

# WESTERN HEALTH & SOCIAL CARE TRUST COMPLIMENTS AND COMPLAINTS ANNUAL REPORT 2025/26

## Introduction:

The Western Health and Social Care Trust is committed to providing safe, effective, and compassionate care to all those who use our services. Listening to the experiences of patients, service users, families, carers, and communities is central to improving the quality of the services we deliver. Feedback, whether positive or negative, provides valuable insight into how our services are experienced and helps us to identify opportunities for learning, development, and continuous improvement.

Complaints, concerns, compliments, and expressions of appreciation each provide an important voice in helping us understand what matters most to those who use our services. We recognise the right of individuals to raise concerns when they feel that standards have fallen short of expectations, and we are committed to ensuring that complaints are handled openly, fairly, and in a timely manner. By carefully reviewing the issues raised, we can identify lessons learned, implement improvements, and reduce the likelihood of similar issues occurring in the future.

Equally, compliments and positive feedback allow us to recognise and celebrate excellent practice across our services. They highlight the dedication, professionalism, and compassion demonstrated every day by our staff and provide opportunities to share examples of good practice throughout the organisation.

This report provides an overview of complaints, concerns, compliments, and learning during the reporting period. It demonstrates how feedback has informed service improvements and supports the Trust's commitment to delivering person-centred care, strengthening public confidence, and fostering a culture of openness, learning, and continuous improvement.

A significant development during the reporting year was the implementation of the Model Complaints Handling Procedure (MCHP) across the Western Health and Social Care Trust from 1 January 2026. The MCHP aims to improve the experience of complainants through a

focus on early resolution, clear communication, and timely responses while strengthening the organisation's ability to learn from feedback and improve services. As the implementation took place part-way through the reporting period, this report focuses primarily on complaints received between April and December 2025, which were managed under the former Health and Social Care Complaints Procedure. Complaints received from January to March 2026 are also included where appropriate and reflect the early stages of operating under the new procedure.

The Western Health and Social Care Trust serves a population of approximately 300,000 people across the western region of Northern Ireland, covering an area of more than 4,842 square kilometres, one of the largest and most rural geographical areas served by any Health and Social Care Trust. The Trust employs approximately 12,000 staff and manages an annual budget of around £680 million.

Services are delivered through a wide network of facilities and community-based services, including:

- 7 hospitals
- 11 health centres and clinics
- 30 day centres
- 8 children's homes
- 8 residential homes and 1 hostel
- 6 training centres
- 12 administration hubs
- Extensive community and domiciliary services delivered directly into thousands of people's homes

Each year, the Trust supports thousands of individuals and families through a broad range of acute, community, mental health, social care, and specialist services. The scale and diversity of these services highlight the importance of listening and responding effectively to feedback. Every complaint, concern, compliment, and suggestion contribute to our understanding of the experiences of patients and service users and helps shape the continued improvement of services across the Western Trust.

# Complaints/Compliments 2025/2026

**1058**

Complaints processed  
between  
1<sup>st</sup> April 2025 –  
31<sup>st</sup> March 2026

**733**

Formal  
Complaints  
April - Dec

**325**

MCHP  
Complaints  
Jan - Mar

98% of Formal Complaints  
received between April – Dec  
acknowledged within 2  
working days

**968**

Complaints closed  
between  
1<sup>st</sup> April 2025 –  
31<sup>st</sup> March 2026

**828**

Formal  
Complaints  
Closed  
April - Dec

**140**

MCHP  
Complaints  
Closed  
Jan - Mar

**2910**

Written Compliments  
Received  
Compared to 2951 the  
previous year

**3%**

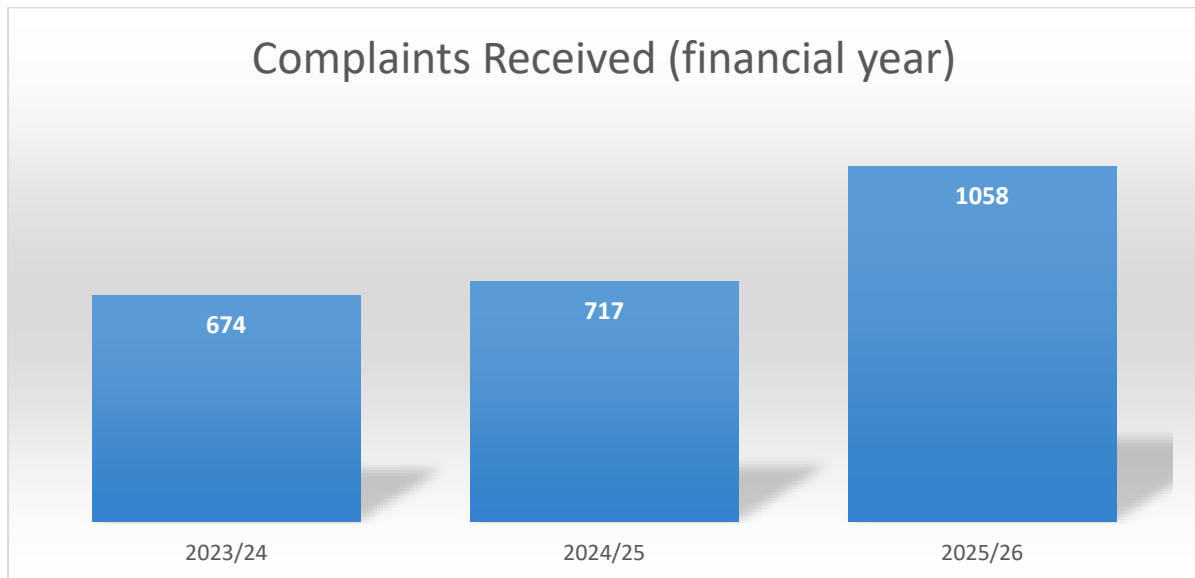
of Complaints  
received Apr - Dec  
were reopened.

6% were reopened  
2024/25.

## Complaints Received 2025/26:

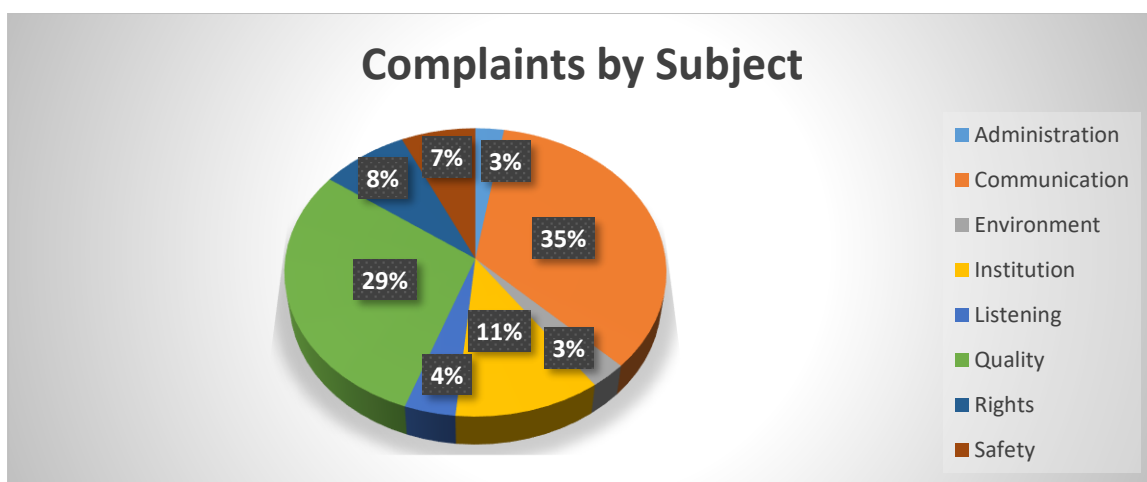
During the 2025/26 year a total of 1058 Complaints were received by the Trust. This shows a significant increase in the number of complaints received, a 32% increase, in comparison to the 717 complaints received during 2024/25 year.

Number of Complaints by Financial Year:



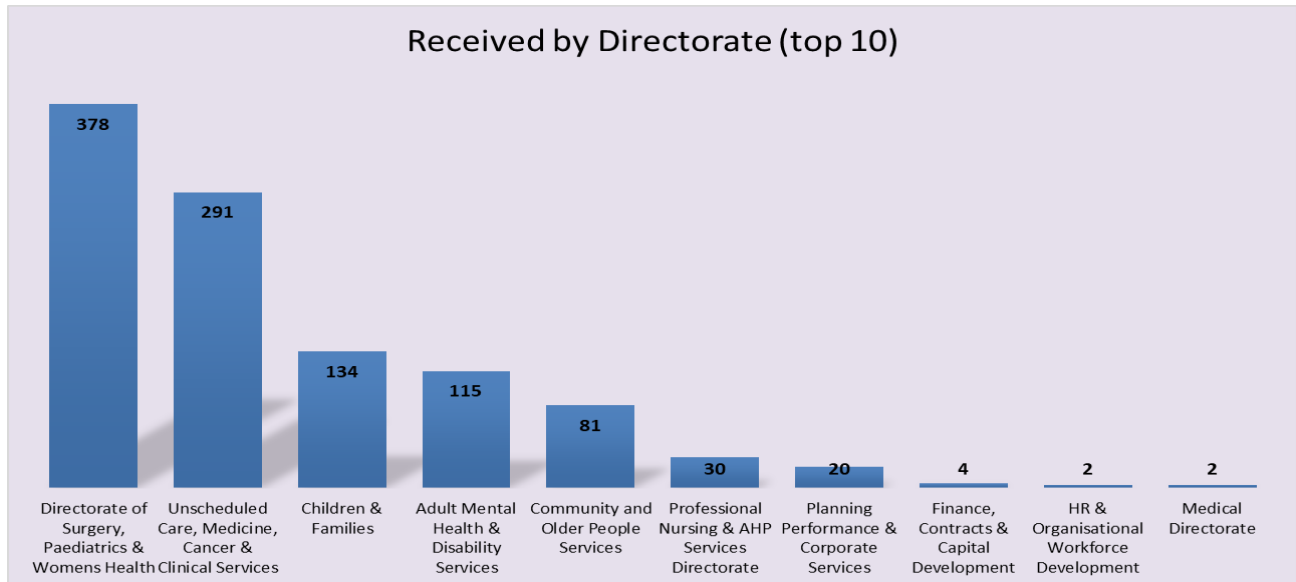
## What people complained about?

The following graph provides a summary of the subjects reported from complaints received during the 2025/26 year. The top 3 reasons why people complained were Communication, Quality and Institution.



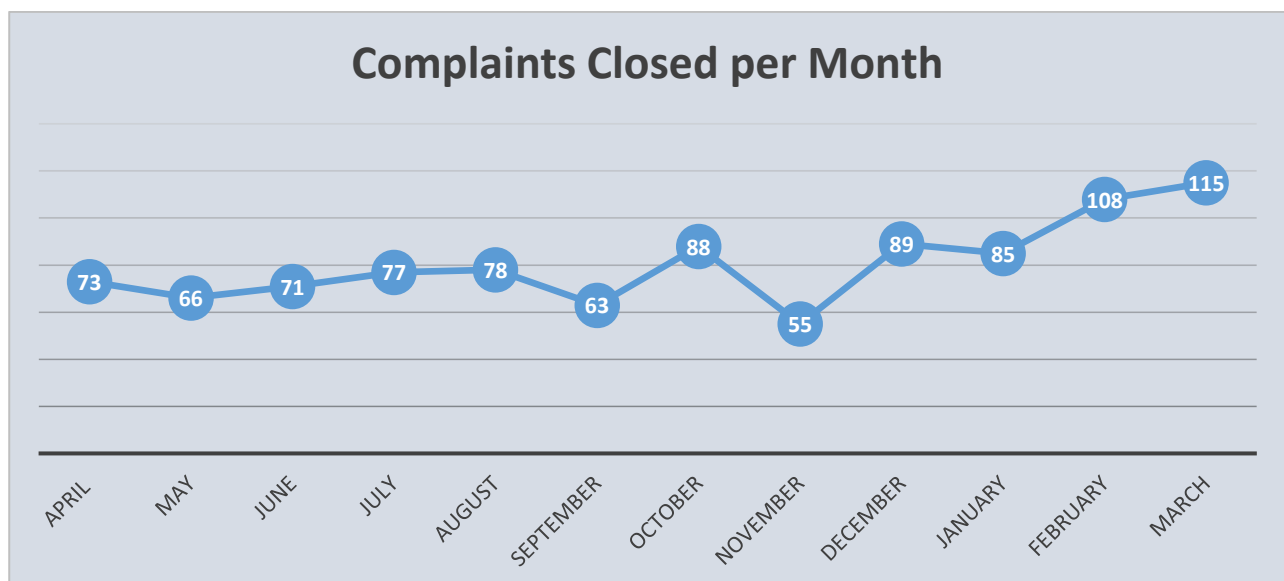
## Complaints Received by Directorate

The following graph shows the breakdown of the formal complaints received by Directorate for the 2025/26 year:



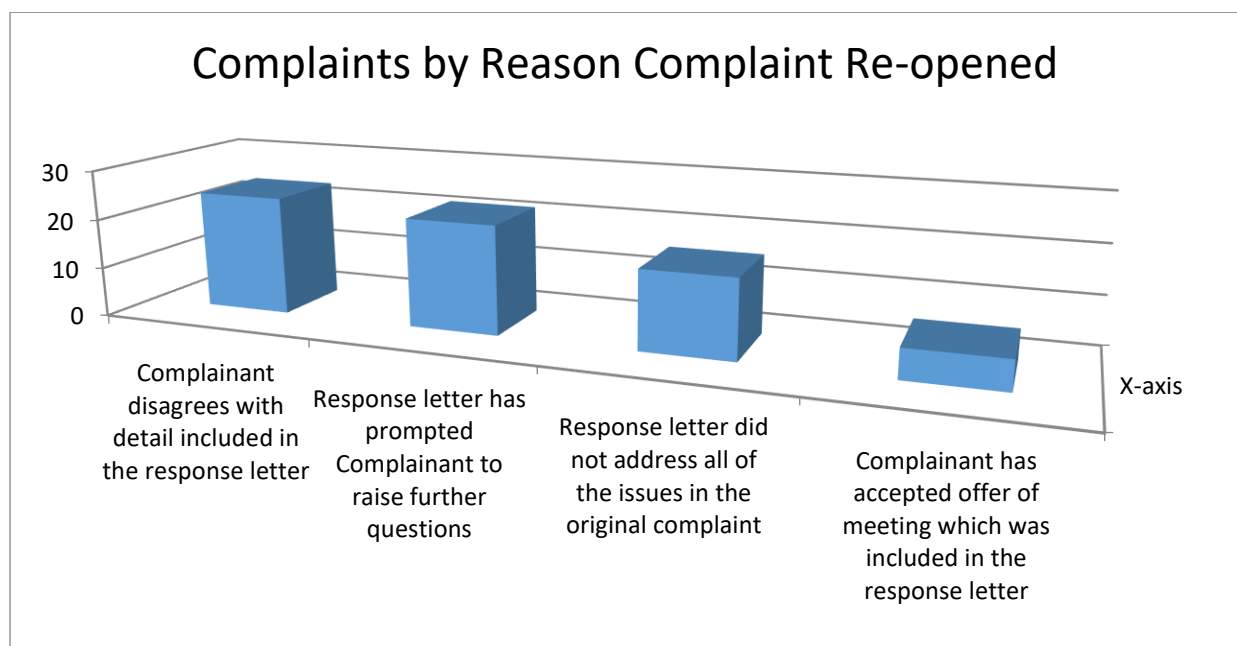
## Complaints Resolved during 2025/2026:

During the 2025/26 year, out of the 1058 Formal Complaints received, a total of 733 (69%) were resolved. This is a significant decrease from the previous year, however correlates with the increase in total number of complaints received in 2025/26. For the period April to December only, if the complainant was dissatisfied with the Trust's response a complaint was re-opened if appropriate. The following graph provides a breakdown by month of overall complaints closed in the year 2025-26:



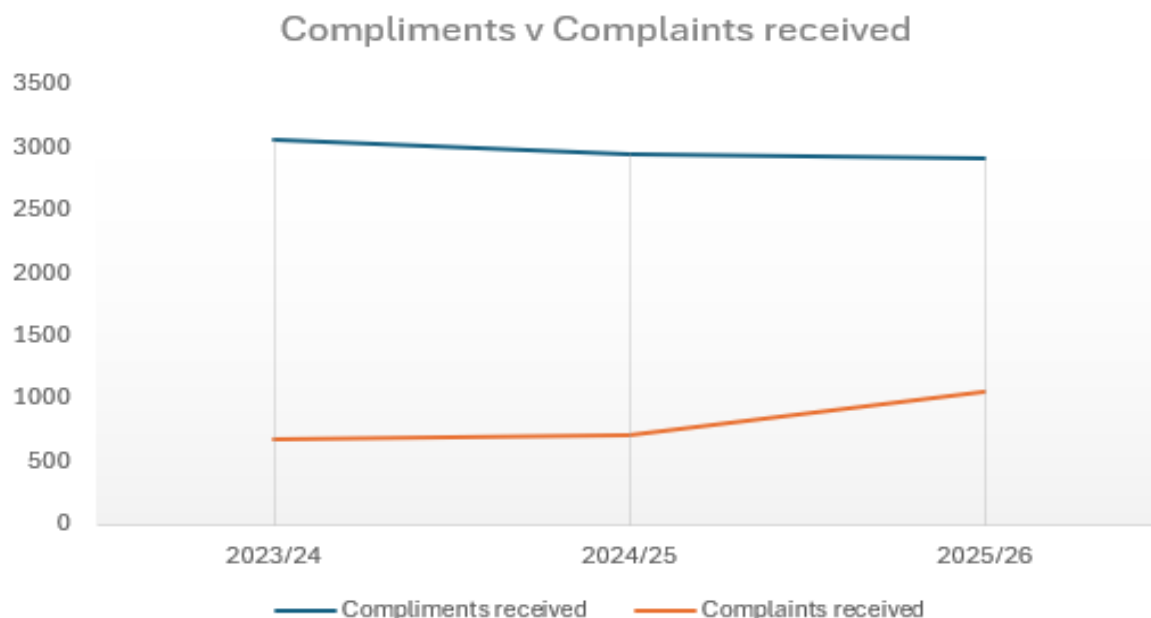
Of the formal 733 complaints received between April – Dec 2025, a total of 23 were reopened (3%), showing a decrease to the previous 2024/25 year. This figure is lower in comparison to the previous year, however it is important to highlight from the 1<sup>st</sup> January 2026, in line with the MCHP, complaints investigated at Stage two cannot be reopened.

Reasons for complaints being re-opened:



## Compliments:

Whilst the Trust acknowledges that improvements are sometimes required, it is important to recognise the many examples of excellent care delivered across our services. In 2025/26, the Trust received 2,910 compliments, with patients, service users, carers and families expressing their thanks and appreciation through letters, emails and social media platforms. The Trust values this feedback and actively shares compliments with staff and teams to acknowledge their efforts and celebrate success. Positive feedback remains an important source of motivation and encouragement for staff and highlights the impact of the care and support they provide.



The Trust has an electronic online system in place to record Compliments. This system provides greater accuracy and consistency in relation to the compliments received in writing and aids to provide statistics on our successes. It is fast, user friendly and is able to provide more information on the reasons why people have complimented a service or a staff member. The Compliments Email address was added to the Trust website in 2025, to provide a central point of contact for the public to express their feedback.

In 2025, the Dept of Health also carried out a review of the Category of compliment dataset. The number of categories increased from 5 to 9, in line with Complaints Category dataset, which was also reviewed in the 2025/26 year. The Trust electronic system has been updated to reflect and took effect from 1<sup>st</sup> April 2026.

## **Response Times to Complaints:**

In the period 1<sup>st</sup> April to 31<sup>st</sup> December 2025, 98% of complaints were acknowledged within the target of 2 working days and 182 complaints (23%) were responded to within the target for that time frame of 20 working days.

The timeliness of responses to complaints has been a recurring challenge throughout the year, reflecting the complexity of a number of cases received. Many complaints have involved multiple service areas, requiring extensive investigation, collaboration and the development of comprehensive responses to address the issues raised effectively.

Since the implementation of the MCHP on 1<sup>st</sup> January 2026, the Trust has started to see improvements in complaint response times, supported by strengthened processes, enhanced oversight and a more coordinated approach to complaint management. While challenges remain in responding within prescribed timescales, performance has improved when compared to earlier periods in the year.

The Trust continues to closely monitor response times and promotes the importance of providing timely responses to complainants. Performance measures for both compliments and complaints are reported through assurance reports to the Chief Executive and on a quarterly basis to governance forums at Directorate and Trust level.

Whilst the Trust remains committed to further improving response times, it places equal, if not greater, importance on the quality of responses provided. Ensuring that complainants receive a thorough, meaningful and resolution-focused response that fully addresses their concerns remains a key priority.

## **Monitoring:**

The Trust remains committed to using complaints and concerns as opportunities to improve services and the care provided to patients, service users and their families. The Trust's Complaints Department continues to utilise a dedicated database to record, manage, monitor and report on complaints activity across all Directorates.

The Rapid Review Group continues to meet weekly to review complaints received on the

complaints database during the previous week. The group also receives updates on complaints referred to, or under consideration by, the Northern Ireland Public Services Ombudsman (NIPSO). These meetings provide an early opportunity to assess the complexity and grading of complaints, identify potential risks, and recommend actions that support effective and timely resolution.

Quarterly reports continue to be provided to Directorate Governance Committees. These reports include information on complaint volumes, themes, response times, lessons learned, outstanding complaints and compliments received. This enables Directorates to identify trends, monitor performance and ensure that learning from complaints informs service improvement initiatives.

A quarterly performance report is issued to the Clinical Social Care Governance group and the Governance Committee. Details on the number of complaints received, risk grading, subject of complaint, number of complaints closed and response times are shared with members. Any concerns are discussed and if required escalated to the Governance Committee.

The Trust continues to submit monthly monitoring returns to the Strategic Planning and Performance Group (SPPG). In 2025, SPPG introduced a new dataset having worked collaboratively with all HSC Trusts to develop. This high level dataset will allow SPPG to monitor complaints in line with the Strategic Outcomes Framework (SOF) and strengthen intelligence to allow more effective analysis to enable identification of themes, trends and areas of concern both locally, by each individual Organisation, and across the region.

Since the 1<sup>st</sup> January 2026, the Trust has experienced an increase in the number of complaints progressed by the Northern Ireland Public Services Ombudsman (NIPSO) for preliminary investigation (Stage 2). While a number of factors may contribute to this increase, it is recognised that the introduction of the MCHP does not permit complaints to be reopened once the Trust's investigation has been completed. Consequently, some complainants who remain dissatisfied with the outcome of the Trust's response may be more likely to seek further consideration through NIPSO, contributing to the rise in Stage 2 investigations by the Ombudsman.

The Trust continues to monitor referral patterns and outcomes from NIPSO investigations to identify learning opportunities and strengthen the quality of local complaint investigations and responses. The Trust recognises the importance of timely response times to Complaints in line with the MCHP and continue to manage this risk through the Medical Directorate Risk Register, alongside ongoing efforts to improve complaint handling processes and response timeliness.

### **Complaints to Serious Adverse Incidents:**

In 2025/26 there were 11 complaints received which resulted in a Serious Adverse Incident (SAI). Upon analysis 6 (54%) of these complaints already had an incident recorded, which was under investigation when the complaint was submitted to the Trust. Therefore 5 (46%) of these complaints triggered an SAI investigation.

### **Lessons Learned & Service Improvements from Complaints:**

We welcome complaints and feedback as valuable opportunities to learn, improve, and enhance the quality of the services we provide. Where appropriate, actions are agreed following the investigation of a complaint to address identified issues and support continuous improvement.

Themes, trends, and learning arising from complaints are reviewed through the Trust's Integrated assurance framework and shared within Directorate and service governance forums. This supports organisational learning, promotes the sharing of good practice, and helps reduce the likelihood of similar issues occurring in the future.

Learning from complaints is used to inform service development and improvement initiatives, and feedback is provided to patients, families, carers, and staff on changes made as a result of their experiences.

Complaints are discussed with the staff involved, and key learning points are shared through team meetings, supervision, training sessions, and professional forums. This encourages reflection, supports a culture of openness and accountability, and helps ensure that services continue to meet the needs of the people and communities served by the Trust.

Following the investigation of complaints during 2025/26 the following comments were captured as part of learning:-

**Complainant said:** *Complainant states that he was not included in his meeting. He states he felt isolated, humiliated and excluded. He writes about the lack of communication from the service. He states he feels like a case file and that he is not happy with his social worker.*

**We did:** *Importance that all young people are invited to professional meetings and should not go ahead without consent or agreement of young person if not in attendance.  
Learning from complaint will be shared with all staff within the service to ensure all young people are invited to meetings moving forward and that the level of communication is improved*

**Complainant said:** *Complainant's colonoscopy has been cancelled on three occasions. This complainant has had difficulty contacting and receiving communication from the service.*

**We did:** *Ward managers to work closely with endoscopy schedulers to ensure patients get another appointment if one has been cancelled by the endoscopy unit. Ensure patients are kept updated on appointment details. Ensure all endoscopy staff know the impact of cancelling a patient's procedure and how we can look at other avenues to prevent this from happening in future.*

**Complainant said:** *Complainant emailed about the treatment of her mother when she was a patient on ward 40. Her mother had a stroke in December 2023.*

**We did:** *An "intentional round chart" will be implemented for each patient. This ensures that there will be documented times when every patient will be checked on, asked if they need to use the toilet, need a drink, need moved or have any other issues.*

### **If Complainant remains dissatisfied:**

Following the introduction of the Model Complaints Handling Procedure (MCHP) on 1<sup>st</sup> January 2026, complaints cannot be reopened for further investigation by the Trust once the complaints process has concluded. However, complainants who remain dissatisfied have the right to ask the Northern Ireland Public Services Ombudsman (NIPSO) to consider their complaint.

At the conclusion of all complaints, complainants are signposted to NIPSO. As part of this process, the Trust is required to inform complainants of:

- Their right to ask NIPSO to consider their complaint;
- The time limit for doing so; and
- How to contact NIPSO.

During 2025/26, the Trust received the following requests for information from the Ombudsman's office:

- 43 letters of assessment; and
- 7 of these cases were accepted by NIPSO for formal investigation

The Ombudsman examines issues such as service failure, maladministration (administrative fault), and the manner in which the Trust has handled a complaint. While some matters fall outside NIPSO's jurisdiction, it is the role of the Ombudsman to determine whether a complaint can be investigated and, where applicable, the extent to which it can be considered.