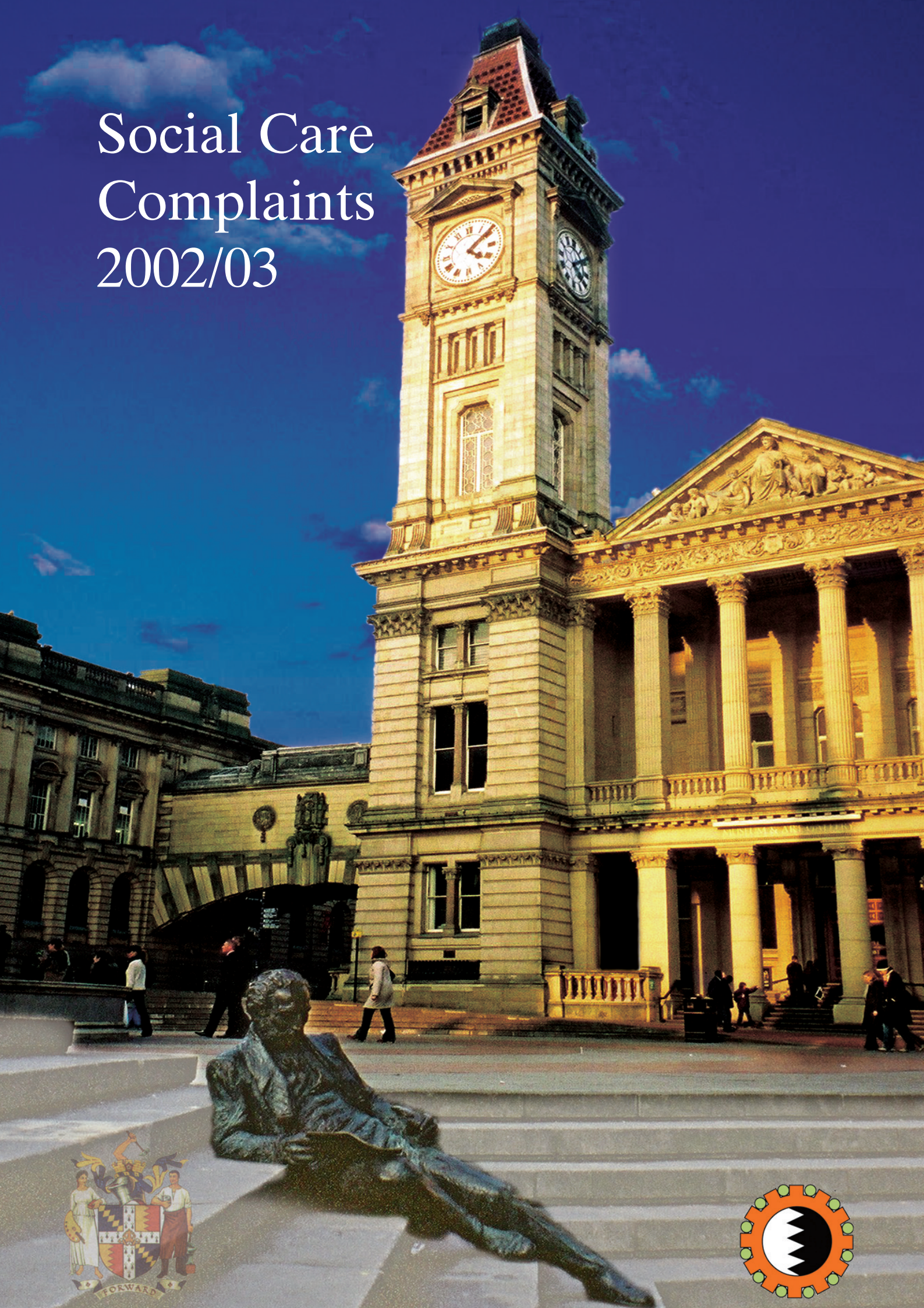


# Social Care Complaints 2002/03





4<sup>th</sup> November 2003

## Report to the City Council

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# Social Care and Health Directorate/NHS Complaints 2002/2003

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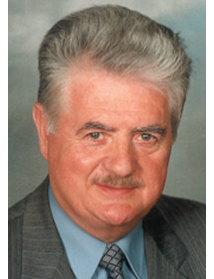
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## Preface

**By Councillor Hugh McCallion**

Chair, Health and Social Services Overview and Scrutiny Committee  
2002-2003



The provision of social support and care to children, young people and vulnerable adults is an important and valuable part of the City Council's work. It is important that we make every attempt to ensure our structures and processes do not hinder or prevent the provision of these services. However, sometimes things do not turn out as planned and the Department of Social Care and Health has systems - both formal and informal - to deal with service users' concerns. The purpose of this review was to find out whether more could be done at the informal stage to address issues quickly and sensitively and restore the confidence of service users and staff.

Our review was focussed on children and families as this was the service area where most complaints progressed from the informal to the formal stage. We found that much needs to be done in the way we manage and train our staff in dealing with issues, particularly where there are concerns about the way services are delivered. Effective communication such as responding to phone calls featured highly in the analysis that we undertook and our recommendations address these areas.

All organisations deal with complaints in some form or another. It is important that we learn from the experiences of our service users and use this learning to prevent further issues arising. I am sure this report will enable some of this learning to take place.

I would like to thank members of the Committee for dedicating their time to this review and to Yvette Waide, Area Head of Children's Services, for her role in leading the review.

A handwritten signature in black ink, reading "Hugh McCallion".



# 1: Summary

- 1.1 The Health and Social Services Overview and Scrutiny Committee identified the need for a Review to examine the operational effectiveness of the complaints process within the Directorate of Social Care and Health (formerly Social Services Department). The review had a specific children and families focus, to examine why, in most cases, complaints progressed to the formal investigation and Independent Review Panel stages of the Procedure.
- 1.2 The focus of the review was to analyse the Complaints Service Business Plan, undertake further investigations into specific cases and recommend options for:
- improving mechanisms and processes for dealing with informal complaints and thereby reducing those that progress on to the formal stage;
  - learning from best practice and from complaints investigations;
  - improving the service user experience and perceptions of the Social Care & Health Directorate;
  - achieving efficiency savings from reducing the number of complaints that progress to the formal stage;
  - a greater focus on service users, consistency of practice and closer working arrangements between Social Care and Health and Health bodies on complaints processes;
  - improved training and skills development of staff in dealing with complaints and
  - the development of 'problem-solving' approaches to deal with service users' concerns.



## 2: Recommendations

	<b>Recommendation</b>	<b>Responsibility</b>	<b>Completion Date</b>
R1	That a full-time Customer Care Officer be appointed to each of the four Social Care & Health Areas to assume responsibility for management and resolution by mediation of all informal complaints	Cabinet Member Social Care & Health	November 2004
R2	That from immediate effect, all new managers and Customer Care Officers be identified by the Areas, and within a year of appointment be sent on a course on Effective Complaint Management Training.	Cabinet Member Social Care & Health	October 2003
R3	An annual course for Effective Complaint Management Training to be commissioned by the Training Section	Cabinet Member Social Care & Health	April 2004
R4	That the Assistant Director for Organisational Development and Performance Management devises a strategy to develop improved service delivery which encapsulates service user and staff feedback and the outcomes of complaints and representation. Quarterly Reports on these issues should be provided to the Cabinet Member, Departmental Management Team and Area Management Team.	Cabinet Member Social Care & Health	December 2003
R5	That the quarterly reports from the Assistant Director Organisational Development and Performance Management and the Customer Care Officers are used to promote a learning culture within the Directorate of Social Care and Health. This would enhance staff morale and improve service users' perception of the organisation as a whole	Cabinet Member Social Care & Health	April 2004
R6	That revised, clearer guidance be issued to Independent Investigation Officers in respect of their role in complaints investigations and in making recommendations in their reports	Cabinet Member Social Care & Health	November 2003



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R7	That revised clearer Guidance in respect of management and effective resolution of formal complaints be issued for Responsible Officers.	Cabinet Member Social Care & Health	November 2003
R8	That training in respect of management and effective resolution of formal complaints be offered to responsible officers	Cabinet Member Social Care & Health	March 2004
R9	That a review of the operation of Independent Complaints Review Panels is commissioned with a view to benchmarking the findings against comparator local authorities	Cabinet Member Social Care & Health	April 2004
R10	That a survey is undertaken of complainants to ascertain <ol style="list-style-type: none"> <li>1. their views as to the reasons for their dissatisfaction with responses to formal complaints</li> <li>2. their decision to request a Review Panel and</li> <li>3. their understanding of what a Review Panel can achieve</li> </ol>	Cabinet Member Social Care & Health	April 2004
R11	That progress towards achievement of these recommendations should be reported to the Social Care Overview & Scrutiny Committee on a six-monthly basis until completed. The first report should be made by 5 May 2004	Cabinet Member Social Care & Health	May 2004



## 3: Introduction

### 3.1 Reason for Review

- 3.1.1 The Health and Social Services Overview & Scrutiny Committee determined that a review of particular aspects of the then Social Services Department's complaints process and practice should be undertaken. The work concentrated on the children and families area of service, as this was the area that received the most complaints progressing from the informal stage of the procedure to the formal stage. The main outcome from this work was to understand why this was occurring, and to effectively address the shortcomings. The lead responsibility on behalf of the Social Services and Health Overview & Scrutiny Sub-Committee was identified as Mr Doug McCarrick.

### 3.2 Terms of Reference

- 3.2.1 Terms of Reference from Health and Social Services Overview and Scrutiny Committee are attached at Appendix 1.
- 3.2.2 Whilst at the start of the review it was intended that a 'compare and contrast' exercise should be undertaken between informal complaints processes in Social Services and the NHS, this area was subsequently withdrawn and considered untimely. This was due to substantial restructuring in the local NHS and the introduction of new patient and public involvement forums in the health service. At the time, many of the latter were still subject to regulations and guidance being issued. The report therefore concentrates on informal processes within the Social Care and Health Directorate.

### 3.3 Methodology

- 3.3.1 Dr Patrick Lowe, an external Independent Investigation Officer, was commissioned to carry out an assessment of why there were delays in dealing with informal complaints within the Directorate.
- 3.3.2 A three-month pilot was commissioned in Heart of Birmingham Area and an officer was appointed to work alongside Team





- Managers to improve the resolution of informal complaints for their respective service area. This pilot included paying closer attention to the monitoring of informal complaints to ensure complaints are responded to more effectively and efficiently within the statutory timescale (Appendix 2).
- 3.3.3 A survey was commissioned to ascertain the reasons for the increase in Review Panels over the reporting period (Appendix 3).
- 3.3.4 A further survey was also commissioned to determine what percentage of recommendations from independent investigation reports were actually implemented and what learning outcomes over the reporting period had been identified by the organisation. One of the aims of this survey was to effect organisational learning (Appendix 4).
- 3.3.5 The independent consultant also had face-to-face interviews with a small percentage of service users who chose to respond to the survey. These service users all had experience of exhausting the Complaint Procedure.
- 3.3.6 Research using a questionnaire was undertaken which looked at the reasons for delays in Responsible Officers' response timescale to formal complainants. Senior Managers within the Heart of Birmingham and South Birmingham Areas were also consulted in a face-to-face interview by an independent consultant who surveyed the departmental responses to Formal Complaints and Independent Review Panel Recommendations (questionnaire attached at Appendix 6).
- 3.3.7 Consultation took place with the PCTs and the North and South Mental Health Trusts (now merged to form one Mental Health Trust for Birmingham) to achieve greater focus on service users, consistency of practice and closer working arrangements between Social Care and Health and Health bodies on complaints processes.
- 3.3.8 A small project group was identified with representatives from the Mental Health Trusts and Social Care and Health to draw up a draft protocol for the management of complaints.



## 4: Background

- 4.1 The background to this scrutiny report was the previous reviews of the complaints system in Social Services Department and the Social Services Inspection Report of 2001.
- 4.2 There has been an increase in the number of complaints that have moved from the informal stage to the formal stage of the process in the children and families area of work over the last three years.
- 4.3 There has also been an increase in the number of formal complaints that had then moved from the independent investigation stage of the process to the Review Panel stage. This increase had adverse implications for service users' perceptions of the then Social Services Department and satisfaction with services offered.
- 4.4 In addition the increase in complaints progressing to the formal stage means that more independent investigations have to be commissioned and more Review Panels held. Each stage of the process has financial implications for the department.



## 5: The Current Situation

- 5.1 The increase in the children and families area of work causes particular concern and this is why it was chosen as the main focus for this work. Complaints were not being dealt with in an effective manner at the informal stage and it was thought this was largely the reason for the increase in the number of formal complaints.
- 5.2 It was acknowledged that the nature of work which the department undertakes with many children and families services users is different from that of most other service users. It is often imposed upon the family by the department, whereas in many other areas of work the services are requested by service users.
- 5.3 An improvement in the management of complaints by workers and managers within the children and families area is imperative if the service is to improve.
- 5.4 The culture of the complaints process within this area of the department was one of 'blame' and a change in culture to one of a 'learning organisation' is required. Communication at the informal stage was poor.
- 5.5 In addition to this, team managers were identifying that they had not had training in effective complaints management and this was adding to their difficulty in dealing with complaints.
- 5.6 During the duration of this scrutiny review additional training courses in the effective management of complaints took place and 95% of children and families managers have now undertaken the training. The recipients of the training reported very positively of the benefits gained.
- 5.7 It is intended that there will be a six-month evaluation after the completion of each training programme to determine effectiveness in complaints management. This should lead to a subsequent reduction in complaints progressing to the formal stage.
- 5.8 Team Managers identified to the Complaints Service in a previous review that they found difficulty in finding time to deal with complaints immediately they are received, as they were busy with other operational priorities.
- 5.9 Previous reviews have also shown that if complainants are



- dealt with promptly and kept informed of what is happening, they are much more likely to be satisfied with the service, and even if the outcome for their family or child is not what they wanted.
- 5.10 To address these concerns and to see whether giving an identified person a focus on customer care would help, a pilot project was set up in Area 1 to see whether this had any effect. Full details of the project and outcomes are attached in Appendix 2.
- 5.11 It had been noted by the Complaints Section that the same themes recur again and again in formal complaint investigations. Children and Family Services need to learn from complaints and use this understanding to improve service delivery.
- 5.12 A specific piece of work to analyse previous complaints which moved to the formal stage and their outcomes was undertaken (see Appendix 3).
- 5.13 Following this, some fuller guidance for Responsible Officers was circulated and changes have been made to the complaints process (see Appendix 5).
- 5.14 A specific study of the complaints investigated via the Social Care & Health Statutory Complaints Procedure in 2001-2002 was undertaken (see Appendix 3) and the findings revealed that whilst complaints related to a range of issues, there were certain common themes which the department should be aware of. Many formal complaints included the following:
- failure to communicate, particularly failure to return telephone calls;
  - failure to follow procedures, such as not completing assessment processes in time, not carrying out statutory reviews;
  - delays in providing services, such as access to files;
  - failure to provide support and
  - poor case management.
- 5.15 There was concern about the delays in Responsible Officers responding to independent investigation reports. A questionnaire was sent to all Responsible Officers to look at the reasons for delays in their responses to formal complaints (see Appendix 6). Eight Responsible Officers returned the questionnaire. The survey respondents showed a wide range of direct experience of the role of Responsible Officer. Two had been a Responsible Officer 10 times, three between five and nine times, and three less than five times. Only four had ever been a Responsible Officer for another area of responsibility, and in each case only once in the previous year.



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The findings in respect of Responsible Officers satisfaction with the operation of the complaint procedure were, in general, very positive.

5.16

Work has been undertaken on developing a joint draft protocol with representatives from the Mental Health Trust.



## 6: Conclusion

- 6.1 The Review of the Departmental Responses to Formal Complaints and Review Panel Recommendations and the analysis of complaints investigated via the Social Care & Health Statutory Complaints Procedure indicate that there are issues in respect of the operation and effectiveness of Review Panels. It is also proposed that complainants' views are sought to enable the Department to gain a clearer understanding about the increase in user dissatisfaction to responses to formal complaints. This should include whether complainants have a clear understanding of what outcomes they might possibly expect. It was concluded that further work is required on this to include benchmarking against comparative local authorities.
- 6.2 The pilot involving a Customer Care Officer working in Area 1 on informal complaints resolution was effective in resolving complaints satisfactorily at the informal stage.
- 6.3 It was a project which took place over a relatively short time span, and therefore the outcomes should be treated as indicative.
- 6.4 The full report on this work is detailed in Appendix 2. It is recommended that Customer Care Officer appointments would provide a quadrant-based system to deal effectively and consistently with all informal complaints on the area.
- 6.5 The Customer Care Officer would provide quarterly reports to the Area Management Team and information regarding learning from complaints, which could be used to inform organisational business. The learning from the complaints would be passed on through the management cascade to all teams.
- 6.6 The Customer Care Officer would be required to work in close collaboration with the citywide Complaints Service and provide relevant data to inform the quarterly reporting to Departmental Management Team and the Annual Report to Cabinet Members on the performance of the department.
- 6.7 This role would also offer the opportunity in the future for greater collaboration with Primary Care Trusts and could be a joint appointment. The appointment of four PO2/3 level Customer Care Officers would result in a total cost of £130,000. The cost of these additional appointments should be offset by savings accrued from the reduction in the number of complaints being dealt with by the Directorate or achieved by



- reconfiguring future posts within the existing employee budgets.
- 6.8 It is suggested that the creation of these posts would initially come from existing area resources but that they should result in a reduction in the department's expenditure on complaints in the medium to long term. Therefore, this reduction could then be reinvested in front line services.
- 6.9 The importance of training for managers in Effective Complaints Management was highlighted and it was concluded that all managers should undertake Effective Complaints Management training at the start of their management career. Training would also be part of an induction programme for all staff engaged with complaints resolution.
- 6.10 An annual one-day training programme for all newly appointed managers should also be commissioned on an annual basis. The independent consultant who is currently commissioned to undertake training does so at a cost of £500 per day.
- 6.11 The conclusions of the individual pieces of work commissioned reiterated the findings of previous work on complaints in terms of the attitude and application of staff and managers to complaints, the need to learn from complaints and the lack of effective communication with complainants.
- 6.12 The various pieces of work and analysis undertaken in this review have identified that there is a need to develop a strategy to develop improved service delivery which is shaped by service user and staff feedback and the outcome of complaints. A regular quarterly reporting on complaints including their outcomes and learning from them needs to be provided to the Cabinet Member, the Departmental Management Team and Area Management Teams. This information then needs to be cascaded appropriately to front line workers to ensure that feedback is a regular part of their work and that it informs real positive changes in practice.
- 6.13 The work on formal complaints and the Responsible Officer questionnaire showed that clearer guidance is needed for Independent Investigation Officers in respect of their role, the boundaries of this, and also their recommendations. The findings also conclude that Independent Investigation Officers need to be reminded to keep their recommendations focused and clear. The formal investigation process is well regarded generally, but occasionally the recommendations in reports are vague, unreasonable in terms of the Department's normal practices and create unrealistic expectations for the complainant.
- 6.14 The work on the review of departmental responses to formal complaints and review panel recommendations also identified



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the need for clearer guidance to be given to Responsible Officers in respect of the management and effective resolution of formal complaints. It was also concluded that Responsible Officers require further training in respect of their role.

- 6.15 The findings conclude that there was good documented evidence that recommendations are followed through by Responsible Officers, particularly following formal independent investigations. The response letter from the Responsible Officer to the complainant usually describes how the recommendations are to be dealt with. However, there is no feedback loop to complainants to reassure them that recommendations have been actioned.
- 6.16 There was evidence from Responsible Officers of learning from the complaint process, and of this being used in their area to improve practice. There was not evidence, however, of how these learning points are captured and learnt from across the department.





# Appendix 1: Terms of Reference for Review by the Health And Social Services Overview And Scrutiny Committee 2002/2003

<p><b>SUBJECT OF REVIEW</b>  <b>SSD/ NHS COMPLAINTS SYSTEMS</b></p>
<p><b>REASONS FOR REVIEW</b>                  Concerns about length of time taken to deal with <b>informal</b> complaints and how users experience the complaints process. Need to identify best practice through a "compare and contrast" exercise on SSD/ NHS complaints procedures.</p>
<p><b>OBJECTIVES OF REVIEW INCLUDING INTENDED OUTCOMES</b>                  To analyse documentation from recent reviews of the complaints service and data and trends in complaints so that specific areas requiring further investigation can be identified                  To assess procedures and processes for dealing with informal complaints including training needs of staff.</p> <p>Intended Outcomes (added value)                  Efficiency savings from reduction of complaints that progress to the formal stage.                  Improved service user perceptions of SSD.                  Improved training and skills development of staff in dealing handling complaints                  Development of "problem-solving" approaches in dealing with service-users concern</p>
<p><b>LEAD OFFICER FOR REVIEW</b>                  Yvette Waide, supported by Paulette Rodney</p>
<p><b>COUNCIL DEPARTMENTS EXPECTED TO CONTRIBUTE TO REVIEW</b>                  SSD, Education, Housing.</p>
<p><b>EXTERNAL ORGANISATIONS EXPECTED TO CONTRIBUTE TO REVIEW</b>  <b>Health Services, CHCs, Service Users</b></p>
<p><b>ESTIMATED NUMBER OF WORKING DAYS FOR REVIEW REQUIRED</b></p> <p>Member Time/ Officer Time: <b>Scoping paper being prepared</b></p>
<p><b>ANTICIPATED COMPLETION DATE</b>  <b>To be determined</b></p>
<p><b>ANY ANTICIPATED CALL ON SPECIAL SCRUTINY BUDGET</b></p> <p>Due to the nature of the review, independent advice or input may be sought which will incur costs. Further details to be made available in the scoping paper.</p>
<p>AGREED by Overview and Scrutiny Committee on .....</p> <p>SIGNED .....</p> <p style="text-align: center;">COMMITTEE CHAIR</p>



## Appendix 2: Report Following The Informal Complaints Project On Children And Families Teams In Four Local Offices

### 1. INTRODUCTION

- 1.1 This report highlights the background, aims and outcomes of the project. Making recommendations as to how informal complaints could be better resolved within the twenty-eight day deadline.

### 2. BACKGROUND

- 2.1 This project came about following the analysis of informal complaints on Offices 1 and 2 and Offices 3 and 4. Over the past two years the numbers of informal complaints received by the complaints service has risen on these areas, in relation to children and families teams. Steps have been taken to address this rise, including training for the managers "Effective Complaints Management" and a research project identifying what managers needed to assist them to better manage complaints.
- 2.2 Following the Joint Review an assistant complaints manager was appointed to assist in the management of complaints and to provide a mediation service to those involved in making and dealing with complaints. This has gone some way in dealing with the number of formal complaints received, but those which should be dealt with at the local level, i.e. the informal complaints still continue to rise.
- 2.3 It was felt that a project of this nature would assist in the effective management of complaints, whilst sharing good practice and learning across the identified areas.
- 2.4 Before the project began, all informal complaints would be sent to the line manager of the person/service being complained about. This would be attached to a copy of the complaint and a copy of the letter sent to the complainant. This letter acknowledges receipt of their complaint and explains that some one will contact them within ten days from the date of the letter and their complaint should be dealt with within twenty-eight days.
- 2.5 The letter also explains that should they not be satisfied with the way their complaint is dealt with at the informal stage, they can request a formal investigation.



- 2.6 If after twenty-eight days the complaints service has not received a return form explaining how the complaint has been resolved, they will send a "chase letter" to the manager responsible asking for an update on the outcome of the complaint.

This is in tick box form and should be returned to the complaints service on the 7<sup>th</sup> day of each month, to enable them to compile their annual report.

- 2.7 If after another four weeks, no information has been received by the complaints service, more chase letters will be sent, until an outcome has been established for the person complaining.

### 3. AIMS OF THE PROJECT

#### 3.1 The aims of the project are as follows:

- To effectively manage informal complaints
- To improve user perception of complaints management
- To provide a speedier response to complaints received
- To improve social work practice
- To reduce the number of complaints going through to the formal stage
- To assist in bringing about culture change – from blaming to learning
- To assist in achieving the ten primary promises
- To provide executive support to children and families managers in the management of informal complaints
- To correlate trends emerging from these areas
- To report to the Overview and Scrutiny Committee on the findings

#### 3.2 The project ran from March to May 2003

### 4. METHODOLOGY

4.1 In order to deal systematically with the informal complaints, all those complaints held by the complaints service on Offices 1/2 and Offices 3/4 in terms of children and families was given to the complaints officer. All new complaints on the highlighted areas were given straight to the complaints officer as opposed to being sent to the line manager as in the normal process.

4.2 The complaints officer wrote to all the team managers and locality managers on the selected areas, to explain the project and what we hoped to do and asked for their co-operation in dealing effectively with informal complaints.

4.3 The complaints officer attended a team meeting in Offices 1/2, again to explain the process and to gain their views on the effective management of complaints. The complaints officer was unable to attend a team meeting on Offices 3/4, due to time restrictions of the complaints

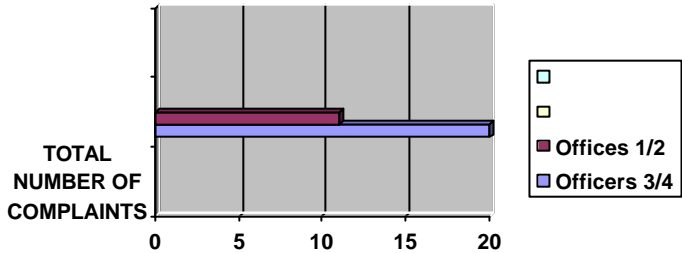


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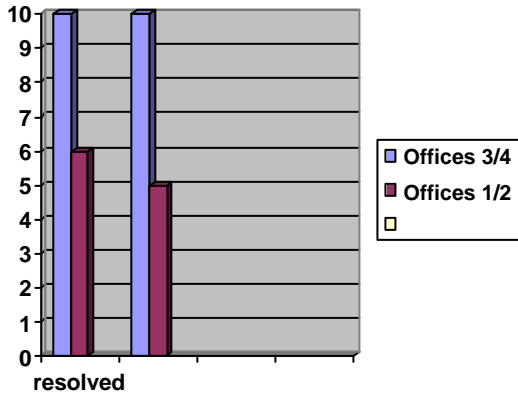
officer.

- 4.4 The complaints officer met with team managers, locality managers and workers where there were more than four chase letters on file. This was firstly to try to bring these complaints to a satisfactory conclusion, to find out why the resolution had taken so long and what improvements they could suggest to better manage complaints.
- 4.5 The complaints officer also spoke with the complainants. The aim here was to better understand the nature of their complaint, to find out what they expected to happen as a result of their complaint and how they felt we could better manage complaints.
- 4.6 Appendix 1a details the number, nature and outcome of the complaints and from which area. It also highlights the number of chase letters sent to each manager.

5. STATISTICS AND ANALYSIS



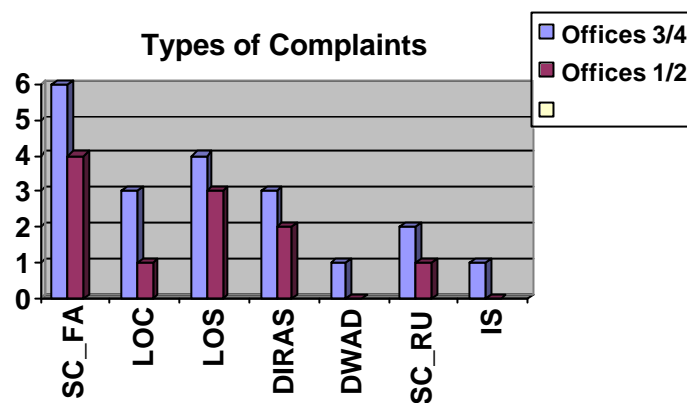
- 5.1 Of the thirty-one complaints dealt with during the time of this project two went on to the formal stage, (not included in the above table). By the end of the project fifteen were still unresolved and waiting for the team manager to write or call the complainant to explain either what had happened in the past or what was to happen in the future.





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5.2 The two complaints that went to the formal stage of investigation could have been prevented if the team managers responsible wrote to the complainants when they said they would. Both of the complainants had waited a very long time (1 = fourteen months, 2 = seven months) for a letter.



Key: SC-FA – Staff Conduct – Failed Appointment  
 LOC – Lack of Consultation  
 LOS – Lack of Service  
 DIRAS – Delay in Receiving a Service  
 DWAD – Disagreed with a Decision  
 SC-RU – Staff Conduct – Rudeness  
 IS – Inappropriateness of Service

5.3 Eleven of the thirty-one complaints had been on the system for six months or more and two had been on the system for nearly one year. Of the sixteen complaints resolved by the complaints manager, six were completed within the twenty-eight day target.

5.4 The others took more time because the complaints officer was only available for two days per week on the project and the difficulty was in trying to contact team managers to arrange to meet them or have a conversation with them on the days in question.

6. OUTCOMES

6.1 Complaints received before March – Of the twenty-four complaints received before the project began, fourteen are still unresolved and ten have been resolved. The Head of Service for Children, with Area 1 will follow up the unresolved complaints to try to bring to a conclusion.

6.2 Complaints received after March – Of the seven complaints received



after March, one is pending and six have been resolved.

## 7. CONCLUSIONS

- 7.1 It is important to note that whilst the majority of complaints can be dealt with within the system by managers, given the appropriate level of support, there will be some complaints which will be very difficult to resolve. This is in part due to the nature of the Department's involvement and the actions which are sometimes taken against the complainant.
- 7.2 It is also important to note that managers had identified difficulties in managing complaints due to time pressures and inadequate admin support, during a research project undertaken by Dr. Lowe. They were also very positive about this project and found it very helpful.
- 7.3 In undertaking this project however, the complaints officer noticed that some managers were keen to deal with the issue of complaints and better management of complaints, whilst other managers saw the complainants a nuisance, who did not really understand the nature of social work practice.
- 7.4 What is clear is there has to be a change in attitude towards the management of complaints at a local level and managers and staff must stop and think about why someone might complain.
- 7.5 In the restructure of children and families teams in 2001, they were made smaller, to assist in improving performance and in achieving better local services and to enhance team development and working. There must be better learning from complaints and better understanding of the service user viewpoint. It is not the service users responsibility to better understand the nature of social work practice, but the social workers and managers responsibility to better explain what is happening and why.
- 7.6 Most of the complainants that I spoke to would have been happy with an explanation as to why something had not happened or when someone would contact them. Countless times I was told, "I only complained because the social worker/manager kept promising to ring me back and never did"
- 7.7 All of the managers on the selected areas have completed the "Effective Management of Complaints" training course. One of the issues highlighted during this course, is the amount of time and money that is spent on dealing with complaints at the formal stage. If we could manage complaints better locally, then we would not only save money, but build better relationships with our service users and carers. More training is not what is needed to better manage complaints at the informal stage, what is needed is a change in attitude towards those who complain.



8. RECOMMENDATIONS

- 8.1 That Area Directors set up a system for managing complaints locally and that should include employing a full time customer care officer to deal with complaints management at the local level.
- 8.2 The customer care officer should be able and supported to set up systems to monitor complaints, to acknowledge complaints to work with managers to resolve complaints and to keep the complainant up to date as to the progress of the complaint. The customer care officer should be a good administrator and be able to forward plan, chase and produce summary reports for the complaints section.
- 8.3 That the soon to be appointed Change Champions work alongside the area management teams, to identify and facilitate initiatives which will assist in the effective management of complaints.
- 8.4 That upon receiving complaints, the customer care officer will immediately acknowledge receipt, with the complainant, outlining a timetable for action and responding to the complainant as to progress issues.
- 8.5 That the administration support to each team be allocated time to effectively assist in the process of dealing with complaints.
- 8.6 That effective complaints management be added to quarterly meetings of all the management team's agenda, to gain learning from the process and to identify ways to improve complaints management locally.
- 8.7 That all new managers or managers who have not undertaken the training "Effective Complaints Management", do so at the earliest opportunity.
- 8.8 That this process for intervention be reviewed in twelve months time.

Lorna Wallace  
Complaints Manager



## Social Care &amp; Health Directorate/NHS Complaints 2002/2003

## APPENDIX 2A

Date of original complaint	Team	Nature of complaint	Number of chase letters	Outcome
11/3/02	OFFICE 1	LACK OF SOCIAL WORK CONTACT (SC_FA)	SIX	RESOLVED
29/4/02	OFFICE 3	CARE OF THREE CHILDREN (LOC)	SIX	PENDING
20/5/02	OFFICE 4	LACK OF SOCIAL WORK CONTACT (LOS)	SEVEN	RESOLVED
11/6/02	OFFICE 1	SUPPORT WITH SON (LOS)	SIX	PENDING
28/6/02	OFFICE 4	COMPENSATION CLAIM (DIRAS)	FOUR	PENDING
28/8/02	OFFICE 1	ACCESS TO RECORDS (DIRAS)	THREE	PENDING
2/9/02	OFFICE 4	LACK OF SOCIAL WORK CONTACT (SC_FA)	THREE	PENDING
4/9/02	OFFICE 3	LEAVI NG CARE GRANT (LOS)	FOUR	PENDING
12/9/02	OFFICE 1	SOCIAL WORK CONTACT (LOS)	FOUR	RESOLVED
3/10/02	OFFICE 3	CONTACT ARRANGEMENTS (DWAD)	FOUR	PENDING
16/10/02	OFFICE 2	CHILDREN RETURNING HOME (LOC)	THREE	RESOLVED
31/10/02	OFFICE 3	LACK OF SOCIAL WORK CONTACT (SC_FA)	THREE	RESOLVED
5/11/02	OFFICE 3	RECEIVING FINANCES ON REGULAR BASIS (LOS)	THREE	RESOLVED
11/11/02	OFFICE 1	LACK OF SOCIAL WORK CONTACT (SC_FA)	TWO	PENDING
13/11/02	OFFICE 1	LACK OF SOCIAL WORK CONTACT (SC_FA)	TWO	RESOLVED
26/11/02	OFFICE 4	LACK OF CONTACT (LOS)	TWO	PENDING
15/1/03	OFFICE 3	ASSISTANCE WITH CARE OF DISABLED CHILD (IS)	ONE	PENDING
16/1/03	OFFICE 3	LACK OF HOSTEL PLACEMENT (DIRAS)	TWO	PENDING
16/1/03	OFFICE 4	LACK OF SOCIAL WORK CONTACT (SC_FA)	ONE	RESOLVED
20/1/03	OFFICE 2	ACCESS TO RECORDS (DIRAS)		RESOLVED
23/1/03	OFFICE 1	LACK OF SOCIAL WORK CONTACT (SC_FA)		RESOLVED
28/1/03	OFFICE 1	LIFE STORY BOOK – TO ADOPTIVE PARENTS (LOS)		PENDING
3/2/03	OFFICE 4	CONTACT WITH SIBLINGS (LOC)		RESOLVED





## Social Care &amp; Health Directorate/NHS Complaints 2002/2003

14/2/03	OFFICE 1	SOCIAL WORKER AND MANAGER CONDUCT (SC_RU)		PENDING
24/2/03	OFFICE 4	INAPPROPRIATE COMMENTS BY THE SOCIAL WORKER (SC_RU)		PENDING
26/2/03	OFFICE 4	LACK OF ENHANCED PAYMENTS AGREED BY COURT (DIRAS)		PENDING
19/3/03	OFFICE 3	RELATIONSHIP WITH SOCIAL WORKER (LOC)		RESOLVED
21/3/03	OFFICE 4	CONDUCT OF SOCIAL WORKER (SC_RU)		RESOLVED
2/4/03	OFFICE 3	LACK OF SOCIAL WORK CONTACT ((SC_FA)		RESOLVED
10/4/03	OFFICE 4	LACK OF SOCIAL WORK CONTACT (SC_FA)		RESOLVED
17/4/03	OFFICE 3	LACK OF SOCIAL WORK CONTACT (SC_FA)		RESOLVED



## **Appendix 3:** Analysis Of Complaints Investigated Via The Social Services Statutory Complaints Procedure In 2001/02

### **Introduction**

As an element of the Scrutiny Review of SSD/NHS Complaints Procedures, I have been scrutinising cases which have been through the Complaints Procedure in 2001/02. This year was selected because most cases have now been resolved.

### **Method**

I have scrutinised 57 complaints, investigating the terms of reference given to the Independent Investigating Officers and the outcomes considering particularly whether Responsible Officers accept findings, the actions taken as a result and whether this has resolved the matter.

I have also investigated cases which proceed to Review Panel, and beyond that to other forms of resolution – independent determination by the Ombudsman for instance.

Various other aspects of the complaints have also been considered such as general themes, localities, etc and my detailed findings have been included as appendices which are set out at the end of this report.

### **Results**

#### Statistics

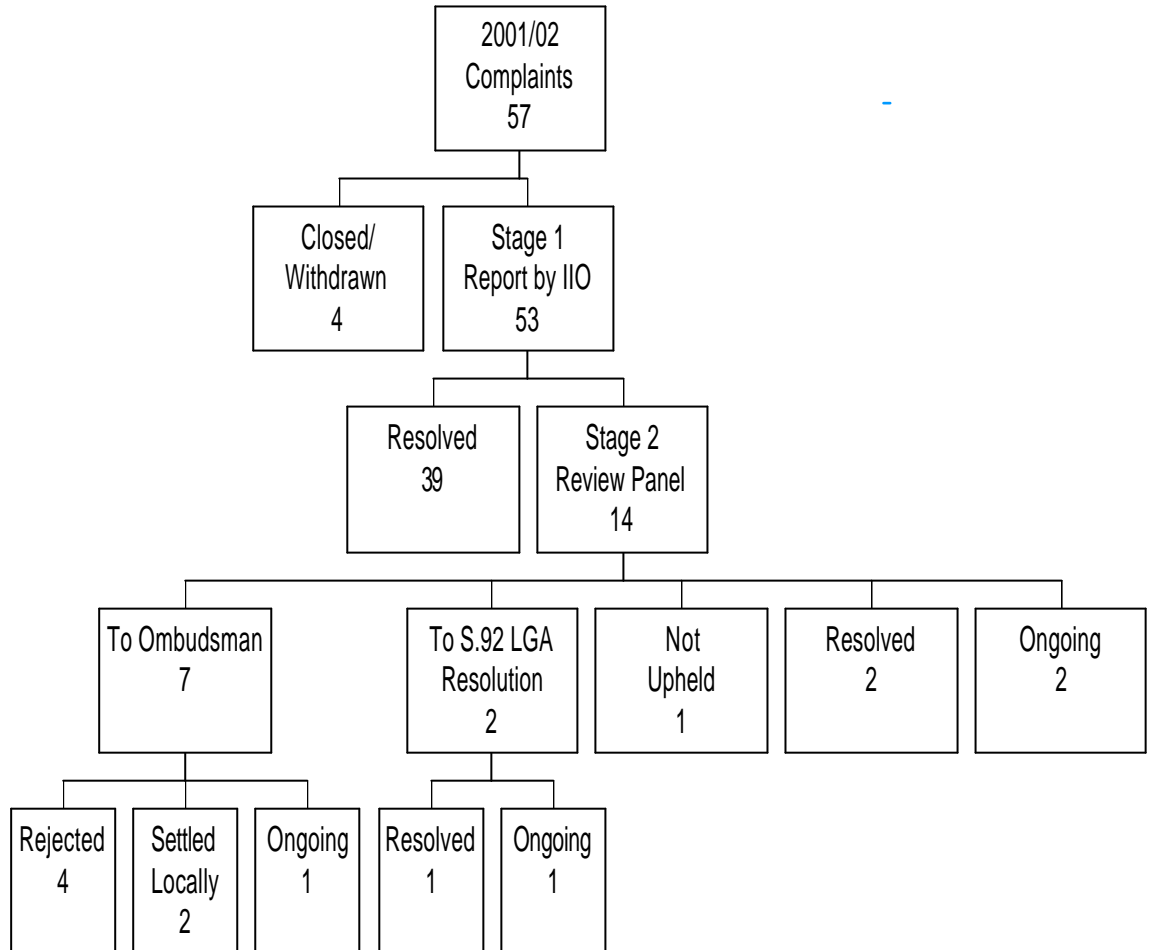
Of the 57 cases scrutinised, 4 were withdrawn or closed, 39 resolved after the Responsible Officer had considered the Independent Investigating Officer's report and written to the complainant (please see Appendix 3A for further detail). This represents 68% of complaints.

14 went on to Review Panel. (Appendix 3B gives further detail). This represents 25% of the complaints analysed.

Of those 14, 7 remained dissatisfied and took their complaints up with the Ombudsman. But of these, just two were considered to require settlement. The Council accepted the Ombudsman's findings in each case and made financial settlements of £1500 and £500 respectively.



The flow chart below demonstrates the process and outcomes:-



Further details can be found in the Appendices listed below.

Subject of Complaints

Whilst complaints related to a range of issues, there were certain common themes which the department should be aware of. Many complaints included the following:-

- Failure to communicate, particularly, failure to return telephone calls
- Failure to follow procedures, such as not completing assessment processes in time, not carrying out Statutory Reviews
- Delay in providing services, such as access to files
- Failure to provide support
- Poor case management



Of course, some of these are highly subjective and emotive issues in that a complainant may believe that the support they received was inadequate when in fact they have received suitable and appropriate support for their needs.

But of the 53 cases which went through Stage 1 only three were without any foundation. Clearly there are faults which could and should be addressed.

### Localities

I also looked at the relationship between complaints and localities. Three localities had particularly high numbers of complaints, Office 4 (13), Office 1 (11) and Office 5 (9). Any conclusions drawn about this should be considered in the light of workloads and complexity of cases, neither of which are points upon which I have any direct knowledge. (See Appendix 3C for further information).

In only one case was there direct criticism of a local office at a Review Panel. This related to failure to follow procedures in the support of a young person. It was considered that the Offices 4 and 3 team had not followed procedures and saw it as a 'weak' office. A care plan was put in place following the Review Panel.

### **Conclusions**

In scrutinising the issues about which service users complained, the symptoms of a service which is over-stretched and under-staffed are plain to see. Failure to communicate is the most obvious, but failure to follow procedures, in some cases statutory procedures, is a serious problem.

The Complaints Procedure should not be used to seek redress because no-one ever returns their telephone calls. The effect of this is cumulative: service users feel that they are not listened to, not kept informed and ultimately, not adequately supported. If there is one measure Social Services should seek to put in place, it is for staff to return telephone calls to users.

Only one case out of 57 was resolved by mediation. Where service users are making complaints because they are not listened to, I do believe that there is greater scope for the use of mediation. Seeing someone who will listen, say sorry, and explain what is happening, might prevent cases going to the Complaints Procedure in the first place. Once they are in the system, it seems almost too late to resolve complaints in this way.

Failure to follow procedures is a serious issue. This is symptomatic of the service being over-stretched as some cases gave the impression that no-one had taken an objective look to see whether proper procedures were being followed until the case had reached the Independent Investigating Officer. Training staff to follow procedures correctly, monitoring whether it has happened, supervision (and re-training where weaknesses are found) could help to reduce this problem.

Responsible Officers considered the reports produced at Stage 1 were written with care and wrote to complainants with clarity and sensitivity. On occasions there



were delays at this point, again due to pressures of workload. But the fact that so many cases were resolved at Stage 1 demonstrated how effectively Responsible Officers were handling difficult and emotive issues.

Stage 2 appeared less effective, since half the complainants proceeded straight from Review Panel to the Ombudsman. There may be a number of reasons for this:-

- these are the most sensitive cases,
- positions may be entrenched on both sides,
- some complainants are determined to pursue the matter to the last possible stage, perhaps having lost sight of what outcome could realistically flow from this course of action.

The Ombudsman will not intervene (unless it is absolutely exceptional) before the whole Statutory Complaints procedure has been completed. The results of cases which have been considered by the Ombudsman (4 rejected, 2 settled) suggests that in fact pursuing complaints to this stage is not justified. The complainant has a right to choose this course of action, and there will always be people who wish to do so.

It may be worthwhile to give more thought to whether we can offer mediation as a regular feature of the Responsible Officer's letter after Stage 1 to reduce the number of complaints going on to Stage 2, since it seems to be less effective than Stage 1.

There are, however, limits to how great a reduction there would be in numbers since there are those for whom Stage 2 is a means to an end – the referral to the Ombudsman, as I have already mentioned. Mediation does seem an under-utilised tool at the moment.

Finally, 57 complaints have been scrutinised from service-users in 2001/02. That must be balanced against the many people Social Services supported during that year.

Miranda Freeman  
Senior Scrutiny & Management Support Officer  
Scrutiny Office



**Appendices**

- 3A: Types of Resolution at Stage 1.
- 3B: Types of Resolution at Stage 2 and beyond.
- 3C: Local offices subject to complaints.



### **APPENDIX 3A: RESOLUTION AT STAGE 1**

Responsible Officers had considered Independent Investigating Officers Reports very carefully and their letters to complainants were, generally, clear, concise and sensitive. There were a number of actions taken as a result of the recommendations made by Independent Investigating Officers and these are listed below:-

#### Apology

Of all 57 cases, there were only three where no element of the complaints were upheld. One of these ended at this stage. No apology was given since it would not have been appropriate. The other cases went onto Review Panel, one went onto the Ombudsman and was rejected as being without any foundation at every stage.

#### Request for Re-allocation to another Social Worker

In three cases resolved at Stage 1 the complainant requested a different Social Worker as they felt their relationship with the allocated worker had broken down and that had led to their complaint.

The Responsible Officer agreed and re-allocated in all 3 cases.

#### Access to Files

Only one complaint was specifically about failure to provide access to files, but it was an element of another three. Access was arranged by the Responsible Officer in the specific case.

In the other cases it had been provided by the time the Investigating Officer had completed their investigation.

#### Mediation

Only one case was resolved by mediation. Might there be increased scope for this?



### **APPENDIX 3B: RESOLUTION AT STAGE 2 AND BEYOND**

Three cases were resolved after a Review Panel had considered them, one by apology, one where a care plan was put in place and monitored at a high level. A further two cases are ongoing, 7 remained dissatisfied and made complaints to the Local Government Ombudsman. Two sought an apology and compensation.

After a change in the law in 2000, it is now possible for the Council to compensate where a complainant has been adversely affected, without the need for a complaint to the Ombudsman. One has already been resolved in this way and the other is ongoing.

Of the cases which went onto the Ombudsman, 4 were rejected and two were resolved by a local settlement suggested by the Ombudsman. These were complaints about poor case management and failure to follow procedures.

In the four cases rejected by the Ombudsman, one was found to be without any cause, and in the others, she was satisfied that the Council had already taken all reasonable steps to resolve the complaints.

One case is still ongoing.





**APPENDIX 3C: LOCAL OFFICES SUBJECT TO COMPLAINTS**

Office 4	13
Office 1	11
Office 5	9
Office 6	8
Office 7	6
Office 8	4
Office 3	4
Office 2	3
Office 9	2
Office 10	1
Office 11	1
Office 12	1

**NB** This gives a total of 63 rather than 57 because some complaints related to at least two offices.



## Appendix 4: Review Of Departmental Responses To Formal Complaints And Review Panel Recommendations

1. PURPOSE/AIMS
  - 1.1 To provide a framework and systems for the effective management of responding to formal complaints and Review Panel recommendations, in response to the findings of this survey, with a view to :
    - (a) improve service user perceptions of formal complaints management and user satisfaction, in particular to reduce the number of complaints progressing to the Review Panel stage.
    - (b) improve social work practice, procedures and policy.
    - (c) develop a culture of change, with a move away from a blame culture to an open learning culture.
    - (d) work in compliance with the Department's ten primary promises.
  - 1.2 To correlate trends emerging from Departmental responses to Independent Investigation Officers' recommendations and Review Panel recommendations, through desktop research and sample interviews. To determine the following:
    - (a) What percentage of the recommendations were accepted by the Department?
    - (b) Were there indications that actions have been followed through by Responsible Officers?
    - (c) What learning has taken place, and where are the examples of supportive evidence?
2. METHODOLOGY
  - 2.1 This survey was commissioned by the project working group, as part of Birmingham City Council's Scrutiny and Overview Committee's review of the Social Services Department's complaints systems.



- 2.2 The survey was limited to those formal complaints received by the Complaints Service during the period 1 April 2001 to 31 March 2002, and the complaints related solely to the services provided by the Area Services Division Children and Families teams. A small number of these complaints progressed to the Review Panel stage of the complaints procedure.
- 2.3 The Complaints Service provided paperwork relating to a total of 56 formal complaints dealt with during this 12-month period. However this did not represent the total number of formal children and families services complaints dealt with during this period. The actual figure was nearer 76, but there were problems in accessing the older complaints files from the archives.
- 2.4 The first task was to analyse the complaints paperwork as a desktop exercise, grouping the complaints by Responsible Officer, and calculating the total number of individual complaints made by each complainant. Then the number of complaints upheld, partially upheld, not upheld etc by the Investigation Officer were matched with the responses from the Responsible Officers. From this it was possible to determine the degree to which Responsible Officers agreed with and accepted the findings of the Investigation Officers. The results of this exercise are described below in section 3 – Findings.
- 2.5 A small sample of the Responsible Officers were contacted with a request for a face-to-face interview in order to discuss how they had dealt with the recommendations of the Investigation Officers, and the Review Panels where appropriate. Four Responsible Officers agreed to participate in the survey.
- 2.6 Each Responsible Officer was provided with the details of the complaints and was asked for evidence that the recommendations of the Investigation Officer and the Review Panel had been followed through. Responsible Officers were also asked about what learning had taken place as a result of the investigations, with supportive evidence where appropriate.
- 2.7 Managers were interviewed from 4 offices. A manager who left the Department very recently was approached and asked to participate in the survey but was unable to assist. The acting LM agreed to discuss in addition to her own complaints, the complaints that had been dealt with by her predecessor who also left the Department recently. So in effect the responses to the recommendations from five Responsible Officers were examined.
- 2.8 The Directorate wrote to 13 of the complainants, setting out the remit of the survey and asking if they would be willing to participate by being interviewed over the telephone. They were also given an option of writing to the Directorate with their views as an alternative to a telephone conversation. The Directorate wrote to complainants indicating that we were interested to know their views on whether or not the recommendations in the report of



the Investigation Officer, or where appropriate, the Review Panel, were followed through. Four complainants responded and three agreed to be interviewed by telephone. The fourth complainant chose to put her views in writing, but unfortunately at the time of completing this report her response had not arrived. The complainants' responses are described below in section 3.

### 3. FINDINGS

#### 3.1 Findings on the degree to which the Department accepted the outcomes of the investigations.

3.1.1 It is evident from the table attached to this report as Appendix One, that the majority of the complaint outcomes, whether upheld, not upheld etc were accepted by the Responsible Officers. The Responsible Officers were asked to what extent this indicated that they had confidence in the formal investigation process, and trusted the judgements of the Investigation Officers.

3.1.2 The Responsible Officers all said that they try to share the Investigation Officers reports with the relevant locality/team manager in order to obtain feedback prior to making their response to the complainant. They all mentioned the very tight timescales for responding, which they struggle most of the time to meet because of other competing priorities. They all expressed the view that because they have limited opportunity to discuss the findings in the report in detail with relevant staff, as a result they may sometimes just accept them as they stand. Some of the Responsible Officers said that they were aware that staff occasionally feel let down when the findings are accepted without challenge.

3.1.3 In the main, the Responsible Officers said that they find the investigations thorough and that the Investigation Officers provide adequate evidence to support their findings. They said that on the occasions when this is not the case and the evidence does not stand up, or when the relevant manager challenges the findings, they will try to examine the file and check out the validity of the evidence provided by the Investigation Officer. They will also try to meet with the Investigation Officer to discuss the findings. This takes time however and the reality seems to be that the Responsible Officers only do this when there is a gross mismatch of the evidence to the findings, or a complete lack of logic to the findings.

#### 3.2 Was there evidence that the recommendations of the Investigation Officer had been followed through?

3.2.1 Three of the 4 Responsible Officers interviewed had prepared for the meeting by accessing the relevant complaint files, and were able to produce documentary evidence that recommendations, from both the formal investigation and Review Panel stages had been actioned. The



Responsible Officer who had not had a chance to access the actual files, spoke from memory of the complaints in question and gave verbal evidence that actions had been followed through.

- 3.2.2 In most of the complaints being examined an apology was recommended by the Investigation Officer and this was included in the response letter to the complainant from the Responsible Officer. The letters also tended to include, where complaints had been upheld, an acknowledgement of the failings of the Department and some indication of how these were to be addressed in the future. In addition to these very common recommendations, the actions recommended to the Responsible Officer were varied. They ranged from addressing poor practice and failure to follow procedures by individual workers and managers, to actually amending policies and procedures in some instances.
- 3.2.3 There were often recommendations in the Investigation Officer's reports as to how the detriment to the complainant could be rectified. This was sometimes through the allocation of a worker where the case was unallocated; through a re-assessment of the case or the drawing up of an agreement as to how the complainant and the worker would work in partnership in future. Investigation Officers sometimes suggested that the Department should consider additional support for complainants such as counselling, or access to other services. In some instances financial compensation to the complainant was recommended.
- 3.2.4 Where poor practice by individual workers was highlighted and actions recommended to address this, there was evidence that this was being addressed by managers through the supervision process. In some cases of persistent poor practice, staff were being taken down the formal performance management route, with disciplinary action as a possible outcome. The Responsible Officers all said that it was rare that an investigation revealed poor practice by an individual worker that was not already known to the Department and was not already being addressed. One Responsible officer said he could only recall one situation where he was surprised by the findings of the Investigation Officer in relation to an individual worker who was thought to be sound. On enquiring he discovered that the team manager was not giving the worker adequate supervision, and mistakes were made as a result.
- 3.2.5 There was also evidence of written instructions or reminders going to all staff in an area from Responsible Officers in response to some recommendations. These covered issues such as the importance of returning phone calls promptly and responding to letters in the prescribed timescale; there were also reminders to staff of the importance to follow specific procedures. Some of the written reminders were addressed to administrative staff around the importance of good communication with service users, and the need to record messages accurately and ensure urgent messages were dealt with. The need for accurate minute taking and the prompt circulation of minutes, particularly child protection



conference minutes, was another issue that admin staff had been reminded about in one area office as a result of a complaint. In another area office the children and families duty system had been altered as a direct result of a complaint. In the same office, the need for training for agency social work staff in the Care First system had been identified and actioned as the result of a complaint.

- 3.2.6 In terms of recommendations about the future management of the complainant's case, there was evidence that some actions were implemented. This was however an area where Responsible Officers felt that often the recommendations from the Investigation Officers were unrealistic and out of line with the Department's current practice. One example was a case where the plan for a sibling group was for them to be supported by the Department to remain at home with parents. This plan was agreed by the whole family. The complaint was about the method of support rather than the plan itself. The Investigation Officer recommended that the Department should consider accommodating one of the children, who he felt was at risk. The Responsible Officer did not agree with this and felt that it was not a helpful recommendation in the circumstances and was likely to undermine the plan for the children. She was not therefore prepared to accept that recommendation, and gave her reasons in her response. Another Responsible Officer gave an example of a recommendation which directly contradicted a court direction with regard to a child and could not therefore be implemented.
- 3.2.7 The recommendation of financial compensation was one that caused all the Responsible Officers concern. First they felt that Investigation Officers often made this recommendation without providing any evidence of the extent of the harm or damage caused to the complainant as a result of the actions of the Department. They all said that they would welcome some clarity around this issue as they feel more complainants appear to be looking for some money as a result of making their complaint. One Responsible Officer felt that the issue of compensation should be removed from the formal investigation process altogether and that complainants should be advised to make a separate claim with relevant evidence after the investigation. This Responsible Officer said that she was prepared to pay compensation when the detriment was supported by evidence such as additional phone calls which had to be made, clothing lost or damaged or loss of earnings when time off work was necessary to sort out an issue with the Department. She found it impossible however without medical or other evidence to judge the level of compensation for "distress".
- 3.2.8 The Responsible Officers felt that most recommendations from Investigation Officers were fair and should be followed through. Occasionally the recommendations were felt to be unrealistic, or too vague to be implemented. It was not felt helpful for the Investigation Officer to simply recommend that all the complainant's desired outcomes be considered as these were more likely to be unrealistic, and this has led in some situations to unrealistic expectations from the complainant. It was felt



to be most helpful if the Investigation Officer was selective in making recommendations, and kept them clear and realistic.

- 3.3 The learning points from the complaints process and the evidence?
- 3.3.1 All four Responsible Officers acknowledged the importance of the complaints process as a means of identifying poor practice and improving the service to users. One Responsible Officer said that for him the main learning point from complaints was that there was still insufficient attention to quality and to detail on the part of workers. He said that for example workers can follow the procedures correctly but still be criticised by service users for the way that they carry out their work. This is usually because of the worker's attitude, or their failure to communicate fully with users or delays on their part in completing tasks. He attributed some of the difficulties to high turn over in staffing leading to a lack of skilled and experienced workers in some teams.
- 3.3.2 This Responsible Manager said that he organised locality training days and often used the information from complaints to highlight examples of poor practice. On one occasion he used a complaint about a child protection investigation as an example. The findings were that the child protection procedures had been followed in terms of timescales, conferences etc, but the worker had failed to communicate adequately with the parents during the process, had failed to keep them informed of progress with the investigation or provide them with information available from the Department about investigations. He used this to reinforce the need for there to be quality in all aspects of service delivery to users.
- 3.3.3 Another Responsible Officer had prepared a list of learning points from complaints which were as follows: the need for workers to understand and follow procedures; the need to undertake complete assessments; the need to put things in writing when making arrangements or agreements; the need to keep recording up to date. The last point was mentioned by another Responsible Officer as a very important issue, and something he has learned from complaints. He said that so often workers have completed a piece of work but because they have failed to record it there is no proof of it being done. When an Investigation Officer is looking at files the lack of written evidence of work undertaken is indefensible, and inevitably leads to complaints being upheld.
- 3.3.4 All the Responsible Officers could give examples of the opportunities they use to reinforce the learning points from complaints. These include supervision sessions, team meetings, locality meetings and training days, as well as written memos reminding staff of the importance of good practice.
- 3.4 Feedback from complainants regarding the recommendations from the investigations of their complaints



- 3.4.1 Only four complainants responded to a letter inviting them to take part in this survey. Three agreed to be interviewed over the telephone and one said that she would put her views in writing. Unfortunately, despite giving the complainant the deadline for completing the report she was unable to make her written response in time to include it in these findings.
- 3.4.2 Two of the other three complainants were in the process of taking their complaints to the review stage, so their concerns were still very live. The third complainant, although he did not progress to review, was still very dissatisfied with the way his complaint was responded to, and has continued to have concerns about the way the Directorate is handling his case.
- 3.4.3 It is easy to speculate why so few complainants responded, but some may have moved addresses in the intervening period. For some of the complainants in this survey it is almost two years since their complaints were investigated and I can understand why they felt unable to respond. Some may have “moved on” in terms of their personal situation and have no wish to resurrect painful memories of a time when their lives were less settled. Some of the complainants were young people accommodated at the time of their complaint and they will almost certainly have moved into new phases of their lives.
- 3.4.4 It was very difficult to elicit the response from the three complainants to specific question without listening first to the history of their complaints. The first complainant stated that she was satisfied with the investigation process and felt that the Investigation Officer had listened sympathetically to her concerns and written a fair report. However the Investigation Officer failed to include in the report a request for financial compensation although this was what the complainant and her children were looking for. Her complaints had mainly been upheld, but the letter of apology from the Responsible Officer did not offer any form of compensation, and it was for this reason that she was asking to go to Review Panel.
- 3.4.5 The second complainant regretted not taking his complaint to the review stage because he was not satisfied with the response from the Directorate and he believes that the recommendations have not been followed through. In talking to him it became apparent that since the Directorate responded to his complaint, his situation has changed and the Family Court has imposed restrictions on his access to his son. So whereas the Directorate was intending, as a result of the complaint, to assist him with access arrangements, this has effectively been ruled out by the court.
- 3.4.6 The third complainants, a husband and wife who both discussed their complaint, were more able to articulate their views on the Directorate’s response. First they said that the investigation was fair and they felt the Investigation Officer listened and reflected their feelings in the report about the way the Directorate had treated them. Most of their complaints were upheld and some were inconclusive.





- 3.4.7 The complainants said that the letter from the Responsible Officer read like a standard pre-prepared response rather than a personal letter to them. The Responsible Officer repeated the findings, offered an apology and a recognition of the failings by the Directorate in their case. There was some indication in the letter of how some of those failings were to be addressed with individual workers, but they never heard how those recommendations were actually followed through. The complainants felt that the response letter from the Responsible Officer's giving his considerations on the report it could have been dealt with separately from the remedies. They would have appreciated a separate letter of apology written more personally to them.
- 3.4.8 The complainants said that they were not offered an opportunity to meet with the Responsible Officer. They feel that to have met face to face with him and be able to express how their experiences had affected them as a family would have helped to draw the matter to a close. The complainants said that as a result of their experiences they had lost confidence in the Directorate before making their complaint. They feel that the complaint process should have as one of its outcomes the mending of broken trust and an ability for the complainants to have faith again in the Directorate. This did not happen for them, and they felt dismissed by the Directorate as though their bad experiences did not matter. It is for this reason that they have requested a Review Panel, so that they can share with someone how the response to the complaint has reinforced their feelings that the Directorate does not respect them as individuals.
- 3.4.9 This is only one response and more comments are needed in order to get a broader picture. However, this does raise issues about the importance of the style of the response to complainants. Some way has to be found to acknowledge more effectively the hurt felt by some complainants and enable them to draw the matter to a close.

#### 4. RECOMMENDATIONS

- 4.1 This survey has not revealed any surprises although it reinforces the need to tease out some of the issues that both Independent Investigation Officers and Responsible Officers have been aware of for some time.
- 4.2 Investigation Officers need to be reminded to keep their recommendations focused and clear. The formal investigation process is well regarded by managers generally, but occasionally the recommendations in reports are vague, unreasonable in terms of the Directorate's normal practices and create unrealistic expectations for the complainant.
- 4.3 The issue of making recommendations of financial compensation to complainants requires some consideration by the Complaints Service, together with Legal Services and the City's Insurers. If it is to be an



acceptable practice for Investigation Officers to invite the Directorate to consider some form of compensation, then a framework has to be agreed for how this recommendation is to be supported and the type of proof required. Without this complainants may be treated inconsistently by different Responsible Officers.

- 4.4 There was good documentary evidence that recommendations are often followed through by Responsible Officers, particularly following the formal investigation. The response letter from the Responsible Officer to the complainant usually describes how the recommendations are to be dealt with. However there is no feedback loop to complainants to reassure them that recommendations have been actioned. It seems that without some mechanism to bring the matter to a close, some complainants will remain dissatisfied with the Directorate's response and seek redress through the review stage.
- 4.5 All complainants should be offered a meeting with the Responsible Officer after the response has been sent. Some but not all Responsible Officers do this automatically now. Where the offer is taken up the meeting should take place within the 28 days time period that all complainants are given to make a request for a Review Panel. It should be possible by the time of the meeting for the Responsible Officer to have some documentary evidence of the recommendations having been implemented. If the complainant remains dissatisfied they can then proceed to the Review Panel stage.
- 4.6 The style and tone of the responses to complainants from Responsible Officers does vary enormously. Not all Responsible Officers make it immediately clear in their responses whether they agree or disagree with the findings of the Investigation Officer. Some Responsible Officers make it clear under each complaint heading what the finding of the Investigation Officer is and what their own finding is. This makes the response more readable for complainants. The style and tone is obviously unique to each manager, however, it is recommended that those Responsible Officers who use a standardised response format reflect on it each time to ensure that it conveys to the complainant, where appropriate, a genuine acknowledgement of the hurt and distress experienced.
- 4.7 The sample of four Responsible Officers all expressed the view that the Review Panel should be reviewed to increase confidence in the process.
- 4.8 Occasionally Investigation Officers recommend that individual workers should offer a personal apology to the complainant as well as the Responsible Officer making an apology on behalf of the Directorate. Workers are told now when being interviewed as part of an investigation that the complaint is against the Directorate not against individual workers. Yet when the complaint is upheld workers are being asked to make a personal apology. Some workers are willing to do so, but one Responsible Officer raised an issue of a worker being unwilling as he felt he had apologised already following the informal investigation. Perhaps some



thought needs to be given to the issues here for individual workers especially in the light of the Human Rights Act and some guidance given to Responsible Officers.

- 4.9 There was good evidence from the Responsible Officers of learning from the complaints process, and of this being used in their area to improve practice. There was no evidence however of how these learning points are captured and recorded across the Directorate. These need to be collated to inform the Directorate training programme
- 4.10 Some of the Responsible Officers expressed concern about the outcome where a complaint cannot be substantiated due to a lack of witnesses of an incident, or lack of written documentary evidence to substantiate the complaint. Usually Investigation Officers find the complaint inconclusive in such circumstances. However Responsible Officers said that occasionally Investigation Officers will give the benefit of the doubt in such situations to the complainant and uphold the complaint. They found this unacceptable and asked for the Complaints Service to clarify this with Investigation Officers.

Linda Elliot  
Independent Investigation officer



## Social Care &amp; Health Directorate/NHS Complaints 2002/2003

## APPENDIX 4A

NO. OF COMPLAINTS PER COMPLAINANT	NO. AGREED BY RESPONSIBLE OFFICER	AS %	NO. NOT AGREED BY RESPONSIBLE OFFICER	AS %
3	3	100	-	-
6	6	100	-	-
3	3	100	-	-
11	11	100	-	-
8	8	100	-	-
12	12	100	-	-
3	3	100	-	-
6	4	66	2	33
4	4	100	-	-
9	9	100	-	-
13	12	92	1	8
14	14	100	-	-
4	4	100	-	-
3	3	100	-	-
2	2	100	-	-
7	7	100	-	-
3	3	100	-	-
6	6	100	-	-
2	2	100	-	-
5	3		2	
4	4	100	-	-
Resolved	Mediation			
5	5	100	-	-
4	4	100	-	-
5	5	100	-	-
10	8		2	
7	7	100	-	-
CLOSED				
CLOSED				
CLOSED				
9	9	100	-	-
14	14	100	-	-
15	15	100	-	-
10	10	100	-	-
5	5	100	-	-
report not	completed			
4	4	100	-	-
4	4	100	-	-
11	11	100	-	-
8	8	100	-	-
6	6	100	-	-
9	9	100	-	-
12	12	100	-	-
6	5	83	1	17
CLOSED				
8	7	87	1	13
3	3	100	-	-
12	12	100	-	-
3	3	100	-	-
16	16	100	-	-
15	13	86	2	14
6	6	100	-	-
4	4	100	-	-



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NO. OF COMPLAINTS PER COMPLAINANT	NO. AGREED BY RESPONSIBLE OFFICER	AS %	NO. NOT AGREED BY RESPONSIBLE OFFICER	AS %
<i>14</i>	<i>14</i>	<i>100</i>	-	-
		100	-	-
CLOSED			-	-
353				

\* The Responsible Officer has left the Department since dealing with these complaints and was not available to be interviewed.

Those complainants who took their complaint to the Review Panel stage are highlighted in the above matrix. (italics and red)



## Appendix 5: Guidance For Responsible Officers

This guidance has been produced following a piece of work for the Social and Health Care Scrutiny Committee completed by Linda Elliott, Independent Investigation Officer, which looked at complaints between April 2001 and March 2002 from a number of perspectives.

The following changes should be made to the complaints process:

Independent Investigating Officer (IO) to notify Responsible Officer (RO) approximately two weeks before submission of report to enable the RO to forward plan. RO to advise IO if going to be on leave etc and date on which they will be available to read the report. This will ensure that IO does not indicate to service user that the report is complete when RO is not available to deal with it.

On receipt of report RO accepts the report or asks for further work/clarification from the IO.

Once accepted, the RO sends a brief letter and copy of report for information to the complainant offering an appointment to meet within 28 days to discuss the outcome. Consideration should be given to the most appropriate venue for the meeting.

Meeting to take place between complainant, RO and IO if relevant. At conclusion of meeting complainant to be informed that a final formal response to complaint will be sent.

After the meeting and within seven days, RO to send a formal response. This need not detail the reasons contained in the report but should highlight each complaint number and give the department's formal response to each complaint, referring where appropriate, to the meeting. The formal response should include whether or not each complaint is upheld and the action to be taken, plus apologies if appropriate. Information regarding the Review Panel stage is to be included in this letter. RO will also give an indication whether a further follow-up letter will be sent in the future detailing what action has been taken as a result of the outcome of the complaint.



Where appropriate, final letter to be sent at an appropriate interval detailing the outcome of the remedial action taken.

## 2 LEARNING FROM REVIEWS

Check that good practice in learning from complaint is relayed across the city and that the memo accompanying this reiterates the Social Services Department's view that in the first instance the complaint is against the organisation and not the individual.

Confirm that all ROs send out leaflets to all staff when a formal complaint investigation is initiated.

Ensure feedback is given to workers through the line management chain following IO investigations.

Memo to each member of staff who received a leaflet, advising them that the report has been completed and that they will receive feedback in their next supervision session, or occasionally may be invited to a specific review of that complaint investigation to identify general management action points.

Learning points from the complaint investigation need to be reflected in a bullet point action plan which should be forwarded to the Complaints Service by the RO.

## 3 GUIDANCE FOR INVESTIGATION OFFICERS

Complaints Manager to re-issue former guidelines to IOs in respect of recommendations arising from the investigation. This to include written clarity of recommendations appertaining to financial compensation and issue of personal apologies from individual staff.

## 4 REVIEW PANELS

Recommendation: to commence a specific survey into the operation of Review Panels, surveying Panel members, ROs and complainants and to benchmark practices in Birmingham with core city corporates.



# Appendix 6: Questionnaire for completion by Responsible Officers



## Questionnaire for Completion by Responsible Officers (R.O.).

### Responding to Formal Complaints

Q1a What is your service area/location?

---

Q1b How many times have you acted as R.O. in respect of your service area between April 2001 – March 2002?

---

Q2 How many times have you acted as R.O on behalf of another service area during this period?

---

Q3 What in your view, is your average response time when responding to Independent Investigation Officers' reports?

(Please tick one)

- Within Two Weeks
- Within Four Weeks
- Within Six Weeks
- Within Two Months
- Within Two Months
- Within 10 Weeks
- Within 10 Weeks
- Within Three Months
- Within Four Months
- Within Five Months
- Over Five Months
- No Experience

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>





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Q4 If over two weeks, what have been the primary reasons for not being able to respond to the formal complaint within two weeks of receipt of the IO's report?

- Workload pressures
- Not a priority
- Sick Leave
- Annual Leave
- Projects
- Other (Please list your reasons) \_\_\_\_\_

Q5a On the whole, how satisfied are you with the time taken to respond to complaints for which you were responsible in the period 01.04.01-31.03.02? (Please tick one)

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

Q5b Have you any suggestions of how you could improve your response time?

Q5c On the whole, are you satisfied/dissatisfied with the responses you have made to complainants?

Q5d On average, what percentage of your responses results in complainants expressing dissatisfaction?

- High percentage
- 50/50
- Low percentage
- Unknown
- Other \_\_\_\_\_

Q5e When complainants have expressed dissatisfaction with your response in the period 01.04.01 – 31.03.02 – what were their reasons? (Please list starting with primary reasons given)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q5f Where a complainant had expressed dissatisfaction with your response, in general do you offer Mediation?

- Yes
- No



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Q6a In general, do you provide complainants the opportunity to meet with you when responding to complaints?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q7a How many times between 01.04.01 – 31.03.02 have you had to invoke the Performance Management Procedure as a result of a formal complaint?

\_\_\_\_\_

Q7b How many times between 01.04.01 – 31.03.02 have you had to invoke the Disciplinary Procedure as a result of a formal complaint?

\_\_\_\_\_

Q8a What have you found most satisfying in your role as R.O?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q8b What have you found most difficult in your role as R.O?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q8c What would you identify as your developmental needs in your role as R.O? (Please list in order of priority)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**About the Quality of Investigations**

Q9a How satisfied are you with:

The Quality of Investigations Undertaken?

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>
No Experience	<input type="checkbox"/>

The Report Format?

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>
No Experience	<input type="checkbox"/>

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The Conclusions?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Experience


The Recommendations?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Experience


The Objectivity/Impartiality of I.O.'s?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Experience


Being kept abreast of the investigation by the Investigative Officer?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Experience


Q9b In relation to question 9a, when very satisfied - why in particular?

- i) \_\_\_\_\_
- ii) \_\_\_\_\_
- iii) \_\_\_\_\_
- iv) \_\_\_\_\_
- v) \_\_\_\_\_
- vi) \_\_\_\_\_

Q9c In relation to question 9a, when very dissatisfied - why in particular?

- i) \_\_\_\_\_
- ii) \_\_\_\_\_
- iii) \_\_\_\_\_
- iv) \_\_\_\_\_
- v) \_\_\_\_\_
- vi) \_\_\_\_\_



### About Learning from Complaint Outcomes

Q10a How do you ensure appropriate learning takes place from complaints?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q10b Have you any firm evidence of learning, which has taken place from complaints in your service area?

Yes  
No


If yes, please state evidence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q10c We are looking for examples of good practice to share across the Department. Do you have any examples in this area?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q11a How do you supervise the management of complaints in your service area?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q11b What systems have you in place to implement the findings and recommendations of the following:

Formal complaints investigations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Review Panels? \_\_\_\_\_

\_\_\_\_\_

Ombudsman Investigations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

National Care Standards Commission Investigations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

S.S.I/Audit Inspections? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Staff**

Q12a In your role as Responsible Officer, do you ensure that staff who are included on the Terms of Reference are provided with the 'Information Leaflet for Staff' prior to them being interviewed?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q12b If No, what were your reasons for not issuing this leaflet?

---



---

Q13a On completion of the investigation, how often do you provide the relevant staff with feedback of the outcome?

Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Never	<input type="checkbox"/>

Q13b If feedback is provided, what percentage of your feedback is?

Face-to-face in supervision	<input type="checkbox"/>
Face-to-face outside supervision	<input type="checkbox"/>
Written	<input type="checkbox"/>
Other (please state) _____	

Q13c Where staff are exonerated in a complaint – is this information conveyed to them?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q14 What systems have you in place to ensure that staff access appropriate training in the management of complaints?

---



---

Q15 In general, are complaints findings in your area:

Majority Upheld	<input type="checkbox"/>
50/50	<input type="checkbox"/>
Majority Partly Upheld	<input type="checkbox"/>
Minority Upheld	<input type="checkbox"/>
Majority Not Upheld	<input type="checkbox"/>
Inconclusive	<input type="checkbox"/>
Other (please state) _____	



### Review Panels

Q16 How many times have you attended a Review Panel between April 2001 and March 2002?

1-2 Times	<input type="checkbox"/>
3-5 Times	<input type="checkbox"/>
6-8 Times	<input type="checkbox"/>
More Than 8 Times	<input type="checkbox"/>
Never	<input type="checkbox"/>

Q17a In general, how satisfied/dissatisfied are you with:

The Administrative arrangements prior to the Review Panel

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>
No Experience	<input type="checkbox"/>

The Documentation for the Review Panel

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>
No Experience	<input type="checkbox"/>

The Process during the Review Panel Hearing

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>
No Experience	<input type="checkbox"/>

The Outcome of the Review

Very Satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>
No Experience	<input type="checkbox"/>



Q16b In relation to question 17a, when very satisfied - why in particular?

- i) \_\_\_\_\_
- ii) \_\_\_\_\_
- iii) \_\_\_\_\_
- iv) \_\_\_\_\_

Q16c In relation to question 17a, when very dissatisfied - why in particular?

- i) \_\_\_\_\_
- ii) \_\_\_\_\_
- iii) \_\_\_\_\_
- iv) \_\_\_\_\_

### Equal Opportunities

Q17a In your role as R.O, were there any identifiable equality issues emerging from complaints?

Yes  
No


Q17b If yes, what were they?

\_\_\_\_\_

### Complaints Service

Q17a How satisfied are you with services you have received from the Complaints Service?

\_\_\_\_\_

Q17b If dissatisfied – please state reason for dissatisfaction

\_\_\_\_\_

Q18 Have you any suggestions as to how the service could be improved?

\_\_\_\_\_

Q19 Is there any other comments that you wish to make which are not covered above?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for completing this questionnaire.



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# Social Care Complaints 2002/03

