

Complaints Policy and Procedure

Approved by Trustees: December 2024
Review date: December 2029

Policy Statement

Soundwell Music Therapy Trust considers the high standard of service and care to clients, suppliers, professionals and supporters to be of paramount importance and we value our relationships with all.

People should be encouraged to make comments and give feedback so we can continue to improve our services. In the vast majority of circumstances, most people are very satisfied with the level and standard of service they receive. It is vital that any issues of concern are dealt with at the earliest possible point by the member of staff or freelancer involved.

However, sometimes things go wrong and it is therefore important that we make sure there are effective arrangements for people to make their views known and have the matter resolved amicably.

The aim of this Policy is to provide a clear framework for all staff to receive and manage complaints to the Charity in an effective and consistent way.

Correspondence concerning all formal complaints is confidential and restricted to those immediately involved. All information gained in this process will be managed in accordance with the Data Protection Act (2018).

Scope of this Policy

This Policy details the procedure for dealing with formal complaints only, when all informal ways of resolving the issue have failed.

This policy covers how to manage formal complaints from Clients, Professionals and Supporters, including the wider general public. Managing formal complaints from staff and volunteers fall outside the remit of this policy, as separate procedures exist for both.

Specific provision for Music Therapists

All Music Therapists employed or contracted by Soundwell Music Therapy Trust are registered with the Health and Care Professions Council (HCPC). They must adhere to the HCPC's [Standard of Conduct, Performance and Ethics](#) and [Standards of Proficiency – Arts Therapists](#).

General Procedure

Informal action

1. The complainant discusses their concerns with the member of staff/therapist involved, if they feel able to.
2. If the member of staff/therapist is unable to deal immediately with the matter, a clear note is made, including complainant's name, contact details and date, and the complainant is contacted as soon as the matter has been investigated. The member of staff/therapist should also consult with their line manager/Local Service Coordinator at this stage.
3. If all informal attempts to resolve a concern have failed, and the person is still dissatisfied with any aspect of our work, they can ask to speak to one of the following relevant Designated Managers:

For complaints involving any therapist (excluding the Lead Services Manager):
Lead Services Manager

For complaints involving a Local Service Coordinator or the Administrator:
Member of Senior Management Team

For complaints involving a member of the Senior Management Team (including the Lead Services Manager):
Chief Executive

For complaints involving the Chief Executive:
Chair of Board of Trustees

Formal Action

1. During a first meeting, the Designated Manager will continue to try and resolve difficulties and any misunderstandings through mutual discussion and agreement. At the conclusion of the meeting, the person giving feedback should be asked if they would like to formalise the matter by submitting a complaint in writing (using a Feedback Form, if possible.)
2. If they do wish to formalise the complaint, the complainant should then submit the complaint to the Finance and Funding Manager.
3. On receipt of the written formal complaint the Finance and Funding Manager will record the letter appropriately in a complaints register which is held within their office. The CEO (or a Trustee) will then appoint a Designated Manager (who may be different from the person who was involved in the first meeting) and ensure that a written acknowledgement is made within five working days. A copy of the Complaints Policy will also be attached.
4. The Designated Manager will then instigate a formal review, interviewing key members of staff as appropriate. Notes will be taken and held for each meeting taking place under the complaints procedure.
5. The Designated Manager will consider the information received, write a report and write to the complainant with the outcome of the review. The aim should be to resolve the complaint within three working weeks, and the Designated Manager should keep the complainant informed of progress, particularly if a deadline cannot be reached.
6. If the complainant remains dissatisfied with the outcome, the matter will be referred to the next level of Designated Manager for a review of the information and further decision within two working weeks.
7. If all attempts to resolve the complaint satisfactorily fail, the matter will be referred by the CEO to the Board of Trustees, who are the final arbitrators of official complaints. They can nominate a panel to act on their behalf and will give a final decision on a formal complaint before them within a reasonable time period.
8. Complaints can be taken to the Health and Care Professions Council on the grounds that Soundwell is acting or proposing to act unreasonably or has failed to discharge its duties.

Review

The Complaints Policy should be every 5 years or sooner should there be any materials change in law or the way in which Soundwell operates. The policy will be reviewed again the following standards:

- All staff and freelancers are aware of the Complaints Policy

- All staff know where to find a copy of the policy
- All staff knowing who the Designated Managers are
- All Designated Managers to have received training in managing complaints
- Complaints are recorded through a central register the record is clear and transparent
- Complaints are dealt with efficiently and courteously according to the timescales set out above
- A report is compiled for the CEO and Board of Trustees annually and reviewed by the relevant Trustee Committee as appropriate.