

<b>Policy Name</b>	<b>COMPLAINTS AND COMPLIMENTS</b>
<b>Approved by</b>	<b>EXECUTIVE LEADERSHIP TEAM</b>
<b>Responsible Director</b>	<b>DIRECTOR OF FINANCE</b>
<b>Date of Approval</b>	<b>AUGUST 2024</b>
<b>Next Review Date</b>	<b>AUGUST 2026</b>
<b>Staff notified of updated policy and where this can be located</b>	<b>AUGUST 2024 / PEOPLEHR</b>
<b>Who does this Policy Apply to?</b>	<b>TRUSTEES, STAFF, VOLUNTEERS, STUDENTS ON PLACEMENT</b>
<b>This policy will be reviewed in accordance with the designated review schedule. It will remain live &amp; active until such time as the review prompts necessary changes.</b>	

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Rationale</b>
0.1	15/04/2024	Helen Turner	Completing first draft
0.2	22/05/2024	Helen Turner	Reviewing first draft
0.3	30/05/2024	David Jessup	Reviewing commenting
0.4	10/07/2024	Helen Turner	Amending and reviewing against MQM standards
0.5	17/07/2024	Kate Frost	Service user review
0.6	19/08/2024	Helen Turner	Making amendments
0.7	21/08/2024	Helen Turner	Making amendment after review by ELT and sign off.

## 1. Policy Statement

- 1.1 Norfolk and Waveney Mind (hereafter N&WM), aims to provide outstanding quality mental health services to the people of Norfolk and Waveney, this is why feedback is important to us. We use feedback provided to identify best practice and also areas for continuous improvement. We seek guidance from service user collaboration in the development of this policy to ensure we capture the views of all involved.
- 1.2 At N&WM we want to praise our staff for a job well done and learn from our mistakes to ensure that we can constantly improve the services we offer. N&WM adopt an open and transparent, welcoming, and non-defensive culture with regard to any feedback received. This in turn means that we help to protect the rights of the people we support and our staff. Anybody making a complaint or providing positive

feedback must feel satisfied that they are being listened to and understood.

- 1.3 N&WM 'Your Feedback' leaflets and cards are clearly displayed in public areas wherever we provide our services. Information on how to provide feedback is also easily and clearly accessible on our website. When people first start using our services they will be given information on how to register any feedback with us and what action we will take, if necessary.
- 1.4 N&WM aims to provide information on how to complain in a range of formats to make it accessible and understandable to everyone regardless of their natural language or physical needs. Staff are expected to be sensitive to the needs of individuals and will, where necessary, be pro-active in supporting to provide feedback from those individuals that may require additional support.

## **2. Scope**

- 2.1 All informal complaints and compliments which are disclosed in service will be recorded and logged by the Service Manager. All other formal complaints and compliments which arrive in the feedback@ inbox will be logged centrally and disseminated to the relevant staff. Information collected regarding all feedback will be collated and reported to the Executive Leadership Team (ELT) within N&WM. Trends will be identified and learnings agreed from this information.
- 2.2 N&WM sites and services are regularly audited to ensure that access to the feedback procedure is readily available in the form of service user documents and feedback leaflets and cards in public areas. This policy and aforementioned procedure aim to encourage staff throughout N&WM to view complaints as a means by which positive change may be brought about.
- 2.3 Please read this policy in conjunction with the following policies and associated procedures;
  - Code of Conduct Policy
  - Business Excellence Policy
  - Compliance with Accessible Standards Policy
  - Confidentiality Policy
  - Equality, Diversity and Inclusion Policy
  - Gifts and Hospitality Policy
  - Grievance Policy
  - Making Every Contact Count Policy

- Management of Violence Aggression and Disruptive Behaviour Policy
- Media Liaison Policy
- Social media Policy
- Lived Experience Influence and Participation Policy
- Volunteering Policy
- Data Protection Policy
- Information Governance Policy
- Whistleblowing Policy

### **3. Compliments**

- 3.1 Compliments that are received in verbal, written or electronic form other than through the feedback@ inbox are recorded by the service manager to share with their staff and senior team members enhancing a culture of praise and gratitude for a job well done. These may also be shared in N&WM's all staff bulletins and in some instances shared anonymously on our marketing material.
- 3.2 Compliments received through the feedback@ inbox are recorded centrally and also shared in the same way with the service manager and senior team members. These emails again may be shared in the N&WM's staff bulletins.
- 3.3 N&WM take pride in the compliments we receive and value the voice of our service users. N&WM endeavor to ensure that we can continue to provide services to a standard that service users consider as best practice.

### **4. Complaints**

- 4.1 Complaints are just as important as compliments, if not more so that N&WM may learn from them. Some complaints can be resolved at the time they are submitted verbally and this can be concluded by a swift response from the service manager, if possible people should be encouraged to do this.
- 4.2 People who wish to make a formal complaint must feel secure that they will not be victimised for doing so, and they must be confident that the issues they raise will be investigated and responded to fairly. Each service manager must ensure that people who have dealings with their service know how to complain. It is particularly important to check that people understand their rights in this area.
- 4.3 To ensure that everyone has a fair and equal opportunity to complain, N&WM staff can assist people to put their complaint in writing or an

accessible format. We can direct people to independent advocacy support to represent their complaint to the N&WM at an oral stage. Independent advocacy support might be provided, for example, by a person's Care Coordinator, Equal Lives, POWHER or Together UK.

- 4.4 N&WM are committed to upholding the values by which we work, (inclusive, respectful, responsive and integrity) and we aim to ensure that these values are applied in every step of our Complaints and Compliments Policy and aligned procedure.
- 4.5 N&WM aim to ensure that all complaints are dealt with confidentially and in accordance with the Complaints and Compliments procedure, we aim to acknowledge receipt of all complaints within 72 hours. N&WM will investigate and respond within 28 days providing a written response detailing the reason why this conclusion has been reached, sometimes during the investigation confidentiality may be breached to gain the full facts and for N&WM to be able to act accordingly. (Including why a complaint has been upheld or dismissed and what action we intend to take to address the issue raised).

## **5. Other types of Complaint**

- 5.1 Should a service user complain that the information held about them (their data) is incorrect or that N&WM has breached data protection or privacy laws then staff should refer their complaint to N&WM's Data Protection Officer [DPO@norfolkandwaveneymind.org.uk](mailto:DPO@norfolkandwaveneymind.org.uk) and refer to the "Information Governance Suite of Policies" for guidance.
- 5.2 N&WM recognises that there may be occasions where a person will make a complaint to the media, if staff become aware of such an occurrence then staff should advise their Manager and refer to the Media Liaison Policy.
- 5.2 In the case of complaint by a member of staff, they should refer to the Grievance Policy/Procedure which details the actions that they could take.
- 5.2 Staff and volunteers should refer to the Whistle-Blowing Policy for guidance with revealing information with the intention of identifying abusive and poor practice or illegal activity, where normal reporting mechanisms have failed.

## **6. Monitoring and review**

- 6.1 Failure to adhere to this policy may result in disciplinary action.

- 6.2 The Executive Leadership Team are responsible for the implementation of this policy across their Directorates.
- 6.3 The Assurance Manager will review this Policy and any associated procedures every two years, or sooner if required.
- 6.4 All staff will have access to this Policy. When changes are made to this policy staff will be notified through the agreed portal.
- 6.5 This Policy is also be made available on our website for the general public.