

Humber and North Yorkshire ICB Experience of our Population Annual Report

(previously the Patient/ Service User Experience Reports)

1st April 2022 - 31st March 2023

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1.0 Introduction

The ICB is committed to high quality care for all as a core principle of its vision and purpose. This includes the provision for any user of the organisation, their family, carers, or members of the public, to seek advice, raise concerns or make a complaint, about any of the services it commissions, provides or policies and procedures it has developed and implemented.

The Humber and North Yorkshire ICB became a statutory organisation on the 1 July 2022 with place based Clinical Commissioning Groups (CCG's) being abolished. The delivery of the experience function has continued within each of the Health and Care Partnership areas during the 2022/2023 period however, latterly the teams have started to work together as one. This aggregated report therefore reflects the direction of travel for the function and team and is in keeping with the Integrated Care Systems values of coming together to deliver joined up services.

This is the first aggregated Experience of our Population Annual Report across the Humber and North Yorkshire ICB and includes experience data from the following Health and Care Partnerships (H&CP):

• East Riding of Yorkshire (ERY)

Hull

North Lincolnshire (NL)

North East Lincolnshire (NEL)

North Yorkshire

York

2. 0 Background

All commissioners and providers of NHS and Adult Social Care services adhere to 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.' Under these regulations, complainants can raise a complaint or concern to either the provider or the commissioner – The ICS - of the service. This report therefore relates to contact received and managed as the 'commissioner.' The same Regulations state that organisations have a statutory duty to record and report:

- The number of complaints received
- The number that were well founded
- The number referred to the Ombudsman (Parliamentary and Health Service Ombudsman (PHSO) and the Local Government and Social Care Ombudsman (LGSCO))
- The subject matter of complaints
- Matters of importance arising from the complaints or handling thereof
- Action taken, or being taken, to improve services as a result of complaints received

This report provides information in line with our statutory requirements but aims to highlight the voice of our people that is gained through the Experience function.

It should be noted that the data in this report is based on the contact received as the commissioner. Providers also have their own teams and processes for the public to access and therefore the numbers being presented will be small and should be considered proportionately. During 2023/2024, the team endeavour to work collaboratively with ICB quality teams to establish processes for the collection of provider complaints data. This will enable comprehensive oversight of the intelligence being received through the respective functions (both commissioner and provider led).

3.0 Executive Summary

All 6 Places within the Humber and North Yorkshire had robust systems in place to deliver the experience function to their patients, service users, families and carers. As the teams and function have started to work together over the last few months, work has begun to align practice and process in order to ensure that our population are receiving a consistent experience offer.

The below table shows the total number of new complaints the Experience Team have assisted with, for the financial year 2022/23

Contact Type	North Yorkshire	York	Hull	East Riding of Yorkshire	North Lincolnshire	North East Lincolnshire	Total
Formal Complaint	21	23	10	20	13	34*	121
Concern	97	184	140	222	38	425*	1106
Comment	0	11	29	0	14	0	54
Compliment	1	10	11	11	4	45	82
Enquiry	127	104	132	0	52	0	415
MP	35	18	50	19	50	9	162
Total	281	349	372	253	171	513	1940

^{*}Inclusive of both health care and Adult Social Care

NEL have a higher number of complaints in comparison to the other HNY ICB areas, however, these do include both health care (14) and Social Care (20) complaints.

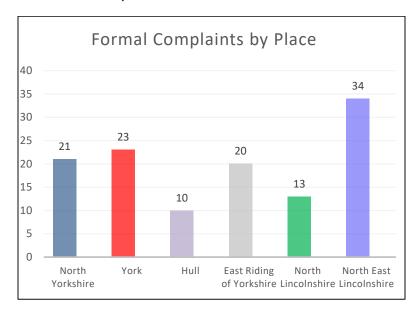
Of the open complaints, 29% of those being handled by each area are multi-agency and are therefore more complex in both nature and, coordination of response. Equally, a number of those open are provider led complaints and timescale compliance is therefore dictated to, in part, by those of the Provider.

Across all of the contact domains, the following subject areas have been identified as the top three themes:

- Communication
- Quality of Care
- Continuing Health Care

4.0 Formal Complaints

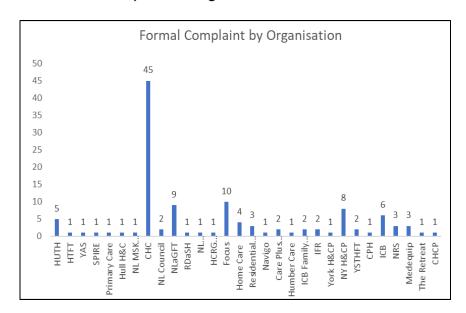
4.1 Formal Complaints



The above complaints represent those that have been managed by the ICB experience team, either in capacity as the commissioner or because the complaint relates directly to an ICB function, policy or decision.

North East Lincolnshire have received the highest proportion of complaints with 14 health related complaints and 20 adult social care complaints. The team support adult social care complaints as a result of the Section 75 agreement that is in place.

4.2 Formal Complaints - Organisation

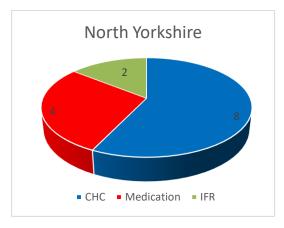


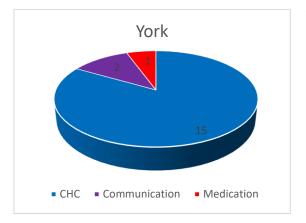
As can be seen from this graph, the majority of complaints managed directly by the ICB team relate to Continuing Healthcare (CHC) Services (37%).

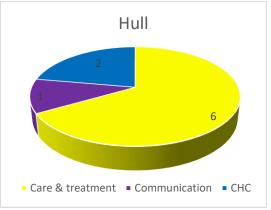
Over the next year, the Regulatory Team will conduct a focused piece of work, in partnership with the lead Place Director of Nursing with this portfolio, to understand the CHC complaints and the processes around Local Resolution Meetings. This will be with the overarching aim of ensuring that patients and their representatives are using the right processes in line with their desired outcomes.

ICB related complaints have included concerns about previous CCG policies, for example, access to weight management services.

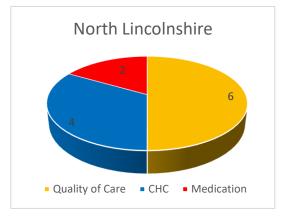
4.3 Formal Complaints - Top 3 Subject Areas









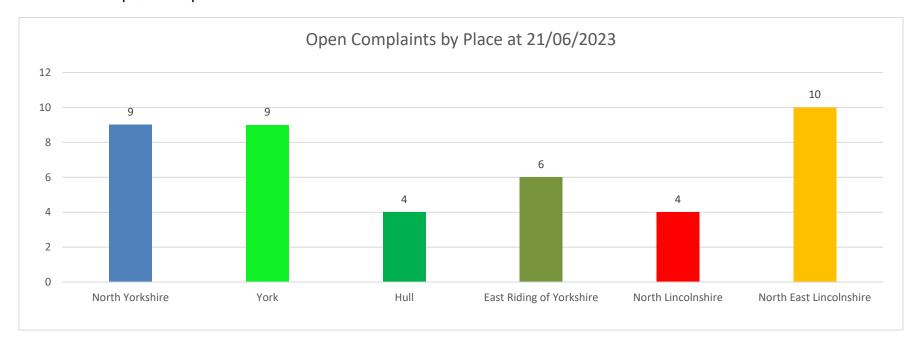




The top three subject areas have been identified for each Place. For 2022/23, the common themes across the ICS relate to:

- CHC (30%)
- Implementation of care (17%)
- Care and treatment(15%)

4.4 Formal Complaints - Open



Open Timescales

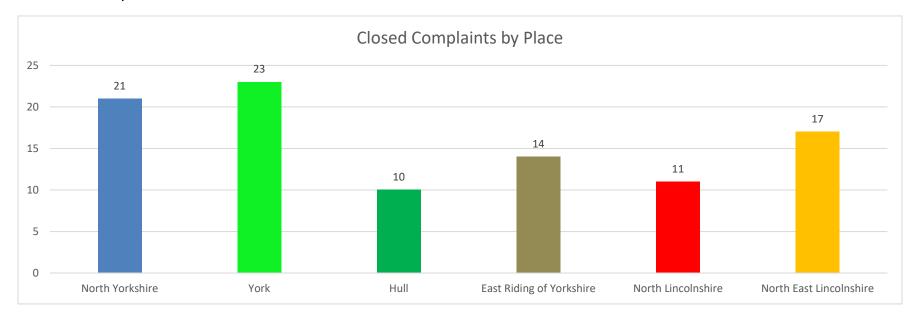
	Nor	th Yorkshire	York		Hull			t Riding of kshire	North Linco	n Inshire	North Lincol	East nshire
In Timescale	8	(89%)	8	(89%)	3	(75%)	5	(83.33)%	2	(50%)	4	(40%)
Out of Timescale	1	(11%)	1	(11%)	1	(25%)	1	(16.66%)	2	(50%)	6	(60%)

York, North Yorkshire and North East Lincolnshire have a higher number of open complaints in comparison to Hull, North Lincolnshire and East Riding of Yorkshire.

Of the open complaints, a proportion of those being handled by the team are multi-agency and are therefore more complex in both nature and, coordination of response. For NEL, the complaints also include social care providers.

A number of those open are provider led complaints and timescale compliance is therefore dictated to, in part, by those of the Provider.

4.5 Formal Complaints - Closed



Closed Timescales

Closed Timescales	North	n Yorkshire	York		Hull			Riding of shire	No:	rth colnshire		h East olnshire
In Timescale	21	(100%)	23	(100%)	3	(30%)	1	(7.14%)	2	(18.18%)	8	(47%)
Out of Timescale		0		0	7	(70%)	13	(92.86%)	9	(81.82%)	9	(53%)

Outcome of Complaint

	North Yorkshire*	York	Hull	East Riding of Yorkshire	North Lincolnshire	North East Lincolnshire
Upheld	0 (0)	8 (35%)	4 (40%)	4 (29%)	0 (0)	2 (12%)
Partially Upheld	4 (80%)	8 (35%)	3 (30%)	4 (29%)	7 (64%)	8 (47%)
Not Upheld	1 (20%)	7 (30%)	3 (30%)	6 (42%)	4 (36%)	7 (41%)

^{*}Inconsistent and/or missing complaints information from the NY historic tracker in relation to complaints being upheld/partially/not upheld

4.6 Re-opened Complaints

Re-Opened	North Yorkshire	York	Hull	East Riding of Yorkshire	North Lincolnshire	North East Lincolnshire
Total	1	2	1	1	2	0

35% of the complaints closed were not upheld, suggesting that there were no elements of those complaints which were substantiated. 23% of the complaints were fully upheld and thus well founded in the issues raised.

Re-opened complaints were low across the ICS with only 7 complainants raising further concerns upon receipt of their original response. Every effort to resolve complaints locally is encouraged and is in line with good practice.

4.7 Complaints referred to the Ombudsman's

In line with the Complaints Regulations and as informed by the NHS Constitution, complainants have the right to take a complaint to the independent Parliamentary and Health Service Ombudsman (PHSO) or the Local Government and Social Care Ombudsman (LGSCO) if they are not satisfied with the outcome of their complaint or the way in which their complaint has been dealt with, locally. Each complainant is clearly informed of this right in their response letter.

The Ombudsmen's investigate complaints made to them and decide whether the actions taken (by the provider or commissioner) have caused an injustice to the person affected and if the complaints process has taken any steps to remedy the injustice, if well founded.

In 2022/2023, there have been 14 complaints referred to either the Parliamentary and Health Service Ombudsman or the Local Government and Social Care Ombudsman as follows:

	North Yorkshire	York	Hull	East Riding of Yorkshire	North Lincolnshire	North East Lincolnshire
PHSO	9	2	0	0	2	
LGSCO						2

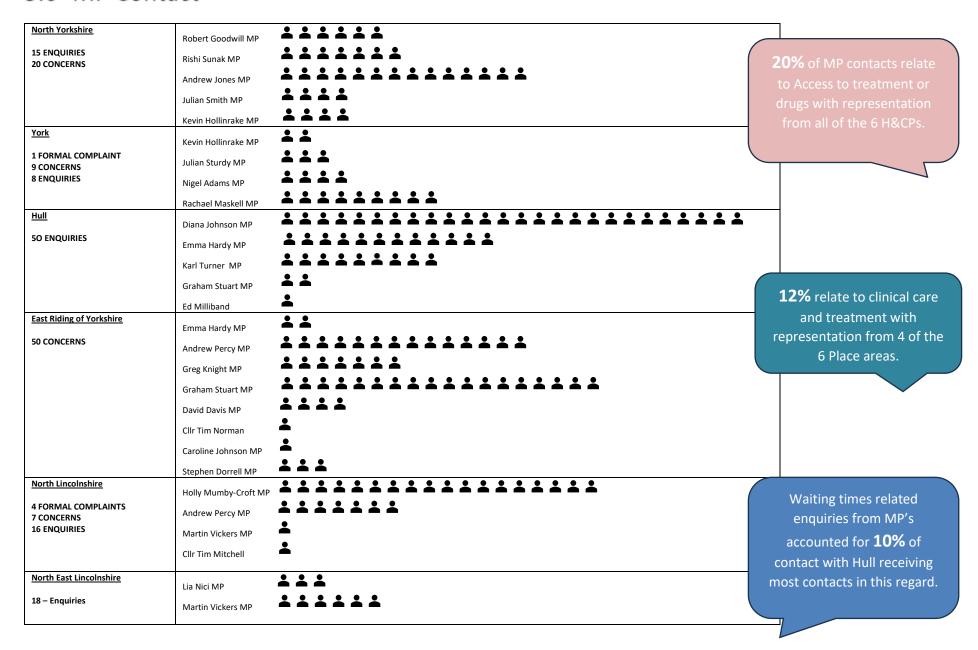
One North East Lincolnshire case was via the Local Government and Social Care Ombudsman regarding S117 aftercare relating to social care needs rather than health needs. This case was not a complaint received or investigated by the HNY ICB Experience Team, however, as the ICB has a shared responsibility with the Local Authority for the commissioning of S117 services, the LGSCO contacted the ICB Experience Team as part of their investigations. However, due to the shared responsibility, the LGSCO upheld elements of the complaint against HNY ICB, Navigo and North Lincolnshire Council and financial remedy was recommended and, accepted.

There has been an outcome letter in respect of a Home Care Provider in NEL with the following high level learning:

- A process and policy should be developed in relation to the recording of calls for multi-user households to ensure that care is not charged for twice.
- Risk assessments should be implemented following a user fall in the home to determine whether there is a potential risk for them to fall again.

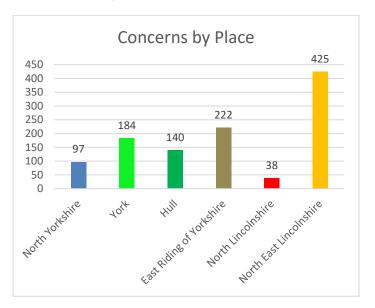
Of the other cases referred to the PHSO; 1 case had a further local resolution agreed by CHC in the form of a retrospective CHC review, however the remaining cases were closed without further investigation.

5.0 MP Contact

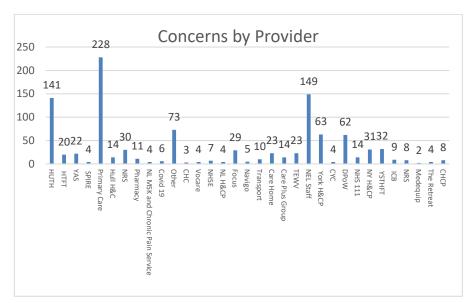


6.0 Concerns; including Patient Advice and Liaison Service (PALS)

6.1 Concerns by Place



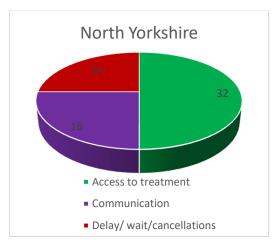
6.2 Concerns by Provider

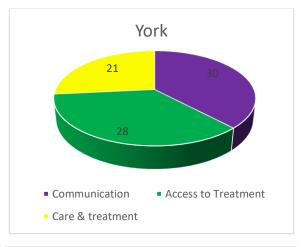


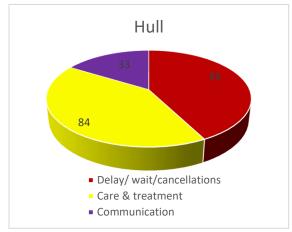
Although North East Lincolnshire could appear to be an outlier in relation to the number of concerns received, these comprise of both health and adult social care concerns. Of the 425 concerns recorded for NEL, 55 (13%) were Social Care related. It is also worth noting that both NEL and ERY have recorded no enquiries as can be seen in section 7.0 and this should be noted as one of the current variances in both the recording and reporting of concerns and one of the likely reasons, the numbers are higher in this section, for these Places.

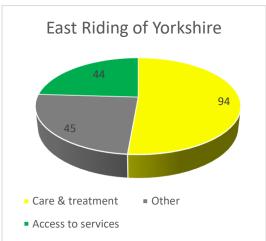
Primary Care have the highest number of concerns by provider (21.4%), with both HUTH (13%) and NEL Staff (14%) having significant levels recorded.

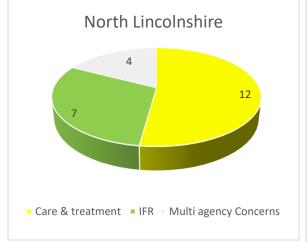
6.3 Concerns by Subject Area – Top 3 Categories

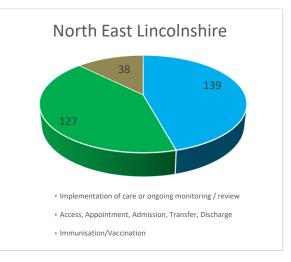








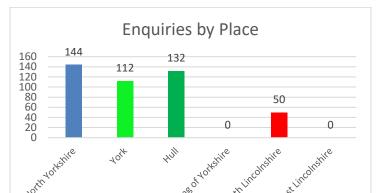




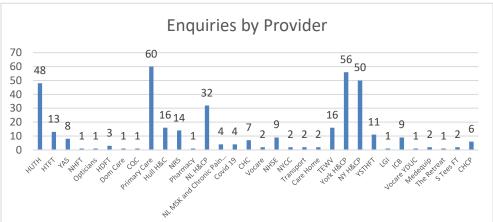
Concerns across 5 of the 6 Places relate to accessing treatment and/or services with an overall 13% representation of the contact made. However, although concerns relating to the quality of care are only represented across 4 Places, they account for 23% of the contacts made.

7.0 Enquiries

7.1 Enquiries by Place



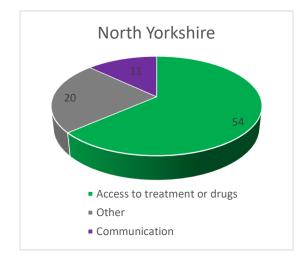
7.2 Enquiries by Provider

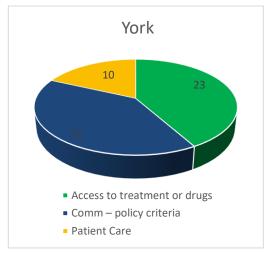


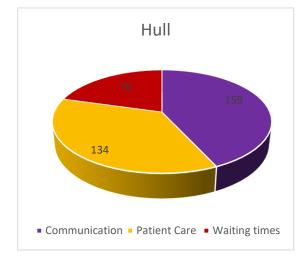
The East Riding of Yorkshire and North East Lincolnshire Teams do not record any contact against Enquiries which is the reason for their nil return.

As can be seen from the numbers by Place and Provider, North Yorkshire have received and recorded the highest number of enquiries. 37.5% of these enquiries related to Access to treatment or drugs.

7.3 Enquiries by Subject – Top 3 Categories









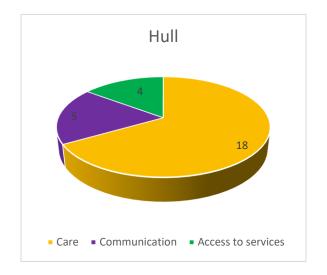
Patient Care related enquires represent 13% of the enquiries made.

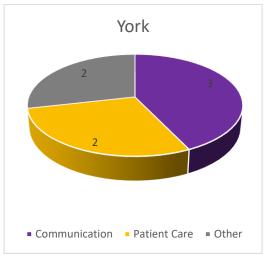
Access to treatment and drugs continues to be a common theme within this contact domain with 10% representation across 3 of our Places.

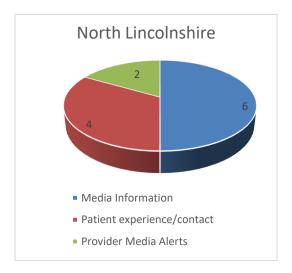
Communication related enquiries represent 15% of the contacts made.

8.0 Comments

8.1 Comments by Theme - Top 3 Categories







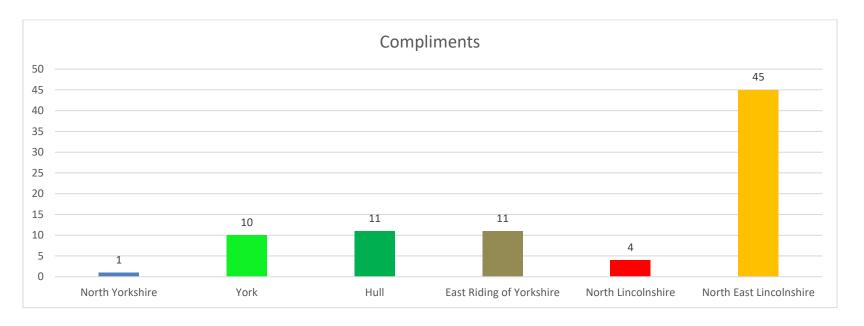
Comments are currently collected by 3 of the Experience Teams at Place: Hull, North Lincolnshire and York.

21 (39%) comments were noted in relation to patient care across the 3 Places.

Hull noted **29** comments; 18 for Care Homes and 1 for Primary Care. The themes from these comments related to the values and behaviours

9.0 Compliments

9.1 Compliments by Place



- 50% of the compliments recorded related to the Implementation of Care or ongoing monitoring review (NEL)
- 22% were recorded across 5 Places in relation to positive values and behaviours of staff
- 18% of compliments related to the quality of care provided to the patient or service user.

Firstly, may we take this opportunity to express our gratitude for your continued support with Mrs X complaint(s). This is very much welcomed, and we fully appreciate and recognise the assistance/support you and your team have given to so many of xxxx constituents.

Many thanks and my very best wishes.

NLINCS HECP

Please convey my thanks to all the staff in the C T dept at HRI. I attended yesterday for a scan and could not have been treated better.

From the "hello" and smiles (yes through the masks) to the care I received, everyone was outstanding. I believe one should compliment when justified as well as complain.

I was obviously nervous but everything was explained, I felt at ease even their humour was great.

So please thank them from the "bottom" of my heart

HUTH

My mother and I would like to thank you for dealing with her problem in getting a doctor's appointment. She managed to get one yesterday and she has to have a blood test and an Xray.

So once again thank you so much, it is very much appreciated.

Practice Manager and Hull HSCP

thank you for helping me out with the hospital and sorting things out for me, very grateful. I am having hernia operation before Christmas. Thanks.

Thank you very much and thanks for all your efforts in such a bizarre and busy time I really do appreciate it.

NLINCS HECP

10.0 Lessons Learnt and Actions taken

York

Concerns raised in relation to the local community equipment provider, highlighted operational issues which had resulted in a poor service user experience.

The provider implemented a new daily operational process for technicians and their supervisors and the escalation process for all staff was reviewed and strengthened.

North East Lincolnshire

A complaint raised by a bereaved family highlighted opportunities to improve how a care home supports its residents, particularly when they are making decisions about their health.

The example was raised and discussed as a learning point with all care homes in NEL at the regular support meeting to ensure that all refusals for care are well documented. Emphasis was given in relation to the best interest processes and mental capacity and direction was given to take up any opportunities for Multi-Disciplinary Team (MDT) working where higher risk refusals are recorded.

Guidance is being developed for Care Homes in relation to managing refusals of care, with and without capacity. Once in place, local teams will update the Mental Capacity Act training and Safeguarding Training to reflect the new guidance.

Hull

Intelligence received relating to the local community equipment provider has highlighted issues in relation to poor communication, delays and waiting times.

Hull Health and Care Partnership are working collaboratively with the Provider to support them with changes being implemented such as a new management team, training for staff and operational processes. Weekly meetings have also been introduced between the PALS teams to ensure timely responses to any concerns that have been raised.

11.0 Reflection and Future Developments

During the 2022/2023 period, there have been significant changes to the delivery of the experience function and also on the team that deliver this, as we have transitioned from 6 individual Clinical Commissioning Groups to the Humber and North Yorkshire Integrated Care System. What is testament to the teams, is that despite the changes internally, there has been no impact on the service that is being provided to our population because of the robust systems and processes that have been in place.

As the function and teams join together, to form one united team under the Corporate Affairs Directorate, the variances that have started to be identified will be reviewed and where possible will be aligned to ensure a consistent experience offer, from the perspective of a commissioning organisation, is provided to our population.

The first crucial step in developing this consistency has been the implementation of the HNY ICB 'Management of Complaints and Concerns Policy,' which has been approved in the 2022/2023 year. Steps have already started to be taken to translate the policy into operational practice, as follows:

- A review has been undertaken to understand how each Place records contact types and agreement has been made on what will be utilised moving forward
- Small team task and finish groups have met and established best practice processes in regards to consent, clarifying the complaint and learning. This will form the developing Standard Operating Procedure (SOP) for the team.
- A single experience email inbox has been implemented so that our population only need to use one, regardless of Place.
- A single telephone system and contact number is also in development.
- Work in underway in relation to implementing one recording and reporting system to enable the consistent approach desired.

Moving forward into the 2023/2024 period, the ambitions of the team are big and include:

- Agreeing a reporting structure that will provide useful intelligence to the Executive Team and Place leads, monthly, quarterly and annually
- Ensuring communication to the public is clear on the ICS website and on how best to access support for a concerns, complaints, and compliments
- Fully implement a single recording system/database at each Place to support a more uniformed approach to recording and reporting of contacts, there are different systems in use now which makes reporting and standardisation more difficult.
- Develop effective systems and processes for responding to contacts, for the purpose of learning and improving.
- York Place specifically have agreed to be a pilot for working with their local partners, via the Place Quality Group, to gain the experience intelligence held by them as the provider. As recognised at the start of this report, the intelligence the ICB have is small and not always reflective of the wider system intelligence. By taking this approach, the aim is to start to build a more reflective picture of the voice of experience.

• Over the next year, the Regulatory Team will conduct a focused piece of work, in partnership with the lead Place Director of Nursing with this portfolio, to understand the CHC complaints and the processes around Local Resolution Meetings. This will be with the overarching aim of ensuring that patients and their representatives are using the right processes in line with their desired outcomes.