



Complaints

Peak District National Park Authority

Internal Audit Report

Service Manager: Democratic Services Manager
Date Issued: 4 January 2023
Status: Final
Reference: P3290/001

	P1	P2	P3
Actions	0	0	0
Overall Audit Opinion	Substantial Assurance		

Summary and Overall Conclusions

Introduction

The Peak District National Park Authority (PDNPA) deal with complaints either informally or formally. An informal complaint isn't registered and is usually raised about a minor issue that can be relatively easily and quickly remedied. They are normally resolved by the person handling the original enquiry to deal with the complainant to reach a resolution. When the complainant is given a response, they are also signposted how they can raise their complaint formally, should they remain unsatisfied.

Formal complaints follow two stages. A stage 1 complaint comes to the Democratic and Legal Support Team (DLST) who record the complainant's dissatisfaction into the Authority's Complaints Database, which stores all details about the complaint and assigns it a unique complaints reference number. The team then pass the complaint to an employee working in the service area most relevant to the complaint.

The complainant will receive a response within 15 working days and if they are not satisfied with the response, they can choose to escalate it to stage 2. This involves the Head of the relevant Service reviewing the stage 1 response and then responding back to the complainant within 20 working days. If the complainant remains dissatisfied, they can escalate the complaint to the Local Government Ombudsman who may further investigate the complaint.

Objectives and Scope of the Audit

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

- Complaints were handled in line with Authority policy.
- Processes supported the effective handling of complaints received from the public.
- The investigation of complaints was conducted in a timely yet robust manner and was concluded by providing good quality responses to complainants.

Key Findings

The Authority has a complaints procedure available to view on its website. It is subject to a review approximately every 18 months or sooner if any guidance from the Ombudsman is updated or there are any organisational changes in the Authority that affect the complaints process. The latest review was done in 2021 and the next review is due to be carried out in 2023, unless there are changes from the Ombudsman or within the organisation. We compared the content of the procedure to guidance offered by the Local Government and Social Care Ombudsman (LGSCO) and found that the content of the procedure covered all appropriate areas. At the time of the audit officer guidance was in place and available via the Authority's internal document drive and there were plans for the guidance to be transferred to an intranet library folder, which have now been implemented.

From April 2021 to September 2022 the Authority received a total of 30 complaints. Six complaints were escalated to stage 2 and two complaints were referred to the Ombudsman by the complainants. This information is freely available on the Authority's website for members of the public to view in line with requirements.

Seven complaints from this period were reviewed in further detail; three of which had been escalated to stage 2 level and two had been referred to the Ombudsman. Four were related to Planning, two regarding Authority Officers and one was related to the Engagement service. We found that all complaints in the sample were assigned unique reference numbers after details were entered into the Authority's Complaints Database. All the responses that the Authority had sent to complainants had also been uploaded onto the database. Our review confirmed that all escalations were done at appropriate stages and none of the complaints were escalated inappropriately. However, our review did identify a complaint that had been raised 'retrospectively' after the customer initially raised a complex query. Although, this was done with the complainant's consent and although they requested details about the Ombudsman, the Authority was able to resolve their complaint at the stage 2 level.

The DLST receive and register formal complaints and allocate them to a relevant manager, which can be a team manager or a head of service, depending on who is best placed to deal with the issue. If a head of service deals with the complaint at stage 1 then another head will deal with it at stage 2, should it be escalated. Our review found no instances of the same person dealing with both stages of an escalated complaint. The DLST monitor the progression of each formal complaint and chase it up when necessary to ensure the Authority's timescales are adhered to. There is not an automated process within the Complaints Database which does this, so it relies on the DLST manually setting reminders for themselves. We reviewed the number of working days to respond to stage 1 and stage 2 complaints. Only 1 delay in response time was identified, but in this instance the DLST Manager contacted the complainant to keep them informed and provide a new timescale which was adhered to. All other stage 1 complaints were responded to within the 15 working day timescale and the stage 2 complaints were responded to within the 20-working day timescale. The DLST reports to the Authority meeting, as part of the Performance report, in Quarters 2 and 4 each year, with the last time being on 11th November 2022. This report provides updates on the number and types of complaints the Authority is receiving and helps ensure timescales are monitored.

All responses to the complaints in our sample appeared to be comprehensive and addressed complainants' issues. All complaints we reviewed except two were able to be resolved by the Authority without the complainant feeling the need to refer the matter to the Local Government and Social Care Ombudsman. The two complaints that were referred didn't appear to have been done so due to failings on the Authority's behalf. With one complaint the Ombudsman considered the complaint but decided not to investigate as it did not meet the tests in their Assessment Code and with the other one, they decided not to investigate as they said the Authority was not at fault and was a private matter.

Overall Conclusions

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. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

Audit Opinions and Priorities for Actions

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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