



Independent Complaints  
Advocacy Service



## ICAS ANNUAL REPORT 2006-2007

Registered Charity No. 1080679  
Company No. 3963421

South of England Advocacy Projects

## SOUTH OF ENGLAND ADVOCACY PROJECTS

**South of England Advocacy Projects (SEAP) is a Registered Charity and a Company Limited by Guarantee. It was formed in 2000, having taken over the management of three projects from a local Council for Voluntary Services.**

SEAP oversees the management of 4 projects/services across the South East and South West regions:

- *My Choice* (Adults with Learning Disabilities) – East Sussex
- *Xpress* (Children & Young People) – East Sussex
- ICAS (Independent Complaints Advocacy Service) – South East & South West Regions
- *Mental Health Advocacy Service* (Adults with Mental Health Issues) – East Sussex, West Berkshire & East Berkshire

The purpose of the organisation is to ensure that the experiences of those using health and social care services are promoted to service providers; and to provide advocacy support to individuals or groups who wish to resolve specific issues. It achieves this primarily in two ways:

- Advocates provide information, support and representation to clients relating to specific difficulties, concerns, or complaints
- The organisation works directly with service providers at local and national level, aiming to ensure that client experiences are at the heart of service planning, implementation and monitoring.

The organisation supports clients to be involved in local and national groups, and also provides a number of related services, including training, consultation exercises, and client-group specific services such as buddy schemes, independent visitor services and peer advocacy projects.

SEAP is committed to the central advocacy principles of independence, confidentiality, best interests, and empowerment. It believes that the views, wishes and feelings of clients should be central to both its own work, and the planning and delivery of health and social care services. SEAP staff are required to work to high standards of professionalism with both clients and service providers, building good working relationships with key stakeholders across all sectors whilst maintaining the core independence of the service.



## **INTRODUCTION FROM JILL MILES CHIEF EXECUTIVE, SOUTH OF ENGLAND ADVOCACY PROJECTS**

ICAS is the free, independent advocacy service that supports individuals who wish to make a complaint about any aspect of the treatment or care they receive from the National Health Service (NHS). It is a government initiative, funded by the Department of Health under its statutory duty to provide independent, impartial advocacy services to patients and users of the NHS (Section 12 Health and Social Care 2001). ICAS is delivered nationally by a number of independent advocacy providers.

Since its inception in 2003, ICAS has been provided in the South East by South of England Advocacy Projects (SEAP). We are a well-established voluntary sector organisation specialising in the development and delivery of client-centred advocacy services, with a track record in pioneering advocacy projects with marginalised client groups.

Last year we reported on our success in winning two further five-year contracts with the Department of Health for the continued provision of services in the South East and in an additional region – the South West.

2006/07, our first year of operations under the new contract with the Department of Health, has been a demanding and challenging year for the service and one that has been full of achievement. In the last year, SEAP ICAS has built from strong foundations to consolidate the service in the South East region of England, strengthening its relationships with local health providers and community-based groups, and building new relationships with stakeholders in the South West.

We have worked closely with the Department of Health to ensure that trends in client complaints and broad-based areas of concern are highlighted and inform changes to service development and delivery. We have also achieved high levels of recognition in operational excellence based on a demanding set of Key Performance Indicators.

Highlights and key achievements in the year have included:

- the provision of advocacy support to 1635 clients in the South East region and 1284 clients in the South West region,
- the development our service in 27 prisons in the South East region and the 14 prisons in the South West, and
- focused work on developing the service for people with mental health issues, including those in secure units.

As ever, none of this would have been possible without the continued excellence and dedication of our advocates and administrative staff and the support of the SEAP Board. I extend my thanks to those who worked tirelessly as part of the ICAS team, across both regions.

SEAP's ethos is firmly rooted in the belief that advocacy support can help people regain control of their lives, empowering them to self-advocate in the future. Advocates, with their competent and independent voice, can safeguard people's rights and get their concerns across; either by speaking on their behalf, or by supporting them to articulate their views for themselves.

We look forward to continuing to provide excellent advocacy services over the coming years, to strengthening our relationships with our stakeholders and to moving forward with our commitment to make the service more accessible to particularly vulnerable or harder to reach client groups.

Finally, I would like to extend thanks to those responsible for ICAS at the Department of Health, particularly Meredith Vivian, Anita Harris and Neil Smith. We are grateful for their support, encouragement and in particular for their commitment to hearing and acting on the views of service users, expressed through ICAS, to ensure NHS services continue to become more patient-centred.



Jill Miles  
Chief Executive

## A FORWARD LOOK FROM THE PROJECT DIRECTOR

This has been a year full of development for the ICAS service in the South East and South West of England. We have achieved our targets for dealing with new complaints and extended our service into prisons and secure units in both regions. We have also been awarded funding to go towards personal development and recognition for our staff under the Department of Health's High Performance Recognition Scheme.

But our achievements will not stop there: looking forward, we will be focusing on making our service more accessible to people with learning disabilities in 2007/08 and setting up a service user involvement project, to develop innovative ways of involving users in service planning and delivery.

We will be contributing to the national debate about how a single complaints process for health and social care can be most effectively designed and delivered, through the Department of Health's Making Experiences Count consultation.

In addition, we will be launching new resources and materials to help people who are sight or hearing impaired or whose first language is not English to make their voices heard through the NHS Complaints Process.

We will also use our resources effectively to ensure that, year on year, we are able to provide much needed advocacy support to a larger number and a wider range of people than ever.

All of this is underpinned by the dedication and hard work of our staff - team managers, advocates, administrators and support staff alike. A huge thank you to all of them for their contributions this year and in the future.

Philippa Thompson  
SEAP ICAS Project Director

## ICAS IN ACTION

**ICAS is the Independent Complaints Advocacy Service, commissioned by the Department of Health to give people support if they have a complaint regarding their National Health Service care or treatment.**

### **Committed**

The SEAP ICAS service is committed to supporting the development of a patient-led NHS, improving patient experiences with regard to their healthcare, and providing support to address and resolve complaints.

### **Accessible**

Our service is there for the whole community and can be accessed by telephone, e-mail, fax or in person. In 2006/07, we worked with other ICAS providers across the country to provide common format leaflets and promotional posters and we developed a DVD to provide visual, spoken word and sign language support to clients with hearing and sight impairments, as well as those whose first language is not English.

### **Quality service**

We provide a high quality service delivered by well trained and supported staff including:

- Self-help information – leaflets, website and a self-help pack for those who wish to self advocate.
- Assisted information – working with clients individually; helping them find the right course of action or pointing them towards other specialist support agencies.
- General support – directly assisting clients through the process e.g. writing letters and making calls on their behalf.
- Intensive casework – working in greater detail with those with really complex cases, those who may find it difficult to communicate or those who are coping with stress or traumas.
- Specialist help – we can allocate some cases to advocates with specialist skills, experience or training in areas such as mental health, children's rights, working with refugees etc and we can call on the services of lawyers trained in clinical negligence work.



## THE SCOPE OF OUR SERVICE

We provide advocacy and support at every stage of the NHS complaints process, from initial contact with Healthcare Trusts and other service providers, such as GPs, dentists and chiropodists, through to investigation by the Healthcare Commission and adjudication by the Health Ombudsman service. We have focused development work on offering our services to groups who may have found it hard or impossible to get their complaints and concerns listened to previously – for example, prisoners and those in forensic secure units.

## ICAS ACROSS THE SOUTH OF ENGLAND

In April 2006, we managed a major expansion in the geographic area served by SEAP ICAS. Previously covering only the South East (outside of London) we now provide ICAS services in the South West of England too. We have locality offices in Aylesbury, Basingstoke, Tunbridge Wells, Trowbridge, Taunton and Liskeard. Each locality office has a team of advocates with excellent local knowledge and contacts. Our South East regional office is in Hastings and our South West regional office, in Trowbridge.



## SPECIALIST OUTREACH WORK

### WORKING IN PRISONS:

In 2006/07, our Specialist Outreach co-ordinators developed our service in, and specialist support materials for, the 27 prisons in the South East region and the 14 prisons in the South West. Our advocates can now provide a comprehensive ICAS service in prisons, including face-to-face advocacy support for prisoners. We have worked with healthcare and security staff in prisons to provide local training for ICAS advocates – for example, at HMP Shepton Mallet and HMP Rochester. Good links have been made with the prison health Care Services Improvement Partnership (CSIP), lead consultants for Health and Social Care in the criminal justice system and prison health development managers.

### SPECIALIST SUPPORT – MENTAL HEALTH:

We have focused work this year on making the service accessible to people with mental health issues. In Secure Units, Clinical Managers have been welcoming and links have been made with local generic mental health advocacy groups working within them. ICAS teams are familiar with these local advocacy groups and are developing positive working relationships with them to enable and enhance referrals and quality of service to individual clients. Working within a partnership approach with key stakeholders in Mental Health Trusts, Forensic Teams, Mental Health Advocacy Services and Mental Health Commissioners, we have increased knowledge and understanding of the ICAS advocate's role in supporting people with mental health issues both in secure units and in communities.

### PRISON CASE STUDY

Client A, a long serving prisoner, had a longstanding diagnosis of Tourette's Syndrome. His own doctor had previously prescribed a specific drug to help stabilise his condition. The prison doctor refused to accept the diagnosis or continue the medication. The client contacted ICAS for help and support. At a Local Resolution Meeting (LRM) in the prison, with support from an ICAS Advocate, the client was able to reach a compromise to refer the case to the local Primary Care Trust's prescribing panel, which confirmed the original diagnosis and reinstated Client A's medication. Client A also received a full written apology from the Trust.

## NETWORKING

A vital and growing element of our work has been our effort to develop better and more productive links with those involved with patients and service users within the NHS – PALS, Patient and Public Involvement leads and complaints managers - and with those voluntary sector organisations supporting people with health issues in the community. Our teams have developed and implemented comprehensive networking plans to guide this work and these have been updated and refined over the year.

### Key Stakeholders

Although we are totally independent of any health provider or Trust, we work actively to ensure that we link constructively with NHS staff. In 2006 – 2007, we held a series of successful stakeholder events for and with NHS service providers at:

- Plymouth
- Aylesbury
- Devizes
- Tonbridge
- Bath
- Redhill
- Shepton Mallet
- Basingstoke
- Yeovil
- Brighton
- Blandford

We also increased our efforts to regularly attend PPI (Patient & Public Involvement) public meetings and to have a presence at regional PALS network meetings.

**"We are happy to work with ICAS knowing that complainants will be well supported and well signposted"**

NHS service provider

**" Having ICAS at our local network meetings has had a positive impact in terms of cross referral of cases"**

Thames Valley PALS

### VOLUNTARY SECTOR PARTNERSHIPS

During 2006 – 2007, our local teams also forged partnerships with a broad range of voluntary sector organisations from local mental health advocacy groups to organisations supporting youth offenders. We visited and presented information about ICAS to many of these organisations and we have built links that will ensure a long term flow of referrals to our service.

### CASE STUDY

A mother approached us for help after her little boy, at 2 years old, had developed streptococcal meningitis resulting in extensive ischaemic injury. He could not walk or communicate, needed one-to-one care and was suffering up to 20 epileptic fits a day. At the time, it was agreed he would have a 3 - 6 month program for rehabilitation, depending on progress.

However, after 3 months the Primary Care Trust (PCT) indicated that they intended to remove the funding and discharge the boy back to his family home. At a review meeting in December 2006, the PCT decided not to continue with the funding which meant that the child would have to leave the unit before Christmas. The rehabilitation unit said the child was still making progress and that he had just started to communicate by shaking and nodding his head. He was starting to wave goodbye and could recognise his mother. It was agreed that the period would be extended until early January, as Christmas was looming, but then he would be discharged to the local hospital and their discharge package would be completed.

The little boy's mother approached ICAS for help and support in making a complaint and to negotiate with the Trust over the access to rehabilitation treatment. She was allocated an advocate to work with her.

After discussing the points to be put forward in great detail with the client, an appeal meeting was held which the client and the advocate attended. The client explained about the 3 - 6 month programme, the fact that her son had just started communicating and showed the board the assessments carried out by Social Services and the rehabilitation unit, recommending that the child should stay where he was to complete the programme. She was also able to explain, for the first time, all of the associated difficulties that the family would face if he was discharged too early.

As a result, the PCT agreed funding for a further 3 months until April 2007 and then a move to transitional living for the child with visits home to enable a stepped discharge so the family and the child could adjust to the change. It was a successful outcome for the whole family.

ICAS Advocate, Trowbridge

## FACTS AND FIGURES

### KEY FACTS AND FIGURES SOUTH EAST REGION

Primary Care Trusts	15
NHS Trusts	36
Foundation Trusts	3
Prisons	28
Population size (region)	8.5 million*

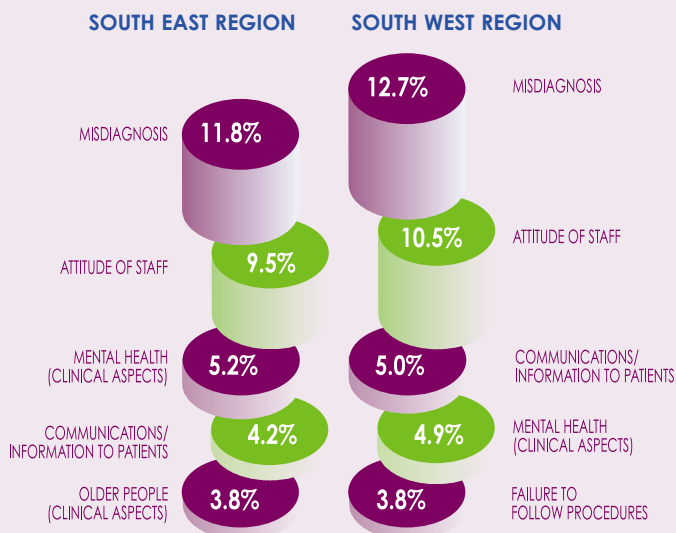
### KEY FACTS AND FIGURES SOUTH WEST REGION

Primary Care Trusts	14
NHS Trusts	19
Foundation Trusts	2
Prisons	14
Population size:	5 million*

### COMPLAINTS DATA: 1ST APRIL 2006-31 MARCH 2007 (AS AT 31 MARCH 2007)

	South East	South West
Open cases on 31 March 2006	1319	-
Total new complaints	1635	1284
Total grievances	1758	1433
Total complaints closed	1448	909
Number of complaints from prisoners	23	12

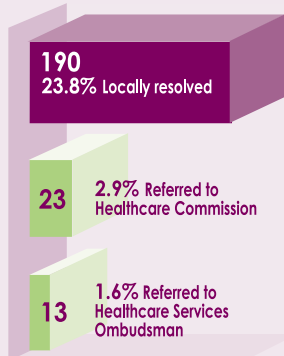
### NATURE OF GRIEVANCE (%)\*\*



### RESOLUTION

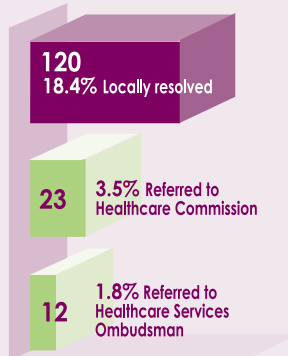
#### SOUTH EAST REGION

Of the complaints closed in 2006/2007, 800 (55.2%) involved in-depth casework and we were able to assist resolution or referral in nearly half of those cases.

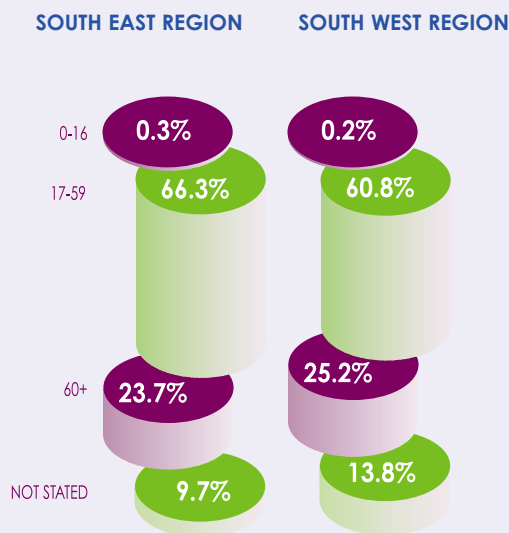


#### SOUTH WEST REGION

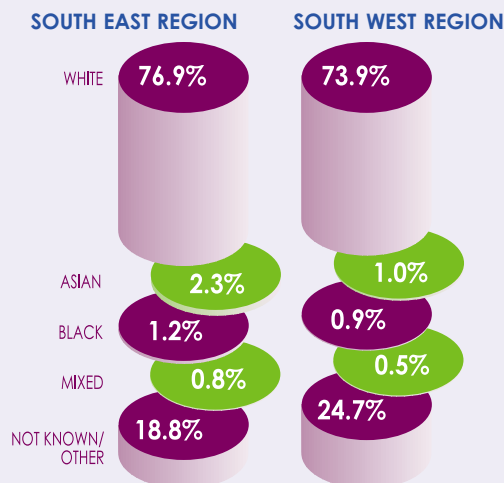
653 (71.8%) involved in-depth casework and we were able to assist resolution or referral as follows:



### EQUALITY MONITORING - AGE



### EQUALITY MONITORING - ETHNICITY



\* Source: [www.go-se.gov.uk](http://www.go-se.gov.uk) \*\* These categories have changed in 2006/07 and represent top five grievances

## TRAINING FOR QUALITY AND SUCCESS

SEAP ICAS has an ongoing commitment to providing high quality training for its staff. All new staff undergo our Basic Advocacy Course as part of their induction and all advocates receive an Advocacy Refresher Course after a period in post. Throughout the year a variety of specialised courses are provided for staff at national, regional and local levels depending on training needs communicated or identified. The almost constant reorganisations occurring in the NHS and other structural and procedural changes mean that we need to ensure our staff are always up to date with their knowledge of the organisations that our clients need to deal with.

SEAP ICAS is also committed to the ongoing personal development of its staff.

### During 2006 – 2007, the training courses offered to SEAP ICAS staff included:

- Mental Health
- Learning Disabilities
- Older People
- Data Protection & Freedom of Information
- Supervision skills
- Appraisal Skills
- Prison work
- Working with suicidal clients
- Duty of care for offenders
- Continuing care
- Bereavement



#### My ICAS Advocate:

"My advocate put into words how I was feeling and made me feel safe to complain."

#### My ICAS Advocate:

"My advocate was always reliable and knowledgeable about the events – no other person could do better."

#### My ICAS Advocate:

"My advocate was very honest and realistic about possible outcomes."

#### My ICAS Advocate:

"I would never have got through the process without the support of my ICAS advocate."

## MEASURES OF SUCCESS – KEY PERFORMANCE INDICATORS

- Improved Accessibility – we have produced ICAS banner stands for use at stakeholder events and we have published the ICAS information leaflet in a range of minority languages. We have achieved the 3A accessibility standard for our website. We are working closely with our ICAS colleagues nationally to review the Self Help Information Pack (SHIP) and to produce a DVD, which will enable access to information about SEAP, ICAS and the SHIP in visual and spoken word formats. Both are on target for launch in mid 2007.
- Supervision and Support for Advocates – monthly supervisions and group supervisions (peer group reviews) take place regularly in each of the offices in the South East and South West and KPI targets in this area are being exceeded.
- Increased Training and Development Opportunities – see above.
- Confidentiality – all decisions to breach confidentiality have adhered to the SEAP policy and procedures on confidentiality.
- Independence – there has been an 18% increase in the number of referrals from hard to reach client groups.
- Partnership – we have established regular networking meetings with NHS stakeholders in the region and received excellent feedback on the initiative so far.
- Empowerment – client empowerment is demonstrated in the steady increase of clients taking forward complaints after receipt of the Self Help Information Pack and reporting that they feel more able to take forward complaints in the future after receiving help and support from an advocate .
- Implementation of Quality Standards – we have carried out ICAS wide consultation on key areas and priorities for organisational improvement, working with the European Framework for Quality Management. This work will be taken forward in 2007/08.

## EVALUATION AND FEEDBACK

The needs and wishes of our clients have always been fundamental to the way SEAP ICAS delivers its service and we strive to respond positively to both praise and criticism. All of our stakeholders have the opportunity to make their voices heard; and we do listen. Information sources include our clients (via evaluation forms and sometimes complaints), those we work with in the NHS (via events, forums and ongoing contacts), the voluntary sector (via meetings in the wider community), and Patient and Public Involvement Forums. Our complaints policy is clear and accessible and we always take criticism of our staff or work very seriously.

In 2006/07, we received 12 formal complaints about our service. We worked with all those involved to resolve the issues and, where appropriate, put organisational learning resulting from the complaints into practice.

We are proactive in inviting clients to feed back their views of our service back to us once their case is coming to a close and their views do help shape our services. Below are some of the positive responses we received during 2006 – 2007:

"ICAS is a valuable service and I hope it is supported so others can benefit."

"Wonderful to have someone believe us and want to help us."

"I feel my complaint was taken more seriously as I had backup from ICAS."

"I believe your service is vital. Without your support I think I would have had a breakdown."

"My advocate was extremely helpful, considerate and understanding."

"It was important to have someone I could talk to who wasn't emotionally involved."

**INCOME AND EXPENDITURE ACCOUNT TO 31 MARCH 2007**

	<b>2007</b>	<b>2006</b>
	<b>£</b>	<b>£</b>
<b>Income</b>		
Grants	3,206,086	1,560,159
Donations	30	33
Interest	-	15,860
<b>Total Income</b>	<b>3,206,116</b>	<b>1,576,052</b>
<b>Expenditure</b>		
Recruitment	25,800	23,432
Salaries & agency staff	1,674,171	1,044,365
Rent & service charges	172,274	145,095
Staff travel	74,731	57,550
Staff training	39,569	26,026
Volunteer travel	87	25
Publicity	3,184	2,487
Telephones & fax	39,448	30,154
Postage	19,457	7,794
Photocopying	2,065	1,188
Stationery	38,600	26,677
Publications & subscription	5,080	1,918
Computers	67,674	46,696
Office equipment	29,357	15,012
Meetings & conferences	3,172	6,136
Special resources	1,640	5,958
Professional fees	87,328	43,045
Depreciation	13,122	9,880
SEAP charity admin, salaries, supervision salaries and training	315,768	242,815
<b>Total Expenditure</b>	<b>2,612,528</b>	<b>1,736,253</b>
<b>Surplus (Deficit)</b>	<b>593,588</b>	<b>(160,201)</b>
<b>Balances 1 April 2006</b>	<b>280,176</b>	<b>440,377</b>
<b>Transferred to designated funds</b>	<b>(280,176)</b>	
<b>Balances 31 March 2007</b>	<b>593,588</b>	<b>280,176</b>

**BALANCE SHEET AS AT 31 MARCH 2007**

	<b>2007</b>	<b>2006</b>
<b>Fixed Assets</b>		
<b>Tangible assets:</b>		
Cost at 1 April 2006	101,640	
Additions	40,809	
	<hr/>	
Cost at 31 March 2007		142,449
<b>Less Depreciation</b>		
Depreciation at 1 April 2006	101,640	91,760
Provided in the year	13,122	9,880
	<hr/>	<hr/>
Depreciation at 31 March 2007		114,762
		<hr/>
Net Book Value at 31 March 2007		27,687
<b>Current Assets</b>		
Debtors	12,054	93,721
Cash at bank and in hand	17,096	(36,101)
Cash on deposit	623,150	365,001
	<hr/>	<hr/>
	652,150	422,621
<b>Creditors: amounts falling due within one year:</b>	(86,249)	(142,445)
<b>Net current assets</b>		565,901
<b>Net assets</b>		593,588
<b>Represented by</b>		
Restricted funds:		
Independent Complaints Advocacy Service		593,588

The enclosed Income and Expenditure Account and Balance Sheet have not been audited and are for the Independent Complaints Advocacy Service only. The figures have been extracted from the audited Financial Statements of South of England Advocacy Projects for the year ended 31 March 2007 which received an unqualified audit opinion and were approved by the Trustees on 13 July 2007. A copy of these are available from The Advocacy Centre, 42 Robertson Street, Hastings, TN34 1HL.



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