

Notice of meeting and agenda



Cabinet

Venue: Council Chambers,
Midlothian House, Dalkeith, EH22 1DN

Date: Tuesday, 10 January 2017

Time: 11:00

John Blair
Director, Resources

Contact:

Clerk Name: Gordon Aitken

Clerk Telephone: 0131 271 3159

Clerk Email: gordon.aitken@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

Audio Recording Notice: Please note that this meeting will be recorded. The recording will be publicly available following the meeting. The Council will comply with its statutory obligations under the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002.

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declarations of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest

4 Minutes

- | | | |
|------------|--|----------------|
| 4.1 | Minutes of Special Cabinet of 22 November 2016 | 5 - 10 |
| 4.2 | Minutes of Cabinet of 22 November 2016 | 11 - 18 |

5 Public Items (Education Interest)

- | | | |
|------------|---|----------------|
| 5.1 | Inspection of Community Learning and Development in Midlothian Council - Report by Head of Education | 19 - 30 |
| 5.2 | Procedure for Reporting of Complaints Progressed to the Scottish Public Ombudsman - Report by Chief Executive | 31 - 62 |

6 Public Items (No Education Interest)

- 6.1** Dog Control and Dog Fouling - Report by Director, Education, Communities and Economy (To Follow)
- THE CABINET IS INVITED (A) TO CONSIDER RESOLVING TO DEAL WITH THE UNDERNOTED BUSINESS IN PRIVATE IN TERMS OF PARAGRAPH 11 OF PART 1 OF SCHEDULE 7A TO THE LOCAL GOVERNMENT (SCOTLAND) ACT 1973 - THE RELEVANT REPORT IS THEREFORE NOT FOR PUBLICATION; AND (B) TO NOTE THAT NOTWITHSTANDING ANY SUCH RESOLUTION, INFORMATION MAY STILL REQUIRE TO BE RELEASED UNDER THE FREEDOM OF INFORMATION (SCOTLAND) ACT 2002 OR THE ENVIRONMENTAL INFORMATION REGULATIONS 2004

7 Private Items (Education Interest)

- 7.1** Minute of Joint Consultative Group of 20 September 2016
- 11. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office-holders under, the authority

8 Private Items (No Education Interest)

No Private Items of Business without an Education Interest to be Discussed

Minute of Meeting

Cabinet
Tuesday 10 January 2016
Item No 4.1



Special Cabinet

Date	Time	Venue
Tuesday 22 November 2016	9.00 am	Council Chambers, Midlothian House, Dalkeith, EH22 1DN

Present:

Councillor Johnstone (Chair)	Councillor Constable
Councillor Bryant	Councillor Parry
Councillor Rosie	

Religious Representatives:

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In attendance:

Kenneth Lawrie	Chief Executive
Mary Smith	Director Education, Communities and Economy
Eibhlin McHugh	Joint Director Health and Social Care
Gary Fairley	Head of Finance and Integrated Service Support
Kevin Anderson	Head Customer and Housing Services
Ian Johnson	Head of Communities and Economy
Grace Vickers	Head of Education
Janet R Ritchie	Democratic Services Officer (Minutes)

1. Apologies

Apologies were received from Mr Vic Bourne.

2. Order of Business

The order of business was as set out on the Agenda.

3. Declarations of interest

No declarations of interest were received.

4. Reports

Report No.	Report Title	Submitted by:
4.1	Midlothian Council Quarter 2 Performance Report 2016/17	Chief Executive
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Midlothian Council was presented by the Chief Executive. The report highlights the delivery of the Council's priorities through the Community Planning Partnership and the Single Midlothian Plan. The Chief Executive explained to the Cabinet the four elements to the Report:</p> <ul style="list-style-type: none">• The first element sets out the key achievements and progress under each of the five themes together with the emerging challenges. The Chief Executive highlighted the positive work throughout the report and also some of the emerging challenges.• The second element of the report is the high level Performance Indicator Summary.• The third element of the report is the Balanced Scorecard Indicators and the Chief Executive gave a brief description of the information detailed within this section.• The fourth element of the report is the more detailed actions and performance indicators under the five community planning themes.		
Decision		
To note the report.		

Report No.	Report Title	Submitted by:
4.2	Communities and Economy Quarter 2 Performance Report 2016/17	Head of Communities and Economy
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Communities and Economy was presented by the Head of Communities and Economy highlighting to the Cabinet the progress in the delivery of strategic outcomes and a summary of the emerging</p>		

challenges as detailed in the Report.

Several members of the Cabinet commented on the good information contained within the report and wished to express their appreciation for all who attended and supported the bid for funding for Penicuik Town Centre regeneration.

Decision

To note the report.

Report No.	Report Title	Submitted by:
4.3	Education Quarter 2 Performance Report 2016/17	Head of Education
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Education was presented by the Head of Education highlighting to the Cabinet the progress in the delivery of strategic outcomes and a summary of the emerging challenges as detailed in the Report.</p> <p>Councillor Constable commented on the excellent report and congratulated all involved in the positive work within this report.</p>		
Decision		
To note the report.		

Report No.	Report Title	Submitted by:
4.4	Children's Services Quarter 2 Performance Report 2016/17	Director of Education, Communities and Economy
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Children's Services was presented by the Director of Education, Communities and Economy highlighting to the Cabinet the progress in the delivery of strategic outcomes and a summary of the emerging challenges as detailed in the Report.</p> <p>Councillor Constable commented on the excellent report.</p>		
Decision		
To note the report.		

Report No.	Report Title	Submitted by:
4.5	Adult Social Care Quarter 2 Performance Report 2016/17	Head of Adult and Social Care
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Adult and Social Care was presented by the Joint Director Health and Social Care highlighting to the Cabinet the progress in the delivery of strategic outcomes and a summary of the emerging</p>		

challenges as detailed in the Report.

Councillor Johnstone commented on the good work and the many challenges in this service.

Decision

To note the report.

Report No.	Report Title	Submitted by:
4.6	Customer and Housing Services Quarter 2 Performance Report 2016/17	Head of Communities and Economy
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Communities and Economy was presented by the Head of Customer and Housing Services highlighting to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p> <p>Members of the Cabinet commented on the very good report and the very positive work within customer services in particular the changes in the website, the mediation service and the increased use of the mobile library.</p>		
Decision		
To note the report.		

Report No.	Report Title	Submitted by:
4.7	Property and Facilities Management Quarter 2 Performance Report 2016/17	Head of Property and Facilities Management
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Property and Facilities was presented by the Head of Finance and Integrated Service Support highlighting to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p> <p>Councillor Rosie raised questions on this report and the Head of Finance and Integrated Service Support agreed to take these matters back to the appropriate officer and ensure that feedback would be provided.</p>		
Decision		
To note the report.		
Action		
Head of Finance and Integrated Service Support/Head of Property and Facilities Management		

Report No.	Report Title	Submitted by:
4.8	Commercial Operations Quarter 2 Performance Report 2015/16	Head of Commercial Operations
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Commercial Operations was presented by the Head of Finance and Integrated Service Support highlighting to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p> <p>Various members commented on the positive report and the good work contained within the report in particular the progress in waste management, the investment in electric vehicles and congratulated the Land and Countryside service for the green flag awards. Also highlighted was the successful opening event at Gala Park.</p> <p>Thereafter a question was raised with regards to the monitoring of the Emily Bing and the Head of Finance and Integrated Service Support agreed to take this matter back to the appropriate officer and ensure that feedback would be provided.</p>		
Decision		
To note the report.		
Action		
Head of Finance and Integrated Service Support/Head of Commercial Operations		

Report No.	Report Title	Submitted by::
4.10	Finance and Integrated Service Support Quarter 2 Performance Report 2016/17	Head of Finance and Integrated Service Support
Outline of report and summary of discussion		
<p>The Quarter 2 Performance Report 2016/17 for Finance and Integrated Service Support was presented by the Head of Finance and Integrated Service Support highlighting to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p> <p>Councillor Parry commented on the progress of investing in our workforce and congratulated the team involved.</p>		
Decision		
To note the report.		

5. Private Reports

No private reports were submitted to this meeting.

Meeting terminated at 10:04 am

Minute of Meeting

Cabinet
Tuesday 10 January 2016
Item No 4.2



Cabinet

Date	Time	Venue
22 November 2016	11am	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith

Present:

Councillor Johnstone	Councillor Bryant
Councillor Parry	Councillor Constable
Councillor Rosie	

Religious Representatives:

Mr V Bourne Rev. Ruth Halley Mrs M Harkness	
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1 Apologies

1.1 No apologies were received.

2 Order of Business

The Clerk advised that the Chair had agreed that Item No 6.5 on the Agenda entitled “New Build Council Housing – Local Letting Initiative” be taken as the first item of business under the heading of Public Items - No Education Interest, as shown below.

3 Declarations of interest

No declarations of interest were received.

4 Minutes of Previous Meetings

The Minute of the Meeting of the Cabinet of 11 October 2016 were submitted and approved as a correct record.

With reference to paragraph 5.2 decision (b) of the aforementioned Minute, the Chair reminded Members that the Revised Standing Orders now required that any request for a Seminar be formally approved by Council.

5. Reports

Agenda No	Report Title	Presented by:
5.1	Accreditation of Mayfield Nursery School's ICAN Provision	Head of Education

Outline of report and summary of discussion

The report outlined the outcome of the I CAN Early Talk Accreditation which was carried out in Mayfield Nursery School on 25 October 2016. The I CAN Early Talk accreditation scheme was a quality assurance and quality improvement tool. The accreditation involved an inspection of a portfolio of evidence, and an onsite audit of practice using standards of service excellence, which had been developed by I CAN. A full copy of the accreditation report was attached as an appendix to the report. The specialist level accreditation was divided up into the following ten sections:

- Outcome Measures
- Supporting children in your setting/service
- Specialist Education and Therapy
- Assessment
- Supporting Inclusion
- Admission, Transition and Outreach
- Working with Families
- Professional Development
- Staff mix and Induction
- Management Structure and Support

The report detailed 52 strengths that were identified across those ten indicators as well as 20 areas of comment/areas for development. Both Mary Smith and Lisa Barnes, Head Teacher were heard in amplification of the report.

Several Members along with Mr Bourne were heard highlighting that this was an outstanding Inspection report and congratulating all involved.

Decision

- (a) To note the content of the inspection report;
- (b) To pass this report to the Performance, Review and Scrutiny Committee for its consideration;
- (c) To congratulate the pupils, parents, carers and staff connected with Mayfield Nursery School ICAN on the key strengths highlighted within the report; and
- (d) To note those areas identified for further development.

Action

Director Education, Communities and Economy/ Head of Education

Agenda No	Report Title	Presented by:
5.2	Midlothian Tourism Action Plan 2016-20: Progress Report	Director Education, Communities and Economy

Outline of report and summary of discussion

The purpose of the report was to update Cabinet following the launch of the Midlothian Tourism Action Plan 2016-20 and to outline some of the key themes and activities contained within it. Ian Johnson was heard in amplification of the report..

Decision

- (a) To note the collaborative work undertaken between the Midlothian Tourism Forum, the Council and key partners to prepare the Midlothian Tourism Action Plan for 2016-20; and
- (b) To endorse the Midlothian Tourism Action Plan 2016-20 as an industry led strategy for local tourism development to be delivered in partnership with the Council.

Action

Director Education, Communities and Economy

Agenda No	Report Title	Presented by:
6.5	New Build Council Housing – Local Letting Initiative	Joint Director, Health and Social Care

Outline of report and summary of discussion

The report proposed a Local Letting Initiative (LLI) to be used for the allocation of housing at the completed new council housing development at Polton Street, Bonnyrigg.

The report highlighted that 18 flats had been built, with a mix of 1 person studio flats, 1 person 1 bedroom flats and 2 person 1 bedroom flats.

Table 1: Housing Mix at Polton Street, Bonnyrigg

Property Type	Number of Properties
1 Bed, 1 Person Studio	5
1 Bed, 1 Person Flat	5
1 Bed, 2 Person Flat	8

In order to allocate these units in a way that ensured a balanced and sustainable community it was recommended that the following criteria be used to allocate the first let of these units. It was proposed that allocations would be offered in the following order of priority until all properties had been let:

- Allocate suitable ground floor level access accommodation to households with a Medical Priority A or B to General Needs or Homeless Applicants who are currently resident in Bonnyrigg/Lasswade/ Poltonhall.
- Allocate to existing council housing tenants who are under occupying their current tenancy by 1 or more bedrooms and are resident in the areas of: Bonnyrigg/Lasswade/Poltonhall.
- Allocate to Homeless or General Needs List Applicants who are currently resident in Bonnyrigg/Lasswade/Poltonhall and have chosen these as one of their area choices.
- Allocate to Homeless and General Needs List Applicants who have chosen Bonnyrigg/Lasswade/Poltonhall as one of their area choices but are not but not resident in these localities.

To ensure sustainability of tenancies, properties would be allocated to households on the Housing List who did not have a history of anti social behaviour.

Currently there were no base rental charge for Studio flats as Midlothian Council had no other studio flats in its housing stock. In Scotland in 2015/16 the average rent charge for a studio flat was £64.07 per week, while 1 bedroom properties was £68.56 per week – a difference of 7%. The cost of constructing a studio flat was approximately 3.4% less than the 1 Bedroom 2 Person flat at this site (which in Midlothian was charged at £68.25 for new builds). It was therefore recommended that a new rent charge of £65.53 for studio flats was introduced to reflect the smaller size of these properties to be consistent with other Scottish landlords who charge less for studio flats compared to 1 bedroom properties. Kevin Anderson was heard in amplification of the report.

Decision

(a) To approve a Local Letting Initiative detailed within the report for the allocation of housing at Polton Street, Bonnyrigg, to ensure the creation of a sustainable, balanced community; and

(b) To agree to a reduced rent charge of £65.53 per week for the 5x studio flats in this development.

Action

Joint Director, Health and Social Care

Agenda No	Report Title	Presented by:
6.1	Creation of a Pan Scotland Local Authority Business Loan Fund – Progress Update	Head of Communities and Economy

Outline of report and summary of discussion

The purpose of the report was to update Cabinet on progress with the creation of A Pan Scotland Local Authority Business Loan Fund (Business Loans Scotland) and to outline the course of action that had been taken, to date, in terms of Midlothian Council's participation in the new Loan Fund. John Beveridge was heard in amplification of the report.

Decision

(a) To note progress with the establishment and operation of Business Loans Scotland, in particular the revised Fund size of £ 8.133 million;

(b) That the Council continued to fully participate in Business Loans Scotland activities;

(c) That the Council's Economic Development Manager continues to represent the Council's project governance interests on the Business Loan Fund Regional Management Group, appropriate Regional Investment Panel(s) and appropriate Regional Officer Group(s); and

(d) That further progress reports be submitted to Cabinet to advise on the establishment, development and operation of the proposed new Pan Scotland Local Authority Business Loan Fund.

Action

Head of Communities and Economy

Agenda No	Report Title	Presented by:
6.2	Easter Bush Business Improvement District	Head of Communities and Economy

Outline of report and summary of discussion

The purpose of the report was to update Cabinet on progress with the possible establishment of a Business Improvement District (BID) in the Easter Bush area of the Midlothian Science Zone.

The report highlighted that BIDs came into force in Scotland in April 2007 following legislation passed by the Scottish Parliament in 2006.

BIDs in Scotland were not restricted to town and city centres and could be developed in areas such as the tourism and visitor sector, commercial or industrial districts areas, rural areas, agriculture or single sector business groups who wish to collectively improve their trading environment.

BIDs were developed, managed and paid for by the business sector through a compulsory levy. A BID could only be formed following a successful ballot of the businesses within the prospective BID area. The interests of both large and small businesses were protected through a voting system that required a majority in the numerical votes cast and the rateable value of votes cast. Ian Johnson was heard in amplification of the report..

Decision

(a)To note progress with the proposed development of a Business Improvement District within the Midlothian Science Zone;

(b)That the Council continued to provide appropriate in kind project support to assist with the development and operation of the proposed Easter Bush Business Improvement District; and

(c)That a further progress report be presented to Cabinet once the results of the initial consultation with businesses were known.

Action

Head of Communities and Economy

Agenda No	Report Title	Presented by:
6.3	Report for the Scottish Ministers on Compliance with Climate Change Duties for 2015/16	Head of Communities and Economy

Outline of report and summary of discussion

The purpose of the report was to inform Cabinet of the Council's statement of Compliance with Climate Change Duties for 2015/16, a copy of which was Attached as an appendix to the report, and to recommend its submission to Scottish Government by the due date of 30 November 2016. Peter Arnsdorf was heard in amplification of the report.

Decision

- (a) To approve the proposed response as the Council's Report on Compliance with the Public Bodies Climate Change Duties for 2015/16;
- (b) To submit the response to the Scottish Ministers by 30 November 2016; and
- (c) To refer the report to the Performance Review and Scrutiny Committee for its information.

Action

Head of Communities and Economy

Agenda No	Report Title	Presented by:
6.4	Tyne Esk LEADER Programme 2014-20: Progress Report	Director Education, Communities and Economy

Outline of report and summary of discussion

The purpose of the report was to update Cabinet on the progress of the Tyne Esk Leader 2014-20 Programme following Scottish Government approval of the Local Development Strategy and Business Plan.

The report highlighted that the LEADER programme had been "suspended" to new bids beyond the UK Government's Autumn Statement on 24 November 2016, pending a review by the Scottish Government. There was, at that point, no clarity about when it would be reopened although there were indications from the Scottish Government that it would reopen and would not have a reduced allocation. John Beveridge was heard in amplification of the report.

Decision

- (a) To note progress to date in the operation of the Tyne Esk LEADER Programme; and
- (b) That a further report be submitted to Cabinet on progress at appropriate points in the implementation of the Programme.

Agenda No	Report Title	Presented by:
6.6	Adult Social Care and Health Budget Pressures	Joint Director, Health and Social Care

Outline of report and summary of discussion

The purpose of the report was to provide the background to the current financial pressures in Adult Social Care and Health and a summary of actions being taken to address these. The report also highlighted the key challenges facing social care in seeking to remodel services to meet increasing demand in the context of reducing public finance and a finite social care workforce. Eihblin McHugh was heard in amplification of the report.

The Leader of the Council acknowledged the budget pressures being experienced across the Council and in this case to those services assisting the most vulnerable within our society. She requested that regular updates on these issues be brought to Cabinet in an attempt to provide proactive solutions wherever possible. .

Decision

- (a) To note the work underway to address a major projected overspend in Adult Care;
- (b) To note the implications of the current financial position when decisions are being made about the financial offer to the IJB for 2017-18, and
- (c) To refer the report to the Performance Review and Scrutiny Committee for its information.

Action

Joint Director, Health and Social Care/Democratic Services

The meeting terminated at 12.02pm.

Education Scotland Inspection Report: Community Learning and Development in Midlothian Council**Report by Dr Grace Vickers, Head of Education****1 Purpose of Report**

The purpose of this report is to present the findings of the Education Scotland inspection of community learning and development in Midlothian Council which was published on 13 December 2016. The inspection focused on both the strategic leadership across Midlothian and place-based delivery within the communities of Dalkeith, Woodburn, Gorebridge, Mayfield and Easthouses. A copy of the inspection report is attached as appendix one.

2 Background**2.1 Context of this Inspection**

Education Scotland have the responsibility for inspecting how good the learning and development taking place within local authority areas is regardless of who is providing those learning and development opportunities. The local authority has the responsibility for co-ordinating learning and development. The CLD regulations place a responsibility on the local authority to map and coordinate improvement planning within these areas. In Midlothian we coordinate learning and development activities through the community planning partnership arrangement. The scrutiny function is carried out by the Improving Opportunities in Midlothian theme of Community Planning. Risks relating to the CLD regulations plan are contained within the Local Area Network (LAN). None are currently identified for Midlothian.

The inspection grading is given using a six point scale: excellent, very good, good, satisfactory, weak and unsatisfactory. Midlothian were evaluated as Very Good in all four indicators.

Those within scope of this inspection are all those deemed to be delivering learning and development activities whether they are public sector or third sector including small community groups and religious organisations where appropriate. In Midlothian a wide group of local people, staff from across all three Council Directorates, Police, NHS, Community Councils and third sector groups were subject to scrutiny through this process.

2.2 Inspection Format

Overall the inspection team ask the following two questions:

- How good is the strategic leadership of Learning and Development?
- How good is the learning and development in this local community?

They also focuses on the current and evolving policy context, for example:

- Closing the poverty-related attainment gap; prevention.
- Reducing social isolation.
- Tackling health inequalities.
- Empowering communities.

The strategic inspection took place over 2 days the 6th and 7th September 2016. The place based inspection took place over 5 days the week beginning 3rd October 2016. The inspectors requested partnership self evaluations in advance which looked at specific quality indicators relating to: improvements in performance, impact on the local community, delivering the learning offer with learners and leadership and direction. The inspectors use three main methods to inspect. These are examining self evaluations, evidence files and conducting focus groups with participants, staff, partners and volunteers. There were over 60 focus groups and approximately 400 individuals involved in the process.

2.3 Inspection Findings: How Good is the Learning and Development Very Good

The inspection team assessed the learning and development overall as very good for all four indicators: improvements in performance, impact on the local community, delivering the learning offer with learners and leadership/direction. This is the highest grade received within Midlothian for the learning and development taking place. The partnership is proud of this achievement as it has been achieved through the dedication, of staff, volunteers and local people. The inspection results are a validation of the quality of the work taking place within Midlothian.

The inspectors identified the follow strengths:

- An ethos of shared endeavour.
- Strong and clear leadership across the partnership.
- Ambitious and enthusiastic staff and volunteers.
- The range of targeted learning programmes leading to life-changing impacts.

Detailed verbal feedback was given on each of the quality indicators and summarised in the formal inspection report. The inspectors discussed with partners how they might continue to improve their work. This is what was agreed:

- Continue to develop systems to track skills for learning, life and work across partners.
- Consider how learner pathways can be sustained as resources change.

3 Report Implications

3.1 Resource

It was highlighted that continued efforts will be required to ensure the provision remains as effective and has the capacity to continue to make life changing impacts due to the challenging economic circumstances we face.

3.2 Risk

We are ambitious and wish to continue to deliver high quality services with and for local people, partnership working is crucial to mitigate the financial impact on those most vulnerable.

Reduction in resources could lead to the loss of both services and staff expertise thus affecting the standard that has been achieved. This could in turn risks losing ground gained in preventive interventions that has been achieved by building the capacity of community group for self help.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☒ Community safety
- ☒ Adult health, care and housing
- ☒ Getting it right for every Midlothian child
- ☒ Improving opportunities in Midlothian
- ☒ Sustainable growth
- ☒ Business transformation and Best Value
- ☐ None of the above

3.4 Key Priorities within the Single Midlothian Plan

Reducing inequalities.

3.5 Impact on Performance and Outcomes

This work is core to addressing inequalities for Midlothian Community Planning Partnership.

3.6 Adopting a Preventative Approach

Much of our current and future approaches for learning and development are preventative as reflected within the inspection findings.

3.7 Involving Communities and Other Stakeholders

Involving our communities and partners in designing, delivering and co-producing learning and development

3.8 Ensuring Equalities

The inspectors recognised that learning and development activities were addressing inequalities. The approach undertaken will continue to target those from identified equalities groups and ensure individual needs are proactively taken into account when supports and opportunities are developed.

3.9 Supporting Sustainable Development

The learning and development activities within the scope of the inspection are supporting individuals and communities to contribute to sustainable developments at a local level.

3.10 IT Issues

None

4 Recommendations

Cabinet is recommended to:

- Note the content of this report
- Recognise and celebrate the quality, range and life changing impact of the learning and development taking place.
- Support the recommended areas of action to ensure that the learning and development offered across Midlothian moves from very good to excellent, progress will be reported through existing Council and Community Planning Partnership performance reporting mechanisms.

16 December 2016

Report Contact:

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annette.lang@midlothian.gov.uk

**Supporting papers: Hyperlink to formal Report published by Education Scotland
Tuesday, 13 December 2016**

http://www.educationscotland.gov.uk/Images/MidlothianCLDIns13122016_tcm4-877315.pdf

Inspection of Community Learning and Development in Midlothian Council

13 December 2016

Contents

- 1. Context..... 1
- 2. How good is the strategic leadership of community learning and development? 1
- 3. How good is the learning and development in this community?2
- 4. What happens at the end of the inspection?4

1. Context

Community learning and development (CLD) partners within Midlothian Council and the area of Dalkeith/Woodburn, Gorebridge and Mayfield and Easthouses were inspected by Education Scotland during September and October 2016. During the visit Education Scotland staff talked to children, young people, adults and community organisations. We worked closely with local CLD managers, CLD providers, partners, paid staff and volunteers. We wanted to find out the quality of the strategic leadership of CLD and the quality of CLD provision in the area. We also looked at how well paid staff and volunteers are developing their own practices and building capacity. We looked at how partners are contributing to current and evolving national policy objectives such as closing the poverty-related attainment gap; prevention; reducing social isolation; tackling health inequalities; and empowering communities.

2. How good is the strategic leadership of community learning and development?

CLD and their partners are at the heart of delivery of the three Single Midlothian Plan priorities; reducing the gap in learning outcomes, improving health outcomes and improving economic circumstances. The Council's Leadership team and Community Planning partners increasingly holistic approach to learning is having positive impacts. Positive destinations for young people leaving school are improving. A strong focus on targeting those citizens who are most disadvantaged is leading to better outcomes for young people, adults and communities. Parenting programmes are impacting positively on families and attendance at nurseries is improving. The use of trend data is resulting in more effective responses to crime and anti-social behaviour, for example youth programmes and deployment of police officers. Partners now need to ensure that as needs and resources change, they amend and review structures appropriately.

Strategic leadership of CLD is very strong. CLD partners at both strategic and local level work together very effectively. An ethos of shared endeavour is evident across partners. Effective leadership from the Chief Executive of the Council is disseminated to senior officers and other staff. CLD is at the heart of tackling inequalities and are at the centre of the delivery of Council priorities. Across partners, leaders are clear about their role in contributing to the strategic vision and aims set out by the Community Planning Partnership (CPP). Strategic sub groups sitting underneath the CPP are inclusive, effective and involve a wide range of partners. This includes the third sector, faith groups and community organisations. Clear systems for reporting the outcomes of CLD activity are in place. Quarterly meetings with Heads of Service ensures that this is both robust and current. A balanced scorecard system is ensuring that that targets are being met. Partners report to stakeholders using a wide variety of methods. A simple but effective leaflet reports outcomes to the public and other stakeholders.

Leaders across the partnership empower staff to take on leadership roles. As a result staff are confident to tackle issues creatively and there is a strong sense of ownership. All Lifelong Learning and Employability (LLE) staff are given responsibility for devolved areas of leadership. Across Midlothian staff and volunteers are well supported to develop and enhance their skills. Many youth workers are progressing from volunteering to paid work and further education. Third Sector Interface provide a good range of training opportunities that contributes to

improving of service delivery. Shared training and networking is improving as a result of partnership working.

3. How good is the learning and development in this community?

Partners work together effectively to share, analyse and interpret data and other intelligence. They are using this knowledge to inform working practices to improve outcomes. At a local level CLD staff and partners are using data to target those most in need. Young people who are less likely to achieve a positive destination after leaving school are supported well through a multi-agency coordination group. Partners are identifying young people at an earlier stage and are directing resources effectively. This is leading to better outcomes for individuals. Shared data helps to track young people's progress. Developing system to track skills for learning, life and work will further embed this approach. Community organisations are clear about the need not to duplicate effort in data collection. Examples include local organisations in the Mayfield/Easthouses area working together through the In It Together (IIT) group. Sharing of information and data between partners is enhancing provision. People with complex needs, poor mental health and dependency issues are appropriately targeted.

Young people and adults benefit from programmes that are improving life chances. High level targets are set at a strategic level to address health inequalities, levels of attainment and literacy and numeracy needs. Older people in a sheltered housing complex now feel more included through the use of lap tops, tablets and smart phones. They can now communicate with families and friends through social media. Research into how learners use technology is leading to re-designed programmes for adult learning. Data sharing between police and health staff is resulting in clearer referral processes. Youth agencies in collaboration with other partners are successfully developing housing options for young people. Partners now need to build on this work to sustain outcomes in the longer term.

Community groups are confident, skilled and active. They are influential in their immediate communities and across Midlothian more widely. Local people make a strong contribution to their communities through Community Action Plans that are linked well to CPP priorities. The Futures Group in Gorebridge is improving community infrastructure through the provision of a play park and access to green space. Gorebridge Parish Church is making a significant contribution to the lives of local people. The community re-cycling project, café and food-bank is helping to reduce social isolation. The Faith Partnership involving 18 faith organisations links into CPP structures to deliver services to local communities. *The Community Mediation Project* is reducing instances of domestic dispute and relationship breakdown between neighbours. Young people are also being supported to gain employment through their work with schools.

Volunteering across the communities inspected is very strong. Dalkeith Corn Exchange, Gorebridge Parish Church, Development Trusts and the *Midlothian Community Mediation Project* are some of the organisations that support volunteers to enhance community life. They are well supported by partners such as the *Midlothian Voluntary Action* and *Volunteer Midlothian*. Volunteers at the Grandparents Parenting Again group are contributing to Midlothian Kinship Care Policy. The group deliver inputs to a range of national conferences, speak directly to elected representatives and respond to new legislation. Increasing numbers of young people are gaining accreditation through Saltire Awards. As a result of Midlothian's

commitment to increase the voice of young people, many are now more active citizens in their communities. However, community organisations could helpfully explore how more young people could further contribute to local decision making.

Members of local communities feel supported and listened to by partners agencies. Partnerships across the communities inspected are strong. Community Council members work effectively with Midlothian Council to achieve their aims. The *Health Inequalities Partnership* use intelligence to plan their work, target resources and reduce barriers for individuals. Older people from the *Intergenerational Befriending Project* are gaining valuable experiences through working with younger volunteers. Through participatory budgeting, local groups are now making decisions about their local communities.

Learning across the area inspected is well planned and delivered. The needs of learners are well considered. The learning offer to excluded and disengaged young people is strong. LLE staff support young people well to secure positive outcomes through a range of programmes such as Activity Agreements. *Pathways to Success* effectively supports young people disengaged from mainstream education to gain a positive outcome. Partnership working between local schools and CLD is resulting in better outcomes for young people. Those on the PAVE 2 programme are overcoming barriers to learning. The *Friday Night Music Project* at Newbattle High School enhances young people's music skills exposing them to the wider music community. Members of the *Woodburn Problem Solving Partnership* target those young people at risk of offending. Reductions in youth crime and anti-social behaviour are now evident.

People facing multiple challenges in their lives benefit from well-planned programmes of learning. The *Spring Women's Project* is helping participants deal with issues in their lives through a well-designed programme of learning activities. Learning programmes are tailored to individual needs. A feature of the provision across Midlothian is the longevity and consistency of the support for learners. An ethos of co-production with learners is evident. Young people on the *Green Pathway* are sustaining relationships with workers that help them progress their learning. Adults with disabilities attending the *IKEA Get Ready For Retail* course are benefitting from a highly individualised programme. Many are progressing to other learning and employment. Syrian refugees are making good progress in their learning. They are now more able to communicate in English. However, there is potential for greater co-design of the curriculum with the refugees to ensure learning need are being met. Literacy and numeracy courses are learner centred and responsive to individual need. Learners are encouraged to reflect and build on their learning. Parenting and Family Learning courses are flexible and take account of learners needs. Learners clearly articulate the impact on their lives. Overall, there is scope for partners to ensure that the work they are doing closes the gap for children and other learners through the National Improvement Framework. .

What is the capacity of the local authority and CLD partners to further improve?

This inspection of CLD in Midlothian Council found the following key strengths:

- An ethos of shared endeavour.
- Strong and clear leadership across the partnership.
- Ambitious and enthusiastic staff and volunteers.
- The range of targeted learning programmes leading to life-changing impacts.

We discussed with partners how they might continue to improve their work. This is what we agreed with them.

- Continue to develop systems to track skills for learning, life and work across partners.
- Consider how learner pathways can be sustained as resources change.

4. What happens at the end of the inspection?

The inspection team was able to rely on the high quality self-evaluation provided by the learning community. Partners have a good understanding of their strengths and areas for improvement and communities are achieving very well. As a result we have ended the inspection process at this stage.

Sheila Brown
HM Inspector
13 December 2016

Quality indicators help CLD providers, partners and inspectors to judge what is good and what needs to be improved. You can find these quality indicators in the publication *How good is the learning and development in our community?*

<https://education.gov.scot/improvement/Pages/frwk4hgiocommunitylearning.aspx>

Education Scotland evaluates four important quality indicators to help monitor the quality of community learning and development across Scotland. Here are the results for this inspection.

Improvements in performance	Very good
Impact on the local community	Very good
Delivering the learning offer with learners	Very good
Leadership and direction	Very good

This report uses the following word scale to make clear judgments made by inspectors.

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

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Procedure for Reporting of Complaints Progressed to the Scottish Public Services Ombudsman.**Report by Kenneth Lawrie, Chief Executive****1 Purpose of Report**

The purpose of this report is to seek approval for a proposed approach to be applied to all complaint outcomes from the Scottish Public Services Ombudsman about Midlothian Council

2 Background

The Public Services Reform (Scotland) Act 2010 (the Act) gave the SPSO the authority to lead the development of simplified and standardised complaints handling procedures across the public sector. The Act built on the work of the Crerar and Sinclair Reports that sought to improve the way complaints are handled in the public sector. Following consultation, a Statement of Complaints Handling Principles was developed by the SPSO. These Principles were approved by Parliament and published in January 2011.

The Ombudsman may specify public authorities under the SPSO's remit to which these model Complaints Handling Procedures (CHP) should apply and the Act places a duty on those specified authorities to comply with the relevant model CHP. The Ombudsman may issue a declaration of non-compliance where any specified authority does not comply.

The Scottish Public Services Ombudsman (SPSO) provides a 'one-stop-shop' for individuals making complaints about organisations providing public services in Scotland. They are the final stage for handling complaints.

The aim is not only to provide justice for the individual, but also to share the learning from complaints in order to improve the delivery of public services in Scotland. Their complaints standards authority promotes good complaints handling in bodies under their jurisdiction.

The eight "Complaints Performance Indicators" which Councils are required to report on are;

1. complaints received per 1000 of population
2. closed complaints
3. complaints upheld, partially upheld and not upheld
4. average times
5. performance against timescales

6. number of cases where an extension is authorised
7. customer satisfaction
8. learning from complaints

There are obvious lessons to be learned where service failures are identified and remedial action can be taken to ensure that similar mistakes are avoided in the future. However, close monitoring of service user complaints and feedback can highlight opportunities for operational improvements even where the service was initially delivered properly.

The appendix provides an appropriate framework for a consistent approach to SPSO complaint outcome compliance.

3 Report Implications

3.1 Resource

There are no direct resource implications in this report.

3.2 Risk

There is a current risk that non-reporting of these outcomes will fail to demonstrate the learning opportunities or potential implications of policy and practice. The proposed procedure would reduce this risk.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community safety
- ☐ Adult health, care and housing
- ☐ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☒ Business transformation and Best Value
- ☐ None of the above

3.4 Key Priorities within the Single Midlothian Plan

This report does not relate directly to the key priorities within the Single Midlothian Plan however the proposed procedure supports the ongoing improvement agenda across a number of the thematic areas.

3.5 Impact on Performance and Outcomes

Adoption of this procedure will ensure compliance with SPSO requirements. Close monitoring of complaints and feedback can highlight opportunities for operational improvements even where the service was initially delivered properly. There will be lessons to be learned where service failures are identified and remedial action can be taken to ensure that similar mistakes are avoided in the future.

3.6 Adopting a Preventative Approach

Adoption of this procedure should ensure that the Council is proactively responding to improvement opportunities noted as part of the complaints process.

3.7 Involving Communities and Other Stakeholders

This proposed process provides the Council with another form of customer feedback to assist in its responsiveness of service and any necessary re-design for more effective service delivery.

3.8 Ensuring Equalities

There are no equalities issues with regard to this report. It proposes an internal process for monitoring compliance and performance of complaints received by SPSO.

3.9 Supporting Sustainable Development

There are no sustainability issues with regard to this report.

3.10 IT Issues

There are no IT issues with regard to this report.

4 Recommendations

Cabinet is recommended to:

- a) approve the procedure for monitoring compliance and performance in relation to complaints made directly to SPSO as set out in Appendix 2;
- b) agree the framework for a consistent approach to SPSO complaint outcome compliance; and
- c) refer the report to the Performance, Review and Scrutiny Committee for their interest.

Date: 22 November 2016

Report Contact: Marina Miller, Senior Performance and Planning Officer

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Appendices

Appendix 1 - Procedure for reporting of complaints progressed to SPSO

Appendix 2 - SPSO Complaints Improvement Framework

APPENDIX 1**Descriptions of Exempt Information****None**

APPENDIX 2

Procedure for reporting of complaints progressed to Scottish Public Services Ombudsman (SPSO)

1. SPSO contact Chief Executive directly with complaint letter which can take the form of either letter i) or ii) as detailed below.
2. Chief Executive's Business Manager records all complaints advised by SPSO on a central complaints tracker detailing the complaint and who it has been allocated to.

The central complaints tracker will allow Senior Performance and Planning Officer to produce the required annual report to SPSO following reporting to Cabinet for information and then the Performance Review and Scrutiny Committee for review.

3. Chief Executive's Business Manager forwards the complaint to the appropriate Director and any other relevant individuals.
4. Chief Executive's Business Manager responds to SPSO acknowledging receipt of the complaint and giving details of who this has been forwarded to for action or information.
5. Where there is information to be gathered and forwarded to SPSO in response to the complaint the relevant officer will undertake the required action and advise SPSO and Chief Executive's Business Manager once complete.
6. Chief Executive's Business Manager updates the central complaints tracker of completion date.
7. The Business Manager/Senior Performance and Planning Officer, whilst monitoring the Complaints Tracker, will remind the Director/ Head of Service of any outstanding actions.
8. SPSO contact Chief Executive directly with outcome letter which will take the form of letter iii) detailed below.
9. The outcome letter from SPSO will be forwarded by the Chief Executive's Business Manager to the Director for implementation of recommendations and the Complaints Tracker will be updated accordingly.
10. On an annual basis the Senior Performance and Planning Officer will create a report of all SPSO complaints and outcomes.
11. Once available, the report (including an assessment against the recommendations and plans for improvement) will be presented to the Cabinet for information and Performance Review & Scrutiny Committee for review.

12. Any relevant recommendations and plans for improvement will be updated to Covalent performance management system by the Senior Performance and Planning Officer.

SPSO letters received and forwarded to the relevant people can take one of the following three forms

- i. SPSO advising complaint has been received and are considering this.
- ii. SPSO advising they have made a decision and letter details what information is required from the Council.
- iii. SPSO outcome letter sent to the complainant and copied to the Chief Executive advising the decision SPSO have taken which can be uphold, partially uphold or not uphold the complaint and what the complainant should expect to happen.

SPSO Complaints Improvement Framework



Complaints Standards Authority

Contents

Section 1 Complaints Improvement Framework.....	3
Purpose	3
Section 2 Good practice	4
The Six Themes of Good Practice	4
Section 3 How to use the Complaints Improvement Framework	8
Assessing the component.....	8
Evidence requirements	8
Scoring the component	8
Validation score.....	9
Summary scores	10
Section 4 Scoring methodology.....	12
Explanation of final assessment	12
Section 5 Spidergram charts.....	14
Appendix 1	17
The assessment criteria.....	17
Organisational culture.....	17
Process and procedure.....	19
Accessibility	21
Quality.....	22
Learning from complaints	23
Complaints handling performance	25

Section 1 Complaints Improvement Framework

Purpose

The purpose of the Complaints Improvement Framework (the framework) is to help organisations assess the efficiency and effectiveness of their overall complaints handling arrangements. This includes how well the organisation handles and responds to complaints, how accessible the complaints procedure is and the effectiveness of its governance and monitoring arrangements.

It enables the organisation to self-assess its performance in relation to six themes of good practice in complaints handling and provides a holistic assessment of whether and to what extent the organisation operates a culture and system that values complaints.

The scores achieved in each theme of good practice help organisations to clearly demonstrate and understand the extent to which it delivers an effective complaints handling service. The framework will also identify those areas which require priority action to improve its complaints handling arrangements.

The framework can also be used as evidence of performance to demonstrate how well complaints are managed for other interested parties, for example internal/external auditors, regulators and external scrutiny bodies, or for internal governance purposes for example by Boards and senior management teams.

Section 2 Good practice

The Six Themes of Good Practice

The six themes of good practice identified in the framework are derived largely from the requirements of the Scottish Public Services Ombudsman's (SPSO) Model Complaint Handling Procedure, which has been introduced across the public sector in Scotland. Wider best practice in good complaints handling, as identified by the SPSO's Complaints Standards Authority (CSA) has also been factored into the assessment.

The six themes, when assessed holistically, help the organisation identify the extent to which it manages complaints in an effective way. The six themes are:

1. Organisational Culture
2. Process and Procedure
3. Accessibility
4. Quality
5. Learning from Complaints
6. Complaints Handling Performance

The following sections provide further context in relation to the good practice themes.

1. Organisational Culture

Crucial to good complaints handling, is an underpinning culture that truly values complaints. Creating and embedding that culture needs strong leadership. This calls for senior management to visibly support good complaints handling and so develop a culture within their organisation that values complaints.

The aim of the model CHPs and the Scottish Government's guidance in relation to NHS complaints is to help support organisations to develop a culture in handling complaints that actively encourages and welcomes complaints. A culture where all staff, who can potentially be the first point of contact, value all of the views expressed and where customers feel comfortable about expressing their views without fear of this affecting the service or treatment or they receive or their relationship with service provider.

Frontline staff should be empowered to deal with complaints which have been identified as relatively straightforward, and where a response can be provided quickly. Likewise, investigative staff should have a clear remit to access any information necessary and to

effectively investigate and reach a robust decision on more complex issues. This requires clear direction from senior management on the extent and limits of discretion and responsibilities in resolving complaints, including the ability to identify failings, take effective remedial action and apologise.

Senior management also have a responsibility to ensure that complaints are central to the overall governance of the organisation.

2. Process and Procedure

The model CHPs and the Scottish Government's guidance in relation to NHS complaints specify the process and procedure to be followed in handling and responding to complaints and sets out the requirements for, amongst other things, record keeping, monitoring and reporting of performance and the senior management review of complaints handling to identify any required remedial actions and opportunities to improve performance.

Complaints handlers should aim to provide a quick, simple and streamlined process with a strong focus on local, early resolution by empowered and well trained staff.

3. Accessibility

It is important that the complaints procedure can be easily accessed by all service users, with information about complaints be easily accessible at all times, not just made available when a service user wishes to complain.

Organisations should consider the most effective ways to ensure maximum accessibility, such as placing posters in public offices, communal areas and waiting areas. Complaints leaflets can also be helpful and organisations should consider where these can most effectively be displayed.

Some service users will not always use the term 'complaint'. All staff should be aware of this and should ensure that any expressions of dissatisfaction fitting the agreed definition of a complaint for the organisation are handled via the complaints procedure (and not, for example, as comments, concerns or feedback).

Organisations should take into account needs of customers, making reasonable adjustments as required. They should provide a range of methods for complaining by whatever means is easiest for the complainant to ensure that, as far as possible, individuals are able to make and pursue complaints regardless of accessibility issues.

Where complaints information is published it must be easily accessible to members of the public and available in alternative formats as requested.

4. Quality of handling, responses

An effective complaints handling procedure should provide quality outcomes through robust but proportionate investigation and the use of clear quality standards. The outcomes of complaints should be analysed to identify and implement service quality improvements.

It is vital that the evidence obtained in response to complaints is of a suitable quality and accuracy to enable a full and informed response to be issued. The quality of the investigation report and decision issued to the customer is very important. The decision letter must include a full response to each issue complained of, be open and not defensive, demonstrate where appropriate the changes made as a result, apologise where appropriate and signpost the customer to the SPSO in every case.

5 Learning from Complaints

The emphasis of effective complaints handling is on early and local resolution of complaints and ensuring that learning is shared and improvements acted upon as soon as possible after the issue that gave rise to the complaint .

Senior management should take an active interest in complaints and review the information gathered on a regular basis. A key role in managing complaints is to ensure that organisational learning from complaints is captured and reported.

Analysis of complaints outcomes will provide a detailed record of services that are not being provided to the service users' satisfaction. Reviewing this information provides opportunities to improve service delivery, whether in response to highlighted faults or as a proactive measure to increase efficiency and consequently service user satisfaction.

Line managers should ensure that the learning gained from complaints outcomes is communicated to all relevant staff. It is also important to communicate learning externally. The organisation should communicate what it has done in response to complaints, for example, through newsletters, Annual Reports and on its website.

6. Complaints handling performance

As well as focus on the learning from the outcomes of complaints it is important that the organisation has a clear focus on its performance in managing and responding to complaints and on how to improve this .

Effectively managing performance includes the requirement to check quality standards and timescales are being met, and the requirement for senior management to intervene when management exception reports indicate that remedial action is required.

Section 3 How to use the Complaints Improvement Framework

Each of the six themes of good practice is broken down into individual Components.

Achievement of each Component provides evidence towards the overall assessment of achievement against the stated good practice. The Components under each theme of good practice are included at **Appendix 1**.

Assessing the component

Organisations are required to complete the assessment by considering the extent to which it meets each of the Components, which are listed under the headline theme of good practice. For example, when assessing 'Accessibility' to the organisations CHP, the first Component the organisation is asked to assess the extent to which *'The complaints procedure publicised and made available to customers and members of the public'*.

Evidence requirements

The framework provides guidance (always in the cell below the Component) as to what evidence may be used to support achievement of this Component. In this case it is suggested that organisations may consider the following as evidence of achievement:

- The CHP is publicised online and in all offices that have a direct customer interface
- Information for customers on the complaints procedure (the customer facing CHP) is readily accessible on the organisation's website within 4 click of the home page
- Information on complaints can be easily accessed by all service users, with information about complaints be easily accessible at all times, not just made available when a service user wishes to complain

Scoring the component

The organisation is required to assess whether or not it has readily available evidence to demonstrate achievement of the Component. The standard score for each component is always 1. If the organisation can answer Yes this question, it scores a 1, by inserting the number 1 in the self-assessment field. If the organisation cannot evidence achievement of this Component it should insert the value '0' in the self-assessment score. It may also leave this self-assessment score blank; this will not affect the assessment. Under the heading 'Evidence' the organisation is asked to briefly note the evidence it holds to support achievement of the component.

Each Component across all six themes of good practice should be assessed in a similar way.

The screen print below (Screen-print 1) illustrates the entry made by an organisation that has achieved this Component, and the evidence it has used to support this achievement.

Screen-print 1

		Self Assessment score	Validation Score	Evidence
Accessibility	Standard Score	Yes = 1 No = 0	Yes = 1 No = 0	
The complaints procedure publicised and made available to customers and members of the public	1	1		The CHP is online and can be accessed within 3 clicks of the home page. Every public office has one poster advising customers of the complaints process and every office has a supply of customer complaints leaflets where the stock available never falls below 25 leaflets

Validation score

The framework allows for an assessment to be validated. The Validation Score cells may be used by managers, internal audit or appropriate external scrutiny bodies to test/validate the assessment. Validation is not mandatory, but is provided for use where the organisation wishes to obtain secondary assurance of its initial assessment.

Screen-print 2 provides an example of the outcome of a validation of this Component. In this particular example the officer conducting the validation arrives at a different finding and conclusion, and inserts a '0' in the Validation Score field. The evidence of the Validation is also recorded in the 'Evidence Field'.

Screen-print

2

		Self Assessment score	Validation Score	Evidence
Accessibility	Standard Score	Yes = 1 No = 0	Yes = 1 No = 0	
The complaints procedure publicised and made available to customers and members of the public	1	1	0	<p>The CHP is online and can be accessed within 3 clicks of the home page. Every public office has one poster advising customers of the complaints process and every office has a supply of customer complaints leaflets where the stock available never falls below 25 leaflets</p> <p>Validators Findings: On checking the web site it was confirmed that the link to the CHP is broken, furthermore it is contained 8 clicks within the website. Visits to 3 of 5 public offices confirmed that complaints poster are not displayed and complaints forms were not on display. When asking to be provided with a complaints form, only two of 5 offices were able to provide one.</p>
<ul style="list-style-type: none"> • The CHP is publicised online and in all offices that have a direct customer interface • Information for customers on the complaints procedure (the customer facing CHP) is readily accessible on the organisation's website within 4 click of the home page • Information on complaints can be easily accessed by all service users, with information about complaints be easily accessible at all times, not just made available when a service user wishes to complain 				

If the validation supports the initial finding, an entry of '1' should be made in the Validation Score field, with any additional supporting evidence, over and above that already recorded, reflected in the evidence field.

Summary scores

As the organisation assess and scores each of the Components across the six themes of good practice, the framework continually updates the score(s), both within each theme and in summary across all themes of good practice.

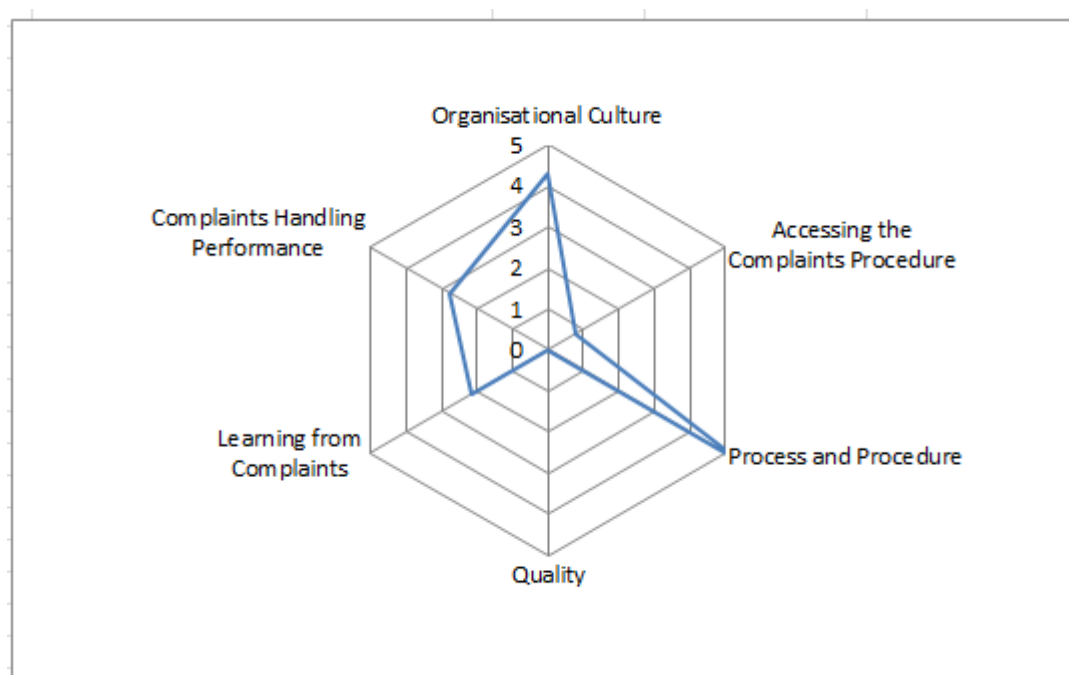
On completion of the assessment, the '*Summary Scores and Spidergram*' page provide a numerical, and visual summary of the organisation's total score. Screen prints 3 and 3a illustrates how the numerical score will be presented, while Screen print 4 illustrates the score in a Spidergram chart.

Screen print 3/3a

		Standard Score	Self assessment score	Validation score
1	Organisational Culture	21	15	0
2	Accessibility	15	2	0
3	Process and Procedure	33	30	0
4	Quality	11	0	0
5	Learning from Complaints	14	5	0
6	Complaints Handling Performance	13	6	0
	Total	107	58	0

	Score % of total	Spidergram 0 to 5
Organisational Culture	71.43%	4
Accessing the Complaints Procedure	13.33%	1
Process and Procedure	90.91%	5
Quality	0.00%	0
Learning from Complaints	35.71%	2
Complaints Handling Performance	46.15%	3

Screen print 4



The Spidergram's visual representation of performance enables organisations to obtain a holistic view of performance and achievement across all themes of good practice.

Section 4 Scoring methodology

The framework includes Six levels of Performance across each theme of good practice, each scoring from 0 to 5. Each theme of good practice will deliver a score from zero to Five. A score of zero typically indicates that the organisation has no evidence of achievement available, whereas a score of 5 indicates the organisation fully meets every component of the good practice, and can demonstrate this by evidence. For the purpose of this draft paper these scores may be categorised as:

1. The organisation has no evidence, products or procedures in place to demonstrate how it meets this good practice requirement
2. The organisation can demonstrate, through plans, minutes etc. that it has identified a need to action this this good practice requirement, however, no action has yet been taken and no further evidence is available.
3. The organisation can demonstrate, through evidence, limited actions and/or activities towards meeting this good practice requirement.
4. The organisation can demonstrate some progress towards meeting this good practice requirement with certain areas more developed than others and evidence is available to support this.
5. The organisation can demonstrate significant progress towards meeting this good practice requirement. There is evidence that the organisation actively works towards meeting the good practice requirement, even if there are some minor examples of shortcomings.
6. The organisation can fully demonstrate the achievement of every aspect of this good practice requirement on an ongoing basis. Performance can be considered as exemplary, with full and systematic use of good practice at all times. Other organisations can look to this performance as a model to be replicated.

For scoring purposes, the framework calculates each good practice score in sixths; that is six possible scores (from 0 to 5) each representing 1/6 (16.66%) of the total. Where an organisation scores less than 16.66% of the total available, this equates to a score of zero in the assessment. A score between 16.66% and 33.32% equates to a score of 1, and so on until a score over 83.34% equates to a score of 5 in the framework.

Explanation of final assessment

The organisation used in the above example (Screen print 4) scores as follows across the six themes of good practice.

Organisational Culture – Score 4:

The organisation can demonstrate significant progress towards meeting this good practice requirement. There is evidence that the organisation actively works towards meeting the good practice requirement, even if there are some minor examples of shortcomings

Accessibility – Score 1:

The organisation has no evidence, products or procedures in place to demonstrate how it meets this good practice requirement.

Process and Procedure – Score 5:

The organisation can fully demonstrate the achievement of every aspect of this good practice requirement on an ongoing basis. Performance can be considered as exemplary, with full and systematic use of good practice at all times. Other organisations can look to this performance as a model to be replicated.

Quality – Score 0:

The organisation has no evidence, products or procedures in place to demonstrate how it meets this good practice requirement

Learning from Complaints – Score 2:

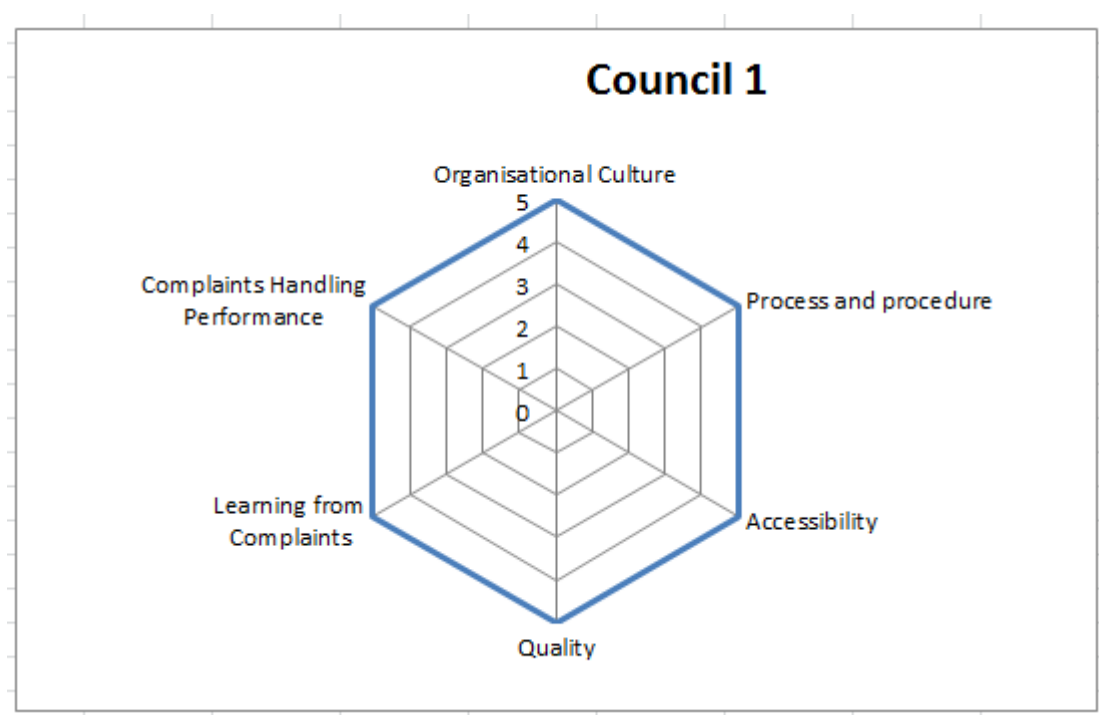
The organisation can demonstrate, through evidence, limited actions and/or activities towards meeting this good practice requirement.

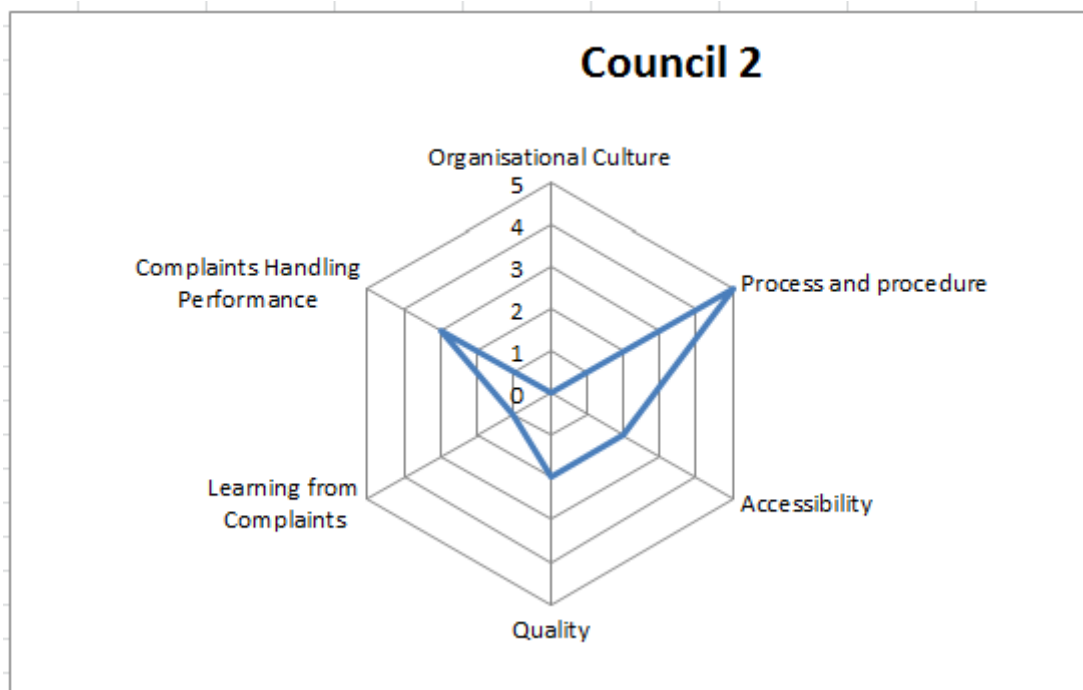
Complaints Handling Performance – Score 3:

The organisation can demonstrate some progress towards meeting this good practice requirement with certain areas more developed than others and evidence is available to support this.

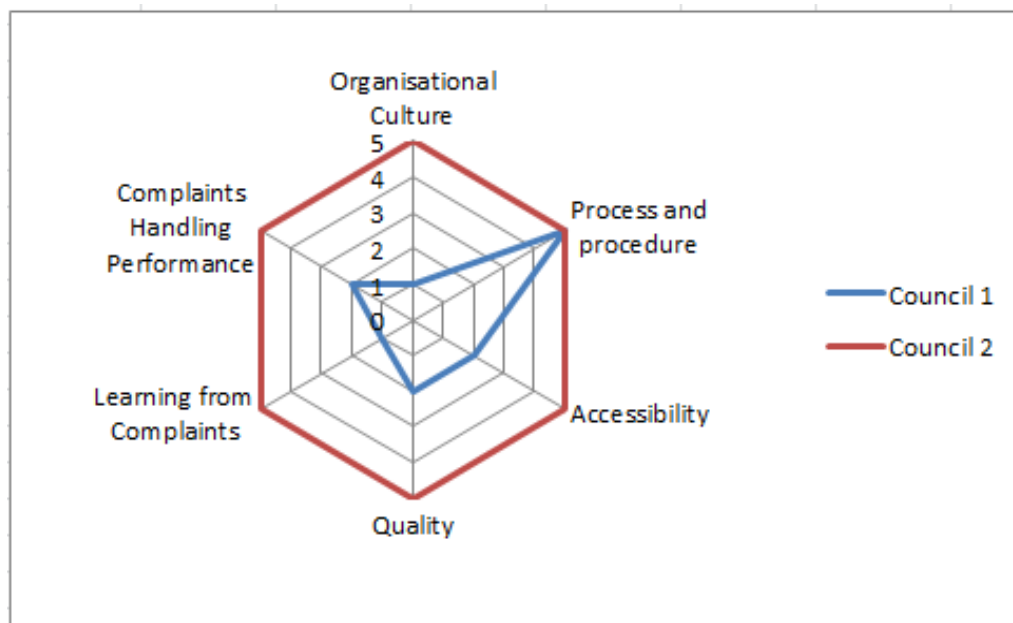
Section 5 Spidergram charts

Spidergram charts enable the organisations to easily demonstrate both how a highly effective performance will be illustrated (as shown for **Council 1 below**), and how a poorer performance will be illustrated (as shown for **Council 2 below**) This snapshot may also be used by organisations as a reference for monitoring and reviewing performance over time, and the same spidergram may be used to quickly compare and contrast the performance of different organisations (as illustrated in Screen print 5 below), allowing them to focus and learn from the areas of strength of one another.





Screen print 5



Complaints Standards Authority
Office of the Scottish Public Services Ombudsman
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Edinburgh
EH3 7NS

Appendix 1

The assessment criteria

The framework identifies six themes of good practice which, when assessed holistically will identify the extent to which an organisation meets the standard requirement of managing complaints. The components which form part of each theme of good practice are documented in the following tables.

Organisational culture

Organisational culture	
The organisation can demonstrate evidence of a strong focus on welcoming and responding positively to complaint complaints.	Yes/No
The organisation ensures that all staff are aware of the CHP and have been trained to handle complaints as appropriate to their role in the organisation.	Yes/No
Leadership actively demonstrates that complaints are valued and staff in senior positions demonstrate a positive complaints culture.	Yes/No
Leaders meet with complainants, during and/or after the complaint process where appropriate.	Yes/No
Staff at the frontline have (and feel that they have) the knowledge, training and skills to respond effectively to complaints.	Yes/No
Staff empowered to make decisions, and to apologise as appropriate, where complaints are relatively straightforward and service failures are identified.	Yes/No
The organisation supports its staff in fulfilling their complaints handling requirements.	Yes/No
The organisation runs training and/or awareness sessions on complaints handling on at least a three year cycle.	Yes/No
Strategic/operational plans, vision and or mission statements demonstrate that the organisation 'Values Complaints'.	Yes/No
Complaints feature as a documented agenda item in team, management and senior management team meetings.	Yes/No
The organisation can show evidence of a strong focus on welcoming and responding positively to complaints.	Yes/No

Senior managers have a clearly defined role in relation to signing off individual complaints and in ensuring service failures are remedied and improvements implemented as a result of complaints received.	Yes/No
The organisation ensures that all staff have a knowledge of the complaints process, are trained and empowered to deal with complaints and difficult customers and their training needs are updated on a regular basis.	Yes/No
Each member of staff dealing with the public has in place a job description/performance agreement/key work objectives or similar document that covers their role/responsibility in handling/managing complaints.	Yes/No
Complainants are thanked for bringing the complaint to the organisation.	Yes/No
Where a problem has occurred, we say sorry.	Yes/No
Where a problem has occurred quick and effective action is taken to remedy and where appropriate improve services.	Yes/No
The organisation always looks to solve the core issue which led to the complaint and learn from the outcome of complaints so as to reduce the potential for more/similar complaints.	Yes/No
The organisation always feeds back to the complainant to confirm that action has been taken and how services have improved.	Yes/No
The organisation has a continuous improvement culture and checks customer satisfaction with complaint outcomes and with service delivery.	Yes/No
All staff attend either a complaints awareness session, or receive specific complaints handling training within a 3 year cycle.	Yes/No

Process and procedure

Process and procedure	
The organisation has developed and implemented a Complaints Handling Procedure which reflects the requirements of the model Complaints Handling Procedure for the sector.	Yes/No
The organisation's CHP is publicised/communicated to all staff. The CHP is readily available to all staff and they know where to access it if asked.	Yes/No
Staff at all levels are clear on their roles and responsibilities in complaints handling.	Yes/No
The organisation fully complies with the requirements of the CHP	Yes/No
All complaints are recorded in line with the requirements of the model Complaints Handling Procedure.	Yes/No
Complaints are never referred to as informal.	Yes/No
Complaints at the Investigation stage are acknowledged within three working days of receipt.	Yes/No
Complaints handled at the frontline stage are completed within 5 working days wherever possible.	Yes/No
The organisation communicates with the complainant when it appears that a response will not be provided within 5 working days.	Yes/No
Complaints investigations are completed with a response being provided within 20 working days wherever possible.	Yes/No
The organisation communicates with the complainant when it appears that a response will not be provided within 20 working days.	Yes/No
The rate of premature complaints about the organisation to SPSO is below the average for the sector.	Yes/No
Standardised templates are used to acknowledge complaints, to request further information and to communicate the organisation's final response to complaints.	Yes/No
The organisation records the outcome of every complaint it receives in line with the minimum requirements of the model CHP.	Yes/No

The average time in working days to respond to complaints at stage one is at, or below the average for the sector.	Yes/No
The average time in working days to respond to complaints at stage two is at, or below the average for the sector.	Yes/No
The organisation has in place additional management targets for managing complaints, for example in relation to gathering evidence, or requiring responses to enquiries.	Yes/No
The organisation operate a system of exception reports on complaints not meeting the standard 5 or 20 working day timescales.	Yes/No
The organisation always signposts customers to SPSO, no matter the outcome, at the conclusion of the CHP.	Yes/No
The organisation has in place a policy in respect of customers who demonstrate unacceptable behaviour and a procedure explaining how it will apply the requirements of its unacceptable actions policy.	Yes/No

Accessibility

Accessibility	
The complaints procedure publicised and made available to customers and members of the public.	Yes/No
The organisation has developed local information leaflets or publicity for customers in regards to the complaints procedure and these are in line with the requirements of the model CHP.	Yes/No
Complaints can be made to any member of staff, customers are not redirected or told to contact someone else.	Yes/No
The organisation actively works with advocacy agencies to promote access to the complaints procedure, and support for customers where there is a need.	Yes/No
Customers are informed of relevant support services available to them in making their complaint.	Yes/No
Locally prepared complaints forms are fully compliant with the model CHP and ensure that the layout is user-friendly, captures specifically the complaint(s) being made and the outcomes expected.	Yes/No
Complaints forms, leaflets, posters etc are always readily available at all public premises.	Yes/No
All complaints are handled in private and staff who have no business need to access customer's complaint information are prevented from doing so.	Yes/No
The organisation has assessed the standards of its complaints handling service against the requirements of the relevant Disability and Equality legislation.	Yes/No
The organisation advertises access to the complaints procedure in general correspondence (for example newsletters, Council Tax bills and publicity material).	Yes/No
The organisation works to raise awareness of the CHP.	Yes/No

Quality

Quality	
The organisation quality assures complaints responses and ensure that complaints handling meets the standards of service expected by the organisation and the model CHP.	Yes/No
The organisation has a process that provides assurance that the quality of decision making is based wholly on the evidence available and that it complies with the model CHP.	Yes/No
There is a process in place to ensure that the organisation's response to a complaint addresses all points of the complainant's dissatisfaction.	Yes/No
The organisation can clearly demonstrate it has taken action to understand, from the customer's perspective, the issue(s) complained of and what the complainant would like as an outcome from the complaint, and its response to the complaint addresses all points of the complainant's dissatisfaction.	Yes/No
The organisation's response to complaints is not defensive, rather it demonstrates that it welcomes complaints and understands the complainant's position.	Yes/No
Personal contact is made with the complainant, where required, either through a phone call or meeting.	Yes/No
The organisation can demonstrate that it has attempted resolve the complaint to the complainants satisfaction where this is possible and appropriate.	Yes/No
The organisation ensures an effective approach to complaints file management.	Yes/No

Learning from complaints

Learning from complaints	
The organisation learns from the complaints it handles.	Yes/No
Systems are in place to record, analyse and report on complaints outcomes, trends and actions taken.	Yes/No
The organisation responds to key themes from complaints as identified through its analysis of complaints outcomes.	Yes/No
Where appropriate, remedial action is taken to ensure no reoccurrence of matters leading to a complaint, or to improve service delivery.	Yes/No
Senior managers ensure improvements required as a result of complaints are implemented within the required timescale.	Yes/No
In addition to communicating the decision on the complaint to the customer, the outcome(s) are also fed back to relevant staff.	Yes/No
Complaints outcomes are shared across the organisation.	Yes/No
The organisation looks for opportunities to learn from complaints outcomes identified in other organisations and sectors, and shares learning across different service areas and across the sector.	Yes/No
The organisation analyses complaints information to identify outcomes, trends, themes and patterns and uses this information to inform changes in working practices and service provision and the training provision for staff.	Yes/No
Complaints are discussed at team meetings.	Yes/No
Complaints are discussed at management team meetings.	Yes/No
Customers are advised when service improvements are made as a result of a complaint made by them.	Yes/No
The organisation publicises at least on a quarterly basis complaints outcomes, trends and actions taken.	Yes/No

Senior management review the information gathered from complaints and consider whether services could be improved or internal policies and procedures updated.	Yes/No
The organisation can demonstrate that improvements are made to how complaints are handled on the back of monitoring performance.	Yes/No
The organisation has a process to advise senior managers when improvements actions have been implemented or become overdue.	Yes/No

Complaints handling performance

Complaints handling performance	
Senior management seeks and is provided with assurance of the complaints handling performance of the organisation and how this compares with other similar organisations.	Yes/No
Performance in handling complaints within the required timescales is actively managed.	Yes/No
The organisation seeks and obtains feedback of customer satisfaction levels on how complaints have been handled.	Yes/No
Staff are aware of how the organisation performs in handling complaints and how they can improve.	Yes/No
Customers are aware of how the organisation performs in handling complaints.	Yes/No
The organisation conducts management checks on open and closed complaints files to gain assurance of compliance with the model CHP, to ensure a clear audit trail of how the complaint has been investigated, to give advice on the direction of the investigation and to ensure a consistent approach is taken.	Yes/No
The organisation reports complaints handling performance to Boards, elected members, management committee members, non-executive directors etc, and is responsive to feedback from this level of scrutiny.	Yes/No
The organisation produces management information reports detailing performance against the SPSO complaints performance indicators for the sector.	Yes/No
The organisation learns from complaints processes, structures and working practices operated in other organisations and sectors.	Yes/No

