Complaints Key Performance Indicators for the Model Complaints Handling Procedures

Version	Description	Date
1	Published on SPSO website	March 2013 (for Local Authorities and Registered Social Landlords only)
2	Published on SPSO website	March 2022 (for Local Authorities, Registered Social Landlords, Higher Education, Further Education, Scottish Government, Scottish Parliament and Associated Public Bodies)

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Section 1: monitoring performance

Purpose

1. The revised Model Complaints Handling Procedures (MCHP) were issued on 1 April 2021 with the exception of the NHS MCHP[1]. Part 4 of the revised MCHP covers complaints governance. It sets out SPSO's requirements for reporting complaints and publicising complaints information. It includes **mandatory** reporting and publishing of complaints performance statistics, complaints trends and outcomes, and actions taken to improve services.

2. This document sets out the MCHP requirements in more detail and provides a standardised set of complaints key performance indicators (KPIs) that organisations are **required** to use. Please refer to Part 4 of the revised MCHP together with this document when considering reporting and publishing requirements.

3. Organisations should share the KPIs with any organisations that provide public services on their behalf and are handling their own complaints about those services. (For example, Local Authorities are responsible for sharing this information with their Arm's-Length External Organisations.)

4. The KPIs are being issued as a revision to the MCHPs under section 16B (6) of the Scottish Public Services Ombudsman Act 2002 following consultation with organisations within SPSO's jurisdiction. The publishing of this document on our website is a republication of all MCHPs (except for the NHS MCHP).

5. The KPIs can help organisations to understand and report on their performance in line with the MCHP. They may also be used by SPSO in line with our obligations to monitor trends and support and share best practice under section 16G of the Scottish Public Services Ombudsman Act 2002.

6. The consistent application and reporting of performance against the KPIs can be used to compare, contrast and benchmark complaints handling with other organisations. This will help share learning and improve standards of complaints handling performance.

7. Both quarterly (internal-only) and annual KPI reports are a snapshot of an organisation's complaints data at the time the report is run / data collation takes place.

8. There are **four mandatory KPIs** as outlined in Section 2 of this document. **It is a minimum requirement for all organisations to:**

   - report at least quarterly to senior management on the KPIs and analysis of the trends and outcomes of complaints

   - publish on a quarterly basis information on complaints outcomes and actions taken to improve services, i.e. good practice and lessons learned (there is no requirement to also publish quarterly data on KPIs but some organisations may choose to do so)

   - publish an annual complaints performance report on their website that includes performance statistics in line with the KPIs, complaint trends and actions that have been taken or will be taken to improve services as a result.

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[1] For NHS organisations, the applicable MCHP is the NHS Scotland MCHP and the Key Performance Indicators to be reported against are set out in Appendix 6 of that document.

Reporting and publishing requirements

9. Part 4 of the MCHP requires all organisations to **report at least quarterly to their senior management** (even where there are low complaint numbers or in the event of a nil return) on:

    - the KPIs outlined in this document, and

    - analysis of the trends and outcomes of complaints.

10. The analysis referred to above should include highlighting where there are areas where few or no complaints are received. This may indicate either good practice or that there are barriers to complaining in that area; it is for organisations to identify which of these it is.

11. Organisations should also consider publishing their quarterly complaints performance information. This would provide more timely information about performance against the KPIs which could be particularly useful for benchmarking activities.

12. Part 4 of the MCHP also requires organisations to **publish on a quarterly basis information on complaints outcomes and actions taken to improve services**. The focus of this should be on improving positive communication with customers on the value of complaining, on promoting good practice and lessons learned. This could take the form of case studies, examples of how complaints have helped improve services, or 'you said, we did' notifications. It could be included in newsletters, websites or other forums used to communicate with customers. This demonstrates improvements resulting from complaints and that organisations value complaints.

13. Organisations must also **publish an annual complaints performance report on their website in line with Part 4 of the MCHP**. This is still required where complaint numbers are low or in the event of a nil return.

14. These annual reports will include:

    - the KPIs outlined in this document, and

    - complaint trends and the actions that have been or will be taken to improve services as a result.

15. For Local Authorities, Registered Social Landlords, Scottish Government, Scottish Parliament and Associated Public Bodies, the KPIs are applicable for data collected from **1 April 2022.** The annual report publication deadline is the **end of October**. Therefore, the first annual report using these KPIs will be in October 2023.

16. For Further Education, the KPIs are applicable for data collected from **1 August 2022.** The annual report publication deadline is the **end of February.** Therefore, the first annual report using these KPIs will be in February 2024. For Higher Education, the KPIs are applicable for data collected from **1 September 2022.** The annual report publication deadline is the **end of March**. Therefore, the first annual report using these KPIs will be in March 2024.

17. **Published reports must be easily accessible to members of the public** and available in alternative formats as requested.

18. **There is no requirement for organisations to report their data (including their annual complaints performance report) to SPSO,** but we may request it.

19. We also recommend that as far as possible the underlying complaints and KPI data set is published as open data (for example as a CSV file). There is more information about open data here: https://www.gov.scot/publications/open-data-resource-pack-9781786524034/

Data accuracy

20. Organisations should ensure that the data they report and publish is accurate. This is important for providing a true and robust picture of complaints handling to be monitored and scrutinised internally by senior management and accessed externally by customers and interested parties.

21. A set of robust data from each organisation is also essential to support the benchmarking activities carried out by the complaints handlers' networks.

Resolving complaints

22. The SPSO Statement of Complaints Handling Principles underpins the MCHP. It states that an effective complaints handling procedure aims to resolve complaints to the service user's satisfaction wherever possible and appropriate; and that the outcome the service user wants should be clarified at the outset and, where possible and appropriate, satisfied. These are fundamental elements of good complaints handling.

23. The revised MCHP brings this focus on resolution to the forefront by providing a definition of 'resolving' a complaint: *A complaint is resolved when both the organisation and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not upheld*.

24. Where the customer and the organisation are not able to agree a resolution, the Complaints Handling Procedure must be followed to provide a clear and reasoned response to each of the issues raised.

25. With the introduction of the 'resolved' category there are now four outcome categories to be reported against under Indicator Four (see below):

   - upheld (where the organisation is at fault)

   - not upheld (where the organisation is not at fault)

   - partially upheld (where some complaints are upheld and others are not), and

   - resolved.

26. It is important that organisations monitor their use of the 'resolved' outcome to ensure it meets the definition of a resolved complaint and that resolved complaints are being recorded correctly.

Section 2: complaints Key Performance Indicators (KPIs)

27. In reporting the data below, it is important to remember the MCHP's definition of a complaint: *an expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.*

28. Multiple points of complaint raised by a single customer will normally be counted as one overall complaint, as long as the points of complaint relate to the same broad topic or area.

29. The four KPIs are quantitative and help organisations and SPSO monitor practice and identify any trends by showing: how many complaints organisations received; how long it took to deal with them at each stage; and how many were resolved, upheld, partially upheld or not upheld.

Indicator One: the total number of complaints received

30. This indicator records the total number of complaints received. This is the sum of the number of complaints received at Stage 1 (this includes escalated complaints[2], as they were first received at Stage 1), and the number of complaints received directly[3] at Stage 2.

31. When this information is used for benchmarking, the key point is to get a consistent benchmark, so it may be helpful for organisations to relate this indicator to the scale of the organisation. (An example would be to relate the number of complaints received to an organisation's housing stock per thousand units / to the average student population per 100 students / to the relevant population per thousand[4].)

Indicator Two: the number and percentage of complaints at each stage that were closed in full[5] within the set timescales of five and 20 working days

32. The MCHP requires complaints to be closed within five working days at stage 1 and 20 working days at stage 2[6].

33. This indicator will report:

(i) the number of complaints closed in full at stage 1 within five working days as % of all stage 1 complaints responded to in full

(ii) the number of complaints closed in full at stage 2 within 20 working days as % of all stage 2 complaints responded to in full

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[2] Escalated complaints are those that have been considered at Stage 1 and then have either moved to Stage 2 at the customer's request (because the customer was unhappy with the response at Stage 1) or because they have exceeded the maximum of ten working days at Stage 1 therefore have automatically been moved to Stage 2.

[3] That is, not escalated from Stage 1.

[4] Local authorities should refer to the midyear population estimates produced by the National Records of Scotland for each local authority area (https://www.nrscotland.gov.uk/). For example, use 2021 midyear estimates (published in 2022) for 2022/23 figures.

[5] This is where a full response has been given to customer / resolution has been reached – and includes those complaints where action is still to be taken once the complaint is closed.

[6] Extensions to these timescales can be authorised in exceptional circumstances. However if an extension is authorised, the complaint is considered as "late", i.e. closed outwith the set timescales.

(iii) the number of complaints closed in full after escalation within 20 working days as % of all complaints responded to in full after escalation.

34. While the aim is to handle complaints as quickly as possible, the primary consideration must always be to deliver a quality decision that is based on facts and evidence. There will be circumstances where an extension is appropriate and/or unavoidable[7]. To reflect this, the figures reported may be accompanied by an explanatory statement that outlines the reasons for any lengthy delays. (For example, mediation taking place, an unavoidable delay in obtaining consent or where efforts to try to resolve the complaint to the customer's satisfaction take longer than the five and 20 working day timescales).

Indicator Three: the average time in working days for a full response to complaints at each stage

35. This indicator represents the average[8] time in working days for a full response to complaints at each stage.

36. This indicator will report:

(i) the average time in working days to respond to complaints at stage 1

(ii) the average time in working days to respond to complaints at stage 2

(iii) the average time in working days to respond to complaints after escalation.

Indicator Four: the outcome of complaints at each stage

37. There is a requirement for the outcome to be recorded for each complaint. There are four outcome categories: resolved, upheld, partially upheld or not upheld.

38. Where some of the points of complaint are upheld and others are not, this should be reported as 'partially upheld'. If a customer complains about two or more completely distinct topics, these should be treated as two or more complaints.

39. This indicator will report:

(i) the number of complaints (a) upheld, (b) partially upheld, (c) not upheld and (d) resolved as a % of all complaints closed at stage 1.

(ii) the number of complaints (a) upheld, (b) partially upheld, (c) not upheld and (d) resolved as a % of all complaints closed at stage 2.

(iii) the number of complaints (a) upheld, (b) partially upheld, (c) not upheld and (d) resolved after escalation as a % of all complaints closed after escalation.

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[7] As above, extensions to the timescales can be authorised in exceptional circumstances. However if an extension is authorised, the complaint is considered as "late", i.e. closed outwith the set timescales.

[8] Where the average is the arithmetic mean (not median or mode), i.e. adding all the quantities together and then dividing the sum by the number of quantities.

Section 3: additional support

SPSO advice and support

40. The SPSO's Improvement, Standards and Engagement team continues to work with public service providers to improve standards of complaints handling. We are committed to providing ongoing support to organisations as they further develop areas of good practice. This may be in the form of information and advice, through guidance the SPSO develops, or through complaints handlers' networks. This provides the opportunity to ask questions of the SPSO and other organisations, and to learn from the experiences of others.

41. You can contact our Improvement, Standards and Engagement team with any complaint handling queries via csa@spso.gov.scot or by filling out a contact form here: Complaints Standards Authority enquiries | SPSO

42. To keep up-to-date with the work of SPSO, follow us on Twitter and LinkedIn. Sign up to our monthly e-newsletter to receive useful information, advice and guidance in your inbox.

Networks of complaints handlers

43. Complaints handlers' networks offer an opportunity for complaints professionals to share information and best practice in complaints handling and decision-making. A number of these networks have been in place since the original MCHPs were being developed in 2012; the SPSO has been an integral member of the network groups and continues to support and collaborate with the groups on an ongoing basis.

44. If you would like more information about the networks, please contact our Improvement, Standards and Engagement team at csa@spso.gov.scot

Appendix: overview of KPIs and mandatory reporting and publishing requirements

KPIs

The KPIs for all organisations except NHS are:

Indicator One	**The total number of complaints received**
	The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.
Indicator Two	**The number and percentage of complaints at each stage that were closed in full within the set timescales of five and 20 working days**
	The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full.
Indicator Three	**The average time in working days for a full response to complaints at each stage**
	The average (mean) time in working days to respond at stage 1, stage 2 and after escalation.
Indicator Four	**The outcome of complaints at each stage**
	The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation.

Mandatory reporting and publishing requirements

The MCHP says all organisations **must** (even in the case of low complaint numbers or nil return):

- report at least quarterly to their Senior Management on the KPIs and analysis of the trends and outcomes of complaints

- publish on a quarterly basis information on complaints outcomes and actions taken to improve services, and

- publish an annual complaints performance report on their website in line with Part 4 of the MCHP.

There is no requirement for organisations to report their data to SPSO but we may request it.