

| REPORT CLASSIFICATION          | ✓ | CATEGORY OF PAPER        | ✓ |
|--------------------------------|---|--------------------------|---|
| Official                       | ✓ | Proposes specific action | ✓ |
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| Official: Sensitive Personal   |   | For information only     |   |

## BOARD

30 SEPTEMBER 2026

### Report Title:

**Complaints Annual Report 2025-2026**

### Purpose of report

This annual report presents a summary of complaints, concerns, and issues handled by the complaints service from 01 April 2025 to 31 March 2026 for the North East and North Cumbria Integrated Care Board (ICB).

### Key points

The purpose of this annual report is to provide assurance to the Board that the ICB has fulfilled its statutory responsibilities for complaints management during 2025/26.

It summarises the complaints, concerns, enquiries and telephone activity across ICB commissioning and primary care, including key themes, outcomes, learning and improvement activity.

A review of the ICB's complaints process undertaken earlier in the year identified that there were different processes in managing commissioning and primary care complaints. The review identified opportunities to streamline workflows and develop an integrated approach to complaints management across all the ICB. This approach was embedded throughout the year, with a focus on consistent triage, timely responses, improved reporting and clearer routes for identifying and sharing learning. Work progressed throughout the year to reduce the historic backlog, strengthen reporting and improve online complaints information.

The report provides a high-level overview of the primary care and ICB complaints/concerns raised during the year, the number of cases closed along with learning from complaint investigations. A summary of the complaints management for 2025/26 is set out below:

- ICB complaints
- Improvements delivered during 2025/26
- Forward view for 2026/27

### ICB Complaints 2025/2026

During 2025/26, the Complaints and Patient Experience Team received a total of 3056 new complaints/concerns and enquires (compared to 1697 in 2024/25). Showing an increase of 80% from 2024/25.

- 629 complaints were related to ICB Commissioning, representing 20% of the total received during the year (compared to 430 out of 1697, or 25% in 2024/25),
- 1158 complaints were related to primary care, representing 37% of the total received during the year (compared to 945 out of 1697, or 55% in 2024/25).
- 1269 complaints were related to other organisation/enquires representing 41% of the total received during the year (compared to 322 out of 1697, or 19% in 2024/25),

Additionally, the team managed 1,004 telephone calls during this period.

The main themes and categories of the ICB complaints/concerns continue to be commissioning of access to NHS dental care, all age continuing healthcare and eligibility criteria for weight management drugs, individual funding request (IFR) decisions, general practice commissioning and attention deficit hyperactivity disorder (ADHD).

The main themes of the primary care complaints/concerns received continue to be of a broad spectrum and include areas around appointment availability, clinical treatment, prescribing issues, removal from practice patient list and staff attitude/behaviour and values.

A copy of the learning and improvements from ICB complaints is attached at **Appendix 1**.

### **Improvements delivered during 2025/26**

#### **Integrated complaints process**

A single complaints function has been established for ICB commissioning and primary care complaints, supporting more consistent triage, registration, introduction of patient online complaint/consent form to submit complaint for investigation and response approval.

#### **Parliamentary and Health Service Ombudsman (PHSO) record log**

A PHSO log has been introduced to track contacts, monitor case progress and support monthly oversight of ongoing cases.

#### **Complaints reporting and dashboard**

Reporting onto the Safeguarding Incidents and Risk Management System (SIRMS) has been strengthened through improved data fields, reporting categories and dashboard functionality, with further work planned to enhance themes, trends, learning and recommendations.

#### **Online complaints, information and consent**

The complaints webpage has been updated to provide clearer information, improved signposting and online complaint and consent routes to support accessibility and more timely handling of complaints.

#### **Collaborative working with specialist teams**

The Complaints and Patient Experience Team has strengthened links with several teams across the ICB including all age continuing healthcare, ADHD, communications and neighbourhood teams to improve triage, clarify responsibilities and support more effective complaint investigations.

#### **Complaints telephone system**

From 01 July 2026, a new Microsoft Teams telephony system became operational. Calls to the ICB main telephone number are now directed and routed to each complaint case handler in real time.

### **Forward view for 2026/27**

In 2026/27, the focus is to continue to embed and improve the integrated complaint's function, strengthen assurance and improve learning from complaints. Key areas include:

- Continue to develop complaints dashboards to improve visibility of themes, trends and recommendations, triangulated with patient involvement feedback and survey insight.
- Complete backlog recovery and maintain timely handling of new complaints, moving towards a real-time position in line with the National Oversight Framework and Complaints Regulations 2009.
- Review and update the ICB complaints webpages to further improve public information and ensure provider-related complaints are directed appropriately.
- Develop and implement complaint key performance indicators to strengthen assurance across all complaint types.

- Continue collaborative working across the ICB teams to resolve concerns early and plan for changes that may increase complaint demand.
- Strengthen recording and sharing of learning, recommendations and actions from upheld or partially upheld complaints to support improvement and patient outcomes to provide assurance through to the Quality and Safety Committee.

## Risks and issues

### Risks:

- There is a risk that the transfer of the SIRMS system from NECS to the ICB (hosted by Ulysees as the SIRMS provider) may impact on reporting continuity through potential loss of expertise and support. Funding was approved to extend SIRMS support for 12 months before the NECS closure in 2027, with continued support and training needed to maintain continuity and improve reporting quality.
- The historical PHSO cases remain a reputational risk due to elapsed time. Monthly oversight and updates are required until resolved
- The ICB Corporate Risk Register notes that limited Complaints and Patient Experience Team capacity may affect statutory complaints compliance. Approval has been received to increase the team capacity, and a recruitment process is now underway.
- There is a risk that due to insufficient team capacity, backlog cases from mid-November 2025, rising complaint volumes and increasing case complexity mean the ICB is unlikely to meet the six-month complaints timeframe set out in the forthcoming National Oversight Framework.
- AI-generated complaints have increased since early 2026, creating greater complexities in complaint handling. Increased requirements for legal advice where complex challenges are submitted.

### Issues:

- There is an issue that due to the team capacity, rising complaint volumes and greater case complexity, that the wellbeing of staff is being impacted and contributing to higher absence levels.
- Data quality remains an issue. Refinement of themes, trends, recommendations and learning fields is needed for robust quarterly and annual reporting. This will progress with Ulysses from September 2026 as part of the system data review.

## Assurances and supporting documentation

- Complaints made against the ICB continue to be managed in line with the NHS Complaints Procedure and the NHS Complaint Regulations.
- A streamlined triage process is now in place to review incoming complaints and, where appropriate, resolve issues before they progress to the formal complaints stage.
- Work is progressing to develop a comprehensive SIRMS reporting structure, including quarterly dashboards to compare complaint volumes, themes and complexity.
- The ICB has worked collaboratively with the PHSO and Local Government and Social care Ombudsman (LGSCO) to monitor escalated complaints, audit progress against deadlines and prioritise cases to support timely and appropriate resolution.
- Work is underway to monitor and record complaint themes, identify learning opportunities and improvements, and strengthen collaboration across directorates to inform commissioning changes.
- Work continues with NECS colleagues to project manage the streamlined transition of the SIRMS system to Ulysses from September 2026. ICB staff training is planned ahead of the transition for management of the complaints data and reporting.

## Recommendation/action required

The Board is asked to receive the complaints annual report for 01 April 2025 to 31 March 2026 for assurance.

| Acronyms and abbreviations explained                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |  |    |  |     |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|----|--|-----|---|
| AACC - All Age Continuing Healthcare<br>ADHD - Attention Deficit Hyperactivity Disorder<br>FOI - Freedom of Information<br>FTE - Full Time Equivalent<br>ICB - Integrated Care Board<br>IFR - Individual Funding Request<br>IO - Investigating Officer<br>KPI - Key Performance Indicator<br>LGSCO - Local Government and Social Care Ombudsman<br>NECS - North of England Commissioning Support<br>PHSO - Parliamentary and Health Service Ombudsman<br>SIRMS – Safeguard Incident and Risk Management System<br>SOP - Standard Operating Procedure<br>VBCCP - Value Based Clinical Commissioning Policy |                                                                                               |  |    |  |     |   |
| Sponsor/Approving Executive Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C Riley, Chief Corporate Officer                                                              |  |    |  |     |   |
| Date Approved by Executive Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10 September 2026                                                                             |  |    |  |     |   |
| Reviewed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D Cornell, Director of Corporate Governance, Communications and Involvement (Board Secretary) |  |    |  |     |   |
| Report author                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L Hutchinson, Head of Complaints and Patient Experience                                       |  |    |  |     |   |
| Link to ICP strategy priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |  |    |  |     |   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |  |    |  |     |   |
| Any potential/actual conflicts of interest associated with the paper?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                                           |  | No |  | N/A | ✓ |
| Equality analysis completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                                                                           |  | No |  | N/A | ✓ |
| If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                                           |  | No |  | N/A | ✓ |
| Essential considerations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |  |    |  |     |   |
| Financial implications and considerations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Not applicable                                                                                |  |    |  |     |   |
| Contracting and Procurement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Not applicable                                                                                |  |    |  |     |   |
| Local Delivery Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Not applicable                                                                                |  |    |  |     |   |
| Digital implications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Not applicable                                                                                |  |    |  |     |   |

|                                                    |                                                                                                        |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Clinical involvement</b>                        | Yes, this is part of the investigation and response process as appropriate.                            |
| <b>Health inequalities</b>                         | Yes, this is part of the investigation and response process as appropriate.                            |
| <b>Patient and public involvement</b>              | Yes, patient involvement is part of the investigation and response process as appropriate.             |
| <b>Partner and/or other stakeholder engagement</b> | Yes, partner engagement is part of the investigation and response process for multi-agency complaints. |
| <b>Other resources</b>                             | Yes, as identified under the key points section.                                                       |

# **Complaints Annual Report Summary of Activity**

## **01 April 2025 to 31 March 2026**

### **1. Introduction**

- 1.1 The purpose of this annual report is to provide assurance that NHS North East and North Cumbria Integrated Care Board (the ICB) has fulfilled its statutory responsibilities with regard to complaints management for the reporting period 01 April 2025 to 31 March 2026.
- 1.2 The report provides a high-level summary of ICB commissioning and primary care complaints activity, other enquiries and concerns, telephone activity, performance against key complaint handling expectations, learning from complaint investigations, PHSO activity, current risks and the forward view for 2026/27.

### **2. Background**

- 2.1 From 01 April 2025, the commissioning and primary care complaints teams were brought together to operate as one single integrated complaint function. This combined the previous ICB and primary care complaints processes into one streamlined approach for handling complaints, concerns and enquiries received by the ICB.
- 2.2 As the local commissioner for primary care services, the ICB receives complaints about primary care contractors. Each complaint is reviewed to identify who is best placed to investigate. Complainants are encouraged to contact the primary care provider directly, as many concerns can be resolved informally and more quickly by the provider, which is often in the complainant's best interests. Where a formal commissioner-led investigation is unlikely to add value, the complainant is advised and consent is sought to refer the matter to the provider. If the ICB agrees to investigate a complaint involving clinical issues, an independent clinical review is undertaken to inform the formal complaint response.
- 2.3 Following a review of existing processes to identify efficiencies, an integrated process was developed to streamline ways of working and establish a unified complaints management process. Work has continued throughout 2025/26 to strengthen the Safeguard Incident and Risk Management System (SIRMS) reporting framework, improve data quality, support identification of learning and provide more robust assurance to committees.
- 2.4 Throughout the year, there has been a continued focus on reducing the historic complaints backlog with significant progress being made; the development of a PHSO record log to ensure more robust management of the cases; a revision of the complaints policy to make the complaints process more clearer; improvements have been made to online complaints information and consent routes; more collaborative work has been undertaken with key clinical and commissioning teams; and the implementation of an improved internal process for ICB commissioning complaints.

### 3. Complaints activity during 2025/26

#### 3.1 Performance against key performance indicators (KPIs)

The NHS Complaints (England) Regulations 2009 require complaints to be acknowledged within three working days of receipt. The quarterly complaint reports during 2025/26 confirm that all new cases received in quarters 1 and 2, quarter 3 and quarter 4 were acknowledged within the required three working day target. The ICB aims to respond to single-agency complaints within 60 working days of receipt, or of receipt of consent / agreement of the complaint plan where applicable. Where this cannot be met, a revised date is agreed with the complainant.

The quarterly reports indicated that this key performance indicator was met for complaints against the ICB during 2025/26. Work remains ongoing to improve the position in relation to all complaints, with more detailed KPIs being developed to strengthen assurance in future reporting.

#### 3.2 Complaints/concerns received in the year 2025/26

##### 3.2.1 Overall activity

During 2025/26, the Complaints and Patient Experience Team recorded 3,056 complaints, enquiries and concerns across ICB commissioning, primary care and other organisation-led cases. In addition, 1,004 telephone contacts were received via the customer contact voicemail service, giving total recorded contacts/activity of 4,060 for the year.

| Quarter      | ICB commissioning | Primary care | Other enquiries/concerns | Complaints/enquiries subtotal | Voicemails  | Total activity incl. voicemail | Closed      |
|--------------|-------------------|--------------|--------------------------|-------------------------------|-------------|--------------------------------|-------------|
| Q1           | 32                | 290          | 489                      | 811                           | 235         | 1046                           | 318         |
| Q2           | 43                | 215          | 394                      | 652                           | 211         | 863                            | 646         |
| Q3           | 289               | 316          | 210                      | 815                           | 232         | 1047                           | 482         |
| Q4           | 265               | 337          | 176                      | 778                           | 326         | 1104                           | 608         |
| <b>TOTAL</b> | <b>629</b>        | <b>1158</b>  | <b>1269</b>              | <b>3056</b>                   | <b>1004</b> | <b>4060</b>                    | <b>2054</b> |

*Table 1: Comparison of complaint data for Q1-Q4 2025-26*

##### 3.2.2 Types of cases received

During the year, primary care complaints, enquiries and concerns accounted for 1158 records, ICB commissioning complaints accounted for 629 records, and other organisation-led enquiries / concerns accounted for 1269 records. Voicemail activity remained significant across all quarters, with 1004 contacts requiring triage, processing and onward action in line with the complaints process.

## Complaints, enquiries, concerns and voicemail activity by quarter

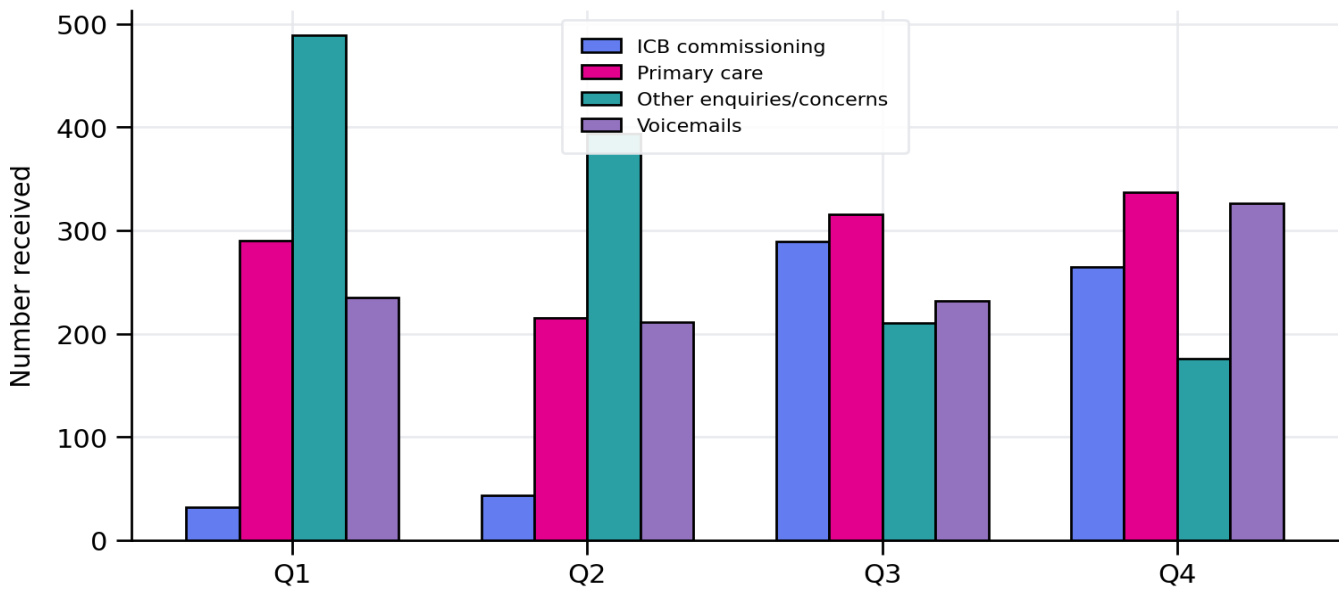


Chart 1: Overview of Quarterly complaints, enquiries, concerns and voicemail activity

### 3.2.3 Categories of cases received

The ICB-led complaints/concerns received in the year were categorised as follows:

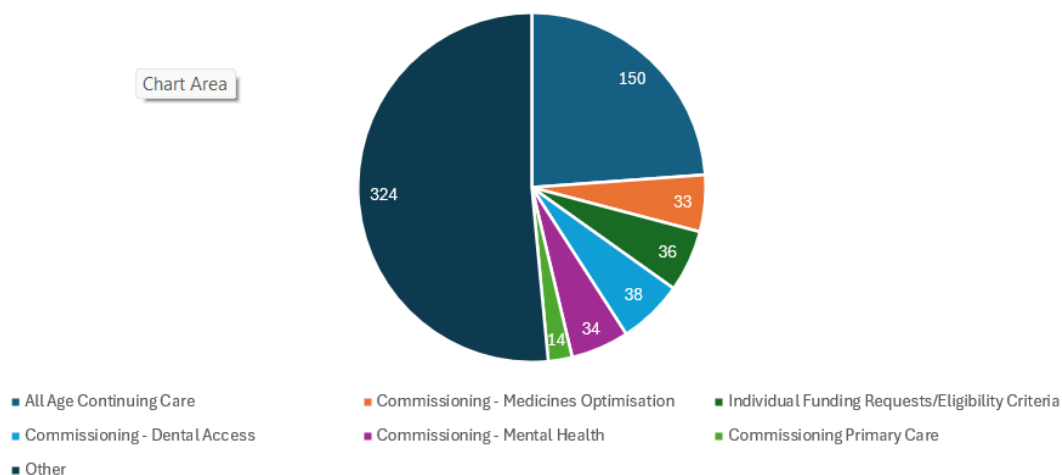


Chart 2: ICB Led complaints categories

### 3.2.4 Key themes from complaints received

The recurring themes across ICB commissioning and primary care complaints remained broadly consistent during the year. These included:

- Attention Deficit Hyperactivity Disorder (ADHD) and Autism Diagnostic Pathways
- Commissioning of NHS dental care
- All Age Continuing Healthcare (AACC) arrangements
- Individual Funding Request (IFR) decisions
- Shared care arrangements (including ADHD Medication)
- GP appointment availability and access

- Clinical care and treatment
- Prescribing issues
- Removal from practice list
- Staff attitude, behaviour and values
- General Practice Special Allocation Scheme (SAS)

The themes above will continue to be reviewed alongside SIRMS learning and recommendation fields so that future reporting can provide stronger trend analysis, clear links to learning, and clearer escalation routes for commissioning or provider quality assurance where required.

### 3.3 Complaints/concerns closed in the year 2025/26

A total of 2054 complaints, enquiries and concerns were closed during the year. This includes 544 ICB commissioning closures, 1160 primary care closures and 350 other organisation closures where relevant data was available. The annual closure figure should be interpreted with caution, as quarterly reporting notes that closure rates may include complaints, enquiries and concerns received in previous quarters.

| Quarter      | ICB commissioning closed | Primary care closed | Other orgs closed | Total closed |
|--------------|--------------------------|---------------------|-------------------|--------------|
| Q1           | 125                      | 193                 | 0                 | 318          |
| Q2           | 178                      | 468                 | 0                 | 646          |
| Q3           | 79                       | 217                 | 186               | 482          |
| Q4           | 162                      | 282                 | 164               | 608          |
| <b>TOTAL</b> | <b>544</b>               | <b>1160</b>         | <b>350</b>        | <b>2054</b>  |

Table 2: Overview of the total activity and closures by quarter

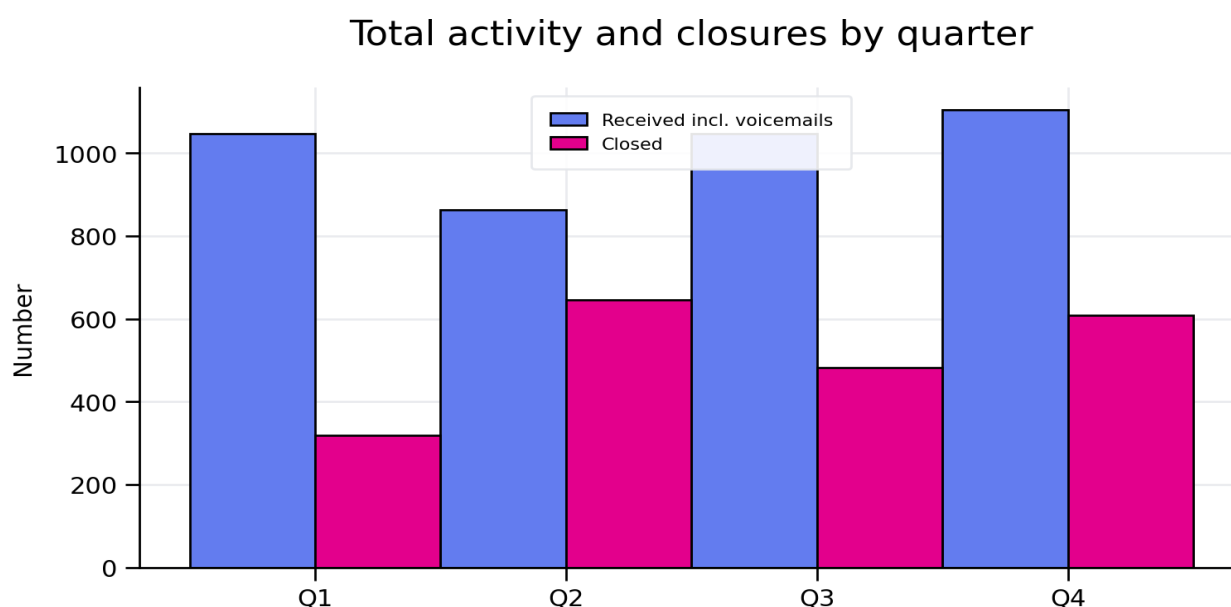
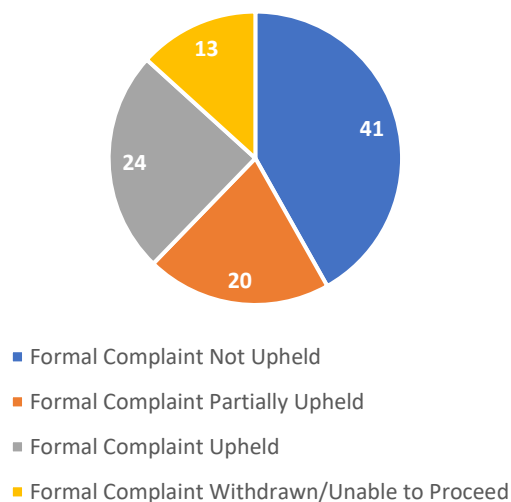


Chart 3: Overview of the total activity and closures by quarter

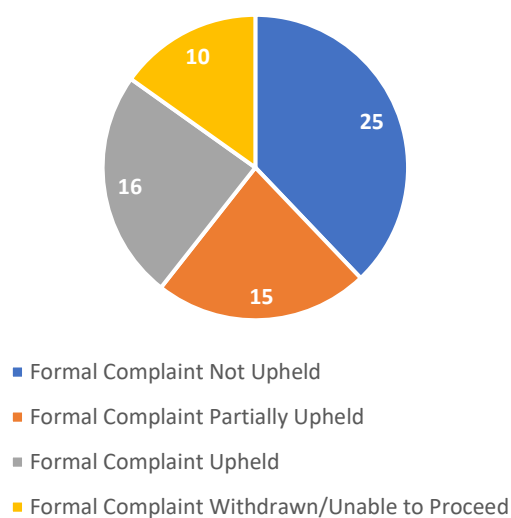
### 3.3.1 Outcomes

A total of 98 ICB formal complaints were responded to/closed during the year; the outcome types are shown below. Following investigation, 24 formal complaints were upheld, 20 partially upheld, 41 were not upheld, 13 were withdrawn/unable to proceed.



*Chart 4: Overview of the total ICB formal complaints*

A total of 66 primary care formal complaints were responded to/closed during the year; the outcome types are shown below. Following investigation, 16 formal complaints were upheld, 15 partially upheld, 25 were not upheld and 10 were withdrawn/unable to proceed.



*Chart 5: Overview of the total primary care formal complaints*

### 3.3.2 Categories of upheld complaints

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

|                               | <b>Total</b> |
|-------------------------------|--------------|
| Primary Care Dental Access    | 17           |
| All Age Continuing Healthcare | 17           |
| Other                         | 10           |
| <b>Total</b>                  | <b>44</b>    |

The categories of upheld/partially upheld primary care complaints were as follows:

|                                       | <b>Total</b> |
|---------------------------------------|--------------|
| Clinical treatment (including errors) | 14           |
| Delay in Diagnosis                    | 7            |
| Removal From List                     | 4            |
| Misdiagnosis                          | 2            |
| Failure to refer                      | 1            |
| Prescription Issues                   | 1            |
| Communication                         | 1            |
| Staff attitude / behaviour / values   | 1            |
| <b>Total</b>                          | <b>31</b>    |

#### **4 Learning from complaints 2025/26**

The service improvements identified from ICB complaints investigations are listed below by area (from upheld or partially upheld complaints/concerns).

- 4.1 Work continued during 2025/26 to strengthen the process for identifying, recording and sharing learning from complaints. A standardised approach has been introduced to categorise ICB and primary care complaints within SIRMS and support identification of learning and improvements from completed complaints.

Learning and service improvement areas identified during the year included:

- All Age Continuing Healthcare (AACC)
- Attention Deficit Hyperactivity Disorder (ADHD) Right to Choose Providers and Shared Care Agreements
- Access to NHS Dental Care
- Access and criteria for Weight Loss Injections
- Individual Funding Request decisions (IFR)

Full details of the learning and improvements from complaints can be found in **Appendix 1** of this report.

- 4.2 Service improvements are reviewed with the responsible teams or providers as appropriate. For primary care complaints, learning included:
- A review of local practice policies
  - Provision for additional customer service to specific clinical procedures or clinical training
  - Improvements with regards to the quality of medical records including accurate coding
  - Discussions around individual learning through practice governance or appraisal routes where relevant.
  - Familiarisation with specific evidence – based National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries (CKS), when the care and

treatment of a patient with a particular presentation was found not to follow best practice.

## 5. **Stage 2 - NHS Complaints Procedure (Ombudsman) 2025-2026**

### 5.1 **Overview of Ombudsman contacts**

Where a complainant remains dissatisfied following local resolution of their complaint, they may request the involvement of the Parliamentary and Health Services Ombudsman (PHSO) or Local Government Social Care Ombudsman (LGSCO) as the second stage of the process.

- 5.1.1 For the period 01 April 2025 to 31 March 2026, the Complaints and Patient Experience Team received a total of 27 PHSO cases relating to AACC and primary care. The year-end PHSO table records outstanding cases by original year as follows:

| Original year            | Received / recorded | Outstanding at year end |
|--------------------------|---------------------|-------------------------|
| 2025                     | 21                  | 2                       |
| 2026                     | 6                   | 2                       |
| <b>TOTAL OUTSTANDING</b> | <b>4</b>            |                         |

### 5.2 **Complaints upheld/partially upheld by Ombudsman**

- 5.2.1 From 01 April 2025 to 31 March 2026, the ICB received contacts from officers at the PHSO/LGSCO regarding 27 ICB complaints. Of these, 24 contacts were requests for records/further information to support assessments/investigations by case workers

|                                                                              |    |
|------------------------------------------------------------------------------|----|
| Request for records/further information to support assessment/ investigation | 24 |
| Notification of Ombudsman decision <b>not</b> to investigate the complaint   | 20 |
| Notification of Ombudsman decision to investigate the complaint              | 4  |
| Complaint partially upheld following Ombudsman investigation                 | 4  |
| Complaint upheld following Ombudsman investigation                           | 0  |

The four partially upheld cases all related to AACC and comprised of one appeal, two challenges to decisions and one matter concerning case management. Details can be found in **Appendix 2** of this report.

## 6. **Improvements delivered during 2025/26**

### 6.1 **Integrated complaints process**

The integrated complaint function established from 01 April 2025 has enabled the ICB to take a streamlined approach in managing complaints more efficiently and reduce duplication across the triage and management processes. These revised ways of working have focused on improving consistency, reducing duplication and strengthening the route for appointing investigating officers and approving complaint responses.

## **6.2 PHSO record log**

A PHSO record log has been introduced and is maintained to record all contacts and progress in relation to complaints being reviewed for investigation by the PHSO. Monthly updates and contact with PHSO support oversight of ongoing cases and help provide evidence of progress.

## **6.3 SIRMS reporting and dashboard**

Significant work has been undertaken with NECS to improve SIRMS data input, reporting categories and dashboard functionality. The reporting dashboard was implemented to support monitoring of complaint activity and provide greater assurance to the ICB committees and Board. Further refinement is ongoing to improve themes, trends, learning and recommendations reporting.

## **6.4 Online complaints, information and consent**

The ICB complaints webpage has been revised to provide clearer information, including guidance for ADHD and Autism assessment services, Right to Choose provider updates, Ask Listen Do resources, and clearer signposting to the appropriate healthcare service. An online complaint and consent information has been introduced to support more timely complaint handling and improve accessibility for complainants.

## **6.5 Collaborative working with specialist teams**

The Complaints and Patient Experience Team has worked collaboratively with AACC, ADHD, communications, neighbourhood and directorate teams to improve triage, clarify responsibilities and strengthen the complaint investigation processes. AACC guidance and investigation officer training materials have been developed, and further training / workshop activity are planned to support shared understanding of complaints involving AACC processes.

## **7. Current risks and issues**

- 7.1 The 2024 primary care backlog has been managed with all cases now actioned and closed. The continued focus is now on clearing cases received from November 2025 onwards. The Quarter 4 report to the Quality and Safety Committee anticipated completion by the end of July 2026, however due to sickness absence and annual leave within the team, work remains ongoing to reduce this backlog. This will support the ICB in meeting the National Oversight Framework expectation that complaints are completed within six months. Weekly senior leadership monitoring continues.
- 7.2 There is a risk that SIRMS reporting and continuity of access due to the transfer of the system from NECS to the ICB (hosted by Ulysses) may result in the loss of expertise and support. Funding was approved to extend the support for the SIRMS system from NECS from April 2026 for the next 12 months ahead of the NECS closure in 2027. Continued support and training from NECS and Ulysses will be required to maintain system continuity and improve reporting quality.
- 7.3 There remains an issue that due to insufficient team capacity, combined with increased complaint volumes and greater case complexity, this is adversely affecting staff health and wellbeing and contributing to higher levels of absence within the team. This is being

managed with support mechanisms being put in place for the team and to build more resilience.

- 7.4 The historical PHSO cases remain a reputational risk due to time involved in resolving these cases. Continued monthly oversight and updates will be ongoing until all cases are resolved.
- 7.5 Data quality remains an issue. Further refinement of the fields for themes, trends, recommendations and learning is needed to support robust quarterly and annual reporting. This work will progress from September 2026, in collaboration with Ulysses colleagues, as part of the review of system data.
- 7.6 A risk has been recorded on the corporate risk register, recognising that insufficient capacity within the Complaints and Patient Experience Team may affect the ICB's ability to meet its statutory complaints obligations. Approval was received to increase the team resource, and a recruitment process is now underway to address this.

## **8. Forward view for 2026/27**

- 8.1 The priority for 2026/27 is to consolidate the integrated complaint function and strengthen assurance through reliable data, clear triage routes, timely responses and demonstrable learning. Areas of focus include:
- Continued work with NECS and Ulysses colleagues to further develop the existing complaints dashboards. This will provide a clearer breakdown of themes, trends and recommendations, enabling complaint topics to be triangulated with feedback from the Patient Involvement Team and planned patient surveys. This insight will help shape the patient experience and support the communication of patient stories.
  - Completion of the backlog recovery and maintain managing new complaints in "real time" as in line within the National Oversight Framework and Complaints Regulation's (2009).
  - Continued development of the complaints page on the ICB website to provide information to complainants with regards to any changes in services. Work is planned with the Communications Team to review and revise the current format and information available on the ICB's webpages to more appropriately direct complainants.
  - Develop and implement detailed KPIs as part of the complaints' improvement work for all complaint types to provide further assurance to the Committee and Board.
  - Continue to work collaboratively with ICB teams to resolve concerns at the earliest appropriate stage and ensure the complaints function is informed of commissioning or contractual changes to enable a forward plan to be developed to manage any resulting increase in complaints demand.
  - Improved documentation of learning, recommendations and actions from upheld or partially upheld complaints to ensure learning is shared and implemented to support service improvement and improved patient outcomes.

- Improved reporting of PHSO outcomes addressing the learning and recommendations where complaints are upheld or partially upheld by the Ombudsman. These outcomes will be shared with the Quality and Safety Committee to provide internal assurance.

8.8 Since the beginning of 2026, there has been a significant increase in AI generated complaints. This has led to:

- An overall increased complexity of initial complaints.
- The tone and nature of the complaints being very legalised and containing legal jargon which is not always correct to UK legislation and outdated policies
- Increased time to review and manage the complaints as it is very difficult to dissect and get to the core issues of what the complaint is about.
- More requirement for legal advice to ascertain what our position is on very complex and potentially legal issues.

Work is underway to address this and ensure complaints can be identified and managed appropriately.

## **9. Compliments**

9.1 There were nine ICB-led compliments recorded during the year.

9.2 Positive feedback highlighted compassionate and responsive support received, particularly from the AACC and Complaints and Patient Experience Team colleagues. Families praised staff for providing reassurance during difficult circumstances, whilst maintaining continuity of care and helping them navigate complex processes.

9.3 Compliments also recognised the speed and organisation of screening services and the positive difference made by individual staff members. Feedback was shared with the relevant teams to ensure colleagues received the recognition.

## **10. Recommendations**

10.1 The Board is asked to receive the complaints annual report for 01 April 2025 to 31 March 2026 for assurance.

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**Reviewed by:** D Cornell, Director of Corporate Governance, Communications and Involvement (Board Secretary)

**Sponsoring Executive Director:** C Riley, Chief Corporate Officer

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