



**Title of Paper: Annual Report: SET Compliments & Complaints 2024/25**

<u>For Decision</u>	<u>For Discussion</u>	<u>For Noting</u>
Requires majority decision prior to implementation or action.	<del>Requires consideration and debate.</del>	<del>Contains information Members should be made aware.</del>

**1.0 Background**

This paper provides an overview of the Compliments & Complaints Annual Report for the period 1 April 2024 to 31 March 2025.

In accordance with the HSC Complaints Procedure (revised April 2023), HSC Trusts must produce an annual Report to include the number of complaints received, the categories to which the complaints relate, the response times and the learning from complaints.

The Annual Report for 2024/25 was endorsed by the Corporate Governance Committee on 6 August 2025 and approved by the Governance Assurance Committee on 13 August 2025.

The Report is now tabled for Trust Board consideration **for approval**.

**2.0 Key Issues**

During the period 1 April 2024 until 31 March 2025, SET received 1,097 formal complaints - representing an increase of 39 from the previous year.

The top three subjects\* of complaints during 2024/25 were:

- **quality of treatment and care**
- **staff attitude/behaviour**
- **communication/information**

These themes reflect the experience of all other HSC Trusts.

During 2024/25, 43% of complaints had a response issued within the 20 working days target. Despite the slight increase in the number received, the turnaround performance represents an improvement from the previous year (36%).

Staff also appreciate knowing when things go well. During 2024/25, SET received 3,846 compliments and some examples of these are included in the Report. This is an increase from the previous year (3,239).

*\*One complaint can have more than one issue / subject of complaint*

### **3.0 Resources Implications (inc Organisational, Financial, Human Resources)**

Recording of complaints in the Trust moved to a web based system in 2024 which has improved how we manage the overall complaints process and also provided improved oversight.

### **4.0 Impact on Safety, Quality and Experience (SQE)**

As a result of the complaints received, lessons have been learnt and have been shared with staff. The receipt of complaints continues to allow staff to see how services can be improved on an organisation wide basis.

Copies should also be made available to the Strategic Planning & Performance Group (SPPG), Patient & Client Council (PCC), Regulation & Quality Improvement Authority (RQIA), the Northern Ireland Public Services Ombudsman (NIPSO) and the Department of Health (DoH).

This Report will be disseminated to all relevant parties if approved by Trust Board and published on the Trust's website.

### **5.0 Key Risks and Proposals to Mitigate**

#### **NIPSO referrals**

In 2024/25, 27 complainants referred their case to NIPSO - a decrease from 16 on the previous year. At the time of writing, the Ombudsman did not accept 2 cases for investigation, 5 were settled without investigation and 20 are ongoing.

#### **Achievement of 20 working day target for response**

Significant work is ongoing to support Directorates to address and improve complaints performance.

#### **Complaints Handling Procedure**

Looking forward, the Trust will be required to implement a new Complaints Handling Procedure based on NIPSO's Model Complaints Handling Procedure (published July 2025).

This involves a 2 Stage process with the aim to resolve complaints primarily at the frontline. The Trust has not received any additional funding or resources to assist with the implementation of this, which will result in challenges across all areas of the Trust.

**Lead Director**      **Mr Charlie Martyn, Medical Director**

**Date**                      **26 August 2025**