

Meeting	OLC Board Meeting	Agenda Item No.	11
		Paper No.	109.9
Date of meeting	26 October 2020	Time required	15 Minutes

Title	Quality Assurance Update
Sponsor	Sam Argyle
Status	OFFICIAL

Executive summary

This paper provides an update on key trends identified from the quality assurance framework in Q1 and Q2 2020/21. Board are referred to the data sheet at Appendix 1 to be considered alongside the narrative.

Performance against quality measures remained broadly stable across Q1 and Q2, with the level of risk generally low with the key risk remaining the wait time at the front end. Some positive improvements were noted in relation to the resolution of service complaints and overall feedback from consumers through our customer satisfaction surveys.

For reference the framework includes: the Quality & Feedback Model; file reviews of open and closed cases; call handling reviews; RAG feedback provided by ombudsmen on every case plus specific feedback on any cases sent back; review of data relating to service complaints and escalations that do not proceed to a formal complaint; customer satisfaction data for customers using the CAT form to bring a complaint; at investigation stage and at the end of our process.

Due to a Covid-19 related decrease in the availability of staff who normally carry out quality assurance checks, it was decided in April 2020 to reduce the level of quality assurance checks carried out in Q1 and Q2. In deciding which checks to reduce, consideration was given to which would produce a significant time saving for staff, while maintaining an adequate level of assurance, for ourselves and our stakeholders, that service to our customers continues to be delivered in line with our customer service standards.

Following that risk analysis, we agreed that service reviews for investigators and investigating ombudsmen would be paused (with adequate assurance provided via Q&F), outcome reviews for L2 ombudsmen would be paused (given sustained high performance) and reviews carried out in GET would reduce from two per team member each quarter to one per team member each quarter. The resulting reduced sample size has had an impact on results. Where this is the case, it is highlighted below.

Recommendation/action required
Board is asked to note.

Quality Assurance Update - Quarters 1 & 2 2020/21

Introduction

1. LeO's quality assurance framework consists of a number of controls, which help reviewers 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. LeO's Quality Committee, whose members include the Chief and Head Ombudsmen, regularly reviews trend data from the framework and oversees improvement activity.
2. As with previous quarters, the level of risk in relation to the quality of LeO's outcomes and service, as considered against LeO's customer service principles and standards, remains low. While the speed of the process continues to be a driver for dissatisfaction for our customers, and specifically the assessment wait time, the improvements we have started to make to the quality of our communication in this area has led to less service complaints. Improvement activity in relation to the quality of our communication at the assessment stage continues while the organisation is working to reduce the front end wait times. This remains a key priority for the Executive.

Customer Satisfaction

3. The customer satisfaction survey results for Q1 and Q2 20/21 is based on cases that were closed in Q4 19/2020 and Q1 20/21 respectively. Satisfaction with LeO's service for complainants and service providers who were also satisfied with the outcome of their complaint remained strong in Q1 and Q2 at 93% and 95% respectively for complainants, and 85% and 87% for service providers (App 1. Fig CEQ1a&b). There has been an upward trend in satisfaction among service providers for the last three quarters and in Q2, it was at its highest level in the last two years. The key driver of satisfaction for this group continues to be the quality of contact with LeO staff.
4. For complainants dissatisfied with the outcome of their complaint, satisfaction with our service remains slightly below tolerance at 12% in Q1 and 11% in Q2, albeit this is a significant improvement on previous quarters. The key drivers of dissatisfaction for this group were concerns about the speed of the process and

the extent to which staff were impartial. An emerging trend is the number of people who reported that they did not believe we met their communication needs. We have recently updated the questions in the survey around this topic to help us better understand the issues, and the ways in which customers believe we could have done something differently. We will continue to monitor this and ensure any learning is fed into an ongoing project on improving the service we provide where customers require reasonable adjustments, which is being overseen by the Quality Committee.

5. In relation to service providers, concerns about the speed of the process remained a key driver for dissatisfaction. This was closely followed by the timescales within which we ask service providers to send in their evidence, although there was marked increase between Q1 and Q2 (from 85% to 94%) of service providers reporting that they felt they were given the opportunity to provide evidence.
6. Timescales in which Service Providers are asked to provide responses are generally uniform during the investigation process to ensure that, once an investigation starts, it is progressed as efficiently as possible. We remain satisfied that the response times are reasonable in terms of providing sufficient time for service providers to respond while ensuring investigations are progressed efficiently. Clear guidance is available to Investigators about providing additional time for a response where it is reasonable to do so. Quality assurance reviews of cases allow us to identify incidences where timescales may have been unnecessarily stringent or where a request for further time may have been unreasonably refused and to address that with the relevant member of staff.
7. Understandably Service Providers customer satisfaction feedback regularly refers to the timescales set for their response being short as compared to the assessment wait time. For example, a complaint might wait at assessment for 6 months and once the investigation starts the service provider will be asked to respond to an initial evidence request in 7 – 10 days depending on the complexity of the request. A reduced wait time at assessment is ultimately the way this issue will be addressed. At the start of this financial year information provided to service providers when a complaint is accepted for assessment was significantly revised and now expressly confirms that we will expect prompt responses as soon as our investigation starts and recommends service providers ensure their complaint file is ready to provide those responses.

Service Complaints

8. Service complaints represented 2.7% of the cases LeO accepted for investigation in Q1, reducing to 2.1% in Q2. The number of new service complaints fell from 26 in Q4 to 22 in Q1 and 22 in Q2. The proportion of complaints progressing to stage 3 of the process has continued to reduce to very low levels with two thirds fewer complaints being escalated to the Service Complaints Adjudicator than this time last year. The rate at which the Service Complaints Adjudicator has upheld the complaints she has investigated is at the lowest level she has ever seen in her term (7%). This is further testament to the increasingly effective way in which the service complaints team continues to resolve complaints internally. More information can be found in the Service Complaints Adjudicator's interim report which is a separate item on the October Board agenda.
9. The number of complaints that relate to the front end wait time has reduced compared to previous quarters as a result of the improvements we continue to put in place to the way we communicate with those waiting to use our service. We have reviewed and updated all of the communication we send to our customers from their very first contact with us, up until their case is assigned to an investigator. Our letters and emails, including our auto-acknowledgement emails, now make it clearer that there is a wait and let customers know what the next stage of the process is as well as what they can expect. We have also started to look at the information we publish on our website about our wait times, following consideration of this at Quality Committee. We expect to be able to update our website in November 2020.
10. The biggest driver for service complaints in Q1 and Q2 was the approach of staff accounting for 25% of all issues investigated. This is often related to the way a member of staff has approached a particular issue. For example, they may have been rude or abrupt when speaking to a customer, not dealt with queries in an appropriate manner or been overly strict with timescales for responses. In each of these cases, feedback is given to the individual involved along with their line manager. Any trends are then monitored on a quarterly basis and the information made available to line managers on the IQR.

Quality assuring our service and outcomes

11. In the last six months, our performance in this area has continued to be strong in the Resolution Centre (RC), with 100% of our customers receiving fair and reasonable outcomes in Q1 followed by 97% in Q2. Where outcomes were found not to have been fair and reasonable (3 cases) this was due to individual performance issues, largely down to not explaining our process clearly to our

customers or telling service providers whether the case fee was chargeable, rather than wider trends. These matters have been reviewed by a senior member of staff and feedback provided to those involved. None of them resulted in a potential disadvantage to the customer that meant the files needed re-opening.

12. Within GET we have remained outside of the 95% tolerance for the last 12 months at a consistent 91%, which dropped to 88% in Q2 (Appendix 1 CEQ4a&b). The Q2 decrease is not regarded as significant because of the significant reduction in sample size in Q1 and 2, which will return to usual levels in Q3. It should be noted that the pieces of work completed by GET tend to be isolated and completed in a short timescale so there is not the opportunity to put things right that there might be within an investigation.
13. Where outcomes were found not to have been fair and reasonable (4 cases in GET) this was generally due to individual performance issues, rather than wider trends. Examples include a case being incorrectly triaged as medium complexity instead of low, a case not being progressed for three weeks upon receipt of a complaint form, a week's delay checking for the receipt of the complaints correspondence and a triage form not being correctly completed.
14. Although service reviews for investigators were suspended during this period, a reduced number remained in place for GET. Performance increased to 97% in Q1 before reducing to 88% in Q2, which is below the tolerance level. However, as less checks were completed in Q2, each negative outcome had a more marked impact on overall results than would typically be the case. The same 4 cases that did not receive a fair and reasonable service, were the same files that performed negatively in relation to outcome. As explained above, these related to individual issues around unclear communication and failing to follow our process, and were not indicative of a wider trend.
15. The proportion of cases sent back by the ombudsman team for further investigation have increased across Q1 and Q2 and now sit at our KPI limit of 10% (Appendix 1 IRE7). This increase was expected because of a significant decrease on the volume of decisions completed by our pool ombudsman so far this financial year, who have typically sent back a lower proportion of cases. Individual feedback is provided on all cases that are sent back by an ombudsman and captured as part of the overall quarterly quality reporting for Investigators. Trends from send back data are being reviewed closely by the Quality Assurance team and shared with the Quality Committee to review how the issues can be address by appropriate Knowledge Alerts / bitesize training or team based learning updates.

16. Reviews for L2 ombudsmen were suspended in Q1 and Q2, but remained for Pool and L1 ombudsmen. Following an increased in performance to 92% in Q1, we are pleased to report that all decisions reviewed in Q2 scored 100%.
17. Quality Committee continues to review quality performance at least twice a quarter, making decisions on the improvements that need to be made and monitoring implementation. The pace of improvement activity beyond line management activity, and progression through the QaF model, is constrained by resource limitations. The current focus of improvement activity is improving communication about assessment wait times and improving our service in relation to customers who need reasonable adjustments.

Conclusion

18. In summary, performance in the last six months has remained strong and stable, and with welcome signs of improvement in relation to the resolution of service complaints and customer satisfaction.

Sam Argyle
Senior Ombudsman

Appendix 1: Quality Assurance Data Q1 & Q2 2020/2021

At the time of preparing this report, we have been unable to provide an IQR summary as it requires a number of fixes following changes made to user names in CMS mid-quarter. Solutions are currently being put in place with a view to the IQR being updated with Q2's results by the end of October.

LeO Quality KPI & Tolerance Report -Q2 (2020-21)

External KPIs

Customer Satisfaction- (CEQ1a & CEQ1b)

Tolerance	% Customer Satisfied with Outcome	
	Complainants	Service Providers
85%	Q1	93.0%
	Q2	95.0%
15%	% Customer Dissatisfied with Outcome	
	Complainants	Service Providers
	Q1	12%
	Q2	11%

Tolerance: < 5% below target in one reporting period

Quality (Internal KPI)

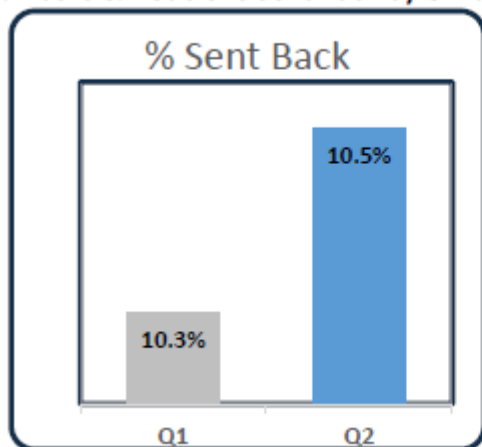
Cases assessed as meeting appropriate customer service (CEQ4a) & as having fair and reasonable outcome(CEQ4b)

Tolerance	% All Cases that met our Customer Service Principles		
	General Enquiry Team	Investigator & Level 1	Pool & Level 2 Ombudsman
90%	Q1	97.0%	n/a
	Q2	88.0%	n/a
95%	% All Cases with a Fair & Reasonable Outcome		
	General Enquiry Team	Investigator & Level 1	Pool & Level 2 Ombudsman
	Q1	90.9%	100.0%
	Q2	87.9%	96.0%

Tolerance: < 5% below target for 2 consecutive reporting period

% Tasks & Decisions Sent Back by Ombudsman (IRE7)

Tolerance: < 10%



Monthly Send Back %

April -8.8%
May -13.6%
June -9.5%

Jul -8.8%
Aug -10.7%
Sept -11.9%