

DATE: 6 October 2009

Adult Services Social Care Annual Report

Ward(s) All

Portfolios: Cllr B McCracken

Summary of report:

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 September 2006 regarding statutory complaints – Statutory Instrument 2006/1681, the Local Authority Social services Complaints (England) Regulations 2006.

Background papers:

N/A

Reason for scrutiny:

To ensure that members are aware of how the council is meeting and exceeding expectations of previously mentioned regulations and how complaints received are assisting with improvements to the delivery of services, increased customer satisfaction and better value for money for service users.

Resource and legal considerations:

The Local Authority Social Services and National Health Service Complaint (England) Regulations 2009 introduced revised procedures for the handling of complaints by local authorities in respect of complaints about adult social care. Implemented in 1st April 2009, the new regulations align adult social care and health Process into a single set of arrangements.

The Customer Care Team is resourced by 3 full-time members of staff: Customer Care Manager, Complaints Investigations Officer (Adult Services) and Complaints Investigations Officer (Children's Services). The team is responsible for the effective handling of complaints, development of new procedures and protocols under the new procedures, training, learning from complaints procedure, reporting on performance, representation on local, regional and national boards, partnership working

Citizen impact:

Complaint, comments and compliments provide useful information about the services provided by the council and can inform decision making about the future commissioning of services. Working closely with the adult safeguarding team, the needs and safety of the service user are of prime consideration in all complaints received.

Environmental impact:

N/A

Performance management:

The Comprehensive Area Assessment and Self Assessment have a complaint handling focus with monthly monitoring reporting of progress against agreed targets.

Equality Implications:


Has an Equality Impact Assessment been carried out? **No**
If yes, summarise the key findings here.

Consultation:

The Annual Report was presented to SMB on 22 September 2009

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1. Report

Please note:

In this section of the report, you should take note of the following points:-

- There is no need to reproduce the title of the report at the top of the page
- Avoid the use of title “background”.
- Use relevant headings to explain the issues
- Number paragraphs in each section e.g. 1.1
1.2
1.3
- Keep it short and to the point
- Avoid jargon
- Use diagrams, flow charts, etc, where appropriate, to break up the text
- Use bullet points where you can
- Would a presentation support the report?
- Use Arial font, point size 12



Walsall Council

Title	Customer Focus & Intelligence Report Adult Services Social Care Annual Report 1st April 2008 to 31st March 2009
Subject	Statutory Social Care Complaints & Representations Report
Creator	Baljit Kaur – Investigations Officer (Adult Services)
Version	2.1
Date	July 2009
Status	Final

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 September 2006 regarding statutory complaints – Statutory Instrument 2006/1681, the Local Authority Social services Complaints (England) Regulations 2006.
- 1.2 The previous annual report was presented to SMB in September 2008 and to the Health, Social Care & Inclusion Scrutiny Panel in October 2008.
- 1.3 All statistical information within this report has been obtained solely from the bespoke database (Respond).

2 Background Information and performance against targets

- 2.1 7 of the 10 targets set for the Customer Care Team (CCT) in the last annual report have been achieved. In respect to the remaining targets, 124 complaints were received throughout the year and the target was set between 160-200 complaints. Although this target (CC1) has not been achieved in terms of the number of complaints received it is recognised that it could be a partial result of the learning from complaints process where remedial action is taken to improve service delivery

Local Performance Indicator CCT 2 was almost achieved; the target was set at 70% and achieved 67.5%. The timely resolution of two more complaints would have been sufficient to achieve the CC2 target;

The 2 other targets which both related to delivery of training were not achieved. The main reason being the lack of capacity within the team

- 2.2 The targets set in the 2008/2009 annual report are indicated below; supporting evidence of the achievements is contained in the identified appendices and in the main report.

- Complaints management training to be reinstated this year, incorporating the use of the recently purchased training game. All SC&I managers responsible for responding to stage 1 complaints should attend the 1 day course if they have not previously done so. Records of attendance are to be maintained.
NOT ACHIEVED (See section 6)
- The introduction of half-day awareness courses should also be implemented if capacity allows. This is being discussed with the relevant people and it is hoped that this will be available from October.
NOT ACHIEVED (See section 6).
- The Customer Care Team manager to actively participate in the consultation process in respect of the proposal for a combined complaints procedure for health & social care and appropriately update SC&I strategic managers of any impact it may have across the directorate.
ACHIEVED Full and active participation taken place which included a Response filed regionally and nationally during the consultation process. (see section 3)
- The target for local performance indicator CC2 should remain at 70% as should the target of <5% for local performance indicator CC3.
ACHIEVED (See appendix 1 (e))
- The target for number of complaints acknowledged within the 5 day timescale should be maintained in excess of 95%.
ACHIEVED (See appendix 1 (d))
- Local PI CC4 should be amended to state 'The ability to demonstrate that at least 7% of complaints lead to changes in services for service users'
ACHIEVED (See section 5 and appendix 1(f))
- At least 15% of all representations received should be notified to the CCT using the internal log forms 0076a&b.
NOT ACHIEVED (See appendix 1 (c))
- The continued use of mediation to achieve customer focussed resolutions and to maintain where appropriate the reduction of complaints needed to be escalated through to other stages of the statutory complaints procedure. All complainants who remain dissatisfied following the receipt of their complaint response and who submit a written request to escalate their complaint, should be offered the option of mediation, and its effectiveness be monitored (CC3).
ACHIEVED (See section 4 and appendix 1 (a))
- The learning from complaints procedure and appropriate following up of agreed action/activity needs to be further embedded into SC&I practice. Appropriate records of actions undertaken to improve service delivery should be evidenced including post complainant feedback in response to the actions undertaken. This information will be invaluable when used to provide evidence in relation to local P.I. CC4 and future SAS requirements. The learning from complaints procedure has been further embedded into SC&I Practice through one to one support offered to managers to assist in completing the learning from complaints form. **ACHIEVED** (see section 5 and appendix 1(f))

3 Revision of Guidance and Regulations

- 3.1 The last annual report referred to the proposed development of a single joint complaint procedure to be used by both Health and Social Care professions.

Further work and consultation has since taken place and Early Adopter (EA) sites were established in to ascertain how this arrangement may successfully be achieved. The Department of Health continued to lead on this project and input from Assistant Directors of Adult Social Services (ADASS) and the national and regional complaints officer group were actively involved in the consultation process. More information in respect to these developments can be found by accessing the link attached below, or contacting the Customer Care Team.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078565

The new regulations were published on 27 February 2009 and the new procedure commenced on 1st 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.

From a social care perspective there remains a considerable concern to ensure that best practice that has been established following the revision of the statutory complaints regulations and guidance will be retained.

- 3.2 The new arrangements have three main components and these are duly reflected in the proposed targets for 2009-2010 (see section 8)

Firstly, new Regulations that 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 boundary complaints.

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

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/pdf/uksi_20090309_en.pdf

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, 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. This matter is covered within section 5 of this report.

- 4.2 In this reporting period, 2 complainants remained unhappy following receipt of their stage 1 responses and they indicated they wished to progress their complaint to stage 2 of the complaints procedure. In this case it was appropriate to offer mediation and the complaint was successfully resolved as a direct result. (See appendix 1(a)).
- 4.3 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. 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. I would recommend that its use be actively promoted on all occasions where it is appropriate to do so. (See section 8)

5 Learning From Complaints (LFC)

- 5.4 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 28% of forms were returned. From the returned forms 52% related to a need for a review of policy. The CCT has continued to work with adult social care teams 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. 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. Equally, once the improvement has been completed, it should, if appropriate, be shared with the complainant, to reinforce the council's commitment to actively learning from complaints and taking action to provide better services to our community (See section 8).

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:

- As a result of a complaint waiting time for OT has been reduced to within 28 days since April 08 by the introduction of new procedures and use of additional agency staff.
- The phone system within the OT service has been reviewed and updated which has led to improved customer service, callers being better informed about the progress of their call through a recorded message, Introduction of a telephone queuing system
- Transport provision from and to a day centre has improved with the recruitment of 2 additional drivers

- As a result of a complaint received regarding adaptation to a property, 2 WTE OT's are now based in housing as part of a pilot study aimed at improving & speeding up processes relating to major adaptation provision, improving communication with service users and reducing the number of contact points for the service user.

6 Training

- 6.1 No complaints training sessions were provided for responsible managers who have to respond to a stage 1 statutory complaint in accordance with the SC&I representations and complaint procedures. However the team has always adopted an open approach with managers to support and offer guidance on complaint handling issues. This target is carried forward to offer training to all SC&I managers in relation to the new regulations.
- 6.2 One to one support and guidance was made available to managers to assist with the completion of learning from complaints forms. This was carried out during January, February and March 2009.

7 Performance related activity

- 7.1 All complaints in relation to Disability Facilities Grants (DFG's), (post O.T eligibility criteria being confirmed) have ceased to be recorded as a statutory social care complaints on Respond and continue to be recorded by Strategic Housing as corporate complaints on the council's corporate Tell Us system.
- 7.2 The CCT have provided performance related and exception reports to Older People (OP), Learning Disability (LD) and Younger Adults and Disability Services (YADS) on a regular basis. Issues, trends or concerns in relation to complaints or concerns or the management of them are raised in these meetings.
- 7.3 The CCT local indicators that were introduced into the adult Social Care & Inclusion scorecard were amended 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 2008/09 are indicated below and it is proposed that they are reviewed and amended accordingly to ensure they remain fit for purpose for 2009/10 :- (See section 8)
- CC1 - The number of complaints received in the period (stages 1 & 2)
 - CC2 - % of complaints that were resolved in period within indicated timescale
 - CC3 - % of complaints progressing to the next stage of the procedures within the period
 - CC4 - % of complaint issues that indicated the need for a revision of policy or procedure following the completion of stage 1 or 2 complaint investigations
- 7.4 The number of compliments recorded on Respond from across adult social care services has remained constant with 79 compliments received this year compared to 82 last year. Customer Care training and attendance at local team meetings and performance board's continue to raise the profile of the importance of complaints/compliments to both the staff and the public. (See appendix 1 (b))

8 Proposed targets for 2009-2010

The CCT local indicators that were introduced into the adult Social Care & Inclusion scorecard were amended to reflect the requirements under the new regulations and to provide more useful performance management information

- 8.1
- Complaints management training to be developed and delivered in September, October, November and December of this year with regards to the new procedures. 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. Records of attendance are to be maintained. **A target of 5 training sessions per year has been set.**
 - **The Customer Care Team will explore and implement ways of improving engagement with commissioned providers throughout the coming year. The proposed target is to attend at least 3 events where engagement with and information to providers can be readily shared.'**
 - Establishing a joint working protocol with health to facilitate co-ordinated handling of cross boundary complaints..
 - The target for the number of complaints acknowledged within the 3 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 plan.
 - The Customer Care Team will quality assures every complaint response letter to ensure it meets regulatory requirements. Local PI CC2 states that the target for percentage of complaints NOT requiring further attention following quality assurance is less than 10%.
 - Independent investigation is the term used under the revised regulations for what we know as stage 2 under the old procedures. CC3 measures the percentage of complaints requiring progression to independent investigation within the process. This target is set at 10%
 - Under the new 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
 - **The learning from complaints procedure and appropriate following up of agreed action/activity is addressed under the new regulations. 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. Developments under the new procedure currently require the Head of Service to sign off the final complaint response letter which details the learning that has been identified and the proposed remedial action. This learning should be duly recorded by the head of service including details of action undertaken to improve service delivery. This is reported as local indicator CC5. In addition to this the HOS will be required to report on the implementation of the learning on a quarterly basis at senior management meetings.**

- The continued use of mediation to achieve customer focussed 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.

8.2 The work plan for 2009-2010 is as follows:

- Develop procedures and protocols under new regulations
- Publication of new complaints leaflet
- Update and revise internal and external publications with regards to the new procedures
- Training to be available to all SC&I managers responsible for responding to complaints
- Formalise a joint working protocol with health colleagues to ensure a unified approach to complaint handling across boundaries.
- Produce performance reports for all adult social care services
- Continue to imbed the LFC procedure with support from the Heads of Service
- Engagement with commissioned providers to ensure quality of responses to complaints
- Implementation of a complaint Surgery to be held weekly to provide support and guidance to managers and staff who are responding to complaints

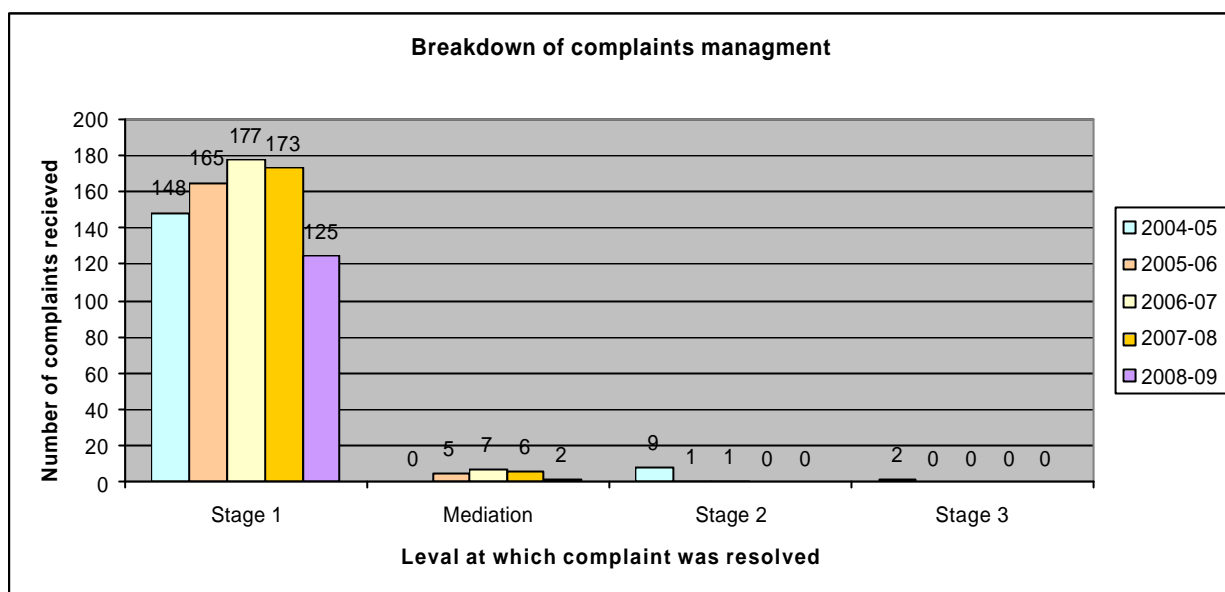
9 Recommendations

- 9.1
 - That SMT/SMB endorse this report and its contents.
 - That SMT consider and advise whether this report needs to be presented to SMB, prior to it being presented to SC&I Scrutiny & Performance Panel in October.

10 Contact Details

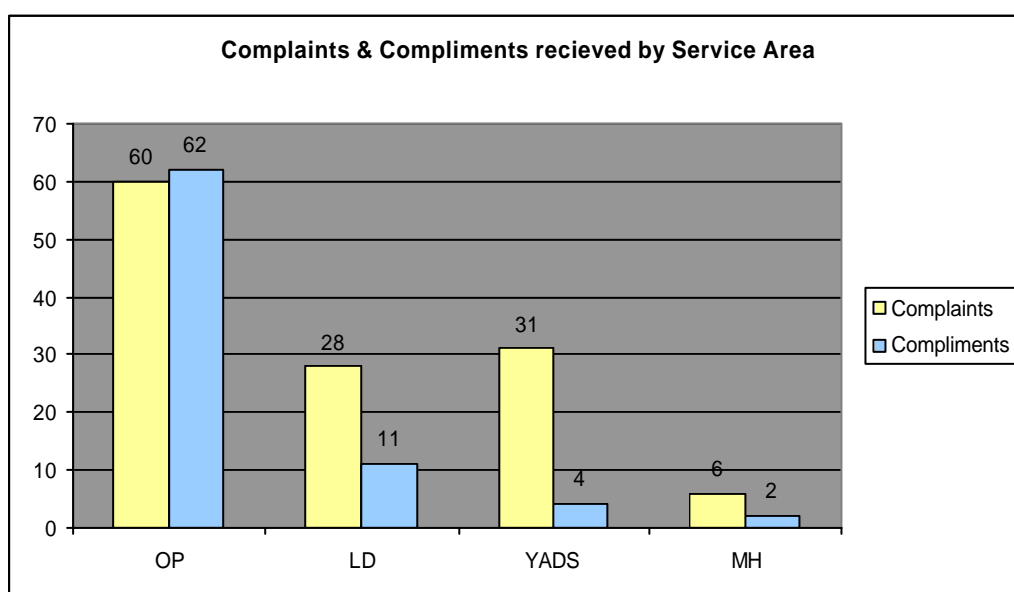
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(a) Breakdown of complaints management

The total number of complaints received for adult social care this year was 125. Older Peoples services accounted for 48% of the total number of complaints received compared to last years figure of 44%, where as YADS demonstrated a 12% reduction compared to last years figures.

In 2008/2009 all complaints were resolved at stage one of the complaints procedure. No complaints progressed to stage 2 of the statutory procedures as mediation was used successfully to resolve 2 complaints, thereby saving the council considerable time and resources. Consequently no stage 3 reviews were required either.

(b) Comparison of complaints and compliments received by service areas

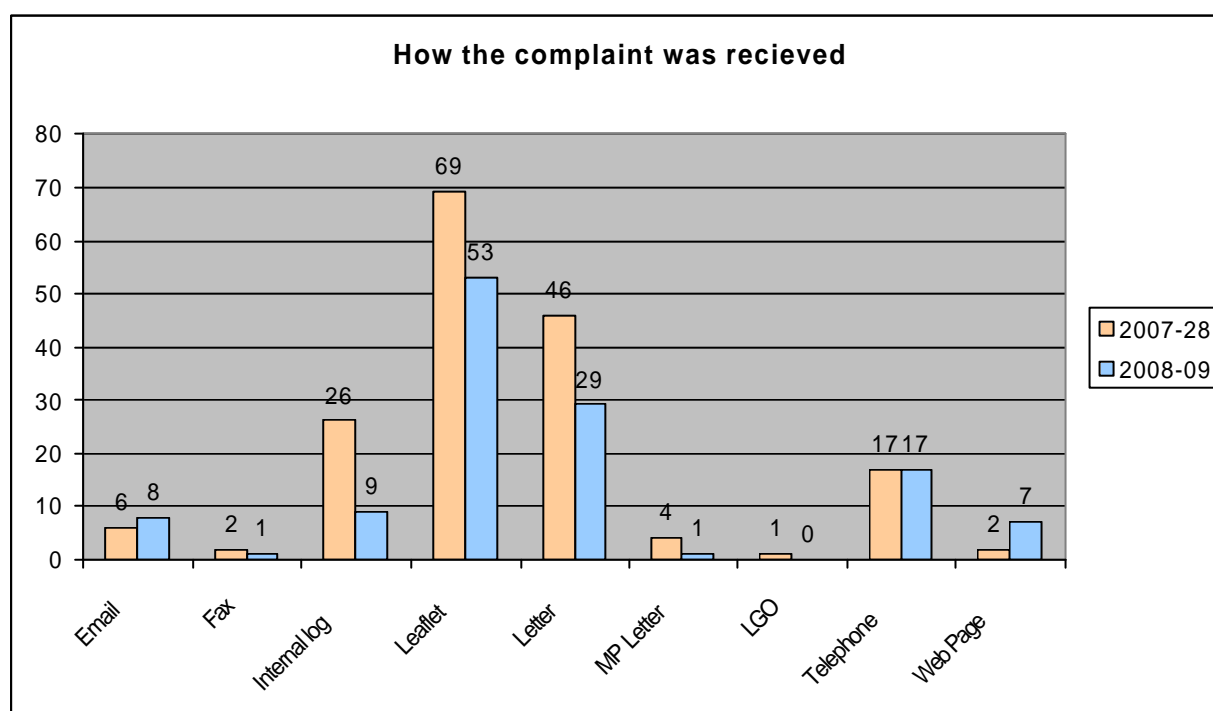
Of the 125 complaints, 48% were received in respect of OP services, 19% in LD (reflecting a 6% increase from last year), 24 % in YADS (a 12% reduction) and 5% in MH.

For the third year in succession MH complaints have accounted for only 5% of the total received and a 12% drop in the number of complaints within the YADS service indicates that further development work within this area should be considered.

79 compliments were recorded and present no significant change in comparison to the 82 recorded last year, 94% of these compliments were received for services delivered by SC&I and 6% for purchased services.

A further breakdown of the compliments received this year is as follows; 78% in OP (6% increase on last year), 14% in LD (7% increase), YADS 5% (16% drop from last year) and 3% in MH. Examples of compliments received included; promptness in responding to enquiries; acknowledgment and thanks to individual members of staff and the quality of services.

(c) How was the complaint received?



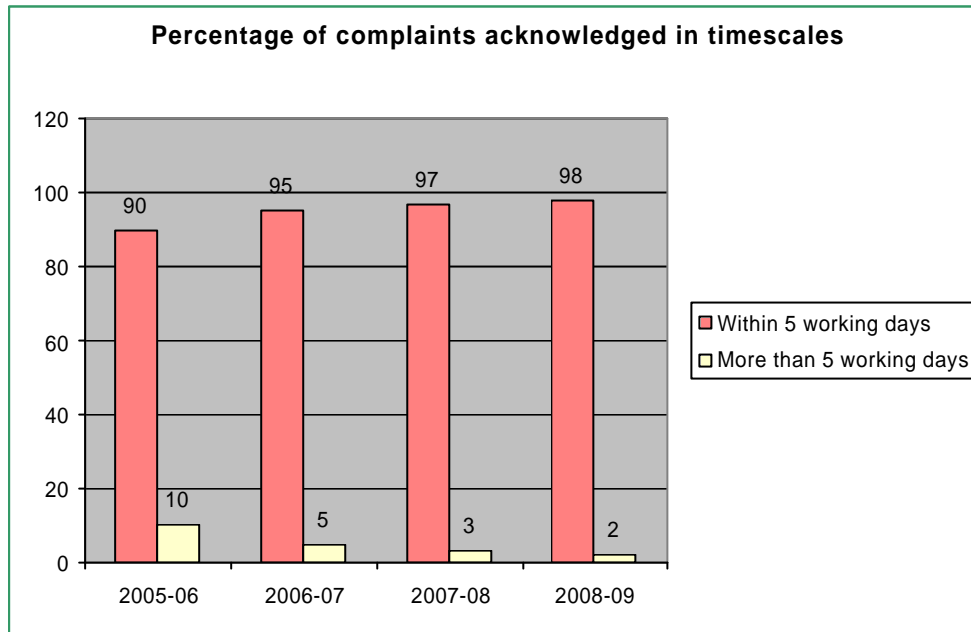
The adult social care CCC information leaflet remains the most commonly used and preferred method to register representations. The Customer Care Team supplies very few leaflets directly to services users indicating good levels of accessibility to this leaflet via our local offices or by their inclusion within the yellow SAP folders issued by social care assessment staff.

The CCT continue to provide a leaflet within acknowledgement letters sent to service users following receipt of their representations; this is to ensure they retain the ability to make a representation in the future.

Since better access and easier to use electronic forms have been made available on the council's intranet/internet web site, an increase in directly received electronic representations has been achieved.

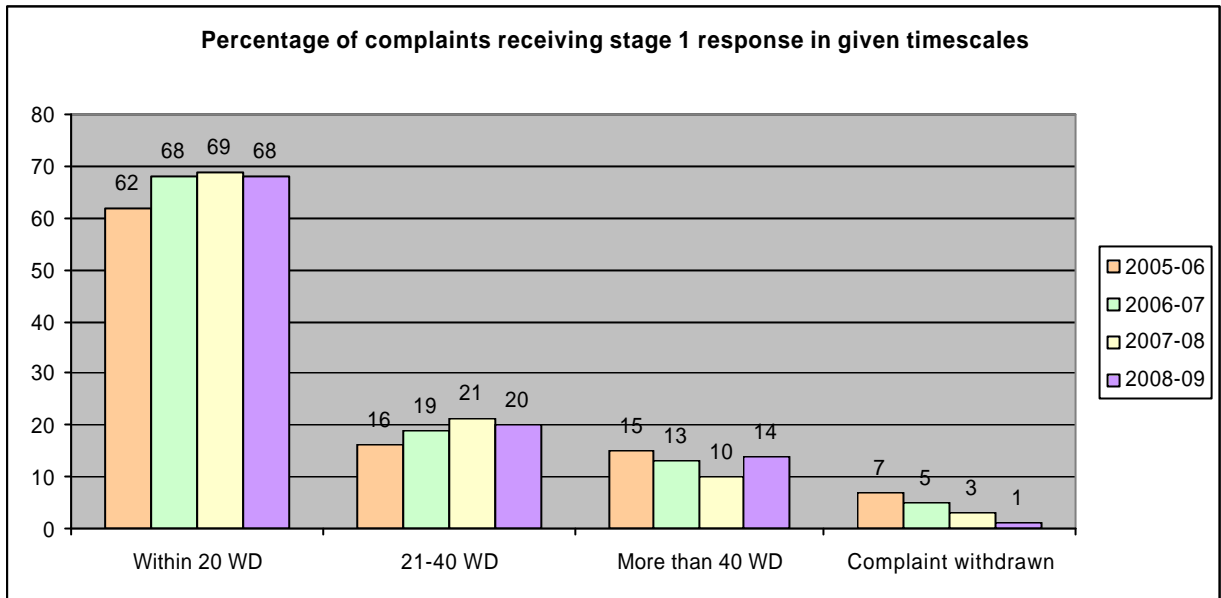
The target of 15% of all complaints being recorded using the WSS076a & b internal forms has not been achieved.

(d) How long did it take to acknowledge the complaint?



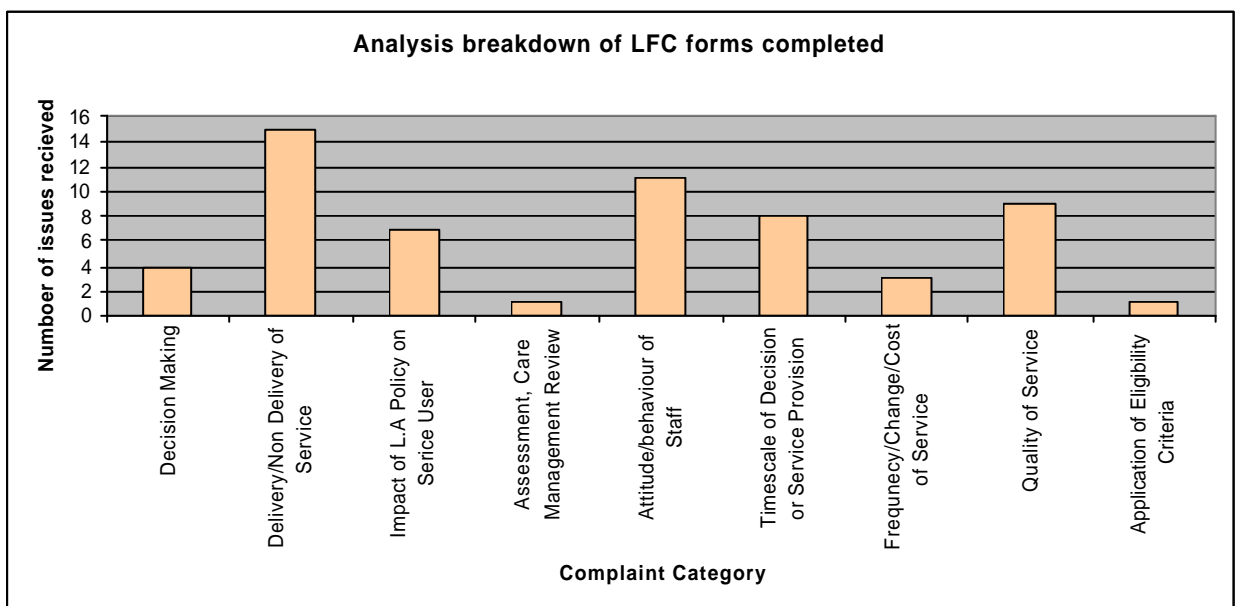
All complainants in accordance with Statutory Instrument 1681 (2006) should receive an acknowledgement from the council within 5 working days of receipt of their statutory complaint. This graph above shows the continuous improvement that has been achieved in respect to this requirement over the past 5 years. The timescales for acknowledging a complaint have changed under the new regulations to 3 working days and therefore it is proposed that this target should remain at 95% for 2009/10

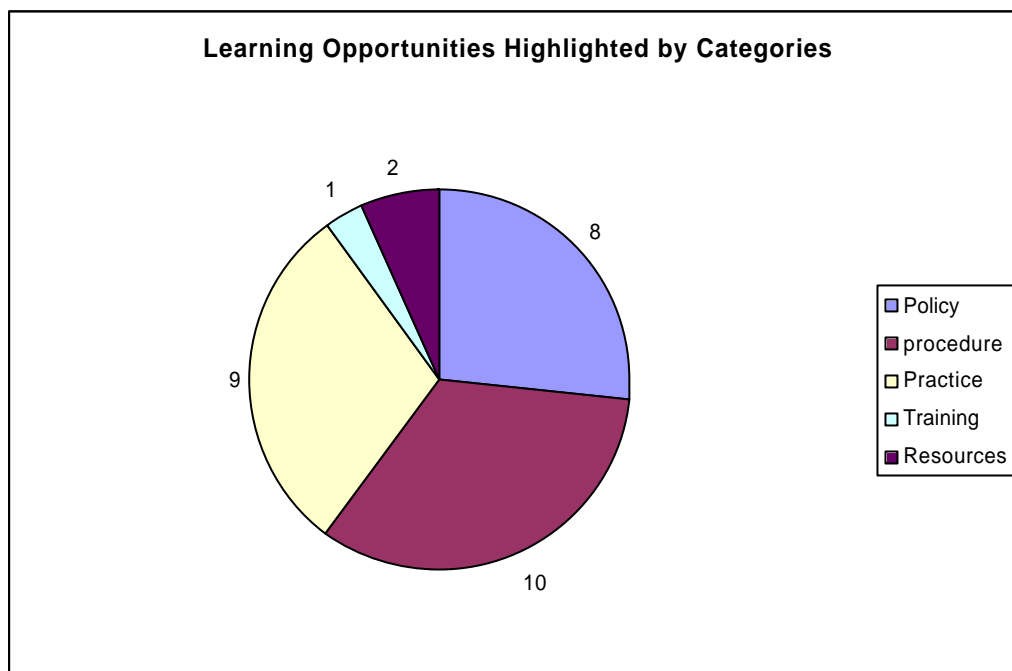
(e) Time taken to received a written response at stage 1



The number of stage 1 responses provided within the 20-day timescales has been consistent over the last three years. However the target of 70% set for 2007 – 2008 was not achieved. This can in part be attributed to some vacant management posts and the unavailability of some managers due to resource availability. However, some managers are still failing to give sufficient priority to producing a written response to the complainant within the appropriate timescales and this is reflected in the increase in the number of complainants that have waited in excess of 40 days. The response time percentages provided relate to 124 of the complaints received, as 1 of the 125 complaints was withdrawn.

(f) Analysis breakdown of LFC forms





Over the year, a total of 34 learning from complaints forms were returned to the CCT. We view every complaint as an opportunity to learn; it is encouraging that 34 (28%) of forms were returned but this means that 86 (72%) were not returned and could be viewed as missed opportunities. The LFC complaints procedure was introduced during 2006/2007 and whilst the process continues to be embedded across adult social care teams the feedback received has been encouraging and positive. We recognise that there is a further need for maximising the learning from complaints following the conclusion of complaint investigations and this is addressed under the new regulations.

Of the 34 LFC forms received 55 various complaint issues across the 9 categories, as shown in the bar chart above. From the 34 forms received 30 identified real opportunities for learning; they fell within the 5 areas displayed in the pie chart above. Policy, procedure and practice accounted for 18 of the 30 learning opportunities captured.

From the findings, it is evident that further workforce development and training is required across the SC&I directorate. This will be addressed in complaints handling training delivered to all SC&I managers in September, October, November, December.

The learning from complaints procedure and appropriate following up of agreed action/activity is further addressed under the new regulations. Managers are still required to complete learning from complaints form for every complaint received. Developments under the new procedure currently require the Head of Service to sign off the final complaint response letter which details the learning that has been identified and the proposed remedial action. This learning should be duly recorded by the head of service including details of action undertaken to improve service delivery and information to be made available for reporting purposes.

(g) Main issue categories complained about and outcomes at stage 1.

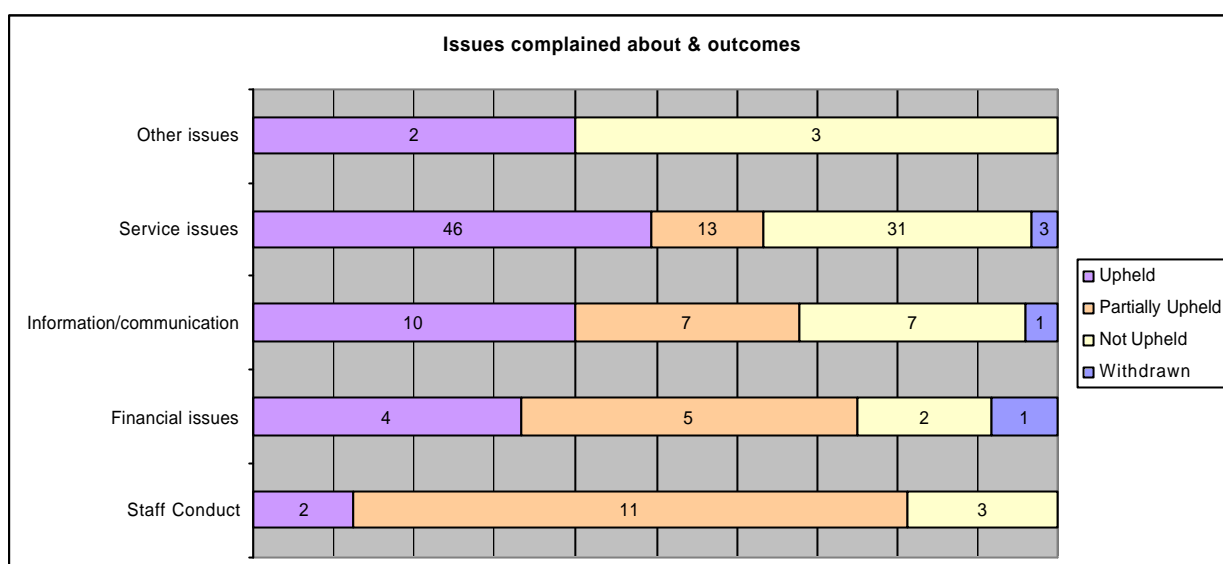


Table showing statistics used to populate the graph above.

	Upheld	Partially upheld	Not upheld	Withdrawn
Staff conduct issues	2	11	3	0
Financial issues	4	5	2	1
Information/communication	10	7	7	1
Services Issues	46	13	31	3
Other issues	2	0	3	0
TOTAL	64	36	46	5

From the 125 complaints received, 151 issues were raised as detailed in the table above. Regardless of whether they were upheld or not, 60% related to dissatisfaction around service provision, which includes services provided by social care staff. The majority of issues specifically made in respect of staff conduct, related the unprofessional behaviour and conduct of staff

Of the 125 complaints received, 29% were upheld, 26% were partially upheld, 45% were not upheld and 1% was withdrawn. For comparison against last years figures 27% were upheld, 28% were partially upheld, 42% were not upheld and 3% were withdrawn (based upon 173 complaints received)

These figures would indicate that further work needs to be undertaken in respect to the quality of the services that are being provided to our service users, which includes the perceived conduct of SC&I staff when providing support or direct services such as assessments and reviews to members of the public