



COMPLAINT HANDLING POLICY & PROCEDURE

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Glossary

Term	Description
SMT	Senior Management Team

1 INTRODUCTION

Co-developed with organisations from across the health sector and advocacy and advice services, the NHS Complaint Standards provides a single vision of good practice for complaint handling. This complaint handling procedure describes how we will put into practice the core expectations given in the Standards.

This procedure sets out how we handle complaints and the standards we will follow. This procedure follows the relevant requirements in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).

It should be read in conjunction with the more detailed guidance modules available on the Parliamentary and Health Service Ombudsman's website (see Appendix 1).

Badger's Complaint Standards support delivery of our overall vision, values, and objectives. Our vision is: *Working in partnership to deliver care you can trust*, and how we handle patient concerns is an important aspect of this. A fair, open, and honest complaints procedure is guided by our four main values:

- Safety: *We believe in safety for all.*
- Efficiency: *We eliminate waste and delay for the benefit of our patients.*
- Respect: *We respect diversity in all its forms and treat everyone fairly.*
- Quality: *We deliver high quality services, where everyone is a quality controller.*

These values, when combined with this procedure enable us to be effective, efficient, and contribute to providing quality service.

2 ACCOUNTABILITY, ROLES, AND RESPONSIBILITIES

Overall responsibility and accountability for management of complaints lies with the 'Responsible person' (as defined by the 2009 Regulations). In our organisation this is the Head of Performance and Quality.

We have processes in place to make sure that the responsible person and relevant senior managers and directors regularly review insight from the complaints we receive, alongside other forms of feedback on our care and service. They will make sure action is taken on learning arising from complaints so that improvements are made to our service.

They demonstrate this by:

- leading by example to improve the way we deal with compliments, feedback, and complaints.
- understanding the obstacles people face when making a complaint to us and taking action to improve the experience by removing them.
- understanding the obstacles people face when making a complaint to us and taking action to improve the experience by removing them.
- knowing and complying with all relevant legal requirements regarding complaints.
- making information available in a format that people find easy to understand.
- promoting information about independent complaints advocacy and advice services.
- making sure everyone knows when a complaint is a serious incident, or a safeguarding or legal issue and what must happen.
- making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong.
- making sure we listen and learn from complaints and improve services when something goes wrong.

2.1 Complaints management, roles, and responsibilities

Our Complaints Manager (as defined by the 2009 Regulation) is responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive.

The 2009 Regulations allow us to delegate the relevant functions of the Responsible Person and Complaints Manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service. The overall management and day-to-day delivery of complaint handling is performed by Badger's Performance and Quality Department. Our Chief Executive, Executive Chair, Board of Directors, and Medical Director are also actively involved in overseeing the handling and consideration of complaints.

3 IDENTIFYING A COMPLAINT

3.1 Everyday conversations with our users

Our staff speak to people who use our service every day. This can often raise issues, requests for a service, questions, or worries that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

3.2 When people want to make a complaint

We recognise that we cannot always resolve issues as they arise and that sometimes people will want to make a complaint. The NHS Complaint Standards define a complaint as: an expression of dissatisfaction, either spoken or written, that requires a response. It can be about: an act, omission, or decision we have made or the standard of service we have provided.

3.3 Everyday conversations with our users

People may want to provide feedback instead of making a complaint. In line with the Department of Health and Social Care's NHS Complaints Guidance (see Appendix 2) people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

People do not have to use the term 'complaint'. We will use the language chosen by the patient, service user, or their representative, when they describe the issues, they raise (for example, 'issue', 'concern', 'complaint', 'tell you about'). We will always speak to people to understand the issues they raise and how they would like us to consider them.

For more information about the types of complaints that are and are not covered under the 2009 Regulations please see The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

If we consider that a complaint (or any part of it) does not fall under this procedure, we will explain the reasons for this. We will do this in writing to the person making the complaint and provide any relevant explanation and signposting information.

Complaints can be made to us:

- in person
- by telephone: 0121 766 2170
- by email: qualityandcompliance@badger.nhs.uk
- by website enquiry form (<https://www.badger-group.com/contact/>)

- by post: Quality and Compliance Department, Badger House, 121 Glover Street, Birmingham, B9 4EY.

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

We will acknowledge a complaint within three working days of receiving it. This may be done in writing, electronically, or verbally.

We may receive an anonymous or general complaint that would not meet the criteria for who can complain (see below). In this case we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to.

4 WHO CAN MAKE A COMPLAINT

As set out in the 2009 Regulations, any person may make a complaint to us if they have received or are receiving care and services from our organisation. A person may also complain to us if they are not in direct receipt of our care or services but are affected, or likely to be affected by, any action, inaction, or decision by our organisation.

If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for their representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records).

If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information, we may be able to share with them. We will explain this when we first look at the complaint.

If a complaint is made on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative making the complaint rather than the child. If we are not satisfied, we will share our reasons with the representative in writing.

If at any time we see that a representative is not acting in the best interests of the person affected, we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

5 TIMESCALE FOR MAKING A COMPLAINT

Complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person making the complaint found out about it, whichever is the later date.

If a complaint is made to us after that 12-month deadline, we will consider it if:

- We believe there were good reasons for not making the complaint before the deadline, and
- It is still possible to properly consider the complaint.

If we do not see a good reason for the delay or do not think it is possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

6 COMPLAINTS AND OTHER PROCEDURES

We make sure staff who deal with complaints are properly supported and trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. When this happens, the staff member dealing with the complaint will inform the person making the complaint and give them information about any other process that may help address the issues and has the potential to provide the outcomes sought.

This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation
- trigger our safeguarding procedure
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

This will not prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised. This includes any relevant outcomes where appropriate. The staff member dealing with the complaint will engage with other staff or organisations who can provide advice and support on the best way to do this.

If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- the individual requests or agrees to a delay.
- there is a formal request for a pause in the complaint process from the police, a coroner, or a judge.

In such cases the complaint investigation will be put on hold until those processes conclude.

If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We will share as much information with them as we can while complying with data protection legislation. If the person raising the complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, it will not affect the way that their complaint is investigated and responded to. We will also signpost to sources of independent advice on raising health professional fitness to practice concerns.

If the person dealing with the complaint identifies at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm, or abuse then they will discuss the matter with relevant colleagues and initiate our safeguarding procedure.

7 CONFIDENTIALITY

We will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.

Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

8 HOW WE HANDLE COMPLAINTS

8.1 Making sure people know how to complain and where to get support

We publish clear information about our complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy service and other specialist independent advice services that operate nationally. If any help or advice is required to make a complaint then The Birmingham Advocacy Hub can provide NHS Complaints Advocacy (visit <https://www.pohwer.net/birmingham>)

We will make sure that everybody who uses (or is impacted by) our services (and those that support them) know how they can make a complaint by having our complaints procedure and/or materials that promote our procedure visible in public areas and on our website. We will provide a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to our complaints process online.

We will make sure that our service users' ongoing or future care and treatment will not be affected because they have made a complaint.

8.2 What we do when we receive a complaint

We want all people, patients, their family members, and carers to have a good experience while they use our services. If somebody feels that the service received has not met our standards, we encourage people to talk to staff who are dealing with them and/or to contact our Quality and Compliance Department to see if we can resolve the issue promptly. Contact us by emailing qualityandcompliance@badger.nhs.uk or by telephoning 0121 766 2156, to see if we can resolve the issue promptly.

We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to service users and their representatives and support them in dealing with any complaints raised at first point of contact.

All of our staff who have contact with patients, service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on.

Our staff will:

- listen to the service user to make sure they understand the issue(s)
- ask how they have been affected
- ask what they would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)
- explain why, if they cannot do this, and explain what is possible
- capture any learning to share with colleagues and improve services for other.

8.3 Complaints that can be resolved quickly

Our frontline staff often handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues.

In keeping with the 2009 Regulations, if a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this procedure. For this to happen, we will confirm with the person making the complaint that they are satisfied we have resolved the issues for them. If we cannot resolve the complaint within that timescale, we will handle it in line with the rest of this procedure.

8.4 Acknowledging complaints

For all other complaints, we will acknowledge them (either verbally or in writing/email) within three working days. We will also discuss with the person making the complaint how we plan to respond to the complaint.

8.5 Focus on early resolution

When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our staff are trained to identify any complaints that may be resolved at the time they are raised or very soon after. If staff consider that the issues cannot be resolved quickly, we will take a closer look into the matter (see section 8.16 onwards).

When our staff believe that an early resolution may be possible, they are authorised to take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague who is more informed of the issues does.

If we think a complaint can be resolved quickly, we aim to do this in a matter of days. We will always discuss with those involved what we will do to resolve the complaint and how long that will take.

8.6 If we can resolve a complaint

If we can answer or address the complaint early, and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done in person, over the telephone, or in writing (by email or letter) in line with individual circumstances.

We will capture a summary of the complaint and how we resolved it and we will share that with the person making a complaint. This will make sure we build up a detailed picture of how each of the services we provide is doing and what people experience when they use these services. We will use this data to help us improve our services for others.

8.7 If we can resolve a complaint

If we are unable to find an appropriate way to resolve the complaint to the satisfaction of the person making it, we will look at whether we need to take a closer look into the issues.

8.8 A closer look into the issues

Not every complaint can be resolved quickly and sometimes we will require a longer period to carry out a closer look into the issues and carry out an investigation. In these cases, we will make sure the complaint is allocated to an appropriate member of staff (or Complaint Handler), who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.

We will make sure staff involved in carrying out a closer look are properly trained to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation.
- the right resources, support, and time in place to carry out the investigation, according to the work involved in each case.

Where possible, complaints will be looked at by someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

8.9 Clarifying the complaint and explaining the process

The staff member (or Complaint Handler) dealing with the complaint will:

- engage with the person raising the complaint to make sure they fully understand and agree: the key issues to be looked at, how the person has been affected, and the outcomes they seek
- make sure that any staff members specifically complained about are made aware at the earliest opportunity
- share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on the content and complexity of the complaint, and the work that is likely to be involved
- agree how they will keep the person (and any staff specifically complained about) regularly informed and engaged throughout
- explain how they will carry out the closer look into the complaint, including: what evidence they will seek out and consider, who they will speak, how they will decide if something has gone wrong or not, who will be responsible for the final response, and how the response will be communicated.

8.10 Carrying out the investigation

Staff who carry out investigations will give a clear and balanced explanation of what happened and what should have happened. They will reference relevant legislation, standards, policies, procedures and guidance to clearly identify if something has gone wrong.

They will make sure the investigation clearly addresses all the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved or specifically complained about.

If the complaint raises clinical issues, they will obtain a clinical view from someone who is suitably qualified. Ideally, they should not have been directly involved in providing the care or service that has been complained about. This may be our Medical Director, one of our Associate Medical Directors, or our Head of Clinical Department.

We will aim to complete our investigation within the timescale shared with the person making the complaint at the start of the investigation. Should circumstances change we will:

- notify the person raising the complaint (and any staff involved)
- explain the reasons for the delay
- provide a new target timescale for completion

Unless we have agreed a longer timescale with the person raising the complaint within the first 6 months, we will inform them if we cannot conclude the investigation and issue a final response within 6 months. Our Responsible Person or a Senior Manager will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed, and a final written response issued.

Before sending a final written response to the complaint, the staff member carrying out the investigation will share and discuss (by telephone, in a meeting or in writing) the outcome of our investigation and the actions we intend to take, with all the key parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. We will always consider any comments they receive before issuing a final written response.

8.11 Providing a remedy

Following the investigation, if the person investigating the complaint identifies that something has gone wrong, they will seek to establish what impact the failing has had on the individual concerned. Where possible they will put that right for the individual and any other people who have been similarly affected. If it is not possible to put the matter right, they

will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.

In order to put things right, the following remedies may be appropriate:

- an acknowledgement, explanation, and a meaningful apology for the error
- reconsideration of a previous decision
- expediting an action
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

8.12 The final written response

As soon as practical after the investigation is finished, the person carrying out the investigation will co-ordinate a written response, signed by our Responsible Person (or their delegate). They will send this to the person raising the complaint and any other interested parties. The response will include:

- a reminder of the issues investigated, and the outcome sought --- an explanation of how we investigated the complaint
- the relevant evidence we considered
- what the outcome is
- an explanation of whether something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures, and guidance
- if something went wrong, an explanation of the impact it had
- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of how we will keep the person raising the complaint involved and updated on how we are taking forward all systemic learning or improvement relevant to their complaint
- confirmation that we have reached the end of our complaint procedure
- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response
- A reminder of where to obtain independent advice or advocacy if appropriate.

8.13 Support for Staff

We will make sure all staff who look at complaints have the appropriate: training, resources, support, and time to investigate and respond to complaints effectively. This includes how to manage challenging conversations and behaviour.

We will make sure staff specifically complained about are made aware of the complaint and we will give them advice on how they can get support from within our organisation, and externally if required.

We will make sure staff who are complained about have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

The person carrying out the investigation will keep any staff complained about updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

8.14 Referral to the Ombudsman

In our response to every complaint, we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman.

If the complaint is about detention under the Mental Health Act, or a Community Treatment Order or Guardianship we will inform the person making the complaint that if they are not happy with the outcome, they can take their complaint to the Care Quality Commission.

9 COMPLAINTS INVOLVING MULTIPLE ORGANISATIONS

If we receive a complaint that involves other organisation(s) (including cases that cover health and social care issues) we will make sure that we investigate in collaboration with those organisations. The people handling the complaint for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.

The person investigating the complaint for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single, joint response.

10 MONITORING, DEMONSTRATING LEARNING, AND DATA RECORDING

The person investigating the complaint for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single, joint response. We expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

Our Senior Managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

We maintain a record of:

- each complaint we receive
- the subject matter
- the outcome
- whether we sent our final written response to the person who raised the complaint within the target timescale.

To measure our overall timescales for completing consideration of all complaints and our delivery of the NHS Complaint Standards, we seek feedback on our service from staff who have been specifically complained about and those staff that are directly related, and who have been contacted during the investigation. Those staff specifically complained about will receive an *Adverse Event Feedback Form* to complete to reflect on the incident.

We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

In keeping with the 2009 Regulations section 18, as soon as practical after the end of each financial year, we will produce and publish a report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies, or procedures.

As part of our Governance, we have weekly Senior Management Team meetings where complaints are anonymised and then presented by the Head of Performance and Quality. Complaints are also discussed in a quarterly Clinical Management Group meeting. Additionally, complaints are discussed between the Complaints manager and Badger's

Executive Chair, our Medical Director, and our Head of Performance and Quality on a weekly basis. A record of these weekly meetings is kept in the form of a signed complaints log (see Appendix 6).

11 COMPLAINING TO THE COMMISSIONER OF OUR SERVICE

In keeping with the 2009 Regulations section 18, as soon as practical after the end of each financial year, we will produce and publish a report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies, or procedures.

Under section 7 of the 2009 Regulations, the person raising the complaint has a choice of complaining to us, as the provider of the service, or to the commissioner of our service, Birmingham, and Solihull Integrated Care Board. If a complaint is made to our commissioner, they will determine how to handle the complaint in discussion with the person raising the complaint.

In some cases, it may be agreed between the person raising the complaint and the commissioner that we, as the provider of the service, are best placed to deal with the complaint. If so, they will seek consent from the person raising the complaint. If that consent is given, they will forward the complaint to us and we will treat the complaint as if it had been made to us in the first place.

In other cases, the commissioner of our services may decide that it is best placed to handle the complaint itself. It will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this procedure. We will co-operate fully in the investigation.

12 APPENDIX 1 – LINKS TO THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN'S COMPLAINT HANDLING GUIDANCE

1. [Promoting a just and learning culture](#)
2. [Promoting a just and learning culture](#)
3. [Making sure people know how to complain](#)
4. [Making sure people know how to complain](#)
5. [Identifying a complaint](#)
6. [Identifying a complaint](#)
7. [Who can make a complaint - consent and confidentiality](#)
8. [Independent NHS complaints advocacy and other specialist advice](#)
9. [Early resolution \(PDF 420 KB\)](#)
10. [A closer look – clarifying the complaint and explaining the process](#)
11. [A closer look – carrying out the investigation](#)
12. [A closer look – writing and communicating your final response](#)
13. [A closer look – providing a remedy](#)
14. [Referring people to the Ombudsman](#)
15. [Complaints and other procedures](#)
16. [Complaints involving multiple organisations](#)

13 APPENDIX 2: DEPARTMENT OF HEALTH AND SOCIAL CARE'S NHS COMPLAINTS GUIDANCE

[NHS Complaints Guidance](#)

14 APPENDIX 3: THE LOCAL AUTHORITY SOCIAL SERVICES AND NATIONAL HEALTH SERVICE COMPLAINTS (ENGLAND) REGULATIONS 2009

[The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)

15 APPENDIX 4: BADGER'S COMPLAINT TIMELINE

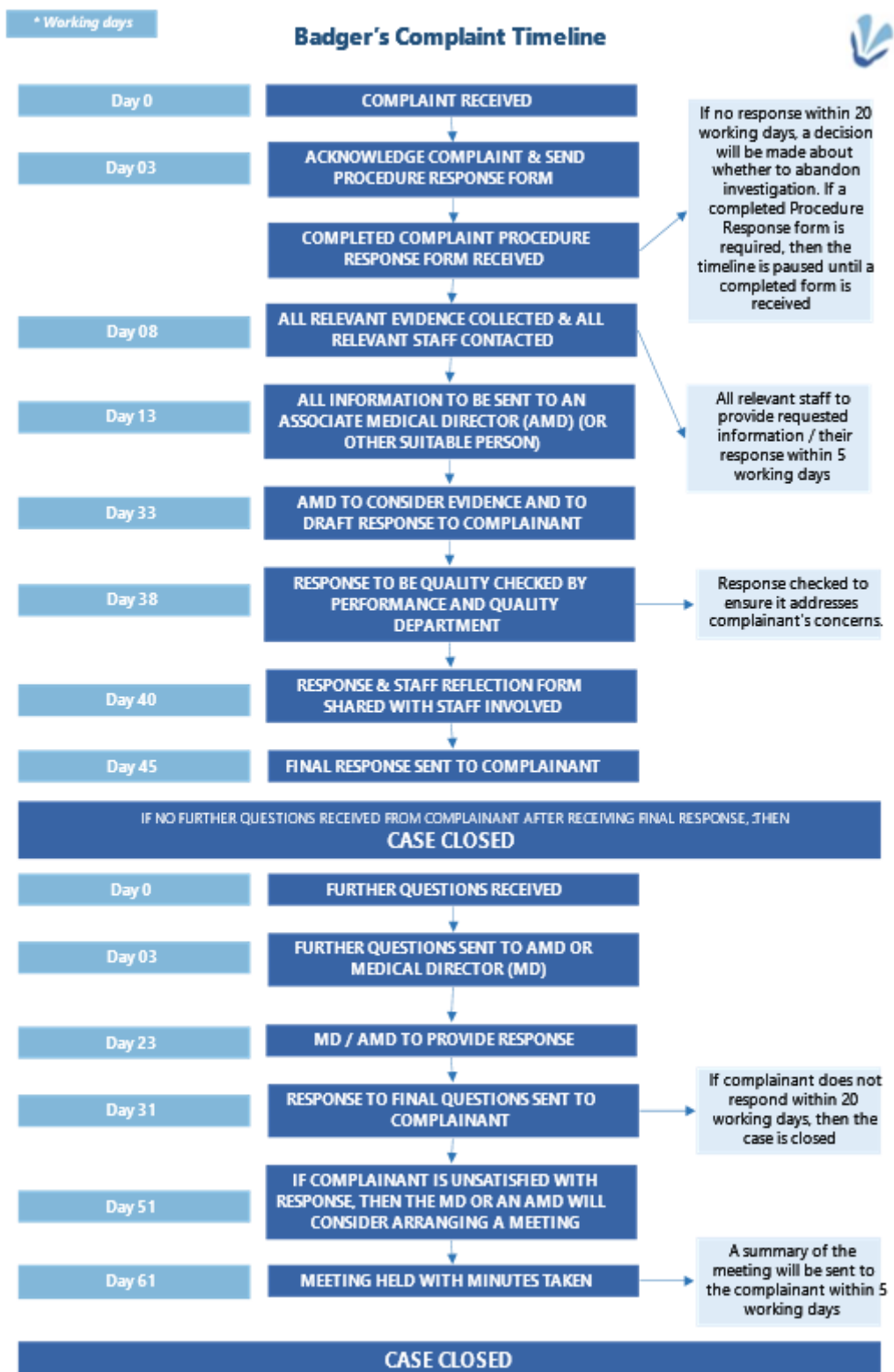
Day 0*	Complaint received¹	
Day 03	Acknowledge complaint (and send Complaint Procedure Response Form (CPRF) if consent is required ²)	If there is no response from the complainant within 20 working days, then a decision will be made about whether to abandon the investigation. If a completed CPRF is required, the timeline is paused until a completed form is received.
Day 08	Relevant evidence collected and relevant staff/clinicians contacted for response	All relevant staff to provide requested information / their response within 5 working days
Day 13	All relevant information / staff responses sent to an Associate Medical Director (AMD), or another suitable Responder	
Day 33	AMD considers all evidence and drafts a response to the complainant	
Day 38	Response to be quality checked by Performance and Quality Department	Response will be reviewed by P&Q Department to ensure it addresses complainant's concerns
Day 40	AMD's final response and Adverse Event Feedback Form (AEFF) shared with staff involved	
Day 45	Final Response sent to complainant	Staff involved in the incident being complained about will have 5 working days to provide comments on the final response, which will be considered before the response is sent to the complainant
If the complainant does not respond with any further questions after receiving the final response, then: Case Closed		
Day 0	Further questions received	
Day 03	Further questions sent to the Responder, or the MD	
Day 23	Responder, or the MD, to provide response	
Day 28	Response quality checked by P&Q Department	
Day 31	Response to final questions sent to complainant	If complainant does not respond within 20

		working days, then the case is closed
Day 51	Consider arranging a meeting	If complainant is unsatisfied with response to their further questions, then the MD, or an AMD, to consider arranging a meeting within 20 working days
Day 61	Meeting held	Minutes to be taken, and a summary of the meeting will be sent to the complainant within 5 working days
Day 66	Summary of meeting sent to complainant	
Case Closed		

¹ We typically receive complaints direct from patient/complainant by voicemail, email, the website enquiry form, and in writing. Sometimes complaints will come via a third party such as the BSol ICB, or another provider such as DHU.

¹ Consent is usually required if the complainant is not the patient. If consent isn't obtained, then patient sensitive information cannot be released. The CPFR may be sent electronically by email, or by post.

16 APPENDIX 5: COMPLAINT PROCEDURE FLOWCHART



17 APPENDIX 6: SAMPLE COMPLAINTS LOG**BSol & BADGER MEMBERS SERVICES / ERDINGTON AND SOLIHULL URGENT TREATMENT SERVICES
01.01.2023 – 27.06.2023**

Reviewed by

Date

	Received	Complaint	Outcome	Closed	Notes	Lessons learned / action taken
001 BSol OOH	06.01.23	43YOF Cough/asthma 4 days c/o clinician said did not have asthma and advised A&E, raised with NHSE and was told case closed	No consent	17.03.23	Brief email of verbal complaint to WMAS111.	Review management of third party complaints
002 BSol OOH	26.01.23	25YOM Gastroenteritis c/o clinician manner, refusal to prescribe paracetamol	Not upheld	20.02.23	Issue was GP declining to prescribe paracetamol as it was available OTC. Prescription issued for nausea. Clinical management appropriate.	Clinician has reflected on the case.

18 APPENDIX 7: COMPLAINT PROCEDURE RESPONSE FORM (CPFR) – IG-F-002

1/2

COMPLAINT PROCEDURE RESPONSE FORM**Person making complaint:**

Full name

Date of birth

Telephone

Email address *(Required)*

Address:

City

Postal Code

How would you prefer to be contacted? *(Please tick all that apply)*

Email

Letter

Telephone

How would you like to be addressed? *(for example Ms Jones, Mr Ahmed, Kate Bloggs)*

Patient's details if not the complainant:

Full name

Date of birth

Telephone

Address

City

2/2

Postal Code

Your relationship to the patient:

Date and time of patient's contact with service: *(Required)*

Specific details of the complaint: *(Required)*

Please tell us what you would like to happen as a result of your complaint (for example would you like an apology, an explanation, or for us to change how we do things?)

Name of person completing form:

Consent *(Required)*

I am the patient and agree that any information relating to complaint may be given to complainant.

I am the patient's parent/guardian and agree that any information relating to complaint may be given to complainant.

I have parent responsibility, and the patient is under 16 years of age and is incapable of understanding the request or, has consented to my making.

I have legal authority to act on behalf of the patient (including a personal representative for a deceased patient).

Signed:

Date:

19 APPENDIX 8: FURTHER INFORMATION SENT WITH CPFR



Further information about complaints and concerns management at Badger

We thank you for completing the Complaint Procedure Response Form, and you may keep a copy of this page for your information.

If you have received this form by post, you can return it via the prepaid envelope enclosed.

Alternatively, if you received it electronically, you can return it to the following email address:

✉ Qualityandcompliance@badger.nhs.uk

In the meantime, if you have any further questions or concerns then do not hesitate to contact us:

✉ By email: Qualityandcompliance@badger.nhs.uk

✉ By telephone: 0121 766 2170

✉ By post: Quality and Compliance Department, Badger Group, Badger House, 121 Glover Street, Birmingham, B9 4EY

We are sorry when people find our service unsatisfactory, and we would like to reassure you that we thoroughly investigate concerns raised with us. We welcome feedback and we can assure you that there will be no disadvantage to you because of making a complaint.

If you feel that you need help to make your complaint you can contact the NHS Complaints Advocacy service PohWER on: 0300 456 2370

We aim to provide a final response to all complaints within 45 working days. If we are unable to provide a response within this timeframe, you will be contacted via your preferred means to update you about the delay.

We always aim to investigate your complaint and fully address the concerns you have raised. However, if after receiving a final response you remain dissatisfied you are entitled to ask the Parliamentary and Health Service Ombudsman to consider your complaint. The Ombudsman can be contacted by writing to:

The Parliamentary and Health Service Ombudsman
Milbank Tower
Milbank
London
SW1P 4QP

We thank you for your patience while we investigate your concerns, and we hope that we provide you with a satisfactory outcome. Once again, we are sorry that our service fell short of your expectations.