



Agenda Item No:

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Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	9 th April 2025
Subject:	Experience of Care Forum update, including a HNYICB response to 'A Pain to Complain' report
Director Sponsor:	Karina Ellis, Executive Director Corporate Affairs
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STATUS OF THE REPORT:

Approve ☐ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☒

SUMMARY OF REPORT:

This report provides an update on the 'Experience of Care Forum' and its development over the last year. The report also provides an update and reflections on the Healthwatch Report 'A Pain to Complain' which was published in January 2025.

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.

The forum have introduced a highlight report, populating:

1. Quality priorities (related to Experience)
2. Learning to share
3. Intelligence (complaints, concerns, compliments, themes)
4. Risks
5. Achievements
6. Opportunities

A Healthwatch workplan has been pulled together, collating information on the work of Healthwatch across the 6 Places.

A number of reports, surveys and new guidance have also been brought to the forum and discussed. Where appropriate, the forum membership are now considering where it would be appropriate to consider these documents at scale across the ICS and collaborate on them.

A Pain to Complain Report

Healthwatch England published this report in January 2025, following research between September and November 2024. Their key findings are:

- Very few patients complain.
- Low confidence stops people acting.
- A poor complaints experience is common
- Falling investment in support to help people complain.
- People experience long waits for responses.
- The NHS is not effectively learning lessons.

The key recommendations are:

- Make the complaints process easier for patients and their families to navigate
- Monitor and improve the performance of organisations that handle complaints
- Develop a culture of listening to and learning from complaints

A full gap analysis has been completed of the recommendations with 12 recommendations across 3 key areas; 10 could impact ICB's (if implemented by NHSE/ DHSC). Of those 10:

- 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

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.	This is an identified gap but one that has started to be explored. 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.
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.	No data on the number of complaints acknowledged within three days or still open at six months. No data on any average target response times set by individual NHS bodies or actual response times achieved	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 working days and it also mandates that this is reported on within the annual report. Acknowledgement within 3 working days timescale - reported on annually and perform well at 100% 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. Timescales in our policy are 25 w/days and 60 w/days
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.	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. 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

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.

Further ICB reflections on the report

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

RECOMMENDATIONS:

Members are asked to:

- Discuss the content of the report and the information included within it
- Assure the report, in terms of the delivery of its statutory and regulatory duties

ICB STRATEGIC OBJECTIVE

Leading for Excellence	<input type="checkbox"/>
Leading for Prevention	<input type="checkbox"/>
Leading for Sustainability	<input type="checkbox"/>
Voice at the Heart	<input checked="" type="checkbox"/>

IMPLICATIONS

Finance	There are no direct financial implications as an outcome of this report
Quality	Contacts received can be in relation to the quality of service provided or commissioned within the HNY ICB area.
HR	N/A
Legal / Regulatory	Regulation 16: Receiving and Acting on complaints.
Data Protection / IG	Details of individual cases have not been disclosed as part of this report to ensure data protection compliance
Health inequality / equality	NA
Conflict of Interest Aspects	There are no direct conflicts of interest within the report.
Sustainability	NA

ASSESSED RISK:

Low risk in terms of the report and the implications of this, due to the process that is already in place. Recognised risk around the collection of demographic data and understanding who we are hearing from within our population. Any gaps identified can be explored further once this is in place.

Processes around learning from complaints also need to be further enhanced.

MONITORING AND ASSURANCE:

Updates on the risks will be included in future reporting from Q1 2025/26.

ENGAGEMENT:

NA

REPORT EXEMPT FROM PUBLIC DISCLOSURE

If yes, please detail the specific grounds for exemption.

No ☒ Yes ☐