# Manchester City Council <br> Report for Information 

Report to: Audit Committee - 29 November 2022
Subject: Risk Review item - Governance and Management of Complaints and Information Requests 2021/22

Report of: The Assistant Chief Executive and the City Solicitor

## Summary

This report presents the complaints, enquiries and information request dashboard, which sets out the Council's annual performance for 2021/22 in the management of corporate and social care complaints, Councillor and MP enquiries, as well as information requests.

## Recommendations

Audit Committee Members are asked to note the report and the key messages in relation to the Council's performance in these areas of Complaints and Enquiry management service and legal compliance.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

| Our Manchester Strategy outcomes | Summary of how this report aligns to the <br> OMS |
| :--- | :--- |
| A thriving and sustainable city: <br> supporting a diverse and distinctive <br> economy that creates jobs and <br> opportunities |  |
| A highly skilled city: world class and <br> home grown talent sustaining the city's <br> economic success |  |
| A progressive and equitable city: <br> making a positive contribution by <br> unlocking the potential of our <br> communities |  |


| A liveable and low carbon city: a |
| :--- |
| destination of choice to live, visit, work |$|$| A connected city: world class |
| :--- |
| infrastructure and connectivity to drive |
| growth |

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## Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

### 1.0 Purpose of report

1.1 This report outlines the Council's performance in relation to complaints and related metrics, as well as the performance management of information requests, during 2021/22.
1.2 Audit Committee are asked to note that 2021/22 saw improvements in performance on the timeliness of response, reversing the situation in 2020/21 where the impact of COVID-19 on staff and services, and the introduction of a new complaints system impacted complaints performance. As we have emerged from the pandemic and the new system has become embedded, the timeliness of responses is much more in line with the Council's prepandemic performance. Other positive areas to note include a high number of instances of praise, and the proportion of complaints upheld is similar to the previous year.
1.3 The number of complaints received however, has very significantly increased across nearly every service. There was an increase in both Freedom of Information and GDPR requests and a significant number of Ombudsman enquiries and decisions (albeit recognising that for a period of time in 2020/21, the Ombudsman suspended its work).
1.4 Attached to this report at Appendix 1 is the complaints and information request dashboard which covers data for the financial year 2021/22.
1.5 In response to a specific request from Audit Committee, this year's report includes examples of how services have taken on the learning from complaints received and changed how they work, in section 8.

### 2.0 Complaints and Enquiries Management

2.1 The accompanying dashboard highlights performance for each measurable indicator in more detail, summarised in the table below for 2021/22 compared with previous years.

| Period | Stage 1 <br> complain <br> ts | Responded <br> to within 10 <br> working <br> days | Social <br> Care | Responded <br> to within 20 <br> working <br> days | MP <br> enquiries | Responded <br> to within 10 <br> working <br> days | No of <br> Ombudsman <br> Enquiries | Average no <br> of days to <br> respond and <br> \% upheld |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $2014 / 15$ | 1864 | $89 \%$ | 314 | $55 \%$ | 1321 | $82 \%$ | 39 | $28(26 \%$ <br> upheld) |
| $2015 / 16$ | 1841 | $85 \%$ | 220 | $70 \%$ | 1331 | $80 \%$ | 27 | $28(44 \%$ <br> upheld |
| $2016 / 17$ | 2243 | $81 \%$ | 285 | $80 \%$ | 1537 | $83 \%$ | 17 | $27(10 \%$ <br> upheld $)$ |
| $2017 / 18$ | 2013 | $87 \%$ | 343 | $81 \%$ | 1545 | $76 \%$ | 22 | $27(44 \%$ <br> upheld) |
| $2018 / 19$ | 2253 | $80 \%$ | 305 | $84 \%$ | 1577 | $83 \%$ | 35 | $26(22 \%$ <br> upheld) |
| $2019 / 20$ | 2140 | $74 \%$ | 162 | $72 \%$ | 1723 | $76 \%$ | 20 | $26(18 \%$ <br> upheld) |


| Period | Stage 1 <br> complain <br> ts | Responded <br> to within 10 <br> working <br> days | Social <br> Care | Responded <br> to within 20 <br> working <br> days | MP <br> enquiries | Responded <br> to within 10 <br> working <br> days | No of <br> Ombudsman <br> Enquiries | Average no <br> of days to <br> respond and <br> \% upheld |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $2020 / 21$ | 2103 | $58 \%$ | 411 | $54 \%$ | 1827 | $73 \%$ | 37 | $21(14 \%$ <br> upheld) |
| $2021 / 22$ | 3157 | $77 \%$ | 377 | $59 \%$ | 1835 | $76 \%$ | 81 | $16(24 \%$ <br> upheld) 1 |

2.2 2020/21 was a challenging year as we responded to the pressures of the Covid-19 pandemic as well as managing a change to how we record and manage complaints and moved over to a new system, Infreemation, based on a workflow process, rather than relying on email transactions. 2021/22 brought a different but related set of challenges. In 2020/21, many residents were willing to tolerate quite severe interruptions to service because of the pandemic and often waited until a higher threshold of service failure before complaining. As we reached 2021/22, public perceptions had changed, and higher numbers of people made complaints to the Council. Stage one complaints have markedly increased across nearly every service area (NB on 1 April 2021, Homelessness services moved from Adults Services to Neighbourhoods). This in turn has led to an increase in Stage two complaints, and again in turn, to an increase in Ombudsman enquiries and decisions.
2.3 Summary performance against targets in 2021/22 were as follows:

| Key Performance Indicator | $\mathbf{2 0 2 1 / 2 2}$ <br> performance | Current <br> target |
| :--- | :---: | :---: |
| Stage 1 Corporate Complaints responded to within <br> 10 working days | $77 \%$ | $85 \%$ |
| Stage 1 Corporate Complaints escalated to Stage 2 | $16 \%$ | $15 \%$ |
| Stage 2 Corporate Complaints responded to within <br> 10 working days | $60 \%$ | $80 \%$ |
| Corporate Stage 1 and Stage 2 Complaints Upheld <br> (and Stage 3 pre-2017) | $28 \%$ | $40 \%$ |
| Councillor and MP enquiries responded to within 10 <br> working days | $76 \%$ | $85 \%$ |
| Social Care Complaints handled within timescale | $59 \%$ | $80 \%$ |
| Social Care Complaints Upheld | $27 \%$ | $40 \%$ |
| Average time to respond to LGSCO enquiries | 16 days | 28 days |
| LGSCO decisions upheld | $24 \%$ | $30 \%$ |

2.4 Notwithstanding the increase in cases handled by the Complaints Team this year, at stage of the complaints process, performance against target has markedly improved on the previous year and whilst targets have not been met, overall performance is much closer than in previous years.

### 3.0 Performance Management of Corporate Complaints

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### 3.1 Stage one complaints. Expected standard - 85\% of Stage one complaints responded to within ten working days

3.1.1 Cases recorded in this report are all complaints received during the period (not necessarily responded to within the 2021/22 financial year) and include all outcomes, i.e., in addition to those where a full and formal response was issued, this report also includes those complaints that were informally resolved and thus averted or withdrawn, or that after investigation were referred on to another organisation. This methodology is consistent with that used in previous reports.
3.1.2 The Council received 3,157 Stage one complaints in 2021/22, compared to 2,103 in the previous year, a $50.1 \%$ increase which is consistent across most services. As noted above, in 2020/21, the number of complaints was much reduced at the start of the year and gradually increased as the year progressed, rising from 269 in Q1 of 2020/21 and rising to 708 in Q4 of 2020/21. The year continued this trend, with Q1 receiving 770 complaints and rising to 941 during Q2. To put that into context, on 29 March 2021 the formal "stay at home" order was lifted, and by 19 July 2021, nearly every restriction had been lifted. By 14 September it was becoming clear that further restrictions may be necessary, and the Prime Minister published "Plan B" in order to mitigate unmanageable impacts upon the NHS because of the omicron variant. This was duly implemented on 8 December and removed on 24 February 2022. The number of complaints received in Q3 and 4 have broadly tracked these changes, reducing to 692 in Q3 and 754 in Q4. Despite this very significant increase in cases, the timeliness of responses has been broadly consistent at $75 \%$ with an uptick in the final quarter of the year. Overall, $77 \%$ of responses were issued within ten working days, a 19\% improvement on the previous year and a return to pre-Covid-19 levels of performance.
3.1.3 The Neighbourhoods Service has seen an overall increase in complaints received of $31.8 \%, 1,646$ Stage one complaints in total, from 1,249 the previous year. A key factor for this is moving Homelessness Services from Adults Services to Neighbourhoods into Housing Operations, which accounts for 106 Stage one complaints. There have been increases in complaints across most services. Biffa are one of the largest have seen a rise in cases, from 655 to 707. These complaints had already increased in 2020/21, due to a number of factors; as more people stayed at home, they generated more waste at home and this led to some issues, such as bin trucks filling up and crews needing to temporarily abort collections whilst they emptied. Bin crews were also disproportionately affected by COVID isolation rules and this too affected collection reliability. Additionally, the national shortage of HGV drivers meant that Biffa experienced driver shortages and no agency availability to backfill these. This year saw a much larger number of complaints about failed collections, as many people perceived that the pandemic was "over" and that collections should no longer be affected by COVID restrictions. Biffa's responsiveness has however improved markedly, from a rate of $61.5 \%$ in 2020/21 to $95.6 \%$ in 2021-22, in large part due to staffing changes. Highways have also seen a stark increase in cases, from

233 to 347, but again with an improvement in timeliness of $61.7 \%$ on time in 2020/21 to $85.3 \%$ in 2021/22, now hitting the target of $85 \%$. An additional factor in this improvement for Highways is the recruitment of a dedicated complaints officer to support the coordination of Highways complaints.
3.1.4 The Corporate Core saw an increase in $64.9 \%$ in the number of its annual complaints, from 524 to 864 , but yet managed to response to $77 \%$ of these on time, compared to $63 \%$ last year. This reflects the change to a number of factors that brought down response timeliness last year to a number of traditionally high performing services, such as the demands on the Revenues and Benefits Unit to quickly create the infrastructure to process a series of Covid-19 related grants and the resulting impact upon day-to-day services. Timeliness has therefore significantly improved across most services, with Council Tax responsiveness improving from $30.6 \%$ on time to $79.2 \%$, Benefits from $34 \%$ to $82.3 \%$ and Parking Services from 48.4\% to 75.9\%. In turn, because of staff being able to return to their usual duties and because the city was reopened, again, cases increased. Council tax saw an increase in complaints from 134 to 216 as more summonses were issued, and Parking Services saw increases in complaints from 190 to 357 as more drivers have returned to the city.
3.1.5 It should be noted that corporate complaints relating to Children and Adults are different to social care, and are focussed on a small number of services, e.g., School Admissions, Special Educational Needs provision, or Adults Finance.
3.1.6 Adult Services saw a drop of $55 \%$ in its corporate complaints, from 75 to 33 , responding to $67 \%$ on time (same as previous year). In large part this is due to the move of Homelessness from Adults to the Neighbourhoods Directorate. Adults often see a larger proportion of social care complaints than corporate complaints and so this figure is consistent with expectations.
3.1.7 Children's Services by contrast saw a very significant 292\% increase in complaints, from 160 to 468 , responding to $67 \%$ on time compared with $52 \%$ in the previous year. In large part, this was due to a new system being used for School Admissions. This was launched during the summer holidays and this meant that for a period of time, it was not possible to update children's records on the old system, and the contact centre were not able to view the new system. Additionally, Admissions found that they were unable to immediately send the first waiting lists of the new school year to schools. Lastly, because of these issues, parents were receiving no updates and would call the Council daily or sometimes multiple times a day, causing tremendous pressure on the Contact Centre who could not offer any advice and could only advise parents to complain. The technical issues were rectified by 21 September 2021, but not before a very large number of parents had complained as their children did not have school places as quickly as they ought. There were also known issues with Home to School Transport that were peripherally linked to this issue. School Access and Sufficiency therefore saw an increase in complaints from 67 to 263.
3.1.8 Growth and Development saw an increase consistent with most other Directorates of 53.6\%, from 95 in 2020/21 (51\% on time) to 146 in 2021/22 ( $59 \%$ on time). This does still represent a comparatively small number of complaints and constitutes a small increase in Planning complaints and a small number of cases that have been passed to Strategic Housing following the reintegration of Northwards Housing into the Council.
3.1.9 The Council as a whole is $8 \%$ from achieving its target for responding to complaints on time ( $85 \%$ within 10 working days), with an improvement in performance of 19 percentage points on the previous year, from $58 \%$ to $77 \%$. This improvement has essentially been because the factors that inhibited responses last year have, in the main, been resolved. Most staff who were redeployed have returned to their substantive work and as we are two years into the new case management system, Infreemation, familiarity with it has improved. The Complaints Team has also not had the levels of staff absence it had during 2020/21 and so is better able to process and monitor complaints, albeit this has been hampered somewhat by the significant increase in volume, with a reduction in staff resource. It is hoped that given the final quarter of the year showed a response within ten working days rate of $81 \%$ that we will continue to see this trend in 2022/23.
3.1.10 As noted earlier in this report, Northwards Housing was reintegrated into the Council and now forms part of the Housing Operations Service within Neighbourhood Services alongside Homelessness. As complaints relating to social housing are not subject to the Local Government and Social Care Ombudsman regime as most of the Council's complaints are, but instead fall within the jurisdiction of the Housing Ombudsman, there are different complaints policies and processes that must be followed for both. Because of this, a decision was made not to immediately integrate Northwards complaints into the Council's complaints processes, however this work will take place this year. For the year 2021/22, Northwards received 69 complaints and responded to 51 ( $73.9 \%$ ) of these within ten days.

### 3.2 Complaints escalated to Stage two. Expected standard - 15\% of corporate Stage one complaints escalated to Stage two

3.2.1 Complaints escalated to Stage two are managed by the Council's centralised Complaints Team (based in Performance Research and Intelligence - PRI).
This provides an independent review of how the complaint has been dealt with at Stage one and provides the final opportunity to investigate before the complainant is referred to the Local Government and Social Care Ombudsman.
3.2.2 The Council as a whole has seen a $2 \%$ increase in the proportion of complaints escalated to the final stage of the complaints process, from $14 \%$ in $2020 / 21$ to $16 \%$ in $2021 / 22$, just missing the target of $15 \%$. This reflects that most complainants are satisfied with the investigation undertaken at Stage one.
3.2.3 In reviewing each Directorate's performance, Adults have seen a stark decrease in the percentage of complaints escalated, from $21 \%$ to $3 \%$ albeit from a small number of complaints and also because the service that most often had cases escalated, Homelessness, has been moved to Neighbourhoods. Neighbourhoods in turn has seen an increase from 13\% to $18 \%$. Children's Services have seen a small decrease of 4\% (9\% in 2020-21 to $5 \%$ in 202/-22). The Core was largely consistent with the previous year at $17 \%$, whilst Growth and Development had the largest percentage of cases escalated at $19 \%$, from $24 \%$ the previous year.

### 3.3 Responding to stage two complaints. Expected standard - 80\% of corporate Stage two complaints responded to within ten working days

3.3.1 The total number of Stage two cases received has increased markedly from the previous year from 292 to 534, in large part due to the overall increase in complaints this year. The largest distributions were in the Corporate Core (150) and Neighbourhoods (322). This increase in caseload has placed a great deal of pressure on the Corporate Complaints Team, who manage these enquiries centrally, and timeliness, whilst improved from the previous year at $26 \%$, is still well below target at $60 \%$.
3.3.2 Essentially this reflects a correction of last year's abnormal factors, i.e., the new complaints management system and the difficulty conducting investigations when officers are managing new and different pressures as a result of COVID19 and who therefore have less capacity to respond to requests for information. Additionally last year there had been some staffing absences in the Complaints team that have now improved.
3.3.3 By virtue of having the largest volume of service touchpoints with residents, the Neighbourhoods Service have usually had the majority of Stage one and two complaints. This proportion has grown substantially in this period, from $38 \%$ (131) of all Stage two complaints in 2019/20 to 54\% (157) in 2020-21 and now to $60 \%$ this year. This is however in approximate alignment with the proportion of Stage one complaints received, i.e., $52 \%$ of all corporate Stage one complaints in 2021/22 were for the Neighbourhoods Service. This still however means that Neighbourhoods have seen a more than doubling in the number of Stage two complaints received. Growth and Development has seen a modest increase in five additional Stage two complaints this year, albeit from a low base. Children Services has seen a more than doubling of Stage two corporate complaints, in large part because of the Admissions issues whereas because Homelessness has moved, Adults have a substantial fall in the number of Stage two corporate complaints to just one. The Corporate Core has seen a $182 \%$ increase in the number of Stage two complaints, almost doubling over the course of the year, from 82 to 150, however in this instance this is a more usual number of Stage two complaints for the service and reflects that last year had an unusually low number of Stage two complaints.
3.3.4 The Complaints Team will continue to proactively monitor internal deadlines and to pursue services for their responses to investigation questions. Where
complaints cannot be responded to within ten working days, the Complaints Team will proactively notify the complainant to advise of the delay and offer a revised date when they should expect a full response. There will also be continued use of escalation procedures within services to prevent delays in meeting the response deadline, where the expectation is that senior managers (i.e. Head of Service or Strategic Directors) will become involved in progressing matters where there are delays.

### 3.4 Stage one and two complaints upheld. Expected standard - 40\% of corporate Stage one and two complaints upheld

3.4.1 The Council has seen consistent performance in the percentage of complaints upheld from 2020/21 to 2021/22, remaining at 28\% despite the very large increase in cases. The Complaints Team has always emphasised that whilst it is important to be robust where the Council is not at fault, it is more important that investigations are thorough and non-defensive. This stance leads to a higher calibre of complaint response, and a reduced risk of escalation to the Ombudsman, however it will also lead to an increase in the percentage of complaints being upheld.
3.4.2 The Neighbourhoods Directorate have the highest number of cases upheld by a significant factor at 632 upheld or partially upheld cases (32\%), against the 1968 cases received. This is explained in part due to the nature of the service Neighbourhoods offers and the complaints received; specifically, around failed bin collections, where there is limited scope for investigation and where it is often more expedient to accept that a failed collection is the result of crew error rather than residents failing to present the bin. The Neighbourhood's Directorate has however seen a further 3\% decrease in the proportion of complaints upheld from the previous year, following a 7\% decrease the year before.
3.4.3 Corporate Core has seen both an increase in its complaint decisions and its percentage of upheld complaints, from $17 \%$ to $20 \%$ and 104 upheld complaints to 203. This has predominantly arisen from Revenues, with 92 upheld or partially upheld complaints form a total of 315.
3.4.4 Adults have seen a $3 \%$ reduction in the percentage of corporate decisions upheld, from $29 \%$ to $26 \%$. Again, there has been a significant reduction in corporate complaints for Adults with the transfer of Homelessness.
3.4.5 Children Services have seen significant increases to both their number of complaints and the proportion of these that were upheld (30\%, up from 19\%) and this can be traced directly to the new system introduced in Admissions, as outlined earlier in this report. Admissions in 2022 has been a smoother experience, and so we would expect improvements on this metric next year.

### 4.0 Performance Management of Councillor and MP enquiries

### 4.1 Responding to Councillor and MP enquiries. Expected standard - 85\% of enquiries responded to within ten working days

4.1.1 The Council's performance against this metric is largely consistent with the previous year, with an increase of $3 \%$ responded to on time. In total there were 1835 enquiries received in 2021/22, compared with 1827 last year. Whilst the overall number of enquiries received is only slightly different, these have been assigned very differently to services which again reflects the significant changes COVID has brought and the new types of problems that residents sought assistance for.
4.1.2 Adults have seen 160 fewer enquiries ( 276 this year compared with 436 last year) but have responded to 9\% more on time. Children's Services have by contrast seen 189 additional enquiries (up from 272 to 461 this year) but responded to $11 \%$ more on time. The Corporate Core has seen a $51 \%$ reduction in the number of enquiries on the previous year ( 350 compared with 680) but responded to $3 \%$ fewer enquiries on time. The Core is however the only service to hit target at $91 \%$ on time. Neighbourhoods has seen a $65 \%$ increase in cases, (from 422 to 700) but still managed to respond to $20 \%$ more on time, (up from $51 \%$ to $71 \%$ ) showing the greatest improvement of any service. Growth and Development have had the greatest percentage increase in cases at $240 \%$, but again, this is from a low base metric and so only reflects a comparatively small number of cases (20 to 48) and responding to $71 \%$ on time. The Council overall is $9 \%$ from target.

### 5.0 Performance Management of Social Care Complaints

### 5.1 Responding to Social Care complaints. Expected standard - 80\% of social care complaints handled within timescale

5.1.1 Although legislation sets timescales for Children's Social care complaints (Stage one, maximum of 20 working days, Stage two, maximum of 65 working days and Stage three Review Panel, must be organised within 30 working days), Adult social care legislation does not, but states timescales must be negotiated with the complainant. That said, the Council aims to complete Adult's complaint responses within 20 working days, in line with the process for Children's Services social care complaints.
5.1.2 Children's Services have seen a further $13 \%$ decrease in performance on this metric, following last year's $11 \%$ decrease, taking them to within $34 \%$ of target (at $46 \%$ ). This is despite having 30 fewer social care complaints this year, ( 155 in 20/21 to 125 in 21/22). The decrease in performance will have been impacted by the changes within the services but also within the Complaints Team, leading to times of lower staffing and time training new members of staff. Anecdotally, while the number of cases reduced, the cases received were more complex and required input from colleagues in Legal Services and HR.
5.1.3 Adults by contrast have seen significant improvement on this metric, with a small reduction in cases received ( 252 this year compared with 256 for last) but a $14 \%$ improvement in cases responded to on time ( $51 \%$ to $65 \%$ ). This appears to be as a result of the easing of the Covid-19 pressures seen in

2020/21 allowing services the capacity to be able to focus upon these complaints.
5.1.4 Overall, there was a $9 \%$ reduction in the number of social care complaints received, but a $5 \%$ increase in timeliness of response ( $54 \%$ to $59 \%$ on time).
5.2 $\quad$ Social Care complaints upheld. Expected standard - 40\% of social care
5.2.1 The Council saw a small increase in the percentage of social care decisions upheld, seeing a rise from $20 \%$ to $27 \%$, more than achieving target.

### 6.0 Performance Management of Local Government and Social Care Ombudsman (LGSCO) Enquiries

### 6.1 Responding to Local Government and Social Care Ombudsman enquiries. Expected standard - Local Government and Social Care Ombudsman enquiries responded to within 28 days

6.1.1 The Council received 81 formal enquiries from the LGSCO this year, a significant increase from the 37 cases recorded in the previous year and the 20 in the year before that. The Ombudsman reflects on the unusual low number in their 2020/21 Annual Report in relation to the previous year, "In the 2020/21 year we received and decided fewer complaints than normal because we stopped accepting new complaints for three months due to Covid-19." The Council's performance with regard to timely responses appears to show that performance has improved, with enquiries taking an average of 16 days instead of 21 in the previous year and remains well within target of 28 days. This is not to say that there have not been several complex cases that required more detailed input and working with partner organisations to provide a comprehensive response to the Ombudsman's enquiries, and this is reflected in the comparatively high number of days needed for Adults and Children's cases, however, for the year as a whole, only Children's Services did not hit the 28-day target at 32 days.

### 6.2 Local Government and Social Care Ombudsman decisions. Expected standard - 30\% of Local Government and Social Care Ombudsman decisions upheld

6.2.1 It should be noted that whilst the Council received 81 enquiries, it received 108 decisions. An enquiry denotes a full investigation with written questions that the Council must answer. At the end of the Ombudsman's investigation, a decision will be issued. In some cases however, the Ombudsman has sufficient information from casefiles or from complainant submissions to issue a decision on the case without initiating a formal investigation or issuing formal enquiries- i.e decision recorded as 'closed after initial enquiries'. This is why there is a discrepancy between enquiries and decisions.
6.2.2 The percentage of Ombudsman decisions upheld (according to Council analysis) is $24 \%$ against a target of $30 \%$. It should be noted from section
6.2.6 below, that the Ombudsman's upheld figure (as reported in their Annual report) is much higher, at 70\%, but this is because they do not include cases which they close after initial enquiries in their upheld category, whereas the Council would record these as not upheld. The Council believes that our recording is a fairer way to present an outcome, because to close a case after initial enquiry, we believe, denotes no evidence of fault and therefore, is technically, not upheld.
6.2.3 The percentage of cases increased by $47.9 \%$ across the year with 35 more decisions received this year. This can be explained because of the reduction in cases seen last year as a result of the Ombudsman's decision not investigating cases, nor accepting new complaints, between March and June 2020 in order not to burden Councils in their efforts to support their residents and enact COVID measures. This rise in cases was driven predominantly by Neighbourhoods, with an increase in cases in Compliance, Highways and Waste, followed by the Core with increases in the Revenues Service. This rise notwithstanding, only Children's Services has exceeded target in the percentage upheld at $56 \%$. It should be noted that the Ombudsman still records a complaint as upheld even where the Council has already acknowledged the fault and upheld it through our own complaint procedures.
6.2.4 The Council received one public report from the Ombudsman this year. This is where the Ombudsman believes that the injustice is so great, there are grounds to highlight the case to the wider public as a means for others to learn from the errors, or it is issued where the Council does not accept the Ombudsman's findings and seeks to challenge them. This was in relation to a case in education about providing for a child with complex needs and learning difficulties. The Ombudsman noted that the Council had made payments to the complainant and had since accepted its findings.
6.2.5 Previous annual reports have highlighted several improvement areas to focus on, including more consistent application of remedies (including financial redress, and being more open with apologies), challenging the Ombudsman's findings where appropriate and development of robust learning action plans to prevent reoccurrence of faults.
6.2.6 This approach continues to work well, with the LGO finding that our Council had already provided adequate remedies in $9 \%$ of cases that the LGO subsequently upheld. This is the first time that Manchester City Council has not exceeded the average in similar authorities, (in this instance, 11\%) and will be a focus for officers in coming months, along with a refresh of our remedy policy in line with new guidance to be issued by the Ombudsman.
6.2.7 The Ombudsman has an interactive map available on their website, showing comparisons with other authorities. In this, Manchester is shown to have the following performance highlights, which show our performance is consistent with similar authorities:

- $70 \%^{2}$ of complaints investigated were upheld, compared with an average of $68 \%$ in similar authorities
- in $100 \%$ of cases, they were satisfied the Council had successfully implemented their recommendations, compared with an average of 100\% in similar authorities
- in $9 \%$ of upheld cases they found the Council has provided a satisfactory remedy before the complaint reached the Ombudsman, compared with an average of $11 \%$ in similar authorities
6.2.8 The interactive map can be found at:
https://www.Igo.org.uk/your-councils-performance/manchester-citycouncil/statistics


### 7.0 Praise

7.1 There were 409 instances of praise recorded this year, up from 383 in the previous year:

| Directorate | Instances of praise |
| :--- | :---: |
| Adults Services | 174 |
| Children's and Education Services | 116 |
| Corporate Core | 24 |
| Growth and Development | 12 |
| Neighbourhoods | 83 |
| Total | $\mathbf{4 0 9}$ |

### 8.0 Learning from complaints

### 8.1 Our approach to learning

8.1.1 We recognise that when things go wrong, we need to learn from any mistakes made to ensure that we reduce the likelihood of the same fault occurring again. Where possible, we should also seek to proactively improve the level of service that the Council provides in the future. Audit Committee in 2021 specifically asked that more information on service learning from complaints is included in this year's report.
8.1.2 Any complaint which is upheld or partially upheld will identify errors made by the Council and will identify actions and potential service improvements that can be developed following the complaints investigation. We categorise these learning actions as low or high risk. Complainants are informed of the actions that will be taken and the expected time frames for completion.
8.1.3 Low risk are those actions typically relating to issues which affect an individual team or service. The Corporate Complaints Team is not responsible for monitoring the completion of low-risk actions. This

[^1]responsibility sits with individual team/ service managers. Completion of lowrisk actions is however seen as an important part of the complaints process as this demonstrates the Council's commitment to improving our services. We are also conscious that failure to complete promised actions increases the likelihood of us receiving further complaints about similar issues.
8.1.4 High risk are those issues which affect all services across the city as opposed to one individual team, or those complaints which require strategic review resulting in a significant change to the Council's policies/procedures.

### 8.2 Critical Learning and Learning Action Plans

8.2.1 Where complaints are received that are a concern in terms of risk and impact on the complainant or the Council (High risk), a Learning Action Plan is developed and monitored by the Corporate Complaints Team, working with the service manager, to secure ownership and commitment to the actions and timescales. Once the plan is signed off as completed, where appropriate the key actions and learning outcomes will be shared in a communication bulletin across the service, and beyond if necessary, to ensure that the impact of the learning improves practice and performance in the future.
8.2.2 30 Learning Action Plans were launched in 2021/22:

| Directorate | Learning Action Plans |
| :--- | :---: |
| Adults Services | 5 |
| Children's and Education Services | 12 |
| Corporate Core | 8 |
| Growth and Development | 1 |
| Neighbourhoods | 4 |
| Total | $\mathbf{3 0}$ |

8.2.3 Actions in a number of these Learning Action Plans resulted in changes to processes or procedures, examples of which are set out below:
I. The Corporate Complaints Team and Equalities Specialists instigated a programme of work to review and improve our handling of enquiries and complaints from people who are neurodiverse. Staff identified a trend that in a number of cases, complainants appeared to encounter difficulties navigating the Council's processes because of their neurodiversity; this often led to a breakdown in communication between officers and the complainant. As well as developing training to raise staff awareness of the potential needs of neurodiverse people, this programme of work involves a full review of the Council's policy for dealing with unreasonable persistent complainants and a review of our wider complaint handling policy to ensure the needs of neurodiverse people are not overlooked. As such, this work has required significant investment in terms of staffing resources and is still ongoing. Complaints Team staff have however already implemented changes in approach, which have had an immediate beneficial effect, enabling us
to achieve amicable resolutions to complaints that would otherwise have been referred to the Ombudsman (Chief Executives)
II. A complainant had to chase officers for information about disputed residential care home charges during periods when her relative was away from the care home due to being in hospital, which led to avoidable stress and time and trouble. The Council then took too long to explain the position clearly. The learning process found that the financial information leaflet provided to residents and their families at the point of entering residential care, did not make it clear that in such circumstances where the room in the placement is being held pending the resident's return it would therefore incur a charge. Our Financial Information leaflet regarding Paying for Permanent Residential Care was subsequently reviewed and more clarity provided around liability for costs during periods of absence from a care home. Our electronic records system was also updated to reflect this change to ensure that staff could appropriately advise of the policy on charges in future cases (Adult Social Care)
III. The Council stopped a young person's education incentive payment twice without notice or explanation and did not backdate payments to cover the gaps. The Council refreshed our leaving care financial policies and procedures to make them clearer for staff to understand and to ensure there was no room for error in interpretation and application. This in turn, also meant that young people themselves could better navigate the process, through this policy and hold the service to account if errors were made. (Children's Services).
IV. The Council should have considered a complainant's concerns about the standard of care he was receiving and not passed them on to the Mental Health Trust without first engaging with him. Adult Social Care reviewed our process for dealing with complaints from or on behalf of people whose support is provided by partner agencies, for example Greater Manchester Mental Health and strengthened the procedures to ensure roles and responsibilities are clear and that appropriate consent is sought before information is shared between agencies. (Adult Social Care)
V. The Council failed to properly consider offering post-16 transport to a young person, with an Education Health and Care Plan (EHCP). This was reviewed at both stages of the Appeal process and still refused. The learning from the case found that the School Transport policy created by the Council did not properly conform to the legal requirements as set out in the SEN Code of Practice and was therefore being misinterpreted by the service and the Appeals Panel. The policy was extensively reviewed, seeking independent guidance and support from specialists, and all standard decision letters and guidance for the Appeal Panel has also been changed, with further training, to ensure the appropriate legal test is applied in all cases to support effective decision making. The service also looked again at any decisions made
in the previous 12 months that may have been impacted to determine whether this fault may have impacted others, in order to take corrective action where this was apparent. (Children's Services).
8.2.4 Learning Action Plans also recorded themes around training, development and actions taken with staff/contractors/residents, some examples of which are below:
I. A Neighbourhood Team carried out additional monitoring of our Waste and recycling contractor Biffa's performance on an estate on a temporary basis. Whilst this found Biffa were fulfilling their contractual requirements, it was identified that the state of the area remained a concern due to persistent fly tipping and littering. The team committed to continuing regular visits to informally monitor the area and report issues, as well as engaging with residents to encourage the local community to play a part in improving the area (Neighbourhood Area Teams).
II. The Council decided to recover a grant payment made in error, without fully considering what caused it to be wrongly issued and the impact that this would have on the recipient. Managers circulated guidance to staff, explaining the need to consider the individual circumstances when deciding whether to recover a Covid -19 grant payment if made in error (Business Rates)
III. The Council gave incorrect advice to a property owner and did not comply with his request for communication by telephone as a disability related reasonable adjustment. Managers liaised with the Corporate Complaints Team and Equalities Specialists with a view to developing an improved understanding for staff about the need to consider and if appropriate proactively offer reasonable adjustments to disabled people (Business Rates).
IV. A complainant felt intimidated by a carer at his supported accommodation. There was a delay in formally responding to his complaint and the provider did not retain details of their investigation. The Council gave complaint handling guidance to the provider to improve their future complaint investigations (Adult Social Care).
V. The Council failed to accommodate a resident under section 20 (s20) of the Children's Act 1989, whereby the resident would have been classed as a looked after child and afforded greater security and care. The young person considered themselves to be homeless, but the Council had not properly considered her status as such. Training and guidance for dealing with homelessness applications from 16-and 17-year-olds, was reissued and the service reviewed all applications completed in the previous financial year to check these were correctly dealt with (Children's Services)

### 9.0 Freedom of Information and GDPR requests

### 9.1 Responding to GDPR requests. Expected standard - 90\% of GDPR requests responded to within relevant statutory timescale (ordinarily one month).

9.1.1 The Council receives requests from individuals under the GDPR (for example, Subject Access Requests for personal information (SARs), the right to rectification and the right to be forgotten). It also receives requests for disclosure of personal information from external organisations under the Data Protection Act 2018. The Council has received a significantly higher number of GDPR requests, the majority of which are SARs, in 2021-22 than for the previous financial year. The Information Commissioner's Office (ICO) has set an expected standard for responding to GDPR requests as set out in 9.1. The appendix to the report captures the overall performance of the Council as well as that of each of the Directorates in meeting that standard and of those requests which have been responded to the percentage of those responded to on time has increased from $78 \%$ to $84 \%$, and so is just below the minimum figure.
9.1.2 The $90 \%$ target has been met on this metric by the Neighbourhoods Service and Growth and Development, and there has also been an improvement in the Corporate Core. Children's Services and Adults Services, although still some way from the target, saw an increase in responses sent on time, despite $42 \%$ and $22 \%$ more requests being received respectively. Children's Services and Adults Services continue to receive the most complex and sensitive requests from individuals which in many cases comprise a significant volume of records that are often held in paper format requiring retrieval of files from archive.

### 9.2 Responding to FOIA requests. Expected standard - 90\% of Freedom of Information Act requests responded to within relevant statutory timescale (ordinarily 20 working days).

9.2.1 The Council receives requests for information under both the Freedom of Information Act and the Environmental Information Regulations. For the purposes of performance reporting the two regimes are combined into a single figure and are referred to as 'FOIA requests.' As set out in the appendix to the report there has been an increase in the total number of requests received across the Council however, despite this, the number responded to on time has improved marginally by 3\%. None of the Directorates have met the ICO target of $90 \%$ but with the exception of the Neighbourhoods Service all have equalled or improved their performance which was recorded for the financial year 2020/21. However, it should be noted that the Neighbourhoods Service received 22\% more requests during 2021/22 with the moving of Homelessness Services from Adults Services to Housing Operations in Neighbourhoods being a factor in this increase.

### 10.0 Recommendations

10.1 Audit Committee are asked to note the Council's performance in managing complaints and enquiries in 2021/22, and are asked to note the key
messages that are emerging in relation to the management of information requests.


[^0]:    ${ }^{1}$ See section 6.2.2 for an explanation as to why this differs from the Ombudsman's recording of this metric.

[^1]:    ${ }^{2}$ Note: as explained in section 6.2.2, this percentage does not match the Council's metric ( $24 \%$ of Ombudsman enquiries upheld) due to different methods of recording. The Council records complaints where the Ombudsman does not investigate as 'not upheld', whereas they record these separately.

