



The Scottish Parliament
Pàrlamaid na h-Alba

Complaints Handling Procedure Update 2021

Meeting Date 8 March

Reference: LG(2021)Paper 23

Executive summary

1. The Scottish Parliament has a Complaints Policy which has been operational since April 2008. The Scottish Public Services Ombudsman (SPSO) issues Model Complaints Handling Procedures (MCHPs) that organisations then use to develop their own complaint handling procedures (CHPs). This is the first update since the MCHP system was put in place in 2014. The MCHP has core text, consistent across all public services in Scotland, with some additional text and examples specific to our sector.
2. The SPSO has recently updated the MCHP for the Scottish Parliament. The SPCB is required to publish its revised CHP by 1 April 2021. Annex A summarises the changes required by the revised MCHP. Most of the changes are small in reach and can be readily incorporated into working practices of our staff. Annex B sets out links to our revised CHP.
3. [Our website](#) shows the current 2 stage process and our reports, which this revision does not significantly change. A new customer facing guide is required and is being developed, ready for the SPCB papers (18 March meeting).
4. LG is asked to:
 - endorse the recommendations and CHP approach outlined to ensure offices are able to efficiently and effectively handle complaints in line with our commitment to deliver quick, simple and streamlined complaints handling with local, early responses by capable, well-trained staff.
5. Subsequent to the CHP being approved by LG, the next steps will be:
 - Secure Chief Executive comments and approval of the Foreword (Annex B, Part1)
 - Provide the CHP to the SPCB for their 18 March meeting for their consideration and approval.

Issues and options

6. [Annex A](#) lists the outline of key changes to our CHP that are required.
7. [Annex B](#) provides LG with links to the revised CHP. Within it, there is a Chief Executive foreword. We have proposed a draft, based on our values, and

following this meeting, we seek comments and approval from the Clerk/Chief Executive.

8. Overall, the level of complaints (50-60 per year) and how we manage them does not present a high reputational or operational risk to the organisation. Staff act quickly to resolve issues as they arise, and for the more complex complaints, we are responding within time. Our last referral to the SPSO was early 2019. LG receives quarterly briefings on this through the compliance reports, which are in turn made public.
9. Whilst our assessment is that the revised CHP does not vary our overall level of risk, it does provide an opportunity for us to improve our risk management. The main ways to reduce the risk of increased complaints or increased referral to SPSO is to:
 - Keep good records of complaints handling procedure use and learning
 - Have constructive and timely communications, both internally and externally
 - Embed learning effectively for both our complaints handling procedures and our working practices for service delivery.
10. This approach is endorsed by staff from the SPSO who confirmed these are their priorities for organisations as well. The SPSO has also endorsed an improvement-based approach to our CHP roll out:
 - During year 1, we refine our systems and approaches through regular reviews based on experience and reflection.
 - Thereafter, we will use the quarterly and annual report cycle to pool the organisation's experience and information to grow and monitor improvements.
11. The following changes to how we deliver the CHP and manage our risks is set out below and may adapt in time based on experience and reflections we undertake:
 - a. Public Information staff will grow their central role in the handling of complaints. This plays to the team's strength of understanding and communicating with the public, as well as their existing monitoring commitments. Their involvement will decrease our risk of failing to technically comply with CHP and support quality in our communications. Adjustments will include:
 - i. Public Information staff will advise and support colleagues to ensure technical compliance, good communications and embedding of learning throughout stages 1 and 2. This does not diminish the role of the offices in resolving their own complaints and is more akin to the role played by IMT with FOIs and SARs.
 - ii. At stage 2, Public Information staff will liaise between the organisation and the 'customer'. The exception here will be where a complaint has come in via an MSP direct to an office, including those of the Presiding Officer and the Chief Executive. This is in line with how we currently handle enquiries from the public.

- b. Alongside this, we are also able to introduce more flexibility on who leads investigations at stage 2, introducing the option for Group Heads to delegate to Office Heads and Team Leaders.
- c. Staff-wide training is now required. During year 1, this will be delivered by Public Information for service areas where most complaints are received. Also during year 1, we will work with HR to develop appropriate introduction, induction and refresher training that can be rolled out during Session 6 to all staff.
- d. As outlined in paragraph 5 we will develop a regular programme of review and learning. As is currently the case, complaints can provide useful opportunity to reflect on the user experience and we believe there is the potential to grow how the organisation benefits collectively from this information, both in terms of our CHP as well as how we deliver services. There is also the potential to bring together information gained through both complaints and through public enquiries. This could provide a rich and valuable seam of customer insights into what the public are motivated to engage with their Parliament on. This will be part of our thinking as we develop the Public Engagement Strategy for Session 6.

Governance

- 12. We have undertaken due reviews through an EQIA and a DPIA (and are engaged with the relevant offices for these), with neither highlighting issues the team was not aware of and managing.
- 13. Once approved by LG, the CHP will be presented to SPCB on 18 March, and once ready, it can be placed on our Beta website for 1 April 2021. The SPSO has confirmed it does not need to approve it.
- 14. Public Information staff are part of the best practice network established by the SPSO. Whilst the SPSO has yet to publish its criteria that we need to monitor and report our performance against, we are not anticipating a large change, other than to report on average processing times. This was data we already monitored but did not report on.
- 15. The policy is currently supervised by the Head of Outreach Services and Public Information as part of the Engagement and Communications Group.

Resource implications

- 16. Overall the procedural changes are not likely to create significant work.
- 17. For training, our priority will be the offices who receive the most complaints from the public. All offices will need to commit some time to training but this can be delivered in a style and at a time to suit their other business needs as this is not prescribed by SPSO. Our Learning, Development and Change Manager has been engaged on the training implications for planning into Session 6.

18. We recognise that asking offices to contribute to a collective quarterly review is an additional requirement. However, we hope that this investment in future efficiency will be something teams can commit to and will feel the benefits of long term.
19. Public Information colleagues have capability and capacity to absorb the changes outlined for them. This is likely to be helpful to them as becoming involved at a later point in the procedures tends to cause more work for them in the long run.

Communications

20. Whilst we could promote this to staff via the Corporate Bulletin, we believe a system of cascading through office heads and team leaders will be more effective. We would propose to start this once SPCB approval has been gained.
21. There is no need to promote the revised CHP to the public – our staff will signpost and the Beta website has already been adapted to include it.
22. The CHP will be published on our website in English, Gaelic, BSL video and Easy Read.

Publication Scheme

23. This paper can be published.

Next steps

24. Following the approval, we will take to the SPCB and ultimately publish.
25. LG will then receive its quarterly compliance reports as usual. We can provide more update on year 1 in April 2022 as well to reflect on the approaches used and how things have embedded.

Decision

26. LG is asked to endorse the improvement-based approach in paragraph 5.
27. LG is asked to endorse the structural improvements suggested in paragraph 6 to help manage the risks to the organisation.
28. LG is asked to review Annex A and Annex B and provide any feedback on issues that require clarification.

Outreach Services and Public Information

2 March 2021

Annex A - CHP revisions in summary

1. The Scottish Parliament has had a Complaints Policy which has been operational since April 2008. The Scottish Public Services Ombudsman Act 2002 (as amended by the Public Services Reform (Scotland) Act 2010) gives the SPSO the power to publish standardised complaints handling procedures for listed authorities (including the SPCB) and requires the SPSO to monitor and promote best practice in complaints handling.
2. The 2021 revision of our CHP requires the following most noteworthy changes:

Presentational

3. We are now required to present in 4 parts (Annex B) with customer-facing guide (currently being drafted for the SPCB paper. By 1 April 2021, this will be available in Gaelic and BSL in line with our language plans and Easy Read in line with SPSO requirements). Previously this was a single document, with a public guide that was produced in English, Gaelic and BSL.
4. Organisations must respond to complaints on the organisation's own social media channels in some way, even if only to signpost to your complaints' procedures. During year 1, we will not take complaints on social media and instead will signpost to the complaints' procedure, contact details and the support available. We will review this in the first year of operation. (See Annex B - Part 2 Page 7)

Outcomes

5. We may resolve a complaint by agreeing action(s) to be taken with the customer at any stage. If it is agreed that a complaint is resolved, we do not need to state if it is upheld or not. We need the customer's agreement to the resolution, actions taken and committed to must be recorded, and signposting on what to do if the customer is not satisfied must be provided. Resolution may be achieved through mediation. The inclusion of 'resolution' as an outcome in its own right is new – previously, upheld / not upheld / partially upheld were the only outcome options for complaints that were pursued. (See Annex B - Part 3 Pages 5 and 13)
6. To support quality outcomes, training on complaints is now mandatory for staff induction and arrangements must be put in place for refresher training. (See Annex B - Part 4 Page 5)
7. Organisations need to report and publish on complaint statistics in line with performance indicators, expected to be published by the SPSO in March 2021. These are likely to be similar to what we already monitor and publish. Their requirement to review areas not receiving complaints will be picked up in our proposed annual review with offices. (See Annex B - Part 4 Page 6)

Details of procedures

8. Engagement with customers at the start of stage 2 in order to ensure clarity of understanding between customer and organisation on the nature of the

complaint(s) and expectations of outcomes is now mandatory, along with confirmation of these in writing. (See Annex B - Part 3 Page 11)

9. Employees and MSPs can also be considered as customers of our public services now (eg as a customer in the shop) and raise complaints within the scope of the CHP. Even though an MSP is rarely a 'customer' as defined by the CHP, they do raise complaints on behalf of constituents. We will treat these in the same manner as we do complaints directly from the public. (See Annex B - Part 2 Pages 9, 12, 13)
10. Timescales for a customer to ask for an escalation from stage 1 to stage 2 have reduced to 6 months from the time they first became aware of the issue or 2 months from the date of our stage 1 response (whichever is later). There was previously no specific limit set for requesting escalation to stage 2. (See Annex B - Part 2 Page 8)
11. There is now more flexibility in terms of who can sign off a letter at the end of stage 2. We are proposing 'a manager or officer who is empowered to provide the final response on behalf of the SPCB' can be a Grade 5 or 6 office head or team leader. The Group Head will choose when to delegate to them. (See Annex B - Part 3 Page 12)
12. There is a greater requirement for transparency and support when complaints relate to a staff member's performance or behaviour. This simply confirms our previous working practices. (See Annex B - Part 3 Page 12)
13. Support for vulnerable people is now a specific requirement, including staff offering to transcribe and signpost to support services. This simply confirms our previous working practices. (See Annex B - Part 2 Page 5)

Annex B – CHP revised 2021

[Part 1](#) – overview (7 pages)

[Part 2](#) – when to use (16 pages)

[Part 3](#) – the CHP (21 pages)

[Part 4](#) - governance (7 pages)