



Southern Health
and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Service User Feedback Policy

Working Draft during implementation period

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Directorate responsible for document:	Medical
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Working together



Excellence



Openness & Honesty



Compassion

Policy Checklist

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Contents

		Page
1.0	Introduction	4
2.0	Purpose and Aims	4
3.0	Objectives	5
4.0	Policy Statement	5
5.0	Scope of Policy	6
6.0	Definitions	6
7.0	Exceptions	6
8.0	Responsibilities	7
9.0	Legislative Compliance, Relevant Policies, Procedures and Guidance	13
10.0	Equality & Human Rights Considerations	13
11.0	Sources of Advice & Further Information	13
12.0	Alternative Formats	13

1.0 INTRODUCTION

The Southern Health and Social Care Trust (SHSCT) Policy for the Management of Service User Feedback has been developed in accordance with the Trusts Key Principles and is aligned with the [‘The Health and Social Care Model Complaints Handling Procedure’ \(MCHP\)](#) which was published for Health and Social Care Trusts within Northern Ireland by the Northern Ireland Public Services Ombudsman (NIPSO) on 01 July 2025.

The Standards set by NIPSO establish a simple, accessible and compassionate approach to complaints handling and aims to make it easier for people to make a complaint and know what level of service to expect when they do so.

The SHSCT is committed to providing safe, high quality, person-centred care. Service user feedback is of the utmost importance to the Trust to inform service improvement, and as such, all types of service user feedback is encouraged. All feedback will be received positively, sympathetically, shared with the relevant service and complaints will be managed in accordance with this policy.

2.0 PURPOSE AND AIMS

This policy details the SHSCT pathway for the management of all service user feedback, except for Care Opinion. It will inform staff, service users, families, carers and any other interested parties of the Trust’s process for receiving, recording, managing and responding to all forms of service user feedback. The policy is designed to provide assurance that feedback will be considered in an open and honest manner.

The aims of the Policy are to:

- Ensure all service user feedback is welcomed, valued and acted upon, including complaints, concerns, enquiries and compliments.
- Encourage a standardised and transparent approach across the Trust for the management of all service user feedback.
- Comply with the NIPSO MCHP.
- Ensure that both staff and complainants are treated fairly in an open and honest manner.
- Ensure responses to concerns and/or complaints are efficient, positive and sympathetic whilst being comprehensive, accurate, open and with an emphasis on early resolution.
- Ensure service user feedback is used positively to support learning and continuous improvement and that actions are taken to learn from and avoid recurrence where an area for improvement has been identified.

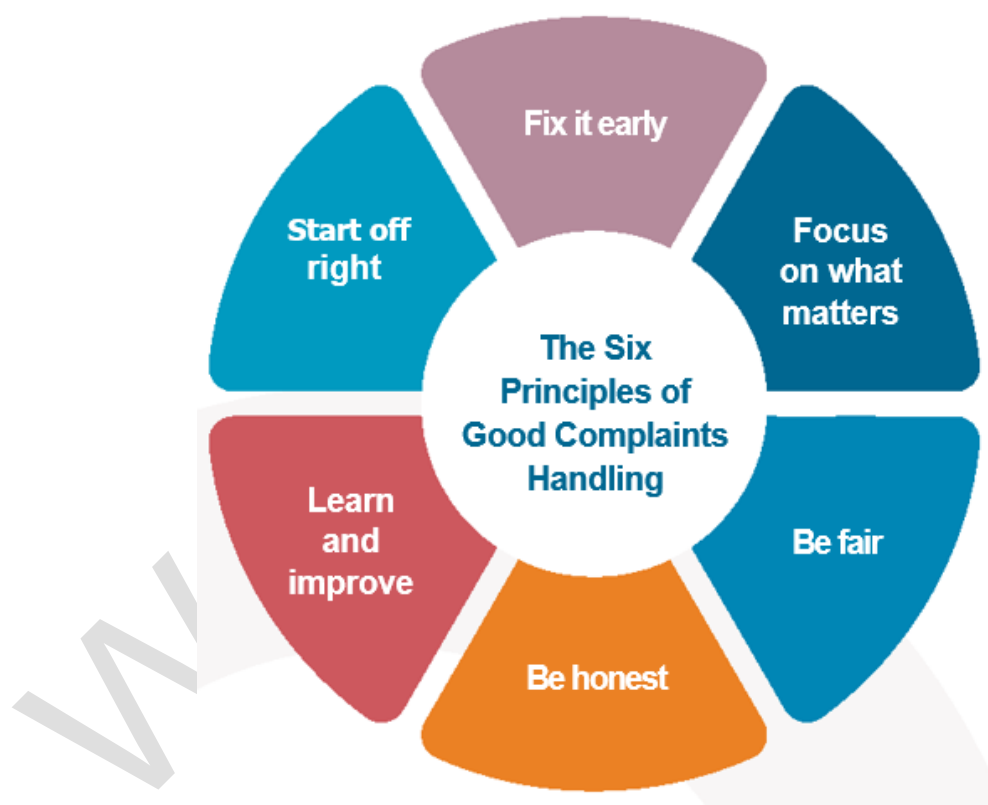
3.0 OBJECTIVES OF THIS POLICY

The objectives of this Policy are to:

- Resolve issues as early as possible promoting early resolution for Complaints.
- Ensure timely responses that meet the timescales of all service user feedback.
- Encourage and promote an open and transparent culture across the Trust and ensure that any and all interactions and investigations are completed in accordance with Duty of Candour.
- Ensure that all SHSCT staff are aware of their roles and responsibilities in the management of service user feedback.
- Extract and share learning from all service user feedback, using it to improve service delivery, patient safety and experience.

4.0 POLICY STATEMENT

The Trust is committed to managing all service user feedback in a way that reflects the six key principles of effective complaints handling as detailed in NIPSO's MCHP.



In order to continually improve service delivery, the SHSCT encourage service users, family and carers to participate in providing feedback about their experiences of the care and treatment received. Specifically in relation to complaints management, the principles outlined above aim to assist in promoting a focus on the early resolution of complaints and promoting the use of complaints information for learning and improvement.

5.0 SCOPE OF POLICY

This Service User Feedback Policy sets out the Trust's approach to managing all forms of feedback from service users, families, carers and any other interested parties. It is applicable to all staff providing services within the SHSCT, including students, agency staff and volunteers. It also extends to services commissioned by, or provided for, the SHSCT by the Independent Sector. However, under MCHP the service provider is solely responsible for investigating any complaint about their service. The Trust is only required to ensure the complaint is investigated when the service provider refuses to do so.

6.0 DEFINITIONS

Complaint – an expression of dissatisfaction by one or more members of the public about a Trust's action or lack of action, or about the standard of service provided by or on behalf of the Trust.

Complainant – An existing or former patient/service user, client, resident, family, representative or carer (or whoever has raised the complaint).

Stage One – the initial pathway through which a complaint should be managed. It is an opportunity to respond and resolve complaints early, close to the point where the service was delivered.

Stage Two – the pathway through which complaints are managed should the complainant remain dissatisfied following management through Stage One.

Compliment – an expression of praise, commendation, or admiration.

Enquiry – 'to ask a question.' Service users or their representatives formally seek an explanation or clarification regarding services received or awaited.

7.0 EXCEPTIONS

This policy applies to all staff across all service areas within the Trust and there are no exceptions to its application by employees.

There may on occasion be matters which are not considered as suitable for management through this policy, including the following which do not fall within the scope of the definition of a complaint as outlined by the NIPSO MCHP:

- Routine first-time service requests.
- Fitness to practice issues referred to a professional regulatory body (*however, the issue will require careful examination, as there may be elements which can proceed under the guidance of this policy, with fitness to practice issues being dealt with by the regulator and/or the Trust via its Human Resources (HR) policies*).
- Requests for a second opinion in respect of care or treatment.
- Serious Adverse Incidents (SAI) involving the Trust (*aspects of the complaint which are not being addressed within the scope of the SAI review will proceed to be managed in accordance with this policy*).
- Legal claims for negligence seeking compensation.

- Coroner's cases.
- Complaints relating to criminal conduct or a criminal investigation (*an active complaint may be paused whilst this review continues and should be agreed with the organisation undertaking the criminal investigation and communicated to the service user*).
- Requests for information under the Data Protection or Freedom of Information (Northern Ireland) Acts and requests for reviews of decisions under these statutory regimes.
- Where there is an established appeals process applicable to the service.
- Staff grievance or a grievance relating to employment or staff recruitment (*managed under other Trust procedures*).
- Disciplinary investigations.
- Whistleblowing.
- Children Order representations.
- Protection of vulnerable adults.
- Independent Inquiry.

8.0 RESPONSIBILITIES

SHSCT Board Members, have an important role in the overall accountability and governance of service user feedback data and trends. Their role is to:

- Ensure the Trust has a service user feedback procedure which meets the requirements of the NIPSO MCHP.
- Ensure service user feedback data and trends are analysed and routinely considered as part of a suite of intelligence shared with the Board.
- Provide the necessary challenge and hold senior staff to account for the Trust's performance in relation to service user feedback, particularly complaints handling and compliance with NIPSO MCHP.
- Provide strategic leadership to promote the culture of openness in the Trust where service user feedback is welcomed and valued.

The strategic oversight and scrutiny role of board members is designed to promote effective organisational learning from service user feedback, with a focus on that identified within complaints. This helps to ensure early warning signs are identified and acted upon so that the need for potential future actions required in response to more serious issues is negated.

The Chief Executive provides leadership and direction in ways that guide and enable the Trust to perform effectively across all services. This includes:

- Promoting a culture where Service User Feedback is welcomed and valued. To ensure the policy is effective, the Chief Executive, along with senior staff, will demonstrate the culture expected. A culture which is open, values feedback and is not focused on either denial or blame.
- Providing a focus on ensuring identification of learning, improving services and taking responsibility for the Trust's performance in relation to service delivery and feedback.
- Ensuring appropriate mechanisms are in place for the recording of service user feedback and that reports on complaints and complaints performance are generated to provide accountability and assurance.

- Delegated responsibility for the management of service user feedback to Directors.
- Responsibility for ensuring there are governance and accountability arrangements in place in relation to complaints about contractors/commissioned services. This includes performance monitoring for complaints as a feature of the service/management agreements between the Trust and contractors/commissioned services; and appropriate monitoring systems to provide an overview of the contractor/commissioned service complaints activity.

The Medical Director is responsible for:

- Taking a strategic viewpoint on behalf of the Trust in relation to service user feedback.
- Delegating the responsibility for managing the requirements of this policy to the Assistant Director of Clinical and Social Care Governance (CSCG).
- Developing and maintaining an overview of the issues raised through service user feedback, providing assurance that appropriate organisational learning has taken place and actioned, where appropriate.

The Assistant Director of CSCG is responsible for:

- Supporting the Medical Director in the responsibility for service user feedback management.
- Promoting an open, honest and just culture in regard to service user feedback.
- Ensuring that the management of service user feedback is compliant with this policy and NIPSO MCHP.
- Developing a quality assurance process for all responses to service user feedback.
- Ensuring processes are in place to identify and disseminate learning from service user feedback on a Trust wide/regional basis.
- Ensuring the Datix system is developed and maintained for the reporting, recording and analysing of service user feedback in order to provide assurance.
- Providing recommendations and advice to the SHSCT Senior Leadership Team (SLT) regarding priority areas for action in relation to service user feedback.
- Considering where risks identified from service user feedback require escalation to risk registers.

Directors and Executive Directors, on the Chief Executive's behalf, are responsible for:

- Ensuring managers and staff within the Directorate are aware of and comply with the requirements of this policy, subsequent procedure and NIPSO MCHP.
- Ensuring the management of service user feedback is integrated into Directorate/ Divisional governance arrangements.
- Supporting staff and promoting an open, honest and just culture in the management of service user feedback.
- Ensuring all staff complete service user feedback training within the Directorate.
- Overseeing the review of complaints, ensuring effective and timely responses to complaints.
- Preparing and signing off Directorate complaint responses ensuring the review is complete and the response addresses all aspects of the complaint.

- Ensuring Action Plans and Shared Learning Templates are completed, disseminated and improvement actioned, where required.
- Overseeing the implementation of actions required as a result of a complaint.
- Approving the screening of a complaint to confirm it meets the criteria of an SAI and/or should be included as a risk on the risk register.
- Chairing monthly Directorate Governance meetings to report on service user feedback performance.
- Approval of responses to NIPSO.
- Delegating all responsibilities to an Assistant Director in his/her absence.

Assistant Directors are responsible for:

- Ensuring managers and staff within their area(s) of responsibility are aware of and comply with the requirements of this policy, subsequent procedure and NIPSO MCHP.
- Supporting the Director/Executive Director in ensuring that all service user feedback is managed efficiently and effectively in their responsible service areas.
- Supporting staff within their area(s) and promoting an open, honest and just culture in service user feedback.
- Ensuring complaint investigators undertake a thorough review of issues identified in complaints.
- Overseeing the completion, dissemination and implementation of Action Plans and Shared Learning Templates for relevant services.
- Identifying and escalating to the relevant Director any complaint which meets the SAI criteria and/or should be included as a risk on the risk register.
- Ensuring the management of service user feedback is integrated into Divisional/Service governance arrangements.
- Ensuring all staff complete service user feedback training within the Division.
- Ensuring a timely and robust process is in place for the approval of responses to complaints.
- Reviewing NIPSO responses prior to it being shared with the Director for approval.
- Delegating all responsibilities to the relevant Head of Service in his/her absence.

Trust Heads of Service are responsible for:

- Ensuring managers and staff within their area(s) of responsibility are aware of and comply with the requirements of this policy, subsequent procedure and NIPSO MCHP.
- Accountability for the overall handling, learning and continuous improvement of service user feedback within the relevant service(s).
- Seeking and promoting early resolution of Stage 1 complaints raised at service level within NIPSO MCHP identified timescales (5 working days).
- Ensuring relevant staff are identified as complaint investigators for Stage 1 complaints.
- Ensuring Stage 1 complaints are recorded on Datix.
- Approving any extensions for Stage 1 and Stage 2 complaints, ensuring an appropriate reason is recorded on Datix for communication with the complainant.
- Approving the escalation of a Stage 1 complaint to the Stage 2 process.
- Ensuring Stage 1 complaints within the services(s) are appropriately graded.
- Overseeing and approving the completion of Stage 2 complaint responses prior

to review by the Assistant Director, ensuring all issues identified have been addressed.

- Overseeing the completion, dissemination and implementation of Action Plans and Shared Learning Templates for relevant services.
- Identifying and escalating to the relevant Governance Coordinator and Assistant Director any complaint which meets the SAI criteria and/or should be included as a risk on the risk register.
- Ensuring that, within the Service, any staff member who is named within service user feedback, particularly a complaint, is informed promptly.
- Ensuring the management of service user feedback is integrated into the Service governance arrangements.
- Ensuring that the Trust's Service User Feedback Policy and associated Procedure is included in the induction of their staff, and that staff are trained and empowered to deal with service user feedback.
- Supporting, advising and assisting staff in the management of service user feedback.
- Promoting an open, honest, just culture in the management of service user feedback.
- Ensuring appropriate action and escalation is taken where complaints reference and conclude concerns relating to professional conduct.
- Ensuring all staff complete service user feedback training within the Service.
- Ensuring that the Trust's service user feedback posters and leaflets are promoted and available to service users.
- Undertaking and overseeing service improvements in response to service user feedback.

Directorate Governance Coordinators are responsible for:

- Promoting and overseeing this policy, subsequent procedure and NIPSO's MCHP within the Directorate, being the first point of contact for staff who need advice and support.
- Monitor the timeliness and appropriateness of responses for complaints, escalating concerns and non-compliance where necessary.
- Ensuring extensions have been approved by the relevant Head of Service within the Directorate.
- Ensuring that any requests for Stage 1 complaints to be escalated to a Stage 2 have been appropriately approved by the relevant Head of Service within the Directorate.
- Ensuring that at each level within the Directorate staff have access to timely, high quality and appropriate information in relation to service user feedback.
- Ensuring that within the Directorate, complaints information is being acted upon appropriately in order to mitigate risk, improve quality of care and patient/client safety.
- Ensuring that service user feedback information is being recorded and updated on the Datix Risk Management system.
- Reviewing Stage 2 complaint responses prior to Assistant Director review, ensuring all issues identified have been addressed.
- Ensuring the complaints process is conducted in accordance with this Policy, Trust procedures and in line with NIPSO's MCHP.
- Within the Directorate monitoring compliance with the standard that any staff member who is named within service user feedback, particularly a complaint, is informed promptly.

- Providing the Directorate and the organisation with analysis and intelligence on service user feedback received, ensuring trends are identified and escalated.
- Ensuring any learning identified from service user feedback within the Directorate is identified, shared and implemented by use of the Shared Learning template and Action Plans.
- Liaising with, and escalating to, Assistant Director and Director in regard to high-risk complaints, complaints which meet the SAI criteria and those which require consideration of inclusion on the risk register.
- Support the Directorate to ensure appropriate responses are provided to NIPSO requests in a timely manner.
- Promoting and ensuring all staff complete service user feedback training within the Directorate.
- Ensuring staff within the Directorate record any compliments on the Trust Compliment form.

Service User Feedback Managers are responsible for:

- The day-to-day management of the service user feedback department and team.
- Ensuring service user feedback is managed in line with this policy, MCHP and subsequent procedures.
- Providing regular service user feedback related analysis, trends and lessons learned reports to SLT, Steering Groups, Committees and external agencies.
- Producing the annual service user feedback report.
- The submission of reports to NIPSO, Department of Health (DoH) and Strategic Performance Planning Group (SPPG).
- Maintaining comprehensive records of all service user feedback received.
- Providing support and advice to staff responding to complaints.
- Reviewing draft responses received from complaint investigators ensuring all issues raised have been addressed and are compliant with MCHP.
- The development, maintenance and delivery of mandatory service user feedback training.
- Identifying training needs of service user feedback staff, developing and facilitating training programmes.
- The regular audit of service user feedback processes.
- Escalating immediate Patient Safety concerns to the Directorate Governance Coordinator and Weekly Governance meeting where appropriate.
- Tabling service user feedback activity at the Weekly Governance meeting.
- Developing and maintaining up to date information and resources for Trust staff, service users, families, carers and any other interested parties.
- First point of contact for regional colleagues, Patient Client Council (PCC), SPPG and NIPSO to share best practice and discuss service user feedback.
- Communicating with Directorate Governance Coordinators and in relation to the coordination and timeliness of all NIPSO responses.

The Service User Feedback team is responsible for:

- Receiving and logging service user feedback received through the Corporate Service User Feedback Office within the Trust.
- Disseminating Stage 1 complaints received through the Corporate Service User Feedback Office to the relevant service(s) for review and action.
- Monitoring response timescales for Stage 1 complaints across the Trust, escalating any areas of non-compliance with this policy to the Governance

Coordinator and/or the SLT.

- Categorising Stage 1 and Stage 2 complaints.
- Quality assuring complaints information recorded on the Datix system for Stage 1 complaints.
- Ensuring any extensions have been approved by the relevant Head of Service.
- Ensuring that any requests for Stage 1 complaints to be escalated to a Stage 2 are appropriate and have been approved by the relevant Head of Service.
- Managing the process for Stage 2 complaints, ensuring the service has taken account of any corroborative evidence available relating to the complaint.
- Maintaining regular contact with Stage 2 complainants throughout the complaints process.
- Maintaining accurate, up-to-date records on Datix for all information relating to Stage 2 complaints.
- Providing advice and support to staff in relation to service user feedback procedures.
- Escalating any concerns and/or queries in relation to service user feedback to the Directorate Governance Coordinator.
- Monitoring, collating and ensuring timely responses to NIPSO correspondence.
- Providing Directorates and the SLT with analysis and intelligence on service user feedback.
- Sharing enquiries with the relevant service for response.
- Liaising with Regional colleagues, PCC, SPPG and NIPSO to share best practice in relation to service user feedback.

All Trust staff are responsible for:

- Treating service users, families, carers and any other interested parties with respect and respond to feedback in a professional, confidential, compassionate and person-centred manner.
- Recognising when a concern or issue raised by a service user may constitute a complaint and attempt to resolve (Stage 1 Complaint).
- Ensuring all Stage 1 complaints are recorded accurately on Datix using all information available to the member of staff including risk grading.
- Escalating Stage 1 complaints immediately to their line manager if unable to resolve.
- Seeking advice from the service user feedback team and/or relevant Governance Coordinator where appropriate.
- Cooperating with managers when requested to provide timely, factual information regarding a complaint/enquiry.
- Keeping their line manager updated on all ongoing complaints and enquiries, identifying learning, suggested outcomes and required improvements.
- Contributing to, and engaging with, learning identified and shared through service user feedback.
- Ensuring when in receipt of a written compliment, it is shared with their manager and recorded on the Trust compliments form.
- Completing all training relating to service user feedback.

9.0 LEGISLATIVE COMPLIANCE, RELEVANT POLICIES, PROCEDURES AND GUIDANCE

The Trust is committed to ensuring that all policies and procedures are kept under review to ensure that they remain compliant with all relevant legislation and reflect

organisational development. As NIPSO MCHP brings a significant change in the management of complaints, this policy will be reviewed within 6 months, or earlier in light of any changes in statutory legislation and/or operational experience that prevents these arrangements being implemented as intended. This policy should also be read in conjunction with the following:

- The Health and Social Care – Model Complaints Handling Procedure published by the Northern Ireland Public Services Ombudsman – 1 July 2025.
- [Service User Feedback Procedure \(Working Draft\)](#)

10.0 EQUALITY & HUMAN RIGHTS CONSIDERATIONS

This document has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commission's screening criteria, no significant equality implications have been identified. It is therefore not subject to equality impact assessment. This document has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained in the Act.

11.0 SOURCES OF ADVICE & FURTHER INFORMATION

Further information and advice with regards to service user feedback can be obtained from the:

Service User Feedback Team,
Lurgan Hospital Site,
100 Sloan Street,
Lurgan
BT66 3NX

Tel: 028 3756 4600

Email: serviceuserfeedback@southerntrust.hscni.net

12.0 ALTERNATIVE FORMATS

This document can be made available on request in alternative formats e.g. Braille, Easy Read and in other languages to meet the needs of those who are not fluent in English.