



Complaints and Compliments Received by HSC Trusts (2024/25)

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Reader Information

Purpose	This publication monitors and reports the number of Health and Social Care (HSC) Trust complaint issues received, by the programme of care, category, subject and specialty of the complaint issue, as well as demographic information and the time taken to provide a substantive response to complaints received. It also includes information on compliments received by HSC Trusts regarding the services they provide.
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Target Audience	DoH, Chief Executives of HSC Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, and general public.
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Key Points

Latest Year (2024/25)

During 2024/25, 5,483 complaints relating to 8,805 complaint issues were received by HSC Trusts (Tables 1 & 9).

Over half (4,718, 53.6%) of complaint issues received during 2024/25 related to the 'Acute' POC (Table 2, Figure 3).

During 2024/25, the highest number (2,217, 25.2%) of complaint issues related to a patient's 'Quality of Treatment & Care' (Table 4).

The highest percentage of complaint issues received in 2024/25 related to the 'Accident & Emergency' specialty (1,243, 14.1%) (Table 7).

Of the complaints received, the median age of the patient/client was 46 years (Figure 9).

During 2024/25, over two-fifths (2,455, 44.8%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 9).

During 2024/25, 42,312 compliments (via card, email, feedback form, care opinion, letter, social media or telephone) were received by HSC Trusts in Northern Ireland (Table 16, Figure 22).

Of the 42,312 compliments received by HSC Trusts, 20,832 (49.2%) related to 'Quality of Treatment & Care', 10,732 (25.4%) to 'Staff Attitude & Behaviour', 4,568 (10.8%) to 'Information & Communication', 1,194 (2.8%) to 'Environment', and 4,986 (11.8%) to 'Other' subjects (Table 16, Figure 21).

Last Five Years (2020/21 to 2024/25)

Since 2020/21, the number of complaint issues received by HSC Trusts increased from 5,005 to 8,805 in 2024/25 (Table 1, Figure 2).

Over the last five years, all six HSC Trusts reported an increase in the number of complaint issues received (Table 1, Figure 2).

Between 2020/21 and 2024/25, the largest increase in the number of complaint issues was reported in the 'Acute' POC (2,695 to 4,718) (Table 3).

Complaints' issues relating to Family Practitioner Services increased from 173 in 2020/21 to 272 in 2024/25 (Table 10, Figure 15).

Section 1: Complaint Issues Received by HSC Trusts

Difference between a Complaint and a Complaint Issue?

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

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

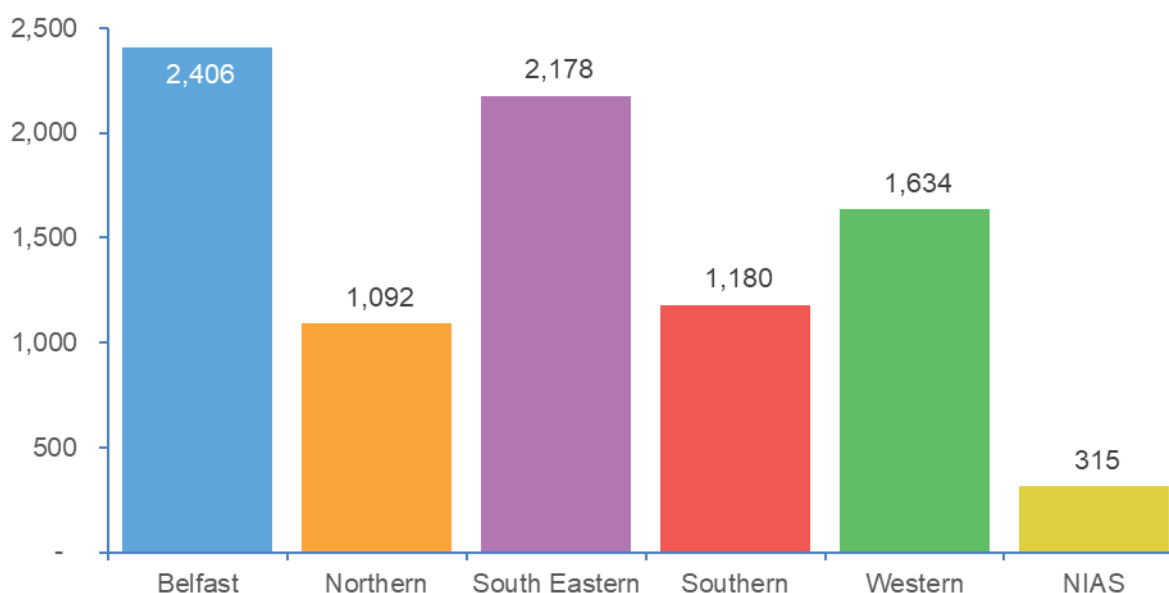
Complaint Issues Received by HSC Trusts

During 2024/25, HSC Trusts received 5,483 complaints relating to 8,805 complaint issues (Tables 1 & 9).

Of the 8,805 complaint issues, over a quarter (2,406, 27.3%) were received by the Belfast HSC Trust, 2,178 (24.7%) by the South Eastern HSC Trust, 1,634 (18.6%) by the Western HSC Trust, 1,180 (13.4%) by the Southern HSC Trust, 1,092 (12.4%) by the Northern HSC Trust and 315 (3.6%) by the NIAS (Tables 1 & 2, Figure 1).

Over a quarter
of complaint issues
received by the
Belfast HSC Trust.

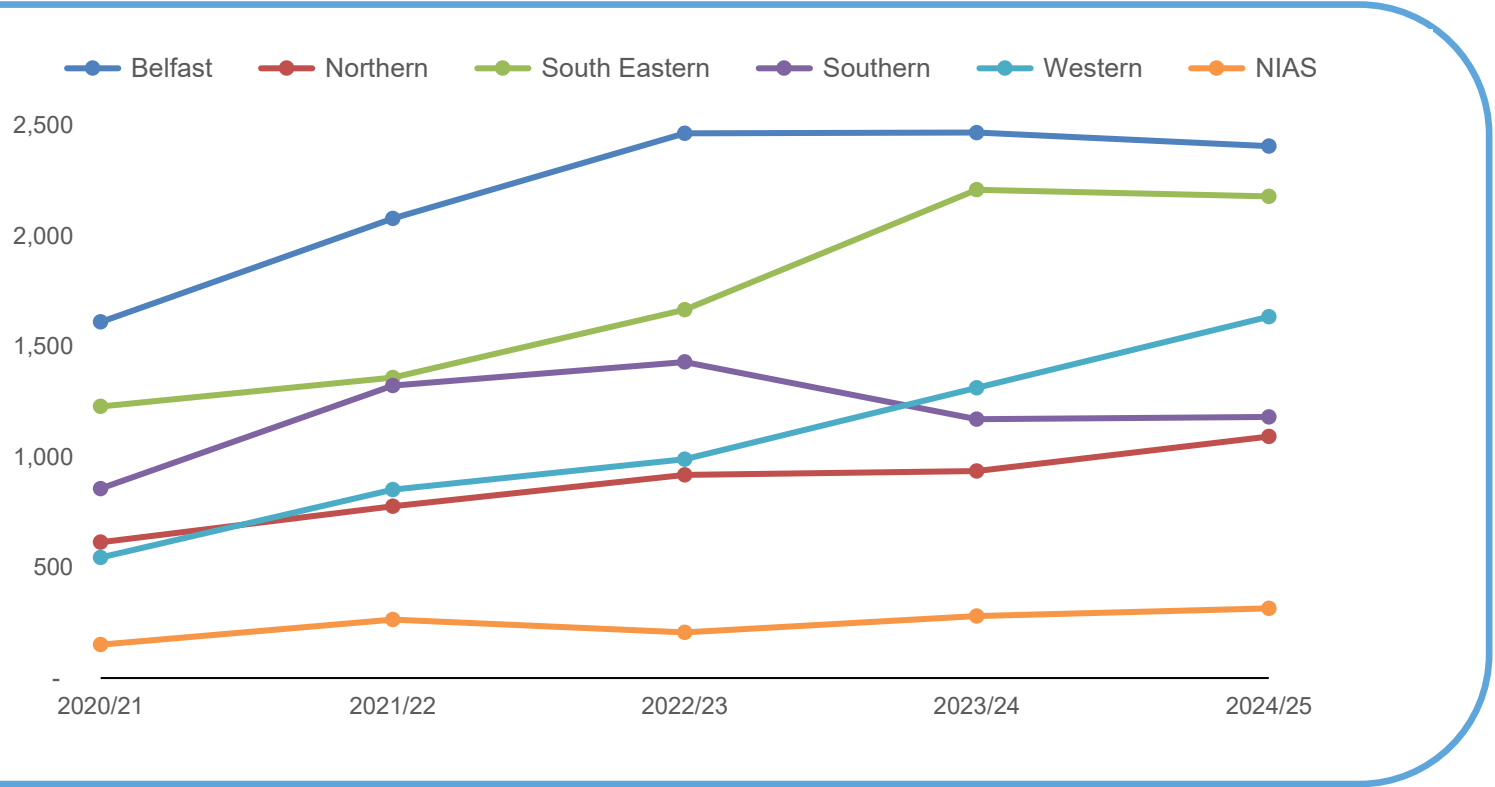
Figure 1: Complaint Issues Received by HSC Trusts (2024/25)



Over the last five years, the total number of complaint issues received by HSCTs ranged from 5,005 in 2020/21 to 8,805 in 2024/25 (Table 1).

Since 2020/21, the number of complaint issues received increased in all HSC Trusts (Table 1, Figure 2).

Figure 2: Complaint Issues Received by HSC Trusts (2020/21 – 2024/25)



Complaint Issues Received by Programme of Care (POC) ¹

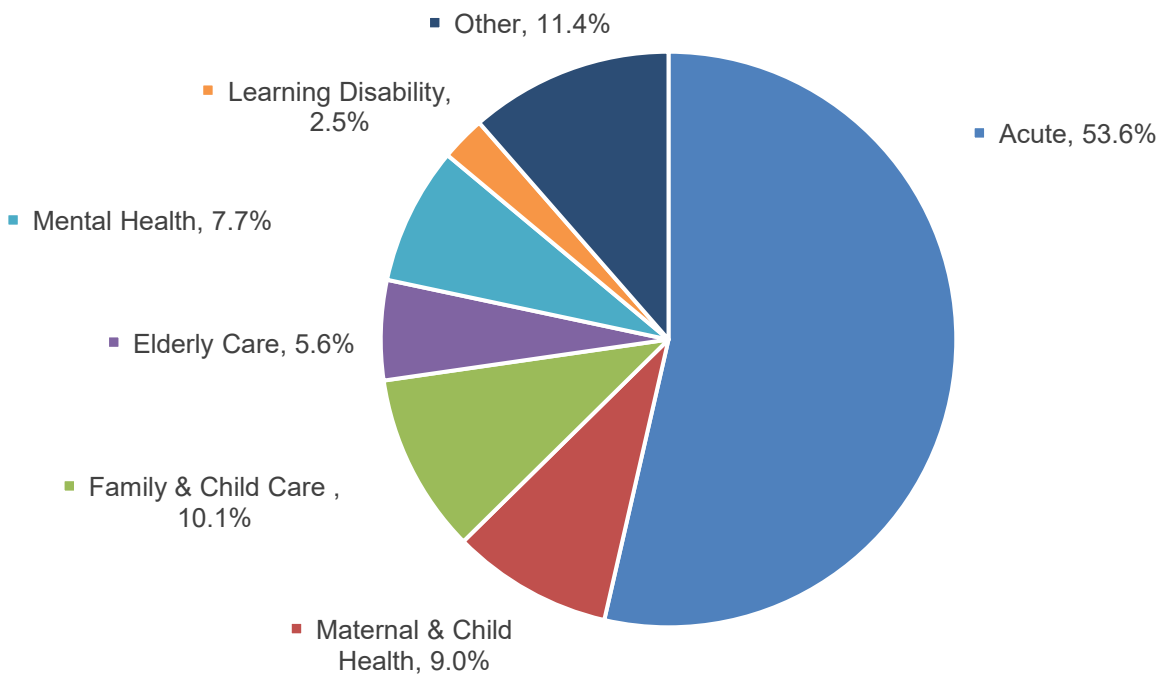
Each complaint issue received is recorded against the POC of the patient/client to whom the complaint relates. If a complaint is made by a user of HSC Trust facilities who is not a patient / client, the complaint issue will be recorded against the POC of that service.

Of the 8,805 complaint issues received by HSC Trusts in 2024/25, more than half (4,718, 53.6%) related to the Acute POC (Table 2).

Four POCs accounted for 80% (7,084) of all complaint issues received during 2024/25; Acute POC (4,718, 53.6%), Family & Child Care POC (889, 10.1%), Maternal & Child Health POC (796, 9.0%) and Mental Health POC (681, 7.7%) (Table 2 & Figure 3).

Over half
of all complaint
issues related to
the Acute POC

Figure 3: Complaint Issues by Programme of Care (2024/25) ²



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

² The 'Other' category includes all complaint issues not included in the remaining six POCs above

Complaint Issues Received by POC and HSC Trust

During 2024/25:

- In the Belfast HSC Trust the highest number of complaint issues related to the Acute POC (1,259 52.3%), Maternal and Child Health POC (417, 17.3%) and the Family & Child Care POC (202, 8.4%) (Table 2).
- Complaint issues relating to the Acute POC in the Belfast HSC Trust accounted for one in seven of all complaint issues received in Northern Ireland (14.3%, 1,259).
- In the Northern HSC Trust the highest number of complaint issues related to the Acute POC (612, 56.0%), the Mental Health POC (115, 10.5%) and the Elderly Care POC (86, 7.9%) (Table 2).
- In the South Eastern HSC Trust the highest number of complaint issues related to the Acute POC (1,145, 52.6%), Family and Child Care POC (263, 12.1%) and the Maternal and Child Health POC (183, 8.4%) (Table 2).
- In the Southern HSC Trust the highest number of complaint issues related to the Acute POC (791, 67.0%), Family and Child Care POC (239, 20.3%) and the Elderly Care POC (58, 4.9%) (Table 2).
- In the Western HSC Trust the highest number of complaint issues related to the Acute POC (911, 55.8%), Mental Health POC (201, 12.3%) and the Elderly Care POC (124, 7.6%) (Table 2).

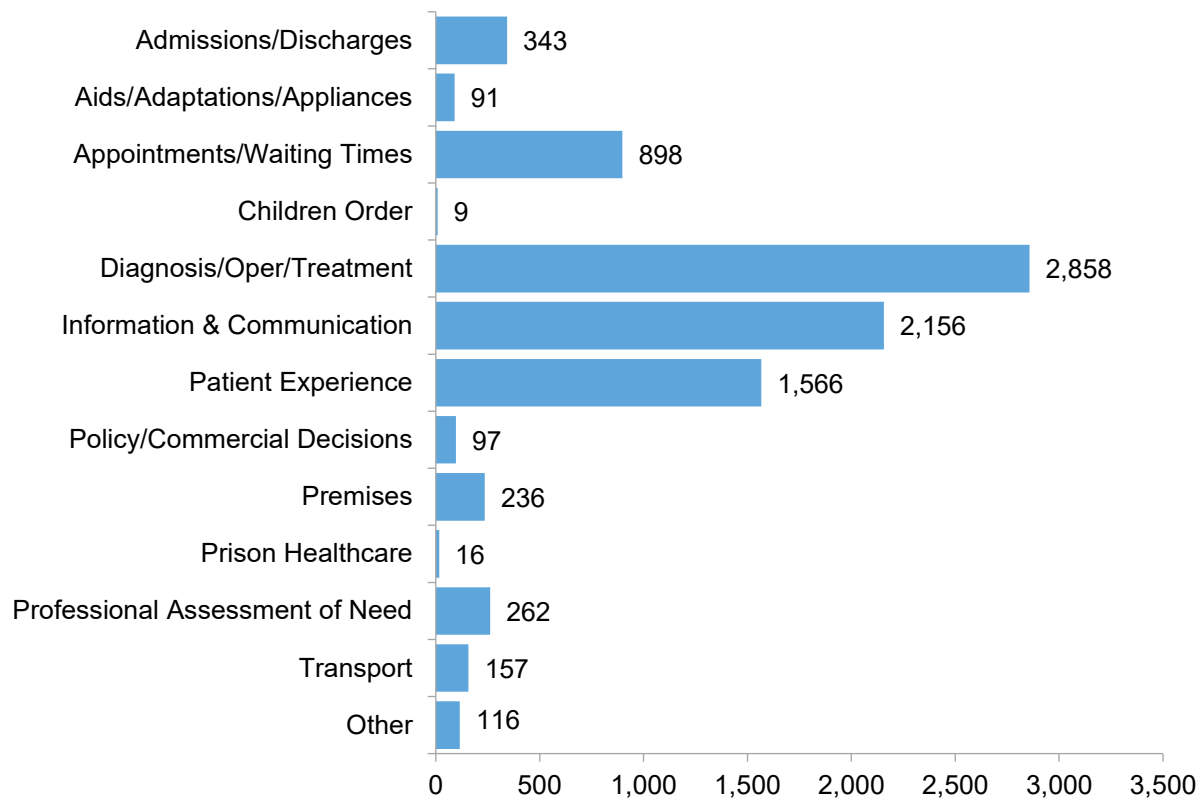
14.3%
of all complaint
issues related to
the Acute POC in
Belfast HSC Trust

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 14 main categories⁴.

During 2024/25, HSC Trusts reported that the highest number of complaint issues related to Diagnosis, Operation and Treatment (2,858, 32.5%), Information & Communication (2,156, 24.5%) and Patient Experience (1,566, 17.8%) (Figure 4, Table 5).

Figure 4: Complaint Issues by Category of Complaint (2024/25)

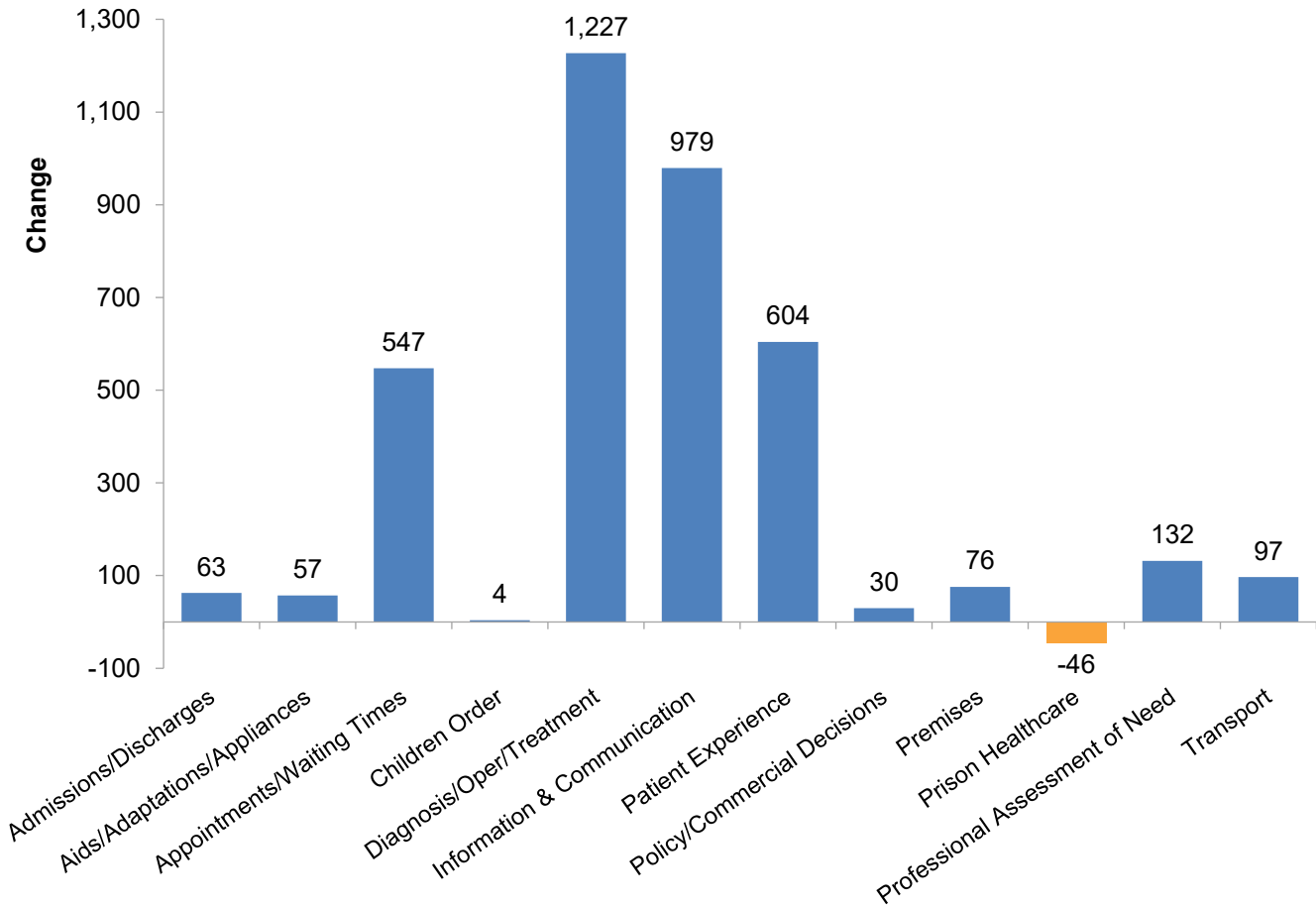


³ A complete list of complaint issue subjects is detailed in Appendix 3, and an analysis of complaint issues by subject can be found in Table 4.

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

Figure 5 below presents information on the change in the number of complaint issues received by HSC Trusts between 2020/21 and 2024/25 by Category of Complaint.

Figure 5: Change in the Number of Complaint Issues, by Category of Complaint (2020/21 – 2024/25)



Complaint Issues Received by Category and HSC Trust

Figure 6 overleaf presents a summary of the four largest categories, accounting for 84.9% (7,478) of complaint issues received during 2024/25. In Figure 6 complaint issues not in the four largest categories are referred to as 'Other'.

During 2024/25:

In the Belfast HSC Trust, over a quarter (669, 27.8%) of complaint issues related to the 'Information & Communication' category. The next largest categories were 'Diagnosis/Operation/Treatment' (630, 26.2%) and 'Patient Experience' (416, 17.3%) (Figure 6, Table 6).

In the Northern HSC Trust, the largest category of complaint issues related to 'Diagnosis/Operation/Treatment' (449, 41.1%). The next largest categories were 'Patient Experience' (185, 16.9%) and 'Information & Communication' (166, 15.2%) (Figure 6, Table 6).

The 'Diagnosis/Operation/Treatment' category accounted for the largest number (788, 36.2%) of complaint issues received in the South Eastern HSC Trust followed by 'Information & Communication' (493, 22.6%) and 'Patient Experience' (410, 18.8%) (Figure 6, Table 6).

In the Southern HSC Trust, the largest number (381, 32.3%) of complaint issues related to the 'Diagnosis/Operation/Treatment' category. The next largest categories were 'Information & Communication' (301, 25.5%) and 'Patient Experience' (213, 18.1%) (Figure 6, Table 6).

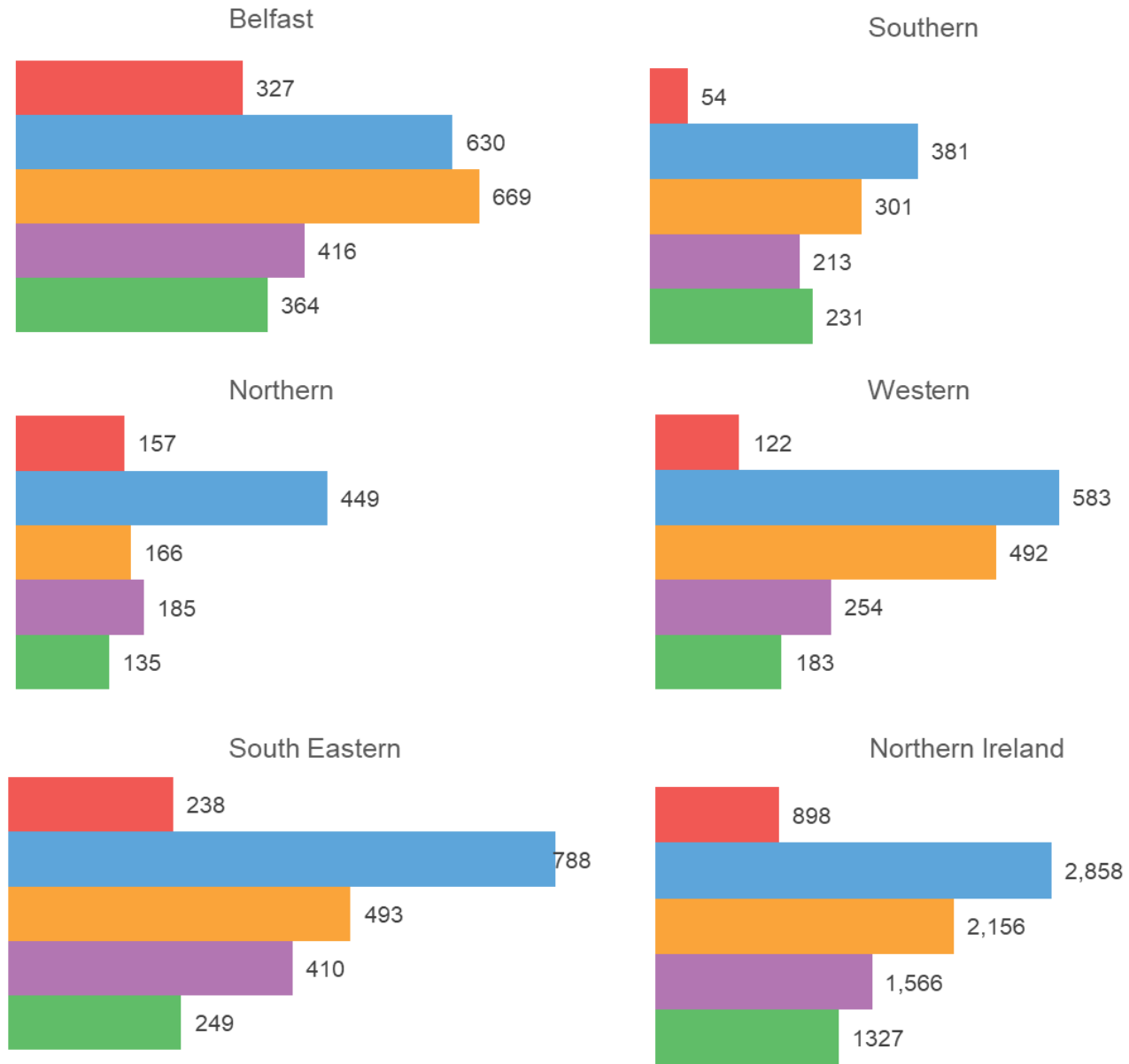
The highest number (583, 35.7%) of complaint issues received by the Western HSC Trust related to 'Diagnosis/Operation/Treatment. The next largest categories were 'Information & Communication' (492, 30.1%) and 'Patient Experience' (254, 15.5%) (Figure 6, Table 6).

Complaint issues received by the NIAS mainly related to 'Transport' (127, 40.3%) followed by 'Patient Experience' (88, 27.9%) and 'Information & Communication' (35, 11.1%) (Table 6).

**Diagnosis /
Operation /
Treatment**
was main
category of
complaint issues
received by 4 out
of 6 HSC Trusts

Figure 6: Main Category of Complaint Issues Received by HSC Trusts (2024/25)⁵

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



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

Complaint Issues Received by Specialty

During 2024/25, HSC Trusts reported that the highest number of complaint issues received related to the 'Accident & Emergency' (1,243, 14.1%), 'General Medicine' (745, 8.5%) and 'Children & Young People's Services - Statutory' specialties (550, 6.2%) (Figure 7, Table 7).

These three specialties accounted for over a quarter (2,538, 28.8%) of all complaint issues received during this time (Table 7).

Figure 7: Top 3 Complaint Issues Received by Specialty (2024/25)



Accident & Emergency

1243



General Medicine

745



**Children & Young People
Services - Statutory**

550

SECTION 2: COMPLAINTS RECEIVED BY HSC TRUSTS

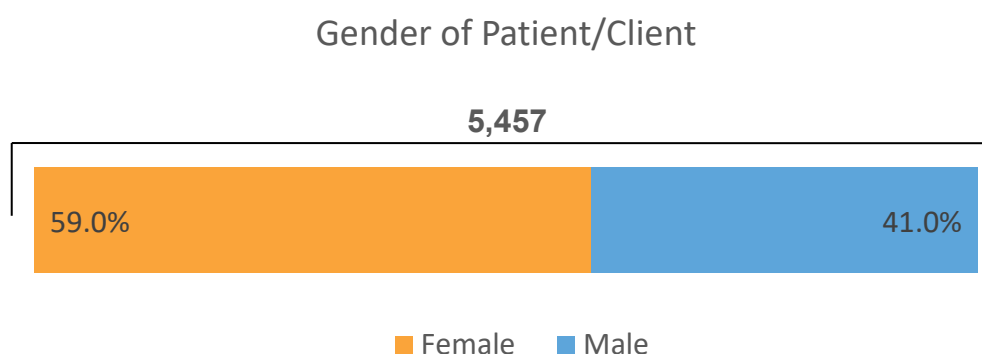
During 2024/25, HSC Trusts received 5,483 complaints, relating to 8,805 complaint issues. Section 2 presents a summary of information relating to these 5,483 complaints. Further information on the difference between a complaint and a complaint issue is detailed on page 5.

Age and Gender of Patient/Client

During 2024/25, a patient/client's gender was recorded in 5,457 (99.5%) of complaints received by HSC Trusts (Figure 8).

Of those complaints where the gender of the patient/client was recorded, 3,221 (59.0%) were females and 2,236 (41.0%) were males (Figure 8).

Figure 8: Gender of Patient/Client (2024/25)



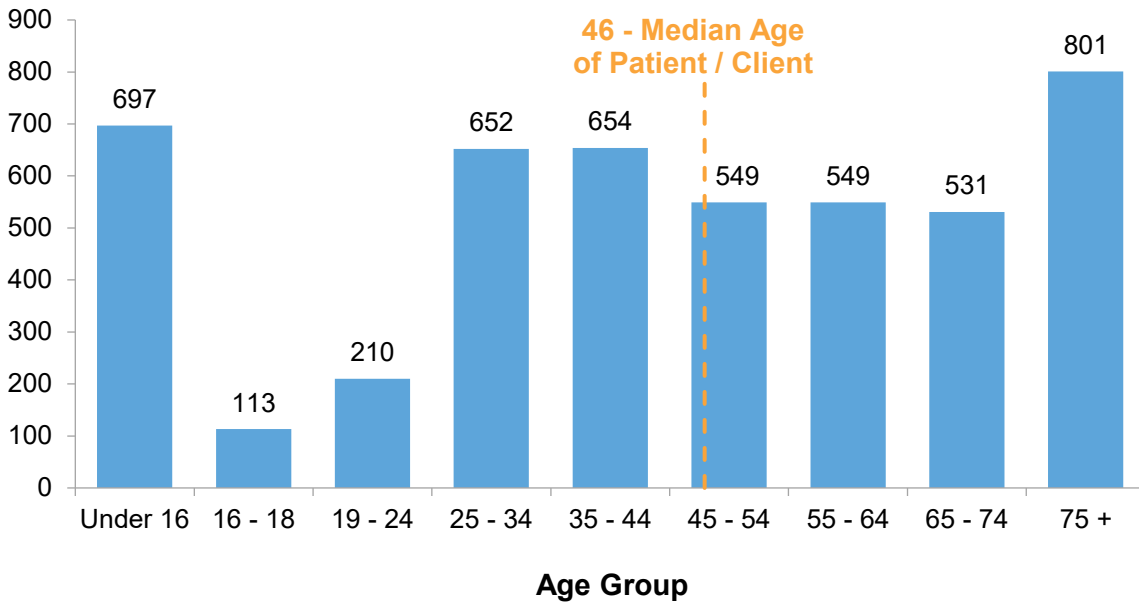
During 2024/25, both the age and gender of the patient/client was recorded in 4,743 (86.5%) of the complaints received by HSC Trusts.

For those complaints where the age of the patient/client was recorded, 801 (16.8%) related to patients/clients aged 75 & over and 697 (14.7%) to those aged under 16 (Figure 9, Table 8).

Of the complaints received by HSC Trusts during 2024/25, the median age of the patient/client was 46 years (Figure 9).

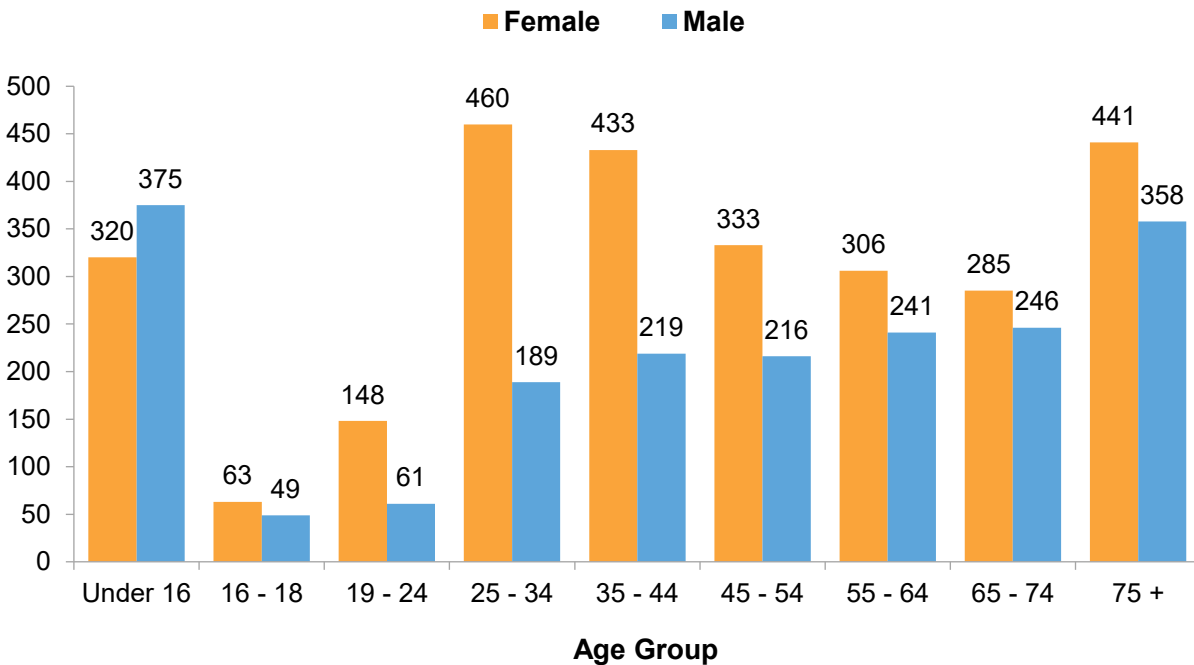
46 Years
was the median
age of
patient /client
in 2024/25

Figure 9: Complaints Received by Age Group of Patient/Client (2024/25)



Of the 4,743 complaints where the age and gender of the patient/client was recorded, 2,789 (58.8%) were females and 1,954 (41.2%) were males (Table 8, Figure 9).

Figure 10: Complaints Received by Age Group and Gender of Patient/Client (2024/25)



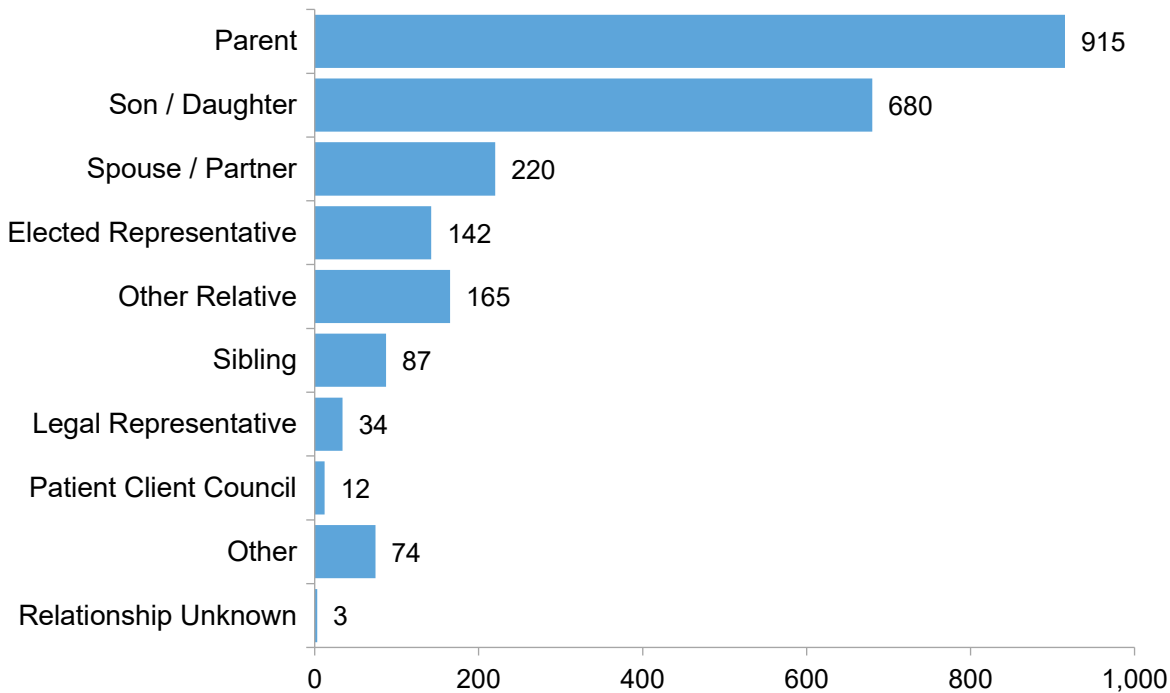
Relationship of Complainant to Patient/Client

Almost three-fifths (3,151, 57.5%) of all complaints received in 2024/25 were identified as being from the patient/client, with 2,332 (42.5%) complaints from persons acting on behalf of the patient/client.

Of the 2,332 complaints received from persons acting on behalf of the patient/client, around two-fifths (915, 39.2%) were from the parent, 680 (29.2%) from the son/daughter of the patient/client and 220 (9.4%) from a spouse/partner (Figure 11, Table 15).

43%
of complaints
were received
from those
acting on behalf
of patients/
clients

Figure 11: Complaints Received by Relationship of Complainant (2024/25) ⁶



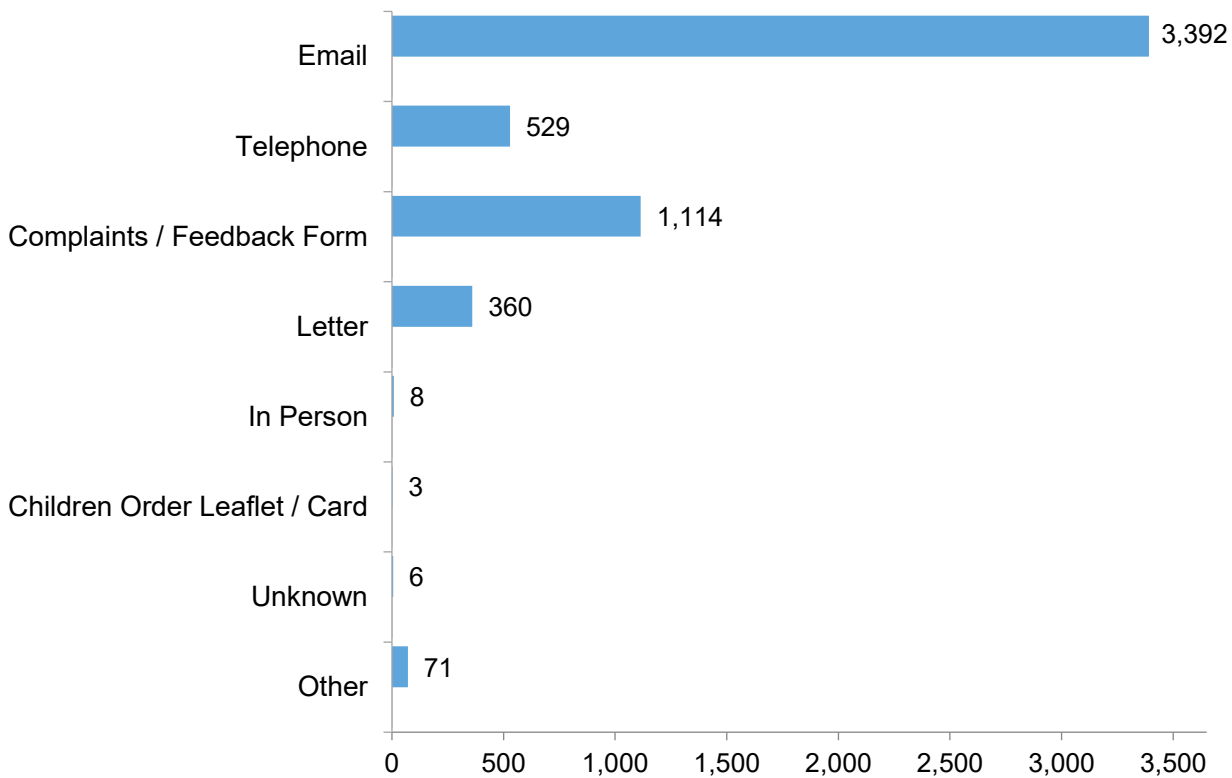
⁶ Includes only complaints made by persons acting on behalf of the patient/client, i.e. the complainant is not the patient / client

Method of Complaint

Method of complaint refers to the means by which HSC Trusts received the complaint. Of the 5,483 complaints received during 2024/25, around three-fifths (3,392, 61.9%) were sent by Email, 1,114 (20.3%) by Complaints/Feedback form and 529 (9.6%) by telephone (Figure 12).

62%
of complaints
received were
sent by email in
2024/25

Figure 12: Complaints Received by Method of Complaint (2024/25)



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

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

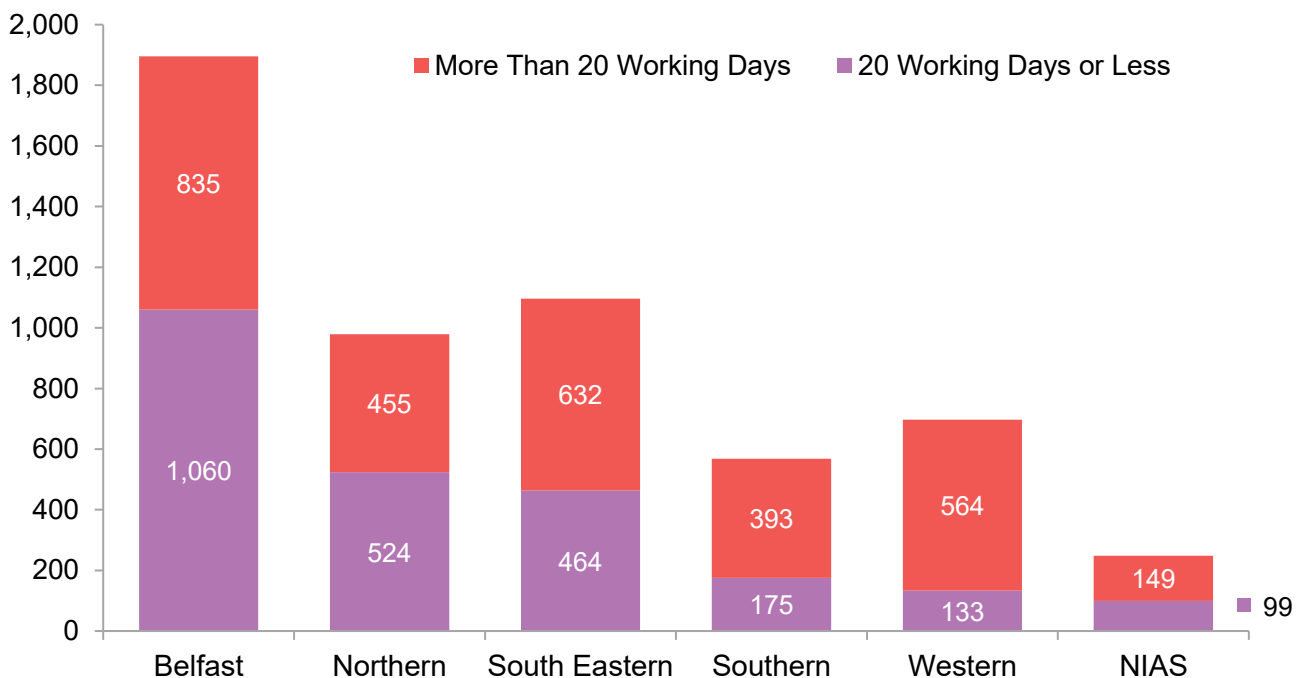
The HSC Complaints Policy requires HSC Trusts to provide a substantive response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response explaining the reason for the delay is sent to the complainant. **All holding responses are issued in 20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

During 2024/25, over two-fifths (2,455, 44.8%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint (Table 9, Figure 13).

The Belfast HSC Trust provided the highest proportion of substantive responses within 20 working days (1060, 55.9%) during 2024/25, whilst the Western HSC Trust provided the lowest (133, 19.1%) (Table 9, Figure 13).

45%
of complaints received a substantive response within 20 working days

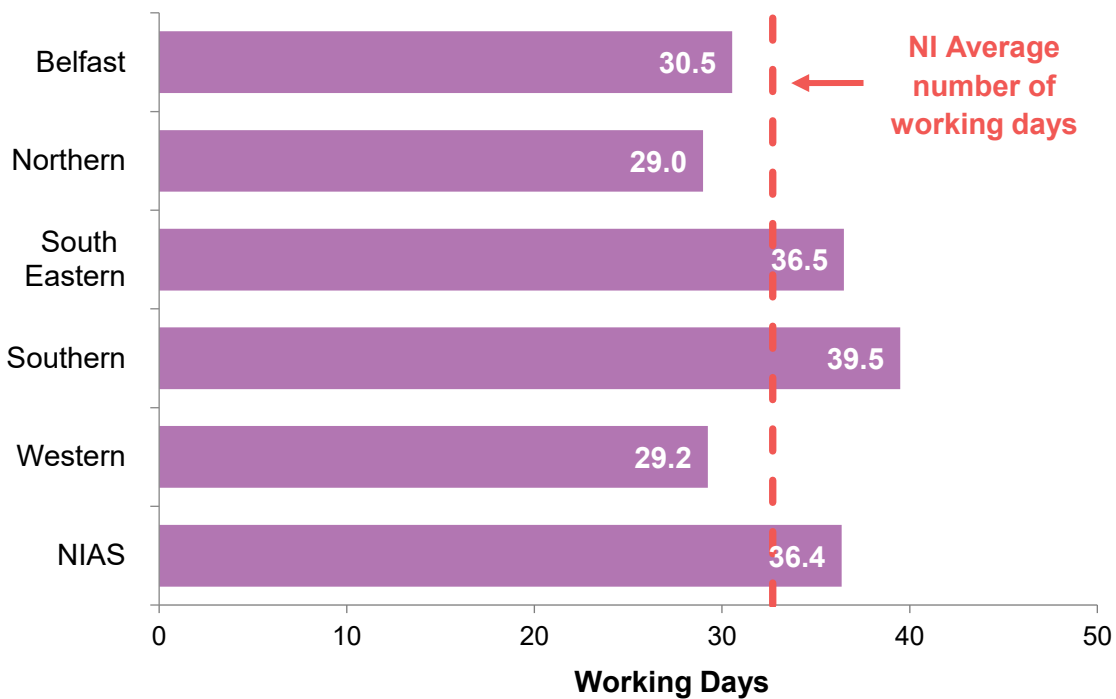
Figure 13: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trusts (2024/25)



Average Number of Working Days to Substantive Response

On average (mean) HSC Trusts took 32.7 working days to provide a substantive response to a complaint received in 2024/25 (Table 9, Figure 14). *To note, only those complaints that were received during 2024/25 and had a substantive response date included on the system before the annual return was submitted are included in these statistics.*

Figure 14: Average Number of Working Days to Provide a Substantive Response by HSC Trusts (2024/25)⁷



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

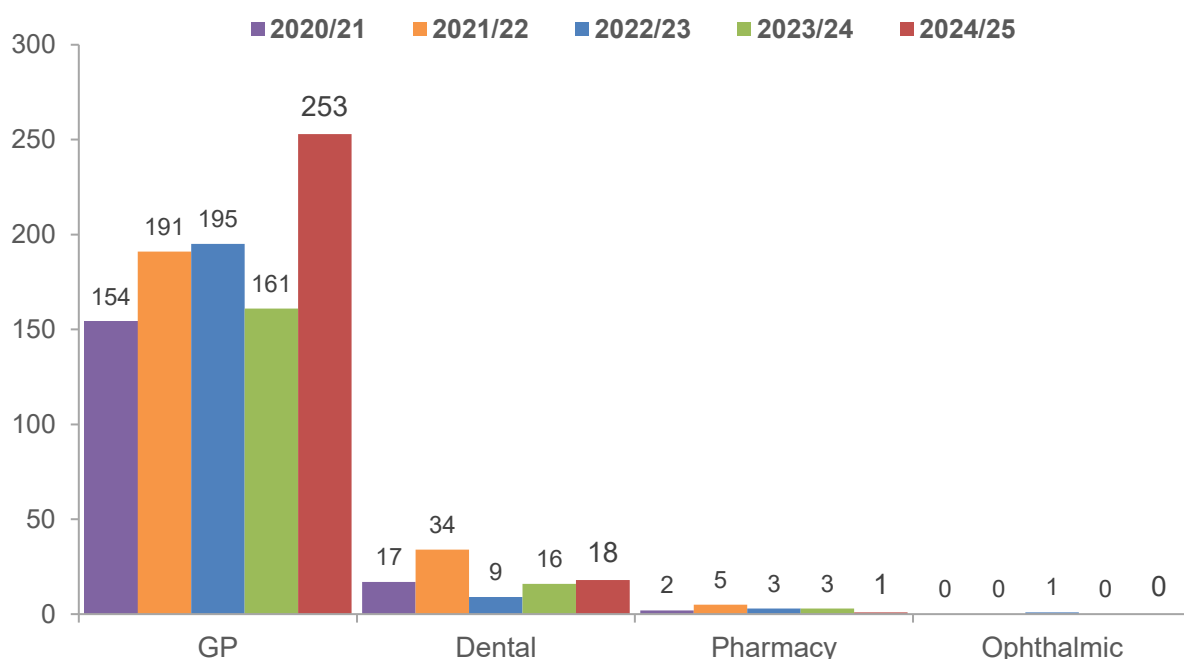
Information in this section refers to complaints received by the Strategic Planning and Performance Group (SPPG)⁸ regarding FPS practices in Northern Ireland.

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 SPPG Complaints Team anonymised copies of each letter of complaint received along with the subsequent response, within 3 working days of this being issued.

Of the 272 complaints received by the SPPG Complaints Team regarding FPS practices in 2024/25, 220 (80.9%) were handled under Local Resolution and the SPPG Complaints Team acting as an Honest Broker in 52 (19.1%) (Tables 11 & 14, Figures 16 & 18).

51.1%
increase in FPS
complaints
compared to
last year

Figure 15: FPS Complaints Handled by Practice Type (2020/21 – 2024/25)



Between 2020/21 and 2024/25, the number of complaints made against FPS practices in Northern Ireland increased from 173 to 272. During 2024/25, the majority of complaints received (93%) related to GPs (Table 10, Figure 15).

⁸ Refer to Appendix 5 for further details.

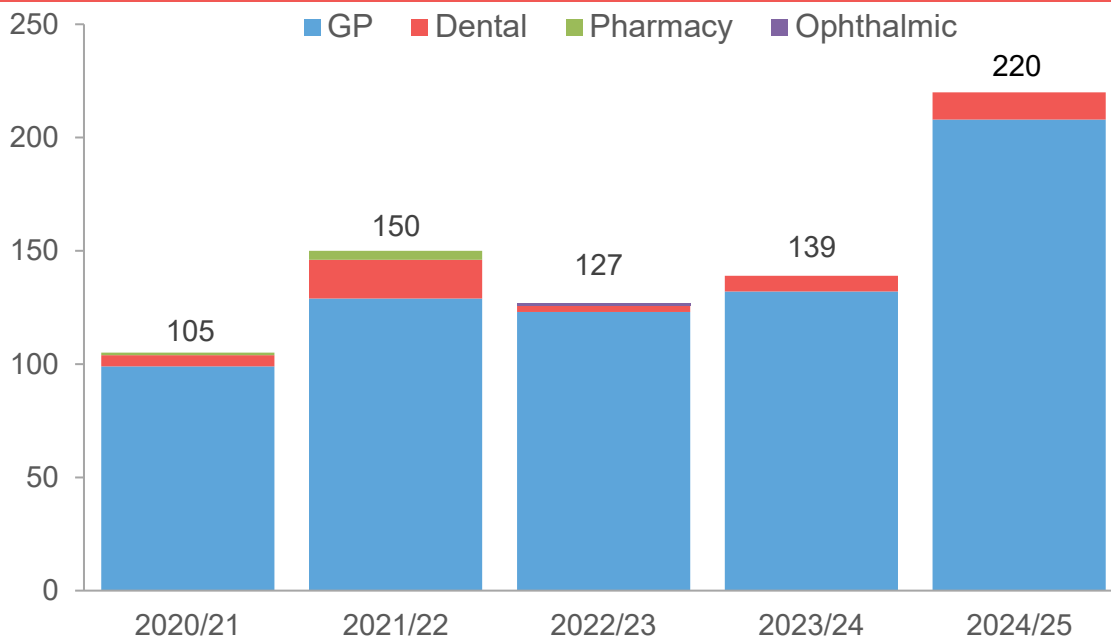
Local resolution

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.

95%

**of complaints
handled under
Local Resolution
related to GPs**

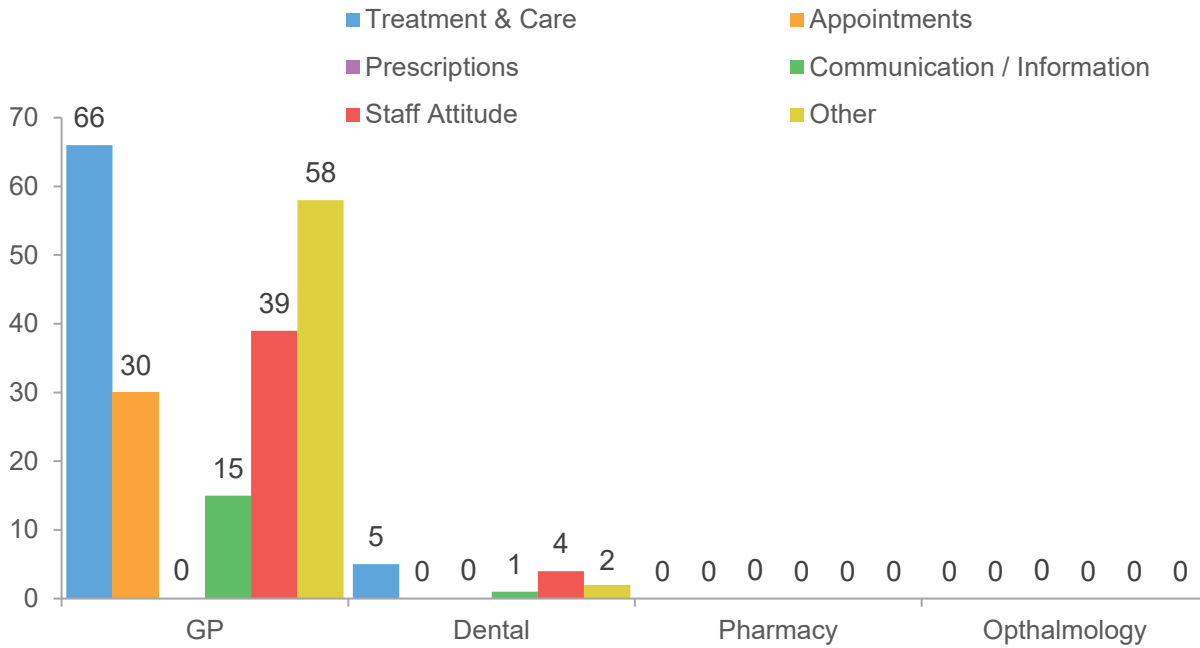
Figure 16: FPS Complaints Handled Under Local Resolution, by Year and Practice Type (2020/21 – 2024/25) ⁸



During 2024/25, 208 (94.5%) complaints handled under local resolution related to GPs (Table 11, Figure 16).

In 2024/25, 'Treatment & Care' accounted for 32.3% (71) of all complaints handled under local resolution (Table 12, Figure 17).

Figure 17: FPS Complaints Handled Under Local Resolution, by Subject and Practice Type (2024/25)



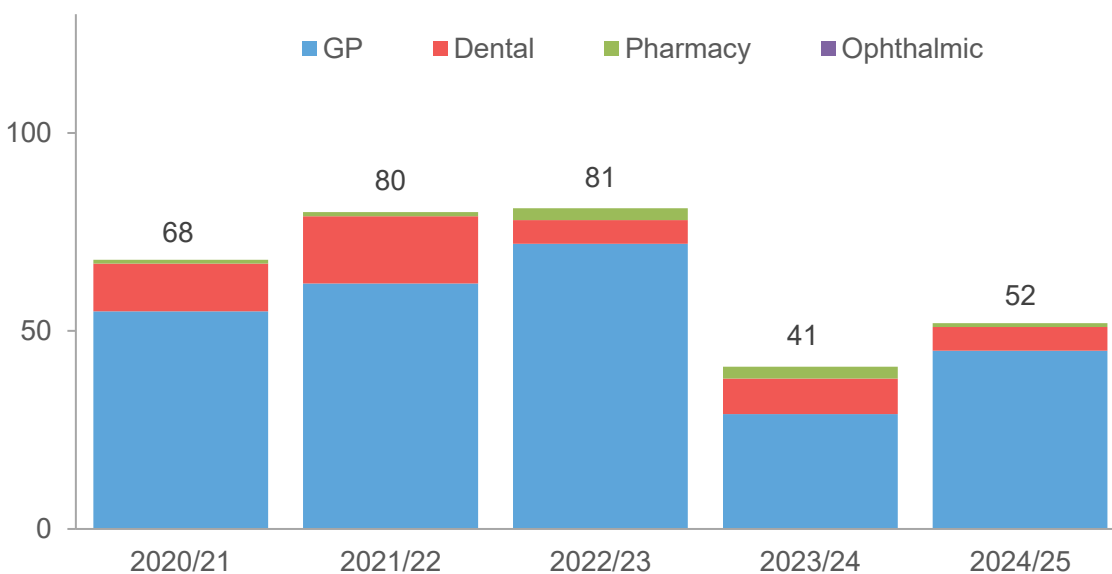
Honest Broker

Where a complainant does not wish to approach the FPS practice directly, SPPG Complaints Team, 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.

87%

of complaints, where the SPPG Complaints Team acted as an Honest Broker, related to GPs

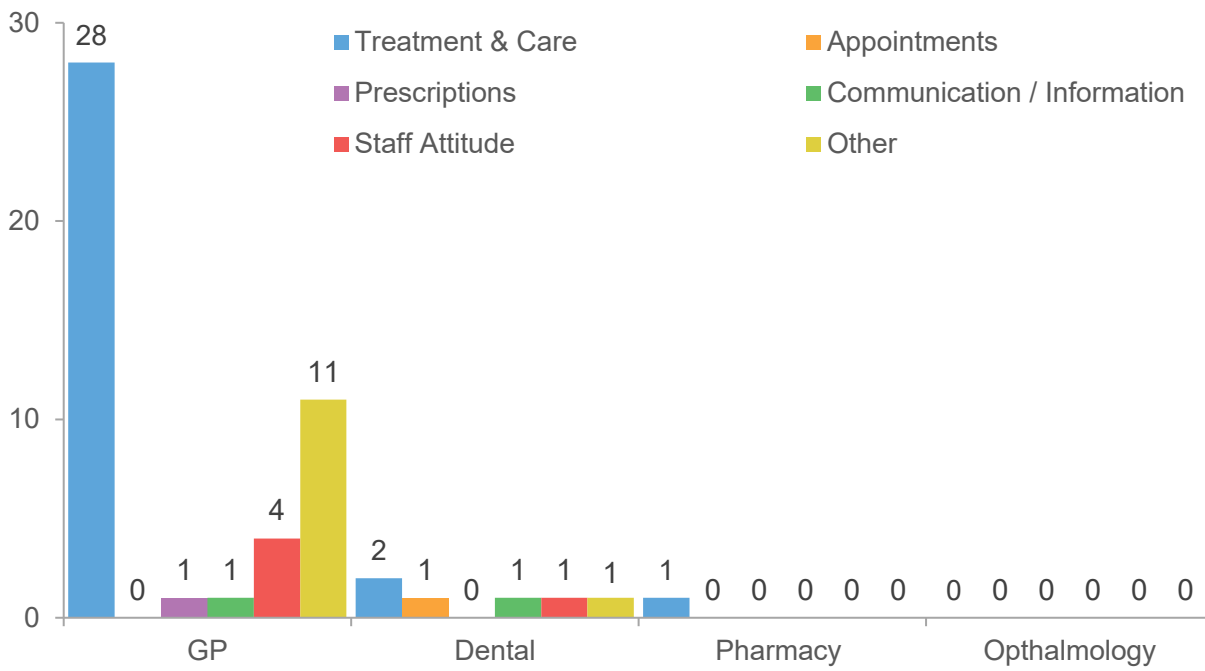
Figure 18: FPS Complaints where the SPPG Complaints Team Acted as an Honest Broker, by Year and Practice Type (2020/21 – 2024/25) ⁸



The number of complaints where the SPPG Complaints Team acted as an honest broker was higher in 2024/25 (52) compared with 2023/24 (41) however it was lower than the 81 recorded in 2022/23 (Table 13, Figure 18).

'Treatment & Care' accounted for three-fifths (31, 59.6%) of all complaints in which the SPPG Complaints Team acted as an honest broker during 2024/25 (Table 14, Figure 19).

Figure 19: FPS Complaints where SPPG Complaints Team Acted as an Honest Broker, by Subject and Practice Type (2024/25)



SECTION 5: COMPLIMENTS RECEIVED BY HSC TRUSTS

A statistical information return to collate information on compliments received by HSC Trusts was introduced in December 2017⁹, with data first being published in the 2018/19 report.

For the purposes of this statistical collection, a compliment may be understood as ‘an expression of praise, commendation or admiration’. In addition, only compliments received by: Card, Email, Feedback Form, Letter, Social Media (Facebook & Twitter only), Care Opinion or Telephone should be included.

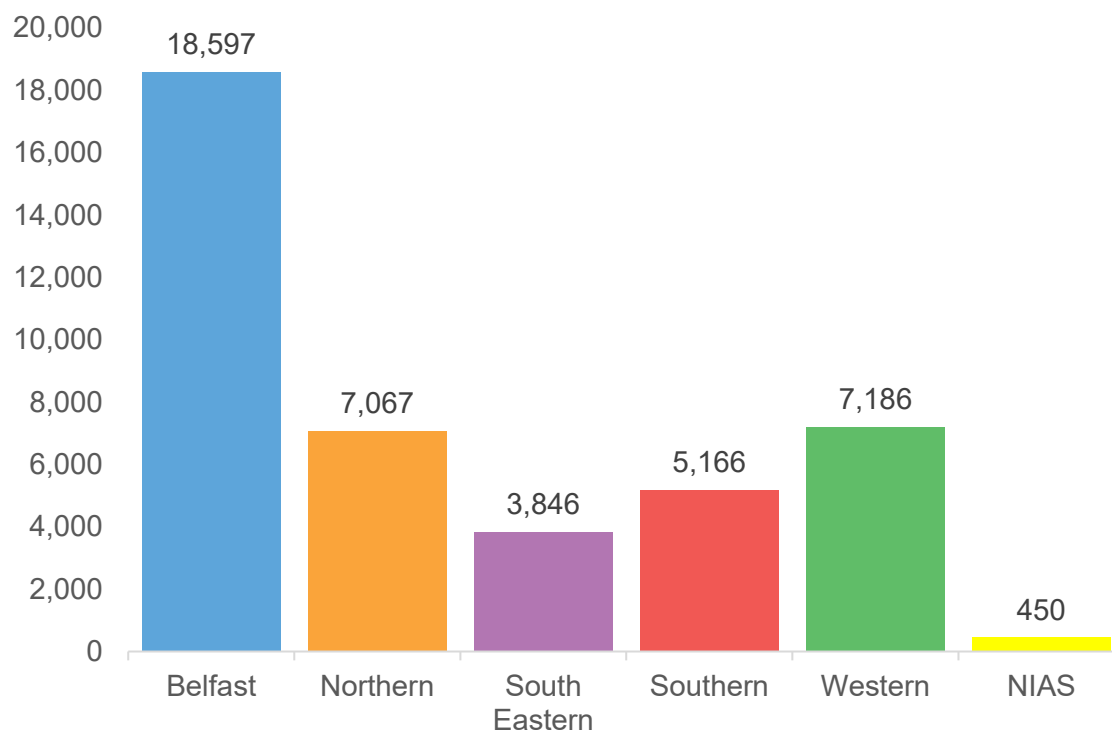
Compliments Received by HSC Trusts

During 2024/25, HSC Trusts received 42,312 compliments.

Over two-fifths (18,597, 44.0%) were received by the Belfast HSC Trust, 7,186 (17.0%) by the Western HSC Trust, 7,067 (16.7%) by the Northern HSC Trust, 5,166 (12.2%) by Southern HSC Trust, 3,846 (9.1%) by the South Eastern HSC Trust and 450 (1.1%) by NIAS (Table 16, Figure 20).

42,312
compliments
received by HSC
Trusts

Figure 20: Compliments Received by HSC Trusts (2024/25)



⁹ Additional information on the compliments information collection is detailed in Appendix 1 & 6.

Subject of Compliment Received

Of the 42,312 compliments received by HSC Trusts, 20,832 (49.2%) related to 'Quality of Treatment & Care', 10,732 (25.4%) to 'Staff Attitude & Behaviour', 4,568 (10.8%) to 'Information & Communication', 1,194 (2.8%) to 'Environment' and 4,986 (11.8%) to 'Other' subjects (Table 16, Figure 21).

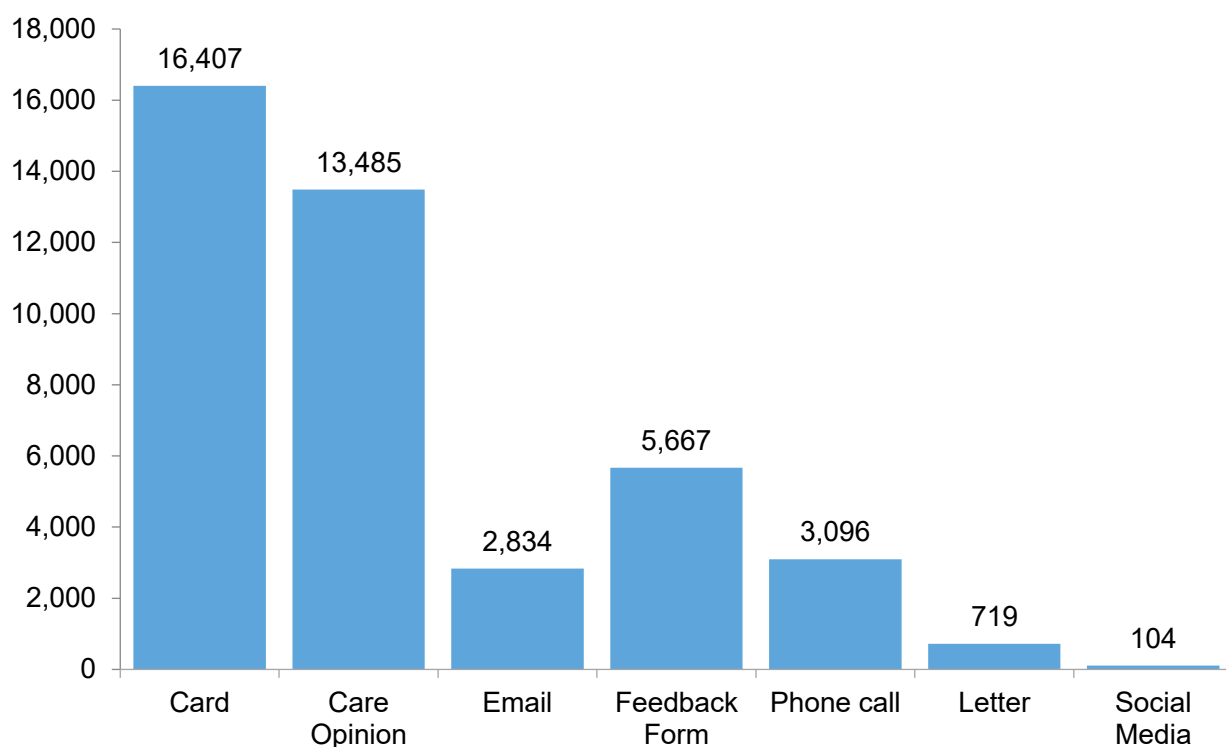
Figure 21: Compliments received by Subject and HSC Trust (2024/25)



Method of Compliment

Almost two-fifths (16,407 38.8%) of compliments received during 2024/25 were made by Card, 13,485 (31.9%) by Care Opinion, 5,667 (13.4%) by Feedback Form, 3,096 (7.3%) by Phone, 2,834 (6.7%) by Email, 719 (1.7%) by Letter and 104 (0.2%) by Social Media¹⁰ (Figure 22).

Figure 22: Compliments received by HSC Trusts by Method (2024/25)



¹⁰ Only Facebook posts / Tweets linked to the official organisational Facebook / Twitter accounts are included as social media compliments.

SECTION 6: ADDITIONAL TABLES

Table 1: Complaint Issues Received by HSC Trusts (2020/21 – 2024/25)

HSC Trust	2020/21	2021/22	2022/23	2023/24	2024/25
Belfast	1,610	2,078	2,463	2,467	2,406
Northern	614	777	918	936	1,092
South Eastern	1,228	1,359	1,665	2,208	2,178
Southern	857	1,322	1,429	1,171	1,180
Western	545	852	989	1,313	1,634
NIAS	151	265	207	280	315
Northern Ireland	5,005	6,653	7,671	8,375	8,805

Table 2: Complaint Issues Received by HSC Trusts, by POC (2024/25)¹¹

Programme of Care	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Total
Acute	1,259	612	1,145	791	911	-	4,718
Maternal & Child Health	417	85	183	-	111	-	796
Family & Child Care	202	84	263	239	101	-	889
Elderly Care	121	86	105	58	124	-	494
Mental Health	185	115	141	39	201	-	681
Learning Disability	44	32	101	8	36	-	221
Sens Impairment & Physical Disability	13	16	15	6	15	-	65
Health Promotion & Disease Prevention	7	1	-	2	1	-	11
Primary Health & Adult Community	25	22	118	34	77	-	276
Prison Healthcare	-	-	16	-	-	-	16
None (No POC assigned)	133	39	91	3	57	315	638
Total	2,406	1,092	2,178	1,180	1,634	315	8,805

¹¹ 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 (2020/21 – 2024/25)

Programme of Care	2020/21	2021/22	2022/23	2023/24	2024/25
Acute	2,695	3,550	4,246	4,365	4718
Maternal & Child Health	394	533	648	698	796
Family & Child Care	524	654	701	853	889
Elderly Care	413	450	462	440	494
Mental Health	368	609	628	664	681
Learning Disability	82	133	198	335	221
Sens Impairment & Physical Disability	28	97	56	47	65
Health Promotion & Disease Prevention	12	22	30	43	11
Primary Health & Adult Community	51	111	174	257	276
Prison Healthcare	62	49	49	67	16
None (No POC assigned)	376	445	479	606	638
Total	5,005	6,653	7,671	8,375	8,805

Table 4: Subject of Complaint Issues by HSC Trust (2024/25)

Subject	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	TOTAL
Access to Premises	24	4	13	2	2	0	45
Aids/Adaptations/Appliances	42	11	14	13	9	2	91
Children Order Complaints	0	0	0	0	9	0	9
Clinical Diagnosis	42	19	88	53	31	0	233
Communication/Information	614	155	429	259	440	25	1,922
Complaints Handling	0	0	2	3	3	0	8
Confidentiality	38	8	32	18	16	3	115
Consent to Treatment/Care	4	1	1	5	4	0	15
Delay/Cancellation for Inpatients	8	5	3	6	5	0	27
Delayed Admission from A&E	0	3	0	3	5	0	11
Discharge/Transfer Arrangements	35	17	42	24	23	0	141
Discrimination	8	0	23	7	13	0	51
Environmental	30	0	61	20	13	1	125
Hotel/Support/Security Services (Excludes Contracted Services)	9	19	17	4	2	0	51
Infection Control	2	0	5	4	3	1	15
Policy/Commercial Decisions	10	26	11	29	21	0	97
Privacy/Dignity	30	1	45	20	11	1	108
Professional Assessment of Need	32	8	21	112	73	16	262
Property/Expenses/Finances	24	13	42	17	12	2	110
Records/Record Keeping	17	3	31	21	33	7	112
Staff Attitude/Behaviour	354	171	303	169	218	85	1,300
Transport, Late or Non-arrival/Journey Time	12	10	1	2	0	115	140
Transport, Suitability of Vehicle/Equipment	3	0	1	1	0	12	17
Quality of Treatment & Care	388	382	668	288	465	26	2,217
Quantity of Treatment & Care	188	42	38	29	78	1	376
Waiting List, Delay/Cancellation Community Based Appointments	28	34	59	0	3	0	124
Waiting List, Delay/Cancellation Outpatient Appointments	245	86	132	14	53	0	530
Waiting List, Delay/Cancellation Planned Admission to Hospital	150	6	12	8	15	0	191
Waiting Times, A&E Departments	31	33	38	22	21	0	145
Waiting Times, Community Services	4	0	1	5	9	0	19
Waiting Times, Outpatient Departments	19	4	10	13	36	0	82
Other	15	31	35	9	8	18	116
Total Complaint Issues	2,406	1,092	2,178	1,180	1,634	315	8,805

Table 5: Category of Complaint Issue (2020/21 – 2024/25)

Category of Complaint Issue	2020/21		2021/22		2022/23		2023/24		2024/25	
	No.	%	No.	%	No.	%	No.	%	No.	%
Admissions/Discharges	280	5.6%	365	4.6%	415	5.4%	400	4.8%	343	3.9%
Aids/Adaptations/Appliances	34	0.7%	54	0.9%	109	1.4%	67	0.8%	91	1.0%
Appointments/Waiting Times	351	7.0%	546	8.1%	833	10.9%	1,226	14.6%	898	10.2%
Children Order	5	0.1%	1	0.0%	9	0.1%	31	0.4%	9	0.1%
Contracted Services	32	0.6%	38	0.6%	79	1.0%	-	-	-	-
Diagnosis/Oper/Treatment	1,631	32.6%	2,058	31.4%	2,054	26.8%	2,260	27.0%	2,858	32.5%
Information & Communication	1,177	23.5%	1,465	22.0%	1,737	22.6%	1,970	23.5%	2,156	24.5%
Mortuary	1	0.0%	4	0.1%	7	0.1%	1	0.0%	-	-
Patient Experience	962	19.2%	1,328	20.4%	1,545	20.1%	1,437	17.2%	1,566	17.8%
Policy/Commercial Decisions	67	1.3%	148	2.0%	221	2.9%	98	1.2%	97	1.1%
Premises	160	3.2%	159	2.2%	225	2.9%	252	3.0%	236	2.7%
Prison Healthcare	62	1.2%	49	0.8%	49	0.6%	67	0.8%	16	0.2%
Professional Assessment of Need	130	2.6%	212	3.3%	211	2.8%	257	3.1%	262	3.0%
Transport	60	1.2%	140	2.3%	97	1.3%	189	2.3%	157	1.8%
Other	53	1.1%	86	1.3%	80	1.0%	120	1.4%	116	1.3%
Total	5,005	100.0%	6,653	100.0%	7,671	100.0%	8,375	100.0%	8,805	100.0%

Table 6: Category of Complaint Issue by HSC Trust (2024/25) ¹²

Category of Complaint Issue	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	TOTAL
Admissions/Discharges	185	26	54	35	43	0	343
Aids/Adaptations/Appliances	42	11	14	13	9	2	91
Appointments/Waiting Times	327	157	238	54	122	0	898
Children Order	0	0	0	0	9	0	9
Diagnosis/ Operation/ Treatment	630	449	788	381	583	27	2,858
Information & Communication	669	166	493	301	492	35	2,156
Mortuary	0	0	0	0	0	0	-
Patient Experience	416	185	410	213	254	88	1,566
Policy/ Commercial Decisions	10	26	11	29	21	0	97
Premises	65	23	96	30	20	2	236
Prison Healthcare	0	0	16	0	0	0	16
Professional Assessment of Need	32	8	21	112	73	16	262
Transport	15	10	2	3	0	127	157
Other	15	31	35	9	8	18	116
Total	2,406	1,092	2,178	1,180	1,634	315	8,805

¹² The South Eastern HSC Trust is the sole provider of Prison Healthcare in Northern Ireland.

Table 7: Specialty of Complaint Issues by HSC Trust (2024/25)

Specialty	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	TOTAL
Accident & Emergency	167	213	300	223	237	103	1243
Allied Health Professions	48	30	97	41	49	131	396
Anaesthetics & Pain Management	9	9	33	9	2	.	62
Burns Plastic and Maxillofacial Surgery	1	.	22	.	.	.	23
Cardiology	42	21	26	19	31	.	139
Child & Adolescent Psychiatry	38	6	.	19	5	.	68
Children & Young Peoples Services - Statutory	.	95	260	166	29	.	550
Children & Young Peoples Services - Contracted	.	.	20	.	.	.	20
Community Nursing/Midwives	20	15	30	8	3	.	76
Community Paediatrics	16	3	29	4	.	.	52
Dentistry	18	8	.	8	.	.	34
Dermatology	11	4	13	4	6	.	38
Domiciliary Services - Statutory	13	10	8	7	8	.	46
Domiciliary Services - Contracted	10	6	1	.	18	.	35
ENT	58	11	45	16	32	.	162
General Medicine	117	60	251	216	101	.	745
General Surgery	85	63	109	117	111	.	485
Geriatric Medicine	11	7	6	8	23	.	55
Gynaecology	113	21	83	41	50	.	308
Haematology (Clinical)	10	4	6	3	.	.	23
Joint Consultant Clinics	.	54	.	.	.	.	54
Learning Disability	34	32	79	8	32	.	185
Mental Health Acute	42	20	54	16	75	.	207
Mental Health Community	104	91	99	23	91	.	408
Neurology	38	11	31	.	10	.	90
Neurosurgery	20	.	.	.	.	.	20
Nursing Home Care - Contracted	17	13	8	.	.	.	38
Obstetrics	114	34	107	52	78	.	385
Oncology	29	4	8	19	19	.	79
Ophthalmology	95	3	.	.	14	.	112
Paediatrics	206	44	48	23	38	.	359
Physical Disability/ Sensory Support	12	11	14	6	23	.	66
Radiology	38	26	51	12	21	.	148
Residential Care - Statutory	1	4	8	2	5	.	20
Trauma & Orthopaedics	233	3	21	8	102	.	367
Urology	47	.	23	4	49	.	123
Vascular	24	.	.	.	.	.	24
NIAS - Non-Emergency Ambulance Control	.	.	.	.	.	41	41
Other	565	156	288	98	372	40	1519
Total	2406	1092	2178	1180	1634	315	8805

Table 8: Complaints by Age Group and Gender of Patient/Client (2024/25) ¹³

Age Group	Female	Male	Not Known	Total
Under 16	320	375	2	697
16 - 18	63	49	1	113
19 - 24	148	61	1	210
25 - 34	460	189	3	652
35 - 44	433	219	2	654
45 - 54	333	216	.	549
55 - 64	306	241	2	549
65 - 74	285	246	.	531
75 +	441	358	2	801
Total	2,789	1,954	13	4,756

Table 9: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trust (2024/25)

HSC Trust	20 Working Days or Less		More Than 20 Working Days		Total No.	Mean No. of Working Days
	No.	%	No.	%		
Belfast	1,060	56%	835	44%	1,895	30.5
Northern	524	54%	455	46%	979	29.0
South Eastern	464	42%	632	58%	1,096	36.5
Southern	175	31%	393	69%	568	39.5
Western	133	19%	564	81%	697	29.2
NIAS	99	40%	149	60%	248	36.4
Northern Ireland	2,455	45%	3,028	55%	5,483	32.7

Table 10: FPS Complaints Handled (2020/21 – 2024/25)

FPS Complaints	2020/21	2021/22	2022/23	2023/24	2024/25
GP	154	191	195	161	253
Dental	17	34	9	16	18
Pharmacy	2	5	3	3	1
Ophthalmic	0	0	1	0	0
Total	173	230	208	180	272

¹³ Includes only those complaints where both age and gender of the patient / client was recorded.

Table 11: FPS Complaints Handled Under Local Resolution (2020/21 – 2024/25)

Local Resolution	2020/21	2021/22	2022/23	2023/24	2024/25
GP	99	129	123	132	208
Dental	5	17	3	7	12
Pharmacy	1	4	0	0	0
Ophthalmic	0	0	1	0	0
Total	105	150	127	139	220

Table 12: FPS Complaints Handled Under Local Resolution, by Subject (2024/25)

Local Resolution	GP	Dental	Pharmacy	Ophthalmology	Total
Treatment & Care	66	5	0	0	71
Appointments	30	0	0	0	30
Prescriptions	0	0	0	0	0
Communication / Information	15	1	0	0	16
Staff Attitude	39	4	0	0	43
Other	58	2	0	0	60
Total	208	12	0	0	220

Table 13: FPS Complaints where the SPPG Complaints Team Acted as an Honest Broker (2020/21 – 2024/25)

Honest Broker	2020/21	2021/22	2022/23	2023/24	2024/25
GP	55	62	72	29	45
Dental	12	17	6	9	6
Pharmacy	1	1	3	3	1
Ophthalmic	0	0	0	0	0
Total	68	80	81	41	52

Table 14: FPS Complaints where the SPPG Complaints Team Acted as an Honest Broker, by Subject (2024/25)

Honest Broker	GP	Dental	Pharmacy	Ophthalmology	Total
Treatment & Care	28	2	1	0	31
Appointments	0	1	0	0	1
Prescriptions	1	0	0	0	1
Communication / Information	1	1	0	0	2
Staff Attitude	4	1	0	0	5
Other	11	1	0	0	12
Total	45	6	1	0	52

Table 15: Source of complaints not from the Patient/Client (2024/25)

Relationship of Complainant	No.	%
Parent	915	39.2%
Son / Daughter	680	29.2%
Spouse / Partner	220	9.4%
Sibling	87	3.7%
Other Relative	165	7.1%
Elected Representative	142	6.1%
Legal Representative	34	1.5%
Patient Client Council	12	0.5%
Other	74	3.2%
Relationship Unknown	3	0.1%
Total	2,332	100.0%

Table 16: Subject of Compliments by HSC Trust (2024/25)

Subject of Compliment	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Northern Ireland
Quality of Treatment and Care	9,221	4,038	2,327	1,946	2,855	445	20,832
Staff Attitude & Behaviour	4,516	1,800	941	1,967	1,506	2	10,732
Information & Communication	1,170	1,057	183	1,130	1,025	3	4,568
Environment	870	115	62	99	48	-	1,194
Other	2,820	57	333	24	1,752	-	4,986
Total	18,597	7,067	3,846	5,166	7,186	450	42,312

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 SPPG Complaints Team regarding Family Practitioner Services in Northern Ireland.

Official Statistics

These official statistics are produced in compliance with the [Code of Practice for Statistics](#). Our [Statistics Charter](#) provides further details of how we apply the principles and practices of the Code in the production and publication of our official statistics.

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards by emailing statistics@health-ni.gov.uk. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

Data Collection

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

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

Data presented on compliments is collected from the six HSC Trusts on a quarterly basis using the compliments information return (CP1). The compliments information return was developed in consultation with HSC Trusts to ensure regional consistency, and enable comparisons across HSC Trusts.

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

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

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

Rounding

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

Data Quality

All information presented in this bulletin has been provided by HSC Trusts / SPPG Complaints Team and has been validated and quality assured by Public Health Information & Research Branch (PHIRB) prior to release.

For the CH8 Revised information collection, HSC Trusts are given a set period of time to submit the information. At the end of the financial year PHIRB carry out a detailed series of validations to verify that the information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted. This report incorporates all returns and amendments received up to 28th July 2025.

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

Main Uses of Data

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

Contextual Information for Using Complaint and Compliment Statistics

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

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

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

Contact Information

As we want to engage with users of our statistics, we invite you to feedback your comments on the publication to: Public Health Information & Research Branch Email: phirb@health-ni.gov.uk

APPENDIX 2: DEFINITIONS

Programme of care

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

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

Complaint Issues

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

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

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

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

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

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

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

APPENDIX 3: SUBJECT OF COMPLAINT ISSUES

1. Access to Premises

This heading includes all issues concerning ease of movement inside and outside the buildings, e.g. signage, car parking, etc. Problems of wheelchair access / disabled parking etc. should also be included under this heading, if not covered under '*Discrimination*' (12).

2. Aids / Adaptations / Appliances

This heading refers to the suitability / availability of any aids / adaptations, once they have been recommended. Complaint issues about waiting for assessment should be included under '*Waiting Lists, Delay/Cancellation Community Based Appointments*' (27).

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*' (4).

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*' (22).

6. Complaint Handling

This refers to handling of a complaint issue at any point up to and including the conclusion of local resolution stage, e.g. a complainant complains that he/she did not receive a response within the timescale. However, a complaint issue would not be included under this heading if it obviously falls under another heading, e.g. if the complaint issue is about attitude of staff handling the complaint issue, it would be logged under '*Staff Attitude / Behaviour*' (22).

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. Delay/Cancellation for Inpatients

This heading includes all aspects of delay or cancellation of operation or procedure once the patient is in hospital, e.g. Radiology investigation cancelled, or theatre cancelled due to lack of ICU beds, theatre overrun, no anaesthetist, etc. This should be distinguished from the cancellation or delay of admission for the procedure captured under '*Waiting List, Delay/Cancellation Planned Admission to Hospital*' (29).

10. 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*' (30) and '*Waiting List, Delay/Cancellation Planned Admission to Hospital*' (29).

11. Discharge / Transfer Arrangements

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

12. 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.

13. 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.

14. Hotel / Support / Security Services (Excludes Contracted 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.

15. Infection Control

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

16. Mortuary & Post-Mortem

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

17. Policy / Commercial Decisions

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

18. Privacy / Dignity

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

19. 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).

20. Property / Expenses / Finance

Refers to issues of the personal property, expenses or finance of patients/clients, e.g. due money for fostering; issues around direct payments; concerns about Trust charging / invoicing for clients in Nursing/Residential Home (either Private or Trust Home); broken hearing aid; lost spectacles / dentures.

Property damaged by staff arising in the course of care / treatment would fall into this category; however, property stolen from a patient's locker (as not being entrusted to or in the custodianship of staff and not known to be attributable to staff) would come under the heading of '*Hotel/Support/Security Services*' (19). Complaint issues about stolen vehicles (visitor or patient) and property lost or stolen from visitors should similarly be logged as a '*Hotel/Support/Security Services*' (14).

21. 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.

22. Staff Attitude / Behaviour

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

23. 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.

24. 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.

25. Quality of Treatment & Care

This refers to the quality or standard of treatment and care provided. It also covers complaint issues relating to patient / client safety. However, it is to be distinguished from '*Quantity of Treatment & Care*, (26) which refers to the quantity or amount of treatment and care.

26. 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.

27. Waiting Lists, Delay/Cancellation Community Based Appointments

This heading refers to the time spent waiting for either assessment or for the delivery of services following assessment, e.g. waiting list for an OT assessment, waiting list for a care package. 'Unmet need' should also be logged under this heading. This heading should be distinguished from '*Waiting Times, Community Services*' (31).

28. 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*' (27) and '*Waiting Times, Outpatient Departments*' (32).

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

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

30. Waiting Times, A&E Departments

Complaint issues regarding waiting time for initial assessment or waiting time to be treated should all be logged under this heading. Complaint issues about delayed admission from A&E are not included here but should be listed under '*Delayed Admission from A&E*' (10).

31. 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*' (27).

32. 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*' (28).

33. Other

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

APPENDIX 4: SUBJECT GROUPED BY GENERAL CATEGORY

Admissions/Discharges

Delayed Admission from A&E

Discharge/Transfer Arrangements

Waiting Lists, Delay/Cancellation Planned Admission to Hospital

Aids/Adaptations/Appliance

Aids/Adaptations/Appliances

Appointments/Waiting Times

Waiting Lists, Delay/Cancellation Community Based Appointments

Waiting Lists, Delay/Cancellation Outpatient Appointments

Waiting Times, A&E Departments

Waiting Times, Community Services

Waiting Times, Outpatient Departments

Children Order

Children Order Complaint Issues

Diagnosis/Operation/Treatment

Clinical Diagnosis

Consent to Treatment/Care

Delay/Cancellation for Inpatients

Treatment & Care, Quality

Treatment & Care, Quantity

Information & Communication

Communication/Information to Patients

Complaints Handling

Confidentiality

Records/Records Keeping

Mortuary

Mortuary & Post-Mortem

Patient Experience

Discrimination

Privacy/Dignity

Property/Expenses/Finance

Staff Attitude/Behaviour

Policy/Commercial Decisions

Policy/Commercial Decisions

Premises

Access to Premises

Environmental

Hotel/Support/Security Services

Infection Control

Prison Health Care

Prison Healthcare Related Complaint Issues

Professional Assessment of Need

Professional Assessment of Need

Transport

Transport, Late or Non-arrival/Journey Time

Transport, Suitability of Vehicle/Equipment

Other

Other

APPENDIX 5: SPPG COMPLAINTS

The information presented within this release relating to FPS complaints derives from the Strategic Planning and Performance Group (SPPG) CHB statistical return. The CHB is collected on a quarterly basis by the SPPG, in respect of the services for which they have responsibility.

The [Guidance in relation to the Health and Social Care Complaints Procedure](#) 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 SPPG anonymised copies of each letter of complaint received along with the subsequent response, within 3 working days of this being issued.

FPS are required to have in place a practice based complaints procedure which forms part of the local resolution mechanism for settling complaints. 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, SPPG 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 SPPG has a responsibility to record and monitor the outcome of all complaints lodged with them. It will provide support and advice to FPS in relation to the resolution of complaints and it will also appoint independent experts, lay persons or conciliation services, where appropriate.

APPENDIX 6: COMPLIMENTS GUIDANCE / DEFINITIONS

Introduction

The purpose of the CP1 return is to record the number of compliments received by Trusts during the quarter, the subject areas to which they referred and how the compliment was received.

The form should be returned quarterly by Trusts in respect of services for which they have responsibility. Deadline for receipt by Public Health Information & Research Branch is no later than the last working day of the month after the end of the quarter to which the information refers.

Compliments

For the purposes of this return a compliment may be understood as 'an expression of praise, commendation or admiration'.

Only compliments received from/on behalf of patients/clients or other 'existing or former users of a Trust's services and facilities' should be included. Compliments from staff should not be included on this form.

A single communication may include more than one compliment. In such cases each distinct compliment should be recorded separately on the return.

Only compliments pertaining to the services of the Trust returning the form to Hospital Information Branch (DoH) should be recorded on the CP1 return. Compliments received by a Trust, which properly refer to the services of another Trust, should be recorded on the return of the relevant Trust to which the compliment/s pertains.

Where separate communications (whether from a single party or from several parties in respect of a single patient) refer to one subject only, they should be treated as one compliment for the purposes of this form. In other words, if two relatives submit a compliment about the same subject/episode in respect of the same patient, this should be treated as one compliment only. However, if two relatives submit compliments about separate subjects/episodes in the care of the same patient, these should be treated as separate compliments.

Subjects

This part deals with the subject of the compliment. The subject of the compliment is to be assigned on the basis of the subject that best describes the nature of the patient / client's praise.

Definitions of Subjects:

Quality of Treatment & Care

This refers to the quality or standard of treatment and care provided. It also covers compliments relating to patient/client safety.

Staff Attitude & Behaviour

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

Information & Communication

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

Environment

Compliments referring to the general condition or repair of the premises should be included under this heading.

Other

This is a residual heading for any compliments which do not fall into any of the categories listed above. Where the subject is recorded as '*Other*' a brief description of the compliment should be provided in part 2 of the return.

Method of Compliment

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

APPENDIX 7: Information Analysis Directorate and Public Health Information & Research Branch

Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are outposted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

The role of **Public Health Information and Research Branch (PHIRB)** is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality-based projects conducted for both the region as well as for more localised area levels. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10-year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Departmental Substance Use Strategy, by maintaining and developing key departmental databases such as, the Substance Misuse Database and the Impact Measurement Tool, which are used to monitor drug misuse and treatments across Northern Ireland. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.

APPENDIX 8: ADDITIONAL INFORMATION

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

Public Health Information & Research Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

Email: phirb@health-ni.gov.uk