



## COMPLAINTS POLICY

<b>POLICY NUMBER &amp; CATEGORY</b>	<b>CG 06</b>	<b>Corporate Governance</b>
<b>VERSION NO &amp; DATE</b>	<b>5</b>	<b>October 2019</b>
<b>RATIFYING COMMITTEE</b>	<b>Clinical Governance Committee</b>	
<b>DATE RATIFIED</b>	<b>December 2019</b>	
<b>ANTICIPATED REVIEW DATE:</b>	<b>December 2022</b>	
<b>EXECUTIVE DIRECTOR</b>	<b>Executive Director of Nursing</b>	
<b>POLICY LEAD</b>	<b>Customer Relations Lead</b>	
<b>POLICY AUTHOR</b> (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, carers or families 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 receipt of all correspondence within 3 working days.
- The Customer Relations team, following formal registration 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 should be empowered to assist service users to resolve their concerns in the first instance at local level, where possible.
- Staff must be able to advise service users, carers and families of the route to raising a concern or making a complaint, where local resolution has not been successful.
- 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

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## **1 INTRODUCTION**

### **1.1 Rationale (Why)**

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is committed to listening and responding to service users and encouraging a culture that seeks and uses peoples' experiences to improve our services. Providing opportunities for any user of the organisation to seek advice or information, raise concerns or make a complaint about the services it provides. Service users, relatives

and carers need to know how to do this and feel confident that they will be listened to and their issues are taken seriously.

This Policy sets out the Trust's commitment to dealing with concerns and complaints and provides guidance about how to manage, respond and learn from complaints. In doing so it meets the requirements of the National Health Service Complaints (England) Regulations 2019 and reflects the recommendations of the Francis Report (2013) and the requirements from the Health and Social Care Act Regulations 20 Duty of Candour (2014) to act in an open and transparent way in persons in relation to care and treatment.

The Trust supports the Care Quality Commission's (CQC) state of health care and adult social care in England 2014/15 document published in 2015 that 'Services should encourage and embrace complaints as they present a valuable opportunity to improve'.

The Trust is committed to honesty and openness and a willingness to listen to the complainant, and to understand and work with the service user or their assigned advocate 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

## **1.2 Scope (Where, When, Who)**

This 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, inclusive of Temporary Staffing Solutions (TSS) and agency staff members working for the Trust.

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

Staff must ensure service users, carers, 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.

## **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

#### Who can make a Complaint?

A complaint can be made by the service user, a former service user or any person who is affected by or likely to be affected by the action, omission or decision by the Trust. A complaint may also be made by a person acting on behalf of a service user where the service user:

- Has given consent for the third part or act on their behalf
- Lacks capacity
- Is a child and is not gillick competent
- Has died
- Has delegated authority to do so, for example in a registered Lasting Power of Attorney for Health and Welfare
- Is an MP acting on behalf of and by instruction from a constituent

#### Timescales for making a Complaint

Complaints can be made 12 months from the date on which the matter that is the subject of the complaint came to the notice of the complainant.

If there are good reasons for not having made the complaint within the above timeframe and if it is still possible the investigate the complaint effectively and fairly, the Trust may decide to still consider the complaint

#### How to raise a complaint or concern

Service users, relatives and carers are encouraged to express complaints, concerns and views both positive and negative about the treatment and services they receive, in the knowledge that:

- They will be taken seriously
- They will receive a speedy and effective response by a member of staff with the knowledge to respond
- Appropriate action will be taken
- Lessons will be learnt and disseminated to staff accordingly
- There will no adverse effects on their future care or that of their families

Service users, relatives and carers can discuss concerns or complaints with the clinical staff providing their care who will wherever possible try and respond and resolve their concerns immediately.

Where this not possible complaints and concerns can be raised in a variety of ways:

Verbally, either face to face or via the telephone

In writing, either in a letter, email or via the BSMHFT Trust website contact form Completion of the complaints and concerns leaflet available in all clinical areas

If a complaint is received from a non-service user, complaining about a Trust representative this can also be conducted via the complaints procedure.

#### Support to raise a complaint or concern

Advocacy agencies and other independent groups are available to assist individuals to raise their concerns with the Trust. 'POhWER' provide NHS complaints advocacy for complainants residing within the Birmingham area. For complainants who are residing within the Solihull area, the advocacy service available is 'Solihull Action through Advocacy'.

Other agencies include Healthwatch that can offer support services for raising a complaint or concern

The Trust will work with and co-operate with all recognised advocates and their agencies.

### **Multi-Organisational Complaints**

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.

The agency receiving the complaint will ask the complainant for consent to pass their concerns on to other agencies involved for investigation. This will be requested via a 'Customer Relations Consent Form', appendix 3. Complaints involving more than one agency will be dealt with in accordance with Information Governance requirements.

The Local Authority Social Services & National Health Services Complaints (England) Regulations 2009 recognise the importance of multi-agency fluidity within the complaints process and permit health and social care organisations to agree that one organisation should take the lead in the handling of a complaint which spans multiple agencies. BSMHFT will take the lead as appropriate and will work closely with the other agencies involved to ensure that the complaint is properly investigated and the issues complained about are addressed fully. Should the responses from the contributing organisations be disproportionately delayed after all reasonable steps have been made for its inclusion, a response containing the response from BSMHFT may be sent to the complainant advising them that there is information outstanding and that the alternate organisations have been reminded of their obligation to send this information to them directly.

Where BSMHFT is not leading and is contributing to another Trust's response, it will work to cooperate fully and within agreed timescales. The element of the complaint relating to BSMHFT will still require approval by the Chief Executive prior to sending to the lead organisation, and the Complaints Manager prepare the response in an agreed format with the lead organisation. Complaints which BSMHFT contributes to, and are led by an alternate body are not 'counted' in the number of formal complaints that BSMHFT receives. This is because they are being counted elsewhere and would result in duplicate reporting centrally. As BSMHFT is committed to learning from all forms of feedback and complaints, these complaints remain within the narrative of the monthly complaint monitoring and quarterly Trust Board reports

If BSMHFT receives a complaint that is solely concerned with areas dealt with by another health body or by a body outside the NHS, the Customer Relations Team will inform the complainant and forward the complaint to the correct body, with the permission of the complainant. If there are any doubts over which body is responsible for handling the complaint, this must be resolved before the complaint forwarded.

### **Responding to Concerns/Complaints**

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. Birmingham and Solihull Mental Health NHS Foundation Trust's vision for a successful complaints procedure is one that meets the need of our patients, staff and the organisation and follows the six principles of good complaint handling as set out by the Parliamentary and Health Service Ombudsman:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeing continuous improvement

The Parliamentary Health Service Ombudsman's 'Principles for Remedy' states that all appropriate remedies should be considered for complaints that have been upheld and this includes financial remedies.

Service users, 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 service user's health records, where this applies.

### **1.3 Principles for Responding to Complaints and Concerns**

The National Complaints Legislation requires that concerns raised are responded to personally and positively and the lessons are learnt by the organisation.

The national process involves two stages-

Local Resolution – working with the complainant to understand and resolve their concerns in a timely and proportionate fashion.

Referral to the Parliamentary and Health Service Ombudsman (PHSO) – if local resolution is not successful, the complainant can take their case to the PHSO review.

#### **Local Resolution**

This involves two stages: - Immediate, front-line response (verbal)

Formal response - all complaints forwarded to or received in the Complaints Team will be triaged 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 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

Once the status of the complaint has been identified either a complex or standard pathway will be followed and outlined in the flow diagram in Appendix 1.

#### **Persistent and Unreasonable Contact**

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 previously.

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 complainants 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 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 advising of the length of period the complainant will be classed as 'vexatious';. 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.

### **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.

### **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 Responsible Clinician and/ Head of Investigations that it would not be in the client's best interests to respond.

The complainant can resume the complaints process once suitably well to do so.

## Complaints and legal action

Complainants have the right to seek independent legal advice in terms of the care that has been provided, as with any other patient. A complainant advising that they wish to pursue their case through the legal route does not mean that the complaint investigation should immediately stop. The complaints process does not offer financial compensation as a form of resolution and the complainant are informed of this on a case by case basis and is explained on our public website.

Where a complaint is received and confirmed legal action is being taken or the police are involved a discussion BSMHFT will need to take place to determine whether progressing the complaint could prejudice legal or judicial action. The Customer Relations Team will discuss the case with the Chief Executive Officer who may liaise with the Crown Prosecution Service and Police. In cases such as this, the Customer Relations Team will contact the complainant informing them that their complaint has been put on hold. Investigations and responses to complainants may be dealt with concurrently with both police and disciplinary proceedings unless to continue would impede one or both these investigations.

Staff should not be concerned that an apology is an admission of negligence. The National Patient Safety Agency provides guidance on the principles of 'Being Open' and BSMHFT Duty of Candour Policy. The Customer Relations Lead can also offer advice.

## 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 (HR) 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.
- The Customer Relations Team will write to the complainant advising that the complaint is formally closed and signpost accordingly for future queries.

## Independent Review by Parliamentary Health Service Ombudsman

Should any complainant express dissatisfaction with the outcome of the complaint, there may be the opportunity to discuss further options available including a second opinion of the outcome and/or a mediation meeting. Complainants can contact either the Customer Relations department (0800 953 0045) 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](mailto:phso.enquiries@ombudsman.org.uk)
- fax 0300 061 4000

Further information about the Ombudsman is available at: [www.ombudsman.org.uk](http://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 within the set deadline.

### **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 in-depth investigations regardless of HM Coroners inquiries, and where necessary, to extend these investigations around HM Coroner requests.

### **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.

### **Media Enquiries**

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

### **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 service user's health record unless specifically requested by the service user.

Managers should ensure that in all cases complaints correspondence, which contains service user identifiable and confidential information, 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 electronically and securely on the in-house 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.
- A compliance audit will be completed throughout the year, to ensure good record keeping is being adhered to.

## **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.

### Learning from Experience

- A procedure is in place to ensure that learning takes place, where necessary, from each complaint. This is achieved by:
- Ensuring that, where necessary, corrective action is taken (CD/ AD considering recommendations from Investigating Officer/Customer Relations Team)
- 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 the medical directorate for appraisal purposes, upon request,

Safety lessons will be shared with both internal and external stakeholders.

Internal: Safety lessons from Incidents, claims and complaints will be shared through a ‘top down’ approach. The higher level risk committees will share the learning points into the committees they report in to. Communication across BSMHFT, such as team brief and screensaver messages will be used to communicate to all persons and parties internally.

Following an incident, claim of complaint, BSMHFT encourages open and honest communication with other healthcare organisations, healthcare teams, staff and service users and/or their carers.

### 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 service user, 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	The Customer Relations Team and PALS function will be available and accessible to anyone receiving healthcare within
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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 service users, relatives, carers and visitors to the Trust, their role and limitations. They provide the following services:</p> <ul style="list-style-type: none"> <li>• Listen to concerns, suggestions or queries</li> <li>• Provide information on NHS services</li> <li>• Advise and support service users, carers, relatives and visitors</li> <li>• Help to sort problems promptly on patients behalf</li> <li>• Support service users, relatives, carers and visitors to access the formal complaints process</li> <li>• Support service users, relatives, carers and visitors to access independent advocacy services</li> <li>• Act as an interface between clinical services from Birmingham and Solihull Mental Health NHS Foundation Trust and service users</li> <li>• Provide support and assistance to staff when dealing with difficult situations</li> <li>• Identify trends and gaps in services for escalation</li> </ul>
Customer Relations (Complaints/PALS) 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"> <li>• All complaints are registered on the database (Safeguard)</li> <li>• Relevant paperwork and databases are up to date and available</li> <li>• Acknowledgement letters are sent to complainants within the specified time scale of 3 working days.</li> <li>• Complaints are sent for investigation to the appropriate Associate Director of Operations/Clinical Director</li> <li>• The complaints process is carried out appropriately, offering support to complainants</li> </ul>

Customer Relations Lead	<p>The Customer Relations Lead is the designated lead for formal complaints as required by the regulations and as such has day to day management of the Customer Relations (Complaints &amp; PALS) Team. Both the Customer Relations Lead and Senior Complaints Officer assess the severity and significance of the issues contained in complaints and concerns and escalate information appropriately.</p> <ul style="list-style-type: none"> <li>• Ensures the Customer Relations Department is managed efficiently.</li> <li>• Ensures the administration of the Complaints process is carried out appropriately and in a timely fashion, including dealing with enquiries and concerns and responding to formal complaints Ensures formal written responses to complaints are of an acceptable standard.</li> <li>• Ensures training on Complaints handling is delivered to Investigating Officers.</li> <li>• Ensures all queries around the legalities of dealing with complaints are dealt with appropriately</li> <li>• Ensures the Customer Relations Team liaises with appropriate managers in order to initiate and monitor a thorough investigation of matters raised.</li> <li>• Provides advice where appropriate to services in the formation and development of action plans</li> <li>• Ensure that actions identified are transferred into a robust action plan, with clear timescales and appropriate leads for monitoring purposes.</li> <li>• To be responsible for ensuring all complaint responses are reviewed and approved by AD/CD</li> </ul>
Matrons, Ward & Department Managers/Supervisors	<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> <ul style="list-style-type: none"> <li>• Ensure that staff are aware of what action to take if a service user, relative, carer or visitor wishes to raise a concern or make a formal complaint to the Trust.</li> <li>• 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.</li> <li>• 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.</li> <li>• Ensure appropriate action is taken to ensure service improvement and minimise the risk of recurrence of issues raised in a concern or complaint.</li> <li>• Ensure complainants are not treated differently as a result of raising a concern or making a complaint</li> </ul>

Investigating Officers	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 reoccurrence 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.</li> </ul>
Associate Directors of Operations & Clinical Directors	<ul style="list-style-type: none"> <li>• Ensure all staff are aware of their responsibilities and that they are adhering to relevant procedures</li> <li>• Oversee any investigations undertaken in line with the complaints policy and approve the response prior to submission to the Customer Relations team.</li> <li>• 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 service users, carers and relatives improved.</li> <li>• Ensure any recommendations made following Independent Review by the Parliamentary Health Service Ombudsman are appropriately actioned and are discussed at Local Clinical Governance Meetings.</li> <li>• To ensure that remedial action plans are implemented and monitored by the service teams.</li> <li>• To ensure complaints are reviewed regularly and appropriate action taken to address any themes.</li> </ul>
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	The Chief Executive of Birmingham and Solihull Mental Health NHS Foundation Trust has overall accountability for Complaints. 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
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## 5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	16 <sup>th</sup> October 2019	
Number of versions produced for consultation	1	
Committees or meetings where this policy was formally discussed		
PDMG	November 2019	
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 2014](#)



## 8 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements
Management of complaints from acknowledgement to response and resolution, inclusive of actions generated from complaint investigation	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. Equality Analysis Form
  2. A user led vision for raising concerns and complaints
  3. Complaints Process Map
  4. Customer Relations Consent Form
  5. Customer Relations Outcomes
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## Appendix 1

<b>Title of Proposal</b>				
<b>Person Completing this proposal</b>		<b>Role or title</b>		
<b>Division</b>		<b>Service Area</b>		
<b>Date Started</b>		<b>Date completed</b>		
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>				
<b>Who will benefit from the proposal?</b>				
-				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
<b>Please click in the relevant impact box or leave blank if you feel there is no particular impact.</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>				
Including children and people over 65				

Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>				
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>				
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
<b>Marriage or Civil Partnerships</b>				
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>				
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
<b>Race or Ethnicity</b>				
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>				
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>				
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?				

Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>				

This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
<b>Human Rights</b>				

Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				

	<b>Yes</b>	<b>No</b>		
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>

If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> .				
<b>Action Planning:</b>				
How could you minimise or remove any negative impact identified even if this is of low significance?				

How will any impact or planned actions be monitored and reviewed?
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at [hr.support@bsmhft.nhs.uk](mailto:hr.support@bsmhft.nhs.uk). The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.



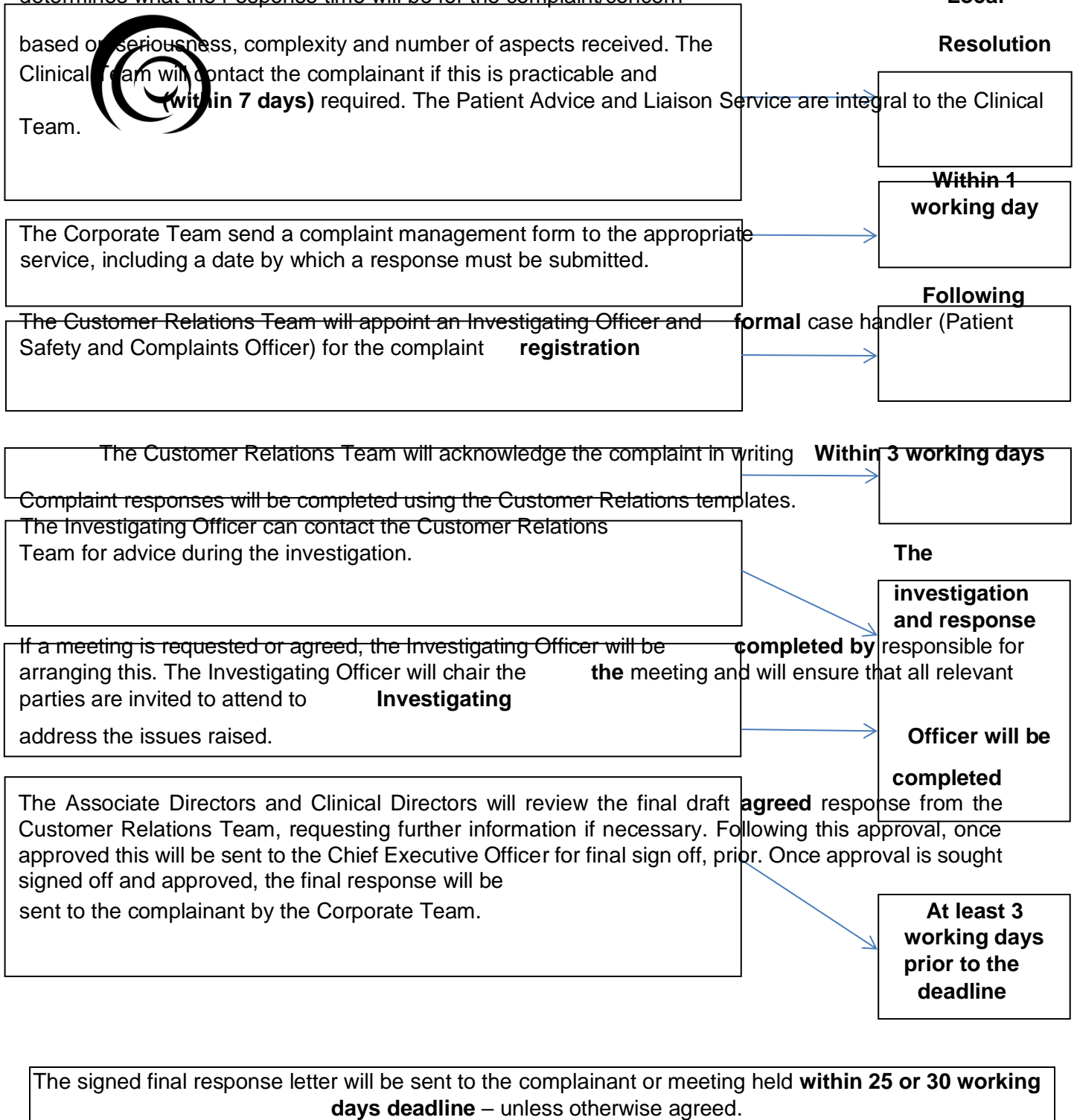
# A user-led vision for raising concerns and complaints

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.





Regardless of the point of contact the complaint is reviewed by the Customer Relations Team, a triage assessment is undertaken and this **Appendix 3** determines what the response time will be for the complaint/concern



Any breaches in timescale will be brought to the attention to the Customer Relations Lead, who will report such breaches to Head of Investigations.

**Extension to Timescale**  
 If the Investigating Officer believes that an extension is required, this must be requested as soon as possible. The agreed extension must be communicated to the complainant by the Customer Relations Team and documented in the case file.



**Birmingham and Solihull  
Mental Health**  
NHS Foundation Trust

**Appendix 4**

**Customer Relations – Complaints Department**

Unit 1 B1  
50 Summerhill Road  
Birmingham  
B1 3RB

Tel: 0800 953 0045

**Consent to release information**

I hereby give my consent to my **parents/partner etc, their name** to:

- Registering a complaint under the NHS Complaints Procedure and to,
- Receive clinical information relevant to address the issue of the complaint

Signature: .....

Print Name: .....

Date:.....



Chair: Sue Davis, CBE

Chief Executive: Roisin FallonWilliams

Customer Relations Mon – Fri, 8am – 8pm Tel: 0800 953 0045 Text: 07985 883 509

Email: [bsmhft.customerrelations@nhs.net](mailto:bsmhft.customerrelations@nhs.net) Website: [www.bsmhft.nhs.uk](http://www.bsmhft.nhs.uk)

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## Appendix 5

- **Not upheld** – this outcome is used when an allegation is unproven or, if following investigation, proven to be incorrect. Usually, no action is arising, as Trust processes and procedures have been followed appropriately.
  
- **Partially upheld** - this outcome is used when an event occurs that has an unintended outcome, or if there is any doubt of events that took place, or to take into account the complainants feelings. An action to prevent any reoccurrence will usually arise from any outcome of this sort.
  
- **Upheld** - this outcome is used when an allegation is proven, or if something didn't happen that should of, or if Trust policy or procedure was not followed as it should have been. An action to prevent reoccurrence will arise from any outcome of this sort

