Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Service User Feedback Annual Report – 2025/2026

Thank you to everyone who shared feedback during 2025/26.
Every experience matters and your voice helps shape and improve services across the SHSCT.

Foreword

Listening to the experiences of our service users, families and carers is essential in helping us improve the care and services we provide. Every piece of feedback offers an opportunity to learn, recognise good practice and make positive changes.

I am pleased to present the Trust's Service User Feedback Annual Report for 2025/26. This report highlights the valuable feedback we have received throughout the year and demonstrates how we are using these experiences to improve services and strengthen a culture of openness, learning and continuous improvement.

I would like to thank everyone who took the time to share their experiences with us. I am also grateful to our staff whose dedication, compassion and commitment continue to make a positive difference to the lives of those we provide a service to and treat every day. By listening, caring, learning and working together, we can ensure that the voices of service users remain at the heart of everything we do.

Dr S Austin, Medical Director

Introduction

This Report provides an overview of Service User Feedback received by the Southern Health and Social Care Trust (SHSCT) from service users, their carers and relatives for the period 1 April 2025 to 31 March 2026.

The SHSCT delivers services and treatment to a population of approximately 390,976 within its area, covering Armagh City, Banbridge and Craigavon, parts of Newry, Mourne and Down and Mid Ulster. The SHSCT also provides services to those who travel to the Southern Trust to avail of a regionally provided service. Almost £3 million is spent per day delivering care and support with a workforce of 15,155.



Most service users who receive treatment and care from the SHSCT, have a positive experience and are cared for by well-trained, professional and supportive staff, all of whom are highly dedicated. However, like any organisation, sometimes things don't go according to plan, when this happens the Trust's objective is to listen, learn and improve the service user experience. The Trust aims to continually improve and therefore the quality of services provided is particularly important. Service users can help ensure the Trust continues to learn and improve by sharing their experiences.

Year on Year Analysis

Year / Metric	2022/23	2023/24	2024/25	2025/26	Change since last Year
Complaints	878	652	567	1091	+92.4%
Compliments	9969	8991	5166	3937	-23.8%
Ombudsman Referrals	37	64	65	75	+15.4%

During 2025/26, the SHSCT experienced a significant increase in complaint activity, with complaints rising by 92.4% compared to the previous year. This increase coincided with the regional implementation of the Model Complaints Handling Procedure (MCHP) and may reflect increased awareness and accessibility of the complaints process. At the same time, compliments reduced by 23.8%, continuing a downward trend observed over recent years. Ombudsman referrals increased to 75, representing a rise of 15.4% from 2024/25 and reinforcing the importance of continued focus on early resolution, learning and service improvement, which is essential given that in MCHP there is no opportunity for service users to have their complaint re-opened.

Compliments and Suggestions

Whilst the Trust recognises that, on occasion things do not go according to plan, it also receives many expressions of gratitude and appreciation each year, acknowledging the excellent services provided. Receiving compliments is encouraging for staff and provides personal recognition for the vital service they provide.

The SHSCT is keen to learn from the positive experiences of service users and their families to better understand the aspects of care and service delivery that contribute to positive experiences. This enables the Trust to promote and sustain good practice and to share learning across the organisation.

The SHSCT received 3,937 compliments during the reporting period, as illustrated in Table 1.

Table 1: Compliment Subject and method of receipt

Subject of Compliment	Card	Email	Feedback Form	Letter	Social Media*	Phone Call**	Care Opinion	Total
Quality of Treatment and Care	251	28	97	5	1	20	964	**1,366**
Staff Attitude and Behaviour	209	26	75	5	1	18	1,162	**1,496**
Information and Communication	37	15	42	1	0	10	866	**971**
Environment	25	7	13	0	0	7	22	**74**
Other	28	1	0	0	0	1	0	**30**
Total Compliments	**550**	**77**	**227**	**11**	**2**	**56**	**3,014**	**3,937**

**Social media refers to compliments received via official Facebook and X accounts only.*

***Phone calls relate to calls that have been recorded/documented in phone message books etc.*

Below are some examples of the positive feedback received by the SHSCT during this reporting period:

Last year we attended family therapy. Without the support of a family therapist, his expertise in the area, we may not have survived as a family unit. My husband and I were experiencing relationship challenges due to our parenting differences on how we should parent our autistic son. Our Family Therapist helped us to see there was a common ground we could both aim for and helped us get there. With compassion and care, he helped us observe some of our own biases which at times posed unnecessary and unwelcome challenges in our family. While the journey is ongoing and life will inevitably throw many more challenges, the work we have done has helped carve a more solid foundation in tackling any challenges that may arise. 5* service and hope to see it continue.

I want to pass on my thanks and appreciation to my doctor, his surgical team and all the staff of Ward 4 South in Craigavon Area Hospital. I underwent major abdominal surgery recently and was on the ward for 10 days. During my time there, my treatment and care was superb with all nursing staff, physios etc., not only demonstrating excellent professionalism but also a very caring approach to myself and other patients, especially during times when I was feeling very unwell. Also, I wish to thank all the support staff (kitchen staff, cleaning staff etc) who again went the extra mile to make my stay in hospital as comfortable as possible. Without all your expertise, where would we be.

I had occasion to use A&E last night due to chest pains. As I had a history of heart conditions (5 stents) over the past 17 years, I was fast tracked through triage! Despite the large numbers in Casualty, I was treated with excellent care until I was allowed home the following morning. The staff were very diligent in taking bloods and an ECG. This was followed up by the excellent care of a doctor during the night and a consultant in the morning who checked my bloods and ECG and having assured myself that all was as it should be. I returned home and am very grateful to all concerned for the excellent care I received! Thanking you.

I had treatment in own home by the District Nurse for 6 weeks of IV antibiotics. The team were fantastic and worked around my awkward work schedule. Their professionalism, knowledge and caring support was truly appreciated.

Care Opinion

Care Opinion is the regional online patient feedback platform used across Health and Social Care (HSC) Trusts in Northern Ireland. In the reporting period 1811 care opinion stories were published in relation to the SHSCT. Of these, 82% were responded to within the agreed 7-day timeframe for response.

The Patient/Client Experience Team continues to engage with services and teams throughout the Trust to further embed the use of Care Opinion, ensuring that feedback from patients, visitors, relatives and carers is recognised as an important and integral part of practice across all areas of the Southern Health and Social Care Trust.

Stories shared through Care Opinion are submitted anonymously; however, the platform enables two-way communication between the author and the service. All stories should be responded to by Trust staff within the regionally agreed timeframe of seven days from publication. All feedback received through Care Opinion should be used by staff/services to support reflection, learning and service improvement. This helps assure patients, their families and carers that their experiences are valued, that their voices are heard, and that the Trust is committed to learning from individual stories to continuously improve the quality of care provided.

Complaints

In January 2026, the SHSCT introduced the Northern Ireland Public Services Ombudsman's (NIPSO) new Model Complaints Handling Procedure (MCHP).

NIPSO has developed Complaints Standards to help public bodies manage complaints in a consistent and straightforward way. The aim is to make it easier for service users to understand how to make a complaint and better understand what to expect during the complaints process.

The standards are based on a set of key principles that all public bodies should follow when handling complaints. These principles, illustrated in figure 1, encourage the early resolution of complaints and support the use of complaint feedback to improve services and learning across organisations.



Figure 1. The Six Principles of Good Complaints Handling - NIPSO

The MCHP uses a two-stage complaints process. Most complaints are expected to be resolved at Stage 1. If the complainant remains dissatisfied, they can request a review at Stage 2. Where a complaint is complex and requires a detailed investigation, it should first be assessed t Stage 1 and, where appropriate and agreed with the complainant, progressed to Stage 2 for further investigation as outlined in figure 2.

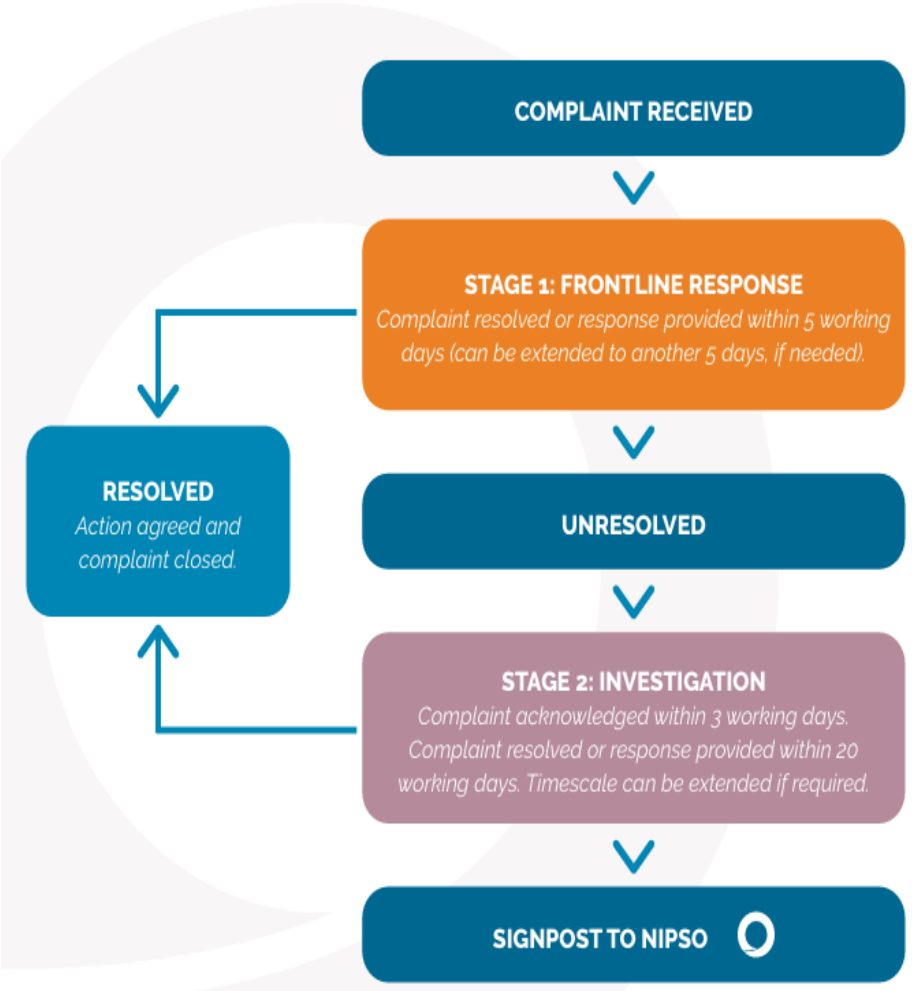
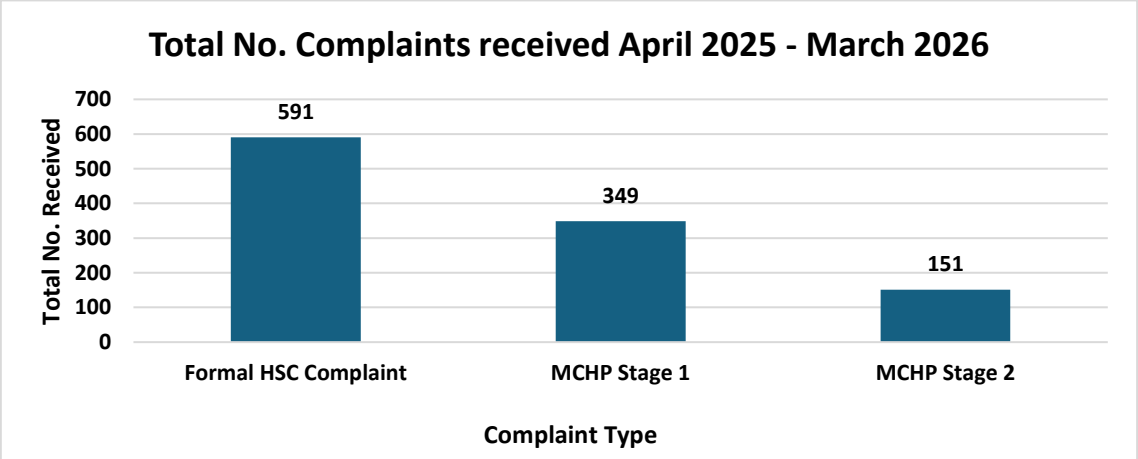


Figure 2. Two Stage Complaints Procedure - NIPSO

From 1 April 2025 to 31 March 2026 the SHSCT received 1091 complaints. The total number of complaints received by SHSCT over the last year, with a breakdown of complaints received Pre MCHP (Formal), and then at Stage 1 and Stage 2 of the MCHP is reflected in Chart 1.

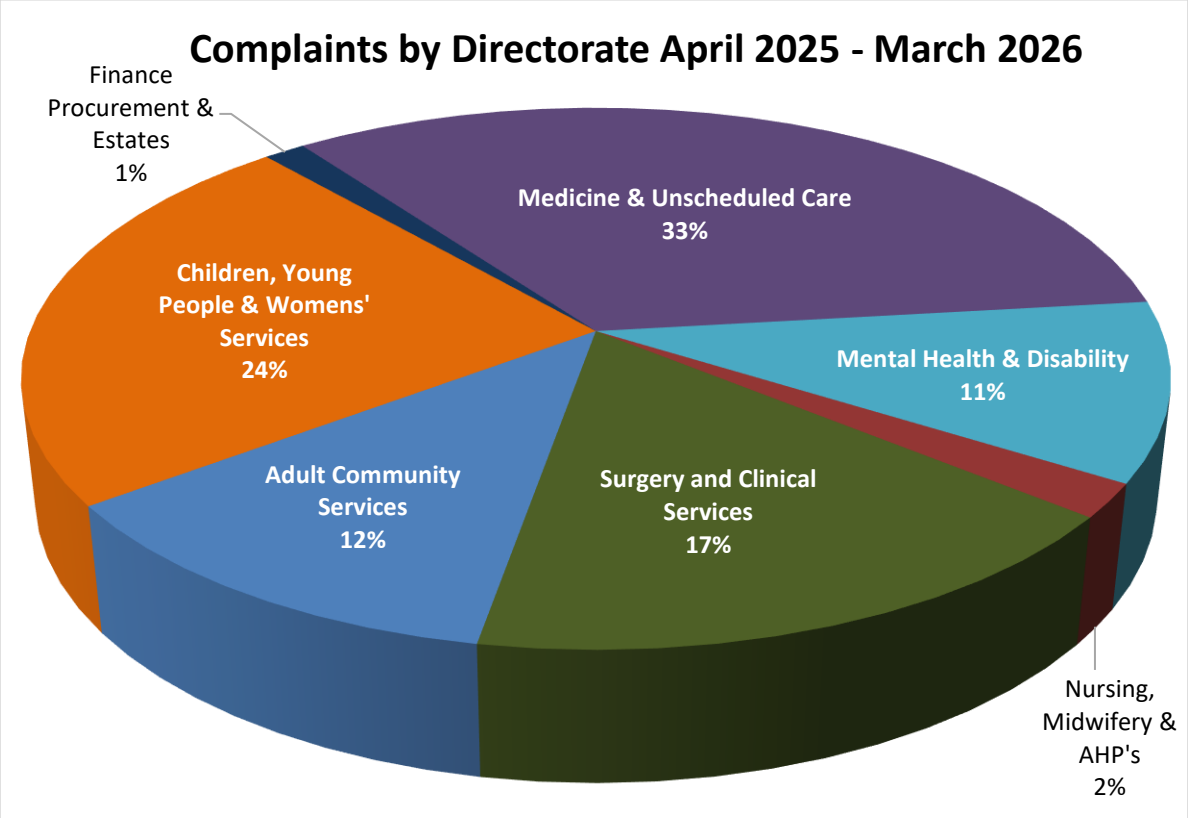
Chart 1: Number of Complaints received by SHSCT April 2025 - March 2026



Complaints by Directorate

Throughout the reporting period, the SHSCT received complaints relating to services provided across several Directorates. The number of complaints received per Directorate is illustrated in Chart 2. On comparison to the previous reporting period (1 April 2024 – 31 March 2025), Medicine and Unscheduled Care (MUSC), Children, Young People and Women's Services (CYPWS) and Surgery and Clinical Services (SCS) Directorates continue to receive the largest number of complaints. This is partly due to the high volume of activity and the specialised nature of the services provided by these Directorates. To note the Gynaecology and Obstetrics service transferred to the CYPWS Directorate in October 2025, previously, it formed part of the SCS Directorate.

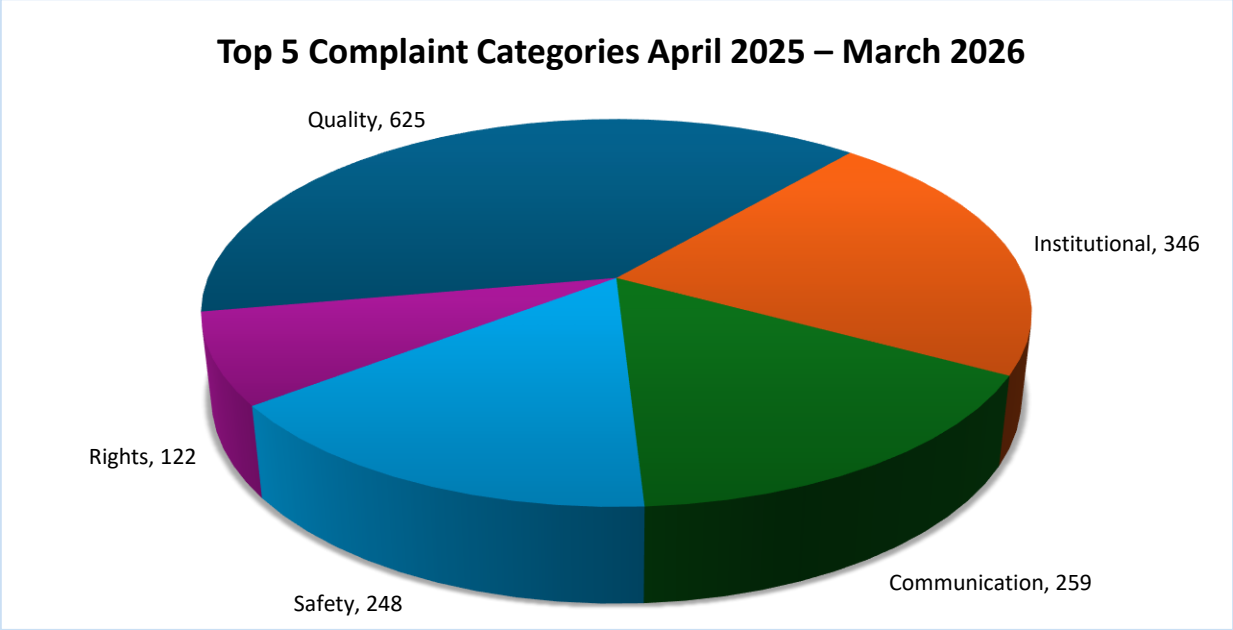
Chart 2: Complaints by Directorate



Complaint Categories

Complaints received from service users can often contain more than one issue, or category. Therefore, the SHSCT record and report on the number of categories contained within feedback received. In the period there were 1843 categories recorded. Chart 3 illustrates the top 5 complaint categories for the reporting period.

Chart 3: Top 5 Complaint Categories April 2025 – March 2026



The most frequent words used, and themes found, within complaints received by the SHSCT during 1 April 2025 – 31 March 2026 is illustrated in figure 3.



Figure 3. Complaints Word Cloud

Response Times

From 1 April 2025 to 31 December 2025 complaints were managed in accordance with the Department of Health (DoH), Health and Social Care Complaints Procedure 2023. This required all Trusts across Northern Ireland to acknowledge complaints within 2 working days and provide a formal response within 20 working days, following receipt of valid consent (where applicable). Trust compliance with these response timescales is detailed in chart 4 below.

Since the introduction of MCHP on 1 January 2026, Stage 1 complaints should be resolved within 5 working days. Where necessary, and in agreement with the complainant, this timescale may be extended by a further 5 working days. Complaints that remain unresolved after 10 working days should be escalated to a Stage 2, acknowledged within 3 working days and responded to within 20 working days. Where a delay is anticipated, the complainant is notified in writing with an explanation. Compliance with the MCHP response timescales is detailed in chart 5.

Chart 4: Pre MCHP (Formal Complaints) Response Times 2025 – 2026

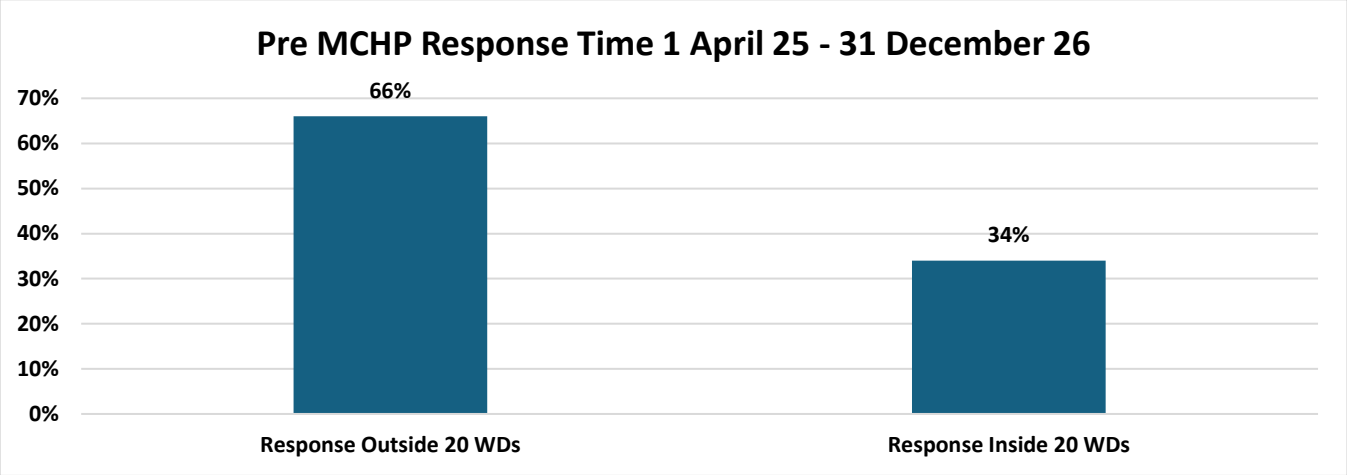
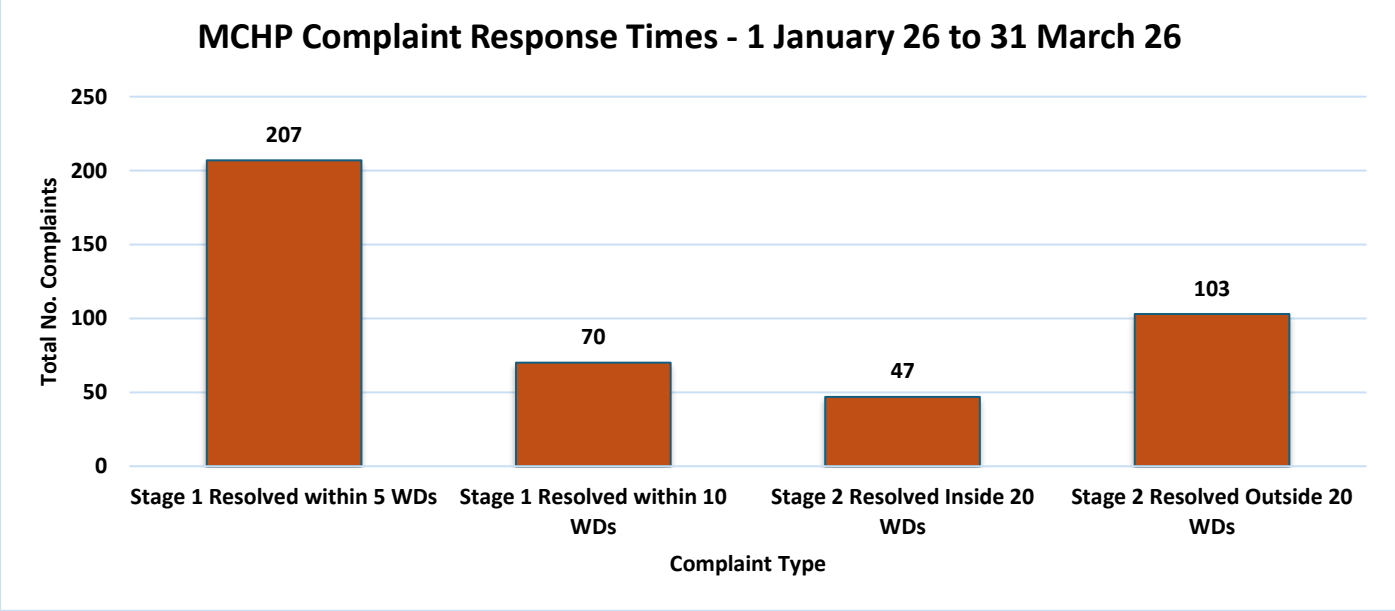


Chart 5: Stage 1 and Stage 2 Complaints Response Times



Complaint Outcomes

The SHSCT is required to make a clear record of outcomes from Stage 1 and Stage 2 complaints. Charts 6 and 7 illustrate the outcome of MCHP complaints from 1 January 2026 to 31 March 2026.

Chart 6: Stage 1 Complaint Outcomes

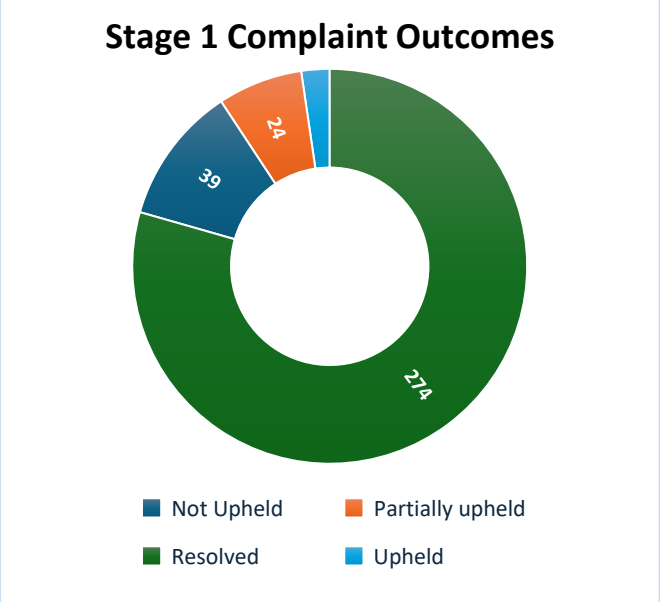
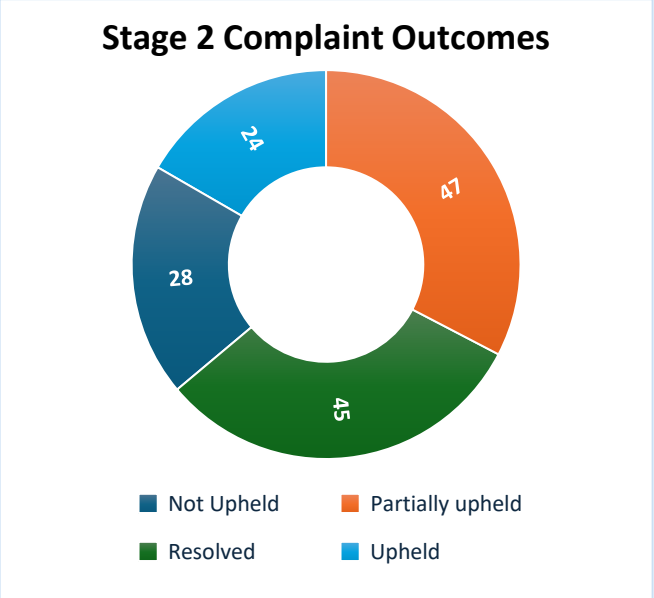


Chart 7: Stage 2 Complaint Outcomes



Learning from Complaints

Learning identified through the review of complaints is used to inform service improvement and enhance patient experience. Below are three examples of how learning from complaints has changed practice within the SHSCT.

Learning From Complaint: Repatriation & Bereavement Support

Concern Raised	Learning Identified	Improvements Implemented
• Family felt unsupported at the time of repatriation of their relative from a care facility in Great Britian to Northern Ireland.	• Limited awareness of SPPG Travel Policy • No Trust-wide SOP for repatriation and bereavement support • Communication gaps between organisations • Need for clearer guidance in uncommon transfer cases	• Develop Trust-wide SOP • Share learning via governance and patient safety forums • Publish guidance on SharePoint • Update regional guidance • Amend Bereavement Leaflet

COMPASSION • COMMUNICATION • CONSISTENCY

Learning From Complaint: Personal Care, Communication & Infection Control

Concern Raised	Learning Identified	Improvements Implemented
• Personal hygiene and continence care concerns • Infection prevention and laundry segregation concerns • Personal belongings not always handled with care • Concerns regarding toileting support and call bell access	• Timely communication with families is essential • Service user experiences provide valuable learning • Continence assessments should be completed promptly • Delays can affect dignity and care experience • Ongoing monitoring of infection prevention standards is required	• Ward-based continence improvement programme • Specialist Continence Team oversight • Infection control and laundry standards reinforced • Routine and unannounced audits • Service user involved in improvement and shared learning

DIGNITY • COMMUNICATION • COMPASSION • CONTINENCE CARE

Learning From Complaint: Clinical Decision-Making & Chest Pain Pathway

Concern Raised	Learning Identified	Improvements Implemented
• Concerns regarding assessment and management of chest pain • Family questioned changes in care during ED attendance • Death occurred following discharge	• Clinical pathways guide care however do not replace clinical judgement • Family information and concerns should be considered • Decisions should reflect the full clinical picture • Symptoms, history and co-morbidities may influence management	• Learning shared at Departmental Patient Safety Meeting • Reinforced holistic clinical assessment • Highlighted importance of listening to families • Continued emphasis on professional judgement alongside pathways

CLINICAL JUDGEMENT • HOLISTIC ASSESSMENT • LISTENING TO FAMILIES

Ombudsman Cases

Once the SHSCT complaints process has been fully exhausted, complainants who remains dissatisfied with the response, may refer their complaint to the Northern Ireland Public Services Ombudsman (NIPSO).

In 2025/26, NIPSO referred 75 cases to the SHSCT for response which was an increase of 10 from the previous year. Of these cases, 57 are closed, 13 are opened and 5 are pending. The SHSCT is committed to working with NIPSO to resolve service user complaints, identify and implement learning.

It is anticipated that in line with MCHP, where only post closure clarification can be given, rather than a complaint being re-opened in its entirety, the Trust may continue to see an increase in the number of requests from NIPSO.

Conclusion

During 2025/26, the SHSCT continued to deliver a significant volume of health and social care services to the local population and those accessing regional services, while maintaining a strong commitment to listening to and learning from service user feedback.

The 3,937 compliments received during the year highlight the dedication, professionalism and compassion of Trust staff. Feedback received demonstrates that service users particularly value the quality of care provided, the positive attitude and behaviour of staff, and effective communication.

Whilst the 1,091 complaints received during the reporting period represent a small proportion of the overall activity undertaken by the Trust, they provide invaluable insight into areas where improvements may be required. The implementation of the NIPSO MCHP in January 2026 marked a significant development in the Trust's approach to complaints handling, supporting earlier resolution, greater consistency and a stronger focus on learning and service improvement.

Learning from complaints has resulted in tangible improvements across a range of services, including enhanced communication practices, strengthened governance processes, improved bereavement support, developments in continence care, reinforcement of infection prevention measures, and revised operational procedures. These examples demonstrate the Trust's commitment to not only addressing concerns but also implementing meaningful changes that improve the experience and safety of service users.

The SHSCT remains committed to fostering a culture in which feedback is welcomed, valued and acted upon. By continuing to learn from compliments, complaints, suggestions and Care Opinion stories, the SHSCT will strive to improve the quality, safety and effectiveness of its services, ensuring that the voice of service users remains at the heart of service development and delivery.

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