

## **BRIEFING NOTE**

### **NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD (ICB)**

#### **BRIEFING NOTE - ADVISORY WORK RE: REVIEW OF THE ICB'S COMPLAINTS AND CONCERNS PROCEDURE (NENC ICB 2024-25/12)**



**BRIEFING NOTE REFERENCE:**

NENC ICB 2024/25/12

**AUDIT TEAM:**

April Coulson, Associate Director Internal Audit

Sharon Fatkin, Senior Internal Audit Manager

Nicola Hearn, Principal Auditor

**CLIENT SPONSOR:**

Deb Cornell, Director of Corporate Governance

**DEBRIEF MEETING:**

30<sup>th</sup> June 2025 with Lynda Hutchinson, Head of Corporate Governance and Rebecca Heron, Corporate Committee Officer

**BRIEFING NOTE ISSUED:**

13<sup>th</sup> August 2025

**BRIEFING NOTE DISTRIBUTION:**

Deb Cornell, Director of Corporate Governance

Lynda Hutchinson, Head of Corporate Governance

Rebecca Heron, Corporate Committee Officer

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## 1. Introduction

In accordance with the Internal Audit Plan for 2024/2025, an audit of Primary Care Complaints was scheduled to be undertaken. However, as the complaints processes were to be reviewed and the North East Commissioning Support (NECS) staff that processed complaints on behalf of the ICB were to be TUPE transferred into the ICB in April 2025, it was requested by the Director of Corporate Governance that the audit be cancelled. The cancellation of the audit was approved by the Audit Committee in January 2025. It was agreed that the time allocated for the audit should be used to undertake an advisory review of the draft Complaints and Concerns Standard Operating Procedure (SOP) so that feedback on the SOP could be provided before it was finalised and adopted by the ICB.

### Background

The Complaints and Concerns SOP applies to complaints and concerns about the NHS North East and North Cumbria Integrated Care Board (the ICB), its commissioning functions, and complaints received about primary care contractors (general practice, community pharmacy, dental practices and opticians). It also covers the management of complaints about other organisations such as those who provide commissioned services.

The SOP sets out the processes for informal local resolution of concerns and formal local resolution in the case of formal complaints.

Complaints managed under formal local resolution must be investigated thoroughly in accordance with the National Health Service Complaints (England) Regulations 2009.

The attached draft SOP (version 1) was shared with AuditOne on 15<sup>th</sup> May 2025:



## 2. Scope of the review

The aim of the review was to assess the adequacy of the Complaints and Concerns SOP and as part of the review confirm that the SOP complied with the requirements set out in the National Health Service Complaints (England) Regulations 2009.

### 3. Findings from the review

The findings from the review of the Complaints and Concerns SOP were discussed with Lynda Hutchinson, Head of Corporate Governance and Rebecca Heron, Corporate Committee Officer on 30<sup>th</sup> June 2025. At this meeting it was explained that the SOP was originally produced by NECS and was in the early stages of being updated by the ICB's Complaints Team, to reflect the current processes operated, following the transfer of NECS staff to the ICB on 1<sup>st</sup> April 2025 and the mapping / streamlining of processes which was still being undertaken.

AuditOne was provided with a copy of an action plan, which included assigned actions to be progressed prior and during the transition of the newly integrated complaints process. This had been presented to the Quality and Safety Committee to provide assurance that key actions had been agreed and assigned. A target date of 30<sup>th</sup> April 2025 was agreed as the deadline for reviewing and revising the SOP to reflect the new agreed complaints process. At the time of the meeting, a revised target date had not been agreed.

Although the SOP is still at draft stage, the following observations have been identified for consideration by the ICB whilst finalising the SOP:

	<u>General queries / comments</u>
1	<p>The SOP references templates of letters and forms but they are not attached to the document nor any links to the documents included in the SOP, e.g.</p> <ul style="list-style-type: none"><li>○ Letter acknowledging receipt of the complaint (Step 3)</li><li>○ Complaint summary consent form (Step 3)</li><li>○ Investigation pack (Step 3)</li><li>○ Letter acknowledging receipt of the provider's response (Step 4)</li><li>○ Clinical review request form (Step 4)</li><li>○ E-mail template to clinical reviewer (Step 4)</li><li>○ Response standard template to investigating officer (IO) and the appropriate head of service (HOS) (Step 5)</li><li>○ Response standard template to complainant (Step 5)</li></ul>
	<u>Queries re compliance with National Health Service Complaints (England) Regulations 2009</u>
2	<p>Section 4: responsibility for complaints arrangements, page 4</p> <p><i>1) Each responsible body must designate—</i> <i>(a) a person, in these Regulations referred to as a responsible person, to be responsible for ensuring compliance with the arrangements made under these Regulations, and in particular ensuring that action is taken if necessary in the light of the outcome of a complaint; and</i> <i>(b) a person, in these Regulations referred to as a complaints manager, to be responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under these Regulations.</i></p>

	<p>The SOP does not appear to document which person has designated responsibility for ensuring compliance with the SOP / complaints arrangements and managing the procedures for handling and considering complaints. The SOP refers to the collective 'complaints team' as being responsible.</p>
3	<p>Section 13: procedure before investigation, page 10</p> <p><i>(7) At the time it acknowledges the complaint, the responsible body must offer to discuss with the complainant, at a time to be agreed with the complainant the manner in which the complaint is to be handled and the period in which the investigation of the complaint is likely to be completed and when the response is likely to be sent to the complainant.</i></p> <p>The SOP (step 3 - Following receipt of the Complaint Summary and Consent Form) states that the case handler will consider whether it would be beneficial to offer to meet. It does not appear to be a blanket offer for all complainants to be offered a meeting. Query (step 3 - Following receipt of the Complaint Summary and Consent Form) - Is the information requested to be discussed recorded in the acknowledgement, as an alternative to the discussion? Similar point raised against query 8.</p>
4	<p>Section 15: form of communication, page 11</p> <p>This section refers to written communication which can be sent electronically. No reference is made to verbal communication.</p> <p>Step 3 of the SOP refers to the complainant requesting their response in a non-written format. See further details against query 10.</p>
5	<p>Section 16: publicity, page 11</p> <p><i>Each responsible body must make information available to the public as to (a) its arrangements for dealing with complaints, and (b) about how further information about those arrangements may be obtained.</i></p> <p>The SOP does not appear to reference that the ICB's website will record how the public can make a complaint or be contacted during the complaints process. However, it is acknowledged that the website's 'contact us' page does include a link to the complaints, concerns and compliments page, which details the process to be followed.</p>
6	<p>Section 17: Monitoring, page 11</p> <p><i>Each responsible body must maintain a record of the following matters:</i></p> <ul style="list-style-type: none"> <li><i>(a) each complaint received</i></li> <li><i>(b) the subject matter and outcome of each complaint</i></li> <li><i>(c) where the responsible body informed the complainant of— (i) the response period specified in regulation 13(7)(b); or (ii) any amendment to that period, whether a report of the outcome of the investigation was sent to the complainant within that period or any amended period.</i></li> </ul> <p>Step 1 of the SOP records that the case handler will be responsible for the end-to-end process of coordinating the complaint, including monitoring and tracking progress of the complaint, but it does not specify how the monitoring will be conducted.</p>

	Similar concerns raised against query 13, 20 and 22.
7	<p>Section 18: Annual reports, page 11</p> <p><i>Each responsible body must prepare an annual report for each year which must:</i></p> <ul style="list-style-type: none"> <li><i>(a) Specify the number of complaints received</i></li> <li><i>(b) Specify the number of complaints that the responsible body decided were well-founded.</i></li> <li><i>(c) Specify the number of complaints which the responsible body has been informed have been referred to (i) the Health Service Commissioner or the Local Commissioner</i></li> <li><i>(d) Summarise the subject matter of the complaints received, any matters of general importance arising out of those complaints, or the ways in which the complaints were handled, action taken / about to be taken.</i></li> </ul> <p>The SOP does not reference the requirement to prepare an annual report nor where it should be reported to.</p>
	<b><u>Queries re content of SOP and specifically with steps of resolution process</u></b>
8	<p>Step 2 – brief acknowledgement and consent and step 3 formal acknowledgement of complaint</p> <p>Query - could step 2 and 3 of the SOP be merged / joined together and all acknowledgements formalised? Currently there is no detail recorded re: step 2 on page 11 of the SOP.</p>
9	<p>Step 3 – page 11 -12 of the SOP records <i>by exception, acknowledgement correspondence will undergo a peer review by a senior officer within the Complaints Team using the agreed checklist</i></p> <p>The SOP does not include where the results of peer reviews will be fed back.</p>
10	<p>Step 3, page 12 refers to complainants receiving their final response in a non-written format</p> <p>To ensure full and accurate information is conveyed, it is best practice to provide all responses in writing. This may be followed up by a telephone call or meeting, if needed.</p>
11	<p>Step 3 – Response signatory, page 12</p> <p>It could be clearer as to the role of the response signatory. At this step of the SOP, in the table on page 9, it only records that the signatory is identified, not what documentation is being signed. A reference could be recorded to what documentation is being signed by the response signatory.</p>
12	<p>Step 3 – Investigation, page 13</p> <p>Query - is an investigation pack only issued for ICB commissioning complaints – is it not relevant for all complaints?</p>
13	<p>Step 4, 5 and 6 – Query - how do the complaints team maintain oversight of each stage of the process / target dates - do they maintain a spreadsheet of key steps against target dates and key stages of the process? Steps 4, 5 and 6 include robust checks / sign-off by other individuals.</p>



	Point raised re: monitoring against query 6.
14	<p>Step 4 – Receive investigation findings, clinical review, pages 13/14</p> <p>Query - is there an escalation policy, or can the SOP be updated to include further instructions regarding the timescales for escalation. For example, after how many days is it escalated? At present the SOP only records that if a response is not received this will be escalated.</p>
15	<p>Step 5 – prepare draft response, page 15</p> <p>Query - are primary care complaints subject to quality checks for accuracy and to resolve any queries, as per the ICB commissioning complaints? See also comments re: peer review below.</p>
16	<p>Step 6 – review and sign off, page 15. Also referencing steps in table, on page 9</p> <p>Peer review of draft response (prior to executive director approval and sign-off) – a comment has been recorded against this step in the table, to query whether peer reviews are completed by exception, rather than for all, as there could be a capacity issue. A further comment has been recorded that senior reviews of the draft response should also be by exception.</p> <p>Query - Is it not appropriate that all responses to complaints are reviewed (by senior staff in particular) to ensure that a standard approach is being adopted and all responses are appropriate and achievable and to also support that the response is appropriate before it is sent for director sign-off?</p>
17	<p>Step 6 – Re closing the complaint record, on page 16</p> <p>Query – is any monitoring carried out to check that the SIRMS complaint record has been completed fully and closed within two working days of the complaint response being sent to the complainant, as required by the SOP? Is there a checklist or spreadsheet which monitors completion of all these steps and ensures timescales are met?</p>
18	<p>Step 7 – learning and recommendations records ‘TBC’, in the table, on page 9, and the more detailed steps section of the SOP also do not include any reference to step 7 / learning and recommendations</p> <p>It would be beneficial to document how the ICB can learn from complaints and include this within the SOP or make reference to the relevant document if learning is included another SOP and/or policy.</p>
19	<p>Step 6 – review and sign off, comment relates to paragraph where a complaint is upheld / partially upheld, on page 16</p> <p>Further explanation is required regarding the cause for a complaint being upheld.</p>
20	<p>Section 3.8, page 20 – consent, confidentiality and security of records (and general comment)</p> <p>Query - are checklists maintained, to document that checks have been undertaken to ensure compliance with the following requirements of section 3.8:</p>

	<ul style="list-style-type: none"> <li>• Consent has been obtained to investigate and respond to the complaint, to share with other organisations if required and to access clinical records (3.8.1).</li> <li>• If a complainant is acting on behalf of a patient (alive or deceased), the complainant has the authority to act on behalf of the patient (3.8.2).</li> <li>• If a complainant is the parent or guardian of a child under the age of 13 (to whom the complaint relates) the Complaints Team must be satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child. Where the child is aged 13 to 18, their written consent should be provided for a parent/guardian or other representative to act on their behalf with regard to the complaint (3.8.7)</li> <li>• Accurate, up to date and contemporaneous records of complaints activity and information have been maintained on SIRMS (3.8.10)</li> <li>• In addition to uploading complaint documentation to the SIRMS record, this will also be saved in the secure shared area used by the Complaints Team. Any paper records used by the Complaints Team will be confidentially destroyed when the case is closed (3.8.11)</li> <li>• Complaint documentation should be held in a separate complaint file and should not be stored within clinical records (3.8.13)</li> </ul>
21	<p>Re 3.13.1, page 26</p> <p>Query - do offers of compensation need to be approved and by whom? This is not documented in the SOP. Also would offers of compensation be classed as ex-gratia payments which would then need to be included in the ICB losses register?</p>
22	<p>Re 3.13.2, page 26</p> <p>The SOP records <i>in many cases, a prompt explanation and an apology will be a sufficient and appropriate response and will prevent the complaint escalating</i>. However, the SOP does not specify within the table on page 9 that summarises the steps to followed for complaints nor in the detailed steps section of the SOP that an apology needs to be issued, or the timescale in which the apology should be issued. Also, the SOP does not reference a suggested template that should be used for issuing apologies nor reference that a record of all apologies issued should be maintained.</p> <p>Query - who monitors a response (explanation and apology) is given? Should this role be documented in the SOP?</p>

#### 4. Acknowledgment

AuditOne would like to thank management and staff for their help and cooperation during this review.

