

Experience of Care Forum update, including a HNYICB response to ‘A Pain to Complain’ report

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Experience of Care (EoC) Forum

Experience of Care Forum

The first Experience of Care Forum took place on the 16th January 2024. The Voice of Lived Experience Group which was also set up was merged with this group due to the similarities in both aim and desired membership.

The collective aim was to ensure that we had an ICS wide view of the experience of care for our patients, service users and carers accessing services within the geography. This would ensure Board oversight and inform both quality improvement and commissioning decisions.

Due to the structure of the ICB and based on the aim, this work spanned 3 different directorates; Nursing and Quality, Comms and Engagement and Corporate Affairs.

From the outset, the forum has included members from across the ICS, inclusive of Primary Care and Social Care.

The forum meets on a bi monthly basis, with a Terms of Reference and supporting governance structure. The EoC Forum reports to the System Quality Group and has separate Task and Finish Groups reporting into it around key pieces of work, for example the Insights Bank and The Good Experience Project.

Experience of Care (EoC) Forum

Highlight Reports

A highlight report template has been developed and will be implemented from May 2025. Areas for populating are:

- Quality priorities (related to Experience)
- Learning to share
- Intelligence (complaints, concerns, compliments, themes)
- Risks
- Achievements
- Opportunities

Healthwatch Workplan

- Healthwatch annual priorities have been shared from across the 6 Places and amalgamated into a workplan.
- Consideration is being given as to how this can be used on the Insights Bank to raise awareness of the work that Healthwatch will be completing

Experience of Care (EoC) Forum

Surveys, Reports and Guidance documents

Different Surveys and Reports have been shared with the forum membership, including:

- (UEC) Survey 2024
- Carers UK - National Carers Pack
- A Pain to Complaint Healthwatch Report

Discussions have also taken place in relation to:

- Reforming Elective Care for patients
- Experience of care Improvement Framework

A Pain to Complain

Why it's time to fix the NHS complaints process

Context

- Written complaints in the NHS reached a record high in 2024. With public satisfaction with the NHS at record low levels, the way the NHS handles, responds and learns from complaints is vital.
- When Healthwatch first reviewed the NHS complaints process over a decade ago, they found major failings and called for reform. To establish if people's confidence or experience has improved, they conducted new research between September and December 2024.
- They found that low public confidence is preventing people from taking any action after experiencing poor care, meaning that current complaints numbers could just be the tip of the iceberg. There is little evidence that complaints are being systematically used to improve care.

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Key Findings

➤ **Very few patients complain.**

Almost a quarter (24%) told us they had experienced poor NHS care in the past year. Yet more than half (56%) of people who experienced poor care took no action, and fewer than one in 10 (9%) made a formal complaint.

➤ **Low confidence stops people acting.**

Of those who didn't make a complaint after poor care, 34% believed that the NHS wouldn't use their complaint to improve services, 33% thought organisations wouldn't respond effectively, and 30% felt the NHS wouldn't see their concern as 'serious enough'.

➤ **A poor complaints experience is common**

Over half (56%) of people who made a formal complaint were dissatisfied with both the process and the outcome of their complaint.

➤ **Falling investment in support to help people complain.**

The budget allocated to councils to arrange statutory NHS complaints advocacy for local people has declined by more than 20% over the last decade

➤ **People experience long waits for responses.**

On average, integrated care boards (ICBs) took 54 working days to respond to complaints they handled as commissioners of NHS services. Response times ranged from between 18 and 114 working days.

➤ **The NHS is not effectively learning lessons.**

NHS organisations do not effectively capture the right data about who makes complaints, do not welcome complaints or fail to fully demonstrate learning from complaints. There is little national oversight and accountability over the complaints process.

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Why it's time to fix the NHS complaints process

Key Recommendations

1. Make the complaints process easier for patients and their families to navigate

- NHS England (NHSE) should require NHS bodies to collect wider data about complainants, such as gender, ethnicity and disability, so that we know who does and does not submit complaints
- The Department of Health and Social Care (DHSC) should set detailed and mandatory standards on NHS 'front-door' information - including on the NHS App - about how people can navigate the complaints process.
- DHSC should commission a comprehensive review of statutory NHS complaints advocacy services.

2. Monitor and improve the performance of organisations that handle complaints

- DHSC should set mandatory response times for complaints following a baseline exercise on current average response times at all providers and ICBs
- NHS organisations should survey patients after complaint cases are closed to monitor their satisfaction with the process and outcomes.
- NHSE should require all NHS bodies to report on new performance indicators of complaint handling, including the number of re-opened complaints, and the number of complaints referred to the Parliamentary and Health Services Ombudsman (PHSO).
- NHSE should carry out a performance audit on ICB compliance with the 2009 complaints handling regulations.

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Key Recommendations

3. Develop a culture of listening to and learning from complaints

- DHSC should strengthen regulations to require NHS bodies to publish their annual complaints reports, rather than 'on request' as currently required.
- DHSC should require providers to better demonstrate learning from complaints through more detailed annual complaints reports.
- DHSC should make the PHSO's NHS Complaints Standards mandatory and clarify which body should lead in monitoring and enforcing them.
- NHSE should assess ICBs' complaints handling in ICB annual assessments.
- The Care Quality Commission (CQC) should improve the regulation of providers' complaints' handling responsibilities by checking this at every new and full assessment

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Provider Position - York & Scarborough

- Gender and disability data is captured. However, they have not introduced a process for capturing ethnicity. Do not have a process that separates demographic information that would mean that it is not identifiable information.
- In the last year their complaints and concerns policy has been updated which includes details of expected response times
- Updated PALs leaflet and the web page in this last quarter enhancing the patient experience – complainants can make a complaint by email, phone, using the online form on the website or can speak to a member of the PALS team in person in both York and Scarborough where we have members of the team based
- Care Groups have weekly complaints meetings with the governance teams and Investigating Officers and supported by members of the PALS team; complaints are also discussed at the newly introduced Care Group Patient Experience Group meetings
- Reporting of complaints and concerns takes place each month within Care Groups and also at Patient Experience Sub Committee where Care Groups include their complaint response times including the number of reopened complaints in their reports
- Introduced a 6 month report for complaints in addition to the annual report we already author – this is presented at the Patient Experience Sub Committee and reported to Quality Committee
- At the request of the Chair, a deep dive of complaints for September 2024 took place and this report has been discussed at Board so they understand the themes and challenges in terms of complaints management
- “Joining the Dots” meeting started which is attended by representatives from workforce, patient safety, concerns and complaints and freedom to speak up guardian to explore if there are trends
- Implementing communications/customer service training in Q1 of the new FY to help support the theme of complaints in relation to communications and staff attitude

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Provider Position - York & Scarborough

- Implementing communications/customer service training in Q1 of the new FY to help support the theme of complaints in relation to communications and staff attitude
- Introducing posters and business cards to make it more accessible for patients and carers to access support from ward managers and matrons to help address concerns for those who are inpatients at the time they are in the hospital in addition we are piloting bedside handovers, to enhance communication and improved patient experience. Early signs are that this has resulted in a reduction in concerns and complaints received on the wards where this is being piloted
- With effect from the new FY; transitioning our training for complaints to the newly available PHSO training
- With effect from the new FY; making available complaints writing training to Investigating Officers
- Do not currently have a process to get feedback from complainants in terms of the experience of managing complaints – considering how best to introduce this in the future
- The Trust is going to participate in the NHS pilot of Copilot (Microsoft's AI tool) and have expressed an interest with the DIS team for being part of the pilot to explore how AI can be used for complaints
- Introducing the Action module for complaints on Datix across all care Groups in the new FY so that we have a reportable way of capturing actions taken as a result of complaints and to better share learnings
- Review of our current process map across the organisation for managing complaints to ensure that have the right resources and processes to improve concerns and complaints management – this will include benchmarking against other organisations.
- A key theme of our priorities for the next financial year is to improve complaints management and the complaints experience for patients and carers – this reviewing the KPI's for complaints and concerns management that we will be tracking.

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Provider Position - Humber Teaching FT

- make the complaints process easier for patients and their families to navigate;

A complaint can be made in a variety of ways including by telephone, letter, email or online form. The complaints policy is available to view on the Trust website along with supporting guidance for patients, service users and carers; the website uses the ReachDeck software which can translate text into multiple languages and assist with communication needs. Every complainant is provided with details of how their complaint will be progressed; formal complainants are sent an acknowledgement letter and a leaflet containing all the relevant information. They are also offered a conversation with the investigator at the very beginning of the process, who will accommodate any requests for support where able.

- monitor and improve the performance of organisations that handle complaints;

Information relating to formal and informal complaints is reported on at senior level via the IQPT reports and the Quality Dashboard, including the number received and responded to, recurring themes and outcomes. Each of the clinical divisions also receives a quarterly governance report for formal and informal complaints responded to, including themes, outcomes and lessons learned. The patient safety team holds a quarterly accountability review and collects data from the Complaints and Feedback Team as part of this.

- develop a culture of listening to and learning from complaints.

The Trust complaints policy advocates local resolution as the first stage of the process wherever possible; where issues can be addressed quickly and effectively and involve listening to and understanding concerns at a local level without the need for involvement from the Complaints and Feedback Team. Where formal complaints are progressed, investigated and responded to, actions from these complaints are added to a tracker for each division; these are monitored by the team for completion and then by the individual divisions for evidence of long-term change. Complainants can be involved as much or as little in the process as they choose and the policy is changing to embed this involvement more proactively, including making sure all complainants are offered the opportunity to co-produce action plans.

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HNYICB Position

- Full gap analysis has been completed of the recommendations –
- 12 recommendations across 3 key areas; 10 could impact ICB's (if implemented by NHSE/ DHSC)
 - 5 already implemented and embedded as part of current processes
 - 3 are partially implemented as part of current processes
 - 2 are not implemented as part of current processes
- Recognising the great work already embedded as part of the process/ function;
 - The team have developed a web page [Experience Team - Humber and North Yorkshire Integrated Care Board \(ICB\)](#) which includes information on the services offered, our role as commissioner, a section on the Accessible Information Standard, a section on Ask, Listen, Do for individuals who have autism or a LD, Healthwatch link, Advocacy information.
 - The team report on the 'new' indicators recommended including re-opened complaints and those referred to the Ombudsmen
 - Our Annual Report is published on the aforementioned web page every year once approved.
 - We follow the PHSO complaints standards and reference these in our Policy.
 - The team have also completed the PHSO training

No.	Recommendation detail	Gap (report)	Narrative (HNYICB)
R1	NHS England should require NHS bodies to collect wider data about complainants, such as gender, ethnicity and disability, to understand trends and identify any inequalities in who feels able to raise concerns about poor care	Gender, ethnicity, disability and other protected characteristics of complainants are not mandated to be collected or published.	<p>This is an identified gap but one that has started to be explored.</p> <p>The agreed bank of questions used by the ICB has been shared and we are working with our system developer to see if they can be incorporated into our system. Any gaps can be explored thereafter.</p>
R4	DHSC should set mandatory response times for complaints (as is done in other parts of the UK), following a baseline exercise by NHSE to establish current average response times at all providers and ICBs, and considering whether differing times should apply depending on complexity.	<p>No data on the number of complaints acknowledged within three days or still open at six months.</p> <p>No data on any average target response times set by individual NHS bodies or actual response times achieved.</p>	<p>The report acknowledges that the regulation/ statutory tool does not define a mandatory response timescale. The regulation does however, mandate an acknowledgement time of 3 workings days and it also mandates that this is reported on within the annual report.</p> <p>Acknowledgement within 3 working days timescale - reported on annually and perform well at 100%</p> <p>Still open at 6 months - this is not a mandated timescale and is not requested to be included in reporting. We do not include it in our reports currently.</p> <p>Timescales in our policy are 25 w/days and 60 w/days</p>
R5	NHS organisations should survey patients after complaint cases are closed to monitor their satisfaction with the process and outcomes.	No requirement on NHS bodies to systematically seek and publish information on complainants' satisfaction with the process.	<p>The report doesn't acknowledge the poor uptake that a lot of teams experience with a survey. It doesn't acknowledge the difficulty found where individuals struggle to differentiate between the process and the outcome. Feedback often reflects the outcome, even when the process has been faultless.</p> <p>Survey has however been launched within the concerns element of the function. This has been developed on MS Forms and is sent out as a link to individuals who have emailed the team and had their concern looked into. A Complaints Survey is currently in development</p>
R9	DHSC should require providers to demonstrate better learning from complaints through more detailed annual complaints reports that include case studies and complainant surveys, any changes to service delivery, policies or staff training, and any escalations to national safety bodies or regulators, as well as better demographic and response time data	<p>Little evidence of regular publication of annual complaints reports.</p> <p>Complaints reports are of variable quality, sometimes with limited information.</p>	<p>Assured that we currently report on what is mandated through the regulation and we do include some of the elements recommended. We also include a reflections and achievements sections and a future development section.</p> <p>Acknowledgement that the recommended additional areas for inclusion would support a richer and more meaningful report and this can be explored further if supported .</p> <p>Acknowledge that more needs to be done around the learning from complaints. SOP recently updated to enhance this process through collaborative action plans.</p>
R11	NHSE should assess ICBs' complaints handling in ICB annual assessments. This should be enabled through amendments to the NHS Oversight Framework, which should require ICBs to demonstrate good handling and learning of complaints received by them, as well as how they monitor and seek to improve complaints handling by local providers	The CQC does not check complaints handling at every assessment of providers.	Assurance from NHSE as part of the delegation of primary care complaints.

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Reflections

- Performance V People
- Empathy over optics
- Complexity
- Bridging the gap between intent and impact
- Challenging behaviours – rebuilding Trust
- Staff

I would like to take this opportunity to say thank you for your understanding/ time / care and commitment to the case and I wish to pass on these thanks to your manager you went above and beyond / effectively communicated which reduced a significant amount frustration and stress through this ongoing process this didn't go unnoticed

I would like to thank you and Caroline for your thoughtfulness throughout this difficult experience. I felt you really listened to me and responded with care and empathy. You helped to make a difficult process easier.