

Report of the Director of Adults and Health

Report to Scrutiny Board (Adults, Health and Active Lifesyles)

Date: 15 January 2019

Subject: Compliments and Complaints Annual Report 2017-18

Are specific electoral Wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, name(s) of Ward(s):		
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

1. The report provides information about compliments and complaints received during the twelve months between 1st April 2017 and 31st March 2018; the work of the Complaints Team within Adults and Health and about the extent to which services are meeting customers' expectations. The report also describes the actions being taken to improve the quality of health and social care services in response to customer feedback.
2. The report also talks about updates and priorities for 2018-19. It provides an update on national developments relating to Health and Social Care Complaints Procedures such as key messages from the Local Government and Social Care Ombudsman Annual Review of Adult Social Care complaints. The Ombudsman has highlighted its plans to move away from a simplistic focus on complaint volumes and instead turn their focus onto lessons that can be learned and the wider improvements that can be achieved from an individual complaint to improving care services for the many.
3. As reported in previous years, it has reiterated that it will hold commissioners to account for their commissioned service providers' failings. It encourages all councils and care providers to have systems in place to ensure learning from complaints is shared locally. In view of this, Leeds City Council, Adults and Health Directorate has implemented an information sharing protocol with commissioned service providers. This provides clear arrangements for providers to share compliments and complaints about Leeds commissioned services with the Adults and Health Complaints Team.

Recommendations

4. That the Scrutiny Board considers the details presented in this report and determines any further scrutiny activity and/or actions.

1 Purpose of this report

- 1.1 The purpose of the annual report is to provide information about compliments and complaints received during the twelve months between 1 April 2017 and 31 March 2018 and actions being taken to improve the quality of social care services, as required under the health and adult social care complaints regulations.

2 Background information

- 2.1 Local authorities and the National Health Service are required to establish complaints procedures to deal with complaints about their health and social care functions. The Local Authority Social Services and National Health Service Complaints (England) Regulations applies to Adult Social Care. Similarly, the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 applies to Public Health functions.
- 2.2 It is a statutory requirement to produce an Annual Report which provides information on the quantity of the complaints received, lessons learned in response to customer feedback and the adequacy of the complaints procedure.

3 Main issues

- 3.1 The year under review has been a busy, challenging and successful one for the Complaints Team. In a year of on-going change with increasing demand on budgets, the focus for the Complaints Team has been to maintain or to raise the standard of complaints handling by focussing on strategies that will improve the customer experience when things go wrong. The Complaints Team has been involved in a number of initiatives.
- 3.2 Providing complaints training to the voluntary sector organisations so that they understand the health and social care statutory complaints procedure to enable them to effectively support people who may wish to access the complaints process.
- 3.3 Continuing to provide Complaints Training to commissioned provider staff. The aim is to build capability and capacity in complaints handling within commissioned provider organisations. This is important because the Local Government and Social Care Ombudsman has made it very clear that they will hold commissioners accountable for the commissioned service provider's failings in relation to commissioned services. The training also ensures that commissioned service providers understand the health and social care complaints process and how this dovetails to their systems. The training is also provided to internal front line support and professional staff. In total including staff of commissioned providers, complaints training was provided to 300 staff.
- 3.4 Continuing to share key messages with operational teams by attending their management team meetings.
- 3.5 The Complaints Team have also been working closely with the Working Age Adults Contracts Team, Homecare Contracts Team, the Residential and Nursing Older People Contracts Team and the Quality Team to support commissioned providers to attain good Care Quality Commission ratings.

- 3.6 Continuing to strengthen links with our NHS partners and the voluntary sector. The complaints teams across Leeds meet on a quarterly basis. The members of the group are LCC Adults and Health, Leeds Clinical Commissioning Group, Leeds and York Partnership Foundation Trust, Leeds Teaching Hospital NHS Trust, Leeds Community Healthcare, Advonet and Leeds Healthwatch. The aim of the group is to share best practice across the different organisations and to improve customer and patient experience when things go wrong.
- 3.7 The work of the group is underpinned by an agreed Work Programme. So far the group have all signed up to providing a 'no wrong door' and a shared approach to consent that removes the need for customers/patients to sign multiple consent forms when they complain about mixed sector complaints within Leeds.
- 3.8 The group has also developed some information for Members of Parliament (MPs) providing them with brief information about the Health and Social Care Complaints procedure, advocacy information and also provided named contacts for each organisation. The aim is to ensure that MPs have easy access to complaints teams and, therefore, make it easier for them to sign post their constituents who may wish to provide feedback about their health and social care service within Leeds. A booklet will also be developed for Leeds City Council Elected Members during the 2018/19 reporting year.
- 3.9 During the year under review, 899 compliments were recorded. Analysis of compliments evidence how the Adults and Health Directorate are meeting the key qualities service users and their representatives expect from health and social care i.e. being offered choice, treated with dignity, respect and being heard. Public Health compliments included positive feedback about the work done for Mental Health Awareness week and the work done being an example of how the Council had been enriched by Public Health joining the Council. The Public Health compliments also included how valuable the Public Health Resource Centre is, the range of resources it provides and its strong social media presence, citing Twitter as an example of a real asset to the health and wellbeing community of Leeds.
- 3.10 495 complaints were recorded compared to 542 in the previous year, representing a decrease of 9%. There are often a range of forces at work when it comes to understanding trends in complaints. The fall could be the impact of effective local resolution. In these instances, it is important for service teams, contract and commissioning officers to ensure that this information is shared with the complaints team. In addition to ensuring that the information is included in any reporting, complaints are a valuable source of intelligence to help inform commissioning activities and service improvements.
- 3.11 22 enquiries were made to the Local Government and Social Care Ombudsman compared to 25 the previous year. A breakdown of the 22 enquiries is detailed in Appendix 5 of the main Report.
- 3.12 The statutory timescale for acknowledging complaints is 3 working days. In 2017/18 performance against this timescale was 98.1%. Good performance in acknowledging complaints within timescale has been maintained.
- 3.13 Whilst the statutory timescale for fully resolving a complaint is now up to six months based on level of risk and complexity, the service aims to provide an initial response to complaints risk assessed as low within 20 working days. This year

performance against this timescale reduced slightly to 95.3% compared to 98% the previous year.

- 3.14 The Complaints Service sends a satisfaction questionnaire to all complainants after they have received a response to their complaint. The purpose of the questionnaire is to seek complainants' views on how easy they found it to complain and how satisfied they are with key aspects of the process and outcome. The return rate in this reporting period was less than 3%. Efforts will be made to understand the reasons for the low return rate and report on this in the next reporting period.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The Compliments and Complaints Annual Report details standards of consultation and engagement with all key stakeholders and the extent to which services are meeting customers' expectations.
- 4.1.2 Analysis of the compliments received and meetings with complainants, service users and/or their carers to discuss and try and resolve their complaints evidence extensive consultation between staff and the relevant service user and/or their representative.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 This report is being presented for information about compliments and complaints received during the twelve months between 1 April 2017 and 31 March 2018. It is, therefore, not relevant to undertake an equality impact assessment.
- 4.2.2 However, all complaints are subject to equality monitoring which now includes all the equality characteristics protected through legislation (age, disability, gender, race, religion or belief and sexual orientation). Information is most frequently provided on ethnicity, gender and disability. No information has been provided about other characteristics. 71% of all complaints have ethnicity recorded, reflecting a decrease on 73% the previous year. 99.4% have gender recorded and 69% of complaints state whether the person was disabled or not. A breakdown of the equality related information provided by complainants is detailed in Appendix 6 of the main report.
- 4.2.3 The focus is to continue monitoring the nature of any complaint which may cause the service user an inequality.

4.3 Council policies and the Best Council Plan

- 4.3.1 The number of compliments and complaints received involving service users and carers of Adults and Health, commissioned providers and health partners have provided opportunities to promote partnership working with all key stakeholders. The compliments received also demonstrate how the Adults and Health Directorate is meeting the city priorities.

4.4 Resources and value for money

- 4.4.1 Under Section 92 of the Local Government Act 2000, Local Authorities are empowered to remedy any injustice arising from a complaint. It is now practice to consider small ex gratia payments by way of recompense for costs incurred or compensation for a distress caused as a result of a matter complained about. In some cases it may be appropriate to waive care fees. The Local Government and Social Care Ombudsman also has powers to direct the authority to pay

compensation and to recommend the amount. As noted under paragraph 13 of the main report, £5187.85, was paid as a result of Ombudsman investigations. Payments were also offered as a result of internal complaints investigations as described below.

- 4.4.2 A service user with an Asperger's diagnosis had built up arrears through not paying his assessed contribution to his Direct Payment account and misspending some of his funds. It was accepted that he could not cope and that a Direct Payment was not the best option for him. The arrears totalling £10,074.84 were waived.
- 4.4.3 In addition to the above, other compensation payments totalling £6,841.92 were made as a result of internal complaints investigations. These are detailed under point 15 of the main report.
- 4.4.4 Therefore, including payments made as a result of Ombudsman investigations, a total of £22,104.61 was offered to complainants in this period, compared to £37,066.39 in the previous year.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) and the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 which established Public Health functions place a duty on Councils and the NHS to establish and implement a procedure for dealing with complaints and representations. The complaints procedure is a two-stage process, the first stage being consideration by the Council and the second being investigation by the Health or Local Government and Social Care Ombudsman.
- 4.5.2 A person is eligible to make a complaint under the statutory complaints procedure where the Local Authority and the Health Service have a power or duty to provide or secure a service.
- 4.5.3 The Courts would normally expect a complainant to have exhausted the statutory complaints process before initiating legal proceedings. Where there are serious operational failures and a public report and apologies are offered, it is possible that a complainant would take that as an admission of liability and as grounds to make a legal claim. Should any complainant choose to make a legal claim the legal claim would be passed to the Council Insurance Services or to Legal Services for their attention.
- 4.5.4 This report is a significant operational decision and is therefore not subject to call in.

4.6 Risk Management

- 4.6.1 It is a statutory requirement to produce and publicise a Complaints Annual Report which provides information on the quantity of the complaints received and the adequacy of the Complaints Procedure. Failure to produce and publicise the Annual Report would be in breach of the statutory requirement.
- 4.6.2 The timescales for acknowledging and responding to complaints are a statutory requirement; failure to respond within agreed timescales would breach the Complaints Procedure regulations.

- 4.6.3 Complaints to the Local Government and Social Care Ombudsman can result in a public report being issued by the Ombudsman. No complaints to the Ombudsman in this reporting year were the subject of a public report.

5 Conclusions

- 5.1 Complaints continue to be a complex and difficult service area with both legal and insurance implications. The Complaints Team will continue to work with staff at all levels to ensure that the complaints procedure is accessible, open, transparent and trusted by both staff and service users or their representatives.
- 5.2 As in previous years, it is important that the Council takes even greater measures to evidence that lessons learned from complaints are used to improve and maintain the quality of the social care service it provides and commissions.
- 5.3 The Complaints Team looks forward to a period of productive change with on-going collaboration with both internal and external partners to improve social care service delivery to the citizens of Leeds.

6 Recommendations

- 6.1 That the Scrutiny Board considers the details presented in this report and determines any further scrutiny activity and/or actions.

7 Background documents¹

- 7.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.