**Complaints Process Quality Assurance Tool**

Quality Assurance (QA) 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 (MCHPs) 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 management intelligence (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
	1. customer service standards
	2. national rules / law (including DPA, human rights, disability and equality legislation if relevant)
	3. national guidelines / policies
	4. local policies / procedures / processes
	5. agreed local standards
2. **Self-reflection**For use by/for:
	1. new starts
	2. complaint handlers
	3. personal development
	4. consistency check
3. **Sampling.**To test compliance, consistency and develop guidance as needed
	1. determine a suitable sampling methodology; for example, 10% of all cases closed in the last quarter
	2. consider the need to divide into different teams and / or stages, for example stage 1, stage 2 or by service area
	3. apply QA tool to the sample
	4. feed back to individual complaint handlers
4. **Peer review sampling.**Small group review for consistency of approach and development of further guidance
	1. choose a set (small) number of files to subject to a detailed peer review e.g. four cases each quarter
	2. choose from different areas over longer or shorter term
	3. using QA tool for guidance, review chosen case individually and reach a decision
	4. discuss and compare outcomes with other reviewers
	5. work through differences in view to develop consistency of approach
5. **Management intelligence**
	1. feed back trends, patterns and analysis from statistical sampling (SS)
	2. feed back new / controversial areas to management from SS and peer review

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| Section 1: Receipt and timeframe | Best practice1 | Good practice 2 | Sub-standard3 | Mark / N/A | Comments |
| 1.1 Acknowledged | Acknowledged within 24 hours of receipt | Acknowledged within three working days | Acknowledged after three 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 *and personalised* 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. Complainant and any staff involved updated at least once every 20 working days | Within 20 days or outwith 20 working days but explanation/updates provided | Outwith 20 days and no explanation for why not possible and / or evidence that it could have been completed sooner |  |  |

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| Section 2: Agreeing the complaint | Best practice1 | Good practice 2 | Sub-standard3 | 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 before any confidential information is shared. | 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 Time bar  | 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 |  |  |

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| Section 3: Investigation | Best practice1 | Good practice 2 | Sub-standard3 | 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, for example through an evidence index and cross referencing where appropriate | Evidence relied on in reaching a decision is contained in the file but requires 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 |   |  |

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| Section 4: Decision  | Best practice1 | Good practice 2 | Sub-standard3 | Mark / N/A | Comments |
| 4.1 Tone of explanationIs 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 example telephone calls or meetings | The main substantive issues raised are clearly responded to  | Limited responses to the issues raised |   |  |
| 4.5 DecisionIs 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 | 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 moresubstantial 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. ORNo personalised approach. ORUnnecessary use of standard phrases. ORTone and approach of the document not appropriate to the complainant's communication style and preferences |  |  |
| 4.8 Apology (if applicable) | The apology is clear, personalised and comprehensive. It avoids clichés, attributing blame or making excuses (no 'if's no 'but's!). It is linked to the action plan or offers an explanation as to why further remedy is not possible | There is a clear original apology for the problems identified. It avoids clichés, attributing blame or making excuses (no 'if's no 'buts!) | 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 |  |  |
| 4.9 Next steps  | 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 | Reference to the next steps open to the complainant (internal and external) on every aspect of their complaint is present within the document | Limited, inaccurate or no reference to further steps open to the complainant |  |  |

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| Section 5: Learning  | Best practice1 | Good practice 2 | Sub-standard3 | 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 |   |  |

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| Section 6: File management  | Best practice1 | Good practice 2 | Sub-standard3 | Mark / N/A | Comments |
| 6.1 Case file | All relevant documents are on file or clearly linked directly from the file.Documents appropriately numbered and dated.No drafts or personal notes / post-its left in the file.No unnecessary duplication or irrelevant / unrelated documents on file | All relevant documents are on file or clearly linked directly from the file.No drafts or personal notes / post-its left in the file | Limited documentation on file or referred to.Drafts or personal notes left on file and / or file contains information relating to other (unconnected) matters |  |  |

DRAFT: This tool is still in development. We welcome your feedback on any aspect of this document.

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