

## SAFETY AND QUALITY STEERING GROUP SUMMARY TEMPLATE

<b>Subject Area</b>	<i>Clinical and Social Care Governance Service User Feedback Report</i>
<b>Date of Report</b>	06 August 2025
<b>Purpose of Report</b>	<b>Assurance</b>

<b>Report Complied By</b>	Rebecca Murray
<b>Role</b>	Service User Feedback Manager

<b>Brief Summary update of Areas of Good Practice (bullet points)</b>
<ul style="list-style-type: none"> <li>• A trend in the reduction of formal complaints received by the Trust has been sustained from the reporting period 2023/24 (n=681) to 2024/25 (n=567)</li> <li>• Sustained increase in the number of complaints being informally resolved in Q3 and Q4 2024/25</li> </ul>

<b>Challenging Issues of Concern (Including issues that are noted on Risk Registers)</b>		
<i>Challenges</i>	<i>Mitigations taken</i>	<i>Assurances</i>
<p>Implementation of the new regional NIPSO Model Complaints Handling Procedure (MCHP) with focus on early informal resolution.</p> <p>Significant staffing challenges within the Service User Feedback team has the potential to impact on implementation of MCHP within the Trust.</p>	<p>SHSCT participation in ongoing Regional Workstreams.</p> <p>Recruitment of replacement post in progress.</p>	<p>Primary focus of the Service User Feedback team.</p> <p>SHSCT representation at relevant preparatory implementation meetings.</p> <p>A dedicated resource to assist with timely implementation has been secured.</p>
<p>Increase in the number of Reopened Complaints received</p>	<p>Breakdown of trends and themes to be shared and discussed with each of the Operational Directorates for further review, analysis and improvement.</p>	<p>Checklist for complaint responses to be re-circulated to Directorate Governance Teams for use prior to issue of initial complaint response.</p> <p>A quality improvement project, with PPI involvement, to review and feedback on themes of reopened complaints is in development.</p>
<p>3 High Risk Complaints received Q3 and 9 in Q4</p>	<p>Meetings held with families and complaints reviewed.</p>	<p>Learning identified will be appropriately shared.</p>

The SPPG have introduced new categories for theming Complaints.	Datix has been updated to include the new complaint codes.	In the initial period of implementation of the new complaint codes, reporting will be amended from monthly to weekly to facilitate adequate data points for analysis. Future Safety and Quality Steering Group reports will reflect this change.
22% decrease in Compliment subjects received in Q4. Decreases noted within MUSC, SCS and MHD Directorates.	Continued focus at Governance Officers Forum.	Recirculation of Compliments Quick links tool.
Audit of Closed Complaints identified 27 complaint responses issued outside of the 20 working days timeframe which did not include an apology for the delay.	Details of audit to be discussed at the Governance Officers Forum and Governance Coordinators meetings.	Continued focus through audit with 100% of complaint responses to be completed for Q1 2025/26
Low compliance with the 20 working day response timeframe across all Directorates.	Delays in complaint response has been escalated, with continued focus at Governance Office Forum and weekly CSCG meeting.	Continue to report on status of outstanding complaint responses at weekly CSCG meeting.

#### **Areas of achievement/Improvement**

Meetings have been held with all Directorate Governance teams responsible for managing complaints to establish current position, barriers to progression, escalation pathways and timeframes for completion were aligned. Improvements were made and a more focused support established within MUSC and SCS as the Directorates with the greatest volume of complaints. A series of meetings with several HoS were introduced and feedback was provided to Directors on identified barriers. In addition, improved reporting, accuracy of reporting and escalation at the weekly governance meeting has been introduced by the Corporate CSCG team regarding overdue complaints, reopened complaints and NIPSO cases. Variation in the management of complaints across the Operational Directorates will be addressed upon implementation of the new Model Complaints Handling Procedure (MCHP).

#### **Trust Committee Reporting Schedule**

--

#### **Any Other Items for noting (bullet points)**

**Include if applicable - Asset management/management of equipment (servicing and maintenance)**

--

# **Clinical and Social Care Governance Service User Feedback Report 06 August 2025**



## Contents

---

<b>Purpose of Report.....</b>	<b>5</b>
<b>1.0. Service User Formal Complaints Reporting .....</b>	<b>5</b>
1.1 Complaints received – Overall Trust Position .....	5
1.2 Operational Directorate Position .....	7
1.3 Complaint Subjects .....	12
1.4 Grading of Complaints Received.....	17
1.5 Reopened Complaints .....	18
1.6 Complaint Response .....	21
1.7 Nursing/Residential Homes and Supported Living Providers .....	24
1.8 Informal Complaints, Enquiries and Local Resolution .....	25
1.9 Complaints - Response Audit.....	27
1.10 Ombudsman Cases .....	27
<b>2.0. Service User Compliments.....</b>	<b>30</b>
<b>3.0. Quality Improvement Work for Service User Feedback.....</b>	<b>37</b>
3.1 NIPSO Model Complaints Handling Procedure .....	37

## Purpose of Report

---

This report is to provide information to the Safety and Quality group regarding the Clinical and Social Care Governance performance indicators agreed by the Trust Senior Leadership Team:

- ❖ **Complaint monitoring**
- ❖ **Compliment monitoring**

This report analyses activity for the period **1<sup>st</sup> October 2024 - 31<sup>st</sup> March 2025** (Quarter 3 (Q3) and Quarter 4 (Q4) 2024/25). The Service User Feedback report supports the Trust in identifying trends, areas of concern and those of improvement, where learning has been identified. It also highlights areas of good practice and performance through compliments received.

### 1.0. Service User Formal Complaints Reporting

---

#### 1.1 Complaints received – Overall Trust Position

- 2024/2025 – 567 Complaints
- 2023/2024 – 681 Complaints
- 2022/2023 – 885 Complaints
- 2021/2022 – 739 Complaints

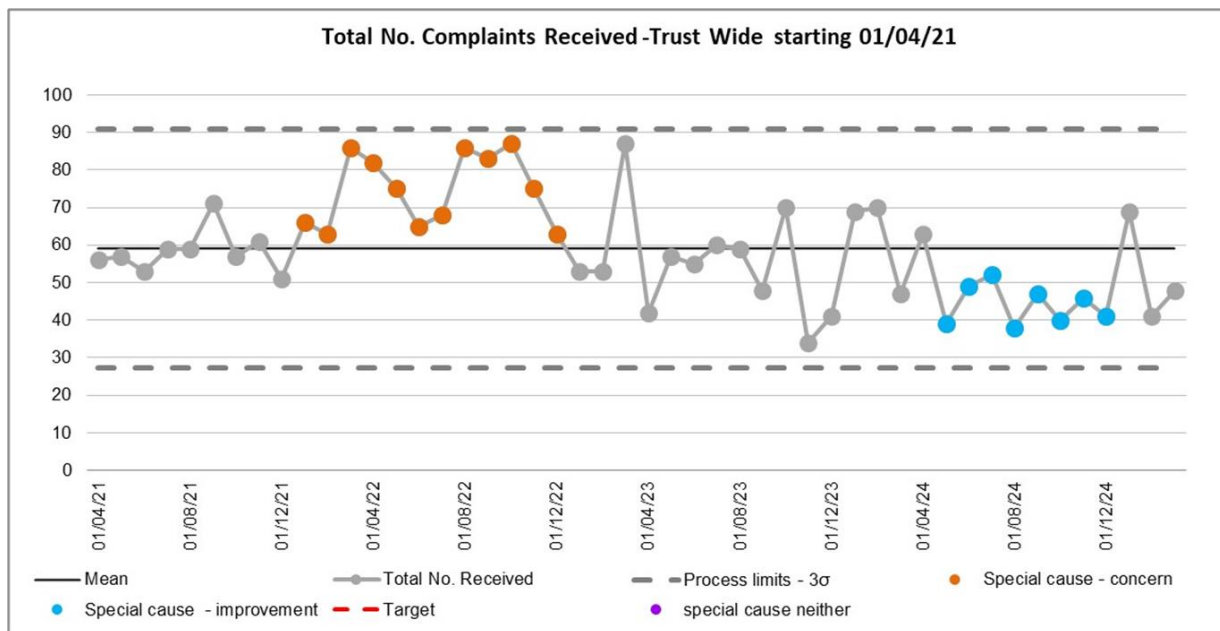
The Trust received 127 formal complaints during Q3 a reduction of 18% (n=28) on comparison with Q3 2023/24.

In Q4 the Trust received 158 formal complaints, a reduction of 23% (n=47) on comparison with Q4 2023/24.

Overall, the Trust has received 567 formal complaints in financial year 2024/25, this is a decrease of 17% (n=114) in comparison to 2023/24.

The number of complaints received by the Trust from 1<sup>st</sup> April 2021 is illustrated in Figure 1.0 below. There was a shift in data for Q3 returning to within normal variation in Q4.

**Figure 1.0 Number of Complaints received Trust Wide**



In January 2025 the number of formal complaints received was above the mean, albeit within normal variation, this ended the shift in data which commenced in April 2024. The majority of the complaints received in January related to the MUSC and SCS Directorates as illustrated in Table 1.

**Table 1: Complaints By Operational Directorate**

Directorate	Q3	Q4
Medicine and Unscheduled Care	47	56
Surgery and Clinical Services	25	45
Children and Young People’s Services	19	24
Adult Community Services	18	16
Mental Health and Disability	12	13
Total	121	154

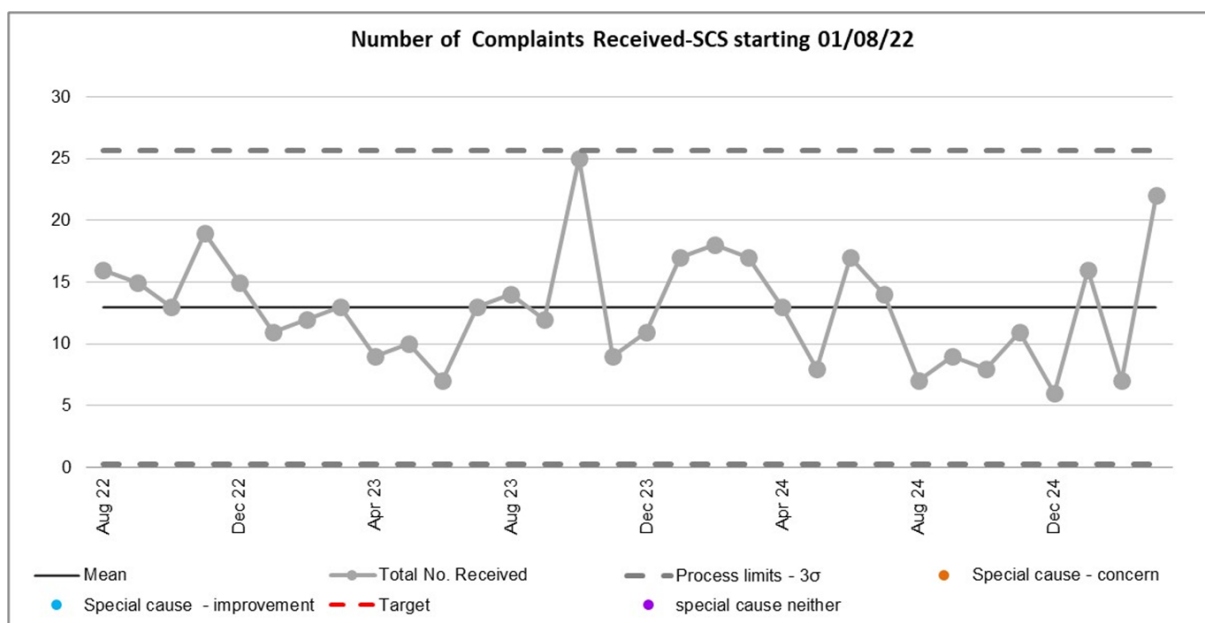


Within MUSC there was a shift in data from May – December 2024 whereby there were 8 data points below the mean. In January 2025, the number of complaints was above the mean, however within normal variation.

**Table 2: Complaints received by Service Area within the MUSC Directorate**

<b>Medicine &amp; Unscheduled Care</b>	<b>Q3</b>	<b>Q4</b>
ED and Minor Injury Unit	29	33
General Medicine	15	22
Cardiology Services	3	1
<b>Total</b>	<b>47</b>	<b>56</b>

**Figure 3.0 SCS Directorate**



Complaints data for the SCS Directorate is within normal variation.

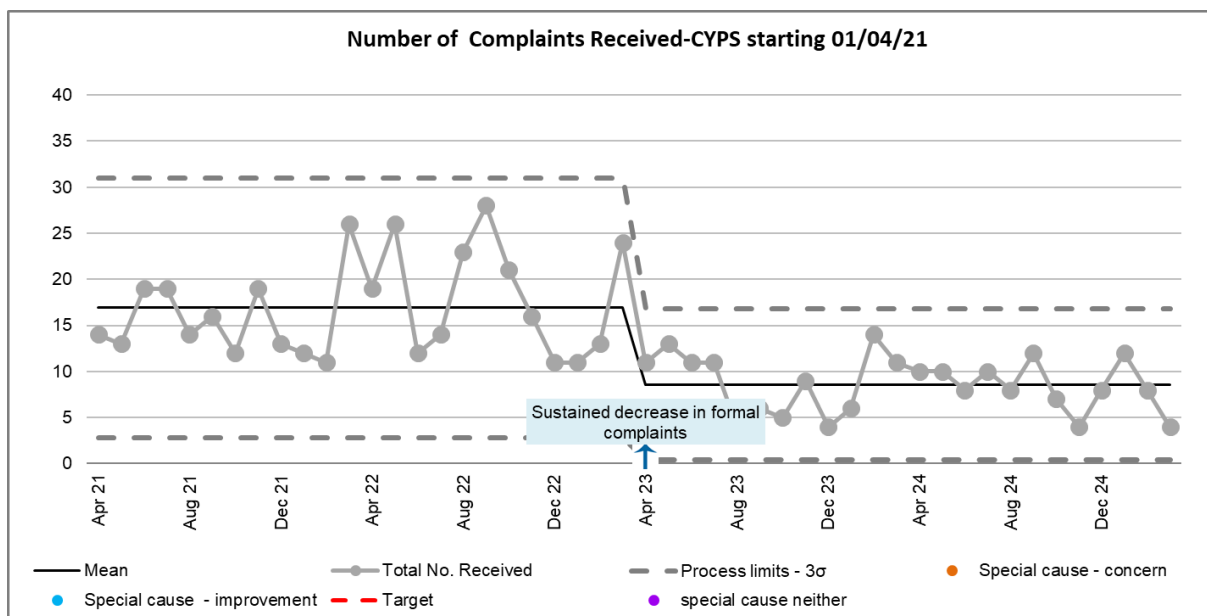
Although the number of complaints received is within normal variation, an increase was identified in the number of complaints within Midwifery and Gynaecology during Q4. The majority were subjected as Information/Communication and Quality of Treatment and Care. The main themes related to the importance of clear and concise communication between staff and service users, absent communication, quality of care provided during delivery and management of pain.

**Table 3: Complaints received by Service Area within the SCS Directorate**

<b>Surgery &amp; Clinical Services</b>	<b>Q3</b>	<b>Q4</b>
General Surgery	16	19
Midwifery and Gynaecology	5	18
Outpatients	1	4
Cancer Services	0	3

Diagnostic Services	2	1
Anaesthetics, Theatres and IC Services	1	0
<b>Total</b>	<b>25</b>	<b>45</b>

**Figure 4.0 CYPS Directorate**

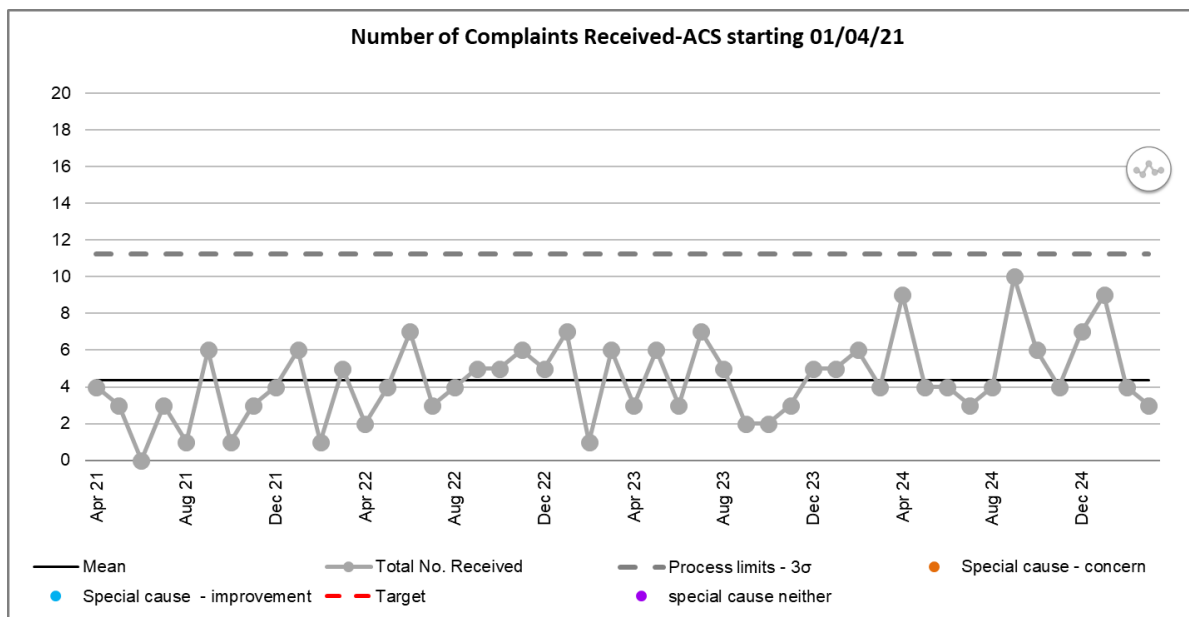


Complaints received by the CYPS Directorate remains within normal variation in this reporting period.

**Table 4: Complaints received by Service Area within the CYPS Directorate**

<b>Children and Young Peoples Services</b>	<b>Q3</b>	<b>Q4</b>
Family Intervention Service	7	11
Early Years and Parenting	3	3
AHP's CYP Services	4	0
Acute Paediatric Services	1	1
14+ Service	0	2
Community Dental Services	0	2
Family Placement Services	2	0
Children in Care Service	0	2
CWD Services	1	1
Public Health Nursing Service	1	0
Specialist Teams	0	1
Residential Care	0	1
<b>Total</b>	<b>19</b>	<b>24</b>

**Figure 5.0 ACS Directorate**

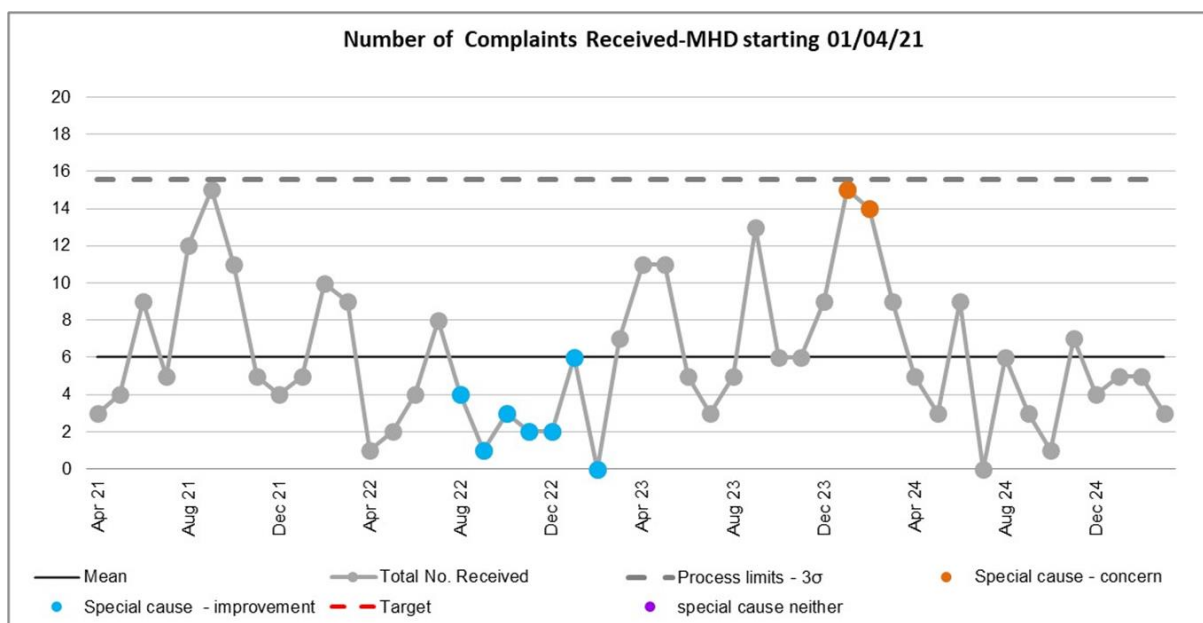


The number of complaints received by the ACS Directorate remains within normal variation.

**Table 5: Complaints received by Service Area within the ACS Directorate**

<b>Adult Community Services</b>	<b>Q3</b>	<b>Q4</b>
Integrated Care Team	6	5
Phone First Urgent Care Centre	2	3
GP OOH/MIU	2	2
Patient Services (non acute hospitals)	2	1
Intermediate Care Services	1	2
Domiciliary Care	0	2
Physiotherapy	1	0
User Involvement and Community Development	1	0
Supporting People and Residential Care	1	0
Health Improvement	0	1
Occupational Therapy	1	0
Care Home Support Team	1	0
<b>Total</b>	<b>18</b>	<b>16</b>

**Figure 6.0 MHD Directorate**



The number of complaints received by the MHD Directorate remains within normal variation for this reporting period.

**Table 6: Complaints received by Service Area within the MHD Directorate**

<b>Mental Health and Disability</b>	<b>Q3</b>	<b>Q4</b>
Primary Mental Health Care Services	5	3
Acute Mental Health Services	1	5
Support and Recovery Services	1	2
Learning Disability Community Services	3	0
Community Services for Adults with Physical Disability	1	1
Community Mental Health Teams & Supported Living	0	1
Learning Disability Daycare Services	0	1
Learning Disability Specialist Services	1	0
<b>Total</b>	<b>12</b>	<b>13</b>

The remaining 10 complaints received by the Trust in Q3 and Q4 were aligned to non-operational Directorates. Due to the low volume of complaints within these Directorates, it would not be appropriate to graphically display this information, however a breakdown of the service areas these complaints relate to are provided in the following tables (Table 7, 8 and 9).

**Table 7: Complaints received by Service Area within Finance Procurement and Estates**

<b>Finance Procurement &amp; Estates</b>	<b>Q3</b>	<b>Q4</b>
Estate Development and Capital Works	2	0
Financial Services	0	2
Estate Operational Services (C&B)	2	0

<b>Total</b>	<b>4</b>	<b>2</b>
--------------	----------	----------

**Table 8: Complaints received by Service Area within Nursing, Midwifery and AHP**

<b>Nursing, Midwifery and AHP</b>	<b>Q3</b>	<b>Q4</b>
Locality Support Services (C&B)	1	1
Booking / Admin	0	1
<b>Total</b>	<b>1</b>	<b>2</b>

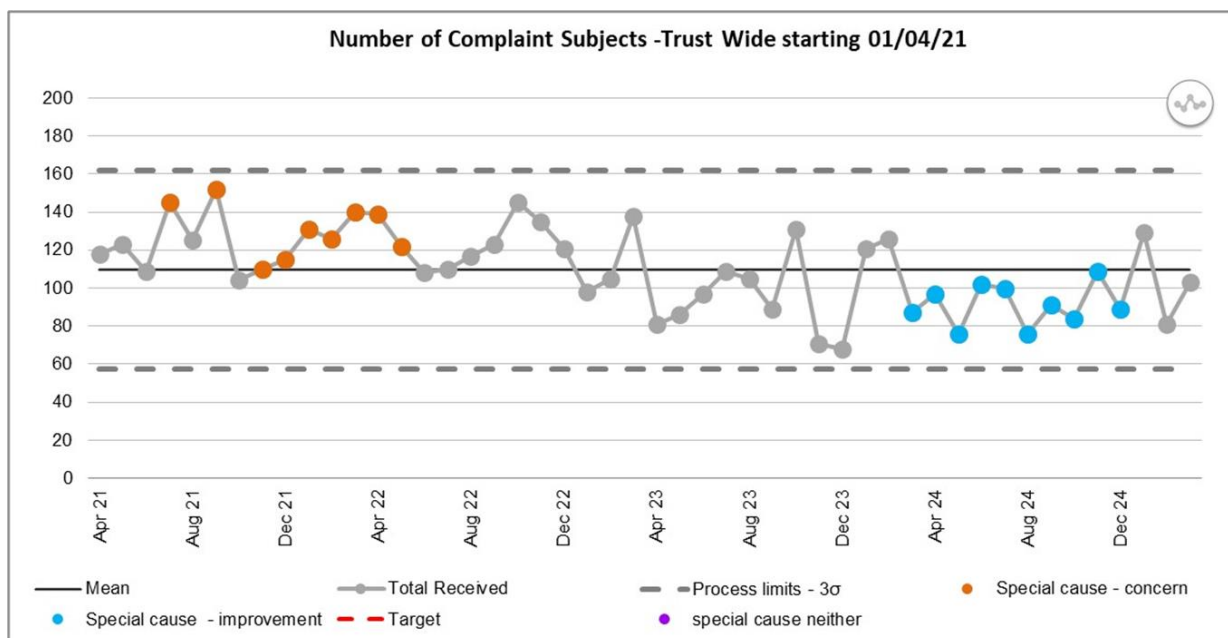
**Table 9: Complaints received by Office of the Medical Director**

<b>Office of the Medical Director</b>	<b>Q3</b>	<b>Q4</b>
Corporate Clinical & Social Care Governance	1	0
<b>Total</b>	<b>1</b>	<b>0</b>

### 1.3 Complaint Subjects

Regionally complaints are categorised and reported by the identified subject within the complaint, and it may be possible for one complaint to have multiple complaint subjects.

**Figure 7.0 Number of Complaint Subjects**



As illustrated in Figure 7, there was a shift in the data from March 2023 which returned to normal variation in Q4 2024/25.

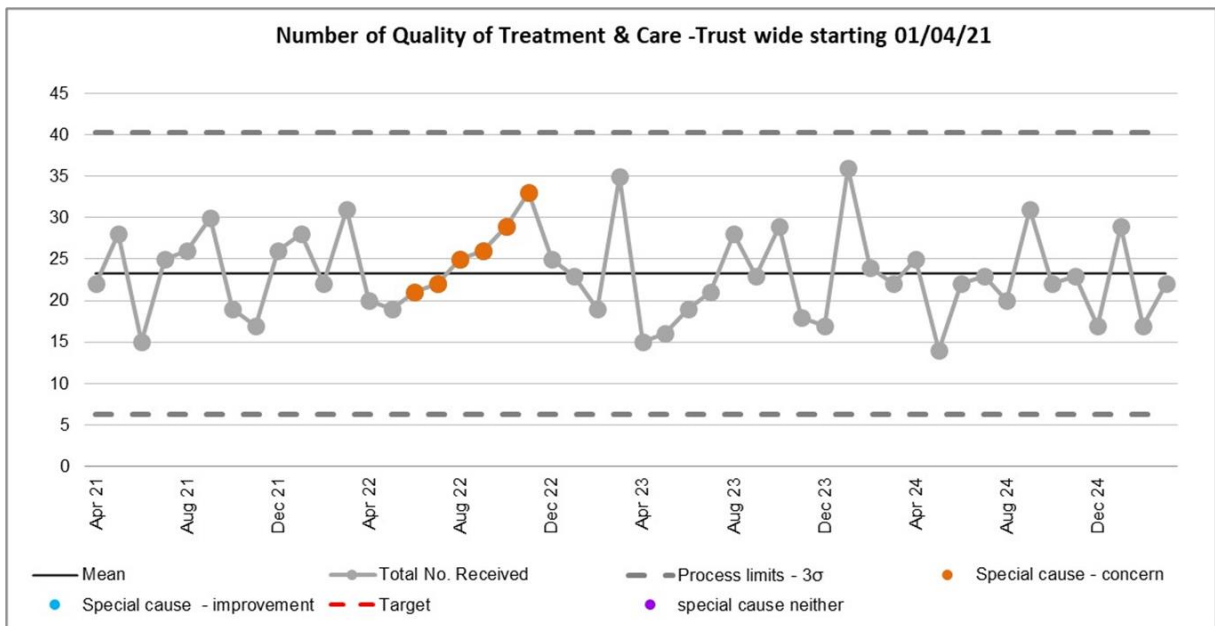
Details the percentage share of the top 10 subjects for complaints received in Q3 and Q4 2024/25, along with comparative percentages with previous quarters, is outlined in Table 10.

**Table 10: Percentage share of the top 10 Complaint Subjects**

Complaint Subject	Q1 2024	Q2 2024	Q3 2024	Q 2025
Quality of Treatment & Care	22.18%	27.72%	21.99%	21.73%
Communication/ Information	19.27%	20.60%	22.34%	21.73%
Staff Attitude/Behaviour	16.36%	14.61%	12.77%	13.42%
Professional Assessment of Need	7.64%	9.74%	8.51%	11.18%
Waiting Lists/Times	6.18%	6.37%	3.55%	6.07%
Clinical Diagnosis	3.27%	3.75%	5.67%	5.43%
Records/Record Keeping	2.55%	1.12%	0.35%	3.19%
Discharge/Transfer Arrangements	1.45%	0.00%	4.26%	2.24%
Policy/Commercial Decisions	3.64%	2.25%	2.13%	1.92%
Privacy/Dignity	1.82%	1.87%	1.42%	1.92%
Quantity of Treatment & Care	2.91%	1.87%	3.90%	1.92%
Confidentiality	2.55%	1.12%	0.71%	1.60%
Other	2.18%	2.25%	2.13%	1.28%
Aids/Adaptions/Appliances	1.09%	0.00%	1.06%	1.28%

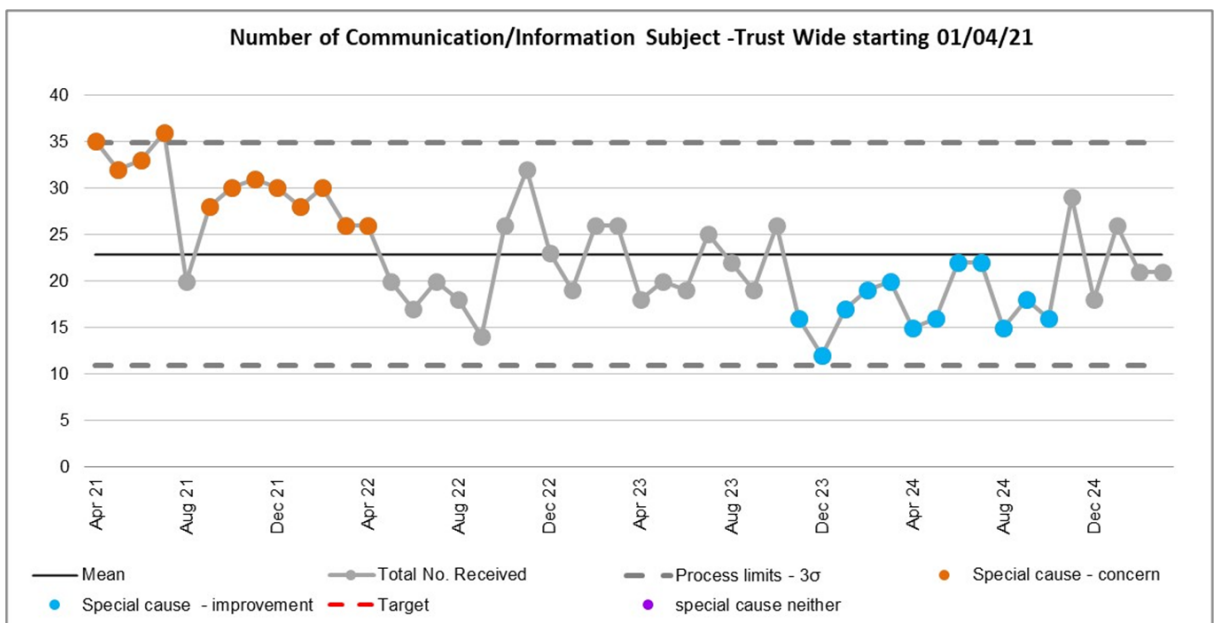
Analysis of the top 5 complaint subjects are illustrated in Figures 8 – 12:

**Figure 8.0 – Quality of Treatment and Care**



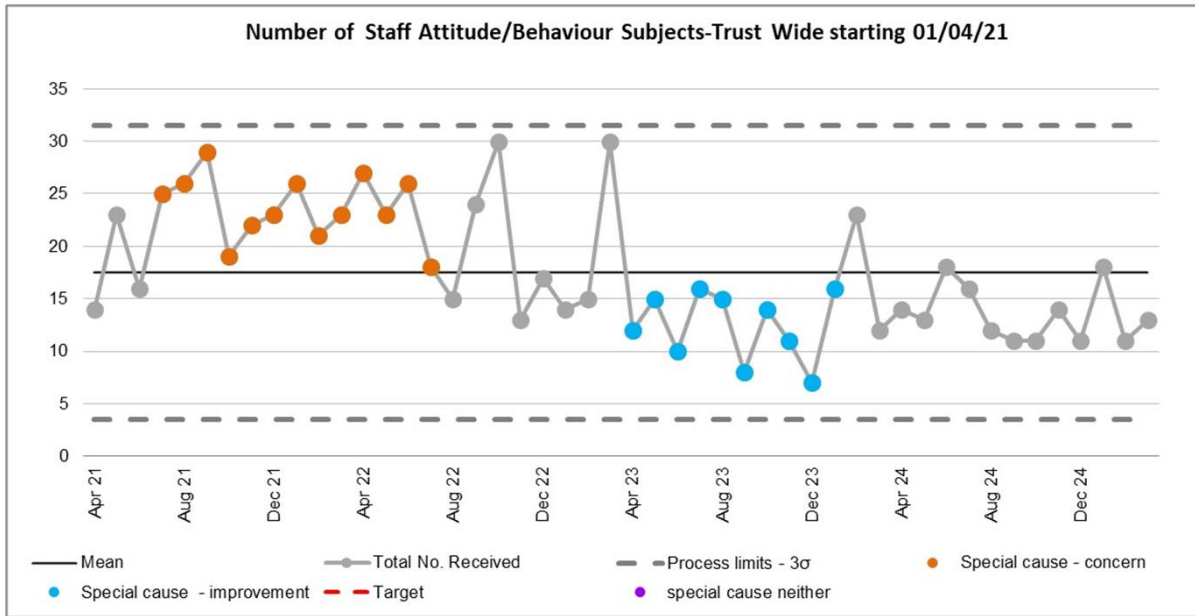
The number of complaints relating to Quality and Treatment of Care remains within normal variation for this reporting period.

**Figure 9.0 – Communication/ Information**



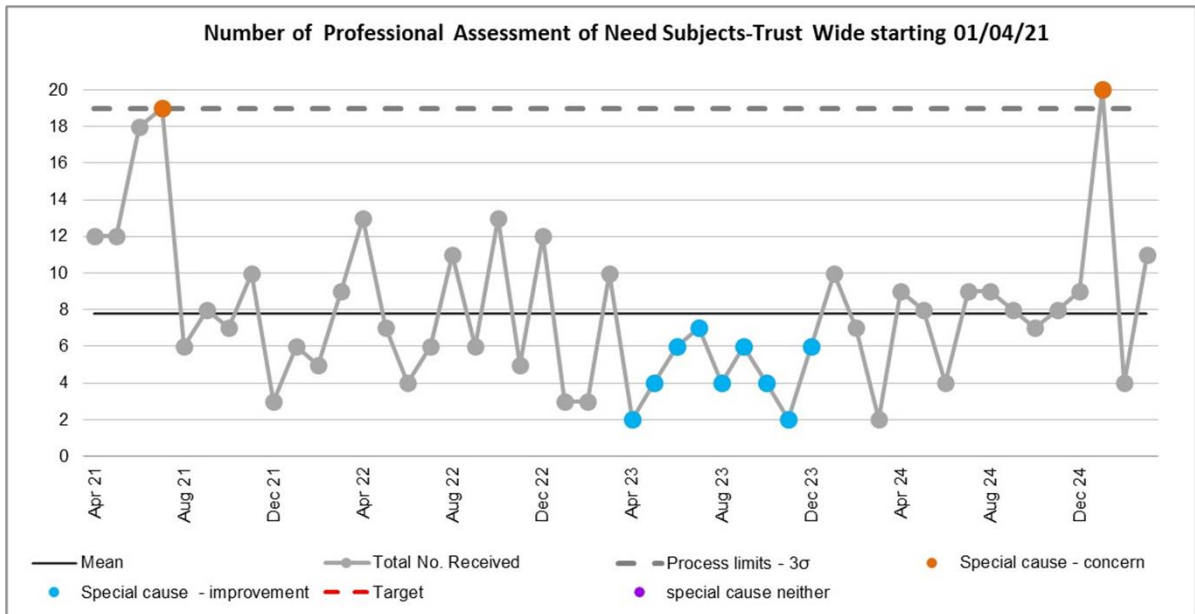
There was a shift in data from November 2023 which ended in November 2024 when the number of complaints subjected as Communication and Information returned to within normal variation.

**Figure 10.0 – Staff Attitude and Behaviour**



Complaints subjected as Staff Attitude and Behaviour remains within normal variation.

**Figure 11.0 Professional Assessment of Need**



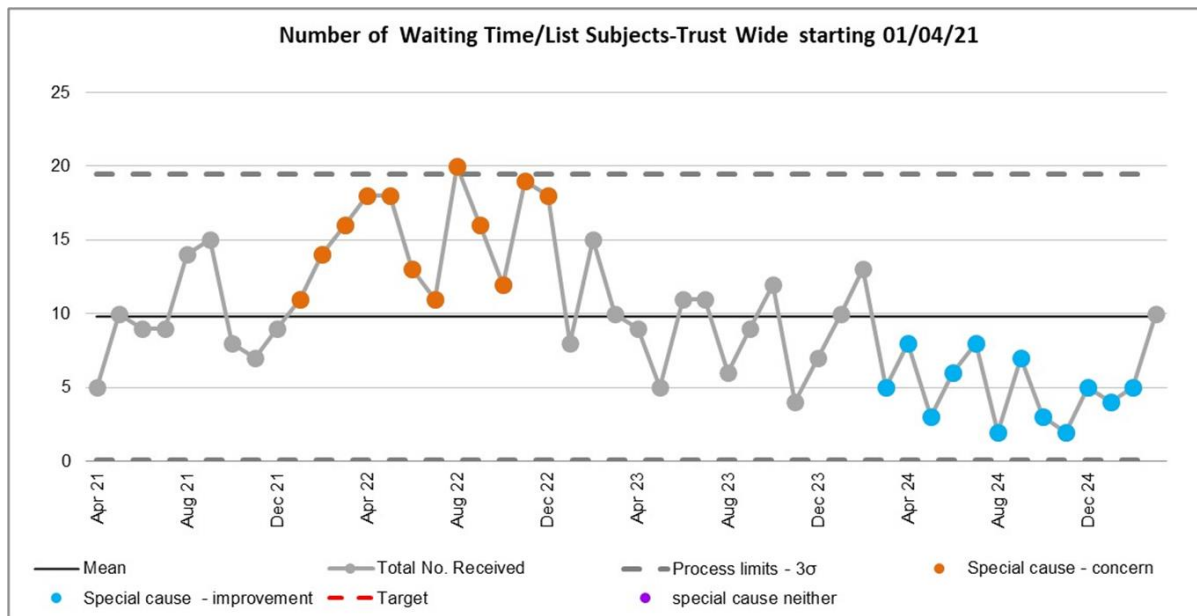
In January 2025, the number of complaints subjected to Professional Assessment of Need breached the Upper Control Limit, returning to normal variation in February 2025. An increase was identified across SCS, MUSC, ACS and CYPS. When broken down at Directorate level the increase was not significant.

The complaints related to:

- Lack of care packages
- Incorrect or lack of medication

- Queries around treatment and care within Acute setting
- Un-allocation or dissatisfaction of cases within CYPS

**Figure 12.0 Waiting Times/ Lists**



There was a shift in the data from March 2024 with 12 data points below the mean. However, this improvement ended in March 2025 when the number of complaints relating to Waiting Times/List returned to within normal variation.

A breakdown of the types of complaints subjected as Waiting Times/Lists is provided in Table 11.

**Table 11: Waiting List/Times Breakdown Q3 and Q4**

Subject	MUSC	SCS	Combined Total
Waiting List, Delay/Cancellation Outpatient Appointments	1	5	6
Waiting List, Delay/Cancellation Planned Admission to Hospital	1	4	5
Waiting Times, A&E Departments	13	0	13
Waiting Times, Outpatient Departments	0	5	5
Grand Total	15	14	29

#### 1.4 Grading of Complaints Received

Upon receipt of a complaint, a risk grade is applied to allow identification of complaints of significant risk to be escalated and prioritised. Details of the risk assigned to complaints received in Q3 and Q4 are portrayed in Table 12. There is potential that the initial grading assigned to a complaint will change as more information becomes available throughout the review process.

**Table 12: Complaints by Risk Grade**

	Q3 2024/25		Q4 2024/25	
Risk Grading	Total No. of complaints	% share	Total No. of complaints	% share
Low Risk	111	87%	120	76%
Medium Risk	13	10%	30	19%
High Risk	3	2%	8	5%

Of the 11 High Risk Complaints, 2 occurred within SCS and 9 within MUSC.

#### **SCS**

1. Obstetrics complaint relating to an ongoing Coroners case. Complaint has been reviewed and a meeting has been arranged with the family.
2. Urology Complaint relating to bladder surgery. A review of medical information relating to this complaint was undertaken and response provided.

#### **MUSC**

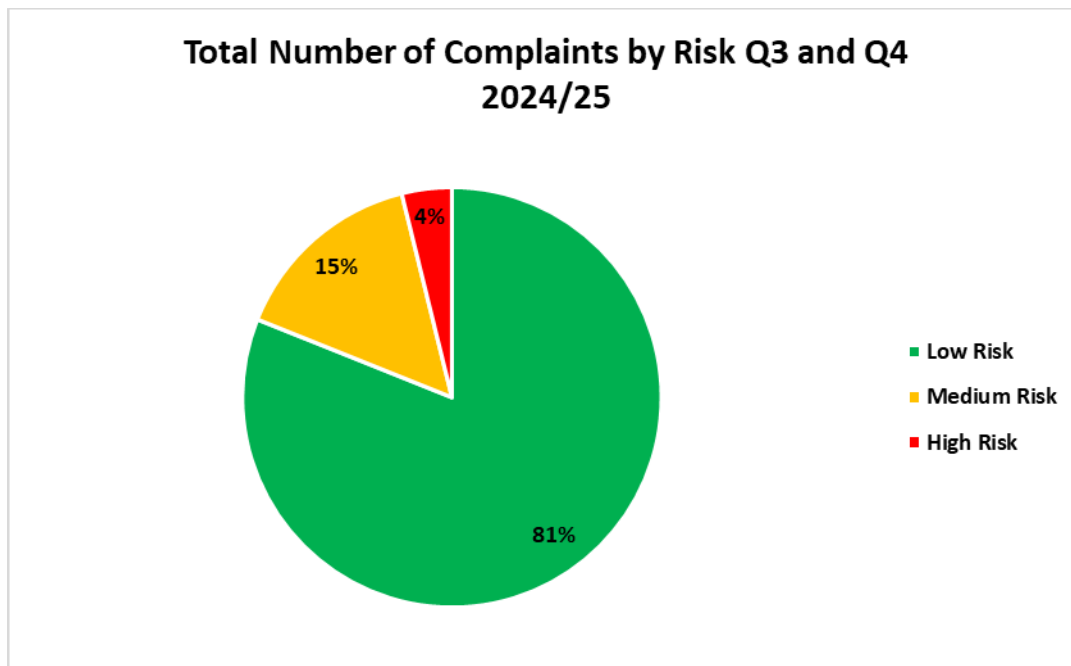
The 9 high risk complaints for MUSC related to the Emergency Department and General Medicine:

- Meetings with complainants were offered for 3 of the complaints;

- 1 complaint is currently linked with a Belfast Health and Social Care Trust (BHSCT) SAI, a complaint response has been issued from SHSCT;
- 2 complaints remain open; and
- responses have been issued to the remaining 3 complaints.

On review of the 9 high risk complaints within MUSC, learning relating to the importance of clear communication with service users and their families regarding results/diagnosis and treatment plans was commonly identified.

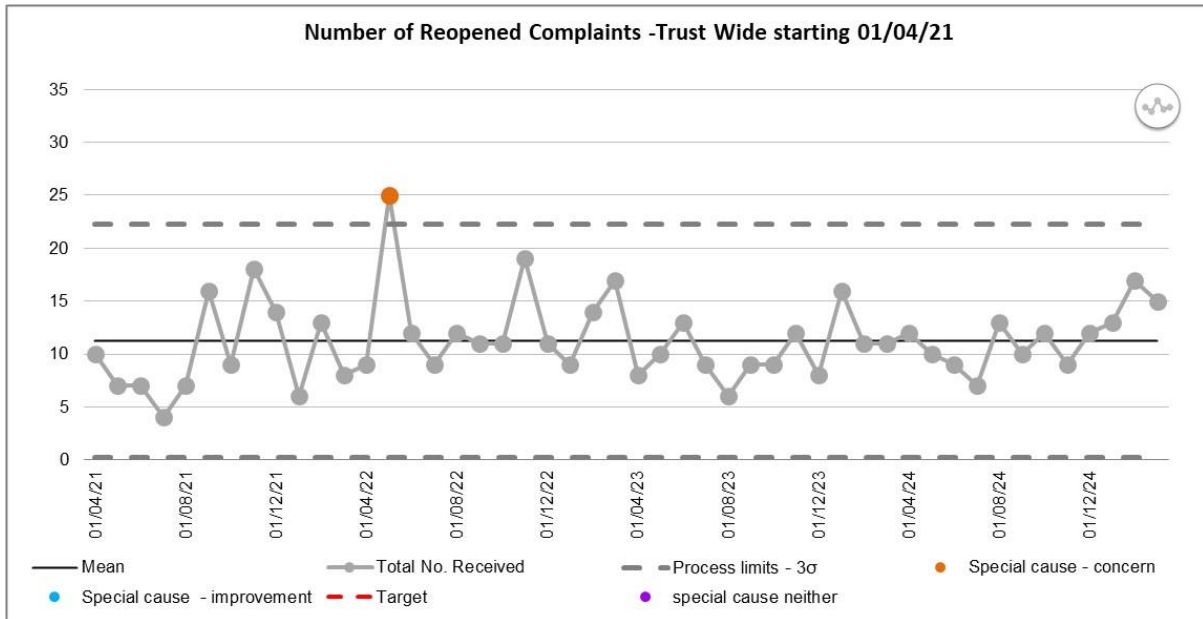
**Figure 13.0 Breakdown of Grading of Complaints Received**



### 1.5 Reopened Complaints

Complaints are reopened when a complainant remains dissatisfied with the outcome or response provided to the initial complaint. In this reporting period there were 78 reopened complaints (Q3 n33 and Q4 n45), an increase experienced in both quarters on comparison to 2023/24 as detailed in Figure 14.

**Figure 14.0 Number of Re-Opened Complaints**



Complaints reopened in Q3 and Q4 remains within normal variation.

The tables below (Table 13 – 18) illustrate the number of reopened complaints by Directorate. In Q3, SCS and MHD Directorates had the highest number of reopened complaints, with MUSC and CYP Directorates receiving the highest number of reopened complaints in Q4.

CYP Directorate reopened complaints are attributed to the complexity of complaints across the Social Work divisions. MUSC Directorate reopened complaints varied between complainants not accepting the first response or requesting meetings to clarify responses. Two complaints were reopened due to aspects of the initial complaint not being responded to and further queries needing addressed.

**Table 13: Reopened Complaints by Service Area within the SCS Directorate**

<b>Surgery &amp; Clinical Services</b>	<b>Q3</b>	<b>Q4</b>
ENT Surgery	1	1
General Surgery	5	5
Obstetrics	1	2
Oncology	1	0
Orthopaedic Surgery	0	1
Urology Surgery	1	1
<b>Total</b>	<b>9</b>	<b>10</b>

**Table 14: Reopened Complaints by Service Area within the MUSC Directorate**

<b>Medicine &amp; Unscheduled Care</b>	<b>Q3</b>	<b>Q4</b>

Acute Medical Units	0	1
Emergency Department	6	3
General Medicine	7	2
<b>Total</b>	<b>13</b>	<b>6</b>

**Table 15: Reopened Complaints by Service Area within the MHD Directorate**

<b>Mental Health and Disability</b>	<b>Q3</b>	<b>Q4</b>
Autistic SD Services (Adult)	1	0
POA Armagh and Dungannon	0	1
Primary Mental Health Care Team A&D Locality	1	0
Primary Mental Health Care Team C&B Locality	1	1
Psychiatric Inpatient Services - BRONTE	1	0
Psychiatric Inpatient Services - ROSEBROOK	1	0
Psychiatric Inpatient Services - SILVERWOOD	0	1
Psychiatric Inpatient Services - WILLOWS	0	1
Psychology Department	0	1
Sensory Impairment Team - Cherrytrees	0	1
Supported Living Facilities	0	2
Transport	0	1
<b>Total</b>	<b>5</b>	<b>9</b>

**Table 16: Reopened Complaints by Service Area within the CYPS Directorate**

<b>Children and Young Peoples Services</b>	<b>Q3</b>	<b>Q4</b>
14+ N/M	2	0
Assessment & Support Fostering Dungannon	0	1
CAMHS ADHD Team	1	0
Dental Services Newry and Mourne	0	1
Early Years A&D	1	0
Early Years Newry & Craigavon	0	1
FIT Craigavon	1	0
FIT Portadown	1	0
Gateway Team A&D	2	0
Paediatrics	1	1
Speech and Language CYP	1	0
<b>Grand Total</b>	<b>10</b>	<b>4</b>

**Table 17: Reopened Complaints by Service Area within the ACS Directorate**

<b>Adult Community Services</b>	<b>Q3</b>	<b>Q4</b>
---------------------------------	-----------	-----------

Acute Care At Home	0	2
Armagh	0	1
Care of the Elderly Services - Stroke Rehabilitation	1	0
CHSTCB	0	1
Dungannon	0	1
GP Out of Hours	1	0
Lurgan	0	1
NM - Care Home Support Team	1	0
Phone First Urgent Care Centre	0	1
<b>Total</b>	<b>3</b>	<b>7</b>

## Non-Operational Directorates

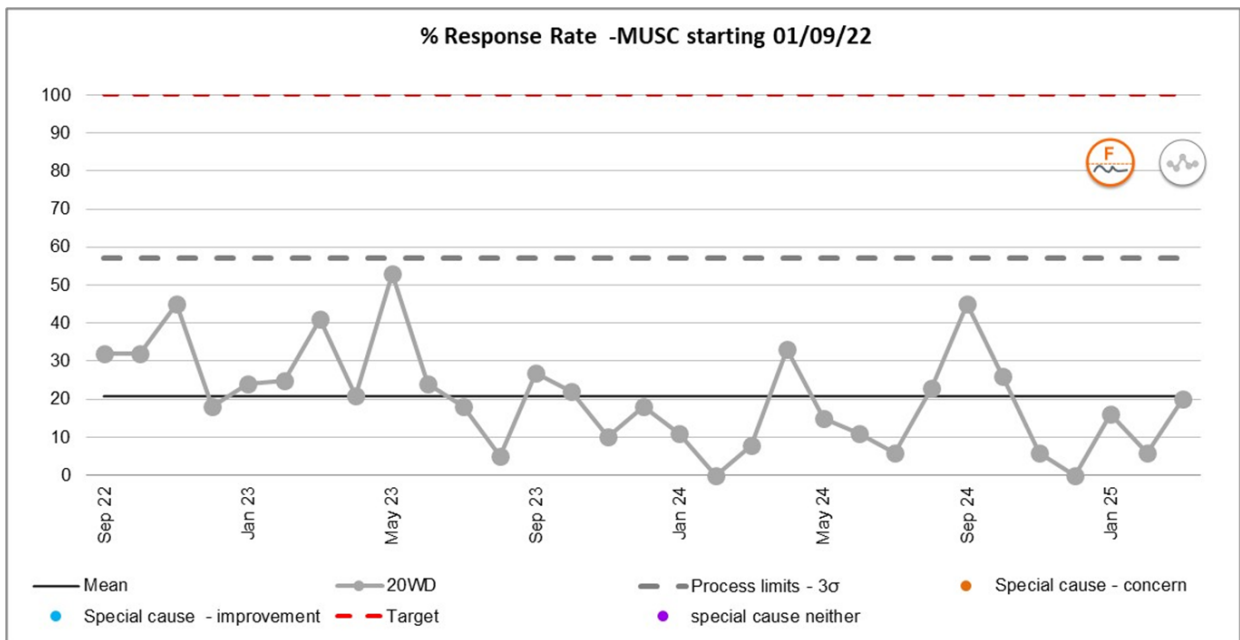
**Table 18: Reopened Complaints by Non-Operational Directorates**

<b>Finance Procurement &amp; Estates</b>	<b>Q3</b>	<b>Q4</b>
Estate Development and Capital Works	0	1
Estate Operational Services (C&B)	1	0
<b>Total</b>	<b>1</b>	<b>1</b>
<b>Nursing, Midwifery and AHP</b>		
Security (C/B)	0	
<b>Total</b>	<b>0</b>	<b>1</b>

## 1.6 Complaint Response

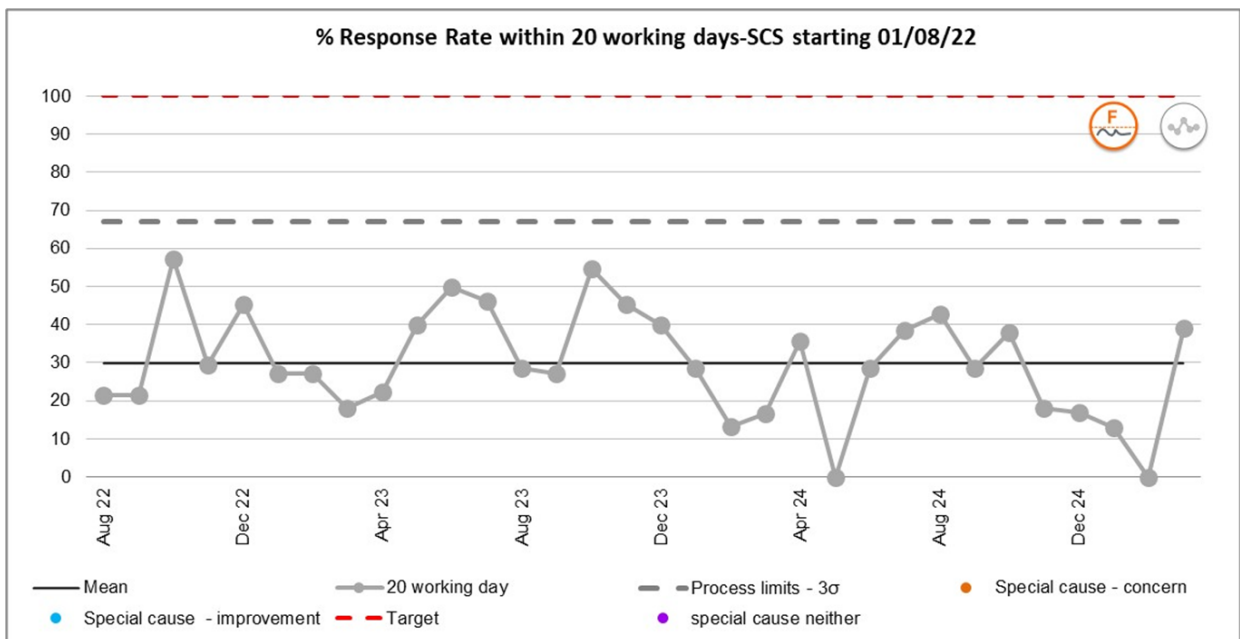
The following information (Figure 15 - 19) details compliance with the 20 working day response rates for each Operational Directorate<sup>2</sup>

### Figure 15.0 MUSC Directorate Response Times



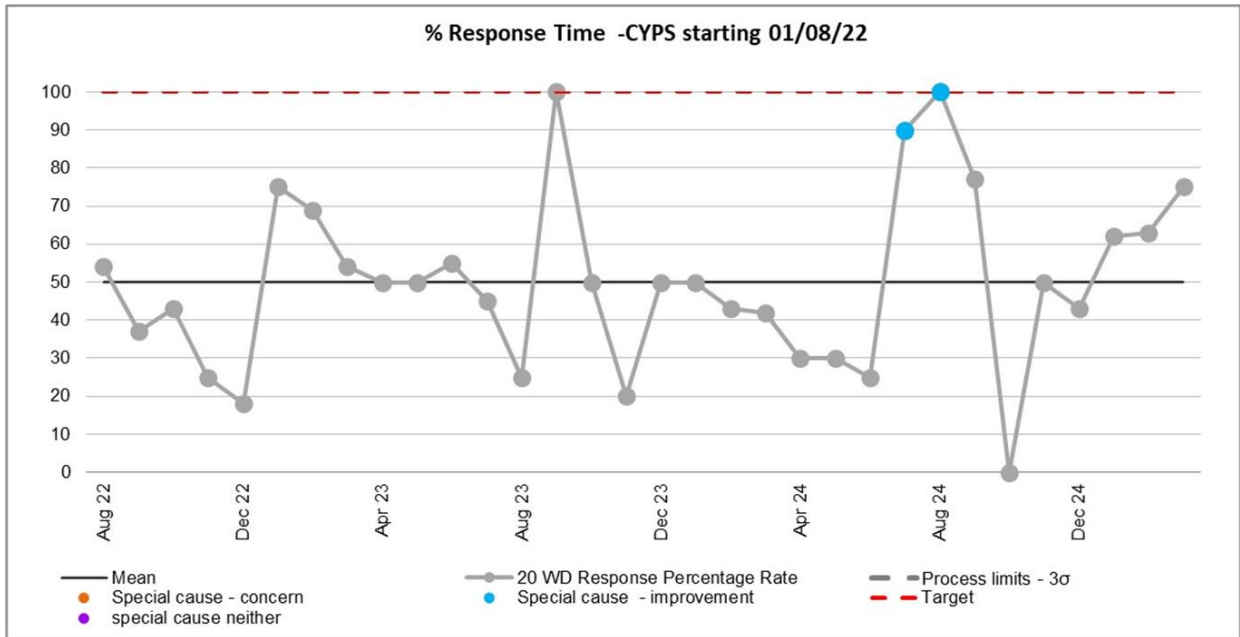
Response rates for MUSC remain within normal variation however, the target of 100% has not been met.

**Figure 16.0 SCS Directorate Response Times**



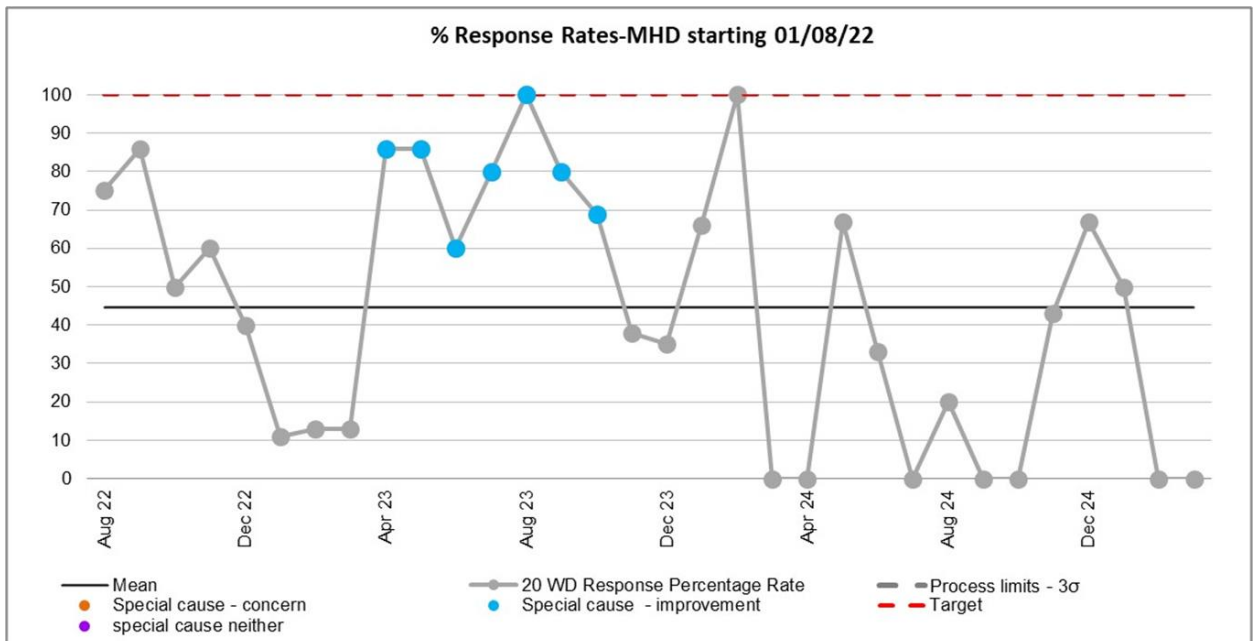
Complaint responses issued within SCS remain within normal variation however, the target of 100% has not been met.

**Figure 17.0 CYPs Directorate Response Times**



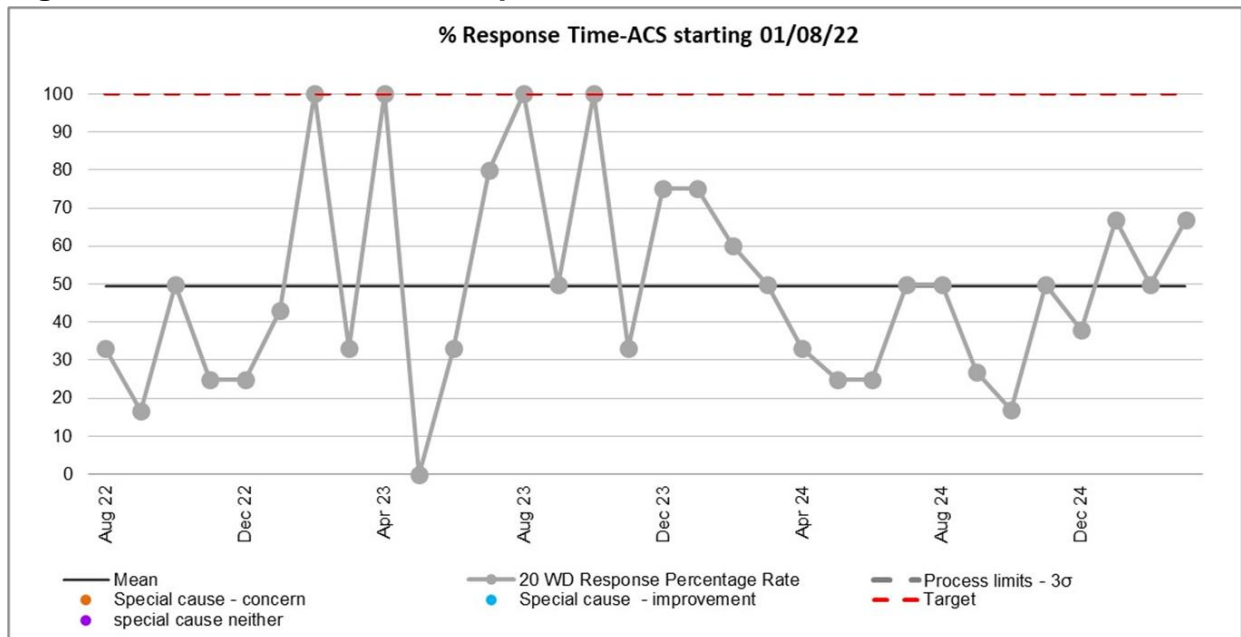
Percentage response rates within the CYPs Directorate are within normal variation, however, the target of 100% has not been met.

**Figure 18.0 MHD Directorate Response Times**



Percentage response rates within the MHD Directorate are within normal variation, however, the target of 100% has not been met.

**Figure 19.0 ACS Directorate Response Times**



Percentage response rates within the ACS Directorate are within normal variation, however, the target of 100% has not been met.

### 1.7 Nursing/Residential Homes and Supported Living Providers

The HSC Complaints Procedure stipulates that these providers must:

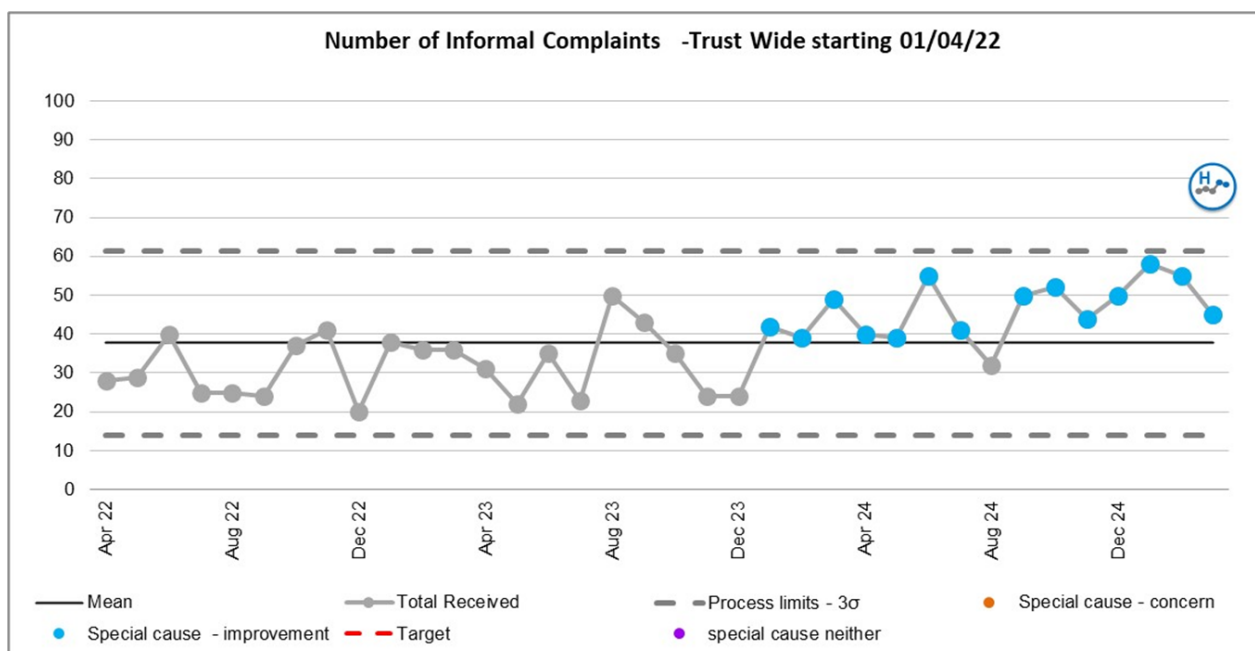
1. Manage complaints in line with best practice guidance and keep a full list of complaints and action taken, including learning from the outcome. A complaints register must be available for inspection by the Trust and those working on the Trust’s behalf.
2. Submit an electronic record of complaints to the Trust no later than 10 working days after the end of each quarter for complaints closed in that period.
3. Notify immediately the nominated Trust Corporate Governance Office any complaints of a serious nature, including those associated with alleged abuse, contraventions of employment legislation, accidents resulting in personal injury to staff or residents, or theft. Notification in writing must also be completed within one Working Day of the complaint being received.

**Table 19: ISP Returns**

Area	Number of Complaint Returns (inclusive of nil returns) in Q3	Number of Complaint Returns (inclusive of nil returns) in Q4	Number of Homes
Inside Trust Area	47	35	57
Outside Trust Area	74	45	149

## 1.8 Informal Complaints, Enquiries and Local Resolution

**Figure 20.0: Complaints Resolved informally since April 2022**



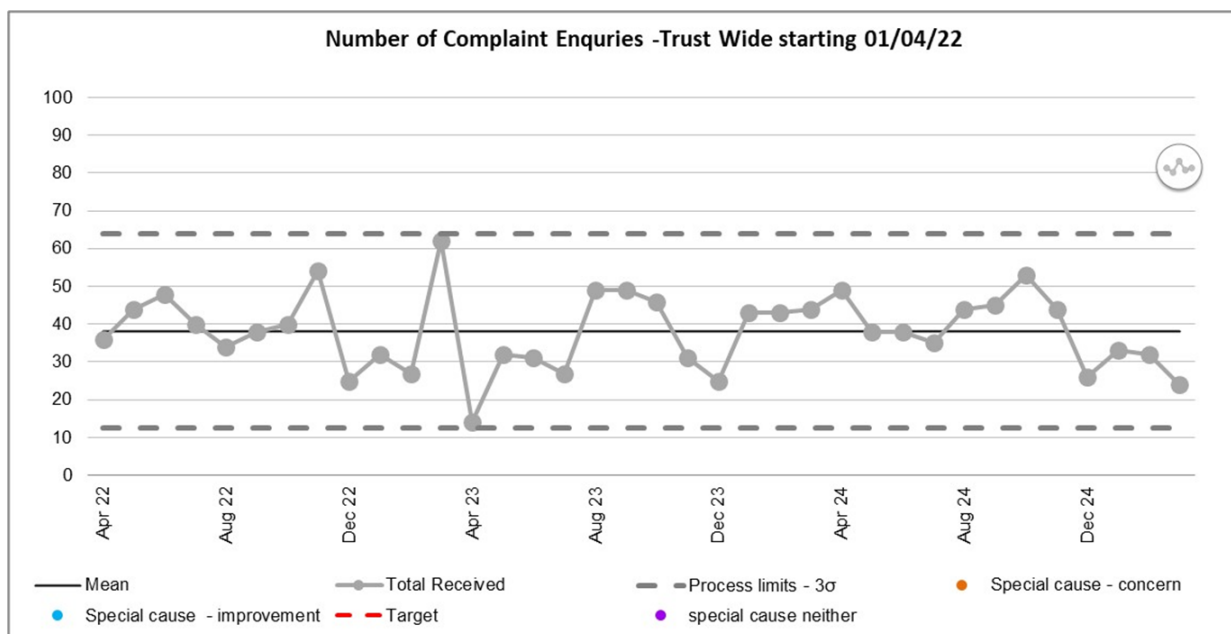
The number of complaints resolved informally continues to rise showing improvement from Q2, which is encouraging ahead of the implementation of the new regional NIPSO Model Complaints Handling Procedure (MCHP) which has a primary focus on early, informal resolution.

A breakdown of complaints resolved informally received for Q3 and Q4 by Directorate is illustrated Below.

**Table 20: Informal Complaints by Directorate**

Directorate	Q3	Q4
Surgery & Clinical Services	40	60
Adult Community Services	20	21
Mental Health Directorate	29	27
Medicine and Unscheduled Care	46	37
Children and Young Peoples Services	5	9
Finance Procurement and Estates	1	2
Nursing Midwifery and AHP	4	7

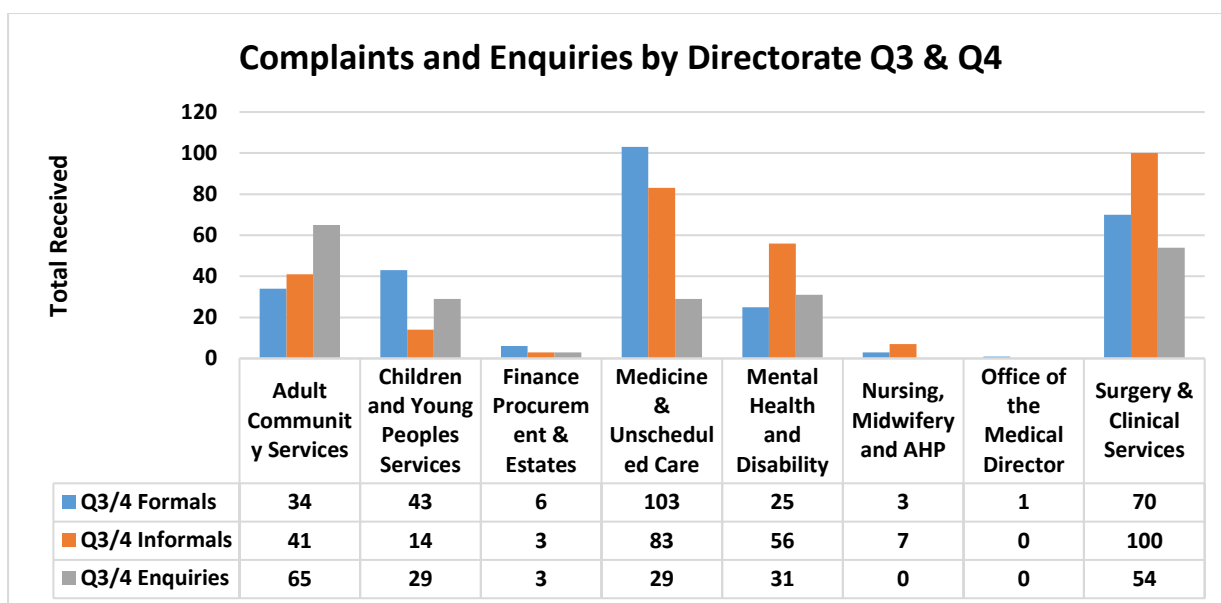
**Figure 21: Number of Enquiries Received into the Trust since April 2021**



The number of enquiries received remains within normal variation.

Details of all complaints and enquiries by Directorate is detailed in Figure 22.0 below.

**Figure 22.0: Complaints and Enquiries by Directorate**



### 1.9 Complaints - Response Audit

The Service User Feedback department completed an audit of 50% of complaint responses issued in Q3 (n=64) and Q4 (n=79).

Of the responses audited overall:

- 25 complaints did not include an apology for the delay when a response was issued outside of the 20 Working days timeframe;
- 11 had experienced bereavement and the Trust offered condolences in 10 of the response letters;
- All responses used straightforward and appropriate language; and
- 2 did not outline a short summary of the complaint

The outcomes of the response audit are shared with all Directorate Governance teams for awareness, discussion and improvement.

### 1.10 Ombudsman Cases

During this reporting period, the Trust received 31 requests for information (Q3 14 and Q4 17) from the Ombudsman.

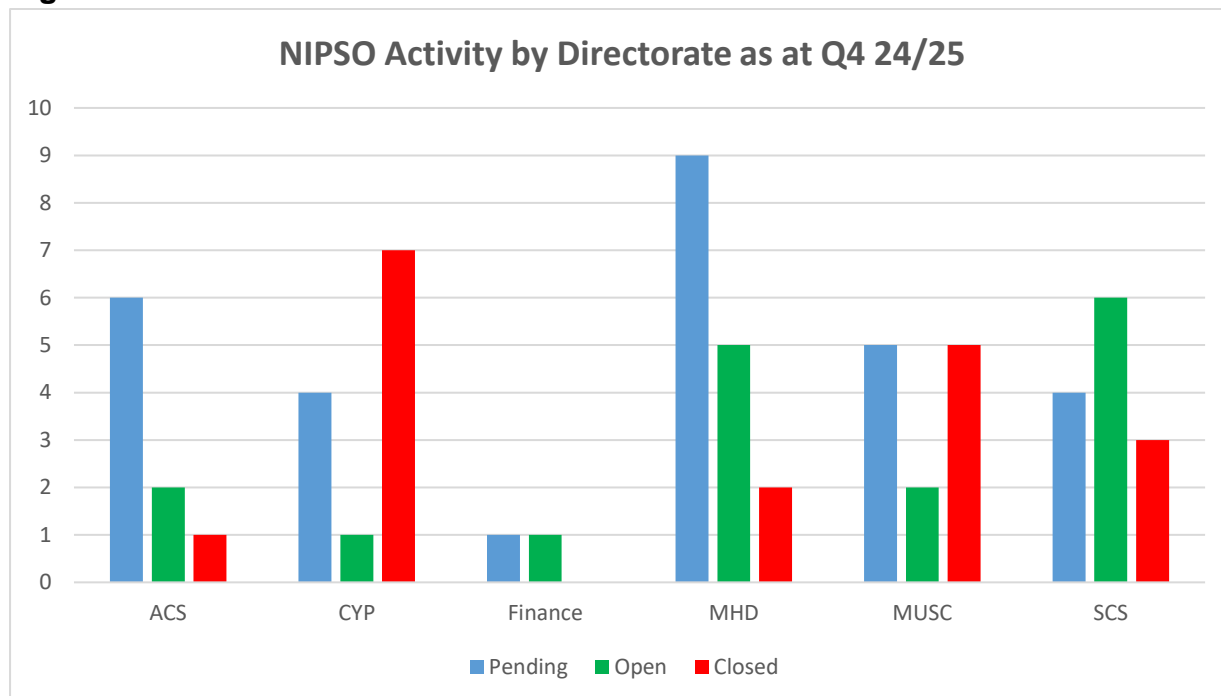
At the end of Q4, there were 29 pending cases, 17 open Ombudsman cases and 18 cases had been closed as detailed in Table 21.

**Table 21: NIPSO Activity 2024/25**

	Q1	Q2	Q3	Q4
<b>Requests received</b>	18	19	14	17
<b>Pending</b>	17	19	32	29

<b>Open</b>	11	14	14	17
<b>Closed</b>	21	6	10	18

**Figure 23.0 Breakdown of NIPSO cases across Directorates.**



No final reports for Q3 were received by the Trust, with 1 final report for a complaint which was upheld by NIPSO being received during reporting Q4:

- 202004022 SCS

## Findings

### 202004022

#### Summary

The complainant raised concerns about the care and treatment the Trust provided to the complainants' son (the patient) between 11 January 2021 and 17 August 2022.

The patient is an adult who has spina bifida and is paralysed from the waist down. In particular, the complainant was concerned clinicians left a stent in the patient's urinary tract for a period of 18 months which damaged the patient's kidney and urinary tract.

#### Findings

Significant failures in care and treatment in relation to the following matters:

The failure of clinicians to exchange the patient's stent within a reasonable and appropriate amount of time. In particular that the patient's stent should have been removed within one month of placement according to the Trust response. However, it was some eighteen months later that the stent was actually removed. Upon removal the surgeon found an encrusted stent which had obstructed the patient's kidney and contained pus. The surgeon noted the risk of sepsis on the patient's notes. Ultimately these failings resulted in permanent avoidable damage to the patient's left kidney.

### **Recommendations**

- The Trust provides to the complainant a written apology
- Carry out a random sample audit of patient records within the Urology department where the patient has been fitted with a ureteric stent between 1 April 2023 to the date of issue of the final report
- Ensure that clinicians are removing the stent within one month in accordance with the Trust's internal guidance
- The Trust take action to address any shortcomings issued
- Review how it updates Urology patients of any delays to pending operations to ensure it provides realistic timeframes to patients awaiting surgery and provides evidence of this to the Ombudsman
- Provide evidence of findings in this complaint are discussed at Trust clinical governance level and any agreed action monitored by the Trust
- Arrange for a copy of this report to be shared and discussed with the clinicians involved in the patient's care
- The Trust implements an action plan to incorporate these recommendations. The Directorate has confirmed this action plan remains ongoing.

## 2.0. Service User Compliments

Business Services Organisation (BSO) is the Health and Social Care (HSC) organisation that hosts the compliments websites and servers, on which Southern Trust compliment data is stored.

Compliments recorded for Q3 and Q4 can be found in Table 22 and Table 23, the total number of compliments, including those received through Care Opinion, for Q3 were 1151 compliments received, an increase of 216 compared to Q2 and 1368 for Q4, an increase of 707 compared to Q4 for 2023/24.

Only written compliments are reported to the DOH (verbal compliments, confectionary etc. are not included) and only compliments from service users are included (compliments from staff are not included) in the figures.

In Q3, 370 compliments were recorded by the Trust, an 18% decrease (n=82) compared to the number of compliments received in Q2.

A decrease of 22% (n=67) in Trust recorded compliments received was noted in Q4 on comparison with Q3.

**Table 22 – Compliments Received Q4 24/25**

<b>Subject of Compliment</b>	<b>Card</b>	<b>Email</b>	<b>Feedback Form</b>	<b>Letter</b>	<b>Social Media*</b>	<b>Phone call**</b>	<b>Total</b>
Quality of Treatment and Care	91	16	13	5	1	6	<b>132</b>
Staff Attitude & Behaviour	79	14	7	5	1	7	<b>113</b>
Information & Communication	20	7	7	3	0	4	<b>41</b>
Environment	3	5	3	0	0	0	<b>11</b>
Other	4	2	0	0	0	0	<b>6</b>
Total Compliments	197	44	30	13	2	17	<b>303</b>
Diff from previous QE	<b>-18</b>	<b>-9</b>	<b>-56</b>	<b>2</b>	<b>2</b>	<b>12</b>	<b>-67</b>



## ACS Directorate

Specialty	Description of Compliment	Subject of Compliment
<p><b>Phone First Service</b></p>	<p>“I have to say the Phone First at CAH is a fantastic facility; I don’t understand why more people don’t use it. I rang this morning at 9am and got a call back 8 minutes later. I was on the call for 17 minutes explaining my symptoms and was then put on hold while the Doctor decided where I should go. I was directed to the Urgent Care Team for an appointment at 1.30pm. By 2.20pm I had my vitals taken, bloods taken, had an ECG; was sent for two different types of x-rays and was home again by 3pm to await results. I was contacted at 6.45pm with the results. It meant I didn’t have to sit in A&amp;E for hours. People should use this service as they can direct you to the right place and if you’re lucky enough to not have to go over, the reassurance you get from the Doctor is brilliant. If you do have to go over, the staff there are second to none and it takes the pressure off the A&amp;E staff a little bit.</p> <p>I have worked in the community for the NHS, but this was the first time that I was the patient. I received first rate care, reassurance and understanding. We all moan about Doctors and Nurses and others in the medical field not listening to people, but it is because they are stretched to their limit. They do understand. This service to me today as a woman, Mother and Grandmother with certain family history concerns, I was listened to. The Doctor even realised that I was burning up and opened the window for me, even though it was freezing outside and he had to ask if I minded if he put his coat on. The little details made me want to give praise for this service.”</p>	<p>Quality of Treatment and Care</p>

Specialty	Description of Compliment	Subject of Compliment
	<p>“I had the pleasure of attending the Diabetic Nursing Clinic today at Portadown Health Centre, where I was seen by XX. From the moment I arrived, I was made to feel at ease by her considerate and welcoming approach. She took the time to provide a clear overview of what to expect, which immediately reassured me.</p>	

<p>Diabetic Nursing Clinic</p>	<p>What stood out most was how she actively listened to my concerns, allowing me to voice them without fear of judgment. There was no sense of being "told off", instead, she encouraged me to consider small, meaningful changes that could genuinely benefit me. Her ability to guide and signpost relevant support was outstanding, clearly demonstrating the preparation she had done before our appointment.</p> <p>XX went beyond discussing diabetes alone, she showed a real understanding of my seizures and epilepsy, helping me to see how I could better manage my health for both me and my family. Her level of care and insight was remarkable, and today's visit has given me a renewed sense of purpose.</p> <p>I want to express my sincere gratitude to XX and hope that this feedback helps acknowledge the incredible work she does. A simple verbal thank you didn't seem enough, I truly appreciate everything she has done for me today.</p> <p>Thank you, XX!</p>	<p>Quality of Treatment and Care/ Staff Attitude and Behaviour</p>
--------------------------------	--	--

**MHD Directorate**

<b>Specialty</b>	<b>Description of Compliment</b>	<b>Subject of Compliment</b>
<p>Mental Health Acute</p>	<p>Compliment regarding staff in Silverwood ward, and how they made the service user feel very welcome and listened to them. Also how comfortable and clear the ward is.</p>	<p>Quality of Treatment and Care</p>

## CYPS Directorate

Specialty	Description of Compliment	Subject of Compliment
Community Paediatrics	<p>Both my children attended Community Paediatric Service and were extremely lucky to have met our Consultant Paediatrician.</p> <p>Our Consultant was so informative, extremely easy to talk to, went out of her way to help us, spoke in simple language so that I understand everything. I never felt rushed in either appointment and felt that she spoke to both my children at their level and made us all feel so comfortable, which made it easier for my children to engage with her.</p> <p>I would like to sincerely thank our Consultant for everything she done for us we very much appreciate it. I thoroughly believe people come into our lives at certain times for a reason and she came at the right time.</p>	<p>Quality of Treatment &amp; Care</p> <p>Staff Attitude &amp; Behaviour</p> <p>Information &amp; Communication</p>

Specialty	Description of Compliment	Subject of Compliment
Public Health Nursing	<p>My son was born in 2021 with a bilateral cleft lip and palate. This was a very difficult time for our family. My son had 3 surgeries before his second birthday but just after his last surgery I noticed he had stopped meeting his milestones, he was still non-verbal, he wasn't sleeping his eating was not great, wouldn't interact with his toys and behaviour was starting to become difficult to deal with. I raised my concerns of ASD to some of his care providers.</p> <p>My daughter was born in January and our family Health Visitor called to carry out our daughters baby checks and noticed how much I was struggling to manage my sons behaviour and my own mental health. Our Health Visitor instantly stepped in to help, calling my doctor to help with my mental help and reaching out to anyone she could for resources for</p>	<p>Quality of Treatment &amp; Care</p> <p>Staff Attitude &amp; Behaviour</p> <p>Information &amp; Communication</p>

	<p>me and my son. In the year since my daughter was born she calls out monthly and checks in with more resources for us and because of her and her hard work with us my son's behaviour is improving. We have received the much needed help to support for our family and my mental health has improved to the best it has been.</p> <p>I can't thank her enough for everything she has done and her continued support of our family.</p>	
--	---	--

### MUSC Directorate

Specialty	Description of Compliment	Subject of Compliment
Paediatric Emergency Department CAH	<p>Parent wanted to thank the nurse who triaged her son and the doctor who saw him.</p> <p>Staff were very kind, helpful and professional despite the significant pressure they were under</p>	<p>Quality of Treatment and Care</p> <p>Staff Attitude and Behaviour</p>

Specialty	Description of Compliment	Subject of Compliment
5TH Floor, DHH	Service user wanted to give feedback on the care and treatment he received whilst an inpatient in DHH 5th floor for a few weeks, describing the service as excellent	Quality of Treatment and Care

### SCS Directorate

Specialty	Description of Compliment	Subject of Compliment
Theatres/ Anaesthetics DHH	<p>Parents wanted to thank anaesthetist and other Theatre staff in DHH for their fast action and quick decision-making when treating their son.</p> <p>Parents state staff were very mindful of their autistic son's needs and made adjustment accordingly</p>	<p>Quality of Treatment and Care</p> <p>Staff Attitude and Behaviour</p>

Specialty	Description of Compliment	Subject of Compliment
Endoscopy DHH	<p>Sister in charge made service user feel at ease and showed great compassion, kindness and empathy.</p> <p>Sister was able to answer all of the patients queries and was extremely professional every step of the way.</p>	<p>Staff Attitude and Behaviour</p> <p>Communication/ Information</p>

### 3.0. Quality Improvement Work for Service User Feedback

---

Transition to the new regional NIPSO Model Complaints Handling Procedure (MCHP) by 1<sup>st</sup> January 2026, will be the priority for the service user feedback team. Other areas of quality improvement work for service user feedback will be paused during this period.

#### 3.1 NIPSO Model Complaints Handling Procedure

The MCHP launched on 1<sup>st</sup> July 2025 and work has commenced to ensure the Trust are prepared for go-live from 1<sup>st</sup> January 2026.

Regional working groups are ongoing to progress and inform work required to successfully implement the new procedure, with SHSCT representation on the Datix, Reporting, Consent and Equalities workstreams.