

# **Service Model Policy and Guidance: Review and Feedback Guidance 9.0**

## Contents

Our review and feedback process .....	5
Positive feedback .....	5
Complaints about our service .....	6
Handling a service complaint.....	6
Complaints about our decision .....	7
Timescales for receiving review requests .....	8
Completing a review of a decision.....	9
Remedy .....	9
Compensation for our poor service .....	9
Opening a new investigation .....	10
Issuing an amended version of a decision or report.....	10
Quashing of reports or decisions .....	10
Communicating the decision .....	11
Approving review decisions .....	11
Completing the complaints process .....	12
Follow up contact regarding decision or service complaint .....	12
Joint Working with the Local Government and Social Care Ombudsman .....	12
Risk Assessment .....	12
Our service charter commitments (Our Service Charter) .....	21
Giving you the information you need - we will:.....	21
Following an open and fair process - we will: .....	21
Giving you a good service - we will: .....	21
Living up to our commitments - we will:.....	21

## Version control and sign off

Date	Version	Details
17/2/15	0.1	Review and Feedback Team by Rachael Russell
19/3/15	0.2	Revised Review and Feedback Team by Rachael Russell
20/3/15	0.3	Revised Review and Feedback Team by Rachael Russell/Neil Armstrong
8/4/15	0.4	Revised Review and Feedback Team by Neil Armstrong
8/3/16	1.1	Revised Review and Feedback Team by Sophie Grant/ [REDACTED] Rachael Russell - updated to bring into line with Service Model: 'Considering and responding to feedback including deciding whether to review our decision' and 'Providing feedback through the customer care team'.
31/03/16	1.2	Review and Feedback Team amended following office wide consultation and feedback received.
3/5/16	1.3	Annex A added.
6/5/16	1.4	Addition of paragraph about contacting PACAC when review process exhausted.
6/9/16	2.1	Reference to Visualfiles removed and general guidance links amended.
14/10/16	3.1	General guidance links amended following creation of new version.
29/11/16	4.1	Addition of how to deal with feedback about MPs.
16/11/17	5.1	Revised by [REDACTED] Renamed 'Review and Feedback Team guidance' General minor amendments through-out to bring in line with new process. Removal of references to 'Customer Care Team' and replaced with 'Review and Feedback Team'. Removal of 'including about our methodology' from all mentions of complaints about our decisions. Removal throughout of term 'Customer Care Officer' and replaced with 'Complaints and Feedback caseworker' to reflect the TOM. Removal of section 'Telling people that use our service about how to provide feedback'. Removal throughout of the term 'case management system' and replaced with 'Dynamics 365'. Removal from 'Initial contact about our decision' (28, 29 and 30) of all mentions of caseworkers making review decisions, in line with the TOM. Removal of review decision referral to Corporate Casework Team (32). Addition of confirmation that PACAC is not a further appeal process for the cases that we consider (42). Change of time limit to review (42)

Version: 9.0  
Version date: 16/7/2020

		<p>Addition of section on challenging Judicial Reviews when a review request is received. (47)</p> <p>Removal under 'Process and Timescales' of section on referral to Corporate Casework Team (58).</p> <p>Addition of insight section including best practice and learning points (76 - 80)</p> <p>Addition of sections on quashing of reports (84)</p> <p>Removal from Annex A of process of referrals to Corporate Casework Team.</p> <p>Removal of Annex about how to write a review proposal.</p>
13/3/19	6.1	<p>Renamed 'Review and Feedback guidance'</p> <p>Amendment to process of when a case should be referred for review. Further detail about case owner and manager involvement in process.</p>
29/4/19	7.1	<p>Amendment made to time limit for review section. Addition of text (when contact outside of a month)</p>
12/6/20	8.1	<p>Text through-out changed to match new process</p> <p>Positive feedback process amended following changes.</p> <p>Guidance brought up to date with operational processes and simplified through-out.</p> <p>Amendment to service complaints, as these are usually now escalated through the chain rather than RaFT.</p> <p>Two annexes added covering decision process. (Annex A and B)</p>

### Sign off

Date	Version	Details
15/4/15	1.0	Signed off after submission to Chris Morgan
23/5/16 (Issued: 31/05/16)	2.0	Signed off after submission to Annette John
14/9/16 (Issued: 19/9/2016)	3.0	Delegation scheme signed off by Dame Julie Mellor leading to amendments in general guidance.
14/10/2016 (Issued: 17/10/2016)	4.0	Signed off by Neil Armstrong
1/12/2016 (Issued: 5/12/2016)	5.0	Signed off by Neil Armstrong
12/7/2018 (Issued: 17/1/2019)	6.0	Signed off by Karl Banister
18/3/2019 (Issued: 1/4/2019)	7.0	Signed off by Abigail Howarth
29/4/2019 (Issued: 29/4/2019)	8.0	Signed off by Neil Brook
12/6/2020 (Issued: 16/7/2020)	9.0	Signed off by Operations Leadership Team and Service Model policy group

Version: 9.0  
Version date: 16/7/2020

## Our review and feedback process

1. When someone is unhappy with the decision we have made on their case, or the service they have experienced, we expect them to initially raise their concerns with the original case owner, or if a service complaint, their manager. This is because the person who handled the case is normally best placed to resolve any concerns and answer questions about it.
2. We would usually expect the complainant to have raised any concerns with the original case owner or their manager within one month of the decision complained about.
3. If the original case owner is unable to resolve a complaint about our decision, the person or organisation complaining will be asked to complete a form or provide information that explains what they think was wrong in our decision-making. This will be passed to a manager, not previously involved with the case, for consideration. This manager, the OM peer reviewer, will then decide what action needs to be taken on a case, including whether it can be resolved short of further consideration, or whether it should be passed to the Review and Feedback Team.
4. The Review and Feedback team oversees the review process and gathers insight and learning from complaints about us to improve our service. They will also handle some review requests and complaints about us in specific circumstances (see Annex A).
5. A review is not the same as looking at an assessment or investigation again. When we look at a review request, we consider whether anything went wrong, and if so, what impact it had on our decision. If we find we did something wrong, we will either look to put things right, or offer another form of remedy if we cannot do this. We will only review a case once, except in exceptional circumstances.
6. Our decisions are final and can only be challenged by Judicial Review. We recognise though that this is a technical and expensive process, so we will review a decision we have made on a case if there is information that shows we got something wrong in a way that could change the decision. There is no automatic right to a review, and we will not review a case just because someone is unhappy or disagrees with what we have done.

## Positive feedback

7. All positive emails, pieces of physical feedback, or notes of telephone calls should be saved to the relevant case on Dynamics 365 in a timely way after it is received. **(Policy requirement)**
8. Once this contact is saved, the caseworker who received the feedback should set a task on Dynamics 365 for their manager to review the feedback. This task should include the main contents of the feedback received and should be

Version: 9.0

Version date: 16/7/2020

sent with the subject 'positive feedback received'. The email should then be linked to the relevant record. **(Policy requirements)**

9. Upon review the manager should review the feedback and provide any comments to the caseworker, copying in the Director of Operations and the Chief Executive. The manager should then close the task on Dynamics 365. **(Policy requirements)**

### **Complaints about our service**

10. A service complaint can cover any dissatisfaction with the level of customer service we provide. For example, treating someone without courtesy or respect, causing unnecessary delays or not explaining our processes or decision clearly. These complaints can relate to any aspect of our service and anyone involved in the case, not just the original case owner.
11. Service complaints should usually be resolved by the case owner's manager, and should be escalated up the management chain in rare circumstances, if required. A service complaint will not be subject to a review.
12. On occasion a complaint will be made about our service, but the feedback is essentially about our decision. In these cases the caseworker should treat the complaint as being about a decision. **(Policy requirement)**

### **Handling a service complaint**

13. Complaints about the service being provided by an individual member of staff or team should be considered by or passed to the relevant case owner's manager. **(Policy requirement)**
14. The manager should attempt to resolve these concerns. **(Policy requirement)** This could involve apologising for a delay, arranging contact or showing how improvements will be made.
15. If the manager involved in the case is unable to resolve the complaint to the complainant's satisfaction, they can decide to close the case, or escalate it up the management chain as appropriate. This will be considered on a case by case basis. The Review and Feedback Team can give advice on handling a service complaint if needed.

### Considering service complaints

16. Most service complaints can be resolved promptly and effectively at the initial point of contact. For example, where the individual complains about a delay in the allocation of the case and this is addressed by explanations or priority allocation.

17. When a service complaint cannot be easily resolved, the manager should consider what action to take on a case by case basis. This will usually reflect our way of handling complaints about other organisations under our Service Model. For example, considering what happened, what should have happened, and what the difference was.
18. If a service complaint is upheld, the manager (or the Review and Feedback Team) should offer an appropriate remedy to resolve the complaint. **(Policy requirement)** This could include further explanations, apologies, service improvements or a financial remedy (made in line with the Severity of injustice scale). These cases should be recorded as service reviews on Dynamics 365.
19. When good practice, or learning points for PHSO or an individual are identified on a case, these should be shared with the relevant line manager and all the wider organisation as appropriate in line with Annex C. **(Policy requirement)**

### Complaints about our decision

20. These are complaints about a decision we have reached usually following an assessment or investigation. This is usually the final decision that is given when the case is closed. However, it could sometimes be on an open case where we have decided not to investigate certain parts of the complaint, for example, because they are out of remit or out of time.

### Case owner consideration of a complaint about our decision

21. On receipt of a complaint, the case owner should consider if they can resolve it themselves. This will usually be by providing more information about how and why the decision was reached or providing further clarity about our processes.
22. If following their intervention, the complainant considers it resolved, the case owner should note this on the relevant case record. The complaint can then be considered closed.
23. If the case owner cannot resolve the complaint they should determine if the complaint has been raised with them within one month of the decision being made.
24. If the complaint has been raised within this timeframe, and there is not enough information for a review to take place, the case owner should issue a review form to the person complaining and ask for it to be returned to them. The case owner should let the individual or organisation complaining know about the review process and our time limit for providing the information required. If appropriate, they should explain the information they would like the person complaining to provide.

### Once a review form is received

25. When the case owner receives the form or if the case owner considers there is enough information for a review request consideration to take place, they should arrange for the case to first be considered by an OM peer reviewer.
26. The OM peer reviewer should consider if the case is in time, and then whether the case requires referral to the Review and Feedback team before considering it (see Annex B).
27. A complaint from an MP who raises concerns about our decision and/or service should always be referred directly to the Review and Feedback Team for consideration (see Annex A)

### Timescales for receiving review requests

28. The complainant should contact the case owner within a month of the decision. If the case owner then sends a review form out for the complainant to complete, the person should return this in one month of the decision.
29. If a case falls outside of these time limits, and the case owner has been unable to resolve it, they should consider the complainant's reasons for the delay.
30. The case owner should give the complainant making the request the opportunity to explain why the case is outside of a month if they have not already provided explanations. They should then arrange for an OM peer reviewer to consider the reasons provided in order to decide if this time limit should be put aside and the request still considered (see Annex B). **(Policy requirements)**
31. Decisions to set the time limit aside will be made on a case by case basis. Some reasons we may still consider it appropriate to consider a request outside of the time frame though may include;
  - an illness or bereavement;
  - where additional support was needed to help make the review request from an advocate or MP, particularly if this was a reasonable adjustment;
  - problems obtaining relevant evidence essential to the review request;
  - the time the case owner has taken to try to resolve the issue means it would be difficult to return the form within one month;
  - if it would have been difficult for the complainant to have returned the form to us within one month of the decision, and the form has still been returned promptly following agreement with the case owner. For example, we are contacted near the end of the month and the complainant only had a few days to complete it to meet the one month deadline.

32. Where there is no reasonable explanation for the review request being received outside the time limit, the OM peer reviewer should decline the case for review. **(Policy requirement)**
33. Where there is a reasonable explanation for the review request being received outside the time limit, the OM peer reviewer should consider the review request (see Annex B).

#### OM peer reviewer consideration of a complaint about our decision

34. The manager should consider a complaint about our decision in line with the criteria listed in Annex A and the process set out in Annex B.
35. The manager should record their decision and rationale on the review case in the relevant fields.

#### **Completing a review of a decision**

36. When good practice, or learning points are identified on a case, these should be shared in line with the [Feedback and learning Model](#) and recorded on the case (see Annex C). **(Policy requirement)**

#### **Remedy**

37. If an OM peer reviewer or the Review and Feedback team considers a review should be upheld, their analysis should include relevant consideration to an appropriate remedy and clearly explain what remedy, if any, is being proposed. **(Policy requirement)**
38. The caseworker should use our Principles for Remedy and the general service model guidance in determining what types of redress may be appropriate. **(Policy requirement)** The caseworker should also consider;
- the specific impact on the complainant;
  - if the remedy proposed is proportionate to the injustice sustained; and
  - Whether the payment will put the complainant back into the position they would have been in if not for the poor service.

#### **Compensation for our poor service**

39. In cases where an injustice cannot be put right, we may consider making a financial payment. Any proposal that includes a payment for our poor service should be considered in line with our Principles for Remedy and checked for consistency using our [Typology of Injustice](#) and severity of injustice scale.

## Opening a new investigation

40. If, having carried out the review, the Review and Feedback Team considers that we got an investigation decision wrong, we can decide to open a new case and have the complaint looked at again, either fully or in part.
41. This should only happen in exceptional circumstances and will usually be because the evidence we have used was flawed, we were unfair in the way we undertook the investigation, or we have received new information which would have had a significant impact on the decision we would have made.
42. If a new investigation is proposed, the reviewer should write to the complainant and the organisation complained about to inform them of the proposal to open a new case. The reviewer should set out a summary of the complaint we propose to investigate. **(Policy requirement)** This will give the parties to the complaint the opportunity to comment on the proposal. This must be agreed in line with the Delegation Scheme. **(Legal requirement)**
43. The reviewer should consider any comments to decide if we should proceed with the proposal. If we do, a new case can be opened on Dynamics and send details of the case (and the case file if appropriate) to allocations explaining that it should be allocated as a priority. **(Policy requirements)**
44. All cases where a new investigation is recommended to be opened should be treated as a priority and the risk level should be reconsidered. **(Policy requirements)**

## Issuing an amended version of a decision or report

45. If we have been told about minor issues in a report which would not have any impact on our decision, we may decide to send out an amended version. This will only be for inconsequential mistakes, for example, a misspelt name or unimportant date. The revised report should keep the original issue date.

## Quashing of reports or decisions

46. In considering a suitable way to remedy a complaint about a decision, we can consider quashing our own report or decision. This means that we would treat the report as invalid (and we would make that clear to all affected parties).
47. We will only quash a report or decision we have made in exceptional circumstances given the strong public interest in certainty around our decisions. These circumstances are;
  - We have missed significant material evidence which we should have considered, or significant new evidence has come to light, and/or;
  - Our decision is incontrovertibly and significantly wrong for some other reason, and;

Version: 9.0

Version date: 16/7/2020

- There is no other way to resolve the matter, and;
- It is in the public interest for the report to be quashed, for example because the existence of the report and its findings are having a demonstrable adverse impact.

48. If the Review and Feedback Team consider a report or decision should be quashed, they must raise this request with the Legal Team. They should provide details to the Legal Team of the case and the reasons they believe it means the circumstances listed above. **(Policy requirements)**

49. The final decision to whether a report should be quashed can only be made by the Ombudsman, or their deputies. **(Policy requirement)**

#### Timescales for completing review requests and applications for Judicial Review

50. If an individual or organisation requests a review while also considering issuing Judicial Review proceedings against us, the Review and Feedback Team will seek advice from the Legal team before considering the review request.

51. We understand Judicial Review applications need to be submitted promptly and usually no later than three months of a decision being made. We therefore will not usually challenge an application made to the courts on the basis of delay if we received an application for a review within our one-month timescale, and we took more than three months to reach a decision.

#### **Communicating the decision**

52. The reviewer should ensure the review response is communicated to the complainant in line with their required communication methods, and the Service Model main guidance.

53. The person reviewing the case should inform the case owner (and their manager if the case was supervised) of the decision made on the review. **(Policy requirements)**

54. If it is identified that we could have done something better, either in the decision we have made or the service we have provided, the reviewer should provide feedback detailing the learning points from the review (see Annex C). If the reviewer identifies good practice in the review, this should also be highlighted and shared. **(Policy requirements)**

55. Once the learning and insight has been identified, this should be recorded on the review case and fed back to the relevant case owner's manager. **(Policy requirements)**

#### **Approving review decisions**

56. OM peer reviewers undertaking reviews can agree their own decisions subject to the Delegation Scheme.

Version: 9.0

Version date: 16/7/2020

57. All review proposals and Review and Feedback Team responses should be made and agreed in line with the Review and Feedback Team Supervision Model and the Delegation Scheme.
58. All decisions to open a new investigation following an upheld review must be shared and approved by the Ombudsman or Deputy Ombudsmen. **(Policy requirements)**

### **Completing the complaints process**

59. After we have completed a review or decided a review is not needed, the reviewer should inform the complainant in their review or review request decision letter that they have reached the end of our internal complaints process. **(Policy requirement)**

### **Follow up contact regarding decision or service complaint**

60. After we have given the outcome of a complaint about our decision or service, the OM peer reviewer or the Review and Feedback Team may receive follow up contact about this decision.
61. A consideration of a review request and/or a review is the end of our internal process and decisions to respond to follow up contact will be considered by the OM peer reviewer or the Review and Feedback team on a case by case basis.

### **Joint Working with the Local Government and Social Care Ombudsman**

62. Any joint decisions made by PHSO and the LGSCO are for the LGSCO not Review and Feedback Team to consider. If these are received, they should be directed to the Joint working Team to be considered in line with the LGSCO process. **(Policy requirement)**

### **Risk Assessment**

63. Staff should be mindful of casework risk throughout their contact with a person providing feedback.
64. The [Service Model general guidance](#) says that a risk assessment should be carried out '*When we decide to do further work following a complaint about our service or decision*'. For more detail on the risk categories and how to carry out a formal risk assessment please refer to the [Service Model general guidance](#).

## **Annex A: Criteria for referring review requests to RaFT**

### **1. Cases that should go straight to RaFT before feedback case set up**

- Post decision complaints and/or review request from MPs

All post decision correspondence from an MP that indicates they are unhappy with our decision or service (not just passing on their constituent's concerns) should be sent to RaFT who will do one of the following:

- Send back to the caseworker to respond by answering any questions/providing further explanations  
OR
- Respond to MP as follow up on original case,  
OR
- Set up a feedback case so RaFT can consider the review request.

### **2. Cases that should be referred to RaFT after feedback case set up**

- Medium/high risk cases
- Cases where there is credible threat of JR or other allegation that PHSO has acted unlawfully (likely to be medium/high risk anyway)
- Review requests from organisations
- Cases set up following an upheld review
- Frequent complainers already know to RaFT including members of pressure groups or high profile complainants - essentially on a risk based approach
- Cases where clinical, legal or other specialist advice/further information is needed
- Review requests that are complicated because the issues in the substantive complaint require some sort of specialist knowledge, for example, the complaint is about an organisation that we don't get many complaints about
- Cases where further work is needed (by doing a review) to decide whether the information in the review request could change the decision

### **3. Cases that should be referred when the OM peer reviewer finds there is something wrong that could change the decision**

If the OM peer reviewer sees that there is information in the review request that could change the decision they first need to decide how best to put this right. If it is a straightforward assessment case then the OM peer reviewer can arrange for a new assessment. Sometimes a new assessment may not be needed and the review can be resolved by further explanations. RaFT can advise on these cases and, if needed, complete the review. The following cases should be referred to RaFT to complete the review:

- Assessment cases where it is not clear that a new assessment is needed, example an OOT decision might be wrong but there might be other reasons not to take any further actions such as no maladministration

Version: 9.0

Version date: 16/7/2020

- Investigation case where there is information that could change the decision or shows that any of the findings and/or recommendations might be flawed

### **How to refer cases to RaFT**

#### **MP correspondence**

Shared Services send MP correspondence to RaFT for consideration. If any post decision correspondence from an MP is tasked to the caseworker it should be re-tasked to *Review and Feedback Team* titled 'MP Correspondence'.

#### **Referring review requests to RaFT**

The manager should create a task for *Review and Feedback Team* titled 'RaFT referral' with reason for referral. Raft will contact the manager to confirm acceptance or explain why referral not agreed.

## Annex B - Review process quick guide

*Post decision complaints and review requests from MPs are sent straight to RaFT and do not follow this process.*

1. Case owner makes all reasonable attempts to resolve the concerns and sends review form if needed. The case owner should seek advice from their line manager if they are not sure what action is needed.
2. If issues not resolved (and only when completed review form/full details of review request received) the case owner completes a review case creation proforma and saves in documents on the original case. The case owner should set a task in Dynamics for Shared Services entitled *Request to open review case*. The case is passed to an OM peer reviewer for review.
3. The OM peer reviewer checks case owner has taken all reasonable action to resolve concerns and has obtained any additional information needed to consider review request.

**Question - Has the case owner completed the reasonable actions needed to resolve concerns?**

**Answer → No**

- Return case to case owner to complete further actions needed
- Add decision (Review of Decision Declined) and rationale (Case closed - referred to case owner to... and add action required) on *Consider Review Request* tab on review case
- Add learning point to review case for case owner to capture what work should have been done
- Send email to case owner's line manager to feedback learning point
- Close and deactivate review case case

**→ Yes**

- Go to next step (4)

4. OM peer reviewer checks whether case should be referred to RaFT? (see Annex A)

**Question - Should case be referred to RaFT?**

**Answer → Yes**

- Refer to RaFT
- Create task for *RaFT* titled 'RaFT referral' with reason for referral

→ No

- Go to next step (5)

5. OM peer reviewer considers whether review request made in time and, if not, whether there are good reasons for delay.

**Question** - Was review request made in time?

**Answer** → **Yes**

- Go to next step (6)

→ **No** ↓

**Question** - Should we look at the review request?

**Answer** **No**

- Add decision (Review of Decision Declined) and rationale on *Consider Review Request* tab on review case
- Communicate decision to complainant
- Close and deactivate review case

**Answer** → **Not sure**

- Refer to RaFT
- Create task for RaFT Titled 'RaFT referral' with reason for referral

**Answer** → **Yes**

- Go to next step (6)

6. The OM peer reviewer considers review request and decides on action to be taken, recording the outcome on [OM review decision form](#).

**Question** - Does the information in the review request show we got something wrong that could change the decision?

**Answer** → **No**

- Add decision (Review of Decision Declined) and rationale on *Consider Review Request* tab on review case
- Communicate decision not to accept for review to complainant
- Close and deactivate review case

→ **Yes**

- Go to next step (7)

7. The OM peer reviewer considers if case should be referred to RaFT to complete review or if they can resolve themselves. See Annex A.

**Question** - Can case be resolved by new assessment/further explanation?

**Answer** → **Yes**

- Add decision (Review of Decision Accepted) and rationale on *Consider Review Request* tab on review case
- -Add decision (Review Upheld) and rationale on *Decision Review* tab on review case
- Communicate decision to the complainant
  - Record learning points to review case for caseworker/organisation: See Annex C.
  - Send email to caseworker's line manager to feedback learning point
  - Record outcome(s) on review case (reassessment)
  - Arrange new assessment if needed (complete case reactivation proforma and send to PHSO Enquiries).
  - Close review case

→ **No**

- Refer to RaFT - set task for *RaFT* titled 'RaFT referral' with reason for referral

## **Annex C: Capturing and feeding back learning points from a review**

It is important for us to learn from complaints about our service and decisions to improve our service and share good practice. We do this by identifying and feeding back learning points to the people involved in the original decision-making process and by identifying any general learning points for the wider organisation. We also capture any good practice or positive points identified from the case handling to feedback to the individual or share with the wider organisation.

If RaFT or an OM peer reviewer see something has gone wrong when looking at a review request they should record it on the review case so it can be fed back to the individuals concerned and the wider organisation where appropriate. In addition, to ensure objectivity and consistency, the reviewer must link what went wrong to the relevant guidance/process in the Service Model (page 2) and also to the corresponding commitment under our Service Charter (page 3). As well as recording the learning point on the feedback case the reviewer should provide feedback by email to the relevant line manager (OM for senior/caseworkers and AD for OMs).

### **Example - individual learning points**

Say we overlooked/misunderstood an issue the complainant brought to us because the case owner did not talk to the complainant to check their understanding of the complaint. In this case the learning point might be:

The case owner did not contact the complainant to discuss the complaint in more detail as required by the Service Model Section 2 *Can we look into your complaint - Contacting the complainant (para 2.140)*. We have not met our Service Charter commitment to follow an open and fair process, specifically commitment 5: *We will listen to you to make sure we understand your complaint.*

### **Example - organisation learning points**

Learning points for the wider organisation might be about a gap in our internal guidance, for example; the guidance on exceptional circumstances for looking at out of time complaints needs to be clearer.

### **Example - what went well**

When recording and feeding back good practice or other positive points you just need to say what went well. For example;

The decision letter was well written and clearly explained the reasons why we had decided not to put the time limit to one side.

If you are not sure about what part of our guidance or which Service Charter commitment(s) applies please speak to a member of the Review and Feedback Team.

Service Charter commitments relevant to each section of the Service model

Service Charter	Commitments 1, 2, 3, 5, 8, 12, 13, 14, 15	Commitments 1, 2, 3, 4, 5, 8, 10, 12, 13, 14, 15	Commitments 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15	Commitments 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15	
Service Model	Accessing our service	Can we look into your case	Should we look into your case	Investigation	
	<ul style="list-style-type: none"> <li>• What can we help with / complaint for us?</li> <li>• Signposting</li> <li>• Triage</li> <li>• Providing additional support / reasonable adjustments</li> <li>• Contact channels</li> <li>• Information security</li> </ul>	<ul style="list-style-type: none"> <li>• Jurisdiction/Remit</li> <li>• Properly made</li> <li>• Complaint ready for us</li> <li>• Complaints considered by other organisations</li> <li>• Contacting the complainant</li> <li>• Suitability</li> <li>• Time limit</li> <li>• ALR</li> <li>• Approving decisions</li> <li>• Issuing decisions - process</li> <li>• Issuing decisions - quality</li> <li>• Comms - timeliness</li> <li>• Comms - attitude/tone</li> <li>• Comms - preferences/format</li> <li>• Comms - managing expectations</li> <li>• Information security</li> </ul>	<ul style="list-style-type: none"> <li>• Other dispute resolution forum</li> <li>• Mal/sf</li> <li>• Unremedied injustice</li> <li>• Other reasons not to investigate</li> <li>• Clinical advice</li> <li>• Resolution</li> <li>• Avoidable death / serious harm</li> <li>• Proposal to investigate</li> <li>• Risk assessment</li> <li>• Approving decisions</li> <li>• Issuing decisions - process</li> <li>• Issuing decisions - quality</li> <li>• Comms - timeliness</li> <li>• Comms - attitude/tone</li> <li>• Comms - preferences/format</li> <li>• Comms - managing expectations</li> <li>• Information security</li> </ul>	<ul style="list-style-type: none"> <li>• Risk assessment</li> <li>• Scope</li> <li>• Planning</li> <li>• Contacting the parties (upfront)</li> <li>• Confirming</li> <li>• Discontinuation</li> <li>• Gathering evidence</li> <li>• Clinical advice</li> <li>• Legal advice</li> <li>• Interviews</li> <li>• Information security</li> <li>• Material evidence</li> <li>• Analysing the evidence (steps of decision making)</li> <li>• Remedy</li> <li>• Supervision</li> <li>• Sharing facts and what we're seeing</li> </ul>	<ul style="list-style-type: none"> <li>• Outcome recommendations</li> <li>• Avoidable death/serious harm</li> <li>• Draft decision - approval</li> <li>• Draft decision - issuing process</li> <li>• Draft decision - issuing quality</li> <li>• Final report - approval</li> <li>• Final report - issuing process</li> <li>• Draft decision - issuing quality</li> <li>• 12 months statements</li> <li>• Comms - timeliness</li> <li>• Comms - attitude/tone</li> <li>• Comms - preferences/format</li> <li>• Comms - managing expectations</li> </ul>

## Our service charter commitments ([Our Service Charter](#))

Giving you the information you need - we will:

1. explain our role and what we can and cannot do
2. explain how we handle complaints and what information we need from you
3. direct you to someone who can help with your complaint if we are unable to, where possible
4. keep you regularly updated on our progress with your complaint.

Following an open and fair process - we will:

5. listen to you to make sure we understand your complaint
6. explain the specific concerns we will be looking into
7. explain how we will do our work
8. gather all the information we need, including from you and the organisation you have complained about, before we make our decision
9. share facts with you, and discuss with you what we are seeing
10. evaluate the information we've gathered and make an impartial decision on your complaint
11. explain our decision and recommendations, and how we reached them.

Giving you a good service - we will:

12. treat you with courtesy and respect
13. give you a final decision on your complaint as soon as we can
14. make sure our service is easily accessible to you and give you support and help if you need it
15. look after the information you give us.

Living up to our commitments - we will:

16. listen to your feedback and use it to improve our service
17. apologise if we make mistakes, and put things right
18. publish information regularly on our website about our performance, in line with the commitments in this Charter, and report on this.

Version: 9.0  
Version date: 16/7/2020