SOP4358/6 – Complaints and Compliments Management in Organ and Tissue Donation and Transplantation (OTDT)

Objective

This document outlines the responsibilities, processes and procedures that will ensure efficient and effective complaints and compliments handling throughout the Organ and Tissue Donation and Transplantation (OTDT) Directorate in accordance with national guidance. The process aims to ensure that complaints are resolved effectively by responding personally and positively to individuals who are dissatisfied, compliments are acknowledged and opportunities for the service to learn and improve are captured.

Changes in this version

Addition of The Patient Safety Incident Response Framework (PSIRF).

Reference to Clinical Governance Team (CGT) updated to Patient Safety Team (PST) throughout following team name change.

Reference to Senior Manager (SM) updated to Lead Nurse (LN) / Head of Nursing (HoN) / Operational Lead (OL) throughout.

Removal of reference to SOP5758 as this document is to be archived.

Updated Patient Safety Team Address to Barnsley Centre.

Change of complaint response time from 18 working days to 40 working days and personal contact date increased to 5 working days

Removed Tissue complaint information from Section 8.6

Added Clinical Quality and Safety Governance Group (CQSGG) and Clinical Governance Committee (CGC) to section 8.7

“Sharing compliments and best practice” add to Lead Nurse/ Regional Head of Nursing/ Operational Lead responsibilities

Grammatical changes throughout.

Roles

- **The Director of OTDT** has designated the management of complaints / compliments to the Chief Nurse within OTDT.
- **Chief Nurse – OTDT (CN – OTDT)** - has overall responsibility for the investigation of all complaints within OTDT.
- **Patient Safety Team (PST)** - is responsible for managing the complaints procedure within agreed timescales.
- **Complaint Lead (CL)** - is responsible for completing a full investigation and drafting a response to the complainant within the agreed timescales.
- **Lead Nurse and/or Head of Nursing (LN,HoN)** - is responsible for review of investigation findings and response to complainant

Restrictions

- Raising a QI (see SOP3406)
- Raising an ODT Incident (see SOP3888)

Items Required

- Q-Pulse access – CAPA module
- Q-Pulse access – Customer module
- G Drive access to complaints folder G:\013 ODT\001 Everyone\Complaints

Complaints and Compliments handling procedure for Organ and Tissue Donation and Transplantation (OTDT), NHS Blood and Transplant

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1. Introduction

This complaints handling procedure describes how the core expectations given in the NHS Complaint Standards | Parliamentary and Health Service Ombudsman (PHSO) (December 2022) will be put into practice by the Organ and Tissue Donation and Transplantation Directorate (OTDT). The Patient Safety Incident Response Framework (PSIRF) emphasises compassionate engagement and involvement for those affected by Patient Safety Incidents, including those making complaints. It recognises that complaints and feedback are valuable resources of information. OTDT are committed to ensuring that we provide comprehensive responses to complaints, support complainants, support staff and learn from the concerns raised.

This document is for the Patient Safety Team within OTDT that have responsibility for managing complaints raised by donor families, recipients/potential recipients, external stakeholders, and members of the public.

2. Accountability, Roles, and Responsibilities

Overall responsibility and accountability for the management of complaints within OTDT lies with the Chief Nurse – OTDT. See Appendix A for further details of roles and responsibilities.

In line with NHS Blood and Transplant (NHSBT) Complaints Policy (POL96), OTDT is committed to:

- Providing an effective, timely and open system for dealing with concerns and complaints. This policy aims to ensure that concerns and complaints are handled thoroughly without delay and with the aim of satisfying the complainant whilst being fair and open with all those involved. OTDT views complaints positively and see them as a valuable contribution to developing and improving our services. We are therefore committed to shared learning from complaints so that services may be improved.

- Promoting equality and diversity. No patient, family member or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment because of raising a complaint.

- Making sure everyone knows when a complaint is a serious incident or safeguarding or a legal issue and what must happen.

2.1 Exceptions (Out of scope)

- Complaints related to recruitment or interview process
- Complaints related to other Directorates within NHSBT

- Complaints already being investigated under a disciplinary procedure, by a professional regulatory body, criminal offence, or a claim for negligence
- Media enquiries
- Freedom of Information enquiries

2.2 Openness, Transparency and Candour

The regulations for Duty of Candour (see MPD1224) require providers to be open and transparent. It is a requirement for staff to be candid with families and allow concerns to be reported openly and truthfully.

Being open involves:

- Acknowledging, apologising, and explaining.
- Conducting a thorough investigation into the concern / complaint.
- Reassuring families and staff that lessons learnt will help improve our service.
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

Duty of Candour (DoC) Wales only applies within Wales. Incidents that occur involving Welsh patients being treated in England should be processed under the English duty. DoC Wales must be applied by NHSBT if something happens because of/during the provision of direct care to a patient. DoC Wales is applied by the Health Board if an incident happens because of a product (tissues) or organ supplied by NHSBT to a Welsh patient, but a partnership approach is expected as part of the investigation. The Health Board providing the direct care is responsible for DoC application.

3. Identifying a complaint

Our staff speak to people who use our service every day. This provides an opportunity to raise issues that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to resolve the issue to their satisfaction quickly and without the need for them to make a complaint.

We recognise that we cannot always resolve issues as they arise and that sometimes people prefer to make a complaint.

A complaint – is an expression of dissatisfaction by one or more users or members of the public about OTDT service provision.

If we consider that a complaint (or any part of it) does not fall under this procedure, or we cannot investigate a complaint, we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant signposting information.

OTDT will not respond to calls or correspondence that is abusive, threatening, or aggressive.

3.1 Feedback from donor family feedback form

OTDT actively seeks feedback from donating families to continuously evaluate and strengthen our services. Any feedback highlighting dissatisfaction within OTDT will be managed via the complaints process and timescales remain the same as outlined above.

3.2 Who can make a complaint

Any person may make a complaint to us if they have received or are receiving care and services from our organisation.

If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, then the complaint may be made on their behalf by a representative. There is no restriction on who may act as representative but there may be restrictions on the type of information, we may be able to share with them. We will explain this when we first look at the complaint.

3.3 How to make a complaint

Complaints can be made to us:

- in person
- by phone (National Call Centre 0300 123 23 23 / SMS 07860 034343)
- in writing, by email (complaintsandcompliments@nhsbt.nhs.uk) or letter (Patient Safety, Unit D, Capitol Way, Dodworth, Barnsley. S75 3FG).

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

3.4 Timescale for making a complaint

Complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.

If a complaint is made to us after that 12-month deadline, we will consider it if:

- we believe there were good reasons for not making the complaint before the deadline, and
- it is still possible to properly consider the complaint.

If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

4. Confidentiality of complaints

We commit to maintaining confidentiality and protecting privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from patient's/donor's medical records. They are only accessible to staff involved in the consideration of the complaint. If safeguarding issues are raised, OTDT have a duty to share with other professional bodies where necessary.

Learning from complaints will be shared anonymously so that we continue to be a learning directorate.

We will consider all accessibility and reasonable adjustments needed by people who wish to make a complaint or compliment if required.

5. How we handle complaints

We will ensure that everybody who uses our services (and those that support them) know how to make a complaint via our internal and external websites.

All our staff who have contact with patients, service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will ensure people are listened to, get a prompt response answer to the issues quickly wherever possible, and any learning is captured and acted on.

Our staff will:

- listen to you to ensure they understand the issue(s)
- ask how you have been affected

- ask what you would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)
- explain why if they can't do this
- capture any learning to share with colleagues and improve services for others.

All staff responsible for investigating complaints will be trained to SOP6005 – Complaints and Compliments User Guide in OTDT. See appendix B for overview for listening and responding to complaints.

5.1 Any complaints received directly by teams, must be forwarded to complaintsandcompliments@nhsbt.nhs.uk within 2 working days of receipt.

5.2 All complaints will be acknowledged within 3 working days of receipt, by telephone and/or in writing (by email or letter) agreeing the next steps and expected timescales. The acknowledgement letter will include:

- The concerns raised
- The timescales agreed

5.3 All complaints correspondence is saved in confidential (restricted access) folder G:\013 ODT\001 Everyone\Complaints. Complaints relating to an organ donor will be referenced in sequence of events on the donor record on DonorPath, detailing complaint INC number only.

5.4 The Patient Safety Team (PST) will log the complaint on Q-Pulse (See appendix C) , manage the timescales for response and provide ongoing support to those investigating the complaint.

5.5 Any complaint involving a donor family will be highlighted to both the Donor Family Care Service and the relevant Regional Organ Donation Services Team for awareness. The PST will confirm who will be responsible for investigating and responding to the complaint.

5.6 All Tissue and Eye Services (TES) complaints relating to the deceased donation pathway will be managed via this process and the TES Lead Nurse will be copied into any correspondence. If a QI needs to be raised, follow SOP3406 – Identifying and Reporting an Incident.

5.7 On occasions where a face-to-face meeting is required, a suitable date will be arranged with the complainant and relevant staff involved. A record of the meeting must be documented, noting key points raised and any actions agreed. This information must be recorded on the Complaint Review Form (FRM6827) and a summary of this offered to the complainant. Following this, an appropriate timescale for the final response will be communicated to the complainant.

5.8 A record of the complaint investigation, including conversations held and details of what happened will be collated and any agreed actions will be documented on the Complaint Review Form (FRM6827).

5.9 The final complaint response will be drafted by the Complaint Lead (CL) and will:

- Include an apology if appropriate
- Answer each concern raised with a full explanation or give reason (s) to why it is not possible to comment
- Give specific details about the investigation, who was involved (include job roles rather than names), what was discovered
- Give details of action taken as a result of the complaint and what learning has been shared
- Provide the name and telephone number of the CL - Lead Nurse (LN) and/or Head of Nursing (HoN) or Operational Lead (OL) for further queries.
- Provide information and contact details of the Parliamentary and Health Service Ombudsman as the next stage of the NHS complaints process, should the complainant be dissatisfied with response.

5.9 The LN/HoN/OL will oversee the response to be sent to the PST and agree any planned actions. The CN-OTDT will have final sign off prior to sending to complainant within the agreed timescales.

5.10 The PST will ensure the complainant receives a formal response once the investigation is complete. We aim to do this within 40 working days of receipt of the complaint, however some issues may take longer to investigate because of their complexity. If a delay occurs, the complainant will be informed of this and of expected timescales.

5.11 The PST will ensure all complaint correspondence is saved in a confidential complaints folder within OTDT's G Drive and uploaded to the complaint record on Q-Pulse.

5.12 Where appropriate, the LN/HoN/OL, PST and CN-OTDT will share learning identified with staff in other areas whilst maintaining confidentiality of the complainant and those involved in the complaint.

5.13 If an OTDT incident needs to be raised, follow SOP3888 – Reporting an Organ Donation or Transplantation Incident to NHSBT.

6. Support for staff

6.1 We ensure our staff are properly trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. Where this happens, staff will inform the person making the complaint and give them information about any other process that may help to address the issues and has the potential to provide the outcomes sought.

6.2 This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance

6.3 We will ensure all staff who respond to complaints have the appropriate support and advice by the most relevant colleague to ensure they can investigate complaints effectively.

6.4 We will ensure staff who are subject to a complaint are made aware and will give them advice on how they can get support from within our organisation, and external representation if required.

6.5 We will make sure staff who are subject to a complaint have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

6.6 The CL, LN/HoN/OL will keep staff who are involved in a complaint updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

7. Complaints involving multiple organisations

Complaints that involve a Hospital Trust will be investigated in collaboration with the Hospital Trust's complaints team.

Complaints raised via a Hospital Trust, specifically relating to organ donation will be investigated and responded to directly by OTDT, where possible. In cases, where a joint response is required, agreement will be made by the PST and the Hospital Trust's complaints team on who will lead the complaint.

8. Monitoring, demonstrating learning and data recording

We expect all staff to identify the learning can be taken from complaints, regardless of whether omissions in care are found or not.

8.1 We maintain a record of:

- each complaint we receive
- the subject matter and outcome
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

8.2 We measure our overall timescales for completing complaints against key performance indicators, these are published on the OTDT Performance dashboard

8.3 We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

8.6 We provide quarterly summaries of complaints to Operational Leads, Lead Nurses and Heads of Nursing and share wider learning via a quarterly bulletin "Learning from Complaints". We also share updates at the bimonthly Patient Safety Improvement Group meetings.

8.7 As soon as practical after the end of the financial year, we will produce a report on our complaints handling. This will include how complaints have led to a change and improvement in our services, policies, or procedures and this is reported via the OTDT Clinical Audit, Risk and Effectiveness Committee (CARE) NHSBT Clinical Quality and Safety Governance Group (CQSGG) and Clinical Governance Committee (CGC).

9. Compliments

It is equally as important to know when OTDT got it right - Share best practice and acknowledge staff and teams – Learning, Sharing, Strengthening. NHSBT uses all feedback to learn and improve.

A compliment is – an expression of satisfaction / gratitude by one or more users or members of the public about OTDT service provision.

Compliments can be made to us:

- in person

- by phone
- in writing, by email or letter

9.1 All compliments should be sent to complaintsandcompliments@nhsbt.nhs.uk

9.2 The PST will:

- Monitor all compliments and provide monthly data via the key performance indicator tool.
- Ensure positive feedback and best practice are shared within OTDT via Complimentary Tales.

Related Documents / References

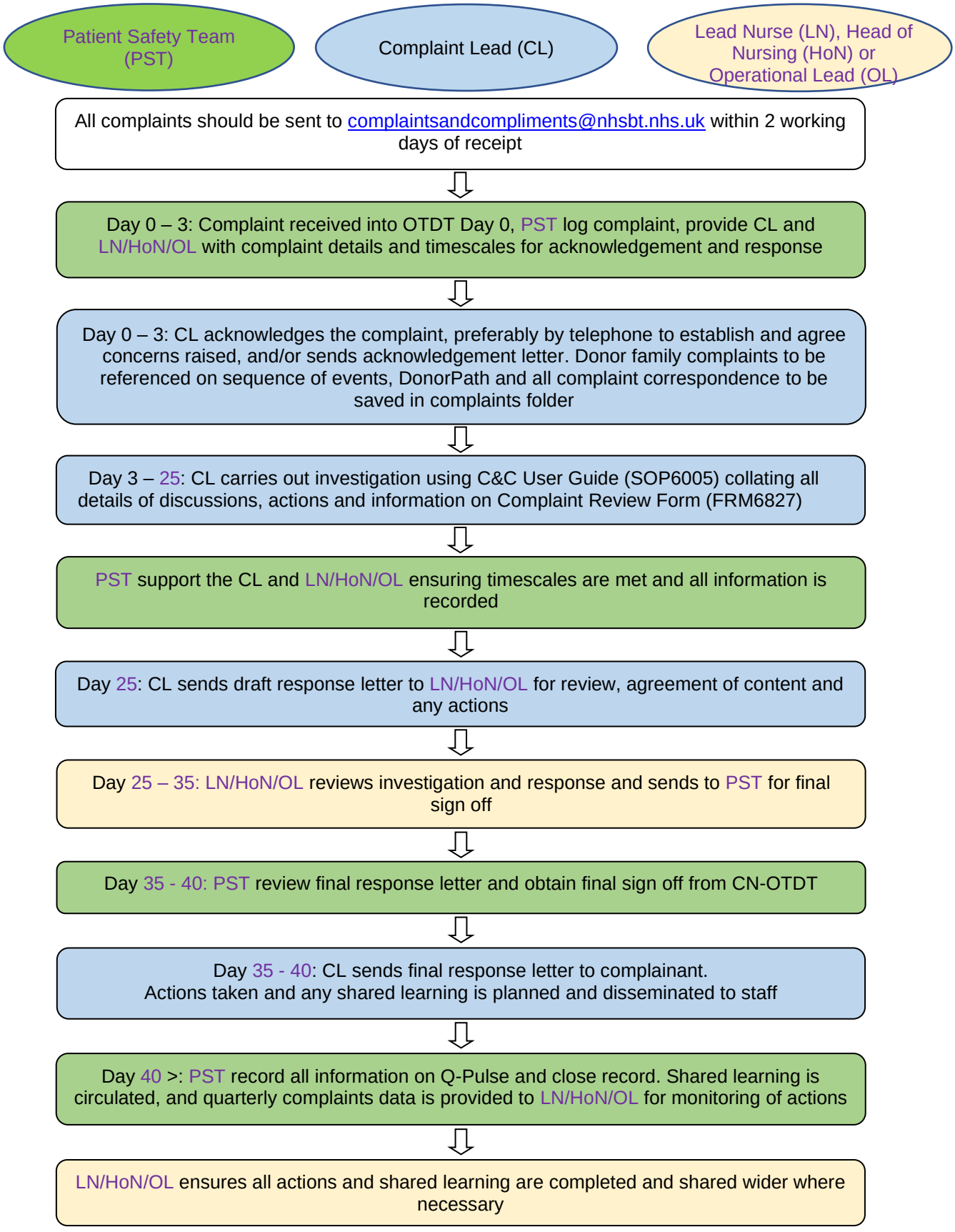
- **FRM6827** - Complaint Review Form
- **MPD1224** - Being Open and the Duty of Candour
- **POL96** - NHSBT Complaints Policy
- **SOP3406** – Identifying and Reporting an Incident
- **SOP3888** – Reporting an Organ Donation or Transplantation Incident to NHSBT
- **SOP6005** – Complaints and Compliments User Guide in OTDT

Appendix A – Roles and Responsibilities

Role	Responsibility	Delegations
Chief Nurse – OTDT(CN – OTDT)	The CN - OTDT has overall responsibility for making sure we: • comply with the 2009 and 2014 Regulations • comply with the NHS Complaint Standards and this procedure • comply with PSIRF framework • take any necessary remedial action They are also responsible for: • reporting on how we learn from C&C • overseeing the final written response to the complaint (unless delegated to an authorised person). • Reporting C&C to the OTDT Clinical Audit, Risk and Effectiveness Committee (CARE) group providing assurance that the learning has been shared with all staff	In cases where an early resolution is possible, we delegate responsibility for responding to the complaint to staff who are coordinating the resolution.
Lead Nurses (LN) Heads of Nursing (HoN) and Operational Leads (OL) **(Head of Departments / Regional Managers)**	LN's, HoN's and OL's are responsible for: • sharing compliments and best practice • overseeing complaints and the way we learn from them • overseeing the implementation of actions required as a result of a complaint, to prevent failings occurring again • overseeing the investigation of complaints • deputising for the Responsible Person, if authorised. • LN, HoN and OL retain ownership and accountability for the management and reporting of complaints. They are responsible for preparing, quality assuring or authorising the final written response. They should therefore be satisfied that the investigation has been carried out in accordance with this procedure and guidance, and that the response addresses all aspects of the complaint. • reviewing the information gathered from complaints regularly (at least quarterly) and consider how services could be improved or internal policies and procedures updated. • ensuring that complaints are central to the overall governance of the organisation • ensuring staff are supported both when handling complaints and when they may be the subject of a complaint	Where appropriate delegate to Complaint Lead
Patient Safety Team (Complaints & Compliments)	The PST are responsible for the overall management of the C&C process within the specified timescales (SOP4358). They are responsible for recording all C&C on Q-Pulse and ensuring appropriate actions are assigned and completed within the timescales. The PST, in conjunction with other LN's'/HoN/OL acting on his or her behalf (as above), will be involved in a review of the	

	quarterly reports. They will use this review to identify areas of concern, any trends, agree remedial action and improve services. The PST will share learning from C&C to strengthen processes and share best practice with the wider teams within OTDT.	
Complaint Lead (Lead Nurse and/or head of Nursing)	The CL is responsible for sharing compliments and best practice. The CL is the person allocated to oversee and co-ordinate the investigation of the complaint and for the response to a complaint. They are responsible for making first contact with the complainant (within 3 working days) to acknowledge their concerns. They will ensure that there is a closer look into the issues raised, with the support and input of others. They will make sure that the information and responses they receive from the person making the complaint, and from staff being complained about, clearly addresses all the issues raised. The CL will be trained in complaint investigation and will carry out an investigation, as set out in this procedure. They will ensure all collated information relating to the complaint and any discussions with staff or the complainant are documented on FRM6827 providing: • details of discussions & with whom • an objective account of what happened • an explanation if something has gone wrong • details of any action taken or planned to resolve the matter • feedback and learning from those involved The CL will write the final written response to the complainant for review by an appropriate manager. The final complaint response will be signed off by the CN-OTDT or their deputy. All complaint correspondence will be saved in confidential folder G:\013 ODT\001 Everyone\Complaints. Donor family complaints will be referenced on sequence of events on DonorPath. We aim to send the final written response to the complainant within 40 working days.	
All staff	We expect all staff to share compliments and best practice. All staff should proactively respond to service users and their representatives and support them to deal with any complaints raised at the 'first point of contact'. If resolution is not possible, we expect all staff to raise complaints with their Manager who will report to the Patient Safety Complaints Team. We expect all staff who have contact with patients, service users, or those that support them, to deal with complaints in a sensitive and empathetic way. We expect all staff to listen, provide an answer to the quickly, and capture and act on any learning identified.	

Appendix B – Overview for listening and responding to complaints



Appendix C – Logging OTDT Complaints & Compliments on Q-Pulse

Logging a complaint on Q-Pulse

- Open Customers module
- Enter "member" into keywords box & search
- Select category relevant to who is making the complaint:
  (Donor family member, Health Care Professional Member, Recipient Member, Member of the public)
- Select icon at top of page with red alert sign to raise new complaint
- Click drop down box & select "from wizard" "ODT complaints"
- Add title - brief summary of the complaint in the details section, heading with standard title; *examples* –
  OTDT – donor family member raised concerns ……
  OTDT – health care professional raised concerns…..
  OTDT – member of the public raised concerns …..
  OTDT – Recipient/recipient family member raised concerns ….
- Enter raised date (the date the complaint was received) back date if necessary
- Enter department i.e. ODST, ODR – ensure the lowest level on the department drop down menu is selected if possible.
- Enter owner (person raising the complaint)
- Click finish and tick box to show details
- Amend target dates manually to working days;
  - Closure target date at top of page – 40 days
  - Acknowledgement target date – 3 days
  - Personal contact date – 5 days
  - Response target date – 40 days
- Enter subcategory – examples -
  - Service Delivery (clinical donor family related)
  - ODR
  - Communications
  - Opt in/out
- Enter key word in keywords box i.e; if donor family related "clinical" if member of public registration query "disputed registration"
- Enter details in initial investigation/immediate action. Summarise emails and dates including initials only of who is making actions and highlight attached PDF documents
- Attach any correspondence as a PDF in properties section by clicking green + sign
- Save record and make note of INC number
- Update relevant sections on Q-Pulse and attach all correspondence as a PDF when received
- When final response sent, upload to Qpulse, capture actions and learning in learning section and close

Logging a compliment on Q-Pulse

- Open Customers module
- Enter "member" into keywords box & search
- Select category relevant to who is making the compliment:

(Donor family member, Health Care Professional Member, Recipient Member, Member of the public)

- Select icon at top of page with green + sign to add new compliment
- Select department ODST, ODR
- Attach compliment as a PDF file
- Add brief summary of compliment in details section
- Save compliment

Training Plan for Documents:

Type of Change	< Change to Existing Process>	
	Trainee new to the process	**Trainee trained to the previous revision.**
Stakeholders who require training	Any staff new to the role of Heads of Nursing OTDT, Lead Nurses OTDT, Service Lead Donor Family Care Service, Organ Donor Register Coordinators, Operational Leads.	Heads of Nursing OTDT, Lead Nurses OTDT, Service Lead Donor Family Care Service, Organ Donor Register Coordinators, Operational Leads
Knowledge required prior to training	Qpulse CAPA and Customer module	Trained to previous version.
Critical aspects of process	Extension of complaint response time SLA from 18 working days to 40 working days No harm identified	

Training Plan:

	Trainee new to the process	Trainee trained to the previous revision.
Recommended Training Method	Formal training package – presentation with opportunity for questions and answers	Read only – Email to all service users
Assessment	FRM511]	FRM511]
Cascade Plan	Author trains department managers or key trainers, who then cascade training to their department.	Author authorises self-directed training

Training Score – Training Plan Risk Matrix (Collapsible – Click ▸ icon to open/close)

Use the *Training Plan Risk Matrix* to identify the training method and assessment required.

The *Process Criticality Score* is determined by the potential impact on donor/patient safety and/or product quality using the table below for guidance:

	Impact on Donor, Patient safety or product quality
1. Negligible	A process whose failure, in full or in part, **cannot** impact product quality, patient/donor safety or the ability to supply products/services.
2. Minor	A process whose failure, in full or in part, **may**: (i) impact other processes thereby indirectly impacting product quality, patient/donor safety (e.g. harm only results where multiple failures in multiple processes align) (ii) result in the discard of a small number of replaceable products and/or (iii) result in an inconvenient delay to the supply of products/services (e.g. delay of 1-3hrs of non-urgent product/service).
3. Moderate	A process whose failure, in full or in part, **may**: (i) indirectly impact product quality, patient/donor safety (e.g. harm only results where failures in more than 1 process align) (ii) result in the discard of a medium number of replaceable products and/or (iii) result in a temporary delay to the supply of products/services (e.g. delay of 4-12hours of non-urgent products/services).
4. High	A process whose failure, in full or in part, is **likely** to: (i) directly impact product quality, patient/donor safety (ii) result in the discard of a large number of replaceable products (iii) result in the discard of an irreplaceable product and/or (iv) result in a delay to patient treatment.
5. Very High	A process whose failure, in full or in part, is **certain** to: (i) directly impact product quality, patient/donor safety (ii) result in the discard of a large number of replaceable products (iii) result in the discard of an irreplaceable product and/or

	(iv) result in a delay to patient treatment.
Process Criticality Score	<2>

The *Criticality of Change Score* is determined by assessing the nature of change(s) and complexity of the process using the table below for guidance.

	Change to Trainee(s)
1. Negligible	An existing process to which no material changes are made. E.g. format changes, minor clarifications of existing practice, fixing typos.
2. Minor	An existing process to which new information is added but where changes to existing knowledge and practices are minimal. E.g. clarifications that tighten existing practices
3. Moderate	An existing process of low complexity with material changes requiring different people to take action and/or people to change the tasks they perform. E.g. new roles/responsibilities, changes to the order of existing tasks, new tasks
4. High	A new process of moderate complexity, OR An existing process of moderate complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
5. Very High	A new process of high complexity, OR An existing process of high complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
Criticality of Change Score	<2>

Training Plan Risk Matrix:

Process Criticality →

Criticality of Change ↓

	1. Negligible	2. Minor	3. Moderate	4. High	5. Very High
1. Low	1	2	3	4	5
2. Moderately Low	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. High	4	8	12	16	20
5. Very High	5	10	15	20	25

	Trainee new to the process	Trainee trained to the previous revision.
Process Criticality Score	<2>	
Criticality of Change Score	<2>	<2>
Training Score	<4>	<4>

Recommended Training Method and Assessment:

Training Score	Level of Risk	Examples of Training Methods	Examples of Assessment
1 - 3	Low	Read only	Record on FRM511 only
4 - 8	Manageable	Email, team brief, word brief	Knowledge/Observation Check & FRM511
9 - 14	Medium/Significant	Formal training package	Knowledge/Observation Check & FRM511 or FRM5076
15 - 25	High	Practical	FRM5076 or equivalent