Complaints Policy

Category	Policy
Summary	This policy outlines BAPAM's principles and procedures for complaints It is applicable to all BAPAM personnel (staff, clinicians, volunteers).
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Distribution	BAPAM website; staff meetings; clinicians e-mail list Board of Trustees e-mail and forum Staff e-mail and meetings Public website
Related documents	*Clinical Governance Policy* *Incidents Policy* *Grievance Policy (Staff Handbook)* *Data Protection Policy*
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Further information	*As national guidance is updated, the BAPAM policy should be amended to reflect current practice.* All references are hyperlinked.

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The version number and status of this document are indicated on the first page and in the footer. Any amendments to this policy will be recorded in the Policy Amendment Log below. The policy may be fully revised and re-issued at the discretion of the CEO/Medical Director.

Amendment Log			
Amendment date	Version	Additions or Alterations	Initials
February 2025	2.0	3.2 Clarified scope & beyond scope 3.2.1 clarified process for external complaints including direction to relevant regulatory body in the event it is unsatisfactory 3.3 clarified terminology 3.4 Responsibilities expanded 4.3 clarified timeline New sections on Training (9), accessibility (10), learning culture (11), GDPR/data protection implications (12)	FR/CC

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1. Introduction

BAPAM aims to provide high quality health advice and assessments for performing artists. Our health promotion and clinical services are designed to be appropriate, safe and confidential. We welcome feedback from our patients and service users in order continually to improve our services, and we take complaints and negative comments very seriously. We recognise that sometimes things can go wrong, and there is a need for a clear process through which people can raise concerns. This gives us the opportunity to put matters right if needs be, and to learn from past experiences.

All complaints and negative feedback, regardless of whether they are upheld, are recorded as Adverse Incidents in the BAPAM Incident Register, as outlined in the *Incidents Policy*.

2. Routine anonymous feedback and surveys

BAPAM clinic patients are encouraged to complete an anonymous feedback form at the end of their assessment. Patients using the services of any of the independent practitioners or educators on the BAPAM Directory are also encouraged to use this form which can be found at

https://www.surveymonkey.co.uk/r/bapamfeedback

All routine feedback forms are reviewed once a week and any aspect of BAPAM's services that is rated as 'poor' (2 or below on the 5 point Likert scale) is recorded as an incident and will be discussed with the personnel concerned. A report of the collated results of routine feedback is made to the Medical Committee and Board of Trustees quarterly by the CEO.

We also conduct routine anonymous follow-up surveys of clinic patients to gather information about our impact and any problems patients encounter after they leave our care.

All feedback is welcome, to inform quality and development of services.

3. Complaints Policy

3.1 Policy statement.

The purpose of this policy is to make sure that all staff and clinicians are aware of the Complaints Procedure within BAPAM, so that patients are supported if they wish to complain about the care they have received, and BAPAM can put matters right if needs be and learn from past experiences in order to improve quality of care.

3.2 Scope.

This policy applies to all BAPAM staff, clinicians, and volunteers. It covers complaints made by patients or service users about BAPAM, its staff and clinicians. Concerns

raised by BAPAM clinicians or staff are not covered by this policy. These are managed either:

- As incidents under the Incidents Policy, within the clinical governance framework, or

- Through the Grievance Policy for concerns raised by staff members

BAPAM also has a whistleblowing policy which should be followed when staff, clinicians, or volunteers wish to report serious concerns about wrongdoing, malpractice, or unethical conduct that may pose a risk to patients, colleagues, the organization, or the public interest.

3.2.1

Complaints involving third parties (including independent practitioners listed on the BAPAM Directory of Practitioners).

Where complaints are received that are not about BAPAM, its staff or assessing clinicians, BAPAM will recommend that the complainant contact the provider of the service being complained about in the first instance, so that the service provider themselves can investigate and respond directly. Specifically, this applies to complaints about independent practitioners listed on the BAPAM Directory. A record will be kept of the contact to inform current and future professional relationships and service development. All independent practitioners listed on the BAPAM Directory must have their own Complaints Procedure. BAPAM will provide support to both patients and practitioners, as necessary, to aid resolution of such complaints. Should the outcome be considered unsatisfactory in the complainant's view, they will be directed to the relevant regulatory body.

3.3 Terminology.

A complaint is an expression of dissatisfaction about BAPAM's services requiring investigation and a response. Complaints may be made verbally or in writing. There is no difference between 'informal' and 'formal' complaints, in that both require investigation and a response. All complaints will be handled with the same level of thoroughness and attention regardless of how they are received.

A concern can be seen as an expression of dissatisfaction that can be attended to and rectified immediately and without investigation. Staff should attempt to resolve concerns promptly where possible, but all concerns must still be documented for quality improvement purposes.

Feedback includes comments, suggestions, compliments, and general observations about BAPAM's services that do not necessarily require a specific response but contribute to our understanding of patient experience and service quality.

All complaints, regardless of severity, will be logged and tracked through the same process to ensure consistency, proper investigation, and appropriate resolution.

3.4 Responsibilities.

The BAPAM Chief Executive (CEO) is responsible for ensuring compliance with this policy and making sure action is taken in response to a complaint. Clinical complaints

will typically be delegated to the Executive Medical Director (MD) for investigation and resolution, who will liaise with relevant clinical staff as needed.

Where a complaint concerns the CEO and/or MD , the complaint will be addressed by the Board of Trustees. The Chair of the Board will appoint an appropriate Trustee to lead the investigation.

3.4.1.

General responsibilities:

All staff and clinicians are responsible for:

- Responding promptly and sympathetically to any complaint or concern raised with them

- Documenting all complaints or concerns received, even if resolved immediately

- Forwarding complaints to the CEO within one working day

- Participating honestly and openly in any complaint investigations

- Contributing to the implementation of any identified improvements

Line managers are responsible for:

- Supporting staff involved in complaints

- Assisting in investigations as required

- Implementing changes resulting from complaints in their area

Directory practitioners are responsible for:

- Maintaining their own effective complaints procedure

- Notifying BAPAM of any complaints received about services offered through BAPAM referrals

- Cooperating with BAPAM in providing information to patients about relevant regulatory bodies when required

The Board of Trustees maintains overall governance responsibility for the complaints system and will receive regular reports on complaint trends, outcomes, and improvement actions.

3.5 Reporting.

A report on Complaints and Feedback will be made to the Medical Committee by the CEO at every meeting.

4. Complaints Procedure

4.1 Who can Complain.

Any patient or service-user, or their representative with their consent, can make a complaint about BAPAM's services.

4.2 Timescale.

Those who wish to complain should be encouraged to do so as soon as possible after an event, so that the investigation can be most effective. The time limit for bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time that they become aware of the matter about which they wish to complain. BAPAM has the discretion to extend this timeframe if the complainant has a good reason for not making the complaint earlier and it is still possible to investigate the matter effectively and fairly.

4.3 Response time.

A prompt response, including an explanation and apology, will help to prevent complaints from escalating.

- Initial acknowledgment: Within 3 working days of receiving a complaint

- Regular updates: Every 2 weeks throughout the investigation process

- Investigation completion and response: Within 3 months from the date of receipt

For complex complaints requiring extensive investigation, if the 3-month target cannot be met, the complainant will be informed of:

- The reason for the delay

- The revised expected timeframe

In exceptional circumstances, investigations may extend beyond 3 months, but should not exceed 6 months in total. Any investigation exceeding 3 months requires approval from the CEO or Medical Director and must be reported to the Medical Committee.

The CEO will maintain a complaint tracking system to ensure all complaints are progressing appropriately and timelines are being met.

4.4 Verbal and Written complaints.

A patient may opt to complain either verbally or in writing.

Anyone making a verbal complaint should be listened to with respect and empathy and offered an interview with the CEO. All staff involved must make a written note of all conversations, phone calls or interviews for the complaints log. A prompt initial verbal discussion of the complaint may allow for a speedy resolution: if this is not the case, the complainant should be asked to put their complaint in writing so that the issues for resolution are clear. If the complainant chooses not to clarify their complaint in writing at this stage, it is advisable for the CEO to put the complaint in writing and check that the complainant is happy with the details of the complaint.

If a complaint is made in writing (letter or email), the CEO will acknowledge receipt of the complaint within three working days. The acknowledgement will include details of the complaints procedure and an offer of a phone call to discuss the complaint. The CEO will decide on an appropriate plan for investigating the complaint and inform the complainant of the plan, who will conduct the investigation, and the time frame. BAPAM will aim to resolve complaints within 3 months but the CEO should reassure the complainant that they will receive regular updates on the progress of the investigation.

4.5 Record keeping.

All statements, letters, emails, phone calls and actions taken must be documented and kept in a secure file.

A record must be kept of:

- each complaint received;
- the subject matter of the complaint;
- the steps and decisions taken during an investigation;
- the outcome of each investigation;
- when BAPAM informed the complainant of the response period and any amendment to that period;
- whether a report of the outcome of the investigation was sent to the complainant within the response period or any amended period.

4.6 Investigating complaints.

A lead investigator should be identified, usually the CEO or the MD.

An initial assessment will identify any immediate action that needs to be taken, including onward reporting to statutory bodies where appropriate, for example if a complaint (or other feedback) suggests:

a) Safeguarding issues (see *Safeguarding Policies. All concerns relating to possible safeguarding issues must be referred immediately to BAPAM's Safeguarding lead.)*
b) Physical violence or sexual abuse
c) Dangers to health & safety
d) Breaches of confidentiality or Data Protection
e) Financial misconduct
f) Any criminal offence

A full investigation should be conducted which adheres to the following good practice standards:

- The complainant has a single point of contact within BAPAM and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking is established at the outset.
- The investigation is complete, impartial and fair.
- The investigation is thorough and includes documentary and other evidence (e.g. patient records, confidential patient and staff interviews).
- The lead investigator reviews and evaluates all the findings of the investigation.
- The decision reached by the investigatory process is transparent, reasonable and based on the evidence available.
- Documentation of the complaint and investigation is accurate and complete, and at a level of detail appropriate to the nature and seriousness of the complaint.
- Both the complainant and those complained about are responded to adequately.

4.7 Final response.

When the investigation is completed, a formal written response (letter or secure email) will be sent to the complainant and will include the following:

- A summary of how the complaint was considered
- An apology if appropriate
- An explanation based on facts
- Whether the complaint is upheld, and if so whether in full or in part
- The conclusions reached in relation to the complaint including any remedial action that BAPAM considers to be appropriate
- Confirmation that any necessary action has been, or will be, undertaken
- An explanation of any lessons learned
- Information about the Appeal process should the complainant wish to use it.

4.8 Confidentiality.

All complaints must be investigated with the utmost confidentiality and all associated documentation will be held securely and separately from the complainant's medical record. Complete confidentiality must be maintained ensuring that only personnel who are involved in the investigation know the particulars of the complaint, including the identities of the parties involved.

4.9 Unreasonable complaints.

If, despite effective handling of the complaint, a complainant becomes unreasonable or aggressive in pursuing their complaint, it may be necessary to institute formal restrictions on contact with the complainant, which should be communicated to them clearly. These might include limiting contact to only one senior member of staff, or only one method of contact (e.g. in writing in hard copy). Repeated complaints about the same issue will be refused. Correspondence regarding a closed matter can be acknowledged but not responded to, and irrelevant documentation returned. In all situations, detailed records should be kept.

5. Appeals

If the complainant is not satisfied with BAPAM's response to their complaint, they should submit an appeal in writing to the CEO within 10 days of receipt of the response, outlining their reasons for appealing. The CEO will convene an Appeal Panel of three Trustees, none of whom have had any previous involvement with the complaint, and including at least one medical and one non-medical Trustee. A Trustee will chair the panel.

The Appeal Panel will review the complaint and response and speak to relevant individuals involved. The Appeal Panel will aim to complete their review within 3 months and communicate their findings to the complainant by letter or secure email, including whether the appeal is upheld, the reason for that decision and any redress or remedial action to be taken. The findings of the Appeal Panel cannot be further appealed.

6. Support and Safeguards

It can be difficult to decide to make a complaint and BAPAM will support anyone who makes a complaint in good faith and in the interests of the organisation and its service users. Making a complaint will not affect the care any patient receives from BAPAM.

BAPAM personnel who are the subject of a complaint will be informed and fully supported and consulted through the investigation process, and may be accompanied by a union representative or friend at any interview conducted as part of the investigation. Any personnel who are suspended whilst complaint is investigated retain employment rights as outlined in the staff handbook.

7. Review of complaints

Complaints received are to be reviewed quarterly at staff training and by the Medical Committee to ensure that learning points are shared.

A review of all complaints will be conducted annually by the CEO (year ending 31st December) to identify any patterns that are to be reported to the Responsible Person.

This report is to:

- specify the number of complaints received;
- specify the number of complaints which it was decided were well-founded;
- summarise the subject matter of complaints received;
- summarise any matters of general importance arising out of those complaints, or the way in which the complaints were handled;
- summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.

This report is to be available to any person on request.

8. Communication

This policy will be displayed on the BAPAM website and included in the induction process for all staff, clinicians and volunteers.

9. Training

All BAPAM staff, clinicians and volunteers will receive training on this Complaints Policy as part of their induction.

The CEO will ensure that staff involved in investigating complaints have appropriate skills and training in complaint handling, investigation techniques, and resolution approaches.

10. Accessibility

BAPAM is committed to ensuring the Complaints Procedure is accessible to all patients and service users. The Complaints Policy will be available in alternative formats upon request, including large print.

Staff will offer appropriate assistance to anyone wishing to make a complaint who has communication difficulties, disabilities, or other access needs.

Multiple channels for submitting complaints will be maintained, including telephone, email, letter.

11. Learning Culture

BAPAM is committed to using complaints as opportunities for service improvement and organisational learning. Following the resolution of each complaint, a learning review will be conducted to identify any improvements that could be made to prevent similar issues recurring.

A Complaints Improvement Action Plan will be developed for all upheld complaints, detailing specific actions, responsibilities, and timelines for implementation. The Medical Committee will review all complaint outcomes and ensure that learning points are disseminated appropriately throughout the organisation. The Medical Committee reports to the Board. In addition, the External Mental Health Scrutiny Group reviews all complaints relating to mental health and reports to the Board.

Changes made as a result of complaints will be communicated to relevant staff and, where appropriate, to patients and service users.

12. Data Protection and Confidentiality

All complaint information will be handled in accordance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018, and BAPAM's Data Protection Policy. The lawful basis for processing personal data in relation to complaints is:

- Legal obligation (for healthcare activities)
- Legitimate interests (to improve our services)
- Special category data (health information) will be processed under the provision for healthcare purposes

All complaint documentation will be stored securely with access restricted to those directly involved in managing the complaint. Physical documents will be stored in locked cabinets when not in use.

Personal data will only be shared with third parties when:
- It is necessary for the investigation of the complaint
- Required by law
- The complainant has given explicit consent

When sharing data with third parties, only relevant information necessary for the investigation will be disclosed. Complaint records will be retained for 8 years from the date of resolution, in line with healthcare records retention schedules. After the retention period, records will be securely destroyed in accordance with BAPAM's Information Governance procedures.