

## Appendix 1

### 1. Calderdale Council Complaints and Compliments Annual Report 2023/2024

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#### 1.1 Executive Summary

This report provides a comprehensive overview of Calderdale Council's handling of complaints and compliments from April 2023 to March 2024. The Complaints and Compliments team is dedicated to managing feedback professionally, fostering continuous improvement and a strong customer focus across all services. The team consistently updates leadership and collaborates with service managers to identify and address performance issues, ensuring that complaints are resolved swiftly and efficiently.

In 2023/24, the Complaints and Compliments Team, which comprises two full-time employees, experienced significant internal changes, with both staff members moving on to other roles within the Council. Due to a freeze on vacancies, the team was left understaffed for nearly six months from October 2023, with only the minimum necessary contact maintained with the Local Government Ombudsman (LGO) and complainants. Despite this challenge, the newly formed team has been successfully embedding the Council's commitment to refining complaint handling processes, improving response times, and maintaining a strong emphasis on customer satisfaction and service quality.

The Council manages thousands of customer interactions across various channels each year, with a relatively low proportion of complaints. This low volume of complaints underscores the Council's dedication to delivering high-quality services and achieving customer satisfaction.

Response times are closely monitored, with the team taking proactive steps to minimise delays through regular meetings with the Corporate Leadership Team (CLT) and service managers. Additionally, new training programs are being introduced to equip staff with the skills needed to handle complaints effectively at the local level, reducing the need for escalation to the LGO.

The Council continues to value positive feedback and makes concerted efforts to capture and acknowledge compliments, despite recent changes in reporting criteria. This ongoing focus on recognising positive feedback contributes to a culture of service excellence.

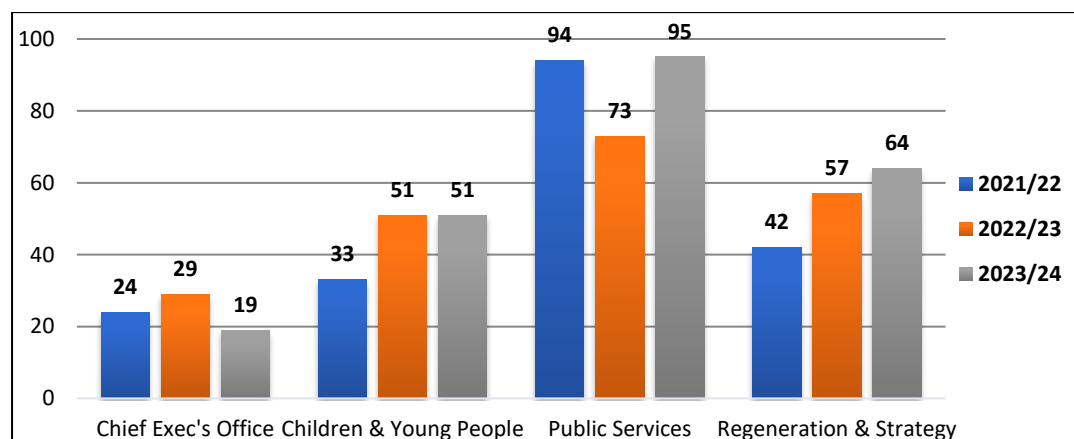
This report highlights the Council's resilience in managing complaints and compliments during a period of staffing challenges, its ongoing commitment to improving service quality and response times, and its dedication to fostering a culture of continuous improvement and customer satisfaction. Despite facing internal changes, the Council has maintained a strong focus on service excellence, ensuring that both complaints and compliments are handled effectively and professionally.

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## 2. Corporate Complaints Overview

### 2.1 Complaints Summary

From 1 April 2023 to 31 March 2024, Calderdale Council received a total of 229 complaints. The distribution of these complaints across different directorates is shown in the accompanying graph, providing a year-on-year comparison, including complaints that were later withdrawn.



|                         | 2021/22 | 2022/23 | 2023/24 |
|-------------------------|---------|---------|---------|
| Chief Exec's Office     | 24      | 29      | 19      |
| Children & Young People | 33      | 51      | 51      |
| Public Services         | 94      | 73      | 95      |
| Regeneration & Strategy | 42      | 57      | 64      |

In 2022/2023, there was an observed rise in complaints related to Children and Young People's services, and this trend has continued into the current year. Additionally, complaints within Public Services have increased, particularly in the areas of Community Safety and Green Spaces. Regeneration and Strategy also saw a notable uptick in complaints, especially concerning Streetworks Network. Complaints directed at the Chief Executive's Office have decreased.

### 2.2 Complaint Outcomes

The outcomes of the 229 complaints received during this period are as follows:

- 104 complaints (45%) were either upheld or partially upheld.
- 111 complaints (48%) were not upheld.
- 13 complaints (6%) were withdrawn.
- 1 complaint (1%) within Public Services is still under investigation.

|                  | Upheld |       |       | Partially Upheld |       |       | Not Upheld |       |       | Withdrawn |       |       |
|------------------|--------|-------|-------|------------------|-------|-------|------------|-------|-------|-----------|-------|-------|
|                  | 21/22  | 22/23 | 23/24 | 21/22            | 22/23 | 23/24 | 21/22      | 22/23 | 23/24 | 21/22     | 22/23 | 23/24 |
| Chief Execs      | 2      | 6     | 4     | 7                | 6     | 3     | 13         | 14    | 10    | 2         | 3     | 2     |
| CYPS             | 4      | 9     | 6     | 12               | 23    | 20    | 12         | 16    | 24    | 5         | 3     | 1     |
| Public Services  | 14     | 16    | 31    | 17               | 17    | 22    | 34         | 31    | 36    | 29        | 9     | 5     |
| Regen & Strategy | 7      | 7     | 7     | 8                | 19    | 12    | 23         | 26    | 40    | 4         | 5     | 5     |
| Total            | 27     | 38    | 48    | 44               | 65    | 57    | 82         | 87    | 110   | 40        | 20    | 13    |

### 2.3 Type of Complaint

Out of the 216 complaints that were fully investigated (excluding the 13 withdrawn), they were categorised as follows:

- 56 Service Level/Quality
- 43 Policy Service/Decision
- 37 Service Delay
- 21 Staff Conduct
- 20 Communication
- 20 Financial
- 7 Enforcement Action
- 4 Staff Performance
- 3 Appeal
- 3 Discrimination
- 2 Hybrid/Insurance

The analysis of complaint data reveals that service level and quality issues were the most frequently raised concerns, with 56 complaints in this category, reflecting a significant increase from 28 in the previous year.

Here are the key trends and themes relating to specifically to service level/quality summarised for each service area:

#### CYPS (Children and Young People's Services)

- **Social Worker Concerns:** Frequent changes in social workers, inadequate support, lack of communication, and dissatisfaction with case handling are recurring issues.
- **SEND Education Issues:** Complaints about the lack of education provision for children with Special Educational Needs (SEN), delays or failures in implementing Education, Health, and Care Plans (EHCPs), and dissatisfaction with SENACT's decisions.

#### Public Services

- **Waste and Recycling:** Predominant issues involve repeated missed collections of recycling and waste, with complaints about lack of response or resolution from the service.
- **Community Safety and Highways:** Complaints centered around inaction on community safety issues, such as overhanging trees, rat infestations, and noise complaints, as well as frustrations with road maintenance, blocked drains, and traffic management.
- **Housing and Homeless Prevention:** Concerns about the overall care and service provided during the housing process, with some complaints alleging poor treatment or feeling bullied by the council.

## Regeneration & Strategy

- **Strategic Infrastructure:** Complaints largely related to inadequate maintenance (e.g., gritting, potholes), insufficient flood response, and unresolved infrastructure issues such as damaged footpaths or vegetation management.
- **Planning and Building Control:** Dissatisfaction with the planning process, including poor communication from planning officers, inadequate responses, and lack of assistance during the planning and building control stages.
- **Economy, Housing, and Investment:** Complaints about the use and condition of temporary accommodation and dissatisfaction with contractors' work quality.

Conversely, complaints related to policy or service decisions decreased from 70 in 2022/2023 to 43 in the current period.

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## 3. Overview of Children's Social Care

### 3.1 Summary of Representations

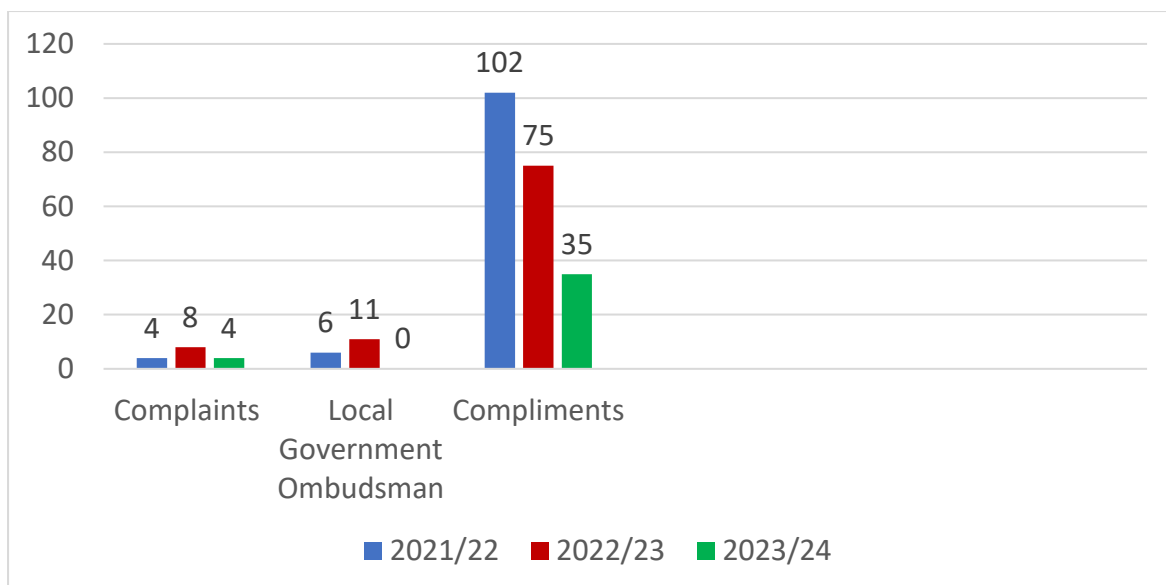
Between 1 April 2023 and 31 March 2024, the Children's Social Care Service received a total of 39 representations, categorised as follows:

- 4 Complaints
- 35 Compliments

Notably, none of the complaints were escalated to the Ombudsman, reflecting a strong resolution process at the initial stages.

### 3.2 Year-on-Year Comparison

The graph below illustrates a three-year comparison of the representations received. The data shows a decrease in the number of complaints from the previous year (2022/23), continuing a positive trend. Additionally, the number of complaints referred to the Local Government Ombudsman (LGO) has also decreased over the last three years, indicating improved handling and resolution at earlier stages.



|                            | 2021/22 | 2022/23 | 2023/24 |
|----------------------------|---------|---------|---------|
| Complaints                 | 4       | 8       | 4       |
| Local Government Ombudsman | 6       | 11      | 0       |
| Compliments                | 102     | 75      | 35      |

### 3.3 Statutory Complaints Process

The statutory complaints process for Children's and Young People's Social Care is designed to ensure thorough and fair handling at every stage. It consists of three stages:

- **Stage 1:** An investigation is conducted by the relevant service area. If the complainant is dissatisfied with the outcome, they may escalate the complaint to Stage 2.
- **Stage 2:** An Independent Investigator and an officer not associated with the service area in question conduct the investigation. If the complainant remains unsatisfied, the complaint can proceed to Stage 3.
- **Stage 3:** This involves a review chaired by an Independent Chairperson, along with the Independent Investigator, the Independent Officer, two Independent Panel Members, and the Assistant Director.

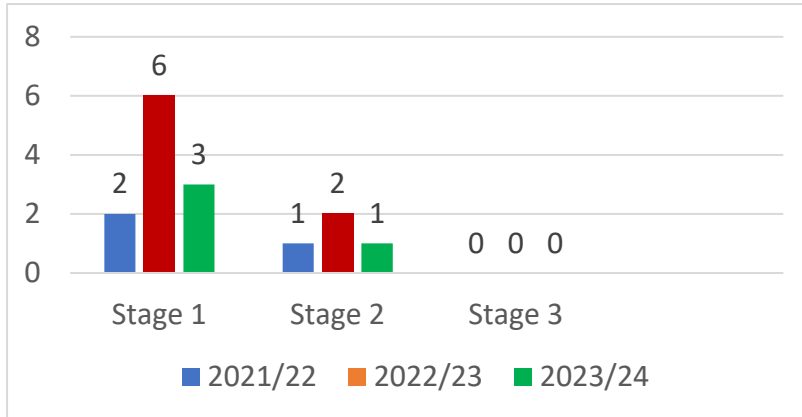
### 3.4 Complaint Resolution

Of the 4 complaints received during 2023/24:

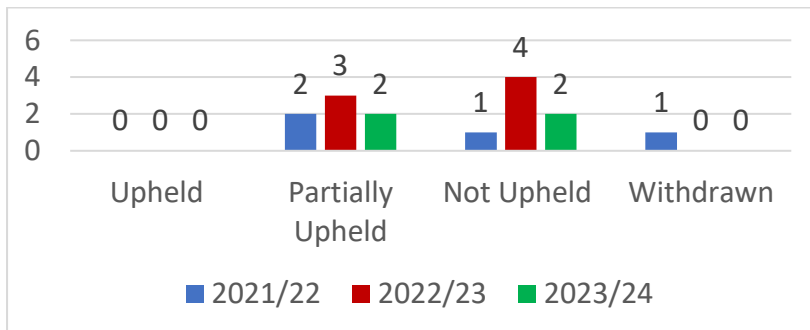
- 3 complaints were resolved at Stage 1:
  - 1 complaint was partially upheld.
  - 2 complaints were not upheld.

- 1 complaint proceeded to Stage 2 and was partially upheld.

The accompanying graphs detail the number of complaints investigated and their outcomes over the last three years, providing insight into the effectiveness of the resolution process at each stage.



|         | 2021/22 | 2022/23 | 2023/24 |
|---------|---------|---------|---------|
| Stage 1 | 2       | 6       | 3       |
| Stage 2 | 1       | 2       | 1       |
| Stage 3 | 0       | 0       | 0       |



|                  | 2021/22 | 2022/23 | 2023/24 |
|------------------|---------|---------|---------|
| Upheld           | 0       | 0       | 0       |
| Partially Upheld | 2       | 3       | 2       |
| Not Upheld       | 1       | 4       | 2       |
| Withdrawn        | 1       | 0       | 0       |

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## 4. Overview of Adult Services and Wellbeing

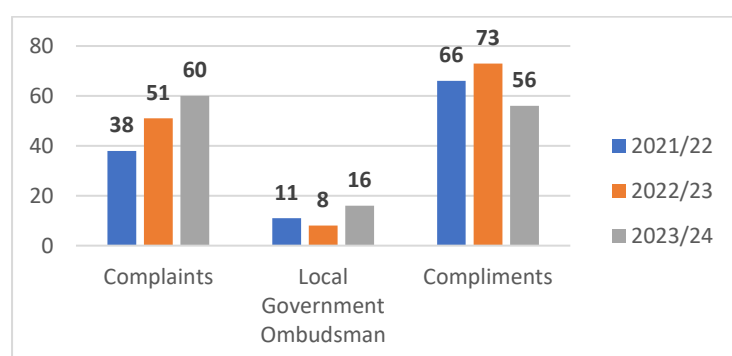
### 4.1 Summary of Representations

The NHS and Community Care Act 1990 mandates that Local Authorities establish procedures for handling representations related to Adult Social Care Services, whether from service users themselves or those advocating on their behalf. This legislation also requires that feedback on complaints is effectively communicated to management, ensuring continuous improvement of services.

During the reporting period, a total of 116 representations were received, categorised as follows:

- 60 Complaints
- 56 Compliments

Of the 60 complaints received, 16 were referred to the Ombudsman for further review. The accompanying graph illustrates the representations received over the past three years, offering a clear comparison of trends.



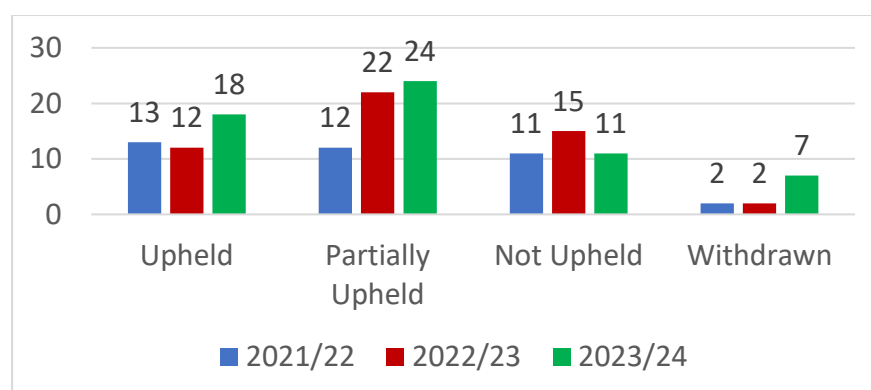
|                            | 2021/22 | 2022/23 | 2023/24 |
|----------------------------|---------|---------|---------|
| Complaints                 | 38      | 51      | 60      |
| Local Government Ombudsman | 11      | 8       | 16      |
| Compliments                | 66      | 73      | 56      |

### 4.2 Complaint Outcomes

Of the 60 complaints received:

- 42 were upheld or partially upheld.
- 11 were not upheld.
- 7 were withdrawn by the complainant.

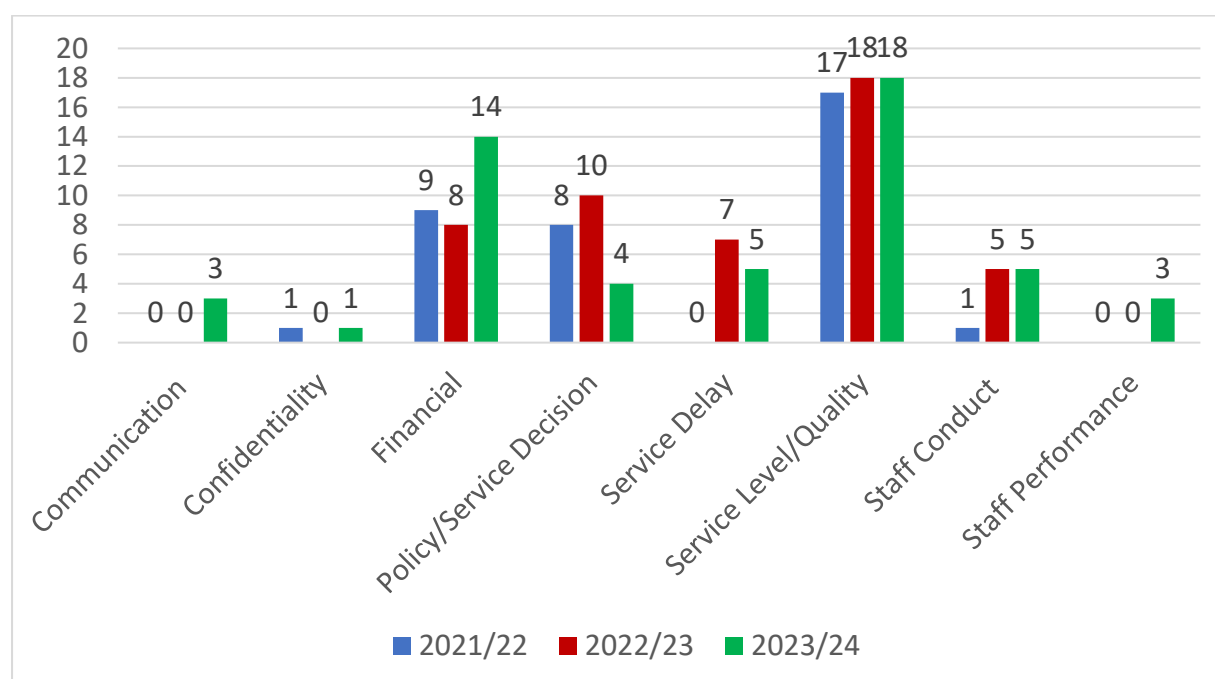
The accompanying graph provides a visual comparison of the outcomes for complaints received over the last three years, helping to contextualise these figures.



|                  | 2021/22 | 2022/23 | 2023/24 |
|------------------|---------|---------|---------|
| Upheld           | 13      | 12      | 18      |
| Partially Upheld | 12      | 22      | 24      |
| Not Upheld       | 11      | 15      | 11      |
| Withdrawn        | 2       | 2       | 7       |

### 4.3 Type of Complaint

The chart below categorises the types of complaints that were investigated (excluding the 7 that were withdrawn) and compares these categories against the previous three years.





|                         | 2021/22 | 2022/23 | 2023/24 |
|-------------------------|---------|---------|---------|
| Communication           | 0       | 0       | 3       |
| Confidentiality         | 1       | 0       | 1       |
| Financial               | 9       | 8       | 14      |
| Policy/Service Decision | 8       | 10      | 4       |
| Service Delay           | 0       | 7       | 5       |
| Service Level/Quality   | 17      | 18      | 18      |
| Staff Conduct           | 1       | 5       | 5       |
| Staff Performance       | 0       | 0       | 3       |

The most significant category was service level/quality, which accounted for 18 complaints, a figure that has remained consistent with the previous year. Of these 18 complaints, 14 were either upheld or partially upheld.

Financial issues saw the most notable year-on-year increase, with 14 complaints recorded, up from 8 the previous year. These were all relating to care charges such as delays in them being processed and poor communication.

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## 5. Introduction to Response Times

Effective and timely resolution of complaints is a top priority for the Council, and the monitoring of response times plays a crucial role in achieving this goal. The Complaints team is dedicated to ensuring that all complaints are addressed promptly and efficiently. This commitment is supported by regular, robust monitoring and close collaboration with service managers.

The Complaints and Compliments Officer actively participates in Performance Board meetings, where emerging trends and performance issues are closely scrutinised, providing a platform for identifying areas where improvements can be made. This proactive approach allows the team to highlight potential issues early and work with service managers to implement necessary changes.

The introduction of the new complaints database in April 2023 has been a significant development, incorporating automated email alerts to expedite the complaint response process. This system aims to improve the timeliness of our responses by providing real-time reminders to investigators.

The Complaints team consistently tracks the time taken to resolve investigations, ensuring that any delays are identified and addressed. When performance data indicates a need for improvement, the team collaborates with the relevant services, offering additional training and support as required. This ongoing effort to enhance efficiency and speed in complaint resolution is central to our commitment to high-quality service delivery.

## 5.1 Corporate Response Times

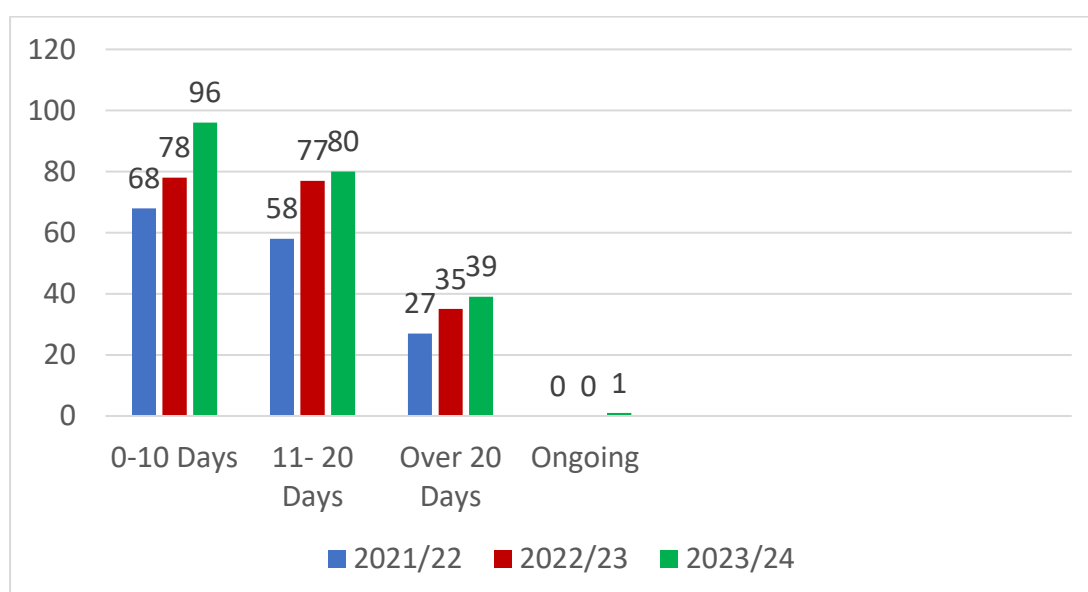
The Council places a strong emphasis on promptly addressing complaints to maintain trust and satisfaction among residents. Our standard procedure requires that the assigned investigator provides a detailed response within 10 working days. If it becomes clear that this deadline cannot be met, the investigator must proactively communicate with the complainant to agree on an extended timeline.

In the 2023/24 period, the average response time increased slightly to 17 working days, up from 15 working days in the previous year. Despite this increase, 44% of complaints were resolved within the initial 10-day target.

Out of the 216 complaints investigated:

- 96 complaints (44%) were resolved within 10 working days.
- 80 complaints (37%) took between 10 and 20 working days to resolve.
- 39 complaints (19%) took more than 20 working days to resolve.
- 1 is ongoing

The increase in average response times is partly due to more complex complaints requiring thorough investigation, as well as a higher volume of complaints in certain service areas. In response, the Council is committed to improving response times through enhanced training for investigators and by exploring additional resources to support timely complaint resolution.

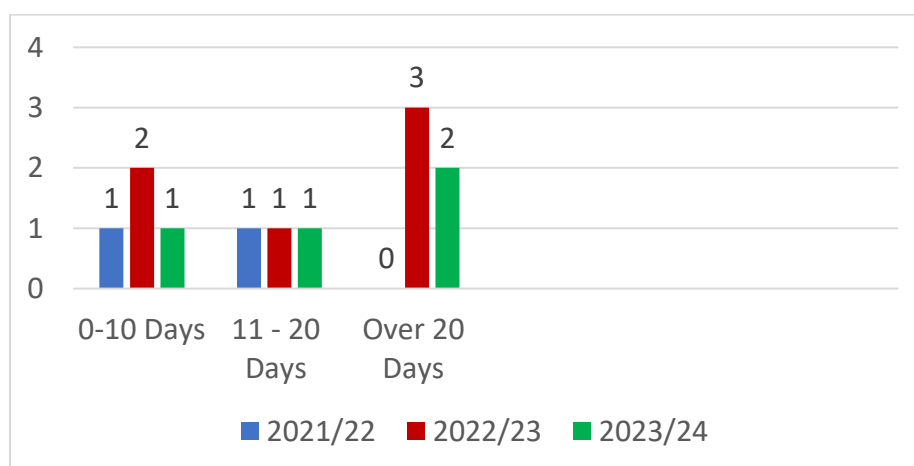


|              | 2021/22 | 2022/23 | 2023/24 |
|--------------|---------|---------|---------|
| 0-10 Days    | 68      | 78      | 96      |
| 11- 20 Days  | 58      | 77      | 80      |
| Over 20 Days | 27      | 35      | 39      |
| Ongoing      | 0       | 0       | 1       |

## 5.2 Childrens Response Times

The Council recognises the critical importance of addressing complaints swiftly to ensure fairness and maintain confidence in our services. Under our complaints procedure, Investigating Officers are required to provide a response within 10 working days. If it becomes apparent that this timeframe cannot be met, the response time may be extended to a maximum of 20 working days, with clear communication to the complainant.

The accompanying graph illustrates the response times for Stage 1 complaints over the past three years, offering a comprehensive view of our performance in this area and highlighting trends that inform ongoing improvements.



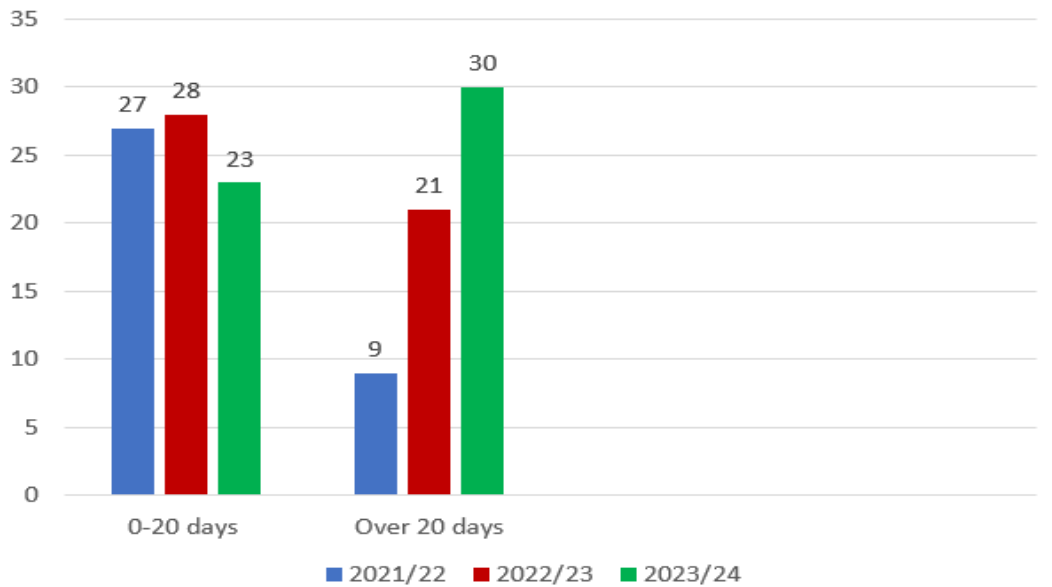
|              | 2021/22 | 2022/23 | 2023/24 |
|--------------|---------|---------|---------|
| 0-10 Days    | 1       | 2       | 1       |
| 11 - 20 Days | 1       | 1       | 1       |
| Over 20 Days | 0       | 3       | 2       |

## 5.3 Adults Services and Wellbeing Response Times

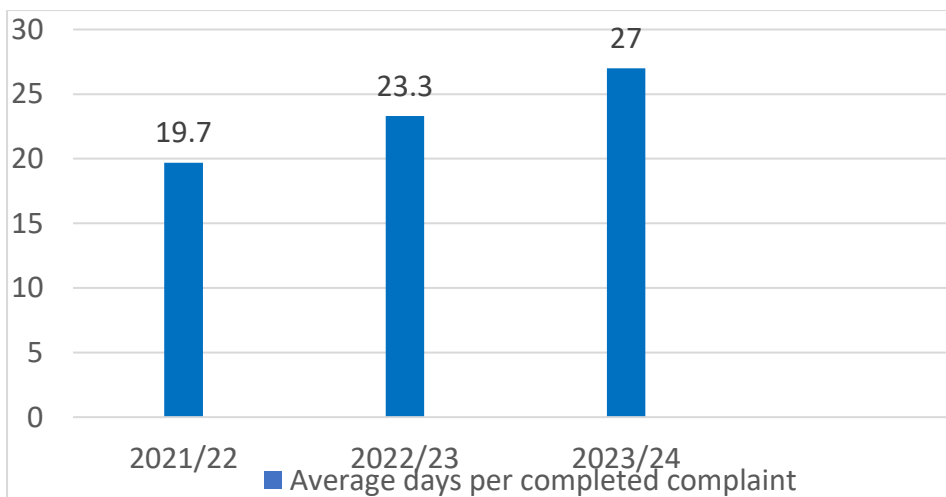
The statutory response time for Adult Health and Social Care complaints is set at 20 working days. This benchmark ensures that complaints are addressed promptly and effectively, maintaining the integrity of our services.

The accompanying graph shows the distribution of complaint resolutions over the past three years, highlighting the number of complaints concluded within 20 days versus those that extended beyond this period.

|              | 2021/22 | 2022/23 | 2023/24 |
|--------------|---------|---------|---------|
| 0-20 Days    | 27      | 28      | 23      |
| Over 20 days | 9       | 21      | 30      |



Additionally, the chart below provides a detailed comparison of the overall average response times for completed complaints across the service over the last three years. This data underscores a general trend of increasing response times throughout the designated reporting period.

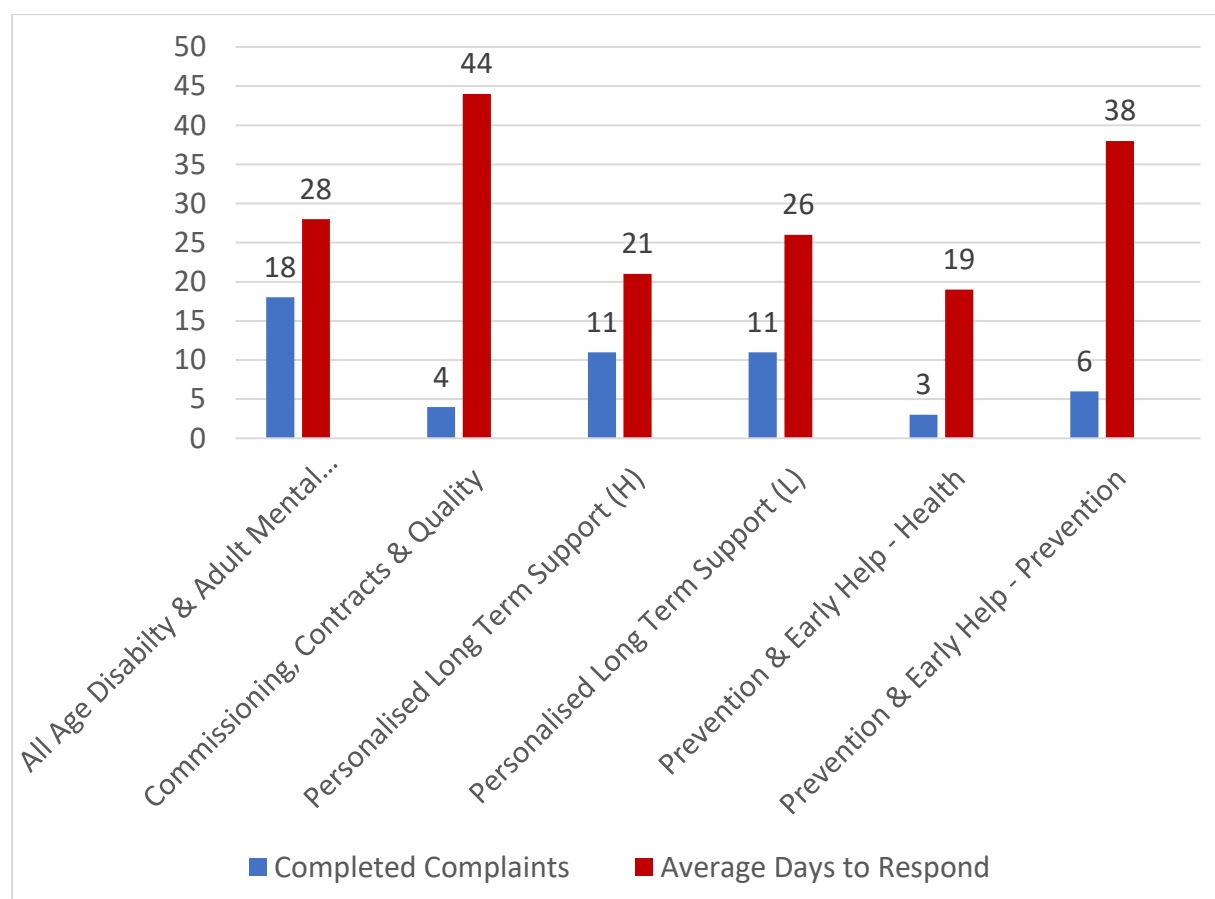


|         | Average days per completed complaint |
|---------|--------------------------------------|
| 2021/22 | 19.7                                 |
| 2022/23 | 23.3                                 |
| 2023/24 | 27                                   |

For the 2023/24 period, the analysis of the 53 investigated complaints reveals the following:

- 23 cases were resolved within the 20-day statutory period.
- 30 cases required more than 20 days to reach a conclusion.

Of the 53 completed investigations, the average response times by service are displayed in the following graph:



|  | Completed Complaints | Average Days to Respond |
|--|----------------------|-------------------------|
| All Age Disability & Adult Mental Health | 18                   | 28                      |
| Commissioning, Contracts & Quality       | 4                    | 44                      |
| Personalised Long-Term Support (H)       | 11                   | 21                      |
| Personalised Long-Term Support (L)       | 11                   | 26                      |
| Prevention & Early Help - Health         | 3                    | 19                      |
| Prevention & Early Help – Prevention     | 6                    | 38                      |

Further analysis indicates that the sectors of Commissioning, Contracts, and Quality experienced the longest average response times. These extended timeframes are

being addressed through ongoing discussions with the directorate, with a focus on reducing response times where possible. It is important to note that these delays can often be attributed to operational pressures and the thoroughness required to gather comprehensive evidence for investigations.

On a positive note, the Prevention & Early Help (Health) sector has consistently managed to keep response times within the 20-day limit, showcasing effective handling of complaints within this area.

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## 6. Compliments

The Council places great value on all forms of customer feedback, recognising that while resolving complaints is essential, it is equally important to celebrate the positive feedback we receive. Compliments not only highlight areas where we are performing well but also boost morale and reinforce good practices across our services.

To ensure that every piece of positive feedback is captured and recognised, the Complaints and Compliments team regularly sends reminders to all departments. These reminders encourage staff to forward any compliments they receive, ensuring that these acknowledgments are logged and shared appropriately. This process helps maintain a culture of appreciation and continuous improvement within the Council.

It's important to note that while there may be a reduction in the number of recorded compliments in some areas, this is primarily due to a change in the criteria for what qualifies as a compliment. This adjustment has impacted the reported figures, but it does not reflect a decrease in the quality of service provided.

The Resources and Transformation directorate, which was added in September 2023, is included in the compliment records for the first time this year. As a result, historical data for this directorate is not available.

The continued emphasis on capturing and recognising compliments ensures that positive feedback remains an integral part of our Customer Experience Framework, helping to reinforce the practices that lead to excellent service delivery.

### 6.1 Corporate Compliments

During the reporting period, a total of 158 compliments were received across various directorates. The table below provides a breakdown of compliments by directorate, compared with data from the previous two years:

| Directorate             | Compliments<br>2021/22 | Compliments<br>2022/23 | Compliments<br>2023/24 |
|-------------------------|------------------------|------------------------|------------------------|
| Chief Executives Office | 7                      | 3                      | 3                      |

|   |            |            |            |
|---|------------|------------|------------|
| Children & Young People Service (Not Social Care) | 23         | 14         | 35         |
| Public Services                                   | 179        | 219        | 77         |
| Regeneration & Strategy                           | 44         | 25         | 35         |
| Resources & Transformation                        |            |            | 8          |
| <b>Total</b>                                      | <b>253</b> | <b>261</b> | <b>158</b> |

## 6.2 Childrens Social Care Compliments

In 2023/24, Children's Services received 35 compliments, reflecting the positive impact of the services provided. The table below shows the number of compliments received over the last three years:

|                              | <b>2021/22</b> | <b>2022/23</b> | <b>2023/24</b> |
|------------------------------|----------------|----------------|----------------|
| <b>Childrens Social Care</b> | 102            | 75             | 35             |

## 6.3 Adults Services and Wellbeing Compliments

Adult Services and Wellbeing received 56 compliments during this reporting period.

|                              | <b>2021/2022</b> | <b>2022/23</b> | <b>2023/24</b> |
|------------------------------|------------------|----------------|----------------|
| Adult Services and Wellbeing | 81               | 73             | 56             |

## 7. Training and Development

Starting in September 2024, the Council will implement mandatory training for all new and current investigating officers. This training will focus on effective complaints handling and adherence to the Local Government and Social Care Ombudsman (LGO) code.

The key objectives are to:

- **Reduce the number of complaints received** by empowering staff to address issues proactively.
- **Increase local resolution of complaints**, reducing the need for LGO involvement by resolving more complaints effectively at the initial stage.
- **Speed up complaint resolution** to ensure quicker, more efficient outcomes.

Additionally, from December, we will offer Customer Excellence/Preventing a Complaint Training aimed at enhancing staff skills in customer service and problem prevention, further reducing the need for formal complaints.

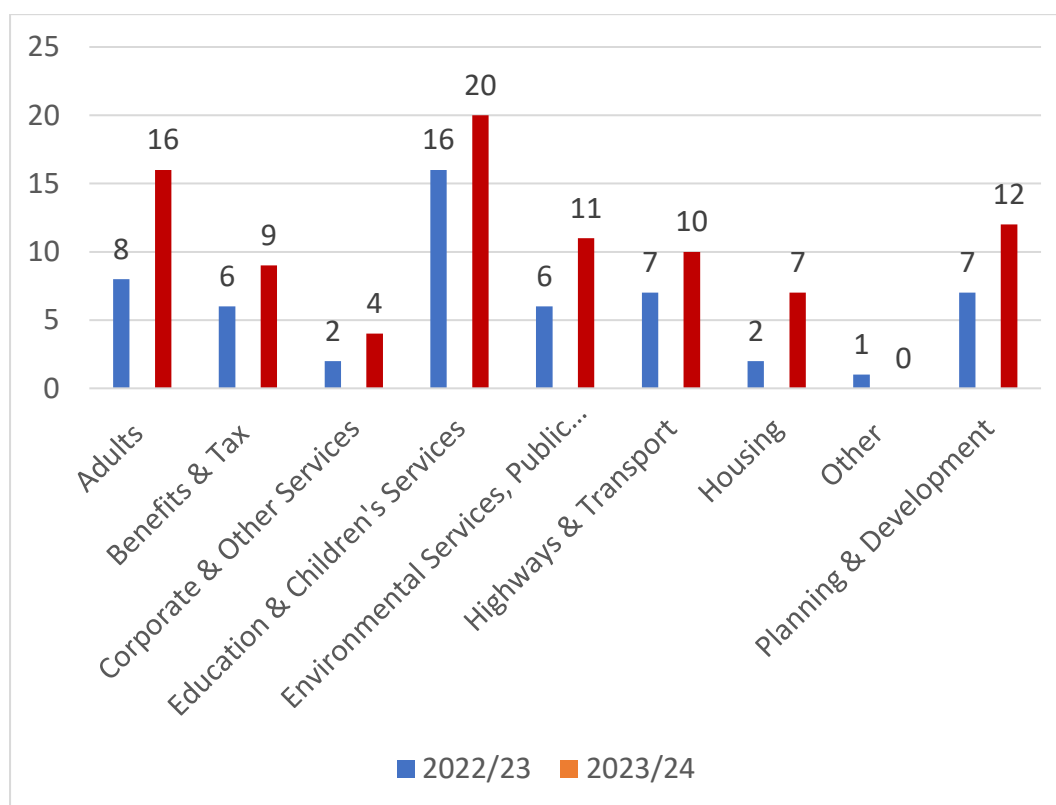
These training sessions will be continuously assessed and updated to ensure they remain relevant and aligned with best practices. The overall aim is to improve complaint resolution quality and speed, resulting in fewer complaints, more local resolutions, and less escalation to the LGO.

## 8. Ombudsman Complaints 2023/2024

### 8.1 Overview of Ombudsman Complaints

#### Summary:

In the 2023/24 period, there was an increase in the number of complaints and inquiries received by the Ombudsman, rising from 55 in 2022/23 to 89 in 2023/24. The attached graph provides a detailed breakdown of these complaints by service type.



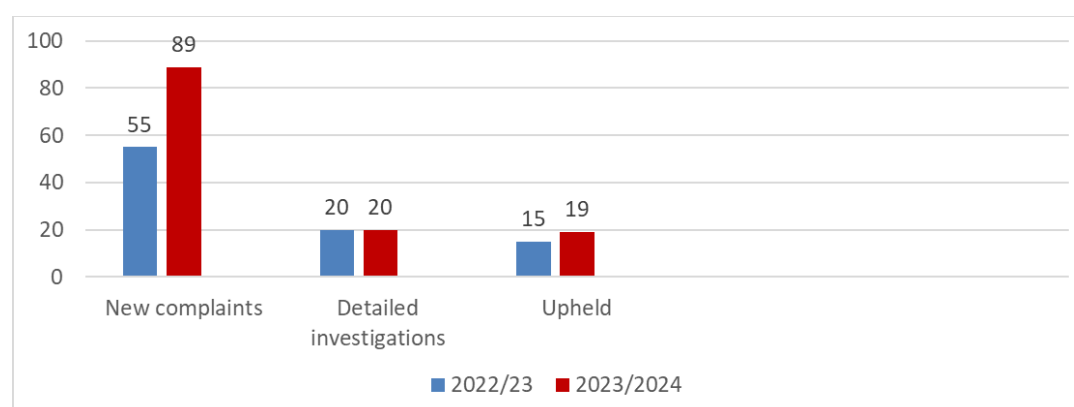
|  | 2022/23 | 2023/24 |
|--|---------|---------|
| Adults   | 8       | 16      |
| Benefits & Tax   | 6       | 9       |
| Corporate & Other Services                             | 2       | 4       |
| Education & Children's Services                        | 16      | 20      |
| Environmental Services, Public Protection & Regulation | 6       | 11      |
| Highways & Transport                                   | 7       | 10      |



|                        |   |    |
|------------------------|---|----|
| Housing                | 2 | 7  |
| Other                  | 1 | 0  |
| Planning & Development | 7 | 12 |

### Key Points:

- **Complexity of Cases:** Some complaints necessitate extensive input from external stakeholders and the Local Government Ombudsman (LGO) assessment. As a result, not all complaints are closed within the same reporting period, which may delay final decisions into subsequent years.
- **Detailed Investigations:** The Ombudsman conducted 20 detailed investigations in 2023/24, consistent with the previous year. However, there was an increase in the percentage of cases upheld, rising from 75% in 2022/23 to 95% in 2023/24. The LGO recognise that this increase is partly attributed to their enhanced selectivity, prioritising cases that align with the public interest.
- **Comparison with National Averages:** Calderdale's uphold rate of 95% is notably higher than the national average of 80% for similar authorities. A year-on-year comparison is provided in the graph for reference.



|         | New complaints | Detailed investigations | Upheld |
|---------|----------------|-------------------------|--------|
| 2022/23 | 55             | 20                      | 15     |
| 2023/24 | 89             | 20                      | 19     |

- Not all complaints are appropriate for Ombudsman investigation due to jurisdictional limits or existing governance and legislative frameworks.
- In some cases, complaints are referred back to the Council for investigation if the complainant has not first utilised the Council's complaint process.

### 8.2 Remedies for Upheld Complaints

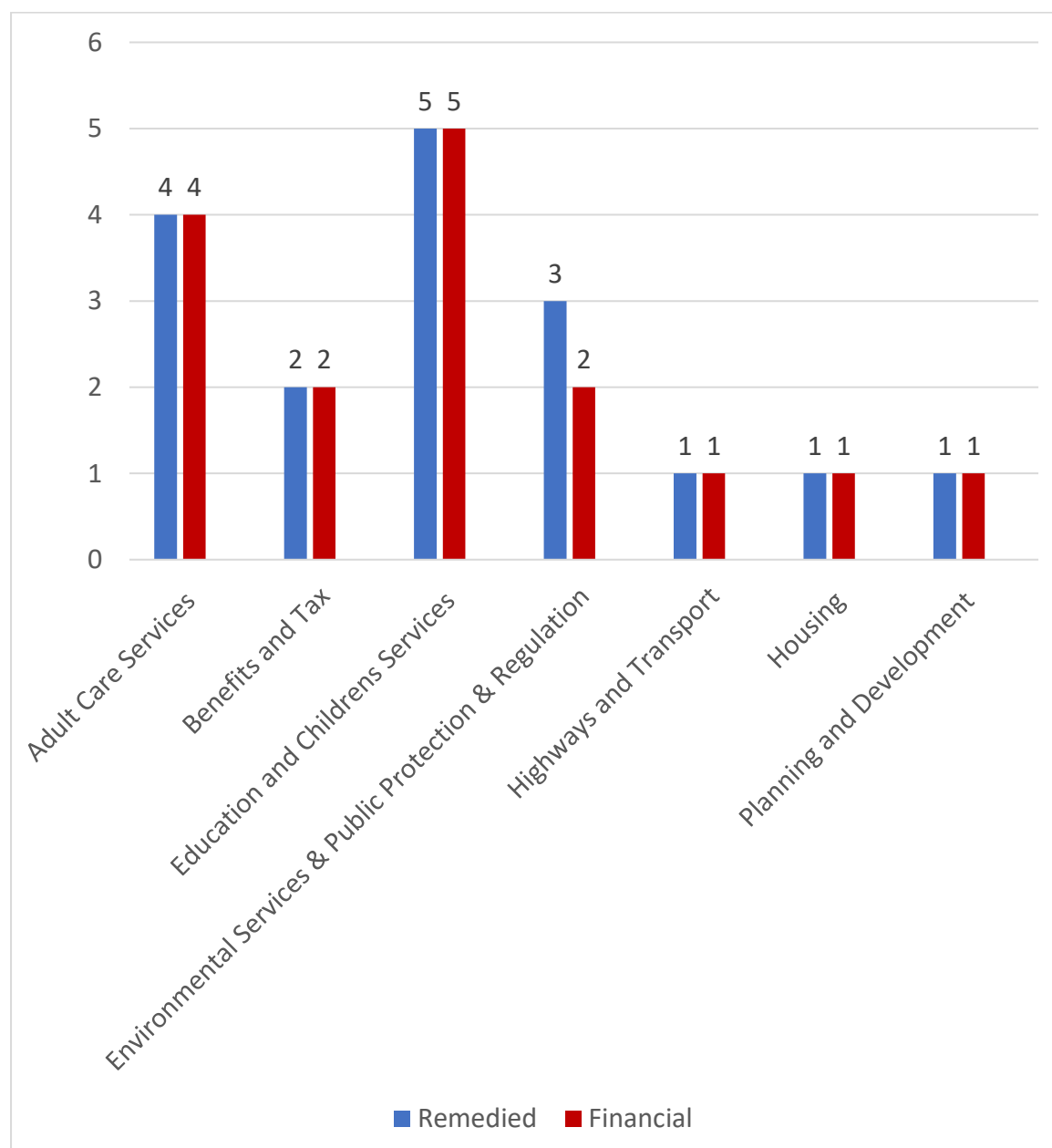
#### Summary:

Of the 19 upheld complaints, the Ombudsman recommended specific remedies in 17

cases, while the remaining two were resolved satisfactorily during the Council's initial investigation.

### Key Points:

- **Types of Remedies:** Recommendations included issuing apologies, providing staff training or guidance, reviewing and revising service procedures, and implementing policy changes. In 16 of the upheld cases (94%), financial remedies were also recommended, marking an increase from the previous year.



|                     | Remedied | Financial |
|---------------------|----------|-----------|
| Adult Care Services | 4        | 4         |

|   |   |   |
|---|---|---|
| Benefits and Tax  | 2 | 2 |
| Education and Childrens Services                          | 5 | 5 |
| Environmental Services, Public Protections and Regulation | 3 | 2 |
| Highways and Transport                                    | 1 | 1 |
| Housing   | 1 | 1 |
| Planning and Development                                  | 1 | 1 |

### Case Examples:

- **Travel Budget Imposition:** The Ombudsman found fault in the Council's imposition of a personal travel budget on a parent without consent, due to the Council's inability to recruit a passenger assistant, leading to service failure.
- **Yellow Line Enforcement:** Delays in repainting single and double yellow lines near a complainant's home were identified as a fault, due to a lack of enforcement of parking restrictions.
- **Special Education Provisions:** The Council failed to arrange special education provisions as outlined in an amended Education, Health, and Care plan and did not finalise the plan within statutory deadlines.
- **Care Assessments and Charges:** Delays in care assessments and incomplete care agreements explaining payable amounts were also identified as faults.

### 8.3 Late Compliance

#### Summary:

Of the 17 recommended remedies, 94% were successfully implemented by the Council. However, two remedies were completed late, and one remains ongoing due to its complexity.

#### Action Taken:

Following a review of late compliance instances, an action plan has been developed to prevent future delays. As part of this initiative, the Complaints and Compliments Lead Officer has taken responsibility for reviewing LGO cases and ensuring timely follow-up on all associated tasks. The LGO have confirmed that the Council's current performance in this area is within national tolerance levels.

### 8.4 Performance Comparison

#### Summary:

Calderdale's uphold rate of 95% is higher than the national average of 80% and exceeds the performance of neighbouring West Yorkshire authorities.

**Local Authority Detailed Investigations Investigations Upheld % Upheld**

|                   |           |           |            |
|-------------------|-----------|-----------|------------|
| Leeds             | 59        | 20        | 75%        |
| Bradford          | 29        | 26        | 69%        |
| <b>Calderdale</b> | <b>20</b> | <b>19</b> | <b>95%</b> |
| Kirklees          | 21        | 13        | 62%        |
| Wakefield         | 12        | 8         | 67%        |

**Action:**

Calderdale's performance in terms of upheld complaints significantly exceeds the average of neighbouring authorities. Continued focus on prompt and thorough resolution of complaints is recommended to maintain and improve this standard.

While this indicates a thorough and robust investigation process, the high uphold rate suggests areas for improvement in initial decision-making and complaint handling at earlier stages. The Customer Access Manager and Complaints Lead Officer have several areas of focus for bringing Calderdale more in line with national averages while maintaining high standards of service:

**1. Enhance Early Resolution Mechanisms:**

- **Proactive Complaint Handling:** Strengthen the capacity for resolving complaints at the earliest possible stage within the Council's own processes. By doing so, fewer complaints may escalate to the Ombudsman, potentially reducing the number of upheld cases.

**2. Review of Decision-Making Processes:**

- **Internal Audits:** Conduct regular internal audits of complaint handling processes to identify common factors in cases that are upheld. This can help address systemic issues early on.
- **Decision Quality Control:** Introduce a more rigorous quality control process for decision-making at the departmental level to ensure that decisions align with policy and legal standards, thereby reducing the chances of decisions being overturned upon review.

**3. Staff Training and Development:**

- **Targeted Training:** Targeted training programs for staff focused on areas where complaints are frequently upheld. This could include legal requirements, customer service, or specific policy areas.
- **Learning from Ombudsman Findings:** Develop training modules based on past Ombudsman decisions to educate staff on common pitfalls and best practices, thereby reducing the incidence of faults.

**4. Improved Communication with Complainants:**

- **Clearer Explanations:** Provide clearer explanations of decisions and actions taken by the Council, ensuring that complainants understand the rationale behind decisions, which may reduce the likelihood of disputes escalating.
- **Feedback Mechanisms:** Implement enhanced feedback mechanisms to capture complainant satisfaction and identify areas where communication breakdowns may have contributed to the escalation of complaints.

**5. Monitoring and Benchmarking:**

- **Regular Performance Reviews:** Conduct regular performance reviews comparing Calderdale's performance with both regional and national averages. Use these reviews to set benchmarks and target areas for improvement. This includes meeting with the LGO on a quarterly basis.
- **Benchmarking with Peers:** Engage in benchmarking exercises with similar local authorities to share best practices and learn from others' successes in reducing upheld rates.

## Conclusion:

By focusing on early resolution, improving decision-making processes, and enhancing training and communication, Calderdale can work towards a more balanced performance that aligns with national averages. These steps will help maintain the high standard of service while potentially reducing the number of upheld complaints.

## Appendix 2

| Action Area                 | Key Actions   | Key Points   | Person / Dept Responsible | Timeline                    |
|-----------------------------|---|--|---------------------------|-----------------------------|
| Strengthen Early Resolution | Proactive Complaint Handling  | Enhance capacity for resolving complaints at the earliest stage.                                   | Complaints Lead Officer   | By December 2024            |
|                             | Introduce a customer-first approach to identify and resolve issues early. | Improve initial decision-making and customer satisfaction.   | Complaints Lead Officer   | Ongoing from October 2024   |
| Review Decision-Making      | Internal Audits   | Conduct regular audits of complaint handling processes to identify common factors in upheld cases. | Complaints Lead Officer   | Quarterly from January 2024 |
|                             | LGO upheld rate   | Review upheld decisions with the service to  | Complaints Lead Officer   |                             |

|                              |                                  |  |                                     |  |
|------------------------------|----------------------------------|--|-------------------------------------|--|
|                              |                                  | identify learning and corrective actions.  |                                     |  |
| Staff Training & Development | Targeted Training                | Develop training focused on areas where complaints are frequently upheld.                    | Complaints Lead Officer             | Training rollout by April 2024         |
|                              | Learning from Ombudsman Findings | Create training scenarios based on past Ombudsman decisions.                                 | Complaints Lead Officer             | By September 2024                      |
| Improve Communication        | Clearer Explanations             | Ensure decisions and actions are clearly explained to complainants.                          | Complaints Lead Officer             | Ongoing from June 2024                 |
|                              | Enhanced Feedback Mechanisms     | Implement systems to capture complainant satisfaction and identify communication breakdowns. | CF Ops Lead/Complaints Lead Officer | By April 2025                          |
| Monitor & Benchmark          | Regular Performance Reviews      | Compare Calderdale's performance with regional and national averages regularly.              | Complaints Lead Officer             | Biannually starting June 2024          |
|                              | Benchmarking with Peers          | Engage in exercises with similar local authorities to share best practices.                  | Complaints Lead Officer             | Quarterly following regional meetings. |
|                              | Quarterly Updates for CLT        | Provide updates to the Corporate Leadership Team to identify early                           | Complaints Lead Officer             | Quarterly starting October 2024        |

|                      |  |   |  |   |
|----------------------|--|---|--|---|
|                      |  | themes and trends.  |  |   |
| Complaints Handling  | Review complaints database   | Review effectiveness of automated email alerts for timely responses.                  | Complaints Lead Officer/Customer Insight Officer | By February 2025                        |
|                      | Provide additional training and support for service managers                               | Ensure delays in resolution are minimised.  | Complaints Lead Officer                          | Ongoing from January 2024               |
| Focus on Compliments | Continue emphasising the importance of capturing and acknowledging positive feedback.      | Foster a culture of service excellence.   | Complaints Lead Officer                          | Ongoing                                 |
|                      | Regular reminders to departments to forward compliments                                    | Ensure all positive feedback is logged and recognized.                                | Complaints Lead Officer                          | Monthly reminders starting October 2024 |
| LGO                  | Enhance collaboration with the Local Government Ombudsman                                  | Focus on reducing the percentage of upheld complaints.                                | CF Ops Lead/ Complaints Lead Officer             | Quarterly                               |
|                      | Develop an action plan to prevent future delays in implementing Ombudsman recommendations. | Ensure compliance with Ombudsman decisions is timely and effective.                   | Complaints Lead Officer                          | By February 2024                        |
|                      | Review number of Investigating Officers per Service  | Ensure enough resource is available to respond to complaints in line with timescales. | Complaints Lead Officer                          | By November 2024                        |
|                      | Quarterly Updates for CLT  | Provide updates to the Corporate Leadership Team to                                   | Customer Access Manager/ Complaints Lead Officer | Quarterly starting October 2024         |

|  |  |   |   |                  |
|--|--|---|---|------------------|
|  |  | identify early themes and trends.   |   |                  |
|  | Action Log Implementation Review                 | Review and ensure the implementation of Action Logs agreed with services.               | Complaints Lead Officer                         | By December 2024 |
|  | LGO Joint Complaint Handling Code Implementation | Swift implementation of the Local Government Ombudsman's joint complaint handling code. | Customer Access Manager Complaints Lead Officer | By April 2025    |