

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

DATE	20 th January 2021
REPORT OF SUBJECT	Bev Compton Director of Adult Social Care Adult Social Care and Health Statutory Annual Complaints Report 2019/2020
STATUS	Open

CONTRIBUTION TO OUR AIM

Service user or patient feedback about the services we commission, are viewed as a window into their experience of our services. Encouraging and responding to feedback strengthens the community's input into service design and helps to improve services for users, contributing to the council's and Clinical Commissioning Group's (CCG) aim to develop stronger communities.

EXECUTIVE SUMMARY

It is a requirement of the Local Authority Social Services and National Health Service Complaints (England) regulations 2009 to produce an annual report regarding all representations made about social care and health services. The purpose of the attached report is to fulfil this obligation and to provide insight on the effectiveness of the statutory complaints service.

This report provides an overview of the activity and analysis of complaints and representations made to the CCG for the period 1st April 2019 to 31st March 2020. It also includes activity from informal complaints, referred to as 'concerns', which progress as patient advice and liaison (PALS) enquiries and concerns raised by professionals through the CCG's portal intelligence system.

The headlines from this report are as follows;

During 2019/20, there has been a 5 per cent increase in the number of complaints received by the CCG. There was also a 15 per cent increase in the number of concerns raised by healthcare professions about home care and residential care services. CCG contracts officers and the quality lead have taken action to address any serious concerns, emerging themes and persisting trends arising from the intelligence received.

Of the 54 complaint investigations concluded in 2019/20, only 9 were either fully or partially upheld. The two themes in learning that emerged from these complaints was the importance of good communication and of good record keeping. Providers have taken action as a result to improve practice in these areas. The CCG has also shared the lessons across the local health and social care system, so all providers can learn from the findings.

There have been no contacts from the Parliamentary and Health Service Ombudsman during the year. The Local Government and Social Care Ombudsman requested information on six cases. Three of these went on to be investigated but none were upheld.

In developing our approach to complaints handling, the complaints officers

commenced formal complaints handling and investigation training, leading to a BTEC level 5 qualification in complaints handling. A new database management system, Respond, has been implemented to log intelligence received by the CCG and improve the triangulation of data which helps to identify improvement themes and trends.

Our main priorities for 2020/2021 are to improve the way in which we analyse our intelligence and supply the CCG's commissioning and quality leads with intelligence about health and social care provision and to improve the time taken to investigate and respond to complaints.

MATTER(S) FOR CONSIDERATION

1. BACKGROUND AND ISSUES



In North East Lincolnshire, the clinical commissioning group (CCG) commissions adult social care on behalf of the council and in addition, it supports the process for managing any complaints associated with this. The CCG investigates and responds to both health and adult social complaints, made directly to it as commissioner of the service, as well as responding in its own right to complaints about decisions made by the CCG, and about continuing health care (CHC). Complaints about primary care services are made to NHS England, who commissions these services.






The independent adult social work provider, 'focus', provides adult social care assessment and case management services. A service level agreement exists between focus and the CCG for the customer care team to provide the complaints service.

The information discerned from the customer care functions may be used to inform commissioning decisions, provide an early warning system where services may be failing, and remedial action is required and recognises good practice which can be shared.

This report provides a breakdown of the complaints activity for 2019/2020 and the service improvements implemented as a result of any complaints and representations received.

Activity summary

Function	Total Number 2018/19	Total Number 2019/2020	Direction of Travel
Patient advice and liaison service (PALS)	679	799	
Adult social care complaints	35	37	

Corporate/CCG/health complaint	37	39	
Complaints acknowledged within agreed timescale	100%	100%	
Ombudsman requests	6	6	
Compliments	86	86	
Portal (concerns)	923	1066	

What is a complaint?

A complaint may be generally defined as “an expression of dissatisfaction or disquiet about a service that is being delivered or failure to deliver a service”. The complaints procedure gives those denied a service or dissatisfied with the proposed level or type of service an accepted means of formally challenging the decision made.

Who can make a complaint?

The statutory complaints procedure is available for service users/patients or their representatives who wish to make any sort of comment. Some service users/patients may wish to make their views known by raising a concern, but not have them dealt with as complaints. Anyone who expresses a view, verbally or in writing, which can reasonably be interpreted as a representation of their views will have those views acknowledged.

People can make a complaint or representation about the actions, decisions or apparent failings covering adult social services and health services commissioned by the clinical commissioning group.

Complaints procedure

The complaints procedure puts the patient/service user, and/or their representative, at the centre of efforts to resolve the issues they have raised. The clinical commissioning group recognises the importance of listening to the experiences and views from the public about our services – particularly if they are unhappy – and want to make it as easy as possible for them to let us know their views. The procedure ensures that representations are dealt with in a way that is:

- Open – information gathered about the issues raised and the way in which they have been handled is shared in full.
- Clear – the representation and the way in which it will be handled is agreed at the start with the complainant.
- Responsive – the needs of the complainant and/or patient/service user is taken into account in determining the method of addressing their concerns.

- Flexible – the complaint/representation handling is determined by the nature of the complaint and views of the complainant.
- Proportionate – the efforts to resolve and time taken in addressing the issues raised reflects the significance of those issues.
- Accessible – the procedure is easy to get access to and to use.
- Timely – complaint handling is conducted in a timely way – rather than subject to predetermined timescales.
- Focussed on resolution – at all points through the process we look to using our best efforts to achieve resolution.

Complaints will be dealt with in a way that is most suitable to the issues raised rather than according to a set procedure. The means of addressing the complaint takes the following into account:

- The complainant's views.
- The nature of the complaint.
- The potential implications for the complainant.
- The potential implications for the organisation.

We want everyone who is involved to feel confident in the process and will achieve this through a procedure that ensures:

- Concerns are taken seriously.
- Complaints are dealt with promptly and effectively.
- There is a full response and a clear outcome for complainants.
- Complaints are dealt with fairly and even-handedly.
- All those involved in the process are treated with dignity and respect.
- There is equality of access and standard of service for all complainants, with particular consideration for those people who may find it more difficult to use the process e.g., people with disabilities, those whose first language is not English.
- Using the outcomes from complaints and concerns to improve services.

Response times

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, introduced in April 2009, removed previous timescales for responses to complaints and replaced this with timescales agreed with the complainant or their representative. In 2019-2020 100 per cent of timescales agreed with the complainant, or their representative, were met.

The average time for a complaint to be responded to from start to finish was 80 days. This compares with 71 days last year. The length of time to investigate and respond to a complaint has increased from last year, due to several complex longstanding multiagency complaints raised in the previous year (2018/19), which were completed during 2019/20. In a bid to reduce the time taken to respond to these complaints, the director of quality and nursing now reviews complaints in a regular forum in conjunction with the complaints officers, with the aim of earlier sign off.

Involvement of the Ombudsman

A further option for complainants if they remain dissatisfied is either the Local Government and Social Care Ombudsman (LGO) if the complaint is about adult social services or the Parliamentary and Health Service Ombudsman (PHSO) if the complaint is about health services. There is now an LGO/PHSO team who now handle joint complaints against health and social care. The ombudsman is empowered to investigate where it appears that an organisation's own investigations have not resolved the complaint. Complainants can refer the complaint to the ombudsman at any time, although the ombudsman normally refers the complaint back to the clinical commissioning group if it has not been considered under the local complaints procedure first.

In 2019/2020 the LGO reviewed six complaints about adult social care. Three of these were investigated, but none were upheld. This number was low compared with other authorities in the Yorkshire and Humber Region, reflecting the work done by the complaints officers and clinical leads working with providers to try and bring about a successful resolution.

No contact was made by the PHSO in respect of any referrals.

Concerns

A concern is an expression of dissatisfaction where the service user, or their representative, does not wish to make a formal complaint but wishes the incident/failure in service to be logged.

The clinical commissioning group has an established process to feedback any concerns regarding contracted homecare and residential services to the clinical commissioning group contracts team. This process covers concerns identified by adult social care services professionals and incorporates all professionals from general practitioners (GPs) and district nurses (DNs) to social workers and case managers.

The customer care team has responsibility for monitoring and logging the concerns, recognising that they are available to act on anything urgent during office hours. The customer care team refer to the contracts team and commissioning managers to inform contract monitoring visits to ensure improvements have been made and implemented in response to concerns raised. They will also refer to adult safeguarding where needed and liaise directly with the patients and service users should they wish to take any concerns further. A quality lead from a clinical background has oversight of this process.

Compliments

A compliment is recorded when a member of the public expresses their gratitude for a member of staff performing well, often above the person's expectations. Most of these compliments are received in writing, but a few are relayed through a line manager or to the customer care team verbally. Adult social care compliments are also received via comments left when a service user completes a survey at the end of a call to single point of access.

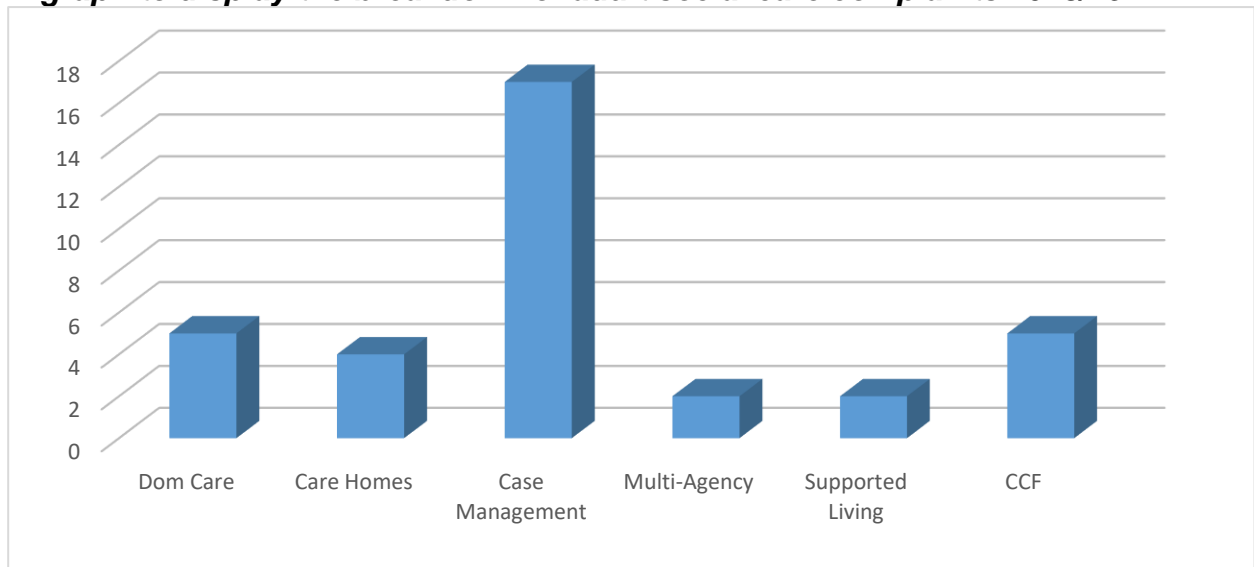
Activity in adult social care

Complaints

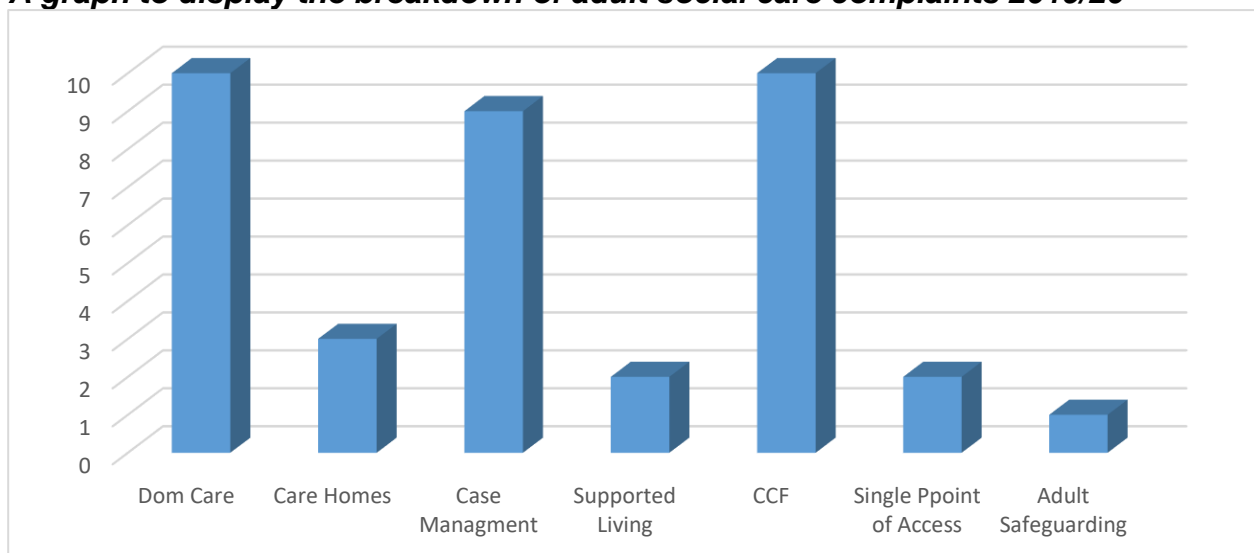
Between 1st April 2019 and 31st March 2020, the complaints service recorded 37 adult social care complaints, compared with 35 last year. This indicates a percentage increase of 5%.

A breakdown of the adult social care complaints activity is shown below for 2018/19 and 2019/20 as shown in the two graphs overleaf. In 2019/20 the highest number of complaints received, related to focus (22) which was split between case management (9), community care finance (10), single point of access (2) and adult safeguarding (1). Care homes accounted for 3 complaints and home care services 10. There were also 2 complaints about supported living.

A graph to display the breakdown of adult social care complaints 2018/19



A graph to display the breakdown of adult social care complaints 2019/20



Themes and actions taken as a result of complaints about adult social care

Of the 26 adult social care complaints concluded by the end of March 2020, only 23 per cent (6 complaints) were either fully or partially upheld. It must be noted that some of the upheld complaints cover more than one provider.

The main theme to emerge this year was the importance of clear and timely communication with service users' relatives, carers, and representatives, whether in writing or verbally. A second strong theme was the need for good record keeping both about the care provided to service users and residents, but also recording training undertaken by staff as well.

Of the upheld complaints:

Three were about home care providers (Hales, Willow, HICA and LQCS). As a result of these complaints several changes in practice were implemented, including;

- Where a home care provider is unable to start a package of care on an agreed date for whatever reason, this must be flagged up to the commissioner of the package at the earliest opportunity
- Staff were reminded of the importance of locating service users to a more discreet area to complete personal care where accidents take place before reaching the commode
- Staff have been reminded of the importance of making call backs to service users' family members and keeping them updated of any changes to the agreed service

Two were in respect of adult social work (focus), and the actions taken were;

- To use feedback from service users through both the complaints and the appeals process to review the content of standard letters to make explanations clearer.
- Staff were reminded of the importance of clear communication with service users, their family, and carers.

Two were upheld in respect of residential homes and the following actions took place;

- A home put on small workshops for staff to be shown how to use different pieces of equipment
- Consent forms have been revised to make them clearer
- Staff in one home have started to document when they have explained and demonstrated the door system to residents and families
- Activities' coordinators in one home now keep a record of who has attended each activity and also who had been asked but declined, as further reassurance for families
- A home has improved the records it keeps on staff training
- Another home has created a 2-page referral and admission form which will now be completed prior to all admissions. They have also developed a 'quick'

assessment and care plan tool, which will be completed and in place within the first 72 hours following admission

The themes and actions as a result of these complaints help inform the CCG's work focusing on quality and risk and help to provide quality assurance about the services we commission.

Concerns

During 2019/20 1061 concerns were received via the portal regarding contracted homecare and residential services. A breakdown of these is below.

	Domiciliary Care	Residential Care	Supported Living	Other
Quarter One	63	90	8	108
Quarter Two	90	92	8	94
Quarter Three	67	113	8	97
Quarter Four	48	73	1	101
Totals	268	368	25	400

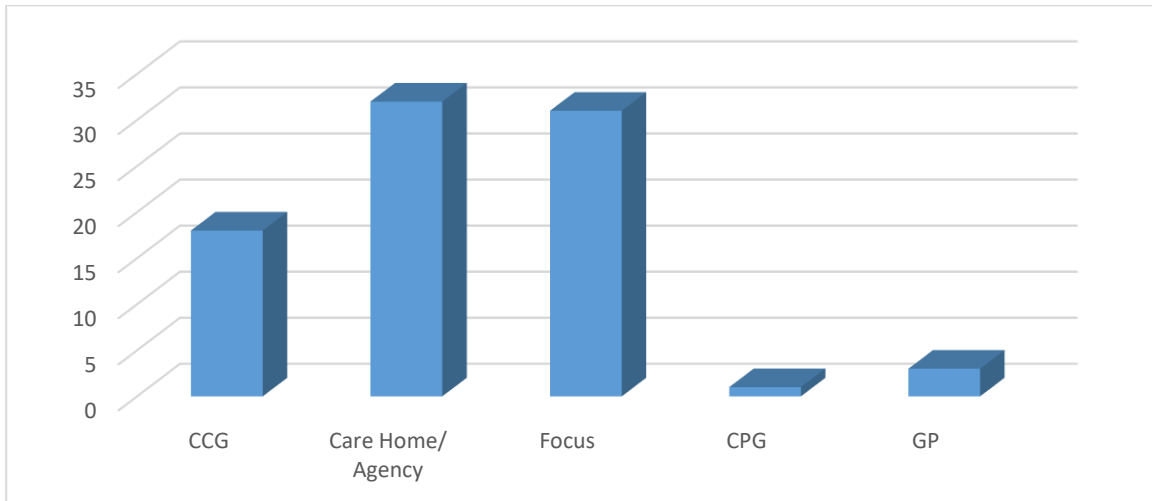
The overall total of concerns received was 1,066, which is an increase of 15 per cent compared with 923 the year before, with rises in the number of concerns relating to residential care and the 'other' category e.g., non care related issues or issues relating to non-commissioned providers. The themes emerging are predominantly in relation to the quality of care provision. Concerns regarding our commissioned services are alerted to clinical commissioning group contracts officers and the quality lead and action is taken to address any serious concerns and any themes or trends with the service provider.

Compliments

During the year 2019/20 86 compliments were recorded for adult social care, health services and the clinical commissioning group, which is the same as the figure for last year.

It is essential that all teams delivering services (including contracted services) formally capture and record compliments. This is one way of ensuring that the commissioned service is meeting the needs of their users and give staff an added bonus to know that they are doing a good job. A reminder has been issued for all staff to share any compliments they receive with the customer care team for logging.

A graph to depict the breakdown of compliments in 2019/20



Health care and clinical commissioning group

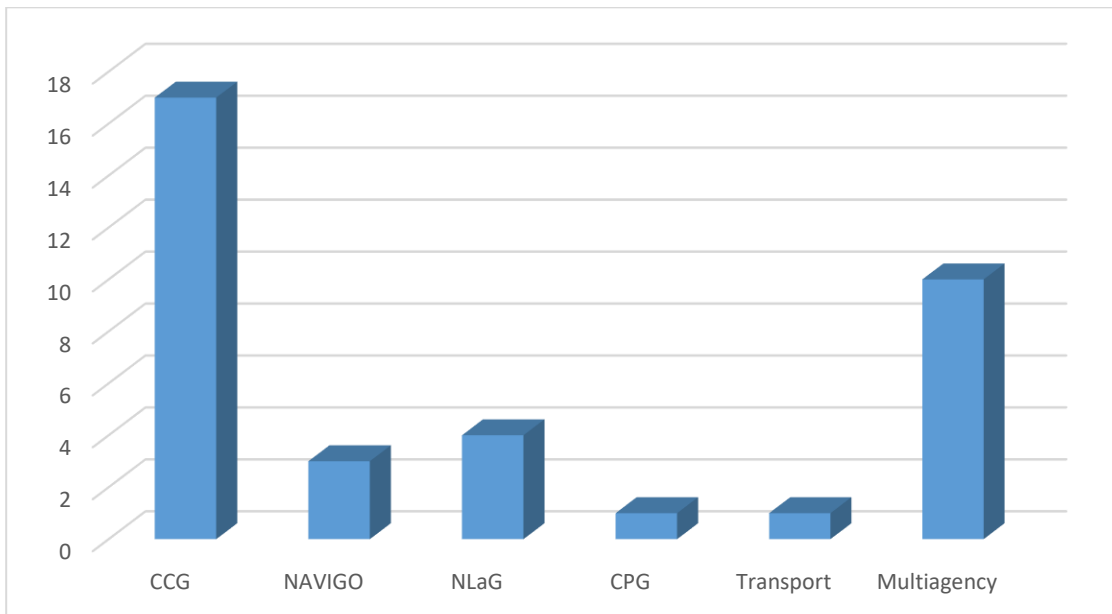
Complaints

This report includes complaints in relation to the services that the clinical commissioning group (CCG) commissions or provides (continuing health care team). Complainants have the right to make their complaint to the provider or the commissioner of a service but not both. Primary care health complaints are handled by NHS England.

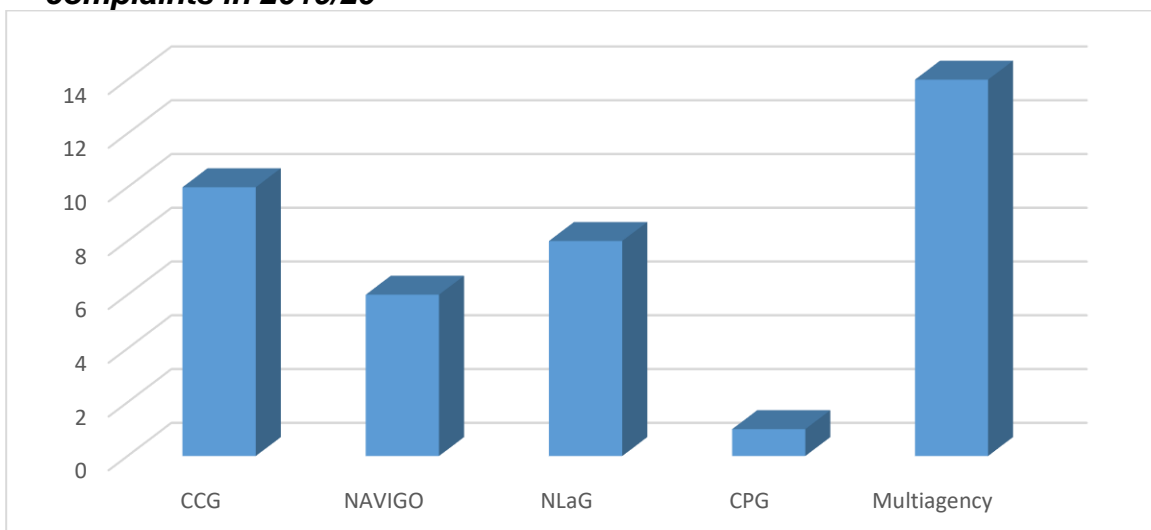
Between 1st April 2019 and 31st March 2020, the complaints service recorded 39 health and corporate complaints, compared with 37 last year. This indicates an increase of 5 per cent. As with last year, the highest number of complaints were multiagency ones spanning several health and social care organisations. These are often complex, with a range of issues arising across a patient journey and can take many months to investigate and respond to.

A breakdown of the health and corporate complaints activity is shown below for 2018/19 and overleaf for 2019/20 as shown in the two graphs below. From the graphs it can be seen that in 2019/20 there have been no complaints about patient transport and a fall can be seen in the number about the CCG and Care Plus Group. There has, however, been a rise in the number of complaints about Northern Lincolnshire and Goole Hospitals NHS Trust (NLaG) and NAViGO, and also in multiagency complaints.

A graph to depict the breakdown of the corporate and provider health complaints in 2018/19



A graph to depict the breakdown of the corporate and provider health complaints in 2019/20



Themes and actions taken as a result of health and corporate complaints

Of the 28 health complaints concluded by the end of March 2020, only three were either fully or partially upheld.

The main themes to emerge this year was the same as from complaints about adult social care, namely the importance of clear and timely communication and good record keeping. With health, it was good communication between providers as well as with patients and their relatives, carers, and representatives.

The actions taken as a result of the upheld complaints were as follows: -

NAVIGO

- When an individual is known to focus and accesses regular respite provision, mental health practitioners will contact SPA to discuss what viable options are available for the individual (as using a mental health crisis bed may not always be appropriate). This will then support the consideration of all viable options when looking at best interests.
- The care plan for admission to a mental health crisis bed has been amended with the specific section added regarding capacity.
- A crisis bed admission questionnaire template has also been developed to help identify any specific needs the individual may have.

North East Lincolnshire clinical commissioning group (CCG)

- Referrals for an adult autism diagnosis assessment should be progressed via the IFR process for funding an assessment.

Physiotherapy provider

- Staff have been updated on the need to provide clear communication when making appointments including ensuring the name of the physiotherapist is communicated at the time of booking.
- The importance of introductions and ongoing discussion about treatments so that both staff and patients are part of the decision process has been reiterated to all staff.

The themes and actions from these complaints were fed into existing systems within the CCG aimed at reviewing potential risks and to provide quality assurance.

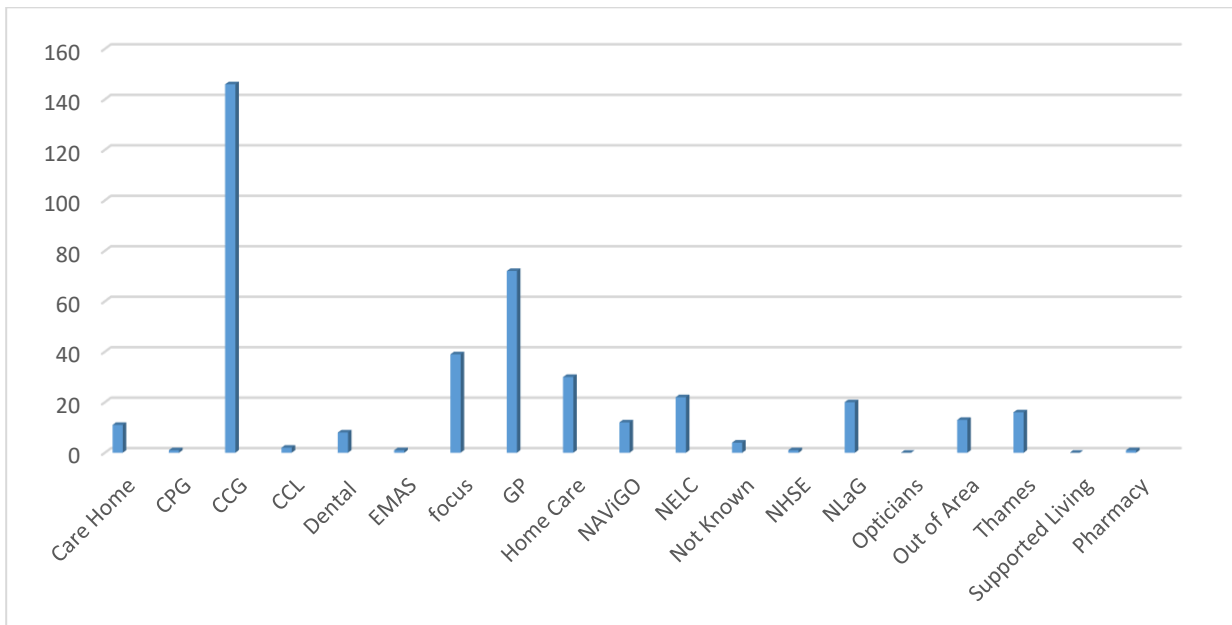
Patient advice and liaison service (PALS)

PALS is a public enquiry service which provides an informal and impartial advice service for service users/patients, carers, relatives, or staff who use the services provided, or commissioned, by the clinical commissioning group. PALS also covers local primary care and adult social care enquiries.

As a core service, PALS provides a focal point to enable the organisation to learn from service users' and patients' experiences of using services. PALS also provide feedback to commissioners on common themes and concerns which service users and patients, their carer's and families bring to our attention.

During 2019/2020 799 PALS enquiries were received compared with 679 during 2018/2019. The subject of the more complex enquiries requiring investigation and feedback are detailed below.

A graph to display the breakdown of PALS enquiries by provider in 2019/20



PALS deals with enquiries about the CCG, primary care, and adult social care, which is delivered by focus. Typical enquiries to PALS about the CCG are requests for information, such as CCG policies. A typical example of an enquiry about a GP is someone who needs help registering with a GP practice. An adult social care enquiry may be a relative or neighbour worried about a vulnerable person and looking for advice.

Developments

The priorities for the NELCCG customer care team, during 2019/20 are listed below, with the associated updates:

The customer care team continues to demonstrate that they are providing an open and accessible service to the patients and provide a service embodied with professionalism. The complaints officers are in the process of undertaking formal complaints handling and investigation training, leading to a BTEC level 5 qualification in complaints handling.

The customer care team has and will continue to work within the local community to raise awareness of the services available, to ensure that people are aware they can raise concerns and complaints within the clinical commissioning group for commissioned services.

The team has also undertaken a number of site visits with the quality assurance lead to Thames Ambulance Service Ltd, Bradley Woodlands complex care /apartments, NLaG and Lincolnshire Partnership Foundation NHS Trust, and several residential facilities.

Promotion activity continues, and the team are continuing with their awareness visits, providing information and advice on the services and support they can offer. PALS staff have been present at several community events throughout the year to promote the service.

A new database management system called Respond, was purchased, configured, and tested during the year, going live in April 2020. This will record all patient intelligence and it is anticipated that it will assist greatly in the recording of feedback received by the team, along with incidents and serious incidents, thus making triangulation of the intelligence easier than it has been in the past.

The data from the customer care team, along with data from incidents and serious incidents (SIs) is used for quality and contact monitoring purposes to inform the CCG's assurance process. It also feeds into other internal processes such as the market intelligence failing services (MIFS) process for adult social care and the noise in the system (NITS) process which looks at any commissioned service where intelligence received by the CCG gives cause for concern.

A new development for 2019/20 was the appointment of the CCG's community lead for quality, which is a lay representative appointment. Part of the role is to undertake satisfaction surveys with complainants over the telephone once the investigation is concluded. The survey focuses on the handling of the complaint and the results are shared with the CCG's Experience Review Group, a subcommittee of the Clinical Governance Committee, to look at how the CCG's complaints handling could be improved. Feedback received by this process has demonstrated that on the whole complainants are happy with the handling of their complaint but often remain dissatisfied with the outcome of their complaint.

The priorities for 2020/21 are to ensure that Respond is successfully implemented. The increased functionality of Respond will mean that the format and content of the regular monitoring reports will be reviewed, and new style reports formulated. These new reports will be shared with commissioning and quality leads.

As acknowledged earlier, the time taken to investigate and respond to complaints is longer than the CCG would like. The CCG has set an aspirational timescale of no longer than 6 months to investigate and respond to all complaints; but multiagency complaints are particularly challenging, particularly where our local acute trust (NLaG) is involved, and the CCG continues to work with the Trust to try and ensure a more timely response system is in place.

Action plan monitoring is to be revised to include clinical oversight, which will allow the quality leads to monitor complaints through the quality / contract meetings with the various provider organisations, as well as through site visits.

2. RISKS AND OPPORTUNITIES

Managing complaints effectively allows organisations to learn from feedback and improve services as a result, reducing the risk to patients and service users of poor quality or ineffective services and reducing the risk to both organisations of regulatory and Ombudsman intervention. Receipt of service user feedback concerning our services is a significant opportunity for us to understand and learn from the public's experience of using our services, this customer care functions are essential to help us effectively deliver our commissioning responsibilities.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

Under the current complaint's regulations, there is a requirement for an annual report of complaints to be produced and made available to the public. By doing this we can demonstrate our compliance with the regulations and provide an overview of what we have learnt and the actions we have taken to respond to the feedback we have received.

The information supplied in this report has been presented to maintain confidentiality.

It is to be noted that last year's report was recognised in a national report by Healthwatch as an example of good practice.

4. FINANCIAL CONSIDERATIONS

Effective and timely complaints handling reduces the risk of complaints being escalated to the Ombudsmen and potential findings of maladministration and the requirement to pay redress to complainants.

Learning from service users' experiences helps to improve future care delivery and can be a positive contribution to preventing future costs.

5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The report will not have any impact on climate change or environmental implications.

6. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result, no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

7. WARD IMPLICATIONS

All wards affected

8. BACKGROUND PAPERS

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

9. CONTACT OFFICER(S)

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