

London Borough of Hammersmith and Fulham

Final Internal Audit Report

Members & MP Enquiries, Freedom of Information,  
Subject Access Requests and Complaints

January 2019



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# 1 Introduction

As part of the internal audit plan for 2018/19, agreed by the Audit Committee, we have undertaken an internal audit of Members & MP Enquiries, Freedom of Information (FOI) Requests, Subject Access Requests (SARs) and Complaints at the London Borough of Hammersmith & Fulham.

## 2 Executive Summary

### 2.1 Assurance Opinion

	Nil	Limited	Satisfactory	Substantial
<b>Audit Opinion</b>				

### 2.2 Recommendations Summary

The following table highlights the number and categories of recommendations made.

Area of Scope	Adequacy	Effectiveness	Recommendations Raised		
			High	Medium	Low
Policies, Procedures & Legislation			0	1	0
Receipt, Recording and Allocation of Enquiries, Requests and Complaints			0	1*	0
Review and Issue of Responses			1	2*	0
Exemptions under the Freedom of information Act			0	0	0
Publication Scheme			0	0	0
Appeals			0	2	0
Performance Monitoring and Reporting			1	0	0
<b>Total</b>			<b>2</b>	<b>6</b>	<b>0</b>

\*This recommendation is applicable to both areas.

Please refer to the Appendix 2 for a definition of the audit opinions and recommendation priorities.

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### 3 Summary of Findings

In Internal Audit's opinion, **Limited Assurance** can be given to Members, the Chief Executive and other officers that the controls relied upon at the time of the audit were suitably designed, consistently applied and effective in their application.

The key findings and an assessment of controls are summarised below:

#### **Application of and compliance with controls to address the key risks identified**

- Policies and procedures are in place with regards to Members and MP enquiries, Freedom of Information requests (FOIs), Subject Access Requests (SARs) and complaints and are available on the Council's intranet site for all relevant officers to access. The policies and procedures are also available on the Council's internet site for the public to access. It was, however, noted that the policies and procedures are not reviewed on a regular basis with many of the procedures being dated between 2012 and 2014 or some not dated at all.
- Training and guidance has been provided to officers dealing with the different types of enquiries and requests, including on-the-job training, individual/group training and as part of induction for new employees.
- The H&F In-touch Team are responsible for logging all enquiries, requests and complaints received by the Council on the iCasework system, where a unique reference number is automatically assigned. This was confirmed for a sample of ten Members and MP enquiries, ten FOI requests, ten SARs and ten complaints received between June 2017 and July 2018.
- SARs are required to be made in writing, including name, address and any previous name or addresses, if relevant, to the H&F In-touch Team. When making a request, two original proofs of identity are required to confirm the name and address. List of acceptable documents are detailed on the Council's website. FOIs are required to be made in writing detailing what is required and the preferred format for receiving the information, e.g. email or as paper copy. For a sample of ten SARs and ten FOIs received, no exceptions were noted.
- Enquiries, requests and complaints are required to be acknowledged. Complaints are required to be acknowledged within three days of receipt. Whilst there is no prescribed timeframe within which Members and MP enquiries, FOIs and SARs are to be acknowledged once received, the Head of Contacts stated that they should be acknowledged as soon as they are logged. For a sample of ten Members and MP enquiries, ten FOIs and ten SARs received, we confirmed that they were all acknowledged in a timely manner (within four days, three days and five days respectively). For a sample of ten complaints received, we confirmed that they were all acknowledged within three days of receipt.
- Enquiries, requests and complaints should be promptly assigned by the H&F In-touch Team to the relevant officer for processing. The iCasework system will automatically generate an email which notifies the officer that an enquiry, request or complaint has been assigned to them. Where more than one directorate needs to contribute to the response, a lead officer within H&F In-touch Team will coordinate the response. No exceptions were noted in the sample tested.
- Enquiries, requests and complaints are required to be responded to within the prescribed timescales as detailed below:
  - Member and MP enquiries – Cabinet members (three working days); MP and Councillor (eight working days)
  - FOIs – 20 working days
  - SARs – 40 calendar days
  - Complaints – Stage 1 (15 working days); Stage 2 (20 working days)

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Where there are likely to be delays in responding, the requestor/complainant should be notified and updated on the progress of their request/complaint and provided with reasons for the delay in responding.

- For the sample tested, the following exceptions were noted:
  - Members and MP enquiries – in four of the ten cases the response was not sent within the prescribed timescales. In two of these four cases, a holding letter had been sent to the member explaining the reasons for the delay. However, in the remaining two cases, there was no evidence of the member being notified of the potential delay.
  - FOIs\* – in six of the ten cases, the response was not sent within 20 working days (response was sent after 22-113 days). In another one case, the response had yet to be sent at the time of the audit (after 113 days of receipt of request). There was no evidence of the requestor being notified of the delay in any of these cases.
  - SARs\* – in six of the ten cases, the response was not sent within 40 calendar days (response was sent after 41-112 days). In two of these six cases, the delay was due to the large volume of information that needed to be retrieved and the requestor had been notified of the delay. In the remaining four of the six cases, there was no evidence of the requestor being notified of the delay. In another one case, the response had yet to be sent at the time of the audit (after 77 days of receipt).
  - Complaints – in one of the ten cases the Stage 1 response had not been sent within 15 working days (response was sent after 21 days) and there was no evidence of the complainant being notified of the delay. Four of the ten complaints had been escalated to Stage 2 for which, two were not responded to within 20 working days of receipt of Stage 2 (response was sent after 57 and 58 days).

*\* Good practice is noted in respect of Adult Social Care (Fol and SAR) and Children's Services (Fol) are consistently at single figures for outstanding and 0-1 for overdue requests and have maintained this level of performance for over 12 months, as reported by the Assistant Director Residents' Services.*

- An audit was undertaken by the Information Commissioner's Office (ICO) in February 2017 with regards to compliance with Data Protection Act (DPA) and one of the areas reviewed was in relation to SARs. The audit identified that SARs were not responded to within statutory timescales and a recommendation was made to allocate a permanent dedicated resource within the H&F In-Touch Team to deal with SARs. The Head of Contacts stated that this recommendation is yet to be implemented and, in the meantime, SARs are responded to as and when alongside other requests.
- Copies of responses are required to be retained on iCasework for future reference. For the sample tested, whilst iCasework indicated that a response had been sent, a copy of the response was not found for one member's enquiry, one FOI and one SAR. The Head of Contacts stated that the response may have been sent outside of iCasework and not uploaded onto the system.
- There is currently no requirement for responses to be reviewed and signed off by a senior officer to ensure that they are complete, accurate and appropriate. The Head of Contacts stated that responses to Member's enquiries, FOIs and SARs are sent by officers with the relevant knowledge and experience. However, with regards to responses to Stage 2 complaints, the Assistant Director of Resident Services will be making a recommendation to Senior Leadership Team (SLT) for these responses to be reviewed and signed off by the relevant Service Directors prior to being sent.
- There is currently no process in place for monitoring compliance with policies, procedures and legislation to help ensure that enquiries, requests and complaints are dealt with in accordance with Council policies and legislation. The Head of Contacts stated that they are currently developing a process by which a sample of enquiries, requests and complaints will be checked on a monthly basis or quarterly basis to ensure that they have been correctly recorded,

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allocated, responded to and that all relevant documentation has been uploaded onto iCasework. This will also include a sample of exemptions (detailed below) to ensure that they have been appropriately applied. The results of this exercise will help to identify improvement points which will be addressed via appropriate training to relevant officers. This new process is likely to be implemented by October 2018. Given that management are in the process of implementing this procedure, a recommendation is not being made.

- There are 23 exempt categories of information listed in the Freedom of Information Act. We confirmed that these are clearly listed on the Council's internet site for officers and members of the public to be aware of.
- Where information requested is within an "exempt" category, the requestor is required to be notified of the exemption together with details of the exemption category. The application of exemptions is restricted to two members of the H&F In-touch Team. For a sample of ten FOI requests where the information requested was within an "exempt" category, no exceptions were noted. However, in one case the copy of the response was not found on iCasework.
- The Freedom of Information Act requires each public authority to produce and make available a publication scheme in the interests of openness and accountability. The Information Commissioner's office (ICO) has stated that websites may serve as a Council's guide to information. We reviewed the Council's website, which is updated on a regular basis, and confirmed that a range of information was available and contained links or directs the customer to the location of information.
- Where the customer is unhappy with their response to a FOI request or SAR, either in the information sent or the way the request was handled, the customer can write to the Council's Information Management Team for an internal review outlining their concerns or requirements. The customer also has the right to appeal to the ICO. We confirmed that the customer is made aware of this process via the internet site and the response letter.
- Where a complainant is not satisfied with the Stage 1 response, they have the right to escalate their complaint to Stage 2 by writing to the H&F In-touch Team explaining the reason for their dissatisfaction. Where the complainant is dissatisfied with the Stage 2 response, they have the right to refer the complaint to the Local Government Ombudsman (LGO) and the Housing Ombudsman (HO). We confirmed that complainants are made aware of the options available to them via the internet site and the Stage 1 and Stage 2 response letters.
- Responses to appeals for both FOI and SARs are required to be made within 20 working days of receipt. For a sample of six appeals received (four for FOI and two for SARs), the following was noted:
  - One of the four FOI appeals was not responded to within the prescribed timescales. The response was sent after six months of receipt, although there was evidence of the requestor being kept updated on the delay. In another case the response was yet to be sent at the time of our audit on 14 August 2018, with the due date being 13 August 2018.
  - Neither of the two SAR appeals were responded to at the time of our audit in August 2018 despite them being received in December 2017 and March 2018, although there was evidence of the requestor being kept updated on the delay.
- Where complaints have been referred to the LGO and HO, the Ombudsman will investigate the complaint and rule whether there was "maladministration" on the Council's part. The Head of Contacts oversees all matters relating to the Ombudsman, including responding to the Ombudsman's requests for information. For a sample of ten complaints referred to the Ombudsman, the following was noted:
  - In four cases, the outcome was no "maladministration".
  - In two cases, the outcome was "maladministration" and the Council was required to pay compensation to the complainants.
  - One case was closed after initial enquiry as not in jurisdiction.

- In three cases, the Ombudsman decided not to initiate an investigation.
- Of the six cases which were investigated, in two cases the response to the requests for information was sent after 22 and 48 working days. This is considered to be untimely. In another two cases, we were unable to confirm whether the response was sent in a timely basis as copies of the responses were not found.
- During audit testing, it was noted that on some occasions there were discrepancies between the actual date the request was received or response sent and the date recorded on iCasework. The Head of Contacts stated that officers should be recording the actual receipt dates/response dates instead of the date they input onto iCasework. The specific exceptions were as follows:
  - Three Member's enquiries (Ref: 1107458, 1207323 and 1235206) – received on 30/08/2017, 13/02/2018 and 27/03/2018 but recorded on iCasework as 05/09/2017, 19/03/2018 and 03/04/2018 respectively.
  - Two FOIs (Ref: 1089177 and 1131933) – received on 19/07/2017 and 10/11/2017 and recorded on iCasework as 09/08/2017 and 16/11/2017 respectively.
  - One SAR (Ref: 1126307) – response sent on 29/11/2017 but recorded on iCasework as 20/12/2017.
- We confirmed that weekly reports are generated by the H&F In-Touch Manager and sent to relevant officers within the Council detailing the enquiries/requests/complaints, which are due and overdue. The reports are colour coded, with green being due and red being overdue. We also confirmed that the Assistant Director of Resident Services also sends these weekly reports to all departments within the Council and highlights cases that are unassigned. The relevant officers are required to review these reports and ensure that enquiries/requests/complaints are being responded to within the prescribed timescales.
- The Assistant Director of Resident Services sends a weekly report to the Chief Executive detailing the number of complaints and member enquiries received, closed, outstanding and overdue. This was confirmed for three consecutive weeks in July/August 2018.
- A corporate dashboard has recently been introduced for 2018/19 where data for member enquiries, requests and complaints is to be provided to SLT on a quarterly basis. We confirmed that data had been provided to SLT for quarter one for 2018/19.
- The H&F In-Touch Manager is required to send performance data to the Corporate Information Management Board on a quarterly basis on the number of FOIs and SARs received and handled within the prescribed timescales. We confirmed that this was sent for quarter one for 2018/19.
- The Corporate Complaints Policy requires an annual assurance report to be publicised on the website detailing the number of complaints handled by the Council at each stage; where within the organisation the complaints were handled; and what can be learnt from the complaints. We confirmed that an assurance report for 2016/17 was produced and was available on the Council's internet site. The 2017/18 annual report is in the process of being drafted.
- At the end of quarter one, the performance was as follows:

	Target for responses to be sent within prescribed timescales	Quarter One
Member & MP Enquiries	80%	70%
FOIs	90% (set by ICO)	94%
SARs	80%	23%
Complaints	80%	69%

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- The above indicators show that apart from FOIs, none of the performance targets were achieved for quarter one. There was no evidence of explanations for targets not being met or action plans to be taken to address the underperformance.

#### **4 Acknowledgement**

We would like to thank the following members of staff for their time and assistance during the audit:

- James Filus – Former Head of Contacts
- Karen Sullivan – Assistant Director Resident Services



## Appendix 1: Management Action Plan

### 1. Policies and Procedures

Priority	Issue	Risk	Recommendation
Medium	Whilst policies and procedures are in place with regards to Members and MP enquiries, Freedom of Information requests (FOIs), Subject Access Requests (SARs) and complaints, it was noted that they are not reviewed on a regular basis with many of the procedures being dated between 2012 and 2014 and some not dated at all.	Where policies and procedures are not reviewed and updated on a regular basis, there is a risk of inconsistencies in the way enquiries, requests and complaints are managed and confusion in the handling process.	The Head of Contacts and the Complaints Manager should ensure that policies and procedures are regularly reviewed and updated to ensure that they remain relevant.
<b>Management Response</b>			
It is recognised and accepted that policies and procedures have not been reviewed on a regular basis. Work is currently underway and all policies and procedures will be reviewed by the start of April 2019. Additional governance will be undertaken around version control and an annual review of all policies is committed to. These will be easy to read and interpret, with drop in sessions offered to all staff at the point of review and the necessary induction material updated			
<b>Responsible Officer</b>			<b>Deadline</b>
Head of Contacts / Resident Experience Manager			1 April 2019

## 2. Timeliness of Responses

Priority	Issue	Risk	Recommendation
High	<p>Enquiries, requests and complaints are required to be responded to within the prescribed timescales.</p> <p>For the sample tested, the following exceptions were noted:</p> <ul style="list-style-type: none"> <li>Member &amp; MP enquiries – in four of the ten cases the response was not sent within the prescribed timescales. In two of these four cases, a holding letter had been sent to the member explaining the reasons for the delay. However, in the remaining two cases, there was no evidence of the member being notified of the potential delay; and,</li> <li>FOIs – in six of the ten cases, the response was not sent within 20 working days (response was sent between 22-113 days after the request was received). In another case, the response had yet to be sent at the time of the audit (113 days after receipt of request). There was no evidence of the requestor being notified of the delay in any of these cases.</li> <li>SARs – in six of the ten cases tested, the response was not sent within 40 calendar days (responses were sent between 41-112 days after receipt of request). In two of these six cases, the delay was due to the large volume of information that needed to be retrieved and the requestor had been notified of the delay. In the remaining four of the six cases, there was no evidence of the requestor being notified of the delay. In another case the response had yet to be sent at the time of the audit (77 days after receipt).</li> </ul>	<p>Where responses to enquiries, requests and complaints are not sent within the prescribed timescales and/or requestors/complainants are not notified of potential delays in responding, there is a risk of requests/complaints being escalated and of them being ultimately referred to the Information Commissioner's Office, Local Government Ombudsman or Housing Ombudsman.</p>	<p>Responses to enquiries, requests and complaints should be sent within the prescribed timescales in accordance with policies and procedures. Where there are likely to be delays in responding, the requestor/ complainant should be notified and updated on the progress of their request/complaint and provided with reasons for the delay in responding.</p> <p>All Directors and officers should be reminded of the need to ensure that responses are sent within the prescribed timescales.</p> <p>The process should:</p> <ul style="list-style-type: none"> <li>Identify at an earlier stage where prescribed timescales will not be met and either prioritise the case or send an update.</li> <li>Implement a mechanism to identify outstanding cases where updates have not been issued.</li> <li>Report performance in these areas to DMTs and SLT, including reporting open cases approaching their deadline for completion.</li> </ul>

### Management Response

It was recognised that daily management of the caseload was insufficient. Additional steps were put in place to ensure more accurate and consistent management of all work streams.

A significant amount of work had been undertaken to bring the service up to date, reducing the backlogs and improving overall performance.

There is a shift in culture from reactive to proactive – which will continue to improve engagement with the customer and the timeliness of responses.

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Reports are under review to ensure we monitor upcoming work and plan resource accordingly.

Weekly status reports are now sent to departments on outstanding Member enquiries, stage 1 and FOI/SARS, with director escalation when needed.

Regular meetings with the Housing Department now take place to review outstanding cases and seek speedy resolution. This has resulted in a significant reduction in overdue cases for example overdue Member Enquiries reducing from 98 in October 2018 to 46 in December 2018 and stage 2 from 37 in October 2018 to 8 in December 2018.

Performance is monitored by the Assistant Director of Residents' Service at the weekly operational meetings.

Areas of consistently good practice and high standards have been noted as ASC and Children's services and lessons have been learnt from their approach.

Responsible Officer	Deadline
Head of Contacts / Resident Experience Manager	1 April 2019

### 3. Retention of Responses

Priority	Issue	Risk	Recommendation
Medium	<p>Copies of responses are required to be retained on iCasework for future reference. For the sample tested (ten requests of each type), whilst iCasework indicated that a response has been sent, a copy of the response was not found for the following:</p> <ul style="list-style-type: none"> <li>• one Member's enquiry;</li> <li>• one FOI;</li> <li>• one SAR; and</li> <li>• one FOI exempt response.</li> </ul> <p>The Head of Contacts stated that the responses for these cases may have been sent outside of iCasework and not uploaded onto the system.</p>	<p>Where copies of responses are not retained and uploaded onto iCasework, there is a risk that in the event of a query or request/complaint being escalated, the investigating officer will have no point of reference.</p>	<p>The Complaints Manager should remind all relevant officers of the need to ensure that all documentation, including responses letters, are retained and uploaded onto iCasework.</p> <p>A periodic spot check of cases should be undertaken to gain assurance that responses are being retained.</p>
<b>Management Response</b>			
<p>As part of a system wide review, we have undertaken a review of Icasework. In the short term we are rewriting our guidance policies on all work streams. This will be relaunched as a wider focus around complaints processes and responses, ensuring consistency, transparency and compliance. Quality assurance tools have been built and quality monitoring takes place on cases.</p> <p>In the medium term we will look to replace iCasework with a more user-friendly system and will look at our workflows and processes for efficiency, quality, accuracy and transparency</p>			
<b>Responsible Officer</b>			<b>Deadline</b>
Head of Contacts / Resident Experience Manager			1 April 2019

#### 4. Review of Responses

Priority	Issue	Risk	Recommendation
Medium	There is currently no requirement for responses to be reviewed and signed off by a senior officer. The Head of Contacts stated that responses to Member's enquiries, FOIs and SARs are sent by officers with the relevant knowledge and experience. However, with regards to responses to Stage 2 complaints, these should be reviewed by a senior officer.	Where Stage 2 responses to complaints are not reviewed and signed off by a senior officer, there is a risk that the responses may not be appropriate and that this will be not be identified and addressed prior to them being sent to the complainant.	Procedures should be put in place for Stage 2 responses to complaints to be reviewed and signed off by a senior officer prior to them being sent out. Consideration should also be given to whether all responses should be reviewed and signed off either an officer in the corporate complaints team or by a senior officer in the responding directorate to assure their quality and accuracy.

#### Management Response

The service has introduced a sign-off process for senior officers – Directors or their delegated officers, ensuring transparency and service improvement

As part of the Quality Assurance process developed, we quality checking a percentage of all responses and provide feedback when needed.

We are developing further training and guidance and ensuring tools, such as Better Letters are being implemented.

#### Responsible Officer

Head of Contacts / Resident Experience Manager

#### Deadline

Completed

## 5. Responses to Appeals

Priority	Issue	Risk	Recommendation
Medium	<p>Responses to appeals for both FOI and SARs are required to be made within 20 working days of receipt. For a sample of six appeals received (four for FOI and two for SARs), the following was noted:</p> <ul style="list-style-type: none"> <li>• One of the four FOI appeals was not responded to within the prescribed timescales. The response was sent six months after the appeal had been received. In another case the response had yet to be sent at the time of fieldwork (14 August 2018), with the due date being 13<sup>th</sup> August 2018; and</li> <li>• Neither of the two SAR appeals were responded to at the time of our audit in August 2018 despite them being received in December 2017 and March 2018 respectively.</li> </ul>	<p>Where responses to appeals are not sent within the prescribed timescales, there is risk of the requestor continuing to be dissatisfied which may lead to them to escalate their appeal to the ICO. Persistent or significant failure to respond within timescales could see the Council placed under monitoring arrangements by the ICO.</p>	<p>The Information Management Team should ensure that appeals are responded to within the prescribed timescales.</p> <p>The two cases should be reviewed to establish why a response has not yet been provided.</p> <p>Open appeals approaching their deadline for response should be reported to DMTs and SLT.</p>
<b>Management Response</b>			
<p>The Information Management Team endeavour as far as possible to respond within timelines prescribed externally and in accordance with Council policy. Additional information sent to Internal Audit relating to the specific cases highlighted.</p> <p>A review has taken place on both cases and information sent to Internal audit.</p> <p>Monitoring of compliance with the max. 40 working day timeframe is carried out quarterly and shared with council representatives at the Corporate Information Management Board as well as made available to the Strategic Leadership Team.</p>			
<b>Responsible Officer</b>			<b>Deadline</b>
E Crow (Interim Head of Information and Data Protection Officer)			Completed

## 6. Responses to the Ombudsman

Priority	Issue	Risk	Recommendation
Medium	<p>The Head of Contacts oversees all matters relating to the Ombudsman, including responding to the Ombudsman's requests for information.</p> <p>For a sample of ten complaints referred to the Ombudsman, in two cases the response to the requests for information was sent between 22 and 48 working days after receipt. This is considered to be untimely. In another two cases, we were unable to confirm whether the responses were sent on a timely basis as copies of the responses were not found in either iCasework or in the shared mailbox.</p>	<p>Where responses to the Ombudsman are not sent in timely manner, there is a risk of the Ombudsman having to follow-up on a non-response leading to reputational damage for the Council.</p> <p>Where copies of responses are not found, there is a risk of the H&amp;F In-touch Team being unable to demonstrate that a response was sent. There is also a risk of there being no point of reference in the event of follow-up or query.</p>	<p>The Head of Contacts and the Complaints Manager should ensure that responses to the Ombudsman are sent promptly and that the responses are uploaded onto iCasework.</p> <p>Consideration should be given to drafting a brief timetable, where practical, to allow the process of preparing the response to be tracked.</p>
Management Response			
<p>The Resident Experience Manager has reviewed how Ombudsman requests are dealt with and established a process for logging and tracking requests and target dates to ensure deadlines are met. All Ombudsman enquiries are now sent to one inbox which is monitored daily and all requests for information, requests to departments, responses from department and final responses to the Ombudsman are all sent and received here and organised into case files.</p> <p>A meeting with the Local Government and Social Care Ombudsman (LGSCO) in November 2018 reported no major concerns.</p> <p>The Resident Experience Manager has spoken with the LGSCO and the HO and now receives quarterly reports on Decisions and cases in progress so that she can monitor cases that are being investigated and responses from LBHF to those investigations.</p> <p>An annual report is built into our reporting timeline to ensure learning and service improvement from ombudsman cases.</p>			
Responsible Officer			Deadline
Head of Contacts / Resident Experience Manager			1 February 2019

## 7. Details on iCasework

Priority	Issue	Risk	Recommendation
Medium	<p>When testing a sample of cases, it was identified that, in some instances, there were discrepancies between the actual date the request was received or response sent and the date recorded on iCasework. The specific exceptions were as follows:</p> <ul style="list-style-type: none"> <li>• Three Member's enquiries (Ref: 1107458, 1207323 and 1235206) – received on 30/08/2017, 13/02/2018 and 27/03/2018 but recorded on iCasework as 05/09/2017, 19/03/2018 and 03/04/2018 respectively;</li> <li>• Two FOIs (Ref: 1089177 and 1131933) – received on 19/07/2017 and 10/11/2017 and recorded on iCasework as 09/08/2017 and 16/11/2017 respectively; and</li> <li>• One SAR (Ref: 1126307) – response sent on 29/11/2017 but recorded on iCasework as 20/12/2017.</li> <li>• In one of the above cases, (Member's enquiry Ref: 1107458), the error would report this case as having been responded to within the prescribed timescales when in fact it was not.</li> </ul>	<p>Where the dates recorded on iCasework are not the actual date of receipt of request or response sent, there is a risk of confusion with regards to when the action was taken. There is also risk of incorrect management information being generated as a result, which could lead to inappropriate decisions being made.</p>	<p>The Complaints Manager should remind officers of the need to ensure that the actual dates are recorded on iCasework. Periodic checks should be undertaken on a sample basis to ensure that dates have been correctly recorded.</p>
<b>Management Response</b>			
<p>Additionally, training has been undertaken with the internal complaints team, who log cases. Report and tracking of cases on a weekly basis ensures accuracy of record. Periodic checks are undertaken by the InTouch Manager as part of the Quality Assurance process.</p>			
<b>Responsible Officer</b>			<b>Deadline</b>
Head of Contacts / Resident Experience Manager			1 February 2019




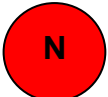


## 8. Performance Indicators

Priority	Issue	Risk	Recommendation
High	<p>Performance figures in respect of responding to Member's enquiries, SARs and complaints within the prescribed timescales was below target for quarter one. There was no evidence of explanations for targets not being met or action plans to address the underperformance. The performance for quarter one was as follows:</p> <ul style="list-style-type: none"> <li>• Member's enquiries – 70% (Target 80%)</li> <li>• SARs – 23% (Target 80%)</li> <li>• Complaints – 69% Target (80%)</li> </ul>	<p>Where explanations are not recorded or action taken to address the underperformance, there is a risk that poor performance will persist leading to the requests and complaints being escalated. There is also a risk of the Council being placed in special measures by the ICO with regards to SARs and FOIs.</p>	<p>Where performance is below target, the Head of Contacts and Complaints Manager should provide explanations for the targets not being met, together with action to be taken to address underperformance.</p>
Management Response			
<p>Performance is monitored by the Assistant Director at weekly operational meetings and with weekly reports escalated to all departments. Regular updates to SLT take place on all performance measures and a corporate mechanism is in place for transparency.</p> <p>Regular meetings take place with IMT to look at outstanding SARs and review requests.</p> <p>We have created a Council wide policy and guidance slides for staff to be able to process and complete SARs and that is now with IMT for implementation and training across the services.</p> <p>Regular meetings with the Housing department now take place to review outstanding cases and seek speedy resolution.</p> <p>Wider reporting will be explored to include services delivering regular improvement narrative and action.</p>			
Responsible Officer			Deadline
Head of Contacts / Resident Experience Manager			01 May 2019

## Appendix 2: Definition of Assurance Opinions and Recommendation Priorities

In order to help put the audit opinion and recommendation priority ratings in context the following tables detail the current ratings used by Internal Audit.

Rating	Description
	There is a sound system of control designed to achieve the objectives. Compliance with the control process is considered to be substantial and no material errors or weaknesses were found.
	While there is a basically sound system, there are weaknesses and/or omissions which put some of the system objectives at risk, and/or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.
	Weaknesses and / or omissions in the system of controls are such as to put the system objectives at risk, and/or the level of non-compliance puts the system objectives at risk.
	Control is generally weak, leaving the system open to significant error or abuse, and/or significant non-compliance with basic controls leaves the system open to error or abuse.

Priority	Description
<b>High</b>	Recommendation addresses fundamental weaknesses, which seriously compromise the effective accomplishment of the system's objectives. Risks presented by the control weaknesses could be damaging in the short term. The management action required should be implemented as soon as possible, certainly within 0-3 months.
<b>Medium</b>	Recommendation addresses serious weakness, which affect the reliance to be placed on the system. Risks presented by control weaknesses could be damaging in the medium term. Management action is required within 0-6 months.
<b>Low</b>	Recommendation addresses minor weaknesses, or suggests a desirable improvement. Risks presented by control weaknesses are unlikely and inconsequential. Management action is recommended to address concerns within 0-9 months.

## Appendix 3: Audit Scope, Limitations & Inherent Risks

This audit was a full risk based review of the arrangements for Members & MP Enquiries, Subject Access Requests, Freedom of Information requests and Complaints and included the following areas:

Ref	Audit Area – Description	Comments on Coverage / Area Objectives
1	Policies, Procedures & Legislation	<p>Policies and procedures are in place and regularly reviewed to ensure that staff administer all requests (Members and MPs enquiries, Subject Access Requests, Freedom of Information requests) and complaints in accordance with Council policy and legislative requirements.</p> <p>Policies and procedures are readily available to all staff and members of the public.</p> <p>Training is provided to staff to enable them to carry out assigned roles and responsibilities effectively.</p>
2	Receipt, Recording and Allocation of Enquiries, Requests and Complaints	<p>All Enquiries, Requests and Complaints are logged and an acknowledgement provided to the applicant within the specified timescales.</p> <p>All Enquiries, Requests and Complaints are promptly allocated to the correct officer for processing. Where more than one directorate needs to contribute to the response, a lead officer is identified to coordinate the response.</p>
3	Review and Issue of Responses	<p>Enquiries, requests and complaints are responded to within specified deadlines. Responses are reviewed and signed off by a senior officer (where appropriate) before issue to ensure they are complete, accurate and appropriate. Responses are retained for future reference.</p> <p>Procedures are in place for monitoring compliance with policies, procedures and legislation.</p>
4	Exemptions under the Freedom of Information Act	<p>Exemption categories are clearly listed and the requestor notified where information has been requested that is within an “exempt” category.</p> <p>Responses which cite exemptions are reviewed to ensure that exemptions have been appropriately applied.</p>
5	Publication Scheme	<p>The information the Council is required to publish is available on the Council’s website and updated in a timely manner.</p>
6	Appeals	<p>Adequate processes are in place to respond to appeals and in a timely manner. Responses to appeals are completed and appropriately approved prior to issue.</p>

Ref	Audit Area – Description	Comments on Coverage / Area Objectives
7	Performance Monitoring and Reporting	<p>There is active monitoring of departments progress in complying with timescales for responding to requests and complaints.</p> <p>There is an escalation process in place for requests and complaints not responded to in order to ensure that they do not become overdue.</p> <p>Performance regarding the processing of all types of requests and complaints is monitored and reported. Areas of poor performance are promptly identified and appropriate action taken to address and improve performance.</p> <p>Timely and accurate performance management information is provided to management for review.</p>

## Limitations to the Scope of the Audit

The following limitations to the scope of the audit were agreed when planning the audit:

- The work will be undertaken using a risk based approach and testing will be on a sample basis to verify compliance;
- The records maintained by third parties to the Council will not be reviewed and are outside of the scope of this audit;
- The audit review does not provide absolute assurance that material error, loss or fraud does not exist; and
- The audit will not cover statutory complaints in relation to adults social care services and children’s services.

Management should be aware that our internal audit work was performed in accordance with the Public Sector Internal; Audit Standards which are different from audits performed in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board.

Similarly, the assurance gradings provided in our internal audit report are not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board.

Our internal audit testing was performed on a judgemental sample basis and focussed on the key controls mitigating risks. Internal audit testing is designed to assess the adequacy and effectiveness of key controls in operation at the time of the audit.

Please note that, in relation to the agreed scope, whilst our internal audit will assess the efficiency and effectiveness of key controls from an operational perspective, it is not within our remit as internal auditors to assess the efficiency and effectiveness of policy decisions.

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## Inherent Risks

The risks listed below are **potential** inherent risks which are common for any organisation of this type:

- Breach of the legislation.
- Data breaches leading to reputational damage
- Requests not responded to within statutory timeframes.
- Poor performance persists with no corrective action taken.

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## Appendix 4: Timetable and Distribution List

Stage	Date
End of Fieldwork	10/09/2018
Draft Report Issued	10/12/2018
Responses Received	14/01/2019
Final Report Issued	16/01/2019

Audit Team
James Graham - Client Engagement Manager
Kanta Patel - Auditor
Auditee
James Filus – Head of Contact Centre
Client Sponsor
Sharon Lea – Director of Resident Services

Report Distribution List
Sharon Lea – Director of Resident Services
Karen Sullivan – Assistant Director Resident Services
James Filus – Head of Contact Centre

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Recommendations for improvements should be assessed by management for their full impact before they are implemented. The performance of internal audit work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Auditors, in conducting their work, are required to have regards to the possibility of fraud or irregularities. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. Internal audit procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our audit work and to ensure the authenticity of these documents. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

This report is prepared solely for the use of Audit Committees and senior management of the London Borough of Hammersmith and Fulham. Details may be made available to specified external agencies, including external auditors, but otherwise the report should not be quoted or referred to in whole or in part without prior consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended for any other purpose.