INTERNAL AUDIT

Complaints Handling
Audit Report
2017/18

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Distribution:
Executive Director of Corporate Services
Head of Legal Services
Information Governance Officer

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EXECUTIVE SUMMARY

• This audit reviewed the processes surrounding the Council’s Complaints Handling Procedure including awareness of and training in procedures, compliance with the procedures and effectiveness in complaints handling.

• Our audit found that the procedure in place is operating well for the handling of complaints.

• There are a number of areas of good practice within the process, including:

  o Complaints handling is governed and supported by the Complaints Handling Procedure which has been approved by Committee and is subject to review when required.
  o There is a Customer Guide and a Policy on Unacceptable Actions and Challenging Behaviour to support the Procedure.
  o There are dedicated complaints officers within each service who have received training in complaints handling. Each officer is a member of the Complaints Officer group which allows experiences and practices to be shared.
  o The procedure is well publicised on the Council website and leaflets and posters are available at customer services. There are several routes available for making complaints.
  o Complaints data is recorded and used for monitoring purposes.
  o Performance reports are submitted to the Senior Management Team on a quarterly basis and to Service Committees on a 6 monthly basis.

• The audit identified areas where improvements to procedures could be made and the number of recommendations which have arisen from the audit are detailed in the table below under each of the priority headings. The priority headings assist management in assessing the significance of the issues raised. The report includes 6 recommendations which have been made to address the medium priority issues identified.

<table>
<thead>
<tr>
<th>Total</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
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</thead>
<tbody>
<tr>
<td>6</td>
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• Responsible officers will be required to update progress on the agreed actions via Aspireview.

• The assistance provided by officers contacted during the course of the audit is gratefully acknowledged.
INTRODUCTION

The Council’s definition of a complaint is ‘an expression of dissatisfaction by one or more members of the public about the local authority’s action or lack of action, or about the standard of service provided by or on behalf of the local authority’.

The Council has a complaints procedure in place which was revised in accordance with the model procedure produced by the Scottish Public Services Ombudsman. This procedure is designed to improve customer satisfaction by dealing with complaints as close as possible to the point of service delivery, in order that complaints are dealt with quickly.

Complaints will either be resolved at the frontline stage (Stage 1) or at investigation stage (Stage 2). Frontline resolution is better for the customer as problems can be fixed quickly; it is less stressful/causes less disruption and provides greater satisfaction.

The procedure for dealing with complaints regarding social work (Orkney Health and Care) is detailed within a separate Complaints Handling Procedure, which is also based on a model procedure produced by the Scottish Public Services Ombudsman. This procedure is slightly different from the general procedure, as it currently follows specific legislation and guidance.

If, however the complaint relates to the Orkney Integration Joint Board (IJB) then this shall follow the IJB Complaints Handling Procedure, which is also based on a model procedure produced by the Scottish Public Services Ombudsman.

These Complaints Handling Procedures do not deal with complaints against Councillors, and therefore this audit shall not review the procedures surrounding those complaints.

AUDIT OBJECTIVES

The purpose of the audit was to review the following: -

1. That there has been a standard procedure approved and adopted throughout the Council. That the procedure has been and is supported by guidance and training for staff who may be involved in the complaints process.
2. The steps taken to raise awareness of the complaints process to the public.
3. Compliance to the Council’s complaints procedure for a sample of claims dealt with at both Stage 1 and Stage 2. This shall involve recording, investigating and reporting back.
4. That there is sufficient monitoring of service progress in complying with timescales set in the complaints procedure.
5. Whether complainants are made aware that external review is available where no resolution has been achieved following an investigation.
6. That a response to the complaint is taken at Service level i.e. action taken/change to procedures implemented.
7. That statistics are reported to the appropriate Committee in relation to performance in the processing of complaints.

AUDIT APPROACH

The audit approach undertaken was to examine compliance with the Complaints Handling Procedure for a sample of complaints received by the Council. Audit testing focussed on the period April 2016 to November 2017.
The audit has focussed on the objectives detailed above and the areas identified where improvements could be made are detailed below.

1.0 Procedures, Guidance and Training

1.1 All staff involved in complaints handling have received training however it was found that for some this training took place more than 5 years ago.

1.2 The Complaints Handling Procedure should be reviewed to include the process for training of new employees and also when refresher training is required.

1.3 This process could include courses being developed for the Council’s e-learning system, iLearn for induction and refresher training.

Recommendation 1

1.4 The Scottish Public Services Ombudsman (SPSO) training materials contain a table for use in the qualitative assessment of responses to complainants.

1.5 The SPSO table for the qualitative assessment of responses should be added to the Complaints Handling Procedure as a guide for complaints officers to refer to when responding to a complaint.

Recommendation 2

2.0 Compliance to Complaints Procedure

2.1 Complaints databases are held in each service with the exception of Orkney Health and Care (OHAC) where previously a separate process was followed for complaints handling.

2.2 The complaints officer in OHAC should be provided with access to the complaints database to enable complaints to be logged in the standard approach.

Recommendation 3

2.3 The complaints databases are not linked therefore the system is disjointed and does not allow for corporate reporting. The current database is quite restrictive and cannot be amended. There is no facility to upload documents onto the database.

2.4 A project team within the Council is currently working on the introduction of a Customer Services Platform (CSP) with phase 3 of the project focussing on areas including complaints. The CSP is being considered as a potential option for introducing a new complaints system which it is hoped will address the shortcomings of the current database.

2.5 A project specification should be prepared and agreed with the project team based on the capabilities of a new system. The specification should address the shortcomings of the current system to allow for a corporate system which holds complaints data, including copies of relevant documentation, for the whole Council and for example would allow complaints to be linked by complainant.

Recommendation 4
3.0 External Review

3.1 There are no corporate templates to be used when corresponding with complainants or to capture the details required for the complaints handling database.

3.2 In accordance with the training delivered by the SPSO the complaints handling process could be improved if corporate templates are introduced which contain a structure for the response in order to streamline the process.

3.3 A template to record details of a complaint should be introduced for use in all services which is then used to enter details into the complaints handling database to ensure all required data is captured.

Recommendation 5

4.0 Performance Reporting

4.1 While feedback forms are issued to complainants at the end of the process there is no mechanism to record the feedback forms received on the current database.

4.2 A record of the issue and retention of feedback forms should be given consideration as part of the future requirements of the complaints handling system when the CSP is being designed.

Recommendation 6
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Responsible Officer</th>
<th>Management Comments</th>
<th>Agreed Completion Date</th>
</tr>
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<tr>
<td><strong>Procedures, Guidance and Training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>The Complaints Handling Procedure should be reviewed to include the process for training of new employees and also when refresher training is required. This process could include courses being developed for the Council’s e-learning system, iLearn for induction and refresher training.</td>
<td>Information Governance Officer</td>
<td>The review will also include consideration of training for complaints officers and members of staff who conduct investigations.</td>
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<td></td>
<td><strong>Medium Priority</strong></td>
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<tr>
<td>2</td>
<td>The SPSO table for the qualitative assessment of responses should be added to the Complaints Handling Procedure as a guide for complaints officers to refer to when responding to a complaint.</td>
<td>Information Governance Officer</td>
<td>This will also be a helpful guide to Elected Members when considering the Complaints Handling Annual Report.</td>
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<tr>
<td></td>
<td><strong>Medium Priority</strong></td>
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<tr>
<td><strong>Compliance to Complaints Procedure</strong></td>
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<td>3</td>
<td>The Complaints Officer in OHAC should be provided with access to the complaints database to enable complaints to be logged in the standard approach.</td>
<td>Information Governance Officer</td>
<td>Completed.</td>
</tr>
<tr>
<td></td>
<td><strong>Medium Priority</strong></td>
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<tr>
<td>4</td>
<td>A project specification should be prepared and agreed with the project team based on the capabilities of a new system. The specification should address the shortcomings of the current system to allow for a corporate system which holds complaints data, including copies of relevant documentation, for the whole Council and for example would allow complaints to be linked by complainant.</td>
<td>Information Governance Officer</td>
<td>Agreed.</td>
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<td>In accordance with the training delivered by the SPSO the complaints handling process could be improved if corporate templates are introduced which contain a structure for the response in order to streamline the process. A template to record details of a complaint should be introduced for use in all services which is then used to enter details into the complaints handling database to ensure all required data is captured.</td>
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<tr>
<td>Performance Reporting</td>
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<tr>
<td>6</td>
<td>A record of the issue and retention of feedback forms should be given consideration as part of the future requirements of the complaints handling system when the CSP is being designed.</td>
<td>Information Governance Officer</td>
<td>Timescale will depend on when the new database is available.</td>
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<td>Medium Priority</td>
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<table>
<thead>
<tr>
<th>Priority</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>High</td>
<td>• Key control absent or inadequate; • Serious breach of regulations; • Significantly impairs overall system of internal control; • No progress made on implementing control; • Requires urgent management attention.</td>
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<tr>
<td>Medium</td>
<td>• Element of control is missing or only partial in nature; • Weakness does not impair overall reliability of the system; • Recommendation considered important in contributing towards improvement in internal controls; • Management action required within a reasonable timescale.</td>
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<td>Low</td>
<td>• Control exists or on target to be implemented within timescales; • Minor weakness, does not compromise overall system control; • To be considered by management within a reasonable timescale.</td>
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Note:

It should be recognised that where recommendations in the action plan are not implemented there may be an increased risk of a control failure. It should be noted however that it is the responsibility of management to determine the extent of the internal control system appropriate to their area of operation.