NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Supplementary background paper: ICB Annual Complaints Report 2025/26
Agenda item	Supplementary to agenda item 8: Quality and Outcomes Committee escalation and assurance report.
Confidential	No

Executive summary

The Annual Complaints Report 2025/26 is provided as supplementary background reading for the relevant Board agenda item.

The report fulfils the requirement under Regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 for the ICB to publish an annual complaints report.

It summarises complaints and MP correspondence received and closed during 2025/26, complaint themes and outcomes, handling performance, learning, Parliamentary and Health Service Ombudsman contacts, governance arrangements and informal concerns and enquiries.

Key matters highlighted include increased overall activity, growth in ICB and All Age Continuing Care complaints, delays in complaint handling, and learning arising from complaints.

Public and Stakeholder Engagement

The report draws on feedback received through the ICB complaints process and explains how complaint themes and learning are reported through established governance routes.

Recommendations

The Board is requested to note the Annual Complaints Report 2025/26 as supplementary background information to Item 8.

Which Strategic Objective/s does the report relate to:		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	

Implications				
	Yes	**No**	**N/A**	**Comments**
Associated risks	✓			Yes – the report identifies risks relating to complaint handling delays, patient experience and the impact of commissioning decisions. These are described within the annual report.
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications		✓		

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
Quality and Outcomes Committee and associated complaints assurance forums	Periodic reporting during 2025/26	Complaints activity, performance and learning were reported through the ICB's established governance arrangements.

Conflicts of interest associated with this report
Not applicable. No conflicts of interest have been identified in relation to this supplementary report.

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	Not applicable – retrospective statutory annual report; no new service change or decision is proposed.
Equality impact assessment completed			✓	Not applicable – retrospective statutory annual report; no new policy or decision is proposed.
Data privacy impact assessment completed			✓	Not applicable – the published report contains aggregated information and does not propose new data processing.

Report authorised by:	Jane Scattergood Interim Chief Nurse

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Annual Complaints Report 2025/26

1. Introduction

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require that each NHS 'Responsible Body' produces an Annual Complaints Report. Regulation 18 provides that the report must cover:

- The number of complaints received.
- The number that were well founded.
- The number referred to the Parliamentary and Health Service Ombudsman (PHSO).
- The subject matter of complaints.
- Matters of importance arising from the complaints or handling thereof
- Action taken, or being taken, to improve services as a result of complaints received.

This report satisfies those requirements for NHS Lancashire and South Cumbria (LSC) Integrated Care Board (ICB).

2. Complaints and MP Letters – Background and Introduction

All patients or their representatives who are dissatisfied with a service funded or provided by the NHS have a right to complain. Some complaints to the ICB are about our actions or decisions. Others will be about the services that we commission for our population. ICBs have an unqualified duty to handle complaints about our own actions and omissions but for provider complaints are afforded a discretionary power of whether to manage the complaint directly or decide it would be more appropriate handled by the provider. The cases in this report are only those handled by the ICB.

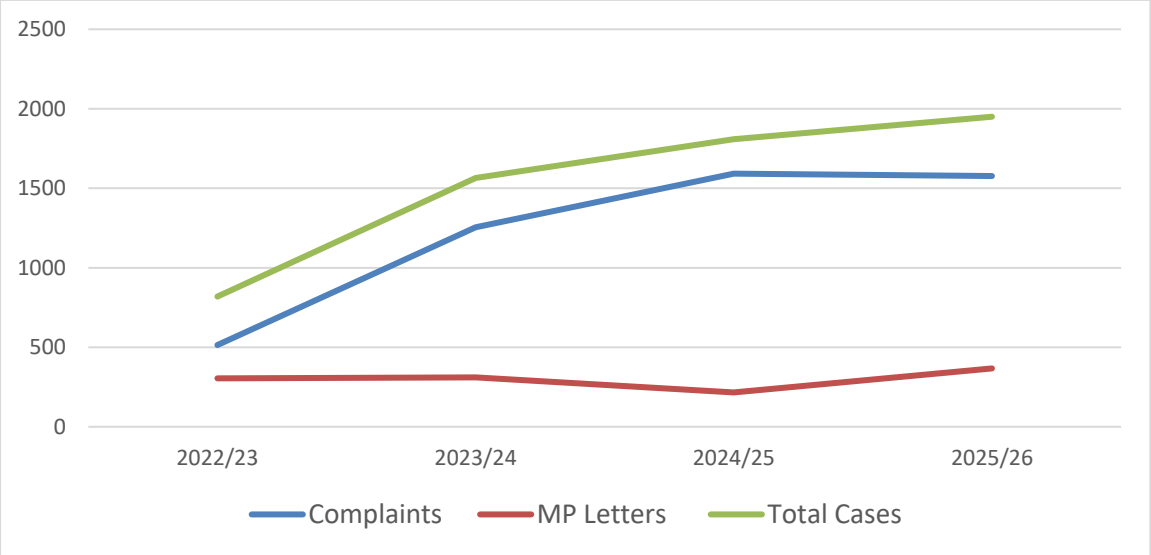
The role of commissioners is covered in Regulations and is reinforced by national guidance. We have a Complaints Policy which supports us in managing complaints well, learning and using findings to improve. It commits us to being accessible, open, and transparent and is published on our website. The Patient Experience Team page explains how to complain by telephone, post, email, or an online form.

We also receive correspondence from our local MPs which we categorise into three types. Firstly, enquiries that come directly from MPs about any aspect of local health policy, funding, or services. Secondly, some constituents approach their MP with an enquiry or concern about the NHS and these are forwarded to the ICB for us to respond. Thirdly, our residents make formal complaints through their MPs. We treat these in the same way as a complaint directly from a patient and they are investigated and responded to in line with the legislation.

3. Complaints and MP letters - Volumes

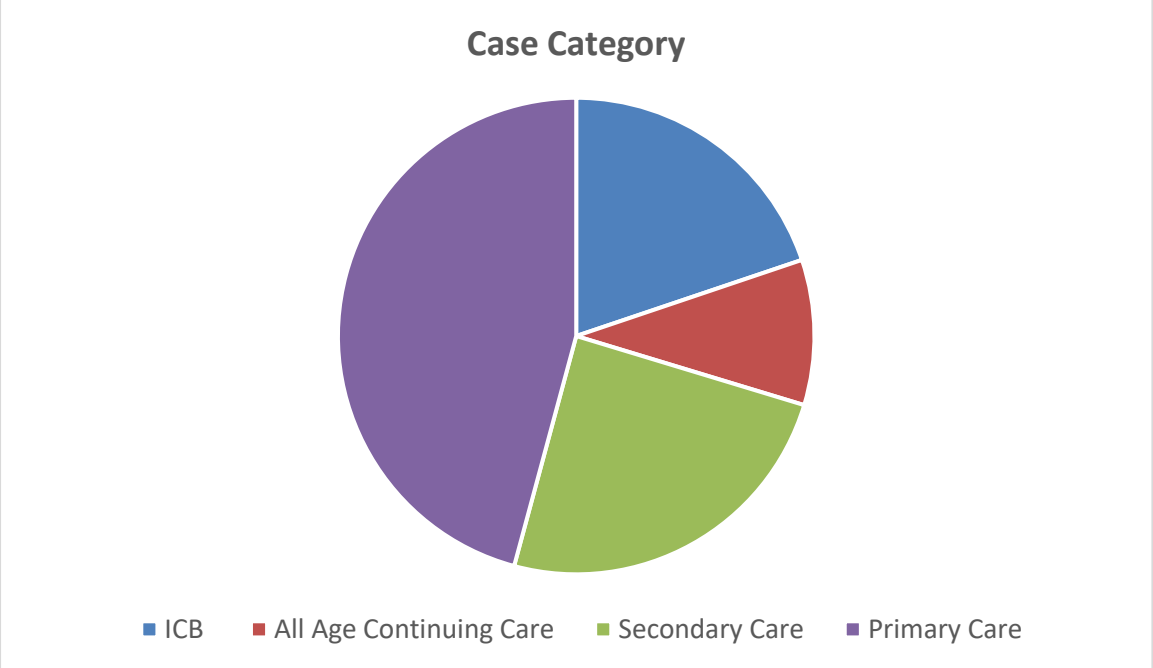
We received 1945 complaints and MP letters in 2025/26. This compares to 1808 in 2024/25 and represents an 8% increase. The number of complaints and MP letters made to LSC ICB is set out below.

Figure one: Complaints and MP Letters volumes 2022 – 2026



We have categorised complaints under four broad headings. These results have been consistently reported in this format from inception. There were 28 records categorised as 'other' which are not captured on this chart.

Figure two: 2025/26 complaints and MP letters by category.



Compared to 2024/25, there is a considerable increase in both AACC (from 89 to 189) and other ICB (from 180 to 380). Secondary Care showed little change (from 496 to 470) with Primary Care reducing from 1033 to 878.

It is possible to further break down Primary Care records as below.

Figure three: Primary Care Records

Type of Service	**Number**
General Practice	589
Dental	58
Pharmacy	32
Optician	17
Total	**696**

Not all cases can be attributed to these four service types. Of 878 primary care records, 696 have been categorised. The remainder are listed as 'primary care'.

4. MP corresponence

In total, we received 367 MP letters. This is a substantial increase from the 216 in 2024/25.

We have divided MP correspondence into three types as below. In March 2026 we agreed new handling arragements for general enquires from MPs. These will be responded to by our Communications and Engagement function who lead on relationships and more proactive work with elected reprsentatives.

Figure four: MP correspondence

Type of Correspondence	Total Number
Complaint	251
Patient Enquiry	74
General Enquiry	42

5. Analysis

For all cases we capture a 'domain of patient experience'. These are noted as:

Figure four: Domains of Patient Experience

Access and waiting	768
Better information, more choice	204
Clean, friendly, comfortable, place to be	11
Safe, high quality, coordinated care	649

Primary Care – General Practice

The 632 GP complaints (compared to 635 last year) covered a wide range of activity. Through reviewing individual complaints, we have identified some themes.

The largest single category is clinical. Some are minor errors or sub-optimum care while others resulted in significant harm or detriment. In a small number of instances,

patients sadly died. For all clinical cases, we have the option of asking an ICB Clinical Adviser to review practice responses and medical records. There was a total of 64 reviews. Some found that GPs acted appropriately while others led to learning for the practice to implement.

There are substantial numbers about prescribing and medicines. The largest sub-category is not prescribing a requested medicine. This includes conflicting views over dosages and using branded medication. Others were about prescription errors, communication failures or patients not receiving medication they needed on time.

We saw an increase in complaints about patients being deregistered either because of a breakdown in relationships or being out of area. Some were about how this was communicated to people and a lack of explanation.

Waiting times for appointments, telephony and digital access have received considerable national attention and media comment but notably, we received comparatively few complaints about this.

Primary Care – Dental
The number of complaints about NHS dentistry reduced considerably this year. Down from 207 to 58. The main reason for this was that we informally resolved a higher proportion of expressions of dissatisfaction about simply not being able to access NHS dentistry without recourse to a formal complaint. There were 15 about the quality of clinical care and treatment provided by dentists, compared to 26 last year.

ICB complaints
There were a total of 380 complaints and MP letters which were about the ICB. This is up from 180 in 2024/25 and 101 in 2023/24.

Many were about ADHD and autism services for both children and adults. They spanned waits for assessment, application of right to choose, prescribing and monitoring of treatments and shared care with general practice. There was an increase in Quarter Four because of the decision to suspend services in a Provider Trust which was subsequently paused.

There is a clear, causal link between ICB commissioning decisions, impact on patients and contact with our Patient Experience Team. In total, we can identify around 16 decisions this applies to. Where possible, these are handled informally but where there is a direct impact on individuals, they may choose to request a formal response. Those which led to multiple, formal complaints include:

- The redesigned pain management pathway, cessation of some pain killing injections and associated communication.
- Postponement of procedures scheduled by independent providers for quarter four. This was due to an in-year overperformance on their contracts.
- Weight management services and access to weight loss injections.
- Changes to Local Enhanced Services in General Practice including complex wound care, minor injuries and phlebotomy clinics. This meant patients could not access services in their preferred location and with their preferred provider.

All Age Continuing Care

Overall, we handled 189 cases. This is more than double the total (89) received in 2024/25. Analysis shows that four broad themes emerged.

Figure five: Breakdown of All-Age Continuing Care Complaints

Complaint Theme	Number of Mentions
Assessment and review meetings, including documents and attitude.	52
Package of care, including quality and amount of support.	31
Delay, failure to update, failure to respond	30
Eligibility outcome.	18

6. Complaint Outcomes

In total we closed 1829 Complaints and MP letters during 2025/26. Some are closed for administrative reasons such as being unable to get consent to continue, withdrawn by the complainant or passed to another organisation to investigate. There were 939 cases with a recorded outcome. This This is detailed in the table below.

Figure six: Complaint Outcomes

Outcome	Number	Percentage of Total
Upheld	75	8
Partially Upheld	284	30
Not Upheld	580	62
Total	939	100

A total of 359 (38%) were upheld either fully or partly. We are required to report the number of complaints that are 'well founded' and we consider that complaints that are fully or partly upheld meet that definition. This decision is made by each complaint handler and recorded on the complaint file. This represents a reduction of 9% in well-founded complaints from the 47% reported in 2024/25. It is also below the overall national average which stood at 57% when last published in October 2025.

7. Learning from Complaints

When complaints are upheld or partially upheld, we identify learning and include this in our response. This has been reported internally through the ICB Quality and Outcomes Committee with primary care learning being reported through a Regional Complaints Oversight Group. A total of 62 examples of learning from complaints have been formally reported during 2025/26.

8. Complaints Performance

There is currently no national oversight or performance framework for complaints handling. The only two measures of time are set out in the legislation. Firstly, to acknowledge a complaint within three working days and secondly, to respond in six

months. There is no effective enforcement of either and no national data collection. Where the six months is exceeded, the complainant can approach the PHSO directly.

In producing this report, we have analysed the complaints responded to by LSC ICB to generate three measures of performance which can be summarised by each of the four broad categories of complaint handled by our service.

We have calculated an overall average handling time for LSC ICB. This is based on the number of closed cases with a recorded outcome minus a small number where PHSO involvement or reopening would distort the handling time. The overall average (mean) from the date of receipt to the date the response was sent was 75 working days. This compares to 64 last year. The average masks considerable variations both between and within complaint types. For each of the four main types of complaints this is set out in the table below. The average for Primary Care and ICB (Other) showed modest increases. Secondary Care reduced from last year. The AACC average is up significantly from 91 working days last year.

Figure 12: Handling Times

Type of Complaint	**Cases that received a final response**	**Average (mean) handling time**	**60 working day breaches**	**Six Month Breaches**
Primary Care	370	67 days	157 (42%)	37 (10%)
Secondary Care	193	92 days	128 (66%)	41 (21%)
ICB (All Age Continuing Care)	59	166 days	49 (83%)	36 (61%)
ICB (Other)	300	57 days	89 (30%)	29 (10%)

In relation to acknowledgements, results for 2025/26 are below. The breaches are in line with last year where we reported 6%:

- 1947 – MP/complaints received
- 1820 – acknowledged within 3 working days
- 127 (7%) – breaches

9. Open Cases

On 9 April 2026 we had a total of 384 cases open. This is a reduction from the peak we saw in late January 2026.

10. Benchmarking

There is very limited data available, but The Department of Health and Social Care (DHSC) publishes an annual national data set. This is released each October for the previous year so the most recent data we hold is for 2024/25. For our ICB, it revealed that we received the highest number of complaints for any ICB in England. This was explored with DHSC, NHS England region and their national complaints team who were assured of how we had handled cases and completed the return.

11. Parliamentary and Health Service Ombudsman

The NHS complaints process in England has two stages. The first is 'local resolution' and includes our response, any meetings we hold with complainants and cases that are reopened and considered a second time. When local resolution ends, every complainant can approach the PHSO to request a review of how a complaint was handled. The PHSO will then decide whether to consider the case.

During the year we received six contacts from PHSO requesting documents or case details. None of these led to a full investigation and formal decision about cases we had responded to.

12. Governance and Reporting

Our routine reporting over 2025/26 has been in three parts:

- We submit and present a Patient Experience and Complaints report to our Quality and Outcomes Committee periodically and onward to the ICB Board through the 'triple A' mechanism.
- There is a bi-monthly regional complaints assurance group led by NHSE for the North West. We complete a standard template which captures the activity of the ICB. The focus of this group is those Primary Care complaints delegated by NHSE to ICBs from 2023. The North West is significantly ahead of our regions in monitoring complaints handling and adopted a performance monitoring framework which has now been introduced across England.
- We have a dedicated agenda item at each of our monthly Primary Care Quality Group meetings that covers complaints and patient experience more broadly. Highlights are reported through to Quality and Outcomes Committee through the triple A summary by the chair.

13. Concerns and Enquiries

During 2025/26 we dealt with 1240 enquiries and concerns where we were able to resolve matters quickly and informally outside the complaint legislation. This is an increase from the 1001 recorded in 2024/25.