

<b>Meeting</b>	OLC Board Meeting	<b>Agenda Item No. Paper No.</b>	10 101.7
<b>Date of meeting</b>	27 January 2020	<b>Time required</b>	20 Minutes

<b>Title</b>	Quality Assurance Update
<b>Sponsor</b>	Rebecca Marsh
<b>Status</b>	OFFICIAL

<b>Executive summary</b>
<p>This paper provides an assurance review of the Quality and Feedback model together with a general update on quality assurance for casework. A summary of the key trends identified from the quality assurance framework is provided; together with an overview of key improvements implemented this financial year, and information about further planned enhancements.</p>
<b>Recommendation/action required</b>
Board is asked to note.

## Quality Assurance

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LeO's quality assurance framework for casework draws on a wide-range of measures enabling continuous assessment of performance in delivering against LeO's customer service principles. The framework (Appendix 1) provides for effective management of casework quality by line managers, as well as senior oversight of wider trends, including monitoring the impact of improvement activity. Senior oversight is provided via the Quality Committee. A scheduled GIAA audit of casework compliance was completed in Q3 and the results of that audit are currently pending.

**Quality Assurance – key measures / informing improvement activity:** A summary of year to date performance against key quality assurance measures is provided at Appendix 2. Overall results suggest that improvement activity has had a positive effect, with further improvement expected as changes bed in, and confirm that the prioritisation of activity to reduce front end wait times and maintain efficient progression of investigations is appropriate.

### Quality Assurance – Improvements Implemented 2019/20

**Roll out of Quality & Feedback Model:** The Quality and Feedback (QAF) Model was developed with the aim of delivering effective, efficient and high quality resolution of complaints, and delivering continuous improvement in performance. The model overlays the involvement of a supervising ombudsman at critical stages throughout the investigation process. The model allows for investigators to demonstrate competence at key stages, and to gain an increased level of autonomy to handle their cases once there is a proven track record of high quality work. The checks completed under the model are undertaken within CRM, and the outcomes from these checks are factored into the overall quality reporting in the IQR (discussed below).

As of November 2019, all teams are now operating under the QAF model. Team Leaders conduct reviews of their teams and their stage within the model as appropriate, but no less than once every three months. This ensures that the availability of ombudsman resource for those needing support is maximised. It also allows an opportunity to ensure that there are no issues arising which would require an investigator to be moved back a stage, or to have a particular checkpoint reinstated until they are assured as to the quality of the work being produced. Regular reviews are conducted to ensure that checks are being completed within agreed timeframes and that investigators are not being unnecessarily delayed. A further review of the model is anticipated in Q1 2020 to ensure that the model is operating efficiently and that the desired outputs are being consistently achieved.

**Implementation of IQR:** Implemented in Q3, the Individual Quality Report (IQR) draws together key data assurance measures for Investigators into a single reporting tool for the first time, and applies a risk rating logic. Development of this tool provides significantly improved visibility of a wide range of quality measures for Investigators and their line managers. It provides more efficient and consistent identification of risk relating to those measures; and supports improved senior oversight of performance both in terms of the

effectiveness of line management and the identification of organisational level trends. Significant resource has been required to develop this tool as it draws on data that is held in a number of different locations outside of the case management system (CMS), as well as data held in the CMS. Further development is planned as confirmed below.

### Capturing Learning / IT Development – Legal Challenges / Service

**Complaints:** Since creating a new Senior Ombudsman post (Operational Support) in Q2, it has been possible to improve individual and organisational learning from service complaints; legal challenges; re-open requests; and decisions requiring remedies in excess of £25,000. Individual feedback is now provided on all matters of this type, with the Senior Ombudsman collating wider trends for feedback to the Operational Management Team / Quality Committee. Currently the Legal and Service Complaints teams manage their work outside of the CMS. This means using a number of different software programs to process and store work, which has made the capture and reporting of data cumbersome and inefficient, with data having to be recorded manually in excel / word etc.

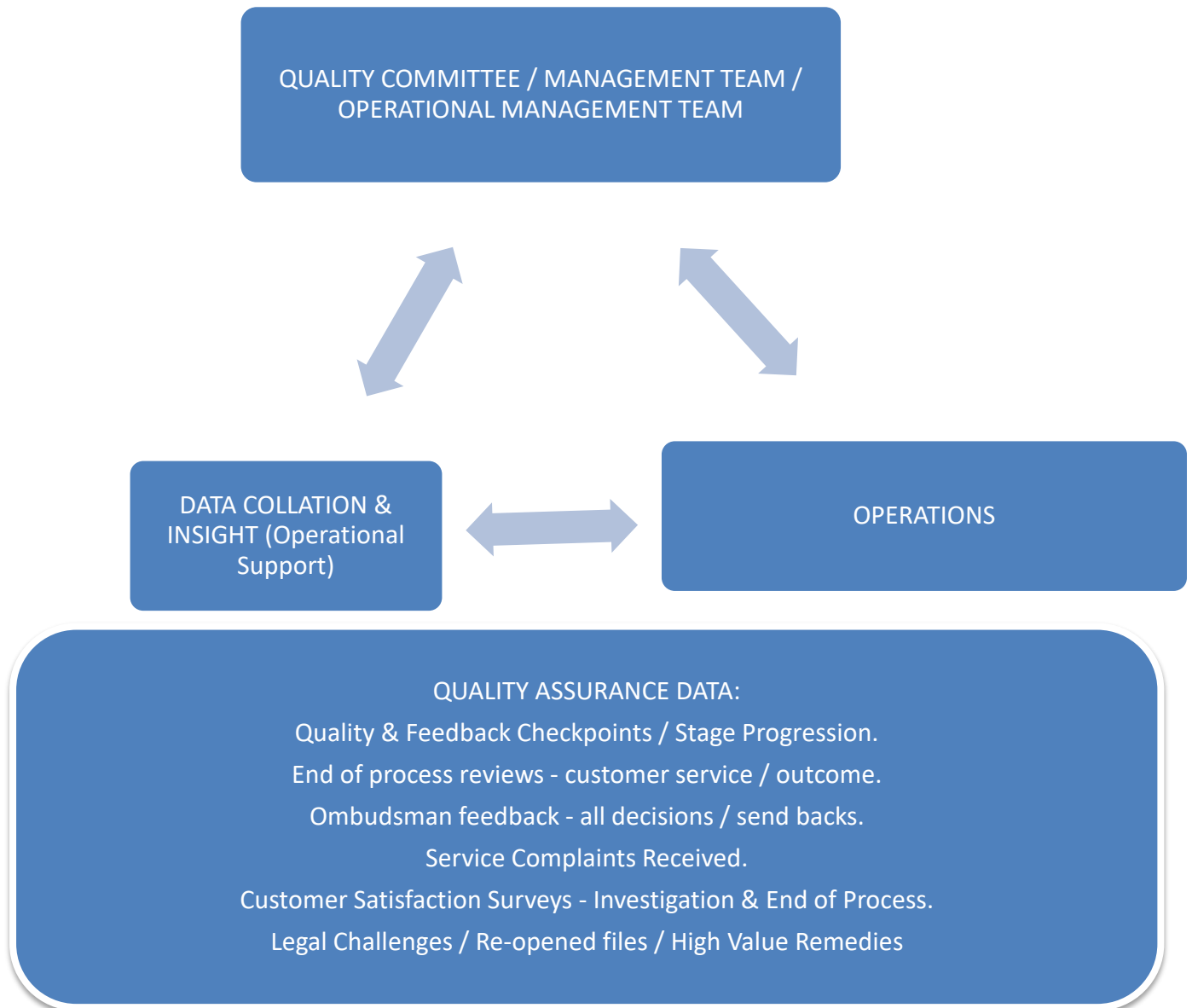
During Q2/3 the Legal & Service Complaints teams have worked with IT to develop the CMS to include Legal and Service Complaints casework. Enhanced MI reporting capacity has been developed alongside the planned changes to CMS. These improvements, due to be implemented by Q1 2021, will significantly advance the capture of feedback data and enable the provision of more reliable and sophisticated MI, further supporting insight for improvement activity.

### Quality Assurance – Improvements Planned

- All service complaints, and the majority of legal casework to move into the organisation's case management system as described above.
- Refresh of reviews completed on closed files to align them with QAF model and workload management tool and guidance; and provide for increased assurance re the quality of data capture in anticipation of future increase in data transparency.
- Implementation of revised Quality Assurance process for GET, including development of an 'Individual Quality Report' for GET to replicate the reporting functionality for the Resolution Centre.
- Continued development of IQR to incorporate additional data sources. Develop an equivalent for Ombudsman and GET staff that draws all quality assurance data into a single tool to support more efficient / accurate identification of individual and organisational performance trends.
- Improvements to achieve greater consistency between those completing quality assurance reviews; and to more efficiently identify reviewer inconsistency.
- Tender for new customer satisfaction survey provider to include, for the first time, investigation stage surveys as well as those at the end of process. If successful this will free up staff time (that would have otherwise have been spent administering the survey process) for improvement activity.

**Summary:** Significant progress has been made in improving the effectiveness of quality assurance measures. A clear plan is in place to achieve further progress, particularly focused on achieving appropriate alignment between quality assurance measures and with revised operational processes; as well as efficiency of data capture / reporting.

## Appendix 1 – Quality Assurance Framework



## Appendix 2 – Key Quality Assurance Measures

### External KPIs

			Customer satisfaction – (CEQ1a and CEQ1b)				
			Q1	Q2	Q3	Q4	
% customer satisfaction with service at the end of the process (satisfied with outcome)	85%	<5% in one reporting period	97% complainants 80% service providers	93% complainants 83% service providers	92% complainants 84% service providers		
% customer satisfaction with service at the end of the process (dissatisfied with outcome)	15%		7% complainants 11% service providers	14% complainants 7% service providers	6% complainants 10% service providers		Outside tolerance: 6% for complainants. Although this is outside tolerance, Q2 saw an unusually high level of satisfaction for this group. This quarter's results are consistent with the 2018-19 average score of 8%. Key drivers of dissatisfaction for this group are issues with the speed of LeO's service. Reducing the overall customer journey time remains a key organisational focus. The other key driver of dissatisfaction is concern about understanding of the complaint / impartiality. The issues are closely linked with dissatisfaction with outcome.

<b>Measure</b>	<b>KPI</b>	<b>Tolerance</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Tolerance exception report/additional info</b>
			<b>Quality – Service Complaints (CEQ6a)</b>												
% service complaints issues upheld at each stage of process	Trend	No tolerance	Stage	<b>Q1 Upheld % against service complaint received</b>	<b>Q2 Upheld % against service complaint received</b>		<b>Q3 Upheld % against service complaint received</b>		<b>Q4 Upheld % against service complaint received</b>						
			1	55.1%	68.4%		63.1%								
			2	68.6%	59.4%		72.7%								
			3	55.6%	57.1%		59.2%								
			<b>All</b>	<b>57.7%</b>	<b>64.2%</b>		<b>63.2%</b>								

Trends Dashboard - Quality – Service Complaints (CEQ6a)									
Quarter 1									
Stage	Upheld % against cases accepted for investigation	Issues upheld % against issues closed	Remedies awarded		Type	Received stage 1	Received stage 2	Received stage 3	
1	3.35%	55.12%	Q1 - £1,550 Cumulative for 2019/20 - £1,550		Approach of staff	8.0%	7.8%	12.5%	
					Timeliness	27.7%	21.6%	25.0%	
					Communications	27.7%	23.5%	8.3%	
2	0.63%	68.57%			Discrimination	2.7%	3.9%	4.2%	
					Failure to follow process	6.3%	5.9%	12.5%	
					Decision/advice	10.7%	19.6%	20.8%	
3	0.42%	55.56%			Other	17.0%	17.6%	16.7%	
Quarter 2									

Stage	Upheld % against cases accepted for investigation	Issues upheld % against issues closed	Remedies awarded		Type	Received stage 1	Received stage 2	Received stage 3
1	1.99%	68.42%	Q2 - £1,505 Cumulative for 2019/20 - £3,055		Approach of staff	21.5%	8.9%	9.1%
2	1.10%	59.38%			Timeliness	21.5%	20.0%	20.5%
3	0.31%	57.14%			Communications	13.8%	26.7%	22.7%
					Discrimination	3.1%	2.2%	4.5%
					Failure to follow process	4.6%	13.3%	18.2%
					Decision/advice	15.4%	13.3%	18.2%
					Other	20.0%	15.6%	15.9%
<b>Quarter 3</b>								
Stage	Upheld % against cases accepted for investigation	Issues upheld % against issues closed	Remedies awarded		Type	Received stage 1	Received stage 2	Received stage 3
1	1.95%	63.10%	Q3 - £2,250.18 Cumulative for 2019/20 - £5,305.18		Approach of staff	12.4%	14.3%	0.0%
2	0.44%	72.73%			Timeliness	39.2%	28.6%	25.0%
3	0.88%	59.18%			Communications	15.5%	35.7%	33.3%
					Discrimination	4.1%	0.0%	0.0%
					Failure to follow process	4.1%	7.1%	16.7%
					Decision/advice	5.2%	0.0%	8.3%
					Other	10.3%	14.3%	8.3%
<b>Quarter 4</b>								
Stage	Upheld % against cases accepted for investigation	Issues upheld % against issues closed	Remedies awarded		Type	Received stage 1	Received stage 2	Received stage 3
1			Q4 - £ Cumulative for 2019/20 - £		Approach of staff			
2					Timeliness			
3					Communications			
					Discrimination			
					Failure to follow process			
					Decision/advice			
					Other			

Please note that in each quarter open complaints are carried over from the previous quarter, meaning that the number received and number at each stage are not the same.

### Strategic Board performance measures

Measure	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Tolerance exception report/additional info
			Q1			Q2		Q3			Q4			
			Customer satisfaction at investigation											

% satisfaction (complainant / service provider) at investigation stage (CEQ1c)	65%	>5% below target for two consecutive reporting periods	Complainant: 61%  Service Provider - 49%	Complainant: 58%  Service Provider - 50%	Complainants: 65%  Service providers: 53%		Service Provider outside tolerance (53%). While outside tolerance, performance against this measure continues to improve. Q3 results based on 101 service provider responses. 52% of negative feedback related to the wait time before our investigations start. 23% of negative feedback related to timescales we set for Service Provider responses (once our investigation starts) being disproportionate to our processing times at the front end. Reducing overall wait times remains an organisational priority. Service Provider feedback suggests an improvement to front end processing times will have a positive impact on reported satisfaction levels. Around 25% of negative feedback (10 cases) related to a lack of regular updates . This could relate to both updates on when the case will be allocated for investigation, and updates during the actual investigation. Improvement work will roll out in Q4 to provide regular communication whilst cases are queued so we should see an improvement in this area.
			<b>Quality</b>				
% all cases assessed as meeting appropriate customer service principles – (CEQ4a)	90%	>5% below target for two consecutive reporting periods	General Enquiries Team: 81%  Investigator and Level 1 Ombudsman: 77%  Pool & Level 2 Ombudsman: 100%	General Enquiries Team: 93%  Investigator and Level 1 Ombudsman: 85%  Pool & Level 2 Ombudsman: 88%	General Enquiries Team: 89%  Investigator and Level 1 Ombudsman: 60%  Pool & Level 2 Ombudsman: 89%		CEQ4 below tolerance for Investigators and Level 1 Ombudsman. A one-off change in reviewer process took place this quarter with a single reviewer completing reviews. It appears this is the most likely explanation for the significant decline in result. A review is taking place to confirm whether that is the case. Areas for improvement are identified as efficient progression of cases and regular communication with the

															parties, both of which are the focus of operational management improvement activity.	
% all cases assessed as having a fair and reasonable outcome – (CEQ4b)	95%	>5% below target for two consecutive reporting periods	General Enquiries Team: 88%  Investigator and Level 1 Ombudsman: 96%  Pool & Level 2 Ombudsman: 93%			General Enquiries Team: 98%  Investigator and Level 1 Ombudsman: 96%  Pool & Level 2 Ombudsman: 96%			General Enquiries Team: 91%  Investigator and Level 1 Ombudsman: 93%  Pool & Level 2 Ombudsman: 100%							
Measure	Tolerance	KPI	April	May	June	Jul y	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Tolerance exception report/additional info	
			Q1			Q2			Q3			Q4				
			Send Backs (IRE7))													
% of tasks and decisions sent back by Ombudsman LEGAL (IRE7)	<10%	>10% above target	April (5.6%) May (8.4%) June (7.9%).  Q1: 7.5%			July (7.8%) August (6.6%) September (4.9%)  Q2: 6.9%			October (7.0%) November (4.7%) December (5.9%)  Q3: 5.9%							

## Appendix 2 commentary:

**Customer Satisfaction Survey Results:** Levels of satisfaction for those satisfied with outcome have remained strong over the year. Performance is more volatile for those dissatisfied with outcome but is consistent with previous years. Key drivers of satisfaction are quality of contact with LeO staff. Key drivers of dissatisfaction are issues with the speed / efficiency of service and for complainants concerns about bias / understanding of their complaint; for service providers concerns about staff competence / knowledge. Results provide assurance that the current focus on reducing the overall customer journey time, ensuring the parties are regularly updated, and ensuring the consistency of service delivery remain priority areas of improvement for customers. Verbatim feedback from surveys at investigation stage shows that customers increasingly differentiate between dissatisfaction with the front end wait time and satisfaction once an investigation starts. This suggests improvement activity focused on efficient progression of cases at investigation stage is having a positive impact on the customer experience.

**Closed file reviews:** Outcomes are regularly assessed as in line with organisational guidance in 90 / 95% of cases reviewed. Areas for improvement relate to efficient progression and regularity of communications. Providing further assurance regarding current priorities.

**Ombudsman send backs:** performance has remained well within tolerance throughout the financial year indicating work to improve the standard and consistency of case decisions, via the QaF model, is having a positive impact.

**Service complaint volumes:** stage 1 service complaints have increased this year, as they have year on year since 2015/16. Volumes remain a small proportion of the cases accepted each quarter. Front end wait times, and dissatisfaction with communication about those wait times, are key drivers. Both are the focus of improvement activity. The proportion of service complaints escalated to stage 2 & 3 have decreased, a result of investment in dedicated staff to resolve service complaints and provide feedback. Work to improve the effectiveness / visibility of the service complaint process may have affected volumes received but its not possible to isolate any cause where front end wait times are affecting volumes.