

**Notice of a public meeting of
Audit and Governance Committee**

To: Councillors Pavlovic (Chair), Fisher (Vice-Chair), Lomas, Mason, Wann, Webb and Carr

Date: Wednesday, 20 October 2021

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

1. Declarations of Interest

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they might have in respect of business on this agenda.

2. Minutes (Pages 3 - 8)

To approve and sign the minutes of the meeting held on 8 September 2021.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is 5:00pm on Monday 18 October 2021.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast, including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Progress against the Action Plan (Pages 9 - 12)

This report is to appraise the Audit & Governance Committee of progress being made against the Action Plan prepared in response to the Public Interest Report.

5. Corporate Governance Report (Pages 13 - 80)

This report provides Members with updates in respect of:

- Annual Complaints Report April 2020 to March 2021
- Corporate Governance performance indicators
- Information Commissioners Office (ICO) decision notices
- Ombudsman cases from last report in July 2021 to date of this report
- Disclosure Log
- Investigatory Powers Commissioner's Office (IPCO) inspection

6. Review of the Constitution (Pages 81 - 86)

As previously reported to the Committee, a cross party working group has now been established and had its first meeting on 6th October 2021. The cross party working group proposes to meet on a weekly basis (subject to Member availability) in order to assist the Committee on the review of the Constitution. Once satisfied with the amendments to the Constitution, the Audit & Governance Committee will make a recommendation that the draft Constitution be referred to a future meeting of Full Council for approval and

immediate implementation. As the Committee is aware, the amendments undertaken by Audit & Governance Committee on 11th March 2020, and subsequently approved by Full Council in October 2020, have been incorporated into this revision.

7. Internal Audit & Fraud Plan & Progress report (Pages 87 - 112)

This report provides an update on the delivery of the internal audit work programme for 2021/22 and on counter fraud activity undertaken so far in the year.

8. Audit and Governance Work Plan (Pages 113 - 116)

To receive a draft plan of reports currently expected to be presented to future meetings of the Committee up to April 2022.

9. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: Robert Flintoft

Telephone: (01904) 555704

Email: robert.flintoft@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

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Coronavirus protocols for attending Committee Meetings at West Offices

If you are attending a meeting in West Offices, you must observe the following protocols.

Good ventilation is a key control point, therefore, all windows must remain open within the meeting room.

If you're displaying possible coronavirus symptoms (or anyone in your household is displaying symptoms), you should follow government guidance. You are advised not to attend your meeting at West Offices.

Testing

The Council encourages regular testing of all Officers and Members and also any members of the public in attendance at a Committee Meeting. Any members of the public attending a meeting are advised to take a test within 24 hours of attending a meeting, the result of the test should be negative, in order to attend. Test kits can be obtained by clicking on either link: [Find where to get rapid lateral flow tests - NHS \(test-and-trace.nhs.uk\)](https://www.nhs.uk/conditions/coronavirus/covid-19/testing/rapid-lateral-flow-tests/), or, [Order coronavirus \(COVID-19\) rapid lateral flow tests - GOV.UK \(www.gov.uk\)](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests). Alternatively, if you call 119 between the hours of 7am and 11pm, you can order a testing kit over the telephone.

Guidelines for attending Meetings at West Offices

- Please do not arrive more than 10 minutes before the meeting is due to start.
- You may wish to wear a face covering to help protect those also attending.
- You should wear a face covering when entering West Offices.
- Visitors to enter West Offices by the customer entrance and Officers/Councillors to enter using the staff entrance only.
- Ensure your ID / visitors pass is clearly visible at all time.
- Regular handwashing is recommended.
- Use the touchless hand sanitiser units on entry and exit to the building and hand sanitiser within the Meeting room.
- Bring your own drink if required.
- Only use the designated toilets next to the Meeting room.

Developing symptoms whilst in West Offices

If you develop coronavirus symptoms during a Meeting, you should:

- Make your way home immediately
- Avoid the use of public transport where possible
- Follow government guidance in relation to self-isolation.

You should also:

- Advise the Meeting organiser so they can arrange to assess and carry out additional cleaning
- Do not remain in the building any longer than necessary
- Do not visit any other areas of the building before you leave

If you receive a positive test result, or if you develop any symptoms before the meeting is due to take place, **you should not attend the meeting.**

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City of York Council

Committee Minutes

Meeting Audit and Governance Committee

Date 8 September 2021

Present Councillors Pavlovic (Chair), Fisher (Vice-Chair), Lomas, Mason, Wann, Webb and Carr

Apologies

20. DECLARATIONS OF INTEREST

Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they may have in respect of business on the agenda. None were declared.

21. MINUTES

Members enquired as to whether an update was available on the identifying of funds to cover the costs associated with the Action Plan. Officers confirmed that the Section 151 officer was not in attendance but would be able to bring an update to the Committee meeting on the 29 September 2021.

Resolved: That the minutes of the meeting held on 28 July 2021 be approved and then signed by the Chair as a correct record.

22. PUBLIC PARTICIPATION

It was reported that there had been four registrations to speak at the meeting under the Council's Public Participation Scheme. However, one of the speakers was unable to join due to technical issues.

Gwen Swinburn noted that she felt there had been a governance failure in relation to the questions of proportionality and the use of substitutes at the Customer and Corporate Services Scrutiny Management Committee (CCSMC) and questioned members conduct at the meeting. Asked that advice and solutions be shared regarding the meeting and asked that

proportionality rules be shared. She also requested that all training for Members be held on Open Data and reviewed for Joint Standards Committee and this Committee and asked that chairs training be given to all members. Finally she asked about public involvement in the review of the Constitution and what progress had been made in recruiting an independent person.

Andy Mendus asked about the Councils policies regarding the use of settlement agreements noting that the report seemed to suggest there should be both used in exceptional circumstances, but also would be commonly used. He also enquired as to their use in redundancies noting that they had been missed in the Settlements report. He also asked whether it was correct for the Council to outline a budget for settlement agreements and raised concerns that the proposals would not deal with issues raised in the Public Interest Report.

Councillor Kilbane welcomed guidance on Members not being allowed to take part in a decision on the use of a settlement agreement, in cases where a complaint was made against that Member, following the occurrence with the exit of the previous Chief Executive. He noted the delay to the review of the Constitution and asked that a further postponement be made to allow for a significant consideration and wide public engagement in the forming of the Constitution.

23. REPORT IN THE PUBLIC INTEREST: EXIT STRATEGIES: GUIDANCE ON THE USE OF SETTLEMENT AGREEMENTS INCLUDING SPECIAL SEVERANCE PAYMENTS

The Committee considered the report and the proposed 'Exit Strategies Guidance on the use of Settlement Agreements including Special Severance Payments'. Officers noted the new proposed Exit Strategy guide in relation to the Action Plan following the Public Interest Report (PIR) and noted that if agreed by the Committee then it would be referred to consider the adoption and implementation of the strategy.

Members enquired about the reference to Chief Officer in the proposed Exit Strategy, noting that further clarification could be given to identify who classified as a Chief Officer in relation to the strategy. Officers confirmed that Chief Officer would include Assistant Directors, Directors, Corporate Directors, and the Chief Operating Officer. It was also noted that in the case of the

exit of a statutory officer such as the Monitoring Officer or the Section 151 Officer, reciprocal arrangements had been made with North Yorkshire County Council to ensure the Council would be supported. Members also noted that redundancy wasn't included in the strategy which was confirmed would be added.

Financial considerations when deciding on tribunals and the possible use of special severance payment were highlighted as requiring evidence of best value for money and Members enquired whether this would include independent legal advice. It was confirmed that the Chief Legal Officer would perform their function to provide legal advice to the Council, but would often seek independent legal advice which would be legal advice owned and presented by the Chief Legal Officer. The Committee discussed whether the Council should have to seek independent legal advice in relation to any exit agreements with Chief Officers. The role of Internal Audit was raised and whether their opinion should always be sought when determining value for money.

The options on when to settle and what criteria for a settlement were raised and officers noted some of the challenges of a criteria due to each case being unique. It was noted that it can be challenging to identify the full costs related to an exit due to potential future costs, however, it was noted that the Section 151 officer would consider a whole range of costs when determining value for money. Members also enquired about whether actions could be taken in cases where the Council accepted mistakes, prior to a tribunal and appeal. Officers confirmed that this would be the case and could be made clearer within the proposed strategy.

The Committee also discussed how the new proposed exit strategy could address issues highlighted in the PIR as part of its rule in the Action Plan. Members enquired about whether the new strategy would ensure any payments could not be described incorrectly for when Members considered any exit payments and whether the new business case would be clear enough to ensure it avoids errors. Officers confirmed changes should create further clarity, for instance in the business case document it was noted further information would be required to ensure better decision making. The Committee requested therefore that the old strategy and business case document be shared with the Committee and Staffing Matters and Urgency

when the Committee considers them to compare changes in policy.

Members also discussed training regarding any changes to the Exit Strategy and the use of documents in relation to these. Officers confirmed that a range of new training would be made available to Members, with an aim to improve Member training across the Council. In relation to those that could use the proposed strategy early training would be put in place should the new strategy be adopted to ensure Members were prepared for meetings it could be required in.

24. REVIEW OF THE COUNCIL'S CONSTITUTION

The Chair stated that the Committee would not consider the Review of Council's Constitution at the meeting, he noted the need for Members to have additional time to consider the changes to the Constitution and Members considered how they would wish to review of the Constitution in future meetings.

Officers outlined a request to amend the current Council Constitution, they noted that in March 2020 the Committee amended the Standing Orders relating to substitutes at a number of Committees. It was noted that this amendment to Planning Committee had meant that due to named substitutes not always being available attendance had been affected, this had been made harder due the Covid-19 pandemic. Members considered and agreed to recommend to Full Council to amend the standing orders to allow for more Members to be available to substitute at Planning meetings.

Resolved:

- i. That the Committee recommends to Full Council to amend Section 4B of the Constitution to remove Planning from the meetings which can only use named Substitutes;
- ii. That the Committee defer the review of the Constitution to the Committees next meeting on 29 September 2021.

Reason: To ensure Planning meetings can maintain sufficient Membership at Committee meetings. To allow for

additional time to consider the Council's Constitution.

25. URGENT BUSINESS

The chair outlined that the Mazars Annual Audit Letter would not be ready for the Committee meeting on the 29 September 2021 and therefore asked the Committee to consider an amendment to the Committee work plan for the 20 October 2021 meeting.

Members discussed how to consider the Constitution and whether it could be considered and signed off in sections. Officers noted that the Committee could consider the Constitution in sections but noted that it would need to be signed off in full by Full Council and noted the timescale for meeting the Action Plan. Noting the length of the Constitution to consider members also discussed the prospect of the creating a cross party working group to discuss the Constitution.

Resolved:

- i. The Mazars Annual Audit Letter to be deferred from the 29 September 2021 to 20 October 2021 meeting, the chair and vice chair to consider and ensure the Committee work plan is up to date;
- ii. A cross party working group to discuss the Constitution be arranged.

Reason: To ensure that the Committee manages its work plan effectively and to ensure enough time is dedicated to the consideration of the Constitution.

Cllr Pavlovic, Chair
[The meeting started at 5.33 pm and finished at 7.50 pm].

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AUDIT & GOVERNANCE COMMITTEE**20 October 2021**

Report of the Director of Governance

Progress against the Action Plan prepared in response to the Public Interest Report**Summary**

This report is to appraise the Audit & Governance Committee of progress being made against the Action Plan prepared in response to the Public Interest Report.

Background

The Council is required to address the recommendations set out in the Report in the Public Interest dated 19th April 2021, and accepted by Full Council on 4th May 2021. An Action Plan was also approved by Full Council and Audit & Governance Committee has been asked to oversee the delivery of the Action Plan.

Work to address the various aspects of the Action Plan continues.

In response to the recommendation by the Audit & Governance Committee, the Exit Strategies guidance (as amended) will be considered by the Staffing Matters and Urgency Committee on 18th October 2021. The Staffing Matters and Urgency Committee is invited to adopt and immediately implement the Guidance. Training to all senior staff is also being provided during October 2021 in respect of this Guidance.

The Local Government Association has been advised of the Audit & Governance Committee's approval of the scoping document and they continue to be provided with all necessary updates.

The Audit & Governance Committee is now concerned with its review of the constitution with the support of a cross party working group established to meet weekly during October 2021.

Implications

Financial – None directly arising from this report. The Council is a member of the LGA and therefore the support from the LGA is at nil cost.

Human Resources (HR) – None directly arising from this report.

Equalities – None directly arising from this report.

Legal – As detailed within this report, the Council has received and accepted the Report in the Public Interest dated 19th April 2021, and therefore is required to undertake necessary steps to address the highlighted recommendations. The various individual steps required in addressing these recommendations may in themselves require legal advice.

Crime and Disorder, Information Technology and Property - None directly arising from this report.

Recommendations

The Audit & Governance Committee is invited to note the progress being made against the Action Plan prepared in support of the Public Interest Report.

Reasons for the Recommendation

The Audit & Governance Committee is required by Full Council to monitor the delivery of the Action Plan prepared in response to the Public Interest Report.

Options

There are no other options for the Committee to consider on this occasion.

Author & Chief Officer responsible for the report: Janie Berry, Director of Governance & Monitoring Officer

**Report
Approved**

Date 5 October
2021

Specialist Implications Officer(s):

Debbie Mitchell, Chief Finance Officer and Section 151

Trudy Forster, Head of HR

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

Agenda, Reports and Minutes of the meeting of Full Council dated 4th
May 2021

Agenda, Reports and Minutes of the Audit & Governance Committee

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Audit and Governance Committee**20 October 2021****Report of the Director of Governance****Corporate Governance Report****1. Summary**

1.1 This report provides Members with updates in respect of:

- Annual Complaints Report April 2020 to March 2021
- Corporate Governance performance indicators
- Information Commissioners Office (ICO) decision notices
- Ombudsman cases from last report in July 2021 to date of this report
- Disclosure Log
- Investigatory Powers Commissioner's Office (IPCO) inspection

2. Annual Complaints Report April 2020 to March 2021

2.1 This report provides Members with the annual reports covering April 2020 to March 2021 in respect of:

- Adults social care
- Children's social care
- Corporate complaints

2.2 It includes:

- Local Government and Social Care Ombudsman (LGSCO) and Housing Ombudsman Services (HOS) investigations
- Performance levels
- Themes
- Payments
- Costs of delivering the service

2.3 Points to note from the annual report are:

2.3.1 From the LGSCO annual letter and published performance for the reporting year are:

- 63% of all detailed investigation were upheld. This compares to an average of 63% in similar authorities. However when considered from all decided cases, it is 27% were upheld.
- In 100% of cases the Ombudsman was satisfied that the authority had successfully implemented their recommendations. This compares to an average of 99% in similar authorities, and sees an improvement on the previous year.
- In 17% of upheld cases, the Ombudsman found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman. This compares to an average of 10% in similar authorities. In practice this means that although the Ombudsman found there had been fault, the authority had already acknowledged this and provided an appropriate remedy. The Corporate Governance Team (CGT) are currently reviewing the way it works with an aim to being able to increase the ability to identify and offer appropriate remedies where fault has occurred.

2.3.2 The main theme from the three complaints procedures are issues with the quality of communications. We are continuing our work with service areas to make sustained improvements through staff training and awareness sessions including how to improve customers' experiences and avoid unnecessary complaints or the escalation of complaints.

2.3.3 For complaints under the childrens social care procedure there was a reduced number of complaints received from 91 in the previous year to 55 complaints in 2020 to 2021. Also there was 1 complaint handled through the corporate complaints procedure for this service, compared to 12 in the previous year.

2.3.4 For complaints under the adults social care procedure there was a reduced number of complaints received from 53 in the previous year to 28 complaints in 2020 to 2021. Also there were 2 complaints handled through the corporate complaints procedure, compared to 4 in the previous year.

2.3.5 For complaints at stage 1 under the corporate procedure, there was a reduced number of complaints from 1262 in the previous year to 502 complaints at stage 1 in 2020 to 2021. However there was also 600 more comments logged and it is believed this was due to the contingency arrangements put in place at the beginning of the Covid 19 Pandemic, where cases were being picked up, responded to and resolved by the CGT before they became a complaint. These contingency arrangements allowed the CGT to investigate and respond

to comments and corporate complaints (i.e. not social care services) and reduce the cases where no response was sent. These arrangements were incorporated into the review of the corporate complaints policy and procedures and the implementation of the 4Cs (complaints, concerns, comments and compliments) in April 2021 and it is expected the improvements will continue.

2.3.6 Improvements were also made in the % of responses in time across all three stages from the previous year.

3. Corporate Governance Performance Indicators (previously headed as Information Governance and Complaints Performance)

3.1 The council publishes the performance data on timeliness for responding to requests made under Freedom of Information Act (FOI), Environmental Information Regulations (EIR) and Data Protection Act subject access to records requests (SARs), via the York Open Data platform via the link. [Datasets - York Open Data](#)

3.2 The internal system configuration changes, required to support the 4Cs policy, have now embedded and allowed for the development of the new datasets to support the ongoing reporting of corporate governance organisational performance. The datasets are in the final stages of development internally and, once completed, will include a regular external publication of information through York Open Data. This means that Committee and residents should be able to see the improved wider new datasets on publication in November. It will also enable us to provide more graphical presentation of reports to Committee and further updates will be provided in the next Corporate Governance report.

3.3 I have provided the performance figures for the period April to September 2021 – see Annex 2 - based on the updated set of performance indicators that was shared with Committee previously. These include complaints for corporate (from the “4Cs” implemented from April 2021), adults and children’s social care complaints and more areas of information governance.

3.4 There has been an improvement in % of in time performance across the majority of areas of information governance and complaints in this reporting quarter (Q2) compared to the previous quarter (Q1). We will continue to work with management teams and service areas across the council to improve and sustain this improved performance.

4. ICO decision notices

- 4.1 If someone is unhappy with the response they receive in relation to an FOI, EIR or SAR or if they want to raise a complaint under data protection legislation in relation to the rights of individuals, there is an opportunity to seek an internal review and then to complain to the ICO. The ICO publishes their decision notices and full reports on their website.
- 4.2 For this reporting period, 1st July 2021 to date of preparing this report on 8th October 2021, there are two published decision notices and the details are set out in Annex 3.
- 4.3 In both cases, the ICO found that the council had correctly withheld information and did not require us to take any further actions.
- 4.4 In one of the cases which was an EIR, the ICO stated the council had located and considered all of the information falling within the scope of the request, and that, on a balance of probabilities, no further information was held by the council. Also that whilst the council was correct in applying one of the Regulations (known as exemptions in FOIs) to withhold the information, it was incorrect in applying another and that we had not replied in the 20 day timescale. You will note from the details provided in Annex 3 that this ICO decision is under appeal.

5. Ombudsmen cases

- 5.1 Local Government and Social Care Ombudsman (LGSCO) decisions and recommended actions, from the last report to Committee in July, to the date of this report are shown at Annex 4. There were no Housing Ombudsman Services decisions during this time.
- 5.2 Of the seven cases determined by the LGSCO, five were closed after LGSCO's initial enquiries. One case was not upheld and one was upheld with recommendations and/or remedies shown in Annex 4 in the actions column.
- 5.3 The Corporate Governance Team work with the Corporate Management Team, Directorate Management Teams as well as with individual service areas to identify areas for improvement or shared learning opportunities from Ombudsmen cases.

6. Disclosure Log

- 6.1 The current format and style complies with the obligations of the FOI Act and Publication Scheme, to show requests we have received and responded to, that we feel may be of a wider public interest. This can be searched by individuals to see if the information they are looking for has already been asked for and responded to, and then they can either ask us for a copy of the response or make a new request.
- 6.3 It was introduced following complaints and criticisms of the previous style and format of presenting responses on the website and also to ensure that we comply with the website Accessibility Regulations.
- 6.4 In response to questions raised previously from Committee, there is a variety of styles and formats used by public authorities in order to comply with the FOI Act and Publication Scheme requirements which is in the public domain.
- 6.5 For example some responses may be published in full where the public authority has decided they may be of a wider public interest e.g. the ICO website [| Search | ICO](#) or similar/same style and format as we do [Freedom of information requests and open data | North Yorkshire County Council](#) or in other ways such as on the below links.
[Council data and information listings \(Publication Scheme\) \(leeds.gov.uk\)](#)
[Freedom of Information | Bradford Council](#)
[Freedom of Information FAQs - Business Rates | Bradford Council](#)
[Freedom of information | Kirklees Council](#)
- 6.6 I have included at Annex 5 the figures for the number of visits to the published disclosure log for your information.
- 6.7 I will continue to look into options and opportunities for other styles and formats for publishing our FOI Act and Publication Scheme requirements including any from renewing our current case management system in the Corporate Governance Team and keep you updated on the progress of this in future reports.

7. Investigatory Powers Commissioner's Office (IPCO) inspection

- 7.1 The IPCO carried out their programmed inspection of the council's use of directed surveillance and covert human intelligence sources (CHIS) and the acquisition of communications data on 27th August 2021 by way of a virtual meeting and submission of documents and evidence. The previous inspection was undertaken by way of a questionnaire in December 2018.

7.2 A report on the IPCOs findings and recommendations will be provided to Committee.

8. Consultation

Not relevant for the purpose of this report.

9. Options

Not relevant for the purpose of this report.

10. Analysis

Not relevant for the purpose of this report.

11. Council Plan

11.1 The council's corporate governance service offers assurance to its customers, employees, contractors, partners and other stakeholders that all information, including confidential and personal information, is dealt with in accordance with legislation and regulations and its confidentiality, integrity and availability is appropriately protected.

12. Legal Implications

The Council has a duty to comply with the various aspects of complaints, data protection, privacy and information governance related legislation.

13. Risk Management

The council may face financial and reputational risks if the information it holds is not managed and protected effectively or if it does not respond to complaints effectively. For example, the ICO can currently impose civil monetary penalties up to 20million euros for serious data security breaches and Ombudsmen can impose financial remedies. The failure to identify and manage information risks or respond to complaints effectively, may diminish the council's overall effectiveness and damage its reputation. Individual(s) may be at risk of committing criminal offences.

14. Recommendations

Members are asked:

- To note the details contained in this report.
- To provide any further feedback for future reporting

Contact Details

Author: Lorraine Lunt
Information Governance &
Feedback Team Manager
Telephone: 01904 554145

Chief Officer Responsible
for the report: Janie Berry,
Director of Governance

Report Approved Date 8th October 2021

Wards Affected: List wards or tick box to indicate all All

For further information please contact the author of the report

Annexes

- Annex 1 – Annual Complaints Report March 2020 to April 2021
- Annex 2 – Corporate Governance Performance Indicators
- Annex 3 – ICO decision notices
- Annex 4 – LGSCO cases
- Annex 5 – Disclosure Log website information

Background Information

Not applicable

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City of York Council Annual Complaints Report April 2020 – March 2021

Janie Berry
Director of Governance and Monitoring Officer
Cath Murray
Complaints and Feedback Manager

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1 Introduction

Complaints and Feedback are managed for all council areas through the Corporate Governance Team (CGT) to ensure that comments, complaints, concerns and compliments are dealt with in an independent and consistent way across the council.

Complaints about adult and children's social care services are dealt with under two separate pieces of legislation:

- The Children Act 1989 Representations Procedure (England) Regulations 2006
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Complaints about other council services are dealt with under the council's Corporate Complaints and Feedback procedures and these have been designed using the guidance and good practice specified in the statutory procedures and by the Local Government and Social Care Ombudsman (LGSCO) and Housing Ombudsman Service (HOS).

It is essential that all teams delivering services (including the contractors or providers of services on our behalf) formally capture and record complaints. It is only by doing so that complaints can be tracked and where things have gone wrong, managers can ensure that matters are put right. Senior managers and the CGT therefore regularly encourage teams to recognise complaints and report these to the CGT.

It is important to note the impact of Covid19 in this reporting period. As for all services, this has resulted in the provision of the complaints and feedback services being provided remotely with officers and investigators, as well as service area managers and staff working from home.

As a result of this, the team and the independent agency, along with staff and managers in service areas, have reviewed the ways of working and have adapted this to ensure the complaints and feedback service can continue to be provided effectively. It is considered these changes have had a positive impact on service provision, with staff and investigators being able to speak to customers and key staff and managers, at a time convenient to them, without needing to find a quiet space for phone calls or arrange times for a meeting room.

It has given team members and senior managers the ability to work more closely to respond to and resolve complaints, with the complaints team providing advice to managers about appropriate remedies and responses for managers to then consider and agree or amend.

This has resulted in the ability to provide responses to the complainants' satisfaction more quickly and to provide thorough responses and explanations to explain the council's actions regardless of whether the complaint is upheld or not.

2 Ombudsman Investigations and Annual Review Letter

The LGSCO is the council's regulator and following the conclusion of the relevant complaints procedure, is able to investigate complaints about council services.

The exception to this is that the Housing Ombudsman Service (HOS) is the regulator for most housing related services and the Information Commissioner's Office (ICO) is the regulator for all information governance complaints, including complaints about data breaches, and responses to requests under the Data Protection Act, General Data Protection Regulation, Freedom of Information Act and Environmental Information Regulations.

The LGSCO provides an annual review letter about the council covering April to March each year. This includes tables presenting the number of complaints and enquiries received about the council and the decisions the LGSCO has made during the reporting period. This is to help us assess our performance in handling complaints. It includes the number of cases where the LGSCO's recommendations remedied the fault and the number of cases where they decided we had had offered a satisfactory remedy during our local complaints process. In these latter cases the LGSCO provides reassurance that we had satisfactorily attempted to resolve the complaint before the person went to them.

The LGSCO received 38 cases about the council in April 2020 to March 2021 with 44 cases being concluded within this time period. (This therefore includes cases which were received but not concluded in the previous reporting period). The decisions are summarised below:

LGSCO decided cases	How many?	% rounded down to whole number
Closed after initial enquiries	17	39%
Referred back for local resolution	6	14%
Advice given	1	2%
Incomplete/invalid	1	2%
Not upheld – detailed investigations	7	16%
Upheld – detailed investigations	12	27%
Total	44	

The LGSCO's 12 upheld decisions had the following remedies

Remedy	Number
Apology	2
Apology, Financial redress: Avoidable distress/time and trouble, Provide information/advice, Provide training and/or guidance	1
Apology, Financial redress: Avoidable distress/time and trouble, Provide training and/or guidance	1
Apology, Financial redress: Avoidable distress/time and trouble, Provide training and/or guidance, Provide information/advice	1
Apology, New appeal/review or reconsidered decision, Procedure or policy change/review, Provide services	1
Apology, Procedure or policy change/review	1
Apology, Provide information/advice	1
Financial redress: Avoidable distress/time and trouble, Financial redress: Loss of service, Provide training and/or guidance	1
No injustice	1
No further action, council already provided remedy	2
Total	12

The details of the 12 upheld cases are shown at Annex 1 at the end of this report. The points of particular importance in the Ombudsman's annual letter and published performance from this year are:

- 63% of all detailed investigation were upheld. This compares to an average of 63% in similar authorities. However when considered from all decided cases it is 27% were upheld
- In 100% of cases the Ombudsman were satisfied that the authority has successfully implemented their recommendations. This compares to an average of 99% in similar authorities, and sees an improvement on the previous year.
- In 17% of upheld cases the Ombudsman found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman. This compares to an average of 10% in similar authorities. In practice this means that although the Ombudsman found there had been fault, the authority had already acknowledged this and provided an appropriate remedy. The complaints team is currently reviewing the way it works with an aim to being able to increase the ability to identify and offer appropriate remedies where fault has occurred.

Further details from the LGSCO's annual report with the breakdown of cases they dealt with and the outcomes found for this reporting period are included at annex 1.

In 2020 to 2021 there were 6 cases determined by the HOS. Of these:

- 5 were upheld as maladministration without a public report
- 1 was not upheld as the council had already offered a satisfactory remedy

3 What is a Complaint?

A complaint is an expression of dissatisfaction or disquiet however made, about the actions, decisions, or apparent failings of a local authority's social services provision, and/or the level or nature of a council service or policy, which requires a response. If it is possible to resolve the complaint immediately this does not need to be logged through the complaints procedure.

A complaint is not a request for a service that is made for the first time. For example, if a customer complains that a streetlight is not working, we will treat it as a service request that we aim to fulfil by repairing it within the service level agreement. If we then fail to repair it within that timescale, and the customer is still unhappy, it should then be defined and treated as a complaint

4 Effectiveness of the Procedures

The CGT offer and proactively encourage all staff and managers to participate in regular training and awareness raising, about the complaints and feedback procedures. There were a number of refresher sessions held remotely with teams across the council including with directorate management teams, service area and team meetings and this year this has particularly focused on the preparation for the changes to the corporate procedure and supporting complaints work with children and adult services during the pandemic and finding new ways of working.

In addition to this, guidance is provided to assist managers with completing thorough investigations and comprehensive responses including on a case by case basis. We have continued to work with the providers of our independent investigators, who have knowledge and experience of complaints across a number of authorities to ensure our practice and guidance is effective and appropriate to fulfil our obligations and ensure best practice in complaints handling.

When managers have provided a response to a complaint, they are asked to record what will be done to resolve it, what lessons have been learnt and what action will be taken to improve services and avoid problems being repeated. The CGT proactively monitor the completion of both action plans and lessons learned.

A summary of the information received regarding the lessons learnt and action taken is included in this report.

5 Themes

The main themes this year are quality of communication.

Communication issues continue to be a key theme discussed with staff in the training and awareness raising sessions offered and provided by the CGT, which assists staff in understanding how to improve customer experience and avoid unnecessary or the escalation of complaints.

6 Cost of delivering the complaints procedure including the corporate procedure:

There are ongoing costs attached to delivering an efficient and effective complaints service. These costs should be seen against the inherent costs of not providing this service. These may include customer dissatisfaction escalating, an increase in number of and amount of financial remedies being recommended by the LGSCO, increased judicial reviews and non-compliance with legislation.

The total actual spend for the full service including the Information Governance provision, salary and on-costs was £341,652.29.

The financial remedies payments made as part of the three different complaints procedures are provided at sections 21, 36 and 49 later of this report.

The council also has to provide investigating officers and independent people for social care complaints where required and the costs for this in this reporting period was £60424.00 compared to £60720.88 last year. This includes the core costs for the service provision and this year also includes the 2 stage three panels. It is noted this is substantially the same as last year's high costs and this has been due to the expected increase in children's stage 3 complaints due to the high number of complaints in the previous reporting period.

The CGT has however continued to work with the agency and managers to better understand and manage these costs without impacting on the thoroughness or independence of the investigation. This has included looking at improving the efficiency around provision of information and arrangements for interviews with staff.

Annual Children's Social Care Complaints and Representations Report April 2020 – March 2021

7 Context

The following information relates to complaints made during the twelve months between 1st April 2020 and 31st March 2021 for children under the Children Act 1989 Representations Procedure (England) Regulations 2006.

All timescales contained within this report are for working days.

In addition, the numbers of compliments are also recorded and these are:

13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21
8	3	23	6	17	22	22	59

The CGT are aware that many more compliments are received and actively work to encourage staff and teams to forward these to ensure they are recorded. This is to ensure we are able to provide an accurate picture of our customers' experiences of the services they receive.

The compliments received include:

- Improved working relationships between schools and staff in children's services
- Helped family build healthy relationships and have a better understanding of children's services
- Proactive, taken time to listen to fully know the situation and tried to take action to help
- Really helpful, understood each child's individual needs, on the ball and honest at all times
- The help and advice given is brilliant.
- Social worker served foster carers and others over and beyond and deserves a big thank you
- Social worker working with school is dedicated, efficient, effective and well engaged
- Answered all their questions, put their minds at rest
- Never left my side, stuck with me and helped me through every little thing
- Spoke to children with a calm, friendly attitude and helped calm their worries
- Supporting son with his great work before and during lock down at school
- Support worker astounding on case with continued input ensuring children got out to safety
- The relationship built with the children fabulous and comes through clearly
- Helped us massively get on our way to our new family dynamics
- Working at all times of day to make sure she meets us and the children

The legislation makes it clear that people should be able to provide feedback and have this responded to, without this being seen as a complaint. Therefore concerns, comments and requests are also logged.

The number of concerns, comments and requests received in this period were:

13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21
13	6	14	11	26	20	33	29

A concern is logged when someone wants to tell us about a problem, without wanting this to be considered as a complaint.

A comment or request is logged when someone makes a suggestion, or request, or is making the council aware of a problem for the first time. This is then passed to the appropriate person to respond to the issues being raised. If a person remains dissatisfied after receiving a response, this would then be logged as a complaint.

8 Who can make a Complaint?

- Any child or young person (or a parent, or someone who has parental responsibility) who is being looked after by the local authority or is not looked after by them, but is in need.
- Any local authority foster carer (including those caring for children placed through independent fostering agencies).
- Children leaving care
- Special Guardians
- A child or young person (or parent) to whom a Special Guardian order is in place.
- Any person who has applied for an assessment under section 14F (3) or (4).
- Any child or young person who may be adopted, their parents and guardians.
- Persons wishing to adopt a child.
- Any other person whom arrangements for the provision of adoption services extend.
- Adopted persons, their parents, natural parents and former guardians and such other person as the local authority consider has sufficient interest in the child or young person's welfare to warrant their representations being considered by them.

Where a complaint is received from a representative on behalf of a child or young person, we will, where possible, confirm that the child or young person is happy for this to happen and that the complaint received reflects their views.

The complaints manager in consultation with relevant operational managers will decide whether the person is suitable to act in this capacity and has sufficient interest in the child's welfare. If it is decided that a person is not suitable to act as a representative for a child, they will be informed of the decision in writing by the complaints manager. The complaint will then fall outside the statutory procedure. They will however be able to complain through the corporate complaints procedure.

Complaints may also be made by adults relating to a child or young person, but are not being made on their behalf. The complaints manager in consultation with operational managers will decide whether the person has sufficient interest in the child's welfare for the complaint to be considered. The child may also be consulted as part of the decision making process.

9 Grading of Complaints

Complaints are graded following an assessment of issues including severity, complexity, risk to the customer and other customers, risk to the authority, history of similar complaints and likelihood of future similar complaints. Other considerations include, the outcomes wanted to resolve the complaint, who is best placed to consider and effectively respond to the complaint and the complainant's views of how the complaint should be dealt with.

Stage One.

Is dealt with by line managers of the service area the complaint concerns, this includes where the service is being provided on behalf of the council by an external contractor. The expectation is that the managers will have the knowledge and understanding of the issues and delegated responsibility to be able to resolve complaints at this stage quickly, without the need for an in depth formal investigation.

The legislation requires complaints at stage one to be responded to within 10 working days. This can be extended for a further 10 working days in some circumstances, for example where further time is needed to arrange an advocate, or where staff may be away from work. This can only be extended with the agreement of the complainant.

Stage Two.

This stage is implemented where the complainant is dissatisfied with the findings of stage one, or where it is assessed as being appropriate to be considered and responded to at this stage, due to issues including the severity, complexity or risk. Stage two requires an investigation conducted by either an internal manager who has not had any previous involvement in the complaint and has no line

management responsibility for the area being complained about, or an external investigating officer. The Assistant Director for children's social care services acts as the adjudicator on the findings of the investigation, although on occasions, this can be completed by another senior manager with an understanding of children's social care, where the Assistant Director for children's social care services is not available.

The council must offer an advocate to assist children and young people in making a complaint and appoint an independent person to oversee the investigation process at this stage. Stage two complaints falling within the social services statutory complaints procedures should be dealt with in 25 days, although in certain cases this can be extended to 65 days.

Stage Three.

The third stage of the complaints process is the review panel. Where complainants wish to proceed with complaints about statutory social service functions, the council is required to establish a complaints review panel. The panel makes recommendations to the Director of children's social care services, who then makes a decision and provides a written response on the complaint and any action to be taken.

Complaints review panels must be made up of 3 independent panellists. There are various timescales relating to stage three complaints. These are:

- setting up the panel within 30 working days;
- producing the panel's report within 5 working days of the panel; and
- producing the local authority's response within 15 days following receipt of the report.

This was changed during the initial period for the pandemic to as soon as reasonably practicable, although the council continued to work to these timescales and hold remote Panel meetings as soon as it was able to.

A further option for complainants is the LGSCO who is empowered to investigate where it appears that a council's own investigations have not resolved the complaint. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman normally refers the complaint back to the council, unless the council has been given sufficient opportunity to consider and respond to the complaint. The council will usually agree to a complaint being considered by the Ombudsman without the third stage of the internal process having been completed, where it is considered there has been sufficient opportunity to consider and respond to the complaint at stage 2 and further consideration is unlikely to lead to a substantially different outcome.

10 Activity

The CGT recorded 55 complaints under the children's social care procedure during the year, compared with a total of 91 last year.

An additional 1 complaint was received through the corporate complaints procedure, compared to 12 in the previous year.

11 Total complaints made:

Of the 55 complaints dealt with:

- 41 were investigated at stage one of the social care procedures,
- 3 progressed to stage two
- 9 complaints in total heard at stage two with 6 of these being moved straight to stage 2, due to their complexity and or severity.
- 4 complaints were heard at stage 3, with one not being pursued to the panel, but may be in the future.

12 Comparison with the preceding year

The numbers of complaints being received are small in number and typically fluctuate each year and this is typical of social care complaints received across Yorkshire and Humberside. The figures show a decrease of 40% for this reporting period. The reasons for this are noted in the following information.

13 Complaint outcomes – total

	2016-2017	2017-2018	2018-2019	2019 - 2020	2020 - 2021
Upheld	0	4	6	19	8
Partly upheld	9	10	19	27	17
Not upheld	14	20	14	12	16
Not proved	0	0	0	2	-
Not pursued	3	2	5	14	9
No response	1	2	-	16	2
Ongoing	1	2	0	1	3
Total	28	40	44	91	55

14 Response Times

A key requirement of complaints procedures is to ensure that individuals are informed of the outcome of their complaints, in an appropriate time frame.

The timescales in working days for children's social care complaints as set out in

the regulation are:

- 10 days at Stage 1 (with a further 10 days for more complex complaints or additional time if an advocate is required);
- 25 days at Stage 2 (with maximum extension to 65 days);
- 20 days for the complainant to request a Review Panel;
- 30 days to convene and hold the Review Panel at Stage 3;
- 5 days for the Panel to issue its findings; and
- 15 days for the local authority to respond to the findings.

Details of Complaints by stage

15 Stage One Complaints

There were 41 stage one complaints compared to 72 last year.

We are pleased to note that as expected the numbers during this reporting period have reduced since the previous year.

Although it is not considered receiving larger numbers of complaints is always a negative, because this can show that the procedure is accessible and customers are supported to make complaints which provide invaluable feedback. It was however a concern there were a number of complaints with related themes including a lack of action in the previous year. These were predominantly related to delays with communication and updating family members and delays in progressing work. The Assistant Director worked with managers in the Directorate and the Corporate Governance Team to improve communication and ensure customers are kept up to date, importantly even where there was not anything new to report, to ensure people are still told this. We are pleased that as expected these improvements are evidenced in this year's report.

These have been categorised as follows:

Stage One - Nature of complaint

	2017 - 2018	2018 – 2019	2019 - 20	2020 - 21
Attitude of staff	1		-	-
Disagree with Policy	1	1	-	1
Disagree with Assessment	10	9	13	7
Discrimination	0	1	-	-
Inappropriate Action	13	12	32	10
Lack of Action	3	6	22	9
Quality of Advice/ Communication	2	5	5	14
TOTAL	30	34	72	41

You will note that the quality of advice and communication is the highest theme this year and higher than in previous years. However it is considered this is due to the work between the CGT and managers in children's services to more accurately identify when complaints have arisen through lack of contact or poor quality of communication. This has been important in being able to identify action to improve services. The details of this are recorded in section 23 of this report.

Stage One - Responding in time performance

	2016 - 2017	%*	2017 - 2018	%*	2018 - 2019	%*	2019 - 2020	%*	2020 - 2021	%*
Within 10 days	19	73%	24	80%	17	50%	31	43%	20	49%
Within 20 days	2	8%	5	17%	12	34%	8	11%	6	15%
Over 20 days	2	8%	0	-	1	2%	20	28%	7	17%
Not Pursued	3	11%	1	3%	4	11%	13	18%	8	19%
TOTAL	26		30		34		72		41	

*% figures are rounded to the nearest whole number

We are pleased to report the numbers of complaints where there was no response at stage 1 has significantly reduced. However it is the aim of the CGT to continue to work with managers in children's services to ensure that all complaints receive a response.

Stage One - Outcomes

	2016 - 2017	%*	2017 - 2018	%*	2018 - 2019	%*	2019 - 2020	%*	2020 - 2021	%*
Upheld	0	-	3	10%	3	8%	16	22%	8	19%
Partially Upheld	7	27%	7	23%	14	41%	15	21%	7	17%
Not Upheld	15	58%	16	53%	13	38%	10	14%	16	39%
Not Proven	0	-	0	-	0	-	2	3%	0	-
Not Pursued	3	11%	2	7%	4	11%	13	18%	8	19%
No response	1	4%	2	7%	-	-	16	22%	2	5%
TOTAL	26		30		34		72		41	

*% figures are rounded to the nearest whole number

16 Stage Two Complaints

Stage Two - Nature of Complaint

	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021
Attitude of staff	-	-	-	-	-
Disagree with Policy	-	-	-	-	-
Disagree with Assessment	-	1	3	6	1
Discrimination	-	-	-	-	-
Inappropriate Action	3	4	3	6	6
Lack of Action	1	3	4	4	2
Quality of Advice/ Communication	1	2	-	1	-
TOTAL	4	10	10	17	9

It is noted the number of complaints at this stage have returned to similar levels to that of previous years and it is considered this is because of the improvements in responding to complaints at stage 1.

Stage Two – Responding in time performance

	2016 - 2017	%*	2017 - 2018	%*	2018 - 2019	%*	2019 - 2020	%*	2020 - 2021	%*
Within 25days	1	25%	6	60%	1	10%	3	17%	2	21%
Within 65 days	2	50%	0	-	2	20%	3	17%	-	-
Over timescale	1	25%	4	40%	6	60%	9	51%	4	44%
Not Pursued	-	-	0	-	1	10%	1	6%	-	-
Ongoing	-	-	0	-	-	-	1	6%	3	33%
TOTAL	4		10		10		17		9	

It is noted the majority of responses at this stage were “over the timescale”. It is important to remember, this reporting period was during the height of the Covid 19 pandemic and the changes to working arrangements this required. It is also important to note complaints at this stage are often complex, with a number of elements of complaint and the timescales may also be related to the need to arrange advocates and appointments with both staff and complainants, particularly at adjudication. The CGT ensure that complainants are kept updated in these cases.

Stage Two Outcomes

	2016 -	%*	2017 -	%*	2017 -	%*	2019 -	%*	2020 -	%*
	2017		2018		2018		2020		2021	
Upheld	-	-	-		3	30%	2	12%	-	-
Partially Upheld	2	50%	3	30%	5	50%	11	65%	6	67%
Not Upheld	-	-	3	30%	1	10%	2	12%	-	-
Not Pursued	-	-	2	20%	1	30%	1	6%	-	-
No response sent	1	25%	2	20%	-	-	-	-	-	-
Ongoing	1	25%	-		-	-	1	6%	3	33%
TOTAL	4		10		10		17		9	

We are pleased to be able to report that there have not been any cases where responses have not been sent at this stage for the last two years, which indicates the commitment from the Assistant Director to take complaints seriously and use the feedback to learn lessons and improve services.

17 Stage Three Complaints

There were 5 children's stage three complaints.

The process at stage three of the Children's Social Care Complaints Procedure is an independent review panel that will consider whether the investigation, findings and recommendations at stage two, were thorough, logical and fair. The Panel then provides a report to the Director of Children's Services with their conclusions and any recommendations considered appropriate. The Director would then respond confirming whether they agree with the conclusions and any recommendations made.

Stage Three - Nature of Complaint

	2018 -2019	2019 - 2020	2020 - 2021
Attitude of staff	-	-	-
Disagree with Policy	-	-	-
Disagree with Assessment	-	-	-
Discrimination	-	-	-
Inappropriate Action	-	-	4
Lack of Action	-	2	1
Quality of Advice/ Communication	-	-	-
TOTAL	-	-	5

Stage Three - Responding in time performance

	2018 -	%*	2019 -	%*	2020 -	%*
	2019		2020		2021	
Within 15 days	-	-	1	50%	3	60%
Over 15 days	-	-	1	50%	1	20%
Not Pursued	-	-	-	-	1	20%
TOTAL	-	-	2		5	

It is noted that the delay in responding at this stage was due to Covid19

Stage Three Outcomes

	2018 -	%*	2019 -	%*	2020 -	%*
	2019		2020		2021	
Upheld	-	-	1	50%	-	-
Partially Upheld	-	-	1	50%	4	80%
Not Upheld	-	-	-		-	-
Not Pursued	-	-	-		1	20%
No response sent	-	-	-		-	-
Ongoing	-	-	-		-	-
TOTAL	-	-	2		5	

In addition to the information given above for complaints made through the children's' social care complaints procedure, 1 complaint was received as a corporate stage one and one as a corporate stage 2. Complaints are dealt with under the corporate procedure when the complainant is not complaining with the consent of the customer, or it is considered they are not complaining in the customer's best interest.

18 Percentage escalation

The following table indicates how many complaints in children's services have been escalated. By measuring these figures as a percentage, we are able to gauge the implied customer satisfaction levels.

	Number	% escalated to next stage	% implied customer satisfaction
Stage 1 to Stage 2	3 of 41	7%	93%
Stage 2 to Stage 3	5 of 9	56%	44%

19 Equalities Monitoring Information

Following the guidance produced by the Department of Health and the Department for Education and Skills, we have to seek to identify who is making

complaints to get a greater understanding of them. The following information was provided:

Gender

	2016 - 2017	2017 - 2018	2018 – 2019	2019 - 2020	2020 - 2021
Male	11	10	15	17	24
Female	16	25	26	64	29
Male & Female	3	5	3	0	2
Not stated	-	-	44	0	55

20 Who made the complaints

- 9 complaints were made by a child or young person via an advocate.
- 1 complaint was made by family or friends on behalf of a child or young person.
- 45 complaints were made by adults about the service provided to them.

The Complaints Manager is aware the majority of complaints about Children's Services are not made by children or young people receiving a service. To ensure that children are aware of and are supported to use the complaints and feedback procedure, the team works closely with the Children's Rights team and where appropriate, other support and advocacy services and others making a complaint on behalf of a child or young person.

The council has a statutory obligation to offer advocacy support to any child or young person making a complaint and the Children's Rights team make people aware of the options available for raising comments, concerns, complaints and compliments and provide advocacy support to assist with this where requested.

The CGT are also available to attend meetings with staff members, children and young people and on occasions foster carers to raise awareness of and understanding about how people can use the procedure.

21 Costs and Payments

The council has an obligation to ensure independence in the children's social care complaints procedure. This includes a requirement for:

- A person independent of the council to oversee all complaints at stage two made by children and young people.
- To ensure the investigator at stage two has not had any involvement in the complaint or line management responsibility for the services being complained about.

- To have a panel of 3 independent people at stage three.

The costs of this in this reporting period are included in the section 6.

In addition to this the council provides financial recompense if, after a complaint has been investigated or as part of an LGSCO's investigation, it is concluded that:

- the LGSCO would find that there has been maladministration by the council causing injustice to the complainant; and
- the LGSCO would recommend that financial recompense should therefore be paid to the complainant.

Details of payments:

£1,000	Time and trouble of having to pursue a complaint to stage 3
£100.00	Time and trouble of having to pursue a complaint to stage 3
£400.00	Time, trouble of having to pursue complaint and distress at time missed with child
£50.00	Delays in completing assessments
£200.00	Distress and confusion due to unclear complaint response
£50.00	Lack of communication regarding decision
£1,800	Total

22 Alternative Dispute Resolution

It is important to note that the Department for Education and Skills Guidance makes it clear that nothing in the procedure should preclude Alternative Dispute Resolution and that if agreed by both complainant and the Complaints Manager the council should explore this option.

Possible alternatives which may be considered by the Complaints Manager include mediation, the opportunity to meet with senior managers, or the possibility of contributing to the review of policies and procedures.

23 Learning Lessons/Practice Improvements

The council is always happy to consider appropriate ways of resolving a customer's complaint. Some of the types of action the council has undertaken to resolve complaints have been issuing apologies, meeting with customers to hear their concerns and suggestions for improvements and putting these improvements into place. This has been particularly relevant in the case of communicating effectively with customers and putting strategies into place to ensure that people are kept up to date. The council also offers a re-assessment

of needs where possible, to ensure that nothing has been missed or that circumstances have not changed.

Complaints provide senior managers with useful information in respect of the way that services are delivered. The consideration of complaints has included the agreement to undertake the following actions, in addition to apologies and financial recompense:

- Internal practice review of social workers communication and practice with absent parents.
- Managers reminded staff the importance of more clearly documenting the needs of foster carers, and making sure they ask and record discussions about their well-being so it is clearer that they are not just performing their statutory duties
- Clear concise guide to supervising and recording supervised contact
- Provide parents/carers with clear and informative information regarding the LA's role responsibility during private law proceedings
- Complaints advisors to ensure all appropriate remedies are considered and implemented, even where these are not stated as part of the customers desired outcomes.
- Complaints advisors to ensure clear information is provided at the start of the process about issues which can and cannot be dealt with through the complaints procedure
- Reminders to staff to complete written risk assessments
- Reminders to staff to ensure written care plans are in place to support young people

Annual Adult Social Care Complaints Report April 2020 to March 2021

24 Context

This report provides information about complaints made during the twelve months between 1st April 2020 and 31st March 2021 for adults under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

All timescales contained within this report are for working days. The structures for reporting have changed and are reflected in the reporting for adult service as shown in the below tables.

In addition the numbers of compliments are also recorded were:

	16/17	17/18		18/19	19/20	20/21
Adult services	19	49	Be Independent		1	4
Occupational therapy	-	-	Commissioning & Contract Management	1	-	1
Commissioning and Purchasing (C&P)	-	1	Community Provision	7	-	10
Mental health	28	2	Joint Commissioning	-	-	-
Learning disability services	4	0	Assessment	16	10	9
Public health	-	1	Care Homes	9	6	5
			Community Provision		22	10
			Mental health Safeguarding & DOLS	4	3	19

The CGT are aware that many more compliments are received and actively work to encourage staff and teams to forward these to ensure they are recorded. This is to ensure that we are able to provide a true picture of our customers' experiences of the services they receive.

The compliments received included:

- Thank you for all you have done to support relative at this difficult time
- Thank you for keeping a watch on me during the difficult year when living alone
- Been very patient and honest, dealt with relative in a really kind way
- Support received has enabled customer to become more confident and independent to continue without further support

- Support received has enabled her to become more confident and independent to continue without further support.
- Absolutely amazing with relative and the rest of the family during these difficult times
- Thank you for sitting with relative
- Great service despite the Covid restrictions
- Be Independent have always been absolutely brilliant when called upon by relative
- Thank you for the professionalism and care shown
- For respecting wishes, and helping in the emergency in a calm manner
- For the smooth transfer to Glen Lodge the staff are great
- You have always been very helpful and at the end of the phone if we ever needed anything at all
- Thank you for continuous help and support and helping in securing accommodation
- Help to get the right support package in place
- Thanks for care of relative at Haxby Hall
- support arranged that enabled relative to pass away at home with family around them
- Thank you for help in time of crisis

The legislation makes it clear that people should be able to provide feedback and have this responded to without this being seen as a complaint. Therefore concerns, comments and requests are also logged.

The number of concerns, comments and requests received in this period were:

	16/17	17/18		18/19	19/20	20/21
Adult services	6	7	Be Independent	-	1	
Occupational therapy		-	Commissioning & Contract Management	4	2	2
Commissioning and Purchasing (C&P) and mental health	5	-	Commissioning Provision	-	-	2
Learning disability services		-	Joint Commissioning	-	-	-
Public health	3	-	Assessment	3	10	2
			Care Homes	5	3	2
			Community Provision	8	8	3
			Mental health Safeguarding & DOLS	11	9	5

25 Who can make a Complaint?

Someone who:

- The local authority has a power or duty to provide or secure the provision of a social service for him/her and
- His/her need for such a service has (by whatever means) come to the attention of the Authority.

This definition also applies to a person acting on behalf of someone who meets the above requirements.

A complaint can be made by a representative where the Complaints Manager receives permission from the eligible person, usually in writing, giving their permission for the representative to make the complaint on their behalf. A representative will also be able to make a complaint where the eligible person is not capable of making the complaint themselves, this includes when they have died.

The Complaints Manager will decide if a person is suitable to act as a representative, if it is decided they are not acting in the eligible person's best interests, they will inform them in writing of the reasons for this.

If a customer is not eligible under the terms of the Act, they will always be able to have their complaint looked at under the council's corporate complaints procedure.

26 Grading of Complaints

The department of health designed the following tool to assess the seriousness of complaints and decide the relevant action:

Step 1: Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. OR Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.

	<p>OR</p> <p>Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.</p>
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Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

Step 3: How to categorise the risk

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost Certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

The CGT grades the complaints as:

- Low = Green - Can be resolved locally
- Medium = Amber - Needs a response from the Director
- High = Red - Needs a response from the Director

Complainants are contacted by the CGT to design a complaints plan and agree an appropriate response timescale. This is often done through an acknowledgment letter requesting the complainant to confirm the council's understanding of the complaint and the timescale for response.

Following the response, a complainant can ask the Local Government and Social care Ombudsman (LGSCO) to investigate if they remain dissatisfied.

27 Activity

The CGT recorded 28 complaints under the adult social care procedure during the year 2020 – 2021, compared with a total of 53 the previous year.

An additional 2 complaints were received about adult social care services under the corporate complaints procedure, compared to 4 the previous year.

28 Comparison with the preceding year

The figures show a decrease in the number of complaints received in 2020 – 2021 through the adults social care procedures.

29 Outcomes of complaints:

	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021
Upheld	9	4	4	15	6
Partly upheld	12	8	11	12	6
Not upheld	26	6	5	16	13
Not proved	2	1	0	1	0
Not pursued	1	1	1	3	0
No response	0	1	0	6	3
Ongoing	0	0	0	0	0
Total	50	21	21	53	28

30 Response Times

A key requirement of the reform of complaints procedures is the importance of informing service users of the outcome of their complaints, in an appropriate time frame.

The Department of Health guidance on deciding how long it should take to respond to a complaint states:

“If someone makes a complaint, your organisation has to acknowledge it within three working days. The person making the complaint will want to know what is being done – and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- *address the concerns raised as quickly as possible*
- *stay in regular contact with whoever has complained to update them on progress*
- *stick to any agreements you make – and, if for any reason you can’t, explain why.*

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.”

Details of Complaints

31 Green Complaints

There were 23 complaints graded as Green in adult services compared to 44 last year. It is noted this is a significant decrease and has returned to levels expected from previous years.

It is however noted 3 complaints received no response. Whilst we recognise this was during the period including arrangements at the height of the Covid 19 pandemic. the CGT is working with managers to ensure all complaints receive a response.

Complaints graded at this level were categorised as follows:

BI	= Be Independent
CCM	= Commissioning & Contract Management
Commis Provision	= Commissioning Provision
JC	= Joint Commissioning
A	= Assessment
CH	= Care Homes
Com Provision	= Community Provision
MH/S/DOLS	= Mental health Safeguarding & DOLS

Green Nature of complaint

	BI	CCM	Commis Provision	JC	A	CH	Com Provision	MH S DOLS	Total
Attitude of staff	-	-	-	-	1	-	-	-	1
Disagree with Policy									
Disagree with Assessment	-	1	-	-	2	3	-	2	8
Discrimination	-	-	-	-	-	-	-	-	-
Inappropriate Action	-	-	1	-	1	-	-	1	3
Lack of Action	-	-	-	-	-	-	-	4	4
Quality of Advice/ Communication	-	3	-	-	3	-	1	-	7
TOTAL	-	4	-	-	7	3	2	7	23

It is not uncommon for the category disagree with assessment to receive the most complaints. It is also noted there is a higher than usual number of complaints about the quality of advice or communication. It is considered this is because of the work by the CGT to more accurately identify when complaints have arisen through lack of contact or poor quality of communication.

It is however noted that 2 complaints did not receive any response and this is something which will continue to be brought to the attention of senior managers to assist with improving this for future complaints.

Green Response Times

	BI	CCM	Commis Provision	JC	A	CH	Com Provision	MH S DOLS	Total
Within 10 days	-	3	-	-	4	2	2	3	14
Within 25 days					1			2	3
Over 25 days		1			2	1		2	
Not Pursued									
TOTAL		4			7	3	2	7	23

It is important to remember that the legislation and guidance for adults does not prescribe actual timescales for responses. However we do manage and monitor performance in this area using best practice across the different complaints legislation and guidance. The above table highlights that we are responding to complaints at this stage within the shortest timescale.

Green Outcomes

	BI	CCM	Commis Provision	JC	A	CH	Com Provision	MH S DOLS	Total
Upheld	-	1	-	-	1	-	-	3	5
Partially Upheld	-	-	-	-	3	-	-	2	5
Not Upheld	-	3	2	-	3	2	-	1	11
No Response	-	-	-	-	-	1	-	1	2
Not Pursued	-	-	-	-	-	-	-	-	-
TOTAL	-	4	2	-	7	3	-	7	23

32 Amber Complaints

There were 5 complaints graded as Amber in adult services compared to 7 in the last year.

Amber Nature of Complaint

	BI	CCM	Commis Provision	JC	A	CH	Com Provision	MH S DOLS	Total
Attitude of staff	-	-	-	-	-	-	-	-	-
Disagree with Policy	-	1	-	-	-	-	-	-	1
Disagree with Assessment	-	-	-	-	-	-	-	-	-
Discrimination	-	-	-	-	-	-	-	-	-
Inappropriate Action	-	-	1	-	-	-	1	1	3
Lack of Action	-	-	-	-	-	-	-	1	1
Quality of Advice/ Communication	-	-	-	-	-	-	-	-	-
TOTAL	-	1	1	-	-	-	1	2	5

Amber Response Times

	BI	CCM	Commis Provision	JC	A	CH	Com Provision	MH S DOLS	Total
Within 25days	-	1	1	-	-	-	-	2	4
Within 65 days	-	-	-	-	-	-	-	-	-
Over timescale	-	-	-	-	-	-	1	-	1
Not Pursued	-	-	-	-	-	-	-	-	-
TOTAL	-	1	1	-	-	-	1	2	5

Amber Outcomes

	BI	CCM	Commis Provision	JC	A	CH	Com Provision	MH S DOLS	Total
Upheld	-	-	1	-	-	-	-	-	1
Partially Upheld	-	-	-	-	-	-	-	1	1
Not Upheld	-	1	-	-	-	-	-	1	2
No Response	-	-	-	-	-	-	1	-	1
Not Pursued	-	-	-	-	-	-	-	-	-
TOTAL	-	1	1	-	-	-	1	2	5

33 Red Complaints

There were 0 complaints graded as Red in adult services, compared to 2 last year.

In addition to the above, there were 2 complaints about adult social care services made under the corporate complaints procedure at stage one. None of them progressed further.

Complaints are dealt with under the corporate procedure when the complainant is not complaining with the consent of the customer, or it may be considered they are not complaining in the customer's best interest.

34 Equalities Monitoring Information

Following the guidance and best practice, it is important to understand who is making complaints and so we seek to identify who is making complaints. Only the following information was provided:

Gender

Male: 11
 Female: 16
 Male and Female: 1

35 Who made the complaints

- 9 complaints were received directly from a customer
- 17 complaints were made by a family member
- 2 complaints were made by an advocate

36 Payments

The council provides financial recompense if, after a complaint has been investigated or as part of an LGSCO's investigation, it is concluded that the LGSCO would find that there has been maladministration by the council causing injustice to the complainant with a recommendation that financial recompense should therefore be paid to the complainant.

Detail of payments made:

£400.00	Failed to take specific situation into account, delays and lack of clarity relating to Direct payments. Ombudsman recommendation.
£1,800.00	Failure to provide support, leading to inability to participate in activities causing distress and frustration. Ombudsman recommendation.
£200.00	Distress and inconvenience as a result of delays in making Direct payments.
£2,400.00	Total

37 Alternative Dispute Resolution

It is important to note that the complaints regulations and guidance for adult social care complaints are that a plan needs to be agreed between the complainant and the Complaints Manager about how the complaint will be dealt with and responded to, what outcomes are wanted and what can be realistically achieved.

Possible alternatives which may be considered by the Complaints Manager include mediation, the opportunity to meet with senior managers, or the possibility of contributing to the review of policies and procedures.

38 Complaints dealt with by the local authority and NHS Bodies

The CGT works with contracted agencies and statutory agencies to identify the main themes concerned in a complaint. Informal agreements are in place to provide the customer with a co-ordinated response with the agency responsible for the provision of the main areas of complaint taking the lead with co-operation from the other agencies as required.

39 Learning Lessons/Practice Improvements

The council is always happy to consider appropriate ways of resolving a customer's complaint including meeting with customers to hear their concerns and suggestions for improvements and putting these improvements into place.

This has been particularly relevant in the case of communicating effectively with customers and putting strategies into place to ensure that people are kept up to date. The council also offers a re-assessment of needs where possible, to ensure that nothing has been missed or that circumstances have not changed.

Complaints provide senior managers with useful information in respect of the way that services are delivered, so that improvements can be made. The complaints manager is engaging in work with teams across the council to ensure learning from complaints is leading to improvements in services and that evidence of actions being completed are provided. This is relevant to work with adult services, as it is noted although the numbers of complaints are reduced, there are few examples of actions to improve services, being logged with the CGT. Some of the actions which have been logged include the following, in addition to apologies and financial recompense:

- Analyse monthly call time data for customers and cross-reference with invoicing data
- Request regular training updates to ensure staff are completing refresher training when required.
- Request evidence of spot checks continuing on a regular basis.
- Review process for speaking to customers
- Reconsider care costs

40 Public Health

Complaints about services related to the functions of Public Health also fall under the legislation “Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” and are therefore dealt with in the same way as those for adult social care services.

Compliments 0 Comments 26

There have been 2 complaints reported about the functions of Public Health in this reporting period compared to 0 in the previous period.

Both were about the quality of communication relating to the Covid 19 pandemic. 1 did not receive a response. The other was in time and partly upheld.

The action taken following this complaint was to ensure that requests for information are recognised when received and dealt with promptly.

Annual Corporate Complaints Procedure Report April 2020 to March 2021

41 Context

This is the fifth year we have produced an annual report for complaints considered under the Corporate Complaints Procedure. This procedure covers all complaints about services provided by the council where no statutory procedure exists.

All timescales contained within this report are for working days.

In addition the numbers of compliments are also recorded and these are shown below for the directorates as they were known during the reporting period.

Directorate	2019 – 2020	2020 - 2021
CCS	51	34
CEC	10	5
EAP	82	79
HHASC	63	64
TOTAL	206	182

The CGT are aware that many more compliments are received and actively work to encourage staff and teams to forward these to ensure they are recorded. This is to ensure we are able to provide a true picture of our customers' experiences of the services they receive.

The compliments received included thanks for:

- Standards and adaptations team were friendly and caring and arranged a number of practical things to make life easier
- Thanks for the level access shower adaptation
- Grab rails and shower seat fitted without fuss and expertly by your team, no mess left behind and done quickly
- Thank you for help provided to family following death of tenant.
- Thank you for help to find a new home
- Housing team have been superb with helping me into independent living prompt, considerate and extremely helpful
- Great work to clear the floods
- Worked day and night to support and protect us and our homes. They did a wonderful job.
- Thank you for quick response time of removing graffiti, and the friendliness of the person who came to remove the graffiti
- For clearing the leaves off the foot path, it is very much appreciated

- Praise for closing Rowntree Park, and implementing Covid Marshalls to protect the public.
- Thanks for gritting to thoroughly, installing a new salt bin and also doing the cycle path, has made a big difference in the icy conditions.
- Positive experience with decamp for capital works, communication excellent and work done to a high standard
- Wonderful experiences from the decant team for Capital Projects, making moves effortless, less stressful and informative
- Help with tenants choice, very happy with the outcome
- Helped when I fell whilst running by a member of your repair team
- Thank you for replacement boiler, and excellent service installing.
- Quick removal of fly tipped bin
- Thank you for all the hard work from the crews collecting rubbish during the pandemic
- HWRC extremely well run during appointments
- HWRC staff there are extremely helpful and always cheerful which is appreciated
- The staff and process at Towthorpe HWRC professional and process easy
- Crews returned bin to garage so elderly customer did not need to worry about slipping on the ice.
- Waste staff are doing a great job in the current climate of the pandemic
- Collection man who returned my dog that escaped
- For returning all the refuse bins so neatly to their collection points
- Thank you for always completing assisted collections
- Thank you for replacing salt bins
- Crew spending time showing child how the waste wagons work, providing child with a Christmas gift and always going above and beyond when seeing the child.
- Thank you to contact centre for forwarding requests, resolving queries and remaining polite and professional during a challenging year
- Thank you to the communications team for the resident update emails, information informative and very useful.
- Prompt and effective response to a pothole
- Thank you for prompt action, very happy with the outcome the area is now clear and crossing reinstated.
- Quick response from highways to reports for repair needed to the highway
- Litter pickers doing a great job
- Excellent service from the street cleaning team a job well done
- Thank you to the City Cleaners for the work they are doing tidying up the mess in the City
- Hard work of the team keeping areas clean during the pandemic.
- Thank you for all the help the noise team has given us over the years

- To the Business rates team for helping with the financial support and process during Covid
- Gave clear Council tax advice and was very helpful
- Conducted the wedding ceremony wonderfully contributed to making it memorable.
- Helpful and pleasant and efficient licensing team.
- Thanks to Trading Standards Expr for all the time, advice and support provided throughout. As a result much more confident about dealing with door step callers

The good practice from the statutory processes is clear that people should be able to provide feedback and have this responded to without this being seen as a complaint. Therefore concerns, comments and requests are also logged in the corporate procedure and these are shown below:

Directorate	2019 - 2020	2020 - 2021
CCS	179	309
CEC	19	9
EAP	559	1056
HHASC	252	235
TOTAL	1,009	1609

It is noted there are 600 more comments in this reporting period and it is believed the reason for this is because of the contingency arrangements made at the beginning of the Covid 19 Pandemic for the way the CGT could support other services across the authority. This led to more cases being picked up by the team at an earlier stage and prior to becoming a complaint.

42 Who can make a Complaint?

The council's corporate complaint policy and procedures states we will accept complaints from

- a member of public or anyone acting on behalf of a customer with the proper authority and consent,

And using any of the following contact methods:

- in person
- by phone
- by letter
- by email
- through our website. www.york.gov.uk

43 Grading of Complaints

The CGT assess the appropriate stage to investigate a complaint or referral to the relevant Ombudsman, taking account of issues such as:

- risk to the customer and the authority
- severity of the risk
- whether the issues in question are a one off, are a reoccurrence and likelihood of reoccurrence.

44 Response Times

It is considered good practice that a key requirement of a complaints procedure is the importance of informing service users of the outcome of their complaints in an appropriate time frame.

It is however recognised that these timescales are shorter in all cases than those set out in legislation. The council is currently reviewing ways of ensuring a more thorough investigation at an earlier stage to provide appropriate resolutions for an increased number of complaints. This review will consider how complaints are investigated and the grading and timescales for this.

The time limits for the council's corporate complaints procedure are:

- Stage One 5 working days
- Stage Two 15 working days
- Stage Three 20 working days

There were 502 complaints at stage 1 in this reporting period at stage 1 compared with 1262 last year. This equates to 760 less complaints than last year. It is noted there were 600 more comments logged and it is believed this was due to the contingency arrangements at the beginning of the Covid 19 Pandemic, were cases were being picked up, responded to and resolved by the CGT prior to becoming a complaint.

These contingency arrangements have allowed the CGT to investigate and respond to comments and complaints about corporate (non social care services) and it is believed this has led to the reduction in cases where no response was sent.

These arrangements have been used as the basis for a change to the complaints procedure on a permanent basis and it is expected the benefits for this will therefore continue in the next reporting period.

It is recognised in the next reporting period the further increase in cases the CGT will be responding to directly may result in an initial decrease in cases being responded to in time. However it is considered there will be a significant further reduction in cases where no response is sent and where cases do go out of time. The aim will be to make sure customers are kept up to date and the reasons for this explained.

Details of complaints

45 Stage One Complaints

Primary theme by directorate

2019-2020

	Staff attitude	Disagree with assessment	Disagree with policy	Discrimination	Inappropriate action	Lack of action	Quality of advice, communication/work	TOTAL
CCS	1	25	7	0	66	22	13	134
CEC	0	0	0	0	2	4	2	8
EAP	6	31	69	0	271	540	27	944
HHASC	5	15	6	0	64	77	9	176
Total	12	71	82	0	403	643	51	1262

2020-2021

	Staff attitude	Disagree with assessment	Disagree with policy	Discrimination	Inappropriate action	Lack of action	Quality of advice, communication/work	TOTAL
CCS	2	36	12	-	10	12	16	88
CEC	-	1	-	-	1	1	1	4
EAP	4	18	44	-	64	140	29	299
HHASC	3	16	7	2	11	61	11	111
Total	9	71	63	2	86	214	57	502

Outcome by directorate

2019-2020

	upheld	Not upheld	Partly upheld	Not pursued	No response	%*	Not proven	TOTAL
CCS	38	55	26	4	8	6%	3	134
CEC	4	1	0	1	1	11%	1	8
EAP	521	165	132	14	90	10%	22	944
HHASC	38	67	27	7	20	11%	17	176
Total	601	288	185	26	119	9%	43	1262

2020-2021

	Upheld	Not upheld	Partly upheld	Not pursued	No response	%*	Not Proven	TOTAL
CCS	20	43	16	4	5	63	-	88
CEC	2	1	1	-	-	-	-	4
EAP	145	79	43	8	20	7%	4	299
HHASC	20	32	37	12	9	8%	1	111
Total	187	155	97	24	34	7%	5	502

%* are rounded up or down to the nearest whole number

**Responding in time performance by directorate
2019-2020**

	In time	%*	Out of time	%*	Not pursued	%*	TOTAL
CCS	109	81%	21	16%	4	3%	134
CEC	4	50%	3	38%	1	12%	8
EAP	632	70%	298	31%	14	1%	944
HHASC	109	62%	60	34%	7	4%	176
Total	854	68%	382	30%	26	2%	1262

2020-2021

	In time	%*	Out of time	%*	Not pursued	%*	TOTAL
CCS	76	86%	8	9%	4	5%	88
CEC	2	50%	2	50%	-	-	4
EAP	250	84%	41	14%	8	3%	299
HHASC	71	64%	28	25%	12	11%	111
Total	399	79%	79	16%	24	5%	502

%* are rounded up or down to the nearest whole number

46 Stage Two Complaints

Primary theme by directorate

2019-2020

	Staff attitude	Disagree with assessment	Disagree with policy	Discrimination	Inappropriate action	Lack of action	Quality of advice, communication/ work	TOTAL
CCS	0	5	2	0	13	3	0	23
CEC	0	1	1	0	1	1	1	5
EAP	1	6	5	0	53	136	4	205
HHASC	1	7	0	0	9	21	1	39
TOTAL	2	19	8	0	76	161	6	272

2020-2021

	Staff attitude	Disagree with assessment	Disagree with policy	Discrimination	Inappropriate action	Lack of action	Quality of advice, communication/ work	TOTAL
CCS	-	4	4	-	4	3	1	16
CEC	-	-	-	-	-	-	-	-
EAP	-	10	5	-	22	49	4	90
HHASC	-	3	1	-	3	12	1	20
TOTAL		17	10		29	64	6	126

Outcome by directorate

2019-2020

	Upheld	Not upheld	Partly upheld	Not pursued	No response	%*	Not Proven	TOTAL
CCS	1	16	4	1	1	4%	0	23
CEC	1	2	1	0	1	2%	0	5
EAP	117	17	23	5	41	2%	2	205
HHASC	11	10	5	3	10	26%	0	39
Total	130	45	33	9	53	19%	2	272

2020-2021

	Upheld	Not upheld	Partly upheld	Not pursued	No response	%*	Not Proven	TOTAL
CCS	2	8	3	-	3	19%	-	16
CEC	-	-	-	-	-	-	-	-
EAP	46	19	14	3	8	9%	-	90
HHASC	2	6	5	1	6	30%	-	20
Total	50	33	22	4	17	13%	-	126

Responding in time performance by directorate 2019-2020

	In time	%*	Out of time	%*	Not pursued	%*	TOTAL
CCS	13	57%	9	39%	1	4%	23
CEC	3	60%	2	40%	0	-	5
EAP	86	42%	114	56%	5	2%	205
HHASC	21	54%	15	38%	3	8%	39
Total	123	45%	140	51%	9	3%	272

2020-2021

	In time	%*	Out of time	%*	Not pursued	%*	TOTAL
CCS	11	69%	5	31%	-	-	16
CEC	-	-	-	-	-	-	-
EAP	65	72%	22	24%	3	3%	90
HHASC	6	30%	13	65%	1	5%	20
Total	82	65%	40	32%	4	3%	126

* are rounded up or down to the nearest whole number

47 Stage Three Complaints**Primary theme by directorate****2019-2020**

	Staff attitude	Disagree with assessment	Disagree with policy	Discrimination	Inappropriate action	Lack of action	Quality of advice, communication/work	TOTAL
CCS	0	2	0	0	1	0	0	3
CEC	0	1	0	0	0	0	0	1
EAP	0	2	1	0	0	8	0	11
HHASC	0	0	1	0	4	1	0	6
CEX	0	0	0	0	1	0	0	1
TOTAL	0	5	2	0	6	9	0	22

2020-2021

	Staff attitude	Disagree with assessment	Disagree with policy	Discrimination	Inappropriate action	Lack of action	Quality of advice, communication/work	TOTAL
CCS	-	2	-	-	7	2	1	12
CEC	-	-	-	-	-	-	-	-
EAP	-	3	2	-	1	4	2	12
HHASC	-	1	1	-	2	7	2	13
CEX	-	-	-	-	-	1	-	1
TOTAL	-	6	3	-	10	14	5	38

Outcome by directorate 2019-2020

	Upheld	Not upheld	Partly upheld	Not pursued	No response	%*	Not Proven	Ongoing	TOTAL
CCS	0	3	0	0	0	-	0	0	3
CEC	0	0	0	0	0	-	0	1	1
EAP	3	4	1	2	0	-	0	1	11
HHASC	1	3	1	1	0	-	0	0	6
CEX	0	1	0	0	0	-	0	0	1
Total	4	11	2	3	0	-	0	2	22

2020-2021

	Upheld	Not upheld	Partly upheld	Not pursued	No response	%*	Not Proven	Ongoing	TOTAL
CCS	-	9	2	-	-	-	-	1	12
CEC	-	-	-	-	-	-	-	-	-
EAP	2	6	2	2	-	-	-	-	12
HHASC	-	9	2	1	-	-	-	1	13
CEX	-	-	-	1	-	-	-	-	1
Total	2	24	6	4	-	-	-	2	38

Responding in time performance by directorate 2019-2020

	In time	%*	Out of time	%*	Not pursued	%*	Ongoing	%*	TOTAL
CCS	3	100%	0	-	0	-	0	-	3
CEC	0	-	0	-	0	-	1	100%	1
EAP	1	9%	7	64%	2	18%	1	9%	11
HHA SC	5	83%	0	-	1	17%	0	-	6
CEX	1	100%	0	-	0	-	0	-	1
Total	10	45%	7	31%	3	14%	2	9%	22

2020-2021

	In time	%*	Out of time	%*	Not pursued	%*	TOTAL
CCS	8	67%	4	33			12
CEC	-	-	-	-	-	-	-
EAP	8	67%	2	17%	2	17%	12
HHASC	8	62%	4	31%	1	8%	13
CEX	-	-	-	-	1	100%	1
Total	24	63%	10	26%	4	11	38

%* are rounded up or down to the nearest whole number

The ongoing case is shown as out of time, rather than ongoing for the in time performance and will be recorded in this way for future reporting periods, to reflect this performance more accurately.

48 Learning Lessons/Practice Improvements

The council is always happy to consider appropriate ways of resolving a customer's complaint including meeting with customers to hear their concerns and suggestions for improvements and putting these improvements into place.

This has been particularly relevant in the case of communicating effectively with customers and putting strategies into place to ensure that people are kept up to date. The council also offers a re-assessment of needs where possible, to ensure that nothing has been missed or that circumstances have not changed.

Complaints provide senior managers with useful information in respect of the way that services are delivered, so that improvements can be made. The Corporate Governance Team is working with teams across the council to ensure learning from complaints is leading to improvements in services and that evidence of actions being completed are provided. Some of the actions which have been logged include the following, in addition to apologies and financial recompense.

- Managers to consider individual, exceptional circumstances of customer(s), rather than applying policy in a blanket way
- Reminders to staff
- Height of a sign altered
- Improvements to communication processes
- Review of processes
- System updates

- Public participation guidance to be reviewed

As the council is committed to transparency and where there is no conflict or risk to the complainant's interest or could compromise their anonymity, we have included the summary details of the LGSCO findings at Annex 1.

This is similar to how the LGSCO determines which decisions to publish. For the decisions they do publish, they do not use real names. You can search the LGSCO's published decisions on the following link:

<http://www.lgo.org.uk/decisions>

49 Payments

The council provides financial recompense if, after a complaint has been investigated or as part of an LGSCO's or HOS investigation, it is concluded that the LGSCO or HOS would find that there has been maladministration by the council causing injustice to the complainant; and would recommend that financial recompense should therefore be paid to the complainant.

Details of payments were made:

£75.00	Housing Ombudsman order for failures in communication
£75.00	Housing Ombudsman order for poor handling of repairs and poor record keeping.
£4193.60	Costs and distress relating to poor handling of a move for a tenant. Ombudsman recommendation
£600.00	Wrongly disposed of belongings from a garage for a second time. Ombudsman recommendation
£150.00	Failure to provide appropriate waste collection services and to provide appropriate containers for the collection of separated recyclable. Ombudsman recommendation
£50.00	Housing Ombudsman order for poor record keeping and complaint handling
£225.00	Housing Ombudsman Order for failings identified with the works to the property, communication and long delays in its complaint handling.
£225.00	Housing Ombudsman Order for failings identified with the works to the property, communication and long delays in its complaint handling.
£200.00	Distress, frustration, time and trouble pursuing enforcement relating to parking fine
£400.00	Lost wages and damage to flooring due to failures to complete repairs

£50.00	Time and trouble identifying organisation that cut through a cable
£334.16	Rent rebate due to property not being ready for occupation when let.
£698.40	Rent rebate due to property not being ready for occupation when let.
£180.00	Recompense for damage caused to wrongly removing plants
£425.37	Distress and recompense for damage to items when jetting the drainage system
£600.00	Housing Ombudsman order for decorating costs associated with damp and time and trouble
£8,481.53	Total

50 Alternative Dispute Resolution

Based on the good practice guidance in the statutory complaints procedures, the council also considers whether there would be an appropriate alternative way of resolving complaints, in the corporate procedure, rather than completing an investigation.

Possible alternatives which may be considered by the Complaints Manager include mediation, the opportunity to meet with senior managers, or the possibility of contributing to the review of policies and procedures.

Annex 1

Complaints received by the LGSCO

Category	Received
Adult Care Services	20 Nov 2020
Highways & Transport	03 Jul 2020
Highways & Transport	14 Jul 2020
Housing	20 Jul 2020
Education & Childrens Services	30 Jul 2020
Planning & Development	17 Aug 2020
Highways & Transport	02 Sep 2020
Benefits & Tax	14 Sep 2020
Highways & Transport	09 Sep 2020
Planning & Development	02 Oct 2020
Education & Childrens Services	06 Oct 2020
Corporate & Other Services	16 Oct 2020
Highways & Transport	09 Nov 2020
Planning & Development	17 Nov 2020
Adult Care Services	23 Nov 2020
Environmental Services & Public Protection & Regulation	15 Dec 2020
Planning & Development	07 Jan 2021
Adult Care Services	14 Jan 2021
Education & Childrens Services	13 Jan 2021
Highways & Transport	19 Jan 2021
Benefits & Tax	01 Feb 2021
Education & Childrens Services	22 Jan 2021
Planning & Development	05 Feb 2021
Corporate & Other Services	08 Feb 2021
Education & Childrens Services	11 Feb 2021
Highways & Transport	06 Jul 2020
Planning & Development	16 Sep 2020
Planning & Development	28 Oct 2020
Adult Care Services	05 Nov 2020
Planning & Development	06 Nov 2020
Corporate & Other Services	20 Nov 2020
Adult Care Services	30 Nov 2020
Highways & Transport	02 Dec 2020

Environmental Services & Public Protection & Regulation	21 Dec 2020
Housing	10 Dec 2020
Adult Care Services	18 Jan 2021
Planning & Development	24 Feb 2021
Benefits & Tax	03 Mar 2021

Complaints Decided By The LGSCO

Category	Decided	Decision	Decision Reason	Remedy	Service improvement recommendations
Benefits & Tax	06 Apr 2020	Closed after initial enquiries	Not warranted by alleged mal/service failure		
Planning & Development	31 Jul 2020	Upheld	mal & inj	Apology, Provide information/advice	
Planning & Development	31 Jul 2020	Upheld	mal no inj		
Corporate & Other Services	17 Jul 2020	Upheld	mal & inj	Apology	
Adult Care Services	24 Sep 2020	Upheld	mal & inj	Apology, Procedure or policy change/review	That the Council reviews its procedures to ensure that safeguarding referrals are checked to ensure they are in the correct Council area and if not, passed on without delay.
Adult Care Services	09 Sep 2020	Not Upheld	no mal		
Adult Care Services	18 Aug 2020	Not Upheld	no mal		
Highways & Transport	22 Jun 2020	Not Upheld	No worthwhile outcome achievable by further investigation		
Planning & Development	02 Nov 2020	Not Upheld	no mal		
Adult Care Services	01 Dec 2020	Upheld	mal & inj	Apology, Financial redress: Avoidable distress/time and trouble, Provide training and/or guidance	The Council has agreed to share the lessons learned - about making reasonable adjustments, discussing disability related expenses

					(DREs) and explaining its decisions about DREs in writing - with the Council's team responsible for carrying out financial assessments. The Council will remind social care staff of the importance of discussing any special communication needs with clients at the earliest opportunity and make a clear record in its electronic system about any such needs. The Council has agreed to review whether all of its adult social care clients have special communication needs recorded on its system, where needed.
Corporate & Other Services	30 Jun 2020	Not Upheld	Other reason not to continue with investigation		
Education & Childrens Services	06 Jul 2020	Upheld	mal & inj	Apology, New appeal/review or reconsidered decision, Procedure or policy change/review, Provide services	Review the Council's stage 2 adjudication letter template and ensure it contains information about the 20 working days time limit to submit a stage 3 request.
Planning & Development	25 Sep 2020	Not Upheld	no mal		
Education & Childrens Services	20 Aug 2020	Closed after initial enquiries	Other reason not to investigate		
Benefits & Tax	13 May 2020	Closed after initial enquiries	26(6)(a) tribunal Other		
Adult Care Services	20 Nov 2020	Referred back for local resolution	Premature Decision - advice given		

Adult Care Services	22 Feb 2021	Upheld	mal & inj	Apology,Financial redress: Avoidable distress/time and trouble,Provide information/advice,Provide training and/or guidance	The Council has agreed to review the information it provides to clients about what a Direct Payment should not be used for. The Council has agreed to share the lessons learned with staff within its adult social care department.
Adult Care Services	24 Sep 2020	Upheld	mal & inj	Financial redress: Avoidable distress/time and trouble,Financial redress: Loss of service,Provide training and/or guidance	The Council has agreed that it will share the lessons learned of this case, in relation to the importance of ensuring a smooth and timely transition process, with all the staff within its adult social care department who are involved with Transition.
Planning & Development	09 Apr 2020	Closed after initial enquiries	26(6)(b) appeal to Minister		
Planning & Development	15 Jan 2021	Not Upheld	No worthwhile outcome achievable by further investigation		
Highways & Transport	25 Nov 2020	Upheld	mal & inj	Apology,Financial redress: Avoidable distress/time and trouble,Provide training and/or guidance,Provide information/advice	The Council has agreed to:• provide the Ombudsman with its revised policy confirming it reconciles payments received by its finance department with its Parking Services department; and remind staff to adhere to its complaints policy timescales.
Highways & Transport	07 Aug 2020	Closed after initial enquiries	26(6)(c) Court remedy		
Housing	20 Jul 2020	Advice given	Signpost - go to complaint handling		
Education & Childrens Services	30 Sep 2020	Closed after initial enquiries	26B(2) not made in 12 months		

Planning & Development	05 Oct 2020	Closed after initial enquiries	Not warranted by alleged mal/service failure		
Highways & Transport	02 Sep 2020	Incomplete/Invalid	Insufficient information to proceed and PA advised		
Benefits & Tax	19 Oct 2020	Closed after initial enquiries	Not warranted by alleged injustice		
Highways & Transport	19 Feb 2021	Upheld	mal & inj	Apology	
Planning & Development	09 Nov 2020	Closed after initial enquiries	26(6)(b) appeal to Minister		
Education & Childrens Services	05 Feb 2021	Upheld	mal & inj - no further action, BinJ already remedied		
Corporate & Other Services	18 Feb 2021	Upheld	mal & inj - no further action, BinJ already remedied		
Highways & Transport	09 Dec 2020	Closed after initial enquiries	26(6)(c) Court remedy		
Planning & Development	22 Dec 2020	Closed after initial enquiries	Not warranted by alleged mal/service failure		
Adult Care Services	23 Nov 2020	Referred back for local resolution	Premature Decision - referred to BinJ		
Environmental Services & Public Protection & Regulation	28 Jan 2021	Closed after initial enquiries	Other Agency better placed		
Planning & Development	07 Jan 2021	Referred back for local resolution	Premature Decision - advice given		
Adult Care Services	14 Jan 2021	Referred back for local resolution	Premature Decision - advice given		
Education & Childrens Services	10 Mar 2021	Closed after initial enquiries	No worthwhile outcome achievable by investigation		

Highways & Transport	02 Mar 2021	Closed after initial enquiries	26(6)(c) Court remedy		
Benefits & Tax	10 Mar 2021	Closed after initial enquiries	Not warranted by alleged injustice		
Education & Childrens Services	02 Mar 2021	Closed after initial enquiries	No worthwhile outcome achievable by investigation		
Planning & Development	30 Mar 2021	Closed after initial enquiries	Not warranted by alleged mal/service failure		
Corporate & Other Services	04 Mar 2021	Referred back for local resolution	Premature Decision - advice given		
Education & Childrens Services	11 Feb 2021	Referred back for local resolution	Premature Decision - advice given		

Compliance with Agreed Remedies

Category	Decided	Remedy	Remedy Target Date	Remedy Achieved Date	Satisfaction with Compliance
Planning & Development	31-Jul-20	Apology Provide information/advice	11-Sep-20	13-Aug-20	Remedy complete and satisfied
Corporate & Other Services	17-Jul-20	Apology	17-Aug-20	17-Aug-20	Remedy complete and satisfied
Adult Care Services	24-Sep-20	Apology Procedure or policy change/review	24-Nov-20	23-Nov-20	Remedy complete and satisfied
Adult Care Services	01-Dec-20	Apology Financial redress: Avoidable distress/time and trouble Provide training and/or guidance	29-Dec-20	21-Jan-21	Remedy complete and satisfied
Education & Childrens Services	06-Jul-20	Apology New appeal/review or reconsidered decision Procedure or policy change/review Provide services	31-Aug-20	28-Sep-20	Remedy complete and satisfied

Adult Care Services	24-Sep-20	Financial redress: Avoidable distress/time and trouble Financial redress: Loss of service Provide training and/or guidance	22-Oct-20	23-Oct-20	Remedy complete and satisfied
Highways & Transport	26-Nov-20	Apology Financial redress: Avoidable distress/time and trouble Provide training and/or guidance Provide information/advice	24-Dec-20	22-Jan-21	Remedy completed late
Highways & Transport	19-Feb-21	Apology	19-Mar-21	02-Mar-21	Remedy complete and satisfied

Corporate Governance performance indicators

Information Governance	April	May	June	Q1	July	August	September	Q2
Number of FOI/EIR requests received	130	121	145	396	148	134	136	418
Number of Freedom of Information Requests received	89	76	98	263	86	89	92	267
Number of EIR Requests received	41	45	47	133	62	45	44	151
Number of FOI/EIR requests responded to 'In Time'	100	91	102	293	113	95	79	287
% of FOI/EIR requests responded to 'In Time'	78.74	76.47	74.45	76.50	78.47	73.64	97.53	81.07
Number of FOI/EIR requests responded to 'Out of Time'	27	28	35	90	31	34	2	67
% of FOI/EIR requests responded to 'Out of Time'	21.26	23.53	25.55	23.50	21.53	26.36	2.47	18.93
Number of Subject Access Requests received	10	12	12	34	6	12	13	31
Number of Subject Access Requests responded to 'In Time'	5	3	4	12	1	4	3	8
% of Subject Access Requests responded to 'In Time'	71.43	30.00	40.00	44.44	20.00	80.00	75.00	57.14
Number of Subject Access Requests responded to 'Out of Time'	2	7	6	15	4	1	1	6
% of Subject Access Requests responded to 'Out of Time'	28.57	70.00	60.00	55.56	80.00	20.00	25.00	42.86
Number of Rights of Individuals received	7	6	4	17	9	8	11	28
Number of Rights of Individuals responded to 'In Time'	3	1	1	5	2	1	1	4
Number of Rights of Individuals responded to 'Out of Time'	3	0	0	3	1	1	1	3
% of Rights of Individuals responded to 'In Time'	50.00	100.00	100.00	62.50	66.67	50.00	50.00	57.14
% of Rights of Individuals responded to 'Out of Time'	50.00	0.00	0.00	37.50	33.33	50.00	50.00	42.86
Number of EIR Reviews received	2	1	1	4	2	1	0	3
Number of FOI Reviews received	8	4	1	13	1	1	1	3
% of EIR Reviews responded to 'In Time'	0.00	100.00	100.00	66.67	100.00	100.00	0.00	100.00
% of EIR Reviews responded to 'Out of Time'	100.00	0.00	0.00	33.33	0.00	0.00	0.00	0.00

% of FOI Reviews responded to 'In Time'	50.00	75.00	100.00	61.54	0.00	100.00	100.00	100.00
% of FOI Reviews responded to 'Out of Time'	50.00	25.00	0.00	38.46	0.00	0.00	0.00	0.00
ICO								
Number of Information Commissioners Office received	3	1	2	6	2	0	1	3

The 4Cs - comments complaints concerns compliments	April	May	June	Q1	July	August	September	Q2
Number of Comments received	157	130	153	440	183	130	143	456
Number of Complaints received	88	60	140	288	135	136	103	374
Number of Compliments received	16	10	22	48	12	2	1	15
Number of Complaints assessed at Grade 1	67	27	41	135	31	50	32	113
Number of Complaints assessed at Grade 2	21	33	99	153	104	86	71	261
% of Grade 1 Complaints responded to 'In Time'	40.00	33.33	36.36	37.74	57.14	86.49	100.00	77.78
% of Grade 1 Complaints responded to 'Out of Time'	60.00	66.67	63.64	62.26	42.86	13.51	0.00	22.22
% of Grade 2 Complaints responded to 'In Time'	30.00	28.00	73.63	58.82	85.06	89.39	94.74	87.79
% of Grade 2 Complaints responded to 'Out of Time'	70.00	72.00	26.37	41.18	14.94	10.61	5.26	12.21
Adults & Childrens Social Care Complaints								
% of Adult Complaints responded to 'In Time'	66.67	33.33	20.00	36.36	100.00	100.00	0.00	100.00
% of Adult Complaints responded to 'Out of Time'	33.33	66.67	80.00	63.64	0.00	0.00	0.00	0.00
% of Child Complaints responded to 'In Time'	33.33	33.33	0.00	25.00	66.67	33.33	0.00	50.00
% of Child Complaints responded to 'Out of Time'	66.67	66.67	100.00	75.00	33.33	66.67	0.00	50.00
Ombudsmen								
% of Ombudsman - LGSCO responded to 'In Time'	100.00	100.00	66.67	80.00	100.00	0.00	100.00	66.67
% of Ombudsman - LGSCO responded to 'Out of Time'	0.00	0.00	33.33	20.00	0.00	100.00	0.00	33.33
% of Ombudsman - Housing responded to 'Out of Time'	100.00	0.00	100.00	100.00	0.00	0.00	0.00	0.00

Decision Notices published on ICO website**27 Sep 2021**

The complainant has requested from the City of York Council, information regarding the resignation of a councillor from a Scrutiny Committee. The council denied that the requested information was held. The Commissioner's decision is that, on the balance of probabilities, the City of York Council does not hold the requested information. The Commissioner does not require any steps.

FOI 1: **Complaint not upheld**

27 Jul 2021

The complainant has requested information on inspections and correspondence relating to a liability claim which he made against the council for damage to his property. The council initially withheld some information under Regulation 12(5)(d), but on review, it also applied Regulation 12(5)(b) and Regulation 12(4)(e). The complainant also considers that further information should be held by it. The Commissioner's decision is that the council was not correct to apply Regulation 12(5)(d) to withhold the information. She has however decided that it was correct to apply Regulation 12(5)(b), and Regulation 12(4)(e). Further to this she has decided that the council has located and considered all of the information falling within the scope of the request, and that, on a balance of probabilities, no further information is held by it. She has however decided that it did not comply with the requirements of Regulation 5(2) in that it did not provide its response within 20 working days. The Commissioner does not require the council to take any steps. Information Tribunal appeal EA/2021/0229 under appeal.

EIR 12(5)(d): **Complaint upheld** EIR 12(4)(a): **Complaint not upheld** EIR 12(5)(b): **Complaint not upheld** EIR 12(4)(e): **Complaint not upheld** EIR 5(2): **Complaint upheld**

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Omb Ref	Directorate	Service Area	Date of Final Decision	Outcome	Summary of Final Decision	Actions (as list with dates for completion)	Date Actions Complete (as corresponding list)
21003235	CSC	Lado	27/07/2021	Closed after initial enquiries - out of Jurisdiction	We will not investigate this complaint about the Council not closing a child protection investigation, so it could not issue a satisfactory employment reference. We have no power to investigate personnel matters.	NA	NA
20009040	EAP	licensing	17/09/2021	not upheld no maladministration	Mr C complained the Council was at fault for not awarding him a hackney carriage taxi licence, failing to follow its own policy and guidelines and for proposals to place conditions on vehicles that licences could be released to in the future. Mr C also said that the Council did not follow its own timescales when dealing with his complaint. We find no fault with the Council's decision not to award a licence to Mr C and related matters.	NA	NA
21004625	EAP	Highways	9/8/21	closed after initial enquiries NFA	Mr X complains about the Council's introduction of a new road layout in his town. We will not investigate this complaint. This is because there is not enough evidence of fault which warrants our involvement.	NA	NA
21006851	EAP	Highways	17/09/2021	closed after initial enquiries NFA	Mr X complains the Council has not allowed him to install a dropped kerb. We will not investigate this complaint as there is insufficient evidence of fault by the Council.	NA	NA
21005105	People	Adult Social Care	16/09/2021	closed after initial enquiries NFA	We will not investigate this complaint about the alleged misconduct by Council staff dealing with an issue raised by the complainant. This is because it is unlikely a further investigation would add to the Council's response.	NA	NA

21007417	Place	parking	27/09/2021	closed after initial enquiries NFA	We will not investigate this complaint about the Council's escalation of a penalty charge notice as the Council has resolved the matter.	NA	NA
20006711	place	planning	24/09/2021	Maladministration and no injustice	Mr X complains about the way the Council granted planning permission for a House in Multiple Occupation (HMO). He says the Council failed to properly investigate his objections, failed to follow its own guidelines, and failed to engage with his questions. Mr X says this caused him to lose confidence in the planning process. He says another HMO in the area will increase the potential for antisocial behaviour and parking problems. The Ombudsman finds the Council at fault for delays updating its HMO database. However, the Ombudsman does not find the fault caused Mr X an injustice.	The Council has identified the need to review its approach to updating and monitoring the HMO database. It says it will review its approach and review the team's resources to enable timely updates of data onto the HMO database. It says it will also review the HMO database and begin any proportionate and reasonable action needed to resolve cases where necessary planning permission is not in place. This is positive.	Ongoing / not yet reached deadline

Disclosure Log website information

Website page name	Pageviews (01/10/2020 to 07/10/2021)	Unique Pageviews (01/10/2020 to 07/10/2021)
FOI Disclosure Log (Main page)	576	370
FOI Responses August 2020	45	26
FOI Responses September 2020	72	49
FOI Responses October 2020	67	59
FOI Responses November 2020	47	41
FOI Responses December 2020	58	40
FOI Responses January 2021	53	45
FOI Responses February 2021	61	52
FOI Responses March 2021	9	6
FOI Responses April 2021	30	24
FOI Responses May 2021	26	23
FOI Responses June 2021	27	25
FOI Responses July 2021	9	6
FOI Responses August 2021	9	7
FOI Responses September 2021	2	2
TOTAL	1091	775

* Totals are only representative of those users who have actively 'opted in' to cookies being used for tracking analytics. The actual number of 'visitors' is likely higher. However all statistical figures are influenced by the legal setting (to comply with data protection and privacy) whereby 'opted out' is the default, and the nature of most users either being unaware of the need to, or reluctant to, actively alter the setting.

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AUDIT & GOVERNANCE COMMITTEE**20 October 2021**

Report of the Director of Governance & Monitoring Officer

Review of the Council's Constitution**Summary**

As previously reported to the Committee, a cross party working group has now been established and had its first meeting on 6th October 2021. The cross party working group proposes to meet on a weekly basis (subject to Member availability) in order to assist the Committee on the review of the Constitution. Once satisfied with the amendments to the Constitution, the Audit & Governance Committee will make a recommendation that the draft Constitution be referred to a future meeting of Full Council for approval and immediate implementation. As the Committee is aware, the amendments undertaken by Audit & Governance Committee on 11th March 2020, and subsequently approved by Full Council in October 2020, have been incorporated into this revision.

Recommendations

The Audit & Governance Committee is invited to consider its continued review of the Constitution with the support of the cross party working group.

It is noted that the review of the Constitution also contributes significantly towards the progress against the Action Plan prepared in response to the Report in the Public Interest accepted by Full Council on 4th May 2021.

Reasons for the recommendations

To ensure that the Council Constitution is accurate and is fit for purpose to effectively support the service delivery and decision making

responsibilities of the Council in a lawful and financially compliant manner.

The Council is required to work towards the delivery of the Action Plan in response to the Public Interest Report.

Options

The Audit & Governance Committee can choose to disregard the recommendations contained within this report, in which case the Council's existing constitution will remain in force. However should this occur, the existing constitution will need to be reviewed in any event to ensure it is a fit for purpose document.

Background

Purpose of the Constitution

Since 2000, the Council has been required to make publicly available a constitution which sets out key requirements relating to service delivery, decision-making principles and protocols, i.e. this is a document that assists the public in describing the functions of the council and how it proposes to carry out those functions. To support Council's at that time, the Secretary of State produced a modular (or template) constitution which offered a degree of consistency as to what was required to be included. However, the decision as to format of the presentation of the constitution remains at the discretion of the Council so as to ensure the document is easy to read and can be updated.

The Council operates an executive or "strong leader" model [as opposed to a committee system] as its governance framework and therefore the constitution acts to advise the reader as to the division of decision making responsibilities, i.e. which decisions are made by the Executive as opposed to those which remain the responsibility of Council.

Revisions to the Constitution previously approved by Audit & Governance Committee on 11th March 2020

The recommendations considered and approved by Audit & Governance Committee have been fully incorporated into the revised Constitution. Details of these amendments can be found in the report and accompanying documents considered by the Committee as part of its agenda on 11th March 2020.

The revised Constitution

Format

The revised constitution is broken down into two separate sections:

1. Articles:

Each Article describes a particular function or role and responsibility. The Articles are grouped by theme, for example a regulatory theme, a governance theme etc. In a transparent manner, these detail the decision making framework for the Council i.e. the various committees, the varied roles and responsibilities of Members and key Officers and the commitments the Council makes to ensure it maintains a robust oversight of its governance framework. Where possible, each committee has its own Article, for example, Article 9 relates solely to the role and responsibility of the Audit & Governance Committee.

2. Appendices:

These are detailed and set out how the Council proposes to deliver the functions as described in the Articles. This section of the revised constitution also includes the numerous protocols referenced to the Committee as part of the review undertaken in early March 2020. The appendices section also includes more recently developed protocols such as those required during the Coronavirus Pandemic and the Internal Travel protocol developed by the Joint Standards Committee.

Approach taken to review the constitution

The aim of the review has been to increase awareness and understanding and ultimately the transparency of the constitution. Officers from Legal Services and Democratic Services have consulted with Members and members of the Corporate Management Team and reviewed the operation of the constitution both prior to and during the national lockdown. The observations detailed in the Public Interest Report received by Council on 4th May 2021, have also been fully taken into account.

Members Code of Conduct

Full Council is invited to adopt and support the immediate implementation of the LGA Model Code of Conduct at its meeting on 21st October 2021. Should Full Council make such a decision, the Model Code will automatically be included within the current constitution and will transpose directly into the revised constitution.

Depending on the decision of Full Council, Appendices 16, 17 and 18 will be reviewed so that they accurately reflect the requirements of the Model Code of Conduct.

The Joint Standards Committee has now commissioned Hoey Ainscough Associates to review the associated procedures to support implementation of the Model Code of Conduct and these will require the approval of Full Council before they can be incorporated into the constitution. The current procedures are captured within Appendix 29 of the revised constitution.

Standing Advisory Council on Religious Education (SACRE)

SACRE is meeting on 5th October 2021 to discuss the proposed revisions to its Constitution (the draft appears at Article 19). Once approved, this will be inserted into the revised constitution for approval by Full Council.

Implications

Financial

There are no financial costs associated with the Council's Constitution however it should be noted that both the Contract Procedure Rules and the Financial Procedure Rules are both key core documents incorporated into the Constitution. Both of these Rules are reviewed by the Council's s151 Officer and updates are provided to the Audit & governance Committee.

Human Resources (HR)

There are none directly associated with this report. However the Officer Code of Conduct is a key core document of the Council's Constitution. The Member Code of Conduct and Member Allowances Scheme are also key core documents contained in the Constitution. Training will be provided to both Members and Officers in respect of the constitution.

Equalities

The Council's Constitution is a public document and steps must be taken to ensure that it is easily accessible on the Council's website. Wherever possible the revised constitution has been written in plain English to ensure that it is capable of being easily understood.

Legal

The Local Government Act 2000 requires the Council to have in place a constitution which set out key principles such as various codes of conduct, standing orders, contract standing orders and scheme of delegations. The Local Government Act 2000 (Constitutions) (England) Direction 2000 offered additional clarity as to the core requirements for the basis of a constitution and also provided a modular constitution which councils could adopt. The Council's current constitution followed the format of the modular constitution. The Council does have discretion in respect of the format of its constitution.

It is good practice to ensure that, once adopted, the constitution is reviewed by the Audit & Governance Committee on an annual basis so as to ensure that it remains fit for purpose to support effective delivery of council services and promote robust decision-making principles.

The Council's Constitution is a public document and steps must be taken to ensure it is accessible on the Council's website.

Crime and Disorder, Information Technology and Property

There are no crime and disorder or property implications associated with this report. The Constitution will be provided to Members and Officer electronically and will be available on the Council's website to ensure it is publicly accessible, however printed copies can be provided on request.

Author & Chief Officer responsible for the report: Janie Berry, Director of Governance & Monitoring Officer

**Report
Approved**

Date

5th October
2021

Specialist Implications Officer(s):

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report:

Janie Berry

Background Papers:

- The Council's existing Constitution (as amended by Full Council in October 2020)
- 11th March 2020 – Audit & Governance Committee – Agenda, Report and Minutes in respect of the review of the Council's Constitution
- 29th October 2020 – Full Council - Agenda, Report and Minutes approving the revisions to the Council's Constitution
- Report in the Public Interest dated 19th April 2021, received by Full Council on 4th May 2021
- Agenda, reports and supporting minutes and documents prepared for the meeting of the Audit & Governance Committee on 8th September 2021

<https://democracy.york.gov.uk/ieListDocuments.aspx?CId=437&MIId=13015&Ver=4>



Audit and Governance Committee

20 October 2021

Report of the Head of Internal Audit

Audit & Counter Fraud Progress Report

Summary

- 1 This report provides an update on the delivery of the internal audit work programme for 2021/22 and on counter fraud activity undertaken so far in the year.

Background

- 2 The work of internal audit is governed by the Accounts and Audit Regulations 2015 and the Public Sector Internal Audit Standards (PSIAS). In accordance with the standards, periodic reports on internal audit work are presented to this committee.

Internal Audit

- 3 The 2021/22 internal audit plan was approved by this committee at its meeting on 14 April 2021.
- 4 As noted in the Head of Internal Audit annual report to this committee on 16 June 2021, we had a higher level of outstanding 2020/21 work than would normally be expected. Much of the work that has taken place since the last report to this committee has therefore been on finalising this outstanding work.
- 5 Annex 1 provides details of the completed and ongoing internal audit work as well as plans for audit work to be completed in the remainder of 2021/22.

Counter Fraud

- 6 The counter fraud progress report is contained in annex 2. It reports on progress against the counter fraud work programme. A range of work is detailed including activity to promote awareness of fraud, work with external agencies, and information on the level of fraud reported to date.

Consultation

- 7 Not relevant for the purpose of the report.

Options

- 8 Not relevant for the purpose of the report.

Analysis

- 9 Not relevant for the purpose of the report.

Council Plan

- 10 The work of internal audit and counter fraud helps to support overall aims and priorities by promoting probity, integrity and accountability and by helping to make the Council a more effective organisation.

Implications

- 11 There are no implications to this report in relation to:
- **Finance**
 - **Human Resources (HR)**
 - **Equalities**
 - **Legal**
 - **Crime and Disorder**
 - **Information Technology (IT)**
 - **Property**

Risk Management Assessment

- 12 The council will be non-compliant with the PSIAS if the results of audit work are not reported to the committee and could therefore be exposed to increased levels of scrutiny and challenge.

Recommendation

- 13 Members are asked to:
 - (a) note the progress made in delivering the 2021/22 internal audit work programme, and current counter fraud activity.

Reason

To enable members to consider the implications of audit and fraud findings.

Contact Details

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552940

Chief Officer Responsible for the report:

Janie Berry
Director of Governance
Telephone: 01904 555385

**Report
Approved**



Date 11/10/21

Specialist Implications Officers

Not applicable

Wards Affected: Not applicable

All

For further information please contact the author of the report

Background Papers

- 2021/22 Internal Audit and Counter Fraud Plan

Annexes

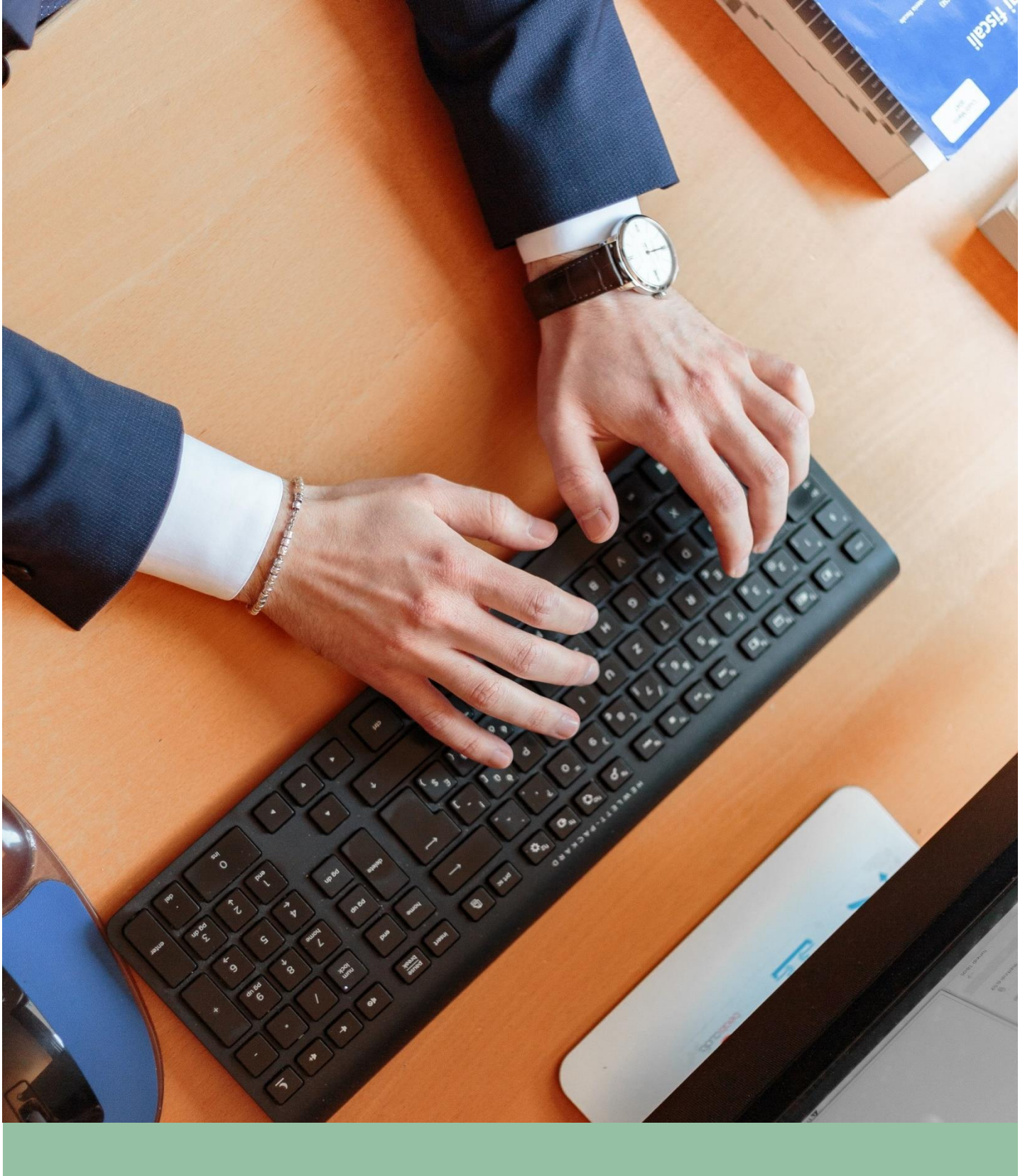
Annex 1 – Internal Audit progress report – October 2021

Annex 2 – Counter Fraud progress report – October 2021

INTERNAL AUDIT PROGRESS REPORT 2021/22

Date: 20 October 2021

Annex 1



BACKGROUND

- 1 Internal audit provides independent and objective assurance and advice about the Council's operations. It helps the organisation to achieve overall objectives by bringing a systematic, disciplined approach to the evaluation and improvement of the effectiveness of risk management, control and governance processes.
- 2 The work of internal audit is governed by the Accounts and Audit Regulations 2015 and the Public Sector Internal Audit Standards (PSIAS). In accordance with these, the Head of Internal Audit is required to regularly report progress on the delivery of the internal audit plan to the Audit and Governance Committee and to identify any emerging issues which need to be brought to the attention of the committee.
- 3 The internal audit work programme was agreed by this committee in April 2021. The number of agreed days is 1,095 and the plan is flexible in nature. Work is being kept under review to ensure that audit resources are deployed to the areas of greatest risk and importance to the Council.
- 4 The purpose of this report is to update the committee on internal audit activity in 2021/22.

A new approach to work programme development and delivery

- 5 As noted in the April 2021 report to the committee (internal audit work programme) we have adopted a flexible approach to audit planning to meet professional aims and objectives, and in line with good practice for internal audit. This is the first year we have adopted a fully flexible approach. The arrangements are summarised below.
- 6 The indicative programme provided to the committee in April is a long list of areas of potential work which are considered the highest priority for audit, based on an assessment of risk. The difference in approach this year is that the programme now acts as a guide for ongoing planning through the course of the year, with the expectation being that areas will drop out of this list, and new areas will be added, as our assessment of risks and priorities changes. This approach allows us to ensure audits are targeted to areas of most importance at the time we undertake the work. Rather than being based on a fixed risk assessment, undertaken before the start of the year, which quickly becomes out of date.
- 7 Using the indicative programme, we will determine audit work to be undertaken on an ongoing, rolling basis during the year on the basis of:
 - "Do now" – work of the highest value, priority, or urgency
 - "Do next" – work to be started after current audit work is completed
 - "Do later" – work to be scheduled for consideration later in the year
- 8 Decisions on which category work falls into will be based on professional judgement, together with communication with key client officers, and will be guided by the following considerations:

- where we have no recent audit assurance, or other sources of assurance
 - where controls are changing and/or risks are increasing
 - where we are following up previous control weaknesses
 - where specific issues have arisen
 - areas that are of significant importance to the Council, for example they reflect key objectives or high priority projects
 - areas that provide broader assurance, for example corporate policies and frameworks
 - areas that need to be covered to enable us to provide an annual opinion
 - where there are time pressures or scheduling requirements, for example grant deadlines, or work scheduled to minimise the impact on council service areas at busy times.
- 9 Between now and the end of the year, the committee can expect individual pieces of work to move between the categories based on their priority at the time of assessment. For example, an audit scheduled for quarter three to minimise the impact on a service area may initially be classed as to “do later”, but will become “do now” as we move into quarter three. Similarly, a project audit classed as “do now” because it represents an area of high importance to the Council may move from “do now” to “do next” or “do later”, if the project slips or planned work cannot be undertaken until a specific point is reached. Towards the end of the year, audits classed as “do later” are likely to be deferred until the next year.
- 10 To ensure the Audit and Governance Committee continues to have oversight of current and planned audit work, a current assessment of work to be undertaken will be presented as part of each internal audit progress report. This will enable the committee to understand what work is currently planned and to provide input on the relative priorities of work to be carried out in the future.

INTERNAL AUDIT PROGRESS

- 11 The Annual Head of Internal Audit report for 2020/21 was presented to this committee on 16 June 2021. As noted in that report, the impact of the Covid-19 pandemic meant that we had a higher level of outstanding 2020/21 work than would normally be expected. The intention is to bring the audit cycle back in line with normal arrangements over the next two years.
- 12 Much of the work that has taken place since the last report to this committee has been to finalise the outstanding 2020/21 work.
- 13 A summary of 2021/22 internal audit work currently underway and completed is included in appendix 1. Also included is 2020/21 work that has recently been finalised or is still to be finalised.

- 14 The prioritisation and scoping of work will continue to be discussed with officers. Appendix 2 shows the current work plan, and categorises audits by when they are expected to be completed.
- 15 Appendix 3 summarises the key findings from work completed that we have not previously reported to this committee.

FOLLOW-UP OF AGREED ACTIONS

- 16 All actions agreed with services as a result of internal audit work are followed up to ensure that underlying control weaknesses are addressed. A summary of the current status of follow up of agreed actions is included in appendix 4.

APPENDIX 1: INTERNAL AUDIT WORK IN PROGRESS AND COMPLETED - 2021/22

Audit	Status	Assurance Level
Danesgate follow up audit	Final report issued	No opinion given
Continuing Healthcare	Draft report issued	
Ordering and Creditors	Draft report issued	
Health and Safety	In progress	
Highways CDM (Construction, Design and Management) Regulations	In progress	
ICT Asset Management	In progress	
Main Accounting System	In progress	
Payroll	In progress	
Records Management	In progress	
Safety Advisory Group (SAG) Governance	In progress	
Information Security	Ongoing – further work planned	

2020/21 audits brought forward		
Absence Management	Final report issued	No opinion given
Community Hubs	Final report issued	Reasonable Assurance
Council Tax & NNDR	Final report issued	Reasonable Assurance
Council Tax Support & Housing Benefit	Final report issued	Substantial Assurance
Environmental Health	Final report issued	Substantial Assurance
Project Management	Final report issued	Reasonable Assurance
Schools Themed Audit – Cyber Security & IT Management	Final report issued	Reasonable Assurance

Sundry Debtors	Final report issued	Substantial Assurance
Business Continuity	Draft report issued	
Commercial Waste	Draft report issued	
Other work		
Internal audit work has been undertaken in a range of other areas during the period, including those listed below.		
<ul style="list-style-type: none"> • Quarterly review of Supporting Families claims • Review of new parking system processes • Follow up of agreed actions • Grant certification work 		

APPENDIX 2: CURRENT PRIORITIES FOR INTERNAL AUDIT WORK

Audit / Activity	Rationale
<p><u>Strategic risks / Corporate & cross cutting</u></p> <p>Category 1 (do now)</p> <p>Health and Safety</p> <p>Information security</p> <p>Records Management</p> <p>Safety Advisory Group governance</p> <p>Category 2 (do next)</p> <p>Information Governance – DSP (NHS) toolkit</p> <p>Complaints processes</p> <p>HR and workforce planning</p> <p>Financial planning and budgeting</p> <p>Category 3 (do later)</p> <p>s106 agreements / support in developing systems</p> <p>Procurement and Contract Management</p> <p>Risk Management</p> <p>Partnership working</p> <p>Information security checks</p> <p>Information Governance – RIPA actions</p> <p>Performance management and data quality</p> <p>Environment and waste</p>	<p>Deferred from 20/21 and significant risk area</p> <p>Deferred from 20/21 and significant risk area</p> <p>Deferred from 20/21 and significant risk area</p> <p>Emerging risk. Requested by senior management</p> <p>Significant risk area</p> <p>Key area of corporate governance</p> <p>Significant risk area</p> <p>Significant risk area</p>

Audit / Activity	Rationale
<p><u>Fundamental / material systems</u></p> <p>Category 1 (do now) General Ledger / Main Accounting System Payroll Ordering and Creditors</p> <p>Category 2 (do next) Debtors and income collection Council Tax / NNDR and benefits</p> <p>Category 3 (do later) Capital accounting and assets Treasury Management</p>	<p>Key assurance area Key assurance area Key assurance area Key assurance area Key assurance area</p>
<p><u>Operational / regularity</u></p> <p>Category 1 (do now) Continuing Healthcare charging Highways CDM Danesgate follow up audit</p> <p>Category 2 (do next) Adults: budget management, commissioning, high cost placements, market management, internal provision Children: Special Educational Needs and Disability (SEND), education, Health & Care (EHC) plans and processes</p>	<p>Provides broader assurance Emerging risk. Identified by senior managers Follow up of significant risks identified in previous audit Significant risk area. Specific areas for audit being discussed with officers. Significant risk area. Specific areas for audit being discussed with officers.</p>

Audit / Activity	Rationale
Building services and housing repairs Public health Category 3 (do later) Direct payments Service contract management ad client arrangements (Explore, YMT, Leisure)	Provides broader assurance. Significant area for council Provides broader assurance. Significant area for council
<u>Technical / projects</u> Category 1 (do now) ICT Asset Management Category 2 (do next) ICT remote access ICT procurement and contract management Category 3 (do later) ICT procurement and contract management	Deferred from 20/21; key assurance area key assurance area key assurance area

APPENDIX 3: SUMMARY OF KEY ISSUES FROM AUDITS FINALISED SINCE THE LAST REPORT TO THE COMMITTEE

System/area	Opinion	Area reviewed	Date issued	Comments / Issues identified	Management actions agreed
Community Hubs	Reasonable Assurance	Policies and procedures, customer safety, purchase cards, recovering costs.	08/06/21	Generally systems worked well. Hubs were set up with urgency and there were some issues with the robustness of processes. Issues were raised regarding vetting volunteers and procedures for issuing and retrieving ID badges.	The council has worked with partners to establish a different process for recruiting and deploying volunteers in emergencies. The council will establish procedures for the issue and retrieval of ID badges for volunteers.
Project Management	Reasonable Assurance	Project management best practice, risk management, governance arrangements.	25/06/21	Generally systems were working well. Issues were raised regarding the clarity of mandatory elements of the council's project management framework, risk targets levels not being set, and a lack of consistency in communicating risk assessments.	Mandatory elements of the project management framework will be communicated to project managers. Target risk levels will be required. Training will be provided on communication of project risks.
Environmental Health	Substantial Assurance	Recording and prioritising complaints, investigation and action processes,	30/06/21	Overall systems were found to be working well. No major issues identified. Minor issues identified with the efficiency of information recording and responding to	The service will look to streamline information recording where possible. The service manager will discuss ways to streamline FOI processes with the information governance manager.

System/area	Opinion	Area reviewed	Date issued	Comments / Issues identified	Management actions agreed
		information recording and communicating.		Freedom of Information requests (FOIs).	
Absence Management	No opinion given	Record keeping; integrity / consistency of data across council and third party systems under the absence management contract; access to management information.	15/07/21	No significant weaknesses were found Some issues were identified and fed back to the service in December 2020 and have already been resolved and actions put in place to address weaknesses in systems.	No actions required resulting from the audit. However, the service will conduct a full assessment of the short term absence management service.
Council Tax & NNDR	Reasonable Assurance	Property database. Billing, discounts, exemptions, disregards and reliefs. Arrears, refunds, write offs. Covid-19 grants.	21/07/21	Generally systems were working well. The service area had very significant demands arising from Covid-19. Quality assurance checks had not been completed consistently. Database reconciliations (Valuation Office to council records) had not been completed for 2 quarters. Customer records were incomplete.	Quality assurance checks resumed in July 2021. Reconciliations have now been completed. Direct debit rejections letters stored against customer accounts.

System/area	Opinion	Area reviewed	Date issued	Comments / Issues identified	Management actions agreed
Council Tax Support and Housing Benefits	Substantial Assurance	Accuracy and timeliness of assessments and calculations, appeals processing, overpayment and recovery processes.	31/07/21	Overall systems were found to be working well. No major issues identified. Post payment assurance checks do not take place on self-isolation payments (extensive pre-payment checks had been undertaken).	A sample of post payment assurance checks will be undertaken.
Sundry Debtors	Substantial Assurance	Invoice raising, account management, debt management	20/08/21	Overall systems were found to be working well. No major issues were identified. One issue raised regarding clarity of delegated authority to write off debt (we were satisfied authority for write offs had been appropriately delegated).	Scheme of delegation will be updated to document the delegation of authority for approving the write off of unrecoverable debts.
Schools Themed – Cyber Security & IT Management	Reasonable Assurance	Physical and logical security, training, IT asset management, IT contract management.	14/09/21	Generally systems were working well. No major issues identified but a number of findings raised, relating to: server security, contractor management, user access, disaster recovery, IT asset management and data protection, cyber security awareness.	The council's schools business support team will share the audits findings and best practice guidance with schools. Each school will be responsible for reviewing the situation at their school and addressing any weaknesses.

System/area	Opinion	Area reviewed	Date issued	Comments / Issues identified	Management actions agreed
Danesgate follow up audit	No opinion given	Follow up of issues identified in 2019-20 audit	22/09/21	Majority of agreed actions fully implemented and issues identified been addressed. Some actions only partially implemented or not yet complete so further actions agreed.	Outstanding policies to be ratified by Governors. Contract procedures to be followed and records kept of opening of quotations. Schedule of contracts to be presented to Governors. All issuing of petty cash to be signed off by Headteacher; no petty cash reimbursement for travel and subsistence. Physical check of inventory to take place and be recorded half termly.

APPENDIX 4: FOLLOW UP OF AGREED AUDIT ACTIONS

Where weaknesses in systems are found by internal audit, the auditors agree actions with the responsible manager to address the issues. Agreed actions include target dates and internal audit carry out follow up work to check that the issue has been resolved once these target dates are reached. Follow up work is carried out through a combination of questionnaires completed by responsible managers, risk assessment, and by further detailed review by the auditors where necessary. Where managers have not taken the action they agreed to, issues are escalated to more senior managers, and ultimately may be referred to the Audit and Governance Committee.

Follow up work was suspended for a period during the pandemic and restarted in autumn 2020. A detailed report on higher priority actions was provided in the Head of Internal Audit annual report, reported to this committee in June 2021. This report covers actions followed up between the date of that report and 30th September 2021.

Actions followed up

A total of 34 actions have been followed up since the last report to this committee in June 2021. A summary of the priority of these actions is included below.

Actions followed up	
Priority of actions*	Number of actions followed up
1	0
2	13
3	21
Total	34

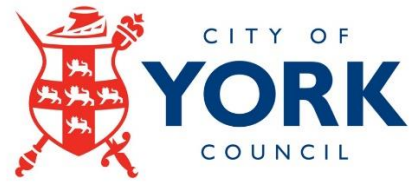
Actions followed up by directorate		
Corporate Services	People Directorate	Place Directorate
0	0	0
6	4	3
9	12	0
15	16	3

Of the 34 agreed actions 26 (76%) had been satisfactorily implemented. In 8 cases (24%) the action had not been implemented by the target date and a revised date was agreed. This is done where the delay in addressing an issue will not lead to unacceptable exposure to risk and where, for example, the delays are unavoidable.

COUNTER FRAUD PROGRESS REPORT 2021/22

Date: 20 October 2021

Annex 2





BACKGROUND

- 1 Fraud is a significant risk to local government. Losses to councils are estimated to exceed £7.8 billion annually in the United Kingdom.¹
- 2 Veritau delivers a corporate fraud service to the council which aims to prevent, detect and deter fraud and related criminality. The counter fraud team investigate allegations of fraud, plan and take part in counter fraud campaigns (e.g. the National Fraud Initiative), undertake fraud awareness activities with staff and the public, and maintain and update the council's counter fraud framework and associated policies.
- 3 This report updates the Audit and Governance Committee on counter fraud activity between 1 April 2021 and 30 September 2021.



FRAUD MANAGEMENT

- 4 Veritau undertakes a range of non-investigative activity to support the development of counter fraud arrangements at the council. The council's counter fraud framework was updated in February 2021. This included a revised strategy action plan, fraud risk assessment, and an updated counter fraud and corruption policy.
- 5 A key objective for the counter fraud team is to raise awareness of fraud with members of staff and the public. Fraud awareness training has been delivered to members of staff working within adult social care this year. Awareness campaigns for all staff on cybercrime, whistleblowing, anti-bribery and money laundering are planned for later in the year.
- 6 Veritau continue to support the council with Covid-19 related payments. The team works with officers to ensure that the council meets government mandated verification, investigation and recovery requirements for Covid-19 related grant payments.
- 7 In May the council's counter fraud transparency data was updated to include data on counter fraud work in 2020/21, meeting the council's obligation under the Local Government Transparency Code 2015.
- 8 Veritau attends the Yorkshire and Humber Fraud Investigation Group on behalf of the council to share best practice and information on regional fraud threats.

¹ Annual Fraud Indicator 2017, Crowe Clark Whitehill



MULTI-AGENCY WORK

- 9 Work on the 2020/21 National Fraud Initiative is ongoing. The counter fraud team is reviewing over 7,000 matches flagged during the current exercise, including matches relating to Covid-19 grant payments. Instances of suspected fraud are considered for investigation.
- 10 The council are required to respond to requests for information from the Department for Work and Pensions (DWP) who investigate Housing Benefit fraud. In cases where council tax support is in payment, the counter fraud team can jointly investigate with DWP counterparts. The team have responded to 51 requests for information to date.



DATA MATCHING

- 11 The counter fraud team undertook an internal data matching exercise to identify potentially fraudulent or incorrectly claimed single person discounts. The exercise matched data held within the council's revenues system with another council data source producing 49 matches. All of the matches have been evaluated and seventeen have been passed for investigation.



INVESTIGATIVE WORK

- 12 In 2021/22, the counter fraud team has received 169 referrals of suspected fraud in the first half of the financial year. These cover areas including adult social care, social housing, council tax, council tax support, internal fraud, parking, business rates and Covid-19 support payments.
- 13 During the pandemic, the counter fraud team has established practices to conduct interviews under caution using video conferencing. This allows interviews to be conducted remotely when it is in the best interest of the council and the member of the public (for example where they are unable to attend council offices).
- 14 Up to 30 September 2021, the team helped the council to achieve £76k in savings and £10k in Covid-19 related savings. There are currently 82 cases under investigation. To date two people have been formally cautioned and warnings have been issued to eighteen people. One council property has been recovered.
- 15 The level of savings achieved to date is less than in previous years (£184k in 2020 and £208k in 2019). This is primarily due to the impact of the pandemic. For example there was a significant reduction in referrals for the types of fraud normally reported to the team (down 31%). We were also unable to progress investigations in the same way - as face to face interviews with witnesses and suspects had to be suspended. There were, however, significant numbers of suspected Covid-19 grant fraud cases. To date, £183k of Covid-19 grants have been recovered or prevented from being paid as a result of cases involving the counter fraud team. In the last few months, investigation work has started to return to more normal

activity and levels. It is expected that savings will recover to pre-pandemic levels although this will take time, as we work through investigations.

- 16 A detailed summary of investigative work can be found in appendix A, below.

APPENDIX A: SUMMARY OF INVESTIGATIVE WORK 2021/22

The table below shows the success rate of investigations and levels of savings achieved through counter fraud work in 2021/22.

	2021/22 (As at 30/09/21)	2021/22 (Target: Full Yr)	2020/21 (Actual: Full Yr)
Amount of actual savings (quantifiable savings - e.g. repayment of loss) identified through fraud investigation	£76,473	£200,000	£348,155
Amount of savings identified relating to Covid-19 business grant related fraud	£10,000	n/a	£173,000
% of investigations completed which result in a successful outcome (for example payments stopped or amended, sanctions, prosecutions, properties recovered, housing allocations blocked)	45%	30%	46%

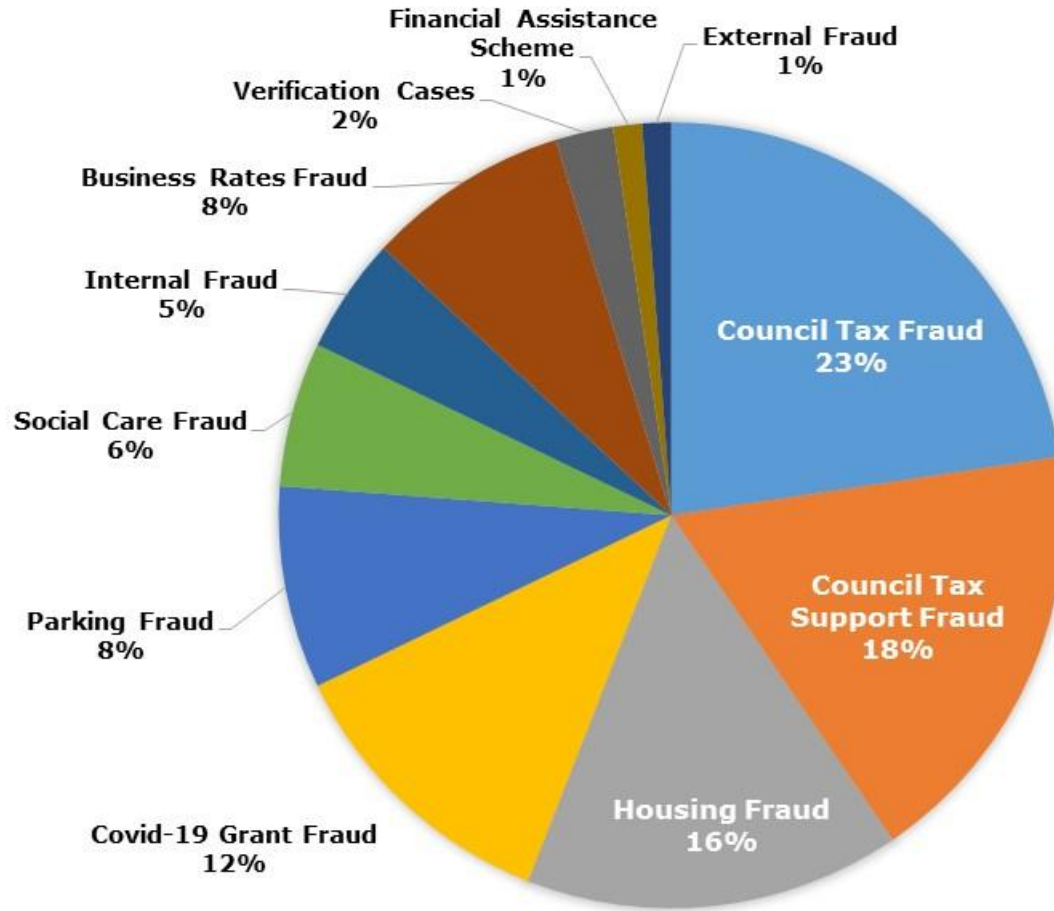
Caseload figures for the period are:

	2021/22 (As at 30/09/21)	2020/21 (Full Year)
Referrals received	169	338
Number of cases under investigation	82	103 ²
Number of investigations completed	62	191
Number of verification cases completed ³	57	35

² As at the end of the financial year (i.e. 31/03/2021)

³ Verification cases include reviews of applications for Covid-19 grants, Right to Buy, and school placements.

The chart below shows the proportion of different case types under investigation as at 30 September 2021.



Activity	Work completed or in progress
Fraud detection and investigation	<p>The service promotes the use of criminal investigation techniques and standards to respond to any fraud perpetrated against the council. Activity to date includes the following:</p> <ul style="list-style-type: none"> • Covid-19 related fraud – The counter fraud team have received seven referrals for potential Covid-19 related fraud this year. Seven investigations have been completed to date in 2021/22 and there are currently ten investigations ongoing. The team have verified a further sixteen applications as part of a government mandated post-assurance exercise. One verification led to the identification of an incorrect payment made to a business. The £10k grant was subsequently repaid to the council. • Adult Social Care fraud – The team has completed six investigations in this area and five are ongoing. There have been three new referrals in this area during 2021/22. • Internal investigations – Two investigations have been commenced in 2021/22 to date and one has been completed. • External (or third party) fraud – An attempted mandate fraud was reported in April 2021. Fraudsters had gained access to an email account belonging to an employee of a council supplier. They used this access to try to redirect a £73k payment from the council. The attempt was prevented through the diligence of a council employee. The attack is believed to have originated in Lagos, Nigeria. • Housing fraud – Eleven referrals for housing related fraud have been received to date. Three investigations have concluded and thirteen investigations are ongoing. The team has helped to verify thirty-three Right to Buy applications this year. Following a county court hearing a council property was recovered and will be assigned to a family in need of a three bedroom home. Two warnings were issued to people for giving false information in connection with applications to be housed in council properties. • Council Tax fraud – Twenty-one referrals for possible council tax fraud have been received to date and an internal data matching exercise produced seventeen further cases for investigation. Eleven investigations have been completed in this area and nineteen are ongoing. Three people have been issued with formal warnings relating to false or incorrectly claimed single person discounts.

Activity	Work completed or in progress
	<ul style="list-style-type: none"> • Business rates fraud – The team has received five referrals in this area in the current financial year. Three investigations have been completed with two resulting in warnings being issued to businesses incorrectly claiming small business rate relief. There are seven ongoing investigations in this area. • Council Tax Support fraud – The team has completed four investigations into council tax support fraud. Forty-eight referrals for potential fraud in this area have been received and there are currently fifteen investigations ongoing. • Parking fraud – Nineteen reports of parking fraud have been received during the current financial year. Sixteen cases have been concluded which resulted in two people being formally cautioned and eleven people receiving a written warning. There are seven investigations currently ongoing.

Audit & Governance Committee – draft work plan

Training/briefing events will be held at appropriate points in the year to support members in their role on the Committee.

Theme	Item	Lead officers	Scope
20th Oct 2021			
Governance	Progress against the Action Plan	<u>CYC</u> Janie Berry	
Governance	Corporate Governance Report	<u>CYC</u> Lorraine Lunt	To provide Members with an update on current information governance issues.
Governance	Review of the Constitution	<u>CYC</u> Janie Berry	
Veritau (internal audit / counter fraud)	Internal Audit & Fraud Plan & Progress report	<u>Veritau</u> Max Thomas/ Richard Smith	An update on progress made in delivering the internal audit work plan for 2021/22 and on current counter fraud activity. Including reporting on progress made by council departments in implementing actions agreed as part of internal audit work
16th Nov 2021			
Governance	Review of the Constitution	<u>CYC</u> Janie Berry	
Risk	Key Corporate Risks monitor 2	<u>CYC</u> Sarah Kirby	Update on Key Corporate Risks (KCRs) including: KCR 12
1st Dec 2021			
Risk	Key Corporate Risks monitor 3	<u>CYC</u> Sarah Kirby	Update on Key Corporate Risks (KCRs) including: KCR 13
External Audit	Mazars Audit Progress (if required)	<u>Mazars</u> Mark Kirkham	Update report from external auditors detailing progress in delivering their responsibilities as the Council's external auditors
External Audit	Mazars Audit Completion Report	<u>Mazars</u> Mark Kirkham	Report from the Councils external auditors setting out the findings of the 2020/21 Audit.
Finance	Treasury Management Mid-year review 20/21 and review of prudential indicators	<u>CYC</u> Debbie Mitchell	To provide an update on treasury management activity for the first six months of 2020/21

Finance	Final Statement of Accounts incl. Annual Governance Statement	<u>CYC</u> Emma Audrain/ Debbie Mitchell	To present the final audited Statement of Accounts following the 2020/21 Audit including the Annual Governance Statement
Governance	Monitoring Officer's update	<u>CYC</u> Janie Berry	
Governance	Corporate Governance Report	<u>CYC</u> Lorraine Lunt	To provide Members with an update on current information governance issues.
Governance	Progress against the Action Plan	<u>CYC</u> Janie Berry	
Governance	Review of the Constitution	<u>CYC</u> Janie Berry	
Veritau (internal audit / counter fraud)	Internal Audit & Fraud Plan & Progress report	<u>Veritau</u> Max Thomas/ Richard Smith	An update on progress made in delivering the internal audit work plan for 2021/22 and on current counter fraud activity. Including reporting on progress made by council departments in implementing actions agreed as part of internal audit work
2nd Feb 2022			
Governance	Progress against the Action Plan	<u>CYC</u> Janie Berry	
Veritau (internal audit / counter fraud)	Audit & Counter Fraud Plan & Consultation	<u>Veritau</u> Max Thomas/ Richard Smith	Consultation with the committee on its priorities for internal audit and counter fraud work for 2022/23
Veritau (counter fraud)	Counter Fraud Framework	<u>Veritau</u> – Max Thomas/ Richard Smith	An update to the committee on counter fraud arrangements and action taken as part of the counter fraud strategy. To include a review of the fraud risk assessment and any updates to the counter fraud strategy and policy.
9th March 2022			
Governance	Progress against the Action Plan	<u>CYC</u> Janie Berry	
6th April 2022			
Risk	Key Corporate Risks monitor 4	<u>CYC</u> Sarah Kirby	Update on Key Corporate Risks (KCRs)
External Audit	Mazars Audit Progress (if required)	<u>Mazars</u> Mark Kirkham	Update report from external auditors detailing progress in delivering their responsibilities as the Council's

			external auditors
Governance	Progress against the Action Plan	<u>CYC</u> Janie Berry	
HR	Governance Update from Head of HR on CYC settlement agreements	<u>CYC</u> Trudy Forster	
Veritau (internal audit / counter fraud)	Internal Audit & Fraud Plan & Progress report	<u>Veritau</u> <u>Max Thomas/</u> <u>Richard Smith</u>	An update on progress made in delivering the internal audit work plan for 2021/22 and on current counter fraud activity. Including reporting on progress made by council departments in implementing actions agreed as part of internal audit work
Veritau (internal audit / counter fraud)	Internal audit and counter fraud plans 2022/23	<u>Veritau</u> <u>Max Thomas/</u> <u>Richard Smith</u>	To present internal audit and counter fraud plans for 2022/23 to the committee for approval.

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