

**Complaint Investigation Checklist and Action Plan**

Please return this checklist to PALS with your draft response to assure the Chief Executive that the following criteria have been met.

**Complaint Number: Investigating Manager:**

**Upheld 🞎 Not upheld 🞎 Partially upheld 🞎**

(If all the complaint is well founded it is upheld, if some of the complaint is well founded it is partially upheld, if nothing is founded it is not upheld)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Engagement** | | Yes | No | N/A |
| 1 | Did you contact the complainant to clarify their concerns and explain the process? |  |  |  |
| 2 | Did you offer to meet with the complainant? |  |  |  |
| **Investigation** | |  |  |  |
| 1 | Where appropriate have statements been taken from staff concerned? (If so, they must be sent to PALS or attached to Datix Web) |  |  |  |
| 2 | If the complaint is about a matter of clinical judgement, has the response been agreed by the clinician or a more senior clinician? |  |  |  |
| 3 | Has your investigation file been sent to PALS for inclusion in the main complaint file or attached to Datix Web? (statements, emails complaint investigation checklist and action plan etc) |  |  |  |

**Risk Grading**

|  |  |  |  |
| --- | --- | --- | --- |
| **Likelihood of reoccurrence** |  | **Consequence** |  |
| Will undoubtedly recur, possibly frequently |  | None |  |
| Will probably recur, but is not a persistent issue |  | Minor |  |
| May recur occasionally |  | Moderate |  |
| Do not expect it to happen again but it is possible |  | Major |  |
| Cannot believe that this will ever happen again |  | Catastrophic |  |

**Staff Involved**

|  |  |
| --- | --- |
| **Staff Name and Grade** | **Staff Role in Complaint** (see below) |
|  |  |
|  |  |
|  |  |

**Codes for Staff Role**

|  |  |
| --- | --- |
| **ADVICE** Asked for advice | **EXAM** Doctor who examined patient |
| **ASSIST** Assisted in incident | **FORINF** For information only |
| **CARE** Involved | **INVES** Investigating manager |
| **COM**  Involved in complaint | **STAFFE** Staff affected |
| **CONS** Under their care | **WITN** Witness |

**PTO for action plan**

**Action Plan**

No action is appropriate for this complaint 🞎

or

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action** | **Lessons learned** | **Responsibility** | **By when** | **Complete Y/N** | **Evidence to demonstrate actions have been taken** |
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