



The City of Edinburgh Council

Internal Audit

Complaints Management

Final Report

15 July 2022

CW2101

Overall report rating:

Some improvement required	Whilst some control weaknesses were identified, in the design and / or effectiveness of the control environment and / or governance and risk management frameworks, they provide reasonable assurance that risks are being managed, and the Council's objectives should be achieved.
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This internal audit review is conducted for the City of Edinburgh Council under the auspices of the 2021/22 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2021. The review is designed to help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there are a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

1. Background and Scope

Background

The Scottish Public Services Ombudsman (SPSO) sets and monitors complaints handling standards for the public sector in Scotland. The [Local Authority Model Complaints Handling Procedures](#) (MCHP), detail how the SPSO expects the Council to handle complaints, with an emphasis on evaluating complaints, with set standards on recording all complaints, reporting key information and using the lessons learned to improve service delivery.

The [Corporate Complaints policy](#) aligns with the MCHP by mandating a [two stage complaints procedure](#). Stage 1 complaints are those which are more straightforward and should be possible to provide a frontline resolution within five days. If the complainant is not satisfied, they can request the complaint is reconsidered at a stage 2.

Stage 2 complaints are those that have not been resolved at stage 1 or are complex complaints that require a more detailed investigation. A complainant should be provided with an acknowledgement of the stage 2 complaint within three working days and a full response within 20 working days.

Learning from complaints / service improvements

The MCHP requires the Council to implement processes for [learning from complaints](#) and are able to identify the root cause of complaints and take action to reduce the risk of recurrence and record details of the corrective action.

As set out in the Council's [Complaints Procedure](#), Executive Directors are responsible for overseeing the implementation of actions to reduce the likelihood of a complaint recurring. Where service improvements are identified, actions should be authorised, and a lead individual assigned with responsibility for ensuring the action is implemented within an agreed timescale.

Performance monitoring and reporting

Under the MCHP the Council is required to have established processes for recording and reporting complaints information. This should also include analysis of complaints trends to inform management where services could be improved. The MCHP requires the Council to publish information quarterly on learning from complaints outcomes and actions taken to improve services. The Council should also publish an annual complaints performance report incorporating the SPSO's key performance indicators.

Roles and responsibilities

The Council's Information Governance Unit (IGU) provides the SPSO with a single point of contact for complaints about the Council which have been referred to them. The IGU provides information in response to SPSO inquiries, supports any investigation the SPSO decides to carry out, and monitors and confirms that SPSO recommendations have been implemented.

Directorates are responsible for first line management of complaints and should ensure the Council's Corporate Complaints procedures are consistently applied across divisions and services. This includes ensuring the quality and consistency of responses; adhering to timescales; meeting recording requirements; and reporting and monitoring service improvement actions.

With the exception of the Place Directorate, complaints are generally managed by complaints practitioners within services, although significant complaints and those sent directly to Executive Directors or Elected Members are managed by relevant directorate Operations Managers. Within the Place Directorate, the majority of complaints are handled directly by the appropriate service area.

The Council does not have a centralised complaints management system. Complaints are currently recorded across a number of different systems used by services including Capture, Confirm, Comino, Uniform, Datix, and Excel.

The Health and Social Care Partnership has established a dedicated and integrated complaints team, responsible for recording, triaging and managing complaints across both Council and NHS Lothian.

The Council's Strategic Complaints Group meets quarterly and provides an overview of significant customer engagements received through the Council's complaints process and statutory request processes and considers any major challenges and / or issues relating to these engagements, agreeing on appropriate courses of action.

In addition, the Council's Corporate Complaints Management Group (CCMG) consists of complaint practitioners from services across the Council. The CCMG acts as a forum to share best practice and learning, including legislative developments and feedback from the Local Authority Complaint Handlers Network.

Prior Internal Audit outcomes

In the Complaints Management audit completed in February 2017, a medium rated finding was raised highlighting that there was no centralised complaints system. At that time management intended to procure a new centralised complaints management system under the CGI contract.

Outcomes of a further corporate review of complaints was reported to GRBV committee in [October 2017](#) (item 7.1), and included an improvement action to, where possible, streamline the complaints systems used. A further update provided to committee in [June 2018](#) confirmed that the number of complaints management systems had been reduced to four (capture, Confirm, Datix, and Jadu) in advance of procuring the proposed corporate complaints management solution. Ultimately, procurement of a corporate complaints management system was not progressed due to differing needs and requirements across services.

Scope

The objective of this review was to assess the adequacy of design and operating effectiveness of the key controls established to ensure that the Council manages complaints in line with the statutory requirements and timescales detailed in the Corporate Complaints Policy and procedures.

This included an assessment on whether the design and effectiveness of the control environment supports achievement of the following Council Business Plan objectives:

- **Best Value** – ensuring a governance framework that supports effective decision making and scrutiny.

The review will also provide assurance in relation to the following Corporate Leadership Team (CLT) risks:

- **Regulatory and Legislative Compliance** - delivery of Council services and decisions are not aligned with applicable legal and regulatory requirements
- **Governance and Decision Making** - inability of management and elected members to effectively manage and scrutinise performance, and take appropriate strategic and operational decisions
- **Technology and Information** - potential failure of cyber defences; network security; application security; and physical security and operational arrangements

Testing was performed across a sample of stage 1 and stage 2 complaints received across all directorates, including the Health and Social Care Partnership between 1 April 2020 to 31 March 2021.

Scope Limitations

IA has not concluded on the effectiveness of sharing trends and good practice in relation to stage 2 complaints through the quarterly Strategic Complaints Group as it was only recently established in August 2021 and had only met three times at the conclusion of fieldwork.

Reporting Date

Our audit work concluded on 8 July 2022 and our findings and opinion are based on the conclusion of our work as at that date.

2. Executive summary

Total number of findings: 3

Summary of findings raised	
Medium	2. Complaints management systems
Medium	3. Complaints management, performance monitoring, and reporting
Low	1. Complaints management essential learning

Opinion

Some improvement required

Our review identified moderate and minor control weaknesses in the design and effectiveness of the governance framework and controls established to support complaints management across the Council. Consequently, moderate assurance can be provided that risks are being managed and that the Council's objectives of managing complaints in line with the statutory requirements and timescales detailed in the Corporate Complaints Policy and procedures should be achieved.

The Council does not have a centralised complaints management system, instead, several stand-alone systems are used to record and manage complaints. Whilst these systems generally meet Scottish Public Sector Ombudsman (SPSO) recording requirements, their lack of integration limits senior management oversight of complaints performance to annual review of the SPSO statutory return prior to its submission, and:

- makes effective ongoing directorate and Corporate Leadership Team (CLT) complaints management governance and oversight more difficult;
- presents a number of challenges when preparing annual SPSO statutory complaints returns;
- inhibits publication of quarterly information on complaints in line with SPSO [Local Authority Model Complaints Handling Procedure](#) expectations; and
- limits opportunities to implement service improvements identified from thematic complaint root cause analysis as required by the SPSO.

The Health and Social Care Partnership is currently the only directorate that has implemented an effective complaints management governance and oversight approach (using the NHS Lothian Datix system) that includes reporting on, and learning from, complaints.

The concern in relation to the volume of stand-alone complaints management systems was originally highlighted in the Complaints Management audit completed in February 2017. At that time management intended to procure a new system and rationalise the number of existing complaints systems to support future data migration, however implementation of a new system was not progressed due differing service requirements and needs across the Council. Since then, the volume of complaints systems used across the Council has increased.

The position highlighted above does not align with or support delivery of a key objective included in the Council's Planning and Performance Framework, as outlined in a report presented to the Policy and Sustainability Committee in [June 2021](#). This confirmed that a key framework objective was to create a culture of robust performance management and continuous improvement in the Council by ensuring that performance information is used effectively by managers to make service decisions; drive service improvement (which is essential when faced with ongoing budget challenges); and support delivery.

Additionally, review of key performance indicators (KPIs) used to monitor the Council's performance as part of the planning and performance framework confirmed it includes only one complaint KPI for a specific directorate.

In our opinion, management should reconsider the feasibility of implementing a centralised complaints management system to improve complaints governance and oversight; align with new SPSO requirements; support robust performance management and continuous service improvements in line with performance framework objectives; and improve citizen experience.

If this is not considered feasible, then existing systems and processes should be reviewed to determine whether and how they can be improved to better align with and achieve these objectives.

Consequently, 2 Medium and 1 Low rated findings have been raised. Further information is provided at section 3.

Areas of good practice:

1. The Health and Social Care Partnership has established an integrated complaints team with officers from both the Council and NHS Lothian and uses the Datix system to record and manage all complaints. A consolidated view of complaints can be produced from the system and supports identification and resolution of thematic trends and root causes. Processes have been established to triage and direct complaints to relevant services and monitor resolution timeframes and implementation of actions. Complaints lessons learned are also shared with all colleagues.
2. Dedicated complaints practitioners are in place in many services with responsibility for developing service complaints processes; providing training; and quality assuring complaints management. These include:
 - Schools and Life-Long Learning
 - Social work
 - Waste and Cleansing
 - Customer Services
 - Housing Property
 - Edinburgh Shared Repairs Service
 - Planning and Building Standards
3. Robust processes are in place for complaints within schools which includes: recording complaints per school; follow-up meetings regardless of outcome; and weekly summary of new complaints and lessons learned at senior management level.
4. Consolidated reporting of complaints and review of trends, root causes and service improvements is evident within some services, including social work through the Chief Social Work Officers annual report, and Housing Property's annual return to the Scottish Housing Regulator.
5. Customer Services shares learning and actions from complaint outcomes via a 'Development Update' email.
6. The number of complaints referred to the SPSO are low and are reviewed on a case-by-case basis with any actions/recommendations taken forward by IGU and the relevant services.
7. All communications with the SPSO are managed through a central mailbox ensuring that cases, and the information associated with them, are controlled and managed centrally.

3. Detailed findings

1. Complaints management systems

Medium

1. Volume of systems used / system functionality

Currently, at least five standalone systems and a range of Excel spreadsheets are used to manage complaints across the Council and within divisions (Capture, Confirm, Comino, Uniform, and Datix).

This number has both increased and changed following the streamlining of systems completed and reported to the Governance, Risk, and Best Value Committee in June 2018.

The systems used generally meet the recording requirements of the MCHP, however, they have known functionality limitations resulting in data accuracy issues and the inability to link related records and retain supporting information, including complainant communications.

These systems also have limited functionality to perform trend analysis and identify thematic root causes and recurring complaints as required by the MCHP.

In contrast, the NHS Lothian Datix system used by the Health and Social Care Partnership can link complaints; provides analysis of complaint categories/trends; and retention of all supporting information and communications within individual complaint records.

The Council was intending to procure a centralised complaint management system in 2018, however following initial engagement with services this was not progressed – due to the differing needs and requirements for a complaints system across the Council.

Potential Risks

The potential risks associated with our findings are:

Regulatory and Legislative Compliance

- inhibits the easy production consolidated complaints reports that support identification of thematic root causes and recurring complaints as required by the [Local Authority Model Complaints Handling Procedures](#) (MCHP), which details how the Scottish Public Sector Ombudsman (SPSO) expects the Council to handle complaints.

Service Delivery

- the Council is unable to consistently support learning from complaints and drive service improvements.

1.1 Recommendation: Council wide review of complaints recording systems

The Corporate Leadership Team should reconsider the potential statutory and service delivery risks associated with the continued operation of standalone complaints management systems across the Council. This should include:

- An evaluation of all current systems used should be performed to determine whether one existing system could be further developed to support consolidated reporting and used across the Council to manage complaints in line with the MCHP. Other systems that the Council uses and could be adapted to manage complaints (such as Verint and AXLR8) should also be considered.
- Considering again, the feasibility of using a reporting interface across current systems or procuring a new corporate complaints management system, should none of the existing systems be suitable for supporting consolidated reporting.

Should none of the above options be viable, then the Council should standardise complaints recording and reporting arrangements council wide to provide assurance on data quality and support MCHP

reporting requirements.

In the interim, the risks associated with using standalone systems should be recorded in both service and directorate risk registers.

1.1 Agreed Management Action: Council wide review of complaints recording systems

The Strategic Complaints function (part of the Information Governance Unit) will evaluate current systems and make recommendations to CLT, based on functionality, applicability, system support (e.g., Capture), potential cost, and the Council's risk appetite.

The Unit will also articulate a risk around complaint recording and use of standalone systems; highlighting appropriate controls which can be used to reduce risks in this area. Risk rating and recording will rest with individual directorates and services, and the risk statement will be disseminated to Directorate Operations Managers for consideration and action (as appropriate).

Owner: Richard Carr, Executive Director of Corporate Services

Contributors: Nick Smith, Service Director – Legal and Assurance; Gavin King, Head of Democracy, Governance and Resilience; Kevin Wilbraham, Information Governance & Strategic Complaints Manager; Ronnie Henderson, Strategic Complaints Officer

Implementation Date:
31 August 2023

2. Complaints management, performance monitoring, and reporting

Medium

1. Complaints management and oversight

There is currently no ongoing directorate oversight of complaints, partly due to the volume of standalone systems used to record and manage complaints across the Council, and the inability to produce consolidated complaints reports.

The only notable exception is the Health and Social Care Partnership where complaints are reviewed weekly and reported regularly to the Partnership Executive Management Team.

2. Complaint management responsibilities

It was not possible to establish whether officers with a specific complaints management role have been established across all services or confirm the extent of ongoing service complaint management responsibilities and processes.

3. Complaints Key Performance Indicators (KPIs)

With the exception of a key performance indicator (KPI) included in the Corporate Services Scorecard (*volume and % of overall customer complaints resolved with 5 days (stage 1) and 20 days (stage 2)*) which relates solely complaints recorded within Capture, there are no other established complaints KPIs to measure complaints performance and outcomes across the Council or within other Directorates on an ongoing basis.

Corporate Services did complete a deep dive into complaints as part of the review of the Corporate Services Scorecard in January 2021 to understand performance drivers. It was noted that performance for the KPI was impacted by parking issues, with resource pressures, and significant contact generated by the strategic parking review. These issues and appropriate mitigating actions are being tracked as part of monthly dashboard updates to senior officers.

It is also noted that there are no complaints specific KPIs included in the business plan scorecard.

It is acknowledged that the Council's annual performance report includes links to complaints statistics in line with SPSO requirements. This includes a breakdown of quarterly performance against SPSO KPIs by directorate, however this is reported annually only.

4. Quarterly performance reporting

The Council does not report quarterly to the Corporate Leadership Team (CLT) on complaints performance statistics as required by the MCHP with effect from April 2021. Management has advised that this is due to capacity issues exacerbated by Covid-19.

Such reporting should include an analysis of complaints trends and outcomes; including highlighting areas where no or few complaints are received which could indicate potential complaint barriers.

We note that a Strategic Complaints Officer has been appointed and will be in post from end of May 2022 who will be responsible for promoting good practice and learning. Given the lack of established directorate complaints management processes and known system limitations it is likely that significant work will be required to provide complete and accurate complaints information for both directorates and the CLT.

5. SPSO Statutory data submissions

The Council's Information Governance Unit requests and collates complaints information from across the Council for annual reporting to the SPSO. Due to the number of disparate systems used across the Council, collating the complaints data from all the services is a time-intensive process with significant effort required to cleanse the data and identify and resolve duplicate complaints information.

Additionally, accuracy of the Council's SPSO submissions is dependent on the completeness and accuracy of data in source systems, and the effectiveness of the data cleansing process performed.

6. Publishing information on complaints performance

While there is reporting of complaints via the Council's annual performance report to Committee, there are currently no established processes to publish information on complaints outcomes and actions taken to improve services on a quarterly basis as per the MCHP.

Publishing this information would provide the Council an opportunity to demonstrate the improvements resulting from complaints and show that complaints can help to improve services. It also helps ensure transparency in the complaints handling service and show customers that the Council values complaints.

Potential Risks

The potential risks associated with our findings are:

Regulatory and Legislative Compliance

- Incomplete and inaccurate statutory performance reporting in line with SPSO requirements.

Service Delivery

- Service improvements and efficiencies are not identified and implemented.
- Limited opportunity to demonstrate that complaints can improve services as per the MCHP.

2.1 Recommendation: Complaints management and oversight

Directorates should complete a review of internal complaints management processes applied by their divisions This should include, but should not be limited to:

- a. Establishing directorate level complaints oversight processes aligned with the requirements of the Council's Corporate Complaints policy and supporting procedures.
- b. Ensuring that there are established processes for dealing with stage 2 investigation complaints

with clear roles and responsibilities and sign-off arrangements in place, including ensuring stage 2 complaints are performed independently in line with the Council policy.

- c. Ensuring appropriate quality assurance processes are in place to confirm that complaints are handled in line with the Council's Corporate Complaints Policy across divisions and services with any issues reported to senior management.
- d. Implementing directorate level complaints performance monitoring and reporting to support complete and accurate reporting on complaints information to CLT, the public, and the SPSO.
- e. Establishing directorate level processes to drive service improvements based on complaints lessons learned.

2.1a Agreed Management Action: Complaints management and oversight – Corporate Services

Following completion of the review by the Strategic Complaints function ([recommendation 1.1](#)), Corporate Services will establish a suitable Directorate level oversight and assurance process to support compliance with the Corporate Complaints policy, ensuring that our current practice for monitoring performance is suitably enhanced so as to provide assurance that all Corporate Services complaints are being managed appropriately.

Owner: Richard Carr, Executive Director of Corporate Services
Contributors: Layla Smith, Operations Manager and Prarthana Lasure, Directorate Assurance Officer

Implementation Date:
31 December 2023

2.1b Agreed Management Action: Complaints management and oversight – Place

Following completion of the review by the Strategic Complaints function ([recommendation 1.1](#)), Place SMT will consider the approach to complaints management within the directorate and take any necessary action to provide assurance that complaints are being managed effectively across the directorate.

Owner: Paul Lawrence, Executive Director of Place
Contributors: Ross Murray, Operations Manager - Place Directorate; Alison Coburn, Operations Manager - Place Directorate

Implementation Date:
31 December 2023

2.1c Agreed Management Action: Complaints management and oversight – Education and Children's Services

Complaints for schools are reviewed and discussed by senior management on a weekly basis. A summary report will be provided to Education and Children's Services senior management team (SMT) on a regular basis to support directorate oversight processes.

In addition, to ensure adequate oversight at a directorate level, Education and Children's Services SMT will review complaints on a monthly basis. This will include reviewing the number, nature, process compliance as well as lessons learnt, monitoring of any action plans and change management. This will be reviewed as part of the wider quality and assurance and performance management session for the directorate and in line with the review by the Strategic Complaints function ([recommendation 1.1](#)).

Owner: Amanda Hatton, Executive Director of Education and Children's Services
Contributors: Gillian Tracey, Operations Manager; Claire Thompson, Operations Manager; Laura Zanotti, Operations Manager; and Nichola Dadds, Operations Manager.

Implementation Date:
31 December 2023

2.2 Recommendation: Council wide quarterly performance reporting

The Council should implement quarterly reporting on complaints to CLT as required by the MCHP. This should include:

- Performance statistics, in line with the complaints performance indicators published by SPSO.
- Analysis of trends and outcomes of complaints (including highlighting where there are areas where few or no complaints are received).
- Outcomes of directorate complaints monitoring and reporting including detail on trends or wider issues, areas where service improvement opportunities have been identified and are being implemented.

In order to fully support Council wide reporting, directorates will need to establish quarterly complaints reporting and review processes at a directorate level as per [recommendation 2.1d](#). This should be done with support of the Council's Strategic Complaints Officer to ensure consistency.

A benefit of implementing quarterly performance reporting will be improved efficiency and accuracy when preparing annual complaints reporting in line with SPSO requirements.

2.2 Agreed Management Action: Council wide performance reporting

The Strategic Complaints function (within the Information Governance Unit) will develop and introduce standardised reporting templates for use across all Council directorates, including documented processes to support the activity. This will ensure a consistency of approach, regardless of the systems being used to record complaints, and will facilitate the improved collation, analysis, and presentation of complaints data.

The process will be operated through existing networks of known complaint practitioners (including the Corporate Complaints Management Group) and Directorate Operations Managers to ensure coverage of all areas, including those without a dedicated complaints practitioner. The involvement of Operations Managers, or other relevant contacts as identified by the Directorate, will also ensure appropriate levels of accountability around the process and subsequent returns.

Based on the information provided, the strategic complaints function will produce quarterly reporting for CLT highlighting performance levels; the identification of trends or wider issues which may not be obvious from individual complaints; and potential areas for service improvement. This will include reporting on the mandatory performance indicators produced by the SPSO.

Owner: Richard Carr, Executive Director of Corporate Services
Contributors: Nick Smith, Service Director – Legal and Assurance; Gavin King, Head of Democracy, Governance and Resilience; Kevin Wilbraham, Information Governance & Strategic Complaints Manager; Ronnie Henderson, Strategic Complaints Officer

Implementation Date:
31 March 2023

2.3 Recommendation: Publishing complaints information

The Council should establish processes to publish quarterly information on complaints outcomes and actions taken to improve services as required by the MCHP. This could include publication of key performance indicators; volumes and trends and/or case studies demonstrating how complaints have helped improve Council services (for example a 'you said, we did' approach).

This should include agreement on the frequency and methods of publication, for example through newsletters, websites or other forums used to communicate with citizens.

2.3 Agreed Management Action: Publishing complaints information

The strategic complaint's function (within the Information Governance Unit) will work with the Corporate Complaints Management Group to establish and develop the most effective ways of presenting complaint outcomes, ensuring appropriate levels of transparency and engagements around

service improvement(s). Relevant information and examples will be provided by Directorates with assistance from the Corporate Complaints Management Group and Directorate Operations Managers (as required). The Strategic Complaints function will present complaints information on a quarterly basis, in line with agreed methods around presentation and dissemination.

Owner: Richard Carr, Executive Director of Corporate Services
Contributors: Nick Smith, Service Director – Legal and Assurance; Gavin King, Head of Democracy, Governance and Resilience; Kevin Wilbraham, Information Governance & Strategic Complaints Manager; Ronnie Henderson, Strategic Complaints Officer

Implementation Date:
 31 March 2023

3. Complaints management essential learning

Low

The Council's Complaints policy was updated and approved by Committee in February 2021. Communications were issued via [Managers' News](#) in February 2021 and [Newsbeat](#) in March 2021, instructing all employees who respond to complaints as part of their role to read the new Complaints Handling Procedure on the Orb; and to complete the revised and updated the e-learning module.

Complaints Handling Procedure

We were unable to confirm that all relevant employees have read the updated Complaints Handling Procedure in line with [essential learning requirements](#) set out on the Orb. Managers are required to confirm that essential learning for all employees is complete via a user defined field (UDF) on MyPeople. However, the UDF applies generally to a suite of 'Essential Policies' with no facility to determine completion of individual policy reading or learning.

Limitations with recording essential learning/reading via the MyPeople system are known and were raised in the Policy Management Framework Internal Audit completed in July 2020. In February 2021, CLT agreed to accept the risks associated with monitoring completion of essential learning/reading and agreed to reinforce individual employee responsibility for familiarising themselves with essential policies and learning relevant to their employment.

The Council is currently exploring ways in which the new Learning Hub can be used to record completion of essential policies for all employees.

E-learning modules

There are two complaints e-learning modules available on the Learning Hub which were updated to reflect the revised policy in 2021. As at 29 April 2022, circa 1050 employees had completed the Complaints Handling Procedure e-learning module, while circa 170 employees had completed the Dealing with complaints e-learning module.

However, as there is not a defined population of employees who are expected to complete complaints e-learning, it is not clear if the learning has been completed by all individuals directly involved in managing and responding to complaints across the Council. It is also recognised that not all employees have access to the Learning Hub.

Potential Risks

The potential risks associated with our findings are:

Regulatory and Legislative Compliance

- Limited ability to evidence that all employees have read and understood the revised Complaints Policy and Procedures issued in April 2021, and completed relevant e learning modules, leading to non-compliance or deviation from statutory processes.

- Employees may not be aware of and/or understand statutory requirements for identifying, recording and responding to complaints.

3.1 Recommendation: Complaints Policy and Complaints Handling Procedure

Communications should be issued to remind employees and managers of the requirement to read the Council’s Complaints Policy and Complaints Handling Procedures.

Managers should be reminded to obtain confirmation that relevant employees have read and understood policy and procedure requirements (for example via regular employee one to one check ins or annual conversations) until revised arrangements via the Learning Hub are implemented.

3.1 Agreed Management Action: Communications - Complaints Policy and Complaints Handling Procedure

A communications plan around complaints management will be developed and implemented by the Strategic Complaints function. This will consider the most appropriate communication routes to ensure maximum coverage concerning roles and responsibilities in this area.

Owner: Richard Carr, Executive Director of Corporate Services

Contributors: Nick Smith, Service Director – Legal and Assurance; Gavin King, Head of Democracy, Governance and Resilience; Kevin Wilbraham, Information Governance & Strategic Complaints Manager; Ronnie Henderson, Strategic Complaints Officer

Implementation Date:

31 December 2022

3.2 Recommendation: Complaints e-learning modules

Communications should be issued via Newsbeat and Managers' news reminding all employees who respond to complaints as part of their role, to complete the e-learning modules available via the Learning Hub.

Communications should also advise People Managers with access to the Learning Hub to monitor completion of the complaints e-learning via the Learning Hub dashboard which enables managers to review team member learning requirements and issue reminders.

3.2 Agreed Management Action: Communications – e-learning modules

As above, a communications plan will be developed and implemented to ensure communications are targeted and appropriate. This will be undertaken by the Strategic Complaints function.

Owner: Richard Carr, Executive Director of Corporate Services

Contributors: Nick Smith, Service Director – Legal and Assurance; Gavin King, Head of Democracy, Governance and Resilience; Kevin Wilbraham, Information Governance & Strategic Complaints Manager; Ronnie Henderson, Strategic Complaints Officer

Implementation Date:

31 December 2022

Appendix 1: Basis of our classifications

Finding rating	Assessment rationale
Critical	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Critical impact on the operational performance; or • Critical monetary or financial statement impact; or • Critical breach in laws and regulations that could result in material fines or consequences; or • Critical impact on the reputation of the Council which could threaten its future viability.
High	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Significant impact on operational performance; or • Significant monetary or financial statement impact; or • Significant breach in laws and regulations resulting in significant fines and consequences; or • Significant impact on the reputation of the Council.
Medium	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Moderate impact on operational performance; or • Moderate monetary or financial statement impact; or • Moderate breach in laws and regulations resulting in fines and consequences; or • Moderate impact on the reputation of the Council.
Low	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Minor impact on operational performance; or • Minor monetary or financial statement impact; or • Minor breach in laws and regulations with limited consequences; or • Minor impact on the reputation of the Council.
Advisory	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

Appendix 2: Areas of audit focus

The areas of audit focus and related control objectives included in the review are:

Audit Area	Control Objectives
1. Policies and procedures	<p>1.1 The Council has an up-to-date policy and procedures for complaints management which is fully aligned with current regulatory and legislative requirements including the LA MCHP.</p> <p>1.2 Roles and responsibilities for complaints handling are clearly defined and have been communicated to all relevant employees to ensure these are understood across the Council.</p> <p>1.3 The Council provides training/learning to all relevant employees to ensure complaints are identified, recorded, and managed appropriately and in line with required timescales.</p> <p>1.4 The Council provides up to date, easily accessible and clear information to citizens on the complaints management process.</p>
2. Devolved complaints management - Directorates	<p>2.1 Directorates have appropriately documented procedures aligned with each of the roles and responsibilities set out in the Council's Corporate Complaints policy and procedure.</p> <p>2.2 Directorate procedures are supported by systems for recording complaints data in line with at least the minimum requirements set out in part 4 of the LA MCHP.</p> <p>2.3 Directorates have established processes for dealing with stage 2 investigation complaints with clear roles and responsibilities and sign-off arrangements in place.</p> <p>2.4 Stage 2 complaints are performed by Council employees on an appropriately independent basis where potential conflicts of interest have been identified.</p> <p>2.5 Directorates have established appropriate quality assurance processes to ensure complaints are handled in line with the Council's Corporate Complaints Policy across services with any issues reported to senior management.</p> <p>2.6 Directorate recording processes support accurate reporting of complaints handling performance information to CLT, the public, and the SPSO as required.</p> <p>2.7 Directorates have established appropriate processes to drive service improvement and to ensure learning from complaints is incorporated into service delivery, including:</p> <ul style="list-style-type: none"> • identifying the root cause of complaints • taking action to reduce the risk of recurrence and identify service improvements • systematic review of complaints performance at both service level and senior management to improve service delivery • close monitoring of a service where performance issues are identified.

<p>3. Scottish Public Services Ombudsman (SPSO) complaints management</p>	<p>3.1 Systems are in place to ensure information on complaints is provided to the SPSO in an orderly and structured way and within required timescales.</p> <p>3.2 Processes have been established to confirm and verify that SPSO recommendations are implemented and sustained.</p>
<p>4. Performance monitoring and reporting</p>	<p>4.1 Key performance indicators have been established for complaints handling which include both quantitative and qualitative measures on timescales and outcomes.</p> <p>4.2 Complaints performance Council wide and by Directorate/Service area is reported quarterly to relevant governance forums.</p> <p>4.3 Governance processes are in place to ensure lessons are learned from complaints, and service improvements actions are monitored, implemented and sustained.</p> <p>4.4 The Council regularly publishes information on complaints to the public and employees including volumes; resolution timescales and action being taken to address service improvements identified.</p>