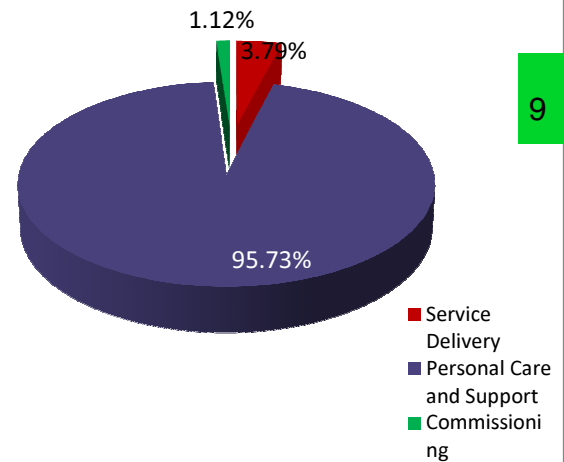


# 2013/14 ASC Annual Customer Relations Report

## Section A: Overall ASC Complaints & Compliments Activity

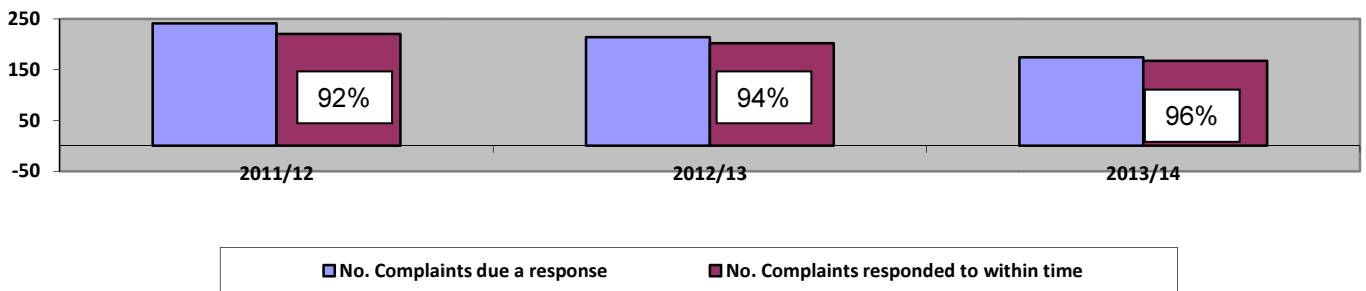
	2011/12	2012/13	2013/14
Volume of compliments received	396	553	680
Volume of complaints received	233	213	179
Individuals making a complaint	225	206	171
Complaints escalated to LGO	7	10	12
LGO Independent Investigations	0	0	0
Number complaints due a response	241	214	176
No. complaints responded to within agreed timescales (%)	221 (92%)	202 (94%)	169 (96%)
<b>Target Response Times (%)</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>
Average response times (days)	23 days	22 days	22 days
<b>Best Practice Response Times</b>	<b>20 days</b>	<b>20 days</b>	<b>20 days</b>
Costs (compensation paid)	£1,511	£1350	£600

Volume of ASC Complaints Received



9

### Response Handling Performance



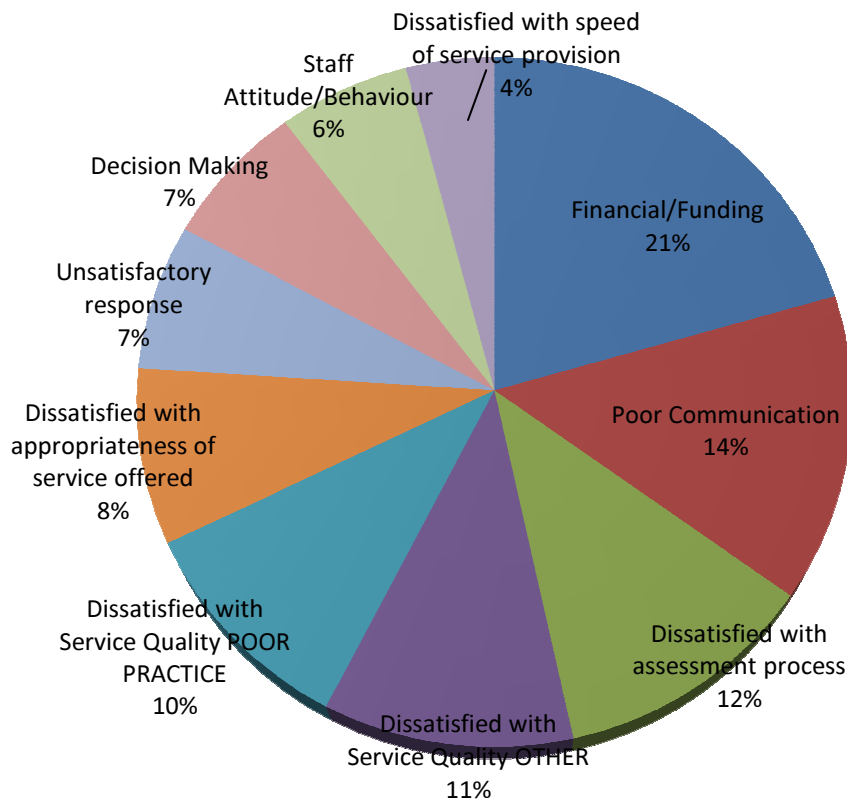
n's demanding target for yr). This year, : by 2% on the previous

led) compared to 2011/12 decrease. A range of his trend tells us. The y the trend with front line ng disenfranchised. ted to the Local

however, settlement for e in settlement figures

## Section B: Nature & Service Area of Complaints Received during 2013/14

### Top Service area and Nature of complaints 2013/14



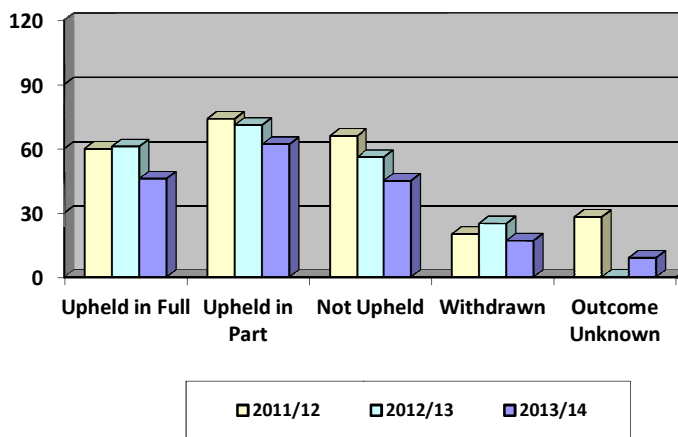
s years. In 2013/14, communication and communication was the most common area for complaints, which reflected a marked shift in peoples' attitudes.

, which reflects a broad shift in peoples' attitudes, which reflects a broad shift in peoples' attitudes.

Attitude/behaviour was the most common area for complaints, which reflects a broad shift in peoples' attitudes.

## Section C: Outcome & Resolution of Complaints

Outcome of Complaints	2011/12	2012/2013	2013/14
Complaints upheld in full	60 (24%)	61 (29%)	46 (25%)
Complaints upheld in part	74 (30%)	71 (33%)	62 (35%)
Complaints not upheld	66 (27%)	56 (26%)	45 (25%)
Complaints withdrawn	20 (8%)	25 (12%)	17 (10%)
Outcome unknown	28 (11%)	0 (0%)	9 (5%)



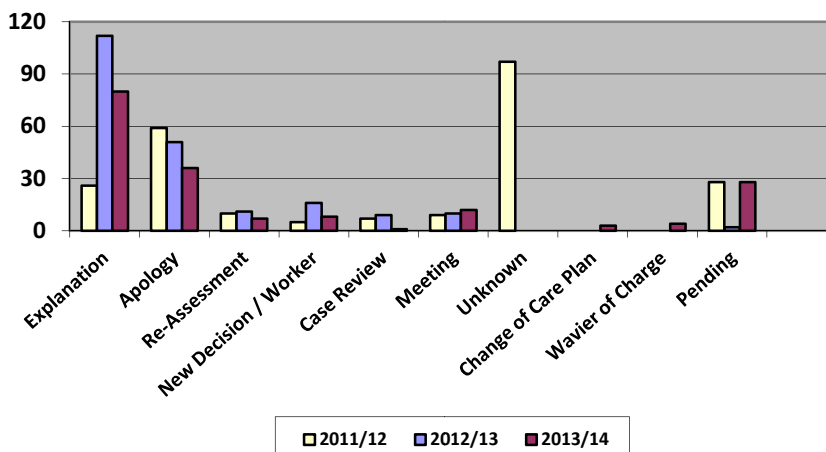
### ie Headlines (2013/14)

f complaints were upheld in full art. This is consistent with 13 (62%) and does not translate concerns about the services per it shows that the complaints legitimately raised and that the treatment was fair in reaching these decisions.

me unknown is at 9 (5%) for 14. This reflects 9 complaints ed in 2013/14 but due a rise in 2014/15. Therefore, no aints were closed without ing this key piece of data (an element that the Department was to bring about by building on ss in this area in 2012/13).

awn complaints stood at 17 As both a percentage and a gure, this fell from the previous f 25 (12%).

Resolution of Complaints	2011 / 12	2012/13	2013/14
Explanation	26 (11%)	112 (53%)	80 (45%)
Apology	59 (24%)	51 (24%)	36 (20%)
Re-Assessment	10 (4%)	11 (5%)	7 (4%)
New decision / care worker	5 (2%)	16 (8%)	8 (4%)
Case review/change of Practitioner	7 (3%)	9 (4%)	1 (1%)
Meeting	9 (4%)	10 (5%)	12 (7%)
Unknown	97 (40%)	0 (0%)	0 (0%)
Change of Care Plan	0 (0%)	0 (0%)	3 (2%)
Wavier of Charge	0 (0%)	0 (0%)	4 (2%)
Pending resolution	(28) 12%	2 (1%)	28 (16%)



### ion Headlines (2013/14)

f complaints were resolved with explanation or apology. While this is the outcome that resolves the majority of complaints, it also reverses a trend in 2012/13 where 77% of aints were resolved in this way. It appears due to other forms of resolution becoming popular in 14, such as meetings, changing plans and waiving charges.

h 2012/13, all complaints have a ead resolution. This reflects ' diligence in completing data n the complaints they handle. 120) of all complaints have ing points and corrective actions ed. This is a reduction in stage terms on last year, where 76% (162).

ain actions identified were: ' and improve internal unications 13.41% (24), review ice for staff 10.61% (19) and ' and improve training for staff, (17).

## Section D: Feedback Complaints Survey

Customer Relations issues the complaints feedback survey at the end of the complaints process. This is designed to ascertain feedback on the complaints process itself rather than satisfaction with the outcome of the complaint. The Department historically receives a low response rate (in 2012/13, we received 13 responses). In 2013/14, we received 9 responses. This low response is probably because complainants see the survey as “another thing” to consider and less relevant to making their complaint and seeking a resolution.

Of those 9 surveys, responses include:

- Most complainants scored making a complaint as “easy” (6 responses) as opposed to “hard” (2 responses). One respondent didn’t answer this question.
- All respondents scored the Department highly on our speed in acknowledging their complaint, providing a response that answered all of their issues, and what to do next at the end of the complaints process.
- Most respondents felt treated with dignity and respect (8 responses gave a score of either 1 or 2 and one respondent scored this lower at 3).
- 8 respondents were satisfied (scoring 1 or 2) with the way their complaint was handled. One was “very dissatisfied” (scoring 4).
- Views were mixed on how confident respondents were the Department could prevent the same problems (that gave rise to their complaints) occurring again. 5 responses scored 1 and 2 for how confident they were, while 3 responses scored 4 or 5. One respondent did not address this point.

## Section E: Compliments

Emphasis of Compliments		Total
<b>Commissioning</b>		<b>10</b>
Personal Care and Support	<i>East</i>	115
	<i>Mid</i>	148
	<i>North West</i>	229
	<i>South West</i>	116
	<i>County wide</i>	30
<b>Personal Care &amp; Support Total</b>		<b>638</b>
Service Delivery	<i>Learning Disabilities</i>	15
	<i>Older Peoples Services</i>	14
<b>Service Delivery Total</b>		<b>29</b>
<b>Strategic Support / Policy &amp; Strategy</b>		<b>3</b>
<b>Grand Total</b>		<b>680</b>

9

### Compliments Headlines (2013/14)

- 94% of all compliments received related to Personal Care & Support Teams
- 40% of PC&S compliments related to reablement teams
- 27% of PC&S compliments related to staff competency
- Of the four areas, the North West received the largest amount of compliments
- 64% of these were service led (solicited) and 36% initiated spontaneously by people using services (unsolicited).
- Total number of compliments (680) is higher than complaints (179) and is also an increase on the previous year (2012/13) where we received 553.
- Service users continue to be enthusiastic about providing positive feedback on our services.

## Section F: Learning from complaints

Learning from complaints leads to changes to the way the Department delivers services, examples include:

- Agreed to share learning around communication with the whole team during future Best Practice Meeting. This learning was identified by the Team Manager even though the complaint of Poor Communication was not upheld (the difficulty with communication related to a third party local authority's involvement).
- Following a joint investigation by CQC and Surrey County Council into a private provider's residential care home, staffing levels were increased and training revised. Surrey County Council also developed a new relationship with the care home and provided an allocated Practitioner as a professional liaison.
- Following a complaint to the Emergency Duty Team, the Team Manager took steps to ensure that EDT staff had access to information on the Carers Registration Scheme. Previously, the

information was held only on social care systems that EDT did not routinely have access to. This was remedied for all people contacting EDT.

## Section G: Achievements

- **The training agenda**
  - The Customer Relations Team provided training throughout the year to operational colleagues. Almost all attendees provided positive feedback on the training and its relevance to actual scenarios that they are regularly involved in.
- **Supporting Staff**
  - The Team has supported staff with individual strategies for complex complaints and in dealing with challenging cases, both within and outside the complaints process.
- **Publicity**
  - We have revised our online complaints information with a particular focus around inviting customer feedback. The Customer Relations Team also developed specialist publicity for people with Learning Disabilities, with our colleagues in Service Delivery.
- **Liaison with NHS groups**
  - Surrey County Council continues to lead on, organise and chair the Complaints Managers' group for social care and NHS staff in Surrey.
- **Complaints advocacy**
  - Customer Relations has built links with those advocacy providers supplying advocacy to people using Adult Social Care, people making complaints to the NHS in Surrey and throughout the South of England.
- **Quality Strategy**
  - Customer Relations has contributed to the Department's quality strategy through our work on the outcomes of individual complaints, securing specialist freelancers for investigations, and working on projects with Commissioning colleagues (specifically around Learning Disability services).

### Objectives for 2014/15

- Promote good practice to neighbouring authorities and NHS bodies, around complaints handling, advocacy and delivering service improvements. Target partners for this promotion include Health Watch, NHS Complaints advocates, social care advocates and local authority Customer Relations Managers.
- Deliver ongoing training. Training is an integral feature of the Customer Relations Team's role. Objectives for the coming year include ensuring that senior Practitioners and Managers have attended the foundational training programme. The Customer Relations Team will also look at specialised training for Managers based on their feedback from last year's attendance.
- Closer work with Corporate and Families Customer Relations Teams to exploit internal expertise on good practice
- Develop our business relationship with the Ombudsman's office.

## Contact details

**For further details on complaints or compliments, please contact:**

- Dilip Agarwal, Customer Relations Manager (07773) 563 207
- Karla Butler, Customer Relations Team (01483) 518300
- Caroline Kalmanovitch, Business Intelligence Manager (07855) 456 337

This page is intentionally left blank