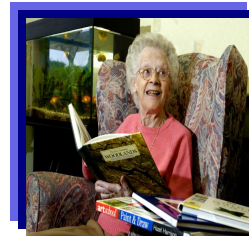


Health and Social Care
Compliments and Complaints

Annual Report

2011 - 2012



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1. Background

The purpose of this report is to provide information about activity in respect of Health and Social Care's complaints procedure for the year 2011 -12. This report is written in relation to the regulations and procedures, which came into force on 1st April 2009.

The legal basis for the complaints procedure lies in the Local Authority Social Services Act 1970, in Section 114 of the Health and Social Care (Community Health and Standards) Act 2003 and The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Associated with these regulations is the Department of Health Guidance document, called "Listening, Responding, Improving: A guide to better customer care". This document expands upon the 2009 Regulations and best practice in complaints handling.

Local Authorities are required to publish an Annual Report in respect of complaints. Guidance says that it should provide a mechanism by which the Local Authority can be kept informed about the operation of the complaints procedure. The report should be presented to staff, the relevant Local Authority committee, the regulator and the general public.

In accordance with the guidance, this report contains information as follows:

- The number of complaints received
- The issues these complaints raise;
- Whether complaints have been upheld;
- The number of cases referred to the Local Government Ombudsman;
- Significant issues raised by complaints;
- Lessons learned and actions taken.

In addition, the following information will also be provided:

- Which customer groups made complaints;
- Types of complaints made;
- Advocacy services provided;
- Compliance with timescales including resolution within extended timescales;
- Detailed statistical data about complainants – e.g. age, gender, disability, ethnicity etc.
- A review of the effectiveness of the complaints procedure.

2. The Complaints Service

The most important task for the Complaints Service is to ensure that complaints are recorded correctly, handled appropriately and in a timely fashion, with outcomes recorded and followed up where appropriate. The team contributes to the Department's commitment to quality monitoring of services provided and/or commissioned by Health and Social Care. The overall aim of the Performance and Standards Team in which the complaints team is situated, is to share and learn from information that will enable the department to improve service delivery.

Complaints management is one aspect of quality monitoring and quality assurance as a whole. In this context, the Quality Assurance & Complaints Manager's (QACM) key roles and responsibilities are to:



- Ensure complaints are appropriately directed for a response and that complaints are handled appropriately in a timely fashion;
- Provide professional support to managers dealing with complaints;
- Ensure complainants are kept informed about the progress of their complaint, concluding with a comprehensive response to their original complaint.
- Provide information about the number, nature, and outcome of complaints.
- Analyse this information to support the efforts to improve the quality of services on an ongoing basis.
- Report significant trends, themes and lessons learned to senior managers on a quarterly basis.
- Produce and publish an annual report, which contains monitoring information and presents lessons learned & strategic impact on the department.

This list of responsibilities for the QACM is not exhaustive and does not reflect the other areas of expertise and knowledge that the QACM requires to fulfill all the responsibilities of the role.

The QACM is line managed outside of operational services, which promotes independence.

The focus of quality monitoring is to identify issues with service delivery and to make it simple and easy for service users to raise their concerns. Therefore, an increase / decrease in the number of complaints is not necessarily an indication that service quality is improving / falling. The number of complaints should be analysed in the context of this framework and the department as a whole. Indeed, external issues, such as budget constraints, may also lead to a change in level of complaints independently of how well services are being delivered. It is a positive step to have more information about where problems may exist and where there are lessons to be learned as this can be used to inform service improvements.

3. Complaints Legislation Reform

The White Paper “Our Health, our care our say”, published in January 2006, set out the Government’s commitment to developing “a comprehensive single complaints system across health and social care”. It came into force under the above legislation on 1 April 2009.

Benefits of new complaints process

Same process for social care and health services:

- So many services are now delivered with multi-agency involvement, in particular Social Services and Health, it makes sense that the complaints procedures mirror this.
- The same regulations and guidance are in place for local authorities and health services in England.
- A single process will apply to organisations involved in service delivery.
- Social Services and Health organisations are obliged to work co-operatively in complaints handling, and provide a single response as far as possible.

Two stage process;

- Social Services will respond to complaints, which can be referred to the Ombudsman as the next recourse, if necessary.



Three years in to the new regulations it is clear that local authorities have a better framework for receiving, handling and resolving complaints. It will:

Give greater flexibility for handling complaints;

- A more flexible approach to resolving complaints, with the removal of strict time scales and a requirement to agree a realistic timeframe for response with the complainant.

Encourage inclusion of the complainant in how the complaint is investigated:

- Complainants must be contacted to discuss their issues and desired outcomes.
- The emphasis is on achieving a greater level of engagement with complainants.

Offer timescales that are guidelines not tram lines

- Complaints must be acknowledged within 4 working days and if the complainant has not been resolved 6 months after receipt, the complainant should be given an update and an expected date for a final response.
- In Bristol it should be the exception, not the rule for a complaint to take beyond 15 working days to avoid 'drift'. Where this is the case, timescales should be negotiated with complainants.

Place the emphasis on learning and service improvement.

- The key to a successful complaints procedure is HSC's ability to learn from the issues raised, and improve services as a result.
- Managers are required to feedback to the Complaints Team about the actions taken to resolve complaints and the learning that has been achieved as a result.

Ombudsman

If the complainant remains dissatisfied with the department's response, they can refer to the relevant manager, or QACM to discuss their concerns and options for a resolution. They are also routinely informed that they may refer the matter to the Ombudsman. This year 4 complainants have taken up these next steps. The Ombudsman partially upheld two of the complaints and did not uphold the remaining two. The Ombudsman also provides support to complaints managers in local authorities and has taken steps to establish and exploit communications channels, without compromising her role as an independent body.

The Southwest Complaints Managers Network

The Southwest Complaints Managers Network, which consists of complaints managers from Social Services, Health, the Great Western Ambulance Service and the Independent Complaints Advisory Service (ICAS) continues to meet on a quarterly basis. Its purpose is to provide a forum to discuss current complaints issues, identify best practice and consider issues relating to "cross-boundary" complaints. A protocol for handling cross-border complaints agreed in 2009 has recently been reviewed.

Corporate procedure (Fair Comment)

The Health & Social Care procedure continues to be separate from the corporate procedure, as its statutory obligations differ from the corporate procedure. However, strong connections remain with Corporate Complaints Manager and peers throughout BCC to ensure consistency.



4. Advocacy

The regulations require that so far as is reasonably practical complainants should receive help to understand the complaints procedure or advice on where they can obtain it. Advocacy specific to the complaints procedure is available for those who are eligible.

Complainants are routinely provided with information about advocacy and Complaints Procedure Advocacy (CPA), which is a service dedicated to Health & Social Care's complaints procedure.

CPA provides three levels of service:

- Self help providing assistance so complainant can help themselves;
- Assisted information/help involving more detailed discussion and exploration of options;
- Casework, involving more intensive support such as drafting letters and attendance at meetings.

During the past 12 months, CPA has provided an advocacy service to 53 Bristol Adults complainants.

CPA has reported on its own outcomes monitoring, obtaining evidence from 17 (30%) of service users who were asked to respond. In this period 16/17 (94%) CPA clients were satisfied with their advocate's help. All 17 clients would recommend the service to others, and 15/17 (88%) felt less stressed or anxious with advocacy support.

Client feedback relates to life changes because of advocacy, and quality of service.

Feedback from complainants using CPA

Quality control:

- 94% felt the advocate was good at following their instructions
- 100% of people felt it was easy / very easy to understand the information provided by the advocate
- 100% of clients felt the office staff were informative and helpful
- 94% felt satisfied with the help their advocate provided

Clients are asked about life changes because of advocacy and about the quality of the service provided. Below are some quotations

Life changes because of advocacy:

- "I'm coping better now I have had a shower and dishwasher fitted due to my advocate fighting my corner"
- "I feel much better now, no longer suicidal"
- "People should follow through if they feel strongly enough about an issue. (My advocate) made me believe I could do that"
- "I have more power and more independence"
- "I have carers who suit me"
- "I received a written apology which was what I wanted"
- "I got financial support for my brother"



- “(My advocate) was absolutely brilliant. He made everything a lot easier. I’d been trying for months to sort it and he did it very quickly”
- “I would have been aggressive without my advocate”

Quality of advocacy:

- “My advocate got me things I didn’t know I was entitled to”
- “My advocate did everything brilliantly”
- “My advocate was a great support, did everything possible, was fantastic and couldn’t be better”
- “I would still be going through my problem now if it wasn’t for (my advocate)”
- “(My advocate) had a wonderful attitude, and gave a class 1 service”
- “I have already recommended the advocacy service to someone else”
- “The letters my advocate wrote were exceptional; she did everything we asked of her”
- “(My advocate) did everything possible to help, including researching the legal position for me”

There is now a Volunteer Coordinator who works across all The Care Forum services, including advocacy. This has enabled a rolling programme of volunteer recruitment, rather than annual recruitment. Between April and October 2011 there were 3 advocacy training programmes, and there are now 19 volunteers who want to work as volunteer advocates. There has been a successful joint working initiative with UWE and Bristol University resulting in a high quality group of trainees. Support is provided to volunteers and the Volunteer Coordinator has produced a volunteer handbook, checklist, newsletter and problem solving guide.

5. Training

Last year the Complaints Manager’s offer to staff and managers to provide briefings about the procedure and practice in relation to complaints handling remained open.

The Complaints Manager did not attend any training due to the embargo on attendance at external training/conference opportunities in the current financial climate.

6. Lessons learned and service improvements

Health and Social Care is committed to improving services as a result of the lessons learned from complaints. This is a vital part of the complaints process, but one that can be overlooked if complaints are seen exclusively as a negative thing and there is a tick box approach to their resolution. In order to capture some of this quality information a Complaints Information Plan (CIP) and Complaints Action Plan are in place. The latter is in addition to the facility on the Respond database used in less complex cases.

Complaints Information Plan

- Completed by managers following the resolution of each complaint
- Sent to the Complaints Team who record the information on a database and circulate the key learning points throughout the department.
- The completion of these plans has not been as good as expected (in terms of quality and quantity).



Complaints Action Plan

- Used when the findings of an investigation reveal comprehensive and significant learning points.
- This is completed in addition to the Complaint Information Plans
- May involve a meeting with key people relating to the complaint, such as the complaint investigator, the service manager, the team manager.

Specific service improvements

The Respond database collects information and complaints and the actions to be taken as a result of complaints. These are categorised under three headings, namely People, Policy and Process.

Below are examples of actions and resulting service improvements as a result of complaints.

People

- All officers to be familiar with the medication policy and its requirements
- All staff to ensure that they record notes and information relating to a service user contemporaneously
- Use of supervision to address issues arising from complaints and ensure individual working learning leads to service improvement for service users.

Policy

- Raise awareness of charging policy within team
- Work at strategic level with families and carers to improve understanding of supported living and its benefits.

Process

- Case discussion process reviewed and re-designed to ensure that appropriate people are involved at each stage.
- Better communication and preparation prior to reviews ensuring a clear agenda
- Ensure minutes of meetings are recorded and shared with attendees.

General service improvements

Although there are few issues that are systemic across divisions or the department as a whole, there are themes, examples of which are described below.

Communication

- This continues to be a key issue and there remains a gap between what customers expect and what we deliver
- Examples of where improvements are needed are with making it clearer to service users and their carers about what services we deliver and how
- There is also room for improvement in the way that support plans are completed, in terms of clarity and accuracy.

Practice

- Practice issues continue to be a key issue, leading to mis-understanding and failure to communicate important information, which in turn leads to complaints



- Adequate preparation prior to reviews, and the need for comprehensive and accurate contemporaneous record keeping that is shared where appropriate, are examples of where improvement in practice will lead to improvement in quality of service.

Independent Service Providers

- These tend to relate to the quality of service including arriving / departing on time, awareness of and attention to care needs, and attention to accurate record keeping and support plans.
- The introduction of an Electronic Monitoring System (EMS) should help address some of these issues relating to time keeping, but there is work to be done by teams across HSC.
- Improved co-ordination of intelligence systems (of which complaint handling is one) relating to service quality issues has led to improvements in the focus of quality monitoring and therefore improved service quality.

Inaccurate invoicing

- This continues to result in complaints addressed to the Client and Carer Finance team.
- There are also examples of agencies / providers failing to submit variations to the hours commissioned for particular service users, resulting in inaccurate invoices. This leads to customer dissatisfaction, confusion, and distress for many older people.

Training Needs

- General communication training has been recommended, along with briefings to raise awareness about new policies and procedures such as the new charging policy.
- The Council has invested in training and support for new social workers, and it is suggested that similar training is required for long standing workers to ensure they remain up to date and practice is of a satisfactory quality.
- A need for some specialist training such as palliative care has been identified, along with personalised planning and communication identified as a high priority training need.

Quality of Support Plans

- Complaints have been received about incomplete, inaccurate and unclear support plans. There are also issues with some care plans being completed in a timely manner and kept up to date.
- Improvement activity is on-going and aimed at ensuring services users are receiving the services they are assessed as needing, that they have information about their assessment/review on time and that documents relating to their case are accurate.

Issues with individuals

- This can be as a result of a breakdown in relationship between a social worker and service user and can often be addressed by making small changes in the way a case is managed.
- Often these complaints do not reflect systematic problems across the department, but should serve as a reminder to managers and staff about the need to pay attention to the detail of providing services, listening to what service users and their carers have to say and involving them in planning their own services.
- In addition, supervision has been identified as a forum for ensuring that individual staff practice is improved in a systematic and detailed way.



7. Statistics

The Complaints Team collect data in compliance with statutory requirements and the Council's equality and diversity policies. The information below only relates to statutory complaints. It is likely that many comments / issues were dealt with outside the procedure. There were 129 statutory complaints as defined under the complaints regulations. It should be noted that 11,536 people received services in 2011/12.

In addition, there were 27 'complaints' outside of statutory regulations, consisting of;

- 4 comments requiring a response
- 1 corporate complaint requiring HSC input
- 1 CYPS complaint requiring HSC input
- 5 'discretionary' complaints requiring a response and decision under HSC procedure
- 7 complaints about independent providers that did not reach HSC procedures, but handled by HSC for benefit of complainant
- 9 notifications

8. Services complained about

Some complaints related to more than one service, hence 129 complaints about 131 services.

Service	Number	Upheld/ Partially Upheld	Not Upheld	Awaiting Outcome	Withdrawn - HSC	Withdrawn - Complainant	Safeguarding Process
AWP/mental health	8	3	2	2		1	
Care Direct	2	2					
Citywide Physical Impairment	9	4	2	3			
Citywide sensory impairment	3			1	1	1	
CTC	2		2				
Day Care Centre	1				1		
Day Services - LD	4	3	1				
Day Services - OP	1	1					
Duty Response Team	1		1				
Finance	9	5	3	1			
Hospital - BRI	2		1	1			
Hospital - Frenchay	3	2		1			
Hospital - Southmead	1				1		
Hospital - The General	1	1					
Independent Living Service	9	2	2	2	2	1	
Redhouse	2	1	1				
Intake team	5	3	1			1	
Locality Social Work PSI	1				1		
Learning Difficulties - East/Central	2	2					
Learning Difficulties - North	1		1				
Learning Difficulties - South	4	3	1				



Old People - North 1 Locality	2	1					1
Old People - North 2 Locality	3	2				1	
Old People - North 3 Locality	10	5	4	1			
Old People - South 1 Locality	4	1	3				
Old People - South 2 Locality	8	7	1				
Out of Hours	1	1					
Rehab Team	2	2					
STAR - North	1	1					
STOP Team	1		1				
Supporting People	1	1					
Independent Sector Residential/Nursing Homes	6	2					4
Independent Sector Home care Providers	9	4		4	1		
Extra Care Housing/Sheltered Housing	5	3	2				
Council Owned Residential Homes	7	5	1		1		
Total	131	67	30	16	8	5	5

9. Issues complained about

Note there is often more than one issue arising in a single complaint. They are all recorded.

Issue	Number	%
Aids & Adaptations - delay	3	1.9%
Assessment - Communication	4	2.6%
Assessment - Delay	2	1.3%
Assessment - Outcome	8	5.2%
Assessment - Practice	4	2.6%
Assessment Review - Outcome	3	1.9%
Communication	23	14.8%
Confidentiality	1	0.6%
Cost of Placement	2	1.3%
Day care services - Learning difficulties	2	1.3%
Delay	1	0.6%
Direct Payments - Outcome of Assessment/Review	2	1.3%
Direct Payments - Practice	1	0.6%
Direct Payments - Set Up	1	0.6%
Failed Visits	2	1.3%
Funding	4	2.6%
Inconsistency of carer	6	3.9%
Inconsistency of visit	3	1.9%
Invoicing	4	2.6%



Lack of social work support	8	5.2%
Late Visits	3	1.9%
Policy	1	0.6%
Practice	31	20.0%
Procedure	9	5.8%
Quality of care	25	16.1%
Staff Resource	1	0.6%
Withdrawal of Service	1	0.6%
Total	155	

It is disappointing to note that practice and communication continue to head the complaints league table, along with quality of care. The learning and service improvements relating to these are discussed earlier in this report.

10. Outcome of complaints

	Number	Percentage
Upheld	22	17
Partially upheld	44	34
Not Upheld	30	23
Withdrawn – HSC	6	5
Withdrawn - Complainant	5	4
Safeguarding Process	7	5
Outstanding	16	12
Total	129	100

Partially upheld means that more than one or more element of the complaint was or was not upheld. Managers may partially uphold a complaint due to the specific circumstances, or because it is too difficult to make a judgement for one side or the other.



Response times (within required timescales)

	Number	Percentage
Acknowledgements	105	81
Reply	67	52

The response time is not a statutory requirement, but a time frame for response requested by senior managers at the time the procedure was introduced. Timeframes may be extended beyond the deadline and here are reasons why that happened;

Delayed / Extended deadlines

Reason for....	Delay	Extension	Percentage
Advocate (Availability of Key Personnel)	2		2
Allocation By Complaints Section		1	2
Allocation by Service Manager	2	2	9
Arranging Meeting with complainant		4	9
Awaiting Advocate		1	2
Awaiting contact by complainant		1	2
Awaiting Files		1	2
Awaiting information from witness		1	2
Awaiting Other Procedure	1		2
Complainant Unavailable	5	2	14
Complexity of Complaint		8	16
Investigating Officer (sickness)	1		2
IO- Annual Leave		1	2
Re-Allocation requested by Complainant		1	2
Safeguarding Procedure		1	2
Staff - Sickness		2	2
Workload	4	2	13
Totals	15	28	100

Delays

A distinction is drawn between an extended deadline and delay. An extended deadline is an extension agreed with the complainant in advance. A delay is recorded where managers have not informed the complaints team that an extension has been agreed, or there has been slippage in the time management of the complaint. Also recorded are situations relating to the complainant's behaviour or availability.

The main reason for extending the deadline for dealing with complaints relates to the complexity of the complaint. This is not an exceptional reason, and does not vary from previous years.

Main reasons for delay beyond the deadline for dealing with complaints are availability of the complainant and the investigator's work volume.

Again this is not exceptional and does not vary from previous years.



11. Equalities Information

It is not a requirement of the Regulations that Equalities information is recorded in respect of complaints management. However, in HSC this information is recorded for two reasons.

- To ensure the procedure complies with the Council wide expectation that we monitor the impact of equalities issues in relation to the management of the complaints procedure.
- To monitor the “reach” of the complaints procedure in comparison to the people who receive a service.

Age	Number	% of complainants
16-24	2	2
25-59	48	37
60-64	3	2
65+	66	51
Missing data from PARIS	10	8
Totals	129	100

Gender	Number	% of complainants
Female	78	60
Male	51	40
Totals	129	100

Disability	Number	% of complainants
No	42	33
Yes	70	54
Not known	17	13
Totals	129	100

Religion	Number	% of complainants
Catholic	7	5
Christian	54	42
Muslim	5	4
No religion	26	20
Missing Data from PARIS	37	29
Totals	129	100

Sexuality	Number	% of complainants
Heterosexual	62	48
Gay/Lesbian/Transgender	0	0
Not given	16	12
Data not on PARIS	51	40
Totals	129	100



Ethnicity	Number	Percentage
Asian/British - Bangladeshi	1	.75
Black/British - Caribbean	5	4
Black/British African Somali	1	.75
Missing Data on Paris/Form	15	11.5
Pakistani (Asian/Asian British)	2	1.5
White - British	103	80
White Other	1	.75
Dual Heritage	1	.75
Total	129	100

It is not that surprising that the majority of complainants fall into the 65+ age range, given that most services are delivered to that group of service users. However, it should also be noted that 37% of complainants falling in the 25-59 age range are the next biggest group. This may be a positive thing in that the services users feel empowered to express their concerns about services. Equally it may also be a comment about the quality, quantity or extent of services delivered.

The remaining equalities information is unsurprising, although it is disappointing to note that there are significant percentages of information not available on PARIS that can be used for monitoring purposes in respect of complaints. However, this mainly relates to personal characteristics questions which are optional and people often choose not to answer them.

12. Compliments

Service Complimented	Number
Brentry EPH	1
Broomhill EPD	1
Bowmead	1
Care at Home service	2
Care Direct	2
Older People Locality – North 1	3
Older People Locality – North 2	1
Older People Locality – North 3	1
Older People Locality – South 2	2
Older People Locality – South 1	1
Finance	2
Greville EPH	1
Hayleigh	1
Homecare	1
Southmead Hospital	5
Housing Related Support	1
Independent Living - S	7
Intermediate Care - N	9
Intermediate Care - S	6
Physical Impairment	1
Planning & Commissioning	1
Promoting Independence	1
School Road	1
Sensory Impairment	5



STAR North Service	11
STAR South service	4
The Bristol	3
Wellhay	1
Westleigh	1
Star North Reablement Team	3
Star South Reablement Team	6
East Reablement Team	2
BRI	1
Total	89

This year there were 89 compliments recorded by the Complaints Team. Intermediate Care and the STAR team are the services that stand out.

This may be an incomplete picture if some compliments are not passed to the complaints team for recording and publication. Experience shows that we can learn as much about service improvement from compliments, as we can from complaints. In addition, it is important for staff to celebrate their individual and team successes.



13. Informal Feedback

Below are some quotations from letters and cards received from service users and their carers. They are not amended in anyway except to anonymise them.

“Needless to say I have nothing but praise for your team who, when they understand the requirements of the individual, do their best to meet them. Their initial training and guidance from such as yourself and management I am sure goes a long way to achieve this.”

“My husband and I would like to express our thanks to the ladies of the Star Team for all their kindness and help since my time in hospital for a hip replacement. They have been cheerful and encouraging and a great help in all sort of ways as well as being professionally efficient. Please express our gratitude to all concerned”

“Just to record our grateful thanks for all that you have done to help, at her lowest point in life so far. You have done a marvellous job. All her friends who have come in to see her have commented on how much better, happier and fitter she looks. The kind concern that you have shown her, the firm guidance she has needed from time to time, have helped her develop into 'New' person!!! On Saturday last, we held a memorial service for her Brother and there was a retiring collection for the benefit of the resident's amenity fund. The sum of £227.10 was collected. Please use this for the benefit of residents.”

“May I compliment you on your stance on Consultation sadly many councils fail to hold consultation and follow Council Guidelines. ”



Conclusion

This year has been challenging in the current climate, when it may have been expected there would be an upsurge in the number of complaints. In fact the reverse is true. We hope this means that HSC has adopted the right approach in keeping service users informed about the changes they can expect and provided ample opportunity for inclusion in consultation processes where there have been significant changes in services that may have given rise to an increase in complaints.

