**NHS Complaint Standards**

**Organisational assessment tool**

**April 2024**

# Introduction

This assessment matrix (see appendix A) is designed to help NHS organisations and private healthcare providers that deliver NHS-funded services in England embed the [NHS Complaint Standards](https://www.ombudsman.org.uk/complaint-standards) in practice.

The NHS is made up of thousands of organisations, spanning many different sectors and using multiple delivery models. This means that each organisation has its unique interactions and relationships, both with the people who use its services and the local community. However, despite these differences, all these organisations have one experience in common: the need to respond to — and learn from — complaints.

The Complaint Standards aim to provide a common approach to complaint handling across the NHS. They are designed to help ensure a consistent experience for service users, while still meeting the specific needs of each individual organisation. This important, as every organisation is on its own developmental journey in how it handles complaints and embeds the Complaint Standards.

This organisational assessment tool is designed to help you assess which parts of the Complaint Standards are already in place in your organisation, and working well, and where you may benefit from more work.

By completing this assessment, you can help identify and plan the next step your organisation needs to take to embed the Complaint Standards and continuously improve in this area.

# How to use the assessment tool

The assessment tool breaks the NHS Complaint Standards down into different areas and sets them out in a series of statements. These statements describe a range of examples that an organisation would be able to show and evidence at five different stages of organisational development and maturity.

Each statement is created from the perspective of service users or organisational colleagues and describes what they would say about their experience in each area.

# Maturity levels

The table below shows the maturity levels highlighted in the assessment tool and explains what each means.

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| **Maturity level** | **Description** |
| 1. None | An organisation that has not developed any approach to what is described and has not started to progress in this area |
| 2. Basic | An organisation that has started to develop an approach to this area but is still at the very early stages of development |
| 3. Early progress | An organisation that has started to embed this area and is now looking at how it can continuously develop |
| 4. Firm progress | An organisation that has developed lots of experience and made good progress in embedding this area. The organisation is now looking at how it can become an exemplar |
| 5. Mature | An organisation that has significant and proven development in this area and is an exemplar. The organisation is now looking at where it can make further adjustments to continuously strengthen its achievement |

# How to use the assessment tool

This assessment tool is best used collaboratively alongside a range of stakeholders, including:

* colleagues across your organisation
* service-user groups
* representatives
* national or local advice services, such as a local independent NHS complaints advocacy provider or Healthwatch.

Together, you can realistically assess your organisation’s current maturity against each area of the Complaint Standards. Then use the form on page 24 to record your assessment.

The statements in the assessment tool are designed to help you approach your assessment from the perspective of your service users and staff, asking ‘What would they say about your organisation in each area? You can use existing feedback or data to look at this in more detail.

* Make sure you think about multiple perspectives and not rely on limited or individual assessments.

It is important to remember that this process is not about assessing your performance. Instead, it acts as a guide or prompt for conversations about organisational development. So, it is about being honest, reflecting on what works well in your organisation at the moment and what needs development, and then identifying priority areas to work on. The results will remain confidential.

* All organisations have some areas where they are already at a high level of maturity, and others where more development is needed.

**Working through the sections**

At the end of each section, take some time to reflect on what your assessment tells you. Ask yourself:

* Does your assessment suggest that your organisation is already working at an acceptable standard?
* What areas of continuous improvement are there?
* What action should you take? Which areas should you prioritise?

**After completing the ‘as is’ assessment**

Once you have completed your ‘as is’ assessment, pause and use this information to explore where you think your organisation can get to in the short, medium and longer term, in line with your planning processes. Discuss this with colleagues across your organisation.

**Tip** If you would like help with those discussions, contact the Ombudsman’s Liaison Team at [liaisonmanagers@ombudsman.org.uk](mailto:liaisonmanagers@ombudsman.org.uk).

These conversations will give you and your staff time and space to reflect on:

* where your organisation is doing well
* how you can continuously develop and over what timeframes.

For example, you may score your organisation as currently making ‘early progress’ on demonstrating openness, accountability and freedom to speak up. If this is an important area to your organisation, you may agree that you want to do more, so that you reach ‘firm progress’ within the next 12 months. You can then plan what your organisation needs to do to reach that level within that timeframe.

**After your assessment**

When you come to the end of your assessment, you will have a better understanding of:

* your organisation’s areas of strength and development
* what you would like to focus on, or prioritise, and over which period.
* You can use this information to set up realistic and achievable action plans to develop your organisation, and to continuously strengthen your approach to learning from complaints.

# Finding help and information

All the available Complaint Standards materials are available on [the Ombudsman’s website](https://www.ombudsman.org.uk/complaint-standards) [here](https://www.ombudsman.org.uk/complaint-standards).

Contact the Ombudsman’s Liaison Team at [liaisonmanagers@ombudsman.org.uk](mailto:liaisonmanagers@ombudsman.org.uk):

* if you have questions or feedback on this document
* if you have questions or feedback on any other NHS Complaint Standards materials
* if you need help embedding the Standards in your organisation.

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| The NHS Complaint Standards: organisational assessment tool | | | | | |
| **Promoting a learning culture** | | | | | |
| **How all staff in your organisation promote and demonstrate a culture that openly welcomes complaints and is accountable when things go wrong.** | | | | | |
| Overall scope of assessment | | The assessment should cover:   * what staff and service users say about the organisation being open to receiving complaints * whether staff feel comfortable about being open and honest when mistakes happen * whether staff believe senior staff take an active role in learning from complaints. | | | |
|  | **None** | **Basic** | **Early progress** | **Firm progress** | **Mature** |
| **Openness, accountability, Freedom to Speak Up** | Staff never speak up if they think things have gone wrong.  Staff get no (or limited) training in handling complaints. | Staff say they have basic awareness of the organisation’s complaints process and will signpost to it if asked.  Staff say they are asked to identify and raise concerns but say this is rarely encouraged or seen in practice.  Staff have basic knowledge of freedom to speak up, but it is not encouraged nor seen in practice. | Staff are trained in complaint handling, speaking up and duty of candour.  The organisation has [Freedom to Speak Up Guardians](https://nationalguardian.org.uk/) in place.  Managers get detailed training in encouraging their staff to raise concerns (Listen Up) and how to act on them.  Senior staff promote openness and transparency with all staff. | Relevant staff receive advanced training in complaint handling and working in an open and accountable organisation.  Staff say the organisation welcomes feedback, is open and accountable, and learns when things go wrong.  Senior staff are trained to encourage and act on staff concerns and have processes to do this (Following Up).  The organisation can give some examples of raising duty of candour investigations. | All new staff receive detailed training (relevant to their role) in complaint handling, speaking up and how the organisation promotes a learning culture.  All staff say the organisation has a learning culture. They say senior staff show an openness to learning.  Staff regularly identify potential concerns informally and via duty of candour or freedom to speak up.  Staff regularly identify and report to senior staff on learning from complaints and are authorised to act on it. This includes feedback from staff about the effect any actions will have on service delivery.  Senior staff regularly and visibly encourage all staff to speak up and show how this is used to improve services. |
| **Supporting staff to learn from complaints** | Staff say they are not supported to learn from complaints. | Staff periodically receive general information about complaints learning relevant to them or their service area. | Staff are routinely involved in complaints that affect them or their role.  Staff make some learning recommendations to support performance development. | Staff are always engaged in complaints that affect them or their role.  Staff are encouraged to reflect on all relevant feedback and what learning they can take from it. This learning is turned into activity. | Staff are proactively engaged in individual and wider learning activities coming from complaints. Learning is fed into personal development activity and wider improvement activities. |
| **Demonstrating a learning culture** | Staff have no knowledge or experience of what a learning culture is. | Staff have basic awareness or training in how their organisation acts as a learning organisation at entry level or induction. | Staff receive training on how the organisation uses learning from complaints to improve. This training explains how it applies to their role.  Staff receive training at entry level, with refresher training at regular intervals in their career. | There is organisation-wide activity on embedding a learning culture in progress, with activities in place to act on learning.  Staff have developmental objectives that support them to embed a learning culture approach in their role and in the organisation. | All staff say the organisation is committed to being a learning organisation and can give examples of how it does this.  Staff say the organisation has a learning culture in practice at all levels and regularly gives examples of how it has learnt.  Senior staff show they are committed to operating a learning culture through activities in their governance process and leadership style. |
| **Visibility of senior staff** | Senior leaders have little or no involvement in complaints.  Staff say that senior staff often respond defensively to complaints. | Senior staff have limited involvement in complaints – often, becoming involved only if the issue is high risk. | Senior staff have regular involvement in individual complaints and oversight of qualitative insight arising from complaints. | Senior staff are actively involved in identifying learning from complaints and making sure they act on this. | Senior staff are regularly and visibly engaged in complaints. They make sure the organisation takes forward individual and thematic improvement actions, based on the learning.  Senior staff routinely seek data and feedback, to monitor the impact of learning activity. They use this to make sure learning is embedded and addresses the issues raised. |
| **Listening and responding to complaints** | Service users have no confidence that the organisation welcomes complaints or uses them as an opportunity to improve.  Service users say the organisation is defensive or unwilling to learn from complaints. | Service users have limited confidence that the organisation listens and responds to complaints.  The organisation captures basic complaints data, such as the number of complaints and action taken. | Service users can see examples of where the organisation has listened and used complaints to learn and improve.  Service users feel learning has had some impact on services.  The organisation captures and reports back on some service users’ feedback on their experience of the complaints process. | Service users feel the organisation proactively responds to complaints and regularly shows how it has used learning to improve services.  The organisation captures detailed feedback from service users and staff about their complaint experience. This is measured against [My Expectations](https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints) and reported to senior staff. | Service users have regular interaction with the organisation about learning activity arising from complaints.  Service users feel strongly that the organisation always acts on complaints insight to improve.  Detailed feedback reporting processes are in place, based on [My Expectations](https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints). These include qualitative feedback from service users and staff — often via focus groups or interviews.  All results are published and shared with staff via workshops. |
| **Embedding a quality improvement culture** | The organisation has no effective oversight of complaints, nor of other forms of feedback.  The organisation does not publish or share with staff data on complaints, nor improvements made based on feedback. | The organisation provides basic complaints data to senior staff periodically.  Some data is shared with staff, but it is not published.  Limited activity is taken on quality improvement tasks based on feedback. | The organisation gives senior staff regular reports on complaints data – including learning insight, alongside other feedback data.  Senior staff use this data to set improvement actions where needed.  Reporting is shared with staff and basic data is shared annually in a report. | Complaints, legal claims and patient safety data are regularly reported at senior level, alongside service-user experience feedback, via a standing improvement item.  This includes reporting on progress against improvement activity based on feedback.  The organisation shows how this process leads to quality improvement activity. | Data on feedback, complaints, claims and patient safety insight is delivered in a quality report to senior staff. This is often done via a quality committee, or similar governance structure.  Actions arising from insight are added to the quality improvement programme of activity.  Senior staff take individual responsibility for quality improvement activity and report to the board (or equivalent) on progress.  Complaints, claims and patient safety teams sit under one quality improvement directorate or division, where appropriate. |

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| **Welcoming complaints in a positive way** | | | | | |
| **This section assesses how your organisation encourages service users to speak up if things go wrong, or do not go as expected. This includes how it shows that it welcomes (and acts on) complaints and how easy it is to make a complaint.** | | | | | |
| Overall scope of assessment | | The assessment should cover what service users say about:   * whether your organisation is responsive to hearing from them if things have gone wrong or not gone as expected * whether they felt their complaint was welcomed, taken seriously and acted on.   It should also cover:   * what colleagues say about whether they are encouraged to signpost service users to the complaints process, and if they are supported and trained to resolve complaints as quickly as possible. | | | |
|  | **None** | **Basic** | **Early progress** | **Firm progress** | **Mature** |
| **Advertising the complaints process and welcoming complaints** | There is no visible complaints process.  Service users say they do not know how to raise a complaint or have had to go out of their way to find out.  The organisation does not reassure service users that their future care will not be affected if they make a complaint.  Service users say the organisation does not welcome complaints or make it easy to complain. | There is basic signposting to the complaints process, but it is not very visible across the organisation’s communication channels.  The language used to advertise the complaints process is confusing or complex.  Service users say they have some awareness of how to complain to the organisation.  Services users have limited confidence that if they complain this will not affect their ongoing care. | All communications, and all premises signpost clearly to the complaints process and provide details.  The language that advertises the complaints process is welcoming and easy to understand.  Frontline staff are encouraged to remind service users about the complaints process.  Service users say they have a good awareness of how to complain and a basic understanding of what will happen if they do.  Service users have some confidence that the organisation welcomes complaints.  Service users have some confidence that if they complain this will not affect their ongoing care. | There is visible and easy-to-navigate information on how to complain, with details of the process across all channels, including websites.  The organisation regularly reminds service users that it welcomes complaints.  Staff have a good knowledge of the complaints process.  Service users say they have a very good awareness of how to complain and a good understanding of what will happen if they do.  Service users are confident that the organisation welcomes complaints.  Service users are confident that if they complain this will not affect their ongoing care. | Details of how to complain, and the complaints process, are visible and available in multiple formats or versions.  Staff are trained to proactively tell service users how they can give feedback and to help them make a complaint if needed.  Senior staff actively promote the complaints process and welcome feedback from service users.    Service users say they have an excellent awareness of how to complain.  Service users are extremely confident that the organisation positively welcomes complaints, and that if they complain this will not affect their ongoing care. |
| **Accessibility** | The organisation offers very limited and inflexible routes to making a complaint.  The organisation has unclear or complex routes to complaining that are hard for service users to navigate.  The organisation does not provide details of how to get help, advice and support to make a complaint, nor of any available independent help or advice services.  The organisation does not actively consider requests for reasonable adjustments.  Service users say it is very difficult to make a complaint in a way that suits them. | The organisation accepts complaints only through a limited number of channels.  The organisation gives only limited or basic information about how to access help, advice and support to make a complaint, or about any independent help or advice services.  Some service users feel that they have been able to make their complaint easily and in a way that suited them. | The organisation enables service users to make complaints through a range of channels.  The organisation provides information at the beginning of the complaints process about how to access help, advice and support to make a complaint, or about independent support or advice services.  Service users have a good level of satisfaction that they can make a complaint easily and in a way that suits them. | Service users can access a wide range of channels to make complaints in a way that meets the most common needs.  Online channels for receiving complaints are in place and easy to use.  The organisation makes sure staff have up-to-date information on what help, advice and support is available for services users when making a complaint (including any independent support or advice services) and regularly signpost service users to it.  Service users have above-average levels of satisfaction that they can make a complaint easily and in a way that suits them. | The organisation believes there is no ‘wrong way’ of making a complaint. It will accommodate specific needs, wherever possible, at all stages of the process.  Online channels for receiving complaints are well established. Staff are trained to respond promptly to online feedback.  Staff provide tailored information about local and national independent support or advice services.  The organisation regularly engages with local, or national, support or advice organisations (such as Healthwatch) and collaborates with them to continuously improve the accessibility of its complaints process.  Service users are highly satisfied that they can make a complaint easily and in a way that suits them. |
| **Supporting staff who are complained about** | Staff are unaware of complaints that are made about them and are not involved.  Staff who are complained about say they are given no support or information.  Staff who are complained about say they never know what the outcome is. | Staff are asked for their views at important stages during the complaint-handling process.  Staff say they sometimes receive feedback from complaints made about them or their area of work. | Staff are made aware of complaints that involve them from the beginning of the process and are asked for their views.  Some staff say they have a good level of engagement in complaints made about them or their area of work.  Some staff say they feel supported to engage with, and learn from, complaints made about them or their area of work. | Staff are engaged in the complaints process from the outset, supported to reflect on issues raised and involved in finding resolution.  Staff are given information on where they can get help and support throughout process.  Staff feel satisfied that if a complaint is made about them, they will receive support.  Staff say they are fully supported to engage with, and learn from, complaints made about them. | Staff are always involved throughout the complaint handling process. They help find resolutions to issues and identify any learning.  Staff are always given an opportunity to input into emerging or initial views and final responses.  Staff routinely have access to internal resources for help and support during the complaint process, and to reflect on learning or insight.  Staff say the organisation fully engages them in complaints and supports them to be open and reflective at all times. |
| **Timescales** | The organisation has no internal or external timeframes are in place. | The organisation gives staff some internal complaint-handling key performance indicators (KPIs), linked to NHS regulations.  The organisation publishes basic complaint-handling KPIs on its website but does not publish data on performance. | The organisation provides detailed complaint-handling KPIs on its website, alongside periodic data on performance. | The organisation describes high-level KPIs to each incoming complainant and publishes performance data on its website.  Staff are trained to plan and assess how long it will take to look into and investigate issues, on a case-by-case basis. They share the estimated timescale with all parties involved. | The organisation provides detailed KPIs for important stages in its complaints process. It captures detailed data on how it is performing.  The organisation regularly publishes data on waiting times, performance against KPIs and similar data on its website and through its annual reporting process.  Staff always provide tailored timeframes for each complaint, depending on the complexity of the issues and the work involved. They keep all main parties updated on progress throughout the complaint-handling process.  Staff always let people know if the matter may take longer or can be resolved earlier. |

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| **Being thorough and fair** | | | | | |
| **This section assesses how your organisation trains and resources staff to take a thorough, proportionate and balanced look into complaints. This means making sure:**   * **service users who make complaints, and staff who are complained about, are meaningfully involved and engaged throughout** * **service users know they have been listened to and that your organisation is committed to giving a fair, open and accountable response.** | | | | | |
| Overall scope of assessment | | The assessment should cover what service users and staff say about how thorough and fair the investigation into the complaint was, and how engaged people felt during the process. | | | |
|  | **None** | **Basic** | **Early progress** | **Firm progress** | **Maturity** |
| **Training and support for staff involved in complaint handling** | The organisation does not provide complaint-handling training.  Staff say they are not given any dedicated time to handle complaints. | The organisation provides staff with basic complaint-handling training. | Staff are given introductory training in investigative techniques, including resolution skills and effective communication.  Staff say there is recognition of the extra time needed to handle complaints. | Relevant colleagues get comprehensive training in complaint handling and periodic refresher training. There is also training on other procedures for resolving complaints (including regulatory).  Staff say they are given enough time to handle complaints. | Staff have regular access to advanced, developmental training in dispute resolution and mediation skills. The organisation supports specialist complaints colleagues to achieve accredited or certified learning in this area.  Staff dedicated to complaint handling say they have the proper time and resources to investigate complaints. |
| **Complaints process** | The organisation does not have a complaints procedure. Complaints are dealt with on an ad hoc basis. | The organisation has a basic complaints procedure that outlines the stages and broad requirements.  The complaints procedure is available on request. | The organisation has a complaints procedure that clearly defines roles and what is required at each stage.  The complaints procedure is published on the organisation’s website. | The organisation has a detailed complaints procedure that includes guidance and behavioural competencies. It explains what is expected at each stage.  Service users who complain are signposted to the procedure at the beginning of the complaint. The procedure is available on the organisation's website and in other formats.  The procedure clearly aligns with My Expectations or relevant customer charters or values and promises. | The organisation has a comprehensive complaints procedure, aligned with relevant behaviours. It defines the main user-led outcomes for staff at each stage.  The organisation’s complaints procedure is designed to be flexible to meet different needs and adapt to the complexity of the issues raised.  Each expected outcome is defined and measurable. It aligns with My Expectations or with the service’s customer charter or values and promises.  The complaints procedure is available in multiple formats and online. |
| **Meaningful engagement** | There is no engagement with the service user who has complained, apart from acknowledgement and occasional updates.  Service users who have complained, and staff who have been complained about, say they were not involved in the complaint investigation and were not updated. | Staff engage with the service user to understand their complaint. They give periodic updates on progress.  Service users who have complained, and staff who have been complained about, say they were not kept fully updated during the investigation. | Staff take the time to listen to service users, to understand the issues and plan how they will resolve them.  Staff engage meaningfully with service users who complain, and with colleagues who are complained about, throughout the entire process.  Service users who have complained, and staff who have been complained about, say they were kept updated on progress during the investigation. | Staff agree the scope of the complaint investigation with relevant parties and explain how they will look into the issues.  At important points in the investigation, staff share information and give the relevant parties opportunities to comment. Staff are open and transparent and take all comments into account.  Service users who have complained, and staff who have been complained about, say they were involved at important points in the investigation. | Staff make sure they have a comprehensive understanding of the complaint issues and create a detailed investigation plan, sharing the main points with the relevant parties.  Staff share emerging views on relevant cases as a matter of course. They engage with all relevant parties to get their input. Staff consider all comments before they give a final response.  Service users who have complained, and staff who have been complained about, say that they were meaningfully involved and engaged throughout the investigation. |
| **Strategic oversight and multi-service area or organisational complaints** | The organisation has no engagement between its service areas and other associated organisations when dealing with complaints.  The organisation fails to communicate or collaborate with its associated organisations (where relevant) to make sure they are handling complaints consistently. | There is some contact between service areas and other associated organisations, but individual complaint responses have limited reference to other service areas or associated organisations.  The organisation provides basic guidance and expectations to associated organisations (where relevant) to make them aware of what is expected when dealing with complaints. | The organisation collaborates with others linked to the complaint issues to co-ordinate a response to the complaint.  The organisation has periodic meetings with associated organisations to review their complaints procedures and insights or learning from complaints they have received. | The organisation identifies and engages meaningfully with all service areas involved in a complaint, and with other relevant organisations. Together, they decide on the best approach to the investigation.  The organisations involved agree who will take the lead in giving a response and agree how best to answer the issues raised.  Investigation plans include activity in each service area and associated organisation to make sure all the complaint issues are investigated.  The organisation has regular meetings with associated organisations to act on learning arising from complaints and service-user experience. | The organisation proactively engages with all relevant service areas and other organisations to agree who will lead in giving a single or co-ordinated response to the complaint whenever possible.  The organisation agrees a co-ordinated plan and approach to multi-service area or organisational investigations and engages all the relevant parties in this.  When acting as lead organisation, it engages with all other organisations to give a single response that includes the outcome or findings from all others, whenever possible.  The organisation has a collaborative and meaningful relationship with all associated organisations, where relevant. It makes sure they are fully involved and engaged in handling complaints, learning from insight and taking action to improve. The organisation captures this in its reporting on complaints. |

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| **Giving fair and accountable responses** | | | | | |
| **This section assesses how your organisation ensures that staff give a fair, open and balanced response to complaints, and takes accountability when things have gone wrong, or if services have had an unfair impact. This includes putting things right for individuals and supporting staff to use complaints to develop and continuously improve services.** | | | | | |
| Overall scope of assessment | | This assessment should cover what service users and staff say about the quality of complaint responses and whether they reflect an open and accountable approach to when things have not gone as they should have. This includes how your organisation acts to put things right and uses learning from complaints to support and develop staff. The assessment must cover how your organisation uses learning to make system-wide improvements to its service. | | | |
|  | **None** | **Basic** | **Early progress** | **Firm progress** | **Mature** |
| **Quality of complaint responses** | Responses lack detail or depth.  Responses fail to take individual views into account.  Service users say the response to their complaint did not properly address the issues and their views were not considered. | Responses give a basic explanation of what happened.  Responses refer to accounts from the service user who raised the complaint and others.  Overall, service users are satisfied that their response covered the issues. | Responses set out what happened and what should have happened.  Responses broadly consider evidence or information given by service users raising complaints and staff who have been complained about.  Staff sometimes share initial views about a complaint to gather comments before issuing a final response.  Staff sometimes use face-to-face meetings to discuss initial views and responses.  Service users and staff have said they felt the response covered the issues and took their views into account. | Responses give a clear, balanced and empathetic account of what happened and what should have happened, based on relevant evidence.  Responses specifically refer to evidence provided by the service user raising the complaint and staff who have been complained about. They clearly set out how the organisation has used that evidence to reach a decision.  Staff share initial views on complex complaints, using face-to-face meetings where appropriate, and take any comments received into account in their final response.  There is a good level of service user and staff satisfaction that the response was thorough, objective, and fair. People say they felt involved in the process. | All responses are clear and objective, based on evidence. They refer to relevant laws, standards, policies, procedures and guidance. Responses show empathy and use human factors analysis wherever needed.  Responses objectively describe accounts of what happened by the service user raising the complaint and staff who have been complained about. They clearly show how the organisation has considered these accounts in reaching a decision.  For most complaints, staff regularly share initial views, using face-to-face meetings where needed.  Final responses always include comments from all parties involved. They show how the organisation has considered these comments before reaching a final view.  Service users and staff are highly satisfied that the response was objective, fair and thorough. All parties agree that they were fully engaged in the process. |
| **Openness and accountability** | Reponses are defensive and give inadequate explanations or remedy.  The organisation fails to take any accountability for any failings, errors or impact. | Responses give broad acknowledgement when things have gone wrong.  Responses show that the organisation takes some accountability. | Responses give detailed acknowledgement of where things went wrong and include some consideration of the impact this had.  Responses show that the organisation takes overall accountability for what happens if things go wrong. | Responses give an open, detailed assessment of where things have gone wrong and the impact this has caused. They give a detailed account of the impact on the individuals concerned.  Responses show that the organisation takes clear accountability for what happened and recognises the impact this may have had. | Responses actively show transparency and openness. They take full accountability when things have gone wrong.  Responses also acknowledge any unintended impact of services, even when the service was provided correctly.  Responses give first-hand accounts of impact on the service user, staff and any other relevant parties. |
| **Quality of remedy** | Responses are defensive. They give only a general acknowledgement or apology if something has gone wrong and caused a negative impact.  No other remedies are offered or given. | When something has gone wrong, responses give a meaningful apology about specific issues when necessary.  Service users who have complained have limited satisfaction that the organisation offered a meaningful apology and appropriate remedy. | If a negative impact is identified, staff are supported to look at how best to put things right in each individual case. They do this using a range of options for remedy.  Apologies given are always specific, meaningful and sincere, and fully address the identified impact.  Service users are satisfied that the organisation has given an appropriate remedy. | Staff proactively identify and implement ways to put things right in each individual case, with a view to resolving cases as quickly as possible.  Meaningful apologies are given in a variety of ways (in writing and in person) and often include individual staff.  The organisation makes sure financial remedies are provided where appropriate.  Service users are very satisfied that the organisation has provided an appropriate remedy.  The organisation monitors the way complaints are remedied across all its service areas. It makes sure this is consistent and fully addresses the issues. | Staff have the confidence to put things right using a wide range of remedy options, with emphasis on resolving cases as a default.  Staff who have been complained about are routinely involved in providing meaningful apologies and remedies. They are confident and happy to do this in person where necessary.  Remedies include systemic improvement activities that link clearly to the learning arising from the complaint issues.  There is very high satisfaction among service users that the organisation has given an appropriate remedy.  The organisation makes sure there is oversight of the way complaints are remedied at senior staff or governance level. It continuously reviews whether remedy actions are appropriate and proportionate to the issues in hand.  The organisation reports on the way complaints are remedied in publication of its complaints data.  If a systemic remedy approach is needed, the organisation puts a proportionate, fair and comprehensive process in place so that service users can apply for, and receive, fair and efficient remedy to address the systemic issue in question. |
| **Acting on learning** | Learning is never identified.  Service users are not satisfied that the organisation has identified and acted on learning arising from their complaint. | General learning points are noted in responses and some activity is taken forward.  Some service users are satisfied that the organisation has acted on learning arising from their complaint. | Suitable learning points are identified and details of how they will be taken forward are recorded and shared in responses.  Overall, service users are satisfied that the organisation has acted on learning arising from their complaint. | Individual learning points (both for the organisation and the staff) are identified and recorded. Details of how they will be acted on are given in the response.  Action plans are drawn up internally to monitor completion of any actions.  Service users have a good level of satisfaction that the organisation has acted on learning arising from their complaint.  The organisation carries out some thematic analysis of learning to identify any systemic improvements. | In its response, the organisation provides details of all learning points and what action it will take at multiple levels. This includes what it aims to achieve and how it will measure this.  Where the organisation identifies developmental learning activity for staff, it puts this in place and monitors it. Action plans give details of milestones for completion.  The organisation keeps the service user involved and informed of progress on learning arising from their complaint, where possible.  The organisation regularly outlines what learning it has taken from complaints and how it is putting it into practice, and shares this internally and externally.  The organisation regularly carries out thematic analysis of all learning points to proactively identify and action systemic improvements.  The organisation regularly shares learning outside the organisation to help promote continuous improvement.  The organisation combines learning from other routes (such as patient safety) to carry out a comprehensive review of systemic learning. |

# NHS Complaints Standards organisational assessment: results

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| **NHS Complaint Standards organisational assessment: results**  **To: [Set out details of who assessment will be shared with]**  **Completed by:**  **Date:**  **Proposed date of next assessment:** |

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| **Promoting a learning culture** | | | | |
| **Scope of assessment** | **Rating** | **Evidence to support rating** | **Development activity** | **Training and resource needs** |
| Openness, accountability, freedom to speak up | For example: none, basic, early progress, firm progress, mature | For example: policies, procedures, guidance, data, activity already in place | Detail the action needed to develop to the next level and any relevant target dates | Detail the training and resources needed to embed or develop this area |
| Supporting staff to learn from complaints |  |  |  |  |
| Demonstrating a learning culture |  |  |  |  |
| Visibility of senior staff |  |  |  |  |
| Listening and responding to complaints |  |  |  |  |
| Embedding a quality improvement culture |  |  |  |  |

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| **Welcoming complaints in a positive way** | | | | |
| **Scope of assessment** | **Rating** | **Evidence to support rating** | **Development activity** | **Training and resource needs** |
| Advertising the complaints process and welcoming complaints | For example: none, basic, early progress, firm progress, mature | For example: policies, procedures, guidance, data, activity already in place | Detail the action needed to develop to the next level and any relevant target dates | Detail the training and resources needed to embed or develop this area |
| Accessibility |  |  |  |  |
| Supporting staff who have been complained about |  |  |  |  |
| Timescales |  |  |  |  |

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| **Being thorough and fair** | | | | |
| **Scope of assessment** | **Rating** | **Evidence to support rating** | **Development activity** | **Training and resource needs** |
| Training and support for staff involved in complaint handling | For example: none, basic, early progress, firm progress, mature | For example: policies, procedures, guidance, data, activity already in place | Detail the action needed to develop to the next level and any relevant target dates | Detail the training and resources needed to embed or develop this area |
| Complaint process |  |  |  |  |
| Meaningful engagement |  |  |  |  |
| Strategic oversight and multi-service area or organisational complaints |  |  |  |  |

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| **Giving fair and accountable responses** | | | | |
| **Scope of assessment** | **Rating** | **Evidence to support rating** | **Development activity** | **Training & resource needs** |
| Quality of complaint responses | For example: none, basic, early progress, firm progress, mature | For example: policies, procedures, guidance, data, activity already in place | Detail the action needed to develop to the next level and any relevant target dates | Detail the training and resources needed to embed or develop this area |
| Openness and accountability |  |  |  |  |
| Quality of remedy |  |  |  |  |
| Acting on learning |  |  |  |  |