Argyll and Bute Council

Internal Audit Report

July 2021

FINAL

Complaints Handling

Audit Opinion: High

	High	Medium	Low	VFM
Number of Findings	0	0	0	0

Contents

Contact Details

Internal Auditor:	*Moira Weatherstone and Leanne Rennie*
Telephone:	*01546604146*
e-mail:	*moira.weatherstone@argyll-bute.gov.uk or leanne.rennie@argyll-bute.gov.uk*

www.argyll-bute.gov.uk

1. Executive Summary

Introduction

1. As part of the 2021/22 internal audit plan, approved by the Audit & Scrutiny Committee in March 2021, we have undertaken an audit of Argyll and Bute Council's (the Council) system of internal control and governance in relation to Complaints Handling.

2. The audit was conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) with our conclusions based on discussions with council officers and the information available at the time the fieldwork was performed. The findings outlined in this report are only those which have come to our attention during the course of our normal audit work and are not necessarily all the issues which may exist.

3. The contents of this report have been agreed with the appropriate council officers to confirm factual accuracy and appreciation is due for the cooperation and assistance received from all officers over the course of the audit.

Background

4. The Model Complaints Handling Procedures (MCHP) were revised in 2019 by the Scottish Public Services Ombudsman (SPSO) in consultation with all sectors. The SPSO issued new guidance for effective complaint handling and required all councils to adopt this by 1 April 2021. As part of this the Council's and the Argyll and Bute Health and Social Care Partnership's (HSCP) Social Work complaints procedures were combined into a single procedure whereas previously they had adopted different procedures.

5. Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email. The purpose of the MCHP is to provide a standardised approach to dealing with customer complaints across the local authority sector in Scotland. The document outlines the steps councils need to take to ensure complaints are properly identified, investigated and put right where necessary.

6. The SPSO guidance offers practical, real-world advice and guidance on running a complaints system to ensure it is effective and helps improve our service, including aiming to get it right 'first time'.

Scope

7. The scope of the audit was to assess the implementation of, and compliance with, the revised SPSO Model Complaints Handling Procedures as outlined in the Terms of Reference agreed with the Head of Legal and Regulatory Support on 8 June 2021.

Risks

8. The risks considered throughout the audit were:

   - **ORR02:** failure to ensure Council compliance with governance and information management arrangements
   - **Audit Risk 1:** failure to implement and comply with the Model Complaints Handling Procedures

9. We provide an overall audit opinion for all the audits we conduct. This is based on our judgement on the level of assurance which we can take over the established internal controls, governance and management of risk as evidenced by our audit work. Full details of the five possible categories of audit opinion is provided in Appendix 1 to this report.

10. Our overall audit opinion for this audit is that we can take a high level of assurance. This means that internal control, governance and the management of risk are at a high standard. Only marginal elements of residual risk have been identified with these either being accepted or dealt with. A sound system of control designed to achieve the system objectives is in place and being applied consistently.

2. Objectives and Summary Assessment

11. Exhibit 1 sets out the control objectives identified during the planning phase of the audit and our assessment against each objective.

Exhibit 1 – Summary Assessment of Control Objectives

	Control Objective	Link to Risk	Assessment	Summary Conclusion
1	Policies and procedures which are consistent with the requirements of the Model Complaints Handling Procedures have been established and are being complied with	ORR02 Audit Risk 1	High	A Complaints Handling Procedure (CHP) has been implemented which complies with the SPSO model complaints procedure and audit sampling has provided assurance that it is being complied with
2	Staff and the public have been made aware of the implementation and requirements of complaint handling processes	ORR02 Audit Risk 1	High	Staff were notified of the new CHP by an all staff 'Newsflash.' Information for the public on the CHP is readily available on the Council website. In addition training is available to staff and this has recently been made a mandatory training course
3	Reporting mechanisms are in place with reports distributed to relevant officers	ORR02 Audit Risk 1	High	Reporting mechanisms are in place with reports distributed to relevant officers

12. Further details of our conclusions against each control objective can be found in Section 3 of this report.

3. Detailed Findings

Policies and procedures which are consistent with the requirements of the Model Complaints Handling Procedures have been established and are being complied with

13. The Council have implemented a revised CHP in advance of the SPSO requirement for all councils to adopt one by 1 April 2021. The revised Council CHP was presented to the Strategic Management Team (SMT) on the 22 February 2021. The CHP is an internal document which provides guidance to staff on how to handle complaints.

14. In addition the SPSO requires the Council to adopt a 'customer-facing' CHP. The Council have complied with this requirement with a 'customer-facing' CHP' in the format of a leaflet, made available on the Council's website.

15. The SPSO issued a Model Complaints Handling Procedure (MCHP) in the form of guidance and templates that allowed some flexibility to reword according to the governance, structure and staffing arrangements within each organisation. Our review confirmed that the Council's CHP is consistent with the MCHP with only some minor alterations to provide additional guidance to customers.

16. A 5% sample, covering all services, of all complaints received in April and May 2021 was reviewed. The management of each sampled complaint complied fully with the CHP.

Staff and the public have been made aware of the implementation and requirements of complaint handling processes

17. Staff were notified of the new CHP in an email 'Newsflash' to all exchange users on the 9 April 2021.   A link to the staff intranet HUB was provided in the email for staff to view the new procedure and all associated documents.

18. In addition the 'Newsflash' advised staff of a new online LEON training module that had been created for complaints handling and a link to the course was provided. The email stated that all employees were required to complete this module. The course provides an overview of the whole complaint procedure. Currently only 6% of employees have undertaken the course. However, following a review of training courses, Complaints Handling is now mandatory for staff.

19. In addition to the LEON training key staff (customer service staff, complaints officers, and investigating officers) within departments have been provided with more detailed training.

20. Information for the public on the new CHP is readily available on the Council's website. This includes who can complain, how to complain and what you can complain about.

Reporting mechanisms are in place with reports distributed to relevant officers

21. Reporting mechanisms are in place with reports distributed to relevant officers including:

   - weekly reports to HSCP Heads of Service on current open complaints
   - weekly reports to the HSCP feedback team of current Stage 2 open complaints and any open HSCP complaints that are with the SPSO
   - monthly reports to Council and HSCP Heads of Service showing complaints performance figures
   - quarterly reports to senior management on performance statistics
   - quarterly performance reports to the Performance and Information Team Manager for the HSCP - showing the quarterly complaints performance figures
   - annual report to the Council's SMT, Audit and Scrutiny Committee, also published on the Council website

- monthly SPSO complaints – new report which was included in the July update. This report is sent to the Chief Executive, Heads of Service, Directors, Chief Officers and Complaints Officers and will show any complaints that are open with the SPSO.

22. In addition there are a number of new reports in progress including:

- improvement action monitoring – report to SMT on a quarterly basis on any improvement actions that have been identified from complaints received
- quarterly SPSO complaints – new report which will be included in the FQ1 report for SMT issued in August 2021

Appendix 1 – Audit Opinion

Level of Assurance	Definition
High	Internal control, governance and the management of risk are at a high standard. Only marginal elements of residual risk have been identified with these either being accepted or dealt with. A sound system of control designed to achieve the system objectives is in place and being applied consistently.
Substantial	Internal control, governance and the management of risk is sound. However, there are minor areas of weakness which put some system objectives at risk and specific elements of residual risk that are slightly above an acceptable level and need to be addressed within a reasonable timescale.
Reasonable	Internal control, governance and the management of risk are broadly reliable. However, whilst not displaying a general trend, there are areas of concern which have been identified where elements of residual risk or weakness may put some of the system objectives at risk.
Limited	Internal control, governance and the management of risk are displaying a general trend of unacceptable residual risk above an acceptable level and placing system objectives are at risk. Weakness must be addressed with a reasonable timescale with management allocating appropriate resources to the issues raised.
No Assurance	Internal control, governance and the management of risk is poor. Significant residual risk and/or significant non-compliance with basic controls exists leaving the system open to error, loss or abuse. Residual risk must be addressed immediately with management allocating appropriate resources to the issues