

LEARNING FROM COMPLAINTS ABOUT US: WHAT ARE COMPLAINANTS TELLING US ABOUT OUR SERVICE AND HOW ARE WE RESPONDING?

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1. **Executive summary**
 - 1.1 Learning from complaints and using insight obtained from complaints to improve service provision is at the heart of PHSO's vision for how public bodies should operate and how the people within them should think and behave. We believe that there needs to be a shift from defensive handling of complaints to one where organisations are seeking to extract feedback and insight from complaints to learn and improve on their services. We also say that there needs to be Board scrutiny, analysis and learning from feedback.
 - 1.2 These requirements apply to PHSO. We are hugely fortunate that we can gain a significant amount of insight from complainants, via our Review process, on whether we are adhering to our Principles. This process provides the Ombudsman Service with an opportunity to listen, evaluate and respond with relevant actions for improvement.
 - 1.3 PHSO has acted on insight from complaints - the strategic shift to undertake thousands not hundreds of investigations, responds directly to key insight from the main complaint about our service, refusal to investigate. The focus on reducing the time it takes in PHSO to provide outcomes for complainants is also a direct response to the main difficulty people have with our service provision. More remains to be done on both these items.
 - 1.4 More investigations mean more adjudications from them; we are therefore seeing a shift towards complaints about those decisions and the quality of our work undertaken to make them. In response, undertaking robust, sensitive investigations built on a well-defined, systematic methodology that can be explained and trusted becomes an urgent operational requirement. Insight from complaints indicate that we have significant work to do.
 - 1.5 Learning from complaints must itself be placed in context. We have a range of sources of information about our service provision, including a considerable body of compliments about the kind, sensitive and professional way we help people receive a final outcome regarding their complaint.

1.6 This paper seeks to:

- Identify key points of learning evident from complaints about our service.
- Engage the Board in considering current items of feedback and insight from complaints to help shape strategy, policy and operational practice.
- Explain how PHSO is changing its service in response to learning from complaints.
- Place the Ombudsman Service operational plans in the context of accelerating service improvement by utilising insight from complaints.

2. The Board is asked to:

- Gain assurance that learning from complaints has informed significant improvement in PHSO service provision.
- Understand and consider current insight from complaints.
- Utilise learning from complaints when considering strategy and service development.
- Gain assurance that learning from complaints is being progressed and will be a central component in driving service improvement.

3. Overview of Complaints

3.1 Per month the Review Team receives approximately 280 enquiries about our work. When taken against the total number of decisions made in Customer Services and Operations and Investigations per month (2,485), it shows us that 11% of our customers are expressing some form of dissatisfaction with our work and decisions.

3.2 Complaints about the Ombudsman Service can be categorised as being about three main areas:

- Complaints about decisions not to undertake investigations into cases brought to us by complainants.
- Complaints about adjudications not to uphold complaints made against public sector service providers regarding injustice, maladministration or service failure.
- Complaints about the quality of our service provided to the complainant.

3.3 Year to date the Ombudsman Service has accepted for review:

- 482 complaints about decisions not investigate. The corresponding number last year was 949.
- 32 complaints about decisions not to uphold complaints. The corresponding number last year was 33.
- 83 complaints about our service provision. The corresponding number last year was 166.

- 3.4 Overall in 2013-14 (to date) 81% of complaints accepted for review have been about decisions not to investigate, 5% about investigation findings (outcomes) and 14% about our service provision.
- 4. The Review criteria**
- 4.1 There need to be grounds for seeking a review. Prior to April 2013, the criteria for review specified that simple disagreement with a decision was not enough for us to undertake a review. Since April 2013, we have tightened the criteria to provide clarity and to ensure that reviews of decisions are only undertaken where legitimate concerns exist. Since the introduction of the criteria, we have accepted 40% less complaints for review. The variation then in the actual numbers accepted for review between 2012/13 and 2013/14 is attributable to both the introduction of more rigid review criteria and because we are doing more investigations for more people.
- 4.2 The criteria are:
- We made our decision based on evidence that contained facts that were not accurate and which could change our decisions.
 - The complainant has new and relevant information that was not previously available that might change our decision.
 - We overlooked or misunderstood parts of the complaint or did not take into account relevant information which could change our decision.
- 4.3 Our criteria for accepting complaints about our service has remained the same. Therefore, it is encouraging that despite the changes in our process, we have not experienced an increase in the number of reviews we undertake about our service. This would indicate that during this time of change, the standard of the service we provide remains constant.
- 4.4 While there has been a fewer requests for review accepted, the number of requests has remained the same. This indicates that:
- We are not explaining well our role and how we work.
 - We are not managing expectations sufficiently well throughout the life of a case.
 - Complainants have an expectation that their complaint will be looked at again at review.
- 5. Topics of complaint**
- 5.1 In addition to factors contained within the Review criteria, important themes emerge from analysis of why people complain that the adjudications we have made are wrong. Of the complaints we receive requesting review, customers are typically complaining that:
- Our decision was biased - we have unduly favoured the service provider.

- Our response to the complaint repeats what the body said - we have therefore added no value.
- Our investigation was flawed because we did not interview the complainant or key witnesses.
- Our clinical advisors were not qualified to provide advice.
- We did not take into account the comments made on the draft report.

5.2 The consequential areas of learning and improvement action are:

- Elements of our service could lead to the perception that we favour public sector service providers - for example, different levels of contact between PHSO and the complainant is common. If we are criticising the body, we share our draft reports with them first.
- We do not provide clear requirements/guidelines to investigators on whether and when primary evidence gathering and interviewing parties is appropriate.
- The role of clinical advice in our investigations and the requirement for precision of requests for expertise is not well defined and therefore fully understood/practiced by investigators.
- There is no standard practice for ensuring that PHSO demonstrates that it has actually considered comments/input regarding draft reports and demonstrate our response to them.

6. Complaints specifically about our service support

6.1 The number of cases accepted for review remains stable on complaints about service alone. Key customer support issues are:

- Failures in managing customer expectations - making it clear to the complainant what to expect from the service, the parameters, the expected timescales and potential outcomes of the work we undertake.
- Delay - the time it has taken us to provide customer service, assess cases, commence and then undertake investigation. Since these stages are sequential, for the customer it means that the total time the Ombudsman Service has had the case is unacceptably long.
- Communication - ongoing explanations of the stages/approaches to our investigation, keeping the complainant (and the bodies) informed of the progress of the investigation, explaining the basis of the decision in a clear and simple manner.

7. Learning from individual case reviews

7.1 In undertaking more than 500 case reviews a year we can identify themes for learning that build on the core insight from the complaints themselves. Whilst only a small percentage of complaints about our original service are upheld (circa 10%) these insights are doubly important since they constitute independent confirmation of areas for improvement.

7.2 Key learning from these cases:

- We can fail to address all of the parts of the complaint.
- We can fail to understand the complaint.
- We can fail to consider all the relevant evidence in the investigation.
- Our findings are sometimes not robust - they may not clearly flow from the available evidence or the information gathered during the investigation.
- Our investigations are sometimes not rigorous enough - a clear methodology was not evident, there were gaps in our work versus the minimum requirements of an investigation.
- Our letters and reports can contain factual or typographical errors which may not necessarily undermine the decision but serve to enforce perceptions that our investigation is of low quality and our attention to detail is lacking.
- Reviewers have also identified that when we decline to investigate a complaint on the grounds that it is premature, we are not warning our customers about our statutory time limit. If we then time limit their complaint after they have completed local resolution, we can be perceived as having not carried out a thorough investigation and have wasted the time of the complainant.
- We are receiving an increased number of complaints that state we have not considered comments that were made on the draft report. While caseworkers may inform customers that they have considered the comments, there is sometimes no audit trail of any consideration.

8. Acting on learning

8.1 PHSO has commenced implementation of a step change in the number of investigations it undertakes.

8.2 Decisions not to investigate still dominate complaints accepted about PHSO. As we continue to deliver our 2013-14 business plan (which entails investigating all appropriate cases) we will further reduce the number of decisions not to investigate.

- 8.3 Reducing delay - PHSO has delivered significant reductions in the time it takes to undertake investigations (an average of 301 days in April 2013, 141 days in January 2014). However, durations remain beyond reasonable expectations. The Ombudsman service will set and navigate quickly to delivering against clear service standards for providing customer service, completing case assessments and completing investigations/resolutions.
- 8.4 Our provisional view of service throughput minimum requirements:
- Customer Services < 5 days
 - Case Assessment < 20 days
 - Investigation: 60% Completed within 13 weeks, 80% Completed within 26 weeks, 95% Completed within 52 weeks.
- 8.5 We will consolidate and embed information learning from the insight we capture from our data. It will be built into Operations and Investigations performance reporting and will be reviewed at all levels.
- 8.6 Spreading the learning - Insights from complaints about PHSO need to be regularly and effectively shared with employees. They will be used to develop coaching, training materials and improvement plans.
- 8.7 Service definition - significant gaps in defining customer support, assessment and investigative services exist. Meeting this core requirement is the priority for 2014-15. These are being built using the learning from complaints and insight from customer perceptions and experience.
- 9. Quality framework**
- 9.1 This will be informed from learning from complaints. It will define the requirements for delivering high quality customer support, case assessments and investigation service. This will enable robust self-assessment, line management performance review and ongoing measurement/sampling mechanisms.