

APPENDIX 1 - Complaints Action Plan – 18/19

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
FINANCIAL					
Information about financial assessment process and potential client contribution reportedly not properly conveyed	<ul style="list-style-type: none"> Improved recording of information given on financial assessment and charges 	<ul style="list-style-type: none"> Financial assessment case note implemented in 2016/17. Forms introduced to be signed by service user/financial representative (JAD only) Compliance with completion monitored by: <ul style="list-style-type: none"> Monthly performance reporting 1-1 supervision 	<ul style="list-style-type: none"> All 	Ongoing	Case note to continue to be used to record information on advice and guidance given, including date. Ensure form signed by service user. Senior management to meet with individuals where case note recording identified as an ongoing concern. Implement in the new care management system
The half hour charge in relation to frustrated visits.	<ul style="list-style-type: none"> Information to service users and their financial representatives needs to be clear that liability to charging for such visits will remain. 	<ul style="list-style-type: none"> Updated charging policy –need to implement changes and make sure all are clear. 	<ul style="list-style-type: none"> Care Management, Brokerage and Financial Assessment and Benefits. 	March 2020	Non-Residential Charging Policy is being reviewed and consulted on in 2019/20 for implementation by April 2020
Changes in provision (or funding body ¹) need to identify where there are financial implications and that these are communicated	<ul style="list-style-type: none"> That financial implications are clear for service users and their financial representatives where there is a change of service 	<ul style="list-style-type: none"> Assessments needs to be completed with budget information Financial assessments need to be undertaken following change in provision, including where the funding body changes 	Adult Social Care	Ongoing	Adult Social Care need to ensure when multi-disciplinary team is completing an assessment that they give financial information and document accordingly.

¹ This includes where the funding body changes from the council to the NHS for example

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COMPLAINTS					
Percentage of complaints responded to within timescales needs to improve	<ul style="list-style-type: none"> Response times require improvement 	<ul style="list-style-type: none"> Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. Noted that NHS timescales for response are longer than 20 days. Commissioning to support Complaints Team in getting information from external social care providers back within timescale Raise the profile of Complaints and the learning opportunities presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events). 	<ul style="list-style-type: none"> All Head of Integrated Care Head of Joint Commissioning Unit Complaints Manager	Ongoing	<p>Quarterly presentation to senior management team on complaints performance.</p> <p>Head of Integrated Care reviews all members enquiries weekly to ensure response within timescale.</p> <p>Improved engagement with providers and other agencies is ongoing.</p>
Resources	<ul style="list-style-type: none"> Resources need to be sufficient to ensure timely responses to complaints and that there is sufficient capacity to ensure process is robust. 	<ul style="list-style-type: none"> Senior Management have identified resource issues within the team that has led to a lack of resilience. This has been addressed through deployment of temporary resources with permanent recruitment underway. 	<ul style="list-style-type: none"> Business Management 	July 2019	January 2020
ASSESSMENTS/REVIEWS/ACCESSIBLE INFORMATION					
Assessments/ Reviews need to be completed appropriately with budget information, relevant signatures, clear recording showing start and	<ul style="list-style-type: none"> Assessments need to be completed to ensure compliance with Care Act 	<ul style="list-style-type: none"> Monitoring and authorisation of assessments –this should be picked up via new social care system 	<ul style="list-style-type: none"> ASC 	Ongoing	<p>March 2021.</p> <p>The new Care Management System (Liquid Logic) will go live for ASC in Autumn 2019. It is anticipated this will support improved recording</p>

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end dates of provision.					
Lack of accessible information about adult social care more generally leading to complaints about level of service / incorrect information	<ul style="list-style-type: none"> Reviewing information to ensure it is available and accessible, and provided to people in timely fashion 	<ul style="list-style-type: none"> Locality model under review New arrangements at adult social care 'front door' being planned, with strengthened information and advice provision planned at first point of contact. 	<ul style="list-style-type: none"> Head of Integrated Care Head of Joint Commissioning Unit 	<p>March 2020 and ongoing</p> <p>Better Living implemented February 2018 and for relaunch February 2020</p>	Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.
EXTERNAL PROVIDERS					
Quality and level of service received from commissioned providers continue to be affected by recruitment and retention of front line care and support staff		<ul style="list-style-type: none"> Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market. Attendance at Provider Forums. 	<ul style="list-style-type: none"> Head of Joint Commissioning Unit. 	Ongoing	Engagement with care home providers: "Working with Care Homes to Understand Costs"
Home care charges need to be ratified when charging for services	<ul style="list-style-type: none"> Confidence that invoices reflect actual delivery 	<ul style="list-style-type: none"> Brokerage to ensure that invoices provide evidence of actual service delivery 	<ul style="list-style-type: none"> Brokerage Team 	Ongoing	New Active Homecare Framework established January 2017. Improved use of CM2000 by providers on the framework

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COMMUNICATION					
Poor Communication	<ul style="list-style-type: none"> • Communication between teams i.e. finance and care management needs improving to ensure changes that have financial implications are actioned in timely manner. • Clarification when case is closed to an individual rather than the service. • Messages taken need to be clear and concise and referred on in a timely manner. 	<ul style="list-style-type: none"> • Service management to pick up with teams and raise in team meetings, 121s etc. 	<ul style="list-style-type: none"> • All 	Ongoing	
ACTIONS YET TO BE REVIEWED					
Respite arrangements via direct payments	<ul style="list-style-type: none"> • Providers need to have clear information of how direct payments should be treated for respite to ensure correct charging levels. 	<ul style="list-style-type: none"> • Joint Commissioning Unit to review arrangements 	Joint Commissioning Unit	Dec 2019	April 2020
Contracts not being signed for top-up arrangements	<ul style="list-style-type: none"> • Contracts should be signed to ensure compliance with top-up fee arrangements. 	<ul style="list-style-type: none"> • A project to review top up arrangements is underway to be completed by April 2020. 	<ul style="list-style-type: none"> • Joint Commissioning Unit 	April 2020	Sept 2020