

Public

Agenda Item No.5 (a)

DERBYSHIRE COUNTY COUNCIL

STANDARDS COMMITTEE

4 October 2017

Report of the Director of Legal Services

COMPLIMENTS AND COMPLAINTS – ADULT CARE

1. Purpose of the Report

To inform the Committee about compliments and complaints received by the Adult Care Department during the financial year 2016-17

2. Information and Analysis

The terms of reference of the Standards Committee provide that the Committee has an overview of complaints handling. The Committee is invited to receive the report which was presented by the Strategic Director of Adult Care to the Cabinet Member on 27 July 2017 entitled Annual Compliments and Complaints Report 2016-17 and which is attached at Appendix 1. David Gurney, Group Manager (Performance) for Adult Care, has been invited to attend the meeting of the Standards Committee to inform Members of work on compliments and complaints in Adult Care.

3. Other Considerations

In preparing this report the relevance of the following factors has also been considered; financial, legal and human rights, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport considerations.

4. Background papers

Files held by Adult Care

5. Officer's Recommendation

To note the position in respect of compliments and complaints received by the Adult Care Department in 2016-17.

John McElvaney
Director of Legal Services

Appendix 1

Agenda item:

DERBYSHIRE COUNTY COUNCIL

CABINET MEMBER

27 July 2017

Report of the Strategic Director for Adult Care

ANNUAL COMPLIMENTS AND COMPLAINTS REPORT 2016-17

ADULT CARE

1. Purpose of the Report

To present to the Cabinet Member for Adult Care the annual compliments and complaints report for 2016-17.

2. Information and Analysis

Adult Care is required to produce an annual report on the complaints it has received and for this report to be made public. This requirement is set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and Local Authority Social Services Complaints (England) (Amendment) Regulations, 2009.

These same regulations require each department fulfilling the Social Services function to have a designated complaints manager with responsibility for administering and overseeing the complaints process. Within Adult Care this role is fulfilled by the Group Manager (Performance).

Adult Care understands the value of compliments and complaints in helping it learn from the experience of clients and carers. The report shows some of the steps which have been taken to develop practice in response to dealing with complaints. In addition, the report shows what has been achieved in following through the action plan for 2016-17 and what is proposed within the action plan for 2017-18.

3. Other Considerations

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality of opportunity; and environmental, health, human resources, property, social return on investment and transport considerations.

4. Key Decision

No

5. Social Value

The complaints process offers local people the opportunity to ensure their concerns are formally addressed by Adult Care. In turn it allows managers to reflect on practice, to offer redress, where appropriate, and to reflect on and changes to the way services are delivered, as appropriate.

6. Is it required that call-in be waived for any decision on this report?

No

7. Officer's Recommendation

That the Cabinet Member notes and approves the findings of the Annual Compliments and Complaints Report for 2016-17.

That the report is now referred to the Standards Committee for consideration.

Joy Hollister
Strategic Director – Adult Care



Derbyshire County Council

ADULT CARE COMPLIMENTS AND COMPLAINTS ANNUAL REPORT APRIL 2016 TO MARCH 2017

INTRODUCTION

This report provides information about compliments and complaints received by Adult Care during the 12 months from 1 April 2016 to 31 March 2017.

For complaints, Derbyshire County Council Adult Care has a duty to meet the requirements of:

- The Care Act 2014
- Local Authority Social Services Complaints (England) Regulations, 2009
- Local Authority Social Services Complaints (England) (Amendment) Regulations, 2009
- DCC Corporate Complaints Procedure

Adult Care actively encourages feedback to allow it to continually improve the services it provides. Adult Care recognises that negative feedback does not always mean that there has been poor practice or blame.

Clients or their carers should feel confident that providing honest feedback will not have a negative impact on their support. Instead Adult Care will use the feedback to accept responsibility where that is appropriate and learn from its mistakes. As well as accessing the formal complaints procedure, people are encouraged and supported to raise any issues at the time of their care review.

The Adult Care department's approach is as non-bureaucratic as possible, with an initial focus on supporting local staff to resolve issues at the earliest opportunity. The process emphasises the need to agree a plan with the complainant of how their concerns will be looked into, how long it will take and what outcomes are reasonable to expect.

Adult Care complaints include those which, according to the NHS and Social Care regulations, relate to Social Care within the meaning of Part 1 of the Health and Social Care Act 2008.

Complaints handled within the Corporate Complaints process relate to those which fall outside of this remit, for example Blue Badge enquiries which are handled in Adult Care, but do not fall within this definition.

This report **format** was co-produced with the Derbyshire Stakeholder Engagement Board in 2013. We wish to thank them for their support. The actual **content** of the report, however, is solely that of Adult Care.

CONTEXT – THE WORK OF ADULT CARE

Between 1 April 2016 and 31 March 2017, 33,104 referrals were received in Adult Care. This figure includes those referrals where other means of support, such as the universal offer and signposting, rather than a full assessment were identified as the appropriate response. During this period 12,518 clients received a service to help them live in the community following an assessment.

The overwhelming majority of Adult Care feedback relates to Prevention & Personalisation, previously known as Fieldwork, and Direct Care, as they are the services which have the most frequent and prolonged contact with clients.

Prevention & Personalisation services undertook 6,896 assessments. A total of 15,863 reviews have been completed by a combination of Prevention & Personalisation services (Support Plan Reviews) and Direct Care services (Personal Service Plan reviews).

Within Direct Care 1,790 clients received a home care service, 1,436 received day care and 1,472 received care in a council-run establishment.

On behalf of its clients, Adult Care commissions a number of services from independent providers. These providers are required to have their own complaints policies and procedures and there is an expectation that initially the Service Provider will investigate and respond directly to the complainant. If the complainant remains dissatisfied, then Adult Care processes the complaint within its own Complaints procedures. It is only these cases that are included in our report as 'Independent Provider' statistics.

For information about complaints that have been raised directly with independent sector providers, please visit the Care Quality Commission website at www.cqc.org.uk.

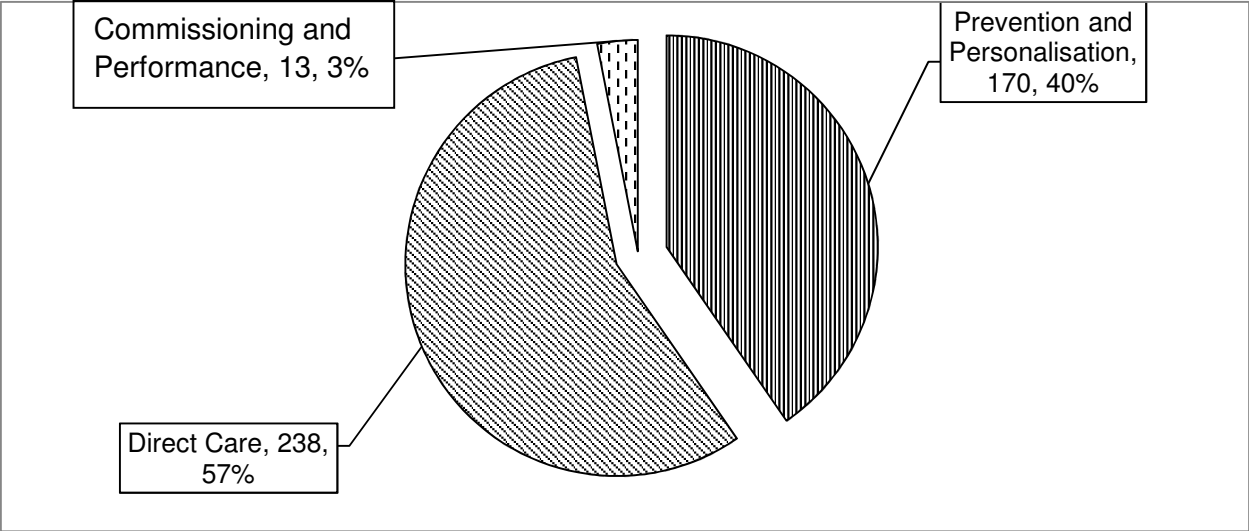
The ASCOF (Adult Social Care Outcomes Framework) is a government tool to create transparency around the quality of care provided. The latest figures show that Derbyshire's rate of client satisfaction with the quality of care and support received is better than the national and regional averages, and higher than other local authorities with similar characteristics.

The information below provides a more detailed look into the feedback on Adult Care compliments and complaints over the year 2016-2017.

COMPLIMENTS

In looking at feedback from clients it is as important to recognise and promote the good work done by our staff as well as the areas in need of improvement. This first part of the report therefore considers formal compliments received.

Figure 1 – Compliments received during 2016-17 by Service Type



The total number of compliments recorded for this year, at 421, is 8% higher than last year's 391.

Figure 2 Prevention & Personalisation Services – Compliments by Area

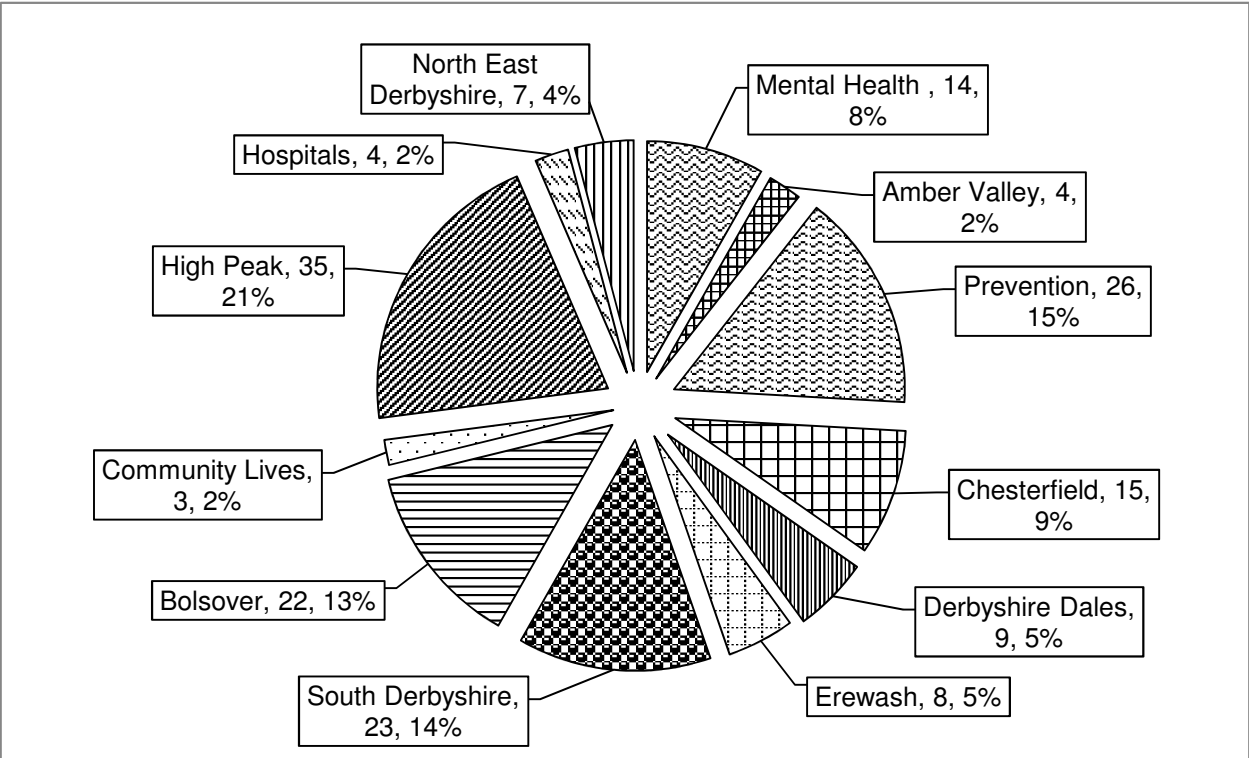


Figure 3 Direct Care Services – Compliments by Area

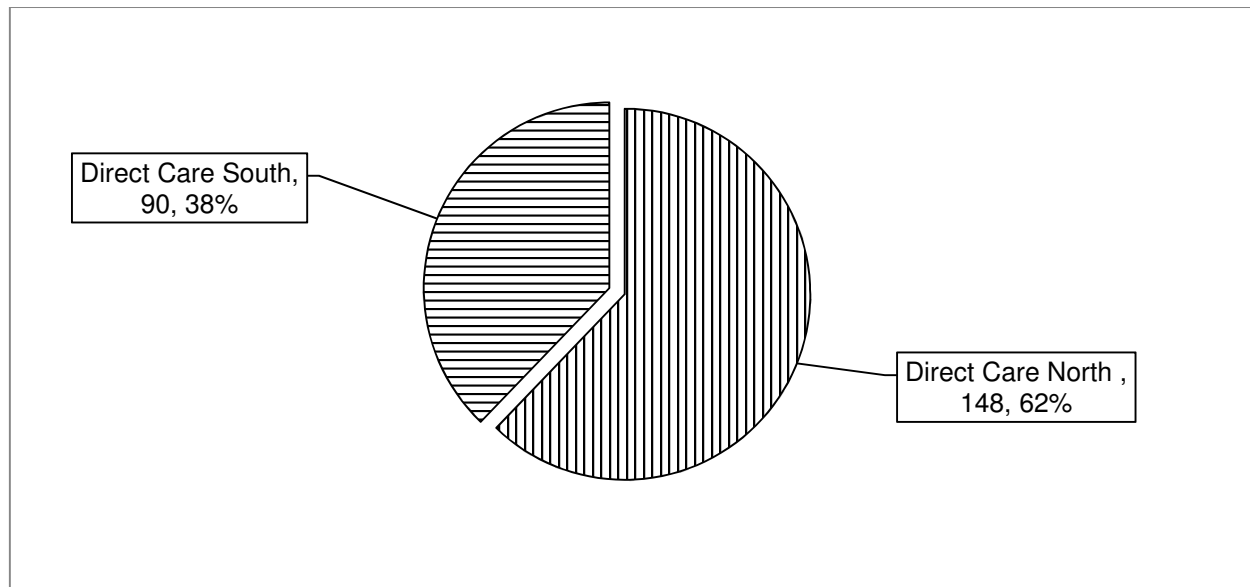
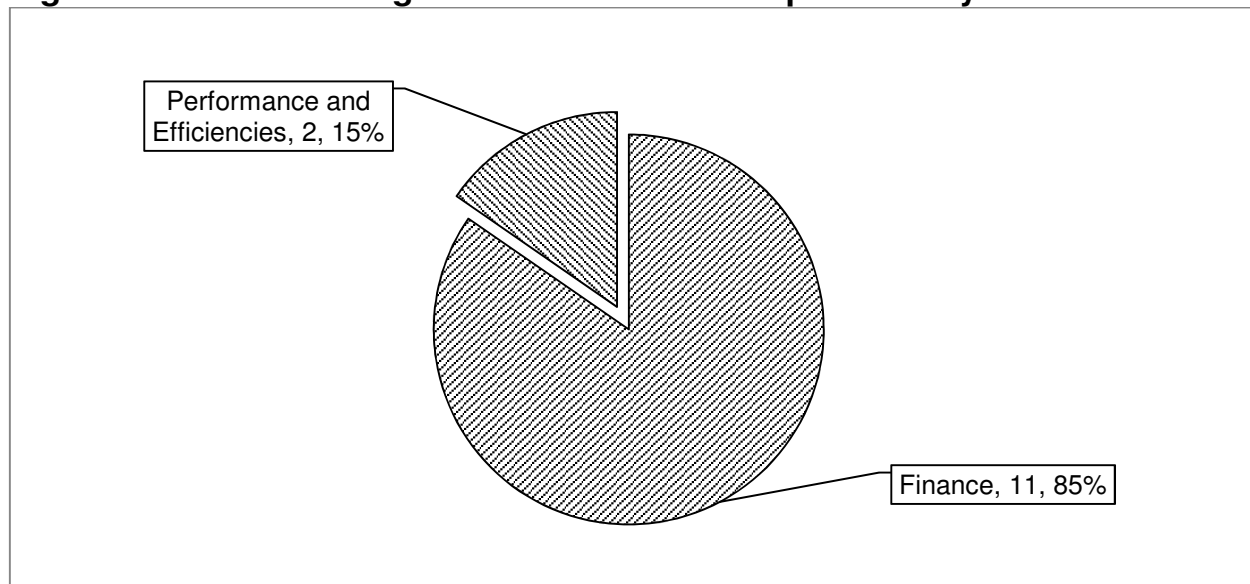


Figure 4 Commissioning & Performance – Compliments by Area



What Sorts of Compliments Do We Receive?

Some examples of compliments we have received in Adult Care within the last 12 months are:

“If it was not for all the social worker’s hard work and commitment to getting it right for this client then he would have not been able to continue to receive a service. She has done an amazing job at keeping it all together.” (*Prevention & Personalisation*)

“I was particularly impressed by the caring way that you dealt with very sensitive and emotional issues. You obviously care about what you do and how you do it. You have a very difficult job and I was very impressed by how you were able to address these challenges and still demonstrate such care and understanding to people who were under emotional strain and stress.” (*Prevention & Personalisation*)

“Thank you again for your time in looking into the issues we are facing. We really appreciate any support you have to offer” (*Community Lives*)

‘Many thanks to you all for the care and kindness you gave mum over the last 5 years, much appreciated. She loved being there, loved the garden and the birds, I will miss seeing you and wish you well.’ (*Direct Care Residential Service*)

“The care given was exemplary; the carers were kind, patient and understanding and took the time to explain. On one particular occasion a carer spent time, in the pouring rain, talking to [the client] through the letterbox, after [the client] had fallen, whilst waiting for help to arrive. Please pass on to those concerned, my, and my other neighbour’s appreciation for the care given to [the client]” (*Direct Care Home Care Service*)

“If we found the highest pedestal it wouldn’t be high enough for all the people in there and those involved in arranging and helping with the party being held in the day centre today. They all work wonders.” (*Direct Care Day Care Service*)

“Just to let you know how much we truly appreciated the help you offered and how caring a person you are. Everything about you seems so sincere and it seems you found a profession that suits you to a T. A kind sincere person reaching out to help in situations that people can’t seem to fix on their own just means so much.” (*Mental Health Team*)

“The carers are very welcome and I feel confident that I could ask for any help if I needed it. I look forward to their visits and brief chats. I am very grateful for the help I am receiving.” (*Re-ablement Team*)

“Your words have given us strength to carry on and I thank you for them and being a ‘proper social worker’. You’ve shown me that social workers providing tangible support are not extinct, as I had thought!” (*Acute Hospital Team*)

“It’s very heartening to deal with someone who is prepared to go the extra mile in helping people and is able to construct such useful information to point the public through the minefield of various public sector agencies that get involved in these cases.” (*Finance Team*)

COMPLAINTS AND SERVICE ENQUIRIES

Definitions of Complaints and Service Enquiries can be found in Appendix 1.

Figure 5 Historical Levels of Complaints and Service Enquiries

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Service Enquiries/ Representations	105	82	159*	309**	108	91
Complaints	350	334	238	260	228	233

**Additional guidance was given to staff this year as to determining what should be treated as a service enquiry or representation as opposed to a complaint*

***The statistic for 2014-15 included Members Casework enquiries handled by Councillors but not passed to Adult Care for action or advice. For 2015-16 onwards statistics only included those enquiries in which Adult Care staff have become directly involved.*

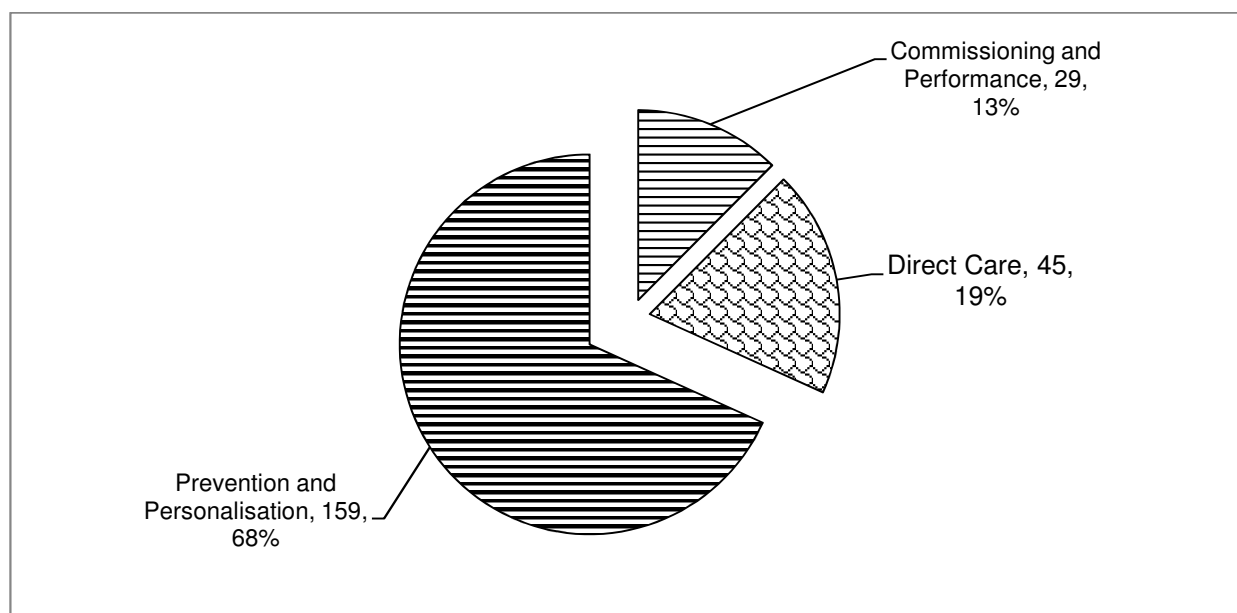
COMPLAINTS

This year the number of complaints received about Adult Care services was 233, very similar to last 2015-16's figure of 228. Figure 6 below shows the breakdown of complaints received within the different Adult Care divisions. This shows an increase in complaints in Prevention and Personalisation and a decrease in complaints about Direct Care services.

For the purposes of comparison the changes in the number of complaints between Adult Care divisions year on year is as follows:

Figure 6 Year on Year Comparison of the Number of Complaints between Adult Care Divisions

	2013-14	2014-15	2015-16	2016-17
Direct Care	56	39	64	45
Prevention & Personalisation	169	189	143	159
Commissioning & Performance (including Finance)	13	32	21	29

Figure 7 Proportion of Complaints received during 2016-17 by Service Type

- This year sees an increase of 5% in complaints for Prevention & Performance, an increase of 4% in complaints for Commissioning & Performance (principally Finance) and a decrease of 9% for Direct Care.

Complaints Categories

The complaints categories we use are:

- **A decision we made** e.g. Admission to care home, who to involve in a review
- **Charges or billing** e.g. The billing process of a residential client or 3rd party contributions, Co-funding etc. (mainly Finance, not Prevention & Personalisation)
- **Delays in providing service** e.g. waiting for assessment start of services etc.
- **Eligibility dispute** e.g. Low level reviews, FACS criteria
- **Communication** e.g. Lack of communication between staff and client, staff and colleagues, staff and other agencies
- **Quality of our work** e.g. If not satisfied with a worker, home care service, processes, facilities etc.
- **Staff conduct** e.g. Allegations against a member of staff, specific actions/behaviour that have caused concern
- **Implementation of policy** e.g. Disagreement with policy or how it has affected the client e.g. Equipment maintenance, Co-funding
- **Incorrect or unclear information provided** e.g. Support plan content, information provided to the public – leaflets, website etc.
- **Discrimination** e.g. relating to race, gender, sexuality, age, disability etc.

Figure 8 Primary Nature of Complaints Concerning Prevention and Personalisation Services

Complaints trends can be found later in this report.

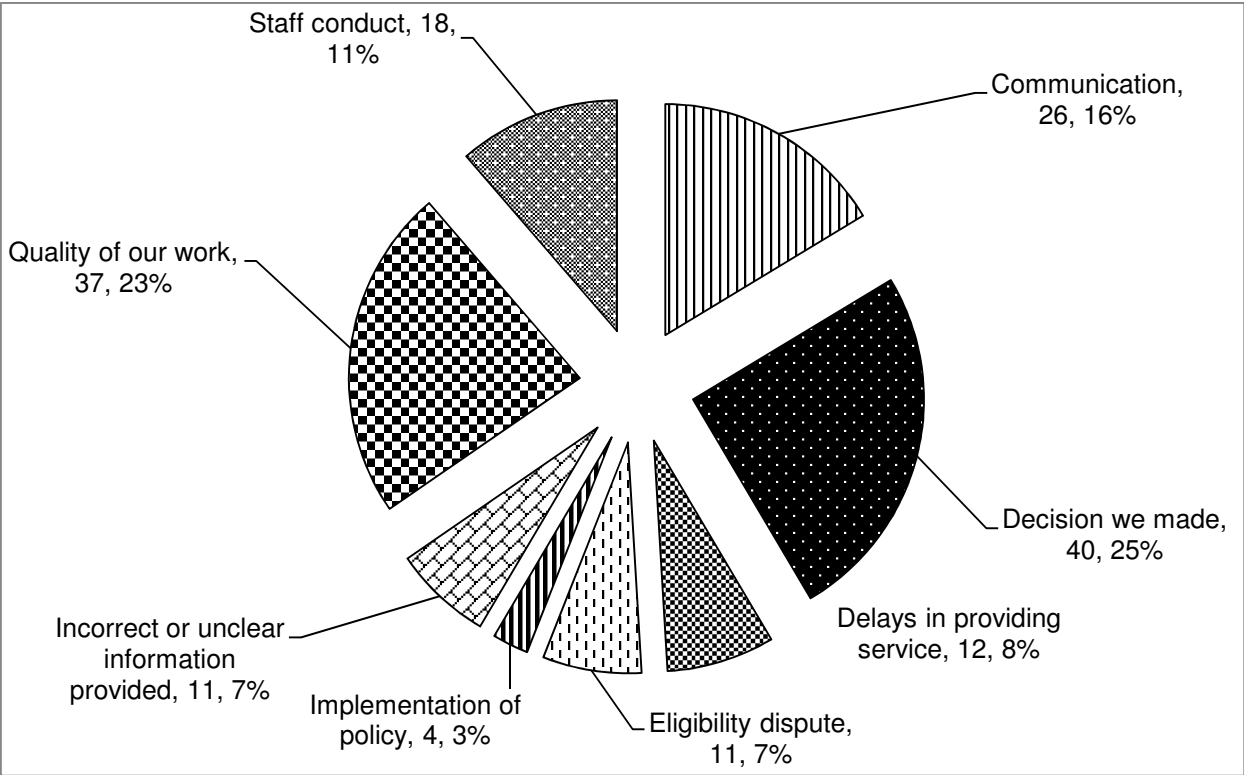


Figure 9 Primary Nature of Complaints Concerning Direct Care Services

Complaints trends can be found later in this report.

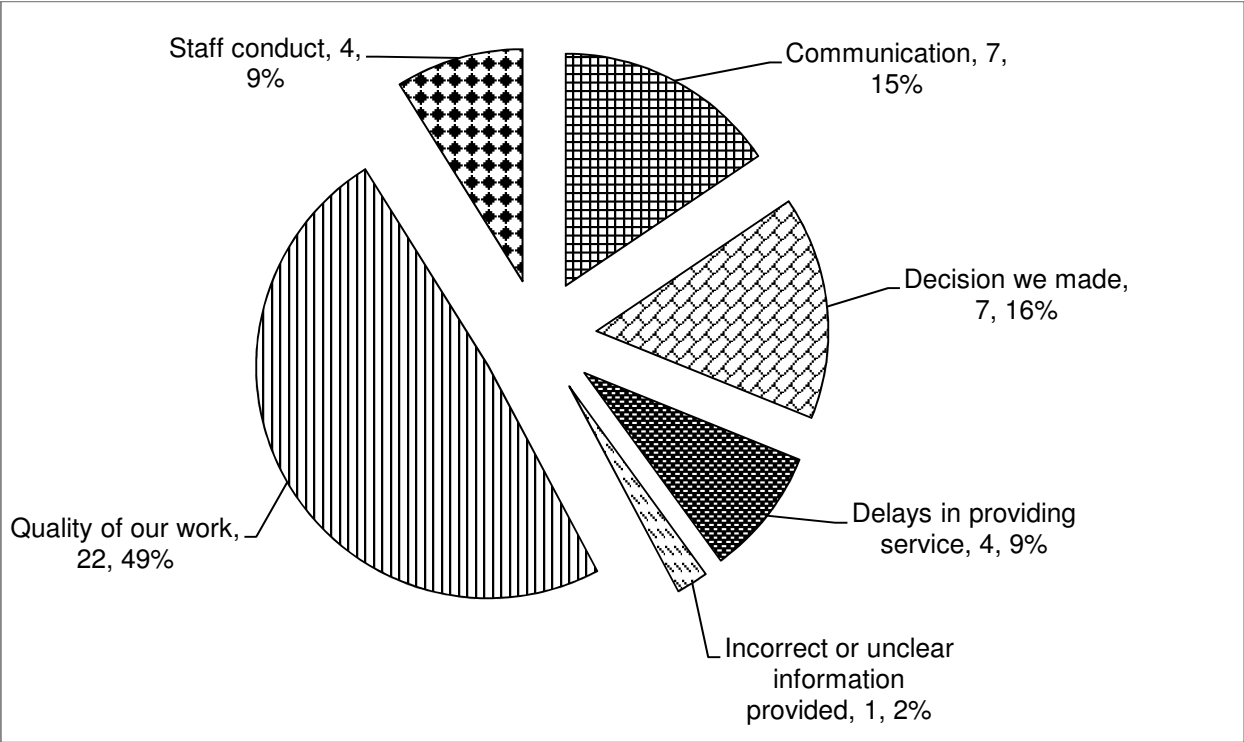
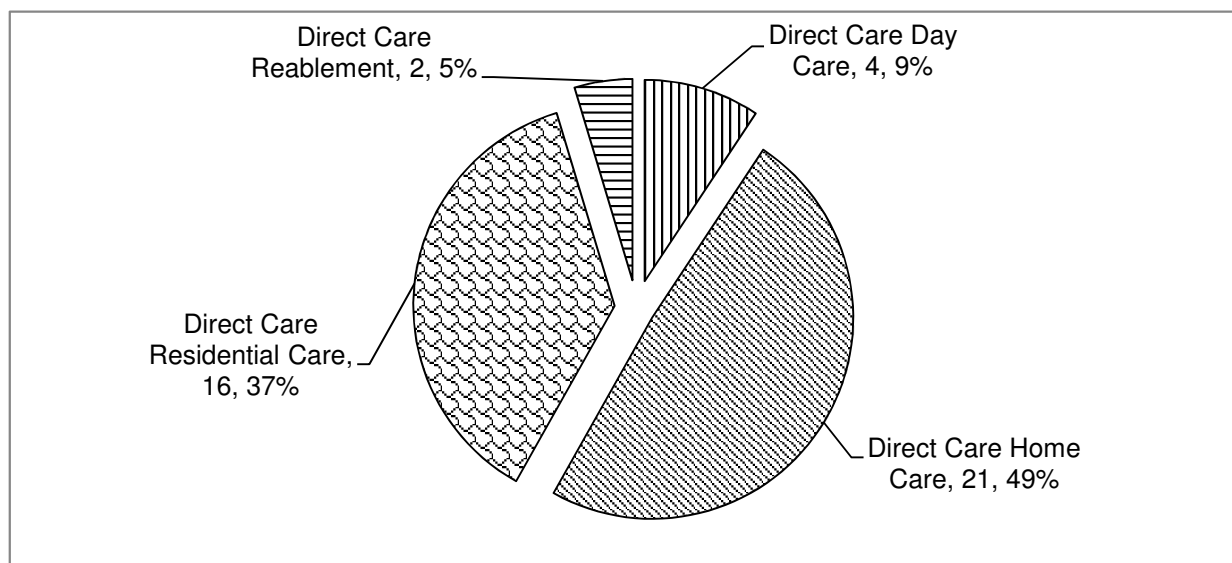
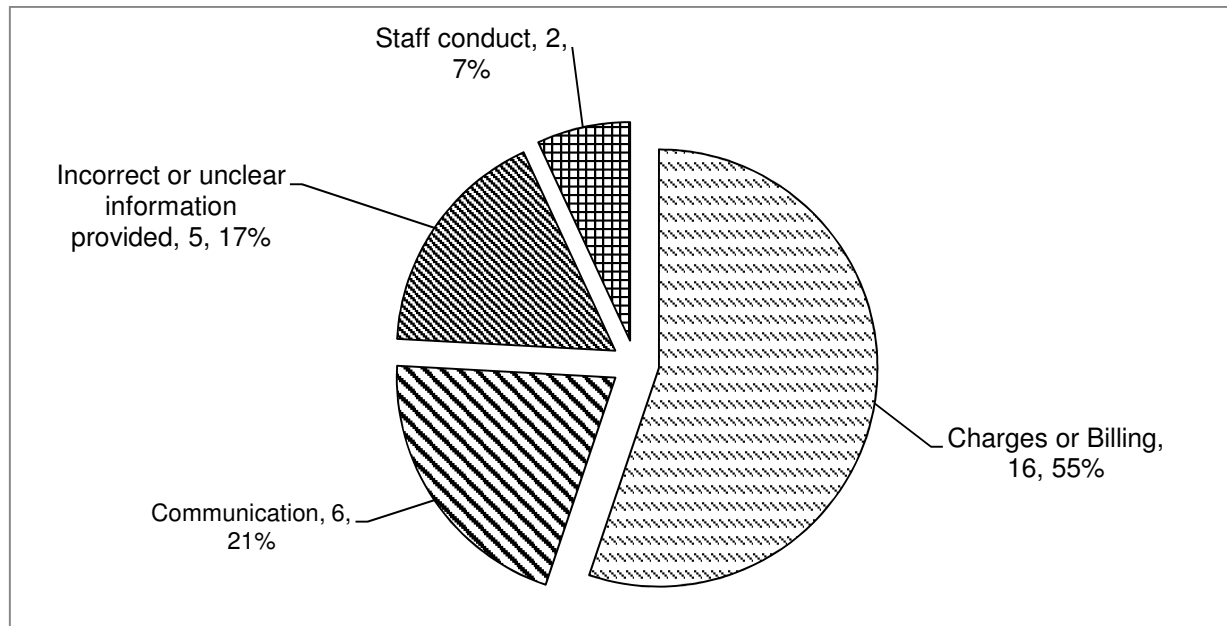


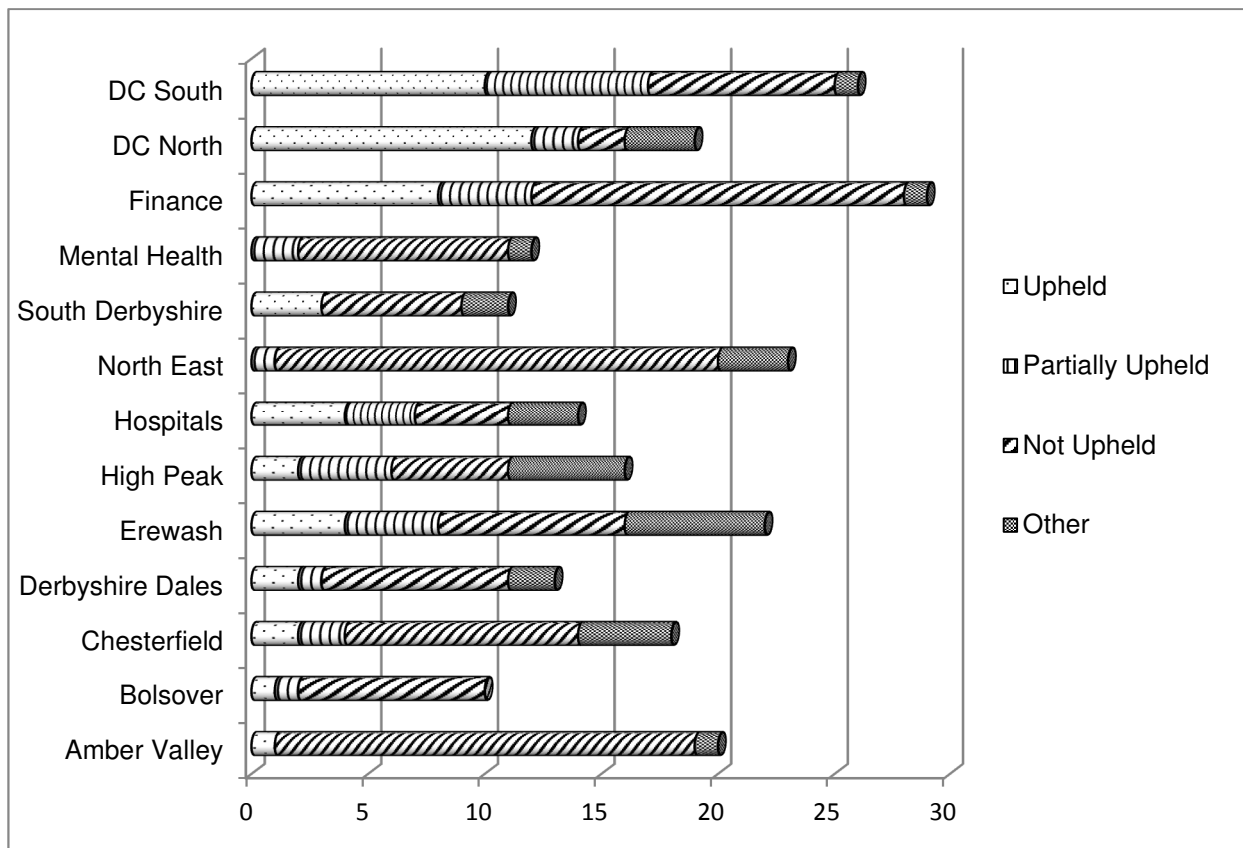
Figure 10 Breakdown of Direct Care Complaints by Service

The Direct Care Quality and Compliance Group meet regularly to look at quality assuring Direct Care services. This includes a learning review of more serious individual complaints or serious case reviews and implementing how best to share learning across the service.

Figure 11 Primary Nature of Complaints Concerning Commissioning and Performance Services (including Finance)

What Services have People Complained About?

Figure 12 Responsibility Centres and Complaint Outcomes



**NB 'Other' includes matters dealt with under safeguarding procedures, or complaints which were withdrawn, unsubstantiated, or which have not yet been responded to.*

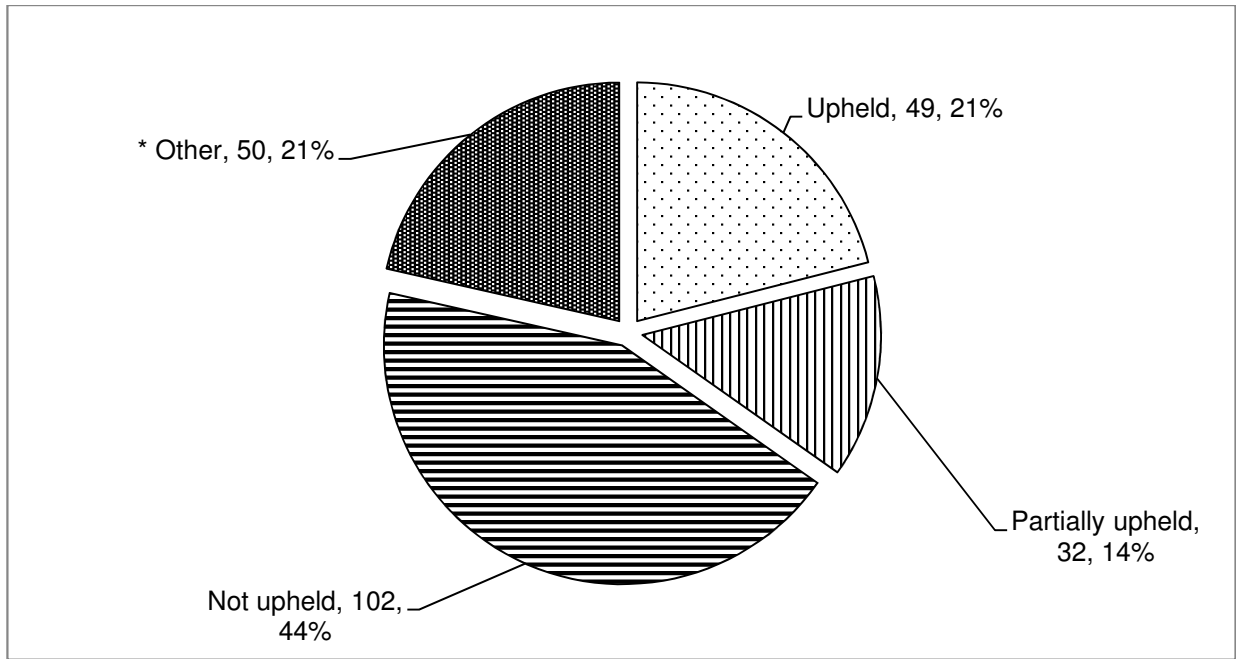
Some area-based managers are responsible not just for Prevention & Personalisation practice in their own area, but also for countywide services.

The statistics for 2017-18 will separate out these Countywide Services from the geographical areas.

Complaint outcomes

It is well known throughout society that some people are fearful of complaining and many are mistrusting of public organisations’ willingness to look into complaints in an unbiased manner. Figure 13 below shows that 35% of complaints were either fully or partially upheld; reflecting an openness to admit errors and learn from them. Some examples of how we have improved our services as a result of a complaint are provided later in the report.

Figure 13 Complaint Outcomes for all services



** NB ‘Other’ refers to matters best dealt with under safeguarding procedures, or complaints which were withdrawn, unsubstantiated, or which have not yet been responded to.*

Details by complaint theme are broken down further in Figure 14 below and, consistent with the last 3 years, reflect a high proportion of complaints relating to quality of work. The second highest number of complaints has moved this year from communication to disputes against decisions we have made. This improvement in relation to complaints about communication reflects the work Adult Care has been engaged in both with staff and with the quality of its written material to address previous concerns expressed about the quality of communication.

The table on page 22 shows some examples of how we have responded to complaints and improve services as a result.

Figure 14 Table Detailing Outcomes by Complaint Theme

Subject of complaint	Outcome				Total
	Upheld	Partially upheld	Not upheld	* Other	Total
Quality of work	17	9	30	3	59
Decision we made	4	8	20	15	47
Communication	12	4	2	21	39
Staff conduct	3	3	16	2	24
Incorrect or unclear information provided	2	2	9	4	17
Charges or billing	3	4	9		16
Delays in providing service	7	1	5	3	16
Eligibility dispute	1	1	9		11
Implementation of policy			2	2	4
Discrimination	0	0	0	0	0
Total	49	32	102	50	233

**NB 'Other' refers to matters best dealt with under safeguarding procedures, or complaints which were withdrawn, unsubstantiated, or which have not yet been responded to.*

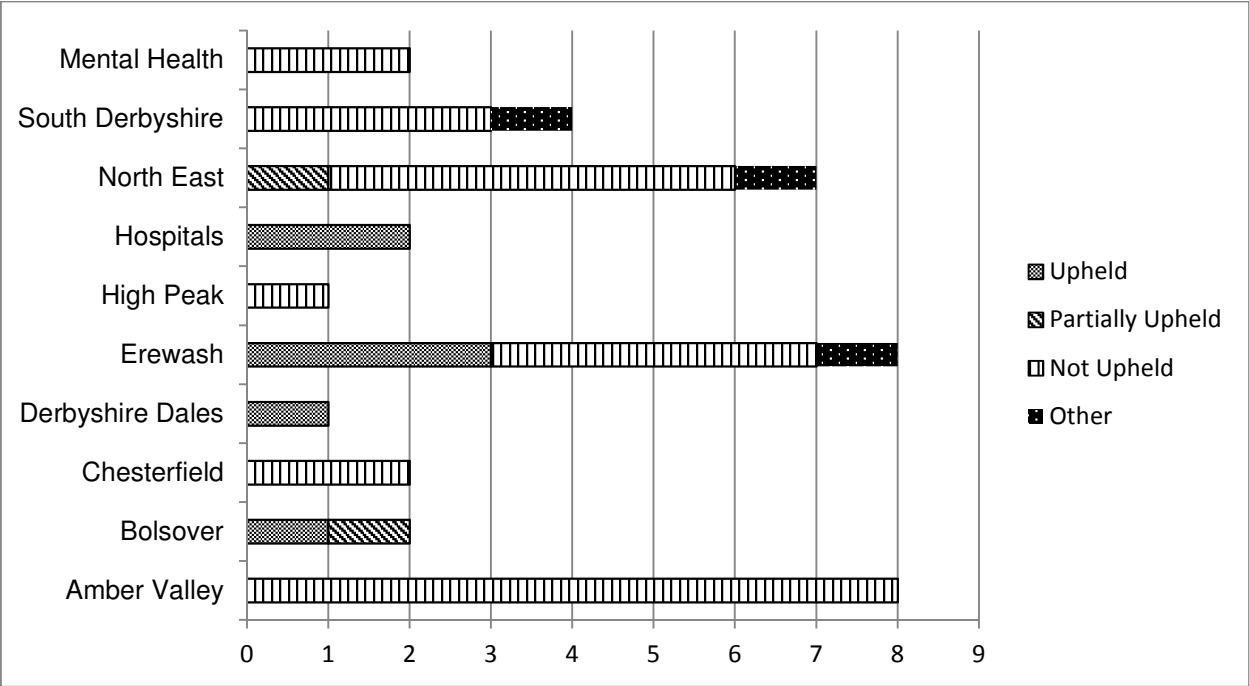
Complaints about Quality of Work

The highest number of complaints received was on the subject of Quality of Work. This category is a broad heading which covers issues such as, a perceived lack of care provided by homecare, or residential staff, or delays in assessments being completed.

Prevention & Personalisation services generated 37 (73%) of these complaints, and Direct Care services generated 22 (37%).

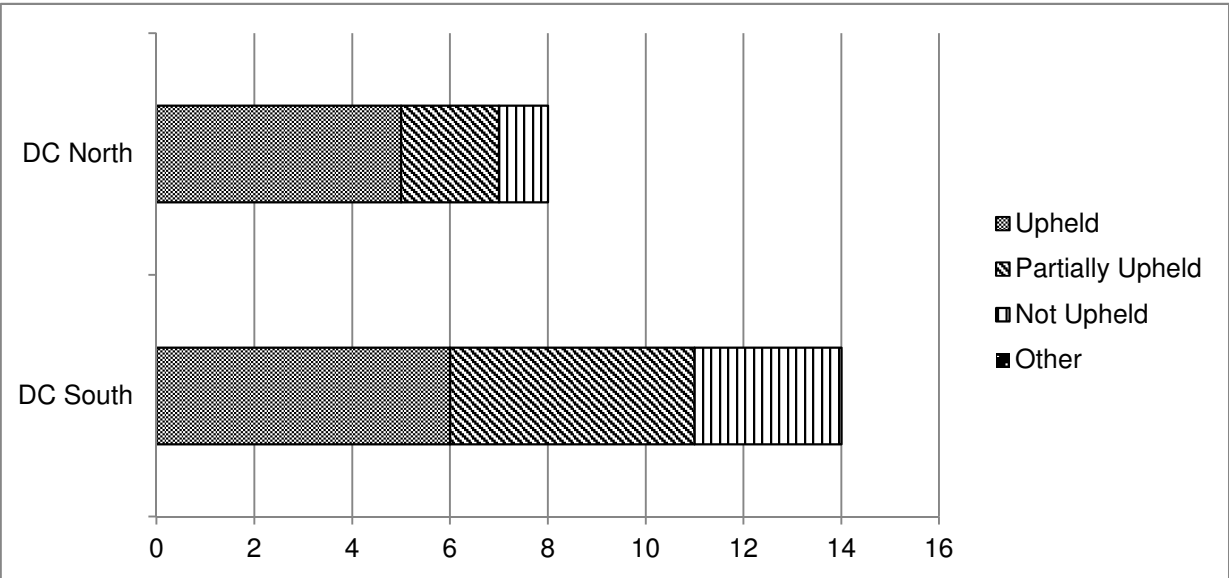
26 (44%) complaints of this kind were partially upheld or upheld whilst 30 (51%) were not upheld. The figures below show the breakdown of complaint outcomes for this category.

Figure 15 Breakdown of Quality of Work Complaints by Prevention & Personalisation Services



**NB ‘Other’ refers to matters best dealt with under safeguarding procedures, or complaints which were withdrawn, unsubstantiated, or which have not yet been responded to.*

Figure 16 Breakdown of Quality of Work Complaints by Direct Care Team

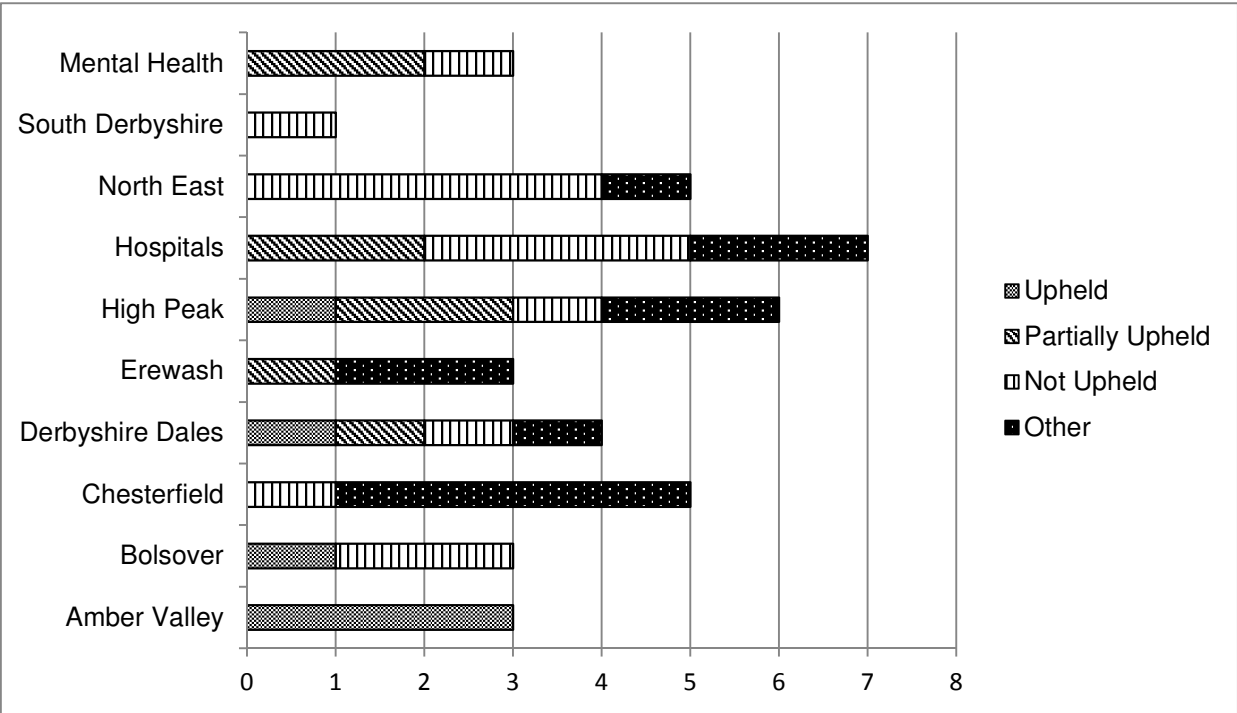


**NB ‘Other’ refers to matters best dealt with under safeguarding procedures, or complaints which were withdrawn, unsubstantiated, or which have not yet been responded to.*

Complaints about A Decision We Made

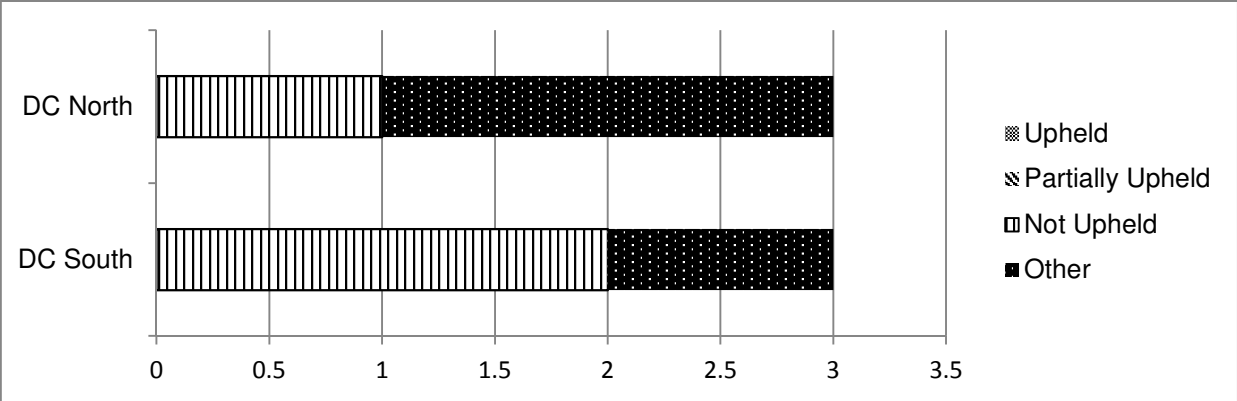
The second highest number of complaints received was on this subject. 14 of the 46 (30%) complaints about decisions Adult Care made were either partially upheld or fully upheld. Prevention & Personalisation services generated 40 of these complaints, with Direct Care services generating six.

Figure 17 Breakdown of A Decision We Made Complaints by Prevention & Personalisation Services



*NB 'Other' refers to matters best dealt with under safeguarding procedures, or complaints which were withdrawn, unsubstantiated, or which have not yet been responded to.

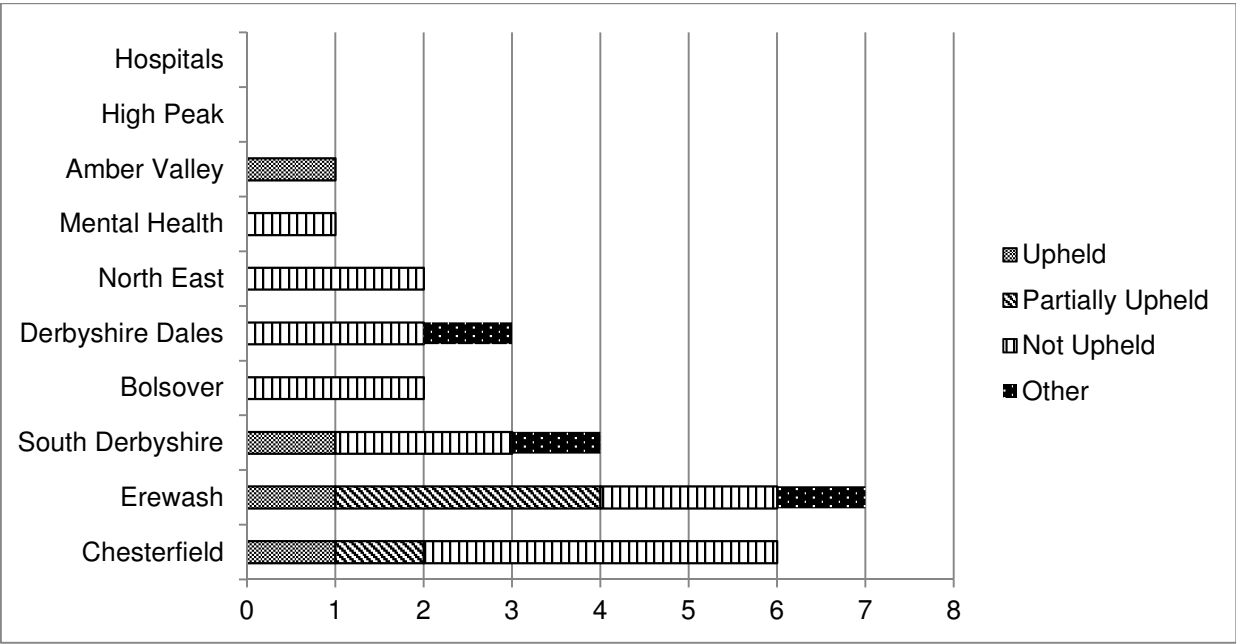
Figure 18 Breakdown of A Decision We Made Complaints by Direct Care Services



Breakdown of Complaints regarding Communication

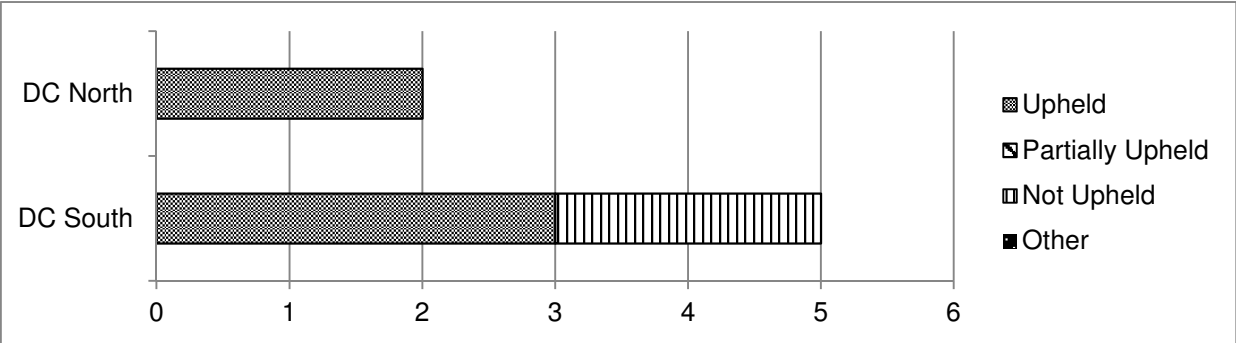
Complaints about communication featured highly in the Prevention & Personalisation division. 17 of the 39 (44%) complaints about communication were either partially upheld or fully upheld. Figure 19 below shows the spread across teams. The figures below show the breakdown of complaint outcomes for this category.

Figure 19 Breakdown of Communication Complaints by Prevention & Personalisation Services



**NB ‘Other’ refers to matters best dealt with under safeguarding procedures, or complaints which were withdrawn, unsubstantiated, or which have not yet been responded to.*

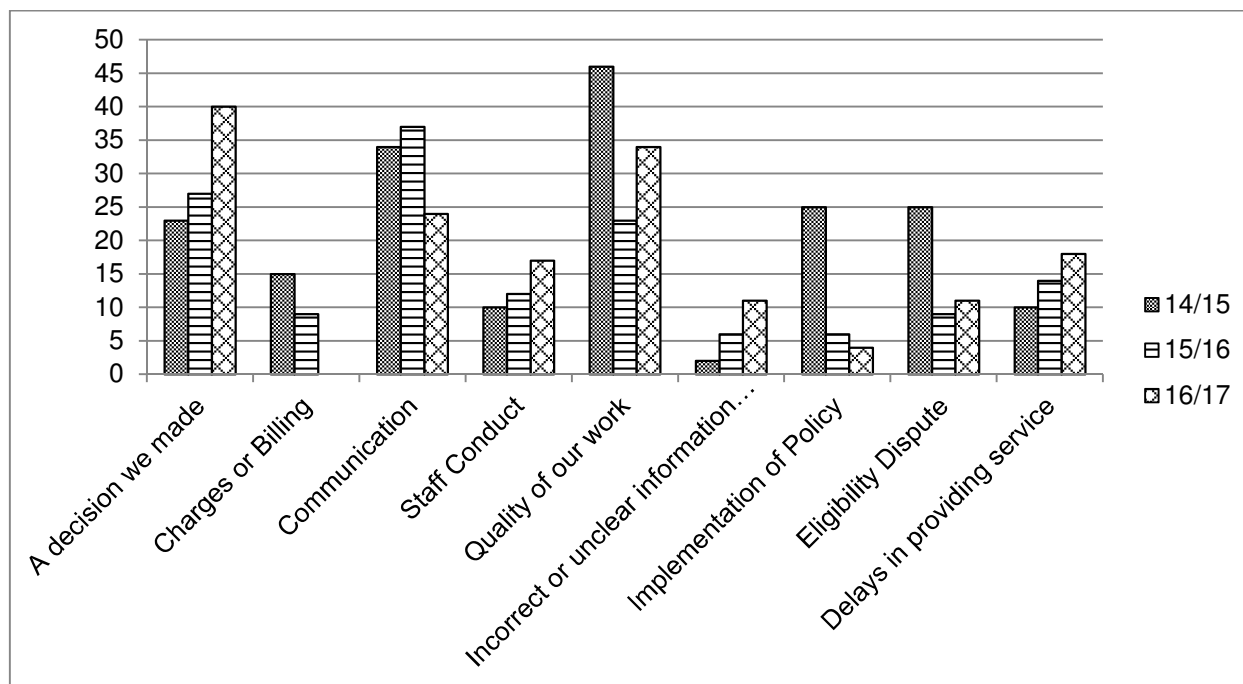
Figure 20 Breakdown of Communication Complaints by Direct Care Team



Complaints Trends

At the start of 2013-14 new definitions were adopted for recording the types of complaints Adult Care receive. As a result it is possible to identify trends in the types of complaints received over the last three years.

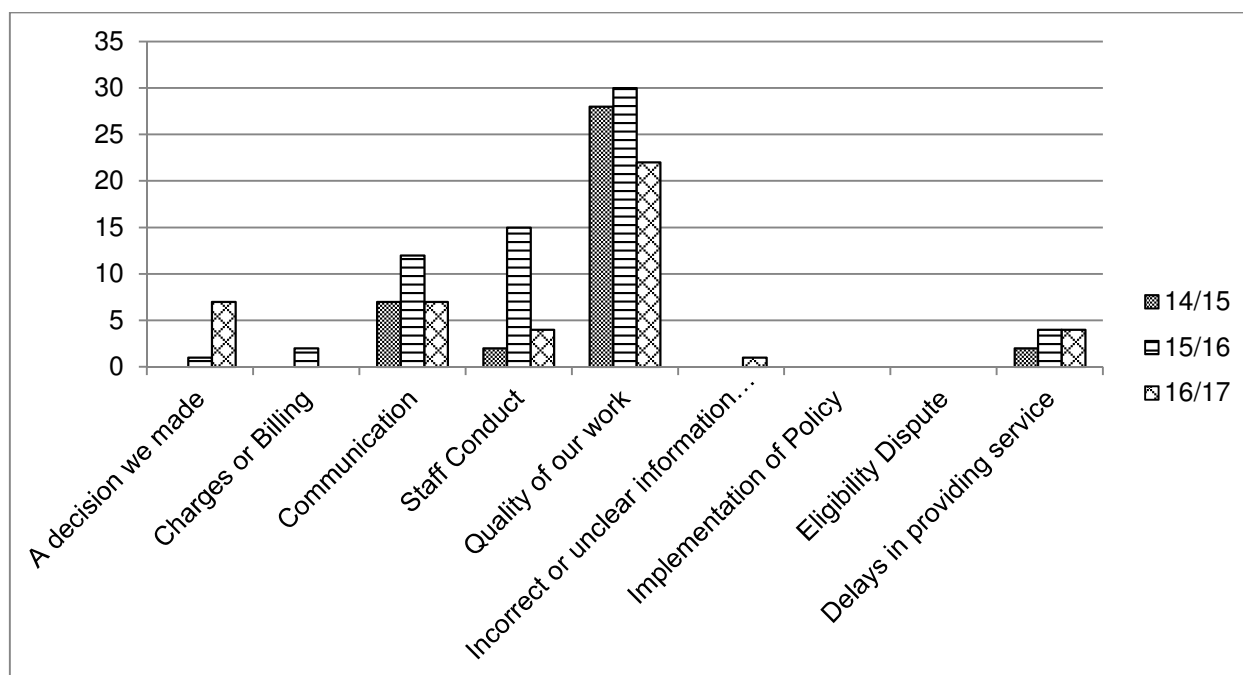
Figure 21 Prevention & Personalisation Services Trends by Categories



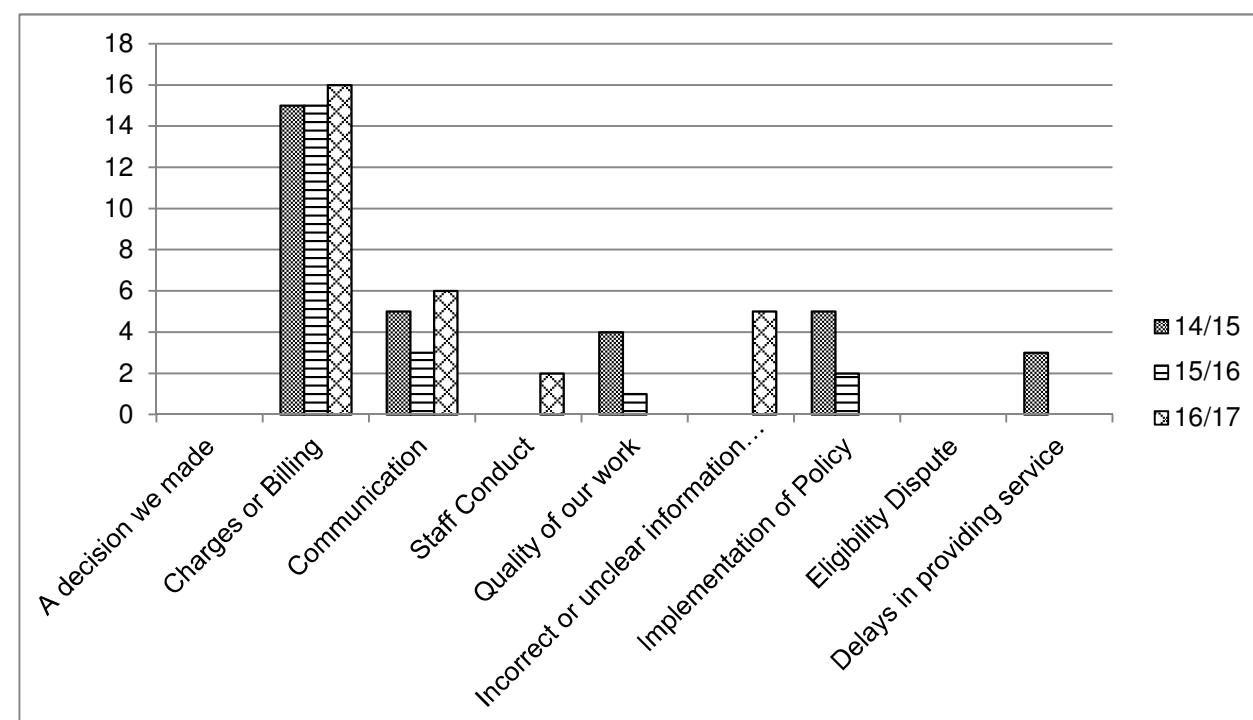
There has been a significant growth in complaints about decisions made by Prevention & Personalisation staff and, from a lower base, complaints about staff conduct, incorrect or unclear information being provided and delays in providing services.

2014-15 spikes in complaints about eligibility decisions and implementation of policy were related to the implementation of the Care Act and the raising of the eligibility threshold.

There has been a pleasing drop in complaints about communication and quality of work as managers and staff generally have worked hard in addressing these two themes.

Figure 22 Direct Care Services Trends by Categories

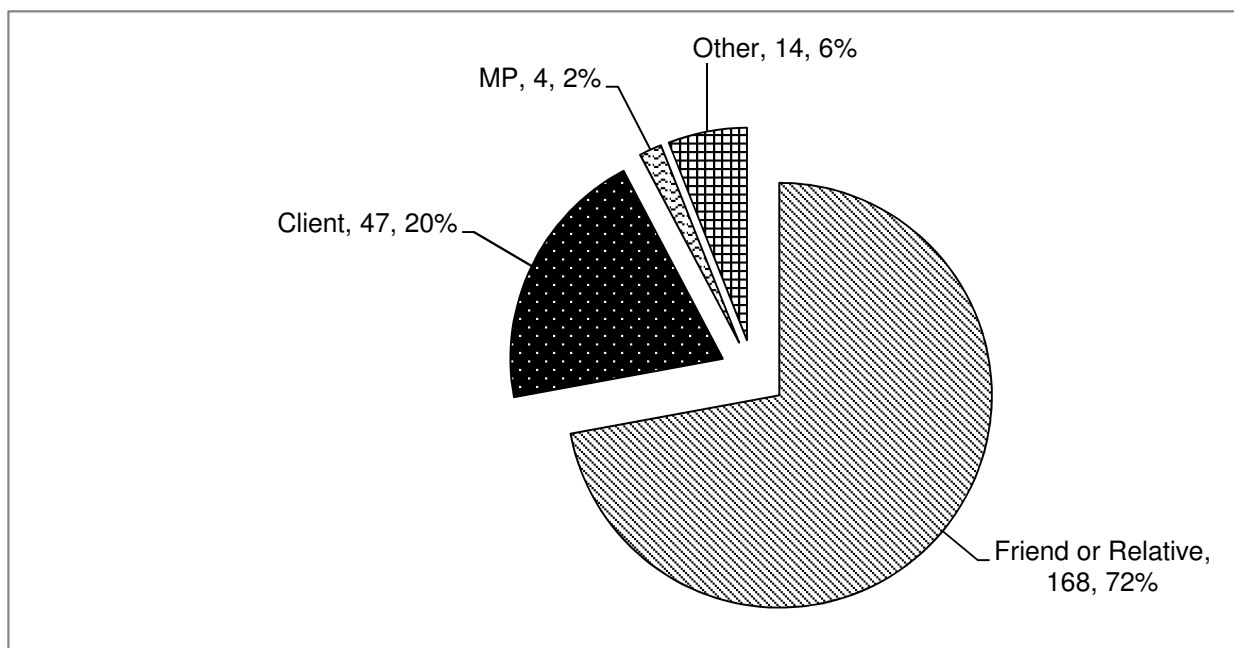
There has been a significant drop in complaints about staff conduct following a spike in 2015-16. Complaints about the quality of work and communication have reduced but from a very low base there has been a rise in the complaints about decisions made.

Figure 23 Commissioning & Performance Services Trends by Categories (including Finance)

Complaints about charges and billing continue to have a high profile in this service.

Analysis of Complainants

Figure 24 Who has Complained?

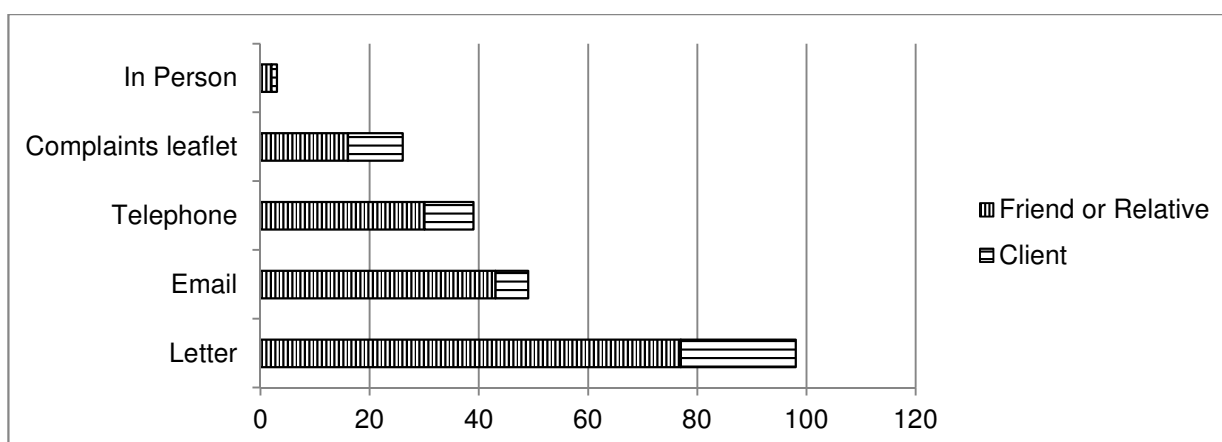


**Other includes Carers, Legal Representatives, County Councillors and Health professionals*

As with previous years the overwhelming majority of complaints continue to be from friends and relatives of clients. Following an increase in the number of clients representing themselves from 17% in 2014-15 to 22% in 2015-16, this year's 20% is fairly static.

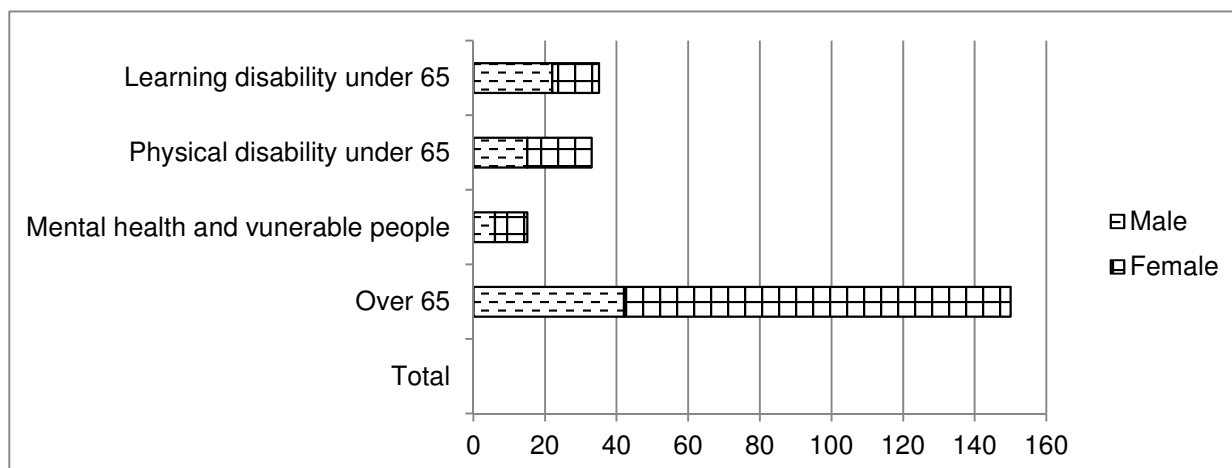
As can be seen from Figure 22 below, written complaints continue to be the preferred method of contact for clients and relatives.

Figure 25 How Clients and Friends or Relatives have complained



Equalities – Statistics and Analysis

Figure 26 Clients – Age, Gender and Disability



*Please note that some clients have more than one Primary Support Reason.

Figure 27 Equalities Information – Analysis

Protected Characteristic Group	Findings
Ethnicity	One client identified as being of mixed or multiple ethnicities, one identified as being Black or African or Caribbean or Black British, three clients have not stated and nine are unknown. The remainder of clients are white.
Age	150 complaints related to clients known to be over the age of 65. Given the volume of services provided to this age group this is to be expected.
Gender	In total 148 complaints received concerned female clients and 85 concerned males. The proportion of women receiving services in older age continues to be greater than men in that group and so the higher level of complaints in this age group is not significant.
Disability	Services are provided to people with all types of disability or age-related conditions. 35 complaints were related to clients with a learning disability, 15 were about Mental Health services and 33 from people under the age of 65 with a physical disability.
Sexual orientation	There have been no complaints explicitly related to discrimination or any with reference to people's sexual orientation,
Religion and belief	73 of the clients who had complaints raised regarding their care were Christians, one was Jewish, four stated their religion as 'other' and 14 have no religion. The remaining 141 have either not stated or their religion is unknown. There is no suggestion that any of the complaints have arisen because of discrimination on the grounds of religion.

Acknowledgement and Response Times

In 2016-17 the department achieved an improved 94% success rate (previously 93% in 2015-16 and 91% in 2014-15) in acknowledging complaints within the regulatory three working days of receipt.

Our departmental performance target is to respond to complaints within ten working days of the acknowledgement being sent. However, where a detailed investigation into the matter or liaison with other agencies is necessary, a 20 day timescale will be provided at the time of acknowledgment. Over the past year we have encouraged investigating officers to provide a more realistic timescale at the time of acknowledgement, to reduce the possibility of our complainants expecting replies before it is possible to provide them.

Of the 224 complaints that were responded to, 154 were given an expected timescale of ten working days. 112 of these (73%) were responded to within the ten days. 79 were given an expected timescale of 20 days, of which 58 (74%) were responded to within the 20 days. Overall, 170 complaints (76%) were responded to within the timescale given at the time of the acknowledgement. This is 2% higher than last year's figure of 74% and brings us much closer to the 80% departmental target being responded to within the agreed timescale.

The complexity of clients' life situations increasingly means that complaints involve the need to seek views or gain documentation from providers or other statutory agencies involved in individual cases. On occasions this has resulted in the response to the complaint being delayed until all the facts have been gathered from sources outside Adult Care.

LEARNING AND IMPROVING

The following table gives some examples where lessons learnt from complaints have led to service improvements:

Figure 28 Table Showing Examples of Complaint Outcomes

Service Area	Complaint and Outcome
Direct Care – Residential service	An appointment diary has been implemented to log all resident's health appointments. This is checked on handover and family made aware of any imminent appointments, after a resident missed an appointment because family were not aware.
Direct Care- Day Services	As a result of a complaint about some daycare staff not communicating with families, staff have now been asked to be welcoming and professional in respect of all visitors, and are to feed back how the client has been throughout the day, taking into consideration issues around confidentiality
Direct Care – Home Care	Postal issues caused homecare rotas to be delivered late in various parts of the county. This has been resolved by sending all rotas now first class
Mental Health Services	One complaint has highlighted the need for sensitivity around the notice period for ending services where outcomes have been met. Staff have been reminded that individual circumstances may require a longer notice period being given before the removal of support services.
Communication- all services	After confusion regarding staff's holiday dates, all staff have been reminded to ensure that details given on out of office email messages are up to date.
Prevention and Personalisation Services	Assessments should always be carried out on time – especially where clients are approaching financial thresholds, to ensure that funding is provided from the start and that services are not affected.
Finance	The wording of final invoices following death of clients has been changed from a standard template format to a more compassionate, individualised tone.

LOCAL GOVERNMENT OMBUDSMAN COMPLAINTS AND ENQUIRIES

Complainants who approach the Local Government Ombudsman (LGO) are asked to raise their complaint with the Council before the LGO will consider it. This means that once we have investigated the matter following our complaints procedures, if the complainant is not satisfied with our response, the Ombudsman will look into how we handled the complaint and comment on our findings.

The number of complaints considered about Adult Care in Derbyshire decreased this year from 21 in 2015-16.

12 complaints were received by the LGO during the year.

- The LGO found no fault on the part of the Council in one case, but that the Council was accountable for the incident in question.
- The LGO found fault on the part of the Council in three cases, but that the fault did not lead to an injustice
- The LGO decided not to investigate three cases

The following compensation payments were made as recommended by the LGO:

- £1000 was paid to the client to remedy the injustice caused by the incident.
- £1000 for paid to the complainant to be shared with those members of the client's family who were distressed by the incident

Two complaints were considered to be premature by the LGO. These were passed to the Council by the LGO for investigation as Adult Care had not been given the opportunity to do so through our complaints process.

Adult Care is awaiting decisions in three cases.

For further information regarding the Local Government Ombudsman, please visit www.lgo.org.uk

SERVICE ENQUIRIES

This refers to requests for a change or adjustment to a service or for information on how a decision has been reached. Correspondence from MPs and Elected Members will usually be categorised under this heading unless most appropriately listed as a complaint.

The number of Service Enquiries dealt with by Adult Care was 91, of these 56 were from MPs and 18 from County or District Councillors on behalf of their constituents. The remaining 17 were from clients or their representatives. The number of enquiries from MPs shows a slight decrease from the 108 in 2015-16.

CORPORATE COMPLAINTS

Adult Care complaints include those which, according to the NHS and Social Care regulations, relate to Social Care within the meaning of Part 1 of the Health and Social Care Act 2008.

Complaints handled within the Corporate Complaints process relate to those which fall outside of this remit, for example Blue Badge enquiries and the Derbyshire Discretionary Fund, which although handled in Adult Care do not fall within this definition.

In addition to the complaints described already in this report which have been dealt with under the Adult Care Complaints procedure, a further 36 Corporate Complaints were dealt with, a large increase on the nine received in 2015-16.

Ten of these related to cuts in funding provided to Community and Voluntary Sector organisations, and six to poor or incorrect communication being provided to the public or clients. Five related to staff conduct and four to decisions that we made. The remainder were regarding delays in providing a service (one) and the quality of our work. 12 of the Corporate Complaints were upheld.

ACTION PLAN 2016-17

Every year the department draws up an action plan to make positive changes as a result of learning from complaints. Figure 29 shows progress on the action plan for 2016-17:

Figure 29 Table Showing Action Plan for 2016-17 and Progress

Action	Target Date and Activity
Attend Direct Care workshops to highlight and share the learning gained in the LGO's "My Expectations" report on how to make complaints systems more user-friendly	Direct Care workshops were attended and the My Expectations Report shared. Brief complaints training provided
Review process for determining timescales for response to complaints - Practice Guidance to be completed	Not formally progressed
Improve data accuracy by reviewing guidance materials for complaints clerks	All guidance materials checked and new drawn up for amended systems in 2017-18
Develop eLearning package for 'Effective Complaints Handling'	E-Learning Package in progress. Delayed due to change in complaints administrator personnel. Moved to 2017-18 action plan
Review staff guidance and improve information available to clients regarding 3rd party top-ups	Final draft now being completed
Review of Complaints Policy/Procedure to further clarify relationship with safeguarding and disciplinary processes.	Complaints policy/ procedure amended to include clarity on safeguarding and human resource processes.
Address speed of response to complaints with those managers who have been consistently under the 80% target.	Major improvements made in the service which had the weakest record in responding to complaints.

LOOKING FORWARD

Each year the department sets out what it wishes to do in the current financial year to improve services. The next table shows the plan for 2017-18.

Figure 30 Action Plan 2017-18

Action	Target Date	Responsible Officer
Develop eLearning package for 'Effective Complaints Handling'	January 2018	Service Manager (Efficiencies and Performance), Complaints Administrator
Address speed of response to complaints with those managers who have been consistently under the 80% target	Ongoing	Service Manager (Efficiencies and Performance), Complaints Administrator
Examine links between complaints system and information governance reporting to provide more holistic report in 2018-19	January 2018	Service Manager (Efficiencies and Performance), Complaints Administrator
Assist, where appropriate, in the development of the consent model required by the General Data Protection Regulations	May 2018	Service Manager (Efficiencies and Performance),

Complaint: An expression of dissatisfaction by a client or their representative.

Service enquiry/representation: A request for clarification, change or adjustment to a service. Not necessarily an expression of dissatisfaction and will usually be dealt with to the satisfaction of the user at the time of the request. Service enquiries may progress to complaints if not dealt with to the satisfaction of the client, and are usually brought to us by MPs and Elected Members.

Derbyshire County Council Corporate Complaints Procedure: These are complaints which are outside the legal scope of the NHS and Community Care Act.

For further definitions and information regarding our Complaints Procedure, please right click and open the link: [DCC Adult Care Complaints](#).