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Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Audit Committee

Wednesday 23 November 2022

6.00 pm

The Telford Room, Addenbrooke House, Ironmasters Way,
Telford, TF3 4NT

Democratic Services: Jayne Clarke 01952 383205

Media Enquiries: Corporate Communications 01952 382406

Committee Members: Councillors N A M England (Chair), C F Smith (Vice-Chair), V J Holt, J E Lavery, A Lawrence, W L Tomlinson and B Wennington

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	To receive a verbal report on the Audited Annual Statement of Accounts 2021/2022.	
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	It is recommended that the press and public be excluded from the meeting for the remaining item of business on the grounds that it may involve the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Local Government Act 1972.	
10.0	Cases Update	Verbal Report
	To receive a verbal report.	

AUDIT COMMITTEE

Minutes of a meeting of the Audit Committee held on Tuesday, 19 July 2022 at 6.00 pm in The Telford Room, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillors N A M England (Chair), V J Holt, J E Lavery, C F Smith (Vice-Chair) and B Wennington

In Attendance: J Clarke (Senior Democracy Officer (Democracy)), T Drummond (Principle Auditor), P Harris (Finance Manager - Corporate & Capital Finance), R Montgomery (Audit & Governance Team Leader) and E Rushton (Group Accountant)

Apologies: Councillors W L Tomlinson

AU39 Declarations of Interest

None.

AU40 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 26 May 2022 be confirmed and signed by the Chair.

AU41 Treasury Management - 2021/22 Annual Report and 2022/23 Update

The Finance Manager presented the Treasury Management 2021/22 Annual Report and 2022/23 Update.

The Treasury Portfolio at year end was £246.2m which was a reduction on the previous year end of £14.2m. In 2021/22 the borrowing strategy was to use temporary borrowing, taking advantage of low interest rates and look at longer term borrowing when conditions were favourable. The investment strategy was to gain maximum benefit with the security of the capital being the key consideration. In relation to the overall outturn, a net over-achievement of £4.425m had been delivered resulting from a mix of cash flow benefits and the use of short term borrowing and locking into longer term borrowing when conditions were favourable.

The Treasury Portfolio at end of May 2022 reported a net indebtedness of £270.2m, a slight increase on borrowing with a reduction in investments; the strategy for 2022/23, which is in line with that of the previous year, was approved at Full Council on 3 March.

In May 2022 the Council launched a Municipal Investment Loan which was a new source of borrowing and was an alternative to PWLB borrowing which would specifically support the Council's climate change agenda.

The Group Accountant reported on the Annual Treasury Management Review in Appendix 1 and confirmed that the Council had met the requirements of the CIPFA Code of Practice and the Prudential Code.

Key details within the Annual Treasury Management Review 2021/22 included latest information relating to 2022/23 including Prudential and Treasury Indicators. The financial monitoring report presented to Cabinet in July included a projected benefit of £2.5m from treasury management activities in 2022/23.

RESOLVED – that:

- a) the contents of the report be noted;**
- b) the performance against Prudential Indicators be noted; and**
- c) the report be recommended to Full Council.**

AU42 External Auditor's Annual Report

Grant Thornton, External Auditors, gave a brief verbal update on the Annual Report in respect of the conclusion of the Value for Money 20/21 audit.

Reports had been issued which had gone to the Finance Team for initial comment. The S151 Officer was due to give a response the report and had not been circulated to Members at this point. The Child Sexual Exploitation (CSE) Report had been published in the interim and they needed to take some time to review the report and ensure that there was nothing relevant for the 2021 conclusion.

Once the report had been reviewed it would be circulated for comment to Members and it would be brought to the next Audit Committee meeting.

Grant Thornton gave an update on the 2021/22 External Audit. The External Audit was underway and a fieldwork visit would take place in order to reach a conclusion on the 2021/22 financial statements. They were working towards the end of the first phase of audits and were currently collecting samples and undertaking control environment work. It was envisaged that the report would be available for the Autumn Committee and the statutory deadline for completion of the Audit was 30 November 2022.

The External Audit was restricted by the Audit of Shropshire Pension Fund and they were unable to sign off the audit until this was completed. Sign off of the Accounts would be subject to assurance being given.

Members noted the verbal report.

AU43 Publication of Information on Councillors who Traded with the Council during 2021/2022

The Audit & Governance Lead Manager presented the report on the Publication of Information on Councillors who Traded with the Council during 2021/2022.

As part of the annual accounts process, Councillors were asked to disclose any interest they had in a company/companies that received a payment from the Council. This information was shown annually in the Final Accounts presented to the Audit Committee.

In 2021/2022 two Councillors were directors of companies who had received payments from the Council and details could be found within the report.

This information would be published on the Council's website.

Members noted the report.

AU44 Strategic Risk Register Update

The Audit & Governance Lead Manager presented an update on the Strategic Risk Register.

The Register held the key strategic risks the authority faced which were mirrored in the current register and the mitigation actions in order to manage the risk. These risks included the recent hot weather, climate change and business continuity.

Nationally the risk of cyber security had increased due to an increasing number of ransomware and cyber attacks. The Council's controls and measures to manage risks were listed in the register.

The register would be reviewed on an ongoing basis and was formally presented to the Council's Senior Management Team on a regular basis.

During the debate some Members raised whether the Council had any strategy in relation to buying non-ethical products from other countries.

The Audit & Governance Lead Manager confirmed that the Procurement Team had policies in place in relation to modern slavery but that he would make further enquiries with the Climate Control Officers and he would report back outside of the meeting.

The Chair reported that Scrutiny Committees had undertaken work on this subject.

Members noted the report.

AU45 Internal Audit Update Report

The Principal Auditor presented the Internal Audit Update Report which updated Members on the progress made against the 2022/23 Internal Audit

Plan, completion of the 2021/22 Internal Audit Plan and recent work undertaken by Internal Audit.

There had been one limited assurance report, two reasonable reports and two good reports issued during May-June 2022 and improvements had been made on all previous reports.

Appendix 1 to the report gave details of the 2022/23 Audit Plan which was approved by Audit Committee in May 2022. Three audits had been completed and two were currently in progress. Amendments to the Plan had been made due to resource issues and unplanned work which had meant one probity audit and 1 school audit had been deferred to the 23/24 plan (totalling 25 days). There had been one additional unplanned grant audit added to the plan.

Members noted the report.

AU46 PSIAS External Assessment Outcome

The Audit & Governance Lead Manager presented the report on the PSIAS External Assessment Outcome.

The Public Sector Internal Audit Standards (PSIAS) contained a requirement for an external assessment of the Internal Audit function took place every five years and the report presented the summary of its findings from the Council's recent external assessment.

In January 2022 the Audit Committee agreed they would use a hybrid delivery model for the external assessment with the Internal Audit Team completing its own detailed self-assessment. This was then verified by CIPFA who were chosen to undertake the external assessment element.

The Audit & Governance Lead Manager was proud to report that CIPFA's opinion was that the Council's self-assessment was accurate and fully conformed to the requirements of the PSIAS and the CIPFA Local Government Application Note. It was an extremely positive report and was very complimentary, with one area being recommended as a national exemplar and it reflected the good work of the team.

There were six very minor observations which would be implemented fully at the appropriate time.

The Chair congratulated the Team on their achievement.

Members noted the report.

AU47 Exclusion of the Press and Public

It was recommended that the press and public be excluded from the meeting for the remaining item of business on the grounds that it may involve the likely

disclosure of exempt information as defined in paragraph 3 of Part 1 of schedule 12A of the Local Government Act 1972.

AU48 Update on Fraud Prevention work

The Audit & Governance Lead Manager presented a verbal update on Fraud Prevention Work.

Members noted the verbal report.

The meeting ended at 6.33 pm

Chairman:

Date: Wednesday, 23 November 2022

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Telford & Wrekin
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Borough of Telford and Wrekin

Audit Committee

23 November 2022

Customer Feedback Reports for 2021-22

Cabinet Member:	Cllr Rae Evans - Cabinet Member: Finance, Governance and Customer Services
Lead Director:	Felicity Mercer – Director: Communities, Customer and Commercial Services
Service Area:	Customer Relationships and Welfare Services
Report Author:	Lee Higgins - Service Delivery Manager: Customer Relationships and Welfare Services Rebecca Zacharek - Customer Relationship and Quality Assurance Team Leader
Officer Contact Details:	Tel: 01952 383890 Email: rebecca.zacharek@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not key decision
Forward Plan:	Not Applicable
Report considered by:	Business Briefing - 08/09/2022 Cabinet - 22/09/2022

1.0 Recommendations for decision/noting:

- 1.1 It is recommended that Cabinet review the Customer Feedback Reports for 2021-22 in respect of Adult Statutory Complaints, Children's Statutory Complaints and Corporate Customer Feedback and the Local Government and Social Care Ombudsman Review Letter 2022.

2.0 Purpose of Report

- 2.1 The purpose of this report is to update Cabinet on the Council's Customer Feedback between 1 April 2021 and 31 March 2022 and to provide assurance that the Council's response to complaints is effective and that services are learning from complaints and wider customer feedback and continuously improving.

3.0 Background

- 3.1 The Council has a well-established mechanism for customers to tell us when things have gone well, they have received an excellent service, or we have exceeded their expectations. Compliments are shared across the Council and within teams, to inspire, motivate and build confidence and ensure that shared examples of best practice are used to help develop services.
- 3.2 Our Customer Strategy launched in January 2021 outlines our ambitions to work with our customers to develop quality services that are accessible to all, while making every contact count. As part of our established Customer Insight Programme, we have recruited Mystery Customers who help us to review our services from the customers' perspective, providing valuable feedback that allows our services to continually improve.
- 3.3 Our customers can also seek advice and support from the Council's Leader, Cabinet and Members via our Cabinet and Member Enquiry processes, which also allows any trends to be identified and highlights any service development opportunities.
- 3.4 To demonstrate effective complaint handling the Council produces an annual report on complaint handling for Children's Statutory Complaints, Adult Statutory Complaints and Corporate Feedback. These reports can be found at Appendices A, B and C.
- 3.5 This year has seen new challenges both for the Council and for our residents and customers, against the backdrop of COVID 19 and the subsequent aftermath. The increase in the cost of living has also put significant pressure on our residents and customers as they seek support. As a result, the Council has seen significant demand for and increased pressure on its services, particularly during times where swift mobilisation of financial support was required.
- 3.6 In January 2022, the Council continued its commitment to improve our customers experience by becoming members of the Institute of Customer Services (ICS). We aim to work with the ICS to reinforce our Customer Strategy actions and continue to analyse our customers' journeys to improve our services. Membership also allows us to benchmark the Council against similar organisations and share ideas.
- 3.7 The ICS are reporting that complaints are increasing across all organisations in the UK and are at their highest ever level, citing that customers' expectations have changed following the swift mobilisation of businesses during the pandemic, with the pandemic also allowing customers the opportunity to put a lens on their likes and dislikes.
- 3.8 The ICS Customer Behaviours Report highlights that there has been a significant change in customer behaviour in the last two years where customers are becoming less tolerant and that they also want to hold organisations to account, there is also now a heightened expectation for organisations to act quicker.

4.0 Summary of main proposals

4.1 The Corporate Feedback Report shows that there has been a sustained increase in compliments which has continued to increase year on year. The number of residents and customers who have taken the opportunity to give a compliment in this reporting period has increased significantly by 21%. Telford and Wrekin Council overall has seen a 64% increase in compliments in the last 3 years.

4.2 Our first Institute for Customer Services (ICS) business benchmarking survey was completed by customers. Telford and Wrekin Council scored 72.1, on the UK Customer Service Index. This is a strong score particularly when compared to the average of 64.4 for other local councils. A score of 4.2 was also received for Customer Effort (reflected in a low score the lower the score the more positive the result), this is a strong score compared with the average for other local councils of 6.1.

4.3 The Customer Insight Programme now has 175 volunteers who have registered with us as Mystery Customers now undertaking assignments and helping us shape and improve our services. We have seen a 38% increase in volunteers during 2021/22.

4.4 A total of 759 complaints were received across the Council in 2021/22 from 733 complainants, which, in the context of the many thousands of transactions and interactions that take place across the organisation in a week remains an incredibly small proportion and less than 1% of all transactions. To provide some context, the Council emptied 10.3 million bins during 2021/22, and handled 239,837 calls to our Corporate Contact Centre, resurfaced 49km of roads, replaced 97km of road markings and welcomed approximately 1 million visitors to its Leisure Centres. In line with the national trend reported by ICS, we have seen an increase of complaints received across the Council in 2021/22.

4.5 In March 2021 complaints about council policy and anonymous complaints were formally included in our reporting, accounting for 8 complaints and 13 complaints, respectively.

4.6 The number of Adult Statutory Complaints and Children's Statutory Complaints decreased in the year to the lowest number received in 6 years and 7 years, respectively.

4.7 Corporate Feedback Report (Appendix 1)

4.7.1 The number of residents and customers who have taken the opportunity to give a compliment has increased significantly by 21%. There has been a sustained increase in compliments in the last 3 years from 290 in 2019/20 to 475 in 2021/22.

4.7.2 As part of our membership with the Institute of Customer Services (ICS), we are able to benchmark our services against organisations across the UK. Our first

survey was considered as a starting point from which we could measure our improvement over the next 3 years. Early indications suggest that we have a strong starting point from which to improve.

- 4.7.3 Most significantly our customer effort score (reflected in a low score), which reflects the effort our customers must make to access our services, scored 4.2. This is a clear indicator that improvement to our online offer and service access has worked.
- 4.7.4 During 2021/22 the Customer Insight Programme completed a number of deep dives and snapshot Reviews of our front facing buildings, Customer Insight Officers have been undertaking 'Everything Speaks' reviews of these locations. Everything Speaks reviews look at any detail that could impact on our customer's experience from broken equipment, unprofessional formatting of displays or litter. It must be noted that these reviews are not restricted to just physical locations. We have encouraged our workforce to continually think about the image that is given to our customers and report any Everything Speak observations and recommendations to their managers.
- 4.7.5 Alongside the Snapshot reviews Mystery Customers have also completed further digital reviews and have had the opportunity to test some new apps before go live including the new MyTelford, MyTLC app and the new Leisure Services Website. These online reviews and user ability testing help to design an app or a website that the community can easily use.
- 4.7.6 During the year 99 Customer Insight assignments were completed with 86% satisfaction with the experience when using the Council's services.
- 4.7.7 Since April 2021, posters have been located in all front facing buildings asking our customers to comment on the service that they received. These short surveys can be accessed by scanning a QR code on a smart phone or via a website link. They are designed to take a maximum of 30 seconds to complete. These surveys continue to be deployed with posters most recently being placed at the Independent Living Centre and Sky Reach in Telford Town Park. Any comments received as part of these surveys are shared with services instantly so they can consider if improvements can be made.
- 4.7.8 As well as Compliments and Complaints the Customer Relationship Team manages the Leader and Cabinet enquiry process, Member enquiry process and also MP enquiries. During 2021/22 a total of 674 Leader and Cabinet enquiries were received a 41% increase on the year before. Whilst there was an increase, 90% of responses were responded to within the timescales.
- 4.7.9 Of the 702 corporate complaints that were responded to in the year just over half (356) were partly or fully upheld, this is where services have acknowledged that we could have done better. 81% of corporate complaints were responded to within the 15 working day target time scale, broadly in line with the 82% achieved in 2020/21.

- 4.7.10 The service area which received the majority of the Corporate Complaints was Neighbourhood and Enforcement Services, followed by Communities, Customer and Commercial Services. This is an indication of the ubiquitous nature of these services in the day to day lives of every resident and visitor to the Borough, such as refuse collection, highways maintenance and the maintenance of open spaces. Neighbourhood and Enforcement Services also received the highest level of positive feedback during the year.
- 4.7.11 During 2021/22 the Council has continued to respond to corporate complaints in an average of 12 days (maintaining the average response timescale achieved in 2020/21), which is well within the 15 working day timescale. Given the increase in complaints received the Council continues to perform well in terms of response timescales.
- 4.7.12 Of the 702 complaints received, 57 were escalated to Stage two of the procedure with 13 partly or fully upheld. This represents an increase on the 29 received in 2020/21. The average number of days to complete a full investigation has increased to 41 working days, this is still well within the extended timescale of 65 working days as outlined in the complaints policy.
- 4.7.13 All of the 356 complaints partly or fully upheld have been reviewed to ensure wider learning to avoid such issues occurring in the future. There are no major trends or common themes that have led to complaints being reported.
- 4.7.14 Examples of positive improvements resulting from learning following complaints can be seen at page 27 of the Corporate Feedback Report (Appendix A).

4.8 Adult Statutory Complaint Report (Appendix 2)

- 4.8.1 We received 33 Adult Statutory complaints in 2021/22, a decrease on the 38 received in 2020/21 and lowest number received in 6 years. Of the 33 complaints completed, 58% (19) were upheld.
- 4.8.2 In 2020/21 the average number of days to respond to an Adult Statutory complaint across all portfolios was 53 working days however in 2021/22 these timescales significantly reduced to 33 working days.
- 4.8.3 Examples of positive improvements resulting from learning following complaints can be seen from page 10 of the Adult Statutory Complaint Report (Appendix B).
- 4.8.4 Our Adult Social Care service continue to work in co-production with residents to modernise, develop and design services across the borough that are future proof. Our co-production framework in adult social care supports an ethos of getting people involved whether being a part of the specialist partnership boards, Making it Real board, and the feedback forms. A current example of this in action is the Ageing-Well Strategy, which is being actively developed with residents who are experts by their experience, with support from the Making It Real board, who include members who have lived experience of accessing our services with additional needs.

4.9 Children's Statutory Complaint Report (Appendix 3)

- 4.9.1 We received 24 Children's statutory complaints in 2021/22 a decrease on the 29 received in 2020/21 and the lowest number received in 7 years. All were dealt with at Stage One, with one progressing to an independent Stage Two investigation during the year. No Stage 3 panels were completed in 2021/22.
- 4.9.2 Of the 24 complaints completed in the year, 71% (17) of the complaints were upheld.
- 4.9.3 The average number of days to respond to Children's Statutory Complaints during the year was 14 working days, which is a significant improvement on the 23 days achieved in 2020/21 and is within the extended timescale outlined in the regulations, indicating a clear improvement during the year.
- 4.9.4 Examples of positive improvements resulting from learning following complaints can be seen from page 9 of the Children's Statutory Complaint Report (Appendix C).

4.10 Local Government and Social Care Ombudsman Annual Review 2022 (Appendix 4)

- 4.10.1 During 2021/22 a total of 36 complaints were escalated to the Local Government and Social Care Ombudsman, 4 detailed investigations remained open on 31 March 2022.
- 4.10.2 During the year the Local Government and Social Care Ombudsman made the decision that 27 complaints were premature, or the Ombudsman decided not to further investigate. There were 11 detailed investigations completed in 2021/22 a slight increase on the 9 investigated in 2020/19, and the Local Government and Social Care Ombudsman has confirmed that 8 complaints were upheld, in line with the number upheld in the previous year.
- 4.10.3 In all cases where fault was found the Local Government and Social Care Ombudsman was satisfied that the Council successfully implemented their recommendations. In two cases the Local Government and Social Ombudsman was satisfied that the Council has provided a satisfactory remedy before the complaint reached them.
- 4.10.4 In each upheld case the Council has taken learning forward to improve practices in relation to the faults identified, apologies have also been given to customers in these cases.

5.0 Alternative Options

- 5.1 Not applicable

6.0 Key Risks

- 6.1 Ineffective handling of complaints and management of the complaints procedures may result in reputational damage to the Council.

7.0 Council Priorities

- 7.1 A community- focussed, innovative Council providing efficient, effective and quality services

Key outcome: Our customer experience is the best possible and facilities are accessible to all.

8.0 Financial Implications

- 8.1 The cost of dealing with complaints is mainly in the form of officer time and is therefore met from existing Council budgets. The cost of becoming a member of the Institute of Customer Services (ICS) and the mystery customer exercise will be met from reserves.

9.0 Legal and HR Implications

- 9.1 On 08.10.2020 the Local Government & Social Care Ombudsman [LG&SCO] issued updated guidance on effective complaint handling for local authorities

Children's social care statutory complaints are conducted under Section 26 Children Act 1989, the [Children Act 1989 Representations Procedure \(England\) Regulations 2006](#), known as the CARP Regulations and guidance *Getting the Best from Complaints*

The LG&SCO Guide for practitioners on the Children's statutory complaints process was revised in February 2022.

Complaints about Adult Social Care Services are governed by The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and guidance *Listening, responding, improving: a guide to better customer care*.

10.0 Ward Implications

- 10.1 Not applicable

11.0 Health, Social and Economic Implications

- 11.1 Not applicable

12.0 Equality and Diversity Implications

- 12.1 Not applicable

13.0 Climate Change and Environmental Implications

13.1 Not applicable

14.0 Background Papers

Not applicable

15.0 Appendices

- 1 Corporate Feedback Report 2021-22
- 2 Adult's Statutory Complaint Report 2021-22
- 3 Children's Statutory Complaint Report 2021-22
- 4 Local Government and Social Care Ombudsman Annual Review Letter 2022

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	08/08/2022	08/08/2022	KF
Finance	08/08/2022	10/08/2022	PT

Corporate Feedback Report

Improving our Customer Experience

Annual Report 2021/22

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Report summary

This year has seen new challenges both for the Council and for our residents and customers, against the backdrop of COVID 19 and the subsequent aftermath. The increase in the cost of living has put significant pressure on our residents and customers as they seek support. As a result the Council has seen significant demand and increased pressure on its services, particularly during times where swift mobilisation of financial support was required.

The Institute of Customer Service (ICS) are reporting that complaints are increasing across all organisations in the UK and are at their highest ever level, sighting that customers' expectations have changed following the swift mobilisation of businesses during the pandemic, with the pandemic also allowing customers the opportunity to put a lens on their likes and dislikes.

It is therefore positive that this annual feedback report shows that there has been a sustained increase in compliments. Which has continued to increase year on year. The number of residents and customers who have taken the opportunity to give a compliment has increased significantly. Telford and Wrekin Council has seen a 64% increase in compliments in the last 2 years from 290 in 2019/20 to 475 in 2021/22.

In line with the national trend reported by ICS, we have also seen an increase of complaints received across the Council in 2021/22. Corporate complaints increased from 424 in 2020/21, the year of the pandemic, to 702 in the year of which just over half were upheld.

In March 2021 complaints about council policy and anonymous complaints were formally included in our reporting, accounting for 8 complaints and 13 complaints respectively.

When considering the total number of transactions and interactions undertaken by the Council during the year, the data in this report clearly shows that whilst the number of complaints received has increased the numbers received continues to be well within accepted customer service industry standards and appreciably under 1% of all transactions. To provide some context, the Council emptied 10.3 million bin's during 2021/22, and handled 239,837 calls to our Corporate Contact Centre,

resurfaced 49km of roads, replaced 97km of road markings and welcomed approximately 1 million visitors to its Leisure Centres.

The report highlights that the Council continues to manage complaints well, in terms of response timescales, which have remained in line with last year's performance. The positive improvements made evidence that the Council is committed to putting right anything that has gone wrong.

There are areas of opportunity for continued improvement, and the Customer Relationship team will continue to work with senior leadership teams to effectively utilise complaints intelligence and customer feedback to support positive improvements in service delivery.

In January 2021, we launched our new Customer Strategy and Customer Contract documents, which sought to outline our ambitions for the next four years, during which we want to work with our customers to develop quality services that are accessible to all, while making every contact count. Our Customer Strategy can be found here www.telford.gov.uk/customerstrategyandcustomercontract

In April 2021 we launched an internal guide for customer service excellence which has been shared with all the workforce as part of a refreshed Customer Service training module. In January 2022, the Council continued its commitment to improve our customers experience by becoming members of the Institute of Customer Services (ICS). We aim to work with the ICS to reinforce our Customer Strategy actions, and continue to analyse our customers' journeys to improve our services. Membership also allows us to benchmark the Council against similar organisations and share ideas. Our first business benchmarking survey was completed by customers in May/June 2022. As this was our first survey it was viewed as starting point from which we could measure our improvement over the next 3 years.

Early indications suggest that we have a strong starting point from which to improve, scoring 72.1 on the UK Customer Service Index, a strong score particularly when compared to the average for other local councils which scored 64.4. For Customer effort we scored 4.2 (the lower the score the better), which was strong score compared with the average for other local councils, which was 6.1. Our score also exceeded the average for Public Services with a score of 5.8 and also the average for all organisations across the UK with a score of 5.2, this includes companies such as Amazon, Pets at Home and

Jet 2. A low customer effort score is clear indicator that improvement to our online offer and service access has worked. A snapshot of the results can be found at page 17.

During 2021/22 the Customer Insight Programme has seen a number of projects completed including a revisit to the pantomime at The Place Theatre and a deep dive review of the Wellbeing Independence Partnership. Digital reviews continued which included new websites such as TW Council Leisure and Apps such as MyTelford. We also recommenced our snapshot reviews in 2021/22, after they were put on hold due to the pandemic. This has seen over 23 front facing buildings reviewed by our Mystery Customers and Senior Management Team in order to identify improvements that could be made to our customer's first impression of our buildings and services.

The Customer Insight Programme now has 175 volunteers who have registered with us as Mystery Customers in order to undertake assignments. We have seen a 38% increase in Mystery Customer volunteers during 2021/22, this is in part due to the teams attendance at some of the Safer Stronger Community events, where we targeted recruitment in areas of the borough that did not have a representation of volunteers.

Since April 2021, posters have been located in all front facing buildings asking our customers to comment on the service that they received. These short surveys can be accessed by scanning a QR code on a smart phone or via a website link. They are designed to take a maximum of 30 seconds to complete. These surveys continue to be deployed with posters most recently being placed at the Independent Living Centre and Sky Reach in Telford Town Park. Any comments received as part of these surveys are shared with services instantly so they can consider if improvements can be made.

Our Customer Insight Programme continues to proactively identify and remedy concerns. It also continues to deliver organisational intelligence to drive transformation and continuous improvement by identifying trends and enhancements that could be made to customers' experience of our services. For more information about the Customer Insight Programme, please go to page 12.

Highlights 2021/22

<p>Over 170 volunteers registered to be Mystery Customers</p>	<p>Average of 12 days to respond to corporate complaints</p>	<p>UK Customer Satisfaction Index Score of 71.2 <small>(UKCSI for other local Councils 64.4)</small></p>
<p>Complaints remain under 1% of all transactions</p>	<p>99 completed Mystery Customer assignments completed</p>	<p>81% of corporate complaints responded to in 15 working days</p>
<p>100% LGSCO* recommendations completed</p>	<p>A total of 475 Compliments received</p>	<p>21% increase in Compliments</p>

Purpose of the Report

- To give Members and Officers an overview of Telford and Wrekin Council's corporate customer feedback, including complaints and compliments, from 1 April 2021 to 31 March 2022. This includes highlighting areas of positive performance and those for development.
- To outline the key developments and planned improvements to customer feedback processes operated by the Council.
- To consider how learning from customer feedback can be used to gain a better understanding of the experience customers are having while accessing council services, drive improvement by acting on the feedback received, prioritise quick wins and ensure that longer-term actions feed into the Customer Strategy, and continue to develop and improve the services we provide.

Background

The Customer Relationship team co-ordinates complaints relating to three separate complaints processes. These are:

1. The Adult Social Care Statutory Process, reported separately in the Adult Statutory Complaints Annual Report 2021/22
2. The Children's Social Care Statutory Process, reported separately in the Children's Statutory Complaints Annual Report 2021/22
3. The Corporate Complaints Process. These are complaints relating to other services provided by the Council where there is no statutory complaints procedure

In addition, the team deals with a wide range of interactions with customers that do not go on to become formal complaints. These include general enquiries, MP Enquiries, Leader and Cabinet Member Enquiries, comments and suggestions, as well as any matters that are exempt from consideration under our complaints policies.

We recognise that our customers have a range of experiences when contacting us, working with us and using our services. Some of these experiences are positive, and we want to recognise and celebrate where good practice is evident, while others fall short of our standards, where it is essential that we learn from them. As an organisation, we provide customers with a mechanism to feedback to us both positive and negative experiences, and encourage a culture of learning, where the focus is on resolution and continual improvement. Whenever possible, we take immediate action to put things right at the first point of contact, and if this can't be done, we operate a robust complaints procedure.

Above all, the way we deal with customer feedback is based on our co-operative values, as published on the Council website www.telford.gov.uk/info/20268/co-operative_council/779/our_co-operative_values and the following key principles:

- Customer focus – listening to what people tell us and seeing things from the customer's perspective
- Responsiveness – acting on what people say to us
- Promptness – making sure people get answers in good time
- Transparency – dealing openly and honestly with problems
- Proportionality – making sure that the resolution fits the complaint
- Learning – making sure complaints result in changes and improvement

Our policies are also published on the website www.telford.gov.uk/complaints . A complaint is defined within the Council's Corporate Complaints Procedure as:

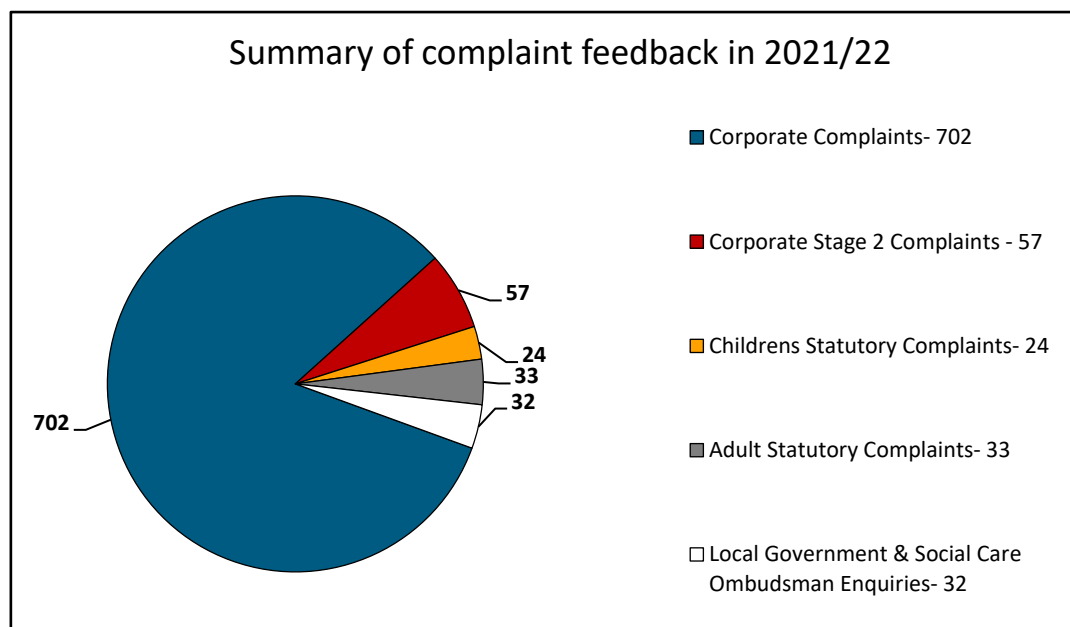
'an expression of dissatisfaction, however made, about the standards of service, action or lack of action or decisions taken by the Council, or the way in which council employees carry out their duties'

Telford and Wrekin Council operates a two-stage process for all corporate complaints. Complaints recorded under the formal procedure (and dealt with in this summary report) do not include those 'first time' representations that were effectively requests for a service and so dealt with as such. Accordingly, a new report of a missed bin collection or a broken swing, for example, would not be registered and dealt with as a complaint but instead as a service request. Of course, in the event that the Council failed to respond to this request appropriately, this may then generate a complaint. Appeals against decisions that have separate appeal routes are not dealt with as complaints.

For more information regarding corporate complaints in 2021/22, please go to page 18 of this report.

The charts below show the feedback received by the Customer Relationship team in 2021/22:

Chart 1: Summary of complaint feedback in 2021/22

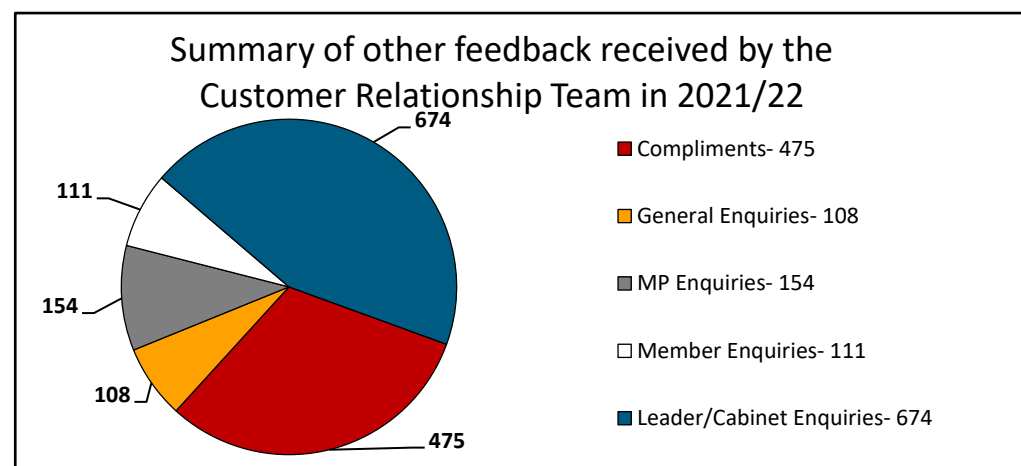


Our customers' behaviour is changing, with more of them now contacting the team via digital methods such as emails and web forms, with 1020 completed in 2021/22 an 8% increase on the 948 in 2020/21 and a 45% increase on the 702 in 2019/20. The team also took a total of 1,563 telephone calls over this period a 33% increase on the 1,179 received in 2020/21. The volume of contacts received by the team totalled 2,370 in 2021/22 this is a 39% increase on the 1,702 in 2020/21 and a 58% increase from the 1,504 in 2019/20 and reflects the increased ease of contacting the team.

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Both digital and voice contacts have increased in year. The Institute of Customer Services is reporting that there has been a significant change in customer behaviour in the last two years. Customers want to be able to interact across different channels and two years ago organisations were looking towards a digital future. During and since the pandemic, nationally voice contacts have gone up, particularly around emotional and difficult topics, and this trend is expected to continue.

Chart 2: Summary of other feedback in 2021/22



Compliments

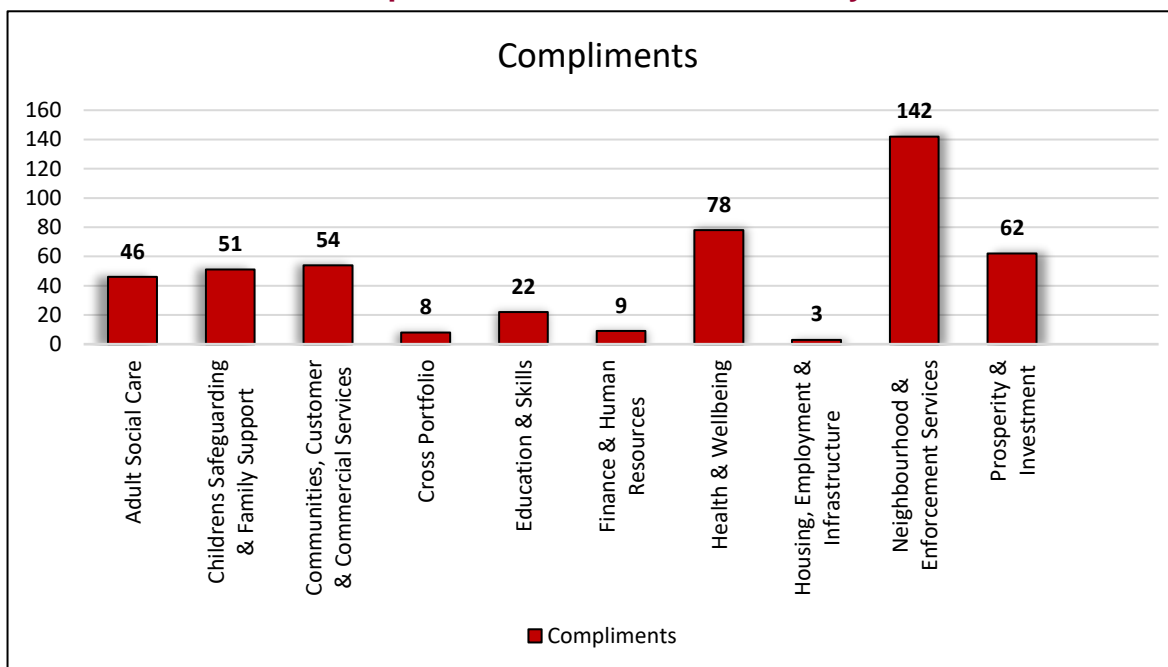
In 2021/22, there was a 21% increase in the number of compliments received. This amounts to a total of 475 instances in 2021/22, amounting to an increase on the 392 received in 2020/21. Telford and Wrekin Council has seen a 64% increase in compliments in the last 3 years from 290 in 2019/20 to 475 in 2021/22.

Compliments are logged and copied to Directors and Line Managers. This is recognised at service level through team briefs/ meetings and individual ‘one-to-one’s.

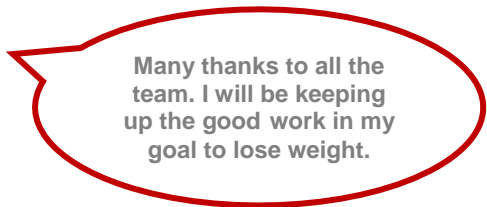
The Chief Executive also makes regular ‘shout-outs’ about staff who have gone above and beyond in his weekly emails.

The chart to the right highlights the compliments received for each directorate.

Chart 3: Number of compliments received in 2021/22 by directorate



This year, Neighbourhood & Enforcement Services (142) and Heath & Wellbeing (78) received the most compliments. The majority of the compliments for Neighbourhood and Enforcement Services were related to the refuse crews. The Healthy Lifestyles team received the majority for Health and Wellbeing



Prosperity & Investment also received a significant increase in compliments when compared with 2020/21 (17).

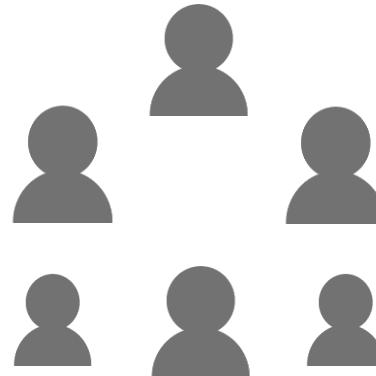
Here are some examples of compliments received during the year:

"As time has passed Dan has been a continued source of support, together with Hayley...over the period I have known them they have consistently demonstrated exemplary 'customer;' support."

Highways Engineering

"I would like Adrian to be recognised for the extremely helpful response to our request to manage a hedge at the front of our house. He kept in contact with us, listened and collaborated with other members of the council teams to complete the work. He was patient and considerate with all the residents in the drive." Green Space Infrastructure

"Thank you so much for the past year, for your listening ear, voice of reason and patience! You saved our sanity! Thanks is really insufficient, just a word but we really are grateful!" Strengthening Families



"I have recently found myself in a fab position to be able to pay my debt off and the first thing I did was ring Paul to let him know and to thank him so much for all the help he has given me over the years. Paul's kindness made a huge difference to me and made me want to pay my debt off for myself and also for him." Revenues Services

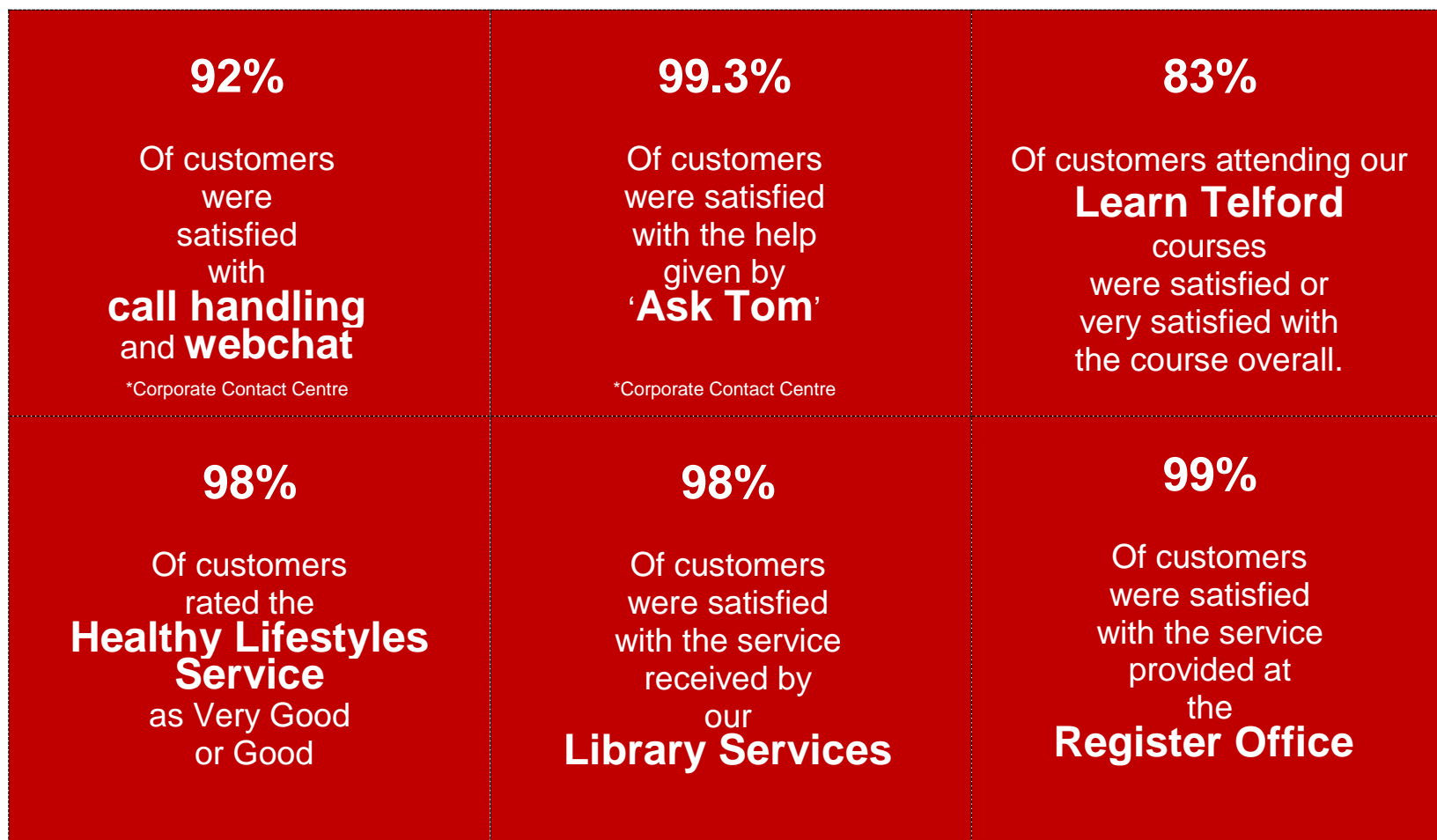
"We would like to say a huge thank you for your help and support during the time you were our social worker, we have made a lot of progress and our life has improved dramatically since you became our social worker and we are very grateful for your hard work, dedication and commitment, thank you." Adult Social Care

"My son became ill, experienced several convulsions and stopped breathing, using the training you provided I was able to offer CPR until emergency services arrived and my little boy is now safely home. We are grateful for the training and so much more!" Careers

Customer Insight Programme

Our Customer Insight Programme was launched in October 2019 with the aim of helping us review our services from customers' perspective. The programme is designed to deliver organisational intelligence to drive transformation and continuous development by identifying trends and improvements that could be made to enhance customers' experience of our services. Some key customer satisfaction results from across our services in 2021/22 include:

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The Customer Insight Programme now has 175 volunteers who have registered with us as Mystery Customers in order to undertake assignments. We have seen a 38% increase in volunteers during 2021/22, this is in part due to the teams attendance at some of the Safer Stronger Community events, where we targeted recruitment in areas of the borough that did not have a representation of volunteers.

“Remarkably professional, friendly and knowledgeable about the activities available”

In April 2021 we recommenced our deep dives into services and reviewed the Wellbeing Independence Partnership (WIP), a council commissioned service comprising of a group of agencies who work together to deliver advice, information and guidance to residents of Telford and Wrekin. The partnership brings together the Telford and Wrekin CVS, Carers Centre, Age UK and Taking Part. Our review highlighted that;

85% of Mystery Customers and service users had a good overall experience with the WIP

100% of customers stated that they would use the WIP service again

83% of customers advised they would recommend the WIP to a friend or family member.

Recommendations were made and implemented for example Mystery Customers commented that the images on the website were blurred, these have now been replaced.

During the pandemic in March 2020, all face to face Customer Insight assignments were put on hold, this included the Snapshot Reviews of our front facing buildings. In January 2022 the Snapshot Reviews were refreshed and relaunched covering 22 of our front facing buildings which includes First Points, libraries, leisure centres and receptions.

“Fantastic customer service, really impressed with the level of service. Outstanding.”

Snapshot reviews are designed to gain insight into the initial look and feel of our buildings and the impression that this gives to our customers. So far 15 front facing locations have been reviewed by Customer Insight Officers, Mystery Customers and our Senior Management Team who have gathered insight on overall satisfaction, customer service, interior and exterior appearance and accessibility.

The Customer Insight Officers have also started to carry out Everything Speaks reviews of these locations. Everything Speaks reviews look at any detail that could impact on our customer's experience from broken equipment, unprofessional formatting of displays or litter. It must be noted that these reviews are not restricted to just physical locations. We have encouraged our workforce to continually think about the image that is given to our customers and report any Everything Speak observations and recommendations to their managers.

Usability Testing

Alongside the Snapshot reviews the programme has also completed further digital reviews and Mystery Customers have had the opportunity to test some new apps before go live including the new MyTelford app and MyTLC app. These online reviews and user ability testing were taken up positively by Mystery Customers and provide actionable insights that support the community's digital access to the Council. Mystery Customers also had the opportunity to review the new TW Council Leisure Website.

99 assignments have been completed across the Customer Insight programme since April 2021

89% of Mystery Customers were satisfied with their experience when using the Council's services.

QR Code Satisfaction Surveys

Since April 2021, posters have been located in all front facing buildings asking our customers to comment on the service that they received. These short surveys can be accessed by scanning a QR code on a smart phone or via a website link. They are designed to take a maximum of 30 seconds to complete. These surveys continue to be deployed with posters most recently being placed at the Independent Living Centre and Sky Reach in Telford Town Park. Any comments received as part of these surveys are shared with services instantly so they can consider if improvements can be made.

77% of customers were satisfied with the service provided at these locations during 2021/22

You said, We did

Our vision is to work with our customers to develop quality services that are accessible to all and to make every contact count.

Feedback plays a vital role in our continuous development to make our customer service of the highest standard. Feedback is received via complaints, enquiries, through our Customer Insight Programme and also from instant, real-time QR code feedback surveys, which have been introduced into many of our buildings - including libraries and leisure centres.

Please find below some of this feedback from 2021/22 and the actions that we have taken as a result.

You said	We did
There are large queues at the bar in The Place Theatre	Bar sales are now available online before arrival and also the online app has been introduced to order and pay to avoid queuing.
Images in the Wellbeing Independence Partnership webpages were blurry	These images have now been replaced
It was not possible to return to the TW Leisure website after visiting the Ice Rink, Ski & Snowboard Centre and Town Park sites	Navigation has been amended to allow return to the site.
That images on the TW leisure website were stock images and also there was a lack of videos	The images on the site are now a combination of stock images and real images of the facilities. And videos have been added to the website
The concessionary memberships policy did not include PIP (Personal Independence Payment) as eligible for a concessionary membership	The Policy has now been updated to include PIP
Healthy Lifestyles Team could do with later appointments	There are now extended and increased evening clinic hours throughout the week.
The website advises not to leave items for bulk collection that are wet	Guidance has been updated to advise ways of reducing risk of items getting waterlogged

Our website did not contain information regarding recycling all types of plastic and their codes	Plastic codes are now included on the websites A-Z directory
The how to guide on My Telford could do with audio instructions	All How to use guides have audio instructions on the videos
On My Telford there does not appear to be anywhere to report overflowing bins	This can now be found under the word 'overflow'
Customers commented that advertising banners on our webpages were distracting and flickered.	Advertising banners are no longer used on our webpages.
The Compliments online form was taking too long to complete.	This form has been reviewed and shortened.
The Webchat icon was not considered prominent enough on our website.	The Webchat icon is now prominently displayed on our website Homepage.
Death certificates should be issued via recorded postage	Certificates are now issued via first class recorded delivery

For further examples of You said, We did please visit www.telford.gov.uk/yousaidwedid

Additional examples of improvements that have been made following complaints can be found from page 28 for this report.

ICS Business Benchmarking

In January 2022 the Council became members of the Institute of Customer Services (ICS), as part of this membership we are able to benchmark our services against organisations across the UK. We completed our first survey in June 2022 some of the key results from survey are details below;

UK Customer Satisfaction Index Score:



72.1

This is a strong score for the Council's first benchmarking survey, particularly when compared to the average for other local councils which was 64.4, however we are just short of the 73.4 average achieved by other public services, which includes, local Fire Services, Ambulance Services, Police Services. The average for all organisations across the UK is 78.4, this includes Amazon, Pets at Home and Jet2.

Net Promoter Score:



16.1

This is another strong score for a first benchmarking survey, particularly when compared to the average for other local councils which was -21.6 (a negative indicating a significant proportion of customers who would not promote the service (detractors) against those that would promote the service (promoters)). We have also exceeded the average for public services with a score of 14.0.

Customer Effort:



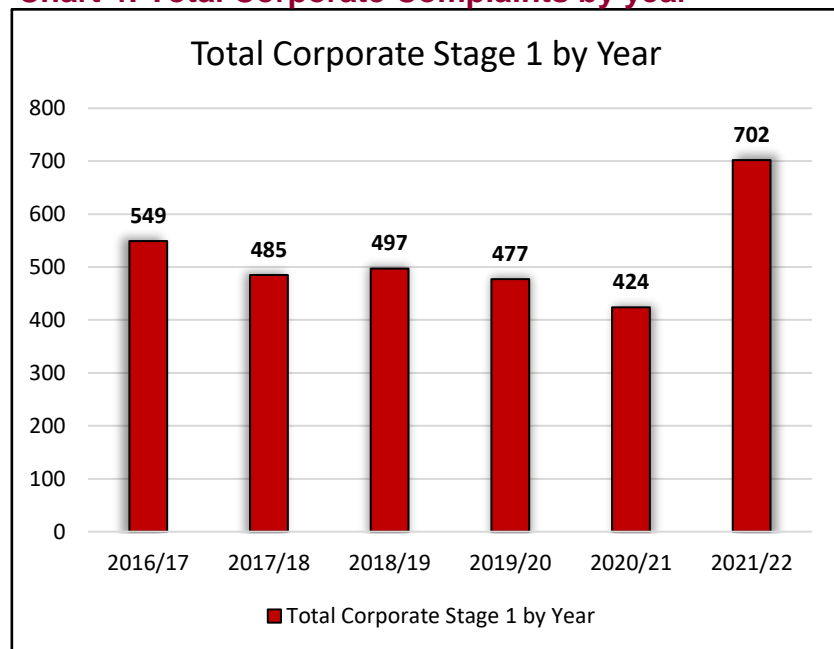
4.2

This score reflects the effort our customers have to make to access our services (the lower the score the better). This is an excellent score in this respect, particularly when compared to the average for other local councils which was 6.1, we have also exceeded the average for Public Services with an average of 5.8 and also the average for all organisations across the UK which is 5.2. This is a clear indicator that improvement to our online offer and service access has worked.

Corporate Stage One Complaints 2021/22

In the year 2021/22, there were 702 corporate Stage One complaints (those dealt with by more than one service simultaneously are counted as a single complaint) from 676 complainants. This is an increase on the number received in 2020/21 (424) the first year of the pandemic.

Chart 4: Total Corporate Complaints by year



Of these 702 complaints, 57 were escalated to Stage Two of our procedure and 18 corporate complaints were the subject of Local Government & Social Care Ombudsman enquiries (please note that some of these may have been for Stage One complaints prior to 2021/22). 7 of the 18 complaints subject to enquiries resulted in detailed investigations.

There has been an increase in Stage Two complaints this year from the 29 in 2021/22, and the 49 seen in 2019/20.

Stage	Number of complaints
One	702
Two	57
LGSCO	18

For further information regarding Stage Two complaints, please see page 26.

For further information regarding Local Government & Social Care Ombudsman enquiries, please see page 30.

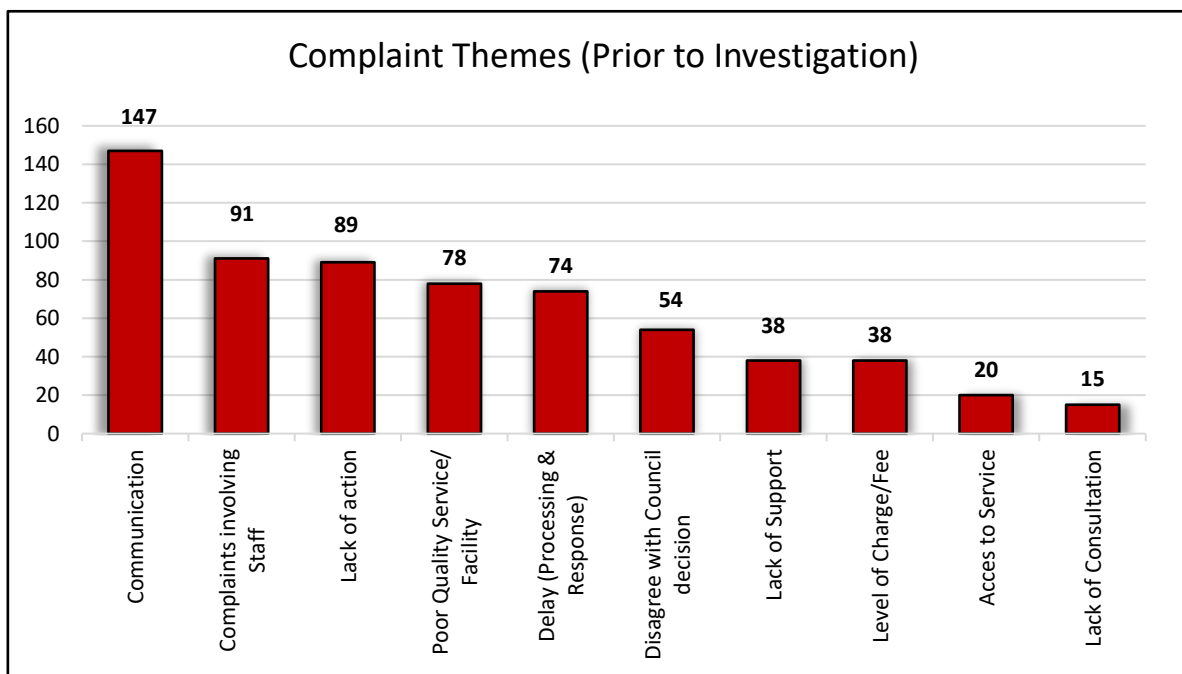
Customer Access Channels and Digital Contact (Stage One Corporate Complaints):

Complaint channel	Number of complaints
Email	333
Web form	139
Telephone	210
Letter	19
In person	1
Total	702

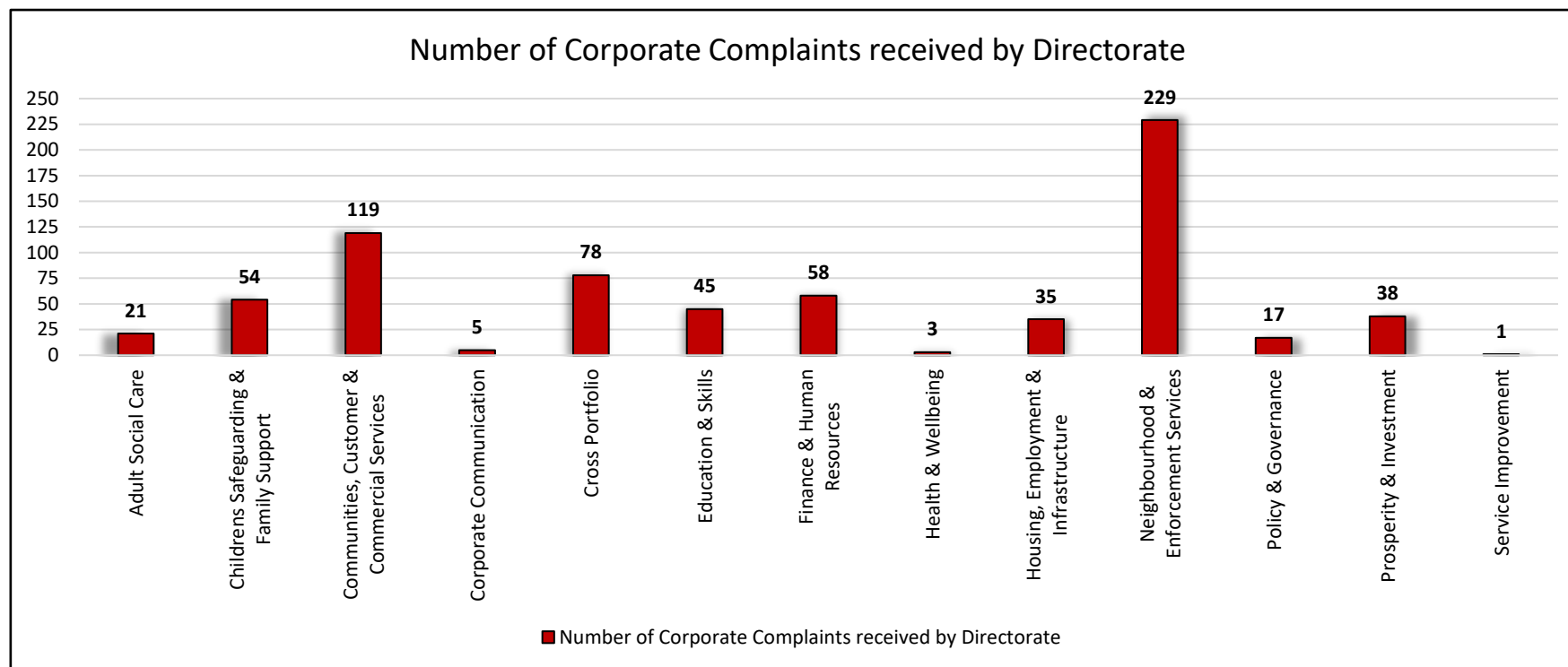
In 2021/22, 67% of corporate complaints were received via a digital access channel, which includes via our online complaints form and emails directly to the Customer Relationship team.

Complaint Themes:

Chart 5: Corporate complaint themes 2021/22



This chart shows the top 10 complaint themes for 2021/22. This is compiled from all complaints received prior to investigation. Further analysis of upheld themes can be found later in this report. Communication and complaints involving staff and our contractors accounted for the majority of complaints received, representing an element of 34% of the complaints.

Chart 6: Number of Corporate Complaints received by directorate

Complaints have increased across the majority of directorates with Health & Wellbeing being the only exception. The Directorate that received the highest number of complaints was Neighbourhood & Enforcement Services (229). This is an increase on the 155 received in 2020/21. Given the millions of customer interactions that take place through Waste, Highways, Grounds Maintenance, Public Protection, Community Safety and Enforcement, this figure still represents a very low number. The second highest number of complaints were received about Communities, Customer & Commercial Services (119). This is an increase on the 57 received in 2020/21 during which the majority of the facilities under this directorate such as the theatre, Café's, school catering and leisure centres were closed. Complaints received represent a small percentage against the volume of interactions across this directorate and the council as a whole.

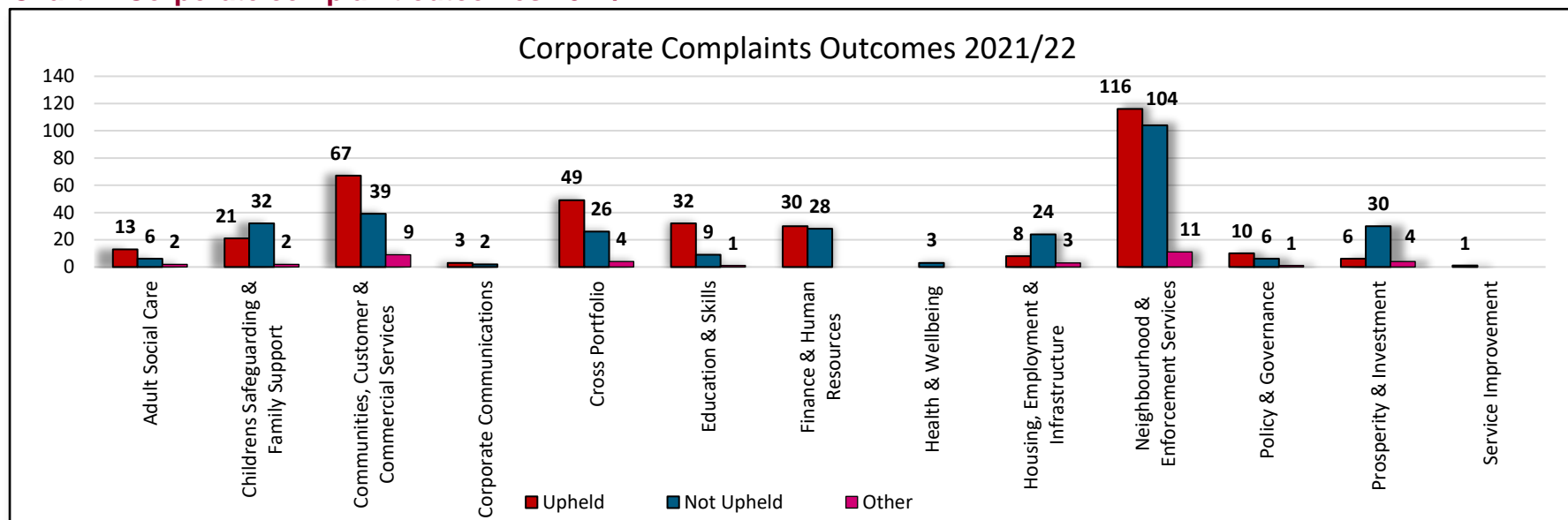
Stage One Complaint outcomes

Of the 702 Stage One complaints that have been responded to in the year, 51% (356) were upheld. This is where services acknowledged that they could have done better, this is an increase on 42% (180) in 2020/21. This indicates that there has been an increase in cases where we have acknowledged that we could have done better. 44% (309) of Stage One complaints were not upheld and 5% (37) were either withdrawn, out of jurisdiction or resolved by the service.

The highest number of upheld complaints were in Neighbourhood & Enforcement Services (116) and Communities, Customer & Commercial Services (67) which is not unexpected given that these directorates received the highest number of complaints 229 and 115 respectively.

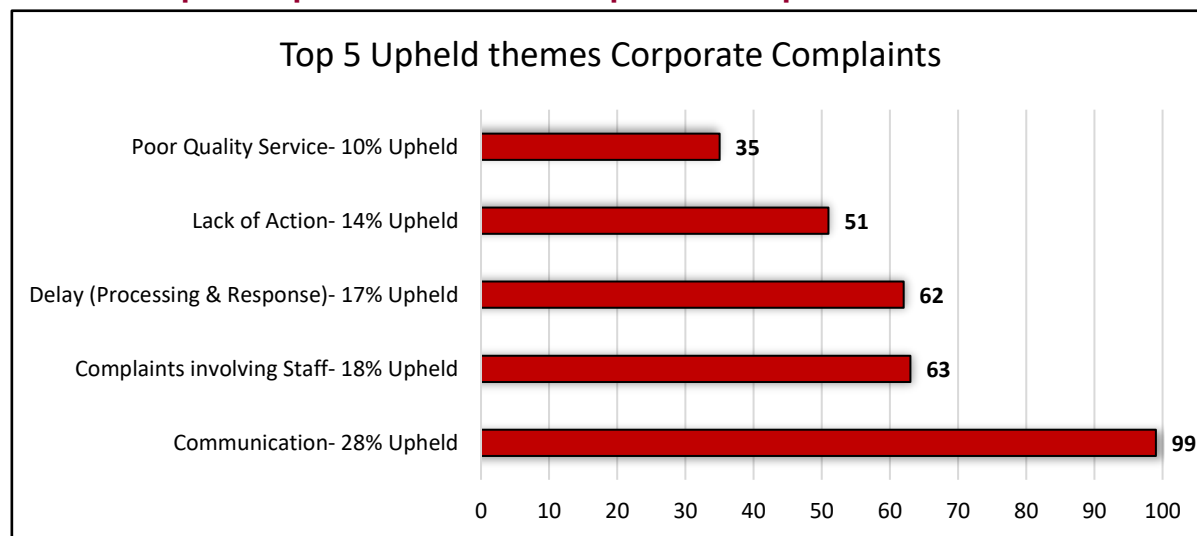
The outcomes by directorate can be seen in the following chart. This has been broken down into upheld, not upheld and other. 'Other' can include service resolved, dealt with through courts, out of jurisdiction or withdrawn.

Chart 7: Corporate complaint outcomes 2021/22



The top five upheld themes identified corporately at Stage One were:

Chart 8: Top five upheld themes for corporate complaints



356 complaints were upheld, the top five themes being:

Communication was a theme within 28% of the complaints upheld, with the issue crossing many different services. Generally, the concerns raised involved inadequate/ lack of communication, no response, no updates to customers if there was a delay and call backs not being completed. The majority of these complaints received an explanation and apology.

Complaints involving Staff was a theme with 18% of the complaints upheld. Complaints naming staff covers a variety of concerns, including a lack of support from individual officers, no identification shown when attending a property, how a member of staff spoke to a customer and the general behaviour of staff, whether face-to-face or over the phone. There were a number of upheld issues highlighted for the Council's contractors and also driver conduct, which included obstructive parking and blocking roads. As part of contract management all complaints are required to be investigated by contractors and in some instances this results in formal disciplinary investigations. In the cases upheld, an apology was given, the officers were spoken to by their Managers and additional training given.

Delay (Processing & Response) was a theme within 17% of the complaints upheld. This was where there was a delay in information being sent which included reports for comments and also minutes from meetings. A delay in responding to customer enquiries and a delay in processing some assessment/ account for example personal budgets, Blue Badge, Council Tax and Parking Permits.

Lack of Action was a theme within 14% of the complaints upheld. This is where no response or action taken and timescales had not be kept to. There were delays in completion of jobs which led to a perceived lack of action by contractors. There were no trends in Service Areas for this concern and it was seen to cut across all Directorates. In the cases upheld, an explanation, apology and service were provided.

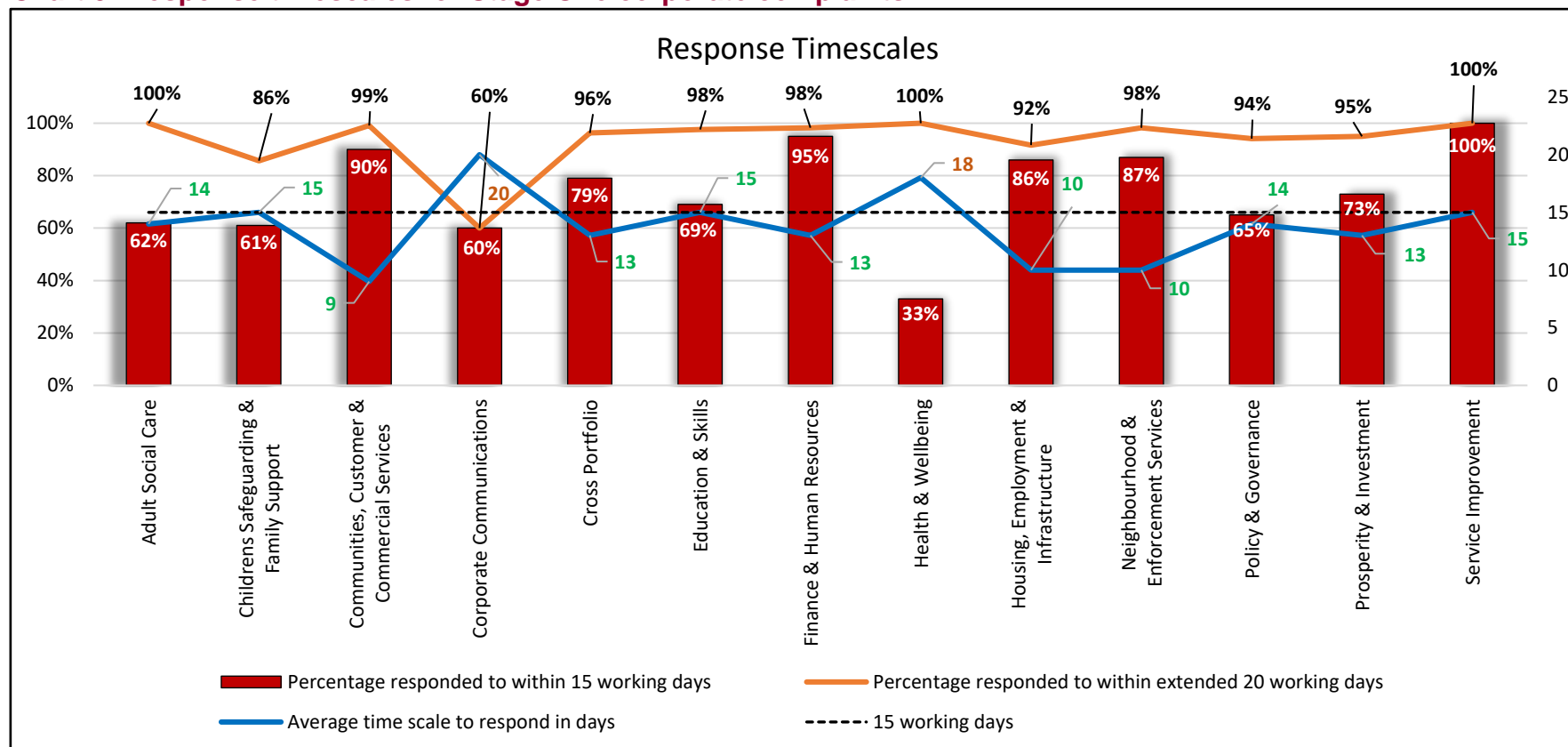
Poor Quality Service/ Facility was a theme within 10% of the complaints upheld. Again, this issue crossed many different services; however, a number were related to service being below standard expected, this included equipment not working, cleanliness and communication regarding service availability, responses not provided to the quality expected, handling of post and repairs required within some buildings, and call drop outs on contact centres. A number were related to waste services. These upheld complaints were raised via Contract Management with our contactors. In the cases upheld, an explanation, apology and service were provided.

Timescales for responses at Stage One

The Council’s Corporate Complaints Policy states that Stage One corporate complaints should be responded to within 15 working days. This may be extended in exceptional circumstances by a further five days. The following chart shows the percentage of complaints responded to within 15 working days by directorate and also the average number of days for each to respond to corporate complaints at Stage One.

The data indicates that, in the main, directorates are meeting the corporate timescale of 15 working days, which is excellent.

Chart 9: Response timescales for Stage One corporate complaints



During 2021/22 the Council has managed to respond to corporate complaints in an average of 12 days, which is well within the 15 working day timescale. Given the increase in complaints received the Council continues to perform well in terms of response timescales.

81% of complaints were responded to within the 15 working day timescale, broadly in line with the 82% achieved in 2020/21. Our local target is to respond to 90% of corporate complaints within 15 working days.

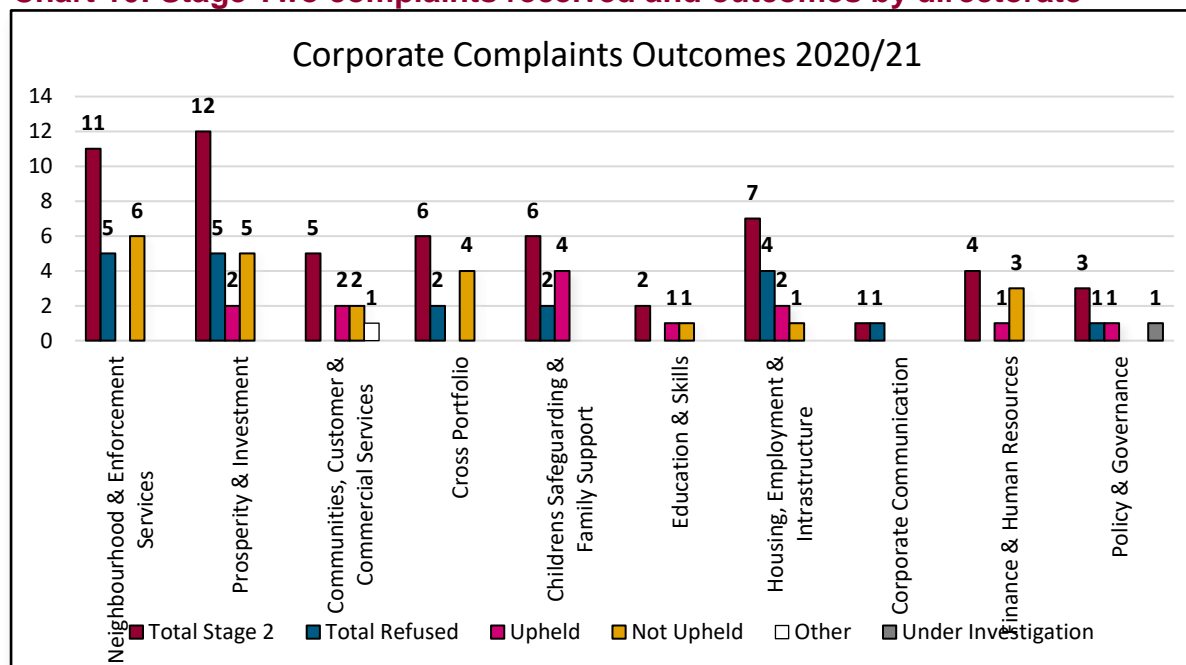
Finance & Human Resources and Communities, Customer & Commercial Services met this target during the year.

Other directorates also saw an improvement in their percentage responded to in 15 working days and also the average working days to respond across the year. Adult Social Care saw a significant improvement in the average days to respond from 24 days in 2020/21 to 14 days this year increasing the percentage responded to in 15 working days from 44% to 62% this year. Likewise, Children's Safeguarding and Family Support saw an improvement from 19 days in 2020/21 to 15 days in 2021/22 and also an increase in the percentage responded too from 41% to 61% in the year.

Corporate Stage Two complaints

During 2020/21, 57 corporate Stage One complaints progressed to Stage Two of the process. This represents an increase on the 29 that progressed in 2020/21. All investigations have now been completed.

Chart 10: Stage Two complaints received and outcomes by directorate



A higher volume of Stage Two complaints were seen in Prosperity & Investment (11) and Neighbourhood & Enforcement Services (12). Health & Wellbeing, Adult Social Care, had no complaints escalated to Stage Two in 2021/22, they are therefore not detailed in Chart 10.

Out of the 57 complaints, it was considered that 20 had already been addressed fully at Stage One or the desired outcome that the complainant was seeking was not achievable by progressing their complaint further, i.e. there would have been no added value

in taking the complaint through to a full Stage Two investigation. These complaints were responded to in an average of 12 working days. The aim is to respond to Stage Two escalation requests within 10 working days, so the average is just outside of this timescale. Of the 57 Stage Two complaints, 36 resulted in full investigations, compared to the 20 investigated in 2020/21. 23% of full investigations were upheld, 1 Stage Two complaint was withdrawn. The average number of working days taken to complete a full investigation was 41 working days. This is an increase on the 29 days taken in 2020/21. This figure has been affected by the volume of stage two complaints received and also the complexity of these complaints and significant correspondence received by complainants in relation to these cases. This figure, however, is still within the extended timescale of 65 working days as outlined in the complaints policy.

Learning and outcomes from Corporate Complaints

Although they provide an overall picture of our services, we should not, however, be looking purely at the numbers. We should also be focusing on the learning we have undertaken from these complaints.

Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to understand the impact that complaints have had on people and to learn the lessons from them to so as to improve the experience of others.

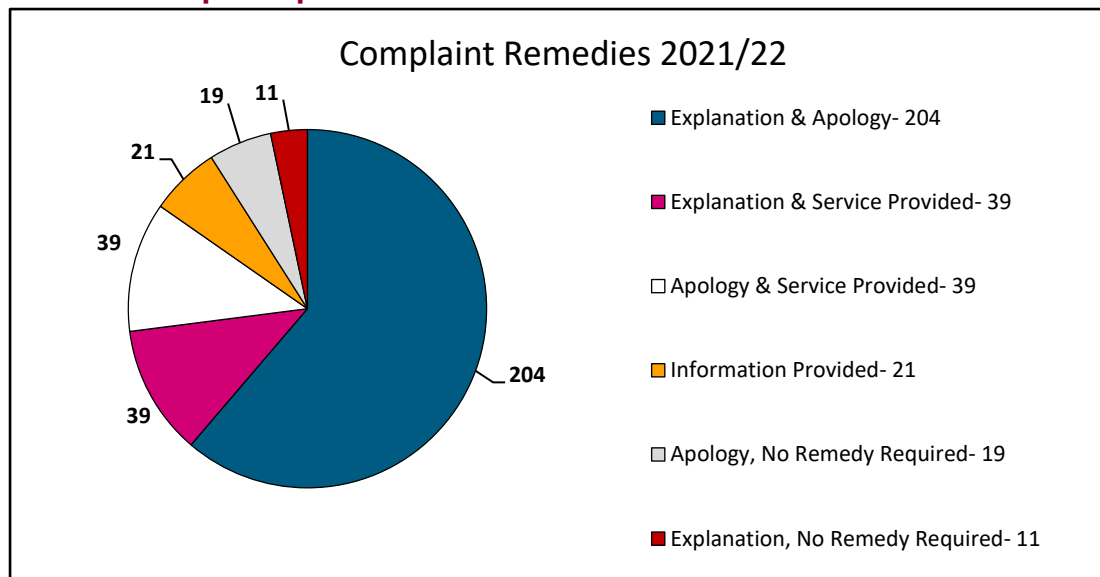
Lessons can usually be learned from complaints that were upheld, but also in some instances where no fault was found but the Council recognises that improvements to services can still be made.

Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they address the “bigger picture” so that that residents receive the best possible service from the Council.

Remedial actions taken from resolve complaints at Stage One in 2021/22

All 358 complaints where fault was found have been reviewed by the Customer Relationship team to ascertain what action the relevant department has taken, both in remedying the fault and identifying any wider learning to avoid such issues recurring in the future.

Remedial action typically consists of both individual redress (e.g. an apology or carrying out overdue work) and wider actions that may affect many other customers. On some occasions, the fault has already been remedied - so the complaints process is used to ensure that the appropriate action has been taken.

Chart 11: Top complaint remedies 2021/22

Of the remedies recorded against corporate complaints in 2021/22:

- 57% were to provide an explanation and an apology
- 11% were to provide an explanation and the service was provided
- 11% were to provide an apology and service was provided
- 6% were to provide an explanation and no remedy was required

Positive Improvements

Throughout the year, we record the learning identified from each complaint in order to build up a picture of common themes or trends. Learning from corporate complaints is considered alongside that from statutory complaints as part of our quality assurance activities.

Below are some examples of positive changes that have resulted from learning from complaints:

- Review of procedures related to unacceptable behaviour from customers at Leisure centres
- Procedures related to TLC cards have been reviewed at Oakengates Leisure
- There has been a review of processes with Idverde and in particular the use of the Pride in our Community contact email address, in order to improve communication.

- The website has been updated with further information regarding Free School Meals and Early Years Pupil Premium
- Notices have been reviewed in Bus Stops of their operational times to avoid confusion

“It was nice to see that it was taken seriously and improvements continue to happen so the issue doesn’t happen again.”

- Contractors have been warned about parking in bus stops and laybys, when on breaks
- Reminder to Enforcement agents to place accounts on hold whilst they are investigating a complaint
- Training has been provided to officers on Individual Voluntary Arrangements and when accounts should be put on hold
- There has been changes made in the Family & Friends team so that social workers undertaking private fostering work will have increased support and additional training

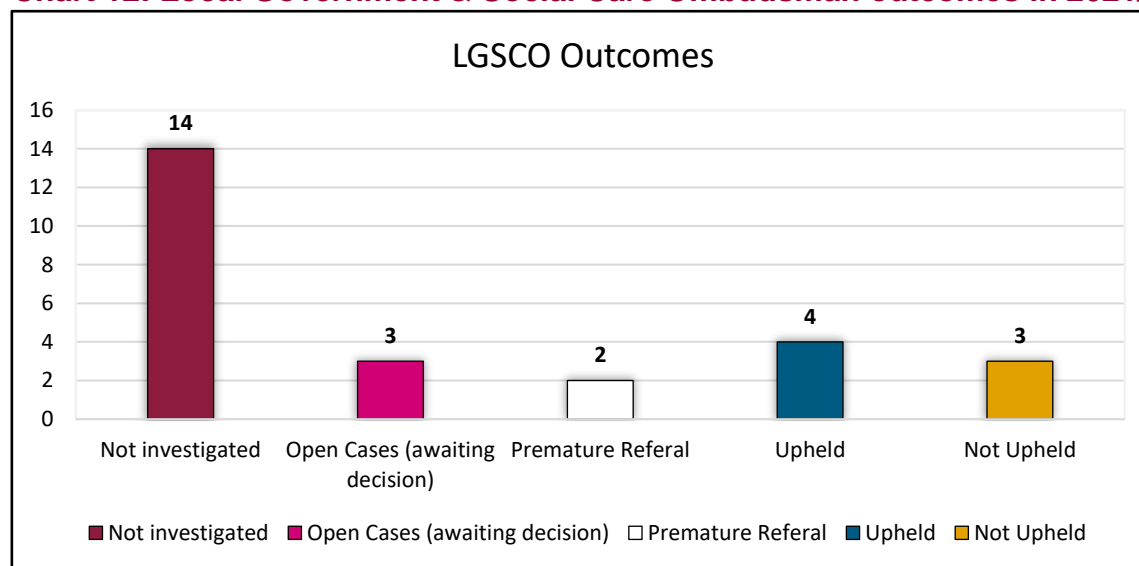
“Just thank you for the support! As soon as I opened the complaint I got the answer in the next day...Thank you!”

- There has been a review of appointment arrangements at Darby House to ensure that staff and visitors are aware of up to date arrangements.
- Notes taken over the phone regarding complaints are shared with customers for approval by email
- Planning team will request that permitted development applications are accompanied with detailed drawings and elevations
- The Home Improvement Agency will consider adding information to the Wellbeing Assistance Grant application form or correspondence to advise that they expect applicants to intend to remain in their current property for at least 5 years
- Responses to complaints that require password protection when emailed will be sent via second class recorded delivery if a hard copy responses is required

Local Government & Social Care Ombudsman enquiries

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned. During this period 32 enquiries were forwarded to the LGSCO. 11 enquiries related to statutory complaints which are detailed in the Adult Statutory and Children’s Statutory Complaint Reports. Three were related to School Appeals and 18 to Corporate Complaints.

Chart 12: Local Government & Social Care Ombudsman outcomes in 2021/22



Of the 18 corporate complaint enquiries, two remain open awaiting a decision.

The Local Government Ombudsman undertook 7 detailed investigations into corporate complaints, four of which were in respect of complaints escalated in 2020/21 these were upheld. Three detailed investigation were also not upheld.

Telford & Wrekin Council has taken learning from the upheld decisions, and 100% of recommendations made by the LGSCO have been completed.

More information regarding the Council’s performance and LGSCO decisions can be found at: www.lgo.org.uk/information-centre.

Oversight and support provided by the Customer Relationship Team

The Customer Relationship team continues to support Service Areas to both manage and learn from complaints. The key services they offer are:

1. To manage and support the Council's approach to customer intelligence, ensuring we effectively manage and learn from our interactions with customers
2. Provide support to services concerning all aspects of customer insight and obtaining feedback
3. Perform in-depth and snapshot reviews of our services, our key physical front doors and digital front door
4. Provide services with complaints advice and support, including support with persistent and unreasonable complainants
5. Provide reports on the quality of complaint responses and make recommendations for improvement
6. Act as a critical friend to challenge service practice
7. Provide advice on drafting comprehensive responses to complaint investigations
8. Continue to escalate overdue complaints to Directors
9. Provide regular dashboards/ complaints samples to Directors, and performance is reported monthly to the Senior Management Team

Customer Relationship Team priorities for 2022/23

During 2022/23, the Customer Relationship team will focus on a number of key priorities:

- Continue to roll out the Customer Insight Programme, Mystery Customer Snapshot Reviews and Mystery Customer Website Reviews, with the view to proactively reduce complaints
- Continue to drive an improvement in the percentage of complaints responded to within timescales from 81% to 90%

- Continue to provide a quarterly and monthly reporting dashboard of performance data to senior management so that improvement can be driven forward continuously during the year
- Continue to improve and add to the resources available to managers when responding to complaints and other correspondence, while encouraging self-help
- Work to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman
- Continue to develop a new customer service training package
- Organise Local Government & Social Care Ombudsman complaint training for managers
- Work with the Institute of Customer Service to further improve our customers' experience.



Adult Statutory Complaints report

Improving our Customer Experience

Annual Report 2021/22

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Purpose of the Report

- To report statistical information to Members and Officers detailing Telford and Wrekin Council's Adult Social Care complaints from 1 April 2021 to 31 March 2022.
- To provide an open resource to anyone who wishes to scrutinise local services.
- To outline the key developments and planned improvements to the complaints processes operated by the Council.
- To consider how the learning from complaints can be used to improve the overall customer experience.

Introduction

This is the Complaints Manager's Annual Report for Adult Social Care. It is a statutory requirement to prepare an Annual Report each year concerning the complaints activity within Adult Social Care that can be made available to anyone on request. This must:

1. Specify the number of complaints received
2. Specify the number of complaints upheld
3. Specify the number of complaints that we have been informed have been referred to the Local Government & Social Care Ombudsman
4. Summarise:
 - a. The subject matter of the complaints received
 - b. Any matters of general importance arising out of these complaints, or the way in which these complaints were handled
 - c. Any matter where action has been, or is to be, taken to improve services as a consequence of these complaints

This report provides information about complaints made between 1 April 2021 and 31 March 2022 under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Highlights 2021/22

The lowest number of Adult Statutory Complaints received for 6 years

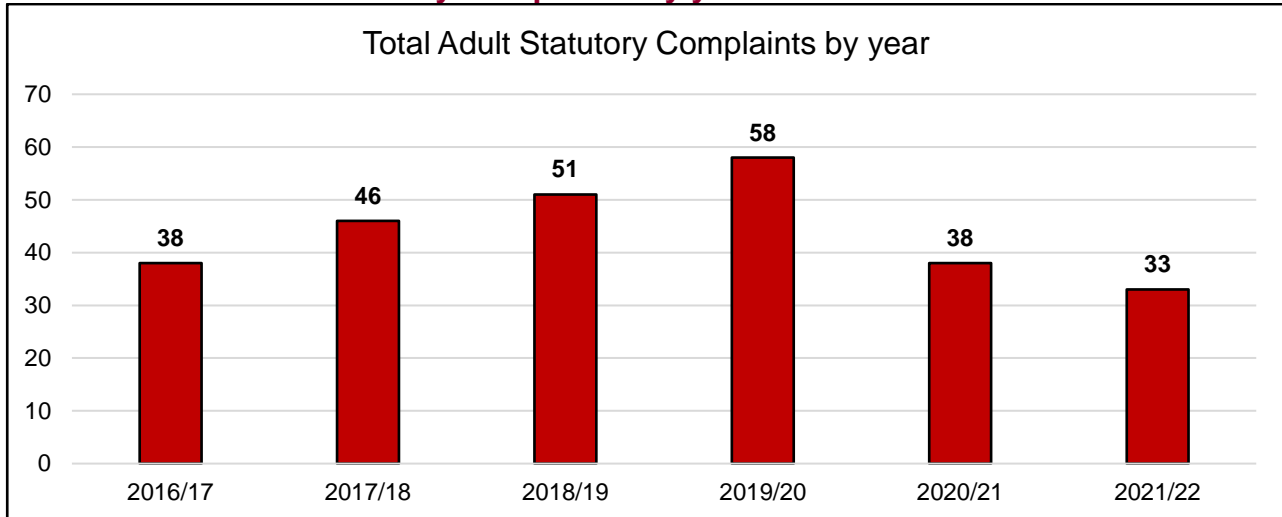
13% Reduction in Adult Statutory Complaints

The average number of days to respond to complaints has improved by 20 working days

Adult Statutory Complaints 2021/22

We received 33 Adult Statutory Complaints between 1 April 2021 and 31 March 2022. The chart below compares the number of statutory complaints we've received over the past six years.

Chart 1: Total Adult Statutory Complaints by year



There has been a significant decrease in the number of complaints received in 2021/22.

There were also 17 further complaints that were resolved within 24 hours and therefore were register under the statutory procedure.

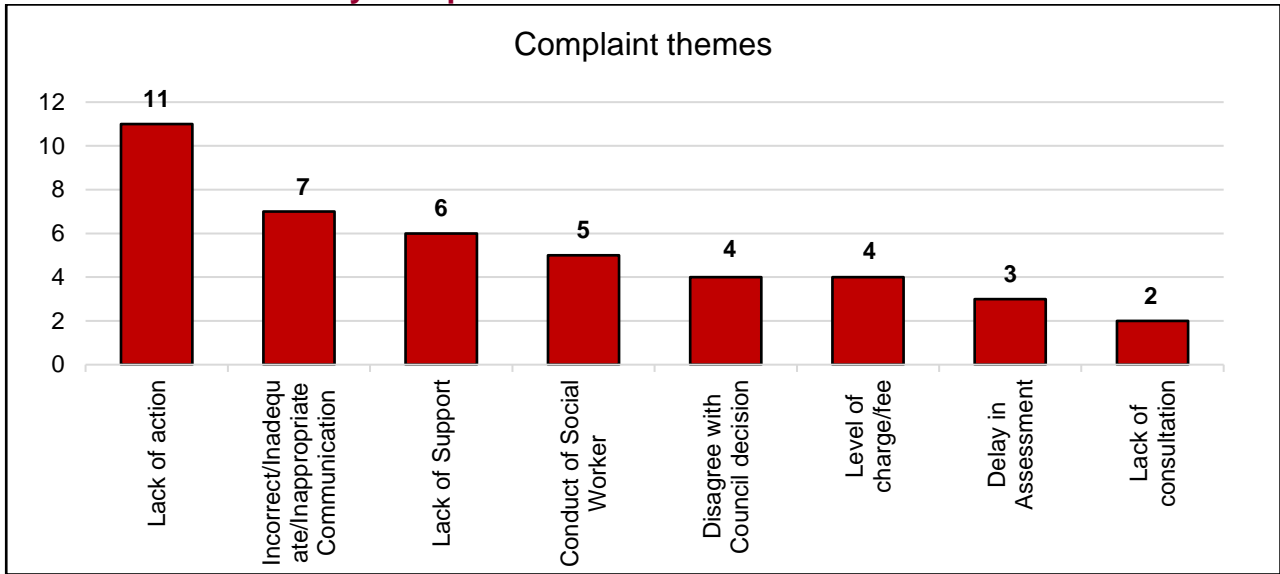
Customer Access Channels and Digital Contact

Complainant channel	Number of complaints
Email	19
Web form	4
Telephone	8
Letter	2
Total	33

In 2021/22, 70% of Adult Statutory Complaints were received via a digital access channel, including via our online complaints web form and by email directly to the Customer Relationship team.

Complaint Themes

Chart 2: Adult Statutory Complaint themes in 2021/22



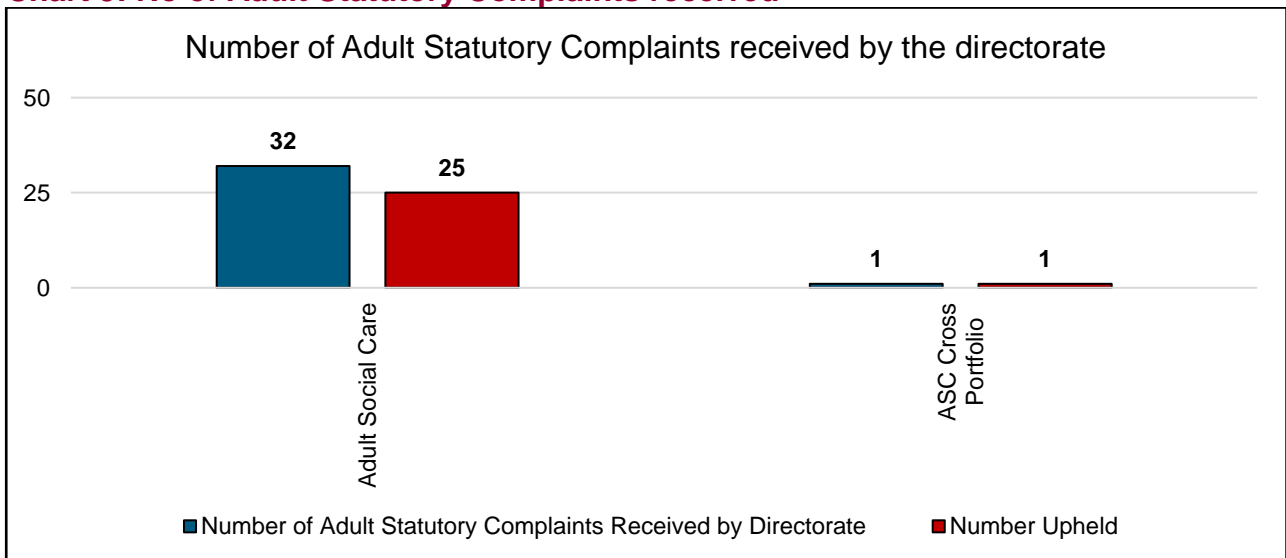
Most of the themes are self-explanatory and give a clear idea about the aspects of our work that received complaints.

Complaints received by directorate

Of the 33 complaints received, all have been responded to. Below is a chart of the statutory complaints received by each portfolio against the number upheld. One complaint was cross-cutting and it was appropriate for this to follow the Adult Statutory Complaints procedure.

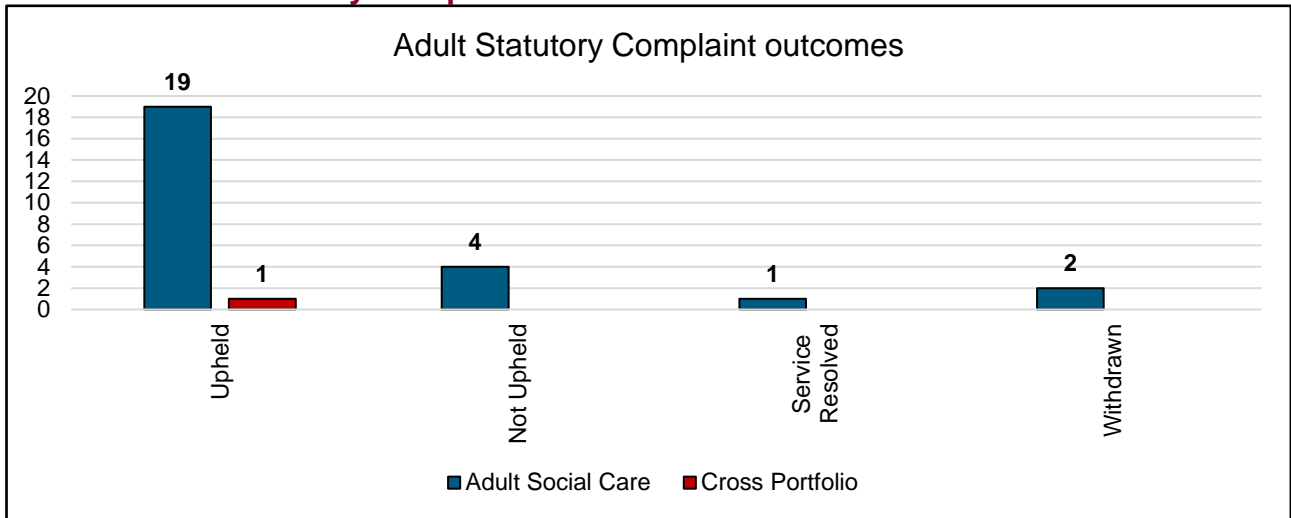
The chart below details the statutory complaints received by each directorate against the number subsequently upheld.

Chart 3: No of Adult Statutory Complaints received



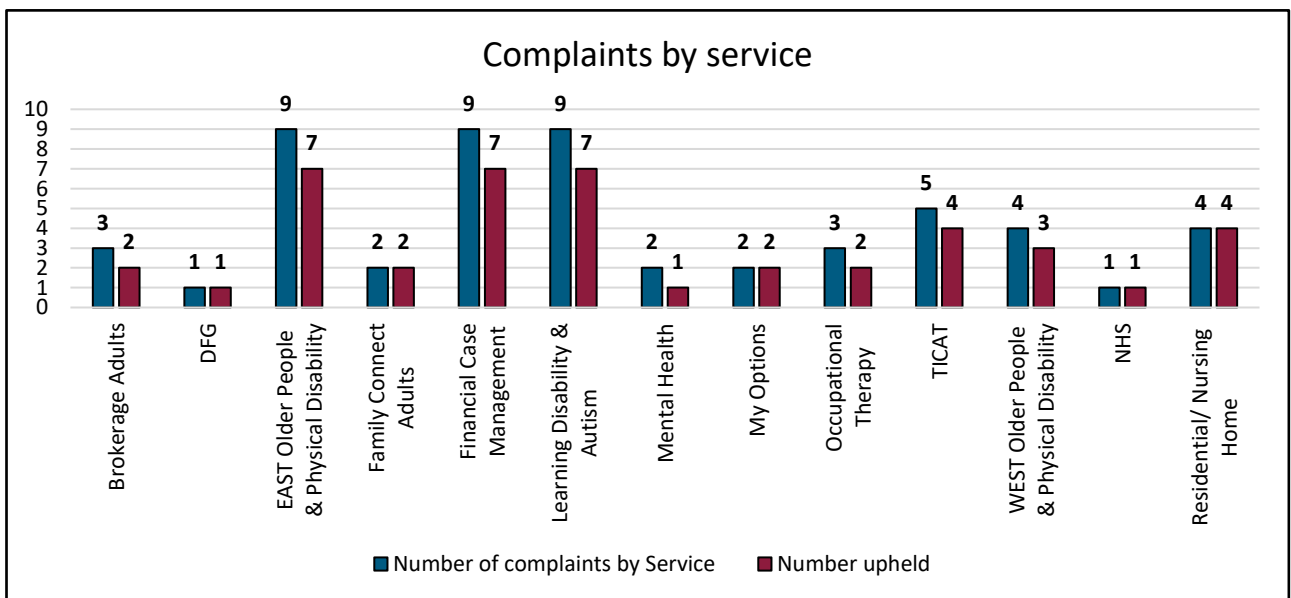
Of the 33 complaints completed, 58% (19) were upheld, 12% (4) were not upheld and 9% (3) were dealt with via another method.

Chart 4: Adult Statutory Complaint outcomes



The chart below includes the number of complaints received by each service. Please note that the number of complaints detailed below is higher than the overall total because certain complaints had multiple issues raised with different teams. This chart seeks to show all the services against which issues were raised, meaning that an individual complaint may be counted multiple times within it.

Chart 5: Number of complaints by service, highlighting those upheld



There were 12 complaints that included issues raised regarding the social work locality teams WEST and EAST, and 10 of these were upheld (77%). Issues raised included lack of communication from Social Worker or team, recording keeping, delays in

communication, lack of support, inadequate communication related to assessments, lack of action and delay.

There were 9 complaints received that had an element related to the Learning Disability & Autism Service. Themes included lack of communication and support, lack of action, and delay. As a result of these complaints changes have been made to processes to ensure that individuals, families and carers are communicated with regularly.

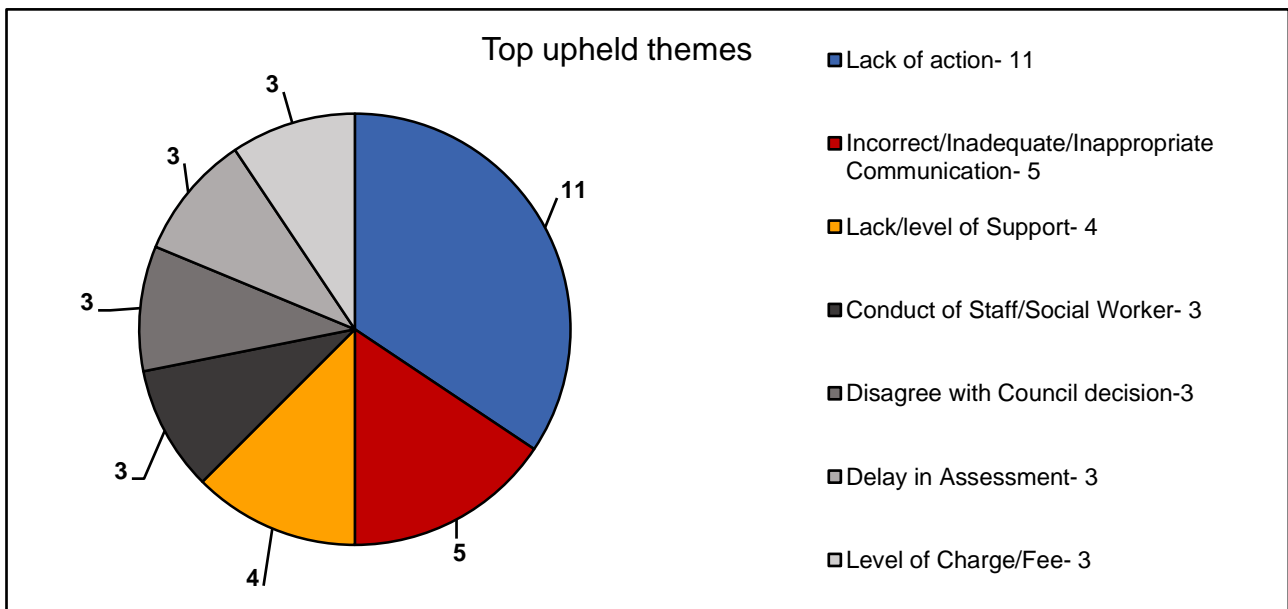
There were 7 complaints that included issues raised regarding the Financial Case Management, one of which related solely to Financial Case Management the other 6 complaints related to other teams but included issues related to financial case management. All were upheld (77%). These complaints were due to various issues, which may have included an error in how the social worker explained the financial assessment and disability related expenditure, delays in assessments, letter sent in error related to funding, errors in calculations, incorrect communication.

Six complaints involved issues related to Telford Integrated Community Assessment Team (TICAT), five of which were upheld (83%). Issues included delay in assessment and inadequate communication, advice and support and an error made with transportation.

Themes of upheld complaints

Of the 19 upheld complaints, the top themes raised were as detailed in the chart below.

Chart 6: Upheld themes



The above categories are self-explanatory and give a clear indication of the overall areas of our service or aspects of our work that had the most upheld complaints. This indicates

that 48% of upheld complaints related to either communication or the lack of action received. This covers a variety of concerns including a lack of communication from social worker, lack of acknowledgement of emails, delay in setting up support plans, errors in transportation, and delay in funding / direct payments.

9% (3) of upheld complaints related to conduct of staff/ social worker, which includes errors in communication/ record keeping, lack of follow up around equipment.

Individual management reports are shared with service managers on a regular basis, which allows for greater analysis and interpretation of the data.

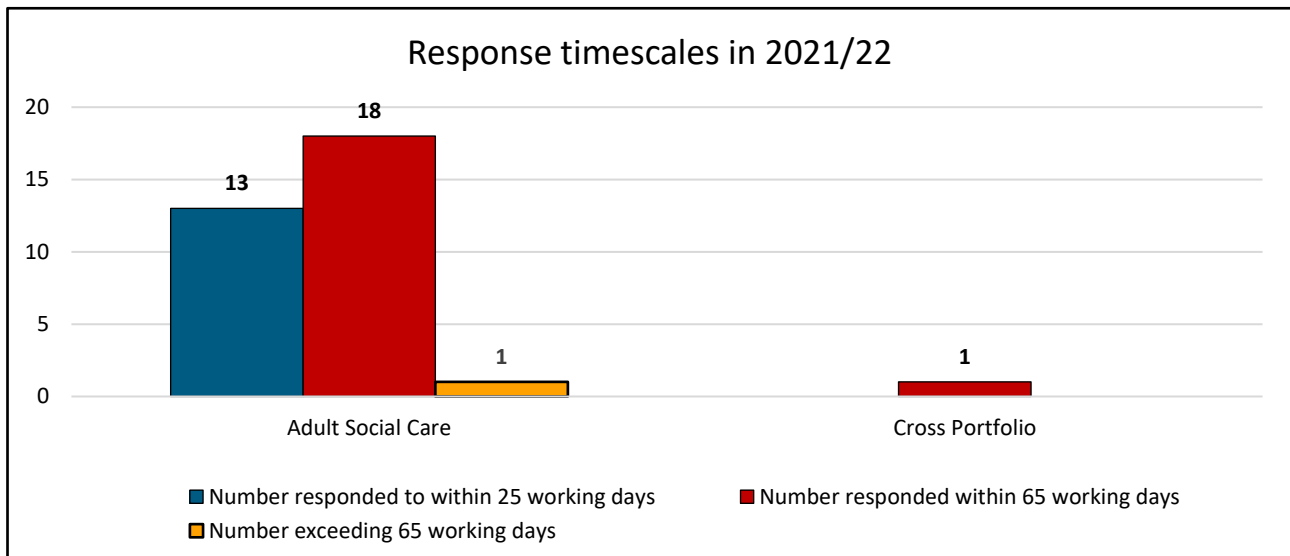
Timescales for responses

In 2021/22, the average number of working days to respond to an Adult Statutory Complaint across all portfolios was 33 working days. This is a significant decrease on the average response time from 53 days in 2020/21.

Since November 2020 new procedures have been put in place to improve timescales for Adult Statutory Complaints. Complaints are now rated based on timescales and allocated to Service Delivery Managers, the Director is also copied into progress chases. 6 weekly meetings are now also taking place with Directors to review all outstanding cases and learning. Performance against timescales continues to be discussed on monthly basis at leadership Team Meetings.

Timescales have also improved significantly due to the changes that have been made to both the complaint procedure, which saw the introduction of a negotiated timescale with customers which seeks to better manage customer’s expectations and also additional steps at service level to encourage timeliness of responses. This annual report highlights the impact these changes have made. For a breakdown, see the chart below.

Chart 7: Response timescales at Stage One



Of the 33 complaints received, all have been responded to. 13 of the 33 responses were sent within 25 working days, 19 were sent within 65 working days and one exceeded 65 working days. This represents 3% of responses and indicates a significant improvement on the 26% achieved in 2020/21. It should be noted that whilst these timescales are used for monitoring purposes, since October 2021 the focus has been on negotiating a timescale with customers which timescales often been agreed at between 25 and 35 working days. As this is an agreed timescale with the investigators few have exceeded this initial timescale which has resulted in the average number of days significantly reducing. No complaints received in 2021/22 exceeded the six month timescale.

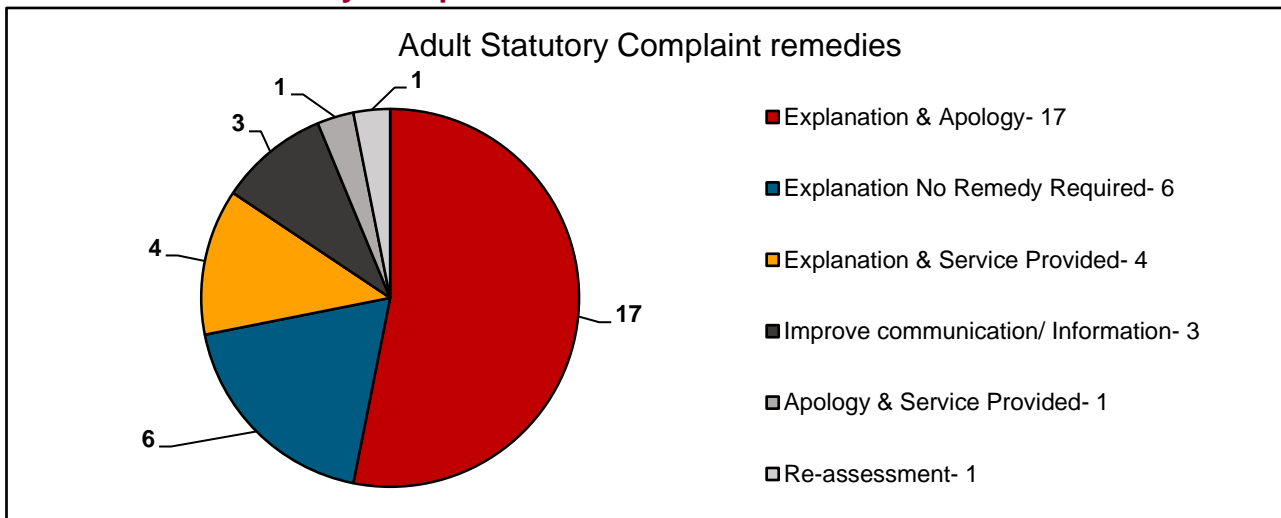
Learning and outcomes from Adult Statutory Complaints

Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to understand the impact that complaints have had on people and to learn the lessons from them to so as to improve the experience of others.

Lessons can usually be learned from complaints that were upheld, but also in some instances where no fault was found, the Council recognises that improvements to services can still be made.

Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they see the “bigger picture” so that residents receive the best possible service from the Council. The Customer Relationship team will continue to provide daily advice and support to managers around complaints management and resolution, and with responding to representations. Learning is also shared and progressed as part of the Adult Social Care Quality Assurance Framework.

Chart 8: Adult Statutory Complaint remedies in 2021/22



Of the remedies recorded against Adult Statutory Complaints in 2021/22:

- 52% were to provide an explanation and apology
- 18% were to provide an explanation
- 12% were to provide an explanation and service provided
- 9% were to improve communication and information

Positive Improvements

Throughout the year, we record the learning identified from each complaint in order to build up a picture of common themes or trends. Learning from corporate complaints is considered alongside that from statutory complaints as part of our quality assurance activities.

Case study

We found that there was a delay in some people being contacted following a request for a Care Act Assessment. Unfortunately, we had been experiencing significant demands on the service which impacted on the time taken to see people.

To address this, the team contacted everyone awaiting allocation to ensure we remained in touch and assured them they would be seen as soon as possible.

We also recognised that we needed to do things differently to stay in touch with people so we introduced a Contact Sheet that is now sent out to each person and/or the representative once we receive a referral for a care act assessment or review. This details the name and number of the team supporting them and includes a copy of our 'My Assessment/review conversation' document, which highlights the type of questions and conversation people can expect when they are contacted. We developed these documents in partnership with our Making It Real Board.

Our Adult Social Care service continue to work in co-production with residents to modernise, develop and design services across the borough that are future proof. Our co-production framework in adult social care supports an ethos of getting people involved whether being a part of the specialist partnership boards, Making it Real board, or the feedback forms. A current example of this in action is the Ageing-Well Strategy, which is being actively developed with residents who are experts by their experience, with support from the Making It Real board, who include members who have lived experience of accessing our services with additional needs.

Below are examples of other positive changes that have resulted from learning from complaints:

- Individual remedies have been completed concerning support plans and assessments, and identifying the best ways of working together and staying in touch.
- Where social work practice fell short of our expected standards, this has been addressed as part of formal supervision process to support learning and professional development. We are also reviewing our Supervision policy and supporting documents to see if any improvements can be made.

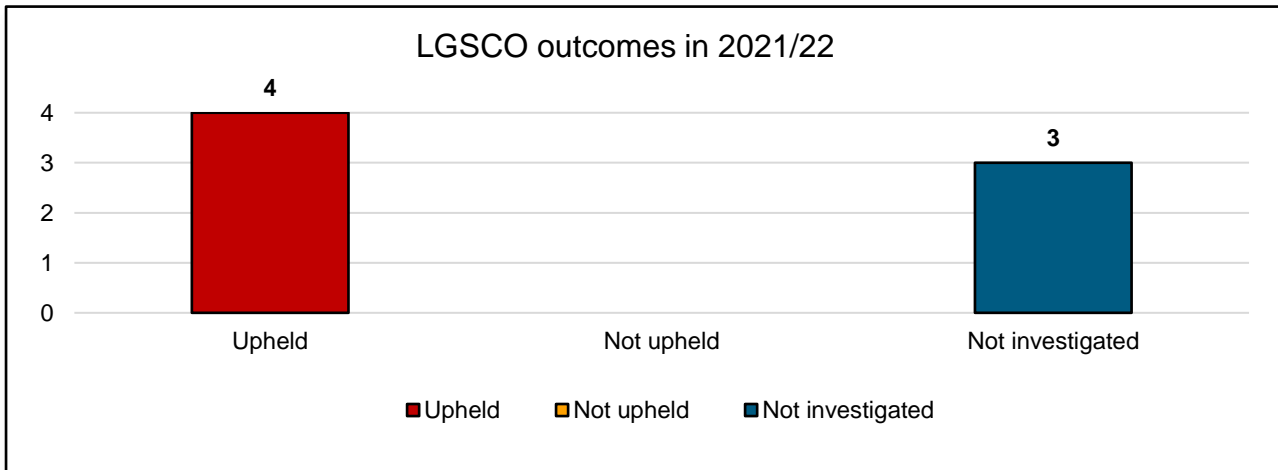
- Teams received refresher training on domestic abuse.
- We are commissioning training on the importance of professional curiosity.
- Our training in relation to the Equality Act has been updated to include information regarding assistance animals and the Council's responsibilities in respect to this.
- We have made the Disability Related Expenditure question within our electronic recording system mandatory. This will support staff in ensuring this is included in discussions with individuals, families and/or carers, supporting correct calculation of client contributions.
- Teams received refresher training on what can and cannot be disregarded in financial assessment calculations to ensure the correct information is given to customers and/or their representatives.
- Reminders were issued about processes and best practice. For example, several visits over different times of the day should be completed to get a more holistic picture during assessments. Ensure that people and their family/carers are appropriately informed prior to assessments being undertaken. Keep in contact with individuals and respond to any issues that are raised.
- To ensure better working practices we have introduced a duty protocol across the service to ensure when workers are unavailable there is another contact that individuals, carers and families can have to keep in touch with.
- One named officer will liaise with individuals or families to resolve issues to avoid customers having to make continual contact. We will ensure that once an individual, their family member and/or carer has made contact that it is the responsibility of the worker receiving the call. Any follow up actions by other officers will be communicated by the single point of contact.
- A new operational protocol has been implemented to ensure regular contact is made through an individual's hospital admission to ensure families are kept up to date of any discharge plans.
- Processes have been put in place to ensure that customers are contacted at the earliest by the invoicing and collection teams to set up a payment arrangement, this will minimise risk of delays.
- Involving people who have made complaints and experts by their experience in learning for staff.

Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

Seven cases were escalated to the LGSCO in 2021/22. All cases have been determined in the year. Three cases were closed with no further investigation, four cases were upheld. One of which was not investigated further as the LGSCO considered that satisfactory remedy had been provided by the organisation.

Chart 10: Local Government & Social Care Ombudsman outcomes in 2021/22



The Council fully complied with the recommendations made by the LGSCO, and learning was taken forward to improve practices in relation to calculation of disability related expenditure, and communication. Training has been amended to include information regarding assistance animals and the organisations responsibilities in respect of this. The Ombudsman also identified that there was a delay in internal processes and lack of clarity regarding the use of micro providers. Commissioners will escalate micro providers use and process with CQC to enable them to meet community needs.

The Council has already made service improvements to its Adult Social Care Service including creating a Learning Disability and Autism Team to prevent a recurrence of the faults identified.

Concluding Comments

This Annual Report shows that the number of Adult Statutory Complaints we received in 2021/22 decreased from the previous year. Our services continue to result in a low number of complaints at a time when there have been major reductions in government funding for local authority service provision. Despite this financial backdrop, the Council continues to manage complaints well and is committed to putting right anything that has gone wrong.

The number of statutory complaints upheld was high in comparison to the total number received (at 58%). However, the Council acknowledges that the services it provides must continually evolve by us acknowledging and learning from our customers' experiences of them and actively identifying improvements.

Time scales for responding to complaints have significantly improved during the last 12 months following some significant changes to local procedures and our complaints policy, this has seen complaint timescales reduce significantly, as time scales are agreed from the outset complaints are rarely extended beyond this timescale more effectively managing our customer expectations.

Complaint handling recommendations

- When completing a complaint investigation and response, services should assess whether any element of the customer journey could have been improved, even if this does not form part of the complaint. i.e. Could improved communication have prevented the customer's concerns being escalated to a formal complaint?
- Services should continue to respond in accordance with both statutory policy and our local policy so that customers get a resolution as swiftly as possible and are contacted at an early stage to discuss their concerns. When an amended response date has been provided, this must be honoured and not further extended.
- Services should continue to ensure that they are prioritising complaints and responding within the stated timescales. If there are unforeseen delays, the Customer Relationship team should be notified immediately so that we can notify the customer and advise them of the date they should expect their response and the reason for the delay.
- The legislation allows for a complaint not to be registered as such if it is resolved within 24 hours of receipt. This should be used as an opportunity to resolve the concerns of customers as swiftly as possible and involve them in the resolution of the matter – so as to reduce the number of complaints needing to be filed going forward.

- When responding to a complaint, all of its points should be addressed so that the customer receives a full response and, as a council, we get it right first time. Resources are available to assist officers when investigating and responding to complaints. The Customer Relationship team quality checks responses, and often makes comments and suggested amendments. The role of the Customer Relationship team is to ensure that complaints progress and complaint standards are adhered to. This is reflected in the advice they provide.
- An investigation template should continue to be completed for all statutory complaints, this ensures that detail of the investigation and records review is kept for if the complaint escalates further to the LGSCO. It also allows for ongoing learning and development to be shared.
- The Customer Relationship team will also continue to escalate complaints that have exceeded timescales to their appropriate Director.
- Meetings every six weeks with Directors will continue to ensure that complaints are being handled appropriately and learning identified.
- The list of complaints outstanding which can be accessed by Directors and their Service Delivery Managers, should continue - as this is having a positive impact on timescales.
- The Council's Adult Statutory Complaint Policy has been reviewed and approved in 2021/22. The Customer Relationship team will continue to work with senior leadership teams to effectively utilise complaints intelligence to support positive improvements in service delivery.

Oversight and support provided by the Customer Relationship Team

The Customer Relationship team continues to support Service Areas to both manage and learn from complaints. The key services they offer are:

1. Complaints advice and support
2. Quality assurance of statutory complaint responses
3. Act as a critical friend to challenge service practice
4. Support with persistent and unreasonable complainants
5. Assistance in drafting comprehensive responses to complaint investigations
6. Continue to escalate overdue complaints to Directors

Customer Relationship Team priorities for 2022/23

During 2022/23, the Customer Relationship team will focus on a number of key priorities:

- Helping to improve the Council's record of timely complaint responses
- Continuing to improve and add to the resources available to managers when responding to complaints and other correspondence, while encouraging self-help
- Working with services to develop an investigation template, and providing a complaint workshop covering complaint procedures and how to both investigate and respond to complaints
- Providing complaint data to senior management on a monthly basis, as part of corporate monitoring
- Working to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman
- Continuing to provide a quarterly and monthly reporting dashboard of performance data to senior management so that improvement can be driven forward continuously during the year

Appendix

Legislation

Section 5 of the Regulations (2009) requires local authorities to consider complaints made by anyone who:

- Is receiving, or has received, services from the Council
- Is affected, or is likely to be affected, by the action, omission or decision of the Council

A person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for someone.

The 2009 regulations set a benchmark for all complaints to be investigated within six months. If the investigation is going to exceed this timescale, the local authority should write to the complainant to advise them of this and explain the reasons why.

The Corporate complaints process is used for anyone else who makes a complaint.

What is a complaint?

A complaint is generally defined as an expression of dissatisfaction or disquiet about actions, decisions or apparent failings of a local authority's Adult Social Care provision that requires a response. We will always try to resolve problems or concerns before they escalate into complaints. If it is possible to resolve a matter immediately (or within 24 hours), there may be no need to engage in the formal complaints process.

The purpose of a complaints process is to resolve concerns raised by service users and their representatives, to deliver outcomes that are appropriate and proportionate to the seriousness of the issues, and to ensure that changes are made in response to any failings that are identified.

To achieve this, the approach to handling complaints must incorporate the following elements:

- Engagement with the complainant or representative throughout the process
- Agreement with them about how the complaint will be handled
- A planned, risk-based and transparent approach
- Commitment to prompt and focussed action to achieve the desired outcome
- Commitment to improvement and the incorporation of learning from all complaints

A complaint must be made no later than 12 months after:

- The date on which the matter that is the subject of the complaint occurred, or

- If later, the date on which the matter that is the subject of the complaint came to the notice of the complainant

The time limit will not apply if the Complaints Manager is satisfied that:

- The complainant had good reasons for not making the complaint within the time limit, and
- Notwithstanding the delay, it is possible to investigate the complaint effectively and fairly

Who can make a complaint?

A complaint may be made by a relative, carer or someone who is acting on behalf of a person who has died, or is unable to make the complaint themselves because of:

- Physical incapacity, or
- Lack of capacity within the meaning of the Mental Capacity Act 2005, or
- Has requested that the representative act on their behalf

Complaints may be received through a variety of media (phone, letter, email, feedback form, personal visit, etc.) and at various points within the Council (to staff members, via respective web addresses, direct to the Customer Relationship team, etc.).

The Adult Statutory Complaints Procedure of Telford and Wrekin Council

When a complaint is first received, the Customer Relationship team will carry out an initial assessment of it to determine its issues, severity and potential impact, and to identify any other organisations that maybe involved.

When someone contacts the Customer Relationship team to make a complaint, they will acknowledge it within three working days. They will also offer a meeting to the complainant to discuss the matter and establish their desired outcome. Agreement is sought on the following points:

- The detailed account of the complaint
- The complainant's view of the impact it has had on them
- Specific reference to any aspect that requires immediate action within the adult safeguarding/protection procedures
- Details of the outcome(s) that will resolve the matter from the complainant's perspective
- Whether the subject of the complaint could relate, entirely or partly, to another body (e.g. an NHS body or an independent care provider) and therefore a joint approach may be needed

- How the complaint will be investigated and by whom
- How long it should reasonably take to investigate the matter and provide the complainant with the Council's formal response
- How often, and by what means, the complainant will be updated on the progress of the investigation
- Whether an advocacy, translation or other support service is required
- Whether the involvement of an impartial mediator might contribute to a satisfactory resolution of the complaint

When an Adult statutory complaint is received we negotiate a timescale with complainants, depending on the complexity of the case. We aim to respond to all Adult Statutory Complaints within a maximum of 65 working days.

When the investigation is complete, the appropriate manager will write a letter explaining what they have found and what they will do to put things right.

If the complainant is not happy with the final decision or how we have dealt with their complaint, they can refer the matter to the Local Government & Social Care Ombudsman (LGSCO).

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Children's Statutory Complaints report

Improving our Customer Experience

Annual Report 2021/22

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Purpose of the Report

- To report statistical information to Members and Officers detailing Telford and Wrekin Council's Children's Social Care complaints from 1 April 2021 to 31 March 2022.
- To provide an open resource to anyone who wishes to scrutinise local services.
- To outline the key developments and planned improvements to the complaints processes operated by the Council.
- To consider how the learning from complaints can be used to improve the overall customer experience.

Introduction

This Annual Report covers all complaints made about Children's Social Care that were received by the Customer Relationship team and dealt with under the statutory complaints procedure during the period 1 April 2021 to 31 March 2022.

The 2006 Social Care complaints guidance 'Getting the Best from Complaints' (Department for Education and Skills (DFES), 2006) requires that an Annual Report be arranged by a local authority's Complaints Manager to provide a mechanism by which it can be kept informed about the operation of its complaints procedure. The report should be presented to staff, the relevant local authority committee, and be made available to both the regulator and general public. It should provide details about:

1. Representations made to the Council
2. The number of complaints at each stage
3. The types of complaints made
4. The outcome of the complaints
5. Compliance with timescales, and detail complaints resolved within extended, agreed timescales
6. Complaints that were considered by the Local Government & Social Care Ombudsman
7. A review of the effectiveness of the complaints procedure
8. Learning and service improvements, including changes to services that have been implemented and details of any that have not

Please see the Appendix for details of the legislation and procedure.

Highlights 2021/22

The lowest number of Children's Statutory Complaints received for the last 7 years

**17%
Reduction in Children's Statutory Complaints**

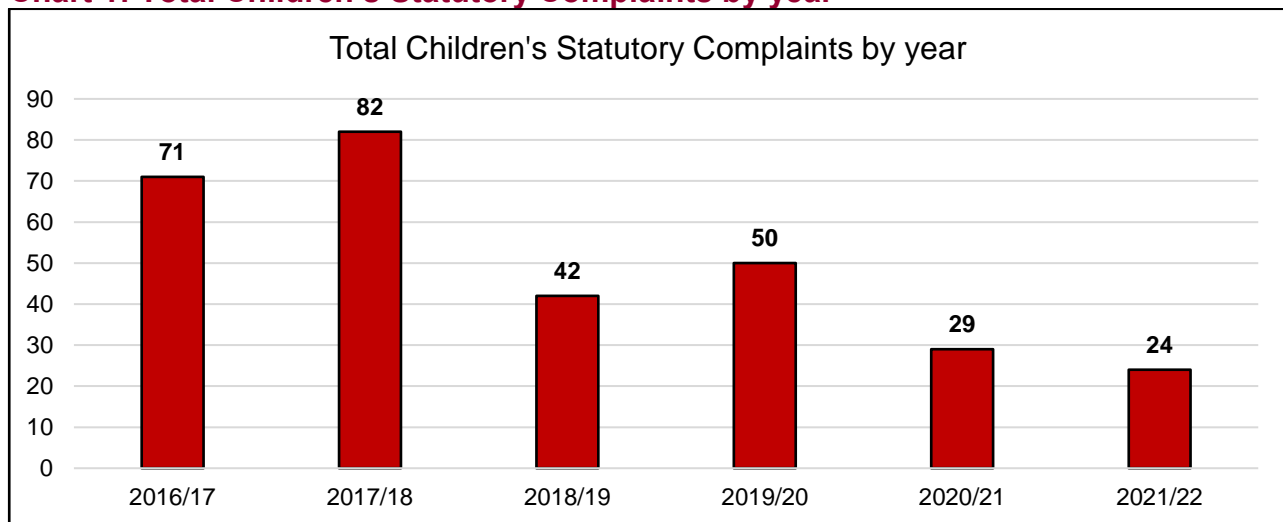
The average number of days to respond to complaints has improved to 14 days

Children's Statutory Complaints 2021/22

We received 24 Children's Statutory Complaints between 1 April 2021 and 31 March 2022. The number of complaints received decreased by 17% compared to 2020/21.

The period saw the lowest number of Children's Statutory Complaints received over the past 7 years. The chart below shows a comparison of the number of statutory complaints over the past six years.

Chart 1: Total Children's Statutory Complaints by year



The 24 complaints were all dealt with at Stage One, with only one progressing to an independent Stage Two investigation.

Stage	Number of complaints
One	24
Two	1
Three	0
Total	25

Of the 24 Stage One complaints received, 24 were completed during the period. One Stage Two complaints was received and independently investigated. No Stage Three Panels were completed in 2021/22.

Contact Types

Children's Statutory Complaints were received from the following in 2020/21:

Complainant	Number of complaints
Parent	11
Carer	1
Child/young person	1
Foster carer	2
Other family member	2
Advocate/representative	7
Total	24

One complaint was received directly from children and young people in 2021/22. Four were received from children via the Council’s representations service.

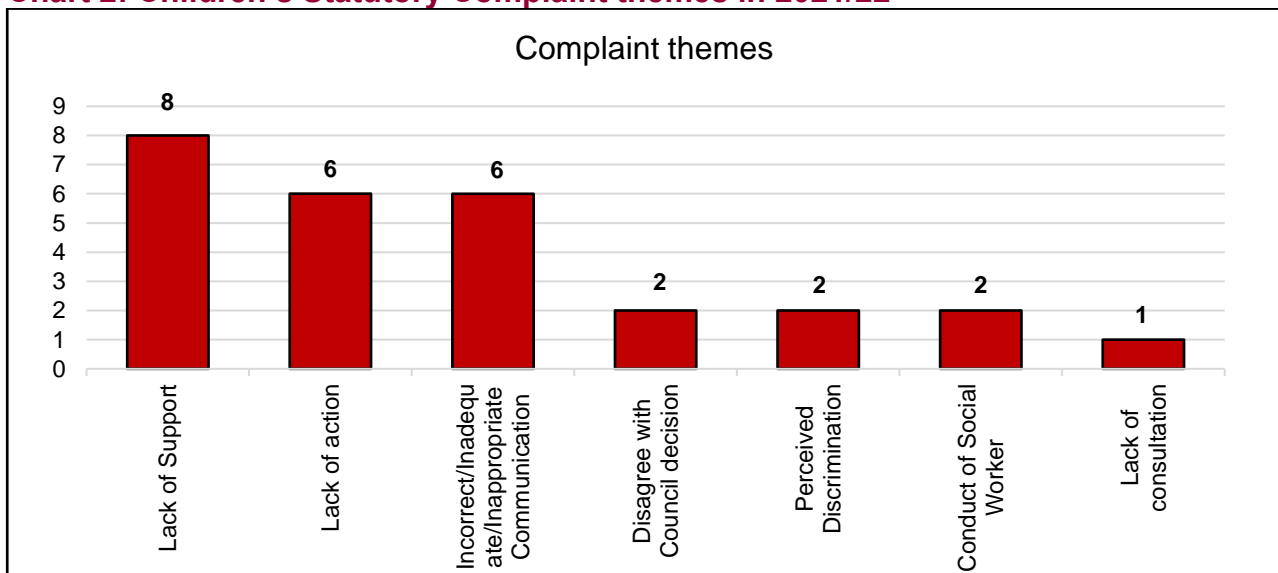
Customer Access Channels and Digital Contact

Complainant channel	Number of complaints
Email	17
Web form	3
Telephone	3
Letter	1
Total	24

In 2021/22, 83% of Children’s Statutory Complaints were received via a digital access channel, including via our online complaints web form and by email directly to the Customer Relationship team.

Complaint Themes

Chart 2: Children’s Statutory Complaint themes in 2021/22

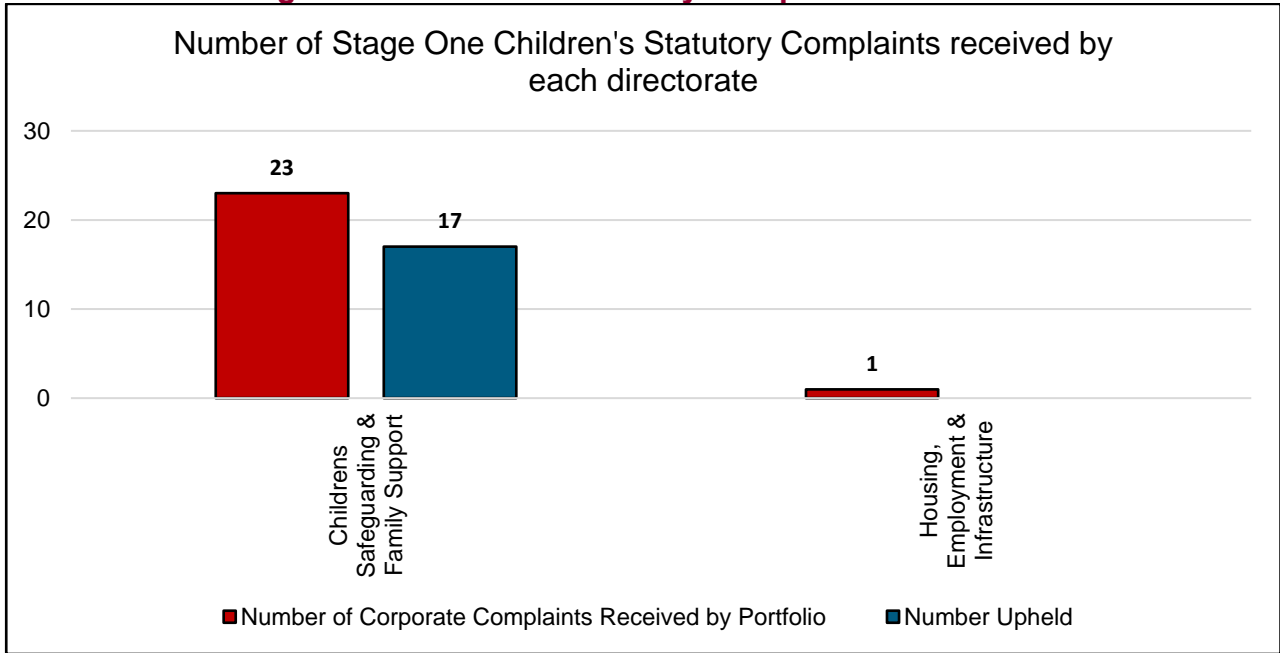


Most of the themes are self-explanatory and give a clear idea about the types of concerns raised in relation to our involvement.

Complaints received by directorate

The chart below details the statutory complaints received by each directorate against the number subsequently upheld.

Chart 3: No of Stage One Children's Statutory Complaints received

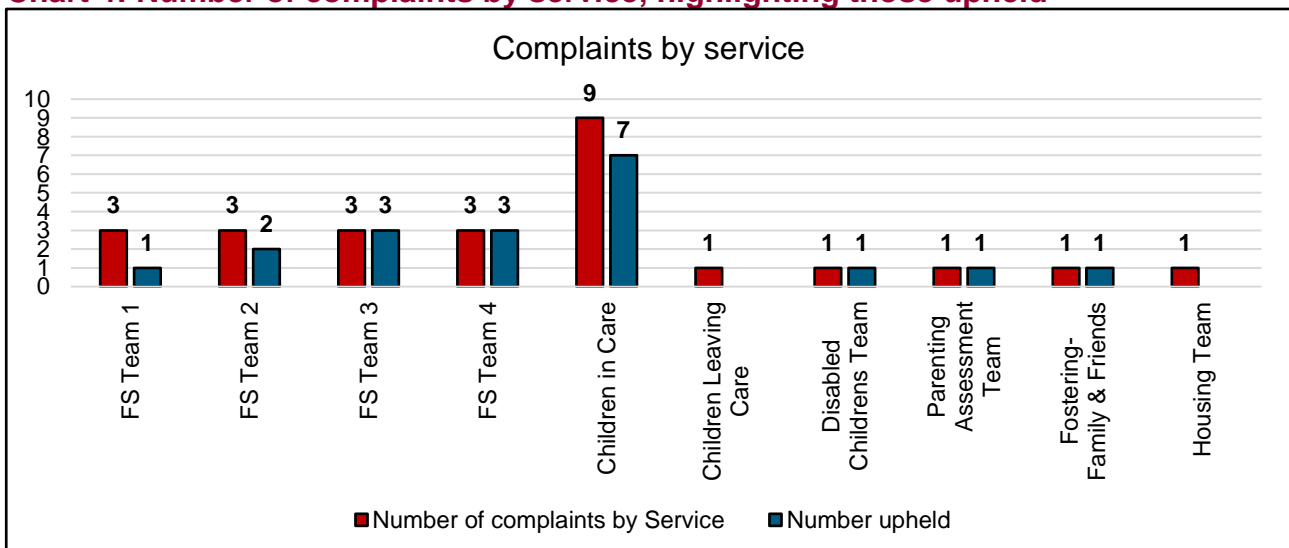


The number of upheld complaints against number received for Children's Safeguarding & Family Support was 71%. Housing, Employment and Infrastructure saw 0% upheld; however, this directorate only received one complaint in 2021/22.

Of the 24 complaints completed, 71% (17) were upheld, 29% (7) were not upheld and 0% (0) were dealt with via another method.

The chart below includes the number of complaints received by each service. Please note that the number of complaints detailed below is higher than the overall total because certain complaints had multiple issues raised with different teams. This chart seeks to show all the services against which issues were raised, meaning that an individual complaint may be counted multiple times within it.

Chart 4: Number of complaints by service, highlighting those upheld



The most upheld complaints were in the Children in Care service, where nine complaints were received and seven of them upheld.

Issues raised included lack of communication, poor experience in placement, delay completing assessment or allocating a worker, record keeping and lack of support.

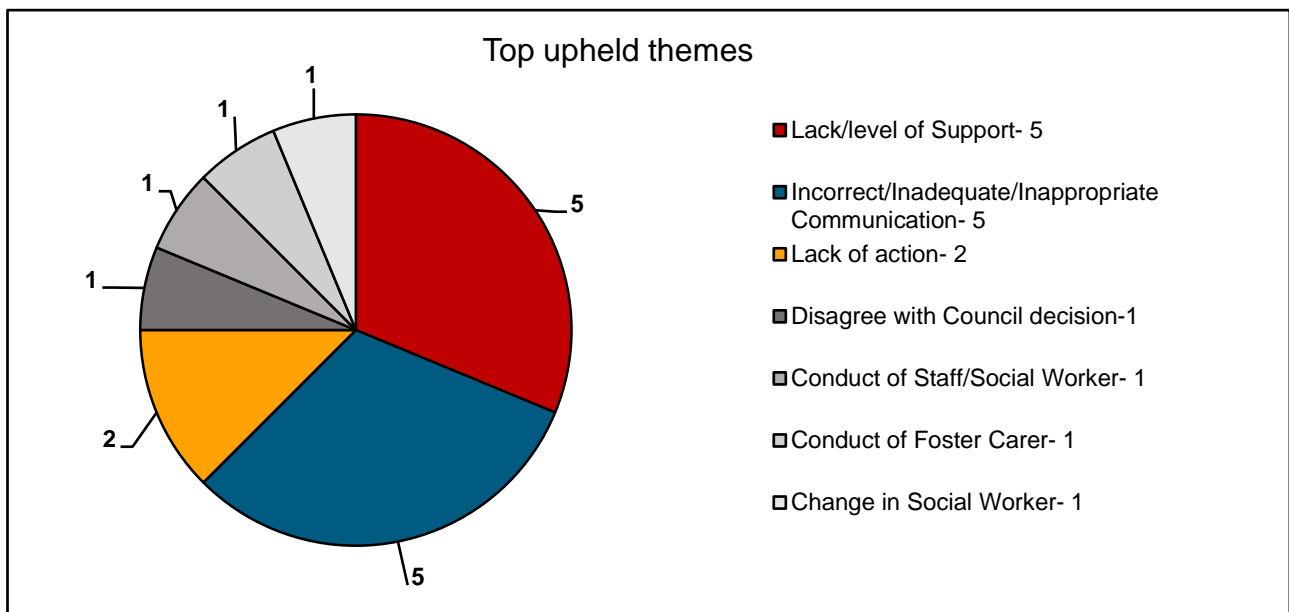
12 complaints in total were received for our Family Safeguarding teams, nine of which were upheld.

Issues raised included lack of communication from social worker or team, lack of action, delay in providing information, inadequate communication with child’s birth parents, lack of smooth transition between workers and record keeping.

Themes of upheld complaints

Of the upheld statutory complaints, the top themes raised were as detailed in the chart below.

Chart 6: Upheld themes



The above categories are self-explanatory and give a clear indication of the overall areas of our service or aspects of our work that had the most upheld complaints. This indicates that 21% of upheld complaints related to either communication or the lack/level of support received. This covers a variety of concerns including a lack of social worker contact or support provided by a staff member, a lack of signposting, the lack of a stable social worker and a lack of understanding from staff regarding a complainant’s situation.

Individual management reports are shared with service managers on a regular basis, which allows for greater analysis and interpretation of the data.

Timescales for responses

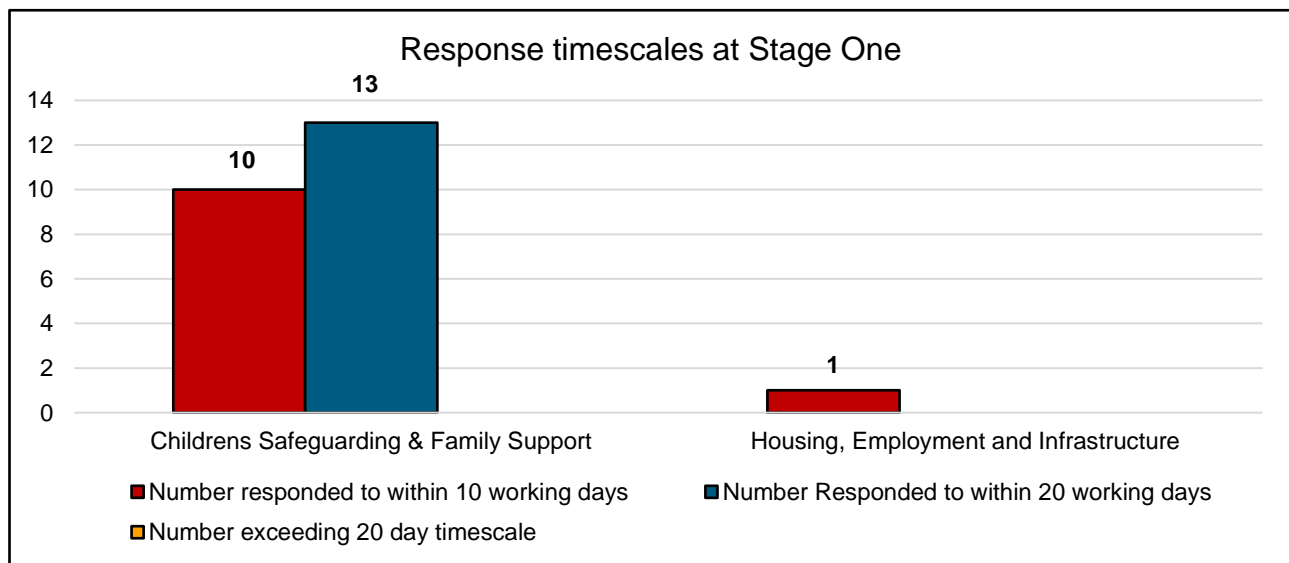
Our Children’s Statutory Complaints Policy has been written in line with The Children Act 1989 Representations Procedure (England) Regulations 2006, which outline how Children’s Statutory Complaints should be handled and the three stages involved.

Stage One should be an opportunity to resolve the complaint at service level and should be completed within 10 working days. This may be extended to 20 working days in exceptional circumstances and with the prior agreement of the complainant.

Stage Two is an independent investigation that should be completed within 25 working days. This may be extended to 65 working days in more complex cases.

Stage Three is a Panel where the investigations at Stage One and Stage Two are reviewed.

Chart 7: Response timescales at Stage One



Of the 24 complaints that were completed, 10 were responded to within the 10 working day timescale and 13 were completed within the 20 day extended timescale. No complaints exceeded the extended 20 working day timescale.

The average number of days to respond in Children’s Statutory Complaint was 14 working days, which is a significant improvement on the 23 days achieved in 2020/21.

Children’s Social Care complaints are complex and this can impact on timescales. However since November 2020 new procedures have been put in place to improve timescales. Complaints are now RAG (red, amber, green) rated and copied to the Director. The Director is also copied into progress chases. Six-weekly meetings take place with Directors to review all outstanding cases and learning. Complaint training was also given to managers and team leaders in the last quarter of 2020. This significant improvement on

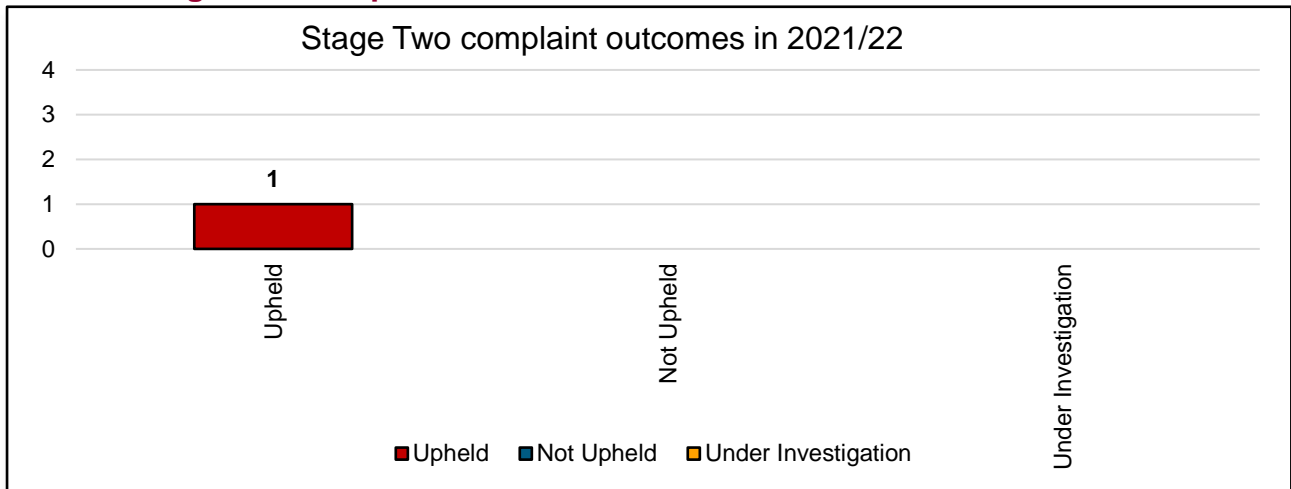
the time scales for Children’s Statutory Complaint is a direct indication that these procedures have impacted on the timescales.

Overall in 2021/20, 100% of complaints were responded to within the statutory timescale of 20 working days and 46% were responded to within ten working days.

Statutory Stage Two complaints

During 2021/22, one (4%) Statutory Stage One complaint progressed to Stage Two of the process.

Chart 8: Stage Two complaint outcomes in 2021/22



The upheld complaint related to a fostering placement and finances, and the associated record keeping in relation to discussions around finances.

The complaint was resolved at Stage Two of the procedure.

There was a decrease in the number of statutory Stage Two investigations in 2021/22, these being investigated by the use of Independent Persons. The majority of complaints were resolved locally at Stage One of the procedure.

The average number of days to complete a Stage Two investigation was 55, which was an increase on the 66 day average achieved in 2020/21, note there was one complaint investigated.

There were no Stage Three panels in 2021/22.

Learning and outcomes from Children’s Statutory Complaints

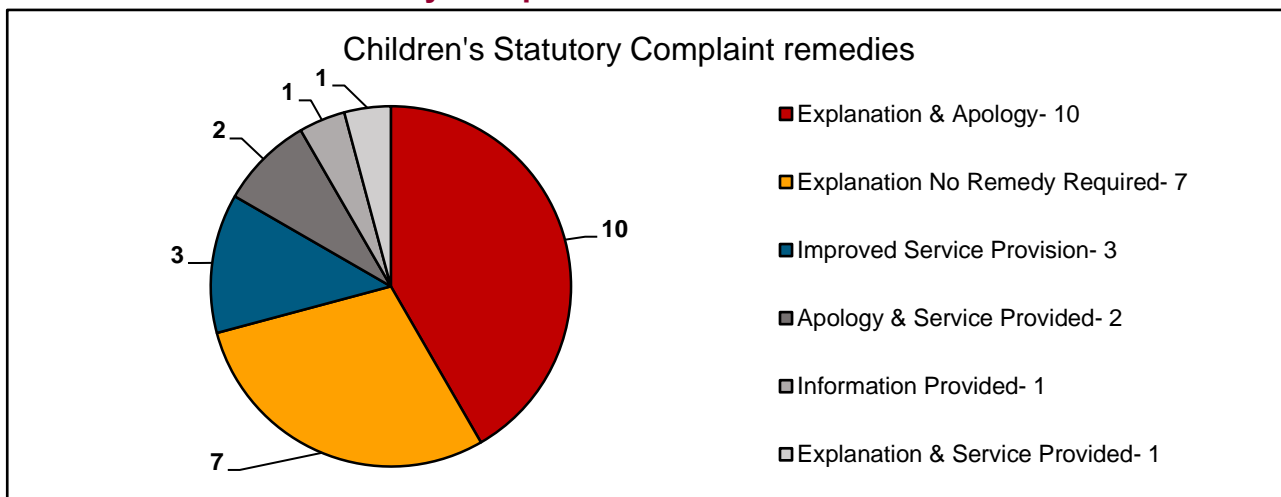
Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell

us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to understand the impact that complaints have had on people and to learn the lessons from them to so as to improve the experience of others.

Lessons can usually be learned from complaints that were upheld, but also in some instances where no fault was found, the Council recognises that improvements to services can still be made.

Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they see the "bigger picture" so that residents receive the best possible service from the Council. The Customer Relationship team will continue to provide daily advice and support to managers around complaints management and resolution, and with responding to representations.

Chart 9: Children's Statutory Complaint remedies in 2021/22



Of the remedies recorded against Children's Statutory Complaints in 2021/22:

- 42% were to provide an explanation and apology
- 29% were to provide an explanation and no remedy was required
- 13% were to improve service provision
- 8% were to provide an apology and a service was provided

Positive Improvements

Throughout the year, we record the learning identified from each complaint in order to build up a picture of common themes or trends. Learning from corporate complaints is considered alongside that from statutory complaints as part of our quality assurance activities.

Below are examples of positive changes that have resulted from learning from complaints:

- Individual remedies have been completed concerning support plans and working agreements, assessments, referrals, meetings, and documentation.

- A reminder issued to team manager that where social workers are absent from work, visits will continue to be completed.
- Review of contact and associated processes and how contact is communicated with professionals prior to and on the day of contact, ensuring that there is a robust process to reduce the risk of communication breakdown
- Lessons have been learnt around adoption processes and practices. Particularly around any transition and introduction plans from family placements and around preparation and support to children, birth family and adopters.
- Officers have been reminded of the expectation that minutes of meetings are provided
- Reminder to social workers that if children present at A&E interested parties are updated
- Reminder to social workers to let young people they are supporting know when they are on leave
- Reminder of the importance of communicating with birth parents
- Review has been undertaken to provide better consistency of communication and that agreed communication timescales are met.
- Investigations undertaken by external fostering agencies will have oversight to ensure that they are investigated appropriately and a response is provided to all elements of the complaint.
- We will be working more closely with external foster carer agencies to make sure that they are fully aware of the Council's expectations and that these are being delivered.
- Discussions about savings and finances should be held with those involved on a regular bases and full details should be recorded within minutes and notes on the record to make sure it is clear in future.
- Independent Reviewing Officers have been reminded to have these discussions with child/foster carers and for the discussions to be recorded. There is a new policy in place to ensure that any issues around finances prevented from happening again.
- Additional training has been given to ensure high standards of record management

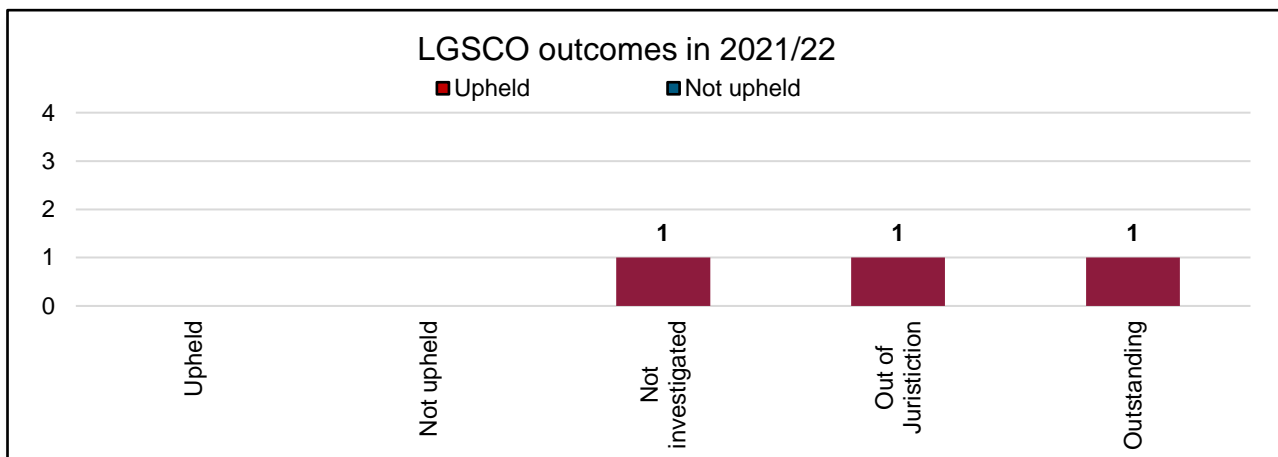
- We have implemented a process whereby files cannot be closed until all tasks have been completed and then signed off by the relevant Team Manager
- We will ensure that plans for the ending of placements are clearly articulated at the outset

Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

Three cases were escalated to the LGSCO in 2021/22, two decisions were received in 2021/22, both decisions were not to proceed with an investigation. One case remains open with the LGSCO on 31 March 2022.

Chart 10: Local Government & Social Care Ombudsman outcomes in 2021/22



The Council always ensures that it complies with the recommendations made by the LGSCO, and learning is taken forward to improve practices.

Concluding Comments

This Annual Report shows that the number of Children's Statutory Complaints we received in 2021/22 decreased from the previous year. Our services continue to receive a low number of complaints at a time when there have been major reductions in government funding for local authority service provision. Despite this financial backdrop, the Council continues to manage complaints well and is committed to putting right anything that has gone wrong.

Response times have significantly improved during 2021/22 with the average number of days to respond to a statutory complaint reducing from 23 days in 2020/21 to 14 working days.

100% of complaints were responded to within the statutory timescales with 46% sent within the initial 10 working days.

This achievement has followed a significant amount of work undertaken following a review of our handling of complaints towards the end of 2020. Training was provided to staff and processes amended in an effort to improve performance going forward. This has resulted in a significant improvement in 2021/22.

The Customer Relationship team continued to update complainants concerning any delays or extended response timescales. They also continued to work with services to further improve on the timescales achieved.

In 2022/23, the Customer Relationship team will continue working with services to ensure that the percentage of responses sent within statutory timescales continues.

Recommendations

Our recommendations for this financial year are:

- When completing a complaint investigation and response, services should assess whether any element of the customer journey could have been improved, even if this does not form part of the complaint. i.e. Could improved communication have prevented the customer's concerns being escalated to a formal complaint?
- It is recognised that delays maybe occurring due to social worker availability. Ideally however, case notes should be sufficiently detailed to allow others to respond in their absence.
- Services should continue to ensure that they are prioritising complaints and responding within the stated timescales. If there are unforeseen delays, the Customer Relationship team should be notified immediately so that we can notify the customer and advise them of the date they should expect their response.

- Officers were delayed in provided comments when reviewing interview notes from a Stage Two investigation. Comments were only provided once the draft report was submitted, causing a delay and additional work for the investigator. Stage Two investigations are completed by Independent Investigators, often from outside the Council, therefore responding to this information should be prioritised.

A service level complaints guide is in development, which will cover guidance and expectations for communication with complainants, and also timescales and extension arrangements.

Oversight and support provided by the Customer Relationship Team

The Customer Relationship team continues to support Service Areas to both manage and learn from complaints. The key services they offer are:

1. Complaints advice and support
2. Quality assurance of statutory complaint responses
3. Act as a critical friend to challenge service practice
4. Support with persistent and unreasonable complainants
5. Assistance in drafting comprehensive responses to complaint investigations
6. Continue to escalate overdue complaints to Directors

Customer Relationship Team priorities for 2022/23

During 2022/23, the Customer Relationship team will focus on a number of key priorities:

- Helping to improve the Council's record of timely complaint responses
- Continuing to improve and add to the resources available to managers when responding to complaints and other correspondence, while encouraging self-help
- Working with services to develop an investigation template, and providing a complaint workshop covering complaint procedures and how to both investigate and respond to complaints
- Providing complaint data to senior management on a monthly basis, as part of corporate monitoring
- Working to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman
- Continuing to provide a quarterly and monthly reporting dashboard of performance data to senior management so that improvement can be driven forward continuously during the year

Appendix

Legislation

The Children Act 1989 Representations Procedure (England) Regulations 2006 underpin all representations received from children and young people, their parents, foster carers or other qualifying adults about social care services provided or commissioned by Children's Social Care. The act and regulations set down procedures that councils with social care responsibility must follow when a complaint is made.

The Children's Statutory Complaints Procedure is a three stage process. Stage One is where complaints are investigated at service level, Stage Two is where an independent investigation takes place and Stage Three is where a Panel of Independent Persons will review the investigations undertaken at Stage One and Stage Two.

The Corporate complaints process is used for anyone else who makes a complaint.

What is a complaint?

We define a complaint as:

'A statement, written or verbal, which expresses dissatisfaction about any aspect of the social services provided by or on behalf of the Service Delivery Units responsible for services to children.'

The purpose of a complaints process is to resolve concerns raised by service users and their representatives, to deliver outcomes that are appropriate and proportionate to the seriousness of the issues, and to ensure that changes are made in response to any failings that are identified.

To achieve this, the approach to handling complaints must incorporate the following elements:

- Engagement with the complainant or representative throughout the process
- Agreement with them about how the complaint will be handled
- A planned, risk-based and transparent approach
- Commitment to prompt and focussed action to achieve the desired outcome
- Commitment to improvement and the incorporation of learning from all complaints

A complaint must be made within 12 months of the event complained about, or when the customer became aware of the matter/ event. Nevertheless, the Council has the discretion to waive this time limit if:

- It would not be reasonable to expect the complainant to have made the complaint sooner, and
- It is still possible to deal with the complaint effectively and fairly

Who can make a complaint?

A complaint may be made by:

- Children or young people who are receiving, or have received, services provided by the Council, or are entitled to receive such a service because they are looked after by the Borough, or because they are deemed to be 'in need', as defined by the Children Act 1989
- People who have parental responsibility for these children and young people
- Advocates and representatives of any of the above children and young people (providing that it has been established, as far as possible, that the advocate or representative is reflecting the child's or young person's own wishes)
- Foster carers who want to comment or complain about the service being provided to a child or young person for whom they are caring
- Any other person, providing that they are deemed to have sufficient interest in the child's or young person's welfare to justify the Council considering the complaint

Complaints may be received through a variety of media (phone, letter, email, feedback form, personal visit, etc.) and at various points within the Council (to staff members, via respective web addresses, direct to the Customer Relationship team, etc.).

Who can make a complaint?

When a complaint is first received, the Customer Relationship team will carry out an initial assessment of it to determine its issues, severity and potential impact, and to identify any other organisations that maybe involved.

Whenever a complaint is received from a child or young person, the Customer Relationship team will notify the Rights & Representations Service of the need to offer the complainant an advocacy service within the remit of the 2004 Advocacy (Services & Representations) Regulations. A child or young person whose complaint is being considered within this procedure is entitled to advocacy services throughout the process. Subject to the approval of the child or young person, all correspondence with regard to the complaint will be copied to the advocate, who will be entitled to accompany the complainant at any meeting or interview about the complaint they attend.

When someone contacts the Customer Relationship team to make a complaint, they will acknowledge their complaint within two working days. The Customer Relationship team will then pass details of the complaint to the appropriate Service Delivery Manager.

We aim to respond to all Stage One Children's Statutory Complaints within ten working days. However, due to the nature and complexity of some issues, it may take longer, and - in agreement with complainants - the timescale may be longer (subject to a maximum of 20 working days).

When the investigation is complete, the manager concerned will write a letter explaining what they have found and will do to put things right.

If the complainant is not happy with the response or how we have dealt with their complaint, they can request that it is considered at Stage Two of the procedure, where it will be investigated by an independent investigator.

Following this investigation, the findings will be sent to the complainant, at which point they may request that the investigations undertaken at Stage One and Stage Two are reviewed at Stage Three by a Panel.

Following the Panel meeting, if the customer is not happy with the final decision or how we have dealt with their complaint, they can refer the matter to the Local Government & Social Care Ombudsman (LGSCO).

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20 July 2022

By email

Mr Sidaway
Chief Executive
Telford & Wrekin Council

Dear Mr Sidaway

Annual Review letter 2022

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2022. The information offers valuable insight about your organisation's approach to complaints. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to encourage effective ownership and oversight of complaint outcomes, which offer such valuable opportunities to learn and improve.

Complaint statistics

Our statistics focus on three key areas that help to assess your organisation's commitment to putting things right when they go wrong:

Complaints upheld - We uphold complaints when we find fault in an organisation's actions, including where the organisation accepted fault before we investigated. We include the total number of investigations completed to provide important context for the statistic.

Compliance with recommendations - We recommend ways for organisations to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

Satisfactory remedy provided by the authority - In these cases, the organisation upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit organisations that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your organisation with similar authorities to provide an average marker of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 27 July 2022. This useful tool places all our data and information about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

Supporting complaint and service improvement

I know your organisation, like ours, will have been through a period of adaptation as the restrictions imposed by the pandemic lifted. While some pre-pandemic practices returned, many new ways of working are here to stay. It is my continued view that complaint functions have been under-resourced in recent years, a trend only exacerbated by the challenges of the pandemic. Through the lens of this recent upheaval and adjustment, I urge you to consider how your organisation prioritises complaints, particularly in terms of capacity and visibility. Properly resourced complaint functions that are well-connected and valued by service areas, management teams and elected members are capable of providing valuable insight about an organisation's performance, detecting early warning signs of problems and offering opportunities to improve service delivery.

I want to support your organisation to harness the value of complaints and we continue to develop our programme of support. Significantly, we are working in partnership with the Housing Ombudsman Service to develop a joint complaint handling code. We are aiming to consolidate our approaches and therefore simplify guidance to enable organisations to provide an effective, quality response to each and every complaint. We will keep you informed as this work develops, and expect that, once launched, we will assess your compliance with the code during our investigations and report your performance via this letter.

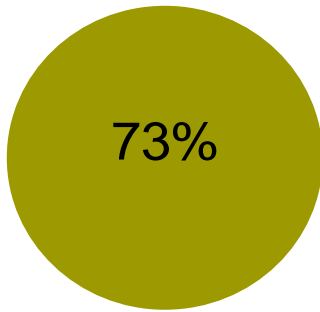
An already established tool we have for supporting improvements in local complaint handling is our successful training programme. We adapted our courses during the Covid-19 pandemic to an online format and successfully delivered 122 online workshops during the year, reaching more than 1,600 people. To find out more visit www.lgo.org.uk/training.

Yours sincerely,



Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Complaints upheld



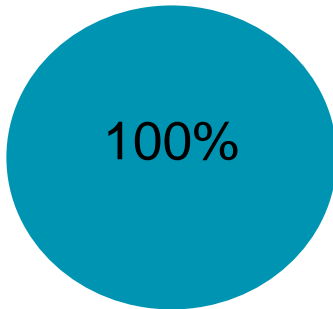
73% of complaints we investigated were upheld.

This compares to an average of **64%** in similar organisations.

8
upheld decisions

Statistics are based on a total of **11** investigations for the period between 1 April 2021 to 31 March 2022

Compliance with Ombudsman recommendations



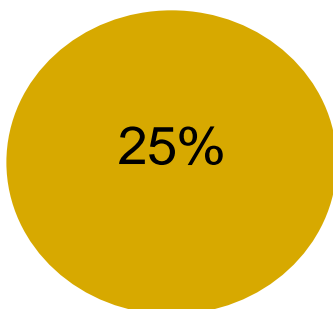
In **100%** of cases we were satisfied the organisation had successfully implemented our recommendations.

This compares to an average of **99%** in similar organisations.

Statistics are based on a total of **6** compliance outcomes for the period between 1 April 2021 to 31 March 2022

- Failure to comply with our recommendations is rare. An organisation with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedy provided by the organisation



In **25%** of upheld cases we found the organisation had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **12%** in similar organisations.

2
satisfactory remedy decisions

Statistics are based on a total of **8** upheld decisions for the period between 1 April 2021 to 31 March 2022

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Borough of Telford and Wrekin

Audit Committee Report

Wednesday 23 November 2022

Internal Audit Activity Update Report, PSIAS Action Plan Update & The Effectiveness of the Audit Committee

Cabinet Member:	Cllr Rae Evans - Cabinet Member: Finance, Governance and Customer Services
Lead Director:	Anthea Lowe - Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Tracey Drummond - Principle Auditor & Robert Montgomery - Audit & Governance Team Leader
Officer Contact Details:	Tel: 383105 Email: tracey.drummond@telford.gov.uk Tel: 383103 Email: robert.montgomery@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Senior Management Team – 8 November 2022

1.0 Recommendations for decision/noting:

1.1 It is recommended that members of the Audit Committee note the information contained in this report in respect of:

- Internal Audit planned work undertaken between 23 June 2022 - 30 September 2022 and unplanned work to date;
- the update on the action plan of the Public Sector Internal Audit Standards (PSIAS) external assessment action plan; and
- the update on the effectiveness of the Audit Committee action plan.

2.0 Purpose of Report

- 2.1 The purpose of this report is to update Members on the progress made against the 2022/23 Internal Audit Plan and to provide information on the recent work of Internal Audit.
- 2.2 To provide Members with an update on the action plan on the recommendations made in the PSIAS external assessment.
- 2.3 To update Members on the effectiveness of the Audit Committee action plan.

3.0 Background

- 3.1 This report provides information on the work of Internal Audit from 23 June 2022 to 30 September 2022 and provides an update on the progress of previous audit reports issued.
- 3.2 The key focus for the team during this period was the completion of audits on the annual audit plan and fulfilling commercial contracts.
- 3.3 The information included in this progress report will feed into and inform our overall opinion in our Internal Audit Annual Report. All audit reports issued during the year are given an overall audit opinion based on the following criteria:

Level of Assurance/Audit Opinion & Definition	
Good (Green) There is a sound system of control designed to address relevant risks with controls being consistently applied.	Reasonable (Yellow) There is a sound system of control but there is evidence of non-compliance with some of the controls.
Limited (Amber) Whilst there is a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls.	Poor (Red) The system of control is weak and there is evidence of non-compliance with the controls that do exist.

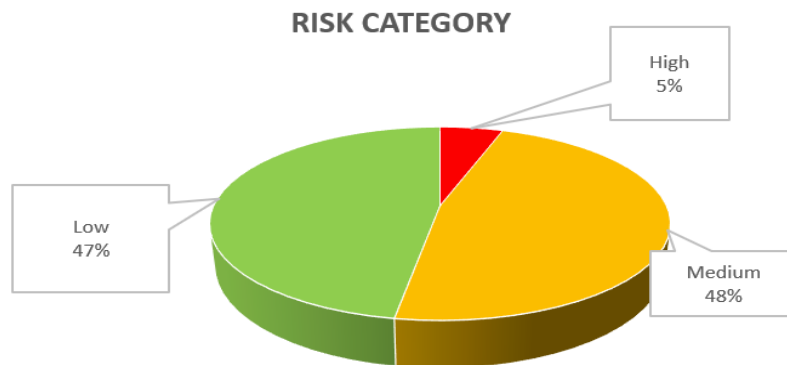
- 3.4 To determine the overall grading of the Internal Audit report each recommendation is risk rated (high, medium or low). The recommendation risk rating is based on the following criteria:

High risk = A fundamental weakness which presents material risk to the system objectives and requires immediate attention by management.

Medium risk = A recommendation to address a control weakness where there are some controls in place but there are issues with parts of the control that could have a significant impact.

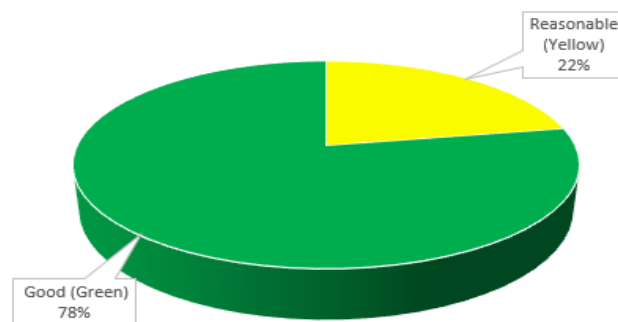
Low risk = A recommendation aimed at improving the existing control environment or improving efficiency, these are normally best practice recommendations.

3.5 The chart below shows the percentage of high (red segment), medium (yellow segment) and low (green segment) risk recommendations made for the reports issued during this period.



3.6 The level of assurance (based on table 4.3 above) for audit reports issued in this period is detailed below.

AUDIT REPORT ASSURANCES FOR THE PERIOD



3.7 The information in the above pie charts is broken down in the summary table below.

AUDIT REPORTS ISSUED BETWEEN 23/6/22- 30/9/22 AND CURRENT STATUS						
Area	Date of Report	Level of risk on plan	Original Audit Grade	Follow up Due	Revised Grade	Comments
Climate Change and Carbon Reduction	26/07/2022	H	Reasonable	Jan-23	N/a	Follow up not yet undertaken
Mobile Endpoint	27/09/2022	M	Reasonable	Mar-23	N/a	Follow up not yet undertaken
Additional drug Treatment Crime & Harm Reduction (21/22)	14/07/2022	M	Good	n/a – green report	N/a	Follow up not yet undertaken
General Ledger (21/22)	19/07/2022	H	Good	n/a – green report	N/a	Follow up not yet undertaken
Local Transport Capital Block funding (pothole) grant	01/08/2022	M	Good	n/a – green report	N/a	Follow up not yet undertaken
Test & Trace Support Payment Grant	08/08/2022	M	Good	n/a – green report	N/a	Follow up not yet undertaken
Bus Subsidy Ring Fenced Revenue Grant	08/08/2022	M	Good	n/a – green report	N/a	Follow up not yet undertaken
ESF - Life Ready Work Ready	22/08/2022	L	Good	n/a – green report	N/a	Follow up not yet undertaken
Treasury Management	30/09/2022	H	Good	n/a – green report	N/a	Follow up not yet undertaken

3.8 Detailed below is the status of any reports previously issued and reported to Audit Committee. Members should note that once reports have reached a green status and have been reported to members they are excluded from future Audit Committee reports.

PREVIOUSLY ISSUED REPORTS & CURRENT STATUS					
Area	Date of Report	Original Audit Grade	Status previously reported to Audit Committee	Current Grade	Current status / Comments
Fleet Management	17/09/2020	Poor	2 nd follow-up to be carried out following the completion and implementation of the ongoing transport review.	Good	2 nd follow up complete. Grading changed to Green, therefore no further follow up due
Register of Interests	10/12/21	Reasonable	Follow up in progress.	Reasonable	Follow up complete. Need to test further once new policy implemented 2 nd follow up due Nov 2022
Horsehay Bar	31/03/2022	Poor	Follow up due September 2022	n/a	No change from previous status. Follow up booked end of Oct 2022
Millbrook Primary School	17/02/2022	Limited	1st follow up complete grade changed to Good (Green) however further follow up to be sent for one outstanding recommendation.	Good	Follow up complete. No further follow up to be undertaken
IT Data Back up	04/02/2022	Reasonable	n/a	Good	2 nd follow up complete. No further follow up to be undertaken

Lilleshall Primary School	14/02/2022	Reasonable	n/a	Good	1 st Follow up complete 2 nd follow up due January 23
Haughton	16/02/2022	Reasonable	n/a	Good	Follow up complete
St Lawrence CE Primary	08/03/2022	Reasonable	n/a	Good	Follow up complete, grading changed to Green. No further follow up to be undertaken
St Georges Primary School	14/03/2022	Reasonable	n/a		Follow up delayed to December 2022 due to school staff illness
Council Tax/NNDR	27/04/22	Reasonable	Follow up due Oct 22		Follow up n progress
ICT Software licensing	29/03/2022	Reasonable	Follow up due October 2022		No change from previous status
Purchase Ledger (21/22)	18/6/22	Limited	n/a		Follow up in progress
Apley Wood Primary School (21/22 Plan)	19/05/2022	Reasonable	n/a	Reasonable	1 st Follow up complete. 2 nd follow up due January 2023
Appointeeship & Deputyship Arrangments (21/22 Plan)	27/5/22	Reasonable	n/a		Follow up in progress
Healthy Weight Management grant	20/6/22	Good	n/a		No follow up to be undertaken as green report

Contained Management Outbreak (COMF) Grant	22/6/22	Good	n/a	No follow up to be undertaken as green report
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3.9 Internal Audit is confident and has been assured by management that controls have and will continue to improve in all areas where recommendations have been made. There are no other issues to bring to the attention of the Committee at this time.

4.0 Progress on completion of the 2022/23 Annual Audit Plan

4.1 Audit resources have been spent completing work from the 2022/23 plan and meeting corporate contract commitments.

4.2 Audit Committee members approved the 2022/23 Internal Audit Plan at the May 2022 committee meeting. Appendix 1 of this report shows the progress made against this plan, 10 audits have been completed and 7 are in progress. There have been no changes to the audits shown on the plan since the last audit committee meeting.

5.0 Quality Assurance and Improvement Programme

5.1 Internal Audit maintains a Quality Assurance and Improvement Programme that complies with the Public Sector Internal Audit Standards (PSIAS) alongside the normal quality review process applied to all audit assignments. The Audit & Governance Lead Manager undertakes an independent monthly check of randomly selected (number dependent on number of completed audits that month) completed audit files to ensure they comply with:-

- Requirements of the PSIAS
- Rules of the Code of Ethics
- Agreed Internal Audit process and procedures
- Approved Internal Audit Charter

Only minor Internal Audit procedural issues have been found from these checks and they have been fed back to the Internal Auditors during this time to aid continuous improvement in the service.

6.0 Public Sector Internal Audit Standards (PSIAS) External Assessment Action Plan

6.1 The outcome of CIPFA's external assessment of the Audit Team's compliance with the PSIAS was presented to the Audit Committee on the 19/7/22. Appendix 2 of this report shows the current status of the recommendations made from the assessment.

7.0 The Effectiveness of the Audit Committee

7.1 Results of the exercise to measure the effectiveness of the Audit Committee were presented to members at the 25/1/22 meeting Appendix 3 of this report shows the current status of recommendations made as part of this review.

8.0 Summary of main proposals

8.1 There are no proposals, this report is for information only.

9.0 Alternative Options

9.1 There are no options relating to this report as it is for information only

10.0 Key Risks

10.1 The risks and opportunities in respect to this report will be appropriately identified and managed

11.0 Council Priorities

11.1 The report supports the Council's values that are embedded in the delivery of all the Council's priorities

12.0 Financial Implications

12.1 In circumstances where Audit findings result in changes to service delivery or controls etc. the financial consequences are managed as part of the implementation of such changes. There are no financial implications of accepting the recommendations of this report.

13.0 Legal and HR Implications

13.1 The Accounts and Audit Regulations 2015 (Part 2, Regulation 5) state that the Council must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. The information set out in this report illustrates the work that has been undertaken to meet the appropriate statutory requirements.

13.2 In the event that an audit reveals a legal issue or concern this is referred to the Council's Legal Services Team and/or the Council's Monitoring Officer as appropriate for further advice and assistance.

14.0 Ward Implications

14.1 The work of the Audit team encompasses all the Council's activities across the Borough and therefore it operates within all Council Wards detailed in the Parish Charter.

15.0 Health, Social and Economic Implications

15.1 There are no health, social or economic implications arising from this report.

16.0 Equality and Diversity Implications

16.1 Transparency supports equalities and demonstrates the Council's commitment to be open and fair. All members of the Audit Team have attended equal opportunities/ diversity training. If any such issues arose during any work the appropriate manager would be notified.

17.0 Climate Change and Environmental Implications

17.1 This report has limited environmental impact due to the nature of the work companies reported undertake.

18.0 Background Papers

- 1 Annual Audit Plan 2022/23
- 2 Public Sector Internal Audit Standards – Applying the IIA International Standards to the UK Public Sector 2013 and updated January 2017
- 3 CIPFA Local Government Application Note – April 2013

19.0 Appendices

- 1 2022/23 Annual Audit Plan
- 2 PSIAS External Assessment Action Plan
- 3 Update of the Audit Committee Effectiveness Action Plan

20.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	09/11/2022	09/11/2022	RP
Finance	13/10/2022	26/10/2022	MB



Management action plan

1. Enhance the annual declaration form (Advisory)	
Rationale	Agreed Action
Consider enhancing the annual declaration form by including a section for staff to sign to confirm that they have read and understood the 'Core Principles for the Professional Practice of Internal Auditing', the 'Code of Ethics', and the 'Seven Principles of Public Life' revised annual declaration form.	The Audit & Governance Lead Manager will amend the annual declaration form to incorporate the suggested elements.
Action Responsibility	Audit & Governance Lead Manager
Deadline	Form changed immediately and used operationally when next annual declaration required for 23/24.
2. Add a statement on impairments to independence to the annual report (Advisory)	
Rationale	Agreed Action
Include a statement in the annual report to confirm that there have been no impairments to the independence and objectivity of the Audit and Governance Lead Manager or to the Internal Audit Service. If there have been any impairments, these should be set out in the statement along with the action that was taken to remedy the situation.	Agreed. This will be incorporated in the next annual report for 2022/23.
Action Responsibility	Audit & Lead Manager

Deadline	Will be incorporated in the next annual report for 2022/23 produced in May 2023.
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3. Make greater use of data analytical techniques (Advisory)	
Rationale	Agreed Action
We feel there are opportunities to enhance the way some audits are undertaken, by making greater use of data analytics, first by obtaining and using specialist auditing software, such as IDEA, ACL, Arbutous or similar applications, and second by using general reporting and analysis tools, such as PowerBI which can be used to analyse data that is either already available within the Council, or data that is readily available from external bodies such as CIPFA via the 'Nearest Neighbour' data analysis application	The Principal Auditor and Audit & Governance Lead Manager have investigated opportunities for greater use of data analytics in audit assignments.
Action Responsibility	Principal Auditor and Audit & Governance Lead Manager
Deadline	Complete

4. Consider recording research undertaken for audits on the Auditor's training and development records (Advisory)	
Rationale	Agreed Action
To enable Auditors to demonstrate that they have undertaken sufficient and relevant learning and development during the year. In the current climate of economic pressure on local authorities it can be difficult for staff to fulfil this requirement. An area of learning and development that is often overlooked by staff and not recorded on their development logs is the research that they have undertaken prior to carrying out an audit or to provide advice to a client. Whilst we acknowledge that time spent on these activities is, quite rightly, allocated to the individual audits, it is also good practice to record the activities on the respective auditors learning and development logs.	Agreed. The Internal Audit Team were aware of this requirement but had not implemented it fully. A reminder has been given to the team that the process for evidencing CPD activity should include research undertaken prior to undertaking each audit assignment.
Action Responsibility	Audit & Governance Lead Manager
Deadline	Immediate

5. Add a disclaimer and limitations statement to the audit reports (Advisory)	
Rationale	Agreed Action
Include a disclaimer and limitations of use statement in each audit report. An example of such a statement would be "This report is confidential and has been prepared solely for use by officers named on the distribution list and, if requested, the Council's External Auditor and its Audit Committee to meet legal and professional obligations. It would therefore not be appropriate for this report or extracts from it to be made available to third parties and it must not be used in response to FOI or data protection enquiries without the written consent of the Head of Internal Audit. We accept no responsibility to any third party who may receive this report, in whole or in part, for any reliance that they may place on it".	Agreed. Disclaimer now included on all audit reports.
Action Responsibility	Audit & Governance Lead Manager

Deadline	Immediate
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6. Make the annual assurance opinion mor prominent in the annual report (Advisory)	
Rationale	Agreed Action
Whilst the annual report includes an annual assurance opinion that fulfils the requirements of the Standards, we feel that it could be made more prominent in the report, either by using bold text or perhaps by relocating it to nearer the front of the report.	Agreed. Annual assurance opinion will be made more prominent when produced for 2022/23.
Action Responsibility	Audit & Governance Lead Manager
Deadline	Will include in the next annual report due by end of May 2023.

Update on the Audit Committee Effectiveness Action Plan

REF	AREA IDENTIFIED FOR DEVELOPMENT	IMPROVEMENT ACTION	STATUS AT 23/11/22
1(Q2)	Terms of reference addressing all core areas in the CIPFA Position Statement.	<p>a) The terms of reference for the committee are already under review. Therefore, areas that require clarity/development will be looked at as part of this review.</p> <p>b) Revised terms of reference will be presented to the committee for formal approval.</p>	<p>Review has taken place of the Audit Committee terms of reference.</p> <p>Results of the review were reported to the Audit Committee meeting on 25/1/22.</p> <p>Revised terms of reference approved by Audit Committee on 26/5/22.</p>
2(Q3)	Annual evaluation to assess if committee is fulfilling its terms of reference.	<p>a) The outline of Audit Committee business will include an evaluation as a standard annual exercise.</p> <p>b) Future evaluation process and results will be reported to the Audit Committee.</p>	<p>On review, it is suggested that the evaluation exercise takes place once every 2 years unless there are major changes which could affect how the committee runs.</p> <p>The next exercise will take place in 2023/24 with the results of this being reported to the Audit Committee.</p>

3(Q6)	Audit Committee may not include an appropriate mix of knowledge and skills among its members.	<p>a) A skills analysis will be undertaken to identify any knowledge/skill gaps and how to bridge these gaps.</p> <p>b) Gap analysis report will be reported to the Audit Committee.</p>	This skills exercise will be undertaken in early 2023. Results of the gap analysis will be reported to the Audit Committee.
4(Q8)	Committee members have a good understanding of the different risks inherent in the council's business activities.	<p>a) Increased risk reporting to the Audit Committee.</p> <p>b) Include audit risk rating in activity reports presented to committee.</p>	<p>a) The Council's Corporate Risk Register is now reported more frequently to the Audit Committee.</p> <p>b) Audit risk ratings are included in activity reports presented to the Audit Committee</p>
5(Q11)	Are members attending meetings on a regular basis?	a) Discussions with Democratic Services in respect to the scheduling of meetings.	Discussions on this will take place early in 2023.
6(Q18)	Committee has open channels of communication with officers and other members to keep it aware of topical/regulatory issues.	<p>a) This is to be more clearly defined in the terms of reference.</p> <p>b) Investigate asking officers to attend committee meetings to present on topical / regulatory issues.</p>	<p>a) See 1(Q2) detailed above</p> <p>b) Members of the Audit Committee to be canvassed on what topics/regulatory issues they want to receive more information on</p>

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Audit Area	Service Area	Days	Priority	Risk rating	Status
General ledger, assets & capital accounting - fixed asset module (22/23)	Finance & Human Resources	20	ALL	H	
Payroll/HR (22/23)	Finance & Human Resources	20	ALL	H	
Treasury	Finance & Human Resources	12	ALL	H	Complete
Local Transport Capital block funding	Finance & Human Resources	2	2 & 5	M	Complete
Bus subsidy grant	Finance & Human Resources	2	all	M	Complete
Comf grant	Finance & Human Resources	2	all	M	Complete
healthy weight grant	Finance & Human Resources	2	all	M	Complete
universal Drug Grant (unplanned)	Finance & Human Resources	2	all	m	Complete
Test & Trace Grant (Unplanned)	Finance & Human Resources	2	all	m	complete
Holiday activity grant	Finance & Human Resources	2	all	M	Complete
Direct Payments (children)	Children's Safeguarding and Family Support	12	1,2,5	H	
controc	Children's Safeguarding and Family Support	25	1 & 5	H	
Child Arrangement orders	Children's Safeguarding and Family Support	12	1,3 & 5	M	
Holiday activity grant	Children's Safeguarding and Family Support	as above	all	m	As above - complete
Preparing disabled children for adulthood	Children's Safeguarding and Family Support	10	1 & 5	M	
Quality assurance framework	Adult social care	10	1 & 5	M	
Direct payments (adults)	Adult social care	25	1,2,5	H	
Integrated Care Record	Adult social care	10	1,2,5	M	Deferred
Controc	Adult social care	see above	1 & 5	H	
Preparing disabled children for adulthood	Adult social care	See above	1& 5	M	
Co-Production Framework	Adult social care	6	1 & 5	M	Deferred
Discretionary Enablement Grant	Adult social care	4	1& 5	M	
Money Laundering	Policy & Governance	8	2 & 5	H	
Risk Management	Policy & Governance	10	all	M	
Troubled families grant	Policy & Governance	12	all	L	In Progress
Healthy weight grant	Public Health & Resilience	as above	all	M	As above - complete
Schools (19 schools)	Education & Skills	100	1,3,5	M	8 school deferred
Leisure Centres (ab Dab / OLC))	Community Customer & Commercial Serv	26	all	M	
Bars (The Place/ Ice Rink/Horsehay/ski centr?)	Community Customer & Commercial Serv	20	2,3,5	H	
IT audits (5)	Community Customer & Commercial Serv	49	5	H/M	2 x in progress 1 complete
Registrar	Community Customer & Commercial Serv	12	2,3,5	M	In progress
benefits	Community Customer & Commercial Serv	15	all	M	
Customer services	Community Customer & Commercial Serv	8	all	M	deferred
Homlessness reduction act	Housing & Communities	25	1,3,5	H	
Bus subsidy grant	Neighbourhood & Enforcement	as above	all	L	as above - complete
Ideverde contract	Neighbourhood & Enforcement	4	all	M	
T&W 'Other Assets'	Neighbourhood & Enforcement	8	all	M	In Progress
Transport Review (Children & Adult Transport)	Neighbourhood & Enforcement	20	all	M	Deferred
Licensing	Neighbourhood & Enforcement	12	2,3 & 5	M	

