

Annual Complaints Report 2024-25

Adults' Health and Care, Hampshire County Council

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1. Executive Summary

1.1. This Annual Complaints Report for Adults' Health and Care (AHC) at Hampshire County Council (HCC) covers the period from 01 April 2024 to 31 March 2025. It provides a comprehensive overview of compliments and complaints received, performance against targets, outcomes, and key learning points.

Key highlights

1.2. Compliments increased by 20% to 190, with Willow Court, Forest Court, and New Forest East receiving the highest praise.

1.3. Complaints rose by 13.6% to 852, continuing a year-on-year upward trend. Of these, 99.3% were processed via the statutory complaint procedure.

1.4. Timeliness of responses improved significantly:

- 85% of Stage One complaints were responded to within 20 working days (up from 70%).
- 85% of Stage Two complaints were responded to within 40 working days (up from 71%).

Complaint Outcomes

1.5. 49% of complaints had at least one element upheld.

1.6. The top root causes of all complaints were:

- Service Quality (40%)
- Responsiveness (29%)
- Poor Communication (27%)

Learning and Improvements

1.7. The Local Government and Social Care Ombudsman (LGSCO) investigated 35 cases, with 100% of upheld complaints marked as remedy satisfied, demonstrating the Directorate's commitment to learning and resolution.

1.8. The launch of a Power BI dashboard is imminent for near real-time data access across services.

1.9. New initiatives include:

- Call-back requests to reduce formal complaints through early resolution.

- Phone-based Stage One responses to improve engagement and satisfaction.
- A new complaints policy is in development to align with the 2026 LGSCO Complaint Handling Code and ensure proportionality and clarity.

Conclusion

- 1.10. AHC continues to treat complaints and compliments as a vital source of learning and service improvement. The Directorate has made demonstrable progress in response timeliness, while identifying areas for further development in communication and service quality.

2. Introduction

2.1. This report provides a detailed analysis of complaints and compliments received by the Directorate during the business year 01 April 2024 to 31 March 2025, categorised by service, type and outcome. Trends are analysed and where possible, data is compared to previous years. Commentary is offered on key learning points and ongoing improvements being made by the service.

2.2. The AHC complaints procedure is administered by the Customer Care Team. The complaints policy and information on how to log compliments, comments and complaints is published on the customer care and complaints webpage, on the County Council's website.

2.3. The Directorate's vision, put simply, is to help people to live long, healthy, and happy lives, with the maximum possible independence. The Directorate always aims to provide high quality services that meet the needs and circumstances of individuals and their families. However, despite best intentions, things do sometimes go wrong. When this happens, action is taken to put it right and complaints and compliments are welcomed to support learning and improvement for the future.

2.4. On 01 September 2023 Hampshire County Council launched a Council wide system called eCase. This replaced the system, Respond, in the AHC Directorate. Because of the change and the different ways in which the systems record information, year on year data comparison has not always been possible.

2.5. The Directorate's definition of a complaint is:

'Any expression of dissatisfaction or concern about a service provided directly by Adults' Health and Care or by a contractor or partner that requires a response'.

3. Compliments activity

3.1. When a customer is so satisfied with the service they have received that they make a special mention of it, the Customer Care Team records this as a compliment. Between 01 April 2024 and 31 March 2025, the Customer Care Team processed 190 compliments, which represents an increase of 20% compared to 158 compliments received in the previous year.

3.2. Compliments are received and logged for specific services and individuals.

3.3. 123 (65%) compliments were received from 9 services, which are as follows:

Service	Total compliments
Willow Court	25
Forest Court	23
New Forest East	21
Emsworth House	14
Malmesbury Lawn	10
OA - New Forest East	10
Discharge to Assess	9
Review & Intervention	6
Reablement - Mid Hants	5

4. Complaints activity

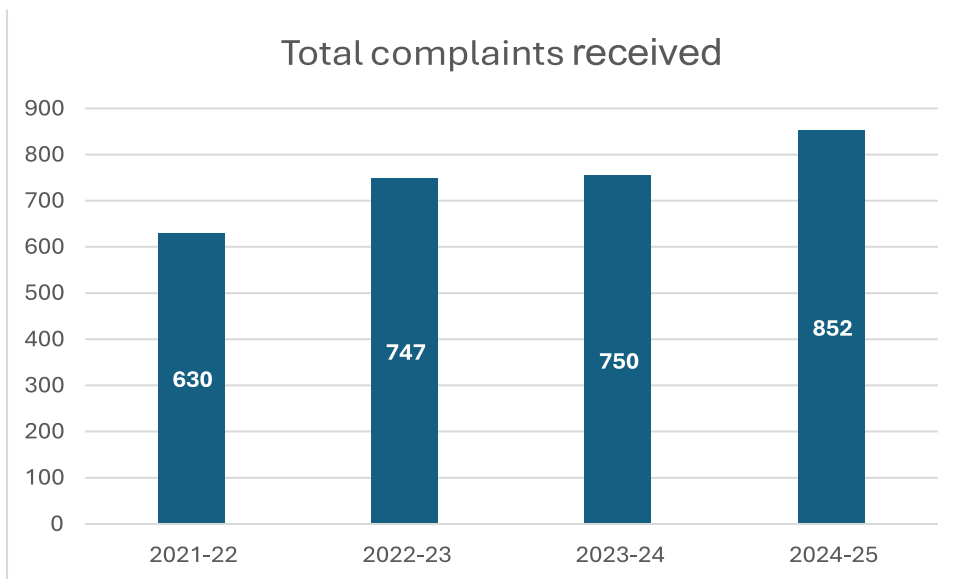
4.1. Between 01 April 2024 and 31 March 2025, the Customer Care Team processed 852 complaints, an increase of 13.6% on 750 in 2023/24.

4.2. This excludes communications received from Members of Parliament or Councillors, which totals 416. As the previous annual complaints report advised, these are no longer logged as complaints and form their own separate method of communication.

4.3. Of the 852 complaints received, 6 (0.7%) were processed via the Corporate Complaints process. The remaining 846 (99.3%) were processed via the statutory Adults' Health and Care complaints process.

4.4. Of the 852 complaints that were received, 56 progressed to stage two (6.6%) compared to 31 last year (4.4%).

4.5. Complaints made independently to external providers are not captured on the complaints database and are therefore not covered in this report.



5. Complaints performance

5.1. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 stipulate that a complaint must be completed within six months; however, HCC has set its own timescale of issuing a response to Stage One complaints within 20 working days and Stage Two complaints within 40 working days.

5.2. Between 01 April 2024 and 31 March 2025, the Directorate responded to 85% (70% last year) of Stage One complaints within its target timeframe of 20 working days and responded to 85% (71% last year) of Stage Two complaints within the target timeframe of 40 working days.

5.3. The previous annual complaints report detailed an action plan to achieve the target of 90% of complaints being responded to on time. This report demonstrates that the action plan was successful in improving timeliness, but that further work is required.

5.4. Of all cases recorded as beyond the deadline, 51% related to five services as illustrated in the table below. Removing the following five services from the data would see the timeliness of cases increase to 93%.

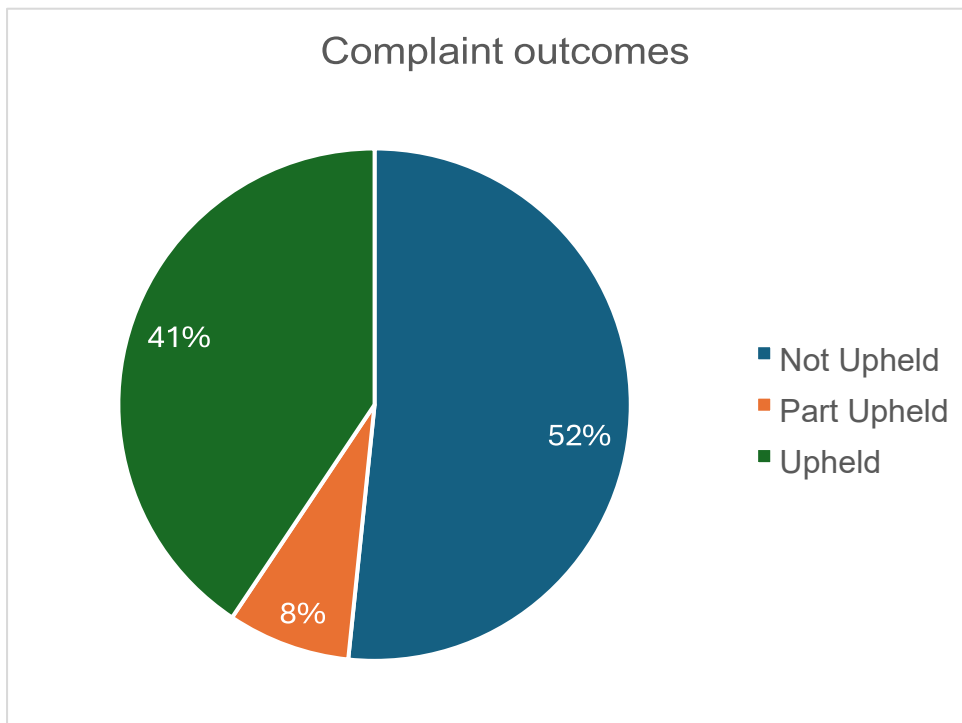
Service	Percentage share of out of time cases
Customer Financial Management	19%
Physical Disabilities South	9%
Fareham Team	9%
East New Forest (Applemore)	7%
Physical Disabilities North	6%

6. Outcome of complaints

6.1. Complaints are recorded as 'upheld' or 'not upheld'. Upheld complaints will be the result of an investigation determining fault causing injustice. A not upheld complaint will determine no injustice to the complainant.

6.2. eCase, the complaints recording system, allows an outcome to be recorded for each element of the complaint. Where at least one element of the complaint is upheld and at least one other not upheld, the outcome is recorded as 'partially upheld'.

6.3. Complaints were logged with the following outcomes:



6.4. 49% of complaints had at least one element upheld, with the remaining 52% recorded as not upheld.

7. Nature of complaints

7.1. Figures below detail the service areas that complaints were made against.

Where a complaint may cover more than one service, it is recorded against the main service area associated with the complaint.

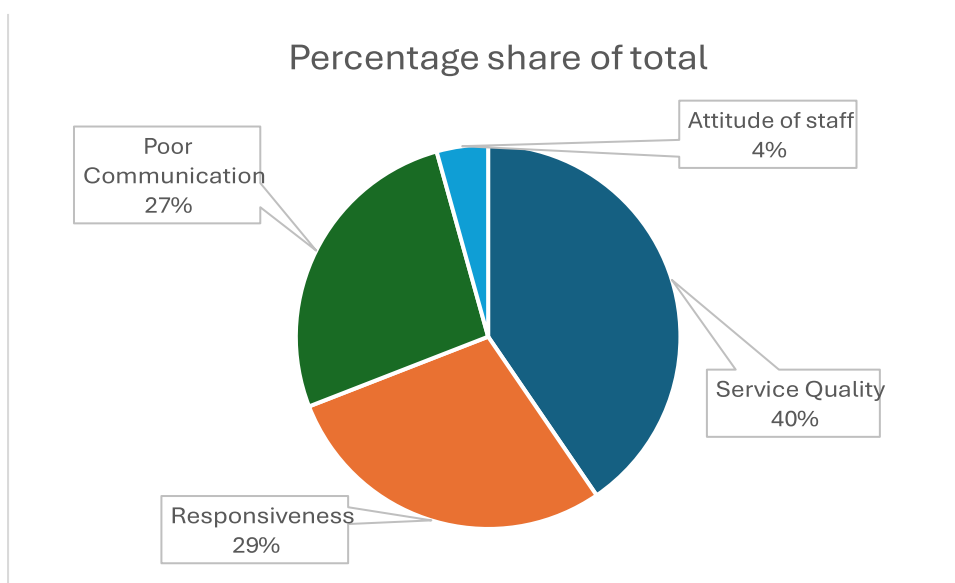
Service	Total	Percentage of total
Accommodation and Support	1	<1%
Adults Health and Care	9	1%
Adults Provider Payments	8	1%
Approved Mental Health Practitioner Team	3	0%
Argenti & Technology Enabled Care	2	<1%
Basingstoke and North Hants Hospital	2	<1%
Brokerage	6	1%
CART & MASH Service	8	1%
CFMT	1	<1%
Client Affairs	5	1%
Commissioning for Enablement	1	<1%
Commissioning Younger Adults Service	2	<1%
Complaints received from Providers	1	<1%
Contact Assessment & Resolution Team	19	2%
Continuing Health Care Team	11	1%
Customer Care Team	3	<1%
Customer Financial Management	130	15%
Deprivation of Liberty	1	<1%
Direct Payments	1	<1%
East Hampshire	11	1%
East New Forest (Applemore)	31	4%
Eastleigh Team	25	3%
Fareham Team	20	2%
Financial	4	<1%
Forest Court	1	<1%
Frimley Park Hospital	3	<1%
Gosport Team	16	2%
Green Meadows	1	<1%
Hampshire Equipment Service (team)	5	1%
Hart/Alton, & Farnborough	18	2%
Hawthorne Court	1	<1%
HCC Care	1	<1%
HCC Care Younger Adults & Quality	1	<1%
HQ	1	<1%
IBC	2	<1%
Independent Futures	2	<1%
Intermediate Care Team	2	<1%
Learning Disabilities Service	1	<1%
Learning Disabilities Service - South	2	<1%
Meals on Wheels	2	<1%

Mental Capacity, Deprivation of Liberty & Client Affairs	2	<1%
Mental Health & Substance Misuse Service	1	<1%
Mental Health & Substance Misuse Service - North	1	<1%
Mid Hants Community Response	1	<1%
Misc Finance	1	<1%
Multi Agency Safeguarding Hub	2	<1%
North Community Response	1	<1%
North East LD	44	5%
North East Mental Health	39	5%
North Havant Team	18	2%
North West LD	17	2%
North West Mental Health	13	2%
Older Adults Commissioning	3	<1%
Older Adults Service - North East	3	<1%
Older Adults Service - South East	1	<1%
Older Adults Service - South West	1	<1%
Other	12	1%
Payments	2	<1%
Physical Disabilities Central	20	2%
Physical Disabilities North	31	4%
Physical Disabilities South	23	3%
Public Health	4	<1%
Quality Assurance	1	<1%
Queen Alexandra Hospital (Portsmouth)	7	1%
Reablement Service - Mid Hants	6	1%
Reablement Service - North	10	1%
Reablement Service - South	7	1%
Reablement Service - West	4	<1%
Review and intervention team	2	<1%
Royal Hampshire County Hospital (Winchester)	5	1%
Rushmoor Community Team	17	2%
Shared Lives	3	<1%
South Community Response	3	<1%
South East LD	12	1%
South East Mental Health	8	1%
South Havant Team	15	2%
South Sensory & OT	1	<1%
South West LD	27	3%
South West Mental Health	18	2%
Supported Accommodation Team	2	<1%
Supported Living	1	<1%
The Andover Team	12	1%
The Basingstoke Team	14	2%
The Deane Team	9	1%
The Winchester Team	32	4%

University Hospital Southampton	3	<1%
West Community Response	1	<1%
West New Forest (Lymington)	21	<1%
West Sensory & OT	2	<1%
Westholme	1	<1%
Woodcott Lodge	3	<1%
Younger Adults	1	<1%
Grand Total	852	100%

7.2. The top three reasons for a complaint in the previous reporting period (2023/24) were a lack of quality in the service provided (38%), delays in the responsiveness of the Directorate (28%), and the impact on the individual of the service received (18%).

7.3. In this reporting period (2024/25) Service Quality (40%) remained the top root cause of a complaint. Second was Poor Communication (28%), third Responsiveness (29%) and fourth Attitude of Staff (4%). All root causes remained static year to year in terms of their percentage share.



7.4. eCase allows for further analysis of each root cause, as each category has further subcategories. The top three subcategories, for each root cause (excluding attitude of staff, due to low volumes) are listed below.

7.5. Please note, the percentage amount listed is the total share of that subcategory in the root cause, not the total share of all complaints.

Service Quality

- Lack of /insufficient support (17%),
- Unhappy with resolution/decision/policy (4%),
- Slow decision-making process (4%).

Responsiveness

- Response time (7%)
- Needed to contact multiple times (6%)
- No contact following/about assessment (6%)

Poor communication

- Not kept informed (11%),
- Unexpected bill or invoice (6%),
- Lack of explanation (4%)

8. Local Government and Social Care Ombudsman (LGSCO) activity

8.1. Where the County Council's two stage complaints procedure has been completed, and the complainant remains unhappy with the outcome, they are advised to contact the Local Government and Social Care Ombudsman (LGSCO).

8.2. The LGSCO completed the following investigations in the reporting period. This compares to 35 in 2023/24.

Outcome	Total	%
Not upheld	2	6%
Upheld - remedy satisfied	8	23%
Incomplete/invalid	2	6%
Closed after initial enquiries	12	34%
Assessment (referred back for local resolution)	11	31%
Total	35	100%

9. Learning from complaints

9.1. While AHC would like to avoid anyone needing to complain, it also regards every complaint as an opportunity to learn and to implement changes that will avoid future complaints being made, improving our residents' experience and in turn their satisfaction levels with the County Council.

9.2. Regular reports, often quarterly, based on eCase data are presented at Directorate wide performance and governance meetings. These include Performance Improvement Network, the Older Adults Performance and Governance meeting and to the Younger Adults' Performance and Governance meeting.

9.3. Some key areas of learning for the reporting period include:

Complaint Handling and Timeliness

9.4. Ensure complaint responses are issued within published timeframes (e.g. 20 working days).

9.5. Keep complainants informed of any delays and provide updates proactively.

9.6. Reinforce awareness of complaint procedures among staff to improve compliance and transparency.

9.7. All elements of a complaint must be addressed comprehensively and fairly.

Care Quality and Record Keeping

9.8. Staff must consistently follow care plans to ensure continuity and quality of care.

9.9. Accurate and up-to-date record keeping is essential to track progress and support decision-making.

9.10. Written reminders and training can reinforce best practices in care delivery.

Communication and Service User Engagement

9.11. Clear, timely communication is critical when care arrangements are changing (e.g. travel, temporary suspensions).

9.12. Service users must be fully informed of their responsibilities and the implications of changes to care packages.

9.13. Early engagement and thorough assessment help prevent service gaps and misunderstandings.

Internal Coordination and Process Adherence

- 9.14. Improve internal coordination between teams (e.g. brokerage, community response) to avoid missed referrals and delays.
- 9.15. Strengthen systems to ensure historical decisions (e.g. debt write-offs) are properly recorded and referenced.
- 9.16. Review and refine automated processes (e.g. payment reminders) to prevent inappropriate actions.

10. Successes and areas for improvement

10.1. The following initiatives form part of continuous improvement activities aimed at enhancing the complaints function. These activities consist of a range of ongoing tasks, several of which are outlined below.

eCase

10.2. A new complaints management system, eCase, was introduced in 2023 across the entire County Council. During 2024, eCase was embedded across complaint functions and reconfigured as required. This enabled improved processing, root cause analysis, identification of learning and reporting.

10.3. eCase allows for each action, agreed following the conclusion of a complaint investigation, to be recorded with a deadline for completion. The Customer Care Team will then liaise with the relevant services to ensure actions are completed in a timely way.

10.4. eCase also allows for the tracking of LGSCO cases which records learning and tracks actions taken. This means the Customer Care Team can support in agreed actions being completed on time as well as ensuring lessons are recorded.

Power BI

10.5. A new Power BI dashboard has been built and tested since April 2025. This will be published across all AHC services by September 2025. This will improve service level governance and assurance as they are able to self-serve with near real-time data, refreshed overnight to ensure it is always less than 24 hours old.

Phone calls

10.6. Since May 2025 all Stage One responses are encouraged, to be conducted as a conversation, either via phone call or meeting, as opposed to past responses which were a written letter.

10.7. This approach is anticipated to ensure complainants will feel heard, understood and able to share a dialogue regarding their concerns. This approach is in line with the Hampshire approach, of managing interactions in a strength-based way, focussing on the positives and encouraging actions for

the future.

- 10.8. This new initiative will be monitored, with a full analysis scheduled to determine if the changes will remain.

Call back requests

- 10.9. In response to an analysis of complaints received, since May 2025 the Directorate has introduced an option for individuals to request a call back. This initiative was prompted by a noticeable trend of poor communication as a key factor contributing to dissatisfaction. The introduction of call back requests is a direct response to this feedback and aims to improve the overall customer experience.

- 10.10. When completing the e-form and after advising they wish to make a complaint, complainants are asked for the relevant details. The form then asks if, rather than make a complaint, they would instead prefer a phone call from an appropriate colleague.

- 10.11. If 'yes' is selected the request is processed as a 'call back request' and no formal complaint is logged. If 'no' is selected the complainant can progress with the form and log their formal complaint.

- 10.12. This approach is also an example of learning from other Directorates within the County Council, as the Children's Services Directorate (CSD) have found success with this approach.

Complaints policy

- 10.13. In the 2025/26 reporting period a new complaints policy will be drafted and published, to align with the above mentioned changes and the new LGSCO complaint handling code, which comes in to force in 2026.

- 10.14. The new policy will look to include Public Health complaints explicitly within it and ensure proportionality in the way complaints are processed, while also ensuring factors such as consent from clients is respected.

- 10.15. All the above changes are evidence of the Directorates focus on ensuring complaints and compliments continue to support continuous improvement across all the services within AHC.