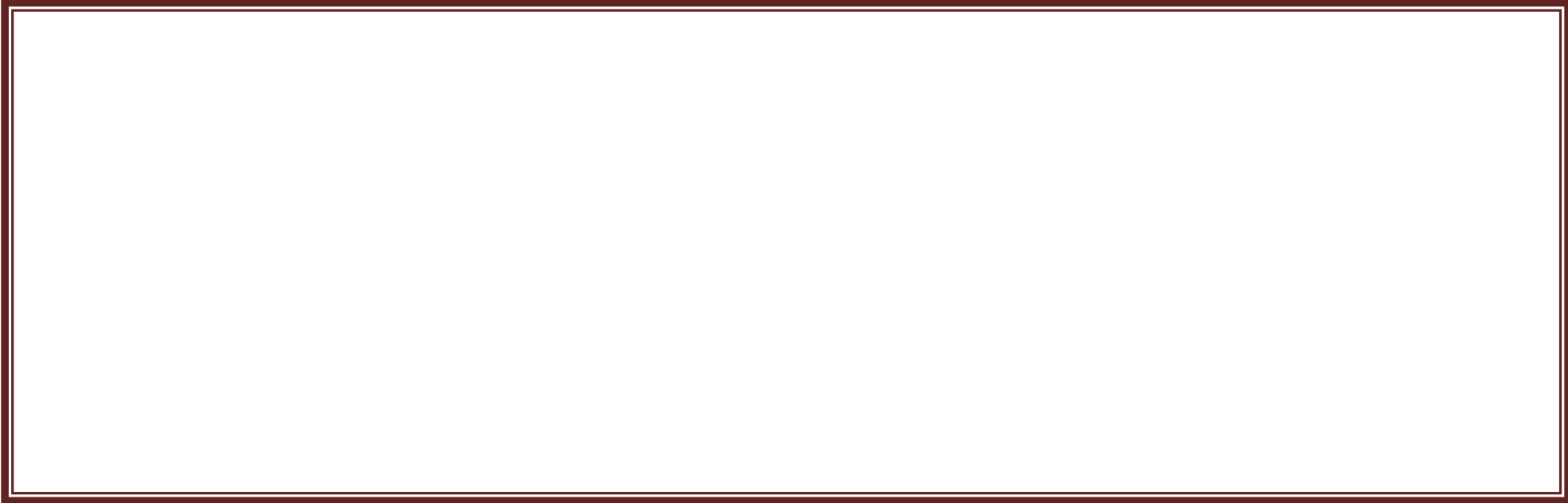


Towards a person centred complaints system



This tool is broadly based on the widely recognised “My Expectations” document¹. This joint publication by the Local Government Ombudsman, Healthwatch England and Parliamentary and Health Services Ombudsman sets out a vision for what a user-led vision of a complaints system looks like.

Since the publication of this document in November 2014, the National Complaints Managers Group, representing complaints managers across local authorities in England has undertaken further work in developing a framework incorporating these principles to identify what an effective complaints system should look like

The resulting document “Good Practice Guidance for handling complaints concerning adults and childrens services complaints”² was formally endorsed by the Local Government Ombudsman, Association of Directors for Adult Services (ADASS) and

¹ [My expectations for raising complaints and concerns](#)

Association of Directors for Childrens Services (ADCS) and was published in May 2016

It was recognised that further work was required to further develop a self-assessment tool and which individual authorities could use as a barometer as to how effectively they have implemented these key principles.

Structure of the tool

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The tool is based on the five principles outlined in the Good Practice Guidance, each of which encompasses a number of performance areas. To demonstrate progress in each area, the organisation is encouraged to assess itself against the score matrix, and to record the evidence it has to support the score.

² [Good Practice Guidance for handling complaints](#)

Scoring

In scoring the organisation, you are more likely to reach a helpful and practical conclusion if you:

- Are realistic about the current position and how you can evidence this
- Are rigorous in using real evidence about the known impact of policies / documents you rely on. The existence of a policy or strategy is important does not guarantee it is being successfully utilised.
- Look at results that have actually been delivered
- Use the tool to reflect on what evidence including benchmarking data is currently available within your organisation and how useful this is.

It is assumed that councils will wish to use the results to drive further action and to record the action plan,

perhaps in an abbreviated way, in the relevant sections of this questionnaire.

Basis for scoring in each area

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- The organisation has **STRONG** evidence of effectiveness including evidence of better outcomes.
 - The organisation has **SOME** evidence of effectiveness but with gaps in the evidence.
 - The organisation does conform but **CANNOT EVIDENCE** effectiveness (perhaps because work is currently taking place in this area and / or because results are not being measured)
 - The organisation is not tackling this area and / or there are major obstacles to progress. **NO EVIDENCE** of effectiveness.

<i>Enter Organisation Name Here</i>	SCORE Min:0 Max 3	BASIS FOR THE SCORE Quick summary of evidence	Notes and Queries Include evidence gaps
Principle 1: Ensure the complaints process is accessible			
1.1 Complaints literature is visible and accessible to all service users.	2	Online offering is good. Paper complaint leaflets are no longer provided due to cost but complaint form is available on request at council buildings	
1.2 Equality and diversity is recognised, promoted and facilitated throughout the complaints process.	1	Easy read leaflet ASC but no other E & D aspects considered. Customers do have access to make their complaint in	More Equality monitoring could be achieved with an automated complaints system.

		person at the Customer service centre.	
1.3 The complaints handling and support services are highly visible and impartial	3	Complaints team are accessible and visible. The team periodically meet with service managers to discuss performance and recent trends	Can be accessed in person/phone/email/letter
1.4 Information on how to complaint is published on the Council's website and available through other mediums	3	On website x all 3 processes	
1.5 Information about the complaints procedure is provided to all service users and carers at commencement of service and annual reviews	3	CSC - complaints mentioned at all CIC reviews every 6 months. MOMO app promoted. ASC process is online and provided at all reviews.	

1.6 The complaints process delivers assurance to service users that making a complaint will not affect their service	2	Verbally team are reassuring to customers and approachable	Need to add to leaflets/website-wording reassuring customer
1.7 The service user is able to authorise others to complain on their behalf	3	We have clear processes for 3rd party complaints, MPs and councillors make complaints easily. GDPR means we have to take extra steps in regard to access to data.	Have completed GDPR consent forms changes in advance of the go live date
1.8 Information on the outcomes and service improvements from complaints are publicly available, thereby reinforcing the positive value of the complaints processes	2	Service improvements are highlighted on annual reports but not publicized anywhere else.	Could be separated and highlighted on web. You said we did could be on website.

1.9 Service users are made aware that the organisation is open to customer feedback and complaints	3	It is clear on the website and in other literature that we welcome feedback	
1.10 Staff are trained and made aware of the complaints process	2	Complaints staff are - CSC and ASC staff have guidance. Corporate staff induction historically included a section on complaints process - this has not happened for some years.	Corporate staff induction needs to include complaints. New insite has no complaints page
1.11 There is senior ownership and accountability of the complaints processes	2	Yes CEO, Director of Governance and other Directors heavily involved. Team send updates periodically.	MKC do quarterly updates to all Directors - Director of Governance considering regular updates to CMT
1.12 All providers of commissioned services are made aware of the statutory	2	ASC commissioning are compliant with this and	Some outsourced services being

complaints regulations and their duty to comply with them.		evidence provided of how providers display this in their literature to service users. In the corporate complaints side Bailiffs complaints procedures signpost to council process also.	awarded contracts without prior engagement with the complaints team to clarify how complaints will be handled - this has been flagged to Director of Governance
TOTAL SCORE FOR PRINCIPLE 1	28/36		
<p><i>Principle one: Action Plan</i></p> <ul style="list-style-type: none"> ● Review options for Equality Monitoring ● Review accessibility of complaints process for vulnerable service users ● Add wording to website and literature on how complainants can expect to be treated ● Review publication of Service Improvements on Council Website ● Review corporate staff induction to include awareness of complaints process ● Review regular complaints reporting to senior Directors group. 			

<i>Enter Organisation Name Here</i>	SCORE Min:0 Max 3	BASIS FOR THE SCORE Quick summary of evidence	Notes and Queries Include evidence gaps
Principle 2: Ensure that the complaints process is straightforward for service users and their representatives			
2.1 Appropriate advocacy or support services are available at the point of access for those wishing to complain	3	CSC - NYAS ASC - Voicability	
2.2 Staff are informed of and actively promote the availability of advocacy services to service users	3	CSC tell all CIC their right to access NYAS. Complaints team offer Advocacy to CSC young people. ASC customers can find info about advocacy on council website.	

2.3 Service users and those acting on their behalf are able to complain through the various channels using the method of their choosing.	3	MOMO, email, complaints form, letter, in person and by telephone	
2.4 All staff within the organisation are empowered and encouraged to accept a complaint and deal with it appropriately	2	Regular updates go out to service areas which should be cascaded by managers. Some evidence that staff are not actioning complaints correctly.	CRM would help to join up the process. Staff induction needs to be improved also
2.5 Complainants are treated with respect and concerns are taken seriously when raised	3	All complaints logged and high percentage have merit which indicates that complaints are taken seriously.	

<p>2.6 Protocols are in place between the local authority social care services, local health services and other key partners for responding to complaints which involve more than one organisation</p>	<p>2</p>	<p>Joint complaints negotiated with CPFT & CCG. Internal partners</p>	<p>Need to standardize policy for outsourced services. Meeting with Director of Gov to move this forward.</p>
<p>2.7 There are clear systems in place for referring child protection or safeguarding adult issues to the appropriate services. When a complaint includes such issues this is recognised and acted upon and, where appropriate, the complaints process contributes to the response to those concerns.</p>	<p>3</p>	<p>Clear process map in place for both. Safeguarding in ASC dovetails with complaints process. In Childrens complaints process will proceed and CP Section 47 will be treated separately. Web pages signpost customers to safeguarding for children and adults</p>	

2.8 There are clear protocols and a joined up approach with the Local Safeguarding Children's Board (LSCB) for the management of complaints that fall within the remit of LSCB complaints procedure	2	Protocols are in place - understanding could be better	
2.9 There are clear channels and processes for the referral of allegations and safeguarding alerts to the Local Authority Designated Officer (LADO) and Multi Agency Safeguarding Hub (MASH)	3	All available for staff and customers via the Council website	Available on LSCB website linked on Council website and SCIP procedure manual online.
2.10 At the time of commissioning social care services, the local authority ensures that the contract between it and the provider clarifies how complaints about those services should be handled.	3	Commissioning have confirmed that this is occurring and regular monitoring of providers complaint volumes and actions takes place. Evidence of a providers	

		complaints leaflet provided to evidence this.	
TOTAL SCORE FOR PRINCIPLE 2	27/30		
<p><i>Principle two: Action Plan</i></p> <ul style="list-style-type: none"> ● Review corporate staff induction to include awareness of complaints process (2.4). ● Review joint complaint and outsource complaint protocols with Director of Governance (2.6, 2.8). 			

<i>Enter Organisation Name Here</i>	SCORE Min:0 Max 3	BASIS FOR THE SCORE Quick summary of evidence	Notes and Queries Include evidence gaps
Principle 3: Ensure that appropriate systems are in place to keep service users informed throughout the complaints process			
3.1 Complaints are acknowledged in keeping with statutory timescales	3	Complaints team adhere to this as much as resources allow.	Automation would help to lift this from 90% to 100%
3.2 The nature of the complaint and the desired outcomes are discussed and agreed with the complainant at the outset.	2	If by telephone or in person this happens. When by email or letter clarification is only sought if complaint and desired outcomes are not clearly understood.	Not always practical to clarify and discuss outcomes whilst still adhering to timescales.
3.3 Complainants are informed of who will be investigating and responding to their complaints.	3	In acknowledgement letter.	

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3.4 Complainants are given the choice regarding how they wish to be contacted	3	Customer will be responded to as they have indicated.	
3.5 Complainants are advised of the timescales for responding to their complaints and kept informed of any delays or changes	2	Timescales are stated in Ack letter. Majority of the time holding letters are sent when response is delayed.	Automated holding letters would help with this.
3.6 Appropriate consideration is given to anonymous complaints	3	Yes - always passed to dept for info.	Passed to Monitoring officer if possible this could be whistleblowing allegation
3.7 All complaints will be treated confidentially and only shared on a 'need to know' basis	3	Unless there are safeguarding issues	
TOTAL SCORE FOR PRINCIPLE 3	19/21		

Principle three: Action Plan

- Review the options for an automated council- wide complaints system

<i>Enter Organisation Name Here</i>	SCORE Min:0 Max 3	BASIS FOR THE SCORE Quick summary of evidence	Notes and Queries Include evidence gaps
Principle 4: Ensure that the complaints process is resolution focused			
4.1 The complaints handling process is flexible and offers complainants options for resolving their complaint, depending on the seriousness and nature of the concerns whilst being mindful of statutory requirements.	3	When we step outside of the statutory complaints process ie conciliation (CSC) or further replies at Stage 1 it is to ensure we try to reach resolution. Corporate process includes informal, mediation as alternatives to formal process.	

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<p>4.2 The complaint response is customer friendly, clear, easy to understand and responds to all the concerns raised.</p>	<p>2</p>	<p>CSC - QA team give feedback on quality of responses (but only retrospectively). Quality is currently mixed.</p> <p>ASC - senior manager sign of process ensures that responses are comprehensive when sent.</p> <p>Corporate - there is more of a mixed picture across other Directorates.</p>	<p>All 3 complaint procedures give guidance to managers on how to respond comprehensively to complaints they handled. Complaint investigation training would be recommended as another option to improve skills.</p>
<p>4.3 Any resolution should consider the complainant's desired outcome.</p>	<p>2</p>	<p>Could be better documented in responses</p>	<p>Investigation training would help with this</p>

4.4 Learning points and actions specific to the complaint are included within the response, together with timescales for completion and the staff member responsible.	1	Some recommendations are included but improvement is required in this area.	Investigation training would include how to details findings in response letters
4.5 The complainants should be updated on actions taken as a result of their complaint, subject to confidentiality	2	Complaints team often have to prompt completion of agreed complaint outcomes. This is true of CSC and Corporate. Better compliance within ASC	
4.6 Any remedy should be proportionate, follow a consistent approach and take account of individual circumstances of the complaint.	2	Complaint Manager can be approached to provide advice on suitable remedies and will use LGO guidance on remedies.	Remedy not always offered early enough in the process to prevent escalation.
TOTAL SCORE FOR PRINCIPLE 4	12/18		

Principle four: Action Plan

- Complaint investigation training has already been identified as necessary for some managers

<i>Enter Organisation Name Here</i>	SCORE Min:0 Max 3	BASIS FOR THE SCORE Quick summary of evidence	Notes and Queries Include evidence gaps
<p>Principle 5: Ensure that quality assurance processes are in place to enable organisational learning and service improvement from complaints and customer feedback.</p>			
<p>5.1 Systems are in place to capture and record themes, trends and outcomes from complaints to enable organisational learning</p>	<p>3</p>	<p>QA teams in ASC and CSC receive quarterly reports from complaints team and track delivery. They offer detailed analysis on trends and this informs further</p>	<p>Other directorates could benefit from a regular mechanism of complaint analysis. Quarterly reporting across corporate services</p>

		learning and service improvements.	will only be possible with an integrated system.
5.2 An annual report is published in keeping with statutory regulations	3	Across each area, CSC, ASC and Corporate - all going to Scrutiny.	
5.3 Customer feedback is actively encouraged on the experience of making a complaint in order to inform learning and improvement of the complaints process.	1	Satisfaction survey withdrawn due to postal costs. Previously very low response rate.	Survey monkey link at end of response may be an option
5.4 Systems are in place to follow up on the recommendations and actions of complaints to ensure that they are	2	CSC and ASC have quarterly reporting through QA teams to help complete recommendations	Improvement needed so LGO timescales can be met. More ownership needed

implemented and the complainant is informed.			across all directorates.
5.5 Evidence of learning outcomes, service changes and improvements are captured in order to inform organisational learning and service development.	2	CSC and ASC QA team complete this. No evidence that other services complete this.	Service Improvements feedback loop needs to be put in place across non ASC and CSC directorates.
5.6 Robust arrangements are in place for monitoring and learning from complaints made concerning commissioned services.	3	Commissioning have confirmed regular monitoring and auditing takes place.	
TOTAL SCORE FOR PRINCIPLE 5	14/18		
<p><i>Principle five: Action Plan</i></p> <ul style="list-style-type: none"> • Review new options for feedback from complainants about the process 			

- Quarterly reporting for Corporate complaints needs to be considered

CONCLUSIONS AND REFLECTIONS ON WHAT HAS BEEN LEARNED

Peterborough's complaints procedures are largely compliant with the key principles but there are some areas for targeted improvement.

- Complaint training for managers would resolve some issues.
- Quarterly reporting for corporate complaints would be of benefit
- An automated & integrated complaint system would add value and would be more efficient.

IDEAS FOR IMPROVING THE ORGANISATION'S EVIDENCE BASE

Evidence is generally available to evidence scores

Date Completed: 19.11.18

Review Date: November 2019