

**Central
Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ**



**TO EACH MEMBER OF THE
SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

04 December 2015

Dear Councillor

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE - Monday
14 December 2015**

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following additional reports:-

10. Bedfordshire Clinical Commissioning Group - Detailed Budget Report
To consider the BCCG's detailed Financial Plan 2015/16 and QIPP information.

13. Customer Relations Annual Report 2013/14
To receive the annual report regarding customer feedback in relation to the Social Care Health and Housing directorate.

Should you have any queries regarding the above please contact the Overview and Scrutiny Team on Tel: 0300 300 4196.

Yours sincerely

Paula Everitt
Scrutiny Policy Advisor,
email: [paula.everitt @centralbedfordshire.gov.uk](mailto:paula.everitt@centralbedfordshire.gov.uk)

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Central Bedfordshire Council

**SOCIAL CARE HEALTH AND HOUSING OVERVIEW AND SCRUTINY
COMMITTEE**

14 December 2015

**Bedfordshire Clinical Commissioning Group Quality,
Innovation, Productivity and Prevention (QIPP) Programme**

Presenting Officer: Andrew Moore, Interim Chief Operating Officer,
Bedfordshire Clinical Commissioning Group

**Purpose of this report is to provide Members with additional details of
the BCCG Finance Plan and the QIPP programme.**

RECOMMENDATIONS

The Committee is asked to:

1. Scrutinise the information provided including the current finance plan update and details of the savings overview outlined in the QIPP programme.

Council Priorities

This report supports the following council priority

- promote health and well being and protect the vulnerable

Corporate Implications

The Finance plan update has been produced by the BCCG and any corporate implications to the Council are detailed in the report.

Conclusion and next Steps

Members are requested to consider and comment on the information delivered by the BCCG.

Appendices

Appendix A – BCCG Finance Report and QIPP programme

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QIPP Programme Update

Report to the Social Care Health and Housing Overview and Scrutiny Committee

Andrew Moore

Chief Operating Officer, BCCG

November 2015



Background

The Social Care Health and Housing Overview and Scrutiny Committee has requested an update on the progress that Bedfordshire Clinical Commissioning Group (BCCG) has made in stabilising finances and in particular further detail on the content and progress of the 2015-16 Quality, Innovation, Productivity and Prevention (QIPP) Programme which is critical to BCCG's financial position.

Current Financial Position (to 31 October 2015)

For the first seven months of the financial year (to 31 October 2015) BCCG is £86k ahead of plan. BCCG is on track to deliver its agreed £20m deficit position by the end of the year. The forecast turnover for the year is £512m, including the agreed £20m deficit. There are cost pressures on BCCG including over-budget spending on hospital (acute) care, which are offset by under-budget spending in non-hospital costs.

One of the key assumptions and therefore risks underpinning this position is that the CCG must deliver savings via QIPP of £16m for the full financial year.

What is QIPP?

QIPP is an approach to improving the efficiency of NHS Services so that resources can be reinvested to services and continually improve the quality of and access to care for our patients.

QIPP Programmes are not mere cost cutting exercises and BCCG has a detailed governance process that ensures that the schemes which are selected and put in place take account of:

- Quality Impact Assessment (QIA)
- Equality Impact Assessment (EqIA)
- Where relevant a Substantial Patient Impact, a consultation process

The CCG runs a multistage gateway approach to managing the QIPP Programme. The gateway process enables BCCG to have access to a standardised real-time assessment of each scheme, which will in-turn hopefully increase the chances of successfully delivering projects – the documents generated for each project (in addition to the checks listed above) include:

- Project Plan
- Risk Register
- Scheme Financials
- KPIs
- Stakeholder Matrix

Each QIPP Project has a BCCG Executive Sponsor and an assigned project manager.

The Project Managers report through the BCCG Project Management Office (PMO) and the Executive Sponsors and Project Managers meet fortnightly to consider progress, risks and issues as a QIPP Board.

BCCG have commenced the early scoping work for 2016-17 QIPP schemes.

The 2015-16 QIPP Challenge

BCCG set an initial QIPP target of £11m in early planning for 2015-16 and this assumption drove initial project scoping and planning in early 2015. As the full extent of BCCG's financial position became clear in April and May 2015, the target was increased to £16m and this led to a need to add additional projects to the Programme. BCCG has now identified the required £16m of projects and has progressed them to the point that there is a reasonable degree of confidence that the forecast will be met.

The schemes added in the latter round of planning are typically expected to deliver benefits in the later part of the financial year.

Detail of the projects and value of the targeted savings is below:

Bedfordshire CCG - Quality, Innovation, Productivity & Prevention (QIPP) Savings Overview as of November 2015

Area of Efficiency	In-year Efficiency Target £'000	Description of Efficiency
Medicines Management	2,221	The majority of efficiencies this year will be achieved by switching expensive branded drugs to cheaper unbranded equivalents. The team have also brought in a new IT system which helps identify patients with long term conditions such as asthma and diabetes who are due for review of their medicines to help prevent their condition getting worse, in some cases avoiding patients being taken to hospital as a result.
Continuing Healthcare	4,062	The Continuing Healthcare (CHC) team are continuously reviewing patients' care packages and placements to ensure all patients who are CHC eligible have access to the right care for their specific needs. In year, the CHC Team have improved processes and aligned policies to national standard. The CHC team continue to improve the quality and safety of care packages and placements, whilst minimising spend and improving patient experience.
Reduction in IVF Cycles	505	BCCG reviewed and refreshed its IVF Policy and worked with its providers to ensure patients get the highest quality, and most appropriate treatment, whilst minimising spend. This has meant reducing the number of IVF treatments available to NHS patients from three to one.
EEAST (East of England Ambulance Service Trust) Training	696	The East of England Ambulance Service (EEAST) has been delivering specific End of Life (EOL) training for their ambulance crews, with the aim of increasing confidence in dealing with EOL patients, especially around the difficult discussions with families and carers. The training has resulted in a higher number of patients having a choice in their care pathway which has led to more patients (where appropriate) utilising the Partnership for Excellence in Palliative Support (PEPS) care pathway and staying in their homes rather than being taken to hospital.

Decommissioning	2,175	BCCG reviewed a number of services to ensure providers were offering value for money. As a result of the review the Short Stay Medical Unit (SSMU) in Houghton Regis, and the Telehealth Services in Primary Care were both stopped as they did not offer value for money.
Elective Care	1,314	Elective care is planned care, non-emergency care, including scheduled operations and outpatient appointments. BCCG continues to review its processes and procedures for planned care to ensure patients have access to the most appropriate care, whilst the organisation achieves the greatest value for money. In addition BCCG continues to support GP Practices in Primary Care to ensure patients receive the appropriate care in the best place for them.
Non-Elective Care	767	Non-Elective Care is unplanned care which includes emergency care. BCCG continues to work on ensuring more patients receive appropriate care in Primary Care or Community Care which will result in less patients being unnecessarily treated in a hospital environment. BCCG has worked with GPs to develop ways of managing people with particular Long-Term Conditions to avoid the need for unplanned hospital visits.
Improving Value through Contracting	1,302	The Contracting team are continuously reviewing, renegotiating and challenging our provider contracts to ensure patients receive the highest quality of care whilst the organisation retains the greatest value for money. The contracting team have been successful in securing reductions in price from a number of providers.
Mental Health & Learning Disability	1,945	The Mental Health (MH) & Learning Disability (LD) team have made a number of changes within services to improve patient care and obtain greater value for money. The largest of these is to change to a new MH & LD services contract, which now is being run by East London Foundation Trust (ELFT). Since ELFT began to look after the services a number of additional improvements have enhanced MH and LD patient care in Bedfordshire, including treating a greater number of patients within Bedfordshire facilities.
Non-Clinical Discretionary Spend	674	BCCG reviewed its entire discretionary spends areas for effectiveness and value for money. As a result of the review a number of opportunities to reduce discretionary spend were identified and actioned, including improving finance processes and renegotiating supplier contracts
Community Services	125	BCCG continues to review community spend, and where possible identify areas of opportunity for improving patient care whilst reducing overall spend.
Estates	220	BCCG continues to review its estates or property for appropriateness and value for money. As a result of the review a number of estates or property opportunities were identified.
TOTAL	16,006	

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Central Bedfordshire Council

**Social Care Health & Housing Overview and Scrutiny Committee
14 December 2015**

Customer Feedback – Complaints, Compliments Annual Report

Advising Officers: Julie Ogley, Director of Social Care Health & Housing julie.ogley@centralbedfordshire.gov.uk and Sonya Branagan, Customer Relations Manager sonya.branagan@centralbedfordshire.gov.uk

Purpose of this report

1. This report provides an overview of the key issue in complaint handling and the effectiveness of the complaints procedure for Adults Social Care for the period 1 April 2014 to 31 March 2015.

RECOMMENDATIONS

The Committee is asked to:

1. To consider and comment on the content of the report.

Issues

Adults Social Care customer feedback report

2. The Local Authority Social Services & National Health Service Complaints (England) Regulations 2009 require monitoring of the effectiveness of the complaints procedure. The annual report should include; the number of complaints received including those considered by the Local Government Ombudsman; the number of complaints well founded; a summary of the complaints subject matter; performance; and the actions taken to improve services as a consequence of complaints.
3. The annual report addressed the requirements above and covers:
 - a) The Council's procedure for handling adult social care and public health complaints.
 - b) Summary Statistics including; number of complaints received; number referred to the Local Government Ombudsman; services most complained about; number well founded.
 - c) Performance.
 - d) Equality and Diversity Monitoring
 - e) Service improvements resulting from complaints.

4. The Council is required to make the annual report available to anyone who request it and one way this is done is through making it available on the 'Feedback' pages of the council's website. The feedback pages also contain information on how to provide compliments, comments and complaints.

Complaints handling practice in 2014/15

5. The current approach to complaints requires each complaint to be assessed and a decision on the appropriate course of action. In addition all complaints made to the Council about commissioned services have to be considered under the Council's complaints procedure.
6. In Adult Social Care learning from customer experience through complaints has led to improvements to practices. With 69% of complaints deemed to be well founded in full or in part complaints were seen as a valuable source of information about customer experience and an opportunity to remedy mistakes. The activity shows that Local Resolution has been an effective means of dealing with complaints with the majority resolved through local managers of the service complained about.
7. As well as the statutory annual report, weekly, monthly and quarterly reports on adult social care customer feedback have been provided based on the Director's requirements for performance reporting. This meant that senior managers had the opportunity to monitor customer feedback for their services. The number of complaints received this year (77) was lower than last year (85). There were also 63 compliments with good examples of great customer care and service.
8. The Council's Public Health Service delivers the majority of its services through commissioning from external providers who are expected to manage their own complaints. However, the Stop Smoking Service is delivered directly to residents by Central Bedfordshire Public Health staff. There were no formal complaints registered for the service. There were 25 compliments registered about the value of the stop smoking service and the helpfulness of staff.

Key themes from complaints

9. Services for older people was the area that received the most complaints with 46 of the 77 received. The main reasons for complaints were about how cases were managed by social workers; and care provided by both external companies on behalf of the Council and Council run residential homes. Service improvements were made as a consequence of complaints by both commissioned service providers and social care teams.

10. As part of their wider work to monitor commissioned services, the Contracts Team proactively seek service user feedback on their experience of the care provided. There are service user surveys both annually for residential care, and case by case for those receiving home care. In addition information from complaints is shared with the team who take appropriate steps to manage any wider contractual concerns. Where appropriate the Contracts Team worked with care providers to put in place action plans to improve.
11. The Local Government Ombudsman received five complaints about Adult Social Care. One case is pending a final decision. In one case fault was found and the Council agreed to pay £250 to remedy unavoidable distress related to the historical handling of a Direct Payment account. The practice has changed and there are regular reviews of accounts and improved information for customers.

Council Priorities

12. One of the Council's priorities is to promote health and well being and protect the vulnerable. Complaints are assessed at the point of receipt to ensure risks are managed for example; safeguarding of vulnerable adults issues, risks to reputation. Effective complaints management ensures service failings are identified and remedied. The Council is expected to have an accessible complaints procedure including notifying complainants of their right to raise complaints with the Local Government Ombudsman. The Adult Social Care service welcomes complaints and has an open and transparent approach to resolution including engagement with the Local Government Ombudsman to agree appropriate and proportionate remedies.

Corporate Implications

13. The Council is required to monitor the effectiveness of the statutory complaints procedures and prepare an annual report. The Adult Social Care & Public Health complaints report must be made available to any person on request.

Legal Implications

14. The Local Authority Social Services & National Health Service Complaints (England) Regulations 2009 sets out the requirements in respect of monitoring complaints and the provision of an annual report.

Financial Implications

15. Effective management of complaint issues focuses resource on resolution and reduces the risks of financial remedies being paid. The learning from complaints is used to inform service improvements. The emphasis on local resolution and getting it right first time minimises the

risk of cases requiring more costly formal investigations to achieve resolution.

Equalities Implications

16. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation
17. To support vulnerable people to feel safe it is important that they know how to complain about services they receive, feel heard when they raise complaints and that action is taken where appropriate. The report evidences that service users have been able to complain and that where complaints have been upheld failings are identified and improvements are put in place.
18. Due to the limitations of the capture and reporting system for complaints the report includes limited analysis of equalities and diversity information. However the indications are that very few complaints include concerns relating to discrimination.

Conclusion and next Steps

19. The Committee is asked to note the Customer Feedback – Complaints, Compliments Annual Report 1 April 2014- 31 March 2015.

Appendices

20. The following Appendix:
21. Appendix 1 – Annual Report ASCHH & Public Health 2014/15.

Background Papers

22. The following background papers, not previously available to the public, were taken into account and are available on the Council's website:
None

Appendix 1

CENTRAL BEDFORDSHIRE COUNCIL

ADULT SOCIAL CARE & PUBLIC HEALTH SERVICES

CUSTOMER FEEDBACK –

COMPLAINTS COMPLIMENTS

ANNUAL REPORT 1 April 2014 – 31 March 2015

INTRODUCTION

This report fulfills the statutory duty to monitor the effectiveness of the complaints procedure and produce an annual report for Adult Social Care and Public Health complaints.

The report provides statistics for 2014/15 on; the number of complaints received; those considered by the Local Government Ombudsman (LGO); the number of complaints that were well founded (upheld fully or in part); a summary of the complaints subject matter; performance; and the actions taken to improve services as a consequence of complaints. The report will be presented to the relevant Local Authority Committee and will be made available on the Council's website.

EXECUTIVE SUMMARY

The complaints procedures contain a number of different options to handle complaints. Complaints are assessed with the emphasis on understanding the complaint at the outset and taking the right approach to resolve it. Options include:

- Local resolution by Service Manager – 10 working days, 20 for complex cases
- Formal Investigation – 25 up to 65 working days
- Conciliation – 10 working days & Mediation – 25 working days

Timescales can be flexible depending on the nature of the complaint. Extension to timescale is acceptable if it is negotiated with the complainant. When the Council has concluded a complaint the complainant may refer it to the LGO.

Adult Social Care

There were 77 new complaints received in the period compared to 85 the previous year, the majority related to services for older people. 64 complaints were actioned and closed, and were dealt with through Local Resolution.

Complaints were seen as important feedback for services and a means of considering how to improve. Managers listened to customers' views in complaints, with 69% of complaints upheld either fully or in part. Individual cases had specific remedies put in place. For wider service improvements see Section 4.

There were 63 compliments with instances of customers telling us that services were getting it right and having a positive impact on their lives.

Public Health

The Public Health Service in Central Bedfordshire delivers the majority of its services by commissioning from external providers who manage their own complaints. The Stop Smoking Service is delivered directly by Central Bedfordshire staff. There were 25 compliments registered about the quality and helpfulness of the stop smoking service. No complaints were registered.

Effectiveness

The activity for this reporting period shows the complaints procedure has been effective at resolving customer complaints at a local level. In Adult Social Care learning from customer experience through complaints has led to improvements to practices. There is some room for improvement in managing complaints to agreed timescales.

1 SUMMARY STATISTICS – ADULTS SOCIAL CARE

1.1 Customer Feedback Received – Adult Social Care & Public Health Compliments

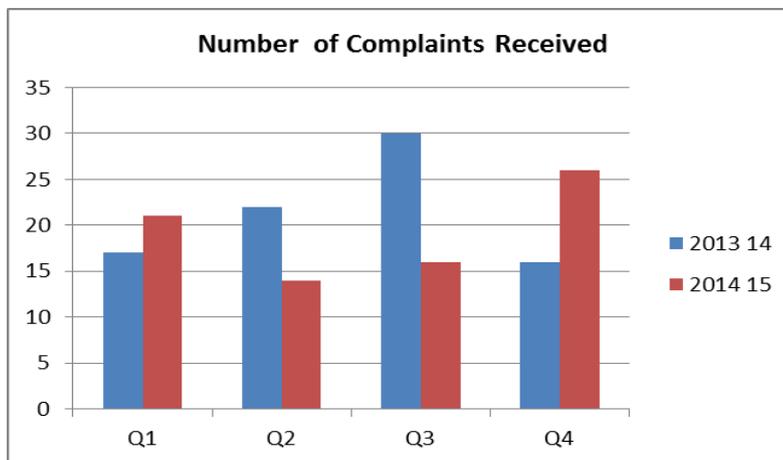
88 compliments were recorded across social care and public health services relating to good customer care and the quality of support to service users and their families.

There were a significant number of customers who experienced good quality services that made a real difference to their lives such as good quality residential care; reablement and care support in their own home; help to arrange the right care and support; support to feel safe and settled; and help to stop smoking.

25	Public Health – stop smoking	15	Residential Services
19	Older People’s Services	14	Reablement Services
6	Learning Disability Services	2	Disability Services
3	Home Care	2	Finance Services
1	Safeguarding Team	1	Occupational Therapy

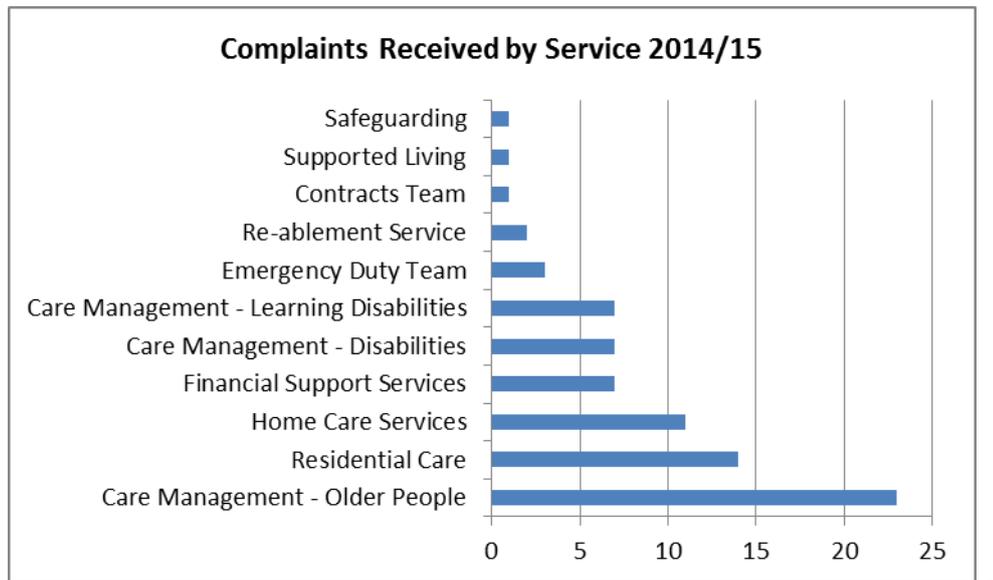
1.2 Customer Feedback Received – Adult Social Care Complaints

1.2.1 In 2014/15 there were 4745 records of adults receiving long term support from Adult Social Care Services. There were 77 new complaints received and in 2013/2014 85 new complaints were recorded with 4484 records of adults receiving long term support. The table below shows the spread of complaints over each quarter of the year, ‘Q’ is used as an abbreviation for ‘quarter’:



1.2.2 The spread of complaints year on year varied. This year quarter 4 was busiest with 26 new complaints, fairly evenly spread over the 3 months. Eight complaints were assessed as being unsuitable for the complaints process, three of which were the responsibility of another body. This left 18 new complaints, 13 of which were about services for older people; and 9 of those cases about the quality of care provided either in the home or in a residential setting. Last year the peak was in quarter 3, due to a busy October with a number of complaints received relating to externally commissioned home care providers and errors in the Council’s invoicing.

1.3 Trends - Services Most Complained About



- 1.3.1 Over the year the majority of the complaints (46) were about services to older people. These complaints were about; management of cases (23); care services provided by external companies on behalf of the Council (16); Council run residential homes (5); and the Council's Reablement Service (2).

The main causes of complaint in case management cases were poor staff attitude, customer care and communication; and disagreement with the decisions made or action taken.

Complaints about care provision both in the home and in residential settings were mainly about the quality of care, but included missed calls and poor communication.

- 1.3.2 A further 31 cases were spread over a number of additional service areas:

Learning Disability Services received 10 complaints mainly related to care management of cases (5). Complaints were also about a breach of data protection; a provider not being paid; poor communication about an inquiry regarding residential care; staffing issues in a supported living resource; handling of customer enquiry.

There were 9 complaints about Disability Services, mainly about care management of case (6) i.e. quality of assessments, poor information, and lack of support. Complaints were also about the quality of home care services (2); and the quality of an occupational therapy assessment (1).

There were 7 complaints about Financial Services relating to; incorrect or confusing invoices (3); direct payments (3); and changes to rates for residential care.

Five remaining complaints related to Safeguarding (1) the Emergency Duty Service (3), Contracts (1).

1.4 Outcomes from concluded Complaints

- 1.4.1 During the period 3 complaints were identified as being the responsibility of another body. Of the 77 for Adult Social Care 8 complaints were not suitable for the complaints procedure and were dealt with using other procedures. Five cases were withdrawn.

64 Social Care complaints were dealt with in the period. Complaints were seen by services as an important means of identifying areas for improvement. 69% of complaints were deemed to be well founded in full or in part. Remedies were put in place for individual complainants. Section 4 sets out wider actions and improvements resulting from complaints.

1.5 Local Government Ombudsman (LGO) Complaints 2013/14

- 1.5.1 The Council received 5 complaint enquiries from the LGO in the reporting period. One case is pending a decision.

In two cases the decision was not to investigate as the LGO was not able to achieve the outcome being sought and the actions the Council had taken to resolve the complaints had been proportionate. Issues related to a home's provision of respite and the Council's remedy to a breach of Data Protection. In one case, relating to provision of respite care, no fault was found.

The Council agreed to £250 to remedy a complaint about historical handling of a Direct Payment account. The Council had not monitored the account properly and not given enough information about the process for ending a contract of a support assistant. The Council wrote off the debt it had been attempting to recover.

2 EQUALITY & DIVERSITY MONITORING

- 2.1 The purpose of capturing equalities data is to monitor access to the complaints procedure; to ensure services are appropriate for all service user groups; and to check whether any issues relating to discrimination have been raised. Data relates to the service user affected by the complaint or a person who has been affected by the actions taken by the service. The system used for Adult Social Care complaints has the facility to capture the service user's gender, ethnicity and whether the service user describes themselves as having a disability or not. However, the system has limited reporting functionality for analysis in this area to meet the needs of equality and diversity monitoring. Therefore, we can't easily analyse the detail of complaints and trends relating to discrimination/human rights/age.
- 2.2 In 2014/15 there were 4745 records of adults receiving long term support from Adult Social Care Services. There were 77 new complaints received.

2.3 Accessibility to Complaints

By having a range of contact options for complainants to make their complaints the Council aims to meet the needs of its service users in accessing the complaints procedure. People can make complaints in person; face to face or via telephone (including a direct line to Customer Relations), in

writing; via email, letter, or complaint form. Complaints can be made by a representative of the service user or an advocate.

2.4 Social Care Complaints – Gender

- 2.4.1 Where information was captured 40% of complaints affected female service users, 34% affected males. Service users receiving services were split 61% described as female and 39% male. Service users of both genders are represented in the complaints procedure and both genders were affected by similar issues. However, females were more affected by complaints about the care in the home (7 females, 3 males). The issues for both related to the standard of care and the timing of calls, including missed calls. Males were more affected by complaints about financial administration matters than females, with 6 identified as male and 2 as female.

2.5 Social Care Complaints – Race

- 2.5.1 93% of service users receiving long term services were described as White British. A significant proportion of complaints (89%) were recorded with 'unknown' race which may mask representations from ethnic backgrounds not reflected here. 9% of complainants were recorded as 'White UK'. 'Black African' (1%) and 'Other' (1%) were also represented in complaints. The issues for complainants described as 'Black African' were similar to those raised by complainants recorded as 'White British'.

The complaint issues recorded where race was 'Other' related to alleged bullying and discrimination in relation to home care provision. The complaint reflected wider concerns that standards in the external service had fallen short and an improvement project was put in place.

2.6 Social Care Complaints – Disability

- 2.6.1 A significant proportion of cases were recorded as 'unknown'. Social care services include services for older people, disabilities and adults with learning disabilities. Therefore, it is anticipated that a significant proportion of complainants would describe themselves as having a disability. Where information was recorded 18% of service users described themselves as having a disability. People with disabilities are able to access the complaints procedure. Section 1.3.2 sets out the reasons for complaints for those service users accessing services for people with disabilities.

2 PERFORMANCE

- 3.1 There is no timescale in Regulations in which to resolve complaints. The emphasis is on assessing the complaint at the outset to fully understand the issues, and then planning a clear method of handling the complaint in a reasonable timescale. Timescales can be re-negotiated with the complainant if appropriate. Managers are encouraged to set out an action plan for the complaint detailing how it will be dealt with.
- 3.2 There were 64 complaints concluded, all were dealt with using the local resolution method; including one investigated by a Head of Service. Action plans were in place for 81% of cases, setting out how the complaint would be handled; 69% of these were completed in line with the timescale in the action plan.

Where there was no action plan in place 67% of cases were concluded in 20 working days or less.

3 SERVICE IMPROVEMENTS FROM COMPLAINTS

- 4.1 Remedies were put in place for individual complainants, for example an apology; reviewing a service; correcting information; an assessment. Where there was wider learning actions taken are set out below.

4.2 Learning & Improvements from Complaints about Care Provision

- 4.2.1 Poor care in the home or in a residential setting, can have a significant impact on service users. Some services are provided by external companies paid for in full, or in part, by Adults Social Care. Managers ensured complaints about externally provided services (commissioned services) were responded to fully and that appropriate action was taken to remedy mistakes.

As part of their wider work to monitor commissioned services the Contracts Team proactively seek service user feedback on their experience of the care provided. There are service user surveys both annually for residential care, and case by case for those receiving home care. In addition information from complaints is shared with the team who take appropriate steps to manage any wider contractual concerns. Where appropriate the Contracts Team worked with care providers to put in place action plans to improve.

- 4.2.2 Actions taken by external companies to improve their services included; additional training and support for staff; carrying out surveys to understand the views of the service being delivered; revising & improving processes or policies. Some examples of action taken as a direct result of complaints are set out below:

- Staff received training on person centred care, resident experience, dementia care and customer care.
- Introduction of written weekly lists for carers to reduce the risk of missed calls as a result of poor communication.
- Increased floor walking by the manager and improved monitoring of food and medication.
- Review of infection control practices.
- Minimum staffing levels within Special Care unit set
- Review of quality of activities for residents and a new plan implemented.

4.3 Learning & Improvements from Complaints about Social Work Practice

- 4.3.1 Service users and their families value clear and timely assessments and information from social workers.

A competency framework for social workers was introduced to improve standards and consistency. A practice governance board and forum were established to ensure learning is shared across teams and embedded into practice. The aim will be to share any themes from complaints with the forum. Complaints led to the following actions to improve:

- a) To improve information for customers the Business Systems Service are developing a letter that will be sent to service users transferring from Direct Payments to residential care. It will clearly set out the timeframe

and procedure for closing a Direct Payment account and any relevant redundancy responsibilities.

- b) Following a poor response to carer's request for support guidance has been provided to contact centre staff to ensure customer service officers do not advise on health issues. Training was introduced to improve workers understanding and skills in navigating around the system to find and record information correctly.
- c) Failure to support a placement and offer a review led to misinformation about charges for residential care. Communication, vital in ensuring safe and appropriate discharge arrangements are in place, was not joined up between the Hospital discharge team and the social work team. The operational manager has met with key staff to improve communication between teams.
- d) In response to a complaint about the poor quality of an assessment specialist Occupational Therapists have shared advice with less experienced colleagues and updated knowledge on the effects of brain injury on individuals.
- e) Staff were reminded of the correct procedure to follow when making a referral to local services ensuring they get permission from the customer.

5 EFFECTIVENESS OF COMPLAINTS HANDLING

- 5.1 Service users; their representatives; and people affected by the actions of Adult Social Care access the Council's complaints procedure and the Local Government Ombudsman (LGO).

Local Resolution has generally been an effective means of dealing with complaints. Five complaints were considered by the LGO, with three of the cases resulting in no different outcome from that put in place by the Council.

Where fault was found the service acknowledged the need to improve the practices around monitoring and reviewing Direct Payment accounts resulting in regular account reviews and improved information for customers.

- 5.2 Last year we reported that there was room for improvement to ensure all complaints had an individual action plan when 70% of cases had plans. This year 81% of cases had plans. As 69% of cases were managed in line with the plan there is room for improvement in this area. A more robust plan is now in place to monitor and manage both the action plan and improvements.
- 5.3 The practice last year of being open and receptive to hearing customer's experience, and rectifying mistakes was repeated this year with 69% of complaints upheld fully or in part.
- 5.4 There has been improved recording of customer feedback for Public Health Services since last year when only 2 cases were registered. Feedback leaflets are now included in the stop smoking discharge pack for customers. This year 25 compliments were registered. No complaints were received.
- 5.5 Operational Managers engage in quarterly reviews of complaints handling. There has been improved handling of complaints about commissioned services. Managers are taking a more robust approach to management of timescales and standards of investigation by external companies.