Complaints, Concerns, Comments and Compliments (4Cs)

City of York Council

Internal Audit Report

Business Unit: Corporate Services
Responsible Officer: Information Governance and Feedback Manager
Service Manager: Corporate Governance Operational Manager
Date Issued: 02/02/2023
Status: Final
Reference: A1840/001

	P1	P2	P3
Actions	0	1	1
Overall Audit Opinion	Reasonable Assurance		

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Summary and Overall Conclusions

Introduction

The complaints process provides local authorities with an opportunity to listen to public concerns and use any learning to drive continuous improvement. Without an effective complaints process, local authorities could face increases in customer dissatisfaction, financial loss, service disruption and damage to reputation.

City of York Council's corporate governance team (CGT) centrally coordinates the complaints process. The corporate complaints process has a two grade approach and, if the customer remains unhappy with how their complaint has been dealt with, they have the right to have the matter reviewed by the relevant Ombudsman, for example, the LGSCO (Local Government and Social Care Ombudsman) or the HOS (Housing Ombudsman Service).

In 2020, the council introduced a new corporate policy and set of procedures referred to as Complaints, Concerns, Comments and Compliments (4Cs). The 4Cs were designed using good practice and guidance from statutory complaints procedures, the Local Government and Social Care Ombudsman and Housing Ombudsman Service.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system ensure that:

- Complaints are handled efficiently and in line with council policy.
- Public information relating to the complaints process is informative, clear, and accessible.
- Complaint handling processes result in good quality responses to complainants.

This audit focussed on the corporate complaints process as well as other elements of the 4Cs procedures. This audit did not include any review of those processes or statutory timescales followed in relation to adult and children's social care complaints.

Key Findings

The council has recently reviewed its combined corporate policy and set of procedures, referred to as Complaints, Concerns, Comments and Compliments (4Cs) toolkit. The procedures accompanying the policy provide comprehensive guidance to members of staff responsible for handling information as part of the complaints and feedback process. The toolkit has been developed in a way that helps to ensure processes followed internally are in line with Local Government and Social Care Ombudsman (LGSCO) best practice guidance.

The Respond system is used to record and monitor the 4Cs. The CGT investigate and respond to 4Cs, creating actions for service areas where appropriate. The audit focussed on the elements of the 4Cs system of internal control that is the responsibility of the CGT.

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The council's website contains clear and comprehensive public-facing guidance for customers to use when interacting with the complaints and feedback process. The information available includes options to request additional support and offers a range of methods of making a complaint. The 4C's toolkit policy is also available online and relevant sections have been summarised to make this document more user-friendly. As recommended in good practice guidance, links are provided to the annual performance reports produced by the CGT for the last four years.

A review of a sample of communications logged through the 4Cs process found that these had been categorised correctly and the content of responses was in line with procedures. However, it was noted that not all responses had been sent within the specified timescales. Despite some late responses identified, performance is being monitored within the team and a review of these performance figures, comparing timeliness of responses both before and after the introduction of the 4Cs procedures, shows a positive increase in the proportion completed in time. 95% of complaints for 22/23 to date have been responded to in time. Fewer comments are responded to in time and audit testing also found there could be delays, particularly when awaiting responses from services. The sample of 4Cs reviewed found that the information held on the council's KPI machine, in relation to the timeliness of responses, is accurate.

While most of the council's internal complaints are now responded to within the specified timescales, this year's LGSCO annual review letter raised an issue with the council's response times where complaints are escalated outside of the corporate complaints procedure. The CGT has already developed processes to address this finding and these centre on setting earlier internal deadlines for service areas where information is required from them in order to complete a response. However, despite action being taken to improve the communication channels across the council in relation to complaints, this audit identified that the process could be made more efficient with more timely responses from service areas.

Overall, responses to complaints contain the key information identified in LGSCO good practice guidance, although one letter did not contain a statement of the complaint and one letter did not contain information on how to challenge the council's decision. Ombudsman cases and feedback are frequently shared with the CGT and there is a guidance template readily available on the Respond system which provides an information checklist for complaint responses. However, there is currently no formal quality assurance process in place to ensure that responses are of good quality and meet policy expectations. In addition to the absence of any formal quality assurance process, training logs are not maintained to monitor training and learning exercises undertaken by members of the CGT or to identify any gaps in knowledge.

Complaints and feedback are ultimately used to help improve service delivery. As part of the council's 4C procedure, where complaints are upheld and service improvements identified actions are agreed between service areas and the CGT in relation to the area of concern. There is a sufficient monitoring system in place to help follow up on these actions when these become due. As a result, testing found that, with the exception of one case, actions are followed up efficiently, with evidence requested to support satisfactory completion.

Overall Conclusions

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.

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1 Quality assurance checking

Issue/Control Weakness	Risk
There is currently no formal process in place for performing regular quality assurance checks on 4C cases and responses.	The quality of records and responses may decrease or, where there are existing areas of weakness, fail to improve.

Findings
Complaint responses are completed by the CGT following investigation of the complaint. The LGSCO Effective Complaint Handling for Local authorities guidance sets out key information to be included in complaint response letters. This audit identified some evidence of responses being sent without key information included. The 4Cs toolkit states that the CGT are responsible for sampling the 4Cs responses for quality against agreed markers. There is currently no formal quality assurance process in place for the purpose of reviewing 4C records and responses. Some responses are reviewed by the Corporate Governance Operational Manager where cases are more complex or where CGT advisors require support. However, a more systematic quality assurance process is not in place. Quality assurance checks would help to limit non-compliant responses and promote communication that is in line with LGSCO best practice guidance. Results of quality assurance checks could also be used to inform further training and guidance for members of the team.

Agreed Action 1.1		
A robust quality assurance process will be identified and implemented.	**Priority**	2
	Responsible Officer	Corporate Governance Operational Manager & Information Governance and Feedback Team Manager
	Timescale	31st March 2023

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Agreed Action 1.2		
The QA process will be reviewed to ensure it is effective and make any necessary adjustments or amends.	**Priority**	2
	Responsible Officer	Corporate Governance Operational Manager & Information Governance and Feedback Team Manager
	Timescale	31st March 2024

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2 Training and learning logs

Issue/Control Weakness	Risk
Training and learning completed within the corporate governance team (CGT) is not being formally documented.	Gaps in knowledge are not identified and these lead to poor quality responses that do not conform with policy and best practice.

Findings

Training for the CGT is largely completed internally, with some staff attending external training events when these are available. Learning material is also shared within the team in the form of Ombudsman cases and reviews, group sessions are held to discuss these with the view to improving performance. However, this learning and training is not currently being documented using training logs or any other alternative method.

Staff training and learning logs would provide a clear means of reviewing individual training history and ultimately help to identify any gaps in knowledge and make recommendations for future coverage.

Agreed Action 2.1

A robust training and learning (T&L) log process will be identified and implemented.	Priority	3
	Responsible Officer	Corporate Governance Operational Manager & Information Governance and Feedback Team Manager
	Timescale	31st March 2023

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Agreed Action 2.2

The T&L Log process will be reviewed to ensure it is effective and any necessary adjustments or amends made.

Priority	3
Responsible Officer	Corporate Governance Operational Manager & Information Governance and Feedback Team Manager
Timescale	31st March 2024

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Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

Our overall audit opinion is based on 4 grades of opinion, as set out below.

Opinion	Assessment of internal control
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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