



Title of Paper: Annual Report: SET Complaints & Compliments 2023/24		
For Decision	For Discussion	For Noting
Requires majority decision prior to implementation or action.	Requires consideration and debate.	Contains information Members should be made aware.

1.0 Background

This paper provides an overview of the Compliments & Complaints Annual Report for the period 1 April 2023 to 31 March 2024.

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 2023/24 was endorsed by the Corporate Governance Committee on 5 June 2024 and approved by the Governance Assurance Committee on 21 August 2024.

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

2.0 Key Issues

During the period 1 April 2023 until 31 March 2024, SET received 1,056 formal complaints - representing an increase of 189 from the previous year.

The top three subjects* of complaints during 2023/24 were:

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

These themes reflect the experience of all other HSC Trusts.

During 2023/2024, 36% of complaints had a response issued within the 20 working days target. Despite the increased number received, the turnaround performance represents an increase from the previous year (32%).

Staff also appreciate knowing when things go well. During 2023/2024, SET received 3,239 compliments and some examples of these are included in the Report.

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

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

SET launched Encompass on 9 November 2023 and staff across the organisation have worked hard to balance the introduction of a new digital system while continuing to deliver high quality care with a focus on patient safety.

In order to support the successful implementation of the new system, a number of tasks, such as investigating and responding to complaints, were impacted upon which led to delays in responding to our complainants.

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 2023/24, 16 complainants referred their case to NIPSO - a decrease from 26 on the previous year. At the time of writing, the Ombudsman did not accept 1 case for investigation, 5 were settled without investigation and 10 are ongoing.

Achievement of 20 working day target for response

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

Lead Director Mr Charlie Martyn, Medical Director

Date 15 August 2024