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## **Annex 5**

# York Advocacy Reporting Information

Quarterly April 2015 – September 2015



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### **Quarterly Reporting Periods 2015-2016**

The purpose of this report is to highlight the demand, advocacy issues and themes across the three main services in the first two quarters of the reporting period 2015-2016.

#### **Care Act Advocacy Service**

Care Act Advocacy in the City of York was implemented in April 2015 and is delivered in partnership by the Care Act Advocacy Partnership York (CAAPY) which includes York Advocacy (lead partner), Older Citizens Advocacy York (OCAY), Cloverleaf, Age UK York and York Carers Centre.

The Care Act Advocacy contract is commissioned as pilot project from 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016.

#### **Reporting Period 01.04.15 – 30.06.15**

<b>Activity</b>	<b>Total Number</b>
New cases opened	<b>17</b>
Cases closed	<b>6</b>
Cases remaining open at quarter end	<b>11</b>

#### **Area of Need**

<b>Area of Need</b>	<b>Number of Cases</b>
Info & Advice	<b>0</b>
Assessment	<b>7</b>
Review	<b>1</b>
Safeguarding	<b>7</b>
Financial*	<b>1</b>
Hospital Discharge	<b>1</b>

#### **Reporting Period 01.07.15 – 30.09.15**

<b>Activity</b>	<b>Total Number</b>
Cases carried over from previous reporting periods	<b>11</b>
New cases opened	<b>15</b>
Cases closed	<b>8</b>
Cases remaining open at quarter end	<b>18</b>



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### Area of Need

Area of Need	Number of Cases
Info & Advice	0
Assessment	2
Review	3
Safeguarding	9
Financial*	0
Hospital Discharge	1

### NHS Complaints Advocacy

#### Terminology

**Ongoing cases** relates to cases where complainants meet the additional need criteria and have been allocated an advocate.

**One-off enquiries** are where complainants are provided with an information pack and have access to an advocate via telephone or email support only and do not meet the additional need criteria.

#### Reporting Period 01.04.15 – 30.06.15

Activity	Total Number
Cases carried over from previous reporting periods	13
New cases opened (ongoing cases)	8
One-off enquiries (not included in new cases opened or closed)	10
Cases closed (ongoing cases)	11
Cases remaining open at quarter end	10

In Q1 the waiting list implemented in October 2014 had been cleared. This meant that new clients accessing the service had much reduced waiting times before being allocated to an advocate.

Not having a waiting list also meant the service could be more flexible and responsive around complainants accessing the service who did not have an additional need or barrier to making a complaint.



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### **Reporting Period 01.07.15 – 30.09.15**

<b>Activity</b>	<b>Total Number</b>
Cases carried over from previous reporting periods	<b>10</b>
New cases opened (ongoing cases)	<b>5</b>
One-off enquiries (not included in new cases opened or closed)	<b>11</b>
Cases closed (ongoing cases)	<b>4</b>
Cases remaining open at quarter end	<b>11</b>

### **Issues**

Issues which impacted on the NHS advocacy service and complainants has not changed from 2014-2015. However, it's been noted that the complaints handling within Leeds York Partnership Foundation Trust (LYPFT) remained very poor and that the complaints process in York Hospital Trust was less efficient in some cases. For example longer timescales in arranging Local Resolution Meetings (LRM) and cancellations of LRM's

The impending change in mental health service provider from 1<sup>st</sup> October 2015 further impacted the complaints process and responses.

### **Parliamentary and Health Service Ombudsmen (PHSO)**

The PHSO are still clearing the backlog of complaints and aim to have cleared this by January 2016. However, any new complaints received will not be added to the waiting list and will be processed.

They have recruited more staff to deal with increased demand and the waiting list.

They have made improvements to their service model and are developing an online portal which will enable clients and other professionals to see the progress of their case online. This hasn't been made live yet. The PHSO have also created a list of advocacy complaints services to encourage a better relationship between the PHSO and advocacy providers.

### **Case Examples**

- Serious Incident Investigation. Patient provided with a few weeks of medication on discharge, which resulted in serious overdose.
- Loss of a deceased person's body.
- There were several cases where clients were unhappy with information stored in their medical notes and required support to complain and request amendments.



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- Poor care and treatment at a local hospital resulting in patient suffering injuries whilst in hospital.
- Lack of engagement between hospital staff and family carers, resulting in health concerns being overlooked by medical professionals.
- Challenge to medical diagnosis. Client unable to access formal NHS Diagnosis and access medication for health condition.

### **Collaborative Working**

Both LYPFT and the Patient Experience Team (PET) at York and District Hospital communicated a commitment to ensuring complaints are resolved in a responsive and timely manner.

A staff member from York Hospital, PET also attended an Advocacy Team Meeting in April 2015. The team contributed to the development of our Frequently Asked Questions (FAQ's) which is included in our information pack. Leaflets in paper and electronic format were provided and the complaints information on York Hospitals' website was updated. In addition the PET updated their complaint acknowledgement letter and ensured their new "Your Experiences Matter" leaflet had the contact details of both the advocacy providers in York and North Yorkshire.

York Advocacy also met with Mental Health inpatient leads at Bootham Park hospital to discuss how informal concerns and issues raised by service-users accessing the general advocacy services can be feedback informally to mental health services in order to prevent issues escalating into formal complaints.

### **Future Developments**

From 1<sup>st</sup> October 2015 the new provider of mental health services will be Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) who will replace LYFPT. It is hoped this will improve complaints handling and complainant's experiences of mental health services in York.

TEWV's PALs team have made contact with York Advocacy and we have provided them with our information and hope to strengthen the relationship in the New Year.

### **Collaborative Working**

Following on from the invitation in February 2015, in May 2015 an Independent Complaints Advocacy Network (ICAN) was established. NHS Complaints Advocacy (NHSCA) providers across the country came together and identified key areas to work with commissioners, advocacy providers and the Local Government Association and Health Watch England with an aim of improving complaints advocacy nationally.

Key areas included:



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1. Enabling the NHSCA service to become better recognised and understood by the public and professionals
2. Establishing a common set of quality standards for NHSCA following on from the progress of HealthWatch England and their work in developing potential standards
3. For NHSCA providers to work together to develop and implement a common minimum data set and work with system partners to make use of this.
4. The value of there being a single up-to-date directory of NHSCA providers on a public facing website linked to local health organisations and others.

ICAN have developed shared practice guidance for commissioners and providers of Independent Health Complaint Advocacy Services (IHCAS). They are aiming to publish the guide on the LGA website by mid-December 2015, in time to inform the recommissioning of local IHCAS for 2016/17.

### **Mental Health Crisis Care Concordat**

York Advocacy have been attending local meetings in relation to the Mental Health Crisis Care Concordat and the co-production of crisis plans chaired by Jeff Wwhiley, Locality Team Manager. York Mind and York Advocacy have supported service-users with mental ill-health and learning disabilities to attend these meetings and informed other organisations of these meetings to ensure the process is fully inclusive.

We have fed back advocacy clients experiences around crisis planning and areas for learning and development.



## General Advocacy Service

### Reporting Period 01.04.15 – 30.06.15

Activity	Total Number
Cases carried over from previous reporting periods	<b>18</b>
New ongoing cases opened	<b>36</b>
One-off enquiries	<b>64</b>
Cases closed in total (including one-off and ongoing cases)	<b>96</b>
Cases remaining open at quarter end	<b>22</b>

The number of one-off enquiries are higher than usual due to the waiting list, as an increased number of one-off pieces of work were completed prior to placing people on the waiting list. For e.g. referral to services and signposting so there were no delays in people accessing other services related to their enquiry area for e.g. housing.

### Waiting List

A waiting list remained in place in Q1.

**41** people were placed on the waiting list between 1st April 2015 and 30th June 2015

**53** were taken off the waiting list between 1st April 2015 and 30th June 2015

Of the 53 removed from the waiting list **37** were allocated to an advocate, **3** did not respond to contact, **1** was signposted to another agency and **12** said they no longer required advocacy as their issue had been resolved either through their own efforts or by the referrals made at the initial point of contact.

**8** people remained on the waiting list on the 30th June 2015.





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### **Reporting Period 01.07.15 – 30.09.15**

<b>Activity</b>	<b>Total Number</b>
Cases carried over from previous reporting periods	<b>22</b>
New ongoing cases opened	<b>32</b>
One-off enquiries	<b>60</b>
Cases closed in total (including one-off and ongoing cases)	<b>98</b>
Cases remaining open at quarter end	<b>16</b>

### **Waiting List**

A waiting list was in place in Q2.

**39** people were placed on the waiting list between 1st July 2015 and 30th September 2015

**44** were taken off the waiting list between 1st July 2015 and 30th September 2015

Of the 44 removed from the waiting list **40** were allocated to an advocate, **2** were signposted to another agency and **2** said they no longer required advocacy as their issue had been resolved either through their own efforts or by the referrals made at the initial point of contact.

**3** people remained on the waiting list on the 1<sup>st</sup> October 2015.

The new approach to working on presenting issues at assessment has enabled work to be completed quickly and efficiently without the need for advocates to hold unmanageable caseloads.

The time people spend on the waiting list is between 2-3 weeks prior to allocation and sometimes less.