

People Centred | Improvement Focused

SPSO Complaints Improvement Framework

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Section 1 - Purpose

The purpose of the Complaints Improvement Framework (the framework) is to help organisations assess and demonstrate the efficiency and effectiveness of their overall complaints handling arrangements. This includes how well the organisation handles and responds to complaints, how accessible the complaints procedure is and the effectiveness of its governance and monitoring arrangements.

It enables the organisation to self-assess its performance in relation to six themes of good practice and provides a holistic assessment of whether and to what extent the organisation operates a culture and system that values complaints.

The scores achieved in each theme of good practice help organisations to understand and clearly demonstrate the effectiveness of their complaints handling in different areas. The framework also helps identify those areas which require priority action for improvement.

The framework can be used to evidence how well complaints are managed, for example for internal governance purposes by Boards, senior management teams and auditors, and externally by auditors, regulators and scrutiny bodies.

Using the framework

The framework has been designed both to be applied holistically and for application to a specific service area. Organisations can assess themselves against all six themes of good practice, or they may select the theme(s) most relevant to their current needs.

The framework may be used by people at different levels within the organisation (service delivery, complaints teams, auditors, senior management, and board level). Comparing and analysing the results may identify where there are any gaps or different perspectives of how the organisation is performing. It can be used as an annual snapshot of an organisation's performance or for assessing performance on a rolling basis, for example choosing one theme to focus on each quarter.

Section 2 – Six themes of good practice overview

The six themes¹ are:

- 1. Organisational Culture
- 2. Process and Procedure
- 3. Accessibility
- 4. Quality
- 5. Learning from Complaints
- 6. Complaints Handling Performance

The following sections provide further context in relation to the good practice themes.

1. Organisational Culture

Crucial to good complaints handling is an underpinning culture that truly values complaints. Creating and embedding that culture needs strong leadership. This calls for senior management to visibly support good complaints handling and so develop a culture within their organisation that values complaints.

A 'valuing complaints' culture means that all staff who come into contact with service users genuinely value those users' views. It also means that service users feel comfortable about expressing their views without fear of this affecting the treatment they receive or their relationship with the service provider.

Where complaints have been identified as relatively straightforward and where a response can be provided quickly, frontline staff should be empowered to deal with the issues raised. Investigative staff should have a clear remit to access any information necessary to effectively investigate more complex issues and reach a robust decision on them. This requires clear direction from senior management on the extent and limits of discretion and responsibilities in resolving complaints,

¹ The six themes of good practice are derived largely from the requirements of the Scottish Public Services Ombudsman's (SPSO) Model Complaints Handling Procedure, which has been introduced across the public sector in Scotland. Wider best practice in good complaints handling, as identified by SPSO has also been factored into the assessment.

including the ability to identify failings, take effective remedial action and apologise.

Senior management also have a responsibility to ensure that complaints are central to the overall governance of the organisation, and that staff are supported both in handling complaints and where they may be involved in the investigation of a complaint.

2. Process and Procedure

The relevant model CHPs² specify the process and procedure to be followed in handling and responding to complaints. Complaints should be dealt with under a quick, simple and streamlined process with a strong focus on local, early resolution by empowered and well trained staff. The model CHPs set out the requirements for, among other things, record- keeping; monitoring and reporting of performance; and the senior management review of complaints handling to identify any required remedial actions and opportunities for improvement.

3. Accessibility

Clearly, it is important that the complaints procedure can be easily accessed by all service users. Information about complaints should be available at all times, not just when a service user wishes to complain. Organisations should consider the most effective ways to ensure maximum accessibility, such as placing posters and complaints leaflets in public offices, communal areas and waiting areas.

Some service users may not use the term 'complaint'. All 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 complaints procedure (and not, for example, as comments, concerns or feedback).

Organisations should take into account needs of customers, making reasonable adjustments as required. They should provide a range of methods for complaining by whatever means is easiest for the complainant to ensure

² Very similar model CHPs operate across different areas of the public services in Scotland eg local authority, housing, further education, higher education and the NHS. For more information about the model CHPs and their statutory underpinning visit the SPSO website.

that, as far as possible, individuals are able to make and pursue complaints regardless of accessibility issues.

Where complaints information is published it must be easily accessible to members of the public and available in alternative formats as requested.

4. Quality

An effective complaints handling procedure should provide quality outcomes through robust but proportionate investigation and the use of clear quality standards. The outcomes of complaints should be analysed to identify and implement service quality improvements.

It is vital that the evidence obtained in response to complaints is of a suitable quality and accuracy to enable a full and informed response to be issued. The quality of the investigation report and decision issued to the customer is very important. The decision letter must include a full response to each issue complained of, be open and not defensive, demonstrate where appropriate the changes made as a result, apologise where appropriate and signpost the customer to the SPSO in every case.

5. Learning from Complaints

The emphasis of effective complaints handling is on early and local resolution of complaints and ensuring that learning is shared and improvements acted upon as soon as possible after the issue that gave rise to the complaint.

Senior management should take an active interest in complaints and review the information gathered on a regular basis. A key role in managing complaints is to ensure that organisational learning from complaints is captured and reported. Complaints data and learning from complaints should be considered routinely as part of the management information used to monitor performance.

Analysis of complaints outcomes will provide a detailed record of services that are not being provided to the service users' satisfaction. Reviewing this information provides opportunities to improve service delivery, whether in response to highlighted faults or as a proactive measure to increase efficiency and consequently service user satisfaction.

Line managers should ensure that the learning gained from complaints outcomes is communicated to all relevant staff. It is also important to communicate learning externally. The organisation should communicate what it has done in response to complaints, for example, through newsletters, annual reports and on its website.

6. Complaints handling performance

As well as focus on the learning from the outcomes of complaints, it is important that the organisation has a clear focus on its performance in managing and responding to complaints and on how to improve this. Complaints data and information should be used to inform other corporate governance processes, such as risk, audit, quality assurance and legal.

Effectively managing performance includes the requirement to check quality standards and timescales are being met, and the requirement for senior management to intervene when management exception reports indicate that remedial action is required.

Section 3 – How to use the framework

Each of the six themes of good practice is broken down into individual components. Achievement of each component provides evidence towards the overall assessment of achievement against the stated theme. The components are detailed at Appendix 1.

1. Assessing the component

Organisations complete the assessment by considering the extent to which it meets each component. For example, when assessing 'Accessibility' to the organisation's CHP, the first component the organisation is asked to assess is the extent to which 'The complaints procedure is publicised and made available to customers and members of the public'.

2. Evidence requirements

The framework provides guidance as to what evidence may be used to support achievement of the component. In the example above, organisations may consider the following as evidence of achievement:

- The CHP is publicised online and in all offices that have a direct customer interface
- Information for customers on the complaints procedure (the customer facing CHP) is readily accessible on the organisation's website within 4 clicks of the home page
- Information on complaints can be easily accessed by all service users, with information about complaints easily available at all times, not just when a service user wishes to complain.

3. Scoring the component

The organisation assesses whether or not it has readily available evidence to demonstrate achievement of the component. The standard score for each component is always 1. If the organisation can answer Yes this question, it scores a 1, by inserting the number 1 in the self-assessment field. If the organisation cannot evidence achievement of this component it should insert the value '0' in the self-assessment score. It may also leave this self-assessment score blank; this will not

affect the assessment. Under the heading 'Evidence' the organisation is asked to briefly note the evidence it holds to support achievement of the component.

4. Validating an assessment

The framework allows for an assessment to be validated. The validation can be used by managers, internal audit or appropriate external scrutiny bodies to test/validate the assessment. Validation is not mandatory, but is provided for use where the organisation wishes to obtain secondary assurance of its initial assessment.

Appendix 1: The assessment criteria

The framework identifies six themes of good practice which, when assessed holistically, will identify the extent to which an organisation meets the standard requirement of managing complaints. The components which form part of each theme of good practice are documented in the following tables.

For a copy of the spreadsheet that can be used to complete the assessment (which details the evidence requirements that may be used to support achievement of each Component), please contact the Improvement, Standards and Engagement Team (ISE-Standards@spso.gov.scot).

Organisational culture

| Organisational culture | |
|--|--------|
| 1.The organisation can demonstrate evidence of a strong focus on welcoming and responding positively to complaints. | Yes/No |
| 2.The organisation ensures that all staff are aware of the CHP and have been trained to handle complaints as appropriate to their role in the organisation. | Yes/No |
| 3.Leadership actively demonstrates that complaints are valued and staff in senior positions demonstrate a positive complaints culture. | Yes/No |
| 4.Leaders meet with complainants, during and/or after the complaints process, where appropriate. | Yes/No |
| 5.Staff at the frontline have (and feel that they have) the knowledge, training and skills to respond effectively to complaints. | Yes/No |
| 6.Staff are empowered to make decisions, and to apologise as appropriate, where complaints are relatively straightforward and service failures are identified. | Yes/No |
| 7.The organisation supports its staff in fulfilling their complaints handling requirements. | Yes/No |

| 8.The organisation provides training and/or awareness sessions on complaints handling on at least a three year cycle. | Yes/No |
|---|--------|
| 9.Strategic/operational plans, vision and or mission statements demonstrate that the organisation values complaints. | Yes/No |
| 10.Complaints feature as a documented agenda item in team, management and senior management team meetings. | Yes/No |
| 11. The organisation can show evidence of a strong focus on welcoming and responding positively to complaints. | Yes/No |
| 12. Senior managers have a clearly defined role in relation to signing off individual complaints and in ensuring service failures are remedied and improvements implemented as a result of complaints received. | Yes/No |
| 13. The organisation ensures that all staff have knowledge of the complaints process, are trained and empowered to deal with complaints and difficult customers and their training needs are reviewed on a regular basis. | Yes/No |
| 14. Each member of staff dealing with the public has in place a job description/performance agreement/key work objectives or similar document that covers their role/responsibility in handling/managing complaints. | Yes/No |
| 15. Complainants are thanked for bringing the complaint to the organisation. | Yes/No |
| 16. Where a problem has occurred, the organisation says sorry. | Yes/No |
| 17. Where a problem has occurred, quick and effective action is taken to remedy and where appropriate improve services. | Yes/No |
| 18. The organisation always looks to solve the core issue which led to the complaint and learn from the outcome of complaints so as to reduce the potential for more/similar complaints. | Yes/No |

| 19. The organisation always feeds back to the complainant to confirm that action has been taken and how services have improved. | Yes/No |
|---|--------|
| 20. The organisation has a continuous improvement culture and checks customer satisfaction with complaint outcomes and with service delivery. | Yes/No |
| 21.All staff attend either a complaints awareness session, or receive specific complaints handling training within a 3 year cycle. | Yes/No |

Process and procedure

| Process and procedure | |
|---|----------|
| • | |
| 1. The organisation has developed and implemented a Complaints | > |
| Handling Procedure which reflects the requirements of the model | Yes/No |
| Complaints Handling Procedure for the sector. | |
| 2.The organisation's CHP is publicised/communicated to all staff. The | |
| CHP is readily available to all staff and they know where to access it if | Yes/No |
| asked. | |
| 3.Staff at all levels are clear on their roles and responsibilities in | Yes/No |
| complaints handling. | r es/No |
| 4.The organisation fully complies with the requirements of the CHP | Yes/No |
| | 1 00/110 |
| 5.All complaints and outcomes are recorded in line with the | \/ /N - |
| requirements of the model Complaints Handling Procedure. | Yes/No |
| 6.Complaints are never referred to as informal. | Yes/No |
| 7.Complaints at the Investigation stage are acknowledged within three | |
| working days of receipt. | Yes/No |
| 8.Complaints handled at the frontline / early resolution stage are | |
| completed within 5 working days wherever possible. | Yes/No |
| 9.The organisation communicates with the complainant when it appears | Voc/No |
| that a response will not be provided within 5 working days. | Yes/No |
| 10.Complaints investigations are completed with a response being | Yes/No |
| provided within 20 working days wherever possible. | 1 03/110 |
| 11.The organisation communicates with the complainant when it appears | Yes/No |
| that a response will not be provided within 20 working days. | 103/110 |
| | |

| 12. The rate of premature complaints about the organisation to SPSO is below the average for the sector. | Yes/No |
|---|--------|
| 13. Standardised templates are used to acknowledge complaints, to request further information and to communicate the organisation's final response to complaints. | Yes/No |
| 14. The organisation records the outcome of every complaint it receives in line with the minimum requirements of the model CHP. | Yes/No |
| 15. The average time in working days to respond to complaints at stage one (frontline / early resolution) is at, or below the average for the sector. | Yes/No |
| 16. The average time in working days to respond to complaints at stage two (investigation) is at, or below the average for the sector. | Yes/No |
| 17. The organisation has in place additional management targets for managing complaints, for example in relation to gathering evidence, or requiring responses to enquiries. | Yes/No |
| 18. The organisation operates a system of exception reports on complaints not meeting the standard 5 or 20 working day timescales. | Yes/No |
| 19. The organisation always signposts customers to SPSO, no matter the outcome, at the conclusion of the CHP. | Yes/No |
| 20. The organisation has in place a policy in respect of customers who demonstrate unacceptable behaviour and a procedure explaining how it will apply the requirements of its unacceptable actions policy. | Yes/No |

Accessibility

| Accessibility | |
|--|--------|
| The complaints procedure publicised and made available to customers and members of the public. | Yes/No |
| 2. The organisation has developed local information leaflets or publicity for customers in regards to the complaints procedure and these are in line with the requirements of the model CHP. | Yes/No |
| 3.Complaints can be made to any member of staff. Customers are not redirected or told to contact someone else. | Yes/No |
| 4. The organisation actively works with advocacy agencies to promote access to the complaints procedure, and support for customers where there is a need. | Yes/No |
| 5.Customers are informed of relevant support services available to them in making their complaint. | Yes/No |
| 6.Locally prepared complaints forms are fully compliant with the model CHP and ensure that the layout is user-friendly, captures specifically the complaint(s) being made and the outcomes expected. | Yes/No |
| 7.Complaints forms, leaflets, posters etc are always readily available at all public premises. | Yes/No |
| 8.All complaints are handled in private and staff who have no business need to access customers' complaint information are prevented from doing so. | Yes/No |
| 9. The organisation has assessed the standards of its complaints handling service against the requirements of the relevant disability and equality legislation. | Yes/No |

| 10. The organisation advertises access to the complaints procedure in general correspondence (for example newsletters, Council Tax bills and publicity material). | Yes/No |
|---|--------|
| 11. The organisation works to raise awareness of the CHP. | Yes/No |

Quality

| Quality | |
|---|--------------|
| 1.The organisation quality assures complaints responses and ensures | |
| that complaints handling meets the standards of service expected by | Yes/No |
| the organisation and the model CHP. | |
| 2.The organisation has a process that provides assurance that the | |
| quality of decision making is based wholly on the evidence available | Yes/No |
| and that it complies with the model CHP. | |
| 3.There is a process in place to ensure that the organisation's response | V = = /N = |
| to a complaint addresses all points of the complainant's dissatisfaction. | Yes/No |
| 4.The organisation can clearly demonstrate it has taken action to | |
| understand, from the customer's perspective, the issue(s) complained | |
| of and what the complainant would like as an outcome from the | Yes/No |
| complaint; and that its response to the complaint addresses all points | |
| of the complainant's dissatisfaction. | |
| 5.The organisation's response to complaints is not defensive: rather it | |
| demonstrates that it welcomes complaints and understands the | Yes/No |
| complainant's position. | |
| 6.Personal contact is made with the complainant, where appropriate, | Ve = /N = |
| either through a phone call or meeting. | Yes/No |
| 7.The organisation can demonstrate that it has attempted to resolve the | |
| complaint to the complainant's satisfaction where this is possible and | Yes/No |
| appropriate. | |
| 8.The organisation ensures an effective approach to complaints file | Yes/No |
| management. | 1 03/110 |

Learning from complaints

| Learning from complaints | |
|--|--------|
| 1.The organisation learns from the complaints it handles. | Yes/No |
| 2.Systems are in place to record, analyse and report on complaints outcomes, trends and actions taken. | Yes/No |
| 3. The organisation responds to key themes from complaints as identified through its analysis of complaints outcomes. | Yes/No |
| 4.Where appropriate, remedial action is taken to ensure no reoccurrence of matters leading to a complaint, or to improve service delivery. | Yes/No |
| 5.Senior managers ensure improvements required as a result of complaints are implemented within the required timescale. | Yes/No |
| 6.In addition to communicating the decision on the complaint to the customer, the outcome(s) are also fed back to relevant staff. | Yes/No |
| 7.Complaints outcomes are shared across the organisation. | Yes/No |
| 8. The organisation looks for opportunities to learn from complaints outcomes identified in other organisations and sectors, and shares learning across different service areas and across the sector. | Yes/No |
| 9. The organisation analyses complaints information to identify outcomes, trends, themes and patterns and uses this information to inform changes in working practices and service provision and the training provision for staff. | Yes/No |
| 10. Complaints are discussed at team meetings. | Yes/No |
| 11.Complaints are discussed at management team meetings. | Yes/No |

| <u> </u> | |
|--|--------|
| 12. Customers are advised when service improvements are made as a result of a complaint made by them. | Yes/No |
| 13. The organisation publicises complaints outcomes, trends and actions taken. This should be on at least a quarterly basis. | Yes/No |
| 14. Senior management review the information gathered from complaints and consider whether services could be improved or internal policies and procedures updated. | Yes/No |
| 15. The organisation can demonstrate that improvements are made to how complaints are handled on the back of monitoring performance. | Yes/No |
| 16. The organisation has a process to advise senior managers when improvements actions have been implemented or become overdue. | Yes/No |

Complaints handling performance

| Complaints handling performance | |
|---|--------|
| 1.Senior management seeks and is provided with assurance of the | |
| complaints handling performance of the organisation and how this | Yes/No |
| compares with other similar organisations. | |
| | |
| 2.Performance in handling complaints within the required timescales is | Yes/No |
| actively managed. | |
| 3.The organisation seeks and obtains feedback of customer satisfaction | |
| levels on how complaints have been handled. | Yes/No |
| | |
| 4.Staff are aware of how the organisation performs in handling | Yes/No |
| complaints and how they can improve. | |
| 5.Customers are aware of how the organisation performs in handling | |
| complaints. | Yes/No |
| | |
| 6.The organisation conducts management checks on open and closed | |
| complaints files to gain assurance of compliance with the model CHP, | |
| to ensure a clear audit trail of how the complaint has been | Yes/No |
| investigated, to give advice on the direction of the investigation and to | |
| ensure a consistent approach is taken. | |
| 7.The organisation reports complaints handling performance to Boards, | |
| elected members, management committee members, non-executive | Yes/No |
| directors etc, and is responsive to feedback from this level of scrutiny. | |
| | |
| 8.The organisation produces management information reports detailing | |
| performance against the SPSO complaints performance indicators for | Yes/No |
| the sector. | |
| 9.The organisation learns from complaints processes, structures and | |
| working practices operated in other organisations and sectors. | Yes/No |
| | |

| 10. Complaints data and information is used at board level to inform other | |
|--|--------|
| corporate governance processes, such as risk, audit, quality | Yes/No |
| assurance and legal. | |
| | |