Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Audit Committee

Wednesday 19 November 2025

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), C Chikandamina (Vice-Chair), N A M England, G Luter, 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 16 July 2025 at 6.00 pm in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors H Morgan (Chair), N A M England, G Luter and T J Nelson

In Attendance: J Clarke (Senior Democracy Officer (Democracy)), T Drummond (Principal Auditor), A Lowe (Director: Policy & Governance), R Montgomery (Audit, Governance & Procurement Lead Manager) and E Rushton (Group Accountant)

Apologies: Councillors C Chikandamina and W L Tomlinson

AU12 Declarations of Interest

None.

AU13 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 28 May 2025 be confirmed and signed by the Chair.

AU14 Treasury Management 2024/25 Annual Report and 2025/26 Update

The Group Accountant gave a brief overview of the Treasury Management 2024/25 Annual Report and set out details on the position for 2025/26 up to 31 May 2025.

The Council was required by the Local Government Act 2003 to produce an annual treasury management review of activities and the prudential and treasury indicators for 2024/25. This report met 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 reporting requirements were that the full Council should receive an annual treasury strategy, a mid-year, treasury update report and an annual review.

Members had been invited to attend at three training sessions during 2024/25 with the latest being in January 2025 prior to the Treasury Strategy being presented and the slides from this training had been circulated to Members for their information to provide background context.

In relation to the Annual Report, during 2024/25, the Council complied with its legislative and regulatory requirements.

Capital expenditure was below that set out in the Strategy following in year capital programme rescheduling. Capital Expenditure was funded through a mix government grants, capital receipts, revenue and other external contributions and borrowing.

During 2024/25, an under-borrowed position was maintained. This meant that actual borrowing was lower than the Capital Financing Requirement (CFR). This was a key Treasury Management and Prudential indicator set by CIPFA. The maximum borrowing position fell below the authorised and operational boundaries and it was confirmed that the Council had only borrowed to support capital investments and not for front line services.

The borrowing strategy, on a short-term basis, was to take out loans less than one year to take advantage of the market conditions. Interest rates steadily fell over the medium-term and the Bank of England base rate followed a cut/hold pattern during 2024/25 with a reduction of 0.25% in August, November and February.

During the year, six new Public Works Loan Board (PWLB) loans were taken out totalling £55m and maturities of PWLB loans totalled £47.9m. A further £270m of temporary loans, through the Local-to-Local Market, were raised, renewed or replaced. During the year, one Lender Option Borrower Option (LOBO) Loan was 'called' and the option was taken to repay the loan.

The 2025/26 Borrowing Strategy and Investment Strategy remained consistent with that of the previous year, and the report set out the details in relation to the latest prudential and treasury management projections up to 2026.

On 31 May 2025, £30m of outstanding temporary loans had been repaid on maturity and £14m of new temporary loans had been raised. Two new Public Works Loans Board (PWLB) loans had been raised totalling £15m and £2.9m of loans had been repaid. In total, £40m of PWLB Loans were due to mature during the year.

Surplus cash flows had continued to be invested in H.M Treasury's Debt Management Account Deposit Fund and Money Market Funds. The Municipal Investment Loan would support the climate change agenda.

During the debate, some Members asked in relation to the investment strategy if there had been any instances during the period where the SONIA benchmark had not been achieved and in relation to the overall treasury outturn of £1.084m could this be broken down further in relation to cash flow benefit and the re-profiling of capital expenditure. It was asked if, in relation to compliance with limits, had any limits been close to being breached and, if so, what temporary measures had been taken. Other Members asked in relation to Treasury Management and reducing the CFR where underlying borrowing

needs should not rise indefinitely, what was the definition of indefinitely and what was the forecast percentage of Financing Cost to Net Revenue Stream for 2025/26.

The Group Accountant would look at the benchmarks in relation to over or under performance, but he was not aware that it had dropped below the levels. The surplus against budget cash flow benefits was intertwined and may be difficult to separate but this would be looked into and the Council had effectively authorised its operation limits and these tended to be highest at year end. In relation to the reducing the CFR and the term "indefinitely", the rise in relation to capital spend was taken into consideration and this had been approved in the budget strategy, but this would be taken away and looked in to. The percentage of the net revenue for 2025/26 was not picked up as part of this report.

RESOLVED – that:

a) **the contents of the report be noted;**

b) **the performance against Prudential Indicators be noted; and**

c) **the report be recommended to Full Council.**

AU15 Publication of information on Councillors who traded with the Council during 2024/25

The Audit, Governance and Procurement Lead Manager presented the Publication of Information on Councillors who traded with the Council during 2024/25.

As part of the annual account process, Councillors disclosed whether they had an interest in a company/companies that received payment from the Council.

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

In the 2024/25 financial year, two Councillors were associated with companies who had received payments from the Council being, Councillor S Burrell in relation to Peace of Mind Home Care and Councillor Carolyn Healy in respect of Red Kite Ltd.

During the debate, some Members asked whether the value of the figures disclosed had in the latest report increased or decreased in comparison to previous years. Other Members welcomed the report which ensured that there was transparency and reassured members of the public.

The Audit, Governance and Procurement Lead Manager reported that in terms of individuals, two Councillors had been consistent over the last few years but there were some differences in values. The information was not available at the meeting, but this could be provided at a later date.

The Director: Policy & Governance confirmed that the Members had been consistent over the last few years but in relation to the financial information for 2024/25 one was broadly similar, and one had reduced by two thirds.

Members noted the report.

AU16 Internal Audit Activity Report

The Principal Auditor presented the Internal Audit Activity Report, which set out the work of Internal Audit undertaken during the period 1 April 2025 to 30 June 2025, which updated Members on progress of previous reports that had been issued.

Work was ongoing on completion of the Audit Plan, which was approved in May 2025. During the reporting period, five reports had been issued, four green (good) and 1 yellow (reasonable). From a total of forty-eight reports, five were in progress and three had been completed. In relation to previously reported audits, two reports were currently being followed up and four reports were being followed up during August/September 2025. Work continued on the commercial contracts with Academies and Town Councils. There had been no unplanned work to date.

During the debate, some Members asked what issues were found in primary schools and whether these issues were from a change of circumstances or had the issues been there for a long time. A question was asked if there was an opportunity for less policing and hand holding during the audits and they become more guiding instead. Other Members welcomed the report and asked if there were any examples of corporate feedback.

The Principal Auditor informed Members that issues ranged from tightening up on procedures, recording minutes and governance arrangements and areas of improvement being due to a change of circumstances within the schools, lack of experience or staff change. The Audit Team had a good relationship with schools, and they were given practical help and guidance to implement any recommendations. Customer Feedback forms were followed up whether good or bad and questions were raised in relation to the format of the audit, exit meetings and the process. The Team continually reviewed the way work was undertaken, and staff quality checks took place following any feedback.

The Audit Governance & Procurement Lead Manager confirmed that it was likely to be a number of small issues that were found and there were examples of tidying up of audit trails that were not being completed. An example of feedback was the layout of the audit reports which some auditees found were not easy to read. A new template had been devised and tested,

and once positive feedback had been received the new template was implemented.

The Chair added that often when schools had a change of staff, or in particular a high turnover of staff, then information held could be lost where effective handovers had not taken place. In terms of financial management and governance, the DFE regulations changed every year, and it was difficult to keep up to date.

The Director: Policy & Governance set out that the role of the Audit Team, both internally and externally, was that of advice and guidance and to work collaboratively to ensure that the function was not policing but that it was a supportive function undertaken on a day-to-day basis. Reports were followed up with the relevant team to improve audits and where recommendations were made how these could be implemented.

Members noted the report.

AU17 Strategic Risk Register

The Audit, Governance & Procurement Lead Manager presented the Corporate Risk Register and reminded Members that set out within the Terms of Reference was the responsibility of Audit Committee to oversee audit, governance and financial processes, which included risk management.

The Corporate Risk Register set out details of key risks that may have affected delivery of the Council's priorities as part of the Council's services or projects.

National risks affecting councils were climate change and cyber-attacks and the Council had heightened awareness in light of the recent cyber-attacks on M&S and the Coop. A number of mitigation actions had been put in place by the Council in order to mitigate any attacks within the organisation and this included cyber security exercises, training, firewalls and anti-virus protection. Cyber Security was on the Audit Plan and was looked at annually.

Mitigation actions on all risks were contained within the register.

Members were asked to note the report.

The meeting ended at 6.31 pm

Chairman: ----------

Date: Wednesday 19 November 2025

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Audit Committee

19 November 2025

Customer Feedback Reports for 2024-25

Cabinet Member:	Cllr Zona Hannington –Cabinet Member for Finance, Governance & Customer Services
Lead Director:	Katherine Kynaston – Director: Housing, Commercial and Customer 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 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 - 17 June 2025 Business Briefing - 26 June 2025 Cabinet - 17 July 2025 Audit Committee – 19 November 2025

1.0 Recommendations for decision/noting:

It is recommended that Audit Committee:

1.1 Note that Telford & Wrekin Council has been awarded ServiceMark accreditation by The Institute of Customer Services. The first Council to achieve a ServiceMark, this recognises excellence in customer service standards across the public and private sector.

1.2 Review the Customer Feedback Reports for 2024-25 in respect of Adult Statutory Complaints, Children's Statutory Complaints and Corporate Customer Feedback, and the Local Government and Social Care Ombudsman Review Letter 2025.

1.3 Note the improvement in complaint handing performance and the increase in positive feedback.

2 Purpose of Report

2.1 The Council through its existing Customer Strategy is committed to work collaboratively with our customers to develop quality services that are accessible to all.

2.2 The purpose of this report is to update Cabinet on the Council's customer feedback received between 1 April 2024 and 31 March 2025, to provide assurance that the Council is actively listening and responding to the views of our customers, and that services are learning from complaints and wider customer feedback to continuously improve.

2.3 The last year has seen an ongoing increase in the number of compliments received from customers, with complaints representing a very small proportion – less than 1% - of the many thousands of interactions with customers each year. As an early adopter and pilot authority for the Local Government and Social Care Ombudsman's new complaint handling code our response times have surpassed the forthcoming targets. We continue to offer multi-channel access, which is recognised by our customers.

3 Background

3.1 The Council has a well-established process for customers to tell us when things have gone well, they have received an excellent service, or we have exceeded their expectations and if they need to raise any concerns regarding the service they have received.

3.2 Our new Customer Strategy, which will be presented to Cabinet in September 2025, will reiterate our commitment to service excellence and will further embed the existing '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 Following a rigorous external assessment the Council recently became the first Local Authority to receive a ServiceMark accreditation from the Institute of Customer Service (ICS). ServiceMark is a national standard, independently recognising an organisations commitment to customer service and to upholding high standards as part of a long-term embedded strategy.

3.4 Through the Institute of Customer Services (ICS), we are able to benchmark our services against public and private sector organisations across the UK. In September 2024 we completed our second customer benchmarking survey. The feedback from this and the accompanying workforce survey was excellent allowing the Council to be considered for a ServiceMark accreditation by the Institute.

Key results from the benchmarking survey include

- Our UK Customer Satisfaction Index Score improved from 72.1 achieved in 2022 to 74.0. Demonstrating a clear improvement in our customers experiences. Our score is more comparable to the scoring across all sector organisations in the UK, such as Amazon and John Lewis (76.1) than other public services (71.0)

- Our Net Promoter score also improved from 18.0 in 2022 to 19.4, demonstrating that an increasing number of our customers are likely to promote our organisation to others

- A Customer Effort Score of 4.3, this score reflects the effort our customer must make to access our services (the lower the score the better). This is an excellent score comparing to the average for other local councils which was 5.8 and exceeding the average for Public Services at 5.1 and the average for all organisations across the UK which is 4.5. This is a clear indicator that improvements to our online offer and service access is being received positively by residents.

3.5 Following the assessment the Council became the first Council to be awarded the ICS ServiceMark reflecting our performance and continued ambition to listen to our customers and to drive further improvement. The assessor confirmed that *'Telford & Wrekin Council's commitment to service excellence is evident in its strategic direction, the engagement and motivation of its workforce and the effectiveness of its day-to-day service delivery'*. This accreditation fulfils our ambition when developing our 2021 Customer Strategy which was titled 'Our journey to excellence by 2025'. The accreditation provides us with a platform for continual improvement and to shape our 2025 Customer Strategy.

3.6 Our customers can also raise issues directly with the Council's Leader, Cabinet and Ward Members via our Cabinet and Member Enquiry processes, which also allows any trends to be identified and highlights any service development opportunities.

3.7 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.

3.8 To demonstrate a robust 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.

3.9 Our residents are continuing to experience the impact of ongoing cost of living pressures. These impact upon almost every aspect of our residents' lives, including their health and wellbeing, their housing options and family life. This in addition to the boroughs growing and aging population has resulted in the Council continuing to see significant demand, rising expectations and increased pressure on, all its services.

3.10 The ICS continues to report that across all organisations customer's needs and expectations have changed and there is a general increase in complaints as a result. Nationally, customer satisfaction has fallen.

3.11 In 2024/25 the Local Government and Social Care Ombudsman published their new complaint handling code. While not due to be formally monitored until 2026/27 Telford and Wrekin Council became early adopters of the code in May 2024 and have been working with the Ombudsman as part of a pilot of a small group of unitary authorities to assist in the development of guidance for Council's when using the code.

4 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. The Council has seen a 128% increase in compliments in the last 6 years – 17% in the last 2 years.

4.1.2 The Customer Insight Programme now has 235 volunteers registered as Mystery Customers and undertaking assignments to help us shape and improve our services. We have seen a 9% increase in volunteers during 2024/25.

4.1.3 During 2024/25 the Customer Insight Programme completed a number of reviews of different elements of the customer experience focussing particularly on our access channels including physical locations, digital channel, telephone services and Ask Tom Telephony. This feedback has shaped the development of the new Customer Strategy.

4.1.4 Alongside the Customer Strategy reviews, Mystery Customers have also completed other reviews including the new Community Calendar. During the year 158 Customer Insight assignments were completed with an overall 86% satisfaction with the experience when using the Council's services, across all the assignments completed.

4.1.5 Feedback from customers in relation to our Corporate Contact Centre indicates that performance is excellent. Customer satisfaction on our contact centre telephone calls was 95%, an increase on 93% in 2023/24. In addition, 98% of customers also expressed satisfaction with the experience of using our online Automated Assistant, Ask Tom.

4.1.6 During 2024/25 focused work has begun on improving the overall satisfaction of logging jobs through MyTelford. The total number of jobs logged through MyTelford during 2024/25 was 86,749. A satisfaction survey was included on all job closure emails to customers. There is also an ongoing review of all closing emails that are sent to customers to ensure that the information provided is clear and outlines the reasons why the job has been closed. Whilst this work is ongoing, there have been clear improvements in our customers satisfaction particularly with the use of the MyTelford App with satisfaction improving from 52% in January 2024 to 72% by the end of March 2025.

4.1.7 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' webpage, which can be found here You said, We did.

4.1.8 In 2024/25 a total of 790 complaints were received across the Council, including statutory complaints, from 735 complainants. This is an incredibly small proportion, less than 1%, of the many thousands of transactions and interactions that take place across the organisation every year.

4.1.9 In 2024/25 710 of these were corporate complaints, an increase on the 659 that were received in 2023/24. Sixteen anonymous complaints were received. The remaining complaints were children's and adult's statutory complaints (see Section 4.2 and 4.3).

4.1.10 During the year, at the first stage of the complaints process, 12 complaints were not accepted because they were subject to court proceedings, a Tribunal process or related to historic matters. All cases were provided with the details of the Local Government and Social Care Ombudsman. 40 complaints were received which were for other organisations including, Police, Wrekin Housing Group, Schools, Telford Town Centre owners. These were appropriately signposted.

4.1.11 Of the 711 corporate complaints that were responded to in the year 40% (281) were upheld, this is where services have acknowledged that we could have done better. This is a reduction in the percentage of upheld complaints compared to 2023/24 (42%). 56% (400) were not upheld, 4% of complaints were either withdrawn or resolved by service before the complaint was processed.

4.1.12 During 2024/25 the Council has responded to corporate complaints in an average of 8 days (improving on the average response timescale of 10 working days achieved in 2023/24) and well within the new timescale of 10 working days introduced from 16 May 2024 and in accordance with the Local Government Ombudsman Complaint Handling Code. This reduced the required timescale for a stage one response from 15 to 10 working days.

4.1.13 Since the new timescale of 10 working days was formally approved in May 2024, 84% of corporate complaints were responded to within this timescale.

4.1.14 13% of the corporate complaints received escalated to stage two of the procedure. In terms of numbers. This equates to 91 stage two complaints and is a 30% increase on the 70 that progressed in 2023/24. Of the 87 received in year and completed to date, 26% were upheld.

4.1.15 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 include issues with communication, complaints involving staff, incomplete work/service, lack of action and delays in processing.

4.1.16 Examples of positive improvements resulting from learning following complaints can be seen at page 33 of the Corporate Feedback Report (Appendix A).

4.1.17 As well as compliments and complaints, the Customer Relationship Team manages the Leader and Cabinet enquiry process, Member enquiry process and MP enquiries. During 2024/25 a total of 796 Leader and Cabinet enquiries were received. A proportion of these enquiries were responded to as urgent enquiries with tight timescales. However, 90% of responses were provided within the target timescales and this is in line with performance targets.

4.1.18 Under Telford and Wrekin Council's Registered Housing Provider status we own/manage 219 properties. 5 complaints were received from tenants in these properties during 2024/25. All complaints were responded to in accordance with the statutory code and timescales outlined by the Housing Ombudsman Service and none progressed to the Ombudsman Service.

4.1.19 From May 2024 the Policy and procedure for reporting complaints involving Child Sexual Exploitation was combined into one corporate complaint procedure. 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. During 2024/25 no complaints were received which involved Child Sexual Exploitation (CSE).

4.2 Adult Statutory Complaint Report (Appendix B)

4.2.1 We received 57 Adult Statutory complaints in 2024/25, an increase on the 39 received in 2023/24. A further 24 complaints were resolved under the 24-hour resolution process and were therefore not registered under the statutory procedure in accordance with legislation. Overall, the number of dissatisfactions raised has reduced to 81 compared to 94 in 2023/24. Of the complaints responded to in the year, 44% (25) were upheld – a significant reduction in the 70% upheld in 2023/24.

4.2.2 To provide some context, Adult Social Services have received 8,500 contacts from new people in the year and 2,085 people are receiving long term services. Therefore, the number of complaints received equates to less than 1% of all transactions.

4.2.3 The Local Authority Social Services and National Health Service Complaints (England) regulations 2009 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 2024/25 the average number of days to respond was 24 working days a reduction on the 29 working days achieved in 2023/24. Due to the complexity of the cases, two did exceed 65 working days during the year. Whilst these complex cases were being investigated, we kept in touch with the complainants in order to keep them informed.

4.2.4 Examples of positive improvements resulting from learning following complaints can be seen from page 11 of the Adult Statutory Complaint Report (Appendix B).

4.2.5 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.

4.2.6 During 2024 the Care Quality Commission (CQC) carried out an assessment of our Adult Social Care, following which it was confirmed that it had received a 'Good' rating in relation to how well we are meeting our statutory responsibilities to ensure people have access to adult social care and support. The CQC report highlighted many key strengths within the Adult Social Care service, including our innovative approach to co-production, engagement, and inclusion, as well as promoting independence, which places community participation at the heart of strategy and service development. The CQC confirmed that '*As part of the assessment, we received multiple examples of leaders engaging effectively with staff, partners and people using services. People told us of genuine cooperative approaches which made them feel listened to*'. Further '*There was clear evidence learning from concerns and incidents was a key contributor to continuous improvement*'.

4.2.7 Quality assurance reports are prepared, shared and discussed at the ASC Quality Assurance Delivery Group and subsequently at the ASC Assurance Board. These include a quarterly report on 'Feedback from people who use our services, their carers and families' that includes issues, areas for reflection and improvement and learning outcomes.

4.3 Children's Statutory Complaint Report (Appendix C)

4.3.1 We received 23 Children's statutory complaints in 2024/25, in line with the 23 received in 2023/24. Four cases progressed to an independent Stage 2 investigation during the year. One Stage 3 panel was completed in 2024/25.

4.3.2 To provide some context, Children's Safeguarding and Family Support received a total of 6,687 contacts during the year, this includes telephone calls and emails

and had 1,402 referrals into the service completed during the year. Therefore, the number of complaints received equates to less than 1% of all transactions.

4.3.3 Of the complaints completed in the year, 43% (10) of the complaints were upheld.

4.3.4 The average number of days to respond to Children's Statutory Complaints during the year was 14 working days, which is in line with the 14 working days achieved in 2023/24.

4.3.5 At stage 2, three complaints were not upheld, with one which was still subject to investigation on 31 March 2025 subsequently progressing to stage 3. This case was upheld but this related to historical service standards which have subsequently improved.

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

4.3.7 Our Children's Safeguarding and Family Support Service is committed to 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.

4.3.8 The service has also introduced a Voice of the Child Team, which includes four young people with lived experience who are completing apprenticeships with the Council. Their goal is to drive positive change by making sure young people's voices are truly heard. They have launched youth forums, delivered participation events all designed to connect, uplift and empower. They are also representing young voices nationally and they are supporting ideas to engage with children and young people which will inform continuous learning and improvement.

4.3.9 During 2024 children's services were inspected by Ofsted. The HMI Inspectors judged the overall effectiveness of Telford & Wrekin's Children's Services as 'Outstanding'. The Lead Inspector commented that '*Children and families in Telford and Wrekin continue to experience exceptional social work practice when they are in care and as care leavers.*' Participation and co-production, through having children's and families involved in development of services, was also highlighted as a real strength of the service. *'Participation is a real strength and children's and families' involvement is threaded throughout service developments.'*

4.3.10 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. Actions informed by this feedback can be found at page 13 of Appendix C.

4.4 Local Government and Social Care Ombudsman Enquiries (Appendix D)

4.4.1 During 2024/25 a total of 30 new enquiries were escalated to the Local Government and Social Care Ombudsman, three remained outstanding from the year before and decisions were received in this year. Two detailed investigations remained open on 31 March 2025 (One corporate and one Children's Statutory complaint).

4.4.2 During the year, the Local Government and Social Care Ombudsman made the decision that they were not going to investigate 21 of the enquiries. However, they did complete 9 detailed investigations. The Ombudsman upheld six detailed investigations although in three of these cases they did not formally investigate but confirmed the Council's findings. The Council has already implemented remedies in all of these cases, in three of the cases a satisfactory remedy had been provided by the Council before the complaint reached the Ombudsman. The Ombudsman has confirmed the council has complied with 100% of the recommendations made during the year. Three detailed investigations were not upheld.

4.4.3 In all cases where complaints were upheld the Council has apologised to customers and has taken learning forward to improve practices.

5 Alternative Options

5.1 Failure to robustly manage and monitor customer feedback and complaints would not accord with duties placed on Local Authorities to do so and would undermine the Council's ability to deliver continuous improvement in services that meet resident's needs.

6 Key Risks

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 within Customer Services. If a complaint is upheld, additional costs may be incurred in particular to those that are requested by the Ombudsman re a financial remedy; these costs would also

be met by existing council budgets within this respective service area. The 2024/25 cost of membership to the Institute of Customer Services (ICS) and the mystery customer exercise has been funded from one off 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 and Housing Ombudsman Service.

9.4 The proposals contained in this report can be delivered using existing resources

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

The Tenant Satisfaction and Complaints Report 2024-25
Complaints and compliments annual reports - Telford & Wrekin Council

15.0 Appendices

A Corporate Feedback Report 2024-25
B Adult's Statutory Complaint Report 2024-25
C Children's Statutory Complaint Report 2024-25
D Local Government and Social Care Ombudsman Review Letter 2025 link to Telford & Wrekin Council - Local Government and Social Care Ombudsman

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	09/06/25	12/06/2025	SH
Finance	09/06/25	11/06/2025	CM

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Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Corporate Feedback Report

Improving our Customer Experience

Annual Report 2024/25

Contents

Report summary

Our residents are continuing to experience the impact of ongoing cost of living pressures. These impact upon almost every aspect of our residents' lives, including their health and wellbeing, their housing options and family life. This in addition to the boroughs growing and aging population has resulted in the Council continuing to see significant demand, rising expectations and increased pressure on, all its services.

The Council emptied 11.1 million bins during 2024/25, issued approximately 160,000 council tax bills, handled 180,546 calls to our Corporate Contact Centre, laid 51 kilometres of road markings, cleaned 15,000 gullies and applied 84,000 square meters of surface dressing, 92,262 people attended events and Telford Theatre on tour, in addition to this the borough welcomed some 3.2 million visitors to Telford.

It is therefore positive that this annual feedback report shows that there has been a sustained increase in the number of residents and customers who have taken the opportunity to give a compliment on the service they have received. Overall, the Council has seen a 128% increase in compliments in the last 6 years from 290 in 2019/20 to 660 in 2023/24 and a 17% increase since 2022/23 (566).

In January 2022, the Council became members of the Institute of Customer Services (ICS). During our first year of membership, we asked our customers to complete a benchmarking survey in order to allow us to measure our improvement over the next 3 years. In September 2024 a further benchmarking survey was completed which has informed our new Customer Strategy, which will be published in September 2025. The feedback from this survey and the accompanying workforce survey was recognised as excellent by the Institute who invited the Council to be considered for a ServiceMark Accreditation.

Following a rigorous external assessment of performance the Council was awarded the Institute's national customer service standard- ServiceMark. As the first Local Authority to achieve this accreditation from an Institute with both public and private sector members this is a notable achievement and further demonstrates that we are committed to driving continuous improvement in customer satisfaction. We are also pleased that the assessment showed how committed our workforce are to ensuring they deliver exceptional services for our customers and truly understood the aims and ambitions of our Customer Strategy. This accreditation also

fulfils the ambition of our Customer Strategy in 2021 which was called ‘Our journey to excellence by 2025’. This accreditation gives us a platform to continually improve, which is at the heart of our new Customer Strategy 2025. More details can be found at page 6.

We have also seen an increase in the complaints received across the Council in 2024/25. Corporate complaints increasing from 659 in 2023/24, to 710 in the last year. Complaints about council policy and anonymous complaints accounted for 14 complaints and 16 complaints, respectively. When considering the total number of transactions and interactions undertaken by the Council during the year, the data therefore 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.

The Local Government and Social Care Ombudsman also states that the number of complaints should not be seen as a negative, as they can be indicative of a well-published and accessible complaints procedure.

The report highlights that the Council continues to manage complaints well, with response timescales improving by 2 days compared with last year’s performance from average 10 working days to 8 working days. In addition, 84% of responses have been sent within the 10-working day timescale outlined within the new Local Government and Social Care Ombudsman Code since the new code was adopted. The Council has committed to the revised timescales working with the Ombudsman as an early adopter, 2 years ahead of the point that the Ombudsman will start to monitor compliance by Local Authorities in 2026/27.

The improvements detailed in this report evidence the Council’s commitment to respond to complaints positively and seek to put things right where things go wrong. There are areas of opportunity for continued improvement, and the Customer Relationship team will continue to work with senior leadership teams to robustly utilise complaints intelligence and customer feedback to support positive improvements in service delivery.

During 2024/25 the Customer Insight Programme has seen a number of projects completed supporting our new Strategy with Mystery Customers testing all our access channels so that we identify any areas that need to be improved. Mystery Customers reviewed the new Community Calendar and carried our user testing on Ask Tom telephony. More information regarding this work can be found from page 15. The Customer Insight Programme now has over 235 volunteers registered as Mystery Customers – an increase of 9% increase during 2024/25.

Highlights 2024/25

Over **235 volunteers** registered to be Mystery Customers	**158** completed Mystery Customer assignments	Institute of Customer Services **ServiceMark** Accreditation achieved
Average of **8 days** to respond to corporate complaints	**84%** of corporate complaints* responded to in 10 working days *Since new timescale adopted 16 May 2024.	UK Customer Satisfaction Index Score of **74.0** (exceeding the national average for other local Councils 64.4)
100% LGSCO* recommendations completed	Institute of Customer Services Customer Effort Score of **4.3** (exceeding average for all organisations across UK- 4.5, a lower score demonstrates ease of accessing services).	**17%** increase in Compliments since 2022/23

ICS Business Benchmarking and ServCheck

In January 2022, the Council became members of the Institute of Customer Services (ICS), allowing us to benchmark our services against public and private sector organisations across the UK. We completed our first Business Benchmarking survey in June 2022 and in September we completed our second round of surveys. The outcome of this led to the Institute inviting the Council to seek Institute ServiceMark accreditation.

On 8 April 2025 following a rigorous assessment of the Council it was confirmed that we had demonstrated that we are meeting the Institute's national customer service standard- ServiceMark. Telford and Wrekin Council are the first Local Authority to achieve this standard representing excellence in performance and also demonstrating that we are committed to driving continuous improvement in customer satisfaction. The results below highlight some our key achievements in reaching this standard.

UK Customer Satisfaction Index Score:

74.0

An improvement on the 72.1 scored in 2022 and also this is significantly higher than the 71.0 average for other public services. Our score is closer to the average for all organisations across the UK 76.1[1]. This includes Amazon, John Lewis and Nationwide.

Net Promoter Score:

19.4

Another improvement on our 2022 figure and higher than the average for all organisations nationally (18.0) showing that an increasing number of our customers are likely to promote our organisation to others. The average for other local councils which was a negative -33.1 (a negative indicates a larger proportion of customers who would not promote the service (detractors) against those that would promote the service (promoters)).

[1] All scoring as of UKSCI January 2025

Customer Effort:

This score reflects the effort our customers must make to access our services (the lower the score the better). This is an excellent score comparing to the average for other local councils which was 5.8 and exceeding the average for Public Services at 5.1 and the average for all organisations across the UK which is 4.5. This is a clear indicator that improvements to our online offer and service access is being received positively by residents.

A workforce survey (ServCheck) was also completed to measure our workforce's engagement with our customer strategy, culture and processes. The results of this survey were benchmarked with other organisations in the Local Government Sector, which includes local Fire Services, Ambulance Services, Police Services and Councils.

ServCheck Index Score:

Significantly higher than the average for other Local Government sector organisations (70.56) and only slightly below the figure for all sector organisations across the UK (78.36).

Strategy & Leadership: Credibility Score:

This is another strong score exceeding all organisations average score of 80.4.

This is also reflected in responses from our workforce;

- ***"Our organisation has a vision, a mission and goals that deliver great customer service"***
- ***"The Directors/Senior Managers believe that great customer service is important to our business performance"***
- ***"The Senior Management Team fully promote the importance of customer service"***

Purpose of the Report

- To provide an overview of Telford and Wrekin Council's corporate customer feedback, including complaints and compliments, from 1 April 2024 to 31 March 2025. 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 accessing council services, drive continual improvement and development of services, prioritise quick wins and ensure that longer-term actions feed into the Customer Strategy.

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 2024/25
2. The Children's Social Care Statutory Process, reported separately in the Children's Statutory Complaints Annual Report 2024/25
3. The Corporate Complaints Process. These are complaints relating to other services provided by the Council where there is no statutory complaints procedure, our corporate process includes complaints from our Council Tenants and also complaints involving Child Sexual Exploitation (CSE)

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 Telford & Wrekin Council | Our vision, priorities and 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, its own staff, or those acting on its behalf, affecting an individual or a group of individuals'.

Telford and Wrekin Council operates a two-stage process for all corporate complaints.

For more information regarding corporate complaints in 2024/25, please go to page 22 of this report.

Accessibility of Council Services

Across the Council we take steps to support access to our services taking into consideration the diverse range of needs of our customers.

- Written materials are simplified, and efforts are made to remove jargon and technical language, so that as many of our customers as possible can understand the information that we provide.
- We make sure that the documents, flyers and written materials we release include information on how to contact us so that we can answer any questions you may have.
- We use clear signage in our buildings to help people get about.
- Staff are trained to greet you appropriately and take account of your needs when supporting you.
- All of our buildings welcome assistance animals and accommodate their needs where appropriate.
- Our safety and evacuation procedures for all buildings take account of the needs of visitors to make sure that they are safe at all times.
- Notes regarding additional needs can be added to some of our systems at your request. If you consider that this will assist your communication with us, please let us know when you make initial contact with our services and they will try to accommodate your request.

These are some of the things that we do to make sure that you can access our services easily, fairly and safely. For more information about how we support access to our services please visit our website at Telford & Wrekin Council | Supporting access to services.

MP/ Leader/Cabinet and Member Enquiries

During 2024/25 the number of enquiries received from democratically elected members was as follows.

MP Enquiries- During 2024/25 a total of 253 MP enquiries were received. A 41% increase on the 159 received in 2023/24. We aim to respond to enquiries from MPs within 10 working days and our average response time was 8 working days with 88% responded to in the timescale.

Leader Enquiries- A total of 448 enquiries were received from residents via the Leader of the Council, Cllr Lee Carter and the former Leader Cllr Shaun Davies. The average number of days to respond to these enquiries was 3 days with 89% responded to in timescale.

Cabinet Member Enquiries- Enquiries from Cabinet Members amounted to 348. The average number of days to respond to these enquiries was 3 days. 91% were responded to in timescale.

Member Enquiries- 302 enquiries were received from Ward Members during 2024/25 a 9% increase on the 277 received in 2023/24. These were responded to in an average of 5 days, 96% within our response timescales.

Compliments

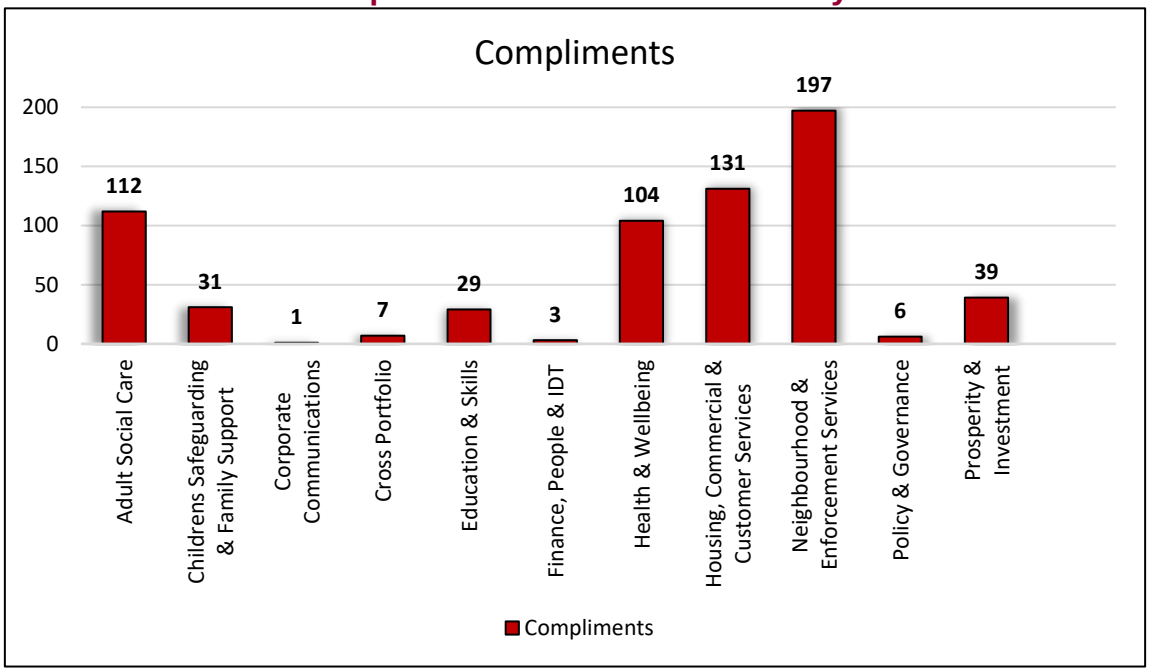
In 2024/25, there was a 3% increase in the number of compliments received – 17% since 22/23. A total of 660 instances were received compared to 639 in 2023/24. The Council has seen a 128% increase in compliments from 290 in 2019/20 to 660 in 2024/25. Compliments are logged and copied to Directors and 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 Award is also made at our annual Employee Awards. Some examples of where employees have gone above and beyond can be seen below.

Chief Executive Commendation	Chief Executive Commendation	Customer Care Award Winner 2024
Following a customer collapsing during a panto performance at Telford Theatre Officers were first on scene and recognised for ensuring emergency services were called and for working alongside the medics to provide lifesaving support. The customer was very grateful for the actions taken which contributed to saving their life	In recognition of officer's actions and going the extra mile to support our vulnerable residents with their mental health and wellbeing. Working beyond hours of work to ensure the right support was in place. Officers showed real dedication and a great asset to the council.	The award was given to a social worker in the Early Intervention Team for working with people who are in crisis and desperately need support and guidance navigating the social care system. The Officer supported one family that had a negative experience when previously involved with social services. It was difficult for them to trust the system, but the social workers calm, and professional nature shone through, and their faith was restored and together they worked in a positive way to ensure that the customer received the best possible outcome. The Worker also supported peers and offers training and support to new staff.
Telford Theatre	Mental Health- Adult Social Care	Early Intervention Team Social worker

The chart below highlights the compliments received for each directorate during 2024/25.

Chart 1: Number of compliments received in 2024/25 by directorate



This year, Neighbourhood & Enforcement Services (169) received the most compliments and saw an increase on the number received in 2023/24 (176). Housing, Commercial and Customer Services (133) also saw a significant increase on the number received for its services in 2023/24 (81) with 30 received by the Customer Contact Centre and 23 by the Housing team.

"Thank you everything you have done to support me over the last few months especially the last couple of weeks. I now have the payments owed and also a new Adult Practitioner (Social Worker). I know you have done more than your job role expects but I just wanted you to know how much it is appreciated.***"***

Adult Social Care

"I must say it is refreshing to get this level of service, and the ability to fast track certain applications. I can confidently say that I know of no other LPA that offers the same."

Local Planning Authority

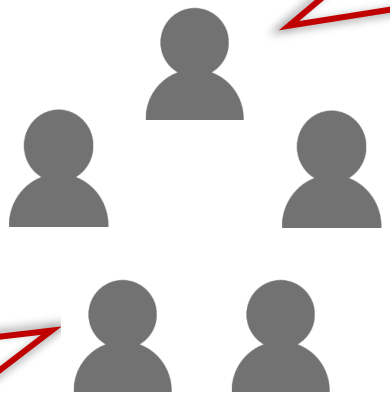
Here are some examples of compliments received during the year:

"I experienced an issue with my house purchase…I contacted your team member (Land charges officer) who for the past week has been absolutely outstanding in supporting me to urgently obtain all I need for my move to progress. The officer was emailed by me on Friday night and since then has moved heaven and earth to help, keeping me informed of everything each step of the way…I have been blown away by this lady's kindness and professionalism."

Legal Team

"I would particularly like to commend your colleague for the sensitive and caring way he handled the matter. Although a young man, he has a maturity way beyond his years and has a great gift and talent when dealing with people. I would certainly recommend his for any promotions that may be available in the future...He gave me sensible advice and for this I thank him and wish him all the best."

Grounds and Cleansing Team



"I just wanted to say a huge thank you to you for making this happen for me and my children, after a few years of hardship we now finally have a place of our own to call home! The kids are so excited to be able to have their own space again and it wouldn't have been possible without you! I appreciate all the help and support you have given me! Can't give you a hug in person but here's a small one from me! □♡ xx"

Housing Team

"It's good I accepted to come on this programme because it has been very useful to me and my family…I enjoyed every bit of it all thanks to the lovely personality who took time to walk me through! Thank you"

Healthy Lifestyles Team

"When SF was mentioned to me I never really wanted you to be involved, but now on reflection it was 100% the best decision I have made. You have helped me have an understanding of why I was permanently stressed, why I was permanently nagging my child, permanently feeling that the school thought I was demanding. You have been lovely and helped me tweak things…The meetings are great when you attend, they are no longer daunting for me, you help recap and move things forward. Things are better…you made me stop and think that really none of us are perfect, thank you"

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 in 2024/25 include:

95% Of customers were satisfied with **call handling** *Corporate Contact Centre Satisfaction	**98%** Of customers were satisfied with the help given on our website by '**Ask Tom**' *Corporate Contact Centre Satsifaction	**92%** Of customers were satisfied with **webchat** *Corporate Contact Centre Satisfaction	**91%** of customers were satisfied with their overall experience of the **Council Tax** web pages *Mystery Customer Assignment
89% Of customers were satisfied with their experience whilst exploring **Community Calendar** *Mystery Customer Assignment	**88%** Of customers were satisfied with the experience of **accessing services** at Telford & Wrekin Council *Mystery Customer Assignment	**98%** Of customers were satisfied with their overall experience of **Sky Reach & Outdoor Education** *Mystery Customer Assignment	**93%** Of customers were satisfied with the ease of navigating the **Community Calendar** *Mystery Customer Assignment

The Customer Insight Programme now has 235 volunteers who have registered with us as Mystery Customers to undertake assignments. We have seen a 9% increase in volunteers during 2024/25, and the team will continue to promote the recruitment of the programme in the coming year.

158 assignments have been completed across the Customer Insight programme since April 2024 with an **86%** satisfaction score overall.

Customer Strategy Refresh

In January 2021 we launched our Customer Strategy which set out our commitment to improve our customers' experience over the next 4 years www.telford.gov.uk/customerstrategyandcustomercontract . Our new Customer Strategy will be launched in September 2025. To inform this we have asked our mystery customers to complete various assignments testing our access channels including Ask Tom online, Ask Tom telephony, MyTelford, Telephone, Website, Front of House/Face to Face.

89% of customers were satisfied with the access channels.

Transport Telephone Reviews Revisited

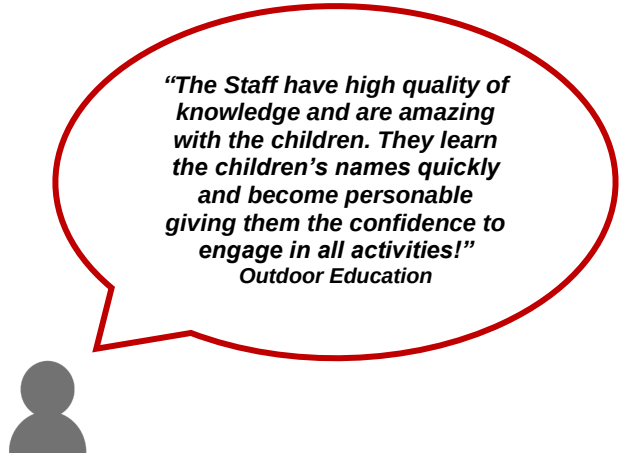
Our focus for this review was revisiting accessing the Transport service via telephone, reviewing both Dial-a-Ride and our Passenger Transport Team**.** Recommendations were given to service following this assignment.

An email survey continues to be displayed on all staff members' email signatures to capture customers' feedback. We intend to continue to utilize these email surveys going forward to encourage continued feedback over an extended period.

Real time Customer Feedback

Since April 2021, posters have been in all front facing buildings asking our customers to comment on the service and experience that they receive. These short surveys, designed to take 30 seconds to complete, can be accessed via a QR code on a smart phone or via a website link. Any comments received are shared with services so they can consider if improvements can be made with feedback detailed on our 'You said, We did' web page.

90% of customers were satisfied with the service provided at these locations during 2024/25



Community Calendar Review

In October, we asked our Mystery Customers to test our 'Community Calendar' during its development to ensure that it would be effective as a community resource.

88% of customers advised the community calender was accessible.
93% of customers advised it was easy to navigate.
89% of customers were impressed with their experience.

Recommendations taken forward included suggestions regarding improving the look and feel of the calendar.

MyTelford Satisfaction

A focus for 2024/25 has been on improving the overall satisfaction with logging jobs through MyTelford. 86,749 of submissions were logged through MyTelford during 2024/25. A satisfaction survey was included on all job closure emails to customers and there is an ongoing review of all closing emails that are sent to customers to ensure that the information provided is clear and outlines the reasons why the job has been closed. This has resulted in clear improvements in our customers satisfaction particularly using the MyTelford app.

As a comparison, the tables below track satisfaction with reporting issues through MyTelford (both app and web-portal) against satisfaction with reporting through all channels, which includes reports through the customer contact centre.

Chart 2: Satisfaction- Ease of Reporting

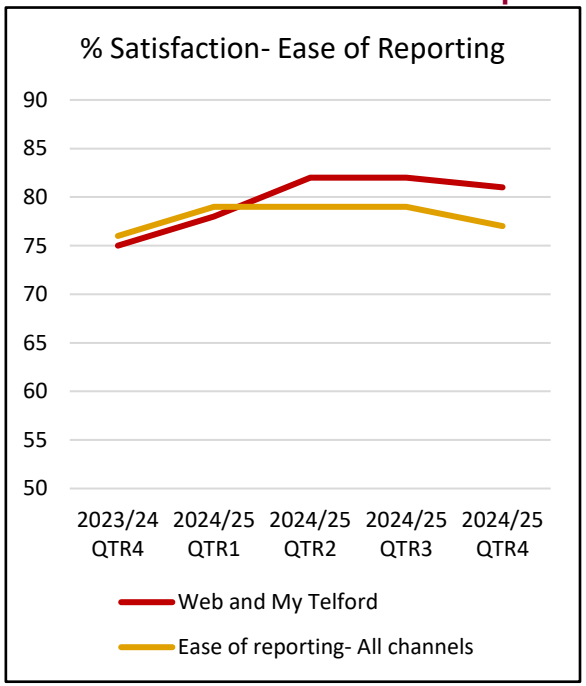


Chart 3: % satisfied with resolution

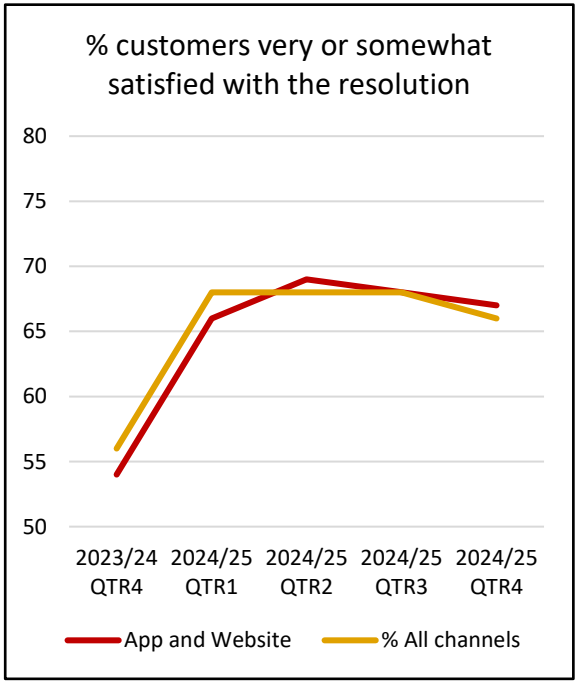
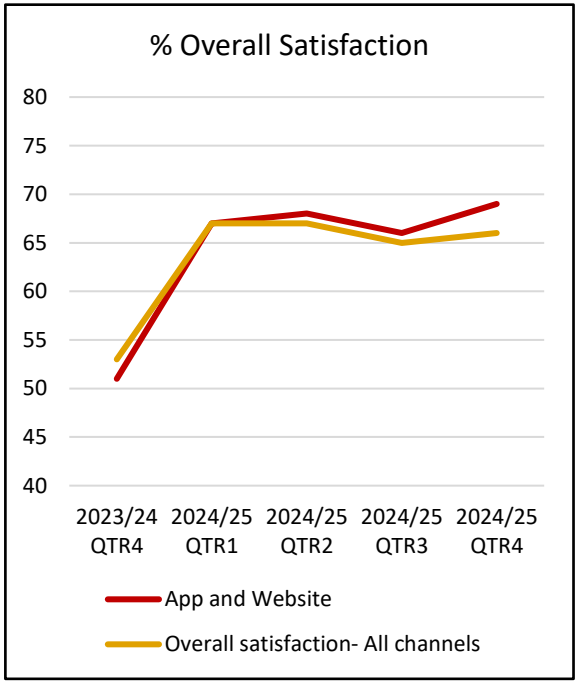


Chart 4: Overall Satisfaction



Ask Tom Telephony

In August 2024, we commenced a trial of Ask Tom Telephony. Ask Tom Telephony is designed to answer the more routine, straightforward and everyday queries, which can then free up Contact Centre Advisors to deal with more complicated enquiries and issues. If Tom cannot answer a customer enquiry, it will transfer the call through to an advisor.

Ask Tom Telephony was expected to be able to handle around 30% of enquiries providing customers with links to the information they require on our website and were requested also providing these links by text message. In practice Ask Tom is consistently handling upwards of 39% of customer enquiries without needing to pass them through to an advisor, this equates to 21,834 calls being handled by Ask Tom from its launch in August 2024 until end of March 2025. This has significantly reduced the average wait time for a call to be answered, cut from average 72 seconds to just 41 seconds. Around 26% of enquiries are outside of normal office hours – and growing. The out of hours service, is one that the Council was not able to offer until Ask Tom Telephony was introduced.

Whilst the introduction of this technology has seen positive performance improvements, we recognise that experiences were initially mixed, and it represents a change to some regular customers. We are therefore continuously reviewing customer interactions to make sure that the Ask Tom knowledge base is developed and where we have identified gaps or can make an improvement based on customer feedback we've been doing so. We remain committed to continuous improvement.

Some of the most recent updates and improvements include;

- Introduced a new welcome message which reassures and clarifies to customers that they will be transferred to an advisor if Tom is unable to address their enquiry
- Refining the knowledge base meaning Tom can respond to a wider range of leisure, school transport and blue badges inquiries particularly
- Improving how Tom transfers calls to sites or services outside their opening hours to help manage customer's calls.
- Working closely with service areas to review Tom's knowledge base and understand the impact and accessibility of Tom on specific customer groups

- Tom has also been trained to recognise local words and phrases better, for example it now understands that 'Ab-Dab' refers to Abraham Darby
- We're working to develop a better way to capture customer satisfaction with Tom, so we can continue to monitor and improve the service we provide
- Removal of the second clarification question. Tom will now transfer a customer through to the appropriate team if it cannot understand the question on the first attempt
- Expansion of auto escalation keywords which connect the customer directly to an advisor if certain words are used that suggest the call is either urgent or relating to an area where Tom would have difficulty answering a question.

Our Mystery Customers have been involved in testing Ask Tom Telephony from the outset, testing the system before it went live and on a further three occasions since it was introduced. They continue to be engaged as we work to further improve performance.

On each occasion to date Mystery Customers have been positive about the system confirming the following scoring

- Overall satisfaction rate of **87%**
- Ease of using Ask Tom Telephony of **98%**

"Do you need help, information or advice from Telford and Wrekin council? If so, use the new service call Voice Tom. It's a completely automated service which operates both within and outside of business hours and is very easy to use. It also confirms the advice or answers given by text message which contain links to the council website for your detailed perusal."

Mystery Customer

During the year the Council has received 31 complaints involving Ask Tom Telephony. All have been investigated and just two of these complaints were upheld.

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 2024/25 and the actions that we have taken as a result.

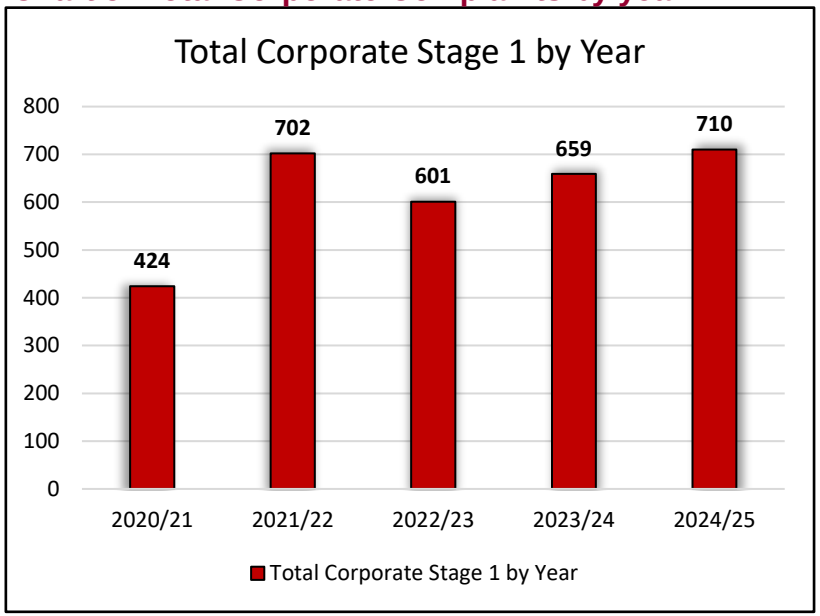
You said	We did
A virtual exercise class at Wellington Leisure Centre was delayed due to an issue with the virtual system.	The issue with the timing of the virtual cycle class has been addressed with the Council's independent system Fitbox which connects the virtual classes via the internet.
A Mystery Customer suggested that information on the website regarding Hartshill Park is updated to confirm availability of car parking	Additional car park information has been added to the Council's webpages
Some of the map signage at Apley Park was dirty, particularly at the North and West entrance	The signs have now been cleaned
Aspirations members were unable to book onto a class at Wellington Leisure Centre.	A waiting list functionality has been added to the booking system. Members can now join a waiting list if the class is full.
SEND Post 16 communication needs improving.	Updated Glossary of Terms, with links direct into content on the SEND Local offer. We have recommended Post 16 providers issue monthly communication via email and face to face meetings. We have engaged with post 16 providers as part of a SENCO network meetings.

For further examples of 'You said, We did' please visit www.telford.gov.uk/yousaidwedid, and You Said, We Did - SEND - Local offer. Additional examples of improvements that have been made following complaints can be found from page 31 of this report.

Corporate Stage One Complaints 2024/25

In the year 2024/25, there were 710 corporate Stage One complaints (those dealt with by more than one service simultaneously are counted as a single complaint) from 658 complainants. This is a 7% increase on 2023/24.

Chart 5: Total Corporate Complaints by year



Of these 710 complaints, 93 were escalated to Stage Two of our procedure and 11 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, one case remained outstanding with the LGSCO on 31 March 2025. 9 cases were not investigated by the LGSCO.

Stage	Number of complaints
One	710
Two	91
LGSCO	11

For further information regarding Stage Two complaints, please see page 30.
For further information regarding Local Government & Social Care Ombudsman enquiries, please see page 34.

During the year, 7 Stage 1 complaints were refused (were not accepted as complaints), this is because of reasons including that they were subject to court proceedings or a Tribunal process. One complaint was refused as it was related to historic matters. All cases were provided with the details of the Local Government and Social Care Ombudsman.

40 further complaints were appropriately redirected because they were for other organisations including, Police, Wrekin Housing Group, Schools and Telford Town Centre owners.

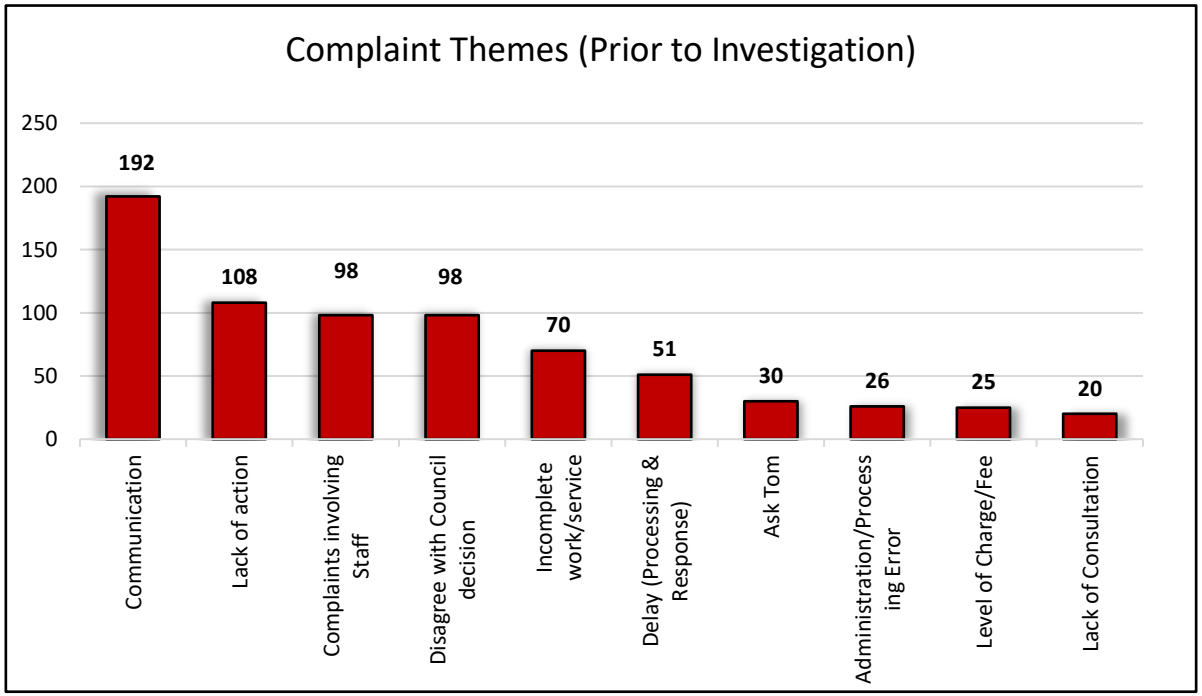
Customer Access Channels and Digital Contact (Stage One Corporate Complaints):

Complaint channel	Number of complaints
Email	180
Web form	316
Telephone	191
Letter	19
In Person	4
Total	**710**

In 2024/25, 70% of corporate complaints were received via a digital access channel. While a small reduction on 23/24 this is till the preferred way for customers to make complaints. The number of customers raising a complaint via telephone has increased this year by 22% indicating the importance of continuing to provide an omnichannel service.

Complaint Themes:

Chart 6: Corporate complaint themes 2024/25



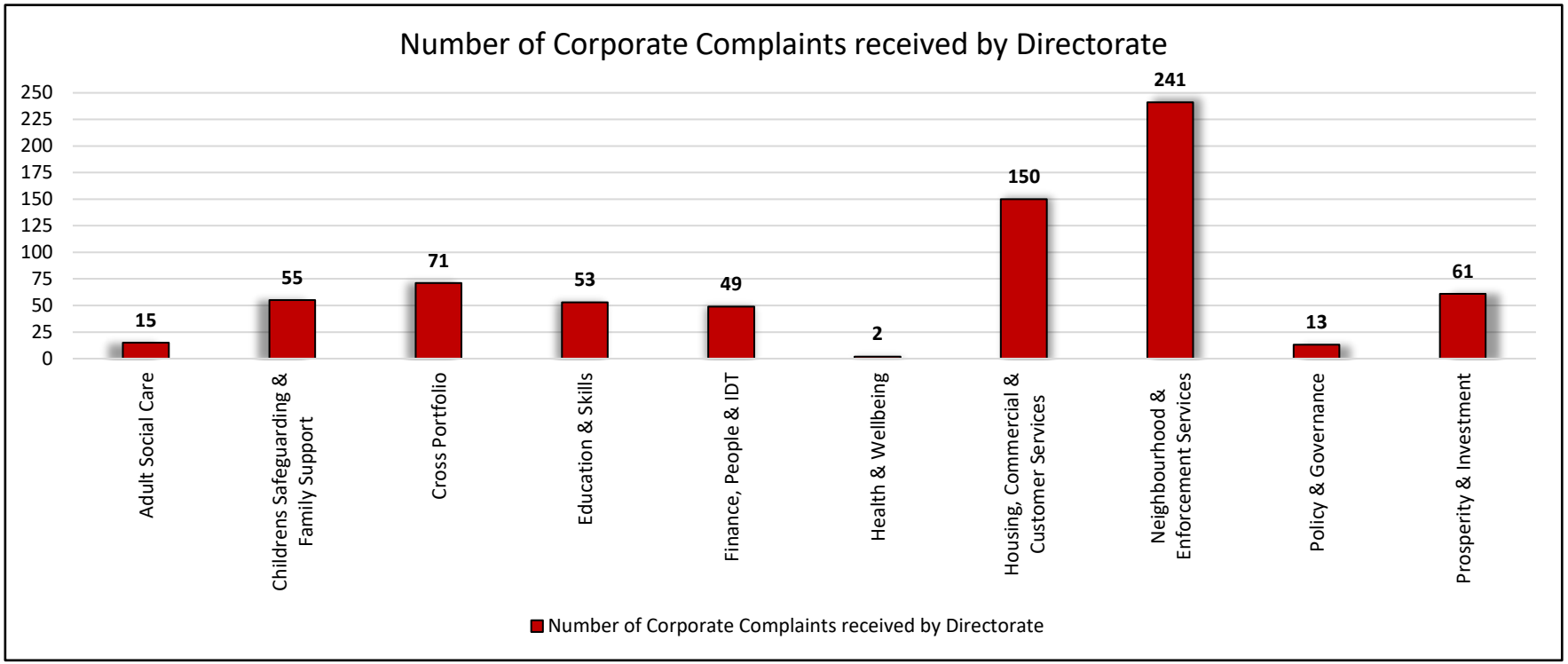
This chart shows the top 10 complaint themes for 2024/25 recognising that some complaints have multiple themes. Communication and lack of action were the most prevalent themes, although this has reduced during 2024/25. However, there is more work to be done in this area.

From May 2024 the Policy and procedure for complaints involving Child Sexual Exploitation has been combined into the corporate complaint procedure. No complaints were received relating to Child Sexual Exploitation (CSE) during 2024/25. 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.

18 Complaints were received that related to discrimination (1 Age, 7 Race, 10 Disability), these complaints were investigated and not upheld. 7 complaints were raised regarding accessibility during the year, two of which were upheld, and the Council has completed improvements.

Further analysis of upheld themes can be found later in this report at page 25.

Chart 7: Number of Corporate Complaints received by directorate



Complaints have increased across all services with the exception of Education & Skills and Health and Wellbeing. The number received by Neighbourhood and Enforcement Services (241) has remained the same as 2023/24. It remains the area where the highest number of complaints are received but given the huge number of customer interactions that take place through Waste, Highways, Grounds Maintenance, Public Protection, Community Safety and Enforcement, this figure is very low. The second highest number of complaints were received by Housing, Commercial and Customer Services (150) this is a newly combined directorate and therefore cannot be compared with previous years. This directorate also handled a very large number of customer interactions including through Leisure Services, Events, Housing and Customer Services. The number of complaints that required investigation across all directorates increased from 46 last year to 71 during the year. However, complaints received continue to represent a very small percentage against the volume of interactions across the directorates and the council as a whole.

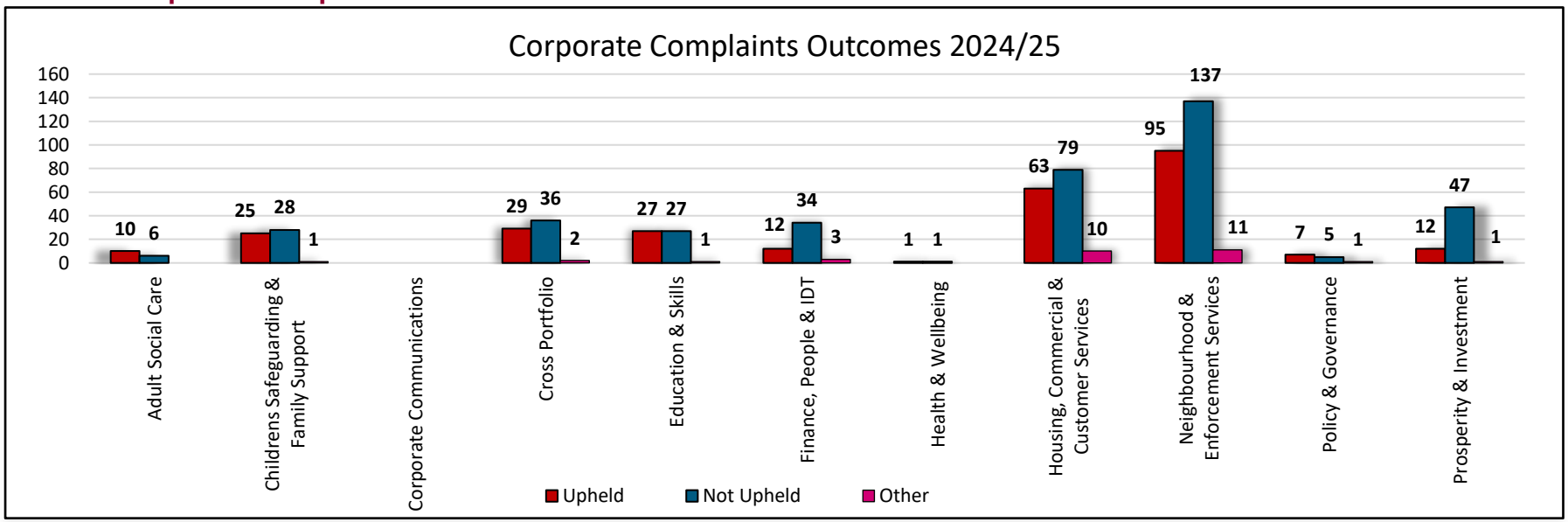
Stage One Complaint outcomes

Of the 711 Stage One complaints responded to in the year, 40% (281) were upheld, this is where services acknowledged that they could have done better. The figure for upheld complaints has reduced since last year. 56% (400) were not upheld, 4% of complaints were either withdrawn or resolved by the service before the complaint was processed.

The highest number of upheld complaints were in Neighbourhood & Enforcement Services (95) and Housing, Commercial and Customer Services (63). This is not unexpected given that these directorates responded to the highest number of complaints. The highest percentage of upheld complaints by directorate were in Adult Social Care (63%) which upheld 10 of the 16 complaints received.

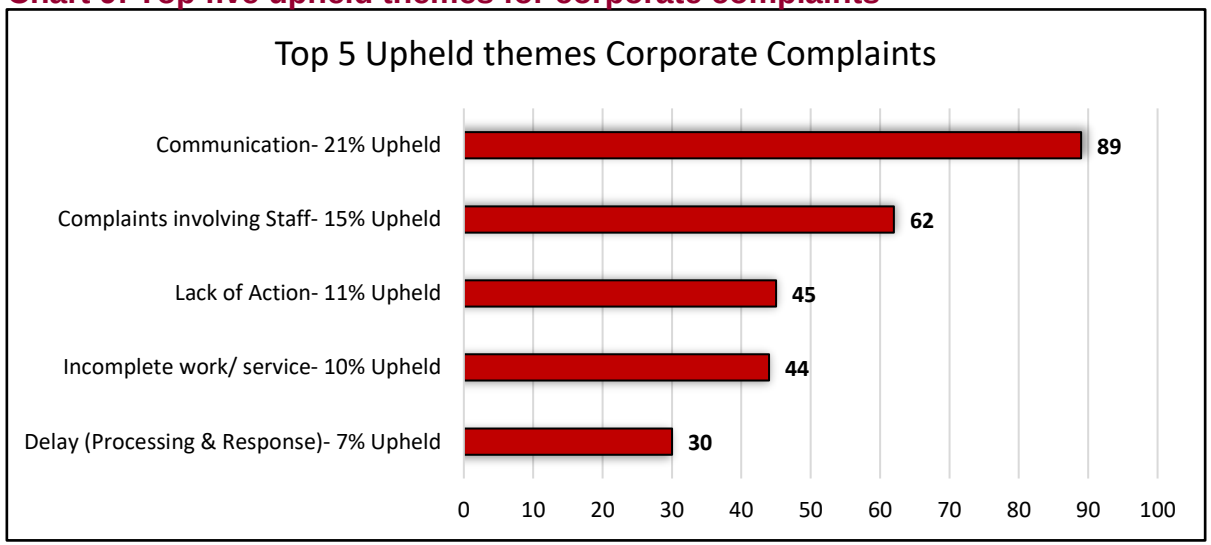
The outcomes by directorate can be seen in the following chart. This has been broken down into upheld, not upheld and other. ‘Other’ can include service resolved, dealt with through courts, out of jurisdiction or withdrawn.

Chart 8: Corporate complaint outcomes 2024/25



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

Chart 9: Top five upheld themes for corporate complaints



281 complaints were upheld, some complaints had multiple issues. Across the upheld complaints there were 427 upheld issues.

Please note: For the purpose of this report the percentages upheld is displayed as a percentage of the upheld issues 427.

The top five upheld themes include:

Communication was the most prevalent theme across services. The concerns raised included.

- Failure to transfer to the correct service or completing call backs
- Incorrect and incomplete information provided during calls
- Customers not updated regarding delays, or on the outcomes of decisions
- Contacts details not provided to customers and out of office not applied whilst officer away
- Inadequate communication regarding meetings and following meetings,
- Inadequate internal communication
- Calls dropping on call centre due to a technical issue

Reminders have been issued to officers to ensure that they keep customers updated and services have made changes to procedures. There will be ongoing monitoring of telephone calls to ensure a high standard of customer service.

Complaints involving Staff represented 15% of the complaints upheld, a slight increase on 2023/24. Concerns included timekeeping and how staff spoke to customers as well as some concerns with conduct of contractors and drivers.

The issues highlighted for the Council's contractors, have been picked up via contract management processes and others via the individual services. In all cases an apology was given, and ongoing monitoring of specific concerns are in place.

Incomplete work/service was a theme within 11% of the complaints upheld this is an increase on the 9% in 2023/24. This issue crossed many different services. Cases included failure by contractors to return and complete work, failure to complete work to agreed standard, and where Job closures had not been completed.

Contractor issues were raised in contract meetings for ongoing monitoring; contractors have returned to complete works.
In the cases upheld an explanation and apology was given.

Lack of Action was a theme within 10% of the complaints upheld, a reduction on the 12% in 2023/24. The issues included delays in response/ action resulting in perceived lack of action as well as failures to provide advice reviews or referrals to other services.

There were no trends with the theme reported across all Directorates. It is noted that this issue is linked to lack of communication which often results in complaints of lack of action. In the cases upheld, an explanation, apology and service were provided. Issues with contractors have been picked up via contract management processes.

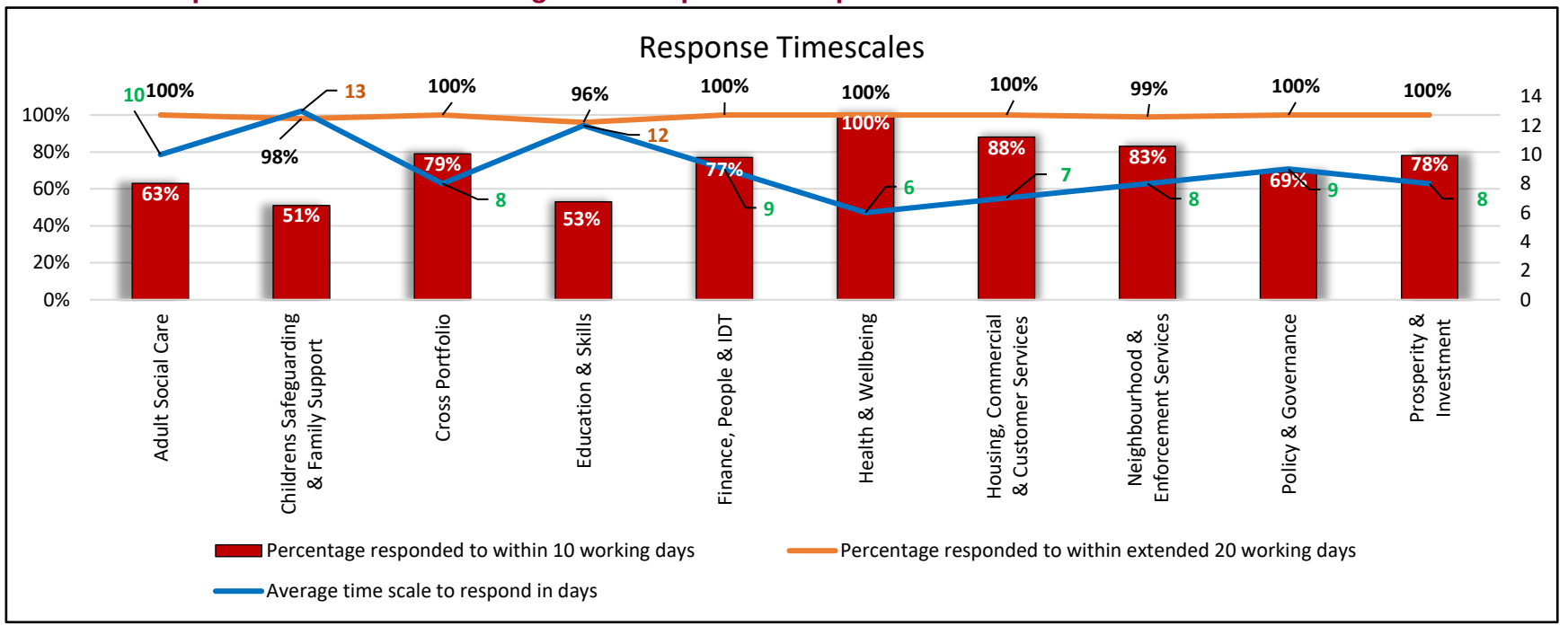
Delay (Processing & Response) was a theme within 7% of the complaints upheld and an increase on the 4% reported in 2023/24. This issue crossed many different services and included delays in sharing minutes from meetings, responding to enquiries from customers, processing payments, invoices and applications for services. In the cases upheld an explanation and apology was given, and the service was provided.

Timescales for responses at Stage One

With effect from 16 May 2024 the Council became an early adopter of the Ombudsman's new Complaint handling code effectively reducing the response target for stage one corporate complaints from 15 to 10 days. This may be extended in exceptional circumstances by a further 10 working days.

During 2024/25 the Council has responded to corporate complaints in an average of 8 days, which is well within the 10-working day timescale and an improvement on the 10-day average achieved in 2023/24. Since 16 May 2024 84% of responses have been issued within 10 working days.

Chart 10: Response timescales for Stage One corporate complaints



The following chart shows the % of stage one complaints responded too by Directorate meeting the 10 day and extended target, and the average number of days taken.

The data indicates that, given the early adoption of the target in the main, directorates are showing strong performance in meeting the corporate timescale.

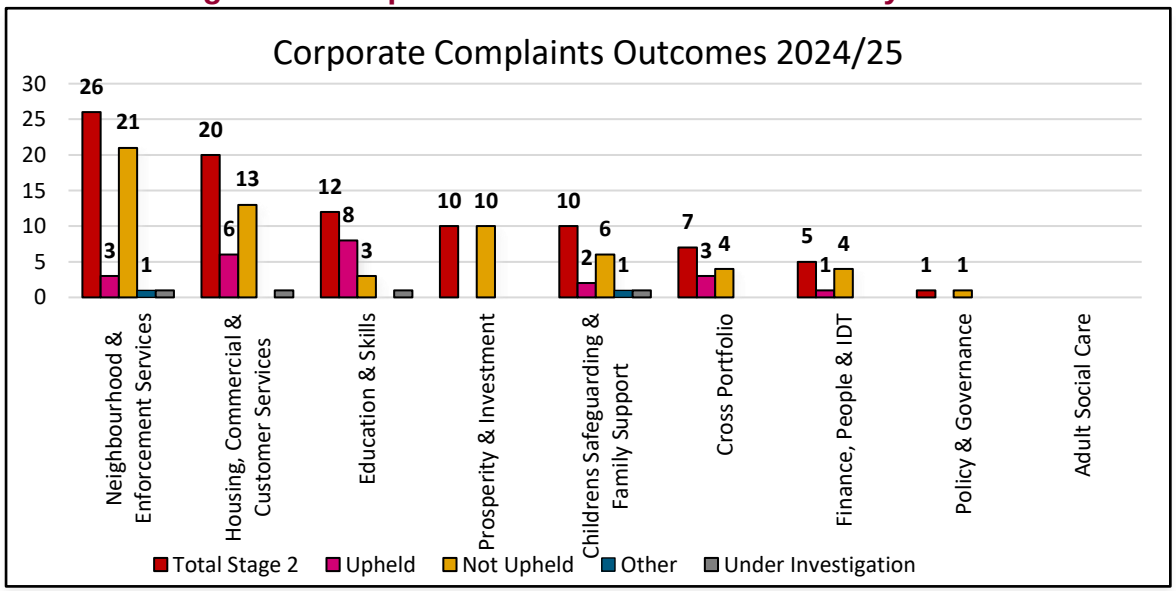
Our local target is to respond to 90% of corporate complaints within 10 working days, we will continue to work towards this target. This year Health & Wellbeing (100%) with other Directorates including the two receiving the highest number of customer contacts and complaints, Housing, Commercial & Customer Services (88%), and Neighbourhood & Enforcement Services (83%), performed strongly.

Since the introduction of the complaint handling code 4 complaints were responded to outside of the 20-working day maximum timescale all of which were sent within 22 working days which is a significant improvement on the 26 that exceeded the 20 working days timescale in 2023/24. Reasons for exceeding the maximum timescale included, complex cases and staff absence. In each case the complainant was updated throughout the process and also provided the details for the Local Government and Social Care Ombudsman. No complaints handled under the Housing Ombudsman Schemes code exceeded the 20-working timescale, for more information on these complaints please see page 35.

Corporate Stage Two complaints

During 2024/25, 91 Corporate Stage One complaints progressed to Stage Two of the process. This represents a 30% increase on the 70 that progressed in 2023/24. 87 Stage two investigations have been completed, there are 4 stage two corporate complaints that were still under investigation on 31 March 2025.

Chart 11: Stage Two complaints received and outcomes by directorate



A higher volume of Stage Two complaints was seen in Neighbourhood & Enforcement Services (26). Five of the Cross Portfolio cases were also related to Neighbourhood & Enforcement areas including Transport, Neighbourhood Enforcement and Grounds and Cleansing. This is an increase on the 15 received in 2023/24. Housing, Commercial and Customer Services received 20 stage 2 complaints as this is a new combined directorate there is no comparison for previous years. Health & Wellbeing and Adult Social Care were the only directorates that did not have a case escalated to Stage Two in 2024/25.

In line with the Local Government and Social Care Ombudsman's complaint handling code the timescales at stage 2 investigations changed with effect from 16 May 2024 reducing to 20 to 40 working days from 25 to 65 working days in 23/24.

No stage 2 complaints were refused with all 87 receiving a full investigation and response. 26% were upheld with an average of 31 working days taken to complete a full investigation. This is a decrease on the 43 days taken in 2023/24. Two particularly complex and exceptional cases exceeded the 40 working day target.

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.

Lessons can usually be learnt 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.

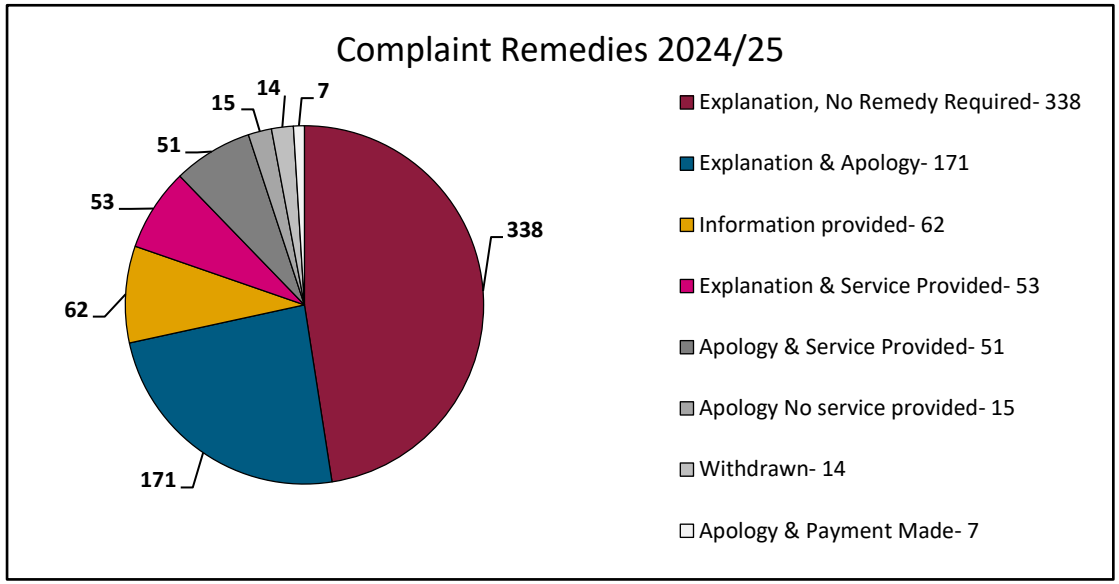
Occasionally, during an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they address the "bigger picture" so that that residents receive the best possible service from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

Remedial actions taken from resolved complaints at Stage One in 2024/25

All 285 complaints where fault was found have been reviewed by the Customer Relationship team to ascertain actions taken by the services involved and to identify any wider learning to avoid such issues recurring in the future.

Remedial action can include an apology or carrying out overdue work or wider actions that may affect a number of 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 12: Top complaint remedies 2024/25



Of the remedies recorded against corporate complaints in 2024/25:

- 48% only required and explanation and no remedy was required
- 24% were provided with an explanation and an apology
- 9% were provided with information
- 7% had both an explanation and a service was provided

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:

- A recording error for litter bins in the reporting system has been rectified and contractors have been made aware.
- There will be closer and more timely communication with Special Educational Needs (SEND) out of borough placements and the families of young persons placed in them to ensure they understand processes and timescales. There will also be better explanation with regard to decision making processes.
- Reminder to staff that full details are obtained when processing a change of address, including cross referencing the landlord details to ensure the correct property has been identified, before closing down Council Tax Liability.

- Regular monitoring of calls to the contact centre will be undertaken to ensure the customer service, advice and information, as well as the overall call quality is of sufficient standard, this also allows us to identify and address any issues identified.

- Operators of bus routes have completed monitoring of journeys to ensure that standards are maintained. Drivers have also been reminded of their responsibilities. We will continue to engage with the operators to hold them to account and ensure the journeys they perform under contract are completed safely.

- A new process has been introduced to ensure that Adult Social Care brokerage is alerted to urgent placement referrals without delay.

- Learning Disability and Autism will be monitoring any support plans at weekly peer review to ensure there are no unnecessary details which could result in delays in payments made.

- Personal Transport Budget contracts have been reviewed to ensure that the wording is clear on what the budget is related to and what it can and cannot be used for.

- Operatives at the Housing hold recycling centre have been trained on the correct approach when accommodating accessibility at the centre.

- The Neighbourhood Enforcement Team have refreshed their code of conduct and customer service training as part of their learning and development commitment.

- The SEND team will ensure that they consult with parents and carers before placement decisions are made.

- At ticketed outdoor events there will be a dedicated entrance for those with wheelchair accessible tickets and a steward will be positioned within the section to ensure that space is made available for access and wheelchair users. Stewards will be assigned to escort or guide these customers to the viewing area.

- The Google version of the My Telford App was tested for the subcategories fix. The changes have now deployed to a new version of the MyTelford App for Apple and Android.

- The developers of the new Transport system have launched a way to plan the Travel Assistance taking customers previous assistance into account. This will help give the Transport Team the full picture when planning the Travel Assistance for young people.

- Development Management are exploring new process as part of the council's online system to ensure that pre-application enquiries can only be closed down by authorising officers, ensuring that enquiries remain in officers existing work trays until these have been completed.

The following actions are currently being monitored until completion.

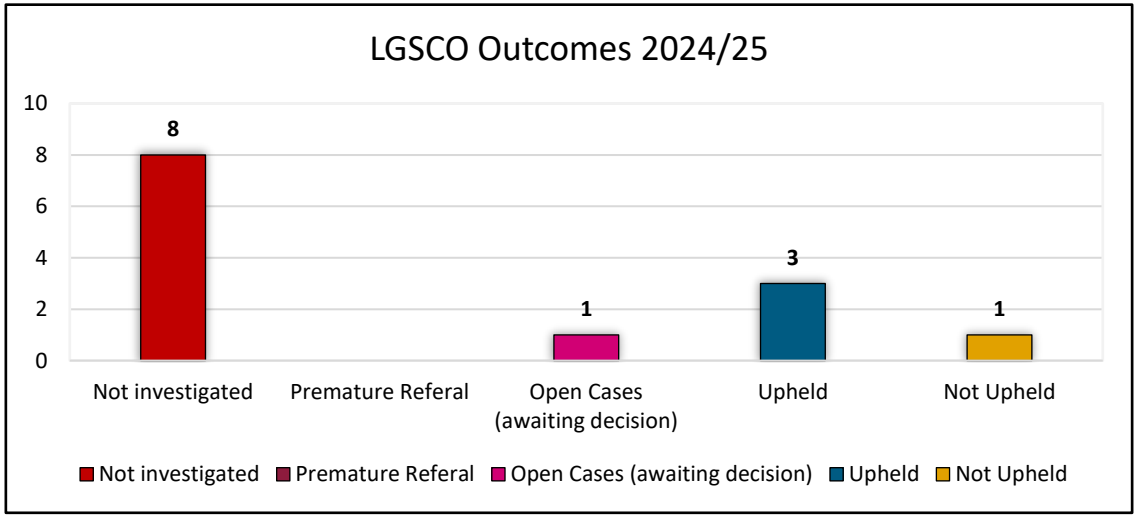
- Family Hubs are in the process of reviewing communication for separated parents and will be developing a practice guidance that is agreed through family support, and this will be completed by the 1 September 2025 in co-production with parents with lived experience of working with Family Hubs. DWP have also agreed funding for new family hub practitioners to undergo training or triple transitions to support parents who are separating or divorced.

- The Social Worker guidance will be updated to reflect that a provisional driving license can be applied for under an alternative address, if necessary.

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 the last year 30 new enquiries were forwarded to the LGSCO. Six new enquiries related to statutory complaints which are detailed in the Adult Statutory and Children's Statutory Complaint Reports.

Chart 13: Local Government & Social Care Ombudsman Outcomes



The LGSCO determined it would not investigate 8 of the corporate matters referred to them. Two corporate decisions remained outstanding on 31 March 2024, the decisions have been received during this year and both cases were upheld these are included in the figures detailed in chart 12.

The LGSCO has completed two detailed investigations during the year, one was upheld, and one was not upheld. One corporate complaint remained under investigation at 31 March 2025.

All the recommendations made by the LGSCO have been implemented. More information regarding the Council's performance and LGSCO decisions can be found at: www.lgo.org.uk/information-centre.

Complaints from Council Tenants

In September 2020 Telford and Wrekin Council became a registered provider of social housing. As a registered provider we currently have 219 properties.

With effect from 1 April 2024 the procedure for managing complaints from these tenants was incorporated into the Council's Corporate Complaints Policy and Procedure in accordance with the Housing Ombudsman's Service complaint handling code.

During 2024/25 we received **5** complaints from our tenants.

5 of the complaints escalated to stage 2 of the procedure
0 of the complaints were the subject of the Housing Ombudsman Scheme enquiries
0 complaints from tenants were refused during the year

Complaint Themes:

During 2024/25 there were no specific complaint themes. Issues raised related to access to loft space, windows and water ingress, ventilation and anti-social behaviour from a neighbour.

Complaint Outcomes:

Of the 5 complaints received at Stage1
2 complaints were upheld, **2** complaints were not upheld, **1** was withdrawn

The upheld issues related too,

- **Access the loft area**- the tenancy agreement did not specifically state that lofts hatches are locked in our properties, where the lofts are not boarded, as they are not suitable for storage. Tenancy agreements have now been amended to state that there is no access permitted to loft spaces.
- **Windows and water Ingress**- An inspection noted that the window to the external washroom area had deterioriated considerably. The window and weather bar were replaced.

Of the **5** complaints investigated at stage 2, one was upheld. This was related to the an inspection that had indicated no evidence of water ingress from the roof but proposed this be monitored. Following this monitoring remedial works have been completed.

Timescales for responses:

The Council's Complaints policy for Council tenants outlines that a complaint at stage one of the procedure should be responded to within 10 working days. 100% of stage 1 and stage 2 complaints were addressed within timescales with average response time at stage 1 of 3.8 working days.

No cases were escalated to the Housing Ombudsman Service (HOS) and there were no findings of non-compliance with the HOS Complaint Handling Code in 2024/25.

The Tenant Satisfaction and Complaint Report 2024-25, which includes the HOS Self-Assessment 2025 and the Housing Management Board response can be found published on our website at Complaints and compliments annual reports - Telford & Wrekin Council.

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

Customer Relationship Team priorities for 2025/26

During 2025/26, the Customer Relationship team will focus on a number of key priorities:

- Supporting all services to meet new response timescales in line with the Ombudsman Service's complaint handling codes
- Continue to drive an improvement in the percentage of complaints responded to within timescales from 87% to 90%
- Complete all necessary self-assessments and providing dashboards of performance data to senior management to drive continuous performance improvement
- Continue to support service improvement through the Customer Insight Programme and utilising our Mystery Customer Volunteers
- Work to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman & Housing Ombudsman Service
- To develop a new customer service training package
- Support the delivery of our new Customer Service Strategy being launched in July 2025

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Adult Statutory Complaints Report

Improving our Customer Experience

Annual Report 2024/25

Contents

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 2024 to 31 March 2025.
- 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 2024 and 31 March 2025 under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Highlights 2024/25

CQC Rated

GOOD

2024/25

24
average days to respond to a Statutory Complaint

112

compliments received in 2024/25

26%

reduction in upheld complaints in 2024/25

Customers' experiences continue to be used to shape services

Direct payments no longer a recurring theme*

*This was key theme in 2023/24 and it is positive that the improvements made following these complaints have made tangible improvement to service for our customers.

Across Adult Social Care we welcome people's views and ideas to improve experiences and outcomes for people with care and support needs in Telford and Wrekin. Feedback received via complaints, compliments and other sources throughout 2024/25 has provided a valuable opportunity to reflect on what we do well and areas we want to improve. Within Telford and Wrekin, like other areas across the country, there is increasing demand, cost pressures, and uncertainty due to national policy reviews. Against this backdrop, it is positive to see an increase in compliments, where individuals took the time to share their experiences, what they valued most about our service and the difference this made to them.

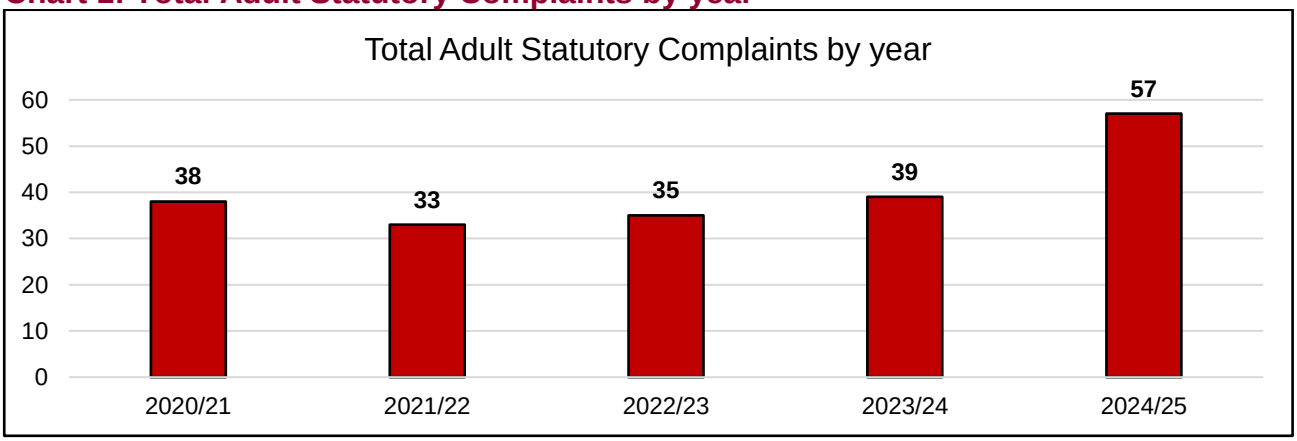
In addition, the Care Quality Commission (CQC) has rated Telford & Wrekin Council as GOOD, in relation to how well we are meeting our statutory responsibilities to ensure people have access to adult social care and support. The CQC report highlighted many key strengths within the Adult Social Care service, including our innovative approach to co-production, engagement, and inclusion, as well as promoting independence, which places community participation at the heart of strategy and service development.

Of the complaints received in 2024/25, fewer were upheld compared to the previous year. The experiences shared have led to a range of positive improvements to our processes and practice as well personal remedies for the individuals involved.

Adult Statutory Complaints 2024/25

We received 57 Adult Statutory Complaints between 1 April 2024 and 31 March 2025. 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 8,500 contacts from new people in the year and 2,085 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 that were formally logged under the statutory complaints process in in 2024/25. In 2023/24 39 complaints were received in writing, and therefore formally logged, and a further 55 concerns were resolved under the 24hr resolution process representing 94 concerns/ complaints in total.

In 2024/25 fewer customers raised complaints orally which resulted in more complaints being formally logged rather than resolved under the 24-hour resolution process.

There were 24 oral concerns resolved under the 24-hour resolution process during 2024/25 and therefore were not registered under the statutory procedure in accordance with legislation. This demonstrates an overall reduction in the number of concerns raised during 2024/25, 81 complaints were raised during the year when compared to the 94 received the previous year. The cases resolved within 24hours are also reviewed, and learning identified, and this feedback is used to inform service improvements.

Customer Access Channels and Digital Contact

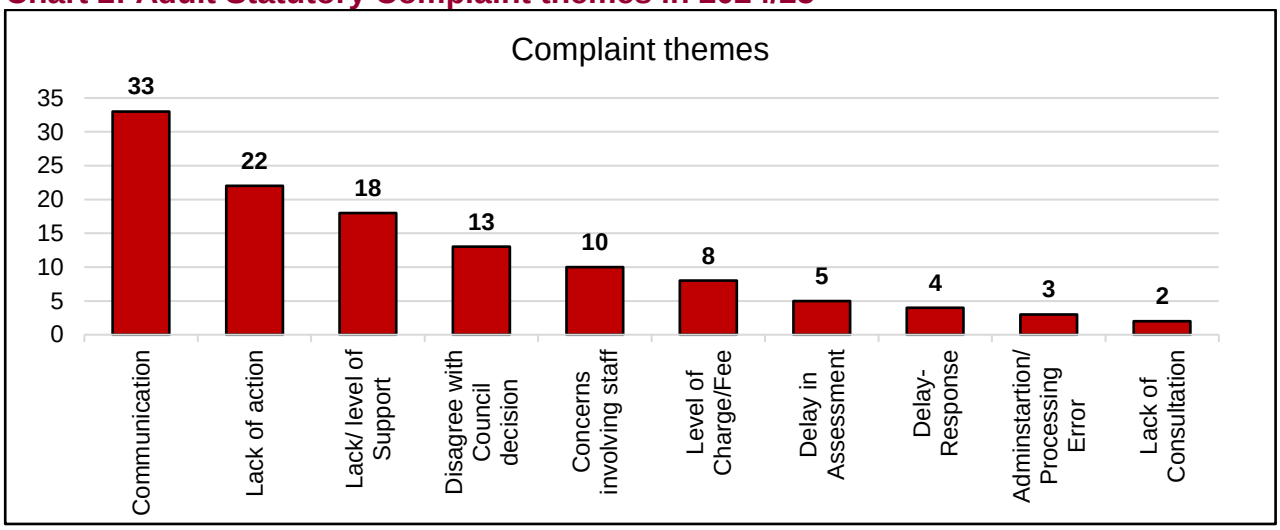
Complainant channel	Number of complaints
Email	30
Web form	15
Telephone	12
Total	**57**

In 2024/25, 79% 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 74% received via these channels in 2024/25, whilst we have seen an increase in customers making contact 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 2024/25



Themes are self-explanatory and give a clear indication of types of concerns raised.

Complaints received

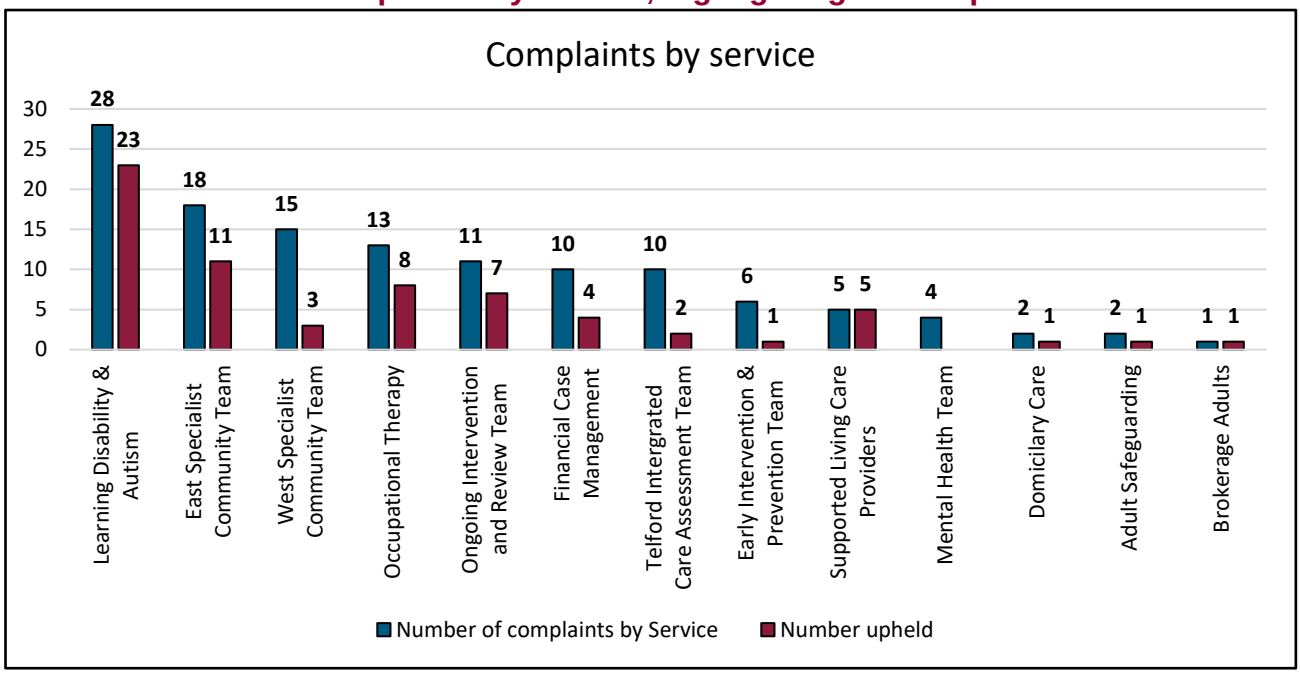
Whilst 57 complaints were received during the year, 57 responses were issued. Of the 57 complaints completed,

- 44% (25) were upheld,
- 44% (25) were not upheld,
- 12% (7) 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 some 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.

During the year there was also a realignment of the locality teams which saw the East and West Specialist Community Teams transition into two new teams, the Early Intervention & Prevention Team and Ongoing Intervention and Review Team.

Chart 3: Number of complaints by service, highlighting those upheld



There were 28 complaints that included issues raised regarding the Learning Disability & Autism Team and of these 23 of these were upheld (82%). Themes included lack of communication from a Social Worker or the team, lack/level of support, lack of action, Level of charge/fee, Delays in assessment and response.

There were 18 complaints received that had an element related to the East Specialist Community Team, 11 of which were upheld (61%). Themes included lack of communication, concerns involving staff, level of support, lack of action, and Administration/ processing error.

There were 13 complaints received that had an element related to the Occupational Therapy Team, 8 of which were upheld (61%). Themes included lack of communication, lack of consultation, issue with equipment and equipment assessments.

There were 11 complaints received that had an element related to the Ongoing Intervention and Review Team, 8 of which were upheld (61%). Themes included delay in making payments, and allocation procedure, disagreements with council decisions, lack of action and concerns involving staff.

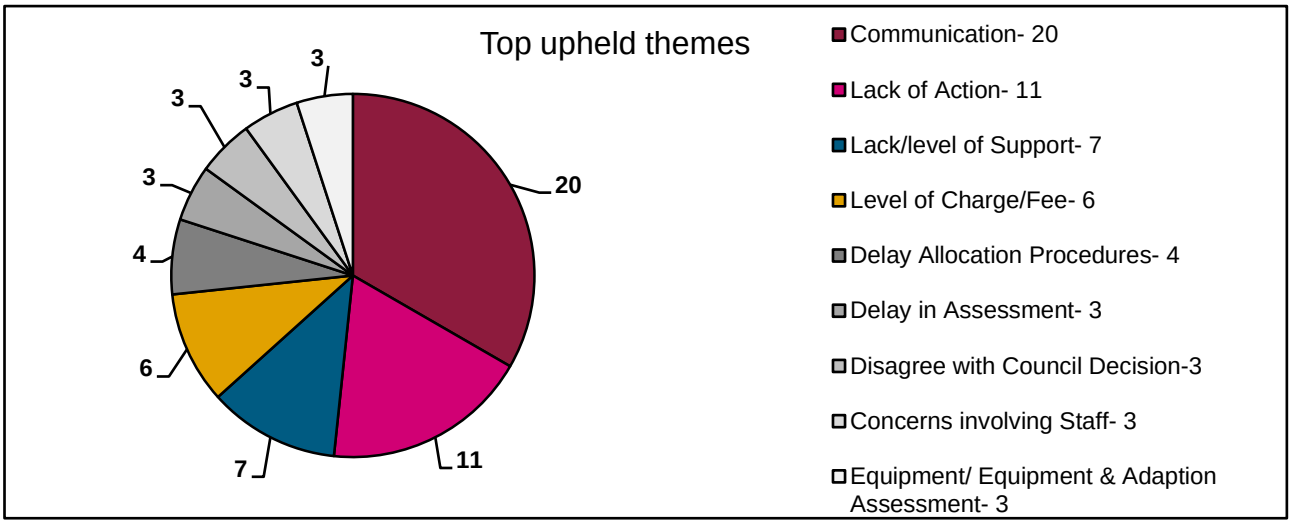
There were 5 complaints that involved care providers of supported accommodation and 2 complaints for a domiciliary care provider, all of which 86% were upheld. Themes included communication, Lack of action, and level of support.

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

Themes of upheld complaints

Of the 25 upheld complaints, the top themes raised were as detailed in the chart below.

Chart 4: 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 20 instances across 17 of the upheld complaints 68%. This covers a variety of concerns including a lack of or inadequate communication from a worker, lack of response to emails, failure to respond to requests made or keep the person or their family/ carers updated on progress.

Lack of Action was a theme in complaints accounting for 11 instances across 9 upheld complaints (36%).

Lack/level of support was a theme in complaints accounting for 7 incidents across 4 upheld complaints (16%)

Charging for Care was also a key theme in complaints accounting for 6 instances across 5 upheld complaints (20%) which includes incorrect invoices being sent, delays in confirming that there would be a financial assessment and that a contribution to fund care would be required and contributions calculation incorrect.

In contrast to the year 2023/24, when Direct Payments (including communication, explanation and processes) had been identified as a theme from complaints and a focus for improvements, no issues arose from complaints received during 2024/25.

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.

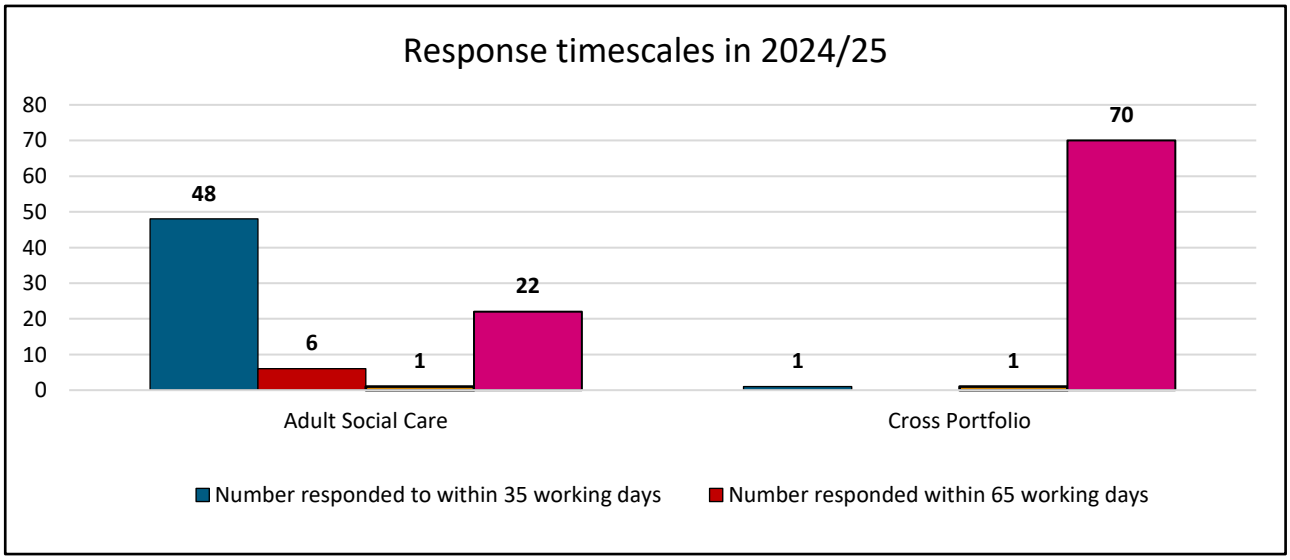
In 2024/25, the average number of working days to respond to an Adult Statutory Complaint across all portfolios was 24 working days. This is a decrease on the average of 29 working days achieved in 2023/24 and significantly lower than the typical 35 working days negotiated for a response.

Adult Social Care took 22 working days to respond to statutory complaints. Two complaints involved cross directorate working, one complaint took 15 working days to respond to and one complaint did exceed the six months outlined in the regulations however this was because it was complex and required external investigation to bring to a conclusion.

Adult Social Care continues to work to maintain good response timescales. 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 and Integration 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 at Leadership Team Meetings. For a breakdown, see the chart below.

Chart 5: Response timescales at Stage One



57 complaints have been responded to in year, 49 responses were sent within 35 working days (86%), and 6 further responses were sent within 65 working days and two cases exceeded 65 working days one was sent on day 69 and the other exceeded six months due to the complexity of the case.

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.

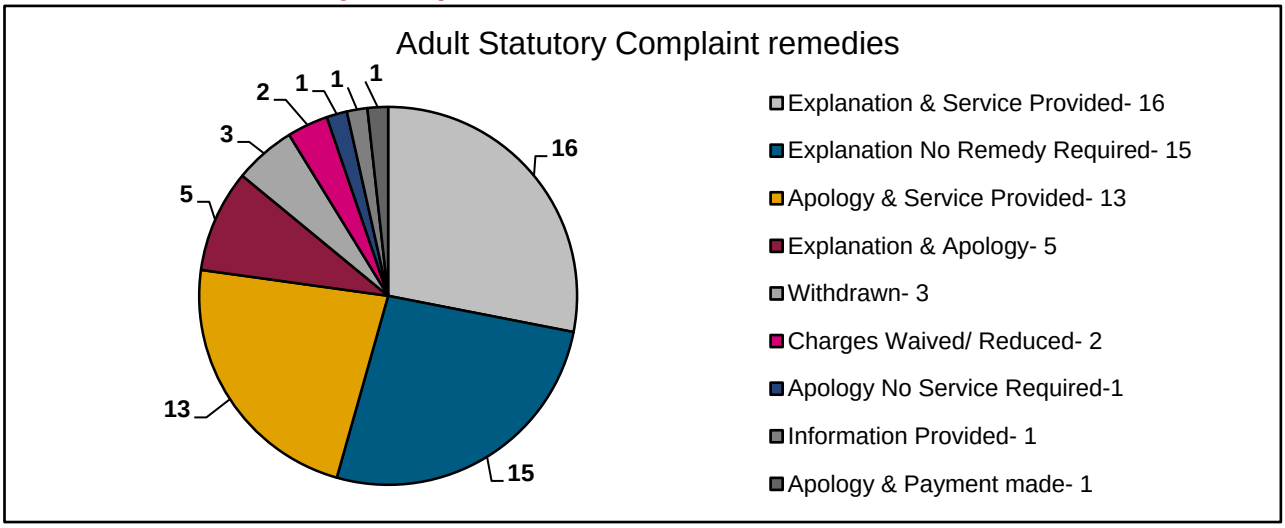
Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. Working alongside Adult Social Care's Quality and Complaints Officer, the Customer Relationship team will continue to provide daily advice and support to managers 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.

Quality Assurance is an integral part of everyday practice within Adult Social Care and measuring the impact of service delivery is central to achieving improved outcomes for adults with care and support needs. 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. This is reflected in the Adult Social Care Quality Framework, of which statutory complaints is a part of.

As part of the Adult Social Care Governance framework, quarterly quality assurance reports are prepared, shared and discussed at the ASC Quality Assurance Delivery Group and subsequently at the ASC Assurance Board. The reports also include a report on 'Feedback from people who use our services, their carers and families' which includes issues identified, areas for reflection and improvement and learning outcomes from complaints, concerns resolved at service level, compliments, comments, enquiries and other sources of feedback. The reports are used to help inform service improvements and development and improve outcomes for people with care and support needs in Telford and Wrekin.

Chart 6: Adult Statutory Complaint remedies in 2024/25



Of the remedies recorded against Adult Statutory Complaints in 2024/25:

- 28% were to provide an explanation and a service
- 26% were to provide an explanation where no remedy was provided
- 13% were to provide an explanation or apology and provide a service
- 9% were to provide an explanation and apology

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

- *Working Together* documents have been embedded in all teams.

- An Adult Portal is being developed which has been coproduced with experts by experience to allow sharing of assessments and documents. Individuals, families and representatives will be able to access and, in the future, add to and amend their own assessments.

- Reminders to teams about effective communication, including sharing information and updates in a timely way.

- Measures put in place to ensure individuals and family/carers are contacted and updated when a worker is on leave (planned or unexpected) and effective handovers are completed.

- Reminders to staff and managers on the importance of ensuring a worker's out of office is on when moving role or leaving the authority so that all those attempting to make contact are aware of the circumstance and provided with alternative contact details.

- Best Practice guidance for Case Summaries on the person's electronic records has been developed (case summaries provide an overview of the person's current situation and identify any ongoing work.

- Reminders to teams about best practice in record keeping.

Assessment and support planning

- Mechanisms reviewed and embedded to ensure a consistent approach to evidence gathering and assessment and reflective discussions with workers and the importance of making clear the reasons questions are asked as part of assessment conversations.

- Additional checks and monitoring have been implemented to prevent delays in support plan processing.

- A carers' assurance process has been introduced to support decision making and ensure individuals are receiving the correct support.

- Written guidance about Disability Related Expenditure (DRE) has been co-produced with our Making It Real Board and other experts by experience. This will be followed by a new form and training for staff to ensure consistency and equity.

- Supervision processes are being reviewed and training for managers and supervisors being developed.

- Reminders to teams about ensuring points of action are completed following meetings, and professionals and people/families are aware of timescales.

Charging for care

- Financial Assessment and service processes reviewed and updated to reduce calculation errors.

- Processes reviewed and updated mechanisms implemented to prevent delays in releasing invoices, and prevent automated invoices being issued unnecessarily.

- Additional training held for staff to improve knowledge and understanding of the ASC Charging Policies and financial assessment processes.

- Additional monitoring in place for joint funding arrangements.

- Reminder to teams about good practice when dealing with queries about outstanding assessments/invoices.

Providing care and support

- New process implemented to alert brokers to urgent referrals.
- Follow up contact with providers implemented to ensure our residents are receiving prompt delivery of equipment and expected timescales are being met.
- Further work identified to improve information shared with people and their families about ordering equipment.
- Reviewed and updated the Market Position Statement for Adult Social Care in Telford and Wrekin, including joint approach across Shropshire, Telford and Wrekin Integrated Care System, to incorporate the needs of working age adults who have an acquired brain injury.

Experience of care and support

- Follow up contacts enabled (Provider Quality Assurance Framework and other processes), supporting providers to implement and embed changes, where needed.
- Placement transition processes have been reviewed to ensure compatibility and support improved experiences for people.
- Follow up to support improved communication and responsiveness to individuals' routines when equipment is provided.

Other

- Review and update to the recording processes of safeguarding concerns.
- Reminder to staff in Adult Social Care about expectations when working from home.
- Review of the training offer for staff delivering information and advice via contracted services
- Customer Services' switchboard directory updated to support enquiries relating to Disabled Facilities Grants/Occupational Therapy assessments.
- Guidance has recently been introduced across the Council to ensure that when an individual has raised concerns via an elected member, the ensuing enquiry response advises how the individual or their representative can access formal complaints procedures should they wish to do so.

Other feedback and the actions taken to improve our services

We gather feedback from various sources to improve the service we provide to people who use our services, their carers and families. For example;

- Adult Social Care feedback forms – using QR codes, electronic and paper forms to gather feedback from people
- Feedback from Experts by Experience, and Making it Real Board and a number of other partnership boards
- Individual feedback through frontline workers
- Staff forum
- Complaints, compliments and comments
- Experiences of people / carers / families highlighted through employee awards and other mechanisms
- Other surveys
- Mystery Customer exercises
- Feedback from community and voluntary organisations/groups, staff and partners
- Feedback from partners
- Consultations External reviews, including Care Quality Commission assessment framework for local authority assurance.

Actions which have been informed through this feedback include.

- An All Age Carers Strategy has been developed, following extensive consultation and engagement with carers, professionals, organisations and groups across the Borough. This was launched in November 2024

- Carers Wellbeing Guide has been co-produced and re launched. This resource provides practical advice and local contacts to support our resident informal/unpaid carers in their day-to-day life

- A new feedback form has been created to capture the experiences of individuals involved in the Safeguarding process

- Keeping in Touch processes continue to be developed, including advice on how to ‘wait well’ whilst an assessment is pending

- Public guidance relating to Disability Related Expenditure (DRE) has been developed

- A recruitment drive has taken place to widen representation on our partnership boards

- Adult Social Care Knowing Where to Go has been further developed and promoted. Easy read, video and audio description versions have been created, and further development is planned, with a focus on Mental Health and Occupational Therapy

- Benefits awareness sessions have been delivered by Department of Work and Pensions and the Council's Benefits Team for experts with lived experience, Adult Social Care staff and community organisations

- Telford Voices and Learning Disability Partnership Board have co-produced a new webpage to help adults with learning disabilities and their parent carers to live well in Telford

- Locality team functions and responsibilities have been realigned to further improve the service provided to people with care and support needs

- Artificial Intelligence options are being explored to improve assessment experiences

- We are reviewing our training offer in relation to Mental Capacity Act and Deprivation of Liberty Safeguards

- Community-based assets continue to be promoted within the service

- A new Live Well Hub has been created in Madeley providing a one stop shop for information and advice for residents across a wide range of topics, including Adult Social Care, benefits, healthy lifestyles and more

- New focus areas have been identified for ongoing work, including reviewing the accessibility of documents, with input from experts by experiences; public understanding of assessment processes, and Live Well Telford

All feedback from both complaints and other sources is used to continually improve our services. We will continue to develop our services based on this feedback and also develop new and innovative ways to gather feedback from people, their families and carers to ensure that we continue to provide the best possible service to them.

Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process

first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

Three cases were escalated to the LGSCO in 2024/25. All cases have been determined in the year. Two cases were upheld, one of which the ombudsman was satisfied that the concerns had already been remedied, one case was not upheld.

The Council fully complied with the recommendations made by the LGSCO, and further learning will be taken forward to improve practices in relation funding particularly in relation to calculating capital reductions and ensure that there are no delays. Changes have been implemented to capital reduction processes to reduce the time for referrals.

Concluding Comments

This annual report shows that the number of Adult Statutory Complaints received in 2024/25 increased from 39 in the previous year to 57, however it is reasonable to conclude that this increase is as a result of less oral complaints, which can be resolved under the 24 hours resolution process, whilst recorded complaints have increased the number that could be resolved within 24hours has reduced so overall the number complaints across the year has reduced to 81 when compared with the 94 recorded and resolved in 2023/24.

Our Adult Social Care services continue to receive a low number of complaints, this report demonstrates that it continues to manage complaints well and is committed to putting right anything that has gone wrong. Whilst the numbers are low it's positive that the numbers of complaints received continues to demonstrate that people are aware of the complaint processes and can easily access them. This report shows that the Council continues to seek to resolve complaints at the earliest opportunity. 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 has also reduced to 44% this year in comparison to 2023/24, which saw 70% of complaints upheld.

Adult Social Care welcomes all complaints as a key part of its quality assurance activity, 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 2024/25.

Timescales for responding to complaints have decreased to 24 working days from 29 working days in 2023/24. The changes to local procedures and our complaints policy, has continued to impact by reducing timescales by 55% (53 working days) 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
7. Provide regular dashboards/ complaints samples to Directors, and performance is reported monthly to the Senior Management Team

The Quality and Complaints Officer (who sits within the Adult Social Care Assurance & Integration Team) 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' Quality Assurance Framework.

Priorities for 2025/26

During 2025/26, the Customer Relationship team and 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
- Further development of the digital complaints system to further improve efficiencies in complaint handling, recording of data and performance monitoring
- Working alongside ASC (and experts by experience) 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 & 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).

Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Children's Statutory Complaints Report

Improving our Customer Experience

Annual Report 2024/25

Contents

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 2024 to 31 March 2025.
- 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 2024 to 31 March 2025.

The 2006 Social Care complaints guidance 'Getting the Best from Complaints' (Department for Educations 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 2024/25

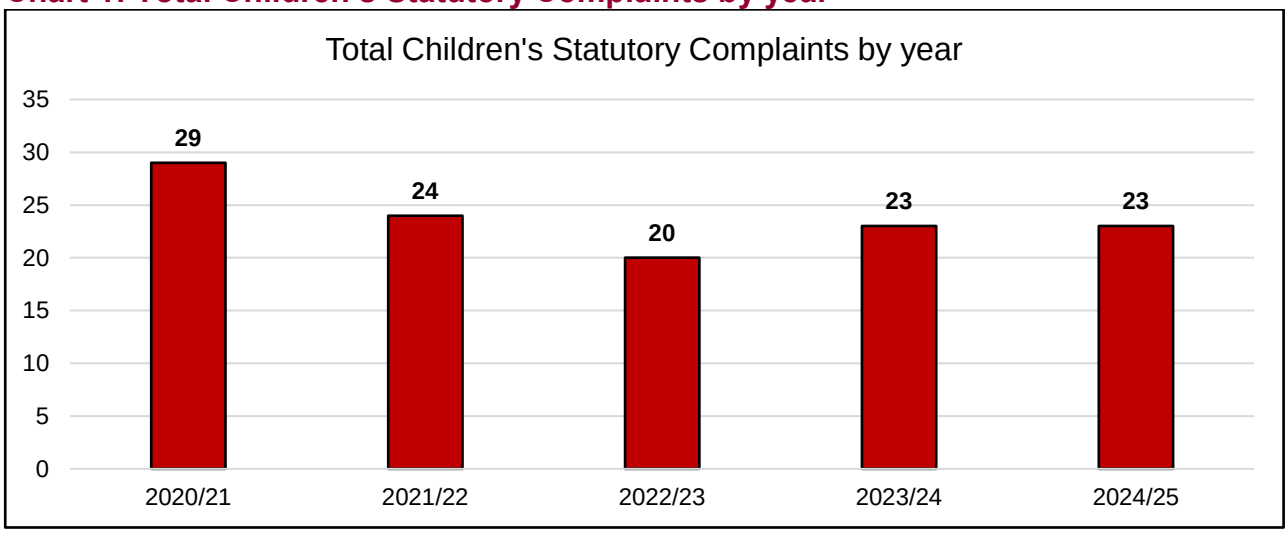
Ofsted rating **Outstanding**	**87%** **Responses sent in 20 working days**	**Average of** **14 days** **to respond to a Statutory Complaint**

Children's Statutory Complaints 2024/25

We received 23 Children's Statutory Complaints between 1 April 2024 and 31 March 2025. The number of complaints received is in line with the 23 received in 2023/24. To provide some context, Children's Safeguarding and Family Support received a total of 6,687 contacts during the year, this includes telephone calls and emails and had 1,402 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	4
Three	1

Of the 23 Stage One complaints received, 20 were completed prior to 31 March 2025. Four Stage Two complaints were received and independently investigated. One Stage Three Panel was completed in 2024/25.

Contact Types

Children's Statutory Complaints were received from the following in 2024/25:

Complainant	Number of complaints
Parent	13
Former Service User	1
Advocate/representative	2
Child/young person	4
Foster Carer	2
Relative	1
Total	**23**

Four complaints were received directly from children and young people in 2024/25. Two were received from a representative. One complaint was received from an adult which related to historical matters.

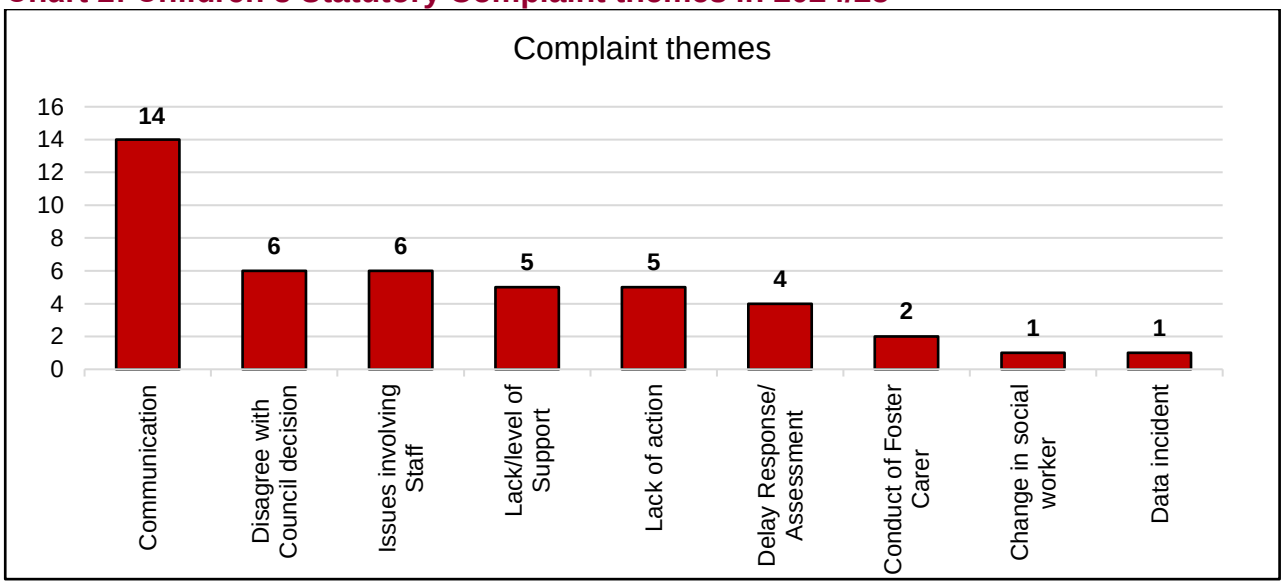
Customer Access Channels and Digital Contact

Complainant channel	Number of complaints
Email	9
Web form	11
Telephone	2
Letter	1
Total	**23**

In 2024/25, 87% 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 2024/25



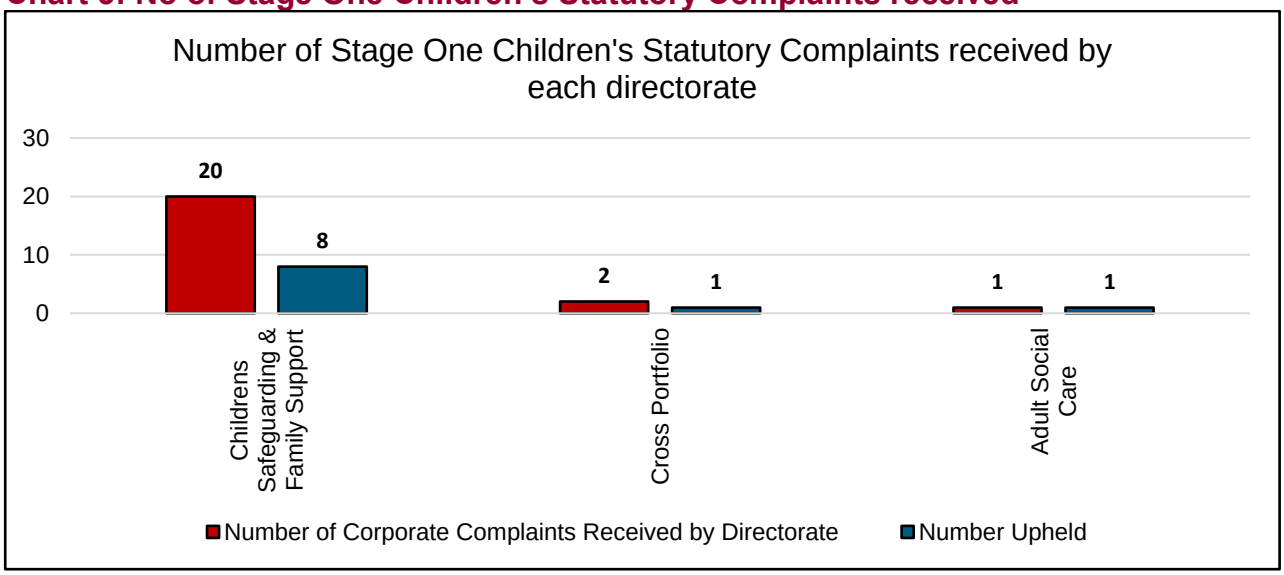
Most of the themes are self-explanatory and give a clear idea about the types of concerns raised in relation to our involvement.

No complaints handled under this process involved Child Sexual Exploitation during 2024/25.

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

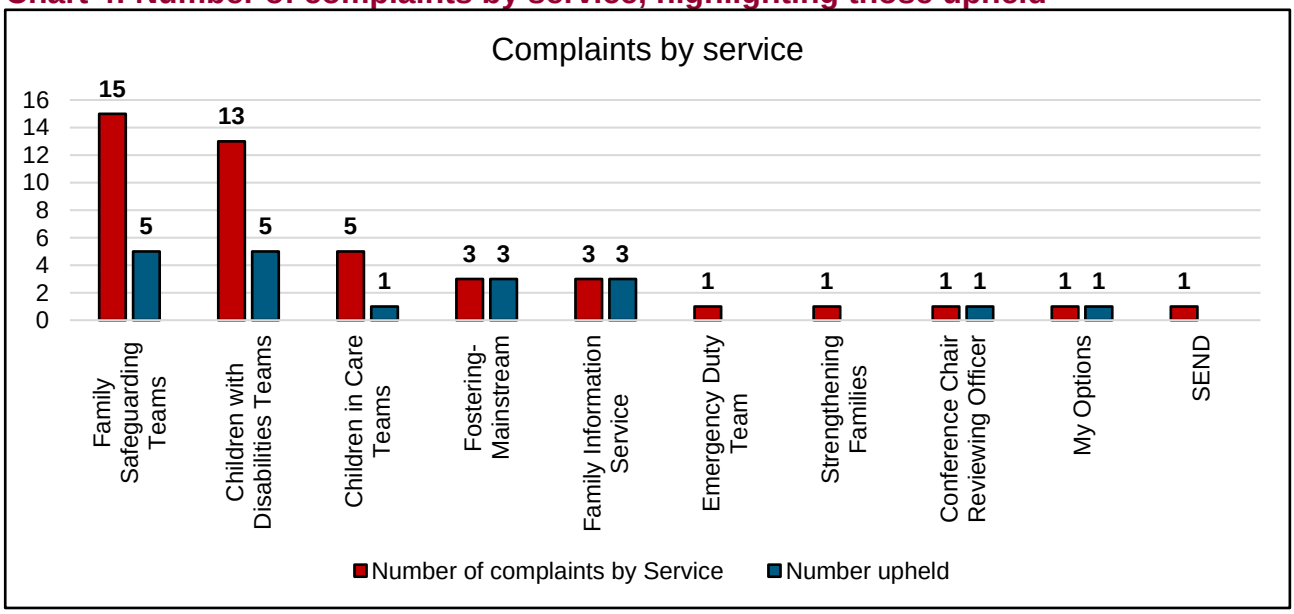


The number of upheld complaints against number received for Children's Safeguarding & Family Support was 40%. Cross Portfolio saw 50% upheld and Adult Social Care complaints saw 100% upheld, one complaint was received. The Cross Portfolio complaints involved cross cutting issues relating to Children's Services and Education & Skills.

Of the 23 complaints responded to in the year, 43% (10) were upheld, 60% (12) were not upheld and 5% (1) was withdrawn.

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

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



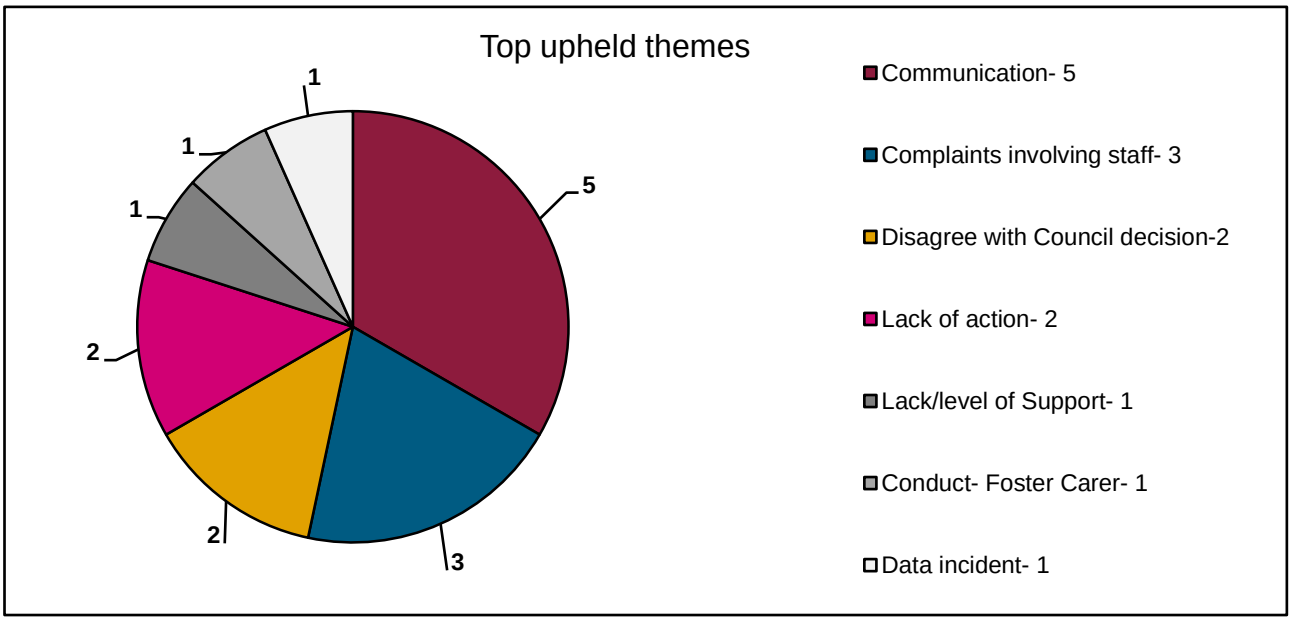
The most upheld complaints were in the Family Safeguarding Teams (5) with 33% upheld and Children with Disabilities Teams (5) where 38% upheld. The Children in Care Teams received 5 complaints and one was upheld.

Upheld issues included communication during and around appointments, delay in responding, lack of support from staff, lack of communication during periods of staff absence, plan prior to contact being unsupervised and foster carer practice, Quality Assurance of IFA's, breach in GDPR and delay of funding support.

Themes of upheld complaints

Of the upheld statutory 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. This indicates that 33% 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. Complaints involving staff were the second most common and many of these were linked to communication issues. For instance, while contact was made, it wasn't directly with the complainant, leading to incomplete information sharing.

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

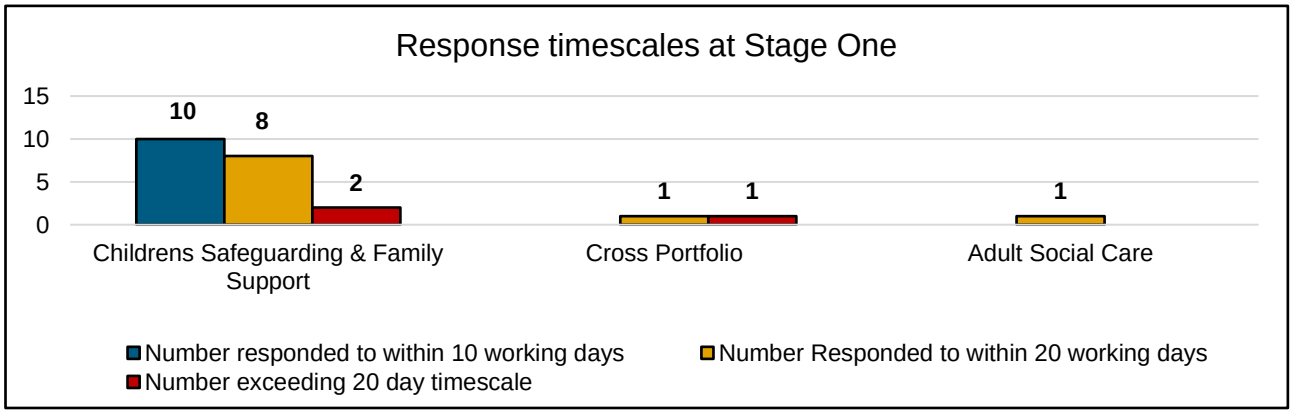
Our Children's Statutory Complaints Policy has been written in line with The Children Act 1989 Representations Procedure (England) Regulations 2006, which outline how Children's Statutory Complaints should be handled and the three stages involved.

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 6: Response timescales at Stage One



Of the 23 complaints that were responded to in the year, 10 were responded to within the 10-working day timescale and 10 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 in line with the 14 days achieved in 2023/24.

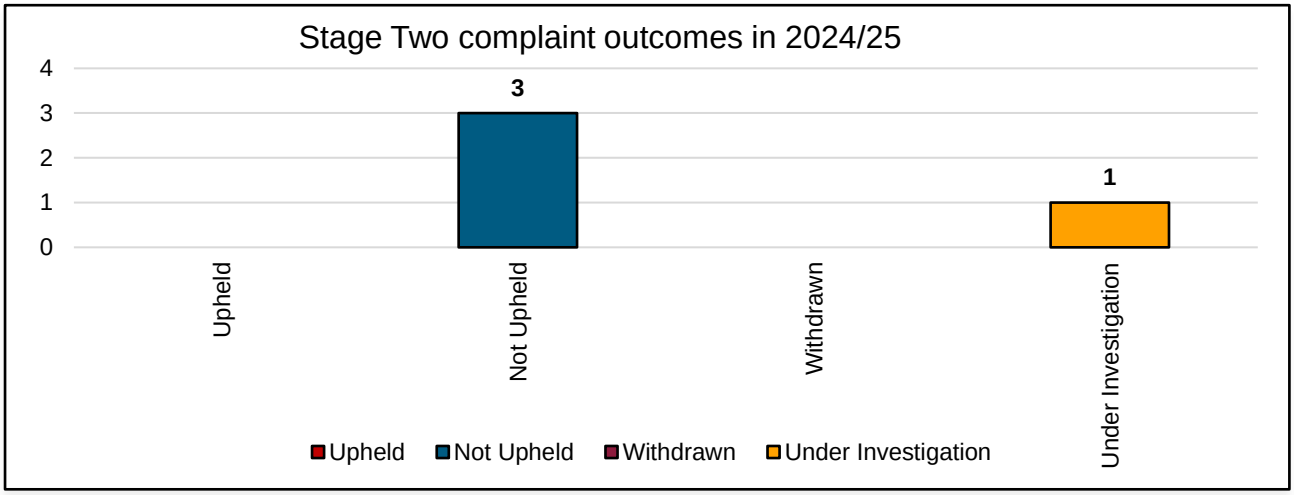
Since November 2020 new procedures have been put in place to improve timescales for responses. Outstanding complaints are highlighted to the Director, Executive Director and Service Delivery Managers on a weekly basis. Six-weekly meetings take place with Directors to review all outstanding cases and 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 2025/26 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. Generally, timescales have improved in the year. However, a few complex cases have impacted the average number of days to respond.

Statutory Stage Two & Stage Three complaints

During 2024/25, four (17%) Statutory Stage One complaint progressed to Stage Two of the process. One case remained outstanding at 31 March 2025.

Chart 7: Stage Two complaint outcomes in 2024/25



Three stage three investigations were not upheld.

The number of statutory Stage Two investigations in 2024/25 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 71 days, an increase on the 65 days in 2023/24.

Two 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 upheld. As this was a historical case improvement had already been made to the service, however it was agreed that on the balance of probabilities there was a lack of professional curiosity at the time in respect of the concerns raised.

Learning and outcomes from Children's Statutory Complaints

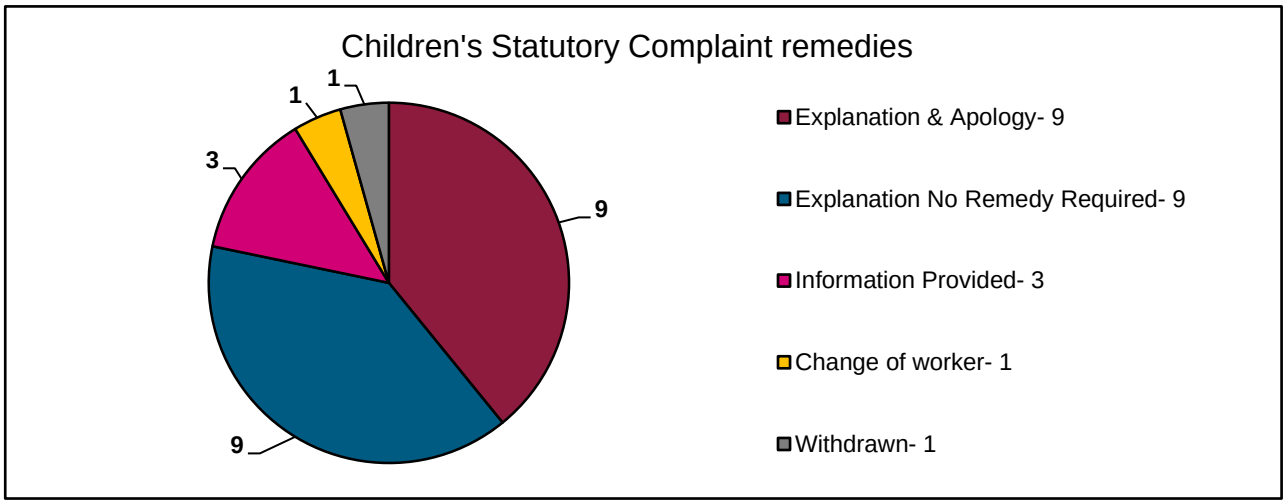
Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to 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 8: Children's Statutory Complaint remedies in 2024/25



The top four remedies recorded against Children's Statutory Complaints in 2024/25 were:

- 39% were to provide an explanation and apology
- 39% were to provide an explanation and no remedy was required
- 13% were to provide information
- 4% Change of worker

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

- Social workers have been asked to contact carers directly when arranging statutory visits to children and communicate any constraints around times with Foster Carers

- Introduced measures to ensure that changes of address are marked confidential and not shared within other documents bundles

- Training has been provided on the importance of both parents being contacted when reviewing needs of children

- It has been agreed that social workers will support with technology if required in meetings

- Family Hubs are in the process of reviewing communication for separated parents and will be developing a practice guidance that is agreed through family support, and this will be completed by the 1 September 2025 in co-production with parents with lived experience of working with Family Hubs. DWP have also agreed funding for new family hub practitioners to undergo training or triple transitions to support parents who are separating or divorced.

- A reminder has been issued 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 a reminder of the importance of communicating meeting arrangements effectively has also been issued.

- There is an ongoing review into the arrangements and communication between services in respect of moving from Children's Services to Adult Services

- Learning from complaints regarding staff conduct have been shared with Practitioners to improve and support awareness of practice

- New guidance has been drafted relating to the finances around shared care/short breaks.

- Data protection refresher training has been undertaken.

Other feedback and the actions taken to improve our services

We gather feedback from various sources to improve the service we provide to children and young people, parents, carers and foster carers. For example;

- Childs voice postcard
- Childs Voice Group
- During family time
- Review forms
- Dandelion Group
- Kinship Care Group
- Fostering Forum
- Corporate Parenting and Young People Panel
- Practice Evaluations
- Childs voice apprentices – Voice of the Child Team

Actions which have been informed through this feedback include.

- The Childs voice postcard has been created to capture feedback
- Views are being sort at family time which has influenced training and leaflet design
- Introduced review forms for children and young people who are care experienced
- Young people who have experienced homelessness have supported with relevant leaflets design and training for practitioners
- We have a Voice of the Child Team within the service, which includes four young people with lived experience who are completing apprenticeships with the Council. Their goal is to drive positive change by making sure young peoples voices are truly heard. They have launched youth forums, delivered participation events all designed to connect, uplift and empower. They are also representing young voices nationally. They are supporting ideas to engage with children and young people
- Corporate Parenting and Young People panel have provided feedback to the police on their experiences and have supported in implementing the promise to children and young people who are care experienced. "The Promise" refers to a series of commitments made to improve the lives of residents, particularly children and young people, and to ensure everyone benefits from a thriving economy and a great place to live. It's a broad initiative encompassing various aspects of community life, including education, social care, and environmental protection
- Introduction of the peer parent drop in so that parents can get the right advice at the right time with strengthening families
- We have critiqued our information, making then more family friendly and accessible this has included development of leaflets
- We have introduced a parent report for conference ensuring parental planning and voice
- Developed the website for family hubs so that it is more family friendly
- Undertaken some peer led training to ensure parental perspective relational working
- We have developed our mental health offer in family safeguarding which has been informed by parent experiences, mental health training has also been provided to foster carers and professionals
- We have reviewed and amended court documentation for parents so they can easily understand the process
- Parental feedback has been added to our requirement for audit activity
- We have ensured multi-agency input from parents to aid core groups/ conferences

- Kindship Care Group has been set up to explore what works well and the additional information to support with their rights

- A fostering forum has been created to understand the strengths and barriers to working alongside foster carers

All feedback from both complaints and other sources is used to continually improve our services. We will continue to develop our services based on this feedback and also develop new and innovative ways to gather feedback from children and young people to ensure that we continue to provide the best possible service to them.

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.

At 31 March 2024 one case was still being investigated by the Ombudsman, this case has been concluded and was upheld but the ombudsman confirmed that the case had already been remedied.

Three statutory cases were escalated to the LGSCO in 2024/25. One was not upheld and one was not investigated, one case remained outstanding at 31 March 2025.

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 2024/25 remained in line with the previous year. Our services continue to receive a low number of complaints at a time when there have been major reductions in government funding for local authority service provision. Despite this financial backdrop, the Council continues to manage complaints well and is committed to putting right anything that has gone wrong.

Response times have also remained in line with 2023/24 with the average number of days to respond to a statutory complaint remaining at 14 working days. Overall, in 2024/25, 87% of complaints were responded to within the statutory timescale of 20 working days and 43% were responded to within ten working days, an improvement on the 42% in 2024/25.

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 2025/26

During 2025/26, 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
- Helping to improve the quality of responses and ensure that they comply with the statutory guidance
- 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
- 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).

Local Government & Social Care OMBUDSMAN

21 May 2025

By email

Mr Sidaway
Chief Executive
Telford & Wrekin Council

Dear Mr Sidaway

Annual Review letter 2024-25

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2025. The information offers valuable insight about your organisation's approach to complaints, and I know you will consider it as part of your corporate governance processes. We have listened to your feedback, and I am pleased to be able to share your annual statistics earlier in the year to better fit with local reporting cycles. I hope this proves helpful to you.

Your annual statistics are available here.

In addition, you can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

In a change to our approach, we will write to organisations in July where there is exceptional practice or where we have concerns about an organisation's complaint handling. Not all organisations will get a letter. If you do receive a letter it will be sent in advance of its publication on our website on 16 July 2025, alongside our annual Review of Local Government Complaints.

Supporting complaint and service improvement

In February we published good practice guides to support councils to adopt our Complaint Handling Code. The guides were developed in consultation with councils that have been piloting the Code and are based on the real-life, front-line experience of people handling complaints day-to-day, including their experience of reporting to senior leaders and elected members. The guides were issued alongside free training resources organisations can use to make sure front-line staff understand what to do when someone raises a complaint. We will be applying the Code in our casework from April 2026 and we know a large number of councils have already adopted it into their local policies with positive results.

This year we relaunched our popular complaint handling training programme. The training is now more interactive than ever, providing delegates with an opportunity to consider a complaint from receipt to resolution. Early feedback has been extremely positive with delegates reporting an increase in confidence in handling complaints after completing the training. To find out more contact training@lgo.org.uk.

Yours sincerely,

Amerdeep Somal
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

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Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Audit Committee

Wednesday 19 November 2025

Internal Audit Activity Report

Cabinet Member:	Cllr Zona Hannington - Cabinet Member: Finance, Governance & Customer Services
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 **Email:** tracey.drummond@telford.gov.uk 01952 383103 robert.montgomery@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Senior Management Team – 11 November 2025 Audit Committee - 19 November 2025

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 July 2025 and 31 October 2025 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 2025/26 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 July 2025 and 31 October 2025 and provides an update on the progress of previous audit reports issued.

3.2 The key focus for the team during this period was the completion of audits on the annual Audit Plan and fulfilling commercial contracts.

3.3 The information included in this progress report will feed into and inform our overall opinion in our Internal Audit Annual Report. All audit reports issued during the year are given an overall audit opinion based on the following criteria:

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

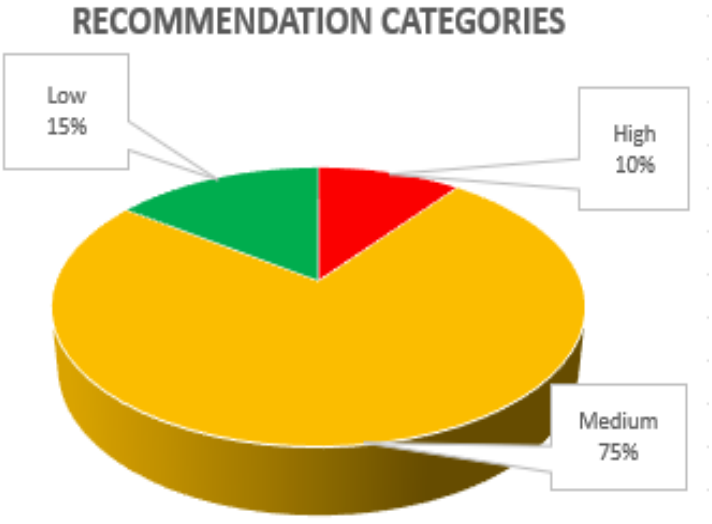
3.4 To determine the overall grading of the Internal Audit report each recommendation is risk rated (high, medium or low). The recommendation risk rating is based on the following criteria:

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

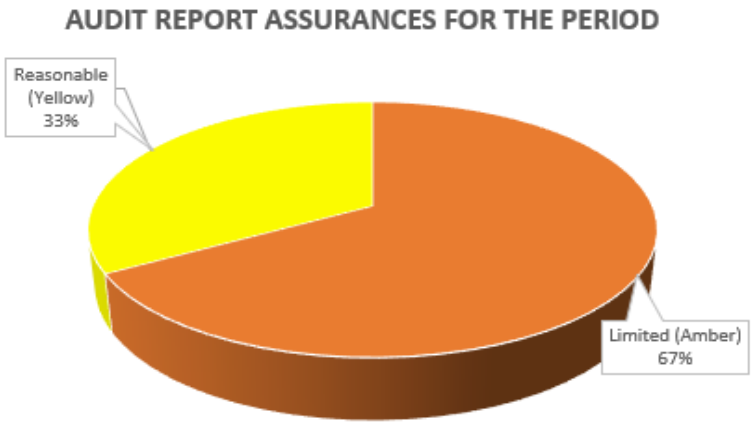
Medium risk = A recommendation to address a control weakness where there are some controls in place but there are issues with parts of the control that could have a significant impact.

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

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



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



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

AUDIT REPORTS ISSUED BETWEEN 01/07/25– 31/10/2025 AND CURRENT STATUS						
Area	**Date of Report**	**Level of risk on plan**	**Original Audit Grade**	**Follow up Due**	**Revised Grade**	**Comments**
Sir Alexander Fleming Primary School	17/07/2025	M	Limited	In Progress		
Supported Living	21/07/2025	M	Limited	In Progress		
Coalbrookdale & Ironbridge CE Primary School	25/07/2025	M	Limited	In Progress		
BIT	15/08/2025	M	Limited	15/11/2025		
Town Park	05/08/2025	M	Reasonable	05/02/2026		
Local Authority Bus Subsidy (Revenue) Grant	02/09/2025	M	Reasonable	Next planned audit		

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**
Holmer Lake Primary	12/03/2025	Poor	Follow up in progress	Good	2nd follow up complete and now green
Ski Centre	07/02/2025	Limited	Follow up in progress	Good	Complete – grading changed to green
St Mary's Primary School	07/02/2025	Limited	Follow up in progress	Good	Complete – grading changed to green
PSP Register	17/02/2025	Reasonable	Follow up due 18/8/2025	Reasonable	1st follow up complete. 2nd follow up to be undertaken in December
Homelessness Reduction	21/01/2025	Reasonable	Follow up due 17/08/2025	Good	Follow up complete. Grading changed to green.
MIS Headway Planning System	12/03/2025	Reasonable	Follow up due 12/09/2025	Good	Follow up complete. Grading changed to green.
Ladygrove Primary School	27/03/2025	Reasonable	Follow up due 29/09/2025	Good	Follow up complete.

					Grading changed to green.
Randlay Primary School	14/05/2025	Reasonable	14/11/2025	N/a	Follow up due 14/11/25

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 2025/26 Annual Audit Plan

4.1 Audit Committee members approved the 2025/26 Internal Audit Plan at the May 2025 committee meeting. **Appendix A** of this report shows the progress made against this plan. From a total of 48 audits, 10 audits are in progress and 10 have been completed.

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. 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 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 Global Internal Audit Standards in the UK Public Sector (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 Summary of main proposals

7.1 That the Audt Committee note the information provided in this report.

8.0 Alternative Options

8.1 No alternative options

9.0 Key Risks

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

10.0 Council Priorities

10.1 A community-focused, innovative council providing efficient, effective and quality services.

11.0 Financial Implications

11.1 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.

11.2 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.

12.0 Legal and HR Implications

12.1 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.

13.0 Ward Implications

13.1 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.

14.0 Health, Social and Economic Implications

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

15.0 Equality and Diversity Implications

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

16.0 Climate Change, Biodiversity and Environmental Implications

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

17.0 Background Papers

1 Annual Audit Plan 2025/26
2 Public Sector Internal Audit Standards – Applying the IIA International Standards to the UK Public Sector 2013 and updated January 2017

18.0 Appendices

A 2025/26 Annual Internal Audit Plan

19.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Finance	29/10/2025	05/11/2025	ER
Legal	29/10/2025	11/11/2025	RP

Audit Area	Service Area	Days	Priority	Risk rating	status
General ledger, assets & capital accounting - fixed asset module	Finance & Human Resources	15	All	H	**In Progress**
Payroll/HR	Finance & Human Resources	15	All	H	
Sales Ledger	Finance & Human Resources	15	All	H	
Council Tax/ NNDR	Finance & Human Resources	15	All	H	**In Progress**
Purchase Ledger	Finance & Human Resources	15	All	H	
S106	Finance & Human Resources	as below	All	M	**as below**
IDT x 5	Finance & Human Resources	46	All	H	
Transition Leaving Care	Children's Safeguarding and Family Support	10	1,2 & 5	M	**In Progress**
Together 4 Children	Children's Safeguarding and Family Support	8	1,2, & 5	M	
Commissioning	Children's Safeguarding and Family Support	12	1,2 & 5	H	
Direct Payments	Children's Safeguarding and Family Support	15	1,2 & 6	M	
Brokerage	Adult Social care	12	1,2,3 & 5	M	
Deferred Payments	Adult Social care	12	1,2,3 & 5	M	
Direct Payments	Adult Social care	15	1,2,3 & 5	M	
Money Laundering	Policy & Governance	8	2 & 5	H	
Risk Management	Policy & Governance	8	All	M	
Legal system	Policy & Governance	10	All	M	
Licensing	Policy & Governance	12	2,3 & 5	M	**In Progress**
Future Focus (NEET)	Education & Skills	8	1,2,5	M	
Connect to Work	Education & Skills	8	1,2,5	M	
S106	Education & Skills	as below	All	M	**as below**
Schools (8 schools)	Education & Skills	40	1,3,5	M	**3 In Progress, 1 Complete**
Gypsy & Travellers	Neighbourhood & Enforcement	9	1,2,3 &5	H	
S106	Neighbourhood & Enforcement	as below	All	M	**as below**
Oakengates Leisure Centre	Housing, Commercial & Customer Services	10	All	M	

Town Park	Housing, Commercial & Customer Services	10	All	M	**Complete**
Benefits	Housing, Commercial & Customer Services	15	All	M	**In Progress**
Housing Management & Temporary Accomodation	Housing, Commercial & Customer Services	As below	All	M	
S106	Prosperity & Investment	9	All	M	**In progress**
Housing Management	Prosperity & Investment	10	All	M	
Domestic Abuse Act	Health & Wellbeing	10	1,3,5	M	**In progress**
Grants					
Local Transport Capital block funding	Finance & HR and Neighbourhood & Enforcement	2	2,3,4 & 5	M	**Completed**
Bus subsidy grant	Finance & HR and Neighbourhood & Enforcement	2	2,3,4 & 5	M	**Completed**
Substance Misuse Grant	Finance & HR and Health & Wellbeing	2	All	M	**Completed**
Family Hub	Finance & HR and Childrens Safeguarding	2	All	M	**Completed**
HUG 2 grant (home Upgrade Grant)	Finance& HR and Housing, Commercial & Customer Services	2	2,3,4 & 5	M	**Completed**
Happy Healthy Active Holidays	Finance & HR and Educ/Skills	2	All	M	**Completed**
Reallocated HS2 Funding	Finance & HR	2	All	M	**Completed**
Stop Smoking Grant	Finance & HR and Health & Wellbeing	2	All	M	**Completed**
Corporate audits					
Procurement/Contract Monitoring	All service areas	15	All	H	
Mileage Checks	All service areas	12	All	M	

KEY	
H	high
M	Medium
L	Low

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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Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Audit Committee

19 November 2025

Corporate Risk Register

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TELFORD & WREKIN COUNCIL STRATEGIC RISK REGISTER

DATE OF REVIEW – NOVEMBER 2025

Definitions used in the risk register:

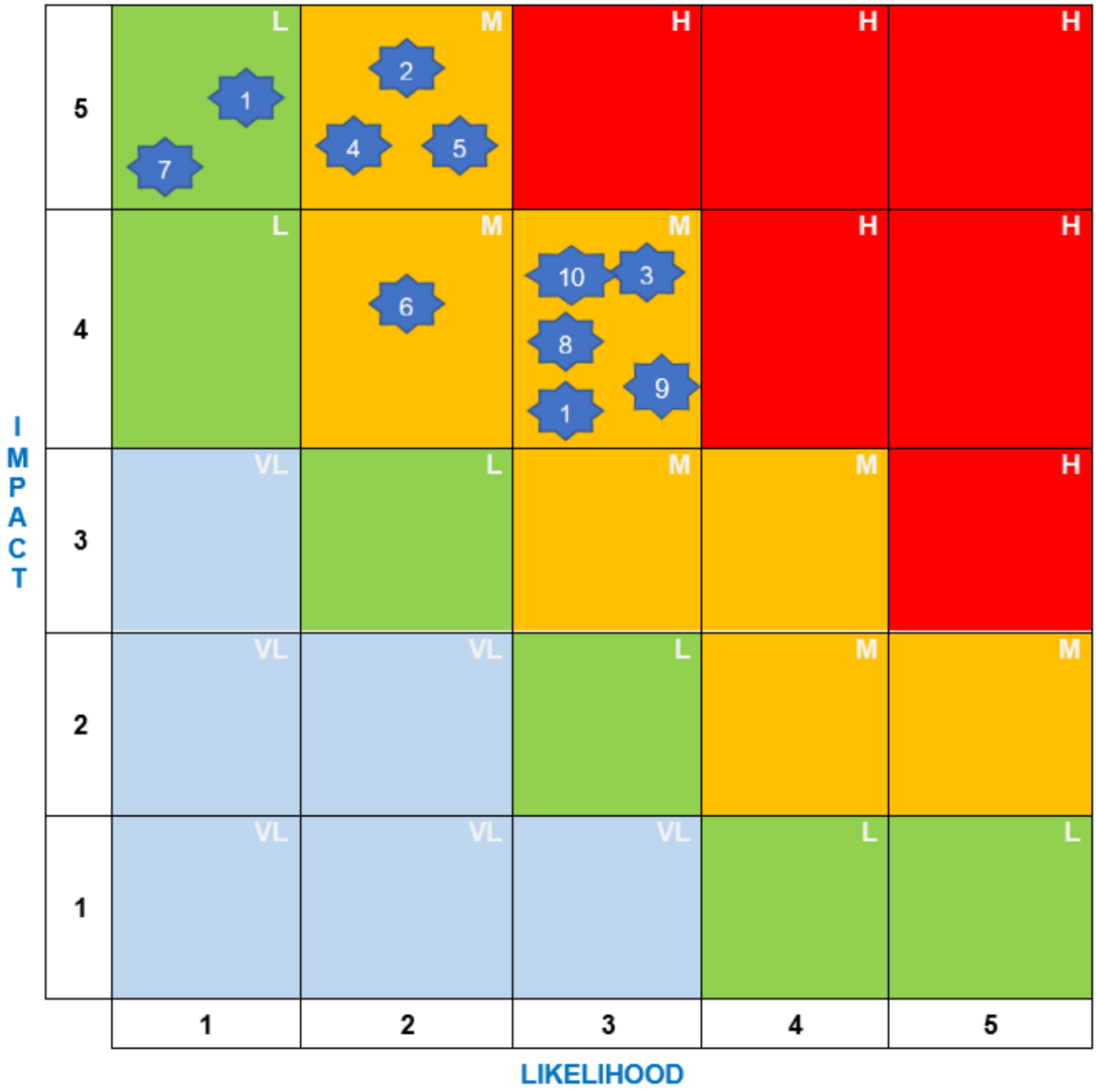
Likelihood of Risk Occurring

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	<£250K	Minimal/ minimal media/ social media	Minor	Minor locally, e.g. clearing intrusion on land	Internal disruption only, no loss of service
Medium	£250K to £1m	Extensive local media/social media	Threats of serious injury requiring medical treatment	Moderate Locally, e.g.air quality issue in part of the borough	Disruption/ loss of service less than 48 hours
High	£1m to £5m	National media/social media	Extensive/ multiple injuries	Major local impact, e.g. air quality issue affecting whole borough	Disruption/ loss of service less than 7 days
Very High	>£5m	Extensive national media (lead item)/social media	Extensive multiple injuries/ death	Major national/international, e.g. air quality issue affecting UK as a whole	Severe disruption/ loss of service more than 7 days.

Risk Heat Map



Risks shown throughout this document will prevent the Authority from achieving its priorities. Each risk identified below is linked to a corporate priority which may be affected if the risk is not managed effectively.

Council Priorities - Key

P1 - Every child, young person and adult lives well in their community
P2 - Everyone feels the benefit form a thriving economy
P3 - All neighbourhoods are a great place to live
P4 - Our natural environment is protected – we take a leading role in addressing climate emergency
P5 – A community focussed innovative council providing effective, efficient and quality services

Corporate Strategic Risk Register (version 2025.0.3 - dated November 2025) Date of Last Review July 2025

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. ***PRIORITY:*** **P1**	Very High without controls Change since last review =	Very High without controls – Physical Reputation Finance Change since last review =	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 increased investment into Adult Social Care services by £7.7m in 2025/26. The Council's net budget for Adult Social Care is over £78m in 2025/26. d) The net budget for Children's Safeguarding is £50m in 2025/26. e) The combined total net budget allocation for these services is in excess of £128m. f) A general budget contingency of £3.95m is held, with an additional one-off contingency of	D Sidaway J Britton S Froud	**Very Low with controls** Change since last review =	**Very High with controls – Physical Reputation Finance** Change since last review =

				£3.25m for social care, income and inflation pressures. £6.4m has also been provided for contract inflation and pay awards in 2025/26. 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			

				recruitment and retention of social workers l) Work to national inspection standards and respond to actions required from inspections. m) OFSTED inspection of Children's Safeguarding May 2024 retained the "Outstanding" judgement. An action plan has been delivered to respond to the small number of recommendations. 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. o) 'Essential learning' for all employees includes both child protection and CSE. **Adults:** p) Adult safeguarding part of Safeguarding Partnership in compliance with Care Act requirements and new Adult Safeguarding Guidance & Regulations. q) Adult Services - systematic quality assurance role for all managers from frontline team manager through to DAS.			

				CQC Assessment of the Council's ability to meet our duties under Part 1 of the Care Act 2014 achieved "Good" in November 2024. An action plan is being delivered to address the areas identified for improvement r) Integrated Care Board's Quality and Performance Committee chaired by the Chief Nurse. s) 'Essential learning' for all employees includes adult safeguarding. t) In-house provide, My Options, has robust governance arrangements following the CQC and Ofsted and regulations of the Health and Social Care Act			

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	Inability to: a) Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards b) deliver financial strategy including capital receipts, savings and commercial income c) fund organisational and cultural development in the Council within the constraints of the public sector economy ***PRIORITIES:*** **P1, P2, P3, P4 and P5**	Very High without controls Change since last review =	Very High without controls – Physical Reputation Service Change since last review =	a) Robust commercial approach taken by Council services in terms of increasing income generation b) Rigorous medium term financial planning and regular monitoring and active management through S&FPG, SMT, Business Briefing and Cabinet. 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 d) 'Savings programme, service reviews and restructuring. Including SMT quarterly review of savings using RAG based system to monitor delivery and early identification of need for mitigation or alternative proposals. e) Staffing, economic and environmental impact assessments of all savings proposals and appropriate consultation mechanisms in place. f) In-year savings exercises possible if necessary	D Sidaway M Brockway	**Low with controls** Change since last review =	**Very High with controls – Physical Reputation Service** Change since last review =

				g) Rationalisation of Council assets and accommodation h) Prudent level of uncommitted one-off resources and in-year budget contingency of £3.95m as well as one-off contingency in 2025/26 of £3.25m for social care, income and inflationary pressures. 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 17 consecutive years despite significant financial challenges arising from public sector austerity, increasing demand for services, high inflation, the COVID			

				pandemic and the current cost-of-living emergency. m) Safeguarding Children Cost Improvement Plan in place which is monitored by senior officers and members. n) Adult Social Care Cost Improvement Plan in place which is monitored by senior officers and members. o) Commercial project(s) for additional income generation as well as wider economic, social and regeneration purposes p) Housing Investment Programme 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 r) Specialist legal and taxation advice taken as required s) Active Treasury Management in conjunction with regular advice and updates from specialist Treasury Management Advisors t) Cabinet Members regularly briefed u) All necessary strategies, policies and procedures in place to fully comply with CIPFA and MoHCLG codes and regulations with regular review			

				v) Established approval process for agreement of business cases for new investment from the Council's Growth Fund and Invest to Save/Capacity Fund. 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. x) Completion of Equality Impact Assessments. y) Undertake regular benchmarking of services including with peer groups and via the LGA. z) Make or Buy Reviews to consider the most efficient delivery models for services and also identify additional income opportunities.			

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. ***PRIORITIES:*** **P1, P2, P3, P4 and P5**	Very High without controls Change since last review =	High without controls – Financial Reputation Service Change since last review =	a) Workforce Development Strategy in place, updated during 2025 and refreshed in 2026 with focus on delivering ambition of the Council being employer of choice. Strategy will focus on the following aims: • '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 offering a voice and fair treatment for all' • 'Our workplace will be healthy, and we will support our employees' wellbeing' • Our employment package will be attractive and will offer fair terms and conditions • We will effectively recruit and retain suitably qualified staff across all areas of the council	D Sidaway M Brockway	**Medium with controls** Change since last review =	**High with controls –** **Service** **Reputation** **Finance** Change since last review =

				b) Senior Management, SDM and team leader development programmes. c) Each service area has a workforce plan considering • skills gap analysis and needs • apprenticeships d) Specific HR policies: • use of market factor weighting for key groups • flexible working policy • staff benefit schemes e) “Grow your own” scheme for roles that are hard to recruit to. f) Review of induction programme and ongoing training and development completed. Leading to a robust and comprehensive training programme for all staff irrespective of role. g) The development of the Council’s employment “offer” is ongoing h) Council values, ethos, rewards and recognition i) Annual Personal Performance and Development discussions for all staff along with regular one to one meetings involving employees and their line managers. j) Staff awards ceremony to celebrate and encourage outstanding performance.			

				k) Review of the use of apprentices l) EDI Strategy in place m) Inclusive Recruitment Champions in place to support managers to maintain a diverse workforce and ensuring the Council advertises vacant posts to reach all parts of the community while maximising the number of applicants. n) Employee survey undertaken in November/December 2024. Results reviewed by SMT, actions taken and disseminated to staff – 'you said, we did' o) Collaboration with West Midlands Employers and CIPD during 2024 to upskill managers and increase competence and confidence in applying strategic workforce planning principles successfully and consistently p) Working with partners around recruitment and role availability. q) Employer Value Proposition developed to support attracting talent to the workforce when recruiting. r) Strategic Workforce Planning, which is taking a medium-term view on capacity, impact of changing work patterns, digitisation/AI to ensure future proofing of workforce.			

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, terrorist/cyber-attack loss of power or infrastructure etc. ***PRIORITIES:*** **P1, P2, P3, P4 and P5**	Very High without controls Change since last review =	Very High without controls – Physical Reputation Service Change since last review =	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. b) Corporate Business Continuity Policy reviewed. Following this review the Service Delivery BC Template has been updated and will be rolled out during 2025. c) Continuity plans for loss of key buildings tested in live environment Different scenario testing requires completion by individual teams and monitored by the BC Board. d) Serious Incident Protocol has been adopted. e) Identification of Council owned buildings that fall under the Terrorism(Protection of Premises) Act 2025. f) Continue to invest in ICT capital programme. Data centre investment complete. g) Improvement/upgrade/replacement of key IDT systems IDT controls – Disaster Recovery facilities in place based on Priority Services in line with Business Continuity Plans.	Executive Directors	**Medium with controls** Change since last review =	**Very High with controls – Service Reputation** Change since last review =

				h) Roll out of “office 365” and the cloud. i) Investment in cyber security and awareness programme and training (see risk 7 also). j) Implementation of a 3rd generation firewall. k) 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. l) Sound operational management of Council buildings. m) The Council have established a Protect and Prepare Board with key partners n) Simulation exercises have been undertaken to further educate staff with practical examples of phishing.			

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). ***PRIORITIES:*** **P1, P2, P3, P4 and P5**	Very High without controls Change since last review =	Very High without controls – Physical Reputation Financial Change since last review =	a) Reviewing, writing and monitoring of health and safety policies, incidents and audit findings through and the Health and Safety Committee who meet 3 times a year. b) Risk based health and safety audit process of Telford & Wrekin buildings 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. c) Management of health and safety within services is undertaken annually. Results from audits are fed back to Team Managers, Directors and H&S Committee 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 the H&S Committee. e) A Health & Safety Competency Framework has been implemented. It details the	Jo Britton / Director of Public Health	**Low with controls** Change since last review =	**Very High with controls – Physical Reputation Finance** Change since last review =

				necessary training and competency of the key roles of the Health & Safety Policy. f) There is a corporate lone worker risk assessment in place. Each service should also consider lone working within their team risk assessments. Lone member risk assessments are undertaken, and appropriate processes are in place. There is a council wide lone worker monitoring system available g) System in place for reporting all accidents, incidents and near misses. Non reportable accidents are investigated by each service area. h) All reportable accidents are additionally investigated by Internal Health and Safety Team and significant findings reported to Health and Safety Committee. All findings are reported back to relevant service area management i) Training to ensure health and safety compliance is 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) Consultation and communication with Trade			

				Unions occurs through the H&S Committee. l) Personal Safety Precautions Risk Register available to employees. m) Appointed Cyber Security Manager to review and improve cyber security where required. n) Cyber security part of essential learning for all employees. Simulation exercises have been undertaken to further educate staff with practical examples of phishing. o) Annual corporate review of list of 1st aiders and fire marshals 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 t) Review of lockdown procedures at key Council buildings and security plans for major events. u) Building security kept under review. v) H&S is a standing agenda item at SMT meetings and Service Area Management Meetings.			

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. ***PRIORITIES:*** **P1 and P5**	Very High without controls Change since last review =	Very High without controls – Financial Reputation Change since last review =	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) Knowledgeable, qualified and experienced team, dedicated to promoting sound Information Governance within the Council and ensuring that good practice is shared across the Council 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 and incidents. h) All data breaches recorded, investigated and lessons learnt identified i) Detailed report is sent to relevant Director in respect to	D Sidaway A Lowe	**Low with controls** Change since last review =	**High with controls – Reputation Finance** Change since last review =

				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 m) Regular bulletins on information governance related matters published in staff newsletter n) Completion of annual Data Security and Protection (DSP) toolkit. o) Annual Governance Statement process encompasses key information governance related matters p) Key elements of information governance and IDT security are audited by an external company.			

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. ***PRIORITIES:*** **P1, P3, P4 and P5**	High without controls Change since last review =	Very High without controls – Environment Financial Service Change since last review =	a) Work collaboratively with other Local Resilience Forum partner agencies, maintaining effective working relationships with the relevant bodies b) Council Emergency Plan 2024 has been tested in 2025 and improvements being implemented following this exercise. c) Human resource challenges to maintain appropriate levels of trained staff to be able to respond to an emergency, for example, to set up rest centres are monitored. For example, recruitment for volunteer rest centre staff was undertaken in the Winter 2024. d) Strategic, tactical and recovery training provided for SMT and relevant SDM's. Further training identified for those that have not received any. Emergency Planning exercise undertaken in 2025. e) Service level agreement in place with Shropshire County Council to share resource of a Resilience Manager. f) Maintaining appropriate, risk based contingency plans (Civil	Exec Directors / Director of Public Health	**Medium with controls** Change since last review =	**Very High with controls –** **Service** **Reputation** **Finance** **Environment** Change since last review =

				Resilience Manager) which are reviewed on regular basis g) 'Land Instability in Ironbridge Gorge' – multi agency plan to respond to landslide in the Gorge is in place. It was reviewed and exercised in October 2024. Working with MOD during 2025 on a further review of the plan. h) 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. i) Provider contract monitoring in place. j) Public health mechanisms in place to manage response to significant incidents. However prolonged incidents will result in a significant human resource challenge k) Corporate budget contingency of £3.95m available to cover unforeseen costs arising up to Bellwin threshold where relevant. l) On-call arrangements in place, including for SMT			

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. ***PRIORITIES:*** **P3 and P4**	High without controls Change since last review =	Very High without controls – Environment Reputation Financial Change since last review =	a) Investment in highways capital programme. b) Corporate capital budget specifically for projects that support the Council to address/mitigate the impact of climate change are included within capital programme. c) Monitor ground stability in the Gorge and water levels. d) Use and testing of flood barriers in Ironbridge e) 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. 63% reduction to date, showing strong progress. f) Delivering a wide range of schemes to reduce carbon emissions. g) Driving partnership engagement and action on climate change through the Telford and Wrekin Borough Climate Change Partnership h) Addressing biodiversity through actions plans. i) Climate Emergency is at the forefront of the Council's priorities. In addition, there is a new Council priority defined –	F Mercer	**Medium with controls** Change since last review =	**High with controls –** **Environment** **Reputation** **Finance** Change since last review =

				‘Our natural environment is protected – we are taking a leading role in addressing the climate emergency j) Strong relationships with key partners including the Environment Agency. k) Work of the Environment Scrutiny Committee is used to help inform policy development and highlight areas of best practice in this area l) Development and adoption of the Climate Change Adaption Plan meaning key measures are identified through a risk-based approach.			

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
R9	Projects not delivered effectively - Increasing number of projects and resource challenges to deliver those projects leads to project failure and inability to continue to deliver existing council services effectively and efficiently. ***PRIORITIES:*** **P1, P2, P3, P4 and P5**	Very High without controls Change since last review =	Very High without controls – Financial Service Reputation Change since last review =	a) Major Projects Board in place b) Capital monitoring undertaken by all services/Directors c) Monitor business plans d) Workforce planning e) Monthly meetings of Specific Officer Boards providing oversight of major schemes particularly those LUF and TF Funded. f) Project Managers who monitor and report on delivery of key projects (internal and external). g) SMT oversight on large projects.	All of SMT	**Medium with controls** Change since last review =	**High with controls – Financial Service Reputation** Change since last review =

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
R10	Failure to deliver partnership priorities. ***PRIORITIES:*** **P1, P2, P3, P4 and P5**	Very High without controls Change since last review =	Very High without controls – Financial Service Reputation Change since last review =	a) Vision 2032 detailing partnership priorities and shared delivery of actions b) Engagement with those with lived experience in developing strategies c) Partnership agreements in place detailing clear partnership priorities d) Making it Real Board which provides opportunity for services to test policy/operational delivery with service users.	All of SMT	**Medium with controls** Change since last review =	**High with controls – Financial Service Reputation** Change since last review =

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
2024.2.3	11/11/24	R Montgomery	SMT	Amendments suggested from previous SMT meeting and additional risks added
2025.0.1	16/12/24	R Montgomery	SMT	Added clear linkages between corporate risks and council priorities
2025.0.1	07/07/25	T Drummond	SMT	Approval prior to register presented to Audit Committee and Cabinet