INFORMATION ANALYSIS DIRECTORATE

Complaints and Compliments Received by HSC Trusts (2025/26)

Official statistics in development

Complaint statistics covering the period April-December 2025

Compliment statistics covering the period April-March 2025/26

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

NISRA
Northern Ireland Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann um Staitisticí agus Taighde

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 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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Publication Date	11th September 2026
Reporting Period	1st April 2025 – 31st March 2026
Issued by	Public Health Information & Research Branch Information & Analysis Directorate Department of Health Stormont Estate Belfast, BT4 3SQ
Statistical Quality	Information detailed in this release has been provided by HSC Trusts The information is taken from a live data system and is reflective of the position when the data was extracted for the annual return to DoH.
Target Audience	DoH, Chief Executives of HSC Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, and general public.
Further Information	phirb@health-ni.gov.uk
Website	https://www.health-ni.gov.uk/articles/complaints-statistics
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Introduction

The statistics in this report are **Official statistics in development (previously called Experimental statistics)**; these are statistics that are published in order to involve users and stakeholders in their development and as a means to improve quality. The reason the Complaints statistics are being classified in this way is due to changes accompanying the introduction of new guidelines for complaints.

New Complaints Handling Procedure for Health and Social Care

From 1 January 2026, all Health and Social Care (HSC) organisations must follow the Northern Ireland Public Services Ombudsman Model Complaints Handling Procedure (MCHP). This applies to all services provided or commissioned by HSC organisations.

From this date, the HSC MCHP replaces the Department of Health's previous Guidance and Directions on the HSC Complaints Procedure.

The HSC MCHP focuses on using complaints data to learn and improve services and service delivery

The HSC MCHP introduces a two-stage process:

• Stage One: Frontline response. This stage focuses on early resolution, usually within 5 working days, and as close as possible to the point where the service was provided.

• Stage Two: Full investigation. This stage takes a closer look at what happened and aims to provide a full response within 20 working days. If this timeframe is not achievable, an explanation and an updated response date must be provided.

A complaint may be resolved at any stage during the complaints handling procedure.

For a transitional period, a complaint raised before 1 January 2026 will continue to be managed under the Department of Health guidance until the complaint is concluded.

The full HSC Model Complaints Handling Procedure can be accessed here: NIPSO_MCHP_Health&SocialCare.pdf

Introduction

During this period of change, the Department has been liaising with colleagues in HSC Trusts and the Northern Ireland Public Services Ombudsman's Office, to help ensure that information is collected in a consistent manner that will help inform and ultimately improve services and service delivery. As the HSC organisations embed the new procedures into their organisations, there will be an impact on recording due to the new guidelines themselves and also the change to data systems used to collate the data.

The introduction of MCHP from Jan 2026, has resulted in a break in the statistical series of complaints statistics. For this reason, it is helpful to separate the statistics recorded pre and post MCHP. The focus in this report is on data collected pre MCHP (April to December 2025). This annual report will be the final report for the time period covered by DoH policy; future reports will be based on information collected under the MCHP. It should be noted that during this period of change, there may be disruption to the statistics as HSC colleagues continue to work on embedding the new guidelines in their organisations.

Due to the ongoing development work on these statistics, care should be taken when making comparisons between the statistics in this bulletin and previous statistical releases, and when considering the implications of the data presented in an historical context.

As work on these statistics continues, the release of 2025/26 information as **Official statistics in development** allows users and stakeholders to be involved in the development of this statistical series. Feedback is welcome and will be utilised to improve the quality and value of the statistics in line with user requirements; any comments should be sent to **phirb@health-ni.gov.uk**.

Contents

Key Points

New Complaints Handling Procedure for Health and Social Care

From 1 January 2026, all Health and Social Care (HSC) organisations must follow the Northern Ireland Public Services Ombudsman Model Complaints Handling Procedure (MCHP). The introduction of MCHP from Jan 2026, has resulted in a break in the statistical series of complaints statistics. For this reason, it is helpful to separate the statistics recorded pre and post MCHP. The focus in this report is on data collected pre MCHP (April to December 2025). This annual report will be the final report for the time period covered by Department of Health policy; future reports will be based on information collected under the MCHP. It should be noted that during this period of change, there may be disruption to the statistics as HSC colleagues continue to work on embedding the new guidelines in their organisations.

Complaints April - December 2025

During the period April-December 2025, 5,222 complaints relating to 9,281 complaint issues were received by HSC Trusts.

Over half (5,283, 57%) of complaint issues received during this period related to the 'Acute' Programme Of Care.

The most common categories of complaint issue were Quality (2,246, 24%), Institutional (1,912, 21%) and Communication (1,826, 20%).

Of the complaints received, the median age of the patient/client was 46 years.

During April-December 2025, over two-fifths (2,330, 45%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint.

Compliments 2025/26

During 2025/26, 44,586 compliments (via card, email, feedback form, care opinion, letter, social media or telephone) were received by HSC Trusts in Northern Ireland.

Of the 44,586 compliments received by HSC Trusts, 23,583 (53%) related to 'Quality of Treatment & Care', 8,786 (20%) to 'Staff Attitude & Behaviour', 4,595 (10%) to 'Information & Communication', 1,091 (2%) to 'Environment', and 6,531 (15%) to 'Other' subjects.

Section 1: Complaints 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.

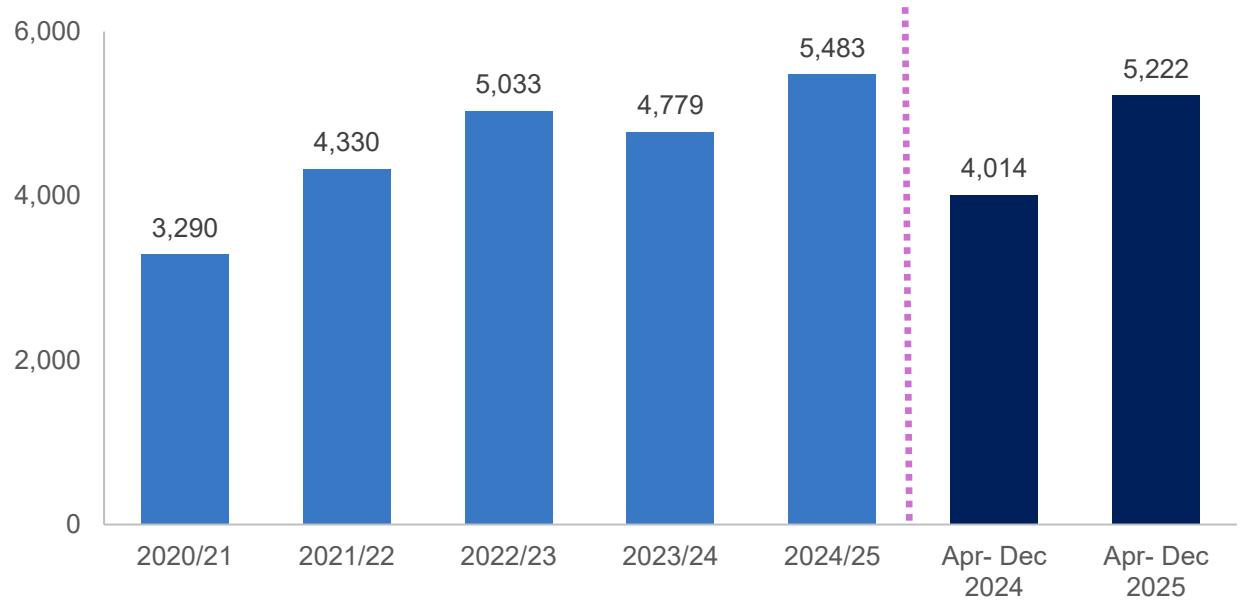
A single communication regarding a complaint, however, may refer to more than one issue. In such cases each individual complaint issue is recorded separately for the Programme of Care, Category and Specialty to which it relates.

5,222 complaints recorded during April - December 2025

Complaints received by HSC Trusts

During April to December 2025, HSC Trusts recorded 5,222 complaints, a higher number than the same period in the previous year (4,014 in April to December 2024), and in keeping with what has been an increasing trend.

Figure 1: Complaints received by year

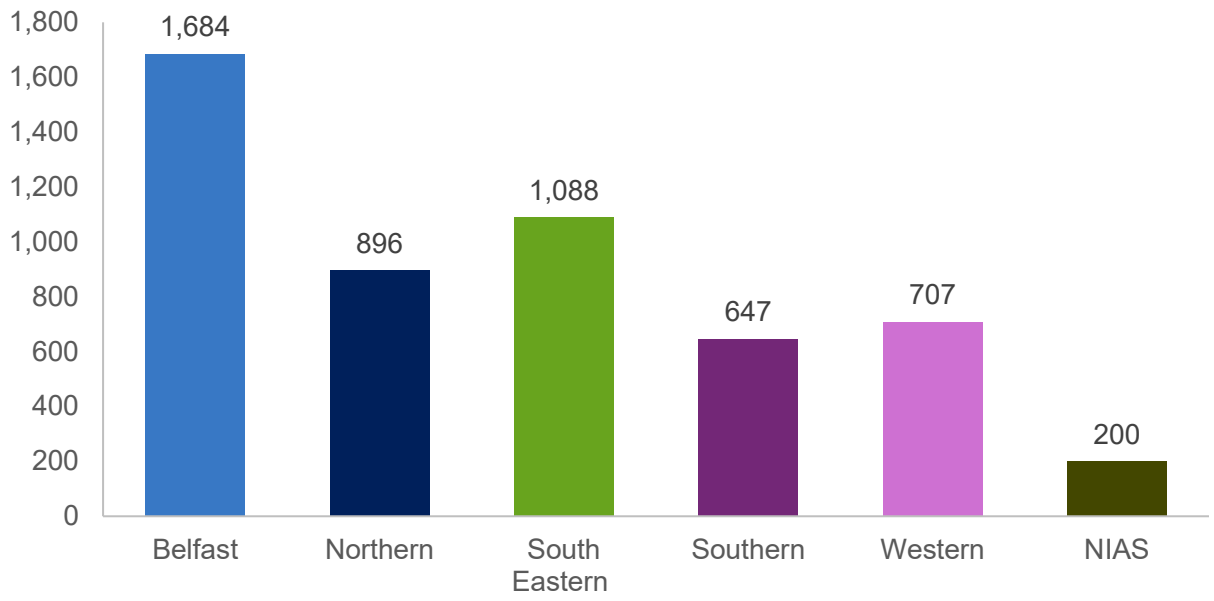


Complaints received by HSC Trusts

Around a third
of complaints recorded by the Belfast HSC Trust

Of the 5,222 complaints recorded during April to December 2025, around a third (1,684, 32%) were received by the Belfast HSC Trust, 1,088 (21%) by the South Eastern HSC Trust, 896 (17%) by the Northern HSC Trust, 707 (14%) by the Western HSC Trust, 647 (12%) by the Southern HSC Trust and 200 (4%) by the NIAS.

Figure 2: Complaints received by HSC Trusts (April- December 2025)

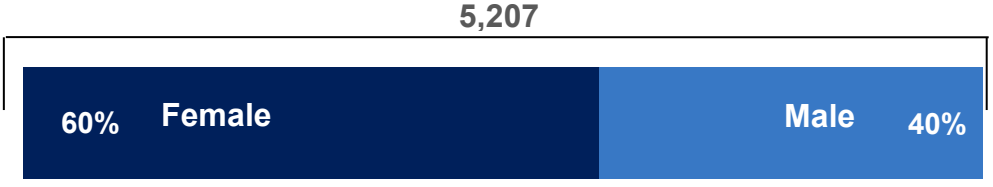


Age and Gender of Patient/Client

During April-December 2025, a patient/client's gender was recorded in 5,207 (99.7%) of complaints received by HSC Trusts.

Of those complaints where the gender of the patient/client was recorded, 3,106 (60%) were females and 2,101 (40%) were males.

Figure 3: Gender of Patient/Client (April- December 2025)

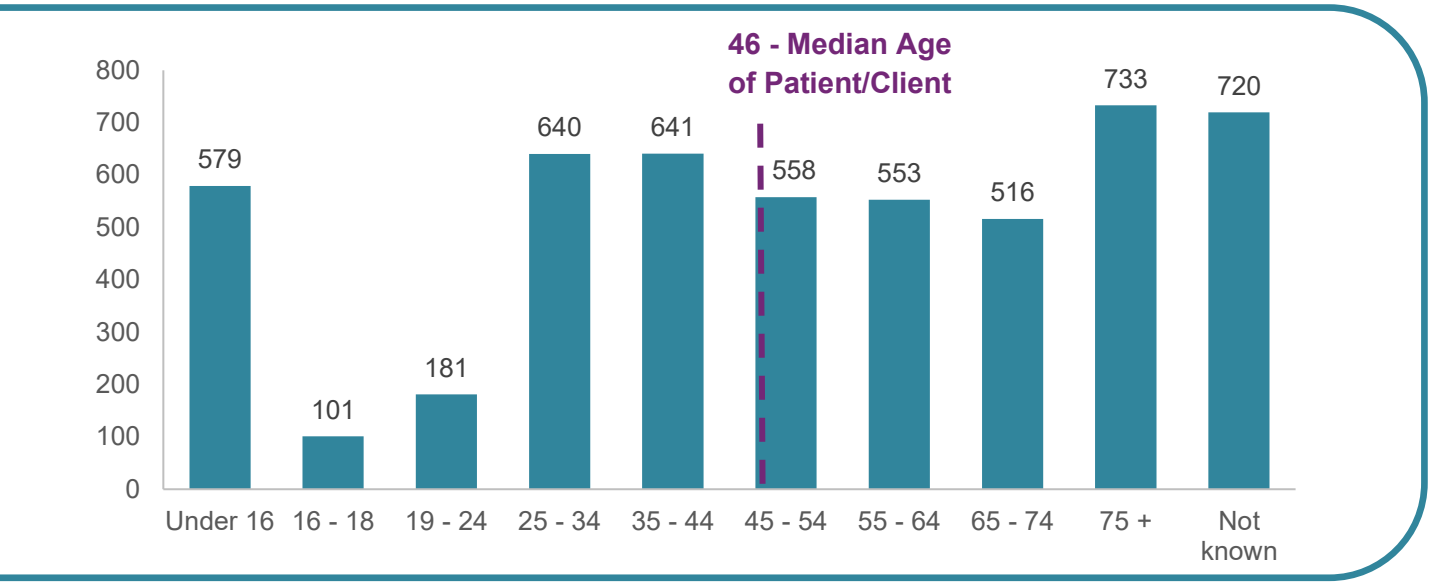


During April-December 2025, a patient/client's age was recorded in 4,502 (86%) of complaints received by HSC Trusts. For those complaints where the age of the patient/client was recorded, 733 (16%) related to patients/clients aged 75 & over and 579 (13%) to those aged under 16.

Of the complaints received by HSC Trusts during April-December 2025, the median age of the patient/client was 46 years.

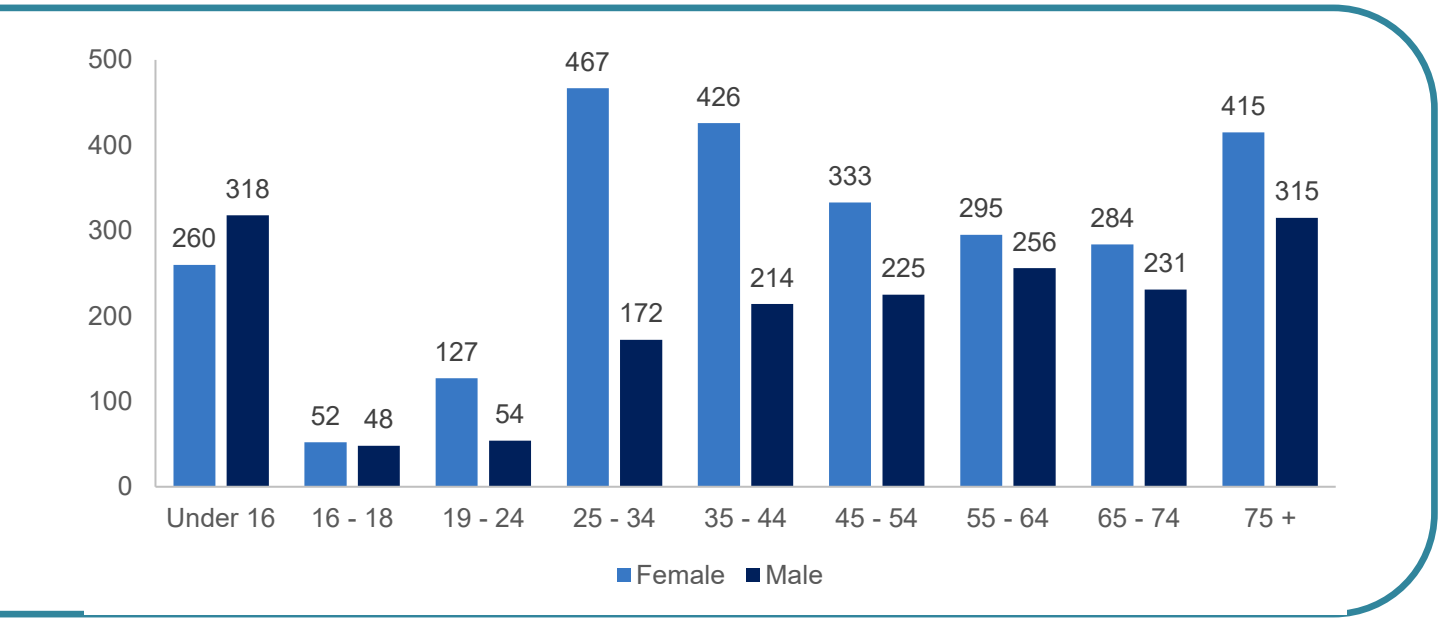
46 Years
was the median age of patient /client

Figure 4: Complaints Received by Age Group of Patient/Client (April-December 2025)



During April-December 2025, both the age and gender of the patient/client was recorded in 4,492 (86%) of the complaints received by HSC Trusts. With the exception of the under 16s, the patient/client was more likely to be female than male with largest differences seen for the 25-34 and 35-44 age groups.

Figure 5: Complaints Received by Age Group and Gender of Patient/Client (April-December 2025)



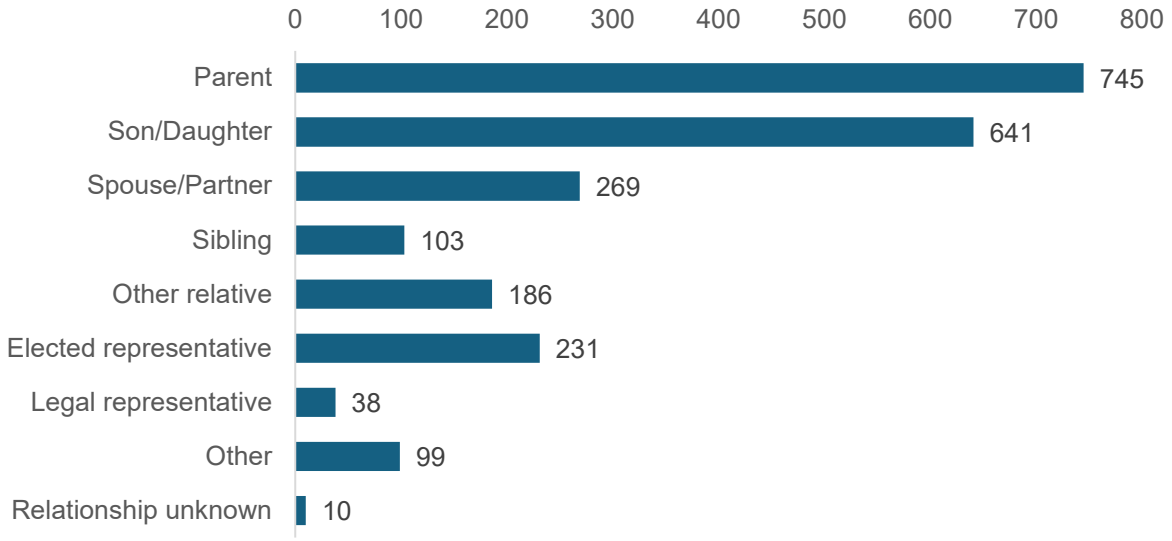
Relationship of Complainant to Patient/Client

Almost three-fifths (2,900, 56%) of all complaints received in April-December 2025 were identified as being from the patient/client, leaving 2,322 (44%) complaints from persons acting on behalf of the patient/client.

Of the 2,322 complaints received from persons acting on behalf of the patient/client, around a third (745, 32%) were from the parent, 641 (28%) from the son/daughter of the patient/client and 269 (12%) from a spouse/partner.

44%
of complaints were received from those acting on behalf of patients/ clients

Figure 6: Complaints Received by Relationship of Complainant (April-December 2025) [1]

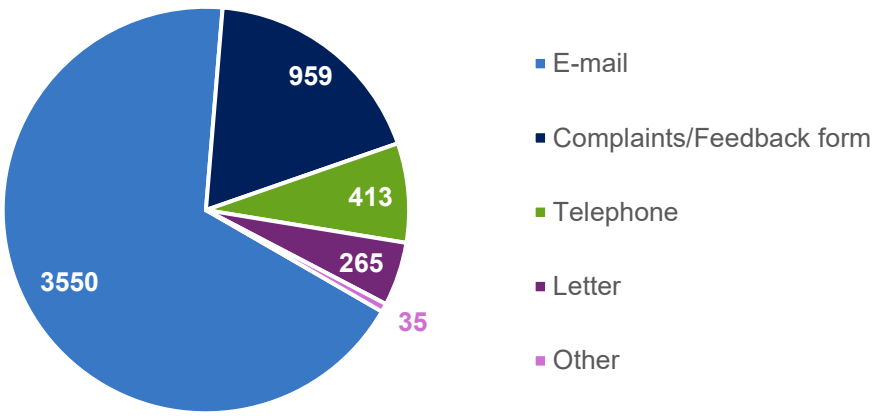


Method of Complaint

Method of complaint refers to the means by which HSC Trusts received the complaint. Of the 5,222 complaints received during April-December 2025, around two-thirds (3,550, 68%) were sent by E-mail and 959 (18%) by Complaints/Feedback form.

68%
of complaints received were sent bv e-mail

Figure 7: Complaints Received by Method of Complaint (April-December 2025)



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

Section 2: 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.

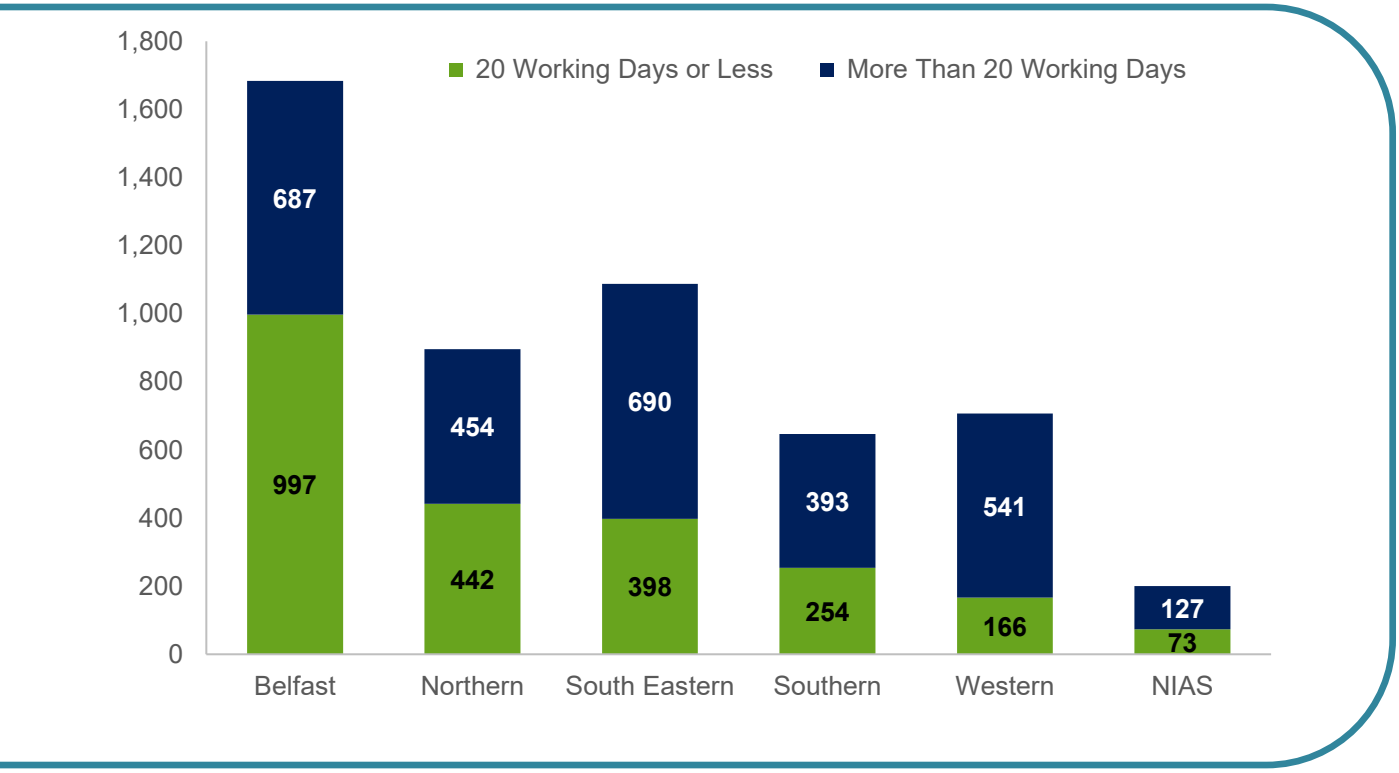
For the period April-December 2025, the HSC Complaints Policy requires HSC Trusts to provide a substantive response to the complainant within 20 working days of receipt of a complaint. Where this is not possible, a holding response explaining the reason for the delay is sent to the complainant. **All holding responses are issued in 20 working days or less.**

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

During April-December 2025, over two-fifths (2,330, 45%) of substantive responses were provided by HSC Trusts within 20 working days of having received the complaint.

The Belfast HSC Trust provided the highest proportion of substantive responses within 20 working days (997, 59%), whilst the Western HSC Trust provided the lowest (166, 23%).

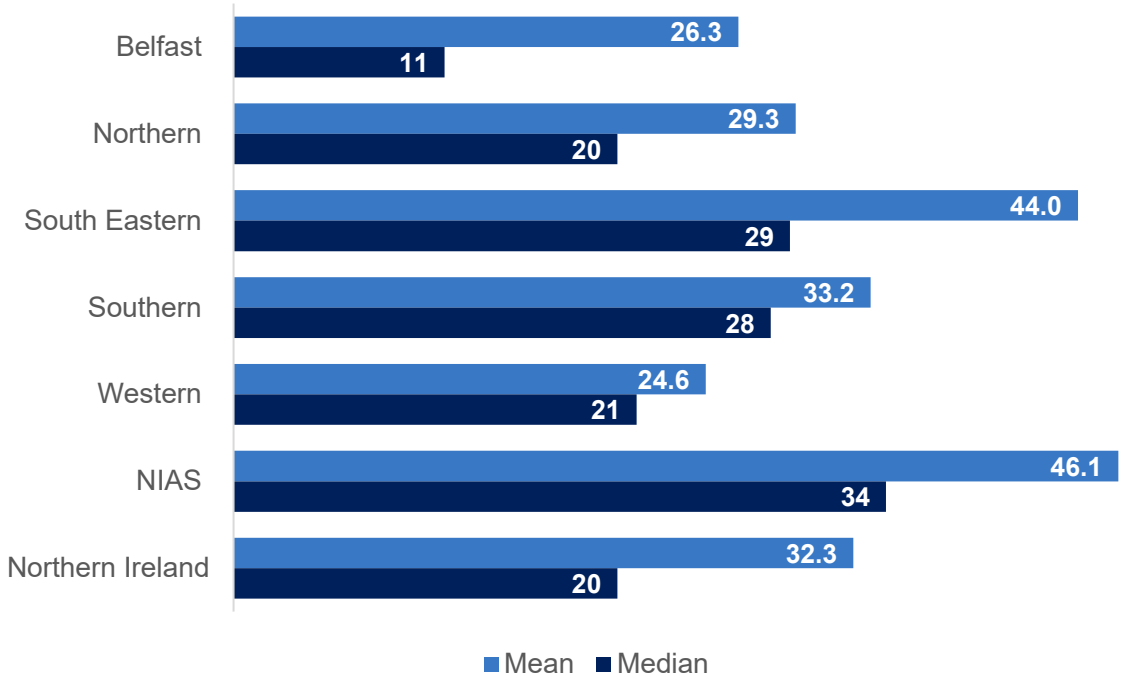
Figure 8: Time Taken to Provide a Substantive Response to Complaints Received, by HSC Trusts (April-December 2025)



Average Number of Working Days to Substantive Response

On average (mean) HSC Trusts took 32.3 working days to provide a substantive response to a complaint received in April-December 2025; the median number of days was 20. *To note, only those complaints that were received during April-December 2025 and had a substantive response date included on the system before the annual return was submitted are included in these statistics.*

Figure 9: Average Number of Working Days to Provide a Substantive Response by HSC Trusts (April-December 2025)[2]



Please note that the average can be impacted where some complaints involve a high number of days to provide a substantive response. During this time period, 6% of substantive responses took over 100 days.

[2] 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 3: Complaint issues received by HSC Trusts

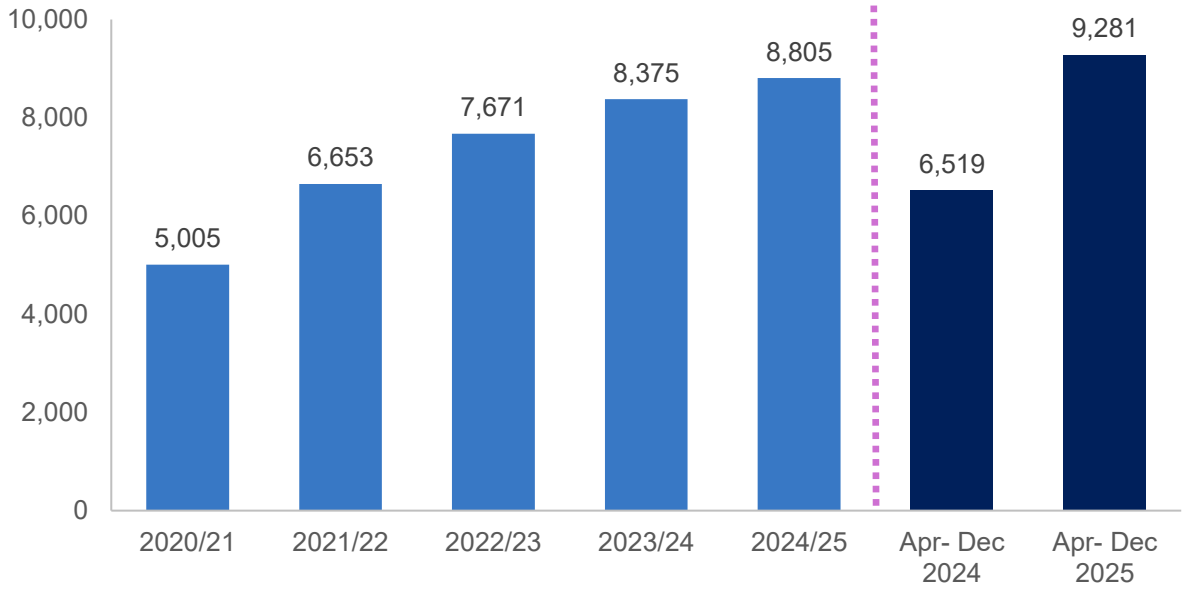
Complaint Issues Received by HSC Trusts

9,281 complaint issues recorded during April-December 2025

During April to December 2025, HSC Trusts recorded 9,281 complaint issues, a higher number than the same period in the previous year (6,519 in April to December 2024).

In the previous five years, the total number of complaint issues received by HSCTs rose steadily from 5,005 in 2020/21 to 8,805 in 2024/25.

Figure 10: Complaint Issues received by year



Complaint Issues Received by Programme of Care (POC) [3]

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.

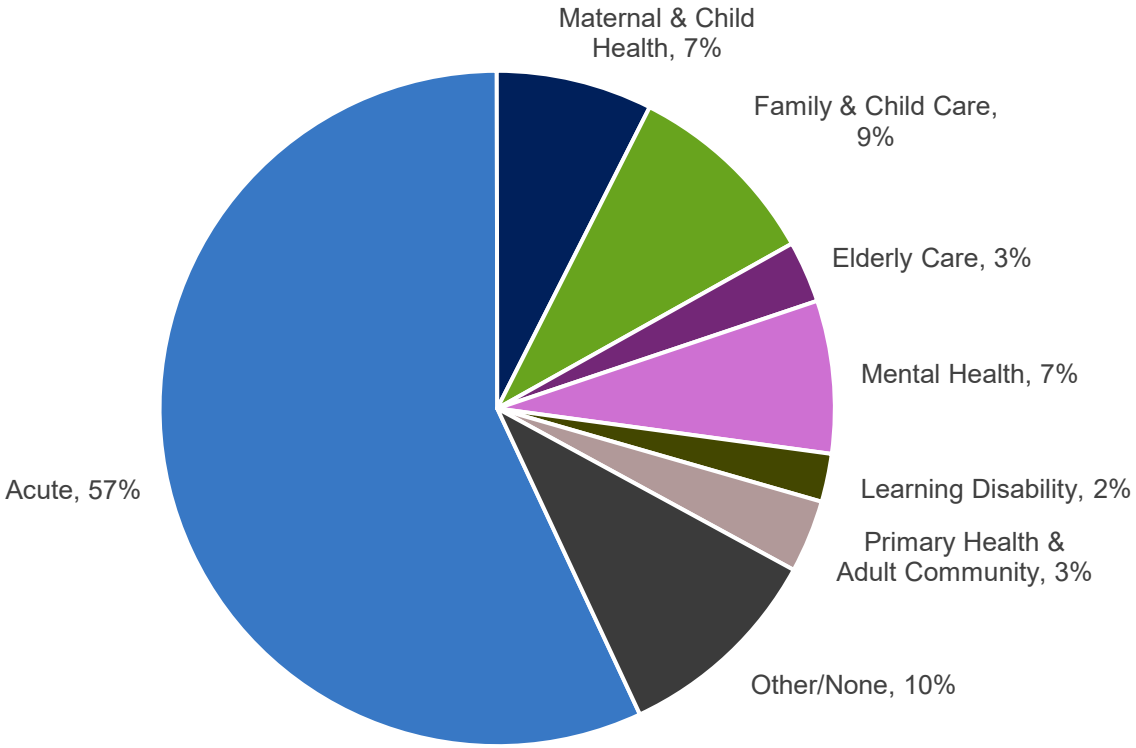
Over half of all complaint issues related to the Acute POC

Of the 9,281 complaint issues received by HSC Trusts during April-December 2025, more than half (5,283, 57%) related to the Acute POC.

Four POCs accounted for four-fifths (7,531) of all complaint issues received; Acute POC (5,283, 57%), Family & Child Care POC (875, 9%), Maternal & Child Health POC (694, 7%) and Mental Health POC (679, 7%).

These proportions are broadly similar to those reported in previous years.

Figure 11: Complaint Issues by Programme of Care (Apr-December 2025)[4]



[3] Refer to Appendix 2: Definitions for full list of Programmes of Care (POCs)

[4] The 'Other' category includes Sensory impairment and physical disability, Health promotion and disease prevention, Prison healthcare and records with no POC assigned.

Complaint Issues Received by Category

The category of each complaint issue is based on what best describes the nature of the patient's/client's concern. New category and sub-category codes were introduced in 2025/26. *Please note that the information is taken from a live system and the coding may be subject to revision.*

New category codes introduced in 2025/26

Quality | Listening | Institutional | Rights | Safety | Environment | Administration | Communication

During April to December 2025, HSC Trusts reported that the highest number of complaint issues related to the Quality (2,246, 24%), Institutional (1,912, 21%) and Communication (1,826, 20%) categories.

Figure 12: Complaint Issues by Category of Complaint (April – December 2025)

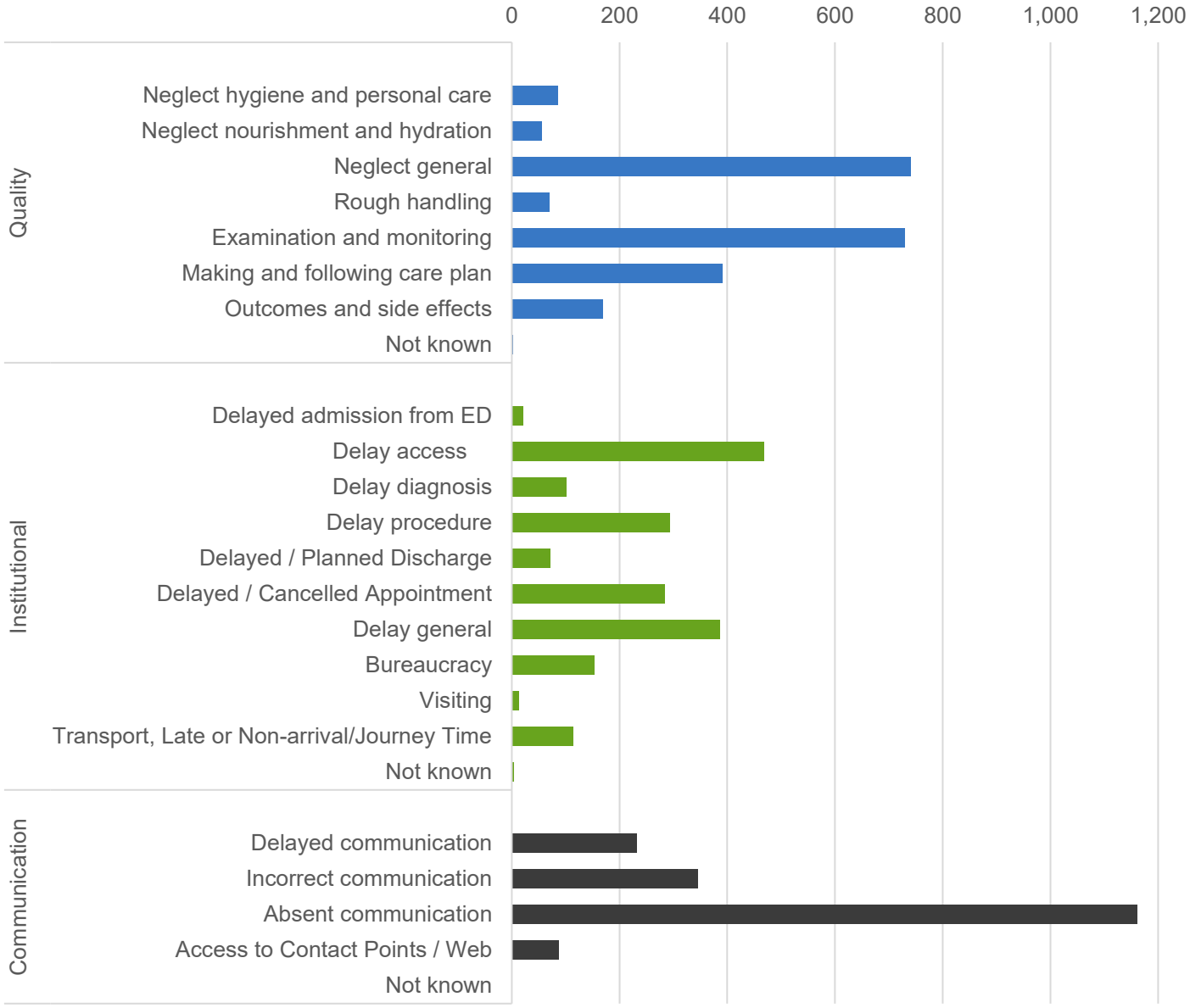
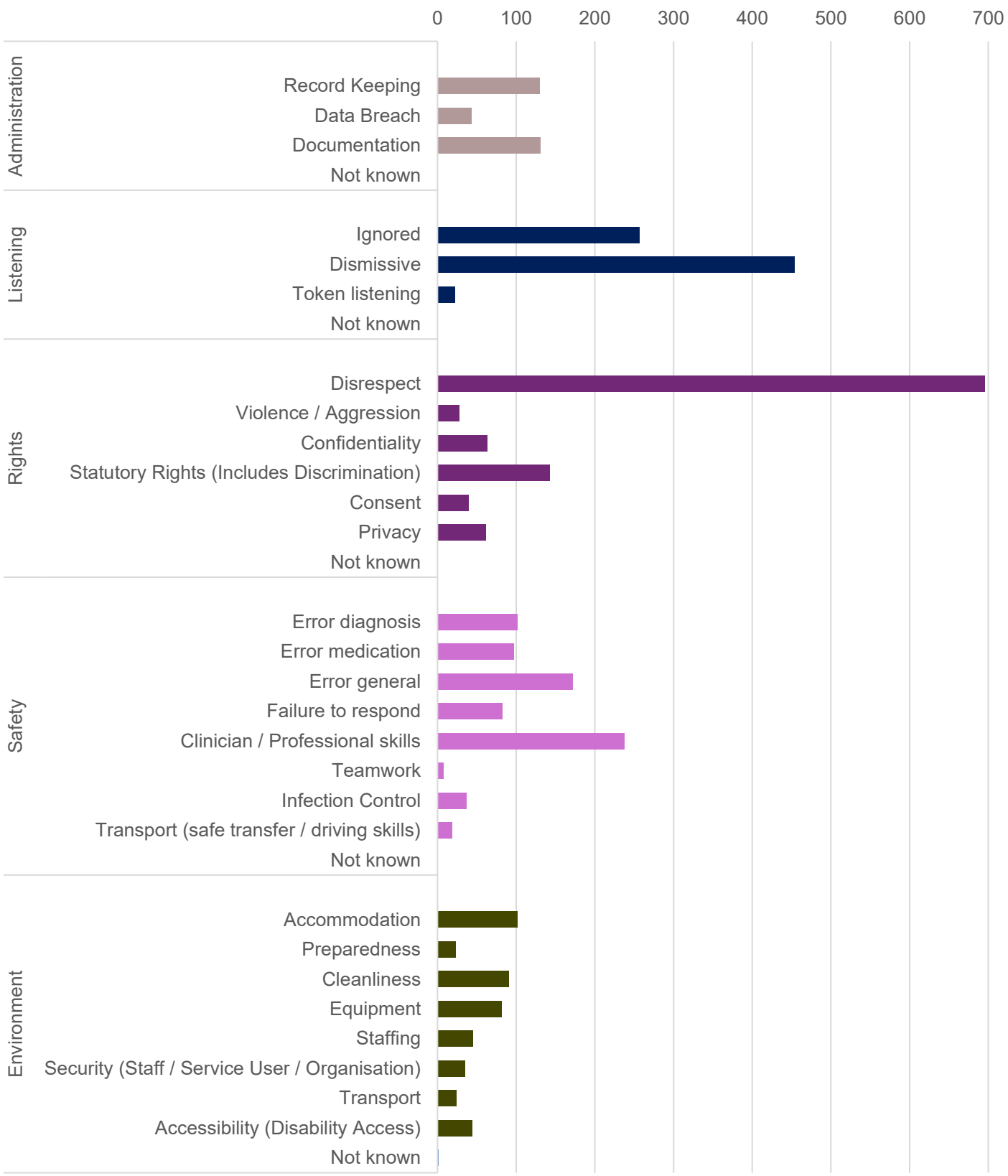


Figure 12 continued: Complaint Issues by Category of Complaint (April – December 2025)



Section 4: Family Practitioner Service (FPS) Complaints

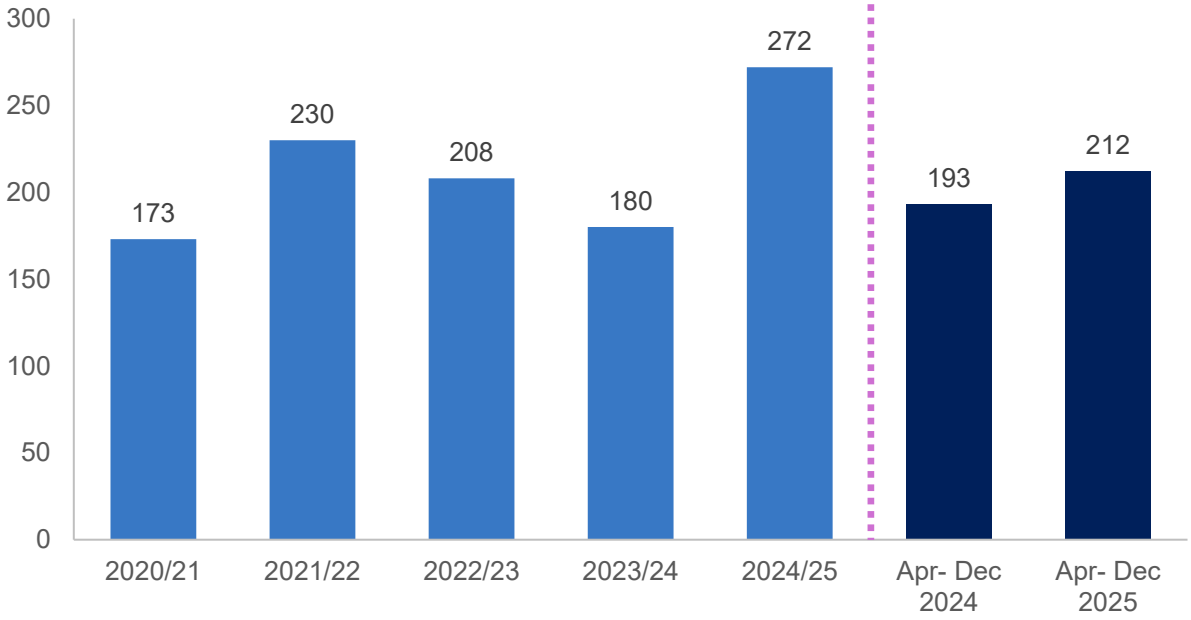
Information in this section refers to complaints received by the Strategic Planning and Performance Group (SPPG)[5] regarding FPS practices in Northern Ireland.

There are over 1,000 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.

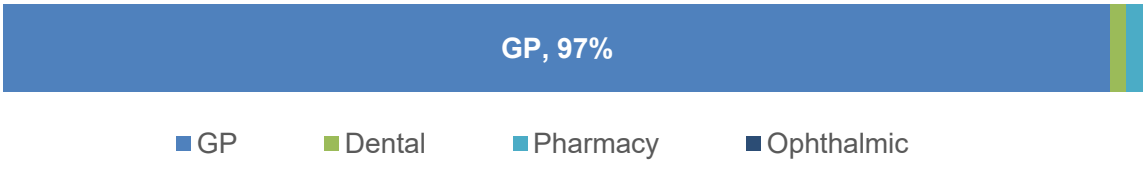
212 complaints during April - December 2025

Between 2020/21 and 2024/25, the number of complaints made against FPS practices in Northern Ireland increased from 173 to 272. During the nine month period, April to December 2025, there were 212 complaints recorded, a slight increase on the same period in the previous year.

Figure 14: FPS Complaints Handled by year



As in previous reporting periods, the majority of complaints received related to GPs.



[5] Refer to Appendix 3 for further details.

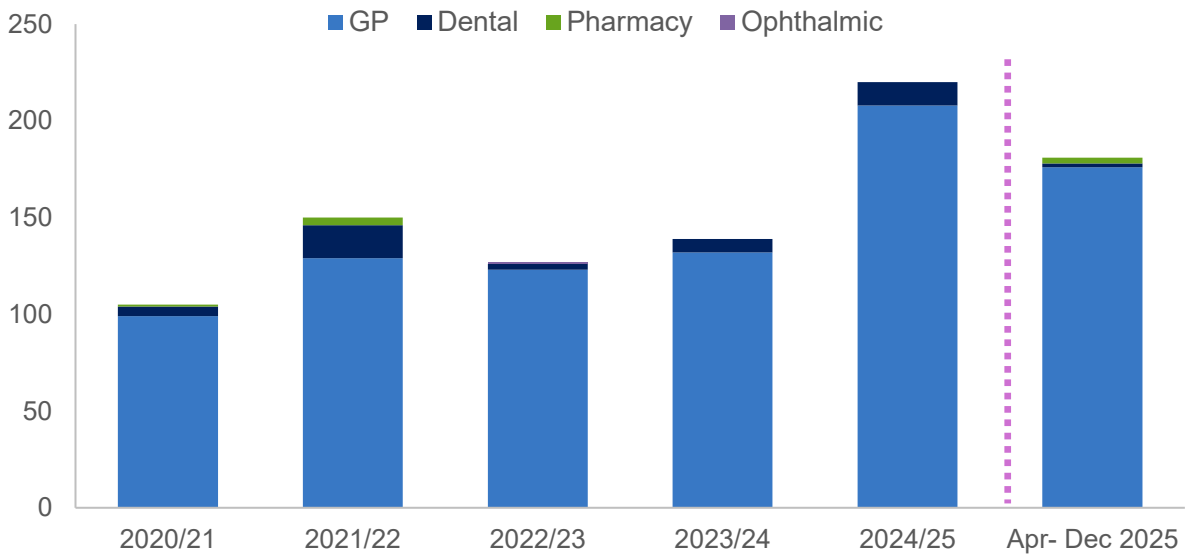
Of the 212 complaints received by the SPPG Complaints Team regarding FPS practices in April-December 2025, 181 (85%) were handled under Local Resolution and the SPPG Complaints Team acting as an Honest Broker in 31 (15%).

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.

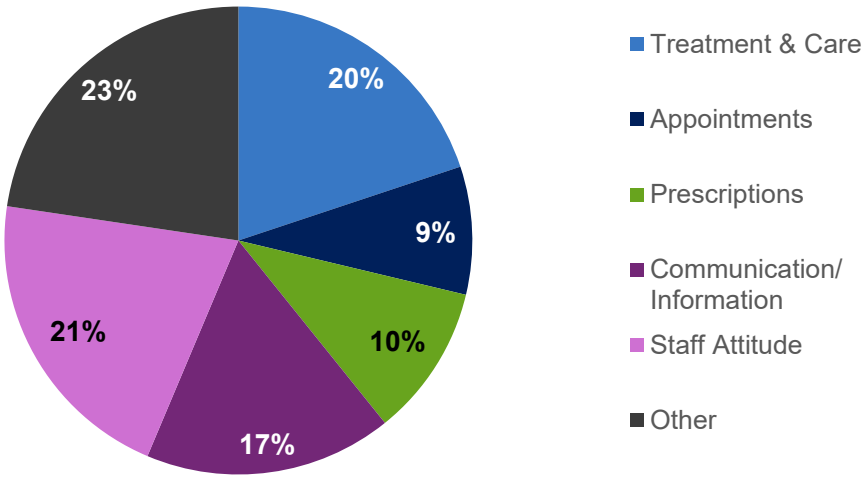
97%
of complaints handled under Local Resolution related to GPs

Figure 15: FPS Complaints Handled Under Local Resolution, by Year and Practice Type



During April-December 2025, 'Treatment & Care' and 'Staff Attitude' both accounted for around a fifth of complaints handled under local resolution.

Figure 16: FPS Complaints Handled Under Local Resolution by Subject



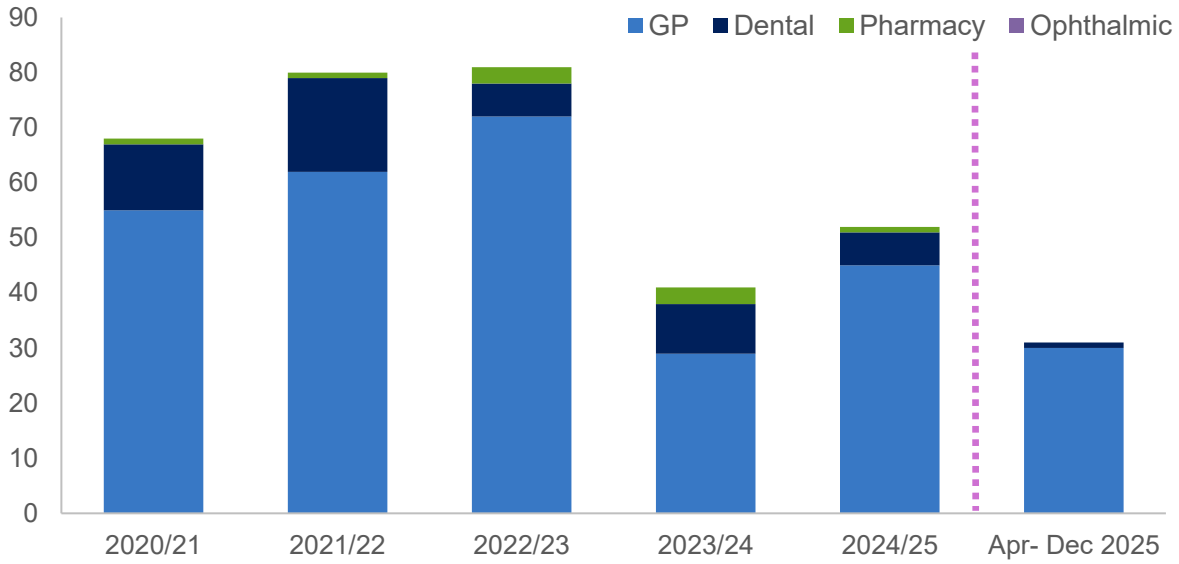
Honest Broker

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.

During the nine month period, April to December 2025, there were 31 such complaints recorded. Between 2020/21 and 2024/25, the number ranged from 41 to 81.

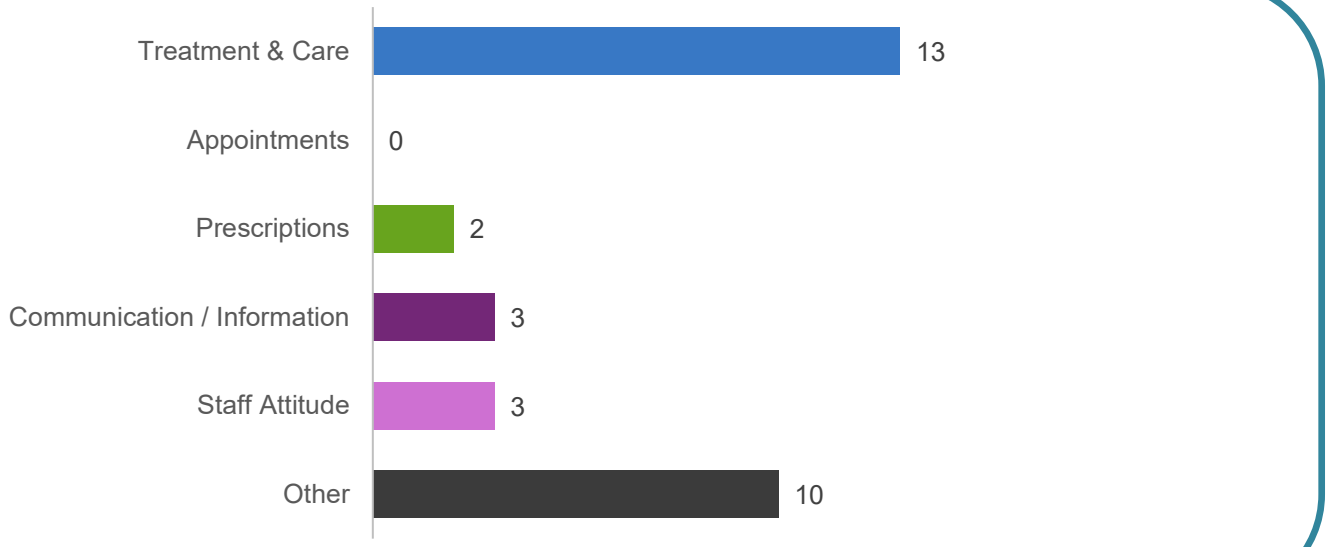
Most complaints, where the SPPG Complaints Team acted as an Honest Broker, related to GPs

Figure 17: FPS Complaints where the SPPG Complaints Team Acted as an Honest Broker, by Year and Practice Type



'Treatment & Care' accounted for around two-fifths of all complaints in which the SPPG Complaints Team acted as an honest broker during April-December 2025.

Figure 18: FPS Complaints where SPPG Complaints Team Acted as an Honest Broker by Subject



Section 5: Compliments received by HSC Trusts

A statistical information return to collate information on compliments received by HSC Trusts was introduced in December 2017[6], 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.

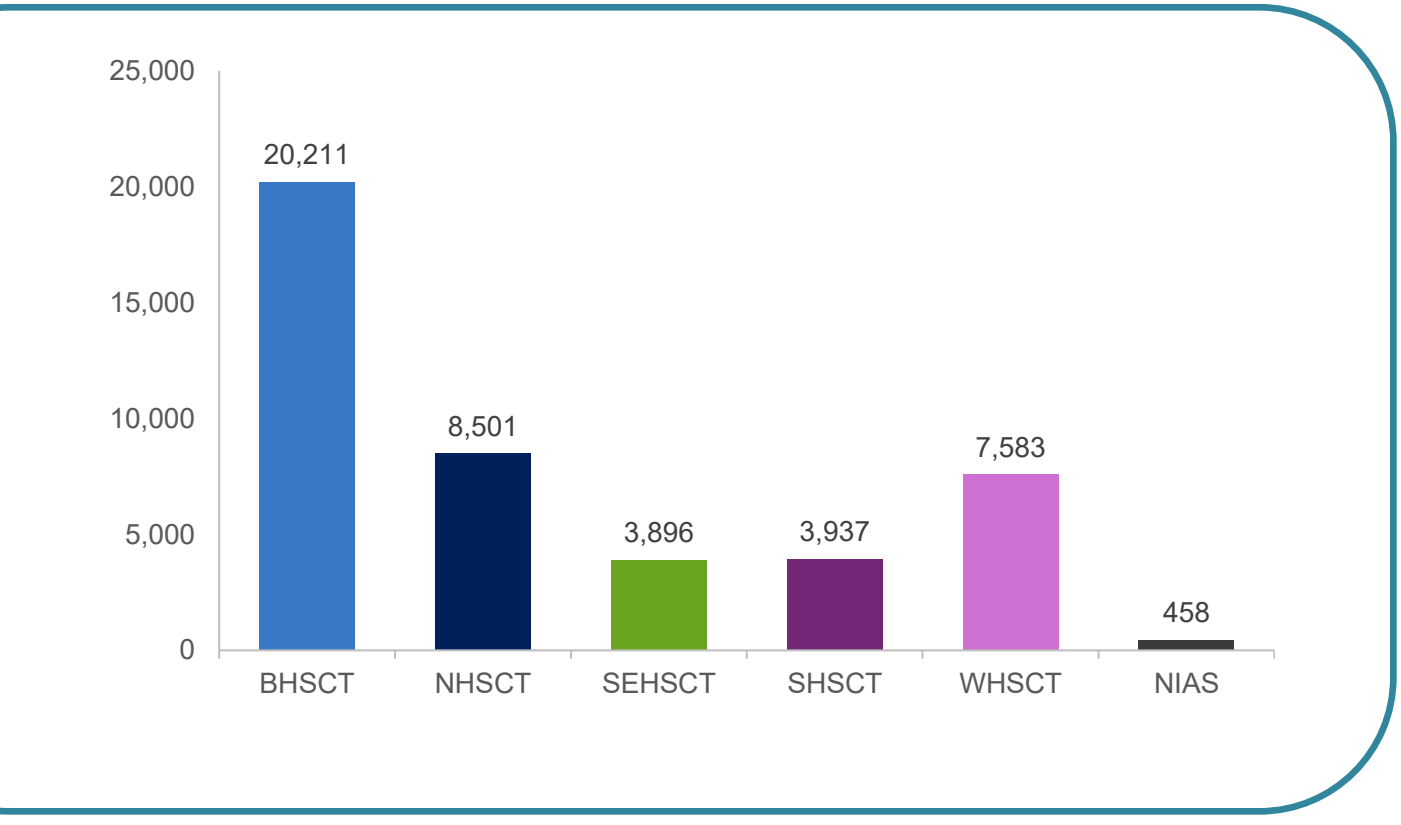
44,586
compliments received by HSC Trusts

Compliments Received by HSC Trusts

During 2025/26, HSC Trusts received 44,586 compliments.

Over two-fifths (20,211, 45.3%) were received by the Belfast HSC Trust, 8,501 (19.1%) by the Northern HSC Trust, 7,583 (17.0%) by the Western HSC Trust, 3,937 (8.8%) by Southern HSC Trust, 3,896 (8.7%) by the South Eastern HSC Trust and 458 (1.0%) by NIAS.

Figure 19: Compliments Received by HSC Trusts (2025/26)

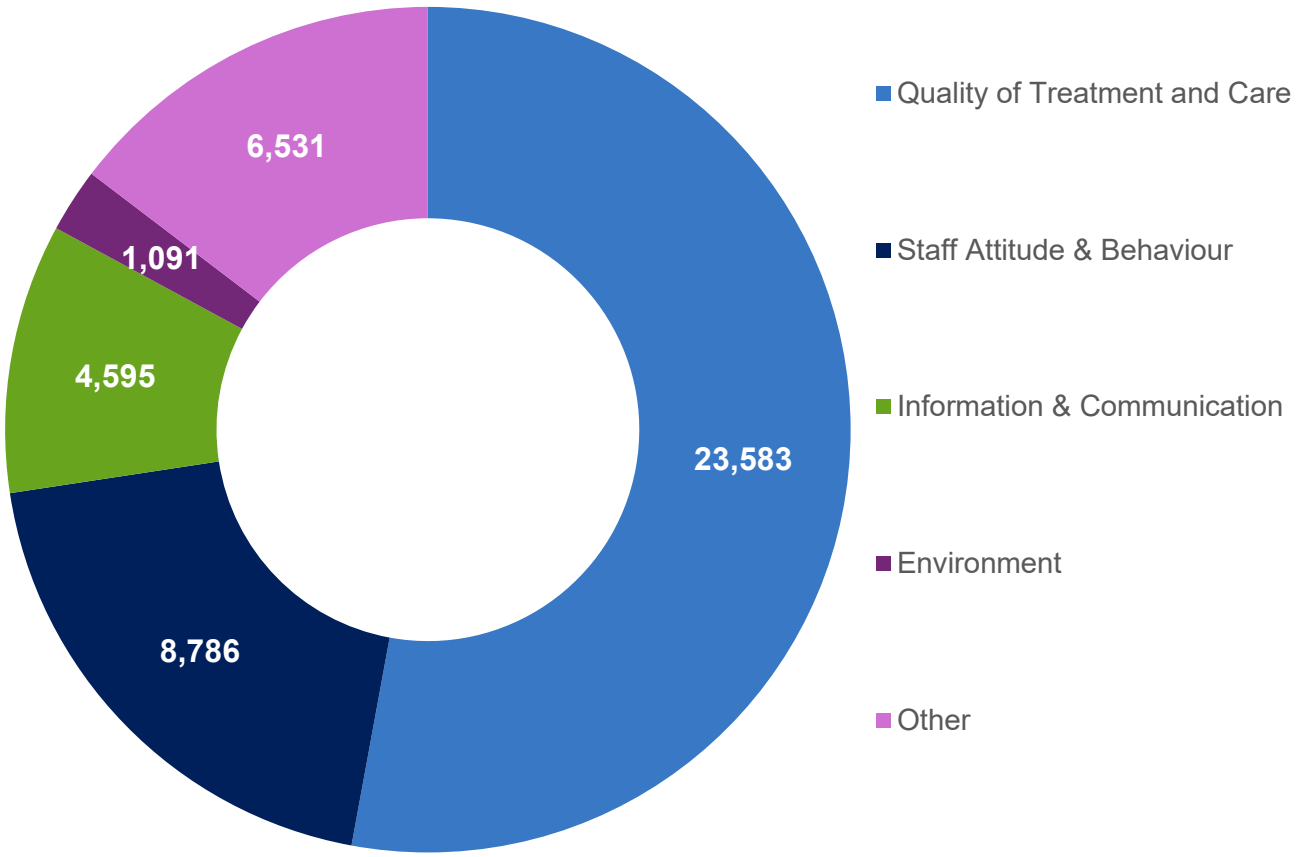


[6] Additional information on the compliments information collection is detailed in Appendix 1 & 4.

Subject of Compliment Received

Of the 44,586 compliments received by HSC Trusts, 23,583 (52.9%) related to 'Quality of Treatment & Care', 8,786 (19.7%) to 'Staff Attitude & Behaviour', 4,595 (10.3%) to 'Information & Communication', 1,091 (2.4%) to 'Environment' and 6,531 (14.6%) to 'Other' subjects.

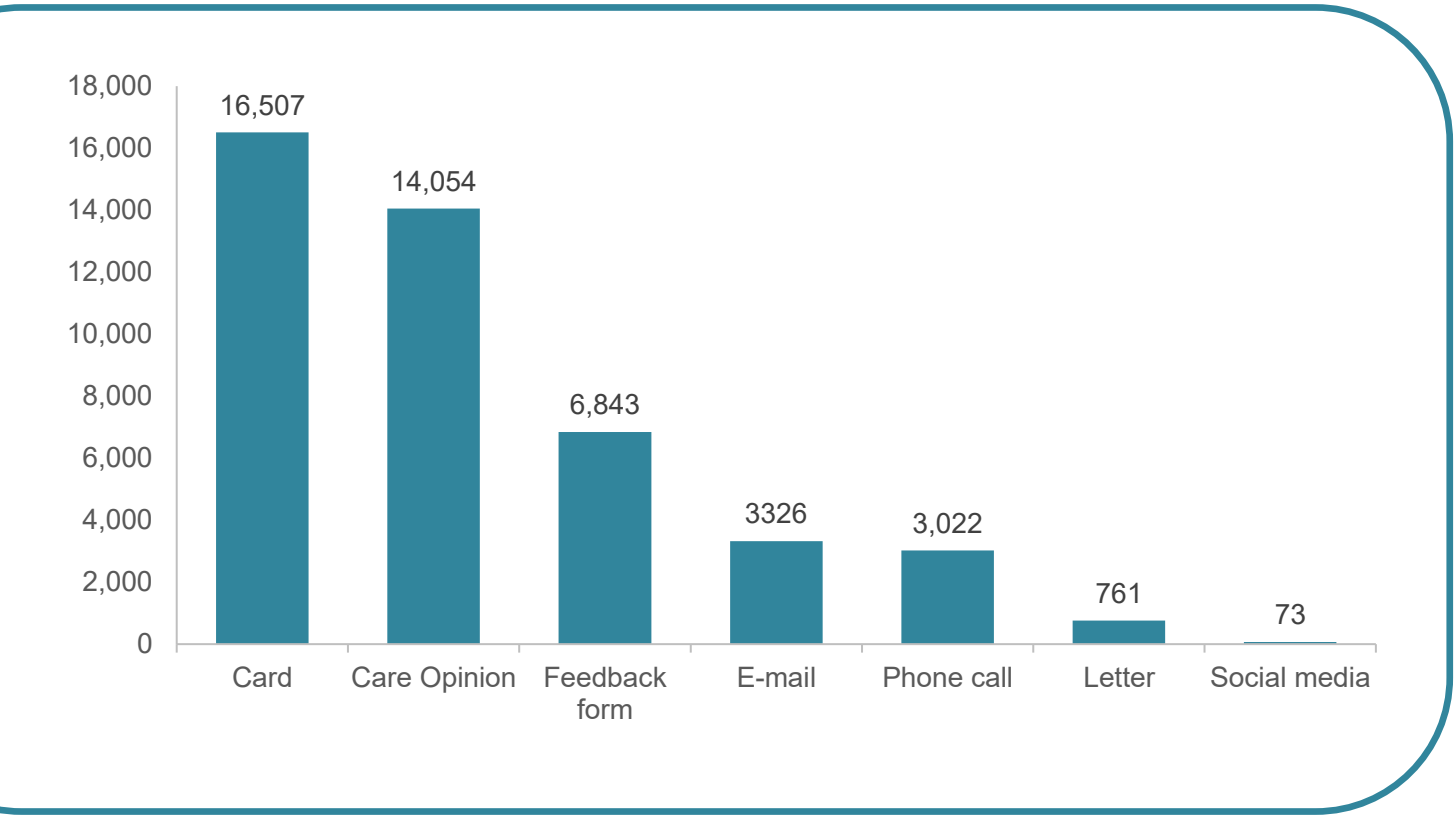
Figure 20: Compliments received by Subject (2025/26)



Method of Compliment

Almost two-fifths (16,507 37.0%) of compliments received during 2025/26 were made by Card, 14,054 (31.5%) by Care Opinion, 6,843 (15.3%) by Feedback Form, 3,326 (7.5%) by Email, 3,022 (6.8%) by Phone Call, 761 (1.7%) by Letter and 73 (0.2%) by Social Media[7].

Figure 21: Compliments received by HSC Trusts by Method (2025/26)



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

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 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.

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 30th July 2026.

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:

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 Care*	*POC9*	*Primary Health and Adult Community*
POC5	*Mental Health*		

Complaint Issues

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

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

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

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

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

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

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

APPENDIX 3: 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 4: 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 singe 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 5: Impact of introduction of MCHP on recording

As the HSC organisations embed the new procedures into their organisations, there will be an impact on recording due to the new guidelines themselves and also the change to data systems used to collate the data. It is expected that differences will be evident in the statistics both initially due to the change in guidelines and also over the initial months as organisations and staff adopt the new procedures.

In the tables below, the initial figures for the period Jan-March 2026 would indicate an increase in complaints recorded after the introduction of MCHP in January 2026.

Please note that caution should be used when comparing statistics collected pre and post MCHP.

Complaints and complaint issues received by HSCTs: 2025/26 by quarter

Quarter	Complaints	Complaint Issues
Q1 Apr-Jun 2025	1,723	3,294
Q2 Jul-Sept 2025	1,760	3,192
Q3 Oct-Dec 2025	1,739	2,795
Q4 Jan-Mar 2026	3,094	4,335

Family Practitioner Service Complaints Handled: 2025/26 by quarter

Quarter	Complaints
Q1 Apr-Jun 2025	58
Q2 Jul-Sept 2025	43
Q3 Oct-Dec 2025	111
Q4 Jan-Mar 2026	530

APPENDIX 6: 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 7: ADDITIONAL INFORMATION

Further information on HSC Trust Complaints and Compliments statistics 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