



Southern Health  
and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

# PATIENT AND SERVICE USER EXPERIENCE COMMITTEE (P&SUE)

Annual Report 2024/25



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## INTRODUCTION

The Trust is committed to delivering safe, high quality, compassionate services in partnership with those who use them. Listening to, learning from and acting on the experiences of patients, service users and carers is fundamental to that ambition and is a statutory duty under the Health & Social Services (Reform) Act (NI) 2009. The Patient and Service User Experience Committee (P&SUE) is the Board-level assurance mechanism established to scrutinise this agenda. This Committee seeks assurances that improving the patient and service user experience is an integral part of the Trust's business.

This is the eleventh Annual Report of the Committee to the Board of the Southern Health & Social Care Trust for the financial year ending 31 March 2025. Its purpose is to report on the work of the Committee for the year under review in its discharge of its oversight responsibilities to the Board.

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## CHAIR'S FOREWORD

I recently inherited the Chair of the Committee from my colleague Liz Ensor and thank her for the work and commitment she brought to the role. I extend my thanks to Committee Members, senior and other staff who attend meetings and the secretariat. Your time, insights and contributions are appreciated. Best wishes to user representatives Elaine Fogarty and Roy Hamilton who decided to step down during the year but will continue their important work in other ways.

The Committee's work this year has continued to build on the pillars of co-production and involvement of service users as partners. Ranging from participation on Care Experience Hubs to joint regional presentation of quality Improvement projects. Many valuable changes have flowed from this collaboration such as: improved bereavement pathways, enhanced virtual-visiting provision, reduced domiciliary-care response times and, the introduction of User Involvement Champions across Directorates.

I am satisfied that the Patient and Service User Experience Committee has discharged its duties in line with its agreed Terms of Reference for the year. And look forward to a productive new term.

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## THE WORK OF THE COMMITTEE

The Committee provides corporate oversight to matters relating to Personal and Public Involvement (PPI) and the service user experience. It ensures strong linkages between these elements, Quality Improvement, Compliments and Complaints, with a view to identifying opportunities to deliver ongoing improvements.

The role and responsibilities of the Committee are as outlined in the Committee's Terms of Reference. Its main purpose is to:

- Provide assurance to the Trust Board that the Trust's services, systems and processes provide effective measures of patient, service user and carer experience and involvement;
- Identify gaps and areas of opportunity for development to ensure continuous, positive improvement to the patient, service user and carer experience;
- Ensure that patient, service user and carer experience improvement initiatives are in place to address identified shortcomings and that these are monitored.

### **To fulfil its role, the Committee:**

- Provides oversight of the Trust's Working Together Strategy
- Reviews in detail the associated action plan and key performance indicators to seek assurance that the Trust has effective and regularly reviewed mechanisms and systems in place to capture the views and experiences of patients, service users and carers and is continuously improving on these.

In carrying out its work, the Committee will utilize information from the following four strands of work which underpin the Working Together Strategy:

1. Patient and Service User Experience - Review and analyze trends emerging from users' feedback on their experience of care. Reviews and analysis of trends will focus on themes, service areas and professional matters.
2. Quality Improvement - Assess the evidence that effective learning and Quality Improvement approaches are occurring in relation to the user and carer experience.
3. Personal and Public Involvement - To ensure service users and carers inform and drive change
4. Clinical and social care governance - Review data on incidents and complaints and identify areas for changes

- Review progress of the Trust’s Carers Action Plan.
- Receive update from Patient and Client Council
- Make recommendations to Trust Board for consideration.
- Produce an Annual Report on the work of the Committee to Trust Board

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## TERMS OF REFERENCE FOR THE COMMITTEE

The Committee’s Terms of Reference are reviewed on an annual basis. The current Terms of Reference were approved by the Committee in December 2024 and endorsed by the Board.

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## MEMBERSHIP OF THE COMMITTEE

The membership of the Committee during 2024/25 is set out below: -

Non-Executive Director (Chair as of March 2025)	Mr R Lynas
Non-Executive Director (Chair up to December 2024)	Mrs L Ensor
Non-Executive Director (up to December 2024)	Ms G Donaghy
Non-Executive Director (January 2025)	Mr C Stewart
Non-Executive Director (January 2025)	Mrs G Browne
Executive Director of Nursing, Midwifery, AHPs, IPS & FSS (retired October 2024)	Mrs H Trouton
Director of Children and Young People’s Services/ Executive Director of Social Work	Mr C McCafferty
PPI Panel Member (left 12 <sup>th</sup> September 2024)	Mr R Hamilton
PPI Panel Member (appointed 12 <sup>th</sup> September 2024)	Ms E Fogarty
PPI Panel Member (appointed 12 <sup>th</sup> September 2024)	Ms T Franchi
PPI Panel Member (appointed 12 <sup>th</sup> September 2024)	Mr P Alexander

### **The following persons are in attendance:**

Director of Adult Community Services

Assistant Director, Clinical & Social Care Governance

Assistant Director for Promoting Wellbeing

Assistant Director, Quality Improvement

Assistant Director of Nursing (Safety, Quality and Patient Experience)

(Where a Director was unable to attend, a nominated representative attended on their behalf.)

Patient Client Council Representative

The Committee was supported by the Board Assurance Manager and the Head of Office for the Chair and Chief Executive and the Secretariat Team.

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### **MEETINGS OF THE COMMITTEE**

The Committee is required by its Terms of Reference to meet not less than four times per year. Four meetings were scheduled during 2024/25:

<b>6<sup>th</sup> June 2024</b>
<b>12<sup>th</sup> September 2024</b>
<b>3<sup>rd</sup> December 2024</b>
<b>6<sup>th</sup> March 2025</b>

The attendance record for members was as follows:-

<b>New Members</b>	
Ms G Browne	1/1
Ms D Ferguson	2/2
Mr C Stewart	1/1
Ms T Franchi	1/3
Mr P Alexander	3/3
<b>Existing Members</b>	
Mr C McCafferty	4/4
Mr R Lynas	3/4
<b>Members who have left within 2024/25</b>	
Ms G Donaghy	3/3
Mrs Liz Ensor	3/3
Mrs H Trouton	2/2
Mr R Hamilton	2/2
Ms Elaine Fogarty	1/3

Formal minutes are recorded for each meeting, and these are approved at the subsequent meeting prior to submission to Trust Board for information.

The Committee has an appropriate process between meetings in place for actions/matters arising from Committee business to be appropriately pursued by the relevant Director.

The Committee has a process in place for recording declarations of conflicts of interest and this mirrors the process used at Trust Board level.

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## REPORTING TO TRUST BOARD

Formal minutes are submitted to the Trust Board for information, following Committee approval.

The Chair of the Committee presents a summary report to the subsequent Board meeting bringing to the attention of Trust Board any items requiring attention or escalation to the Board.

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## LEARNING AND DEVELOPMENT

During the past year, members and staff engaged in a range of learning and development experiences to support continuous improvement. Highlights included attendance by ten staff members at the IHI Quality and Safety Forum in London, where they presented their work and brought back valuable learning to the organisation.

The Trust also secured funding from the Health Foundation Q Exchange Programme, participating in collaborative learning with other NHS organisations. Ongoing quality improvement and involvement training have been expanded, with both staff and service users participating in foundational programmes and co-delivering sessions.

New staff now receive PPI awareness as part of their induction, and leadership training in user involvement is being developed. Learning from these experiences is regularly shared across teams and services, fostering a culture of improvement and partnership throughout the Trust.

Foundation training on PPI was provided for Non-Executive Directors involved in the Committee.

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## ITEMS DISCUSSED

A short synopsis of the key issues discussed at meetings during the year is listed below:

### **Patient and Service User Experience**

Over the past year, the Patient and Service User Experience Committee has continued to prioritise gathering and acting on feedback to enhance the quality of care and overall experience for patients and service users. Multiple reports have been presented detailing progress on the regional Patient Client Experience (PCE) agenda, including ongoing initiatives such as the Care Opinion platform and the “10,000 More Voices” project. During the period, a notable number of Care Opinion stories were received and responded to, with 12 changes made in direct response to this feedback in a single quarter. The Committee has also focused on supporting improvements in communication, information provision, and staff attitude which were recurring themes in feedback and complaints. There has been a conscious effort to respond more promptly to feedback and ensure that learning is embedded across services. Bereavement support, patient waiting experiences, and improvements to facilities, including signage and estate enhancements, have also been prioritised based on user input. Overall, the Committee’s work this year demonstrates an ongoing commitment to a culture of listening, learning, and continuous improvement in patient and service user experience.

### **Personal and Public Involvement (PPI)**

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**Involving you,  
improving care**

The Trust has made steady progress in strengthening Personal and Public Involvement (PPI), guided by the Corporate PPI Action Plan aligned to regional standards. This year, staff and service users have co-produced actions and increased opportunities for meaningful involvement at all levels. A key target has been the recruitment and training of User Involvement Champions, with 21 champions trained so far, and a strong commitment to expand this number. The register of involved service users and carers was reviewed to ensure all listed are actively and meaningfully engaged, resulting in a smaller but more involved group. Training for staff and service users has been expanded, including bespoke co-designed training on quality improvement, with engagement rates rising each quarter. Service users

are now contributing to training delivery and participating in strategic groups and improvement projects. The Committee has also highlighted the importance of involving under-represented groups and embedding PPI principles in new staff induction. Despite some capacity challenges and staff absences, the direction remains positive, with increasing collaboration, innovative co-production, and ongoing monitoring of progress. The Committee's open and supportive environment for feedback, including honest discussion of challenges, continues to underpin this success.

## **Carers Action Plan Update**

During the past year, the Trust continued to advance its Carers Action Plan, co-produced with carers, service users, and staff. The plan sets out key priorities to raise the profile of carers and strengthen support for them within the Trust. Progress has been made despite ongoing challenges, such as staff absences and the need for frequent reference group meetings. Notable achievements include increased engagement with carers, identification of improvement areas, and maintaining momentum on key actions despite capacity constraints. The evaluation of the regional 'Caring for Carers Strategy 2006' is underway, with findings expected to inform a new action plan. The Committee has considered extending the timeline for completing certain actions due to these challenges, and a second coordinator has been appointed to support delivery. The approach remains collaborative, focusing on ongoing feedback, partnership working, and embedding carers' perspectives in service development. The contribution and dedication of long-standing carer representatives have also been formally recognised during the year.

## **Working Together Strategy and Care Hubs**

**HSC** Southern Health and Social Care Trust

**SQIE**

**WORKING TOGETHER**  
2022-25

Working together Excellence Openness & Honesty Compassion

A strategy to ensure the best possible experience for patients and those who use our services through involvement and improvement

The “Working Together” strategy, delivered through Directorate Hubs, remains a cornerstone for collaborative service improvement. Four out of five hubs are now well-established and have made demonstrable progress based on service user feedback. The Hubs continue to provide a structured space for co-production and service development, with strong evidence of service user and carer engagement, as seen in positive feedback from hub members. Each hub is actively advancing improvement projects, several of which have now been scaled up across the Trust. The year saw ongoing improvements to facilities (such as signage and bereavement spaces), reduction in complaints in key areas, and successful engagement in bereavement support, despite some temporary staff shortages. Action plans and performance indicators have been revised to better reflect regional targets. The Hubs’ work is recognised as accessible and impactful, ensuring that patient and carer voices remain central to Trust strategy and operations. There has been ongoing encouragement for greater involvement, with specific examples of positive change resulting from collaborative working.

## **Quality Improvement**



Despite some disruption due to the redeployment of QI staff to support Encompass implementation, the Quality Improvement (QI) agenda remains robust and active. The QI team continues to build improvement capacity and capability across the Trust through training, clinics, and direct support to teams. Notable projects this year include initiatives to help children feel comfortable during EEG tests and enhancing dementia care. The Trust has also contributed to regional projects, such as the Transforming Medication Safety initiative, and presented at national conferences. Timely Care remains a key area, with measurable improvements and ongoing efforts to embed QI as business as usual. The QI capacity-building programme now involves both staff and service users, supporting the drive for partnership working. The Committee has welcomed more detailed reporting on the measurable impact of specific projects and celebrated national recognition for staff and services. Feedback is consistently used to shape future projects and training, fostering a learning culture across the organization.

## **Promoting Wellbeing Annual Report**

The Promoting Wellbeing Annual Report showcases the breadth of activity undertaken by the Trust’s wellbeing division in partnership with a range of stakeholders, including

statutory agencies, schools, community groups, and the police. The report highlights a strong collaborative approach, with trained advocates and facilitators from local communities delivering health and wellbeing opportunities at a local level. This year's activity reflects the Trust's vision and strategy, organised around the themes of "Start Well, Live Well, Age Well." Key successes include community development initiatives, health improvement programmes, and efforts to address inequalities and support vulnerable groups. The report emphasises the importance of cross-sector partnerships, community empowerment, and the need to adapt to changing population health needs. The Committee has approved the report, recognising its comprehensive and accessible summary of progress in promoting wellbeing across the Southern Trust area.

### **Patient and Client Council (PCC)**

Engagement with the Patient and Client Council (PCC) has faced some challenges due to staffing issues, resulting in occasional difficulties in attending meetings or providing timely updates. Despite this, the PCC has continued to supply written updates on key concerns raised by the public and areas of advocacy. Their reports have informed the Committee about the main themes of public concern and the top service areas for complaints, with advice and advocacy support provided to numerous individuals. There has been increasing focus on early, informal resolution of concerns, with a significant proportion of issues being resolved at this stage. The Committee remains committed to closer collaboration with the PCC, aiming to enhance real-time communication and responsiveness. A commitment has been made for PCC attendance at future meetings, and ongoing review of reporting formats is expected to provide more meaningful data and trend analysis moving forward.

### **Service User Feedback – Compliments and Complaints**

Service user feedback through complaints and compliments continues to be a central focus for the Committee, informing learning and service improvement. Over the past year, there has been a general decrease in the number of formal complaints, alongside a significant increase in recorded compliments. The top areas of complaint have remained consistent—primarily relating to quality of care, communication, and staff behaviour. Each report to the Committee has included examples of learning and subsequent actions, demonstrating a responsive and transparent approach. The use of the HCAT tool has enhanced analysis, allowing for better identification of severity, themes, and trends. The Trust's open approach to complaints, viewing them as valuable feedback rather than negative events, has been commended both internally and by external partners, including at national conferences. The Committee has also emphasised the importance of responding promptly to compliments and recognising staff for positive feedback, ensuring a balanced view. Continuous efforts are being made to improve response times, embed learning, and communicate outcomes effectively to both complainants and the wider service user community.

## PRESENTATIONS

### **Presentation – “Service User Experience: Care Experience Hub” (Sept 2024)**

This year, the Committee heard directly from service user representatives, Deborah Wilson and Paul Scappatici, involved in the Care Experience Hubs, offering invaluable first-hand insights into involvement and partnership working. Representatives described feeling welcomed, supported, and respected, with their views genuinely valued. Training and clear communication of expectations were highlighted as key strengths, alongside the inclusive, co-chairing approach. Notable achievements included the implementation of an innovative text messaging service for autism services, which increased engagement and feedback. Representatives spoke positively about opportunities to represent their communities and the pride associated with their roles. Suggestions for broader outreach through social media were made to encourage wider involvement. The presentations reinforced the effectiveness of the hubs in empowering service users and underscored the Trust’s commitment to ensuring lived experience informs service design and improvement.

### **Presentation – “Project Team, Windsor Day Centre” (June 2024)**

## Windsor Day Centre Bespoke Bungalow Project



- Geraldine Carragher – Day Care Manager, Newry and Mourne Day Care Services
- Deirdre Tominey - Specialist Practitioner
- Lisa Doran Assistant Manager – Bespoke and Transitions, Newry and Mourne.

The Committee received a detailed presentation from the Windsor Day Centre project team on the development of a bespoke bungalow to meet the needs of service users with complex requirements. The project, recognised with the “Our People Award,” exemplifies partnership working and co-production with service users and carers. The

presentation covered project aims, challenges, and the value of partnership working, alongside positive behaviour support, measurable outcomes, and feedback from families and staff. The small number of service users reflects the project's focus on individuals with high-level needs, and ongoing assessment ensures that the right level of service is provided. The project's adaptability and responsiveness to changing needs have been highlighted as key successes, as has the emphasis on sharing learning and best practice across the Trust. The team's commitment to safety, quality improvement, and added value was evident, and the initiative stands as a model for future service development.



## **Presentation – “QI Project – Domiciliary Care Presentation” (June 2024)**



# DOMICILIARY CARE

## Improving Communication

6<sup>th</sup> June 2024

A further presentation this year focused on the Quality Improvement (QI) project within domiciliary care, which supports approximately 5,000 people across the Trust area. The project team outlined the scale of the service, the high proportion delivered in-house, and the significant impact this has on supporting people to remain at home and avoid unnecessary admissions. Key aspects included the involvement of service users and carers in shaping recommendations, targeted improvements based on survey data and focus groups, and a commitment to ongoing learning and staff support. The project addressed practical and safety issues, including lone working policies and support following challenging incidents. The introduction of technology such as iPads was discussed in the context of both service user benefit and staff work-life balance. Regular sharing of learning between Trust and independent sector providers ensures consistent, high-quality care. The Committee commended the team’s collaborative approach, adaptability, and dedication to improving both user and staff experience.

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## SUMMARY

### ***Remit***

The Committee is of the opinion that, for the year ended 31st March 2025, it has discharged its oversight responsibilities in accordance with the Terms of Reference.

**Mr Rob Lynas**

**Chair, Patient and Service User Experience Committee**



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and Social Care Trust

