

COMPLAINTS POLICY

POLICY NUMBER & CATEGORY	CG 06	Corporate Governance
VERSION NO & DATE	4	September 2016
RATIFYING COMMITTEE	Clinical Governance Committee	
DATE RATIFIED	6 September 2016	
ANTICIPATED REVIEW DATE:	September 2019	
EXECUTIVE DIRECTOR	Executive Director of Nursing	
POLICY LEAD	Customer Relations Lead	
POLICY AUTHOR (if different from above)		

POLICY CONTEXT

- The emphasis of this policy is in relation to the management of complaints from receipt to investigation and resolution. The policy also covers the learning from complaints **at local level quickly and effectively** and, wherever possible, through the actions of front line staff. If service users seek help in raising a concern or making a complaint then they must be made aware that they can do so without fear of repercussion, discrimination or victimisation.

POLICY REQUIREMENT (see Section 2)

- The Customer Relations team will acknowledge all complaints within 3 working days, at the same time, informing the complainant of the name of the investigating officer and the expected date they will receive a response letter.
- The Customer Relations team will appoint the investigating officer, and advise how long they have to undertake their investigation. The Associate Director of Operations and Clinical Director have the responsibility for signing off the response to all complaints, prior to the response submitted for final sign off by the CEO.
- All managers have the responsibility to ensure that all staff are aware of the contents of the Complaints Policy and how to access this document.
- Staff must be able to advise service users of the route to raising a concern or making a complaint.
- Staff must ensure service users, families or the public be encouraged and enabled to provide feedback about their experience, and must receive information in an appropriate format, and/or be offered communication support

CONTENTS

1	INTRODUCTION	3
1.1	Rationale (Why).....	3
1.2	Scope (Where, When, Who).....	3
1.3	Principles (Beliefs).....	3
2	POLICY (What)	5
3	PROCEDURE	5
4	RESPONSIBILITIES	14
5	DEVELOPMENT AND CONSULTATION PROCESS	17
6	REFERENCE DOCUMENTS	18
7	BIBLIOGRAPHY	18
8	AUDIT AND ASSURANCE	19
9	APPENDICES	20
1.	A user led vision for raising concerns and complaints	pg 21
2.	Complaints Process Flowchart	pg 22

1 INTRODUCTION

1.1 Rationale (Why)

The NHS Constitution, published in 2009 and updated in March 2013, provides details of what staff, service users, and members of the public can expect from the NHS including the right to complain about their treatment. The constitution states that service users have a right to expect organisations to proactively improve service quality, listening to feedback from those who use services, and informing them of progress and actions taken to improve services. Service users have a right to be treated with courtesy when they raise issues of concern, and to receive an apology where mistakes happen. Within mental health services, very often users and family members have concerns about raising issues: as a Trust we want to reassure our service users and families that we will work with them to make sure their experience of doing this is a positive one.

This Policy sets out Birmingham and Solihull Mental Health NHS Foundation Trust's approach to the handling and management of complaints.

1.2 Scope (Where, When, Who)

The policy relates to management of all complaints regarding patient care from service users, carers or members of the public.

This policy applies to all staff working within Birmingham and Solihull Mental Health NHS Foundation Trust.

The policy, once ratified, will be the process used for the management and process of all complaints received until it is reviewed.

Our Customer Relations Team is responsible for the day to day management of the complaints process. The Customer Relations Team provide a central team to which compliments about care can be submitted.

1.3 Principles (Beliefs)

Birmingham and Solihull Mental Health NHS Foundation Trust aims to ensure that complaints, concerns and issues raised by service users, relatives and carers are seen as learning opportunities and trends are analysed and reported on. We aim to learn from and resolve concerns and complaints quickly and as close to the source as possible through:

- An immediate, verbal, first line response through Local Resolution
- Investigation and resolution in an open, honest and non-defensive way. The response endorsed by the Chief Executive and positive learning from the complaint resulting in overall service improvement

The Trust positively supports individuals with disabilities, or specific communication needs, and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

Birmingham and Solihull Mental Health NHS Foundation Trust is committed to honesty and openness and a willingness to listen to the complainant, and to understand and work with the service user to rectify the problem. In addition, there is a commitment to ensuring the user-led vision for raising concerns and complaints adopted by the Parliamentary and Health Service Ombudsman (PHSO) is embedded across the organisation – see appendix 1.

Staff must ensure service users, families or the public be encouraged and enabled to provide feedback about their experience, and must receive information in an appropriate format, and/or be offered communication support

Birmingham and Solihull Mental Health NHS Foundation Trust will respond in a way that is the most appropriate to the individual and their circumstances emphasising local resolution, personalised action plans and remedial outcomes. The underlying principles of our complaints process is:

- To get it right
- To be service user focussed
- To be open and accountable
- To act fairly and proportionately
- To apologise and to put things right
- To seek continuous improvement

Patients, relatives and their carers will not be treated differently as a result of making a complaint. This will be achieved by ensuring that complaints are dealt with fairly, honestly and openly and by the maintenance of confidential complaints records kept separate from a patient's health records, where this applies.

Staff must ensure service users, families or the public be encouraged and enabled to provide feedback about their experience, and must receive information in an appropriate format, and/or be offered communication support.

The Complaints and Concerns Policy will enable the Trust to –

- To get it right
- To be service user focussed
- To be open and accountable
- To act fairly and proportionately
- To apologise and to put things right
- To seek continuous improvement learn from experience
- Ensure fairness to complainants and staff

- Ensure independent investigation where serious concerns are raised
- Listen to, and use, service user and user views to improve services
- Ensure compliance with Duty of Candour

2 POLICY (What)

- 2.1** All staff must communicate with the Customer Relations Team as soon as possible on receipt of a formal complaint.
- 2.2** The Customer Relations Team must acknowledge all communication within 3 working days of receipt.
- 2.3** The investigating officer must ensure that they make contact with the complainant at the earliest possible opportunity, and that the complainant is offered a face to face meeting to discuss their concerns.
- 2.4** The Associate Director of Operations, and/or Clinical Director must sign off all complaint responses prior to submission to the Customer Relations Team for quality assurance.

3 PROCEDURE

3.1 Early Resolution – the definition

Where possible, the Trust encourages concerns to be addressed by relevant front line staff, for example, a Ward Manager or Head of Department so that things can be put right as soon as possible. This is facilitated by the Customer Relations PALS officers, if required, who approach the service concerned on the complainant's behalf.

3.2 Concerns or Complaints – Made to the Customer Relations (PALS and Complaints) Team

The PALS officers receive all concerns and make contact to attempt resolution. Where that is not possible, or if the complainant wishes a formal complaint will be registered. The formal complaint is then triaged.

3.3 The Management of Complaints

Triage will be undertaken by the Customer Relations Team in accordance with the following categories

- Single issue complaints to be resolved within 25 working days.
- Moderate harm or multi-issue complaints to be resolved within 30 working days.
- Resolution date for major or catastrophic or complex medical complaints should be agreed with the complainant, taking into consideration the timescale for an independent investigation. In no circumstances will any complaint investigation of this nature take more than six months.

- The Customer Relations Team will acknowledge the complaint within 3 working days of receipt.

At the time of acknowledging the complaint (in writing) the Customer Relations Team will confirm:

- The process for handling the complaint
- The name of the investigating officer
- When the investigation is likely to be completed
- When the response is likely to be sent to the complainant
- Advise the complainant of advocacy services available such as ICAS
- Provide assurance to the complainant that he or she will not be treated differently or discriminated against because they have raised a concern and that the organisation welcomes comments about services, treating them as opportunities to improve care.

The Customer Relations Team will:

- Assess the complaint and appoint the investigating officer from the accredited list of Investigation Officers.
- Create a record on our complaints management systems and keeping it up to date of the progress throughout the investigation.
- Send a copy of the complaint and acknowledgement letter to the IO, Associate Director of Operations (AD) and Clinical Director (CD) for the service area.
- Where a complainant demonstrates a clear intention to seek compensation, the complainant will be informed in the acknowledgement letter of the process which is to obtain the service of an independent solicitor and approach the Trust legal department.
- Where a complaint alleges harm to a patient, that has not already been recorded on eclipse, the complaints team will arrange for the team manager of the service concerned to record the alleged incident on eclipse and compliance with the Duty of Candour Policy.

3.4 The Investigation and Role of the Investigating Officer (IO)

The Investigating Officer will:

- Make contact with the complainant and offer a face to face meeting
- Establish what happened, what should have happened and who was involved and make written records of the investigation/staff statements. At the outset, consideration should be given to holding an investigation meeting with staff involved.
- If a complaint falls within the 6 month response category ensure that the Customer Relations Team is kept updated with the progress of the investigation. The Customer Relations Team will, in turn, keep the complainant informed of progress.

- d) Determine whether the complaint should be upheld, partially upheld or not upheld, the rationale for this assessment to be clearly identified in the response letter.
- e) Make sure an appropriate, honest, open and sincere apology is given.
- f) Identify any lessons learned and make recommendations to the Clinical Director and Associate Director of Operations of any actions which can be implemented to ensure that there is no recurrence.
- g) IO meet / discuss with the AD and CD to discuss the findings of the investigation and draft response including agreement of the associated actions to be taken.
- h) AD/CD send the draft response letter to the Customer Relations Team who will review the draft report for accuracy and content, and ensuring the issues raised via the Complainant have been addressed to be shared with the local service leads as appropriate.
- i) The IO will ensure that the complainant is not treated differently as a result of making a complaint. This will be achieved by ensuring that complaints are dealt with fairly, honestly and openly and by the maintenance of confidential complaints records kept separate from a patient's health records where this applies.

The staff involved in the complaint:

- a) Should be made aware of the complaint and asked to prepare written accounts as part of the investigation.
- b) Should be provided with support to make their statement.
- c) Are required to co-operate with complaints procedures as part of their terms of employment.
- d) Where an employee refuses to give an interview or a written account without reasonable grounds, this should be considered a disciplinary offence.
- e) Birmingham and Solihull Mental Health NHS Foundation Trust is expected to release clinicians and staff from other commitments to act as advisers for complaints cases so that delays in the process can be avoided.
- f) Where a complaint alleges abuse by a member of staff, the complaints team will immediately advise the Safeguarding team and HR, in line with People in a Position of Trust Policy.

3.5 Conciliation and Mediation

Experienced mediators are available from Birmingham and Solihull Mental Health NHS foundation Trust. Mediation can be used at any stage of a complaints investigation but should be used as early as possible where the circumstances of the complaint are likely to be stressful for all parties e.g. where the complaint relates to the death of a patient.

Mediators can be accessed via the Trust Connect intranet site.

3.6 Complaints Involving More than One Agency

The agency receiving the complaint will ask the complainant for consent to pass their concerns on to other agencies involved for investigation.

Complaints involving more than one agency will be dealt with in accordance with Information Governance requirements.

3.7 Grading of Complaints

In order to understand the impact of complaints on the individuals involved and the organisation a system of risk/severity grading is undertaken. The system used is outlined below and is essentially assessing the risk to all concerned. The grading is applied initially by the Customer Relations Team (if necessary in consultation with the Clinical Governance Department) on receipt of the complaint and can be adjusted following the completion of the investigation if required. The grading is recorded on the database along with any actions identified.

Severity/Risk Score

None	Insignificant unsatisfactory service user experience not directly related to service user care – readily resolvable
Minor	Minor unsatisfactory Service user experience – readily resolvable. Justified complaint peripheral to service user care
Moderate	Moderate mismanagement of patient, care short term consequences – justified complaint involving lack of appropriate care
Major	Major mismanagement of service user care, long term consequences. Multiple justified complaints/concerns
Catastrophic	Catastrophic totally unsatisfactory service user outcome or experience. Multiple justified complaints leading to possible claims

3.8 Serious Complaints Severity Major or Catastrophic

Think about SI and allegations of professional misconduct

Serious complaints may, or may have already, triggered a serious incident investigation and this will be carried out independently. Arms-length independent investigation of a complaint should be initiated, as best practice, with consideration to the policy Managing Safeguarding Allegations Concerning People in a Position of Trust.

3.9 Putting Things Right

In line with the PHSO's Principles for Remedy, once a complaint investigation is completed, remedies may need to take account of injustice or hardship that arises from pursuing the complaint as well as the original dispute. The complainant should receive:

- a) An apology, explanation and details of remedial action where a complaint has been upheld
- b) Where possible, be returned to a position they would have been in had the maladministration or poor service not occurred.

3.10 Duty of Candour

In October 2014, a legal Duty of Candour was established as a result of the learning arising from the Francis Inquiry. The Duty of Candour is also part of NHS organisations CQC registration requirement and has been included in The Standard NHS Contract since 2013. In addition, professional registration includes mandatory compliance with Duty of Candour.

Duty of Candour applies to incidents where moderate or severe harm or death has occurred as a result of a notifiable safety incident. Where a complaint refers to harm to a patient, the investigator of the complaint must make reference to the Duty of Candour Policy and ensure the requirements of the policy are complied with.

3.11 Consent, Service User Confidentiality / Sensitivity and Third Party

All staff dealing with a concern or complaint are obliged to ensure that it is treated in confidence and with sensitivity. Complainants and the person(s) who are the subject of the complaint must be advised and assured by staff that their complaint will be treated in confidence and with sensitivity.

If someone other than the service user or, in the case of a child, the parent with parental responsibility, has made the complaint, the Customer Relations Team will obtain written consent from the patient/parent of the child. Should this not be possible due to incapacity or refusal, a discussion will take place with the clinician responsible for the patient's care on the best interests of the service user and a response will be made accordingly. Should it not be possible to answer all of the concern/complaint because consent has not been obtained, a factual, generic explanation will be given. Staff must be fully aware of the Confidentiality: NHS Code of Practice.

If the service user does not wish to progress the concern/complaint, once the complaint process has been instigated, they have the right not to continue regardless of the wishes of the third party concerned. However, the third party may still pursue the complaint with regard to issues directly concerning themselves, i.e. unhelpful attitude of staff.

3.12 Working with Other Agencies and Organisations

There are also a number of external agencies, including other organisations that may be involved in a complaint. The Customer Relations Team will give support and advice about this. They may include:

- Independent Complaints Advocacy Service (ICAS) (to give support to the complainant throughout a complaint)
- User Organisations
- Coroner (in the case of sudden death)
- NHS Litigation Authority (when a claim arises from a complaint) (via the Trust Legal Team)
- Parliamentary and Health Service Ombudsman
- Local Authority (where a complaint is about social care)
- Local Acute Trusts and other health care providers
- NHS Commissioning organisations
- Independent Contractors

3.13 Ending the Formal Complaints Process

Where the complaint becomes the subject of a disciplinary or capability process the complaints procedure will continue and a copy of all correspondence will be shared with Human Resources who will support the complaint investigation. Similarly, if the complaint becomes the subject of a claim or other legal process then the complaint file will be shared, once the complaint is closed.

3.14 Out of Hours

The Customer Relations Team are ordinarily available during office hours, Monday – Friday 9.00am - 5.00pm. The PALS service opening hours are 8.00am – 8.00pm Monday – Friday (excluding Bank Holidays). Outside of these hours, a voicemail service is in place, and useful information is available on automatic email responses to the team.

3.15 Independent Review by Parliamentary Health Service Ombudsman

Should any complainant express dissatisfaction with the outcome of the complaint, there will be the opportunity to discuss further options available including a second opinion on the outcome and/or a mediation meeting. Complainants can contact either the Customer Relations department (0121 301 1084) or the author of their response letter who will be able to advise on any further action which can be taken by the Trust to resolve any outstanding concerns.

If complainants remain dissatisfied with the response(s) they have received, and there is nothing more the organisation can do to resolve the complaint to the complainant's satisfaction, they will be advised of their right to request an Independent Review by contacting Parliamentary Health Service Ombudsman (PHSO).

Requests for Independent Review may be made orally or in writing, including electronically. The PHSO Ombudsman is contactable at:

- Helpline on 0345 015 4033,
- email phso.enquiries@ombudsman.org.uk or
- fax 0300 061 4000.

Further information about the Ombudsman is available at:
www.ombudsman.org.uk

The Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank, London. SW1P 4QP

Once in receipt of the Ombudsman's report related to a complaint made about the organisation, the timescales indicated for acting on the recommendations must be complied with. The Customer Relations Team will liaise with the appropriate operational or corporate team to ensure this is achieved.

3.16 Coroner's Cases

The fact that a death has been referred to HM Coroner does not mean investigations into a complaint need to be suspended. It is important to initiate proper investigations regardless of HM Coroners inquiries, and where necessary, to extend these investigations around HM Coroner requests.

3.17 Links with Quality Structure

The monthly reports generated by the Customer Relations Team will be used by the Local Clinical Governance meetings as a quality improvement tool. The reports will include both narrative and statistical data. The Local Clinical Governance meetings will monitor remedial action plans in order to provide assurance that these have been fully implemented. Where appropriate the groups will investigate trends and lessons learned will be used in planning improvement work. Lessons learned will be collated and shared with all appropriate areas.

3.18 Media Enquiries

Staff should not respond directly to any enquiries from the media. These should be referred to the Trust's Communications Department.

3.19 Complaints Files

In accordance with Department of Health Guidance, complaints records must be kept separate from health records.

Please note: Complaints correspondence should not be filed within a patient's health record unless specifically requested by the patient.

Managers should ensure that in all cases complaints correspondence, which contains service user identifiable and confidential information, should be stored in a secure cabinet which is locked and that information and files are only shared in the groups/directorates on a need to know basis. It is not necessary

for managers to keep complaints files once a complaint is closed, as the main copy of the complaint will be retained by the Customer Relations Team preferably electronically and securely on the Safeguard Database.

Requests for copies must be made in writing to the Customer Relations Lead clearly stating the reason for the request.

Complaints files may be disclosed should a legal claim be made to the organisation following the outcome of a complaint.

Complaints files will be kept by the Customer Relations Team for 10 years from date of closure of the complaint.

3.20 Ethnicity Information & Communication

The Trust recognises that some complainants may not use English as their first Language, or may have other communication or learning difficulties. In these circumstances the Trust will ensure that such complainants have access to adequate support to enable them to fully participate in the complaints process. The Customer Relations Team will make the necessary arrangements on an individual case-by-case basis, after discussion with the complainant or their advocate or representative.

It is Birmingham and Solihull Mental Health NHS Foundation Trust policy that no person shall be discriminated against on grounds of race, gender, language, colour, religion or any type of disability when making a complaint or raising a concern. Interpreting services can be provided if required.

3.21 Procedure for Dealing with Habitual Complainants

The organisation is committed to dealing with all complainants in a fair and equitable way and seeks to provide a full and comprehensive response to all complaints. However, on rare occasions some complainants may attempt to pursue the Complaints Procedure in a manner which is deemed to be unreasonably persistent abusive or even vexatious. Similarly, from time to time complainants may seek to maintain a relentless communication via the raising of serial complaints or a persistent continuation of a complaint that has been dealt with.

Examples of such behaviour may include: the persistent pursuit of unrealistic outcomes or demands; attempts to access confidential information, persistently unreasonable (and sometimes aggressive or abusive) behaviour towards the organisation's staff in respect of a complaint or multiple complaints; excessive and disproportionate requests for information in respect of a complaint or multiple complaints; persistent attempts to have complaints which are well out of time investigated, or to have complaints which have previously been the subject of investigation and which may have also been considered by the Parliamentary Health Service Ombudsman reinvestigated.

Therefore the Trust has procedures in place to deal with Persistent, Serial or Vexatious complaints in order to ensure that there is equity, fairness and consistency in our response to contacts of this type. It will not always be the case that a complainant who is persistent in their contacts or who raises a

number of complaints should be dealt with via this procedure. The organisation believes that the decision to apply the procedure for dealing with a complainant as a persistent, serial or vexatious complainant should be taken only as a last resort. However, in a small number of cases the Trust will use such procedure to limit or restrict an individual's access to the Complaints Procedures.

In the event that a decision is taken to limit or restrict a complainant's access to the Complaints Procedure, then they will be informed, in writing. This letter should detail the steps that the organisation has taken in order to attempt to resolve the matter and the nature of the persistent unreasonable or vexatious behaviour being demonstrated by the complainant and details of the restrictions to be put in place. All such letters will be approved and signed by the Chief Executive or in their absence the identified Deputy Chief Executive.

3.22 Guidance for termination of telephone contact when speaking with habitual or vexatious complainants who are aggressive

The following form of words (or a very close approximation) should be used by any member of staff who intends to withdraw from a telephone conversation with a complainant. Grounds for doing so could be that the complainant has become unreasonably aggressive, abusive, insulting or threatening to the individual dealing with the call or in respect of other NHS staff.

'I am sorry but I have to inform you that we have reached a point where your manner has become unreasonable and I have no alternative but to discontinue this conversation. However, your complaint(s) will still be dealt with by the Trust in accordance with the NHS Complaints Procedure. I am now going to end this conversation'.

The above, should not be used to avoid dealing with a complainant's legitimate questions/concerns that can sometimes be expressed extremely strongly. Careful judgement and discretion must be used in determining whether or not a complainant's approach has become unreasonable

3.23 Withdrawing Habitual or Vexatious Status

Once complainants have been classified as habitual or vexatious, such status will continue to apply for a period of twelve months, at the end of which period, habitual or vexatious status will automatically be withdrawn. However, this may be withdrawn earlier if, for example, complainants subsequently demonstrate a more reasonable approach, they can apply to have this status withdrawn at an earlier date. In addition, if they submit a further complaint, relating to a new matter(s), the normal complaints procedures will apply.

3.24 Complainants Whose Illness May Predispose to Complaints

Where it is clear that the complainant's health is predisposing them to make complaints the following steps should be taken:

- The complaint should initially follow the normal complaints procedure.

- The concern that the illness is the root cause of the complaint and that responding to it would add to the client's poor health should be discussed with the Customer Relations Lead
- A decision should be made, in conjunction with the Medical Director and/ or Chief Executive that it would not be in the client's best interests to respond.

3.25 Learning from Experience

- A procedure is in place to ensure that learning takes place, where necessary, from each complaint. This is achieved by:
- Assessing the severity of the complaint and grading it (Customer Relations Lead),
- Ensuring that, where necessary, corrective action is taken (CD/ AD considering recommendations from Investigating Officer)
- Ensuring that a supportive process is in place to enable staff to undertake reflective learning through regular staff or team meetings
- Auditing the action taken in each complaint or concerns and reporting this to the Board and relevant staff, confidentially where appropriate (i.e. Clinical Governance/ Local Clinical Governance meetings)
- Evidence of completed actions identified as a result of a complaint will be provided to the Trust's Local Clinical Governance Committee on a quarterly basis after the closure of the complaint
- Wide sharing of lessons learned and action taken will be included in the quarterly "Learning from Complaints" briefing
- Reflecting on Experience
- Satisfaction surveys with people who have complained about services will be conducted to ascertain their views on:
 - Effectiveness and fairness of the complaints handling process
 - Confidence that service improvements have been made
 - Complaints being shared with HR and medics annually for appraisal purposes.

4 RESPONSIBILITIES

Post(s)	Responsibilities
All Staff	Have a responsibility to ensure complaints and concerns are responded to in an open and honest manner and within timescales set down in this policy Have a responsibility to be aware of the complaints and concerns processes and attend complaints and customer care training sessions as part of induction and mandatory updates. Ensure no patient, carer, relative or visitor to the Trust is treated differently as a result of raising a concern or making a complaint. Any concerns over non-compliance should be raised with the relevant line manager in order that appropriate action is taken.
Customer Relations (and	The Customer Relations Team and PALS function will be available and accessible to anyone receiving healthcare within

Post(s)	Responsibilities
Patient Advice & Liaison Service) Team	<p>the Trust, or their relatives.</p> <p>Issues brought to the Trust which relate to services of other NHS Trusts/organisations will be signposted to the relevant health contact in the appropriate organisation.</p> <p>The Customer Relations PALS Officers will clarify with patients, relatives, carers and visitors to the Trust, their role and limitations.</p> <p>They provide the following services:</p> <ul style="list-style-type: none"> • Listen to concerns, suggestions or queries • Provide information on NHS services • Advise and support patients, carers, relatives and visitors • Help to sort problems promptly on patients behalf • Support patients, relatives, carers and visitors to access the formal complaints process • Support patients, relatives, carers and visitors to access independent advocacy • Provide information about and support local service user and public • involvement activity • Act as an interface between clinical services from Birmingham and Solihull Mental Health NHS Foundation Trust and patients • Provide support and assistance to staff when dealing with difficult situations • Identify trends and gaps in services for escalation
Customer Relations (Complaints) Team	<p>The Customer Relations Team provides day-to-day support to the Customer Relations Lead and has responsibility to ensure that:</p> <ul style="list-style-type: none"> • All complaints are registered on the database (Safeguard) • Relevant paperwork and databases are up to date and available for the Customer Relations Lead • Acknowledgement letters are sent to complainants within the specified time scale • Complaints are sent for investigation to the appropriate Associate Director of Operations/Clinical Director <p>The complaints process is carried out appropriately, offering support to complainants and the Customer Relations Lead</p>
Customer Relations Lead (Complaints and PALS)	<p>Is the designated Customer Relations Lead for formal complaints as required by the regulations and as such has day to day management of the Customer Relations (Complaints & PALS) Team.</p> <p>Assesses the severity and significance of the issues contained in complaints and concerns and escalates information appropriately</p> <p>Ensures the Customer Relations Department is managed efficiently</p> <p>Ensures the administration of the Complaints process is carried out appropriately and in a timely fashion, including dealing with</p>

Post(s)	Responsibilities
	<p>enquiries and concerns and responding to formal complaints Ensures formal written responses to complaints are of an acceptable standard.</p> <p>Ensures training on Customer Services and complaints handling is delivered to front line and administrative staff as part of the Trust Induction Programme and relevant mandatory training as appropriate.</p> <p>Ensures all queries around the legalities of dealing with complaints are dealt with appropriately</p> <p>Ensures the Customer Relations Team liaises with appropriate managers in order to initiate and monitor a thorough investigation of matters raised.</p> <p>Provides advice where appropriate to services in the formation and development of action plans</p>
<p>Matrons, Ward & Department Managers/Supervisors</p>	<p>Ensure all members of staff receive training on how to deliver effective customer care and handle difficult situations in order to minimise the number of concerns and formal complaints received and to ensure local resolution of concerns and complaints takes place wherever possible.</p> <p>Ensure staff are aware of what action to take if a patient, relative, carer or visitor wishes to raise a concern or make a formal complaint to the Trust.</p> <p>Contribute towards the completion of an Action Plan for all complaints where relevant and if appointed as an Investigating Officer that the correct process is followed and adhered to.</p> <p>To be responsible for ensuring that any action plan sent to Local Clinical Governance meetings for completion is completed in full and on a timely basis, addressing all concerns raised.</p> <p>Ensure appropriate action is taken to ensure service improvement and minimise the risk of recurrence of issues raised in a concern or complaint.</p> <p>Ensure complainants are not treated differently as a result of raising a concern or making a complaint</p>
<p>Investigating Officers</p>	<p>To be responsible for ensuring all complaints or concerns received are investigated and appropriate responses provided on a timely basis to the Customer Relations Team (Complaints and PALS). The response must include lessons learned and remedial action plans.</p> <p>To undertake formal investigations as requested by the Customer Relations Team (Complaints and PALS) provide a detailed, comprehensive response, addressing all the issues raised in the complaint, with specific reference to action taken to minimise the risk of a recurrence and clearly identifying lessons learned. A formal action plan, detailing actions taken as a result of the complaint should be completed at all times where this is applicable taken to address concerns or complaints.</p> <p>To be responsible for ensuring all complaint responses are</p>

Post(s)	Responsibilities
	reviewed and approved before being sent on a timely basis to the Customer Relations Team (Complaints and PALS). Ensure that actions identified are transferred into a robust action plan, with clear timescales and appropriate leads for monitoring purposes.
Associate Directors of Operations & Clinical Directors	<p>Ensure all staff are aware of their responsibilities and that they are adhering to relevant procedures</p> <p>Oversee any investigations undertaken in line with the complaints policy and approve the response prior to submission to the Customer Relations team.</p> <p>Ensure any recommendations identified as a result of complaints received by their Service areas are implemented and monitored in order that lessons can be learned and the standard of care and treatment afforded to patients, carers and relatives improved.</p> <p>Ensure any recommendations made following Independent Review by the Parliamentary Health Service Ombudsman are appropriately actioned and are discussed at Local Clinical Governance Meetings.</p> <p>To ensure that remedial action plans are implemented and monitored by the service teams.</p> <p>To ensure complaints are reviewed regularly and appropriate action taken to address any themes.</p>
Associate Director of Governance	Has managerial responsibility for the Customer Relations functions and ensures that complaint handling is carried out in accordance with the policy.
Executive Director of Nursing	Has overall responsibility for the Customer Relations Team (Complaints and Patient Advice and Liaison Service)
Chief Executive	<p>The Chief Executive of Birmingham and Solihull Mental Health NHS Foundation Trust has overall accountability for Complaints.</p> <p>The Chief Executive is made aware of significant issues and approves and signs the final responses to formal complaints and action taken as a result of the issues raised</p>

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	Date	
Number of versions produced for consultation	Enter number here	
Committees or meetings where this policy was formally discussed		
...committee	Date	
...meeting	Date	
Where else presented	Summary of feedback	Actions / Response

6 REFERENCE DOCUMENTS

- Serious Incident Reporting Policy
- Duty of Candour (Being Open) Policy
- Claims Handling Policy
- Making Safeguarding Allegations Concerning Someone in a Position of Trust Policy.
- Accessible Information Policy

7 BIBLIOGRAPHY

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Mid Staffordshire NHS Trust public inquiry
- The government response in January 2014 “Hard Truths to Putting Patients First”
- The Clwyd Hart report October 2013
- The Care Quality Commission (CQC) Complaints Matter report in December 2014
- Duty of Candour legislation in 2014
- My Expectations PHSO / Healthwatch report November 201

8 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements
Management of complaints from acknowledgement to response and resolution	Customer Relations Lead	Reported monthly to Board	Monthly	Monthly report to Board
How the organisation makes improvements or learns lessons as a result of a concern or complaint	Customer Relations Lead	Review and follow up of actions and lessons learnt	Monthly	Annual report to Board
Themes resulting from complaints aligned to wider quality and safety improvement themes	Associate Director of Governance	Integrated Quality Report	Quarterly	Clinical Governance Committee and Integrated Quality Committee

9 APPENDICES

1. A user led vision for raising concerns and complaints pg 21
2. Complaints Process Flowchart pg 22

A user-led vision for raising concerns and complaints

- I felt confident to speak up.
- I felt that making my complaint was simple.
- I felt listened to and understood.
- I felt that my complaint made a difference.
- I would feel confident making a complaint in the future.



Complaints Process Flowchart

