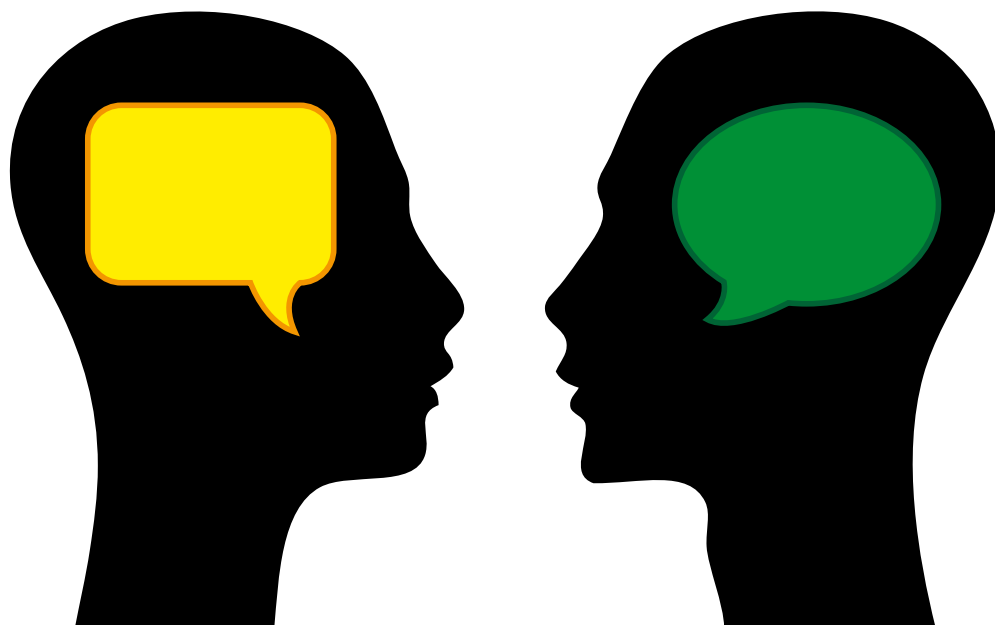


# Tell us what you think about our services

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A guide to giving feedback  
or reporting a concern

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## **You deserve high quality care**

**At University Hospitals Birmingham NHS Foundation Trust we take great care in meeting the needs of our patients and visitors. We hope you have been happy with your experience at the Hospital.**

**We welcome your feedback and suggestions as they help us find out what works and what improvements need to be made to improve our level of service to patients.**



# Compliments, comments, suggestions or reporting a concern

If you have any feedback or suggestions on how we could improve our services, or wish to give your compliments, please complete the form in this booklet and hand it to a member of staff. Alternatively you can send your completed form to:

Patient Services Department  
Heartlands Hospital  
Bordesley Green  
Birmingham  
B9 5SS

## Reporting a concern

If you are unhappy with our services, please talk to a member of staff and we will do our best to resolve the matter. If

you are still dissatisfied, you can report your concerns. This leaflet explains how to do this. Please remember that telling us your concerns will not in any way affect your care - complaints are confidential. We promise to listen carefully to what you say and do everything we can to help you.

## When should you report your concerns?

We don't want you to leave us with unresolved concerns, so please do talk to us at the time if possible. We understand if you prefer not to do this, so your complaint should be made within twelve months of you realising you have cause to complain.



## Ways to report concerns

- **Face-to-face**

Any member of staff will help to deal with your concerns or put you in contact with the most appropriate person.

- **By telephone**

You can telephone the Patient Advice and Liaison Service (PALS) on **0121 424 0808** Phone line open Monday to Friday from 9.00am – 4.30pm. If PALS are unable to take your telephone call there is an answer phone service provided. Your call will be returned within 48 hours.

- **In writing**

Complete the enclosed form and hand it to any member of staff, or write to The Patient Services Department who will ensure your letter gets to the right person.

- **By e-mail**

You can e-mail your concerns to:  
***uhb-tr.Complaints-  
ConcernsandCompliments@nhs.net***

Please be aware that the Trust cannot guarantee the security of this information while in transit, and by using this method you accept this risk.

- **Through our website**

***www.uhb.nhs.uk***



**Please note:** *If you are reporting a concern on behalf of someone else, we will need that person's written consent. Please see attached form on page 7*

# Please tell us what you think by filling in this form.

If you would like a personal reply, do ensure you fill in your contact details. Detach your completed form and hand it to a member of staff or post it back to Patient Services Department, Main Entrance, Heartlands Hospital, Bordesley Green, Birmingham B9 5SS.

## Patient details

Name (Mr/Mrs/Ms/Miss)

Hospital No. (If known)

Address

Post Code

Telephone No. (inc. code)

Date of birth        /        /

Email address

Ward\department

If you are completing this form for somebody else, please give your details below

Name (Mr/Mrs/Ms/Miss)

Address

Post Code

Telephone No. (inc. code)

Email address

Relationship to patient

**Please write your comments, concerns,  
compliments or suggestions here**

**If you wish to give consent for a family member, friend or carer to be our point of contact please complete below**

I confirm that I wish Mr/Mrs/Ms/Miss/Dr

to act on my behalf and receive all information relevant to my treatment and care. I understand that information from my health records may need to be disclosed to those involved in dealing with the concerns. I also understand that all information relating to my concerns will be kept completely confidential and will in no way affect my future care.

Signature

Date

**If you are completing this form for someone who is not able to give their informed consent, please complete this section.**

**Please explain why the patient cannot give consent**

Your relationship to patient:

Signature

Date

**The next set of questions allows us to monitor who gives us feedback so we can ensure everyone has equal opportunity to raise issues and concerns. You do not have to complete this section although we would encourage you to. We can assure you that your answers will have no bearing on your right to complain or how your concerns are dealt with.**

**Age**

☐ Child (16 or under)

☐ Older adult (65 or above)

☐ Adult (17-64)

☐ I would rather not answer

**Gender**

☐ Male

☐ Female

☐ I would rather not answer

### Sexuality

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Lesbian                   | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> I would rather not answer |                                   |

### Ethnic origin

#### Asian or Asian British

- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Other Asian background

#### Mixed

- ☐ White & Asian
- ☐ White & Black African
- ☐ White & Black Caribbean
- ☐ Other mixed background

#### Other Ethnic Group Chinese

- ☐ Any other ethnic group
- ☐ I would rather not answer

#### Black African or Black British

- ☐ Caribbean
- ☐ Other Black background

#### White

- ☐ British
- ☐ Irish
- ☐ Other White background

### Religion or beliefs

- |                                       |                                  |  |
|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Atheism      | <input type="checkbox"/> Islam   | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Buddhism     | <input type="checkbox"/> Jainism | Please specify: _____                              |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Judaism | <input type="checkbox"/> I would rather not answer |
| <input type="checkbox"/> Hinduism     | <input type="checkbox"/> Sikhism |  |

### Disability Discrimination Act 1995

Under the terms of the Act a disability is defined as a 'physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'. We welcome complaints from people with disabilities.

### Do you consider yourself to have a disability?

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I would rather not answer |
|------------------------------|-----------------------------|--|

If yes, please give the details



## What happens next?

Think about the outcomes you would like as a result of telling us about your concerns.

A member of the Patient Service team will contact you within three working days of receiving your comments to confirm we have received them.

If you have raised concerns on someone else's behalf, we will ask that person for permission for us to liaise with you and to disclose to you any relevant information about their treatment and care.

We will contact you to discuss how you wish your concerns to be handled and to negotiate a timescale within which to respond.

We will carry out a full investigation, and may invite you to discuss your concerns in person, or ask you for further information.

If there are likely to be any delays with our investigation, we will contact you as soon as possible to explain why. You can always contact your Patient Service Representative for an update.

### What if you are still unhappy?

If you are not satisfied with our response to your concerns, please let us know why and we will do our best to resolve any outstanding issues.



## Further help and advice

### NHS Complaints Advocacy

The NHS Complaints Advocacy Service is a free and independent service that can help you make a complaint about a National Health Service (NHS)

Their dedicated website, [www.nhscomplaintsadvocacy.org](http://www.nhscomplaintsadvocacy.org) has a wide range of information to support you make an NHS complaint by yourself, including self-help information in Easy Read and large print version.

You might decide that you need support to make a complaint. VoiceAbility advocates can work with you to ensure you understand your options and help you to achieve the outcome you are seeking.

You can ask for an advocate to assist you at any point in your complaint. If you would like an advocate to work with you, please contact their dedicated NHS complaints Advocacy helpline:

**Tel:** 0300 456 2370

**Minicom:** 0300 456 2364

**Text:** send the word 'pohwer' with your name and number to 81025

**Email:** [pohwer@pohwer.net](mailto:pohwer@pohwer.net)

**Skype:** pohwer.advocacy

**Fax:** 0300 456 2365

**Post:** PO Box 14043, Birmingham, B6 9BL



**Advocacy Services are independent of the Hospital and provides free, confidential support to people wishing to raise concerns about the health service. They will meet with you and liaise with the Hospital on your behalf.**



## **Data Protection Act 2018**

Your records are used to directly manage and deliver healthcare to you to ensure that:

- The staff involved in your care have accurate and up to date information to assess and advise on the most appropriate care for you
- Staff have the information they need to be able to assess and improve the quality and type of care you receive
- Appropriate information is available if you see another healthcare professional, or are referred to a specialist or another part of the NHS, social care or healthcare provider

For further information visit: <https://www.uhb.nhs.uk/privacy-notice/>

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**University Hospitals  
Birmingham NHS  
Foundation Trust**

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