

Meeting	OLC Board Meeting	Agenda Item No. Paper No.	12 117.9
Date of meeting	14 December 2021	Time required	15 Minutes

Title	Quality Assurance Update
Sponsor	Steve Pearson
Status	OFFICIAL

Executive summary
<p>This paper provides an update on the work undertaken by the quality and service complaints teams and the key trends identified from the quality assurance framework in Q1 and Q2 2021/22.</p> <p>Performance against quality measures remained broadly stable, with the level of risk remaining low. The issues identified through quality reviews, customer satisfaction and service complaints continue to point to issues in relation to delays (particularly at the front end of LeO's process in the PAP), inconsistent levels and standards of communication and timescales applied during investigations.</p> <p>Work has been undertaken to address issues around frequency of communication whilst cases are waiting to be picked up for investigation. We are also looking at taking steps to ensure that the new service improvement initiatives are being reviewed and that they are not having any adverse impacts on customer experience or quality.</p> <p>Due to resource constraints and the need to focus operational resource on delivery, it was decided that the number of quality checks in relation to customer service in the resolution centre would be suspended in Q2 (as had been done previously in Qs 1,2,4 of 2020/21). The reviews carried out in Q1 provided confirmation that the issues identified through those reviews were consistent with those seen in previous quarters and through customer satisfaction feedback and service complaints.</p> <p>Due to resource constraints within the quality team the ability to drive proactive interventions into quality issues has been significantly curtailed. This paper talks briefly to the recruitment position and the fact that in the absence of additional quality staff it is unlikely that the quality team will be able to take a more proactive role over the remainder of this financial year.</p> <p>The paper also talks to the work done by the service complaints team to continue to drive early resolution of complaints about the service provided by LeO. The numbers of new complaints received remains broadly comparable to previous years but the levels of escalation to the external service complaints adjudicator remain lower than has been seen previously.</p> <p>Work will continue to ensure that the focus on operational delivery and the initiatives that are being trialled to improve efficiency and reduce customer journey do not have any unforeseen adverse impacts on the quality of LeO's work or overall customer experience.</p>
Recommendation/action required
Board is asked to note .

Quality Assurance Update - Quarters 1 & 2 2021/22

Introduction

1. LeO's quality assurance framework consists of a number of controls, comprising of both internal and external data, which helps us identify potential problems while a case is ongoing and provide an opportunity for matters to be put right before the case is closed. The framework provides line managers with data to support the recognition of strong performance as well as individual development needs.
2. The level of risk in relation to the quality of LeO's outcomes and service remains relatively low. The quality of communication along with the speed of our process continue to be drivers for dissatisfaction among our customers, particularly in light of the delays experienced at the earliest stages of our process. Work continues to improve levels and standards of communication, as well as to reduce wait times for our customers.
3. We are taking active steps to track and assess the impacts of our new interventions on cases in the PAP to provide assurance that they do not have an adverse effect on customer satisfaction.
4. This paper reviews the findings of our quality assurance process across quarters 1 and 2 2021/22 and provides a comparison to the performance seen in previous quarters.

Quality at LeO

5. The quality control framework at LeO is supported by a detailed set of guidance and processes all of which are fully documented on the internal intranet. These set out how investigations should be handled, the various stages through which each case should progress from initial enquiry through to conclusion either by way of agreed outcome, ombudsman decision or other form of closure.
6. The quality assurance framework at LeO is designed to provide an assurance that cases are being handled in line with our processes and guidance and as such is made up of the following checks:

Quality & Feedback Model

- Each investigator's work is subject to checks during the course of an investigation – the number of checks decreases as investigators become more proficient in role. The range of possible checks are as follows:
 - Assessment
 - Scoping
 - Evidence request

- Case discussion
- Closure check
- Case decision

Customer Satisfaction Survey

- customers who have used the CAT form to bring a complaint;
- complainants and service providers at investigation stage
- complainants and service providers at the end of process.

Quality assurance

- Service and outcome reviews
 - Two service and two outcome reviews per GET member/ quarter
 - One service and one outcome review per investigator/ quarter
 - One service and one outcome review per ombudsman/ quarter
- Ombudsman feedback on any cases sent back at decision stage.
- RAG feedback provided on every case handled by an ombudsman.

Service Complaints

- Stage 0 service escalations
- Stage 1 and 2 service complaints
- Stage 3 external Service Complaint Adjudicator reports

7. The learnings from all reviews and service complaints are fed directly to the relevant member of staff and their line manager for information. The learning and required interventions identified from an organizational perspective in relation to any / all aspects of the quality assurance process are collated and fed back to internal stakeholders at Quality Committee which is held twice a quarter.

8. Board will be aware that following the departure of the former Senior Ombudsman in charge of the quality team and the transfer of former quality manager to the new EDI Manager role, this area of the business has been significantly under-resourced. For most of this year we have had to rely on the efforts of the remaining quality auditor. The intention remains to recruit a Quality Manager into the team who can then both rebuild the team and look at the overall Quality Framework. However, despite significant activity in the recruitment market through direct advertising and via recruitment agencies we have not found a suitable candidate to replace this vacancy. Consideration has been given to internal transfers from the Operations cohort but the level of interest from internal applicants was very low and any such move would also have an adverse impact on operational delivery. As a result, the team remains under-resourced and the levels of proactive interventions that can be delivered by the team are significantly reduced compared to previous years.

Customer Satisfaction

CAT form:

9. Satisfaction ratings for customers using the Complaint Checker and Customer Assessment Tool (CAT) in Q1 and Q2 shows a positive trajectory which continues to build on the upward trajectory seen through 2020/21. It is worth noting however that the response rate for this survey hovers around 5% of the c.2000 complaint forms submitted each quarter.

Complaint Checker and Complaint Form Satisfaction	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Satisfaction with the online Complaint Checker tool	86%	85%	78%	81%	78%
Information easy to understand whilst navigating	93%	91%	88%	88%	86%
Easy to complete	89%	80%	80%	80%	76%

10. The common feedback/ areas for improvement on the complaint form relate to issues around the amount of information that customers are permitted to upload / enter on the form and around the level of guidance provided about how to complete the form.

Investigation stage:

11. The investigation stage customer satisfaction survey focuses on cases that have been open for between 40 - 53 days post allocation to an investigator.

Investigation stage	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Complainants	57%	51%	58%	60%	59%
Service Providers	44%	55%	46%	47%	51%

12. The results show a slight downward trajectory over the last 5 months against a KPI of 65%.

13. Customers do articulate a lot of positivity in relation to the way we handle investigations once they have been accepted for investigation. We receive praise for being friendly, helpful and supportive as well as for taking time to understand the nature of the complaints and making sure that customers understand our process.

14. However, the themes of dissatisfaction among both complainants and service providers alike remaining consistent; delay (specifically in relation to the front end of the process) and poor communication (particularly in relation to a lack of updates during the investigation and a desire for an acknowledgement of all incoming correspondence). Service providers also express dissatisfaction with the timescales that we ask them to adhere to once an investigation has commenced (this frustration is exacerbated by the amount of time taken to start an investigation).

15. Work is ongoing to address these concerns – we have recently introduced the use of bulk email updates to complainants waiting in the PAP advising them, on a quarterly basis, of likely timescales for their case to be accepted for investigation, which has been positively received. We are working to develop a similar tool for service providers. We have also developed an auto-acknowledgement email function on our CMS system which will help address this source of dissatisfaction

16. Response rates for the investigation stage survey are also quite low with around 30% of the complainants surveyed choosing to respond and under 20% of service providers.

End of process

17. The end of process survey looks at cases closed in the Resolution Centre, across all closure types.

End of Process	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Complainants (satisfied with outcome of investigation)	92%	92%	88%	91%	93%
Complainants (dissatisfied with outcome of investigation)	10%	11%	11%	11%	14%
Service Providers (satisfied with outcome of investigation)	84%	83%	89%	84%	82%
Service Providers (dissatisfied with outcome of investigation)	0%	15%	7%	13%	38%

18. Levels of satisfaction with our service for complainants has remained broadly static through the first two quarters of this financial year and in fact is broadly reflective of levels seen in the previous financial year. What is evident is that the key determinant for the levels of satisfaction with our service is the outcome reached during the investigation. Beyond that factor, the key driver for satisfaction for complainants continues to be the quality of contact with LeO staff (68% of those who were satisfied with our service cited quality of contact with LeO Staff). However, for those who were dissatisfied issues with LeO staff and a perception that the process was unfair / biased were cited as the key reasons for dissatisfaction).

19. Levels of satisfaction for service providers who are satisfied with the outcome of the investigation has remained at levels seen in previous quarters. Levels of satisfaction amongst those service providers dissatisfied with the outcome has dropped sharply in Q2. However the levels of response in this cohort has always been particularly low and therefore quite a volatile metric (as can be seen from the significant variance in performance across the last 18 months). Again outcome was the key driver for satisfaction but the other key reason for dissatisfaction amongst service providers was the speed and efficiency of the process.

Quality assurance

General Enquiries Team

20. Across quarters 1 and 2 the level of service provided by the General Enquiries Team has remained very consistent.

GET	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Service Quality	88.9%	88.7%	90.3%	91.5%	87.9%

21. The service issues identified in GET during Q2 relate broadly to members of the team either not correctly managing customers' expectations as to the remit of the Legal Ombudsman or mistakenly asking for information that was not needed in order to progress the complaint – this has occasionally resulted in slight delays.

GET	21-22	20-21
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	Q2	Q1	Q4	Q3	Q2
Outcome Quality	92.1%	82.3%	93.5%	91.5%	87.9%

22. From an outcome perspective, there was a dip in performance in Q1 but this has been recovered in Q2 and performance is now back at levels seen in previous quarters. Where failings have been identified they have related to cases where we have failed to correctly identify scope for dismissal of a case under Rule 5.7 of the Scheme Rules. Although this meant that we did not deal with some cases as quickly as we could have done, there is no evidence of cases being dismissed in error or of customers being denied their rights to bring a complaint to this office.

Resolution Centre (investigations)

23. Over the course of 2020-21 financial year the decision was taken to reduce the number of service reviews carried out in the resolution centre. These reviews, which are carried out by Resolution Centre Team Leaders, involve a full assessment of an investigator's handling of a case from allocation through to conclusion. This can be relatively simple exercise if a case has been resolved early in the process, but can also extremely time and resource intensive if the case being reviewed is one that has taken a long time to progress.

24. These service reviews were carried out in Q1 and as will be noted below the themes and trends identified reflected those seen in previous quarters. With that in mind, given the need to provide team leaders with the chance to concentrate on addressing performance variation and dealing with the impacts of the Covid crisis on well being in the investigator cohort, the decision was taken to suspend service reviews for Q2.

Resolution Centre	21-22	20-21	19-20		
	Q1	Q3	Q4	Q3	Q2
Service Quality	80.2%	73.9%	77.5%	60.2%	85.0%

25. The findings of the Q1 service reviews of reflected the issues seen in previous quarters and also the feedback we receive from customers in response previous quarters tend to correlate closely with the focus of responses to our customer satisfaction surveys with the key areas of concern being: delays during and a failure to keep parties updated.

Resolution Centre	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Outcome Quality	84.0%	95.3%	93.8%	96.7%	97.0%

26. The quality of outcomes reached in the RC took a downward turn in Q2 with the bulk of the issues being attributed to issues around the position in relation to case fees. A number of cases appear to have been resolved without ensuring that the service providers were fully aware that the agreed outcome would trigger payment of a case fee. There is no evidence on these files of the service providers subsequently challenging the closure or the application of the case fee.

27. Outcome reviews in the RC are typically carried out by L1 Ombudsmen, normally they are shared equally amongst the team to mitigate the impact on their other workload. On occasions like Q2 where we have an ombudsman leaving the business we have sought to allocate the bulk of the reviews to the Ombudsman, as their active casework is at a reduced level during their notice periods. This practice, whilst an effective use of resource, does create an increased risk of inconsistency or subjectivity in the application of the quality framework.

Ombudsmen

28. The Ombudsman cohort includes L1, L2 and pool ombudsman

Ombudsmen	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Service Quality	97.2%	97.4%	97.2%	96.4%	100%

29. The outputs in relation to service reflect one review having fallen below our accepted standard. The issue in this specific case related to a failure to adequately refer to the evidence to support the findings, which made the decision harder to follow and understand from a customer's perspective.

Ombudsmen	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Outcome Quality	94.3%	97.4%	97.2%	100%	100%

30. When looking at the outcomes reached by ombudsman, across a range of decisions (not just final decisions but also dismissal requests), the level of quality has dropped since this time last year. In Q1 this was caused by one decision falling below our required standard, in Q2 two decision failed to meet the required standard. Although in both cases there were issues with the conclusions reached on certain aspects of the complaints, the overall outcome was still reasonable and therefore it was concluded that there was no justification for reopening the complaint to address the issues identified.

31. The review of ombudsman decision making does not show any obvious pattern which would suggest a cause for concern in relation to any individual members of that cohort or in relation to the quality of overall decision making.

Ombudsman Send Backs	21-22		20-21		
	Q2	Q1	Q4	Q3	Q2
Final Decision requests	13.5%	15.7%	14.4%	12.8%	12.1%
Dismissal decision requests	6.1%	9.7%	10.3%	8.7%	8.8%
Jurisdiction decision requests	16.7%	11.6%	10.7%	3.8%	13.3%

32. Send backs relates to cases that ombudsmen send back to investigatory staff for more work to be done – they do not relate to issues with ombudsman work. The number and proportion

of cases sent back by an Ombudsman for further work to be done has stayed relatively constant albeit with a slight upward trajectory in relation to Final decisions in Q1. There has been an improvement in the quality of cases being submitted for dismissal which reflects the work done by Operational teams to ensure consistency of application of the relevant scheme rules both in terms of the application being made by the investigator and the decisions made by the ombudsmen.

33. There has been an increase in the number of jurisdiction reviews request sent back for rework (with the performance in Q3 2020-21 being a clear anomaly). A significant proportion of these send backs relate to jurisdiction requests submitted in GET and work has been undertaken across GET to ensure that the learnings from these send backs have been fed back into the team.

Service Complaints

34. Stage Zero service complaints – these are the complaints dealt with within the teams by line managers. Within GET the key theme of Stage zero complaints relates to delays and the wait time in the PAP. Within the Resolution Centre, the key themes relate to lack of updates and failing to respond to correspondence as promised. We have also seen evidence in the RC of customers complaining about cases being reallocated to other investigators and the delays that this causes to case progression.

35. Stage 1 and 2 complaints - the numbers of new service complaints opened remains broadly comparable to the levels seen over the same period and that is also broadly reflected in the numbers of complaints closed at various stages.

	Nov	Oct	Sept	Aug	July	June	May	April
Stage 1 (opened)	0	4	9	5	17	6	16	8
Stage 1 (closed)	3	6	6	11	7	5	7	7
Stage 2 (opened)	0	3	1	7	0	3	1	1
Stage 2 (closed)	0	6	0	0	2	1	2	0
Stage 3 (opened)	0	1	1	1	0	1	1	1
Stage 3 (closed)	0	1	1	1	2	0	3	0

36. The evidence continues to show that a significant proportion of service complaints are closed at Stages 1 and 2 without the need for escalation to the external Service Complaints Adjudicator. The low level of escalation to Stage 3 shows a continuation of the trend identified by the former Service Complaints Adjudicator towards the end of her term in office.

37. Of the complaints closed this year to date, the significant majority have been upheld either fully or in part with the key reasons for poor service being communication and timeliness. In over half of all upheld complaints, timeliness was upheld as a service failing and in nearly three quarters of complaints poor communications was upheld. These findings broadly reflect what is seen through customer satisfaction and the quality reviews undertaken during the year.

38. The work done in our service complaints team has helped us identify potential issues around requests for substantive investigations to be prioritised and around the provision of reasonable adjustments during an investigation. The insights gathered through these service complaints have enabled us to take steps to ensure that our processes are accessible to all our customers and that we deal with requests for prioritisation as quickly, fairly and consistently as possible.

Conclusion

39. In summary, performance in the last six months has remained stable however the issues that had been identified in previous quarters around delays at the front end, poor communication and overall timeliness remain.

40. Work is ongoing to reduce delays and improve customer experience and the teams will continue to track the impact of those endeavours to ensure that they do not create any unforeseen adverse implications for our customers.

41. Resourcing issues remain an obstacle to fully optimising the outputs and impacts of our quality assurance framework.