

Guidance on a Model Complaints Handling Procedure

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Contents

| | |
|--|----|
| Introduction and Background | 4 |
| Section 1: Process and Accountability | 5 |
| Section 2: Tools for Investigation and Redress | 12 |
| Section 3: Publicising, Recording, Learning and Improvement | 17 |
| Conclusion | 21 |

Introduction and Background

The Public Services Reform (Scotland) Act 2010 (the Act) gave the SPSO the authority to lead the development of simplified and standardised complaints handling procedures across the public sector. The Act built on the work of the Crerar and Sinclair Reports that sought to improve the way complaints are handled in the public sector.

Following consultation, a Statement of Complaints Handling Principles was developed by the SPSO. These Principles were approved by Parliament and published in January 2011.

The Act also provides the SPSO with the power to publish model complaints handling procedures (referred to in the Act and in this guidance as ‘model CHPs’). This guidance is the basis on which we will develop, in partnership with service providers, model CHPs.

The Ombudsman may specify public authorities under the SPSO’s remit to which these model CHPs should apply and the Act places a duty on those specified authorities to comply with the relevant model CHP. The Ombudsman may issue a declaration of non-compliance where any specified authority does not comply.

This guidance on a model CHP was consulted on along with the Principles, and the SPSO published a comprehensive analysis of responses in February 2011. We hope that organisations will find this guidance useful as a basis on which to develop, in partnership with the SPSO, model CHPs for the areas of public services that they provide.

Guidance on a Model Complaints Handling Procedure

The guidance, along with the statement of principles, is designed to provide broad direction and support to public service providers in improving their complaints handling procedures. Together the documents lay out the high level components of an effective complaints handling procedure with a focus on simplifying and streamlining those procedures.

Underpinning the guidance is the ethos of ‘getting it right first time’. The emphasis is firmly on quicker, simpler and more streamlined complaints handling with local, early resolution by empowered and well trained staff. Complaints should address customer dissatisfaction by providing a quick, fair and considered response to complaints, explaining clearly the reasons for any disagreement with the service user’s position, and using the lessons learned from complaints to improve service delivery issues.

Whilst recognising that each service provider has their own way of working and has unique staffing and operational considerations, the guidance is designed to be followed by all service providers. The SPSO expects senior management of public service providers to visibly support good complaints handling and develop a culture within their organisation that values complaints.

Complaints Standards Authority

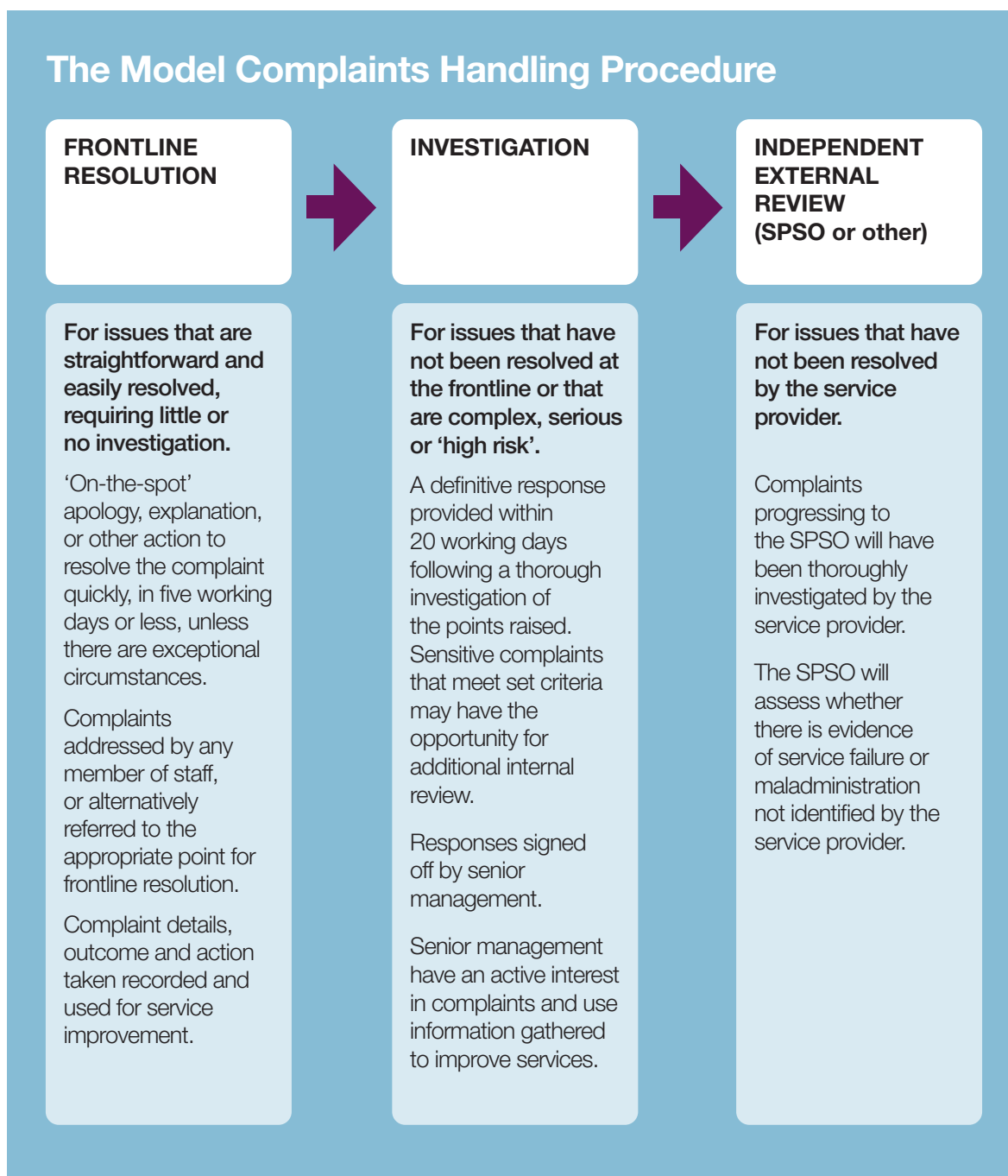
The SPSO has set up an internal unit, the Complaints Standards Authority (CSA), which will provide further support to providers in improving complaints handling procedures. The CSA will work in partnership with individual public sector areas to oversee the process of developing model CHPs for each sector in line with the framework of the principles and guidance.

The vehicle for publicising the CSA’s work is the SPSO’s website, www.valuingcomplaints.org.uk. This site will be the resource for sharing learning from complaints and for helping public sector providers set up (or expand existing) networks for supporting complaint handlers. Through these networks, SPSO’s training programmes and the learning from considering and investigating complaints, the CSA aims to help bring about a culture in which complaints are valued. Its goal is to bring into existence efficient, effective, standardised and fair complaints procedures across the public sector, as envisaged by the Crerar and Sinclair Reports, that put the service user – the citizen and the customer – at the heart of the complaints process.

Section 1:

Process and Accountability

- 1 This section provides guidance on the process to be followed in a model CHP and who should be accountable at each stage. The aim of the model CHP is to provide a quick, simple and streamlined process with a strong focus on local, early resolution by empowered and well trained staff. The SPSO's recommended model is outlined below. This model provides organisations with two opportunities to deal with complaints internally: frontline resolution and investigation.



Frontline resolution

- 2 Service providers should take every opportunity to resolve service users' complaints at the first point of contact if at all possible. Frontline resolution should be attempted where the issues involved are straightforward and potentially easily resolved, requiring little or no investigation. Many such complaints are often dealt with by service providers through what is commonly referred to as 'informal resolution'.
- 3 Complaints may be received by different means such as a letter or email, over the telephone or in person. Accordingly, all staff members who could potentially be the first point of contact for a service user wishing to raise a complaint should be equipped to attempt to resolve a complaint relevant to their area of service there and then, wherever possible. In a practical sense, this means all frontline staff should, as a minimum, be aware of the organisation's CHP and be empowered to deal with and resolve such complaints as they arise. Alternatively, in the event that they are unable to deal with the complaint, for example if they are unfamiliar with the issues or area of service involved, they should be in a position to signpost service users and/or complaints received to the appropriate point for frontline resolution.
- 4 The clear focus of frontline resolution is on taking action to resolve complaints quickly where this is possible. This may take the form of a quick apology or explanation for a service failure where this is evident.
- 5 Complaints resolved at the frontline of service provision are an effective tool in terms of minimising costs as well as resolving customer dissatisfaction. The fewer people that are involved in responding to a complaint, and the quicker a response is given, the lower the cost of that complaint to the service provider in terms of resources and potential redress.

When is frontline resolution appropriate?

- 6 As a matter of course, any staff member being presented with a complaint (regardless of whether that complaint has been submitted in writing, in person or by telephone) should attempt to resolve the issue that has been raised. Not all complaints will be suitable for frontline resolution, however, and the service provider should establish some basic guidelines for staff as to what type of issues should be handled at the frontline. This will vary depending on the service being provided, but the following examples are typical of the type of issues that the SPSO would expect frontline staff to address.

Examples of issues suitable for frontline resolution

- > A service that should have been provided has not been provided
- > A service has not been provided to an appropriate standard
- > A request for a service has not been answered/actioned
- > A complaint that a staff member was rude or unhelpful
- > A staff member or contractor failed to attend a scheduled appointment

- 7 As a general rule of thumb, the SPSO would expect frontline staff to respond to all complaints that they identify as appropriate for immediate resolution. The member of staff receiving the complaint should consider four key questions:
 - i What is the complaint?
 - ii What does the service user wish to achieve by complaining?
 - iii Can I achieve this, or provide an explanation as to why not?
 - iv If I can't resolve this who can I refer the complaint to for frontline resolution?

- 8 Wherever possible, organisations should ensure that staff members who are the subject of a complaint should not handle or respond to the complaint. Neither should frontline staff who may have a clear conflict of interest in the matter. These complaints can still be resolved at the frontline, however, through involving other staff as appropriate including supervisory staff. In organisations with a small number of staff this may not always be possible but all efforts should be made to achieve this.
- 9 It is the nature of the complaint (i.e. non-complex/non-contentious), rather than the means by which it is presented, that should determine whether a complaint is handled at the frontline stage. A complaint in writing could, therefore, be resolved at the frontline. Where a complaint has been successfully resolved at the frontline stage, and the outcome has been communicated to the complainant either by face-to-face, telephone or email communication, there is no additional requirement to send further written confirmation to the service user although an organisation may choose to do so.
- 10 There may be occasions where a complainant simply refuses to engage with attempts to achieve frontline resolution and insists that their complaint be fully investigated and a formal response provided. Although every effort should be made to resolve complaints at the frontline stage of the CHP, in these circumstances complaints should be escalated to the investigation stage.

Who responds to complaints at the frontline stage?

- 11 Any frontline member of staff could potentially be approached by a service user wishing to raise a complaint. All frontline staff involved in delivering services should, therefore, seek to resolve straightforward complaints at the point of service delivery where they are qualified and in a position to do so. This should include supervisory and management staff who are involved in providing services.
- 12 Of course, it will not always be possible for all frontline staff to attempt to resolve complaints about all types of services. The key to successful frontline resolution is embedding a culture of valuing complaints. This requires all staff to be aware of the organisation's CHP and to have the appropriate awareness to pass the complaint to an appropriate and empowered member of staff, if they themselves are not in a position to handle the complaint directly.
- 13 Some organisations, by the nature of the services provided, will have frontline staff who are mobile or not office based. Our view is that the best place for successful frontline resolution is at the point of service delivery, wherever possible, meaning that this may be at various locations because of the mobile nature of those services. There will be obvious difficulties which may make it necessary to refer the complaint to someone who is office based. Organisations should, therefore, decide the best arrangements for enabling staff who are not office based to deal with frontline complaints.

Identifying complaints

- 14 A crucial part of the work at the frontline resolution stage is to identify that a complaint is being made. There should be a clear distinction made between complaints and requests for a particular service to be provided. For example, a service user may contact their housing association to ask that a repair is carried out on their home. This is a request for maintenance, rather than a complaint about the condition of their property. However, if the matter is not addressed and the service user has to make contact again, it may escalate into a complaint about the repair service not being provided.
- 15 Frontline staff should be able to identify when a complaint is being made so that appropriate action can be taken in accordance with the CHP. To help staff make such decisions, service providers should be clear about what a complaint is and what issues will be considered through their CHP. This distinction may vary among public service sectors, but each provider should define the meaning of a complaint within their CHP so that it is clear both to staff and service users. It is particularly important that frontline staff understand the definition as they are responsible for initially identifying complaints and advising service users.

16 Most definitions of a complaint are similar to the following:

A complaint is an expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.

17 To prevent confusion and unrealistic expectations, it is helpful to tell service users what is **not** considered to be a complaint. Examples of these would be an initial request for service (for example, a repair), asking for explanation of a policy or an appeal against a decision.

Timescales for frontline resolution

18 The aim of frontline resolution is to provide a quick, informed response to a complaint without the need for a detailed investigation of the points raised. The issues are by definition those that can mostly be addressed 'on-the-spot' by staff responsible for a service. In this context it is likely that resolution will take place face-to-face or on the telephone, and should be achievable within a short period of time; 24 hours in the majority of cases.

19 Frontline resolution should be completed within five working days. In practice frontline resolution will often be achieved in a much shorter timescale. The CSA will work with bodies to review the five-day timescale in future with a view to reducing it to three days, which is the SPSO's preferred timescale.

20 It may on occasion be necessary to obtain information from other parts of the organisation to resolve the complaint at the frontline stage. Where this is the case, frontline staff should make the appropriate enquiries to obtain the information required for the response to be made to the complainant. It is important, however, that frontline staff should take no longer than five working days to go back to the service user either with a response that resolves the matter, or to advise the service user to take their complaint to the investigation stage.

21 In exceptional circumstances, where there are clear and justifiable reasons for doing so, service providers have the option to negotiate an agreed extension with the complainant at the frontline resolution stage. This extension should be of no more than five working days and should be applied only when set criteria have been met. It should usually be where an extension will increase the possibility of resolving the complaint at the frontline without escalation to the investigation stage. Where this action is taken, authorisation should be obtained from senior management. It is important to stress that such extensions should not become the norm and should only be used in a small proportion of complaints.

22 Where the timescale is extended at the frontline resolution stage, the reasons for delay and a revised timescale for response should be provided to the complainant. Importantly, all attempts to resolve the complaint at this stage should take no longer than ten working days from the date of receipt of the complaint. In developing a model CHP for each sector the CSA will work with key partners to develop clear criteria for when an extension would be acceptable.

Recording, learning and accountability

23 Senior management should take an active interest in the volume and nature of all complaints received by their organisation, but there is no need for their direct involvement at the frontline stage. Line managers should take responsibility for frontline complaints handling within their departments and record and report performance to senior management on a regular basis. Recording can be a relatively simple matter of listing complaint details, outcomes and any action taken. Line managers should also ensure that learning from complaints is sent to relevant staff.

Frontline resolution – key points

- All frontline staff are responsible for dealing with complaints
- Frontline staff should be aware of the CHP, empowered to resolve complaints wherever possible, or in a position to signpost service users appropriately
- Senior management should produce clear guidelines identifying the issues that should be handled by frontline staff
- The emphasis should be on providing an immediate response, or a response within five working days where a staff member needs to find out more before responding
- Telephone or face-to-face contact is encouraged

When is investigation appropriate?

24 Senior management should establish clear guidelines to help staff identify the type of issues appropriate to the investigation stage. These will vary according to the service provided. Particular attention should be given to identifying complaints that would be considered serious or high risk/high profile, as these may require particular attention or may raise critical issues requiring direct input from senior management. Some examples of complaints that should be considered at the investigation stage are listed below.

Examples of issues suitable for investigation

- Frontline resolution was attempted, but the service user remains dissatisfied
- The service user refuses to engage with the frontline resolution process
- The issues raised are complex and will require detailed investigation
- The complaint relates to issues that have been identified as serious or high risk/high profile

Potential serious or high risk/high profile complaints

- involves a death or terminal illness
- involves homelessness
- involves a vulnerable person
- involves child protection issues
- involves major delays in service provision or repeated failure to provide a service
- there has been press interest
- a risk to the organisation has been identified

Investigation

25 Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at this stage. Complaints handled by investigation are typically those that are complex or require a certain amount of examination to establish the relevant facts before the service provider can state their position.

26 At the investigation stage, staff should also be aiming to ‘get it right first time’. Their goal is to establish all of the facts relevant to the points raised and provide a full, objective and proportionate response that represents the service provider’s definitive position. Decisions reached at this stage of the CHP should communicate the views of the Chief Executive or other senior executive of the organisation.

Who responds to complaints at the investigation stage?

- 27** It is for each service provider to decide who should investigate and respond to complaints. This will depend largely on the size of the organisation and the level of direct involvement that the Chief Executive wishes to have in the complaints handling procedure. There are, however, some basic requirements that the SPSO expects all service providers to meet.
- 28** Service users should have a single point of contact for their complaint. Not only does this provide reassurance for the service user that someone is attending to their complaint, it also ensures that one individual within the organisation has taken responsibility for investigating the points raised and responding to the service user. The service user should be provided with the name and contact details of the person dealing with their complaint as early as possible after the decision to consider the matter at the investigation stage.
- 29** The staff member (or team) responding to the complaint is responsible for establishing what information is required, for gathering that information and for ensuring that the information gathered is of a suitable quality and accuracy to enable a full and informed response to be issued.
- 30** Wherever possible, service providers should avoid appointing staff that have been involved in the issues complained about to the task of investigating and responding to the complaint.
- 31** The staff member selected for investigating and responding to a complaint should have sufficient internal credibility and independence to ask difficult questions and recommend changes to policy or procedures in response to the complaint. Staff with responsibility for investigating complaints should have a thorough understanding of the CHP and a reasonable knowledge of the procedures of the department or function involved. They should be fully trained in how to plan and conduct investigations, including how to obtain and analyse evidence. They should have the authority to resolve complaints within pre-determined boundaries and should have the support of senior management to do so. It is important that there is a direct reporting line to the senior management team and investigators should also be able to seek advice from senior management about the conduct or findings of an investigation whenever necessary.

Timescales for investigation

- 32** It is for each service provider to set their own timescales for dealing with complaints at the investigation stage. However, organisations should seek to meet the following deadlines:
- Complaints should be acknowledged within **three working days**
 - A full response should be provided within **20 working days**
- 33** If the response will be delayed, the service user should be told and given a revised timescale for bringing the investigation to a conclusion.
- 34** We recognise that some complex complaints may take longer to resolve and that there may be some complaints that are so complex that they will require careful consideration and detailed investigation beyond the 20 working days target. Where there are clear and justifiable reasons for extending the timescale, organisations should set time limits on any extended investigation, subject to agreement with the complainant. The important consideration in cases which exceed the 20 working days target is that the complainant should be kept updated of the reason for the delay and given a revised timescale for bringing the investigation to a conclusion.

35 There may be occasions where an organisation has no option but to ‘suspend’ a complaint investigation in circumstances where the case cannot be closed but, for reasons outwith the service provider’s control, it cannot be progressed either. Examples of such situations may include cases where the organisation cannot get the information it requires as a result of incapacity/health issues or in cases where a person cannot be contacted. Suspending a complaint should be very much the exception with any decision to suspend an investigation being agreed by a senior executive. A decision to suspend should be formally recorded and be for a defined period of time at the end of which it should be reviewed.

Additional internal review

36 A key driver of the model CHP is to reduce the complexity of existing complaints processes by having as few steps as necessary within an agreed and transparent timeframe. The adoption of such a streamlined process, with no additional stages of review, will help to focus service providers on moving towards a culture of ‘getting it right first time’ and will reduce the cost implications of progressing complaints through additional tiers of a complaints process.

37 We do recognise, however, that there may be a need for additional stages of review in some circumstances, particularly in relation to sensitive complaints or those involving vulnerable individuals where set criteria are met. The CSA will work in partnership with service providers to identify circumstances where there is a strong justification for an additional tier of review and to develop appropriate criteria. Any such justification should be supported by robust evidence.

Accountability

38 It is important for the Chief Executive, service directors and senior managers of organisations to have an active role in complaints handling. It is for the senior management of each service provider to determine the level of direct involvement that they wish to have. That said, senior management have a vested interest in any complaints about the service that their organisation provides, and any procedural changes or financial losses resulting from those complaints. The Chief Executive and other senior personnel should, therefore, ensure that they are aware of all complaints considered under the investigation stage of the CHP and that they are involved in matters that require their individual attention.

39 The service provider’s final position on the complaint should be communicated by the Chief Executive or other senior executive. This ensures senior management ownership of the decision. As well as giving reassurance to the service user that their concerns have been taken seriously, it provides a means of accountability and potential for learning for individuals leading organisations. It is, however, for each service provider to decide which senior executive should respond to complaints within the particular structures and circumstances of their organisation and there should be flexibility for situations where a nominated senior executive is unavailable.

Investigation – key points

- Senior management should provide clear guidelines identifying the issues that should be considered at the investigation stage
- The organisation should provide a full written response within 20 working days
- The outcome of an investigation should be a single definitive decision, signed off by the Chief Executive, or other senior executive, following a thorough investigation
- Senior management must take ownership of decisions reached

Section 2:

Tools for Investigation and Redress

40 This section provides further detail to help organisations develop tools for effective complaints management.

Establishing the complaint

41 Where possible, complaints to be considered at the investigation stage of the CHP should be submitted in writing. It is important, however, that this does not present a barrier to the complainant and that they do not feel that it is being used as such. Where the service user cannot provide the complaint in writing, a range of methods for complaining by whatever means is easiest for the complainant should be provided and accepted to ensure accessibility to the CHP. This may include the service provider's staff assisting the complainant by writing the complaint for them. Where this happens, the member of staff should read the complaint back to the service user to ensure that an accurate record has been taken. Where possible, the service user should endorse the complaint form or letter to show that they agree that this is the complaint they want to make.

42 There will be occasions where a service user is unable, or reluctant, to make a complaint on their own. Service providers should accept complaints brought by third parties as long as they obtain appropriate consent from the service user. They should also explain the role of advocacy agencies and their ability to provide impartial assistance to complainants. Service providers should ensure as far as possible that individuals are able to make and pursue complaints regardless of accessibility issues.

43 On receiving a complaint, the complaint handler should address three key questions:

- i** What is the complaint?
- ii** What does the service user wish to achieve by complaining?
- iii** Are the service user's expectations realistic and achievable?

44 The answers to these questions should be established and agreed by the service provider and service user at the outset. In many cases the answers will be clear, but where they are not, the service provider should ask the service user directly for clarification. Once the specific points of complaint and the desired outcome are established, the complaint handler can use these to focus the investigation. A proper investigation starts with a thorough review of the circumstances being complained about.

Investigating complaints

45 To establish the facts behind the complaint and the service provider's definitive position, it is essential that a tailored investigation is carried out which is thorough but also proportionate to the issues that have been raised. It is for the complaint handler to decide what information is required and from where that information should be gathered. When gathering evidence as part of an investigation, due regard should always be given to information that may be confidential, sensitive, restricted or covered by data protection legislation, with consent to access records (such as medical records) being obtained where appropriate.

- 46** Staff of all departments should be made aware of the complaint handler's role and should be asked to cooperate by providing any information requested, quickly and in full.
- 47** When undertaking an investigation it is important that investigative staff have the authority to obtain relevant evidence and have full access to people, records and specialist advice if necessary. Relevant evidence will normally include the service user's records, notes of conversations with the service user and details of the complaint itself as well as any supporting correspondence or documentation, including relevant policies and procedures. Once the evidence is collated it is good practice to prepare a chronology or history of the circumstances and events leading to the complaint. If there are gaps in the information these should be identified and further evidence collected.
- 48** Investigative staff can use various tools to establish the facts that they need to reach a decision. Staff should be given the resources to conduct interviews, make site visits and obtain independent professional advice if this is required. When investigating a complaint, wherever possible, staff who were originally involved in the issues being complained about should be spoken to as part of the investigation process. Investigative staff should not, however, simply accept the account of departmental staff without question. Where appropriate, and particularly where accounts differ, they will need to question explanations given by colleagues. They should, therefore, have the authority to do so.
- 49** The scale of the investigation should be proportionate to the issues complained about. The complaint handler should seek to establish:
- i** What should have happened?
 - ii** What did happen?
 - iii** What was the cause of any identified failings?
 - iv** What can be done to rectify any failings?
- 50** The conclusion reached must be based on an objective analysis of the evidence and should provide a clear explanation of this analysis. It is essential that all points raised by the service user and agreed at the start of the investigation are properly and fully considered in the service provider's response. Multiple subjects of complaint relating to a similar issue can be grouped together or summarised.
- 51** The complaint handler should aim to resolve the complaint by either meeting the service user's expectations or, where this is not appropriate, providing a full explanation of the service provider's position.

Using alternative dispute resolution

- 52** Some types of complaint are not easily resolved through written correspondence. Complaints handling staff should be aware of the different forms of dispute resolution available. They should be encouraged to use services such as mediation or conciliation which can be a very effective tool in resolving service user dissatisfaction and can defuse problems before they escalate.
- 53** Where parties agree, mediation can be used to facilitate communication between the service user and the person or organisation that they are complaining about, helping all concerned to get to the real issues and underlying concerns. Mediators must be appropriately trained and qualified to perform the role. Mediation should allow service users to voice their concerns in a safe and respectful setting, while also offering those complained about the opportunity to explain their actions and offer an apology where appropriate. Mediation is increasingly used to deal with complaints and concerns and has a very successful track record.

The benefits of mediation

- It provides an efficient and fair process
- It enables both parties to understand what is driving the complaint
- It is more likely to result in mutually satisfactory solutions being reached or special arrangements being made and put in place quickly
- It often results in improved relationships and increased customer satisfaction rates

Communicating the decision

- 54** At the end of the investigation, the service provider's decision may be formally communicated to the service user face-to-face or in writing. Responses should be based on the facts established by the investigation and a full explanation should be given about how those facts were used to inform the conclusions reached. Literacy should not be assumed and the use of telephone contact may be appropriate if the service user has special needs, or where the subject matter to be communicated is sensitive. In these cases, it is good practice to communicate the information by telephone, followed by a letter.
- 55** Each of the issues agreed between the service provider and the service user as forming the complaint should be responded to in full. Correspondence should be clear and easy for the recipient to understand. Complaint handlers should take into account the specific needs of service users and provide material in a suitable format and in languages other than English if appropriate. Technical language and jargon such as medical terms should be avoided, or explained in lay terms. It may also be helpful to signpost complainants at this point to the role of advocates, if they require further assistance.
- 56** Where an investigation identifies a service failure and the service provider proposes to take action to resolve the service user's dissatisfaction, the correspondence should include details of what will be done and when.
- 57** The final decision letter should tell the service user about their right to complain to the SPSO should they be dissatisfied with the outcome of their complaint. It should inform the complainant that they should take their complaint to the SPSO within 12 months of becoming aware of the issue which gave rise to the complaint.

What if the service user remains dissatisfied?

- 58** A thorough investigation leading to a full and objective response to the service user's complaints, endorsed by senior management, will ensure that the service provider's definitive position has been established. Should the service user remain dissatisfied, further investigation by the service provider will not change that decision.

- 59** The service provider's final decision letter will have given the SPSO's contact details. The SPSO will consider complaints from service users and may carry out its own investigation where there are indications that there may have been maladministration or service failure by the service provider. The service provider should ensure that complaints correspondence and details of their own investigation are available for review by the Ombudsman if required. The SPSO recommends that service providers keep accurate records of their investigation and of any interviews or meetings held to discuss the complaint. These documents should be retained in line with the organisation's document retention policy.
- 60** The SPSO handles complaints about public services in Scotland. It can normally only consider complaints after they have been through the CHP of the organisation concerned, and where a member of the public claims to have suffered injustice or hardship as a result of maladministration or service failure. Its role and remit are set out in the Scottish Public Services Ombudsman Act 2002.

Unacceptable behaviour by complainants

- 61** People may act out of character in times of trouble or distress. If there have been upsetting or distressing circumstances leading up to a complaint, in a small number of cases this can lead to a service user acting in an unacceptable way. Examples of behaviour that may be considered unacceptable include: persistent refusal to accept a decision made in relation to a complaint; persistent refusal to accept explanations relating to what can or cannot be done about the complaint, and continuing to pursue a complaint without presenting any new information. The way in which these service users approach service providers may be entirely reasonable, but it is their persistent behaviour in continuing to do so that is not.
- 62** Behaviour should not be viewed as unacceptable just because a service user is forceful or determined. In fact, being persistent can be a positive advantage when pursuing a complaint. However, the actions of service users who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards staff. Service providers should have policies and procedures in place¹ to protect staff from unacceptable behaviour such as unreasonable persistence or offensive behaviour from the service user.
- 63** If a service user's behaviour causes a problem, they should be clearly told what the unacceptable behaviour is and what problem it is causing. How unacceptable behaviour is managed depends on its nature and extent. If a service user's behaviour adversely affects staff's ability to do their work and provide a service to others, that user's contact may need to be restricted. Wherever possible, this should be done in a way that allows a complaint to progress through the CHP. For example, a service user's contact may be restricted to written or third party correspondence, preventing them from directly contacting staff with repeated telephone calls or emails.
- 64** The threat or use of physical violence, verbal abuse or harassment towards staff may result in the ending of all direct contact with the service user. It may be appropriate to report incidents to the police. Incidents where physical violence is used or threatened should always be reported.

1 See, for example, the SPSO's Unacceptable Actions Policy <http://www.spsso.org.uk/files/Unacceptable%20Actions%20Policy%20Leaflet.pdf>

65 Service providers should develop an unacceptable actions policy and communicate it to their staff. It should authorise complaints handling staff to deal immediately with unacceptable behaviour from service users in a manner the member of staff considers appropriate to the situation. Where an organisation decides to restrict access to a service user under the terms of their unacceptable actions policy, they must also have a process in place to communicate that decision, advising the complainant of a right of appeal, and a process to review any decision to restrict contact with the organisation. This allows the service user to later demonstrate a more reasonable approach to their contact with staff.

Redress

66 Redress can come in a number of forms² and it is important that service providers are not overly prescriptive in their approach. The service user may propose a form of redress that will resolve their complaint. Service providers should always consider the service user's wishes and, if it is reasonable to meet them, complaints handling staff should be encouraged to make the desired arrangements.

The service user's wishes will not, however, always be reasonable and there will, of course, be limits to the service provider's powers to provide certain remedies. Any failures should be acknowledged and remedied quickly and fairly and in a way that best reflects the extent of the problems encountered by the service user. Appropriate redress could include:

- > An apology
- > An explanation
- > Correcting the error
- > Financial redress (including ex-gratia payments)

67 Generally, where service failings have been identified, service providers should attempt, if possible, to put the service user back in the position they were in before the error occurred. If this is not possible then other forms of redress need to be considered such as providing an explanation and apology. Many service users value personal contact over financial redress in resolving a complaint.

68 Service providers should undertake to improve procedures or systems or implement staff training to address service failures where this is appropriate. The complainant should be told about action taken, although it is not appropriate to share specific details that affect individual staff members.

69 In many cases, the service user will simply want the service provider to acknowledge their shortcomings and apologise. Apologies should be unequivocal and the service provider should not apportion blame on the service user³.

Redress – key points

- > Senior management should develop a clear policy on redress
- > The approach to redress should be consistent, but adaptable to the specific circumstances of the complaint – a variety of redress options should be available to complaints handling staff
- > Suggestions made by service users should be considered and met if appropriate

2 See, for example, the SPSO's Policy on Redress <http://www.spsso.org.uk/files/Policy%20and%20Guidance%20on%20Redress.pdf>

3 See, for example, the SPSO's Guidance on Apology at <http://www.spsso.org.uk/files/SPSO%20Guidance%20on%20Apology.pdf>

Section 3:

Publicising, Recording, Learning and Improvement

70 This section provides support for organisations in ensuring that CHPs are readily available to the public, and that they have in place mechanisms for recording complaints information that will enable them to share the learning from complaints effectively both internally and externally. It also outlines the benefits of staff training and support for frontline and investigative staff to handle complaints well.

Publicising the complaints handling procedure

71 It is important that the CHP can be easily accessed by service users. Information about the CHP should be clearly described as such. For example, complaints should be called ‘complaints’ rather than ‘feedback’ or ‘comments’. That said, service users will not always use the term ‘complaint’. Service providers and their staff should be aware of this and should ensure that any expressions of dissatisfaction fitting the agreed definition of a complaint are handled via the CHP.

72 Service providers should ensure that all of their service users have access to the information they need. Service providers should consider the most effective ways to ensure maximum accessibility, such as online access to the CHP. Traditional methods such as leaflets can be helpful and service providers should consider where these can most effectively be displayed. Service providers should take into account special needs, such as for people with learning difficulties, people who are deaf or hard of hearing, the visually impaired and non-English speakers. All publications relating to the CHP should meet equality and diversity requirements. All staff should be able to provide details of the CHP to a service user.

73 Information about the CHP should be easily accessible at all times, not just made available when a service user wishes to complain. Online information about how to access the CHP should be clearly visible on the front page of the service provider’s website and organisations should, where possible, properly signpost support services available to help people access the complaints procedure.

74 Service users should be made aware of who to complain to. It is sufficient to put the name of the department or an individual’s job title, rather than their personal contact details. The time limits for each stage should be clearly communicated and the deadlines for acknowledgement and final response explained. The time limits identified in this guidance are testing but achievable, and take into account the effects of an unresolved complaint on the service user.

Publicising the complaints handling procedure – key points

- A complaint is a ‘complaint’ – not ‘feedback’ or ‘comments’
- The CHP should be easily found in the service provider’s public information
- The CHP should be presented online and offline and in formats that recognise the varying needs of service users
- Details of where to complain, who will deal with the complaint and how long it will take should be made clear

Recording and learning from complaints

75 Service providers that value complaints will take advantage of the opportunities that result from them. There are obvious lessons to be learned where service failures are identified and remedial action can be taken to ensure that similar mistakes are avoided in the future. However, close monitoring of service user complaints and feedback can highlight opportunities for operational improvements even where the service was initially delivered properly.

Recording the complaint

76 Complaints can be received by an organisation in a number of ways. Service providers should maintain complete and accurate records of all contact regarding complaints and ensure that this information is easily accessible, preferably in a single location.

77 A complaint file should contain basic information such as the service user's details, the issues raised and the action taken. It should also contain any complaints correspondence, notes of meetings and telephone calls, email correspondence with the service user and any internal communications about the investigation.

78 Complaints information should be recorded and handled in a way that satisfies Data Protection requirements. Complaints handling staff should be trained in Data Protection law and practice and should be aware of the expectations of the public in respect of their personal information.

79 The information recorded about complaints received should be sufficiently detailed to allow follow-up action to be taken to improve services and prevent a recurrence of any issues identified. The time taken to complete each stage of the CHP should also be recorded. This will allow organisations to effectively monitor their own performance in meeting the requirements of the CHP.

Recording complaints data

80 Service providers should ensure that they have a system in place to record all relevant data about a complaint. As a minimum this would include:

- > the category or nature of the complaint (e.g. complaint about staff attitude, complaint about service provision)
- > the service or area of the organisation complained about
- > what action was taken to resolve the complaint
- > the outcome of the complaint
- > whether the service user was satisfied with the outcome

81 The information gathered should then be used by the organisation to identify any trends and to proactively improve the efficiency of the services provided. To ensure the quality of information, it is important that there is consistency in the data captured within organisations and, where possible, within sectors. Organisations should record all complaints details in a common format, on a single system where possible, which should be accessible by staff from different departments. The categories of complaints should be consistent to allow direct comparisons between organisations.

82 As discussed in the frontline resolution section, it is important that information from complaints handled at the frontline resolution stage is also recorded and used to inform service improvements.

Publishing complaints performance information

83 Service providers should regularly publish complaints performance data in line with the principle to ‘Deliver improvement’⁴ which requires complaint outcomes to be publicly available and used to demonstrate improvement and share best practice in service delivery. This helps ensure transparency in complaints handling and helps demonstrate to service users that complaints are valued.

Learning from complaints

84 An organisation-wide, structured system for recording complaints, their outcomes and any resulting action will quickly build a detailed record of services that are not being provided to the service users’ satisfaction. It is vital that this information is reviewed and used to improve service delivery, whether in response to highlighted faults or as a proactive measure to increase efficiency and consequently service user satisfaction.

85 Senior management should take an active interest in complaints and review the information gathered on a regular basis. To support this, they should be provided with regular reports detailing complaints performance relevant to their area. This will ensure that any trends or wider issues that may not be obvious from individual complaints are quickly identified and addressed.

86 When reviewing complaints information, senior management should consider whether there is potential to improve their services or a need to update internal policies and procedures.

87 Senior management should ensure that their organisation has procedures in place to act on any service delivery issues that are identified. Those procedures should include the following:

- An individual or team should be designated the ‘owner’ of the issue, with responsibility for ensuring that any identified action is taken
- Agreement should be reached as to what action should be taken to improve services
- A target date should be set for the action to be implemented
- The designated individual should follow up to ensure that the action is taken within the agreed timescale
- Performance in the service area should be monitored to ensure that the issue has been resolved
- Service providers with elected members should ensure that learning from complaints is relayed to those members

88 The complaint handler should always satisfy themselves that the service user and staff of the department involved understand the findings of the investigation and any decisions made.

89 It is important to communicate learning externally as well. Organisations should let those who have complained and other service users know what the organisation has done in response to complaints, for example, through newsletters, Annual Reports and websites. This should include a regularly published summary of the numbers and types of complaints received, outcomes and actions taken.

90 Lessons learned from complaints may be helpful to other service providers both within the same sector and across other areas of public service provision. Where appropriate, service providers should actively seek to share their experiences and the lessons learned with other organisations to promote service improvements.

4 The Principle to ‘Deliver improvement’ is one of the SPSO’s principles of complaints handling, see www.valuingcomplaints.org.uk

Recording and learning from complaints – key points

- Complaints information to be recorded for frontline and investigated complaints
- Common cross-department system to be set up to record complaint subject, outcome and action taken
- Within sectors the categories of complaints should be consistent to allow direct comparisons between organisations
- A complaint file should hold all relevant correspondence and contact records in one place
- Senior management to receive and act on regular reports detailing complaints information
- Processes to be in place to ensure appropriate service delivery improvements are agreed, actioned and reviewed
- Sector-wide learning to inform improvement should be shared

Staff training

- 91** A model CHP requires service providers to commit to building a culture within their organisation that values complaints. Public service providers need to ensure that they maximise the authority that staff have to resolve complaints. Frontline staff should be empowered to deal with complaints which have been identified as suitable for frontline resolution. Likewise, investigative staff should have a clear remit to access any information necessary and to effectively investigate and reach a robust decision on more complex issues. This requires clear direction from senior management on the extent and limits of discretion and responsibilities in resolving complaints, including the ability to identify failings, take effective remedial action and apologise.
- 92** Staff should be provided with the appropriate skills and resources. Public service bodies should regularly review the training needs of frontline employees and investigative staff to ensure they have the skills and confidence to use the authority delegated to them.
- 93** Staff training should include the following:
- A full understanding of the CHP and the individual's role in handling complaints
 - A full understanding of the service provider's policy about which complaints are suitable for frontline resolution and which for investigation
 - Customer service and complaints handling training
 - Data protection and Freedom of Information training
 - Training on the different types of redress available to resolve complaints and options for alternative dispute resolution
 - A full understanding that they are empowered to resolve complaints and that they have the authority to do so
 - Training in investigation and interview skills, and in a range of skills suited to gathering and evaluating evidence (investigative staff only)
 - Specialist training for staff who may have to deal with service users who are vulnerable, or who have specific needs

Conclusion

For the positive benefits of complaints to be harnessed it is important that the right procedures are in place to receive, investigate and resolve complaints. This guidance provides the necessary tools to help public service providers move towards more efficient, effective, standardised and fair complaints procedures. It outlines how providers can put the user at the heart of the complaints process and develop a timely, simple and streamlined process with a strong focus on local, early resolution.

What is crucial to good complaints handling, however, is an underpinning culture that truly values complaints. Creating and embedding that culture needs strong leadership. This guidance provides support in creating sound procedures, but for those to be effective and efficient, leaders of public services must create the right culture, empowering and equipping staff to 'get it right first time', learn from mistakes and use complaints to drive improvement in the services they deliver.

We hope that organisations will find the guidance useful as a basis on which to develop, in partnership with the CSA, model complaints handling procedures for the areas of public services that they provide.

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