Independent
Case Examiner

INDEPENDENT CASE EXAMINER

For the Department for Work and Pensions

Annual Report

1 April 2020 - 31 March 2021

CUSTOMER SERVICE EXCELLENCE

UK

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Our Purpose

We provide a free independent complaints review service for the Department for Work and Pensions (DWP) and their contracted services.

We have two primary objectives:

- to act as an independent adjudicator if a complainant considers that they have not been treated fairly or have not had their complaints dealt with in a satisfactory manner; and
- to support service improvements by providing constructive comment and meaningful recommendations.

Our Mission

To judge the issues without taking sides.

Our Vision

To deliver a first rate service provided by professional staff.

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ICE foreword and introduction

My first task in case adjudication is to work out whether there has been 'maladministration', or in simpler terms, whether DWP handled things for a customer as their procedures and processes say they should. I am always aware that 'administrative failure' can sound trivial and whilst such errors may be inconsequential, maladministration can also have a really profound impact for a customer and cumulative errors can lead to very significant difficulties and upset.

It seems worth stating that had DWP 'simply' done what it set out to do, I would not have made any of my 484 upheld case findings this year. I make this point for two reasons. The first is that when things go wrong in DWP cases, sometimes tragically and in the public eye, there is often a view that new processes and procedures are needed – from my perspective, the ones in place may very well provide good service, if they were acted upon reliably. The second is to acknowledge DWP's genuine challenge in 'simply' ensuring things happen as they should, in such a large organisation, dealing with complex benefits, for customers who are very often vulnerable.

I have chosen fewer example cases from our work this year than I have shared in previous reports, and described them in more detail. The cases are not selected to show the range of issues that I see or the outcomes, but rather to make the powerful point that significant failings can arise from a series of apparently small errors and oversights. From these cases, albeit that they are edited and much abridged, I also hope to show the complexity the team here in the ICE office have to unpick, to get a full and proper understanding of exactly what has happened in a case. This isn't only important in finding 'justice' for complainants, but unless there is a clear understanding of what has gone wrong, and why, there is no chance of DWP being able to stop it happening again.

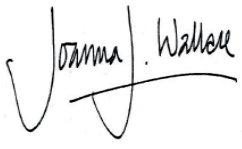
That feedback to DWP is an important part of our work, achieved through my report on each individual case, by making systemic recommendations to DWP where we see a system design issue beyond human error that may recur for other DWP customers, and

by contributing to themed reviews such as those undertaken by DWP's Serious Case Panel. It has been gratifying this year to be updated on DWP's work responding to the issues that we see. For DWP's health assessment providers this includes changes which should help avoid many of the complaints we see about whether a paper-based or in-person assessment is needed. DWP have also introduced a number of roles including Advanced Customer Support Senior Leaders and Vulnerable Customer Champions to help customers who need that, designed using learning from complex cases, including those reviewed by my office.

I am writing this as the country waits to hear if the final 'lockdown' restrictions of the Coronavirus Pandemic will be lifted as planned; it has been an exceptional year because of the pandemic, in so many ways. For the ICE office, it led to a marked increase in complaints being brought to us, though a slight decrease in those we could accept. This most likely arose as DWP had to redeploy staff to process new benefit claims and keep their core payment services working, and also made changes to their own complaints handling process, which have led more customers to approach my office before DWP had fully addressed their complaint. As DWP readjusts post pandemic, we will see if this trend continues.

I commented last year that the ICE office staff had doubled down and adapted how we work; I am proud to be able to report that with huge collective focus and effort we managed to complete more investigations in this reporting year than in any of the previous 5 years. Investigation reports aren't our only product though; our staff also work hard to resolve or settle cases, by reaching agreement with DWP on actions to satisfy the complainant that their concerns have been addressed, allowing us to set things straight more quickly for them. Sometimes our investigation can resolve aspects of a complaint, along the way to a final report addressing all of a complainant's concerns. One of our case managers took a call one Sunday last June, from a distressed complainant who was adamant his benefit claims had been mismanaged. By January when I completed our full report addressing all his issues, the case manager's investigation had already identified an overlooked mandatory reconsideration, prompted its completion, and the complainant had been paid the PIP and Disability Premiums he was owed totalling £17k.

Again I have been pleased to share in my report some of the thanks we get from complainants; it is incredibly gratifying to help set things straight for them and a huge privilege to be able to do so. I close as always by thanking the ICE management team and all the ICE staff, new recruits and long standing colleagues, for their support. I rely on them entirely for their tireless work in getting to the heart of the often very complex cases we see – as I often say to new staff as they join our team, any decision I make that is not based on the correct facts, will be flawed. I am very proud, in this exceptional year more than ever, of the work we have done.



Joanna Wallace
Independent Case Examiner

Reporting Period

The data and figures included in this report are based on casework in the twelve month period between 1 April 2020 and 31 March 2021.

Our approach to casework

When we get a new complaint referral we initially establish if we can accept the complaint for examination, which means the complaint must be about maladministration (service failure) and the complainant must have had a final response to their complaint from the relevant business within the last six months.

Withdrawn cases

Complaints may be withdrawn for several reasons. For example, some complainants decide to withdraw their complaint when we explain the appeal route for legislative decisions. From time to time people also withdraw their complaint because the business has taken action to address their concerns after we accepted the case for examination.

Resolved cases

When we accept a complaint for examination we see if there is opportunity to broker a solution between the complainant and the relevant department or supplier, without having to request evidence to inform an investigation – this is known as “resolution”. This generally represents a quicker and more satisfactory result for both parties to the complaint.

Settled cases

If we can’t resolve the complaint, the evidence will be requested and the case will await allocation to an Investigation Case Manager (ICM). Cases are dealt with by dedicated teams and are usually brought into investigation in strict date order. The majority of the complaints we accept for examination are complex and require a full investigation.

Following a review of the evidence, it may be possible for the ICM to "settle" the complaint, if agreement can be reached on actions that satisfy the complainant. This approach is quicker for the complainant as it avoids the need for a full investigation report and for the Independent Case Examiner to adjudicate on the merits of the complaint.

ICE Report

If we are unable to settle the complaint, the Independent Case Examiner will adjudicate on its merits and issue a letter or report. Detailed below are the findings the Independent Case Examiner can reach:

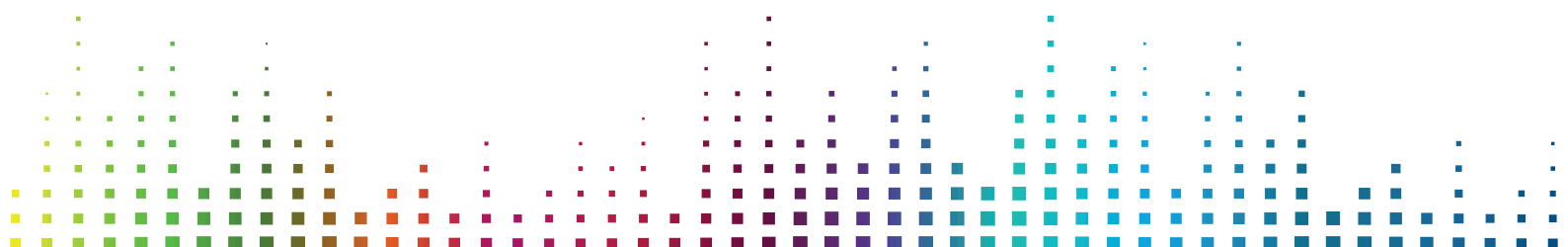
- **Upheld** - there is evidence of maladministration in relation to the complaint which was not remedied prior to our involvement.

- **Partially upheld** - some aspects of the complaint are upheld, but others are not.

- **Not upheld** - there is no evidence of maladministration in relation to the complaint that was put to this Office, or the complaint has merit but the business took appropriate action to resolve the matter and provide appropriate redress prior to the complainant approaching this Office (this second group are often referred to as justified complaints).

Redress

If the complaint is upheld or partially upheld, the Independent Case Examiner will make recommendations for action to put matters right, which may include an explanation, an apology, corrective action or financial redress.



Referrals to the ICE Office at a glance

Reporting year	**2020/21**
Complaints received	**4,205***
Complaints accepted for examination	**1,013**
Total case clearances (of which):	**1,219**
Withdrawn	**42**
Resolved	**166**
Settled	**177**
ICE investigation reports	**834**
Of those complaints investigated % of fully upheld	**17.5% (146)**
Of those complaints investigated % partially upheld	**40.5% (338)**
Of those complaints investigated % of cases not upheld**	**42% (350)**

*The received cases include 176 cases which failed to specify which benefit strand they wanted to complain about.

**This includes cases we deem justified, because although the complaint has merit, the business has taken all necessary actions to remedy matters prior to the complainant's approach to ICE.

This report sets out examples of the cases we have examined during the reporting year, all of which have been anonymised to protect the identity of the complainant.

Working Age Benefits

1,415 Cases received
809 related to **UC**

315 Cases accepted
197 related to **UC**

418 Cases cleared
195 related to **UC**, of which:

15 Withdrawn
8 related to **UC**

108 Resolved or settled
72 related to **UC**

295 ICE investigation reports issued
115 related to **UC**

60 (20%)
Fully upheld
32 (28%) UC

129 (44%)
Partially upheld
41 (36%) UC

106 (36%)
Not upheld
42 (36%) UC

Working Age benefits are administered by Jobcentre Plus and are primarily claimed by individuals who are trying to find work, or who are of working age but unable to do so due to illness or incapacity. During the year, **more than half** of the Working Age complaints we accepted were from Universal Credit (UC) claimants; including those from third parties (landlords) who had been affected by UC service issues in respect of the payment of housing costs.

Although UC was initially introduced from April 2013 it started with a small number of sites across England, Scotland and Wales. Since then, UC has continued to be rolled out across the UK for new claims, or for claimants who have had a change of circumstance leading to a change in their requirements.

UC replaced a number of legacy benefits, not all of which were administered by DWP, including Child Tax Credit, Working Tax Credit, Housing Benefit and Income Related Employment and Support Allowance (ESA). Crucially, those that do claim UC, find they can no longer return to claiming legacy benefits. In a number of the cases we examined during this reporting period, we found that confusion or ignorance on the part of staff resulted in customers making inappropriate claims in error. The two following examples show the complexity of UC complaints and more importantly the impact failure to provide timely and appropriate information can have on claimants.

Case study 1

Complainant A called the ESA claim line and asked to claim ESA. They said they had been on it before, were self-employed and unable to work due to illness. The call handler said that the area they lived in was assigned as a UC area so they had to claim that. They were told that the UC claim line might refer them back to the ESA line, but they would be wrong to do so and they must persevere to make a UC claim. When asked if a claim could be made at the Jobcentre, due to Complainant A's concerns about the charges for a phone claim call, they were told claiming online was easiest and most efficient.

Complainant A and their partner went online and found they had to make a joint claim to UC, so they went to their Jobcentre for more advice as their only reason to claim was to cover Complainant A's period of ill health. They told the ICE Office that they were told to make a joint UC claim and when asked later, though the Jobcentre staff couldn't remember the couple, they said they would have advised them that ESA had been replaced by UC.

Complainant A and their partner claimed UC online and in their details said they had savings of more than £16,000, but did not mention Complainant A's ill health. The website referenced that a complainant can't claim UC and Tax Credits at the same time and that if a UC claim was made, Tax Credits would stop.

The couple's claim progressed through initial evidence interview and the UC claim was accepted and processed – as a result Child Tax Credits (CTCs) were stopped. A month later the couple were told they were not entitled to UC as their savings in excess of £16,000 precluded that, and they visited the Jobcentre for help given the financial position they were now in. They were then advised to close the UC claim and claim 'New Style ESA' – Complainant A was told they should have claimed that in the first place; it was backdated to the date of the UC claim.

The couple were told they were unable to make a new claim to CTC and moreover that there had been a CTC overpayment that needed repaying. The couple said had they claimed New Style ESA in the first place, their CTCs would still be in payment.

Early the following year the couple raised a complaint – they said they had been misadvised and detailed the impact on them. Complainant A returned to work around that time and the New Style ESA claim closed. Soon after the couple received contact from DWP Debt Management as the recovery of the CTC overpayment had been referred to them; the couple's MP contacted DWP to ask if that could be suspended while the complaint was looked at - the response said

"I am really impressed with the depth of the investigation. I really was not expecting so much."

that wasn't possible. A referral was made for consideration of a Special Payment but they were told there would be no financial redress as it was not accepted that DWP had made any mistake. The complaint was escalated to the Director General – that final response addressed other issues raised by the couple but did not support the complaint, and concluded by saying that claiming UC had been the couple's own choice.

My comment

We see a steady stream of cases raising concern about misdirection in transitioning to UC. A factor in all of these is that DWP staff should not advise claimants as to which benefit to claim – rather they should tell them of the benefits available and direct them to information, so the customer can make their own choice in claiming. This clearly didn't happen here – complainant A had decided they wanted to claim ESA and so called an ESA claim line. I was therefore critical that they were given no information about the existence of New Style ESA; Complainant A was eligible for that, and their Tax Credits would have continued as before. Instead, they were told ESA wasn't an option and that they had to claim UC – and moreover, that they were to persist if UC staff said that wasn't appropriate for them.

Once the UC claim was made, the couple's CTCs stopped and despite the UC claim being disallowed, they couldn't be put back into payment. Complainant A was then directed on to New Style ESA, which was paid and in due course they went back to work – though they could no longer be paid CTCs. I upheld the couple's complaint about misdirection and said I could not see that they would have ended the CTC claim had it not been for the misdirection to UC. As such, and including some other more minor complaint handling issues, I recommended the couple be awarded ongoing loss of statutory entitlement to CTC until their child reached 18, or until their CTC claim would have naturally migrated to UC as part of the national programme, and that DWP apologise and make a consolatory payment of £500 recognising all that I had seen in the case.

Case study 2

Complainants B and C claimed UC as a couple; they had young children. Complainant B was working and Complainant C was pregnant, with the baby due in January. A month later Complainant C told DWP of pregnancy-related medical issues but was not referred for an immediate Work Capability Assessment (WCA) as should have happened; the referral was eventually made and Complainant C was told that if they were found unfit for work, extra money associated with that would be backdated. Complainant C submitted a complaint about delay at this point, but no response was sent.

The WCA took place a month after the referral; having heard nothing after another month Complainant C called DWP. Complainant C was getting PIP by then and said the stress of the delay in the UC decision was making the high–risk pregnancy worse. A decision was made two days later that Complainant C had Limited Capability for Work (LCW) and Limited Capability for Work Related Activity (LCWRA), from the end of November. Complainant C phoned several times to find out when arrears would be paid and just before Christmas a payment was made – in error that paid 3 months more LCWRA premium than was due, an overpayment of around £1,200. Though that was spotted the following month, DWP did nothing about it.

Two months later Complainant B was hospitalised and so was unable to work – an immediate WCA should have been requested for them, but wasn't. Another two months on, DWP told Complainant C via their UC online journal that they had been overpaid £1,400 (it was in fact £1,200). Complainant C phoned DWP and said Complainant B had had further seizures due to the stress of being told of the overpayment – a new complaint was raised and a Mandatory Reconsideration (MR) request was made.

Complainant B started work again later that month and the next month a £50 goodwill award was made, recognising the date error in the LCWRA payment to Complainant C and the impact of that on Complainant B in their circumstances, with a new baby. In

investigating that the complaint manager asked internally if the overpayment could be written off and was told it could in limited circumstances and advised the couple be asked for medical evidence of the impact of the overpayment on Complainant B, and whether recovery of it would affect their health. Deductions from their UC for the overpayment started, meanwhile.

Complainant C then had another WCA and continued to meet the LCW and LCWRA criteria. Medical information was provided from the GP about Complainant B and a letter from a debt charity about the family's hardship. They were told this wasn't sufficient and more information was needed; around which time Complainant C declared Complainant B was caring for them fulltime. Though they were due the Carers element of UC, Debt Management needed to decide if it was to be offset against the overpayment – while that was considered, deductions towards the overpayment continued.

The next month, Complainant C told DWP that Complainant B had made a suicide attempt and was again in hospital; further GP information and a new complaint was received. A senior manager stopped the deductions at that point, due to the family's complex needs, while a decision was made about the overpayment. The decision was reviewed and Complainant C was told the overpayment stood (though they quoted the wrong amount) and they could appeal that to Her Majesty's Revenue & Customs (HMCTS). In early August Debt Management refused the write-off request on both medical and financial grounds. Complainant C spoke to DWP and told them Complainant B had spoken again of suicide in the face of this decision.

Complainant C sent in a waiver request and the family's MP became involved. A 'management suspension' was placed on the Debt Management system to prevent any further letters being sent about repayment. Though Debt Management did then decide that the Debt could be waived, but unfortunately the suspension on the system stopped that letter being sent to tell the couple of the decision.

In September DWP complaints staff contacted the MP and acknowledged a catalogue of errors – they said the overpayment had been waived, and a letter to Complainant C then offered a payment of £100 in recognition of the time taken to resolve the issues and the distress caused. In error, deductions continued in September, but were repaid in October.

My comment

Whilst as ICE I am unable to comment on decisions made about benefit entitlement, or about the recovery or write off of debt, I was concerned to find in reviewing this case that there is no formal requirement to consider vulnerability or complex needs when overpayments are communicated, and I wrote to DWP senior managers to raise this concern as a systemic issue that could arise in other cases. In response they told me that all staff were told in October and again in December 2020 how to flag complex needs on cases (using a facility not available at the time of this case). I was also told that teams are now scanning UC journals for trigger words such as suicide, so that extra support can be given while case issues are resolved.

I also shared this case with DWP Directors, and a Deputy Director reviewed it in detail with the staff involved with this case. As a result, guidance was improved to help staff avoid the 'relevant period' miscalculation that caused the overpayment in the first place, further work was being done on recovery of overpayments, and guidance had been improved for applying the Carer's element to cases.

Whilst being aware that the overpayment had been written off for Complainant C, I felt additional recognition of DWP's service failures was still merited to the couple and awarded an additional £150 recognising: the delay in sending both of them for WCAs; failure to reply to Complainant C's first complaint; failure to respond to journal entries and enquiries; failure to deal with the overpayment when it was first noticed or to explain that it arose from an error by DWP; repeatedly quoting incorrect amounts for the overpayment; taking incorrect deductions; and the delay in completing the MR.

Disability Benefits

446	Cases received
76	Cases accepted
74	Cases cleared, of which:
4	Withdrawn
21	Resolved or settled
49	ICE investigation reports issued
15 (30%)	Fully upheld
16 (33%)	Partially upheld
18 (37%)	Not upheld

DWP are responsible for paying benefits to those who have a disability or long term illness. The majority of cases I have seen this year are from Personal Independence Payment (PIP) claimants. PIP was introduced in 2013 and has gradually replaced Disability Living Allowance (DLA) for people aged 16 to 64. In the main the complaints my office received concern the PIP assessment process and how medical evidence provided to support a claim had been interpreted, in particular where a claimant may have previously been in receipt of a long term award for DLA, prior to being invited to claim PIP.

The example below concerns a failure by DWP to do what they should have in a PIP claim, in respect of a change of appointee.

Case study 3

Customer D was in receipt of DLA; they lived independently but one of their parents was their appointee. An invitation for Customer D to claim PIP was sent to their appointee in 2016, which they completed and returned explaining Customer D's severe depression, and the impact of that and other physical health problems on their daily life. Recent additional medical evidence was sent, and a timeline of mental health diagnoses and treatment referencing severe and enduring mental health problems.

Customer D's appointee then fell ill and a sibling contacted DWP to say the appointee needed to be removed, which was actioned, but the address for Customer D's correspondence wasn't changed. Customer D's sibling said they were unable for personal reasons to be the appointee and that social services might take over in that role. DWP did not act on this information – their guidance says that it is for them to establish an alternate appointee for benefit purposes, if they have identified that a customer needs one.

Customer D's sibling went with them to their PIP assessment and PIP was awarded at the standard rate for mobility - no award for living needs was made. Nonetheless, an 'additional support' marker was placed on Customer D's case to show they were vulnerable and a notification was sent to the former appointee's address.

Customer D's sibling asked for a MR of that decision. The MR was sent to Customer D directly – the decision hadn't been changed. We noted the Decision Maker (DM) referenced the physical health problems but not the timeline for Customer D's mental health issues, nor that they had previously had an appointee who managed their finances.

Two months later Customer D called DWP to tell them of a change of circumstances and that they had increased mobility needs. A PIP questionnaire was sent directly to them as no appointee had been registered – when they did not return that a reminder was sent to the former appointee's address.

Another two months passed and DWP wrote to Customer D at their home address and asked them to return the form. They called DWP and said they would reply, but didn't recall telling them of a change of circumstances. The form wasn't returned and a month later DWP called them – Customer D said they didn't want to go ahead with the change and it was withdrawn. If a customer with an appointee contacts DWP directly no action should be taken – as there was no appointee in place, Customer D's attempt to action a change of circumstances was closed.

DWP sent a PIP review form directly to Customer D who returned it saying some things had become harder and they were referred to a provider for a PIP assessment. They had also around that time been due to have an ESA WCA, but failed to attend. DWP phoned to check if they had good cause for that, it was noted they said they hadn't received the letter; the claim was disallowed as good cause had not been given and the ESA claim was ended.

In early 2019 the provider wrote to Customer D (at the former appointee's address) to tell them of a home assessment. Customer D's sibling called the provider to say their GP had sent them for psychiatric assessment due to a deterioration in their mental health; they said they had been to Customer D's house and found unopened post and said they weren't fit for the PIP assessment. Customer D's ESA was

also reinstated that day and a new appointment for assessment sent, though it is not clear where.

Despite the sibling's call, the PIP assessment wasn't cancelled and the Healthcare Professional (HCP) said there had been no answer at the home address. There was no appointee, so no enquiries were made by the provider, to see if there had been good reason; the provider did try once to call Customer D but didn't connect. DWP then wrote to their home address to say the PIP claim would be disallowed – someone did contact DWP though, as PIP continued to be paid and another assessment was arranged.

Customer D then failed to attend for the rearranged ESA assessment – there is no record that a safeguarding call or home visit was made and the ESA claim was suspended. A similar cycle of missed appointment and disallowance repeated again for PIP.

A month later Customer D's sibling told DWP that Customer D had passed away – they were acting on behalf of Customer D's surviving parent. No referral was made to the Bereavement Service, as should have happened, to establish if any other benefits were affected, or to see if there was entitlement to support with funeral costs.

Later that month a DM reviewed the ESA decision and noted that they had been told Customer D's mental health had deteriorated. Good cause was allowed for failing to attend the assessment, and it was decided they had limited capability for work and ESA was reinstated, to the date of Customer D's death.

Customer D's sibling phoned DWP to ask about back payment of benefits (ESA had been decided, but PIP had not) and returned a form providing details about Customer D's personal circumstances in the weeks before their death. They said Customer D had received no money for their own support, and their surviving elderly parent had done their best to support them financially.

"Thank you, thank you, thank you! Very thorough, I agree wholeheartedly. This is overall a splendid piece of work."

No further action was taken on the PIP claim for 6 months, though ESA arrears were issued to Customer D's surviving parent as next of kin.

DWP then decided that Customer D's sibling had reported a change by phone and a decision was needed on the completed PIP2 sent in after Customer D's death - a paper based assessment of that was requested. The sibling called to follow this up – and made a complaint about delays, which was upheld and referral made for consideration of a Special Payment. It was decided that was not appropriate as payments couldn't be made to the next of kin for maladministration that impacted a claimant, if they had died. Customer D's sibling (Complainant D) asked for that complaint to be escalated.

The PIP claim was then decided and retrospective payment made for standard rate mobility and living components of nearly £3,000. Complainant D told our office that when they returned to the family home, Customer D had lost weight and was unkempt and dirty. The surviving elderly parent gave Customer D money for food; they themselves had a care package, meals prepared and carers attending daily.

My comment

Complainant D (Customer D's sibling) brought a complaint to us about the delays in processing the PIP claim after Customer D had died, and the failure to make consolatory payment to recognise that. In investigating the case it became apparent that things had gone wrong much earlier than that, when Customer D's appointee became ill and unable to continue to act.

As DWP had accepted that Customer D needed an appointee, it was their responsibility to ensure they continued to have one for benefit purposes – DWP didn't recognise that and even as we reviewed the case against their guidance for when an appointee changes, they disputed that it had been for them to arrange one. It was this failure that lay at the heart of the case, in which many things went wrong.

Neither Customer D's sibling nor their surviving elderly parent should have been put in the position of trying to help with Customer D's affairs, though they both tried their best. Although DWP noted on a number of occasions that Customer D was vulnerable, they didn't spot that they no longer had an appointee.

The lack of an appointee also explained why Customer D missed assessment appointments and several safeguarding actions were overlooked related to that. At the point Customer D died they had been without ESA for three months and PIP for three weeks. I noted had DWP ensured an appointee, it was highly unlikely either benefit would have been stopped and their elderly parent wouldn't have been put in the position of trying to support them.

Whilst the Special Payment team's comments that payment couldn't be made to the next of kin for maladministration that impacted on the claimant reflected DWP's policy on such matters, no consideration had been given to the impact on Customer D's surviving parent and sibling. I recommended that Customer D's next of kin receive a consolatory payment of £2,500, recognising the full impact of the case on the family (they had Power of Attorney for their surviving parent at that stage). This included the failure to ensure Customer D had an appointee and the upset and frustration learning of this now would cause them; failing to recognise that they had told DWP of deterioration in Customer D's health and then to follow safeguarding processes when they didn't attend assessments; failing to signpost to Bereavement Services after Customer D's death; the impact supporting Customer D had on his surviving parent for three months before their death; and the delay in payment of the arrears of PIP to them.

I also asked that an appeal of the PIP decision made early in the case be progressed, as I was sure an appointee would have done that, had one been in place. DWP reconsidered the decision and the award was amended from Standard mobility and no living component, to Enhanced mobility and Standard living component from early in the case to the date of death – arrears of more than £10,700 were paid to the next of kin in June 2021.

Retirement Services

274	Cases received
29	Cases accepted
55	Cases cleared, of which:
2	Withdrawn
7	Resolved or settled
46	ICE investigation reports issued
12 (26%)	Fully upheld
16 (35%)	Partially upheld
18 (39%)	Not upheld

This section reports on cases I have seen arising from the range of benefits DWP administers for those approaching or at State Pension age. The two case examples I have selected are about State Pension claimants not receiving the right amount of pension payment at the right time, due to DWP's failure to correctly administer its own processes and procedures, and the significant impact that had on the complainants.

Case study 4

Mrs E reached State Pension age in April 2002 – her pension was paid at less than £5 per week in the first instance and as such would have been paid annually. DWP had limited evidence for the case and in error had destroyed the BR1 form that would have been sent to Mrs E four months before this date. Amongst other things, that asked specific questions for married women as to whether they wanted to claim using their husband's National Insurance Contributions (NICs). If a woman was not eligible for the full State Pension based on her own NICs she could claim a 'top up' Category B pension once she and her husband both reached State Pension age, and both claimed their pensions.

Mr E claimed his State Pension in December 2005 – he would have been sent a claim form with a section headed 'If you have a wife who is age 60 or over' with advice about Category B pension for Mrs E. Despite already claiming State Pension, at that time Mrs E would have needed to make another claim, on a BR1 form that should have been sent to Mr E, to allow consideration of whether her pension could be increased to the 'married woman's rate'. There is no evidence that a BR1 was sent, as DWP later claimed it was.

Despite the missing information, we do know that Mrs E's State Pension rose above £5 per week in April 2008, and that should have triggered a review to change the frequency of payment and to check that payment was correct. DWP confirmed to me that there was a 'Must Do' critical process point associated with such a review, that 'must consider the customer's marital/civil partner status to ensure

the award includes all inherited and derived rights'. That review was apparently overlooked.

Mrs E contacted DWP in 2014 as she hadn't received her 2013 or 2014 annual payment. She contacted them twice in 2015, and five times in February and March 2016; after that an annual payment was issued, but still no review was carried out.

By December 2016 when Mrs E called again, her State Pension rate was £5.88 per week; the notes of the call say her annual payment was to be issued and that the payment frequency needed to be changed – it was also noted that she wasn't getting Category B pension. DWP then wrote to ask for her marriage certificate or decree absolute and Mrs E sent in her marriage certificate, and returned the form they then sent her in February 2017. Category B pension was paid from February 2016 – the maximum year backdating from the point of claim. DWP said it wasn't payable from 2005 to 2016 as she hadn't claimed it. Mrs E wrote and said she had been in touch in 2006 about her pension position, though there was no evidence of that; DWP said no BR1 form had been returned in 2005 and the payment couldn't be backdated more than 12 months from her 2017 claim.

Mrs E went on to complain and said Mr E had not received a BR1 for her in 2005 – she asked for copies of the 2005 correspondence (which DWP didn't action) and her complaint was in due course escalated to my office.

My comment

This case was hampered by lack of records that should have been available to me – documents should be kept for 14 months after a State Pension claim ends, but had apparently been incorrectly destroyed instead 14 months after the claim was made. This meant there was no evidence as to whether or not a BR1 form was sent to Mr E for his wife in 2005 as should have happened. I concluded on balance of probability the form for Mrs E would have been sent, as that was standard process, but had then been overlooked by the

couple, perhaps as the other documents sent with it related to Mr E's claim.

However, when Mrs E's State Pension rose above £5 per week in 2008 her case should have been checked and it wasn't, nor was it reviewed following any of her 11 documented calls from 2014 to March 2016. It was only 8 years after her rate rose to merit four-weekly payments that the case was reviewed – the 'Must Do' critical process points that would have prompted checks of her Category B eligibility were therefore missed.

Had DWP acted as they should in 2008, Mrs E would have been prompted to claim her Category B pension, backdated 12 months and so had missed her State Pension increase from April 2007. Considering this, various other complaint handling service shortfalls and failure to provide her Subject Access Request (SAR), I recommended Mrs E receive a consolatory payment of £500, that the Category B pension be backdated to April 2007 and that she receive interest on those arrears.

Case study 5

Complainant F raised concerns about DWP's handling of their late parent's pension payments - they had received State Pension from 1997 and then claimed and been awarded Pension Credit in 2006. At that time, the parent was living with Complainant F and had minimal savings – they were given a five year Assessed Income Period (AIP) during which they didn't need to report any income or savings changes; that was then extended to 2016.

Despite that, Complainant F's parent told DWP about an inheritance in 2014 (which had no effect until the date of their AIP). Before the AIP ran out in 2016 a rapid review was carried out and an indefinite AIP was set – Complainant F's parent was asked to check the information the AIP was based on and to tell DWP of any savings over £10,000. There is no evidence remaining as to whether they replied, however DWP combined their State Pension and Pension Credit into one

"I was very pleased to read the conclusions in my favour and feel that the outcome is fair and just under the circumstances."

payment a few months later. In fact, there should have been a full review when the AIP ran out in 2016 which would have accounted for the inheritance and Pension Credit would have then stopped – as it was the rapid review only used the information first provided in 2006.

In 2017 DWP suspended payments and made a referral to the Fraud and Error Service – there is no remaining evidence as to why that happened. At that point only the Pension Credit element should have been suspended, as the State Pension would have been unaffected by any change in financial circumstances – but as the payments had been combined, both payments were stopped. There are no records to show whether Complainant F's parent was contacted or not, and the payments remained suspended. A change of address and a request to cancel Pension Credit were received in October 2018 and a message was sent to Fraud and Error, but not acted on. A task was also set to look at the suspensions, though again no action was taken and the payments remained suspended.

In December 2018, Complainant F told DWP that their parent had passed away; they had gone missing in November and were found to have taken their own life. Complainant F subsequently confirmed to the Coroner that their parent had withdrawn their savings and had only £5 left when they died. DWP contacted Complainant F and said they owed the parent money, and a month later they were paid arrears of around £7,500 (around £1,500 of that was an overpayment as Pension Credit wouldn't have been payable, given the inheritance).

DWP's review of the case began in 2019, prompted by Complainant F's request for documents for the Coroner. Complainant F was first told that no Special Payment could be made as the parent had died before it was possible to make any form of financial redress payment to them for the incorrect pension suspension. Complainant F's MP took up the case in April 2019; the then Secretary of State responded and a referral was made to the Special Payments team. A number of service failings in the case were identified and £5,000 payment was made in recognition of DWP's mistakes. Complainant F brought his complaint to my office and we accepted it for review.

Our review of the case found that whilst DWP's analysis of what went wrong in this case had been comprehensive, their complaint responses had failed to explain the extent of their service failures to Complainant F. DWP hadn't explained the error in not setting an alert for a full Pension Credit review, nor of: the failure to carry that out in 2016; the lack of action by Fraud and Error in 2017; or the missed opportunity to correct the suspension in 2018. I upheld the complaint and recommended an additional payment of £3,000 recognising the upset and distress that knowledge of the full facts of the case would have, the lack of evidence to inform our review of the case that should have been available to us, and DWP's failure to explain to Complainant F exactly what had happened in the case.

My comment

When the case was brought to ICE, DWP had already looked at it thoroughly as a complaint, they had also conducted an Internal Process Review and actioned and planned a number of process changes to prevent such a situation happening again. Whilst we found that to have identified what had gone wrong in the case, proper explanation of that hadn't been made to Complainant F. Special Payments in such sad cases are in no way intended to put a value on the loss of a loved one. In this case my additional award recognised the further upset that Complainant F will have experienced on being told there were other things DWP should have done that might have restored their parent's pension payments, and led to a different train of events. This case was again hindered by a lack of evidence that should have been available to help my investigation.

Debt Management

148	Cases received
18	Cases accepted
23	Cases cleared, of which:
3	Withdrawn
4	Resolved or settled
16	ICE investigation reports issued
3 (19%)	Fully upheld
8 (50%)	Partially upheld
5 (31%)	Not upheld

Debt Management is the part of DWP responsible for managing and recovering claimant debt, including benefit overpayments, Social Fund loans and more recently Tax Credit overpayments from claimants who moved onto UC. Complaints about Debt Management are low in number, because the complainant's concerns are rarely just about the debt recovery process – which is Debt Management's remit, but focus more often on the circumstances that gave rise to the debt itself. To illustrate this distinction, I have included two case examples, both of which were resolved for the complainant without having to progress to a full ICE investigation report - one concerns the recoverability of a UC overpayment, and the second concerns the Debt Management recovery process.

Case study 6

Complainant G told my office that DWP had failed to address their concerns about a fraudulent UC claim made in their name and the action taken to recover an advance payment.

Complainant G's complaint was accepted for examination by my office and following some enquiries we established that a UC claim was made using their National Insurance number and details, following which an advance payment was approved and paid to the claimant.

DWP attempted to contact the claimant named in the UC application for further information to progress the claim, but when no reply was received the UC claim was correctly closed. In order to recover the advance payment, the case was referred to Debt Management who wrote to Complainant G. In their letter Debt Management detailed the amount owed to DWP and warned that proceeding to recover that amount would be taken if they failed to arrange repayment.

Following that Debt Management sent Complainant G's employer a request to start deductions from their earnings, with the result that a single payment was deducted from their pay.

"Thank you so much for your letter of 18 September when you agreed to support my complaint about DWP. I have since received £1,716.74 from DWP as a Special Payment as well as a letter of apology. The fact that I received this compensation and apology is entirely due to the good work of your department, in particular the investigation case manager who spent an incredible amount of time working the situation through, putting it into words and keeping me informed. I truly appreciate the work of ICE and the way you do it."

Complainant G complained to DWP about the money that had been deducted from their wages and requested a refund. In response DWP told Complainant G that they had suspended the deductions from their earnings and started a fraud investigation, but it could take up to three months for the fraud investigation to be concluded. They offered Complainant G a consolatory payment of £50 for the number of calls they had to make to try and get the matter resolved.

Complainant G escalated the complaint to my office, saying that although DWP suspended recovery of the overpayment, they didn't do anything to refund money that had already been deducted from their salary. Following our intervention DWP agreed to increase the amount of the consolatory payment offered to Complainant G to £100 and make a full refund of the money deducted from their wages, as well as offering an assurance that no further recovery action would be taken. Complainant G agreed that the action taken by DWP resolved the complaint.

My comment

Debt Management acted in good faith on the information provided to them regarding the recoverability of the advance payment – they had no role to play in investigating the claims of fraud, or deciding whether recovery action should be suspended in these circumstances.

Case study 7

Complainant H told my office that Debt Management acted unreasonably when they recovered an overpayment from arrears of UC that they were owed from October to December 2018.
My office established that Complainant H claimed UC in September 2018 but continued to receive Tax Credit until October 2018. UC and Tax Credits cannot be paid at the same time but because UC is paid in arrears and Tax Credits are paid in advance – overlapping payments are common. In such cases HMRC will refer the overpayment of Tax Credits to DWP to recover through deductions from future UC payments.

Complainant H was informed by HMRC in October 2018 that their Tax Credit award had ended due to the UC claim and that they had been overpaid Tax Credits. In December 2018 that debt was transferred to DWP and added to other debt they had for Social Fund Loans and a UC advance that they also needed to pay back.

Complainant H was expecting an arrears payment of UC in January 2019, but received less than they were expecting because Debt Management offset that payment against some of the debt, without telling them. Complainant H complained to Debt Management about their decision to recover the debt from their arrears of UC without warning and that this had caused them to go into rent arrears.

Because of the financial difficulties Complainant H was experiencing Debt Management agreed to refund the arrears. Complainant H was not satisfied that the action taken had addressed their complaint and in response to their concerns the Senior Operation Manager for Debt Management responded to them, explaining that legislation was in place for the recovery of a benefit overpayment from any arrears of a prescribed benefit. Complainant H referred the complaint to my office and whilst we found that Debt Management were correct to recover the debt from their UC arrears, they had failed to inform Complainant H in writing of their decision to do that. We asked Debt Management to apologise and make a consolatory payment of £100 to Complainant H who agreed that their complaint was settled.

My comment

Whilst Legislation does allow Debt Management to recover an overpayment from a prescribed benefit arrears payment, their failure to tell Complainant H before they did that meant that they suffered financial disappointment and had had no time to plan or budget for receiving less money than they were expecting.

Contracted Provision

281	Cases received
125	Cases accepted
288	Cases cleared, of which:
12	Withdrawn
115	Resolved or settled
161	ICE investigation reports issued
4 (3%)	Fully upheld
13 (8%)	Partially upheld
144 (89%)	Not upheld

The DWP has contracts with private and voluntary sector organisations to deliver some services on their behalf, most notably employment programmes and health assessments. These organisations have responsibility for responding to complaints about their services, but in the event that the complainant is dissatisfied with the final response, they can bring their complaint to my office.

We received very few complaints about employment programmes, and those we did receive were most often that the programme failed to meet the claimant's expectations.

Complaints involving health assessments are often regarding matters which fall outside our justification, for example the claimant's dissatisfaction with the Health Care Professional's (HCP) opinion of the impact of their condition on their day to day lives, or disagreement with a HCP's view that a face to face assessment is required, rather than a paper based review. Whilst we have no role to play in commenting on such medical opinions, they are often the driver for the complaints that escalate to my office.

Case study 8

Customer I was in receipt of DLA, when they were invited to claim PIP; their PIP2 questionnaire listed lifelong conditions of Asperger's Syndrome and Dyslexia and longstanding diagnoses of Depression and Generalised Anxiety Disorder, and described the impact of those. If a face to face assessment was needed Customer I asked for clear, specific, closed questions and for a parent to accompany them. Two extra pieces of evidence were submitted with their PIP2, describing difficulties with in-person interaction and communication, and how home life was adapted to make it more manageable.

A HCP considered the evidence and decided a face to face assessment was necessary, and an appointment letter was sent out.

Customer I attended with a parent but only a partial report was completed, as the assessment had to be stopped. Customer I became

"Thank you on behalf of my daughter for the very comprehensive report which I have received in the post. We both appreciate your efforts and are happy with the conclusions and recommendations."

distressed and aggressive; they were unable to calm down and threatened suicide. An 'unexpected findings' form (used to alert a GP to any potentially serious clinical situation identified at an assessment) was completed and Customer I's parent gave consent for the GP to be told of the incident. The partial assessment report and the unexpected findings form were sent to DWP. The provider's own notes did not reflect the difficulty at the assessment to inform any future assessment decision, nor the assurances that were given to Customer I's parent (Complainant I) at that time, which the provider later acknowledged were failings.

DWP asked for a GP report and a paper-based review from the provider and told Customer I's parent of that request and sent the case back to the provider, who despite that decided that 'the listed professionals' were unlikely to be able to advise on Customer I's functional ability, and that as variability was indicated, another face to face assessment at an assessment centre was appropriate. The provider afterwards commented that GP evidence should have been requested at that point but it wasn't and an appointment letter was sent to Customer I.

Customer I's parent phoned the provider 3 days before the scheduled appointment to say Customer I had just come out of A&E after self-harming. They said the appointment had triggered Customer I's anxiety and asked the provider to contact their GP, which they did. The assessment that had been scheduled was cancelled. Complainant I also sent in a complaint; they said when they left the first assessment the HCP had reassured them that the problems were so severe and explicit that any further follow up could be at home.

The provider spoke to Customer I's GP practice who initially declined to give any information as they first wanted Customer I's consent – the provider noted there wasn't time to wait for the GP's response so advised another assessment centre appointment. Written, limited GP advice was then received, but from a GP who said they didn't know Customer I. The HCP noted there wasn't sufficient information

to inform DWP and an assessment centre appointment remained appropriate – another appointment was sent to Customer I. A complaint response was also sent to Complainant I – as part of that they said they had to complete an assessment within 40 days of referral (that was apparently derived from an interpretation of their contractual terms with DWP, though they didn't say that) so had been unable to wait for more medical evidence before booking the next appointment.

Before that assessment happened, the provider noted receipt of recent medical evidence from the A&E visit, a GP who knew Customer I and a psychologist – again though it wasn't considered sufficient for a paper-based review and the assessment centre appointment remained in place.

Customer I's GP then phoned the provider; based on what the GP said, the appointment was cancelled and a paper based review completed. Complainant I asked to take the complaint further and a stage two response was sent – this said it was the GP's phone call that had allowed the paper-based review to go ahead. Based on the paper-based review Customer I was awarded PIP at the enhanced rate of daily living and standard rate of mobility.

My comment

Providers operate under contract to DWP and must meet the requirements of that – the decision as to whether further medical evidence is needed and whether an assessment can be carried out face to face or based on paper evidence, is a matter for provider HCPs, based on their medical knowledge and training. Most cases require a face to face assessment and at the start of this case there was no reason why Customer I should not have been invited to an assessment, accompanied by a parent. After the first assessment had to be abandoned though, the provider didn't properly note what had happened, or the assurances they made to Complainant I so when consideration was given to the case again, the provider acknowledged they didn't have that vital information to consider. There is no

provision for DWP to say which approach should be taken – even though after the abandoned assessment DWP told Complainant I they had requested a paper based assessment.

The first response from Customer I's GP practice to the request for further medical information, from a GP who didn't know them, was clearly inadequate to the circumstances. I was critical that the provider claimed they had to complete the assessment in 40 days and so had no choice but to push on with an assessment – I noted I had seen other cases in which medical information was important and in those cases the provider had waited for it to arrive – moreover, at the point Complainant I was told that, the 40 days had already passed. The provider noted again that there was insufficient evidence for a paper based assessment and later explained to us that due to Customer I's aggression a home visit wasn't appropriate – there was no similar documented consideration of Customer I's own safety. The situation was resolved when the GP called the provider and a decision was made that a paper based assessment could be completed. I recommended that the provider apologise and make a consolatory payment of £400 to Customer I and Complainant I, recognising the failure to document the difficulties at the abandoned assessment and the consequences of that, the failure to ask for GP evidence when the case was returned from DWP after the initial abandoned assessment and again when the evidence supplied was from a GP who didn't know Customer I, and other issues of delay and complaint handling.

Child Support Agency

485	Cases received
157	Cases accepted
182	Cases cleared, of which:
2	Withdrawn
31	Resolved or settled
149	ICE investigation reports issued
35 (24%)	Fully upheld
81 (54%)	Partially upheld
33 (22%)	Not upheld

The Child Maintenance Service (CMS) was introduced in November 2013 to replace the Child Support Agency. As the Child Support Agency closed all their existing cases, parents were invited to apply to CMS for ongoing maintenance, and if they wished, ask for any Agency unpaid maintenance to be transferred to CMS to collect. A key feature of the complaints we have seen this year continues to be the transfer of arrears to CMS from the Child Support Agency - in particular where those arrears had previously been disputed with the Child Support Agency and were believed by the complainant to be incorrect. My office continues to investigate complaints about the Agency as well as CMS, although the number of Agency cases accepted this year has continued to decline.

Child Maintenance Service

980	Cases received
293	Cases accepted
179	Cases cleared, of which:
4	Withdrawn
57	Resolved or settled
118	ICE investigation reports issued
17 (14%)	Fully upheld
75 (64%)	Partially upheld
26 (22%)	Not upheld

CMS is responsible for the assessment and collection of ongoing child maintenance and complaints often arise when, for whatever reason, direct pay arrangements between parents break down and the method of payment is changed to CMS' Collect and Pay service. CMS charge fees to both parents where their Collect and Pay service is used and a change to this service can often be disputed by the paying parent in particular, if they dispute the amount they are being asked to pay or a change to their circumstances has affected their maintenance liability. Added to that, the accounts information that CMS send to parents on their payment plans can be difficult to understand, both in terms of payment expectations and the outstanding maintenance balance. The case example below speaks to those issues.

Case study 9

Complainant J had a maintenance liability for two children through the Agency to the receiving parent. Complainant J made no payments, and over the course of two years their circumstances changed including the liability reducing to nil and one of their children being removed from the case as they had become too old to be included. During that period Complainant J's case was referred for enforcement action and a liability order granted by the Courts for several thousand pounds. Bailiff action was unsuccessful and the Agency started committal action – whilst that was ongoing the first case payment was received, apparently through a deduction from Complainant J's benefit.

The Court hearing found Complainant J guilty of culpable neglect and sentenced them to a six month driving disqualification, suspended on condition that they made weekly payments of £5 towards the unpaid maintenance, which they paid along with regular maintenance, for the next six years, when Complainant J's second child in turn become too old for them to pay maintenance the case was closed. Complainant J disputed that closure date and it was revised; the weekly payments of £5 as directed by the Court towards the arrears continued.

Four years later Complainant J contacted the Agency and said they wanted to pay lump sums directly to the children to clear the arrears balance, in lieu of maintenance - the receiving parent declined that proposal, but the Agency didn't tell Complainant J that.

Complainant J then received a standard letter telling them their Agency case was closing and that a new CMS case would collect unpaid maintenance; in preparing for that move the Agency miscalculated the arrears using the initial (incorrect) case closure date. The receiving parent was asked if they wanted those arrears written off, but they asked that they be collected.

Complainant J continued paying in line with Court directions and didn't query the balance; at the point of transfer the balance was overstated. Agency procedures say that cases with previous enforcement action should be identified to CMS and managed carefully. That didn't happen and various steps that should have been considered, including asking to negotiate an increased amount to that the Court had directed, were overlooked.

Later that year, as CMS were unaware of the Court order, they started to consider action to secure the balance of the unpaid maintenance and contacted Complainant J to ask for their current earnings – they replied to say they paid in line with a Court order, told them of their mental health issues, and asked for contact in writing.

CMS didn't reply and instead, using HMRC earnings information, calculated a new payment plan which they sent to Complainant J who in turn disputed it – they said CMS hadn't replied to their letters, they had agreed payment with the Court and made various other comments. CMS again didn't reply or investigate whether a Court order existed.

As Complainant J continued to pay £5 a week, which was less than CMS's payment plan had directed, they sent a warning which said that if they didn't pay in line with the plan, enforcement action

"I would like to express my sincere gratitude for the thorough report into the failures of the Child Maintenance Service. Thank you again very much for your great work."

would be taken and they were told of the charges that would incur. Earnings information obtained from the current employer was greater than that provided by HMRC and as such CMS set a new, higher rate to be collected by Deduction from Earnings (DEO) and sent that to Complainant J.

Complainant J phoned CMS and again said they were paying in line with the Court order, they had received no reply to the request to pay off the balance (made the year before) and offered to make a lump sum payment from a tax rebate they were due. Amongst other things they again suggested the lump sum be paid directly to one of the children. Complainant J's MP also contacted CMS.

Complainant J called and wrote to CMS unhappy about a number of issues including that the DEO had been started, CMS hadn't replied to letters and the arrears balance was incorrect; they reminded CMS of their mental health problems. Complainant J stopped payment in line with the Court order and withdrew the offer to pay off the balance owing. CMS replied to the MP and amongst other things said the £5 a week Court order was too low and said they could legally take payment by DEO at 40% of earnings.

Two more DEO payments were taken before CMS were told by the employer that Complainant J had left their job. A DEO charge was applied to the account incorrectly (they are not applicable if collection is for arrears only). Complainant J raised a complaint and there were further exchanges with the MP, ending with the MP saying Complainant J disputed the amount owing and that the complaint had not been properly handled.

CMS then noted that the transfer balance was incorrect, it was adjusted and a new account breakdown sent. A new payment plan was then sent to Complainant J and the receiving parent, but that was again incorrect as it had the collection charge on it. Complainant J contacted my Office, but they had not had a final reply from CMS.

The Complaints Resolution Team wrote to the MP and after an exchange signposted to my office. A DEO was then sent to collect the remaining sum to a company for which Complainant J had been identified as a Director – the date for that was contradictory. The final reply to the MP confirmed the balance due, amongst other things and signposted to my Office. Complainant J replied with many issues and CMS reviewed the account again, then removing the £50 charge made in error. A DEO was then sent to collect the remaining sum to a company for which Complainant J had been identified as a Director – the date for that was contradictory.

A final complaint reply was sent which again, in error, signposted Complainant J to the Complaints Review team – despite having signposted them to my Office five weeks earlier.

My comment

This case has many of the issues I see in Agency and CMS cases, especially the problems that arise when incorrect arrears are transferred from the Agency to CMS. In this case, the fact that the arrears were the subject of enforcement action also wasn't communicated and for quite some time CMS were unaware of it, and didn't investigate, despite Complainant J telling them of the Court Order. There were also communication issues and simple failure to respond to Complainant J, including on critical issues such as their offer to make a lump sum settlement of the arrears. A DEO was also applied inappropriately on two occasions. Finally, the complaints process was protracted and confused, and had concluded no consolatory payment was merited. I upheld six separate elements of Complainant J's complaint and recommended apologies and a £200 consolatory payment.

The ICE Office

Standards of Service

Our published service standards explain how long it should take us to deal with complaints and details of our performance during the 2020/21 reporting year are provided below

Whilst we make every effort to meet our targets, delays may occur which are beyond our control, for example securing agreement to recommendations for redress. We will not compromise the completeness of an investigation to meet the target.

Initial action:

- We told **93%** of complainants the results of our initial checks within our target of 10 working days.

Resolutions:

- We cleared **72%** of resolutions within our target of 8 weeks.
- Our average clearance time in those cases that we resolved was 5.29 weeks from the point the complaint was accepted for examination.

Settlements:

- We cleared **81%** of settlements within our target of 15 weeks.
- Our average clearance time in those cases that we settled was 8.46 weeks, from the point the case was allocated to an Investigation Case Manager.

Investigation reports:

- We cleared **51%** of ICE Reports within our target of 20 weeks.
- Our average clearance time in those case that resulted in an ICE Investigation Report was 23.14 weeks, from the point the case was allocated to an Investigation Case Manager.

Complaints about our service:

- We responded to **82.6%** of complaints about our service within our target of 15 working days.

Complainant satisfaction:

- **83%** of our customers were satisfied with the service we provided.

Complaints about our service and the outcome of investigations

We define a complaint as any expression of dissatisfaction about the service we provided or the outcome of the ICE investigation, which has not been resolved as business as usual.

During the reporting year we received 139 complaints about the outcome of the ICE investigation, 138 of those had been answered at the year's end and three of them were upheld. We received 197 complaints about our service in the reporting year, we cleared 199 (including two from the previous year) by the year's end and upheld 7. We received 8 complaints about both service and outcome but none of those were upheld.

Findings of the Parliamentary and Health Service Ombudsman's Office

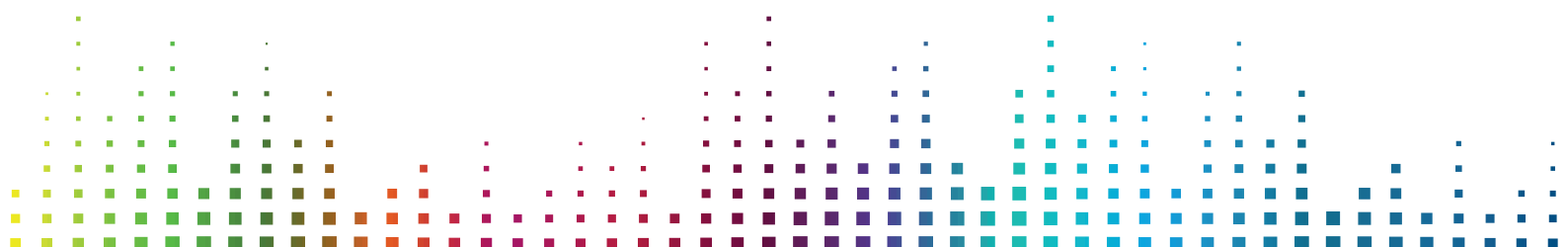
Complainants who are dissatisfied with the outcome of an ICE investigation or the service provided by the ICE Office, can ask a Member of Parliament to escalate their complaints to the Parliamentary and Health Service Ombudsman's Office. The information we hold* suggests that during the reporting year, the Ombudsman Office completed four investigations concerning the ICE Office, two of which were partially upheld.

*PHSO's office has yet to publish their data for the 20/21 reporting year.

Continuous Improvement

We continue to hold both **Customer Service Excellence** and **British Standards Institute (BSI)** accreditation.

The ICE Office is a complaint Handler member of the Ombudsman Association (OA). The Independent Case Examiner is a Director of the OA Board and staff from the ICE office attend working group meetings to share best practice and discuss common themes with other public and private sector Alternate Dispute Resolution (ADR) organisations.



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