 to 2,122 in 2011/12. During this time, the number of complaint issues decreased slightly in the Western HSC Trust, from 487 in 2009/10 to 467 in 2011/12 (Table 1, Figure 1).

During 2011/12, over a third of all complaint issues (2,122, 38.7%) were received by the Belfast HSC Trust, 1,172 (21.4%) by the South Eastern HSC Trust, 862 (15.7%) by the Northern HSC Trust, 764 (13.9%) by the Southern HSC Trust, 467 (8.5%) by the Western HSC Trust and 98 (1.8%) by the NIAS (Table 1).

Figure 1: Number of Complaint Issues Received by HSC Trusts during the Year (2009/10 – 2011/12)



MAHI - STM - 118 - 2467 Complaint Issues Received by Programme of Care (POC)¹

Table 2 details the number of complaint issues received by HSC Trusts over the last three years broken down by POC. Each complaint issue should be 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 but not a patient / client, it should be recorded against the POC of that service.

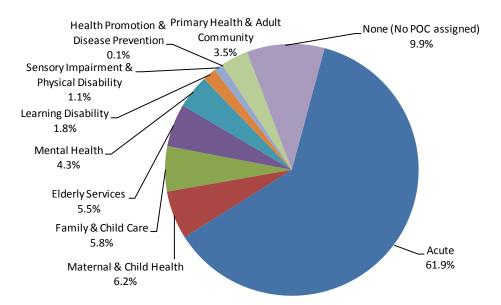
	Year						
Programme of Care	2009/10		2010/11		2011/12		
	No.	%	No.	%	No.	%	
Acute	2,682	56.7%	3,022	59.8%	3,393	61.9%	
Maternal & Child Health	275	5.8%	323	6.4%	340	6.2%	
Family & Child Care	401	8.5%	317	6.3%	318	5.8%	
Elderly Services	233	4.9%	307	6.1%	302	5.5%	
Mental Health	253	5.3%	247	4.9%	236	4.3%	
Learning Disability	103	2.2%	105	2.1%	96	1.8%	
Sensory Impairment & Physical Disability	82	1.7%	82	1.6%	61	1.1%	
Health Promotion & Disease Prevention	3	0.1%	3	0.1%	4	0.1%	
Primary Health & Adult Community	284	6.0%	293	5.8%	191	3.5%	
None (No POC assigned)	417	8.8%	354	7.0%	544	9.9%	
Total Number of Complaint Issues	4,733	100.0%	5,053	100.0%	5,485	100.0%	

Table 2: Number of Complaint Issues Received by HSC Trusts, by POC (2009/10 – 2011/2012)

During 2011/12, 5,485 complaint issues were received by the HSC Trusts, of which, over three fifths (3,393, 61.9%) were related to the Acute POC (Table 2).

Since 2009/10, the proportion of complaint issues received by the HSC Trusts relating to the Acute POC increased by 5.2 percentage points, from 56.7% (2,682) to 61.9% (3,393) during 2011/12 (Table 2).

Figure 2: Complaint Issues Received by HSC Trusts, by POC (2011/12)



¹ Refer to Appendix 2: Definitions for full list of Programmes of Care (POC's)

Complaints Received by HSC Trusts in Northern Ireland (2011/12)

MAHI - STM - 118 - 2468 Complaint Issues Received by Category²

Table 3 below presents a summary of the number of complaint issues received during each year, by the category of the complaint issue. The category of each complaint issue is based on the subject which best describes the nature of the patient / clients 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 the 15 main categories below ³.

Table 3:	Number of Complaint Issues Received by Category (2009/10 – 2011/12)
----------	---

			Ye	ar			
Category of Complaint Issue	2009	9/10	2010	0/11	2011/12		
	No.	%	No.	%	No.	%	
Admissions/Discharges	230	4.9%	255	5.0%	307	5.6%	
Aids/Adaptations/Appliances	70	1.5%	77	1.5%	69	1.3%	
Appointments	617	13.0%	744	14.7%	692	12.6%	
Children's Order	66	1.4%	24	0.5%	12	0.2%	
Contracted Services	101	2.1%	34	0.7%	67	1.2%	
Diagnosis/Operation/Treatment	1,342	28.4%	1,575	31.2%	1,572	28.7%	
Information & Communication	626	13.2%	644	12.7%	852	15.5%	
Mortuary	0	0.0%	1	0.0%	0	0.0%	
Other	114	2.4%	110	2.2%	122	2.2%	
Patient Experience	928	19.6%	902	17.9%	1,009	18.4%	
Policy/Commercial Decisions	159	3.4%	136	2.7%	121	2.2%	
Premises	220	4.6%	214	4.2%	289	5.3%	
Prison Healthcare	50	1.1%	90	1.8%	174	3.2%	
Professional Assessment of Need	147	3.1%	196	3.9%	145	2.6%	
Transport	63	1.3%	51	1.0%	54	1.0%	
Total	4,733	100.0%	5,053	100.0%	5,485	100.0%	

During 2011/12, almost three in ten (1,572, 28.7%) complaint issues related to

'Diagnosis/Operation/Treatment', 1,009 (18.4%) to 'Patient Experience', 852 (15.5%) to 'Information & Communication' and 692 (12.6%) to 'Appointments'. These four categories account for three quarters (4,125, 75.2%) of all complaint issues received during 2011/12 (Table 3).

Over the last three years, the number of complaint issues relating to 'Diagnosis/Operation/Treatment' increased from 1,342 (28.4%) during 2009/10 to 1,572 (28.7%) during 2011/12 (Table 3).

The number of complaint issues relating to 'Prison Healthcare' increased by 2.1 percentage points, from 1.1% (50) during 2009/10 to 3.2% (174) during 2011/12 (Table 3).

² A list of the subjects of complaint issues is detailed in Appendix 3, and a list of the general category of complaint issue by subject area in Appendix 4.

³ Details on the number of complaint issues received by subject of complaint issue is detailed in Appendix 1.

MAHI - STM - 118 - 2469

Table 4 below presents a summary of the number of complaint issues received during 2011/12, by the category of the complaint issue and by HSC Trust. As per previous table, the subject area has been grouped into the main categories of complaint issues received.

Cotogony of Complaint Janua			HSC	Trust			Northern
Category of Complaint Issue	Belfast	Northern	South Eastern	Southern	Western	NIAS	Ireland
Admissions/Discharges	181	22	43	30	31	0	307
Aids/Adaptations/Appliances	23	1	20	23	2	0	69
Appointments	402	77	96	88	29	0	692
Children Order	0	6	0	0	6	0	12
Contracted Services	39	10	7	4	7	0	67
Diagnosis/Operation/Treatment	546	261	298	256	194	17	1,572
Information & Communication	412	100	189	92	59	0	852
Mortuary	0	0	0	0	0	0	0
Other	16	48	38	5	11	4	122
Patient Experience	379	131	194	160	107	38	1,009
Policy/Commercial Decisions	27	42	28	21	3	0	121
Premises	69	95	72	42	11	0	289
Prison Healthcare	0	0	174	0	0	0	174
Professional Assessment of Need	22	69	11	36	7	0	145
Transport	6	0	2	7	0	39	54
Total	2,122	862	1,172	764	467	98	5,485

During 2011/12, across HSC Trusts:

- The Belfast HSC Trust reported the highest number of complaint issues relating to 'Diagnosis/Operation/Treatment' (546, 34.7%), 'Information & Communication' (412, 48.4%), 'Appointments' (402, 58.1%), 'Patient Experience' (379, 37.6%), 'Admissions/Discharges' (181, 59.0%) and 'Contracted Services' (39, 58.2%) (Table 4).
- The Northern HSC Trust reported the highest number of complaint issues relating to 'Premises' (95, 32.9%), 'Professional Assessment of Need' (69, 47.6%), 'Policy/Commercial Decisions' (42, 34.7%), and 'Other' (48, 39.3%) (Table 4).
- The South Eastern HSC Trust reported 174 complaint issues relating to 'Prison Healthcare'. It is important to note that the South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland, therefore, all other HSC Trusts reported nil complaint issues in this category (Table 4).
- The Belfast and Southern HSC Trusts reported the highest number of complaint issues relating to 'Aids/Adaptations/Appliances' (23, 33.3%) (Table 4).
- The Northern and Western HSC Trusts reported the highest number of complaint issues relating to 'Children Order' (6, 50.0%) (Table 4).
- The NIAS reported the highest number of complaint issues relating to 'Transport' (39, 72.2%) (Table 4).

MAHI - STM - 118 - 2470 Complaint Issues Received by POC and HSC Trust

Table 5 details the number of complaint issues received by each HSC Trust during the year ending 31st March 2012 by the POC of the complaint issue.

Table 5: Number of Complaint Issues Received by HSC Trusts, by POC during the Year Ending31st March 2012

			HSC	Trust			2011/12
Programme of Care	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Acute	1,594	441	626	465	267	0	3,393
Maternal & Child Health	208	24	50	3	55	0	340
Family & Child Care	43	81	67	85	42	0	318
Elderly Services	68	102	50	33	49	0	302
Mental Health	44	67	54	53	18	0	236
Learning Disability	11	20	20	27	18	0	96
Sensory Impairment & Physical Disability	15	16	16	11	3	0	61
Health Promotion & Disease Prevention	2	0	0	2	0	0	4
Primary Health & Adult Community	19	29	58	85	0	0	191
None (No POC assigned)	118	82	231	0	15	98	544
Total number of complaints	2,122	862	1,172	764	467	98	5,485

During 2011/12:

- The Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (1,594, 47.0%) and the Maternal & Child Health POC (208, 61.2%) (Table 5).
- The Northern HSC Trust reported the highest number of complaint issues relating to the Elderly Services POC (102, 33.8%) and Mental Health POC (67, 28.4%) (Table 5).
- The South Eastern HSC Trust reported the highest number of complaint issues with no POC assigned (231, 42.5%) (Table 5).
- The Southern HSC Trust reported the highest number of complaint issues relating to the Family & Child Care POC (85, 26.7%), Learning Disability POC (27, 28.1%) and Primary Health & Adult Community POC (85, 44.5) (Table 5).

MAHI - STM - 118 - 2471 Complaint Issues Received by the Belfast HSC Trust

Table 6 details the number of complaint issues received by the Belfast HSC Trust during the last three years by the POC of the complaint issue.

Table 6: Number of Complaint Issues Received by the Belfast HSC Trust, by POC (2009/10 –
2011/12)

Brogramma of Caro	2009)/10	2010)/11	2011/12		
Programme of Care	No.	%	No.	%	No.	%	
Acute (POC1)	1,094	61.7%	1,353	72.9%	1,594	75.1%	
Maternal & Child Health (POC2)	180	10.2%	178	9.6%	208	9.8%	
Family & Child Care (POC3)	81	4.6%	34	1.8%	43	2.0%	
Elderly Services (POC4)	62	3.5%	76	4.1%	68	3.2%	
Mental Health (POC5)	80	4.5%	57	3.1%	44	2.1%	
Learning Disability (POC6)	25	1.4%	9	0.5%	11	0.5%	
Sensory Impairment & Physical Disability (POC7)	10	0.6%	20	1.1%	15	0.7%	
Health Promotion & Disease Prevention (POC8)	3	0.2%	3	0.2%	2	0.1%	
Primary Health & Adult Community (POC9)	64	3.6%	41	2.2%	19	0.9%	
NO POC Assigned	173	9.8%	84	4.5%	118	5.6%	
Total Number of Complaint Issues	1,772	100.0%	1,855	100.0%	2,122	100.0%	

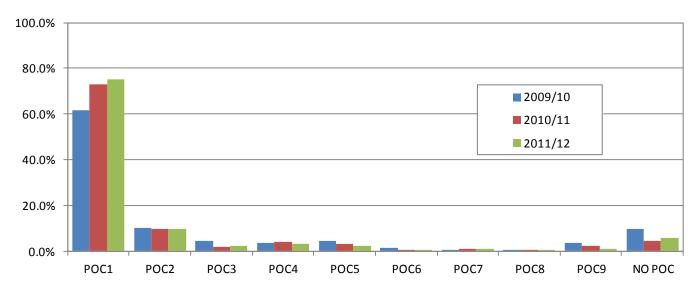
Since 2009/10, the number of complaint issues received by the Belfast HSC Trust increased by 350 (19.8%), from 1,772 to 2,118 during 2011/12 (Table 6, Figure 3).

During 2011/12, 2,122 complaint issues were received by the Belfast HSC Trust, of which, almost three quarters (1,594, 75.1%) were related to the Acute POC (Table 6).

Since 2009/10, the proportion of complaint issues received by the Belfast HSC Trust relating to the Acute POC increased by 13.4 percentage points, from 61.7% (1,094) to 75.1% (1,594) during 2011/12 (Table 6 and Figure 3).

Since 2009/10, the proportion of complaint issues received by the Belfast HSC Trust relating to the Primary Health & Adult Community POC decreased by 2.7 percentage points, from 3.6% (64) to 0.9% (19) during 2011/12 (Table 6, Figure 3).

Figure 3: Percentage of Complaint Issues Received by the Belfast HSC Trust by POC (2009/10 – 2011/12)



MAHI - STM - 118 - 2472 Complaint Issues Received by the Northern HSC Trust

Table 7 details the number of complaint issues received by the Northern HSC Trust during the last three years by the POC of the complaint issue.

Table 7: Number of Complaint Issues Received by the Northern HSC Trust, by POC (2009/10 – 2011/12)

Draman of Cara	2009	9/10	2010)/11	2011/12		
Programme of Care	No.	%	No.	%	No.	%	
Acute (POC1)	373	56.7%	398	57.1%	441	51.2%	
Maternal & Child Health (POC2)	10	1.5%	22	3.2%	24	2.8%	
Family & Child Care (POC3)	60	9.1%	64	9.2%	81	9.4%	
Elderly Services (POC4)	43	6.5%	69	9.9%	102	11.8%	
Mental Health (POC5)	54	8.2%	56	8.0%	67	7.8%	
Learning Disability (POC6)	12	1.8%	21	3.0%	20	2.3%	
Sensory Impairment & Physical Disability (POC7)	19	2.9%	10	1.4%	16	1.9%	
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	
Primary Health & Adult Community (POC9)	69	10.5%	41	5.9%	29	3.4%	
NO POC Assigned	18	2.7%	16	2.3%	82	9.5%	
Total Number of Complaint Issues	658	100.0%	697	100.0%	862	100.0%	

Since 2009/10, the number of complaint issues received by the Northern HSC Trust increased by 204 (31.0%), from 658 to 862 during 2011/12 (Table 7, Figure 4).

During 2011/12, 862 complaint issues were received by the Northern HSC Trust, of which, over half (441, 51.2%) were related to the Acute POC (Table 7).

During the last three years, the proportion of complaint issues received by the Northern HSC Trust relating to the Acute POC Trust decreased by 5.5 percentage points, from 56.7% (373) in 2009/10 to 51.2% (441) in 2011/12 (Table 7).

Since 2009/10, the proportion of complaint issues received by the Northern HSC Trust relating to the Elderly Services POC increased by 5.3 percentage points, from 6.5% (43) to 11.8% (102) in 2011/12 (Table 7).

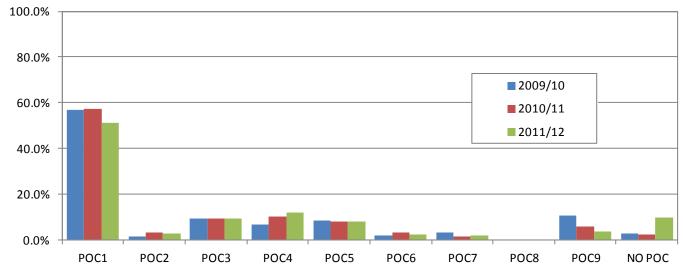


Figure 4: Percentage of Complaint Issues Received by the Northern HSC Trust by POC (2009/10 – 2011/12)

MAHI - STM - 118 - 2473 Complaint Issues Received by the South Eastern HSC Trust

Table 8 details the number of complaint issues received by the South Eastern HSC Trust during the last three years by the POC of the complaint issue.

Table 8: Number of Complaint Issues Received by the South Eastern HSC Trust, by POC (2009/10 – 2011/12)

Brogramma of Caro	2009	9/10	2010)/11	2011/12		
Programme of Care	No.	%	No.	%	No.	%	
Acute (POC1)	576	59.0%	635	53.7%	626	53.4%	
Maternal & Child Health (POC2)	32	3.3%	92	7.8%	50	4.3%	
Family & Child Care (POC3)	56	5.7%	73	6.2%	67	5.7%	
Elderly Services (POC4)	53	5.4%	64	5.4%	50	4.3%	
Mental Health (POC5)	53	5.4%	69	5.8%	54	4.6%	
Learning Disability (POC6)	24	2.5%	27	2.3%	20	1.7%	
Sensory Impairment & Physical Disability (POC7)	11	1.1%	13	1.1%	16	1.4%	
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	
Primary Health & Adult Community (POC9)	56	5.7%	59	5.0%	58	4.9%	
NO POC Assigned	116	11.9%	150	12.7%	231	19.7%	
Total Number of Complaint Issues	977	100.0%	1,182	100.0%	1,172	100.0%	

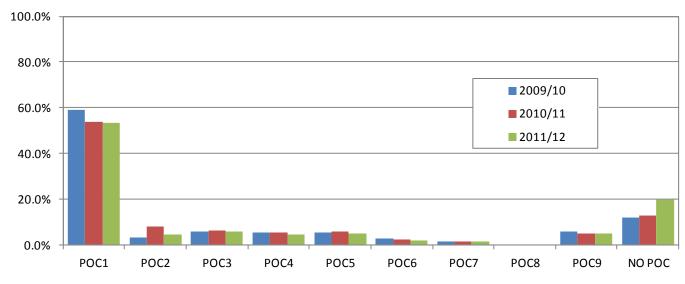
Since 2009/10, the number of complaint issues received by the South Eastern HSC Trust increased by 195 (20.0%), from 977 to 1,172 in 2011/12 (Table 8, Figure 5).

During 2011/12, 1,172 complaint issues were received by the South Eastern HSC Trust, of which, over half (626, 53.4%) were related to the Acute POC (Table 8).

During the last three years, the proportion of complaint issues received by the South Eastern HSC Trust relating to the Acute POC decreased by 5.6 percentage points, from 59.0% in 2009/10 to 53.4% in 2011/12 (Table 8).

Between 2009/10 and 2011/12, the proportion of complaint issues received by the South Eastern HSC Trust with no POC assigned increased by 7.8 percentage points, from 11.9% (116) to 19.7% (231) (Table 8).





MAHI - STM - 118 - 2474 Complaint Issues Received by the Southern HSC Trust

Table 9 details the number of complaint issues received by the Southern HSC Trust during the last three years by the POC of the complaint issue.

Table 9: Number of Complaint Issues Received by the Southern HSC Trust, by POC (2009/10 –
2011/12)

Draman of Cara	2009	9/10	2010)/11	2011/12		
Programme of Care	No.	%	No.	%	No.	%	
Acute (POC1)	425	57.4%	388	49.9%	465	60.9%	
Maternal & Child Health (POC2)	9	1.2%	2	0.3%	3	0.4%	
Family & Child Care (POC3)	132	17.8%	91	11.7%	85	11.1%	
Elderly Services (POC4)	27	3.6%	44	5.7%	33	4.3%	
Mental Health (POC5)	36	4.9%	46	5.9%	53	6.9%	
Learning Disability (POC6)	16	2.2%	31	4.0%	27	3.5%	
Sensory Impairment & Physical Disability (POC7)	13	1.8%	26	3.3%	11	1.4%	
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	2	0.3%	
Primary Health & Adult Community (POC9)	83	11.2%	149	19.2%	85	11.1%	
NO POC Assigned	0	0.0%	0	0.0%	0	0.0%	
Total Number of Complaint Issues	741	100.0%	777	100.0%	764	100.0%	

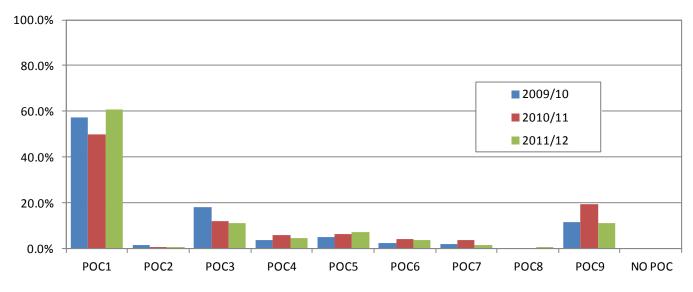
Between 2009/10 and 2011/12, the number of complaint issues received by the Southern HSC Trust increased by 23 (3.1%), from 741 to 764 (Table 9, Figure 6).

During 2011/12, 764 complaint issues were received by the Southern HSC Trust, of which, over three fifths (465, 60.9%) were related to the Acute POC (Table 9).

During the last three years, the proportion of complaint issues received by the Southern HSC Trust relating to the Acute POC increased by 3.5 percentage points, from 57.4% (425) to 60.9% (465) (Table 9).

Since 2009/10, the proportion of complaint issues received by the Southern HSC Trust relating to the Family & Child Care POC decreased by 6.7 percentage points, from 17.8% (132) to 11.1% (85) in 2011/12 (Table 9).





MAHI - STM - 118 - 2475 Complaint Issues Received by the Western HSC Trust

Table 10 details the number of complaint issues received by the Western HSC Trust during the last three years by the POC of the complaint issue.

Table 10: Number of Complaint Issues Received by the Western HSC Trust, by POC (2009/10 – 2011/12)

	2009	9/10	2010	0/11	2011/12		
Programme of Care	No.	%	No.	%	No.	%	
Acute (POC1)	214	43.9%	248	55.1%	267	57.2%	
Maternal & Child Health (POC2)	44	9.0%	29	6.4%	55	11.8%	
Family & Child Care (POC3)	72	14.8%	55	12.2%	42	9.0%	
Elderly Services (POC4)	48	9.9%	54	12.0%	49	10.5%	
Mental Health (POC5)	30	6.2%	19	4.2%	18	3.9%	
Learning Disability (POC6)	26	5.3%	17	3.8%	18	3.9%	
Sensory Impairment & Physical Disability (POC7)	29	6.0%	13	2.9%	3	0.6%	
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	
Primary Health & Adult Community (POC9)	12	2.5%	3	0.7%	0	0.0%	
NO POC Assigned	12	2.5%	12	2.7%	15	3.2%	
Total Number of Complaint Issues	487	100.0%	450	100.0%	467	100.0%	

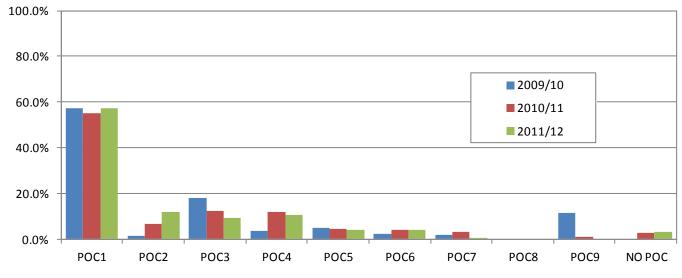
Since 2009/10, the number of complaint issues received by the Western HSC Trust decreased by 20 (4.1%), from 487 to 467 in 2011/12 (Table 10, Figure 7).

During 2011/12, 467 complaint issues were received by the Western HSC Trust, of which, almost three fifths (267, 57.2%) were related to the Acute POC (Table 10).

During the last three years, the proportion of complaint issues received by the Western HSC Trust relating to the Acute POC increased by 13.3 percentage points, from 43.9% (214) to 57.2% (267) in 2011/12 (Table 10).

Between 2009/10 and 2011/12, the proportion of complaint issues received by the Western HSC Trust relating to the Family & Child Care POC decreased by 5.8 percentage points, from 14.8% (72) to 9.0% (42) in 2011/12 (Table 10).





MAHI - STM - 118 - 2476 Complaint Issues Received by the NIAS

Between 1st April 2011 and 31st March 2012, 98 complaint issues were received by the NIAS. It is not possible to provide a breakdown by Programme of Care as complaint issues received by NIAS are not assigned to a POC.

During the last three years, the number of complaint issues received by the NIAS remained broadly similar, ranging from 92 in 2010/11 to 98 in both 2009/10 and 2011/12.

MAHI - STM - 118 - 2477 Number of Substantive Responses Provided⁴

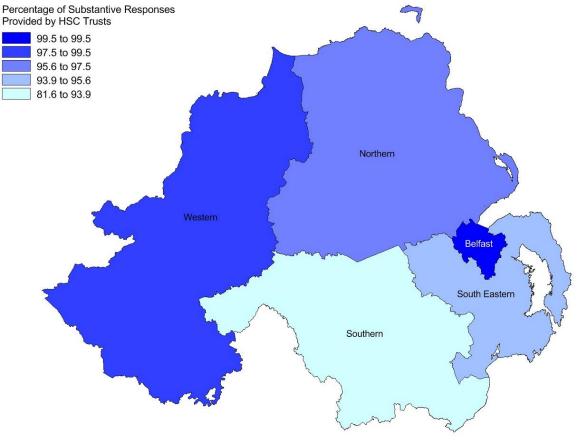
Table 11 below details information on the number of substantive responses provided to complaints received by HSC Trusts during the financial year. A substantive response is defined as communication of the outcome of the complaint to the complainant following investigation. It should also be noted that only one substantive response will be provided to a number of complaint issues made by a complainant, i.e. 3,917 complaints were received in 2011/12 which related to 5,485 complaint issues.

The information detailed below refers to the position of complaints received by HSC Trusts during the year at 31st March each year, i.e. information for 2009/10 refers to the position at 31st March 2010.

Table 11: Number of Substantive Responses to Complaints, by HSC Trust (2009/10 - 2011/12)

	Subs	stantive	Respon	ise Has	Been G	iven	Substantive Response Not Yet Given						
HSC Trust	2009/10		2010/11		2011/12		2009/10		2010/11		2011/12		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Belfast	1,243	87.7%	1,624	96.7%	1,497	99.5%	174	12.3%	56	3.3%	7	0.5%	
Northern	631	96.0%	538	97.5%	607	95.6%	26	4.0%	14	2.5%	28	4.4%	
South Eastern	666	95.4%	749	99.6%	769	93.9%	32	4.6%	3	0.4%	50	6.1%	
Southern	558	87.2%	677	98.8%	438	81.6%	82	12.8%	8	1.2%	99	18.4%	
Western	427	87.3%	351	99.4%	316	97.5%	62	12.7%	2	0.6%	8	2.5%	
NIAS	88	89.8%	74	87.1%	94	95.9%	10	10.2%	11	12.9%	4	4.1%	
Northern Ireland	3,613	90.3%	4,013	97.7%	3,721	95.0%	386	9.7%	94	2.3%	196	5.0%	

Figure 8: Percentage of Substantive Responses Provided by HSC Trusts (Excluding NIAS) (2011/12)



⁴ Responses are sent to letters of complaint, a letter may contain more than one complaint issue, therefore total responses will always be less than or equal to the total number of complaint issues.

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Between 2009/10 and 2011/12, the proportion of substantive responses provided increased in three of the six HSC Trusts, with the Belfast HSC Trust reporting the highest increase, from 87.7% (1,243) to 99.5% (1,497). However, during this time, the proportion of substantive responses provided decreased in the remaining three HSC Trusts, with the Southern HSC Trust reporting the highest decrease, from 87.2% (558) to 81.6% (438) (Table 11).

During 2011/12, over 9 in 10 (95.0%, 3,721) complaints received by HSC Trusts had been provided with a substantive response, 2.7 percentage points less than in 2010/11 (97.7%, 4,013) but 4.7 percentage points higher than 2009/10 (90.3%, 3,613) (Table 11).

During 2011/12, the Belfast HSC Trust received the highest number of complaints (1,504, 38.4%), of which 1,497 (99.5%) had been provided with a substantive response (Table 11, Figure 8).

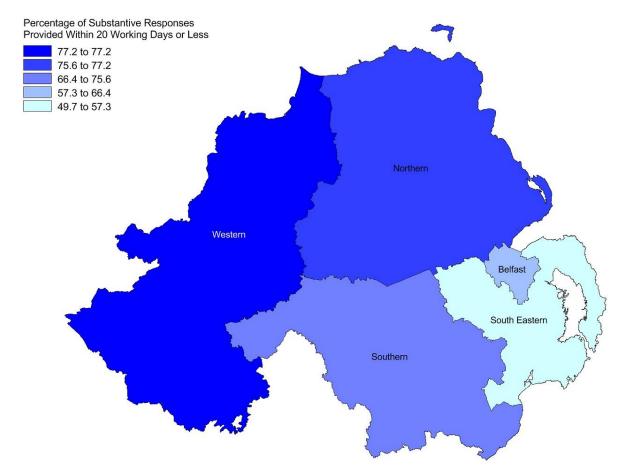
The date on which a substantive response is provided refers to the date on which the outcome of the complaint, following investigation, has been communicated to the complaint.

Table 12 details the length of time taken by HSC Trusts to provide a substantive response to complaints received during the financial year. Information is broken down by whether the response was provided within 20 working days.

Table 12: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2009/10 – 2011/12)

		20 Working Days or Less							More Than 20 Working Days						
HSC Trust	2009/10		2010/11		2011/12		2009/10		2010/11		2011/12				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Belfast	688	55.3%	864	53.2%	858	57.3%	555	44.7%	760	46.8%	639	42.7%			
Northern	469	74.3%	361	67.1%	459	75.6%	162	25.7%	177	32.9%	148	24.4%			
South Eastern	283	42.5%	394	52.6%	382	49.7%	383	57.5%	355	47.4%	387	50.3%			
Southern	450	80.6%	508	75.0%	291	66.4%	108	19.4%	169	25.0%	147	33.6%			
Western	214	50.1%	142	40.5%	244	77.2%	213	49.9%	209	59.5%	72	22.8%			
NIAS	26	29.5%	14	18.9%	34	36.2%	62	70.5%	60	81.1%	60	63.8%			
Northern Ireland	2,130	59.0%	2,283	56.9%	2,268	61.0%	1,483	41.0%	1,730	43.1%	1,453	39.0%			

MAHI - STM - 118 - 2479 Figure 9: Percentage of Substantive Responses Provided in 20 Working Days or Less (Excluding NIAS) (2011/12)



Between 2009/10 and 2010/11, the number of substantive responses provided by HSC Trusts within 20 working days increased by 153 (7.2%), from 2,130 to 2,283, but decreased by 15 (0.7%) between 2010/11 and 2011/12, from 2,283 to 2,268 (Table 12).

During 2011/12, over three fifths (2,268, 61.0%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint, 4.1 percentage points higher than in 2010/11 (56.9%, 2,283) and 2.0 percentage points higher than in 2009/10 (59.0%, 2,130) (Table 12).

During 2011/12, the Western HSC Trust provided the highest proportion of substantive responses within 20 working days (244, 77.2%), whilst the NIAS had provided the lowest (34, 36.2%) (Table 12, Figure 9).

Since 2009/10, the proportion of substantive responses provided by the Southern HSC Trust within 20 working days decreased by 14.2 percentage points, from 80.6% (450) to 66.4% (291) in 2011/12 (Table 12).

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Table 13 details the number of complaints received during each of the last three financial years, and which at the end of each year had not been provided with a substantive response. The information is broken down by the length of time since the complaint was received by the HSC Trust as at 31st March each year, i.e. information for 2009/10 refers to the position at 31st March 2010.

Table 13: Number of Complaints that had Not Received a Substantive Response, by HSC Trust at 31st March (2009/10 – 2011/12)

	20 Working Days or Less						More Than 20 Working Days					
HSC Trust	2009/10		2010/11		2011/12		2009/10		2010/11		2011/12	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Belfast	99	56.9%	0	0.0%	0	0.0%	75	43.1%	56	100.0%	7	100.0%
Northern	9	34.6%	0	0.0%	0	0.0%	17	65.4%	14	100.0%	28	100.0%
South Eastern	0	0.0%	0	0.0%	0	0.0%	32	100.0%	3	100.0%	50	100.0%
Southern	67	81.7%	0	0.0%	75	75.8%	15	18.3%	8	100.0%	24	24.2%
Western	0	0.0%	0	0.0%	0	0.0%	62	100.0%	2	100.0%	8	100.0%
NIAS	0	0.0%	1	9.1%	0	0.0%	10	100.0%	10	90.9%	4	100.0%
Northern Ireland	175	45.3%	1	1.1%	75	38.3%	211	54.7%	93	98.9%	121	61.7%

Between 31st March 2010 and 31st March 2011, the number of substantive responses that had not been provided by HSC Trusts decreased by 292 (75.6%), from 386 to 94, but more than doubled between 31st March 2011 and 31st March 2012, from 94 to 196 (Table 13).

At 31st March 2012, 196 (5.0%) complaints received by HSC Trusts in 2011/12 had not received a substantive response, of which, 121 (61.7%) had waited for more than 20 working days (Table 13).

At 31st March 2012, all complaints received by the Belfast, Northern, South Eastern and Western HSC Trusts and the NIAS which had not received a substantive response, had waited more than 20 working days, compared with almost a quarter (24.2%) of complaints in the Southern HSC Trust (Table 13).

MAHI - STM - 118 - 2481 APPENDIX 1: Subject of Complaint Issues Received During Year Ending 31st March 2012, by HSC Trust

	HSC Trust							
Subject	Belfast	Northern	South Eastern	Southern	Western	NIAS	Northern Ireland	
Access to Premises	16	0	20	10	1	0	47	
Admission into Hospital, Delay/Cancellation (Inpatients)	132	5	22	6	5	0	170	
Aids/Adaptations/Appliances	23	1	20	23	2	0	69	
Appointments, Delay/Cancellation (Outpatient)	291	28	42	46	7	0	414	
Clinical Diagnosis	105	39	32	18	28	0	222	
Communication/Information to Patients	369	83	158	64	52	0	726	
Complaints Handling	1	0	0	1	0	0	2	
Confidentiality	21	7	13	9	2	0	52	
Consent to Treatment	3	0	0	1	0	0	4	
Contracted Regulated Establishments and Agencies	37	6	6	2	0	0	51	
Other Contracted Services	2	4	1	2	7	0	16	
Delayed Admission from A&E	2	4	4	1	0	0	11	
Discharge/Transfer Arrangements	47	13	17	23	26	0	126	
Environmental	18	8	25	28	4	0	83	
Hotel/Support/Security Services	24	78	11	2	1	0	116	
Infection Control	11	9	16	2	5	0	43	
Mortuary & Post-Mortem	0	0	0	0	0	0	0	
Patients' Privacy/Dignity	18	6	9	7	9	0	49	
Patients' Property/Expenses/Finance	34	11	20	18	4	1	88	
Patients' Status/Discrimination	5	1	5	3	1	0	15	
Policy/Commercial Decisions	27	42	28	21	3	0	121	
Professional Assessment of Need	22	69	11	36	7	0	145	
Records/Records Keeping	21	10	18	18	5	0	72	
Staff Attitude/Behaviour	322	113	160	132	93	37	857	
Theatre/Operation/Procedure, Delay/Cancellation	31	13	6	6	0	0	56	
Transport, Late or Non-arrival/Journey Time	5	0	2	6	0	39	52	
Transport, Suitability of Vehicle/Equipment	1	0	0	1	0	0	2	
Treatment & Care, Quality	281	185	240	212	158	17	1,093	
Treatment & Care, Quantity	126	24	20	19	8	0	197	
Waiting Lists, Community Services	12	20	10	2	0	0	44	
Waiting Times, Community Services	15	4	4	5	1	0	29	
Waiting Times, A&E Departments	47	17	31	21	10	0	126	
Waiting Times, Outpatient Departments	37	8	9	14	11	0	79	
Children Order Complaint Issues	0	6	0	0	6	0	12	
Other	16	48	38	5	11	4	122	
Prison Healthcare Related Complaint Issues	0	0	174	0	0	0	174	
Total Number of Complaint Issues	2,122	862	1,172	764	467	98	5,485	

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 AcutePOC2 Maternity and Child HealthPOC3 Family and Child CarePOC4 Elderly ServicesPOC5 Mental Health

POC6 Learning Disability

POC7 Sensory Impairment and Physical Disability POC8 Health Promotion and Disease Prevention POC9 Primary Health and Adult Community

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' should be 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 form. In other words, if two relatives complain about the same subject/episode in respect of the same patient, this should 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 should be treated as separate complaint issues.

Where separate unconnected communications refer to the same episode/issue, they may 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 should 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 should 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, 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.

MAHI - STM - 118 - 2483 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 '*Patients' Status / Discrimination' (20)*.

2. Admission into Hospital, Delay / Cancellation (Inpatients)

This refers to delay or cancellation coming into hospital for inpatient and day case admissions, e.g. waiting list for surgery. Delayed admissions from A&E should <u>not</u> be included in this category but under '*Delayed Admission from A&E*' (13).

3. Aids / Adaptations / Appliances

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

4. Appointments, Delay / Cancellation (Outpatient)

This heading refers to delay or cancellation in securing an appointment at an outpatient clinic, i.e. outpatient waiting lists. It is to be distinguished from '*Waiting Lists, Community Services*' (32) and '*Waiting Times, Outpatient Departments*' (35).

5. Children Order Complaint Issues

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

6. Clinical Diagnosis

This heading covers clinical diagnosis only and is to be distinguished from '*Professional Assessment of Need*' (22).

7. Communication / Information to Patients

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*' (24).

8. 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 <u>not</u> 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*' (*24*).

9. 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.

10. Consent to Treatment

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

11. Contracted Regulated Establishments and Agencies

This heading refers to complaint issues about services that are provided by Trusts via contractual / commissioned arrangements. Establishments may be children's homes, independent hospitals and 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 complaint issues, however, where the complainant, Trust or RQIA wishes, the matter may be investigated by the Trust under the HPSS Complaint Procedure.

Examples: (i) the Trust (as the commissioner) is asked by either RQIA or a relative, to investigate a complaint issue about the care or treatment provided to a resident in an Independent Nursing or Residential Home; (ii) a patient / client asks the Trust (as the commissioner) to investigate a complaint issue 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 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 Establishments and Agencies'* (10). 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 HPSS 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).

13. 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'* (*34*) and '*Admission into Hospital, Delay / Cancellation (Inpatients)'* (*2*).

14. Discharge / Transfer Arrangements

This heading refers to the adequacy of arrangements and includes early discharges or delayed discharges. It does <u>not</u> include failure to communicate discharge arrangements, which would be included under '*Communication / Information to Patients*' (6).

15. 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.

16. 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.

17. 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 <u>not</u> be included in this heading, but would be logged under '*Communication / Information to Patients'* (6).

18. Mortuary & Post-Mortem

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

19. Patients' Privacy / Dignity

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

20. Patients' 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*' (15). 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*' (15).

21. Patients' Status / 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.

22. Policy / Commercial Decisions

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

23. 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*' (5).

24. 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.

25. Prison Healthcare Related Complaint Issues

This relates to the South Eastern HSC Trust only, which has responsibility for securing the provision of health and social care services for prisoners.

26. Staff Attitude / Behaviour

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

27. Theatre / Operation / Procedure, Delay / Cancellation

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 <u>admission</u> for the procedure captured under '*Admission into Hospital, Delay/Cancellation'* (*Inpatients*) (2).

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. Treatment & Care, Quality

This refers to the quality or standard of treatment and care provided. It also covers complaint issues relating to patient safety. However, it is to be distinguished from '*Treatment & Care, Quantity*' (29) which refers to the quantity or amount of treatment and care.

31. Treatment & Care, Quantity

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, Community Services

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'* (31).

33. 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, Community Services'* (30).

34. 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 <u>not</u> included here but should be listed under '*Delayed Admission from A&E*' (12).

35. 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 'Appointments, Delay / Cancellation (Outpatient)' (4).

36. Other

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

Premises

Access to Premises Environmental Hotel/Support/Security Services Infection Control

Admissions/Discharges

Admission into Hospital, Delay/Cancellation (Inpatients) Delayed Admission from A&E Discharge/Transfer Arrangements

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments

Appointments, Delay/Cancellation (Outpatient) Waiting Lists, Community Services Waiting Times, Community Services Waiting Times, A&E Departments Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Diagnosis/Operation/Treatment

Clinical Diagnosis Consent to Treatment Theatre/Operation/Procedure, Delay/Cancellation Treatment & Care, Quality Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients Complaints Handling Confidentiality Records/Records Keeping

Contracted Services

Contracted Regulated Establishments and Agencies Other Contracted Services

Mortuary

Mortuary & Post-Mortem

Patient Experience

Patients Privacy/Dignity Patients Property/Expenses/Finance Patients Status/Discrimination Staff Attitude/Behaviour

Policy/Commercial Decisions

Policy/Commercial Decisions

Prison Healthcare

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

Michael O'Donnell Hospital Information Branch Information & Analysis Directorate Department of Health, Social Services & Public Safety Stormont Estate Belfast, BT4 3SQ Tel: Fax: Email: <u>statistics@dhsspsni.gov.uk</u>

This Statistical bulletin and others published by Hospital Information Branch are available to download from the DHSSPS Internet site at:

Internet address: http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm





COMPLAINTS RECEIVED BY HSC TRUSTS, HSC BOARD AND FAMILY PRACTITIONER SERVICES IN NORTHERN IRELAND (2012/13)

This statistical release summarises information collected on complaint issues received by the six Health & Social Care (HSC) Trusts in Northern Ireland, including the Northern Ireland Ambulance Service (NIAS), during the year ending 31st March 2013. It also includes information on complaints received by the HSC Board and the 1,500 Family Practitioner Services (FPS) in Northern Ireland.

Issue No: 2

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Theme:

HSC Trust, HSC Board and FPS Complaint Issues in Northern Ireland

Issued by

Hospital Information Branch Information & Analysis Directorate Department of Health, Social Services & Public Safety Stormont Estate Belfast, BT4 3SQ

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Background

In this statistical report 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.

Readers are asked to note that 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.

Key Points

- Across Northern Ireland, a total of 5,998 complaint issues were reported by the six HSC Trusts during 2012/13 (Table 1, Figure 1).
- Over the last four years, the number of complaint issues received by HSC Trusts increased by 1,265 (26.7%), from 4,733 in 2009/10 to 5,998 in 2012/13 (Table 1, Figure 1).
- During 2012/13, over a third of all complaint issues (2,113, 35.2%) were received by the Belfast HSC Trust (Table 1, Figure 1).
- Of the 5,998 complaint issues received by the HSC Trusts during 2012/13, almost three fifths (3,575, 59.6%) related to the Acute POC (Table 2, Figure 2).
- During 2012/13, three in ten (1,802, 30.0%) complaint issues related to the 'Diagnosis/Operation/Treatment' category (Tables 3 & 4).
- During 2012/13, over half (2,298, 52.0%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 11).
- During 2012/13, there were 363 complaints against family practitioner services, 247 (68.0%) of which were handled under local resolution and the remaining 116 (32.0%) involved the HSC Board acting as an honest broker (Tables 12 - 15).
- Over the last four years, the number of complaints received by the HSC Board decreased by 9 (45.0%), from 20 in 2009/10 to 11 in 2012/13 (Table 16).

Purpose	Monitor and report the number of HSC Trust, HSC Board and Family Practitioner Service complaint issues received during the year, by the programme of care, category, subject of the complaint issue and the time taken to provide a substantive response.
Authors	Michael O'Donnell, Kieran Taggart, Laura Smyth.
Publication Date	Thursday 27 th June 2013
Reporting Period	1 st April 2012 – 31 st March 2013
Publication Issue	2
Statistical Quality	Information detailed in this release has been quality assured with HSC Trusts prior to release.
Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
Further copies from	statistics@dhsspsni.gov.uk
Internet address	http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm
Price	Free
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About the Hospital Information Branch (HIB)

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

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

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

Website: http://www.dhsspsni.gov.uk/index/stats research/hospital-stats.htm

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 of the complaint and the time taken to provide a substantive response for complaints received during 2012/13.

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 within this release derives from the Departmental CH8 statistical return provided by the six HSC Trusts, (including the NIAS) in Northern Ireland. The CH8 return was introduced in 1998 but was revised in 2007 to take account of the structural changes within the HSC system following the Review of Public Administration (RPA). The CH8 is submitted on a quarterly basis by HSC Trusts, in respect of the services for which they have responsibility.

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

http://www.dhsspsni.gov.uk/index/stats_researc h/hospital-stats/hib_guidance_manuals.htm

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

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

Data Quality

All information presented in this bulletin has been provided by HSC Trusts / Board and has been validated and quality assured by Hospital Information Branch (HIB) prior to release. For the CH8 information collection, HSC Trusts are given a set period of time to submit the information. Following submission, HIB perform 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.

Main Uses of Data

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

Contextual Information for Using Complaint Statistics

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

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

http://www.dhsspsni.gov.uk/index/stats_research/hospi tal-stats/contextual_information_hospital_statistics.htm

Contact Information

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

Michael O'Donnell

Email:	
Tel:	

Total Number of Complaint Issues (2009/10 – 2012/13)

Table 1 details the number of complaint issues received by HSC Trusts over the last four years.

				Ye	ar			
HSC Trust	2009)/10	2010)/11	201 [,]	2011/12		2/13
	No.	%	No.	%	No.	%	No.	%
Belfast	1,772	37.4%	1,855	36.7%	2,122	38.7%	2,113	35.2%
Northern	658	13.9%	697	13.8%	862	15.7%	856	14.3%
South Eastern	977	20.6%	1,182	23.4%	1,172	21.4%	1,459	24.3%
Southern	741	15.7%	777	15.4%	764	13.9%	839	14.0%
Western	487	10.3%	450	8.9%	467	8.5%	591	9.9%
NIAS	98	2.1%	92	1.8%	98	1.8%	140	2.3%
Northern Ireland	4,733	100.0%	5,053	100.0%	5,485	100.0%	5,998	100.0%

Table 1: Total Number of Complaint Issues Received by HSC Trusts (2009/10 – 2012/13)

Over the last four years, the number of complaint issues received by HSC Trusts increased by 1,265 (26.7%), from 4,733 in 2009/10 to 5,998 in 2012/13 (Table 1, Figure 1).

Since 2009/10, the number of complaint issues received increased in all six HSC Trusts, with the most notable increase reported by the South Eastern HSC Trust (482, 49.3%), from 977 to 1,459 in 2012/13 (Table 1, Figure 1).

During 2012/13, over a third of all complaint issues (2,113, 35.2%) were received by the Belfast HSC Trust, 1,459 (24.3%) by the South Eastern HSC Trust, 856 (14.3%) by the Northern HSC Trust, 839 (14.0%) by the Southern HSC Trust, 591 (9.9%) by the Western HSC Trust and 140 (2.3%) by the NIAS (Table 1).

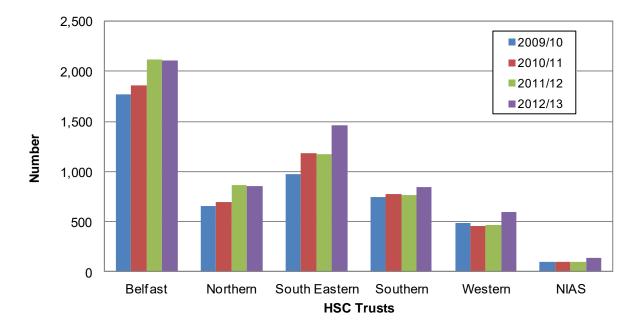


Figure 1: Number of Complaint Issues Received by HSC Trusts during the Year (2009/10 - 2012/13)

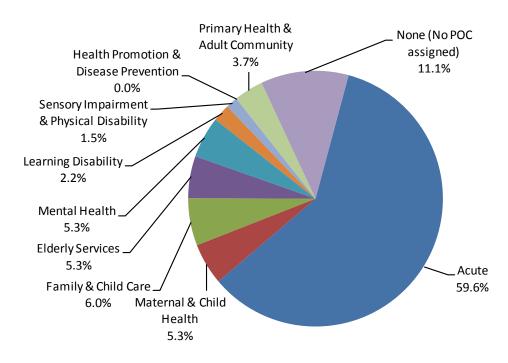
Table 2 details the number of complaint issues received by HSC Trusts over the last four years broken down by POC. Each complaint issue should be recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities but not a patient / client, it should be recorded against the POC of that service.

				Ye	ar			
Programme of Care	2009	9/10	2010	0/11	201 ′	/12	2012	2/13
	No.	%	No.	%	No.	%	No.	%
Acute	2,682	56.7%	3,022	59.8%	3,393	61.9%	3,575	59.6%
Maternal & Child Health	275	5.8%	323	6.4%	340	6.2%	316	5.3%
Family & Child Care	401	8.5%	317	6.3%	318	5.8%	361	6.0%
Elderly Services	233	4.9%	307	6.1%	302	5.5%	320	5.3%
Mental Health	253	5.3%	247	4.9%	236	4.3%	315	5.3%
Learning Disability	103	2.2%	105	2.1%	96	1.8%	132	2.2%
Sensory Impairment & Physical Disability	82	1.7%	82	1.6%	61	1.1%	89	1.5%
Health Promotion & Disease Prevention	3	0.1%	3	0.1%	4	0.1%	2	0.0%
Primary Health & Adult Community	284	6.0%	293	5.8%	191	3.5%	222	3.7%
None (No POC assigned)	417	8.8%	354	7.0%	544	9.9%	666	11.1%
Total Number of Complaint Issues	4,733	100.0%	5,053	100.0%	5,485	100.0%	5,998	100.0%

During 2012/13, 5,998 complaint issues were received by the HSC Trusts, of which, almost three fifths (3,575, 59.6%) were related to the Acute POC (Table 2).

Since 2009/10, the proportion of complaint issues received by the HSC Trusts relating to the Acute POC increased by 2.9 percentage points, from 56.7% (2,682) to 59.6% (3,575) during 2012/13 (Table 2).

Figure 2: Complaint Issues Received by HSC Trusts, by POC (2012/13)



¹ Refer to Appendix 2: Definitions for full list of Programmes of Care (POC's)

Complaints Received by HSC Trusts in Northern Ireland (2012/13)

MAHI - STM - 118 - 2495 Complaint Issues Received by Category²

Table 3 below presents a summary of the number of complaint issues received during each year, by the category of the complaint issue. The category of each complaint issue is based on the subject 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 the 15 main categories below ³.

Table 3:	Number of Complaint Issues Received by Category (2009/10 – 2012/13)	
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				Ye	ar			
Category of Complaint Issue	2009	9/10	2010	0/11	2011	1/12	2012	2/13
	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	230	4.9%	255	5.0%	307	5.6%	356	5.9%
Aids/Adaptations/Appliances	70	1.5%	77	1.5%	69	1.3%	85	1.4%
Appointments/Waiting Times	617	13.0%	744	14.7%	692	12.6%	699	11.7%
Children's Order	66	1.4%	24	0.5%	12	0.2%	13	0.2%
Contracted Services	101	2.1%	34	0.7%	67	1.2%	78	1.3%
Diagnosis/Operation/Treatment	1,342	28.4%	1,575	31.2%	1,572	28.7%	1,802	30.0%
Information & Communication	626	13.2%	644	12.7%	852	15.5%	920	15.3%
Mortuary	0	0.0%	1	0.0%	0	0.0%	2	0.0%
Other	114	2.4%	110	2.2%	122	2.2%	127	2.1%
Patient Experience	928	19.6%	902	17.9%	1,009	18.4%	1,076	17.9%
Policy/Commercial Decisions	159	3.4%	136	2.7%	121	2.2%	124	2.1%
Premises	220	4.6%	214	4.2%	289	5.3%	214	3.6%
Prison Healthcare	50	1.1%	90	1.8%	174	3.2%	267	4.5%
Professional Assessment of Need	147	3.1%	196	3.9%	145	2.6%	153	2.6%
Transport	63	1.3%	51	1.0%	54	1.0%	82	1.4%
Total	4,733	100.0%	5,053	100.0%	5,485	100.0%	5,998	100.0%

During 2012/13, three in ten (1,802, 30.0%) complaint issues related to 'Diagnosis/Operation/Treatment', 1,076 (17.9%) to 'Patient Experience', 920 (15.3%) to 'Information & Communication' and 699 (11.7%) to 'Appointments/Waiting Times'. These four categories account for three quarters (4,497, 75.0%) of all complaint issues received during 2012/13 (Table 3).

Over the last four years, the number of complaint issues relating to 'Diagnosis/Operation/Treatment' increased by 460 (34.3%), from 1,342 during 2009/10 to 1,802 during 2012/13 (Table 3).

During 2012/13, 267 (4.5%) complaint issues related to 'Prison Healthcare', more than five times the number received in 2009/10 (50, 1.1%) (Table 3).

Complaints Received by HSC Trusts in Northern Ireland (2012/13)

² A list of the subjects of complaint issues is detailed in Appendix 3, and a list of the general category of complaint issue by subject area in Appendix 4.

³ Details on the number of complaint issues received by subject of complaint issue are detailed in Appendix 1.

Table 4: Number of Complaint Issues Received by Category and HSC Trust (2012/13)

grouped into the main categories of complaint issues received.

MAHI - STM - 118 - 2496 Table 4 below presents a summary of the number of complaint issues received during 2012/13, by the category of the complaint issue and by HSC Trust. As per previous table, the subject area has been

			HSC	Trust			Northern
Category of Complaint Issue	Belfast	Northern	South Eastern	Southern	Western	NIAS	Ireland
Admissions/Discharges	189	38	46	49	34	0	356
Aids/Adaptations/Appliances	39	7	19	19	1	0	85
Appointments/Waiting Times	411	77	92	80	39	0	699
Children Order	1	4	0	0	8	0	13
Contracted Services	35	12	21	6	4	0	78
Diagnosis/Operation/Treatment	568	289	393	276	262	14	1,802
Information & Communication	375	115	240	95	94	1	920
Mortuary	1	0	1	0	0	0	2
Other	30	26	32	12	19	8	127
Patient Experience	380	141	229	184	98	44	1,076
Policy/Commercial Decisions	12	62	30	16	4	0	124
Premises	55	30	79	35	15	0	214
Prison Healthcare			267				267
Professional Assessment of Need	15	54	9	64	11	0	153
Transport	2	1	1	3	2	73	82
Total	2,113	856	1,459	839	591	140	5,998

During 2012/13, across HSC Trusts:

- The Belfast HSC Trust reported the highest number of complaint issues relating to 'Diagnosis/Operation/Treatment' (568, 31.5%), 'Appointments/Waiting Times' (411, 58.8%), 'Patient Experience' (380, 35.3%), 'Information & Communication' (375, 40.8%), 'Admissions/Discharges' (189, 53.1%), 'Aids/Adaptions/Appliances' (39, 45.9%) and 'Contracted Services' (35, 44.9%) (Table 4).
- The Northern HSC Trust reported the highest number of complaint issues relating to 'Policy/Commercial Decisions' (62, 50.0%) (Table 4).
- The South Eastern HSC Trust reported the highest number of complaint issues relating to 'Premises' (79, 36.9%) and 'Other' (32, 25.2%). The South Eastern HSC Trust also reported 267 complaint issues relating to 'Prison Healthcare'. It is important to note that the South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland; therefore, all other HSC Trusts reported nil complaint issues in this category (Table 4).
- The Belfast and South Eastern HSC Trusts each reported one (1) complaint issue relating to • 'Mortuary' (Table 4).
- The Southern HSC Trust reported the highest number of complaint issues relating to 'Professional Assessment of Need' (64, 41.8%) (Table 4).
- The Western HSC Trust reported the highest number of complaint issues relating to 'Children Order' (8, 61.5%) (Table 4).
- The NIAS reported the highest number of complaint issues relating to 'Transport' (73, 89.0%) (Table 4).

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MAHI - STM - 118 - 2497 Complaint Issues Received by POC and HSC Trust⁴

Table 5 details the number of complaint issues received by each HSC Trust during the year ending 31st March 2013 by the POC of the complaint issue.

Table 5: Number of Complaint Issues Received by HSC Trusts, by POC during the Year Ending31st March 2013

			HSC	Trust			2012/13
Programme of Care	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Acute	1,566	469	711	486	343	0	3,575
Maternal & Child Health	196	21	33	6	60	0	316
Family & Child Care	49	105	85	77	45	0	361
Elderly Services	101	87	50	22	60	0	320
Mental Health	58	68	75	87	27	0	315
Learning Disability	22	25	21	42	22	0	132
Sensory Impairment & Physical Disability	17	22	20	25	5	0	89
Health Promotion & Disease Prevention	1	0	0	0	1	0	2
Primary Health & Adult Community	2	25	101	94	0	0	222
None (No POC assigned)	101	34	363	0	28	140	666
Total number of complaints	2,113	856	1,459	839	591	140	5,998

During 2012/13:

- The Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (1,566, 43.8%), the Maternal & Child Health POC (196, 62.0%) and the Elderly Services POC (101, 31.6%) (Table 5).
- The Northern HSC Trust reported the highest number of complaint issues relating to the Family & Child Services POC (105, 29.1%) (Table 5).
- The South Eastern HSC Trust reported the highest number of complaint issues with no POC assigned (363, 54.5%) and relating to the Primary Health & Adult Community POC (101, 45.5%) (Table 5).
- The Southern HSC Trust reported the highest number of complaint issues relating to the Mental Health POC (87, 27.6%), the Learning Disability POC (42, 31.8%) and the Sensory Impairment & Physical Disability POC (25, 28.1) (Table 5).

⁴ Whilst we cannot confirm at this stage due to the nature of the information collection, the high number of complaints received in the South Eastern HSC Trust with no POC assigned may be due to complaints received regarding Prison Healthcare.

MAHI - STM - 118 - 2498 Complaint Issues Received by the Belfast HSC Trust

Table 6 details the number of complaint issues received by the Belfast HSC Trust during the last four years by the POC of the complaint issue.

Table 6: Number of Complaint Issues Received by the Belfast HSC Trust, by POC (2009/10 – 2012/13)

Descrements of Care	2009	9/10	2010/11		2011/12		2012/13	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	1,094	61.7%	1,353	72.9%	1,594	75.1%	1,566	74.1%
Maternal & Child Health (POC2)	180	10.2%	178	9.6%	208	9.8%	196	9.3%
Family & Child Care (POC3)	81	4.6%	34	1.8%	43	2.0%	49	2.3%
Elderly Services (POC4)	62	3.5%	76	4.1%	68	3.2%	101	4.8%
Mental Health (POC5)	80	4.5%	57	3.1%	44	2.1%	58	2.7%
Learning Disability (POC6)	25	1.4%	9	0.5%	11	0.5%	22	1.0%
Sensory Impairment & Physical Disability (POC7)	10	0.6%	20	1.1%	15	0.7%	17	0.8%
Health Promotion & Disease Prevention (POC8)	3	0.2%	3	0.2%	2	0.1%	1	0.0%
Primary Health & Adult Community (POC9)	64	3.6%	41	2.2%	19	0.9%	2	0.1%
NO POC Assigned	173	9.8%	84	4.5%	118	5.6%	101	4.8%
Total Number of Complaint Issues	1,772	100.0%	1,855	100.0%	2,122	100.0%	2,113	100.0%

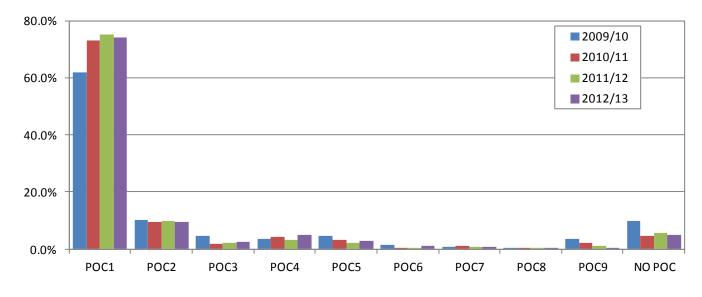
Since 2009/10, the number of complaint issues received by the Belfast HSC Trust increased by 341 (19.2%), from 1,772 to 2,113 during 2012/13 (Table 6, Figure 3).

During 2012/13, 2,113 complaint issues were received by the Belfast HSC Trust, of which, almost three quarters (1,566, 74.1%) were related to the Acute POC (Table 6).

Since 2009/10, the proportion of complaint issues received by the Belfast HSC Trust relating to the Acute POC increased by 12.4 percentage points, from 61.7% (1,094) to 74.1% (1,566) during 2012/13 (Table 6 and Figure 3).

Since 2009/10, the proportion of complaint issues received by the Belfast HSC Trust relating to the Primary Health & Adult Community POC decreased by 3.5 percentage points, from 3.6% (64) to 0.1% (2) during 2012/13 (Table 6, Figure 3).

Figure 3: Percentage of Complaint Issues Received by the Belfast HSC Trust by POC (2009/10 – 2012/13)



MAHI - STM - 118 - 2499 Complaint Issues Received by the Northern HSC Trust

Table 7 details the number of complaint issues received by the Northern HSC Trust during the last four years by the POC of the complaint issue.

Table 7: Number of Complaint Issues Received by the Northern HSC Trust, by POC (2009/10 –
2012/13)

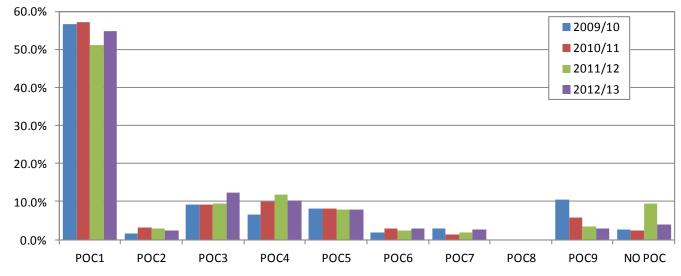
Dreamme of Core	2009	9/10	201	0/11	20 1′	1/12	2012	2/13
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	373	56.7%	398	57.1%	441	51.2%	469	54.8%
Maternal & Child Health (POC2)	10	1.5%	22	3.2%	24	2.8%	21	2.5%
Family & Child Care (POC3)	60	9.1%	64	9.2%	81	9.4%	105	12.3%
Elderly Services (POC4)	43	6.5%	69	9.9%	102	11.8%	87	10.2%
Mental Health (POC5)	54	8.2%	56	8.0%	67	7.8%	68	7.9%
Learning Disability (POC6)	12	1.8%	21	3.0%	20	2.3%	25	2.9%
Sensory Impairment & Physical Disability (POC7)	19	2.9%	10	1.4%	16	1.9%	22	2.6%
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Primary Health & Adult Community (POC9)	69	10.5%	41	5.9%	29	3.4%	25	2.9%
NO POC Assigned	18	2.7%	16	2.3%	82	9.5%	34	4.0%
Total Number of Complaint Issues	658	100.0%	697	100.0%	862	100.0%	856	100.0%

Since 2009/10, the number of complaint issues received by the Northern HSC Trust increased by 198 (30.1%), from 658 to 856 during 2012/13 (Table 7, Figure 4).

During 2012/13, 856 complaint issues were received by the Northern HSC Trust, of which, over half (469, 54.8%) were related to the Acute POC (Table 7).

During the last four years, the proportion of complaint issues received by the Northern HSC Trust relating to the Elderly Services POC increased by 3.7 percentage points, from 6.5% (43) in 2009/10 to 10.2% (87) in 2012/13 (Table 7).

Since 2009/10, the proportion of complaint issues received by the Northern HSC Trust relating to the Primary Health & Adult Community POC decreased by 7.6 percentage points, from 10.5% (69) to 2.9% (25) in 2012/13 (Table 7).





MAHI - STM - 118 - 2500 Complaint Issues Received by the South Eastern HSC Trust

Table 8 details the number of complaint issues received by the South Eastern HSC Trust during the last four years by the POC of the complaint issue.

Table 8: Number of Complaint Issues Received by the South Eastern HSC Trust, by POC (2009/10 – 2012/13)

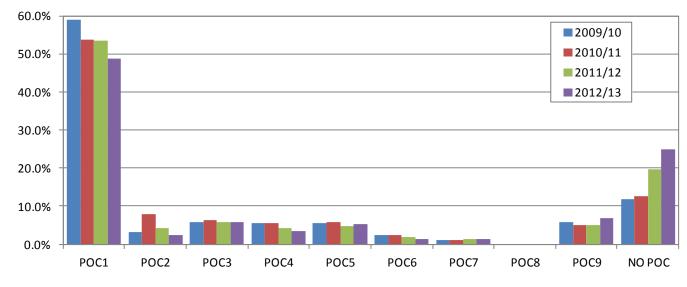
	2009	2009/10		2010/11		2011/12		2/13
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	576	59.0%	635	53.7%	626	53.4%	711	48.7%
Maternal & Child Health (POC2)	32	3.3%	92	7.8%	50	4.3%	33	2.3%
Family & Child Care (POC3)	56	5.7%	73	6.2%	67	5.7%	85	5.8%
Elderly Services (POC4)	53	5.4%	64	5.4%	50	4.3%	50	3.4%
Mental Health (POC5)	53	5.4%	69	5.8%	54	4.6%	75	5.1%
Learning Disability (POC6)	24	2.5%	27	2.3%	20	1.7%	21	1.4%
Sensory Impairment & Physical Disability (POC7)	11	1.1%	13	1.1%	16	1.4%	20	1.4%
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Primary Health & Adult Community (POC9)	56	5.7%	59	5.0%	58	4.9%	101	6.9%
NO POC Assigned	116	11.9%	150	12.7%	231	19.7%	363	24.9%
Total Number of Complaint Issues	977	100.0%	1,182	100.0%	1,172	100.0%	1,459	100.0%

Since 2009/10, the number of complaint issues received by the South Eastern HSC Trust increased by 482 (49.3%), from 977 to 1,459 in 2012/13 (Table 8, Figure 5).

During 2012/13, 1,459 complaint issues were received by the South Eastern HSC Trust, of which, almost half (711, 48.7%) were related to the Acute POC (Table 8).

During the last four years, the proportion of complaint issues received by the South Eastern HSC Trust relating to the Acute POC decreased by 10.3 percentage points (from 59.0% (576) in 2009/10 to 48.7% (711) in 2012/13), whilst the proportion of complaint issues with no POC assigned increased by 13.0 percentage points (from 11.9% (116) in 2009/10 to 24.9% (363) in 2012/13) (Table 8).





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MAHI - STM - 118 - 2501 Complaint Issues Received by the Southern HSC Trust

Table 9 details the number of complaint issues received by the Southern HSC Trust during the last four years by the POC of the complaint issue.

Table 9: Number of Complaint Issues Received by the Southern HSC Trust, by POC (2009/10 –
2012/13)

Dragramma of Cara	2009	9/10	2010/11		2011/12		2012/13	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	425	57.4%	388	49.9%	465	60.9%	486	57.9%
Maternal & Child Health (POC2)	9	1.2%	2	0.3%	3	0.4%	6	0.7%
Family & Child Care (POC3)	132	17.8%	91	11.7%	85	11.1%	77	9.2%
Elderly Services (POC4)	27	3.6%	44	5.7%	33	4.3%	22	2.6%
Mental Health (POC5)	36	4.9%	46	5.9%	53	6.9%	87	10.4%
Learning Disability (POC6)	16	2.2%	31	4.0%	27	3.5%	42	5.0%
Sensory Impairment & Physical Disability (POC7)	13	1.8%	26	3.3%	11	1.4%	25	3.0%
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	2	0.3%	0	0.0%
Primary Health & Adult Community (POC9)	83	11.2%	149	19.2%	85	11.1%	94	11.2%
NO POC Assigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Number of Complaint Issues	741	100.0%	777	100.0%	764	100.0%	839	100.0%

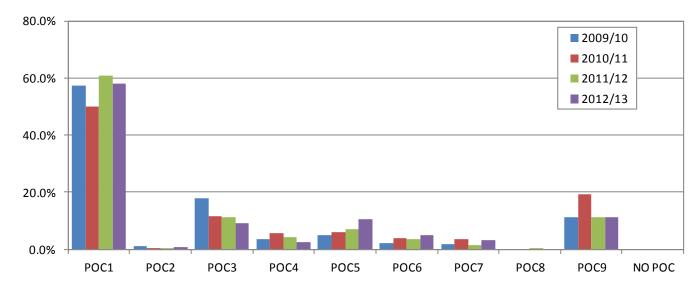
Between 2009/10 and 2012/13, the number of complaint issues received by the Southern HSC Trust increased by 98 (13.2%), from 741 to 839 (Table 9, Figure 6).

During 2012/13, 839 complaint issues were received by the Southern HSC Trust, of which, almost three fifths (486, 57.9%) were related to the Acute POC (Table 9).

During the last four years, the proportion of complaint issues received by the Southern HSC Trust relating to the Family & Child Care POC decreased by 8.6 percentage points, from 17.8% (132) in 2009/10 to 9.2% (77) in 2012/13 (Table 9).

Since 2009/10, the proportion of complaint issues received by the Southern HSC Trust relating to the Mental Health POC increased by 5.5 percentage points, from 4.9% (36) to 10.4% (87) in 2012/13 (Table 9).





MAHI - STM - 118 - 2502 Complaint Issues Received by the Western HSC Trust

Table 10 details the number of complaint issues received by the Western HSC Trust during the last four years by the POC of the complaint issue.

Table 10: Number of Complaint Issues Received by the Western HSC Trust, by POC (2009/10 – 2012/13)

Dragramma of Cara	2009	9/10	2010/11		2011/12		2012/13	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	214	43.9%	248	55.1%	267	57.2%	343	58.0%
Maternal & Child Health (POC2)	44	9.0%	29	6.4%	55	11.8%	60	10.2%
Family & Child Care (POC3)	72	14.8%	55	12.2%	42	9.0%	45	7.6%
Elderly Services (POC4)	48	9.9%	54	12.0%	49	10.5%	60	10.2%
Mental Health (POC5)	30	6.2%	19	4.2%	18	3.9%	27	4.6%
Learning Disability (POC6)	26	5.3%	17	3.8%	18	3.9%	22	3.7%
Sensory Impairment & Physical Disability (POC7)	29	6.0%	13	2.9%	3	0.6%	5	0.8%
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Primary Health & Adult Community (POC9)	12	2.5%	3	0.7%	0	0.0%	0	0.0%
NO POC Assigned	12	2.5%	12	2.7%	15	3.2%	28	4.7%
Total Number of Complaint Issues	487	100.0%	450	100.0%	467	100.0%	591	100.0%

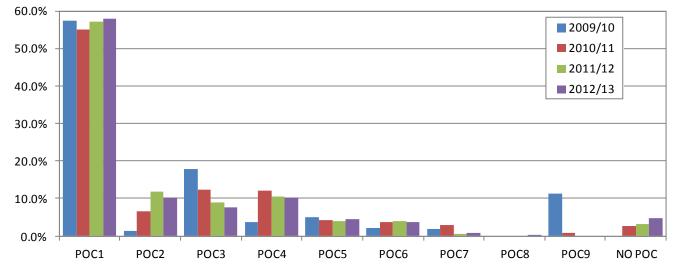
Since 2009/10, the number of complaint issues received by the Western HSC Trust increased by 104 (21.4%), from 487 to 591 in 2012/13 (Table 10, Figure 7).

During 2012/13, 591 complaint issues were received by the Western HSC Trust, of which, almost three fifths (343, 58.0%) were related to the Acute POC (Table 10).

During the last four years, the proportion of complaint issues received by the Western HSC Trust relating to the Acute POC increased by 14.1 percentage points, from 43.9% (214) in 2009/10 to 58.0% (343) in 2012/13 (Table 10).

Between 2009/10 and 2012/13, the proportion of complaint issues received by the Western HSC Trust relating to the Family & Child Care POC decreased by 7.2 percentage points, from 14.8% (72) to 7.6% (45) in 2012/13 (Table 10).





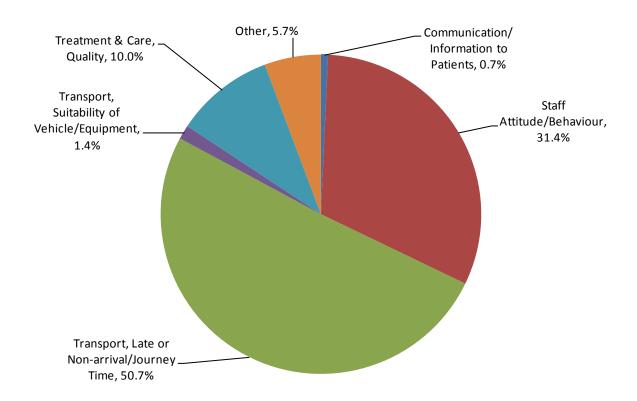
MAHI - STM - 118 - 2503 Complaint Issues Received by the NIAS

During 2012/13, 140 complaint issues were received by the NIAS. It is not possible to provide a breakdown by Programme of Care as complaint issues received by NIAS are not assigned to a POC.

Since 2009/10, the number of complaint issues received by the NIAS increased by 42 (42.9%), from 98 to 140 in 2012/13.

Of the 140 complaint issues received by the NIAS in 2012/13, just over half (71, 50.7%), related to 'Transport, Late or Non-arrival/Journey Time', 44 (31.4%) to 'Staff Attitude/Behaviour', 14 (10.0%) to 'Treatment & Care, Quality', 8 (5.7%) to 'Other' and 2 (1.4%) to 'Transport, Suitability of Vehicle/Equipment' and 1 (0.7%) to 'Communication/Information to Patients' (Figure 8 and Table 1f, Appendix 1).

Figure 8: Complaint Issues Received by the NIAS, by Subject (2012/13)



MAHI - STM - 118 - 2504 Time Taken to Provide a Substantive Response to Complaints Received⁵

Table 11 below details the length of time taken by HSC Trusts to provide a substantive response to complaints received during the financial year. A substantive response is defined as communication of the outcome of the complaint to the complainant following investigation. It should be noted that only one substantive response will be provided to a number of complaint issues made by a complainant, i.e. 4,418 complaints were received in 2012/13 which related to 5,998 complaint issues.

For all complaints received, a holding response will be issued to the complainant if the Trust is waiting for additional information to investigate the complaint and the length of time taken to provide a substantive response to the complaint will exceed 20 working days. All holding responses are issued in 20 working days or less.

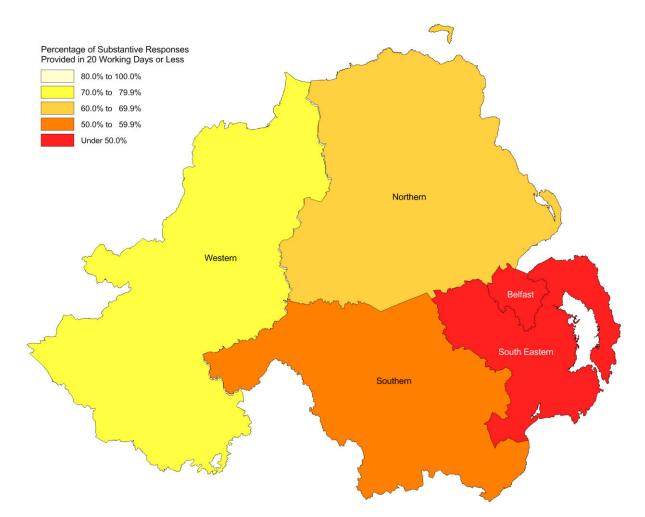
The information detailed below refers to the position of complaints received by HSC Trusts during the year at 31st March each year, i.e. information for 2009/10 refers to the position at 31st March 2010.

Table 11: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2010/11 - 2012/13)

20 Working Days or Less					20 Working Days or More							
HSC Trust	201	0/11	20 1′	1/12	2012	2/13	201	0/11	20 1′	1/12	2012	2/13
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Belfast	864	51.4%	858	57.0%	732	44.9%	816	48.6%	646	43.0%	900	55.1%
Northern	361	65.4%	459	72.3%	419	65.7%	191	34.6%	176	27.7%	219	34.3%
South Eastern	394	52.4%	382	46.6%	415	43.1%	358	47.6%	437	53.4%	547	56.9%
Southern	508	74.2%	291	54.2%	379	58.9%	177	25.8%	246	45.8%	264	41.1%
Western	142	40.2%	244	75.3%	310	76.9%	211	59.8%	80	24.7%	93	23.1%
NIAS	14	16.5%	34	34.7%	43	30.7%	71	83.5%	64	65.3%	97	69.3%
Northern Ireland	2,283	55.6%	2,268	57.9%	2,298	52.0%	1,824	44.4%	1,649	42.1%	2,120	48.0%

⁵ Responses are sent to letters of complaint, a letter may contain more than one complaint issue, therefore total responses will always be less than or equal to the total number of complaint issues.

MAHI - STM - 118 - 2505 Figure 9: Percentage of Substantive Responses Provided in 20 Working Days or Less, by HSC Trusts (Excluding NIAS) (2012/13)



During 2012/13, just over half (2,298, 52.0%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint, 5.9 percentage points lower than in 2011/12 (2,268, 57.9%) and 3.6 percentage points lower than 2010/11 (Table 11).

During 2012/13, the Western HSC Trust provided the highest proportion of substantive responses within 20 working days (310, 76.9%), whilst the NIAS provided the lowest (43, 30.7%) (Table 11 & Figure 9).

Since 2010/11, the proportion of substantive responses provided by the Belfast HSC Trust within 20 days decreased by 6.5 percentage points, from 51.4% (864) to 44.9% (732) in 2012/13 (Table 11).

Between 2010/11 and 2011/12, the number of substantive responses provided by HSC Trusts that took over 20 working days decreased by 175 (9.6%), from 1,824 to 1,649, but increased by 471 (28.6%) between 2011/12 and 2012/13, from 1,649 to 2,120 (Table 11).

MAHI - STM - 118 - 2506 Complaints Regarding Family Practitioner Services (FPS)⁶

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 2009/10, the number of complaints made against FPS services in Northern Ireland increased by 112 (44.6%), from 251 to 363 in 2012/13 (Tables 12 & 14).

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.

Table 12: Number of FPS Complaints Handled Under Local Resolution (2009/10 – 2012/13)

	FPS Local Resolution Complaints									
Practice	2009/10		2010/11		2011/12		2012/13			
	No.	%	No.	%	No.	%	No.	%		
GP	191	89.7%	199	92.1%	189	89.2%	228	92.3%		
Dental	18	8.5%	13	6.0%	19	9.0%	14	5.7%		
Pharmacy	1	0.5%	3	1.4%	3	1.4%	5	2.0%		
Ophthalmic	3	1.4%	1	0.5%	1	0.5%	0	0.0%		
Total	213	100.0%	216	100.0%	212	100.0%	247	100.0%		

Since 2009/10, the number of complaints handled under local resolution increased by 34 (16.0%), from 213 to 247 in 2012/13 (Table 12).

During each of the last four years, around 9 in 10 complaints handled under local resolution, related to GPs, ranging from 89.2% (189) in 2011/12 to 92.3% (228) in 2012/13 (Table 12).

Subject	FP	Total			
Subject	GP	Dental	Pharmacy	Ophthalmic	TOLAT
Treatment & Care	69	7	0	0	76
Staff Attitude	51	4	1	0	56
Communication/Information	76	1	1	0	78
Confidentiality	5	0	1	0	6
Clinical Diagnosis	5	0	0	0	5
Other	22	2	2	0	26
Total	228	14	5	0	247

During 2012/13, almost a third (78, 31.6%) of complaints handled under local resolution related to 'Communication/Information', 76 (30.8%) to 'Treatment & Care', 56 (22.7%) to 'Staff Attitude', 26 (10.5%) to 'Other', 6 (2.4%) to 'Confidentiality' and 5 (2.0%) to 'Clinical Diagnosis' (Table 13).

⁶ Information for 2009/10 to 2011/12 has been sourced from previously published data contained within 'Annual Complaints Report of the Health and Social Care Board'

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.

Table 14: Number of FPS Complaints where the HSC Board Acted as an Honest Broker (2009/10 – 2012/13)

	FPS Honest Broker Complaints									
Practice	2009/10		2010/11		2011/12		2012/13			
	No.	%	No.	%	No.	%	No.	%		
GP	23	60.5%	47	54.7%	50	71.4%	87	75.0%		
Dental	15	39.5%	36	41.9%	18	25.7%	20	17.2%		
Pharmacy	0	0.0%	0	0.0%	1	1.4%	8	6.9%		
Ophthalmic	0	0.0%	3	3.5%	1	1.4%	1	0.9%		
Total	38	100.0%	86	100.0%	70	100.0%	116	100.0%		

During the last four years, the number of complaints where the HSC Board acted as an honest broker more than trebled (78), from 38 in 2009/10 to 116 in 2012/13 (Table 14).

In 2012/13, three quarters (87, 75.0%) of complaints, in which the HSC Board acted as an honest broker, related to GPs (Table 14).

Table 15: FPS Complaints Where the Board Acted as an Honest Broker, by Subject of Complaint (2012/13)

	F				
Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	42	12	0	1	55
Staff Attitude	21	2	0	0	23
Communication/Information	11	3	1	0	15
Confidentiality	1	0	0	0	1
Clinical Diagnosis	1	0	0	0	1
Other	11	3	7	0	21
Total	87	20	8	1	116

During 2012/13, almost half (55, 47.4%) of complaints where the HSC Board acted as an honest broker related to 'Treatment & Care', 23 (19.8%) to 'Staff Attitude', 21 (18.1%) to 'Other', 15 (12.9%) to 'Communication/Information' and 2 (1.7%) to 'Confidentiality' and 'Clinical Diagnosis' (Table 15).

MAHI - STM - 118 - 2508 Complaints Regarding the HSC Board

As well as monitoring the handling of complaints involving FPS the HSC Board also has responsibility for investigating and responding to those complaints that are made directly against their own organisation.

Table 16 below details the number of complaints received by the HSC Board during each of the last four years.

Table 16: HSC Board Complaints, by Year (2009/10 - 2012/13)

Year	HSC Board Complaints
2009/10	20
2010/11	9
2011/12	14
2012/13	11

Over the last four years, the number of complaints received by the HSC Board decreased by 9 (45.0%), from 20 in 2009/10 to 11 in 2012/13 (Table 16).

During 2012/13, the HSC Board received 11 complaints: 7 (63.6%) relating to 'Board Purchasing', 2 (18.2%) 'Policy/Commercial Decision' and 2 (18.2%) 'Communication/Information'.

Table 1a:Subject of Complaint Issues Received by the Belfast HSC Trust
(2009/10 - 2012/13)

Subject	2009/10	2010/11	2011/12	2012/13
Access to Premises	42	34	16	14
Admission into Hospital, Delay/Cancellation (Inpatients)	98	87	132	145
Aids/Adaptations/Appliances	36	30	23	39
Appointments, Delay/Cancellation (Outpatient)	251	318	291	267
Children Order Complaint Issues	18	0	0	1
Clinical Diagnosis	53	72	105	60
Communication/Information to Patients	201	223	369	337
Complaints Handling	7	0	1	0
Confidentiality	13	12	21	20
Consent to Treatment	2	2	3	1
Contracted Regulated Establishments and Agencies	2	10	37	31
Other Contracted Services	31	17	2	4
Delayed Admission from A&E	3	3	2	1
Discharge/Transfer Arrangements	32	35	47	43
Environmental	15	20	18	21
Hotel/Support/Security Services	26	30	24	14
Infection Control	14	14	11	6
Mortuary & Post-Mortem	0	1	0	1
Patients' Privacy/Dignity	13	15	18	14
Patients' Property/Expenses/Finance	34	26	34	40
Patients' Status/Discrimination	11	3	5	3
Policy/Commercial Decisions	15	16	27	12
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	20	20	22	15
Records/Records Keeping	24	12	21	18
Staff Attitude/Behaviour	297	289	322	323
Theatre/Operation/Procedure, Delay/Cancellation	6	41	31	16
Transport, Late or Non-arrival/Journey Time	5	5	5	1
Transport, Suitability of Vehicle/Equipment	1	1	1	1
Treatment & Care, Quality	304	282	281	399
Treatment & Care, Quantity	102	110	126	92
Waiting Lists, Community Services	5	5	12	12
Waiting Times, Community Services	2	5	15	1
Waiting Times, A&E Departments	29	47	47	47
Waiting Times, Outpatient Departments	27	39	37	84
Other	33	31	16	30
Total Number of Complaint Issues	1,772	1,855	2,122	2,113

MAHI - STM - 118 - 2510 Table 1b: Subject of Complaint Issues Received by the Northern HSC Trust (2009/10 - 2012/13)

Subject	2009/10	2010/11	2011/12	2012/13
Access to Premises	2	0	0	1
Admission into Hospital, Delay/Cancellation (Inpatients)	11	18	5	6
Aids/Adaptations/Appliances	3	0	1	7
Appointments, Delay/Cancellation (Outpatient)	15	30	28	35
Children Order Complaint Issues	4	1	6	4
Clinical Diagnosis	38	41	39	39
Communication/Information to Patients	62	41	83	91
Complaints Handling	0	0	0	0
Confidentiality	10	11	7	9
Consent to Treatment	0	0	0	0
Contracted Regulated Establishments and Agencies	7	0	6	5
Other Contracted Services	8	2	4	7
Delayed Admission from A&E	2	1	4	9
Discharge/Transfer Arrangements	11	11	13	23
Environmental	2	5	8	1
Hotel/Support/Security Services	11	16	78	25
Infection Control	9	6	9	3
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	10	5	6	6
Patients' Property/Expenses/Finance	6	4	11	6
Patients' Status/Discrimination	1	0	1	2
Policy/Commercial Decisions	19	39	42	62
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	66	66	69	54
Records/Records Keeping	2	6	10	15
Staff Attitude/Behaviour	102	101	113	127
Theatre/Operation/Procedure, Delay/Cancellation	6	5	13	7
Transport, Late or Non-arrival/Journey Time	1	1	0	0
Transport, Suitability of Vehicle/Equipment	0	2	0	1
Treatment & Care, Quality	140	155	185	237
Treatment & Care, Quantity	27	31	24	6
Waiting Lists, Community Services	37	39	20	8
Waiting Times, Community Services	2	1	4	0
Waiting Times, A&E Departments	28	33	17	27
Waiting Times, Outpatient Departments	2	8	8	7
Other	14	18	48	26
Total Number of Complaint Issues	658	697	862	856

MAHI - STM - 118 - 2511 Table 1c: Subject of Complaint Issues Received by the South Eastern HSC Trust (2009/10 - 2012/13)

Subject	2009/10	2010/11	2011/12	2012/13
Access to Premises	11	21	20	30
Admission into Hospital, Delay/Cancellation (Inpatients)	12	12	22	16
Aids/Adaptations/Appliances	11	18	20	19
Appointments, Delay/Cancellation (Outpatient)	62	58	42	50
Children Order Complaint Issues	0	1	0	0
Clinical Diagnosis	31	49	32	50
Communication/Information to Patients	143	155	158	201
Complaints Handling	0	2	0	1
Confidentiality	14	18	13	13
Consent to Treatment	0	0	0	3
Contracted Regulated Establishments and Agencies	16	3	6	12
Other Contracted Services	27	0	1	9
Delayed Admission from A&E	2	6	4	9
Discharge/Transfer Arrangements	11	19	17	21
Environmental	16	18	25	29
Hotel/Support/Security Services	10	5	11	10
Infection Control	10	14	16	10
Mortuary & Post-Mortem	0	0	0	1
Patients' Privacy/Dignity	5	9	9	13
Patients' Property/Expenses/Finance	16	23	20	16
Patients' Status/Discrimination	4	7	5	9
Policy/Commercial Decisions	23	23	28	30
Prison Healthcare Related Complaint Issues	50	90	174	267
Professional Assessment of Need	9	13	11	9
Records/Records Keeping	9	21	18	25
Staff Attitude/Behaviour	152	182	160	191
Theatre/Operation/Procedure, Delay/Cancellation	10	21	6	11
Transport, Late or Non-arrival/Journey Time	2	1	2	1
Transport, Suitability of Vehicle/Equipment	0	3	0	0
Treatment & Care, Quality	206	299	240	301
Treatment & Care, Quantity	16	15	20	28
Waiting Lists, Community Services	9	5	10	8
Waiting Times, Community Services	9	4	4	6
Waiting Times, A&E Departments	21	16	31	18
Waiting Times, Outpatient Departments	15	13	9	10
Other	45	38	38	32
Total Number of Complaint Issues	977	1,182	1,172	1,459

MAHI - STM - 118 - 2512 Table 1d: Subject of Complaint Issues Received by the Southern HSC Trust (2009/10 - 2012/13)

Subject	2009/10	2010/11	2011/12	2012/13
Access to Premises	9	8	10	10
Admission into Hospital, Delay/Cancellation (Inpatients)	6	9	6	21
Aids/Adaptations/Appliances	11	24	23	19
Appointments, Delay/Cancellation (Outpatient)	36	61	46	41
Children Order Complaint Issues	34	14	0	0
Clinical Diagnosis	11	10	18	25
Communication/Information to Patients	55	58	64	70
Complaints Handling	0	3	1	1
Confidentiality	9	6	9	11
Consent to Treatment	0	0	1	0
Contracted Regulated Establishments and Agencies	0	0	2	5
Other Contracted Services	8	1	2	1
Delayed Admission from A&E	0	0	1	1
Discharge/Transfer Arrangements	20	21	23	27
Environmental	10	6	28	19
Hotel/Support/Security Services	11	3	2	6
Infection Control	2	0	2	0
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	10	3	7	7
Patients' Property/Expenses/Finance	12	19	18	15
Patients' Status/Discrimination	2	6	3	6
Policy/Commercial Decisions	36	47	21	16
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	39	85	36	64
Records/Records Keeping	22	14	18	13
Staff Attitude/Behaviour	154	105	132	156
Theatre/Operation/Procedure, Delay/Cancellation	12	6	6	4
Transport, Late or Non-arrival/Journey Time	0	0	6	1
Transport, Suitability of Vehicle/Equipment	2	1	1	2
Treatment & Care, Quality	171	159	212	229
Treatment & Care, Quantity	23	62	19	18
Waiting Lists, Community Services	3	4	2	2
Waiting Times, Community Services	7	10	5	9
Waiting Times, A&E Departments	2	13	21	18
Waiting Times, Outpatient Departments	17	11	14	10
Other	7	8	5	12
Total Number of Complaint Issues	741	777	764	839

MAHI - STM - 118 - 2513 Table 1e: Subject of Complaint Issues Received by the Western HSC Trust (2009/10 - 2012/13)

Subject	2009/10	2010/11	2011/12	2012/13
Access to Premises	10	5	1	5
Admission into Hospital, Delay/Cancellation (Inpatients)	11	6	5	18
Aids/Adaptations/Appliances	9	5	2	1
Appointments, Delay/Cancellation (Outpatient)	25	11	7	10
Children Order Complaint Issues	10	8	6	8
Clinical Diagnosis	10	25	28	23
Communication/Information to Patients	37	51	52	87
Complaints Handling	4	0	0	1
Confidentiality	9	9	2	3
Consent to Treatment	3	2	0	1
Contracted Regulated Establishments and Agencies	0	0	0	1
Other Contracted Services	2	1	7	3
Delayed Admission from A&E	3	5	0	1
Discharge/Transfer Arrangements	8	22	26	15
Environmental	3	5	4	4
Hotel/Support/Security Services	2	1	1	1
Infection Control	5	3	5	5
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	4	7	9	16
Patients' Property/Expenses/Finance	8	2	4	9
Patients' Status/Discrimination	1	0	1	1
Policy/Commercial Decisions	66	11	3	4
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	13	12	7	11
Records/Records Keeping	5	2	5	3
Staff Attitude/Behaviour	58	68	93	72
Theatre/Operation/Procedure, Delay/Cancellation	1	7	0	0
Transport, Late or Non-arrival/Journey Time	0	1	0	1
Transport, Suitability of Vehicle/Equipment	1	0	0	1
Treatment & Care, Quality	130	138	158	223
Treatment & Care, Quantity	24	24	8	15
Waiting Lists, Community Services	0	2	0	0
Waiting Times, Community Services	1	0	1	2
Waiting Times, A&E Departments	2	6	10	10
Waiting Times, Outpatient Departments	10	5	11	17
Other	12	6	11	19
Total Number of Complaint Issues	487	450	467	591

MAHI - STM - 118 - 2514 Table 1f: Subject of Complaint Issues Received by the NIAS (2009/10 - 2012/13)

Subject	2009/10	2010/11	2011/12	2012/13
Access to Premises	0	0	0	0
Admission into Hospital, Delay/Cancellation (Inpatients)	0	0	0	0
Aids/Adaptations/Appliances	0	0	0	0
Appointments, Delay/Cancellation (Outpatient)	0	0	0	0
Children Order Complaint Issues	0	0	0	0
Clinical Diagnosis	0	0	0	0
Communication/Information to Patients	0	0	0	1
Complaints Handling	0	0	0	0
Confidentiality	0	0	0	0
Consent to Treatment	0	0	0	0
Contracted Regulated Establishments and Agencies	0	0	0	0
Other Contracted Services	0	0	0	0
Delayed Admission from A&E	0	0	0	0
Discharge/Transfer Arrangements	0	0	0	0
Environmental	0	0	0	0
Hotel/Support/Security Services	0	0	0	0
Infection Control	0	0	0	0
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	0	0	0	0
Patients' Property/Expenses/Finance	1	1	1	0
Patients' Status/Discrimination	0	0	0	0
Policy/Commercial Decisions	0	0	0	0
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	0	0	0	0
Records/Records Keeping	0	0	0	0
Staff Attitude/Behaviour	27	27	37	44
Theatre/Operation/Procedure, Delay/Cancellation	0	0	0	0
Transport, Late or Non-arrival/Journey Time	45	32	39	71
Transport, Suitability of Vehicle/Equipment	6	4	0	2
Treatment & Care, Quality	16	19	17	14
Treatment & Care, Quantity	0	0	0	0
Waiting Lists, Community Services	0	0	0	0
Waiting Times, Community Services	0	0	0	0
Waiting Times, A&E Departments	0	0	0	0
Waiting Times, Outpatient Departments	0	0	0	0
Other	3	9	4	8
Total Number of Complaint Issues	98	92	98	140

MAHI - STM - 118 - 2515 Table 1g: Subject of Complaint Issues Received in Northern Ireland (2009/10 - 2012/13)

Subject	2009/10	2010/11	2011/12	2012/13
Access to Premises	74	68	47	60
Admission into Hospital, Delay/Cancellation (Inpatients)	138	132	170	206
Aids/Adaptations/Appliances	70	77	69	85
Appointments, Delay/Cancellation (Outpatient)	389	478	414	403
Children Order Complaint Issues	66	24	12	13
Clinical Diagnosis	143	197	222	197
Communication/Information to Patients	498	528	726	787
Complaints Handling	11	5	2	3
Confidentiality	55	56	52	56
Consent to Treatment	5	4	4	5
Contracted Regulated Establishments and Agencies	25	13	51	54
Other Contracted Services	76	21	16	24
Delayed Admission from A&E	10	15	11	21
Discharge/Transfer Arrangements	82	108	126	129
Environmental	46	54	83	74
Hotel/Support/Security Services	60	55	116	56
Infection Control	40	37	43	24
Mortuary & Post-Mortem	0	1	0	2
Patients' Privacy/Dignity	42	39	49	56
Patients' Property/Expenses/Finance	77	75	88	86
Patients' Status/Discrimination	19	16	15	21
Policy/Commercial Decisions	159	136	121	124
Prison Healthcare Related Complaint Issues	50	90	174	267
Professional Assessment of Need	147	196	145	153
Records/Records Keeping	62	55	72	74
Staff Attitude/Behaviour	790	772	857	913
Theatre/Operation/Procedure, Delay/Cancellation	35	80	56	38
Transport, Late or Non-arrival/Journey Time	53	40	52	75
Transport, Suitability of Vehicle/Equipment	10	11	2	7
Treatment & Care, Quality	967	1,052	1,093	1,403
Treatment & Care, Quantity	192	242	197	159
Waiting Lists, Community Services	54	55	44	30
Waiting Times, Community Services	21	20	29	18
Waiting Times, A&E Departments	82	115	126	120
Waiting Times, Outpatient Departments	71	76	79	128
Other	114	110	122	127
Total Number of Complaint Issues	4,733	5,053	5,485	5,998

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 AcutePOC2 Maternity and Child HealthPOC3 Family and Child CarePOC4 Elderly ServicesPOC5 Mental Health

POC6 Learning Disability

POC7 Sensory Impairment and Physical Disability POC8 Health Promotion and Disease Prevention POC9 Primary Health and Adult Community

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' should be 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 form. In other words, if two relatives complain about the same subject/episode in respect of the same patient, this should 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 should be treated as separate complaint issues.

Where separate unconnected communications refer to the same episode/issue, they may 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 should 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 should 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, i.e. in the quarter it was initially received. However, if this complainant were to then complain about a separate/different matter, this would be a new complaint.

1. Access to Premises

This heading includes all issues concerning ease of movement inside and outside the buildings, e.g. signage, car parking, etc. Problems of wheelchair access / disabled parking etc. should also be included under this heading, if not covered under '*Patients' Status / Discrimination' (20)*.

2. Admission into Hospital, Delay / Cancellation (Inpatients)

This refers to delay or cancellation coming into hospital for inpatient and day case admissions, e.g. waiting list for surgery. Delayed admissions from A&E should <u>not</u> be included in this category but under '*Delayed Admission from A&E*' (13).

3. Aids / Adaptations / Appliances

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

4. Appointments, Delay / Cancellation (Outpatient)

This heading refers to delay or cancellation in securing an appointment at an outpatient clinic, i.e. outpatient waiting lists. It is to be distinguished from '*Waiting Lists, Community Services*' (32) and '*Waiting Times, Outpatient Departments*' (35).

5. Children Order Complaint Issues

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

6. Clinical Diagnosis

This heading covers clinical diagnosis only and is to be distinguished from '*Professional Assessment of Need*' (22).

7. Communication / Information to Patients

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*' (24).

8. 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 <u>not</u> 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*' (*24*).

9. 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.

10. Consent to Treatment

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

11. Contracted Regulated Establishments and Agencies

This heading refers to complaint issues about services that are provided by Trusts via contractual / commissioned arrangements. Establishments may be children's homes, independent hospitals and 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 complaint issues, however, where the complainant, Trust or RQIA wishes, the matter may be investigated by the Trust under the HPSS Complaint Procedure.

Examples: (i) the Trust (as the commissioner) is asked by either RQIA or a relative, to investigate a complaint issue about the care or treatment provided to a resident in an Independent Nursing or Residential Home; (ii) a patient / client asks the Trust (as the commissioner) to investigate a complaint issue 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 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 Establishments and Agencies'* (10). 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 HPSS 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).

13. 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'* (*34*) and '*Admission into Hospital, Delay / Cancellation (Inpatients)'* (*2*).

14. Discharge / Transfer Arrangements

This heading refers to the adequacy of arrangements and includes early discharges or delayed discharges. It does <u>not</u> include failure to communicate discharge arrangements, which would be included under '*Communication / Information to Patients*' (6).

15. 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.

16. 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.

17. 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 <u>not</u> be included in this heading, but would be logged under '*Communication / Information to Patients'* (6).

18. Mortuary & Post-Mortem

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

19. Patients' Privacy / Dignity

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

20. Patients' 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*' (15). 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*' (15).

21. Patients' Status / 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.

22. Policy / Commercial Decisions

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

23. 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*' (5).

24. 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.

25. Prison Healthcare Related Complaint Issues

This relates to the South Eastern HSC Trust only, which has responsibility for securing the provision of health and social care services for prisoners.

26. Staff Attitude / Behaviour

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

27. Theatre / Operation / Procedure, Delay / Cancellation

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 <u>admission</u> for the procedure captured under '*Admission into Hospital, Delay/Cancellation'* (*Inpatients*) (2).

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. Treatment & Care, Quality

This refers to the quality or standard of treatment and care provided. It also covers complaint issues relating to patient safety. However, it is to be distinguished from '*Treatment & Care, Quantity*' (29) which refers to the quantity or amount of treatment and care.

31. Treatment & Care, Quantity

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, Community Services

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'* (31).

33. 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, Community Services'* (30).

34. 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 <u>not</u> included here but should be listed under '*Delayed Admission from A&E*' (12).

35. 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 'Appointments, Delay / Cancellation (Outpatient)' (4).

36. Other

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

Premises

Access to Premises Environmental Hotel/Support/Security Services Infection Control

Admissions/Discharges

Admission into Hospital, Delay/Cancellation (Inpatients) Delayed Admission from A&E Discharge/Transfer Arrangements

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments

Appointments, Delay/Cancellation (Outpatient) Waiting Lists, Community Services Waiting Times, Community Services Waiting Times, A&E Departments Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Diagnosis/Operation/Treatment

Clinical Diagnosis Consent to Treatment Theatre/Operation/Procedure, Delay/Cancellation Treatment & Care, Quality Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients Complaints Handling Confidentiality Records/Records Keeping

Contracted Services

Contracted Regulated Establishments and Agencies Other Contracted Services

Mortuary

Mortuary & Post-Mortem

Patient Experience

Patients Privacy/Dignity Patients Property/Expenses/Finance Patients Status/Discrimination Staff Attitude/Behaviour

Policy/Commercial Decisions

Policy/Commercial Decisions

Prison Healthcare

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 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.

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

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This Statistical bulletin and others published by Hospital Information Branch are available to download from the DHSSPS Internet site at:

Internet address: http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm



Complaints Received by HSC Trusts, Board and Family Practitioner Services in Northern Ireland (2013/14)



Reader Information

Purpose	Monitor and report the number of HSC Trust, Board and Family Practitioner Service complaint issues received during the year, by the programme of care, category, subject of the complaint issue and the time taken to provide a substantive response.
Authors	Michael O'Donnell, Kieran Taggart.
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Issued by	Hospital Information Branch Information & Analysis Directorate Department of Health, Social Services & Public Safety Stormont Estate Belfast, BT4 3SQ
Statistician	Michael O'Donnell
Email	
Statistical Quality	Information detailed in this release has been quality assured with HSC Trusts prior to release.
Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
Further copies from	statistics@dhsspsni.gov.uk
Internet address	http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm
Price	Free
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Background

In this statistical report 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.

Readers are asked to note that 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.

Key Points

- During 2013/14, 4,968 complaints were received by HSC Trusts relating to 6,836 complaint issues (Table 1, Figure 1).
- Over the last four years, the number of complaint issues received by HSC Trusts increased by 1,783 (35.3%), from 5,053 in 2010/11 to 6,836 in 2013/14 (Table 1, Figure 1).
- During 2013/14, over a third of all complaint issues (2,514, 36.8%) were received by the Belfast HSC Trust (Table 1, Figure 1).
- Of the 6,836 complaint issues received by HSC Trusts during 2013/14, three fifths (4,135, 60.5%) related to the Acute POC (Table 2, Figure 2).
- During 2013/14, almost three in ten (1,971, 28.8%) complaint issues related to 'Diagnosis/Operation/Treatment' category (Tables 3 & 4).
- During 2013/14, over half (2,597, 52.3%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 11).
- During 2013/14, there were 327 complaints against family practitioner services, of which 255 (78.0%) were handled under local resolution and the remaining 72 (22.0%) handled by the HSC Board acting as an honest broker (Tables 12 15).
- During 2013/14, the HSC Board received 9 complaints, of which, 5 (55.6%) related to 'Board Purchasing' (Table 16).

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About the Hospital Information Branch (HIB)

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 DHSSPS, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

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

Website: http://www.dhsspsni.gov.uk/index/stats research/hospital-stats.htm

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 of the complaint and the time taken to provide a substantive response for complaints received during 2013/14.

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 within this release derives from the Departmental CH8 statistical return provided by the six HSC Trusts, (including the NIAS) in Northern Ireland. The CH8 return was introduced in 1998 but was revised in 2007 to take account of the structural changes within the HSC system following the Review of Public Administration (RPA). The CH8 is submitted on a quarterly basis by HSC Trusts, in respect of the services for which they have responsibility.

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

http://www.dhsspsni.gov.uk/index/stats_researc h/hospital-stats/hib_guidance_manuals.htm

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

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

Data Quality

All information presented in this bulletin has been provided by HSC Trusts / Board and has been validated and quality assured by Hospital Information Branch (HIB) prior to release. For the CH8 information collection, HSC Trusts are given a set period of time to submit the information. Following submission, HIB perform 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.

Main Uses of Data

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

Contextual Information for Using Complaint Statistics

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

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

http://www.dhsspsni.gov.uk/index/stats_research/hospi tal-stats/contextual_information_hospital_statistics.htm

Contact Information

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

Michael O'Donnell

Email:	
Tel:	

MAHI - STM - 118 - 2529 Number of Complaint Issues (2010/11 - 2013/14)

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

	2010/	/11	2011/	'12	2012/	/13	2013/14		
HSC Trust	No.	%	No.	%	No.	%	No.	%	
Belfast	1,855	36.7%	2,122	38.7%	2,113	35.2%	2,514	36.8%	
Northern	697	13.8%	862	15.7%	856	14.3%	997	14.6%	
South Eastern	1,182	23.4%	1,172	21.4%	1,459	24.3%	1,343	19.6%	
Southern	777	15.4%	764	13.9%	839	14.0%	1,032	15.1%	
Western	450	8.9%	467	8.5%	591	9.9%	800	11.7%	
NIAS	92	1.8%	98	1.8%	140	2.3%	150	2.2%	
Northern Ireland	5,053	100.0%	5,485	100.0%	5,998	100.0%	6,836	100.0%	

Table 1: Number of Complaint Issues Received by HSC Trusts (2010/11 – 2013/14)

Over the last four years, the number of complaint issues received by HSC Trusts increased by 1,783 (35.3%), from 5,053 in 2010/11 to 6,836 in 2013/14 (Table 1, Figure 1).

Since 2010/11, the number of complaint issues received increased in all six HSC Trusts, with the most notable increase reported by the Belfast HSC Trust (659, 35.5%), from 1,855 to 2,514 in 2013/14 (Table 1, Figure 1).

During 2013/14, over a third of all complaint issues (2,514, 36.8%) were received by the Belfast HSC Trust, 1,343 (19.6%) by the South Eastern HSC Trust, 1,032 (15.1%) by the Southern HSC Trust, 997 (14.6%) by the Northern HSC Trust, 800 (11.7%) by the Western HSC Trust and 150 (2.2%) by the NIAS (Table 1).

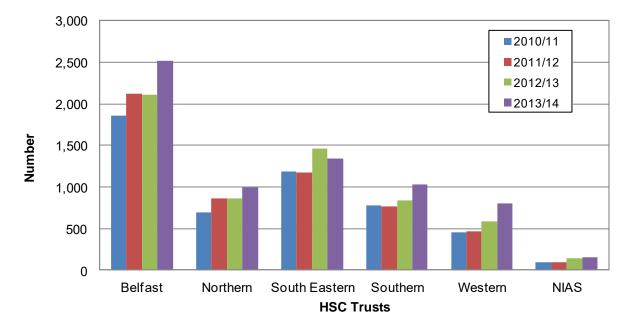


Figure 1: Number of Complaint Issues Received by HSC Trusts during the Year (2010/11 – 2013/14)

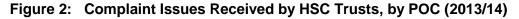
MAHI - STM - 118 - 2530 Complaint Issues Received by Programme of Care (POC)¹

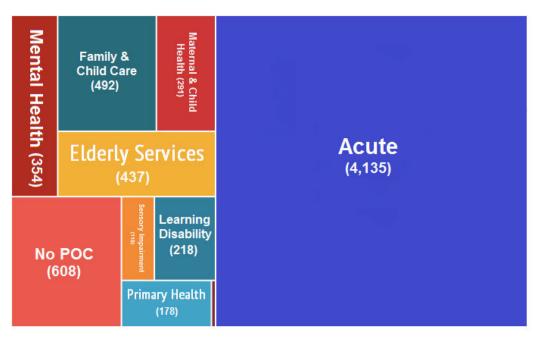
Table 2 details the number of complaint issues received by HSC Trusts in each of the last four years broken down by POC. Each complaint issue should be recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities but not a patient / client, it should be recorded against the POC of that service.

	2010	/11	2011/12		2012/13		2013/14	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute	3,022	59.8%	3,393	61.9%	3,575	59.6%	4,135	60.5%
Maternal & Child Health	323	6.4%	340	6.2%	316	5.3%	291	4.3%
Family & Child Care	317	6.3%	318	5.8%	361	6.0%	492	7.2%
Elderly Services	307	6.1%	302	5.5%	320	5.3%	437	6.4%
Mental Health	247	4.9%	236	4.3%	315	5.3%	354	5.2%
Learning Disability	105	2.1%	96	1.8%	132	2.2%	218	3.2%
Sensory Impairment & Physical Disability	82	1.6%	61	1.1%	89	1.5%	118	1.7%
Health Promotion & Disease Prevention	3	0.1%	4	0.1%	2	0.0%	5	0.1%
Primary Health & Adult Community	293	5.8%	191	3.5%	222	3.7%	178	2.6%
None (No POC assigned)	354	7.0%	544	9.9%	666	11.1%	608	8.9%
Total Number of Complaint Issues	5,053	100.0%	5,485	100.0%	5,998	100.0%	6,836	100.0%

During 2013/14, 6,836 complaint issues were received by the HSC Trusts, of which, three fifths (4,135, 60.5%) were related to the Acute POC (Table 2).

Since 2010/11, the number of complaint issues received by the HSC Trusts relating to the Acute POC increased by 1,113 (36.8%), from 3,022 to 4,135 in 2013/14 (Table 2).





Complaints Received by HSC Trusts in Northern Ireland (2013/14)

¹ Refer to Appendix 2: Definitions for full list of Programmes of Care (POC's)

MAHI - STM - 118 - 2531 Complaint Issues Received by Category²

Table 3 below presents a summary of the number of complaint issues received during each year, by the category of the complaint issue. The category of each complaint issue is based on the subject 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 the 15 main categories below³.

Table 3: Number of Complaint Issues Received by Category (2010/11 – 2013/14)

Coto youry of Complaint Issue	2010/11		2011	/12	2012	2/13	2013/14		
Category of Complaint Issue	No.	%	No.	%	No.	%	No.	%	
Admissions/Discharges	255	5.0%	307	5.6%	356	5.9%	433	6.3%	
Aids/Adaptations/Appliances	77	1.5%	69	1.3%	85	1.4%	76	1.1%	
Appointments/Waiting Times	744	14.7%	692	12.6%	699	11.7%	844	12.3%	
Children's Order	24	0.5%	12	0.2%	13	0.2%	43	0.6%	
Contracted Services	34	0.7%	67	1.2%	78	1.3%	118	1.7%	
Diagnosis/Operation/Treatment	1,575	31.2%	1,572	28.7%	1,802	30.0%	1,971	28.8%	
Information & Communication	644	12.7%	852	15.5%	920	15.3%	1,074	15.7%	
Mortuary	1	0.0%	0	0.0%	2	0.0%	0	0.0%	
Other	110	2.2%	122	2.2%	127	2.1%	109	1.6%	
Patient Experience	902	17.9%	1009	18.4%	1,076	17.9%	1,267	18.5%	
Policy/Commercial Decisions	136	2.7%	121	2.2%	124	2.1%	188	2.8%	
Premises	214	4.2%	289	5.3%	214	3.6%	278	4.1%	
Prison Healthcare	90	1.8%	174	3.2%	267	4.5%	163	2.4%	
Professional Assessment of Need	196	3.9%	145	2.6%	153	2.6%	188	2.8%	
Transport	51	1.0%	54	1.0%	82	1.4%	84	1.2%	
Total	5,053	100.0%	5,485	100.0%	5,998	100.0%	6,836	100.0%	

During 2013/14, almost three in ten (1,971, 28.8%) complaint issues related to 'Diagnosis/Operation/Treatment', 1,267 (18.5%) to 'Patient Experience', 1,074 (15.7%) to 'Information & Communication' and 844 (12.3%) to 'Appointments/Waiting Times'. These four categories accounted for three quarters (5,156, 75.4%) of all complaint issues received during 2013/14 (Table 3).

Over the last four years, the number of complaint issues relating to 'Information & Communication' increased by 430 (66.8%), from 644 in 2010/11 to 1,074 in 2013/14 (Table 3).

Between 2011/12 and 2013/14, the number of complaint issues relating to 'Diagnosis/Operation/Treatment' increased by 396 (25.1%), from 1,575 to 1,971 (Table 3).

Since 2010/11, the number of complaint issues relating to 'Patient Experience' increased by 365 (40.5%), from 902 to 1,267 in 2013/14 (Table 3).

Complaints Received by HSC Trusts in Northern Ireland (2013/14)

² A list of the subjects of complaint issues is detailed in Appendix 3, and a list of the general category of complaint issue by subject area in Appendix 4.

³ Details on the number of complaint issues received by subject of complaint issue are detailed in Appendix 1.

Table 4 below presents a summary of the number of complaint issues received during 2013/14, by the category of the complaint issue and by HSC Trust. As per previous table, the subject area has been grouped into the main categories of complaint issues received.

Category of Complaint Issue	Belfast	Northern	South Eastern	Southern	Western	NIAS	Northern Ireland
Admissions/Discharges	262	44	43	45	37	2	433
Aids/Adaptations/Appliances	35	1	16	19	5	0	76
Appointments/Waiting Times	414	113	117	143	57	0	844
Children Order	13	11	3	1	15	0	43
Contracted Services	45	44	18	3	8	0	118
Diagnosis/Operation/Treatment	661	325	348	333	286	18	1,971
Information & Communication	496	143	215	110	110	0	1,074
Mortuary	0	0	0	0	0	0	0
Other	27	12	36	8	24	2	109
Patient Experience	434	173	234	191	177	58	1,267
Policy/Commercial Decisions	4	42	32	49	61	0	188
Premises	106	39	88	35	10	0	278
Prison Healthcare			163				163
Professional Assessment of Need	12	49	23	95	9	0	188
Transport	5	1	7	0	1	70	84
Total	2,514	997	1,343	1,032	800	150	6,836

Table 4: Number of Complaint Issues Received by Category and HSC Trust (2013/14)

During 2013/14:

- The Belfast HSC Trust reported the highest number of complaint issues relating to 'Diagnosis/Operation/Treatment' (661, 33.5%), 'Information & Communication' (496, 46.2%), 'Patient Experience' (434, 34.3%), 'Appointments/Waiting Times' (414, 49.1%), 'Admissions/Discharges' (262, 60.5%), 'Premises' (106, 38.1%), 'Contracted Services' (45, 38.1%) and 'Aids/Adaptions/Appliances' (35, 46.1%) (Table 4).
- The South Eastern HSC Trust reported the highest number of complaint issues relating to 'Other' (36, 33.0%). The South Eastern HSC Trust also reported 163 complaint issues relating to 'Prison Healthcare'. It is important to note that the South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland; therefore, all other HSC Trusts reported nil complaint issues in this category (Table 4).
- The Southern HSC Trust reported the highest number of complaint issues relating to 'Professional Assessment of Need' (95, 50.5%) (Table 4).
- The Western HSC Trust reported the highest number of complaint issues relating to 'Policy/Commercial Decisions' (61, 32.4%) and 'Children Order' (15, 34.9%) (Table 4).
- The NIAS reported the highest number of complaint issues relating to 'Transport' (70, 83.3%) (Table 4).

MAHI - STM - 118 - 2533 Complaint Issues Received by POC and HSC Trust⁴

Table 5 details the number of complaint issues received by each HSC Trust during 2013/14 by the POC of the complaint issue.

Programme of Care	Belfast	Northern	South Eastern	Southern	Western	NIAS	Total
Acute	1,941	526	677	572	419	0	4,135
Maternal & Child Health	131	49	48	0	63	0	291
Family & Child Care	82	137	90	124	59	0	492
Elderly Services	106	128	67	80	56	0	437
Mental Health	74	63	91	98	28	0	354
Learning Disability	18	20	8	47	125	0	218
Sensory Impairment & Physical Disability	12	31	25	43	7	0	118
Health Promotion & Disease Prevention	0	0	0	1	4	0	5
Primary Health & Adult Community	6	20	84	66	2	0	178
None (No POC assigned)	144	23	253	1	37	150	608
Total	2,514	997	1,343	1,032	800	150	6,836

During 2013/14:

- The Belfast HSC Trust reported the highest number of complaint issues relating to the Acute POC (1,941, 46.9%) and the Maternal & Child Health POC (131, 45.0%)(Table 5).
- The Northern HSC Trust reported the highest number of complaint issues relating to the Family & Child Services POC (137, 27.8%) and the Elderly Services POC (128, 29.3%) (Table 5).
- The South Eastern HSC Trust reported the highest number of complaint issues with no POC assigned (253, 41.6%) and relating to the Primary Health & Adult Community POC (84, 47.2%) (Table 5).
- The Southern HSC Trust reported the highest number of complaint issues relating to the Mental Health POC (98, 27.7%) and the Sensory Impairment & Physical Disability POC (43, 36.4%) (Table 5).
- The Western HSC Trust reported the highest number of complaint issues relating to the Learning Disability POC (125, 57.3%) and the Health Promotion & Disease Prevention POC (4, 80.0%) (Table 5).

⁴ The high number of complaints received in the South Eastern HSC Trust with no POC assigned is in part due to 163 complaints received regarding Prison Healthcare.

MAHI - STM - 118 - 2534 Complaint Issues Received by the Belfast HSC Trust

Table 6 details the number of complaint issues received by the Belfast HSC Trust in each of the last four years by the POC of the complaint issue.

Table 6: Number of Complaint Issues Received by the Belfast HSC Trust, by POC (2010/11 – 2013/14)

	2010)/11	2011/12		2012/13		2013/14	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	1,353	72.9%	1,594	75.1%	1,566	74.1%	1,941	77.2%
Maternal & Child Health (POC2)	178	9.6%	208	9.8%	196	9.3%	131	5.2%
Family & Child Care (POC3)	34	1.8%	43	2.0%	49	2.3%	82	3.3%
Elderly Services (POC4)	76	4.1%	68	3.2%	101	4.8%	106	4.2%
Mental Health (POC5)	57	3.1%	44	2.1%	58	2.7%	74	2.9%
Learning Disability (POC6)	9	0.5%	11	0.5%	22	1.0%	18	0.7%
Sensory Impairment & Physical Disability (POC7)	20	1.1%	15	0.7%	17	0.8%	12	0.5%
Health Promotion & Disease Prevention (POC8)	3	0.2%	2	0.1%	1	0.0%	0	0.0%
Primary Health & Adult Community (POC9)	41	2.2%	19	0.9%	2	0.1%	6	0.2%
No POC Assigned	84	4.5%	118	5.6%	101	4.8%	144	5.7%
Total Number of Complaint Issues	1,855	100.0%	2,122	100.0%	2,113	100.0%	2,514	100.0%

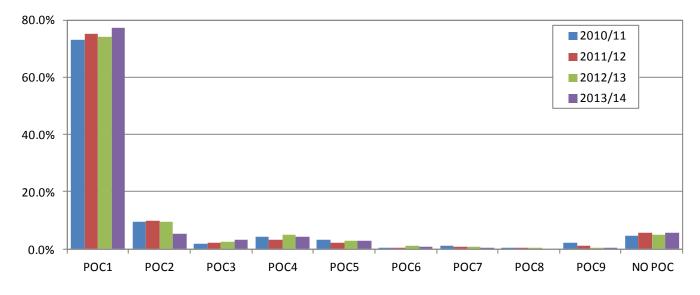
Since 2010/11, the number of complaint issues received by the Belfast HSC Trust increased by 659 (35.5%), from 1,855 to 2,514 during 2013/14 (Table 6, Figure 3).

During 2013/14, 2,514 complaint issues were received by the Belfast HSC Trust, of which, over three quarters (1,941, 77.2%) related to the Acute POC (Table 6).

Between 2010/11 and 2013/14, the number of complaint issues received by the Belfast HSC Trust which related to the Acute POC increased by 588 (43.5%), from 1,353 to 1,941 (Table 6 and Figure 3).

Since 2010/11, the proportion of complaint issues received by the Belfast HSC Trust relating to the Maternal & Child Health POC decreased by 4.4 percentage points, from 9.6% (178) to 5.2% (131) during 2013/14 (Table 6, Figure 3).

Figure 3: Percentage of Complaint Issues Received by the Belfast HSC Trust by POC (2010/11 – 2013/14)



MAHI - STM - 118 - 2535 Complaint Issues Received by the Northern HSC Trust

Table 7 details the number of complaint issues received by the Northern HSC Trust in each of the last four years by the POC of the complaint issue.

Table 7: Number of Complaint Issues Received by the Northern HSC Trust, by POC (2010/11 – 2013/14)

	2010)/11	2011/12		2012/13		2013/14	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	398	57.1%	441	51.2%	469	54.8%	526	52.8%
Maternal & Child Health (POC2)	22	3.2%	24	2.8%	21	2.5%	49	4.9%
Family & Child Care (POC3)	64	9.2%	81	9.4%	105	12.3%	137	13.7%
Elderly Services (POC4)	69	9.9%	102	11.8%	87	10.2%	128	12.8%
Mental Health (POC5)	56	8.0%	67	7.8%	68	7.9%	63	6.3%
Learning Disability (POC6)	21	3.0%	20	2.3%	25	2.9%	20	2.0%
Sensory Impairment & Physical Disability (POC7)	10	1.4%	16	1.9%	22	2.6%	31	3.1%
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Primary Health & Adult Community (POC9)	41	5.9%	29	3.4%	25	2.9%	20	2.0%
No POC Assigned	16	2.3%	82	9.5%	34	4.0%	23	2.3%
Total Number of Complaint Issues	697	100.0%	862	100.0%	856	100.0%	997	100.0%

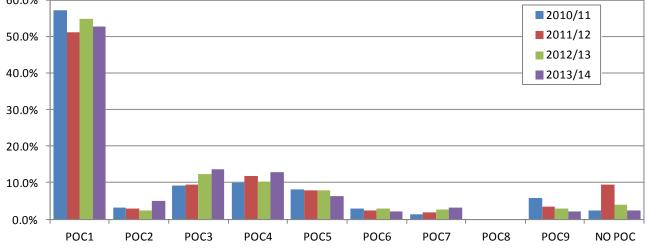
Since 2010/11, the number of complaint issues received by the Northern HSC Trust increased by 300 (43.0%), from 697 to 997 during 2013/14 (Table 7, Figure 4).

Over half (52.8%, 526) of the 997 complaint issues received by the Northern HSC Trust in 2013/14 related to the Acute POC (Table 7).

During the last four years, the proportion of complaint issues received by the Northern HSC Trust relating to the Family & Child Care POC increased by 4.5 percentage points, from 9.2% (64) in 2010/11 to 13.7% (137) in 2013/14 (Table 7).

Since 2010/11, the proportion of complaint issues received by the Northern HSC Trust relating to the Acute POC decreased by 4.3 percentage points, from 57.1% (398) to 52.8% (526) in 2013/14 (Table 7).





MAHI - STM - 118 - 2536 Complaint Issues Received by the South Eastern HSC Trust

Table 8 details the number of complaint issues received by the South Eastern HSC Trust in each of the last four years by the POC of the complaint issue.

Table 8: Number of Complaint Issues Received by the South Eastern HSC Trust, by POC (2010/11 – 2013/14)

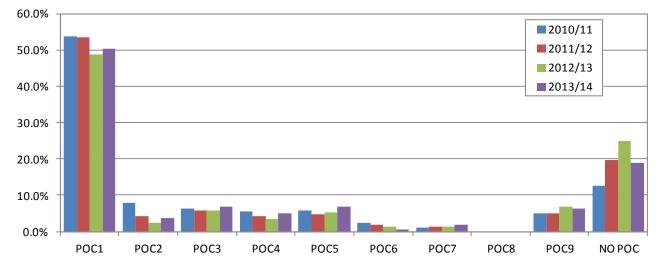
	2010)/11	2011/12		2012/13		2013/14	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	635	53.7%	626	53.4%	711	48.7%	677	50.4%
Maternal & Child Health (POC2)	92	7.8%	50	4.3%	33	2.3%	48	3.6%
Family & Child Care (POC3)	73	6.2%	67	5.7%	85	5.8%	90	6.7%
Elderly Services (POC4)	64	5.4%	50	4.3%	50	3.4%	67	5.0%
Mental Health (POC5)	69	5.8%	54	4.6%	75	5.1%	91	6.8%
Learning Disability (POC6)	27	2.3%	20	1.7%	21	1.4%	8	0.6%
Sensory Impairment & Physical Disability (POC7)	13	1.1%	16	1.4%	20	1.4%	25	1.9%
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Primary Health & Adult Community (POC9)	59	5.0%	58	4.9%	101	6.9%	84	6.3%
No POC Assigned	150	12.7%	231	19.7%	363	24.9%	253	18.8%
Total Number of Complaint Issues	1,182	100.0%	1,172	100.0%	1,459	100.0%	1,343	100.0%

Since 2010/11, the number of complaint issues received by the South Eastern HSC Trust increased by 161 (13.6%), from 1,182 to 1,343 in 2013/14 (Table 8, Figure 5).

Over half (50.4%, 677) of the 1,343 complaint issues received by the South Eastern HSC Trust in 2013/14 related to the Acute POC (Table 8).

The proportion of complaint issues with no POC assigned increased by 6.1 percentage points, from 12.7% (150) in 2010/11 to 18.8% (253) in 2013/14. It is important to note that the South Eastern HSC Trust is the sole provider of prison healthcare in Northern Ireland and these complaints (163) are included in 'No POC Assigned' category (Table 8).





MAHI - STM - 118 - 2537 Complaint Issues Received by the Southern HSC Trust

Table 9 details the number of complaint issues received by the Southern HSC Trust in each of the last four years by the POC of the complaint issue.

Table 9: Number of Complaint Issues Received by the Southern HSC Trust, by POC (2010/11 – 2013/14)

	2010	0/11	2011/12		2012/13		2013/14	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	388	49.9%	465	60.9%	486	57.9%	572	55.4%
Maternal & Child Health (POC2)	2	0.3%	3	0.4%	6	0.7%	0	0.0%
Family & Child Care (POC3)	91	11.7%	85	11.1%	77	9.2%	124	12.0%
Elderly Services (POC4)	44	5.7%	33	4.3%	22	2.6%	80	7.8%
Mental Health (POC5)	46	5.9%	53	6.9%	87	10.4%	98	9.5%
Learning Disability (POC6)	31	4.0%	27	3.5%	42	5.0%	47	4.6%
Sensory Impairment & Physical Disability (POC7)	26	3.3%	11	1.4%	25	3.0%	43	4.2%
Health Promotion & Disease Prevention (POC8)	0	0.0%	2	0.3%	0	0.0%	1	0.1%
Primary Health & Adult Community (POC9)	149	19.2%	85	11.1%	94	11.2%	66	6.4%
No POC Assigned	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Total Number of Complaint Issues	777	100.0%	764	100.0%	839	100.0%	1,032	100.0%

Between 2010/11 and 2013/14, the number of complaint issues received by the Southern HSC Trust increased by 255 (32.8%), from 777 to 1,032 (Table 9, Figure 6).

Over half (55.4%, 572) of the 1,032 complaint issues received by the Southern HSC Trust in 2013/14 related to the Acute POC (Table 9).

During the last four years, the proportion of complaint issues received by the Southern HSC Trust relating to the Acute POC increased by 5.5 percentage points, from 49.9% (388) in 2010/11 to 55.4% (572) in 2013/14 (Table 9).

Since 2010/11, the proportion of complaint issues received by the Southern HSC Trust relating to the Primary Health & Adult Community POC decreased by 12.8 percentage points, from 19.2% (149) to 6.4% (66) in 2013/14 (Table 9).

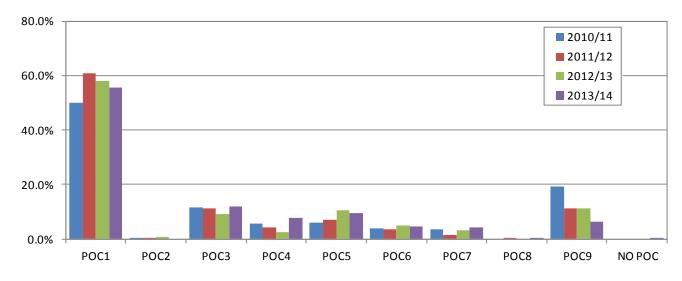


Figure 6: Percentage of Complaint Issues Received by the Southern HSC Trust by POC (2010/11 – 2013/14)

MAHI - STM - 118 - 2538 Complaint Issues Received by the Western HSC Trust

Table 10 details the number of complaint issues received by the Western HSC Trust in each of the last four years by the POC of the complaint issue.

Table 10: Number of Complaint Issues Received by the Western HSC Trust, by POC (2010/11 – 2013/14)

Brogramme of Care)/11	2011/12		2012/13		2013/14	
Programme of Care	No.	%	No.	%	No.	%	No.	%
Acute (POC1)	248	55.1%	267	57.2%	343	58.0%	419	52.4%
Maternal & Child Health (POC2)	29	6.4%	55	11.8%	60	10.2%	63	7.9%
Family & Child Care (POC3)	55	12.2%	42	9.0%	45	7.6%	59	7.4%
Elderly Services (POC4)	54	12.0%	49	10.5%	60	10.2%	56	7.0%
Mental Health (POC5)	19	4.2%	18	3.9%	27	4.6%	28	3.5%
Learning Disability (POC6)	17	3.8%	18	3.9%	22	3.7%	125	15.6%
Sensory Impairment & Physical Disability (POC7)	13	2.9%	3	0.6%	5	0.8%	7	0.9%
Health Promotion & Disease Prevention (POC8)	0	0.0%	0	0.0%	1	0.2%	4	0.5%
Primary Health & Adult Community (POC9)	3	0.7%	0	0.0%	0	0.0%	2	0.3%
No POC Assigned	12	2.7%	15	3.2%	28	4.7%	37	4.6%
Total Number of Complaint Issues	450	100.0%	467	100.0%	591	100.0%	800	100.0%

Between 2010/11 and 2013/14, the number of complaint issues received by the Western HSC Trust almost doubled (350, 77.8%), from 450 to 800 (Table 10, Figure 7).

Over half (52.4%, 419) of the 800 complaint issues received by the Western HSC Trust in 2013/14 related to the Acute POC (Table 10).

During the last four years, the proportion of complaint issues received by the Western HSC Trust relating to the Learning Disability POC increased by 11.8 percentage points, from 3.8% (17) in 2010/11 to 15.6% (125) in 2013/14 (Table 10).

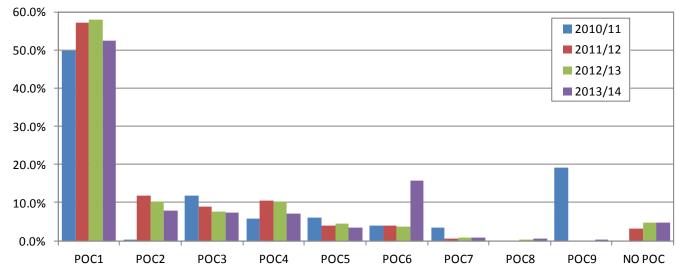


Figure 7: Percentage of Complaint Issues Received by the Western HSC Trust by POC (2010/11 – 2013/14)

MAHI - STM - 118 - 2539 Complaint Issues Received by the NIAS

During 2013/14, 150 complaint issues were received by the NIAS. It is not possible to provide a breakdown by Programme of Care as complaint issues received by NIAS are not assigned to a POC.

Since 2010/11, the number of complaint issues received by the NIAS increased by 58 (63.0%), from 92 to 150 in 2013/14.

Of the 150 complaint issues received by the NIAS in 2013/14, almost half (69, 46.0%), related to 'Transport, Late or Non-arrival/Journey Time', 57 (38.0%) to 'Staff Attitude/Behaviour', 18 (12.0%) to 'Treatment & Care, Quality' and 6 (4.0%) to 'Other' (Figure 8 and Table 1f, Appendix 1).

Figure 8: Complaint Issues Received by the NIAS, by Subject (2013/14)⁵

Other (6)	Staff Attitude / Behaviour (⁵⁷)	e, Quality (18)
Tra	ansport, Late or Non-arrival / Journey Time (69)	Treatment & Care, Quality (18)

⁵ 'Other' refers to complaint issues recorded as 'Other', 'Discharge/Transfer Arrangements', 'Patients' Property/Expenses/Finance' and 'Transport, Suitability of Vehicle/Equipment'.

MAHI - STM - 118 - 2540 Time Taken to Provide a Substantive Response to Complaints Received⁶

Table 11 below details the length of time taken by HSC Trusts to provide a substantive response to complaints received during the financial year. A substantive response is defined as communication of the outcome of the complaint to the complainant following investigation. It should be noted that only one substantive response will be provided to a number of complaint issues made by a complainant, i.e. 4,968 complaints were received in 2013/14 relating to 6,836 complaint issues.

For all complaints received, a holding response will be issued to the complainant if the Trust is waiting for additional information to investigate the complaint and the length of time taken to provide a substantive response to the complaint will exceed 20 working days. All holding responses are issued in 20 working days or less.

The information detailed below refers to the position of complaints received by HSC Trusts during the year at 31st March each year, i.e. information for 2011/12 refers to the position at 31st March 2012.

		20 W	orking [Days or	Less		More Than 20 Working Days					
HSC Trust	2011/12		2012	2012/13		2013/14		2011/12		2012/13		2013/14
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Belfast	858	57.0%	732	44.9%	937	50.0%	646	43.0%	900	55.1%	936	50.0%
Northern	459	72.3%	419	65.7%	431	59.5%	176	27.7%	219	34.3%	293	40.5%
South Eastern	382	46.6%	415	43.1%	397	42.6%	437	53.4%	547	56.9%	536	57.4%
Southern	291	54.2%	379	58.9%	393	50.4%	246	45.8%	264	41.1%	387	49.6%
Western	244	75.3%	310	76.9%	391	76.7%	80	24.7%	93	23.1%	119	23.3%
NIAS	34	34.7%	43	30.7%	48	32.4%	64	65.3%	97	69.3%	100	67.6%
Northern Ireland	2,268	57.9%	2,298	52.0%	2,597	52.3%	1,649	42.1%	2,120	48.0%	2,371	47.7%

Table 11: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2011/12 - 2013/14)

During 2013/14, over half (2,597, 52.3%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint, 5.6 percentage points fewer than 2011/12 (2,268, 57.9%) (Table 11).

During 2013/14, the Western HSC Trust provided the highest proportion of substantive responses within 20 working days (391, 76.7%), whilst the NIAS provided the lowest (48, 32.4%) (Table 11 & Figure 9).

Since 2011/12, the proportion of substantive responses provided by the Northern HSC Trust within 20 days decreased by 12.8 percentage points, from 72.3% (459) to 59.5% (431) in 2013/14 (Table 11).

Since 2011/12, the number of substantive responses provided by HSC Trusts that took over 20 working days increased by 722 (43.8%), from 1,649 to 2,371 in 2013/14 (Table 11).

⁶ Responses are sent to letters of complaint, a letter may contain more than one complaint issue, therefore total responses will always be less than or equal to the total number of complaint issues.

Figure 9: Percentage of Complaints Receiving a Substantive Response Within 20 Working Days, by HSC Trust (2013/14)

Belfast Trust	**** *
Northern Trust	ՠՠՠՠՠՠՠՠՠ ՠՠՠ 59.5%
South EasternTrust	ՠՠՠՠՠՠՠՠՠ 42.6%
Southern Trust	ՠՠՠՠՠՠՠՠՠՠ
Western Trust	********* 76.7%
NIAS	ՠՠՠՠՠՠՠՠՠՠ

MAHI - STM - 118 - 2542 Complaints Regarding Family Practitioner Services (FPS)⁷

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 2010/11, the number of complaints made against FPS services in Northern Ireland increased by 25 (8.3%), from 302 to 327 in 2013/14 (Tables 12 & 14).

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.

Practice	20 1	2010/11		2011/12		2012/13		13/14
	No.	%	No.	%	No.	%	No.	%
GP	199	92.1%	189	89.2%	228	92.3%	241	94.5%
Dental	13	6.0%	19	9.0%	14	5.7%	12	4.7%
Pharmacy	3	1.4%	3	1.4%	5	2.0%	2	0.8%
Ophthalmic	1	0.5%	1	0.5%	0	0.0%	0	0.0%
Total	216	100.0%	212	100.0%	247	100.0%	255	100.0%

Table 12: Number of FPS Complaints Handled Under Local Resolution (2010/11 – 2013/14)

Since 2010/11, the number of complaints handled under local resolution increased by 39 (18.1%), from 216 to 255 in 2013/14 (Table 12).

During each of the last four years, around 9 in 10 complaints handled under local resolution, related to GPs, ranging from 89.2% (189) in 2011/12 to 94.5% (241) in 2013/14 (Table 12).

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	119	8	0	0	127
Staff Attitude	29	1	1	0	31
Communication/Information	59	3	0	0	62
Confidentiality	3	0	0	0	3
Clinical Diagnosis	6	0	0	0	6
Other	25	0	1	0	26
Total	241	12	2	0	255

Table 13: FPS Complaints Handled Under Local Resolution, by Subject of Complaint (2013/14)

During 2013/14, almost half (127, 49.8%) of complaints handled under local resolution related to 'Treatment & Care', 62 (24.3%) to 'Communication/Information', 31 (12.2%) to 'Staff Attitude', 26 (10.2%) to 'Other', 6 (2.4%) to 'Clinical Diagnosis' and 3 (1.2%) to 'Confidentiality' (Table 13).

⁷ Information for 2011/12 has been sourced from previously published data contained within 'Annual Complaints Report of the Health and Social Care Board'

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.

Table 14:	Number of FPS Complaints where the HSC Board Acted as an Honest Broker
	(2010/11 – 2013/14)

Practice	20 1	2010/11		2011/12		2/13	2013/14	
	No.	%	No.	%	No.	%	No.	%
GP	47	54.7%	50	71.4%	87	75.0%	57	79.2%
Dental	36	41.9%	18	25.7%	20	17.2%	13	18.1%
Pharmacy	0	0.0%	1	1.4%	8	6.9%	2	2.8%
Ophthalmic	3	3.5%	1	1.4%	1	0.9%	0	0.0%
Total	86	100.0%	70	100.0%	116	100.0%	72	100.0%

Between 2010/11 and 2012/13, the number of complaints where the HSC Board acted as an honest broker increased by 30 (34.9%), from 86 to 116, but decreased by 44 (37.9%) since 2012/13, to 72 in 2013/14 (Table 14).

Almost four in five (57, 79.2%) complaints, in which the HSC Board acted as an honest broker, related to GP complaints in 2013/14 (Table 14).

Subject	GP	Dental	Pharmacy	Ophthalmic	Total
Treatment & Care	37	11	2	0	50
Staff Attitude	10	1	0	0	11
Communication/Information	4	1	0	0	5
Confidentiality	0	0	0	0	0
Clinical Diagnosis	3	0	0	0	3
Other	3	0	0	0	3
Total	57	13	2	0	72

Table 15: FPS Complaints Where the Board Acted as an Honest Broker, by Subject of Complaint (2013/14)

During 2013/14, over two thirds (50, 69.4%) of complaints where the HSC Board acted as an honest broker related to 'Treatment & Care', 11 (15.3%) to 'Staff Attitude', 5 (6.9%) to 'Communication / Information', 3 (4.2%) to both 'Clinical Diagnosis' and 'Other' (Table 15).

MAHI - STM - 118 - 2544 Complaints Regarding the HSC Board

As well as monitoring the handling of complaints involving FPS the HSC Board also has responsibility for investigating and responding to those complaints that are made directly against their own organisation.

Table 16 below details the number of complaints received by the HSC Board in each of the last four years.

Table 16: HSC Board Complaints, by Year (2010/11 - 2013/14)

Year	HSC Board Complaints
2010/11	9
2011/12	14
2012/13	11
2013/14	9

In the last four years the highest number of complaints received by the HSC Board was in 2011/12 (14) (Table 16).

During 2013/14, the HSC Board received 9 complaints: 5 (55.6%) relating to 'Board Purchasing', 3 (33.3%) relating to 'Communication/Information' and 1 (11.1%) relating to 'Policy/Commercial Decisions'.

Table 1a:Subject of Complaint Issues Received by the Belfast HSC Trust
(2010/11 - 2013/14)

Subject	2010/11	2011/12	2012/13	2013/14
Access to Premises	34	16	14	27
Admission into Hospital, Delay/Cancellation (Inpatients)	87	132	145	200
Aids/Adaptations/Appliances	30	23	39	35
Appointments, Delay/Cancellation (Outpatient)	318	291	267	318
Children Order Complaint Issues	0	0	1	13
Clinical Diagnosis	72	105	60	64
Communication/Information to Patients	223	369	337	455
Complaints Handling	0	1	0	2
Confidentiality	12	21	20	22
Consent to Treatment	2	3	1	1
Contracted Regulated Establishments and Agencies	10	37	31	37
Other Contracted Services	17	2	4	8
Delayed Admission from A&E	3	2	1	2
Discharge/Transfer Arrangements	35	47	43	60
Environmental	20	18	21	32
Hotel/Support/Security Services	30	24	14	40
Infection Control	14	11	6	7
Mortuary & Post-Mortem	1	0	1	0
Patients' Privacy/Dignity	15	18	14	16
Patients' Property/Expenses/Finance	26	34	40	56
Patients' Status/Discrimination	3	5	3	4
Policy/Commercial Decisions	16	27	12	4
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	20	22	15	12
Records/Records Keeping	12	21	18	17
Staff Attitude/Behaviour	289	322	323	358
Theatre/Operation/Procedure, Delay/Cancellation	41	31	16	43
Transport, Late or Non-arrival/Journey Time	5	5	1	4
Transport, Suitability of Vehicle/Equipment	1	1	1	1
Treatment & Care, Quality	282	281	399	403
Treatment & Care, Quantity	110	126	92	150
Waiting Lists, Community Services	5	12	12	18
Waiting Times, Community Services	5	15	1	3
Waiting Times, A&E Departments	47	47	47	35
Waiting Times, Outpatient Departments	39	37	84	40
Other	31	16	30	27
Total Number of Complaint Issues	1,855	2,122	2,113	2,514

MAHI - STM - 118 - 2546 Table 1b: Subject of Complaint Issues Received by the Northern HSC Trust (2010/11 - 2013/14)

Subject	2010/11	2011/12	2012/13	2013/14
Access to Premises	0	0	1	1
Admission into Hospital, Delay/Cancellation (Inpatients)	18	5	6	8
Aids/Adaptations/Appliances	0	1	7	1
Appointments, Delay/Cancellation (Outpatient)	30	28	35	42
Children Order Complaint Issues	1	6	4	11
Clinical Diagnosis	41	39	39	36
Communication/Information to Patients	41	83	91	99
Complaints Handling	0	0	0	1
Confidentiality	11	7	9	14
Consent to Treatment	0	0	0	0
Contracted Regulated Establishments and Agencies	0	6	5	32
Other Contracted Services	2	4	7	12
Delayed Admission from A&E	1	4	9	1
Discharge/Transfer Arrangements	11	13	23	35
Environmental	5	8	1	12
Hotel/Support/Security Services	16	78	25	21
Infection Control	6	9	3	5
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	5	6	6	10
Patients' Property/Expenses/Finance	4	11	6	3
Patients' Status/Discrimination	0	1	2	0
Policy/Commercial Decisions	39	42	62	42
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	66	69	54	49
Records/Records Keeping	6	10	15	29
Staff Attitude/Behaviour	101	113	127	160
Theatre/Operation/Procedure, Delay/Cancellation	5	13	7	3
Transport, Late or Non-arrival/Journey Time	1	0	0	0
Transport, Suitability of Vehicle/Equipment	2	0	1	1
Treatment & Care, Quality	155	185	237	268
Treatment & Care, Quantity	31	24	6	18
Waiting Lists, Community Services	39	20	8	41
Waiting Times, Community Services	1	4	0	1
Waiting Times, A&E Departments	33	17	27	17
Waiting Times, Outpatient Departments	8	8	7	12
Other	18	48	26	12
Total Number of Complaint Issues	697	862	856	997

MAHI - STM - 118 - 2547 Table 1c: Subject of Complaint Issues Received by the South Eastern HSC Trust (2010/11 - 2013/14)

Subject	2010/11	2011/12	2012/13	2013/14
Access to Premises	21	20	30	38
Admission into Hospital, Delay/Cancellation (Inpatients)	12	22	16	20
Aids/Adaptations/Appliances	18	20	19	16
Appointments, Delay/Cancellation (Outpatient)	58	42	50	59
Children Order Complaint Issues	1	0	0	3
Clinical Diagnosis	49	32	50	48
Communication/Information to Patients	155	158	201	170
Complaints Handling	2	0	1	3
Confidentiality	18	13	13	16
Consent to Treatment	0	0	3	1
Contracted Regulated Establishments and Agencies	3	6	12	16
Other Contracted Services	0	1	9	2
Delayed Admission from A&E	6	4	9	0
Discharge/Transfer Arrangements	19	17	21	23
Environmental	18	25	29	23
Hotel/Support/Security Services	5	11	10	23
Infection Control	14	16	10	4
Mortuary & Post-Mortem	0	0	1	0
Patients' Privacy/Dignity	9	9	13	4
Patients' Property/Expenses/Finance	23	20	16	26
Patients' Status/Discrimination	7	5	9	7
Policy/Commercial Decisions	23	28	30	32
Prison Healthcare Related Complaint Issues	90	174	267	163
Professional Assessment of Need	13	11	9	23
Records/Records Keeping	21	18	25	26
Staff Attitude/Behaviour	182	160	191	197
Theatre/Operation/Procedure, Delay/Cancellation	21	6	11	9
Transport, Late or Non-arrival/Journey Time	1	2	1	6
Transport, Suitability of Vehicle/Equipment	3	0	0	1
Treatment & Care, Quality	299	240	301	267
Treatment & Care, Quantity	15	20	28	23
Waiting Lists, Community Services	5	10	8	11
Waiting Times, Community Services	4	4	6	5
Waiting Times, A&E Departments	16	31	18	22
Waiting Times, Outpatient Departments	13	9	10	20
Other	38	38	32	36
Total Number of Complaint Issues	1,182	1,172	1,459	1,343

MAHI - STM - 118 - 2548 Table 1d: Subject of Complaint Issues Received by the Southern HSC Trust (2010/11 - 2013/14)

Subject	2010/11	2011/12	2012/13	2013/14
Access to Premises	8	10	10	12
Admission into Hospital, Delay/Cancellation (Inpatients)	9	6	21	14
Aids/Adaptations/Appliances	24	23	19	19
Appointments, Delay/Cancellation (Outpatient)	61	46	41	50
Children Order Complaint Issues	14	0	0	1
Clinical Diagnosis	10	18	25	15
Communication/Information to Patients	58	64	70	73
Complaints Handling	3	1	1	2
Confidentiality	6	9	11	13
Consent to Treatment	0	1	0	0
Contracted Regulated Establishments and Agencies	0	2	5	2
Other Contracted Services	1	2	1	1
Delayed Admission from A&E	0	1	1	2
Discharge/Transfer Arrangements	21	23	27	29
Environmental	6	28	19	16
Hotel/Support/Security Services	3	2	6	7
Infection Control	0	2	0	0
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	3	7	7	3
Patients' Property/Expenses/Finance	19	18	15	19
Patients' Status/Discrimination	6	3	6	1
Policy/Commercial Decisions	47	21	16	49
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	85	36	64	95
Records/Records Keeping	14	18	13	22
Staff Attitude/Behaviour	105	132	156	168
Theatre/Operation/Procedure, Delay/Cancellation	6	6	4	16
Transport, Late or Non-arrival/Journey Time	0	6	1	0
Transport, Suitability of Vehicle/Equipment	1	1	2	0
Treatment & Care, Quality	159	212	229	282
Treatment & Care, Quantity	62	19	18	20
Waiting Lists, Community Services	4	2	2	29
Waiting Times, Community Services	10	5	9	0
Waiting Times, A&E Departments	13	21	18	30
Waiting Times, Outpatient Departments	11	14	10	34
Other	8	5	12	8
Total Number of Complaint Issues	777	764	839	1,032

MAHI - STM - 118 - 2549 Table 1e: Subject of Complaint Issues Received by the Western HSC Trust (2010/11 - 2013/14)

Subject	2010/11	2011/12	2012/13	2013/14
Access to Premises	5	1	5	1
Admission into Hospital, Delay/Cancellation (Inpatients)	6	5	18	31
Aids/Adaptations/Appliances	5	2	1	5
Appointments, Delay/Cancellation (Outpatient)	11	7	10	17
Children Order Complaint Issues	8	6	8	15
Clinical Diagnosis	25	28	23	43
Communication/Information to Patients	51	52	87	99
Complaints Handling	0	0	1	0
Confidentiality	9	2	3	7
Consent to Treatment	2	0	1	0
Contracted Regulated Establishments and Agencies	0	0	1	3
Other Contracted Services	1	7	3	5
Delayed Admission from A&E	5	0	1	0
Discharge/Transfer Arrangements	22	26	15	6
Environmental	5	4	4	4
Hotel/Support/Security Services	1	1	1	2
Infection Control	3	5	5	3
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	7	9	16	8
Patients' Property/Expenses/Finance	2	4	9	6
Patients' Status/Discrimination	0	1	1	0
Policy/Commercial Decisions	11	3	4	61
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	12	7	11	9
Records/Records Keeping	2	5	3	4
Staff Attitude/Behaviour	68	93	72	163
Theatre/Operation/Procedure, Delay/Cancellation	7	0	0	1
Transport, Late or Non-arrival/Journey Time	1	0	1	1
Transport, Suitability of Vehicle/Equipment	0	0	1	0
Treatment & Care, Quality	138	158	223	225
Treatment & Care, Quantity	24	8	15	17
Waiting Lists, Community Services	2	0	0	0
Waiting Times, Community Services	0	1	2	1
Waiting Times, A&E Departments	6	10	10	6
Waiting Times, Outpatient Departments	5	11	17	33
Other	6	11	19	24
Total Number of Complaint Issues	450	467	591	800

MMcG-279 MAHI - STM - 118 - 2550 Table 1f: Subject of Complaint Issues Received by the NIAS (2010/11 - 2013/14)

Subject	2010/11	2011/12	2012/13	2013/14
Access to Premises	0	0	0	0
Admission into Hospital, Delay/Cancellation (Inpatients)	0	0	0	0
Aids/Adaptations/Appliances	0	0	0	0
Appointments, Delay/Cancellation (Outpatient)	0	0	0	0
Children Order Complaint Issues	0	0	0	0
Clinical Diagnosis	0	0	0	0
Communication/Information to Patients	0	0	1	0
Complaints Handling	0	0	0	0
Confidentiality	0	0	0	0
Consent to Treatment	0	0	0	0
Contracted Regulated Establishments and Agencies	0	0	0	0
Other Contracted Services	0	0	0	0
Delayed Admission from A&E	0	0	0	0
Discharge/Transfer Arrangements	0	0	0	2
Environmental	0	0	0	0
Hotel/Support/Security Services	0	0	0	0
Infection Control	0	0	0	0
Mortuary & Post-Mortem	0	0	0	0
Patients' Privacy/Dignity	0	0	0	0
Patients' Property/Expenses/Finance	1	1	0	1
Patients' Status/Discrimination	0	0	0	0
Policy/Commercial Decisions	0	0	0	0
Prison Healthcare Related Complaint Issues	0	0	0	0
Professional Assessment of Need	0	0	0	0
Records/Records Keeping	0	0	0	0
Staff Attitude/Behaviour	27	37	44	57
Theatre/Operation/Procedure, Delay/Cancellation	0	0	0	0
Transport, Late or Non-arrival/Journey Time	32	39	71	69
Transport, Suitability of Vehicle/Equipment	4	0	2	1
Treatment & Care, Quality	19	17	14	18
Treatment & Care, Quantity	0	0	0	0
Waiting Lists, Community Services	0	0	0	0
Waiting Times, Community Services	0	0	0	0
Waiting Times, A&E Departments	0	0	0	0
Waiting Times, Outpatient Departments	0	0	0	0
Other	9	4	8	2
Total Number of Complaint Issues	92	98	140	150

MAHI - STM - 118 - 2551 Table 1g: Subject of Complaint Issues Received in Northern Ireland (2010/11 - 2013/14)

Subject	2010/11	2011/12	2012/13	2013/14
Access to Premises	68	47	60	79
Admission into Hospital, Delay/Cancellation (Inpatients)	132	170	206	273
Aids/Adaptations/Appliances	77	69	85	76
Appointments, Delay/Cancellation (Outpatient)	478	414	403	486
Children Order Complaint Issues	24	12	13	43
Clinical Diagnosis	197	222	197	206
Communication/Information to Patients	528	726	787	896
Complaints Handling	5	2	3	8
Confidentiality	56	52	56	72
Consent to Treatment	4	4	5	2
Contracted Regulated Establishments and Agencies	13	51	54	90
Other Contracted Services	21	16	24	28
Delayed Admission from A&E	15	11	21	5
Discharge/Transfer Arrangements	108	126	129	155
Environmental	54	83	74	87
Hotel/Support/Security Services	55	116	56	93
Infection Control	37	43	24	19
Mortuary & Post-Mortem	1	0	2	0
Patients' Privacy/Dignity	39	49	56	41
Patients' Property/Expenses/Finance	75	88	86	111
Patients' Status/Discrimination	16	15	21	12
Policy/Commercial Decisions	136	121	124	188
Prison Healthcare Related Complaint Issues	90	174	267	163
Professional Assessment of Need	196	145	153	188
Records/Records Keeping	55	72	74	98
Staff Attitude/Behaviour	772	857	913	1,103
Theatre/Operation/Procedure, Delay/Cancellation	80	56	38	72
Transport, Late or Non-arrival/Journey Time	40	52	75	80
Transport, Suitability of Vehicle/Equipment	11	2	7	4
Treatment & Care, Quality	1,052	1,093	1,403	1,463
Treatment & Care, Quantity	242	197	159	228
Waiting Lists, Community Services	55	44	30	99
Waiting Times, Community Services	20	29	18	10
Waiting Times, A&E Departments	115	126	120	110
Waiting Times, Outpatient Departments	76	79	128	139
Other	110	122	127	109
Total Number of Complaint Issues	5,053	5,485	5,998	6,836

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 AcutePOC2 Maternity and Child HealthPOC3 Family and Child CarePOC4 Elderly ServicesPOC5 Mental Health

POC6 Learning Disability

POC7 Sensory Impairment and Physical Disability POC8 Health Promotion and Disease Prevention POC9 Primary Health and Adult Community

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' should be 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 form. In other words, if two relatives complain about the same subject/episode in respect of the same patient, this should 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 should be treated as separate complaint issues.

Where separate unconnected communications refer to the same episode/issue, they may 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 should 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 should 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, 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 '*Patients' Status / Discrimination' (20)*.

2. Admission into Hospital, Delay / Cancellation (Inpatients)

This refers to delay or cancellation coming into hospital for inpatient and day case admissions, e.g. waiting list for surgery. Delayed admissions from A&E should <u>not</u> be included in this category but under '*Delayed Admission from A&E*' (13).

3. Aids / Adaptations / Appliances

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

4. Appointments, Delay / Cancellation (Outpatient)

This heading refers to delay or cancellation in securing an appointment at an outpatient clinic, i.e. outpatient waiting lists. It is to be distinguished from '*Waiting Lists, Community Services*' (32) and '*Waiting Times, Outpatient Departments*' (35).

5. Children Order Complaint Issues

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

6. Clinical Diagnosis

This heading covers clinical diagnosis only and is to be distinguished from '*Professional Assessment of Need*' (22).

7. Communication / Information to Patients

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*' (24).

8. 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 <u>not</u> 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'* (24).

9. 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.

10. Consent to Treatment

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

11. Contracted Regulated Establishments and Agencies

This heading refers to complaint issues about services that are provided by Trusts via contractual / commissioned arrangements. Establishments may be children's homes, independent hospitals and 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 complaint issues, however, where the complainant, Trust or RQIA wishes, the matter may be investigated by the Trust under the HPSS Complaint Procedure.

Examples: (i) the Trust (as the commissioner) is asked by either RQIA or a relative, to investigate a complaint issue about the care or treatment provided to a resident in an Independent Nursing or Residential Home; (ii) a patient / client asks the Trust (as the commissioner) to investigate a complaint issue 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 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 Establishments and Agencies'* (10). 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 HPSS 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).

13. 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'* (*34*) and '*Admission into Hospital, Delay / Cancellation (Inpatients)'* (2).

14. Discharge / Transfer Arrangements

This heading refers to the adequacy of arrangements and includes early discharges or delayed discharges. It does <u>not</u> include failure to communicate discharge arrangements, which would be included under '*Communication / Information to Patients*' (6).

15. 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.

16. 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.

17. 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 <u>not</u> be included in this heading, but would be logged under '*Communication / Information to Patients'* (6).

18. Mortuary & Post-Mortem

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

19. Patients' Privacy / Dignity

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

20. Patients' 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*' (15). 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*' (15).

21. Patients' Status / 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.

22. Policy / Commercial Decisions

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

23. 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*' (5).

24. 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.

25. Prison Healthcare Related Complaint Issues

This relates to the South Eastern HSC Trust only, which has responsibility for securing the provision of health and social care services for prisoners.

26. Staff Attitude / Behaviour

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

27. Theatre / Operation / Procedure, Delay / Cancellation

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 <u>admission</u> for the procedure captured under '*Admission into Hospital, Delay/Cancellation'* (*Inpatients*) (2).

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. Treatment & Care, Quality

This refers to the quality or standard of treatment and care provided. It also covers complaint issues relating to patient safety. However, it is to be distinguished from '*Treatment & Care, Quantity*' (29) which refers to the quantity or amount of treatment and care.

31. Treatment & Care, Quantity

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, Community Services

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'* (31).

33. 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, Community Services'* (30).

34. 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 <u>not</u> included here but should be listed under '*Delayed Admission from A&E*' (12).

35. 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 'Appointments, Delay / Cancellation (Outpatient)' (4).

36. Other

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

Premises

Access to Premises Environmental Hotel/Support/Security Services Infection Control

Admissions/Discharges

Admission into Hospital, Delay/Cancellation (Inpatients) Delayed Admission from A&E Discharge/Transfer Arrangements

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments

Appointments, Delay/Cancellation (Outpatient) Waiting Lists, Community Services Waiting Times, Community Services Waiting Times, A&E Departments Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Diagnosis/Operation/Treatment

Clinical Diagnosis Consent to Treatment Theatre/Operation/Procedure, Delay/Cancellation Treatment & Care, Quality Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients Complaints Handling Confidentiality Records/Records Keeping

Contracted Services

Contracted Regulated Establishments and Agencies Other Contracted Services

Mortuary

Mortuary & Post-Mortem

Patient Experience

Patients Privacy/Dignity Patients Property/Expenses/Finance Patients Status/Discrimination Staff Attitude/Behaviour

Policy/Commercial Decisions

Policy/Commercial Decisions

Prison Healthcare

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 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.

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

Michael O'Donnell

Hospital Information Branch

Information & Analysis Directorate

Department of Health, Social Services & Public Safety

Stormont Estate

Belfast, BT4 3SQ

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



Reader Information

Purpose:	This publication monitors and reports the number of HSC Trust complaint issues received, by the programme of care, category, subject and specialty of the complaint issue, as well as demographic information and the time taken to provide a substantive response to complaints received.
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Complaints Received by HSC Trusts (2010/11 to 2014/15)

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KEY POINTS

Latest Year (2014/15)

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

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

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

Revision Note

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

TECHNICAL NOTES

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

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

Data Collection

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

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

http://www.dhsspsni.gov.uk/index/statistics/safetyquality/patient-safety/complaints-safety-andquality.htm

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

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

Data Quality

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

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

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required

returns may be amended and/or re-submitted. This report incorporates all returns and amendments received up to 17th July 2015.

Main Uses of Data

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

Contextual Information for Using Complaint Statistics

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

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

http://www.dhsspsni.gov.uk/index/statistics/safetyquality/patient-safety/complaints-safety-andquality.htm

Contact Information

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

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Email:

SECTION 1

COMPLAINT ISSUES RECEIVED BY HSC TRUSTS

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

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

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

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

Complaint Issues

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

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

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

MAHI – STM – 118 – 2567 Over the last five years, the number of complaint issues received by HSC Trusts has increased by 1,962 (38.8%), from 5,053 in 2010/11 to 7,015 in 2014/15 (Table 1, Figure 1).

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

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

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

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

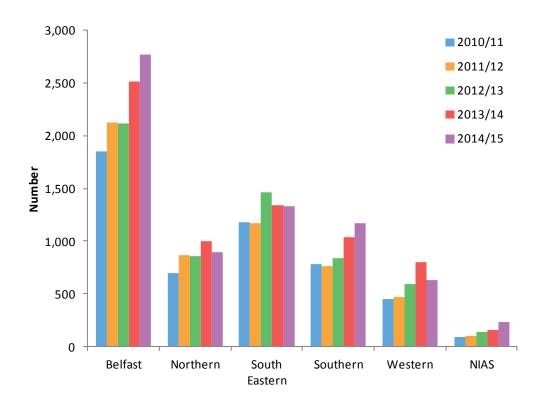


Figure 1: Complaint Issues Received by HSC Trusts (2010/11 - 2014/15)

MAHI - STM - 118 - 2568 Complaint Issues Received by Programme of Care (POC)¹

Table 2 details the number of complaint issues received by HSC Trusts in each of the last five years broken down by POC. Each complaint issue received is recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

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

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

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

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

Complaints Received by HSC Trusts (2010/11 to 2014/15)

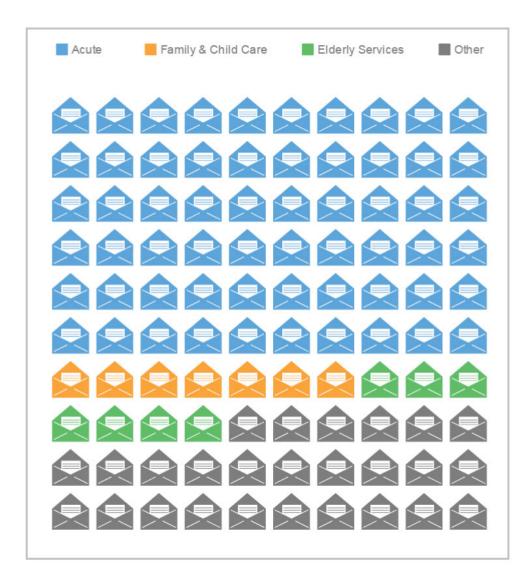
Three fifths of complaint issues received during 2014/15 related to the Acute POC

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

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

MAHI – STM – 118 – 2569 Three POC's accounted for almost three quarters (5,141, 73.3%) of all complaint issues received during 2014/15; the Acute POC (4,189, 59.7%), the Family & Child Care POC (495, 7.1%) and the Elderly Services POC (457, 6.5%) (Table 2, Figure 2).

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



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

MAHI - STM - 118 - 2570 Complaint Issues Received by POC and HSC Trust

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

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

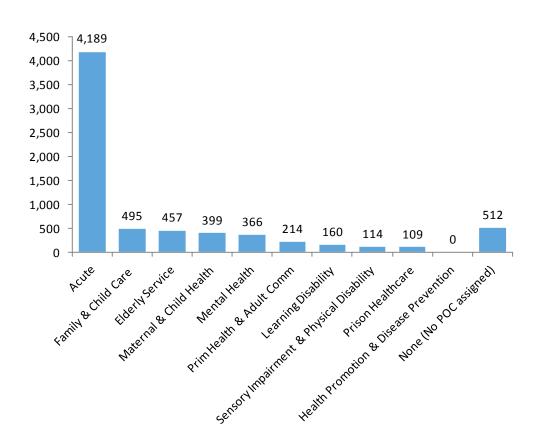
Table 3: Complaint Issues Received by HSC Trusts, by POC (2014/15)

During 2014/15:

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

A quarter of complaint issues received in the Southern HSC Trust related to the Family & Child Care or Elderly POC's MAHI - STM - 118 - 2571
Southern HSC Trust reported the highest number of complaint issues relating to the Elderly Services POC (152, 33.3%), Family & Child Care POC (142, 28.7%), Primary Health & Adult Community POC (117, 54.7%), Mental Health POC (100, 27.3%), Learning Disability POC (67, 41.9%) and the Sensory Impairment & Physical Disability POC (37, 32.5%) (Table 3, Figure 3).





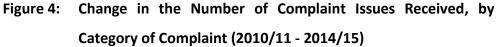
MAHI - STM - 118 - 2572 Complaint Issues Received by Category

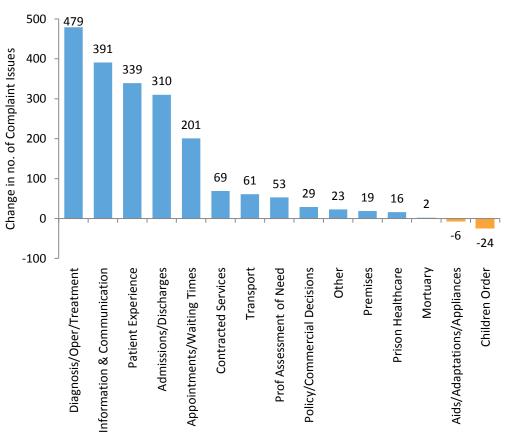
The category of each complaint issue is based on the subject⁴ which best describes the nature of the patient's / client's concern. To enable the category of the complaint issue to be presented, the subject area of each complaint issue has been grouped into one of 15 main categories⁵.

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

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

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





⁴ A complete list of complaint issue subjects is detailed in Appendix 7, whilst an analysis of complaint issues by subject can be found in Appendix 1. ⁵ A list of complaint issue subjects grouped by general category is detailed in Appendix 8.

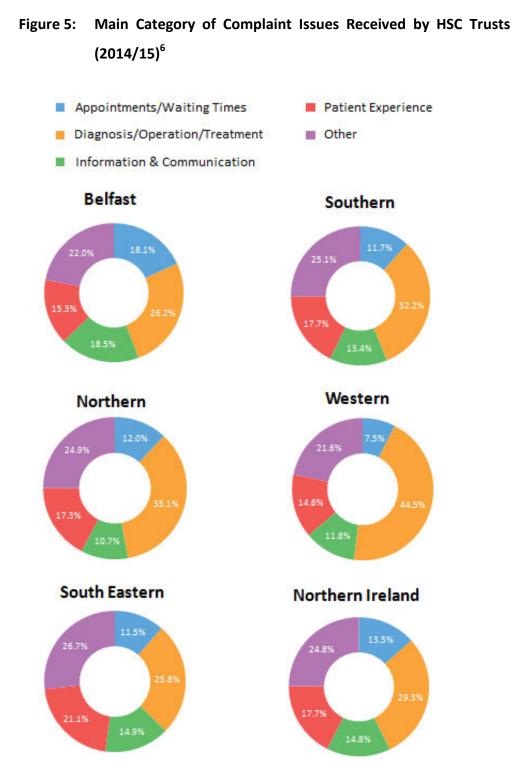
Since 2010/11, all but two categories reported an increase the number of complaint issues received (Figure 4, Appendix 2).

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

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

MAHI - STM - 118 - 2574 Complaint Issues Received by Category and HSC Trust

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



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

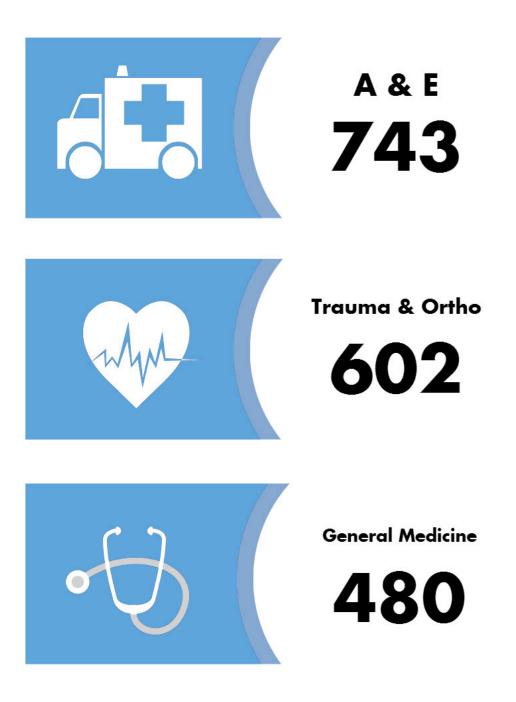
⁶ Information for Northern Ireland includes complaint issues received by all HSC Trusts including the NIAS.

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

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

MAHI - STM - 118 - 2576 Complaint Issues Received by Specialty and HSC Trust

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



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

SECTION 2

COMPLAINTS RECEIVED BY HSC TRUSTS

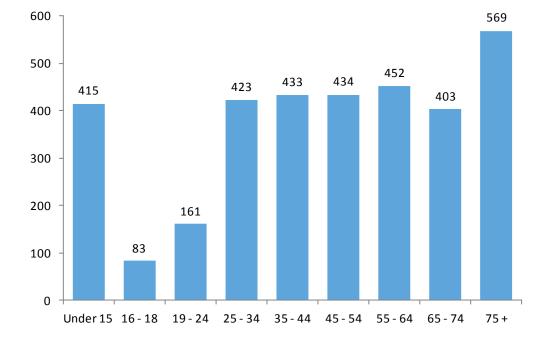
During 2014/15, HSC Trusts received 5,154 complaints relating to 7,015 complaint issues. Section 2 presents a summary of information relating to these 5,154 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 7.

Age of Patient / Client

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

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

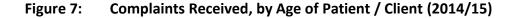
Figure 6: Complaints Received, by Age Group of Patient / Client (2014/15)

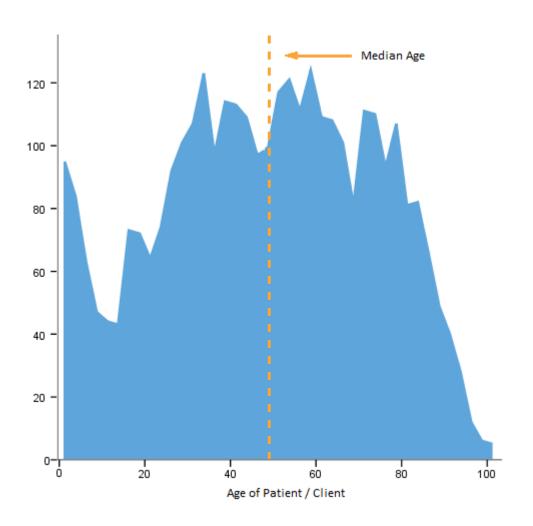


During 2014/15, the age of the patient/client was recorded for 3,373 (65.4%) of the complaints received by HSC Trusts.

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

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





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

Over half of

complaints

received in

themselves

from the

2014/15, were

patients/clients

800

700

600

500

400

709

546

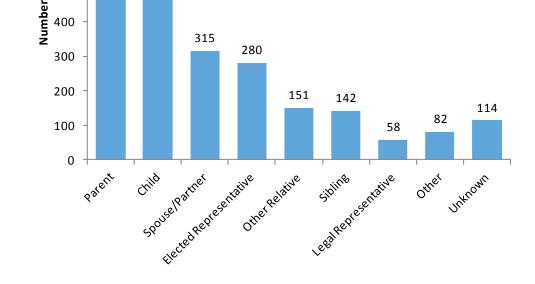
Of the 2,397 complaints received from persons acting on behalf of the patient/client, almost a third (709, 29.6%) were from the parents of the patient/client, 546 (22.8%) from the children of the patient/client, 315 (13.1%) from a spouse/partner and 280 (11.7%) from an elected representative (Figure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



MAHI - STM - 118 - 2579 **Relationship of Complainant to Patient/Client**

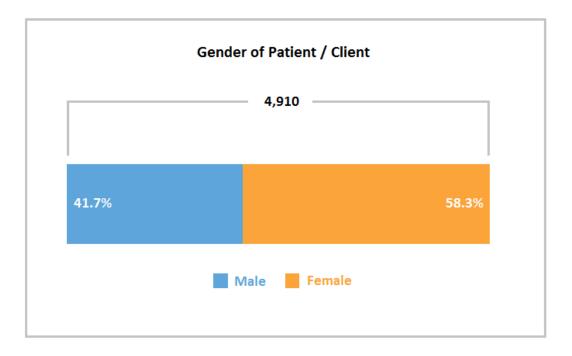
Over half (2,753, 53.4%) of all complaints received in 2014/15 were from the patient/client and a further 2,397 (46.5%) from persons acting on behalf of the patient/client. It was not possible to identify the relationship of the complainant in four cases.

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



Sex of Patient / Client

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



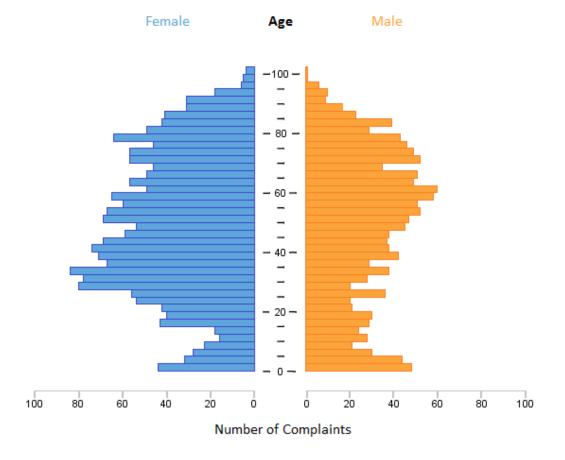
Of those complaints where the sex of the patient/client was recorded, 2,864 (58.3%) were for female patients/clients and 2,046 (41.7%) for male patients/clients.

MAHI - STM - 118 - 2581 Age and Sex of Patient / Client

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

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

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



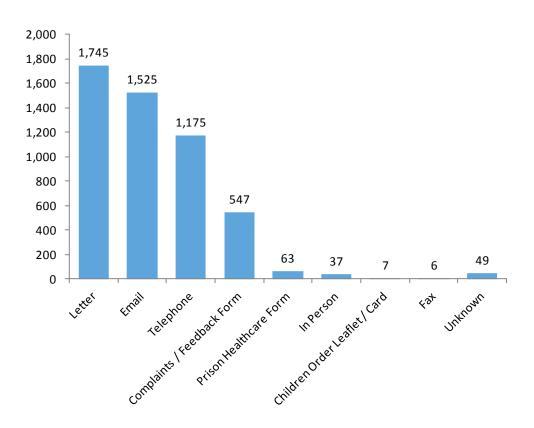
More complaints were received by HSC Trusts relating to female patient/clients than males in all age groups, except the '15 & Under' age group (Figure 9, Appendix 5).

Method of Complaint

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

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

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



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

SECTION 3

TIME TAKEN TO PROVIDE A SUBSTANTIVE RESPONSE TO COMPLAINTS RECEIVED

Table 5 below details the length of time taken by HSC Trusts to provide a substantive response to complaints received. A substantive response is defined as a communication of the outcome of the complaint to the complainant following an investigation. It should be noted that a single substantive response will be provided to a complaint which may include a number of complaint issues, i.e. 5,154 complaints were received during 2014/15 relating to 7,015 complaint issues.

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

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

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

HSC Trust	20 Working Days or Less		More Th Working		Total	Mean No. of
	No.	%	No.	%	No.	Working Days
Belfast	1,122	52.1%	1,032	47.9%	2,154	27.3
Northern	490	69.8%	212	30.2%	702	20.0
South Eastern	448	53.7%	387	46.3%	835	26.2
Southern	339	43.4%	442	56.6%	781	21.9
Western	344	75.4%	112	24.6%	456	21.0
NIAS	35	15.5%	191	84.5%	226	34.3
Northern Ireland	2,778	53.9%	2,376	46 .1%	5,154	24.9

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

MAHI - STM - 118 - 2584 During 2014/15, over half (2,778, 53.9%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 5).

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

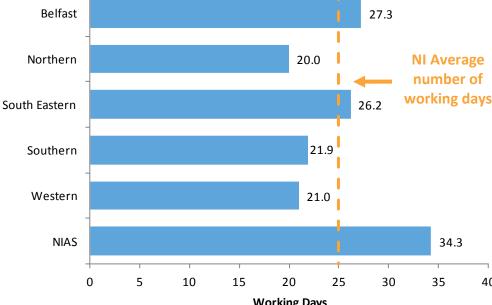
Figure 11: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2014/15)⁷

Belfast 27.3 Northern 20.0 **NI Average** number of working days 26.2 21.9 Southern Western 21.0 NIAS 34.3 0 5 10 15 20 25 30 35 40 Working Days

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

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

Complaints Received by HSC Trusts (2010/11 to 2014/15)



On average substantive responses were provided within 24.9 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)

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

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

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

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

Local resolution

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

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

⁸ Refer to Appendix 9 for further details.

Complaints Received by HSC Trusts (2010/11 to 2014/15)

2014/15)

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

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

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

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

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

Honest Broker

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

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

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

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

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

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

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

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

MAHI - STM - 118 - 2588 APPENDIX 1: SUBJECT OF COMPLAINT ISSUES BY TRUST (2014/15)

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

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MAHI - STM - 118 - 2589 APPENDIX 2: CATEGORY OF COMPLAINT ISSUE BY TRUST (2010/11 - 2014/15)

Category of Complaint Issue	201	10/11	2011	/12	2012	2/13	201:	3/14	2014	4/15
	No.	%								
Admissions/Discharges	255	5.0%	307	5.6%	356	5.9%	433	6.3%	565	8.1%
Aids/Adaptations/Appliances	77	1.5%	69	1.3%	85	1.4%	76	1.1%	71	1.0%
Appointments/Waiting Times	744	14.7%	692	12.6%	699	11.7%	844	12.3%	945	13.5%
Children Order	24	0.5%	12	0.2%	13	0.2%	43	0.6%	0	0.0%
Contracted Services	34	0.7%	67	1.2%	78	1.3%	118	1.7%	103	1.5%
Diagnosis/Oper/Treatment	1,575	31.2%	1,572	28.7%	1,802	30.0%	1,971	28.8%	2,054	29.3%
Information & Communication	644	12.7%	852	15.5%	920	15.3%	1,074	15.7%	1,035	14.8%
Mortuary	1	0.0%	0	0.0%	2	0.0%	0	0.0%	3	0.0%
Patient Experience	902	17.9%	1,009	18.4%	1,076	17.9%	1,267	18.5%	1,241	17.7%
Policy/Commercial Decisions	136	2.7%	121	2.2%	124	2.1%	188	2.8%	165	2.4%
Premises	214	4.2%	289	5.3%	214	3.6%	278	4.1%	233	3.3%
Prison Healthcare	90	1.8%	174	3.2%	267	4.5%	163	2.4%	106	1.5%
Prof Assessment of Need	196	3.9%	145	2.6%	153	2.6%	188	2.8%	249	3.5%
Transport	51	1.0%	54	1.0%	82	1.4%	84	1.2%	112	1.6%
Other	110	2.2%	122	2.2%	127	2.1%	109	1.6%	133	1.9%
Total	5,053	100.0%	5,485	100.0%	5,998	100.0%	6,836	100.0%	7,015	100.0%

MAHI - STM - 118 - 2590 APPENDIX 3: CATEGORY OF COMPLAINT ISSUE BY TRUST (2014/15)

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

MAHI - STM - 118 - 2591 APPENDIX 4: SPECIALTY OF COMPLAINT ISSUES BY TRUST (2014/15)

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

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APPENDIX 5: COMPLAINTS BY AGE GROUP AND SEX OF PATIENT/CLIENT

(2014/15)

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

APPENDIX 6: DEFINITIONS

Programme of care

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

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

Complaint Issues

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

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

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

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

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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.

MAHI - STM - 118 - 2595 APPENDIX 7: SUBJECT OF COMPLAINT ISSUES

1. Access to Premises

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

2. Aids / Adaptations / Appliances

This heading refers to the suitability / availability of any aids / adaptations, <u>once</u> they have been recommended. Complaint issues about waiting <u>for</u> 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 <u>not</u> 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 <u>admission</u> for the procedure captured under <u>'Waiting List, Delay/Cancellation Planned Admission to Hospital</u>' (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 <u>not</u> 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 <u>not</u> 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). (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 <u>'Quantity'</u> 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 <u>Times</u>, 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 <u>not</u> 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 <u>not</u> 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.

MAHI - STM - 118 - 2602 APPENDIX 8: SUBJECT GROUPED BY GENERAL CATEGORY

Admissions/Discharges

Delayed Admission from A&E Discharge/Transfer Arrangements Waiting Lists, Delay/Cancellation Planned Admission to Hospital

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments

Waiting Lists, Delay/Cancellation Community Based Appointments Waiting Lists, Delay/Cancellation Outpatient Appointments Waiting Times, A&E Departments Waiting Times, Community Services Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Diagnosis/Operation/Treatment

Clinical Diagnosis Consent to Treatment/Care Delay/Cancellation for Inpatients Treatment & Care, Quality Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients Complaints Handling Confidentiality Records/Records Keeping

Contracted Services

Contracted Regulated Children's Services Contracted Regulated Domiciliary Agency Contracted Regulated Residential Nursing Contracted Independent Hospital Services

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

MAHI - STM - 118 - 2604 APPENDIX 9: HSC BOARD COMPLAINTS

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

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

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

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

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

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

MAHI - STM - 118 - 2605 APPENDIX 10: ABOUT HOSPITAL INFORMATION BRANCH

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

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

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

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

MAHI - STM - 118 - 2606 APPENDIX 11: ADDITIONAL INFORMATION









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



Reader Information

Purpose:	This publication monitors and reports the number of HSC Trust complaint issues received, by the programme of care, category, subject and specialty of the complaint issue, as well as demographic information and the time taken to provide a substantive response to complaints received.
Authors	Michael O'Donnell, Kieran Taggart
Publication Date	20 th July 2016
Reporting Period	1 st April 2015 – 31 st March 2016
Issued by	Hospital Information Branch Information & Analysis Directorate Department of Health Stormont Estate Belfast, BT4 3SQ
Statistician	Michael O'Donnell
Statistical Quality	Information detailed in this release has been provided by HSC Trusts / Board and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.
Target Audience	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
Further Copies	statistics@health-ni.gov.uk
Website	https://www.health-ni.gov.uk/articles/complaints-statistics
Price	Free
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KEY POINTS

Latest Year (2015/16)

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

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

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

SECTION 1

COMPLAINT ISSUES RECEIVED BY HSC TRUSTS

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

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

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

11.9% decrease in complaint issues received since 2014/15

Complaint Issues

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

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

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

MAHI – STM – 118 – 2612 Between 2011/12 and 2014/15, the number of complaint issues received by HSC Trusts increased by 1,530 (27.9%), but decreased by 834 (11.9%) since 2014/15, to 6,181 in 2015/16 (Table 1, Figure 1).

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

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

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

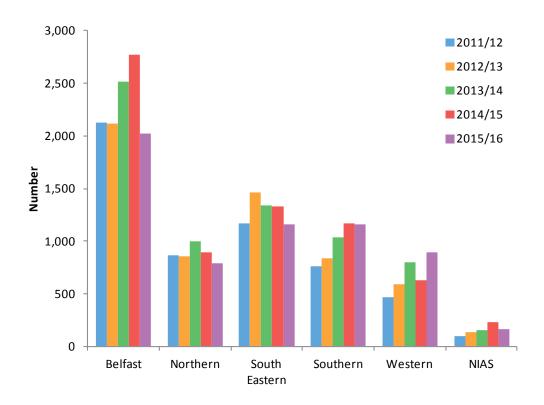


Figure 1: Complaint Issues Received by HSC Trusts (2011/12 - 2015/16)

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

MAHI - STM - 118 - 2613 Complaint Issues Received by Programme of Care (POC)¹

Table 2 details the number of complaint issues received by HSC Trusts in each of the last five years broken down by POC. Each complaint issue received is recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

Table 2:Complaint Issues Received by HSC Trusts, by POC (2011/12 -
2015/16)2

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

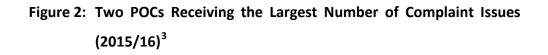
During 2015/16, 6,181 complaint issues were received by the HSC Trusts, of which, almost three fifths (3,666, 59.3%) related to the Acute POC (Table 2)

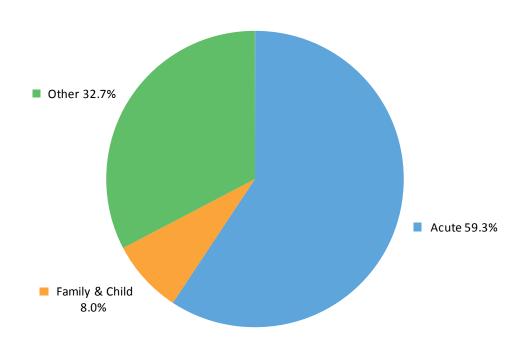
Between 2014/15 and 2015/16, the number of complaint issues received by HSC Trusts relating to the Acute POC decreased by 523 (12.5%), from 4,189 to 3,666 (Table 2). Three fifths of complaint issues received during 2014/15 related to the Acute POC

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

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

MAHI – STM – 118 – 2614 Two POC's accounted for over two thirds (4,162, 67.3%) of all complaint issues received during 2015/16; the Acute POC (3,666, 59.3%) and Family & Child Care POC (496, 8.0%) (Table 2, Figure 2).





³ 'The 'Other' category includes all complaint issues not included within the two named POCS above.

MAHI - STM - 118 - 2615 Complaint Issues Received by POC and HSC Trust

Table 3 presents information on the number of complaint issues received by each HSC Trust during 2015/16 by the POC of the complaint issue.

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

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

During 2015/16:

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

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

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

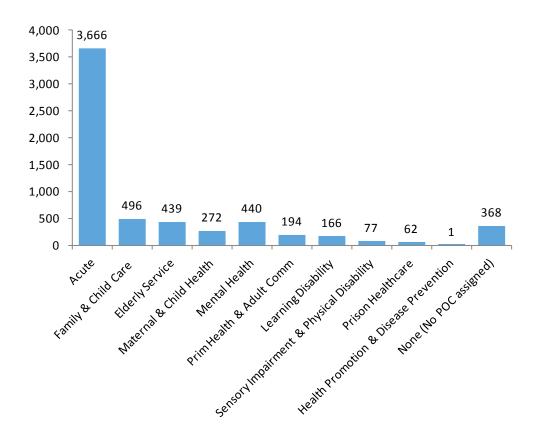


Figure 3: Complaint Issues Received by HSC Trusts, by POC (2015/16)

MAHI - STM - 118 - 2617 Complaint Issues Received by Category

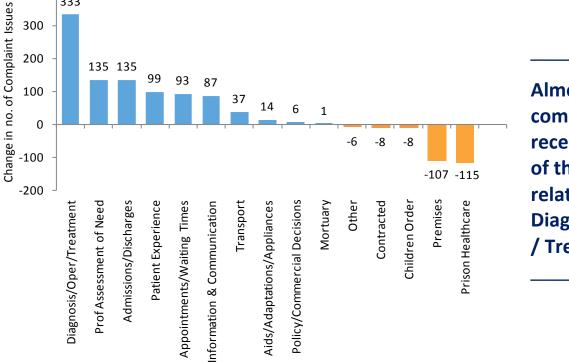
The category of each complaint issue is based on the subject⁴ which best describes the nature of the patient's / client's concern. To enable the category of the complaint issue to be presented, the subject area of each complaint issue has been grouped into one of 15 main categories⁵.

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

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

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

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



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

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

400

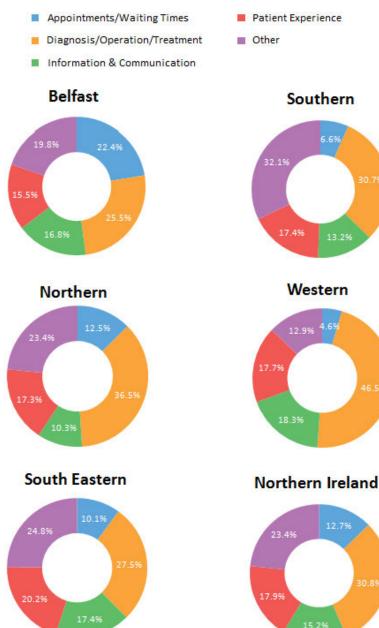
333

⁴ A complete list of complaint issue subjects is detailed in Appendix 7, whilst an analysis of complaint issues by subject can be found in Appendix 1. ⁵ A list of complaint issue subjects grouped by general category is detailed in Appendix 8.

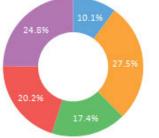
MAHI - STM - 118 - 2618 **Complaint Issues Received by Category and HSC Trust**

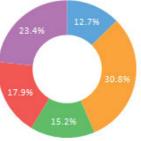
Figure 5 below presents a summary of the four largest categories of complaint issues received during 2015/16 for each HSC Trust. In the charts below complaint issues not in the four largest categories have been referred to as 'Other'.





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





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

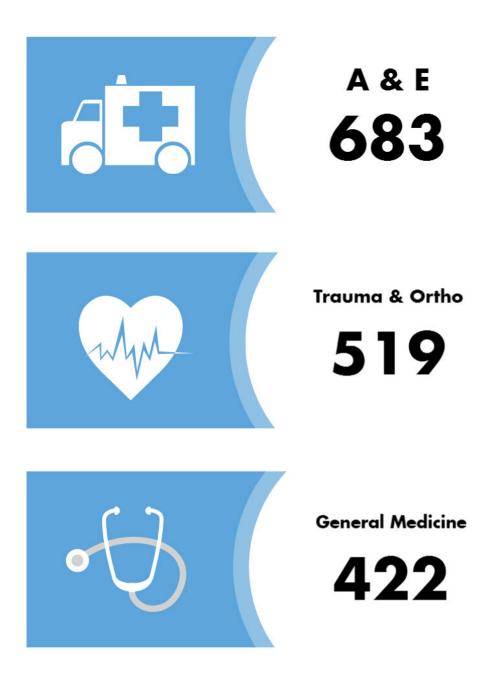
Complaints Received by HSC Trusts (2011/12 to 2015/16)

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

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

MAHI - STM - 118 - 2620 Complaint Issues Received by Specialty and HSC Trust

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



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

SECTION 2

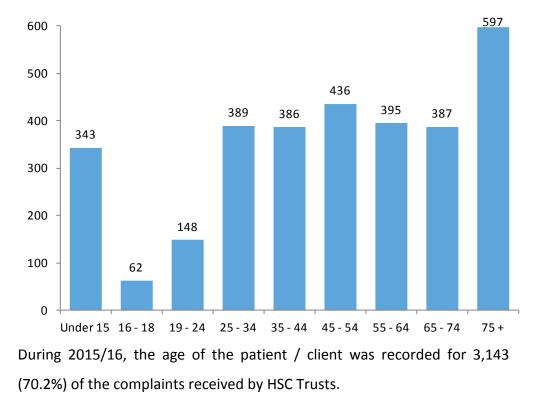
COMPLAINTS RECEIVED BY HSC TRUSTS

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

Age of Patient / Client

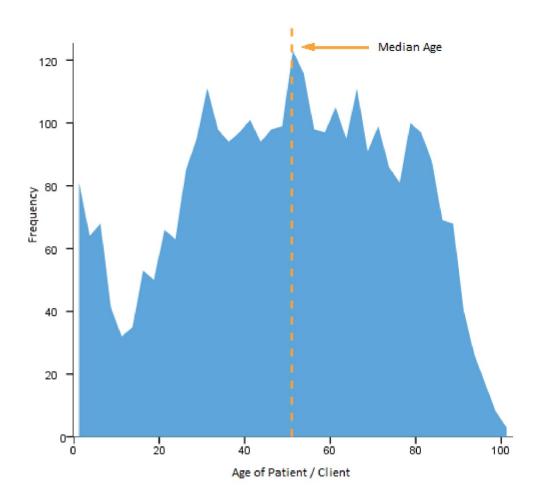
Figure 6 below presents a summary of the number of complaints received during 2015/16, by the age group of the patient / client at the time the complaint was received.

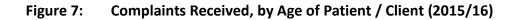
Figure 6: Complaints Received, by Age Group of Patient / Client (2015/16)



Of complaints received in 2015/16, the median age of the patient / client was 51 years old MAHI – STM – 118 – 2622 For those complaints where the age of the patient / client was recorded, 597 (19.0%) related to patients / clients aged 75 & over, whilst 343 (10.9%) were for those aged 15 & under (Figure 6).

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





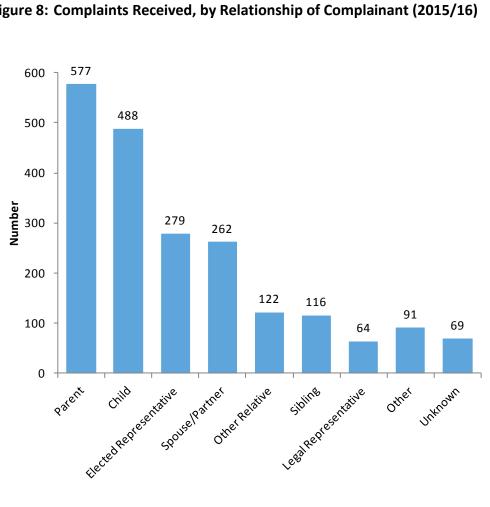
Of the complaints received by HSC Trusts during 2015/16, the median age of the patient / client was 51.0 years (Figure 7).

partner (Figure 8).

MAHI - STM - 118 - 2623 **Relationship of Complainant to Patient / client**

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

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



Of the 2,068 complaints received from persons acting on behalf of the

patient / client, over a quarter (577, 27.9%) were from the parents of the

patient / client, 488 (23.6%) from the children of the patient / client, 279

(13.5%) from an elected representative and 262 (12.7%) from a spouse /

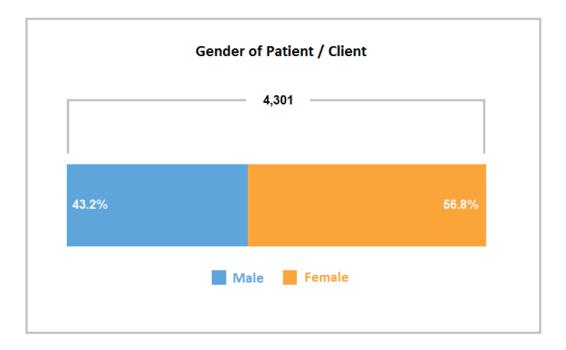
Figure 8: Complaints Received, by Relationship of Complainant (2015/16)

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

Sex of Patient / Client

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



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

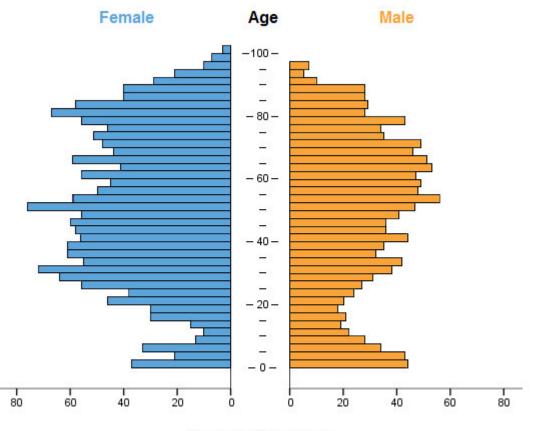
Since 2014/15, the proportion of complaints received regarding female patients / clients decreased by 1.5 percentage points, from 58.3% to 56.8% in 2015/16.

MAHI - STM - 118 - 2625 Age and Sex of Patient / Client

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

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

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



Number of Complaints

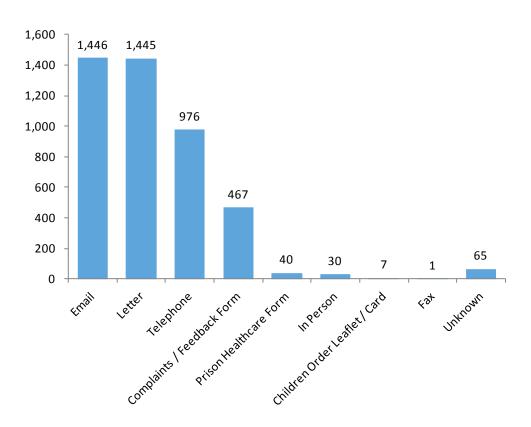
More complaints were received by HSC Trusts relating to female patient / clients than males in all age groups, except the '15 & Under' and '55 – 64' age groups (Figure 9, Appendix 5).

Method of Complaint

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

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

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



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

SECTION 3

TIME TAKEN TO PROVIDE A SUBSTANTIVE RESPONSE TO COMPLAINTS RECEIVED

Table 5 below details the length of time taken by HSC Trusts to provide a substantive response to complaints received. A substantive response is defined as a communication of the outcome of the complaint to the complainant following an investigation. It should be noted that a single substantive response will be provided to a complaint which may include a number of complaint issues, i.e. 4,477 complaints were received during 2015/16 relating to 6,181 complaint issues.

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

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

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

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

MAHI – STM – 118 – 2628 During 2015/16, almost three fifths (2,595, 58.0%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 5).

The Western HSC Trust provided the highest proportion of substantive responses within 20 working days (325, 72.2%) during 2015/16, whilst the NIAS provided the lowest (51, 31.9%) (Table 5).

On average substantive responses were provided within 24.1 working days

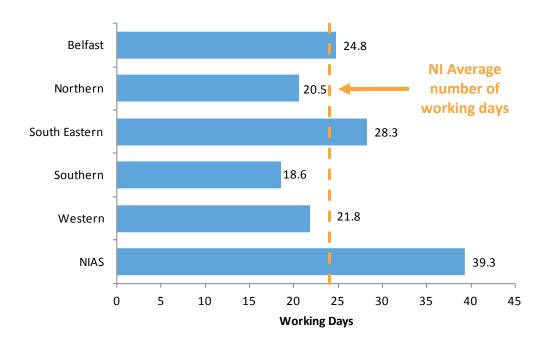


Figure 11: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2015/16)⁷

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

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

SECTION 4

FAMILY PRACTITIONER SERVICE (FPS)

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

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

Almost three quarters of FPS complaints were handled under Local Resolution

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

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

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

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

⁸ Refer to Appendix 9 for further details.

Complaints Received by HSC Trusts (2011/12 to 2015/16)

Local resolution

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

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

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

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

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

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

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

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

Honest Broker

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

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

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

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

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

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

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

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

TECHNICAL NOTES

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

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

Data Collection

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

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

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:

APPENDICES

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

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

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MAHI - STM - 118 - 2635 APPENDIX 2: CATEGORY OF COMPLAINT ISSUE BY TRUST (2011/12 - 2015/16)

Category of Complaint Issue	201	11/12	201:	2/13	201	3/14	201	4/15	201	5/16
	No.	%								
Admissions/Discharges	307	5.6%	356	5.9%	433	6.3%	565	8.1%	442	7.2%
Aids/Adaptations/Appliances	69	1.3%	85	1.4%	76	1.1%	71	1.0%	83	1.3%
Appointments/Waiting Times	692	12.6%	699	11.7%	844	12.3%	945	13.5%	785	12.7%
Children Order	12	0.2%	13	0.2%	43	0.6%	0	0.0%	4	0.1%
Contracted Services	67	1.2%	78	1.3%	118	1.7%	103	1.5%	59	1.0%
Diagnosis/Oper/Treatment	1,572	28.7%	1,802	30.0%	1,971	28.8%	2,054	29.3%	1,905	30.8%
Information & Communication	852	15.5%	920	15.3%	1,074	15.7%	1,035	14.8%	939	15.2%
Mortuary	0	0.0%	2	0.0%	0	0.0%	3	0.0%	1	0.0%
Patient Experience	1009	18.4%	1,076	17.9%	1,267	18.5%	1,241	17.7%	1,108	17.9%
Policy/Commercial Decisions	121	2.2%	124	2.1%	188	2.8%	165	2.4%	127	2.1%
Premises	289	5.3%	214	3.6%	278	4.1%	233	3.3%	182	2.9%
Prison Healthcare	174	3.2%	267	4.5%	163	2.4%	106	1.5%	59	1.0%
Prof Assessment of Need	145	2.6%	153	2.6%	188	2.8%	249	3.5%	280	4.5%
Transport	54	1.0%	82	1.4%	84	1.2%	112	1.6%	91	1.5%
Other	122	2.2%	127	2.1%	109	1.6%	133	1.9%	116	1.9%
Total	5,485	100.0%	5,998	100.0%	6,836	100.0%	7,015	100.0%	6,181	100.0%

MAHI - STM - 118 - 2636 APPENDIX 3: CATEGORY OF COMPLAINT ISSUE BY TRUST (2015/16)

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

MAHI - STM - 118 - 2637 APPENDIX 4: SPECIALTY OF COMPLAINT ISSUES BY TRUST (2015/16)

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

MAHI - STM - 118 - 2638 APPENDIX 5: COMPLAINTS BY AGE GROUP AND SEX OF PATIENT / CLIENT

(2015/16)

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

APPENDIX 6: DEFINITIONS

Programme of care

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

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

Complaint Issues

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

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

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

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

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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.

MAHI - STM - 118 - 2641 APPENDIX 7: SUBJECT OF COMPLAINT ISSUES

1. Access to Premises

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

2. Aids / Adaptations / Appliances

This heading refers to the suitability / availability of any aids / adaptations, <u>once</u> they have been recommended. Complaint issues about waiting <u>for</u> 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 <u>not</u> 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 <u>admission</u> for the procedure captured under <u>'Waiting List, Delay/Cancellation Planned Admission to Hospital</u>' (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 <u>not</u> 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 <u>not</u> 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). (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 <u>'Quantity'</u> 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 <u>Times</u>, 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 <u>not</u> 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 <u>not</u> 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.

MAHI - STM - 118 - 2648 APPENDIX 8: SUBJECT GROUPED BY GENERAL CATEGORY

Admissions/Discharges

Delayed Admission from A&E Discharge/Transfer Arrangements Waiting Lists, Delay/Cancellation Planned Admission to Hospital

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments

Waiting Lists, Delay/Cancellation Community Based Appointments Waiting Lists, Delay/Cancellation Outpatient Appointments Waiting Times, A&E Departments Waiting Times, Community Services Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Diagnosis/Operation/Treatment

Clinical Diagnosis Consent to Treatment/Care Delay/Cancellation for Inpatients Treatment & Care, Quality Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients Complaints Handling Confidentiality Records/Records Keeping

Contracted Services

Contracted Regulated Children's Services Contracted Regulated Domiciliary Agency Contracted Regulated Residential Nursing Contracted Independent Hospital Services

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

MAHI - STM - 118 -APPENDIX 9: HSC BOARD COMPLAINTS

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

2650

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.

MAHI - STM - 118 - 2651 APPENDIX 10: ABOUT HOSPITAL INFORMATION BRANCH

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

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

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

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

MAHT - STM - 118 - 2652 APPENDIX 11: ADDITIONAL INFORMATION

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

Michael O'Donnell

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

Fax: 028 905 23288

Email: statistics@health-ni.gov.uk



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



Reader Information

Purpose:	This publication monitors and reports the number of HSC Trust complaint issues received, by the programme of care, category, subject and specialty of the complaint issue, as well as demographic information and the time taken to provide a substantive response to complaints received.
Authors	Michael O'Donnell, Kieran Taggart, Siobhan Morgan
Publication Date	20 th July 2017
Reporting Period	1 st April 2016 – 31 st March 2017
Issued by	Hospital Information Branch Information & Analysis Directorate Department of Health Stormont Estate Belfast, BT4 3SQ
Statistician	Michael O'Donnell
Statistical Quality	Information detailed in this release has been provided by HSC Trusts / Board and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.
Target Audience	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
Further Copies	statistics@health-ni.gov.uk
Website	https://www.health-ni.gov.uk/articles/complaints-statistics
Price	Free
Copyright	This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

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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.

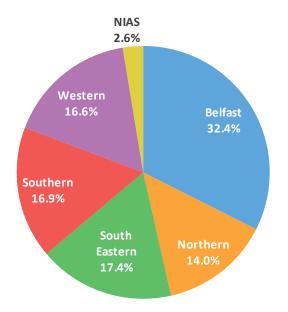
Complaint Issues Received by HSC Trusts

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

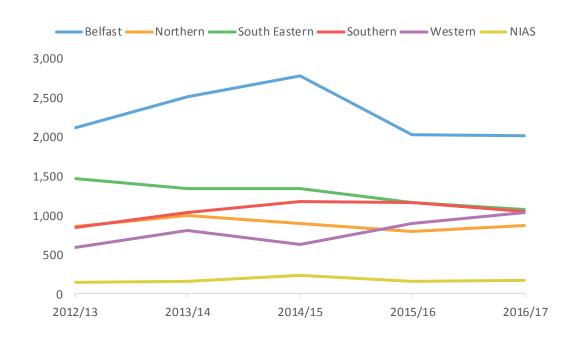
MAHI - STM - 118 - 2658 Figure 1: Complaint Issues Received by HSC Trusts (2016/17)



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).





MAHI - STM - 118 - 2659 Complaint Issues Received by Programme of Care (POC)¹

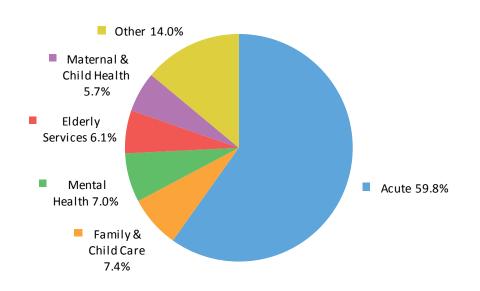
Each complaint issue received is recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

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 $(2016/17)^2$



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

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.

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

MAHI - STM - 118 - 2661 Performance against the Complaint Issues Target

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

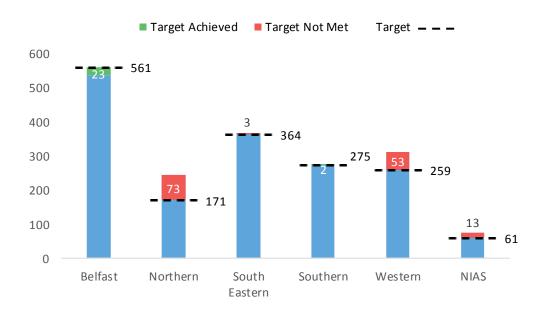
'By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared with 2015/16.'

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)

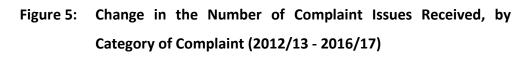


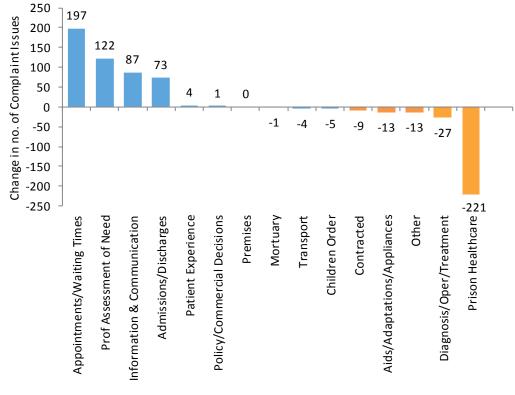
MAHI - STM - 118 - 2662 Complaint Issues Received by Category

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).





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.

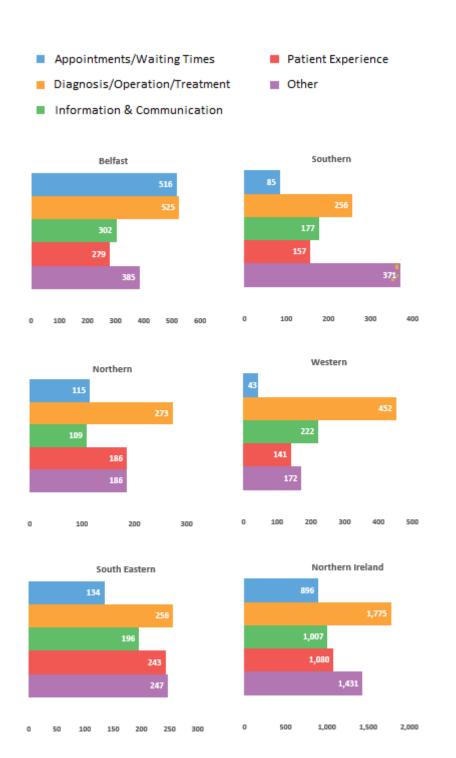
During 2016/17:

- 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 MAHI – STM – 118 – 2664 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%

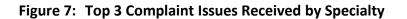
of complaint issues received by the Western HSC Trust related to Diagnosis/Operation /Treatment

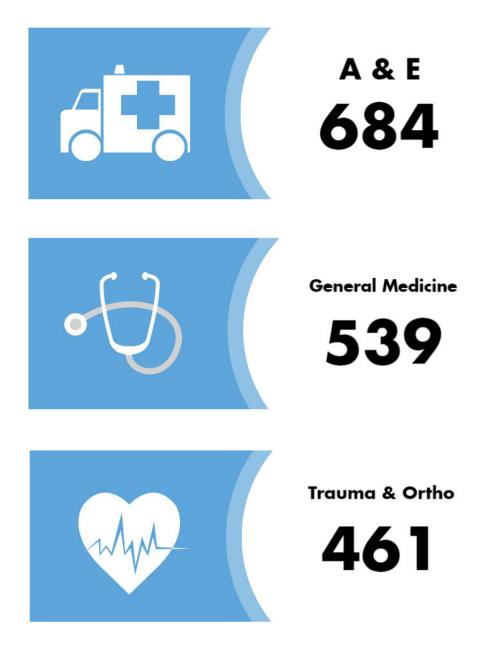
⁵ Information for Northern Ireland includes complaint issues received by all HSC Trusts including the NIAS.

MAHI - STM - 118 - 2665 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).





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

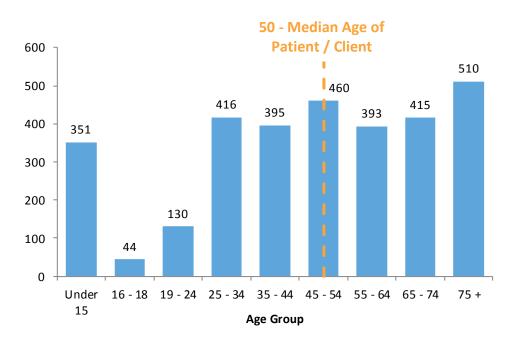
During 2016/17, the age of the patient / client was recorded in 3,114 (67.7%) of the complaints received by HSC Trusts.

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

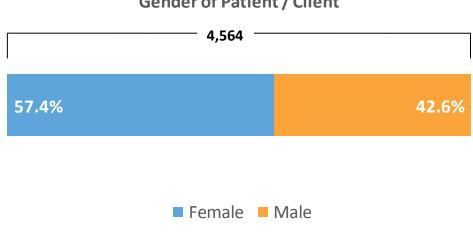
MAHI - STM - 118 - 2667 Figure 8: Complaints Received by Age Group of Patient / Client (2016/17)



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)



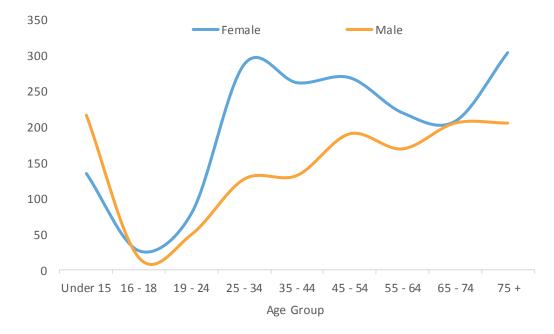
Gender of Patient / Client

MAHI - STM - 118 - 2668

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)



700

MAHI - STM - 118 - 2669 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).

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

626 600 471 500 **Jagung** 400 300 400 303 234 200 138 100 88 100 58 41 sibling Lega Representative 0 Unknown son Daughter Partner pepesentive Relative Parent other

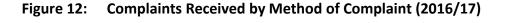
55% of complaints received in 2016/17, were from the patients / clients themselves

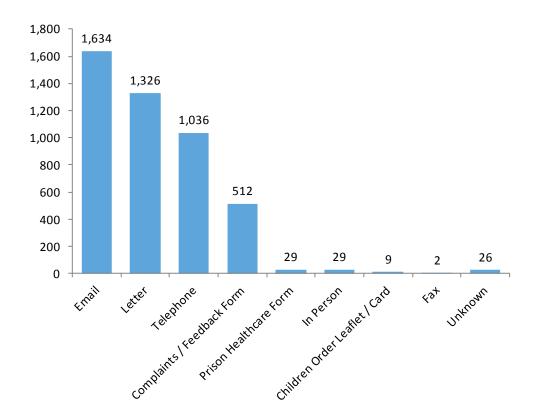
MMcG-282

Complaints Received by HSC Trusts (2012/13 to 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).





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35% of complaints received were sent by email in 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.

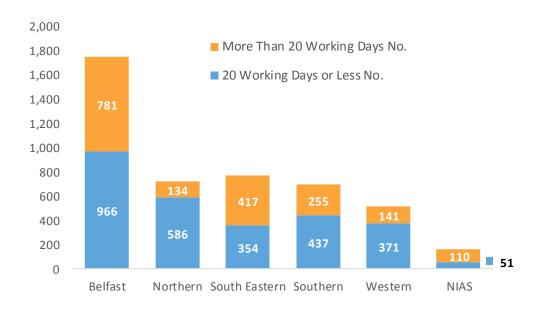
The HSC Complaints Policy requires HSC Trusts to provide a substantive response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response explaining the reason for the delay is sent to the complainant. <u>All holding responses are issued in 20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

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

Received, by HSC Trusts (2016/17)

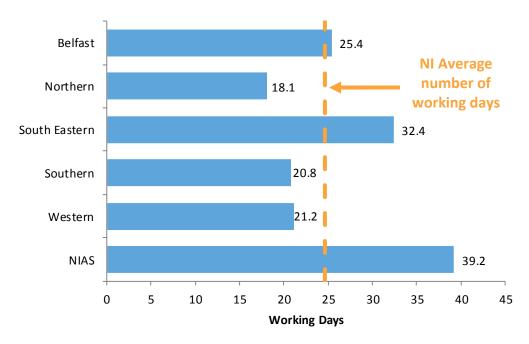


On average HSC Trusts took 24.7 working days to provide a substantive response to a complaint received in 2016/17 (Table 10, Figure 14)



On average substantive responses were provided within





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).

350 315 298 307 ■ 2012/13 ■ 2013/14 ■ 2014/15 ■ 2015/16 ■ 2016/17 300 260 250 226 200 150 100 50 26 19 20 14 4 3 3 0 0 GΡ **Ophthalmic & Pharmacy** Denta

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

⁷ Refer to Appendix 4 for further details.

Complaints Received by HSC Trusts (2012/13 to 2016/17)

83% of FPS complaints were handled under Local Resolution

Local resolution

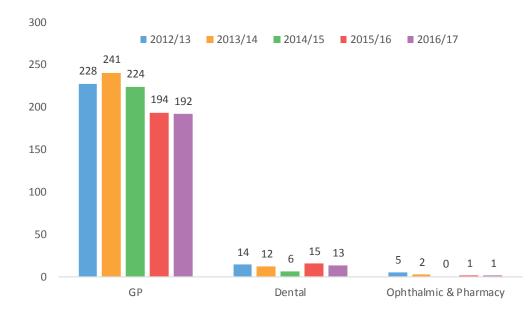
The first stage of the HSC Complaints Procedure is known as 'local resolution'. The purpose of local resolution is to provide an opportunity for the complainant and the organisation to attempt a prompt and fair resolution of the complaint. In the case of FPS practices, local resolution involves a practitioner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

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

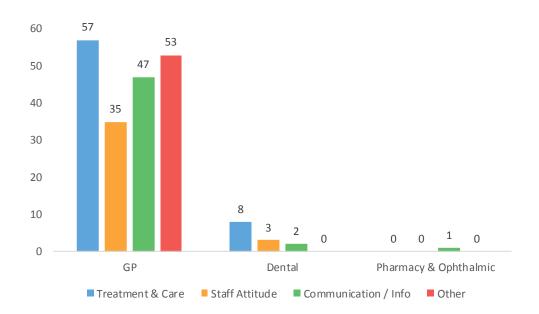
Of the 249 complaints received by the HSCB regarding FPS practices in 2016/17, 206 (82.7%) were handled under Local Resolution and 43 (17.3%) were the HSCB acted as an Honest Broker (Tables 12 - 15, Figures 16 & 18).

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 andPractice Type (2012/13 - 2016/17)





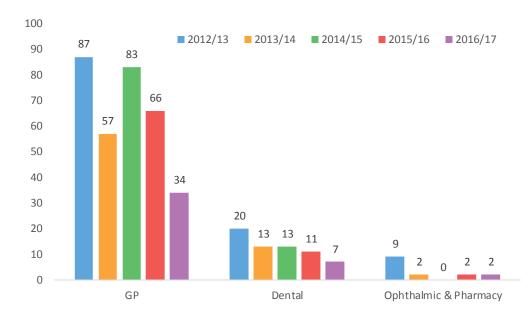


Honest Broker

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.

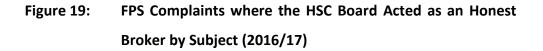
Since 2012/13, the number of complaints where the HSC Board acted as an honest broker decreased markedly, from 116 to 43 in 2016/17, a reduction of 62.9% (73) (Table 14, Figure 18).

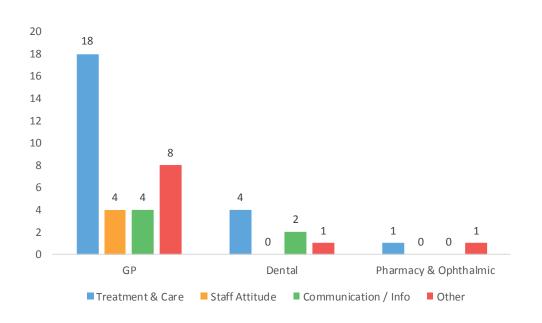
79% of complaints where the HSCB acted as an honest broker related to GPs



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).





TECHNICAL NOTES

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

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

Data Collection

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

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

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:

ADDITIONAL TABLES

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

Complaints Received by HSC Trusts (2012/13 to 2016/17)

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

MAHI - STM - 118 - 2680 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	
Northern	180	171	244	
South Eastern	383	364	367	
Southern	289	275	273	
Western	273	259	312	
NIAS	64	61	74	
Northern Ireland	1,780	1,691	1,808	

Complaints Received by HSC Trusts (2012/13 to 2016/17)

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

MAHI - STM - 118 - 2681 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 Contratced 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

MAHI - STM - 118 - 2682 Table 6: Category of Complaint Issue by Trust (2012/13 - 2016/17)

Category of Complaint Issue	201	2/13	2013	/14	2014	/15	2015	5/16	2016	6/17
	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

MAHI - STM - 118 - 2683 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

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 ComplaintsReceived, by HSC Trust (2016/17)

HSC Trust	20 Working or Les		More Tha Working		Total No.	Mean No. of
	No.	%	No.	%		Working Days
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

MAHI - STM - 118 - 2685 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

MAHI - STM - 118 - 2686 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 HonestBroker, 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.

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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.

MAHI - STM - 118 - 2689 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, <u>once</u> they have been recommended. Complaint issues about waiting <u>for</u> 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 <u>not</u> 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 <u>admission</u> for the procedure captured under <u>*Waiting List, Delay/Cancellation Planned Admission to Hospital*</sub> (34).</u>

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 <u>not</u> 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 <u>not</u> 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). (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 <u>'Quantity'</u> 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 <u>Times</u>, 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 <u>not</u> 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 <u>not</u> 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.

MAHI - STM - 118 - 2696 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

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

MAHI - STM - 118 -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.

2698

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.

MAHT - STM - 118 - 2699 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

MAHT - STM - 118 - 2700 APPENDIX 6: ADDITIONAL INFORMATION

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

Michael O'Donnell

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

Fax: 028 905 23288

Email: statistics@health-ni.gov.uk



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.			
Authors	Carol Murphy, Michael O'Donnell, Kieran Taggart, Siobhan Morgan			
Publication Date	6 th July 2018			
Reporting Period	1 st April 2017 – 31 st March 2018			
Issued by	Hospital Information Branch Information & Analysis Directorate Department of Health Stormont Estate Belfast, BT4 3SQ			
Statistician	Carol Murphy			
Statistical Quality	Information detailed in this release has been provided by HSC Trusts / Board and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.			
Target Audience	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.			
Further Copies	statistics@health-ni.gov.uk			
Website	https://www.health-ni.gov.uk/articles/complaints-statistics			
Price	Free			
Copyright	This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.			

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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

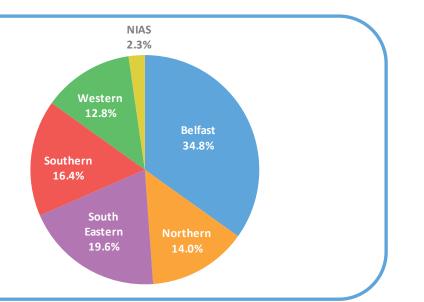


Figure 1: Complaint Issues Received by HSC Trusts (2017/18)

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).

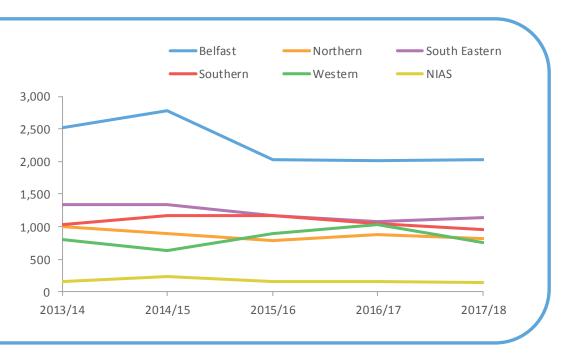


Figure 2: Complaint Issues Received by HSC Trusts (2013/14 - 2017/18)

MAHI - STM - 118 - 2707 Complaint Issues Received by Programme of Care (POC)¹

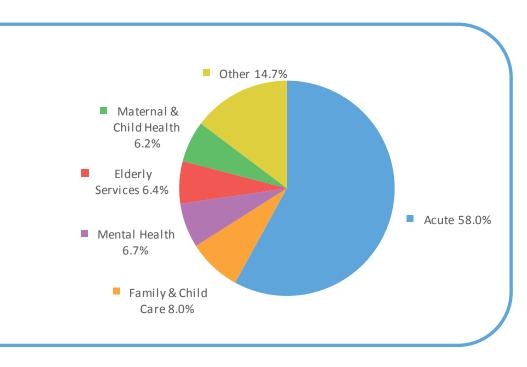
Each complaint issue received is recorded against the POC of the patient / client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

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



¹ Refer to Appendix 2: Definitions for full list of Programmes of Care (POC's)

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

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

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

Complaints Received by HSC Trusts (2013/14 to 2017/18)

MAHI - STM - 118 - 2709 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).

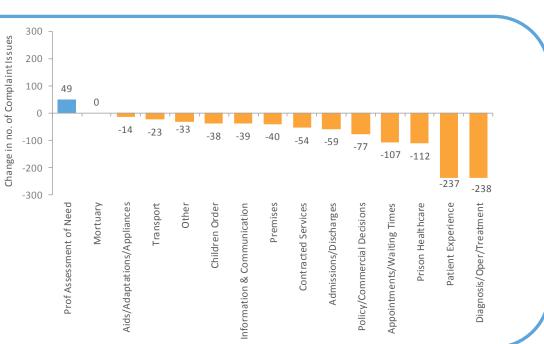


Figure 4: Change in the Number of Complaint Issues Received, by Category of Complaint (2013/14 - 2017/18)

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.

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

MAHI - STM - 118 - 2710 Complaint Issues Received by Category and HSC Trust

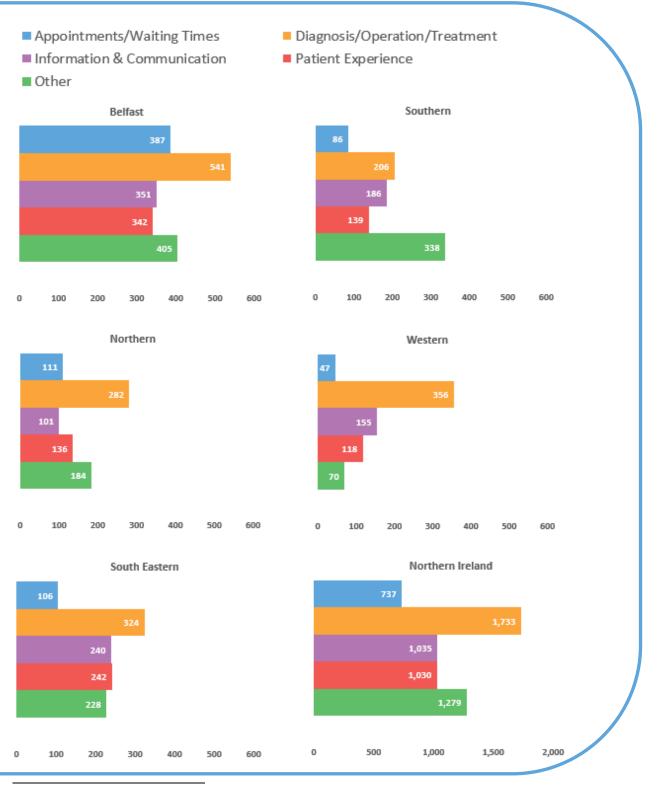
During 2017/18:

- 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).

MAHI – STM – 118 – 2711 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

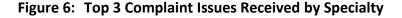


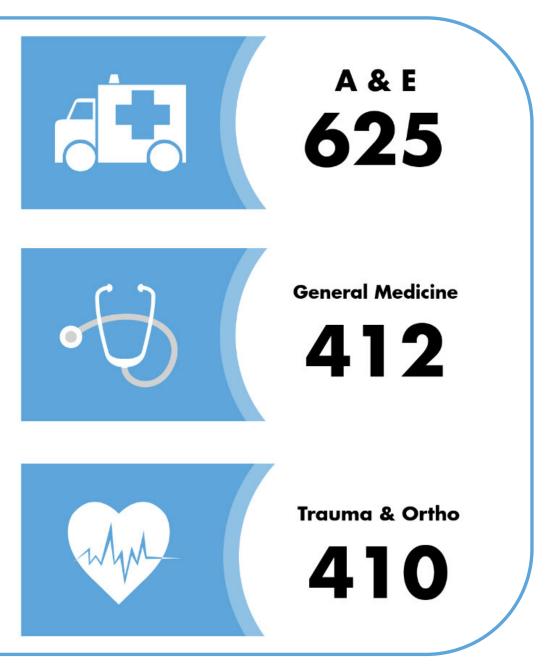
⁵ Information for Northern Ireland includes complaint issues received by all HSC Trusts including the NIAS.

MAHI - STM - 118 - 2712 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).





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

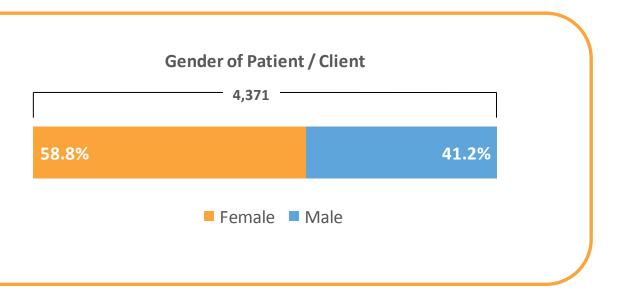
During 2017/18, the gender of the patient / client was recorded in 4,371 (98.4%) of the complaints received by HSC Trusts (Figure 7).

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)



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).

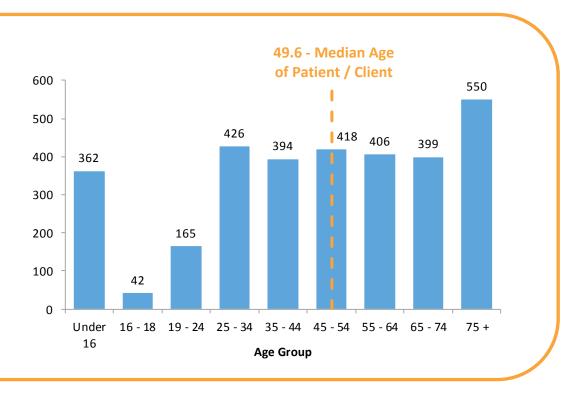


Figure 8: Complaints Received by Age Group of Patient / Client (2017/18)

MAHI - STM - 118 - 2715

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).

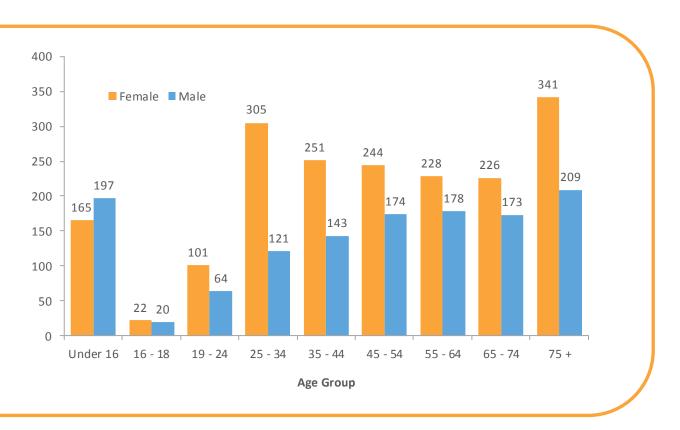


Figure 9: Complaints Received by Age Group and Gender of Patient / Client (2017/18)

MAHI - STM - 118 - 2716 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

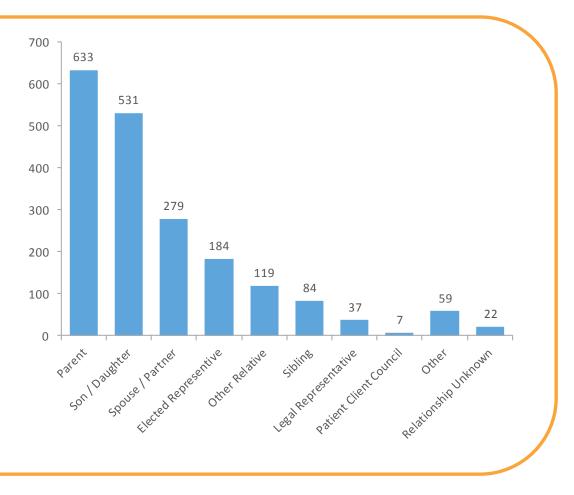


Figure 10: Complaints Received by Relationship of Complainant (2017/18)

⁶ There were 18 (0.4%) complaints were 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).

1,708 1,800 1,600 1,400 1,202 1,200 963 1,000 800 600 478 400 children Order Leaflet | Card 200 atter relephone prison Healthcare Form 25 0 Otherlunknown Email Letter

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

38% of complaints received were sent by email in 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. <u>All holding responses are issued in 20 working days or less.</u>

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

MAHI – STM – 118 – 2719 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)

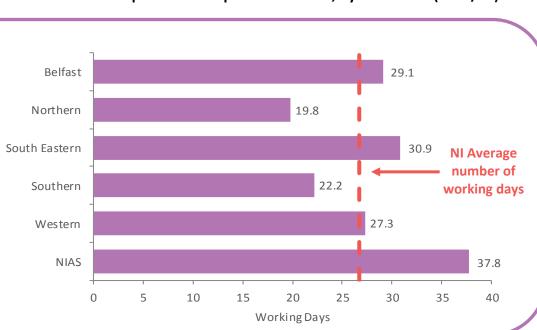


Figure 13: Average Number of Working Days to Provide a Substantive Response to Complaints Received, by HSC Trusts (2017/18)⁷

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

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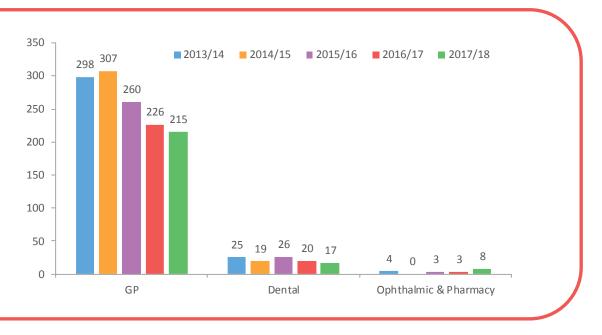


Figure 14: FPS Complaints Handled (2013/14 - 2017/18)

Complaints Received by HSC Trusts (2013/14 to 2017/18)

⁸ Refer to Appendix 5 for further details.

Local resolution

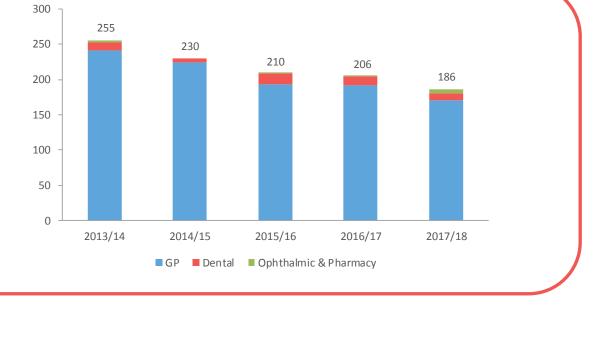
The first stage of the HSC Complaints Procedure is known as 'local resolution'. The purpose of local resolution is to provide an opportunity for the complainant and the organisation to attempt a prompt and fair resolution of the complaint. In the case of FPS practices, local resolution involves a practitioner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

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





92%

of complaints handled under Local Resolution in 2017/18 related to GPs complaints handled under local resolution (Table 12, Figure 16).

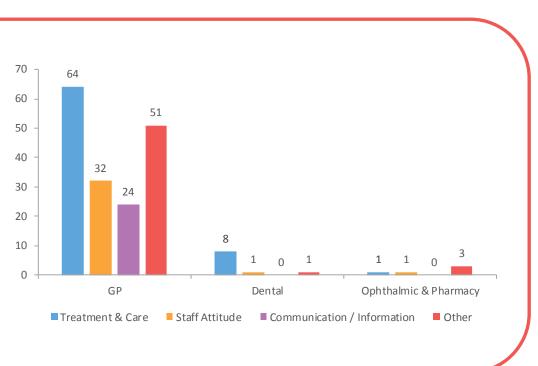


Figure 16: FPS Complaints Handled Under Local Resolution by Subject (2017/18)

Honest Broker

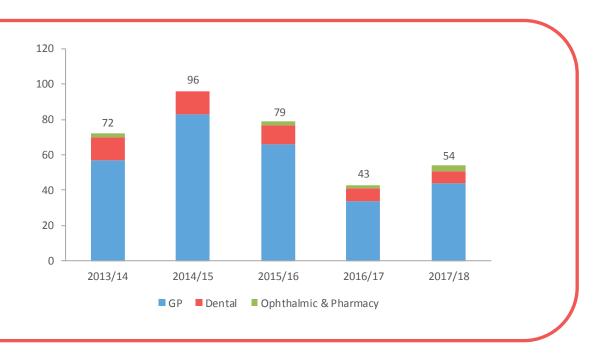
Where a complainant does not wish to approach the FPS practice directly, HSC Board Complaints staff, with the agreement of both the practice and complainant, may act as an intermediary or 'honest broker' with the aim of assisting in the local resolution of the complaint.

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%

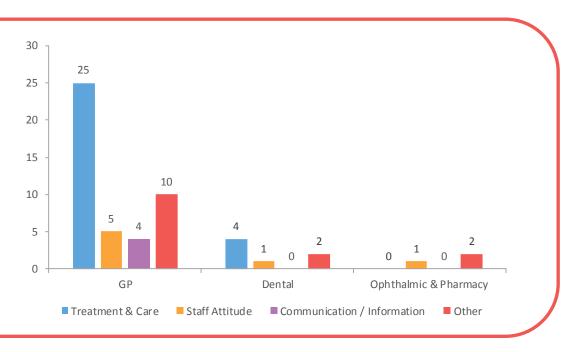
of complaints, where the HSCB acted as an Honest Broker, related to GPs in 2017/18

MAHI - STM - 118 - 2723 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

Complaints Received by HSC Trusts (2013/14 to 2017/18)

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.

MAHI - STM - 118 - 2726 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
Cotracted 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 Contratced 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

Category of Complaint Issue	2013	3/14	2014	1/15	201	5/16	201	6/17	201	7/18
	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	1 6.3 %	1,035	17.8%
Mortuary	0	0.0%	3	0.0%	1	0.0%	1	0.0%	0	0.0%
Patient Experience	1,267	1 8.5 %	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%

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

 $^{^{\}rm 11}{\rm The}$ South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland.

MAHI - STM - 118 - 2729 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

Age Group	Female	emale Male	
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 ComplaintsReceived, by HSC Trust (2017/18)

HSC Trust		20 Working Days or Less		an 20 Days	Total No.	Mean No. of
	No.	%	No.	%		Working Days
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

MAHI - STM - 118 - 2731 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

MAHI - STM - 118 - 2732 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

MAHI - STM - 118 - 2733 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:

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.

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

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

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

1. Access to Premises

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

2. Aids / Adaptations / Appliances

This heading refers to the suitability / availability of any aids / adaptations, <u>once</u> they have been recommended. Complaint issues about waiting <u>for</u> 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 <u>not</u> 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 <u>admission</u> for the procedure captured under <u>'Waiting List, Delay/Cancellation Planned Admission to Hospital</u>' (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 <u>not</u> 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 <u>not</u> 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). (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.

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 <u>'Quantity'</u> of Treatment & Care, (31) which refers to the quantity or amount of treatment and care.

31. Quantity of Treatment & Care

30. Quality 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 <u>Times</u>, 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 <u>not</u> 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 <u>not</u> 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.

Complaints Received by HSC Trusts (2013/14 to 2017/18)

MAHI - STM - 118 - 2744 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

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.

MAHI – STM – 118 – 2747 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

MAHI - STM - 118 - 2748 APPENDIX 7: ADDITIONAL INFORMATION

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

Carol Murphy

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

Email: