

Supplementary Agenda

Audit Committee

Date: Wednesday, 15 June 2022

Time: 10:00

Format: Hybrid

Contact: Ashley MacIntyre, Committee Officer
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Dear Member

I refer to the agenda for the above meeting that was issued on 1 June and now enclose copies of Items 10, 12 and 14 which were not available for issue at that time.

Yours faithfully

JOYCE WHITE

Chief Executive

Note referred to:

10 CODE OF GOOD GOVERNANCE AND ANNUAL GOVERNANCE STATEMENT 2021-22 103 - 113

Submit report by the Chief Officer – Resources advising of the outcome of the annual self-evaluation undertaken of the Council’s compliance with its Code of Good Governance and inviting consideration of the Annual Governance Statement that will be published in the Council’s Abstract of Accounts.

12 APPOINTMENT OF LAY MEMBERS 115 - 116

Submit report by the Chief Officer – Resources providing an update on the current status of Lay Member appointments to the Audit Committee.

14 SCOTTISH PUBLIC SERVICES OMBUDSMAN COMPLAINTS REPORT 2020-21 117 - 127

Submit report by the Chief Officer – Citizen, Culture and Facilities presenting the Scottish Public Services Ombudsman (SPSO) report on complaints handling by West Dunbartonshire Council for the year 1 April 2020 – 31 March 2021.

Distribution:

Councillor Karen Conaghan (Chair)
Councillor Ian Dickson
Councillor Craig Edward
Councillor Jonathan McColl (Vice Chair)
Councillor James McElhill
Councillor Michelle McGinty
Councillor John Millar
Councillor Martin Rooney
Mr C Johnstone

All other Councillors for information

Chief Executive
Chief Officers

Date of issue: 8 June 2022

WEST DUNBARTONSHIRE COUNCIL**Report by Chief Officer - Resources****Audit Committee: 15 June 2022**

**Subject: Code of Good Governance and Annual Governance Statement
2021-22****1. Purpose****1.1** The purpose of this report is to:

- Advise Committee of the outcome of the annual self-evaluation undertaken of the Council's compliance with its Code of Good Governance; and
- Invite Committee to consider the Annual Governance Statement that will be published in the Council's Abstract of Accounts.

2. Recommendations**2.1** The Committee is asked to:

- i) Note the outcome of the recent self-evaluation process in considering how the Council currently meets the agreed Code of Good Governance, together with the issues identified and improvement actions; and
- ii) Consider the detail of the Annual Governance Statement and approve the actions identified by management to improve the internal control environment.

3. Background

3.1 *Delivering Good Governance in Local Government: Framework*, published by CIPFA in association with Solace in 2007, set the standard for local authority governance in the UK. CIPFA and Solace reviewed the Framework in 2015 to ensure it remained 'fit for purpose' and published a revised edition in spring 2016. The current *Delivering Good Governance in Local Government: Framework* (CIPFA/Solace, 2016) has applied to annual governance statements prepared for the financial year 2016/17 onwards.

3.2 The concept underpinning the revised Framework is that it assists local government in taking responsibility for developing and shaping an informed approach to governance, aimed at achieving the highest standards in a measured and proportionate way. This Framework is intended to assist authorities individually in reviewing and accounting for their own unique approach. The overall aim is to ensure that:

- resources are directed in accordance with agreed policy and according to priorities;
- there is sound and inclusive decision making; and
- there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

3.3 In order to demonstrate a commitment to sound governance, local authorities are encouraged to publish a governance statement on an annual basis.

3.4 The annual governance statement is the formal statement that recognises, records and publishes a Council's governance arrangements as defined in the CIPFA/SOLACE Framework. The statement requires to be signed off by the most senior officer [Chief Executive] and the most senior member [Council Leader]. Clearly the signatories must be satisfied that the document is supported by reliable evidence.

3.5 Following the review of the Audit Committee, carried out in accordance with the contents of the CIPFA publication "*Audit Committees: Practical Guidance for Local Authorities and Police*" (2018 Edition)" a report was submitted to the Audit Committee meeting on 12 December 2018. One of the actions arising was to submit the draft Annual Governance Statement to the Audit Committee as a stand-alone document for consideration.

4. Main Issues

4.1 A revised local code was developed for the Council and agreed at the Audit and Performance Review Committee on 8 March 2017.

4.2 A Governance Report is produced annually and is based on an annual self-evaluation of compliance against the Council's Code of Good Governance.

4.3 The annual self-evaluation review for 2021/22 has been carried out and has identified that current practice is mainly compliant against our revised Code of Governance, whilst identifying some areas for improvement. There were no significant governance issues identified and areas for improvement are detailed within the draft Annual Governance Statement at Appendix 1.

4.4 The draft Annual Governance Statement details the key elements of the Council's governance framework, annual review process, improvement areas and overall opinion.

4.5 In terms of the Council's overall corporate governance arrangements, it is considered that, although there are some areas of work to be completed to ensure full compliance with the Local Code of Good Governance, the overall governance arrangements of the Council are considered to be sound. The Annual Governance Statement 2020/21 is informed by the self-assessment of compliance against the Local Code of Good Governance and related Certificates of Assurance from Chief Officers, the work of Internal Audit, External Audit and external inspection agencies.

4.6 The significant incident which began in late March 2020 and the Council's responses as a Category 1 responder during the COVID-19 Pandemic continued to test how well the Council's risk management, governance and internal control framework operated during 2021/22. This was achieved using amended governance arrangements, embracing new ways of decision-making, leadership and implementation including virtual meetings and secure remote access to systems to allow homeworking for Council employees as the Council moved forward through the recovery phase.

4.7 All members of the council's Senior Leadership Team and key stakeholders participated in a variety of Local Authority specific Covid-19/Business Continuity response groups supported by the Civil Contingencies Service. A comprehensive Covid-19 Impact Risk Register was developed covering all aspects of service delivery affected by the pandemic which has been maintained on a regular basis.

4.8 The Council's Annual Governance Statement will be published within the Annual Accounts for the year ended 31 March 2022.

5. People Implications

5.1 There are no personnel issues.

6. Financial and Procurement Implications

6.1 There are no direct financial or procurement implications arising from this report as all improvement actions will be managed from within existing resources.

7. Risk Analysis

7.1 There is a risk that a failure to maintain a local code and develop a framework to support the gathering and updating of the necessary evidence will leave the Council unable to produce a Governance Statement. The current approach to ongoing annual assessment of compliance and reporting to this Committee ensures that the Council can produce a meaningful Governance Statement.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues identified.

9. Consultation

9.1 This report has been subject to consultation with appropriate Chief Officers.

10. Strategic Assessment

10.1 This report relates to all five of the Council's Strategic Priorities.

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Laurence Slavin
Chief Officer - Resources
Date: 07 June 2022

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Appendices: 1 – Draft Annual Governance Statement

Background Papers: Report to Audit and Performance Review Committee (8 March 2017) – Revised Local Code of Good Governance; and

Wards Affected: All Wards

Annual Governance Statement

The Annual Governance Statement explains the Council's governance arrangements as it meets the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of its system of internal control, including the reliance placed on the governance frameworks of our partners. It is included within the Council's Financial Statements to assure stakeholders on how the Council directs and controls its functions and how it relates to communities in order to enhance transparency and scrutiny of the Council's activities.

Scope of Responsibility

The Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure best value under the Local Government in Scotland Act 2003.

In discharging this overall responsibility, the Council's Elected Members and Corporate Management Team (CMT) are responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk. The Council has established an arms-length external organisation: West Dunbartonshire Leisure Trust – to deliver leisure services more effectively on the Council's behalf, which reports regularly to Elected Members. From 1 July 2015 the West Dunbartonshire Health and Social Care Partnership was established to continue the development of the integration of social care and health services between the Council and NHS Greater Glasgow and Clyde.

The Council has approved and adopted a Local Code of Corporate Governance ("the Local Code"), which is consistent with the principles of the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) Framework: "*Delivering Good Governance in Local Government*". The Local Code evidences the Council's commitment to achieving good governance and demonstrates how it complies with the governance standards recommended by CIPFA. A copy of this Code is available from the Council website at:

<http://www.west-dunbarton.gov.uk/media/4312582/wdc-local-code.pdf>

This statement explains how the Council expects to comply with the Local Code and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirements for the Annual Governance Statement.

The Purpose of the Governance Framework

The governance framework comprises: the systems and processes; and culture and values - by which the Council is directed and controlled and through which it accounts to and engages with communities. It enables the Council to monitor the achievement of the strategic objectives set out in the Strategic Plan. It enables the Council to consider whether those objectives have led to the delivery of appropriate and value for money services.

The Council has put in place a system of internal control designed to manage risk to a reasonable level. Internal controls cannot eliminate risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at the Council for the year ended 31 March 2022 and up to the date of the approval of the Statement of Accounts.

The Governance Framework

The main features of our governance arrangements are described in the Local Code but are summarised below:

- The overarching strategic vision and objectives of the Council are detailed in the Strategic Plan 2017/22, which sets out the key priorities of the Council and key outcomes the Council is committed to delivering with its partners, as set out in the Local Outcome Improvement Plan;
- Services are able to demonstrate how their own activities link to the Council's vision and priorities through their Delivery Plans. Performance management and monitoring of service delivery is reported through service committees regularly. The CMT monitors performance information regularly. The Council regularly publishes information about its performance;
- The West Dunbartonshire Community Alliance, which supports Community Planning West Dunbartonshire, represents the views of community organisations, communities of interest and geographical communities. In addition the Council has an Engaging Communities Framework in place which sets out our approach to engaging with citizens, community organisations and stakeholders. Consultation on the future vision and activities of the partnership is undertaken in a range of ways, including seeking the views of the Alliance and through specific service consultations and the Council actively engages with its partners through community planning arrangements;
- The Council has adopted a Code of Conduct and associated employment policies for its employees. Elected members adhere to the nationally prescribed Code of Conduct for Members in a localised format. In addition, the Council has in place a protocol on member/ officer relations and an inter-party protocol;
- The Council operates within an established procedural framework which incorporates a Scheme of Delegation, Standing Orders and Financial Regulations. These describe the roles and responsibilities of Elected Members and officers and are subject to regular review. The Council facilitates policy and decision making through the agreed committee structure;
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Council's Chief Officer Resources as Section 95 Officer. The system of internal financial control is based on a framework of regular management information, the Financial Regulations, administrative procedures (including separation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the Council;
- The Council's approach to risk management is set out in the Risk Management Framework. A strategic risk register is in place and an update report on this is regularly submitted to the Corporate Services Committee and Audit Committee. The approach is embedded within the Council's strategic planning and performance management framework with regular reporting of risk management reported to service committees; and
- Comprehensive arrangements are in place to ensure Elected Members and officers are supported by appropriate training and development.
- The Council has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud.
- The Council continues to assess and monitor ongoing compliance with the CIPFA Finance Management Code.

Review of Effectiveness

The Council has a responsibility to review, at least annually, the effectiveness of its governance framework including the system of internal financial control. The review of effectiveness of the framework is informed by the work of the CMT which has responsibility for the development, implementation and maintenance of the governance environment, the Chief Internal Auditor's annual report; and reports from the external auditors and other review agencies and inspectorates.

The Council's current Code of Good Governance was approved at the Audit & Performance Review Committee on 8 March 2017. An assessment of the Council's compliance with the Code of Good Governance is supported by a process of self-assessment and assurance certification by Chief Officers and the outcome of this assessment was reported to the Audit Committee on 15 June 2022.

Each Chief Officer was presented with a self-assessment checklist to complete and return as evidence of review of seven key areas of the Council's governance framework and provided a certificate of assurance for their service areas.

The Audit Committee performs a scrutiny role in relation to the application of the Code of Good Governance and regularly monitors the performance of the Council's Internal Audit service.

In relation to the effectiveness of governance arrangements and systems of internal control for the Council's group entities, the Council places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

The Internal Audit service operates in accordance with the Public Sector Internal Audit Standards (PSIAS) 2017 and reports to the Audit Committee. An annual programme of work is determined and undertaken by Internal Audit, approved by the Audit Committee, based upon an established risk based methodology. The Shared Service Manager – Audit & Fraud provides an independent opinion on the adequacy and effectiveness of the Council's System of Internal Financial Control.

The Audit Committee performs a scrutiny role in relation to the application of PSIAS and regularly monitors the performance of the Internal Audit service. The Council's Shared Service Manager – Audit & Fraud (the Council's Chief Internal Auditor) has responsibility for reviewing independently and reporting to the Audit Committee annually, to provide assurance on the adequacy and effectiveness of the code and the extent of compliance with it.

It is our view that the Council has in place a sound system of internal financial control and that appropriate mechanisms are in place to identify areas of weakness. This is corroborated by an annual assurance statement prepared by the Shared Service Manager – Audit & Fraud stating that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's internal control systems. Due to the COVID-19 pandemic, some audits from 2021/22 could not be carried out and have been rescheduled to take place in early 2022/23. However the overall audit plan is set within the context of a multi-year approach to audit planning such that key risk areas are reviewed over a 5 year cycle.

The system of governance (including the system of internal control) can provide only reasonable and not absolute assurance that the assets are safeguarded, the transactions are authorised and properly recorded, that material errors or irregularities are either prevented or would be detected within a timely period and that significant risks impacting on the achievement of the Council's objectives have been mitigated.

COVID-19

The significant incident which began in late March 2020 and the Council's responses as a Category 1 responder during the COVID-19 pandemic continued to test how well the Council's risk management, governance and internal controls framework operated during 2021/22. This was achieved using amended governance arrangements, embracing new ways of decision-making, leadership and implementation including virtual meetings and secure remote access to systems to allow homeworking for Council employees as the Council moved forward through the recovery phase.

All members of the Council's Senior Leadership Team and key stakeholders participated in a variety of Local Authority specific Covid-19/Business Continuity response groups supported by the Civil Contingencies Service. A comprehensive Covid-19 Impact Risk Register was developed covering all aspects of service delivery affected by the pandemic which was maintained throughout 2021/22.

Governance Issues and Planned Actions

The following main issues and areas for improvement during 2021/22 have been identified through the self-assessment exercise carried out by Chief Officers against key aspects of the Code of Good Governance:

Improvement Area identified by 2021/22 Exercise	Responsible Officer
Embedding Be the Best Conversations within all service teams.	Chief Officer, Citizen, Culture and Facilities Chief Officer, Supplies, Distribution and Property
Work is required in some services to review and update business continuity planning documentation.	Chief Officer, Housing and Employability Chief Officer, Resources
Business Classification Scheme will be rolled out to relevant service areas.	Chief Officer, People and Technology Chief Officer, Resources Chief Officer, Education, Learning and Attainment
Due to ongoing COVID-19 restrictions during 2021/22, some services have been unable to access offices and therefore physical access to hard copy files for destruction has not been possible. This will be resumed in line with easing of restrictions.	Chief Officer, Regulatory and Regeneration Chief Officer, People and Technology
Appropriate and proportionate assurances will be sought from key partners and suppliers in relation to business continuity arrangements in place for managing key risks.	Chief Officer, Education, Learning and Attainment Chief Officer, People and Technology
Although improvement activity stimulated by external inspection and internal improvement activity is monitored by HSCP Board and relevant Projects, it is recognised that HSCP would benefit from establishing arrangements to ensure consistency in monitoring processes.	Chief Officer, HSCP
Staff training and development has been identified as an area for improvement and resources have been identified and agreed to ensure co-ordination of approach to training and development across the HSCP.	Chief Officer, HSCP
An integrated workforce plan is being developed for HSCP for approval by HSCP Board during 2022/23. Succession planning has been identified as an area for improvement for the HSCP and work is ongoing in this regard.	Chief Officer, HSCP
In relation to self-evaluation, work is ongoing to review complaints and consider how all feedback can be captured and used to inform service improvement across HSCP.	Chief Officer, HSCP
Work is ongoing to implement the Council's information classification policy and procedure as part of the Microsoft Office 365 project.	Data Protection/Information Governance Officer
Review of Learning Disability Service to improve on ways of working to ensure the service is fit for the future demands. Service Improvement lead aligned to service. Full review to be picked up as part of renewal and recovery work.	Head of Mental Health, Addictions & Learning Disabilities
A Project Overview document has been developed and approved by the Integrated Housing Project Board in relation to the IHMS. This document is being utilised to manage all remaining Phase 2 implementation items.	Chief Officer, Housing and Employability
At the appropriate time a post-incident review will be carried out in relation to the COVID-19 Pandemic highlighting any lessons learned which will inform future emergency response and recovery arrangements.	Chief Executive

The 2020/21 Annual Governance Statement highlighted a range of areas for improvement during 2021/22. The following table provides an update on progress with these with a number having been completed or are areas which continue to have ongoing focus:

Improvement Area identified by 2020/21 Exercise	Status
Embedding Be the Best Conversations within all service teams.	Ongoing. There is improvement to be made to ensure all employees have regular 121s
Following COVID-19 work is required in some services to review and update business continuity planning documentation.	Ongoing
Business Classification Scheme will be rolled out to relevant service areas.	Ongoing. This will be resumed in line with easing of restrictions.
Due to COVID-19 restrictions during 2020-21, some services have been unable to access offices and therefore physical access to hard copy files for destruction has not been possible. This will be resumed in line with easing of restrictions.	Ongoing. This will be resumed in line with easing of restrictions
Improvement activity is ongoing within teams in order to develop and maintain strong supervision practices.	Complete
Although the Health and Safety team undertake the co-ordination role of Health and Safety Executive inspection reports to ensure that action plans are put in place, there is a need to ensure that there is regular review of action plan progress which will be included on agendas for 121 meetings between Chief Executive and Chief Officers going forward.	Complete
Work is ongoing to implement the Council's information classification policy and procedure as part of the Microsoft Office 365 project.	Ongoing as part of the Microsoft Office 365 rollout
Within HSCP, work is ongoing with Healthcare Improvement Scotland in respect of self-evaluation activity.	Complete
Within HSCP, continue to undertake targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work.	Complete
Within HSCP, governance processes developed for tracking of audit action plans and ensuring action deadlines are met will continue to be embedded.	Complete
Continue to develop plans in response to the ageing population. We continue to develop and review services in response to the changing demographic.	Complete
Review of Learning Disability Service to improve on ways of working to ensure the service is fit for the future demands. Service Improvement lead aligned to service. Full review to be picked up as part of renewal and recovery work.	Ongoing
Improved case recording and assessment for children and families who receive statutory social work services.	Complete

Improvement Area identified by 2020/21 Exercise	Status
A Project Overview document has been developed and approved by the Integrated Housing Project Board in relation to the IHMS. This document is being utilised to manage all remaining Phase 2 implementation items.	Ongoing
At the appropriate time a post-incident review will be carried out in relation to the COVID-19 Pandemic highlighting any lessons learned which will inform future emergency response and recovery arrangements.	Ongoing

Best Value Assurance Report

Audit Scotland reported a Best Value Assurance Report on West Dunbartonshire Council to the Accounts Commission on 28 June 2018 which contained five recommendations, all of which are complete.

Health and Social Care Integration

The Council, as the funder of the Social Care services within the West Dunbartonshire Health and Social Care Partnership (HSCP) has an interest in the governance arrangements within the HSCP. Internal Audit arrangements for the HSCP is provided jointly by the Council's Internal Audit service and the Health Board's Internal Audit Service, with the Council's Internal Audit service providing audit arrangements for social care services and the general oversight of the HSCP's governance arrangements.

The HSCP has arrangements in place to review its own ongoing compliance with the revised Code of Governance. Due to the Council's role as social care service provider Internal Audit's process outcomes on such services are reported to the Council's Audit Committee as well as that of the HSCP. The Chief Social Worker provides Council with an annual report on the performance of the HSCP.

The financial arrangements for the Council's funding to the HSCP are aligned and budget processes run parallel to ensure that appropriate budgets for the HSCP are aligned with Council policy and budgeting approaches, particularly in relation to ensuring any efficiency targets for the HSCP funding from the Council are planned for and appropriate efficiencies are approved by the HSCP. On an ongoing basis Council continues to receive budgetary control information in relation to HSCP services funded by the Council.

Compliance with Best Practice

Statement on the role of the Chief Financial Officer in local government

The Council complies with the requirements of the CIPFA Statement on "*The Role of the Chief Financial Officer in Local Government 2010*". The Council's Chief Financial Officer (Section 95 Officer) has overall responsibility for the Council's financial arrangements, and is professionally qualified and suitably experienced to lead the Council's finance function and to direct finance staff.

Statement on the role of the Head of Internal Audit in Public Service Organisations

The Council complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Service Organisations 2019". The Council's Chief Internal Auditor has responsibility for the Council's Internal Audit function and is professionally qualified and suitably experienced to lead and direct the Council's Internal Audit staff. The Internal Audit service generally operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017".

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2021/22 provides reasonable and objective assurance that any significant risks impacting on the achievement of our principle objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment with plans in place to address improvement areas.

Martin Rooney
Leader of the Council
Date:

Joyce White
Chief Executive
Date:

Laurence Slavin
Chief Officer – Resources
Date:

WEST DUNBARTONSHIRE COUNCIL**Report by Chief Officer – Resources****Audit Committee: 15 June 2022**

Subject: Appointment of Lay Members**1. Purpose**

- 1.1 The purpose of this report is to provide Members with an update on the current status of Lay Member appointments to the Audit Committee.

2. Recommendations

- 2.1 It is recommended that Members:
- note the resignation of Lay Member Christopher Todd.
 - agree to the continuation of current Lay Member Chris Johnstone.
 - consider whether additional Lay Members should be appointed.

3. Background

- 3.1 The Audit Committee has appointed Lay Members to the Committee since 2015/16.
- 3.2 Audit Scotland have commented positively on the appointment of Lay Members to the Audit Committee through their Annual Report to Members each year in terms of the Council's overall corporate governance arrangements.

4. Main Issues

- 4.1. There were two Lay Members appointed to the Audit Committee however, one Lay Member, Christopher Todd, has resigned from his appointment and the other Lay Member Chris Johnstone has expressed an interest in continuing his appointment to the Audit Committee.

5. People Implications

- 5.1 There are no people implications. Recruitment of new lay members will be undertaken in line with previous practice.

6. Financial and Procurement Implications

- 6.1 There are no financial implications. Lay Members are entitled to claim incidental expenses as a result of their appointment.
- 6.2 There are no procurement implications arising from this report.

7. Risk Analysis

7.1 Appointing Lay Members to the Audit Committee would positively contribute to the Council's overall corporate governance arrangements.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Consultation

9.1 This report has been subject to consultation with appropriate Chief Officers, the Chair and Vice-Chair of the Audit Committee.

10. Strategic Assessment

10.1 This report relates to strong corporate governance.

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Laurence Slavin
Chief Officer - Resources
Date: 15 June 2022

Person to Contact: Andi Priestman, Shared Service Manager – Audit & Fraud
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Appendices: None

Background Papers: None

Wards Affected: All wards

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Officer- Citizen, Culture & Facilities

Audit Committee: 15 June 2022

Subject: Scottish Public Services Ombudsman Complaints Report 2020-21

1. Purpose

- 1.1** The purpose of this report is to present the Scottish Public Services Ombudsman (SPSO) report on complaints handling by West Dunbartonshire Council for the year 1 April 2020 – 31 March 2021.

2. Recommendations

- 2.1** It is recommended that Committee:

- Notes the contents of the report and the ongoing commitment at a service and strategic level to monitor complaints and ensure compliance with Scottish Public Services Ombudsman (SPSO) timelines

3. Background

- 3.1** West Dunbartonshire Council adopted the SPSO complaint handling model operating in line with all other Local Authorities on 1 April 2013. Complaints continue to be managed centrally by the Citizen Relations team for all Council services. Complaints regarding West Dunbartonshire Health and Social Care Partnership (HSCP) are managed independently by the partnership.

Statutory appeals and reviews, such as planning decision appeals, continue to be directed to the relevant decision making body, and are not processed through the SPSO office.

- 3.2** The Complaints Handling Process is well established and understood by both citizens and staff. Centralised complaints handling ensures an open and transparent process. Complaints are valued because they provide an insight into services, and how the Council is performing. The feedback offers valuable information helping to inform service planning, improve how services are delivered and ensure citizen's voices are heard and views considered. Citizens who remain dissatisfied with the final outcome of their complaint are openly directed to the SPSO to have their case considered for review.
- 3.3** West Dunbartonshire Council acts as factor for the buildings where we retain an interest with tenanted properties. Anyone who remains dissatisfied with the outcome of their complaint may be also signposted to the First-tier Tribunal for Scotland (Housing and Property Chamber). The Tribunal is an independent and impartial judicial body whose function is to review complaints

from homeowners who consider their property factor has failed to perform its factoring duties or failed to comply with the Property Factors' Code of Conduct.

- 3.4** As a member of the Local Authority Complaints Handlers Network, the Council continues to fully engage in sharing of good practice, and developing consistent approaches to complaints handling and reporting. Network meetings are held regularly, with SPSO in attendance at each meeting. The meetings are a valuable source of information and support across the sector.

4. Main Issues

- 4.1** The SPSO delivers an annual report to each Local Authority detailing the number of complaints reported to its office. **Appendix 1** provides a breakdown of enquiries handled by SPSO relating to West Dunbartonshire Council for 2020-21 together with comparison data for 2019-20. **Appendix 2** is a summary breakdown of complaints received by the Council in 2020-21. **Appendix 3** shows Social Work complaints handled by the HSCP for the same period.
- 4.2** In the year 2020-21, SPSO received 32 complaints regarding the Council, an increase of 7 from 2019-20. For the second year, the highest proportion of complaints made by West Dunbartonshire citizens related to housing matters.
- 4.3** Of the 32 complaints to SPSO, 11 were deemed as premature, which is terminology used by the SPSO when the complainant has not exhausted the Council's complaints process. A further 4 were closed by SPSO as unable to proceed. SPSO considered 10 of the complaints demonstrated good complaint handling and further investigation was not needed. A further 5 complaints were closed by SPSO as the desired outcome was not achievable for the citizen or the Council or an alternative route was available.
- 4.4** Investigations were carried out on two complaints raised against West Dunbartonshire Council. Following investigation one complaint was deemed not upheld and one was partially upheld. This is positive and reflects on the high level of effective complaints handling within West Dunbartonshire Council.
- 4.5** As outlined in Appendix 2, the Council handled 785 complaints internally in 2020-21. Of these, 577 were closed within 2020-21. The difference in complaints handled and closed is due to complaints being received during the reporting period, but still being worked on. The remaining 208 were closed in 2021-22 and will be included in appropriate reporting periods. When registering a complaint, residents preferred method is the online complaints form which accounted for 47% of all complaints received. Email is the next preferred method accounting for 35%.
- 4.6** Of the 577 complaints closed, 80% were resolved within SPSO timescales, including with extension where applicable, representing an increase of 5%

from 2019-20. Citizen Relations maintain a focus on right first time and is committed to ensuring the quality of responses remains high whilst seeking to improve response times again in 2021-22.

- 4.7** As noted above, the number of complaints received in 2020-21 was 785. This represents a decrease of 2% when compared to complaints received in 2019-20. While the decrease in complaints received is small it is important to continue to encourage capturing expressions of dissatisfaction. Complaints data provides services with valuable information to inform service improvement and understand the expectations of Citizens.
- 4.8** In line with this, the service continue to work to encourage a culture of welcoming complaints and ensuring services across the Council use the data provided to identify and progress complaints improvement activity.

5. People Implications

- 5.1** There are no people implications arising from this report.

6. Financial and Procurement Implications

- 6.1** There are no financial implications arising from this report.

7. Risk Analysis

- 7.1** There is a reputational risk in not responding to complaints in defined time periods within the two stage process. Complaints data is closely monitored, including response times and quality of response from services. Citizen Relations continue to work to support services to improve response timescales and maintain quality of complaints management.
- 7.2** There is a risk that services do not learn from the complaints received and do not adapt processes or policies to stop it happening again. To reduce this risk complaints data is reported quarterly to Performance & Monitoring Group. Complaints data is also shared with Chief Officers and included within service Delivery Plans to ensure visibility and to assist in informing service improvements.

8. Equalities Impact Assessment (EIA)

- 8.1** The two stage process has been equality impact assessed at a National level. Locally, all aspects have been considered and assistance to navigate the complaints process is available for all citizens.

9. Consultation

- 9.1** Not applicable to this report.

10. Strategic Assessment

10.1 Effective complaints handling contributes to all five Council strategic priorities.

Amanda Graham
Chief Officer
Citizen, Culture and Facilities
Date: 27 May, 2022

Person to Contact: Stephen Daly
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Citizen, Culture and Facilities
Council Offices, 16 Church Street, Dumbarton
01389 737263

Appendices: Appendix 1 – SPSO Complaints Data
Appendix 2 - Summary of Council Complaints 2020-21
Appendix 3 - Summary of HSCP Complaints 2020-21

Background Papers: None

Wards Affected: All Wards

West Dunbartonshire Council complaints closed 2020-21

Stage	Outcome Group	2020-21	
		West Dunbartonshire Council	Sector Total
Advice	Discretion – alternative action proposed	0	1
	Organisation not in jurisdiction	0	1
	Premature	10	244
	Subject matter not in jurisdiction	0	1
	Unable to proceed	4	140
	Total	14	387
Early Resolution	Cause and impact test not met (s 5 (3))	0	7
	Discretion – alternative route used or available	1	7
	Discretion – Insufficient benefit would be achieved by investigation	1	85
	Discretion – alternative action proposed	2	17
	Discretion - Good complaint handling	10	291
	Discretion – referred back	0	25
	Member of the public test not met (s 5 (6))	0	1
	Premature	1	11
	Right of appeal to court/tribunal/Scottish ministers (s 7 (8))	0	8
	Subject matter not in jurisdiction	0	23
	Time limit (s 10)	0	7
	Unable to proceed	1	21
	Total	16	503
	Investigation	Fully upheld	0
Not upheld		1	22
Some upheld		1	12
Total		2	63
Total Complaints		32	953

West Dunbartonshire Council complaints closed 2019-20

		2019-20	
Stage	Outcome Group	West Dunbartonshire Council	Sector Total
Advice	Complaint - Not duly made or withdrawn	6	248
	Complaint - Out of jurisdiction (discretionary)	0	1
	Complaint - Out of jurisdiction (non-discretionary)	0	8
	Complaint - Outcome not achievable	0	1
	Complaint - Premature	5	233
	Total	11	491
Early Resolution	Not duly made or withdrawn	3	42
	Out of jurisdiction (discretionary)	2	49
	Out of jurisdiction (non-discretionary)	1	44
	Outcome not achievable	0	29
	Premature	1	34
	Proportionality	7	462
	Resolved	0	13
	Total	14	673
Investigation	Fully upheld	0	29
	Not upheld	0	30
	Resolved	0	1
	Some upheld	0	25
	Total	0	85
Total Complaints		25	1249

Year 2020-21	Complaints Received		
	Total Complaints Received	Complaints Received Stage 1	Complaints Received Stage 2
Performance & Monitoring			
People & Technology	0	0	0
Regulatory	18	15	3
Resources	84	73	11
Communications, Culture, Communities & Facilities	31	30	1
Education, Learning & Attainment	107	96	11
Roads & Neighbourhood	216	205	11
Housing & Employability	80	67	13
Regeneration	249	227	22
Totals	785	713	72
Complaint Category			Upheld per ca
Below declared service standard		0	
Citizen expectation not met - quality of service		517	
Citizen expectation not met – timescales		122	
Council policy – charges		6	
Council policy – does not meet criteria		1	
Council policy – level of service provision		8	
Delay in service delivery		0	
Employee behaviour		64	
Error in Service Delivery		56	
Failure to deliver service		9	
Service standards not declared		0	
Contractor		2	
Total		785	

Total complaints closed	Closed at Stage 1	Closed within 5 Working Days	Extension Stage 1	Exceeded S1 deadline after extension ie +10days	Total working days to close Stage 1 complaints	Average working days to close S1
0	0	0	0	0	0	0
9	7	4	2	1	55	8
57	49	26	14	9	408	8
25	24	19	4	1	100	4
80	71	60	6	5	424	6
161	153	114	20	19	877	6
56	43	33	6	4	199	5
189	162	86	30	46	2010	12
577	509	342	82	85	4073	8
	Upheld per category Stage 2	Performance				
		% of complaints closed within SPSO timescales				
0		0 average working days to close Stage 1 complaints				
194		27 average working days to close Stage 2 complaints				
66		7 % of Stage 1 complaints upheld				
0		0 % of Stage 2 complaints upheld				
0		0				
0		0				
		Channel Received				
0		0 E-mail				
19		1 Online Complaints form				
21		0 Internal Complaints form				
3		0 In Writing				
0		0 By telephone				
0		0 Face to Face				
		Social Media				
303		35	TOTAL			

losed						
Closed at Stage 2	Closed within 20 working days	Extension Stage 2	Exceeded S2 deadline after extention ie +25	Total working days to close Stage 2 complaints	Average working days to close S2	Escalated from Stage 1 to 2
0	0	0	0	0	0	0
2	1	0	1	55	28	1
8	5	1	2	112	61	5
1	1	0	0	20	20	0
9	8	0	1	95	29	6
8	1	2	5	223	74	4
13	8	1	4	281	64	7
27	5	4	18	1145	150	7
68	29	8	31	1931	28	30
					80%	
					8	
					28	
					60%	
					51%	
Equalities						
	272	Equality concern raised				0
	372					
	10					
	10					
	121					
	0					
	0					
	785					

Outcome				
Upheld Stage 1	Not Upheld Stage 1	Upheld Stage 2	Not upheld Stage 2	Withdrawn
0	0	0	0	0
3	4	1	1	0
26	23	3	5	0
11	13	0	1	0
36	35	2	7	0
96	57	5	3	0
16	27	4	9	1
115	47	20	7	0
303	206	35	33	1

WDHSCP – Social Work Complaints Data**Period: 1st April 2020- 31st March 2021**

Social Work Services	Total
Children’s Health, Care & Criminal Justice	14
Community Health and Care Services	6
Mental Health, Learning Disability & Addictions	2
Total	22
Subject	
Communication	1
Failure to fulfil statutory responsibilities	2
Failure to provide service	7
Failure to Achieve Standards	3
Data Breach	1
Bias or unfair discrimination	1
Employee Attitude	5
Other	1
Response	
Acknowledged within 3 days	18
Response within 28 days	6
Outcomes	
Upheld	1
Unsubstantiated	2
Partially Upheld	4
Not Upheld	15