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Health and Care Scrutiny Committee – 07-10-2022

MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT BY ZOOM ON FRIDAY, 7 OCTOBER 2022

PRESENT: County Councillor A Jenner (Chair)
County Councillors B Breeze, G E Jones, G W Ratcliffe, L Rijnenberg, C Robinson,
E Roderick, E Vaughan and C Walsh

Cabinet Portfolio Holders In Attendance: County Councillors S Cox (Cabinet Member for a Caring Powys), S C Davies and S McNicholas (Cabinet Member for Future Generations)

Officers: Michael Gray (Head of Adult Services), Rachel Evans (Interim Head of Commissioning), Sharon Powell (Interim Had of Childrens Services), Steve Holcroft (Policy and Customer Care Manager), and Wyn Richards (Scrutiny Manager and Head of Democratic Services)

1.	APOLOGIES
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Apologies for absence were received from County Councillors C Kenyon-Wade, J Ewing, J Wilkinson and G Preston. Apologies for absence were also received from Lynette Lovell (Director of Education and Children's Services) and Nina Davies (Director of Social Services and Housing).

2.	ELECTION OF VICE-CHAIR
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RESOLVED that County Councillor Gareth E Jones be elected Vice-Chair for the ensuing year.

3.	DECLARATIONS OF INTEREST
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There were no Declarations of Interest from Members relating to items to be considered on the agenda.

4.	DISCLOSURE OF PARTY WHIPS
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The Committee did not receive any disclosures of prohibited party whips which a Member had been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

5.	COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS ANNUAL REPORT 2021-22
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Documents Considered:

- Complaints, Compliments and Representations Annual Report 2021-22.

Issues Discussed:

- It is a statutory requirement to produce an annual report. The approach is based on getting it right first time and if that does not happen to put it right as soon as possible. The use of an advocate is pushed with complainants to assist them reach a resolution to their complaint. There is currently one complaints officer supported by one administrative /support officer.
- The emphasis is on the early intervention / resolution and informal resolution so that complaints do not need to progress to become Stage 1 and 2 investigations.
- The number of complaints has reduced between 2017 and 2022 with Adults Services complaints having reduced by a third.
- Table 4 in the report sets out complaints by themes.
- The time taken to acknowledge and complete reports is due to pressures on the service but is being actively progressed to address this issue. It is now a key performance indicator that acknowledgements are made in two working days.
- There are currently no active Ombudsman investigations during the period although there was an outstanding Ombudsman complaint from 2016 concluded in the period.
- Compliments are generally increasing during the period.
- Services are in a process of continual learning and the team works with quality assessment officers in services, meeting on a monthly basis to identify themes and inform corrective actions and improvements.
- There is also an improvement plan following previous comments by the Ombudsman about the complaints system. This includes the development of a Customer Care Charter which has been published. A review of the procedure has also been undertaken. Alternative formats for documents are being considered e.g. for younger people or people with learning disabilities.
- The Council is attempting to increase the pool of independent investigators who undertake Stage 2 complaints investigations as well as reviewing an alternative complaints system following issues with the current system.
- The Head of Adult Services commented that the feedback loop between the complaints team and operational teams has improved. The way that Services respond to feedback is crucial which is shown by way many complaints are resolved informally due to the mediatory approach by the complaints team. However, although Services are better at responding there is still room for improvement. The Interim Head of Children's Services added that Children's Services are trying to create and adopt a culture of learning seeing complaints as a positive and providing an opportunity to improve the service and practices.
- The Interim Head of Commissioning emphasised the development of the Customer Care Charter, as a direct result of reflecting on themes and the expectations around customer communication. The Charter embodies the expectation from a professional perspective in terms of the required response

and also sets out the expectations from a public perspective. The Charter was co-produced with public involvement.

- Questions:

Question	Response
What is your main focus over the next year on improving the complaints system	Improving on acknowledging complaints and also reducing the time to complete Stage 2 investigations.
Section 3.2 – Team and Resources. It is hoped that a new system will be in place by April 2023. Is there any cost associated with this new system.	There is no cost expected as the software was developed by the Council’s ICT team.
In relation to the section 3.5 administrative support, which had been temporarily increased. Has this additional support come to an end or is it being rolled forward	A request has been made for this to be extended as part of next year’s budget.
When is a complaint judged to be a complaint, do we have to use the word specifically for it to be included as a complaint. What is the benchmark for complaints and compliments. Are verbal complaints or compliments recorded.	With regard to compliments, sometimes we go chasing for them such as if a compliment is made during a telephone call this is recorded with an individual’s consent. Social work teams are also asked whether they have received any complaints or compliments.
How do you differentiate between a complaint and an enquiry	This is done through communication with the individual. If a person says that there are unhappy with a service, the service will say why it took those actions. If the person is still unhappy then it would proceed to become a complaint.
At what point does it become a Stage 1 and 2 complaint. What happens from that point onwards. What training and development or support from managers do staff get to try to reduce complaints and achieve a satisfactory outcome and learn lessons. What do we do about frequent complaints about staff.	Officers would meet with an individual who makes regular complaints to try and understand why the individual makes continual complaints. If an enquiry becomes a complaint the complaints officer will discuss this with the individual. If an individual is unhappy with the response from the service the complaints officer will go back to the service team and ask for an investigation to be initiated. Once the investigating officer confirms the nature and extent of the complaint with the individual that is when the 15 day timeline starts.
Are we recording for the sake of it. How do we deal with staff.	With regard to the question about what constitutes a complaint, we follow the Welsh Government guide to handling complaints and representations by local authorities (2014). This determines how

	<p>the Council sets up its processes. It does not require the use of the word “complaint” for it to be a complaint, it can be an expression of dissatisfaction or concern. It also does not need to be in writing. Complaints are generally around a public service provider’s action or inaction or quality of service as a broad definition.</p> <p>Feedback loops are in place and complaints and compliments are discussed at Senior Management Team meetings. Should a member of staff fall of the expected conduct standards then managers would use performance capability or disciplinary processes.</p> <p>In terms of the culture of learning it is about looking at the themes of complaints an example of which was the level of service provided to fathers where parents have separated and the communication with them. The Service can then consider specific training and development and practice within the service.</p> <p>The guidance defines the differences between complaints, comments etc. Within the guidance there is an emphasis on local resolution to try to resolve dissatisfaction as soon as possible to prevent it becoming a complaint.</p>
<p>Section 4 – graph illustrating the breakdown of figures between services. Has the breakdown between adults and childrens’ complaints changed over the period, have the proportions changed, increased or decreased.</p> <p>It would be helpful if the numbers could be split for future reports.</p>	<p>The number of complaints has stayed relatively the same. The number of complaints increased during the pandemic but they have remained stable since, although there has been a reduction in the number of adults complaints.</p>
<p>There is a long list of compliments but for complaints there is no detail as to what the issues are. The chart on page nine gives high level information. It would be helpful to have more detail about what the complaints are about.</p> <p>The quality of advocates is also</p>	<p>More narrative can be included to provide a better understanding of what people are complaining about. Further work is being undertaken to break this information down further.</p> <p>Local agencies are used by the Council provide advocates. Some advocates</p>

<p>important and it is encouraging that the service is promoting the use of advocates as it can help an individual present a complaint in a balanced way. How do you chose advocates, and what training do they get.</p>	<p>from the NHS are used as well. The agencies are responsible for training advocates.</p> <p>As professionals all Social Care staff are advocates if they have contact with individuals. The Council also has a contracted commissioned service (Dewis) which provides advocacy for adults.</p> <p>There is a specific advocacy for children utilising a contract with Tros Gynnal so every child who is looked after or on the child protection register has an advocate, as well as accessing advocacy services for parents and families who might suffer with mental health difficulties or learning difficulties.</p>
<p>If a child wishes to make a complaint do they know they can do this through an advocate.</p>	<p>Yes they are made aware of this and we do see it happening. We also have independent reviewing officers which is another avenue for a child to express their feelings about the service.</p>
<p>Looking at at the feedback loop and lessons learned. How are required improvements being fed back to the individual, the team and the organisation and ensure that good practice and improvements are followed up to ensure that improvements are made. As the complaint could relate to a number of things are improvements from each complaint noted and then can it be demonstrated that the improvements have been completed.</p>	<p>There are some historical complaints from 2016 to 2018. A programme of work was developed following the Ombudsman investigation and an action plan was developed. Following that the Service reflected upon what had been put in place and the improvements are shared by means of policies and monthly updates. Therefore the feedback loop is well established.</p> <p>As an example complaints officers need to be trained to a sufficient level in representations under the Children’s Act 1989. The Service approached Legal Services to seek better guidance on how to deal with representations as the issue leading to the Ombudsman’s investigation included the Service not recording things correctly when delivering the service. The outcome of the investigation was that the Service should have a legal opinion about how to handling representation which was done and is now in place.</p>
<p>That example from the Ombudsman’s investigation is a good example where there is an action plan which is followed</p>	<p>It does for more serious or complex complaints where an action plan is drawn up. Sometimes it may be a</p>

<p>through. Is this something that happens with all complaints.</p>	<p>communications issue which is then discussed by the complaints officer with the team such as a theme where complainants were not being told what happens next and by when and what an individual can reasonably expect. With the more serious complaints an action plan is used to track outcomes.</p>
<p>Is there a threshold which needs to be met for when a complaint needs an action plan.</p>	<p>An action plan is used where a complaint crosses a number of themes, when there are multiple facets to the complaint or when new issues are raised which the complaints team were unaware of previously.</p>
<p>With regard to section 4.15 - number of days for a stage 2 complaint to be investigated. It is important to investigate quickly and traction can be lost if investigation periods are too long. It is difficult to understand why it takes so long and is an advantage taken of quick wins to learn lessons and make early improvements.</p>	<p>When the investigating officer agrees the nature of a complaint with the complainant, it provides the opportunity for some quick wins whilst other parts of a complaint can take longer to investigate. It is not believed that a long investigation will dilute the learning from complaints.</p> <p>The answer depends on the nature of the complaint and whether it relates to an individual officer, a team, the wider service or whether the complaint is around communication or a lack of service provision. This will determine the response.</p> <p>In general senior managers and the Heads of Service have oversight immediately of a complaint as the Policy and Customer Care Manager attends senior management meetings. What tends to happen is respect of a team approach is that reflective practice sessions would be built around a case and this would be discussed as an example at team meetings with joint discussion about how to put this right in the future. Sometimes this necessitates training refreshers for staff such as customer services training. Another example was a theme which developed during the pandemic where individuals felt lost in the social care system and what the next steps were due to be. The response from the service was to create a “what to expect” to explain to people the route through adult services from</p>

	<p>first point of contact with the service to the point of resolution. This document is now handed out by the team to residents when there is first contact. There are also robust service user forums in adults services and this is a very good feedback loop where issues have been discussed to advice and guidance on how to improve processes.</p> <p>Circular learning also happens in Childrens Services. Staffing issues are addressed by supervision. The person dealing with complaint could pass on any staffing issues to the relevant line manager.</p> <p>Some of the complaints received are not only in respect of internal services but relate to commissioned or contracted services. Those themes would mean that a different response would be required such as following a contract management approach and a corrective action plan where it relates to an individual contract to understand root causes and put responses in place.</p>
<p>We learn from our mistakes and that is very important. Once a Stage 2 investigation has been completed, and upon receipt of the report the Director of Social Services will prepare a letter to be sent with the report to the complainant. What is the acceptable timeframe for that.</p>	<p>The guidance does not stipulate, it states that investigations need to be completed within 25 days as well as the covering letter prepared but there is no timeframe for the letter to be prepared and sent with the final report. This can take up to 20 working days currently and we are trying to improve on that.</p>
<p>How many investigation reports have not been published currently.</p>	<p>There are two waiting to be signed off by the Director currently.</p>
<p>With regard to the table on page 10 – it refers to some issues taking 41+ days which can be much longer than this. What is the breakdown on this figure. Why is it 41+ days</p>	<p>Not certain why 41+ days for a Stage 2 investigation as some can take considerably longer than that.</p>
<p>25 days for an investigation and possibly a further 20 working days for a letter to be drafted. Who would draft the letter and why does it take so long after an investigation is completed.</p>	<p>This is usually a joint role between the complaints officer and the Director. The timeframes are due to pressures on the service.</p> <p>Under the regulations we have to keep people advised and the service has to seek permission for extensions of time which need to be agreed with the complainant.</p>

<p>In relation to the tables on pages 10 and 11 - response times (to receipt and acknowledge). On both tables the percentage non receipted is quite significant. What is the rationale for acknowledgements not being sent as communication is key and if we are not acknowledging receipt of correspondence does this lead to further complaints of dissatisfaction.</p>	<p>Under the regulations we have to acknowledge receipt of a complaint in 2 working days. The complaints officer will discuss the complaint with the complainant at the first point of contact and sometimes the issue can be resolved then can be completed at that point so there is no requirement to receipt or acknowledge. There is a need for more explanation in the report about the rationale why some complaints do not need to be acknowledged under the guidance because they were dealt with at the point of contact.</p> <p>When acknowledgements are made in accordance with the regulations the investigating officer should be appointed at the same time, which adds a level of complexity as it is not always possible to get the person required to undertake the investigation. The issue of acknowledgements will be discussed with the complaints officer and future reports will explain why things were not acknowledged or receipted within a set time.</p>
<p>Section 4.8 – regarding complaints upheld. The Council was fined £1000 following a complaint to the Ombudsman. There is no information in the report about how many cases passed Stage 2 were referred to the Ombudsman. What are the additional costs and impacts / consequences on the Council or Service.</p>	<p>This information can be included in future reports.</p>
<p>Historically the Council has been fined for the length of time taken to investigate. How do we make sure we do not have these fines again going forwards.</p>	<p>There have been no such fines in the last 18 months. We need to look at this on a case by case basis and ensure that things are done quickly within the timeframes so that fines and compensation payments are not incurred.</p>
<p>Section 4.14 – charts. None of the figures add up to 100% (time taken to respond).</p> <p>We have had a response about timescales for dealing with elements of Stage 1 and 2 complaints, but there is nothing in the detail about how long it would take to complete an informal</p>	<p>This is noted and this will be reviewed to see if this information can be made more explicit next year.</p>

<p>resolution. It would be useful to have more information about how long it took to complete Stage 1 and 2 complaints.</p>	
<p>There is no detail in the action plan about how we improve communication with service users. There are also no KPIs (key performance indicators) in the action plan to measure against or benchmarking information to make comparison with other Councils.</p>	<p>KPIs are agreed as a team which can be included in future reports.</p>
<p>Section 6.3 – in relation to the monthly meeting to discuss closed complaints from the previous month. The Committee used to undertake Laming visits. Could Members of the Committee attend these monthly meetings as observers. (1 or 2 Members only)</p>	<p>This can be arranged as it would show Members some of the complexity of what the services are dealing with.</p>
<p>Is there any advice from officers to Members about whether Welsh Government can be asked what they are doing about dementia issues which have been highlighted nationally and any plans they have to address the issue.</p>	<p>The Chair suggested that this be discussed in the reflective session following the meeting.</p>

Outcomes:

Scrutiny made the following observations:

<p>(A) The Committee was informed that:</p> <ul style="list-style-type: none"> • Emphasis was on the early resolution of complaints; • There had been delays in the completion of reports due to pressures on Services; • Services follow the Welsh Government Guide on handling complaints and compliments (2014)
<p>(B) The Committee welcomed that:</p> <ul style="list-style-type: none"> • The level of complaints had reduced from 2017 to 2022 and there were no active Ombudsman investigations currently; • The Services undertake continual learning and seek to make improvements following reviews of complaints (such as looking at themes, training and practice required within a Service) with many complaints being resolved informally; • The main focus of improvement was related to acknowledgements and Stage 2 complaints; • The feedback loop between the complaints team and the individual Services had improved; • That a request had been made to extend the administrative support available to the complaints team; • The numbers of compliments are increasing.
<p>(C) The Committee expressed concern regarding the delays in sending respondents out to complainants following the completion of an investigation;</p>

(D) The Committee recommended that for future Complaints, Compliments and Representations reports:

1. The 2017-2022 chart showing numbers of complaints comparing Adults and Childrens, to be split up year on year so that it is possible to bench mark whether there are any spikes or trends in either service.
2. For further detail to be provided in example narratives and / or pie charts if possible, to show the more specific themes within the more wider complaint themes e.g. themes within 'staff issues' and 'quality of service'.
3. Regarding the charts under 4.15 on time taken from receipt to completion:
 - (a) A line to be included (or explanation in the narrative) to provide the information on those complaints which are resolved upon being submitted and so do not require any further response of receipt or acknowledgement.
 - (b) A breakdown to be provided for the 41+ days line to show more accurately how long some complaints are in our systems before being closed
4. The inclusion within the annual report of the cost impact to the service following the complaints being upheld or partially upheld (including cost of action taken to remedy, sums paid to service users and/or penalties given by Ombudsman as a global figure)
5. The inclusion of extra explanation regarding the time it takes to complete the stage 1 investigation should the stage 1 lead on to a stage 2 investigation and then the times it takes to complete a stage 2 investigation. (Section 4.14)
6. The inclusion of data from any complaint system KPIs used by the service.
7. The inclusion of any complaint data comparisons with other Local Authorities.

(E) General Recommendations

1. Scrutiny requests that two members attend the monthly meeting which takes place to review closed complaints.
2. Scrutiny requests an assurance from the service that where complaint investigations exceed the required timeframes and there are delays in finalising the letters out to complainants, that clear explanatory holding responses are sent to complainants. Scrutiny requests site of an example of such a response.
3. Scrutiny has considered the responses given during the session regarding how any lessons learned from either complaints or compliments are fed back to the relevant service in order to make improvements and/or remedy the complaint. Scrutiny is particularly concerned about how the process captures necessary learning when a complaint investigation could take considerable time (especially if staff involved may have changed since the relevant incident or issue). Scrutiny was informed that in some circumstances, particularly for complex complaints which are multifaceted, there can be an action plan put in place in order to ensure the service reflects and learns from what has happened. Within this in mind, Scrutiny requests sight of the following:

- (a) example action plans put in place and an example anonymised complaint case file of a complex / multifaceted complaint.
 - (b) any policies which set out to those who review complaint / enquiry / compliment communications on how to respond to complaint / enquiry and how to feed on to other relevant officers
 - (c) any document which sets out when the service will put an action plan in place
 - (d) example emails on to relevant team leader showing feedback loop in place
4. A copy of the following information:
- (a) information provided to service users about how the complaints process works
 - (b) Welsh Government Guide on handling complaints and compliments (2014)

The reasoning for these requests is for Scrutiny Members to review this information to assess whether it will make any further recommendations in this area.

Scrutiny's Recommendations to Cabinet

- 1 That the inclusion of additional information in future reports set out in Section (D) above be approved.**
- 2 That the recommendations set out in Section E 1 to E4 above be approved.**

6. WORK PROGRAMME

The Committee noted the schedule of meetings as set out on the agenda.

The Committee was advised that consideration of the Quarter 2 Performance report was being delayed to the meeting in December. It was suggested that the Draft Safeguarding Policy was provisionally scheduled for the next meeting. The Chair indicated that she wanted further discussions with Senior Officers regarding at which committees this document was considered. The Chair also questioned the position regarding the Direct Payments report and the Scrutiny Manager advised that this was with the Service for further consideration. The Chair further suggested that discharges from hospital could be an issue for consideration at the next meetings.

County Councillor A Jenner (Chair)

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