

COMPLAINTS MATRIX

A MATURITY MATRIX TO GUIDE THE ADOPTION OF BEST PRACTICE IN THE MANAGEMENT OF COMPLAINTS IN NHS TRUSTS

TO USE THE MATRIX: IDENTIFY WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE RIGHT TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS. 0 - 6

PROGRESS LEVELS	1	2 BASIC LEVEL	3 EARLY PROGRESS	4 FIRM PROGRESS	5 RESULTS	6 MATURITY	7 EXEMPLAR
KEY ELEMENTS	No						
1) PURPOSE AND CULTURE	No	Complaints are recognised as essential and helpful to supporting learning and continuous improvement. This is encapsulated within the organisations complaints policy.	The organisation actively encourages positive and negative feedback, and works hard to give voice to those who might not otherwise be able to navigate system.	Staff are clear on what does and does not constitute a complaint, and feel comfortable liaising with their patients to support their feedback.	Complainants receive a comprehensive response to all their questions, which includes actions that have been identified and will be taken.	There is evidence that patients understand and use the system and that improvements are made as a result of complaints.	Complaints handling is embedded across the organisation. The board can state with confidence that staff are clear and act on the organisations approach to complaints.
2) OPENNESS	No	Basic information and support for complainants is available on wards. Complainants are responded to withing organisational deadlines and in an appropriate manner. Website provides clearly signposted information on how to make a complaint and provide feedback.	The organisation encourages patients etc. to feedback through various mechanisms, not just the formal complaints process e.g. directly through a ward manager. Complainants are provided a point of contact to support any queries e.g. PALS or customer service.	Induction programmes incorporate a complaints handling element. Complainants are kept informed of any developments in their case, and a formal record of all correspondence is maintained. Staff understand their legal obligations with regards to complaints handling e.g. Duty of Candour	All staff, including agency, are trained (NHS accredited training) and supported to deal with complaints effectively, including how to escalate appropriately, communication training, and when to ask for support. Staff are able to, and do, make a complaint on behalf of patients and carers	The organisation has used mystery shoppers to gather additional feedback and to improve its PALS / complaints department. There are no surprises in staff and patient survey feedback.	External audit and review confirms that the organisation is responsive to complaints, and takes steps to proactively address concerns.
3) EASE OF USE	No	Complaints are assured that their care won't be adversely affected by making a complaint. Staff are available to discuss diagnoses, treatments and care etc. with the complainant. Patients, and carers, can easily complain or raise a concern.	PALS is embedded and provides help, advice and support to those wishing to raise a concern or make a complaint. They are also able to resolve issues before they become a complaint. Information is available in formats such as Easy Read and other community languages. A process is in place to allow patients access to interpreter or translation service. Volunteers are recruited to support patients with the complaints process.	The organisation holds and displays information on other organisations. This is available in a range of formats. Complainants are given access to information about NHS advocacy support and other local support. Patients are informed about what they expect from their treatment e.g. cleanliness, waiting times, and staffing.	Senior managers on call have access to a range of sources of information to support complainants, including examples of complaints, suggestions and feedback. Individuals are able to raise a concern or complaint outside of traditional office hours and a PALS/complaints service is available outside of normal working hours.	Patient feedback through surveys and other mechanisms confirm that patients feel in control of the complaints process.	Provision, via website, of anonymised list of complaints, having sought consent from complainants, to include the elements of the complaints, whether they were upheld and why, what actions have taken place and any learning gathered.

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4) LEARNING ORGANISATION 	No	There is a uniform approach to complaints handling within each of the wards / divisions.	Lessons and actions from complaints are implemented locally.	Thematic analysis of complaints is disseminated across the organisation through focused communication campaigns and meetings, and can be shown to demonstrably improve performance. Summaries are provided to commissioners and external partners	The organisation routinely reviews its complaints policy to ensure effectiveness. Staff are informed of any changes through additional meetings / training. Complaints data is triangulated with other organisational information such as PALS and patient experience data to drive improvement.	Audit demonstrates that learning from complaints is embedded across the organisation. The organisation focuses on the issue, not just the resolution. The organisation publishes an annual complaints report detailing what complaints have been made and what changes have been embedded as a result.	The annual reports, reviews and audits are shared externally to support improvement elsewhere. The annual complaints report demonstrates good practice and specific examples of improvements in response to complaints from across the organisation.
5) PATIENT EXPERIENCE 	No	Individual complaints are reviewed at appropriate forums e.g. practice meetings. Leaders ensure positive reaction to complaints.	Patients are regularly informed of progress in the investigation to help ensure engagement.	Patient feedback is used as a key measure in understanding the needs of patients, and is incorporated within an integrated performance report.	The organisation publicises how they have used feedback e.g. 'you said, we did' posters. The organisation is able to demonstrate to the complainant how the lessons from complaints have been acted on, and where improvements have been made.	Complaints handling case studies, and key learning, are published, and available online. Patients are clear on their personal care plan so complaints reflect divergence from this and delays.	Complainants are included in system redesign. The organisations approach to complaints handling is considered best practice nationally.
6) TRUST BOARD 	No	Board member roles and responsibilities with regards to complaints are clearly outlined in the organisation's policy. The board supports an open approach to complaints.	Board members are supported so as they have the necessary information to be assured that complaints are adequately investigated and respond to 'then keep in' the board supports an open approach to complaints. The board supports an open approach to complaints.	Complaints are escalated appropriately, and addressed in the correct forums commensurate to their seriousness. Board receives monthly reports on complaints, alongside an Integrated Performance Report that contains patient experience data. Patient and relative feedback is considered at board, and used to highlight improvement areas.	Board level scrutiny of complaints regularly involves lay representatives. Patients, patient representatives, local communities and local Healthwatch organisations are consulted in the development and monitoring of complaints systems.	Board invokes internal audit to ensure the complaints system is working as planned, and that the information that they receive is appropriate and comprehensive. Internal Audit provides independent assurance that the complaints management process is robust.	Complaints / other feedback data is part of the performance data discussed openly with commissioners and providers.
7) INTEGRATION WITH OTHER IMPROVEMENT SYSTEMS 	No	Individual complaints are not considered in isolation, but support a wider range of improvement activities.	Staff are aware of a range of improvement systems including clinical audit, improvement programmes etc. and how complaints feed into this.	PALS, complaints and patient experience teams work closely to conduct thematic analysis, and intercept concerns and issues before they become formal complaints. Complaints feed into annual appraisals when appropriate.	Lessons learnt from complaints lead to further training / workshops across the organisation. Improvements made as a result of complaints are documented alongside other improvement methods.	The board considers an integrated performance report which helps to situate patient experience within a wider financial and quality context.	Improvement systems are designed to be aligned and integrated.
8) CLOSING THE LOOP 	No	The organisation seeks feedback on the experience of the complaints process through a variety of mechanisms.	Patients feedback is driving improvement within the organisation.	Patients feel that the complaints process is independent, and this is reflected in feedback.	Patient feedback is encouraged through regular engagement. Appraisals demonstrate learning and improvements from individuals in response to complaints.	Patients can see that their feedback has led to service improvements, and this is promoted throughout the organisation e.g. you said, we did posters.	Positive outcomes from complaints are reinforced and promoted and, as a result, patients are more confident coming forward with concerns. This is demonstrated in organisational data and audit.