



Walsall Council

Title	Customer Focus & Intelligence Report Adult Social Care Services Annual Report 1 April 2010 to 31 March 2011
Subject	Statutory Social Care Complaints & Representations Report
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1 Introduction

- 1.1 The Local Authority Social Services Act 1970, as amended by the NHS and Community Care Act 1990, requires the production of an annual report on the statutory complaints and representations procedures. Further specific regulations were implemented in April 2009 regarding statutory complaints – Statutory Instrument 2009/309, the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The primary aim of this revision was to align complaint handling across health and adult social care services.
- 1.2 The previous annual report was presented to SMB in September 2010 and to the Health, Social Care & Inclusion Scrutiny Panel in October 2010.
- 1.3 All statistical information within this report has been obtained solely from the bespoke database (Respond).
- 1.4 The number of statutory complaint received in the period 1.4.10 to 31.3.11 is 144. The number of compliments for this period is 178.

2 Background Information and performance against targets

Targets were set in the previous annual report and these are detailed below.

- 2.1
 - Formalised Complaints management training to be developed and delivered over quarters 3 and 4. The training will be available to all SC & I managers responsible for responding to complaints. All senior managers will be encouraged to ensure their managers are able to attend the training. This target has been **partially achieved** due to capacity issues. An approach has been made to Workforce Development who have arranged some joint training sessions with Childrens services. It is imperative that training and awareness is not lost sight of as this will enable services to maintain the standards that have only partly been achieved in the last 12 months.
 - Black Country Forum to meet quarterly to ensure effective use and management of joint working protocol with health. This has been **achieved**

and a joint working protocol is now in place.

- The target for the number of complaints acknowledged within the 3 working day timescale should be maintained in excess of 95%. This target has been **achieved** and reflects the effectiveness of processes that exist.
- Local performance indicator CC1 measures the percentage of complaints resolved within the timescale indicated on the complaint handling plan. A target of 75% was set for 2010/11 and this has been exceeded by some margin. **achieved**
- The Customer Care Team quality assures every complaint response letter to ensure it meets regulatory requirements. Local PI CC2 measures the % of complaint responses approved first time by CCT and not requiring further attention by the author. Managers have the tools and guidance on how to provide a satisfactory response and a more challenging target of 80% was proposed for 2010/11. Whilst this was **not achieved** it is important to reflect on the positive improvement that has been made through the year. Through some additions to the quality of response letters less complainants have made further contact on the complaint issues, proof that the use of the Quality Assurance system works.
- Local PI CC3 measures the percentage of complaints progressing to independent investigation within the process and that target was set <10%. We have had no complaints progressing to independent investigation throughout the year. This reflects the improvements made in first time responses achieving satisfaction at the first time of asking. It also reflects the successful use of mediation. **achieved**
- In accordance with the regulations all complainants are informed of their right to go to the Local Government Ombudsman if they remain unsatisfied with the response to their complaint. CC4 has a target of <5% for the number of complaints investigated by the LGO following local authority investigation. This target has been **achieved**. It should be noted that the LGO should not be feared. They offer an independent scrutiny role and, if we have robust audit trails and have completed tasks appropriately and thoroughly, we should welcome the LGO involvement.
- Local PI CC5 is broken down into two parts:
 - Part (i) It is mandatory for managers to complete a Learning From Complaints form for every complaint received and exceptions will be reported at senior management level. A target of 90% was established and this has been exceeded with a final out turn figure close to 100% Achieved.
 - Part (ii) The head of service is required to sign off every complaint letter which details the learning that has been identified and the proposed remedial action. This learning is duly recorded by the head of service including details of the action taken to improve service delivery. This part of the indicator

requires the ability to demonstrate that at least 10% of identified learning opportunities lead to change in service delivery for service users. This target has easily been **achieved**. This reflects the understanding and valuing of the system that has been put into place. The development of learning logs from September 2010 has assisted this process and makes the learning culture more prominent at performance board meetings.

- The continued use of mediation to achieve customer focused resolutions should be maintained. All complainants who remain dissatisfied following the receipt of their complaint response should be offered the option of mediation and its effectiveness monitored. This target has been achieved.

2.2 The work plan for 2011-12 is as follows:

- Review of literature and procedures to ensure fair access to service users with a disability
- Training and awareness sessions to be available to all SC&I managers responsible for responding to complaints
- Produce performance reports for all adult social care services
- Review of joint working protocol between health and social care
- Review of systems, protocols and procedures for complaints relating to Mental Health

3 New Regulations and Procedures

3.1 The new regulations were published on 27 February 2009 and the revised procedure commenced on 1 April 2009. The aim is to improve the quality of people's experience of services through a more flexible approach, which prioritises local resolution of complaints.

3.2 The new arrangements have three main components and these are duly reflected in the proposed targets for 2011-2012

Firstly, new Regulations enable local organisations to develop more flexible and responsive complaints handling systems that focus on the specific needs of the complainant, seek to reach speedy local resolution, and facilitate coordinated handling of cross sector complaints.

Secondly, the introduction of a single local resolution stage, replacing the tiered stages prescribed by the old local authority social care regulations (2006).

Thirdly a new single system for independent review by the Parliamentary and Health Service Ombudsman for healthcare.

The regulations can be accessed by following the link below:

http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1

- 3.3 The Customer Care Team has worked to develop new policies and procedures that incorporate the new regulations. Implementation began in April 2009 and further improvements are made as required

The new procedures based on the legislation include the following:

- Written acknowledgement of the complaint within 3 working days
- The Customer Care Team will make contact with the complainant to clarify the issues of the complaint, discuss the complainants desired outcomes and agree timescales for resolution
- The Customer Care Team will undertake a risk assessment of the complaint and complete a Complaint Handling Plan to assist the responsible officer with the investigation of the complaint
- Where a complaint presents cross sector issues with health, the complaint is discussed with allocated complaints manager and a lead officer is agreed.
- The Team will quality assure the response letter to ensure it meets regulatory requirements in line with information on the Complaints Handling Plan.
- The Head of Service will sign off the final response letter and duly record and implement the learning that has been identified.
- A Learning From Complaints form is completed by the responsible officer
- A Service User Satisfaction survey is sent to the complainant.

4 Impact of new Regulations

New regulations bringing health and social care complaints together were introduced from April 2010. These have been fully implemented and exceeded through: -

- Complaint Handling Plan requiring consultation with 100% of complainants
- Quality Assurance process which has seen the quality of managers responses improve over the year
- Head of Service / Service Manager sign off for all complaints has improved process of capturing learning opportunities from 45% 2009-2010 to almost 60% in 2010-11
- 9 complaints successfully managed under the joint working protocol with health.

4 Mediation

- 4.1 Mediation is offered as an alternative dispute resolution method in an attempt to achieve acceptable resolutions without the need to progress complaints through to the next stage of the complaints procedure. It is offered, where appropriate, to all complainants who remain unhappy following the receipt of a statutory complaint response. The majority of feedback received from complainants that have used

mediation has been positive. Complainants have stated that, not only has their complaint been appropriately resolved in a less formal setting, but also their perception of the council has become more positive. They have felt both listened to and valued and presented with an opportunity to suggest how services provided could potentially be improved. This improved perception is what the council should value most (Improving the Customer Experience); however to maintain and reaffirm this perception, the council must ensure that appropriate action is then undertaken to deliver better outcomes for service users.

- 4.2 Mediation, where appropriate to use, is a more cost effective method to achieve real customer satisfaction, whilst still maintaining the opportunity to learn from complaints. The new complaints regulations recognise the use of mediation as a customer focussed method to reaching complaint resolution. This upholds and contributes towards achieving the corporate aspirations of Walsall Council under Delivering Right Fast and Simple (DRFS). The offer of mediation promotes the council's willingness to actively engage with complainants and show that the council is committed to listening to its customers and taking action in order to achieve appropriate and acceptable complaint resolutions. In this reporting period, 3 complainants remained unhappy following receipt of their stage 1 responses and they indicated they wished to progress their complaint to the independent investigation stage of the complaints procedure. In this case it was appropriate to offer mediation and the complaint was successfully resolved as a direct result. It is recommended that its use be actively promoted on all occasions where it is appropriate to do so.

5 Learning From Complaints (LFC)

- 5.1 Following the LFC activity undertaken last year we have seen an increase in the number of LFC forms returned from managers. It is encouraging that very close to 100% of forms were returned. The Customer Care Team has continued to work with adult social care teams and Heads of Service across the council to develop an open learning culture to ensure we identify the lessons learned from complaints received and that services are improved as a result. The regulations require that the complaint response letter details the learning that has been identified through the investigation of the complaint. The HOS signs off the final response letter and is accountable for recording the learning and implementation of the proposed corrective action to improve service delivery to service users. It is imperative that any identified learning should be followed up with appropriate and timely action, either to ensure appropriate amendments to policies or procedures are implemented or practice/service issues are addressed in order to improve outcomes.

The following are some examples of the changes made to services and how they are provided as a result of the learning from complaints procedure:

- * Occupational therapy now have a generic mail box so messages can be passed on to all staff in the absence of any individual.
- * Social workers now verify details of next of kin before speaking with family members about personal issues.

A spreadsheet detailing the learning opportunities identified and actioned has been developed by the Customer Care Team. This will assist senior managers to remain informed about improvements and to be able to track progress. This learning log is presented to EDMT and Performance Boards as an attachment to the main quarterly reports.

6 Performance related activity

6.1 The Customer Care Team has provided performance related and exception reports to various performance boards and EDMT. Issues, trends, exceptions or concerns in relation to complaints or concerns or the management of them are raised in these meetings and developments are suggested and considered.

762 The CCT local indicators included in the adult social care services scorecard were amended to reflect the requirements of the new regulations and to provide more useful performance management information. They have been monitored and reported on quarterly and in the end of year out turn figures. The local indicators used in 2010/11 are indicated below.

- CC1 - % of complaints resolved within the timescale indicated on the complaint plan
- CC2 - % of complaint responses **NOT** requiring further attention following Quality Assurance by CCT
- CC3 - % of complaints requiring progression to independent investigation within the process
- CC4 - % of complaints investigated by the LGO following local authority investigation
- CC5 - Ability to demonstrate that at least 10% of complaints lead to changes in service delivery to service users

7.3 The number of compliments recorded on Respond from across adult social care services has increased from 89 to 178. Attendance at local team meeting and performance boards continue to raise the profile of the importance of complaints and compliments to both staff and the public

7 Proposed targets for 2011-2012

7.1

- Complaints management training and awareness sessions need to be developed and delivered over the coming year. The training needs to be available to all SC & I managers responsible for responding to complaints. All senior managers will be encouraged to ensure their managers are able to attend the training. The awareness raising sessions need to be available to all staff who may have direct contact with service users and their families

- Black Country Forum to continue to meet quarterly to ensure effective use and management of joint working protocol with health.
- The target for the number of complaints acknowledged within the 3 working day timescale should be maintained in excess of 95%
- Local performance indicator CC1 measures the percentage of complaints resolved within the timescale indicated on the complaint handling plan. This figure should be maintained in excess of 90%
- The Customer Care Team will quality assure every complaint response letter to ensure it meets regulatory requirements. Local PI CC2 measures the % of complaint responses approved first time by CCT and not requiring further attention by the author. Managers have the tools and guidance on how to provide a satisfactory response and the challenging target of 80% should remain for 2011/12
- Local PI CC3 measures the percentage of complaints progressing to independent investigation within the process and that target should remain at <10%
- In accordance with the regulations all complainants are informed of their right to go to the LGO if they remain unsatisfied with the response to their complaint. CC4 has a target of <5% for the number of complaints investigated by the LGO following local authority investigation and this should remain.
- Local PI CC5 is broken down into two parts:
 Part (i) It is mandatory for managers to complete a Learning From Complaints form for every complaint received and exceptions will be reported at senior management level. This target should be set at 95%
 Part (ii) The head of service is required to sign off every complaint letter which details the learning that has been identified and the proposed remedial action. This learning is duly recorded by the head of service including details of the action taken to improve service delivery. This part of the indicator requires the ability to demonstrate that at least 10% of identified learning opportunities lead to change in service delivery for service users.
- The use of mediation to achieve customer focused resolutions should be continued. All complainants who remain dissatisfied following the receipt of their complaint response should be offered the option of mediation and its effectiveness monitored

7.2 The work plan for 2011-2012 is as follows:

- Review of literature and procedures to ensure fair access to service users with a disability
- Training to be available to all SC&I managers responsible for responding to complaints
- Produce performance reports for all adult social care services

- Review of joint working protocol with health
- Review of procedure for handling complaints across Social Care and Mental Health services.

8 Recommendations

- 8.1 That EDMT endorses this report and its contents prior to it being presented to SC&I Scrutiny & Performance Panel.

9 Contact Details

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