

SPSO Service Standards 2016-17
Annual summary of feedback and action



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1. Introduction and purpose

SPSO is a learning organisation: constantly and consistently seeking feedback on the quality of its services and the cost effectiveness of how it utilises its resources. This report brings together a range of feedback from four different sources, gathered in 2016-17. It will be used reflectively to inform the SPSO and bring about service improvements.

We measure satisfaction against our commitments and service standards. These describe how members of the public and public authorities can expect us to act. In this report we examine our findings in line with these. Further detail on our service standards is given in Section 2 below.

As in previous years, in 2016–17 we:

1. continued to seek feedback from our service users anonymously, through our Customer Satisfaction Survey
2. sought feedback from those authorities that received a decision from us, through our Authorities Survey
3. gathered information about our service through our own internal quality assurance processes
4. gathered information and from the small number of complaints that we receive from users of our service.

Further details on how we gathered this information are set out in Section 3 below.

The feedback we received from these different sources was analysed. This led to recommendations being implemented that continue to deliver improvements to our service.

The findings from these different sources of feedback are set out in Section 4 and examples of the resulting recommendations are summarised at Section 5.

Recommendations included making sure that the guidance that we work to represents good practice and that our teams receive the support and training that they require to implement this effectively.

Links to the full published sources of feedback, and to our customer service standards, are available at the end of this report.

2. SPSO commitments and service standards

SPSO's commitments and service standards describe how both members of the public and the authorities we work with can expect us to act. They help us to analyse and raise our performance, embed good practice and demonstrate the quality of what we do. They also help us to report on and be transparent about our performance.

In 2014–15 we committed to more consistently gathering feedback about our service in the future. Alongside this, we refreshed and updated our service standards to ensure that they were up to date and clearly explained to our staff and those using our service. This meant we were clear about what good practice looked like. We consulted other ombudsman schemes across the UK and Ireland and our customer sounding board before agreeing the service standards.

We re-launched the standards in April 2015. These standards were developed and adapted by the Ombudsman Association, with the SPSO leading the way and with advice and guidance from the British Standards Institute. They are in place for *all* Ombudsman Association members including SPSO to use as a framework for service delivery and reporting from May 2017 onwards.

The SPSO makes three commitments, each of which include a number of service standards:

Commitment	Service standards
1. We will communicate effectively with you	Respect and dignity Keeping you informed Timeliness Clarity Accessibility Understanding
2. We will work openly and fairly	Transparency Fairness Impartiality and independence
3. We will carry out our duties competently and responsibly	Expertise Explaining our scope Reaching sound outcomes Ensuring Impact Handling information Putting things right

Our commitments and service standards are designed to help us become more effective in our service delivery and improve how we work with members of the public in general and the bodies under our jurisdiction, which in turn will help those bodies to improve their services.

SPSO's service standards are available in full on our website by following the link given in the list of sources at the end of this report.

3. Service feedback: methods and summary

This section sets out the methods used by SPSO to gather feedback. It includes information on how we gather each source of feedback and gives top level findings. Links to our published sources of feedback are available at the end of this report.

We also received feedback from our range of sounding boards, our customer forum of existing and recent users of our service as well as unsolicited feedback.

3.1 Customer surveying

In 2016–17 we continued to seek feedback from our customers through our Customer Satisfaction Survey. The Customer Satisfaction Survey is issued quarterly to complainants where an investigation decision was made on their complaint(s) and the results are analysed to identify areas for improvement. This applies to all decisions made: whether fully, in part or not upheld.

During 2016–17, we issued 723 customer surveys. Of these, 167 were completed and returned, giving a response rate of 23%.

It is well recognised amongst ombudsman schemes that there is a clear correlation between the decision on a complaint and the customer's perception of the service, in particular in relation to fairness and putting things right. The least satisfied customers are those whose complaints are not upheld. This comes through clearly in our 2016-7 results where there is a marked difference in perceptions about our service between those who have had their complaint upheld and those who have not.

Of note, in 2016–17 compared to the previous year, there is:

- a 7% *increase* in the number of responses received from complainants whose decisions were *not upheld*; and
- a 6.5% *decrease* in the number of responses received from complainants whose decisions were *fully upheld*.

In 2016–17 the percentage of surveys returned from those who had *some* of their decisions upheld is broadly the same as the previous year.

These response rates explain some of the differences in service satisfaction rates between 2015–16 and 2016–17.

The survey asks a series of questions which align with our commitments and service standards so that we can assess to what extent we are meeting the standards we set. Section 4 of this report sets out how respondents rated us against these standards in 2016–17 and compares this with 2015–16.

3.2 Authorities surveying

We sought feedback from those authorities complained about, that received a decision from us, through our annual Authorities Survey.

SPSO surveyed all authorities who received an SPSO decision in 2016–17: local government authorities; the Scottish Government; further and higher education establishments; housing authorities; water providers; and health boards. This is the first full year of the survey in its current form.

The survey rates authorities' satisfaction against SPSO service standards. It also provides us with the opportunity to make recommendations of actions for improvement in response to this feedback.

The survey was received by 206 authorities. Of these:

- 58 authorities completed the survey
- the highest response rates were from local government (49%) and Scottish Government (43% of surveys sent); and further and higher education (41%)
- the response from housing was 24%
- the response from health was 17%
- the response rate from water was 0%

The survey provides authorities with a formal opportunity to feed back to us. It provides feedback that is comparable with the Customer Satisfaction Survey in terms of commitments and service standards.

3.3 Quality assurance

This report also draws on our 2016–17 internal quality assurance reviews, which use our service standards as a benchmark for assurance purposes.

We quality assured around 10% of all cases closed every quarter. This was to ensure that we maintain a focus on quality and continuous improvement in our decision making and our service delivery. This was in addition to our routine supervision and management oversight of cases.

In 2016-17 the findings of this assurance process were fed back to teams and individuals and used to identify areas of learning and improvement as well as examples of best practice for the whole organisation. If significant issues were identified, action was taken. The findings were systematically fed back to:

- individual staff members as part of their supervision
- teams for consideration and consultation on any changes to our process guidance and practice
- our Service Improvement Group and our Senior Management Team for consideration.

3.4 Customer service complaints

By highlighting aspects of complaints we responded to about our own service during 2016–17, we are able to demonstrate that we listen and strive to deliver the best quality service. We:

- record details of all customer service complaints and report these quarterly
- publish on our website complaints received and responses alongside an annual summary, including those complaints that are referred to our Independent Customer Complaints Reviewer when we are unable to resolve them internally

We publish this information to help ensure transparency in our handling of our own customer service complaints, to show that we value complaints, and where possible use the learning from them to improve our services.

It is worth noting that where some but not all aspects of a complaint are upheld, we report this as an overall upheld complaint.

4. Feedback by commitment and services standards: examples and actions

This section looks at each source of feedback according to our commitments and service standards. This is not a 'checklist', but a framework that enables us to draw on these different sources to form a balanced overall view of our service.

We give examples of where commitments and service standards have been met or exceeded during 2016–17 and look at opportunities for learning and improvement. In section 5 we set out some examples of actions that have been taken as a result of the specific feedback that has been received. These actions are in addition to other internal initiatives to continuously improve the efficiency and the quality of our work.

Not all standards correspond to a specific question in either the customer or the authorities' survey. For example, in the survey of authorities we did not include a question about 'understanding'. This is because this standard relates to listening to and understanding the complaint from the person complaining so it was not relevant in this instance.

4.1. Customer Satisfaction Survey Findings

Our customer satisfaction survey results, as set out below in Table 1, show that there is a marked difference in views between those who received an upheld decision and those who received a not upheld decision. Overall scores are slightly lower than in 2015-16 because of the percentage increase in the number of people who received a not upheld decision. Although there is significant variation between the actual scores of the three groups (cases that were fully upheld, partly upheld and not upheld), the scores are informative in terms of the relative scores between the different service standards. For example, it is clear from the survey results that timeliness remained the most significant concern to all three groups.

Table 1

		2015–16	2016–17			
		Overall % agree	Overall % agree	Fully upheld % agree	Partly upheld % agree)	Not upheld % agree
Service standard	Statement					
Respect and dignity	SPSO staff treated me with courtesy	86	81	94	87	65
	SPSO staff treated me respectfully	85	82	94	87	67
Clarity	SPSO communication with me was clear	82	70	88	74	55
	It was clearly explained to me how my complaint would be handled	79	72	92	78	53
Keeping you informed	I was told clearly how my complaint was being progressed	78	70	88	70	58
Understanding	SPSO checked what I wanted to happen	78	68	92	69	49
Accessibility	I was provided with all the support I needed from SPSO to access its service	74	61	90	62	39
Understanding	SPSO staff listened to me and understood my complaint	73	59	90	58	36
Timeliness	The time it took to deal with my complaint was reasonable	46	30	46	28	20
Fairness, impartiality and independence	I felt my complaint was dealt with fairly	61	46	88	42	18
Explaining our scope	SPSO clearly told me what outcomes they may or may not be able to achieve for me	73	66	82	64	55
Reaching sound outcomes	I was given a clear explanation for SPSO's decision(s)	71	64	94	61	41

An analysis of the comments provided in relation to the different standards gives more context for the above scores.

Respect and dignity

In 2016–17, respect and dignity continued to be one of the highest-scoring service standards and an area where we were able to share many examples of excellent practice.

We received very positive comments relating to how customers were treated and to staff courtesy. Notably, the comments were not all from complainants who had their complaints upheld.

One respondent, whose complaint was not fully upheld, said that the complaints reviewer was *'incredibly patient and compassionate, [an] excellent listener and really made me feel like she cared about my concerns.'*

Another said, *'all staff at the SPSO treated me fairly with sensitivity and respect. Could not have asked for better treatment with regards to my complaint.'*

Another said, *'I was very impressed and grateful for the way my complaint was treated – with courtesy, concern and thoroughness.'*

We received three negative comments about staff members not being courteous or respectful.

Keeping you informed

Respondents commented on our process of providing updates during an investigation. For example:

'they kept me well informed';

'I was happy to be updated with my complaint as the investigator phoned me on a monthly basis'; and

'monthly updates from the SPSO helped reassure me that action was being taken'.

These comments came not just from respondents whose complaints were fully upheld, but also from some who had 'some upheld' and 'not upheld' outcomes.

Not all the comments were positive. One respondent said they had to repeatedly ask for further information about how the case was progressing and send reminders. Another that their case had changed hands several times and that when contacting the complaints reviewer to provide additional information as requested, the respondent was told the complaints reviewer was out of the office for three weeks.

Clarity and accessibility

One respondent said they were impressed by the clear and unequivocal commitment by SPSO to clarify all issues, while a respondent without internet access said that they were not aware of SPSO prior to bringing their complaint to us and suggested we market our services.

One respondent commented that they had asked at the end of the process for their decision letter to be read to them, and that this had not happened. They said that the person [at SPSO] was not very helpful to people with learning difficulties. One respondent stated they were offered no support during the investigation process, and that the process was 'difficult, isolating and an emotional rollercoaster of a journey', adding that 'it would be less challenging and help [to] address the perceived power imbalance if part of the process was the offer of independent support/advice'.

Understanding

This service standard says that we will listen to what the service users want and ensure we understand the complaint. There were a small number of comments regarding us not taking on board suggestions for improvement about the service complained about: these have been referred to in more detail under fairness, impartiality and independence.

Timeliness

There were several comments on timeliness from respondents to the Customer Satisfaction Survey. As in 2015–16, satisfaction with timeliness in 2016–17 is the lowest-scoring standard.

One respondent commented that the time taken to deal with their complaint was not the fault of SPSO; rather it reflected the complexity of the complaint and issues with the organisation complained about. However, we received several negative comments about the time taken to deal with complaints.

While one respondent said that SPSO '*is a fantastic service easy to access and work with*', they said the only problem they find is '*the length of time to resolve complaints*'. Other comments regarded the length of time before a person's case was allocated, that the process took longer than expected, and that they felt there was no clear estimate provided by SPSO regarding the duration of the investigation.

Fairness, impartiality and independence

A number of respondents who had not all of their complaints upheld made negative comments about the way their case was investigated. These included that we accepted or gave too much weight to the comments received from the organisation complained about and that we did not contact other people they had asked us to contact. One respondent said they felt that their actions, rather than the organisation complained about, were being scrutinised.

Reaching sound outcomes

We received some negative comments about the scope of an investigation. One respondent, whose complaint was fully upheld, said that their complaint was about a number of faults but only one was looked at. Alongside this was a comment that specific complaints were not answered, that all significant points were unanswered and that the complaints reviewer did not grasp what their complaint was about. Complainants are asked to agree the heads of complaint at the outset of the investigation to ensure clarity and avoid confusion but a further recommendation was made to improve on this aspect of our work.

One comment suggested that the respondent didn't know what their options were in terms of what the outcomes could be. Two further respondents said that we did not address the complaint raised or all of the issues they had raised. It is unclear why these comments were made as complainants are asked to agree the heads of complaint at the outset of the investigation.

We also received a range of positive comments, with some suggesting satisfaction that we obtained independent professional advice. Someone whose complaint was not upheld said they were impressed by the level of detail in the investigation and that the customer service received was extremely high. Two respondents, who had their complaints partly or fully upheld, described the investigation as '*thorough*'.

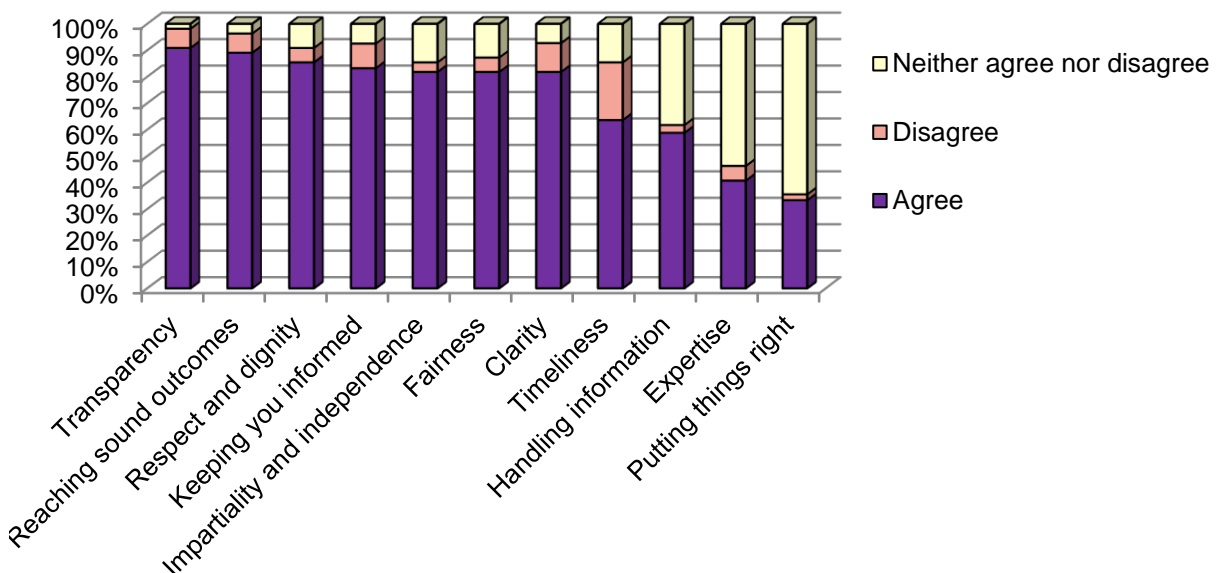
Ensuring impact

Some respondents stated that their suggestions for improvement were ignored and that contacting SPSO was a waste of time as our powers were limited.

4.2 Authorities Survey Findings

Graph 1 provides a summary of the Authorities Survey findings. The majority of comments received were positive, particularly in relation to dignity and respect but there were areas where authorities expressed a wish for more information and feedback.

Graph 1 - Authorities' satisfaction against service standards 2016-17



Respect and dignity

Responding to the statement 'SPSO treated us courteously, respectfully and with dignity':

- 85% (47 of 55 authorities) strongly or partly agreed; and
- 5% (3 authorities) disagreed.

There were also several comments on this question, including positive comments on staff, for example:

'Officers have been kept informed and been treated in a respectful manner.';

'In our experience of dealing with SPSO staff, whether CRs [complaints reviewers], training teams or the CSA [Complaints Standards Authority], we have found a very high standard of professionalism and integrity.'; and

'I have always found the SPSO office to be courteous, helpful and informative.'
'Good level of communication with the SPSO.'

Four out of 58 authorities raised concerns about the tone adopted by SPSO staff, including two comments that some complaints reviewers can be '*abrupt*' when dealing with their staff. Two commented on the reliance on written communication, with one of these suggesting that opportunities were missed for dialogue by phone/in person that might have assisted in resolving the issues presented.

Keeping you informed

There was mixed feedback on this service standard:

- 93% (50 of 54 authorities) agreed that 'SPSO always told us who we could contact if we had any questions' (none disagreed);
- 74% (40 of 54 authorities) agreed that 'SPSO kept us informed of progress with updates every 6 to 8 weeks and/or timely correspondence', while 17% (9 authorities) disagreed; and
- 83% (44 of 53 authorities) agreed that 'SPSO explained their investigation process to us appropriately for each case', while 11% (6 authorities) disagreed.

There were 16 comments which mostly reflected a concern about lack of updates during an investigation.

One authority commented that this varied depending on which complaints reviewer was handling the case. A couple of comments noted specifically that they received nothing between the initial enquiry and the decision.

One authority indicated that the outcome of an investigation was not notified timeously on a couple of occasions.

One raised concerns that cases had been closed and then reopened following significant delay, with limited rationale for this.

One authority commented that they were not made aware of requests for review until a late stage (they said in one instance they could have provided more information that would have been helpful).

Clarity

Responding to the statement 'SPSO's communication with us was accurate, plain and clear:

- 82% (45 of 55 authorities) strongly or partly agreed; and
- 11% (6 authorities) disagreed.

There were quite a few comments in relation to this service standard. Several authorities commented that the SPSO's definition of the complaint can be quite vague or general, with no detail of the specific claims or allegations made by the complainant (so it can be difficult to know what information or comments to provide). A few authorities also commented that requests for information can be unclear or convoluted, making it difficult to know what exact information is being asked for and why.

With regards to communication materials produced by SPSO, there was generally a high awareness and take-up of these among authorities. An exception to this was our subject factsheets, with 49% of authorities who responded saying they were not aware of these.

There was a satisfaction rate of 89% for all materials, with 100% satisfaction with the SPSO website. Comments included: '*the documents and website are clear and accessible*'; and '*all communications are well presented*.'

Timeliness

Responding to the statement 'SPSO dealt with the complaint(s) in a timely manner':

- 64% (35 of 55 authorities) strongly or partly agreed; and
- 22% (12 authorities) disagreed.

We received a large number of comments relating to timeliness (23). There were a couple of positive comments noting that timeframes appeared to have improved, and some authorities commented that lengthy investigations tended to be for the most complex cases.

However, there was also general concern about the time taken, linked to concerns about a lack of communication during the process. A few authorities compared the tight timescales for them to provide information with the lengthy timescales for SPSO investigation. Two authorities also indicated they would like more clarity in relation to SPSO timescales.

Transparency

Responding to the statement 'SPSO provided us with information explaining how they handle complaints':

- 91% (50 of 55 authorities) strongly or partly agreed; and
- 7% (4 authorities) disagreed.

There were positive comments relating to the website and a meeting with SPSO staff. A couple of negative comments indicated that *'it is not always clear how a specific case is being handled'* and *'it was not clear on what information the report was based'*. One comment expressed concern about a lack of transparency in relation to the information provided by the complainant to the SPSO (the decision letter referred to claims made by the complainant that had not previously been raised with the authority) and information about professional advisers' expertise.

Fairness, impartiality and independence

In response to the statement 'based on the decision letter(s) we received, SPSO considered all information fairly before reaching their decision(s)':

- 82% (45 of 55 authorities) strongly or partly agreed; and
- 5% (3 authorities) disagreed.

Several comments raised concerns that the authority did not see all the evidence provided by the complainant, with one authority commenting that challenges made to the accuracy of the information do not appear to be taken on board. In a number of instances, there was a feeling that SPSO tended to believe the complainant's version of events. This is in contrast to the feeling among a number of respondents to the Customer Satisfaction Survey who made comments that SPSO accepted or gave too much weight to the organisation about which they were complaining.

One authority suggested that it would be useful to discuss the conclusions prior to the decision, so they had an opportunity to provide further evidence.

In response to the statement 'SPSO made their decision(s) based on an independent evaluation of the evidence provided to them':

- 82% (45 of 55 authorities) strongly or partly agreed; and
- 4% (2 authorities) disagreed.

A number of authorities commented that it was difficult for them to assess or comment on this, with one saying, *'it has to be assumed that the investigation was independent and unbiased'* and one noting *'we are not close to the decision-making process'*. Two authorities commented that they do not see the documentation provided by the complainant (so they do not know all the evidence on which the decision is based).

Reaching sound outcomes

In response to the statement ‘SPSO clearly explained their reasons for their decision(s) to us’:

- 89% (49 of 55 authorities) strongly or partly agreed; and
- 7% (4 authorities) disagreed

There were several positive comments that decision letters were detailed and clear, for example:

‘The justification for the decision was detailed and clear.’;

‘While the Board may not always agree with the decision, the reasons behind it were clearly explained.’; and

‘I think the structure of the Investigators’ letters are very good, clear and concise.’

Some authorities commented that they do not get a separate decision, only a copy of the complainant’s decision (it was not clear whether authorities considered this a problem). There were a couple of comments that the decision letters did not give adequate reasons/it was not clear on what evidence the decision was made.

4.3 Quality Assurance Findings

The QA process highlights both areas of concern and identifies good practice. There was only a small number of significant issues identified through the QA process: there were also a number of cases where, although the issues identified were not as significant, there was still learning to be gained from highlighting them. In each case appropriate action was taken to resolve the issue and capture the learning. All complaint handling teams consider and discuss quality assurance findings regularly to ensure effective implementation of improvements.

Respect and dignity

Internal quality assurance demonstrated many examples of cases being handled with compassion, respect and sensitivity – sometimes in relation to what are tragic circumstances for the complainant.

However, we found instances of suffering or hardship that were not acknowledged by staff. We work hard to ensure that we demonstrate compassion through our interactions -indeed as we have seen, the Customer Satisfaction Survey and survey of authorities indicates that we score highly on compassion. Whilst in the vast majority of instances we get it right, we acknowledge that this is an area we can never be complacent in and need to continue to ensure our processes and our training guarantees this happens in every single case.

Clarity and accessibility

We have seen good practice with regard to accessibility and clarity during our investigation process and examples are highlighted to staff. We continue to remind staff through the quality-assurance process that the language we use must be clear and plain, avoiding the use of terminology without explanation, or 'jargon' – in our written correspondence and telephone.

Timeliness

One case was identified through the QA process where there was a significant avoidable delay. On this case an apology had already been given prior to the QA process.

Clarity and accessibility

One example of this was where too much medical jargon was used in a decision letter. Another is where the communication used was not the one requested by the complainant (a letter was sent rather than an email).

Explaining our scope

In one case, not enough assurance had been given to the service user as to why there was good reason not to progress a case and on the same case not enough detail had been given as to why the strong evidence a public body was presenting did not change the decision.

From a best practice perspective, one case was highlighted where we gave a clear explanation of the application of the SPSO's power in a highly complicated situation.

Reaching sound outcomes

We identified a small number of cases where we picked up significant decision making issues including one case that had been incorrectly excluded from being progressed as an investigation for statutory reasons.

The quality assurance highlighted some strong examples of best practice on a range of cases including where staff had quickly identified the need to progress an investigation and on another case where we had robustly probed the evidence provided, not taking it at face value.

Handling information

The QA process identified a data protection issue. This was handled and reported on in line with our statutory duties.

Ensuring impact

One best practice example that was highlighted was a case where we made strong recommendations leading to systemic change, and another where we achieved a successful resolution on an intractable case (i.e a case where the recommendation, as made was not deliverable).

4.4 Customer Service Complaints

We annually publish details of the complaints that we receive about our service, what we found and what we did to put things right. In 2016–17 we:

- received 49 service complaints (compared to 47 in 2015–16), out of a total of 4104 complaints and 1404 enquiries from members of the public in 2016-17.
- closed 50 service complaints (compared to 52 in 2015–16).
- closed 31 service complaints at stage 1 – Early Resolution. These are complaints that can be resolved quickly and close to where we provided the service. (63% of all complaints received).
- closed 19 complaints at stage 2 – Investigation (including 7 that were escalated from stage 1 to stage 2). These are complaints that are perhaps more complex and require more detailed investigation. (39% of all complaints received).
- upheld a total of 11 complaints: 7 at stage 1 (22.6% of all stage 1 complaints); and 3 at stage 2 (25% of all stage 2 complaints). One complaint was upheld after escalation (14.3% of escalated complaints).
- Average timescales at stage 1 were 2.8 working days (against a target of 5 working days).
- At stage 2 we took on average 22.14 working days (against a target of 20 working days), and for escalated complaints the average time to issue a decision was 30.75 working days (against a target of 20 working days).

Average timescales at stage 2 and for escalated complaints were adversely impacted by two ‘outliers’ which skewed the overall performance. Removing these two outliers would mean that average timescales at stage 2 are 16.8 working days and for escalated complaints 17.25 working days.

If a complainant remains unhappy, they can make a referral to the Independent Customer Complaints Reviewer (ICCR). Seven referrals were made and the ICCR completed 2 full reviews (compared to 18 referrals and 8 reviews in 2015–16). Each of these reviews resulted in some of the issues being complained about being upheld. Of a total of 11 issues considered within these two reviews, four were upheld and one was partially upheld.

The complaints we received were about a range of issues covering different service standards. Here is an illustration of the types of complaints we responded to:-

Keeping you informed

In one case we issued a letter from a member of staff very close to the date that member of staff was leaving but inviting the complainer to call them (even though the employee would already have left). We agreed this was poor customer service and meant the complainant had lost the opportunity for a fuller discussion. We upheld their complaints and discussed with them what further action they wished to be taken.

Timeliness

Handling complaints in a timely manner featured in the service failures we identified through customer service complaints. For example, one customer was unhappy with the time we had taken to decide her case should be closed (180 days). We explained the reason and that it was in part unavoidable. We apologised to the customer and reminded staff of the need to keep customers updated throughout the process.

Fairness, impartiality and independence

In one service complaint, the service user complained that the language used to explain our process made the complainant feel that matters had been (or would be) excluded or pre-judged. We apologised for our use of language, and for the fact that we did not identify the issues highlighted by the ICCR in our own earlier investigation of our customer service complaints process. Additionally we apologised for the inconvenience this caused the complainant and reassured the complainant.

Putting things right

In one instance, we did not initially treat a service complaint as such. This resulted in a delay of approximately two weeks in the complainant's complaint being properly handled. In another, a respondent told us that they emailed their service complaint form to four different recipients but it was not responded to for more than 10 working days. We realised this mistake only when we received a follow-up email from the complainant. In each instance we apologised and took action to progress the service complaints.

There was a further instance when we told a complainant that two aspects of their complaint were for the case review process, whereas they were about communication and so should have been taken through the customer service complaint process. In another, there was a delay in responding to the initial customer complaint, though we had previously apologised for the delay, which was avoidable. In addition to acknowledging our failings, we committed to reminding colleagues of the relevant process for handling customer service complaints, to minimise the likelihood of this happening again.

Finally, we apologised for our delay in implementing the ICCR recommendation in relation to the complaint, specifically the recommendation to apologise to the complainant, and made a full apology to the individual as requested by the ICCR.

5: Conclusions

The feedback informed us about how the SPSO can improve our service delivery. As well as being used to put things right for individuals where possible, the findings from each were used for organisation wide learning. This included: review of our existing processes and practices, training, resources and support for staff.

As a result, specific recommendations and actions were taken to embed some of this learning. Below is an overview of findings and recommendations.

Respect and dignity

Although there is good evidence that SPSO demonstrates compassion through its work, we were reminded of the importance of always acknowledging the suffering and hardship individuals have faced in our communications with them.

Recommendations: The outcome sought and perceived injustice should always be acknowledged by staff, including when a complaint is transferred to a new member of staff, and reflected in the decision letter when it is issued at the end of an investigation.

Actions taken: Staff were reminded of this through the quality assurance reporting including the need to record and consider important anniversaries and the letter template used for the decision letter was amended to make this requirement clearer.

Keeping you informed

The SPSO has clear guidance that we follow for updating both service users and authorities. Even though, there were a small number of instances where service users were left unclear who they should contact either because their main contact was out of the office for a prolonged period or had left the organisation. Furthermore, authorities provided some feedback about their concerns about a lack of updates and not being notified about decisions or requests for review on a timely basis.

Recommendations: Service users should always be told who to contact in the absence of their main contact and authorities should be regularly updated through the progression of a case.

Action taken: Staff were reminded of the requirement to provide service users with a named contact and authorities with regular updates, in line with the existing guidance.

Clarity

SPSO works hard to ensure that communications are plain and clear and avoid the use of jargon. There were a small number of examples where authorities felt the way the complaint had been defined was too vague, or requests for information were unclear. The quality assurance process picked up an example of where too much medical jargon had been used in the decision and one where we had not used the method of communication requested by the service user.

Recommendations: Plain language should be used at all times, sufficient detail should always be given of the issues to be investigated to authorities and they should receive meaningful, timely updates so they are aware of progress.

Actions taken: Staff were reminded of the requirement to use plain language, to provide sufficient detail of the issues to be investigated and to provide timely updates to authorities.

Accessibility

The SPSO has a wide range of experience in adapting our service to ensure it is accessible to all. We work hard to establish early what individuals' needs are and work with our service users to ensure these are met. On one occasion, we recognised that we could have been more proactive in offering to adapt our service and we addressed this through a service delivery complaint. Another service user fed back through the customer survey that they felt that it would have been easier to get through the difficult process of complaining if more independent advice and support had been available.

Recommendation(s): We should always give consideration to the individual needs of people accessing our services as early as possible and signpost people to appropriate sources of advocacy support.

Action(s) taken: We reminded our staff of the need to identify any needs as soon as possible in the complaint assessment process. We continue to develop links with support organisations who can assist service users in making a complaint.

Timeliness

As stated above, timeliness was a concern that was raised both by service users and public bodies. Concerns included the length of time to decide complaints, the amount of time before allocation and the lack of a clear estimate of the amount of time a case would take.

Recommendation(s): As well as monitoring performance against published timescales and focusing on reducing the amount of time to allocate cases, we should do more to manage expectations in relation to timescales.

Action(s) taken: In addition to the ongoing focus on reducing the amount of time taken to initially allocate cases that took place in 2016-17 (and part of 2017-18), more detailed information was included in information to service users at the different stages to explain the typical timescales involved.

Transparency

We commit to providing information explaining the approach to how we handle complaints. Some feedback that we received from authorities suggested that we weren't always as clear as we could be with them about what the complaints being made were, how specific complaints were to be handled and what experience our advisers have to advise.

Recommendation(s): Information about our processes, procedures and standards including what we will investigate and how, should be made clearer to authorities.

Action(s) taken: Our frequently asked questions section of our website has been updated to provide more information to address the areas of uncertainty raised through the survey and a link has been added in all authority enquiry letters. Throughout the year we hosted a number of visits from complaint handling staff from various authorities to explain our process in handling complaints.

Fairness, impartiality and independence

Through our work and our decisions we strive to demonstrate our fairness, impartiality and independence. We noted earlier that whilst we received comments from service users that we gave too much weight to comments received by authorities, we also received feedback from authorities stating that we relied too heavily on the service users' version of events. In one complaint we received, the service user felt that their own actions were being scrutinised and here we did make a further recommendation.

Recommendation(s): The language used should be clear and free from any bias or perception of bias.

Action(s) taken: An apology was given and staff were reminded of the need to demonstrate independence in the language used.

Reaching sound outcomes

Part of reaching sound outcomes is about making sure that the remedies that are put in place are proportionate, appropriate and fair. In one instance, a service user asked us to make a particular recommendation that we did not take forwards.

Recommendation(s): Where a complainant asks us to take a particular action to investigate their complaint, or suggests we make a particular recommendation, and we do not consider that these are appropriate, we should consider explaining to the complainant why we will not take this action.

Action(s) taken: This was communicated to staff.

Explaining our scope

One of the first parts of our investigation process is to clearly agree the complaints that service users wish to bring to us. This can be complex, taking into account factors like the amount of time that has passed since the event or whether or not the issues complained about are matters we can legally consider. We aim to ensure we fully understand the complaints brought to us and have clear agreement to look at these before we progress further.

Recommendation(s): When agreeing a statement of complaint, complaints reviewers should:

- ensure that the agreed statement includes all the points from the original complaint OR where it doesn't there is evidence of a discussion with the complainant about why; and
- have a discussion with complainants about any further information/evidence we need from them and why.

Action(s) taken: The guidance was updated and all staff reminded of this requirement.

Putting things right

Where we receive complaints about our service, we endeavour to put things right quickly and make sure we learn lessons. We received complaints in 2016-17 about a range of issues including that we hadn't identified service complaints quickly enough as separate from a request for review of the decision on a case.

Recommendation(s): Service complaints should be clearly identified as distinct from requests for review at the earliest opportunity.

Action(s) taken: Staff were reminded that if they are in doubt, senior colleagues should be consulted to ensure that complaints are handled under the correct process.

Annex 1: Sources

Ombudsman Association Service Standards – [Available as a PDF \(140KB\) on the Ombudsman Association website.](#)

SPSO services standards – [Available on the SPSO website.](#)

Customer survey reports – [Available on the SPSO website.](#)

Quality Assurance reports – [Available on the SPSO website.](#)

Customer complaints report – [Available on the SPSO website.](#)

Authorities Survey Report – [Available on the SPSO website.](#)

Annual report 2016-17 – [Available on the SPSO website.](#)