By:	Oliver Mills – Managing Director, Kent Adult Social Services
To:	Adult Social Services Policy Overview Committee – 18 November 2008
Subject:	**ADULT SOCIAL SERVICES ANNUAL COMPLAINTS REPORT**
Classification:	Unrestricted

Summary:	This report provides Members with information about the operation of the Adult Social Services complaints and representations procedure between 1 April 2007 and 31 March 2008.

1. Introduction

(1) It is a statutory requirement under the following items of legislation for local authorities to have in place a complaints and representations procedure for Adult Social Services:

- NHS & Community Care Act 1990 (section 50)
- Health & Social Care Act 2000
- Local Government Act 2000
- Local Authorities Social Services Complaint (England) Regulations 2006 (including associated Guidance; Learning From Complaints – Social Services Complaints Procedure for Adults)

(2) Each local authority that provides social services is required to publish an annual report relating to the operation of its complaints and representations procedure.

(3) An annual report covering complaints and representations activity across adult social services has been presented to Members each year. This Annual Report provides Members with information about the operation of the Adult Social Services complaints procedure between 1 April 2007 and 31 March 2008.

(4) The report will provide a brief overview of the current complaints procedure. It also contains information on the number and type of complaints received by the Directorate, together with examples of how the lessons learned from complaints are utilised to inform, influence and improve service design and delivery.

(5) The report also informs Members of the current consultation from the Department of Health on key changes proposed to the operation of the complaints procedures with effect from 2009.

2 The complaints procedure

2.1 Key Principles

- People who complain should have their complaints resolved swiftly, and wherever possible, by the people who provide the services locally.

- The Directorate remains receptive and responsive to complaints with the aim of encouraging a listening and learning culture where the intelligence gathered from complaints is fed into services, resulting in continuous improvements.

2.2 The Process

i. Stage One – Local Resolution

The emphasis at this stage of the process is to resolve the complaint as quickly as possible by means of discussion and problem solving. Resolution should take place within a maximum 20 working days.

ii. Stage Two – Investigation

If the complainant remains dissatisfied after completion of Stage One, there is the option to request that the complaint proceeds to Stage Two of the process. This involves a formal investigation of the complaint with a report being produced by the investigating officer appointed to the case. The timescale for dealing with this stage is 25 working days up to a maximum of 65 working days, for more complex cases.

iii. Stage Three – Review Panel

Similarly, if the complainant remains dissatisfied with the outcome of Stage Two, there is the option to request that a Complaints Review Panel be convened. The Panel consists of a Chair and two other people. The Chair and one of the panellists will be independent people. The third panellist is an elected Member. The responsibility of the Panel is to review the administration of the complaint, rather than reinvestigate the complaint.

(1) To ensure that the complaints system is accessible to our service users, a further leaflet has been produced in “Easy Read” format. People can also access complaints information via the internet or make a request for information to be sent to them. Our current leaflet, “Comments, Complaints and Compliments” is available in four languages and upon request, is also available in Braille, large print, audio tape and other community languages. The Directorate will shortly be producing a BSL version of the leaflet.

(2) There are occasions when a complaint is received, but it appears that there are issues pertaining to adult protection. In these cases, adult protection procedures take precedence over the Directorate’s complaints procedures. Therefore the complaint may be held in abeyance, depending on the circumstances of the case, until such time as the adult protection case has been concluded.

(3) Although there is a statutory requirement to have a complaints procedure in place, the Directorate views complaints as a valuable form of feedback, which is used to assist with the development and improvement of services.

3 The Number of Complaints and Compliments Received

(1) In 2007/08, 346 complaints were received; this is a decrease from the previous year when 440 complaints were recorded. This reflects a 21% decrease in the overall number of complaints received. Whilst it is pleasing to note this significant reduction, which indicates that staff feel more confident and empowered to resolve problems as they arise, we should not be complacent and must continue to ensure service users are given the opportunity to complain when a service falls below the expected standard. 295 of these were logged as statutory complaints and in comparison to those reported the previous year, 368, this once again shows a decrease in the number received. There were 455 merits (or letters of compliment) received during the year. This is a 38% decrease on last year, although on reviewing the previous years merits, it was clear that one organisation, in particular, was classifying each comment received as a merit. This practice has now been reviewed, hence the reduction in the overall number of merits for this reporting period.

(2) The number of complaints and merits needs to be considered in context to the number of people accessing services. In 2007/08, there were over 31,700 referrals to Adult Social Services, there were also over 35, 500 people in receipt of services in March 2008. Compared to the number of people accessing services, the number of complaints received is relatively small.

(3) When analysing complaints, it should be noted that an increase or decrease in the number of complaints does not necessarily reflect a change in the standard of service provided. An overall increase in complaints might indicate the positive view the directorate takes towards complaints, together with the fact that people are well informed about how they can make a complaint. However, if there was an increase in the numbers received for a particular service, this would require further investigation. Many of our service users are vulnerable; It is therefore important that they feel assured that any dissatisfaction they have with the service(s) they received, will be treated appropriately within the complaints process.

(4) Within the Directorate we have developed a whole range of forums and engagement processes which enable people to express their views, which are then fed into the appropriate development/delivery processes for services. This provides people will alternative avenues, rather than resorting to making a complaint.

(5) Of the 346 complaints received, 295 were logged as statutory complaints under the NHS and Community Care Act. The remaining 51 complaints were from “non qualifying individuals” (not service users or carers); these complaints do not fall within the statutory process, but are responded to nonetheless.

(6) Of the 295 statutory complaints received in 2007/08, 20 were investigated under Stage Two of the complaints procedure, with 3 resulting in a Complaint Review Panel.

(7) Further details about the number of complaints and representations received are provided in Appendix One, attached to this report.

4 Services for Adults with a Disability

(1) In previous years, Members will note that complaints about services for adults with a disability were logged without specifying whether the complaint related to people with a physical or learning disability. Last year 50 complaints were registered about services for people with a disability. This year the total number of complaints received has been divided separately between those with physical or learning disabilities.

(2) Those complaints about services for adults with physical disabilities total 10. This can be further broken down with care management accounting for 7 of the complaints received, 2 were about domiciliary care and 1 was about residential care.

(3) Those complaints about services for adults with learning disabilities total 47. Of the number received, 29 related to care management, 5 were about day care, 9 residential care, 2 transitional arrangements and 2 were classified under “other”.

(4) Further analysis of the complaints received under disability, both physical and learning, indicates that in comparison to last year, there has been a slight increase overall in the total number of complaints received – 14% (7 additional complaints). The numbers relating to care management have decreased by 12%, although in contrast complaints about residential care have doubled. However this amounts to an increase of 5 complaints for the year.

(5) The common themes that cause people to complain about these services include those who are dissatisfied with; the outcome of their assessment (typically, insufficient service provision), the quality of care, poor timekeeping, and failure of service delivery.

5 Services for Older People

(1) In 2007/08, there were 191 complaints about services for older people, indicating a slight decrease (5%) in comparison to the previous year, when 201 complaints were received. In broad terms the numbers of complaints received within the categories of older people services do not show significant fluctuations, when compared to those received in 2006/07. The exceptions are domiciliary care, where complaints received have decreased by 41% (19 complaints) on the previous year. The reverse is true of residential care complaints, where the numbers have increased by 58% (10 additional complaints) to those lodged in the previous year.

(2) It is pleasing to note the decrease in domiciliary care complaints as a significant amount of work has been undertaken to raise the satisfaction levels of people using these services. It was reported last year that following meetings with a group of service users who had raised concerns about domiciliary care services the Contracting Department had addressed these by:

i. Ensuring there are mechanisms in place for addressing issues of concern with a focus to monitor whether these are working.
ii. A Quality Assessment Framework was introduced enabling the department to target those providers that are not performing as well as expected.
iii. CSCI have introduced a rating system for providers. This will be effected as a rolling programme with new homes being assessed first.

6 Occupational Therapy and Sensory Loss

(1) In 2007/08, there were 39 complaints about the O.T Bureau, (4 of which related to Deaf Services and 6 were about the Blue Badge scheme). Overall this is a decrease of 22% on the previous years total of 50 complaints.

(2) The vast majority of these complaints arise as a result of delays in equipment provision or completion of adaptations once an assessment has been completed. Funding for this work is obtained via the Disabled Facilities Grants (available from Borough Councils) and this is where the delays occur.

7 Other Direct Provision Complaints

(1) In total 32 complaints were received about other Direct Provision services. Included in this figure are 6 complaints about the Adult Services Provider Unit. This is a significant reduction on the previous year when 18 complaints were received.

(2) 26 of these complaints were received about in-house registered care centres for older people. Reasons for people complaining typically include poor communication and/or concerns on the quality of care.

8 Complaints to the Local Government Ombudsman

(1) In 2007/08, 7 people contacted the Ombudsman's office to complain about Kent Adult Social Services. 4 of these was not upheld and 3 were premature and therefore outside the jurisdiction of the Ombudsman. These complaints were referred to the adult social services complaints procedure.

9 Learning the Lessons from Complaints

(1) Excellent customer service is an integral component within the Directorate with the focus on continual improvement in the quality of services. Complaints are considered as a positive tool for improving services rather than a negative process that seeks to apportion blame; this is the culture that is encouraged. Staff receive training and support to ensure they have the necessary skills to effectively respond to complaints.

(2) The Directorate has a statutory duty to respond to complaints and the aim of the complaints procedure is to ensure that people who complain have their concerns resolved, swiftly and, wherever possible, by the people who provide the service locally. In order to make improvements, it is important that people have every opportunity to tell us about their experiences, both good and bad.

(3) When considering the significant numbers of people who receive services from Adult Social Services within any given period, it is not unreasonable to conclude that at times services will fall short of peoples' expectations for whatever reason. However, feedback from complaints is one of a number of mechanisms that enable the Directorate to respond by utilising the intelligence gathered and feeding it into business planning and commissioning processes.

(4) Customer Care training for staff is currently available as part of the core induction programme and individual teams receive training on an ad hoc basis. Current

training emphasises the importance of providing complainants with a swift response that addresses their concerns and resolves the complaint to their satisfaction, wherever possible. It is also possible to learn important lessons from compliments, and these are also fed into business planning and commissioning processes.

(5) Information gathered from complaints is provided to operational managers, training managers and policy staff, so that themes and trends can be identified, with appropriate action taken to initiate service improvements.

(6) The positive impact complaints can make can be illustrated by the following examples:

i. As a result of a complaint regarding the lack of accurate information regarding a Nursing Home placement, which resulted in the family being liable for a top up fee of over £1,900 for the period of stay a number of improvements were made to the 'Charging for Residential Care' booklet. In addition, a standard letter was developed that gives clear and detailed information in relation to financial contributions and charging.

ii. Improvements were put into place after relatives complained about their experience of collecting the belongings of their deceased relative from an in-house respite/residential home. These include:, staff training covering the issues raised; a review of staff training records to ensure staff had undertaken training on support for bereaved relatives; production of an information leaflet for relatives to explain the procedure for collection of belongings. The complainants were involved in this process.

iii. After receiving a complaint regarding quality of care issues following a period of respite, staff arranged a meeting with the complainant to discuss the detail of the complaint. Subsequently, staff training was implemented focussing on the importance of recording service user information, especially when personal care is refused. This stressed the need to complete detailed care plans and risk assessments on admission. A ‘lifestyle questionnaire’ was also devised, for completion prior to admission. This records specific information about the service user that he/she or the family think will be useful, including their likes/dislikes and/or life history. The information gleaned on service users enables staff to have a better understanding of each individual and ensures consistency of care.

(7) The charging policy is another good example. In previous years, although minimal changes were made to the policy, a large number of complaints were received as a result of poor communication in relation to the proposed changes. In this period, significant changes were made to the policy, but previous complainants were involved in advising on how this should be communicated to other service users. As a result, the number of complaints reduced.

10 Other Developments

a) Making Experiences Count – National and Local context

(1) The Department of Health is introducing a single complaints system across Health & Social Care with the aim of increasing people’s confidence that their complaints will be taken seriously and that services will improve as a result of their experiences. Organisations will be expected to adopt:

- a flexible approach with effective support for people who find it difficult to voice their complaints, including the right to advocacy;
- a simple, consistent, unified approach across health and social care;
- a culture of openness and fairness in organisations which underpins a willingness to listen, respond and apologise to people when things go wrong;
- an accessible approach that is fair to people using and delivering services;
- an emphasis on early and effective resolution;
- a commitment to good, effective local leadership that supports the resolution of and learning from complaints; and
- a demonstrable change in the quality of services as a direct result of what people tell organisations through their complaints.

(2) The proposal is to develop a single 2-step complaints process across health and social care, ensuring that local resolution is robust and fit for purpose. The focus of which will be to adopt a flexible approach to resolving complaints locally in a more person centred way. The current role of the Healthcare Commission in reviewing NHS complaints will be removed, as will the current requirement within Social Care to hold a Complaints Review Panel.

(3) 12 sites representing 93 organisations across the country have been identified as "Early Adopters" and will pilot the new approach for a period of 3-6 months. The Early Adopter Programme involves a cross section of organisations. Some are known for their good work on complaints handling and others have room for improvement. Feedback will then be collated and new guidance (and possibly legislation) will be made available during 2009. Originally, it was expected that the single process would come into effect from April 2009, but it is anticipated that there will some slippage on this timing.

(4) Kent has been identified as one of the Early Adopter sites and representatives from Kent & Medway health and social care organisations have been involved in the pilot. The Department of Health team co-ordinating the pilot have recognised the Kent & Medway as playing a significant role in the national pilot and have judged the Kent & Medway project as being "ahead of the game".

Development of the Project

(5) Within Kent and Medway a Programme Board was established consisting of individuals with executive level accountability for complaints or those nominated by the relevant chief officer. A Working Group was also established, consisting of operational complaints managers. The group has held monthly meetings since April 2008 to drive forward the pilot. The programme structure is attached at Appendix Two.

(6) The development of the project has been considerable in terms of scope and to evaluate the process and benefits of a more flexible outcome focussed approach, a number of pilots were identified as follows:

- Pilot 1 – Test Cases of varying complexity
  - Minor (Level 1) direct contact which quick action will resolve
  - Significant (Level 2) – needing more work, service involvement and correspondence
  - Major (Level 3) – complaint within single organisation requiring full investigation
  - Complex (Level 4) – major inter-agency complaint

- Pilot 2 – Working with independent contractors regarding how Making Experiences Count principles can be applied within their complaints procedures. This pilot breaks down into specific types of contractors i.e. independent primary care for health, prison healthcare centres, providers within social services.

- Pilot 3 - Pathways - Identifying inter-agency pathways currently used for joint complaints and finding ways to improve and speed up the progress of complex complaints.

- Pilot 4 - Training - With a shared complaints procedure across health and social there is a need for a shared training programme, the aims being; to include sessions to enhance the skills and broaden the knowledge of complaints managers; also sessions for staff to embed the ethos of good complaint handling by operation staff.

- Pilot 5 - Independent Assessors (specific to health) - To examine how these can be sourced locally once the role of the Health Care Commission in investigations is relinquished.

(7) A project manager was recruited by the Programme Board to facilitate and co-ordinate the pilot, collating good practice and statistics as required by the Department of Health.

Impact for KASS

(8) Rather than adopt a process county wide that was expected to change at the end of the pilot, it was decided that HQ Customer Care would run the test cases within the pilot. Area Customer Care teams were required to identify a selection of complaints during the pilot that met the criteria, where possible, of minor, significant, major and complex.

Implementation of test cases

(9) Implementation of the pilot has not been straight forward, largely due to a lack of specific guidance from the Department of Health at the outset on how organisations should initiate the new process with complainants. It was only after work was well underway within the Kent and Medway pilot that the Department of Health became prescriptive about what complainants should be told about the choice between opting into the pilot or remaining with the existing procedure.

(10) It was fortunate that within social care, the policy lead decided that each complainant would be advised of the pilot and their options at the outset and would then be able to decide whether to opt in or not.

Impact on workload

(11) The Department of Health suggested that one component of the new process was the introduction of a “plan” for each complaint. This would not necessarily be a written one, but one that is agreed by the person making the complaint. The plan would outline how the complaint would be tackled, who would be involved, the timescales and how the person making the complaint would be kept informed of progress.

(12) It has become quite apparent during the test cases that this has had an impact on the amount of time spent on each complaint. Establishing personal contact with the complainant at the outset, including gaining agreement to the complaints plan, combined with the subsequent early contact with the appropriate service representative to discuss the way forward, has been more time consuming at the start of the case than has been usual in the past. As customer care staff become more familiar with this way of working, the impact on time may lessen. Social Services customer care staff have adopted this more personal approach already within their day to day management of complaints, wherever possible. However, if all complaints are treated in this manner there is likely to be an impact on staff time.

Evaluation

(13) At present, it is too early to evaluate the pilot in detail. The Project Manager is currently pulling together the outcomes from each of the identified strands within the pilot and will be presenting a report to the Programme Board during November. This will subsequently be presented to the Department of Health for consideration alongside the other pilot sites. However, early indications suggest that the new process, to be introduced in 2009, will impact particularly on customer care teams who will have initial responsibility for developing the complaints action plan in conjunction with the complainant and the staff involved. In addition, customer care teams will have to facilitate the new process until staff are provided with training to enable them to adapt to the new process.

b) Adult Social Services Induction

(14) It has been recognised that good training is key for staff development and the policy team have been successful is securing a slot on the KASS induction programme that is attended by all new staff. This will be effective from early 2009. Not only will this provide an opportunity to emphasise the importance and effectiveness of good customer care, but it will promote the benefits of attending the specific complaints handling training provided by Customer Care Managers, which at present is not a mandatory requirement.

c) Kent Health Watch

(15) Kent Health Watch was established by Kent County Council in partnership with the NHS to help local residents express their views about health and social care in Kent. This service will not replace existing feedback mechanisms within health and social care, but enhance what is currently available with the aim of improving services.

(16) It will cover all health and social care services delivered within Kent along with services commissioned for Kent residents but provided elsewhere. Kent Health Watch will operate 24 hours a day, seven days a week, by telephone, textphone and email. It will operate like a Directory Enquiry service, signposting callers to the right contact whenever they want to make compliments, comments, complaints or concerns about health or social care.

(17) Signposting social care calls is not a new concept for the Contact Centre. The agents have been dealing with social care queries for several years. The agents obtain the pertinent information from the caller before directing them to the most appropriate service. To assist them in directing the call, the agents will typically ask questions to establish the nature of the call and the geographical location. Calls are

currently routed via the appropriate customer care team (West; East; HQ), duty service or out of hours service. If the agents have any doubts as to where the call should be routed, it is directed via HQ Customer Care.

(18) In preparation for the launch of Kent Health Watch, contact centre agents have undergone bespoke training in dealing with social care queries. This included, safeguarding, provision of service - how this is funded and the issues around direct payments and self funders. The logging system has been amended to reflect these specific groups to enable the Directorate to monitor the volume of calls specifically from self funders.

(19) Reassuringly, some of the agents who are already experienced in dealing with social care calls have been transferred to the Health Watch number. This will provide consistency and experience of social care services. They will also be able to share this knowledge and experience with newer members of staff.

d) Local Involvement Network (LINks)

(20) Kent and Medway Networks (KMN) have been appointed as the Host organisation for the Kent LINk. KMN has previously been a Forum Support Organisation for the former Patient and Public Involvement Forums and therefore has knowledge and experience of the area. The Kent LINk is not operational at present, although once it is launched it is anticipated that the information received from the public will influence public services in ways that are relevant and meaningful to the public themselves. It should also provide a further opportunity for concerns and complaints to be heard and responded to. (Further information on LINks, including its functions is detailed in the consultation report, which is on the ASSPOC agenda for 18 November 2008.)

11 Conclusion

(1) During 2007/08 the Adult Social Services Directorate has continued to operate a robust and effective complaints procedure in line with statutory requirements.

(2) Complaints are seen as one mechanism for providing valuable feedback from people who have actual day to day experience of our services. The Directorate continues to focus on two key areas; staff training and ensuring lessons are learned from complaints for continuous improvement and development of future services.

Recommendations

12 Members are asked to NOTE and COMMENT on the contents of this report.

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Background documents: None

Appendix One

Complaints, Enquiries and Merits Received Between 1 April 2007 and 31 March 2008

Number of Complaints by Originator

Originator	Number	%
Advocate	5	1.7
Anonymous	-	-
Carer	9	3.1
Close relative	211	71.6
Central Government Dept	-	-
Client	51	17.3
Contractor	-	-
County Councillor	1	0.3
Health Representative	2	0.7
Homeowner	-	-
Housing Association/Landlord	-	-
KSS staff	-	-
Legal Representative	3	1.0
Member of Parliament	5	1.7
Neighbour client/Establishment	-	-
Ombudsman	1	0.3
Other local authority	-	-
Other KCC Department	1	0.3
Other	5	1.7
Service Provider	1	0.3
Voluntary Organisation	-	-
Total	**295**	**100%**

Number of Records by Contact Method

(For complaints, enquiries and merits received between 1 April 2007 and 31 March 2008.)

Contact Method	Number	%
e-mail	94	8.9
Fax	85	8.0
Letter	804	75.4
Telephone	73	6.9
Text	-	-
Visit	2	0.2
Website	7	0.6
Total	**1,065**	**100%**

Number of Records Received by Type

1 April 2007 to 31 March 2008

Type of Record	**Number**	**%**
Enquiry	264	24.8
Merit	455	42.7
Non Statutory Complaint	51	4.8
NHS and Community Care Act Complaint	295	27.7
Total	**1, 065**	**100%**

Comparison of complaints numbers for 2006/07 and 2007/08

Service	**2006/07**	**2007/08**
Contracting	39	33
Disability		
Care Management	41	-
Day Care	-	-
Domiciliary	4	-
Residential	5	-
Physical Disability		
Care Management	-	7
Day Care	-	-
Domiciliary	-	2
Residential	-	1
Respite	-	-
Transition Arrangements	-	-
Learning Disability		
Care Management	-	29
Day Care	-	5
Domiciliary	-	-
Residential	-	9
Other	-	2
Respite	-	
Transition Arrangements	-	2
Older People		
Care Management	132	128
Day Care	1	3
Domiciliary	46	27
Residential	17	27
Other	5	2
Respite	-	4

Direct Provision		
Adult Service Unit	18	6
Homecare	4	-
Older people	24	26
Social Economy	3	-
O.T and Sensory Loss		
Deaf Services	1	4
O.T	49 (inc. Blue Badge)	29
Blue Badge	-	6
Kent Association for the Blind	-	-
Mental Health	4	4
County Benefits	1	-
Finance	18	1
Contracts Finance Area Office	-	1
Fin assessments – Dom	-	10
Fin assessments - Res	-	6
Planning	-	1
Hospitals	22	17
Out of hours	1	2
Supporting People*	1	-
Direct Payments	1	-
HQ Learning Dis.	2	-
County Duty Service	-	2
Others	1	4
Total	**440**	**400**

(Learning and physical disability figures were amalgamated in the 2006/07 report due to the previous database not being set up to report separately)

* Complaints in respect of Supporting People are dealt with directly by the team and are not reflected in this report as they are not part of the statutory framework.

Statutory Complaints by Subject

1 April 2007 to 31 March 2008

Subject	**Number**	**%**
Adult Protection	2	0.6
Application of Eligibility/Assessment Criteria	3	0.9
Assessment/Review	13	3.8
Behaviour of staff	53	15.4
Change/closure	1	0.3
Claim for compensation	2	0.6
Communication difficulties	19	5.5
Delay in decision making	6	1.8
Delay in provision of service	21	6.2

Direct Payment	1	0.3
Disputed decision	65	19.1
External service	50	14.6
Financial assessment	11	3.2
Impact of Application Policy	9	2.6
In house service	15	4.4
Incorrect billing	13	3.8
Lack of information	17	5.0
Meal service	2	0.6
More service wanted	7	2.1
Non delivery of service	4	1.2
Other	4	1.2
Personal Information	2	0.6
Problems contacting KASS	1	0.3
Request for service	11	3.2
Resource Issue	5	1.5
Transport	4	1.2
Total	**341**	**100%**

(Some people complain about more than one issue, therefore the total adds up to more than the total number of complaints)

Complaints by Ethnic Origin

Ethnicity	**Number**	**%**
African	-	-
Any other ethnic group	2	0.7
Asian other	1	0.3
Bangladeshi	-	-
Black other	-	-
Chinese	-	-
Indian	-	-
Information declined	-	-
Mixed other	-	-
Not known	23	7.6
Pakistani	3	1.0
White and Asian	-	-
White and Black African	-	-
White and Black Caribbean	-	-
White British	264	89.4
White Irish	-	-
White other	3	1.0
Total	**295**	**100%**

Outcome of complaints at Stage One

1 April 2007 to 31 March 2008

Outcome	Number
Advice	4
Apology	85
Complaint withdrawn	5
Explanation	215
Financial Settlement	10
Issue resolved	11
No reply sent	2
Other	4
Other agency issue	12
Other ASD procedural issue	5
Policy change	1
Policy issue raised	1
Service changes	13
Total	**368**

(There can be more than one outcome for a complaint, therefore the total will not match the number of complaints received)

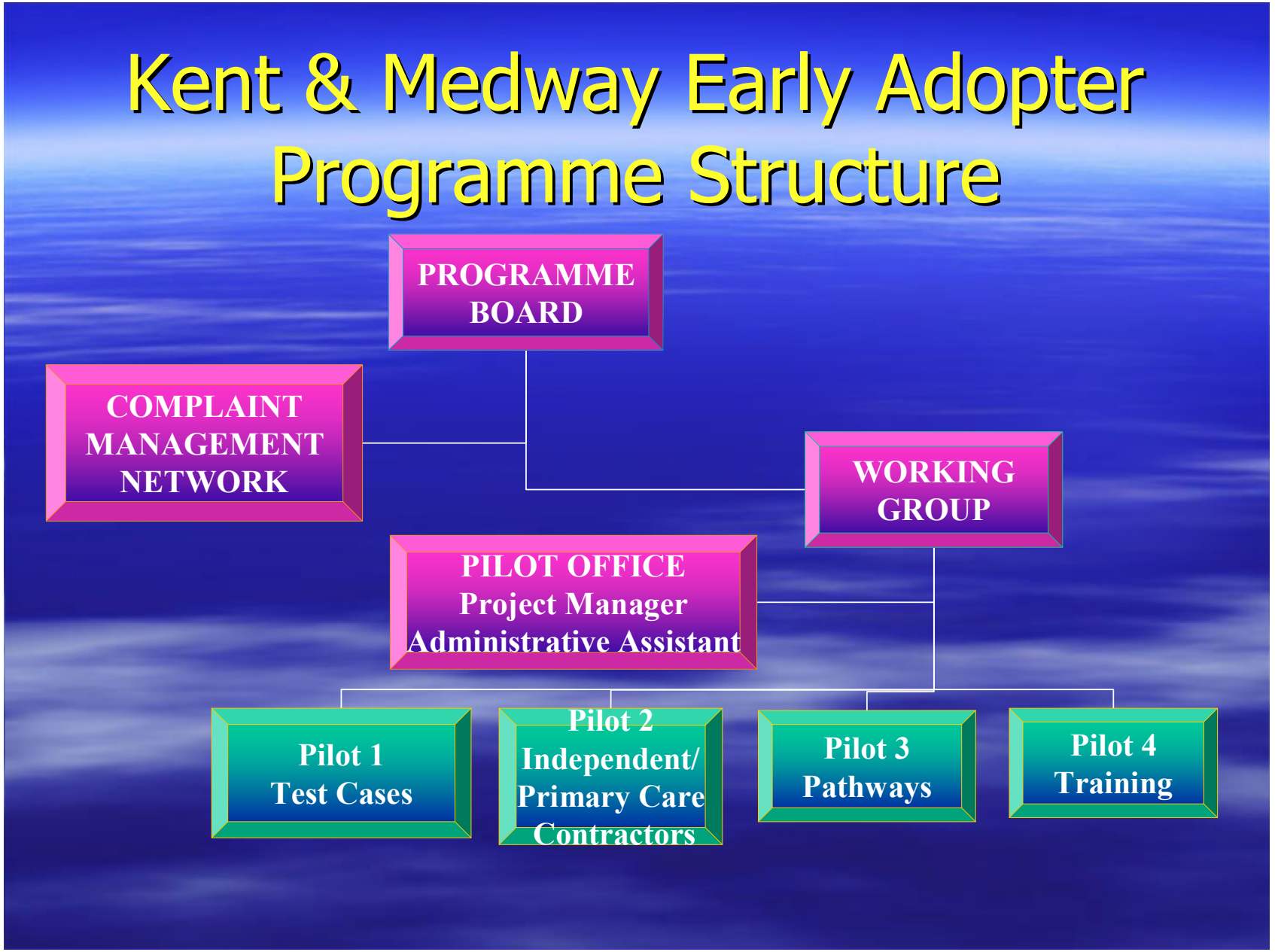
Comparison Between 2006/07 and 2007/08

Type of Record	2006/07	2007/08
Enquiry	199	264
Merit	735	455
Non Statutory complaint	72	51
NHS and Comm Care Act Complaint	368	295
Total	**1, 374**	**1, 065**

Comparison between Areas

1 April 2007 to 31 March 2008

Area	Number of Statutory Complaints
East Kent	148
West Kent	126
HQ	21
Total	**295**


Kent & Medway Early Adopter Programme Structure
PROGRAMME BOARD
COMPLAINT MANAGEMENT NETWORK
WORKING GROUP
PILOT OFFICE
Project Manager
Administrative Assistant
Pilot 1
Test Cases
Pilot 2
Independent/
Primary Care
Contractors
Pilot 3
Pathways
Pilot 4
Training