Invitation to tender and statement of requirement

October 2024

Barriers and enablers to making a complaint to a health or social care professional regulator

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1. Purpose of document

1.1 The purpose of this document is to invite proposals for undertaking research for the Professional Standards Authority ("the PSA"). The research will explore with participants their perspectives on the barriers and enablers to making a complaint to a professional health or social care regulator about a professional. The aim of the research is to support professional regulators to improve their complaints processes to ensure everyone who wishes to raise a concern can do so.

1.2 This document contains the following sections:

- Introduction to the PSA
- Statement of requirement
- Tender proposal and evaluation criteria
- Procurement procedures.

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professional standards authority

2. Introduction to the PSA

2.1 The Professional Standards Authority for Health and Social Care ("the PSA") promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

2.2 We oversee the work of ten statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

2.3 We also set standards for organisations holding registers for people in unregulated health and care occupations and accredit those organisations that meet our standards. These are known as "Accredited Registers."

2.4 As part of our role, we conduct and commission research and other policy work, both to develop our ideas around how regulation could be improved and to explore different themes and issues arising in relation to our work and that of the regulators we oversee in protecting the public. This is also intended to help us strengthen and improve our own processes for overseeing the work of the regulators and to disseminate learning to others.

2.5 We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at: https://www.professionalstandards.org.uk/home

2.6 Our values act as a framework for our decisions. They are at the heart of who we are and how we would like to be seen by our partners. We are committed to:

- Integrity
- Transparency
- Respect
- Fairness
- Teamwork.

2.7 Our values are explicit in the way we work: how we approach our oversight of the registration and regulation of those who work in health and social care; how we develop policy advice; and how we engage with all our partners. We strive to be consistent in the way we apply our values.

2.8 We listen to the views of people who receive care. We seek to ensure that their views are considered in the registration and regulation of people who work in health and social care.

2.9 We have developed and promote our concept of right-touch regulation.[1] This is regulation that is proportionate to the risk of harm to the public and provides a framework in which professionalism can flourish and organisational excellence can be achieved.[2] We apply the principles of right-touch regulation to our own work.

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[1] More information on the PSA's concept of right-touch regulation, and other publications on regulatory reform are available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation

[2] Organisational excellence is defined as the consistent performance of good practice combined with continuous improvement.

2.10 In 2022 we published our report *Safer care for all*[3] in which we examine the current state of professional health and care regulation in the UK. We also go beyond this in identifying, and proposing solutions to, some of the significant challenges facing health and social care.

Supplying the PSA

2.11 The PSA is responsible for purchasing the goods and services necessary to achieve its role as the health and social care authority.

Therefore, we aim to achieve the following values:

- To provide a modern, efficient, transparent and responsible procurement service
- To achieve value for money by balancing quality and cost
- To ensure contracts are managed effectively and outputs are delivered
- To ensure that processes have regard for equality and diversity
- To ensure that procurement is undertaken with regard to law and best practice.

Small and Medium Enterprises

2.12 The PSA will aim to flag up tendering opportunities which are thought to be suitable for SMEs or consortia of SMEs. The purpose is to encourage competition and provide SMEs with access to public sector contracts. It is not intended to give SMEs an advantage, but to level the playing field so that SMEs have the opportunity to compete with larger firms. Flagging certain contracts does not mean that SMEs cannot bid for non-flagged contracts, or that larger firms cannot win flagged opportunities.

2.13 The PSA considers that this contract may be suitable for economic operators that are SMEs and voluntary organisations. However, any selection of tenderers will be based on the criteria set out for the procurement process, and the contract will be awarded based on the most economically advantageous tender.

2.14 Please ensure that you indicate how your organisation is categorised on the form of tender document which should be submitted along with your proposal.

[3] Professional Standards Authority, September 2022, *Safer care for all* - Solutions from professional regulation and beyond. Available at: https://www.professionalstandards.org.uk/safer-care-for-all

Small and medium enterprises and voluntary organisations:

Enterprise Category	Headcount	Turnover	or	Balance Sheet Total
Micro	<10	≤ € 2 million		≤ € 2 million
Small	<50	≤ € 10 million		≤ € 10 million
Medium	<250	≤ € 50 million		≤ € 43 million
Large	>251	> € 50 million		> € 43 million

3. Statement of requirement

Background to the project

Context

- The overarching duty of all health and care professional regulators is public protection. Investigating concerns about registrants' 'fitness to practise' and taking action where they fall short is a key means through which the regulators fulfil this duty. Similarly, Accredited Registers investigate complaints and concerns about registrants' professional behaviours and competence and take action where this is necessary for public protection. Complaints make regulators and registers aware of concerns about professionals and if people feel unwilling or unable to complain this presents a risk to public protection.
- The PSA helps to ensure that regulators have accessible and robust complaints processes in place through our Standards of Good Regulation. Standard 14 is: 'The regulator enables anyone to raise a concern about a registrant.' We assess regulators against this standard and report on their performance. Our Standards for Accredited Registers also include a standard about complaints handling, requiring that registers have robust processes in place for ensuring that concerns about registrants are dealt with in a transparent, timely, and fair way (Standard 5).
- We are currently undertaking a review of our Standards for the regulators and Accredited Registers to assess whether they remain relevant and appropriate. We may make changes to our standards relating to complaints depending on the findings of our review, and we expect to publish our updated standards in 2025. This research may form part of the evidence used to update our standards.
- In 2022 we published our report Safer care for all in which we examined the current state of professional health and care regulation in the UK. In the report we noted that there are gaps in the evidence base in terms of who does and doesn't complain to health or care professional regulators and in understanding any barriers that particular groups face in raising their concerns. There is also no co-ordinated action or programme of work amongst the regulators and registers to address known barriers, although some are undertaking work in this area, or to share best practice on how to overcome barriers.
- In January 2024 we hosted a joint event alongside the Parliamentary and Health Service Ombudsman (PHSO) to explore what barriers exist to raising a complaint and to share examples of good practice. A summary of the key learning from the event is included at Annex A. Through learning arising from this event, as well as published research[4], we know that

[4] Parliamentary and Health Service Ombudsman, 2019, Complaints Research Parliamentary and Health Service Ombudsman (PHSO): Complaints Research
Parliamentary and Health Service Ombudsman, 2015, Breaking down the barriers - Older people and complaints about health care, Breaking_down_the_barriers_report.pdf (ombudsman.org.uk)
Healthwatch, 2019, What does NHS data about complaints tell us? https://nds.healthwatch.co.uk/reports-library/nhs-complaints-data-analysis-2019-20

patients and service users face a number of barriers to making a complaint, including (but not limited to):

- Not understanding who to make a complaint to or how to complain
- Not understanding what it is possible to complain about
- Complex forms or jargon
- The belief that nothing will change as a result of the complaint
- Language and digital barriers
- Fear that the process will be time consuming and/or emotionally draining
- Fear that making a complaint will impact negatively on their care

- We have also identified a range of solutions and mitigations that could make it easier for people to raise appropriate concerns about professionals. These include:
  - Harmonising processes across different organisations where possible
  - Making information clear and accessible, and using plain English
  - Making complaints information more visible
  - Ensuring complaints processes are empathetic and that support is available
  - Seeking feedback from people who have raised concerns
  - Collecting data about individuals who raise concerns and using this to drive service improvements
  - Sharing data between organisations
  - Ensuring that people only need to tell their story once
  - Establishing a central complaints hub
- We would now like to explore barriers and enablers to making a complaint in more detail, and to support regulators to make tangible improvements to their complaints processes.
- We would expect tenders to be clear about how the research would build on existing work and research in this area.

Background information

- The following documents may be useful to provide context to this work:

  Safer care for all, Chapter 1 No more excuses: Tackling inequalities in health and care professional regulation

  A Novel Content and Usability Analysis of UK Professional Regulator Information About Raising a Concern by Members of the Public, Ryan-Blackwell & Wallace, 2024

  The experience of public and patient complainants through our fitness to practise procedures, General Medical Council, 2014

  Understanding the rise in fitness to practise complaints from members of the public General Medical Council, 2014

Parliamentary and Health Service Ombudsman: Complaints Research

What does NHS data about complaints tell us? Healthwatch, 2019,

Witness to harm, holding to account

- Examples of current complaints policies and processes can be accessed through the websites of the health and care professional regulators and Accredited Registers. For example, The General Optical Council's page 'raising concerns about an optician', the General Medical Council's page 'concerns' and the British Association for Counselling and Psychotherapy's 'how to complain about a BACP member' page.

Project objectives and scope

Objectives

- To better understand the views and experiences of participants (the public, users of health and care services and health and care professionals) about the barriers and enablers to raising a concern with a health or care professional regulator.
- To receive tangible recommendations for improvements to the process and accessibility of raising a concern with a regulator or Accredited Registers, to inform our Standards review.
- To identify any barriers that may affect particular groups with shared characteristics more than others.

Research questions

The research should explore the views of participants (the public, users of health and care services and health and care professionals who are complainants) on the following:

- What barriers currently exist to raising a concern with a health or care professional regulator or accredited register?
- What would participants like/expect to see from regulators and registers to help them raise a concern? [this may include consideration of the mechanism for raising a concern (online/phone etc), the support available, and the information made available by regulators]
- For those who have raised a concern, what was their experience of the initial stage (making the complaint) and what could have been done to improve this? [this may include drawing out examples of good practice/positive aspects of the experience of raising a complaint]
- For those who have had a concern about a health or social care professional and have not raised it, what prevented them from doing so? Were there any factors relating to cultural issues, or to demographics such as age? What was the impact on them of not making a complaint?

- What can be done to ensure that everyone who wishes to raise a concern about a health or care professional is able to do so?

Sample

- The sample should include:
    - Members of the public who have/had a concern about a health or social care professional on a statutory or accredited register but have not made a complaint to the professional regulator or register.
    - Members of the public who have/had a concern about a health or social care professional on a statutory or accredited register and have made a complaint to the professional regulator or register.
- Both cohorts would include regulated or unregulated health and social care practitioners who have raised (or considered raising) a concern about a colleague.
- We believe it is necessary to include both cohorts so we can understand fully the barriers to raising a concern as well as identifying any enablers and areas of good practise for those who have raised a concern.
- We would expect participants from and using a range of health and care professions, including those covered by our accredited registers.
- We would expect the sample to include representation from all four UK nations.
- We will also be looking for bids that are able to deliver as many of the following further characteristics within the sample:
    - a range of socioeconomic groups
    - rural and urban populations
    - a range of protected characteristics which could include age, race, sex and religion/belief.

Methodology

- We anticipate a significant part / all of this research will be qualitative. We are open on whether or not the research may benefit from an element of quantitative research and bids should demonstrate how they are building on existing research to identify solutions.

Project outputs, deliverables and contract management

- The Professional Standards Authority wishes to commission an organisation / group of associates to:
    - Design the sample and the methodology
    - Recruit participants
    - Organise and facilitate engagement with participants, including producing stimulus materials
    - Analyse the information generated by engagement with participants

- Set out the findings in a written report and a presentation to PSA staff
- Provide project management.

- The contract will be managed in accordance with an agreed project plan showing key stages of the work. The successful bidder will communicate progress with the PSA, at regular intervals, against the agreed project plan.

Project timescales

- We expect the project to start **in the third week of December 2024 (week commencing 16th December)**. The project will be completed, and the final written report agreed upon and signed off, by **Friday 21st March 2025**.

Budget

- We would like to receive submissions up to a maximum of **£50,000** (inclusive VAT). Value for money will be taken into account when assessing bids.
- We will discuss staged payments based on the agreed project plan.

Further project related information for bidders

- In accordance with our usual approach to commissioning work, the Professional Standards Authority would retain intellectual property rights over the report and all project related documentation and artefacts.
- Please note all consultants working on the project are required to abide by the Cabinet Office's protective marking guidelines which the PSA uses to protectively mark a proportion of its information.
- Contractors may use sub-contractors subject to the following:
  - That the contractor assumes unconditional responsibility for the overall work and its quality
  - That individual sub-contractors are clearly identified, with fee rates and grades made explicit to the same level of detail as for the members of the lead consulting team.
- Internal relationships between the contractor and its sub-contractors shall be the entire responsibility of the contractor. Failure to meet deadlines or to deliver work packages by a subcontractor will be attributed by the PSA entirely to the contractor.

4. Tender response and evaluation criteria

The tender response

- We would like to hear from an organisation / group of associates who has / have:
    - Experience of carrying out research in health and/or social care across the UK
    - Have a track record of recruiting to challenging specific criteria
    - Are committed to the Market Research Society Code of Conduct or equivalent
    - Will deal with personal and/or sensitive data safely and securely.
- We anticipate that submissions would include the following:
    - A fixed price for conducting this study, including a breakdown of the different cost elements
    - A draft project plan showing the required involvement of both parties and demonstrating how you will be able to complete and report on the study by Friday 21st March 2025. The plan will need to allow time for the PSA to review a draft report prior to submission of the final report
    - A description of, and justification for, the proposed methodological approach (including an outline of potential stimulus material and the recommended sample of participants)
    - Evidence of how those who would be involved in the work have the appropriate skills and expertise, including any relevant previous work undertaken and reports produced
    - A description of how the project will be managed, indicating methods of communication with the PSA, as well as how any risks and issues will be managed
    - A description of how you would recruit participants to meet the requirements of our sample.

Evaluation criteria

- Tenders will be assessed for compliance with procurement and contractual requirements which will include: completeness of the tender information; tender submitted in accordance with the conditions and instructions for tendering; tender submitted by the closing date and time; compliance with contractual arrangements.
- Tenders that are not compliant may be disqualified from the process. We reserve the right to clarify any issues regarding a bidder's compliance. It will be at the PSA's sole discretion whether to include the relevant bidder's response in the next stage of the process.
- Tenders will be evaluated according to weighted criteria as follows:
    - An understanding of the context and objectives of the work (10%)

- The methodological approach (including the sample of participants and stimulus materials) you propose and how this would enable the research to meet our objectives (30%)
- How the research team has appropriate skills, expertise and experience, including the ability to bring to life abstract issues and enable people to explore beyond their initial reactions, and produce accessible high-quality reports on complex issues (25%)
- How you will successfully manage the project, including managing potential risks to the timetable and any other issues identified (15%)
- Value for money (20%)

Equality, Diversity and Inclusion

- Please note that, when we score bidders, we will be looking for evidence of how equality and diversity considerations have been taken into account across the bid. We anticipate that equality and diversity considerations will be relevant to a number of the criteria above.

Data security

- All bidders will need to demonstrate how they deal with personal and/or sensitive data safely and securely.
- We will score bids on a scale of 0 to 5 against each of the above criteria and taking into account the designated weighting. 0 will be ‘Unanswered or totally inadequate response to the criterion’ and 5 will be ‘Excellent response fully addressing the requirement and providing significant additional evidence of how the criterion has been met and how value would be added.’

5. Procurement procedures

Tendering timetable

5.1 This tender will be open between Monday 21st October 2024 and 5pm on Friday 8th November 2024

5.2 The timescales for the procurement process are as follows:

Element	Timescale
Invitation to tender issued	Monday 21st October 2024
Deadline for submission of proposal, including the completed supplier questionnaire	5pm on Friday 8th November 2024
Notification of outcome of review of tenders	W/c Monday 18th November 2024
Interviews with shortlisted suppliers	Expected to be held w/c 25 November 2024

Tendering instructions and guidance

Amendments to ItT document

5.3 Any advice of a modification to the invitation to tender will be issued as soon as possible before the tender submission date and shall be issued as an addendum to, and shall be deemed to constitute part of, the invitation to tender. If necessary, the Professional Standards Authority (PSA) shall revise the tender date to comply with this requirement.

Clarifications and queries

5.4 Please note that, for audit purposes, any query in connection with the tender should be submitted via email. The response, as well as the nature of the query, will be notified to all suppliers without disclosing the name of the supplier who initiated the query.

Submission process

5.5 Tenders will be accepted no later than the submission date and time shown above. Tenders received after the closing date and time may not be accepted. Bidders have the facility to email later versions of tenders to the relevant member of staff until the closing date/time.

5.6 Please submit the supplier questionnaire along with your proposal.

5.7 An evaluation team will evaluate all tenders correctly submitted against the stated evaluation criteria.

5.8 By issuing this invitation to tender the PSA does not undertake to accept the lowest tender, or part or all of any tender. No part of the tender submitted will be returned to the supplier.

Cost and pricing information

5.9 Tender costs remain the responsibility of those tendering. This includes any costs or expenses incurred by the supplier in connection with the preparation, delivery or the evaluation of the tender. All details of the tender, including prices and rates, are to remain valid for acceptance for a period of 90 days from the tender closing date.

5.10 Tender prices must be in sterling.

5.11 Once the contract has been awarded, any additional costs incurred which are not reflected in the tender submission will not be accepted for payment.

References

5.12 References provided as part of the tender may be approached during the tender stage.

Contractual information

5.13 Following the evaluation of submitted tenders, in accordance with the evaluation criteria stated in this document, a contractor may be selected to perform the services and subsequently issued with an order.

5.14 Any contract awarded, as a result of this procurement will be placed with a prime contractor who will take full contractual responsibility for the performance of all obligations under the contract. Any sub-contractors you intend to use to fulfil any aspect of the services must be identified in the tender along with details of their relationship, responsibilities and proposed management arrangements.

5.15 The proposal should be submitted in the form of an unconditional offer that is capable of being accepted by the PSA without the need for further negotiation. Any contract arising from this procurement will be based upon the PSA's standard procurement terms and conditions. You should state in your proposal that you are willing to accept these terms and conditions.

5.16 The PSA does not expect to negotiate individual terms and will contract based on terms that will be outlined by the PSA. If you do not agree to the conditions of a contract, then your tender may be deselected on that basis alone and not considered further.

5.17 The PSA may be prepared to consider non-fundamental changes to the standard terms and conditions in exceptional circumstances. If there are any areas where you feel you are not able to comply with the standard PSA terms and conditions, then details should be submitted as a separate annex to the proposal using the following format:

Clause Number	***Existing Wording***	***Proposed Wording***	***Rational for amendment***

5.18 Any services arising from this ItT will be carried out pursuant to the contract which comprises of:

- The PSA terms and conditions
- Service schedules
- This invitation to tender and statement of requirement document
- The chosen supplier's successful tender; and

- The PSA's transparency obligations and the Freedom of Information Act 2000 (FOIA).

5.19 The PSA complies with the Government's transparency agenda and as a result, there is a presumption that contract documentation will be made available to the public via electronic means. The PSA will work with the chosen supplier to establish if any information within the contract should be withheld and the reasons for withholding it from publication.

5.20 Typically, the following information will be published:

- Contract price and any incentivisation mechanisms
- Performance metrics and management of them
- Plans for management of underperformance and its fiscal impact
- Governance arrangements including through supply chains where significant contract value rests with subcontractors
- Resource plans
- Service improvement plans.

5.21 Where appropriate to do so information will be updated as required during the life of the contract, so it remains current.

5.22 In addition, as a public authority, the PSA is subject to the provisions of the FOIA. All information submitted to a public authority may need to be disclosed by the public authority in response to a request under the FOIA. The PSA may also decide to include certain information in the publication scheme which it maintains under the FOIA.

5.23 If a bidder considers that any of the information included in its proposal is commercially sensitive, it should be identified and explained (in broad terms) what harm may result from disclosure if a request is received and the time applicable to that sensitivity. Bidders should be aware that even where they have indicated that information is commercially sensitive the PSA may be required to disclose this information under the FOIA if a request is received. Bidders should also note that the receipt of any material marked "confidential" or equivalent by the public authority should not be taken to mean that the public authority accepts any duty of confidence by that marking. If a request is received the PSA may also be required to disclose details of unsuccessful bids.

5.24 Please use the following matrix to list such information:

Para. No.	Description	Applicable exemption under FOIA 2000	Para. No.

Annex A

Tackling barriers to complaints in the health and care sector

Professional Standards Authority & Parliamentary & Health Service Ombudsman joint seminar – key learning

23rd January 2024

Complaints are an important source of learning in health and social care, highlighting what is going wrong and providing learning for improvements. However, there are still significant gaps in understanding who is complaining, addressing barriers, and enacting meaningful change and improvements to health and care services as a result.

In January 2024 the Professional Standards Authority (PSA) and Parliamentary and Health Service Ombudsman (PHSO) hosted a joint seminar about complaints to:

- Discuss and explore barriers to complaining that exist for patients and service users
- Share examples of innovative actions to widen and improve access to complaints services
- Encourage and promote further joint work to tackle barriers to complaining.

The seminar brought together stakeholders from across the health and social care sector and attendees heard presentations from National Voices, Healthwatch England, the Parliamentary and Health Service Ombudsman and the Professional Standards Authority.

This summary highlights the key learning from the event.

Challenges and barriers to making complaints

The following challenges and barriers to making a complaint were identified:

Language and physical barriers to complaints processes

- **Language barriers** hinder effective communication when making complaints – insufficient language support for non-English speakers
- **Physical barriers** can also pose challenges to raising complaints for those with disabilities or mobility issues – this may include limited **digital literacy** and challenges gaining access to online platforms for web-based complaints or inaccessible buildings where people have to go to lodge a complaint
- **Basis for complaint –** understanding what it is possible to complain about in the first place – and if not a formal complaint how information can be used constructively anyway
- **Format restrictions –** requiring complainants to use a particular format for complaints e.g. physical/digital, with little flexibility or support

- **Use of jargon** - use of complex/legalistic terminology in complaint processes can make it difficult to navigate complaints processes.
- **Complex forms** – long and complicated forms to submit complaints
- **Regulator Language** - different terminology used by regulators (e.g., “complaints” vs. “referrals”) can be hard for complainants to understand
- **Information overload** - overwhelming amount of information, especially challenging for those with communication needs or trauma
- **Attrition and psychological barriers** - people may drop out due to frustration or the emotional strain of complaints processes
- **Perception of punitive process** - some perceive the complaints process as punitive rather than a learning opportunity
- **Avoiding ownership of the process** - Some individuals avoid taking responsibility for initiating complaints
- **Time considerations** - complaints can be time-consuming and individuals may need time to process traumatic incidents before making a complaint.

Complexities and inconsistencies within complaints processes

- **Lack of awareness of rights** – people do not understand their rights in relation to complaints within the NHS (compared to other sectors)
- **Length of process** – fear of a lengthy and protracted process and the impact this can have on a complainant
- **Lack of a trauma-informed process** – trauma informed approaches are not always embedded or implemented
- **Lack of linkage** between complaints processes
- **Lack of empathy -** complaint bodies and regulators do not always provide an empathetic response

Building and maintaining trust in complaints processes

- **Fear of repercussions and guilt** - fear of negative consequences or guilt for complaining about an organisation or individuals
- **Stigma of complaining about the NHS** - fear of being labelled as a troublemaker and NHS self-assessment may be biased
- **Persisting issues since Mid-Staffs** - Despite discussions, similar issues continue to arise, leading to a perception that nothing changes/improves so disincentivizes raising concerns
- **Changing attitudes post-COVID-19** – Perceptions of unreasonable expectations from complainants. Some individuals don’t want to complain; they seek appropriate care

- **Transparency in care timelines** - fear of lengthy timescales
- **Human rights and mental health impact** - Lack of good practice can significantly impact mental health. Local authorities interpret legislation differently, making navigation challenging.

Data limitations – understanding who is and isn't complaining

- **Mistrust of demographic data collection -** Lack of understanding among individuals about why demographic data is collected and what it is used for
- **Concerns about bias –** risk of information being used inappropriately within the system
- **Challenges of anonymising data –** this is a particular issue when only small amounts of demographic information are available
- Data unavailable on **outcomes linked to complaints –** hole in the data picture
- Identifying the **optimal timing** for requesting demographic information
- **Issues with data flow across the NHS –** A system-wide issue affecting the entire National Health Service
- The problem with **structural issues** holding back complaints analysis – in England there is now no national oversight and analysis of complaints by NHS England (through NHS England) since the introduction of the Integrated Care System structure.

Actions and potential solutions

The following actions and potential solutions were identified:

Short-Term Actions:

- Use **plain English** to make complaints guidance and regulations less bureaucratic and more accessible
- **Visibility -** make complaints information upfront and visible for all organisations.
- Ensure **accuracy of information**, including live links and contact numbers.
- **Empathy and understanding** - put yourself in the shoes of complainants to better understand their experiences and adapt approach accordingly
- **Signpost additional support** beyond statutory remits (e.g. Patient Safety Commissioner approach)
- **Single point of contact** - consistent support and contact throughout the complaint process
- **Regulator feedback processes** - regulators should seek feedback from complainants

- **Alternative format –** provide information in audio or other accessible formats as required
- **Easy read materials** – provide simplified information for diverse audiences in a form that can be easily understood
- **Tackle language barriers** - avoid sending letters in languages complainants don't understand – services should communicate inclusively with patients and service users.
- **Managing expectations and honesty** - be open and honest throughout the complaints process

Medium-Term Actions:

- **Improve/support advocacy services** - these can address challenges and obstacles in the process and support those who may be disheartened or fearful
- **Tackle process complexity and empathy** - share how the system works and focus on supporting complainants
- Implement a **trauma informed approach** to reduce distress
- **Use shared experience as patients or service users** - recall our own experiences as users of services and create an empathetic system that patients seek - acknowledge the challenges faced by relentless service handlers
- **Time constraints and system complexity** - consider the right time for complaints, address worries about care suffering and tackle different processes and lack of coordination across organisations – potential for a cross-regulator collaboration initiative to improve approach
- **Incorporating complaints, feedback, and whistleblowing into governance** - to build trust, these processes should be integral to organisational governance
- **Empowering first-tier complaint handlers** - provide more autonomy to improve communication and front line complaints handling
- **Data and trust** - develop messaging to improve trust and explain how complaints contribute to improvement and how personal data and information will be used (organisations should share best practice)
- **Data limitations and consistency** - collect and manage data effectively, standardise data collection across all handlers
- **Holistic data analysis** - examine collected data comprehensively and share changes resulting from complaints
- **Better pooling of data** – organisations should explore how to share data more effectively
- **Effective communication about improvement -** ensure proper communication about changes resulting from complaints

- **Process data vs. outcome data** - focusing on collecting process data rather than just outcomes, understanding the journey and experience of complainants and holistic assessment beyond mere results.
- **Common Framework (complaints 'Highway Code')** - despite complexity, identify commonalities and create a collective map across the system - clear guidelines for navigating the complaints system.
- **Tell my story once'** approach could be used to avoid repetition and distress of having to repeat to multiple different bodies

Long-Term Considerations:

- **Standardisation** – greater commonality approach introduced across organisations
- **Nationalisation of complaints handling** – independent complaints handlers in every Trust
- **Central complaints hub** - establish a central hub for triaging complaints and/or a **centralised system** with a single front door service for complaints.
- Advocacy for the broader case of **allocating more resources** to the NHS
- **National Care Service** - recognise the need for an effective complaints system across health and care services
- Organisations should **collate and analyse existing data** to gain insights
- **Structural problems** - address structural issues affecting the complaints process
- **Independence of the process** - establish an independent, centralised front door for complaints which allows for system-wide learning
- **Mapping and data** - mapping the complaints process and data collection.
- **Pre-Complaint Support (PASS)** - provide local-level advisors with deeper understanding to build trust and support
- **NHS Private Patient Units** - address lack of access to external review for non-surgical treatments and address issues related to unrecognised substances
- **Identifying human rights issues** - need mechanisms in place to identify and address human rights issues – 'Human Rights Highway Code' - consider creating a system akin to a 'highway code' for human rights
- **Embed importance of Independence** - Ombudsman independence instils confidence - address lack of independence oversight in some private care.
- **Positive complaints improvement** - focus on practical ideas for positive change
- **Underserved communities and complaint hurdles** - recognise that those affected by poor care are less likely to complain and put in place measures to address these through collaboration.