

Agenda

REGULATORY AND AUDIT COMMITTEE

Date: Tuesday 3 January 2017
Time: 9.00 am
Venue: Mezzanine Room 2, County Hall, Aylesbury

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| Agenda Item | Time | Page No |
|---|-------|---------|
| 1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP | 09:00 | |
| 2 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests | | |
| 3 MINUTES of the meeting held on 9 th November 2016 to be confirmed as a correct record | | 5 - 12 |
| 4 ANNUAL REPORT - FEEDBACK AND COMPLAINTS To be presented by Kate Reed, Customer Complaints Team Manager and Carolyn Scholes, Complaints Officer. | 09:05 | 13 - 28 |

| | | | |
|----|--|-------|-----------|
| 5 | FEEDBACK AND COMPLAINTS - ANNUAL REPORT - ADULT SOCIAL CARE To be presented by Kate Reed, Customer Complaints Team Manager | 09:20 | 29 - 44 |
| 6 | FEEDBACK AND COMPLAINTS - ANNUAL REPORT - CHILDREN'S SOCIAL CARE To be presented by Kate Reed, Customer Complaints Team Manager and Maxine Moore, Statutory Complaints Officer. | 09:30 | 45 - 62 |
| 7 | MANAGING VEXATIOUS AND PERSISTENT COMPLAINANTS To be presented by Kate Reed, Customer Complaints Team Manager. | 09:40 | 63 - 70 |
| 8 | BUSINESS ASSURANCE UPDATE AND AUDIT ACTION TRACKER To be presented by Maggie Gibb, Chief Internal Auditor. | 09:50 | 71 - 84 |
| 9 | RISK MANAGEMENT GROUP UPDATE To be presented by Maggie Gibb, Chief Internal Auditor. | 10:05 | 85 - 86 |
| 10 | FORWARD PLAN Standing Item to be presented by Maggie Gibb, Chief Internal Auditor. | | 87 - 94 |
| 11 | DATE AND TIME OF NEXT MEETING 08 February 2017, 09:00, Large Dining Room, Judges Lodgings, Aylesbury. | 10:10 | |
| 12 | EXCLUSION OF THE PRESS AND PUBLIC To resolve to exclude the press and public as the following item is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) | | |
| 13 | BUSINESS ASSURANCE UPDATE - LIMITED ASSURANCE INTERNAL AUDIT REPORTS & FRAUD UPDATE (TO STATUTORY OFFICERS) To be presented by Maggie Gibb, Chief Internal Auditor. | 10:10 | To Follow |

14 BUCKS CARE AUDIT

10:25

To
Follow

To be presented by:

- Maggie Gibb, Chief Internal Auditor.
- Adrian Isaacs, Finance Director – Communities, Health and Adult Social Care.
- Alison Bulman, Service Director (Adult Social Care Operations).

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Kevin Wright on 01296 387832, email: kwright@buckscc.gov.uk

Members

Mr T Butcher (VC)
Mr W Chapple OBE
Mrs A Davies
Mr T Egleton

Mr P Hardy
Mr D Martin (C)
Mr R Scott
Mr A Stevens

Minutes

REGULATORY AND AUDIT COMMITTEE

MINUTES OF THE MEETING OF THE REGULATORY AND AUDIT COMMITTEE HELD ON WEDNESDAY 9 NOVEMBER 2016 IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 9.00 AM AND CONCLUDING AT 10.55 AM.

MEMBERS PRESENT

Mr T Butcher (Vice-Chairman)
Mr W Chapple OBE
Mrs A Davies
Mr T Egleton
Mr D Martin (Chairman)
Mr R Scott
Mr A Stevens

OTHERS IN ATTENDANCE

Mrs S Ashmead, Director of Strategy and Policy
Ms J Edwards, Pensions and Investments Manager
Ms M Gibb, Head of Business Assurance
Ms A Poole, Trading Standards Manager
Mr M Preston, Finance Director, Business Services Plus
Mr R Schmidt, Head of Strategic Finance
Mr T Slaughter, Executive, Grant Thornton Auditors
Mr D Watson, Deputy Cabinet Member for Resources
Mr K Wright, Committee and Governance Adviser

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr P Hardy.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes of the meeting held on 21st September 2016 were agreed and signed as a correct record.



4 EXTERNAL AUDIT APPOINTMENTS

The Chairman welcomed Mr R Schmidt – Head of Strategic Finance to the meeting to present the report.

Mr Schmidt explained that this was an update to previous reports the Committee had considered and explained the following:-

- The individual costs quoted were quite low but assumed non-complex audit arrangements.
- A local approach to appointing external auditors would require some new expertise within the Council to manage this although it was expected that this would not be too onerous and an independent panel would have to be established and maintained for which there would be initial and ongoing costs.
- There would still be a requirement to manage the contract even if the decision was made to join the sector led arrangements
- It was not possible at this stage to say how much the contract was likely to cost although the cost was likely to be lower if joining the sector led arrangements due to economies of scale.

In response to a number of questions, Mr Schmidt explained that:-

- Sector led arrangements would probably be not much different to the current provision.
- The level of scrutiny would be expected to be the same.
- The current audit contract could not be extended further.
- The scale of fees for the sector led arrangement would not be known until March 2018 after the contract had been let by PSAA.

RESOLVED

The Committee AGREED to recommend to Full Council to opt in to the sector led arrangements offered by Public Sector Audit Appointments Ltd.

5 CONTRACT STANDING ORDERS - EXEMPTIONS / BREACHES

The Chairman welcomed Mr M Preston – Finance Director to the meeting.

Mr Preston explained that the report covered the period 1st April 2016 to 30th September 2016 and that the position was similar to the same period last year albeit with a slight increase in the value of exemptions to £760,000; the average length of exemption was 10 months.

Mr Preston went on to outline the two breaches that had occurred during the period and explained that:-

- The Prevention Matters Community Practice Workers contract had ended between March and May 2016 with an exemption put in place to allow extensions to 31st December 2016, however there was now a need to extend contracts for a further 6 months until April 2017 whilst decisions about the future of this part of the service were considered.
- The re-commissioning process for the direct payments and advocacy contract with POhWER had been delayed because the initial recommendation to procure the contract from elsewhere had not been supported due to a potential conflict of interest. Further delays had occurred caused by the need to make changes to two business cases supporting re-commissioning. The value of this breach was just over £325,000.

In response to a question about how people are kept up to date on contract regulations and scrutinising breaches, Mr Preston replied that:-

- A dashboard report was provided to officers highlighting contracts coming up for renewal and where the renewal date had passed.
- A report was provided to contract managers detailing those contracts due for renewal within the next 18 months
- Training and learning was being developed which would be particularly useful for those officers not involved in this area work on a regular basis.

RESOLVED

The Committee NOTED the report.

6 ANNUAL ENFORCEMENT OF THE CHILDREN AND YOUNG PEOPLE (PROTECTION FROM TOBACCO) ACT UPDATE

The Chairman welcomed Ms A Poole – Trading Standards Manager to the meeting.

Ms Poole explained that under new arrangements the report had also been presented to the Joint Committee for the Joint Trading Standards Service between Buckinghamshire County Council and Surrey County Council.

Ms Poole highlighted the following points from the report.

- Smoking rates in under 18s were falling and there had only been six complaints about under age sales of tobacco between April 2015 and March 2016.
- Trading Standards was now required to show that they had significant intelligence before magistrates would grant permission under the Regulation of Investigatory Powers Act (RIPA) to undertake test purchases from shops thought to be selling tobacco to under 18s.

- Trading Standards was now focussing on the problem of illicit tobacco linked to underage smoking and out of 10 shops investigated, two had been found to be selling illicit tobacco such as counterfeit and where duty had not been paid.
- The service had taken the opportunity of legislation changes about the display of tobacco products to engage with retailers and check compliance which had been found to be high generally.
- There had been no intelligence received to indicate that there were any particular issues with sales of tobacco at school gates, markets or car boot sales.
- In response to a question about mystery shopping, Ms Poole explained that it could still be used but had to be conducted as part of a particular operation or project and undertaken in line with RIPA regulations. Volunteers were still used as “eyes and ears” in the community to report any issues such as underage alcohol sales as well as tobacco sales.

The chairman thanked Ms Poole for her report and commended the work of her team.

RESOLVED

The Committee NOTED the report.

7 RISK MANAGEMENT GROUP UPDATE

The Chairman welcomed Ms M Gibb, Head of Business Assurance (and Chief Internal Auditor) to the meeting.

Ms Gibb updated Members on the latest Risk Management Group meeting held on 6th September and made the following key points:-

- The group had discussed the Energy From Waste risk register in detail including the appropriateness of mitigating actions and had been told by the Director of Environmental Services that all contract terms were now in force.
- The group had looked at the Business Services Plus, Children’s Social Care & Learning and Communities, Health & Adult Social Care Business Unit risk registers. A full in depth review had been carried out and risks discussed in detail as well as direction of travel, how risks were managed and the escalation process.
- The Headquarters and Transport Economy and Environment Business Unit risk registers would be looked at in detail at the next meeting.

RESOLVED

The Committee NOTED the report.

8 MONITORING OF THE ANNUAL GOVERNANCE STATEMENT

Ms M Gibb explained that this was an update for Members on progress against the Annual Governance Statement Action Plan due to be implemented by the end of March 2017 to address weaknesses identified in the statement.

Ms Gibb updated members regarding the progress statements within the Annual Governance Statement Action Plan and went on to explain the following:-

- Actions were being taken in respect of Business Continuity Plans. A status report had been brought to the Committee earlier which identified areas of non-compliance, One Council Board were to receive an updated status report on 16th November and there would be a further update to the Committee in February.
- There had been progress in addressing financial control weaknesses identified during 2015/16. The 2016/17 audits of these areas were now progressing and would be reported to the Committee in due course.
- Significant progress had been made in implementing the Assurance Framework and an assurance mapping exercise was being undertaken in the Children's Social Care & Learning and Communities, Health & Adult Social Care Business Units which was due to be completed in December.
- The processes around the quality of data recording and retention of records to show that inspections of plant and equipment had been carried out were being reviewed and would be considered as part of the tendering exercise for the maintenance contract.
- The action in respect of project and programme management had been completed with the introduction of a Project Management Toolkit and a Single View of Change register that captured the detail of all key projects and was reported to One Council Board regularly.

In response to questions from Members, Ms Gibb said the following:-

- In respect of financial controls there had already been confirmation that a number of actions had been implemented and current audit work showed that the situation had improved.
- Good progress was being made in respect of assurance mapping.
- Audit testing of financial controls should be completed by 31st March 2017.
- There was no further information about a completion date for the data quality work for plant and equipment maintenance other than 31st March 2017 but that more detail on progress would be brought back to the Committee at the next meeting.

ACTION: Ms M Gibb to provide an update on progress on data quality for plant and equipment maintenance records at the next meeting.

RESOLVED

The Committee NOTED the report.

9 PUBLIC SECTOR INTERNAL AUDIT STANDARDS

Ms M Gibb presented the report; explained that the Council was required to have an Internal Audit Charter, the absence of which had been highlighted in the Annual Governance Statement; presented the proposed Internal Audit Charter, and Audit Board Terms of Reference.

In response to Members' questions Ms Gibb explained that:-

- The Internal Audit Charter was based on a standard template document adapted for use by Buckinghamshire County Council.
- Members of the Audit Board would be the Section 151 Officer, the Monitoring Officer and the Chief Internal Auditor who would meet every two months.
- The role of the Audit Board was to oversee the activities of the internal audit function and discuss the prioritisation of resources and audit activity.
- It was an operational board only which reported into the Regulatory and Audit Committee and so there was no requirement for a Cabinet Member to sit on the Board.

RESOLVED

The Committee APPROVED the Internal Audit Charter and Terms of Reference for the Audit Board.

10 FORWARD PLAN

Ms M Gibb presented the forward plan of work for the Committee and explained that there was potential to hold an additional meeting of the Committee on 3rd January 2017 to reduce the number of items going to the February meeting.

RESOLVED

The Committee AGREED to hold an additional meeting on 3rd January 2017.

ACTION: Committee and Governance Adviser to set up the additional meeting on 3rd January 2017.

In answer to a question about the requirement on each Business Unit to report into the Regulatory and Audit Committee, Ms Gibb explained that reports for each Business Unit would come through the Business Assurance Update which was a standing agenda item and the Business Unit responsible for a particular report would come to the Committee to present their response.

RESOLVED

The Committee NOTED the Forward Plan.

11 TREASURY MANAGEMENT UPDATE

The Chairman welcomed Mr D Watson – County Councillor, Ms J Edwards – Pensions and Investments Manager and Ms E O’Neil – Projects and Financial Accountancy Lead to present the report.

Ms Edwards explained that a key point to note was the reduced cash balance as a result of the payment of £240m in respect of the Energy From Waste Plant.

Ms O’Neil presented the Minimum Revenue Position (MRP) – Revised Policy Statement and explained the following:-

- The MRP was an appropriate amount of money set aside each year to repay debt; it was not the actual amount of money that might be used.
- The MRP was calculated using the underlying need to borrow for capital that was not covered elsewhere e.g. through cash balances or short term borrowing.
- The proposal was to change the MRP policy from the current 4% reducing balance basis to a straight line basis over 50 years in respect of unfunded capital expenditure incurred prior to April 2008 and that the policy change was possible due to changes in regulations and guidance in 2012.
- It would be beneficial to the Council to make the change as it would provide consistency and although from 2033/34 the new policy would become more expensive, it was a more prudent approach as all debt would be repaid in the next 50 years.
- The policy change would not affect the flexibility to repay debt as it related only to the amount of money that had to be set aside to repay debt not the amount that was actually repaid nor would it impact on interest payments which were based on how actual debt was structured.

In response to a question about the use of money from selling capital assets Ms O’Neill explained that there were plans to use capital sales receipts to re-invest rather than pay off debt.

In answer to a question about the impact of on any new unitary authority, Mr R Schmidt said that the accounting policy would have to be re-determined by any new authority in future.

Ms O’Neil went on to discuss the proposed change to increase the authorised boundary for external debt included within the prudential indicators and highlighted the following:-

- The approved capital programme of £254m for 2016/17 had been revised upwards to £311m to take account of around £14m carry forwards and slippage and the £42m property investment programme agreed by Cabinet in September.
- The revised capital programme amount would lead to the Capital Financing Requirement having to be increased from the £319m approved in February to £365m

- The new property investment programme meant that there was a need to increase the authorised borrowing limit to allow for the potential to take advantage of future opportunities: existing projects were already covered in the current limit.
- The capital financing requirement of £365m was the total amount the Council could borrow. Based on all current requirements the projected amount that the Council would need to borrow was £222m which was within the current authorised limit of £250m. However, raising the authorised limit to £275m would give the Council scope to look at other opportunities around its commercial property strategy.
- There was an error noted in column 1 of table 3.2.1 – the figure for “Authorised Limit for Total External Debt” should read £290m not £265m

Mr R Schmidt commented that the authorised borrowing limits were set based on the best judgement at the time but there was no guarantee that they might not need to be adjusted in future.

RESOLVED

That the Committee AGREED to recommend to Full Council:-

- 1. The Treasury Management Update Report and the Prudential Indicators for 2016/17 to 2019/20.**
- 2. A change to the authorised boundary for external debt within prudential Indicator 3.2 from £250m to £275m in 2016/17.**
- 3. The proposed change to the MRP policy from a reducing balance basis to a straight line basis over 50 years from 1 April 2016**

12 DATE AND TIME OF NEXT MEETING

The next meeting to be held on 3rd January 2017 at 9am in Mezzanine Room 2, New County Offices, Aylesbury.

13 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED

That the press and public be excluded for the following item which is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information)

14 CONFIDENTIAL MINUTES

The confidential minutes of the meeting held on 21st September were agreed and signed as a correct record.

CHAIRMAN

Regulatory and Audit Committee

Title: Annual Report - Feedback and Complaints

Date: Tuesday 3 January 2017

Author: Kate Reed, Corporate Complaints Manager and Carolyn Scholes, Complaints Officer

Contact officer: Kate Reed, 01296 387094

Local members affected:

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

This is the annual report for the corporate Feedback and Complaints procedure and covers all portfolios for the period 1 April 2015 to 31 March 2016. Please note that it does not cover statutory social care complaints, which are reported separately. See appendix 1

Recommendation

The Committee is asked to NOTE the content and to make comments if appropriate

Resource implications

None

Legal implications

None

Other implications/issues

None

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

N/A

Background Papers

None

Buckinghamshire County Council

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FEEDBACK AND COMPLAINTS - ANNUAL REPORT 2015/16

1. Introduction

- 1.1 This is the annual report for the corporate Feedback and Complaints procedure and covers the period between 1 April 2015 and 31 March 2016. It should be noted that the corporate complaints process changed from a 2 stage to a 3 stage process on 1 February 2016. This report, therefore, includes information for both processes.
- 1.2 This report provides information on Stage 1, 2 and 3 Complaints completed in line with Buckinghamshire County Council's Feedback and Complaints procedure, together with all complaints determined by the Local Government Ombudsman, for the period in question. The report does not include details of complaints administered under the statutory social care complaints procedures, which are reported separately. All figures quoted are those recorded on our Respond database.

2. Background

- 2.1 Buckinghamshire County Council's corporate Feedback and Complaints procedure was originally introduced in March 2000. Copies of leaflets are available from County Council Offices and details of the Feedback and Complaints procedure are available on the Internet for the public and Intranet for staff. Members of the public are able to make complaints via the Internet WebPages on a specially designed feedback form, or can complain in writing, by email, in person or by telephone.
- 2.2 This report gives summary information on Stage 1, 2 and 3 complaints and Local Government Ombudsman (LGO) complaints.
- 2.3 It should be noted that for this year's report the information covers a period of time when the number of stages in the complaints procedure was reduced from three to two. This means that the data included herein covers both scenarios. For example a Stage 2 complaint post the cut-off date is the same as a Stage 3 complaint prior to that date.

3. Complaints Procedure

- 3.1 The Feedback and Complaints procedure for all complaints received prior to 1 February 2016 has three basic stages:



INVESTOR IN PEOPLE



- Stage 1 – an ‘informal’ stage, co-ordinated by the Compliments and Complaints Team, where the problem is investigated by the staff providing the service (or their line manager) and responded to by the Corporate Complaints Manager on their behalf
- Stage 2 – the matter is referred to a senior manager in the service concerned, and a response sent by, the Head of Customer and Communications.
- Stage 3 – the complaint is referred to, and responded to by, the Council’s Monitoring Officer

From 1 February 2016 the Feedback and Complaints procedure has just two stages:

- Stage 1 – the matter is referred to a senior manager, and a response sent by the Corporate Complaints Manager, after liaising with senior officers in the service concerned
- Stage 2 – the complaint is referred to, and responded by, the Council’s Deputy Monitoring Officer

3.2 At each stage, it is our aim to acknowledge the complaint within 10 calendar days and send a full response within 28 calendar days. If it is not possible to respond fully within 28 days, we should let the complainant know, explain why and give a new reply date.

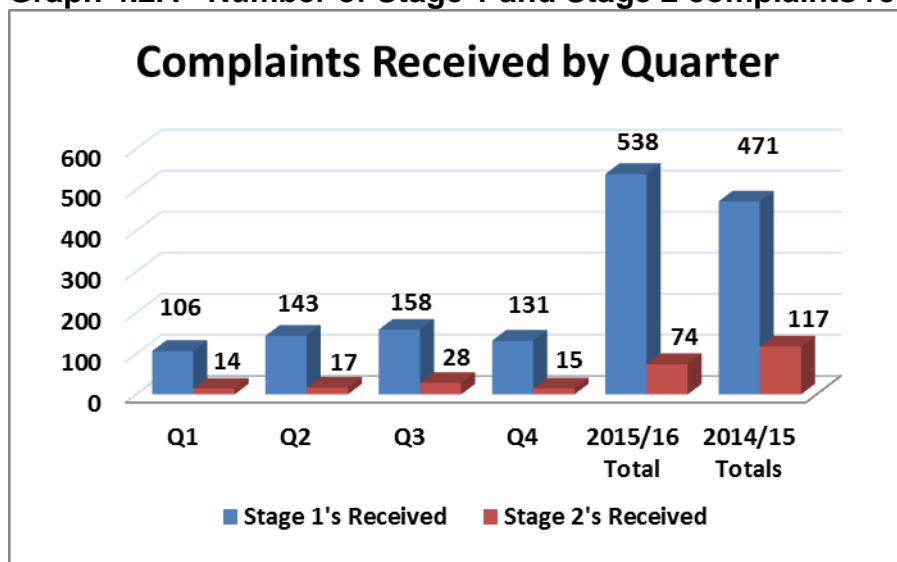
3.3 If a complainant is still not happy after Stage 3 or now Stage 2 of the process, they may refer their complaint to the Local Government Ombudsman. (For further information on LGO complaints see sections 7 and 8 below.)

4. Stage 1 and Stage 2 Complaints and Feedback

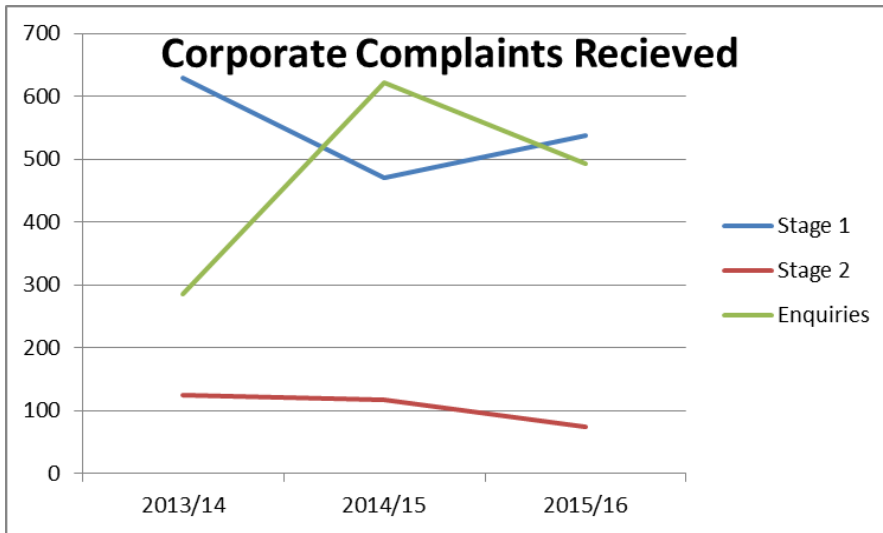
4.1 The centralised Compliments and Complaints Team was created in 2012 and rolled out its work across the whole Council in February 2013. The team handle most corporate Stage 1 complaints across the Council, except some which are handled by contractors on our behalf.

4.2 The numbers of Stage 1 and Stage 2 complaints received in 2015/16, followed by a trend analysis, related outcomes and response times achieved are shown in the graphs below.

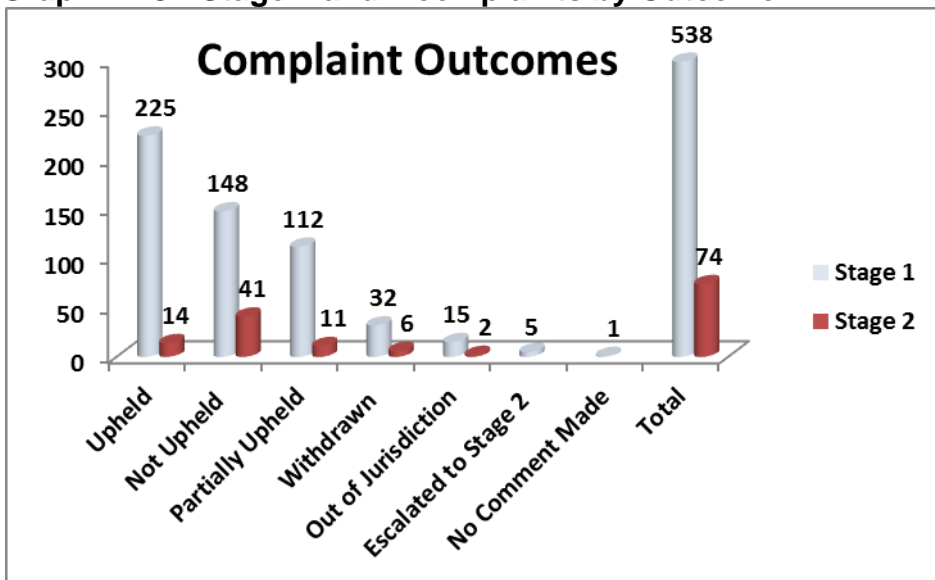
Graph 4.2A - Number of Stage 1 and Stage 2 complaints received



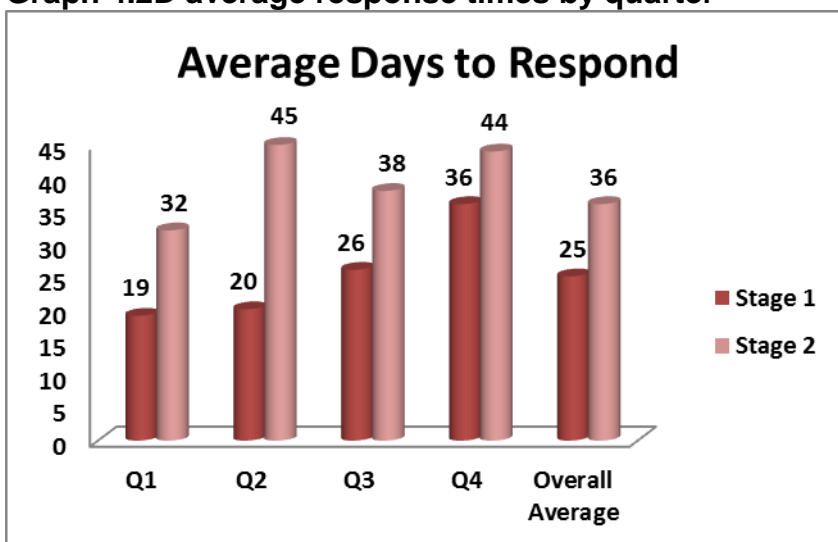
Graph 4.2B – Complaints and Enquiry trends over a 3 year period



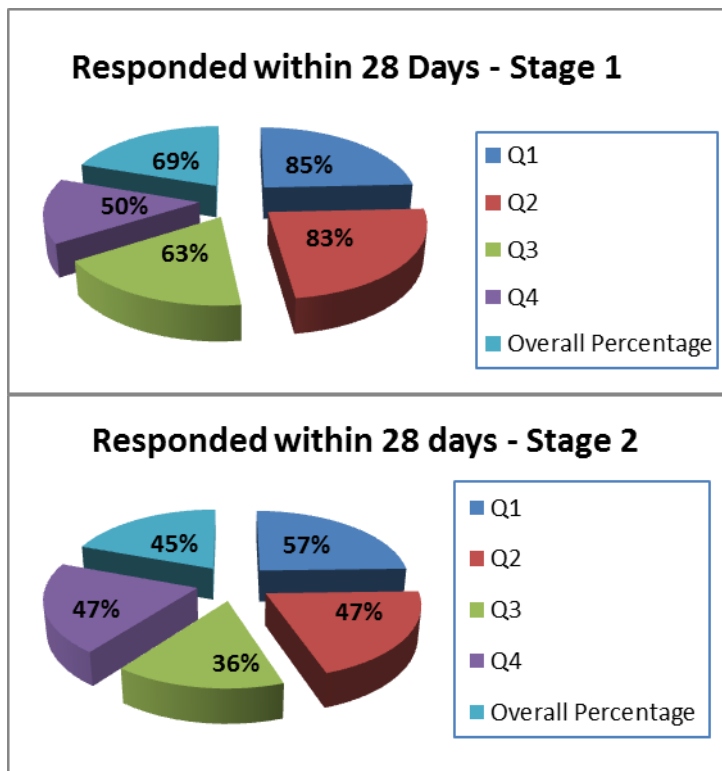
Graph 4.2C - Stage 1 and 2 complaints by Outcome



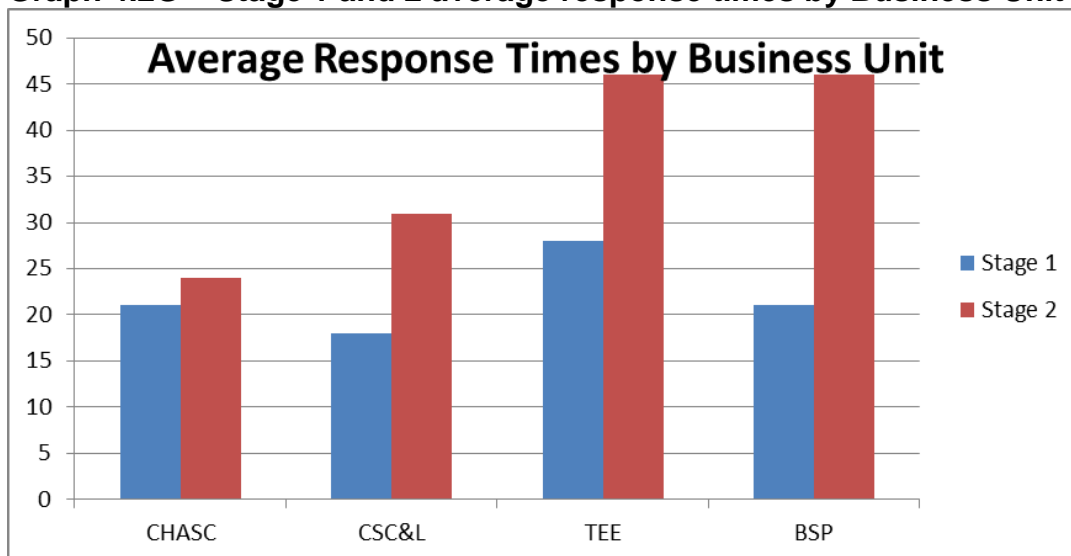
Graph 4.2D average response times by quarter



Graphs 4.2E and F – Overall response times for Stage 1 and 2



Graph 4.2G – Stage 1 and 2 average response times by Business Unit



4.3 As you can see from the Graph 4.2A the total number of complaints received is broadly the same as last year although the mix across the two stages is different, this is probably in part due to the change in procedure.

Graph 4.2B shows the trends for Stage 1 and 2 complaints and for enquiries over a three year period going back to the 1st year of full reporting on corporate complaints. Enquiries are recorded when customers contact us for different reasons but do not necessarily want to make a complaint or their enquiry falls outside the jurisdiction of our complaints process; for example when a customer wants to complain about bin collection.

At Stage 1, the most common reason for a complaint again this year is delay, failure to keep informed, followed by quality of service provided and then in third place is conduct/behaviour of staff. The fourth most popular type of complaint is outcome of a decision or assessment, then SLA failure and financial loss. As can be seen from graph above the numbers reduce quite significantly after that as the issue natures of the complaints become more specific to individual areas.

Work continues with all areas of the Council to focus on the main areas for improvement. Generally where the complaint is about lack of communication it will be upheld so even if the service has been done what they should have they haven't told the customer. The conduct of staff could be anything from someone not liking their social worker to a member of the Waste Recycling Centre being rude. The increase in complaints about the quality of service is possibly due to the fact that we have less funding. In short we are doing more for less.

- 4.4 At Stage 1, 60% of all non-statutory complaints recorded on Respond were attributable to Transport for Buckinghamshire (TfB) with the most common reason for complaint being a delay and failure to keep the customer informed followed by complaints about the quality of service provided. The Complaints Team have spent some time working with TfB during the year to improve response times and quality of complaint responses. Training in both areas is being provided. Response times have now been improved which will be reflected in the next annual report.
- 4.5 Across Transport Economy & Environment, excluding TfB, the number of Stage 1 complaints received was 9% of the total. Around half of these complaints were about Waste Services. The remainder were spread across the other areas of the Business Unit with a few about Highways Infrastructure projects and Environment Services.
- 4.6 Adults and Family Wellbeing (now Communities, Health and Social Care) had approximately 7% of all Stage 1 corporate complaints the same as the previous year. 36 corporate complaints were received for Libraries, Adult Learning, Registrars, Public Health and Adult Social Care non-statutory complaints. There were no specific trends identified and the reason for the complaint was spread across quality of service, facilities and premises, cancelled courses, fees and conduct of staff.
- 4.7 For Children's Social Care and Learning, this year we have seen an increase in the number of corporate (non-statutory) complaints from 43 in the previous year to 92. This equates to approximately 17% of the total number of corporate complaints. There was an increase in complaints from grandparents who do not have parental responsibility for a child but are unhappy with the involvement of social care which accounts for most of this. The remainder are spread across School Admissions and Special Educational Needs with just one for Youth Services.
- 4.8 Business Services Plus received a total of 44 complaints at Stage 1, this is approximately 8% of the total received. Just over half of these were for the Customer Service Centre where the main reason for complaint was about the quality of service followed by call waiting times, staff conduct and delay/failure to keep informed. The remainder of the complaints for Business Services Plus were spread across Legal, Pensions, Blue Badge, HR, Finance and ICT. The main reasons for these complaints were delay/failure to keep informed and financial loss with one quality of service and 1 staff conduct complaint.
- 4.12 It has been possible to analyse the escalation of complaints between the stages of the Feedback and Complaints procedure. It must be noted that the procedure is flexible and it is not always necessary to complete all stages, depending upon the specific circumstances.
- 538 Complaints were recorded at Stage 1
 - 58 Stage 1 complaints were escalated to Stage 2 (10.8%)

- 74 Complaints were recorded at Stage 2
 - 32 Stage 2 complaints were escalated to the Final Stage (41.6%)
- 51 Complaints were recorded at the Final Stage
 - 12 of these Final Stage complaints went directly to the Final Stage (as per correct procedure for complaints relating to requests for information made under the Data Protection Act, Freedom of Information Act and Environmental Information Regulations) (23.5%)
 - 4 of these Final Stage complaints were escalated directly to Stage 3 (due to their seriousness or previous correspondence indicating this to be appropriate) (7.8%)
 - 3 of these Final Stage complaints were escalated directly from Stage 1 (5.9%)
 - 32 of these Final Stage complaints were escalated from Stage 2 (62.7%)

4.13 These figures show that a substantial majority of Stage 1 complaints were resolved without being escalated to Stage 2. However, once someone has been through Stage 2, they are much more likely to want to escalate the matter to the Final Stage for a review which is independent of the service area. This is one of the reasons why the corporate Feedback and Complaints procedure was changed in February 2016 to a two stage process (from a three stage process).

5. Stage 3 Complaints (Final Stage)

5.1 A total of 51 corporate Stage 3 complaints were received and logged onto the *Respond* computer database during 2015/16 – an increase on the previous year’s figure (43), but a similar number to 2013/14 (56).

5.2 Of these 51 complaints, the Monitoring Officer determined the following outcomes (previous year’s figures appear in brackets):

Table 5.2A – Stage 3 complaints by Outcome

| | | |
|---------------------|-----------|-------------|
| Fully upheld | 12 | (3) |
| Partly upheld | 6 | (6) |
| Not upheld | 33 | (31) |
| Withdrawn | 0 | (3) |
| Ongoing | 0 | (0) |
| Out of Jurisdiction | 0 | (0) |
| Total | 51 | (43) |

5.3 When recommendations are made by the Council Complaints Officer, these are followed up to ensure compliance. In addition, any learning points from each Stage 3 investigation are disseminated to relevant officers to raise awareness and to facilitate learning. Recommendations can also be (and are) made even when the Stage 3 complaint has not been upheld, as part of service improvement and/or organisational learning.

5.4 Stage 3 complaints include disputes about information requests (Freedom of Information Act (FOI), Data Protection Act (DP) and Environmental Information Regulations (EIR)) as an internal review stage before the complainant can take the matter to the Information Commissioner. The split of Stage 3 complaints between

Information Requests and Corporate Complaints is shown in Table 5.4A.

Table 5.4A – Stage 3 complaints by Type

| | No. of Stage 3 Complaints | |
|----------------------------|---------------------------|------|
| Information Requests | 12 | (7) |
| Other Corporate Complaints | 39 | (36) |
| Total | 51 | (43) |

5.5 Some examples of Stage 3 complaints for the period are as follows:

Table 5.5A – Stage 3 complaint examples

| <u>Nature of complaint</u> | <u>Upheld?</u> | <u>Outcome</u> |
|---|------------------|--|
| Issues to do with gully clearance. | Not Upheld | No fault found. |
| Quality of service experienced at library branch. | Not Upheld | No evidence of fault found. |
| SEN issues for son. | Partially Upheld | Although there was a genuine reason for the delay, there was a failure to adequately update the parent on the delay and the reasons for it. Payment offered of £250 (£100 for time and trouble pursuing the complaint and £150 towards son's education). |
| Issues to do with drainage ditch. | Partially Upheld | Ditch issues not upheld, but element of poor communication upheld and apology offered. |
| Unhappy with lateness of response to FOI request. | Upheld | Response was sent outside of timescale - apology given. |
| Council cut down part of a hedge which belonged to the complainant. | Upheld | The Council had unwittingly gone beyond its own boundary line when removing the vegetation (which was understandable as the original boundary fence had been moved). An apology was offered and the hedge reinstated by the Council. |

6. Annual Review of Feedback and Complaints Procedure

- 6.1 The Monitoring Officer has reviewed the Feedback and Complaints procedure and is happy with the changes introduced in February 2016 (to go from a three stage process to a two stage process). The two stage process will continue to be monitored and will be reviewed as part of next year's annual report.

7. Local Government Ombudsman - Annual Review Letter

- 7.1 Each local authority is sent an Annual Review Letter from the Local Government Ombudsman (LGO). A copy of the letter is attached for your information (see Appendix 1).
- 7.2 The Annual Letter should be read in conjunction with the Ombudsman's 'Annual Report and Accounts 2015-16: Equipped for the future', which is available on the LGO's own website www.lgo.org.uk
- 7.3 Each Ombudsman investigation is closely monitored by the Link Officers and the Monitoring Officer, and any actions and/or learning points are followed up immediately - both during and after each complaint investigation.
- 7.4 You will note from this year's LGO Annual Review Letter (Appendix 1) that the information supplied by the LGO is limited to just numbers of complaints and no qualitative comment has been included. The Council assumes from this lack of comment that the Ombudsman has not identified any specific areas of serious concern.
- 7.5 Once again, the number of complaints notified to the Council by the LGO did not tally with the records held by the Council, however, the Council notes that the LGO Annual Letter stated the following:

“I want to emphasise that these statistics comprise the data we hold, and may not necessarily align with the data your authority holds. For example, our numbers include enquiries from people we signpost back to the authority, but who may never contact you.”

- 7.6 The LGO again refused our requests for a list of all the cases, but we were eventually able to obtain some basic details by making a request under the Freedom of Information Act 2000. The problems experienced in trying to obtaining a full data set has been raised with the LGO's Chief Operating Officer.

8. Local Government Ombudsman Complaint Figures

- 8.1 A total of 60 complaints about the Council were determined by the LGO for 2015/16. Learning points from all complaint determinations are disseminated to relevant officers/members as and when appropriate.
- 8.3 On the LGO's own website, there is a page entitled 'Interpreting local authority statistics', where it says the following:

“It must be remembered the bare numbers of complaints against an authority do not prove that it is a 'bad' or 'good' council. The larger the population an authority serves, the more likely we will receive complaints about it. A significant uplift in complaint numbers again does not necessarily show that a council has become worse at what it does. We may have received several complaints about the same

issue from different residents, for example a controversial planning decision or application. An authority may have a 50% uplift in complaints against it, but when we received two complaints against it last year, and four this year, this cannot lead to the conclusion the service the council provides has significantly worsened.

How complaints and enquiries were dealt with is explained below:

• **Upheld:** These are complaints where we have decided that an authority has been at fault in how it acted and that this fault may or may not have caused an injustice to the complainant, or where an authority has accepted that it needs to remedy the complaint before we make a finding on fault. If we have decided there was fault and it caused an injustice to the complainant, usually we will have recommended the authority take some action to address it.

• **Not upheld:** Where we have investigated a complaint and decided that a council has not acted with fault, we classify these complaints as not upheld.

• **Advice given:** These are cases where we give advice about why LGO would not look at a complaint because the body complained about was not within the LGO's scope or we had previously looked at the same complaint from the complainant, or another complaints handling organisation or advice agency was best placed to help them.

• **Closed after initial enquiries:** These complaints are where we have made an early decision that we could not or should not investigate the complaint, usually because the complaint is outside LGO's jurisdiction and we either cannot lawfully investigate it or we decide that it would not be appropriate in the circumstances of the case to do so. Our early assessment of a complaint may also show there was little injustice to a complainant that would need an LGO investigation of the matter, or that an investigation could not achieve anything, either because the evidence we see shows at an early stage there was no fault, or the outcome a complainant wants is not one we could achieve, for example overturning a court order.

• **Incomplete/invalid:** These are complaints where the complainant has not provided us with enough information to be able to decide what should happen with their complaint, or where the complainant tells us at a very early stage that they no longer wish to pursue their complaint.

• **Referred back for local resolution:** We work on the principle that it is always best for complaints to be resolved by the service provider wherever possible. Furthermore, the Local Government Act 1974 requires LGO to give authorities an opportunity to try and resolve a complaint before we will get involved. Usually we tell complainants how to complain to an authority and ask them to contact it directly. In many instances, authorities are successful in resolving the complaint and the complainant does not recontact us.

Complaints Remedied

For the year 2015/16 we provide information about complaints remedied. Where we find that an authority has acted with fault and this has caused an injustice to a complainant, we will make a recommendation about the action an authority should take to remedy that injustice. An Ombudsman's recommendations are not binding however most authorities comply with our recommendations without the need for any further action by the Ombudsman. We will also uphold a complaint that has come to us where the authority has already accepted during its own complaints processes that it acted with fault and it has offered what we consider to be a suitable remedy. The figures for 'complaints remedied satisfactorily by Authority before LGO

involvement' demonstrate the number of times we have received complaints against an authority but it has already taken all the steps it needed to."

Table 8.3A – LGO complaint determinations (Figures for 2014/15 appear in brackets)

| 2015/16 Decision Classification | No. of Complaints | Comments |
|---|--------------------------|--|
| Upheld | 5 (5) | Fault found by LGO – although the fault may have already been previously remedied by the Council to the LGO's satisfaction. (For case summaries, please see table 8.3C). |
| Not Upheld | 5 (7) | No fault found by LGO. |
| Advice given | 1 (1) | No record of these complaints – we assume advice given to complainant by the LGO without reference to the Council. |
| Closed after initial enquiries | 25 (60) | Initial information supplied by the complainant and/or the Council results in the LGO deciding not to investigate these complaints (for a variety of reasons, such as that the matter falls outside of the LGO's statutory jurisdiction, or there was insufficient maladministration and/or injustice found etc). |
| Incomplete/Invalid | 6 (7) | No record of these complaints as not communicated to the Council – we can only assume that all these complaints were not progressed with LGO. |
| Referred back for local resolution | 18 (21) | The Council is not aware of all of these cases, however we can only assume that some were where the LGO told the complainant to contact the Council but the complainant chose not to. |
| Total | 60 (101) | |

Table 8.3B – LGO complaints by LGO Category

| LGO Category | No. of LGO Complaints |
|---|------------------------------|
| Education & Children's Services | 20 |
| Adult Care Services | 14 |
| Environmental Services & Public Protection & Regulation | 4 |
| Highways & Transport | 17 |
| No category allocated | 1 |
| Corporate & Other Services | 4 |
| Total LGO complaints | 60 |

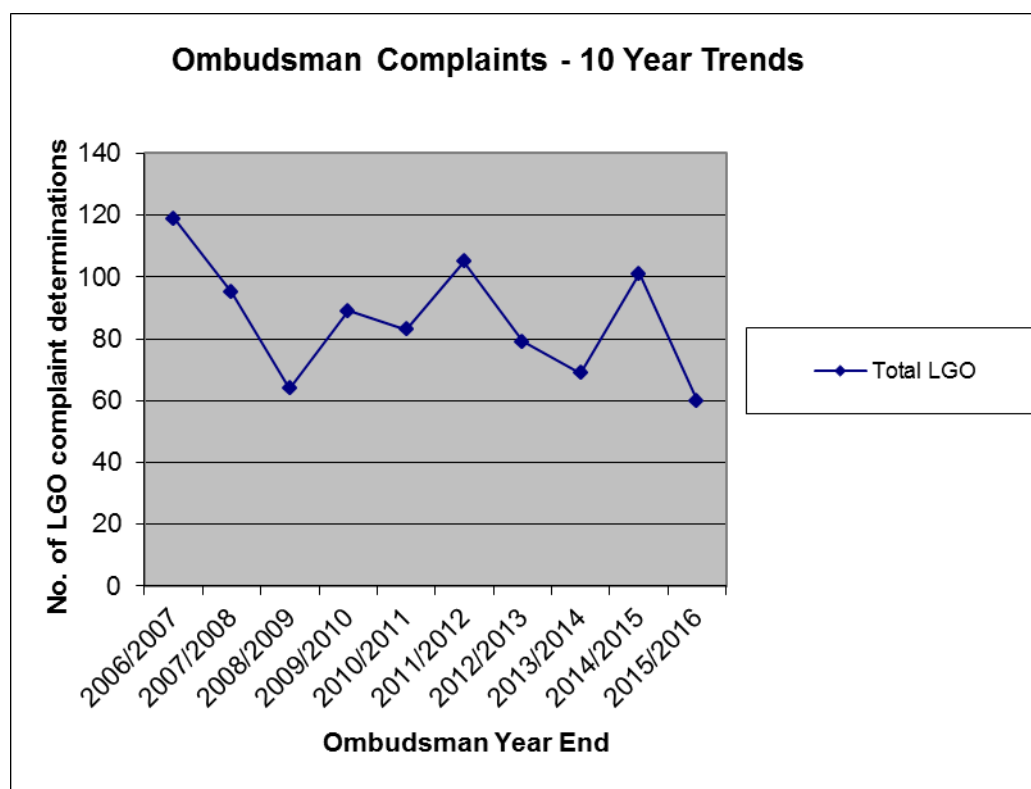
Table 8.3C – LGO 'Upheld' complaints for 2015/16

| Brief summary of all Complaints classified as 'Upheld' by LGO in 2015/16 | | |
|---|--|---|
| | Brief description of complaint | LGO decision & comments |
| 1. | Complaint about the handling of her mother's direct payments. | Decision: Upheld LGO Comments: The Council apologised for errors in calculating direct payments, reimbursed monies owing (£1,043.64) and paid £200 for 'time and trouble'. |
| 2. | Complaint about ASD provision for her son. | Decision: Upheld LGO Comments: Injustice confined to the loss of appropriate ASD education from September to February and to the avoidable distress and time and trouble. Compensation for loss of teaching offered £495.60 as well as time and trouble payment £254.40 (a total of £750). |
| 3. | Complaint about Council's action/lack of action in situation of alleged forced marriage. | Decision: Upheld LGO Comments: Various recommendations made, including payment of £500 to include the time and trouble in pursuing the complaint and £350 to the young person for her avoidable distress. |
| 4. | Complaint about decision not to award free home to school transport for SEN child. | Decision: Upheld LGO Comments: Fault found with Transport Appeal Panel's handling of his appeal. A fresh transport appeal was offered as a settlement. |
| 5. | Joint investigation with Health Service Ombudsman concerning the care, management and treatment of her daughter, who had a | Decision: Upheld LGO Comments: The Council and the CCG each had to write and apologise for the fault identified and explain what resolution process they have in place to |

| | | |
|--|--------------------------------------|---|
| | moderate/severe learning disability. | ensure that disputes about continuing care funding are escalated quickly. |
|--|--------------------------------------|---|

8.4 The number of LGO complaints appears to have significantly reduced from the previous year's figure (from 101 to 60), however, the annual numbers of LGO complaints does tend to fluctuate each year, so it is not yet possible to say whether this trend will continue (see Figure 8.4A below).

Figure 8.4A – LGO complaints – 10 year trends



8.5 On the LGO's website (www.lgo.org.uk) it makes available comparative figures for decisions for all local authorities which fall under its jurisdiction. It lists the numbers of complaints in each LGO decision category and then gives a figure for '% upheld', as well as an overall total. It must be noted that the figure for '% upheld' is calculated in relation to the total number of detailed investigations, i.e. it is the number of 'upheld' complaints as a percentage of the total number of 'upheld' and 'not upheld' complaints and not as a percentage of the total complaint decisions. Therefore the '% upheld' figure for Buckinghamshire County Council shows as 50%, which is calculated as 5 out of 10 (5 Not Upheld + 5 Upheld), rather than 5 out of the total shown of 60 (which would be a '% upheld' of 8.3%).

8.6 The LGO have confirmed that if any single element of a complaint (no matter how minor or how far back in the complaints process) has at any time been upheld, that the LGO will classify the complaint with a decision of 'Upheld'. This, in practice, means that if a complainant takes a matter to the LGO which was previously resolved, the LGO will always record a decision of 'Upheld'. However, the LGO has added a new statistic to try and break down the 'Upheld' cases to show which cases were satisfactorily resolved before LGO involvement.

9. Compliments

9.1 A total of 353 compliments (for the whole Council) were recorded on *Respond* in

2015/16 this is a reduction on the year before when 642 were recorded and the year before that when there were 945. In spite of encouragement from the Complaints Team it seems that we are seeing fewer compliments to be recorded and this may in part be down to the way we manage this type of contact.

10. Review of Year Ending 31 March 2016 + Summary of Progress in 2016/17

- 10.1 From 1 February 2016 the corporate complaints process was streamlined to a two-stage process in line with industry best practice. It is very early to judge what effect that has had and to the point of writing this report (November 2016) the numbers of complaints escalated appears to be similar to the last few years.
- 10.2 The new system for recording complaints (Firmstep) will be going live during 2016/17. At the point of writing the report (November 2016) the new system is in final stage testing and expected to be ready for use on 1 January 2017. We have now decommissioned *Respond* and ensured that we still have access to records according to the statutory retention periods.
- 10.3 The number of compliments has reduced steadily over the last few years. We need to consider how to encourage customers to send in positive feedback. In addition, officers should be made aware of recording all compliments centrally to allow us to take a more balanced view with reporting. Work will commence on this in early 2017.
- 10.4 Training is to continue to ensure that officers are equipped to deal with complaints at all levels. This means training on identification of a complaint and then what to do with it as well as how to investigate and respond to complaints.
- 10.5 Regular reporting for Business Units will continue to be developed to help in service planning and delivery.
- 10.6 CMA (contract management software) is now equipped to upload basic data on complaints about services delivered at arm's length. Significant engagement will be required with contract managers to make such reporting a reality.

Background Papers

None

Regulatory and Audit Committee

Title: Feedback and Complaints - Annual Report - Adult Social Care

Date: Tuesday 3 January 2017

Author: Amy Castielli, Statutory Complaints Officer

Contact officer: Kate Reed, 01296 387094

Local members affected:

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

This annual report of the Adults and Family Wellbeing (now Communities, Health and Adult Social Care) Social Care Statutory Complaints Procedure, Making Experiences Count, covers the period between 1st April 2015 and 31st March 2016. The report provides information on complaints managed through the Statutory Adult Social Care complaints procedure. The full report is at appendix 1.

Recommendation

NOTE the contents and make comments where appropriate

Resource implications

None

Legal implications

None

Other implications/issues

None

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

N/A

Background Papers

None

Adults and Family Wellbeing Social Care

Making Experiences Count-Annual Report 2015/2016

1. Background

- 1.1 In April 2009 changes were made to the legislative framework regarding Health and Social Care Complaints. Guidance was issued at the time which focused on good customer care and the client experience, including a simple, consistent approach to complaints across services which were person centred. The Council is required to operate a separate statutory complaints and representations procedure, in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (hereby referred to as 'the Regulations'). Any complaint which does not fall under these requirements will be considered under the Council's corporate complaints process.
- 1.2 Buckinghamshire County Council is required under statutory regulations to report annually to the relevant Council Committee on Adult Social Care complaints.

2. Introduction

- 2.1 This annual report covers the period 1st April 2015 to 31st March 2016 and concerns the Adult Social Care statutory complaint procedure.
- 2.2 This report deals with complaints which fall within the scope of the Adult Social Care complaints legislation; it does not address complaints which are proper to the Corporate Complaints Procedure including complaints made by members of the public, who are not service users or their representatives, concerning Adult Social Care.
- 2.3 Enquiries from Members of Parliament are separately recorded and do not form part of the complaint process, but for transparency these have been included in the report.
- 2.4 The procedures are publicised in a leaflet about complaints, 'Listening, Responding, Improving', which is given to all service users. It is also available online.

3. Complaints Procedure

- 3.1 The Statutory Adult Social Care complaints procedure is a one stage process. There is an expectation under both the legislation and by the Local Government Ombudsman that complaints will be resolved locally within reasonable time limits. Under the legislation, it is recognised that a final response should be issued within a six month period unless there is an exceptional reason why this cannot be achieved.
- 3.2 The 2009 regulations introduced a 'Responsible Person' role, which oversees and is responsible for ensuring compliance with the arrangements made under the regulations; particularly in relation to ensuring remedial action is undertaken as a result of a complaint. The regulations assign responsibility for the oversight of complaints to

the Chief Executive and the functions of the role were delegated by the Cabinet Member for Health and Wellbeing to the Service Director, Service Provision for Adult Social Care. The day to day management of complaints is undertaken by the Statutory Complaints Officer and overseen by the Corporate Complaints Manager.

3.3 The Adult Social Care complaints process encourages personal contact with the customer to clarify the complaint and to agree mutually agreeable plans for consideration of the complaint and to gain resolution of the complaint within locally agreed timescales. An internal timescale of 28 calendar days was put in place with recognition that there would be exceptional occasions where this timescale could not be met. Legislatively the timescale for responding to complaints regarding Adult Social Care is six months.

3.4 The Local Government Ombudsman (LGO) is an independent organisation authorised to investigate complaints where the Council's own investigation has not resolved the issues raised. The customer may approach the Local Government Ombudsman at any time. The Local Government Ombudsman's policy is to allow the local authority to consider the complaint first and they will refer the complaint back to us unless there are exceptional reasons for not doing so.

4. Compliments

4.1 All service areas continue to attract compliments and unless the Compliments and Complaints Team are alerted to compliments, they are unable to be centrally recorded. Overall 95 compliments were recorded during 2015/16. This figure compares with 61 in 2014/15 and 24 in 2013/14.

4.2 The majority of compliments we received were for the In Touch Service closely followed by the Community Response and Reablement Team.

4.3 Although we received more compliments during this year, it is difficult to be sure we have received notification of all compliments received. There is still a need to raise awareness to record compliments centrally and we must ensure that all compliments are recognised by staff and reported to the Complaints Team to allow us to record accurate data and give a balanced view. The majority of the compliments related to the effectiveness of staff across all teams, which is something we should be proud of as an authority.

| Compliments | |
|-----------------------------|----|
| CR&R | 16 |
| OT | 15 |
| Hospital (Community) | 10 |
| Care Management (Aylesbury) | 9 |
| LD South | 8 |
| Care Management (Wycombe) | 4 |
| Care Management (Wycombe) | 3 |

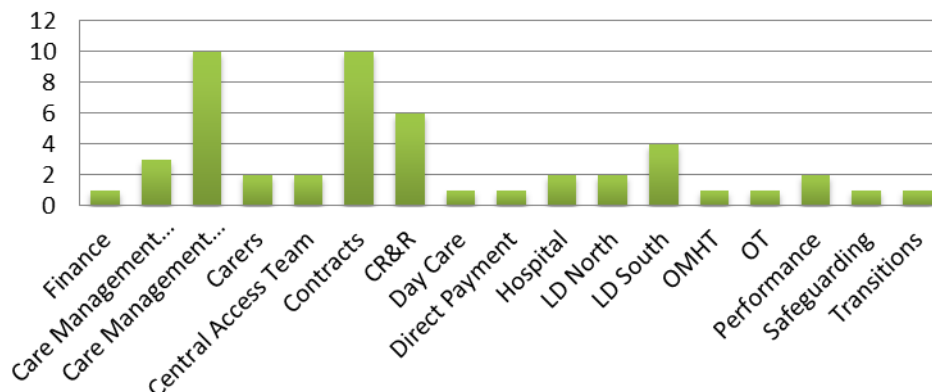
| | |
|--------------------|-----------|
| Commissioning | 2 |
| Hospital (Stoke M) | 2 |
| In Touch | 23 |
| LD North | 2 |
| Safeguarding | 1 |
| TOTAL | 95 |

4.4 The following is a compliment received by a Care Worker.

- *I would like to thank you so much for the help and support you have provided with regards to my parents. Having never been exposed to the requirements for social care before I can honestly say that it was daunting however, you have provided us with such peace. I really appreciate and value the way you have accommodated both my parents' needs so swiftly, professionally and seamlessly both with the respite care and for dad's return home.*
- *Your desire to understand and tailor the right resources for both mum and dad has been palpable, and I really value your compassion. You have been wonderful and I can't verbalise how appreciative I am, except to say please don't change anything about the way you work.*

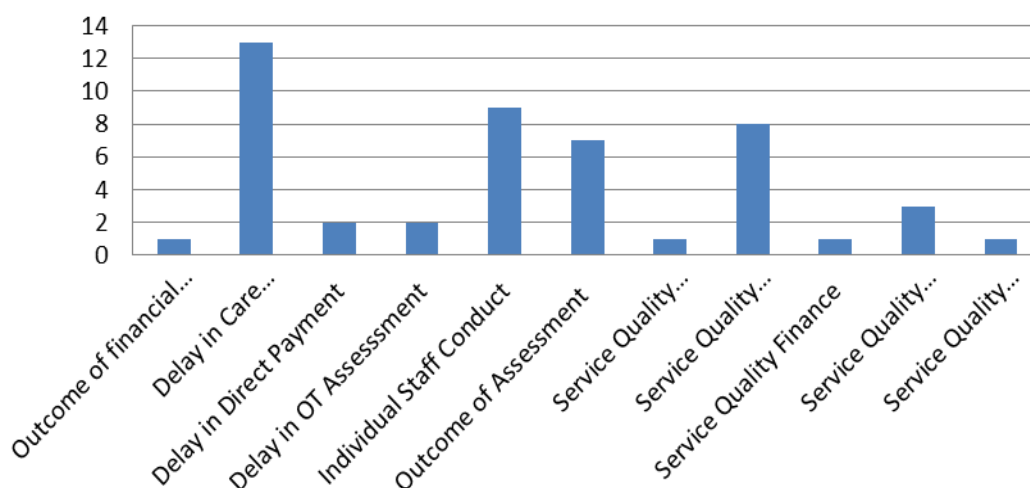
5 Concerns Received

Concerns Received by Team



- 5.1 In previous years we have not provided a detailed analysis on the concerns that we have received, however because these are also expressions of dissatisfaction it is important that we consider any learning that may be identified as a result of these contacts.
- 5.2 During 2015/16 50 concerns were received by the Compliments and Complaints Team. These issues were resolved to the satisfaction of our customers within a 48 hour period and have been classified as 'concerns' in line with the regulations. Our internal process encourages teams to make immediate contact with the customer once we are in receipt of their complaint. Dealing with concerns in this way can lead to early resolution and the avoidance of putting a customer through a lengthy complaints process.
- 5.3 Most of these concerns were regarding issues with communication or delays which were immediately rectified between the Complaints Team and Adult Social Care. This information highlights the importance of early intervention in the management of concerns and the importance of direct communication with our customers in the pursuit of local resolution. Without a focus on early intervention, any of these contacts may well have led to a formal complaint resulting in increased workload for both Adult Social Care and the Complaints Team.
- 5.4 It is disappointing that only 50 were resolved locally. Adult Social Care are given the opportunity to resolve additional complaints within a 48 hour timeframe, however in the majority of these cases contact was not made with the customer and therefore they wanted to pursue their complaint. It is important that next year we emphasise the importance of first time resolution and encourage staff and particularly managers to talk directly to our customers and aim to resolve complaints locally. This will be more constructive for the customer and also members of staff within the service.

Concerns by Issue Nature



6 Complaints Received

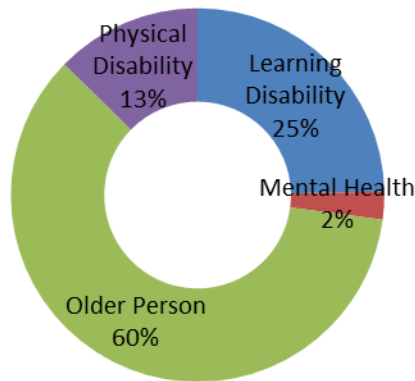
6.1 In 2015/16 we investigated 118 formal complaints; the corresponding figure for previous years is 68 in 2014/15 and 101 in 2013/14. We believe this increase is due to heightened awareness of the complaints process and also people's expectation since the Care Act was introduced in 2014. The Care Act outlines how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities. With people being more aware of their rights they may expect additional help from local authorities hence why people have challenged the provision offered and service we have delivered.

6.2 Adult Social Care carried out 11,714 assessments (inclusive of assessments and reassessments) and they received 23,449 contacts in the year 2015/16. Of the recorded number of clients with whom contact was made during 2015/16, 0.71% contacted the Complaints Team dissatisfied with the service they were receiving, however only 0.50 % pursued their complaint through the statutory complaints procedure.

6.3 Overall there were a total of 168 contacts made by customers to the Complaints Team which is a slight increase on the amount from 2014/15, during which we received 162 contacts. Unlike previous years complaints have been continuously received throughout the year and there have not been any notable trends.

6.4 This year the complaint figures are considerably higher than last year. The number of overall contacts is similar to last year; however we have been less successful at resolving complaints locally as only 30% were resolved within the 48 hour time period compared with 58% during 2014/15.

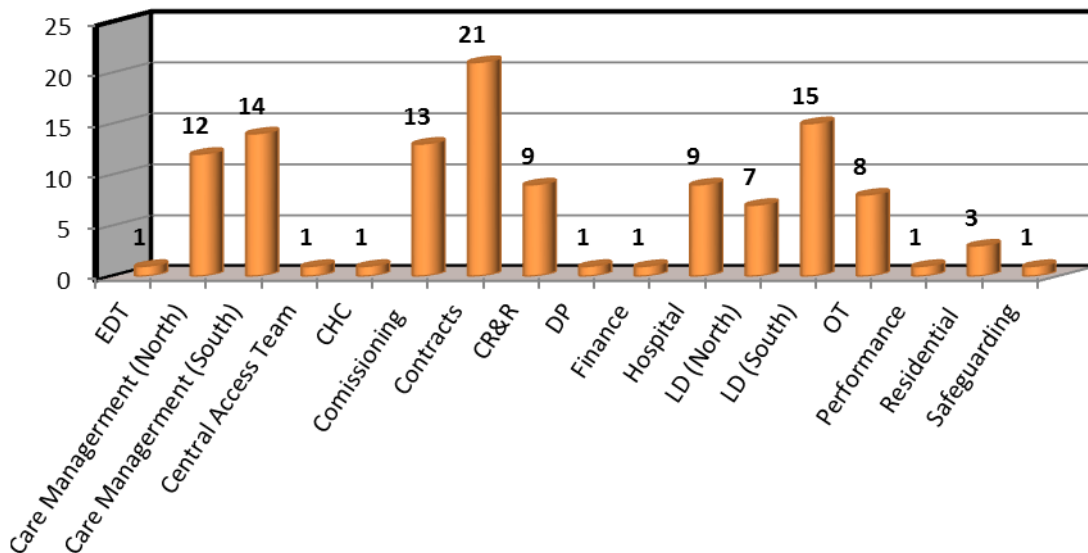
Complaints received per Client Group



6.5 The chart above shows the amount of complaints received by client group during this period. The majority of complaints concerned our 'older person' client group and were, for the most part, raised by representatives on behalf of the client.

6.6 Next year the Complaints Team will be using a new database to record and manage complaints. We hope that with this new system, we will be able to provide a more constructive evaluation to evidence what complaints we receive from each client group and also include a breakdown to detail clients' sex and ethnicity. This information may help us to identify if there is a specific client group that we receive complaints from and also help to recognise if there is a group that we are potentially not hearing from.

Complaints Received by Team.

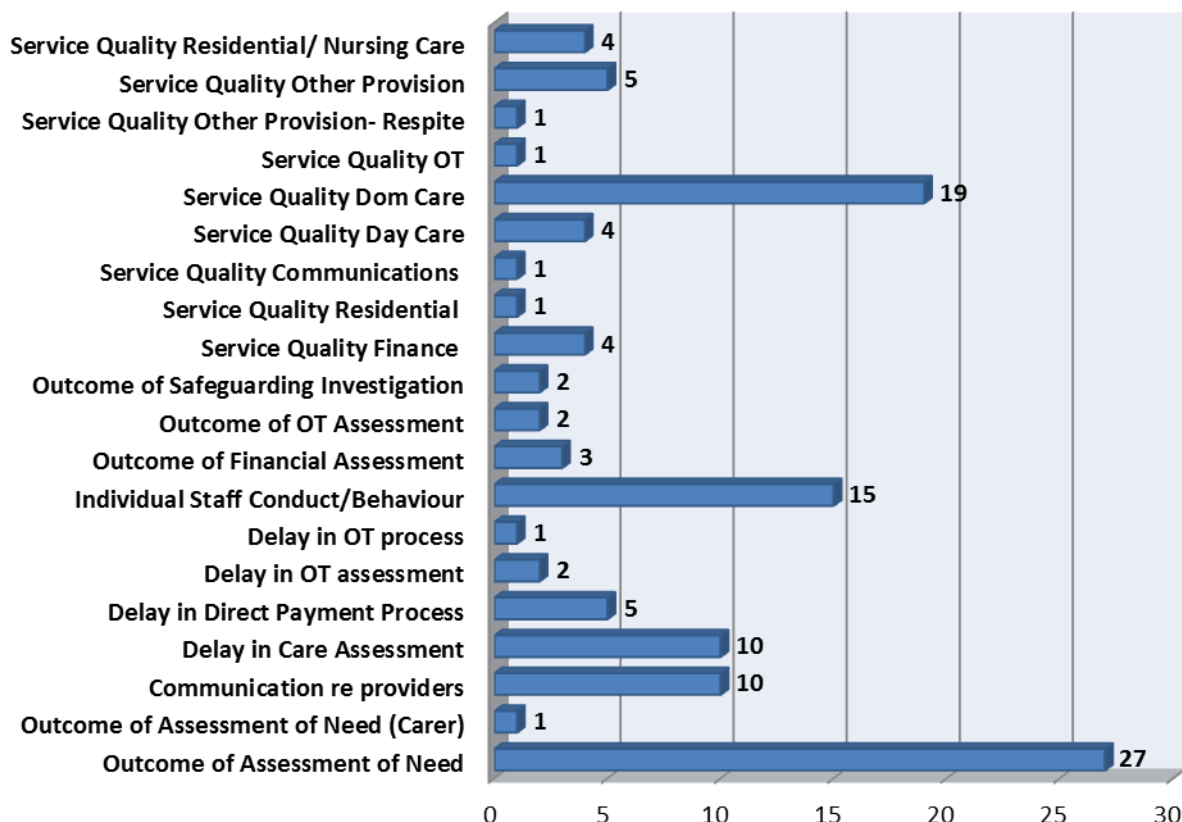


6.7 The graph above shows that the Contracts Team received the highest number of complaints over the past year. These complaints generally related to the timeliness of carers and the service they provided when attending to service users. The Learning Disability Team also received a substantial amount of complaints, mostly relating to the length of time service users were waiting for an assessment or challenging the

outcome of an assessment. Care Management in the North and South also received a high volume of complaints during 2015/16 because they were challenging assessments or had concerns about an individual's behaviour or conduct.

7 Complaints Analysis

Complaints by Issue Nature



7.1 There were a number of notable complaint issues that arose regarding Adult Social Care services in 2015/16, which are highlighted in the table above.

7.2 The highest proportions of our complaints were in relation to care assessments and these have been closely linked to placements offered by Care Management Teams. We have had a high number of complaints from relatives and service users unhappy with the care/nursing homes offered because they had another preference or they believe that their loved one is not receiving the appropriate care they need. It is important to set realistic expectations to both our clients and family members. This includes giving clear precise information regarding finances and making customers aware that they may be required to pay a client contribution or provide financial assistance in some way to receive care from the authority. Over the year clients or their representatives have challenged the contribution they are required to pay because they were not fully informed when agreeing to a placement or support offered by Adult Social Care. We must ensure as a service that we provide a clear explanation on the service and procedures that we follow and presume that service users are unfamiliar with our processes.

- *I had to wait three months to get the requested report, by which time, my condition had deteriorated to such an extent that I was forced to take action on my care regime without the benefit of the advice that I had hoped would be contained in my report. When I finally got the report I found that there were judgemental statements scattered throughout the document and no indication was given to how 'Mrs X had some substantial needs' might be met. The Assessors Summary stated that 'further information and advice given'- I have no recollection of having been given any advice at all. The section entitled 'analysis of information gathered' has been left blank and hence has been of no help to me, 'needs' has been left blank, including the sub-section entitled 'Actions Required'. Had these been filled in they would have had the potential to provide the help I needed but, alas, this was not the case.*
- *My sister has been a resident at this home for years, it is her home, and it is where her friends are. She is about to be moved away, where she knows no one at all. I understand Councils have to save money, but she is very vulnerable and I feel she will deteriorate very quickly. I am concerned she will not have necessary help and interaction because this care home will be on the cheap.*

7.3 The delivery of care to clients within their homes led to a number of complaints this year. In some circumstances, customers had already pursued a complaint with the provider through their own complaints procedures, however remained unhappy with their response, therefore contacted our team to request their concerns be addressed through the Statutory Adult Social Care complaints process. Other complaints were made to our team because the customer did not wish to engage directly with the provider.

Our domiciliary care services are provided by external companies commissioned to deliver care on our behalf. It is important to note that our responsibilities as a social care provider are not discharged by the commissioning of our services and the local authority remains responsible. Our domiciliary care services are provided by external companies commissioned to deliver care on our behalf. It is important to note that our responsibilities as a social care provider are not discharged by the commissioning of our services and the local authority remains responsible. During the second half of 2016 the corporate Contract Management Application will be upgraded to include the recording of complaints received by contracted services. This will provide a broader picture than ever before of complaints received

Over the last year we have received a high volume of complaints relating to the service clients have received from our domiciliary agencies. The majority of the complaints related to missed calls or late visits and therefore customers were requesting to be refunded for a service they had paid for and not received. On occasions, money has been returned to clients to acknowledge the poor service they have received. As a result of these complaints we encourage the Contracts Team to monitor their providers more closely.

An example of a Contracts complaint is detailed below.

- *We have had assistance for my father in the morning at the time he requires just 3 times in the last two weeks. Each time the carer has arrived between 8.40 and 11.30 am. They are supposed to come here between 6.30 and 7.00- am. They have now removed the previous sheets from the booklet that would confirm these records presumably to remove the proof of lack of service. For almost a year we have had only a few occasions when someone has not come at the agreed time. As we are no longer receiving the desired service could you please arrange a refund of the moneys we are paying for the services we are not receiving*

7.4 We received a high amount of complaints as a result of the retender of our domiciliary providers. As a result of this change some clients requested to receive a Direct Payment to allow them to continue receive care from their current agency, however due to the increase there was a 6-8 week delay- which inevitably caused further complaints.

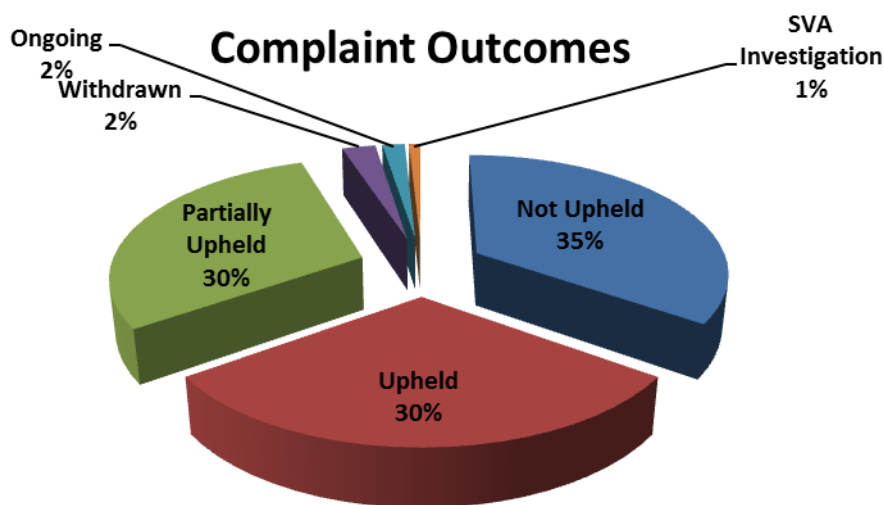
We also received a number of complaints because correspondence regarding the retender was sent out to clients who the change did not apply to. This caused considerable concern to those who received the letters because these were sent directly to the client. Family members contacted the Complaints Team to ascertain what the authorities intentions were and to contest this decision.

7.5 Below is a list of important factors that need to be considered for the year ahead.

- ✓ Customers would contact our team if calls or emails were not being returned by a worker or if they were not being provided with clear information or direction about a loved one's care. This is a particular area where managers should take ownership of the situation and contact the customer within the 48 hour time period to try to resolve any immediate concerns and appease the situation.
- ✓ There were occasions when during the assessment process we should have included the client's support network to assist us in making decisions about the client. Inviting family members into the process would have improved communication and also improved their customer journey. It is essential that we also liaise with the care homes/placements where service users are residing to ensure all parties are aware of upcoming meetings. This will allow us to seek the opinions of those who are familiar with the service user and can provide an overall insight in the client's welfare.
- ✓ We have teams across the service working below capacity and we must ensure that appropriate measures are in place to cover staff absence and that work is reallocated where necessary. When staff are absent or out of the office workers should have an alternative number for the customer to contact and inform them of any absence e.g. annual leave.
- ✓ It is essential that if further correspondence is received after a complaint response has been sent it is important that Adult Social Care contact the Statutory Complaints Officer for advice on how to proceed. This will ensure we are presented with the best opportunity to resolve their complaint within the six month legislative timescale and that we have a full audit trail should the complaint be referred to the Local Government Ombudsman.

- ✓ We must ensure carers are receiving the support they are entitled to. For example, carers assessments must be considered where applicable and also make sure that there are no complications when arranging respite for service users. Over the year carers have been unhappy with the arrangements for a loved ones respite and have then been hesitant or unhappy to welcome further assistance in the form of respite.
- ✓ It is important to note that Buckinghamshire County Council is accountable for any service provider delivering statutory social care functions on their behalf. In addition, the customer has a right to our consideration of their complaint through the statutory complaints procedures and legal regulations should they choose not to engage directly with a domiciliary provider.

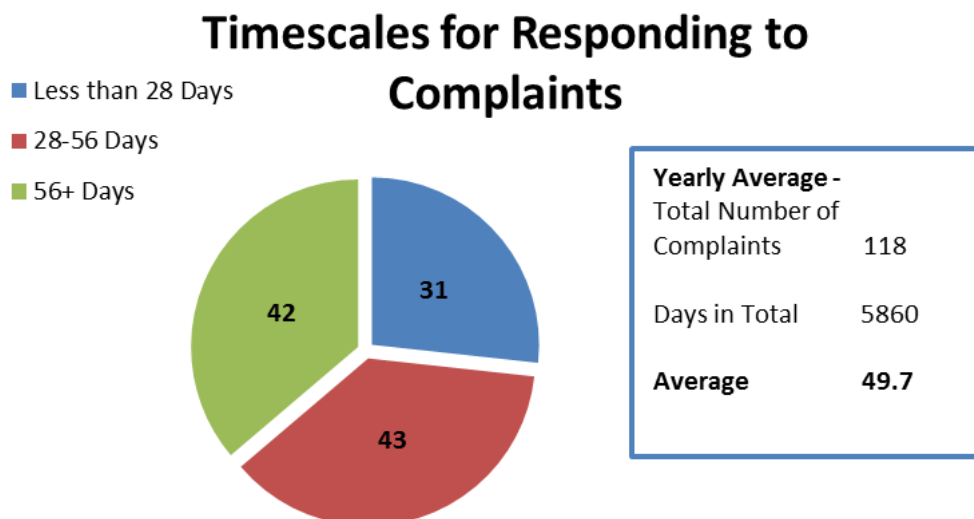
8. Complaints Outcomes



8.1 As demonstrated by the pie chart above, a third of the complaints were unfounded, however learning should be considered for all complaints that we receive whether upheld or not.

8.2 When a complaint is upheld it is recognition that the customer experience was not as it should have been, in full or in part, and could have been improved in some way. Complaints should be a valuable way to measure the effectiveness of the services provided to our customers. As an authority we should expect and welcome complaints as it is a valuable way for our customers to speak to us but we should never become complacent and ensure the same complaint is not repeated

9. Timescales for responding to complaints



9.1 During 2015/16, the average response time for managing Adult Social Care complaints was 49.7 days. This is a decrease on the time taken in 2014/15 which was 54.25; we have however had a larger number of complaints to consider this year and this will affect the overall average response time.

9.2 Even though the response time has reduced, this is still in excess of our internal 28 day timescale which we should be aiming towards. The Statutory Adult Social Care Complaints procedure is a one stage process and this is still within the legislative timeframe for us to respond to customers, however we should still aim to respond to customers within 28 days, which is the timeframe we have agreed internally for non-exceptional circumstances.

10. Enquiries from Member of Parliament

10.1 Enquiries from Members of Parliament are not recorded as complaints. A number of clients and their families choose to write to Members of Parliament rather than pursue a formal complaint. During 2015/16 there were 39 enquiries from Members of Parliament recorded by the Compliments and Complaints Team.

11. Local Government Ombudsman

11.1 In 2015/16 the Local Government Ombudsman carried out 4 detailed investigations which related to Adult Social Care. For an additional 2 complaints, she made an early decision not to investigate the matter further. Of the complaints that were considered; 2 were not upheld and 2 were upheld.

11.2 It was identified that several contacts were premature complaints and therefore the customers were advised to bring their concerns to us directly, to allow us to consider the complaint through our own complaints procedure.

Of the cases considered, the following were notable issues;

- One complaint was upheld due to the Council's failure to respond to the customer about the decision to hold back some of the direct payment to fund the day centre that complainant's Mother attends twice a week. As a result of the Local Government Ombudsman's findings, we agreed to apologise for our failings and offer a time and trouble payment.
- The second complaint that was upheld was a multi-agency complaint between the Local Authority and Health. The Local Government Ombudsman found fault in the communication between the Council and NHS commissioners which related to a client's funding. As a result of this complaint we apologised to the family and reviewed our dispute resolution process.

12. Review of past year and future plans

12.1 The Compliments and Complaints Team launched a governance strategy with Adult Social Care on 1st June 2015; however we did not receive any forms back from the service. We relaunched this method of reporting on 1st April 2016. It has been agreed that those responsible for investigating the complaints will provide regular feedback to the Compliments and Complaints team on actions taken following complaints. In next year's report we would like to provide a detailed commentary on what learning has been identified and richer examples of how Adult Social Care have learned from complaints to prevent recurrences. We can only achieve this with the support of Adult Social Care reporting identified learning to the Compliments and Complaints Team.

12.2 During 2016/17 we will be looking at ways of strengthening the existing internal process for the management of Adult Social Care complaints and will consider the implementation of a framework for triaging complaints based on risk. This will lead to greater personalisation in complaint handling and a 'horses for courses approach' to customer service and setting individual timescales for resolution.

12.3 Training sessions have continued with the frontline staff within Adult Social Care across the year and we will be holding monthly training sessions over the next year which we hope that all staff members will attend. Our intention is to improve complaint recognition and we would also like to improve communication between customers and staff which should help resolve concerns before they become formal complaints.

12.4 In addition, we are looking at providing training on complaint investigation and responses and hope to come up with a delivery plan shortly.

12.5 The Compliments and Complaints Team will continue to work with the CHASC Business Unit and the wider organisation to support effective local resolution and to drive forward learning as a result of those issues presenting in concerns and complaints.

12.6 The government is delaying its flagship policy to cap social care costs under the Care Act and the appeals process until April 2020. We are currently waiting on further information from Department of Health on this matter.

13. Recommendations and Management Actions

- 13.1 To provide quality responses that meet the corporate requirements and carry out thorough investigations.
- 13.2 To ensure officers in your team attend the complaints training courses on an annual basis.
- 13.3 To focus on resolving complaints locally within the 48 hour period.
- 13.4 We will continue to train staff on how to recognise complaints, how to conduct complaint investigations and how to provide appropriate responses. This should lead to a consistent standard of customer service across Adult Social Care.

Regulatory and Audit Committee

Title: Feedback and Complaints - Annual Report - Children's Social Care

Date: Tuesday 3 January 2017

Author: Maxine Moore, Statutory Complaints Officer

Contact officer: Maxine Moore, 01296 382727

Local members affected:

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

This annual report of the Children and Young People's Social Care statutory complaints procedure, Hearing the Customer's View, covers the period between 1st April 2015 and 31st March 2016. See appendix 1.

Recommendation

NOTE the contents of the report and make any comments

Resource implications

None

Legal implications

None

Other implications/issues

None

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

N/A

Background Papers

None



Buckinghamshire County Council

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CHILDREN AND YOUNG PEOPLE'S SOCIAL CARE

HEARING THE CUSTOMER'S VIEW - ANNUAL REPORT 2015/16

1. Introduction

- 1.1 This annual report of the Children and Young People's statutory complaints procedure, Hearing the Customer's View, covers the period between 1st April 2015 and 31st March 2016.
- 1.2 The Children Act 1989 Representations Procedure (England) Regulations 2006 requires local authorities to have in place an effective representations and complaints procedure for complaints about Children's Social Care. This is to ensure that service users and/or their representatives are able to make comments about the services they have received or feel they ought to have received.
- 1.3 This report deals with complaints falling within the scope of this procedure. Some complaints received about social care, for example, those made by members of the public who are not service users about an aspect of social care work, are not considered under this procedure, but are dealt with under the County Council's corporate procedure.
- 1.4 This report has been produced to meet the requirement that members should be provided, on an annual basis, with information about complaints received.
- 1.5 The procedures are publicised in a leaflet about complaints and representations which is given to all service users who wish to make a complaint. The current leaflet was introduced in January 2013.
- 1.6 The Regulations require Local Authorities to designate a Complaints Manager with responsibility for undertaking certain functions. The structure of the centralised Complaints & Information Team came into effect as of 1st April 2013. The day to day management of the complaints are undertaken by the Statutory Complaints Officer with overall responsibility resting with the Corporate Complaints Manager.
- 1.7 In line with the requirements set out in the guidance¹ which accompanies the Regulations, the Complaints and Information Team is independent of Children's Services. Since 1st April 2015 this now sits within the Council's Headquarters.

2 Statutory Complaints procedure

- 2.1 The Hearing the Customer's View complaints procedure has three stages:

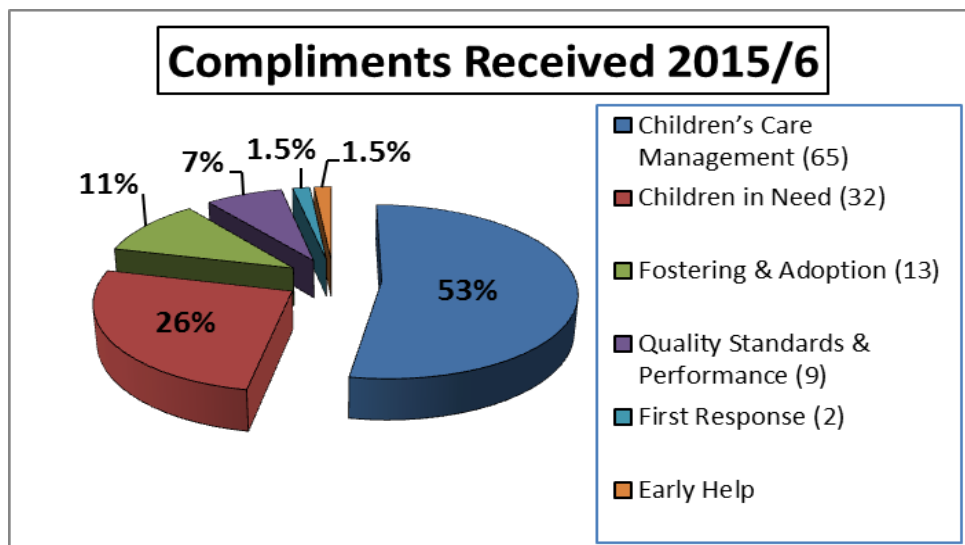
¹ Getting the Best from Complaints (Social Care Complaints and Representations for Children, Young People and Others) *Department of Education & Skills* (2006)



- 2.2 **Stage 1** – Local Resolution is where complaints are investigated and responded to by staff providing the services. The team manager has overall responsibility for providing a formal response within 10 working days of receipt, although this period can be extended to 20 working days in exceptional circumstances, such as complex complaints.
- 2.3 **Stage 2** – an independent investigation is carried out. This may still be internal to the Local Authority, although in practice an external independent Investigating Officer (IO) is almost always used. At the end of the investigation the IO will prepare a report and the Service Director will send a formal response to the complainant based upon the independent reports. These will also be sent to the complainant. Legislation requires Local Authorities to involve an Independent Person (IP) in the investigation of complaints at Stage 2 of the Children Act procedures. The IP ensures that the Stage 2 investigation process is open, transparent and fair and will write a report on his/her observations. The investigation should be completed within 25 working days of receipt of the signed complaints statement, prepared by the IO and agreed by the complainant. This time can be extended to a maximum of 65 working days in certain circumstances. The complainant should be kept informed of any likely delays.
- 2.4 **Stage 3** – a Review Panel comprising an independent chair and two other independent people consider the adequacy of the Stage 2 complaint investigation. To listen to all parties and focus on achieving a resolution acceptable to all. The Panel should meet within 30 working days of the request being made, its recommendations should be recorded within 5 working days of the meeting and the Managing Director must respond to complainants within 15 working days of the date when the Review Panel made their recommendations.

3 Compliments received

- 3.1 There were **123** compliments received this year. This figure compares with only 26 compliments received in 2014/15 and 101 compliments during 2013/14.



- 3.2 It is extremely positive to see such a rise in the number of compliments received. This is particularly rewarding for Social Workers to receive such positive feedback given the nature of the work that they are involved in.
- 3.3 Social Care have consistently received more compliments than complaints (with the exception of last year). In general, compliments tend to be about particular individuals who go above and beyond the call of duty by displaying a recognised degree of professionalism and dedication. Some have been regarding instances where it is felt that an individual child has benefited from the service provided or where the quality of work has been recognised by a senior manager or another agency. As we have seen with previous years, Children's Care Management have received the majority of the compliments with over 53% of the total. This is not surprising since they are typically involved with children and young people for longer periods of time and therefore their relationships tend to be different than those experienced by colleagues in teams with short intervention, such as First Response.
- 3.4 Compliments received directly from children & young people are unfortunately minimal so are greatly received when they are.

Compliment from a former Looked after Child to the Aftercare Service

„I just want to thank you for all of your help despite my laziness and procrastinating your help was very appreciated! Everything is going great for me and I'm currently in California training with some of my MMA idols it's a trip I've been saving for a long time, some of these guys are the best in the world. I've been here for three weeks and have another week left. As you can guess MMA is still my dream career and I'm making all the right decisions to get there. Just wanted to say thank you for your help I feel like it's really helped. Hope all is well with you too”

Compliment from a parent to the Permanence Team

“Thank you from the bottom of our hearts. The amazing work and support you have given us has made our life complete”.

Compliment from a parent to the Children with Disabilities Team

“I have to say that you have restored our confidence in the support that Social Services can provide - this from a position where from our perspective nothing had been happening for well over a year with our previous contacts in SS. I do appreciate the workload you and your colleagues have to manage, budgetary constraints and that we are only one of the many cases you and the team have to manage, but I want you to know that we really do appreciate the time you have taken to 'unblock' some support for us in dealing with a challenging situation”.

4 Complaints received

- 4.1 There were **45** formal complaints managed through Stage 1 of the Statutory Complaints procedure during this period. This figure compares with 62 in 2014/15 and 61 in 2013/14. This year has seen a 30% decline in the number of complaints received whereas in previous years we have seen relatively consistent numbers.

However there has been a slight increase in the number of other contacts received by the Complaints Team.

4.2 Whilst this paper does not seek to report on Corporate Complaints or General Enquiries, it is worth highlighting some figures for information and comparison. During 2015/16 there were 88 contacts made to the Complaints Team that were categorised as General Enquiries which either did not fall within the scope of the statutory procedure or were instances where customers did not wish to raise a formal complaint. The majority of these contacts are where there was a need for immediate attention or clarification requiring early intervention by Children's Services and no need to escalate into a formal complaint.

4.3 Examples:

- *Parent unhappy that someone did not return her call and also unhappy with the decision/actions by SS – wishing for a call back.*
- *The customer wants clarification around how his son's case is being dealt with by the social worker and some reassurance that correct procedures are being followed.*
- *A parent anxious upon learning that a referral had been made about them*

4.4 In addition there were 52 Corporate Complaints during the same period relating to Children's Services. This is an increase on the previous year where only 21 were received. Therefore this saw a total of **97** complaints (corporate and statutory) for this year and figures for 2014/15 saw **83** combined which depicts a 15% rise in overall complaints received for Children's Services. While corporate complaints are still directed towards Children's Service they tend to relate to a non statutory function or are instances where the complaint is not relating to a specific child or the person making the representations does not have the requisite eligibility to bring the complaint under the Children Act 1989.

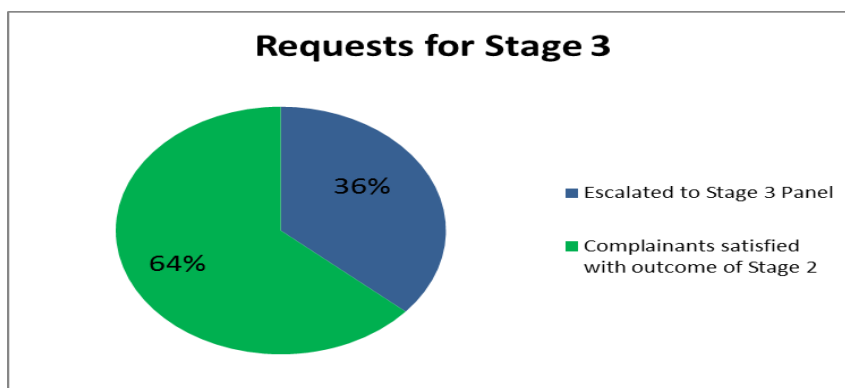
. 4.5 The table below gives a breakdown of statutory complaints by service area and includes details of corporate complaints and general enquiries for information and comparison only.

| Service Area | No. of Statutory Complaints 2015/16 | No of Corporate Complaints | No of General Enquiries |
|--|--|-----------------------------------|--------------------------------|
| Children In Need (includes Family Assessment Service and CATCH) | 17 | 14 | 46 |
| Children's Care Management (includes Aftercare, Children With Disabilities and Children in Care) | 16 | 7 | 16 |
| First Response | 8 | 19 | 23 |
| Children's Care Service (includes First Steps, Fostering and Permanence Team) | 1 | 4 | |
| Quality Standards & Performance | 3 | 6 | 2 |
| Early Help (includes Family Resilience and Early Help Panel) | N/A | 1 | 2 |
| TOTAL | 45 | 51 | 89 |

- 4.6 There are no particular themes being identified in relation to where the complaints are directed. The complaints were quite evenly split between the Child in Need (North & South) and Children in Care services. However this is not uncommon given the nature of the services provided by these teams.
- 4.7 However, it is worth noting that the majority of the other contacts received are directed towards the Children in Need and First Response service who are usually quite reactive in responding to any enquiries for their respective areas before they escalate to formal complaints.
- 4.8 **Stage 2** - There is an expectation placed upon Children's Services that the majority of complaints considered at Stage 1 will be resolved locally at the point of service delivery. Where this cannot be achieved it may become necessary for the complaint to be considered at Stage 2.
- 4.9 There were 6 complaints investigated through Stage 2 of the Children and Young People's Social Care complaints procedure this year compared with 11 in 2014/15 and 10 in 2013/14. The nature of Children and Young People's Social Care work inevitably attracts some complex complaints, which can be difficult to resolve.
- 4.10 Given the relatively small number of statutory complaints received this year, we can see from these figures that 14% of the complainants were dissatisfied with the outcome of their Stage 1 response and required further intervention with an independent investigation into their complaint.

4.11 The reasons for complainants expressing dissatisfaction can vary. Primarily this has been due the complainant suggesting that the Stage 1 response did not adequately address the issues of complaint and/or where they were left feeling as though the complaint had not been taken seriously. There were 2 complaints which were upheld at Stage 2 thus overturning the earlier decision however in the other 4 cases the outcomes remained relatively the same. However, it is also fair to say that there have been occasions where escalation was inevitable irrespective of the effort put in at Stage 1 due to a break down in trust.

4.12 **Stage 3** – There were 3 Stage 3 Review Panel hearings convened during this period, which is slightly down from the 4 panels held in the preceding two years.



4.12 Following the outcome of the independent Stage 2 investigation, 50% of complainants remained dissatisfied and requested a further review by a Stage 3 panel. On analysis it can be said that in 2 of these cases they were instances where complainants would simply not accept the outcome and were intent on escalation to the highest possible stage; which is unfortunate.

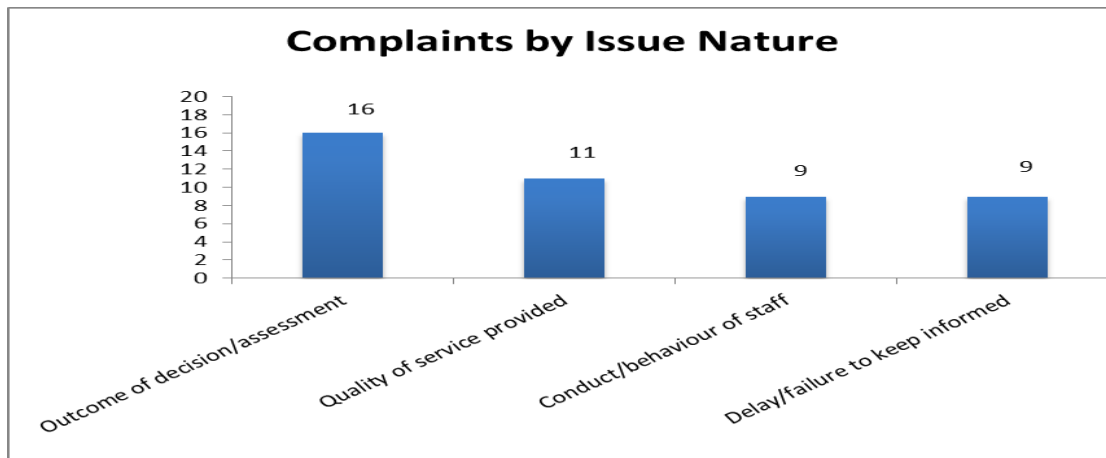
However, in 1 case the Stage 3 panel overturned the earlier decisions in the complainants favour. Lessons learned in this case would suggest that thorough adjudications at Stage 2 are imperative.

4.13 It is recognised from above, that the Local Authority could seek to better engage the complainant at an earlier stage by taking the opportunity to provide a more thorough response, which should include sharing information, where appropriate, on how the Council will be learning from the complaint. This would provide the complainant with an appreciation that they are being heard and lessons are being learned.

5 Issues raised in complaints

5.1 Children & Young People and their representatives are primarily telling us that they are dissatisfied with the quality of service received or with the decisions/outcomes of assessments.

5.2 The issues arising out of complaints were categorised as follows:



5.3 These classifications are based upon the complaint as described at Stage 1. The system used for recording complaints does not have the option of entering multiple categories. In the event that more than one issue may arise in any given complaint it is then recorded using the most significant presenting issue.

5.4 As can be seen from the above figures the complaints fell into 4 categories. These are disagreements or dissatisfaction with the outcome of decisions / assessments (36%), quality of service provided (24%) conduct behaviour of staff (20%) and delay failure to keep informed (20%)

The issues of complaint are:

5.5 *Outcome of decision/assessment* –The highest volume of complaints received were recorded in this category. This category is relatively broad in description but encompasses issues such as

- Parent challenging an assessment which saw a reduction in DP payments for her child
- Challenges to the decision to make children subject to Child Protection Plans
- Complaints about decisions around the Staying Put policy

Quality of service – generally this category of complaint is about the quality of reports or assessments written where they may be issues of inaccuracies or incomplete information.

Complaints about conduct/behaviour of staff – often when a parent / family member is aggrieved by something which they deem is not being done in their child’s best interest they will label the complaint as being one about the individual Social Worker’s conduct or behaviour which is resulting in the wronged actions. In fact, whilst this is usually the perception, often this category is used for e.g. a requests for a change in Social Worker, words said by the Worker that may have caused offence or was taken out of context but it has also included instances of where Social

Workers are accused of poor attitude or have failed to communicate properly with them.

Delay failure to keep informed –

- Parents complaining that they are not kept informed about Social Care’s involvement, particularly when they are the non-resident parent.
- Parents of Children in Care not receiving updates on their children
- Complaint about drift in case which prolonged Social Care’s involvement unnecessarily.

6 Categories of Complainant

6.1 Children’s Services received 15749 contacts during 2015/16 which resulted in 6899 Referrals; which is a 25% increase on the previous year. 446 children were subject to a Child Protection Plan during this period as at 31/03/16) and 463 children were considered to be Looked after Children, at 31/03/16). 2652 children were considered to be a Child in Need (491 with a disability), and were therefore in receipt of services.

40% (18) of the overall complaints received during this period were regarding Looked after Children. These figures mirrors those received last year. In addition, there were 6 General Enquiries about Looked after Children during this period. If we consider therefore that of the 463 children who were looked after by the Local Authority there were representations or complaints made about approx. 5% of them.

6.2 The majority of representations about Looked after Children are made by their parents. There was only one complaint which was brought by a young person himself and 6 young people did so with the assistance of an Advocate (NYAS). Many of the complaints brought directly by the young people were about decisions made regarding their accommodation.

6.3 It was identified that the complainants fell into the following categories

| Representative | Number of complaints |
|---|-----------------------------|
| Grandparent | 2 |
| Parent | 35 |
| Relative | 1 |
| Young Person (including with assistance of an Advocate) | 7 |

6.4 The highest category of complainants were brought by parents (78%) as would be expected. This has also been the case in previous years. The rationale for the Regulations is to ensure that Local Authorities have an appropriate mechanism in place for Children and Young People (C&YP) to raise any concerns they might have and receive a response quickly and effectively. It is suggested that one reason for the low number (7 complaints) received directly from C&YP is that they feel able to

go directly to their allocated worker to have the matter resolved locally without the need to instigate a formal complaint. However this view should be balanced with some caution that instead there may be some C&YP who do not feel able or confident enough in escalating the matter via a complaints process.

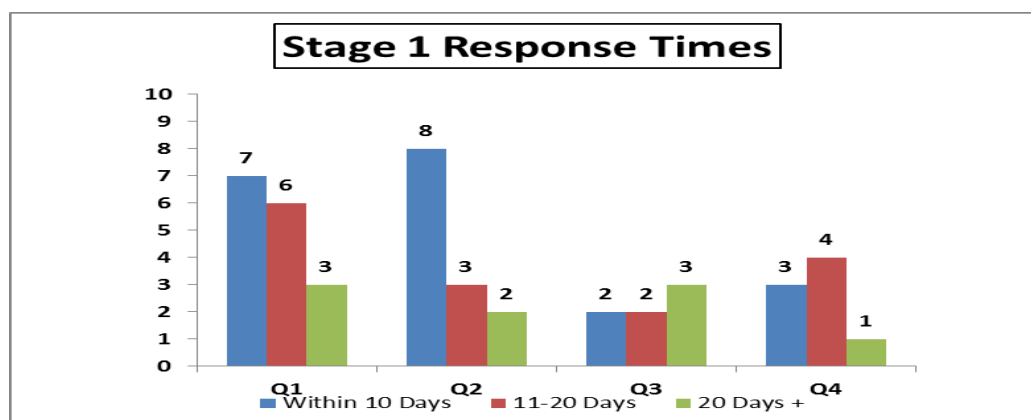
7 Timescales for replying to complaints (total number of complaints closed this period is 61)

| Timescale | Percentage of total |
|------------------------|----------------------------|
| Within 10 working days | 44% |
| 11-20 working days | 33% |
| 20 days plus | 20% |
| Average time to reply | 14 days |

7.1 The timescale for responding to a Stage 1 complaint is 10 working days, although in exceptional circumstances or if the matter is deemed complex then this can be extended to 20 working days. 44% of complaints were responded to within 10 working days which is a vast improvement on last year where the average was 27 days. Overall 77% were responded to within 20 working days. We are working hard to try to meet timescales and Children’s Services are aware of the importance of responding within the legislated 10 working days. However, as the aim is to fully investigate complaints at Stage 1 this can sometimes mean that we exceed the timescale to ensure a comprehensive response; being mindful of keeping the complainant fully informed of any delays.

7.2 The Statutory Complaints Officer manages this process and one of the main tasks is to ensure that complaints are escalated where appropriate or where a complaint is approaching its 10 or 20 day deadline. In addition, CYP services have Officers within the Quality Standards and Performance team who are in place to act as a conduit between the Business Unit and HQ, working closely with managers who are responsible for drafting responses. Again this is to help move through the process to ensure deadlines are met but they are also there to provide support and assistance where possible to ensure a good quality and consistent response is sent to the complainant.

7.3 This has seen our average response time decrease from 14 days in this period.



8. Local Government Ombudsman

- 8.1 The Local Government Ombudsman (LGO) is an independent organisation authorised to investigate complaints where the Council's own investigation has not resolved the issues raised.

The LGO assessed 1 complaint regarding Social Care during the period in question. This compared with 2 in the previous year. The decision was as follows:

| | | |
|--|------------|---|
| Detailed investigations carried out | Upheld | 1 |
| | Not Upheld | 0 |

The local authority accepted the recommendation of the LGO in relation to the complaint they had reviewed. There were a number of recommendations made which Children's Services acted upon accordingly.

9 Use of Independent Persons for Children's Act complaints

- 9.1 Under the regulations, complaints involving children require the use of an Independent Person (IP) who is not employed by the Local Authority. They work with independent Investigating Officers in investigations of Stage 2 complaints to ensure that investigations have been conducted in a full, fair and effective way.
- 9.2 As members of the North West London Complaints Managers' Group, the Statutory Complaints Officers have access to a pool of investigators from which we obtain Investigating Officers and Independent Persons to undertake Stage 2 investigations.

10 Use of advocates for Children's Act complaints

- 10.1 In accordance with national guidance, Buckinghamshire County Council has made arrangements for the provision of advocacy services for children and young people who wish to make representations under the relevant sections of the Children Act 1989. During the reporting period the County Council had a contract with NYAS for the provision of advocacy services for children in care.
- 10.2 The advocacy service must ensure that independent advocates provide appropriate help to children and young people, taking into account their age, means of communication, language, sex, race, religion, sexual orientation, health or disability.
- 10.3 The advocates provided by NYAS are volunteers who have received the appropriate training in working with children and young people. They are from a variety of backgrounds and care is taken in achieving a good match between advocate and child to take into account the needs of the child.

10.4 During this period 7 complaints were recorded from Young Persons who were supported by an Advocate from NYAS. All bar one of these complaints were resolved locally at Stage 1. However one was escalated to Stage 2.

11 Closed complaints

The outcomes of Stage 1 complaints closed during the period are as follows:

| Complaints | Outcome |
|-------------------------|----------------|
| Upheld | 8 (18%) |
| Partly upheld | 6 (13%) |
| Not upheld | 25 (56%) |
| Withdrawn | 4 (9%) |
| No comment made | 1 (2%) |
| Outside of Jurisdiction | 1 (2%) |
| Total | 45 |

11.1 It can be understood from the figures above that the majority of complaints were not upheld.

It is worth noting that the majority of the complaints that escalated to Stage 2, the finding remained more or less the same. However some complainants tend to add more weight to a decision when it has been undertaken by an independent investigator at Stage 2 even if the findings remain the same.

12 Diversity monitoring of complainants

| Gender of complainant | Number of Complaints |
|------------------------------|-----------------------------|
| Male | 12 |
| Female | 32 |

| Ethnic Group of complainant | Number of complaints |
|------------------------------------|-----------------------------|
| White British | 22 |
| White Irish | |
| Any other white background | 1 |
| Asian/Asian British | |
| Bangladeshi | 1 |
| Indian | |
| Pakistani | 1 |
| Black or Black British | |
| African | |
| Caribbean | |
| Any other Black background | |
| Chinese | |
| Mixed White and Asian | 1 |
| Mixed White and Black African | |
| Mixed White and Black Caribbean | 2 |
| Any other Mixed background | |
| Any other ethnic group | |
| Ethnic group not specified | 16 |

| Sexual orientation of complainant | Number of complaints |
|--|-----------------------------|
| Heterosexual | 7 |
| Bisexual | |
| Gay Man | |
| Lesbian | |
| Not stated or no response | 37 |

| Age of complainant | Number of complaints |
|---------------------------|-----------------------------|
| Under 10 | |
| 10 – 15 | 2 |
| 16 – 17 | 4 |
| 18 – 25 | 3 |
| 26 – 40 | 13 |
| 41-59 | 18 |
| 60 – 64 | 1 |
| 65 – 74 | |
| Not stated or no response | 3 |

| Religion of complainant | Number of complaints |
|--------------------------------|-----------------------------|
| Buddhist | |
| Christian | 5 |
| Hindu | |
| Muslim | 1 |
| No Religion/Belief | 3 |
| Not stated or no response | 35 |

| Disability of complainant | Number of complaints |
|----------------------------------|-----------------------------|
| Hearing impediment | |
| Mental Health Service User | 2 |
| Learning Disability | |
| Physical or mobility impairment | 2 |
| Visual impairment | |
| Other | |
| No disability | 7 |
| Not stated or no response | 33 |

12.1 Local Authorities are required to report on the age, gender, disability, sexual orientation and ethnicity of complainants rather than clients who are the subjects of complaints. The purpose of collecting information relating to diversity is to help identify any difficulties for certain groups in accessing information. From 1st April 2009 a Complaints Monitoring Form has been sent to all complainants requesting information about age, gender, sexual orientation, religion or belief, ethnicity and disability. Unfortunately, the majority of complainants choose not to return these forms².

13 MP letters

13.1 37 MP letters were received during the period covered by this report. A number of these had already been received as formal complaints. Policy suggests that responses should be sent within 10 working days. 45.9% were responded to within 10 days. Average response time = 16 days

14 Recommendations & Learning

One of the key aims of the Hearing the Customer's View complaints process is to identify areas where services can be improved. To this end, where there are any lessons to be learned from Stage 1, local managers assimilate these and make any necessary changes to services.

² Where information is available on LCS, this has been used here

- 14.1 Since April 2013, Children's Services have tasked an Officer from within the Quality Standards & Performance (QSP) team with overseeing any recommendations made and ensuring that there is appropriate consideration given by the relevant services. There is a system in place whereby the QSP Officer will report back to the Complaints Team with an updated matrix within 3 months of the complaint closing with details of what recommendations may have been put in place and what learning has been shared within the service. However due to competing priorities this area has not received the prioritisation that is required to affect true learning.
- 14.2 Local Authorities are required to monitor their performance and learn from their complaints and where possible ensure that this can be used to feed into service improvement. There have been a few examples of where learning has been cascaded within the service but this has not been consistently approached.

Examples of learning:

- **Accurate data recording:** Children's Services are continually reminded of the importance of accurate case recording on children's files. The impact of this is that inaccurate information will not appropriately reflect the child's journey and the reasons for key decisions being taken. Data Protection training has been delivered and remains available on an ongoing basis to all Children's Service staff. This is generally delivered by the Rights to Information team.
- **Training:** A natural recommendation that arises in cases which escalate beyond Stage 1 is in relation to staff training on complaint handling. It is evident from the percentage of Stage 1 complaints that have escalated to Stage 2, that there is a need for improvement in the way in which Stage 1 complaints are handled. At the time of writing this report (August 2016) there are now two Complaints Social Workers in post providing additional support and assistance to the Team Managers to ensure a robust investigation is undertaken. We will monitor to see whether this sees a reduction in escalations arising over the coming year.

It has already been suggested that the quality of Stage 1 responses could be improved. Therefore, in addition to internal training to frontline staff, Children's Services also commissioned external training during the latter part of 2015 for provide Consultant Social Work Managers / Team Managers to attend.

Communication: Historically communication issues have underpinned the majority of complaints however during this period we saw a decline in the number of reports of dissatisfaction with telephone calls not being responded to. Typically this was an issue seen from within the early response units (First Response and CIN Units) however this appears to have improved. Last year, Children's Services made a commitment to ensure there is a sufficient, stable and suitably qualified workforce who are competent to deliver high-quality services to children and their families. This may be one of the reasons for the decline in this area of dissatisfaction.

Example of lesson learned

There has been a revision in the way that 'Written Agreements' are implemented between families and Children's Services. It was identified that previously there was too much reliance on written agreements to safeguard the child and that sometimes assumptions are made that risk to a child has been reduced because a written agreement with their parents / carers is in place. Also, the quality of the Written Agreements differed. Contracts of Expectations have now replaced these and guidance has been issued to support staff in the drawing these up.

- 14.3 To support frontline staff the Statutory Complaints Officer has undertaken training to provide an introduction into what constitutes a complaint. To equip Social Workers and support staff with the knowledge and understanding of the statutory process, what's involved and what they should do if they receive a complaint.

15 Conclusion & Future plans

- 15.1 Children's Services continue to face competing priorities when it comes to focusing on complaints which at times can make resolution much more difficult. Whilst there was a rise in the number of contacts made to the complaints team which required some form of intervention, we did not see a rise in the actual number of complaints received. Children's Services have made a commitment in the right direction by appointing another officer who will focus on implementing any recommendations and identifying learning. This will therefore continue to shape service improvement. Whilst organisations should embrace complaints it is important to learn from any complaints and seek to improve wherever possible.
- 15.2 We will be exploring alternative ways of conducting Stage 2 investigations including whether there is any capacity internally to review some of the less complex complaints.
- 15.3 We will continue to offer training to Social Workers and support staff on how to recognise and handle complaints.
- 15.4 The Complaints Team will seek to work with Children's Services to review the publicity and methods of informing Children & Young people on how they can access the complaints procedure.
- 15.5 During the next year we will continue to work with Children's Service to help them identify trends and put in place a strategy for learning across the whole service.

Regulatory and Audit Committee

Title: Managing Vexatious and Persistent Complainants

Date: Tuesday 3 January 2017

Author: Kate Reed, Corporate Complaints Manager

Contact officer: Kate Reed, Corporate Complaints Manager

Local members affected:

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

We do not currently have a policy for dealing with persistent complainants although we have traditionally used the Local Government Ombudsman (LGO) guidance when such situations have arisen. Over the last few years we have had an increasing number of incidents where individuals have used various methods of contacting the Council including emailing numerous people in one go (scatter-gunning). It is clear that this takes up a lot of officer and Member time and so requires careful management. The policy has been written to help support officers and Members in the management of these situations and it is consistent with LGO guidance.

Recommendation

AGREE the policy as outlined in the document

Resource implications

None

Legal implications

None

Other implications/issues

None

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

N/A

Background Papers

None

Buckinghamshire County Council's Policy on dealing with abusive, persistent or vexatious complaints and complainants

1 About this procedure

- 1.1 This policy, is regarding the management of abusive, persistent and/or vexatious complainants. It will set out details of how Buckinghamshire County Council ('The Council') will deal with complainants that fall within the scope of this definition. Those identified will be treated consistently, honestly and proportionately while ensuring that other service users, officers and the Council as a whole suffer no detriment. This policy applies to all areas of the Council.
- 1.2 It is considered that all complainants have the right to have their concerns considered in line with the relevant complaints procedure. In most cases dealing with complaints will be a straightforward process however in a minority of cases the complainant may act in a manner that is deemed unacceptable.
- 1.3 They may act in a way that is considered abusive, unreasonably persistent or vexatious and by doing so it may hinder the Council's ability to investigate their complaint or the complaints of others. This behavior may occur at any time before, during or after a complaint has been investigated.
- 1.4 The time spent on dealing with all complaints should be proportionate to the nature of the complaint and consistent with the outcome that is being sought being realistic and achievable.

2 How is unreasonable complaint behaviour defined?

- 2.1 It should be noted that raising a complaint about a Council service does not in itself constitute unreasonably persistent behaviour and neither do complainants who escalate through all stages of the relevant complaints procedure or those who express criticism about the complaints process itself.
- 2.2 The Council have adopted the Local Government Ombudsman's definition and the identified characteristics, for unreasonable or unreasonably persistent complainants *"For us, unreasonable and unreasonably persistent complainants are those complainants who, because of the nature or frequency of their contacts with an organisation, hinder the organisation's consideration of their, or other people's, complaints"*.
- 2.3 **Examples of unreasonably persistent behaviour:**
(this list is not exhaustive, nor does one single characteristic on its own imply that the person will be considered as being in this category)
- Refusing to specify the grounds of a complaint, despite offers of help.
 - Refusing to cooperate with the complaints investigation process.

- Refusing to accept that certain issues are not within the scope of the Council's jurisdiction or within the scope of a complaints procedure.
- Insisting on the complaint being dealt with in ways which are incompatible with the adopted complaints procedure or with good practice.
- Making unjustified complaints about staff who are trying to deal with the issues, and seeking to have them replaced.
- Changing the basis of the complaint as the investigation proceeds.
- Denying or changing statements he or she made at an earlier stage.
- Introducing trivial or irrelevant new information at a later stage.
- Raising many detailed but unimportant questions, and insisting they are all answered.
- Submitting falsified documents from themselves or others.
- Adopting a 'scatter gun' approach: pursuing parallel complaints on the same issue with various members of staff and/or organisations.
- Making excessive demands on the time and resources of staff with lengthy phone calls, emails to numerous council staff, or detailed letters every few days, and expecting immediate responses.
- Submitting repeat complaints with minor additions/variations the complainant insists make these 'new' complaints.
- Refusing to accept the decision; repeatedly arguing points with no new evidence.

2.4 **Examples of abusive and/or vexatious complainants**

The Council will take steps to protect its staff from members of the public who are behaving in a way which is considered abusive and/or vexatious. This may include physical or verbal abuse and could include the following (however this list is not exhaustive):

- Speaking to the member of staff in a derogatory manner which causes offence.
- Swearing, either verbally or in writing despite being asked to refrain from using such language
- Using threatening language towards Council staff which provokes fear
- Repeatedly contacting a member of staff regarding the same matter which has already been addressed

3 Managing unreasonable complaint behaviour

3.1 This policy may be invoked if the Council considers that a complainant has behaved in a manner which is deemed unreasonable (see above). The Council may take any actions against a complainant that it considers to be reasonable and proportionate in the circumstances.

3.2 Types of actions the Council may take:

- Where the complainant tries to reopen an issue that has already been considered through one of the Council's complaints procedures, they will be informed in writing that the procedure has been exhausted and that the matter is now closed
- Where a decision on the complaint has been made, the complainant should be informed that future correspondence will be read and placed on file, but not acknowledged, unless it contains important new information
- Limiting the complainant to one type of contact (e.g. telephone, letter, email, etc.)
- Placing limits on the number and duration of contacts with staff per week or month
- Requiring contact to take place with a named member of staff and informing the complainant that if they do not keep to these arrangements, any further correspondence that does not highlight any significantly new matters will not necessarily be acknowledged and responded to, but will be kept on file
- Assigning one officer to read the complainant's correspondence, in order to ensure appropriate action is taken
- Offering a restricted time slot for necessary calls to specified dates and times
- Requiring any face to face contacts to take place in the presence of a witness and in a suitable location

4 Matters to take into account before taking action

4.1 Before taking a decision to invoke this policy consideration should be given to whether any further action is necessary such as;

- Consideration about whether it is appropriate to convene a meeting with the complainant and a Senior Officer in order to seek a mutually agreeable resolution

- If it is known or suspected that the complainant has any special needs then consider offering an independent advocate who may assist the complainant with their communication with the Council
 - Where more than one department is being contacted by the complainant, agree a cross departmental approach; and designate a lead officer to co-ordinate the Council's response.
- 4.2 Staff must be satisfied before taking any action as defined by this policy that the complainant's individual circumstances have been taken into account including such issues as age, disability, gender, race and religion or belief.

5 Imposing restrictions

- 5.1 In the first instance the Complaints Team in consultation with the relevant Head of Service¹ will communicate to the complainant either by phone or in writing to explain why this behaviour is causing concern, and ask them to change this behaviour. The Complaints Team will explain what actions the Council may take if the behaviour does not change.
- 5.2 If the complainant continues with the unreasonable behaviour the Complaints Team will consult with the Head of Customer Experience and Communications about whether it is necessary to take appropriate action by invoking this policy.
- 5.3 When the decision has been taken to apply this policy to a complainant, the Complaints Team will contact the complainant in writing (and/or as appropriate) to explain:
- why this decision has been taken
 - what action the Council will be taking,
 - the duration of that action,
 - the review process of this policy, and
 - the right of the complainant to contact the Local Government Ombudsman about the fact that they have been treated as a persistent/vexatious complainant.
- 5.4 Any restriction that is imposed on the complainant's contact with the Council will be appropriate and proportionate and the complainant will be advised of the period of time the restriction will be in place for. In most cases restrictions will apply for between 3 and 6 months but in exceptional cases may be extended. In such cases the restrictions would be reviewed on a quarterly basis.
- 5.5 If the complainant continues to behave in a way which is deemed unacceptable then the Complaints Team, in consultation with the Monitoring

¹ All positions highlighted should be reviewed as to whether they are the most appropriate person for the proposed action

Officer, may decide to refuse all contact with the complainant and cease any investigation into his or her complaint.

- 5.6 Where the behaviour is so extreme or it threatens the immediate safety and welfare of staff, the Council will consider other options, for example reporting the matter to the Police or taking legal action. In such cases, we may not give the complainant prior warning of that action.

6 New complaints from those who have been treated as being abusive, vexatious and/or unreasonably persistent complainants.

- 6.1 Any new complaints received from complainants who have come under this policy will be treated on their merits. The Council does not support a blanket ban on genuine complaints simply because restrictions may be imposed upon that complainant.

7 Review

- 7.1 The Complaints Team will review any restrictions which are imposed upon the complainant after three months and at the end of every subsequent three months within the period during which the policy is to apply.
- 7.2 Should the decision be taken to extend the period of restriction, the complainant will be advised in writing how the Council plans to go about this and that the decision to restrict contact will be put in place for a further specified period (e.g. 6 months). The outcome of any subsequent review will be communicated to the complainant, outlining if the restrictions will continue to apply and if so why.
- 7.3 If at the end of the restricted period if it is considered that the complainant's behaviour is no longer deemed to be unreasonable, the Council will confirm this in writing advising that the restrictions have now been lifted.

8 Ceasing Contact with a Complainant

- 8.1 There may be occasions where the relationship between the Council and unreasonably persistent or vexatious complainants break down completely. This may even be the case while complaints are under investigation and there is little prospect of achieving a satisfactory outcome. In such circumstances, there may be little purpose in following all the stages of the complaints procedure. Where this occurs the Council will advise the complainant that they may approach the Local Government Ombudsman who may be prepared to consider a complaint before the procedure has run its course.

9 Record Keeping

- 9.1 The Complaints Team will keep a record of all complainants who have been treated as being unreasonably persistent, abusive and/or vexatious in accordance with this policy. This will include details of why the policy was invoked, what restrictions were imposed and for what period of time.
- 9.2 Information will be reported in the Corporate Complaints annual report.

10 Links with other policies

- 10.1 Please note that this policy is not exhaustive and does not cover all forms of behaviour that may be considered unreasonable. In certain circumstances, it may be more appropriate to refer to the following policies:
- *Personal Safety and The Prevention and Management of Violence in the Workplace*

Regulatory and Audit Committee

Title: Business Assurance Update and Audit Action Tracker

Date: Tuesday 3 January 2017

Author: Maggie Gibb, Head of Business Assurance (& Chief Auditor)

Contact officer: Maggie Gibb, 01296 387327

Local members affected:

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

This report provides an update on progress against the approved 2016/17 Business Assurance Strategy, including delivery of the Internal Audit Plan.

Recommendation

Members should **note** the report.

Background Papers

2016/17 Business Assurance Strategy

Buckinghamshire County Council

Business Assurance Update

2016/17

Regulatory and Audit Committee

January 2017



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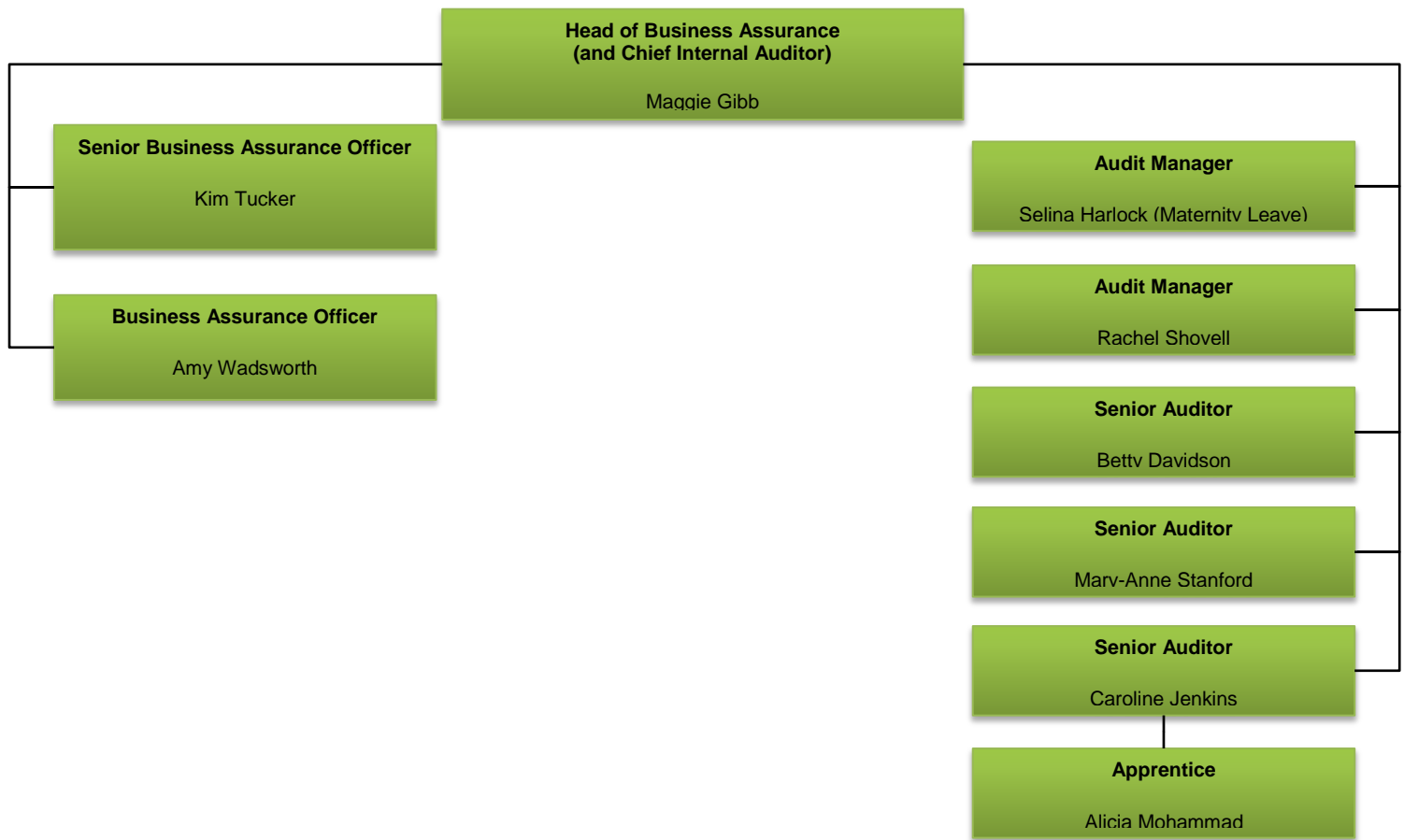
Introduction

1. The Business Assurance Team is responsible for implementing the Council's Assurance and Risk Strategy through delivery of work programmes covering the following areas of activity:
 - Risk Management;
 - Internal Audit;
 - Counter Fraud; and
 - Assurance Framework.
2. Delivery of the Business Assurance work programmes helps ensure that there is an appropriate governance and control framework in place and that risk management is embedded across the Council.
3. The Internal Audit Plan has evolved during the year as the combined assurance model has matured, and a number of changes to the 2016/17 Internal Audit Plan have been discussed and agreed at the Audit Board. The changes have been as a result of unplanned investigations and urgent audit activity placing constraints on the Business Assurance Team.
4. Counter-fraud remains a key responsibility for the Business Assurance Team to lead on, and in 2016/17 continual focus will be placed upon overseeing the investigation of NFI data matches, and responding to referrals of suspected fraud and financial irregularity, as well as the proactive activity detailed above.
5. This report provides details of progress to date against each of the agreed work programmes included in the Business Assurance Strategy as approved by the Regulatory and Audit Committee in May 2016.

Resources

6. The Business Assurance Team (BAT) is fully resourced and consists of seven members of staff. One Audit Manager has been on maternity leave since August, and this post is being back-filled through the outsourced arrangements via the London Audit Framework agreement. They are also supporting the BAT in the delivery of the IT and contract audits planned for this year.

An Apprentice joined the Business Assurance Team in July, and we also have a CIPFA Trainee on secondment until January 2017, who will assist in the delivery of the Internal Audit activities.



Risk Management

7. A project is underway to implement a new corporate Risk Management System to replace the interim solution currently in use. The new system (Covalent) is due to go live in January 2017, and the launch will be supported by a number of training sessions for system users. Progress reports have been presented to the Risk Management Group.
8. The Risk Management Group met on 29 November 2016, and an update from that meeting is included as a separate item on the Regulatory and Audit Committee agenda.
9. The Assurance and Risk Strategy is due for review and will be presented to the Regulatory and Audit Committee for approval in February 2017 to incorporate the requirements of the new Risk Management System.

Internal Audit

10. The Internal Audit Function, supported by Mazars (through the London Audit Framework) have been progressing with 2016/17 audit assignments. There have been five audits finalised since the last update report, and two that are currently at draft report stage. A summary of the limited assurance audits is included in a separate report for discussion in private session due to the sensitive information.
11. The Audit Board, chaired by the Director of Assurance, met on 6 December 2016 and reviewed progress against the Business Assurance Strategy, in particular delivery of the Internal Audit Plan. The Board considered the requests for unplanned audit activity and the resulting impact on resourcing the current plan.
12. The proposed changes are included in the table at Appendix 1 (highlighted in red).

Internal Audit Activity since last update report:

| Service | Audit | Opinion |
|---------|--|--------------|
| BSP | <p>Purchase Cards</p> <p>This audit reviewed the continued success of the Purchasing Card ("P-Card") Program; to determine if the established policies and procedures are adequate; and to ensure the amounts paid were valid, appropriately reviewed, and properly supported.</p> | Reasonable |
| BSP | <p>General Ledger</p> <p>This audit reviewed the quality and integrity of financial data recorded on the general ledger to provide assurance over the accuracy and completeness used to prepare the annual accounts.</p> | Draft Report |
| CHASC | <p>Direct Payments</p> <p>This audit reviewed the arrangements in place for the management of direct payments including use, assessments, client contributions and top ups.</p> | Limited |
| CHASC | <p>Buckinghamshire Care Governance and Financial Management</p> <p>The audit evaluated the controls in place over governance and financial management at Buckinghamshire Care.</p> | Limited |
| CHASC | <p>Financial Processes</p> <p>The audit reviewed the financial arrangements within the newly set up business units to ensure that systems and processes are in place which are compliant with agreed Council policies and support the delivery of the business unit's objectives.</p> | Limited |
| CSC&L | <p>Schools S151 Assurance Processes</p> <p>The audit reviewed the arrangements in place to meet the schools S151 responsibilities including an established framework, defined roles and responsibilities, policies, procedures and guidance, risk and performance management, accountability and communication and effective monitoring and review.</p> | Limited |
| HQ | <p>Capital Programme</p> <p>This audit reviewed the continued success of the Purchasing Card ("P-Card") Program; to determine if the established policies and procedures are adequate; and to ensure the amounts paid were valid, appropriately reviewed, and properly supported.</p> | Draft Report |

One audit relating to Families First grant were undertaken which is a verification audit checking the accuracy and completeness of the applications for funding and data validation. There were no significant issues arising from these audits.

Internal Audit Action Tracker

13. All management actions raised during the individual internal audit reviews are included in the Audit Action Tracker and monitored on a regular basis. Progress towards implementing the actions is reported to the Business Unit Boards and One Council Board. The next updates are due at the end of December and will be reported to the Regulatory and Audit Committee in February.

Business Assurance

14. The Assurance and Risk Strategy is currently under review, and will be presented to the Regulatory and Audit Committee in February for approval. The review will be carried out with consideration of the new Risk Management System with an aim of increasing the understanding and visibility of risks across the Council. The review will also incorporate learnings from the first year of working towards a Combined Assurance approach. The Business Assurance Team is liaising with the Professional Leads to ensure that actions are being implemented, and progress will be reported through the Risk Management Group.
15. The Assurance Mapping activity for CHASC and CSC&L is nearing completion and will be reported back to the Business Unit Senior Leadership Teams and One Council Board in January 2017, and then to Risk Management Group in March/April 2017.

Maggie Gibb,
Head of Business Assurance (and Chief Internal Auditor)
January 2017

APPENDIX 1

Regulatory & Audit Committee 3 January 2017 - Progress against 2016/17 Plan

| Business Unit | Audit Title | Timing | Scope/ Objective of Audit | Progress as at 21 December 2016 |
|---------------|---|-----------|--|---|
| ALL | Corporate Escalation Processes (NEW AUDIT) | Q4 | This audit has been added to the plan to provide assurance over the escalation processes within each of the Business Units and HQ to ensure that emerging issues/risks are visible at an appropriate level. This audit was requested by the S151 and Monitoring Officers. | Planning |
| HQ | Decision Making/ Business Cases (Project Management) | Q3 | The audit will review the policies and procedures in place to ensure the effective management of projects. This will include a review of the tools that are available, how these are being utilised and the management information that is available to ensure effective and timely decision making. | Delayed to Q1 17/18 |
| HQ | Capital Programme | Q2 | The objective of the audit is to ensure that the capital programme effectively links capital expenditure and investments needs and supports the delivery of the Authority's objectives/ priorities. | Draft Report |
| HQ | Income Generation | Q3 | The objective of the audit is to ensure that the Income Generation Strategy has been embedded across the organisation. This will include an understanding of how the Council is maximising its potential to generate income, how income generation opportunities are identified and initiated. | Delayed to Q2 17/18 |
| HQ | Complaints Process | Q3 | The audit will review the policies and procedures in place to manage complaints. This will include a review of how complaints are recorded, addressed and reported. | Delayed to Q1 17/18 |
| HQ | HQ BU Management Audit | Q3 | The purpose of this review will be to continue to strengthen our Corporate Governance position, align with leading practices and identify any potential gaps that may require further prioritisation. | Changed to Corporate Escalation Process Audit |
| BSP | Contract Management - Bilfinger Contract | Q3 | The objective of the audit is to ascertain service contract management arrangements in place, including reviewing the accuracy, completeness and timeliness of management information to enable effective and efficient decision making | In Progress |
| BSP | P2P - including contract review of e-invoicing service provider and process mapping | Q2 | End-to-end review of the P2P system to understand processes in place and adequacy of controls | In Progress |
| BSP | General Ledger Audit | Q4 | The main objective of the audit is to ensure that quality and integrity of financial data recorded on the General Ledger is accurate and complete to be used to prepare the annual accounts. | Draft Report |
| BSP | Payroll Audit | Q4 | The main objective of the Payroll process is to pay the right person the right amount at the right time, and to produce all the required statutory returns. | Planning |
| BSP | Pensions Audit | Q4 | The main objective of the Pension function is to ensure that the correct employer and employee contributions are received; retirees are paid the right amount at the right time, and the Pension Fund is management effectively and in line with legislative requirements. | Planning |
| BSP | Accounts Receivable/ Accounts Payables | Q4 | The Accounts Receivable Audit is concerned with billing, income collection and debt management. The primary objective of the AP function is to provide timely, accurate and efficient disbursement services to the organisation | Planning |

| Business Unit | Audit Title | Timing | Scope of Audit | Progress as at 21 December 2016 |
|---------------|---|--------|---|---|
| BSP | BU Management Audit | Q3 | The purpose of this review will be to continue to strengthen our Corporate Governance position, align with leading practices and identify any potential gaps that may require further prioritisation. | Changed to Corporate Escalation Process Audit |
| BSP | P-Cards - System Audit | Q1 | To ensure the continued success of the Purchasing Card ("P-Card") Program; to determine if the established policies and procedures are adequate; and to ensure the amounts paid were valid, appropriately reviewed, and properly supported. | In Progress |
| BSP | P-Cards & Expenses Continuous Auditing | Q1 - 4 | This will entail a review of expense reports and p-card usage for adherence to the Corporate policy | In Progress |
| BSP | Financial Management Audit | Q1 | The audit will review the financial management arrangements in place within the newly set up business units to ensure that systems and processes are in place which are compliant with agreed Council policies and support the delivery of the business unit's objectives. | Draft Report |
| BSP | PSN Audit (Network security and infrastructure resilience) | Q2 | Review project implementation of PSN across the business including a review of expected benefits. | In Progress |
| BSP | Shop 4 Support (E-Commerce System), including contract review | Q2/3 | Review the new e-commerce system, including understanding the data quality and integrity, PCI compliance, interface feeds to SAP and management reporting. | In Progress |
| BSP | PSN Audit (Contract and Performance Management) | Q2 | Review contract and performance management, project implementation of PSN across the business and schools; including a review of realised benefits against expected benefits per the initial business | In Progress |
| BSP | IT Asset Management | Q2/3 | Review of policies and procedures in place to track and monitor IT assets including; hardware, servers, circuits, and software license compliance. | In Progress |
| | | | | |
| CH & ASC | Public Health Contracts & Commissioning/Payment to Providers | Q2 | The objective of the audit is to ascertain service contract management arrangements in place, including reviewing the accuracy, completeness and timeliness of management information to enable effective and efficient decision making | In Progress |
| CH & ASC | CHASC - Financial Processes | Q1-2 | The audit will review the financial management arrangements in place within the newly set up business units to ensure that systems and processes are in place which are compliant with agreed Council policies and support the delivery of the business unit's objectives. | Limited |
| CH & ASC | Client Charging | Q3 | The audit will review the arrangements in place for client charging, including policies and procedures, financial assessments, quality of data and governance arrangements. | In Progress |
| CH & ASC | Direct Payments* | Q1-2 | The audit will cover the arrangements currently in place for the management of direct payments including: Direct Payments Use, Nominated Person, Direct Payments Assessments and Arrangements, Client Contributions and Top Ups. The audit will also follow up on the management actions noted in the previous Direct Payments audit. | Limited |

| Business Unit | Audit Title | Timing | Scope of Audit | Progress as at 21 December 2016 |
|---------------|--|--------|---|---|
| CH & ASC | Better Care Fund | Q4 | The audit will review the high level governance arrangements in place to support the management of the Better Care Fund and relationship with the CCGs. | Delayed to 17/18 |
| CH & ASC | Safeguarding* | Q1-2 | The audit will evaluate the controls in place over, the Safeguarding Quality Assurance Framework, performance reporting, accuracy of client based information and Governance. | Substantial |
| CH & ASC | BU Management Audit | Q2 | The purpose of this review will be to continue to strengthen our Corporate Governance position, align with leading practices and identify any potential gaps that may require further prioritisation. | Changed to Corporate Escalation Process Audit |
| CH & ASC | Market Resilience | Q4 | This is a cross cutting theme included by Neil Gibson for both Adults and Children's. The purpose of the audit is to focus is on the business continuity, providing assurance that services can continue to be delivered where viability or performance concerns are raised. | Delayed to 17/18 |
| CH & ASC | Buckinghamshire Care Governance and Financial Management (NEW AUDIT) | Q2 | This audit was an addition to the approved 16/17 Internal Audit Plan following a request from the Managing Director of CH&ASC. The audit focussed on the controls in place over governance and financial management arrangements at Buckinghamshire Care which is one of the Council's alternative delivery vehicles. | Limited |
| CH & ASC | Buckinghamshire Care - Contract Management (NEW AUDIT) | Q3 | This audit was an addition to the approved 16/17 Internal Audit Plan following a request from the Chief Executive to review the robustness of the contract management arrangements for Buckinghamshire Care | In Progress |
| | | | | |
| CSC&L | Schools | Q2-Q4 | A sample of schools to be audited based on: limited assurance reports, gaps in financial controls, academy status and/ or other intelligence received from the business. | In Progress |
| CSC&L | DSG* | Q1-2 | This audit will review the assurance on how it is managed, including: allocation, monitoring and how the funds are spent. | In Progress |
| CSC&L | Safeguarding | Q2 | The audit will evaluate the controls in place over, the Safeguarding Quality Assurance Framework, performance reporting, accuracy of client based information and Governance. This will take into account the OFSTED Report and the outcome of the last Internal Audit Report. | Follow Up Audit Complete |
| CSC&L | Safeguarding (Transport Follow-Up) | Q4 | This will be a follow-up of the audit actions identified in the limited opinion IA report. | Planning |
| CSC&L | Financial Management | Q2 | The audit will review the financial management arrangements in place within the newly set up business units to ensure that systems and processes are in place which are compliant with agreed Council policies and support the delivery of the business unit's objectives. | In Progress |

| Business Unit | Audit Title | Quarter Start | Scope of Audit | Progress as at 21 December 2016 |
|---------------|---|---------------|---|---|
| CSC&L | Families First - Grant Funding | Q3 | This is a review of how the grant is spent and compliances against the terms and conditions. | In Progress |
| CSC&L | BU Management Audit | Q3 | The purpose of this review will be to continue to strengthen our Corporate Governance position, align with leading practices and identify any potential gaps that may require further prioritisation. | Changed to Corporate Escalation Process Audit |
| TEE | Client Transport | Q3 | The objective of the audit is to ascertain service management arrangements in place, including governance (decision making framework), budget monitoring, safeguarding, dispute resolution and reviewing the accuracy, completeness and timeliness of management information (financial and performance) to enable effective and efficient decision making. | Planning |
| TEE | TfB Contract (Quality of Information/ Open Book Accounting) | Q2 | The objective of the audit is to ascertain service contract management arrangements in place, including financial management, reviewing the quality, integrity and timeliness of financial and performance information to enable effective and efficient decision making. | In Progress |
| 83 TEE | Waste | Q4 | The objective of the audit is to ascertain service contract management arrangements in place, including reviewing the accuracy, completeness and timeliness of management information to enable accurate, effective and efficient payments and management decisions to be made. The review will also consider agreements and relationships in place with other organisations and third parties. | Planning |
| TEE | Planning and Development Management | Q4 | The main objective of the audit is to review the decision making process, roles and responsibilities and interaction with local parishes. | Delayed to 17/18 |
| TEE | BU Management Audit | Q2 | The purpose of this review will be to continue to strengthen our Corporate Governance position, align with leading practices and identify any potential gaps that may require further prioritisation. | Changed to Corporate Escalation Process Audit |
| TEE | LEP Governance Audit (NEW AUDIT) | Q3 | This audit was included in the plan following a request from the Managing Director of TEE to review the governance arrangements between BCC and the LEP | In Progress |

Regulatory and Audit Committee

Title: Risk Management Group Update

Date: Tuesday 3 January 2017

Author: Maggie Gibb, Head of Business Assurance (& Chief Auditor)

Contact officer: Maggie Gibb, 01296 387327

Local members affected:

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

The Risk Management Group (RMG) met on 29 November 2016, and the following items of business were discussed:

1. *Energy from Waste (EfW) Contract*

The Director of Environment attended the meeting to update members on the management of the key risks relating to the EfW contract. The current risk register was presented and a number of member questions were raised in relation to the mitigating measures and impact of the risks. It was agreed that an additional briefing session would be held to enable members to gain a better understanding of the risks relating to this major contract.

2. *Business Unit Risk Register Update*

The risk registers for Transport, Economy and Environment (TEE) and Headquarters (HQ) were presented to the RMG for discussion. The updates included an overview of the processes in place within each of the Business Units to monitor, manage and report/escalate their risks. The direction of travel of each of the key risks had been included to provide members with information regarding how the risk scores had changed.

3. *Forward Plan*

The forward plan was discussed and will be updated at each meeting depending on new and emerging risks, major projects/contracts and other factors.

Minutes of the meeting will be circulated to all members of the Regulatory and Audit Committee once approved.

Recommendation

Members are asked to **note** this report.

Background Papers

None

Regulatory and Audit Committee

Title: Forward Plan

Date: Tuesday 3 January 2017

Author: Maggie Gibb, Head of Business Assurance (& Chief Auditor)

Contact officer: Maggie Gibb, 01296 387327

Local members affected:

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

See attached forward plan.

Recommendation

Members should **note** the forward plan.

Background Papers

None

Regulatory & Audit Committee – Forward Plan

| Date of meeting | Items ^ = to OCB first | R&A Paper Clearance Deadline | OCB Papers Deadline (OCB Date) |
|--|--|------------------------------|--------------------------------|
| 3 January 2017 PART 2 ITEMS | <ul style="list-style-type: none"> • Business Assurance Update and Audit Action Tracker (to Audit Board) • Annual Report on Feedback and Complaints Procedure ^ • Hearing the Customer’s View – Annual Report Children and Young People’s Social Care ^ • Adult’s Social Care Complaints Procedure, Making Experiences Count ^ • Risk Management Group Update • Forward Plan • Limited Assurance Internal Audit Reports ^ • Fraud Update (to Statutory Officers) • Buckinghamshire Care ^ | 15 December | 1 December (15 Dec) |
| 8 February 2017 (prov) PART 2 ITEMS | <ul style="list-style-type: none"> • Business Assurance Update and Audit Action Tracker (to Audit Board) • Treasury Management Annual Strategy ^ • Business Assurance and Risk Strategy ^ • Effectiveness of Debt Management Strategy ^ • Business Continuity Management Update ^ • Contract Management Application Performance Report ^ • Limited Assurance Internal Audit Reports ^ • Fraud Update (to Statutory Officers) • TfB ^ | 24 January | 20 December (11 Jan) |

Regulatory & Audit Committee – Forward Plan

| Date of meeting | Items ^ = to OCB first | R&A Paper Clearance Deadline | OCB Papers Deadline (OCB Date) |
|--|--|---|---|
| 26 April 2017 (prov) PART 2 ITEMS | <ul style="list-style-type: none"> • Contract Standing Orders - Exemptions/Breaches • Whistleblowing Policy - incidents and effectiveness • Outside Bodies Update • 17/18 Draft Business Assurance Strategy (incl. Internal Audit Plan) • Business Assurance Update and Audit Action Tracker • Inspection RIPA Covert Surveillance Inspection • Pension Fund Audit Plan • Mandatory Training - Compliance Update • Risk Management Group Update • Forward Plan • Limited Assurance Internal Audit Reports • Fraud Update | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |

Regulatory & Audit Committee – Forward Plan

| Date of meeting | Items ^ = to OCB first | R&A Paper Clearance Deadline | OCB Papers Deadline (OCB Date) |
|---|---|------------------------------------|--------------------------------------|
| 24 May 2017 (prov) PART 2 ITEMS | <ul style="list-style-type: none"> • Draft Statement of Accounts • Draft Annual Governance Statement • Annual Report of Chief Auditor • Y/E Treasury Management Update • Risk Management Group update • Forward Plan • Limited Assurance Internal Audit Reports • Fraud Update | • | • |
| 26 July 2017 (prov) PART 2 ITEMS | <ul style="list-style-type: none"> • Audit of Accounts • Final Annual Governance Statement • Business Assurance Update and Audit Action Tracker • Effectiveness of Debt Management Strategy • Business Continuity Management Update • Risk Management Group update • Forward Plan • Limited Assurance Internal Audit Reports • Fraud Update • Private session with Chief Auditor • Private Session with Grant Thornton | • | • |

Regulatory & Audit Committee – Forward Plan

| PREVIOUS MEETINGS | |
|------------------------|---|
| 9 November 2016 | <ul style="list-style-type: none">• External Audit Appointment• Treasury Management Update• Contract Standing Orders – Breaches/Exemptions• Annual Enforcement C&YP (Protection from Tobacco)• Report of Chief Surveillance Commissioner• Risk Management Group Update• Annual Governance Statement Action Plan• Public Sector Internal Audit Standards• Forward Plan |

Regulatory & Audit Committee – Forward Plan

| Date of meeting | Items |
|-------------------|--|
| 21 September 2016 | <ul style="list-style-type: none"> • Future External Audit Arrangements • Business Assurance Update and Audit Action Tracker • Mandatory Training - Compliance Update • Anti-Fraud & Corruption Strategy and Money Laundering Policy • Special Education Needs Update • Bucks Learning Trust Update • Transport for Bucks Update • Forward Plan |
| 28 July 2016 | <ul style="list-style-type: none"> • Audit of Accounts by end of July • Final Annual Governance Statement • Business Assurance Update and Audit Action Tracker • Effectiveness of Debt Management Strategy • Business Continuity Management Update • Risk Management Group update • Forward Plan • Private session with Chief Auditor • Private Session with Grant Thornton |

Regulatory & Audit Committee – Forward Plan

| Date of meeting | Items |
|-----------------|---|
| 25 May 2016 | <ul style="list-style-type: none"> • Statement of Accounts by end of May • Annual Governance Statement • Annual Report of Chief Auditor • Treasury Management Update • Risk Management Group update • Forward Plan |
| 27 April 2016 | <ul style="list-style-type: none"> • Contract Standing Orders - Exemptions/Breaches • Contract Management Application Update • Whistleblowing Policy - incidents and effectiveness • Outside Bodies Update • 16/17 Draft Business Assurance Strategy (incl. Internal Audit Plan) • Business Assurance Update and Audit Action Tracker • Inspection RIPA Covert Surveillance Inspection • Pension Fund Audit Plan • Bucks Learning Trust Update • Future External Audit Arrangements • Risk Management Group Update • Forward Plan |