

## PERTH AND KINROSS COUNCIL

Scrutiny Committee – 23 September 2015

## COUNCIL COMPLAINTS REPORT FOR APRIL 2014 – MARCH 2015

## Report by Head of Legal Services

**PURPOSE OF REPORT**

This report outlines the performance of the Council's Complaints Handling Procedure (CHP) during the second year of its operation – April 2014 to March 2015.

The report content has been revised to comply with Scottish Public Services Ombudsman's (SPSO) requirements of reporting performance measures for Local Authorities.

**1. BACKGROUND / MAIN ISSUES**

- 1.1 The Council is committed to providing high quality services. However, if something does go wrong or there is dissatisfaction with our services, we aim to resolve issues quickly, simply and locally in line with our streamlined CHP.
- 1.2 The CHP was introduced on 1 April 2013 and is based on the model developed by the SPSO in conjunction with all Scottish Local Authorities. It reflects the Council's commitment to valuing complaints and seeks to resolve customer dissatisfaction as close as possible to the point of service delivery.
- 1.3 The procedure has two opportunities for the Council to deal with complaints: a Front Line Resolution stage (Stage 1) and an Investigation stage (Stage 2). If the complainant remains dissatisfied with the Council's response at Stage 2 they can refer their complaint to the SPSO for an independent external review. It should be noted that routine requests for service are not classed as complaints.

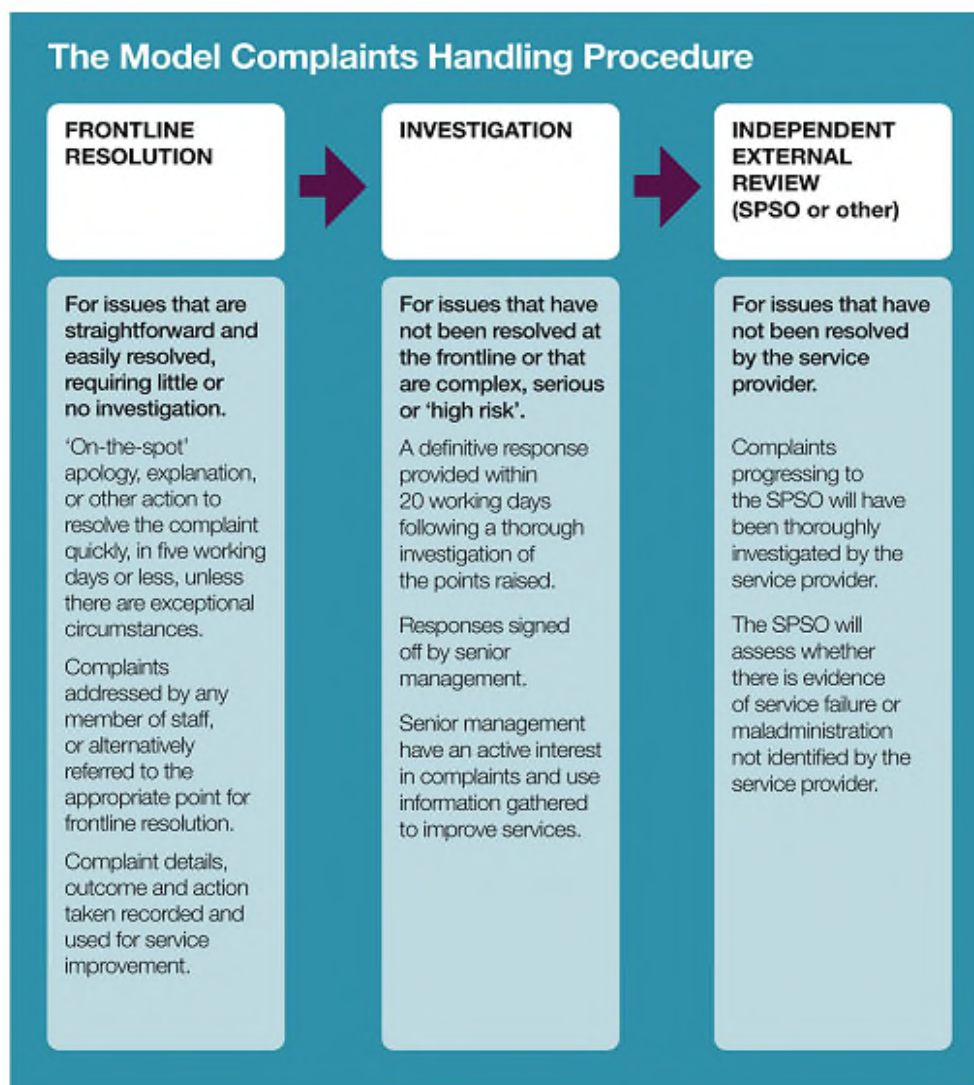
Community Care and Children and Families Services have their own statutory complaints procedure; these complaints are not included within this report.

- 1.4 The CHP is operating effectively. Individual Services are responsible for responding to complaints and issuing their own findings. To ensure a consistent approach however, a quality assurance review of each complaint scope and final response is carried out by the Corporate Complaints Team.
- 1.5 Good practice is shared through the Local Authority Complaints Handlers Network, established in conjunction with the SPSO, which meets regularly and all Service complaint co-ordinators are given the opportunity to attend.
- 1.6 National recording and reporting systems have been established and performance indicators have been now been agreed. These are detailed

below. It is expected that these performance indicators will allow Local Authorities to benchmark, identify and address emerging trends.

## 2. COMPLAINTS HANDLING PROCEDURE (CHP)

2.1 The diagram below explains the Council's CHP in more detail: -



2.2 A computer system is used to record complaints enabling the Council to record, track and report on complaints information across all Services. The system not only captures details of the complaints, but also the action that is taken in response, including improvements and recommendations made following the conclusion of a complaint investigation.

A system review was carried out earlier in 2015 which identified the need to improve the reporting capability of the system. These improvements are being implemented in July, August and September of this year.

2.3 Monitoring and assessing complaints information helps to identify (a) service delivery issues (learning from complaints) and (b) how effectively the Council is handling complaints (complaints performance).

### **3. NATIONAL PERFORMANCE FRAMEWORK**

- 3.1 Compliance with the SPSO's local authority model Complaints Handling Procedure is monitored by Audit Scotland in conjunction with the SPSO.
- 3.2 The implementation of the SPSO's model CHP by local authorities means that for the first time all councils are required to record, report and publish information on all the complaints they receive, providing opportunities for councils to identify potential service improvements from data that was previously unrecorded.
- 3.3 Local authorities are required to monitor and assess complaints handling data to provide assurance in relation to their performance, to facilitate continuous improvement and to assist in benchmarking between local authorities.

### **4. PERFORMANCE INDICATORS**

- 4.1 The SPSO, in conjunction with local authorities, has developed eight high level performance indicators against which local authorities should assess and monitor their complaints handling performance. The Council's results for 2014/15 are listed below.
- 4.2 As the format/content of the report has changed from last year, and the indicators were not confirmed by the SPSO until late 2013/14, it has not always been possible to provide comparable figures for the previous year.
- 4.3 It should also be noted that because of the way in which alleged "missed" bin uplifts are recorded these are categorised as a complaint and included in the total number. Anecdotal evidence suggests that in the majority of these "missed bin" complaints the customer had simply failed to put their bin out for collection. The system however simply records the requests and uplifts are instructed so there is no way to discern how many are genuine service failures which merit complaint. Given that all "missed bin" complaints are dealt with by simply instructing a further uplift, as complaints they have 100% stage 1 resolution. Appendix 1 identifies the number of such complaints as compared to the total number to put the following figures into context

#### **Indicator 1 - The total number of complaints received per thousand of the population.**

This indicator records the total number of complaints received by the Council. The 2011 Census gives the population of the Council area to be approximately 148,000.

Total number of complaints received	Total Stage 1 Complaints	Stage 1 escalated to Stage 2	Total number of complaints closed	Number of complaints per 1,000 population
2013/14	1758	95	1853	1.2
2014/15	2085	100	2185	1.5

There was a 16% increase in complaints recorded at Stage 1 during 2014/15, but no overall trend has been identified.

Appendix 1 gives a breakdown of the Stage 1 complaint figures.

**Indicator 2 - Complaints closed at Stage 1 and Stage 2 as a percentage of all complaints closed.**

The term “closed” refers to a complaint to which a customer has had a response and no further action is required within the Council’s CHP. However, the complainant can still take their complaint to the SPSO who after due consideration may conduct their own investigation into the complaint. A separate report on the Council’s contact with the SPSO will be presented to the Scrutiny Committee in December of this year.

	Total number of complaints closed	Stage 1 complaints closed as a % of all complaints	Stage 2 complaints closed as a % of all complaints
2013/14	1853	95% (1758)	5% (95)
2014/15	2185	95% (2085)	5% (100)

The purpose of the CHP is to ensure that the majority of complaints are dealt with at first point of contact. With 95% of all complaints being resolved at Stage 1 this objective is being achieved.

**Indicator 3 - The number of complaints upheld, partially upheld or not upheld at each stage as a percentage of complaints closed in full at each stage.**

This indicator records the formal outcome recorded for each complaint. Stage 1 complaints generally have one point of complaint whereas Stage 2 complaints generally have multiple points.

Stage 1	Number of complaints closed	% upheld	% partially upheld	% not upheld	% no conclusion**
2013/14	1758	NIA*	NIA*	NIA*	NIA*
2014/15	2085	60% (1238)	10% (208)	24% (505)	6% (134)

Stage 2	Number of complaints closed	%) upheld	% partially upheld	% not upheld	% no conclusion**
2013/14	95	NIA*	NIA*	NIA*	NIA*
2014/15	100	10% (10)	53% (53)	37% (37)	0%(0)

\*NIA – no information available

\*\* A complaint may be recorded as “no conclusion” when there are two differing opinions on an issue and no independent witnesses.

The SPSO indicator as detailed above requires that an overall outcome is recorded for each complaint. For example, if a complaint comprises five points, of which two are upheld, two not upheld and one partially upheld, then the overall outcome would be partially upheld. However the Council has previously determined and reported each individual complaint point separately. An additional table has been included below to show this for information and comparison.

<b>Stage 2</b>	Number of complaints closed	Points within complaint	(%) upheld	(%) partially upheld	(%) not upheld	(%) not concluded**
2013/14	95	327	9% (31)	8% (26)	76% (248)	7% (22)
2014/15	100	407	20% (81)	11% (45)	61% (248)	8 % (33)

#### **Indicator 4 - The average time, in working days, for a full response to complaints at each stage.**

This indicator represents the average time in working days to close complaints at Stage 1 and at Stage 2.

SPSO procedures specify Stage 1 complaints to be resolved within 5 working days.

<b>Stage 1</b>	Number of Complaints.	Total number of working days taken to close complaints	Average time to respond to complaints
2013/14	1758	NIA*	NIA*
2014/15	2085	8504	4 days

\*NIA – no information available

SPSO procedures specify Stage 2 complaints should be resolved within 20 working days.

<b>Stage 2</b>	Number of Complaints.	Total number of working days taken to close complaints	Average time to respond to complaints
2013/14	95	NIA*	NIA*
2014/15	100	2392	24 days

\*NIA – no information available

Stage 2 complaints have taken four days longer on average than the 20 working day timescale to complete. Whilst we try to resolve complaints within timescale, a number of factors can impact upon the length of time an investigation may take.

For example:-

- Complexity of the complaint
- Agreeing the scope of the complaint with the complainant
- Difficulty in obtaining information from those involved
- Availability of and access to relevant staff and/or information
- Resource and capacity issues

**Indicator 5 - The number and percentage of complaints, at each stage, which were closed in full within the set timescales of 5 and 20 working days.**

This indicator presents the number and percentage of complaints closed within 5 working days at Stage 1 and 20 working days at Stage 2.

<b>Stage 1</b>	Number of complaints closed	Number of complaints closed within 5 working days	Number of complaints closed within 5 working days as % of complaints closed
2013/14	1758	NIA*	NIA*
2014/15	2085	1664	80%

<b>Stage 2</b>	Number of complaints closed	Number of complaints closed within 20 working days	Number of complaints closed within 20 working days as % of complaints closed
2013/14	95	NIA*	NIA*
2014/15	100	58	58%

\*NIA – no information available

**Indicator 6 - The number and percentage of complaints, at each stage, where an extension to the 5 or 20 working days timeline has been authorised.**

The Council's CHP allows for an extension to the timescales to be authorised in certain circumstances. An example would be where a key member of staff is on annual leave or when during school holidays.

<b>Stage 1</b>	Number of complaints closed	Number of complaints closed where an extension had been authorised	Number of complaints closed as % of all complaints closed where an extension had been authorised
2013/14	1758	NIA*	NIA*
2014/15	2085	421	20%

<b>Stage 2</b>	Number of complaints closed	Number of complaints closed where an extension had been authorised	Number of complaints closed as % of all complaints closed where an extension had been authorised
2013/14	95	NIA*	NIA*
2014/15	100	42	42%

\*NIA – no information available

**Indicator 7 - A statement to report customer satisfaction with the complaints service.**

A Complaints Handling Customer Feedback Survey is scheduled for issue during September 2015. It will be initially piloted with stage 2 complainants and then extended to include stage 1 complainants.

Completed survey responses will be analysed, summarised and reported in the next report to the Committee.

This will also address an outstanding internal audit action from earlier in the year which highlighted the need to obtain customer feedback on the CHP.

**Indicator 8 - A statement outlining changes or improvements, to services or procedures, as a result of the consideration of complaints.**

This qualitative indicator is intended to identify service improvements/learnings from complaints that were derived from complaints during the reporting period.

The Council aims to record all service improvements within the CRM. Complaints performance data, including improvement actions, are considered routinely at Departmental Management Team meetings and as part of Head of Service ERD's.

Of the 100 stage 2 complaints recorded in 2014/2015:-

- 25 recommendations were made highlighting the need for additional staff training on procedures, which were accepted and implemented by Services. An example is of Customer Care Standards refresher training being delivered at a team meeting following a complaint of published timescales not being met.
- 12 recommendations were made highlighting the need to review Council and Service policies and procedures. These were accepted by Services and in three cases new procedures were initiated.

**5. SPSO**

- 5.1 As explained at Indicator 2, a report will be presented to the Committee detailing the SPSO's dealings with the Council following the receipt of the

annual statistics from the SPSO. It is anticipated that this will be in December 2015.

- 5.2 The Corporate Complaints Team is the designated contact for any enquiries from the SPSO.

## **6 PROPOSALS**

- 6.1 The Corporate Complaints Group will review the CHP over the next six months to ensure that it continues to work effectively.
- 6.2 The questionnaire will be issued to complainants to obtain an informed view of their experiences during the life of their complaint.
- 6.3 Training for staff is ongoing; this includes more in-depth training for colleagues who have already received basic complaints training. A focus of the training is on the responsibility that staff have to try to resolve complaints at Stage 1.
- 6.4 A requirement of the CHP is the publication of information about the operation and performance of the Council's complaints procedure. A draft report, detailing the Council's quarterly complaints performance has been under evaluation since 2014. A decision has now been taken that the recently approved SPSO format which focuses on the established key performance indicators will be the basis of the Council's quarterly report. The will also address an outstanding action from the internal audit report 2015-03.
- 6.5 Internal audit report 2015-03 detailed a further six action points. Two low level actions have been addressed;-
- A system of version control of documentation has been introduced into the CHP
  - Exclusions have been identified in the body of this report at para 1.3 above

It is anticipated that the remaining actions will be completed within the timescales stated in the internal audit report 2015-03

- Revising the CHP document to include a description of the operational arrangements within Education and Children's Service and details of the six categories of complaint as agreed with the SPSO and the other 31 Local Authorities.
- Reminding schools to ensure that all of their various handbooks contain the correct and up to date information as regards the CHP – amendment will be made in next publication cycle
- Recommendations/Improvements template to be added to ERIC



- Complaints performance information to published – information will be put on PKC website and updated quarterly

## 7. CONCLUSION AND RECOMMENDATIONS

This is the second report in regard to the Councils Complaints Handling Procedure.

It is recommended that the Scrutiny Committee:

- (i) Consider and comment on this report.
- (ii) Note that further work is to be carried out on the operation and performance of the CHP over the next six months.
- (iii) Note that quarterly CHP performance information will be published during 2015/2016.

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### Approved

Name	Designation	Date
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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>No</b>
Corporate Plan	<b>No</b>
<b>Resource Implications</b>	
Financial	<b>No</b>
Workforce	<b>No</b>
Asset Management (land, property, IST)	<b>No</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>No</b>
Strategic Environmental Assessment	<b>No</b>
Sustainability (community, economic, environmental)	<b>No</b>
Legal and Governance	<b>No</b>
Risk	<b>No</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>No</b>
<b>Communication</b>	
Communications Plan	<b>No</b>

### 1. Strategic Implications

Community Plan / Single Outcome Agreement - N/A

Corporate Plan - N/A

### 2. Resource Implications

Financial - N/A

Workforce - N/A

Asset Management (land, property, IT) – N/A

### 3. Assessments

Equality Impact Assessment – N/A

Strategic Environmental Assessment – N/A

Sustainability – N/A

Legal and Governance – N/A

Risk – N/A

#### **4. Consultation**

##### Internal

- 4.1 This report has been reviewed by the Policy and Governance Group and the Corporate Complaints Group. Both comprise representatives from all Services.

##### External – N/A

#### **5. Communication**

None

#### **2. BACKGROUND PAPERS**

None

#### **3. APPENDICES**

Appendix 1 - Stage 1 Complaints breakdown for 2013/14 and 2014/15.



Stage 1 Complaints breakdown for Financial Years - 2013/14 and 2014/15.

Complaints	2013/14	2014/15
Missed Bin Uplifts	880	982
Other	973	1203
<b>Total</b>	<b>1853</b>	<b>2185</b>
Closed at Stage 1		
Missed Bin Uplifts	880	982
Other	878	1103
<b>Total</b>	<b>1758</b>	<b>2085</b>
Escalated to Stage 2	95	100
<b>Total Closed Off</b>	<b>1853</b>	<b>2185</b>

Missed Bin Uplifts accounted for just over 50% of all stage 1 complaints in 2013/14 and 47% in 2014/15.

It should be noted that there are in excess of 5 million actual bin lifts carried out successfully every year.

