

# Southend-on-Sea Borough Council

Report of Corporate Director for Corporate Services  
to  
Cabinet

On  
22<sup>nd</sup> September 2015

Report prepared by: Sue Goodwin, Performance Advisor  
Compliments and Complaints/ Tim MacGregor, Team  
Manager, Policy & Information Management/Charlotte  
McCulloch, Customer Service & Complaints Manager/  
Carolyn Williams, Children's Services Complaints Manager.

Agenda  
Item No.

## Annual Report – Comments, Compliments and Complaints

### All Scrutiny Committees

Executive Councillors: Councillor Woodley, Councillor Moyies, Councillor Jones

A Part 1 Public Agenda Item.

## 1. Purpose of Report

1.1 This report is to:

- Fulfil the Council's statutory duty to produce an annual report on compliments and complaints received about its Children and Adult social care functions.
- Provide performance information about comments, compliments and complaints received across the Council for 2014-15
- Contribute towards the Council's values to be open, honest and transparent.

## 2. Recommendation

2.1. To note the Council's performance in respect of compliments, comments and complaints for 2014-15 and to refer each separate report to the respective Scrutiny Committee.

## 3. Background

3.1. Legislation requires that statutory processes are in place to deal with complaints relating to children and adults social care, to advertise that process and produce annual reports.

3.2. As the statutory process requires the Children and Adults' Social Care reports to be shared with the Care Quality Commission and the Department of Health this necessitates three separate reports for the Council, including a separate report on the Council's corporate comments, complaints and compliments process.

- 3.3. Details of performance are contained in the respective reports under **Appendix A** – Compliments, Concerns and Complaints – Adult Social Care Services.  
**Appendix B** – Compliments and Complaints – Children’s Social Care Services.  
**Appendix C** - Corporate Comments, Complaints and Compliments.

- 3.4. The table below sets out a comparison of the total number of complaints received for the previous three years by Department. As can be seen, the figures reflect the trend of a slight upward trend of the number of complaints

Department	2012/2013	2013/2014	2014/2015
Corporate Services	74	44	43
Department for People (including statutory)	218	227	246
Department for Place	233	375	376
<b>Grand Total</b>	<b>525</b>	<b>646</b>	<b>665</b>

being received by the Council.

This trend reflects the nationwide picture as outlined in the Local Government Ombudsman’s ‘Annual Review of Local Government Complaints’ (2014/15) which suggests ‘that many councils are dealing with increasing numbers of complaints...’. Reasons cited for the increasing number of complaints include the impact of declining resources on council services and growing willingness of the public to make complaints.

- 3.5. Comments and compliments are also received, with the numbers shown below.

Department	2012/2013	2013/2014	2014/2015
Corporate Services	1653	1694	1326
Department for People (including statutory)	477	521	474
Place	219	288	222
<b>Grand Total</b>	<b>2349</b>	<b>2503</b>	<b>2022</b>

## 4. Lessons Learnt and Service Improvements

- 4.1 Whilst responding to feedback in a timely manner it is important for Council services to reflect on lessons learnt and improving outcomes. This is recognised by the Local Government Ombudsman’s principles of good complaints handling

of being customer focused, putting things right and seeking continuous improvement.

Examples of service improvements undertaken throughout the year as a result of customer feedback include:

- Updates to the website were made in relation to car parking charges.
- A new policy is being developed to help make dealing with abandoned vehicles easier.
- Additional rolls of pink sacks were provided to residents for a period in response to demand.
- The new recycling, waste and street cleansing contract, starting in October, will enable the direct reporting of service failures/requests, to refuse vehicles, enabling a swifter response.
- A new category has been created on the Lagan customer service system to record where food cadies have not been replaced properly.
- A new template letter was introduced for Hospital Social Work Teams to give to adults before discharge to make clear what service will be provided and if that service is chargeable.
- Attendance by the Complaints Manager at external social care providers quarterly review meetings enables issues and trends to be highlighted and monitored.
- Guidance has been written and given to service providers to give advice on how to handle complaints including suggested template letters.

Further examples are contained in App A (Appendix 8), Appendix B (paragraph 12) and Appendix C (para 4.7).

## **5. Future developments**

- 5.1 In May 2015 the government announced that it intends to introduce a Public Services Ombudsman Bill to set up a Public Services Ombudsman in England which will absorb the functions of the Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and potentially the Housing Ombudsman. This is intended to provide better value for money, reflect increasing cross sector working and provide a more joined up service with simpler access for the public.
- 5.3 The National Audit Office has recommended that local authorities review their own complaints and complaints handling as a matter of course, and learn from best practice elsewhere.

## **6. Corporate Implications**

- 6.1 Contribution to Council's Vision & Corporate Priorities

Customer feedback and complaints management is directly relevant to the Council's corporate priorities to deliver strong, relevant and targeted services that meet the needs of our community. This remains important in the coming years as budget constraints continue to impact on service delivery.

## 6.2 Financial Implications

The commissioning of independent people to deal with children's stage two statutory complaints incurs additional cost. The decrease in stage 2 complaints this year has reduced the costs of investigations. The use of mediation and early intervention within all the processes is used in an effort to restrict the number of complaints escalating, limiting the amount of officer time spent on complaints as well as improving the outcome for the complainant.

A limited number of compensation payments to customers to acknowledge the time and trouble that they have expended have been made this year.

## 6.3 Legal Implications

To ensure compliance with the statutory process.

## 6.4 People and Property Implications

People and property implications are considered through the Council's normal business management processes.

## 6.5 Consultation

The Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004 confer a duty on local authorities to provide information about advocacy services and offer help to obtain an advocate to a child or young person wishing to make a complaint. The Authority has a contract with the National Youth Advocacy Service. All children and young people wishing to make a complaint in 2013-14 were offered the services of an advocate.

## 6.6 Equalities and Diversity Implications

All three processes are receiving feedback from customers from Southend communities including minority groups. Similarly, alternative approaches to facilitate complaint resolution are offered including advocacy and meetings.

Corporate equalities considerations continue to be part of the process.

## 6.7 Risk Assessment

Processes are reviewed periodically and reduce any risk which could adversely affect the Council's reputation in the community and reduce public trust/satisfaction. Whilst an anticipated increase in complaints did materialise after 2013, notably in respect of services delivered corporately, the number recorded is still significantly less than the 1100 reported for 2009 at the beginning of the revised process.

## 6.8 Value for Money

Early resolution of complaints, together with learning lessons from the process, contribute to service improvements and getting things right first time.

#### 6.9 Community Safety and Environmental Impact Implications

The process is implemented to ensure both community safety and effects on the environment are fully considered.

#### 7. Background Papers

None

#### 8. Appendices

**Appendix A** - Compliments, Concerns and Complaints – Adult Social Care Services.

**Appendix B** - Compliments and complaints – Children’s Social Care.

**Appendix C** - Corporate comments, complaints and compliments.

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# Southend-on-Sea Borough Council

Report of Corporate Director for People  
to  
**Cabinet**  
on  
**22<sup>nd</sup> September 2015**

Report prepared by: Charlotte McCulloch

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**Compliments Concerns & Complaints received throughout 2014-15  
for Adult Social Care Services  
People Scrutiny Committee  
– Executive Councillor: Councillor James Moyies  
*A Part 1 Public Agenda Item***

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## **1. Purpose of Report**

- 1.1 To discharge the local authority's statutory duty to produce an annual report on compliments concerns and complaints received about its adults' social care function throughout the year.
- 1.2 To provide statistical and performance information about compliments concerns and complaints received throughout 2014/2015.

## **2. Recommendation**

- 2.1 That the Department's performance during 2014/2015, and comparison to the previous three years be noted.
- 2.2 That the report be referred to the People Scrutiny Committee for detailed examination.

## **3. Background**

- 3.1 This is the sixth Annual Report following the changes to the legislation governing the statutory complaints process for adult social care services. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force on 1 April 2009 and created a single process for health and social care services. With the increase in integrated services, the single process makes it easier for patients and service users to make complaints and allows them to make their complaint to any of the organisations involved in their care. One of the organisations will take the lead and co-ordinate a single response.

- 3.2 Strong working relationships have been established with complaints colleagues within the Health organisations in the area. This, together with a joint protocol agreed by the Essex Complaints Network, has made it easier for people making complaints that span Health and social care services. In 2014/2015 there were 4 joint complaints.
- 3.3 The new process is based on the principles of the Department of Health's *Making Experiences Count* and on the Ombudsman's principles of good complaints handling:
- Getting it right
  - Being customer focused
  - Being open and accountable
  - Acting fairly and proportionately
  - Putting things right
  - Seeking continuous improvement.
- 3.4 There is a single local resolution stage that allows a more flexible, customer focused approach to suit each individual complainant. At the outset, a plan of action is agreed with the complainant to address their complaint. Amendments to the plan can be agreed at any stage of the process.
- 3.5 The regulations do not specify timescales for resolution and a date for response is agreed and included in each plan. Response times are measured against the agreed dates in the plans.
- 3.6 When the local authority believes that it has exhausted all efforts to achieve a local resolution, and the customer remains dissatisfied, the next step is referral to the Local Government Ombudsman.

#### 4 Compliments; concerns and comments received in 2014/2015

- 4.1 Compliments are a very important feedback and motivational tool and members of staff are encouraged to report all compliments they receive to the Customer Services Manager for recording. All compliments are reported to the Group Manager of the Service to pass on their thanks to the staff member and the team. This practice has been well received by staff. Data gathered from compliments are used to inform commissioning decisions of the authority.
- 4.2 Adult and Community Services received 407 compliments about its social care services in 2014/2015.

*Table to show the number of compliments received in 2014/2015 and comparison with previous three years*

Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13- Mar 14	Apr 14 – Mar 15
Number	Number	Number	Number
232	429	470	407

- 4.3 The current regulations require the local authority to record concerns and comments as well as complaints. Some people wish to provide feedback to help improve services but they do not wish to make a complaint, and this process facilitates that.
- 4.4 Adult and Community Services received 16 concerns about its social care services in 2014/2015. Of these, 10 were regarding commissioned homecare services, 1 regarding commissioned residential care services and 5 were about internal services provided directly by Southend Council.
- 4.5 All concerns and comments are considered to identify areas for improvement and responses are made where appropriate or requested.

## 5 Complaints received in 2014/2015

- 5.1 Adult and Community Services received 166 complaints about its social care services in 2014/2015. 56 of which were about internal services provided directly by Southend Council, 1 regarding Southend Council owned Residential Care and 109 were about services supplied through externally commissioned providers (domiciliary care & residential care)

*Table to show the total number of complaints received during 2014/2015 and comparison with previous three years*

Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15
Number	Number	Number	Number
107	111	136	166

This represents an overall increase of 22% in the number of complaints received during the previous year.

The main increase in complaints has been seen within commissioned Home Care service, with an increase from 65 in 2013/14 to 101 in 2014/15 an increase of 55%. The main reason for complaints within this sector is due to late or missed calls which accounts for 58 of the complaints. Our Contracts Team and Complaints Manager continue to work with the home care providers to address this issue and effect improvements around complaints handling. However the increasing number of service users, and the difficulty recruiting good quality care staff continues to prove a challenge to the Home Care providers and their rostering.

A reduction has been seen in complaints about internal services where the number of complaints has decreased from 65 last year to 56 this year, a decrease of 13%.

The Hospital Social Work Team has received 22 complaints in 2014/15 this is an increase from 12 complaints in 2013/14. There have been a number of complaints about unclear financial information being provided by the Hospital Social Work Team. Although many of these complaints were not upheld it has

been identified that there was an issue with Service Users and their families not understanding the financial information that was provided. It was also identified that some social workers were not recording the conversations that they had with Service Users. In order to address this a new form has been devised that allows the social workers to clearly indicate which financial agreement is in place for each individual, this then requires a signature from the Service User or their family to confirm that they have been made aware and understand the financial implications.

- 5.2 Appendix 2 shows complaints by internal and commissioned services. Appendix 3 shows the number of complaints received about internal services by team. Appendix 4 shows the number of complaints by service user group. The majority of complaints (149) were received about services to older people. This is the largest service user group and the 149 complaints represent 4.5% of the number of older people who receive services from the department.
- 5.3 Of the 166 complaints, 109 (65%) refer to services commissioned from external providers. 101 of these were about home care services, and although this figure accounts for 60% of the total complaints, it represents only 2.3% of the number of service users receiving support throughout the year.
- 5.4 Southend Borough Council commissions South Essex Partnership Foundation Trust (SEPT) to provide its mental health and substance misuse services and SEPT received 8 complaints from Southend clients. 6 were partially upheld, 1 was resolved locally and 1 was not investigated due to content issues. These were dealt with by SEPT and are not included in the figures in the table in section 5.1 above.
- 5.5 Under the current regulations, any complaints received verbally and resolved to the complainant's satisfaction within 24 hours do not have to be recorded as complaints. During 2014/2015, 2 such complaints were received.

## 6. Complaints subject to independent investigation

- 6.1 An independent investigation is an option for reaching a local resolution but it is not an automatic progression. Action taken to address a complaint will be discussed with the complainant at the outset and the primary aim is to find a resolution but action must be proportionate.
- 6.2 There were no independent investigations in 2014/2015. An independent investigation can be costly and if staff can resolve complaints satisfactorily without them, this represents a saving.

*Table to show the number of complaints subject to independent investigation, and as a percentage of the total number complaints during 2014/2015, and comparison with the previous three years.*

Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15
Number	Number	Number	Number
0 (<1%)	0 (0%)	0 (0%)	0 (0%)

6.2 Other ways used to resolve complaints include:

- Written response/explanation
- Acknowledgment if there has been a failure
- Apology
- Change to service
- Mediation/conciliation
- Meeting
- Internal review
- Redress

## **7 Complaints referred to the Local Government Ombudsman**

7.1 There were 6 social care complaints considered by the Local Government Ombudsman in 2014/2015.

7.2 One complaint was referred to the LGO, where they made the decision not to investigate and referred the complainant back to SBC for local resolution.

7.3 Two complaints were referred to the LGO and following investigations, no fault was found of SBC, therefore no remedy was required.

7.4 One complaint was referred to the LGO and following an investigation, did find fault with SBC with regards to its administration however as there was no injustice to the complainant therefore no remedy was requested.

7.5 Two complaints were referred to the LGO and following an investigation were upheld.

- 1) The complainant felt that SBC failed to provide information about respite charges. Upon investigation, it was found whilst information was provided verbally to the Adult and their family, the LGO ruled that this should have been followed up in writing. SBC have now implemented a letter that is given to Adults upon discharge from hospital to ensure they are fully aware of any chargeable service.
- 2) The complainant felt that SBC did not offer enough support to him as a carer and our failure to pass on information to the police led to them forcing entry into his property and damaging his front door. Upon investigation it was found that SBC had not completed the necessary carers assessment and agreed to complete these retrospectively and make the necessary payments. In respect of the damage to the door, the LGO ruled that we should have made the police aware of the further information however they were unable to rule that the police would have made a different decision had the information provided, therefore SBC were not requested to reimburse the complainant.

## **8 Response times**

8.1 Adherence to response times is measured by compliance with the agreed dates set out in the individual complaints plans.

- 8.2 109 complaints were responded to within the timescales agreed. This represents 66% of responses made and is reduction on last year's 73%. We recognise the importance of trying to achieve a speedy resolution to complaints and generally aim to resolve complaints within 10 working days. However depending on the complexity of the complaint raised, agreement is made with complainants on an acceptable timescale for a response.
- 8.3 Of the 57 not responded to within the agreed timescale, 38 were attributed to our contracted care providers. Our Contracts Team and Complaints Manager continue to work with the home care providers to address this issue and effect improvements around complaints handling. A target has been introduced and their performance will be discussed with each provider at their quarterly contract review meetings.
- 8.4 Compliance with response times is shown at [Appendix 2](#)

## 9 Types of issues raised

- 9.1 The bar chart at [Appendix 5](#) shows all the issues split between internal and commissioned services.
- 9.2 Overall, the top 5 issues were:
- I. Late Calls
  - II. Missed calls
  - III. Quality of Service provided
  - IV. Communication / Consultation
  - V. Conduct behaviour of staff

## 10 Outcome status of complaints (upheld; partially upheld; not upheld)

- 10.1 The 166 complaints, refers to 225 issues which were reported and responded to, 115 were upheld; 19 were partially upheld; 72 were not upheld, 17 we were unable to reach a finding and 2 were withdrawn or not progressed.

Overall the number of complaints upheld or partially upheld has slightly increased from 57% in 2013/14 to 59% in 2014/15.

- 10.2 Tables at Appendix 7 show outcomes of the main issues in internal, homecare and residential complaints. There has been an increase in complaints upheld or partially upheld regarding missed and late home care calls from 23 in 2013/14 to 56 in 2014/15. There has been a challenge by many providers to recruit good quality care staff and this has reflected in the number of complaints received. However the department's Contract's Team continue to regularly review the performance of the providers and gain information from complaints to enable them to monitor trends and ensure improvements are seen.

## 11. Monitoring & Reporting

11.1 Statistical data regarding complaints about our commissioned home care providers are provided quarterly to inform the Contract Monitoring Meetings.

11.2 The Complaints Governance Panel is to meet quarterly to review the complaints for the previous quarter with the aim to indentifying areas for service improvements and to inform further planning and commissioning. The panel is chaired by the Head of Adult Services and includes managers from the contracts team; strategy and planning, residential and day services, operational services and complaints service.

## 12 Learning from Complaints

12.1 The Council continues to use complaints as a learning tool to improve services and to plan for the future. Local authorities are being asked to show what has changed as a result of complaints and other feedback that it receives.

12.2 Improvements have been categorised under the following headings:

- Improved process
- Increased awareness of improved outcomes for Adults
- Increased staff awareness/training
- Improved conduct of staff
- Improved performance of provider

Examples of improvements made as a result of complaints are shown in [Appendix 8](#).

## 13. Corporate Implications

13.1 Resource Implications (Finance, People, Property).

If resolutions are not found at an early stage and there are undue delays, compensation may have to be paid to acknowledge the time and trouble that the complainant has expended.

In some cases, the initial input in terms of staff time to find a resolution through a meeting/conciliation may be quite intensive but where the complainant has an ongoing relationship with the service, it can save resources in the long term.

13.2 Contribution to Council's Vision & Critical Priorities

A robust and responsive complaint handling process adds to the public's confidence and satisfaction with the way they are dealt with by the local authority when they have concerns to raise.

Effective complaints handling and a well advertised procedure contributes to the corporate priorities:

- Work with and listen to our communities and partners to achieve better outcomes for all
- Look after and safeguard our children and vulnerable adults

### 13.3 Equalities and Diversity Implications

The gender of all complainants was noted and 102 were female and 64 were male. 40 complaints (24%) were made by the person receiving the service and the remaining 76% were made by another person, usually a relative, on behalf of the service user. Leaflets on how to make a complaint or compliment are left with the service user when they are assessed. It is recognised that some relatives do not live locally and there is information on the Council's website about how to give feedback and the facility to send it electronically.

### 13.4 Value for Money

Some complaints may have elements where improvements may be made to ensure value for money.

### 13.5 Community Safety Implications

Some complaints may have elements where improvements may be made to ensure community safety.

## 14. Background Papers

Complaints papers are kept by the Customer Services & Complaints Manager. Data about individual compliments concerns comments and complaints are held electronically.

## 15. Appendices

Appendix 1	Examples of complimentary comments received regarding Internal teams
Appendix 2	Number of complaints by internal and commissioned services (residential & homecare) Compliance with response times
Appendix 3	Internal service complaints by team
Appendix 4	Commissioned and internal service complaints by service user group
Appendix 5	Issues raised in complaints
Appendix 6	Issues outcomes split between internal and commissioned services
Appendix 7	Outcome status of the top issues split between internal; homecare and residential care complaints
Appendix 8	Examples of learning/service improvements

## Appendix 1

### Compliments received 2014 - 2015

Some examples from the 470 compliments received about Southend Council's Internal Services :-

*I would like to say thank you for all that you have done for Mum and Dad. Your kindness and care really did make a difference to all of our lives at a time when everything seemed so hopeless. Without your support the outcome would have been very different.*

~

*The team throughout all of my auntie's care have been excellent. Each and every Rehab Assistant was professional, thorough, caring and at all times worked to a very high standard. They are a credit to the organisation.*

~

*While carers completing mobility, they gave me time and were very patient. Excellent service – no two ways about it. All the carers have been polite /caring and kept me calm*

~

*All very cheerful and kind; always happy and very helpful. I couldn't have recovered without them and very understanding; made me feel 100% better.*

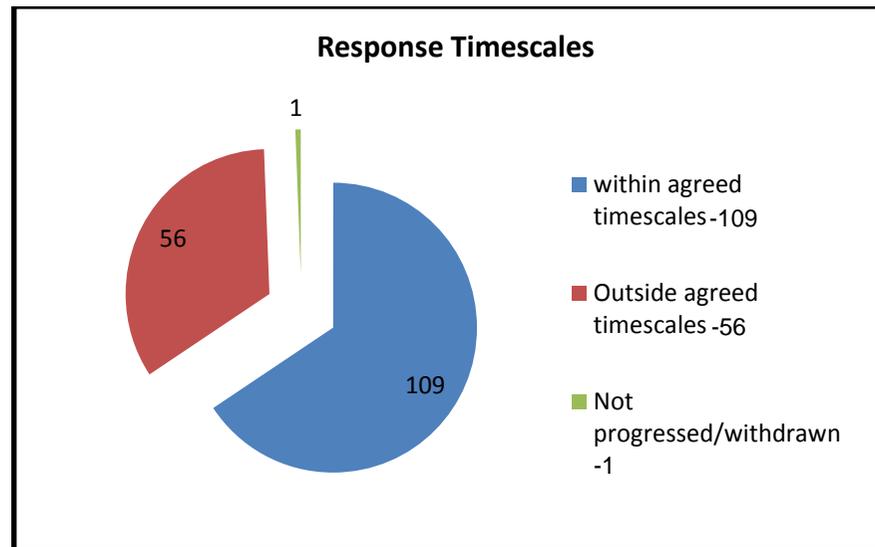
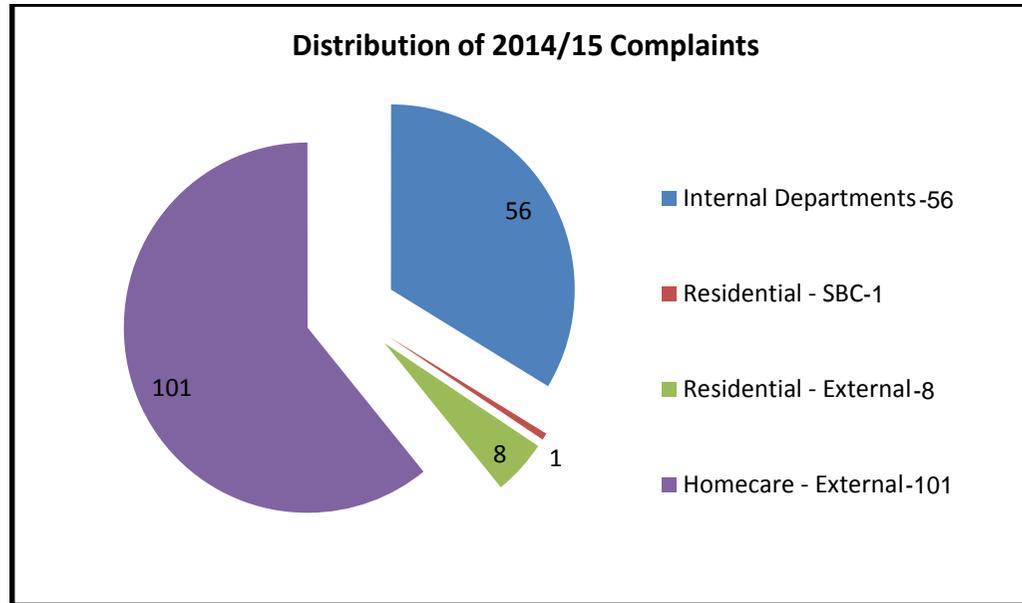
~

*I always felt safe and knew the staff were clear with regard to infection control. If I had to change my visits the staff always accommodated this. All the staff were all very nice, friendly and helpful. I do feel more independent now, but I have good and bad days.*

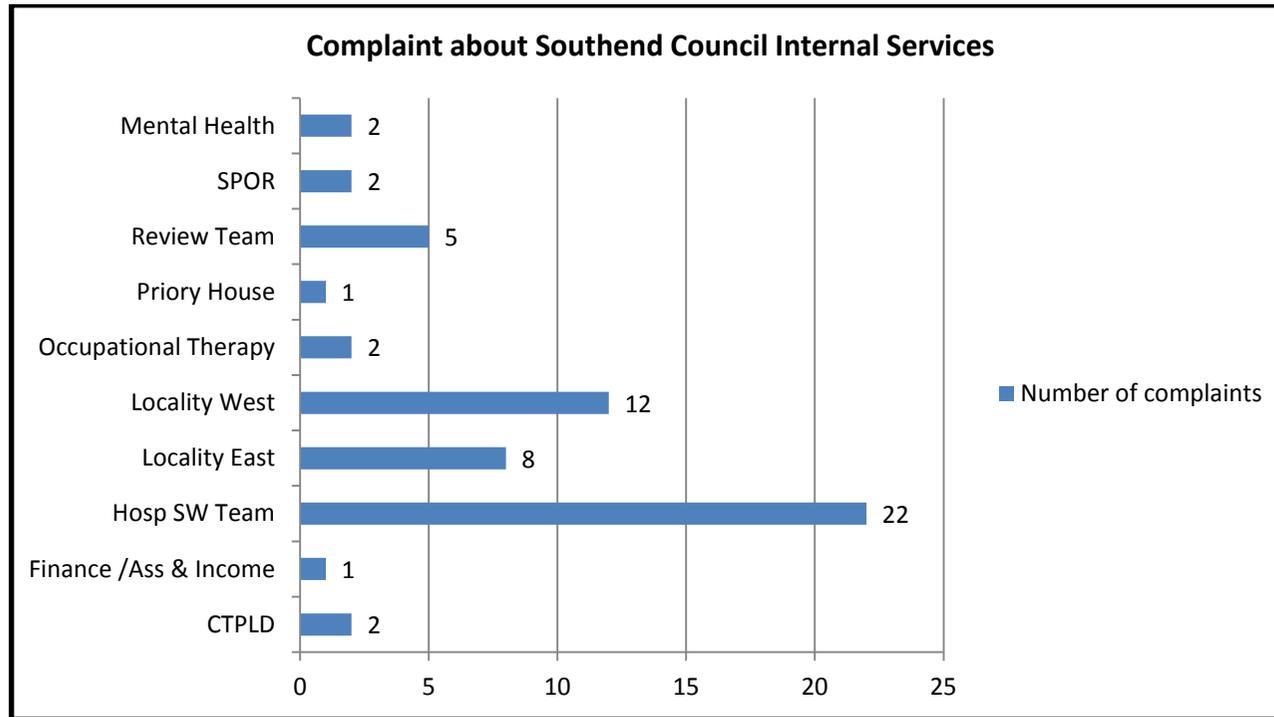
~

*More than my expectations; service gave me back my independence. All staff was very nice – can't speak highly enough. I can now dress myself and now equipment has been put in place to assist all transfers.*

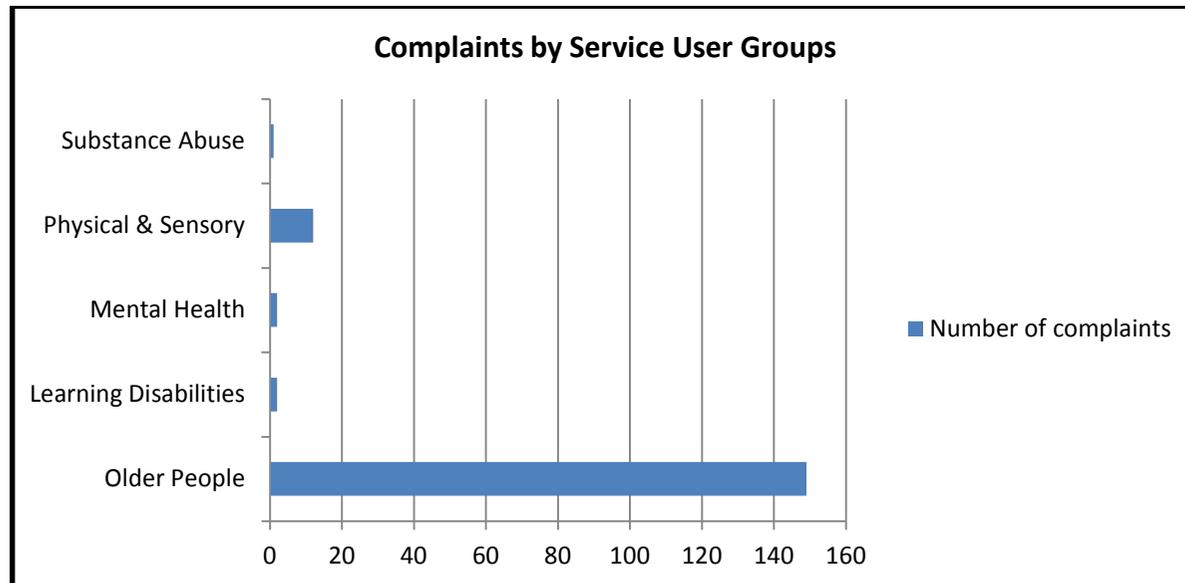
## Appendix 2



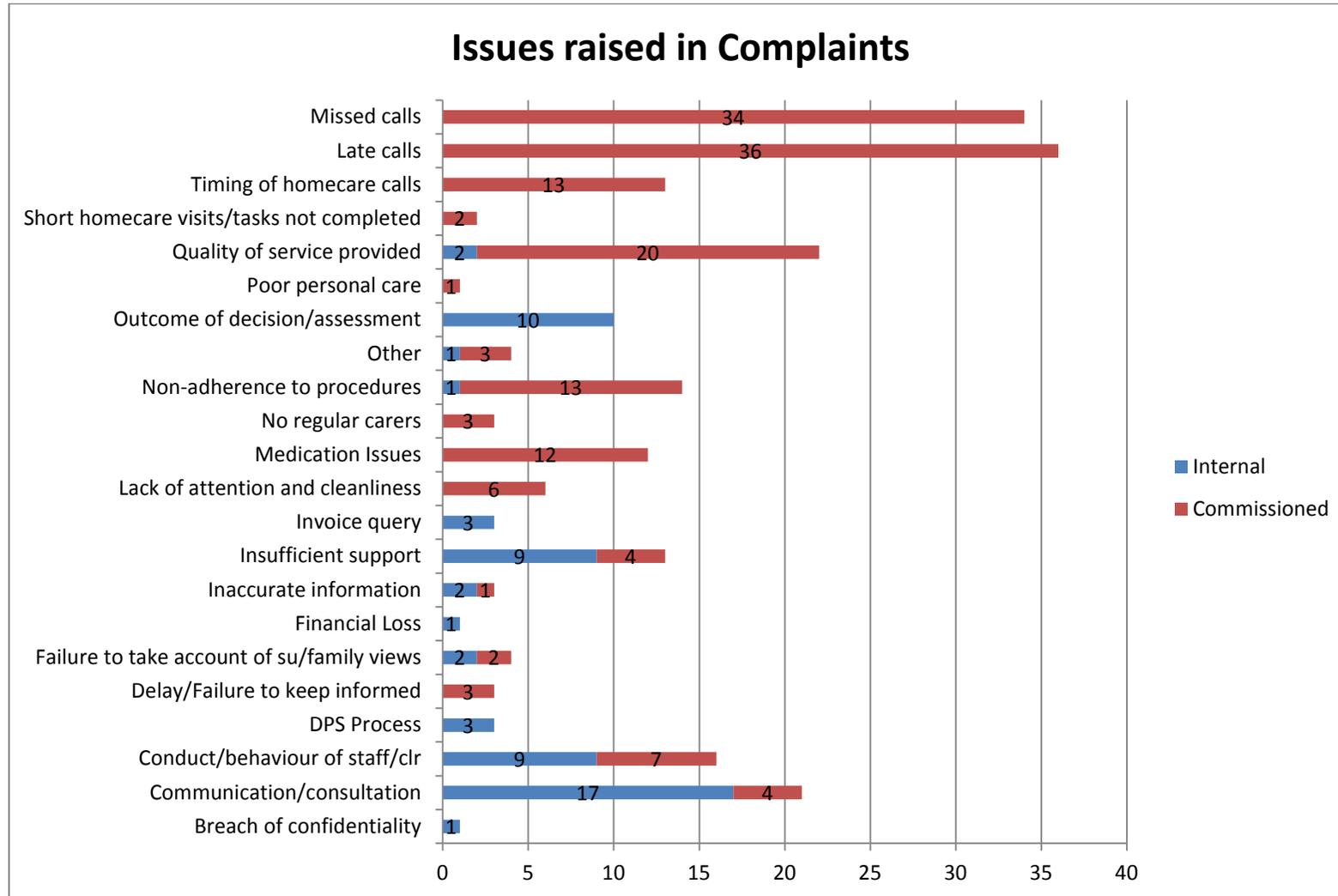
### Appendix 3



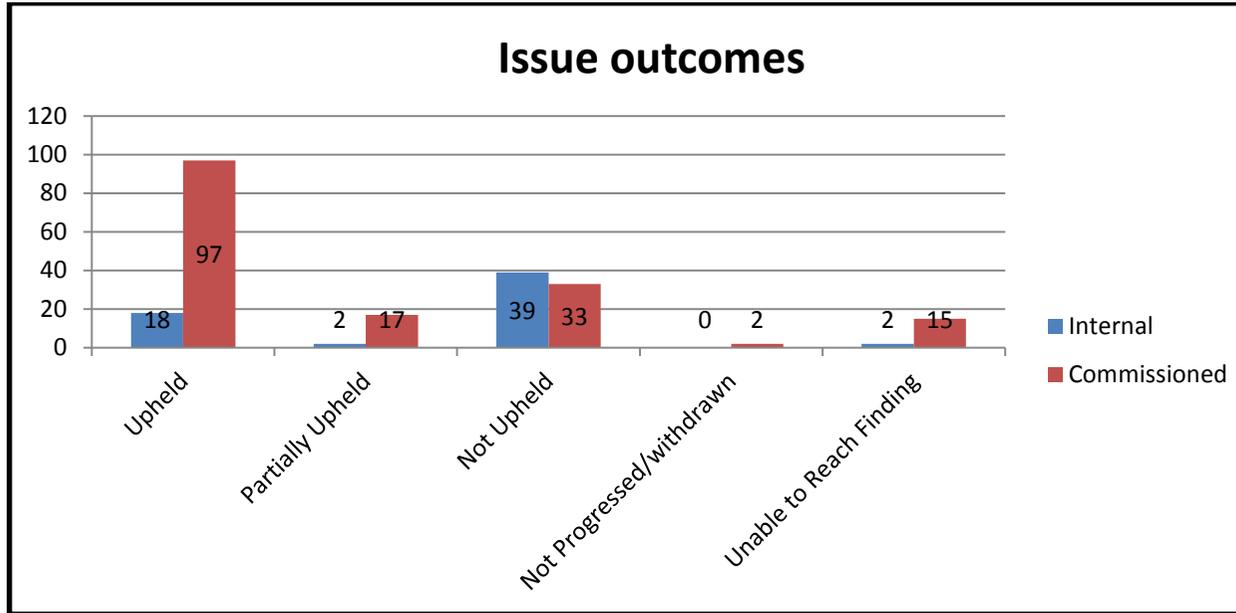
## Appendix 4



## Appendix 5



## Appendix 6



## Appendix 7

<b>SBC Internally provided Services (inc SBC Residential Homes)</b>	Upheld	Partially Upheld	Not Upheld	Unable to reach finding
Communication/consultation	6		10	1
Outcome of decision/assessment	1		9	
Conduct/behaviour of staff	3		6	
Insufficient Support	2		7	

<b>Commissioned Homecare Service</b>	Upheld	Partially Upheld	Not Upheld	Unable to reach finding
Late calls	25	6	3	
Missed calls	23	2	5	4
Timing of homecare calls	9	2	2	
Quality of Service Provided	10	1	4	3
Non-adherence to procedure	9	1	1	2

<b>Commissioned Residential Services</b>	Upheld	Partially Upheld	Not Upheld	Unable to reach finding
Medication Issues		1	1	2
Quality of Service			2	
Lack of attention & cleanliness			2	

## Appendix 8

Issue	Improvements
<p>Confusion by Adults around the service to be provided following discharge from hospital. Particularly around the request for reablement and there is no capacity within that service</p>	<ul style="list-style-type: none"> <li>• New template letter introduced for Hospital Social Work Teams to give to Adults prior to discharge to make it clear what service will be provided and if that service will be chargeable</li> <li>• Social Workers reminded in Team meetings to ensure they document and electronically log conversations with Adults and their families.</li> </ul>
<p>Information regarding charges for respite care unclear and debt accruing due to non completion of Financial Assessment Form</p>	<ul style="list-style-type: none"> <li>• Process put in place to send a full cost invoice after 3 months if the Financial Assessment Form has not been completed.</li> <li>• All social workers reminded in Team Meetings the importance of advising Adults and their families of the costs of care and ensuring that conversations are documented on Care First</li> </ul>
<p>The quality of Complaint responses by providers and response times.</p>	<ul style="list-style-type: none"> <li>• Attendance by the Complaints Manager at external providers quarterly review meetings to highlight issues and monitor trends</li> <li>• Guidance written and given to providers which provides advice on how to handle complaints and suggested template letters</li> <li>• More focus by the Contracts Team to raise the awareness of Care providers in supporting Adults to achieve outcomes that have a positive impact on their wellbeing. Examples are now discussed as part of the Quarterly review meetings.</li> </ul>
<p>Complaints about the quality of domiciliary care provided.</p>	<ul style="list-style-type: none"> <li>• Quarterly meetings are held with commissioned home care providers to identify and address complaints.</li> <li>• Complaint statistics on individual home care providers are now collated and scrutinised, this will provide an opportunity to identify trends and challenge the performance of individual providers.</li> </ul>

# Southend-on-Sea Borough Council

Report of Corporate Director for People  
to

**CMT/ Cabinet**

on

**22nd September 2015**

Report prepared by: Carolyn Williams – Complaints Manager

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**Compliments and Complaints relating to Children's Social Care Services  
People Scrutiny Committee - Executive Councillor Anne Jones  
A Part 1 Public Agenda Item**

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## **1 Purpose of Report**

- 1.1 To fulfil the local authority's statutory duty to produce an annual report on compliments and complaints received about its children's social care function throughout the year.
- 1.2 To provide statistical and performance information about compliments and complaints received from April 2014 to March 2015 at all three stages of the statutory process.

## **2 Recommendation**

- 2.1 **That the Department's performance during 2014/2015 be noted.**

## **3 Summary**

- **36% increase in the number of compliments in 2014/15 compared to the previous year**
  - **61% increase in the number of Stage 1 complaints**
  - **93% of Stage 1 complaints responded to within 20 working days**
- 3.1 The number of statutory complaints has increased this year in comparison to 2013/14.
  - 3.2 The number of stage 1 complaints responded to within 20 working days was 93% compared to 100% in 2013/14 and 90% in 2012-13.
  - 3.3 4 complaints escalated to stage 2 in 2014/15, an increase from 2 in 2013/14.
  - 3.4 6 complainants approached the Local Government Ombudsman in 2014/15. However 4 of these complaints were premature and were

referred back to the Department. The remaining 2 complaints were investigated by the LGO but were not upheld.

- 3.5 60 compliments were received in 2014/15, a percentage increase of 36% compared with last year.

#### **4 Background**

4.1 The statutory process has three stages. Stage 1 affords an opportunity to try to find a local resolution usually at team manager level. At stage 2, the Department commissions an independent investigation of the complaint and the response is made by the Head of Service. At the third stage, the complaint is referred to an Independent Review Panel of three independent panel members with one member acting as Chair. At each stage, a more senior officer responds on behalf of the Department, with the Corporate Director responding at the final stage.

4.2 Some complainants welcome an independent investigation of their concerns; for others, the process can seem unwieldy. The regulations encourage consideration of alternative dispute resolutions where appropriate and with the Complainant's agreement. The Complaints Manager encourages and supports Team Managers to resolve complaints at the earliest stage.

4.3 If complainants remain dissatisfied at the end of the three stages, they may refer their complaint to the Local Government Ombudsman.

#### **5 Compliments received in 2014/2015**

5.1 The Department recorded 60 compliments about Children's Social Care in 2014/15 compared with 44 in 2013/14. This is a percentage increase of 36% compared to last year.

Compliments were about staff helping service users to learn new ways of coping with their situation, providing useful information, giving practical advice, offering a flexible service, giving encouragement and support and showing warmth, understanding and patience.

The table below shows the number of compliments received in 2014/15 in comparison with previous years.

Apr 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15
17	12	25	41	44	60

#### **6 Number of complaints received in 2014/2015**

##### **6.1 Stage 1**

6.1.1 The Department received 61 statutory complaints directly at stage 1 in 2014/15 compared with 38 in 2013/14. This represents an increase of 61%. Complaints are always welcomed and viewed as a way to improve

practice and Managers are informed of any emerging trends in complaints.

6.1.2 93.3% of complaints were resolved at Stage 1 in comparison with 92.7% the previous year. This is a small increase on the number of Complainants that have been satisfied with their Stage 1 response.

6.1.3 The table below shows the number of Stage 1 complaints received in 2014/15 in comparison with previous years.

Apr 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15
110	55	58	60	38	61

## 6.2 **Stage 2**

6.2.1 A total of 4 complaints reached Stage 2 of the complaints process in 2014/15, an increase from 2013/14 when 2 complaints were escalated to Stage 2.

## 6.3 **Stage 3**

6.3.1 No complainants requested to pursue their complaint to Stage 3 this is a reduction from 1 in 2013/14.

## 7 **Complaints by category**

7.1 Complaints were categorised by the main issues raised.

The 3 categories with the highest percentage of complaints were:

- Staff conduct 26.2%
- Quality of service 24.6%
- Policy or procedure 14.8%

However, after thorough investigation of complaints at stage 1, 79% of complaints were not upheld in comparison to 76.3% in 2013/14 and 81.66% in 2012/13.

7.2 Complaints about Social workers/staff have risen to 26.2% compared to 7.9% in 2013/14. Complaints about a service not being provided remain low at 6.6% compared to 5.3% in 2013/14.

It is apparent that many Complainants still believe that it is the Social Worker alone who makes decisions regarding child protection procedures and agreed actions. More work needs to be done to ensure that Service Users and their families understand the role of the Social Worker. There is a need for Social Workers to be more conscious of ensuring that explanations about difficult decisions are given in the context of wider policies when discussing and meeting with Service Users.

7.3 Complaints in the category of quality of service and communication have reduced this year in comparison to 2013/14. The Complaints Manager has worked closely with social work teams to highlight good practice and provide early identification of emerging trends. Social workers have been reminded of their responsibilities when returning calls and responding to correspondence from Service Users.

7.4 There were 0 complaints about Foster Care in 2014/15 this is a decrease from 3 complaints in 2013/14. All children in foster care have access to independent advocates so that their concerns can be heard and acted upon.

Numbers of complaints in each category are shown in Appendix 3.

7.6 The table below shows the percentage of complaints in each category in 2014-2015 in comparison with the previous year.

<b>Category</b>	<b>2012-13 % of total</b>	<b>2013-14 % of total</b>	<b>2014-15 % of total</b>
1. Staff conduct / employee behaviour	21.67	7.9	26.2
2. Providing a service	13.33	5.3	6.6
3. Quality of service	30	34.2	24.6
4. Communication	13.33	31.6	13.1
5. Incorrect information given	6.67	10.5	0
6. Council decision making	1.67	5.3	11.5
7. Policy or procedure	13.33	5.3	14.8
8. Other	0	0	3.3
	100%	100%	100%

## **8 Response times and the Department's performance**

### **8.1 Stage 1**

8.1.1 Stage 1 statutory response times:

10 working days, with a further 10 days for more complex complaints or additional time if an advocate is required.

8.1.2 The appointment of a full time Complaints Manager in 2012 has significantly reduced the response times to Stage 1 complaints. Although the complexity of complaints has continued to increase, the response times have remained relatively stable. In 2014/15, 73.7% of Stage 1 complaints were responded to within 10 working days compared to 71% in 2013/14, 80% in 2012/13 and 13.8% in 2011/12.

8.1.3 The percentage of stage 1 complaints responded to within the statutory timescale of 0–20 working days in 2014/15 was 93.4% compared with 100% in 2013/14, 90% in 2012/13 and 53.5% in the previous year.

8.1.4 The table below shows response times for stage 1 complaints received in 2014/15 compared with 2013/2014 and 2012/2013

Response Performance	2011/12 % of total	2012/13 % of total	2013/14 % of total	2014-15 % of total
Within 10 working days	13.8	80.00	71.00	73.7
10 – 20 days	39.7	10.00	29.00	19.7
Over 20 days	60.3	10.00	0	6.6
Withdrawn	0	0	0	0

## 8.2 Stage 2

### 8.2.1 Stage 2 statutory response times:

A stage 2 complaint should be investigated and responded to within 25 working days, with a maximum extension to 65 working days.

Four complaints were pursued to Stage 2 in 2014/15.

This year we were unable to complete any of the Stage 2 investigations within 65 working days. The investigations were allocated to a very experienced Investigating Officer who unfortunately became extremely ill and was unable to keep to the usual timescales. All of the Complainants were kept informed of the reason for the delay and the investigations were completed as soon as the Investigating Officer was again available.

All stage 2 complaint investigations were completed within 65 working days in 2013/14.

Stage 2 complaints are subject to independent investigations involving interviews with the complainant and relevant members of staff, and the submission of a report to be responded to by the Head of Service.

Complaints at this stage are likely to involve an independent investigating officer, an independent person and an advocate.

The Stage 2 process starts as soon as a complainant decides to pursue their complaint to stage 2.

### 8.2.2 The table below shows response times for Stage 2 complaints received in 2014/15 compared with 2013/2014 and 2012/2013

Response Performance	2012/13 % of total	2013/14 % of total	2014/15 % of total
Within 25 days	0	0	0
Between 25 and 65 days	100	100	0
After 65 days or outstanding	0	0	4 all now completed

## 8.3 Stage 3

### 8.3.1 Stage 3 statutory response times:

The recommendations from a Stage 3 Review Panel should be responded to within 15 working days of the date of the meeting.

- 8.3.2 No complaints were escalated to stage 3 during 2014/15 this is in comparison to 1 complaint in 2013/14.

## **9 Outcome status of complaints at stage 2 and 3**

There are often several points in a complaint and these are addressed separately in a single response. The complaint may be upheld; not upheld; partially upheld, or inconclusive/no finding. The outcome status of the issues addressed within complaints in 2014/2015 is shown in Appendix 1.

## **10 Local Government Ombudsman**

- 10.1 6 complaints were referred to the Ombudsman in 2014/15. 4 of these were premature and were referred back to the Department. The remaining 2 complaints were not upheld.

## **11 Developments in the complaints process**

- 11.1 Senior Managers receive regular reports from the Complaints Manager which serve to highlight trends. There is also a facility available for managers to print Covalent reports at any time therefore ensuring that information is immediately available.
- 11.2 The Complaints Manager now reports to DMT on Learning from Complaints and provides Departmental Action Plans devised from complaint outcomes and adjudications. This serves to improve operational practice and ensures that policies and procedures are updated in line with recommendations.
- 11.3 The Complaints Manager has delivered training to Children's Social Care Staff to explain the complaints process and the role that the teams play in resolving complaints at the earliest possible stage.
- 11.4 The Complaints Manager offers ongoing support and advice to Team Managers on how to appropriately respond to complaints.

## **12 Areas for improvement / Learning from Complaints**

- 12.1 A number of complaints have arisen this year about communication when members of social work staff are unexpectedly off sick from work. Complainants have reported that they have found it difficult to obtain updates from other workers and that they have not known who to contact whilst their worker is absent.

In order to address this, Team Managers have been instructed to develop robust systems within their teams to ensure that, if a worker is unavailable due to sickness for more than one week, their work is picked up by a colleague and families are advised who their point of contact is whilst their allocated worker is absent.

- 12.2 As a result of one complaint this year it was agreed that the Staying Put Policy would be re-drafted to include new Government guidance and to ensure that elements of the policy could not be misinterpreted.
- 12.3 Complaints about the quality of service reflect the high expectations that Service Users continue to have on the service that is provided. Sometimes these expectations are unrealistic in that they do not fall into the remit of the social work teams. Further information is being developed by Team Managers for Service Users, it is anticipated that this will provide Service Users with a greater understanding of the role that Children's Services fulfils and the support that can be provided.
- 12.4 Work has continued this year on improving knowledge and understanding of the complaints process amongst staff this has involved the Complaints Manager in taking part in the Feedback Day and delivering training during Team Meetings.

All Social Workers and Team Managers have been reminded that all complaints should be brought to the Complaints Manager's attention as soon as possible to ensure that appropriate responses are provided within the statutory timescales.

### **13 Corporate Implications**

- 13.1 Contribution to Council's Vision & Corporate Priorities.  
Complaints management is relevant to the Council's corporate priority of continuing to improve the outcomes for vulnerable children.

#### 13.2 Financial Implications

The commissioning of independent people to investigate Stage 2 complaints incurs additional cost. The Department seeks to provide efficient resolution to complaints at the earliest stage possible, as well as securing value for money from Investigating Officers. Costs are met from the existing base budget.

#### 13.3 Legal Implications –

The complaints process complies with statutory requirements.

#### 13.4 People Implications

None.

#### 13.5 Property Implications

None.

#### 13.6 Consultation

The Advocacy Services and Representations procedure (Children) (Amendment) Regulations 2004 confer a duty on local authorities to

provide information about advocacy services and offer help to obtain an advocate to a child or young person wishing to make a complaint. The Authority has a contract with the National Youth Advocacy Service.

The Complaints Manager meets regularly with a representative of the National Youth Advocacy Service to discuss ongoing complaints and to foster a good working relationship.

In 2014/15 14.8% of complaints were made by young people in comparison with 7.95% in 2013/14. All children and young people wishing to make a complaint in 2014/15 were offered the services of an advocate.

## 13.7 Equalities and Diversity Implications

### 13.7.1 Customer Groups

Customer groups making complaints included parents, carers, advocates, family members and young person's themselves. The numbers of complainants by customer group is shown in Appendix 2.

### 13.7.2 Gender

The high percentage of females making complaints reflects the nature of the service that the primary parent dealing with children's care issues is generally the mother.

In recent years the proportion of males making complaints has risen, however this year there has been a reduction in the number of males making complaints. Last year 39.5% of complaints were made by males this year that figure has dropped to 19.7%.

The gender of complainants is shown in Appendix 3.

### 13.7.3 Ethnicity

A chart showing how complainants described their ethnicity is shown in Appendix 3.

## 13.8 Value for Money

The complaint process continues to be implemented by 1fte post. By reducing the use of Investigating Officers money saved can be reinvested in new complaints literature.

Improving systems in relation to managing compliments and complaints is a factor in a trend toward improving value for money and improving operational practice from lessons learned.

## 13.9 Community Safety Implications

None

13.10 Environmental Impact

None

14 Background papers

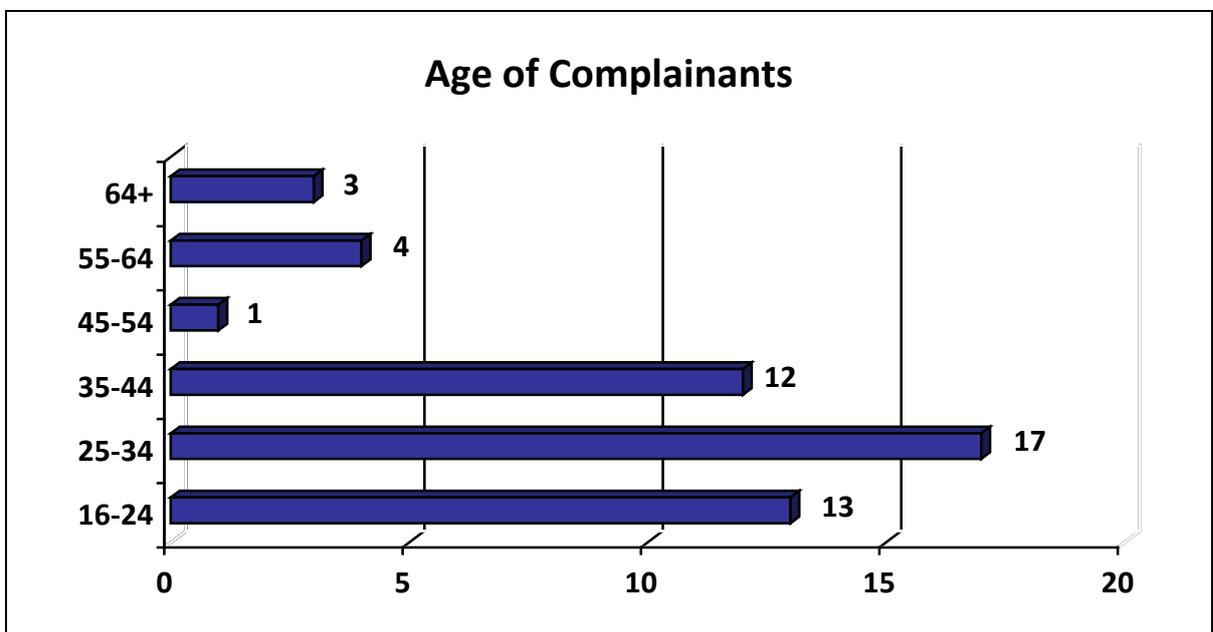
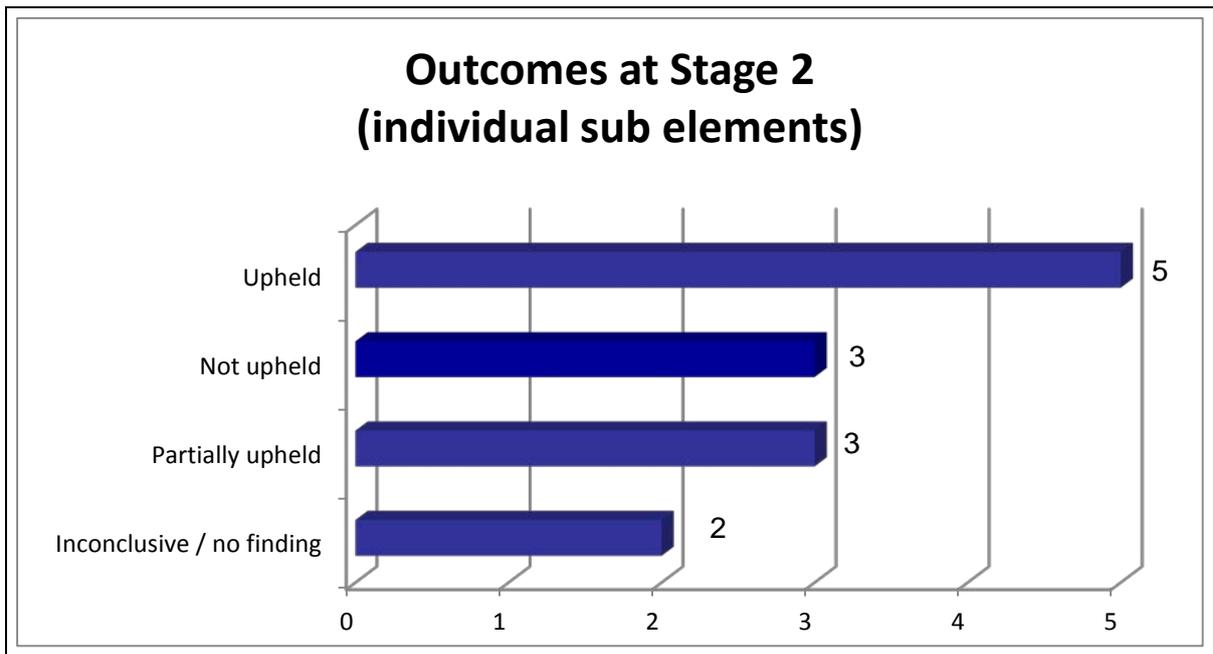
None

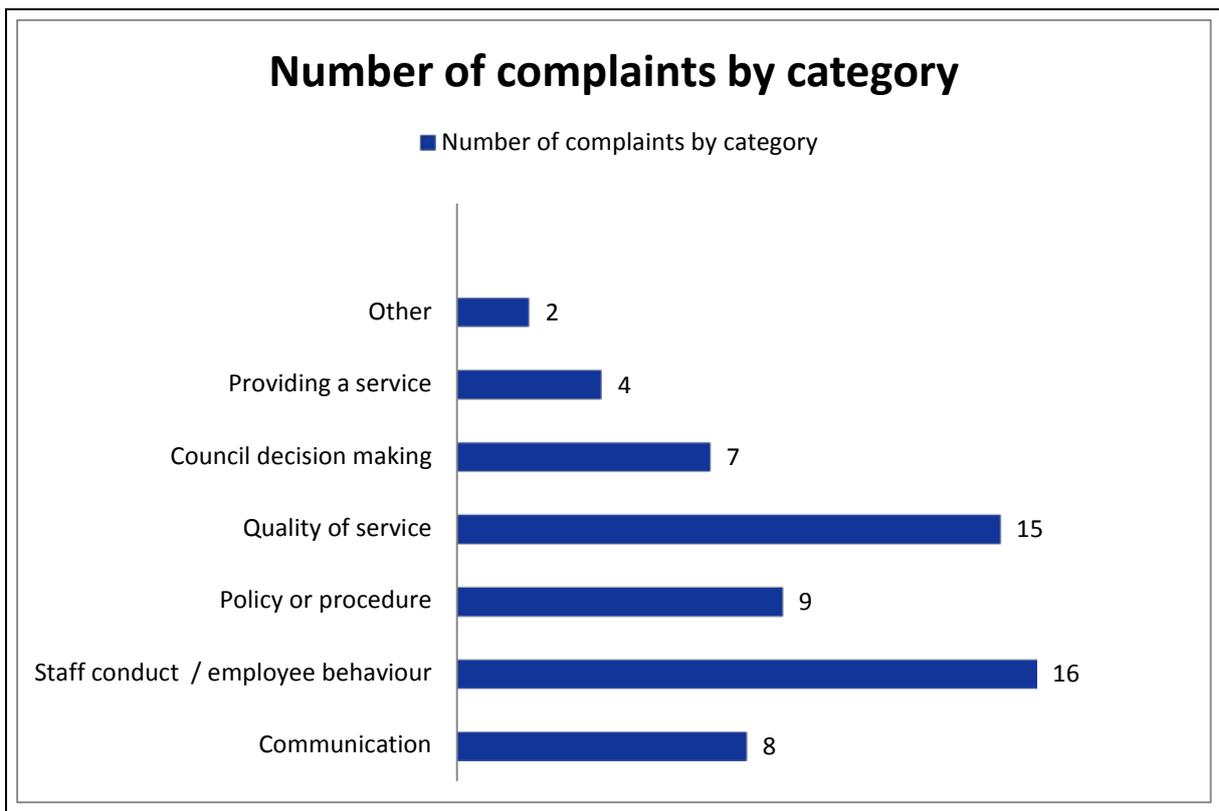
**15 Appendices**

15.1 Appendix 1: Outcome status of complaints  
Age of Complainants

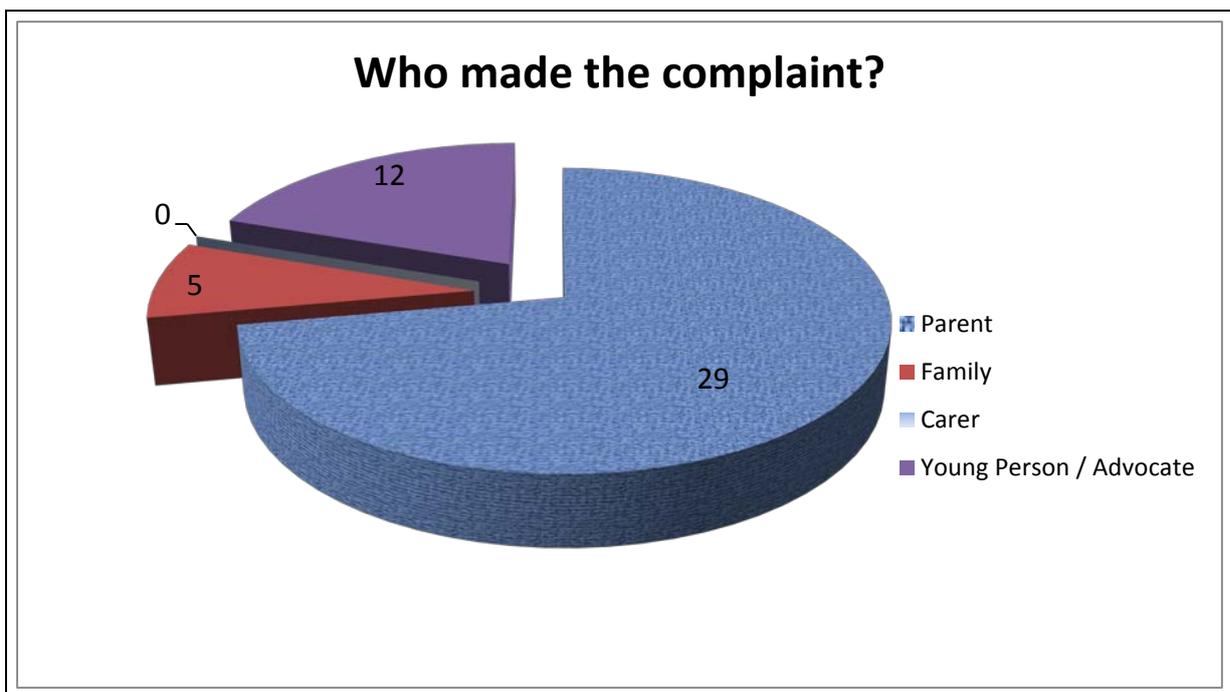
15.2 Appendix 2: Number of complaints by category  
Complaints by customer group

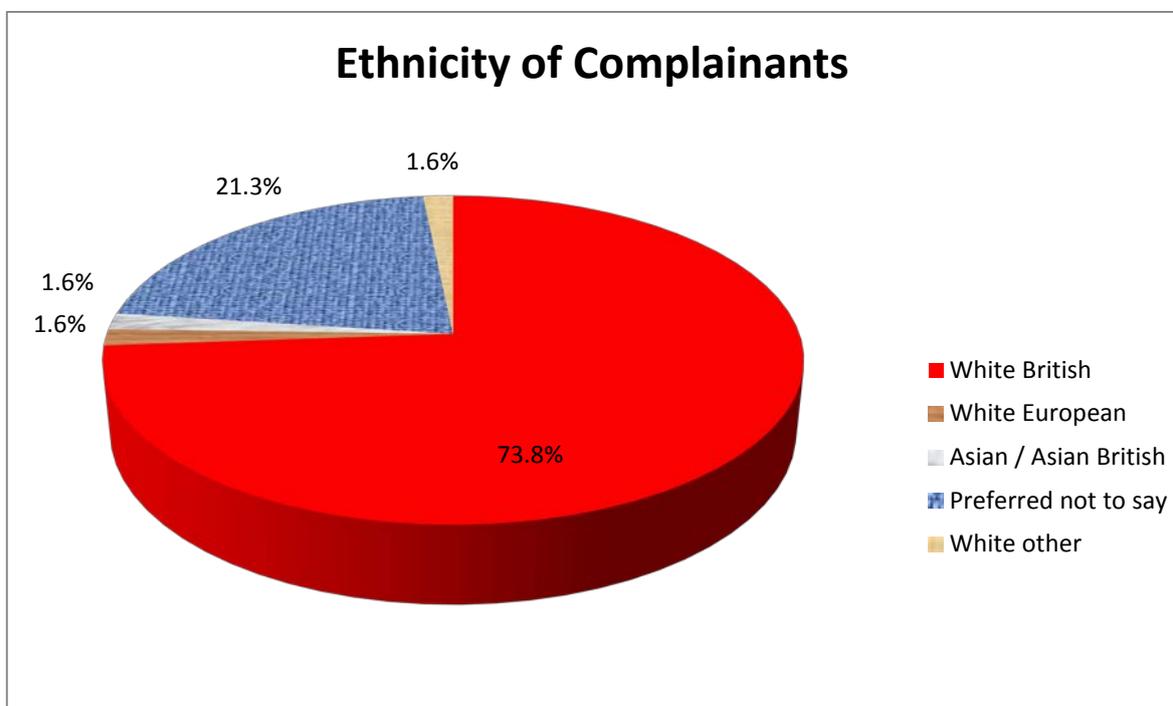
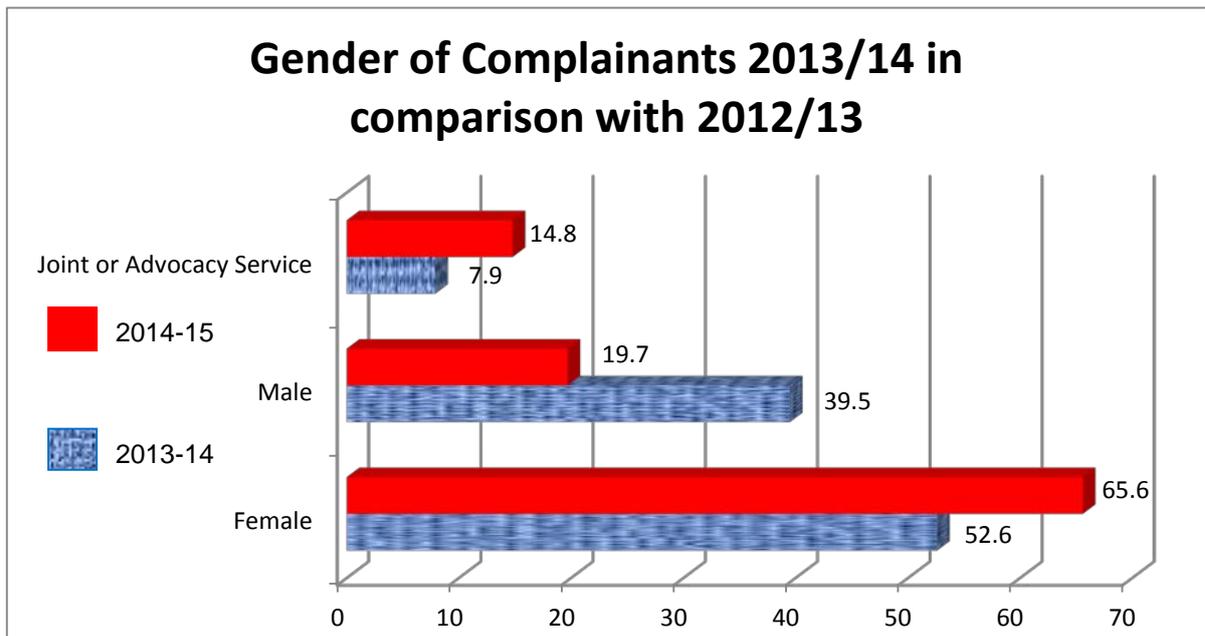
15.3 Appendix 3: Gender of complainants  
Ethnicity of complainants





All complaints about social workers and staff are investigated by their line manager, discussed in supervision by management and any necessary action taken.





# Southend-on-Sea Borough Council

Report of Corporate Director for Corporate Services

to  
**Cabinet**

on  
**22<sup>nd</sup> September 2015**

Report prepared by: Sue Goodwin – Performance Adviser  
Compliments and Complaints; Tim MacGregor, Team  
Manager, Policy & Information Management

<b>Agenda Item No.</b>
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## Corporate Comments, Complaints and Compliments received throughout 2014-15

**Policy & Resources Scrutiny Committee – Executive Councillor: Councillor Woodley**

**A part 1 Public Agenda Item**

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### **1. Purpose of Report**

- 1.1 To report on the performance relating to corporate comments, complaints and compliments process and to provide comparisons with previously reported results. Complaints and compliments in respect of adult and children's social care functions are subject to their own statutory processes and are not monitored by the corporate procedure. Their results are reported separately.

### **2. Recommendations**

- 2.1 To note the performance of the corporate complaints process between April 2014 and March 2015.**

Refer the report directly to all Scrutiny Committees.

### **3. Background**

- 3.1. The three stage complaints procedure outlined in **Appendix 1** has been in place since 2009 and is well established throughout the organisation. A review was undertaken in 2014 and it was decided to continue with the 3 stage process.
- 3.2 The Council's corporate comments, complaints and compliments process deals with all general feedback about the Council. As well as the children and adult social care statutory complaints there are certain other functions which are outside of the corporate procedure which have their own processes. Examples include appeals against parking tickets and concerns about schools.
- 3.3 The benefits in operating a feedback process include:

- To learn lessons from the types of feedback made
- To help improve service delivery
- To improve the consistency and timeliness of responses
- To reflect sector wide and Local Government Ombudsman (LGO) best practice.

3.4 This report, therefore, provides an update on how the process is working and an analysis of customer feedback data.

## 4. PERFORMANCE TO DATE

### 4.1 Performance

Details of performance data for 2014/15 is set out in [Appendices 2 to 5](#). 425 Stage 1 complaints were received during 2014/15, reflecting an increase of 1.2% compared to the 420 complaints reported for 2013-2014 and 364 complaints in 2012-13.

The monitoring system that is in place highlights trends and issues that are subject to complaints. Areas that have been of note, at all stages, this year include:

- Quality of service – 8%
- Staff conduct/employee behaviour – 10%
- Providing a service – 15%

### 4.2 Complaints by Directorate with Response Times

The table below shows the three year performance for each Directorate on the 10 working day service standard for responses to complaints. Previous years have been re-stated to reflect the current Council structure

Department	Stage 1 & 2 Total Complaints Apr 2012- Mar 2013	Responded to in 10 working days	Stage 1 & 2 Total Complaints Apr 2013- Mar 2014	Responded to in 10 working days	Stage 1 & 2 Total Complaints Apr 2014- Mar 2015	Responded to in 10 working days
Corporate Services	72	94%	40	80%	38	92%
Department for People	31	84%	48	79%	44	80%
Department for Place	227	81%	372	80%	379	92%
<b>Grand Total</b>	<b>330</b>	<b>85%</b>	<b>460</b>	<b>80%</b>	<b>461</b>	<b>87%</b>

There has been a notable increase in the number of stage 3 complaints received, with 24 complaints reaching stage 3 in 2014/15 compared to 10 in 2013/14.

Response times for Stage 3 complaints continue to be a challenge, taking an average of 57 days compared to 42 days in 2013/14. Complaints that escalate to stage 3 are by their nature more complex and sometimes involve situations where it is not possible for the Council to meet complainants' wishes. However, the response times are longer than desired and work will continue to reduce them. It should also be noted that the process of early intervention and mediation by the corporate complaints member of staff resulted in less complaints progressing to the final stage of the process than would otherwise be the case.

#### 4.3 Nature of Complaints

**Appendix 2** sets out the nature of all complaints under the following headings:

- Communication
- Decision making
- Discrimination
- Policy or procedure
- Providing a service
- Service not provided
- Staff conduct/staff behaviour
- Quality of service

The main areas of concern for 2014-15 were: providing a service (103); quality of service (155) and staff conduct/behaviour (58).

#### 4.4 How the Complaints Were Received

The three year trend chart in **Appendix 3** shows that 51% of complainants contacted the Council by e-mail and via the web, an increase on 46% for 2013/14 and reflecting the work undertaken to encourage customers to use the website as their channel of choice. Reflecting this work, complaints submitted by letter, phone and face to face have all shown a continuing reduction.

#### 4.5 Progression of complaints and satisfaction

- 90% of stage 1 complainants were satisfied with their response which is in line with 2013/14 reported figure of 89% and the 2012/13 figure of 90%.
- Of the 42 complaints that were addressed at stage 2 (there were 40 in 2013/14) 16 related to either providing a service or an implemented policy or procedure.
- The use of mediation between stages 2 and 3 will continue to be used, where appropriate, in an effort to further reduce the number of complaints reaching stage 3. Whilst the aim continues to be to resolve complaints at the earliest point it is worth noting that of the 24 stage 3 complaints investigated 7 were upheld.
- 8 complainants that completed the corporate process escalated their concerns to the Local Government Ombudsman. Of these 2 were closed after initial enquiries, 2 were not counted as a complaint decision, 2 were determined 'no fault' with the Council's action and 2 were upheld. .

#### 4.6 Complaint Resolution

The emphasis on learning from customer feedback continues to inform reviews to provide improved targeted services. This is evidenced by how complaints have been resolved:-

- Specific action has been taken in 37% of cases - by doing something that had not been done, putting something right, revising a procedure, carrying out work or updating a policy.
- 38% of customers that complained received an apology when the Council had not got things right and no further action was needed, other than to apologise, or explain why the Council had taken a particular course of action.
- 25% of complaints required no action. This was where our actions were reviewed but deemed to be correct and no apology was required.
- 1 case required a process review (in relation to Chaperone Licences).

The chart in **Appendix 4** reflects the breakdown of complaints by resolution.

#### 4.7 Learning Points

The continuous review of customer feedback, and resulting changes to service provision, will continue. A pro-active approach on learning points will also continue so that:-

- Previously identified trends will be monitored to ensure that the resulting service changes are reducing the number of related complaints.
- Continuous review of responses to ensure that identified service improvements that have been promised are implemented.

Examples of service improvements as a result of complaints and customer feedback include:

- Additional rolls of pink sacks were provided to residents for a period in response to demand. The new recycling, waste and street cleansing contract, starting in October, requires the contractor to nearly double the provision of pink sacks.
- The new contract will enable the direct reporting of service failures/requests, such as missed collections, to refuse vehicles, enabling a swifter response.
- Reminders were issued to staff to replace food caddies appropriately and a new category created has been created on the Lagan customer service system to record where food caddies have not been replaced properly.
- Updates to the website were made in relation to car parking charges.
- A new policy is being developed to help make dealing with abandoned vehicles easier.

#### 4.8 Comments and Compliments

Govmetric, the customer satisfaction measurement tool used by the Council, specifically captures the provision of service by the Customer Service Centre and Council website and these figures are reflected in the Corporate Services analysis. It is anticipated that as the drive towards encouraging customer use of web based channels continues and results in less personal interaction between the Council and residents, so will the opportunities to receive compliments.

Of the 1,326 comments and compliments recorded for Corporate Services in the reporting period 505 were compliments, which compares to 542 recorded last year.

Comments received are responded to by the service and those making comments advised if their suggestion is to be taken up or not. Compliments are acknowledged and shared with the appropriate Head of Service to inform the service or member of staff. This may then inform the staff's performance review discussion.

The table below shows the 3 year comparison on total number of comments and compliments received by each Directorate.

Department	Total 2012/13	Total 2013/14	Total 2014/15
Corporate Services	1653	1694	1326
Department for People (excluding statutory complaints)	7	7	7
Department for Place	219	288	222
<b>Grand Total</b>	<b>1879</b>	<b>1989</b>	<b>1555</b>

## 5. LOCAL GOVERNMENT OMBUDSMAN (LGO)

The Local Government Ombudsman has reintroduced the annual letter for individual councils, about complaints received against them, though it has revised the format. This is the second full year of recording complaints under their new business model and the LGO also changed the way they describe their decisions in the previous two consecutive years. Therefore, annual figures are not directly comparable to previous years.

58 complaints and enquiries about the Council were made to the Ombudsman, compared to 48 for 2013/14. However, of the 58 complaints, 5 were not referred on to the Council, 31 were categorised as referred back to the Council for local resolution\*, 9 were closed after initial enquiries and for one advice was provided by the LGO to the complainant. Of the remaining 12, 7 were not upheld and 5 were upheld. Of the 5 upheld, one was in children's services, one was in adult services, one was in Council Tax, one was in Traffic & Highways and one was 1

in planning (although the planning case was in relation to the time taken in dealing with the case and not in relation to determining the application).

[\*Prior to 2013/14 this category was known as 'premature complaints' and did not form part of the Ombudsman's statistics].

The LGO's annual review letter, including the breakdown of the results is attached at **Appendix 5**.

Alongside the statistical information the Ombudsman also publishes a yearly report on local government complaint handling. The report includes a summary of complaint statistics for every local authority in England which provides an opportunity for the Council to compare its performance against other Council's. The table below shows comparisons with a small number of other similar authorities.

Local authority	Complaints/enquiries made	Complaints upheld
Southend On Sea	58	5
Blackpool	50	9
Medway	137	19
Plymouth	90	10
Thurrock	82	5
Isle of Wight	70	6
Central Bedfordshire	58	6

## 6 MONITORING AND REPORTING

Regular reporting continues to inform Departmental Management Teams to coincide with their monthly report on performance.

## 7. CONCLUSIONS

The process continues to deliver improved performance and a more robust system of monitoring and real service improvements.

## 8 Corporate Implications

### 8.1 Contribution to Council's Vision & Corporate Priorities

Customer feedback and complaints management is directly relevant to the Council's corporate priorities.

### 9 Financial Implications

Service improvements and mediation continue to result in meaningful outcomes for customers and so ensure getting things right first time.

10 Legal Implications

This process is overseen by the Local Government Ombudsman

11 People Implications - See 14

12 Property Implications - None

13 Consultation - None

14 Equalities and Diversity Implications

The complaints process is open to all and has multiple methods of access for customers. Equality and diversity implications are a routine part of the process in recording customers details and are considered as part of any response.

Mediation ensures people that may be vulnerable are able to access this service and receive the appropriate support.

15 Risk Assessment

16 Value for Money

The continued drive to resolving complaints as early as possible in the process reduce officer time spent dealing with concerns as well as providing the opportunity to improve service delivery.

17 Community Safety Implications - None

18 Environmental Impact - None

19 Background Papers – None

20 **Appendices**

Appendix 1 The Council's Comments, Complaints & Compliments Procedure

Appendix 2 Nature of Complaints

Appendix 3 How Stage 1 Complaints Were Received

Appendix 4 Complaint Resolution

Appendix 5 Local Government Ombudsman Annual Review Letter 2015

## **Appendix 1 – Southend-on-Sea Borough Council 3 Stage Process**

### **Complaints**

#### **Stage 1**

An initial complaint responded to by the respective service Group Manager.

#### **Stage 2**

A complaint that has been responded to but where the complainant is still unhappy and a response is required from the appropriate Director or Head of Service.

#### **Stage 3**

If the complainant is still unhappy after the Stage 2 process, they have a right of appeal to the Council's Chief Executive and Leader of the Council. In the first instance mediation is offered, if unsuccessful an investigation is undertaken and a report presented to the Chief Executive for consideration.

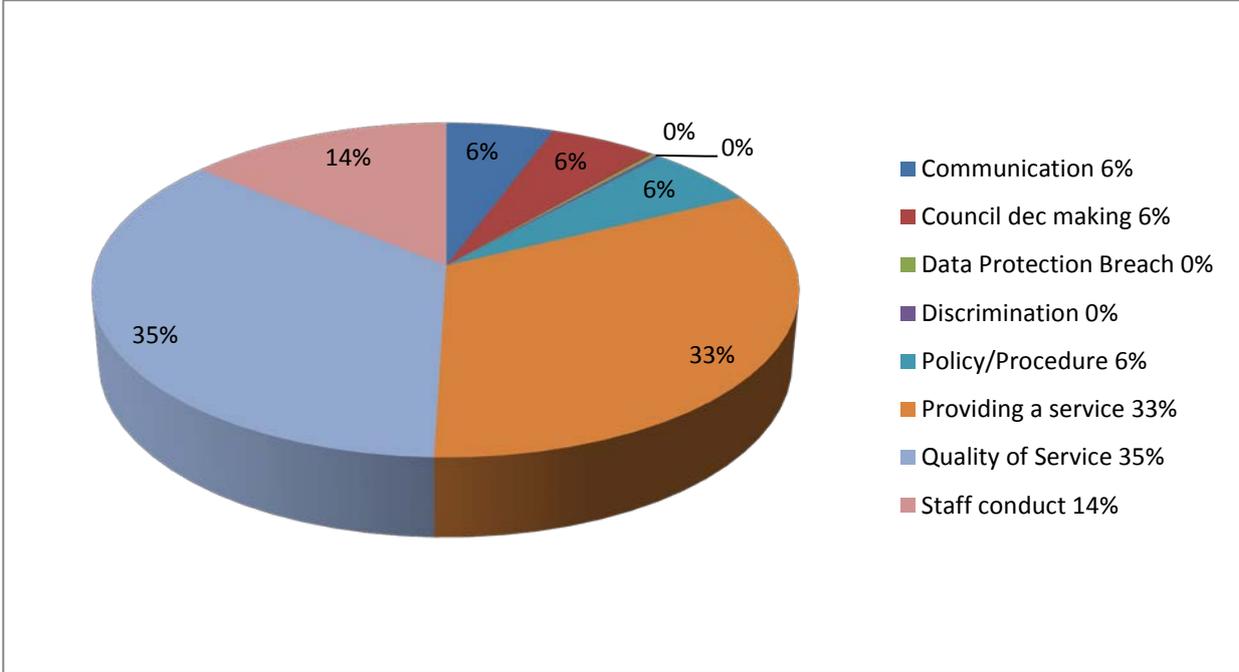
### **Comments and Compliments**

Any comment or compliment should be responded to within 10 working days. If a suggestion is not to be progressed then an explanation should be provided. Compliments must be gratefully acknowledged. Comments & Compliments should be logged into Covalent, the Council's system for recording feedback, by the Departmental Complaints Officer and reported as part of routine reporting to DMT.

Any compliments relating to staff should be shared with the appropriate Head of Service to share with his or her team member

Appendix 2 – Nature of Complaints – April 2014 to 2015

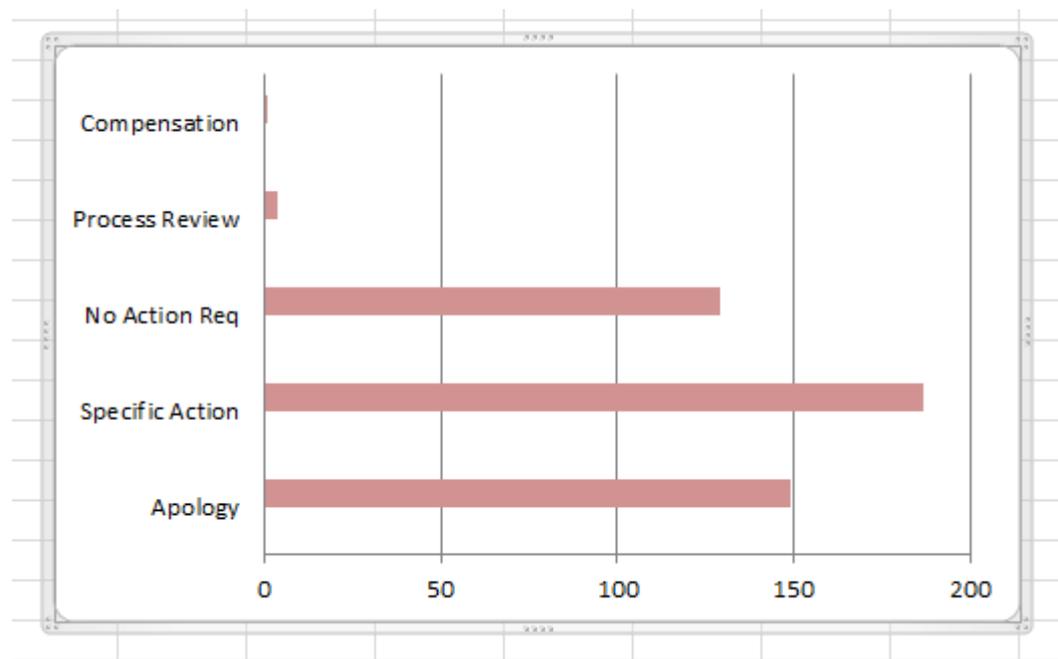
Total: 425



### Appendix 3 – 3 year Comparison of How Stage 1 complaints were received

	Apr 2011- Mar 2012	Apr 2012- Mar 2013	Apr 2013- Mar 2014	April 2014 – Mar 2015
Telephone	38%	26%	37%	30.5%
email / internet	36%	50%	46%	51%
In person	7%	6%	5%	1%
Letter/post	17%	18%	10%	6%
Other	1%	0%	3%	11.5%

### Appendix 4 Complaint Resolution



Reason	No.
Compensation	0
Process Review	1
No Action Required	103
Specific Action	154
Apology	157

18 June 2015

*By email*

Mr Rob Tinlin  
Chief Executive  
Southend-on-Sea Borough Council

Dear Mr Tinlin

### **Annual Review Letter 2015**

I am writing with our annual summary of statistics on the complaints made to the Local Government Ombudsman (LGO) about your authority for the year ended 31 March 2015. This year's statistics can be found in the table attached.

The data we have provided shows the complaints and enquiries we have recorded, along with the decisions we have made. We know that these numbers will not necessarily match the complaints data that your authority holds. For example, our numbers include people who we signpost back to the council but who may never contact you. I hope that this information, set alongside the data sets you hold about local complaints, will help you to assess your authority's performance.

We recognise that the total number of complaints will not, by itself, give a clear picture of how well those complaints are being responded to. Over the coming year we will be gathering more comprehensive information about the way complaints are being remedied so that in the future our annual letter focuses less on the total numbers and more on the outcomes of those complaints.

### **Supporting local scrutiny**

One of the purposes of the annual letter to councils is to help ensure that learning from complaints informs scrutiny at the local level. Supporting local scrutiny is one of our key business plan objectives for this year and we will continue to work with elected members in all councils to help them understand how they can contribute to the complaints process.

We have recently worked in partnership with the Local Government Association to produce a workbook for councillors which explains how they can support local people with their complaints and identifies opportunities for using complaints data as part of their scrutiny tool kit. This can be found [here](#) and I would be grateful if you could encourage your elected members to make use of this helpful resource.

Last year we established a new Councillors Forum. This group, which meets three times a year, brings together councillors from across the political spectrum and from all types of local authorities. The aims of the Forum are to help us to better understand the needs of councillors when scrutinising local services and for members to act as champions for learning from complaints in their scrutiny roles. I value this direct engagement with elected members and believe it will further ensure LGO investigations have wider public value.

## Encouraging effective local complaints handling

In November 2014, in partnership with the Parliamentary and Health Service Ombudsman and Healthwatch England, we published *'My Expectations'* a service standards framework document describing what good outcomes for people look like if complaints are handled well. Following extensive research with users of services, front line complaints handlers and other stakeholders, we have been able to articulate more clearly what people need and want when they raise a complaint.

This framework has been adopted by the Care Quality Commission and will be used as part of their inspection regime for both health and social care. Whilst they were written with those two sectors in mind, the principles of *'My Expectations'* are of relevance to all aspects of local authority complaints. We have shared them with link officers at a series of seminars earlier this year and would encourage chief executives and councillors to review their authority's approach to complaints against this user-led vision. A copy of the report can be found [here](#).

## Future developments at LGO

My recent annual letters have highlighted the significant levels of change we have experienced at LGO over the last few years. Following the recent general election I expect further change.

Most significantly, the government published a review of public sector ombudsmen in March of this year. A copy of that report can be found [here](#). That review, along with a related consultation document, has proposed that a single ombudsman scheme should be created for all public services in England mirroring the position in the other nations of the United Kingdom. We are supportive of this proposal on the basis that it would provide the public with clearer routes to redress in an increasingly complex public service landscape. We will advise that such a scheme should recognise the unique roles and accountabilities of local authorities and should maintain the expertise and understanding of local government that exists at LGO. We will continue to work with government as they bring forward further proposals and would encourage local government to take a keen and active interest in this important area of reform in support of strong local accountability.

The Government has also recently consulted on a proposal to extend the jurisdiction of the LGO to some town and parish councils. We currently await the outcome of the consultation but we are pleased that the Government has recognised that there are some aspects of local service delivery that do not currently offer the public access to an independent ombudsman. We hope that these proposals will be the start of a wider debate about how we can all work together to ensure clear access to redress in an increasingly varied and complex system of local service delivery.

Yours sincerely



Dr Jane Martin  
Local Government Ombudsman  
Chair, Commission for Local Administration in England

## Local authority report – Southend-on-Sea Borough Council

For the period ending – 31/03/2015

For further information on interpretation of statistics click on this link to go to <http://www.lgo.org.uk/publications/annual-report/note-interpretation-statistics/>

### Complaints and enquiries received

Local Authority	Adult Care Services	Benefits and tax	Corporate and other services	Education and children's services	Environmental services and public protection	Highways and transport	Housing	Planning and development	Total
Southend-on-Sea BC	6	10	3	9	9	4	11	6	58

### Decisions made

Local Authority	<u>Detailed investigations carried out</u>		Advice given	Closed after initial enquiries	Incomplete/Invalid	Referred back for local resolution	Total
	Upheld	Not Upheld					
Southend-on-Sea BC	5	7	1	9	0	31	53