



Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 26 October 2017 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Gibbons Rickard	Greenwood A Ahmed Akhtar Johnson Shabbir	N Pollard

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Barker Poulsen	Berry S Hussain T Hussain Iqbal H Khan	Griffiths

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer
Jenny Scott	Older People's Partnership

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor
Agenda Contact: Palbinder Sandhu
Phone: 01274 432269
E-Mail: palbinder.sandhu@bradford.gov.uk

To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 7 September 2017 be signed as a correct record (previously circulated).

(Palbinder Sandhu – 01274 432269)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Palbinder Sandhu - 01274 432269)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. DEMENTIA FRIENDLY COMMUNITIES

Dementia Friendly Communities (DFC) is a programme which facilitates the creation of dementia-friendly communities across the UK. Everyone, from governments and health boards to the local corner shop and hairdresser, share part of the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.

The Manager and the Dementia Friendly Communities Coordinator from Bradford Alzheimer's Society will attend the meeting to give a presentation on:

- Introduction and history of DFC work in Bradford
- Background to the project
- Notable successes
- Dementia Friendly Ilkley
- Future objectives
- Ways to support this work including looking at how the council could become dementia friendly.

(Caroline Coombes – 01274 432313)

7. AIREDALE NHS FOUNDATION TRUST RESPONSE TO THE CARE QUALITY COMMISSION RE-INSPECTION 1 - 8

The Airedale NHS Foundation Trust will submit **Document “K”** which informs the Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection in March 2017 and the plans in place to ensure sustained improvement.

Recommended –

That the report be received and the Committee note that the Trust Board of Directors will approve the Quality Improvement Plan that will achieve improved care for patients and hence greater compliance at their meeting in October prior to submission to the Care Quality Commission.

(Helen Kelly - 01535 294807)

8. HEALTH & WELLBEING COMPLAINTS ANNUAL REPORT 9 - 24

The Strategic Director of Health and Wellbeing will submit **Document “L”** which reports on the complaints, enquiries and compliments received by the Complaints Unit in the period 1st April 2016 to 30th March 2017 related to Adult Social Care and Public Health.

Recommended –

Members are asked to note the report and consider whether they wish to seek further information about issues raised.

(Irina Arcas – 01274 435269)

9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2017/18 25 - 32

The Overview and Scrutiny lead will present the Committee’s Work Programme 2017/18 (**Document “M”**).

Recommended –

That the Committee notes the information in Appendix A and B.

(Caroline Coombes – 01274 432313)



Report of the Airedale NHS Foundation Trust to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26 October 2017

K

Subject:

**Airedale NHS Foundation Trust response to the Care Quality
Commission Re-inspection**

Summary statement:

The purpose of this report is to inform the Overview & Scrutiny Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection in March 2017 and the plans in place to ensure sustained improvement.

Jill Asbury
Director of Nursing

Portfolio:

Health and Wellbeing

Report Contact: Helen Kelly
Phone: (01535) 294807
E-mail: helen.kelly@anhst.nhs.uk

1. Summary

The purpose of this report is to inform the Overview & Scrutiny Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection of March 2017 and the plans in place to ensure sustained improvement.

2. Background

Airedale NHS Foundation Trust received a focussed inspection by the Care Quality Commission in March 2017. A focussed inspection does not look across a whole service but as the title suggests focusses upon the areas defined by information that triggers the need for an inspection. Therefore, the CQC did not inspect all the five domains of safe, effective, caring, responsive and well led for each core service; they inspected core services which were rated requires improvement or where they had identified areas of concerns.

3. Report issues

The Quality Report of 2017 commends the investment and improvements made in nurse staffing with particular reference to the proactive recruitment. The key areas of getting the basics right have been strengthened and staff articulated their roles and responsibilities and understand this in relation to patient safety.

There were improvements noted in the Governance and Leadership within the Trust including standardised reporting and the leaders being more visible in the organisation. Leadership was commended throughout the Trust from Ward to Board and the inspectors noted the opportunities in place for leadership development.

The biggest area of improvement was within Critical Care where safe moved from Inadequate to Good. In addition there was a noted improvement in Effective to Good. This is a tremendous achievement and is testimony to the dedicated leadership of the team there.

The full report can be accessed at [Airedale NHS Foundation Trust Report 2017](http://www.cqc.org.uk/provider/RCF/reports)
<http://www.cqc.org.uk/provider/RCF/reports>

4. Recommendations

The Overview & Scrutiny Committee is asked to receive this report and note the Trust Board of Directors will approve the Quality Improvement Plan that will achieve improved care for patients and hence greater compliance at their meeting in October prior to submission to the Care Quality Commission. This will be available for the meeting and tabled on the day.

5. Background documents

None

6. Not for publication documents

None

7. Appendices

Appendix 1 - CQC Re-inspection Quality Report

Report to:	Health & Social Care Overview & Scrutiny Committee				
Date of Meeting:	26 October 2017				
Report Title:	CQC Re-inspection Quality Report				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X		X		
Prepared by:	Helen Kelly, Assistant Director Healthcare Governance.				
Executive Sponsor (presenting):	Jill Asbury, Director of Nursing				
Appendices (list if applicable):	Appendix 1 : CQC ratings for 2016				

Purpose of the Report

The purpose of this report is to inform the Overview & Scrutiny Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection of March 2017 and the plans in place to ensure sustained improvement.

Key points for noting

The Care Quality Commission (CQC) visited the Trust in March 2017 and performed a focused re-inspection as part of their Hospital Inspection Programme. The Quality Report published on 20 September 2017 rated the Trust as “Requires Improvement”.

The Quality Report acknowledged the improvements made and made particular reference to the improving culture, primarily associated with leadership and improved staff morale within the Trust.

The Trust is developing a detailed Quality Improvement Plan for the identified “must dos” within the report along with those quality issues that will improve care for patients and therefore strengthen our compliance with the CQC Regulations.

Recommendation

The Overview & Scrutiny Committee is asked to receive this report and note the Trust Board of Directors will approved the Quality Improvement Plan that will achieve improved care for patients and hence greater compliance at their meeting in October prior to submission to the Care Quality Commission.

OVERVIEW & SCRUTINY COMMITTEE –26 October 2017

Airedale NHS Foundation Trust Response to CQC Hospital Re-inspection March 2017

1. Introduction

Airedale NHS Foundation Trust received a focussed inspection by the Care Quality Commission in March 2017. A focussed inspection does not look across a whole service but as the title suggests focusses upon the areas defined by information that triggers the need for an inspection. Therefore, the CQC did not inspect all the five domains of safe, effective, caring, responsive and well led for each core service; they inspected core services which were rated requires improvement or inadequate from the previous inspection in 2016 or where they had identified areas of concerns. Appendix 1 details the ratings awarded to the Trust following the 2016 inspection.

1.1 Areas included in the focussed inspection in March 2017

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Requires Improvement	NA	NA	NA	Good	NA
Medical Care	Requires Improvement	NA	NA	NA	Requires Improvement	NA
Surgery	Requires Improvement	NA	NA	NA	Requires Improvement	NA
Critical Care	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity Gynaecology	Good	NA	NA	NA	Good	NA
Children & Young People	Good	NA	NA	NA	Good	NA
Overall	Requires Improvement	NA	NA	NA	Requires Improvement	Requires Improvement

The table above details the outcome of the focussed re-inspection with the table below demonstrating the amalgamation of the 2016 and 2017 inspections

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Requires Improvement	Good	Good	Good	Good	Good
Medical Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Critical Care	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity Gynaecology	Good	Good	Good	Good	Good	Good
Children & Young People	Good	Good	Good	Good	Good	Good
End of Life	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic	Good	NA	Good	Good	Good	Good
Community Services	Good	Good	Good	Good	Outstanding	Good
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

As the Overview & Scrutiny Committee members may recall, the Trust was rated as “requires improvement” following the first visit in March 2016 and there has been a tremendous amount of collaborative work completed to build upon the outcome of that visit and this was clearly recognised by the Care Quality Commission in their most recent report that can be found at within the Care Quality Commission web site at [Airedale NHS Foundation Trust Report 2017](#)

2. Key areas of improvement from the 2016 Inspection visit.

The Quality Report of 2017 commends the investment and improvements made in nurse staffing. There is particular reference made to the proactive recruitment and the innovative approach the Trust is taking to recruit to the vacancies. It further comments that the Trust needs to continue to progress the recruitment developments described during the visit.

There is reference made in the report to the effect moving staff between wards has on morale; however this is tempered by noting the staff reporting a significant increase in the levels of morale along with a positive shift in culture overall. This is particularly pleasing as it is well known that influence a change in culture take significant resources in the shape of time and a firm commitment to improve. There is clear reference within the body of the report of the visibility of senior leaders along with the accessibility and the opportunities for conversations with the leaders within the Trust. Staff informed the CQC of the improved listening within the Trust and of being heard.

A key area from the 2016 inspection was the need to get the basics right. Again the 2017 report clearly indicates how fridge temperatures are now being recorded; along with improvements in the recording and acting upon the NEWS and PAWs scores. The important thing to note here is staff articulated their role and responsibilities in getting the basics right and understand this in relation to patient safety. There remains work to be done in relation to the WHO checklist and the opening of escalation beds and this has been included within the 2017 Quality Improvement Plan.

There were improvements noted in the Governance and Leadership within the Trust including standardised reporting and the leaders being more visible in the organisation. Leadership was commended throughout the Trust from Ward to Board and the inspectors noted the opportunities in place for leadership development throughout the organisation. The Inspectors commented during the visit of the atmosphere within the hospital being one of friendly, helpful and calm and in addition the patients spoke highly of the care received.

The biggest area of improvement was within Critical Care where safe moved from Inadequate to Good. In addition there was a noted improvement in Effective to Good. This is tremendous achievement and is testimony to the dedicated leadership of the team there to empower the staff to rise to the challenges within the 2016 report and implement the improvements.

3. Quality Summit

Following receipt of the final draft report there were a number of teleconference calls between the Medical Director, the Director of Nursing, the CQC, the Clinical Commissioning Group, NHS Improvement and NHS England whereby there was clear acknowledgement of the huge progress the Trust has made in the eight months since the last Quality Report. Therefore in line with the Care Quality Commission's revised inspection regime, there will not be a Quality Summit.

4. Future Management

The Quality Improvement Plan 2017 in response to the Report is being developed and will be presented to the Board of Directors during their meeting in October for approval prior to submission to the Care Quality Commission on 30 October 2017.

It must be noted that whilst many of the actions required have been completed and challenge provided in relation to the evidence of that completion; the plans for sustained compliance and confirmation of how this will be embedded into "Business as Usual"; in essence the "so what" are being scrutinized by the Executive Directors, as it is by embedding this, that compliance and improvements in patient care will be achieved and fundamentally sustained.

Due to the timeframes of the Trust Board of Directors meeting and the Overview & Scrutiny Committee meeting the Quality Improvement Plan will be tabled on the day of the O&S Committee meeting along with a short presentation of the key elements in the Quality Improvement Plan.

5. Conclusion

The 2017 CQC Quality Report acknowledges and cites numerous examples of how and where the Trust has improved in the eight short months since last the last Quality Report. This report offers a firm foundation on which to continue to move forward towards being rated as a Good and ultimately an Outstanding organisation.

6. Recommendation

The Overview & Scrutiny Committee is asked to receive this report and note the Trust Board of Directors will approved the Improvement Plan that will achieve improved care for patients and hence greater compliance at their meeting in October prior to submission to the Care Quality Commission.

Appendix 1: Care Quality Commission ratings 2016

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	Good	Good	Good	Good	Good	Good
Medical Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Critical Care	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity Gynaecology	Requires Improvement	Good	Good	Good	Good	Good
Children & Young People	Requires Improvement	Good	Good	Good	Good	Good
End of Life	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic	Good	NA	Good	Good	Good	Good
Community Services	Good	Good	Good	Good	Outstanding	Good
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

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Report of the Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26 October 2017

Subject:

L

Health & Wellbeing complaints annual report

Summary statement:

The report relates to complaints in the period 1st April 2016 to 30th March 2017 related to Adult Social Care and Public Health.

Bev Maybury
Strategic Director of Health and Wellbeing

Report Contact: Irina Arcas
Complaints Manager
Phone: (01274) 435269
E-mail: irina.arcas@bradford.gov.uk

Portfolio:

Health & Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The attached Appendix 1 is a report on the complaints, enquiries and compliments received by the Complaints Unit related to Department of Health and Wellbeing.

The report highlights the number of and trends in the contacts for the 12 months to 31 March 2016 and the performance against service standards in how complaints and enquiries were handled.

2. BACKGROUND

Revised procedures for handling Health and Adult Social Care complaints were introduced for 1 April 2009. These were established by the The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Statutory Instrument 2009.309).

The new procedures take away the requirement to provide a second stage review or a further third stage complaint panel but prescribe what would be classified as a complaint and the timescale for acknowledging complaints. They also prescribe the need for a named person (a complaint manager) to administer the complaint handling arrangements.

Where a complaint is about both Health and Social Care issues a decision will be taken on which organisation will co-ordinate the handling of the complaint and in most circumstances the complainant will receive a single response to their complaint.

A social care complaint, for the purpose of the regulations referred to above, can be made by a service user or someone on the service users behalf. Where a complaint is made by a family member or carer, if there is any uncertainty about whether the complaint is being made in the best interests of the service user they will be required to give their consent to the sharing of information and an investigation taking place.

3. REPORT ISSUES

The detailed analysis of the number and type of complaints received is shown in Appendix 1, the headlines of which are:

- A total of 190 complaints and 101 compliments were received by the Department of Health & Wellbeing during 2016/ 2017.
- In addition, the complaints team resolved 75 pre-complaints and dealt with 47 general enquiries related to Department of Health & Wellbeing.
- Most of the complaints (50%) were about service provision and staff (39%) and 64 % of the complaint issues were partially or fully upheld.

- There was a lower performance in relation to acknowledging (85%) and responding (69%) to complaints within timescales compared to the previous financial year.
- In terms of escalation, 9 complainants asked for a review of their complaint and 12 complainants approached the Local Government Ombudsman (LGO), compared to 10 in the previous year. 12 investigations were completed, of which 8 were upheld.
- A total of £4,119 was spent in complaints, including external investigations and financial remedies.

4. FINANCIAL & RESOURCE APPRAISAL

The administration costs of managing the complaints process are held within the Office of the Chief Executive where the Corporate Complaints team sits. The additional costs incurred in managing these complaints are included in Section 3.6 in the Appendix.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None.

6. LEGAL APPRAISAL

Other than the legal responsibilities highlighted in section 2 above, there are no legal issues arising from this report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

A sound, robust and accessible complaints procedure contributes to service users feeling safe to disclose any concerns in the knowledge that they will be treated seriously and sensitively. The process ensures that all complaints from service users are dealt with in a fair and transparent way irrespective of race, gender, ethnicity, sexual orientation or disability.

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

None.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

None.

7.7 WARD IMPLICATIONS

None.

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

The Committee need assurance, through this report, that the complaints process in the Department of Health and Wellbeing is working effectively and that issues are addressed.

10. RECOMMENDATIONS

Members are asked to note the report and consider whether they wish to seek further information about issues raised.

11. APPENDICES

Appendix A: Complaints annual report 2016/17 - Department of Health & Wellbeing.

12. BACKGROUND DOCUMENTS

None.

Complaints Annual Report 2016/17 Department of Health & Wellbeing

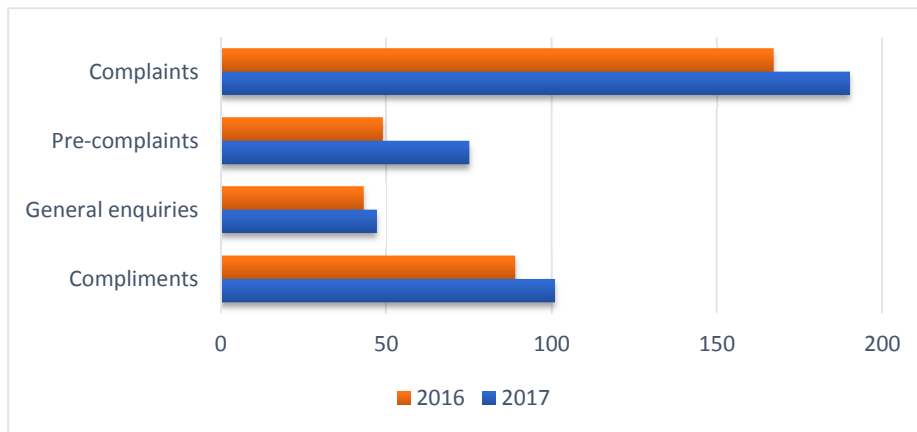
1. INTRODUCTION

- 1.1 This report covers the period between April 2016 and March 2017 and includes complaints, compliments and enquiries related to the Department of Health & Wellbeing.
- 1.2 Revised procedures for handling Health and Adult Social Care complaints were introduced for 1 April 2009. These were established by the The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Statutory Instrument 2009.309).
- 1.3 The introduction of 'The NHS bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 and the incorporation of Public Health to Bradford Metropolitan Council led to the creation of a Public Health complaints procedure, that mirrors the Adults Social Care complaints procedure.

2. EXECUTIVE SUMMARY

- In total 190 formal complaints were received by the Department of Health & Wellbeing during 2016/ 2017 compared to 167 in 2015/16.
- Public Health did not receive any complaints and received 3 compliments during 2016/17.
- In addition, the complaints team resolved 75 pre-complaints compared to 49 during the previous financial year.
- The Complaints unit also dealt with 47 general enquiries related to Department of Health & Wellbeing compared to 43 in the previous year.
- Most of the complaints (50%) were about service provision and staff (39%).
- 64% of the complaint issues were partially or fully upheld compared to 42% in the previous year.
- A lower percentage (85%) of complaints was acknowledged on time compared to the previous year (90%).
- A lower percentage (69%) of complaints were responded to within the agreed timescale (15 working days) compared to the previous financial year (75%).
- 9 complainants (compared to 13 in the previous year) remained dissatisfied with the initial response and requested a review of their complaints. 3 of the 7 reviews that were completed were partially upheld.
- 12 new cases were considered by the Local Government Ombudsman (LGO), compared to 10 in the previous year. In 4 cases the LGO decided not to investigate after an initial assessment. 12 investigations were completed, of which 4 found maladministration and injustice and 4 maladministration but no injustice.

- A total of £4,119 was spent in dealing with complaints, including external investigations and financial remedies.
- A total of 101 compliments were received in 2016/17 compared to 89 during the previous financial year.



3. COMPLAINTS

3.1 Volume

- 3.1.1 In total 190 formal complaints were received during the period April 2016 to March 2017 compared to the 167 received in 2015/16. The breakdown for the 2016/17 period across each service is shown below. When a complaint relates to more than one team it shows against each of the teams.
- 3.1.2 Following the same pattern as in the previous two financial years, Commissioned Services (79) received the highest number of complaints during 2016/17. Compared to the previous financial year, there has been a significant increase in the number of complaints related to Disabilities (from 13), Finance (from 6), and Commissioned Services (from 63).
- 3.1.3 There was a significant reduction in complaints received about Mental Health (from 12), Residential and Day Services (from 8), Community Care Services (from 21) and Assessment and Care (from 29) compared to the previous year.
- 3.1.4 As in the previous year, Public Health did not receive any complaints during 2016/17.

LOCATION	TOTAL
Assessment & Care	25
Hospital Teams	3
Reviewing	3
Older People Teams	19
Mental Health	6
Disabilities	23
Learning Disabilities	12
OT	11
Access & Inclusion	9
Access Point	8
Immigration & Asylum	1
Residential & Day Services	3
Residential & Day Care	3
Community Care Services	12
Domiciliary care	9
Safe & Sound	3
Safeguarding	1
Finance	13
CCA	10
Direct Payments	3
Other	19
Commissioned Services	79
Public Health	0
TOTAL	190

- 3.1.5 Complaints were received mainly by phone (43%), e-mail or online contact (42%) and letter (9%), with an increase on phone calls from 36% during the previous year.
- 3.1.6 A higher percentage of complaints was received directly by the Complaints Unit (53%) compared to the previous financial year (36%). The rest of the complaints were received by other locations (18%), front line teams (11% compared to 19% in the previous year) and the Commissioning team (9% compared to 21% in the previous year). Also a lower percentage (3%) of complaints were referred by Bradford District Care Trust compared to 2015/16 (7%).
- 3.1.7 Concerted attempts have been made to resolve complaints promptly before proceeding to the formal stage 1. These are recorded as “pre-complaints” and the complaints team resolved 75 pre-complaints between April 2016 and March 2017 compared to 49 during the previous financial year.

3.2 Types of complaints

3.2.1 There are a number of issues which clients make complaints about and individual complaints can include more than one issue referring to the same or different teams. Between April 2016 and March 2017 there were 190 new complaints that saw 787 different issues being raised. The table highlights the types of issues raised.

TYPE OF ISSUES	TOTAL
Financial issues	22
Review arrangements	6
Personal Information on records	8
Disagreement with decision	2
Communication	22
Failure to protect	2
Care Plan	10
Assessments	9
General information	4
Challenge to policy	2
Service provision	391
Staff	309
TOTAL	787

3.2.2 As in the previous year, most of the complaints (50%) were about service provision (delay, quality, no provision, unreliability, changes, not informing of changes) followed by complaints about staff (39%) (failure in duties and general attitude/ conduct), financial arrangements (charges, funding etc) (3%), and communication (3%).

3.2.3 During 2016/17 two complaints about adults' protection were received, compared to 10 complaints in the previous year. Both complaints were in relation to private providers. One was inconclusive and the other complaint was upheld.

3.3 Outcomes of complaints

3.3.1 136 complaints (705 issues) were closed between April 2016 and March 2017. Two complaints were resolved and one progressed to stage 2, therefore, the outcomes do not appear in the table below.

3.3.2 The percentage of partially or fully upheld (64%) was higher than in the previous financial year (42%). The rest of the issues were not upheld (23%), withdrawn (10%) or found inconclusive (3%).

3.3.3 The proportion of fully upheld issues (28%) was higher than in the previous financial year statistics (24%).

LOCATION	UPHELD	PARTIALLY UPHELD	NOT UPHELD	WITHDRAWN	INCONCLUSIVE	TOTAL
Assessment & Care						
Hospital Teams	0	0	24	3	0	27
Older People Teams	0	24	32	3	0	59
Mental Health	9	5	25	0	0	39
Disabilities						
Learning Disabilities	11	37	9	8	0	65
OT	3	10	5	0	4	22
Access & Inclusion						
Access Point	0	10	1	3	3	17
Immigration & Asylum	0	0	3	0	0	3
Residential & Day Services						
Residential & Day Care	5	0	0	1	0	6
Community Care Services						
Home Care	5	5	13	13	0	36
Safe & Sound	0	1	2	0	0	3
Safeguarding	0	4	0	1	0	5
Finance	10	7	9	1	0	27
Other	7	18	3	4	0	32
Commissioned Services	144	128	34	35	11	352
Public Health	0	0	0	0	0	0
TOTAL	194	249	160	72	18	693

3.4 Performance

- 3.4.1 The Health and Social Care complaint regulations require acknowledgement within 3 working days but the department is working to a 2 day standard. A lower percentage (85%) of complaints was acknowledged on time compared to the previous year (90%). As an average complaints were acknowledged within the same day of being received, as in the two previous financial years.
- 3.4.2 The performance in responding to complaints (69%) within prescribed timescales has shown a significant reduction compared to the previous financial year (75%). The average time to respond to complaints during the period was 15 working days which is lower than the average time during the previous financial year (30 working days).
- 3.4.3 There were 6 cases that were delayed for more than 10 days, being 32 working the longest delay.

LOCATION		Acknowledgement	%	Response	%
Assessment & Care					
	Hospital Teams	3	100%	3	100%
	Reviewing	2	100%	1	100%
	Older People Teams	11	100%	7	70%
Mental Health		4	80%	4	67%
Disabilities					
	Learning Disabilities	9	90%	4	50%
	OT	8	80%	6	67%
Access & Inclusion					
	Access Point	5	83%	3	60%
	Immigration & Asylum	1	100%	1	50%
Residential & Day Services					
	Residential & Day Care	1	50%	0	0%
Community Care Services					
	Home Care	10	100%	2	40%
	Safe & Sound			2	100%
Safeguarding		n.a		0	0%
Finance		9	100%	4	67%
Other		16	84%	8	73%
Commissioned Services		59	84%	38	76%
TOTAL		138	85%	83	69%

3.5 Escalation

- 3.5.1 Nine complainants (compared to 13 in the previous year) remained dissatisfied with the initial response and requested a review of their complaints. Seven reviews were completed during 2016/17. Three reviews were partially upheld and four were not upheld. Three reviews were still ongoing on 31 March 2017.
- 3.5.2 Twelve new cases were considered by the Local Government Ombudsman (LGO), compared to 10 in the previous year.
- 3.5.3 During 2016/17 the LGO closed 16 cases. In one case the LGO decided not to investigate after an initial assessment and 3 complaints were considered premature and were referred back to the Council. Of the remaining 12 cases the LGO found maladministration and injustice in 4 cases, maladministration but not injustice in 4 cases, and no maladministration in 4 cases.
- 3.5.4 Compensation of £250 in one case and £350 in another case were paid as recommended by the LGO.

3.6 Cost

- 3.6.1 A total of £600 were paid to two complainants as financial remedy, compared to £4,359 in the previous year
- 3.6.2 A complex case of three complaints related to each other was allocated to an external investigator during 2015/16 but was paid during 2016/17.

COST	TOTAL
Complaints remedies	0
LGO remedies	600
External investigators	3,519
TOTAL	4,119

This £4,119 compares to £5,795 in 2015/16.

4. COMPLIMENTS

- 4.1 A total of 101 compliments were received between April 2016 and March 2017, which is an increase from the previous financial year (95). A breakdown across service areas is below.

LOCATION	TOTAL
Assessment & Care	
Hospital Teams	1
Older People Teams	8
Mental Health	1
Disabilities	
Sensory Needs	2
OT	4
Access & Inclusion	
Access Point	7
Residential & Day Services	
Residential & Day Care	38
Community Care Services	
Domiciliary care	19
Time Out	8
Interpreting	5
Complaints unit	2
Other	2
Commissioned Services	1
Public Health	3
TOTAL	101

- 4.2 As in the previous three financial years, the highest number of compliments was received by in-house frontline service in Residential & Day Services, Community Care Services and Assessment and Care Services. Most of the compliments (86%) were from service users and there has been an increase on compliments from other professionals from 1 during 2015/16 to 14 during 2016/17.
- 4.3 Most of the compliments (55%) referred to the staff attitude or professionalism, followed by the quality of the service provided and the impact on their service user or their relatives.

TYPE OF ISSUES	TOTAL
Quality of service	26
Impact on service user	32
Beyond job's remit	2
Staff	40
Communication	1
TOTAL	101

- 4.4 There may be other forms of service user feedback which is not captured centrally including the receipt of thank you cards locally, verbal feedback, satisfaction expressed through surveys etc.

5. LEARNING FROM COMPLAINTS

- 5.1 The following learning points were identified as a result of the complaints received in 2016/17:

Assessment and Support issues (Bradford Hospitals):

- Yorkshire Ambulance Service have performance improvement plan in place. BRI admits poor communication with the family in this instance and will make service improvements once they are identified.
- Staff to be reminded of referral process in cases where social care input is required in discharge planning.
- Remind staff of maintaining good case recording.

Operational services

Learning Disabilities:

- Remind staff that assessments should be shared with the family before they go to panel. Consider panel process to ensure communication between assessors and panel is improved so decisions are made without delay.
- To ensure staff have better awareness regarding individual budgets in the context of the Care Act.
- Guidance regarding completion of outcome focused assessments and support plans to be considered as part of the system one implementation

or to consider future assessment templates and as part of Continuing Personal Development.

- To clarify what the Council's policy is in relation to Independent Living Fund to ensure consistency.

Occupational Therapy

- To reconsider the use of voice mail messages as a mean of communication.

Access and Inclusion

Access team

- Access to consider the implications of keeping callers on hold for long periods and measures to combat this.

Reviewing Team

- Recruitment of additional staff to reduce the waiting time for allocation to a social worker.

Residential and Day services

- Home to change policy and ensure staff receive training/ information about medication and dossett boxes when someone is discharged.
- Letter sent to all staff at a day care centre to highlight importance of safe handling of medication. Basic training in medication being provided to staff.
- Staff at a day care centre to be reminded of the importance of monitoring skin integrity.

Community Care services

Safe and Sound

- To review procedures. Operators now ask if the person is comfortable calling the ambulance service.

BEST

- To upgrade phones to 4G so text messages can be sent directly to carers in relation to new or additional calls without being affected by network coverage.
- There are now two processes in place overseen by a manager to ensure that all calls are covered.
- Staff reminded about confidentiality.
- Policy on the use of overshoes altered as a result of the complaint and HSE information. Department now supplies and bears the cost of overshoes in some situations.
- Need of confidentiality to be raised with staff.
- Need to record more detail about visits in the care log.

Community Mental Health

- Actions taken to address the identified staff shortage.
- To provide training to staff about eating disorders.
- Review of communication with agencies and clients and how to involve people.

Commissioning issues

Private domiciliary care providers:

- One provider has requested their staff to record more details of calls and is sourcing a course on dementia for their staff.
- Provider to improve its record keeping and accuracy of the information.
- One provider to improve communication between carers and the head office. The same provider needs to ensure that policy for not attending work is followed. Provider to check when a new package is offered that they are able to provide the care and in particular that the distances needed to be travelled fits in the calls patterns/ existing rounds.
- New packages of care to be added to the system immediately and file paperwork away. Important that introductory visits takes place before service commences. Extra support offered to care co-ordinator to ensure the procedure for setting up new service users are followed. Extra staff to cover telephones.
- Provider to ensure that insulin dependant calls are given high priority. Recruitment drive to increase carers to ease pressure on service including trying to keep close to preferred call times.
- When a carer is prevented from completing their rounds provider to amend the rota to cover the necessary calls. This process is now checked by two staff members to ensure no calls are missed.
- Provider to keep clear file notes records about client preferred method of communication.
- Training given on record keeping and documentation of the carer call log.
- Smoking policy reiterated to staff members.
- To improve the recording of contact with clients and family members to ensure consistency of records.
- Provider to consider an action plan which includes fewer carers being allocated to service users' calls.
- To ensure that carers follow company procedures and contact appropriate professionals when a fall occurs.
- Provider to put electronic call monitoring system in place.
- Provider to remind staff to log in and out on each visit. Seniors to carry out diary audits.
- Managers of a specific provider to double check rotas and summary task sheets.
- Provider to confirm in writing dates for holidays or respite given by service users or families.
- Provider to improve communications with Adult Services when they encounter difficulties delivering care packages.

- Staff were given extra training regarding medication and were also reminded to complete MAR charts, to pass and log messages in the log book and of the importance of locking doors and keysafes.
- Provider to have retainer staff members available on weekend to cover sickness in a timely fashion.
- Provider delivered a refresher training on communication and ensuring dignity and respect for clients. Also electronic tablets now in place for supervisors to speed up care plans, initial assessments and company documents.

Private Nursing homes

- Home to revise its Health & Safety policy. Commissioning Officer recommended that record keeping should be improved, such as times when a resident leaves when going to hospital. Home also to ensure that staff follow its policies, for instance staff to stay with residents for at least one hour when admitted to A&E.
- Home implemented a new procedure in relation to GP appointments.
- Instructions produced for staff regarding putting on and taking off the surgical stockings. Surgical sock log to be signed to state that the socks have been put on properly. Key workers to be allocated to consider activities that reflect personal choice.
- Provider to improve communications with residents' families and to ensure all relevant parties are involved as far as possible in pre-admission assessments.

Finances and charges

- Letters and phone calls should be around the same time, and not months apart.
- Direct Payments: to update the literature to include the fact that the Council can monitor the Cred\ecard account.

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Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26 October 2017

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2017/18

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Summary statement:

This report presents the work programme 2017/18

Parveen Akhtar
City Solicitor

Portfolio:

Health and Wellbeing

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail: caroline.coombes@bradford.gov.uk

1. **Summary**

1.1 This report presents the work programme 2017/18.

2. **Background**

2.1 The Committee adopted its 2017/18 work programme at its meeting of 7 September 2017.

3. **Report issues**

3.1 **Appendix A** of this report presents the work programme 2017/18. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year. **Appendix B** lists items for inclusion in the work programme that have not yet been scheduled.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A** and **B**.

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2017/18 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for as long as possible' (District Plan: Better health, better lives).

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix A** and **B**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2017/18

9.2 **Appendix B** – Unscheduled items for inclusion in Committee's work programme 2017/18

Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 16th November 2017 at City Hall, Bradford			
Chair's briefing 31/10/2017. Report deadline 03/11/2017			
1) Health and Wellbeing Board Annual Report 2017-18 and draft MoU with HSCOSC	Update to include information on progress towards delivery of a whole systems approach to health, social care and wellbeing	Contact: Angela Hutton	resolution of 28 July 2016
2) Safeguarding Adults Board	Annual Report	Yvonne Bultler / Jonathan Phillips (Chair of the Board)	resolution of 7 September 2017
3) Integrated Transitions Service for Young People with Disabilities in Bradford	Update to include benchmarking information and appropriate indicators to demonstrate progress	Bev Maybury	resolution of 27 October 2016 (joint meeting with Children's Services OSC)
4) Domiciliary Care	Look back at issues raised by the Committee as part of its Scrutiny investigation (Jan 2015) and the report of Healthwatch Bradford and District (July 2015)	Bev Maybury	resolution of 21 January 2016
5) Obesity in Bradford	Update from the Healthy Weight Board setting out its identified priorities and information on what is currently known to be working effectively	Alison Moore	resolution of 17 November 2016
Tuesday, 28th November 2017 at City Hall, Bradford.			
Chair's briefing 13/11/2017. Report deadline 16/11/2017			
1) Children's Mental Health	Update	Sasha Bhatt	Resolution of Joint meeting with Children's Services OSC 27 Oct 16
2) Autism	TBC	Angela Spencer-Brooke (Children's) Health / Adult Services TBC	
3) Better Start Bradford	Update	Michaela Howell	

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2113

Work Programme

Agenda	Description	Report	Comments
Thursday, 7th December 2017 at City Hall, Bradford.			
Chair's briefing 21/11/2017. Report deadline 24/11/2017			
1) NHS Screening and Immunisation Programmes	24 month update	West Yorkshire Screening and Immunisation Team Council / NHS	resolution of 10 December 2015
2) Workforce issues	Committee to consider a report on workforce issues across the health and care sector		ref Committee minutes 9 June 2016
3) Update on the progress made by Airedale and partners enhanced health in care homes Vanguard	Update	Helen Bourner	resolution of 23 March 2016
4) Draft 'Daytime Strategy'	Details TBC	Bev Maybury	resolution of 27 October 2016 (joint meeting with Children's Services OSC)
Thursday, 25th January 2018 at City Hall, Bradford			
Chair's briefing 10/01/2018. Report deadline 12/01/2018			
1) Department of Health and Wellbeing Budget and financial outlook	Annual report	Bev Maybury	
2) Smoking cessation	Report on smoking cessation activity in the District (to include update on lung cancer)	Public Health / NHS	resolution of 6 April 2017
3) Diabetes	Report to cover all areas of the District and involve patients and voluntary sector	CCGs	
4) Outcome of Consultation on the Proposed Change to Bradford Council's Contributions Policy for non-residential Services	update report	Bev Maybury	resolution of 8 September 2016
Thursday, 8th February 2018 at City Hall, Bradford			
Chair's briefing 24/01/2018. Report deadline 26/01/2018			
1) Access to primary medical (GP) services in Bradford	Update	Vicki Wallace	resolution of 9 February 2017
2) Access to primary medical (GP) services in Airedale Wharfedale and Craven	Update	Lynne Scrutton	resolution of 9 February 2017

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 8th February 2018 at City Hall, Bradford			
Chair's briefing 24/01/2018. Report deadline 26/01/2018			
3) Enhanced primary care	To include details of the consultation undertaken with service users	Vicki Wallace	resolution of 9 February 2017
4) Stroke Services update		CCGs / BTHFT	
Thursday, 1st March 2018 at City Hall, Bradford.			
Chair's briefing 14/02/2018. Report deadline 16/02/2018			
1) Mental health services in Bradford District	Item to include people with a lived experience of mental health services and voluntary sector representatives	CCGs / BDCFT / Council	resolution of 2 March 2017
2) Council consultation with vulnerable groups	Ways to improve Council consultation with vulnerable groups.	TBC	resolution of 8 September 2016
Thursday, 22nd March 2018 at City Hall, Bradford			
Chair's briefing 07/03/2018. Report deadline 09/03/2018			
1) Care Quality Commission	Annual update on inspection activity in Bradford District	Sarah Drew	resolution of 23 March 2017
2) Multi-agency Safeguarding Hub (MASH)	Report on the establishment and operation of the MASH	Rob Mitchell	resolution of 7 September 2017
3) Update on CQC inspections Hospitals in Bradford District	ref meeting of the Committee 23 March 2017	NHS Hospital Trusts in Bradford District	
Thursday, 12th April 2018 at City Hall, Bradford.			
Chair's briefing 26/03/2018. Report deadline 30/03/2018			
1) Respiratory health in Bradford District	Update - clinical lead and services users to be invited	Toni Williams	resolution of 5 April 2017
2) Infant mortality	Update on progress report	Shirley Brierley	last considered by Committee April 2016

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Democratic Services - Overview and Scrutiny Scrutiny Committees Forward Plan Unscheduled Items

Appendix B

Health and Social Care O&S Committee

Agenda item	Item description	Author	Management
0 Primary Care Services in Keighley		Lynne Scrutton	
0 Dementia	Update. To include information on the post-diagnostic pathway	Andrew O'Shaughnessy	

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