

Argyll & Bute Health & Social Care Partnership

Internal Audit Report

April 2022

FINAL

Complaints Handling

Audit Opinion: Limited

	High	Medium	Low	VFM
Number of Findings	2	0	2	0

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1. Executive Summary

Introduction

1. As part of the 2021/22 internal audit plan, approved by the Audit & Risk Committee in April 2021, we have undertaken an audit of Argyll & Bute Health & Social Care Partnership (HSCP) 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 Health & Social Care Partnership 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. Appendix 1 to this report includes agreed actions to strengthen internal control however it is the responsibility of management to determine the extent of the internal control system appropriate to the HSCP.
3. The contents of this report have been agreed with the appropriate Health & Social Care Partnership 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. A review of Complaints Handling has been planned as part of the 2021/22 Argyll and Bute Health and Social Care Partnership (HSCP) Internal Audit programme.
5. The Scottish Public Services Ombudsman Act 2002 (as amended) provides the legislative basis for Scottish Public Services Ombudsman (SPSO) to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction.
6. The Model Complaints Handling procedures were revised in 2019 by the SPSO in consultation with all sectors. The SPSO has issued new guidance for effective complaint handling and requires the HSCP to adopt this by 01 April 2021. For complaints relating to the actions and processes of the Integration Joint Board (IJB) they must adopt the MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities. In addition where social work services are being delivered under integrated arrangements through a HSCP, the partnership are required to adopt the Local Authority MCHP, this sits alongside the NHS Complaints Handling Procedure.
7. 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 public bodies in Scotland. The document outlines the steps required to take to ensure complaints are properly identified, investigated and put right where necessary.
8. The new 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'.

9. An audit of the complaints handling procedure within Argyll and Bute Council (the Council) was carried out in 2021 and this provided a “high” level of assurance, the Council having implemented a revised Complaints Handling Procedure for the Council and HSCP (Social Work).

Scope

10. The scope of the audit was to provide assurance over compliance with complaints procedures within the IJB and review a sample of Social Work complaints which fall within the remit of the Argyll & Bute Council and Health & Social Care Complaints Handling Procedure, as outlined in the Terms of Reference agreed with the Chief Finance Officer on 18 January 2022.

Risks

11. The risks considered throughout the audit were:
- SSR13: Service Delivery - ineffective leadership and management of services and resources as a result of insufficient progress towards operational integration being made. Services are unable to deliver on the day to day service delivery together with the agreed performance levels and improvements required from the integration of services. This would leave the IJB unable to achieve continuous improvement and to improve the effectiveness and efficiency of service delivery
 - Audit Risk 1: failure to implement and comply with the Model Complaints Handling Procedures
 - Audit Risk 2: failure to provide assurance over compliance procedures and the sharing of learning from complaints handling

Audit Opinion

12. 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 2 to this report.
13. Our overall audit opinion for this audit is that we can take limited assurance. This means that 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.

Recommendations

14. We have highlighted two high priority recommendations and 2 low recommendations. This is summarised below:
- The HSCP should adopt both the MCHP and the customer-facing MCHP relating to the IJB that reflects the latest guidance published by the SPSO
 - the public should be made aware of the complaints handling process for the IJB
 - training on complaints handling procedures should be carried out
 - reports, including an annual report should be prepared

15. Full details of the audit findings, recommendations and management responses can be found in Section 3 of this report and in the action plan at Appendix 1.

2. Objectives and Summary Assessment

16. 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
CO1	Policies and procedures which are consistent with the requirements of the Model Complaints Handling Procedures have been established and are being complied with	SSR13 Audit Risk 1	Limited	Complaints relating to Social Work are processed in compliance with the Argyll and Bute Council and HSCP model complaints handling procedure. NHS Highland have in place a combined complaints handling procedure that relates both to NHS Highland and to the IJB, however this is dated October 2020 and does not comply with the SPSO's requirement to implement the MCHP for the IJB by 1 st April 2021.
CO2	Staff and the public have been made aware of the implementation and requirements of complaint handling processes	Audit Risk 1	Limited	Information for the public on the HSCP complaints handling procedure is readily available on the NHS website. This includes who can complain, how to complain and what you can complain about. The website however makes no reference to complaints handling procedures or the IJB. In addition information for the public on the Argyll & Bute Council and HSCP complaints handling procedure is readily available on the Council's website.
CO3	Reporting mechanisms are in place with reports distributed to relevant officers to provide opportunities for learning	Audit Risk 2	Limited	NHS highland publish a complaints annual report, the latest report being for the period 2021/22. A review of the report found it to be comprehensive, however the report relates specifically to NHS highland activities with no reference to the IJB. There is currently no training undertaken in respect of complaints procedures for the IJB.

17. 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

Social Work Complaints Handling Procedure

18. The revised Local Authority MCHP applies to social work complaints, whether they are handled by the local authority or the HSCP. The SPSO issued new guidance for effective complaint handling and required all councils to adopt this by 1 April 2021, the Council implemented a revised MCHP and customer facing MCHP within the required timeframe. 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.
19. Social work complaints can be received by NHS Highland or the Council. All complaints initially received by NHS Highland are assessed to ascertain whether they relate to social work or to NHS Highland including the IJB. All Complaints relating to Social Work are then passed to the Council and can be dealt with by NHS Highland or Council staff as appropriate. A sample of 5% of all social work complaints received in the previous 12 months was reviewed and these were found to be fully compliant with the Council's and HSCP's complaints handling procedure.

IJB Complaints Handling Procedure

20. The SPSO website states "for complaints relating the actions and processes of the Integration Joint Board itself, IJB's should adopt the MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities". The implementation guidance states that all Scottish Government, Scottish Parliament and associated public authorities are required to comply with the MCHP under the SPSO Act 2002 (as amended). Public bodies are required to implement the revised version of the CHP by 1 April 2021.
21. The SPSO issued a 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.
22. NHS highland have in place a combined Complaints Handling Procedure, dated October 2020, for both the NHS and the IJB entitled "Argyll and Bute Health and Social Care Partnership and Integration Joint Board Complaints Handling Procedure". This procedure does not reflect the current requirements of the SPSO.

Action Plan 1

23. There were no recorded complaints within the last 12 months relating to the IJB.

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

24. Staff and the public have been made aware of the implementation and requirements of complaint handling processes for the Argyll & Bute Council and HSCP complaints handling process.
25. Council staff were notified of the new Council CHP in an email 'Newsflash' to all exchange users in 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. Information for the public on the MCHP is readily available on the Council website.
26. Information for the public on the NHS complaints handling procedure is readily available on the NHS website. This includes who can complain, how to complain and what you can complain about. The website however makes no reference to complaints against the IJB.

Action Plan 2

27. NHS highland staff have received training in regard to complaints handling for NHS, however no training has taken in regard to addressing specific complaints against the IJB.

Action Plan 3

Reporting mechanisms are in place with reports distributed to relevant officers to provide opportunities for learning

28. NHS highland publish a complaints annual report, the latest report being for the period 2021/22. The report is comprehensive covering all areas such as staff training, number of complaints and complaints closed within the designated timescale. However the report relates specifically to NHS highland.
29. Within the Council reporting mechanisms are in place with reports distributed to relevant officers, this includes information on social work complaints.
30. There is no reporting mechanisms in place relating to complaints against the IJB.

Action Plan 4

Appendix 1 – Action Plan

	No	Finding	Risk	Agreed Action	Responsibility / Due Date
High	1	Policy and Procedures The MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities has not been adopted or implemented by the HSCP	Failure to meet the requirement of the SPSO	The MCHP will be presented to the IJB for approval.	Business Improvement Manager/Chief Finance Officer 31 May 2022
High	2	Information The public have not been made aware of the MCHP for the IJB	Failure to provide up to date information	MCHP will be made available on the website	Business Improvement Manager/Chief Finance Officer 31 May 2022
Low	3	Training Training should be provided in the complaints handling procedures for the IJB	Failure to follow policies and procedures	Complaints Handling Training will be incorporated into staff training processes	Chief Nurse-NHS Highland 30 September 2022
Low	4	Reporting Reports, including an annual report should be prepared relating to complaints in relation to the IJB	Failure to meet the requirement of the SPSO	An annual report will be prepared	Chief Nurse-NHS Highland 31 May 2022

In order to assist management in using our reports a system of grading audit findings has been adopted to allow the significance of findings to be ascertained. The definitions of each classification are as follows:

Grading	Definition
High	A major observation on high level controls and other important internal controls or a significant matter relating to the critical success of the objectives of the system. The weakness may therefore give rise to loss or error.
Medium	Observations on less significant internal controls and/or improvements to the efficiency and effectiveness of controls which will assist in meeting the objectives of the system. The weakness is not necessarily substantial however the risk of error would be significantly reduced if corrective action was taken.
Low	Minor recommendations to improve the efficiency and effectiveness of controls or an isolated issue subsequently corrected. The weakness does not appear to significantly affect the ability of the system to meet its objectives.
VFM	An observation which does not highlight an issue relating to internal controls but represents a possible opportunity for the HSCP to achieve better value for money (VFM).

Appendix 2 – 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.