

Complaints and Compliments Annual Report 2011/12

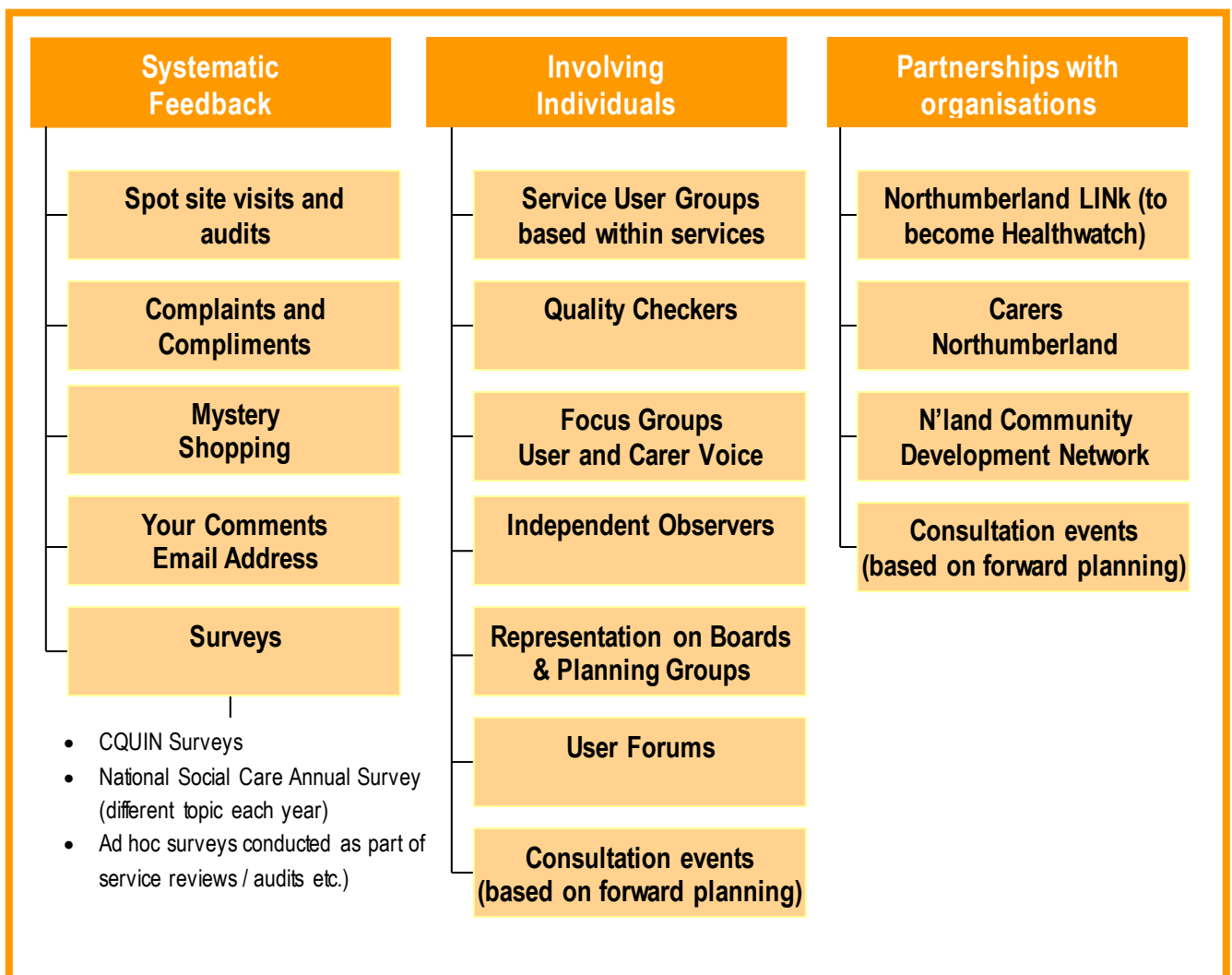
Community Business Unit

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1. Introduction

- 1.1 This report describes what we have learned during 2011/12 from complaints and compliments made about adult social care services in Northumberland. It also covers complaints and compliments about community health services in both Northumberland and North Tyneside, which were dealt with by the same team in 2011/12, under a temporary arrangement during the first year of the new partnership between the County Council and Northumbria Healthcare NHS Foundation Trust.**
- 1.2 Our arrangements for investigating complaints and receiving compliments are one of a wide range of methods which we use to ensure that we learn from the experiences of the people who use our services. These include a network of user forums across the county which meet regularly to share their views and hear about new developments; representation of service users and carers on strategic groups (e.g. the Safeguarding Board, the Learning Disability Partnership Board); members of the public acting as quality assessors of different services; regular surveys of customer experience; and targeted engagement events focusing on specific issues.**
- 1.3 Our overall arrangements are summarised in the figure below.**



1.4 Complaints about social care and health services are handled under national regulations introduced in 2009. The regulations and guidance emphasise that complaints should be approached positively as opportunities for learning, as well as providing a means by which people can ask the organisation to address the specifics of poor services or bad decisions which affect them individually.

2. Complaints policy and context

- 2.1 The Department of Health has said, “The (current regulations) will ensure organisations work more closely with people to find an early resolution to complaints. With more emphasis placed on people being able to talk directly to the people involved we believe that every opportunity should be taken to resolve things through discussion and negotiation rather than by using a set procedure ... People should feel that they can take an active role in finding a resolution and must feel confident that the steps being taken to sort things out are safe and appropriate” (Making Experiences Count consultation 2007). The complaints regulations are person centred rather than process centred and require us to focus on outcomes.
- 2.2 On 01 April 2011 North Tyneside Primary Care Trust and Northumberland Care Trust joined Northumbria Healthcare Foundation Trust (NHFT). Between them these primary care trust providers were responsible for delivering community health services in Northumberland and North Tyneside and most adult social care in Northumberland.
- 2.3 The Northumberland Care Trust complaints team also transferred to NHFT as a team within the Community Services Business Unit (CSBU) and over 2011/12 continued to handle community health and adult social care complaints in Northumberland; in addition the team handled community health complaints in North Tyneside.
- 2.4 NHFT Patient Services has always handled all complaints about acute hospital services and from 01 April 2012 now handles all new community health complaints across Northumberland and North Tyneside as well.
- 2.5 The CSBU complaints team, part of the Adult Services and Housing Group, now focuses on adult social care compliments, complaints and other related matters including issues related to independent adult social care provider concerns and complaints. The team also supports complaints handling within Strategic Housing as required.
- 2.6 This report highlights how we have all adjusted during 2011/12 to the developing working arrangements.
- 2.7 During 2011/12 we worked on a new complaints policy and procedure to cover all our services, whether hospital or community based. The new policy was ratified in March 2012. We have been sensitive to the specific needs of adult social care and made sure the new policy and procedure addresses the needs of those service users and services. We are clear that legal responsibility for adult social care complaints remains with Northumberland County Council.
- 2.8 The Adult Services complaints team handles complaints related to Northumberland County Council’s exercise of its social services functions either directly or discharged or contracted to another organisation. This means dealing directly with several NHS Trusts and independent adult social care providers as required.

2.9 We recognise that complaints, compliments and other comments are a way to encourage organisational learning and a valuable source of feedback on service delivery. This report seeks to give some examples of how 'customer feedback' has led to improvements for the people who use our services.

3. The complaints team

- 3.1 The complaints team consists of one Complaints and Customer Relations Manager and two Complaints Officers.**
- 3.2 The complaints regulations place a duty onto statutory health and social care commissioners and providers who “must co-operate for the purpose of (a) co-ordinating the handling of the complaint; and (b) ensuring that the complainant receives a co-ordinated response to the complaint.” To this end the complaints team has developed links within NHFT and, for example:**
- NHS North of Tyne who manage complaints about the commissioning of NHS services for adults, including complaints about GP services**
 - Northumberland Tyne and Wear NHS Foundation Trust who provide mental health and learning disability hospital services and community services, including social care mental health services for working age adults provided in partnership with Northumberland County Council**
 - Independent adult social care providers (domiciliary care, day care and residential and nursing care)**
 - The team also collaborates as appropriate with the Contracts and the Safeguarding Adults Teams; senior staff in each section meet regularly to share information and to discuss themes and trends**
 - The team collaborates as appropriate with advocacy services such as the Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS)**
- 3.3 The complaints team also cooperates with the Local Government Ombudsman (LGO) and the Parliamentary Health Service Ombudsman (PHSO) as requested.**
- 3.4 From 01 October 2010 the LGO has new powers to deal with complaints from people who self-fund or arrange their own personal adult social care. The Health Act 2009 has amended the Local Government Act 1974, which gives the LGO its extended powers. The new service will give ‘self-funders’ the same access to the service as those who have assistance from their council. Until then a person using services under a private contract could only go to court if they had an unresolved dispute with the provider. We ask independent social care providers to signpost all complainants to the complaints team in their final response. This can allow a further opportunity to try to resolve matters if the person remains dissatisfied.**
- 3.5 This change has re-emphasised the need for the complaints and contracts teams to work closely together in respect of independent adult social care**

providers. Managers from these service areas meet regularly to share information and to discuss emerging trends and themes.

4. Complaints received in 2011/12

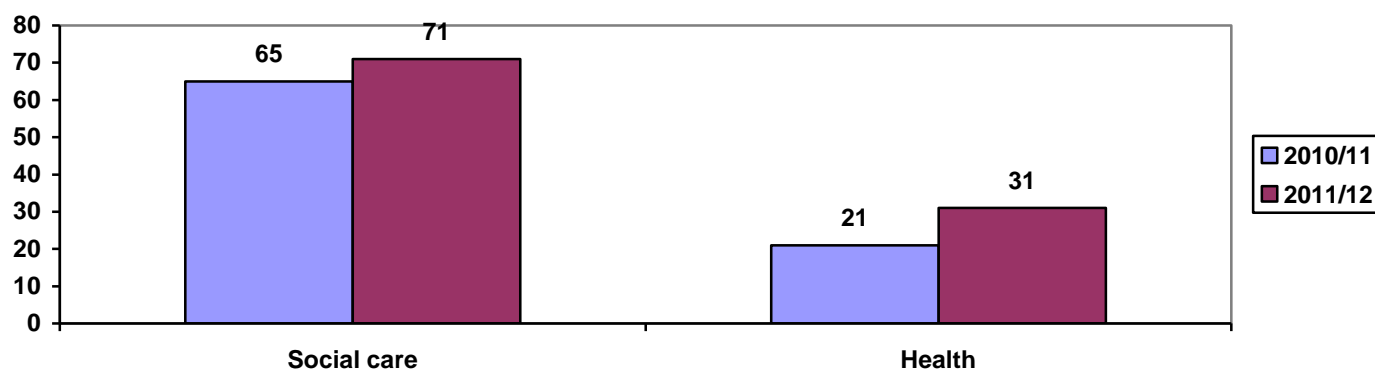
4.1 The complaints team directly handled the adult social care complaints made to the Northumberland County Council and all the community health complaints across Northumberland and North Tyneside; plus a number of other complaints noted on the table below. That is, the 107 new complaints received between 01 April 2011 and 31 March 2012, 129 complaints in all when ongoing complaints from the previous year are taken into account.

4.2 The table below notes the numbers of complaints in progress, received and responded to in 2011/12:

Complaints 2011/12	Social care	Community health	Children's health in N'land	Housing	Prison health	Total
In progress at 01 April 2011	18	4	0	0	0	22
Received during 2011/12	71	27	4	3	2	107
Total in progress during 2011/12	89	31	4	3	2	129
Of which						
Responded to during 2011/12	64	25	3	3	2	97
Withdrawn or on hold	5	1	0	0	0	6
In progress at 01 April 2012	20	5	1	0	0	26

4.3 We acknowledged 100% of our complaints within three working days in line with the 2009 regulations.

4.4 The chart below compares the numbers of complaints received during 2010/11 and 2011/12. Community health complaints from Northumberland and North Tyneside have been added together to compare more easily. Prison complaints have been excluded.



4.5 Over 2011/12 there has been a 9% increase in adult social care complaints which similar to the 12% increase in adult social care complaints received during the previous year.

4.6 Health complaints also increased, this time by 48%; Northumberland community health complaints increased from 8 to 17 (over 100%) and North Tyneside community health complaints from 13 to 14 (8%).

4.7 During 2010/11 Northumberland community health received an unusually small number of complaints. The number of complaints received during 2011/12 (17) is more in line with the earlier years, for example 2009/10 (25) than 2010/11 (8).

4.8 These increases of themselves do not describe an overall poorer quality of service. After careful analysis it is more likely to be a result of more collaborative work between the complaints team and the teams who provide the services. During 2011/12 the Complaints and Customer Relations Manager has supported managers across the different service areas develop a greater understanding of the complaints process. In turn this has resulted in better information provided to patients and service users about how to complain.

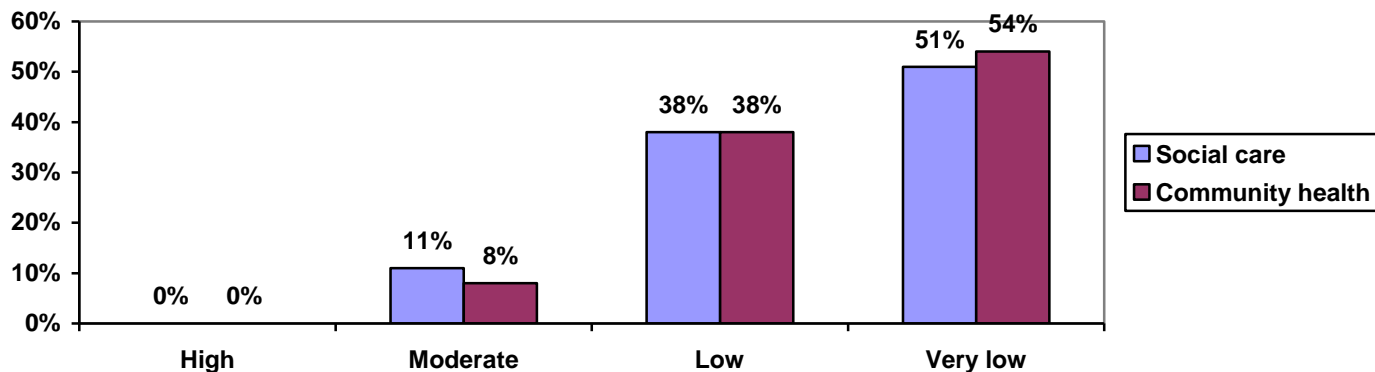
4.9 To put the numbers of complaints in context, in April 2012 care management had open 9,891 service users and had identified 4,106 carers; and community health services made over 770,000 patient contacts in Northumberland and over 470,000 patient contacts in North Tyneside during 2011/12.

4.10 It is important that people know how to and feel confident to express their dissatisfaction with our services. Customer feedback, good or bad, is powerful information which helps us determine whether we are doing a good job and informs any changes we need to make.

4.11 When a complaint is received the complaints team carry out a risk assessment. The Department of Health's complaints best practice guidance, "Listening, Responding, Improving" (February 2009) says, "By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken." The risk assessment process supports the need for a more proportionate response. That is, with a high risk complaint it is more important to understand what may have gone wrong and take remedial action more urgently; this usually requires a

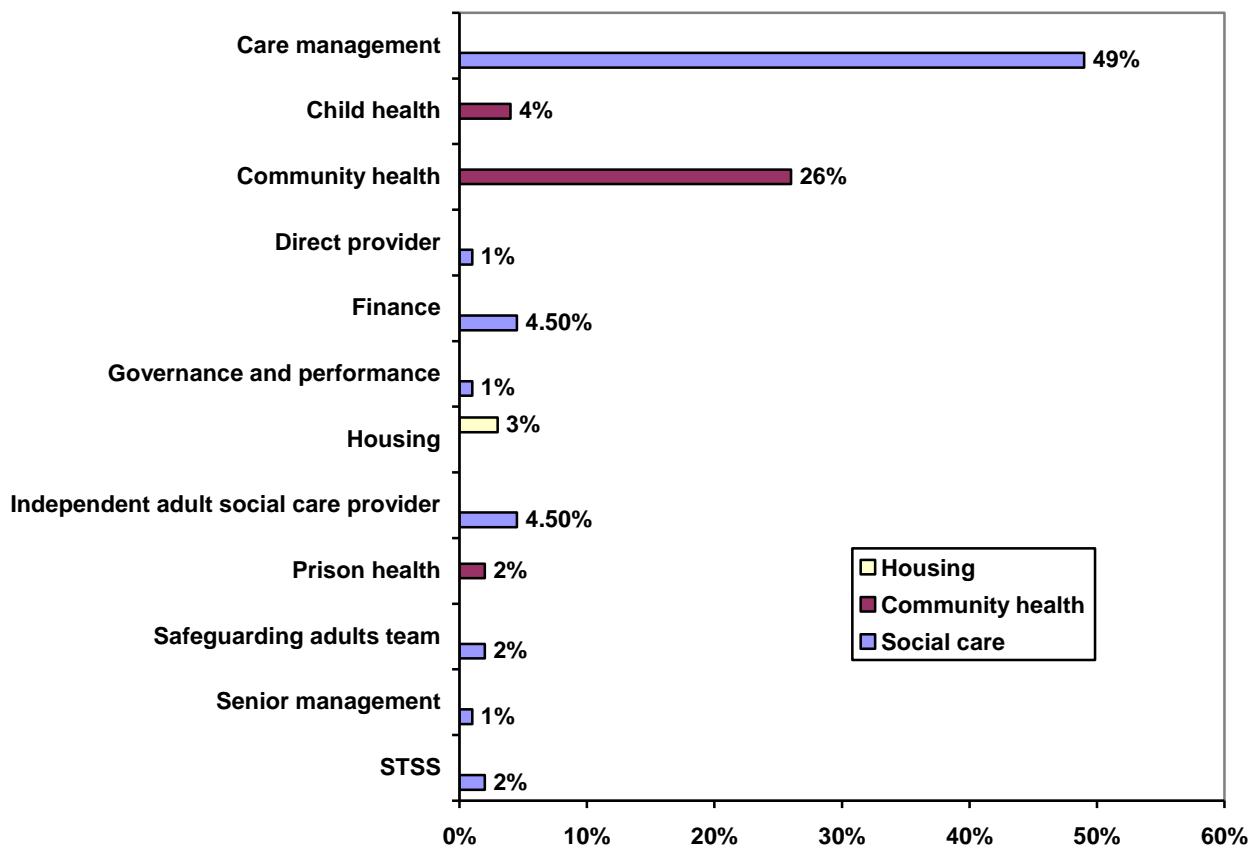
greater use of resources. Conversely, a low risk complaint may need less resources to resolve satisfactorily.

4.12 The chart below shows the social care and community health complaints responded to in 2011/12 by risk category:



4.13 Please note when complaints are responded to the risk category is reassessed. During 2011/12 some complaints were categorised as 'high' on receipt but were downgraded once the facts were established. Over 2011/12 some complaints were upgraded but none to the 'high' category. This change is made in light of the facts as established during the complaints resolution process.

4.14 The chart below shows the proportion of complaints received during 2011/12 by service areas:

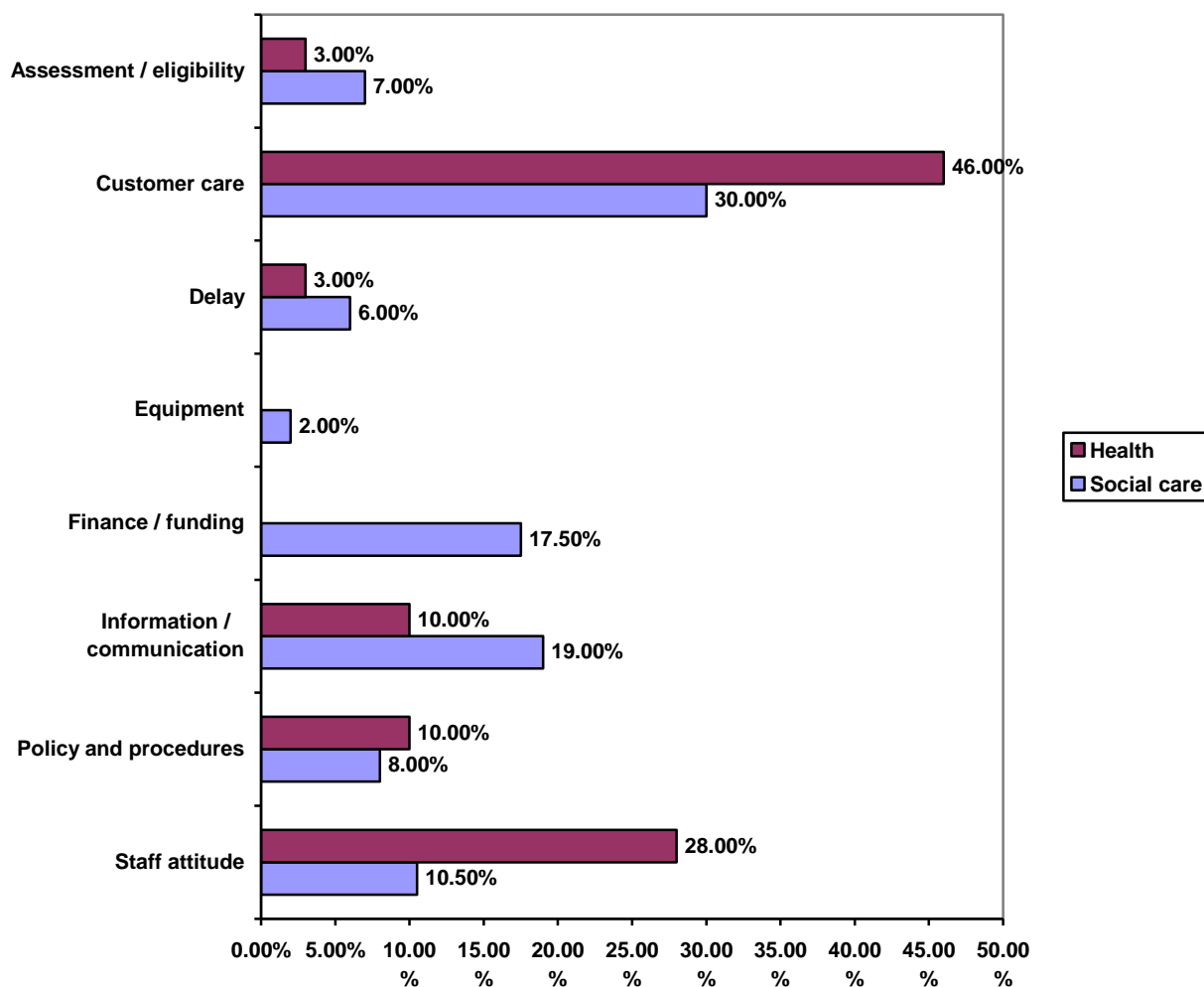


4.15 65% complaints received during 2011/12 related to social care, 31% to health services and 3% to housing.

4.16 In respect of care management, the largest recipient of complaints, 36% of their involved Long Term Teams, 23% Older Persons Mental Health Teams, 13% Intake Teams and 10% Learning Disability Teams; and the remaining percentage to other teams or functions.

4.17 In respect of community health the majority (over three quarters) of complaints related to district nursing.

4.18 The chart below outlines the broad issues that were raised or challenged during 2011/12:



4.19 Customer care issues include a person’s perception of their services. For example, privacy and dignity or the overall perceived quality of their care. Many of these kinds of issues are subjective but how someone experiences our services is an important piece of information that can still help us change and shape how we work.

4.20 From the chart above 74% of health complaints are about customer care or staff attitude; this is to be expected in the sense that health care is very ‘hands on’ and most people, if they are dissatisfied, will tend to either criticise the staff member or the quality of the care. Adult social care has

a more complex geography and, therefore, there is a more even spread across the broad issues under which we categorise complaints.

4.21 The adult social care customer care complaints all related to the quality of the service received; and the health customer care complaints all related to privacy and dignity issues.

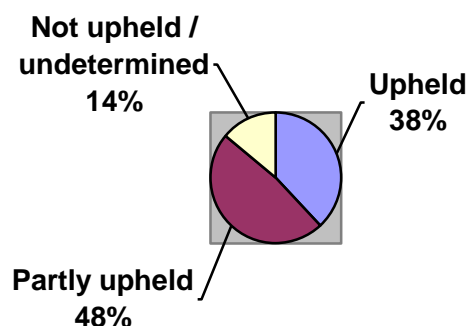
4.22 Please note a complainant may raise more than one issue in a complaint and the above chart notes only the primary issues. We cannot conclude that adult social care staff have a better manner than their health colleagues nor that they provide 'better' customer care.

4.23 As an organisation it is very important to consider how we communicate both as individual members of staff and as an organisation; that people understand how we work and what they can expect; and that our policies and procedures support the decision making process to give everyone positive outcomes, as far as practicable.

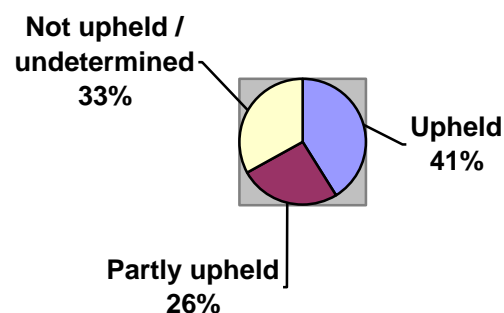
4.24 Certain common themes emerged over 2011/12 and have been addressed appropriately. Please see section 8 and the appendix.

4.25 The chart below show the proportion of social care and community health complaints upheld, partly upheld and not upheld in 2011/12 (the 2009 regulations refer to 'well founded'):

Health findings:

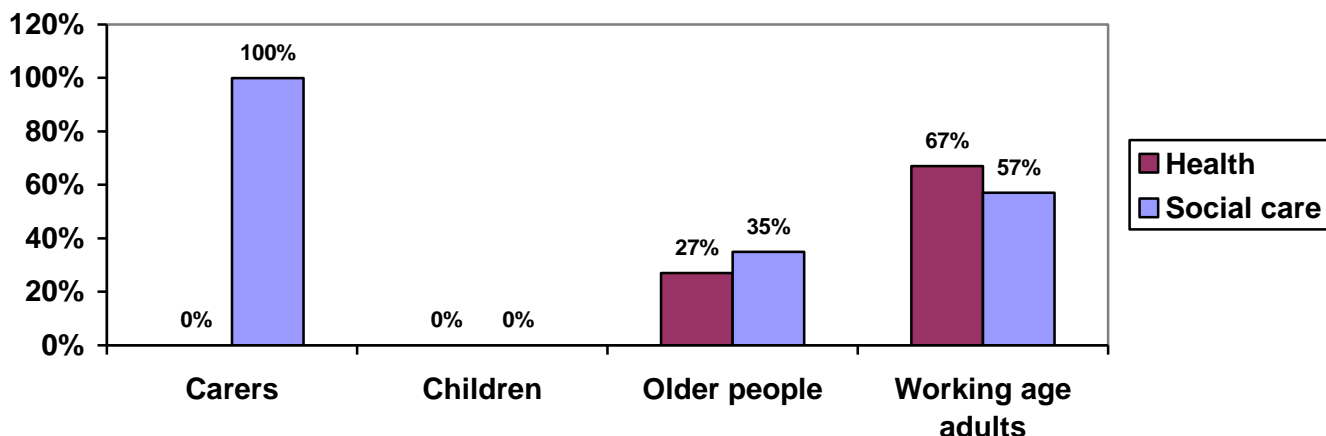


Adult social care findings:



4.26 The findings shows that of the complaints responded to in 2011/12 67% of adult social care complaints were partly or completely upheld; and 86% of health complaints were partly or completely upheld.

4.27 The chart below shows the proportion of patients and service users by age group ('older people' are aged over 65) who made a complaint in their own right rather than be represented by another:



4.28 Although a proportion of patients and service users lack the mental capacity to make a complaint in their own right this chart shows clearly that the majority of older people are represented by others, usually their immediate family, in the complaints process. The complaints made on behalf of children were made by their parents or carer.

4.29 NHS complainants have a right to advocacy and we signpost these people to Independent Complaints Advocacy Service (ICAS); adult social care advocacy is not a right and availability is more limited. Northumberland County Council is contracted with a specialist advocacy provider, Spiral Skills, who will represent people with learning disability or mental health problems as required.

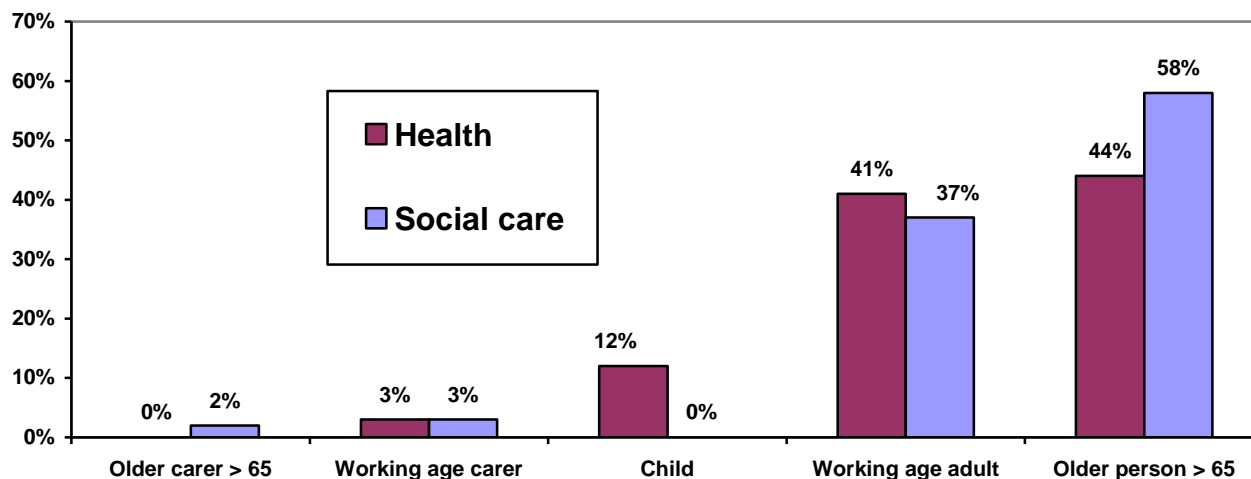
4.30 The uptake of NHS advocacy is very low, with only two complainants represented by ICAS during 2011/12. From April 2013 Northumberland's local Healthwatch will provide NHS advocacy.

4.31 The high proportion of family members making a complaint may relate their wish to take or accept responsibility to challenge what is perceived a poor service on behalf of a relative who is an older person. Similarly, it is often family members (40%) who make complaints on behalf of adult with a learning disability.

4.32 Complaints made by family members can be very emotionally challenging for all parties because the complainant often perceives that the service user or patient has suffered unnecessarily to some degree.

4.33 Each year we receive a number of complaints made on behalf of the deceased. Again these complaints can be very emotionally challenging for all parties.

4.34 The chart below shows the age category of the service user and patient; or carer or other affected person:



4.35 In respect of adult social care 65% of all service users are aged 65 and over and 27 % are aged over 85. Although nationally and particularly in Northumberland we have an aging population, in comparison 9% of Northumberland's population is aged over 75 and 18% aged over 60. This means in adult social care and complaints in particular we need to very aware of the issues that affect old age and the kinds of help and support that may be available.

5. Complaints looked into by the Local Government Ombudsman or the Parliamentary Health Service Ombudsman

- 5.1 The 2009 complaints regulations require organisations to take appropriate but proportionate steps to try to resolve matters. However, it is the right of all complainants to ask the relevant ombudsman to consider their complaint at any point if they remain dissatisfied. However, it is usual for the ombudsman to ask the complainant to exhaust local procedures before getting involved.**
- 5.2 The ombudsmen are:**
- **The Local Government Ombudsman (LGO) for adult social care complaints**
 - **The Parliamentary Health Service Ombudsman (PHSO) for health complaints**
- 5.3 Although every reasonable effort is made to resolve matters we direct the complainant to the relevant ombudsman should they remain dissatisfied in every final complaint response letter.**
- 5.4 In 2011/12 Northumberland Care Trust received four decisions from the Local Government Ombudsman.**
- 5.5 The table on the following pages summarises the complaints and the Local Government Ombudsman decisions received during 2011/12 (two further decisions were carried over into 2012/13):**

Summary of complaint	LGO final decision	Summary of LGO final decision
<p>In 2010 the complainant says the Council has delayed in offering her a Carers Assessment.</p> <p>She says the Council failed to give her timely advice about such an assessment.</p>	<p>Not to initiate an investigation</p>	<p>The Council accepts there was some delay in completing a Carers Assessment and apologised for the lack of support provided to her during the assessment process.</p> <p>The LGO view is the complainant has not suffered no significant injustice as a result of any delay in the completion of a Carers Assessment. The complainant's situation as a carer remains the same to date as it was at the point she requested a Carers Assessment from the Council.</p>
<p>The complainant says the Council failed to adhere to its safeguarding policy during 2009 when investigating her concerns about the care and treatment of her mother in a care home.</p>	<p>No further action taken</p>	<p>The Council's complaints investigation completed in 2010 revealed that there had been a catalogue of failings in the way in which the safeguarding investigation had been carried out. Many of those issues had been procedural, so that even though they might not have made a difference to the outcome of the investigation itself, the failure to adhere to the policy (and the multi-agency approach) resulted in the majority of the complaints being upheld. The Council subsequently apologised and has now put in place a number of actions to respond to their own complaints report's recommendations.</p> <p>There is nothing in the failings identified by the Council or in the evidence which suggests that those failings made a difference to the outcome here.</p>
<p>In 2011 the complainant says he has not been given an adequate explanation regarding a 2008 incident in which his mother had allegedly</p>	<p>Outside jurisdiction</p>	<p>A safeguarding investigation was conducted by the Council at the time and the Council says the complainant has been provided with information regarding that investigation. Given the elapsed time it is unlikely that an investigation by the Ombudsman would arrive at a different outcome.</p> <p>In this case it would not be reasonable for the Local Government</p>

<p>been assaulted at her care home. He believes that the home should have accepted liability; provided him with a full explanation; made an apology and provided some recompense for the discomfort he and his family suffered at the time.</p>		<p>Ombudsman to investigate the incident that happened in 2008; in their view the Council has provided a satisfactory way forward with this complaint. Specifically, the Council says it is willing to consider a complaint regarding the ongoing concerns (which we have now completed).</p>
<p>In 2011 the complainant was discharged from hospital after suffering a stroke and was placed in residential care on a temporary basis. She said her intention was to return home as soon as she was able to do so because she wanted to be with her adult daughter who remained at home. She complains that the Council is not allowing her to return home. She maintains that she still wants to return home and she feels that the Council is pressuring her to stay in residential care.</p>	<p>To discontinue investigation</p>	<p>The complainant made a capacitated decision to return home and live with her daughter. The Council supported her decision despite the known risks. There is evidence of the Council discussing alternative options with the complainant and her daughter such as re-housing.</p> <p>A short while later the complainant said her preference was to return to residential care.</p> <p>The evidence provided by the Council supports the view that it supported the complainant appropriately with her decision to return to residential accommodation. Since returning to residential care the complainant again said the decision was made under duress and she would like to return home to be with her daughter. The Council is responding to this request appropriately and its officers recently met with her to discuss her concerns.</p> <p>Despite changing her mind about where she wants to live it is fair to say that the Council has responded appropriately ... and there is no evidence of maladministration in this case. Further investigation would not arrive at a different conclusion.</p>

- 5.6 Broadly speaking these LGO decisions confirm that we have dealt with these complaints appropriately by working with the complainant to come to a satisfactory resolution, apologising where we have got things wrong and putting things right. The safeguarding complaint was made some time ago and the current set up has changed significantly.**
- 5.7 In respect of timescales the ombudsman can take some time to fully respond to the issues. Often this is because there is a dispute between the Ombudsman's investigator and the complainant and/or because the issues are complex.**

6. Compliments about Northumberland Care Trust services received in 2010/11

- 6.1 In 2011/12 the complaints team logged 364 compliments made by members of the public (usually people who use our services, their families and carers) about adult social care and community nursing staff.
- 6.2 Compliments are mainly about how helpful, kind and professional staff managed the health and care needs of the people who use our services. Staff are encouraged to acknowledge compliments especially when people have taken the time and trouble to write at what may have been very difficult moments of their lives, including end of life care.
- 6.3 Compliments are a way of confirming that by and large that people are satisfied with our services. In 2011/12 we received 3.4 compliments for each complaint.
- 6.4 The complaints team also received several very welcome compliments from other professionals and organisations about our staff; however, only compliments from members of the public are collected within the compliments statistics.
- 6.5 Adult social care compliments are up over one fifth on the previous 12 months; however, down in community health (from 292 to 152 in Northumberland). We consider this is a result of significant and ongoing organisational change within community health during 2011/12 and teams have not been consistently forwarding compliments to be logged; and also the transfer of reablement work from health to adult social care.
- 6.6 During 2012/13 we anticipate service user feedback should increase because we plan to relaunch compliments and complaints under the heading “Tell us what you think”.
- 6.7 The tables below shows the total number of compliments logged during 2011/12 split between social and health care services and by team:

ADULT SOCIAL CARE COMPLIMENTS 2011/12	TOTAL
Complaints team	2
Senior Managers	2
Care management (not identified)	2
Care management district offices admin	7
Care management intake teams	15
Care management learning disability	10

Care management long term teams	37
Care management older persons mental health teams	18
Person centred planning team	6
Self directed support team	5
Contracts and commissioning	1
Review team	2
Direct provider services before joining STSS	11
In-house learning disability day and residential services	15
In house older persons day and residential care services	6
Finance	3
Housing	1
Welfare Rights	6
Short Term Support Service since creation in July 2011	51
Total	200

COMMUNITY HEALTH COMPLIMENTS 2011/12	TOTAL
Child health	2
Community health services (not identified)	3
Cardiac rehab	1
Community Rehab Teams before joining STSS	19
District nursing	42
Health improvement teams including Stop Smoking Service and Get Active Northumberland	19
Health trainers	2
Heart failure service	1
Occupational therapy (hospital based)	10

Out of hours nursing	15
Palliative Care At Home, Macmillan Carers, Specialist Palliative Care	11
Podiatry	24
Health visiting	1
North Tyneside community health services	12
Nurse Assessors	2
Total	164

7. Enquires received in 2010-11

- 7.1 The Complaints Team also responded to a number of ‘enquiries’ from service users, carers, families and members of the public. In the course of 2011/12 149 enquiries were recorded, up 12% from 133 during 2010/11.
- 7.2 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the complaints team provides or arranges answers or explanations to resolve the issues raised.
- 7.3 Typically, enquiries managed by the complaints team are contacts from members of the public, including the people who use our services, who may wish to complain but we can deal with their concerns immediately; or from people who have a specific question about our services; or from people who are not sure who to contact or who believe we are the responsible body.
- 7.4 The table below notes the enquiries received by service area:

ADULT SOCIAL CARE ENQUIRIES 2011/12	TOTAL
Care management	15
Care management intake teams	2
Care management learning disability	3
Care management long term teams	6
Care management older persons mental health teams	7
Self directed support team	1
Review team	1
Direct provider services before joining STSS	1
In-house learning disability day and residential services	1
Joint Equipment and Loan Service	4
Finance	7
Housing	3
Short Term Support Service since creation in July 2011	7
Safeguarding Adults Team	2

Independent adult social care providers	17
Total	77

COMMUNITY HEALTH ENQUIRIES 2011/12	TOTAL
Child health	4
Community health services	8
District nursing	5
Health trainers	1
Podiatry	1
North Tyneside community health services	15
Nurse Assessors	1
Wheelchair Service	3
Total	38

OTHER ENQUIRIES 2011/12	TOTAL
Northumberland County Council Children's Services	3
Northumberland County Council Blue Badge Scheme	1
Emergency Duty Team	2
Northumbria Healthcare NHS Foundation Trust (acute)	11
GP	6
Prison health	2
Other organisations	9
Total	34

7.5 Of the 149 enquiries the complaints team redirected 34 (23%, down from 30% in 2010/11) to the correct organisation. That is, 77% of enquiries received related to our services.

7.6 Each enquiry can take anything from a matter of minutes to several hours to complete. Most enquiries are dealt with over one to two working days.

- 7.7 Some enquiries contain information that was handled under our multiagency safeguarding adults procedure, especially information relating to independent adult social care providers. In these cases we tell the enquirer that they should contact the complaints team after the safeguarding process is complete if they remain dissatisfied with the outcomes.**
- 7.8 Commissioning and provision of health and social care services has become increasingly dispersed over the years, therefore, it is to be expected that people an incomplete understanding of which organisations are responsible for what services.**
- 7.9 This suggests that we should continue to market our services as clearly as practicable to enable people to contact the right organisation first time.**

8. Learning from complaints: key themes

8.1 The thumbnail sketches of complaints during the year provide a detailed picture of the kinds of issue which they have brought to our attention. Many of the problems which people have reported are not new, and reflect failings of kinds which are always likely to occur from time to time in a large care organisation – but we take each one seriously, and take steps to address both the individual situation of the complainant and any wider issues about systems, training and guidance which are raised, as the table below describes.

Common Themes	Responses to upheld complaint
Delays e.g. to arranging a service, appointment or assessment	Set up service, appointment or assessment at the earliest practicable time and apologise. Issue addressed through individual or team supervision as appropriate.
Communication e.g. lack of response to phone calls	Apology given. Ensure individual and team as appropriate comply with existing communication policy. Individual supervision and training as appropriate.
Staff attitude e.g. failure to handle a difficult situation sensitively	Apology given. Issue addressed through individual or team supervision and training as appropriate.
Quality of service provision e.g. treatment which caused poor outcomes or homecare provision that was of poor quality	Apology given. Ongoing monitoring and review of service quality. Compensation if appropriate. Service review through contract team and/or operational management.
Processes – especially financial, and poorly understood assessment processes	Restitution/refund or waiving of charge if appropriate. Emphasis on explaining matters to the service user. Ongoing monitoring of effectiveness of processes.

8.2 Examples of significant issues arising during the year from specific complaints, raising issues about our systems and processes that we have taken steps to address, are:

- A failure to respond appropriately to a situation when a vulnerable older person did not answer the door when a home care worker

arrived for a planned visit. In response, we have strengthened checks that services visiting people in their own homes have clear arrangements for handling situations where they call and can get no reply

- A complaint revealed weaknesses in rostering arrangements for Council-employed home care workers in the new Short-Term Support Service, and a new system has been put in place to reduce the risks of missed visits
- Complaints about the experience of discharge home from hospital have led to ongoing work with hospital staff to improve this
- Complaints about unexpected charges for services have led to ongoing work to improve the consistency of the way we provide information about charging, and ensure that people understand the financial implications when they agree to take up services

8.3 Other complaints have offered opportunities to explore different ways to try and resolve things. For example:

- Imaginative use of health funding to allow the service user and his family more control over how the care is delivered
- Face to face meeting to address concerns about the quality of recording in care notes which resulted in an amicable agreement that met both the complainant's expectations and the independent provider's; the complaints team arranged and chaired the meeting
- Work is underway to improve collection times for equipment that is no longer needed
- Work is underway to reduce the time it takes to access the Disabled Facilities Grant (and therefore to have necessary adaptations started)
- Ongoing work with hospital staff to improve people's experiences of discharge home
- Ongoing work to improve how we provide information about charging to make sure people can make informed choices about accepting services

8.4 Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve things.

9. Development issues for complaints

- 9.1 There were a number of development issues within the previous annual complaints report (in blue).
- 9.2 Responding to new organisational form in relation to policy and function, especially closer working with the corporate complaints team in NHFT
- The Complaints and Customer Relations Manager attends the NHFT Concerns, Complaints & Claims Monitoring Group which reports to the NHFT Safety and Quality Committee which in turn reports to NHFT Board.
 - In partnership with NHFT we have developed a new compliments and complaints policy and procedure which was presented in March 2012.
- 9.3 A focus on customer experience and how we can encourage more feedback from service users, families and carers about our services
- We have attended a number of forums and service user groups to discuss how we can encourage more feedback; we have used the comments to inform how we will re-launch compliments and complaints after summer 2012.
- 9.4 A focus on lessons learned to ensure improvements are demonstrated Supporting the development of a new complaints policy and procedure for acute services, community health services and social care
- This work is now complete.
- 9.5 Promotional work with private, voluntary and independent social care providers to support complaints handling
- We have attended forums to discuss complaints process; we intend to follow this up later during 2012/13 with the offer of workshops in which we can share our experiences of complaint handling and best practice.
- 9.6 In respect of work for 2012/13 the following is planned:
- To continue work to make the complaints process more accessible and to make giving feedback simpler.
 - To continue to improve average complaint response times as practicable.

10. Conclusions

- 10.1 We continue to be guided by the aim of responding to complaints in an appropriate and proportionate manner, understanding the perspective of each person who makes a complaint and where possible aiming to resolve things at an early opportunity.**
- 10.2 We also continue to learn lessons, to make changes to improve things for individual service users and patients and their families, and to draw on what we learn to improve our services more generally.**
- 10.3 Over the coming year, 2012/13 we will implement the new policy which will afford us more structured ways of learning from complaints. We will also continue to invest resources in handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.**
- 10.4 We will also continue to support managers resolving complaints. We have plans for further training during 2012/13, in particular handling complaints proportionately and writing response letters.**
- 10.5 More broadly, we will be making links with a range of other significant developments which will provide service users and others with new ways to tell us what they think about current services and how services will develop, including:**
- The creation of the new Healthwatch arrangements, which will replace the current Local Involvement Network (LiNK), with an extended role in advocacy and support for people wanting to make complaints**
 - The continuing development of safeguarding arrangements for adults, which place an increasing emphasis on the need to learn from cumulative information which may point to a larger risk that vulnerable adults may be at risk of abuse or neglect**
 - New access arrangements, including the developing role of the single point of access for adult social care, and the pilot social care and health information points now operating in five Northumberland towns**
 - The continuing development of integrated health and social care services within the Council's partnership arrangements with Northumbria Healthcare**