

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

DATE	22/03/2023
REPORT OF	Katie Brown – Director of Adult Services
SUBJECT	Annual Complaints Report 2021/2022
STATUS	Open

CONTRIBUTION TO OUR AIMS

We value the lived voice of experience, and this report and function area enables us to listen, capture experience, provide a carefully deliberated response and through learning make improvements across our health and social care system.

EXECUTIVE SUMMARY

This is a statutory annual report which provides an overview of the activity and outcomes from health and adult social care complaints contacts. The time period to which this report pertains the Clinical Commissioning Group in North East Lincolnshire was accountable for complaints made to the commissioner of NHS Health services and responsible for providing a complaints service for Adult Social Care on behalf of the Local Authority.

MATTERS FOR CONSIDERATION

This report has been assured as a true and accurate record by the Integrated Care Board North East Lincolnshire Health Care Partnership Senior Management Team.

1. BACKGROUND AND ISSUES

After this annual report was written Integrated Care Boards formed and Clinical Commissioning Groups ceased to exist. Therefore, the Humber and North Yorkshire Integrated Care Board is now accountable for complaints being made to the commissioner of health services and responsible for adult social care complaints contacts on behalf of the Local Authority. The Customer Care Team continue to be engaged in work associated with the development of the Integrated Care Board. A key development over the past year, post this annual report period, has been the creation of one Policy for the ICB.

2. RISKS AND OPPORTUNITIES

There is an opportunity to show case and celebrate our joint working arrangements to help to shape and influence the development of the Integrated Care Board. The developments are being shaped by our Team members and led by the Corporate Directorate of the Integrated Care Board.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

Where reputational or communication risks or issues are identified as the course of our business each are individually assessed, managed and escalated as

appropriate.

4. FINANCIAL CONSIDERATIONS

There are no financial considerations arising from this annual report.

5. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

There are no specific children and young people implications arising from this annual report.

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no implications to climate change and environmental implications.

7. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources. As a result, no monitoring comments have been sought from the Council's Monitoring Officer, Section 151 Officer or Strategic Workforce Lead.

8. CONTACT OFFICER(S)

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STATUTORY

ADULT SOCIAL CARE AND NATIONAL

HEALTH SERVICE

COMPLAINTS ANNUAL REPORT

2021-2022

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Please note this report covers the period in which NHS North East Lincolnshire Clinical Commissioning Group was operating and was accountable for managing complaints activity as an NHS Commissioner and was responsible for complaints activity on behalf of the council for Adult Social Care.

1.0 Executive Summary

The purpose of this report is to provide an overview of the complaints received relating to Health and/or Adult Social Care by North East Lincolnshire Clinical Commissioning Group (NELCCG) during the period 1 April 2021 to 31 March 2022.

Under the NHS and Adult Social Care (Complaints) Regulations 2009, complainants can raise a complaint to either the provider of the service or to the commissioner of the service (CCG). Where multiple agencies are involved, it is considered good practice for the commissioner to lead the complaint.

The same Regulations state that the CCGs and Local Authorities have a statutory duty to record and report:

- **The number of complaints received**, see section 2 of the report.
- **The number that were well founded**, see section 5 of the report.
- **The number referred to the Ombudsman (Parliamentary and Health Service Ombudsman (PHSO) and the Local Government and Social Care Ombudsman (LGSCO))**, see section 11 of the report.
- **The subject matter of complaints**, see section 3 and appendix A of the report.
- **Matters of importance arising from the complaints or handling thereof**, these are addressed throughout the report and include complaints handling and learning from complaints.
- **Action taken, or being taken, to improve services as a result of complaints received**, see section 2.3 and appendix B of the report.

This report also details the trends and themes the CCG received from feedback from the public during this period, and it includes contacts from the public via other routes such as enquiries received from MPs, Patient Advice and Liaison Service (PALS), contacts (signposting and informal contacts), appeals and compliments.

NELCCG recognises that patients/service users have a range of experiences when using local health and care services. It is essential that the CCG provides patients/service users with a mechanism to tell the CCG about their positive and negative experiences. Where possible, the CCG takes immediate action to put things right for patients/service users. Where this is not possible, the CCG has a robust complaints process. The data collated through customer care process includes; MP enquiries; PALS; appeals and compliments and this data play a significant role in improving the quality of care and service experience for patients/service users and their families, which continues to be a priority for the CCG.

During 2021/22 there were **641** contacts made to the CCG's Customer Care team, this number is a significant drop compared with last year. These contacts are broken down by function in Table 1. Also included in Table 1 is the data for the past four reporting years for comparison and also to give an indication of the direction of travel when comparing this year's contacts with the number of contacts received in the previous year 2020/2021.

Table 1 below shows the contacts by function over the last four reporting years.

Function	Total Number 2017/18	Total Number 2018/19	Total Number 2019/2020	Total Number 2020/2021	Total Number 2021/22	Direction of Travel from 20/21 to 21/22
Number of PALS contacts	726	679	799	1119	510	↓
Number of complaints	111	72	76	45	47	↑
Number of MP Enquiries	7	2	5	22	20	↓
Number of Compliments	147	86	86	82	53	↓
Ombudsman requests	9	6	6	1	11	↑
Total contacts	1,000	845	972	1,269	641	↓

During 2021/22 there had been an increase in adult social care complaints (please see table two on page 7) predominantly in relation to care at home services. This was likely due to additional pressures in the health and care system, during the COVID-19 pandemic. With the restrictions imposed by COVID-19 infection control measures our service providers had struggled to maintain staffing levels and had experienced higher than usual turnover rates with staff. Our providers had struggled to recruit and retain staff during this very difficult period, and this almost certainly led to issues with the quality of service delivered at that time. Government support in the form of grant funding, and financial contributions from the NHS have been distributed to providers to ensure that a more attractive rate of staff pay can be offered, enabling some providers to offer the national minimum wage uplift earlier than required.

The CCG has also been working to support the sector with an active recruitment drive. However, it is expected that staff shortages will remain whilst there are on-going pressures to deliver complex care.

Over the last 12 months the main themes arising from complaints are:

- In both health and adult social care complaints, poor communication has played a part between staff and service users, their family and carers and also between the services themselves.
- In adult social care complaints, there were missed opportunities to manage service user's expectations when home care agency staff were running late or unable to attend calls.
- In health complaints, there was a lack of explanation to service users about changes being made to some local services.

In response to these themes, the CCG acknowledged that in the last 12 months both health and social care services have been extremely busy and under pressure and this often had an impact on their ability to always respond to complaints as they would like. It is acknowledged that across health and social care, during times of significant pressure, the quality of service provided is not always what we would aspire to deliver and for this we apologise.

There has also been innovation during this period, where providers have recognised the impact of the challenging context in which they are working and delivering care and have implemented practice to mitigate the risk of poor communication. An example of this is where one of the local providers recognised the importance of keeping families better informed when their loved ones are in hospital and the provider had introduced Family Liaison Assistants to relay information between the provider and families.

Regarding improving communication between services, the pressures of COVID-19 has meant that services have had to work more closely together and changes to information technology services during the last twelve months have meant that information can be more easily shared between providers.

Feedback on any missed opportunities in communication has been provided to home care agencies to help inform their working practices. Details of other work the CCG has undertaken with social care providers is detailed in section 6.

1.1 Definitions

Complaint: When a person makes a statement that something is unsatisfactory or unacceptable. This can be about any aspect of the CCG and its commissioned service, and a formal investigation and response is required.

PALS: The Patient Advice and Liaison Service (PALS) is about listening and working with patients/service users to improve their health and social care services. Contacts with PALS can be broken down into 2 types:

- **PALS Enquiry:** A light touch contact with patient/service user to signpost them to services/contacts within North East Lincolnshire.
- **PALS Concern:** Where a concern is raised and managed informally, with the agreement of all parties and usually within three working days. A person may also be asking for information, advice or making a constructive suggestion. An enquiry may escalate into a formal complaint should the enquirer remain dissatisfied or require deeper investigation.

Appeals: These are made by persons in receipt of social care who wish to challenge the process or outcome of their assessment including the contributions they pay towards their care, or a clinician appealing the decision made the CCG's Individual Funding Request Panel (IFR).

Compliments: A verbal or written expression of praise or thanks.

MP Enquiry: General enquiries from MPs about CCG related matters. Where a patient/service user goes to their local MP to raise concerns about an issue and the MP then raises the matter with the CCG on the patient's/service user's behalf, these are categorised and progressed as a formal complaint.

2.0 Complaints Activity

In managing complaints, the CCG works in accordance with its complaints policy that complies with the requirements laid out by the NHS (Complaints) Regulations 2009, the PHSO Principles of Good

Complaint Handling (2009) and the NHS England / Improvement (NHSE/I) Complaints Handling for CCGs (2013). All complaints contacts receive a named individual from our team who acts as liaison and lead complaints officer for their case.

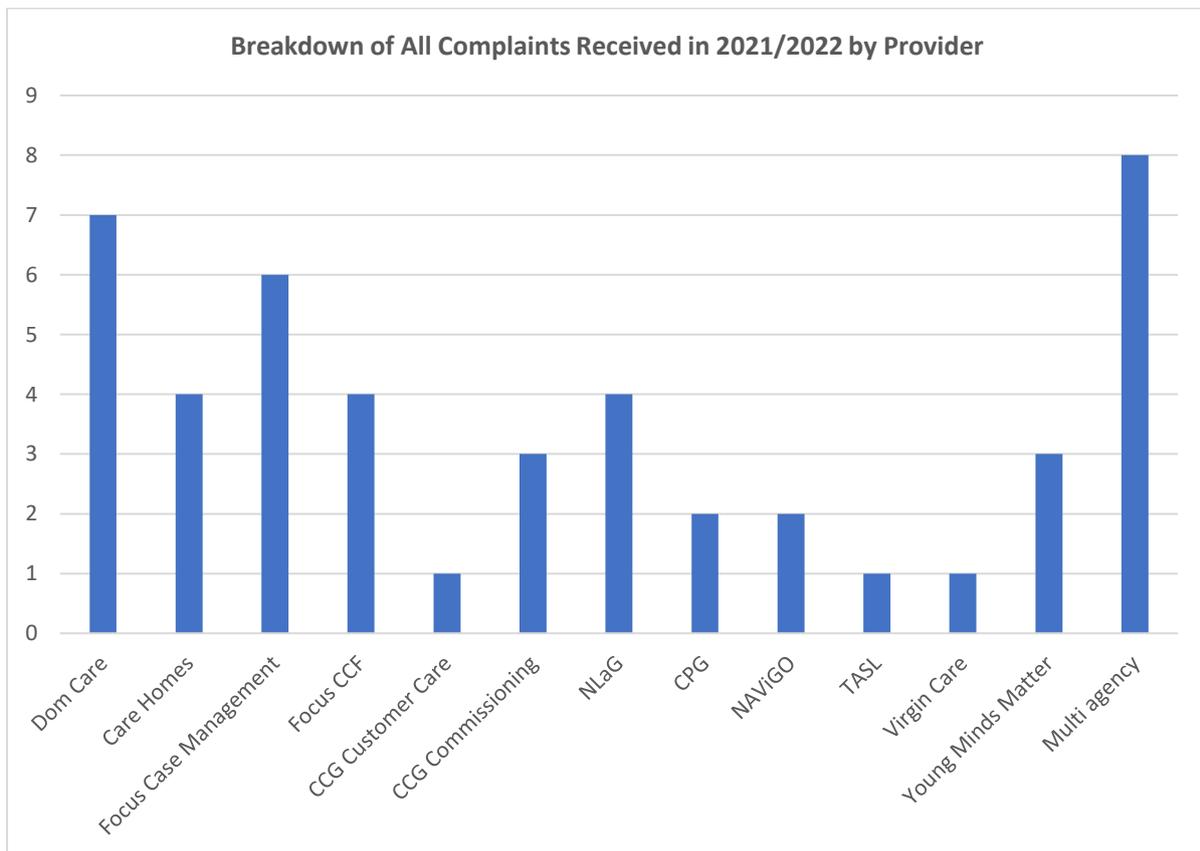
During 2020/21 there were 47 complaints received by NELCCG, a slight increase of 4% on the previous year. A breakdown of these into complaints about healthcare (including the CCG commissioning) and social care can be seen overleaf.

Table 2 below shows a breakdown of the complaints received by the CCG into health and social care complaints over the past four reporting years and the direction of travel of this year's figures compared with 2020/2021

Type of complaint	Total Number 2017/18	Total Number 2018/19	Total Number 2019/2020	Total Number 2020/2021	Total Number 2021/22	Direction of Travel from 20/21 to 21/22
Adult Social Care complaints	53	35	37	23	27	↑
CCG/health Complaint	58	37	39	22	18	↓

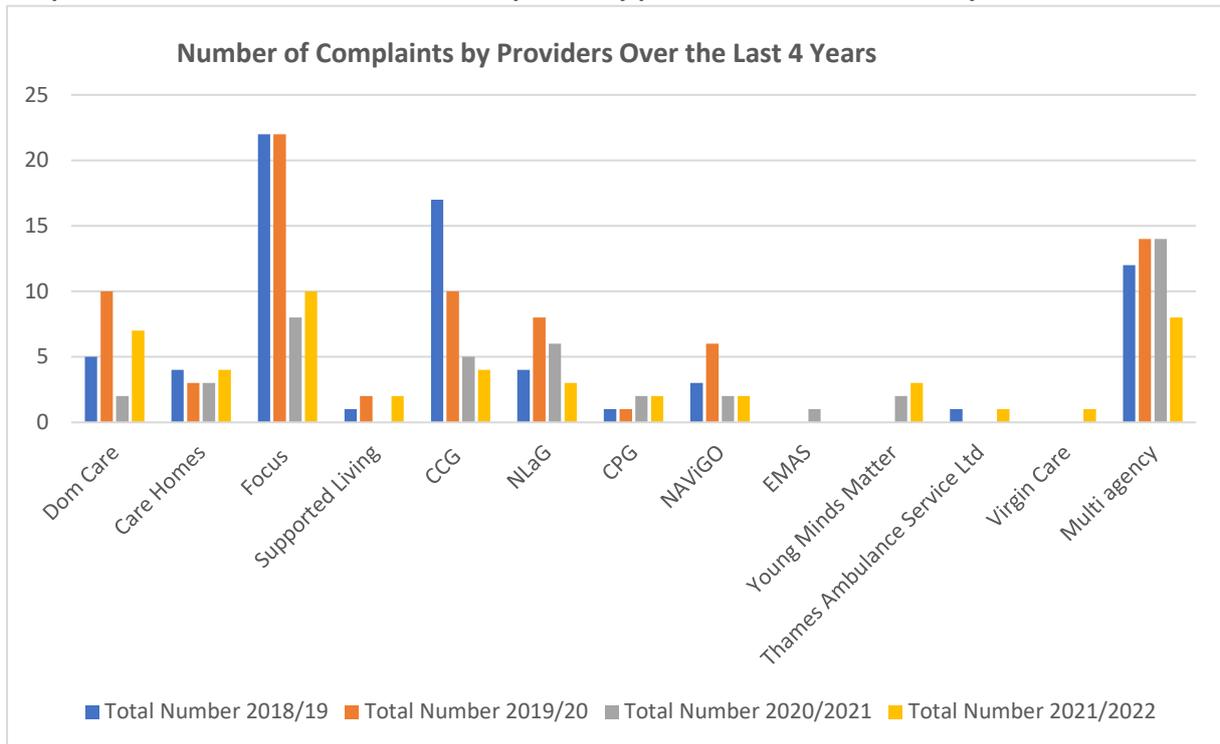
Breakdown of complaints by provider:

Graph 1 below shows an overall breakdown of the complaints received during 2021/22.



Year-on-year trend comparisons:

Graph 2 below shows the number of complaints by provider over the last four years.



In summary the overall provider complaints data has remained, in large, static for the last 2 years with some noted fluctuations. The Quality team, work with all providers to identify and process complaints. There are no reportable changes in process or care delivery to justify the change in complaints received.

The global COVID -19 pandemic saw many patients/service users receiving care in different ways, the Quality team has continued to align the incident review process, alongside the complaints process, to triangulate or identify any trends in care delivery, not captured as a result of the reduced complaints received and as such no further trends have been identified.

2.1 Acknowledgement of complaints

During 2021/22 100% of complaints received into the CCG Customer Care Team were acknowledged within three working days as required by the NHS and Adult Social Care (Complaints) Regulations 2009.

2.2 Responding to complaints

There is no definitive timeframe set out in the Regulations for responding to complaints. However, it is the position of NELCCG that complainants are provided with a response after a thorough investigation by the provider and a review of the investigation findings by the Quality Team. Complainants are updated regularly as to progress and are complainants were kept informed as to delays as they occurred.

During 2021/22, 58 complaints were closed. Of these;

- 17 were not upheld
- 21 were partially upheld

- 4 were fully upheld
- 16 were withdrawn by the complainant or resolved outside the complaints process.

During 2021/22 the average response time for a complaint made to the CCG was **125** working days. This is a significant increase on the average length of time to respond last year, which was 80 working days. This increase can be accounted for by continued pressure on Providers, which has impacted on the time taken to respond to the CCG, particularly for our local NHS Trust and social care providers.

It was acknowledged that there were delays within the current NELCCG complaints process. These delays were as a result of a combination of factors. In an attempt to identify the influencing factors of delay in more detail. Our complaints process was reviewed during 2021 and timescales were agreed for each stage of the process.

The CCG also now provides the complainant with a timescale by which they can expect their response. The timescale is a combination of the providers timescale for response as per their own complaint procedure plus the CCGs agreed timescale of 50 working days. Of the 3 complaints completed under the revised process by the end of March 2020, two met the timescale given to the complainant and one did not. The cause for not meeting the timescale was caused by the provider facing staffing issues due to COVID-19 and the CCG's delay with their internal checking and signoff processes. The complainant was kept updated throughout.

2.3 Actions associated with complaints

Where a complaint is either upheld or partially upheld, the provider(s) is (are) asked to develop action plans to address the learning and these action plans are monitored by the CCG Quality team until all the actions are completed.

During 2021/2022, **25** complaints were either upheld or partially upheld. The CCG found that due to the pressures of the COVID-19 Pandemic, not all the action plans were followed up as rigorously as they had been in the past, however assurances are being sought from providers that the actions have been implemented and the learning is embedded.

From the **25** complaints upheld or partially upheld, **31** action plans were received from the providers concerned, equating to over **60** actions undertaken.

A refresh of the action plan follow up process was included in the complaints review to highlight and flag up when action plans are late or not received for escalation and action through the contracting route.

3.0 Themes

A complaint can relate to more than one service and can contain a number of themes. During 2021/22 the highest number of complaints were in relation to the local acute trust, Northern Lincolnshire and Goole NHS Trust, the home care providers and the local social work provider, Focus.

Issues relating to discharge from hospital, late, missed and/or rushed support at home calls and questions about social care charges (which can also be appealed through the charging appeal process), were the most common themes.

Within the past twelve months complainants have identified a wide range of concerns, with the key ones being:

- Discharge from hospital, including poor planning, poor communication with patients and their families, issues with medication and poor coordination between the hospital discharge team and social care providers.
- Poor communication between family and care home staff.
- Late/missed calls from home care staff and poor quality or rushed care.
- Changes to the commissioning of NHS pain management services.

Please see appendix A for an exhaustive list of complaint themes during 2021/22.

4.0 Outcome of Complaints

In line with the Ombudsmen’s approach to categorising the outcome of complaints, the CCGs recorded complaints as either ‘upheld’, ‘partially upheld’ or ‘not upheld’.

The PHSO’s definitions of these are as follows:

Upheld: This could mean we found that:

- The organisations made mistakes or provided a poor service that amounted to maladministration or service failure, and
- This has had a negative impact on an individual that has not yet been put right.

Partially upheld: We might partly uphold a complaint if:

- We found that the organisations got some things wrong, but not all the issues that were complained about, or
- The mistakes made did not have a negative effect on anyone.

Not upheld: This could mean we found:

- The organisations acted correctly in the first place, or The organisations made mistakes but have already taken action to put things right for the person or people affected.

During 2021/2022 the number of the complaints that after investigation NELCCG found to be ‘well founded’, in other words, those that were found to be either upheld or partially upheld, were **25**.

Table 3 below illustrates the outcomes attributed to complaints completed during 2020/21

Complaint outcome	Total for 2021/2022
Upheld	4
Partially upheld	21
Not upheld	17
Withdrawn*	11
Progressed through PALS instead	5

*Withdrawn complaints are cases that were initially complaints but where the complainant later changed their mind and did not want to progress the matter.

As per table 3 above, of the **58** complaints closed in 2021/22, **43%** were upheld or partially upheld and **29%** were not upheld; the remaining **19%** were withdrawn, including **9%** resolved informally through PALS with agreement of the complainant.

Please see section 11 for details of cases referred to the parliamentary and Health Service and Local Government and Social Care Ombudsmen during the last year.

5.0 Lessons Learnt – Turning intelligence into improvement

Sir Robert Francis QC highlighted the importance of complaints in enabling NHS organisations to develop and sustain a culture in which the patient is at the heart of service design and delivery. “Complaints, their source, their handling, and their outcome provide an insight into the effectiveness of an organisation’s ability to uphold both the fundamental standards and the culture of caring. They are a source of information that has hitherto been undervalued as a source of accountability and a basis for improvement.”

NELCCG welcomes feedback, whether adverse or complimentary, as it enables learning from the experiences of patients, carers, and service users, and allows measures to be put in place to improve services for everyone. Whilst the majority of learning comes as a result of complaints, PALS concerns in particular can also generate learning in order to improve services. All intelligence is collated into a quarterly report and shared with the Service leads across the CCG.

When complaints are upheld or partially upheld, there are clear expectations that remedial action will be undertaken. As advised earlier, the Customer Care team follows up on the progress of these actions in order to ensure that service improvements are made and to hold responsible providers to account.

What has been highlighted through the CCG complaint investigations in the last year is the requirements for additional training across our care homes. Areas such as pressure damage, recognition of the deteriorating resident, assessment of malnutrition and mental capacity assessments have been identified as focal areas to be addressed. Whilst all of these are included in the care homes annual training plans, additional sessions through our support to care home meetings were arranged to ensure services are aware of the required standards. Guest speakers for pressure damage, nutritional assessment and mental capacity were arranged to provide an additional overview which the care homes can engage in and disseminate across their teams. Work is also underway in relation to recognition of deteriorating patients in care homes. From an overview perspective all care homes in NEL have now been trained and provided with equipment in how to take basic observations. This is expected to strengthen health triage and further work is planned to embed clinical escalation models such as NEWS2/RESTORE2.

Please see appendix B for further detail regarding lessons learnt for our providers during 2021/2022. This appendix shows examples of the upheld/partially upheld complaints that led to changes being implemented as a result of the concerns raised. The majority related to changes to procedures to facilitate better communication or improve service/care provision.

6.0 PALS – Informal Enquiries and Concerns

The Customer Care team also provides a Patient Advice and Liaison Service (PALS) dealing with informal enquiries and signposting. Contacts with PALS are divided into two types:

- **PALS enquiries:** A light touch contact with patient/service user to signpost them to services/contacts within North East Lincolnshire.
- **PALS Concern:** Where a concern is raised and managed informally, with the agreement of all parties and usually within three working days.

These informal enquiries provided the CCG with another valuable insight into patient and public experience of local health and adult social care services.

During this reporting period, the Customer Care Team handled **510** PALS contacts, a decrease of 54% on last year. The majority of this decrease can be accounted for by the fall in contacts regarding the COVID-19 vaccination programme and the relaxation of some restrictions in health and social care settings.

Table 4 below shows the number of PALS contacts received by NELCCG during 2021/2022

Type of PALS contact	Number of Contacts
PALS concerns	55
PALS enquiries	455
Total	510

The PALS team endeavours to resolve all informal enquiries quickly for the patient/service user and to limit any further escalation to a formal complaint. However, on occasions, some of the informal enquiries the CCG receive are time consuming, complex and require the involvement of multiple organisations and departments and these can take several days to resolve.

If enquiries cannot be resolved in a satisfactory way, the patient can escalate their concern as a formal complaint. During 2021/2022, **3** PALS concerns were escalated into a formal complaint. This equates to just **0.5%** of the total number of PALS concerns received.

Table 5 below shows the five most common issues raised as a PALS contact with the Customer Care team during 2021/2022:

	Issue
1	Ongoing care related queries
2	COVID-19 related queries
3	Access to Services
4	Medication related queries
5	Requests for service information

The table 6 below shows the top 10 organisations the PALS contacts were about:

	Organisation
1	NELCCG*
2	GP Practices
3	NLaG
4	Focus
5	Home care agencies
6	Care home (nursing/residential)
7	NAVIGO
8	TASL
9	CPG
10	Lincolnshire CCG

* NELCCG received the highest number of PALS contacts as a significant proportion have still related to the COVID-19 pandemic and in particular the national vaccination programme and queries about COVID-19 passports.

Compared with last year, North East Lincolnshire Council, who commission and provide children’s services, have dropped out of the top ten list above, which is likely to be a directly impacted by Google refining the search results for children’s services, which used to have the CCG number first and the Council second. This resulted in a large number of calls to the CCG that then had to be redirected. Lincolnshire CCG has now replaced them in the list, where callers who live close to the NEL border and use NEL services but have a Lincolnshire GP contact our service instead of Lincolnshire CCG and have to be redirected.

7.0 Feedback from complainants on their experience of the CCG’s handling of their complaints

Due to the CCG appointed community lead for quality, which is a lay representative appointment, having to step back from some of their work for the CCG, we made the decision to move from satisfaction surveys undertaken with complainants over the telephone, to putting the survey online. For those complainants that don’t have access to the internet, they are invited to contact PALS who will help them complete the survey and input the answers on their behalf. The survey focused on the handling of the complaint and the results were reviewed to look at how the CCG’s handling of complaints could be improved. The results have been very disappointing, with only **2** surveys completed out of **42** concluded complaints. The feedback received demonstrated that both complainants were happy with the handling of their complaint, but one remained dissatisfied with the outcome of their complaint.

While the satisfaction survey focused primarily on the handling of the complaint, complainants do have an opportunity to make comments at the end. These were reviewed, and action taken as appropriate.

8.0 MP Enquiries

During 2021/2022 there have been **20** enquiries from our local MPs, Lia Nici and Martin Vickers, a fall of 9%. The main themes of these MP enquiries were:

- Care related issues on behalf of individual constituents.
- GP practice related issues.
- COVID-19 booster related issues.

All of the cases were investigated and responded to the satisfaction of the MP involved.

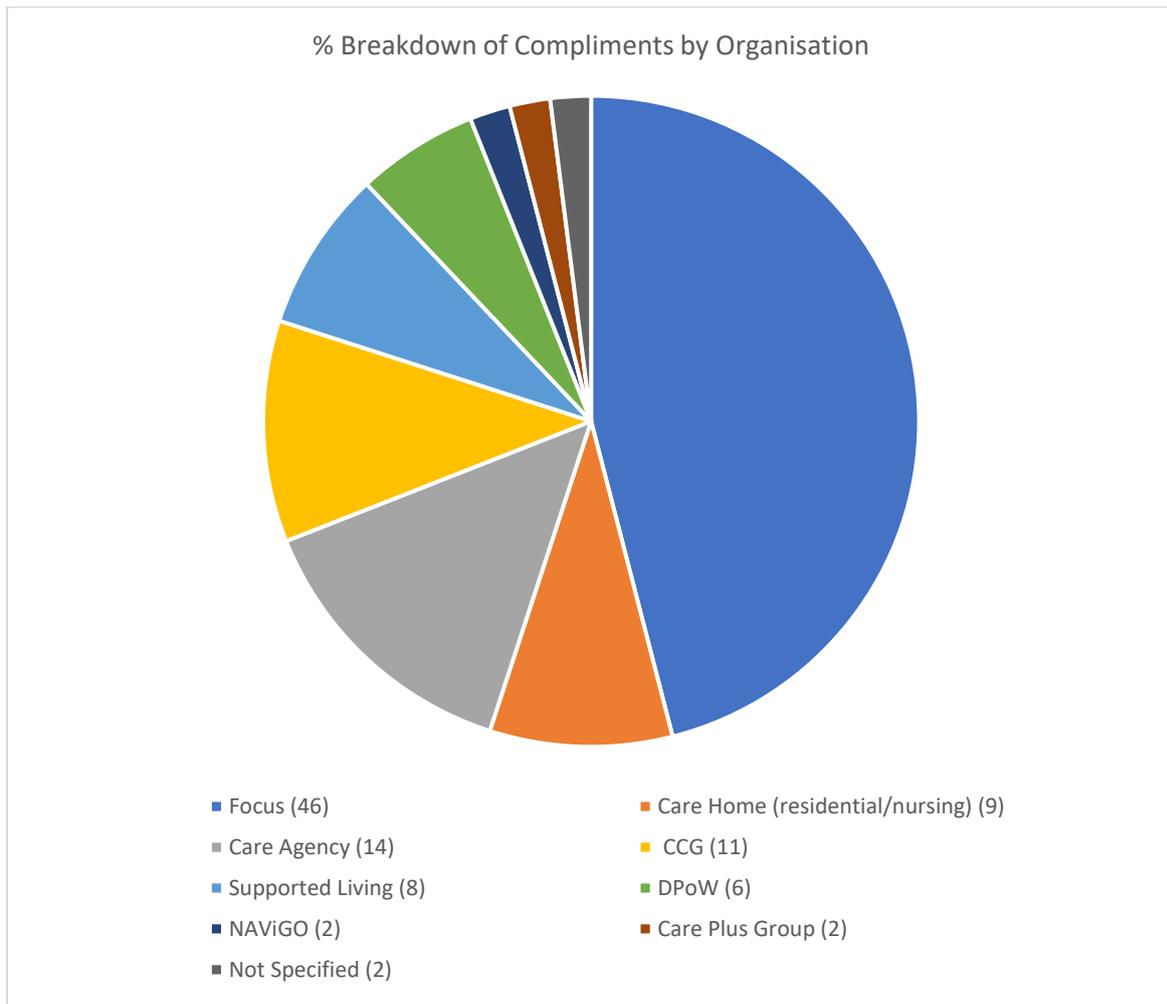
9.0 Compliments - Learning from excellence

A compliment is recorded when a member of the public or another staff member from another organisation expresses their gratitude for a member of staff performing well, often above the person’s expectations. Most of these compliments are received in writing, but a few are relayed through a line manager or to the customer care team verbally. Adult social care compliments are also received via comments left when a service user completes a survey at the end of a call to the Single Point of Access (SPA) and occasionally these are shared with the Customer Care team. The team also note when there have been compliments related to CCG functions and to other providers

that have been incorporated within a complaint letter. The team ensures that these are acknowledged and that they are shared with the relevant teams to recognise and celebrate best practice.

During 2021/2022 **53** compliments were received. This represents a fall of **35%**. There was a significant fall-off in staff reporting compliments over the summer period and a reminder was issued to both CCG and provider staff of the value of reporting and sharing compliments. This saw the number of reported compliments rise again for the second six months.

Graph 3 overleaf shows the percentage breakdown compliments by organisation:



Some examples of the compliments received can be seen below:

To a social worker:

"I would like to express my thanks to X for all the help and understanding she has shown to myself and family. Nothing has ever been too much trouble for her, and she is so friendly, helpful and understanding and has explained everything clearly. Thank you so much X. You are an absolute credit to your team."

About a care agency:

“The family member stated that the support provided by the care package is “brilliant” and all of the carers are regular carers who now know the service user well. The family member said that when it was the service user's birthday one of the carers decorated his room with balloons and another brought him a birthday cake. They are really grateful for the support provided via the care package.”

To a PALS officer:

“Thank you for your kindness, patience and professionalism in the way you handled the issues relating to the care of my mother-in-law.”

About a care home:

“My wife and I are essential care givers for my brother-in-law, X, at Y Home.

We wanted to take this opportunity to say how impressed we are with the care X receives.

The manager Z, her deputy, all the care staff and the activities manager all do a great job.

Just recently on valentine's day we were asked to visit X a little later than our normal 10am visit. When we arrived we were met by Z who took us to X's room and to our surprise there was a small buffet laid out for us, X was sat alongside with a red rose, red heart balloon and card to give to my wife. It was a wonderful gesture which I understand was also planned for other residents too.

It is not easy having a family member going through dementia but in the manager it is heart-warming to see someone who cares about X and a has real empathy for what we as his family are going through.

Speaking with Z it is obvious she is a thorough professional who cares deeply for the residents and their families. Her door is always open whether to discuss a concern or simply to give a word of encouragement and support as we deal with X's dementia journey

In our opinion its the best care home in Grimsby.”

About Diana Princess of Wales Hospital:

“On behalf of our mum and our family I would like to pass on praise regarding the patient liaison person called X who is working on the stroke unit at Grimsby's Diana, Princess of Wales Hospital.

Our mum was transferred last month from Scunthorpe to Grimsby after having a major stroke on Christmas day and further complications, she has been extremely poorly.

X's kindness, patience and thoughtful manner has had a huge positive impact on mum and her progress. This has been demonstrated through being able to have video calls with

mum and X whilst no visiting is allowed. This in itself is reassuring for our family to have that regular contact at this time, without X being available to do this we believe our mum would not have made the same progress she has up until now."

10. Parliamentary and Health Service Ombudsman (PHSO) and Local Government and Social Care Ombudsman (LGSCO)

The Local Government and Social Care Ombudsman (LGSCO) received 10 requests for investigation, but they carried out only six. The outcomes of which were two of the complaints were upheld, two were not upheld, and the remaining two outcome is awaited.

The LGSCO made a number of recommendations in relation to the two upheld complaints. In the first case it was to offer an apology and reconsider two items of disability related expenditure (DRE) and in the second case the recommendations were for the CCG offer an apology, waive the remaining care home fees and make a redress payment for upset and inconvenience.

All six cases had been considered by the CCG's Charging Appeals Panel as part of local resolution. As a result of the LGSCO's observations and findings, changes were made to how the Panel considers DRE items and also to make the explanation of the findings of the Panel clearer in the decision letter to the appellant.

No cases were investigated by the PHSO which is considered a reflection on the quality of the responses provided.

11.0 Horizon Scanning: 2022/2023

As with other CCG teams, the Customer Care team is anticipating a period of significant change and challenges within the 2022/2023, with the move to the Humber and North Yorkshire Integrated Care Board (the ICB), part of the new statutory integrated care systems who will be responsible for developing a plan to meet the health needs of their population; developing a capital plan for providers within their geography; and securing provision of health services to meet the needs of the system's population. The Customer Care team therefore expects to see potential changes in the way complaints are managed over the much wider ICB footprint and it is anticipated that complaints handling arrangements will need to be harmonised between the six former CCGs that will make up the ICB.

During 2020 the PHSO launched a public consultation on the Complaints Standards Framework. Part of this work included a number of NHS organisations piloting the proposed framework, and in particular their relevance to CCGs when fulfilling their commissioning role in relation to complaints handling. The pilot sites have continued during the past year and have been described as making good progress with testing the support materials, and in the latest update from the PHSO and it is anticipated that more information will be available during the next 12 months.

Appendix A: Complaints themes by provider for both health and social care

The table below shows the complaint themes for each of the main providers and how many complaints had the same theme. Complaints about discharge arrangements and CHC funding, including the assessment process, were the most common themes during 2021/2022.

Table 7 below shows the complaint themes by provider

Providers	Themes and numbers	
Care agency	Quality of care	5
	Late/missed calls	5
Care home (residential/nursing)	Poor communication with family/carers	7
	Quality of care	7
	Lack of planning and coordination of a discharge	2
	Community Urgent Action Team previously known as Rapid Response Team	2
Focus	Corporate appointee arrangements	2
	Charging issues	4
	Poor discharge arrangements	2
	Poor communication	3
NAViGO	Lack of support by Crisis team	1
	Lack of support from the Assertive Outreach team	1
NELCCG	Pain management commissioning	3
	Patient Advise and Liaison Service	1
NLaG	Dermatology	1
	Poor discharge arrangements	2
	Poor treatment	1
	Missed cancer follow up	1
	Staff attitude	1
Supported Living	Inadequate level of support	3
Virgin care	Poor communication and delays accessing the service	1

Appendix B: Examples of learning and actions taken from Complaints and PALS for both health and social care

Appendix B: Lessons Learnt

Whilst the CCG would expect the majority of learning to be informed via complaints, it does not underestimate the value of PALS cases that have also demonstrated actions and learning. Two examples of this have been included in the selection below.

Learning identified is monitored by the development of an action plan by the provider to address the learning and the action plan is monitored by the CCG until all the actions are completed.

Table 8 below shows some examples of the lessons learnt and actions taken from upheld and partially upheld complaints and PALS concerns.

Complaint summary	Outcome and learning identified	Action taken
Poorly planned discharge from hospital	It was accepted that the discharge planning and process could have been better, and it was exacerbated by poor communication between the hospital staff and the family, which could have been clearer and timelier.	<p>Details of the complaint have been shared so staff can learn from the family's experience in how they can improve their process for co-ordinating with a number of family members.</p> <p>Staff were also reminded of the need for good record keeping as the investigation identified poor records and inadequate records of communications and discussions.</p>
A resident quickly became unwell, and there were delays in arranging for medical advice to be sought. When the resident needed the commode, the staff did not assist but left the family to try and help the resident to use it.	Initially there was a misunderstanding between the staff and family regarding medical advice being sought. Some equipment was not working properly, and this further delayed seeking medical advice due to inaccurate readings. Staff should have stayed to assist with toileting, particularly as the resident was unwell. The sling was stored in the loft, meaning it was not readily available.	<p>Communication training was delivered to staff at a care home to ensure effective communication between staff, residents, and their families, particularly in respect to requests for medical assistance.</p> <p>The recognition of a deteriorating patient training referred to in section 6 was rolled out to the care home staff.</p> <p>Learning to be shared with staff to ensure support is provided by carers to residents when they require to use the commode, particularly when it has been identified they are unwell.</p> <p>All sizes of slings are available and are immediately accessible and equipment will be checked and calibrated on a regular basis.</p>

<p>Lack of follow up or review for a patient following removal of skin cancer at Castle Hill Hospital.</p>	<p>The patient was discharged from Hull University Teaching Hospitals Trust (HUTH). They should have been reviewed every three months for three years as requested in a letter sent from a Clinical Nurse Specialist to NLaG. Unfortunately, this was not sent by the correct route, which was set up to ensure patients were not lost in transition between the two services and the request was missed.</p>	<p>NLaG are currently supporting a project to improve communication between the two Trusts (NLaG and HUTH) to ensure safe and timely sharing of patient information for those under the care of both Trusts Administration staff were reminded to be more vigilant when receiving letters from other Trusts and to ensure all requests are acted upon to prevent a situation like this happening in the future. The case has been fed back to Castle Hill Hospital to ensure that the correct process of referring/re-referring is followed at all times.</p>
<p>A hold was requested on a case due to go to appeal, but this was not communicated to the appellant.</p>	<p>In addition, the case was not picked up and dealt with for some months and the lack of communication caused the appellant considerable uncertainty and distress.</p>	<p>Once the Customer Care Team are notified that an appeal is put on hold, the appellant will be notified of the situation. The file will be marked on hold and the date and at 3 monthly intervals a check will be made with the person who requested the hold to see how the case is progressing.</p>
<p>Lack of supervision of antibiotics taking by carers and community nurses visiting the property.</p>	<p>The person was aware the antibiotics were there but did not want to take them as they were not her usual ones. The community nurse was unaware that antibiotics had been prescribed, but as soon as she found them she found out where they had come from and advised the person of the need to take them.</p>	<p>Practices were reminded that when another healthcare professional has flagged up a deterioration in a patient's condition and the GP has decided to prescribe medication, the surgery should ensure that someone communicates this with the patient directly to ensure the patient is aware that medication has been prescribed and the importance of taking this.</p>
<p>A resident on a short stay placement was left in the same clothes and in his room for the duration of their stay.</p>	<p>There was a lack of communication from the home staff to the family on departure. The person's clothes were changed each day and the worn clothes were washed and pressed before being packed into the case. The person was asked if they wanted to come downstairs for meals and activities, but they preferred to remain in their room watching TV.</p>	<p>Staff at the care home to provide feedback to the individual's family about the resident's stay such as whether they settled in ok, wanted to stay in their room or were happy to join in with mealtimes and activities and how they ate and mobilised. They will also provide an explanation to family members on discharge that the individual's clothes have been washed and ironed during their short stay.</p>

<p>Lack of contact by Focus following a CHC assessment.</p>	<p>A DST assessment for CHC funding was attended by a Social Work Coordinator and a CHC nurse. During this meeting the social work coordinator also undertook a financial assessment. The family then received a letter saying someone from Social Care would contact them, but this was incorrect as all of the required assessments were already completed during their visit.</p>	<p>The letter following a joint visit was amended to make the sure the follow up information is correct.</p>
<p>A service user was left alone all day with no food or drink as the sitter failed to arrive.</p>	<p>The paperwork for the sit was sent through but due to an oversight it was not added to the rostering system.</p>	<p>A 'board system' is now used so that all new care packages are added to the board and the packages of care are checked and signed off by a care a manager once they are put onto the electronic system.</p>
<p>Family were not made aware that their family member had fallen in a care home.</p>	<p>Staff did not notify the family as the resident did not suffer any injury. This was not acceptable as the family should been made aware.</p>	<p>Staff awareness raised that they should ensure families receive appropriate communication in relation to falls and that interactions and relevant conversations with service users should be recorded.</p>
<p>PALS were asked to look into delays to an individual funding request (IFR) made by a GP.</p>	<p>The referral has been delayed because the GP included patient identifiable information, so it had to be re done.</p>	<p>A reminder was sent to all GPs not to include person identifiable details in an IFR.</p>

Appendix C Glossary of abbreviations used

Table 9 is a glossary of abbreviations used within the report.

Abbreviation	Full Description
CHC	Continuing Healthcare
CPG	Care Plus Group
DRE	Disability Related Expenditure
ICB	Integrated Care Board
IFR	Individual Funding Request
LGSCO	Local Government and Social Care Ombudsman
NELC	North East Lincolnshire Council
NELCCG/CCG	North East Lincolnshire Clinical Commissioning Group
NHSE/I	NHS England/NHS Improvement
NLaG	Northern Lincolnshire & Goole NHS Foundation Trust
PHSO	Parliamentary and Health Service Ombudsman
PALS	Patient Liaison and Advice Service
SI	Serious incident
SPA	Single of Point of Access
TASL	Thames Ambulance Service Ltd