South Eastern Health and Social Care Trust

Paper No: SET/160/26
Trust Board Meeting: 30 September 2026
Public Agenda Item 4.8

Title of Paper:	**Annual Report: SET Compliments & Complaints 2025/26**		
For Decision	~~**For Assurance**~~	~~**For Information**~~	~~**For Discussion**~~

1.0	**Background:**
	This paper provides an overview of the Compliments & Complaints Annual Report for the period 1 April 2025 to 31 March 2026. The HSC Complaints Procedure remained in effect from 1 April 2025 until 31 December 2025 and was superseded by the Northern Ireland Public Services Ombudsman's (NIPSO) Model Complaints Handling Procedure (MCHP) from 1 January 2026. As the reporting period covered by this report spans both complaints procedures, the information presented reflects the requirements of each policy. As the MCHP is a 2-stage process, some reporting categories and measures differ between the two periods. The Annual Report for 2025/26 was approved by the Patient Safety & Quality Committee on 19 August 2026. The Report is now presented for Trust Board consideration (**SET/161/26**) with a recommendation to **approve**.
2.0	**Key Issues:**
	During the period 1 April 2025 until 31 March 2026, SET received 1,936 complaints - representing an increase of 839 from the previous year. The top three subjects* of complaints during 2024/25 were: • **Institutional (Complaints relating to systemic pressures and service accessibility)** • **Quality (Complaints relating to the standard of care provided)** • **Communication** These themes reflect the experience for all other HSC Trusts. During the period from 1 April 2025 to 31 December 2025, under the previous HSC Complaints Policy, 35% of complaints had a response issued within the 20 working days target. Due to the increase in complaints being received, the turnaround performance represents a decline from the previous year (43%). During the period 1 January 2026 to 31 March 2026, under the MCHP, 71% of Stage 1 complaints were closed within the 5 working day target; 12% of Stage 2 complaints were closed within the 20 working day target.

	Under the MCHP, complaint outcomes are now logged with the majority of Stage 1 complaints being “resolved” and due to complexities of the cases, majority of Stage 2 being “partially upheld” (33%). Staff also appreciate knowing when things go well. During 2025/26, SET received 3,896 compliments and some examples of these are included in the Report. This represents a small increase from the previous year (3,846). **One complaint can have more than one issue / subject of complaint*
3.0	**Link to Strategic Objectives:**
	Our People ☐ Population Health & Health Inequalities ☐ Delivering Care Closer to Home ☐ Hospital Care ☐ Safety, Quality and Experience of Care ☒
4.0	**Resource Implications (inc Organisational, Financial, Human Resources):**
	1. Organisational
	To support implementation of the MCHP and its associated reporting requirements, the Trust's systems and processes for recording and managing complaints were updated. The Trust also worked collaboratively with regional colleagues to develop and launch two eLearning modules: a mandatory awareness module for all staff and a dedicated training module for complaint investigators. Throughout 2025/26, the Complaints and Datix Teams delivered a programme of face-to-face and virtual training sessions to support staff in understanding the new requirements, facilitate compliance with the MCHP and address any questions arising from implementation.
	2. Financial
	The Trust did not receive additional funding or resources to support the implementation of the MCHP.
	3. Human Resources
	N/A
	4. Environmental Factors Yes ☐ No ☒
5.0	**Impact on Safety, Quality and Experience (SQE):**
	1. Safety
	As a result of complaints received, learning has been identified and shared with relevant staff and service areas to support service improvement and enhance the patient and service user experience. The MCHP also requires that any staff member named within a complaint is recorded on the complaints management system and kept informed of the progress and outcome of the complaint where appropriate.

	2. Quality
	Complaints continue to provide valuable insight into areas where services can be improved across the Trust. In April 2025, the Trust, in partnership with regional colleagues and the Strategic Planning and Performance Group (SPPG), revised the complaints reporting categories to provide greater consistency across organisations and improve understanding of the issues being raised by patients, service users and their families.
	3. Experience
	Copies of this report will also be made available to the SPPG, Patient and Client Council (PCC), Regulation and Quality Improvement Authority (RQIA), NIPSO and the Department of Health (DoH). Subject to approval by Trust Board, this report will be disseminated to the relevant stakeholders and published on the Trust's website.
6.0	**Key Risks and Proposals to Mitigate:**
	1. Key Risks
	<u>Increase in the Volume of Complaints Received</u> The volume of complaints continues to rise year on year, with a 76.5% increase from 1,097 complaints in 2024/25 to 1,936 in 2025/26. This significant growth in complaint volumes continues to place pressure on the Complaints Team and presents ongoing challenges in the context of current staffing resources. Work is continuing to identify opportunities to improve processes and support the effective management of the increasing demand. **<u>NIPSO referrals</u>** Under the MCHP, complaints are not reopened once the organisation's complaints process has concluded. Where a complainant remains dissatisfied with the outcome of their complaint, they are advised of their right to refer the matter to NIPSO for independent review. In 2025/26, 34 complainants referred their complaint to the NIPSO, compared with 27 in the previous year. **<u>Achievement of working day target for response and extension/escalation process</u>** Performance against complaints timescales is monitored closely, with breaches relating to response times, extensions and escalation processes highlighted through weekly Directorate Governance meetings and monthly performance reports. **<u>Complaints Handling Procedure</u>** Work continues to ensure that the Complaints Handling Procedure is fully embedded across the Trust and that all relevant staff complete the required training to support its implementation.

	NIPSO has provided assurance that the Trust has appropriate governance arrangements in place to support delivery of the MCHP and will continue to work with the Trust throughout 2026/27 through ongoing audit activity, feedback and implementation support.
	2. Proposals to Mitigate
	As above.
7.0	**Risk Register:**
	It is listed on BAF? Yes ☐ No ☒ Is it listed on CRR? Yes ☐ No ☒

Lead Director:	**Professor Stephen Kirk, Medical Director**
Date:	**24 September 2026**

Reasons for Paper Presentation

Decision	*Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.*
Assurance	*Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.*
Information	*Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.*
Discussion	*Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.*