

Complaints Process Quality Assurance Tool

Quality Assurance is a process rather than a single activity. Robust QA will include a number of activities and management processes, all of which will contribute to ensuring that the service being assessed meets the required standard. It should also be used to drive improvements. This tool has been designed as a 'starter for 10' to help organisations design and implement their own QA process and drive up quality in complaint handling and management.

Built into this tool are the standards of good practice which underpin the sectoral Model Complaints Handling Procedures published by the SPSO. Each organisation will have its own additional standards, originating from their Customer Service Standards, national guidance and laws relevant to their area and internal policies and guidance. These will need to be added into the tool (or existing categories amended to reflect your standard).

The tool has six sections which each reflect an aspect of complaint handling and management. These are:

1. Receipt
2. Agreeing the Complaint
3. Investigation
4. Decision
5. Learning from Complaints
6. File Management

Each section contains a number of indicators which should have a direct correlation to a specific policy requirement, service standard or guidance.

Each indicator has three descriptions; Best Practice (1), Good Practice (2) and Substandard Practice(3), with a brief description of what the QA assessor should be looking for in making their assessment. The assessor can then assign a mark to reach an overall value but also to highlight individual areas of poor and excellent practice. Any matters for feedback to the individual or for MI use should be noted in the comments section.

There is also an outline for a simple QA process on page 2.

QA Process

- 1. Design a QA tool. Include relevant**
 - a. Customer Service Standards
 - b. National Rules/Law (including DPA, Human Rights, Disability and Equality Legislation if relevant)
 - c. National Guidelines / policies
 - d. Local policies / procedures / processes
 - e. Agree Local Standards
- 2. Self-Reflection. For use by**
 - a. New starts
 - b. Occasional investigators
 - c. Personal development
 - d. Consistency check
- 3. Sampling. To test compliance, consistency and develop guidance as needed**
 - a. Determine a suitable sampling methodology; for example, we usually select 10% of all cases closed in the last quarter
 - b. Consider the need to divide into different teams and / or stages, for example Stage 1, & Stage 2 or Early resolution & Investigation
 - c. Apply QA tool to the sample
 - d. Feedback to individual investigators
- 4. Peer Review Sampling. Small group review for consistency of approach and development of further guidance**
 - a. Chose a set (small) number of files to subject to a detailed peer review e.g. 4 cases each quarter
 - b. Choose from different areas over longer or shorter term
 - c. Using QA tool for guidance, review chosen case individually and reach a decision
 - d. Discuss and compare outcomes with other reviewers
 - e. Work through differences in view to develop consistency of approach
- 5. Management Intelligence**
 - a. Feedback trends, patterns and analysis from statistical sampling (SS)
 - b. Feedback new / controversial areas to management from SS and Peer Review

Section 1 Receipt and Timeframe	Best Practice 1	Good Practice 2	Sub-standard 3	Mark / N/A	Comments
1.1 Acknowledged	Acknowledged within 24 hours of receipt	Acknowledged within 3 working days	Acknowledged after 3 working days or not acknowledged		
1.2 Complaint Details Logged	Complaint accurately logged at the time of receipt. Completed entry includes details of complainant issue and outcome along with actions to address any problems identified	Complaint issue and name of complainant accurately logged along with outcome	Incomplete or inaccurate logging of any aspect of the complaint		
1.3 Complaints Process Explained (in writing or phone note)	Clear <i>and personalised</i> explanation of process, timescales and personnel involved	Clear explanation of process, timescales and personnel involved	Little or no explanation of process, timescales or personnel provided		
1.4 Consideration given to any equality, diversity or Reasonable Adjustment issues	Consideration clearly given to actual or possible adjustment issue and outcome recorded. Evidence of any appropriate adjustments being made and / or explanation given to complainant	Consideration given to actual or possible adjustment issue and record made of the outcome	No consideration given to an actual or possible equality or diversity issue.		
1.5 Time Taken	Within 20 days OR clear explanation of why not possible and completed within earliest possible timescale	Within 20 days with evidence of specific effort to complete in the earliest possible timeframe or outwith 20 working days but explanation/update provided	Outwith 20 days and no explanation for why not possible and/or evidence that it could have been completed sooner		

Section 2 Agreeing the Complaint	Best Practice 1	Good Practice 2	Sub-standard 3	Mark / N/A	Comments
2.1 Consent	Appropriate consent obtained and clearly recorded (easily identified) in the file before any confidential information is shared	Appropriate consent obtained and recorded in the file.	Consent not obtained or inadequately recorded		
2.2 Jurisdiction	Any limitation on the issues that can be considered clearly identified and explained to the complainant at the earliest opportunity and any alternative process clearly signposted	Limitations on issues that can be considered identified and explained to the complainant. Any alternative process clearly signposted	Limitations on issues that can be considered not identified and/or not explained to the complainant. Alternative routes not signposted		
2.3 Timebar	Time bar issues identified and evidence of consideration given on file. A detailed explanation and details of any right of appeal have been given to the complainant	Possible time bar issues identified and noted (to complainant as appropriate)	No consideration given to a possible/ actual time bar issue		
2.4 Outcomes Identified	Complainant asked for outcomes being sought. Expectations managed appropriately and achievable outcomes discussed	Complainant's desired outcomes noted and/ or requested	No discussion of or reference to achievable outcomes		

2.5 Expectation Management	All issues or outcomes which cannot be dealt with / achieved are clearly identified and evidence of consideration given is held on file. A detailed explanation and details of any right of appeal have been given to the complainant	The key issues or outcomes which cannot be dealt with / achieved have been identified and explained. Details of any right of appeal given to the complainant	There is little or no mention or explanation for issues or outcomes which cannot be achieved or any right of appeal		
2.6 Personalised Contacts	Contacts made according to identified wishes of complainant and in a personalised way – both verbally and in writing (if complainant wishes)	Contacts made according to identified wishes of complainant	Little or no attempt to identify or make contacts according to wishes of complainant		

Section 3 Investigation	Best Practice 1	Good Practice 2	Sub-standard 3	Mark / N/A	Comments
3.1 Evidence: Availability and accessibility	Evidence relied on in reaching a decision is clearly identified and recorded, and can be located easily	Evidence relied on in reaching a decision is contained in the file but requires detailed searching	Evidence relied on in reaching a decision not clearly available or documented		
3.2 Evidence: Balance	Information has been gathered from the complainant / that supports the complainants views as well as from / on behalf of the organisation	The complainants views have been considered alongside the views of the organisation	Little or no attempt has been made to find information in support of differing views		
3.3 Evidence: Relevant Standards	Any policy, guidance, law or other standard directly relevant to the service concerned has been clearly identified and taken into account	Some relevant policy, guidance, law or other standard has been identified and taken into account	Little or no reference has been made to relevant policy, guidance, law or other standard		
3.4 Evidence: Bias	The investigation is demonstrably free from any apparent or actual bias	There is no indication of actual or apparent bias in the investigation	There is evidence of a possible or actual bias (conscious or otherwise) in the investigation		

Section 4 Decision	Best Practice 1	Good Practice 2	Sub-standard 3	Mark / N/A	Comments
4.1 Tone of Explanation Is the explanation customer focussed? Does it show understanding of the impact of the issues on the complainant? (irrespective of whether 'fault' identified)	Demonstrates understanding of the impact of each issue on the complainant. Uses a personalised approach. Explains agreement and disagreement with the complainant with equal clarity	Makes some attempt to acknowledge feelings and impact but uses clichés or standard phrases rather than personalised approach	No attempt to reflect the views of the complainant and may even seek to direct blame at them for this or other issues		
4.2 Clear and logical explanation	The document structure clearly highlights relevant information relied on in making the decision and uses this to explain the conclusions reached	All information relevant to the decision is included in the document with a broad link to the conclusions reached	Little or limited information relevant to the decision is included and a broad link made to the decision reached		
4.3 Breadth of Explanation	Every issue raised (including those already dealt with) is clearly identified	The main substantive issues are identified	Some issues are responded to but there is a lack of clarity in the structure and/ or incomplete coverage of the main points raised		
4.4 Quality of Explanation	Every issue raised is clearly responded to here or reference made to information provided in previous communications for	The main substantive issues raised are clearly responded to.	Limited responses to the issues raised		

	example telephone calls or meetings				
4.5 Decision Is it clear what decision has been reached?	Decisions are clearly identifiable and identified as such within the document even when reading quickly	Decisions are clear when the document is read in detail (slowly and carefully)	Decisions are not clear		
4.6 Accuracy	100% accuracy of dates, references, spelling, grammar	Several minor errors but no substantial errors. (A substantial error is one which impacts on the accuracy of the explanation or is on a point of sensitivity for example spelling of a name, key date)	One or more substantial errors. (A substantial error is one which impacts on the accuracy of the explanation or is on a point of sensitivity for example spelling of a name, key date)		
4.7 Use of Language	Uses plain English throughout. All technical terms are clearly explained and used only as necessary. Personalised approach with no unnecessary use of standard phrases. Tone and approach of the document are appropriate to the complainant's communication style and preferences	Uses mainly plain English. Key technical terms are explained. Personalised approach. Tone and approach of the document are appropriate to the complainant's communication style and preferences	Little or no use of plain English. Technical terms are used without explanation. OR No personalised approach. OR Unnecessary use of standard phrases. OR Tone and approach of the document not appropriate to the complainant's communication style and preferences		

4.8 Apology (if applicable)	<p>The apology is clear, personalised and comprehensive. It avoids clichés, attributing blame or making excuses (no 'ifs' no 'buts!'). It is linked to the action plan or offers an explanation as to why further remedy is not possible</p>	<p>There is a clear original apology for the problems identified. It avoids clichés, attributing blame or making excuses (no 'ifs' no 'buts!')</p>	<p>There is an apology but this relies on standard phrases and/or attributes blame to the complainant (I am sorry 'if' you felt ...) or makes excuses (I am sorry 'but' ...) OR There is no apology for errors identified</p>		
4.9 Next Steps	<p>Clear and complete reference to the next steps (internal and external) open to the complainant on every aspect of their complaint. Clear indications of where there are no further steps available and why</p>	<p>Reference to the next steps open to the complainant (internal and external) on every aspect of their complaint is present within the document</p>	<p>Limited, inaccurate or no reference to further steps open to the complainant</p>		

Section 5 Learning	Best Practice 1	Good Practice 2	Sub-standard 3	Mark / N/A	Comments
5.1 Action taken to address problems for the future and prevent possible reoccurrence or escalation of problems	Action plan on file. Evidence of follow-up and completion (if appropriate). Evidence of wider learning. Evidence of feedback to complainant	Action Plan on file and evidence of action to complete	Action plan on file but no follow-up to check completion OR no Action Plan where there is indication of further action being needed		

Section 6 File Management	Best Practice 1	Good Practice 2	Sub-standard 3	Mark / N/A	Comments
6.1 Case File	<p>All relevant documents are on file or clearly linked directly from the file.</p> <p>Documents appropriately numbered and dated.</p> <p>No drafts or personal notes / post-its left in the file.</p> <p>No unnecessary duplication or irrelevant/ unrelated documents on file</p>	<p>All relevant documents are on file or clearly linked directly from the file.</p> <p>No drafts or personal notes / post-its left in the file</p>	<p>Limited documentation on file or referred to.</p> <p>Drafts or personal notes left on file and / or file contains information relating to other (unconnected) matters</p>		