

**Customer Care and
Citizen Involvement Team
Comments, Compliments
and
Complaints
Annual Report
1st April 2014 - 31st March 2015**

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1. Introduction

- 1.1 The Customer Care & Citizen Involvement Service's Annual Report focuses on the period 01.04.14 - 31.03.15. It explores the number, nature and trends of Comments, Compliments and Complaints made about the provision of services delivered by the Directorate for People (Adult Social Care).
- 1.2 Comparisons have been made, for the total number of complaints received using statistical information from the previous Annual Reports for periods 01.04.12 - 31.3.13 and 01.04.13 - 31.03.14, to enable any trends to be observed.
- 1.3 All data used in this report is for the period 01.04.14 – 31.03.15. Additional movement in the figures reported may have taken place since then due to active cases reaching resolution, or being escalated.

2. Background

- 2.1 The Statutory Complaints Procedure under the NHS and Community Care Act 1990 first came into effect in July 1992. The Legislation governing the complaints procedures also includes Health and Social Care (Community Health and Standards) Act (2003) and The Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009.
- 2.2 The purpose of the legislation allows access to the statutory complaints procedure to anyone who is in direct receipt of a service and is likely to want to make representations, including complaints about the actions, decisions or apparent failings of a Social Care & Health Directorate. It also allows any other person to act on behalf of the individual concerned, who can demonstrate a significant interest in the welfare of that individual and that their actions are acceptable and appropriate.
- 2.3 The legislation changed in April 2009 in line with DoH Guidelines to a single process with Health.
- 2.4 The Department of Health (DoH) set six key objectives. Each Social Care and Health complaints procedure should:
 - (i) Provide an effective means of allowing service users or their representatives to complain about the quality or nature of social services;
 - (ii) Ensure complaints are acted on;
 - (iii) Aim to resolve complaints quickly and as close to the point of service delivery as is acceptable and appropriate;
 - (iv) Give those denied a service an accepted means of challenging the decision made;

- (v) Provide in defined circumstances for the independent review of a complaint;
- (vi) Give managers and Councillors an additional means of monitoring performance and the extent to which service objectives are being achieved.

3. Customer Care & Citizen Involvement Team Developments

- ❖ The Team were able to maintain a quality service to the Citizens of Birmingham with a reduced staffing level due to the need for the Service to contribute to the Councils overall budget savings.
- ❖ The Service continued to provide complaints training to directorate staff such as Unit Manager/Senior Practitioner/Team Manager/Newly qualified Social Workers upon request.
- ❖ The Service continued to attend monthly Assessment and Support planning management Performance Boards where all active complaints are discussed. The Boards also monitor individual team's performance in responding to complaints within our set timeframe which is 20 working days from the date the complaint is processed to the Lead Officer for investigation.
- ❖ The Service has for a third year undertaken an audit of learning from a selection of service area complaints and the outcome of this is highlighted within this report.
- ❖ The service developed a revised electronic learning log (CLIP – Customer Learning Improvement Program) towards the end of the reporting period which is required to be completed by the lead officer for each complaint. The form was implemented in June 2015. Alongside this the Learning from Complaint discussion group was implemented in August 2015 and the outcome of both learning initiatives will be reported on fully within the 2015/2016 annual report.
- ❖ The team have and continue to build strong working relationships with directorate staff and external partners to ensure a joined up approach when responding to complaints.
- ❖ The service has reviewed and updated the following complaints service information:
 - Comments, Compliments and Complaints Easy Read Public Information Leaflet
 - Customer Care Factsheet Complaint Investigations – Information for Complainants
 - Directorate Adult Complaint Procedures

- ❖ The service has also produced a new Customer Factsheet which gives the citizen an overview of the complaints procedure.
- ❖ The team continue to work in partnership with Corporate Complaint colleagues in the management of corporate complaints and acting as gatekeeper for all corporate complaints alongside the statutory complaints process remit of the service.
- ❖ The Customer Care & Citizen Involvement Team continues to review and update the complaints database 'Respond Centrepoin t' regularly to ensure all required information is captured.

4. Analysis of Complaints

4.1. Total statutory complaints managed

Fig 4.1.1

Complaint Category	2013/2014 Received	<i>B/Fwd from 2012/2013</i>	Totals
Formal Includes LGO complaints (29)	217	69	286
<i>Less complaints withdrawn during the process</i>	40	4	44
Total (All)	177	65	242

4.1.2 The above highlights the number of complaints received during the reporting period (217), together with the number of active complaints brought forward from the previous year (69), which together make up the total number of complaints managed during the reporting period (286). This table shows there have been (29) Local Government Ombudsman complaints registered for this reporting period. 44 complaints were withdrawn during the process.

4.1.3 The Customer Care & Citizen Involvement Team have also managed 65 'Your Views' Corporate complaints alongside a further 160 pieces of information/complaints that were not competent to be processed under either the statutory or corporate complaints process. This included 63 complaints which to ensure early resolution were referred to the appropriate service area/team as requests for a service and 16 complaints which upon assessment were found to require safeguarding investigation. This giving a total of 511 pieces of complaint information/requests for service managed.

Some examples of those not competent for the statutory complaints process include:

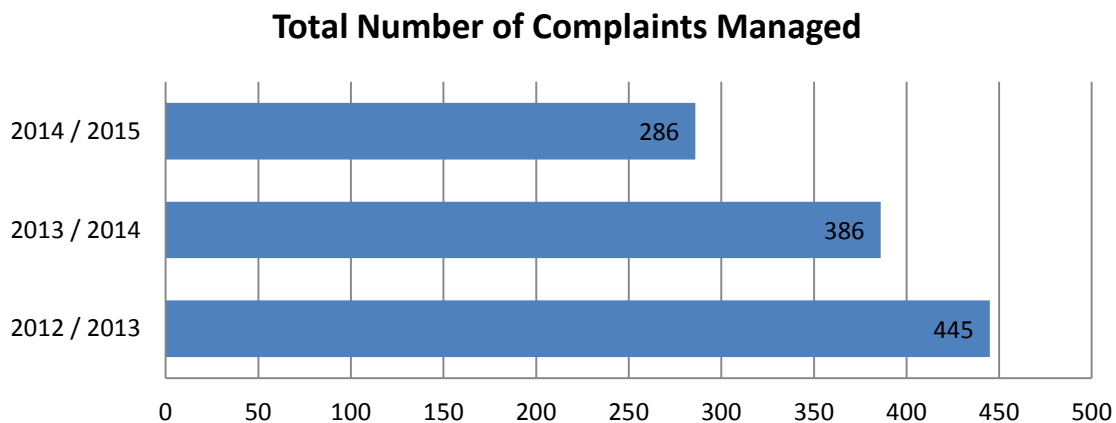
- ❖ Family unhappy with the actions of their aunts solicitor
- ❖ Dissatisfaction of a family with private care agency where care is funded privately
- ❖ Family dissatisfied with service provided solely by the health authority

- ❖ Complaint regarding a Benefit payment managed by Department of Work and Pensions
- ❖ Complaints received regarding other Birmingham City Council services such as Children's Services and Independent Living Team.

4.1.4 The examples although not competent for the statutory complaints process are required to be dealt with in a timely manner by the staff at the service which may entail for example signposting the complainant, undertaking primary enquiries, undertaking research activity, direct dialogue with the complainant or putting them into the correct process such as the corporate complaints process.

4.2 Comparison over the last three years

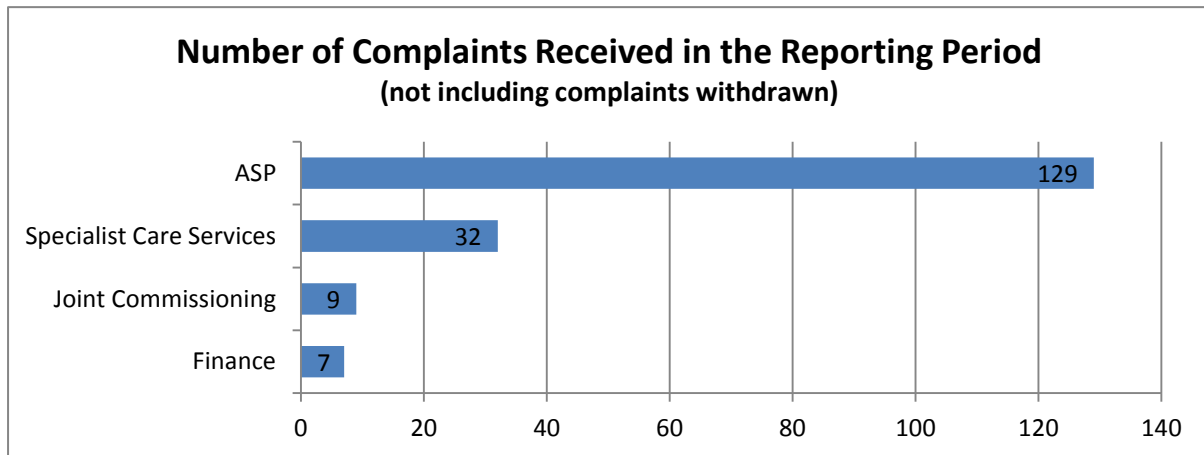
Fig 4.2.1



4.2.2 The graph shows a comparison of the number of statutory complaints managed over the past three years for information purposes. As indicated there has been a decrease from the last financial year of 100 statutory complaints managed.

4.3 Complaints Received by Service Area

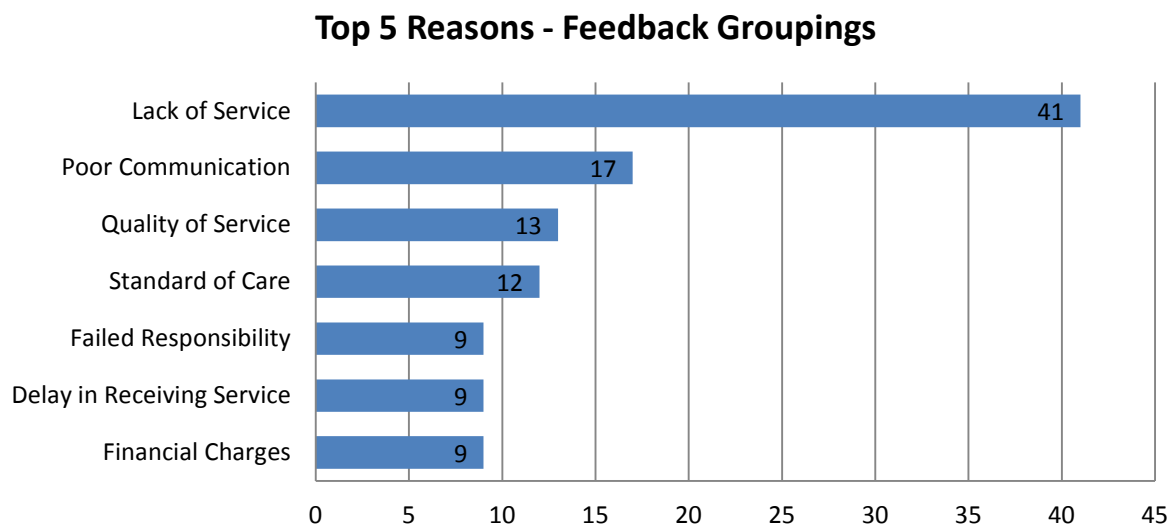
Fig 4.3.1



4.3.2 The above chart demonstrates the total number of complaints received by 4 main service areas for Adults Services during the 2014/2015 period. The chart shows that 129 complaints received were in respect of Assessment and Support Planning (ASP). Specialist Care Services receiving 32. The remaining services receiving 16 in total. This information mirrors the proportions received within individual service areas as that of last year with Assessment and Support Planning receiving 204, Specialist Care Services receiving 48 and the reminder receiving 33.

4.4 Complaints by Nature

Fig 4.4.1



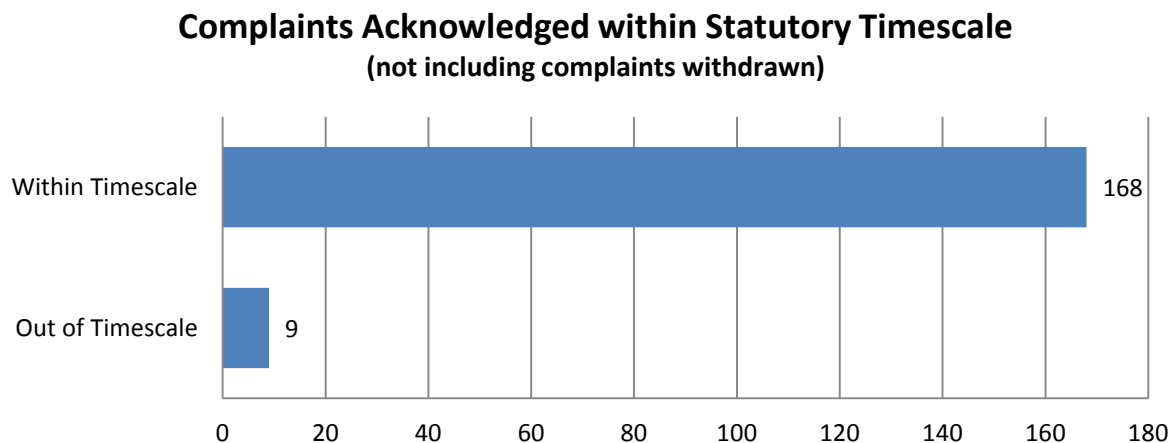
4.4.2 This reporting period sees Lack of Service with 41 complaints as the highest reason for complaints; this was followed by Poor Communication with 17 and Quality of Service with 13.

4.4.3. Last reporting year highlighted Lack of Service provision as receiving the largest number of complaints with 42 mirroring this year's figure. However, this was closely followed last year with standard of care with 24 which has reduced by 50% this reporting period.

4.5 Complaint Timescales

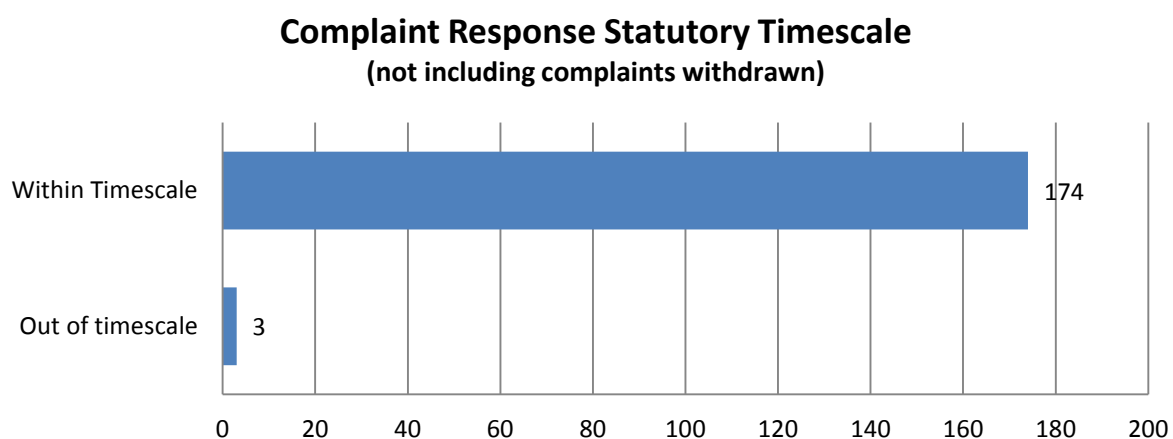
4.5.1 All the figures that are reported on in the following table were in respect of complaints received during the current reporting period 01.04.14 – 31.03.15 and not the total complaints managed throughout the reporting period.

Fig 4.5.2



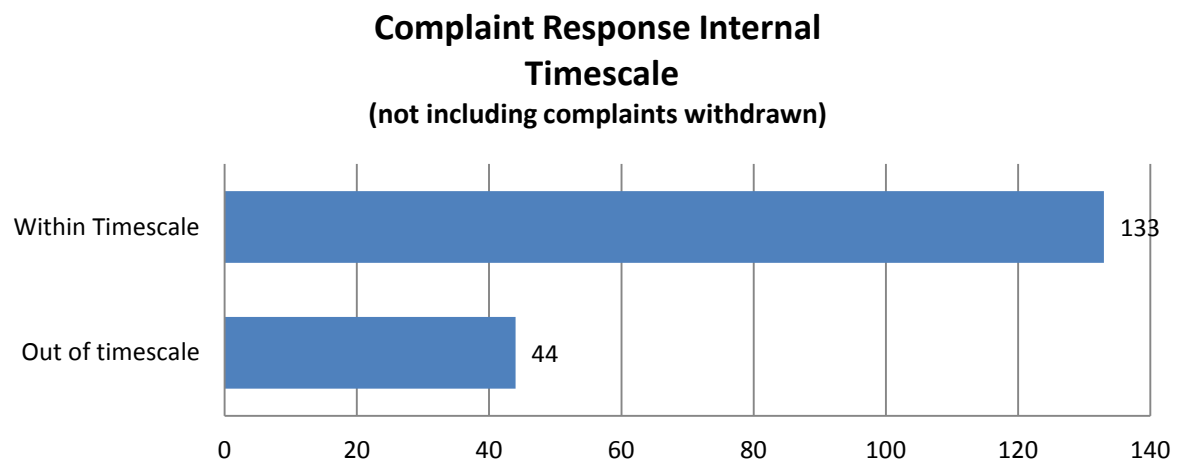
4.5.3 The above chart illustrates the time taken to acknowledge complaints. In accordance with the guidelines there are only two prescribed timescales to adhere to; these are 3 working days to acknowledge receipt of the complaint and six months to respond to a complaint. For this reporting period the service achieved 95% of acknowledgements within the statutory timeframe, higher than the 87% reported on last year.

Fig 4.5.4



4.5.5 The chart above illustrates the number of complaints responded to within the statutory timeframe. 174 (98%) with 3 (2%) not being responded to within the 6 month period. The Service has improved slightly upon last years performance during which they responded to 97% within timeframe and 3% not responded to within timeframe. Six independent complaint investigations were commissioned during this reporting period due to complexity, of which two are currently ongoing.

Fig 4.5.6



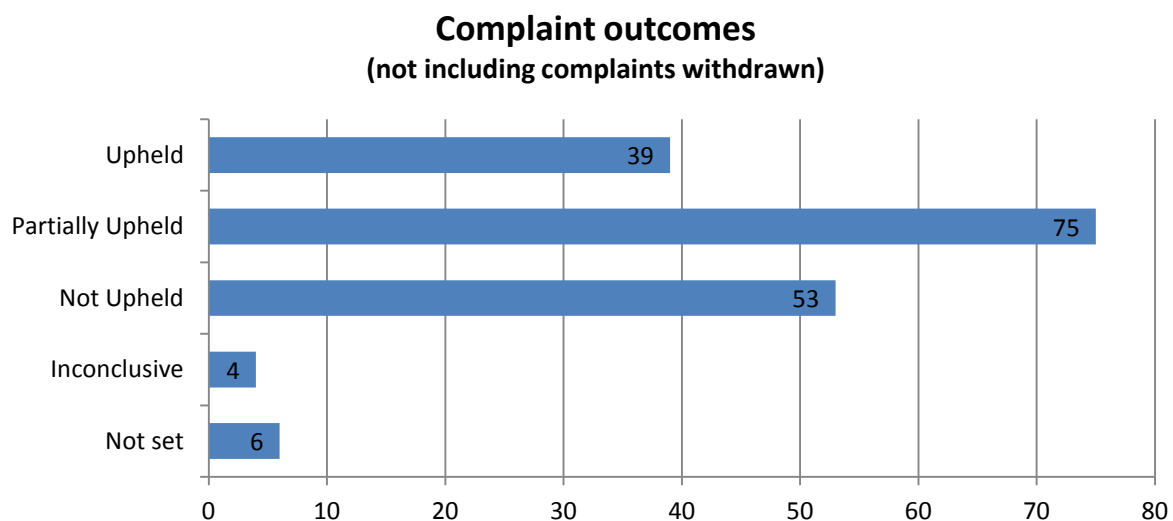
4.5.7 The service has written clear internal time-frames for the responding to complaints which has been incorporated into the Directorates complaints procedures.

4.5.8 The internal performance indicator set is that 70% of all complaints should be responded to within 20 working days with the exception of those deemed as more complex whereby a response date is agreed with the complainant.

4.5.9 The chart above illustrates the number of complaints responded to within the agreed internal timeframes. 133 (75%) of complaints received a response within the agreed timeframe; however, 44 (25%) of complaints were not responded to within the agreed timeframe. 41 of the complaints that were out of internal timeframe did receive a response within the statutory timeframe of six months. The same percentages were achieved last year.

4.6 Complaint Outcomes

Fig: 4.6.1



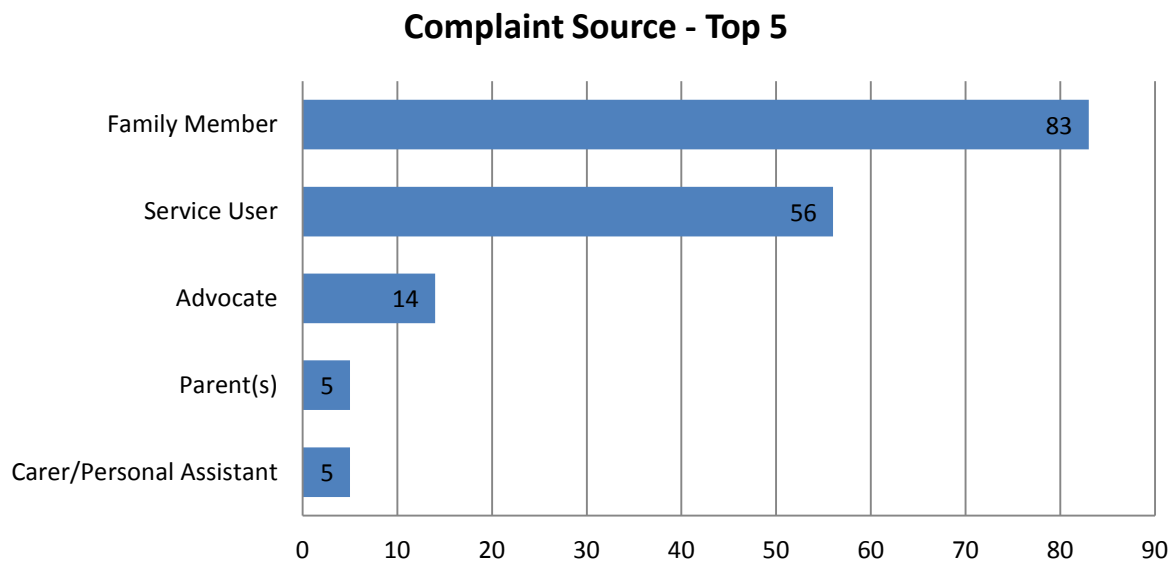
4.6.2 The chart above indicates the overall outcome for all complaints received this year 2014-2015. This chart indicates that the majority of complaints were recorded as partially upheld 75 followed by not upheld 53 and upheld 39.

4.6.3 This chart indicates that there were 6 investigations ongoing where outcomes had not been set at the time of preparing this report.

4.7 Complaint Source

Fig 4.7.1

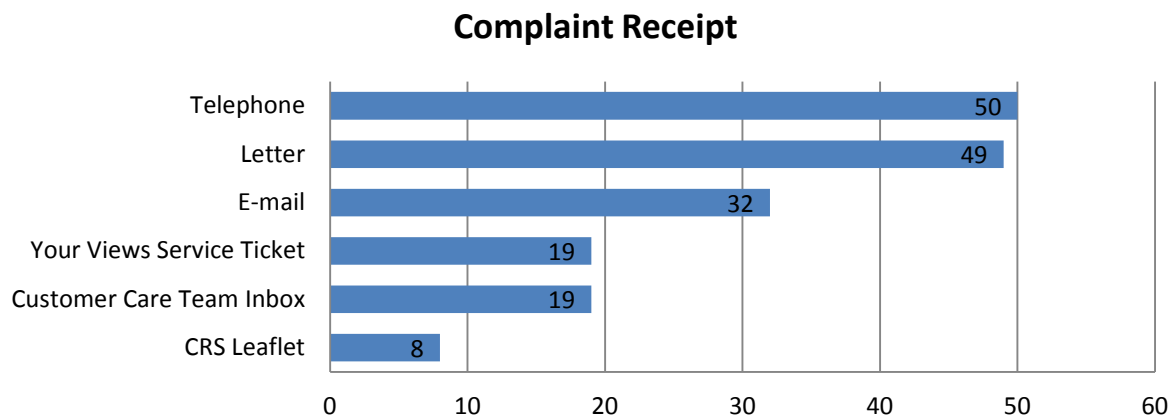
Chart below shows from whom the complaints were received for the financial reporting year 2014-2015.



4.7.2. The above indicates from whom complaints have been received, as it is evident from these statistics that family members have made the highest number of complaints with 83 (47%) which is proportional to last year's figures with 129 being received. Service users themselves made the second highest number of complaints, 56 (32%).

4.8 Method of Complaint Receipt

Fig: 4.8.1

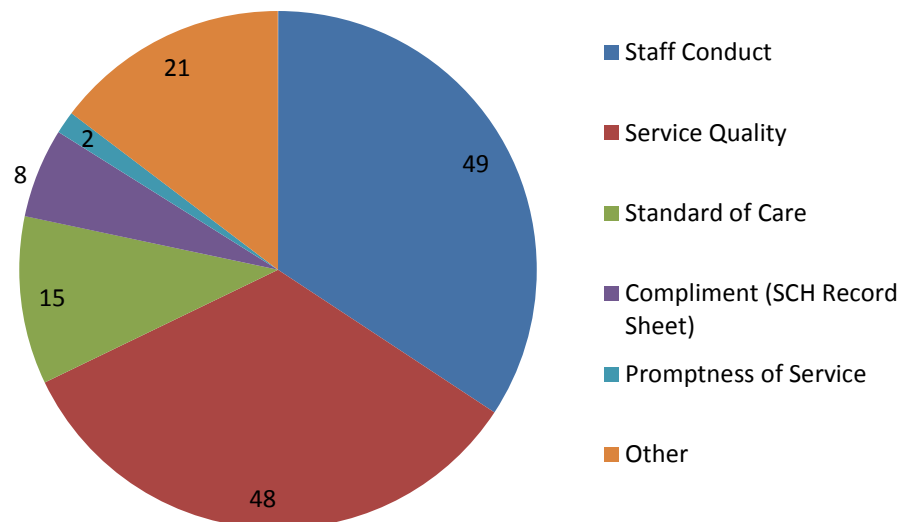


4.8.2 The above chart indicates how complaints were received. There continues to be stability in the use of electronic methods of making a complaint i.e., Email (32), Customer Care Inbox (19) and Birmingham City Council 'Your Views' complaints process (19) which gives a total of 70 showing that complainants remain confident in using electronic access to the service. However, this chart highlights that the telephone is currently still the most popular method of complaining (50) followed by letter (49).

4.9 Analysis of Compliments/Comments

Fig 4.9.1

Total Compliments Processed for this reporting period is 143.



4.9.2 The Customer Care and Citizen Involvement Team receive compliments as well as complaints and enjoy being able to share these with the relevant teams and workers. The team also write directly to the citizen thanking them for taking the time to contact us.

4.9.3 The above chart indicates how many compliments have been received for the period 1st April 2014 to 31st March 2015. In total 143 compliments were received. Staff conduct again received the majority of compliments for this period with 49 followed by Service Quality with 48.

4.9.3 In 2013/2014 the directorate received 229 compliments so there has been an decrease in this reporting period of 86 compliments (38%).

4.9.4 The directorate received only 2 comments this reporting period, 1 of which related to Specialist Care Services, the other relating to Health and Wellbeing.

5. Costing of Complaints

5.1. Breakdown of Costing for Complaints Investigated for period 1st April 2014 to 31st March 2015

Fig 5.1.2

Costs	Totals
Advocates	£109.90
Professional Time (Advocate)	£105.00
Travel Cost (Advocate)	£4.90
Complainant	£14,863.70
Compensation	£9,415.70
Reimbursement	£5,448.00
Investigation Officers	£16,047.01
Professional Time (Independent Person)	£15,600.40
Travel Cost (Independent Person)	£446.61
Grand Total	£31,020.61

5.1.3 The costings for this reporting period are comparable with those reported on last year. The overall spend for last year being £28,235.91 broken down as follows:

- Advocacy - £157.26
- Compensation £19,005.00
- Investigation Officers - £9,073.65

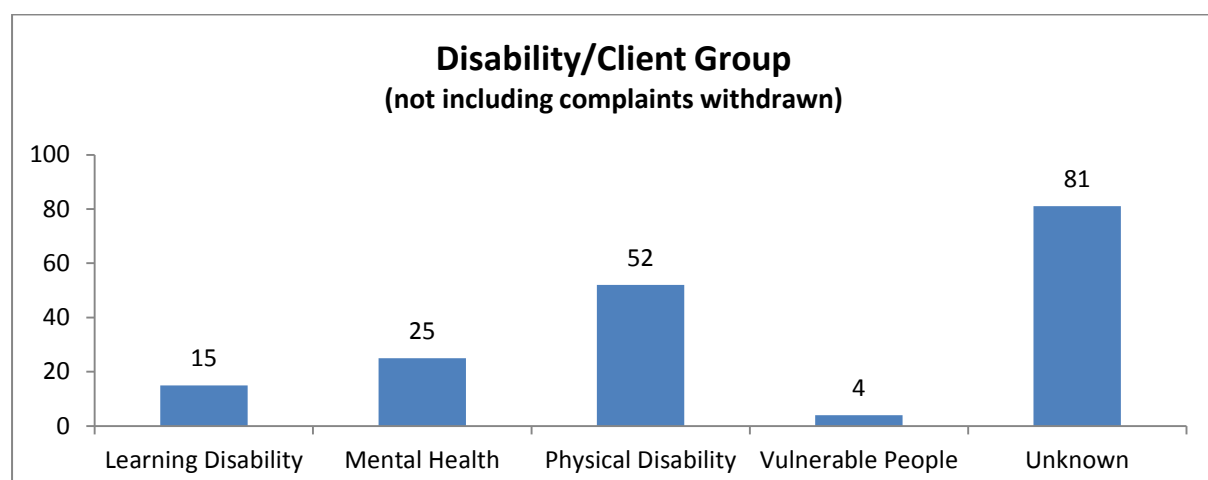
6. Equal Opportunities Monitoring

6.1 This section is applicable to service user information only.

6.1.2 In the following section, data on the sexual orientation of service users is not provided. Some people are not comfortable disclosing their sexual orientation as part of monitoring information; therefore the Customer Care and Citizen Involvement Team does not currently gather this information.

6.2 Disability

Fig 6.2.1



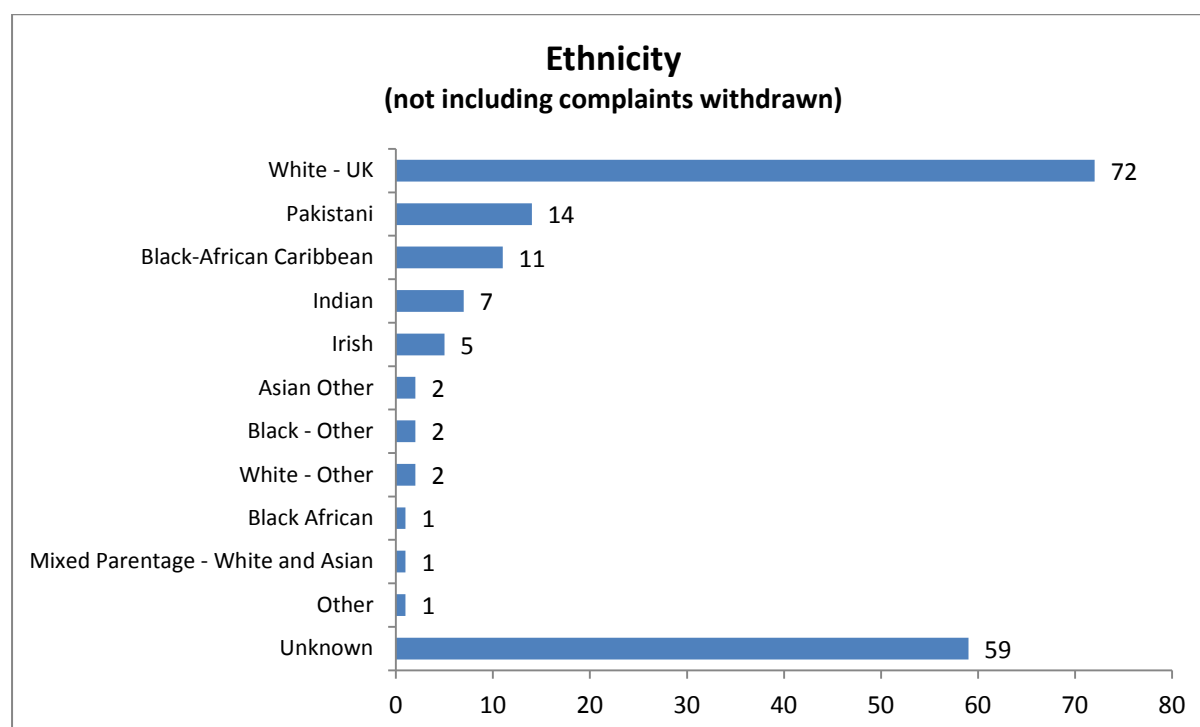
6.2.2 The above chart shows a graphical breakdown of Service User disabilities/client group. It illustrates that there is a decrease in the majority of service users disability/client group information not completed 81 this was 128 last reporting period. The chart also shows the following:- Physical Disability 52, Learning Disability 15, Mental Health 25 and Vulnerable People 4.

Fig 6.2.3

Comparison to client base	Complaints	% of complaints	Clients	% of clients
Mental Health	25	26.0%	2045	16.2%
Vulnerable People	4	4.2%	603	4.8%
Physical Disability	52	54.2%	7472	59.4%
Learning Disability	15	15.6%	2460	19.6%

6.3 Ethnicity

Fig 6.3.1



6.3.2 The above chart demonstrates that a large proportion of service users ethnicity is unknown as this has not been provided to the service; however, this has reduced from last year (101). The majority of services users for which the complaint relates to and choose to describe themselves as white – UK 72 followed by Pakistani 14. The directorate will be working closely with directorate colleagues to ensure all members of the public/service users are aware of the complaints process and how to access this should they need to do so. Social Workers are required to provide a complaint leaflet to all clients when undertaking an assessment.

Fig 6.3.3

Comparison to client base	Complaints	% of complaints	Clients	% of clients
Pakistani	14	12%	786	6%
Indian	7	6%	495	4%
Black - Other	2	2%	71	1%
Irish	5	4%	534	4%
Mixed Parentage - White and Asian	1	1%	7	0%
Asian Other	2	2%	196	2%
Black African	1	1%	102	1%
White - Other	2	2%	237	2%
Other	1	1%	153	1%
Black-African Caribbean	11	9%	1280	10%
White - UK	72	60%	8506	69%

7. Learning from Complaints

7.1 This is the third year the directorate have been able to provide information captured through the complaint learning log which has now been embedded for three years.

Fig 7.1.2

Learning Identified	Number of Times Learning Identified
Nil Return	41
Amend Work Practice	50
Communication	27
Provide a clear explanation	13
Other Learning	15
Clear Instruction to Staff	24
Staff Training/Performance Management	6
Apologise	9
Provide a Service	3
Review a Policy	1
Sharing of Information	5
Recording of Information	1
Monitor Work Practice and Quality of Service	6
Monitor and Investigate (Commissioning)	1
Consider Reimbursement	1
Total	203

7.1.3 The above table highlights a total of 203 individual learning elements that have been identified for complaints received during this reporting period. There has been a significant reduction in complaints where lead officers identified that there was no learning 41 in comparison to last year where there were 85. Whilst Lead Officers have identified the need to apologise as an identified learning apologies have been provided within the response letters.

Fig 7.1.4

Learning identified	Specialist Care Services	Joint Commissioning	Finance	Assessment and Support Planning
Nil Return	4	3	3	31
Amend Work Practice	10	3	0	37
Communication	6	0	1	20
Provide a clear explanation	2	0	0	11
Other Learning	8	0	0	7
Clear Instruction to Staff	4	0	2	18
Staff Training/Performance Management	1	0	0	5
Apologise	1	0	0	8
Provide a Service	0	0	0	3
Review a Policy	0	0	0	1
Sharing of Information	0	0	1	4
Recording of Information	0	0	0	1
Monitor Work Practice and Quality of Service	2	2	0	2
Monitor and Investigate (Commissioning)	0	1	0	0
Consider Reimbursement	0	0	0	1
Total	38	9	7	149

7.1.5 The above table breaks down the learning elements identified over the four main service areas. Assessment and Support Planning with 118 identified areas of learning followed by Specialist Care Services with 34. This is reflective of the last reporting period where Assessment and Support Planning identified 152 areas of learning followed by Specialist Care Services with 47.

7.1.6 A learning audit was undertaken across six service areas looking at a total of 25 statutory complaints. From these lead officers identified that 12 of these identified the need for directorate learning. The independent auditor evidenced that 10 complaints where learning was identified could be evidenced as being implemented. However, the auditor was advised that regarding one complaint where documented evidence could not be provided that the learning had been addressed verbally with the social worker concerned. On the remaining complaint an apology was provided but no evidence that the required dialogue had taken place with the Senior Practitioner.

Fig 7.1.7

Complaint Learning	Total	%
Number of Statutory Complaints Audited	25	100%
Ongoing Complaints where all learning not identified	2	8%
Total	23	92%
Number of Complaints where learning was identified	12	48%
Number of complaints where learning was identified but evidence could not be provided	2	17%
Number of complaints where learning was not identified (all of these complaints were not upheld)	11	44%
Number of complaints where learning evidence was seen by auditor	10	83%

8. Conclusions

- 8.1 The Customer Care and Citizen Involvement Team continue to provide a high level of customer service with a reduced workforce due to the commitment of its staff.
- 8.2 The Team have during the reporting period worked in close partnership with management and staff of the Directorate to ensure our service users, carers and representatives are provided with a high level of customer service. This has brought about much improvement and positive change in the management of complaints, comments and compliments.
- 8.3 The Directorate continues to meet its internal target of responding to complaints and will continue to strive to raise this performance for the forthcoming year.
- 8.4 The service continues to undertake regular business meetings requiring all cases to be looked at and directives provided as how to progress matters to ensure no complaint is left to drift within the system.
- 8.5 The inbuilt process of the reviewing of complaint responses where a complainant remains dissatisfied has been utilised a number of times during this reporting period and has proved positive in bringing matters to a conclusion.
- 8.6 The Service continues to provide the best service it can by meeting where practicable the needs and expectations of its users by listening, valuing and respecting all as individuals.
- 8.7 The Team continue to move with the changing needs of the Council and are currently in a transitional period and will come under the remit of the Directorates Commissioning Centre of Excellence.

Melanie Gray
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Customer Care & Citizen Involvement Team