



Review Process & Complaints About Us

Parliamentary and Health Service Ombudsman
Internal Audit 2016-17

June 2017

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Status of report

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Distribution

To (for action):	CC (for information):
— Rebecca Marsh, Executive Director of Operations	— Audit Committee
— Andy Medlock, Assistant Director of Customer Experience & Customer Care	

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Section One

Executive summary

Conclusion

The process of review of complaints was transferred from the Casework team, who managed the review process on behalf of the Ombudsman and Deputy Ombudsman with the Executive Director of Operations & Investigations, to the Customer Care Team. This structural change was initially implemented in November 2016 and has been fully operational since January 2017. In addition, an internal review conducted in November 2016 of the design of the process has proposed changes to the way the review process will operate. The recommendations from this review were approved for implementation by the Executive Director of Operations in February and by the incoming Ombudsman in March 2017. It is now intended to progress with the implementation of these process changes.

We have performed an inflight review of the design and operation of controls within the Review process and considered the process for the collation of feedback and the lessons learnt exercises undertaken whilst the ongoing changes are occurring to the operating model and process design. As work is ongoing to redesign the process, we have not provided a formal rating for this review but have raised five recommendations that support the ongoing improvement of the process, four of which are priority two and one of which is a priority three recommendation.

We acknowledge that management are aware of all of the issues identified in this review and that the areas covered in the recommendations raised are incorporated within plans for process re-design. We would therefore suggest that we perform a follow up review as part of the 2017-18 internal audit plan of work (potentially incorporated into the annual review of closed recommendations) to confirm to management and the Audit and Risk Assurance Committee that these recommendations are being implemented on a timely basis.

To inform our work over the Review process, we tested a sample of six cases managed by the current Casework team. We confirmed that for each of the six cases reviewed, an appropriate level of documentation is retained in the Casework Management System, which includes the review request, review form, analysis and response. Our testing confirmed that review forms and the final conclusions over reviewed cases are reviewed prior to communication to the complainant. As such the controls in place within the current system have been confirmed to be operating effectively.

We have raised recommendations around the revision of and adherence to timescales to review a decision as our testing identified that there have been severe delays in the turnaround of requests to review. We also noted the review timescales are beyond the reasonable timeframes and are not always communicated to the complainants. Our testing identified that in three instances clear timescales were not communicated to the complainants and in one instance standard proposal template was not submitted for the review of decision. We noted that where we have identified significant delays in the review of cases, this has predominately been as a result of capacity issues in the team. It is therefore important that all plans for the redesign design of the process, and the wider organisational transformation programme, consider the team's capacity to ensure that appropriate safeguards are put in place to mitigate the risk of a significant back log of cases.

At the time of our review, we found that targets associated with feedback to PHSO were focused on compliance with the process of responding to feedback, targeting response rates and compliance with deadlines for communicating with the individual providing feedback. Through the Quality Learning and Customer Care Team briefings feedback was provided to line managers and subsequently to individual reviewers. In some instances, the feedback was forwarded to the Assistant Director for wider communication throughout the organisation. However, we found that whilst the initial feedback is captured centrally, the action plans and lessons learnt are not and there was no monitoring of the actions. Similarly whilst lessons learnt findings formed part of the performance reporting, there were no actual KPIs in place for monitoring purposes.

Work has been ongoing since September 2016 to review and re-design the feedback process, aligning feedback reporting to the commitments in the Service Charter and submitting a Dashboard to the Quality Committee, Executive Team and Board on a regular basis. At the time of the review PHSO had six months of data and was using this to start the process of preparing KPIs and tolerance limits for performance reporting purposes.

Section One

Executive summary

Background

The Parliamentary and Health Service Ombudsman (PHSO) is responsible for assessing and making final decisions on complaints that have not been resolved by the NHS in England, UK government departments and other UK public organisations. Each year, PHSO makes decisions on over 30,000 complaints.

Set in legislation dating back to 1967, the Ombudsman is afforded protection in its role as an ultimate resolution body. Where complainants are dissatisfied with PHSO's decision, the only remaining recourse is via judicial review, which has the power to order PHSO to re-perform an investigation but not to change a decision.

PHSO has in place a process for reviewing and assessing complaints and will review decisions, without the need for judicial review, where any of the following criteria are met:

- we made our decision based on inaccurate facts that could change our decision; or
- you have new and relevant information that was not previously available and which might change our decision; or
- we overlooked or misunderstood parts of your complaint or did not take account of relevant information, which could change our decision.

In recent years, PHSO have undertaken a number of changes with the aim of simplifying the process for users, to ensure that the process and its use are understood fully whilst allowing PHSO to identify and address cases where its service has not met expectations in an efficient and targeted manner.

In addition to the Review Process in place, the opportunity to give feedback on the services provided by PHSO is offered to customers. Earlier in 16/17 the casework team, who managed the review process on behalf of the Ombudsman and Deputy Ombudsman was transferred to Executive Director of Operations & Investigations. The Executive Director created the new Customer Experience and Customer Care sub-directorate, removed it from the operational delivery line and placed it within Quality Directorate, along with Quality Assurance, Management Information and operational design. This went live in November 2016 and a full review of the process for managing both reviews of decisions and service complaints was commissioned. These Service Complaints are therefore now addressed by the Customer Experience and Customer Care directorate, allowing a rounded view of all feedback from customers.

Our discussions with management identified that an internally conducted review of the Customer Care service Division was completed in November 2016 following the team winning a Customer Contact Award in October 2016. The aim of the review was to provide recommendations which would enable the Customer Care team to provide an holistic service to complainants and also embed and align itself to the needs of the Service Charter, which was launched in 2016. The review recommended a need to improve the existing process and criteria for review of complaints, along with the need to develop an efficient feedback learning process to align with the Charter commitments. The recommendations were approved by the Executive Director of Operations in February 2017 and obtained final approval from the Ombudsman in March 2017.

The organisation has identified the need to support and train Customer Care Officers in review work for the review of complaints and decisions. The first stages of this work, which involves the use of experienced reviewers to support CCOs under supervision, have begun. The next stage, which will involve the creation of a training and support package, is planned for the summer of 2017.

This review will consider the design of the review processes in place, including their robustness, clarity and consistency of application. We will seek to understand the role of Quality Assurance in the review process, as well as reviewing the embedding of updated processes. We will also review the arrangements in place for gathering and responding to customer feedback, how information is escalated and reported to management and how PHSO communicates with its customers.

Section One

Executive summary

Objectives

The objectives of our review were:

Objective	Business Process Risk	Description of work undertaken
Objective One To provide assurance that the review process in place provides a transparent and robust pathway through for the assessment of complaints about decisions.	<ul style="list-style-type: none"> PHSO's review processes and criteria are not clearly defined leading to inconsistent review of PHSO decisions, and a lack of understanding amongst customers of when decisions can and will be reviewed. 	<p>We have:</p> <ul style="list-style-type: none"> Through interview, developed an understanding of and considered changes made to PHSO's review process in recent years, including the embedding of new practices; Mapped the end to end processes and controls in place for the review of decisions; and For a sample of reviewed decisions, tested the operating effectiveness of those controls. <p>From this work, we have considered potential areas for improvement in relation to:</p> <ul style="list-style-type: none"> design of the process; robustness and clarity of the criteria in place to guide PHSO's review of decisions; the links with PHSO's Quality Assurance processes; and the communication of review decisions back to complainants.
Objective Two To provide assurance over the mechanism for recording, reviewing, prioritising and responding to customer feedback, in addition the processes through which PHSO identifies and acts on lessons learnt	<ul style="list-style-type: none"> Where customer feedback is provided but not analysed or prioritised, lessons cannot be learnt in an efficient manner. Feedback does not allow PHSO to pinpoint shortfalls in the customer experience, allowing these areas to be addressed in a timely and directed manner to improve customer satisfaction. 	<p>We have:</p> <ul style="list-style-type: none"> Understood the process in place through which PHSO obtain customer feedback, including the processes through which feedback is assessed, sorted and prioritised. Via interview, understood and assessed the key drivers and indicators identified by PHSO when reviewing customer feedback and considered the level and focus of internal reporting. Reviewed the processes in place through which PHSO identifies lessons learnt, and the way in which these lessons are addressed by management

Section One

Executive summary

Areas of good practice

- ✓ At the time of the review there is a well documented service model in place for the review of complaints about the organisation. This is available on the website to ensure transparency about the organisation's operations.
- ✓ All cases reviewed had the proposed outcome reviewed by a Senior Casework Team member or Customer Care Officer to ensure quality assurance was followed without any exception.
- ✓ In all cases reviewed the acknowledgement of the decision to review was communicated to the complainant in less than 5 working days after the approval of the proposal.

Areas for improvement

- The overall timescales of the review process needs revision to make the turnaround of decisions take place within reasonable timeframes. (Recommendation one).
- Clear timescales for the review of decisions were not communicated to the complainant in three of six cases tested. (Recommendation two).
- Contracts for the use of external consultants did not cover timescales for review and penalties (through KPI arrangements) available to PHSO if the work was not delivered within the expected timeframes. (Recommendation three).
- Action plans from the Quality Meetings are not formally recorded and responsible individuals and target deadlines for the implementation of lessons learnt are not identified. (Recommendation four).

Recommendations

We summarise below the recommendations raised as a result of our review:

	High	Medium	Low	Total
Made	0	4	1	5
Accepted	0	4	1	5

Acknowledgement

We thank the staff involved in this review who helped us complete our work.

Section Two

Recommendations

This section summarises the recommendations that we have identified as a result of this review. We have attached a risk rating to these recommendations as per the following table:

Risk rating for recommendations raised		
1 High priority (one): A significant weakness in the system or process which is putting you at serious risk of not achieving your strategic aims and objectives. In particular: significant adverse impact on reputation; non-compliance with key statutory requirements; or substantially raising the likelihood that any of the entity's strategic risks will occur. Any recommendations in this category would require immediate attention.	2 Medium priority (two): A potentially significant or medium level weakness in the system or process which could put you at risk of not achieving your strategic aims and objectives. In particular, having the potential for adverse impact on the entity's reputation or for raising the likelihood of the entity's strategic risks occurring.	3 Low priority (three): Recommendations which could improve the efficiency and/or effectiveness of the system or process but which are not vital to achieving the entity's strategic aims and objectives. These are generally issues of good practice that the auditors consider would achieve better outcomes.

We have performed an inflight review of the design and operation of controls within the Review process and considered the process for the collation of feedback and the lessons learnt exercises undertaken whilst the ongoing changes are occurring to the operating model and process design.

We acknowledge that work is ongoing to redesign the processes and that management are aware of the issues that are being raised in the recommendations that follow and that the areas covered in the recommendations raised are incorporated within plans for process re-design. We would therefore suggest that we perform a follow up review as part of the 2017-18 internal audit plan of work (potentially incorporated into the annual review of closed recommendations) to confirm to management and the Audit and Risk Assurance Committee that these recommendations are being implemented on a timely basis.

Section Two

Recommendations

Overall management response to the report and recommendations raised in pages 9 to 15.

PHSO welcomes the outcome of the internal audit and agrees to the majority of recommendations made. We are pleased to see that the Audit recognises PHSO's completed Customer Care Review, and that the subsequent recommendations made will address the transformation priorities required for this area of work.

We will continue to work towards implementing these recommendations. Given the current status of PHSO's Transformation Programme, and the prospect of continued structural and policy changes, we recognise that it will take time for Customer Care to fully implement these. Given the nature of its work, we also point out that the incoming volume of work for Customer Care is heavily influenced by the overall service PHSO provides, and so any impacts to PHSO's overall service is likely to directly impact the volume of work arriving into Customer Care.

However, we are committed to ensuring all recommendations (including those given in this Audit) will be in place by the end of Q4 2017-18. Many of the individual actions in the list are tied to the transformation implementation plan and therefore have dependencies which determine the target dates for completion included in the table.

We acknowledge the Audit's observations about the historical impact of resource and capacity issues on the teams involved in handling Review work, which resulted in delays. We specifically acknowledge the Audit's observation that PHSO "consider the [Customer Care Team's] capacity to ensure that appropriate safeguards are put in place to mitigate the risk of a significant back log of cases." This is being given priority focus in the current Transformation Programme.

Section Two

Recommendations

No.	Risk	Recommendation	Management response, officer responsible and deadline
1	2	<p>Compliance with target deadlines for the review of complaints</p> <p>Our testing of six review cases which were completed in the 2016-17 year identified that:</p> <ul style="list-style-type: none"> in two of six cases the acknowledgement was sent after the 48 hours target deadline; two of six cases were not allocated to a reviewer in less than a week; in three out of six cases the 20 day turnaround was not met for the consideration of whether to review the case (the target is for 75% of complaints to be assessed within 20 days to determine whether a review will take place); and three of six cases were not completed in 16 weeks of acknowledgement to review the decision. <p>We understand from discussions with management that the main reason for non compliance with timeframes was the caseload on staff and consequential capacity issues. It is noted that external consultants are no longer being used to review cases but that there remains a risk of capacity issues given that the organisation is continuing with its transformation programme to streamline services and reduce cost pressures.</p> <p>Review of complaints policies elsewhere in the public sector has identified that the 16 week target for completion of a review is significantly longer than elsewhere (for example, the NHS England Complaints Policy includes a timeframe of 40 working days for the completion of the complaints review process).</p> <p>Similarly, we identified that other complaints policies include a requirement that the organisation provide an update to the complainant every 10 days once the target completion date has passed. This is not included in the PHSO policy.</p> <p>Risk:</p> <p>If PHSO does not comply with its policies for the completion of the review of complaints within 16 weeks, and the other specific deadlines within this process, there is a risk that public confidence in the service declines and that there are greater number of complaints about the service.</p> <p>The inclusion of a target of only 75% of cases being considered within 20 days of receipt raises a risk that a significant number of cases remain unallocated for a significant period of time.</p> <p>Recommendation (see next page)</p>	

Section Two

Recommendations

No.	Risk	Recommendation	Management response, officer responsible and deadline
1	2	<p>Compliance with target deadlines for the review of complaints (cont.)</p> <p>Recommendation:</p> <p>We understand that management are aware of the need to reduce the time taken to review cases, including the time taken to make the initial assessment and confirm to the complainant whether the case will be reviewed.</p> <p>There is an intention to update the timelines in place following the implementation and embedding of process changes, which have commenced since the Ombudsman has approved the proposed action plan. It is acknowledged that the policies and processes to support the review process must be in place before the timeframes can be addressed.</p> <p>As part of the changes we would recommend that:</p> <ol style="list-style-type: none"> 1. The automated acknowledgement email is updated to reflect the one week deadline for allocation of cases to a CCT officer, at the time of the review this still said that allocation would take place within six weeks of the receipt of the case. 2. The target of 75% of cases being reviewed within 16 weeks be reviewed and updated. 3. The target of a decision on reviewed cases being reached within 16 weeks be reviewed against industry practice and updated. 4. The policy be updated to include a requirement that complainants be contacted on a regular basis with details of progress for any cases which exceed the target review period. 5. Discussions with management confirmed that the significant delays identified in our testing were predominately caused by capacity constraints. The plans for re-design of the service should incorporate consideration of resources available and potential resource constraints to prevent a significant back log of cases. 	<p>Agreed – see below for further details</p> <p>Recommendation 1:</p> <p>Management response: As the Audit notes, this is aspirational and various activities (and resources) need to be in place before this can be implemented. PHSO should not promise such a deadline until it is in a position to adhere to it confidently. Current queue sizes mean providing a 6 week approximation is realistic.</p> <p>We will continue to review work levels to ensure tailored information is provided in acknowledgement email.</p> <p>Responsible Officer: n/a at this time</p> <p>Deadline: n/a at this time</p> <p>Recommendations 2 and 3:</p> <p>Management response:</p> <p>Agreed</p> <p>Implement 2017-18 objectives with CCT with following transformative target of 90% closed in 40 working days of receipt by end of Q4.</p> <p>Move to new target in 2018-19 of completing 90% of work within 40 working days of receipt in office.</p> <p>Reduce allocation levels to BAU (no more than 100 unallocated cases at end of month) by end of Q3 2017-18.</p> <p>Responsible Officer: Andrew Medlock</p> <p>Deadline: As per above target dates</p>

Section Two

Recommendations

No.	Risk	Recommendation	Management response, officer responsible and deadline
1	2	<p>Compliance with target deadlines for the review of complaints (cont.)</p> <p>Recommendation:</p> <ol style="list-style-type: none"> The policy be updated to include a requirement that complainants be contacted on a regular basis with details of progress for any cases which exceed the target review period. Discussions with management confirmed that the significant delays identified in our testing were predominately caused by capacity constraints. The plans for re-design of the service should incorporate consideration of resources available and potential resource constraints to prevent a significant back log of cases. 	<p>Agreed – see below for further details</p> <p>Recommendation 4:</p> <p>Management response:</p> <p>n/a - This is already complied with. Our current Service Model guidance requires all PHSO staff to regularly update complainants.</p> <p>Responsible Officer: n/a</p> <p>Deadline: n/a</p> <p>Recommendation 5:</p> <p>Management response:</p> <p>n/a - This is already complied with. Our proposed structural design for Customer Care in PHSO's Transformation programme accommodates for the levels of work anticipated.</p> <p>Responsible Officer: n/a</p> <p>Deadline: n/a</p>

Section Two

Recommendations

No.	Risk	Recommendation	Management response, officer responsible and deadline
2	2	<p>Communication of timescales of review to complainants</p> <p>Observation:</p> <p>From our testing, we noted that in three of six cases the Customer Care Team member did not communicate clear timescales for the completion of the review of a complaint when communicating to the complainant that a review would be taking place.</p> <p>Risk:</p> <p>There is a risk that the complainant might lose confidence in the PHSO complaints process, which could result in reputational damage to the organisation.</p> <p>Recommendation:</p> <p>We recommend that a standard acknowledgement letter and email are prepared which details the process of the review of the complaint, the timescales involved and the date by which they should receive communications detailing progress and outcomes of the review.</p>	<p>Management response</p> <p>Agreed</p> <p>Action - We will provide tailored information on process and timescales. In addition, part of the activity under the Customer Care Review is to create an external leaflet (guide) on Customer Care, which will provide all of this information and will be available on PHSO's website and attached to acknowledgement letters. This work will begin in July 2017.</p> <p>Responsible officer – Andrew Medlock</p> <p>Deadline – August 2017</p>

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Recommendations

No.	Risk	Recommendation	Management response, officer responsible and deadline
3	2	<p>Contract Management with External Reviewers</p> <p>Observation:</p> <p>From discussions with management, we noted that from January 2017 the use of external consultants for the review of cases was paused whilst PHSO re-designs the Terms and Conditions for the use of consultants going forwards.</p> <p>Our review of documentation and discussions with management has identified that:</p> <ul style="list-style-type: none"> PHSO has previously had no prescribed time limit within which a complaint has to be allocated to an external consultant for review. Contracts with external consultants did not incorporate PHSO's policies concerning the timescales within which the review should be performed. Contracts did not include clear KPIs which would enable PHSO to enforce penalties for non-compliance with terms and conditions. <p>This has previously caused delays in the turnaround of reviews. Management acknowledge that there have been issues in the use of external consultants in the past due to these individuals being neither accredited or experienced in case management, and working on an adhoc basis. PHSO therefore didn't have any control over when the consultants would complete perform their reviews and how long this work would take.</p> <p>Risk</p> <p>There is a risk that PHSO has not had appropriate contract terms in place for the use of external consultants in the complaints review process. This may cause uncontrollable delays in the processing of reviews.</p> <p>Recommendation</p> <p>We acknowledge that PHSO are not intending to use external consultants to a significant extent going forward to deliver case reviews but that a review of contracting arrangements is being undertaken to mitigate against the risk of these issues recurring should the need to draw on external consultants arise.</p> <p>As part of this it is recommended that</p> <ul style="list-style-type: none"> specific terms and conditions concerning deadlines for the administration and management of consultants are incorporated into the contracting arrangements, which are consistent with those which PHSO has to adhere to internally, and which enable PHSO to hold consultants to account should delays arise. Specific KPIs are also incorporated which give PHSO the flexibility to cancel the contract arrangements or enforce penalties should compliance with the performance conditions be breached. 	<p>Management response</p> <p>Agreed</p> <p>As the audit notes, PHSO does not use external reviewers at this time. We plan to carry out further exploratory work on how PHSO may want to provide external services in this area – which was one of the recommendations arising from the Customer Care Review.</p> <p>This is currently scheduled to begin in Q3 this year, but may be subject to change.</p> <p>We agree that, should PHSO use external reviewers in the future, these reviewers should mirror the service expectations given internally – and that these should be factored into contractual arrangements via KPI's.</p> <p>Responsible officer – Andrew Medlock</p> <p>Deadline – begin work in Q3, to complete by end of Q4 2017-18</p>

Section Two

Recommendations

No.	Risk	Recommendation	Management response, officer responsible and deadline
4	2	<p>Monitoring of the implementation of Lessons Learnt</p> <p>Observation:</p> <p>We noted that the feedback is collated, assessed and reported to the Quality and Learning team on a monthly basis to enable communication of lessons learnt in briefings to the appropriate teams.</p> <p>However, at the time of the review we noted that there is no formal process for capturing the actions which should be taken in response to this lessons learnt feedback, and no process for allocating responsible officers, approaches to implementation, teams affected or target dates for completion. This was partly because the focus on feedback monitoring was on compliance with response times, rather than the lessons themselves.</p> <p>Risk</p> <p>There is a risk that the organisation does not respond appropriately to feedback, and that policies and processes are not appropriately reviewed and revised where necessary.</p> <p>Recommendation:</p> <p>We understand that work is ongoing to revise the feedback recording, reviewing and monitoring processes. At the time of the review this had commenced with the alignment of feedback scores to the commitments within the Service Charter and regular reporting against these to the Quality Committee, Executive Team and Board (all of which received reports in December 2016).</p> <p>Following the capture of six months of data the organisation is now looking to incorporate this into meaningful reporting, including KPIs and more robust lessons learnt exercises. It is intended that proposals will be approved in June.</p> <p>We recommend that management continue to proceed at pace with the implementation of new policies and procedures to collate, analyse and respond to feedback and ensure that there are clear timeframes in place for the implementation of these changes.</p>	<p>Management response</p> <p>Agreed</p> <p>We have already begun this work following recommendations arising from the Customer Care Review.</p> <p>We have created a new taxonomy framework for aligning all feedback (across PHSO) with our Charter commitments, which was piloted and went live in May 2017.</p> <p>We have a continuous improvement process that incorporates and analyses all feedback through our feedback and learning model. This prioritises and drives an improvement programme which QC has oversight of. However, in addition, we will a run a pilot Customer Care insight report.</p> <p>Responsible officer - Andrew Medlock</p> <p>Deadline – 1st pilot to complete in June 2017.</p>

Section Two

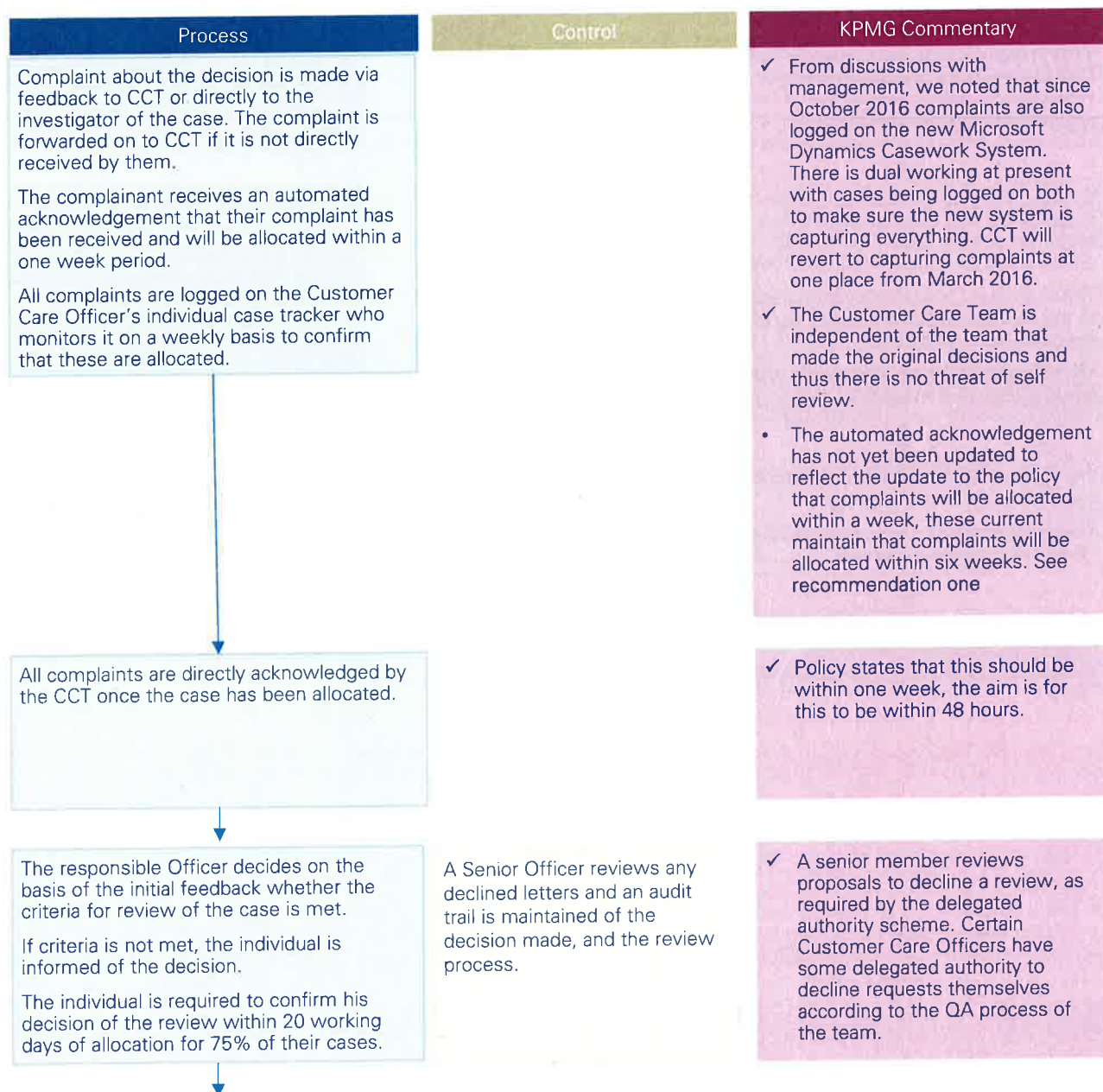
Recommendations

No.	Risk	Recommendation	Management response, officer responsible and deadline
5	3	<p>Adherence to the Standard Templates</p> <p>Observation:</p> <p>As part of our testing, we noted that in one of six cases the Customer Care Team member did not use the standard proposal template for consideration of a request. Instead, the review request was explained in an email which was approved by a senior team member. The reason for not using the standard document was not provided.</p> <p>Risk:</p> <p>There is a risk that the preparer may omit a key area which can have an impact on the approval of the proposal. In this case the complainant interests may be compromised if PHSO officers do not adhere to the Customer Care policies.</p> <p>Recommendation:</p> <p>We recommend that the Customer Care Manager reiterate to staff the need to follow the standard templates throughout the review of cases to enable effective review of the request and a clear and consistent evidence trail to support the process undertaken and the decisions made.</p>	<p>Management response</p> <p>Agreed</p> <p>Within our new electronic complaints management system (MSD) all review requests are captured and processed via specific fields and so consistency is met.</p> <p>When a case is accepted for review, we use a standard analysis form that ensures such analysis is in a structured and consistent way.</p> <p>Customer Care Manager to reinforce the need for a clear and consistent audit trail in all review work and to confirm this is understood.</p> <p>Responsible officer – [REDACTED]</p> <p>Deadline – 30 June 2017</p>

Appendix One

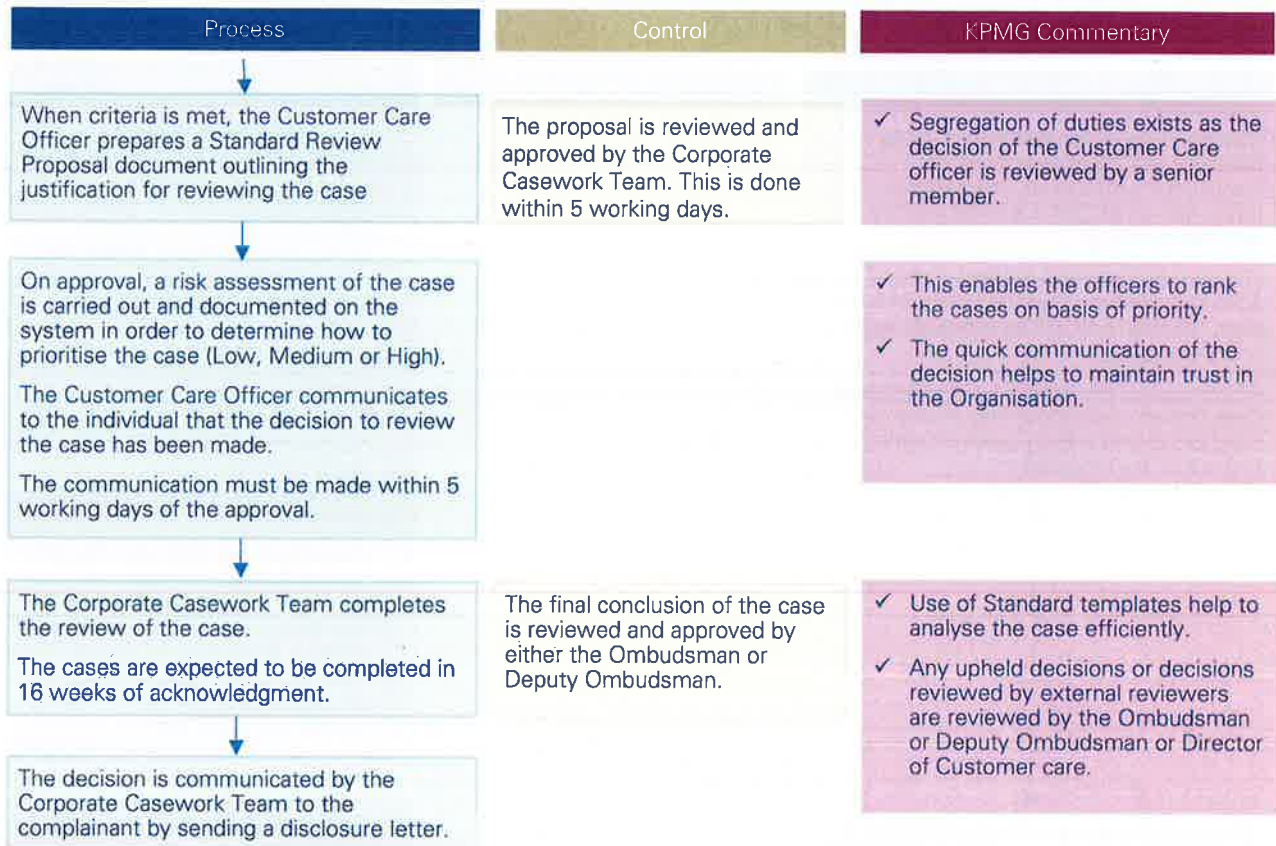
Objective 1: To provide assurance that the review process in place provides a transparent and robust pathway through for the assessment of complaints about decisions.

We reviewed the process design for the review of decisions. We set out below our understanding of the process and the controls in place and provide commentary on its design. It should be noted that the below process is per the Service Model Customer Care Guidance 2016. The process documented reflects that from January 2017 the role of the Casework Team has been taken over by the Customer Care Team (CCT).



Appendix One

Objective 1: To provide assurance that the review process in place provides a transparent and robust pathway through for the assessment of complaints about decisions.



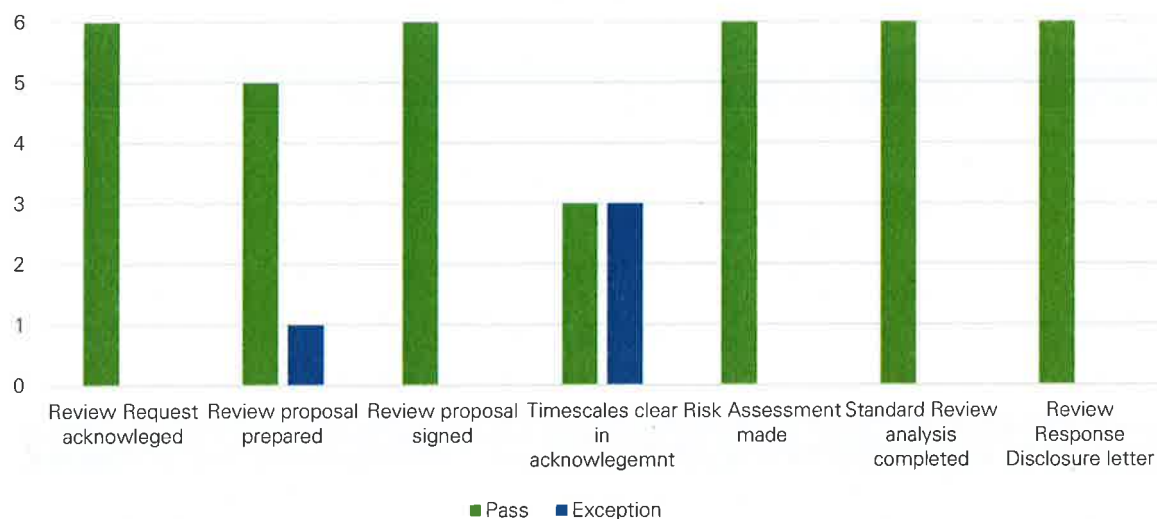
Appendix two

Objective one: To provide assurance that the review process in place provides a transparent and robust pathway through for the assessment of complaints about decisions

We have performed a review of the design of the Review process and performed testing to confirm whether the processes are being adhered to and the controls are operating effectively.

Summary of testing findings:

The below summarises our findings following testing of six cases which were closed in the 2016-17 year to confirm whether the processes are being adhered to and the controls are operating effectively.



Results summary

Re-performance of processes:

- ✓ In all six cases we could evidence the acknowledgement of the request.
- In one of six cases the proposal template was not used for consideration of review. See recommendation five.
- In three of six cases clear timescales were not communicated to the complainant at the time of acknowledgment to review the decision. See recommendation two
- ✓ All six cases were risk assessed.
- ✓ In all six cases standard review analysis was written following the standard review analysis framework.

Testing of operating effectiveness of controls:

- ✓ In all six cases the proposal was approved by the Customer Care officer or Casework senior team member.
- ✓ In all six cases the final outcome was reviewed and approved prior to being communicated to the complainant.

Appendix one

Objective one: To provide assurance that the review process in place provides a transparent and robust pathway through for the assessment of complaints about decisions

Summary of testing findings:

We have also reviewed the same six cases to determine whether the timescales for the decision review process are being adhered to. We have compared the time that it has taken to complete each step in the review process to the required timeframes included in the Service Model for Customer Care.

Timeframe per Service Model		Results of testing
Time taken to acknowledge the initial complaint	48 hours	4/6
Time taken to allocate the complaint	Less than a weeks' week if not in 48 hours of receipt	4/6
Time Between Date of Complaint and Proposal Prepared	20 working days of allocation on 75% of cases.	
Time taken to review of proposal	10 working days(included in above 20 working days)	3/6
Time taken to acknowledge the decision after proposal review	5 working days	6/6
Time taken to Review Response	16 weeks after acknowledgement	3/6

Results summary

- In two of six cases the acknowledgement was sent later than 48 hours. It was noted that one of the cases was initially received in January 2015 when the current processes were being and the other was received in November 2015 when there were longer waiting times due to volume of workload and capacity issues. See recommendation one
- Only two of six cases were allocated in 48 hours, the preferred timeframe for allocation. Two cases were allocated within one week, which is in line with current policy.. Two cases were allocated within six weeks time because of delays caused by increased volumes and capacity issues See recommendation one
- In three out of six cases the 20 day turnaround was not met for the consideration of review. This was mainly because of limited staff availability at the time of the review. See recommendation one
- ✓ In all six cases the acknowledgment to review the decision was made in 5 working days of the approval.
- In three of six cases, the case was not completed in 16 weeks of acknowledgement to review. Two of these cases were allocated to external reviewers 10 weeks after to review the decision. The external reviewers worked on an adhoc basis and PHSO did not have any control to specify review dates or any ability to enforce penalties. Further delays were due to the complexity of the cases which required clinical/legal advice. In the case where the timeframe exceeded 70 weeks, the complainant took significant time (35 weeks) to provide additional information. Following this PHSO finalised the decision in a further 28 weeks, which was due to the complexity of the case. See recommendation one and three.

Appendix One

Objective 2: To provide assurance over the mechanism recording, reviewing, prioritising and responding to customer feedback, in addition the processes through which PHSO identifies and acts on lessons learnt

We reviewed the process design for the receiving and responding of feedback. We set out below our understanding of the process and provide commentary on its design.

Description of Process	KPMG Commentary
Feedback	
Feedback received is forwarded to the Customer Care Team (CCT) if not received by customer care in first instance.	✓ Feedback is recorded centrally by the CCT. Feedback can be received by email, telephone, online form or general feedback on the PHSO website.
Feedback is acknowledged if not already done by the recipient.	✓ CCT is guidance bound to acknowledge all feedback unless it has been forwarded by the case owner and communicated to the CCT. ✓ The acknowledgement is provided within 48 hours and likely timeframe for allocation is also communicated.

The above two steps are common for any kind of feedback received. The feedback process is tailored to record different types of feedback. The feedback received is categorised into either of the following:

1. Positive feedback
2. Complaint about service
3. Complaint about decision
4. General feedback about PHSO

Description of Process	KPMG Commentary
Positive Feedback	
Feedback received is stored in the 'Meridio' folder in the Casework Management System.	<ul style="list-style-type: none"> Positive feedback is monitored separately. From discussions with management we noted that PHSO have introduced Microsoft Dynamics System which would enable storage of feedback centrally on one system. This would be fully operational by March 2017.
Complainants are contacted for more information to analyse the feedback	✓ This enables to get an overall understating for providing a learning lesson.
Feedback is forwarded to the appropriate person or senior teams to a spread wider message	<ul style="list-style-type: none"> Such feedbacks are not stored at a central place and no fixed timeframe and format for reporting exists. See recommendation four
Complaint about service	
Customer Care Team logs all service complaints on the system.	✓ The logging of case ensures that the complaint would be handled by appropriate people and that it can be monitored easily.
CCT makes initial contact with the complainant to resolve the complaint and allocates any other cases on the basis of priority and complexity.	✓ The target is to acknowledge and allocate these within 48 hours.

Appendix Two

Objective 2: To provide assurance over the mechanism recording, reviewing, prioritising and responding to customer feedback, in addition the processes through which PHSO identifies and acts on lessons learnt

Description of Process	KPMG Commentary
If the case is resolved by the initial call the complaint is closed	✓ Quick contact by telephone enables to resolve the complaint quickly.
If the complaint is not resolved, a proposal to review it is prepared by the Customer Care Officer.	✓ The analysis is made using a standard proposal document.
The review is allocated to Senior Caseworker or Customer care Manager for a quality check where he decides to conclude on the complaint in form of actions required e.g. apology, small financial redress etc.	✓ CCT targets to complete 75% within 20 working days of allocation. See recommendation one
The Case holder corresponds with the complaints and confirms the timeframes	✓ Regular conversations are made with the complainant and an audit trail is maintained for all the correspondence in the Casework Management system.
When the case is resolved, CCT will communicate the outcome to the complainant by telephone and case is marked as completed.	✓ The case is marked as completed on the Casework management System.
Handling Lessons are briefed to the Line manager for the concerned Teams or Assistant Director of Customer Care for wider spread.	✓ Complaints are collated and analysed on a monthly basis using the consistent parameters and are discussed with the Quality Committee to feedback wider lessons for briefings to be sent out. We have evidenced 2 month of manual reports where the complaints were collated in a consistent manner. <ul style="list-style-type: none"> • However the actions plans are not formally documented and the deadline is not set and the responsible individual is not identified. There is no fixed timeframe and format for reporting of feedback to the Senior Team as a result of which we could not evidence the lessons learnt by the management from the feedback shared as it is currently not being monitored by the teams. See recommendation four
Complaint about Decision- This has been detailed in Objective One.	
General feedback about PHSO	
The Customer Care Officer or Business Support Officer discuss these with the Head of Customer Care or Customer Care Team Manager to decide who is best placed to respond	✓ The feedback is categorised into one of the heads and the feedback process is followed accordingly.

Appendix Six

Staff involvement and documents reviewed

We held discussions with the following staff as part of the review:

Name	Job title
Rebecca Marsh	Executive Director of Operations
Andy Medlock	Assistant Director of Customer Experience & Customer Care
[REDACTED]	Executive Assistant
[REDACTED]	Customer Care Manager

During our testing, we reviewed the following documents:

- Policies and procedures documentation for the Review Process.
- Management reporting collated as part of the Customer Feedback process.
- Management reporting collated as part of the Customer Feedback process
- Customer Care Internal Audit Review by PHSO
- Feedback Themes
- December Quality committee Papers



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