



## **Audit, Risk and Assurance Committee Meeting**

<b>Date</b>	2 November 2021
<b>Report title</b>	Internal Audit Update – November 2021
<b>Accountable Chief Executive</b>	Laura Shoaf, Interim Chief Executive
<b>Accountable Employee</b>	Satish Mistry, Interim Director, Law and Governance
<b>Report has been considered by</b>	N/A

**Recommendation(s) for action or decision:**

**The Combined Authority Audit, Risk and Assurance Committee is recommended to:**

Note the contents of the latest Internal Audit Update Report.

## **1.0 Purpose**

1.1 The purpose of this report is to present the Committee with an update on the work completed by internal audit so far, this financial year.

## **2.0 Background**

2.1 In accordance with the agreed work programme for internal audit, the reports provide an independent and objective opinion on the Combined Authority's effectiveness in managing their risk management, governance, and control environment.

2.2 The reports will also feed into the Annual Internal Audit Report that will be prepared at the end of the financial year. The Annual Report will provide an overall audit opinion on the adequacy and effectiveness of the governance, risk management and internal control processes, based upon the outcome of the reviews completed during the year. This opinion can then be used to feed into the Combined Authority's Annual Governance Statement that accompanies the Annual Statement of Accounts.

## **3.0 Wider WMCA Implications**

3.1 There are no implications

## **4.0 Financial implications**

4.1 There are no implications

## **5.0 Legal implications**

5.1 There are no implications

## **6.0 Equalities implications**

6.1 There are no implications

## **7.0 Other implications**

7.1 Not applicable

## **8.0 Schedule of background papers**

8.1 None

## **9.0 Appendices**

9.1 None

This report is PUBLIC [NOT PROTECTIVELY MARKED]



# **West Midlands Combined Authority**

**Internal Audit Update Report – November 2021  
2021-2022**

Delivered by City of Wolverhampton Council – Audit Services

## 1 Introduction

The purpose of this report is to bring the Audit and Risk Assurance Committee up to date with the progress made against the delivery of the 2021 - 2022 internal audit plan.

The Audit, Risk and Assurance Committee has a responsibility to review the effectiveness of the system of internal controls and to monitor arrangements in place relating to corporate governance and risk management arrangements. Internal audit is an assurance function which provides an independent and objective opinion to the organisation on the control environment, comprising risk management, control, and governance.

This work update provides the committee with information on recent audit work that has been carried out to assist them in discharging their responsibility by giving the necessary assurances on the system of internal control.

The information included in this progress report will feed into and inform our overall opinion in our internal audit annual report issued at the year-end. Where appropriate each report we issue during the year is given an overall opinion based on the following criteria:

No Assurance	Limited	Satisfactory	Substantial
Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

## 2 Summary of progress:

The following internal audit reviews have been completed or are currently underway.

Auditable area	AAN Rating	Status and level of assurance	ARAC Meeting (indicative)
<b>2020-2021 Internal Audit Reviews previously reported (will feed into the 2021-2022 opinion)</b>			
Commonwealth Games Transport Plan – TfWM Governance and Management Arrangements	High	Final Issued - Substantial	June 2021
Risk Management	High	Final Issued - Satisfactory	June 2021
Digital Retraining Fund	High	Final Issued - Satisfactory	June 2021
Adult Education Budget	High	Final Issued - Satisfactory	September 2021

Auditable area	AAN Rating	Status and level of assurance	ARAC Meeting (indicative)
<b>2021-2022 Internal Audit Reviews previously reported</b>			
General Data Protection Regulations	High	Final Issued – Satisfactory	September 2021
<b>2021-2022 Internal Audit Reviews completed</b>			
Corporate Complaints Process (appended)	High	Final Issued – Satisfactory	November 2021
Freedom of Information	High	Final Issued - Substantial	November 2021
<b>2021-2022 Internal Audit Reviews in progress</b>			
TfWM COVID 19 Response – Management and Decision-Making Arrangements	High	Drafting report	January 2022
Single Commissioning Framework - Land Fund	High	Drafting report	January 2022
WMCA Key Financial Systems	High	Fieldwork in progress	January 2022
Dudley Interchange	Medium	Fieldwork in progress	January 2022
Longbridge Park and Ride Income Management and Charging Arrangements	Medium	Planning commenced (December 2021)	April 2022
ICT Strategy	High	Planned commenced (December 2021)	April 2022

## Summary

### Freedom of Information

Our review focused on the arrangements in operation for administration of Freedom of Information Act (FOI) and Environmental Information requests. The audit was based on assessment of current arrangements against the Information Commission Office (ICO) FOI self-appraisal checklist. The FOI Act 2000 provides public access to any recorded information held by public authorities in England, Wales and Northern Ireland.

We found no major issues, making green rated recommendations as enhancements to existing arrangements covering documentation of process guidance for internal employees, updating of information on WMCA website and including additional details within FOI request records. All recommendations were agreed for implementation by 30 November 2021.

3 *Forward plan for 2021-2022 scheduled audits*

Auditable area	AAN Rating	Quarter	ARAC Meeting (indicative)
Bid Management Framework	High	Awaiting WMCA response regarding rescheduling	
Local Industrial and Economic Strategy	High	Awaiting WMCA decision regarding deferral	
Affordable Housing Delivery Vehicle	High	Awaiting WMCA response regarding rescheduling	
WM2041 Delivery Programme (Environmental Recovery)	High	Deferred by WMCA – January 2021	April 2022
Inclusive Growth Investment Toolkit	High	4	April 2022
Investment Programme Monitoring and Evaluation Arrangements	High	4	June 2022
Adult Education Budget	High	4	June 2022

4 *Follow-up of previous recommendations*

Through an ongoing cycle of reviews, we continue to monitor the implementation of previous key recommendations, and any major issues of concern relating to their non-implementation, will be reported back to the Audit, Risk and Assurance Committee.

As part of a new working arrangement, the WMCA Internal Audit Liaison Officer will be undertaking the initial preparatory work for each follow-up review, obtaining progress updates, and supporting evidence as and when agreed implementation dates arrive. This is in support also of the WMCA management monitoring arrangements of progress with implementation.

Internal Audit upon referral from the Internal Audit Liaison Officer, will then independently review the progress and supporting evidence, and report accordingly on the progress made with implementation of recommendations. Ultimately, Internal Audit will retain the responsibility for determining if sufficient action has been taken.

Follow up action of the following reviews forms part of this ongoing cycle:

Auditable area	Overall Opinion	Agreed Actions			Number Implemented
		Red	Amber	Green	
<b>Completed (Internal Audit)</b>					
Devolution Deal Objectives and Financial Assumptions, including Business Planning (summary below)	Final issued - Satisfactory	-	2	-	Action still in progress
<b>In progress (Internal Audit)</b>					
Sprint Programme Management Arrangements	Substantial	-	-	4	Scheduled November 2021

Auditable areas	Overall Opinion	Agreed Actions			Number
<b>In progress (Internal Audit Liaison Officer)</b>					
Third Generation Tram Procurement Project Management	Satisfactory	-	2	3	-
Midland Metro Limited Operational Transfer	Satisfactory		2	-	-
West Midlands Rail Limited - WMCA Governance and Management Arrangements	Satisfactory		3	-	-
<b>Forward plan</b>					
Programme and Project Management Framework	Satisfactory	-	3	-	-
WMCA Accessible Transport Services	N/A	-	4	2	-
Environmental Management System	Satisfactory	-	1	1	-
Human Resources Pre-employment checks	N/A	-	2	-	-
Procurement (Covid-19 Response)	Substantial	-	-	1	-
Harvesttime Project Management Arrangements	Substantial	-	-	5	-
Risk Management	Satisfactory	-	1	3	-
Digital Retraining Fund	Satisfactory	-	3	1	-
Commonwealth Games Transport Plan - TfWM Governance and Management Arrangements	Substantial	-	-	3	-
<b>Deferred</b>					
WMCA Governance Arrangements	Substantial	-	-	6	-
Employee Performance Management	Satisfactory	-	1	1	-



# West Midlands Combined Authority

## Final Internal Audit Report: Corporate Complaints Process 2021-2022

**Report Date:** 12 October 2021

**Report Distribution:** Pete Bond - Director of Integrated Transport  
Sarah Jones – Head of Customer Experience  
Lee Eteo – Customer Relations Manager  
Satish Mistry – Interim Director, Law and Governance  
Melva McKenzie - Governance Officer  
Gurmit Sangha - Data Protection and Information Sharing Officer

# 1. Executive summary

## Introduction

An audit of the corporate complaints process was undertaken as part of the approved internal audit plan for 2021 – 2022.

The management of formal complaints falls under the Customer Experience Team. For the period April to June 2021, five Stage 1 complaints had been received and three of these had progressed to Stage 2 of the corporate complaints process.

## Scope and objectives of audit work

Our audit was conducted in conformance with the Public Sector Internal Audit Standards and considered the following objectives, and the potential risks to the achievement of those objectives:

- To seek assurance that the corporate complaints process was operating effectively and in accordance with the WMCA's documented Complaints Handling Procedure as well as adherence to relevant Local Government good practice.

Scope	Potential risks
<p>The scope of the audit covered:</p> <ul style="list-style-type: none"><li>• review of the WMCA policies and procedures around the management of complaints.</li><li>• review of the system and processes for logging complaints and tracking their progress.</li><li>• review of the allocation and resolution process to ensure key indicator targets are met.</li><li>• review of the stage two complaint process undertaken by the WMCA Monitoring Officer</li><li>• review of the process for reviewing and approving cases (if any) that are deemed to be unreasonable complainant behaviour.</li></ul>	<ul style="list-style-type: none"><li>• WMCA does not have acceptable standards for the management of their complaints.</li><li>• WMCA fail to respond to complaints in a timely manner resulting in a reputational risk to the organisation.</li><li>• Complaints are not allocated to the correct officer to provide a thorough and timely response.</li><li>• Ineffective use of resources where complaints have failed to be resolved during stage one.</li><li>• WMCA faces a reputational risk in not allowing legitimate complainants from making a complaint.</li></ul>

### Limitations to the scope of our audit

This review undertook high-level coverage of the above scope areas and sample testing of formal complaints received between April 2021 and June 2021. Reference was made to relevant Local Government good practice.

## Overall conclusion

Our audit provides **satisfactory** assurance over the adequacy of the controls reviewed as part of the process to mitigate risks to an acceptable level.

No Assurance	Limited	Satisfactory	Substantial
Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	<b>There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.</b>	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

## Key issues identified

We have identified three **amber** issues where improvements could be made, arising from the following:

- Details of how to make a complaint to the WMCA was not sufficiently detailed or accessible on either the WMCA or TfWM Websites.
- Documentation detailing the investigation undertaken and resultant outcomes and actions (i.e. service improvements) was not consistently held and in some case no longer held.
- Formal process, monitoring and record keeping covering lessons learnt from complaints investigation regarding identified service improvements was yet to be established.

In addition, we have raised three issues classified as **green** which is detailed in section two of this report.

A copy of this report will be presented to the Audit, Risk and Assurance Committee.

## Examples of good practice identified

During our work we identified the following examples of good practice in the management of risk, as achieved through the effective design and application of controls:

- The WMCA had established Complaints Handling Procedure and a Vexatious Complainant Policy.
- The Complaints Handling Procedure defined how complaints would be processed and by whom as well as who to contact and what information was required.

- The WMCA Vexatious Complainant Policy suitably reflected key points of good practice as outlined within the Local Government Ombudsman guide - Effective Complaint Handling.
- Stage 1 and Stage 2 processes were suitably detailed within the Complaints Handling Procedure.
- The TfWM Customer Experience Team (Customer Relations Manager and Head of Customer Experience) monitored progress of Stage 1 complaints using a dashboard facility within the Customer Relations Management (CRM) system.
- Stage 1 complaints reviewed received a response within the 10-day target set in the Complaints Handling Procedure.
- In accordance with the Complaints Handling Procedure, review of Stage 1 complaints confirmed that these had been referred to the Monitoring Officer as Stage 2 complaints for review and issue of a response to the complainant.
- The complaints reviewed that progressed to Stage 2 received a response within the 20-day target set in the Complaints Handling Procedure.

## Acknowledgement

Several employees gave their time and co-operation during this review. We would like to record our thanks to all the individuals concerned.

## 2. Findings and recommendations

Action is required to avoid exposure to significant risks in achieving objectives  
Amber

### 1. Accessibility and communication

#### Finding:

Whilst procedure and policy were located through the search facility on the WMCA and TfWM websites, there was insufficient guidance and signage to easily direct customers and visitors on how to make complaints and access the procedure / policy directly creating a potential barrier in demonstrating openness and transparency. Neither the search facility or the contact us pages made any reference to complaints and how to make one. Good practice dictates that making a complaint should be simple, accessible, clear, and straightforward.

Testing of the sample of five formal complaints found that in two instances the complainant was not notified of how they could progress their complaint to Stage 2 of the complaint's procedure. In the remaining three, they were notified that they could progress to Stage 2. However, they were not provided with details of how to do this, instead they were given a link to the Complaints Handling Procedure on the website.

Further, the Complaints Handling Procedure located on the websites had not been subject to version control, did not indicate who approved the procedure or when it was to be reviewed. It is understood that the Complaints Handling Procedure was drawn up in July 2019 by the Customer Services Team and that it was approved at Director level, but this had not been evidenced.

#### Implication:

- Unnecessary barriers may limit accessibility leading to customer dissatisfaction with the WMCA's demonstration of openness and transparency and engagement.
- Lack of guidance may lead to an ineffective complaints process.
- Possible increase in unreasonable / vexatious calls if complainant believes they are being ignored

#### Recommendations:

- i. Accessibility and visibility on both the WMCA and TfWM websites regarding how a customer can make a complaint should be reviewed, taking remedial action to ensure making a complaint is simple, accessible, clear, and straightforward, and removing any potential barriers.
- ii. Complainants should be provided with, in the response they receive, greater and direct details and information on what the next stage of the process is, along with the details of who they need to contact to progress to the next stage (as well as links to relevant Procedure and Policy).
- iii. The Complaints Handling Procedure should be reviewed on a suitably regular basis. Where changes are made as a result of review, the revised procedure should be approved in accordance with the relevant WMCA governance arrangements and evidence of this retained
- iv. The Complaints Handling Procedure should include version controls, and review dates along with details of approval.

#### Agreed Actions:

- The Complaints Handling Procedure will update to show dual brands TfWM / WMCA and include reference to the work of TfWM on the front cover to make it easier for customers to understand its scope.
- The Complaints Handling Procedure will be made more prominent on both the TfWM and WMCA websites including on the Contact Us pages.
- Stage 1 Template letter will include a standard paragraph about the customer's rights in the next stage of the process along with contact details and link to further information.
- Stage 2 Template will include a standard paragraph about the customer's rights in the next stage of the process along with contact details and link to further information.
- The Complaints Handling Procedure is being updated as part of the wider recommendations and actions arising from the audit and will be taken to Corporate Management Team for approval before being published.
- Version control and review dates will be added to all future published versions of the Complaints Handling Procedure.

Some of the actions e.g., letter templates can be put in place quickly but those requiring formal sign off and design work before publishing will take longer. Target date reflects the cluster of actions

<b>Responsible Officer:</b> Lee Eteo - Customer Relations Manager	<b>Target Date:</b> 1 January 2022
<b>2. Retention of documents to support complaints</b>	
<p><b>Finding:</b>  Records regarding the investigation and management of complaints was inconsistently held and there was no central repository for such information. Documentation and evidence relating to Stage 1 complaints was held within the CRM System and documentation and evidence to support Stage 2 complaints was held within the Monitoring Officers' inbox (previous and current).</p> <p>Testing had also found that some email correspondence had been retained locally in personal email accounts. As these individuals had now left the organisation, it was not possible to recover these emails as evidence of actions taken to process / investigate complaints.</p> <p>We further noted that as monitoring was undertaken using the CRM system for Stage 1, this did not fully cover Stage 2.</p>	
<p><b>Implication:</b></p> <ul style="list-style-type: none"> <li>• Insufficient audit trail of key documentation to support the investigation and outcome of complaints</li> <li>• Monitoring may not cover all stages of the procedure</li> </ul>	
<p><b>Recommendation:</b></p> <ol style="list-style-type: none"> <li>i. A suitable mechanism for the central retention of both Stage 1 and Stage 2 related documentation and evidence should be established and made accessible to all officers involved in complaints.</li> <li>ii. Where the complaint is still within the timeframe to be referred to the Ombudsmen all information relating to Stage 1 and 2 complaints as applicable (including information in inboxes) should be transferred to the above mechanism.</li> </ol>	
<p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• A Complaints Proforma will be created and completed by the investigating officers for both Stage 1 and 2 formal complaints.</li> <li>• The Proformas will include details of the actions taken and evidence collated to resolve the complaint. Documentation obtained during the investigations will be attached to the Proforma.</li> <li>• When responses to either the Stage 1 or 2 complaint are sent a copy of the Proforma will be saved in the CRM System.</li> <li>• Any complaints that have been resolved but fall within the 12 period, will be reviewed to determine whether it is effective and efficient to retrospectively collate the evidence and save this information centrally.</li> </ul>	
<b>Responsible Officer:</b> Lee Eteo - Customer Relations Manager	<b>Target Date:</b> 1 December 2021
<b>3. Seeking Continuous Improvement</b>	
<p><b>Finding:</b>  Good Practice dictates that complaints should be used as a learning tool and that there is a process in place to capture lessons learnt to help both improve services and prevent the same issues arising again. Local Government Ombudsman covers this under one of the core elements of complaint handling: putting things right.</p> <p>It is understood that where improvements had previously been identified as a result of a formal complaint, they were raised verbally with the relevant service area. However, a formal process for recording and tracking these as lessons learnt to ensure action is taken to bring about improvement was yet to be developed.</p>	
<p><b>Implication:</b></p> <ul style="list-style-type: none"> <li>• Lessons learnt identified as a result of complaints may not be addressed leading to a failure to implement service improvements as well as reputational damage.</li> </ul>	

**Recommendation:**

- i. Where lessons learnt are identified following the investigation of a formal complaint details of these should be made in writing to the relevant service and a copy of this retained with the initial complaint.
- ii. An action log should be established to capture all identified lessons arising from formal complaints to record assignment to responsible officers within service areas, identification of required actions and monitoring of progress to ensure addressed.
- iii. A suitable reporting mechanism should be established to ensure that Senior Management are aware of the identified lessons learnt from the formal complaints received, and progress with actions being taken.

**Agreed Actions:**

- i. The Complaints Proforma being developed will include an “actions for service area” section. Details of the improvements or changes identified will be recorded here and an email will be sent to either the Head of Service of the Service Director detailing the improvements or changes identified.
- ii. An action log will be created to capture any remedial actions that need to be taken that are identified in the management of complaints.
- iii. The log and progress against actions will be reported to Corporate Management Team on a quarterly basis.

**Responsible Officer:**

Sarah Jones - Head of Customer Experience

**Target Date:**

1 January 2022

**Action is advised to enhance risk control or operational efficiency**  
**Green**

**4. Data sharing with third parties****Finding:**

We noted that the published Complaints Handling Procedure implies to customers that their consent will be obtained should their complaint information need to be shared with a third party. We understand that the Procedure does state that on occasion it may be appropriate for the third party to review the complaint under their complaints' procedure. However, clarity in this case and where joint investigations are undertaken regarding data sharing was required due to the wording used within the Procedure.

It has been confirmed by the Data Protection and Information Sharing Officer that legally we do not require a customers' consent to pass their information to a third party. This is because reliance is not being placed on Consent for the lawful basis for processing their information. Instead, reliance is placed on legitimate interest which legally allows for information to be passed on.

**Implication:**

- A customer whose details are referred to a third party may believe that WMCA has not complied with legislation as the published Procedure implies that consent will be obtained.

**Recommendation:**

- i. The Complaints Handling Procedure (including any acknowledgement and notification letters within that process) should clearly and correctly advise on any relevant data sharing arrangements to avoid any confusion.
- ii. The above action should be undertaken in liaison with and agreement of the WMCA's Data Protection Officer.

**Agreed Actions:**

- The Complaints Handling Procedure will be updated to remove the reference to “Consent” in respect of data sharing.
- The Privacy Notice will be reviewed and if necessary updated, to ensure there is clear and easy to understand information about sharing information with third parties with specific reference to complaints handling.
- Stage 1 and Stage 2 acknowledgement templates will be reviewed by the Data Protection Officer and best practice wording applied if identified.
- Stage 1 and Stage 2 outcome letters where the complaint has been referred to the third party for resolution will be reviewed by the Data Protection Officer and best practice wording applied if identified e.g. potential reference to Privacy Notice/how we process information.

**Responsible Officer:**

Lee Eteo - Customer Relations Manager and Gurmit Sangha - Data Protection and Information Sharing Officer

**Target Date:**

1 December 2021

**5. Vexatious Complainants****Finding:**

We found that the roles and responsibility for undertaking initial actions in the Vexatious Complaints Policy had not clearly been allocated.

While the policy stated in 5.2 that *‘the relevant member of staff will issue a warning to the complainant’*, it is not clear who would be classed as a relevant member of staff. This could cause confusion which may lead to an increased level of vexation.

**Implication:**

- Issues escalate unnecessarily causing a negative impact on officer wellbeing and a drain on officer resources and time.

**Recommendation:**

- The Vexatious Complainant Policy should be reviewed and revised to ensure that roles and responsibilities for taking initial actions, making decisions, and issuing warnings are defined and suitably assigned.
- The Vexatious Complainant Policy should be reviewed in conjunction with the officers who are likely to invoke the policy and a set of standard operating procedures should be drawn up that can be followed to ensure that the policy is correctly applied.

**Agreed Actions:**

The Vexatious Complainant Policy will be reviewed and revised in line with the recommendations this will be subject to version control and taken to Corporate Management Team for approval.

**Responsible Officer:**

Sarah Jones - Head of Customer Experience

**Target Date:**

1 January 2022

**6. Demonstrating Best Practice****Finding:**

Having reviewed the Local Government Ombudsman guide to Effective Complaints Handling and the WMCA current procedures and practices we noted several areas where enhancements could be implemented to demonstrate greater adherence to best practice.

These areas included:

- Communicating the rationale for the decisions taken to the complainant.
- Where appropriate notifying the Chief Executive and the Section 151 Officer of specific complaints.
- Detailing the nature of the complaint within Stage 1 holding letters.
- Formally acknowledging through a Stage 2 holding letter to the complainant that their stage 2 complaint had been received and would be investigated.
- Annual reporting to the public on complaint handling performance

We also noted that there was no documented internal standard operating procedure that states the steps that should be undertaken and what should be considered by the Officers when investigating the formal complaints.

In addition, it is understood that the officers dealing with the formal stages of the complaints process have not undertaken any formal training on how to deal with and manage complaints.

**Implication:**

- Adherence to relevant good practice may be difficult to demonstrate.

**Recommendation:**

- WMCA should take action to ensure that current practices are in line with the Local Government Ombudsman guidance covering the 5 key elements of complaint handling and the issues identified above:
  - Identifying and accepting a complaint
  - Defining a complaint
  - Investigating a complaint
  - Making and communicating a decision
  - Putting things right
- Standard operating procedure should be produced to reflect the above in support delivery of the Complaints Handling Procedure
- Formal training should be provided to all officers involved in the handling of formal complaints.

**Agreed Actions:**

- Where enhancements have been identified action will then be taken to implement the enhancement if it is felt these will improve the current process.
- A process map will be developed to show all internal stages of Stage 1 and 2 formal complaints.
- A training pack for people involved in handling formal complaints will be developed and all designated Officers will receive a copy of this.

**Responsible Officer:**

Sarah Jones - Head of Customer Experience

**Target Date:**

1 January 2022

**7. Reporting on Performance****Finding:**

Whilst Key Performance Indicators had been set, reporting on individual indicators was yet to be undertaken. Only the number of formal complaints received per month were reported to the Corporate Management Team. We noted that the performance information obtained from the CRM system showed the overall percentage rate of response but did not include a breakdown for each individual performance indicator.

However, testing found that the KPIs were being achieved:

- Four of the five Stage 1 complaints tested were responded to within 10 working days, in the remaining instance the complaint was passed to a third party who responded directly to the complainant.
- The three complaints progressed to Stage 2 were all responded to within 20 working days.

**Implication:**

- Sufficient performance management information was not provided to support service delivery and improvement

**Recommendation**

A review of current reporting should be undertaken to ensure that management information on all set KPIs is included and reported on a suitably frequent and regular basis at service area level and senior management level.

**Agreed Actions:**

A review will be carried out to determine the content, frequency, and circulation of reporting.

**Responsible Officer:**

Sarah Jones - Head of Customer Experience

**Target Date:**

1 December 2021

## Limitations inherent to the internal auditor's work

This report has been prepared solely for the Combined Authority in accordance with the terms and conditions set out in the terms of reference. Internal audit does not accept or assume any liability of duty of care for any other purpose or to any other party. This report should not be disclosed to any third party, quoted, or referred to without prior consent. Internal audit has undertaken this review subject to the limitations outlined below.

### Internal control

- Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgement in decision making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

### Responsibilities of management and auditors

- It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance for the prevention and detection of irregularities and fraud. Internal audit work should not be a substitute for management's responsibilities for the design and operation of these systems.
- Internal audit endeavours to plan audit work so that it has a reasonable expectation of detecting significant control weakness and if detected, will carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.
- Accordingly, these examinations by internal auditors should not be relied upon solely to disclose fraud or other irregularities which may exist.

Stage	Date
Draft issued	10 September 2021
Exit meeting	21 September 2021
Revised draft issued	22 September 2021
Final issued	12 October 2021
ARAC reporting date	11 October 2021
ARAC meeting date	2 November 2021