

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Standards and Audit Committee

The meeting will be held at **7.00 pm** on **27 September 2018**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Tony Fish (Chair), Russell Cherry (Vice-Chair), Oliver Gerrish, Barry Johnson and Ben Maney

Jason Oliver, Co-Opted Member

Substitutes:

Councillors Clare Baldwin, Jack Duffin, Mike Fletcher and Tom Kelly

Agenda

Open to Public and Press

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1 Apologies for Absence	
2 Minutes	5 - 10
To approve as a correct record the minutes of the Standards and Audit Committee meeting held on 19 July 2018.	
3 Items of Urgent Business	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declaration of Interests	
5 Internal Audit Progress Report 2018/19	11 - 22
6 Counter Fraud & Investigation Quarterly Update	23 - 28

7	Thurrock Annual Audit Letter 2017/18	29 - 58
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10	Work Programme	139 - 142

Queries regarding this Agenda or notification of apologies:

Please contact Kallum, Democratic Services Officer, by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **19 September 2018**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Standards and Audit Committee held on 19 July 2018 at 7.00 pm

Present: Councillors Tony Fish (Chair), Oliver Gerrish and Ben Maney

Apologies: Councillors Russell Cherry (Vice-Chair), Barry Johnson and Co-Opted Member, Jason Oliver

In attendance: Sean Clark, Director of Finance & IT
David Kleinberg, Assistant Director for Fraud and Investigation
Gary Clifford, Chief Internal Auditor
Andy Owen, Corporate Risk Officer
Jonathon Wilson, Chief Accountant, Finance
Wendy Le, Democratic Services Officer
Suresh Patel, Ernest & Young
Jessal Raja, Ernst & Young

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

1. Minutes

The minutes of the Standards and Audit Committee meeting held on 6 March 2018 were approved as a correct record.

2. Items of Urgent Business

There were no items of urgent business.

3. Declaration of Interests

There were no declarations of interest.

4. Regulation of Investigatory Powers Act (RIPA) 2000 - 2017/18 Activity Report

The Director of Finance and IT presented the report which provided an update to the activity of the requests within the Regulatory of Investigatory Powers Act (RIPA) 2000 during 2017/18.

The Committee was satisfied with the report.

RESOLVED:

1.1 That the Standards and Audit Committee noted the statistical information relating to the use of RIPA for 2017/18.

5. Chief Internal Auditor's Annual Report - Year ended 31 March 2018

The Chief Internal Auditor presented the report which gave an opinion of the adequacy and effectiveness of the organisation's governance, risk management and control arrangements. Reasonable assurance was given that there were no major weaknesses in these areas.

Referring to page 23 of the report and specifically to the audit of Risk Management arrangements, Councillor Gerrish asked what practical steps the Council needed to take to manage the risks at the operational/service planning level. The Officer answered that the risks identified at the operational level through service planning needed to be linked through to the strategic risks. Councillor Gerrish went on to ask if this was an issue in any particular service. The linking of risks to corporate risks was inconsistent across the Council but officers were working on this.

Regarding the disciplinary actions mentioned on page 25, Councillor Maney asked if officers could give some indication on the issues resulting to disciplinary action being taken against two senior staff members. These were mainly centred on performance in staff which resulted in processes and controls being investigated. Some officers were not fulfilling their roles.

Councillor Gerrish sought clarification on the red amber flag on Warren Primary School. There had been 6 medium recommendations on the school which meant the school needed to be looked at.

RESOLVED:

1.1 That the Standards and Audit Committee considered and commented on the Chief Internal Auditor's Annual Report – Year ended 31 March 2018.

6. Refresh of the Strategic / Corporate Risk and Opportunity Register

The report was presented by the Corporate Risk and Insurance Manager which provided the key risks and opportunities identified in the review and the revised Strategic/Corporate Risk and Opportunity Register.

The Chair queried whether the closure of Orsett Hospital should be included in the risks and opportunities register in regards to social care. The Officer said it may be included under health and social care but would need to check and confirm. The Chair asked that it be brought back to the next Committee.

On page 35, Councillor Gerrish noted the removal of GDPR from the register and queried if the officers were satisfied with the way GDPR had been managed and its current position. The risk of GDPR had been removed due to it being compliant by 25 May 2018. Directorates were carrying out further

work on it and were continually monitored. Page 70 of the agenda showed a positive assessment of GDPR by Internal Audit. The Director added that this report was focussed on the original implementation. However, data security was always a risk but training in this area was continuing along with ongoing audits of departments. He would speak with the Information Manager to find out if there were any concerns.

Commenting on the £4.5 million figure for fraud in 2016/17 on page 53, Councillor Maney noted it seemed quite high for a small Local Authority like Thurrock. He questioned if this was usual for the size of Thurrock Council. Referring to the later report regarding fraud in the agenda, the Assistant Director for Fraud and Investigation stated it would show the national picture of fraud. He confirmed that Thurrock Council was getting better at detecting fraud.

RESOLVED:

1.1 That the Standards and Audit Committee noted the items and details contained in the Dashboard (Appendix 1).

1.2 That the Standards and Audit Committee noted the 'In Focus' report (Appendix 2), which highlighted the higher priority items identified by the review.

7. Internal Audit Progress Report 2017/18

The Chief Internal Auditor gave an outline of the report which informed of the work that had been undertaken since the last report issued at the last Committee meeting on 6 March 2018.

The Committee was satisfied with the report.

RESOLVED:

1.1 That the Standards and Audit Committee considered the reports issued and the work being carried out by the Internal Audit in relation to the 2017/18 audit plan.

8. Audit Results Report for the Year Ended 31 March 2018

The Director of Finance and IT informed the Committee that this report linked to the report in agenda item 10. Representatives from Ernst and Young outlined the report which detailed the findings from Ernst and Young's audit of Thurrock Council's 2017/18 financial statements.

Referring to the whistleblowing within the report, Councillor Gerrish queried the processes and investigations Ernst and Young had gone through to ensure legality. The Ernst and Young Representative stated that enquiries had been made to the authority and that evidence had been sought and obtained. They had found the payments were not unlawful.

Councillor Gerrish went on to query the impact of the change in the valuation of the pension liabilities mentioned in the report. He thought the amendment to the valuation of £8.2 million was significant and queried its impact on Thurrock Council. The Director answered that the figure given was from Essex Pension Fund and was based on a series of assumptions. It was a nominal figure in accounts to recognise the deficit for the year. The figure did not impact on the useable reserves of the Council and was for information rather than for budgeting.

RESOLVED:

1.1 That the Standards and Audit Committee considered the comments of the external auditors as set out in the attached report and noted their findings.

9. Financial Statements and Annual Governance Statement 2017/18

The report was presented by the Chief Accountant which provided the financial performance for 2017/18 within the Financial Statements to be approved.

Councillor Gerrish asked if officers were confident over the robustness of the processes in light of the earlier timescales to produce the accounts. The Director of Finance and IT stated the service had worked smarter over time to meet the reduced timescales and supported this with analytical checks. System management and managers supplying information quicker enabled swifter shut downs.

RESOLVED:

That the Standards and Audit Committee:

1.1 Having considered the comments within the Audit Results Report considered earlier on the agenda; approved the Financial Statement.

1.2 Noted the issues contained within, and approved, the Annual Governance.

1.3 Approved the letter of representation on behalf of the Council to be signed by the Chair of the Committee.

10. Counter Fraud & Investigation Annual Report & Strategy

The Assistant Director for Fraud and Investigation presented the report which provided an outline of the service's performance over the last year and the work that had been undertaken.

The Committee was satisfied with the report. Councillor Maney gave his gratitude to the service and found their work to be ground breaking. He was pleased to have the team in Thurrock Council.

RESOLVED:

1.1 That the Standards and Audit Committee noted the performance of the Counter Fraud and Investigation Directorate over the last year.

11. Work Programme

There were no changes made to the work programme.

The meeting finished at 7.40 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

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27 September 2018	ITEM: 5
Standards & Audit Committee	
Internal Audit Progress Report 2018/19	
Wards and communities affected: All	Key Decision: Non-key
Report of: Gary Clifford – Chief Internal Auditor	
Accountable Assistant Director: N/A	
Accountable Director: Sean Clark – Director of Finance & IT	
This report is public	

Executive Summary

The Internal Audit Plan 2018/19 was discussed by the Standards & Audit Committee at their meeting of 6th March 2018. This progress report covers work undertaken since the last report issued on 19th July 2018.

1. Recommendation(s)

1.1 That the Standards & Audit Committee:

Consider reports issued and the work being carried out by Internal Audit in relation to the 2018/19 audit plan.

2. Introduction and Background

- 2.1 The Accounts and Audit Regulations 2015 require that a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.
- 2.2 The Internal Audit Service carries out the work to satisfy this legislative requirement and part of this is reporting the outcome of its work to the Standards & Audit Committee.
- 2.3 The Standards & Audit Committee has a responsibility for reviewing the Council's corporate governance arrangements, including internal control and formally approving the Annual Governance Statement. The audit work carried out by the Internal Audit Service is a key source of assurance to the Standards & Audit Committee about the operation of the internal control environment.

2.4 The audits contained in the Internal Audit Plan 2018/19 are based on an assessment of risk for each system or operational area. The assessment of risk includes elements such as the level of corporate importance, materiality, service delivery/importance and sensitivity.

3. Issues, Options and Analysis of Options

3.1 The reports issued by Internal Audit provide 4 levels of assurance opinion. The 4 opinions use a Red/Amber/Green (RAG) assurance level and reports are now categorised as:

- Green; Amber/Green (positive assurance opinions);
- Amber/Red (negative assurance opinion that provides some assurance but a number of weaknesses were identified); and
- Red (negative assurance opinion).

3.2 During the period being reported on, we have finalised 6 reports. These cover the following areas: Community Safety, Disabled Facilities Grants, Direct Payments (Adults), Holy Cross Catholic Primary School, Right to Buy and Housing Rents.

3.3 Of the 6 reports issued, 3 received a Green assurance opinion and 3 an Amber/Green opinion. Therefore, all of these reports received positive assurance opinions and further details of the headline findings are shown in Appendix 1.

3.4 The purpose of this progress report is not only to highlight reports issued as final but to provide members with an update on work which has reached the draft report stage and work currently in progress. The status of work currently being undertaken is shown at Appendix 1.

4. Reasons for Recommendation

4.1 To assist the Standards & Audit Committee in satisfying itself that progress against the Internal Audit Plan is sufficient as one of the means of assuring itself of the effective operation of internal controls.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The audit risk assessment and the plan are periodically discussed with the Chief Executive, Corporate Directors, Directors and Heads of Service before being reported to Directors Board and the Standards & Audit Committee.

5.2 All terms of reference and draft reports are discussed and agreed with the relevant Corporate Directors, Directors, Heads of Service and/or management before being finalised.

5.3 The Internal Audit Service also consults with the council's External Auditors to ensure that respective audit plans provide full coverage whilst avoiding duplication.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The council's corporate priorities were used to inform the annual audit plan 2018-19. Recommendations made are designed to further the implementation of these corporate priorities.

7. Implications

7.1 Financial

Implications verified by: **Dammy Adewole**
Management Accountant – Central Services

Whilst there are no direct financial implications arising from this report, it is important that the authority maintains adequate internal controls to safeguard the authority's assets. If there is a cost to any audit recommendation, this is to be met from existing budgets.

7.2 Legal

Implications verified by: **David Lawson**
Assistant Director of Law & Governance

The contents of this report and appendixes form part of the council's responsibility to comply with the Audit Commission Act 1998 and the Accounts and Audit Regulations 2015 to at least annually undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. The council has delegated responsibility for ensuring this is taking place to the Standards & Audit Committee. There are no adverse legal implications relating to this progress report.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer

There are no direct diversity or equality implications arising from this report.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

In terms of risk and opportunity management, the Internal Audit Plan and its outcomes are a key part of the council's risk management and assurance frameworks. The Internal Audit Plan is based on risk assessments that include a review of the council's risk and opportunity register.

8. Background papers used in preparing the report:

- Strategy for Internal Audit 2018/19 to 2020/21 and Internal Audit Plan 2018/19
- Internal Audit Reports issued in 2018/19.

9. Appendices to the report

- Appendix 1 – Internal Audit Progress Report.

Report Author:

Gary Clifford

Chief Internal Auditor

Thurrock Council Internal Audit Service, Corporate Finance

Thurrock Council

Standards & Audit Committee

Internal Audit Progress Report 2018/19

Date of Committee: 27 September 2018

Introduction

The internal audit plan for 2018/19 was presented to the Standards & Audit Committee on 6th March 2018. This report provides an update on progress against that plan.

Table showing reports issued as Final

Assignment	Status	Opinion	Actions Agreed (by priority)		
			High	Medium	Low
Audits to address specific risks					
Community Safety	Final	Amber/ Green	0	3	4
Disabled Facilities Grants	Final	Green	0	0	4
Direct Payments (Adults)	Final	Amber/ Green	0	2	5
Holy Cross Catholic Primary School	Final	Green	0	0	3
Right to Buy	Final	Green	0	2	2
Housing Rents	Final	Amber/ Green	1	2	1
Sickness Management	Draft	N/A	N/A	N/A	N/A
Key Performance Indicators (Adults)	Draft	N/A	N/A	N/A	N/A
Unaccompanied Asylum Seekers	Draft	N/A	N/A	N/A	N/A
Car Parking Income	WIP	N/A	N/A	N/A	N/A
Street Cleaning	WIP	N/A	N/A	N/A	N/A
Children's Centres	WIP	N/A	N/A	N/A	N/A
Transforming Homes	WIP	N/A	N/A	N/A	N/A

Work and other issues for which no reports are generated

Further significant work has, and is still being carried out on the payment by results funding provided as part of the troubled families programme. Further meetings have been held with the service and the supplier of the system being used to record claims and evidence. Additional meetings have been held with a consultant who is undertaking a service review and we have agreed to undertake an internal audit of processes and practices before the end of October 2018. In the meantime, we continue to undertake sample testing of claims before submission to MHCLG.

Department for Business, Energy and Industrial Strategy (BEIS) Trading Standards Sub Grant – Review of income and expenditure to provide assurance that the grant was spent in accordance with the terms and conditions – Grant value £130,000.

Department for Transport (DoT) Bus Subsidy Ring-Fenced (Revenue) Grant - Review of expenditure to provide assurance that the grant was spent in accordance with the terms and conditions – Grant value £45,263.

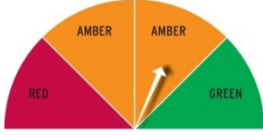
Following receipt of a complaint regarding housing adaptations works on a tenant's property that did not meet the tenants' needs, an audit was carried out to identify any

lessons that could be learned. An end to end audit review was undertaken at the request of the Corporate Director of Adults, Housing and Health. As a result, new processes have been introduced which will improve cross departmental working and reduce the likelihood of similar issues arising in the future.

Changes to the Annual Plan

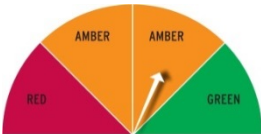
There have been no further changes to the plan from those previously reported. However, it is anticipated there will be a significant impact on resources due to the additional work being undertaken on the troubled families programme which may result in other audits being deferred or taken out of the plan.

Key Findings from Internal Audit Work

Community Safety	Opinion: Green	
<p>Headline Findings: Our review of the Community Safety identified 3 medium and 4 low recommendations around the adequacy of the control framework. Section 17 of the Crime and Disorder Act 1998 (revised) places an obligation on local and other named authorities to consider the implications on crime and disorder and community safety in all their activities and do all they reasonably can to prevent them. The overall conclusion was that the governance and control arrangements for the Community Safety Partnership were robust and well managed but more clarity was needed around the council's own internal processes. The 1 high, 2 medium and 1 low recommendations from the previous audit had been implemented.</p>		
Action and Response	Responsible Officer	Date
<p>Action – Key corporate policies and service plans should be reviewed to ensure that they are brought up to date and reflect that S17 Crime and Disorder Act requirements have been considered. This helps to demonstrate that the council is complying with the legislation.</p> <p>Response - Review service plans to ensure linkage. This also needs to be reflected in the Homelessness Plan and Health and Wellbeing Strategy.</p> <p>Service plan template for 2019 to incorporate a section on S17.</p>	All Directors	March 2019
<p>Action – A review should be undertaken to clearly define and communicate to relevant stakeholders within the council, the position and authority of community safety and the officer responsible for driving the council's crime and disorder reduction strategy to enable the council to achieve compliance with Section 17.</p> <p>Response - Review of strategic board membership and ensure all services are appropriately represented.</p> <p>DB to ensure processes are in place across all services and are embedding section 17 within their areas of responsibility.</p>	Strategic Enforcement and Community Protection	Lead and December 2018 Service Plans March 2019
<p>Action – The council's policy and system for managing Anti-Social Behaviour and the level of resources available to the service should be reviewed to ensure the council is able to respond in a more appropriate and adequate way to investigate and tackle all anti-social behaviour incidents within the community. This reduces the risk of reputational damage that may arise if the council is being seen as only tackling ASB amongst its own tenants.</p> <p>Response - Housing are the only service who have ASB Officers. Previously there were posts within Community Safety which were withdrawn several years ago.</p> <p>Service to review and consider options for either a combined ASB team or another to address non tenant issues.</p> <p>Currently there is no funding available and this will need to be considered against other corporate priorities. Business plan to be developed to look at resourcing and developing service to include private tenure.</p>	Strategic Enforcement and Community Protection	Lead and December 2018

Assignment: Disabled Facilities Grant	Opinion: Green	
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Headline Findings: Our review of the **Disabled Facilities Grant (DFG)** identified 4 low recommendations around the adequacy of the control framework. Mandatory DFGs are available from local authorities in England and Wales and the Housing Executive in Northern Ireland. They are issued subject to a means test and are available for essential adaptations to give disabled people better freedom of movement into and around their homes, and to give access to fundamental facilities within the home. The review did not identify any significant concerns and good controls were identified around the DFG application process, collection of evidence to support awarding of grants, work commencement and follow up and the quotation process. The 3 medium and 4 low recommendations from the previous audit had been implemented.

Assignment: Direct Payments (Adults)	Opinion: Amber/Green	
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Headline Findings: Our review of **Direct Payments (Adults)** identified 2 medium and 5 low recommendations around the adequacy of the control framework. Direct Payments are “the Government’s preferred mechanism for personalised care and support” (Care Act, statutory guidance, paragraph 12.2). They are a payment made by the council directly to individuals who have been assessed as having eligible needs for identified social care support services. It is one way in which people can be in control of acquiring care and support services that the council would otherwise provide to best meet their assessed needs. Direct payments puts service users in control of their own care by making them responsible for choosing their care service provider, negotiating service quality/level, paying any invoices from care suppliers and accounting to the council for any money spent. There were good controls around the calculations of the initial financial assessments and financial review processes. The 1 high, 2 medium and 1 low recommendations from the previous audit had been implemented.

Action and Response	Responsible Officer	Date
<p>Action - The administrative cost of managing underspend could be reduced by eliminating the need to send out requests for repayment where a client’s bank account is in excess of the 8 weeks tolerance. Consideration should be given to replacing requests for payment with a process that involves adjusting or withholding subsequent payment to the client until existing funds have been utilised. This should reduce the likelihood of clients building up excessive balances and improve cash flow within the council which can then be spent on other services to residents.</p> <p>Response - Direct Payments cannot be stopped from a vulnerable adult this could potentially put the service user at risk of ill health. However, we are able to refer this underspend to a social worker for a reassessment of overstated care hours. We are also able to recover money from the service user and Purple at any point. If we feel all other appropriate measures have been taken we are able to email service managers to suspend the direct payment or stop the direct payment.</p>	<p>Acting Customer Finance Team Manager</p>	<p>On-going</p>
<p>Action - Whilst there are clear policy and guidelines, the service need to comply with them in respect of financial reviews. In addition, the annual review process should be undertaken in a timely manner. This ensures clients receive the direct payment they need to meet their needs, not too much or too little.</p> <p>Response - Agree there should be more yearly checks on quarterly returns. At present there is only</p>	<p>Customer Finance Team Manager</p>	<p>Dec 18</p>

one Direct Payment Officer therefore this is not achievable. In the next few months customer finance are aiming to recruit another Direct Payment Officer so this will be more efficient moving forward and quarterly returns will be checked within a reasonable time frame. All procedures have been updated for Direct Payments.		
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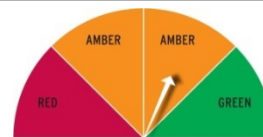
Assignment: Holy Cross Catholic Primary School	Opinion: Green	
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Headline Findings: Our review of **Holy Cross Catholic Primary School** identified 3 low recommendations around the adequacy of the control framework. Good controls were identified around the school's governance, security of staff records, the collection of income, debt management and data security. There were no significant issues in the other areas tested. The 2 medium and 2 low recommendations from the previous audit had been implemented.

Assignment: Right to Buy	Opinion: Green	
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Headline Findings: Our review of the **Right to Buy** identified 2 medium and 2 low recommendations around the adequacy of the control framework. The Housing Act 1985 allows secure council tenants the opportunity to purchase their home at a discounted price from full market value, dependent on length of tenancy. The Act also applies to assured tenants of Registered Social Landlords who previously held secure tenancies with local authorities. The amount of discount given depends on how long a tenant has lived in the property and the type of accommodation i.e. house or flat. Under the scheme, the maximum discount available from April 2018 is £80,900 across England and £108,000 in London Boroughs. There were good controls around the processes for checking the eligibility of a tenant to apply to buy their home under the scheme. No recent reviews have been undertaken recently in this area.

Action and Response	Responsible Officer	Date
<p>Action - If the applicant does not respond to the Section 125 Offer Notice within the 12 weeks allowed, a Section 140 default notice should be served to the tenant. If no response is received by the end of the default notice period (56 days), a Section 141 notice should be issued and, if no further response is received during this period, a further 56 days, the tenant's application should be deemed to be withdrawn and be cancelled.</p> <p>Response - Ensure Northgate system is used to manage and monitor progress of application and with triggers for with relevant notices at appropriate timescales.</p>	Home Ownership Manager	31/10/18
<p>Action - It is recommended that statutory timescales for accepting or denying an application and sending offer notices are adhered to. Management need to monitor cases to identify any delays and serve notice to the tenant of the reason for these delays. This reduces the likelihood of the council incurring additional charges and reduced income from the sale.</p> <p>Response - As above. Northgate system to be used to track applications and monitor timescales, reports to be produced to identify potential delays</p>	Home Ownership Manager	31/10/18

Assignment: Housing Rents**Opinion:
Amber/Green**

Headline Findings: Our review of **Housing Rents** identified 1 high, 2 medium and 1 low recommendations around the adequacy of the control framework. Rent is set annually based on central government guidance. Tenant accounts are maintained by the Housing Rents Team who are responsible for collecting rents and the recovery of rent arrears from both current and former tenants. The team is split into different patches with each given the responsibility of monitoring rent accounts for their allocated patch. The 1 high recommendation from the previous review was actioned but due to a change in system from Saffron to Northgate, the medium recommendation was no longer applicable.

Action and Response	Responsible Officer	Date
<p>Action - It is recommended that the processes and procedures for dealing with arrears of tenants who rent garages are reviewed and strengthened. In line with the collection of other income, when a tenant fails to pay their rent on a garage, the council should issue a set number of reminder notices followed by a notice to quit and as a last resort, repossess the garage if the tenant fails to bring their account up-to-date. This ensures the council receives the income that is due.</p> <p>Response - Garage arrears processes to be refreshed and implemented in line with recommendations.</p>	Strategic Lead, Housing Operations	31 Dec 2018
<p>Action - It is recommended that the Finance Procedure Rules are updated to reflect the current arrangements. The Monitoring Officer should be removed as they are not consulted and do not authorise write offs. In addition, the rules should include a reference to the fact that some senior managers may be given delegated authority by the Director of Finance & IT to write off amounts up to a pre-determined level without requiring further consultation. The HRA and Development Accountant should not authorise the write off of debt as she actions the journals in the accounts so there is no separation of duties.</p> <p>Response - Agreed. The Finance Procedure Rules within the Constitution will be updated to reflect current practice. The HRA and Development Accountant will no longer authorise the write off of debt.</p>	Director of Finance & IT	30 Sept 18
<p>Action - It is recommended that the Interim Assistant Director Housing, Strategic Lead Operations and Strategic Lead Revenues & Benefits meet to develop an approach to recover debts from former tenants. Consideration should be given to referring these to the Debt Management Team so they can be pursued in line with the processes for managing other types of debt under the Fair Debt Policy. This will ensure debts are robustly chased and income is maximised.</p> <p>Response - Meeting to be arranged with all parties as per recommendation. Assistant Director Housing to be in post on 22 October. Meeting to be once AD housing in post</p>	Interim Assistant Director Housing, Strategic Lead Operations and Strategic Lead Revenues & Benefits	31 Oct 2018

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27 September 2018	ITEM: 6
Standards & Audit Committee	
Counter Fraud & Investigation Quarterly Update	
Wards and communities affected: All	Key Decision: N/A
Report of: David Kleinberg, Assistant Director for Fraud & Investigation	
Accountable Assistant Director: David Kleinberg, Assistant Director for Fraud & Investigation	
Accountable Director: Sean Clark, Director of Finance and IT	
This report is Public	

Executive Summary

The Counter Fraud & Investigation Department (CFID) is responsible for the prevention, detection and deterrence of all instances of alleged economic crime affecting the authority including: allegations of fraud, theft, corruption, bribery and money laundering.

CFID has developed working arrangements with other agencies to share the Council's counter-fraud culture providing specialist support and capabilities to those public bodies where necessary.

This report outlines the performance of CFID over the last quarter for Thurrock Council as a whole as well as the work the team have delivered nationally for other public bodies.

1. Recommendation

1.1 The Audit Committee notes the performance of the Counter Fraud & Investigation Department.

2. Introduction & Background

2.1 The Counter Fraud & Investigation Department's (CFID) leads the council's work to reduce loss to the council from fraud and economic crime. This work is delivered through its proactive Work Plan and its response to reports of suspected fraud reported by internal departments, other agencies and the public. This report updates the committee on that work since July 2018.

2.2 The CFID service also supports other councils, police forces and government departments also requiring assistance in preventing, detecting and deterring fraud and economic crime.

3. Performance

3.1 CFID has made good progress in delivering the 2018/19 counter fraud work plan over the last year.

- 136 reports of suspected fraud have been received
- 4 of those cases have been closed as 'no fraud'
- 162 reports are currently under investigation
- 93 reports are being held as intelligence reports under constant review
- 37 number of intelligence reports have been disseminated
- 22 sanctions have been delivered in cases of proven fraud

3.2 The reports provided to the committee this year have been amended to include additional information to demonstrate the entire work of the service. This includes 'intelligence reports' and 'intelligence disseminated.'

3.3 Intelligence reports – is information received by the team of suspected fraud but is limited in being able to identify an offender or other supporting information. These reports are assessed and kept under constant review in order that any correlative or new information is matched up.

3.4 Intelligence disseminated – these reports are where CFID have provided information to service areas, about known or suspected criminality, in order to prevent crime and stop criminal attacks on the council. Recent examples have included Mandate Fraud – where a criminal mimics a 'well known' supplier and attempts to change the suppliers bank details at the council to receive money fraudulently.

4. Work Plan for 2018/19

4.1 CFID has a programme of proactive work it conducts to ensure the council's posture against fraud is robust and effective. **Appendix A** sets out the progress made in delivering the proactive work programme this year.

4.2 The work programme is a working document and if during the year changes or additions to the plan are proposed between the CFID and the Section 151 Officer, these will be brought back to the Committee.

5. National Counter Fraud Activity

5.1 CFID has been asked to present at the National Anti-Fraud Network (known as NAFN.gov Data & Intelligence) national conference in October 2018. CFID will be delivering a training session on 'Disclosure' undertaken by investigation agencies following the Criminal Procedures and Investigations

Act 1996. Members of the committee may be aware of the recent high-profile press coverage on failures in the 'disclosure' process in criminal prosecutions. Hundreds of prosecutions across England & Wales have collapsed where the 'disclosure' process has failed. CFID is recognised as a leader in getting the disclosure process right particularly in the complicated area of fraud prosecutions. None of CFID's prosecutions have been affected by this issue in policing and government prosecutions.

- 5.2 The training the unit is delivering follows the successful investigation CFID conducted into the £4m fraud committed against the Legal Aid Agency. The case was prosecuted by the Crown Prosecution Service – Serious Fraud Division, but investigated throughout by the CFID. The senior CPS lawyers and Queen's Counsel recognised the advanced disclosure practice followed by CFID that led to successful convictions and 6.5 years of custodial sentences handed down to the offenders.

6. Reasons for Recommendation

- 6.1 This report provides a detailed update to the Committee on the improved counter-fraud measures for the Council and how it is reducing fraud under the council's counter-fraud strategy.

7. Consultation (including Overview and Scrutiny, if applicable)

- 7.1 All Directors and Heads of Service were consulted with the current strategy to be taken by the Council in its counter-fraud approach.

8. Impact on corporate policies, priorities, performance and community impact

- 8.1 Work undertaken by to reduce fraud and enhance the Council's anti-fraud and corruption culture contributes to the delivery of all its aims and priorities supporting good corporate governance.

9. Implications

9.1 Financial

Implications verified by: **Carl Tomlinson**
Finance Manager – Management Accountant

The report provides an update on current performance. There are no financial implications arising directly from the recommendation in this report.

9.2 Legal

Implications verified by: **David Lawson**
**Monitoring Officer, Assistant Director for
Legal & Governance**

The Accounts and Audit (England) Regulations 2015 section 4 (2) require that:
The relevant body shall be responsible for ensuring that the financial management of the body is adequate and effective and that the body has a sound system of internal control which facilitates the effective exercise of that body's functions and which includes the arrangements for the management of risk.

This proactive and investigative work undertaken by the department as well as the regular monitoring of compliance with the requirements of Fighting Fraud Locally discharges this duty.

9.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Development Officer

There are no specific equality and diversity implications arising from this update report.

9.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None.

10. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Counter Fraud & Investigation Policy & Strategy – thurrock.gov.uk/fraud
Counter Money Laundering Policy & Strategy – thurrock.gov.uk/fraud
CroweClarkWhitehill Annual Fraud Indicator – crowe.co.uk

11. Appendices to the report

Appendix 1 – Pro-active Work Plan

Report Author:

Daniel Helps, Senior Manager
Counter Fraud & Investigation

Appendix 1 - Counter Fraud & Investigation
Counter Fraud Work Plan

Risk area	Tasks	Planned for	Current status	Responsible CFID Officer	Completed Activity Date
Council-wide	Fraud risk matrix assessment to be delivered to all service areas	Oct – Dec 2018	Has been presented to Audit Committee and Director of Finance. Meetings will now be booked with Directors and relevant management with business areas	Daniel Helps	
Council-wide	UK Bribery Act (UKBA) Compliance Review. A questionnaire will be distributed to all Managers to ensure UKBA compliance.	October 2018	Questionnaire now developed and being tested before being circulated across the council.	Michael Dineen	
Council-wide	Counter Money Laundering (CML) Compliance Review. A questionnaire will be distributed to all staff to ensure CML compliance.	October 2018	Questionnaire now developed and being tested before being circulated across the council.	Michael Dineen	
Proactive Fraud Drives	Conduct proactive activity to disrupt and detect fraud affecting the council.	Throughout 2018/19	Proactive work continues to be undertaken across the high-risk areas. Monthly meetings are taking place with housing to arrange pro-active	Michael Dineen	

Appendix 1 - Counter Fraud & Investigation
Counter Fraud Work Plan

Risk area	Tasks	Planned for	Current status	Responsible CFID Officer	Completed Activity Date
			operations		
Investigation Review	Review of insider threat investigations with Human Resources to review action and learning points	Throughout 2018/19	Meetings booked once an insider threat is identified. A monthly meeting also takes place between CFID and HR Single Point of Contact.	Daniel Helps	
Fraud Awareness Training	Training to be delivered to high risk areas – housing officers, housing allocations, temporary accommodation and right to buy	Ongoing to March 2019	Training now being booked with assistance from CFID business support team.	Michael Dineen / Nicola Spencer	
Assistance to Social Care	Assistance in relation to No Recourse to Public Funds	Ongoing throughout 2018/19	CFID are providing an immediate response in NRPF cases where suspicion is identified by caseworks. This has been successful so far with a number of savings being made.	Nick Coker	

27 September 2018		ITEM: 7
Standards & Audit Committee		
Thurrock Annual Audit Letter 2017/18		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Sean Clark, Director of Finance and IT		
Accountable Head of Service: N/A		
Accountable Director: Sean Clark, Director of Finance and IT		
This report is Public		

Executive Summary

The external auditors are responsible for:

- Forming an opinion on the Financial Statements;
- Reviewing the Annual Governance Statement;
- Forming a conclusion on the arrangements that the Authority has in place to secure economy, efficiency and effectiveness in its use of resources; and
- Undertaking any other work specified by the regulator.

The Annual Audit Letter summarises this work and is appended to this report. The content of this letter has been largely reported to this committee in July 2018 as part of the Audit Results Report which confirmed:

- The Council received an unqualified audit opinion on the 2017/18 Financial Statements
- The Council received an unqualified value for money conclusion.
- The Annual Governance Statement was consistent with external audit's knowledge of the Council

The Annual Audit Letter summarises these conclusions alongside the wider areas of work completed at the Council.

1. Recommendation(s)

- 1.1 That the Standards and Audit Committee consider the comments of our external auditors as set out in the attached report and note their findings.**

2. Introduction and Background

- 2.1. The main message is the auditors issued an unqualified audit opinion on the 2017/18 financial statements and an unqualified value for money conclusion.
- 2.2. The findings from the financial statement audit in relation to the significant risk areas identified in the audit plan are set out in the appendix. The Council positively addressed these risks as noted in the report and these were considered by the Committee in July 2018 as part of the Audit Results Report.
- 2.3 The financial statements produced were to a high standard, were supported by relevant supporting records and were completed within statutory deadlines. Officers worked hard to support the audit process and resolve queries quickly and effectively.
- 2.4 In arriving at their value for money conclusion the auditors confirmed the Council has arrangements in place to address the identified risk in relation to the achievement of savings over the medium term.

3. Issues, Options and Analysis of Options

- 3.1 The report continues the positive work from the previous year and officers continue to work to maintain the high standard of the financial accounts.
- 3.2 The Council is working to meet the significant financial challenges caused by ongoing reductions in funding and continue to monitor the position through the Medium Term Financial Strategy.

4. Reasons for Recommendation

- 4.1 For the committee to note the findings of the external auditors.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 The Annual Audit Letter summarises the reports that have previously been communicated to Members of the Standards and Audit Committee.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 There are no implications arising from the Annual Audit Letter.

7. Implications

7.1 Financial

Implications verified by: **Sean Clark**
Director of Finance and IT

The financial implications are noted in the body of the report.

7.2 Legal

Implications verified by: **David Lawson**
Deputy Head of Law and Governance

The Council is required to publish the Annual Audit Letter following consideration by members in accordance with paragraph 20 of the Accounts and Audit Regulations 2015.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer

There are no specific diversity and equality implications arising from this report.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

There are no specific implications from this report.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- There are various working papers within accountancy.

9. Appendices to the report

- Appendix 1 – The Annual Audit Letter

Report Author:

Sean Clark

Director of Finance and IT

Corporate Finance

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Thurrock Council

Annual Audit Letter for the year
ended 31 March 2018

31 August 2018

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The EY logo consists of the letters 'EY' in a bold, white, sans-serif font. A yellow triangle is positioned above the 'Y', pointing downwards towards the letters.

Building a better
working world

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Focused on
your future



Public Sector Audit Appointments Ltd (PSAA) have issued a 'Statement of responsibilities of auditors and audited bodies'. It is available from the Chief Executive of each audited body and via the PSAA website (www.psa.co.uk)

The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The 'Terms of Appointment (updated 23 February 2017)' issued by PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and statute, and covers matters of practice and procedure which are of a recurring nature.

This Annual Audit Letter is prepared in the context of the Statement of responsibilities. It is addressed to the Members of the Thurrock Council, and is prepared for their sole use. We, as appointed auditor, take no responsibility to any third party.

Our Complaints Procedure - If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.



01

Executive Summary

Executive Summary

We are required to issue an annual audit letter to Thurrock Council (the Council) following completion of our audit procedures for the year ended 31 March 2018.

Below are the results and conclusions on the significant areas of the audit process.

Area of Work	Conclusion
Opinion on the Council's and the Group's:	Unqualified - the financial statements give a true and fair view of the financial position of the Council as at 31 March 2018 and of its expenditure and income for the year then ended
▶ Financial statements	
▶ Consistency of other information published with the financial statements	Other information published with the financial statements was consistent with the Annual Accounts
Concluding on the Council's arrangements for securing economy, efficiency and effectiveness	We concluded that you have put in place proper arrangements to secure value for money in your use of resources

Area of Work	Conclusion
Reports by exception:	
▶ Consistency of Governance Statement	The Governance Statement was consistent with our understanding of the Council
▶ Public interest report	We had no matters to report in the public interest
▶ Written recommendations to the Council, which should be copied to the Secretary of State	We had no matters to report
▶ Other actions taken in relation to our responsibilities under the Local Audit and Accountability Act 2014	We had no matters to report

Area of Work	Conclusion
Reporting to the National Audit Office (NAO) on our review of the Council's Whole of Government Accounts return (WGA).	We submitted Whole of Government Accounts assurance statement to the NAO on 31 August 2018 and have no matters to report.

Executive Summary (cont'd)

As a result of the above we have also:

Area of Work	Conclusion
Issued a report to those charged with governance of the Council communicating significant findings resulting from our audit.	Our Audit Results Report was issued on 16 July 2018
Issued a certificate that we have completed the audit in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office's 2015 Code of Audit Practice.	We issued the certificate on 31 August 2018 following completion of the WGA audit procedures.

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December 2018 we will also issue a report to those charged with governance of the Council summarising the certification work we have undertaken. We will conclude our appointment as your external auditors. We would like to take this opportunity to thank the Council's staff for their assistance during the course of our work.

Suresh Patel

Associate Partner

For and on behalf of Ernst & Young LLP



02

Purpose and Responsibilities

Purpose and Responsibilities

The Purpose of this Letter

The purpose of this annual audit letter is to communicate to Members and external stakeholders, including members of the public, the key issues arising from our work, which we consider should be brought to the attention of the Council.

We have already reported the detailed findings from our audit work in our 2017/18 Audit Results Report presented to the Standards and Audit Committee on 19 July 2018, representing those charged with governance. We do not repeat those detailed findings in this letter. The matters reported here are the most significant for the Council.

Responsibilities of the Appointed Auditor

Our 2017/18 audit work has been undertaken in accordance with the Audit Plan that we presented to the Standards and Audit Committee meeting on 6 March 2018 and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office.

As auditors we are responsible for:

Expressing an opinion:

- ▶ On the 2017/18 financial statements; and
- ▶ On the consistency of other information published with the financial statements.
- ▶ Forming a conclusion on the arrangements the Council has to secure economy, efficiency and effectiveness in its use of resources.
- ▶ Reporting by exception:
 - ▶ If the annual governance statement is misleading or not consistent with our understanding of the Council;
 - ▶ Any significant matters that are in the public interest;
 - ▶ Any written recommendations to the Council, which should be copied to the Secretary of State; and
 - ▶ If we have discharged our duties and responsibilities as established by the Local Audit and Accountability Act 2014 and Code of Audit Practice.

Alongside our work on the financial statements, we also review and report to the National Audit Office (NAO) on your Whole of Government Accounts return. The extent of our review and the nature of our report are specified by the NAO.

Responsibilities of the Council

The Council is responsible for preparing and publishing its statement of accounts accompanied by an Annual Governance Statement. In the AGS, the Council reports publicly each year on how far it complies with its own code of governance, including how it has monitored and evaluated the effectiveness of its governance arrangements in year, and any changes planned in the coming period.

The Council is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.



03

Financial Statement Audit

Financial Statement Audit

Key Issues

The Council's Statement of Accounts is an important tool for the Council to show how it has used public money and how it can demonstrate its financial management and financial health.

We audited the Council's Statement of Accounts in line with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office and issued an unqualified audit report on 31 July 2018.

Our detailed findings were reported to the Standards and Audit Committee on 19 July 2018.

The key issues identified as part of our audit were as follows:

Significant Risk	Conclusion
Misstatements due to fraud or error The financial statements as a whole are not free of material misstatements whether caused by fraud or error. As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.	<p>We obtained a full list of journals posted to the general ledger during the year, and analysed these journals using criteria we set to identify any unusual journal types or amounts. We then tested a sample of journals that met our criteria and tested these to supporting documentation.</p> <p>We considered the accounting estimates relating to pensions and property valuations as the most susceptible to bias. We challenged the significant assumptions in the actuarial pension valuation and found no indication of management bias in these estimates. Our work on the property valuations found no material errors in the balances presented within the financial statements.</p> <p>We have not identified any material weaknesses in controls or evidence of material management override.</p> <p>We have not identified any instances of inappropriate judgements being applied.</p> <p>We did not identify any other material transactions during our audit which appeared unusual or outside the Council's normal course of business.</p> <p>We have not identified any material misstatements from the incorrect capitalisation of expenditure items.</p> <p>Overall, our audit work did not identify any material issues or unusual transactions to indicate any misreporting of the Council's financial position or that management has overridden control.</p>

Financial Statement Audit (cont'd)

The key issues identified as part of our audit were as follows: (cont'd)

Significant Risk	Conclusion
<p>Risk of fraud in revenue and expenditure recognition</p> <p>Auditing standards also required us to presume that there is a risk that revenue and expenditure may be misstated due to improper recognition or manipulation.</p> <p>For Thurrock Council, we identified the potential for the incorrect classification of revenue spend as capital as a particular area where there is a risk of misstatement.</p>	<p>We performed sample testing on additions to the property, plant and equipment balance and found that these items met the relevant accounting requirements to be capitalised. Our testing did not identify any material expenditure which had been inappropriately capitalised.</p> <p>Overall, our audit work did not identify any material misstatements to indicate that revenue and expenditure had been incorrectly recorded.</p>

Other Key Findings	Conclusion
<p>Pension valuation & disclosures</p> <p>The Council makes extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Essex County Council. The pension fund deficit is a material estimated balance and disclosed on the balance sheet.</p> <p>The information disclosed is based on the IAS 19 report issued to the Council by the actuary. Accounting for this scheme involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. ISAs (UK and Ireland) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.</p>	<p>We assessed and were satisfied with the competency and objectivity of the Council's actuary: Barnett Waddingham. EY Pensions team and PwC (Consulting Actuary to the NAO) reviewed the work of the actuary. We challenged the significant movement in the actuarial valuation and found no indication of management bias in this estimate.</p> <p>We have received reports from the Essex Pension Fund Auditor and the EY actuarial team.</p> <p>The report from the Essex Pension Fund Auditor identified material movements in the pension assets and related disclosures, as a result of significant movements in the asset values between the date of the estimates used by the actuary to produce the IAS19 report and the year end.</p> <p>As a result, the Council obtained a revised IAS 19 report and updated the accounts to reflect the new figures. This resulted in an increase in the pension liability of £8.2 million and a corresponding increase in the pension reserve.</p> <p>The accounting entries and disclosures are in line with our expectations and the Code.</p>

Financial Statement Audit (cont'd)

Other Key Findings	Conclusion
<p>Property, plant and equipment valuation</p> <p>The fair value of Property, Plant and Equipment (PPE) and Investment Properties (IP) represent significant balances in the Council's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.</p>	<p>We are satisfied that the Council's internal valuers have the necessary qualifications and experience and are suitably independent. We have undertaken appropriate audit procedures to verify and critically challenge the basis of valuation adopted by the valuer in relation to the Council's property, focusing in particular on specialised assets, which are valued on a depreciated replacement cost basis, which is a more judgemental valuation basis.</p> <p>Our testing has not identified any material misstatements from inappropriate judgements being applied to the property valuation estimates.</p> <p>We considered the underlying assumptions made by the expert valuer and concluded that the overall valuation estimate was not unreasonable and did not result in a material misstatement of the value of property, plant and equipment.</p>
<p>Earlier accounts deadline and preparation of group accounts</p> <p>For 2017/18 the Council needs to prepare draft accounts by 31 May and the publish audited statement of accounts by 31 July, a challenge and risk for both preparers and auditors.</p>	<p>We have not identified any instances where the consolidation has not been carried out appropriately.</p> <p>We have not identified and material misstatements in material consolidated balances.</p> <p>Disclosures are in line with CIPFA Code of practice and associated guidance.</p> <p>The draft and final accounts were published by the deadlines.</p>

Financial Statement Audit (cont'd)

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

Item	Thresholds applied
Planning materiality	<p>We determined planning materiality for the Group and the Council to be £7.0 million (2016/17: £7.6 million), which is 2% of gross expenditure on provision of services reported in the accounts of £350 million.</p> <p>We consider gross expenditure on provision of services to be one of the principal considerations for stakeholders in assessing the financial performance of the Council.</p>
Reporting threshold	<p>We agreed with the Standards and Audit Committee that we would report to the Committee all audit differences in excess of £0.35 million (2016/17: £0.38 million)</p>

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- ▶ Remuneration disclosures including any severance payments, exit packages and termination benefits; and
- ▶ Related party transactions.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations.

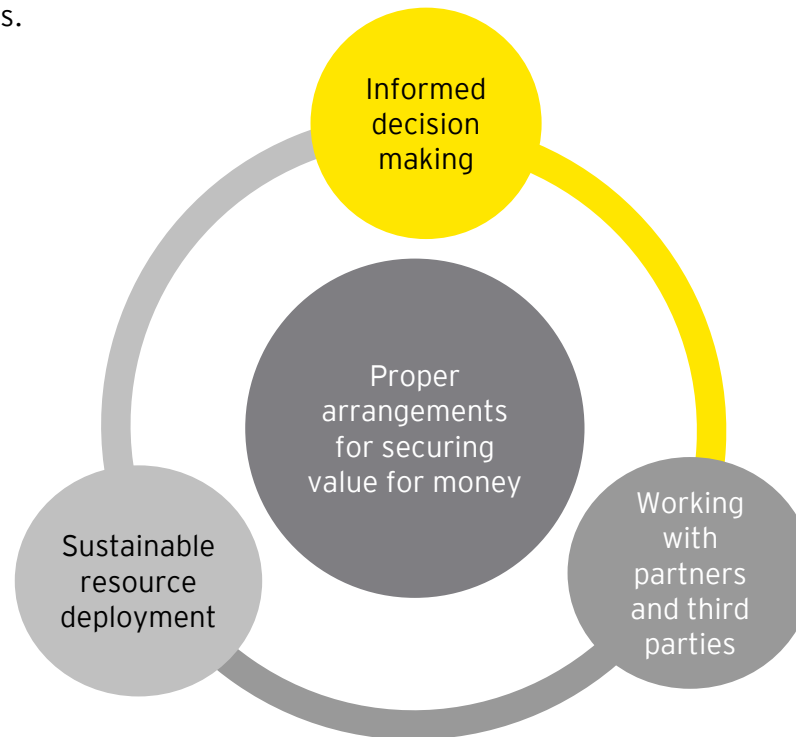


04 Value for Money

We are required to consider whether the Council has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- ▶ Take informed decisions;
- ▶ Deploy resources in a sustainable manner; and
- ▶ Work with partners and other third parties.



We identified one significant risk in relation to these arrangements. The table overleaf presents the findings of our work in response to the risk identified. In light of the significant pressure and focus on local government financial resilience we also include on page 16 our assessment of your reserves position to 2021.

We have performed the procedures outlined in our audit plan. We did not identify any significant weaknesses in the Council's arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

We have therefore issued an unqualified value for money conclusion.

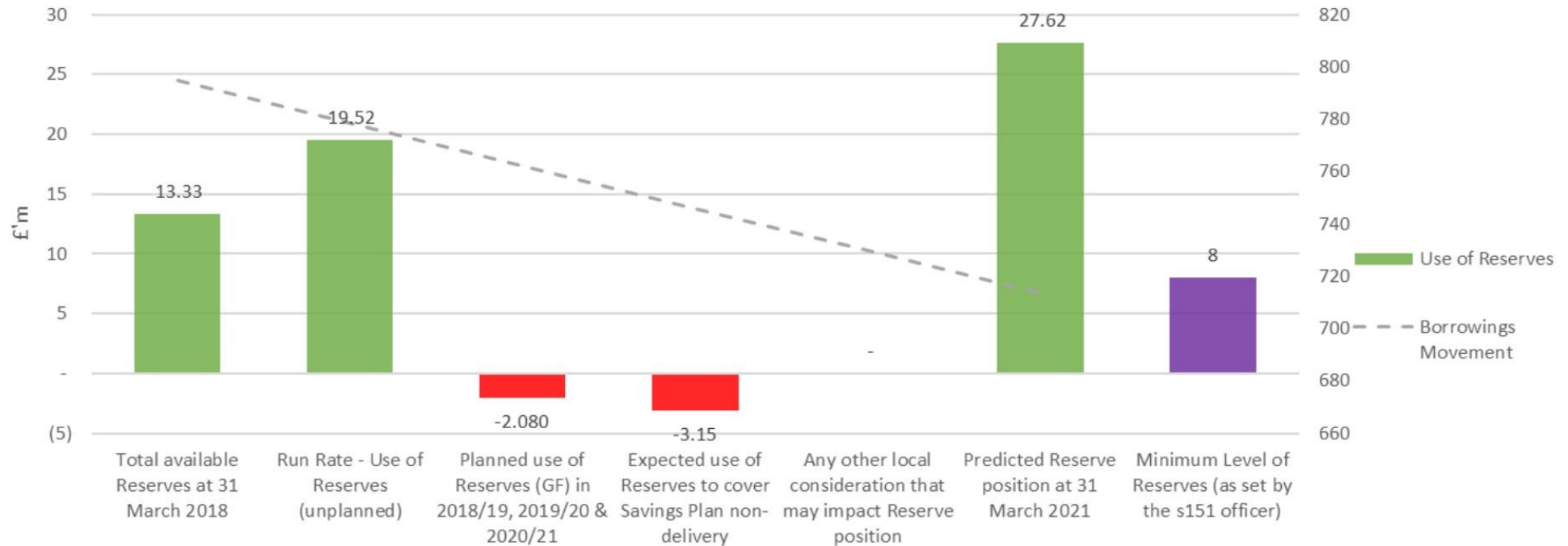


Value for Money (cont'd)

Significant Risk	Conclusion
<p>Achievement of savings needed over the Medium Term Financial Strategy</p> <p><i>(Deploy resources in a sustainable manner)</i></p> <p>The Council faces significant financial challenges over the medium term with net pressures before investments being reported in the Medium Term Financial Strategy in February 2018.</p> <p>While there is a budget gap over the medium term, the Council has identified a number of savings and actions. However, due to the budget pressures, a risk to the value for money conclusion remains.</p>	<p>The Council recognises it faces unprecedented financial pressures and that a fundamental change is required to the way it operates in order to future-proof it's operations.</p> <p>The Council has put in place a detailed strategy to address the budget gap through investment in diverse financial instruments. The Council has already taken steps to implement some of these, such as increased long-term investment in the Solar investment, and continuing growth of the housing company, Thurrock Regeneration Ltd, and establishment of its subsidiary, Gloriana Thurrock Homes Ltd, to provide affordable housing.</p> <p>We have completed testing on a sample of proposed savings, including reduced agency costs and spend on overtime. We interviewed lead officers for the savings proposals to gain an understanding of the channels for reporting. For example, within overtime costs, savings targets were allocated to different directorates. A panel then challenged the overtime usage by each directorate and considered how to achieve the savings. We have not received the year end performance data, but as at Q3 2017/18, £0.187 million had been achieved, which was on track to achieve the £0.2 million target. While this is a short term target, it is planned to come off the MTFs savings target in 2020/21, thus demonstrating the Council's forward-planning. We also found that the implementation of savings plans was properly managed and monitored.</p> <p>The Council's budget setting process is supported by appropriate arrangements, with prudent assumptions applied to uncertain income streams and future expenditure.</p> <p>The Council is aware of the risks related to reductions in government funding, including the New Homes Bonus (NHB). In response to this risk, it has made assumptions within the budget regarding the trajectory of government funding in general and the NHB specifically and reserves reflect this risk.</p> <p>The Council continues to build up its level of General Fund reserves from £8 million in 2016/17 to £11 million in 2017/18. The Council has determined that this could be used to assist the transformation, if necessary, and could also provide time to put in place alternative plans to achieve these savings.</p> <p>We assessed the Council's reserves position up to 2020/21. Our projections are based on the Council's MTFs, as well as our assessment of historic performance in delivering budgets, which results in an estimated increase in reserves of £19.52 million due to predicted underspends against future budgets. As set out on page 16, based on that information the level of general fund and earmarked reserves at 31 March 2021 could be £27.62 million, which is above the Council's minimum balance of £8 million. Our review of the Council's MTFs has also concluded that it includes appropriate and prudent assumptions, including planned use of reserves for areas specific to Thurrock totalling £2.08 million.</p>



Assessment of Reserves Position to 2021



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Our Assessment

In our assessment we considered the Council's:

- Level of savings requirement to balance the General Fund budget in each of the next 3 years;
- Planned use of reserves to support the General Fund budget in each of the next 3 years.
- History of delivering savings plans and therefore the potential to call upon reserves to make up a shortfall in future savings plan delivery;
- History of over/under spending on the General Fund budget, and the impact this trajectory would have on General Fund reserves; and
- Any other unusual future transactions or reliance upon the commercialisation agenda to derive future income streams, upon which the MTFS is reliant.

We have also looked at the Council's planned use of borrowing over the same time frame to inform our assessment. We also note that at this stage the Council has no definitive plans on how to use the planned MTFS annual surpluses but they are likely to be allocated.

As a result of our assessment, we are satisfied that the General Fund reserve balance at the 31 March 2021 will remain above the Council's approved minimum level.



05

Other Reporting Issues



Other Reporting Issues

Whole of Government Accounts

We performed the procedures required by the National Audit Office on the accuracy of the consolidation pack prepared by the Council for Whole of Government Accounts purposes. On 31 August 2018 we issued our assurance statement to the NAO and have no matters to report.

Annual Governance Statement

We are required to consider the completeness of disclosures in the Council's annual governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it is misleading.

We completed this work and did not identify any areas of concern.

Report in the Public Interest

We have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Council or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

Written Recommendations

We have a duty under the Local Audit and Accountability Act 2014 to designate any audit recommendation as one that requires the Council to consider it at a public meeting and to decide what action to take in response.

We did not identify any issues which required us to issue a written recommendation.

Objections Received

We did not receive any objections to the 2017/18 financial statements from members of the public.

Other Reporting Issues (cont'd)

Other Powers and Duties

We identified no issues during our audit that required us to use our additional powers under the Local Audit and Accountability Act 2014.

Independence

We communicated our assessment of independence in our Audit Results Report to the Standards and Audit Committee on 19 July 2018. In our professional judgement the firm is independent and the objectivity of the audit engagement partner and audit staff has not been compromised within the meaning regulatory and professional requirements.

Control Themes and Observations

As part of our work, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you significant deficiencies in internal control identified during our audit.

We have adopted a fully substantive approach and have therefore not tested the operation of controls.

Our audit did not identify any controls issues to bring to the attention of the Standards and Audit Committee.

Matters raised by a whistle blower

During the year we were contacted on two occasions by a whistle blower. They alleged that the Council had made two unlawful payments to a member of the public as a result of a councillor seeking to influence officers and applying pressure on officer judgements and decisions. The whistle blower followed that up with similar concerns relating to another two members of the public. Whilst maintaining the confidentiality of the whistle blower, we made enquiries with relevant sections of the Council and officers to understand the matters and the findings of any related internal reviews.

We have considered the matters raised by the whistle blower and reviews carried out by relevant sections of the Council and officers.

The Council was clear that it is standard practice for elected members to raise issues with officers on behalf of their constituents, as was the case in the matter to which the whistle blower referred. We have found no evidence that the Council or its elected members have acted outside of the Council's procedures and we found no evidence that the payments made were unlawful.



06

Focused on your future



Focused on your future

The Code of Practice on Local Authority Accounting in the United Kingdom introduces the application of new accounting standards in future years. The impact on the Council is summarised in the table below.

Standard	Issue	Impact
IFRS 9 Financial Instruments	<p>Applicable for local authority accounts from the 2018/19 financial year and will change:</p> <ul style="list-style-type: none"> ▶ How financial assets are classified and measured; ▶ How the impairment of financial assets are calculated; and ▶ The disclosure requirements for financial assets. <p>There are transitional arrangements within the standard and the 2018/19 Accounting Code of Practice for Local Authorities has now been issued, providing guidance on the application of IFRS 9. In advance of the Guidance Notes being issued, CIPFA have issued some provisional information providing detail on the impact on local authority accounting of IFRS 9, however the key outstanding issue is whether any accounting statutory overrides will be introduced to mitigate any impact.</p>	<p>Although the Code has now been issued, providing guidance on the application of the standard, along with other provisional information issued by CIPFA on the approach to adopting IFRS 9, until the Guidance Notes are issued and any statutory overrides are confirmed there remains some uncertainty. However, what is clear is that the Council will have to:</p> <ul style="list-style-type: none"> ▶ Reclassify existing financial instrument assets ▶ Re-measure and recalculate potential impairments of those assets; and ▶ Prepare additional disclosure notes for material items.
IFRS 15 Revenue from Contracts with Customers	<p>Applicable for local authority accounts from the 2018/19 financial year. This new standard deals with accounting for all contracts with customers except:</p> <ul style="list-style-type: none"> ▶ Leases; ▶ Financial instruments; ▶ Insurance contracts; and ▶ For local authorities; Council Tax and NDR income. <p>The key requirements of the standard cover the identification of performance obligations under customer contracts and the linking of income to the meeting of those performance obligations.</p> <p>Now that the 2018/19 Accounting Code of Practice for Local Authorities has been issued it is becoming clear what the impact on local authority accounting will be. As the vast majority of revenue streams of Local Authorities fall outside the scope of IFRS 15, the impact of this standard is likely to be limited.</p>	<p>As with IFRS 9, some provisional information on the approach to adopting IFRS 15 has been issued by CIPFA in advance of the Guidance Notes. Now that the Code has been issued, initial views have been confirmed; that due to the revenue streams of Local Authorities the impact of this standard is likely to be limited.</p> <p>The standard is far more likely to impact on Local Authority Trading Companies who will have material revenue streams arising from contracts with customers. The Council will need to consider the impact of this on their own group accounts.</p>



Focused on your future (cont'd)

Standard	Issue	Impact
IFRS 16 Leases	<p>It is currently proposed that IFRS 16 will be applicable for local authority accounts from the 2019/20 financial year.</p> <p>Whilst the definition of a lease remains similar to the current leasing standard; IAS 17, for local authorities who lease a large number of assets the new standard will have a significant impact, with nearly all current leases being included on the balance sheet.</p> <p>There are transitional arrangements within the standard and although the 2019/20 Accounting Code of Practice for Local Authorities has yet to be issued, CIPFA have issued some limited provisional information which begins to clarify what the impact on local authority accounting will be. Whether any accounting statutory overrides will be introduced to mitigate any impact remains an outstanding issue.</p>	<p>Until the 2019/20 Accounting Code is issued and any statutory overrides are confirmed there remains some uncertainty in this area.</p> <p>However, what is clear is that the Council will need to undertake a detailed exercise to identify all of its leases and capture the relevant information for them. The Council must therefore ensure that all lease arrangements are fully documented.</p>



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07

Audit Fees

Audit Fees

Our fee for 2017/18 was reported in our Audit Results Report presented to the Standards and Audit Committee on 19 July 2018.

Description	Final Fee 2017/18 £	Planned Fee 2017/18 £	Scale Fee 2017/18 £	Final Fee 2016/17 £
Audit Fee - Code work	133,723	133,723	133,723	133,723
Additional Code work:				
- MRP review	-	-	-	6,000
- Group accounts	4,000	4,000	-	4,000
- Consolidation of new company	3,000	3,000	-	
- Whistleblower	3,120	-	-	
Total Audit Fee - Code Work	143,843	140,723	133,723	143,723
Certification of claims and returns - Housing Benefits (note: our work in this area is to be completed and the final fee 2017/18 may be subject to change)	15,664	15,664	15,664	17,148
Non-audit work - Teachers' Pensions and Housing Pooling returns	TBC	TBC	N/A	21,000

We have agreed the additional fees with the Director of Finance & IT and they are now subject to approval from PSAA.

We confirm we have undertaken non-audit work outside of the PSAA's requirements, as detailed above and have confirmed that there are no resultant threats to our independence.

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ED None

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27 September 2018		ITEM: 8
Standards & Audit Committee		
Access to Records Report 2017/18		
Wards and communities affected: All	Key Decision: Non key	
Report of: Lee Henley – Strategic Lead Information Management		
Accountable Assistant Director: Lee Henley – Strategic Lead Information Management		
Accountable Director: Jackie Hinchliffe – Director of HR,OD & Transformation		
This report is: Public		

Executive Summary

- During 2017/18, the council processed 96% of Freedom of Information (FOI) requests within the legal timeframe. This is based on 1056 FOI requests that were processed.
- The reporting period shows a slight increase in FOI requests received compared with 2016/17 (1046 received).
- Based on data captured within the FOI database, it has been estimated that the average FOI request takes 2 hours 15 minutes to process.
- The council challenge and/or refuse requests when it is believed that the requestor has used a false name, where we have reasonable grounds to believe the applicant is acting as part of a campaign or in consort with others, or where their questions do not meet the other validity requirements for FOI.
- The council refuse requests where it is estimated that the time taken to process the request exceeds 18 hours. During 2017/18, 118 requests were refused to the 18 hour threshold.
- During 2017/18 the council received 29 Subject Access Requests under the Data Protection Legislation. 83% of these requests were processed within the timeframe.
- The Information Governance Team is continuing to ensure an increased amount of data is identified for routine publication online. This work forms part of the Transparency Agenda and aims to increase openness and accountability; whilst reducing unnecessary processing of FOI requests.

1. Recommendation(s)

- 1.1 To note the performance and statistics for 2017/18 for both FOI and Data Protection.

2. Introduction and Background

2.1 Freedom of Information

2.1.1 FOI affects up to 100,000 public sector bodies and organisations in England, Wales and Northern Ireland, including central and local government, the police, NHS, schools, dentists, opticians and pharmacists. Anyone, from anywhere in the world, may make a request for information that is held by the council (they can be a person, business, or organisation). FOI requestors do not have to give reasons for seeking the information, and the council cannot make enquiries as to why information is being sought.

2.1.2 From 1 January 2005 the Freedom of Information (FOI) Act 2000 was fully implemented. This resulted in access to recorded information held by the council being made available, allowing anyone to submit a written request to see information about almost anything that is recorded.

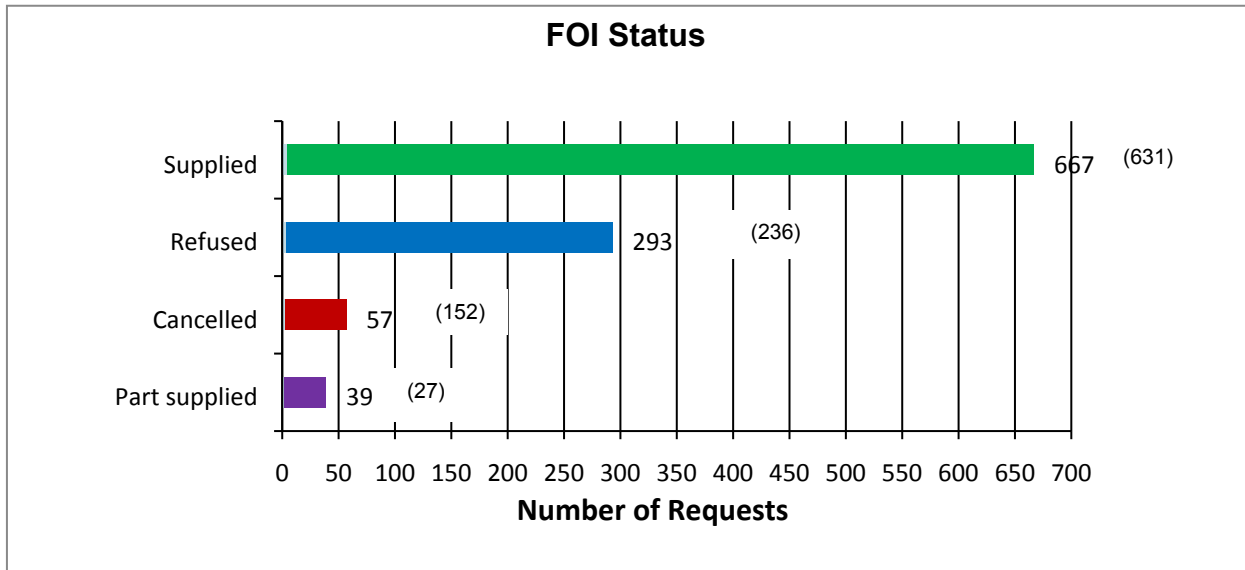
2.1.3 On receipt of an FOI Request the council has 20 working days to process the request.

2.1.4 During 2017/18, 1056 FOI requests were recorded on the council's FOI tracking system. The table below details year-on-year volume and performance data since 2014:

Year	Number of Requests	% responded to in time
2014/2015	548	98%
2015/2016	980	98%
2016/2017	1046	97%
2017/2018	1056	96%

2.1.5 The chart below shows that of the 1056 requests received in 2017/18, 667 (63%) were supplied with all information requested, 293 (28%) were refused, 39 (4%) were part supplied, 57 (5%) were cancelled.

The figures in brackets below are 2016/17 figures.

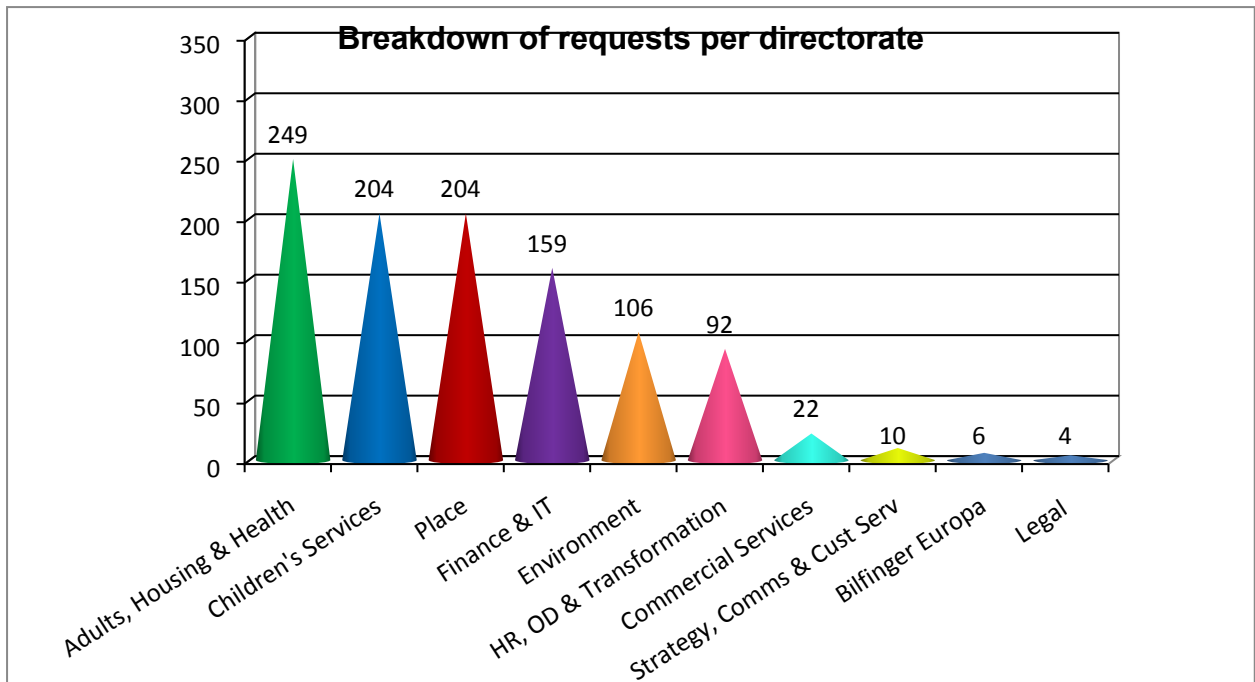


2.1.6 The average number of days taken to answer a Freedom of Information request for 2017/18 was 18 working days. During 2016/17 the average time taken was 17 working days.

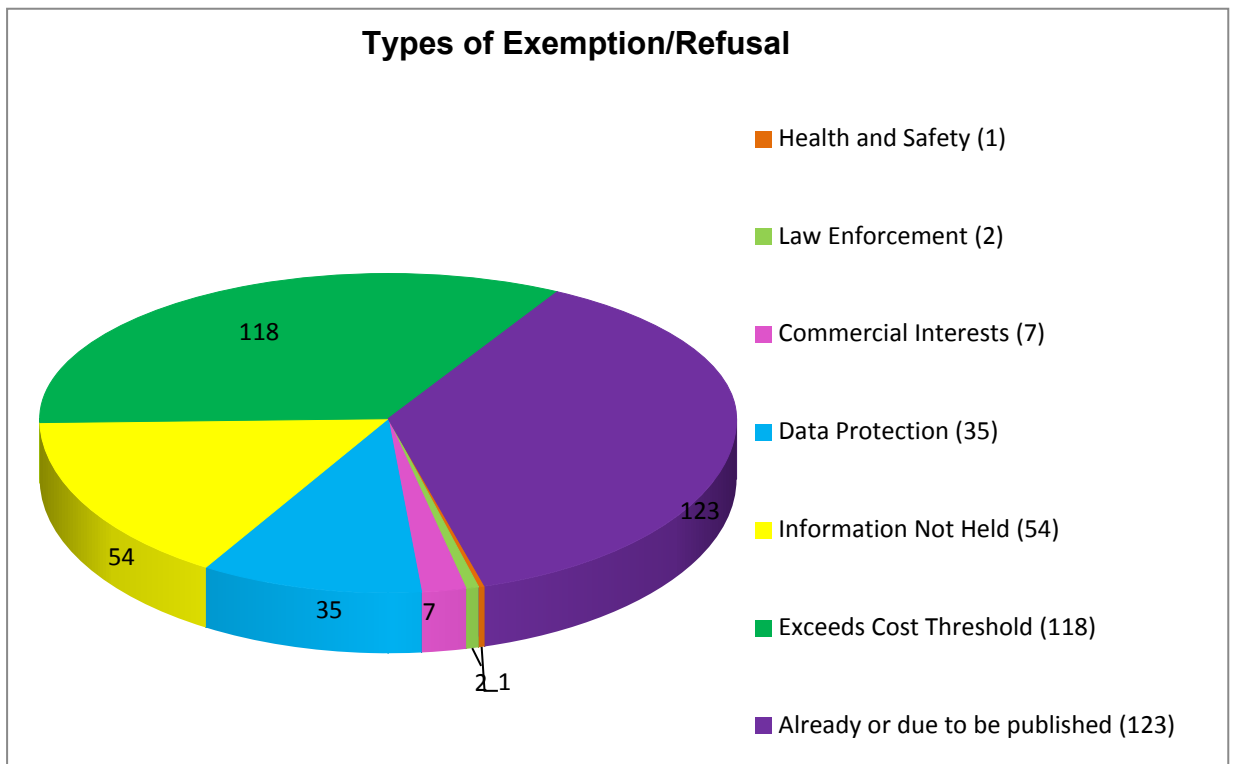
2.1.7 Based on 1056 requests processed within 2017/18 it has been estimated that the average FOI request takes 2 hours 15 minutes to process.

2.1.8 The chart below shows requests received per Directorate. In addition to this, the FOI themes for the larger Directorates (in terms of FOI volumes) are shown below:

- Adults, Housing & Health:
 - Homelessness
 - Adult Social Care funding/charges
- Children's:
 - Social Care/Looked after Children
 - Education/Home schooling
- Environment and Highways:
 - Potholes/Road Maintenance
- Place:
 - Deaths/Burials
- Finance and IT:
 - Business Rates Data
 - Council Tax
- HR, OD and Transformation:
 - Staff Policies/Guidance



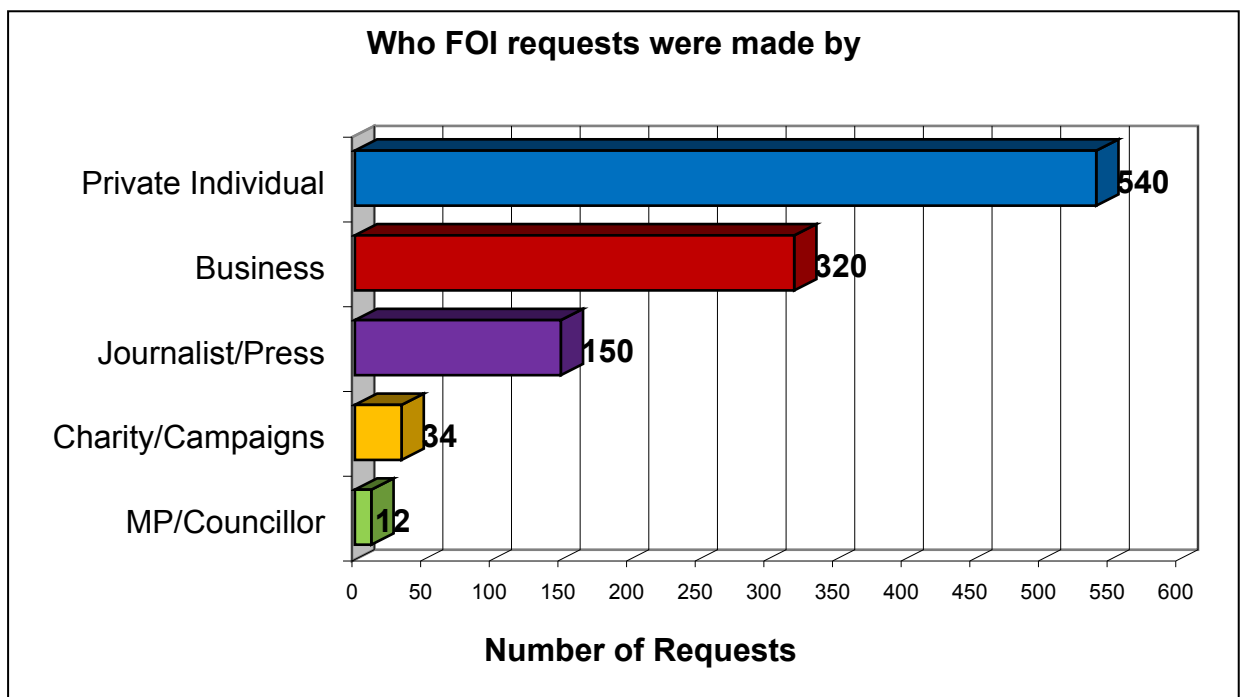
2.1.9 The chart below shows the type of exemptions and refusals that were applied (based on a total of 332 requests that were part supplied or refused). Some of the exemptions allow the council to withhold information where disclosure would cause significant prejudice to the council's business at a particular time, and which is therefore not in the public interest to release. Please note the chart below does not balance back to 332, as more than one exemption can be relied upon per request.



2.1.10 The Information Governance Team maintains responsibility for making decisions on the application of Exemptions (to withhold information) under the Act. These are recorded and evidenced to support the approach taken, and to demonstrate how the Public Interest Test has been applied for Qualified Exemptions. This part of the process is vital to prevent and respond to complaints about FOI responses where data has been withheld, either partially or in full.

2.1.11 The Information Governance Team respond to complaints received regarding FOI and Environmental Information Regulations (EIR) requests. During 2017/18 the council did not receive any FOI complaints that were escalated to the Information Commissioner’s Office (ICO).

2.1.12 The chart below identifies where FOI requests to the council originated from.



2.1.13 The council refuse requests where it is estimated that the time taken to process the request exceeds 18 hours. The first task the team undertake when requests are formally logged is to work with service areas to assess how long a request is likely to take. Any requests estimated to take in excess of 18 hours will be refused. Estimates must be justified and records kept supporting our decisions. During 2017/18, 118 requests were refused due to the 18 hour threshold.

2.1.14 If the council receives two or more related requests within a period of 60 consecutive working days (on the same/similar topic), from a person or different persons who appear to be acting in concert or in pursuance of a campaign, the costs of complying with the individual requests will be aggregated (for the purpose of refusing).

2.1.15 The Information Governance Team routinely populates completed FOI requests onto the council's website with the aim of reducing FOI requests received by the council.

2.1.16 A benchmarking exercise has been undertaken to compare performance and data on FOI with other councils'. The results of this are shown in Appendix 1 and a summary is provided below:

- Replies were received from 21 councils'.
- Performance is strong for the majority of Councils' who responded.

2.2 Data Protection

2.2.1 Principle 6 of the Data Protection Act states that personal information must be processed in accordance with the rights of data subjects. This can result in anybody making a request to the council about any information we hold on them and these are referred as Subject Access Requests (SAR). Requests range from very specific records (such as Council Tax, Benefits claim history or complex social care records) to a wide range of records (such as all information held by the council).

2.2.2 When the SAR process is utilised, the council have 40 calendar days in which to complete the request. The timeframe is met at the point at which we have prepared all files for disclosure and have invited the applicant to collect their records from the council.

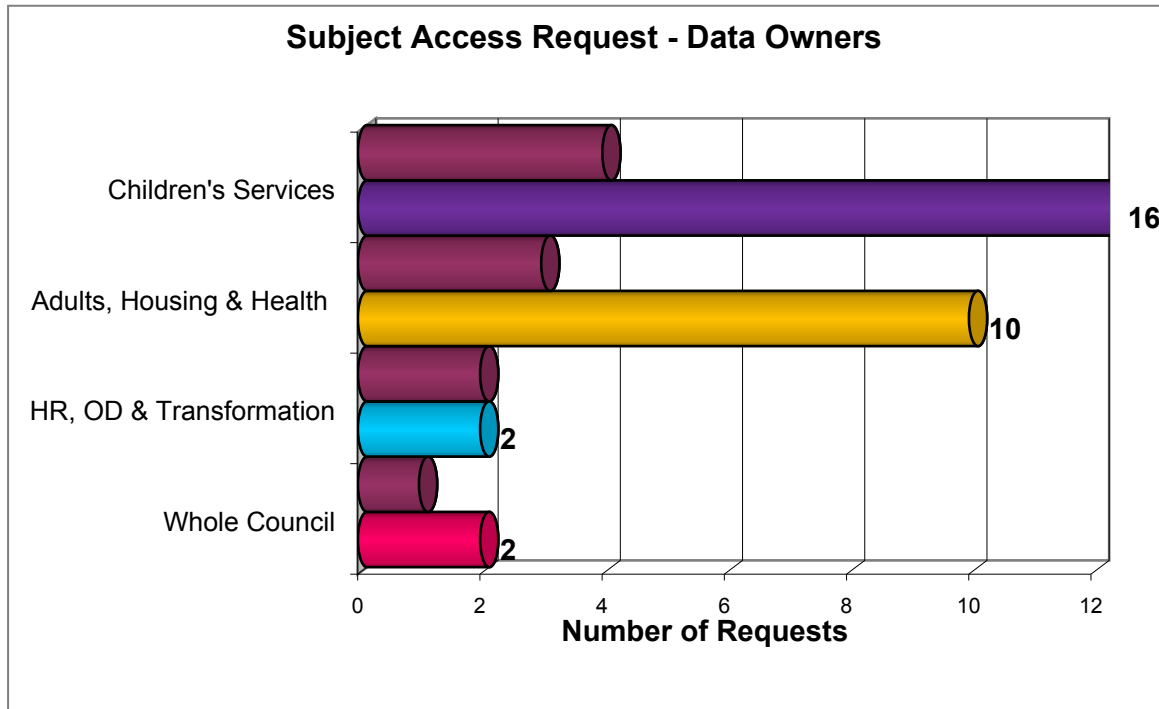
2.2.3 During 2017/18, the council received 78 SAR requests, of those 29 requests paid the fee and the full SAR process was implemented. Of the 29 requests, 83% (24) of requests were processed within the statutory timeframe. During the last financial year the team received 4 large requests at the same time which have impacted on the performance for this year. These are no longer on-going.

2.2.4 During 2017/18 the council received 2 complaints from the ICO regarding the management of SAR's. One was in relation to delays and information not being available. The second related to delays and redactions.

2.2.5 The table below shows volumes of requests and performance since 2014. The ICO have also confirmed that in the future they are going to be implementing formal monitoring of council's response rates on data protection in terms of timeframes (at the moment this is only checked if complaints are made).

Year	Number of Requests	% responded to in time
2014/2015	21	71%
2015/2016	43	93%
2016/2017	47	83%
2017/2018	29	83%

2.2.6 The chart below shows where the data was owned (i.e. those Directorates holding data on the applicant) for the 29 requests processed fully. This chart highlights that Children's Services received the most requests for 2017/2018. Please note the chart below does not balance back to 29, as more than one area can be the subject of the request.



3. Issues, Options and Analysis of Options

3.1 There are no options associated with this paper.

4. Reasons for Recommendation

4.1 This report is for noting purposes. There are no recommendations requiring approval.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This report was sent to Customer and Demand Board and Directors Board.

6. Impact on corporate policies, priorities, performance and community impact

6.1.1 The council has an effective system and process in place for managing both FOI and Data Protection requests. Procedures are regularly reviewed in order to improve performance.

6.1.2 The council's ability to comply and process FOI and Data Protection requests within the requirements of the respective legislation demonstrates our

commitment to openness and accountability. This will allow residents and customers to have a confidence in what we do and will help build trusting relationships.

6.1.3 Access to information can also be closely linked to our Customer Services and ICT Strategies.

6.1.4 Processing of FOI and Data Protection requests can identify where service improvements can be made, such as improving records management processes.

7. Implications

7.1 Financial

Implications verified by: Jonathan Wilson - Chief Accountant

- For the reporting period, the council could charge £10 to process a Subject Access Request under the Data Protection Act. This will change under GDPR (no charge). There is no charge under the Freedom of Information Act as the council refuse requests that exceed the cost threshold.
- For the reporting period, financial penalties for Data Protection breaches are up to £500K. This penalty will increase under GDPR (up to 20 million euros).

7.2 Legal

Implications verified by: **David Lawson - Assistant Director Legal and Democratic Services (Monitoring Officer)**

- FOI failure could result in regulatory intervention as the ICO are now starting to target poor performing councils for FOI which will lead to reputational damage.
- There are various avenues available to the Information Commissioner's Office to address an organisation's shortcomings in relation to the collection, use and storage of personal information. These avenues can include criminal prosecution, non-criminal enforcement and audit. The Information Commissioner also has the power to serve a monetary penalty notice on a data controller.
- The council must also comply with the Code of Practice issued under section 46 of the Freedom of Information Act 2000. The Information Commissioner may issue practice recommendations to an authority considered to be non-compliant with the Code specifying the steps that should be taken to ensure conformity. Failure to comply with such a recommendation could lead to an adverse report to Parliament in relation to the authority, by the Information Commissioner.

- The council must also be mindful of its duties under the Public Records Acts 1958 and 1967, the Local Government (Records) Act 1962, the Local Government Act 1972, the Local Government (Access to Information) Act 1985 and any other record-keeping or archives legislation.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
**Community Development and Equalities
Manager**

- There are significant diversity issues for the whole community regarding FOI and Data Protection. The successful implementation of FOI and Data Protection allows our customers, stakeholders, partners and the public to access and receive information.

7.4 **Other implications**

None

8. **Background papers used in preparing the report**

- None – Information has been obtained from the FOI and Data Protection databases/systems.

9. **Appendices to the report**

Appendix 1 - Benchmarking

Report Author:

Lee Henley

Strategic Lead Information Management

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Appendix 1 -Freedom of Information Benchmarking results 2017/2018

Council	Number of FOI requests received during 2016/17	Increase or Decrease from previous year	Number of FOI requests received during 2017/18	% that were replied to within 20 working days	The majority of the requests came from
Thurrock Council	1046	+	1056	96.0%	Public
Leicestershire County Council	1169	-	1008	93.0%	NK
Eastbourne Borough Council	644	+	690	94.0%	Public
Canterbury City Council	990	+	1041	95.4%	NK
Malvern Hills District Council	541	-	430	98.8%	NK
Southampton City Council	1382	+	1383	81.3%	Public
Dorset County Council	894	-	832	93.1%	Public
London Borough of Barnet	2068	-	1745	95.0%	Public
Central Bedfordshire	1255	+	1323	98.0%	NK
East Sussex County Council	1402	-	1210	96.0%	NK
West Berkshire Council	1299	+	1324	86.0%	Public
Basingstoke & Deane Borough Council	435	+	481	88.0%	
South Oxfordshire District Council			529	95.0%	Commercial
Vale of White Horse District Council			528	95.0%	NK
Merton	1633	+	1795	75.9%	Public
Royal Borough of Windsor & Maidenhead	1540	-	1389	98.5%	Public
Croydon Council	1644	-	1294	68.8%	NK
Worcestershire County Council	1326	-	1235	85.0%	Public
Oxfordshire Council			1649	95.5%	NK
Charnwood Borough Council			670	99.0%	NK
Lewes District Council			643	93.0%	Public
Blaby District Council	788	-	630	98.8%	NK

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27 September 2018	ITEM: 9
Standards & Audit Committee	
Annual Complaints & Enquiries Report – April 2017 to March 2018	
Wards and communities affected: All	Key Decision: Non-key
Report of: Tina Martin, Statutory & Corporate Complaints Manager	
Accountable Head of Service: Lee Henley – Strategic Lead Information Management	
Accountable Directors: Jackie Hinchliffe – Director of HR, OD & Transformation and David Lawson – Assistant Director Legal and Democratic Services (Monitoring Officer)	
This report is: Public	

Executive Summary

- The number of complaints received for the reporting period is 1714. For the same period last year the combined figure for concerns and complaints was 2890, therefore the reporting period represents a significant reduction (41%) which is positive.
- Directorate sheets and service dashboards are attached as Appendix 1. These provide information on the most common (not all) complaints received for the Directorate, with analysis on actions undertaken to improve service delivery and reduce complaints. It also includes complaints that were escalated within the complaints procedure which resulted in the original complaint outcome being overturned.
- Adult Social Care Annual Complaints Report is attached as Appendix 2. This provides information on complaint and informal feedback, independent investigation costs, root cause analysis and any associated learning for Thurrock provided services and commissioned services.
- Children Social Care Annual Complaints Report is attached as Appendix 3. This provides information on complaint and informal feedback, any independent investigation costs, root cause analysis and associated learning.
- There is an increase in the percentage of complaints upheld at 41%. Last year this figure was 38%. The corporate indicator is set at 35%. Detailed analysis on upheld complaints is shown for the service areas within Appendix 1, however the reporting period has highlighted:

- An increase in upheld complaints for missed bin collections. This is expected to improve during 2018/19, with the introduction of changes highlighted by the service within Appendix 1.
- The corporate indicator for responding to complaints within timeframe is set at 95%. A total of 83% of complaints were responded to within timeframe. This is below target, however there was an improvement from October onwards.
- A total of 788 MP/MEP enquiries were received, of which 77% were responded to within the timeframe. Performance needs to improve in this area as last year 97% were responded to within timeframe (based on 752 received).
- A total of 3764 member enquiries were received, with 94% responded to within timeframe (despite timeframes reducing from 10 days to 7 days from the 1 September 2017). During 2016/17 4065 were received with 97% responded to within timeframe. The average time taken to respond to members enquiries across all Directorates was 5 days.

1. Recommendations

- 1.1 To note the statistics and performance for the reporting period.

2. Introduction and Background

- 2.1 This report sets out the council's complaints statistics for the period 1 April 2017 to 31 March 2018.
- 2.2 Adult Social Care (ASC) and Children's Social Care (CSC) have separate statutory complaints procedures.

3. Complaints

- 3.1 Directorate and service analysis of complaints has been produced and is attached as Appendix 1. The Complaints Team work with services to establish the root cause for complaints received, to identify reasons for complaint escalation and to establish the reasons why complaints are upheld. Services are required to set SMART objectives outlining required outcomes to improve service delivery.

4. Ombudsman Enquiries

- 4.1 A summary of formal enquiries from either the Local Government & Social Care Ombudsman (LGSCO) or the Housing Ombudsman (HO) are detailed below together with formal decisions that have been reached.

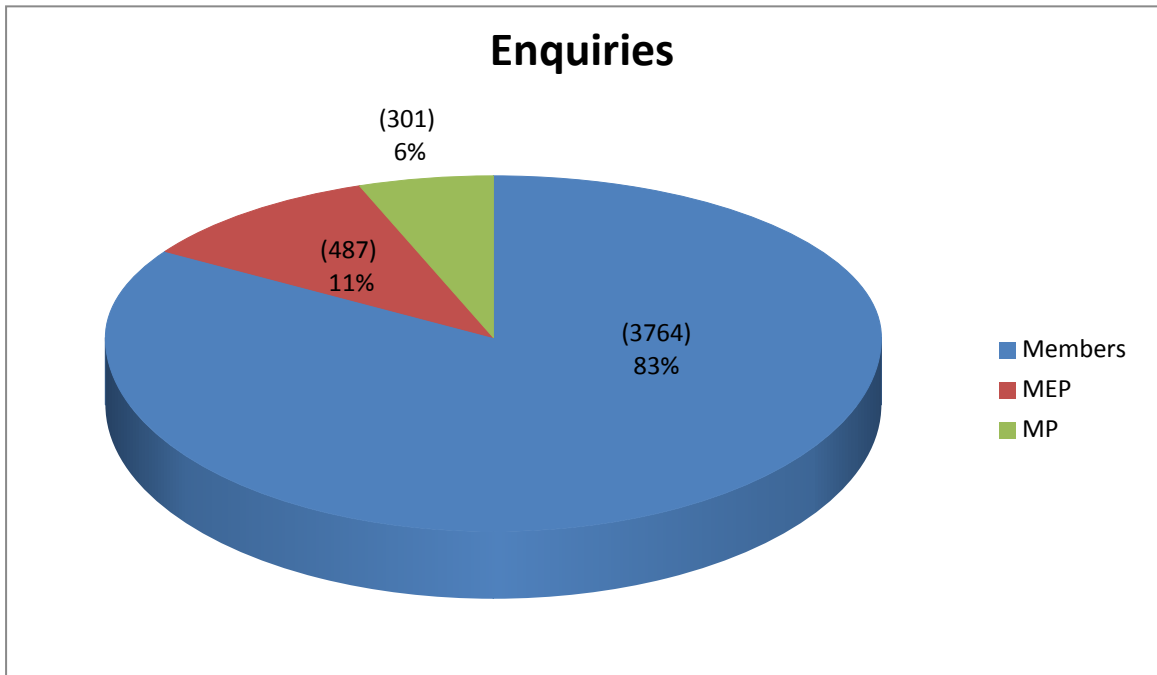
Findings and recommendations from all enquiries are shared with respective Directors and Assistant Directors and the Complaints Team will track any tasks arising from any recommendations that have been made.

AREA	ISSUE NATURE	OMBUDSMAN FINDINGS	FINANCIAL REMEDY
Adult Social Care (LGSCO)	Unhappy with the way a care home dealt with the case – communication issues and inaccurate records	Discontinue investigation	-
Children's Services (LGSCO)	Home to school transport	Maladministration causing injustice	-
Children's Services (LGSCO)	Care package for disabled daughter	Discontinue investigation	-
Children's Service (LGSCO)	Failure to assist home to school transport	No maladministration	-
Children's Services (LGSCO)	Delays in providing Education Health Care Plan (SEN)	Maladministration causing injustice	£150
Children's Services (LGSCO)	Contact arrangements not being kept in line with a court order	Discontinue investigation	-
Environment & Highways (LGSCO)	Non return of bins to boundary	No maladministration	-
Environment & Highways (LGSCO)	Ongoing missed waste collections	Maladministration causing injustice	£100
Finance & IT (LGSCO)	Council Tax debt, staff conduct and bailiff action not handled correctly	No maladministration	-
Finance & IT (LGSCO)	Council unable to prove unpaid Council Tax and communication issues	Maladministration causing injustice	-
Finance & IT (LGSCO)	Refusal of payment plan for Housing Benefit overpayment	No maladministration	-
Finance & IT (LGSCO)	Unnecessary bailiff action and complaint handled poorly	Maladministration causing injustice	£250
Housing (HO)	Delays in remedial repairs	Maladministration causing injustice	£100
Housing (HO)	Delays in completing repairs	No maladministration	-
Legal (LGO)	Independent Appeal Panel did not consider case properly	Discontinue investigation	-
Place (LGO)	Planning permission granted on resident's land	Discontinue investigation	-
Place (LGO)	Failure to remove dwelling	Maladministration No Injustice	-
Place (LGO)	Planning enforcement	Maladministration causing injustice	-
Place (LGO)	Lack of transparency regarding a planning application	Maladministration causing injustice	-

5. MP, MEP & Member Enquiries

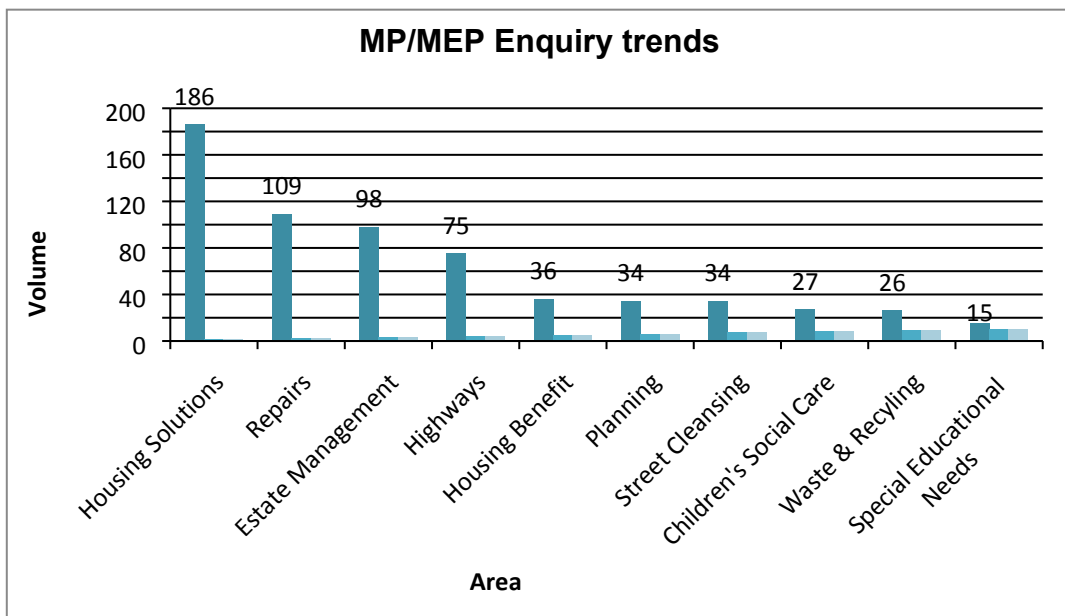
5.1 During the reporting period enquiries were received as follows:

- 3764 Member Enquiries were received, with 94% responded to within timeframe. The average time taken to respond to Members Enquiries across all Directorates was 5 days. If the same cost (£40) to that of a stage 1 complaint is applied, the cost to process Members Enquiries is estimated to be £150k.

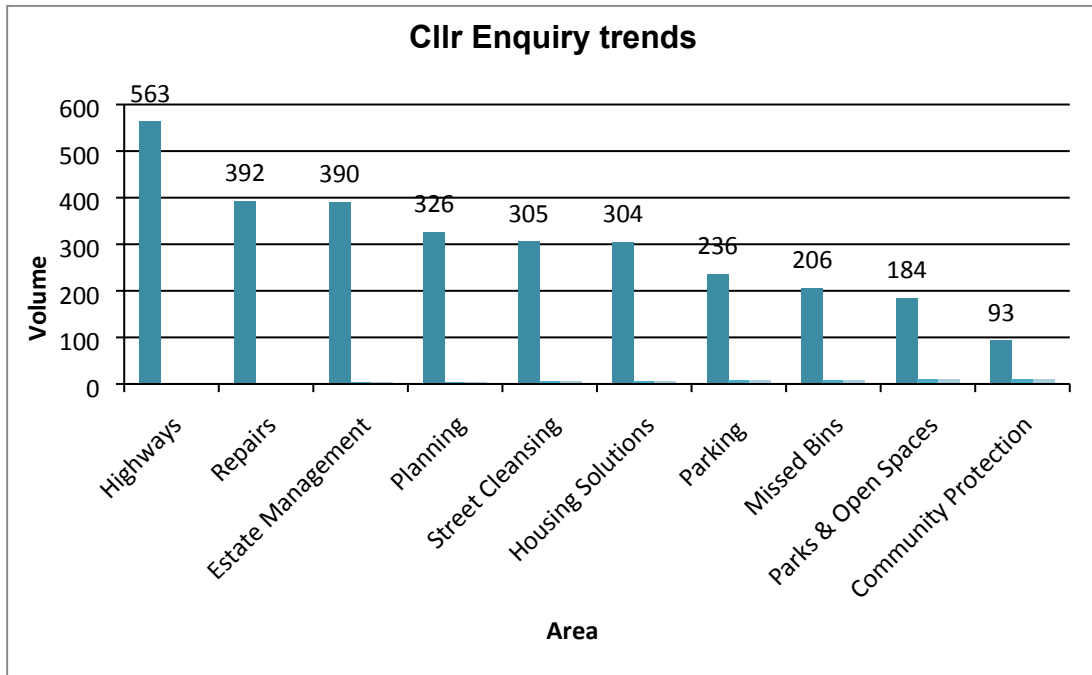


- A total of 788 MP/MEP Enquiries were received, of which 77% were responded to within the timeframe.

5.1.2 MP/MEP Enquiry trends and common themes are outlined below.



5.1.3 Councillor enquiry trends and common themes are outlined below.



6. Learning lessons from complaints

6.1 The most important aspect of any complaints management framework is the ability to demonstrate that the council can show evidence that it is learning from complaints received. The service dashboards (Appendix 1) include a high level summary of learning from upheld complaints which has been identified by Directorates.

7. Complaint investigation costs

Complaints which escalate through the complaints procedure can result in additional costs to the council in terms of officer time. The Complaints Team have estimated these costs as follows:

- stage 1 ...£40.00
- stage 2 ...£70.00
- stage 3 ...£120.00

As such complaint investigation costs for the reporting period are as follows:

Complaint stage	No of complaints	Associated cost
Stage 1	1123	£44,920
Stage 2	511	£35,770
Stage 3	95	£11,400

Note – This is based on complaints closed (so will be different to the complaints received figure in the Executive Summary)

The Directorate Sheets provide additional analysis on those complaints where the original complaint outcome was changed following further investigation.

8. Alternate Dispute Resolution

Alternate Dispute Resolution (ADR) has been embedded within the corporate complaints process for several years and was implemented as a mechanism to resolve complaints swiftly should the complainant request escalation. This involves further assessment by the Statutory & Corporate Complaints Manager or Strategic Lead and any appropriate recommendations being made. It can also include mediation with the complainant, the service or advising of onward referral to the appropriate Ombudsman.

For both Children and Adult Social care services, ADR commenced in April 2017. The key focus is to reduce costs in appointing independent investigating officers but ultimately resolving complaints swiftly through mediation and conciliation. The Statutory & Corporate Complaints Manager or Strategic Lead assesses all social care cases where escalation is requested by the complainant. This approach has shown positive outcomes resulting in no complaints for adult or children social care services requiring external independent investigation following investigation by officers.

Complainants also welcome the involvement of a neutral third person who will be able to assist both the complainant and the service in negotiating a settlement to their complaint.

An independent investigation into any social care complaint is sanctioned by the Assistant Directors and/or Director in both Children and Adult social care services. The procedures differ depending upon whether it is an adult or children's complaint (the latter having a two stage independent process). The Complaints Team have analysed that on average each independent investigation costs the council as follows:

Adult Social Care:

- £3000 per complaint investigation

Children's Social Care:

- £1800 per stage 2
- £1000 per stage 3

Within the reporting period a total of 7 ADR's were successfully completed by the Complaints Team, this has therefore resulted in a saving to the council as detailed below. However, it should be recognised that ADR cases can, at times, be resource intensive for the Corporate Complaints Team.

Social care service (adults or children's)	No of escalations received	No of completed ADR's	Estimated Savings
Adult Social Care	1	1	£3,000
Children's Social Care	6	6	£10,800
		TOTAL	£13,800

9. Compensation

9.1 Records confirm that within the reporting period financial compensation payments have been made by the council as outlined below:

Area	Complaint Stage	Financial Remedy
Children's Services - SEN	LGSCO	£150
Housing - repairs	Stage 3	£40
Finance & IT – sundry debtors	LGSCO	£250
Housing - adaptations	Stage 3	£200
Housing - repairs	HO	£100
Housing - voids	Stage 3	£405
Environment & Highways – missed bin collection	LGSCO	£100
		Total £1,245

Note – During 2016/17, £11655 was paid out in compensation payments.

10. Social Care Annual Complaints & Representations Reports

10.1. The Adult Social Care Annual Complaints Report is attached as Appendix 2.

10.2 The Children's Annual Complaints Report is attached as Appendix 3.

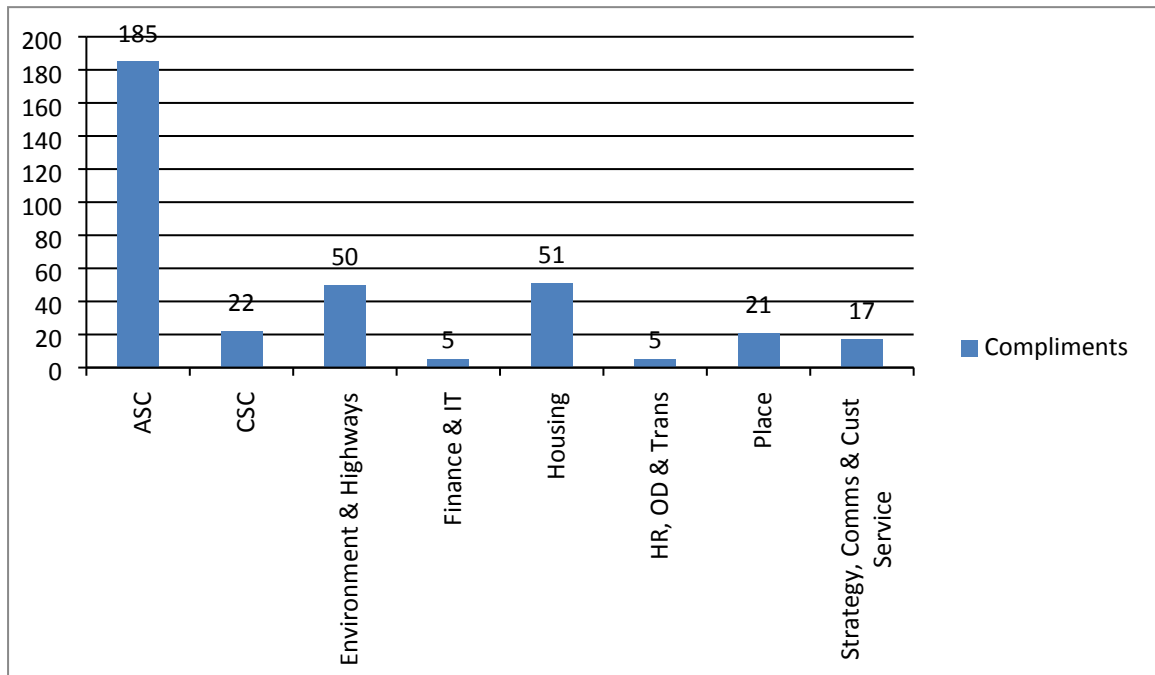
11. Complaint channels

11.1 There are various means for complainants to register expressions of dissatisfaction. The top themes for the reporting period are shown below:

Digital channel (email, social media, website)	90%
Complaints Form	4%
Telephone	4%
Letter	2%
In Person	0%

12. Compliments

12.1 The council received a total of 356 external compliments within the reporting period from residents and visitors. Breakdown is below:



13. Changes to the complaints process

13.1 The timeframe for responding to member enquiries was reduced to 7 working days (from 10 working days) with effect from 1st September 2017.

14. Issues, Options and Analysis of Options

14.1 There are no options associated with this paper.

15. Reasons for recommendations

15.1 This report is for noting purposes. There are no recommendations requiring approval.

16. Consultation (including Overview and Scrutiny, if applicable)

16.1 This report was sent to Customer and Demand Board and Director's Board.

17. Impact on corporate policies, priorities, performance and community impact

17.1.1 Complaints impact on the council's priority of delivering excellence and achieving value for money.

17.1.2 The complaints process seeks to create a culture of corporate learning from best practice from listening to our customers and by acting on complaints. All complaints received must have learning applied if the complaint outcome is upheld.

17.1.3 The complaints process aims to improve customers' and users' experience of accessing council services. This will support our customer services strategy.

18 Implications

18.1 Financial

Implications verified by: **Jonathan Wilson
Chief Accountant**

The financial implications are set out in the body of the report.

18.2 Legal

Implications verified by: **David Lawson - Assistant Director Legal and Democratic Services (Monitoring Officer)**

- Both the Courts and the Local Government Ombudsman expect complainants to show that they have exhausted local complaints / appeal procedures before commencing external action.
- The implementation of our learning from complaints and listening to our residents should lead to a reduction of complaints received and a reduction in those going to the Ombudsman or the Courts.
- Social Care for Adult and Children are required to follow a separate procedure stipulated by the Department of Health (DOH) and Department for Education & Skills (DFES).

18.3 Diversity and Equality

Implications verified by: **Natalie Warren - Community Development and Equalities Manager**

- The Information Management Team will ensure that the Community Development and Equalities Manager are aware of all complaints that have an equality related expression of dissatisfaction.

18.4 Other implications

None

19. Background papers used in preparing the report

- Information has been obtained from the council's complaints system.

20. Appendices to the report

- Appendix 1 – Directorate performance data analysis and learning outcomes
- Appendix 2 – ASC Report summary
- Appendix 3 – CSC Report summary

Report Authors:

Tina Martin

Statutory & Corporate Complaints Manager

Appendix 1

ANNUAL COMPLAINTS SUMMARY:	2017/2018
DIRECTORATE:	ADULTS, HOUSING & HEALTH

High level summary

Top expressions of dissatisfaction relate to Housing remedial repairs, Transforming Homes programme; delays by contractors and service provision for homeless applications. These include:

- Repairs - delays in completing repairs, missed appointments, issues with boilers and staff conduct
- Housing Solutions – temporary accommodation, communication, customer service and staff conduct
- Estate Management – ASB issues, delays in remedial actions, garage repairs and service charges.
- Transforming Homes – Communication breakdown, delays and quality of work

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Repairs	186 (429)	38% (41%)	17 (71)	48 (97)	43% (48%)	24% (N/A)	8 (15)	8 (15)	25% (7%)	50% (N/A)
Housing Solutions	68 (100)	26% (24%)	17 (20)	51 (60)	36% (32%)	14% (N/A)	9 (12)	10 (15)	20% (7%)	50% (N/A)
Estate Management	92 (107)	33% (20%)	13 (22)	50 (57)	27% (26%)	14% (N/A)	8 (10)	9 (15)	22% (26%)	100% (N/A)
Transforming Homes	41 (65)	36% (60%)	2 (11)	11 (15)	63% (67%)	0% (N/A)	1 (3)	1 (3)	0% (N/A)	0% (N/A)

*Last year's full figures are shown in brackets

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

Appendix 1

HOUSING – COMPLAINT DASHBOARD 2017/2018

HOUSING ASSET MANAGEMENT

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	Communication – the service are addressing communication issues through Mears Governance Meetings	These continue to be held and form part of the contract management against set KPI's. In addition to this, in-line with Mears own internal procedures, governance meetings take place with Mears and their subcontractors
2	Attitude of staff – this has been addressed by taking appropriate action in line with HR procedures	This continues to take place and is monitored as part of routine business by Mears in order to address and identify any training issues
3	Quality of work – this has been addressed by delivered Toolbox talks	This is business as usual, in addition if a common theme/trend is identified this will be addressed

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	76	32%	8	22	38%	13%	6	6	0%	0%
Oct to March	110	42%	9	26	46%	17%	2	2	50%	0%
TOTAL	186	38%	17	48	43%	24%	8	8	25%	50%
Last year's stats>>	(429)	(41%)	(71)	(97)	(48%)	(N/A)	(15)	(15)	(7%)	(N/A)

Appendix 1

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
38% of stage 1 complaints were upheld (based on 198 complaints responded to, 75 upheld). These related to missed appointments, gas servicing, delays in follow on works, communication and poor workmanship	Yes – points 1 & 3	The issues raised are being monitored by the LAPs process and additional procedures are being implemented such as a branch communication extended to all Mears staff regarding keeping residents updated, the utilisation of call back sheets and toolbox talks alongside monthly governance meetings with the contractors.	There has been a decrease from 41% to 38% upheld within this reporting period.
43% of stage 2 complaints were upheld (based on 49 complaints responded to, 21 upheld). The issues pertained to staff conduct/customer service, lack of communication and delays	Yes – points 1 & 2	As part of governance meetings, contractors are following complaints up with their staff in order to reduce complaint volumes and training provided to operatives & advisers on the importance of customer service.	There has been a decrease from 48% to 43% upheld within this reporting period.

	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	Mears Communication with Residents – regular review and implementation of call scripts – to assist call handlers in dealing with calls and providing up to date and correct information to residents. In addition to this, sample monitoring of calls received is undertaken, to identify any further training needs, which will assist in continuing to improve the customer experience.	
2	Mears Follow on Works – where a common trend has been identified in regards to follow on works not being progressed in line with internal processes, officers are being monitored as part of performance plans, in line with Mears internal HR processes.	
3	Regular customer care and governance meetings are held with Mears, to review customer feedback and monitoring contractor performance.	
4	Liberty Gas Communication with Residents - Liberty Gas have implemented a new upgraded phone system and in addition to this, Liberty Gas have additional staff dedicated to the Thurrock contract, with a view to improving the service and reducing missed appointments.	

Appendix 1

HOUSING – COMPLAINT DASHBOARD 2017/2018

TRANSFORMING HOMES

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	Where complaints are upheld actions are put in place with our contractors to address any themes arising are monitored through ongoing improvement plans	Progress with the Improvement Plan is monitored monthly. Complaint themes are also reviewed on a monthly basis and new actions are included in the plan where applicable. Similar actions were taken regarding upheld complaint report for April – July 2017.
2	English classes have been put into place by a contractor for their workforce to help improve their ability to respond to residents when working in Thurrock homes. In addition to this, the content of all standard letters has been reviewed	Letters have been reviewed to ensure they are clear and contain up to date information. English lessons continue for new operatives and the amount of training is tailored for each individual by the independent training body and is signed off when the person is considered competent. Residents continue to receive ongoing support from our RLO's before and during works. This action also remains on the improvement plan for on-going review
3	The way defects are handled has now been reviewed and the time taken to resolve any defects is now monitored monthly as a performance item with our contractors	A review of the last 3 months shows that the number of defects has reduced and turnaround times have improved

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	25	46%	1	7	60%	0%	1	1	0%	0%
October to March	16	20%	1	4	67%	0%	0	0	0%	0%
TOTAL	41	36%	2	11	63%	0%	1	1	0%	0%
Last year's stats	(65)	(60%)	(11)	(15)	(67%)	(N/A)	(3)	(3)	(0%)	(N/A)

Appendix 1

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
36% of stage 1 complaints were upheld (based on 42 complaints responded to, 15 upheld). These were linked to process issues such as missed appointments and communication	Yes – point 1	There has been an overall reduction in the number of stage 1 complaints. This is confirmation that the improvement plans developed is working to improve service delivery. All team members are aware of the contents of the plan and take part in regular review sessions.	Previous commitments have resulted in improved performance within the reporting period
63% of stage 2 complaints were upheld (based on 11 complaints responded to, 7 upheld). The main trend related to contractor staff complaints. Figure for whole of last year was 67%	Yes – point 1	There has been a 4% reduction in the % upheld. This will be subject to further monitoring	Continued effective monitoring of contractor performance is essential to reduce complaint volumes

	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	New contracts starting for 2018/19 with embedded learning. The delivery contracts have been re-procured and will mobilise this financial year, this includes the appointment of a new delivery contractor. All processes are being reviewed and updated in readiness for these new contracts incorporating learning from customer feedback to date.	
2	Monitoring of contractors performance through a new suite of KPIs. KPIs are monitored monthly by the Council with the applicable contractor. Resident Satisfaction remains a key priority and has an enhanced target under the new arrangements.	

Appendix 1

HOUSING – COMPLAINT DASHBOARD 2017/2018

HOUSING SOLUTIONS

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	The service review within the homelessness service will drive forward a significant change in the way in which the council delivers the homeless service. This will result in the quicker processing of applications as the team will be working in specialist areas.	The service review made a number of changes to the homelessness service. The main focus was changing the way the team worked by splitting them into prevention and homeless officers. This has ensured officers process applications as quick as possible to ensure the maximum time is available to prevent homelessness.
2	To manage the customer expectations, a review of all customer literature and communication will be undertaken to improve the information in letters and on the website. This will clarify the service standards and expectations	A corporate review of all letters is being undertaken by Tracie Heiser. The service review resulted in a number of letters used by the service and created up to date templates for the team. The main application method using the HED is also being replaced with a self-serve module
3	Staff will be offered a refresher customer care training	Staff have been offered additional training
4	Increased joint working with the corporate complaints team, conducting monthly review of trends and lessons learnt to minimise future complaints	This has been done and is ongoing to ensure continually improved performance.

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	41	26%	8	26	39%	8%	5	5	25%	100%
October to March	27	27%	9	25	32%	25%	4	5	17%	0%
TOTAL	68	26%	17	51	36%	14%	9	10	20%	50%
Last year's stats>>	100	24%	20	60	32%	N/A	12	15	7%	N/A

Appendix 1

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
26% of stage 1 complaints were upheld, based on 72 responded to, 19 upheld. These related to process issues, communication and service delays.	Yes – points 1-4	Additional procedures have been put in place to help reduce waiting times to see an officer and that all contact details must be kept up to date	This is under the KPI of 35% however it is an increase on the previous year
36% of stage 2 complaints were upheld, based on 58 responded to, 21 upheld. The main theme related to staff conduct	Yes – points 1-4	Additional training has been offered regarding customer care in order to reduce such complaints	
20% of stage 3 complaints were upheld, based on 10 responded to, 2 upheld. This is an increase on the previous year and relates to process issues and customer service	Yes – points 1-4	This is being monitored via the LAPs process	

	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	Increased joint working with the corporate complaints team, conducting monthly review of trends and lessons learnt to minimise future complaints. The service will hold regular meetings with Service team managers to capture lessons learned from complaints, and embed learning in the business process and practices	
2	Implement improvement of services from learning from complaints. Involve staff in service improvement review. Develop and undertaken 1 customer satisfaction survey and complete customer care standards for each area.	
3	Continue bespoke customer care training for staff. Include customer care in all team processes.	

Appendix 1

HOUSING – COMPLAINT DASHBOARD 2017/2018

ESTATE MANAGEMENT

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	Taking a more pragmatic approach to introductory tenancy cases and focused more of tenancy sustainment, e.g. for cases with small initial rent arrears.	No update provided
2	Offer early support and referrals to other agencies when concerns are identified and the team are working more closely with partners to achieve this and reduce the number of evictions	No update provided
3	Focus on resolving complaints swiftly to ensure matters are not escalated	No update provided

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	56	25%	6	21	22%	25%	4	5	40%	100%
October to March	36	43%	7	29	30%	10%	4	4	0%	0%
TOTAL	92	33%	13	50	27%	14%	8	9	22%	100%
Last year's stats>>	107	20%	22	57	26%	N/A	10	15	26%	N/A

Appendix 1

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
33% of stage 1 complaints were upheld, based on 93 responded to, 31 upheld. The root causes related to service charges, grades and communication issues	Yes – point 3	This represents an increase on 2016/2017 however new processes have been implements including garage/plot lets, termination and demolitions plus the review of service charges	
27% of stage 2 complaints were upheld, based on 51 responded to, 14 upheld. These related to staff complaints regarding service delays, particularly around care taking and providing update to residents	Yes – point 3	Teams have been briefed on an Away Day of the importance of improving customer service skills and it was reiterated that updates need to be provided to residents as soon as possible	
22% of stage 3 complaints were upheld, based on 9 responded to, 2 upheld. Both related to staff complaints	Yes – point 3	From further investigation into these complaints, it was acknowledged that the re-charge was not valid and that a more robust investigation should have taken place.	Both of these complaints were not upheld at a stage 2 therefore the outcome was overturned at stage 3.

	Service commitments submitted by the service for the year 2018/2019 based on the above analysis
1	Resident Engagement – Re-launched resident groups across the borough to work with residents to experience first-hand what the issues are at regular meetings in order to resolve before complaints are escalated.
2	Tenants Excellence Panel – recruitment to provide a panel that represents a wide diversity of tenants represented throughout all parts of the borough
3	Focus on Fire Safety and Estate Improvement within areas of the 15 Tower blocks.

Appendix 1

ANNUAL COMPLAINTS SUMMARY:	2017/2018
DIRECTORATE:	CHILDRENS SERVICES

High level summary

Top expressions of dissatisfaction relate to Special Educational Needs (SEN), School Admissions & Education & Welfare and include:

- Delays in EHCP
- Lack of communication from SEN Department
- Staff complaint – lack of communication
- School admissions process
- Possible Data Protection Breach
- School attendance concerns

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
SEN	14	50%	4	13	73%	13%	2	3	33%	0%
	(17)	(41)	(3)	(8)	(50%)	(N/A)	(4)	(4)	(25%)	(N/A)
School Admissions	2	33%	0	2	0%	0%	0	0	0	N/A
	(7)	(14)	(0)	(5)	(60%)	(N/A)	(0)	(0)	(0)	(N/A)
Education & Welfare	2	0%	0	2	0%	0%	1	1	100%	100%
	(1)	(0%)	(0)	(0)	(0%)	(N/A)	(0)	(0)	(0%)	(N/A)

*Last year's full year's figures are shown in brackets

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

Appendix 1

CHILDRENS SERVICES – COMPLAINT DASHBOARD 2017/2018

SEN SERVICE

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	The service provided no commitments for the period 2016/2017	

Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	7	63%	1	6	75%	25%	1	2	50%	0%
October to March	7	33%	3	7	71%	0%	1	1	0%	0%
TOTAL	14	50%	4	13	73%	13%	2	3	33%	0%
Last year's stats>>	(17)	(41)	(3)	(8)	(50%)	(N/A)	(4)	(4)	(25%)	(N/A)

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Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
50% of stage 1 complaints upheld, based on 14 responded to. These related to EHCP and communication delays. This presented as a reoccurring theme.	N/A	The service has been restructured resulting in increased capacity. Performance is monitored on a monthly basis and learning from complaints forms part of this work. The service will continue to monitor performance closely and take action to address any issues of underperformance.	<p>This has been addressed with the service for previously upheld complaints received, therefore action must be undertaken to learn from complaints.</p> <p>January 2018: The SEN Board have been provided with information on complaint data to ensure improvement is made in terms of responding to complaints on time and</p>

Appendix 1

			<p>ensuring lessons are learnt from upheld complaints.</p> <p>March 2018: The Statutory & Corporate Complaints Manager has met with the Strategic Lead (Inclusion) to map out proposed new ways of working in terms of implementing a revised process for monitoring, a new tracking system and bespoke complaint training for staff. Update is required from the Strategic Lead.</p>
73% of stage 2 complaints upheld, based on 11 responded to. This related to same as above and staff complaints relating to lack of action	N/A	Same as above	Same as above
13% of stage 2 complaints were upheld however not upheld at stage 1, based on 8 responded to. The original complaint outcome was overturned at stage 2	N/A	Same as above	Same as above
33% of stage 3 complaints were upheld, based on 3 responded to. This related to the need for improved timelines for production of EHCP	N/A	Same as above	Same as above
Service commitments submitted by the service for the year 2018/2019 based on the above analysis			
1	We will continue to monitor performance closely and take action to address any issues of underperformance.		

Appendix 1

ANNUAL COMPLAINT SUMMARY:	2017/2018
DIRECTORATE:	ENVIRONMENT & PLACE <i>(changed to Environment & Highways and Place on 1 November 2017)</i>

High level summary

Top expressions of dissatisfaction include:

- Bins not being collected on dedicated collection day.
- Bins not being put back in the correct place.
- Staff complaints
- Service requests not followed up resulting in delays in progression of works
- Highways issues such as prioritisation of workload

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Missed Bin Collections	200 (190)	74% (66%)	26 (13)	27 (27)	80% (52%)	20% (N/A)	4 (4)	5 (4)	75% (50%)	0% (N/A)
Non Return of Bins	45 (22)	54% (73%)	12 (7)	13 (7)	45% (43%)	20% (N/A)	3 (1)	3 (3)	75% (67%)	0% (N/A)
Waste & Recycling - Customer Relations	6 (2)	67% (100%)	1 (2)	31 (33)	47% (87%)	0% (N/A)	0 (1)	0 (1)	0% (100%)	N/A (N/A)
Horticulture	15 (11)	67% (36%)	3 (1)	6 (1)	50% (0%)	0% (N/A)	3 (0)	3 (0)	0% (0%)	0% (N/A)
Highways	61 (63)	34% (33%)	9 (12)	14 (17)	25% (47%)	50% (N/A)	3 (2)	4 (4)	0% (75%)	0% (N/A)
Parks & Open Spaces	23 (31)	43% (19%)	2 (4)	3 (5)	67% (60%)	0% (N/A)	2 (1)	2 (0)	50% (100%)	0% (N/A)

*Last year's full year's figures are shown in brackets

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

Appendix 1

Environment & Place – COMPLAINT DASHBOARD 2017/2018

Waste & Recycling (Missed Bin collections)

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	A review of the existing collection system and routes, planned improvement from a 'pepper pot' system to a 'sweep system' was to be introduced	Optimisation route was introduced in May 2017
2	Continue to actively engage frontline crews to ensure they understand the impact of complaints and their role in performance	Various monitoring documents have been introduced to ensure front line staff are clear on expectations and are adhering to written instructions where required.
3	Continue to actively engage the Waste Management Team to improve management skills and knowledge. A bespoke training programme will be created with the Training team which will include complaint management	Bespoke management training programme has been set up with My Learning to develop management skills and knowledge. Some sessions have been delivered but due to staff leaving this has been put on hold pending new incoming staff
4	Performance monitoring with crews regarding stage 2 complaints, including individual meetings with crews to address and monitor matters of concern as part of the PDR process	This has been a significant challenge with reduced management resources but meetings have been held with crews and individuals as part of complaint investigation processes. More work needs to be done on this.

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	102	78%	8	8	88%	13%	0	1	100%	0%
October to March	98	70%	18	19	76%	23%	4	4	67%	0%
TOTAL	200	74%	26	27	80%	20%	4	5	75%	0
Last year's stats>>	(190)	(66%)	(13)	(27)	(52%)	(N/A)	(4)	(4)	(50%)	(N/A)

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Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
74% of stage 1 complaints were upheld, based on 199 responded to, 148 upheld.	Yes – points 1,2,3	<p>The percentage upheld is currently high however existing monitoring mechanisms will be improved from April 2018 when systems change from primarily hard copy recording (Daily reporting sheets) to updated Bartec electronic system. Comprehensive training will be provided.</p> <p>Letters of expectations are issued to crews where there are ongoing performance issues; this is also included in staff PDRs. Supervisors carry out regular, unplanned crew monitoring site visits to monitor H & S and performance in the field.</p>	Performance has not improved overall however further monitoring is required from April 2018.
80% of stage 2 complaints were upheld, based on 25 responded to, 20 upheld. 20% of stage 2 complaints were upheld that had not been upheld at stage 1 so the complaint outcome was overturned following escalation. This was due to incorrect information being provided in the stage 1 response	Yes – points 1,2,3,4	<p>Further testing of rounds is currently being undertaken to ensure rounds are balanced and achievable. Introduction of more robust end of day de-brief form to ensure rounds issues are addressed, work is completed as scheduled, crews do not return to depot early if any roads are down. Supervisors to monitor closely and Senior Supervisor to analyse allocation sheets weekly, identifying issues and addressing with supervisors. Discuss in supervisors meetings. Notification on website and crew report updated daily where several roads are missed.</p>	
75% of stage 3 complaints were upheld, based on 4 responded to, 3 upheld.	Yes – points 1,2,3	The 3 upheld complaints related to insufficient monitoring and that robust complaints investigations need to take place to avoid complaint escalation	Service need to give complainants feedback on the outcome of this monitoring

Service commitments submitted by the service for the year 2018/2019 based on the above analysis		
1	<p>Review of local procedures including missed bins and website updated accordingly. All Local procedures to be reviewed and website updated accordingly. Members training on 21 June, where Service Managers from</p>	

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	<p>Environment and Highways will be presenting short briefings to Members on key aspects and issues in each service. This will include missed bins and Contact Centre to be apprised of any changes to ensure consistent message is provided to residents and expectations are managed. Re-testing of rounds to ensure they are balanced and crews deployed carry out collections as scheduled.</p>	
2	<p>Training - Further training to be carried out this year and this programme to continue to ensure all employees are regularly refreshed on expectations of customer care and service standards. Local induction, including new and agency staff, to be refreshed and to include importance of collections carried out as scheduled. Regular supervisor monitoring of crews in the field to ensure compliance with standards expected. Supervisors to undertake complaints training including investigations and responses.</p>	
3	<p>Reduce the number of complaints upheld and escalated. There has been an increase in S1, S2 and S3 complaints last year. The service will endeavour to reduce the number of complaints in 2018/19 via close monitoring of all complaints, performance management of crews and review of lessons learned. More robust action will be taken with crews who repeatedly perform below standard.</p>	
4	<p>Consistent monitoring by supervisors - More consistent monitoring of S2 and S3 complaints where site visits are required</p>	

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Non Return of Bins

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	Further in house training, written notifications provided to crews to address correct return of bins as required.	Training has been provided to crew members in April 2017. Written work related instruction have been provided to crews when issues arise and meetings held with crews have taken place to discuss repeated occurrences at the same address.
2	Review of return of bins procedure and improved publicity to residents	Outstanding
3	Better management of residents expectations	Outstanding

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April-Sept stats>>	21	48%	7	7	17%	0%	2	2	100%	33%
Oct- March stats>>	24	60%	5	6	80%	25%	1	1	0%	0%
April - March stats>>	45	54%	12	13	45%	20%	3	3	75%	0%
Last year's stats>>	(22)	(73%)	(7)	(7)	(43%)	(N/A)	(1)	(3)	(67%)	(N/A)

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
54% of stage 1 complaints were upheld, written instructions were provided to the crew and they were reminded of the service standard expected	Yes – point 1	Crews are issued with written instructions, once complete, the driver will sign the instruction and return the instruction to the issuing Supervisor, letter of expectation are issued, Performance Monitoring takes place	

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		and is pickup up on the One 2 One and PDR's	
<p>45% of stage 2 were upheld, monitoring was requested to reduce issues (11 responded to, 5 upheld)</p> <p>20% of stage 2's were upheld that had not been upheld at stage 1 so the complaint outcome was overturned following escalation. This was due to further robust investigation.</p>	Yes – point 2	As above	

Service commitments submitted by the service for the year 2018/2019 based on the above analysis		
1	<p>Annual return of bins training for all frontline employees, and embedded in the local induction programme.</p> <p>Further non return of bin training has been carried out this year and this programme will continue to ensure all employees and agency staff are regularly refreshed on expectations and standards of bin placement. Local induction to be refreshed and to include standards of bin placement this is provided to all new permanent and agency staff. Regular supervisor monitoring of crews in the field will include observations of bin placements to ensure compliance with standards expected.</p>	
2	<p>Review of local procedures including bin returns and website updated accordingly. All Local procedures to be reviewed and website updated accordingly. Members training to include bin placement and Contact Centre to be apprised of any changes to ensure consistent message is provided to residents.</p>	
3	<p>Reduce the number of complaints upheld and escalated. There has been a decrease in S1 complaints last year, though an increase in S2 complaints. The service will endeavour to reduce the number of complaints in 2018/19 via close monitoring of all complaints, performance management of crews and review of lessons learned. More robust action will be taken with crews who repeatedly poorly perform.</p>	

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ENVIRONMENT & PLACE – COMPLAINT DASHBOARD 2017/2018

Parks & Open Spaces

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	No previous commitments were requested by the Complaints Team	N/A

Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	18	44%	2	3	100%	0%	2	2	50%	0%
October to March	5	33%	0	0	0%	N/A	0	0	0%	N/A
TOTAL	23	43%	2	3	67%	0%	2	2	50%	0%
Last year's stats>>	31	(19%)	(4)	(5)	(60%)	(N/A)	(1)	(0)	(100%)	(N/A)

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Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
43% of stage 1 complaints were upheld, based on 23 responded to, 10 upheld. The root causes were procedural and monitoring of work to avoid service delays	N/A	<p>It is anticipated that the activities undertaken within the service will help to reduce the number of upheld complaints:</p> <ul style="list-style-type: none"> The recruitment of an Area Senior Supervisor who is more closely managing and co-ordinating the approach taken in the grounds maintenance, street cleansing and parks/open spaces teams Implementation of a back office system that will provide clearer details of grass cutting schedules and the completion 	

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		of work.	
67% of stage 2 were upheld, based on 3 responded to, 2 upheld. These related to staff. These complaints escalated to stage 3 with 50% upheld as the service were required to improve communication with residents	N/A	There is an ongoing and intensive training programme to encourage front line staff working in all services to understand their roles as ambassadors of the council and to recognise the importance of customer relations/services	

	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	None provided	
2		
3		

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ENVIRONMENT & PLACE – COMPLAINT DASHBOARD 2017/2018

Libraries

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	No previous commitments were requested by the Complaints Team	N/A

Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	0	0%	0	2	100%	0%	0	0	0%	N/A
October to March	3	100%	0	1	100%	0%	0	0	0%	N/A
TOTAL	3	100%	0	3	100%	0%	0	0	0%	N/A
Last year's stats>>	0	0%	0	0	0%	N/A	0	0	0%	N/A

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
100% of stage 1 complaints were upheld, based on 3 complaints. This related to charges and unacceptable noise levels within the libraries.	N/A	This is being monitored via the LAPs process. Staff have been spoken to and reminded of the correct processes.	The learning has been implemented and the service are not required to submit any commitments for the year 2018/2019
100% of stage 2 complaints were upheld, based on 2 complaints. These were staff complaints	N/A	All staff to attend new corporate customer care training when available as reminder of good practice	As above

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ENVIRONMENT & PLACE – COMPLAINT DASHBOARD 2017/2018

Horticulture

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	No previous commitments were requested by the Complaints Team	N/A

Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	7	71%	0	2	100%	0%	1	1	0%	0%
October to March	8	80%	3	4	25%	0%	2	2	0%	0%
TOTAL	15	67%	3	6	50%	0%	3	3	0%	0%
Last year's stats>>	11	36%	1	1	0%	N/A	0	0	0%	N/A

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Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
67% of stage 1 complaints were upheld, based on 15 complaints, 10 were upheld. These related to service requests not completed in a timely manner and delays in updates being provided.	N/A	Service requests need to be prioritised to ensure responses are provided to the resident within an appropriate timeframe.	Update is required from the service in terms of progress made
50% of stage 2 complaints were upheld, based on 6 complaints. 3 upheld. The root cause was communication delays.	N/A	See above.	As above

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	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	For 2018/19 a more robust management process around service requests is being implemented. Weekly reports will be provided to Services Teams. This will highlight areas where these are not being responded to within the agreed timeframes so that the appropriate and timely remedial action can be taken.	
2	The restructure of the Environment and Highways Directorate that concluded in May 2018 has had the benefit of ensuring that service areas have closer management oversight. This will ensure that communication between teams improves. Furthermore with the adjustments in the complaints categorisation and better access to core complaints data, the service teams will be better equipped to ensure that responses to service requests, complaints and Councillor Enquiries are jointly responded to and timely.	

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ENVIRONMENT & PLACE – COMPLAINT DASHBOARD 2017/2018

Highways

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	No previous commitments were requested by the Complaints Team	N/A

Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	30	31%	4	6	38%	67%	0	0	0%	N/A
October to March	31	38%	5	8	13%	0%	3	4	0%	0%
TOTAL	61	34%	9	14	25%	50%	3	4	0%	0%
Last year's stats>>	63	33%	12	17	47%	N/A	2	4	75%	N/A

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Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
34% of stage 1 complaints were upheld, based on 61 complaints, 21 were upheld. These related to works delays and lack of response from service.	N/A	Additional procedures are being implemented such as a review of the refund process and better planning of works.	This is under the 35% KPI however there has been a 1% increase on last year
25% of stage 2 complaints were upheld, based on 16 complaints, 4 were upheld. The root cause related to delays and customer service dissatisfaction	N/A	It was acknowledged that the department did not have a business continuity plan when a key member of staff was off due to unforeseen circumstances. Going forward the department have committed to prioritising tasks. Reminders were sent to staff regarding customer service standards	An update is required from the service as at March 2018

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	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	Improved customer service processes. Improvements made to the automated customer service process (Symology). Feedback will be closely and regularly monitored to ensure customer satisfaction increases.	
2	Improved vehicle crossing process. Revised policy been drafted. Process improvements included. BCP currently being drafted / updated which will support continuity of service when key members of staff are off unexpectedly.	

Appendix 1

ANNUAL COMPLAINT SUMMARY:	2017/2018
DIRECTORATE:	FINANCE & IT

High level summary

Top expressions of dissatisfaction relate to Council Tax, Housing Benefit, Sundry Debtors and Corporate Finance, these include:

- Complaints regarding Council Tax demand letters
- Council Tax exemptions not correctly applied
- Lack of contact from Council Department
- Disputes over Housing Benefit entitlements and delays
- Attitude of staff within the Sundry Debtors service
- Recovery action taken is unjustified.
- Cheques sent to wrong individual
- Delays in invoices being paid

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Council Tax	79	33%	12	27	25%	29%	6	6	0%	0%
	(111)	(17%)	(18)	(23)	(13%)	(N/A)	(2)	(2)	(0%)	(N/A)
Housing Benefit	26	33%	3	4	0%	0%	1	1	0%	0%
	(71)	(30%)	(11)	(20)	(35%)	(N/A)	(4)	(5)	(0%)	(N/A)
Sundry Debtors	16	24%	2	31	15%	0%	7	7	0%	0%
	(27)	(11%)	(1)	(69)	(12%)	(N/A)	(3)	(3)	(0%)	(N/A)
Corporate Finance	5	100%	0	1	100%	0 %	1	1	0%	0%
	(6)	(67%)	(0)	(0)	(0%)	(N/A)	(0)	(0)	(0%)	(N/A)

*Last year's full year's figures are shown in brackets

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

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FINANCE & IT – COMPLAINT DASHBOARD 2017/2018

Council Tax

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	Whilst the reporting period has seen a significant reduction in complaint volumes, the focus is to consider further improving this trend whilst continuing to maintain excellent recovery rates through debt recovery at the right time, in the right way and with the right message	<p>The majority of complaints in this period related to delays attributed to high work volumes and staff absences in the billing team at year end and were not recovery related.</p> <p>Vacancies have now been filled and turnaround times are now with target.</p>

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	55	37%	9	18	25%	10%	4	4	0%	0%
October to March	24	21%	3	9	20%	0%	2	2	0%	0%
TOTAL	79	33%	12	27	25%	29%	6	6	0%	0%
Last year's stats>>	(111)	(17%)	(18)	(23)	(13%)	(N/A)	(2)	(2)	(0%)	(N/A)

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
33% of stage 1 complaints upheld, this relates to 81 responded to, 27 upheld. The root causes related to service delays and exemptions not being applied correctly.	Yes – point 1	Complaints regarding the debt team have greatly reduced. Going forward complaint reporting will be split between billing and debt recovery.	
25% of stage 2 complaints upheld, this	Same as above	Same as above	

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relates to 29 responded to. The root causes related to staff conduct			
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	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	Response times for responding to Council Tax service requests/queries are now at an all-time low. Improved tracking will enable this to be maintained within the current year.	
2	8 Complaints were upheld due to staff conduct. Whilst complaints regarding the debt team have significantly reduced, calls will continue to be recorded and reviewed in this area to continue the improvement.	

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FINANCE & IT – COMPLAINT DASHBOARD 2017/2018

Housing Benefits

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	The number of complaints received within the reporting period is low based on the volume of benefit claims processed, however the team will continue to work on areas to improve both timeliness and accuracy of when assessing claims.	The number of complaints continues to remain low in comparison to claims processed. The timeliness and accuracy of assessment remains business as usual for the service and is encouraging to see this area continuing to improve

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	15	38%	2	2	0%	0%	1	1	0%	0%
October to March	11	27%	1	2	0%	0%	0	0	0%	N/A
TOTAL	26	33%	3	4	0%	0%	1	1	0%	0%
Last year's stats>>	(71)	(30%)	(11)	(20)	(35%)	(N/A)	(4)	(5)	(0%)	(N/A)

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
33% of stage 1 complaints upheld, this relates to 27 responded to, 9 upheld. The issue related to disputes over Housing Benefit entitlements and delays	Yes – point 1	The number of complaints continues to remain low in comparison with claims processed	Volumes remain low, there are no further service commitments required for the year 2018/2019 – cumulative data will continue to be monitored by the Complaints Team

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ANNUAL COMPLAINT SUMMARY:	2017/2018
DIRECTORATE:	HR, OD & TRANSFORMATION

High level summary

Top expressions of dissatisfaction relate to Corporate Complaints and Organisational Development/Recruitment and include:

- Delays in processing Subject Access Request
- Possible data breach by Complaints Team
- Handling of a complaint
- Feedback from job application
- Pay entitlement
- Reimbursement of travel expenses

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Complaints/FOI/DP	6	83%	1	4	33%	0%	2	2	100%	100%
	(2)	(50%)	(0)	(0)	(0%)	(N/A)	(0)	(0)	(0%)	(N/A)
Organisational Development	5	0%	1	3	0%	N/A	1	1	0%	N/A
	(1)	(0%)	(0)	(0)	(0)	(N/A)	(0)	(0)	(0%)	(N/A)

*Last year's full year's figures are shown in brackets

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

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HR, OD & TRANSFORMATION – COMPLAINT DASHBOARD 2017/2018

Information Governance

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	No service commitments required by the Complaints Team	N/A

Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	5	80%	1	4	25%	0	1	1	100%	100%
October to March	1	100%	0	0	0%	N/A	1	1	100%	100%
TOTAL	6	83%	1	4	33%	0%	2	2	100%	100%
Last year's stats>>	(2)	(50%)	(4)	(0)	(0%)	(N/A)	(0)	(0)	(0%)	(N/A)

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Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
83% of Stage 1 complaints were upheld, based on 6 responded to and 5 upheld. 4 complaints related to delays in Subject Access Request processing and 1 complaint regarding a possible data breach.	N/A	A commitment was given that the team needed to improve communication relating to stage disclosures for Subject Access Requests For the possible data breach, the staff member was spoken to and the importance of checking the correct recipient was reiterated	There have been no further complaints pertaining to this issue. Reiterating of customer service standards should result in no further complaints of this nature April 2018: No service commitments required for the year 2018/2019
33% of Stage 2 complaints were	N/A	It was acknowledged that certain details should	There have been no further

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upheld, based on 3 responded to and 1 upheld. This concerned the Subject Access Request process and possible data breach		have been redacted and this was addressed with the officer in question.	complaints. April 2018: No service commitments required for the year 2018/2019
100% of Stage 3 complaints were upheld, based on 2 responded to. These related to handing of complaints	N/A	The root cause was processes not being followed correctly and the team were reminded of these and that correspondence should be acknowledged promptly.	April 2018: No service commitments required for the year 2018/2019
100% of Stage 3 complaints were upheld, that were not upheld at Stage 2, based on 2 responded to	N/A	The 2 complaints had previously been rejected however the outcome was over turned.	April 2018: No service commitments required for the year 2018/2019

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ANNUAL COMPLAINT SUMMARY:	2017/2018
DIRECTORATE:	LEGAL

High level summary

Top expressions of dissatisfaction relate to Legal Services and include:

- Delivery of polling cards
- Location of polling stations
- Lack of update received from Legal Services
- Newspaper Statutory Advertising

	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Legal Services	3	0%	4	4	40 %	0%	1	1	0%	N/A
	(4)	(50%)	(1)	(4)	(25%)	(N/A)	(2)	(2)	(50%)	(N/A)
Democratic Services	2	50%	0	0	0%	N/A	0	0	0%	N/A
	(1)	(0%)	(1)	(4)	(50%)	(N/A)	(0)	(0)	(0%)	(N/A)

***Last year's full year's figures are shown in brackets**

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

Points to Note:

- For Legal Services, the 40% upheld for Stage 2 complaints is based on 5 complaints responded to, 2 upheld. Both related to service delays and the learning was prioritisation of workload within the Legal Team.
- For Democratic services, the 50 % upheld at Stage 1 is based on 2 complaints responded to, 1 upheld. The learning from this case was all canvassers were reminded how poll cards are to be delivered.

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ANNUAL COMPLAINT SUMMARY:

2017/2018

DIRECTORATE:

STRATEGY, COMMUNICATIONS & CUSTOMER SERVICE

High level summary

Top expressions of dissatisfaction relate to the Contact Centre, Face to Face (F2F), Business Administration and Thameside Theatre and include:

- Handling of calls – waiting times
- Incorrect advice given
- Staff conduct
- F2F customer service
- Ticket booking for Thameside Theatre

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Contact Centre	12 (10)	33% (90%)	1 (0)	11 (12)	64% (50%)	14% (N/A)	1 (0)	1 (0)	0% (0%)	0% (N/A)
F2F	2 (4)	50% (100%)	1 (0)	6 (6)	50% (67)	33% (N/A)	1 (0)	1 (0)	0% (0)	0% (N/A)
Careline	1 (0)	100% (0%)	0 (0)	0 (0)	0 (0%)	N/A (N/A)	0 (0)	0 (0)	0 (0%)	N/A (N/A)
Business Admin	1 (0)	100% (0%)	0 (0)	0 (0)	0 (0)	N/A (N/A)	0 (0)	0 (0)	0 (0)	N/A (N/A)
Thameside	1 (7)	50% (0%)	0 (1)	2 (3)	67% (50%)	50% (N/A)	0 (0)	0 (0)	0% (0)	N/A (N/A)

Appendix 1

STRATEGY, COMMUNICATONS & CUSTOMER SERVICE – COMPLAINT DASHBOARD 2017/2018

Contact Centre

	Service commitments submitted by the service for the year 2016/2017	Progress summary provided by the service
1	Complaints relating to the contact centre remain low compared to number of calls received, however the service will continue to undertake quality/monitoring checks to ensure call advisors handle calls effectively	Call quality monitoring is a BAU activity and a selection of every advisor calls are monitored monthly. Feedback is given and the advisors are scored against the call handling criteria which feeds into their PDR's
2	Advisors to continue to attend customer care training	This is BAU however a new Customer Care programme for council wide employees is also in development following new customer services strategy development
3	Individual feedback is given for staff performance related complaints	Individual feedback is always given in relation to any complaints in addition to continuous feedback from call quality monitoring and our customer satisfaction tool

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Period:	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
April to September	7	50%	1	4	67%	33%	1	1	0%	0%
October to March	5	20%	0	7	63%	0%	0	0	0%	0%
TOTAL	12	33%	1	11	64%	14%	1	1	0%	0%
Last year's stats>>	(10)	(90%)	(0)	(12)	(50%)	(N/A)	(0)	(0)	(0%)	(N/A)

Analysis – key themes / concerns	Does this link back to previous commitments?	Explain why % upheld is high. What action is being taken to improve service delivery and reduce volume upheld?	Additional commentary from the Complaints Team
33% of stage 1 complaints upheld, based on 12 responded to, 4 upheld.	Yes – points 1,2,3	2016/17 commitments are still in place and ongoing for 17/18 and will continue	

Appendix 1

These complaints related to call waiting time and incorrect advice given.		during 2018/19. Customer care training pilot commences during December 2017 and will be rolled out during 2018.	
64% of stage 2 complaints upheld, based on 11 complaints responded to, 7 upheld. The root causes for these were staff conduct/customer service and incorrect information provided.	As above	As above	

	Service commitments submitted by the service for the year 2018/2019 based on the above analysis	
1	Complaints relating to the contact centre remain exceptionally low compared to number of contacts received, however the service will continue to undertake quality/monitoring checks as BAU activity to ensure call advisors handle calls effectively- All contact centre calls are recorded	
2	Individual feedback is given for staff performance related complaints to avoid reoccurrence	
3	Advisors to continue to attend newly developed right first time customer care training	

Appendix 1

ANNUAL COMPLAINT SUMMARY:	2017/2018
DIRECTORATE:	CHILDRENS SERVICES (CORPORATE BUT SOCIAL CARE RELATED)

High level summary:

These complaints relate to Children’s Social Care that **do not** impact on social work registration and include staff complaints

Top expressions of dissatisfaction relate to:

- Delays in processing outstanding invoices
- Data Protection breaches
- Staff complaints

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Commissioning	1	100%	1	1	100%	0%	1	1	100%	0%
Family Support	3	50%	0	5	20%	0%	0	0	0%	N/A
Fostering	1	50%	0	1	100	0%	0	0	0%	N/A
CFAT	1	0%	0	6	33%	0%	0	0	0%	N/A
Disabled Children	0	0%	0	1	100%	N/A	0	0	0%	N/A
Permanency Team	0	0%	0	1	0%	N/A	0	0	0%	N/A

Appendix 1

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

Points to Note:

- Commissioning complaint related to an outstanding invoice and was upheld at all stages of the complaints procedure. The learning from this case is that improvements are needed for processing of invoices and clarity on notice periods
- Family Support Team – 50% of stage 1 complaints were upheld, based on 2 complaints. The learning from this were that guidelines were issued to team members regarding the sharing of third party information
- Children & Families Assessment Team (CFAT) – 33% of stage 2 complaints were upheld, based on 6 complaints. This related to a data breach which was being investigated via HR processes.
- Disabled Children – 100% of stage 2 complains were upheld, based on 1 complaint. The member of staff was given additional training regarding errors made on assessment documents.
- Adoption – 100% of stage 2 complaints were upheld, based on 1 complaint. The data breach was discussed with the individual during their supervision meetings.

Appendix 1

ANNUAL COMPLAINT SUMMARY:	2017/2018
DIRECTORATE:	ADULT SOCIAL CARE SERVICES (CORPORATE BUT SOCIAL CARE RELATED)

High level summary

These complaints relate to Adult Social Care that do not impact on social work registration and include staff complaints

Top expressions of dissatisfaction relate to

- Direct payments
- Outstanding invoices
- Staff complaints

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	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Customer Finance	4	50%	1	3	33%	0%	2	2	50%	50%
Early Intervention	0	0%	0	2	0%	0%	0	0	0%	N/A
Thurrock First	0	0%	0	1	0%	0%	0	0	0%	N/A
Transitions Team	0	0%	0	1	100%	0%	0	0	0%	N/A
Reablement Team	0	0%	0	1	100%	0%	0	0	0%	N/A
Safeguarding	0	0%	0	1	100%	0%	0	0	0%	N/A

Appendix 1

Please note: The Complaints Team will investigate a complaint direct at stage 3 when an assessment of the case is deemed appropriate

Points to Note:

- Customer Finance - 50% of stage 1 complaints were upheld (based on 2 complaints). Staff were spoken to regarding incorrect details on invoices and for one complaint, the amount was written off as a goodwill gesture.
 - 50% of stage 3 complaints were upheld (based on 2 complaints). This was overturned from not being upheld at a stage 2. Services were reminded of the need to accurately process payments
- Transitions Team – 100% of stage 2 complaints were upheld, based on 1 complaint. The staff member was spoken to about the importance of adhering to the Data Protection policy.
- Reablement Team – 100% of stage 2 complaints were upheld, based on 1 complaint. Carers were reminded to be mindful of hot items when placed on different work surfaces to avoid causing possible damage.
- Safeguarding – 100% of stage 2 complaints were upheld, based on 1 complaint. The independent assessor was contacted and professional supervision was recommended. The assessor has not been used for further assessments.

Appendix 2

ADULT SOCIAL CARE COMPLAINTS & REPRESENTATIONS DASHBOARD 2017/2018

SUMMARY

A high level summary on all feedback is detailed below together with root causes. For those complaints that have been concluded as upheld, the service has identified learning outcomes.

Types of feedback:

- *Initial feedback* – low risk, non-complex types of feedback that can be resolved quickly and without the need to be investigated through the statutory complaints procedure
- *Low Intervention* – minor inconvenience or discomfort, lack of information or information not in appropriate format, access issues etc.
- *Medium intervention* – moderate harm e.g. delayed assessment, failure to meet care needs, loss of property etc.
- *High intervention* – as above but involving more than one organisation, events resulting in serious individual harm etc.

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Feedback:	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	No. withdrawn	Total to be investigated	Cases closed*	% of complaints upheld (closed in month)	% timeliness of response for those due in month
April - Sept	28	14	5	0	1	18	15	73% (11)	93% (14)
Oct – March	18	13	6	0	0	19	24	71% (17)	95% (21)
Total for 2017/2018	46	27	11	0	1	37	39	72% (28)	95% (38)

*This figure *may* be different from the total received, due to the time taken to investigate a complaint
Numbers of complaints are shown in brackets

Appendix 2

Root cause analysis and learning:

Complaints are analysed and the top three themes are identified below for each quarter, learning from upheld complaints is recognised by the service as part of complaint resolution. The Complaints Team will ensure the case studies are shaped as appropriate and that learning is embedded.

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
April – Sept	Service delays & assessment	Missed appointments, quality of care	Staff conduct
Oct - March	Late/ missed appointments, communication & assessment	Quality of care & missed appointments	Staff conduct

The overall learning identified from services is as follows:

Learning	...change of procedure and staff training	...staff training, change of procedure	...staff training
Learning	... change of procedure and staff training	...change of procedure & staff training	... staff training

Appendix 2

Thurrock First & Hospital Team– Complaints & Representations Dashboard 2017/2018

	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	Total Formal complaints	Withdrawn	Cases closed*	% of complaints upheld	%timeliness of response for those due in month
April - Sept	1	0	1	0	1	0	2	50% (1)	50% (1)
Oct – March	2	1	0	0	1	0	1	100% (1)	100% (1)
Total 2017/18	3	1	1	0	2	0	3	67% (2)	67% (2)

*This figure may be different from the total received, due to the time taken to investigate a complaint
Numbers of complaints are shown in brackets

Independent Investigation & associated costs:				
	Level of complaint classification	Outcome of complaint	Cost	TOTAL COST
April – Sept	1 ASC Complaint (058610)	Not upheld	3176.07	3176.07
Oct – March			-	-

Root cause analysis and associated learning:				
	Service delays / Missed Appts / Staff conduct	Learning as identified by the service	Responsible Officer	Timeframe for implementation
April – Sept	Communication	Change of procedure	Integrated Care Director	One month
Oct – March	Assessment	Change of procedure	Integrated Care Director	N/A

Other:				
	Issue and/or comment	Required action	Status	Responsible Officer
April – Sept	-			
Oct – March	-			

Appendix 2

Safeguarding, Complex Care & Social Work – Complaints & Representations Dashboard 2017/2018

	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	Total Formal complaints	Withdrawn	Cases closed*	% of complaints upheld	%timeliness of response for those due in month
April – Sept	2	1	0	0	1	0	2	0%	100% (2)
Oct – March	5	3	1	0	4	0	3	67% (2)	100% (2)
Total 2017/18	7	4	1	0	5	0	5	40% (2)	100% (4)

*This figure may be different from the total received, due to the time taken to investigate a complaint
Numbers of complaints are shown in brackets

Independent Investigation & associated costs:				
	Level of complaint classification	Outcome of complaint	Cost	TOTAL COST
April – Sept	-		-	-
Oct – March	-		-	-

Root cause analysis and associated learning:				
	Service delays / Missed Appts / Staff conduct	Learning as identified by the service	Responsible Officer	Timeframe for implementation
April – Sept	-			
Oct – Dec	Communication & assessment	Change of procedure, staff training	Early Intervention & Prevention Team Manager (West) OPMH Deputy Manager	Completed as part of complaint investigation

Other:				
	Issue and/or comment	Required action	Status	Responsible Officer
April – Sept	-			
Oct – March	-			

Appendix 2

Day Care, Extra Care, Thurrock Care at Home, Collins House & Joint Reablement Team– Complaints & Representations Dashboard 2017/2018

	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	Total Formal complaints	Withdrawn	Cases closed*	% of complaints upheld	%timeliness of response for those due in month
April – Sept	9	4	4	0	8	0	8	100% (8)	100% (8)
Oct – March	6	6	2	0	8	0	9	89% (8)	88% (7)
Total 2017/18	15	10	6	0	16	0	17	94% (15)	93% (14)

*This figure may be different from the total received, due to the time taken to investigate a complaint
Numbers of complaints are shown in brackets

Independent Investigation & associated costs:				
	Level of complaint classification	Outcome of complaint	Cost	TOTAL COST
April – Sept	-		-	-
Oct – March	1 ASC Complaint (059172)	Not Upheld	2535.30	2535.30

Root cause analysis and associated learning:				
	Service delays / Missed Appts / Staff conduct	Learning as identified by the service	Responsible Officer	Timeframe for implementation
April – Sept	Service delays, staff conduct, missed appointments	Change of procedure, staffing	Service Manager – Provider Services	Immediately
Oct – March	Missed appointment, communication	Change of procedure, staff training	Service Manager – Provider Services	Immediately

Other:				
	Issue and/or comment	Required action	Status	Responsible Officer
April – Sept	A high volume of upheld complaints have been attributed to attitude of staff. Learning identified relates to staff training; and has been undertaken on a 1-2-1 with respective officers but ongoing team refresher training should be considered	Already implemented via 1-2-1 sessions	Closed	Service Manager – Provider Services
Oct – March	N/A			

Appendix 2

Local Area Coordination & Finance – Complaints & Representations Dashboard 2017/2018

	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	Total Formal complaints	Withdrawn	Cases closed*	% of complaints upheld	%timeliness of response for those due in month
April – Sept	0	0	0	0	0	0	0	0%	N/A
Oct – March	3	0	0	0	0	0	0	0%	N/A
Total 2017/18	3	0	0	0	0	0	0	0%	N/A

*This figure may be different from the total received, due to the time taken to investigate a complaint
 Numbers of complaints are shown in brackets

Independent Investigation & associated costs:				
	Level of complaint classification	Outcome of complaint	Cost	TOTAL COST
April – Sept	-		-	-
Oct – March	-		-	-

Root cause analysis and associated learning:				
	Service delays / Missed Appts / Staff conduct	Learning as identified by the service	Responsible Officer	Timeframe for implementation
April – Sept	-			
Oct – March	-			

Other:				
	Issue and/or comment	Required action	Status	Responsible Officer
April – Sept	-			
Oct – March	-			

Appendix 2

Commissioning & Procurement – Complaints & Representations Dashboard 2017/2018

	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	Total Formal complaints	Withdrawn	Cases closed*	% of complaints upheld	% timeliness of response for those due in month
April – Sept	16	9	0	0	9	1	3	67% (2)	100% (3)
Oct – March	2	3	3	0	6	0	11	54% (6)	100% (11)
Total 2017/18	18	12	3	0	15	1	14	57% (8)	100% (14)

*This figure may be different from the total received, due to the time taken to investigate a complaint
Numbers of complaints are shown in brackets

Independent Investigation & associated costs:				
	Level of complaint classification	Outcome of complaint	Cost	TOTAL COST
April- Sept	-		-	-
Oct – March	-		-	-

Root cause analysis and associated learning:				
	<i>Service delays / Missed appointments / Staff conduct</i>	<i>Learning as identified by the service</i>	<i>Responsible Officer</i>	<i>Timeframe for implementation</i>
April – Sept	Assessment, quality of care	Staff training, change of procedure	Manager for Contract Compliance	Immediately
Oct – March	Late/missed appointments, quality of care, staff conduct	Staff training, change of procedure	Manager for Contract Compliance	Immediately

Other:				
	Issue and/or comment	Required action	Status	Responsible Officer
April – Sept	Commissioning Team manage a departmental spreadsheet for all types of feedback, this information is not being submitted to the Complaints Team in real time. Agreed that Respond would be the central repository for all types of feedback. The Complaints Team will assess all complaints to ensure they are managed in line with process, any tasks arising will be fed back to the service and tracked by the Complaints Team	Flowchart outlining the process has been shaped and submitted to the service	Complete	Corporate & Statutory Complaints Manager
Oct – March	-			

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Appendix 3

CHILDREN SOCIAL CARE COMPLAINTS DASHBOARD 2017/2018

SERVICE SUMMARY:

A high level summary on all feedback is detailed below together with root causes. For those complaints that have been concluded as upheld, the service has identified learning outcomes.

Feedback:	Initial Feedback	S1 complaints	S1 escalation	S2 complaints	S2 escalation	S3 complaints	No of ADR cases	Cases cancelled	Cases closed*	% of complaints upheld (closed in month)	% timeliness of response for those due in month
April to September	16	26	0	0	0	0	5	0	24	50% (12)	81%
October to March	17	22	0	0	0	0	1	2	4	33% (8)	86%
Total for 2017/2018	33	48	0	0	0	0	6	2	48	40% (20)	83%

*This figure *may* be different from the total received, due to the time taken to investigate a complaint

Appendix 3

Root cause analysis and associated learning:

Top three themes are identified below for the reporting period; learning from upheld complaints is recognised by the service as part of complaint resolution. The Complaints Team will ensure the case studies are shaped as appropriate and that learning is embedded.

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
April – Sept	Service delays	Quality of documented assessments	Staff conduct
October to March	Communication	Service delays	Staff conduct

The overall learning identified from services is as follows:

Learning (April to September)	...process changes	...staff training	...individual support
Learning (October to March)	...staff training	...staff training	...staff training

Appendix 3

FAMILY SUPPORT & ADOLESCENT COMPLAINTS 2017/2018										
April 2017 to March 2018	Initial Feedback	S1 complaints	S1 outcome	S2 complaints	S2 outcome	S3 complaints	S3 outcome	Cases closed*	% of complaints upheld (closed in month)	%timeliness of response for those due in month
FS Central	2	10	3 upheld 7 not upheld	-	-	-	-	10	30% (3)	80%
FS S/East	3	1	1 not upheld	-	-	-	-	1	-	100%
FS N/East	2	4	2 upheld 2 not upheld	-	-	-	-	4	50% (2)	75%
FS West	-	2	2 not upheld	-	-	-	-	2	-	100%
Adolescent	2	2	2 upheld	-	-	-	-	2	100% (2)	100%
TOTAL	9	19	7 upheld 12 Not upheld	-	-	-	-	19	37% (7)	79%

*This figure may be different from the total received, due to the time taken to investigate a complaint

Alternative Dispute Resolution and/or Independent Investigation & associated costs:								
	No of ADR cases	Outcome of complaint	No of hours of ADR		Independent investigations (including stage)	Outcome of complaint	Hours Spent	Approx cost
FS Central	Case 1 Case 2	Not upheld Not upheld	2 hours 7 hours		-	-	-	-
TOTAL	2		9 hours		-	-	-	-

Root cause analysis and associated learning:				
	Root cause of complaint	Learning as identified by the service	Responsible Officer	Timeframe for implementation
FS Central	Quality of documented assessment	Service to ensure that the quality assurance process is more robust and effective	Team Manager	Completed
FS Central	Service delays	Staff to prioritise court reports and ensure timely submission to team managers in time for a completed quality assurance process to take place	Team Manager	Completed

Appendix 3

CHILDREN & FAMILIES ASSESSMENT TEAM COMPLAINTS 2017/2018										
April 2017 to March 2018	Initial Feedback	S1 complaints	S1 outcome	S2 complaints	S2 outcome	S3 complaints	S3 outcome	Cases closed*	% of complaints upheld (closed in month)	%timeliness of response for those due in month
CFAT	4	7	2 upheld 5 not upheld	-	-	-	-	7	29% (2)	100%
MASH	3	1	1 upheld	-	-	-	-	1	100% (1)	100%
TOTAL	7	8	3 upheld 5 not upheld	-	-	-	-	8	38% (3)	100%

*This figure may be different from the total received, due to the time taken to investigate a complaint

Alternative Dispute Resolution and/or Independent Investigation & associated costs:								
	No of ADR cases	Outcome of complaint	No of hours of ADR		Independent investigations (including stage)	Outcome of complaint	Hours Spent	Approx cost
CFAT	Case 1	Not upheld	1 hour		-	-	-	-
TOTAL	1		1 hour		-	-	-	-

Root cause analysis and associated learning:				
	Root cause of complaint	Learning as identified by the service	Responsible Officer	Timeframe for implementation
CFAT	Staff conduct	Staff to improve on communication with parents prior to meetings and to ensure process is clearly outlined in terms of whether meetings will be formally minuted	Team Manager	Completed
	Service delays	Service to clearly log files with the view of the service user so ensure a full, clear history is available at all times	Team Manager	Completed

Appendix 3

CHILD PROTECTION COMPLAINTS 2017/2018										
April 2017 to March 2018	Initial Feedback	S1 complaints	S1 outcome	S2 complaints	S2 outcome	S3 complaints	S3 outcome	Cases closed*	% of complaints upheld (closed in month)	%timeliness of response for those due in month
Child Protection	1	2	2 not upheld	-	-	-	-	2	0%	0%
TOTAL	1	2	2 not upheld	-	-	-	-	2	0%	0%

*This figure may be different from the total received, due to the time taken to investigate a complaint

Alternative Dispute Resolution and/or Independent Investigation & associated costs:								
	No of ADR cases	Outcome of complaint	No of hours of ADR		Independent investigations (including stage)	Outcome of complaint	Hours Spent	Approx cost
	-				-	-	-	-
TOTAL	-				-	-	-	-

Root cause analysis and associated learning:				
	Root cause of complaint	Learning as identified by the service	Responsible Officer	Timeframe for implementation

Appendix 3

FOSTERING & ADOPTION TEAM COMPLAINTS 2017/2018										
April 2017 to March 2018	Initial Feedback	S1 complaints	S1 outcome	S2 complaints	S2 outcome	S3 complaints	S3 outcome	Cases closed*	% of complaints upheld (closed in month)	%timeliness of response for those due in month
Adoption	2	5	5 upheld	-	-	-	-	5	100% (5)	80%
Fostering	3	1	1 not upheld	-	-	-	-	1	0%	100%
TOTAL	5	6	5 upheld 1 not upheld	-	-	-	-	6	83% (5)	71%

*This figure may be different from the total received, due to the time taken to investigate a complaint

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Alternative Dispute Resolution and/or Independent Investigation & associated costs:								
	No of ADR cases	Outcome of complaint	No of hours of ADR		Independent investigations (including stage)	Outcome of complaint	Hours Spent	Approx cost
	-	-	-		-	-	-	-
TOTAL	-	-	-		-	-	-	-

Root cause analysis and associated learning:					
	Root cause of complaint		Learning as identified by the service	Responsible Officer	Timeframe for implementation
Adoption	Service delays		Officer to ensure that calls are answered promptly. Post adoption workers to ensure that annual review of adopters contact details takes place. Staff to ensure that updates are provided in good time to initial concerns received, thereby avoiding formal complaints	Team Manager	Completed

Appendix 3

THROUGH CARE TEAM 1 & 2 PERMANCY AFTERCARE COMPLAINTS 2017/2018										
April 2017 to March 2018	Initial Feedback	S1 complaints	S1 outcome	S2 complaints	S2 outcome	S3 complaints	S3 outcome	Cases closed*	% of complaints upheld (closed in month)	%timeliness of response for those due in month
Through Care 1	3	3	2 upheld 1 not upheld	-	-	-	-	3	67% (2)	100%
Through Care 2	3	1	1 not upheld	-	-	-	-	1	0%	100%
LAC	2	3	2 upheld 1 not upheld	-	-	-	-	3	67% (2)	100%
UAS	1	1	1 not upheld	-	-	-	-	1	0%	100%
Permanence	2	-	-	-	-	-	-	-	-	-
TOTAL	11	8	4 upheld 4 not upheld	-	-	-	-	8	50% (4)	100%

*This figure may be different from the total received, due to the time taken to investigate a complaint

Alternative Dispute Resolution and/or Independent Investigation & associated costs:								
	No of ADR cases	Outcome of complaint	No of hours of ADR		Independent investigations (including stage)	Outcome of complaint	Hours Spent	Approx cost
	-	-	-		-	-	-	-
TOTAL	-	-	-		-	-	-	-

Root cause analysis and associated learning:				
	Root cause of complaint	Learning as identified by the service	Responsible Officer	Timeframe for implementation
Through Care 1	Communication issues	Improved communication by officers to parents	Team Manager	Completed
LAC	Savings Policy	A review of the saving policy for LAC is required	Team Manager	3 months

Appendix 3

PREVENTION & SUPPORT SERVICE COMPLAINTS 2017/2018										
April 2017 to March 2018	Initial Feedback	S1 complaints	S1 outcome	S2 complaints	S2 outcome	S3 complaints	S3 outcome	Cases closed*	% of complaints upheld (closed in month)	%timeliness of response for those due in month
Prevention & Support	-	2	1 upheld 1 not upheld	-	-	-	-	2	50% (1)	100%
TOTAL	-	2	1 upheld 1 not upheld	-	-	-	-	2	50%	100%

*This figure may be different from the total received, due to the time taken to investigate a complaint

Alternative Dispute Resolution and/or Independent Investigation & associated costs:								
	No of ADR cases	Outcome of complaint	No of hours of ADR		Independent investigations (including stage)	Outcome of complaint	Hours Spent	Approx cost
	-	-	-		-	-	-	-
TOTAL	-	-	-		-	-	-	-

Root cause analysis and associated learning:						
	Root cause of complaint		Learning as identified by the service		Responsible Officer	Timeframe for implementation
Troubled Families	Staff conduct		This is an isolated incident, officer reminded of the importance of ensuring parents are contacted prior to visits		Team Manager	Completed

Appendix 3

DISABLED CHILDREN COMPLAINTS 2017/2018										
April 2017 to March 2018	Initial Feedback	S1 complaints	S1 outcome	S2 complaints	S2 outcome	S3 complaints	S3 outcome	Cases closed*	% of complaints upheld (closed in month)	%timeliness of response for those due in month
Disabled Children	-	3	3 not upheld	-	-	-	-	3	0%	100%
TOTAL	-	3	3 not upheld	-	-	-	-	3	0%	100%

*This figure may be different from the total received, due to the time taken to investigate a complaint

Alternative Dispute Resolution and/or Independent Investigation & associated costs:								
	No of ADR cases	Outcome of complaint	No of hours of ADR		Independent investigations (including stage)	Outcome of complaint	Hours Spent	Approx cost
Disabled Children	Case 1 Case 2 Case 3	1 upheld 1 upheld 1 not upheld	4 hours 3 hours 45 hours		-	-	-	-
TOTAL	3	2 upheld 1 not upheld	45 hours		-	-	-	-

Root cause analysis and associated learning:				
	Root cause of complaint	Learning as identified by the service	Responsible Officer	Timeframe for implementation

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**Standards & Audit Committee
Work Programme
2018/19**

Dates of Meetings: 19 July 2018, 27 September 2018, 13 December 2018 and 14 March 2019

Topic	Lead Officer
19 July 2018	
Regulation of Investigatory Powers Act (RIPA) 2000 - 2017/18 Activity Report	Lee Henley
Chief Internal Auditor's Annual Report – Year ended 31 March 2018	Gary Clifford
Refresh of the Strategic / Corporate Risk and Opportunity Register	Andy Owen
Internal Audit Progress Report 2017/18	Gary Clifford
Audit Results Report for the Year Ended 31 March 2018	Ernst & Young / Sean Clark
Financial Statements and Annual Governance Statement 2017/18	Ernst & Young / Sean Clark
Red Reports (as required)	
Counter Fraud & Investigation Annual Report & Strategy	David Kleinberg
Work Programme	Democratic Services
27 September 2018	

Annual Access to Records Report	Lee Henley
Annual Complaints Report	Lee Henley
Internal Audit Progress Report	Gary Clifford
Counter Fraud & Investigation Quarterly Status Report	David Kleinberg
Annual Audit Letter	Ernst & Young / Sean Clark
Red Reports (as required)	
Work Programme	Democratic Services
13 December 2018	
Mid-Year RIPA Report	Lee Henley
Mid-Review of the Strategic/Corporate Risk and Opportunity Register in Mid-Year Report	Andy Owen
Internal Audit Service Update Report	Gary Clifford
Internal Audit Progress Report	Gary Clifford
Counter Fraud & Investigation Quarterly Status Report	David Kleinberg
Red Reports (as required)	
Work Programme	Democratic Services
14 March 2019	

Mid-Year Complaints Report	Lee Henley
Annual Review of Risk and Opportunity Management	Andy Owen
Internal Audit Plan & Strategy	Gary Clifford
Audit Planning Report and Certification of Claims report	BDO / Sean Clark
Internal Audit Progress Report	Gary Clifford
Counter Fraud & Investigation Quarterly Status Report	David Kleinberg
Red Reports (as required)	
2018-2019 Fee Letter (Date to be confirmed)	Jonathan Wilson
Work Programme	Democratic Services

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