

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Cabinet Member for Sustainability and Innovation
2. Date:	30th July, 2007
3. Title:	Corporate Complaints Report 2006-07
4. Directorate:	Financial Services on behalf of all

5. Summary

This report provides details of the complaints received and handled during 2006-07, and outlines the approach to be taken to improve the management of complaints across the Council and 2010 Rotherham Ltd.

6. Recommendations

Members are asked to:

- a) Note the report and the statistics on Complaints Management for 2006–07.**
- b) Note the action plan at Appendix C, in particular the proposed joint Member and Officer review of the complaints process and procedures that is to be undertaken.**

7. Proposals and Details

The corporate report for complaints for 2006-07, has been produced for the last time using the data provided by all Directorate Complaints Officers from their different recording systems. A summary of the key points from the analysis is provided here with full details of the performance achieved by Directorate over the year shown in Appendix A, with the lessons learnt from the complaints received shown in Appendix B.

Future reports on complaints will be derived from the new corporate system that went live at the beginning of June and which is integrated with the Council's CRM system. This will make it easier to performance manage complaints across the Council.

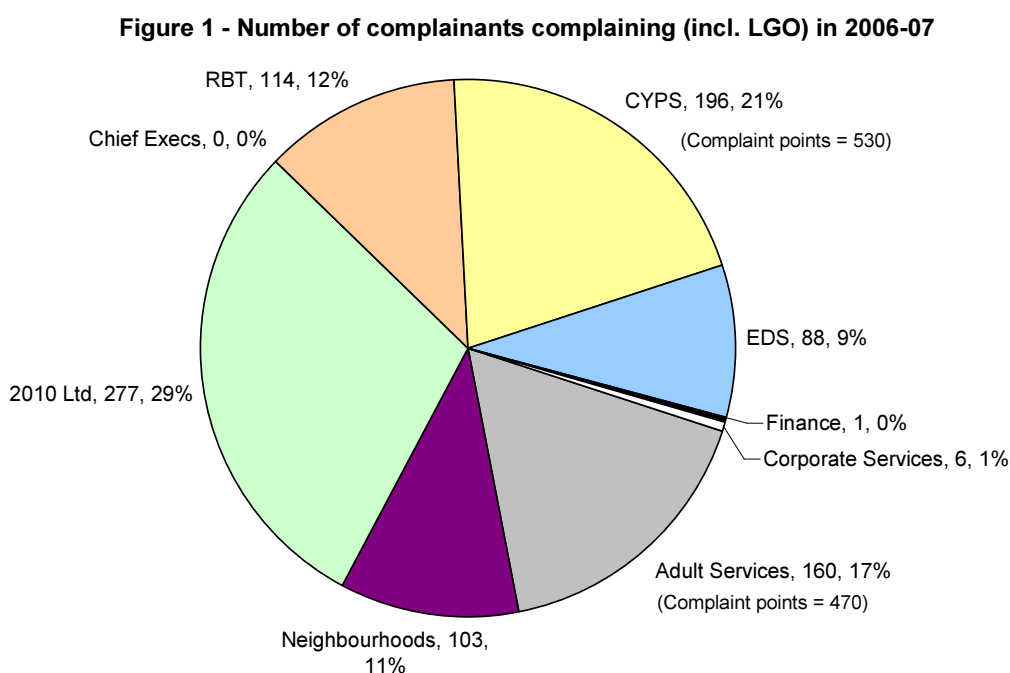
Further work is being considered to link the corporate system with Surgery Connect to provide a holistic view of a customer's interaction with the Council. This will become more and more important as the Council becomes reliant on the richness of its customer insight information in shaping services in the future.

Finally, following the recent publication of the Local Government Ombudsman's (LGO) provisional year end statistics for Rotherham, a performance clinic has been held to help to identify what actions are needed to address the continuing under achievement in being able to meet the Ombudsman's target to respond to their first enquiry letters.

7.1 Analysis of Complaints received in 2006- 07

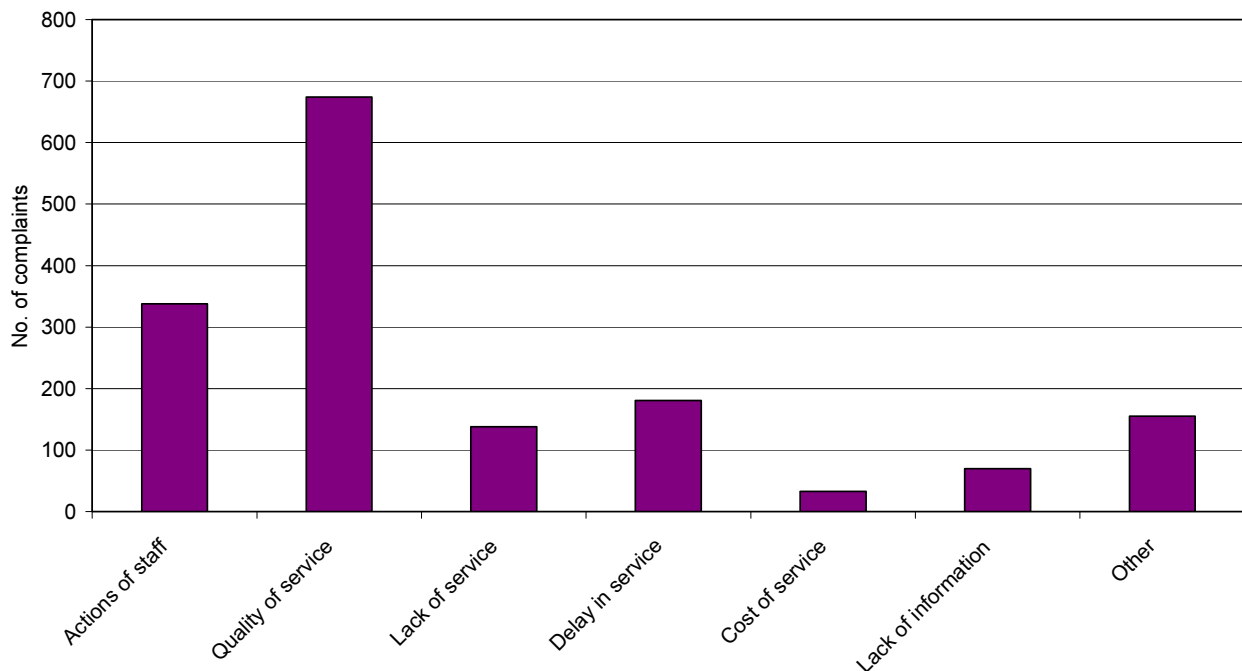
The following analysis provides a summary view of performance in managing complaints over the year, and more detailed data by individual Directorate is contained in the tables at the end of the report.

Figure 1 shows a breakdown of the 945 complainants making the 1,589 complaints (including 27 LGO referrals) over the year. This shows that the majority of the complainants made complaints in relation to Neighbourhoods/2010 Rotherham Ltd services, accounting for a combined total of 40% of all complainants.



However, when taking into account individual complaint points which is felt more representative of the issues raised by customers, Adult Services and CYPS accounted for the majority.

Figure 2 - Complaints received by category (incl. LGO)



Most complaints were around Quality of service 674 of 1589 (42%), followed by Actions of staff 338 of 1589 (21%) and Delay in service 181 of 1589(11%). Refer to Table 2 within Appendix A for a breakdown by Directorate of the complaint categories.

7.2 Comparison with the 2005–06 figures

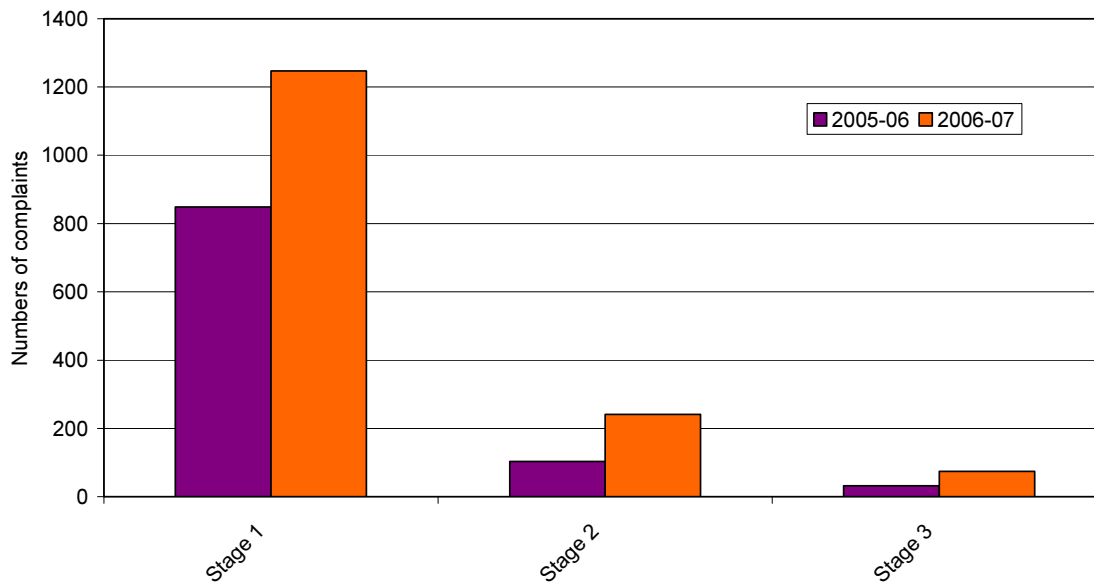
There was a general increase in the number of people complaining since last year but it is felt that the 2005-06 figures were exceptionally low. While the number of complaints regarding the quality of service went up, most of this increase was due to individuals submitting more complaints. For example, the closure of one lunch club and one particularly unhappy complainant have had a significant influence on the number of complaints received.

In addition, it is possible that as complaints staff became more experienced over the year, they have become more robust in identifying all the issues that need to be dealt with and more effective at passing issues to relevant managers. Locally this is encouraged since it provides greater scope for identifying and remedying issues causing customer dissatisfaction before they escalate.

The graph in Figure 3 shows the 2 year comparison of complaints by stage and highlights that there was a 59% increase in the total number of Stage 1, 2 and Stage 3 complaints received in 2006–07 (1562), when compared to 2005-06 (983).

This increase is principally due to increases in Adults Services and CYPS. Adult Services reported an increase of 75% (2006–07 = 469 complaint points whilst 2005–06 = 268 complaint points). CYPS reported an increase of 158% (2006–07 = 524 complaint points, whilst 2005–06 equalled 203).

Figure 3 - Complaints by stage



Caution must be placed on the 2005–06 figures as this was based on complainants as opposed to complaint points. CYPS have only been responsible for declaring their own performance since 1st April 2006 and are unable to convert the previous data into complaint points. When the figures for complainants are compared the result is more favourable, and actually shows a net fall of 13 complainants. The table below identifies this across the three complaint stages managed by the Council.

Number of complainants managed by the Council (excludes LGO referrals)			
Stage	2005 – 06	2006 – 07	Difference
Stage 1	191	172	-19
Stage 2	10	15	+5
Stage 3	2	3	+1
Total	203	190	-13

Other reasons for the increase in CYPS are that following the creation of the CYPS directorate an increased focus has been placed on handling complaints, which has included targeted training. The anecdotal evidence of this is that more complaint issues are being identified and registered – factors which were missed in previous complaints reporting.

Reasons for the increase in Adult Service/factors to consider are that 468 Stage 1, Stage 2 and Stage 3 complaints were submitted by 159 customers. In addition, 137 of the additional 153 complaints concerned either Quality of Service or actions of Staff.

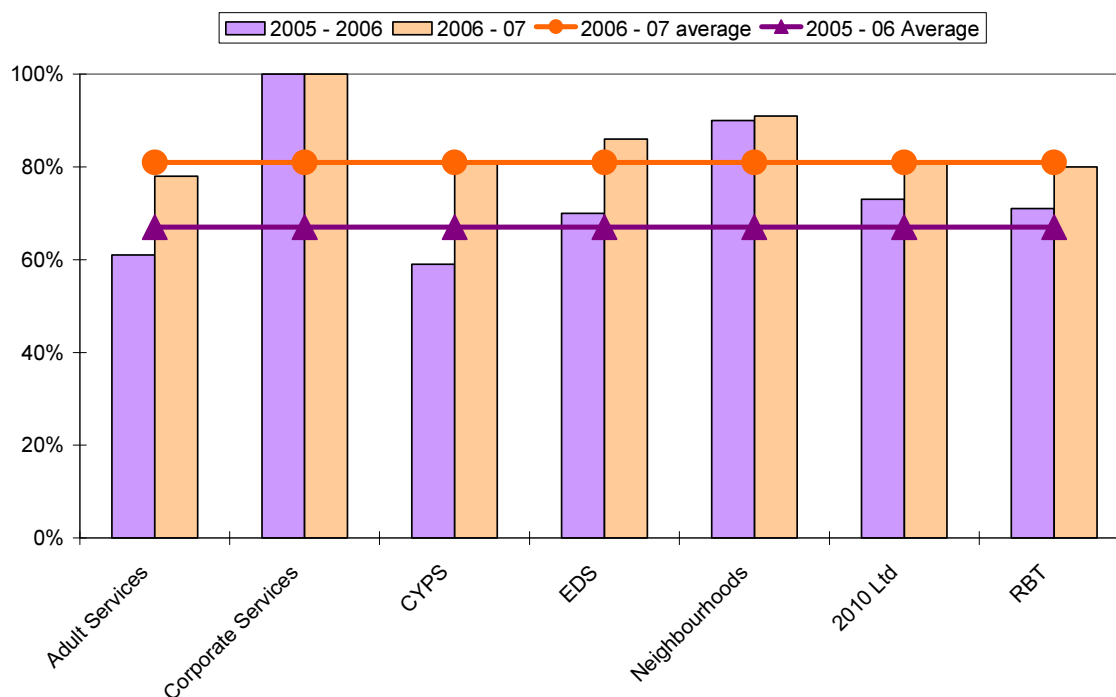
On closer examination 32 complaints regarding the action of staff were submitted by 3 people. One person submitted 20 complaints about the in House Home Care Service, but only three further complaints were received about this service in the year. One person submitted 23 complaints regarding quality of service, all of which were connected with the closure of a lunch club. The figures therefore are particularly skewed by a tiny minority of complainants submitting an unusually high number of complaints.

7.3 Complaints closed in 2006–07

Overall complaint performance has increased with 1,447 or 81% of complaints closed in the year compared with 67% last year. Figure 4 highlights performance by individual Directorate.

Key to this improvement has been local initiatives following the 2005–06 results, as well as amendments being made to the legislative social care complaints that have been a key enabler in the improvement in CYPS and Adult Services.

Figure 4 - Percentage of complaints closed within time for 2005-06 and 2006-07



Other points to note are:

- 16% of all complaints were upheld.
- 9% of all complaints were partially upheld over the period.
- Thereby 25% of all complaints were either upheld in full, or in part.

However, the Council should be concerned with the analysis of Table 3 in Appendix A which highlights that 52% of all Stage 2's were upheld (in part or in full). This is an important area to review as the Council may have lost the opportunity to deal with these at Stage 1. Therefore, there is a need for Directorates to evaluate the reasons for this high percentage.

In addition, there is a concern at the large number of Stage 2 complaints (41%) and Stage 3 complaints (48%) that are closed outside of time as highlighted in Table 4 in Appendix A.

7.4 Local Government Ombudsman complaints

From the LGO's Provisional Statistics **no reports of maladministration have been issued** against RMBC – this is the top-level evidence that our complaints procedure is working effectively.

Nevertheless, responses to the LGO improved by an average of 1.1 calendar days (34.7 calendar days in 2006–07, as opposed to 35.8 calendar days in 2005–06), although this is still outside of the 28 calendar day target that is set for responding to first enquiry letters, and is therefore a concern to the Council.

The results are based on the Ombudsman's provisional statistics. Table 5 in Appendix A highlights the difference in categorisations between the LGO and RMBC. Since the provisional statistics were published a number of local initiatives have been introduced:

- Complaints performance clinic held.
- LGO agreement to forward complaints data by e-mail and to accept responses by the same method.
- Agreement that the Assistant Chief Executive can quality assure and sign off directorate responses to the Ombudsman.

Further initiatives are also planned:

- Local records of LGO referrals, including identifying which complaints are 'first enquiries' – through closer liaison with the LGO.

7.5 Taking Complaints Management Forward

Following the Performance Clinic that was held on 9th May 2007, on Complaints Management a Year Ahead Commitment for 2007-08 was included to improve complaints handling, in particular LGO complaints. So far an action plan has been developed and is attached at Appendix C.

The next key action to address the Year Ahead Commitment is for a joint Member and Officer Group to undertake a fundamental review of the complaints process and procedures with the objective that qualitative improvements are also introduced, for example, to the general Member and Officer guidance, particularly around Stage 2 and Stage 3 complaints.

8. Finance

The development cost of the corporate system into the CRM has been met through the Corporate ICT Capital Programme.

9. Risks and Uncertainties

A lack of continued focus in how complaints are managed, in particular those from the Local Government Ombudsman, may impact on future assessments and could raise the likelihood of a negative report from the Local Government Ombudsman.

Future developments to the corporate system as well as updating and printing the complaint form and officer guides will require to be funded. How this is best achieved will form a part of the proposed review of the processes and procedures that currently operate in order that an informed decision can be made.

10. Policy and Performance Agenda Implications

The area of complaints was a key focus in the last CPA Inspection, and inspectors were keen to see developments moving forward.

11. Background Papers and Consultation

Notes from the Performance Clinic held on 7th May 2007.

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Performance Statistics for the period 01/04/06 TO 31/03/07

Table 1 – Total complaints received (including LGO referrals)

Programme Area	Stage 1	Stage 2**	Stage 3**	LGO**	Total
Adult Services*	355 complaint points (144 customers)	83 complaint points (11 customers)	31 complaint points (4 customers)	1	470 (160 customers)
Chief Execs	0	0	0	0	0
Corporate Services	6	0	0	0	6
CYPS*	399 complaint points (172 customers)	101 complaint points (15 customers)	24 complaint points (3 customers)	6	530 (196 customers)
EDS	66	11	4	7	88
Finance	1	0	0	0	1
Neighbourhoods	81	7	6	9	103
2010 Ltd	235	32	8	2	277
RBT	104	7	1	2	114
RMBC	1247 (809 customers)	241 (83 customers)	74 (26 customers)	27 (27 customer referrals)	1589 (945 customers)

* CYPS and ASS register individual complaint points, unlike the other RMBC directorates / 2010 Rotherham Ltd who report back on the numbers of complainants

** Stage 2, Stage 3 and LGO complaints are usually the same issues that have escalated through the Complaints Procedure, either within the same calendar year or rolling over from the previous period.

Table 2 – Complaints received by category

Programme Area	Actions of staff	Quality of service	Lack of service	Delay in service	Cost of service	Lack of information	Other	Total
Adult Services	128	157	54	57	22	26	26	470
Chief Execs	0	0	0	0	0	0	0	0
Corporate Services	2	1	0	0	0	1	2	6
CYPS	90	277	20	2	9	22	110	530
EDS	41	23	18	2	0	3	1	88
Finance	0	0	0	0	0	0	1	1
Neighbourhoods	21	38	14	14	1	9	6	103
2010 Ltd	35	120	25	83	1	6	7	277
RBT	21	58	7	23	0	3	2	114
RMBC	338	674	138	181	33	70	155	1589

Table 3 – Overall complaints closed

Programme Area	Stage 1			Stage 2			Stage 3			Total
	Closed	Closed Upheld	Closed Partially upheld	Closed	Closed Upheld	Closed Partially upheld	Closed	Closed Upheld	Closed Partially upheld	
Adult Services*	282	N/A	N/A	34	29	15	5	1	2	368
Chief Execs	0	0	0	0	0	0	0	0	0	0
Corporate Services	5	1	0	0	0	0	0	0	0	6
CYPS*	379	N/A	N/A	58	46	26	8	8	8	533
EDS	38	17	11	7	2	1	1	0	2	79
Finance	0	1	0	0	0	0	0	0	0	1
Neighbourhoods	56	7	5	3	2	2	2	1	2	80
2010 Ltd	119	86	27	18	5	8	5	0	2	270
RBT	61	23	17	6	1	1	1	0	0	110
RMBC	940	135	60	126	85	53	22	10	16	1447

* CYPS and ASS record the individual complaint points, and do not uphold stage 1 customer complaints. This is inline with social care legislation which is geared toward remedy and resolution.

Table 4 – Complaints dealt with within complaint procedure timescales

Programme Area	Stage 1	Stage 2	Stage 3	Total	Cumulative % 1.04 – 31.03.07	% 2005-6
Adult Services	231 of 282 complaint points (122 of 144 customers)	57 of 78 complaint points (8 of 11 customers)	0 of 8 complaint points (0 of 4 customers)	288 of 368 complaint points (130 of 159 customers)	78%	61%
Chief Execs	N/A	N/A	N/A	N/A	N/A	N/A
Corporate Services	6 (of) 6	N/A	N/A	6 (of) 6	100%	100%
CYPS	363 (of) 379 complaint points (126 of 135 complainants)	55 (of) 130 complaint points (8 of 15 complainants)	9 (of) 24 complaint points (1 of 3 complainants)	427 (of) 533 complaint points (135 of 155 customers)	81%	59%
EDS	55 (of) 66	10 (of) 10	3 (of) 3	68 (of) 79	86%	70%
Finance	1 (of) 1	N/A	N/A	1 (of) 1	100%	N/A
Neighbourhoods	61(of)68	7 (of) 7	5 (of) 5	73 (of) 80	91%	90%
2010 Ltd	189(of)232	24(of)31	7(of)7	220 (of) 270	81%	72%
RBT	85 (of) 101	2 (of) 8	1 (of) 1	88 (of) 110	80%	71%
RMBC	991 (of) 1135	155 (of) 264	25 (of) 48	1171 (of) 1447.	81%	67%

Local Government Ombudsman Provisional Statistics for 2006 – 07

Table 5.1 - LGO Categorisation of the First Enquiry Letters

LGO Categories	Total number of first enquiry letters	Average No of calendar days to respond*
Adult Care Services	3	59.7
Benefits	1	29
Children and family Services	1	24
Education	3	27
Housing	5	33.8
Other	5	36.4
Planning & Building Control	4	26.5
Public Finance	1	29
Total	23	34.7 days**

Table 5.2 - RMBC Categorisation of the First enquiry letters

RMBC Categories	Total number of first enquiry letters	Average No of calendar days to respond*
CYPS	6	38.7
EDS	6	33.2
Neighbourhoods	6	36.4
2010 Ltd	3	39
RBT	2	29
Total	23	34.7 days**

* The LGO target is 28 calendar days and recorded from the date of dispatch to the date of return

** This figure is the average of all first enquiry letters, and based on the statistics produced by the Local Government Ombudsman.

Table 5.3 – RMBC Performance in comparison to other local authorities

Type of authority	<=28 days %	29 – 35 days %	>=36 days %
District Councils	49.4	23.4	27.2
Unitary Authorities	28.2	37	34.8
Metropolitan Authorities	36.1	47.2*	16.7
County Councils	44.1	32.4	23.5
London Boroughs	36.4	33.3	30.3
National Park Authorities	66.7	33.3	0

* Denotes RMBC performance achievement band

Table 5.4 – Decisions for 2006-07 (including any decisions rolled over from previous year)

Programme Area	Awaiting decision	Maladministration with injustice.	Local settlement	Maladministration	No mal-administration	Ombudsman discretion	Outside jurisdiction	Total
Adult Services	1	N/A	N/A	N/A	N/A	N/A	N/A	1
Chief Execs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Corporate Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
CYPS	1	N/A	4	N/A	1	1	1	8
EDS	2	N/A	2	N/A	6	2	2	14
Finance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Neighbourhoods	1	N/A	3	N/A	14	2	2	22
2010 Ltd	N/A	N/A	2	N/A	3	N/A	N/A	5
RBT	N/A	N/A	N/A	N/A	2	1	N/A	3
RMBC	5	N/A	11	N/A	26	6	5	53

Note: The figures in Table 5.4 above differ from those in Tables 5.1 and 5.2 since it includes all complaints referred/handled by the Ombudsman, with the exception of premature complaints (which are handled and reported through the RMBC Complaints Procedure), as opposed to the first enquiry referrals for the period.

In addition, the table includes information for complaints where the LGO has made a decision in 2006 – 07, whereas RMBC dealt with the complaint in 2005 – 06, and as a result will have been include in the previous years annual reporting of complaints.

Service Improvements Resulting from Complaints			
Directorate	Issue	Recommendation	Action
Adult Services	A number of issues relating to missed calls in homecare and Adult Protection in residential went directly to contracts section. The issues were not always being picked up by the Complaints Section or the area teams. This raised a risk that Care Managers may not be aware of issues that may have a detrimental affect on the service some of their customers were receiving.	Complaints Unit to ensure that liaison takes place with staff where complaints may involve a number of processes (e.g. Adult Protection, Contract Concerns) and ensure customers receive full feedback of all issues raised.	Monthly joint meetings with Complaints Manager, Adult Protection Manager, Contracting Manager and local CSCI Representative.
Adult Services	A customer complained that a residential home had given her mother notice to quit. due to her (the daughter's attitude). This contravenes acceptable codes of practice and should have been challenged by the contracts section. Had the termination occurred the authority would have been in breach of its obligations to a vulnerable adult under Community Care Act Legislation	Training and Guidance covering the obligations of Local Authorities with respect to care practices and the care practices of organisations with whom they have contracted	Request by Director of Operations to Divisional Manager to produce and sign off an action plan made Feb 26 th 2007
Adult Services	Potentially harmful medication was prescribed to a person with learning disabilities entering respite care. The Stage 2 investigation highlighted that had the family seen the preadmission assessment they would have given information that would have prevented the medication in question being prescribed	Pre admission assessment documentation for Learning Disability Respite to contain specific section detailing whether close family consents to medication being reviewed Family member of people with learning disabilities entering respite to be given copy of pr admission assessment	Director of Learning Disability Services to ensure procedures are amended. Report to go to SMT who will monitor and ensure this action has been taken
Adult Services	Poor communication between Health Professionals and Social Services staff delayed the discharge of an elderly person by 2 weeks. In addition to the distress this caused the customer, prolonging hospital stays is contrary to the current policy of caring for more people in their own homes for as long as possible.	Improve Multi agency Hospital discharge process	Review currently taking place led by Senior Managers in Social Services and Primary Care Trust

Service Improvements Resulting from Complaints

Directorate	Issue	Recommendation	Action
Corporate Services	A customer had difficulty locating the customer web form on the RMBC web site. When he eventually found it he was unable to complete it accurately as certain fields, for which he did not have any details, were mandatory.	To make the complaints page easier to find on the RMBC website, and to remove the mandatory fields on the customer name, address fields and contact number.	RBT have removed the mandatory fields on the web form, pending the launch of the new one, and have also moved the webform link to the on-line feedback page on the homepage.
CYPS	Delays in relation to holding the strategy meeting following allegations made against the complainant. Failure to provide Fostering Support Workers at a crucial time. Complainants felt the process that led to them being deregistered was flawed.	Child Protection Procedures to be clear about foster carer access to Strategy Meeting minutes. Consideration of paying to compensate for the distress and inconvenience caused to them.	Procedures have been updated and issued. Compensation offered to the complainant.
CYPS	Complaints were about the child protection investigation, information had been inaccurately recorded and procedures had not been explained.	Any misrepresented, inaccurate or unsubstantiated recordings are corrected or clarified. An apology for those complaints that were upheld, and for the decision taken in relation to her previous care. Acknowledgement that her leaving care status was not considered at that time. Apology for the way in which her remand to the care of the Local Authority was handled.	The Service Manager has since informed the complainant of the actions that have been taken in relation to their complaint. These include updating records, an apology for the length of time taken to complete the assessment and assurances about the joint confidentiality agreement.
CYPS	This young person wanted to know that happened when she was younger and hoped that the complaint would offer a more coherent view of events in her early life. Believed actions didn't take account of her wishes and feelings.	To offer an apology for those complaints that were upheld and for the decision taken in relation to her previous care. Acknowledgement that her leaving care status was not considered at that time. Apology for the way in which her remand to the care of the Local Authority was handled.	The Service Manager and the complaints officer visited the complainant to discuss the outcome of the Stage 2 report. An apology was provided and she was happy with the detail within the report.
CYPS	Lack of consultation with the mother, and the reason why Social Services allegedly took advice from ex-partners solicitors, which resulted in the unnecessary medical attention of their	Clearer recording of decisions made about immediate child protection strategy, to include informing everybody holding parental responsibility.	Staff have been reminded of good practice in relation to parental responsibility. An apology was provided to the complainant and they were satisfied.

Service Improvements Resulting from Complaints

Directorate	Issue	Recommendation	Action
	daughter.	Acknowledgement of complaints and an apology for the customer.	
CYPS	Child protection related – with the majority being about the actions of social workers. The complainant felt that there was bias towards them and was dissatisfied with the professional conduct of the social worker.	If the case is re-opened, the manager is to give consideration to the complainant's lack of confidence in the social worker. Consider the implications of the shortfalls identified as a result of this investigation.	Complaint investigation was discussed with the complainant who was satisfied with the response provided. The specific implications - around communication, and completing assessments - were discussed with the team.
CYPS	Two complaints about the positioning and noise of a play area in Leewood Close.	Explanation around the positioning of the play area and action that has been taken in relation to the issues raised be provided to the complainant.	Report produced within detailed explanation of reasoning behind positioning of play area and what action was being taken in relation to the issues raised, including work with the young people themselves.
EDS	A member of the public with an interest in a particular planning application made an informal complaint that she had not been invited along to the Planning Board and yet a neighbour, who had also made objections, was invited. The reason why one had been invited and the other not was because one had returned a slip stating that she wanted to speak at the Board Meeting.	That the return slip sent by objectors had a box to tick stating that they wanted to attend the Planning Board. They would then be informed when the meeting was to take place.	Director of Planning has asked staff to look in to changing the form.
Neighbourhoods	Non Traditional Properties and the Decent Homes Scheme.	Customers were not being given enough information regarding the reason their properties were not being renovated under the Decent Homes Scheme. A letter is now sent to all customers in non traditional properties in advance the start of decent home's work in their area.	Housing Market Renewal Team have implemented following the complaint – December 2006.
Neighbourhoods	Eastwood Group Repair scheme. Height criteria for the installation of rail fencing.	Rail fencing, under a regeneration scheme, was not installed in their property because their wall did not meet the height criteria. A more flexible policy towards the height criteria to allow individual circumstances to be	Housing Market Renewal Team have implemented following the Stage 3 complaint panel meeting. – December 2006.

Service Improvements Resulting from Complaints

Directorate	Issue	Recommendation	Action
		taken into account was introduced.	
Neighbourhoods	Collection of excess waste	That there was a lack of consistency in Council policy towards excess waste in domestic wheeled bin collections.	Waste Strategy Department reviewed procedures in respect of excess waste.
2010 Ltd	Deceased tenant - Information provided.	Customers were sometimes provided unclear and potentially misleading advice from staff in Neighbourhood Offices regarding deceased tenant issues.	Script introduced to assist staff for standard tenancy issues, including deceased tenancy.
2010 Ltd	Allocation Policy – information provided.	Customer was misadvised regarding housing application.	Staff briefings and training carried out
2010 Ltd	Emergency repairs – garage sites	Customer's garage lock was changed following vandalism. Was not provided with the new key.	When the key holder is not known a sticker is now placed on the garage to inform them off where to contact.
2010 Ltd	Responsive repairs	Repair operative used the customers own cloths to mop up following a leak.	Operatives are provided with, and have been reminded to use own cloths and cleaning items.
2010 Ltd	Customer handbook – tenants alterations	Receipts for alterations to a property were lost.	The customer handbook amended to remind tenants to retain receipts and copies of improvements.
RBT	A customer complained about the length of time that they had queued at the Civic Cashiers.	To review the staffing levels and rota.	Customer Service Centre staff have been cross trained to help support their colleagues during the quieter times in the Customer Service Centre.
RBT	Customers have commented that they have found some benefit letters confusing.	Issues such as these were fed back to the services.	This information was shared with the services, and a process put into place for all responses to be quality assured by the RBT Performance & Improvement Team. The standard benefit letters were reviewed with one of them being removed from circulation.
RBT	In error the wrong contact was selected for a property when writing to a customer for further information.	Review the case itself and the circumstances of the error.	The appropriate staff members were reminded of the need to take extra care when inputting data, and selecting the appropriate contact for the property.

Service Improvements Resulting from Complaints

Directorate	Issue	Recommendation	Action
RBT	A customer complained about the fact that he did not have a right of appeal about the recovery of a benefit payment.	A full review of the complaint and legislation was made and guidance sought from the DWP. This highlighted that the regulations had been amended earlier that year and that there was a right of appeal open to the customer.	All staff have been advised of the legislation change to guard against similar incidents in future.

Complaints Action Plan

Issue	Actions
Corporate Complaints	
1. Re-evaluatuion of the corporate complaints procedure.	<ul style="list-style-type: none"> ● Cross Council review, including member involvement and the LGO, to review the procedure and make sure that it remains fit for purpose. ● To include a re-evaluation of what constitutes a complaint.
2. Refresher training / further training for officers and members involved in handling complaints.	<ul style="list-style-type: none"> ● To consider investing in the LGO complaint handling. ● To train officers and members on what constitutes a complaint, and the complaint handling standards. ● Revise and update officer and member guidance documents.
3. To review the terms and reference of the complaint officers forum.	<ul style="list-style-type: none"> ● To review the expected outcomes of the group. ● To re-establish the group as a vehicle for sharing learning.
4. Lack of timely performance reports, thereby hindering performance monitoring.	<ul style="list-style-type: none"> ● Launch of corporate complaints system – this will provide more sophisticated reporting at more frequent intervals. ● Produce monthly reports on complaint performance across the Council.
5. Lack of succession planning during officer absence.	<ul style="list-style-type: none"> ● Directorates to ensure that they have appropriate cover so that issues can be picked up during an officers absence – this is at both the complaint officer level and for the services responsible for dealing with customer complaints.
6. Performance in handling Stage 1 complaints.	<ul style="list-style-type: none"> ● Produce monthly performance reporting following the launch of the new complaints system. ● Produce monthly performance reporting on complaints that have been upheld, and the actions taken locally – via the complaint officers forum. ● Introduce a pro-forma for completion, post complaint, outlining why a complaint exceeded the time frame. ● Peer review, between directorates and 2010 Ltd on complaint performance and any local measures. ● Directorates to review any upheld complaints. This review should also outline 'lessons learned' / actions taken to prevent similar incidents affecting other customers.
Issue	Actions
7. Performance in handling Stage 2 complaints.	<ul style="list-style-type: none"> ● Produce monthly performance reporting following the launch of the new complaints system. ● Introduce a pro-forma for completion, post complaint, outlining why a complaint exceeded the time frame. ● Peer review, between directorates and 2010 Ltd on complaint performance and any local measures. ● To review any upheld complaints and why the matter was not resolved at Stage 1 of our procedure. This would include feeding back to the officer responsible for dealing with the

	<p>Stage 1 complaint, and identifying why they had not upheld the complaint in the first instance. This review should also outline 'lessons learned' / actions taken to prevent similar incidents effecting other customers.</p>
<p>8. Performance in handling Stage 3 complaints.</p>	<ul style="list-style-type: none"> ● Produce monthly performance reporting following the launch of the new complaints system. ● Introduce a pro-forma for completion, post complaint, outlining why a complaint exceeded the time frame. ● Peer review, between directorates and 2010 Ltd on complaint performance and any local measures. ● To review any upheld complaints and why the matter was not resolved at Stage 2 of our procedure. This would include feeding back to the officer responsible for dealing with the Stage 1 complaint, and identifying why they had not upheld the complaint in the first instance. This review should also outline 'lessons learned' / actions taken to prevent similar incidents effecting other customers.
<p>9. Performance in handling multiple complaints.</p>	<ul style="list-style-type: none"> ● Handling multiple complaints – currently Directorates delay a response to a customer until the investigation is completed into all of their complaint points. This needs to be reviewed as a number of complaint points exceed the deadline whilst the investigations into the others are complete.
<p>10. Lack of equality and diversity information from customers – thereby preventing us from identifying a complainant profile, as well as establishing if any groups of people do not utilise the complaints process.</p>	<ul style="list-style-type: none"> ● Equality monitoring questions to be added to the complaint web form. ● Equality monitoring questionnaire to be forwarded to customers who have complained by telephone, e-mail or via the old web form.

Issue	Actions
LGO Complaints	
<p>11. Failure to meet the LGO target of 28 calendar days for the third successive year.</p>	<ul style="list-style-type: none"> ● Performance clinics. ● LPI to measure performance against the LGO responses. ● Launch of corporate complaints system – this will track performance against the 28 calendar day target. ● Ownership of the LGO complaints to be passed to the Corporate complaints officer for recording, registering and tracking. ● Closer liaison needed with the LGO to identify which referrals are 'first enquiries' – thereby enabling us to specifically identify the ones that the LGO monitors for their target. ● Internal RMBC target of 20 calendar days (from the date of the LGO letter / e-mail) for completion. Directorates have to apply

	<p>for extensions beyond this time. A lessons learned proforma to be completed accounting for the closure of enquiries beyond the internal target (of 20 days) and the external target of 28 calendar days.</p>
<p>12. Lack of a monitoring system within the Council to track performance against the LGO target.</p>	<ul style="list-style-type: none"> ● Identification of the first enquiries, for performance monitoring. ● Monitoring corporate performance, throughout the year, in order to calculate the rolling percentage of both first line enquiries and other LGO referrals.