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Borough of Telford and Wrekin

Audit Committee

Wednesday 17 July 2024

6.00 pm

Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Democratic Services: Jayne Clarke 01952 383205

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Committee Members: Councillors H Morgan (Chair), S J Reynolds (Vice-Chair), P Davis, A D McClements, L Parker, T J Nelson and W L Tomlinson

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AUDIT COMMITTEE

Minutes of a meeting of the Audit Committee held on Wednesday 29 May 2024 at 6.00 pm in Council Chamber, Third Floor, Southwater One, Telford TF3 4JG

Present: Councillors H Morgan (Chair), P Davis, A D McClements and W L Tomlinson

In Attendance: M Brockway (Interim Director: Finance & Human Resource), J Clarke (Senior Democracy Officer (Democracy)), T Drummond (Principal Auditor), R Montgomery (Audit, Governance & Procurement Lead Manager), R Phillips (Service Delivery Manager, Legal & Democracy) and E Rushton (Group Accountant)

Also In Attendance: Andrew Cardoza and Liz Gardiner from KPMG, External Auditors

Apologies: Councillors S J Reynolds, T J Nelson and L Parker

AU1 Declarations of Interest

None.

AU2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 30 April 2024 be confirmed and signed by the Chair.

AU3 Audit Committee Terms of Reference

The Audit, Governance & Procurement Lead Manager presented the Audit Committee Terms of Reference for the 2024/25 municipal year.

There was a requirement in the Council's Constitution that an annual review of the terms of reference took place at the first meeting following the Council's Annual General Meeting.

The Audit Committee terms of reference reflected the requirements of the Council under the Local Audit & Accountability Act 2014 in respect of the appointment of External Auditors.

Key tasks for the coming year were to approve the Audit Charter and Internal Audit Plan, review Internal Audit activities, review documentation from the External Auditors, review governance and risk management processes, monitor treasury management activities and approve the Annual Governance Statement that accompanied the final accounts.

Upon being put to the vote it was, unanimously:

RESOLVED – that:

- a) the report be noted; and
- b) the Terms of Reference be adopted by Council at the meeting being held in July 2024.

AU4 **External Audit Plan for 2023/24**

KPMG, the Council's External Auditors, presented the Audit Plan for 2023/24.

The 2023/24 audit was progressing well and the audit plan set out the financial statement risks for 2024.

Materiality current sat at £10.6m but this figure may be revised in relation to the 2% general accepted risk mark. There was a set level of 65% which was worked towards in the sum of £6.89m with the misstatement reporting threshold of £530,000.

The External Auditors had looked at the whistle blowing policy and the estate valuation. Three risk areas, including valuation of land and buildings, management override and controls and the valuation of RGPS scheme were currently being looked at.

Further areas for consideration were the expenditure fraud risks and revenue recognition.

The External Auditors outlined their approach in relation to VFM which was in its early stages and further detail would be given to the next Audit Committee.

The Audit timetable was set out in the report, but it was highlighted that there would be an increase in the fee, although this had been part of the tender process.

Details in relation to confirmation of independence were highlighted in the report and there were no issues that would impact or impair their ability to perform a full and robust audit.

During the discussion, some Members welcomed the report and enquired whether the audit would meet the December 2024 deadline and whether the NuPlace audit was undertaken separately.

The External Auditors confirmed that they were anticipating the audit would be completed by September and that the audit of NuPlace would be undertaken separately.

The Group Accountant commented that the Accounts would be brought to the November 2024 meeting.

AU5 Annual Governance Statement

The Audit, Governance & Procurement Lead Manager presented the Annual Governance Statement which was a requirement of the Accounts and Audit Regulations 2015 and should accompany the Annual Accounts.

The Annual Governance Statement (AGS) for 2023/24 had been developed based on the requirements of the regulations and CIPFA/Solace guidance. The statement included an action plan to ensure that there was continual improvement to the existing governance arrangements.

The action plan which accompanied the 2022/23 statement had been reviewed and updated to reflect current progress. Any actions still in progress from the 2022/23 plan had been incorporated into the 2023/24 action plan.

The AGS and the Local Code of Good Governance outlined that the Council had a robust governance framework in place but that it should continually review procedures. The Audit Committee were assured that during 2023/24 good governance arrangements were in place.

The AGS fed into the work of both Internal and External Audit and was compliant with external agencies such as Ofsted and the CQC.

The report gave details of where the Council had excelled and gained awards and reported on good governance activities.

It was the opinion of the Audit, Governance & Procurement Lead Manager that the council's current arrangements gave a reasonable level of assurance.

Upon being put to the vote, it was unanimously:

RESOLVED – that:

- a) the Annual Governance Statement 2023/24 be approved; and**
- b) the contents of the report be noted.**

AU6 Draft Statement of Accounts 2023/24

The Group Accountant presented the draft Statement of Accounts 2023/24 to the Audit Committee who had delegated authority to review the statement of accounts for the year ending 31 March 2024.

The Statement of Accounts was a lengthy complex document which included the consolidated group accounts. The Audited Accounts would be brought before Committee in accordance with the External Auditor's timetable which was expected around September to November 2024.

Members were encouraged to contact the Finance Team if they had any queries and confirmed that a training session for Members would be provided, prior to the presentation of the Audited Statement of Accounts.

The draft Statement of Accounts would be subject to a 30 day period of public inspection once the completed statement of accounts had been signed off and this would be advertised on the Council's website and in the Shropshire Star.

KPMG, the Council's External Auditors for 2023/24, would report any findings to future meetings of the Audit Committee.

During the discussion, some Members welcomed the remarkable achievement in getting the Statement of Accounts produced before the deadline at the end of May and thanked the Finance Team for their hard work.

The report was noted.

AU7 Internal Audit Annual Report 2023/24 & The Audit Committee Annual Report 2023/24 & The 2023/24 Annual Audit Plan

The Principal Auditor and the Audit, Governance & Procurement Lead Manager presented the Internal Audit Annual Report 2023/24, the Audit Committee Annual Report 2023/24 and the 2023/24 Annual Audit Plan.

The 2023/24 Annual Report gave details of the planned Internal Audit resources for 2023/24 which was initially 671 days and included 49 days of specialist ICT audit provision provided by Lighthouse Consultancy. During 2023/24 there had been a number of unplanned audit assignments which resulted in some planned audits being removed and replaced with the unplanned work. Deferred audits and resource challenges within the Audit Team, resulted in the plan being reduced to 432 days with Audit Committee being kept informed throughout the year. The team achieved 90% of the planned work, although some items were due to be rescheduled and included in the 2024/2025 plan.

Based on internal audit work undertaken during the year, Internal Audit's annual opinion provided reasonable assurance in respect of the adequacy and effectiveness of the Council's framework of governance, risk management and internal control.

The number of green, yellow and red reports issued this year had increased from 2022/23, yet the number of amber reports had decreased. However, all gradings remain comparable over a 3 year period. In 2023/24 there had been 244 recommendations made in total compared to 146 in 2022/23 and 256 in 2021/22.

The Internal Audit Team has faced some resource challenges during the year but managed to complete 90% of the annual audit plan. The Internal Audit Team continued to work with services to ensure risks were appropriately managed and adequate systems of internal control were in place.

The Internal Audit Team monitor their performance using key performance indicators and the results for 2023/24 demonstrated that team performance met or exceed the targets set.

Customer surveys were issued electronically with every completed audit report. Results showed that 100% of customers continued to think Internal Audit were a positive support and added value to their service. As a comparison to 2022/23 the team's customer performance has remained extremely high within all areas included in the customer feedback form although improvements had been made.

In conclusion, Internal Audit had performed well and made a positive contribution to the governance arrangements within the Council. During 2023/24, completion of the audit plan increased from the previous year despite the Council experiencing resource challenges. The statutory responsibilities of the Council's Chief Financial Officer (Section 151 Officer) in respect to internal audit and internal control had been met and the work of the Internal Audit Team and other assurance activity had provided reasonable assurance to the Council on the adequacy of operation of the Council's internal controls, governance and risk management processes. However, there were changes occurring both within and outside the Council during 2024/25 and beyond which could affect the team's future activities.

The work of the Audit Committee in 2023/24 began with approval of the Terms of Reference. The Committee had considered a comprehensive set of agendas to reassure the community and the Audit Committee that, despite significant challenges, good governance had been achieved in 2023/24.

In relation to the Internal Audit Plan 2024/25 the Council had a statutory obligation under legislation to provide assurance and effective management of risks. To ensure Internal Audit can provide reasonable reassurance, an annual audit was developed to directly link to the Council's objectives and priorities and directed by the Audit Charter which was agreed by the Audit Committee in January 2024. The plan had been drawn up based on the internal and external resources available for 2024/25 and to provide a reasonable level of assurance for 2024/25 but limited to the areas reviewed.

The planned available audit resource for 2024/25 was 610 days plus contingency. The audit plan was dynamic and based on risk and could be changed when new risks were identified. Audit would continue to review the plan and would provide updates the Audit Committee throughout the year.

During the discussion, some Members praised the work of the Audit Team. They asked if meeting schedule four times per year was adequate and if the planned days were based on hours, resources and known factors.

The Audit, Governance & Procurement Lead Manager confirmed that commercial work was undertaken and new opportunities were considered with external customers. This had been very successful and put Audit in a good

position in relation to self-financing, but this needed to be balanced against the Local Authority's own requirements. Benchmarking exercises were undertaken and, as the Chief Internal Auditor, he felt that they were adequately resourced. In relation to the number of meetings, most councils held four meetings per year but there was an opportunity to hold additional meetings if they were required.

Upon being put to the vote it was, unanimously:

RESOLVED – that:

- a) the Internal Audit Annual Report for 2023/24 be noted;**
- b) the Internal Audit Plan 2024/25 be approved; and**
- c) the operations of the Audit Committee for 2023/24 be noted.**

AU8 Internal Audit Activity Report

The Principal Auditor presented the Internal Audit Activity Report for the period 1 January 2024 to 31 March 2024 and the unplanned work to date. An update was also provided on the progress of previous audit reports issued.

During the reporting period, nine reports had been issued, six yellow (reasonable) and three green (good). Internal Audit intend to follow up, where necessary, within three to six months to check that recommendations had been implemented and they were confident that management would implement the controls to bring about an improvement. There were no other issues to bring to the attention of the Committee at this time.

Audit Committee members approved the 2023/24 Internal Audit Plan at the May 2023 committee meeting. Progress made against this plan from a total of 73 audits, 27 audits have been completed, 11 were in progress and 31 have been deferred or removed due to requests from the service area.

Work continued on the commercial contracts with Academies and Town Councils and there had been recent success in winning two new contracts with Manor Multi Academy Trust and Lykos Academy. The Audit Team now provided audit services to a total of 11 Academy Trusts and 2 Town Councils. Internal Audit continued to look for opportunities to expand their commercial offering.

During the debate, some Members asked if further information could be provided on areas that were having a second follow up in order to understand how "limited" improvement was being managed.

The Principal Auditor confirmed that they were working with the teams involved where a lot of recommendations had been put in place, but testing was due to be undertaken when there was information to test. The Audit

Committee would be kept informed of progress, but it was expected that improvements would be made on the second follow up.

The Audit, Governance & Procurement Lead Manager explained that limited or poor reports are reported to the Director of the service and the Chief Executive who also takes these reports very seriously and if requested they could come before the Audit Committee.

Members noted the report.

AU9 2023/24 Information Governance & Caldicott Guardian Annual Report

The Audit, Governance & Procurement Lead Manager presented the 2023/24 Information Governance & Caldicott Guardian Annual Report which set out the pieces of legislation and good practice standards that govern the IG arrangements of the Council.

There had been 100 more Freedom of Information (FOI) requests in 2023/24 than the previous year and this had led to the response rate being slightly down to 85%. The ICO has set a benchmark of 90% for responding to FOI requests within the 20 working day statutory deadline for responding to requests. There had also been an increase of appeals in relation to FOIs which come to the Council to review. The appeals were broadly in line with the previous year. Information Commissioner Officer (ICO) referrals, where it was considered a response was not adequate, a compromise was undertaken, further information provided and no further action taken.

In 2023/24 the Council received 104 subject access requests (SARs), 34 less than the previous year. The processing of SAR's continued to be a challenge due to the volume (in pages) of information being asked for. Four of the subject access requests received in 23/24 alone encompassed over 10,000 pages of information which have to be read and redacted.

In relation to data breaches, although there was a large number of transactions and activities undertaken by the Council, it was good news that no breaches had met the threshold for reporting to the ICO as a fine could be up to £17.5m. To assist in preventing any data breaches, the Council had introduced a new system, Zivver, which had worked well and reduced the number of errors.

Progress on the 2023/2024 IG work programme was set out in the report and was a legal requirement of the data protection officer under GDPR. The Audit & Governance Lead Manager was the designated officer who ensured that the work programme was completed in an appropriate way.

The report also contained information on the role of the Caldicott Guardian and its responsibilities. The Caldicott Guardian and the Senior Information Risk Owner (SIRO) met four times per year with the Director: Policy & Governance.

Upon being put to the vote it was, unanimously:

RESOLVED – that:

- a) **the Information Governance & Caldicott Guardian Annual Report for 2023/2024 be noted: and**
- b) **the IG Work Programme for 2024/25 be approved.**

AU10 2023/24 Anti-Fraud & Corruption Annual Report

The Audit, Governance & Procurement Lead Manager presented the Annual Anti-Fraud & Corruption Report which gave details of the activity for 2023/24.

Investigation activities within Telford & Wrekin Council were driven by the Investigation Team along with Internal Audit and IDT and the work that other enforcement teams did in tackling certain types of fraud within our communities. The Committee were advised that when the Investigation Team refer to the term fraud it also included associated offences such as theft, bribery, corruption, money laundering and other financial irregularity, which are all matters that the Investigation Team.

A number of complex investigations had been undertaken in 2023/24. Some of these were continuing into the next financial year.

The Investigation Team had now started joint working with the Department for Work and Pensions (DWP) where there were matters of Council Tax Support fraud and fraud related to other relevant DWP benefits.

The Investigation Team concluded 147 investigations in 2023/24 with 83 having a positive outcome. This figure did not include 47 open investigations which were being carried over into the next financial year.

There was no way of accurately measuring the consequential effects and indirect savings that occurred due to the team's prevention work. If this work was not undertaken, then the loss to the authority would potentially increase year on year. In addition, potential fraudsters would be less likely to attempt to commit acts of fraud than they would if there was no team in place.

In order to prevent fraudulent activity, face to face induction training had been implemented for new employees with further training opportunities available via Ollie for all staff.

Revenues and Benefits, IDT (in relation to cyber fraud) and public protection feedback information to Internal Audit in relation to fraudulent activities.

The Investigation Team had a good partnership and working relationship with the local Police in the fight against crime.

During the debate, some Members asked why social care had a higher rate of suspected fraud, whether there were adequate controls in place in relation to cyber fraud and if continual updating of systems was required was there a cost to that. Other Members asked how much had been saved from the outcome of the £121,000 fraud. Members welcomed the proactive approach across the Council to data security and GDPR.

The Audit, Governance & Procurement Lead Manager explained that in relation to direct payments, the government introduced that a sum on money would be given to the person who required care and that they organised their own care. Where third parties were involved, they must ensure that the work contracted was honoured. Expenditure in social care was a boom area and was a bigger fraud risk. In relation to cyber fraud, the Council were part of a West Midlands Group who looked at trends in cyber fraud and there was an IDT lead on cyber security. There was reasonable assurance that controls were in place to protect the Council including focus groups, public sector requirements a tool kit around cyber security and the antivirus and patching was up to date. Invest to save had been considered but this was difficult to equate and, if required, then more resources would be sought.

Members noted the report.

AU11 Outline of Audit Committee Business for 2024/25

The Audit, Governance & Procurement Lead Manager asked Members to note the outline of business for 2024/25.

The meeting ended at 7.06 pm

Chairman:

Date: Wednesday 17 July 2024

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Audit Committee

17 July 2024

Customer Feedback Reports for 2023-24

Cabinet Member:	Cllr Richard Overton – Deputy Leader and Cabinet Member: Homes, Enforcement & 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
Officer Contact:	Rebecca Zacharek - Customer Relationship Group Manager
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:	SMT - 18 June 2024 Business Briefing - 27 June 2024 Cabinet - 10 July 2024 Audit Committee- 17 July 2024

1.0 Recommendations for decision/noting:

It is recommended that Audit Committee:

- 1.1 Review the Customer Feedback Reports for 2023-24 in respect of Adult Statutory Complaints, Children’s Statutory Complaints and Corporate Customer Feedback.
- 1.2 Note the improvement in complaint handing performance and the increase in positive feedback.

2.0 Purpose of Report

2.1 The purpose of this report is to update Audit Committee on the Council's customer feedback received between 1 April 2023 and 31 March 2024, to provide assurance that the Council's response to complaints is effective, and that services are learning from complaints and wider customer feedback to continuously improve.

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 and positive feedback are shared across the Council and within teams, to inspire, motivate and build confidence and ensure that examples of best practice are used to help develop services.

3.2 Our Customer Strategy outlines our ambitions to collaborate with our customers to develop quality services that are accessible to all, while all staff are encouraged to adopt an 'Everything Speaks' approach, paying attention to detail and reporting any issues they see with our services. 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 raise issues directly with 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 an effective approach to responding to customer feedback and complaint handling, the Council produces an annual report on complaint handling for Children's Statutory Complaints, Adult's Statutory Complaints and Corporate Feedback. These reports can be found at Appendices A, B and C.

3.5 This year has seen continued challenges both for the Council and for our residents and customers, against the backdrop of the ongoing cost of living crisis which continues to put significant pressure on our residents and customers as they seek support. As a result, the Council continues to see a significant demand 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.

4.0 Summary of main proposals

4.1 Corporate Feedback Report (Appendix A)

- 4.1.1 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 by 13% compared to the previous year. Telford and Wrekin Council has seen a 120% increase in compliments in the last 5 years.
- 4.1.2 The Customer Insight Programme now has 214 volunteers who have registered with us as Mystery Customers and are undertaking assignments to help us shape and improve our services. We have seen a 15% increase in volunteers during 2023/24.
- 4.1.3 Feedback from customers in relation to our Corporate Contact Centre indicates that performance is excellent. Customer satisfaction on our contact centre telephone calls was 93%. In addition, 99% of customers were also satisfied with the experience using our Automated Assistant, Ask Tom.
- 4.1.4 During 2023/24 the Customer Insight Programme completed a number of reviews of different elements of the customer experience, including physical locations, such as our key parks, and telephone services. The report outlines some of the results including details of the recommendations and the improvements and quick wins completed.
- 4.1.5 Alongside the physical and telephone reviews, Mystery Customers have also completed digital reviews. This has included testing the Cost of Living and Revenues pages on the website. These online reviews and user testing helps us to design an app or a website that the community can easily use. During the year 72 Customer Insight assignments were completed with 87% satisfaction with the experience when using the Council's services.
- 4.1.6 There continues to be a range of ways that our customers can provide feedback e.g. QR Code Surveys, automated telephone surveys at the end of calls, Mystery Customer programme and other mechanisms such as the Making It Real Board. Any improvements made are included on our 'You said, We did' which can be found here [You said, We did](#).
- 4.1.7 A total of 721 complaints were received across the Council, including statutory complaints in 2023/24, from 678 complainants. In the context of the many thousands of transactions and interactions that take place across the organisation in a week this remains an incredibly small proportion which equates to less than 1% of all transactions.
- 4.1.8 In 2023/24 659 of these were corporate complaints, an increase on the 601 that were received in 2022/23, although lower than in 2021/22. The remaining complaints were children's and adult's statutory complaints (see Section 4.2 and

Customer Feedback Reports for 2023-24

4.3). Of the 659 corporate complaints that were responded to in the year 42% (271) were upheld, this is where services have acknowledged that we could have done better.

- 4.1.9 During 2023/24 the Council has responded to corporate complaints in an average of 10 days (improving on the average response timescale of 11 working days achieved in 2022/23). This is well within the 15 working day target timescale that applied in 2023/24 and also is in line with the new timescale of 10 working days introduced from May 2024, in accordance with the Local Government Ombudsman Complaint Handling Code. 87% of corporate complaints were responded to within the 15 working day target time scale, a significant improvement on the 80% achieved in 2022/23. The Council continues to perform well in terms of response timescales.
- 4.1.10 With effect from May 2024 our complaint procedure was amended, which included stage 1 initial timescales reducing from 15 working days to 10 working days, in line with the Local Government and Social Care Ombudsman's complaint handling code.
- 4.1.11 10% of the corporate complaints received escalated to stage 2 of the procedure. In terms of numbers, this resulted in 70 stage 2 complaints, with 21 complaints upheld.
- 4.1.12 All complaints upheld have been reviewed to ensure wider learning to avoid such issues occurring in the future. There are no major trends, however common themes across all directorates included issues with communication and action, complaints involving staff, delays and processing or administration errors.
- 4.1.13 Examples of positive improvements resulting from learning following complaints can be seen at page 27 of the Corporate Feedback Report (Appendix A).
- 4.1.14 As well as compliments and complaints, the Customer Relationship Team manages the Leader and Cabinet enquiry process, Member enquiry process and MP enquiries. During 2023/24 a total of 1071 Leader and Cabinet enquiries were received, a 35% increase on the year before (792). Whilst there was an increase, 87% of responses were responded to within the target timescales.
- 4.1.15 Under Telford and Wrekin Council's Registered Provider status there are 23 properties. 0 complaints were received from tenants in these properties during 2023/24.
- 4.1.16 During 2023/24 no complaints were received and handled under the policy for Complaints involving Child Sexual Exploitation (CSE). From May 2024 the Policy and procedure for these cases has been combined into one corporate complaint procedure. However we have produced a reference document on 'How we respond to complaints involving Child Sexual Exploitation (CSE)' which can be found here [Complaints procedures - Telford & Wrekin Council](#).

4.2 Adult Statutory Complaint Report (Appendix B)

- 4.2.1 We received 39 Adult Statutory complaints in 2023/24, an increase on the 35 received in 2022/23. A further 55 complaints were resolved under the 24 hours resolution process and were therefore not registered under the statutory procedure in accordance with legislation. Of the complaints responded to in the year, 70% (28) were upheld.
- 4.2.2 In 2023/24 the average number of days to respond to an Adult Statutory complaint across all portfolios was 29 days, this is an increase on the average response time of 25 working days achieved in 2022/23 but remains lower than in the two previous years. A 45% reduction in timescales has been maintained since 2020/21. The 2009 regulations set a benchmark for all Adult Statutory Complaints to be investigated within six months. When an Adult statutory complaint is received we negotiate a timescale with the complainants, depending on the complexity of the case, this is typically 35 working days. We aim to respond to all Adult Statutory Complaints within a maximum of 65 working days.
- 4.2.3 Examples of positive improvements resulting from learning following complaints can be seen from page 9 of the Adult Statutory Complaint Report (Appendix B).
- 4.2.4 Our Adult Social Care service is committed to achieving improved outcomes through continuous learning and improvement. A key area of quality assurance is using feedback from people who use our services, their carers and families to understand experiences and shape improvements, demonstrating a commitment to learning from all feedback, regardless of source, format or process. Adult Social Care follows an intelligence-led approach of review, reflect, change and share, ensuring we connect with the right people, learning as we go, and evaluating the difference/impact we have made. We are committed to learning from all feedback, regardless of source, format or process.

The following are Adult Social Care's main sources of feedback:

- Individual feedback through frontline workers
- Feedback from Experts by Experience, Making it Real Board, co-production groups and place-based partnership boards
- Complaints
- Compliments
- Adult Social Care feedback forms
- Adult Social Care Case File Audits – feedback from individuals/carers
- Annual NHS Digital Adult Social Care Survey
- Bi-annual NHS Digital Survey of Adult Carers in England
- Mystery shopper exercises
- Feedback from voluntary organisations, e.g. Healthwatch
- Consultations – Charging, Ageing Well, Autism
- Feedback through Commissioners
- MP and Elected member enquiries
- Other online feedback opportunities – such as through Live Well Telford contact us button

Customer Feedback Reports for 2023-24

4.2.5 Feedback from people about their experiences of assessment care provision is monitored in accordance with our Quality Assurance Framework. A monthly 'Learning from People's Experiences' summary report is shared and discussed at the monthly Finance, Performance and Quality meeting. This includes issues identified, areas for reflection and improvement and learning outcomes from feedback.

4.3 Children's Statutory Complaint Report (Appendix C)

4.3.1 We received 23 Children's statutory complaints in 2023/24, a marginal increase on the 20 received in 2022/23. 5 cases progressed to an independent Stage 2 investigation during the year. One Stage 3 panel was completed in 2023/24.

4.3.2 Of the complaints completed in the year, 37% (7) of the complaints were upheld.

4.3.3 The average number of days to respond to Children's Statutory Complaints during the year was 14 working days, which is an improvement on the 16 working days achieved in 2022/23. New procedures introduced have directly impacted the performance over the last 3 years.

4.3.4 Examples of positive improvements resulting from learning following complaints can be seen from page 10 of the Children's Statutory Complaint Report (Appendix C).

4.3.5 Our Children's Safeguarding and Family Support Service is committed continuous learning and improvement using feedback from customers who use our services, such as parents, carers, professionals, colleagues, children and young people and their families to understand experiences and inform improvements, demonstrating a commitment to learning from all feedback, regardless of source, format or process. All staff and practitioners are encouraged to share any feedback, ensuring we connect with the right people, learning as we go, and evaluating the difference/impact we have made.

The following are Children's Safeguarding and Family Support main sources of feedback include:

- Individual feedback through practitioners
- Children's Safeguarding and Family Support Case File Audit-Practice Evaluations
- Feedback from The Dandelion Group and other working groups and participation
- Telford and Wrekin's Children in Care Council (VOICE)
- Annual 'Your Life, Your Care' survey- for children in care
- Annual 'Your Life, Beyond Care' survey- for care leavers
- Top 10 priorities for Children in Care Coram outcomes
- 'Have your say- Children in Care Review' feedback forms
- Feedback through Commissioners
- Complaints
- Compliments
- MP and Elected member enquiries

Customer Feedback Reports for 2023-24

- Consultations- Foster carers, Short breaks statement

Feedback from customers about their experiences of children's social care provisions is monitored in accordance with our Quality Assurance Framework. A monthly Quality Assurance meeting is held to discuss issues identified, areas for reflection and improvement and learning outcomes from feedback. All of this ensures that we continue to 'close the loop' to ensure that learning from Quality Assurance is used in a meaningful way.

4.4 Local Government and Social Care Ombudsman Enquiries

4.4.1 During 2023/24 a total of 17 complaints were escalated to the Local Government and Social Care Ombudsman, 1 detailed investigation remained open on 31 March 2023. 5 of the complaints related to statutory complaints procedures.

4.4.2 During the year, the Local Government and Social Care Ombudsman made the decision that 12 complaints were premature, or the Ombudsman decided not to further investigate. There were 3 detailed investigations completed in 2023/24, one of which was still outstanding on 31 March 2023. This is a decrease on the 8 investigated in 2022/23. The Local Government and Social Care Ombudsman has confirmed that two detailed investigations were not upheld, and one Adult Statutory complaint was upheld.

4.4.3 In all cases where complaints were upheld, the Local Government and Social Care Ombudsman was satisfied that the Council successfully implemented their recommendations.

4.4.4 In the 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.

4.4.5 The Office for Local Government has introduced a set of metrics to provide insight on performance for local authorities within England. One of the metrics is the number of upheld Ombudsman complaints per 10,000 population. This metric uses complaints data published by the Local Government and Social Care Ombudsman (LGSCO) and population data published by the Office for National Statistics (ONS).

4.4.6 As outlined above there were 3 detailed investigations completed by the LGSCO during 2023/24. 2 cases were not upheld and 1 case was upheld. Therefore, the percentage of Ombudsman complaints upheld for 2023/24 is 33%. Based on a population of 188,871 (as confirmed by the ONS) the number of complaints per 10,000 population is 1.74, an improvement on the 2.33 achieved in 2022/23.

5.0 Alternative Options

5.1 Not applicable

6.0 Key Risks

Customer Feedback Reports for 2023-24

- 6.1 Ineffective handling of complaints and management of the complaints procedures may result in reputational damage and financial costs 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 membership to the Institute of Customer Services (ICS) and the mystery customer exercise has been funded from reserves.

9.0 Legal and HR Implications

- 9.1 There are no direct legal implications arising from this report. It should be noted, however, that under the Children Act 1989 Representations Procedure (England) Regulations 2006, there are some complaints involving Children's Services and Family Safeguarding which must follow the procedure contained within the Regulations. Where a complaint is made which is of a type that should be dealt with under the Regulations, the Council is required to ensure that this occurs.
- 9.2 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.
- 9.3 The policies to which the Council works in respect of customer feedback and complaints is in line with the latest guidance issued by the Local Government and Social Care Ombudsman.

10.0 Ward Implications

- 10.1 Not applicable

11.0 Health, Social and Economic Implications

- 11.1 Some complaints relate to Social Care, there are strong links into the local health and care system.

12.0 Equality and Diversity Implications

- 12.1 All our complaints policies provide an opportunity for residents to raise any concerns around inequality. Our policies take account of our customers communication accessibility needs.

12.2 The policies specifically meet the aims of the public sector equality duty; eliminate unlawful discrimination, advancing equality of opportunity, and fostering good relations, for people who share protected characteristics. To ensure that we continue to meet this enduring duty we collect data on a regular basis on complainants and report on the protected characteristics of complainants and nature of any discrimination or inequality.

13.0 Climate Change and Environmental Implications

13.1 Not applicable

14.0 Background Papers

14.1 You said, We did [webpage](#).
'How we respond to complaints involving Child Sexual Exploitation (CSE)'-
[Complaints procedures - Telford & Wrekin Council](#)

15.0 Appendices

A	Corporate Feedback Report 2023-24
B	Adult's Statutory Complaint Report 2023-24
C	Children's Statutory Complaint Report 2023-24

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	09.07.2024	09.07.2024	SH
Finance	09.07.2024	09.07.2024	CM

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Appendix A- Corporate Feedback Report

Improving our Customer Experience

Annual Report 2023/24

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Report summary

This year has seen continued challenges both for the Council and for our residents and customers, against the continued backdrop of the cost of living crisis which continues to put significant pressure on our residents and customers as they seek support. As a result, the Council continues to see significant demand and increased pressure on its services, particularly during times where swift mobilisation of financial support is required.

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 in 2023/24. Telford and Wrekin Council has seen a 120% increase in compliments in the last 5 years from 290 in 2019/20 to 639 in 2023/24 and a 13% increase since 2022/23 (566).

We have also seen an increase in the complaints received across the Council in 2023/24. Corporate complaints increasing from 601 in 2022/23, to 659 in the year, of which 42% were upheld. Complaints about council policy and anonymous complaints accounted for 2 complaints and 11 complaints, respectively. The Local Government and Social Care Ombudsman states that complaints should not be seen as a negative, as they can be indicative of a well-published and accessible complaints procedure.

When considering the total number of transactions and interactions undertaken by the Council during the year, the data in this report clearly shows that the number of complaints 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 10.7 million bins during 2023/24, issued approximately 160,000 council tax bills, handled 212,074 calls to our Corporate Contact Centre, laid 68,000 metres of road markings, cleaned 14,000 gullies, surfaced 88,000 square meters of footpaths, filled 3,694 potholes, had 65,023 attendees at the theatre and welcomed approximately 3.2 million visitors to Telford.

The report highlights that the Council continues to manage complaints well, in terms of response timescales, which have improved by 1 day compared with last year's performance from 11 working days to 10 working days. In addition, 87% of responses have been sent within the 15 working day timescale that applied in 2023/24, a 7% increase on the 80% achieved in 2022/23.

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 2022, the Council continued its commitment to improve our customers experience by becoming members of the Institute of Customer Services (ICS). During our first year of membership with the institute we asked our customers to complete a benchmarking survey. As this was our first survey it was viewed as a starting point from which we could measure our improvement over the next 3 years. We aim to complete a further benchmarking survey in 2024/25 to measure our progress. The feedback from this survey will also be used to inform our new customer strategy which we will publish in 2024/25. More information regarding the actions completed and our Customer Strategy and updated Strategy can be found here www.telford.gov.uk/customerstrategyandcustomercontract.

During 2023/24 the Customer Insight Programme has seen a number of projects completed including a review of our website in relation to Cost of Living, Revenues and information about Parks, a physical review of our parks and a review of the Transport service. More information regarding this work can be found at page 12. The Customer Insight Programme now has 214 volunteers who have registered with us as Mystery Customers to undertake assignments. We have seen a further 15% increase in Mystery Customer volunteers during 2023/24.

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. We continue to seek opportunities of where these surveys can be deployed with posters most recently being placed at the Independent Living Centre and our new Community Hubs. Any comments received as part of these surveys are shared with services instantly, so they can consider if improvements can be made and improvements are then reported as part of 'You said, We did'. Examples of 'You said, We did' improvement can be found at page 16.

Highlights 2023/24

<p>Over 214 volunteers registered to be Mystery Customers</p>	<p>Average of 10 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>72 completed Mystery Customer assignments</p>	<p>87% of corporate complaints responded to in 15 working days</p>
<p>100% LGSCO* recommendations completed</p>	<p>A total of 639 Compliments received</p>	<p>13% increase in Compliments since 2022/23</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 2023 to 31 March 2024. 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 2023/24
2. The Children's Social Care Statutory Process, reported separately in the Children's Statutory Complaints Annual Report 2023/24
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 cannot 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:

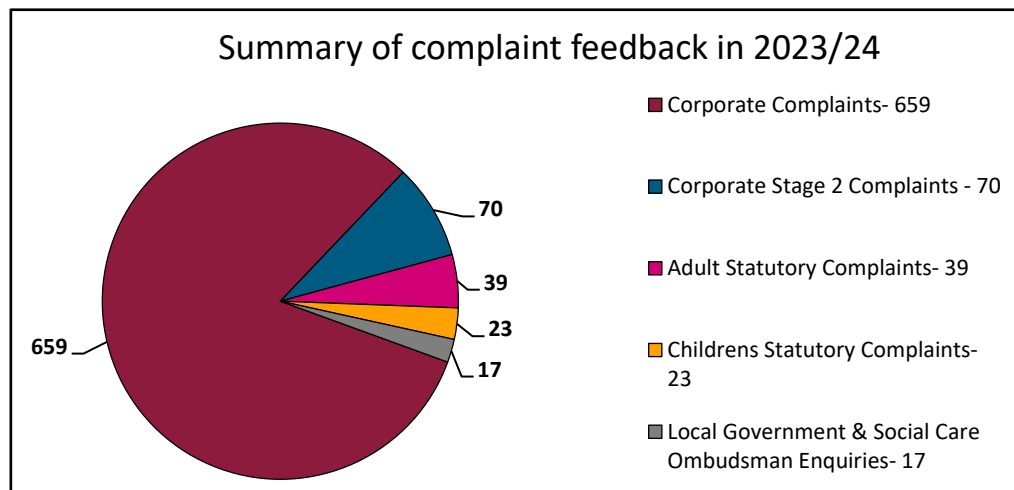
‘an expression of dissatisfaction, however made, about the standards of service, action or lack of action or decisions taken by the Council, or the way in which council employees carry out their duties’

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 also not dealt with as complaints.

For more information regarding corporate complaints in 2023/24, please go to page 18 of this report.

The charts below show the feedback received by the Customer Relationship team in 2023/24:

Chart 1: Summary of complaint feedback in 2023/24



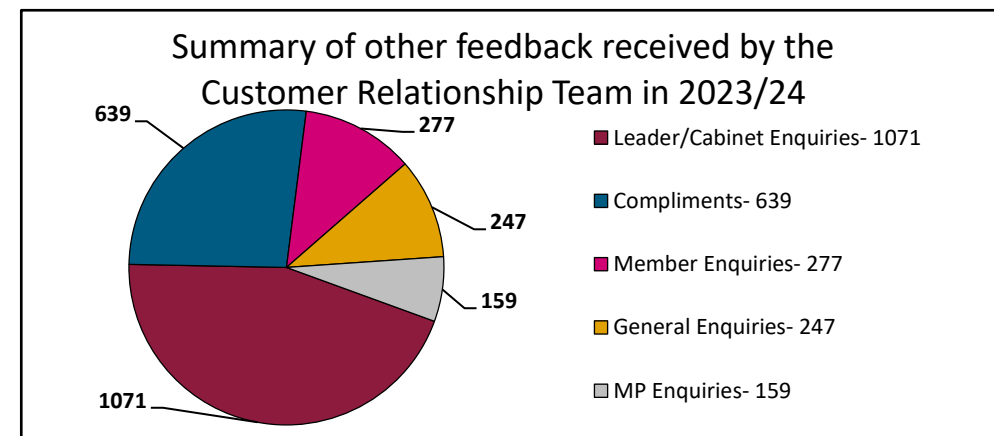
Our customers' behaviour continues to change, with more of them now contacting the team via digital methods such as emails and web forms, with 1,499 received in 2023/24, a 17% increase on the 1,281 in 2022/23. The team also took a total of 1,372 telephone calls over this period an 18% decrease on the 1,683 received in 2022/23. The volume of direct contacts from customers totalled 3,049 in 2023/24 a marginally in line with the 3,110 received in 2022/23¹. Separately, contacts from Councillors and MP's have continued to increase, with 1,507 received during the year compared to 1,132 in 2022/23, a 33% increase.

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The Institute of Customer Services is reporting that there has been a significant change in customer behaviour in the last two years.

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 2023/24



¹ This is based on logged cases and telephone calls received. This figure does not include all communication received that has not been formally logged or shared with other teams to action.

MP/ Leader/Cabinet and Member Enquiries

During 2023/24 the number of enquiries received from democratically elected members increased by 33%.

MP Enquiries:

We aim to respond to enquiries from MP's within 10 working days.

During 2023/24 a total of 159 MP enquiries were received. MP enquiries were responded to in an average of 8 working days.

Leader Enquiries:

A total of 525 enquiries were received from constituents via the Leader of the Council, Cllr Shaun Davies. The average number of days to respond to these enquiries was 3 days.

Cabinet Member Enquiries:

Enquiries from Cabinet Members amounted to 546. The average number of days to respond to these enquiries was 3 days.

Member Enquiries:

277 enquiries were received from Ward Members during 2023/24, these were responded to in an average of 5 days.

Compliments

In 2023/24, there was a 13% increase in the number of compliments received. A total of 639 instances were received in 2023/24, an increase on the 566 received in 2022/23. Telford and Wrekin Council has seen a 120% increase in compliments from 290 in 2019/20 to 639 in 2023/24. Compliments are logged and copied to Directors and Line Managers. This is recognised at service level through team briefs/ meetings and individual 'one-to-ones'.

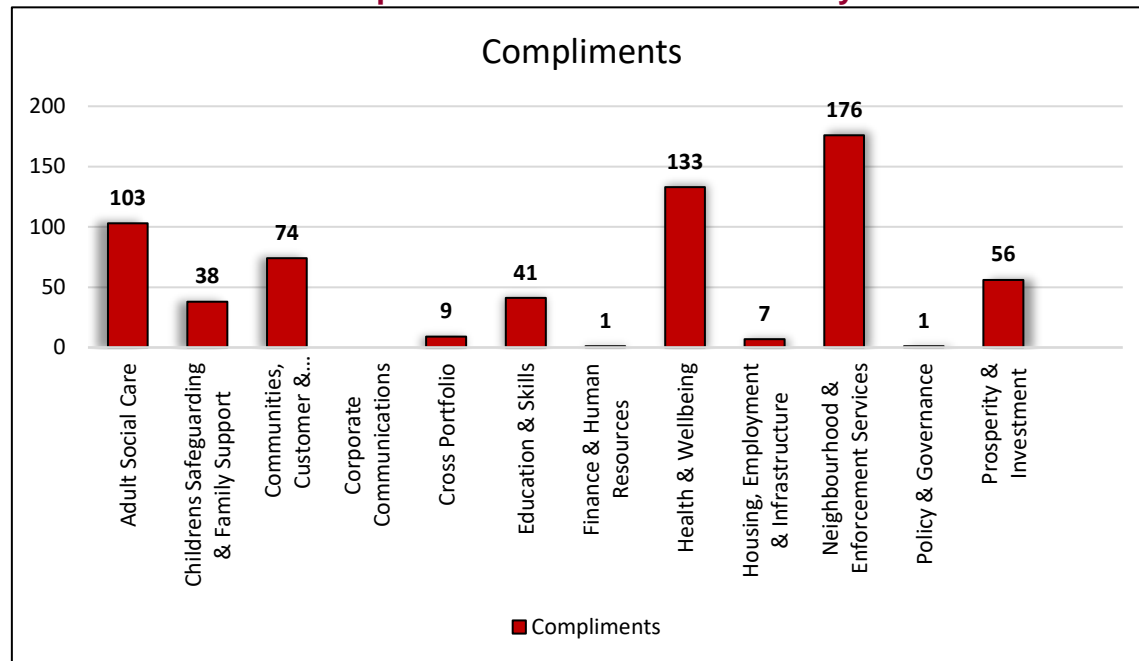
Where a member of staff has gone above and beyond they may be awarded a Chief Executive Commendation to celebrate their achievement. An excellent customer service is also celebrated at our annual Employee Awards. Some examples of where employees have gone above and beyond can be seen below;

Page 32

Chief Executive Commendation	Chief Executive Commendation	Customer Care Award Winners 2023
<p data-bbox="248 692 815 1107">Following a customer collapsing and suffering a sudden cardiac arrest after a swimming activity, the staff on-site, along with an off-duty nurse, recognised quickly the customer was in Cardiac Arrest and began CPR almost immediately. Following a shock from the Leisure Centres Defibrillator, which had been applied almost immediately, the customer's heart was restarted.</p> <p data-bbox="371 1166 685 1193">Wellington Leisure Centre</p>	<p data-bbox="842 692 1435 1326">An elderly gentleman came into Darby House reception as he believed that's where his appointment was. The customer was deaf so had everything in writing in relation to the meeting but had got a bit confused. The team on reception were able to track down who the customer was meeting and identified that the meeting was at the Hub at Southwater. They attempted to give directions but soon realised that he needed further assistance so one of the Reception Team escorted the customer to the meeting ensuring that the customer arrived at the appointment correctly and waited with him until the person he was meeting with came down to greet him.</p> <p data-bbox="994 1382 1283 1409">Darby House Reception</p>	<p data-bbox="1462 692 2098 895">The Highways Capital Programme team deliver a large number of high value projects throughout the year and always manage to deliver these projects with limited impact and excellent customer services.</p> <p data-bbox="1462 906 2098 1409">One of the team's recent major projects was the regeneration of Market Street in Wellington which had the possibility of being extremely disruptive and of having a huge impact on residents and businesses in Wellington. This team went out of their way to meet face to face with residents, businesses and the Town Council to explain the proposals, listen to comments and make changes that looked to accommodate their needs. This meant they were fully aware of what was happening and were able to react to any concerns.</p>

The chart to the right highlights the compliments received for each directorate during 2023/24.

Chart 3: Number of compliments received in 2023/24 by directorate



This year, Neighbourhood & Enforcement Services (176) and Health & Wellbeing (133) received the most compliments. Both saw an increase on the number received the year before. Adult Social Care also saw a significant increase in compliments from 34 in 2022/23 to 103 in the year, 36 of which were for the community social work teams.

“Thank you for being so wonderful during these last few weeks. Your approach to the very difficult discussions we had with Mum were done with understanding, compassion and kindness but also honest and professional. Your approach has been client centred, putting Mums needs and wellbeing as the priority.”



Here are some examples of compliments received during the year:

"My Daughter went to Madeley Academy and found the bus stop shelter has been installed...On behalf of my family and other Madeley Academy students, Would like to thank you for such a wonderful support from your side / council side Please convey our sincere thanks for whoever has made this happen!"

Passenger Transport Team

A parent looking for a lost child came into Southwater One, child missing since early hours. Member of staff spots a child on the cameras, she thought a lone child in the rain loitering by the fountains was reason enough to check it out...Asked him his name and he confirmed he was the child, he agreed to come inside SW1 out of the rain and we sat him down and chatted with him while we called the parents. He didn't want any food or drink until the officer mentioned hot dogs and then he perked up so she rushed over to the stand and got him one and that kept him there long enough for the parents to come out...

To say the parents were extremely grateful is a huge understatement. It was exemplary that she spotted him in such poor weather conditions and then took swift action.

Neighbourhood Enforcement Team

"... You were friendly, approachable and very professional, always transparent when giving us the facts. You listened to our concerns and made sure the care assessment was a true reflection of my Mum's needs. Your communication was excellent and you kept us updated throughout the process. I feel you have achieved the best outcome for my Mum with the resources that you have. Your hard work and dedication is very much appreciated by my family."

Adult Social Care

"I would like to say a massive thank you to everyone involved in repairing our little road. Thank you again so much, my car will be happy again too"

Highways

"I just wanted to drop you a message to say you're amazing with you coming into my life and the kids life you brought me back to myself, and gave me so much confidence that I can achieve anything you have been amazing and whatever family you are helping hope they see how amazing you are, coming into my life was the best thing ever"

Strengthening Families

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 2023/24 include:

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The Customer Insight Programme now has 214 volunteers who have registered with us as Mystery Customers to undertake assignments. We have seen a 15% increase in volunteers during 2023/24, this is a bigger increase than we have experienced in previous years and the team will continue to promote the recruitment of the programme in the coming year.

72 assignments have been completed across the Customer Insight programme since April 2023 with an **87%** satisfaction score overall.

Parks and Open Spaces

Our 'Parks' assignment completed in August 2023 had the most responses to date. The assignment consisted of three parts: Reviewing available information pre-visit, the visit, and reporting issues via MyTelford. Visits were made to Apley Wood, Dale End, Dawley, Hartshill, Bowring, Granville Country Park and Telford Town Park. We were overwhelmed with the general cross-section of participants, particularly those who have specific accessibility needs. We were also delighted with the insights shared through a case study who came to us through the Making It Real Board. Some of the quick wins included the removal of graffiti, clearing of rubbish, mending a broken fence and replacing broken and out of date notices and maps. Spelling mistakes online have been corrected and the website has been updated with better parking information and plans to include public transport.



“Generally the park is a very nice place to go with plenty of amenities which are well maintained”

Service have advised they will revisit budgets within the next 10 months to accommodate other recommendations such as installing handrails. Accessibility audits will also be completed for all parks within the next 12 months and websites will be updated accordingly.

96% of customers felt the park they visited was clean and well looked after

87% of customers advised the Parks were accessible.

87% of customers were satisfied with parking facilities

100% of customers considered the car parking facilities to be accessible to the park itself



“Very helpful nice people to talk with”

First Point Roadshows

In October 2023, we commenced our First Point Roadshow programme. This programme was introduced as an opportunity for our residents to access a face to face service to obtain advice, make enquiries, and raise issues and get help to access

services. Our aim was to visit each ward within 12 months, which was achieved by the end of March 2024. These sessions were widely promoted.

Digital Reviews – Cost of Living and Revenues

The Mystery Customer programme has also completed further digital reviews during the year, this included Mystery Customers testing the Cost of Living pages on our Telford & Wrekin website. As a Local Authority, we want to make sure that all our residents are aware of the help available and can easily access the information. Our aim was to identify any enhancements or improvements that could be made. Revenues also received a digital review this year and received recommendations which will be considered in the coming year. Mystery Customers with a varying degree of experience were invited to take part.

Transport Telephone Reviews

Mystery Customers also took part in an assignment during the year testing telephone access to the Transport Team. Customers tested access before and after a new contact centre was introduced. Mystery Customers will be asked to revisit this area in 2024/25 following some further improvements that have been made, to ensure that the access to this service continues to improve.

Real time Customer Feedback

Since April 2021, posters have been located in all front facing buildings asking our customers to comment on the service and experience that they receive. 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. Any comments received as part of these surveys are shared with services instantly so they can consider if improvements can be made. All completed surveys are reviewed by services to identify any improvements that can be made. Any improvements are then detailed on our 'You said, We did' page, more information regarding this detailed below.

78% of customers were satisfied with the service provided at these locations during 2023/24

Satisfaction surveys are also now on our Contact Centre telephone lines, Ask Tom and web chat, satisfaction levels can be seen in the table on page 13.

*"Thanks for the info
really helpful,
amazing, good job."
(Ask Tom)*

*"Very quick and
helpful thank you"
(Web chat)*



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 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 2023/24 and the actions that we have taken as a result.

You said	We did
More than one customer asked if alcohol-free beer could be made available for purchase at Telford Theatre.	Telford Theatre now sells alcohol-free beer and lager.
Several customers indicated that they would like to see a tool on our website that could quickly answer common questions about Leisure Services.	Common enquiries regarding Leisure Services can now be answered by the council's digital assistant, Ask Tom .
The user-friendliness of our Leisure websites was being highlighted as a concern by customers in complaints.	Three new websites have been launched that have been reviewed by Mystery Customers and received a high-level of satisfaction from them.
A customer raised concerns about the condition of the showers at Oakengates Leisure Centre.	The showers have now been fixed and all remedial work is complete.
Some customers reported a delay in receiving death certificates by post.	Death certificates are now sent by First Class post.
Customers have raised concerns about queues at the bar during show intervals at Telford Theatre.	A new online ordering service has been introduced that allows customers to order their drinks before the show, which are then delivered to their seats. ²

² Please note that Telford Theatre is now closed until Winter 2026, this service will continue when it reopens.

Concerns were raised regarding a wildflower verge.	Our cutting regimes have been amended to ensure that flowers are maintained and not cut back.
Customers of our Healthy Lifestyle service have requested that appointments after 5pm be made available.	Extended and increased evening clinic hours are now available throughout the week, offering appointments for those that need them after 5pm.
Customers have enquired whether Leisure Services customers in receipt of a Personal Independence Payment could be made eligible for concessionary membership.	Our Concessionary Policy has been updated to include customers in receipt of a Personal Independence Payment.
Communal containers were being mixed with recycling and non-recyclable waste.	Service assessed communal containers and swapped them for more suitable ones. Veolia also completed engagement with residents of the area.
Wellington Civic and Leisure the health suite had a strong odour, and the spa pool was out of order.	The Health Suite smell has been addressed and the spa pool is in working order.
At Bowring Park, the information about the parking was not complete as it failed to mention the newer additional parking which is adjacent to the tennis courts	The website has now been updated to reflect this information
Southwater One Multi-storey carpark not accessible to WAV (Wheelchair Accessible Vehicle) due to height restrictions	More information has been added to the car park section e.g. height restrictions

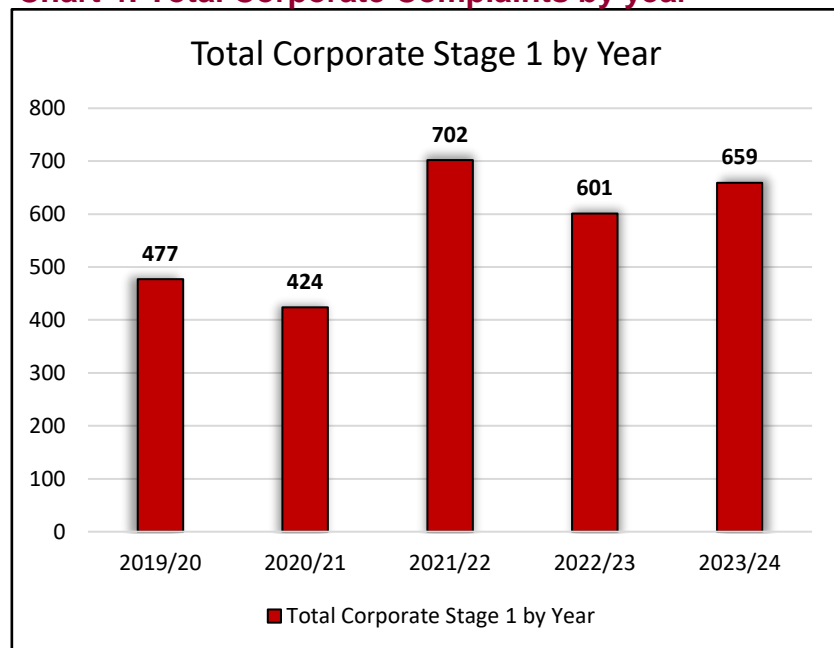
For further examples of 'You said, We did' please visit www.telford.gov.uk/yousaidwedid

Additional examples of improvements that have been made following complaints can be found from page 29 of this report.

Corporate Stage One Complaints 2023/24

In the year 2023/24, there were 659 corporate Stage One complaints (those dealt with by more than one service simultaneously are counted as a single complaint) from 619 complainants. This is an increase on the 601 received in 2022/23.

Chart 4: Total Corporate Complaints by year



Of these 659 complaints, 70 were escalated to Stage Two of our procedure and 12 corporate complaints were the subject of Local Government & Social Care Ombudsman (LGSCO) enquiries (please note that some of these may have been for Stage One complaints prior to 2023/24). One corporate complaint was subject to a detailed investigation, two cases remained outstanding with the LGSCO on 31 March 2024. 9 cases were not investigated by the LGSCO.

There has been an increase in Stage Two complaints received this year from the 44 in 2022/23 to 70.

Stage	Number of complaints
One	659
Two	70
LGSCO	17

For further information regarding Stage Two complaints, please see page 27.

For further information regarding Local Government & Social Care Ombudsman enquiries, please see page 33.

During the year, 10 Stage 1 complaints were refused, this is because they were subject to court proceedings or a Tribunal process. One complaint was refused as it was related to historic matters.

32 further complaints were refused because they were for other organisations, these complaints were appropriately signposted.

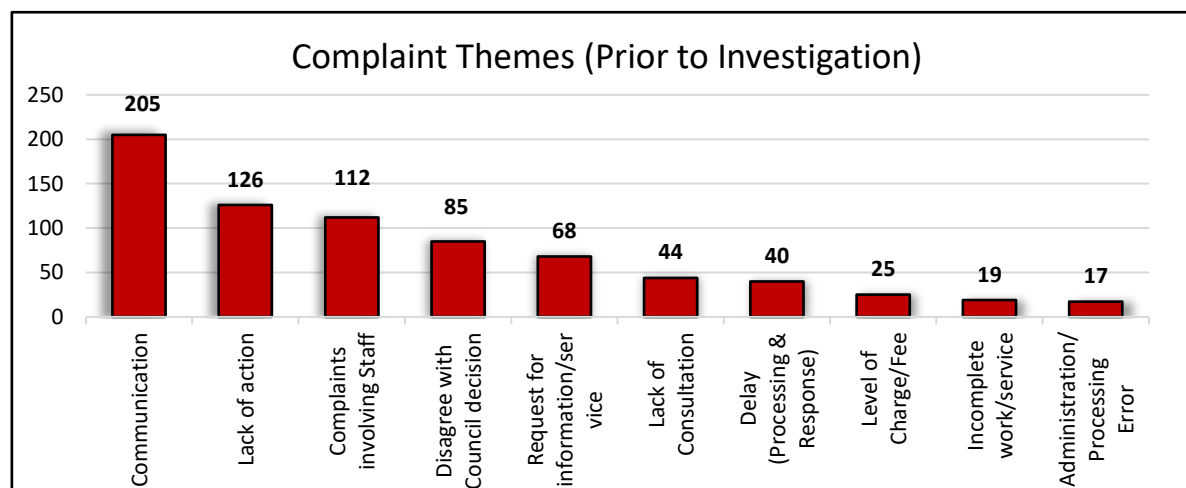
Customer Access Channels and Digital Contact (Stage One Corporate Complaints):

Complaint channel	Number of complaints
Email	215
Web form	275
Telephone	157
Letter	11
In Person	1
Total	659

In 2023/24, 74% 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. This is a 3% increase on the 71% in 2021/22, indicating that more customers continue are accessing the team via digital channels.

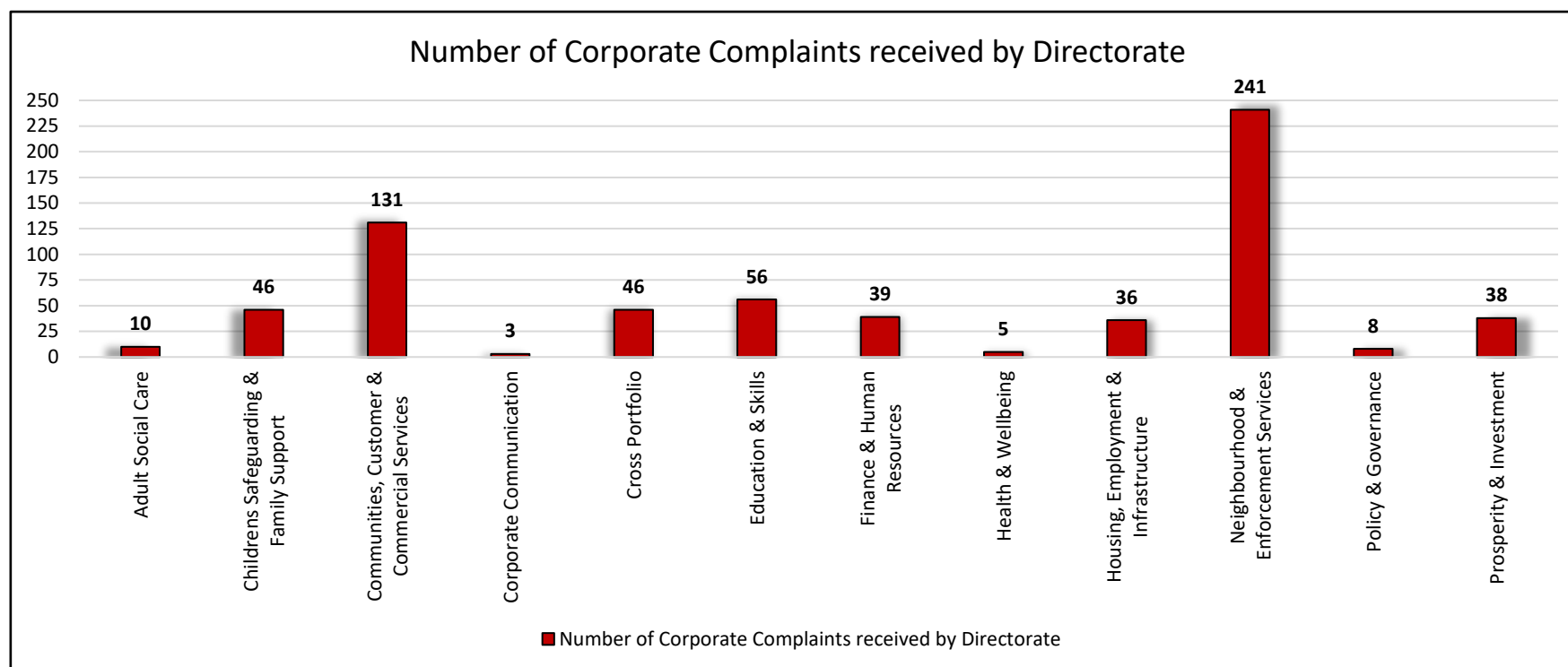
Complaint Themes:

Chart 5: Corporate complaint themes 2023/24



This chart shows the top 10 complaint themes for 2023/24. This is compiled from all complaints received prior to investigation. Please note that some complaints may have multiple themes and may even have some themes that are the same across a number of teams. Communication and lack of action accounted for the majority of complaint themes, representing 30% of all issues raised.

We have a complaint policy for Complaints involving Child Sexual Exploitation (CSE). During 2023/24 no complaints were received and handled under this policy. From May 2024 the Policy and procedure for these cases has been combined into one corporate complaint procedure. For more information please see our reference guide on 'How we respond to complaints involving Child Sexual Exploitation (CSE)' which can be found here [Complaints procedures - Telford & Wrekin Council](#). Further analysis of upheld themes can be found later in this report at page 22.

Chart 6: Number of Corporate Complaints received by directorate

Complaints have decreased across Children’s Safeguarding & Family Support, Prosperity & Investment and Finance & Human Resources. However, in the main there was an increase in complaints, the highest number of complaints was for Neighbourhood & Enforcement Services (214) with a 22% increase on the number received in 2022/23 (176). 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 by Communities, Customer & Commercial Services (131) a 30% increase on the number received in 2022/23 (101). Education & Skills was a 70% increase in complaints during the year (56) compared with the 33 received in 2022/23. However, complaints received represent a small percentage against the volume of interactions across the directorates and the council as a whole.

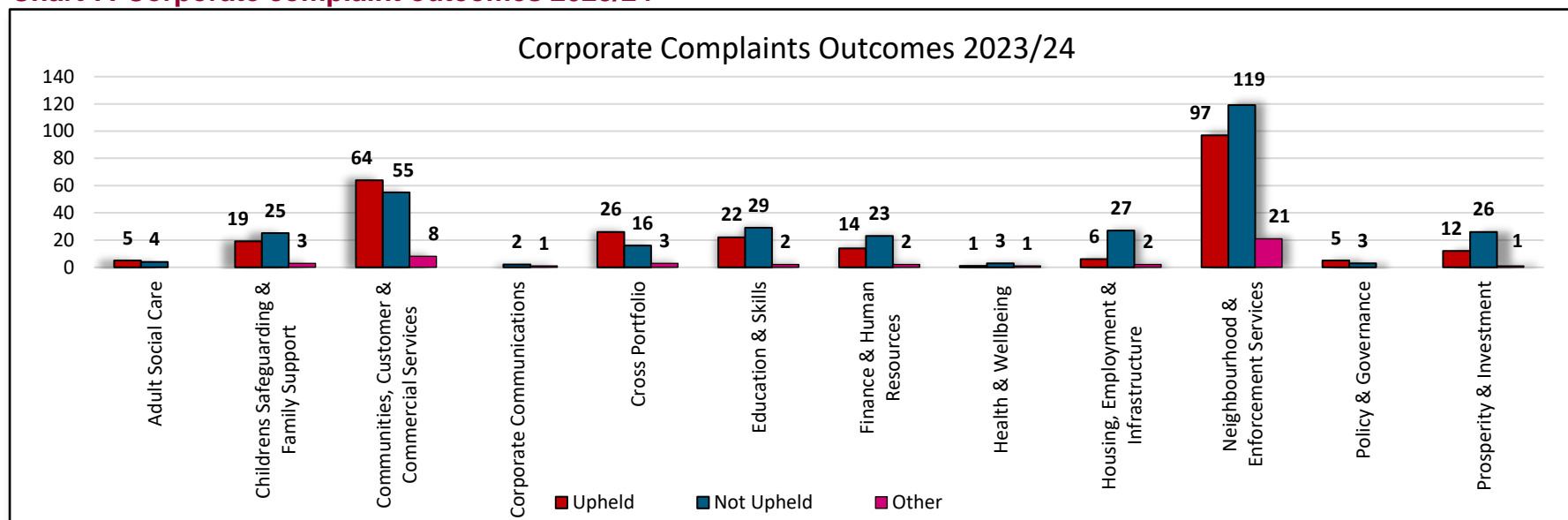
Stage One Complaint outcomes

Although 659 complaints were received in year, 647 have been responded to within the year. The additional cases remained in progress on 31 March 2023. Of the 647 Stage One complaints that have been responded to in the year, 42% (271) were upheld. This is where services acknowledged that they could have done better, and this figure is in line with the 42% of upheld in 2022/23. 51% (332) of Stage One complaints were not upheld and 7% (44) were either withdrawn, dealt with through courts, resolved by the service.

The highest number of upheld complaints were in Neighbourhood & Enforcement Services (97) accounting for 41% upheld and Communities, Customer & Commercial Services (64) which accounted for 50% upheld. This is not unexpected given that these directorates responded to the highest number of complaints. The highest percentage of upheld complaints were in Policy and Governance (63%) which accounted for 5 complaints.

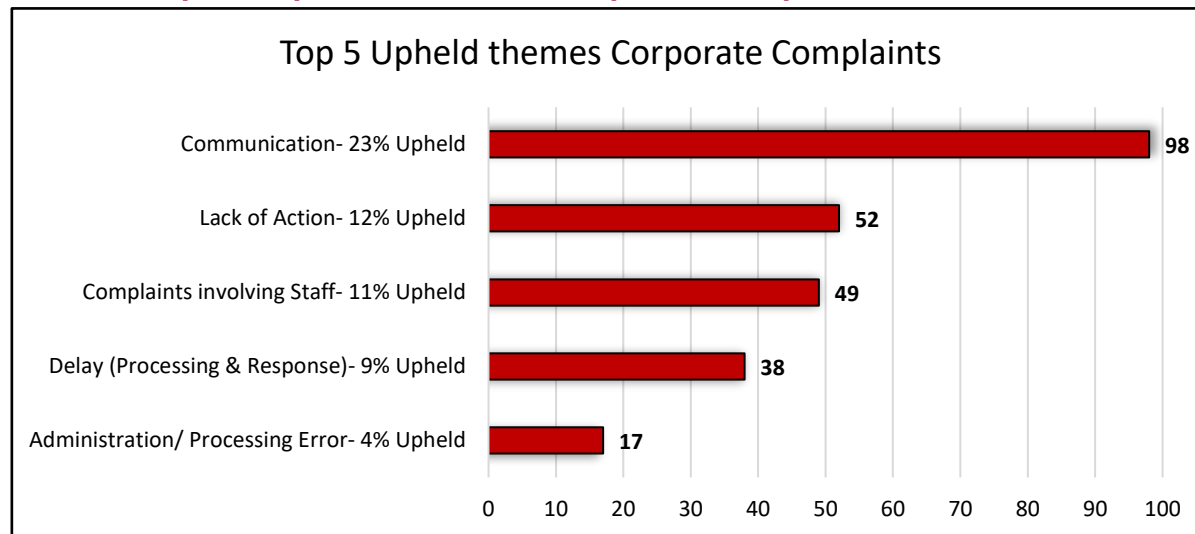
The outcomes by directorate can be seen in the following chart. This has been broken down into upheld, not upheld and other. 'Other' can include service resolved, dealt with through courts, out of jurisdiction or withdrawn.

Chart 7: Corporate complaint outcomes 2023/24



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

Chart 8: Top five upheld themes for corporate complaints



258 complaints were upheld, some complaints had multiple issues. Across the upheld complaints there were 434 upheld issues.

Please note: For the purpose of this report the percentages upheld is displayed as a percentage of the upheld issues 434.

The top five upheld themes include:

Communication was a theme within 23% of the complaints upheld, a reduction on the 38% in 2022/23, with the issue crossing many different services. The concerns raised involved;

- Inadequate/ lack of communication
- No response
- No updates to customers if there was a delay, or officers unable to attending meetings
- Call backs not being completed
- It also included failure to communicate full information around procedures and processes
- Communication in a timelier manner
- Lack of communication around changes to services or issues affecting services.
- Incorrect information provided
- Failure to update customers on outcomes of decisions.

Reminders have been issued to officers to ensure that they keep customers updated, services have also made changes to procedures around keeping customers updated. Most of these complaints received an explanation and apology.

Lack of Action was a theme within 12% of the complaints upheld, a reduction on the 20% in 2022/23. This issue crossed many different services and covered cases where;

- No response or action was taken,
- Timescales had not been kept to and records were not updated as per processes.
- Delays in processing and responding also resulted in a perceived lack of action.
- There were delays in completion of jobs by contractors and instances where jobs had been closed incorrectly 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. Issues with contractors have been picked up via contract management processes.

Complaints involving Staff was a theme with 11% of the complaints upheld, this is a reduction on the 14% in 2022/23 and a sustained reduction over the last 3 years in this theme since 2021/22. Complaints naming staff covers a variety of concerns, including;

- A lack of support from individual officers
- How a member of staff spoke to a customer and the general behaviour of staff, whether face-to-face or over the phone
- Poor timekeeping and where staff actions fell short of our expectations

There were some upheld issues highlighted for the Council's contractors, which have been picked up via contract management processes. Issues were also raised relating to driver actions in relation to buses. In the cases upheld, an apology was given, and actions to prevent a repeat of the incident undertaken.

Delay (Processing & Response) was a theme within 9% of the complaints upheld this is a reduction on the 24% in 2022/23. This issue crossed many different services focused on cases where there was;

- A delay in information being sent which included reports for comments, minutes from meetings and certificates.
- A delay in responding to customer enquiries, processing some assessments/ accounts, payments for support, paying invoices and arranging appointments.

- There were some delays in passing information between teams under processes which led to a delay for the customers.

In the cases upheld an explanation and apology was given.

Processing/ Administrative Error was a theme within 4% of the complaints upheld. This issue crossed many different services; and related to a number of differing issues including errors updating systems, which impacted customers, such as;

- Incorrect figures used in assessments
- Failure to close records
- Failure to update notes
- Errors transferring records/ memberships
- Assessment start/ end dates
- Incorrect discounts applied and
- Information missing in documents.

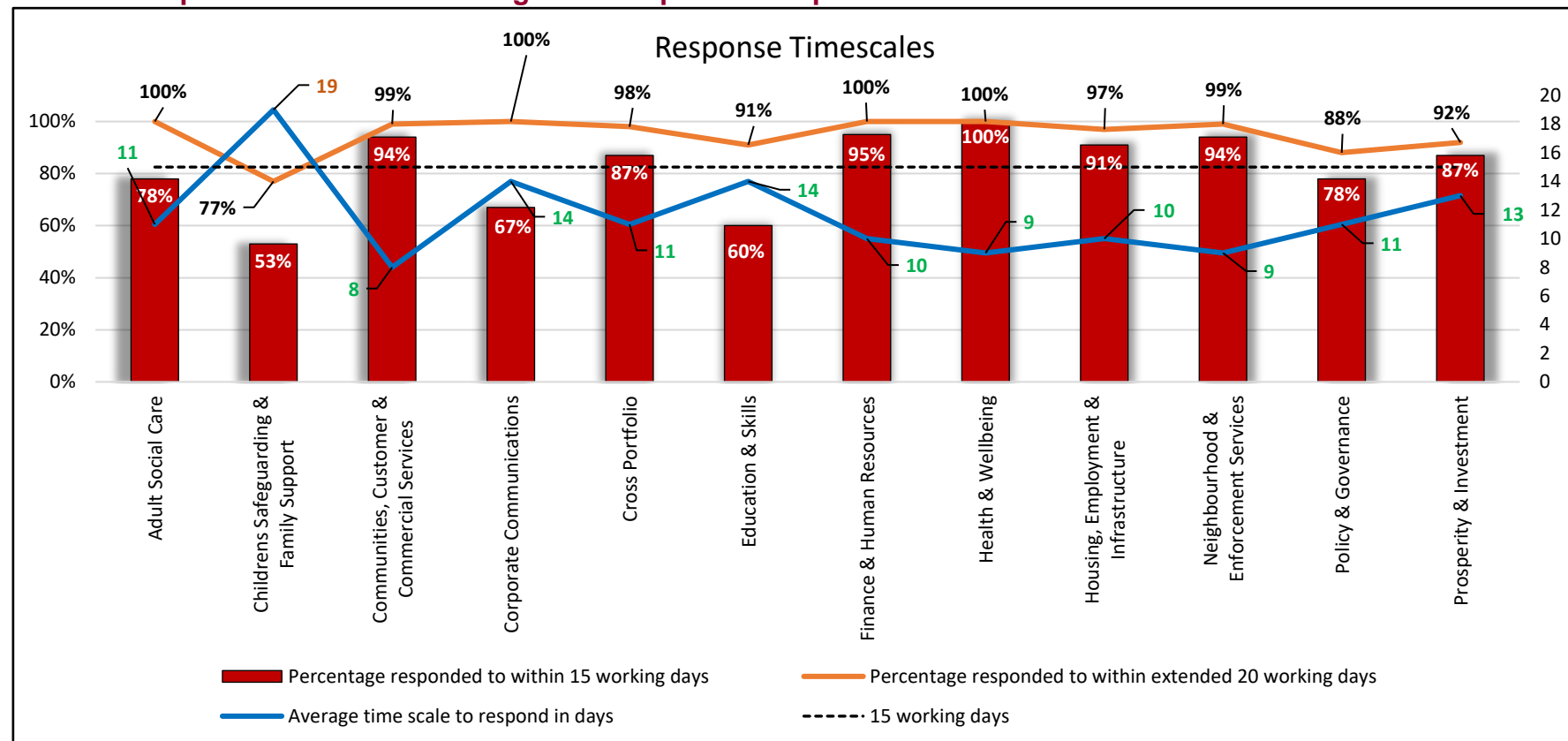
In the cases upheld an explanation and apology were given.

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 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 2023/24 the Council has managed to respond to corporate complaints in an average of 10 days, which is well within the 15 working day timescale and an improvement on the 11 days achieved in 2022/23. 87% of complaints were responded to within the 15 working day timescale, a significant improvement on the 80% achieved in 2022/23.

Our local target is to respond to 90% of corporate complaints within 15 working days, we will continue to work towards this target. Finance & Human Resources, Neighbourhood & Enforcement Services, Communities, Customer & Commercial Services, Health & Wellbeing, and Housing, Employment and Infrastructure met this target during the year.

Other directorates also saw an improvement in the percentage responded to within 15 working days for example Prosperity and Investment saw an improvement from 57% in 2022/23 to 87% in the year. Children's Safeguarding & Family Support improved from 39% in 2022/23 to 53% in 2023/24. The service continues to monitor timescales and will continue to explore how improvements can be achieved in Quality Assurance meetings.

Adult Social Care also increased the percentage of responses sent in 15 working days from 67% to 78% which also saw the average number of days to respond improve from 15 working days to 11 working days, demonstrating continuous improvement over four reporting years.

Education & Skills saw a reduction in responses sent in 15 working days from 81% in 2022/23 to 60% in the year. This is in part due to the increased number of complaints the Special Educational Needs (SEN) service has received in the year (31), a 37% increase on the number they received the year before (19). Measures have been put in place to support complaint handling within the service to improve these timescales going forward including regular meetings with the director to review all outstanding cases and learning. Corporate communications also saw a reduction in responses sent in 15 working days from 100% in 2022/23 to 67% in the year, the small number of complaints in this area have affected this.

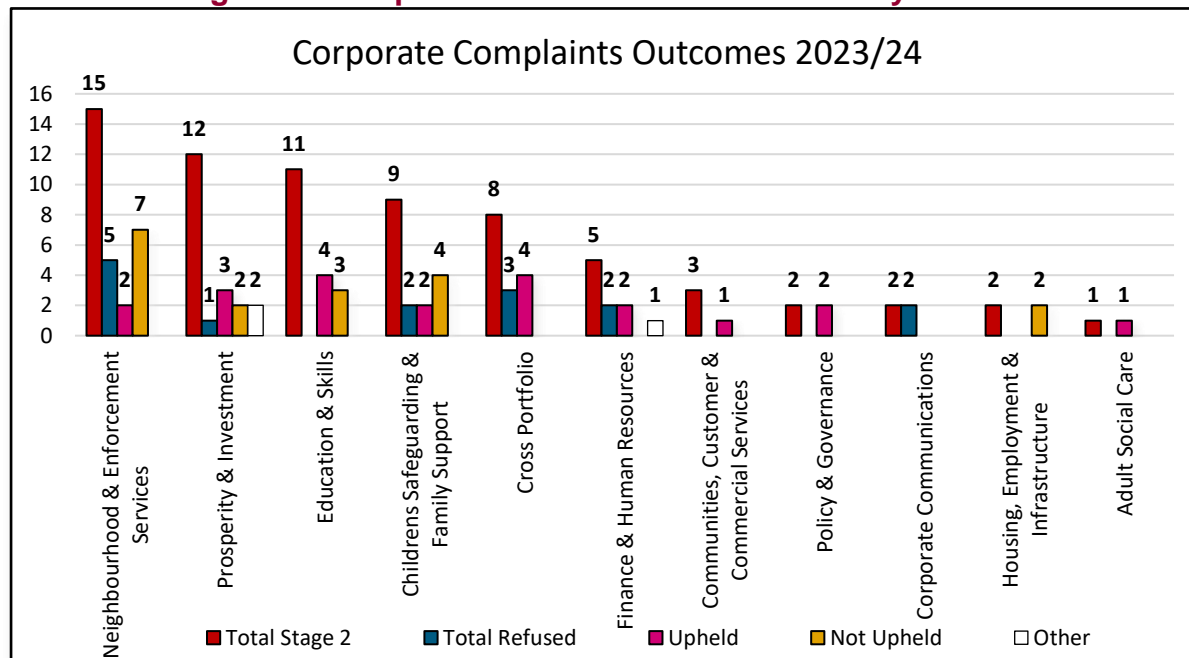
It must be noted that the average number of days to respond across all directorates did not exceed the extended timescale of 20 working days. However, 26 complaints were sent outside of the Council's extended 20 working day timescale.

With effect from May 2024 our complaint procedure was amended, which included stage 1 initial timescales reducing from 15 working days to 10 working days, in line with the Local Government and Social Care Ombudsman's complaint handling code.

Corporate Stage Two complaints

During 2023/24, 70 Corporate Stage One complaints progressed to Stage Two of the process. This represents a 71% increase on the 41 that progressed in 2022/23. 57 Stage two investigations have been completed, there are 13 stage two corporate complaints that are still under investigation.

Chart 10: Stage Two complaints received and outcomes by directorate



A higher volume of Stage Two complaints was seen in Neighbourhood & Enforcement Services (15) compared to 4 in 2022/23. Six of the Cross Portfolio cases were also related to Neighbourhood & Enforcement areas including Transport and Neighbourhood Enforcement.

Likewise, Education & Skills also saw an increase in stage 2 complaints from 3 in 2022/23 to 11 in the year. All related to Special Educational Needs (SEN). Three of the Cross Portfolio complaints related to Education &

Skills SEN, and three also included elements relating to the Customer Contact Centre.

Health & Wellbeing was the only directorate that did not have a case escalated to Stage Two in 2023/24, they are therefore not detailed in Chart 10.

Out of the 70 complaints, it was considered that 15 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 8 working days and the customer advised to approach the Local Government Ombudsman if they remained dissatisfied. The aim is to respond to Stage Two escalation requests within 10 working days, so the average is within this timescale.

Of the 57 Stage Two corporate complaints completed, 42 resulted in full investigations, compared to the 19 investigated in 2022/23. 50% of full investigations were upheld. It took an average of 43 working days to complete a full investigation. This is an increase on the 28 days taken in 2022/23. This figure is still within the extended timescale of 65 working days as outlined within the complaints policy. 4 complaints did exceed the 65 working day timescale during the year. The increase in timescales has been affected by the significant increase in stage 2 complaints being received, the complexity of these complaints and requirement for further information to complete the investigation.

In line with the Local Government and Social Care Ombudsman's complaint handling code the timescales at stage 2 investigations have also changed with effect from May 2024 from 25 working days up to 65 working days to the revised 20 working days to 40 working days.

Learning and outcomes from Corporate 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 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.

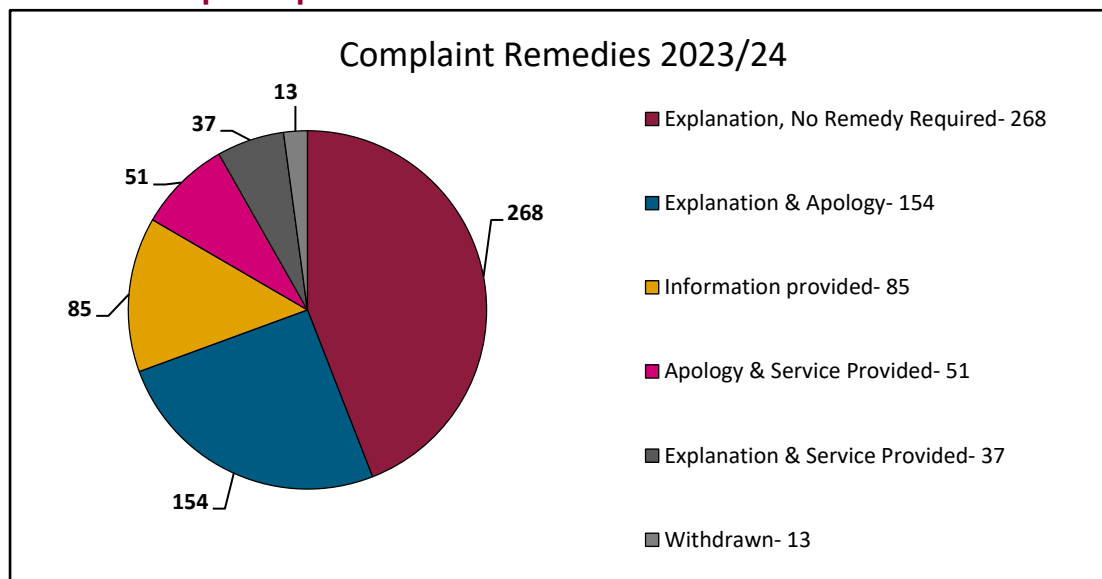
Occasionally, during an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they address the “bigger picture” so that that residents receive the best possible service from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

Remedial actions taken from resolved complaints at Stage One in 2023/24

All 271 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 2023/24



Of the remedies recorded against corporate complaints in 2023/24:

- 41% were to provide an explanation and no remedy was required
- 24% were to provide an explanation and an apology
- 13% information was provided
- 8% were to provide an apology and a service was provided

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Positive Improvements

Throughout the year, we record the learning identified from each complaint 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:

- Procedures related to support plans have been reviewed by Adult Social Care. Quality assurance of all support plans is now completed by team leaders and senior social workers. All workers have also been advised to not copy forward and that they should be checking and updating previous assessments

- Internal processes have been reviewed in relation to the issuing of postal vote packs. Staff have been advised to ensure that they check their email filter twice daily to ensure that no requests are missed. The council will also now consider hand delivering packs in some circumstances
- Darby House Reception has been refurbished which has included the installation of lowered accessible desk and automatic doors
- The front of house team at the theatre have been upskilled regarding product availability at the bar



“She diligently listened to my situation and by passing my concerns to the correct department, resulted in positive action, for which I am very grateful.”

- Cleaning schedules have been reviewed to ensure that regular deep cleaning is undertaken and completed especially in wet changing areas at Leisure Centres. Duty Mangers will also do regular checks of changing rooms particularly prior to swimming lessons which follow school swimming
- Collection crews have been reminded to not block access with returned containers
- Review of family connect procedures to ensure that customers are provided with full information around information sharing during initial phone calls
- Additional signage has been introduced at the Wellington Leisure Centre changing village instructing parents to not leave clothes in cubicles and to also ensure that group changing rooms are open and available to use
- The Neighbourhood Enforcement Team have received conflict resolution training
- Template letters used by the Democracy Team have been reviewed
- Advisors to request an earlier monitoring date at the home where education provided (Elected Home Education), which will form part of the annual report. The monitoring note from the visit will be shared with both parents. Monitoring visits will also be offered to both parents and parents will be asked to contribute to discussions relating to the future education provision of the children

- An 'Independent School' option has been added to the transport portal
- A new process has been introduced for Child in Need review meetings, which identifies all information to be provided and signed for when a support plan is agreed
- Review of approvals process for transport, ensuring that team are aware of what approvals are required and the processes around this
- Reviewed the direct referrals script for housing, this has been shared with social landlords to ensure that advice provided is consistent and correct
- Review of the timescales and preparation for support plans renewals and reassessments

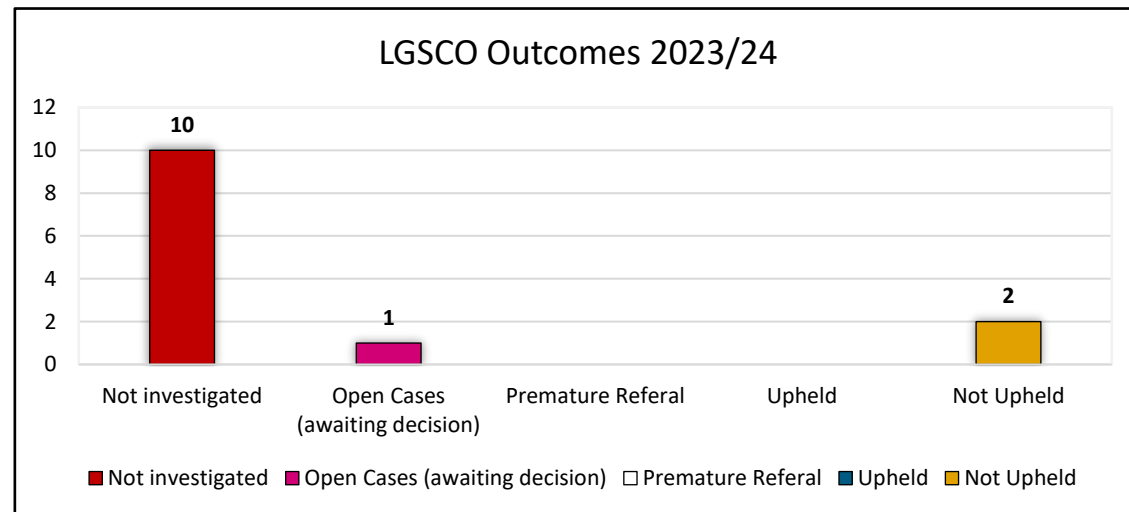
"I would like to thank you and your colleagues for all that you did. You went above and beyond to try and help."



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 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 17 enquiries were forwarded to the LGSCO. Five enquiries related to statutory complaints which are detailed in the Adult Statutory and Children's Statutory Complaint Reports.

Chart 12: Local Government & Social Care Ombudsman Outcomes



Of the 12 corporate complaint enquiries, one remains open awaiting a decision.

One decision remained outstanding on 31 March 2023, the decision was that this case was not upheld and it is included in the figures detailed in chart 12.

The LGSCO undertook one detailed investigation into corporate complaints, which was completed during the year, and this was not upheld. In 9 cases the LGSCO said it was not investigating.

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.

Office for Local Government (OFLOG) Metrics

The Office for Local Government has introduced a set of metrics to provide insight on performance for local authorities within England.

One of the metrics is the number of upheld Ombudsman complaints per 10,000 population.

This metric uses complaints data published by the Local Government and Social Care Ombudsman (LGSCO) and population data published by the Office for National Statistics.

There were 3 detailed investigations completed by the LGSCO during 2023/24, for corporate and statutory complaints. 2 cases were not upheld and 1 case was upheld. Therefore, the percentage of Ombudsman complaints upheld for 2023/24 is 33%.

Based on a population of 188,871 the number of complaints per 10,000 population is 1.74, an improvement on the 2.33 achieved in 2022/23.

Complaints from Telford and Wrekin Tenants

In September 2020 Telford and Wrekin Council became a registered provider of social housing. As a registered provider we currently have 23 properties.

Complaints from our tenants are handled under the Complaint procedure for Council Tenants, this procedure sets out that stage 1 complaints will be responded to within 10 working days and stage 2 complaints will be responded to within 20 working days.

Please note: With effect from 1 April 2024 this procedure will be incorporated with the Council's Corporate Complaints Policy and Procedure in accordance with the Housing Ombudsman's Service complaint handling code which requires organisations to have one complaint policy.

In 2023/24 the Council received 0 complaints from its tenants.

No cases were escalated to the Housing Ombudsman Service (HOS) during the year and there were no findings of non-compliance with the HOS Complaint Handling Code in 2023/24.

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 2024/25

During 2024/25, the Customer Relationship team will focus on a number of key priorities:

- Continue to roll out the Customer Insight Programme and Mystery Customer Website Reviews, with the view to proactively reduce complaints
- Develop Mystery Customer Assignments that will be completed by the Communities Scrutiny Committee, Senior Management Team and Mystery Customers. The feedback will be used to inform our new Customer Strategy from 2025
- Continue to drive an improvement in the percentage of complaints responded to within timescales from 87% to 90%
- Support services to meet new timescales outlined within our new complaint policy in line with the Local Government and Social Care Ombudsman and Housing Ombudsman Service's complaint handling codes
- Complete necessary self-assessments and continue to ensure compliance with the complaint handling codes
- 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 & Housing Ombudsman Service
- Continue to develop a new customer service training package
- Organise further Local Government & Social Care Ombudsman complaint training for managers
- Work with the Institute of Customer Service to further improve our customers' experience and complete our second benchmarking and workforce survey's in Autumn 2024
- Update the Customer Service Strategy and relaunch in 2025

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Appendix B- Adult Statutory Complaints Report

Improving our Customer Experience

Annual Report 2023/24

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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 2023 to 31 March 2024.
- To provide an open resource to anyone who wishes to understand feedback about 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 2023 and 31 March 2024 under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

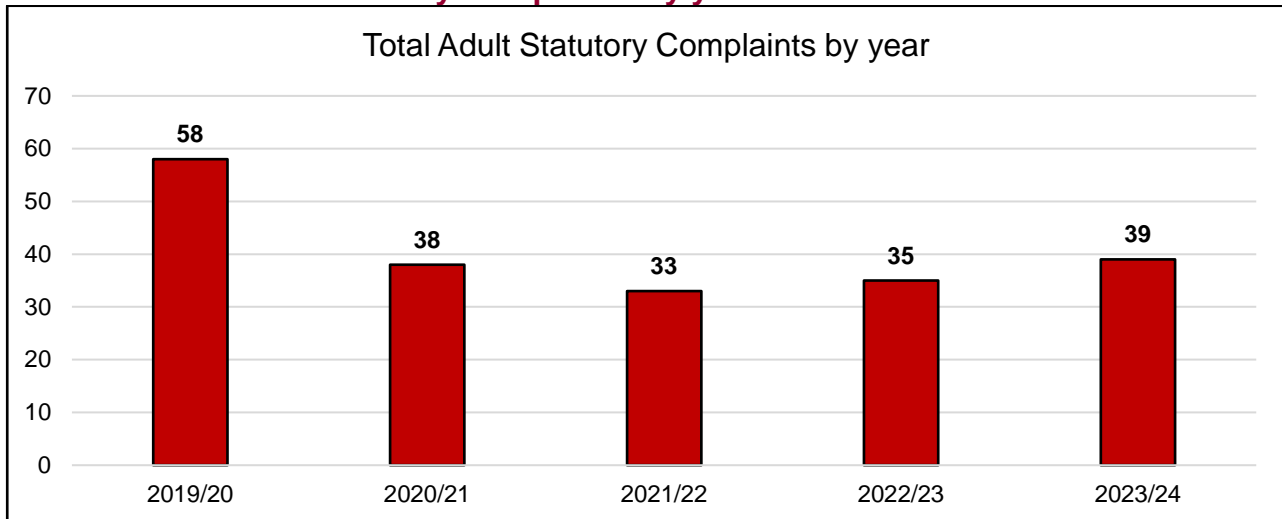
Highlights 2023/24



Adult Statutory Complaints 2023/24

We received 39 Adult Statutory Complaints between 1 April 2023 and 31 March 2024. The chart below compares the number of statutory complaints we have received over the past five years. To provide some context, Adult Social Services have received 8,150 contacts from new people in the year and 2,000 people are receiving long term services. Some cases can be complex and this is recognised in the complaint handling timescales outlined in the regulations.

Chart 1: Total Adult Statutory Complaints by year



There has been an increase in the number of complaints received in 2023/24.

There were also 55 further complaints that were resolved under the 24 hour resolution process and therefore were not registered under the statutory procedure in accordance with legislation. These cases are also reviewed, and learning identified, and this feedback is used to inform service improvements.

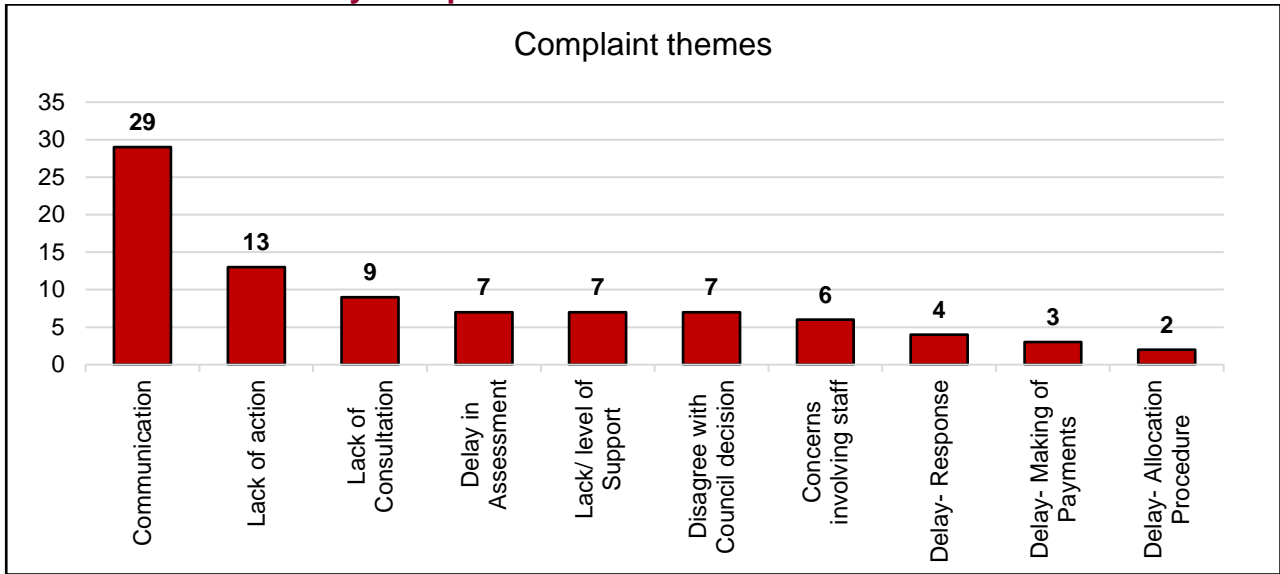
Customer Access Channels and Digital Contact

Complainant channel	Number of complaints
Email	27
Web form	2
Telephone	9
Letter	1
In person	0
Total	39

In 2023/24, 74% of Adult Statutory Complaints were received via a digital access channel, including via our online complaint web form and by email directly to the Customer Relationship team. This is an increase on the 46% received via these channels in 2022/23. Whilst we have seen an increase in customers contacting with us via digital channels we continue to ensure that customers can raise concerns via traditional access channels.

Complaint Themes

Chart 2: Adult Statutory Complaint themes in 2023/24



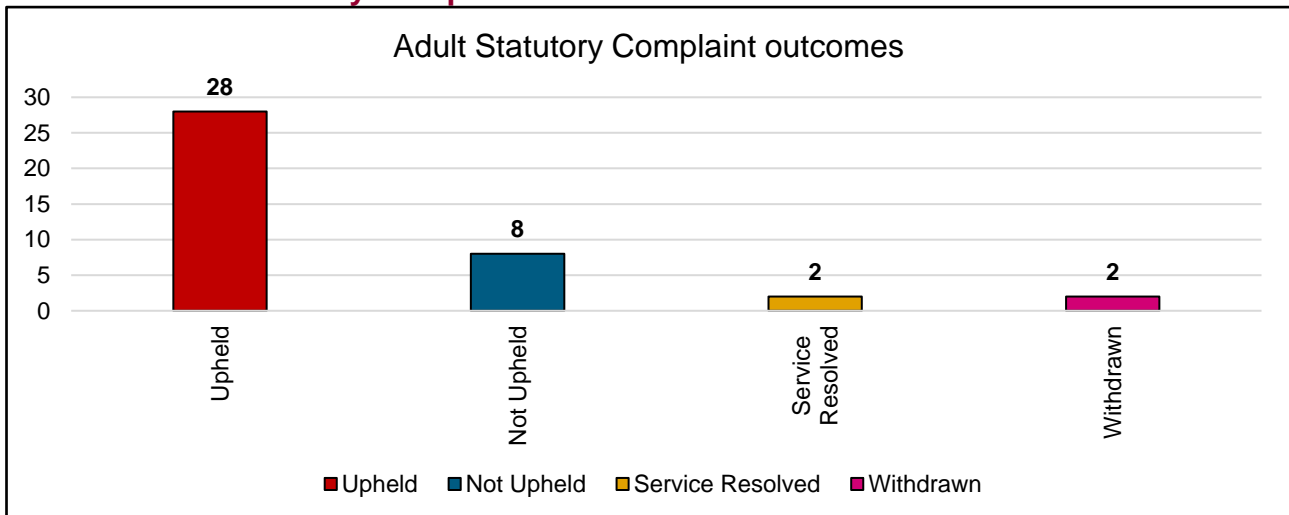
Most of the themes are self-explanatory and give a clear indication of types of concerns raised.

Complaints received

Whilst 39 complaints were received during the year, 40 responses were issued which includes a case received in 2022/23 but responded to in 2023/24.

Of the 40 complaints completed, 70% (28) were upheld, 20% (8) were not upheld and 10% (4) were dealt with via another method as detailed in the below graph.

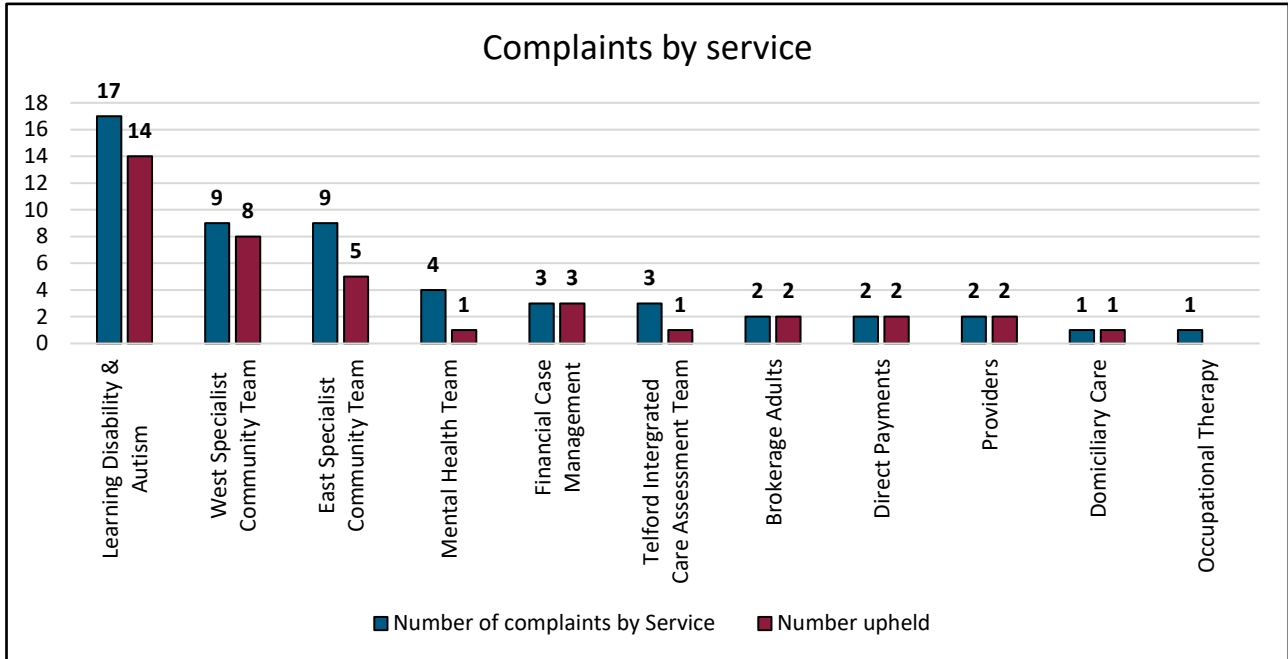
Chart 3: Adult Statutory Complaint outcomes



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 4: Number of complaints by service, highlighting those upheld



There were 18 complaints that included issues raised regarding the Community Social Work teams, and 13 of these were upheld (72%). Themes included lack of communication from a Social Worker or the team, delay in assessment, lack of support, and lack of action.

There were 17 complaints received that had an element related to the Learning Disability & Autism Team, 14 of which were upheld (82%). Themes included lack of communication and support, lack of action, and lack of consultation.

There were 4 complaints which involved issues related to the Mental Health Team, one of which was upheld (25%). Themes included inadequate communication, advice and support.

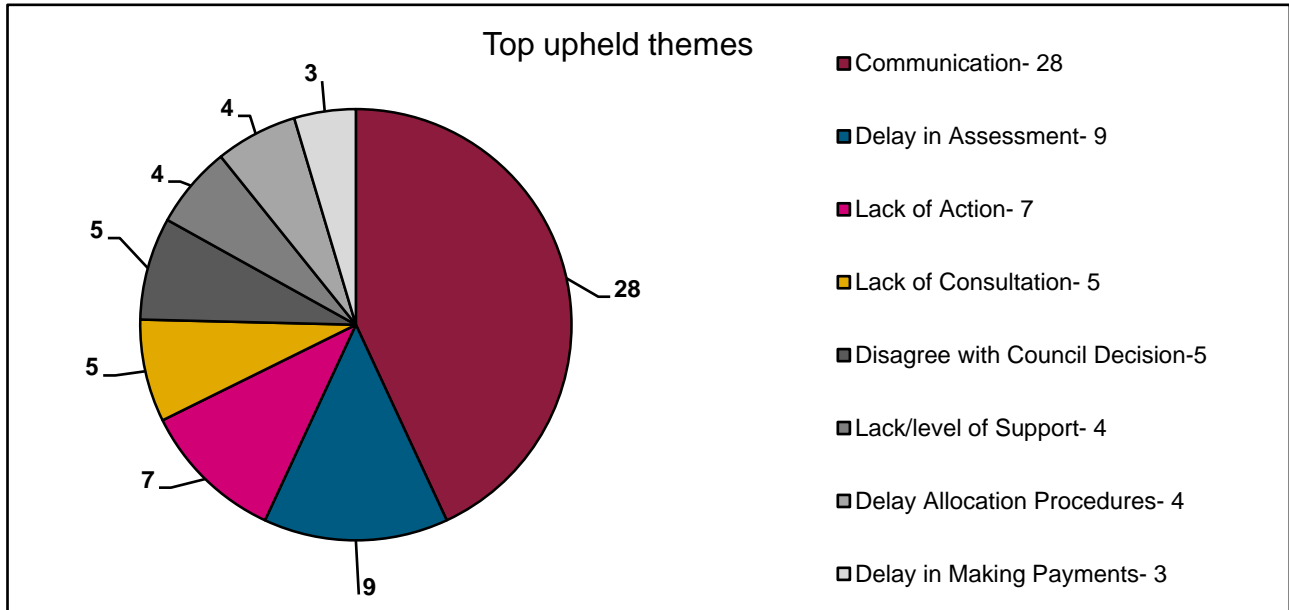
There were 2 complaints that involved providers of supported accommodation and 1 complaint for a domiciliary care provider, all of which were upheld 100%. Themes included delay and communication.

One complaint involved a joint response from Shrewsbury and Telford Hospital, which involved communication around a discharge, this complaint was found to not be upheld for Telford and Wrekin Council.

Themes of upheld complaints

Of the 28 upheld complaints, the top themes raised were as detailed in the chart below.

Chart 5: 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. Please note that some themes may be counted twice in the chart above as a complaint may have involved multiple teams and multiple themes.

The chart indicates that communication was a key theme in most complaints, accounting for 28 instances across 19 of the upheld complaints 48%. This covers a variety of concerns including a lack of or inadequate communication from social worker, lack of response to emails, failure to respond to requests made or keep the person or their family/ carers updated on progress.

Delay in assessment was a theme in complaints accounting for 9 instances across 7 upheld complaints (18%). Lack of action was also a theme in complaints accounting for 7 instances across 5 upheld complaints (13%)

Lack of consultation was also a key theme in complaints accounting for 5 instances across 5 upheld complaints (13%) which includes missed communication opportunities during the closure of a care home, consultation/communication following a change of respite offer and arrangements for an allocated worker’s absence.

Other key themes identified by Adult Social Care through complaints and 24hr resolved cases during 2023/24 include;

- Communication with people with care and support needs, family members and unpaid carers – in particular, keeping people updated and informed; ease of contact, knowing who to contact and explaining roles and responsibilities
- Assessment and support planning – in particular, timeliness, and working with families and legal representatives
- Direct Payments – including communication, explanation and processes
- Charging for care – including explaining policy, process and potential charge
- Providing care and support – including sourcing care and accommodation
- Experience of care and support – including quality
- Other themes include the level of involvement, relationships with social workers; discharge planning and enablement; information and advice.

Timescales for responses

The 2009 regulations set a benchmark for all Adult Statutory Complaints to be investigated within six months. When an Adult Statutory Complaint is received we negotiate a timescale with the complainants, depending on the complexity of the case, this is typically 35 working days. We aim to respond to all Adult Statutory Complaints within a maximum of 65 working days.

In 2023/24, the average number of working days to respond to an Adult Statutory Complaint across all portfolios was 29 days. This is an increase on the average of 25 working days achieved in 2022/23 but remains lower than in the two previous years and lower than the typical 35 working days negotiated for a response.

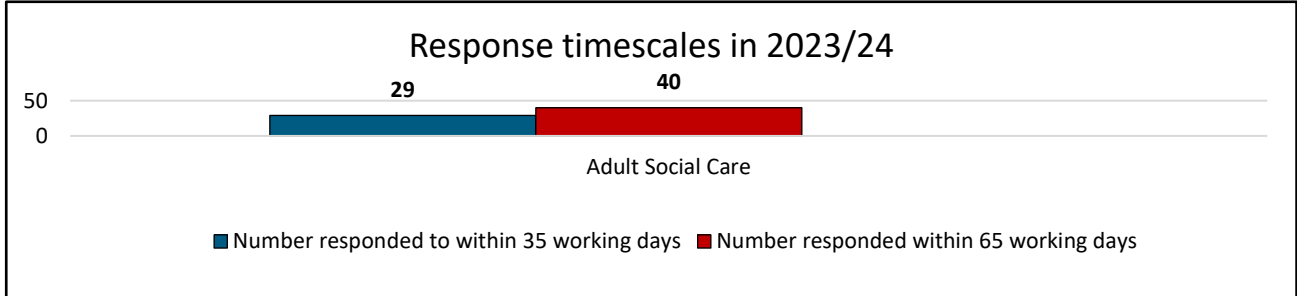
Adult Social Care continue to work to maintain good response timescales, there have been a number of complex cases during 2023/24 which have impacted timescales which is reflected in the average number of days.

Timescales remain significantly lower than past years due to the changes that have been made to the complaint procedure in 2021, which saw the introduction of a negotiated timescale with customers which seeks to better manage customer's expectations. This has also resulted in fewer complaints exceeding the agreed timescale. Additional steps have also been taken at service level to encourage timeliness of responses.

A key function within Adult Social Care is the Assurance Team, within which the Quality and Complaints Officer supports the complaints management and monitoring processes,

alongside the Customer Relationship Team. Complaints are rated based on timescales and allocated to Service Delivery Managers. Performance against timescales continues to be discussed on monthly basis at Leadership Team Meetings. For a breakdown, see the chart below.

Chart 6: Response timescales at Stage One



40 complaints have been responded to in year, 29 responses were sent within 35 working days (73%) and all responses were sent within 65 working days and none exceeded 65 working days.

No complaints received in 2023/24 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 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.

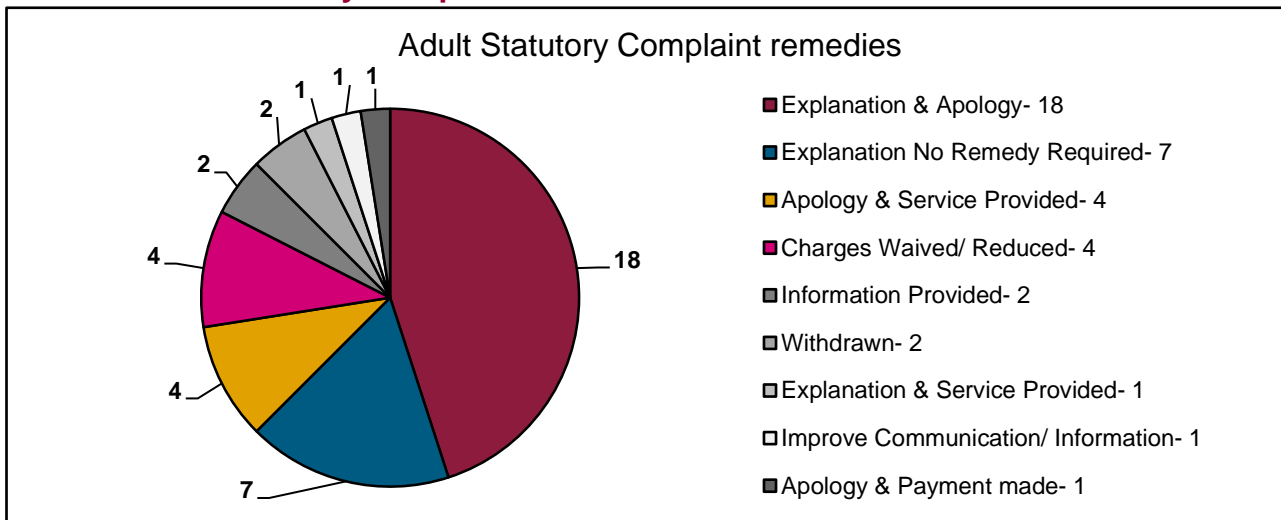
Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with Adult Social Care Services to ensure that they see the “bigger picture” so that residents receive the best possible service. Working alongside Adult Social Care’s Quality and Complaints Officer, the Customer Relationship team will continue to provide daily advice and support to managers around complaints management and resolution, and with responding to representations.

In Adult Social Care, we are committed to achieving improved outcomes through continuous learning and improvement, where people are at the heart of everything we do and have the opportunity to influence and shape the services they receive. A key area of quality assurance is using feedback from people who use our services, their carers and families to understand experiences and shape improvements. We are committed to learning from all feedback, regardless of source, format or process.

Adult Social Care follows an intelligence-led approach of reviewing, reflecting, changing and sharing, ensuring we connect with the right people, learning as we go, and evaluating the difference/impact we have made.

A monthly Adult Social Care ‘Learning from People’s Experiences’ report is prepared, shared and discussed at the ASC Quality Assurance Delivery Group and subsequently at the monthly ASC Finance, Performance and Quality meetings. This includes issues identified, areas for reflection and improvement and learning outcomes from complaints, concerns resolved at service level and enquiries.

Chart 7: Adult Statutory Complaint remedies in 2023/24



Of the remedies recorded against Adult Statutory Complaints in 2023/24:

- 45% were to provide an explanation and apology
- 18% were to provide an explanation
- 15% were to provide further information or reduce charges
- 13% were to provide an explanation or apology and provide a service

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 and other feedback about people’s experiences is considered alongside that from statutory complaints as part of Adult Social Care quality assurance activities.

Below are examples of positive changes that have resulted from learning from complaints. A range of individual remedies were also completed concerning support plans and assessments, for example, or identifying the best ways of working together and staying in touch.

Communication with people with care and support needs, family members and unpaid carers

- People on the waiting list are contacted regularly, cases triaged, and different completion offers discussed (e.g. hub appointments, urgent home visit, etc). Risk assessment tool has been reviewed and applied to all new contacts.
- *Working Together* and *Keeping in Touch* documents have been developed (co-produced) and embedded.
- Measures in place so when a worker is on leave (planned or unexpected) the individual and family/carers are contacted and updated.
- Improvements to the booking system for hub appointments to ensure automatic messages include contact numbers and emails contain correct information.
- *Knowing Where to Go* document developed by the Making it Real Board and communications campaign in place for 2024.
- Sight loss accessibility issues for various contact methods used by Wellbeing Independence Partnership were shared with the leads and new approaches are being reviewed.
- Reminder to teams to ensure people understand what is being said to them, ask the best way to do this and share in writing what is discussed in meetings.

Assessment and support planning

- Case Summaries have been introduced on the person's electronic records to provide an overview of their current situation and identify any ongoing work.
- Processes for when a worker is absent have been reviewed and a worker's cases are now reviewed by the senior in that team to progress any necessary actions in the worker's absence.

- All frontline staff were reminded about handing over cases and receiving new cases, to manage risk and ensure people are not having to repeat information unnecessarily.
- Support plan processes were reviewed to minimise any delays in progression.
- Draft All-Age Carers Strategy includes the need for a holistic approach to support unpaid carers.
- Financial Case Management processes were reviewed to ensure timely financial assessment processes.
- Criteria for funding streams applicable for house clean-ups were shared with staff across the service.
- Deprivation of Liberties escalation and management of risk processes were reviewed.

Direct Payments

- Direct Payments Board has been set up to provide a place for co-production of direct payments processes, support and develop appropriate communications campaigns and provide governance around the improvement plans.
- Direct Payment policy is being updated and champions in each ASC team are members of the Direct Payment Board to shape developments moving forward and share information with their teams. A senior direct payment officer has been recruited to lead the service. Work continues with experts by their experience and the Board to support process improvements.
- Arrangements were made for any direct payments managed outside the usual payment run. Workers ensure each stage is completed and provide confirmed payment timescales to people/families.
- Reflective discussions held with workers about effective investigations, direct payments challenges and how to support staff who are progressing into more senior roles.

Charging for care

- Online Financial Assessment piloted in West Specialist Community team. This was successful and has been rolled out across Adult Social Care.

- Refresher training for the Learning Disability and Autism Team to improve knowledge and understanding. Seniors and Team Leaders quality check individual cases with their supervision groups to ensure the process is being followed.

Providing care and support

- Learning Outcomes meeting held with all workers involved in the closure of a care home. This led to a process map being completed for any future home closures.
- Mechanisms have been put in place to support accommodation planning, including workers capturing the correct details at the beginning of a person's journey to ensure appropriate referrals to meet needs.
- Adult Social Care Quality Assurance Delivery Group has been established and supports further join up between operations, provider quality and commissioning.

Experience of care and support

- Follow up via Provider Quality Assurance and other processes, supporting providers to implement and embed changes.
- Review of processes by an equipment provider to improve appointment booking and communication.
- Reflective discussions with workers about the importance of clear communication and timescales when addressing concerns raised about care and support.

Other

- Live Well Telford services have been reminded about the importance of keeping information up to date and further training offered to their administrators. Further training has been provided for the Council's Healthy Lifestyle Advisors, so they are able to update information in a timely way.
- Information on all platforms was updated to accurately reflect the nature of accommodation provided at a complex.

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.

Two cases were escalated to the LGSCO in 2023/24. All cases have been determined in the year. One case was upheld, and the other was not investigated by the LGSCO.

The Council fully complied with the recommendations made by the LGSCO, and further learning will be taken forward to improve practices in relation to making and recording decisions in relation to altering home care packages, staff were reminded about exploring and dealing with possible conflicts of interest in a timely way, and the wording within the complaints procedure has been reviewed and amended to ensure its intention is clear.

Concluding Comments

This annual report shows that the number of Adult Statutory Complaints received in 2023/24 increased slightly from 35 in the previous year to 39. Our Adult Social Care 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.

The report also shows that the Council seeks to resolve complaints at the earliest opportunity, and this is demonstrated in the number of complaints that have been resolved by Adult Social Care via 24hr resolution procedures (55). It also demonstrates that all feedback is welcomed and used to identify lessons learnt and inform service improvement.

The number of Adult Statutory complaints upheld was high in comparison to the total number received (70%), however, this is a reduction from 2022/23 (76%).

Adult Social Care welcomes all complaints as a key part of quality assurance, using feedback from people who use our services, their carers and families to understand experiences and shape improvements. The service is committed to reflecting on what could have been better and feedback from complaints contributed to a range of improvements in 2023/24.

Timescales for responding to complaints have increased from 25 days in 2022/23 to 29 days during the last 12 months. The increase can be attributed to increased complexity for a number of complaints during the year. However, the changes to local procedures and our complaints policy, has continued to impact by reducing timescales by 45% since 2020/21.

Oversight and support provided

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

The Quality and Complaints Officer supports the complaints management and monitoring processes within Adult Social Care and works with the service to use feedback from complaints to improve services as part of the Adult Social Care's Quality Assurance Framework.

Priorities for 2024/25

During 2024/25, the Customer Relationship team and the Adult Social Care will focus on a number of key priorities:

- Continuing 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
- Providing complaint data to senior management monthly, as part of corporate monitoring
- Ensuring recommendations are implemented and learning embedded
- 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
- Further development of the digital complaints system to further improve efficiencies in complaint handling, recording of data and performance monitoring
- Working alongside ASC to review the ASC Complaint Processes to ensure they are fit for purpose and roles and responsibilities are clear
- Reviewing local response procedure and documentation to support best practice, ensure a personalised approach and maximise learning
- Ensuring our complaints processes are adhering to the ASC Accessibility Information Standards and that responses are provided in a way that meets the individual's needs

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 conduct 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.

The Quality and Complaints Officer supports the complaints management and monitoring processes. 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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Appendix C- Children's Statutory Complaints Report

Improving our Customer Experience

Annual Report 2023/24

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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 2023 to 31 March 2024.
- To provide an open resource to anyone who wishes to understand feedback about 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

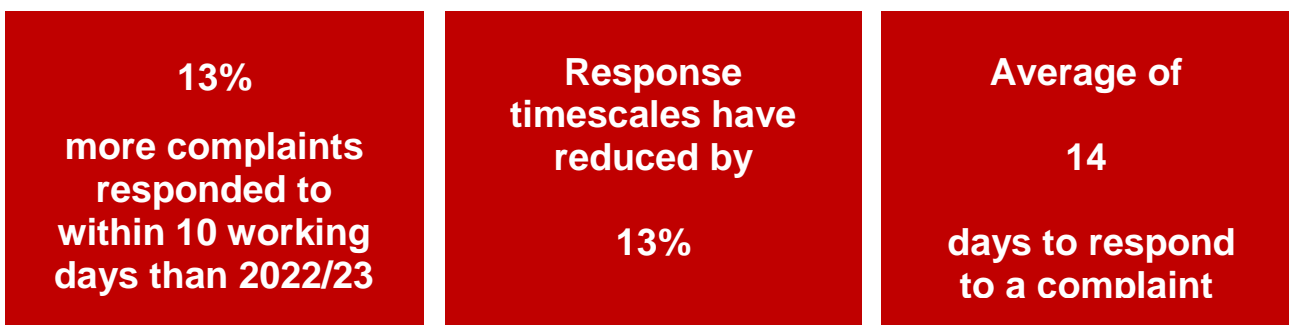
This Annual Report covers all complaints made about Children's Social Care that were received by the Customer Relationship team and dealt with under the statutory complaint procedure during the period 1 April 2023 to 31 March 2024.

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 complaint procedure. The report should be presented to staff, the relevant local authority committee, and be made available to both the regulator and 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 complaint 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 2023/24

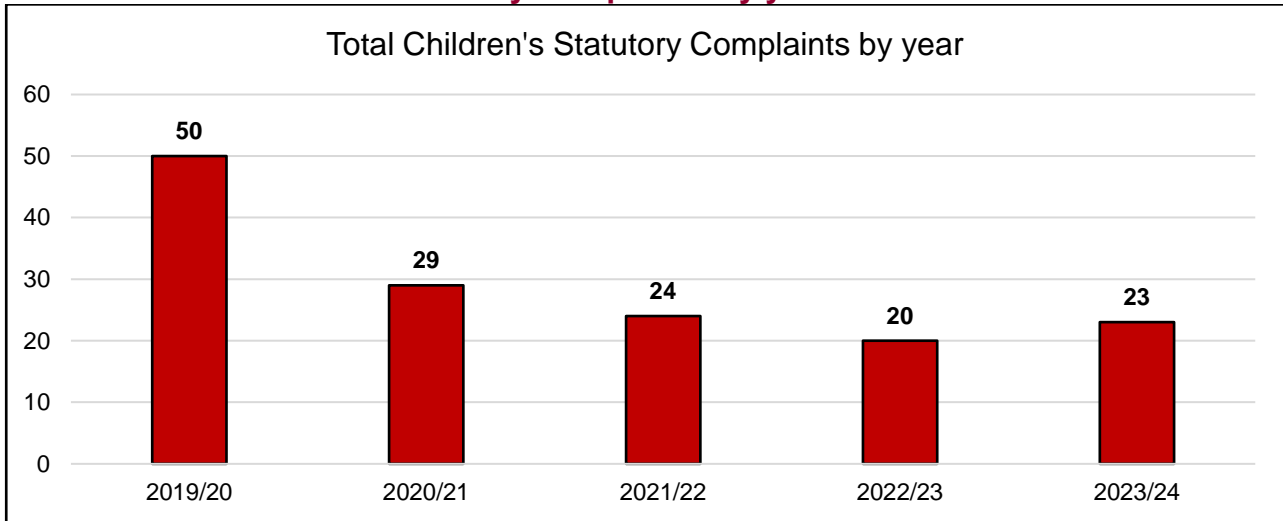


Children's Statutory Complaints 2023/24

We received 23 Children's Statutory Complaints between 1 April 2023 and 31 March 2024. The number of complaints received has increased slightly when compared with the 20 received in 2022/23. To provide some context, Children's Safeguarding and Family Support received a total of 9,994 contacts during the year, this includes telephone calls and emails and had 1,542 referrals into the service completed during the year.

The chart below shows a comparison of the number of statutory complaints over the past seven years.

Chart 1: Total Children's Statutory Complaints by year



The 23 complaints were all dealt with at Stage One, with five progressing to an independent Stage Two investigation.

Stage	Number of complaints
One	23
Two	5
Three	1
Total	25

Of the 23 Stage One complaints received, 19 were completed during the period. Five Stage Two complaints were received and independently investigated. One Stage Three Panel was completed in 2023/24.

Contact Types

Children's Statutory Complaints were received from the following in 2023/24:

Complainant	Number of complaints
Parent	12
Advocate/representative	7
Child/young person	2
Service User Other	1
Solicitor	1
Total	23

Two complaints were received directly from children and young people in 2023/24. Seven were received from children via the Council’s representations service. One complaint was received from an adult which related to historical matters.

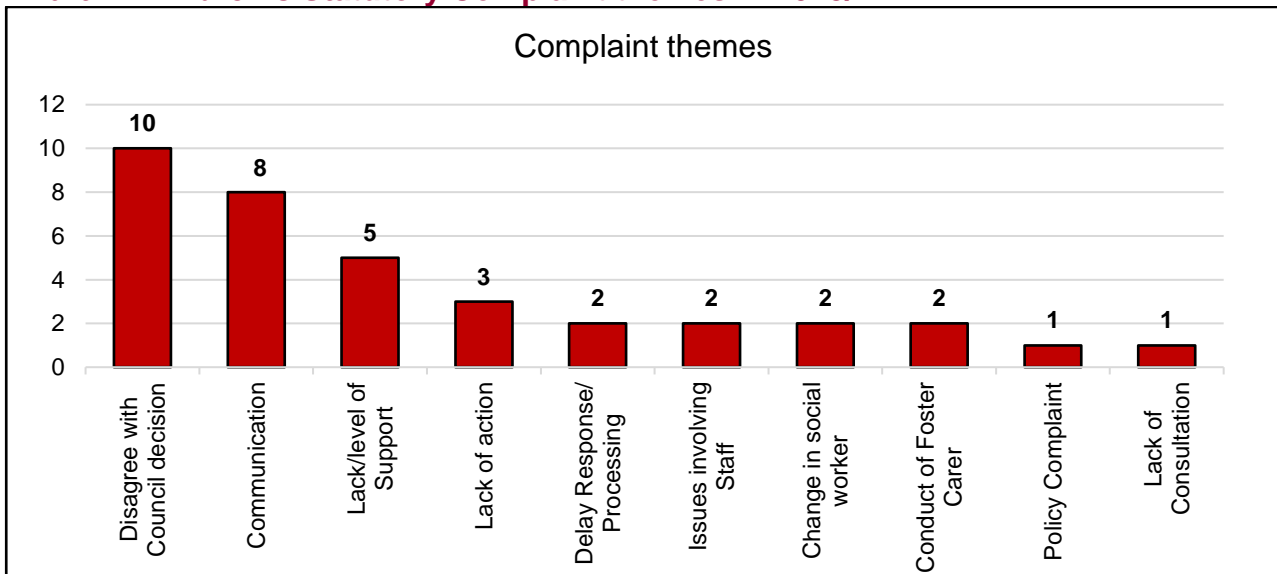
Customer Access Channels and Digital Contact

Complainant channel	Number of complaints
Email	13
Web form	10
Telephone	0
Letter	0
Total	23

In 2023/24, 100% of Children’s Statutory Complaints were received via a digital access channel, including via our online complaint web form and by email directly to the Customer Relationship team.

Complaint Themes

Chart 2: Children’s Statutory Complaint themes in 2023/24



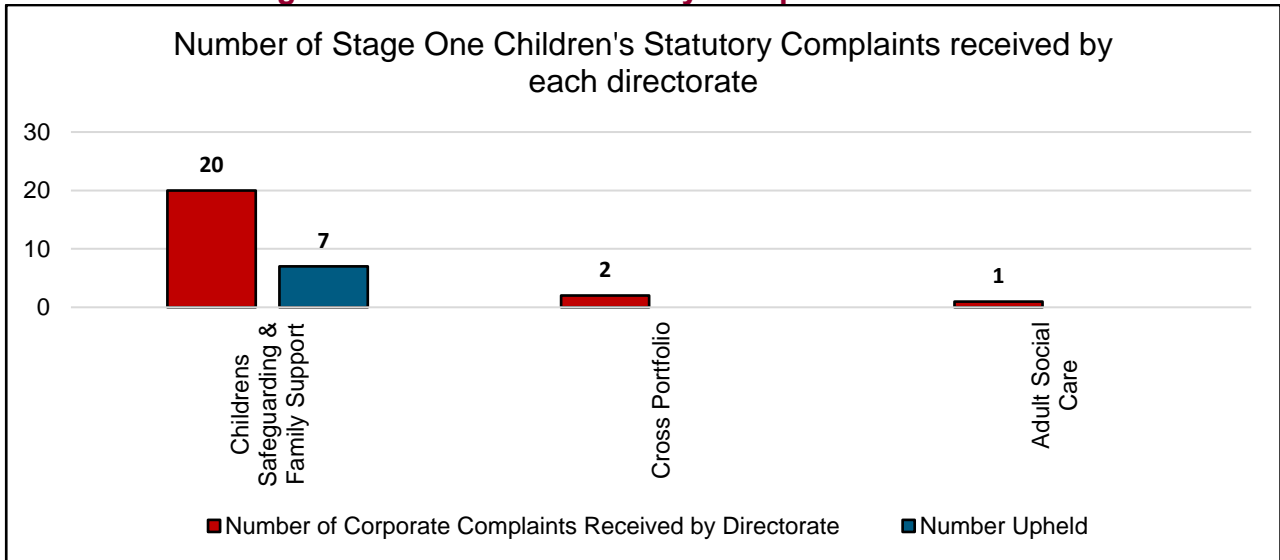
Most of the themes are self-explanatory and give a clear idea about the types of concerns raised in relation to our involvement.

No complaints handled under this process involved Child Sexual Exploitation during 2023/24.

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

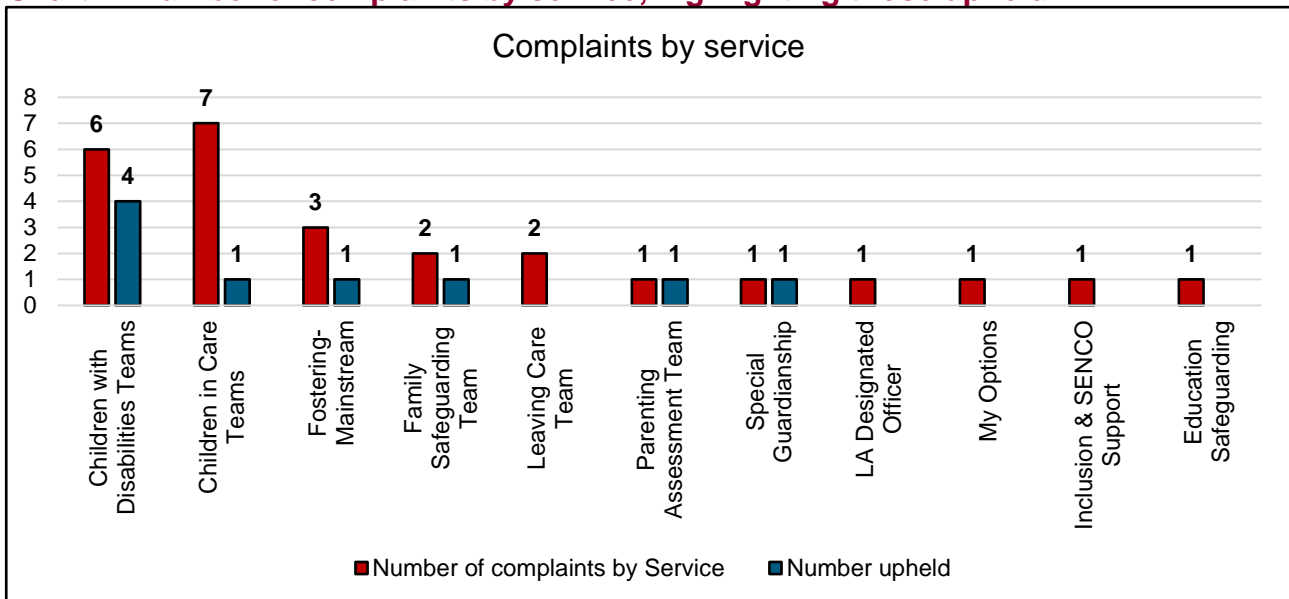


The number of upheld complaints against number received for Children's Safeguarding & Family Support was 35%. Cross Portfolio and Adult Social Care complaints saw 0% upheld. The Cross Portfolio complaints related to cross cutting issues relating to Children's Services, Education & Skills and Policy & Governance.

Of the 19 complaints responded to in the year, 37% (7) were upheld, 58% (11) 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



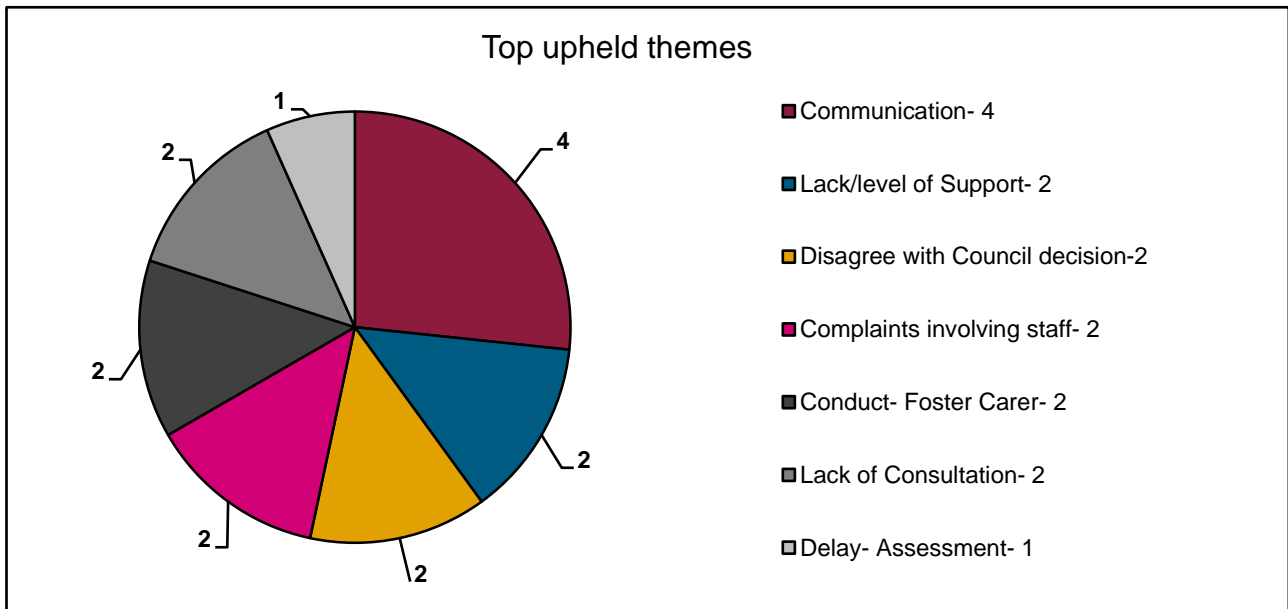
The most upheld complaints combined were in the Children with Disabilities Teams (6) where 6 complaints were received and 4 of them upheld 67%. The Children in Care Teams received 5 complaints and one was upheld.

Upheld issues included communication during and around appointments, delay in responding, lack of support from staff, lack of communication during periods of staff absence and delay in completing an Occupational Therapy assessment, failure to complete an assessment and plan prior to contact being unsupervised and foster carer practice.

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 57% of upheld complaints had an element of the complaint that related to communication. This covers a variety of concerns including service acknowledging that communication could have been better, inadequate communication regarding meetings, lack of communication during periods of staff absence.

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

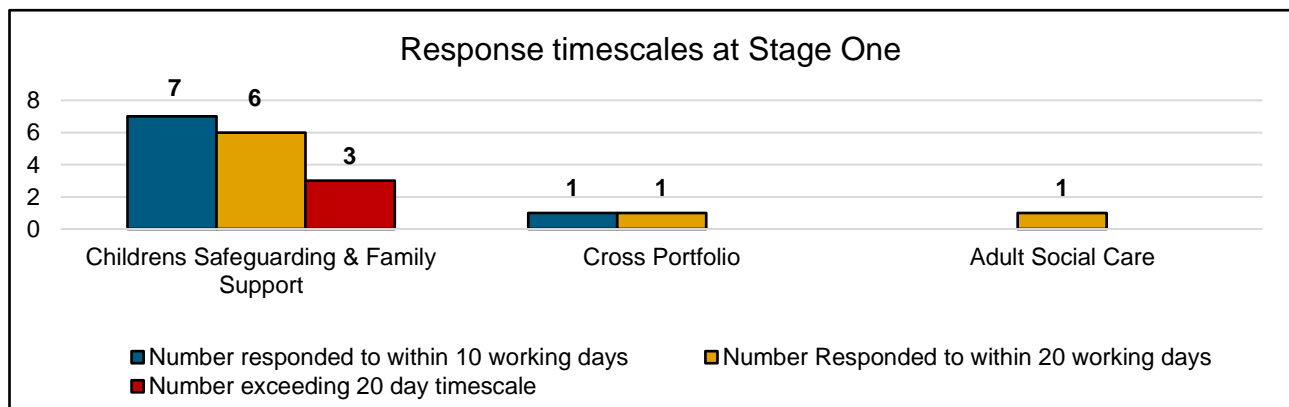
Our Children’s Statutory Complaints Policy has been written in line with The Children Act 1989 Representations Procedure (England) Regulations 2006, which outline how Children’s Statutory Complaints should be handled and the three stages involved.

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 19 complaints that were responded to in the year, 8 were responded to within the 10 working day timescale and 8 were completed within the 20 day extended timescale. Three complaints exceeded the extended 20 working day timescale.

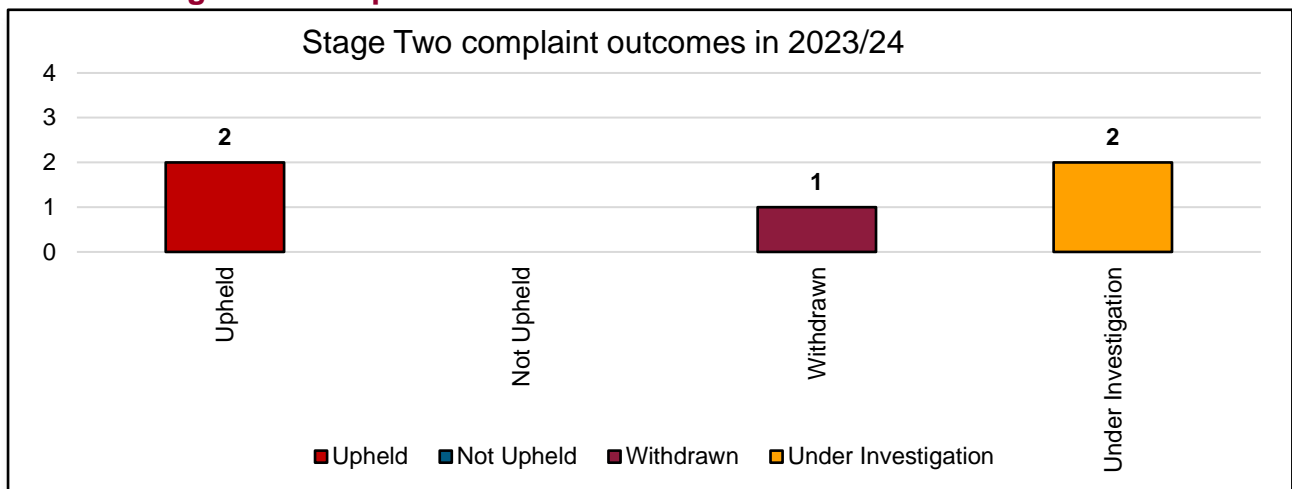
The average number of days to respond in Children’s Statutory Complaint was 14 working days, which is a decrease on the average of 16 days achieved in 2022/23.

Children’s Social Care complaints are complex, and this can have an impact on timescales. However, since November 2020 new procedures have been put in place to improve timescales. Outstanding complaints are highlighted to the Director, Executive Director and Service Delivery Managers on a weekly basis. Six-weekly meetings take place with Directors to review all outstanding cases and learning. The work that has been completed since November 2020 has improved timescales from the levels experienced in 2020/21, more work will be done in 2024/25 to improve these timescales further going forward. During this year there has been further progress in upskilling Team Managers and Team Leaders in complaint handling which has also improved timescales in some teams.

Statutory Stage Two & Stage Three complaints

During 2023/24, five (26%) Statutory Stage One complaint progressed to Stage Two of the process.

Chart 8: Stage Two complaint outcomes in 2023/24



The two upheld complaints resulted in an apology for not completing appropriate planning, an apology for not referring to family connect correctly and for completing an annual budget review outside of local timescales.

The number of statutory Stage Two investigations in 2023/24 remained the same as the previous year where 5 investigations took place. 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 65, an increase on the 64 days in 2022/23.

Three complaints were resolved at Stage Two of the procedure however, one proceeded to a Stage 3 Panel. The outcome of which confirmed that the complaint was partly upheld confirming that there was a delay in compiling an annual budget review, complainant had been incorrectly referred to family connect when a professional should have done this and lack of communication to explain the Care, Education and Treatment Review board. It was recommended that the wording within the Education, Health and Care Plan be reviewed so that it is not open to interpretation.

The annual budget review processes have been reviewed and a senior manager will have oversight of the decisions made and will be involved in authorisation of budgets. A review has been conducted in respect of any training that has been provided, and further training will be explored where there is an identified need, to ensure that plans are reviewed ahead of the end of one plan, and the commencement of the next.

Learning and outcomes from Children’s Statutory Complaints

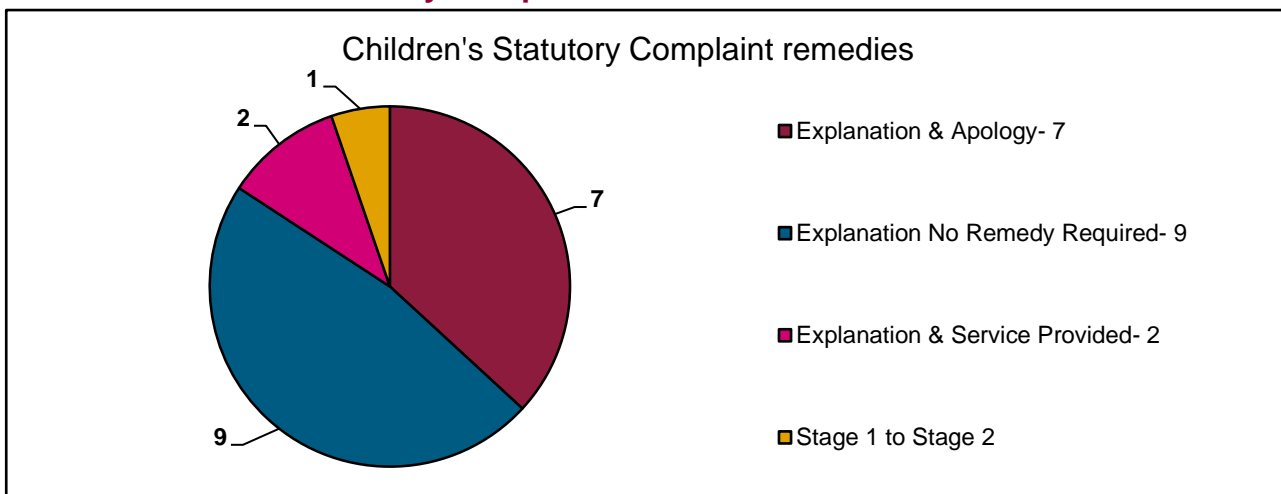
Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to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

Outcomes are discussed in detail in Quality Assurance meetings which are held monthly. The Quality and Complaints Officer for Children’s Services attends this meeting on a quarterly basis where Service Delivery Managers consider the themes and identify additional activities that should be undertaken to share the learning with practitioners.

Chart 9: Children’s Statutory Complaint remedies in 2023/24



The top four remedies recorded against Children’s Statutory Complaints in 2023/24 were:

- 36% were to provide an explanation and apology
- 47% were to provide an explanation and no remedy was required
- 11% were to Apology and actions were taken
- 11% were to provide information

Positive Improvements

Throughout the year, we record the learning identified from each complaint 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 to ensure there are procedures in place to ensure that visits and appointments continue to be completed and where necessary cancelled in the event of staff absence
- There is an ongoing review into the arrangements and communication between services in respect of moving from Children's Services to Adult Services
- Reminder of the importance of communicating meeting arrangements effectively
- A review has been undertaken to provide better consistency of communication and that agreed communication timescales are met
- The Virtual School have been reminded of the importance of notifying safeguarding concerns promptly to our Emergency Duty Team
- Learning has been identified around forwarding complaints that are received by service to the Customer Relationship team
- A new process has been introduced for Child in Need review meetings, which identifies all information to be provided and signed for when a support plan is agreed
- A reminder has been issued that information around information sharing should be fully explained
- Support Plans are to be updated in preparation for when the previous plan expires so that there is no break in payments or support. The support plan, financial monitoring and direct payment paperwork should be undertaken at least a month prior to when the previous plan is due for renewal. A reassessment will also commence 3 months prior to the support plan ending to ensure timely identification of needs and outcomes to enable the support plan to be developed and implemented when the previous plan ends
- The Annual budget review processes have been reviewed and a senior manager will have oversight of the decisions made and will be involved in authorisation of

budgets. A review has been conducted in respect of any training that has been provided, and further training will be explored where there is an identified need, to ensure that plans are reviewed ahead of the end of one plan, and the commencement of the next

- Meetings with external providers arranged to review the referral process to understand in more detail where this could be improved as we continuously seek to improve our practice
- Learning from complaints regarding staff conduct shared with Practitioners to improve and support awareness of practice

Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when 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 statutory cases were escalated to the LGSCO in 2023/24. One was a premature referral; one was not investigated as it was subject to court proceedings and the other case is still under investigation.

The Council continues to ensure that it complies with any 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 received in 2023/24 increased from the previous year. However, 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 decreased by 13% during 2022/23 with the average number of days to respond to a statutory complaint decreasing from 16 days in 2022/23 to 14 working days. Overall, in 2023/24, 84% of complaints were responded to within the statutory timescale of 20 working days and 42% were responded to within ten working days, an improvement on the 29% in 2022/23.

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.

Recommendations

Our recommendations for this year are:

- That a local complaint procedure is adopted that outlines the expectations for complaint handling, including contacting complainants within 3 days of the complaint being allocated, clear timescales for completing the investigation, response and quality check. A complaint investigation template should also be introduced which ensures that there is a clear record of the actions taken to investigate the complaint.
- 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 upskill Team Managers and Team Leaders in complaint handling to that there are more resources available to meet timescales.
- 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.

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 2024/25

During 2024/25, the Customer Relationship team and the Children's Safeguarding and Family Support Quality and Complaints Officer 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 a complaint workshop covering complaint procedures and how to both investigate and respond to complaints
- Providing complaint data to senior management monthly, 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 the Borough after looks them, 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.).

Complaint Procedure

When a complaint is first received, the Customer Relationship team will conduct 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 Children's Social Services 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 regarding 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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Borough of Telford and Wrekin

Audit Committee

17 July 2024

Treasury Management - 2023/24 Annual Report and 2024/25 Update

Cabinet Member:	Cllr Zona Hannington - Cabinet Member: Finance & Governance
Lead Director:	Michelle Brockway - Interim Director: Finance, People and IDT
Service Area:	Finance, People and IDT
Report Author:	Edward Rushton - Group Accountant
Officer Contact Details:	Tel: 01952 383750 Email: edward.rushton@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not applicable
Report considered by:	Audit Committee – 17 July 2024

1.0 Recommendations for decision/noting:

Audit Committee is asked to -

- 1.1 Note the contents of the report;
- 1.2 Note the performance against Prudential Indicators; and
- 1.3 Recommend the Report to Full Council.

2.0 Purpose of Report

- 2.1 This report updates members on the outcome of Treasury Management activities for 2023/24 and details the position for 2024/25 to 31 May 2024.

3.0 Background

- 3.1 This Council is required by regulations issued under the Local Government Act 2003 to produce an annual treasury management review of activities and the actual prudential and treasury indicators for 2023/24. This report meets the requirements of both the CIPFA Code of Practice on Treasury Management, (the Code), and the CIPFA Prudential Code for Capital Finance in Local Authorities, (the Prudential Code).
- 3.2 During 2023/24 reporting requirements were that the full Council should receive the following reports:
- an annual treasury strategy in advance of the year
 - a mid-year, treasury update report
 - an annual review following the end of the year describing the activity compared to the strategy, (this report)
- 3.3 The regulatory environment places responsibility on members for the review and scrutiny of treasury management policy and activities. This report is, therefore, important in that respect, as it provides details of the outturn position for treasury activities and highlights compliance with the Council's policies previously approved by members.
- 3.4 This report confirms that the Council has complied with the requirement under the Code to give prior scrutiny to all of the above treasury management reports by the Audit Committee before they were reported to the full Council. Member training on treasury management issues was provided on 26 July 2023 and 31 January 2024 (the presentation slides relating to the latter being re-circulated to Committee members prior to this meeting) in order to support members' scrutiny role.

4.0 Summary of main proposals

4.1 2023/24 Treasury Outturn

Treasury portfolio

	31.03.2023 £m	31.03.2024 £m	Movement £m
Borrowing (excl. PFI)	347.2	371.3	+24.1
Investments (excl. NuPlace)	(38.5)	(17.9)	+20.6
Net indebtedness	308.7	353.4	+44.7

Borrowing can only be undertaken to fund capital investment and not to support the revenue budget which supports the delivery of most Council services. The total value of assets (exc. Infrastructure Assets such as Highways, footpaths, bridges etc and non NuPlace Ltd Long-Term Debtors) held by the Council at 31 March 2024 was £645.0m some £273.7m greater than debt outstanding. (In addition to this, the Council's infrastructure assets are valued at over £235.0m).

Borrowing Strategy

The borrowing strategy for 2023/24 was to borrow temporarily when required and to take advantage of interest rates where possible and review opportunities for new longer term borrowing as appropriate. This was a continuation of the strategy adopted in previous years and maintaining high levels of cheaper temporary borrowing has contributed to surplus treasury management returns of more than £35m since 2015/16 which has reduced the impact of Government cuts and therefore helped to protect frontline services.

In 2023/24 the level of Council borrowing was below its underlying need to borrow (the Capital Financing Requirement (CFR)), see Appendix A. This was due to positive cash flow arising from Council's reserves and balances being available to support the treasury position. In 2023/24 itself, cashflow benefits reduced and new borrowing was entered into.

Short term borrowing was taken during the year to meet cashflow requirements as it was anticipated that interest rates would reduce in the medium to long term. This generated a benefit particularly at the beginning of the year before interest rates began to rise.

Investment Strategy

The investment strategy for 2023/24 was primarily to ensure security of capital and liquidity balanced with delivering a commensurate rate of return. The average return on investments for the year was 4.89%, slightly lower than the the bench mark, average SONIA rate, of 4.96%. Temporary investments (excluding NuPlace share capital) were £17.9m at 31 March 2024, a reduction of £20.6m compared to 31st March 2023 and more in line with the level anticipated in the Investment Strategy.

Overall Outturn

The Council continued to face significant financial pressure in 2023/24 as high inflation increased the cost of providing services and at the same time the cost-of-living crisis increased public demand for some services. This coupled with the continued increases in interests rates by the Bank of England in the first half of the year led to great deal of uncertainty. Short-term borrowing, through temporary loans mainly from other local authorities, was used to cover cash flow requirements.

Overall a net benefit of £1.336m was made against budget for the year. The sound overall position has resulted from a mix of cash flow benefits plus the re-profiling of capital spend into future years.

The 2023/24 Annual Report is included in Appendix A.

4.2 2024/25 Update

Treasury Portfolio at 31.05.2024

	31.03.2024 £m	31.05.2024 £m	Movement £m
Borrowing (excl. PFI)	371.3	386.2	14.9
Investments (excl. NuPlace)	(17.9)	(41.4)	(23.5)
Net indebtedness	353.4	344.8	(8.6)

The strategy for 2024/25 remains consistent with that outlined in the 2024/25 Treasury Strategy, which was agreed for approval at Full Council on 29 February 2024 and recommend for approval by this committee on 31 January 2024.

Borrowing

New borrowing will be required during the year, in line with the approved capital programme. When entering into new borrowing, consideration will be given to the maturity profile of current debt, interest rates and refinancing risks as well as the source, which is expected to be a mix of temporary loans and long term loans obtained from the Public Works Loans Board.

Interest rates have remained relatively high in the first quarter of 2024/25 financial year and the majority of new loans entered into have been relatively short term. This will allow the Council to take advantage of forecast interest rate cuts in the second half 2024/25 and early 2025/26 when loans mature.

Investments

Investment opportunities will be reviewed as they arise and we will seek to gain maximum benefit within the agreed risk parameters i.e. considering security and liquidity ahead of investment returns. The Council does not currently hold any long term investments, which reduces counter-party risk and also reduces net interest costs as longer-term borrowing costs tend to be greater than we are able to earn on new investments.

Link Treasury Services, the Council's treasury advisors, are providing regular investment and borrowing updates, including updated counterparty advice, which is being followed.

The 2024/25 Update Report is included in Appendix B.

5.0 **Alternative Options**

5.1 The Council must ensure that it manages its finance in accordance with legislation and the CIPFA Code of Practice. The recommendations in this report support that aim and are based on consideration of a range of factors.

6.0 Key Risks

6.1 The key opportunities and risks associated with treasury management activities are set out in the body of the report and in the Treasury Management Strategy and Policy approved by Council and will be regularly monitored throughout the year.

7.0 Council Priorities

7.1 Effective management of the Council's Treasury portfolio helps support the Council's overall financial position through minimising borrowing costs and optimising investment income whilst following the principles of Security, Liquidity and Yield; and therefore supports the delivery of all Council priorities.

8.0 Financial Implications

8.1 These are detailed in the body of the report and appendices.

9.0 Legal and HR Implications

9.1 The Section 151 Officer has responsibility for the administration of the financial affairs of the Council. In providing this report, the Section 151 Officer is meeting one of the responsibilities of the post contained within the Council's Constitution namely, "The Chief Financial Officer will contribute to the promotion and maintenance of high standards of governance, audit, probity and propriety, risk management and the approval of the statement of accounts through provision of support to the Audit Committee."

10.0 Ward Implications

10.1 There are no impacts on specific wards in this report.

11.0 Health, Social and Economic Implications

11.1 The Economic Climate has direct relevance to Treasury Management and is covered in detail in the report and accompanying appendices.

12.0 Equality and Diversity Implications

12.1 The Council will not knowingly directly invest in organisations whose activities include practices which directly pose a risk of serious harm to individuals or groups, or whose activities are inconsistent with the values of the Council. At the same time the Council will take full responsibility for proper management of risk and safeguarding its investments by ensuring that they are diversified and made with organisations that are suitably credit assessed.

13.0 Climate Change and Environmental Implications

13.1 Part of the Councils Treasury portfolio includes a Municipal Investment Loan on the Abundance Platform: the Telford & Wrekin Climate Action Investment which supports the Councils climate change agenda.

14.0 Background Papers

- 1 2023/24 Treasury Management Strategy
- 2 2023/24 Prudential Indicators Report
- 3 2023/24 Treasury Update Report and 2024/25 Treasury Management Strategy
- 4 2024/25 Prudential Indicators Report

15.0 Appendices

- A Treasury Management Annual Report 2023/24
- B Treasury Management update 2024/25

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Finance	16/06/2024	02/07/2024	PH
Legal	16/06/2024	08/07/2024	RP
Director	02/07/2024	03/07/2024	MLB

Treasury Management Annual Report 2023/24

Telford & Wrekin Council

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Treasury Management Annual Report 2023/24

Purpose

This Council is required by regulations issued under the Local Government Act 2003 to produce an annual treasury management review of activities and the actual prudential and treasury indicators for 2023/24. This report meets the requirements of both the CIPFA Code of Practice on Treasury Management, (the Code), and the CIPFA Prudential Code for Capital Finance in Local Authorities, (the Prudential Code).

During 2023/24 the minimum reporting requirements were that the full Council should receive the following reports:

- an annual treasury strategy in advance of the year,
- a mid-year, (minimum), treasury update report, and
- an annual review following the end of the year describing the activity compared to the strategy, (this report)

In addition, the Council has received updates on treasury management indicators and prudential indicator as part of the regular financial monitoring.

The regulatory environment places responsibility on members for the review and scrutiny of treasury management policy and activities. This report is, therefore, important in that respect, as it provides details of the outturn position for treasury activities and highlights compliance with the Council's policies previously approved by members.

This Council confirms that it has complied with the requirement under the Code to give prior scrutiny to all of the above treasury management reports by the Audit Committee before they were reported to the full Council. Member training on treasury management issues was provided on 26 July 2023 and 31 January 2024 (the presentation slides relating to the latter being re-circulated to Committee members prior to this meeting) in order to support members' scrutiny role.

Executive Summary

During 2023/24, the Council complied with its legislative and regulatory requirements. The key actual prudential and treasury indicators detailing the impact of capital expenditure activities during the year, with comparators, are as follows:

Prudential and treasury indicators	31.3.23 Actual (£'000)	2023/24 Original (£'000)	31.3.24 Actual (£'000)
Capital Expenditure			
• Total	75,702	180,958	83,485
Capital Financing Requirement:			
• Total	521,398	649,408	555,727
• Less Other Long-Term Liabilities	(47,888)	(44,547)	(44,547)
• Loans CFR	473,510	604,861	511,180
Gross borrowing			
• External Debt	347,221	440,200	371,324
Treasury Investments			
• Longer than 1 year	0	0	0
• Under 1 year	38,499	15,000	17,868
• Total	38,499	15,000	17,868
Net borrowing			
• Total	308,722	425,200	353,456

Other prudential and treasury indicators are to be found in the main body of this report. The Interim Director of Finance, People and IDT also confirms that borrowing was only undertaken for a capital purpose and the statutory borrowing limit, (the authorised limit), was not breached.

The financial year 2023/24 continued to be a challenging environment and interest rate forecasts initially suggested further gradual rises in short, medium and longer-term fixed borrowing rates during 2023/24. Bank Rate had initially been forecast to peak at 4.5% but it is now expected to have peaked at 5.25%.

By January it had become clear that inflation was moving down significantly from its 40-year double-digit highs, and the Bank of England signalled in March 2024 that the next move in Bank Rate would be down, so long as upcoming inflation and employment data underpinned that view. The CPI measure of inflation stood at 3.2% in March 2024 and subsequently hit the Bank of England's 2% target in May 2024.

It should be noted that borrowing can only be undertaken to fund capital investment and not to support the revenue budget which supports the delivery of most Council services.

The capital investment generates assets for the Council and the total value of assets held, excluding Infrastructure Assets, at 31 March 2024 was £645.0 some £273.7m greater than debt outstanding. In addition, the Council also holds over £235m of Infrastructure Assets.

Introduction and Background

This report summarises the following:-

- Capital activity during the year;
- Impact of this activity on the Council's underlying indebtedness, (the Capital Financing Requirement);
- The actual prudential and treasury indicators;
- Overall treasury position identifying how the Council has borrowed in relation to this indebtedness, and the impact on investment balances;
- Summary of interest rate movements in the year;
- Detailed debt activity; and
- Detailed investment activity.

1. The Council's Capital Expenditure and Financing

The Council undertakes capital expenditure on long-term assets. These activities may either be:

- Financed immediately through the application of capital or revenue resources (capital receipts, capital grants, revenue contributions etc.), which has no resultant impact on the Council's borrowing need; or
- If insufficient financing is available, or a decision is taken not to apply resources, the capital expenditure will give rise to a borrowing need.

The actual capital expenditure forms one of the required prudential indicators. The table below shows the actual capital expenditure and how this was financed.

Capital Expenditure (£'000)	31.3.23 Actual	2023/24 Original	31.3.24 Actual
General Fund Service	60,211	110,158	67,374
Housing Investment Programme (NuPlace Ltd)	10,920	28,075	9,073
Property Investment Portfolio	4,571	42,725	7,038
Solar Farm	0	0	0
Capital Programme Expenditure	75,702	180,958	83,485
Financed in year from Government Grants, Capital Receipts, Revenue Contribution & External sources	50,449	55,115	45,118
Unfinanced capital expenditure (Borrowing)	25,253	125,843	38,367

2. The Council's Overall Borrowing Need

The Council's underlying need to borrow for capital expenditure is termed the Capital Financing Requirement (CFR). This figure is a gauge of the Council's indebtedness. The CFR results from the capital activity of the Council and resources used to pay for the capital spend. It represents the 2023/24 unfinanced capital expenditure (see above table), and prior years' net or unfinanced capital expenditure which has not yet been paid for by revenue or other resources.

Part of the Council's treasury activities is to address the funding requirements for this borrowing need. Depending on the capital expenditure programme, the treasury team

organises the Council's cash position to ensure that sufficient cash is available to meet the capital plans and cash flow requirements. This may be sourced through borrowing from external bodies, (such as the Government, through the Public Works Loan Board [PWLb], or the money markets), or utilising temporary cash resources within the Council.

Reducing the CFR – the Council's underlying borrowing need (CFR) is not allowed to rise indefinitely. Statutory controls are in place to ensure that capital assets are broadly charged to revenue over the life of the asset. The Council is required to make an annual revenue charge, called the Minimum Revenue Provision – MRP, to reduce the CFR. This is effectively a repayment of the borrowing need. This differs from the treasury management arrangements which ensure that cash is available to meet capital commitments. External debt can also be borrowed or repaid at any time, but this does not change the CFR.

The Council's 2023/24 MRP Policy, (as required by Department for Levelling Up Housing and Communities (DLUHC) Guidance), was approved as part of the Treasury Management Strategy Report for 2023/24 on 2 March 2023.

The Council's CFR for the year is shown below, and represents a key prudential indicator. It includes PFI and leasing schemes on the balance sheet, which technically increase the Council's borrowing need. No borrowing is actually required against these schemes as a borrowing facility is included in the contract.

CFR (£'000): <i>General Fund</i>	31.3.23 Actual	2023/24 Original	31.3.24 Actual
General Funded Service	395,020	453,137	416,316
Housing Investment Programme (NuPlace Ltd)	61,997	92,129	71,070
Property Investment Portfolio	59,870	100,342	64,541
Solar Farm	3,800	3,800	3,800
Closing balance	520,687	649,408	555,727
Less Other Long Term Liabilities	(47,888)	(44,547)	(44,547)
Loans CFR	472,799	604,861	511,180

Borrowing activity is constrained by prudential indicators for gross borrowing and the CFR, and by the authorised limit.

Gross borrowing and the CFR - in order to ensure that borrowing levels are prudent over the medium term and only for a capital purpose, the Council should ensure that its gross external borrowing does not, except in the short term, exceed the total of the capital financing requirement in the preceding year (2022/23) plus the estimates of any additional capital financing requirement for the current (2023/24) and next two financial years. This essentially means that the Council is not borrowing to support revenue expenditure. This indicator would allow for some flexibility to borrow in advance of the Council's immediate capital needs. The table below highlights the Council's gross borrowing position against the CFR. The Council has complied with this prudential indicator.

	31.3.23 Actual (£'000)	2023/24 Original (£'000)	31.3.24 Actual (£'000)
Gross borrowing position (external debt)	347,221	440,200	371,324
Loans CFR	472,799	604,861	511,180
(Under) / over funding of CFR	(125,578)	(164,661)	(139,856)

The authorised limit - the authorised limit is the “affordable borrowing limit” required by section 3 of the Local Government Act 2003. Once this has been set, the Council does not have the power to borrow above this level. The table below demonstrates that during 2023/24 the Council has maintained gross borrowing within its authorised limit.

The operational boundary – the operational boundary is the expected borrowing position of the Council during the year. Periods where the actual position is either below or over the boundary are acceptable subject to the authorised limit not being breached.

Actual financing costs as a proportion of net revenue stream - this indicator identifies the trend in the cost of capital, (borrowing and other long term obligation costs net of investment income), against the net revenue stream. See Appendix A for comparators.

	2023/24
Maximum gross borrowing position during the year	372.5m
Authorised limit (Borrowing)	565.0m
Operational boundary (Borrowing)	545.0m
Financing costs as a proportion of net revenue stream	6.66%

3. Treasury Position at 31 March 2024

The Council’s treasury management debt and investment position is organised by the treasury management service in order to ensure adequate liquidity for revenue and capital activities, security for investments and to manage risks within all treasury management activities. Procedures and controls to achieve these objectives are well established both through member reporting detailed in the summary, and through officer activity detailed in the Council’s Treasury Management Practices. At the end of 2023/24 the Council’s treasury, (excluding borrowing by PFI and finance leases), position was as follows:

DEBT PORTFOLIO	31.3.23 Principal (£'000)	Interest Rate %	31.3.24 Principal (£'000)	Interest Rate %	Movement in Principal (£'000)
Fixed rate funding:					
- PWLB	210,884	2.52%	244,549	2.65%	33,665
- Municipal Loans	308	2.10%	246	2.1%	(62)
- Market	40,000	4.17%	40,000	4.17%	0.0
Variable rate funding:					

- Temporary	96,029	1.91%	86,529	4.68%	(9,500)
Total debt	347,221	2.65%	371,324	3.39%	24,103
Loans CFR	472,799		511,180		38,381
Over / (under) borrowing	(125,578)		(139,856)		(14,278)
Total investments	38,499	2.10%	17,868		(20,631)
Net debt	308,722		353,456		44,734

The maturity structure of the debt portfolio was as follows:

	31.3.23 Actual		2023/24 original limits %		31.3.24 Actual	
	(£'000)	%	Lower	Upper	(£'000)	%
Under 12 months	107,208	30.9	0.0	70.0	134,829	36.3
12 months and within 24 months	21,705	6.3	0.0	30.0	18,119	4.9
24 months and within 5 years	33,196	9.6	0.0	50.0	35,053	9.4
5 years and within 10 years	45,679	13.2	0.0	75.0	48,802	13.1
10 years and within 30 years	34,433	9.9	0.0	75.0	34,521	9.3
30 years and above*	105,000	30.1	25.0	100.0	100,000	27.0
Total Borrowing	347,221	100.0			371,324	100.0

* this includes £25m Lenders Option Borrowers Options (LOBO) loans that are potentially callable at certain points before the maturity date.

INVESTMENT PORTFOLIO	31.3.23 Actual (£'000)	31.3.23 Actual Split %	31.3.24 Actual (£'000)	31.3.24 Actual Split %
Treasury investments				
Banks	4,419	11.4	3,188	17.8
DMADF (H M Treasury)	29,100	75.6	9,700	54.3
Money Market Funds	4,980	12.9	4,980	27.9
Total managed in house	38,499	100.0	17,868	100.0
Total managed externally	0		0	
Total Treasury Investments	38,499	100.0	17,868	100.0

The maturity structure of the investment portfolio was as follows:

	31.3.23	2023/24	31.3.24
--	---------	---------	---------

	Actual £000	Budget £000	Actual £000
Investments			
Longer than 1 year	0	0	0
Up to 1 year	38,499	15,000	17,868
Total	38,499	15,000	17,868

4. 2023/24 Treasury Strategy

4.1 2023/24 Borrowing Strategy

In 2023/24 the level of Council borrowing was below its underlying need to borrow (the Capital Financing Requirement (CFR)). This was due to positive cash flow arising from Council's reserves and balances being available to support the treasury position.

This strategy was prudent as although near-term investment rates were equal to, and sometimes higher than, long-term borrowing costs, the latter are expected to fall back through 2024 and 2025 as inflation concerns are dampened. The Council has sought to minimise the taking on of long-term borrowing at elevated levels (>4%) and has focused on a policy of internal and temporary borrowing, supplemented by short-dated borrowing (<5 years) as appropriate.

Against this background and the risks within the economic forecast, caution was adopted with the treasury operations. The Director of Finance therefore monitored interest rates in financial markets and adopted a pragmatic strategy based upon the following principles to manage interest rate risks (*please adapt this outline to what you actually did in the year*):

- if it had been felt that there was a significant risk of a sharp FALL in long and short-term rates, (e.g., due to a marked increase of risks around a relapse into recession or of risks of deflation), then long term borrowings would have been postponed, and potential rescheduling from fixed rate funding into short term borrowing would have been considered.
- if it had been felt that there was a significant risk of a much sharper RISE in long and short-term rates than initially expected, perhaps arising from the stickiness of inflation in the major developed economies, then the portfolio position would have been re-appraised. Most likely, fixed rate funding would have been drawn whilst interest rates were lower than they were projected to be in the next few years.

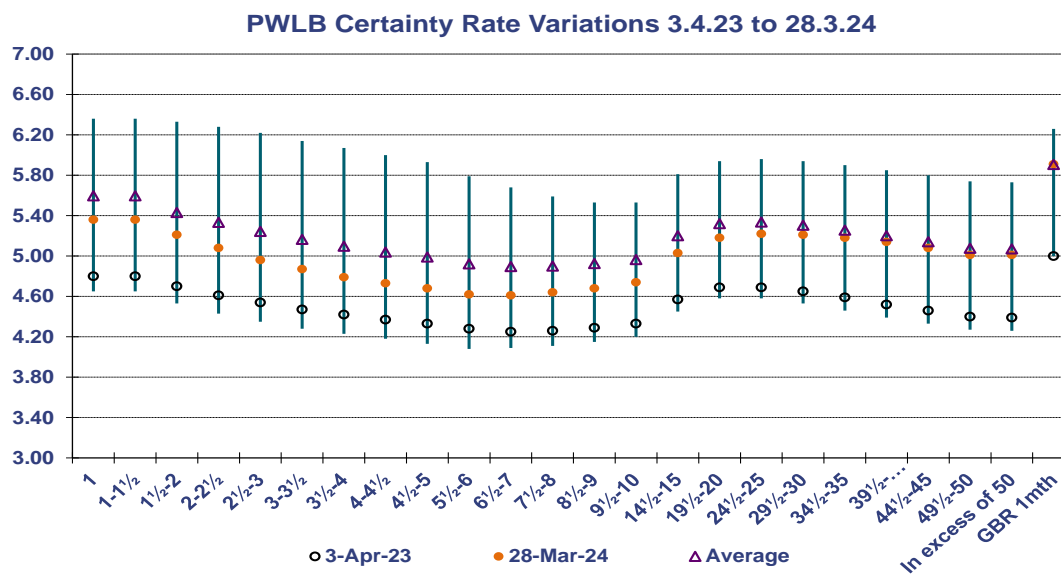
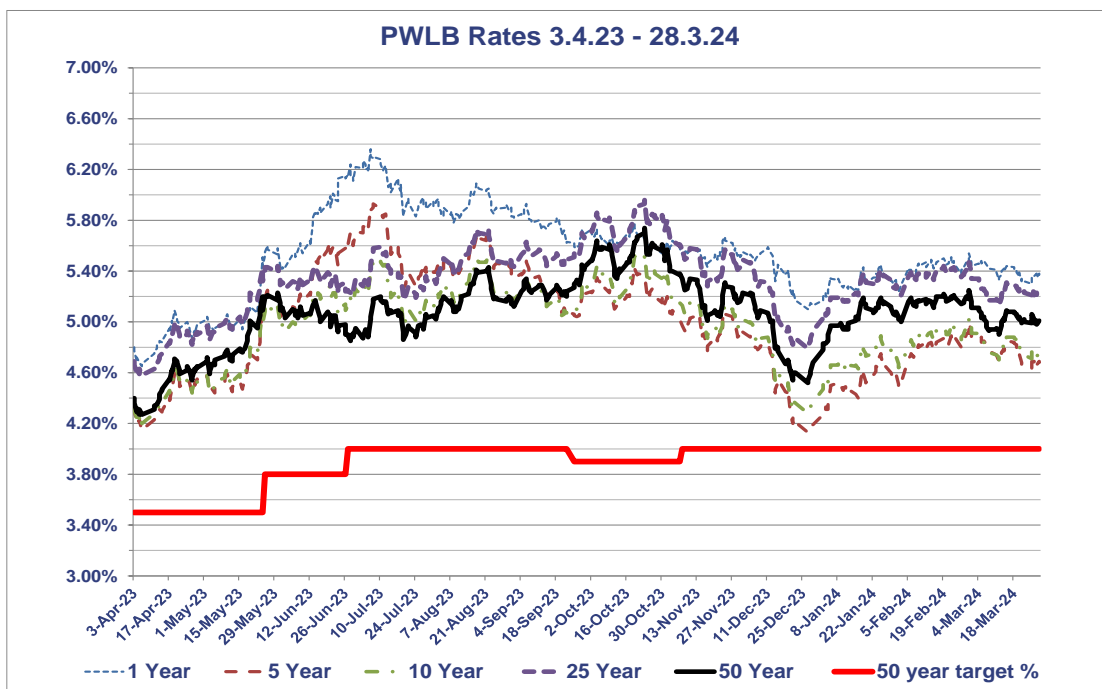
Interest rate forecasts initially suggested further gradual rises in short, medium and longer-term fixed borrowing rates during 2023/24. Bank Rate had initially been forecast to peak at 4.5% but it is now expected to have peaked at 5.25%.

By January it had become clear that inflation was moving down significantly from its 40-year double-digit highs, and the Bank of England signalled in March 2024 that the next move in Bank Rate would be down, so long as upcoming inflation and employment data underpinned that view. The CPI measure of inflation stood at 3.2% in March 2024 and subsequently hit the Bank of England's 2% target in May 2024 and to stay there in 2025 and 2026. Nonetheless, there remains significant risks to that central forecast, mainly in the form of a very tight labour market putting upward pressure on wages and continuing geo-political inflationary risks emanating from the prevailing Middle East crisis and the Russian invasion of Ukraine.

High / Low / Average PWLB Rates for 2023/24

	1 Year	5 Year	10 Year	25 Year	50 Year
Low	4.65%	4.13%	4.20%	4.58%	4.27%
Date	06/04/2023	27/12/2023	06/04/2023	06/04/2023	05/04/2023
High	6.36%	5.93%	5.53%	5.96%	5.74%
Date	06/07/2023	07/07/2023	23/10/2023	23/10/2023	23/10/2023
Average	5.54%	4.99%	4.97%	5.34%	5.08%
Spread	1.71%	1.80%	1.33%	1.38%	1.47%

PWLB Rates 2023/24



PWLB rates are based on gilt (UK Government bonds) yields through HM Treasury determining a specified margin to add to gilt yields. The main influences on gilt yields are Bank Rate, inflation expectations and movements in US treasury yields. Inflation targeting by the major central banks has been successful over the last 30 years in lowering inflation and the real equilibrium rate for central rates has fallen considerably due to the high level

of borrowing by consumers: this means that central banks do not need to raise rates as much now to have a major impact on consumer spending, inflation, etc. This has pulled down the overall level of interest rates and bond yields in financial markets over the last 30 years. Indeed, in recent years many bond yields up to 10 years in the Eurozone turned negative on expectations that the EU would struggle to get growth rates and inflation up from low levels. In addition, there has, at times, been an inversion of bond yields in the US whereby 10-year yields have fallen below shorter-term yields. In the past, this has been a precursor of a recession.

However, since early 2022, yields have risen dramatically in all the major developed economies, first as economies opened post-Covid; then because of the inflationary impact of the war in Ukraine in respect of the supply side of many goods. In particular, rising cost pressures emanating from shortages of energy and some food categories have been central to inflation rising rapidly. Furthermore, at present the FOMC, ECB and Bank of England are all being challenged by levels of persistent inflation that are exacerbated by very tight labour markets and high wage increases relative to what central banks believe to be sustainable.

Gilt yields have generally been on a continual rise since the start of 2021, peaking in the autumn of 2023. Currently, yields are broadly range bound between 3.5% and 4.25%. At the close of the day on 28 March 2024, all gilt yields from 1 to 50 years were between 3.81% and 4.56%, with the 1 year being the highest and 6-7 years being the lowest yield. Regarding PWLB borrowing rates, the various margins attributed to their pricing are as follows: -

- **PWLB Standard Rate** is gilt plus 100 basis points (G+100bps)
- **PWLB Certainty Rate** is gilt plus 80 basis points (G+80bps)
- **Local Infrastructure Rate** is gilt plus 60bps (G+60bps)
- **HRA Borrowing rate** is gilt plus 40 40bps (G+40bps)

There is likely to be a fall in gilt yields and PWLB rates across the whole curve over the next one to two years as Bank Rate falls and inflation (on the Consumer Price Index measure) moves below the Bank of England's 2% target.

As a general rule, short-dated gilt yields will reflect expected movements in Bank Rate, whilst medium to long-dated yields are driven primarily by the inflation outlook.

The Bank of England is also embarking on a process of Quantitative Tightening. The Bank's original £895bn stock of gilt and corporate bonds will gradually be sold back into the market over several years. The impact this policy will have on the market pricing of gilts, while issuance is markedly increasing, and high in historic terms, is an unknown at the time of writing.

4.2 2023/24 Treasury Investment Strategy

Investment returns picked up throughout the course of 2023/24 as central banks, including the Bank of England, continued to respond to inflationary pressures that were not transitory, and realised that tighter monetary policy was called for.

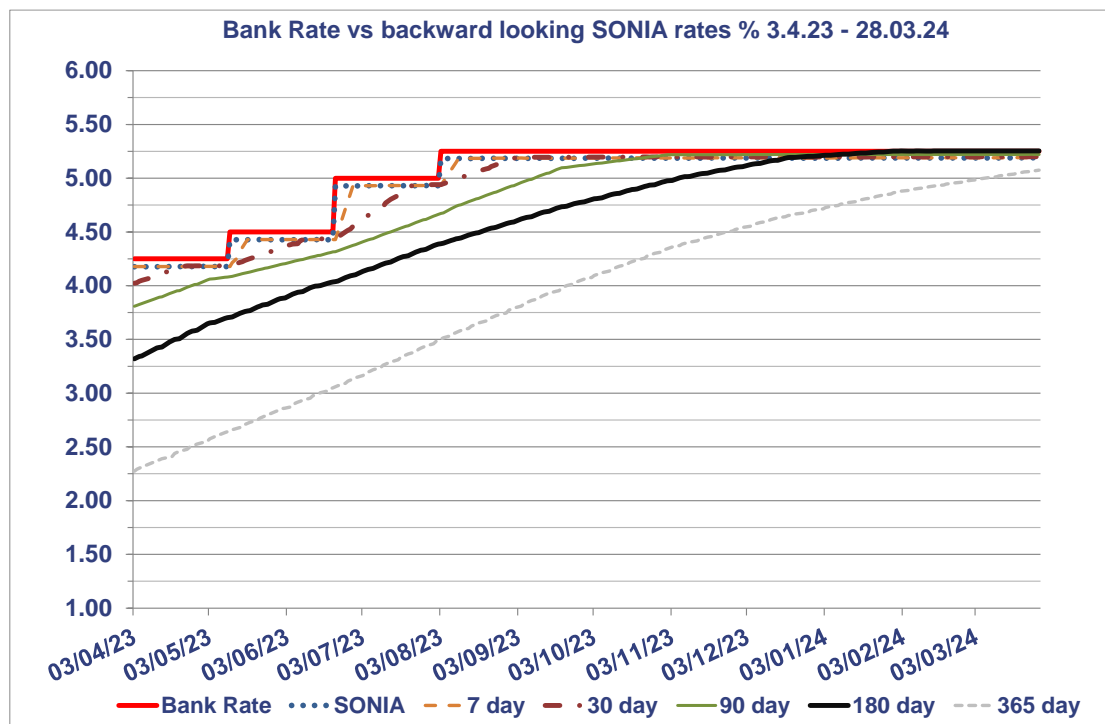
Starting April at 4.25%, the Bank Rate moved up in stepped increases of either 0.25% or 0.5%, reaching 5.25% by August. At the end of the financial year, no further increases were anticipated. Indeed, the market is pricing in a first cut in Bank Rate in late summer / early autumn.

The upward sloping yield curve that prevailed throughout 2023/24 meant that local authorities continued to be faced with the challenge of proactive investment of surplus cash, and this emphasised the need for a detailed working knowledge of cashflow projections so that the appropriate balance between maintaining cash for liquidity purposes, and “laddering” deposits on a rolling basis to lock in the increase in investment rates as duration was extended, became an on-going feature of the investment landscape.

With bond markets selling off, UK equity market valuations struggled to make progress, as did property funds, although there have been some spirited, if temporary, market rallies from time to time – including in November and December 2023. However, the more traditional investment options, such as specified investments (simple to understand, and less than a year in duration), have continued to be at the forefront of most local authority investment strategies, particularly given Money Market Funds have also provided decent returns in close proximity to Bank Rate for liquidity purposes. In the latter part of 2023/24, the local authority to local authority market lacked any meaningful measure of depth, forcing short-term investment rates above 7% in the last week of March.

While the Council has taken a prudent approach to investing surplus monies, it is also fully appreciative of changes to regulatory requirements for financial institutions in terms of additional capital and liquidity that came about in the aftermath of the Global Financial Crisis of 2008/09. These requirements have provided a far stronger basis for financial institutions, with annual stress tests by regulators evidencing how institutions are now far more able to cope with extreme stressed market and economic conditions.

Investment Benchmarking Data – Sterling Overnight Index Averages (Backward-looking) 2023/24



FINANCIAL YEAR TO QUARTER ENDED 28/03/2024							
	Bank Rate	SONIA	7 day	30 day	90 day	180 day	365 day
High	5.25	5.19	5.19	5.20	5.22	5.25	5.08
High Date	03/08/2023	28/03/2024	28/03/2024	26/03/2024	25/03/2024	22/03/2024	28/03/2024
Low	4.25	4.18	4.18	4.02	3.81	3.32	2.27
Low Date	03/04/2023	04/04/2023	11/04/2023	03/04/2023	03/04/2023	03/04/2023	03/04/2023
Average	5.03	4.96	4.96	4.93	4.84	4.64	3.93
Spread	1.00	1.01	1.01	1.18	1.41	1.94	2.80

5. Borrowing Outturn

Treasury Borrowing – During the year 6 new PWLB loans were raised

Borrowing - loans were drawn to fund the net unfinanced capital expenditure and naturally maturing debt.

The loans drawn were:

Lender	Date Raised	Principal	Type	Interest Rate	Duration
PWLB	*21/12/2023	£5.0m	Fixed interest rate - EIP	4.37%	13 years
PWLB	22/02/2024	£5.0m	Fixed interest rate – Maturity	5.43%	1 year
PWLB	12/02/2024	£5.0m	Fixed interest rate - Maturity	5.43%	1.5 years
PWLB	23/02/2024	£10.0m	Fixed interest rate - EIP	4.77%	12 years
PWLB	08/03/2024	£10.0m	Fixed interest rate – Maturity	5.47%	1 year
PWLB	27/03/2024	£10.0m	Fixed interest rate – Maturity	5.36%	1 year

This compares with a budget assumption of borrowing at an interest rate of 5.75% for 2023/24 and 4.6% 2024/25.

*loans included in 2022/23 Treasury Update Report presented to Audit Committee 24th January 2023.

Borrowing in advance of need

The Council has not borrowed more than, or in advance of its needs, purely in order to profit from the investment of the extra sums borrowed.

Early Repayments or Rescheduling

No loans were repaid early or rescheduled during the year as the average 1% differential between PWLB new borrowing rates and premature repayment rates made rescheduling unviable.

Debt Performance

As highlighted in Section 3 the average interest rate for borrowing rose slightly over the course of the year from 2.65% to 3.39% as the cost of replacing temporary loans increased in line with the movements in the base rate.

6. Treasury Investment Outturn

Investment Policy – the Council’s investment policy is governed by DLUHC investment guidance, which has been implemented in the annual investment strategy approved by the Council on 2 March 2023. This policy sets out the approach for choosing investment counterparties and is based on credit ratings provided by the three main credit rating agencies.

In line with the approved Treasury Management Prudential Indicator, the Council can place up to £15.0m with any Counterparty, with the exception of the DMADF which is Government backed and therefore considered to be very secure so no limit is placed on investments. At 31 March 2024 the greatest exposure with a single counterparty was £29.1m (75.6% of the portfolio) with the DMADF.

The Council has operated within the Treasury Limits and Prudential Indicators set, except for the counterparty limit being exceeded on one day in October which was reported to the Committee in the update report brought in January 2024.

The Council is guided by its Treasury advisers in assessing investments.

Investments held by the Council

- The Council maintained an average daily balance of £38.438m of internally managed funds.
- The internally managed funds earned an average rate of return of 4.89%
- The comparable performance indicator is the average SONIA rate, which was 4.96%
- The majority of the portfolio is held within the Governments secure Debt Management Office for security, in line with the strategy, which pays slightly lower than market average interest rates.

Investments (£'000)	31.3.23	31.3.24
Cash Investments	38,499	17,868

At the 31 March 2024 the Councils total usable reserves were £122.7m, which has supported the overall cash flow position and the level of internal borrowing.

7. 2023/24 Overall Outturn

Overall, a net benefit of £1.336m was made against budget for the year. The sound overall position has resulted from a mix of cash flow benefits plus the reprofiling of capital spend into future years.

8. Shropshire Council Debt

The Council makes an annual contribution towards Shropshire Council costs on pre disaggregation debt (i.e. pre unitary inception). The contribution in 2023/24 was £1.143m and interest paid averaged 4.1%. The rate of interest paid on this is managed by Shropshire and is considerably higher than the rate payable by Telford & Wrekin Council on its borrowing.

9. Leasing

Each year the Council arranges both finance leases and operating leases for assets such as vehicles, computers and equipment. This helps spread the cost over a number of years in line with the anticipated life of the equipment.

During 2023/24 no new leases were arranged.

10. The Economy and Interest Rates

10.1 UK Economy

Against a backdrop of stubborn inflationary pressures, the Russian invasion of Ukraine, and war in the Middle East, UK interest rates have continued to be volatile right across the curve, from Bank Rate through to 50-year gilt yields, for all of 2023/24.

Markets have sought an end to central banks' on-going phase of keeping restrictive monetary policy in place on at least one occasion during 2023/24 but to date only the Swiss National Bank has cut rates and that was at the end of March 2024.

UK, EZ and US 10-year yields have all stayed stubbornly high throughout 2023/24. The table below provides a snapshot of the conundrum facing central banks: inflation is easing, albeit gradually, but labour markets remain very tight by historical comparisons, making it an issue of fine judgment as to when rates can be cut.

	UK	Eurozone	US
Bank Rate	5.25%	4%	5.25%-5.5%
GDP	-0.3%q/q Q4 (-0.2%/y/y)	+0.0%q/q Q4 (0.1%/y/y)	2.0% Q1 Annualised
Inflation	3.4%/y/y (Feb)	2.4%/y/y (Mar)	3.2%/y/y (Feb)
Unemployment Rate	3.9% (Jan)	6.4% (Feb)	3.9% (Feb)

The Bank of England sprung no surprises in their March meeting, leaving interest rates at 5.25% for the fifth time in a row and, despite no MPC members no longer voting to raise interest rates, it retained its relatively hawkish guidance. The Bank's communications suggest the MPC is gaining confidence that inflation will fall sustainably back to the 2.0% target. However, although the MPC noted that "the restrictive stance of monetary policy is weighing on activity in the real economy, is leading to a looser labour market and is bearing down on inflationary pressures", conversely it noted that key indicators of inflation persistence remain elevated and policy will be "restrictive for sufficiently long" and "restrictive for an extended period".

Of course, the UK economy has started to perform a little better in Q1 2024 but is still recovering from a shallow recession through the second half of 2023. Indeed, Q4 2023 saw negative GDP growth of -0.3% while y/y growth was also negative at -0.2%.

But it was a strange recession. Unemployment is currently sub 4%, against a backdrop of still over 900k of job vacancies, and annual wage inflation is running at above 5%. With gas and electricity price caps falling in April 2024, the CPI measure of inflation - which peaked at 11.1% in October 2022 - is now due to slide below the 2% target rate in April and to remain below that Bank of England benchmark for the next couple of years, according to Capital Economics. The Bank of England still needs some convincing on that score, but upcoming inflation and employment releases will settle

that argument shortly. It is noted that core CPI was still a heady 4.5% in February and, ideally, needs to fall further.

Shoppers largely shrugged off the unusually wet weather in February, whilst rising real household incomes should support retail activity throughout 2024. Furthermore, the impact of higher interest rates on household interest payments is getting close to its peak, even though fixed rate mortgage rates on new loans have shifted up a little since falling close to 4.5% in early 2024.

From a fiscal perspective, the further cuts to national insurance tax (from April) announced in the March Budget will boost real household disposable income by 0.5 - 1.0%. After real household disposable income rose by 1.9% in 2023, Capital Economics forecast it will rise by 1.7% in 2024 and by 2.4% in 2025. These rises in real household disposable income, combined with the earlier fading of the drag from previous rises in interest rates, means GDP growth of 0.5% is envisaged in 2024 and 1.5% in 2025. The Bank of England is less optimistic than that, seeing growth struggling to get near 1% over the next two to three years.

As for equity markets, the FTSE 100 has risen to nearly 8,000 and is now only 1% below the all-time high it reached in February 2023. The modest rise in UK equities in February was driven by strong performances in the cyclical industrials and consumer discretionary sectors, whilst communications and basic materials have fared poorly.

Despite its performance, the FTSE 100 is still lagging behind the S&P 500, which has been at an all-time high for several weeks.

10.2 USA Economy.

Despite the markets willing the FOMC to cut rates as soon as June 2024, the continued resilience of the economy, married to sticky inflation, is providing a significant headwind to a change in monetary policy. Markets currently anticipate three rate cuts this calendar year, but two or less would not be out of the question. Currently, policy remains flexible but primarily data driven.

In addition, the Fed will want to shrink its swollen \$16 trillion balance sheet at some point. Just because the \$ is the world's foremost reserve currency (China owns over \$1 trillion) does not mean the US can continually run a budget deficit. The mix of stubborn inflation and significant treasury issuance is keeping treasury yields high. The 10 year stands at 4.4%.

As for inflation, it is currently a little above 3%. The market is not expecting a recession, but whether rates staying high for longer is conducive to a soft landing for the economy is uncertain, hence why the consensus is for rate cuts this year and into 2025...but how many and when?

10.3 EZ Economy.

Although the Euro-zone inflation rate has fallen to 2.4%, the ECB will still be mindful that it has further work to do to dampen inflation expectations. However, with growth steadfastly in the slow lane (GDP flatlined in 2023), a June rate cut from the current 4% looks probable.

Appendix Ai: Prudential and treasury indicators

1. PRUDENTIAL INDICATORS	2022/23	2023/24	2023/24
	actual	original	actual
	£'000	£'000	£'000
Capital Expenditure	75,702	180,958	83,485
Ratio of financing costs to net revenue stream	4.77%	7.65%	6.66%
Gross borrowing requirement General Fund brought forward 1 April	282,743	314,300	347,221
carried forward 31 March	347,221	440,200	371,324
in year borrowing requirement	64,478	125,900	24,103
Loans CFR	472,799	604,861	511,180
Annual change in Loans CFR	23,539	124,798	38,381

2. TREASURY MANAGEMENT INDICATORS	2022/23	2023/24	2023/24
	actual	original	actual
	£'000	£'000	£'000
Authorised Limit for external debt - borrowing	495,000	565,000	565,000
other long term liabilities	64,000	54,000	54,000
TOTAL	559,000	619,000	619,000
Operational Boundary for external debt - borrowing	475,000	545,000	545,000
other long term liabilities	60,000	50,000	50,000
TOTAL	535,000	595,000	595,000
Actual external debt	347,221	440,200	371,324

Maturity structure of fixed rate borrowing during 2023/24	upper limit	lower limit	31.03.24
Under 12 months	0.0%	70.0%	36.3
12 months and within 24 months	0.0%	30.0%	4.9
24 months and within 5 years	0.0%	50.0%	9.4
5 years and within 10 years	0.0%	75.0%	13.1
10 years and within 30 years	0.0%	75.0%	9.3
30 years and above	0.0%	100.0%	27.0
Maturity structure of investments during 2023/24	upper limit	lower limit	
Longer than 1 year	0.0%	95.0%	0.0%
Up to 1 year	0.0%	100.0%	100.0%

Credit risk indicator	2022/23 Actual	2023/24 Target	2023/24 Actual
Portfolio average credit score	1.46	6 or lower	1.71

Target – 6 or lower is equivalent to a credit rating of 'A' or higher

ABBREVIATIONS USED IN THIS REPORT

CFR: capital financing requirement - the council's annual underlying borrowing need to finance capital expenditure and a measure of the council's total outstanding indebtedness.

CIPFA: Chartered Institute of Public Finance and Accountancy – the professional accounting body that oversees and sets standards in local authority finance and treasury management.

CPI: consumer price index – the official measure of inflation adopted as a common standard by countries in the EU. It is a measure that examines the weighted average of prices of a basket of consumer goods and services, such as transportation, food and medical care. It is calculated by taking price changes for each item in the predetermined basket of goods and averaging them.

DLUHC: the Department for Levelling Up, Housing and Communities - the Government department that directs local authorities in England.

ECB: European Central Bank - the central bank for the Eurozone

EU: European Union

EZ: Eurozone -those countries in the EU which use the euro as their currency

Fed: the Federal Reserve System, often referred to simply as "the Fed," is the central bank of the United States. It was created by the Congress to provide the nation with a stable monetary and financial system.

FOMC: the Federal Open Market Committee – this is the branch of the Federal Reserve Board which determines monetary policy in the USA by setting interest rates and determining quantitative easing policy. It is composed of 12 members--the seven members of the Board of Governors and five of the 12 Reserve Bank presidents.

GDP: gross domestic product – a measure of the growth and total size of the economy.

G7: the group of seven countries that form an informal bloc of industrialised democracies--the United States, Canada, France, Germany, Italy, Japan, and the United Kingdom--that meets annually to discuss issues such as global economic governance, international security, and energy policy.

Gilts: gilts are bonds issued by the UK Government to borrow money on the financial markets. Interest paid by the Government on gilts is called a coupon and is at a rate that is fixed for the duration until maturity of the gilt, (unless a gilt is index linked to inflation); while the coupon rate is fixed, the yields will change inversely to the price of gilts i.e. a rise in the price of a gilt will mean that its yield will fall.

HRA: housing revenue account.

IMF: International Monetary Fund - the lender of last resort for national governments which get into financial difficulties.

LIBID: the London Interbank Bid Rate is the rate bid by banks on deposits i.e., the rate at which a bank is willing to borrow from other banks. It is the "other end" of the LIBOR (an offered, hence "ask" rate, the rate at which a bank will lend). These benchmarks ceased

on 31st December 2021 and have, generally, been replaced by SONIA, the Sterling Overnight Index Average.

MPC: the Monetary Policy Committee is a committee of the Bank of England, which meets for one and a half days, eight times a year, to determine monetary policy by setting the official interest rate in the United Kingdom, (the Bank of England Base Rate, commonly called Bank Rate), and by making decisions on quantitative easing.

MRP: minimum revenue provision - a statutory annual minimum revenue charge to reduce the total outstanding CFR, (the total indebtedness of a local authority).

PFI: Private Finance Initiative – capital expenditure financed by the private sector i.e. not by direct borrowing by a local authority.

PWLB: Public Works Loan Board – this is the part of H.M. Treasury which provides loans to local authorities to finance capital expenditure.

QE: quantitative easing – is an unconventional form of monetary policy where a central bank creates new money electronically to buy financial assets, such as government bonds, (but may also include corporate bonds). This process aims to stimulate economic growth through increased private sector spending in the economy and also aims to return inflation to target. These purchases increase the supply of liquidity to the economy; this policy is employed when lowering interest rates has failed to stimulate economic growth to an acceptable level and to lift inflation to target. Once QE has achieved its objectives of stimulating growth and inflation, QE will be reversed by selling the bonds the central bank had previously purchased, or by not replacing debt that it held which matures. The aim of this reversal is to ensure that inflation does not exceed its target once the economy recovers from a sustained period of depressed growth and inflation. Economic growth, and increases in inflation, may threaten to gather too much momentum if action is not taken to 'cool' the economy.

RPI: the Retail Price Index is a measure of inflation that measures the change in the cost of a representative sample of retail goods and services. It was the UK standard for measurement of inflation until the UK changed to using the EU standard measure of inflation – Consumer Price Index. The main differences between RPI and CPI is in the way that housing costs are treated and that the former is an arithmetical mean whereas the latter is a geometric mean. RPI is often higher than CPI for these reasons.

SONIA: the Sterling Overnight Index Average. Generally, a replacement set of indices (for LIBID) for those benchmarking their investments. The benchmarking options include using a forward-looking (term) set of reference rates and/or a backward-looking set of reference rates that reflect the investment yield curve at the time an investment decision was taken.

TMSS: the annual treasury management strategy statement reports that all local authorities are required to submit for approval by the full council before the start of each financial year.

Treasury Management Update 2024/25

Telford & Wrekin Council

A list of abbreviations used in this report can be found at page 8

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Treasury Management Update 2024/25

Purpose

This Council is required by regulations issued under the Local Government Act 2003 to produce an annual treasury management review of activities and the actual prudential and treasury indicators for 2024/25. This report meets the requirements of both the CIPFA Code of Practice on Treasury Management, (the Code), and the CIPFA Prudential Code for Capital Finance in Local Authorities, (the Prudential Code).

During 2024/25 the minimum reporting requirements were that the full Council should receive the following reports:

- an annual treasury strategy in advance of the year,
- a mid-year, (minimum), treasury update report, and
- an annual review following the end of the year describing the activity compared to the strategy.

The regulatory environment places responsibility on members for the review and scrutiny of treasury management policy and activities. This report is, therefore, important in that respect, as it provides details of the outturn position for treasury activities and highlights compliance with the Council's policies previously approved by members.

This Council confirms that it has complied with the requirement under the Code to give prior scrutiny to all of the above treasury management reports by the Audit Committee before they were reported to the full Council. Member training on treasury management issues was provided on 26 July 2023 and 31 January 2024 (the presentation slides relating to the latter being re-circulated to Committee members prior to this meeting) in order to support members' scrutiny role.

Executive Summary

During 2024/25, the Council will need to comply with its legislative and regulatory requirements. The key actual prudential and treasury indicators detailing the impact of capital expenditure activities during the year, with comparators, are as follows:

Dec-17 Prudential and treasury indicators	31.3.24 Actual (£'000)	2024/25 Original (£'000)	31.3.25 Projection at 31.5.24 (£'000)
Capital expenditure			
• Total	83,485	179,798	150,480
Capital Financing Requirement:			
• Total	555,727	671,600	638,056
• Less Other Long Term Liabilities	(44,547)	(41,200)	(41,175)
• Loans CFR	511,180	630,400	596,881
Gross Borrowing			
• External Debt	371,324	493,700	468,759
Investments			
• Longer than 1 year	0	0	0
• Under 1 year	17,868	15,000	15,000
• Total	17,868	15,000	15,000
Net borrowing			
• Total	312,869	478,700	453,759

Actual figures at 31 May 2024 are as follows:

Prudential and treasury indicators	31.5.24 Actual (£'000)
Gross Borrowing	
• External Debt	386,152
Investments	
• Longer than 1 year	0
• Under 1 year	41,359
• Total	41,359
Net borrowing	
• Total	344,793

Other prudential and treasury indicators are to be found in the main body of this report. The Interim Director of Finance, People and IDT also confirms that borrowing was only undertaken for a capital purpose and that the statutory borrowing limit, (the authorised limit), was not breached.

Introduction and Background

This report summarises the following:-

- Capital activity during the year to 31st May 2024;
- Impact of this activity on the Council's underlying indebtedness, (the Capital Financing Requirement);
- The actual prudential and treasury indicators;
- Overall treasury position identifying how the Council has borrowed in relation to this indebtedness, and the impact on investment balances;
- Summary of interest rate movements in the year;
- Detailed debt activity; and
- Detailed investment activity.

1. 2024/25 Treasury Strategy

The strategy for 2024/25 was approved by Full Council on 29 February 2024, following recommendation for approval by this committee on 31 January 2024. The strategy is to continue to keep investments as short term, where possible, to reduce the need to borrow thus reducing investment exposure and maximising overall returns to the revenue account. We will review investment opportunities if they arise and also review borrowing opportunities as we progress through the year and look to take advantage of advantageous interest rates where appropriate. The Medium-Term Financial Strategy 2024/25 – 2027/28, approved by Full Council on 29 February 2024, will see the Council continue to invest in significant regeneration projects including the growth fund (Property Investment Programme), building homes through NuPlace Ltd, the Council's wholly owned company and deliver highways infrastructure.

In order to comply with MiFID II the Council will maintain a minimum investment balance of £10m.

2. Interest Rates

At its Monetary Policy Committee (MPC) meeting on 20 June 2024, the Bank of England held the base rate at 5.25% for the eighth consecutive time. The rate has remained unchanged since August 2023. However, although the fall in CPI inflation from 2.3% in April to 2.0% in May wasn't enough to persuade the BoE to cut interest rates and now with services inflation falling only slightly, it is anticipated that a rate cut may not happen until late summer / early autumn.

3. Prudential Regime

This Council agreed its required indicators at Council on 29 February 2024.

The Council has operated within the Treasury Limits and Prudential Indicators set.

The Council set itself an Operational Limit for external debt of £635.0m for 2024/25 and an Authorised limit of £655.0m. Our total borrowing outstanding at 31 May 2024 (external debt) was £344.8m and the latest forecast for 31 March 2025 is £468.8m. Both the May actual and latest forecast are within the Operational Boundary and Authorisation Limit.

CIPFA's Prudential Code for Capital Finance in Local Authorities recommends that the Council's total debt should be lower than its Capital Financing Requirement (CFR) forecast, with total external debt being lower than the Loans CFR. The projected Loans CFR at 31 March 2025 is £596.9. Both the actual external debt at 31 May 2024, £344.8m, and the project external debt at 31 March 2025, £468.8m, are below the Loans CFR.

4. Borrowing

With the forecast for interest rates set to reduce through the second half of 2024/25 and continue to reduce in 2025/26, the Borrowing Strategy for 2024/25 is to use internal resources where available or to borrow through the use of short-term loans, up to one year and take longer term loans if appropriate. By doing so the Council is able to reduce net borrowing costs and reduce overall treasury risk.

Treasury Borrowing

As at 31 May 2024 –

- £32.0m of outstanding loans had been repaid on maturity and £49.0m of new temporary loans had been raised.
- No new PWLB loans had been raised and £2.17m of loans had been repaid. In total £47.6m of PWLB Loans are due to mature during the year.

5. Treasury Investments

The Treasury Investment Strategy for the year is to gain maximum benefit at minimum risk whilst aiming to achieve as a minimum, the 7-day SONIA rate which averages 5.2% to 31 May 2024.

For the period to 31 May 2024 some £2,218m worth of investments have been made, in total at an average of £36.4m per day, across the Debt Management Office (DMO), Lloyds Bank and Money Market Funds. Rates have been stable at 5.2% per day.

The Council holds investments in money market funds which gives increased diversification of counter-party risk and slightly higher yield whilst retaining a high degree of liquidity. These investment are held in one diversified fund.

The Council can place up to £15.0m with any Counterparty, with the exception of Treasury's DMO facility which is Government backed and therefore considered to be very secure so no limit is placed on investments with the DMO. At 31 May 2024 the greatest exposure with a single counterparty was £33.1m (80.0% of the portfolio) with the DMO and the Council has complied with the £15m limit with other counterparties.

INVESTMENT PORTFOLIO	31.5.24 Actual £000	31.5.24 Actual %
Treasury investments		
Banks (Lloyds Bank)	3,279	8.0
Debt Management Office (H.M. Treasury)	33,100	80.0

Money Market Funds	4,980	12.0
Total managed in house	41,359	100.0
Total managed externally	0	
TOTAL TREASURY INVESTMENTS	41,359	100.0

Credit risk indicator	2024/25 Limit	31.5.24 Actual
Portfolio average credit score	6 or lower	1.71

6. Projected Performance 2024/25

Senior Finance Officers are closely monitoring the Treasury position, particularly with the likelihood of the interest rates cuts and the timing of these. The financial monitoring report presented to Cabinet on 10 July 2024 included a nil variance to budget from treasury management activities. Updates will be provided in future financial monitoring reports taken to Cabinet.

7. MRP Update

In November 2021 the Department for Levelling Up, Housing and Communities (DLUHC) sought views on proposed changes to regulations in relation to the duty of local authorities to make prudent Minimum Revenue Provision each year. Following a number of further consultations throughout 2022, 2023 and 2024 the Department released revised regulations and statutory guidance on 10 April 2024. The new regulations will come into effect from 1 April 2025.

ABBREVIATIONS USED IN THIS REPORT

CFR: capital financing requirement - the council's annual underlying borrowing need to finance capital expenditure and a measure of the council's total outstanding indebtedness.

CIPFA: Chartered Institute of Public Finance and Accountancy – the professional accounting body that oversees and sets standards in local authority finance and treasury management.

CPI: consumer price index – the official measure of inflation adopted as a common standard by countries in the EU. It is a measure that examines the weighted average of prices of a basket of consumer goods and services, such as transportation, food and medical care. It is calculated by taking price changes for each item in the predetermined basket of goods and averaging them.

DLUHC: the Department for Levelling Up, Housing and Communities – the Government department responsible for Local Government

MPC: the Monetary Policy Committee is a committee of the Bank of England, which meets for one and a half days, eight times a year, to determine monetary policy by setting the official interest rate in the United Kingdom, (the Bank of England Base Rate, commonly called Bank Rate), and by making decisions on quantitative easing.

MRP: minimum revenue provision - a statutory annual minimum revenue charge to reduce the total outstanding CFR, (the total indebtedness of a local authority).

PWLB: Public Works Loan Board – this is the part of H.M. Treasury which provides loans to local authorities to finance capital expenditure.

SONIA: the Sterling Overnight Index Average. Generally, a replacement set of indices (for LIBID) for those benchmarking their investments. The benchmarking options include using a forward-looking (term) set of reference rates and/or a backward-looking set of reference rates that reflect the investment yield curve at the time an investment decision was taken.

TMSS: the annual treasury management strategy statement reports that all local authorities are required to submit for approval by the full council before the start of each financial year.



External Audit 2023/24 Progress Update

Telford & Wrekin Council

—
17 July 2024

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01 External Audit 2023/24 Progress Update

External Audit 2023/24 Progress Update

Since we met on 29 May 2024 at the last Audit Committee, where we presented our draft 2023/24 Telford & Wrekin Council (the Council) External Audit Plan, **we have made considerable progress on our 2023/24 audit ahead of our planned start of the final substantive phase in August 2024.**

Specifically, in terms of the 2023/24 financial statements audit, we have:

- Further progressed our audit risk assessment work to ensure that the audit work we carry out is efficient and targeted at the riskiest areas, enabling us to focus our efforts where it matters the most, and conclude on those we assessed as lower risk areas at an earlier stage;
- Engaged with our KPMG Data and Analytics specialists who are progressing the journals completeness audit testing and trial balance mapping, which will enable us to be more efficient and effective in our journals significant risk work in the substantive audit phase;
- Documented and concluded on the Whistleblowing case that was brought to our attention. We will be taking no further action as a result;
- Received a significant volume of information from management from our 'Provided by Management' audit request list, which is enabling us to utilise available audit resources over the summer to carry out early substantive work where possible;
- Received the draft 2023/24 financial statements, which we are reviewing and will provide initial comments in due course;
- Held regular catch up calls with management to provide updates from the audit team, and also receive progress updates from management in terms of outstanding requests; and
- Engaged with your outgoing auditors, Grant Thornton, to arrange a file review of their audit file for the 2022/23 audit.

As the Council have expenditure exceeding £500m, this puts the audit in scope of a potential quality review by the Financial Reporting Council (FRC) in the future. We therefore have KPMG's specialist quality review team (Second Line of Defence – 2LD) as an additional layer of review on our 2023/24 audit file. This provides additional support and challenge to the external audit team to ensure that our audit work is of the highest quality possible.

Additionally in terms of the Value for Money conclusion work:

- We have arranged the remaining meetings required with the Council's Service Heads to complete our required interviews. We have a meeting with the Director of Children's Services on Monday 15 July 2024.
- We are awaiting the completed Value for Money questionnaire from management to allow us to complete our risk assessment, to in turn conclude whether we consider there is a significant risk or not in relation to the three VFM Criteria of: Financial Sustainability, Governance, and/or Economy, Efficiency & Effectiveness.
- We have also received the 2022/23 Value for Money findings from your outgoing auditors for our review.

The audit progress made so far, and with our resource plan in place, means we are on track with our audit as reported in our 2023/24 Audit Plan.

We continue to work with management to ensure we receive all the remaining required information from the Council within agreed timelines.



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Telford & Wrekin
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Borough of Telford and Wrekin

Audit Committee

Wednesday 17 July 2024

Publication of information on Councillors who traded with the Council during 2023/24

Cabinet Member:	Cllr Zona Hannington - Cabinet Member: Finance & Governance	
Lead Director:	Anthea Lowe - Director: Policy & Governance	
Service Area:	Finance & Human Resources	
Report Author:	Tracey Drummond - Principal Auditor Rob Montgomery – Audit, Governance & Procurement Lead Manager	
Officer Contact Details:	Tel: 01952 383105 01952 383103	Email: tracey.drummond@telford.gov.uk, robert.montgomery@telford.gov.uk
Wards Affected:	All Wards	
Key Decision:	Not Key Decision	
Forward Plan:	Not Applicable	
Report considered by:	SMT – 8 July 2024 Audit Committee – 17 July 2024	

1.0 Recommendations for decision/noting:

The Committee is asked to:

- 1.1 Note the contents of the report and information that will be published on the Council's website.

2.0 Purpose of Report

2.1 The purpose of the report is to present to the Audit Committee information to be published in respect of Councillors who traded with the Council during 2023/24.

3.0 Background

3.1 As part of the annual account process, Councillors disclose whether they have an interest in a company/companies that receive payment from the Council. These are shown annually in the Final Accounts that are presented to the Audit Committee.

3.2 However, in order to provide better transparency, additional details of any Councillors who have an interest in companies that benefit from trading with the Council will be taken to Full Council via the Audit Committee as a separate report each year and published on the Council's website.

3.3 This information will be more readily accessible to the public and demonstrate the Council's co-operative commitment to openness.

3.4 Audit Committee has previously agreed that the information reported would be the previous year's value and description of any payments received from the Council to any businesses / companies where that Member has an interest.

3.5 During 2023/24 only two Councillors were associated with companies (either owners or Directors) that traded with the Council during that year. These were:

- Councillor Stephen Burrell – £428,000 in respect of the company Peace of Mind Homecare. Councillor Burrell is a Director of this company. Peace of Mind Homecare provide domiciliary care services.
- Councillor Carolyn Healy - £61,304 in respect of the company Red Kite Ltd. Councillor Healy is a Director of this company. Red Kite Ltd provide landscaping/environmental services.

4.0 Summary of main proposals

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

5.0 Alternative Options

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

6.0 Key Risks

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

7.0 Council Priorities

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

8.0 Financial Implications

8.1 There are no financial implications arising from this report. The information is also reported on within Note 48. Related Parties – Members, in the draft statement of account which was considered at the last meeting of the Committee.

9.0 Legal and HR Implications

9.1 There are no legal implication directly arising from this report. In addition to the publication of the information referred to in this report, Councillors also have to complete a disclosable pecuniary interests form following their election or within 28 days of an interest arising. This form includes a section where Councillors must provide details of any contracts they have with the Council. The form for each Councillor is published on the Council's website.

10.0 Ward Implications

10.1 Ward implications cover all local councils detailed in the Parish Charter.

11.0 Health, Social and Economic Implications

11.1 There are no health, social or economic implications.

12.0 Equality and Diversity Implications

12.1 Transparency supports equalities and demonstrates the Council's commitment to be open and fair.

13.0 Climate Change and Environmental Implications

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

14.0 Background Papers

- 1 Localism Act 2011
- 2 Co-operative Council Commissions Report 2012

15.0 Appendices

None

Councillors who traded with the Council

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	08/07/2024	08/07/2024	RP
Finance	08/07/2024	09/07/2024	AEM



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Audit Committee

Wednesday 17 July 2024

Internal Audit Activity Report

Cabinet Member:	Cllr Zona Hannington - Cabinet Member: Finance & Governance	
Lead Director:	Anthea Lowe - Director: Policy & Governance	
Service Area:	Policy & Governance	
Report Author:	Tracey Drummond - Principal Auditor Rob Montgomery – Audit, Governance & Procurement Lead Manager	
Officer Contact Details:	Tel: 01952 383105 01952 383103	Email: tracey.drummond@telford.gov.uk, robert.montgomery@telford.gov.uk
Wards Affected:	All Wards	
Key Decision:	Not Key Decision	
Forward Plan:	Not Applicable	
Report considered by:	SMT – 9 July 2024 Audit Committee – 17 July 2024	

1.0 Recommendations for decision/noting:

Audit Committee are asked to:

- 1.1 Note the information contained in this report in respect to the Internal Audit planned work undertaken between 1 April 2024 and 30 June 2024 and unplanned work to date.

2.0 Purpose of Report

2.1 The purpose of this report is to update members on the progress made against the 2024/25 Internal Audit Plan and to provide information on the recent work of Internal Audit.

3.0 Background

3.1 This report provides information on the work of Internal Audit from 1 April 2024 to 30 June 2024 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	
<p>Good (Green)</p> <p>There is a sound system of control designed to address relevant risks with controls being consistently applied.</p>	<p>Reasonable (Yellow)</p> <p>There is a sound system of control but there is evidence of non-compliance with some of the controls.</p>
<p>Limited (Amber)</p> <p>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.</p>	<p>Poor (Red)</p> <p>The system of control is weak and there is evidence of non-compliance with the controls that do exist.</p>

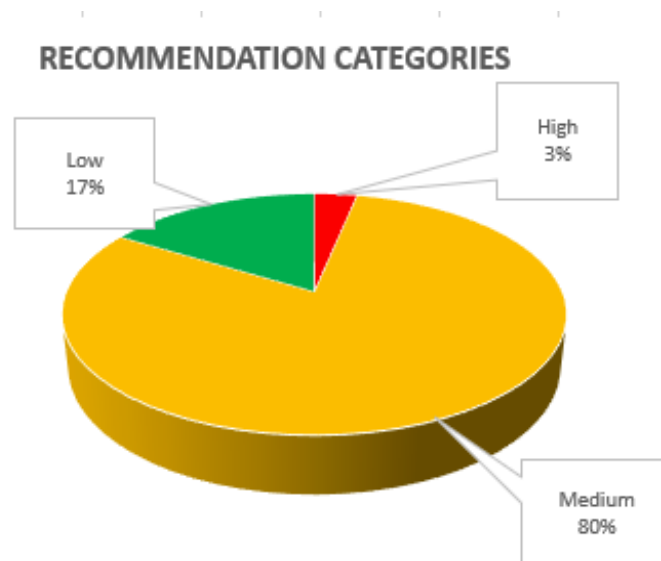
3.4 To determine the overall grading of the Internal Audit report each recommendation is risk rated (high, medium or low). The recommendation risk rating is based on the following criteria:

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 (amber segment) and low (green segment) risk recommendations made in the reports issued during this period.



Internal Audit Activity Report

3.6 The level of assurance (based on the table 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 01/04/24– 30/06/2024 AND CURRENT STATUS						
Area	Date of Report	Level of risk on plan	Original Audit Grade	Follow up Due	Revised Grade	Comments
Madeley Nursery School	24/5/24	M	Limited	Aug 2024		
Happy Healthy Active Holidays	18/6/24	M	Limited	Include in 2024/25 audit		
William Reynolds Primary School	18/6/24	M	Limited	Sept 2024		
Moorfield Primary School	21/5/24	M	Reasonable	Nov 2024		

Internal Audit Activity Report

Payroll (2023-24)	18/6/24	H	Reasonable	Include in 2024/25 audit		
Multiply Grant	19/4/24	M	Good	N/a		
Family Hubs & Start for life programme (Yr2 2023-24)	24/4/24	M	Good	N/a		
Universal Drug Grant	1/5/24	M	Good	N/a		
HUG 2 (Yr 1 2023-24)	3/5/24	M	Good	N/a		
Integrated Care - One Health & Care	8/5/24	M	Good	N/a		

Internal Audit Activity Report

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
Direct Payments Childrens	18/09/23	Poor	1 st follow up undertaken.	Reasonable	2 nd follow up to be carried out July 24
Child Arrangement Orders	18/10/23	Poor	2 nd Follow up in progress. Extension Agreed	Limited	2 nd follow up in progress
Direct Payments Adults	28/11/23	Poor	1 st follow up completed.	Limited	2 nd follow up due August
Muxton Primary School	21/12/23	Poor	1 st follow up undertaken and grading changed to yellow.	Reasonable	2 nd follow up to be undertaken in July
Registrars Income Reconciliation Process	7/11/23	Reasonable	Follow up in progress	Good	Follow up complete. Grading changed to Good
Cloud Hosting	16/11/23	Reasonable	Follow up due May 2024	Good	Follow up complete. Grading changed to Good
Purchase Ledger	27/11/23	Reasonable	Follow up due May 2024	No change as follow up not yet complete	Follow up in progress
Cash Office	19/12/23	Reasonable	Follow up due June 2024	No change as follow up not yet complete	Follow up in progress

Internal Audit Activity Report

DWP Compliance	19/12/23	Reasonable	Follow up due June 2024	No change as follow up not yet complete	Follow up in progress
Household Support Fund	20/12/23	Reasonable	Follow up due June 2024	No change as follow up not yet complete	Follow up in progress
Hollinswood Primary School	08/01/2024	Reasonable	Follow up due June 2024	Good	Follow up complete. Grading changed to Good
Bar Stock – Telford Theatre	01/02/2024	Reasonable	Follow up due January 2026	No change as follow up not yet complete	New audit to be undertaken when theatre re-opens
High Ercall Primary School	19/02/2024	Reasonable	Follow up due September 2024	No change as follow up not yet complete	Follow up to be undertaken Sept 2024
Preparing Disabled Children for Adulthood	15/03/2024	Reasonable	Follow up due September 2024	No change as follow up not yet complete	Follow up to be undertaken Sept 2024
IDT Incident & Problem Management	22/03/2024	Reasonable	Follow up due June 2024	No change as follow up not yet complete	Follow up in progress
Telford Ice Rink Bar	22/03/2024	Reasonable	Follow up due September 2024	No change as follow up not yet complete	Follow up to be undertaken Sept 2024

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 2024/25 Annual Audit Plan

4.1 Audit Committee members approved the 2024/25 Internal Audit Plan at the May 2024 committee meeting. **Appendix A** of this report shows the progress made against this plan. From a total of 38 audits (not including Adult Social Care, as not yet agreed), only 1 audit has been completed (2%). The first quarter of 2024/25 has, largely, seen resources committed to completing work due under the 2023/24 work plan with some resources used to satisfy commitments due under corporate contracts. This is not uncommon. However, as the Internal Audit team moves into the second quarter, of the year, resource will be utilised to focus on 2024/25 and the team. The team are confident that acceptable progress will be made on plan completion in the coming months.

5.0 Unplanned work

5.1 Work continues on the commercial contracts with Academies and Town Councils, We provide audit services to a total of 9 Academy Trusts and 2 Town Councils. Internal Audit continue to look for opportunities to expand their commercial offering and have recently been asked to provide a quotation for a new multi academy trust. This enables the team to positively support the financial position of the Council by attracting income which, in turn, contributes to the budget cost of the team.

6.0 Quality Assurance and Improvement Programme

6.1 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.

7.0 Council Priorities

7.1 A community focussed, innovative council providing efficient, effective and quality services.

8.0 Financial Implications

- 8.1 The planned work undertaken by the Internal Audit Team as outlined in this report is funded through the Council's base budget and approved as part of the Medium Term Financial Strategy. Income generated by Internal Audit from commercial contracts is used to offset the overall costs of the Internal Audit Team therefore reducing the amount of base budget required.
- 8.2 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 as a result of accepting the recommendations of this report.

9.0 Legal and HR Implications

- 9.1 There are no direct legal or HR implications arising from this report. The Council is required to undertake internal audit activity and to report the outcomes of that activity. It is one way that the Council can demonstrate it is operating transparently and in accordance with good governance.

10.0 Ward Implications

- 10.1 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

11.0 Health, Social and Economic Implications

- 11.1 There are no health, social or economic implications directly arising from this report.

12.0 Equality and Diversity Implications

- 12.1 Transparency supports equalities and demonstrates the Council's commitment to be open and fair.

13.0 Climate Change and Environmental Implications

- 13.1 There are no direct climate change and environmental implications arising from this report.

14.0 Background Papers

- 1 Annual Audit Plan 2024/25
- 2 Public Sector Internal Audit Standards – Applying the IIA International Standards to the UK Public Sector 2013 and updated January 2017

Internal Audit Activity Report

15.0 Appendices

A 2024/25 Annual Audit Plan

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Finance	08/07/2024	09/07/2024	AEM
Legal	08/07/2024	09/07/2024	RP

Audit Area	Service Area	Days	Priority	Risk rating	Status
General ledger, assets & capital accounting - fixed asset module	Finance & Human Resources	15	ALL	H	
Payroll/HR (24/25)	Finance & Human Resources	15	ALL	H	
Treasury	Finance & Human Resources	8	ALL	H	
Section17 spend	Children's Safeguarding and Family Support	10	1,2 & 5	H	
Placements/ High cost support packages	Children's Safeguarding and Family Support	12	1,2 & 5	H	
No Recourse to public funds	Children's Safeguarding and Family Support	10	1,2 & 6	M	
Audit areas to be confirmed - Only confirmed audit is Lakewood Court		40			
Money Laundering	Policy & Governance	8	2 & 5	H	
Risk Management	Policy & Governance	8	all	M	
Legal system	Policy & Governance	10	all	M	
Members Subsistence	Policy & Governance	8	2 & 5	M	
Troubled families grant	Policy & Governance	12	all	L	
Future Focus (NEET)	Education & Skills	10	1,2,5	M	
Multiply	Education & Skills	5	1& 5	L	
Home to school transport	Education & Skills	15	all	M	
Schools (9 schools)	Education & Skills	45	1,3,5	M	1 school In Progress
Benefits	Community Customer & Commercial Serv	12	1,2,3,5	H	
Town Park	Community Customer & Commercial Serv	12	all	H	
Ski Slope	Community Customer & Commercial Serv	10	all	M	
Oakengates Leisure Centre	Community Customer & Commercial Serv	10	all	M	

Audit Area	Service Area	Days	Priority	Risk rating	Status
Cyber Security	Community Customer & Commercial Serv	8	5	H/M	
Capita One Housing	Community Customer & Commercial Serv	10	all	M	
Gladstone Management System	Community Customer & Commercial Serv	10	all	M	
MIS Headway (Planning)	Community Customer & Commercial Serv	10	all	M	
Homlessness reduction act	Housing & Communities	15	1,3,5	H	
Monitoring sale of discount market housing	Housing & Communities	5	all	M	
Capita One Housing	Housing & Communities	as above	all	M	
Housing Management	Housing & Communities	12	all	M	
Home to school transport	Neighbourhood & Enforcement	as above	all	M	
Licensing	Neighbourhood & Enforcement	12	2,3 & 5	M	
PIP Properties	Property & Investment	8	2,3,4,5	M	
MIS Headway (Planning)	Property & Investment	as above	all	M	
BIT (H&S Management)	Property & Investment	10	2,3,4,5	M	
Housing Management	Property & Investment	as above	all	M	
BIT (H&S Management)	Health & Wellbeing	as above	2,3,4,5	M	
PSP Register	Health & Wellbeing	8	all	M	
Grants					
Local Transport Capital block funding	Finance & HR and Neighbourhood & Enforcement	2	2,3,4 & 5	M	
Bus subsidy grant	Finance & HR and Neighbourhood & Enforcement	2	2,3,4 & 5	M	
Universal Drug Grant	Finance & HR and Health & Wellbeing	2	ALL	M	
Family Hub	Finance & HR and Childrens Safeguarding	2	All	M	
HUG 2 grant (home Upgrade Grant) (24/25)	Finance& HR and Housing & Communities	2	2,3,4 & 5	M	
UKSPF Grant	Finance& HR and Housing & Communities	2	2,3,4 & 6	M	
Holiday Activity & Food Programme	Finance & HR and Educ/Skills	2	ALL	M	
Corporate audits					
Procurement/Contract Monitoring	All service areas	12	All	H	

Total for new audits	409
external commercial work	119
Advice & guidance	19
Local Government Ombudsman	35
Annual Governance Statement	8
Follow ups	10
Contingency	10
Sub total	610
Available days (12 months)	610

1 -Every child, young person and adult lives well in their community
2 -Everyone benefits from a thriving economy
3 -All neighbourhoods are a great place to live
4-our natural environment is protected - we take a leading role in addressing the climate emergency
5- A community focused, innovative council providing efficient, effective and quality services

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Borough of Telford and Wrekin

Audit Committee

17 July 2024

Corporate Risk Register

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TELFORD & WREKIN COUNCIL STRATEGIC RISK REGISTER

LAST UPDATED OCTOBER 2023

Definitions used in the risk register:

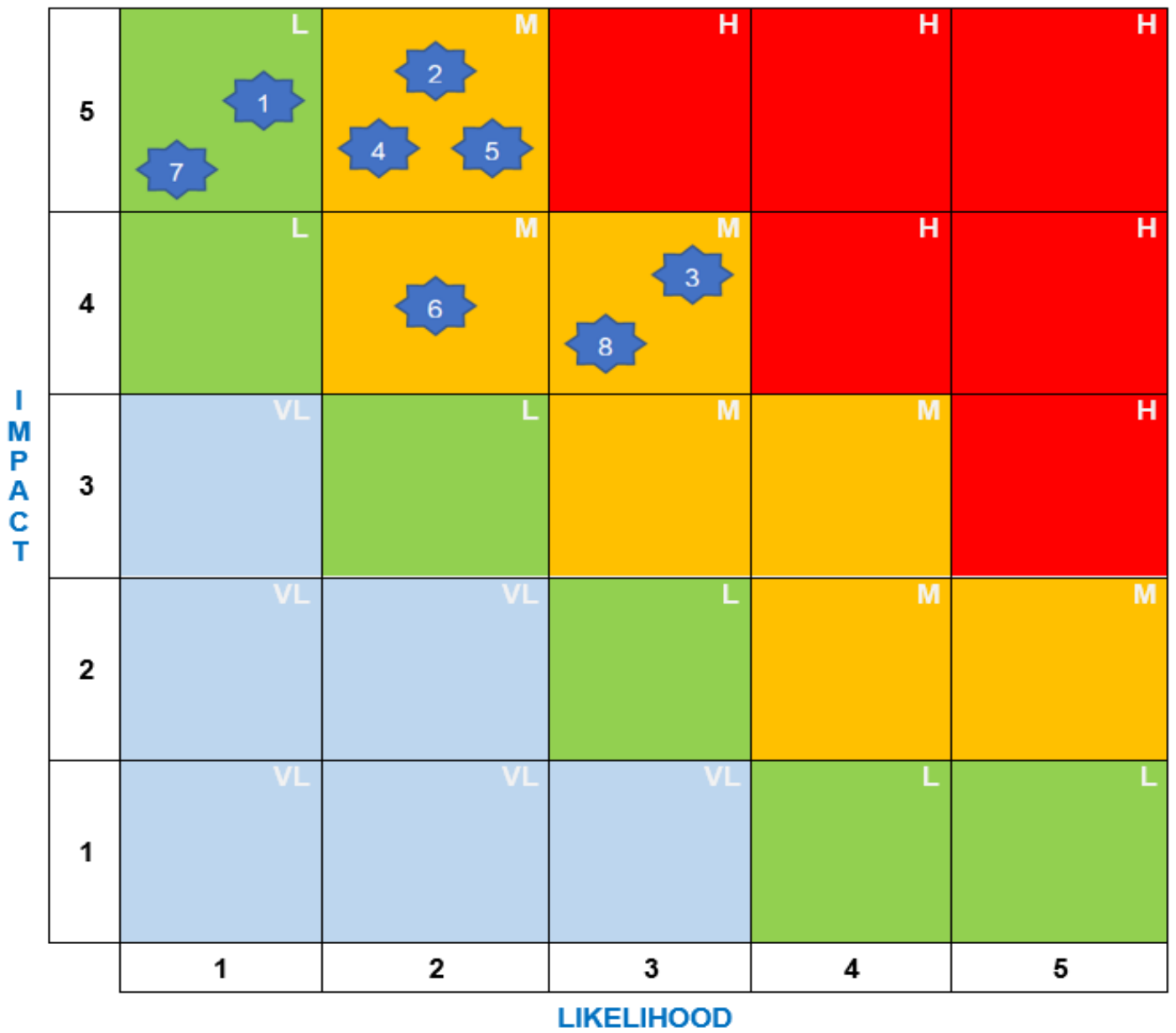
Likelihood of Risk Occurring

Likelihood	Definition
Very Low	May occur in exceptional circumstances
Low	Risk may occur in next 3 years
Medium	The risk is likely to occur more than once in the next 3 years
High	The risk is likely to occur this year
Very High	The risk has occurred and will continue to do so without further action being taken

Impact of Risk if it does Occur

Descriptor	Financial	Reputation	Physical	Environmental	Service
Very Low	None	None	None	None	None
Low	<£50K	Minimal/ minimal media/ social media	Minor	Minor locally	Internal disruption only, no loss of service
Medium	£50K to £1m	Extensive local media/social media	Violence or threats of serious injury requiring medical treatment	Moderate locally	Disruption/ loss of service less than 48 hours
High	£1m to £5m	National media/social media	Extensive/ multiple injuries	Major local impact	Disruption/ loss of service less than 7 days
Very High	>£5m	Extensive national media (lead item)/social media	Extensive multiple injuries/ death	Major national/inter national	Severe disruption/ loss of service more than 7 days.

Risk Heat Map



Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R1	Failure to discharge duty of care for a vulnerable child or vulnerable adult.	Very High without controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	Very High without controls – Physical Reputation Finance <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	a) Safeguarding Partnership (Adults & Children) Community Safety Partnership and Youth Offending Service Management Board scrutinise performance, hold partners to account and drive practice improvement in the light of learning (e.g. Serious Case, Safeguarding Adult & Domestic Homicide Reviews). b) Safeguarding Partnership works to develop systematic working across children and adult landscape. c) The Council will invest £5.9m net additional funding into Adult Social Care services in 2024/25. The Council’s net budget for Adult Social Care will be over £68m in 2024/25. d) The Council’s net budget for Children’s Safeguarding will be nearly £49m in 2024/25, benefitting from additional net funding of £7.6m in 2024/25. e) The combined total net budget allocation for these services will be in excess of £117m.	D Sidaway J Britton S Froud	Very Low with controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	Very High with controls – Physical Reputation Finance <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>

f) A general budget contingency of £3.95m, with an additional £2.8m held for inflationary pressures will be available in 2024/25. These can be used to support pressures in any Council budget including Adult Social Care and Children's Safeguarding which account for two thirds of the Council's net budget.

Children:

- g) Safeguarding arrangements are routinely reviewed and developed in response to new statutory requirements as they are introduced
- h) Workforce development strategy – recruitment and retention, learning and development including Systemic Practice across the Council's children's workforce.
- i) Children's Services - systematic quality assurance role for all managers from frontline Team Manager through to CEX and DCS
- j) No staff savings target for Children's Social Workers
- k) A comprehensive package of market factors and recruitment and retention incentives have been implemented to aid the

				<p>recruitment and retention of social workers</p> <p>l) Work to national inspection standards and respond to actions required from inspections.</p> <p>m) OFSTED inspection of Children’s Safeguarding January 2020 achieved “Outstanding”. An action plan has been delivered to respond to the small number of recommendations.</p> <p>n) Independent Review of Child Sexual Exploitation (CSE) commissioned by the Council has been concluded. Recommendations from the review are in the process of being implemented.</p> <p>o) ‘Essential learning’ for all employees includes both child protection and CSE.</p> <p>Adults:</p> <p>p) Adult safeguarding part of Safeguarding Partnership in compliance with Care Act requirements and new Adult Safeguarding Guidance & Regulations.</p> <p>q) Adult Services - systematic quality assurance role for all managers from frontline team manager through to DAS</p>			
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				<p>r) Quality Surveillance Group chaired by Chief Officer of NHS England Area Team ensures co-ordination of quality & safeguarding issues across health & social care system.</p> <p>s) 'Essential learning' for all employees includes adult safeguarding.</p>			
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Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R2	<p>Inability to:</p> <p>a) Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards</p> <p>b) deliver financial strategy including capital receipts, savings and commercial income</p> <p>c) fund organisational and cultural development in the Council within the constraints of the</p>	<p>Very High without controls</p> <p>Change since last review =</p>	<p>Very High without controls – Physical Reputation Service</p> <p>Change since last review =</p>	<p>a) Robust commercial approach taken by Council services in terms of increasing income generation</p> <p>b) Rigorous medium term financial planning and regular monitoring and active management through S&FPG, SMT, Business Briefing and Cabinet.</p> <p>c) Efficiency Strategy in place which allows the Council to qualify for the Flexible Use of Capital Receipts which enables the funding of revenue costs of reform and service transformation initiatives which deliver efficiencies</p> <p>d) 'Savings programme, service reviews and restructuring.</p> <p>e) Staffing, economic and environmental impact assessments of all savings</p>	D Sidaway M Brockway	<p>Low with controls</p> <p>Change since last review =</p>	<p>Very High with controls – Physical Reputation Service</p> <p>Change since last review =</p>

	public sector economy			<p>proposals and appropriate consultation mechanisms in place.</p> <ul style="list-style-type: none"> f) In-year savings exercises possible if necessary g) Rationalisation of Council assets and accommodation h) Prudent level of uncommitted one-off resources and in-year budget contingency of £3.95m i) Delivery of capital receipts/rigorous monitoring of capital receipts realisation and impact on the budget j) If necessary contingency plans reviewing phasing of planned capital expenditure, schemes included in capital programme, alternative potential disposals and further revenue budget cuts would be identified for consultation k) Regular review of reserves and balances against risk exposure with significant level (£21.7m) of uncommitted balances available, held within the Budget Strategy Reserve to support the Council's Medium Term Financial Strategy l) Track record of sound financial management having out-turned within budget for 16 consecutive years despite significant financial challenges arising from public sector austerity, the COVID pandemic and the 			
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				<p>current cost-of-living emergency.</p> <p>m) Safeguarding Children Cost Improvement Plan in place which is monitored by senior officers and members.</p> <p>n) Adult Social Care Cost Improvement Plan in place which is monitored by senior officers and members.</p> <p>o) Commercial project(s) for additional income generation as well as wider economic, social and regeneration purposes</p> <p>p) Housing Investment Programme</p> <p>q) Robust assessment of potential new investments through a proper due diligence and business case process to ensure that the Council is not exposed to an unacceptable level of risk either on an individual basis or when considering the entire investment portfolio</p> <p>r) Specialist legal and taxation advice taken as required</p> <p>s) Active Treasury Management in conjunction with regular advice and updates from specialist Treasury Management Advisors</p> <p>t) Cabinet Members regularly briefed</p> <p>u) All necessary strategies, policies and procedures in place to fully comply with CIPFA and MoHCLG codes and regulations with regular review</p>			
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				<p>v) Established approval process for agreement of business cases for new investment from the Council's Growth Fund and Invest to Save/Capacity Fund.</p> <p>w) All reports to SMT and Cabinet include a financial comment prepared by, or on behalf of the Council's 151 officer, that identifies the financial implications arising from the recommendations to avoid significant additional ongoing commitments being committed without appropriate consideration.</p>			
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Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R3	Losing skills, knowledge and experience (retention & recruitment) in relation to staffing.	<p>Very High without controls</p> <p>Change since last review =</p>	<p>High without controls – Financial Reputation Service</p> <p>Change since last review =</p>	<p>a) Workforce Development Strategy in place with focus on delivering ambition of the Council being employer of choice. Strategy will focus on:</p> <ul style="list-style-type: none"> • 'Our workforce will have the skills and abilities to deliver our priorities and will have the opportunity to further develop • Our managers will be leaders and will empower staff to deliver our priorities • 'Our organisation will be more diverse and inclusive 	D Sidaway	<p>Medium with controls</p> <p>Change since last review =</p>	<p>High with controls – Service Reputation Finance</p> <p>Change since last review =</p>

				<p>offering a voice and fair treatment for all'</p> <ul style="list-style-type: none"> • 'Our workplace will be healthy and we will support our employees' wellbeing' <p>b) Senior Management, SDM and team leader development programmes.</p> <p>c) Each service area has a workforce plan considering</p> <ul style="list-style-type: none"> • skills gap analysis and needs • apprenticeships <p>d) Specific HR policies:</p> <ul style="list-style-type: none"> • use of market factor weighting for key groups • flexible working policy • staff benefit schemes <p>e) "Grow your own" scheme for roles that are hard to recruit to.</p> <p>f) Review of induction programme and ongoing training and development completed</p> <p>g) Lean Review of recruitment process and the development of the Council's employment "offer"</p> <p>h) Council values, ethos, rewards and recognition</p> <p>i) Annual Personal Performance and Development discussions for all staff along with regular one to one meetings involving employees and their line managers.</p>			
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				<p>j) Staff awards ceremony to celebrate and encourage outstanding performance.</p> <p>k) Review of the use of apprentices</p>			
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Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R4	Significant business interruption affecting ability to provide priority services, e.g. critical damage to Council buildings, pandemic, etc.	Very High without controls Change since last review =	Very High without controls – Physical Reputation Service Change since last review =	<p>a) Each Service Delivery Team has Business Continuity Plans to enable them to respond appropriately (people, systems etc.), these are reviewed annually and updated following team changes and or incidents.</p> <p>b) Continuity plans tested in live environment during the pandemic and also through scenario testing.</p> <p>c) Serious Incident Protocol has been adopted.</p> <p>d) Continue to invest in ICT capital programme. Data centre investment complete.</p> <p>e) Improvement/upgrade/replacement of key ICT systems ICT controls – Disaster Recovery facilities in place based on Priority Services in line with Business Continuity Plans.</p> <p>f) Roll out of “office 365” and the cloud computing.</p> <p>g) Investment in cyber security and awareness programme and training (see risk 7 also).</p>	Angie Astley/Jo Britton	Low with controls Change since last review =	Very High with controls – Service Reputation Change since last review =

				<p>h) Implementation of a 3rd generation firewall.</p> <p>i) Strong and effective support provided by corporate IDT team to support the implementation of new service specific and corporate systems and upgrades to these systems which also ensures effective system testing arrangements.</p>			
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Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R5	Inability to manage the health & safety risks in delivering the council's functions (including building security and cyber security).	Very High without controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	Very High without controls – Physical Reputation Financial <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	<p>a) Reviewing, writing and monitoring of health and safety policies through SMT and Health and Safety Committee.</p> <p>b) Risk based health and safety audit process of service areas and local authority managed schools, which not only audit implementation of health and safety policies but also proactively identifies shortcomings, actions and controls that need to be in place to manage those risks.</p> <p>c) Significant findings of the audits are reported back through SMT and Health and Safety Committee.</p>	Jo Britton / Director of Public Health	Low with controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	Very High with controls – Physical Reputation Finance <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>

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| | | | | <ul style="list-style-type: none"> d) Internal Health and Safety work to Health and Safety Executive (HSE) guidance and revise Policies and Procedures to ensure compliance with legal standards. Revisions reported back through SMT and reported via regular Trade Union meetings. e) Lone worker and lone member risk assessments undertaken and appropriate processes are in place (and use of the Stay Safe system). f) Building security kept under review. g) System in place for reporting all accidents, incidents and near misses. Non reportable accidents investigated by service area. h) All reportable accidents are investigated by Internal Health and Safety Team and significant findings reported to Health and Safety Committee. Other findings reported back to relevant Service area management i) Training provided on Health and Safety through a mixture of e-learning and face to face. j) Essential learning training for all employees includes health and safety and fire safety awareness. k) Regular meetings with Trade Unions | | | |
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				<ul style="list-style-type: none"> l) Coordination and management of Personal Safety Precautions Risk Register to ensure safety of employees. m) Appointed Cyber Security Manager to review and improve cyber security where required. n) Cyber security part of essential learning for all employees. o) Corporate review of list of 1st aiders to ensure adequate resource in place p) Corporate review of list of fire marshals to ensure adequate resource in place q) Enhanced risk assessments for specific individual/services r) Updated personal safety training s) Increased security at main Council buildings and at meetings. 			
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Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R6	Inability to deliver effective information governance.	Very High without controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review - </div>	Very High without controls – Financial Reputation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since = </div>	<ul style="list-style-type: none"> a) The Council has an Information Governance Framework which includes the Corporate Information Security Policy (CISP) and other policies (Data protection, Information Sharing policies) b) Small dedicated team promoting sound Information Governance within the Council and ensuring 	D Sidaway	Low with controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	High with controls – Reputation Finance <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>

			<div style="border: 1px solid black; padding: 2px;"> last review </div>	<p>that good practice is shared across the Council</p> <ul style="list-style-type: none"> c) Training and awareness programme put in place and Information Governance modules form part of induction and essential learning programmes. d) Data Protection Officer reports regularly to SMT on IG related matters e) Data Protection Officer attends a number of management team meetings. f) General Data Protection Regulations 2018 implemented. g) SMT oversight of reported data breaches h) All data breaches recorded, investigated and lessons learnt identified i) Detailed report is sent to relevant Director in respect to breaches occurring in their service area j) Directors email all employees that have contributed to a data breach or incident highlighting the potential consequences. k) Information Governance related posters in all main Council buildings l) Staff complete randomly generated questions on data protection/information security every quarter 			
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				<p>m) Regular bulletins on information governance related matters published in staff news letter</p> <p>n) Completion of annual Data Security and Protection (DSP) toolkit.</p> <p>o) Annual Governance Statement process encompasses key information governance related matters</p> <p>p) Key elements of information governance and IDT security are audited by an external company.</p>			
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Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R7	Inability to respond adequately to a significant emergency affecting the community and/or ability to provide priority services.	<p>High without controls</p> <p>Change since last review =</p>	<p>Very High without controls – Environment Financial Service</p> <p>Change since last review =</p>	<p>a) Work collaboratively with other LRF partner agencies, maintaining effective working relationships with the relevant bodies</p> <p>b) Maintain appropriate levels of trained staff to be able to respond to an emergency, for example, to set up rest centres.</p> <p>c) Maintaining appropriate, risk based contingency plans (Civil Resilience Manager) which are reviewed on regular basis</p> <p>d) Operation ‘Tangent’ – multi agency plan to respond to landslide in the Gorge is in place and is being reviewed</p>	Exec Directors / Director of Public Health	<p>Very low with controls</p> <p>Change since last review =</p>	<p>Very High with controls – Service Reputation Finance</p> <p>Change since last review =</p>

				<ul style="list-style-type: none"> e) Individual Service Delivery Managers are responsible for maintaining and exercising their Business Continuity Plan. These plans would be coordinated corporately and the emergency plan activated if necessary. f) Provider contract monitoring in place. g) Public health mechanisms in place to manage response to significant incidents. h) Corporate budget contingency of £3.95m available to cover unforeseen costs arising up to Bellwin threshold where relevant. 			
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Ref	Risk	Likelihood Without Controls	Impact Without Controls	What are we doing to manage the risk? (Controls)	Lead Executive Director / Director	Likelihood With Controls	Impact With Controls
R8	Inability to respond to impact of climate emergency on severe weather events including heat, cold and flood.	High without controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review - </div>	Very High without controls – Environment Reputation Financial <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	<ul style="list-style-type: none"> a) Investment in highways capital programme. b) Corporate capital budget specifically for projects that support climate emergency projects is included within capital programme. c) Monitor ground stability in the Gorge and water levels. d) Use and testing of flood barriers in Ironbridge 	A Astley	Medium with controls <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>	High with controls – Environment Reputation Finance <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Change since last review = </div>

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| | | | | <ul style="list-style-type: none"> e) Working with street scene contractors to monitor impact on public realm. f) Adoption of Climate Emergency Becoming Carbon Neutral action plan which includes a commitment to ensuring that its operation and activities are carbon neutral by 2030. g) Delivering a wide range of schemes to reduce carbon emissions. h) Driving partnership engagement and action on climate change through the Telford and Wrekin Borough Climate Change Partnership i) Addressing biodiversity through actions plans. j) Climate Emergency is at the forefront of the Council's priorities. k) New Council priority defined – 'Our natural environment is protected – we are taking a leading role in addressing the climate emergency l) Strong relationships with key partners including the Environment Agency. m) Work of the Environment Scrutiny Committee | | | |
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Risks Removed for Register

Ref	Risk	Reason for Removal	Date of Removal
R9	Inability to respond to the impact and implications of Brexit.	This risk is no longer applicable.	27/1/2022

Document Version Control

Version	Date	Author	Sent To	Comments
n/a	19/1/21	R Montgomery	SMT	Approval prior to register presented to Audit Committee and Cabinet
2022.2	27/1/22	R Montgomery	SMT	Update of register in respect to additions/changes to mitigating actions and deletion of risk R9
2022.2.1	23/12/22	R Montgomery	SMT	Update in relation to mitigating actions against each risk.
2023.2.2	10/1/24	R Montgomery	SMT	Includes updates provided by SMT