

20 MARCH 2008

Statutory Social Care Complaints & Representations – Annual Report 2006/07

Ward(s) All

Portfolios: Cllr M. Arif – Procurement, transformation and performance management
Cllr B. McCracken – Social care, health and housing

Summary of report:

This report sets out meets the legal requirement to report annually on council procedures for complaints and representations relating to the social care services of the Social Care & Inclusion directorate, in accordance with Local Authorities Social Services Act 1970 as amended by the NHS & Community Care Act 1990.

The report lists reports on the performance of the Customer Care team, a part of Corporate Performance Management, which manages the statutory complaints and representations procedures for both Adult Services, within Social Care & Inclusion, and for Children's Services, within the Children & Young People directorate, in relation to targets for the year for the further development of the service. Particular areas of achievement have included:

- Continued use of mediation to achieve customer focussed resolutions to complaints, reducing the number of complaints that progress to stage 2
- An increase in the number of complaints received, reflecting increased and enhanced awareness of the council's procedures amongst service users and services
- An increase in the percentage of complaints acknowledged within the 5 day timescale, and resolved within 20 working days
- An increase in the number of complaints received through textphone, SMS and interpretation services
- Continued focus on training for services including all managers
- Increased focus on learning from complaints.

In addition, the report sets out the service's performance targets for the current year. These have included the following:

- The further development of service training arrangements relating to complaints handling , with a revised one day course and a new half day awareness course
- Continued focus on meeting deadlines for acknowledging and responding in full to complaints
- Enhancement of arrangements for electronic access to the procedures
- Continued focus on mediation as a means of resolving complaints, and of

- minimising the proportion of complaints that move on to stage 2 or stage 3
- A six month pilot study of the learning from complaints procedure, implemented from September 2007
- The development of service standards relating to the service.

A further report will be submitted later this year on the service's performance in these respects, including further targets for the future.

The statistics contained within the report have been produced by the Customer Care team utilising dedicated complaints monitoring and reporting software 'Respond'. This development has assisted the service to report on complaints and representations to directorate and service performance boards, to assist in tracking complaints and ensuring the prompt response and resolution of those complaints. Improvements in our systems have facilitated the further development of our systems for learning from complaints, a key target for the current year.

Also, changes in the internal structure of Corporate Performance Management have enabled the development of closer working links between the council's corporate complaints handling arrangements 'Tell Us' and the statutory arrangements for Adult Services and Children's Services, enabling good practice to be shared, and use of resources to be used to maximum effect.

Background papers:

The Statutory Social Care Complaints & Representations Report for 2006/07, prepared for submission to senior managers of the Social Care & Inclusion directorate, which is appended to this report. The report is available to local residents via the council web site.

Reason for scrutiny:

The report is presented here for scrutiny in order that Members may be informed about performance in this area of council activity, including the achievement of previous performance targets.

Resource and legal considerations:

The council's procedures for complaints and representations, including the preparation of an annual report, meet statutory requirements.

Citizen impact:

The provision of arrangements for complaints and representations, the promotion and provision of publicity about those arrangements to service users and clients, and the delivery of training and awareness raising about the arrangements, reflect the importance attached to the service, which enables service users and clients to raise any concerns they may have, and to have those concerns promptly addressed. The development of enhanced arrangements for learning from complaints and other representations received from service users, will help enable the service to be fine tuned, and to meet expectations. .

Environmental impact:

There is no specific environmental impact arising from the service, or from issues raised in this report.

Performance management:

As noted above, the service reports on its performance, and on complaints received, to performance boards on a regular and on-going basis. Complaints and representations from service users are a valuable source of customer feedback about our services, and steps have been taken to develop further arrangements for learning from complaints. The pilot study, undertaken during the current year, will be evaluated and the results shared with the Scrutiny & Performance Panel later this year.

Equality Implications:

Arrangements for the receipt of complaints and representations from service users, and for learning from complaints received, link across to arrangements to reduce and eliminate inequality in service provision and in the community.

Consultation:

The Customer Care team seeks the views of complainants and those making representations on the way in which their complaint or comment has been dealt with. The team works closely with the services concerned, through training, open days, through performance boards, and day to day contact, to ensure that its service continues to meet the needs of the directorate and its services.

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Walsall Council

Consultation, Customer Feedback & Information Report

Title	Adult Services Social Care Annual Report for the period 1st April 2006 to 31st March 2007
Subject	Statutory Social Care Complaints & Representations Report
Creator	Mark Pitcher – Investigation Officer (Adult Services)
Version	6.0
Date	June 2007
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 - S.I. No.1681.
- 1.2 The previous report was an interim one and was presented in November 2006; it covered an 11 month period from 1st August 2005 to 30th June 2006. This report and future annual reports will be presented in alignment with established corporate reporting cycles.
- 1.3 All statistical information within this report has been obtained solely from the bespoke database (Respond), which was implemented in August 2005.

2 Background Information

- 2.1 6 of the 8 targets set for the Customer Care Team (CCT) in the last interim annual report have been completely achieved. Of the 2 remaining targets, 1 was almost achieved (the receipt of 3 more complaints would have been sufficient to achieve the one target set); 12 more complaints needed to be responded to within timescale to achieve the other target.
- 2.2 The targets set in the annual report 2005/2006 are indicated below; evidence of achievements are contained in the identified appendices and in the main report.
 - The continued use of mediation to achieve customer focussed resolutions and to maintain the reduction of complaints escalating to stage 2. All complainants who remain dissatisfied following a stage 1 response and request to proceed to stage 2 should be offered the option of mediation. (CC3) (Appendix 1(a) and in main report (section 4)) - **ACHIEVED**
 - A 20% increase in the number of complaints received within the Social Care & Inclusion directorate (CC1). This should be achievable through the increased availability of public information, a greater awareness of services user's rights as promoted through future staff awareness sessions, staff inductions and managers training events. (Appendix 1(a) & 1(b))

- A 5% increase in the number of complaints that are brought to the attention of the CCT directly from service teams, through the use of the internal log forms (WSS 76a&b). (Appendix 1(c)) - **ACHIEVED**
- The number of complaints resolved within 20 working days should be increased to at least 75%. (CC2). (Appendix 1(e))
- The number of complaints acknowledged within the 5 day timescale should be increased to 95%. (Appendix 1 (d)) - **ACHIEVED**
- A 25% increase in the number of complaints received through the use of text phone SMS or interpretation services. (Appendix 1(c) and in main report (section 7) - **ACHIEVED**
- The complaints management training programme should continue to be delivered and attendance should be monitored and reported on by the organisational development team. A target of all Social Care & Inclusion managers being appropriately trained should be approved by SMT. (Appendix 1 (f)) and main report (section 6)) - **ACHIEVED**
- The learning from complaints activity should continue, with the aim of developing and proposing a uniform format to be used to capture and record learning opportunities. With the use of such a format following investigation and subsequent resolution of all stage 1 complaints, the directorate should be able to clearly evidence either an enhancement of the quality or the delivery of its services. (CC4). (Appendix 1(g) and in the main report (section 5) & Appendix 3 and 4) - **ACHIEVED**

3 Revision of Guidance and Regulations

3.1 The Department of Health (DH) has published revised regulations and guidance concerning changes to the Social Services complaints procedures. This was reported on within the interim report and implementation was anticipated in April 2006. However guidance was not made available until July 2006 and implementation finally took place on 1st September 2006.

These changes required :-

1. The revision of the council's Social Care & Inclusion public information leaflet - The comments, compliments and complaints leaflet.
2. The revision of the Social Care & Inclusion directorate's representations and complaints procedures.
3. The printing, circulation and provision of revised information to members of the public, service users, carers and all staff providing statutory functions on behalf of the Social Care directorate.

3.2 All of these requirements have been completed.

- New leaflets that reflect the required changes have been produced and were circulated throughout adult service teams during January and March 2007.
- The revised Social Care & Inclusion procedures have also been produced

and hard copies circulated across the adult social care directorate along with the leaflets.

NOTE. There are separate procedures for the children's services directorate.

- The procedures and public information leaflets are available to staff members either via the intranet or the adult electronic procedures link. Members of the public can access the public information leaflet and print off a hard copy of the form for manual completion, or they can make their representation directly by e-mail to the Customer Care Team. Currently members of the public have to contact the Customer Care Team or local social work offices to request a hard copy of the procedures. Work is in progress to enable members of the public to access electronically the procedures and complete the representations leaflet on line. It is anticipated that this will be achieved by September 2007.
- The public information officer undertook a piece of work in accordance with the requirements of the 'Signposts to Services: Inspection of Social Services Information to the Public'. In September 2006 new procedures on distributing information on assessment and care coordination to service users were circulated. (See appendix 2).
- Within the social care directorate the statutory stage 1 response timescale remained at 20 working days. However best practice indicates that a stage 1 complaint should be responded to in 10 working days where possible.
- Additional requirements include guidance about Care Standards Act complaints; this is covered within the new representations and complaints procedures. (See section 3.3, 4.2, 4.8 and all of section 9)
- A time limit of 12 months from the date of the incident being complained about was introduced for people to register their complaint; this is subject to a level of discretion, which is held by the Customer Care Manager.

4 Mediation

- 4.1 The use of mediation as an alternative dispute resolution tool (ADR), to achieve acceptable resolutions when complainants remain unhappy following the receipt of a stage 1 response, has continued to good effect. Mediation offers the opportunity for open face to face communication between the complainant and all other parties; this problem solving approach has significantly reduced the need for stage 2 complaint investigations.
- 4.2 Of the 8 opportunities where it was appropriate to offer an ADR prior to a stage 2 investigation being undertaken, 7 complaints were successfully resolved through the use of mediation. Although the remaining complaint could not be resolved through the use of mediation, the approach was explored. (See appendix 1(a)).
- 4.3 Mediation is a more cost effective method to achieve customer satisfaction, with respect to both investigation officer and operational staff time, while maintaining potential opportunity for the council to learn from its complaints. 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.

5 Learning From Complaints

- 5.1 In the last interim report it was highlighted that there was a potential risk that learning for the organisation could be lost or significantly reduced due to the low numbers of stage 2 investigations. Therefore a short life working group was set up involving operational managers across adult social care services and children's services. The group were tasked to develop a procedure and a template with guidance notes to ensure that the council could capture learning opportunities presented at the end of a stage 1 complaint and indicate the remedial action(s) required.
- 5.2 An update report on the activities of the group was presented at SMT in November 2006 (see appendix 3) with the expectation that the final report will be presented in the new year. However the final presentation of the report with its recommendations was deferred in March and rescheduled for presentation in June 2007.

NOTE.

During the compilation of this report, the final learning from complaints report with recommendations was presented to SMT on 26th June 2007 for their consideration, (See appendix 4). SMT reviewed the documentation and agreed that the procedure should be implemented across the whole of the adult social care directorate from September 2007 and be reviewed following a trial period of 6 months.

- 5.3 It is anticipated that, through the implementation and monitoring of the proposed learning from complaints procedure, the risk of losing potential learning opportunities will be minimised.

6 Training

- 6.1 Five separate one day complaints training events, which are mandatory for responsible managers at stage 1 of the complaints procedure, have been provided. In total 65 members of staff, most of whom were managers from across adult services attended these events and the feedback from the evaluation sheets indicated that participants felt that the course was valuable. (Appendix 1 (f)).
- 6.2 Following the analysis of the training provided with Organisational Development colleagues, it is proposed for 2007/08 that training in respect of complaints handling will be divided in 2 categories (See section 8): a whole day for managers who have to respond to complaints at stage 1 and a half day awareness session for all operational staff across adult services. Future training dates are to be arranged, but have been placed on hold until September 2007, until the anticipated restructure of Organisational Development is finalised.
- 6.3 Four 2 hour awareness sessions have also been delivered to operational staff and managers to brief them on the requirements regarding the statutory complaints and representations procedures as part of the Personal Professional Development (PPD) programme :-
- Older People North Locality – 15.03.2006 - 8 attended
 - Adult Services Hospital Team – 05.04.2006 -14 attended
 - Managers within In house provider Services -11.04.2006 - 40+ attended

- Older People East Locality – 03.05.2006 - 24 attended

6.4 The CCT have delivered short awareness sessions to all new staff, when they have attended adult social care induction day training. Staff were made aware of the complaints procedure and advised of their roles and responsibilities with respect to the use of the internal complaints logs (WSS 76a). They were advised of the rights of service users to make representations and the importance of assisting them to complain. Also that if they receive a compliment, they should ensure that it is forwarded to the CCT so it can be recorded and be reported on.

7 Performance related activity

7.1 Continued development of partnership working between the contracts monitoring team, adult protection unit (APU) and the CCT has taken place and has proven to be effective for all parties concerned. The CCT inform the contract monitoring team about all complaints received and update them once a response has been received from the independent commissioned service provider. CCT consults with the APU in all instances when any potential abuse/neglect issues seem to be apparent within any complaint/comment received by the CCT and the APU inform the CCT of any potential complaint issues that need to be followed up following the completion of an adult protection investigation.

7.2 Improvements have been made to the recording and management of complaints received in relation to disabled facilities grants (DFG) which, following an Occupational Therapy assessment, fall within the remit of Strategic Housing,. Complaints that are not statutory social care complaints but fall within the remit of Strategic Housing are not recorded on the respond database; they are recorded elsewhere and not presented within this report. Similarly complaints received by the CCT that are about Walsall Housing Group (WHG) are redirected to WHG to deal with within their own procedures and therefore are not presented within this report either.

7.3 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. The CCT were also interviewed by inspectors during the older people's inspection in relation to complaints handling performance and have subsequently provided information and evidence in order to achieve the targets set in the older people's inspection action plan.

7.4 The CCT local indicators that were introduced into the adult Social Care & Inclusion scorecard in 2005/06 have been monitored and reported on quarterly and in the end of year out turn figures. The local indicators currently used are indicated below and it is proposed that these specific indicators are reviewed and amended to ensure they are fit for purpose for 2007/08 :- (See section 8)

- CC1 - The number of complaints received in the period
- CC2 - % of complaints received that were resolved in indicated timescale
- CC3 - % of complaints progressing to the next stage of the procedures
- CC4 - Number of times complaint recommendations lead to a revision of policy or procedure

7.5 There has been a significant increase in the number of compliments that have been recorded on respond from across adult social care services. This can in part be attributed to the emphasis by CCT that compliments should be recorded and

actively promoted across the work force. This emphasis has been strongly promoted within awareness and training sessions, staff induction and open days and at performance boards.

- 7.6 During the reporting period the use of e-mail representations via the council's web site and the use of assisted technology to access information and receive responses to their representations have increased, including talk – type services. It is anticipated that further enhancement to both the website and the intranet would improve access for both service users and staff. (See section 8). Further consideration and promotion of alternative ways for marginalised service users or their representatives to make representations is required, i.e. minicom, talk - type, SMS and via the use of interpretation services.

8 Proposed targets for 2007-2008

- 8.1
- Training in relation to dealing with and responding to complaints should now be delivered through two separate courses. A revised mandatory one day course targeted for all adult service managers who have to respond to complaints at stage 1 and new half day awareness course available to all adult social care directorate staff. Attendance should continue to be monitored and reported on by the Human Resources and Organisational Development team.
 - The target for local performance indicator CC2 should be set at 70% and a target of >5% set for local performance indicator CC3. The target for number of complaints acknowledged within the 5 day timescale should remain at 95%.
 - A target of 15% of all complaints received being brought to the attention of the CCT directly by adult social care staff, through the use of the internal log forms (WSS 76a&b).
 - That the public can electronically access the revised representations and complaints procedures via the council's website and that they can complete their representation on line and then forward it directly to the Customer Care Team.
 - The continued use of mediation to achieve customer focussed resolutions and to maintain the reduction of complaints escalating to stage 2. All complainants who remain dissatisfied following a stage 1 response and request to proceed to stage 2 should be offered the option of mediation, and its effectiveness be monitored (CC3)
 - Two hour awareness sessions in respect to complaint handling, should be provided to individual or groups of teams that fall within the four main services that form the adult social care directorate.
 - The six month trial period of the learning from complaints procedure agreed by SMT on 26th June 2007 should be implemented from September 2007. Following the trial period the data should be analysed and the outcomes presented to SMT in March 2008. It is anticipated that the information gathered during the trial period will be of value in relation to providing evidence that can be used in relation to performance indicator CC4.

- The production of a range of service standards for each service area, which outlines what a service user should expect from a particular service team and how to comment, compliment or complain if they wish to in relation to the service or its provision.

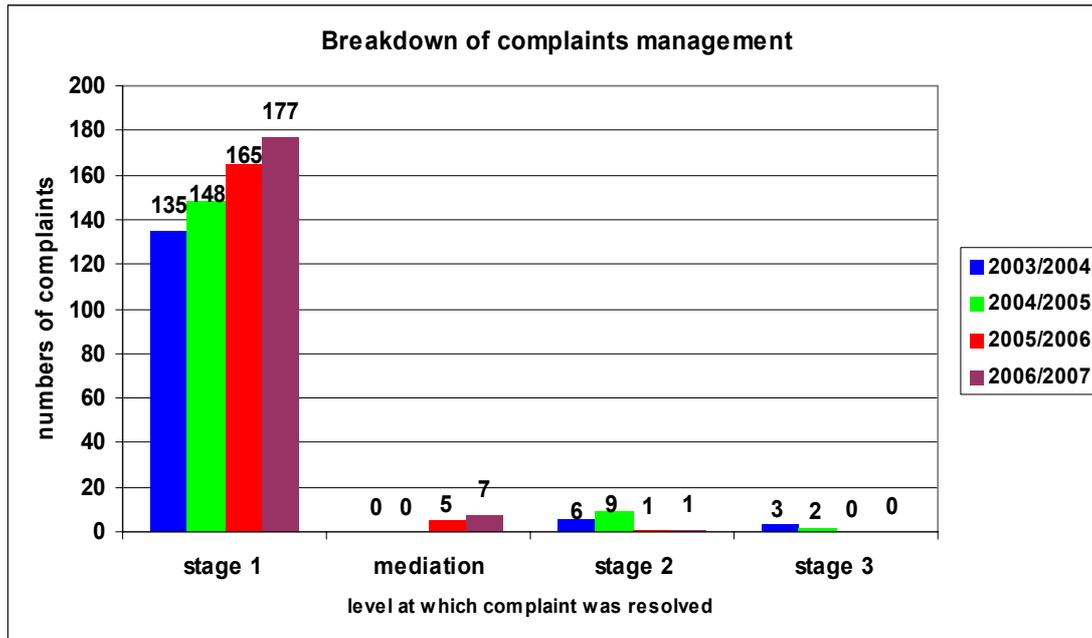
9 Recommendations

- 9.1
 - That SMT endorse this report and its contents.
 - That SMT consider and advise whether this report needs to be presented to elsewhere.

10 Contact Details

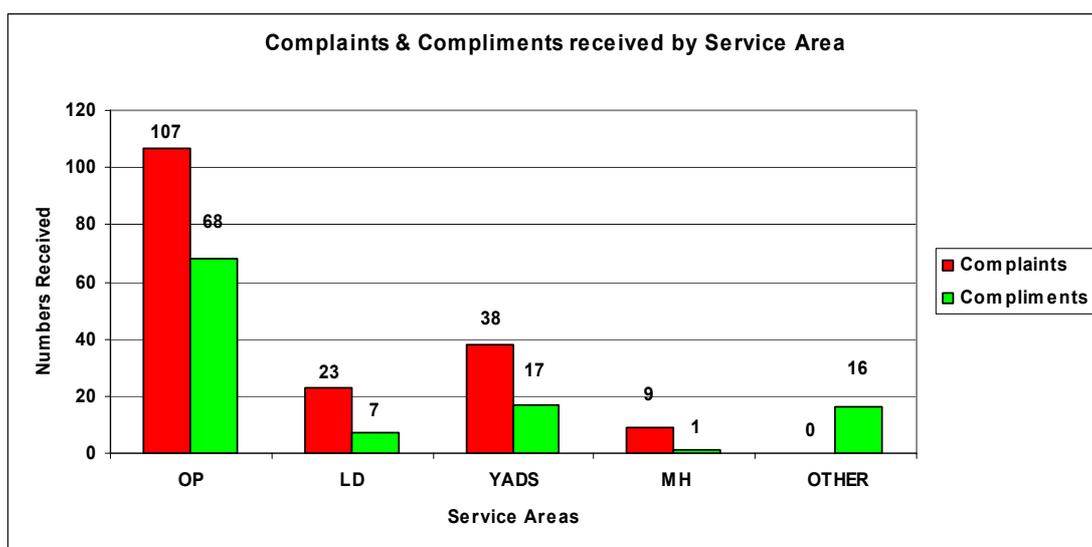
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(a) Breakdown of complaints management



177 social care complaints have been received (14 other separate complaints were also received in relation to DFG applications but these fall within the remit of Strategic Housing: these types of complaints were included in the total figures indicated for 2005/2006 but not in this report). This graph indicates the continued increase year on year of social care complaints being received and processed at stage 1. It also indicates an increased use of successful mediation with only 1 complaint being required to be investigated at stage 2; no stage 3 reviews were required to be undertaken. This success can be attributed to more robust and timely responses at stage 1 and effective management and monitoring processes carried out by staff within the CCT.

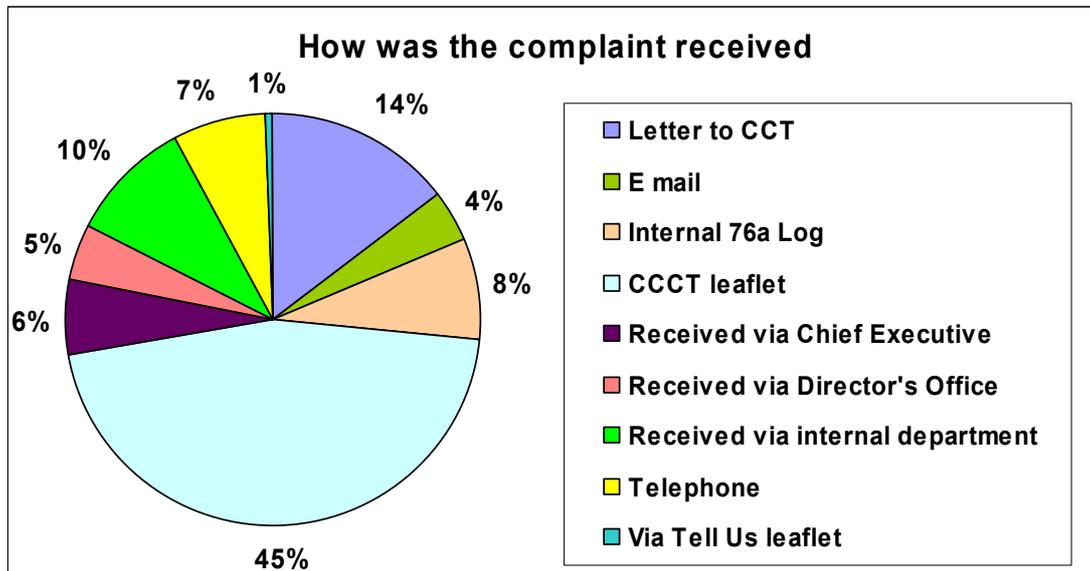
(b) Comparison of complaints and compliments received by service areas



Of the 177 complaints, 60% were received in respect of OP services, 13% in LD, 22% in YADS and 5% in MH. Of the 109 compliments received (an increase of 50% on last year's figure), 62% were received in OP, 6% in LD,

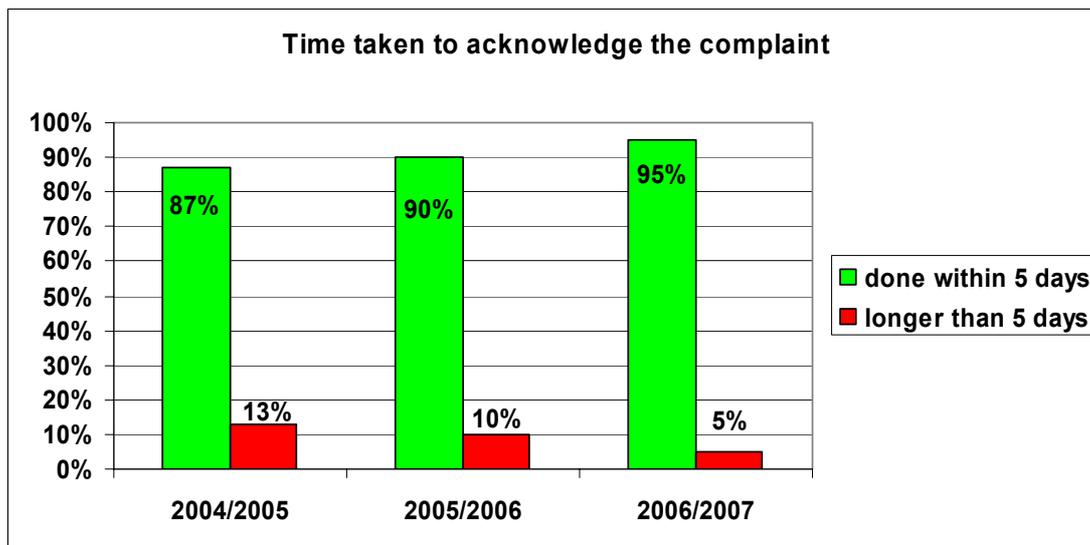
16% in YADS, 1% in MH and 15% in other areas. A wider and more proportionate percentage spread across the adult social care directorate has been achieved this year with the exception of MH service areas; it is proposed that further development work within this area should be considered (see section 8)

(c) How was the complaint received?



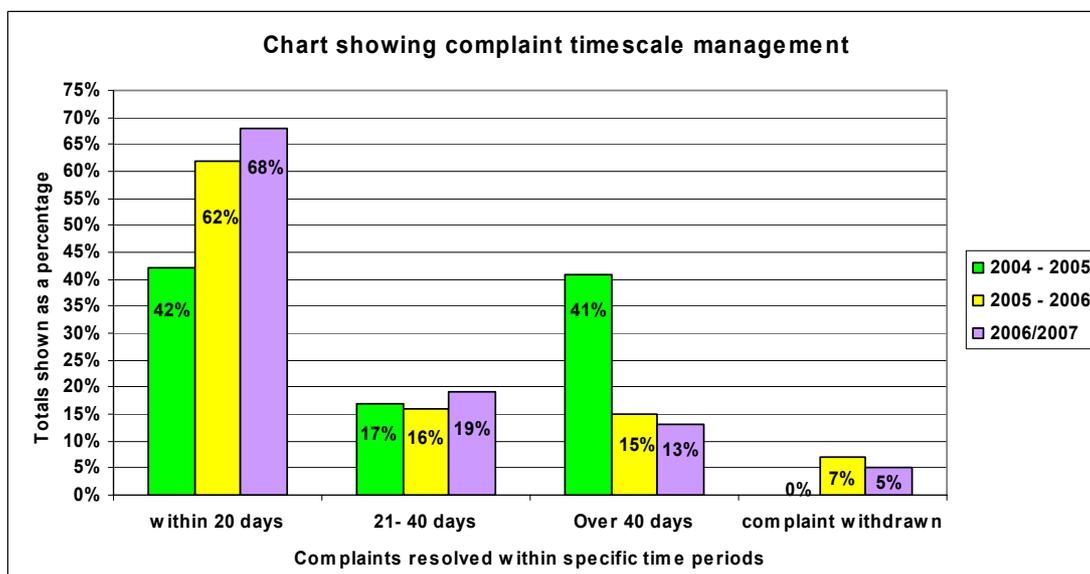
The use of the adult social care CCCT information leaflet remains the most commonly method used to register representations; this demonstrates good levels of accessibility to this leaflet. The Customer Care Team supplies very few leaflets directly to services users; we do however provide one within all acknowledgements letters sent to complainants. This is to ensure they retain the ability to make a representation in the future in accordance with current legislation. It can be surmised that access is achieved via the various service offices, or during face to face interactions such as assessments and reviews. An increase to 8% of complaints that were recorded using the WSS76a & b internal forms has been achieved. It is anticipated that this will continue to increase when greater awareness and accessibility electronically to both the procedures and internal log forms become available to staff via the intranet. A target of achieving 15% of all social care complaints being received via the use of the internal forms is proposed for 2007 -2008. (See section 8)

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



All complainants should receive an acknowledgement from the council within 5 days of receipt of their complaint, as stipulated in the procedures. This graph shows continuous improvement regarding this task has been achieved over the past 3 years. The target of 95% of complaints acknowledged within time scale set for 2006/2007 was achieved; it is proposed it should be maintained at this level.

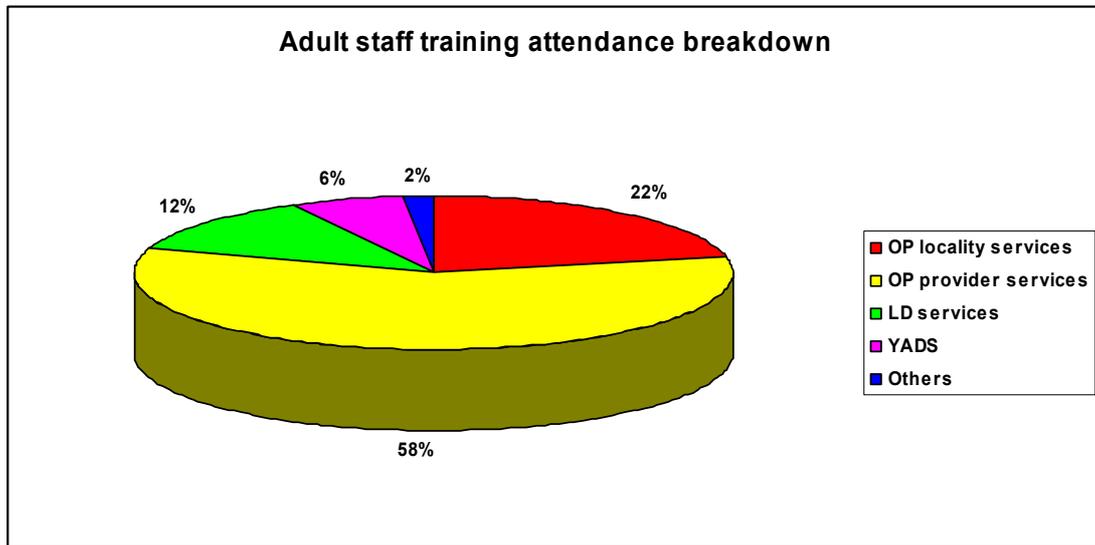
(e) Time taken to received a written response at stage 1



A continued increase in the numbers of stage 1 responses provided within the 20 day timescale has been achieved, however the target of 75% set for 2006 – 2007 has not been achieved. This can in part be attributed to operational demands during a period of change and the lack of availability of some managers due to termination of their agency contracts and sickness absence of others. There has been a continued reduction in the number of complainants that have waited in excess of 40 days to receive a written response. The response time percentages provided relate to 169 of the 177 complaints received, as 8 of the 177 complaints were withdrawn (5%). It is

proposed that for 2007/2008 a target of at least 70% of all social care complaints being responded to within the 20 working day time scale. (See section 8)

(f) Staff attendance for managers' complaints training shown by service area.



Evidence indicates that a significant increase of managers and senior staff have attended the complaints training compared to last year. However the graph shows certain services areas have still been under represented. It is proposed that when training for managers resumes in September 2007, all adult social care service managers who are responsible for completion of a stage 1 response letter, that have not attended previous training, should have attend the training by March 2008. The revised mandatory one day training day will include information and guidance related to the learning from complaints procedure that is also to be implemented from September. (See section 8). New half day awareness sessions that are open to all social staff, will commence from September 2007 and all staff should also be encouraged to attend. Its purpose is to clarify their roles and responsibilities in relation to complaints handling, especially the use of the internal complaints/compliments log when they receive representations directly from service users.

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

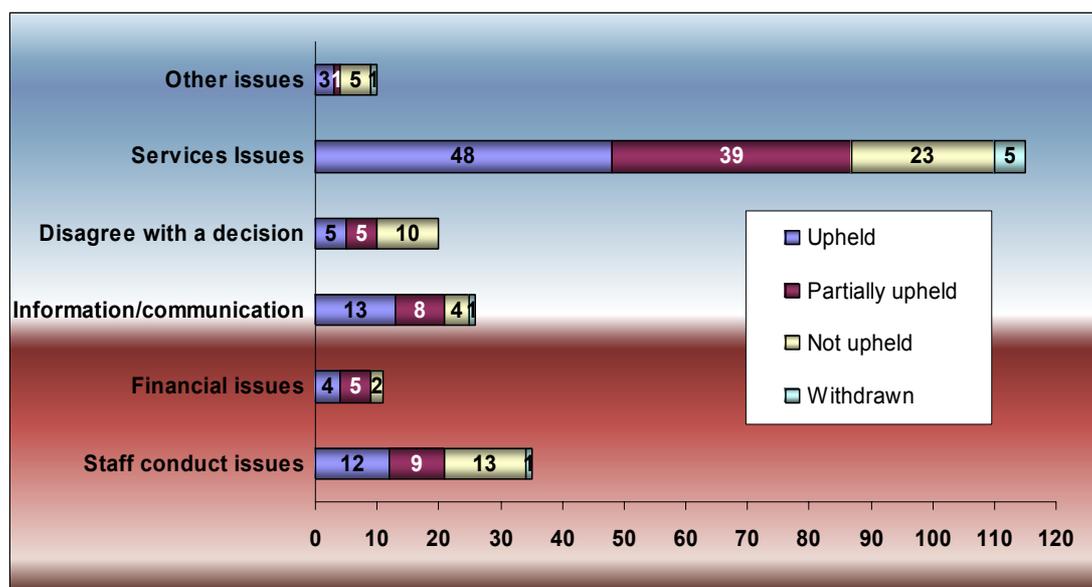


Table showing statistics used to populate the graph above.

	Upheld	Partially upheld	Not upheld	Withdrawn
Staff conduct issues	12	9	13	1
Financial issues	4	5	2	
Information/communication	13	8	4	1
Disagree with a decision	5	5	10	
Services Issues	48	39	23	5
Other issues	3	1	5	1
TOTAL	85	67	57	8

From the 217 issues raised, over 63 %, whether they were upheld or not, were received in respect to dissatisfaction around service related matters. The majority of the issues raised relating to a disagreement with a decision, were in respect to the application of the FACS eligibility criteria. Hopefully the proposed implementation of an increased range of service standards across the directorate (see section 8) is expected to address this matter, along with improved information available through the internet and via the public information leaflets.

Of the 177 complaints received, 42% were upheld, 20% were partially upheld, 33% were not upheld and 5% were withdrawn. These figures are similar to those of the last interim report. It is anticipated that for the next year's annual report, the Customer Care Team will be able to report on learning from complaints activity and provide supportive evidence of activity undertaken in response to identified learning through effective complaints management.

**Procedures on Distributing Information on Assessment and
Care Coordination to Service Users**

**Applicable to operational staff in Assessment and Care Co-
ordination Teams OP, LD &YA+DS**

Responsible officer: Public Information Officer

Date of Approval: September 2006

Date of review: March 2007

**Version 3
1 September 2006**

Distributing information about assessment and care coordination to service users

Policy Position

1) National Policy Statements

National guidance on public information comes from 'Signposts to Services: Inspection of Social Services Information to the Public' published by the Social Services Inspectorate, Department of Health in August 1998. The document states, 'Information is a service and requires the same commitment by managers to policy and planning as any other service.'

2) Relevant Walsall Social Care and Inclusion Strategic Objective

"Deliver accessible services that are socially inclusive and responsive to user views"

3) Corporate Policy:

The relevant paragraphs from the Corporate communications toolkit are as follows:-

"The council promotes openness and transparency, honesty and integrity in all its communications and marketing, while always respecting confidentiality.

The council will promote inclusion in all its communications and marketing activity and will work to make its outputs available in the key alternative languages of the borough."

3) Social Care & Inclusion policy on information

The public information policy is being updated. The current policy states:

'Our main goals in producing both the public information policy and strategy are to:

- make sure that all staff are aware of their responsibilities regarding public information and have the skills to meet these responsibilities,
- develop a single information service that produces information for the public in a consistent, joined up way, working with partner agencies where possible,
- develop information that meets the needs of potential and current service users and carers so that they are more aware of the help available from social care and supported housing and
- provide high quality information that will help people to make more informed choices about the help that they receive.'

4) Policy Principles for distributing information about assessment and care coordination to service users.

4.1) All information that is given directly to service users will fall into two groups:-Mandatory information which should be given to all service users who receive an overview or specialist assessment

- Discretionary information that is given according to service user circumstances.

See appendix A for list of both mandatory and discretionary information available.

4.2) It is the responsibility of the professional (OT, SW or other), involved with the service user to remove any leaflets from the mandatory pack if they are not appropriate, e.g. remove leaflets about carers if the only carer has just died.

It is also their responsibility to decide if any discretionary information should be given to the service user, and how this will happen. The worker should be mindful that replacement or additional information may be required throughout the users contact with the Directorate.

4.3) It is the responsibility of the professional (SW, OT or other) to identify if the service user requires information in specialist formats e.g. Braille, cassette, or other languages. These specialist formats will be available on request only at this point in time and teams will not be able to develop stores of specialist formats at their office.

4.4) Administrative staff will be responsible for ensuring that the supply of mandatory and discretionary information is available in operational teams.

4.5) The Public Information Officer will be the central distribution point for the Adult Care Directorate, and will be responsible for ordering, storing and distributing up-to-date leaflets to the operational teams as they are approved.

4.6) The Public Information Officer. They will also be responsible for amending the forms used in these procedures if new information becomes available.

4.7) The Integrated Community Equipment Service (ICES) is responsible for sending out information about equipment alongside the equipment deliveries.

4.8) The Public Information Officer will be responsible for obtaining information in specialist formats as requested by operational teams.

4.9) The Directorate will work towards the provision of information leaflets in electronic format for all workers.

Procedures

1) Any information passed to service users is to be recorded on the Information Distribution Record [See *appendix A*] and kept in the service user's file. (Pending a function being set up in Paris, which will record and audit distribution, as part of the case file audit procedure.)

2) On receiving the duty call and agreeing any follow up action. The duty worker will complete the Information Distribution Record and pass it to the administration team for action.

- 3) If the contact with the service user will result in an overview or specialist assessment, then administrative staff will ensure that the mandatory information is inserted in the front pocket of the yellow Person Held Record [P.H.R] folder and will also complete the Information Distribution Record. The mandatory information will include a letter to the service user [see *appendix B*] giving further information about leaflets in different formats, and an order form [see *appendix C*] for the service user to use if they wish to order information directly.
- 4) Professional staff will ensure that the mandatory information is appropriate for the service user, and should request additional discretionary information or information in different formats, if required. They must then record this on the Information Distribution Record.
- 5) Those service users who attend the “Smart Care Clinics” will receive the pack of mandatory information and letter at the clinic, if they have not already received these in a P.H.R folder.
- 6) For hospital teams, if service users bring their P.H.R folder into hospital with them then the professional (SW/OT or other) will decide whether additional information is required and if so, request that it is provided and ensure that this is recorded on the Information Distribution Record.
- 7) If service users do not have a PHR folder, then duty workers will follow the procedures as in 3) above.
- 8) The senior administrator or equivalent member of staff within each office will take responsibility for monitoring and ordering the supply of public information resources.
- 9) Supplies of all resources should be requested from the Public Information Officer using the approved electronic form. [See *appendix D*] Information in specialist formats should be ordered directly from the Public Information Officer as required. These specialist formats will be available on request only at this point in time, and teams will not be able to develop stores of specialist formats at their respective offices.
- 10) Q & P unit will undertake a yearly sample of files across all adult care services to ascertain that the distribution of information is in line with the policy.
- 11) Operational managers or equivalent members of staff will ensure workers are compliant with the procedure through mechanisms such as practice & development sessions, team meetings; supervision and regular case file audits.
- 12) This policy will be reviewed in 6 months time and then annually thereafter.

Walsall Social Care & Inclusion Order Form – Adults Public Information
Last Updated 22.11.06

Senior Administrative Officer	Quantity (Leaflet – standard print)	
Office Address:		
E-mail:		
Tel. No. Contact No. (if different)		
MANDATORY INFORMATION – FOR SERVICE USERS (For all social care service users – to be included in the standard information pack e.g. yellow Person Held folder)		<p>All information is available in an alternative format strictly on a 'request only basis' and will not be provided for general stock purposes.</p> <p>Other formats available on request:</p> <ul style="list-style-type: none"> ➤ large print ➤ Audio tape (English) ➤ CD / DVD ➤ BSL (Video or DVD) ➤ Braille ➤ Ethnic minority languages (please state) ➤ Audio tape (ethnic minority languages – please state) ➤ Electronic (pdf) <p>Please contact the Public Information Officer on 01922 658368 for further details.</p>
Access to your personal information		
Adult Abuse – What is it?		
Are you a carer?		
Comments, compliments and complaints		
Direct Payments	N/A	
Fair Access to Care Services (FACS) – Getting help from social services		
Fairer Charging		
Long Term Care Charter for Walsall		
MANDATORY INFORMATION – FOR CARERS		
Are you a carer?		
Carers covering letter		
Carers self appraisal form		
DISCRETIONARY INFORMATION – FOR SERVICE USERS (For display in public reception points and for distribution as and when requested)		
Community Alarms		
Community meals – Meals on Wheels		
Day Care		
Equipment services in Walsall		
Home Care		
Intermediate Care	N/A	
Occupational Therapy		
Older people's services		
Residential care	N/A	
Sensory Support Team	N/A	

Younger Adults and Disability Services social work team (YADS)		
DISCRETIONARY INFORMATION – FOR CARERS (For display in public reception points and for distribution as and when requested)		
Are you a carer?		
Carers self appraisal form		
Carers action plan 2006-2007		
Carers complementary therapy scheme		
Carers Centre leaflet		

Please return this form to:

Public Information Officer

7th floor (east wing), Tameway Tower, Bridge Street Walsall WS1 1JZ

☎ 01922 658368

✉ robinsonreb@walsall.gov.uk

Corporate Services - Quality & Performance Management Unit Report	
Title	Briefing report on learning from complaints workgroup
Subject	Learning from complaints
Version	0.3
Author	Mark Pitcher - Customer Care Team
Date	17 th November 2006
Status	Final

- Purpose of Report** 1.1 To brief the Interim Assistant Director of Adult Services and the Assistant Director of Children’s Services about this short life working group.
- Scope** 2.1 This report outlines the reasons for setting up this working group, the agreed terms of reference and the participants of the group.
- 2.2 What action has already taken place to date and what further action is planned?
- Background** 3.1 This group was set up following an initial agreement at SMB and CSMT in June 2006. Its purpose was to try to raise the profile of learning from complaints within the council.
- 3.2 Over the past 18 months there has been a marked decrease in the number of stage 2 complaint investigations; this is a result of better monitoring and management of complaints and the use of mediation. Traditionally the majority of learning that has been identified in the past has been following the completion of stage 2 investigation reports.
- 3.3 In light of this fact the amount of learning opportunities and potential to improve has also decreased; therefore as a council we need to attempt to increase the opportunity to learn.
- 3.4 The amount of stage one complaints received over the same 18 month period has substantially increased. By looking at these complaints from a learning perspective, we could significantly increase the potential opportunity to learn and subsequently identify practice, process or service delivery improvements.
- 3.5 As stage 1 complaints are responded to in the first instance by the operational managers, it was agreed at both SMB and CSMT that the work group should include a range of managers across both adult and children’s services.
- 3.6 This group were tasked to share ideas and best practices, and suggest a way that would raise the profile of the need to show evidence of learning following a complaint. To develop a process which would enable the council to learn from complaints, by producing a template, process and quality assurance system?

- Terms of Reference and membership** 4.1 See appendix 1
- Note.** Unfortunately a representative from the mental health service area has not been identified to date.
- Action to date**
- 5.1 A proposed timetable has been drawn up and the group are currently on target, though there has been some slippage management due to operational demands. See appendix 2
- 5.2 Meetings scheduled for 12th September and the rescheduled one of the 6th November have taken place and the required pieces of work have either been completed or are in hand.
- 5.3 A further meeting has been scheduled and confirmed for the 4th December. Following this and on completion of any remaining piece of work, a final meeting will be convened to produce a report.
- 5.4 It was anticipated that a report would be completed by the end of December and then submitted to the appropriate boards for their consideration and action. Due to operational demands, it is more likely that the final report will not be submitted until early in the new year.
- Other information** 6.1 Paul Cooper and Mark Pitcher of Walsall's customer care team are also currently leading a workgroup within the West Midlands complaints officer group.

Author

Mark Pitcher – Investigation Officer – Adult Services
(Chairman of workgroup)

TERMS OF REFERENCE

Learning from Complaints Short Life Group

- The purpose of the working group is to reach agreements with colleagues, who may provide a response to a complaint at the first of the complaints process, concerning:
 - i. A format (template) for identifying the learning which results from an individual complaint resolution, possibly expressed in term of “system failure” or “staff/person failure.”
 - ii. A process for recording & monitoring any identified learning, which collates similar issues & conclusions across service areas & over time.
 - iii. A process for linking that learning with identified areas for improvement. E.g. A system failure might demonstrate the need to include written guidance about how to contact a domiciliary care agency out of hours. A staff/person failure might demonstrate the need to include supervision or monitoring of performance in a contract with a domiciliary care agency, as well as individual actions regarding a member of staff. The process would enable those involved to determine what the required area of improvement might be, and would target the place/person(s) within the organisation that could take action to bring this about.
 - iv. A process for determining whether any policy, procedure or practice guidance requires further development and at what level these recommendations need to be targeted to ensure the desired outcome.
 - v. A review process to ensure that any improvement is monitored.
 - vi. A process and timetable for reporting to relevant senior management groups, both in terms of the implementation of the strategy and for any future reporting requirements.
- The working group would meet on three occasions over the period September to December 2006 and be co-ordinated by the customer care team.
- Membership should include:

Directorate	Representative
Carol Evans	Paul Cooper - customer care team (children)
David Brown	Alison Glover; Maxwell Gregory; Jenni Barnett (children)
Carol Evans	Mark Pitcher - customer care team (adults)
David Martin (Andy Cross)	Mark Kozak; Iona Timba (older people)
David Martin (Julie Metcalfe)	Susan Angus-Mellor (Y.A.D. S.'s)
David Martin (John Greensill)	Caroline Adams (Learning Disability)
Margaret Wilcox (Steve Foster)	General Manager (Mental Health)

Corporate Services – Consultation, Customer Feedback & Information Team	
Title	Briefing report on learning from complaints workgroup
Subject	Learning from complaints
Version	0.3
Author	Mark Pitcher - Customer Care Team
Date	June 2007
Status	Final

Purpose of Report 1.1 To brief the Interim Assistant Director of Adult Services and the Assistant Director of Children’s Services about this short life working group and present its recommendations.

Scope 2.1 This report outlines why the proposals are being made, what they seek to achieve and why the recommendations are important for the council.

Background 3.1 This group was set up following an initial agreement at SMB and CSMT in June 2006. Its purpose was to try to raise the profile of learning from complaints within the council.

3.2 Over the past 2 years there has been a marked decrease in the number of stage 2 complaint investigations; this is a result of better monitoring and management of complaints, effective training and the use of mediation. Traditionally the majority of learning that has been identified has been following the completion of a stage 2 investigation reports.

3.3 In light of this fact the amount of opportunities to learn from complaints and improve service delivery has also decreased. Therefore as a council we needed to address this situation and develop other procedures and processes to ensure that opportunities are not lost.

3.4 The amount of stage 1 complaints received over the same two year period has substantially increased. Therefore to maximise the opportunities for learning a more analytical process needs to be introduced following the completion of each stage 1 complaint response. The implementation of such a procedure would increase the capture of learning opportunities and identify where potential practice, process or service delivery improvements could be made.

Operational Impact 4.1 Stage 1 complaints are responded to initially by operational managers, it should be these managers that are required to complete the proposed learning from complaints template. The CCT will monitor, evaluate and take appropriate action throughout the process. This will hopefully minimise the impact on operational managers and will assist in achieving the consistent application of this process.

Working Group Outcomes 5.1 Input has been made from managers from across Children’s, Older People, Learning Disability and Young

Adults and Disability services. Unfortunately no representation was made from Mental Health Services though their involvement was sought.

- 5.2 This group have developed a procedure and the required template and guidance notes to support the application of the process. It will enable the council to show evidence of learning and how this has improved service delivery.
- 5.3 A proposed learning from complaints template is attached. See appendix 1
- 5.4 Proposed guidance notes for completing 5.3 are attached. See appendix 2
- 5.5 Attached are two proposed memorandums to be circulated to all managers who may be involved in the pilot once agreed? These advise of their roles and responsibilities within the new procedure and process that are to be implemented from (date to be agreed) - See appendix 3 & 4.

Recommendations

- 6.1 That SMT consider the appropriateness of the proposed template, guidance notes and memorandums for use within the proposed pilot.
- 6.2 That SMT approve that an initial short pilot of this procedure is conducted within one specific service area.

(Older Peoples service would probably be the best area to run the initial pilot due to its size and the amount of complaints received. In doing so it would also ensure that the commitments made following the Older People's inspection, in relation to learning from complaints would also be achieved).
- 6.3 Proposed time period for the pilot should be July to August 2007, with the analysis of the pilot being completed and reported on by September 2007.
- 6.4 SMT then review the analysis of the pilot, with a view to either operate a further pilot across a wider area or fully implement the procedure across all adult services.

Author - Mark Pitcher - Investigation Officer - Adult Services

(Chairman of workgroup)

Guidance notes for completing LFC template (form WSS 407)

Box 1 It is important that the name entered is that of the person making the complaint / compliment – this will not always be the same as the service user.

(For information only) The respond and Paris reference numbers are from two separate databases.

The start and close dates are in direct relation to the complaint, not the case.

Box 2 Text only (For information only)

Box 3 It is possible that a complaint / representation will cover more than one category. Where this is the case, please number the relevant category boxes, using 1 for the most applicable, 2 for the second most, etc.

Box 4 Please give a very brief description of the issue(s) raised

The whole purpose of this exercise is to ensure that learning opportunities are identified and actioned. Please provide a brief summary (bullet points are okay) of the learning identified and, where possible, indicate the category that the learning falls into.

Box 5 As with box 4, please indicate who is responsible for actioning the identified learning. It is also important for you to identify any perceived barriers to this proposed action taking place and, subsequently, any additional resources or support that would enable the action / learning to become reality.

Box 6 If issues raised are covered by Walsall Equal Opportunities Policy, this will be followed up by the customer care team

Box 7 Details of the responsible manager who has completed stage 1 response to complaint

Box 8 This is to be completed by the line manager of the responsible manager who has completed the stage 1 response to a complaint

Box 9 This is for open commentary by the line manager, as identified in box 8

WALSALL COUNCIL

MEMORANDUM

To: **From: Mark Pitcher**
Customer Care Team

CC: Senior Management Team **Date: 26/06/07** **Ref: MAP/SMT**

Learning from Complaints

Attached is a copy of a report presented to SMT which outlines the procedures now agreed for ensuring that general policy and practice issues arising from individual complaints are identified, recorded and actioned.

This procedure should be implemented immediately and has the following implications:

Operational Managers - with responsibility for looking into and responding to complaints at stage one of the complaints procedures. Must now with each complaint received consider whether there are any learning opportunities with respect to policy or practice issues that need to be addressed.

A separate learning from complaints template is to be used.

Operational Managers - should:
Line Managers

- i) ensure there is a standing item within supervision with their manager to consider complaints received in the period and an office based complaints record log for retention.
- ii) consider policy/practice issues arising from any complaints received in relation to their service team/area and ensure all relevant action plans made in response to the learning identified is undertaken and appropriately evidenced.
- iii) Liaise with CCT who monitor and report on learning from complaints activities.

Service Managers - should take any policy/practice issues to SMT for discussion of implications and to agree any proposed action. All appropriate parties should be advised of details of each case and proposed actions as appropriate.

Please let me know if you are unclear about any of the above action points.

Customer Care Manager
Customer Care Team
01922 650487

WALSALL COUNCIL

**SOCIAL CARE & INCLUSION
MEMORANDUM**

To: See distribution list

**From: Mark Pitcher
Customer Care Team**

Ref: CCT/SMT

Date:

Re: Learning from Complaints

A requirement of the recently revised Social Services statutory complaints procedures require that, in addition to appropriately responding to individual complaints, we consider whether there are any 'lessons to be learned' from the complaints we receive and to review policy and practices as necessary.

In order to conform to this requirement, a new procedure for identifying, recording and evidence action taken has been devised and agreed at SMT on 26/06/2007.

In future, all managers who have responded to a complaint at stage 1 must complete a 'Learning from Complaints' template (WSS 407). The CCT, on receipt of the stage 1 response letter, will e-mail (within two working days) a copy of the template to the responsible manager for completion.

Managers are required to return the completed template within 5 working days, a template must always be returned for every stage 1 response, even if no learning has been identified.

Some complaints at stage 1 will be received direct by teams, and recorded on WSS76a & 76b. In these cases managers will have to attach their own copy of WSS--- to the complaint and then complete and return this to CCT the same way when making the final response. Would you please ensure therefore that the e-mailed version of the learning from complaints template is saved as a standard form on your PC's, copies of which can then be run off as needed.

This revised procedure is effective immediately. Please give me a call if you have any queries about its implementation.

Customer Care Manager
Customer Care Team
01922 650487