

Item: 10

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

## BOARD

26 NOVEMBER 2024

**Report Title:**

**ICB Complaints Annual Report 2023/24**

### Purpose of report

To provide the Board with an annual complaints report for the period 01 April 2023 - 31 March 2024 for complaints relating to ICB commissioned services.

### Key points

The attached annual report provides assurance that the ICB has fulfilled its statutory responsibilities regarding complaints management in relation to complaints regarding the ICB itself and its commissioning functions. The report provides an overview of the issues raised in the complaints/concerns received during the year, along with any learning identified from complaint investigations.

The ICB complaints function is currently managed by two separate teams due to historic arrangements:

- North of England Commissioning Support (NECS) via a service level agreement - complaints relating to the ICB itself and its commissioning functions but not primary care. This arrangement was in place prior to the delegation of primary care commissioning from NHS England to the ICB in July 2023.
- The Primary Care Complaints Team – complaints relating to primary care services specifically (transferred from NHS England following the delegation of primary care commissioning to the ICB).

There are significant capacity constraints within both teams at present and as such the attached annual report relates to the ICB complaints managed by the NECS team only. A primary care complaints annual report will be submitted to the Board for assurance at a future meeting.

Responsibility for the complaints function has recently moved under the responsibility of the Director of Corporate Governance and Board Secretary and urgent work is underway to address the capacity issues and re-establish the team as an integrated team to manage all ICB complaints. This work will also include a review of the current processes for managing complaints to identify efficiencies in the current process, streamlined ways of working and the development of a more comprehensive governance structure for reporting of complaints activity.

Work is also underway to in-house the ICB complaints function as part of the wider in-housing business case that was recently approved by NHS England

## **Summary of complaints activity**

### **Received in year:**

- The NECS Complaints Team handled a total of 827 new cases during the year, of which 326 related to the ICB (compared to 156 in 2022/23). The remainder related to NHS providers/other organisations.
- 126 ICB cases were handled under the NHS complaints procedure, the remainder were managed via other processes, for example, as informal concerns or signposting.
- All formal ICB complaints were acknowledged by the NECS Complaints Team within the target timescale of 3 working days.
- The main themes of ICB complaints/concerns in the year related to access to NHS dental care, continuing healthcare, eligibility criteria/individual funding request decisions and Covid vaccinations.
- One former ICB complaint was investigated during the year by the Parliamentary and Health Services Ombudsman (PHSO) but this was not upheld. The PHSO's recommendations were subsequently implemented by the ICB.

### **Closed in year:**

- 141 ICB formal complaints were responded to and closed during the year, of which 105 were upheld or partially upheld, 28 were not upheld and 8 were withdrawn.
- A summary of service improvements introduced following complaint investigations is contained within the report.

## **Risks and issues**

- As a result of the national requirement to reduce ICB running costs by 30% (ICB 2.0 programme), the overall complaints resource across both NECS and the ICB was reduced to achieve the overall required efficiency savings.
- Vacant posts and long-term absence within the teams has resulted in significant pressure on the complaints function and resulting in delays in complaints being responded to. This is a reputational risk to the ICB.
- A significant increase in the volumes of enquiries, concerns and formal complaints.

## **Assurances**

- Complaints made against the ICB were managed in line with the NHS Complaints Procedure and the NHS Complaint Regulations.
- Where service improvements have been identified following a complaint investigation, an action plan is drafted to support the implementation of any recommendations made and the completed plan is shared with the Complaints Team for assurance purposes.
- A full review and recovery plan is being developed to address the risks and issues noted above.

## **Recommendation/action required**

The Board is asked to:

- Receive the ICB Complaints Annual Report 2023/24 for assurance and approve its publication on the ICB website;
- Note an annual report for primary care complaints will be brought to a future meeting for assurance;
- Note a full review and recovery plan is being developed to address the capacity issues within complaints function.

## **Acronyms and abbreviations explained**

As described in the report.

Supporting documentation (e.g. minutes from subcommittees)						
N/A.						
<b>Sponsor/approving executive director</b>	Claire Riley, Chief Corporate Services Officer					
<b>Date approved by executive director</b>	15 November 2024					
<b>Reviewed by</b>	Dan Jackson, Director of Policy, Public Affairs and Stakeholder Affairs					
<b>Report author</b>	Katherine Humby, Clinical Quality Manager, NECS					
Link to ICP strategy priorities (please tick all that apply)						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
If yes, please specify						
<b>Equality analysis completed</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
Key considerations						
<b>Financial implications and considerations</b>	Not applicable as an annual report only.					
<b>Digital implications</b>	Not applicable as an annual report only.					
<b>Clinical involvement</b>	Not applicable as an annual report only.					
<b>Health inequalities</b>	Not applicable as an annual report only.					
<b>Patient and public involvement</b>	Not applicable as an annual report only.					
<b>Partner and/or other stakeholder engagement</b>	Not applicable as an annual report only.					
<b>Other resources</b>	Not applicable as an annual report only.					

**ICB Complaints Annual report 2023/24:  
Summary of Complaint Activity 01 April 2023 to 31 March 2024**

**1. Purpose**

- 1.1 The purpose of this report is to provide a summary of complaints, concerns and queries managed by the NECS Complaints Team on behalf of North East and North Cumbria Integrated Care Board (the ICB) during the period 01 April 2023 to 31 March 2024. The report aims to provide assurances that the ICB has fulfilled its statutory responsibilities regarding complaints management.

**2. Background**

- 2.1 The NHS North of England Commissioning Support Unit (NECS) provides complaints management to the ICB as part of a service level agreement. This service covers complaints relating to the ICB itself and its commissioning functions, but not currently primary care. This arrangement was in place prior to the delegation of primary care commissioning from NHS England to the ICB in July 2023.
- 2.2 This annual report provides a breakdown of complaints which relate directly to the ICB and managed by NECS. Although complaints/concerns about commissioned services can be submitted via the commissioning organisation, most complaints regarding provider organisations are made directly to the service provider. Complaints received that relate to other organisations are normally referred to the service provider for investigation.
- 2.3 Complaint reports from provider organisations which detail trends, themes and lessons learned relating to their services are reviewed as part of the quality review process for the relevant provider and shared with the ICB as part of the ICB's quality governance framework.

**3. Performance against key performance indicators (KPIs)**

- 3.1 All formal complaints managed in the year by NECS on behalf of the ICB were acknowledged within three working days in line with the requirement of the National Health Service Complaints (England) Regulations 2009.
- 3.2 All formal ICB complaints were managed in line with the agreed complaint plan. Responses were reviewed and approved by the ICB prior to sharing with the complainant and, where an extension to the timescale for responding to a complaint was required, this was agreed with the parties involved. The usual timescale for responding to an ICB complaint is six weeks from receipt of the complaint, the appropriate consent and approval of complaint plan.

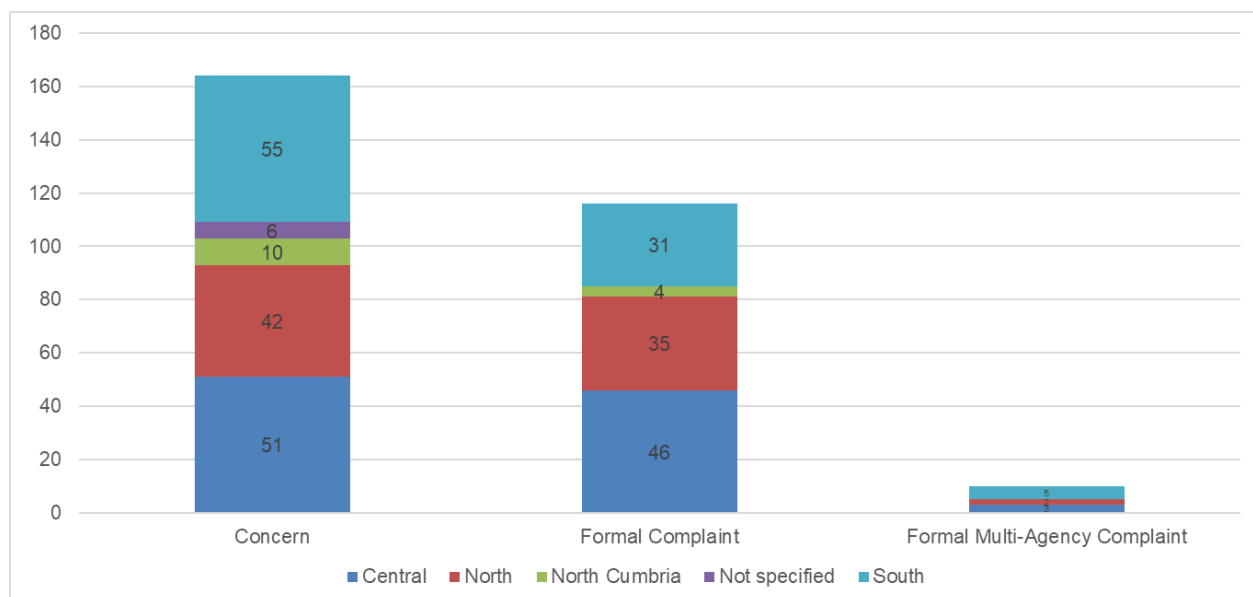
## 4. Complaints/Concerns Received in Year

### 4.1 Overall activity

4.1.1 A total of 827 new complaints/concerns were received in the year (compared to 631 in 2022/23). Of these, 326 related to the ICB (compared to 156 in 2022/23). The remainder related to NHS providers and other organisations.

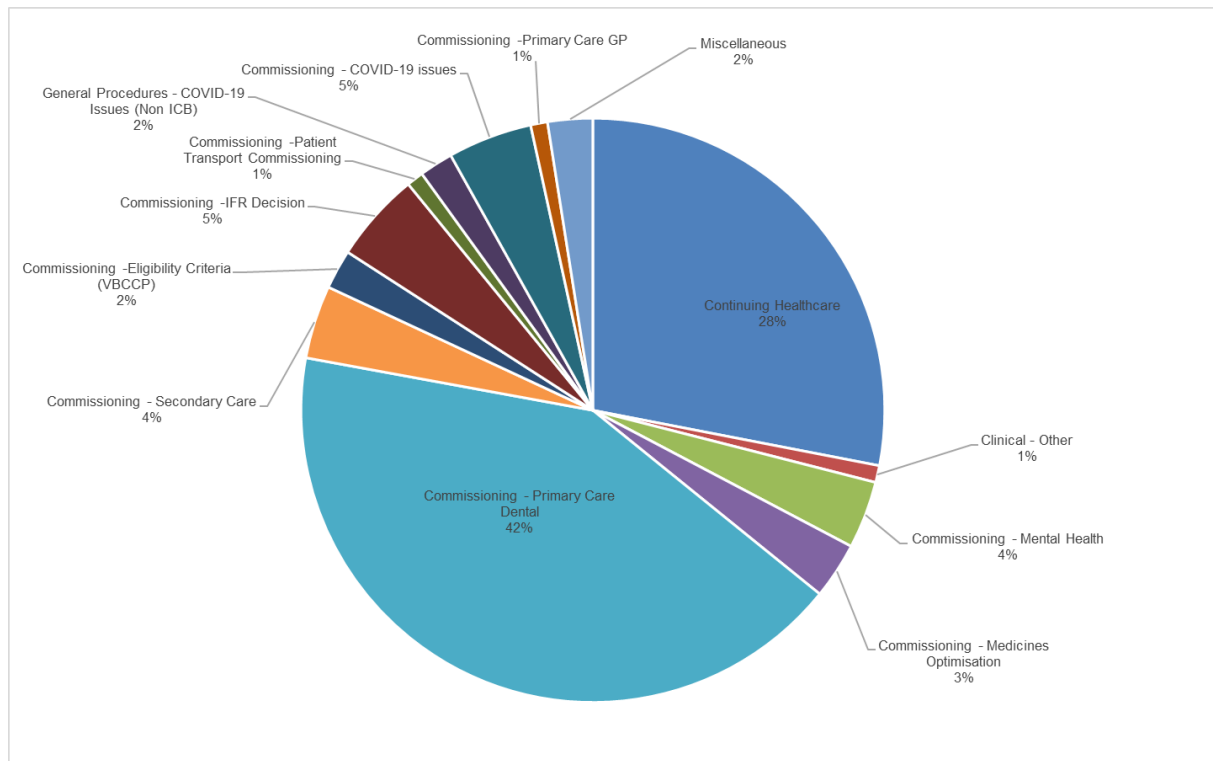
### 4.2 Breakdown of cases by grade

4.2.1 A breakdown of the cases by grade is shown in the chart below and by geographical area. A total of 126 cases were managed as formal complaints or multi-agency formal complaints, the remainder being managed via other processes, for example, as informal concerns and/or signposting.



### 4.3 Categories of cases

4.3.1 A breakdown by category of ICB-led complaints and/or concerns received in the year can be found in the diagram on the following page:



#### 4.4 Themes in complaints received

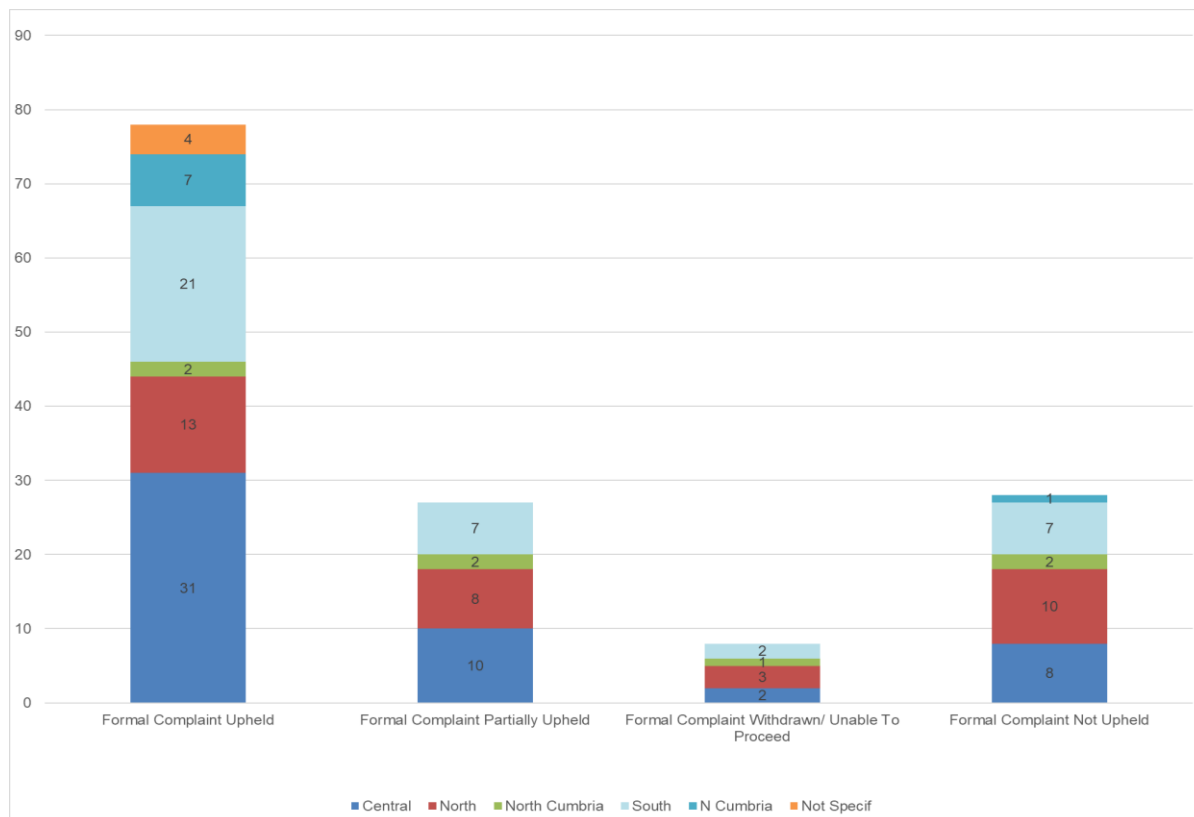
4.4.1 As shown in the diagram above, the key themes identified in ICB complaints/concerns are as follows:

- Access to NHS dental care (42%) – complainants required advice/clarification regarding problems with accessing routine and emergency dental care and information on how the ICB is addressing this issue
- Continuing healthcare (28%) – most frequently raised concerns/complaints were about case management, challenges to eligibility decisions/appeals process, communication and disputes with payments
- Eligibility criteria/individual funding decisions (7%) – fertility treatment was the most frequently raised policy
- Covid (5%) – examples included: access to Covid vaccinations, anti-viral medication, hygiene/safety of vaccination clinics, side effects of vaccinations, Covid passports, access to the NHS App, proximity of vaccination clinics and access to lateral flow tests.

### 5. Closed Complaints/Concerns

#### 5.1 Outcomes

5.1.1 A total of 141 ICB formal complaints were responded to and closed during the year. Following investigation, 105 formal complaints were upheld or partially upheld, 28 were not upheld and 8 were withdrawn. A breakdown of the outcome types by area are shown below:



## 5.2 Upheld/Partially Upheld Complaints

5.2.1 The categories of upheld/partially upheld ICB complaints were as follows:

	Central	North	North Cumbria	South	Not Specified	Total
Primary Care Dental	28	10	8	16	4	66
All Age Continuing Healthcare	11	7	2	8	0	28
Mental Health	0	1	1	1	0	3
Covid Issues	1	1	0	0	0	2
Secondary Care	1	0	0	1	0	2
Clinical Treatment	0	1	0	0	0	1
Medicines Optimisation	0	1	0	0	0	1
Commissioning Decision - Other	0	0	0	1	0	1
Patient Transport Commissioning	0	0	0	1	0	1
<b>Total</b>	<b>41</b>	<b>21</b>	<b>4</b>	<b>28</b>	<b>4</b>	<b>105</b>

## 5.3 Learning from Complaints

5.3.1 A process is in place for tracking the completion of those service improvements identified from formal complaint investigations to support teams in monitoring implementation. This involves completion of an action plan template by the senior manager with responsibility for the service involved which is returned to the Complaints Team for inclusion within the complaint record. This process will be reviewed going forward to enable better triangulation with other sources of information (such as patient safety and patient

experience data) that also identify key themes and trends in quality issues to ensure improvements are identified and progress towards their implementation is being made.

5.3.2 Some examples of service improvements identified from complaints investigations into upheld or partially upheld complaints across the ICB are shown below (by the service involved):

- **Commissioning of NHS dental care:** the ICB's Dental Commissioning Team is working closely with local dental networks and dental services to make improvements and examples include:
  - Dental practices who can offer extra hours of service receive more funding to provide extra clinical sessions outside of their opening normal opening. This is to provide treatment for patients with urgent dental care needs and some specific groups of patients.
  - Funding has been made available to improve the clinical triage of dental problems via the NHS 111 service and to increase the availability of out of hours dental treatment services.
  - Incentives have been offered to retain dentists, particularly in areas where there are problems with the availability of NHS dentists.
  - A training grant to support the employment of overseas dentists is available to local dental practices.
  - £7.5m has been earmarked to secure a new NHS dental contract to address gaps in provision.
  
- **Continuing Healthcare - Case Management**
  - Referring clinicians completing a fast-track tool (FST) now provide a clearer explanation of why it is being completed, the purpose of completion and subsequent review(s) that may lead to a change in the funding stream.
  - Prior to closing multi-disciplinary team meetings (MDTs), CHC nurse coordinators now confirm the patient or representative's understanding of the information shared regarding the MDT's recommendation, as well as its verification and review process.
  - A review of the process for patient handovers when a case manager leaves the ICB now takes place.
  - A four-week standard has been introduced for sharing of MCA2 documents completed at 'Best Interest' meetings.
  - A rota system is being developed to ensure staff have capacity to complete quality assurance checks daily. This includes an escalation process for any urgent information required.
  - All CHC staff completing a review have been reminded of the importance of ensuring any changes related to the package of care are reflected on the Broadcare system as soon as possible.
  
- **Continuing Healthcare - Communication**
  - The NHS Funded Care Team to ensure a client's family/representative has a comprehensive understanding of any proposed changes to a care package and the funding arrangements at the end of meetings.
  - CHC nurse coordinators to ensure clear explanations are provided when discussing CHC eligibility with patients and their families.
  - Information on the appeals process has been made clearer to appellants going forward.



- A review of the process to ensure 'refund of fees' cases are addressed in a timely manner and ensure improved communications/updates are provided to families and representatives.
  - Patients and/or their representatives to be kept up to date by nurse coordinators when there is an expected delay between the verbal MDT recommendation and the decision outcome letter being issued and ensure all communications are documented in the patient record.
  - A central mailbox has been created and managed by the administration team.
  - Agreed points of contact within the family identified, along with preferred methods of communication.
  - Reminder to all staff on the importance of messages being brought promptly to the attention of the relevant person and not just added to a record.
- **Continuing Health Care - decision challenged/appeal process**
    - Appeals process revised to ensure appeals are completed within the recommended three-month timeframe. Where this is not met, a written communication is provided to the individual/representative explaining the reason for the delay.
    - Assessors to familiarise themselves with the case and relevant documentation prior to any meetings taking place. All information to be used should be verified as correct beforehand.
- **Continuing Health Care - finance issues**
    - Confusion regarding core fees or uplifts to be referred promptly to the Finance Team and Contract Management Team for resolution.
    - All agency staff to have a full induction to CHC processes including Broadcare training and advice on who to direct financial queries to.
    - CHC staff to join the finance weekly meeting to address any financial queries as appropriate.
    - The Contract Management Team to be involved in any discussions with regards to uplifts.
- **Personal Health Budgets**
    - A revised format for the support plan documentation relating to clients on a Personal Health Budget which has clear information on training needs for carers.
    - Carer pay rates to be reviewed on an annual basis.
- **Covid Vaccination Service**
    - Daily huddles with staff working in the vaccination clinic before the commencement of each clinic, which includes a reminder of the requirement to inform patients of the vaccine type.
    - A new Standard Operating Procedure (SOP) implemented to manage queries received by telephone, email or in person that cannot be dealt with on the day and need to be brought to the site lead's attention within 24 hours.
    - Patients enquiring about a vaccination are redirected to the vaccination clinic telephone number.
- **Services for People with Autism Spectrum Disorder (ASD)**
    - A review of services is underway to support autistic people and ensure equity of access across the region. The ICB is working with local authority colleagues to review services and identify how best they can meet the needs of residents.

- Following an engagement exercise, the ICB and service providers will communicate the support offered for those children experiencing both mental health difficulties and where there is a diagnosis of autism.
  - Expectation that future commissioning of earlier mental health support services will include the coordination of support for children and young people who have mental health difficulties and who are diagnosed autistic, so that despite a diagnosis of a long-term condition, children can be supported more holistically.
  - Collaborative care planning is now included in standard operating procedures to ensure at the start of a young person's assessment, the collaborative care planning and formulation procedure is implemented and discussed.
- **Delayed Diagnostic Results**
    - Further assurances around ensuring the availability of scan results will be sought before appointments are booked by specialty teams as part of its contract and quality monitoring arrangements with its providers.
- **Palliative Care**
    - The provider involved will ensure a notification of a patient's death is visible on their records as well as their family members' records.
    - The importance of documentation, particularly around pain levels in palliative patients has been identified as a learning point by the provider involved.
- **Inclusion Body Myositis Pathway**
    - Discussions taking place between NHS England and the provider involved regarding the issues faced by patients living outside of their local catchment area in terms of being able to access local support services.
    - The acceptance criteria for patients to access Neurophysiotherapy services at a specific provider should be widened to enable patients with a consultant neurologist from another trust to access those services.
    - A clear management pathway to be put in place for patients under the specialised service at the provider, which is shared clearly with the patient and their GP to enable referrals to local therapy services as recommended by the Trust's consultant.
    - Clearer pathways that explain the support a patient can expect from the specialised service and what aspects of their care they would need to access via their GP locally.
- **Gender dysphoria**
    - Work ongoing with specialised commissioners, providers and general practice to identify options for a more streamlined approach to supporting the treatment and care of patients with gender dysphoria. The aim is to ensure all patients being treated for this condition can receive the most appropriate care safely and are supported by both specialist services and their local GP practices.
    - NHS England national team is leading a programme of work to improve access to gender services which included some pilots around the country. At local level, NHS England has invested in three regional gender clinics and is working closely with them to develop new ways of working to improve patient experience.
    - Close working is in place with Northern Region Gender Dysphoria Service in developing a plan to reopen their waiting list to new referrals.

## 6. Parliamentary and Health Services Ombudsman

6.1 Stage two of the NHS Complaints procedure enables complainants who remain dissatisfied following local resolution of their complaint to request the involvement of the Parliamentary and Health Services Ombudsman (PHSO) or Local Government and Social Care Ombudsman (LGSCO) to review their complaint.

6.2 A total of seven contacts were received during the year from officers at the PHSO/LGO regarding ICB complaints. Of these, five were requests for records and further information to support initial assessments by case workers and two related to detailed investigations into complaints which are set out below:

- In August 2023, the LGSCO shared the final report relating to a CHC complaint (the north locality) which upheld the complaint and recommended that the ICB provided an apology and financial compensation to the complainant. The ICB accepted the recommendations, and an action plan was initiated. Evidence that the recommendations were completed was shared with the LGSCO in November 2023.
- In November 2023, the PHSO informed the ICB of their intention to conduct a detailed investigation into a North Cumbria CHC complaint and an outcome of this is still awaited.

## 7. Compliments

7.1 A total of 40 compliments were also received as follows.

Organisation	Number
NECS (CHC 35, Complaints Team 3)	38
Newcastle Upon Tyne Hospitals NHS Foundation Trust	1
Northumbria Healthcare NHS Foundation Trust	1

## 8. Recommendation

8.1 The Board is asked to receive the complaints annual report 2023/24 for assurance.

**Report author:** K Humby, Clinical Quality Manager, NECS

**Approved by:** D Jackson, Director of Policy, Public Affairs and Stakeholder Affairs

**Date:** 10 July 2024