



# NHS Complaint Standards 2021-22 Pilots Evaluation Framework

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## Introduction

This evaluation framework summarises the approach PHSO will take to assess and measure the impact of the NHS Complaint Standards (and its supporting materials) within the context of the current Pilot and Early Adopter programmes.

This is to ensure that:

- the objectives of this Pilot are clearly defined and mapped to the aims of the Complaint Standards project;
- there is a clear pathway for how PHSO will measure what activity has occurred during the pilots, and how these relate to the pilot's objectives; and
- there is a confident measurement of the impact of embedding the Complaint Standards regarding staffing resources, cost-effectiveness, and staff & user feedback.

Overall, this framework will assist PHSO and its partners in evaluating the outcome of embedding the Complaint Standards in practice in order to reduce uncertainties, improve effectiveness, assess the short term impacts, and consider best approaches to ensure the Complaint Standards are able to deliver its overall aims in the longer term.

PHSO has taken account of good practice and guidance given by HM Treasury with regard to carrying out and evaluating programmes that aim to improve public services. This includes HMT's Public Value Framework and Green Book on Appraisal and Evaluation for Central Government.

This Framework follows four key phases of evaluation:

### **Planning**

This phase defines the pilot's objectives and what feasible short and long-term goals can be identified. These must be tracked to the overall aims of Complaint Standards. It also outlines what evaluative approaches PHSO has decided to take. Also included in this phase is identifying what feedback and data will be relevant, and what sources (i.e. stakeholders, surveys or other data sources) will be used and measured consistently over a set time.

### **Implementation & Completion**

This phase describes how the pilot will capture the agreed measures/data in practice. This will include the "what, where and how often" such feedback will be captured. This phase also outlines how such data will be used from both a formative (i.e. use of data to refine materials used in the pilot as we go along) and process evaluation perspective (i.e. effectiveness of implementation). This will also include a review of what benchmarking data is relevant, and how this will be used in the evaluation.

We also describe how the feedback will be used to evaluate the pilot, with a specific emphasis on evaluating short-term impacts during the pilot alongside examining what this data tells us about the potential longer-term impacts. This will include mapping against the identified objectives of the pilot.

### **Reporting**

This phase outlines how PHSO plans to report on the outcome of the piloting, including what reporting structures and formats will be used, who will be involved in the authoring, and intended audiences. We also provide a high level narrative of the objectives of the pilot and what we aim to achieve, which will form the basis of the reporting.

# Planning

## **P1. Overall vision and goals**

The first step in any evaluation is to define what we need to evaluate. In a project of this type, this first relates to the original rationale or objectives: why do we have Complaint Standards, and what issues is it addressing?

The original basis for this project stems from PHSO's 2018-2021 Strategy: to work in partnership to improve public services, especially frontline complaint handling. PHSO undertook research into what NHS staff felt could be improved in helping them effectively deal with and resolve complaints. These detailed findings were given in PHSO's Parliamentary Insight Report "*Making Complaints Count*", and summarised three key improvement areas (see table below). These three areas provide the original vision for why we have Complaint Standards - and these can address each improvement area.

## **P2. Goals and objectives for pilot**

The Complaint Standards pilot will test how the Complaint Standards (via the development of procedures, guidance, supporting materials and training) can practically address the core improvement areas outlined in *Making Complaints Count*. The pilot therefore aims to work collaboratively with NHS staff to test new procedures and supportive materials, and pilot training aimed at developing staff to meet the Standards.

The pilot's expected outcomes are to:

- develop, test and refine supporting materials and guidance that provide consistency of approach and support NHS staff/organisations in handling and learning from complaints;
- capture feedback on the impact of the Complaint Standards and its supporting material that is appropriately mapped to core indicators linked to the overall objectives;
- collaborate with NHS staff on how materials can be tailored to reflect individual sectors within the NHS;
- practically test what impact the Complaint Standards have on staff and user experience;
- assess how the Complaint Standards supports organisations in delivering the requirements of the NHS Complaints Regulations and other regulatory duties;
- gather credible evidence that strengthens the results of the evaluation and its recommendations. This evidence must come from direct sources relevant to what the pilot can influence; and
- ensure the evaluation results and areas for improvement are shared so Complaint Standards .

## **P3. Identifying other objectives that require evaluation**

We also considered other aspects not expressly linked to the overall aims that also require evaluation. This will measure direct and indirect impacts of any process changes that occur because of embedding the Complaint Standards. These relate to:

- Resource impacts: *e.g. case durations and staffing resource impacts related to any process changes;*
- Regulatory or legal impacts: *e.g. adherence/divergence with NHS complaints regulations, legal protocols, or other processes.*

As the pilots act as a 'control group' for such changes, it is important these are identified and measured accurately.

#### **P4. What evaluative approach should be taken**

This pilot seeks to capture feedback on the impact of the Complaint Standards (in meeting its original objectives), alongside feedback on how its materials can be shaped and strengthened in practice to meet needs.

As such, PHSO will adopt a hybrid approach of **capturing both formative and process feedback**. Formative feedback centres on what improvements can be made in how the Complaint Standards can work in practice, whilst process feedback centres on whether the Complaint Standards has had the desired impact (in the short term) and indicates its ability to have longer-term impact.

PHSO will use this feedback to provide an overall evaluation of the impact of the Complaint Standards during this pilot.

However, PHSO recognises that, for many aspects of the Complaint Standards, it will be impractical to expect this pilot to provide a comprehensive evaluation. This is because:

- There are many different environmental, behavioural and cultural factors that can influence how complaints are handled in the NHS, which are beyond the operational control of this pilot;
- There are many different sectors within the NHS, which mean the relationship between service user and provider will vary; and
- Most of the Complaint Standards objectives will take years, not months to achieve.

PHSO will therefore adopt **an overall summative and impact approach** to evaluating what comes out of the pilot.

**Summative evaluation** will involve PHSO capturing feedback from those involved in the pilot (directly from staff, service users and other stakeholders) on specific short-term objectives that isolate the impact of the Complaint Standards from other environmental factors. PHSO will use this to determine whether the pilot has met these specific objectives during its course.

**Impact evaluation** will examine what feedback can tell us about the capability of the Complaint Standards to meet its overall objectives over the longer-term. These focus on whether the feedback given in the pilot indicates it has had a positive short-term impact, and has the capacity to achieve longer-term, lasting impact.

#### **P5. Identifying degree of ambition for evaluation during pilot**

We then considered what we can realistically evaluate during the pilot phase: what meaningful data can be captured in this limited period.

This determines what can be evaluated during the pilot (short term indicators) and what can provide an indication that the longer-term objectives of the Standards can be met.

Putting these elements together, the following table defines the boundaries of the evaluation approach we will take in this pilot.

Issue	Goal and objectives	What success looks like	Short-term Measures	Longer-term Indicators
<b>Overarching objectives of Complaint Standards</b>				
<p>There is no single vision for how staff are expected to handle and resolve complaints.</p> <p>No consistent guidance, leaving staff confused and often leading to variable experiences for those who complain.</p>	<p>Staff and service users have a clear and consistent vision for handling complaints in the NHS.</p> <p>Staff feel supported in having clear and consistent guidance and expectation on how to handle complaints.</p> <p>Better consistency of experience for service users, mapped to My Expectations.</p> <p>More signposting to advocacy and advice services to support service users.</p>	<p>Staff say the Standards (and its supporting materials) provide clarity and consistency on complaints handling in practice across all sectors.</p> <p>Staff say the Complaint Standards are achievable in practice.</p> <p>Service users feedback positive experiences mapped to My Expectations.</p> <p>Advocates report positively on use of Complaint Standards in complaints they are involved with.</p>	<p>1.1 Feedback from staff in pilots on whether materials work in practice and provide consistency.</p> <p>1.2 Feedback from service users in pilot on their experience mapped to My Expectations.</p> <p>1.3 Feedback from advocacy/advice staff on their experience of pilot complaints (where applicable).</p>	<p>1.1 Majority of staff in pilots report satisfaction with materials being clear and provide structure.</p> <p>1.2 Staff feedback that pilot has made notable difference in improving organisational performance in core complaint handling areas.</p> <p>1.3 Feedback at end-pilot stage indicates a good, consistent level of satisfaction that experience aligned with My Expectations.</p>
<p>Staff do not get consistent access to complaints handling training.</p> <p>When staff do get training, the quality and consistency of what is covered is variable.</p>	<p>All staff have access to training, support and guidance that is of high quality and provides consistency in approach.</p>	<p>Staff say they have access to the right training and support to confidently handle complaints.</p> <p>Staff regularly provide positive feedback on the quality and consistency of training and support provided.</p>	<p>1.3 Staff Feedback on whether training in pilots met identified needs and provided practical skills/knowledge.</p> <p>1.4 Staff feedback/ratings of quality of training and materials in pilot.</p>	<p>1.4 Majority of staff (at end of pilot) feedback that training package met needs to confidently handle complaints.</p> <p>1.5 Staff feedback at end-pilot indicates a consistently high level of satisfaction with quality of training and support given.</p>
<p>Public bodies too often see complaints negatively, not as a learning tool that can be used to improve their service.</p>	<p>Organisations implement consistent and effective ways to maximise learning from complaints.</p> <p>Organisations ensure complaints are a valuable source of insight and give equal</p>	<p>Organisations regularly demonstrate how they have used complaints learning to improve services.</p>	<p>1.5 Number of examples captured during pilot of identifying learning and how it can be used.</p>	<p>1.6 Examples given in pilot indicate increase in learning activity.</p> <p>1.7 Staff feedback indicates a good level of confidence that</p>

Issue	Goal and objectives	What success looks like	Short-term Measures	Longer-term Indicators
Complaints staff feel they are not valued or supported by their organisation.	priority to complaints handling within their business.	Complaints staff feedback that their organisation values complaints and supports them effectively in their role.	1.6 Survey/assessment of staff on impact of Standards on insight/learning activity in organisation.	the Standards has raised profile of valuing complaints in organisation.
<b>Other Impacts of Complaint Standards</b>				
Impact of the Complaint Standards on Case durations	Complaint Standards help to reduce case durations overall, due to emphasis on early resolution and more consistency in handling complaints.	<p>Staff use Complaint Standards to resolve cases earlier, helping to reduce overall case durations.</p> <p>Staff use more consistent approach to handling complaints, which drives efficiencies in case durations.</p>	<p>2.1 Control comparisons of case durations within and outside of pilots (including historical benchmarking).</p> <p>2.2 Staff feedback on whether consistency of approach across process drives better efficiencies.</p>	<p>1.8 Overall results indicate that case durations are not negatively affected by new process.</p> <p>1.9 Value-based feedback indicates that staff consider consistency has capacity to drive efficiencies in the long term.</p>
Impact of Complaint Standards on staff resource	<p>Complaint Standards provide staff with support, guidance and efficient processes that makes handling complaints less resource intensive overall, and filters out 'wastage'</p> <p>Emphasis on early resolution helps staff to manage their resource more effectively.</p>	<p>Trained, experienced staff using consistent process handle complaints more effectively.</p> <p>Staff say process is efficient and adds value to their role, with limited wastage.</p> <p>Staff say early resolutions are effective at managing workloads.</p>	2.3 Staff feedback on experience of pilot complaints & impact on their resource.	<p>1.10 Overall results indicate that efficiencies on staffing resources can be identified.</p> <p>1.11 Staff feedback indicates consistency of process adds overall value to handling complaints effectively.</p>
Regulatory & Legal impacts	Complaints are handled in line with relevant NHS Complaints Regulations every time.	<p>Compliance with the NHS regulations is very high and can be demonstrated in every case.</p> <p>Staff say they are fully aware of complaint regulatory requirements, and process aligns fully with NHS Complaints Regulations.</p>	2.4 Examples of complaints during pilots demonstrate full compliance with NHS Complaints Regulations.	<p>1.12 Examples and feedback indicate that Complaint Standards do not conflict with NHS Regulations.</p> <p>1.13 Amendments to process &amp; guidance during pilots indicate ease of ability to ensure full compliance.</p>

# Implementation & Completion

We set out how we will capture the planned measures in practice, including how, what, where and how often such feedback will be captured. This phase also outlines how such data will be used from both a formative (i.e. use of data to refine materials used in the pilot as we go along) and process evaluation perspective (i.e. effectiveness of implementation).

The main channels of securing feedback throughout the Pilots will be:

- Baseline feedback given via self-assessments
- Surveys on specific themes/activities
- End-case Surveys: staff and complainant surveys (via NHSE's My Expectations survey)
- Formal Interviews (taken at Mid Pilot and End-of-pilot phases)
- Feedback from Advocacy and Advice partners
- Focus Groups (TBC)
- Informal feedback given in regular meetings, or via PHSO's Community of Practice
- Statistical data (such as case durations, statistical analysis arising from surveys etc.)

Measure	What feedback	How measured	When measured	Formative use	Process Evaluation use	Longer term indicators
Overarching Objectives						
1.1	Use of Model Complaints Handling Process  Use of Guidance	Themed Survey	At Self-Assessment phase	ID where MCHP and guidance can be strengthened and tailored to orgs.  ID new areas of guidance needed	Feedback that MCHP works in practice, provides consistency.	1.1 long-term viability of MCHP and guidance  1.2 Whether Guidance adding value to improving performance and can be adopted
		Formal Interviews	Mid & End Pilot			
		Informal Feedback	Throughout pilot			
1.2	Service User Feedback on experience during pilot	End-Case survey with complainant	Throughout pilot (at end of complaint stage).	Real-time evaluation of impact of pilot	Trend analysis of consistency/ quality of experiences	1.3 Whether MCHP and Guidance can deliver consistent performance on My Expectations in long-term
		Focus Groups with complainants	Towards end of Pilot			
		Self assessment baselines	At start of pilot	N/A	Impact overall of development against baselines	
		Advocacy/Advice feedback	Throughout Pilot	Real-time evaluation of impact of pilot	Impact overall on experience	
	Staff complained about	Staff survey	End-Case	Real-time evaluation	Experience	1.7 Confidence in Standards helping to promote learning culture

Measure	What feedback	How measured	When measured	Formative use	Process Evaluation use	Longer term indicators
1.3 1.4	Training: quality and support	Electronic survey	End of training session	What elements of training can be improved.	Quality of training and whether it met specific needs.	1.4 Whether training programmes meet short and long term needs
		Formal Interviews	Mid & Pilot	What further skills, knowledge need to be covered		
		Self assessment baselines	At start of pilot	N/A	Impact overall of development against baseline	1.5 Whether support given via training will provide long-term improvement
1.5	Learning from individual complaints	Case data	Throughout Pilot (at end of case and mid/end pilot)	ID how best to capture and codify learning	Examples of how learning has been (or will be) used positively	1.6 Potential of increased capacity in capturing learning
		Formal interviews				
		Self assessment baselines	At start of pilot	N/A	Impact overall of development against baseline	
1.6	Promoting a learning culture	Formal interviews	Mid and End Pilot	ID how to improve learning activity in orgs	Feedback on impact of Standards on promoting learning in pilot	1.7 Confidence in Standards helping to promote learning culture
		Self assessment baselines	At start of pilot	N/A	Impact overall of development against baseline	
Other impacts of the Complaint Standards						
2.1	Impact on case productivity and duration	End-Case surveys	Throughout pilot	Review where efficiencies can be gained in pilots.	Feedback on where there is resource impacts and efficiencies gained.	1.8 Whether Standards have disproportionate impact on resources vs benefits
		Case data				
		Formal Interviews	Mid and End Pilot		Control comparisons with non-pilot cases	1.9 Whether Standards have capacity to drive efficiencies over time
2.2	Impact & overall benefits	Formal Interviews	Mid and End Pilot	Review balance of	Feedback on impact on	1.10 Whether overall

Measure	What feedback	How measured	When measured	Formative use	Process Evaluation use	Longer term indicators
				resource impact vs efficiencies and added value	resource alongside overall benefits	efficiencies can be made
		Informal feedback	Throughout pilot			I.11 Whether consistency of process adds value to handling complaints effectively
		Self-assessment baselines	At start of pilot	N/A	Impact overall of development against baseline	
2.3	Supporting adherence with NHS Complaint Regulations	End-Case surveys	Throughout pilot	Real time review of any divergence from NHS Regulations and how this can be resolved	Feedback on whether Complaint Standards supports compliance with NHS Regulations and other statutory/regulatory duties	I.12 Long term effectiveness of compliance with NHS Regs
		Formal Interviews	Mid and End Pilot			I.13 Flexibility of Standards to enable compliance with NHS Regulations and other duties
		Informal feedback	Throughout pilot			

## Benchmarking

We have reviewed what baseline data may be available to assist evaluation against each measure and long-term indicator. In doing so, we have identified that - whilst there are some baseline data available, a lot of what is to be measured is either not available (i.e. because it is reviewing new elements or activity) or is recorded in different ways throughout the NHS (e.g. case details, learning and insight from complaints).

We have also borne in mind that a lot of what we are measuring is about the impact of the Standards (do they make a difference? Do they support etc.). This is our main focus - establishing what immediate impact it can have and longer-term indications of whether the Standards work.

To help supplement the limited existing baseline data, we will use the feedback we receive from each individual pilot site via their initial self-assessment stage. These self-assessments are designed to allow each pilot site to analyse (with evidence) how well they are currently performing against the Standards, and where they think more can be done. We will use this data to assess (at end of pilot) whether each pilot site has seen a notable improvement in their baseline performance over those self-assessment categories.

Overall, we have the following information that can be used to baseline/benchmark existing performance during the pilot:

- Case performance data (such as case durations, workloads etc.). We will ask each pilot site to provide such data on each pilot complaint, so it can be compared with previous performance data.
- Self-assessment evidence on performance in key categories. We will ask each pilot site (at mid-pilot and end-pilot) to revisit these assessments to provide a view on whether the Standards have had an impact (and whether they indicate the potential to have a longer-term impact) on their performance in these areas.

## GDPR

In order to ensure privacy and GDPR principles are maintained, we will ask each pilot site to retain each end case survey (and complainant feedback) and provide PHSO with an anonymised version. This will not include any personal details of the complainant and will be drafted to ensure no details are given that can inadvertently identify any individual involved in the complaint process (including specific details of any care and treatment given).

## Reporting

This phase outlines how PHSO plans to report on the outcome of the piloting, including what reporting structures and formats will be used, who will be involved in the authoring, and intended audiences.

Given that most of the evaluation will consist of qualitative feedback - taking commentary on the desired impacts from the staff in each pilot site who have been using the Complaint Standards in their work - it is important the reporting covers this feedback comprehensively. This will include 'value-statements' on our objectives and success measures, which are given in the table below.

Our reporting will also include any quantitative data and baseline comparisons we have been able to achieve during the pilots.

The overall structure of the report will be to set out what we set out to achieve in the pilots, alongside how these were measured - and what we have captured to indicate the Complaint Standards can have a longer-term positive impact. As such, this Framework will form a significant basis of the areas that will be covered in the reporting.

Alongside regular capture of feedback and data, we will carry out a mid-pilot review with each pilot site that will cover the aspects of reporting, alongside an end-pilot review. Here we will involve each pilot site in the review of the feedback we have received so far, so they are happy it accurately reflects their experiences and thoughts on the Complaint Standards.

Once each pilot site has concluded their pilot phase, we will review and aggregate all of the feedback and data to produce a comprehensive report on the pilot phase. This report will be used to assess the impact across all pilot sites, and provide commentary and evaluation. We will publish this report, with anonymization where appropriate. No personal information of any individual staff member (or complainant) will be given.

Following this phase, PHSO is committed to providing each pilot site with a personalised report on the pilot phase. This will remain confidential to each pilot site and will not be published.

## Objectives, Outcomes and Success Measures

We want to...	Success will be that...	We will measure this by...
<p><b>ensure the Standards and its supporting materials work in practice across all of the NHS</b></p>	<p>each expectation in the Standards tested and improved to ensure they are practically achievable.</p> <p>the Model Complaints Handling Procedure meets staff needs, can be tailored for individual sectors, and minimises impact on staff resource.</p> <p>the Model Procedure has positive impact on the experience of service users</p> <p>the pilot guidance is practical, tailored to each sector and supports the organisation to deliver the Standards</p>	<p>asking staff if they are confident that the Standards can be delivered in practice.</p> <p>asking staff if they agree that the Model Procedure meets needs their needs and minimises impact.</p> <p>asking Service Users and Advocates whether the pilots are having a positive difference on how complaints are handled.</p> <p>asking pilot sites if they will adopt the Model Procedure and guidance once the pilot is over.</p> <p>asking staff if they are satisfied guidance is relevant, easy to use and can be delivered in practice.</p>
<p><b>create a self-assessment approach that helps organisations plan how to embed the Standards</b></p>	<p>we design a self-assessment approach that supports organisations to pinpoint areas of strength and development areas over a short, medium, and long-term period.</p> <p>development plans and activities based on self-assessment provide a realistic and supportive pathway to developing the Standards.</p>	<p>asking staff if they are satisfied that the self-assessment approach is easy to use, valuable, and provides optimum support for development.</p>
<p><b>design training modules that directly support staff to develop the skills, competencies and behaviours arising from the Standards.</b></p>	<p>each training module designed and tested during the pilots provides tailored and practical support to all staff.</p>	<p>asking staff if each training module met its objectives and their developmental needs.</p> <p>asking staff if they are satisfied that training has practical relevance and adds value to handling complaints.</p>
<p><b>identify what advanced training requirements exist and design training to meet those</b></p>	<p>pilot sites identify what advanced skills, competencies and behaviours are needed to help them become an exemplar complaint handler.</p> <p>we are able to test some of these advanced modules in the pilot programme (where possible).</p>	<p>identifying several advanced modules and developing a small number of those to test in the pilot.</p> <p>asking staff whether advanced modules we pilot met objectives and developmental needs.</p> <p>creating a future advanced training programme based on needs.</p>