



Complaints Procedure

Peak District National Park Authority

Internal Audit Report 2015/16

Business Unit: Peak District National Park Authority
Responsible Officer: Director of Corporate Services
Service Manager: Head of Law
Date Issued: 05/02/2016
Status: Final
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	P1	P2	P3
Actions	0	0	1
Overall Audit Opinion	Substantial Assurance		



Summary and Overall Conclusions

Introduction

This audit forms part of the 2015/16 audit plan for the Peak District National Park Authority. The purpose of this audit was to review compliance with the Authority's complaints procedure and to compare current arrangements against best practice.

Managing complaints is an integral part of service provision. The purpose of a complaints system is to put right what has gone wrong and to learn from it, improving processes and services where necessary. Complaints can be a useful source of learning about how a service is viewed by the public and how it may be improved.

It is important that complaints are dealt with promptly and in a fair and open minded way and that steps are taken to resolve a complaint at the earliest possible stage to avoid further distress to the customer and risk to the authority.

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:

- The council publicises its complaints procedure effectively
- The customer complaints procedure is fit for purpose, and effective in resolving customer complaints to a high standard
- Complaints are being monitored in line with procedures
- Officers are aware of the procedure, and their responsibilities when handling customer complaints
- The data held on the corporate database is being fully utilised to improve services

Key Findings

The Complaints Procedure at the Peak District National Park Authority was reviewed against best practice and was found to be working, on the whole, effectively. There was found to be good coherence between the system and the features described in the Local Government Ombudsman guidance, with processes in place to ensure that roles and responsibilities are clear and complaints are handled by staff with appropriate training, authority, and objectiveness. The complaints procedure is widely accessible to the general public, fit for purpose and up to date and there is early and direct contact with the complainant. There is also performance monitoring in place in the form of Quarterly Reports and an Annual Review to the Audit, Resources and Performance Committee and consideration by senior managers at the quarterly performance meetings. Since 1st April 2015 after each quarterly report to Committee, which includes details of lessons learnt, a copy of the report is emailed to Heads of Services and Team Managers drawing their attention to it and any necessary changes in practice that are needed.

In the majority of cases it was found that complaints were acknowledged in line with the authority's complaints policy. Although there were delays in the process, there is evidence on file to show that this had been communicated to the complainant to keep them informed about the progress of the investigation.

In all cases, delays appear to be justified, particularly due to the complexity of the cases.

Retention of documentation at stages One and Two was generally good and the Database was being updated. However, there were issues found with regard to the file completion of the Database and electronic folders. The logging of one Stage Two complaint was found to be incomplete, where information was found on file but the Database had not been updated to reflect this progress. Another minor issue was found with the Stage One complaint as the date of acknowledgement had not been logged as a step on the database. Furthermore, with regard to the electronic folders, the second Stage Two complaint appeared to be missing correspondence to the complainant, communicating the delay in the issuing of the final response.

Overall Conclusions

It was found that the arrangements for managing risk were good with few weaknesses identified. An effective control environment is in operation, but there is scope for further improvement in the areas identified. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

1 File completion on Database and of electronic folders

Issue/Control Weakness

The Complaints Database and electronic folders are not fully complete.

Risk

Decisions may be made based upon incomplete information. Reputational damage if the complaint is not resolved.

Findings

As part of this audit three complaints were reviewed, for two of them there was information missing from the Database. In particular, for the Stage 2 complaint tested (ref: C386), Stage 1 had been recorded on the database but there were dates missing for date of initial contact and date of acknowledgement. It was established that these dates were not on file as the complaint had only been agreed to be set up as a Stage 1 complaint following a meeting with the Chief Executive. There was no documentation sent before this meeting. It is best practice that there should be a date for the meeting and meeting minutes held on file and recorded on the database to show when this complaint started. Furthermore, there is no information stored on the database for Stage 2 of this complaint; it has only been updated as far as Stage 1. Stage 2 began 24/12/2014 and this has gone unnoticed until now.

There was also minor missing information missing for the Stage 1 complaint (ref: C409) as the date of acknowledgement had not been logged as a step on the database.

For the second Stage 2 complaint (ref: C397) that was reviewed, most of the relevant information was held on file. However, there is an email on file which agrees the deadline for the final Stage 2 response as being 19th May 2015, but the final response was not issued until 2nd July 2015. There appears to be no correspondence to the complainant in the folder which notified of a change of deadline and delay for the Stage 2 final response. A meeting was arranged for 8 June 2015 at request of Complainant with Chief Executive. Unfortunately there is no record of this in the complaint file.

Agreed Action 1.1

The Democratic and Legal Support Team will ensure the complaints database is completed for each step.

All staff involved in complaint handling will be reminded that they need to ensure all actions taken, including agreements to extend deadlines for responses or to hold meetings, are notified to the Democratic and Legal Support Team so that the complaints database and files can be kept up to date.

The Democratic and Legal Support Team will ensure in future that a file note or record of meetings with Complainants is put in the complaint file and noted in the database.

Priority

3

Responsible Officer

Head of Law

Timescale

By 31/03/16

Audit Opinions and Priorities for Actions

Audit Opinions

Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.

Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
Reasonable Assurance	Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made.
Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

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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