



## Mayor and Cabinet

### **Report title: Annual Complaints Report 2020-21 v3**

**Date: 07 December 2021**

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All wards

**Contributors:** Acting director of Resident and Business Services; Corporate Complaints, Casework & Contracts Manager; Customer Services Manager – Environment; Head of Governance & Complaints Lewisham Homes, Quality Assurance & Business Support Manager - Adult Social Care; Complaints & Information Manager - Children's Social Care

### **Outline and recommendations**

The purpose of this report is to set out complaints and casework performance in 2020/21 as well as the measures being put in place to improve complaint handling, performance and service delivery.

The main recommendations are under section 2 on page 4 of this report:

### **Timeline of engagement and decision-making**

This report was reviewed by the Executive Management Team (EMT) 27<sup>th</sup> October and again in November 2021

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## 1. Summary

- 1.1 This annual report sets out performance information on complaints and casework dealt with by Lewisham Council and its housing partners in 2020/21. The main report focuses on corporate complaints at all stages as well as enquiries to MPs, the Mayor, Councillors, and the Chief Executive and general enquiries. This report also highlights a selection of compliments received during the year. The Lewisham Homes annual figures have been included in this report as well as notifications – FOIs and SARs.
- 1.2 The Local Government and Social Care Ombudsman (LGSCO) report is attached at **Appendix 1**.
- 1.3 The Adult Social Care and Children's Social Care complaints reports are attached in **Appendix 2 and Appendix 3 respectively**. These reports include an overview of statutory complaints in Adult Social Care and Children's Social Care.
- 1.4 The annual report for Freedom of Information, Subject Access Requests and Disclosure Requests are attached in **Appendix 4**.
- 1.5 The Improvement Action Plan is attached in **Appendix 5**.
- 1.6 The 2020/21 data provided in this report is based on information recorded on the complaints system - iCasework. Data for 2019/20 and previous years has been provided for comparison where available. The accuracy of the underlying data is dependent on how cases are recorded and categorised on the system by officers. Directorate level analysis of performance is not available for 2020/21 as there have been significant structural changes in the Council. This has recently been updated in the system and will be available for next year's annual report.

### 1.7 Background & Main Issues

- It is accepted that we need to improve complaints and casework handling across Lewisham Council and its housing partners. The processes around Members Casework will be reviewed as part of the Resident Experience Programme in conjunction with the Corporate Complaints, Casework and Contracts Manager. We need to continue to address our responsiveness in dealing complaints and enquiries. More importantly, we need to continue to use the learning from complaints to address service delivery issues and to help prevent complaints arising in the first place. We have initiated an Improvement Action Plan based on the data and learning from this report to help the Council to change and adapt to meet the needs of residents.
- Despite a number of changes adopted within teams to help improve performance, responses to complaints and casework have consistently been below target.
- Not all aspects of the enquiry were being responded to which led to subsequent

complaints being raised. If senior managers were to check responses or there was an element of quality control before being issued this would reduce the number of subsequent complaints.

- Performance information and response times of our complaints was previously not available to Executive Directors, Directors and Heads of Service and therefore performance both good and bad was not being highlighted and discussed regularly in DMT's unless a major issue arose.
- Now services have resumed to near normal provision, complaint targets should be reverted back to standards established pre covid.

## **2. Recommendations**

### **2.1 Note the contents of the report including the improvement action plan under Appendix 5**

- To improve performance, improved reporting and visibility of complaints and casework has been given to EMT, DMT and Executive Support Officers (ESO) by way of the Enterprise dashboard which has given greater insight into performance. This has proved beneficial in the last 2 months within the Chief Executive's Directorate. ESO's have used the dashboard to monitor and chase responses or escalate complaints by working with the Complaints teams and has increased performance. Regular engagement meetings between ESO's and Corporate Complaints Team (CCT) has had a positive impact on performance and it is recommended that this model should be followed across all Directorates. With the ESO's working with CCT and having a positive effect on performance, this has helped to raise the profile and importance of complaint and casework responses within the Directorates.
- To improve ownership and accountability, all Elected representative enquiry responses to be issued in the relevant Executive Directors name and contact details to be given.
- To improve performance the Enterprise dashboard is rolled out to nominated persons within each Directorate which gives access to all overdue and pending cases by Directorate to enable oversight of performance and individual cases in real time.
- Improved reporting provided monthly to Executive Directors so they have visibility of complaints in their own Directorate
- Complaint response targets to revert back to those established pre covid as set out in section 4.7 of the report.
- To improve performance, CCT to work collaboratively with ESOs to ensure responses to Complaints, casework and enquiries are received from the respective Directorates and issued to complainant within agreed timeframe as set out in section 4.7.
- To improve ownership and accountability Directorate management teams to review Complaints monthly as a fixed agenda item with a view to reducing trends, failure demand, and ultimately reduce complaint volumes.

## 2.2 Independent Adjudicator Recommendations

- We need to ensure we have a named person in the directorate providing the remedy to make sure of compliance within timescales. This needs to be someone local to the complaint who can arrange, and has the authority to make this happen. Compliance with remedies is important because it is public information – anybody can go onto LGSCO's website, click on the map, and find out how LBL is doing on this. Achieving 100% on-time compliance ought to be a priority for this reason alone – it's an easy-to-find (and understand) performance indicator.

## 3. Policy Context

### Corporate Complaints

- 3.1 One of our core values set out in Lewisham Council's Corporate Strategy is that 'we are open, honest and fair in all we do'. The Council welcomes customer feedback about its services and staff from residents and service users. The Council's Corporate Complaints Policy details how we handle the complaints and feedback that we receive. Corporate complaints are dealt with under a three stage complaints process. The Local Government & Social Care Ombudsman and Housing Ombudsman Service are external regulators with statutory powers to investigate complaints against councils.

### Adult Social Care Statutory Complaints

- 3.2 Since 1991, the National Health Service and Community Care Act 1990 has charged each local authority with maintaining a statutory complaints process for adult social care services. The current regulations, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, came into force on 1 April 2009. Statutorily, local provision of the regulations is the responsibility of each council's Chief Executive Officer. In Lewisham, that responsibility has been delegated to the Director of Operations for Adult Social Care.
- 3.2.1 The Council received 79 complaints about adult social care during the reporting period. This is a slight decrease in complaints compared to the previous year. The top 3 areas for complaints related to inadequate services provided by a third party commissioned service, a perceived failure of service and unhappiness or disagreement with our decision making. Details of overall performance and root cause analysis can be found in Appendix 2.

### Children's Social Care Statutory Complaints

- 3.3 The Children's Act 1989 Representation Procedure (England) Regulations 2006 requires local authorities have a formal complaints handling procedure in place for children and young people who wish to make a representation or complaint about social care. The regulations set out three stages: Stage One – Local Resolution; Stage Two – Independent Investigation, and Stage three – Review Panel.

- 3.3.1 The Council received a total of 286 cases of complaints and casework in 2020/21. This is a decrease of 39 cases compared to the previous year. The top 3 areas of complaints relate to a delay in doing something, a failure to do something or a request for a service. Details of overall performance and root cause analysis can be found in Appendix 3.

## 4. Background

- 4.1 This report provides an overview of corporate complaints and casework handling performance by the Council and its housing partners in 2020/21. A summary of the Independent Adjudicator's report and a summary of the Local Government and Social Care Ombudsman (LGSCO's) Annual Review is included with the full reports attached as appendices.
- 4.2 Complaints concerning Adult and Children's social care come under separate statutory complaints procedures and separate reports have been provided in Appendix 3 and Appendix 4 respectively.
- 4.3 Data from 2019/20 (and other previous years where available) has been provided in this report for comparison. The data was extracted from the iCasework system and is based on how cases have been recorded on the system by officers.
- 4.4 Directorate level analysis of performance is not available for 2020/21 as there have been significant directorate changes in the Council. This has recently been updated in the system and will be available for next year's annual report.

### Corporate Timescales & Responsibilities

- 4.5 The standard response times and responsibilities (in 2020/21) for responding to complaints at each stage are shown in Table 1 below.
- 4.6 The corporate complaints timescales were revised because of the significant operational pressures faced by the Council in dealing with the Covid-19 outbreak. The changes took effect from 9 November 2020.
- 4.7 Timescales to be revised back to targets set pre Covid-19 as we move towards normal working practices and staff have no longer been relocated to other teams in the Council to deal with pressures of Covid-19 from Dec 2021.

*Table 1 – Standard Response Times & Responsibilities*

Complaint / Casework	Revised Timescales with effect from 01/02/22	Responsibility
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Stage 1 Corporate Complaint	<b>10</b> working days (previously 20 working days)	Service Manager
Stage 2 Corporate Complaint	<b>20</b> working days (previously 25 working days)	Corporate Complaints & Casework Team
Stage 3 Corporate Complaint	<b>30</b> working days (previously 35 working days)	Independent Adjudicator
MP / Mayor / Councillor / CEO / General Enquiries	<b>10</b> working days (previously 20 working days)	Corporate Complaints and Casework Team/Executive Directors

- 4.8 The revised timescales will be subject to review as the country comes out of lockdown and the role of Lewisham officers in prioritising the emergency response changes.
- 4.9 The Corporate Complaints & Casework team carry out Stage 2 investigations and administer the enquiries on behalf of the Director of Corporate Resources or Executive Director in the Council.

## 5. Volume of Complaints & Enquires Received

- 5.1 The total number of new complaints and enquiries received by Lewisham Council and Lewisham Homes in 2020/21 was 7,868 cases as shown in Table 2 below.
- 5.2 Of the 2,307 new Stage 1 complaints received in 2020/21, there were 165 complaints escalated to Stage 2; 48 complaints escalated to Stage 3; and 13 cases referred to the Local Government & Social Care Ombudsman (LGSCO).
- 5.3 The volume of overall complaints remained similar to the previous year with a modest reduction from 7,969 in 19/20 to 7,868 in 20/21. This however could be down to the Covid 19 outbreak which remained in situ for the majority of the year and therefore it could be argued cases may well have increased in a normal year.
- 5.4 New first stage complaints accounted for just over 29% of all casework received in 2020/21.
- 5.5 There were 5,561 new enquiries received in 2020/21. 2,964 (53%) of these cases were general enquiries and the remainder were MP / Mayor / Member / CEO enquiries. The nature of general enquiries varies but can include a request for a service or advice and information.

*Table 2– Volume of New Stage 1 Corporate Complaints Received by Lewisham Council & Lewisham Homes*

<b>Stage 1 Corporate Complaints Received – Lewisham Council &amp; Lewisham Homes</b>			
<b>Organisation</b>	<b>2019/20</b>	<b>2020/21</b>	<b>% increase / decrease from previous year</b>
Lewisham Council	2236	<b>1926</b>	↓14%
Lewisham Homes	399	<b>381</b>	↓5%
<b>Total</b>	<b>2635</b>	<b>2307</b>	↓13%

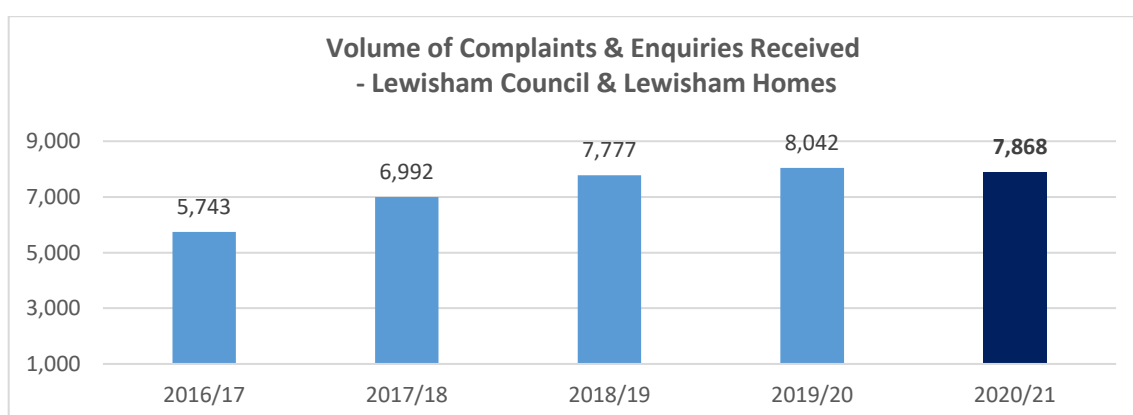
- 5.6 The direction of travel for above shows a significant decrease overall for Stage 1 complaints compared to last year. However, this could be due to the Covid-19 Pandemic.

*Table 3 – Volume of New Enquiries by Lewisham Council & Lewisham Homes*

<b>Enquiries Received – Lewisham Council &amp; Lewisham Homes</b>			
<b>Organisation</b>	<b>2019/20</b>	<b>2020/21</b>	<b>% increase / decrease from previous year</b>
Lewisham Council	4386	<b>4492</b>	↑2%
Lewisham Homes	1021	<b>1069</b>	↑4%
<b>Total</b>	<b>5407</b>	<b>5561</b>	↑3%

- 5.7 The direction of travel shows a slight increase of enquiries compared to last year.

*Table 4 – Volume of Complaints & Enquiries Received (Lewisham Council & Lewisham Homes)*





## Improvement Actions – Case Volumes

- 5.8 Overall there is a slight decrease in complaints and enquiries compared to last year. This could be due to a number of factors including Covid 19 pandemic. However, there are still improvements required within Lewisham and this has been detailed in **Appendix 5** Improvement Actions

## **6. Root cause of complaints**

- 6.1 The top two issues for complaints relate to Revenues, and Environmental Services. Although these have been highlighted as separate line items below, overall the Enviro services has the highest number of complaints which all relate to missed collections, disposal services, bin replacements and bins not being returned. Essentially they all relate to the same service so this is the top area of concern and needs to be addressed for the coming year.
- 6.2 Despite the Environment Directorate having the highest number of complaints noted below in tale 5, it is worth noting that the service collects 330,000 bins a week and 313 complaints equates to the service failing on 0.00017% of occasions.
- 6.3 Revenues issue 130,000 Council tax notices to domestic properties. With 98 complaints for 20/21 this equates to less than 0.0001% residents being dissatisfied with the service.

*Table 5 – Top 5 Complaint Issues*

Outcome of Top 5 Complaint Issues in 2020/21					
Lewisham Council					
Complaints Issue	No. of Cases	Resolved upon Receipt	Not Upheld	Partly Upheld	Upheld
Account Query (Revenues)	98	8	79	6	5
Missed Collection (Enviro Services)	91	1	25	3	62
Disposal (Enviro Services)	78	10	21	11	36
Request New/ Replacement Bin	77	3	17	1	56
Bin not returned	67	3	14	3	47
Lewisham Homes					
Complaints Issue	No. of Cases	Resolved upon Receipt*	Not Upheld	Partly Upheld	Upheld

<b>Plumbing</b>	61	0	8	30	20
<b>Operational Issues</b>	43	0	8	18	12
<b>Damp</b>	28	0	8	14	6
<b>Appointments</b>	27	0	3	13	11
<b>Roof Repair/Renewal</b>	21	0	2	12	7

\* some cases were withdrawn or rejected hence why numbers don't add up for all the options

## 7. Performance (Cases Due & Timelines)

7.1 Although cases across all stages of complaints have reduced, improvements need to be made in responding to complaints on time. Improved reporting will help to highlight this to services.

*Table 6 - Timeliness of Stage 1 & Stage 2 Corporate Complaints and General Enquiries – Lewisham Council & Lewisham Homes, exc. Statutory complaints for children's and adult's social care*

<b>Timeliness of Corporate Complaints and General Enquiries – Council Directorates &amp; Lewisham Homes</b>							
<b>Organisation</b>	<b>Year / Variance</b>	<b>Stage 1 Complaints</b>		<b>Stage 2 Complaints</b>		<b>General Enquiries</b>	
		Cases Due	% On Time	Cases Due	% On Time	Cases Due	% On Time
<b>Lewisham Council</b>	2019/20	2026	83%	57	51%	2578	98%
	<b>2020/21</b>	<b>1562</b>	<b>79%</b>	<b>50</b>	<b>28%</b>	<b>2422</b>	<b>98%</b>
	Variance	↓464	↓4%	↓7	↓23%	↓156	→ 0%
<b>Lewisham Homes</b>	2019/20	387	92%	65	97%	297	83%
	<b>2020/21</b>	<b>331</b>	<b>91%</b>	<b>90</b>	<b>92%</b>	<b>274</b>	<b>84%</b>
	Variance	↓56	↓1%	↓35	↓5%	↓23	↑1%
<b>Total</b>	2019/20	2413	84%	122	75%	2875	96%
	<b>2020/21</b>	<b>1893</b>	<b>81%</b>	<b>140</b>	<b>69%</b>	<b>2696</b>	<b>97%</b>
	Variance	↓520	↓3%	↑22	↓6%	↓179	↑1%

7.2 Stage 1 and 2 performance is less than last year therefore overall performance has decreased by 3% and 6% respectively.

*Table 7 – Timeliness of MP, Mayor, Members and CEO Enquiries – Lewisham Council & Lewisham Homes*

Timeliness of Enquiries – Council Directorates & Lewisham Homes									
Organisation	Year Variance /	MP		Mayor		Members		CEO	
		Cases Due	% On Time	Cases Due	% On Time	Cases Due	% On Time	Cases Due	% On Time
Lewisham Council	2019/20	1183	69%	270	73%	361	79%	64	76%
	<b>2020/21</b>	<b>1130</b>	<b>68%</b>	<b>266</b>	<b>70%</b>	<b>227</b>	<b>73%</b>	<b>71</b>	<b>62%</b>
	Variance	↓53	↓1%	↓4	↓3%	↓134	↓6%	↑7	↓14%
Lewisham Homes	2019/20	455	95%	36	72%	224	93%	3	67%
	<b>2020/21</b>	<b>481</b>	<b>95%</b>	<b>58</b>	<b>81%</b>	<b>197</b>	<b>97%</b>	<b>1</b>	<b>0%</b>
	Variance	↑26	→0%	↑22	↑9%	↓27	↑4%	↓2	↓67%
Total	2019/20	1638	76%	306	73%	585	84%	67	76%
	<b>2020/21</b>	<b>1611</b>	<b>76%</b>	<b>324</b>	<b>72%</b>	<b>424</b>	<b>84%</b>	<b>72</b>	<b>62%</b>
	Variance	↓27	→0%	↑18	↓1%	↓161	→0%	↑5	↓14%

### Improvement Actions - Performance

- 7.3 Performance has remained the same compared to last year for MP enquiries, a reduction of 1% performance for Mayoral enquiries, however a 14% reduction in performance for Chief Exec enquiries compared to last year although there was an increase in the number of enquiries in 20/21. This reduction in performance with similar caseloads to the previous year is due to a reduction in staffing resource. Better reporting measures have been put in place to monitor performance monthly and therefore any reduction in performance can be picked up and addressed in a timely fashion.

## **8 Complaint outcomes**

- 8.1 The high level breakdown of complaints by decision in 2020/21 for Lewisham Council and Lewisham Homes is as follows:

*Table 8 – Complaints Outcomes in 2020/21 – (Lewisham Council & Lewisham Homes)*

**CONTAINS CYP & ASC STATUTORY CASES AT ALL STAGES (in brackets).**

Complaint Outcomes – Lewisham Council						
Complaint Stage	Resolved at initial contact	Withdrawn	Not Upheld	Partly Upheld	Upheld	Total
Stage 1	300 (11)	0	777(72)	251 (40)	471 (14)	1,799 (137)
Stage 2	0	2	45 (6)	9 (2)	8 (2)	64 (10)

Complaint Outcomes – Lewisham Council						
Complaint Stage	Resolved at initial contact	Withdrawn	Not Upheld	Partly Upheld	Upheld	Total
Stage 3	0	0	14	6	1	21
<b>Total</b>	<b>300</b>	<b>2</b>	<b>836 (78)</b>	<b>266 (42)</b>	<b>480 (16)</b>	<b>1,884 (147)</b>
% of Total	16%	0.1%	44%	<b>14%</b>	<b>25%</b>	-

Complaint Outcomes – Lewisham Homes						
Complaint Stage	Resolved at initial contact	Withdrawn	Not Upheld	Partly Upheld	Upheld	Total
Stage 1	2	0	68	181	101	352
Stage 2	0	0	31	48	23	102
Stage 3	0	0	6	4	4	14
<b>Total</b>	<b>2</b>	<b>0</b>	<b>105</b>	<b>233</b>	<b>128</b>	<b>468</b>
% of Total	0.4%	0	22%	<b>50%</b>	<b>27%</b>	-

8.2 39% of all complaint cases handled in Lewisham were upheld or partly upheld. The breakdown by complaint stage was as follows:

- Stage 1 – 40% partly upheld/upheld;
- Stage 2 – 26% partly upheld/upheld;
- Stage 3 – 57% partly upheld/upheld.

8.3 This percentage reflects that in 2020-21 not all S3 complaints were correctly recorded on iCasework. The true part upheld/upheld rate at S3 is 37% (LBL + LH) or 14% (LBL only). All S3 cases are now correctly recorded on iCw.

#### Improvement Actions – Promised Action

- 8.4 Greater responsibility to give to service areas to action complaints and highlight any issues/pending overdue responses as soon as they arise to services. This has been put in place from July 2021 with improved monthly reporting now being sent directly to Executive Directors and is included in the recommendations and Improvement Actions.
- 8.5 Enterprise dashboard to be rolled out to nominated person within each Directorate which gives access to all overdue and pending cases by Directorate to enable oversight of performance and individual cases which is detailed in the third bullet point in the recommendations.

## 9 Independent Adjudicator

- 9.1 The Independent Adjudicator (IA) deals with Stage 3 complaints on behalf of the Council, Regenter and Lewisham Homes.
- 9.2 The IA report for the Council is attached at below at table 9. The key headlines are:
- 51 cases were received and 28% of these cases were regarding Lewisham Homes;
  - 16 cases were withdrawn or outside the IA's jurisdiction;
  - The IA determined 35 cases. The top theme for the Council was planning. The top themes for Lewisham Homes were leaseholders and housing management;
  - Compensation was awarded in 7 cases totalling £3,700;
  - The average compensation awarded was £529 in 2020/21, which was a 20% reduction from the previous year (see Table 9 below):

*Table 9 – Independent Adjudicator Case Outcomes and Average Compensation Payment*

Independent Adjudicator Case Outcomes and Average Compensation Payment					
Year	Cases Determined	Cases Upheld / Partly Upheld	Cases Awarded Compensation	Total Compensation Awarded	Average Compensation Awarded
2018/19	77	20	14	£6,191	£442
2019/20	48	24	20	£13,300	£665
2020/21	35	15	7	£3,700	£529

- 9.3 Although the IA did not have any particular concerns this year, her report to EMT identified the importance of reviewing events from the complainant's perspective, when responding to complaints. This is often difficult to do, because managers understand the challenges facing their staff, and want to protect them. But everyone makes mistakes and it uses up fewer resources in the long run to acknowledge this as early as possible, and take action to put matters right quickly.

- 9.4 The IA commended the Council and Lewisham Homes for maintaining frontline services and managing customer expectations during the pandemic, which was reflected in the scarcity of complaints about services during that period.
- 9.5 The IA also highlighted some administrative issues she had observed around complaint-handling. Many of these have now been addressed by improvements made to iCasework. But all staff responding to complaints need to be absolutely clear about what the corporate complaints procedure tells them to do, particularly with respect to including escalation information in each response.
- 9.6 The IA records learning points within iCasework. Service managers and directors should consider this feedback to identify opportunities to improve service delivery.

#### IA Improvement Actions

- 9.7 Complainants have pointed out that if they log a complaint via the online system, they have no way of following this up except by registering a further complaint. This leads to the system containing multiple complaints from the same person, about the same issue. And this causes problems:
- It can lead to different reference numbers being used for correspondence (including stage 1 and stage 2 responses) about the same complaint.
  - It can make it look like someone is a serial complainer when in fact they are just trying to get a response to a single complaint.
  - It can skew the statistics so it looks like there are significant problems with a service area, when in fact the problem was delay in responding to the initial complaint.
- 9.8 I saw some complaints where wrong or incomplete escalation details were included in stage 1 and stage 2 responses. All staff responding to complaints need to be absolutely clear about what the corporate complaints procedure tells them to do in respect of this.
- 9.9 There is some overlap between member enquiries and the corporate complaints system which complicated one complaint. I understand resolving this is already in hand.
- 9.10 Complaint-handling can be particularly messy where Regenter B3/Pinnacle/Rydon are involved. The relationship is not always clear to complainants, and it is not clear to me (and, I suspect, others involved) how the complaints process fits in to the partnership arrangements. Because of this lack of clarity, complainants can find themselves being pinged back and forth, or do not know where to turn when their complaint is not resolved. This needs sorting out, and Strategic Housing and Corporate Complaints are working together to do address this.
- 9.11 Greater responsibility to give to service areas to action complaints and highlight any issues/pending overdue responses as soon as they arise to services. This has been put in place from July 2021 with improved monthly reporting now being sent directly to Executive Directors.

## 10. Local Government and Social Care Ombudsman Annual Letter 2020/21

10.1 The Local Government and Social Care Ombudsman (LGSCO) produces an annual review letter for each local authority and data is also provided on Ombudsman cases. See Appendix 1 on page 27.

10.2 Table 10 below provides key statistics for the past two years.

*Table 10 – LGSCO Complaint Statistics*

LGSCO Casework	2019/20	2020/21
<b>Referrals Received</b>	122 cases	102 cases
<b>Top 3 Referrals</b>	<ul style="list-style-type: none"> <li>• Education &amp; Children's Services – 25</li> <li>• Adult Care Services – 25</li> <li>• Housing - 20</li> </ul>	<ul style="list-style-type: none"> <li>• Benefits and Tax – 28</li> <li>• Housing – 21</li> <li>• Planning &amp; Development - 12</li> </ul>
<b>Detailed Investigations</b>	30 cases	14 cases
<b>Cases Upheld</b>	<b>21 cases</b>	<b>11 cases</b>
<b>% of Decided Cases Upheld</b>	70%	79%
<b>Upheld Cases – service category</b>	<ul style="list-style-type: none"> <li>• Housing – 6</li> <li>• Adult Care Services – 5</li> <li>• Benefits &amp; Tax - 4</li> <li>• Education &amp; Children's Services – 4</li> <li>• Environmental Services &amp; Public Protection &amp; Regulation – 1</li> <li>• Planning &amp; Development - 1</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Care Services - 3</li> <li>• Education &amp; Children's Services – 3</li> <li>• Benefits &amp; Tax - 2</li> <li>• Housing – 2</li> <li>• Corporate &amp; Other Services - 1</li> </ul>
<b>Compensation</b>	<ul style="list-style-type: none"> <li>• 8 cases awarded compensation</li> <li>• Total - £10,006</li> <li>• Average per case - £1,250</li> </ul>	<ul style="list-style-type: none"> <li>• 4 cases awarded compensation</li> <li>• Total - £ 1,150</li> <li>• Average per case - £287.50</li> </ul>

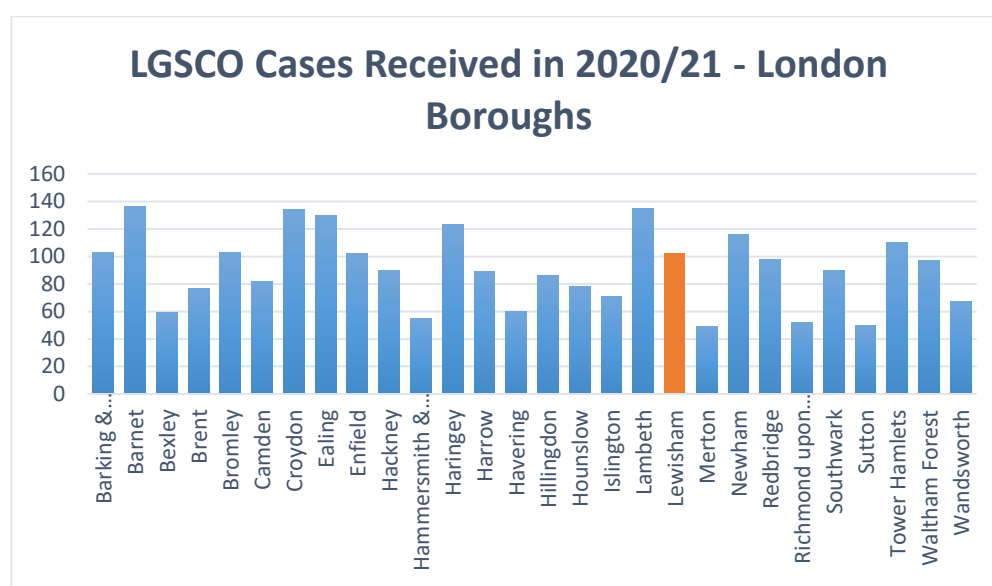
10.3 The Ombudsman defines upheld cases as follows:

*“We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated”*

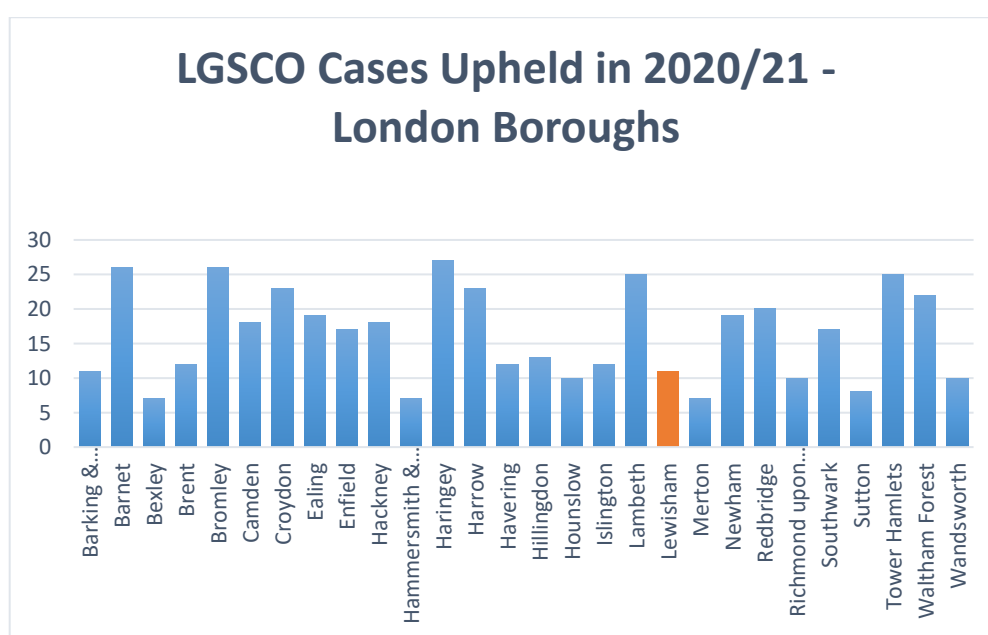
10.4 The Ombudsman upheld 11 cases against the Council in 2020/21:

- The LGSCO criticised us for delaying with implementing remedies.
- We need to ensure we have a named person in the directorate providing the remedy to make sure of compliance within timescales. This needs to be someone local to the complaint who can arrange, and has the authority to make this happen. Compliance with remedies is important because it is public information – anybody can go onto LGSCO's website, click on the map, and find out how LBL is doing on this. Achieving 100% on-time compliance ought to be a priority for this reason alone – it's an easy-to-find (and understand) performance indicator.

*Table 11 – LGSCO Cases Received in 2020/21 (London Local Authorities)*



*Table 12 – LGSCO Cases Upheld in 2020/21 (London Local Authorities)*





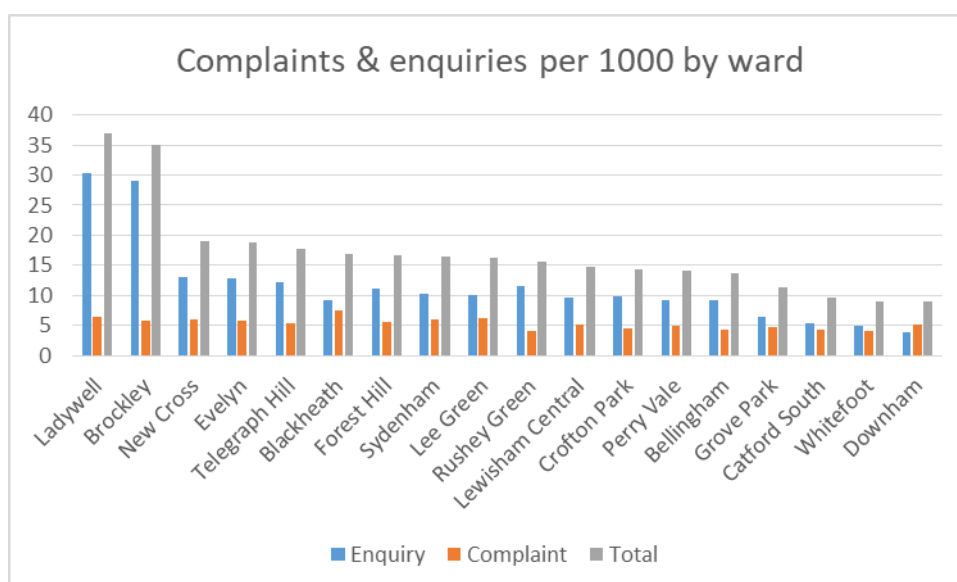
## 11. Ombudsman Letter Improvement Actions – Remedies

- 11.1 We need to ensure we have a named person in the directorate providing the remedy to make sure of compliance within timescales. This needs to be someone local to the complaint who can arrange, and has the authority to make this happen. Compliance with remedies is important because it is public information – anybody can go onto LGSCO's website, click on the map, and find out how LBL is doing on this. Achieving 100% on-time compliance ought to be a priority for this reason alone – it's an easy-to-find (and understand) performance indicator.

## 12 Complaints and enquiries by ward

- 12.1 The distribution of complaints and enquiries received by ward per 1,000 residents in 20/21 is shown below.
- 12.2 The below information is based on available postcode data. In 20/21, 7,540 complaints and enquiries were recorded and ward information was available for 5,206 of these. It is assumed that 405 postcodes were from non-residents making complaints or enquiries. 1,888 records did not have a postcode recorded and 42 had incomplete postcodes. The majority of records with no postcode recorded were enquiries (1680 of 5456 enquiries, 31% of enquiries) compared to only 10% of complaints (208 of 2084 complaints)

*Table 13 – Complaints & enquiries by ward*

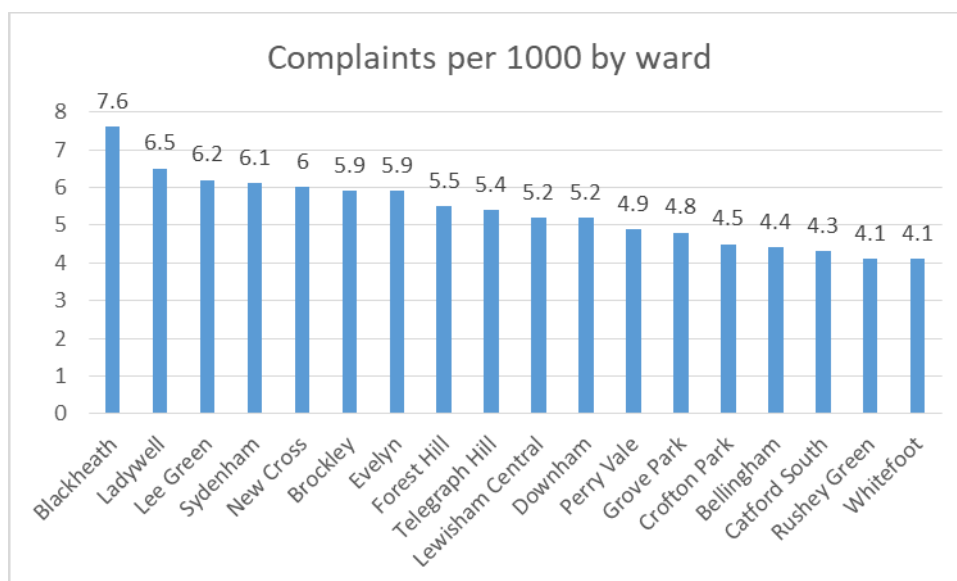


- 12.3 The highest number of complaints received per 1,000 population were from residents in Blackheath (7.6 complaints per 1,000) and the lowest number of complaints were from residents in Rushey Green and Whitefoot wards (4.1

complaints per 1,000). In 2020/21, there were an average of average 5.4 complaints per 1000 per ward.

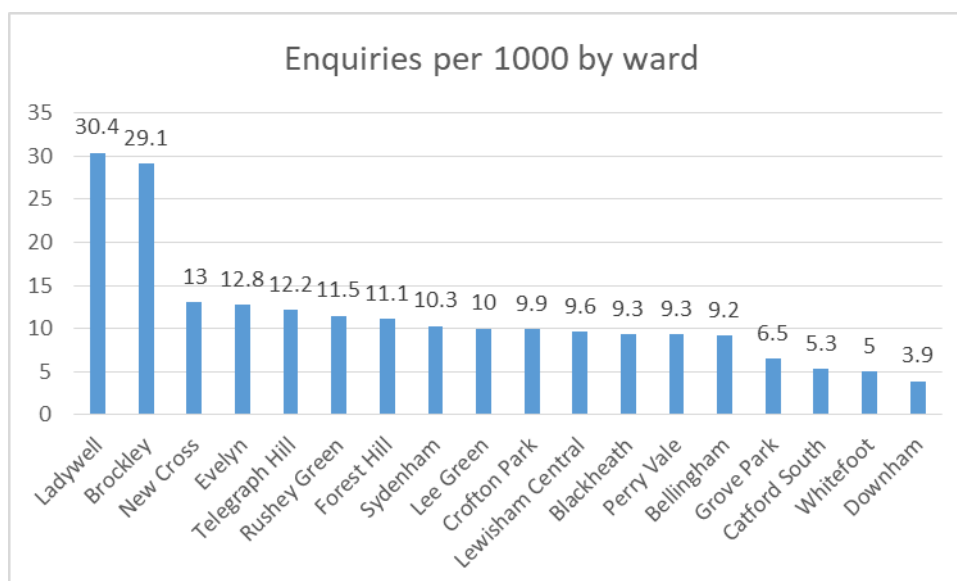
- 12.4 The highest number of enquiries received per 1,000 population were from residents in Ladywell (30.4 enquiries per 1,000) and Brockley (29.1 enquiries per 1,000). The lowest number of enquiries were from residents in Downham ward (3.9 enquiries per 1,000) and the average number of enquiries was 11.6 per 1,000.

*Table 14 – Complaints per 1000 by ward*



- 12.5 Refuse & Recycling was the most complained about service by the residents of Blackheath (24 complaints in 20/21), followed by Lewisham Homes Responsive Repairs (21 complaints) and Council Tax (10 complaints). In the ward with the least complaints per 1,000, Whitefoot, the most commonly complained about service was also Refuse & Recycling (17 complaints in 20/21), followed by Council Tax (6 complaints).

**Table 15 – Enquiries per 1000 by ward**



- 12.6 In Ladywell, the ward with the most enquiries, 82% of enquiries related to Regenter B3 (371 enquiries in 20/21). The second most common service the subject of an enquiry from a resident was the Housing Options Centre, with 16 enquires or 3.5% of the total enquiries from residents in Ladywell. In Brockley, the ward with the second most enquiries, the majority related to Regenter B3 (74% and 400 enquiries in 20/21), followed by Housing Options (31 enquiries in 20/21) and Lewisham Homes (20 enquiries in 20/21).
- 12.7 Finally, residents in Downham made the fewest enquiries in 20/21 (3.9 per 1,000) and the largest proportion of these related to the Housing Options Centre (23% and 14 enquiries), followed by Council Tax (13% and 8 enquiries) and Anti-Social Behaviour (8% and 5 enquiries).

### 13 Compliments

- 13.1 There were over 204 compliments recorded on the iCasework system for Lewisham Council and Lewisham Homes during 2020/21. It is likely that we under-record the compliments that we receive across the organisation. In some instances compliments and thank you emails are sent directly to staff and managers and but these are not always recorded on the system. We welcome both positive and negative feedback from our residents and services users and we need to continue learning from complaints and celebrating the positive achievements of our staff and teams.
- 13.2 A copy of a compliment received for each Council directorate and Lewisham Homes in 2020/21 is shown below.

Children and Young People:	RECEIVED 7 COMPLIMENTS
Community Services:	RECEIVED 3 COMPLIMENTS
Corporate Services:	RECEIVED 8 COMPLIMENTS
Housing, Public Realm & Regeneration:	RECEIVED 2 COMPLIMENTS

## 14. Equalities Analysis

- 14.1 The Council has the ability to collect equalities monitoring information on the iCasework system. This information is not mandatory but it can help the Council to review the complaints process and to ensure that it remains accessible and to everyone.
- 14.2 Lewisham Council and Lewisham Homes received over 7,828 complaints and casework in 202/210. This includes corporate and statutory complaints at all stages including the Ombudsman, all enquiry types and complements.
- 14.3 Of the 7,868 complaints and casework items received there are 11,386 contact detail records captured on the system. We were unable to capture details of complainants for 2020/21 only and therefore these figures are based on all contacts currently held on ICasework. This figure includes the primary resident or service user, other family members and their representative/advocates if applicable.
- 14.4 The equalities data presented below is based on 11,386 contact records. In most of these contact records the equalities information was not disclosed. Therefore the equalities breakdown provided in the tables below gives us an indication of the diverse characteristics of complainants or service users in 2020/21. However, we cannot assume that this is an equalized profile of all complainants and service users during this period of time.
- 14.5 Almost 54% of contacts did not provide gender information. Of those who did respond, there were nearly twice as many female persons compared to male persons. This may be disproportionately higher because of the way case contacts are recorded on the system.

*Table 16 – Equalities Data – Gender*

Equality Category	Equality Characteristics	As % of Total Contacts
Gender	Did not disclose	54%
	Female	31%
	Male	14%
	Prefer not to say	1%
	Transgender	0%
	<b>Total</b>	<b>100%</b>

- 14.6 97% of contacts did not disclose whether they had a disability or not. The remaining 3% of contacts disclosed details of the type of disability or impairment affecting them.

*Table 17 – Equalities Data – Disability*

Equality Category	Equality Characteristics	As % of Total Contacts
<b>Disability</b>	Did not disclose	97%
	Disability / Any Other Disability or Impairment	3%
	Physical Impairment	0%
	Mobility Issues	0%
	Mental Health Condition	0%
	Social or Communication Impairment	0%
	Long Standing Illness	0%
	<b>Total</b>	<b>100%</b>

14.7 Although 78% of contacts did not disclose their sexual orientation, of the remaining 22% of contact, 1,477 of the respondents preferred not to say (13%) and almost 955 disclosed a heterosexual orientation (8%).

*Table 18 – Equalities Data – Sexual Orientation*

Equality Category	Equality Characteristics	As % of Total Contacts
<b>Sexual Orientation</b>	Did not Disclose	78%
	Prefer not to say	13%
	Heterosexual	8%
	Gay / Lesbian	1%
	Bisexual	0%
	<b>Total</b>	<b>100%</b>

14.8 On ethnicity 87% of those contacting us did not provide ethnicity details, of the remaining 13%, just over half were from the Bangladeshi community (54%). This may be disproportionately higher because of the way case contacts are recorded on the system.

*Table 19 - Equalities Data – Ethnicity*

Equality Category	Equality Characteristics	As % of Total Contacts
<b>Ethnicity</b>	Did not disclose	87%
	Bangladeshi	7%

Equality Category	Equality Characteristics	As % of Total Contacts
	Prefer not to say	1%
	White Other	1%
	Caribbean	1%
	African	0%
	Black or Black British Other	0%
	Other	0%
	White and Black Caribbean	0%
	Any other mixed background	0%
	Indian	0%
	Any other groups	0%
	Asian or Asian British Other	0%
	White and Black African	0%
	Chinese	0%
	Turkish	0%
	Traveller or Roma	0%
	Pakistani	0%
	White and Asian	0%
	Eastern European	0%
	<b>Total</b>	

*Table 20 – Equalities Data – Age Band*

- 14.9 88% of contacts did not provide their age data. Of the remaining 12%, more than half of the contacts were from people aged 25 – 54 years (60%).

Equality Category	Equality Characteristics	As % of Total Contacts
<b>Age Band</b>	Did not Disclose	88%
	0 – 14 years old	<1%
	15 – 24 years old	<1%
	25 – 54 years old	7%
	55 – 64 years old	2%
	65+ years old	2%
	<b>Total</b>	<b>100%</b>

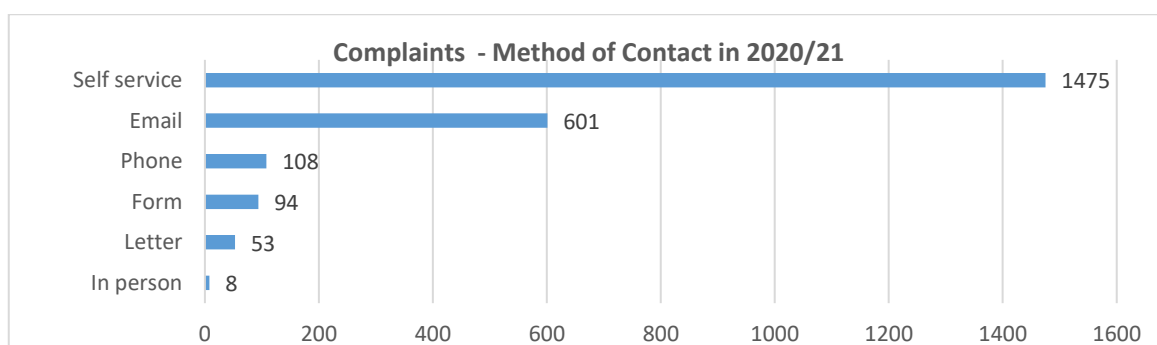
- 14.10 We are reviewing how we gather the information and will hopefully get increased reporting in future years” and work with the Chief Executives team as and when they start the work via the Residents Experience Programme.

## 15. Contact Methods

15.1 The top 3 methods of contact for Complaints in 2020/21 as shown in Chart 21 below were:

- Self Service – 63%
- Email – 26%
- Phone – 5%

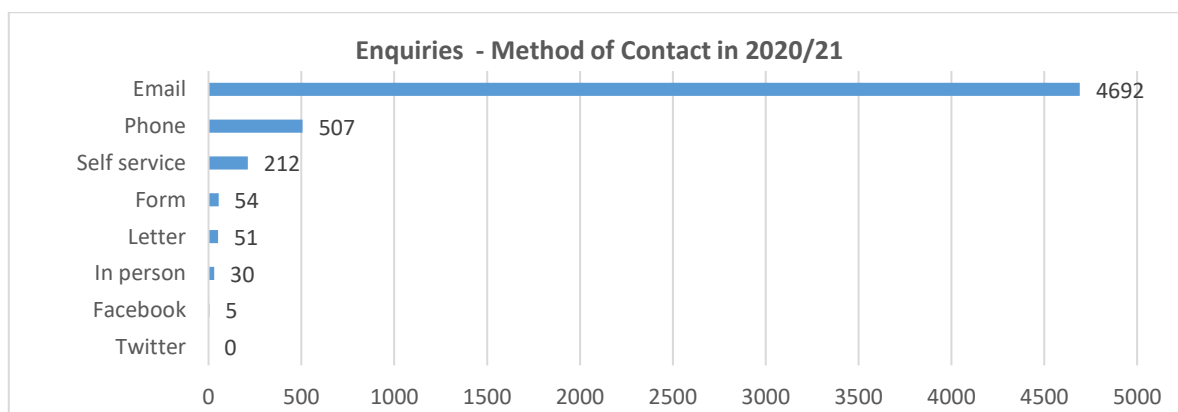
*Table 21 - Complaints - Method of Contact in 2020/21*



15.2 The top 3 methods of contact for Enquiries in 2020/21 as shown in Chart 22 below were:

- Email – 84%
- Phone – 9%
- Self Service – 4%

*Table 22 - Enquiries - Method of Contact in 2020/21*



15.3 Self-service is the most efficient way of handling complaints and enquiries. Service users or complainants use the online form and cases are automatically

routed by the complaints system. However, not all customers are comfortable with using self-service and the charts above show the other contact methods being used, in particular e-mail for elected member enquiries. Complainants will need to be channel shifted to the on-line form – and away from e-mail – so that we can create efficiencies from the automated workflow in the iCasework system whilst ensuring that this is not a barrier to some parts of the community in raising complaints and enquiries with Lewisham

## **16 Financial Implications**

16.1 There are no direct financial implications arising from this report. The Council has no specific budgets for compensation payments so the costs are absorbed by the relevant service as awarded

## **17 Legal Implications**

17.1 There are no specific legal implications directly arising from this report aside from noting that it is recommended good practice from the Local Government's Ombudsman's Office to make full and specific reference to handling complaints within a management agreement entered into under section 27 of the Housing Act 1985.

Given the subject and nature of this report, it is relevant here to note that the Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly



with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

<http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/> The Equality and Human Rights Commission (EHRC) has previously issued five guides

- The essential guide to the public sector equality duty
- Meeting the equality duty in policy and decision-making
- Engagement and the equality duty
- Equality objectives and the equality duty
- Equality information and the equality duty

The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and whom they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information/resources are available at:

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

## **18 Equalities implications**

Equalities data for 2019/20 is provided in Section 14 of this report. The iCasework system enables the Council to collect equalities monitoring information and it is used to help ensure the complaints process remains accessible and that no particular parts of the community suffer inequity in service delivery.

## **19 Climate change and environmental implications**

There are no climate change and environmental implications arising from this report

## **20 Crime and disorder implications**

There are no crime and disorder implications arising from this report

## **21 Health and wellbeing implications**

There are no health and wellbeing implications arising from this report

## **22 Background papers**

There are no background documents to this report.

## 23 Glossary

Term	Definition
IA	Independent Adjudicator
LGSCO	Local Government & Social Care Ombudsman
HO	Housing Ombudsman

## 24 Report author and contact

- 24.1 Mick Lear, Acting Director, Public Services, [mick.lear@lewisham.gov.uk](mailto:mick.lear@lewisham.gov.uk)
- 24.2 Mark Ferris, Head of Corporate Customer Relations, [mark.ferris@lewisham.gov.uk](mailto:mark.ferris@lewisham.gov.uk)
- 24.3 Lew McKenzie, Complaints, Casework & Contracts Manager, [lew.mckenzie@lewisham.gov.uk](mailto:lew.mckenzie@lewisham.gov.uk)
- 24.4 Comments for and on behalf of the Executive Director for Corporate Resources, Peter Allery, Group Finance Manager, [Peter.Allery@lewisham.gov.uk](mailto:Peter.Allery@lewisham.gov.uk)
- 24.5 Comments for and on behalf of the Director of Law, Governance and HR, Katherine Kazantzis, Principal Lawyer, [Katherine.Kazantzis@lewisham.gov.uk](mailto:Katherine.Kazantzis@lewisham.gov.uk)

## 25 Appendices

- 1 Local Government & Social Care Ombudsman (LGSCO) Annual Letter
- 2 Adult Social Care Annual Complaints Report (2020/21)
- 3 Children' Social Care Annual Complaints Report (2020/21)
- 4 Improvement Action Plan
- 5 Freedom of Information, Subject Access Requests and Disclosure Annual Report (2020/21)

## Appendix 1 – Local Government & Social Care Ombudsman (LGSCO) Annual Letter

# Local Government & Social Care OMBUDSMAN

21 July 2021

*By email*

Ms Wright Chief  
Executive  
London Borough of Lewisham Dear

Ms Wright

### Annual Review letter 2021

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2021. At the end of a challenging year, we maintain that good public administration is more important than ever and I hope this feedback provides you with both the opportunity to reflect on your Council's performance and plan for the future.

You will be aware that, at the end of March 2020 we took the unprecedented step of temporarily stopping our casework, in the wider public interest, to allow authorities to concentrate efforts on vital frontline services during the first wave of the Covid-19 outbreak. We restarted casework in late June 2020, after a three month pause.

We listened to your feedback and decided it was unnecessary to pause our casework again during further waves of the pandemic. Instead, we have encouraged authorities to talk to us on an individual basis about difficulties responding to any stage of an investigation, including implementing our recommendations. We continue this approach and urge you to maintain clear communication with us.

### Complaint statistics

This year, we continue to focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have focused statistics on three key areas:

**Complaints upheld** - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated.

**Compliance with recommendations** - We recommend ways for authorities to put things right when

faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

**Satisfactory remedy provided by the authority** - In these cases, the authority upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit authorities that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data will be uploaded to our interactive map, [your council's performance](#), along with a copy of this letter on 28 July 2021. This useful tool places all our data and information about councils in one place. You can find the decisions we have made about your Council, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the resource with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

As you would expect, data has been impacted by the pause to casework in the first quarter of the year. This should be considered when making comparisons with previous year's data.

During the year, your Council failed to provide evidence that it had complied with the recommendations we made to remedy a social care complaint we investigated in 2019. The Council was asked to take a number of actions, including apologizing to the complainant and making a payment. We also asked for a review of policies and procedures to reduce the risk of repetition of the issues in the future. You failed to carry out the actions you had agreed to. This resulted in a new complaint being registered for non-compliance. It was disappointing this proved necessary and both our organizations have been put to additional time, trouble and resource in trying to resolve matters.

We recorded our satisfaction with your Council's compliance in eight cases where we recommended a remedy, it is disappointing, however, that in three of these cases remedies were not completed within the agreed timescales. While I acknowledge the pressures councils are under, such delays add to the injustice already suffered by complainants. Additionally, the actions you agree to take, and your performance in implementing them, are reported publicly on our website, so are likely to generate increased public and media scrutiny in future.

I reported my concerns about delays in the remedy process last year and it is concerning that the issues persist. I invite the Council to consider how it might make improvements to reduce delays in the remedy process, including informing us promptly when it completes a remedy.

## **Supporting complaint and service improvement**

I am increasingly concerned about the evidence I see of the erosion of effective complaint functions in local authorities. While no doubt the result of considerable and prolonged budget and demand pressures, the Covid-19 pandemic appears to have amplified the problems and my concerns. With much greater frequency, we find poor local complaint handling practices when investigating substantive service issues and see evidence of reductions in the overall capacity, status and visibility of local redress systems.

With this context in mind, we are developing a new programme of work that will utilize complaints to drive

improvements in both local complaint systems and services. We want to use the rich evidence of our casework to better identify authorities that need support to improve their complaint

Handling and target specific support to them. We are at the start of this ambitious work and there will be opportunities for local authorities to shape it over the coming months and years.

An already established tool we have for supporting improvements in local complaint handling is our successful training programme. During the year, we successfully adapted our Face-to-face courses for online delivery. We provided 79 online workshops during the year, reaching more than 1,100 people. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

Yours sincerely,

A handwritten signature in black ink, appearing to be 'MK' with a stylized flourish underneath.

Michael King  
Local Government and Social Care Ombudsman Chair,  
Commission for Local Administration in England

## **Appendix 2 – Adult Social Care Annual Complaints Report (2020/21)**

### **Purpose of the report**

This report provides an overview of the operation and effectiveness of the statutory complaints procedure for adult social care, as followed by the Adult Social Care division of the London Borough of Lewisham's Community Services directorate, between 1 April 2020 and 31 March 2021. Information is provided on the complaints that were made, the lessons learnt from those complaints and how the Division performed in response.

The production of this report fulfils a statutory requirement and complements performance reports and trend analysis presented to the Division's management team.

### **Policy context**

Since 1991, the National Health Service and Community Care Act 1990 has charged each local authority with maintaining a statutory complaints process for adult social care services. The current regulations, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, came into force on 1 April 2009.

Statutorily, local provision of the regulations is the responsibility of each council's Chief Executive Officer. In Lewisham, that responsibility has been delegated to the Director of Operations for Adult Social Care.

The focus of the regulations is on early resolution rather than process, with an emphasis on learning from complaints. Local responsibility for administration and ensuring that lessons learnt from complaints are recorded and fed back to the Division's service providers, is delegated to the Quality Assurance and Business Support Manager for Adult Social Care, working in partnership with Principle Social Work and Advanced Practitioner colleagues.

### **The Local Government and Social Care Ombudsman**

The Local Government and Social Care Ombudsman (LGSCO) provides an external, independent service that oversees complaints about a range of local authority services, including social services. The Ombudsman is concerned with maladministration by local authorities and social care providers leading to injustice.

The LGSCO also has the power to investigate complaints from adults who pay for their own care and who are in receipt of services from Care Quality Commission registered providers of social care.

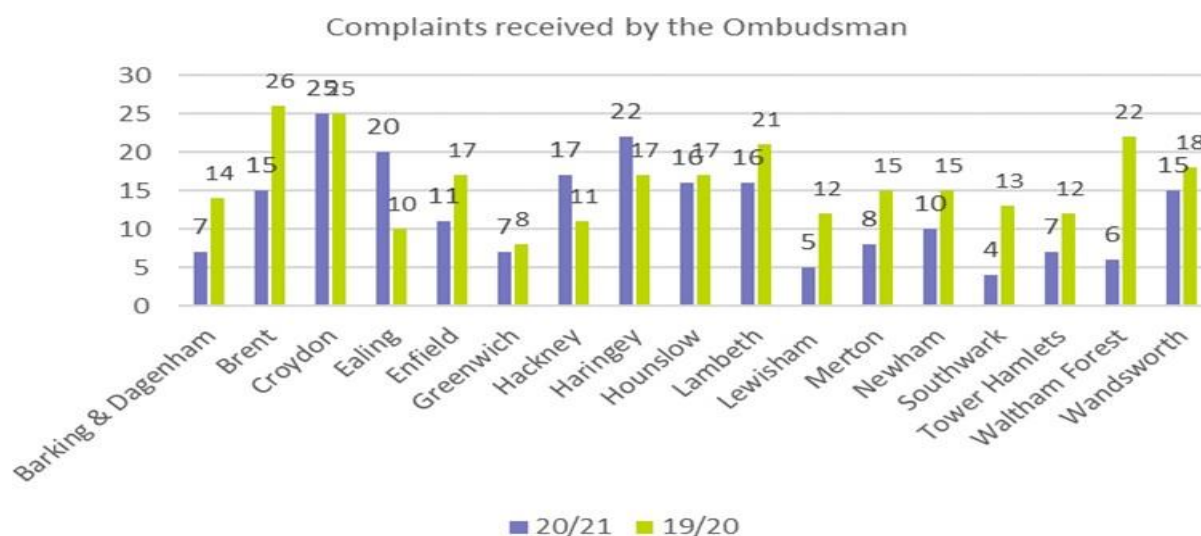
The Ombudsman normally requires complaints to have been considered locally, using the most appropriate complaints procedure, before accepting a complaint for his own investigation.

Since the introduction of the current regulations on 1 April 2009, the Council has informed every complainant of their right to escalate concerns to the LGSCO at any time during the progress of their complaint.

To allow authorities to respond to the Covid-19 pandemic, the Ombudsman did not accept new complaints and stopped investigating existing cases between March and June 2020. During the remainder of the period, the Ombudsman administered 12 complaints and enquiries about Lewisham's adult social care services. His annual review of the Council's performance is published and can be found on his website at:

<https://www.lgo.org.uk/information-centre/reports/annual-review-reports>.

The graph below shows the number of complaints the Ombudsman received about Lewisham's adult social care service during this and the previous reporting period alongside numbers of complaints received about Lewisham's comparator London boroughs.



The Ombudsman's latest review of the complaints he received about adult social care (2019/20) is also available on his website at:

<https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>

## Analysis of complaints 2020/21

The Council received 79 complaints about adult social care during the reporting period. The table below shows that number in comparison to previous reporting periods.

2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
79	87	78	69	76	70	90

The level of incoming complaint has reduced slightly which was expected, and the previous annual report noted a need to monitor incoming complaints, with a view to analyzing the impact of the national lockdown on people's ability and opportunity to complain. The table below shows the number of complaints received per quarter by comparison to those received during the previous reporting period.

Q1		Q2		Q3		Q4	
19/20	20/21	19/20	20/21	19/20	20/21	19/20	20/21
20	8	24	19	21	20	22	32

The figures show that the initial national restrictions may have had an impact on the numbers of complaints received. However the overall reduction was small and the Service Development & Improvement team is encouraged to continue its support of practice delivery colleagues, helping them to take ownership of the complaints they receive, and administering meaningful and proportionate responses.

## Complaints received

The Council's Adult Social Care division is divided into the following services:

- A dedicated **Adults with Learning Disabilities** Social Work team;
- In partnership with the South London & Maudsley NHS foundation trust, a dedicated **Community Mental Health team**;
- The provision of Social Work, Occupational Therapy and Support Planning across four **Integrated Neighbourhoods**;
- **Internal Provider Services** that help people to stay safe and well at home through the use of Enablement Services and Telecare; and a Shared Lives Scheme and Day Opportunities Service that help adults with learning difficulties to have better life experiences living as part of their local communities.
- A **Joint Commissioning** service resourced by the Council and NHS Lewisham's Clinical Commissioning Group (CCG) to maintain the contracts for the provision of homecare support and brokerage of short & long term residential & nursing placements; and the management of support funded by NHS Continuing Healthcare;



- A **Joint Health & Social Care** service funded by the Council and Lewisham & Greenwich NHS Trust focussed on the avoidance of admission to hospital, and the safe and sustainable discharge of patients back into the community;
- A **Safeguarding Quality Assurance** service providing strategic support of the Council's safeguarding responsibilities, including the provision of a Multi-agency Safeguarding Hub, a Deprivation of Liberty Safeguards (DoLS) service, and an out of borough Placement Review team.
- An **Arranging Care** team that is responsible for sourcing and administrating people's care, including Direct Payments.

Although support for financial assessments and income and payments is provided by the Council's Housing, Environment & Regeneration directorate, complaints about these functions are covered by the statutory regulations and so are included as part of this report.

The table below shows the number of complaints received during the reporting period by service, and the length of time taken (in working days) to provide a response.

Service menu (level 3)	0 - 10 workin g days	11 - 25 working days	26-60 workin g days	61+ workin g days	Total
AWLD Social work	2	1	1	8	12
Community Mental Health	1	0	0	1	2
Integrated neighborhoods	3	2	7	14	26
Internal provider services	0	2	1	1	4
Joint Commissioning	3	0	1	2	6
Joint health & social care	0	1	1	4	6
Safeguarding, quality assurance	6	2	2	7	17
Financial Services	1	0	0	1	2
Arranging care	0	2	0	1	3
Principle social work	0	0	0	1	1
<b>Total</b>	16	10	13	40	79

## Performance

The Council's performance measure is to consider and respond to complaints about adult social care within 25 working days. There is provision in the statutory regulations to extend that time-period up to 60 working days, with the customer's consent, for complaints that are of a more complex nature. The Council responded to 14% of the complaints it received without needing to extend the initial deadline of 25 working days; and extended the deadline in 18% of cases.

The regulations also allow for work to be done and actions to be taken in order to resolve a person's concerns 'on the spot' without making them go through a process unnecessarily, particularly where satisfactory local resolution can be achieved quickly and easily. The Council resolved 19% of the complaints it received in this way.

In 39 cases (49%) the deadline was not formally extended but the Council responded outside the 60 day timescale. This was due to an issue with the electronic workflow system used by the Council to administer the correspondence it receives.

In February the Service Development & Improvement team discovered that issues about adult social care recorded by people using the Council's customer portal were not being directed by the automated system for local administration. The issue was reported to the Corporate Complaints team (the system owner on behalf of the Council) who are working with the system supplier on a remedy. In the interim, a manual check of the system is carried out regularly to ensure new complaints are not missed or delayed.

However this number represents almost half of the complaints the division received during the reporting period and as a result the delays have had a significant impact on overall performance. Before this issue was discovered the Directorate had gone beyond the 60 day timescale for response on just one occasion, and had resolved complaints 'on the spot' more times than it had extended the initial deadline for response.

## Category analysis

The electronic work-flow system the Council uses to help administer the correspondence it receives supports a 'root cause analysis' of complaints which helps officers to record multiple issues for investigation. Analysis of the complaints received shows that:

- 15% of complaints received related to inadequate services provided by a third party commissioned service. Of those complaints more than half were upheld or partly upheld. This cause of complaint was in the third most common reason for complaint in the previous reporting period.

- 14% of complaints were about a perceived failure of service. Just 2 of those complaints were upheld or partly upheld and 2 more were resolved 'on the spot'.
- 13% of complaints received recorded an unhappiness or disagreement with our decision making.  
Half of these complaints were upheld or partly upheld.
- 12% of complaints were about staff and communication issues. Less than half of these complaints were upheld with 2 being resolved 'on the spot'.
- 11% of complaints received were about financial services, either income, payments or financial assessments. Only 3 complaints were upheld or partly upheld.
- 7% of complaints were about a delay in service. Just 2 of these complaints were partly upheld.
- 5% of complaints reported services that were not to the quality or standard expected. All complaints in this area were either upheld or partly upheld.

The remaining complaints were largely requests for information or advice. One complaint was about a breach of privacy and other confidentiality issues. The complaint was resolved within the extended time period and was not upheld.

## **Learning from complaints**

The Service Development and Improvement team supports people and the Adult Social Care division to quickly and satisfactorily resolve concerns and complaints. One of the key ways we achieve that is by helping people to focus on those things they would like to see improved as a result of their complaint and what outcomes they are seeking.

The following key learning points were identified during the reporting period that are linked to the complaint trends identified as part of this report's analysis.

## **Complaints about third party providers.**

As part of the Multi Agency Quality Assurance and Improvement Group (MAQAIG), the Service Development and Improvement team has helped to develop a reporting tool for professional quality alerts that will be imbedded in

the workflow system the Council uses to manage social care records. This reporting tool will allow professionals to record their concerns about the quality of work being delivered by the Council's commissioned providers, and have that record delivered automatically to the provider for consideration and response.

The intelligence gathered will be scrutinized by MAQAIG as part of its Quality Assurance Framework, referenced by the author as part of the 2019/20 annual report.

### **Failures of service, unhappiness with decision making and communication.**

Following an end to end re-design of pathways (completed in 2019), the Adult Social Care Improvement Group established a number of Task & Finish exercises designed to deliver the group's vision. One of those exercises focusses on managing expectations, specifically around strengths based models of care and support, as promoted by our guiding legislation, The Care Act 2014.

We intend to enhance the skill of our work force in regard to promoting a strengths based approach to care and support, so that we can better help people to live safely and independently, with dignity and choice in terms of any assessed eligible needs they may have. In doing so, we hope to foster more co-productive relationships with those people with lived experiences of care services.

### **Financial services**

A great deal of work has been done to implement a new finance system that will allow the Council to move away from its retrospective invoicing system for care services. The new system will allow us to manage 'breaks in service' in real time so that people receive invoices that are both accurate and timely, and based on services received.

### **Our priorities and proposed areas for improvement**

The Service Development and improvement team will continue to make available a high quality, effective representations service for the Council's customers to use, and will support its adult social care colleagues to capture and use the learning opportunities available from the representations it receives.

The Team has identified the following priorities and areas for improvement.

- Provide a continuous review of publically available information about the Council's adult socialcare service ensuring its appropriateness, accuracy and availability.
- Improve responses to complaints by making them more timely, proportionate and personalised, focussing on satisfactory local resolution and reducing the need for escalation to the Local Government & Social Care Ombudsman:
- with the Principle Social Worker and Advanced Practitioners to identify learning from complaints and complaint trends, using them to create opportunities to develop and improve service delivery and transform Lewisham's adult social care division into a dynamic learning organisation;
- Continue to co-ordinate work on system digitisation and user performance to help ensure that good quality data is at the heart of resource planning; and
- Following earlier diagnostic work carried out with consultants, support a high level plan and a concise set of distinct work streams to implement redesign work and help the division achieve its goal of improving outcomes for people.

## **Appendix 3 – Children' Social Care Annual Complaints Report (2020/21)**

### **Children and Young People Directorate**

#### **Annual report on compliments, complaints and enquiries**

**2020-2021**

### **1. Executive Summary**

- 1.1 This report provides information on complaints and enquiries handled by the Children and Young People Directorate (CYP) between 1 April 2020 and 31 March 2021 and includes the annual report required by statutory guidance, in 'Getting the Best from Complaints' (Social Care Complaints and Representations for Children, Young People and others)\*.
- 1.2 The report includes information on complaints falling within the Council's corporate complaints procedure which were eligible for consideration by CYP, for the same period
- 1.3 Enquiries from MPs, Councillors, the Mayor and general enquiries are also included, for the same period.
- 1.4 The report provides information on all stages of the complaints procedures, as well as complaints to The Local Government and Social Care Ombudsman (LGSCO).

### **2 Purpose of Report**

#### **To provide:**

- 2.1 Numbers of complaints and representations received by CYP;
- 2.2. Information about compliance with timescales;
- 2.3. Key themes of complaints;
- 2.4. Outcomes of complaints;
- 2.5. Learning and service improvements;
- 2.6. Information about monitoring and quality assurance.
- 2.7. Details about independent advocacy services.

### **3 Stage 1 complaints and enquiries**

### 3.1. Response times:

- Statutory complaints: 10 working days, with option to extend to 20 working days for complex complaints
- Corporate complaints: 20 working days
- MP/Mayor/Councillor – 20 working days.

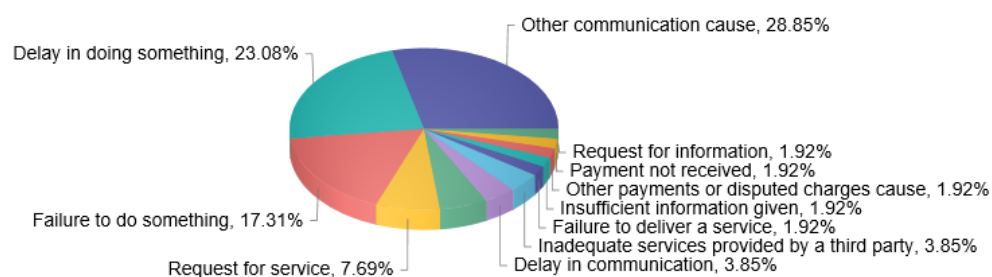
### 3.2. Table 1. Total of new cases received over past three years

2018/2019	2019/2020	2020-2021
351	325	286

### 3.3 Table 2. Breakdown of new cases received 2020/2021

Period	Stage 1	Children Act Stage 1	Comment	General enquiry	Mayor enquiry	Member enquiry	MP enquiry	Compliment	Chief Executive enquiry	Total
Q1	15	20	0	6	14	2	11	0	1	69
Q2	19	25	1	6	9	4	19	0	4	87
Q3	14	27	1	0	4	1	14	6	5	72
Q4	9	25	0	3	4	1	15	1	0	58
Total	57	97	2	15	31	8	59	7	10	286

### 3.4. Table 3. Breakdown of issues raised in new cases



3.5. Table 4. Stage 1 Complaints and enquiries with % responded on time

Period	Stage 1	Children Act Stage 1	General enquiry	Mayor enquiry	Member enquiry	MP enquiry	Comment	Compliment	Chief Executive enquiry
Q1	27% (3/11)	40% (8/20)	25% (1/4)	38% (5/13)	33% (1/3)	31% (4/13)	0% (0/0)	0% (0/0)	100% (1/1)
Q2	47% (8/17)	30% (7/23)	50% (3/6)	36% (4/11)	25% (1/4)	29% (5/17)	100% (1/1)	0% (0/0)	33% (1/3)
Q3	23% (3/13)	50% (11/22)	100% (1/1)	0% (0/3)	0% (0/0)	67% (8/12)	100% (1/1)	100% (6/6)	0% (0/4)
Q4	71% (5/7)	21% (5/24)	0% (0/2)	67% (2/3)	100% (2/2)	92% (12/13)	0% (0/0)	100% (1/1)	0% (0/1)

3.6. Table 5. Cases responded to within timescale – by Division

Division	Stage 1	Children Act-Stage 1	Comment	Compliment	General enquiry	Mayor enquiry	Member enquiry	MP enquiry	Chief Executive enquiry
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<b>Social Care</b>	50% (1/2)	36% (26/71)	100% (1/1)	100% (5/5)	42% (3/7)	57% (4/7)	25% (1/4)	53% (7/13)	100% (1/1)
<b>Education Services</b>	42.5% (17/40)	27% (5/18)	100% (1/1)	100% (1/1)	40% (2/5)	40% (8/20)	60% (3/5)	50% (21/42)	14% (1/7)
<b>4Joint Commissioning &amp; Early Help</b>	33% (1/3)	0% (0/0)	0% (0/0)	100% (1/1)	0% (0/1)	0% (0/3)	0% (0/0)	0% (0/0)	0% (0/1)

### 3.7. Table 6 Outcome of Stage 1 complaints

Outcome	Stage 1	Children Act Stage 1	Total	%
<b>Not upheld</b>	24	55	<b>79</b>	53%
<b>Partly upheld</b>	12	29	<b>41</b>	27%
<b>Upheld</b>	15	11	<b>26</b>	17%
<b>Resolved at first point of contact</b>	0	1	<b>1</b>	2%
<b>Resolved upon receipt</b>	0	2	<b>2</b>	1%
<b>Total</b>	<b>51</b>	<b>98</b>	<b>149</b>	1%
<b>%</b>	34%	66%		

### 3.8. Recurring themes of upheld and partially upheld Stage 1 complaints

Outcomes of upheld and partially upheld complaints reflect a range of issues, the top six being;

- Communication (e.g. not keeping people informed/updated about developments, plans, meetings, conferences)
- Staff conduct (e.g. inappropriate comments and behaviour from allocated workers, perception of bias towards particular member(s) of family)
- Issues with EHCPs (e.g. delays in delivering services set out in plan, procedures/statutory timescales not being met). Plans are in place to improve arrangements in the SEND team both in terms of improving timeliness within processes and responses to enquiries and complaints. The capacity of team has been significantly stretched following an unprecedented increase in demand for SEND assessments and reviews since the full opening of schools following lockdown.
- Lack of support (e.g. lack of contact and help for families, children and young people, for example to move into independent accommodation, during times of crisis).

- Care management and planning (e.g. disagreement with decisions: care package, case closure; not awarding LCA status to young person, removal of LCA status)
- Errors in schools admissions process (faults identified in the 2020 Admissions procedures)

#### 4. Stage 2 complaints

##### 4.1. Response times:

- Statutory complaints: 25 working days, with option to extend to 65 working days
- Corporate complaints: – 25 working days

##### 4.2. Table 7. Stage 2 requests received

	Request s received	Accepted for investigatio n	Withdraw n	Rejecte d	Resolve d by ADR	Tota l
Children Act	20	5	0	9	6	20
Corporat e	9	7	0	0	2	9
<b>Total</b>	29	11 (38%)	0	9	8	<b>29</b>

4.4. There was a slight increase in the number of Stage 2 requests received as compared with 2019-20, when 25 requests were received, with 10 accepted for investigation (5 corporate, 5 Children Act).

4.5. The data evidences that the majority of complaints were successfully answered at Stage 1. Of the 150 complaints received during the year, 18% were escalated by complainant, with 8% being accepted for Stage 2.

##### 4.6. Escalation reasons

- i) Care management and planning (unhappy with care package; wrongful removal of LCA status; failure to provide services to disabled young person; poor transition planning; unhappy about placement move; lack of policy and support for child with ADP)
- ii) Lack of support (failure to offer support that parent and children entitled to);

- iii) Staff conduct (bullying treatment by social workers during pre-birth assessment); unprofessional comments from team manager in CP conference; unnecessary restraint on son at short breaks provision;
- iv) EHCP (failure to consult with parental choice of school; failure to deliver services set out in plan; delay in issue of plan; delay in agreeing personal budget; lack of support for daughter's increasing needs during EHCNA)
- v) Financial (failure to pay all allowances entitled to as care leaver; delay in reimbursing for cost of bike stolen by LCA; insufficient allowance to care leaver whilst in prison; failure to support care leaver to apply for Universal Credit;
- vi) Assessment/report (inadequate social worker report for Court; failure to carry out full assessment of family's needs;
- vii) Error in admissions procedures
- vii) Communication (failure to involve young person in transition planning;

#### 4.6. Table 8. Stage 2 outcomes

Outcome	Stage 2	Children Act Stage 2	Total
Not upheld	1	6	7
Partly upheld	2	1	3
Upheld	1	2	3
Total	4	9	13

#### 4.7. Actions arising from upheld complaints:

- **Payments:** Backdated Special Guardian allowance; £800 to cover stolen property; £1500 for hearing aid; £500 for loss of education; £175 for distress.
- **Apologies:** poor handover from LCA to Leaving Care; poor practice; for having no policy on APD; for delay in dealing with complaint; for missed education.
- Case transfer expedited.

### 5. Stage 3 complaints

### 5.1. Response times:

- Corporate complaints – 30 working days. The Independent Adjudicator (IA) deals with Stage 3 complaints on behalf of the Council.
- Statutory complaints (review panel) – 30 working days to convene and hold the Review Panel, 5 working days for the Review Panel to issues its findings and 15 working days for the Executive Director to respond to the findings.

### 5.2. Table 9. Stage 3 requests received.

Case type	Requests received	Accepted for Panel/investigation	Withdrawn	Rejected	Resolved by ADR
Children Act	2	1	0	1	0
Corporate	5	5	0	0	0
Total	7	6	0	0	0

5.3. There was one less Stage 3 request received in this year than the previous year (8 to 7). The number of requests for statutory Stage 3 review panels reduced from 7 to 2; the number of Stage 3 requests for the corporate complaints procedure – consideration by the Independent Adjudicator – stayed at 5.

### 5.4. Table 10. Outcome of Stage 3 complaints completed during the year

Case Type	Outcome	Remedy
Children Act	Partly upheld	Case record to be amended; recording issues to be addressed at team meeting; exploration of family's current needs (signposting to other services/agencies); payment of £50 to reflect complainant's perception of delay (though no fault found in either service or Complaints team)
Corporate	Partly upheld	Apology for not doing more to ensure child received suitable education while he was in years 10 and 11; apology to complainant for the delay in handling her complaint; review the corporate complaints procedure to make clear the interface with HR procedures.

5.5. As can be seen from the table above, two Stage 3 complaints were completed in the year.

## 6. Local Government and Social Care Ombudsman (LGSCO) complaints

### 6.1. Table 11. Breakdown of complaints received in 2020-21

Case type	Numbers received	Service	Decision	Remedy
Children Act	5	Corporate parenting	1 complaint investigated. Decision that Council had already made appropriate findings and remedies	Closed with no further action
		Referral and Assessment	1 complaint outside jurisdiction, matters decided in Court	N/A
		Children with Disabilities	1 premature complaint	N/A
		Corporate Parenting (x2)	2 complaints carried over to 2021-22	
Corporate	1	SEN team	1 premature complaint	N/A
Total	6	6	6	

6.2. The number of complaints received from the LGSCO decreased significantly during the year from 15 in 2019-20 (13 Children Act, 2 corporate)

**6.3. Table 12. LGSCO complaints carried over from 2019-2020 and completed during 2020-2021.**

Case type	Service	Decision	Remedy
Children Act	Corporate Parenting	Fault. Did not take account of nursery costs in SGO annual review	Carry out review of nursery costs
Children Act	Corporate Parenting	Delay in implementing actions agreed in 2018 complaint; delay in carrying out MCA assessment	Apology for delay in implementing earlier actions; apology for delay; continue with CoP application
Children Act	Corporate parenting	Fault. Did not offer foster carer independent support whilst he was under investigation	Remind relevant staff to offer independent support when allegation made against foster carer
Total	3		

## 7. Monitoring and Quality Assurance

- 9.1. Weekly trackers are circulated throughout CYP to assist with meeting Stage 1 timescales.
- 9.2. Reminders to staff completing responses are sent 3 days before response is due.
- 9.3. To ensure the learning from complaints forms part of the Quality Assurance Framework, quarterly reports are prepared which inform the quarterly quality assurance cycle, which are also presented to Directorate Management team. This ensures there is a reflective and regular process to capture the learning

from recent complaints and ensure the 'loop' is closed, helping to prevent repeat complaints, and ensure improved customer satisfaction.

## **7.2. Independent Advocacy**

- 10.1. Advocacy services for young people have been delivered by National Youth Advocacy Service (NYAS) since 1st January 2020.
- 10.2. The contract requires NYAS to deliver a minimum of 1,000 advocacy hours per year, with an option for the Council to spot-purchase up to 500 additional hours on top of this, as needed.
- 10.3. The Advocacy Service works with children and young people in the above eligible groups who are:
  - Children Looked After who want or need to be supported to attend formal meetings, such as CLA Reviews, in order to get their wishes and feelings heard
  - Children Looked After who have a concern about their care that they don't feel has been sufficiently addressed by the Council, and so wish to raise a complaint
  - Children and young people that are subject to Child Protection Plans where the child or Social Worker feels support of an advocate would be beneficial at conferences
  - Care Leavers that have a concern about the support they have received from the Council, that they wish to be addressed
- 10.5 Referrals for the advocacy service can either be a self-referrals or a referral from a young person's social worker, personal advisor, participation manager, independent reviewing officer or CP conference chair.
- 10.6 The service provides time-limited support, information and representation from independent advocates. This will support Children Looked after (CLA), care leavers and children subject to Child Protection Plans when decisions are made about their lives, or when they wish to raise a concern about a service they have received.
- 10.7. During 2020-2021 nine young people were supported by NYAS advocates to make a complaint.

**Appendix 4 – FOI's, SAR's and Disclosure Annual Report (2020/21)**  
(attached separately)

## **Appendix 5 - Improvement Action Plan**

Detailed below are the improvement actions that each Directorate will be taking as a result of the Annual Complaints Report

1. HRPR Directorate
2. Community Services Directorate
3. Chief Executive Directorate
4. Children and Young People Directorate
5. Corporate Services Directorate

### **1 Housing Regeneration and Public Realm Directorate**

#### **Inclusive Regeneration**

In general, the 4 teams across Inclusive Regeneration rarely receive complaints. FOIs are more regular. Complaints/FOIs are sometimes allocated incorrectly meaning some come to Regeneration teams very late and sometimes even after the deadline for response as they were allocated elsewhere. We are exploring potential routes to improve the organisational understanding and signposting of where complaints should be allocated. Group complaints, i.e. where a number of service areas need to contribute, can get confusing and sometimes it is unclear who is leading. It is felt that the complaints team may be the best option to lead but we are exploring a range of suitable options to deal with this issue.

#### **Planning**

We have implemented new email inbox monitoring. We are also working on joint protocols so there is better sync and understanding between services areas, particularly where complaints span more than one directorate. This is an area where we acknowledge is in need of improvement and will allow staff to have a clearer understanding of the roles and responsibilities including statutory powers of each service area.

#### **Housing**

We are renewing our focus on complaints management at the moment. The key areas we have to address include:-

- Ensuring officers respond to complaints in time – this means time allocated to officers to work on complaints
- Ensuring officers close the record when the complaint has been responded to



- We have now employed an apprentice to help support the complaints officer with admin and processing – logging in complaints, chasing, helping to collate information for the more straightforward complaints
- Conducting regular (weekly or twice weekly) review of the dashboard to spot the due and overdue complaints and then flagging with staff and team leaders
- Chasing RP partners whose complaints have been logged in our system for confirmation that they have responded so that we can close down the case (with evidence of final letter)

We know that our restructuring has played a part as some of the officers who are impacted by the changes have not been as diligent with their work over time. This will change as a new culture is established with the arrival of the new managers

## **Public Realm**

With regards to Public Realm actions to improve previous year's performance:

- Reviewed and corrected iCasework correspondence themes/categories to make it clearer what a category means when new correspondence is logged so as to avoid mis-categorisation and delay
- Reviewed and updated the key contacts for each correspondence category
- Removed duplicates from iCasework
- Processed mapped all customer contacts into Public Realm to determine break-points and resource stress
- Conduct a weekly review of iCasework dashboard to monitor due and overdue cases
- Identified additional processing resources for areas under pressure such as Strategic Transport and Highways

We're also working towards understanding what is a genuine complaint especially with regards to missed bin collections, disposals, replacement bins, bins not returned etc. Previously we received information that there were 300 'complaints' on the issues above. With the service collecting 330,000 bins a week, 300 complaints equates to about 0.00017%. In terms of actions being taken to address the LGSCO annual letter, I'll be working with my heads towards introducing Complaint Handling as a core competency and mandatory training course for all staff who handle correspondence.

## **2 Community Services Directorate**

We have reviewed the LGSCO's annual letter and would like to make the following comments:

### **Non-compliance- From LGSCO Letter**

*During the year, your Council failed to provide evidence that it had complied with the recommendations we made to remedy a social care complaint we investigated in 2019. The Council was asked to take a number of actions, including apologising to the complainant and making a payment. We also asked for a review of policies and procedures to reduce the risk of repetition of the issues in the future. You failed to carry out the actions you had agreed to. This resulted in a new complaint being registered for non-compliance. It was disappointing this proved necessary and both our organisations have been put to additional time, trouble and resource in trying to resolve matters.*

This relates to ID18010781- complaint about S117 aftercare.

The LGSCO upheld the complaint and part of the recommendations were as follows:

*the Council, CCG and Trust will ensure...all relevant policies and procedures make it clear the duty to pay for accommodation which is part of section 117 aftercare lies with the relevant council and CCG and that patients should not be asked to claim housing benefit instead.*

The initial response from the Council and its partners in SLAM and the CCG raised concerns about the LGSCO's recommendations after it had consulted with ADASS and stated:

*that usual practice across many Local Authority areas is that no accommodation, other than in care homes, was being funded under s117 unless it is fully identified as being provided and is necessary for, post discharge treatment and support.*

The LGSCO found that:

*the Council the Council, CCG and SLAM had failed to complete actions they agreed as part of the Ombudsmen's previous investigation into charging for services that should have been free under section 117 of the Mental Health Act 1983;*

The LGSCO subsequently raised a second complaint ID20006910 and, after the Council and colleagues had accepted the recommendations and provided evidence to the LGSCO, they were satisfied with the response and completed their investigation.

## **Upheld Cases**

The LGSCO were satisfied that we had accepted and actioned their recommendations for the following cases and I have amended the table on the following page to include the outcomes.

\*With reference to case ID19011275, the Council did initially question the LGSCO's recommendation, particularly the need to pay financial compensation.

However, this was later accepted, and although the Council could not fully complete the remedy, the LGSCO recorded: *Remedy not complete but satisfied*.

This was because part of the proposed remedy involved asking the complainant's brother (our service user) if he wished for her to be involved in his care planning, and due to Covid restrictions, and other pressing issues to be addressed, his Representative did not have the opportunity to raise the matter.

Reference	LGSCO Outcome	Complaint details	Reason upheld
19010085	The Council has apologised for the delay and this is a suitable remedy.	The Council did not properly deal with complainants mothers care provision	The Council didn't follow timescales set out in complaints procedure, this caused distress as complainant as she didn't know if her complaint was being dealt with. Recommended remedy – the Council has apologised for the delay and this is a suitable remedy
19011275*	The Council has agreed to our recommendations and will apologise to Ms B, make an acknowledgement payment, and remind its officers of the importance of effective complaint handling.	The Council refused to accept a complaint about allegations a care provider made about the complainant. They also claim they weren't involved in her brother's care and support arrangements	The Council failed to accept and investigate the complaint in line with statutory duties. Recommended remedy – apologise, make a £250 payment, consider including the complainant in her brother's care

			arrangement discussions and remind officers of the importance of effective complaint handling
19014970	We find some fault in this matter and the Council has agreed a remedy to address the injustice to Ms X.	The financial assessment carried out under the Care Act was done without appropriate reasonable adjustment being made. Calculations in Jan 2019 were incorrect affecting the weekly care support. The Council stopped paying contributions for a period of six months again reducing care arrangements. Complainant was told she was required to pay contributions invoiced to them and approx. £10,000 was removed from the direct payment account	The Council's actions led to delays in the process and caused unnecessary distress and confusion

### **Actions to Improve Performance**

In terms of improving the Council's responses to complaints, the Council recognises that timescales and responses to complaints could be improved. In light of this the Quality Assurance Team, alongside the Principal Social Work Team, have delivered a series of workshops to managers and heads of service. This was to instil the importance of dealing with complaints in a timely manner and in a person-centred way, so that complainants would be assured that their concerns had been heard.

The workshops also focused on how we could use complaints as a valuable learning tool and to see them in a positive way to gauge feedback from our service users and their families. Managers responsible for investigating complaints have now been asked to record learning from all complaints, regardless of whether they have been upheld or not. This process only began in September this year, but the intention is for the Principal Social Work Team to view the reports on the learning that has been recorded, so that this can be analysed for themes and can be fed back to the service in general.

### **3 Chief Executive Directorate**

To identify best practices across different directorates and to also liaise with the central team and the directors and executive support from other directorates to address some of the systemic issues in the process around complaints and casework moving around the organisation and organisational boundaries, and differing levels of capacity, to improve council wide on time completion and response rates across the organisation.

## **CYP Directorate**

### **LGSCO complaints**

The CYP Complaints and Information team progress chase and support staff to provide the information required within the LGSCO deadline, this we always have done. Additionally, we are adding open and outstanding LGSCO enquiries to our weekly tracker (circulated to all managers in CYP) to increase visibility I arrange. We will also be escalating to directors and Executive Director where necessary, on RAG status basis.

#### **Stage 1 responses and FOI requests:**

The weekly tracker with all open cases is circulated throughout the directorate (as mentioned above), RAG status is used to highlight approaching and overdue deadlines. The Complaints and Information team monitors on a weekly basis and progress chase individual responses, again on a weekly basis. Business Support team also progress chase responses. Performance on complaints – quantitative and qualitative – is being built into the development programme for CSC managers, first session due to delivered in February 2022.

Bespoke sessions also being delivered to SEN managers in December 2021. Sessions already held with R&A managers and FSS managers from CSC. More of these being arranged. Complaints and Information Manager meets with Director of CSC on monthly basis to review all open cases and agree additional action where necessary.

Starting in 2022, sessions to be arranged with heads of service to discuss themes, trends, outcomes, arising from quarterly performance reports, following presentation to DMT. (The report covers all complaints, enquiries and FOI requests). The outcomes from the report are also fed into quarterly Q1 cycle.

## **Corporate Services Directorate**

The Corporate Complaints Team have worked hard to instil a culture of responsiveness and ownership of issues raised by those who contact the Council. Work has begun but we are at the start at the journey.

Improvements have been made to provide access to complaints data that can be accessed via iCasework on everyone's desktops, showing clearly which complaints are outstanding, overdue and those requiring action. Complaints data is scrutinised on a monthly basis at Departmental Management Team and reviewed quarterly at the Executive Management Team. Poor performance will be tackled and assigned to directors for resolution.

It is recognised that improvements are required in the way our complaints are held and the way in which we respond. We will work with our teams to ensure that our response is empathetic and most importantly addresses ALL the elements of the complaint and dealt with promptly, first time round. Initially our heads of service will sign off on the responses until we are confident that our teams are dealing with complaints in the right way.

We will analyse the root cause of the complaints, focussing on the most common issues initially to fix the problem at source and use this learning to improve the services we provide for our residents, businesses and communities.