

Social Care and Inclusion

**Agenda
Item No.**

DATE: 7 October 2010

6

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 from April 1 2009 regarding statutory complaints – Statutory Instrument 2009/309, the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

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, assisting with the identification of learning from complaints, reporting on performance and representation on local, regional and national forums.

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 EDMT on 14 September 2010

Contact Officer:

Baljit Kaur
Investigating Officer (Adults)
 . 01922 650489
kaurb@walsall.gov.uk

Paul Cooper
Customer Care Manager
 . 01922 650486
cooperpaul@walsall.gov.uk

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 2009 to 31st March 2010
Subject	Statutory Social Care Complaints & Representations Report
Creator	Baljit Kaur – Investigations Officer (Adult Services)
Version	2.1
Date	August 2010
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 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 2009 and to the Health, Social Care & Inclusion Scrutiny Panel in October 2009.
- 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 8 out 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, engagement with commissioned providers to improve the quality of complaint responses has not been achieved. Information however is shared with the contract monitoring team with regards to the number of complaints received for commissioned services and where a provider has failed to provide a response to a complaint.

The complaints management training target has been almost achieved. Half day awareness sessions have been delivered to SC&I teams including staff at the Access and Response Centre since the implementation of the new regulations in April 2009. A complaint surgery was introduced by the CCT taking place every Friday morning. The aim of the surgery session was to offer one to one support and guidance to managers responsible for responding to a complaint. In addition to this the Customer Care Team advertised themed training sessions for managers to attend on a voluntary basis. The attendance at these sessions has been disappointing and a review of this provision. is currently being undertaken

2.2 The targets set in the 2009/2010 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 developed and delivered in September, October, November and December of this year with regards to new regulations. The training will be available to all SC&I managers responsible for responding to complaints. **ALMOST ACHIEVED (see section 6)**
- Engagement with commissioned providers with an aim to improve the quality of responses to complaints. **NOT ACHIEVED**
- Establishing a joint working protocol with health to facilitate co-ordinated handling of cross boundary complaints. **ACHIEVED (see section 4 & appendix 2)**
-
- The target for the number of complaints acknowledged within the 3 day timescale should be maintained in excess of 95%. **ACHIEVED (see appendix 1(d))**
- Local Performance Indicator CC1 measures the percentage of complaints resolves within the timescale indicted on the complaint plan. **ACHIEVED (see appendix 1(e))**
- The Customer Care Team will quality assure every complaint response letter to ensure it meets regulatory requirements. Local PI CC2 states that the target of complaints not requiring further attention following quality assurance is 20%. **ACHIEVED (see section 3.3 and appendix 1(f))**
- 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%. **ACHIEVED (see section 4.1 and appendix 1(b))**
- 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. **ACHIEVED (see appendix 1(b))**
- Learning from complaints is measured under PI CC5. This performance indicator measures the ability to demonstrate that at least 7% of complaints lead to changes in service delivery to service users **ACHIEVED (see section 5 and appendix 1 (g) and (h))**
- 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. **ACHIEVED (see section 4)**

2.3 The following provides an update on the teams performance against additional work plan targets for 2009-2010:

- Develop procedures and protocols under new regulations. **ACHIEVED (see appendix 2)**
- Publication of new complaints leaflet. **ACHIEVED**
- Update and revise internal and external publications with regards to new procedures **ACHIEVED**
- Produce performance reports for all adult social care services. **ACHIEVED**
- Implementation of a complaints surgery to be held weekly to provide support and guidance to managers and staff who are responding to complaints
- A Black Country Forum lead by Walsall ensures that complaints are well managed through a joint working protocol with health **ACHIEVED**

3 New Regulations and Procedures

3.1 The new regulations were published on 27 February 2009 and the new 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 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/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; however full implementation of the regulations commenced from 1st October 2009. This 6 month embedding period allowed the opportunity to implement new practice and procedures and subsequently make further changes if necessary before they were formalised.

The new procedures 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 boundary issues with the 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
- 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 managers responses improve by 25% over the year
- Head of Service sign off for all complaints has improved process of capturing learning opportunities from 28% 2008-2009 to 45% 2009-2010
- 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, 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 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. 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. I would recommend that its use be actively promoted on all occasions where it is appropriate to do so.

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 45 % of forms were returned. The CCT 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:

- Improvements in assessment process have lead to all Direct Payment applicants getting a more efficient service.
- Improvements for all OT users who apply for reassessment
- Improvements in information sharing process regarding third party top up fees. This will affect all service users who access future care home placements.

[A spreadsheet detailing the learning opportunities identified and actioned is being developed by the Customer Care Team. This will assist senior managers to remain informed about improvements and to be able to track progress.](#)

6 Training

6.1 Awareness training in relation to the new regulations has been delivered across 7 adult services through team meetings and practice development sessions. In addition to this four complaint handling training sessions were delivered to staff at the Access and Response Centre. Training has ensured better working knowledge for staff and improved complaint handling resulting in an early resolution of complaints.

- 6.2 A complaints surgery was introduced by the CCT taking place every Friday morning. The aim of the surgery session was to offer one to one support and guidance to managers responsible for responding to a complaint. In addition to this the Customer Care Team advertised themed training sessions for managers to attend on a voluntary basis.

7 Performance related activity

- 7.1 The Customer Care Team has provided performance related and exception reports to Older People Services on a monthly basis and to disability Services quarterly. Issues, trends, exceptions or concerns in relation to complaints or concerns and or the management of them are raised in these meetings.

- 7.2 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 2009/10 are indicated below. These indicators have been amended slightly to ensure they remain fit for purpose for 2010/11.

- 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 7% 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 79 to 89. 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 (**see appendix 1(b)**)

8 Proposed targets for 2010-2011

The CCT local indicators that were introduced into the adult Social Care & Inclusion scorecard were amended to provide more useful performance management information

8.1

- 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
- Black Country Forum 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
- The Customer Care Team will quality assure every complaint response letter to ensure it meets regulatory requirements. Local PI CC2 has been amended to measure the % of complaint responses approved first time by CCT and not requiring further attention by author. Managers have the tools and guidance on how to provide a satisfactory response and a more challenging target of 80% is proposed for 2010/11
- Local PI CC3 measures the percentage of complaints progressing to independent investigation within the process and that target is set <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.
- Local PICC5 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.
 - 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 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

8.2 The work plan for 2010-2011 is as follows:

- Review of Learning From Complaints form and process
- 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

9 Recommendations

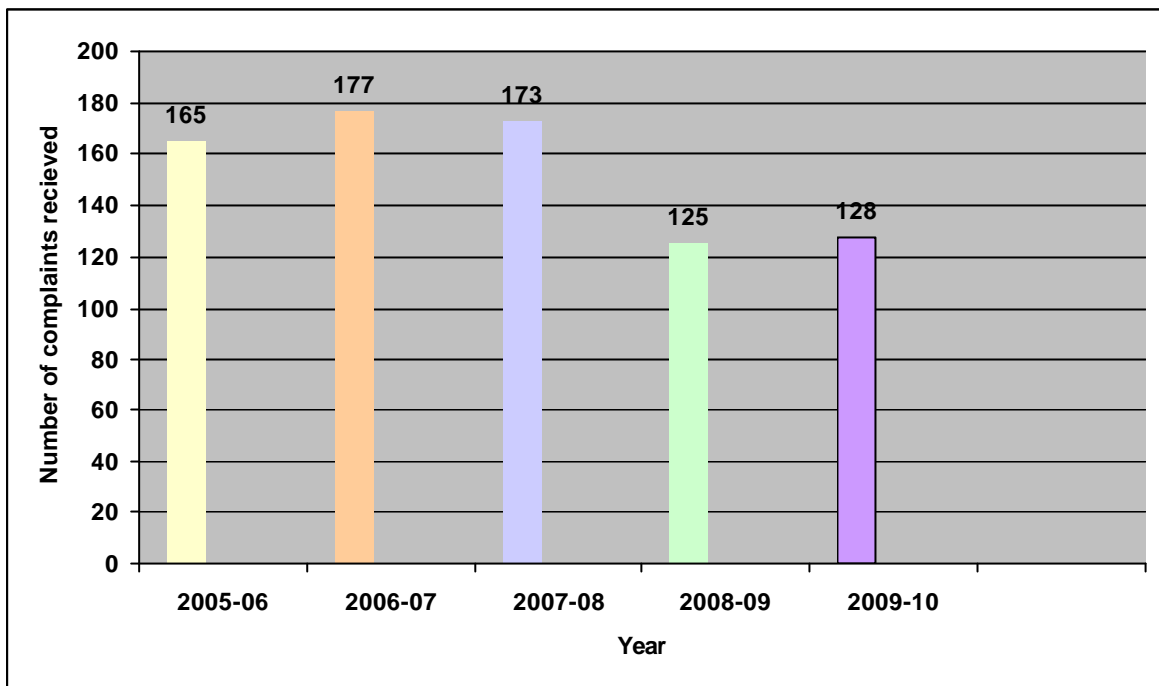
- 9.1
- That SMT/SMB endorses this report and its contents.
 - That SMT consider and advise whether this report needs to be presented to SMB, prior to it being presented to SC&I Scrutiny & Performance Panel in October.

10 Contact Details

10.1 Baljit Kaur
Investigations Officer (Adult Social Care)
Business Change, Resources Directorate
Customer Care Team
Room 208/209, The Council House, Lichfield Street
Walsall, WS1 1TW

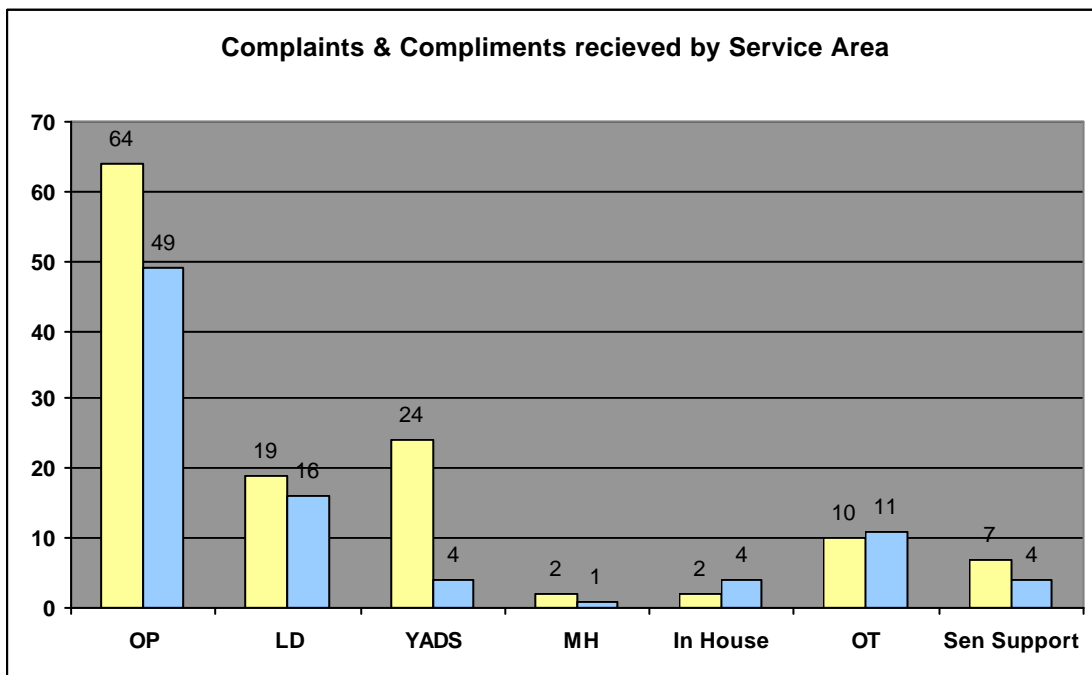
10.2 Paul Cooper
Customer Care Manager
Customer Care Team
Customer Focus and Intelligence
Corporate Performance Management
cooperpaul@walsall.gov.uk
01922 650486

(a) Breakdown of complaints management



The total number of complaints received for adult social care this year was 128. Older Peoples services accounted for 50% which represents a 2% increase from last year.

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



Of the 128 complaints, 50% were received in respect of OP services, 15% in LD (reflecting a 4% decrease from last year) and 19 % in YADS (a 5% reduction from last year). For the fourth year in succession MH complaints have accounted for 5% or less of the total received. This could indicate that further development work within this area needs to be considered.

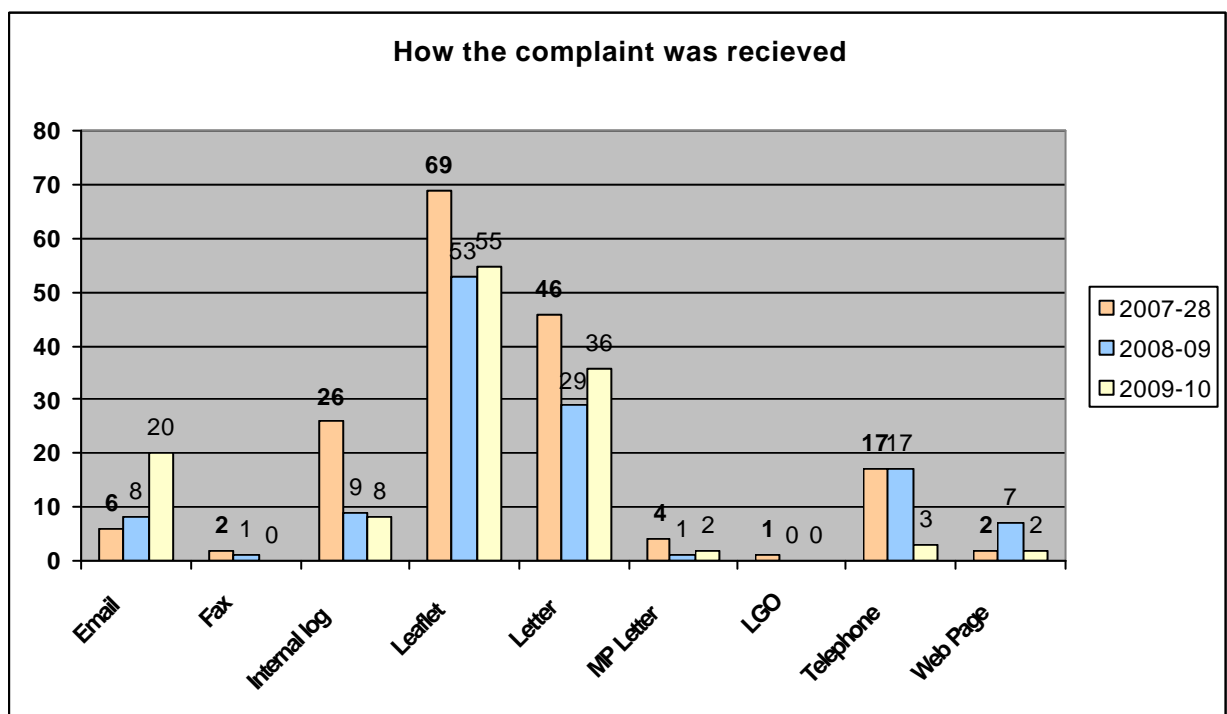
It is worth noting that no complaints have necessitated progression to independent investigation in this year. This reflects the level of work input to ensure that the appropriate resolution method is used. This has again included the successful use of mediation to achieve satisfaction.

3 complaints have been referred to the Local Government Ombudsman and enquiries are ongoing with the local authority

89 compliments were recorded and shows a slight increase in comparison to the 79 recorded last year.

A further breakdown of the compliments received this year is as follows; 49% in OP, 16% in LD (3% decrease), YADS 4% (1% drop from last year), 3% in MH and the OT service received 11% of the total compliments. 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?



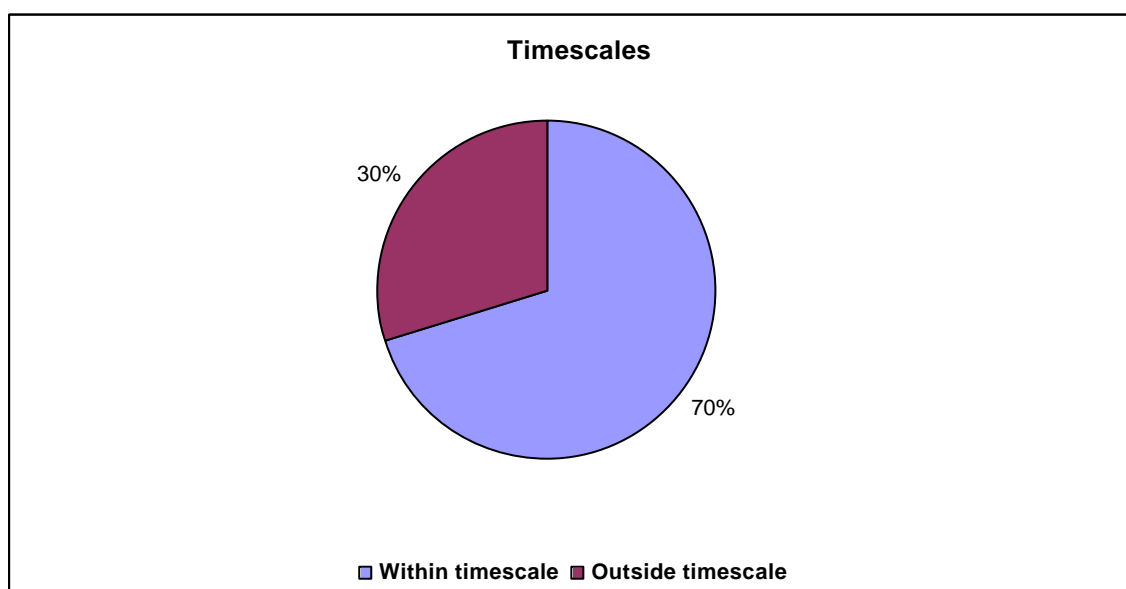
The adult social care CCC information leaflet remains the most commonly used and preferred method to register representations. The Customer Care Team supplies very few leaflets directly to services users indicating good levels of accessibility to this leaflet via our local offices or by their inclusion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

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

In accordance with Statutory Instrument 2009/309 (Local Authority Social Services and National health Service Complaints (England) Regulations 2009), all complaints should receive an acknowledgement from the council within 3 working days. The target Of 95% was achieved as 97% of complaints were acknowledged within timescale.

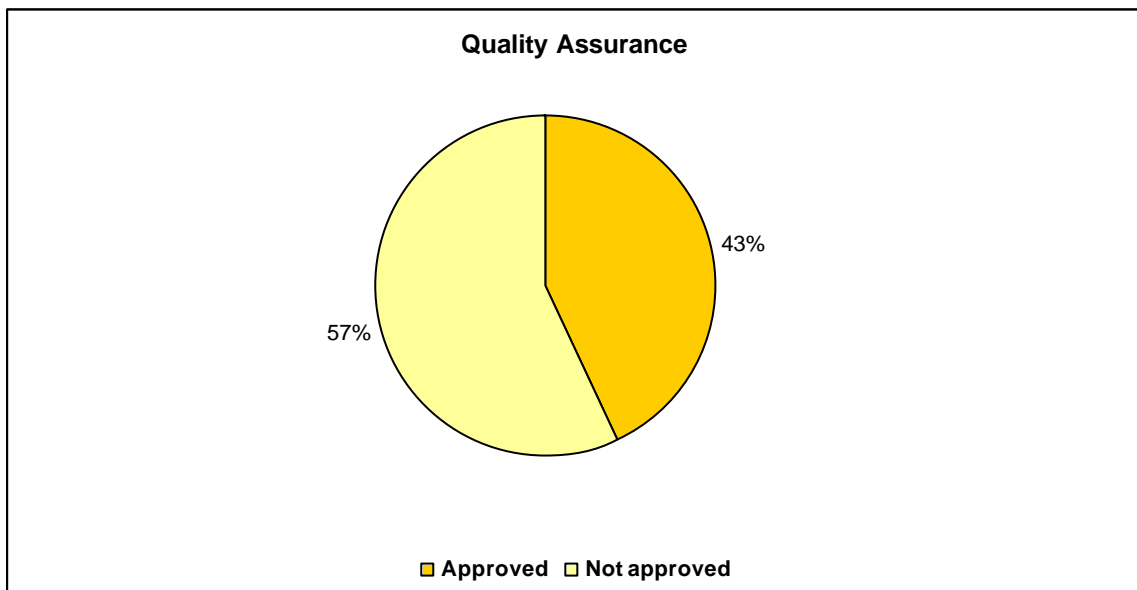
(e) Number of complaints responded to within timescale



Under the new regulations the timescales for a complaint response are agreed with the complainant based on the outcome of a risk assessment of the complaint undertaken by the Customer Care Team. With this in mind the timescales for local resolution of complaints have varied form 10 working days to 30 working days.

The target has been achieved which demonstrates that managers have an improved understanding of the regulations we are working under and the importance of adhering to timescales. Secondly the Customer Care Team has improved its use of the regulations which allows us to review timescales as information changes, as long as we keep the complainant informed. It is worth noting that the Customer Care Team do require managers to notify them as soon as they become aware that they are unable to complete a response within the timescales agreed so that we can keep the complainant informed. This should lead to improved performance next year.

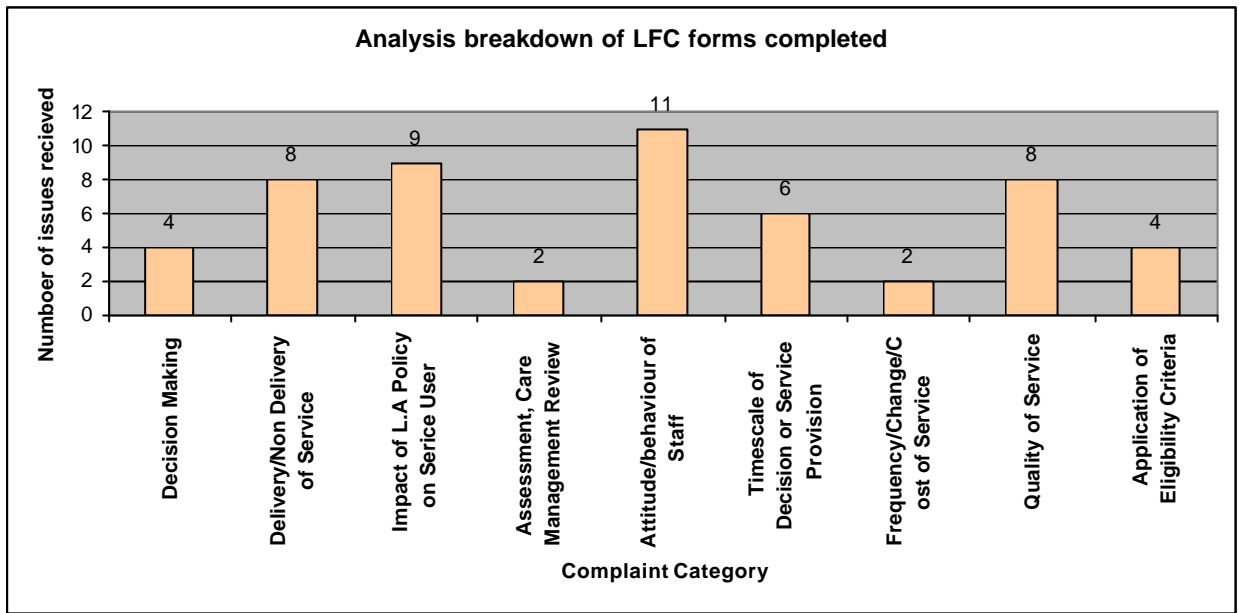
(f) Quality Assurance



The target of 20% has been achieved and the quality assurance (QA) process undertaken by the Customer Care Team has helped to drive up performance and improve the quality of responses. Based upon this success this process is now being implemented in complaint handling across children's services and ultimately the aim is to embed this process across complaint handling across the council.

However over half of complaint responses required further attention after the QA process. At the time of receiving the complaint, managers are provided with a complaint handling plan and quality assurance check list which provides support and guidance to assist with the investigation and completion of a robust response letter. The Customer Care Team is able to offer support and training to managers to improve the quality of responses received as a challenging target of 80% has been agreed for next year.

(g) Analysis breakdown of LFC forms



Over the year, a total of 36 learning from complaints forms were returned to the CCT. We view every complaint as an opportunity to learn; it is encouraging that 36 (45%) out of a potential 80 forms were returned but this means that 44 (55%) 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 36 LFC forms received 54 various complaint issues across the 9 categories, as shown in the bar chart above. From the 36 forms received 10 identified real opportunities for learning; they fell within the 5 areas of Policy, procedure and practice, training and resources.

The learning from complaints procedure and appropriate following up of agreed action/activity is further addressed under the new regulations. Managers are 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.

The CCT will be revising the LFC form during 2010/11 to make it more user friendly and will be designed to capture more tangible information about the learning that has been identified, the action that has been identified to improve service delivery, the proposed timescales for these actions to be identified and the impact that these improvements will have on service delivery to the service user

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

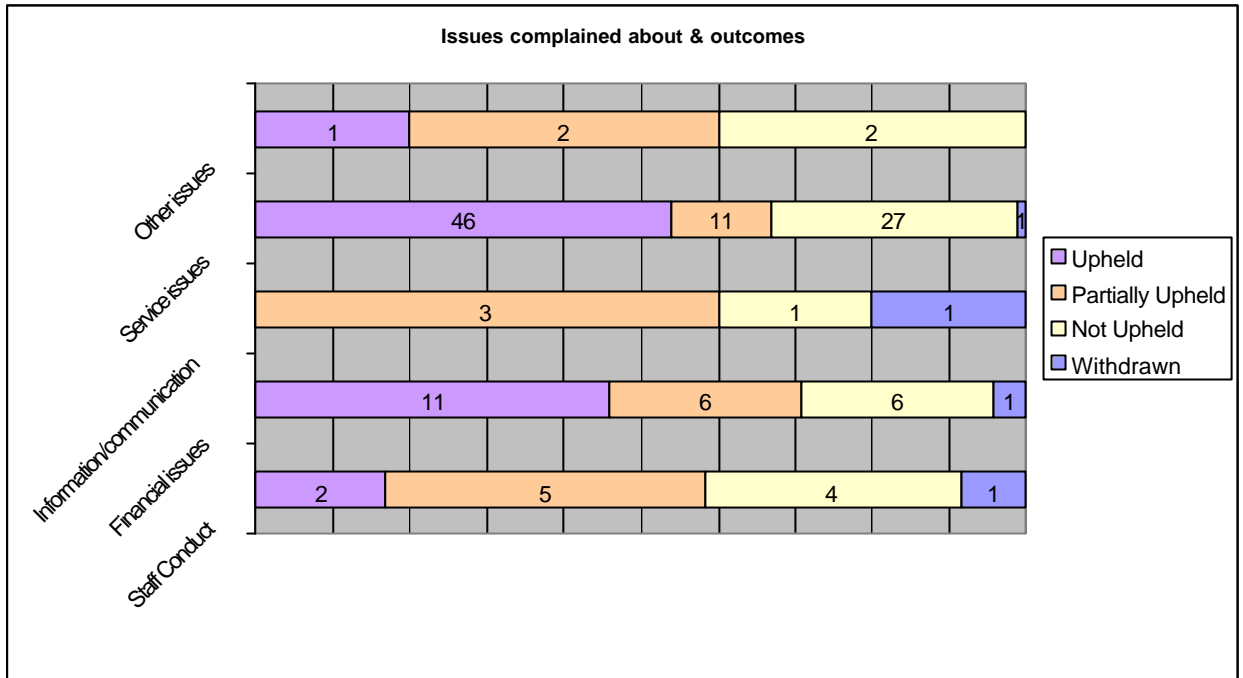


Table showing statistics used to populate the graph above.

	Upheld	Partially upheld	Not upheld	Withdrawn
Staff conduct issues	2	5	4	1
Financial issues	11	6	6	1
Information/communication	0	3	11	1
Services Issues	46	11	27	1
Other issues	1	2	2	0
TOTAL	60	27	50	4

From the 128 complaints received, 141 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. These figures represent no changes from last year's analysis. The majority of issues specifically made in respect of staff conduct, related to the unprofessional behaviour and conduct of staff.

Of the 141 issues identified, 43% were upheld (a significant increase of 18% from last year), 19% were partially upheld (3% decrease from last year) and 35% were not upheld (10% decrease from last year).

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.

Protocol for the handling of complaints across organisations

Version: 7.0
Status: Final
Date: March 2010

This protocol relates to those complaints being considered under Statutory Instrument 309, further to the Local Authority Social Services and National Health Service Complaints (England) Regulations which came into force from the 1st April 2009.

The organisations that have signed up to this protocol are: -

- Walsall Council, Customer Care Team
- Dudley Quality & Complaints Team
- Walsall Hospitals NHS Trust
- West Midlands Ambulance Service NHS Trust
- NHS Walsall / NHS Walsall Community Health
- Dudley and Walsall Mental Health Partnership NHS Trust

1. Purpose

The purpose of this protocol is to enable the effective handling of complaints where the complaint relates to more than one social care and health body within Walsall and Dudley.

It aims to avoid confusion for the complainant and to provide clarity of responsibility for each organisation.

The complainant should receive one single coordinated response.

2. The Complaints Manager

Each organisation that has signed up to this protocol will have a designated complaints manager. On receipt of a complaint, and subject to satisfactory consent being obtained (see section 4), that person will cooperate with other complaints managers to ensure that a lead person is appropriately identified. This determination will be based on: -

- The number of complaints about each organisation
- The seriousness of complaints about each organisation
- The organisation receiving the original complaint
- Consultation with the complainant and whether a preference is expressed

In the event that the identified lead person is no longer involved in the complaint issues, this role can be allocated to another person following consultation with the complainant.

3. Complaints received which relate to another organisation

On receipt of such a complaint, the complaints manager should: -

- Contact the complainant within 3 working days
- Ask if the complainant wants the complaint forwarded to the correct organisation
- Send a letter to the complainant confirming the actions taken, including contact details

4. Consent to sharing information

The complainant must give consent before information is shared between organisations. This should be recorded and an explanation provided to the complainant as to why their consent is being requested.

If the complainant refuses to give consent, the complaints manager should provide details of how the complainant can contact the other organisation directly.

If the complaint contains information which raises concerns falling within the Safeguarding of Children or Protection of Vulnerable Adults arena, then consent to share information may not be required

5. Risk Assessment

The complaint should be risk assessed by the receiving organisation and where they are different the lead organisation should also undertake a risk assessment.

6. Meetings

If a designated complaints manager deems that a meeting is required with other designated complaint managers that should be agreed and take place as soon as is reasonably convenient to the parties.

If there is agreement that a meeting with the complainant is the most appropriate way of seeking resolution, parties from those organisations involved will be invited to the meeting

7. Safeguarding

Where the lead officer in receipt of the complaint believes that the presenting matters contain information that a person has been harmed, is at risk of being harmed or there are other concerns for the safety and well being of that person they must immediately liaise with the relevant adult or child protection coordinator/advisor for that agency or with the Mental Health Trust Duty Response Team, as appropriate to the circumstances. Complaint procedures would be superseded by Safeguarding procedures.

8. Concurrent investigation

Any concurrent investigation (i.e. tribunal, grievance, criminal proceedings, safeguarding) will be considered against complaint investigation. Where it is determined that to investigate all or part of the complaint could prejudice the possible outcome of the concurrent investigation, consideration will be given to suspending the complain investigation. The lead officer will inform the complainant, where appropriate, of any such decision.

9. Response and sign off

Efforts should be made to provide the complainant with a single, coordinated response to the issues of their complaint. However it is recognised that there may be occasions when this is not achievable. This could include where one organisation has outstanding issues or where an organisation determines that they are not happy for sign off to be done by another organisation. This may warrant two separate responses being sent together with a covering letter.

Where a single response is provided, it should be agreed between those agencies concerned prior to release.

10. Learning from complaints

Each organisation has a responsibility to identify and action any potential learning points which can be gained as a result of feedback and complaints. Where identified learning has an inter-organisational impact, the findings and recommendations should be shared.

11. Further Consideration

If the complainant remains dissatisfied following the actions of those agencies involved in the complaint, further consideration should be given by those agencies involved to try to seek resolution. Following further consideration, the complainant may be directed to the appropriate Ombudsman.

