

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:

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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

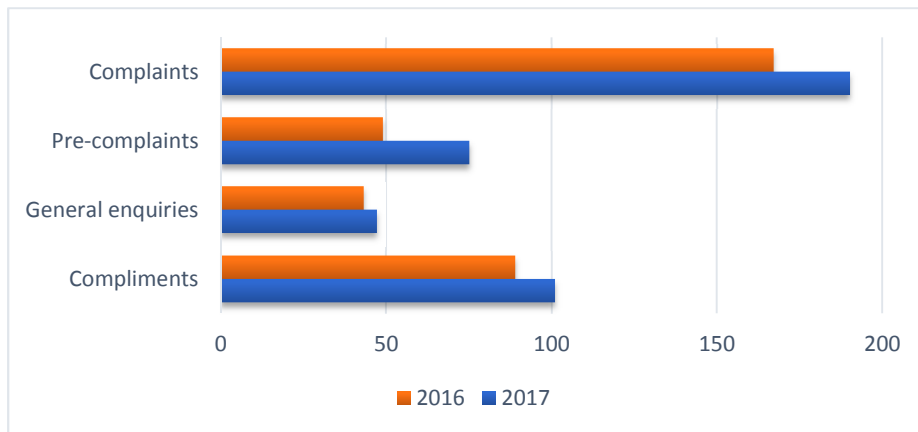
1. INTRODUCTION

- 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.