SPSO Complaints Performance Assessment Tool

Complaints Standards Authority

Contents

Section 1 - Complaints Performance Assessment Tool

Purpose

The purpose of the Complaints Performance Assessment Tool (Assessment Tool) is to help organisations assess 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 in complaints handling 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 clearly demonstrate and understand the extent to which it delivers an effective complaints handling service. The Assessment Tool will also identify those areas which require priority action to improve its complaints handling arrangements.

The Assessment Tool can also be used as evidence of performance to demonstrate how well complaints are managed for other interested parties, for example internal/external auditors, regulators and external scrutiny bodies, or for internal governance purposes for example by Boards and senior management teams.

Section 2 - Good practice

The Six Themes of Good Practice
The six themes of good practice identified in this Assessment Tool are derived largely from the requirements of the Scottish Public Services Ombudsman's (SPSO) Model Complaint Handling Procedure, which has been introduced across the public sector in Scotland. Wider best practice in good complaints handling, as identified by the SPSO's Complaints Standards Authority (CSA) has also been factored into the assessment.

The six themes, when assessed holistically, help the organisation identify the extent to which it manages complaints in an effective way. The six themes are:
- Organisational Culture
- Process and Procedure
- Accessibility
- Quality
- Learning from Complaints
- 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.

The aim of the model CHPs and the Scottish Government's guidance in relation to NHS complaints is to help support organisations to develop a culture in handling complaints that actively encourages and welcomes complaints. A culture where all staff, who can potentially be the first point of contact, value all of the views expressed and where customers feel comfortable about expressing their views without fear of this affecting the service or treatment or they receive or their relationship with service provider.

Frontline staff should be empowered to deal with complaints which have been identified as relatively straightforward, and where a response can be provided quickly. 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.

Senior management also have a responsibility to ensure that complaints are central to the overall governance of the organisation.

2. Process and Procedure

The model CHPs and the Scottish Government's guidance in relation to NHS complaints specify the process and procedure to be followed in handling and responding to complaints and sets out the requirements for, amongst 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 to improve performance.

Complaints handlers should aim to provide a quick, simple and streamlined process with a strong focus on local, early resolution by empowered and well trained staff.

3. Accessibility

It is important that the complaints procedure can be easily accessed by all service users, with information about complaints be easily accessible at all times, not just made available when a service user wishes to complain.

Organisations should consider the most effective ways to ensure maximum accessibility, such as placing posters in public offices, communal areas and waiting areas. Complaints leaflets can also be helpful and organisations should consider where these can most effectively be displayed.

Some service users will not always 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 for the organisation 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 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 of handling, responses

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.

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.

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 Assessment Tool

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 good practice. The Components under each theme of good practice are included at Appendix 1.

Assessing the component

Organisations are required to complete the assessment by considering the extent to which it meets each of the Components, which are listed under the headline theme of good practice. For example, when assessing 'Accessibility' to the organisations CHP, the first Component the organisation is asked to assess the extent to which '*The complaints procedure publicised and made available to customers and members of* the public'.

Evidence requirements

The assessment tool provides guidance (always in the cell below the Component) as to what evidence may be used to support achievement of this Component. In this case it is suggested that 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 click of the home page
- information on complaints can be easily accessed by all service users, with information about complaints be easily accessible at all times, not just made available when a service user wishes to complain

Scoring the component

The organisation is required to assess 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.

Each Component across all six themes of good practice should be assessed in a similar way.

The screen print below (Screen-print 1) illustrates the entry made by an organisation that has achieved this Component, and the evidence it has used to support this achievement.

Screen-print 1

Accessibility	Standard Score	Self Assessment score Yes = 1 No = 0	Validation Score Yes = 1 No = 0	Evidence
The complaints procedure publicised and made available to customers and members of the public	1	1		The CHP is online and can be accessed within 3 clicks of the home page. Every public office has one poster advising customers of the complaints process and every office has a supply of customer complaints leaflets where the stock available never falls below 25 leaflets

Validation score

The Assessment Tool allows for an assessment to be validated. The Validation Score cells may 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.

Screen-print 2 provides an example of the outcome of a validation of this Component. In this particular example the officer conducting the validation arrives at a different finding and conclusion, and inserts a '0' in the Validation Score field. The evidence of the Validation is also recorded in the 'Evidence Field'.

Screen-print 2

Accessibility	Standard Score	Self Assessment score Yes = 1 No = 0	Validation Score Yes = 1 No = 0	Evidence
The complaints procedure publicised and made available to customers and members of the public	1	1	0	The CHP is online and can be accessed within 3 clicks of the home page. Every public office has one poster advising customers of the complaints process and every office has a supply of customer complaints leaflets where the stock available never falls below 25 leaflets **Validators Findings:** On checking the web site it was confirmed that the link to the CHP is broken, furthermore it is contained 8 clicks within the website. Visits to 3 of 5 public offices confirmed that complaints poster are not displayed and complaints forms were not on display. When asking to be provided with a complaints form, only two of 5 offices were able to provide one.
• 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 click of the home page • Information on complaints can be easily accessed by all service users, with information about complaints be easily accessible at all times, not just made available when a service user wishes to complain				.

If the validation supports the initial finding, an entry of '1' should be made in the Validation Score field, with any additional supporting evidence, over and above that already recorded, reflected in the evidence field.

Summary scores

As the organisation assess and scores each of the Components across the six themes of good practice, the Assessment Tool continually updates the score(s), both within each theme and in summary across all themes of good practice.

On completion of the assessment, the 'Summary Scores and Spidergram' page provide a numerical, and visual summary of the organisation's total score. Screen prints 3 and 3a illustrates how the numerical score will be presented, while Screen print 4 illustrates the score in a Spidergram chart.

Screen print 3/3a

		Standard Score	Self assessment score	Validation score
1	Organisational Culture	21	15	0
2	Accessibility	15	2	0
3	Process and Procedure	33	30	0
4	Quality	11	0	0
5	Learning from Complaints	14	5	0
6	Complaints Handling Performance	13	6	0
	Total	107	58	0

	Score % of total	Spidergram 0 to 5
Organisational Culture	71.43%	4
Accessing the Complaints Procedure	13.33%	1
Process and Procedure	90.91%	5
Quality	0.00%	0
Learning from Complaints	35.71%	2
Complaints Handling Performance	46.15%	3

Screen print 4
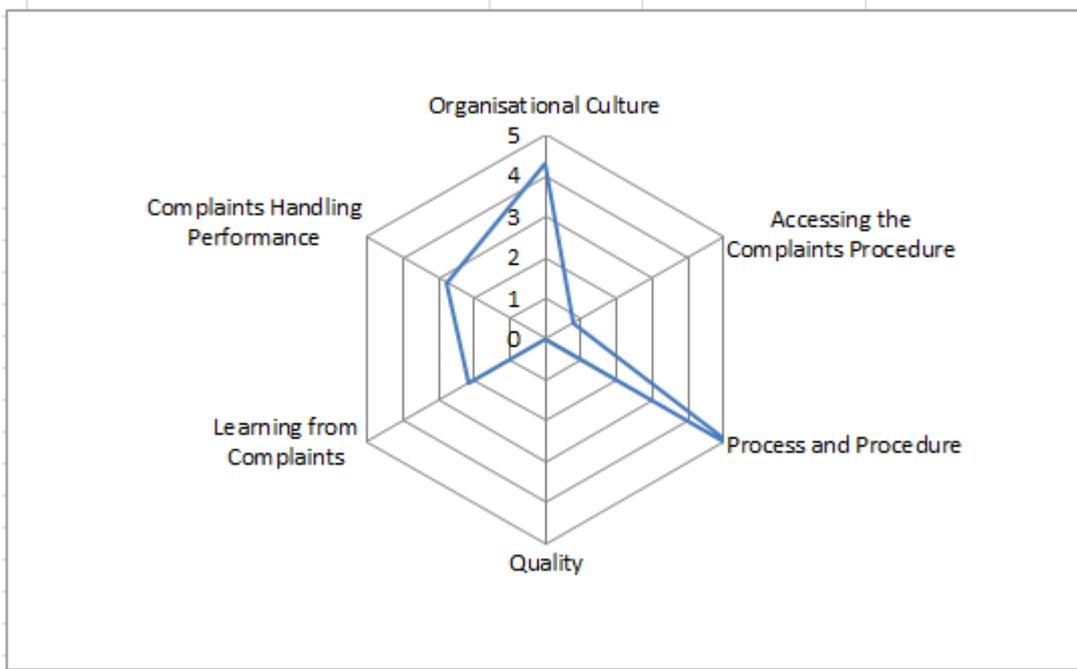
The Spidergam's visual representation of performance enables organisations to obtain a holistic view of performance and achievement across all themes of good practice.

Section 4 - Scoring methodology

The Assessment Tool includes six levels of Performance across each theme of good practice, each scoring from 0 to 5. Each theme of good practice will deliver a score from zero to five. A score of zero typically indicates that the organisation has no evidence of achievement available, whereas a score of 5 indicates the organisation fully meets every component of the good practice, and can demonstrate this by evidence. For the purpose of this draft paper these scores may be categorised as:

0   The organisation has no evidence, products or procedures in place to demonstrate how it meets this good practice requirement

1   The organisation can demonstrate, through plans, minutes etc. that it has identified a need to action this this good practice requirement, however, no action has yet been taken and no further evidence is available.

2   The organisation can demonstrate, through evidence, limited actions and/or activities towards meeting this good practice requirement.

3   The organisation can demonstrate some progress towards meeting this good practice requirement with certain areas more developed than others and evidence is available to support this.

4   The organisation can demonstrate significant progress towards meeting this good practice requirement. There is evidence that the organisation actively works towards meeting the good practice requirement, even if there are some minor examples of shortcomings.

5   The organisation can fully demonstrate the achievement of every aspect of this good practice requirement on an ongoing basis. Performance can be considered as exemplary, with full and systematic use of good practice at all times. Other organisations can look to this performance as a model to be replicated.

For scoring purposes, the Assessment Tool calculates each good practice score in sixths; that is six possible scores (from 0 to 5) each representing 1/6 (16.66%) of the total. Where an organisation scores less than 16.66% of the total available, this equates to a score of zero in the assessment. A score between 16.66% and 33.32% equates to a score of 1, and so on until a score over 83.34% equates to a score of 5 in the Assessment Tool.

Explanation of final assessment

The organisation used in the above example (Screen print 4) scores as follows across the six themes of good practice.

Organisational Culture – Score 4:

The organisation can demonstrate significant progress towards meeting this good practice requirement. There is evidence that the organisation actively works towards meeting the good practice requirement, even if there are some minor examples of shortcomings

Accessibility – Score 1:

The organisation has no evidence, products or procedures in place to demonstrate how it meets this good practice requirement.

Process and Procedure – Score 5:

The organisation can fully demonstrate the achievement of every aspect of this good practice requirement on an ongoing basis. Performance can be considered as exemplary, with full and systematic use of good practice at all times. Other organisations can look to this performance as a model to be replicated.

Quality – Score 0:

The organisation has no evidence, products or procedures in place to demonstrate how it meets this good practice requirement

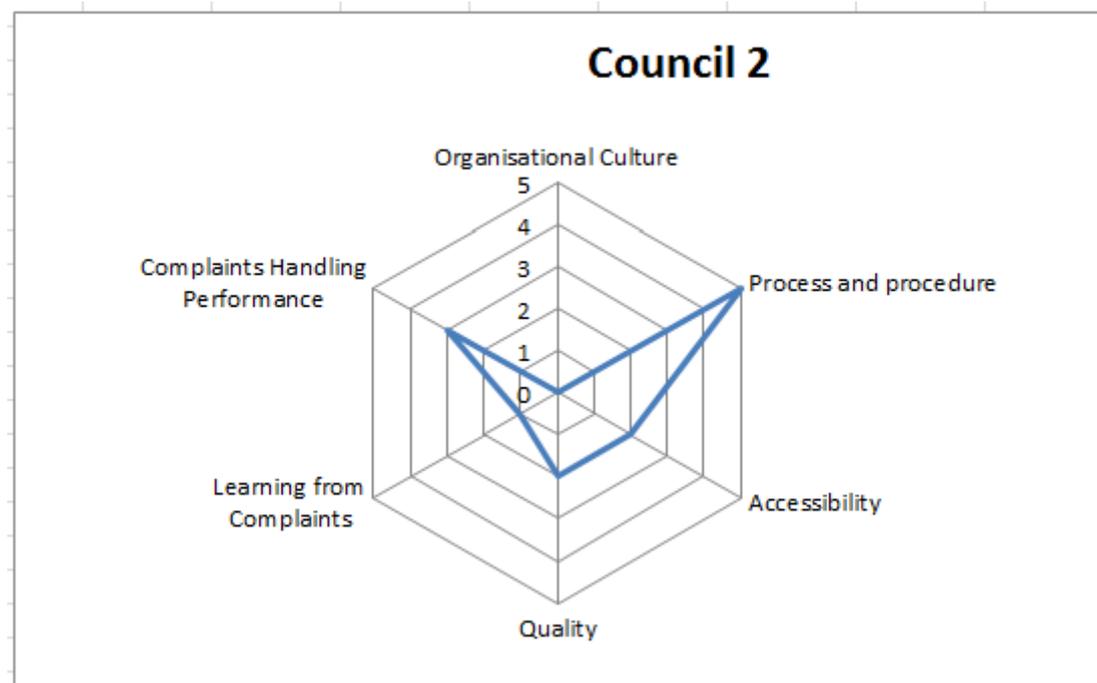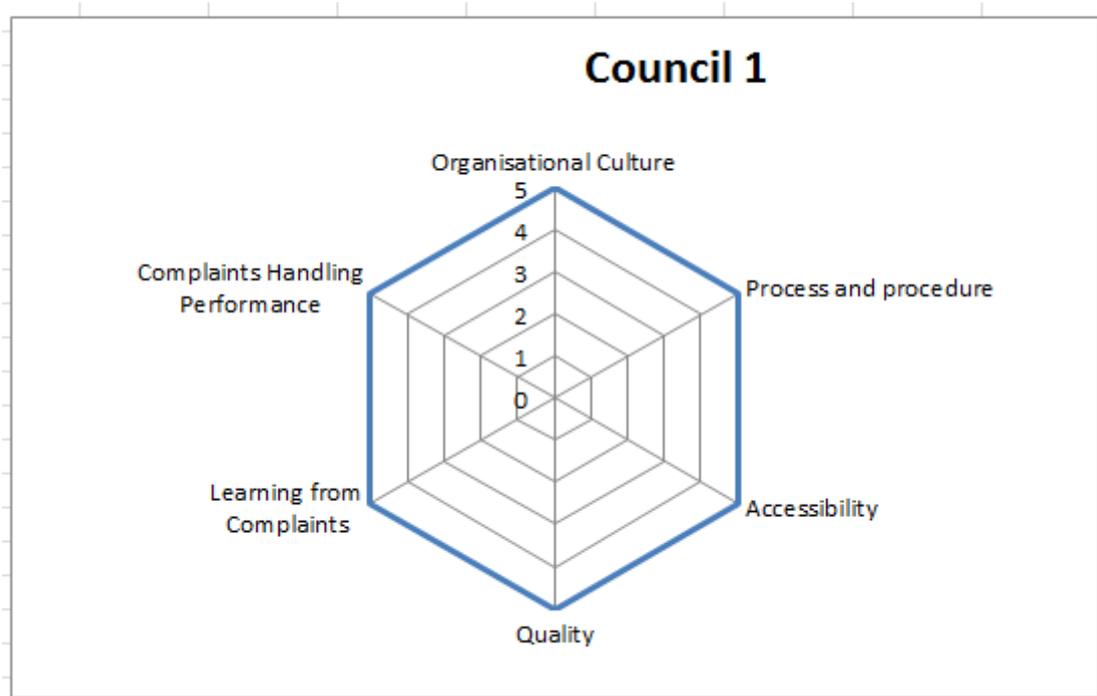**Learning from Complaints – Score 2:**

The organisation can demonstrate, through evidence, limited actions and/or activities towards meeting this good practice requirement.

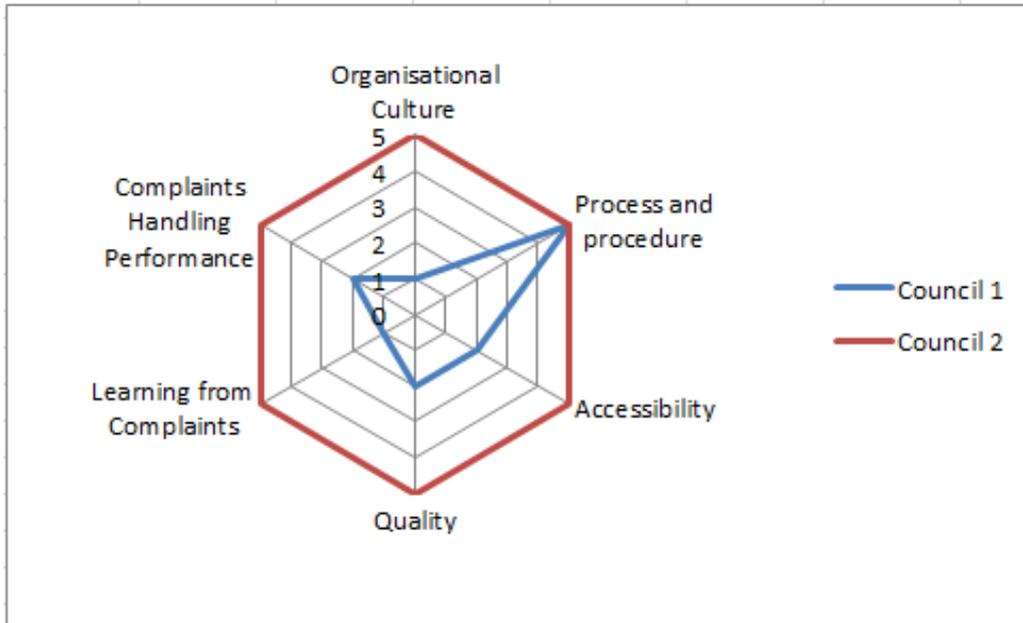**Complaints Handling Performance – Score 3:**

The organisation can demonstrate some progress towards meeting this good practice requirement with certain areas more developed than others and evidence is available to support this.

Section 5 - Spidergram charts

Spidergram charts enable the organisations to easily demonstrate both how a highly effective performance will be illustrated (as shown for Council 1 below), and how a poorer performance will be illustrated (as shown for Council 2 below). This snapshot may also be used by organisations as a reference for monitoring and reviewing performance over time, and the same spidergram may be used to quickly compare and contrast the performance of different organisations (as illustrated in Screen print 5 below), allowing them to focus and learn from the areas of strength of one another.

Council 1

Organisational Culture

Process and procedure

Accessibility

Quality

Learning from Complaints

Complaints Handling Performance

Council 2

Organisational Culture

Process and procedure

Accessibility

Quality

Learning from Complaints

Complaints Handling Performance

Screen print 5

Complaints Standards Authority
Office of the Scottish Public Services Ombudsman
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Appendix 1

The assessment criteria

The Complaints Performance Assessment Tool 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.

Organisational culture	
The organisation can demonstrate evidence of a strong focus on welcoming and responding positively to complaint complaints	Yes/No
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
Leadership actively demonstrates that complaints are valued and staff in senior positions demonstrate a positive complaints culture	Yes/No
Leaders meet with complainants, during and/or after the complaint process where appropriate	Yes/No
Staff at the frontline have (and feel that they have) the knowledge, training and skills to respond effectively to complaints	Yes/No
Staff empowered to make decisions, and to apologise as appropriate, where complaints are relatively straightforward and service failures are identified	Yes/No
The organisation supports its staff in fulfilling their complaints handling requirements	Yes/No
The organisation runs training and/or awareness sessions on complaints handling on at least a three year cycle	Yes/No
Strategic/operational plans, vision and or mission statements demonstrate that the organisation 'Values Complaints'	Yes/No
Complaints feature as a documented agenda item in team, management and senior management team meetings	Yes/No
The organisation can show evidence of a strong focus on welcoming and responding positively to complaints	Yes/No
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
The organisation ensures that all staff have a knowledge of the complaints process, are trained and empowered to deal with complaints and difficult customers and their training needs are updated on a regular basis	Yes/No
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
Complainants are thanked for bringing the complaint to the organisation	Yes/No

Where a problem has occurred, we say sorry	Yes/No
Where a problem has occurred quick and effective action is taken to remedy and where appropriate improve services	Yes/No
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
The organisation always feeds back to the complainant to confirm that action has been taken and how services have improved	Yes/No
The organisation has a continuous improvement culture and checks customer satisfaction with complaint outcomes and with service delivery	Yes/No
All staff attend either a complaints awareness session, or receive specific complaints handling training within a 3 year cycle	Yes/No

Process and procedure	
The organisation has developed and implemented a Complaints Handling Procedure which reflects the requirements of the model Complaints Handling Procedure for the sector	Yes/No
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 asked	Yes/No
Staff at all levels are clear on their roles and responsibilities in complaints handling	Yes/No
The organisation fully complies with the requirements of the CHP	Yes/No
All complaints are recorded in line with the requirements of the model Complaints Handling Procedure	Yes/No
Complaints are never referred to as informal	Yes/No
Complaints at the Investigation stage are acknowledged within three working days of receipt	Yes/No
Complaints handled at the frontline stage are completed within 5 working days wherever possible	Yes/No
The organisation communicates with the complainant when it appears that a response will not be provided within 5 working days	Yes/No
Complaints investigations are completed with a response being provided within 20 working days wherever possible	Yes/No
The organisation communicates with the complainant when it appears that a response will not be provided within 20 working days	Yes/No
The rate of premature complaints about the organisation to SPSO is below the average for the sector	Yes/No
Standardised templates are used to acknowledge complaints, to request further information and to communicate the organisation's final response to complaints	Yes/No
The organisation records the outcome of every complaint it receives in line with the minimum requirements of the model CHP	Yes/No
The average time in working days to respond to complaints at stage one is at, or below the average for the sector	Yes/No
The average time in working days to respond to complaints at stage two is at, or below the average for the sector	Yes/No
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
The organisation operate a system of exception reports on complaints not meeting the standard 5 or 20 working day timescales	Yes/No

The organisation always signposts customers to SPSO, no matter the outcome, at the conclusion of the CHP	Yes/No
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	
The complaints procedure publicised and made available to customers and members of the public	Yes/No
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
Complaints can be made to any member of staff, customers are nor redirected or told to contact someone else	Yes/No
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
Customers are informed of relevant support services available to them in making their complaint	Yes/No
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
Complaints forms, leaflets, posters etc are always readily available at all public premises	Yes/No
All complaints are handled in private and staff who have no business need to access customer's complaint information are prevented from doing so	Yes/No
The orgainisation has assessed the standards of its complaints handling service against the requirements of the relevant Disability and Equality legislation	Yes/No
The organisation advertises access to the complaints procedure in general correspondence (for example newsletters, Council Tax bills and publicity material)	Yes/No
The organisation works to raise awareness of the CHP	Yes/No

Quality	
The organisation quality assures complaints responses and ensure that complaints handling meets the standards of service expected by the organisation and the model CHP	Yes/No
The organisation has a process that provides assurance that the quality of decision making is based wholly on the evidence available and that it complies with the model CHP	Yes/No
There is a process in place to ensure that the organisation's response to a complaint addresses all points of the complainant's dissatisfaction	Yes/No
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 complaint, and its response to the complaint addresses all points of the complainant's dissatisfaction	Yes/No
The organisation's response to complaints is not defensive, rather it demonstrates that it welcomes complaints and understands the complainant's position	Yes/No
Personal contact is made with the complainant, where required, either through a phone call or meeting	Yes/No
The organisation can demonstrate that it has attempted resolve the complaint to the complainants satisfaction where this is possible and appropriate	Yes/No
The organisation ensures an effective approach to complaints file management	Yes/No

Learning from complaints	
The organisation learns from the complaints it handles	Yes/No
Systems are in place to record, analyse and report on complaints outcomes, trends and actions taken	Yes/No
The organisation responds to key themes from complaints as identified through its analysis of complaints outcomes	Yes/No
Where appropriate, remedial action is taken to ensure no reoccurrence of matters leading to a complaint, or to improve service delivery	Yes/No
Senior managers ensure improvements required as a result of complaints are implemented within the required timescale	Yes/No
In addition to communicating the decision on the complaint to the customer, the outcome(s) are also fed back to relevant staff	Yes/No
Complaints outcomes are shared across the organisation	Yes/No
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
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
Complaints are discussed at team meetings	Yes/No
Complaints are discussed at management team meetings	Yes/No
Customers are advised when service improvements are made as a result of a complaint made by them	Yes/No
The organisation publicises at least on a quarterly basis complaints outcomes, trends and actions taken	Yes/No
Senior management review the information gathered from complaints and consider whether services could be improved or internal policies and procedures updated	Yes/No
The organisation can demonstrate that improvements are made to how complaints are handled on the back of monitoring performance	Yes/No
The organisation has a process to advise senior managers when improvements actions have been implemented or become overdue	Yes/No

Complaints handling performance	
Senior management seeks and is provided with assurance of the complaints handling performance of the organisation and how this compares with other similar organisations	Yes/No
Performance in handling complaints within the required timescales is actively managed	Yes/No
The organisation seeks and obtains feedback of customer satisfaction levels on how complaints have been handled	Yes/No
Staff are aware of how the organisation performs in handling complaints and how they can improve	Yes/No
Customers are aware of how the organisation performs in handling complaints	Yes/No
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 investigated, to give advice on the direction of the investigation and to ensure a consistent approach is taken	Yes/No
The organisation reports complaints handling performance to Boards, elected members, management committee members, non-executive directors etc, and is responsive to feedback from this level of scrutiny	Yes/No
The organisation produces management information reports detailing performance against the SPSO complaints performance indicators for the sector	Yes/No
The organisation learns from complaints processes, structures and working practices operated in other organisations and sectors	Yes/No