

POLICY:	Complaints, Feedback and Compliments Policy
STATUS:	FINAL
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DATE:	24/05/2024
RESTRICTIONS:	None
SEE ALSO:	Employee Handbook Serious Untoward Incident Policy Safeguarding Child (Youth) Policy Safeguarding Vulnerable Young Adults Policy Information Governance Policy Data Protection Policy
REVIEW DATE	Sept 2015; Sept 2016; Sept 2017; Sept 2018; Jan 2020; Jan 2021; Sept 2021; Sept 2022; May 2024.
NEXT REVIEW DATE:	May 2025

1.0 Introduction & scope

- 1.1. 42nd Street is committed to providing a high-quality service to young people.
- 1.2. 42nd Street is also committed to ensuring that young people and the people that support them have a voice in the organisation and the services they receive.
- 1.3. One aspect of ensuring that young people and the people that support them have their views and experiences taken seriously is to provide a means by which they can give feedback on the service (both positive and negative) that they receive from 42nd Street.
- 1.4. However, additionally to giving feedback there is a need to include arrangements for young people and other relevant individuals to make complaints about the service.
- 1.5. This policy and procedures document covers the arrangements by which young people and the people that support them can give feedback and includes the complaints policy and procedure.

2.0 Ensuring young people and the people that support them are able to feedback about the service they receive.

- 2.1 42nd Street is committed to ensuring that young people have a voice in the organisation, and this is underpinned by a commitment to developing a participatory culture. To achieve this 42nd Street will seek to:
 - Provide young people with choice in relation to the services that they access.
 - Involve young people in decisions that affect their lives
 - Consult and involve young people in key decisions especially significant changes in the service, new programmes, and our Business Plan.
 - Evaluate the outcomes of the service that young people receive.
 - Provide opportunities for young people to feedback both positively and negatively about the service that they receive and ensure that the charity uses that feedback to inform improvements and acknowledge the quality of work.
 - Implement arrangements for young people and the people that support them to make complaints and ensure that all complaints are properly handled within the required timeframes.

- 2.2 In delivering the above, equity, diversity and inclusion are essential principles and 42nd Street is therefore committed to ensuring that young people who may face particular barriers to getting their voice heard are able to be involved, give feedback (positive and negative) and make complaints.
- 2.3 It is essential to provide a variety of means by which young people can give feedback – both formal and informal. Arrangements will include:
- Regular evaluation of groups.
 - Service satisfaction events, consultations and surveys: co-designed with young people which employ mixed model approaches to ensure we hear a diversity of opinions and experiences.
 - Opportunities to participate in external evaluations of our services and commissioner-led reviews.
 - Specific consultations relating to key service developments / changes.
 - Quarterly capture and review of data in relation to the anonymous NHS 'Friends & Family Test' across all service delivery areas and service types.
 - The use of nationally validated Routine Outcomes Measures (ROMs) which integrate service satisfaction and quality. These inform all individual therapeutic support services and seek feedback at regular review points during, and at the end of support.
 - The use of service satisfaction questionnaires with young people post-assessment and at the end of support via the NHS 'Patient Experience Questionnaire' (PEQ) (Adult IAPT services) or Experience of Service Questionnaire (ESQ) (all other therapeutic services);
 - Unsolicited compliments from young people and the people that support them
- 2.4 In addition to these, all staff are expected to record feedback from young people as part of their ongoing work and share this feedback with colleagues, managers and supervisors to inform further developments or changes to the way we plan, structure, and deliver services in future and to improve clinical practice and clinical governance.
- 2.5 In some instances funders and commissioners may require 42nd Street to report on the outcomes of consultations, evaluations, satisfaction surveys and complaints.

3.0 Compliments (positive feedback) Procedure.

- 3.1 Compliments can either be in the form of solicited or unsolicited compliments.
- 3.2 Solicited compliments – via formal consultation exercises, service user satisfaction activity, evaluation of groups, training evaluation, and individual intervention and ROMs.
- 3.3 The Head of Business Operations is responsible for ensuring that all solicited compliments are collated, stored electronically, shared with Commissioners / donors as appropriate and are reflected in the Annual Report where consent is given.
- 3.4 Unsolicited compliments tend to occur informally for e.g. in individual interventions, end of group session/s, feedback from professionals and partner organisations, thank you cards, notes, emails, etc.
- 3.5 Collation of unsolicited feedback from young people, parents/carers, professionals, and donors is the responsibility of every staff member. All verbal and written comments and feedback should be emailed / scanned electronically and sent to the Head of Business Operations. This data will be used, in anonymous format, to evidence impact of and satisfaction with service, and for service development purposes.

4.0 Complaints policy and procedure – Introduction

- 4.1 The following sections relate to arrangements for dealing with complaints about the service and cover:
- Considerations and commitments.
 - Statutory duties and responsibilities.
 - Scope.
 - Who is able to make a complaint.
 - Complaints procedure.
 - Serious complaints.
 - Recording and reporting arrangements.
 - Publicising the complaints procedure.

5.0 Considerations & commitments

- 5.1 Young people and the people that support them have the right to make complaints about the service when they feel the service they have received has been unsatisfactory.
- 5.2 In the provision of services mistakes can be made. Under such circumstances it is important to: acknowledge it, put things right, understand the root causes and make specific, measurable, achievable, realistic, and timely improvements to systems, processes and practice to avoid a similar situation arising in the future.
- 5.3 As a learning organisation 42nd Street recognises that by listening to young people and the people that support them and taking their experience of the service (positive and negative) seriously we can learn new ways to improve and ultimately provide a better service to young people.
- 5.4 Whilst complaints procedures are standard in Health and Social Care Services, it is also important to be aware of their limitations. Such procedures are most effective in an organisational culture in which service users have a genuine voice, in which users are empowered and encouraged to give their views and opinions and in which feedback is welcomed, taken seriously, and acted upon.
- 5.5 It is well established that there are many barriers to service users making complaints including:
- Lack of awareness of what standards of care they can expect.
 - Lack of awareness about the right to complain and the complaints procedure.
 - Overly bureaucratic and drawn-out complaints procedures;
 - Fear of not being taken seriously.
 - Fear of being labelled as *trouble maker*.
 - Fear of being treated punitively or having services withdrawn.
 - Fear of being pathologised as a result of making a complaint.
 - Pessimism about the ability or willingness to change things as a result of making a complaint.
- 5.6 42nd Street is therefore committed to ensuring that:
- The right to make a complaint and the procedure are well publicised and presented in an accessible format – language and visual representation.
 - Complaints are dealt with efficiently and are properly investigated with due attention to fairness and transparency.
 - Those making a complaint are treated with respect.
 - As far as possible those making a complaint receive assistance and support to enable them to understand and go through the procedure.
 - Those making a complaint receive a timely and appropriate response and are kept informed.
 - Those making a complaint are told of the outcome of any investigation into their complaint.

- Action is taken, if necessary, in the light of the outcome of a complaint.

6.0 Statutory duties & responsibilities

- 6.1 Government legislation¹ sets out a single approach for dealing with complaints about NHS and adult social care services. Organisations are encouraged to ask people what they think of their care, to sort out problems more effectively and to use the opportunities to learn.
- 6.2 The regulations apply to 42nd Street in so far as it is commissioned to provide service on behalf of the NHS / Local Authorities. As such the procedures set out below are compliant with these regulations.

7.0 Who can make complaint under the Procedure?

- 7.1 Young people who are referred, currently use or have used 42nd Street can make a complaint under the procedure.
- 7.2 In addition, a person who is affected, or likely to be affected, by the action, omission, or decision of 42nd Street can also make a complaint under the procedure.
- 7.3 A complaint can be made by a representative acting on behalf of a young person who:
- Has died.
 - Is under 18 years of age.
 - Has requested a representative; or
 - Is unable to make the complaint themselves due to:
 - Disability; or
 - Lack of capacity within the meaning of the Mental Capacity Act (2005).
- 7.4 For a complaint from a representative of a young person to be considered, 42nd Street must establish that it is reasonable for a representative to make the complaint instead of the young person themselves. The young person must have consented to the complaint being made on their behalf. Where this is not established or accepted, 42nd Street will write to the representative explaining its decision.
- 7.5 Complaints should be made within 12 months of the incident coming to the attention of the person complaining as long as it can still be investigated.

8.0 Procedure – complaints that can be quickly and informally resolved.

- 8.1 Where a complaint is made orally to a member of staff and can be resolved by the next working day to the satisfaction of the young person there is no requirement to use the formal procedure set out below.
- 8.2 Complaints and any information associated with the complaint **must not** be stored in the young person's electronic case record, PCMIS.
- 8.3 Even where a quick and informal resolution is achieved, complaints that point to weaknesses, failures or gaps in policies, procedures systems, etc should always be raised with the relevant line manager.
- 8.4 Even where there is a quick and informal resolution, complaints that arise from circumstances involving harm to a young person or third party, risk of harm or a near

¹ The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16

miss should always be brought to the attention of the relevant line manager or the Head of Service. All such matters must also be reported to the Chief Executive.

9.0 How to Make a Complaint

- 9.1 Complaints can be made verbally, in writing or by email.
- 9.2 When making a complaint, complainants can choose to complain to either:
- 42nd Street.
 - The commissioner in the same area as their GP.
 - The Independent Complaints Advocacy (ICA).
- 9.3 Those making a complaint should be made aware of their right to take the matter to the Parliamentary and Health Service Ombudsman or Local Government Ombudsman where applicable, if they are not happy that their complaint has not been satisfactorily dealt with in the first instance. Note that the PHSO can only review a complaint once the final response has been provided which should provide details of the next stages of the NHS complaints procedure – **they will only get involved once local resolution has been completed.**
- 9.4 If the complainant needs/would like support from an independent source in making a complaint, the following organisations are useful contacts:
- Healthwatch: to find the contact details for your local Healthwatch, visit the [Healthwatch website](#) or call Healthwatch England: 03000 68 3000.
 - Citizens Advice: 0344 411 1444.
 - Independent Complaints Advocacy (ICA) services: an independent service is provided by Gaddum. They can offer advice, support and take referrals for formal advocacy: <https://www.gaddum.org.uk/what-is-advocacy/>

10.0 Making Complaint direct to 42nd Street:

- 10.1 ***Receipt and acknowledgement.***
- 10.1.1 Where made verbally, a written record should be made, agreed as an accurate record by both 42nd Street and the complainant and signed by both parties, and a copy given to the complainant.
- 10.1.2 Complaints should be acknowledged within **3 working days** of the complaint being received. This acknowledgement should normally be made in writing but can be made verbally or electronically.
- 10.1.3 The manager dealing with the complaint should offer to meet with the complainant to discuss the complaint and how it will be handled, including outlining timescales. A response timeframe should be agreed with the complainant at the start of the investigation.
- 10.1.4 The Chief Executive must be involved or kept informed about all complaints.
- 10.2 ***Investigation***
- Complaints must be properly investigated by an appropriate manager.
 - During the investigation the complainant should be kept informed about the process of the investigation.

- Complaints should be investigated in a fair and impartial manner with all relevant evidence considered.

10.3 **Response**

10.3.1 On conclusion of the investigation the complainant should be provided with a response detailing:

- How the complaint has been considered.
- The conclusions of the investigation; and
- Any remedial action that has or will be taken.

10.3.2 The response to a complaint should normally be made within **28 days** of receipt. Where this is not possible the complainant should be informed and given an indication of the timescale for handling the complaint.

11 Making a complaint via the Integrated Care Organisation (ICO) :

11.1 Complaints can be made verbally, in writing or by email.

11.2 The complainant should be made aware of their right to make a complaint to commissioners via the ICO where the service they have received is part of an NHS commissioned contract.

11.3 A complainant can only complain to one organisation. The organisation that receives your complaint must then co-operate with the others to ensure that the complainant receives a co-ordinated response. For example, a person can complain directly to the ICO, but they will need to liaise with 42nd Street to ensure that there is a fully co-ordinated investigation and then can respond appropriately.

11.4 Contact details in order to make a complaint regarding a service in the areas in which 42nd Street is commissioned are:

If the GP is in Manchester:

- Manchester Feedback and Complaints Service
- Phone: 0161 953 8388
- Email: nhscomplaints@manchester.gov.uk
- Post: Complaints, Manchester – NHS GM, Manchester Feedback and Complaints Service, PO Box 532, Town Hall, Manchester, M60 2LA

If the GP is in Salford:

- Salford Patient Services – NHS GM
- Phone: 0161 779 8800
- Email: gmicb-sal.patientservices@nhs.net
- Post: Salford Patient Services – NHS GM, Civic Centre, Chorley Road, Swinton, M27 5AW

If the GP is in Trafford:

- Patient Experience Matters Trafford – NHS GM
- Phone: 0161 873 9577 – for complaints / 0161 873 9634 – for informal patient advice, support and information
- Email: gmicb-tr.patientexperience.trafford@nhs.net
- Post: Patient Experience Matters Trafford – NHS GM, 1st Floor, Trafford Town Hall, Talbot Road, Stretford, M32 0TH

If the GP is in Tameside:

- Complaints, Tameside – NHS GM
- Phone: 0161 342 5500

- Email: gmicb-tameside.customercare@nhs.net

Post: Complaints, Tameside – NHS GM, Headquarters, Tameside One, Market Place, Ashton-under-Lyne, Tameside, OL6 6BH

12.0 If a Complainant is Still Unhappy with the Response to a Complaint

- 12.1 The complainant should allow the complaint to be investigated first (it doesn't matter whether they chose to complain to 42nd Street or decided to speak to the ICO). But if they are still not happy once they have received the response and talks with 42nd Street / the ICO, they can contact the [Parliamentary and Health Service Ombudsman](#) to ask them to review the complaint investigation by the provider. They must state the areas that they feel have either been unanswered or not sufficiently investigated or where there has not been adequate learning from the complaint. The Ombudsman is independent of the NHS and government.

13.0 Co-operation in complaints made to other bodies

- 13.1. 42nd Street will co-operate with qualifying complaints made by service users (or their legitimate representatives) to the NHS, Local Authorities and their commissioners, and the Health Ombudsman in the investigation of complaints made about 42nd Street in line with regulatory requirements.

14. Complaints from third parties

- 14.1. While there is no regulatory requirement to adopt the procedure outlined above, 42nd Street acknowledges that third parties (other agencies, parents, carers etc) may have legitimate grounds for complaint arising from their contact with the organisation.
- 14.2. Where such complaints are received, they should always be reported to the Duty Manager and / or member of the Senior Leadership Team at the earliest possible opportunity.
- 14.3. The Chief Executive or other authorised Senior Manager will be responsible for ensuring the complaint is handled appropriately, in a timely way and learning from the completed process is integrated into future practice.

15. Feedback and complaints from staff

- 15.1. Staff are a key asset, and the organisation is committed to ensuring that the experience and views of the staff team inform organisational development.
- 15.2. Staff consultation and participation will be encouraged in management supervision, clinical supervision, appraisal, team meetings, development days and exit interviews etc.
- 15.3. Staff will be formally consulted regarding significant changes in their terms and conditions.
- 15.4. Complaints from members of staff will not be dealt with using the procedure set out in this policy.
- 15.5. Where a staff member has a concern or complaint, they should raise this with their line manager in the first instance. If resolution is not possible staff have recourse to the Grievance Procedure.

16.0 Responsibility

- 16.1 The Chief Executive is responsible for ensuring compliance with regulatory requirements and in particular ensuring that necessary action is taken in response to complaints.
- 16.2 The Heads of Service are responsible for managing the Complaints Procedure and handling complaints in accordance with the procedure.
- 16.3 The conduct of any investigation may be delegated to a member of the management team.

17 Publicising the procedure

- 17.1 Information about making a complaint is available on our website: <https://www.42ndstreet.org.uk/about-us/how-do-i-make-complaint/> . In addition, where young people use the 'search' or Chatbot functionality (self-help resources/advice/blogs/articles) and their Chatbot search includes the word 'complaint', they will be directed to the 'How Do I Make a Complaint If I Need To?' web page.
- 17.2 Young people are provided with information about how to make a complaint when they first access 42nd Street via online information, written information or verbally.
- 17.3 Staff are informed about the Complaints and Compliments Policy as part of their induction.

18. Monitoring & reporting

- 18.1. All staff are encouraged to bring to the attention of their line manager or duty manager complaints that, while resolved informally, point to weaknesses, failures or gaps in policies, procedures systems, etc. This is to ensure that early corrective action can be taken.
- 18.2. It is essential that all meetings, interviews, actions etc. relating to formal complaints are accurately and comprehensively recorded.
- 18.3. The original written complaint, any correspondence, minutes of meetings, investigation reports etc should be kept in a separate folder held by the Chief Executive. No records of complaints should ever be associated with a young person's case file.
- 18.4. An anonymised summary of complaints received should be produced on an annual basis giving a summary of:
- The number of the complaints received.
 - The nature of those complaints.
 - Any important matters arising out of complaints.
 - Any significant improvement action taken resulting from complaints; and
 - How many complaints were referred to the ICO commissioners or Local Authority Ombudsman?
- 18.5. The summary should be broken down by ethnicity, gender, sexual orientation and disability of complainants.
- 18.6. A copy of this summary report should be made available to commissioners as required.

19. Data Storage & Retention:

- 19.1. Complaints are stored securely, and data is retained in line with our Data Protection Policy.
- 19.2. Information relating to a formal complaint must be retained securely for a period of 10 year from the closure of the incident.
- 19.3. Upon reaching 10 years from closure, the complaint file should be reviewed and if no longer required it will then be destroyed in line with our Data Protection policy and procedures.
- 19.4. The complaint is not closed until all processes (including potential and actual litigation) have ended.
- 19.5. The detailed complaint file must be kept separately from the young person's file (if the complaint is raised by the young person / in relation to them). Complaints files must always be separate.
- 19.6. A complaint may be unfounded or involve third parties and the inclusion of that information in the health or care record will mean that the information will be preserved for the life of the record and could cause detrimental prejudice to the relationship between the patient or service user and the Health and Care Team. In some cases, it may be appropriate to share details of the complaint with the practitioner involved in providing support to make improvements in delivery. However, there may also be times where the complaint is about an individual but not care related and it might not be appropriate to share details of the complaint with that person in case further action is required. The Senior Leader responsible for overseeing the handling of the complaint should review each complaint on a case by-case basis. Where multiple teams (e.g. external professionals / NHS commissioners) are involved in the complaint handling, all the associated records must be brought together to form a single record. This will prevent the situation where one part of the organisation does not know what the other has done. A complaint cannot be fully investigated if the investigation is based on incomplete information. It is common for the young person/complainant to ask to see a copy of their complaint file and it will be easier to handle appropriately if all the relevant material is in one file. Where complaints are referred to the Ombudsman Service, a single file will be easier to refer to.

20. Relationship to other policies and procedures:

- 20.1. Where a complaint relates to a critical or untoward incident, and/or incidents relating to safeguarding, reference should be made to the Serious and Untoward Incident Policy and Procedures and/or Safeguarding Child (Youth) Policy or Safeguarding Vulnerable Young Adults Policy.
- 20.2. Complaints which relate to information sharing, or in any way involve information gathered, stored, or retained about a young person by 42nd Street should always be managed with reference to 42nd Street's Information Governance and Data Protection policies. In these instances, the Data Protection Officer should be contacted at the earliest opportunity to discuss the case. It may be appropriate to seek further advice from the regulator, the Information Commissioners Office.
- 20.3. Where a complaint relates to the behaviour or actions of an individual member of staff disciplinary action may be considered and, in such instances, the Disciplinary Policy and Procedures should be followed. Where relevant, reference should also be made to the Whistleblowing and Duty of Candour Policy.

21. Good Practice Principles in Handling complaints:

- 21.1. Information about the principles of good complaint handling can be found here:
<https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling>
- 21.2. ICO guidance on complaints files and who can have access to them:
https://ico.org.uk/media/1179/access_to_information_held_in_complaint_files.pdf
- 21.3. NHS Records Management Code of Practice 2021: A guide to the management of health and care records:
https://transform.england.nhs.uk/media/documents/NHSX_Records_Management_CoP_V7.pdf